

41955 24789
REGISTERED NO. 25016

CERTIFICATE OF DEATH—CORONER'S FORM
CERTIFICATE AND RECORD OF DEATH

DEPARTMENT OF HEALTH
CITY OF CHICAGO

184
24789
SEP 28 1912

PERSONAL AND STATISTICAL PARTICULARS

1. FULL NAME Arthur L. Raymond

2. (a) SEX M (b) COLOR W (c) MARRIED Married
WIDOWED DIVORCED

3. (a) BIRTHPLACE Chicago (b) DATE OF BIRTH Feb 24, 1882
(STATE OR COUNTRY) (WRITE IN)

4. AGE 30 YEARS 6 MONTHS 13 DAYS _____ HOURS _____
(IF LESS THAN ONE DAY OLD)

5. DIED ON THE 7th DAY OF Sept 1912 AT ABOUT _____ M.

6. LAST OCCUPATION (a) Base Ball Player (b) _____
(PROFESSION, TRADE OR KIND OF WORK) (INDUSTRY OR BUSINESS)

FROM THE YEAR (c) 1903 TO THE YEAR 1912

7. FORMER OCCUPATION (a) Pressman (b) _____

FROM THE YEAR (c) _____ TO THE YEAR _____

8. (a) PLACE OF DEATH 35 S. Clark st (b) HOW LONG AT PLACE OF DEATH _____
(STREET AND NO.)

9. (a) USUAL RESIDENCE Elston & Lawrence ave (b) WARD _____

PLACE OF BURIAL Montrose 17. UNDERTAKER Paul Hildreth LICENSE NO. _____

16. DATE OF BURIAL Sept. 9-1912 ADDRESS 58 Randolph St. 4-25

HOUR _____ TELEPHONE _____

10. HOW LONG RESIDENT IN CITY Since birth

11. HOW LONG IN STATE _____

12. HOW LONG IN U. S. IF FOREIGN BORN _____

13. (a) NAME OF FATHER Adna C Raymond
(b) BIRTHPLACE OF FATHER Illinois
(STATE OR COUNTRY)

14. (a) MAIDEN NAME OF MOTHER Emma Bush
(b) BIRTHPLACE OF MOTHER Illinois
(STATE OR COUNTRY)

The foregoing stated personal particulars are true to the best of my knowledge and belief:

15. INFORMANT Blanche Raymond
ADDRESS 4223 Bernard st

REGISTRAR

CORONER'S CERTIFICATE OF CAUSE OF DEATH

I hereby Certify THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AN Inquest THOROUGH AND FROM THE EVIDENCE OBTAINED BY SAID Inquest FIND THAT SAID DECEASED CAME TO his DEATH ON THE DAY AND AT ABOUT THE HOUR STATED ABOVE, AND FROM THE CAUSE HEREUNDER WRITTEN.
(IF UNDER ONE YEAR OLD, STATE HOW FED)

(a) CAUSE OF DEATH Internal hemorrhage & injury to brain due to being kicked & beaten in fight Sept. 1, 1912

(b) CONTRIBUTORY (SECONDARY) _____

EXAMINED BY _____ IN U.S.A., CHICAGO, ILL. ON _____

ON each Cause according to the Clinical History.

FILED

WITNESSED AND DATED THIS 12th DAY OF September 1912

(SIGNATURE) Peter M. Hoffman