

PLACE OF DEATH, DIST. No. 196
 (To be inserted by Registrar)
 County of ALAMEDA
 City or Town of SAN LEANUXO
 or Rural Registration District

California State Board of Health 22-01160814
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF DEATH
 (No. ALAMEDA COUNTY St.; Ward) Local Registered No. 465
 State Index No. 1922

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Sec. 10a and 10b.)

FULL NAME Joseph-Iudore-Kilhullen

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married
 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH May 31 1892
 (Month) (Day) (Year)

AGE 30 years 5 months 11 days or min.
 If LESS than 1 day, hrs.

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

BIRTHPLACE (State or country) (City or town) American

NAME OF FATHER Thos. Kilhullen

BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

MAIDEN NAME OF MOTHER Martha Dempsey

BIRTHPLACE OF MOTHER (city or town) (State or country) America

LENGTH OF RESIDENCE At Place of Death (Primary registration district) (If nonresident, give city or town and state) 16 days
 In California (If nonresident, give city or town and state) years months days
 How long in U. S. if of foreign birth? years months days

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) ALMEDA
 (Address)

Filed 19 Oct 25 19 22
 Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1922
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 9 1922 to Oct 25 1922
 that I last saw him alive on Oct 25 1922
 and that death occurred on the date stated above at 3/17 Ave
 The CAUSE OF DEATH* was as follows:

Small Pox

Contributory (Duration) year month days

Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) Alfred Lewinsky M. D.
Oct 25 19 22 (Address) SAN LEANUXO

PLACE OF BURIAL OR REMOVAL St Mary's Cem DATE OF BURIAL Oct 26 22

UNDERTAKER Freeman & Cox ADDRESS Oakland
 LICENSE No.