

CALIFORNIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
COUNTY OF San Joaquin
TOWN OF
CITY OF Stockton

ORIGINAL CERTIFICATE OF DEATH 252 No. 39

9-021002

Local Registered No. 293

(If death occurs away from the place of residence, give facts called for under "Special Information.")

WARD (No. 929 N San Joaquin 2)
Full Name Harry Robert Lochhead
(If death occurred in a hospital or institution, give its name instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

LENGTH OF RESIDENCE
At Place of Birth years months
In California years months

DATE OF DEATH Aug 22 1909
(Month) (Day) (Year)

SEX Male COLOR OR RACE White

I HEREBY CERTIFY that I attended deceased from Aug 21 1909 to Aug 22 1909; that I last saw him alive on Aug 21 1909; and that death occurred, on the date stated above, at 6:20 P.M.

DATE OF BIRTH Mar 23 1876
(Month) (Day) (Year)

The CAUSE OF DEATH was as follows:
Cirrhosis of Liver.
Unknown (duration)

AGE 33 years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

Contributory (duration) days
(Signed) Charles Rex Harry M. D.
Aug 23 1909. (Address) Stockton

BIRTHPLACE California
(State or Country)

OCCUPATION Ball Player

NAME OF FATHER Andrew Lochhead

BIRTHPLACE OF FATHER Scotland
(State or Country)

MAIDEN NAME OF MOTHER Ellen Welch

BIRTHPLACE OF MOTHER Massachusetts
(State or Country)

SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRUANTS, OR RECENT RESIDENTS
Place of Death (duration) days
What was closest contracted, if not at place of death

PLACE OF BURIAL OR REMOVAL Rural Cemetery DATE OF BURIAL Aug 24 1909
UNDERTAKER STOCKTON UNDERTAKING CO.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Signature) H. R. Lochhead
(Address) Stockton

FILED
Aug 24 1909
[Signature]