

## CERTIFICATE OF DEATH.

1. PLACE OF DEATH.

County of PHILADELPHIA,

Township of .....

or  
Borough of .....

City of PHILADELPHIA.

Registration District No. 1.

Primary Registration District No. ....

File No. ....

Registered No. 8153

(No. 1751 N 21 St, 47. Ward.)

12346

2. FULL NAME

George B. Fay.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED  
OR DIVORCED

(Write the word.)

6. DATE OF BIRTH

*Dec 1 1868*  
(Month) (Day) (Year)

7. AGE

*45 yrs. 5 mos. 7 ds.*If LESS than 1 day  
how many.....hrs. or  
.....min.?

8. OCCUPATION

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

9. BIRTHPLACE

(State or Country) *Patterson Pa.*

10. NAME OF FATHER

*Amos Fay*11. BIRTHPLACE  
OF FATHER  
(State or Country)12. MAIDEN NAME  
OF MOTHER*Christina Boyle*13. BIRTHPLACE  
OF MOTHER  
(State or Country)*Revere*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) *G. Fay*(Address) *1751 N 21 St, Phila*

15.

Filed *MAY 8 - 1914* 101*R. D. Dendroff* 8 1914

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

*May 8 1914*  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

*Dec 3 1913, to May 8 1914*  
that I last saw him alive on *May 7 1914*  
and that death occurred, on the date stated above, at *8:49 A. M.*  
The CAUSE OF DEATH\* was as follows:*vertical registration*Contributory *acute myocarditis*(Duration) *1 yrs. - mos. - ds.*  
(Duration) *- yrs. - mos. 10 ds.*

In deaths of children under 2 years of age, state if Breast fed or Artificially fed.

(Signed) *H. B. Blackbird* M. D.  
*576 18 14* (Address) *1710 N 18 St*

\*State the DISEASE CAUSING DEATH: or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR TRANSIENTS OR RECENT RESIDENTS).

At place In the  
of death.....yrs.....mos.....ds. State.....yrs.....mos.....ds.  
Where was disease contracted,  
If not at place of death?  
Former or  
usual residence .....

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Patterson Pa* *May 8 1914*

20. UNDERTAKER

*Sechler & Maguire* ADDRESS *521 S. Second St*