

1 PLACE OF DEATH

County Chenango

New York State Department of Health  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
STATE OF NEW YORK

Town \_\_\_\_\_

Village \_\_\_\_\_

City Syracuse No. St. Joseph's Hosp. St. Ward \_\_\_\_\_

Registered No. 1327

If death occurred in a hospital or institution, give its name and street and address.

2 FULL NAME Miss F. Doyle

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

10 DATE OF DEATH February 1912  
(Month) (Day) (Year)

6 DATE OF BIRTH Oct. 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1912, to February 1st, 1912

7 AGE 25 yrs. 3 mos. 4 ds. IF LESS than 1 day, how many hrs. or min.

that I last saw him alive on Feb. 1st, 1912, and that death occurred, on the date stated above, at 9:00 AM. The CAUSE OF DEATH\* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work Base Ball Player  
(b) General nature of industry, profession, or occupation in which employed (or employer) Syracuse

Surguous appendicitis and Peritonitis  
of Rancho's Soft Cream

9 BIRTHPLACE (State or country) Detroit Mich

Contributory (secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

10 NAME OF FATHER Lucas Doyle

11 BIRTHPLACE OF FATHER (State or country) Chicago Ill

Signed Charles V. Blum, M.D.

12 MARRIAGE (State or country) Syracuse NY

Feb 2nd 1912

13 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At \_\_\_\_\_ place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds. to the 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed Frank Kehoe

Where was disease contracted, if not at place of death? \_\_\_\_\_

Signed 501 Detroit

Former or present residence 132 Grace St