

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Hamilton

Registration District No. _____

File No. 26688

Township _____

Primary Registration District No. 227

Registered No. 2663

or Village _____

No. Good Samaritan Hospital

Ward _____

or City of Cincinnati

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. 85 Morgan Boulevard Ward. New Orleans La.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed or Divorced (write the word)

married

5a If married, widowed or divorced

HUSBAND of (or) WIFE of

Estelle Hastings

6 DATE OF BIRTH (month, day, and year)

August 15 1879

7 AGE

Years

Months

Days

If LESS than 1 day.....hrs. or.....min.

44

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Umpire

(b) General nature of Industry, business, or establishment in which employed (or employer)

National League

(c) Name of employer

9 BIRTHPLACE (city or town)

New Orleans La.

(State or country)

10 NAME OF FATHER

John Sentell

11 BIRTHPLACE OF FATHER (city or town)

New Orleans La.

(State or country)

12 MAIDEN NAME OF MOTHER

Sinia Barrie

13 BIRTHPLACE OF MOTHER (city or town)

New Orleans La.

(State or country)

14 Informant

(Address)

Queen
235 S. 4 St

15 Filed

APR 28 1923

Evann Evans

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 4-27 1923

17

I HEREBY CERTIFY, That I attended deceased from

4-21-1923, to 4-27 1923

that I last saw him alive on 4-27-1923

and that death occurred, on the date stated above, at 7:50 p.m.

The CAUSE OF DEATH* was as follows:

Acute gangrenous Appendicitis (perforated)

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? yes Date of 4-21-23

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed)

Charles K. Riddle, M. D.

4-27 1923 (Address) Good Samaritan Hosp. Cincinnati Ohio

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

New Orleans La.

April 28 1923

20 UNDERTAKER, License No.

ADDRESS

J. Sullivan & Co. 235 S. 4 St