

1. PLACE OF DEATH a. COUNTY Hill				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Ohio				b. COUNTY Cuyahoga			
b. CITY OF TOWN (If outside city limits, give precinct no.) Whitney				c. LENGTH OF STAY In l. b. 1 day				c. CITY OR TOWN (If outside city limits, give precinct no.) Cleveland			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Lake Whitney				d. STREET ADDRESS (If rural, give location) 17203 Invermere Rd.				e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or title) Tristram Edgar				(a) First (b) Middle (c) Last SPEAKER				4. DATE OF DEATH 12-8-58			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH April 4, 1888		9. AGE (In years last birthday) 70		10. UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baseball player				10b. KIND OF BUSINESS OR INDUSTRY Baseball				11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME A.C. Speaker				14. MOTHER'S MAIDEN NAME Jane Poor							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes				16. SOCIAL SECURITY NO.				17. INFORMANT Mrs. Francis Speaker			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Coronary Artery Disease DUE TO (c) ...										INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)											
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter not more than 750 characters) Texas in DEPARTMENT OF HEALTH REC'D JAN 6 1959 BUREAU OF VITAL STATISTICS								
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.			20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) 20f. CITY, TOWN, OR LOCATION 20g. COUNTY 20h. STATE								
21. I hereby certify that I attended the deceased from [Signature] and last saw the deceased alive on [Signature] at [Signature] o'clock p.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE [Signature]				22b. ADDRESS [Address]				22c. DATE SIGNED 12-8-58			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial				22b. DATE Dec. 11, 1958				22c. NAME OF CEMETERY OR CREMATORY Airview			
22d. LOCATION (City, town, or county) dubbard Texas				22e. FUNERAL DIRECTOR'S SIGNATURE Wolfe Funeral Home [Signature]				22f. REGISTERER'S SIGNATURE [Signature]			
22a. REGISTRAR'S FILE NO. 448				22b. DATE REC'D BY LOCAL REGISTRAR 12-8-58				22c. REGISTRAR'S SIGNATURE [Signature]			