

1 PLACE OF DEATH
City and County of
San Francisco

STANDARD CERTIFICATE OF DEATH

Local Registered No. 15-022415

No. San Francisco Hospital.

St.; 15-022415 Dist.

(If death occurred in a hospital or institution, give its name instead of street and number, and fill out No. 12.)

* FULL NAME Michael Anthony DeFangher.

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the Word) Married

6 DATE OF BIRTH September-11-1889
Month Day Year

7 AGE 56 yrs., 7 mos., 26 da. or min?
If Less than 1 day hrs.

8 OCCUPATION
(a) Trade, profession or particular kind of work (Prof) Ball player.
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) California.

10 NAME OF FATHER Philip DeFangher.

11 BIRTHPLACE OF FATHER (State or country) France.

12 MAIDEN NAME MOTHER Marie Unknown.

13 BIRTHPLACE OF MOTHER (State or country) Chile.

13a LENGTH OF RESIDENCE
At Place of Death 21 yrs., 11 mos., 15 days
In California 21 yrs., 11 mos., 15 days

14 The above is true to the best of my knowledge
(Informant) Mrs Annie DeFangher.
(Address) 195 Jersey Street.

15 Filed JUL 8 1915 1915 WM. C. HASS
Registrar or Deputy.

MEDICAL CERTIFICATE OF DEATH.

15 DATE OF DEATH 10F2 July 7th 1915
Month Day Year

17 I HEREBY CERTIFY, That I attended deceased from June 17th 1915. to July 4th 1915.
that I last saw him alive on July 4th 1915.
and that death occurred on the date stated above at _____ m.
The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Cerebral Thrombosis
(Secondary) (Duration) _____ yrs. _____ mos. _____ ds.

Signed Wm. C. Hass, M. D.
7/7/15, 1915. Address Chilean Ridge

*State the disease causing death, or, in deaths from violent causes, state (1) Means of Injury; (2) whether Accidental, Suicidal or Hemoidal.

18 Special information only for Hospitals, Institutions, Transients or Recent Residents
Former or Usual Residence 195 Jersey St. How Long at 21 Days
Place of Death
Where was disease contracted, if not at place of death?

19 PLACE OF BURIAL OR REMOVAL Holy Cross Cemetery DATE OF BURIAL July 10 1915
20 UNDERTAKER MONAHAN & CO.

ADDRESS 2339-41 MISSION STREET

is very important. See instructions on back of certificate.