

IN THIS FORM (except signature)
 WITH TYPEWRITER OR LEGIBLE PRINTING

VR

STATE OF ILLINOIS ORIGINAL
 DEPARTMENT OF PUBLIC HEALTH—DIVISION OF VITAL STATISTICS

PLACE OF DEATH: COOK
 Registration 3104
 Dist. No. 3104

City of CHICAGO { *Village *Township } Primary
 { *City *Road-Dist. } Dist. No.
 (Do not enter "R. R." "R. F. D." or other P. O. address)

CERTIFICATE OF DEATH
 Registered No. 32466
 (Consentive No.)
 Ward ST LUKES Hospital

Street No. _____ St. _____ Ward _____ Hospital _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? yrs. 2 mos. 8 ds.

PLACE OF RESIDENCE: STATE ILL County COOK Township _____ Road Dist. _____
 (Usual place of abode) GLENDORA Street and Number 730 BLUFF
 City or Village _____

PRINT FULL NAME KENESAW MOUNTAIN LANDIS 19. LIST NO. 107

1. Was a veteran, name war UNKNOWN 3 (c) Social Security No. UNKNOWN
 2. Sex MALE 5. Color or race WHITE 6 (a) Single, widowed, married, divorced MARRIED
 3. Name of husband or wife WINIFRED 8 (c) Age of husband or wife if alive 72 years
 4. Date of deceased 11-20-1866
 (Month) (Day) (Year)

AGE: Years	Months	Days	If less than one day
<u>78</u>	<u>0</u>	<u>5</u>	hr. min.

7. Birthplace MILLVILLE OHIO
 (City, town, or county) (State or foreign country)

8. Usual occupation COMMISSIONER OF BASEBALL

9. Industry or business BASEBALL

10. Name ABRAHAM LANDIS

11. Birthplace UNKNOWN PA
 (City, town, or county) (State or foreign country)

12. Maiden name MARY KUENLER

13. Birthplace UNKNOWN PA
 (City, town, or county) (State or foreign country)

14. Informant ST LUKES HOSPITAL
 (Personal signature with pen and ink)

15. P. O. Address 1437 S Michigan St. Cook

16. PLACE OF BURIAL (a) DATE Nov. 25, 1944

(b) Cemetery WRAVELAND
 Location CHICAGO
 (Township, Road Dist., Village or City)

County COOK State ILL

17. General director W. J. Jordan
 (Personal signature with pen and ink)
 ADDRESS 200 ERIE
 (Firm name, if any)

MEDICAL CERTIFICATE OF DEATH

20. Date of death: Month 11 day 25
 year 1944 hour 5 minute 30 AM

21. I hereby certify that I attended the deceased from 9/22/44, 19... to 11/25/44, 19...
 that I last saw him alive on 11/25/44, 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute bronchopneumonia Duration 1 wk.
secondary to Hypertension
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)

22. { Was an operation performed? No Date of _____
 For what disease or injury? _____

Was there an autopsy? yes
 Findings? above

23. If a communicable disease; where contracted? No

Was disease in any way related to occupation of deceased? No
 If so, specify how? _____

24. (Signed) Robert A. Bebe M. D.
 Address 1437 S Michigan St. Cook
 Date 11/25/44, 19... Telephone 3000

*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

1944 NOV 25 AM 9 34

25. Filed _____ Registrar.
 P. O. Address _____ Ill.

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[Handwritten signature]