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BIRTH 10 DEC 1884 • Transfer, Pennsylvania, United States
DEATH 21 APR 1965 • West Middlesex, Mercer, Pennsylvania, USA

BIRTH	10 Dec 1883 Transfer, Mercer County, Pennsylvania, USA
DEATH	21 Apr 1965 (aged 81) West Middlesex, Mercer County, Pennsylvania, USA
BURIAL	Haywood Cemetery West Middlesex, Mercer County, Pennsylvania, USA Show Map
PLOT	B 41 1/2
MEMORIAL ID	133174369 · View Source

Frank Bair, of West Middlesex, one of Jack Meehan's pitchers for the Plumbers and Painters during the days of the City League, and who was with Nashville last year, has signed with the Indianapolis club, of the Federal League. Cleveland had Bair a couple of years ago, but sent him to Nashville without giving him any work.

Name	Frank Barr
Age in 1910	25
Birth Date	1884
Birthplace	Pennsylvania
Home in 1910	West Middlesex, Mercer, Pennsylvania, USA
Sheet Number	8b
Street	Railroad Stret
Race	White
Gender	Male
Relation to Head of House	Head
Marital Status	Married
Spouse's Name	Maud Bair
Father's Birthplace	Pennsylvania
Mother's Birthplace	Pennsylvania
Native Tongue	English
Occupation	Player
Industry	Professional Bass Ball
Employer, Employee or Other	Wage Earner
Home Owned or Rented	Rent
Farm or House	House
Able to read	Y
Able to Write	Y
Enumeration District Number	0186
Years Married	2
Out of Work	N
Number of Weeks Out of Work	12
Enumerated Year	1910
Neighbors	View others on page

Household members

Name	Age
Emma Gould	46
Frank Barr	26
Maud Bair	20
Sadie Gould	17
Frank B Bair	1

REGISTRATION CARD				
SERIAL NUMBER	106		ORDER NUMBER	5843
1 <i>Frank Henry Bair</i>				
2 PERMANENT HOME ADDRESS:				
<i>Philadelphia, Pa.</i>				
(No.) (Street or R. F. D. No.) (City or town) (County) (State)				
Age in Years		Date of Birth		
3 <i>34</i>		4 <i>Dec</i> 10 18 <i>83</i>		
(Month)		(Year)		
RACE				
White	Native	Oriental	Indian	Neapolitan
5 <input checked="" type="checkbox"/>	6	7	8	9
U. S. CITIZEN			ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
10 <input checked="" type="checkbox"/>	11	12	13	14
15 I am a citizen of the U. S., of what nation are you a citizen or subject?				
PRESENT OCCUPATION		EMPLOYER'S NAME		
16 <i>Bank Teller</i>		17 <i>Colonial Trust Co.</i>		
18 PLACE OF EMPLOYMENT OR BUSINESS:				
<i>Broadway, Philadelphia</i>				
(No.) (Street or R. F. D. No.) (City or town) (County) (State)				
NEAREST RELATIVE				
19 <i>Maude B. Bair</i>				
20 <i>Philadelphia, Pa.</i>				
(No.) (Street or R. F. D. No.) (City or town) (County) (State)				
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE				
P. M. G. O. <i>Frank Henry Bair</i>				
Form No. 1 (ited) (Registant's signature) (Date)				

STAR TO GIVE UP DIAMOND

Sharon, Pa., Feb. 6.

Baseball enthusiasts will be glad to hear that Frank Bair a last year's Federal league star, has decided to retire from professional baseball. It is stated that Frank will be at his post with the West Middlesex team the coming season.

Prospects are very bright for a successful season. Members of the "stove league" are confident that West Middlesex is the champion of them all when it comes to playing baseball. A meeting will be held in the near future when arrangements will be made for the coming season.

HYB-20143 REV. 11/59
LOCAL REG. NO. 221COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

039662-65

PRIMARY DIST. NO. 43943-414

CERTIFICATE OF DEATH

1. DEATH OCCURRED IN: a. County b. City or borough c. If death did not occur in City or borough, give name of township (Do not use R. D. or box Number) d. Full Name of Hospital or institution (if not in hospital, give street address)		2. DECEASED'S MAILING ADDRESS a. Street address, R. D., or Box Number b. Post Office, Zone, and State 3. VETERAN a. Which War b. Serial No.	
4. NAME OF DECEASED (Type or print) a. (First) b. (Middle) c. (Last)		5. DATE OF DEATH (Month) (Day) (Year)	
6. WHERE DID DECEASED ACTUALLY LIVE? a. State b. County		c. Did deceased live in a township? <input type="checkbox"/> Yes, deceased lived in _____ township.	
7. SEX 8. COLOR OR RACE		9. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
10. DATE OF BIRTH (last birthday)		11. AGE (in years) If under 1 year If under 24 hours	
12. USUAL OCCUPATION (even if retired)		13. SOCIAL SECURITY NO.	
14. BIRTHPLACE (State or foreign country)		15. CITIZEN OF WHAT COUNTRY?	
16. FULL NAME OF SPOUSE		17. MOTHER'S MAIDEN NAME	
18. FATHER'S NAME		19. INFORMANT'S NAME AND ADDRESS	
MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)			
20. CAUSE OF DEATH. Enter only one cause per line for (a), (b) & (c).			
PART I. Death was caused by: IMMEDIATE CAUSE (a)			
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)			
21. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
22. a. ACCIDENT <input type="checkbox"/> No <input checked="" type="checkbox"/> b. DESCRIBE HOW ACCIDENT OCCURRED			
22. c. TIME OF ACCIDENT Hour _____ m _____ E.S.T.			
22. d. ACCIDENT OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>			
22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.)			
22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE			
23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at _____ m., E.S.T.			
a. Signature _____ b. Address _____ c. Date signed _____			
24. a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> 24. b. DATE _____ 24. c. NAME OF CEMETERY OR CREMATORY _____ 24. d. LOCATION (City, Boro., Twp., & County) (State) _____			
25. DATE REC'D BY REG. _____ 26. REGISTRAR'S SIGNATURE _____ 27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR _____			

43943

X

C

D

E

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M

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O

P

4331

MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

INTERVAL BETWEEN ONSET AND DEATH

PART I. Death was caused by:
IMMEDIATE CAUSE (a)

CIRCULATORY COLLAPSE

IMMEDIATE

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

VENTRICULAR FIBRILLATION

IMMEDIATE

AURICULAR FIBRILLATION

DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)

AURICULAR FIBRILLATION; MULTIPLE STROKES;

21. WAS AUTOPSY PERFORMED?
Yes ☐ No ☒22. a. ACCIDENT
Yes ☐ No ☒

22. b. DESCRIBE HOW ACCIDENT OCCURRED

22. c. TIME OF ACCIDENT
Hour _____ m _____ E.S.T.22. d. ACCIDENT OCCURRED
While at work ☐ Not while at work ☒

22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.)

22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at _____ m., E.S.T.

a. Signature

b. Address

c. Date signed

24. a. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24. b. DATE

24. c. NAME OF CEMETERY OR CREMATORY

24. d. LOCATION (City, Boro., Twp., & County) (State)

25. DATE REC'D BY REG.

26. REGISTRAR'S SIGNATURE

27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR