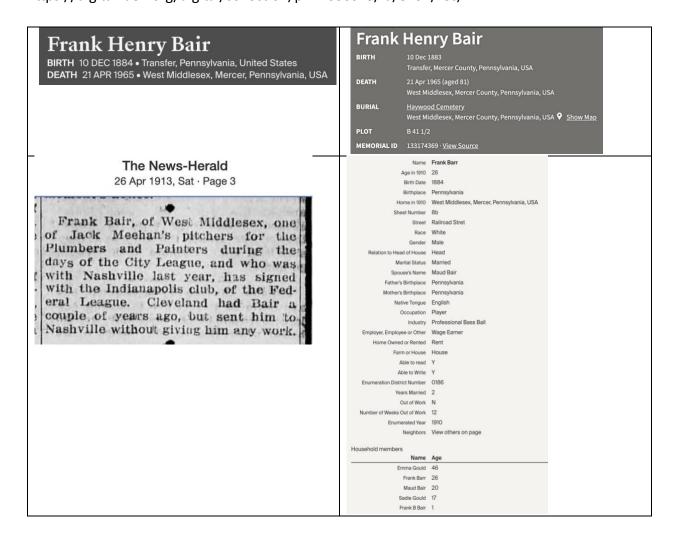
## Frank Bair

https://digital.la84.org/digital/collection/p17103coll3/id/8234/rec/2



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## REGISTRATION CARD ALIEN

## SISTAR TO GIVE r, e-

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 c West Middlesex tran the coming h season.

Prospects are very bright for a suc- p cessful season. Members of the "stove in league" are confident that West Mid-in dlesex is the champion of them all a when it comes to playing baseball, as A meeting will be held in the near future to when arrangements will be made for su t the coming season.

300M-8-62	HVS-20143 REV. 11/59 2 2 COMMONWEALTH OF PENNSYLVANIA LOCAL REG. NO. 2 2 PORTHER OF HEALTH VITAL STATISTICS	39662 <b>-6</b> 5
• , 43943 ×	DIST. NO. # 3 # 3 - # 1	ril 21 1965
t	DECEASED  O. Stote LEARSYLVANIA	CSEX city or borough.  1 year If under 24 hours  Days Hours Min.
G	16. FULL NAME OF SPOUSE Mande Gould 17. MOTHER'S MAIDEN NAME FRANCIS  18. FATHER'S NAME David D. Bair 19. INFORMANI'S NAME AND ADDRESS Made West 19. INFORMANI'S NAME AND ADDRESS Made Wash from Man	Polley middlesy Br.
н	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) & (a).  PART 1. Death was caused by:  IMMEDIATE CAUSE (a)  //	INTERVAL BETWEEN ONSET AND DEATH
j	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.  DUE TO (c) AURICUIA P. PIRRILIATION  DUE TO (c) AURICUIA P. PIRRILIATION  TO (c) P. PIRRILIATION  TO	DEUTPAL WATE
k	PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a) 2  AURIC ULAR FIBRILLATION; MULTIPLE STRUKES;	PI, WAS AUTOPSY PERFORMED? Yes \( \text{No } \text{IP}
м	Yes No GACCIDENT LS.T.  22. d. ACCIDENT OCCURRED   22. e. PLACE OF ACCIDENT (e.g., home,   22. f. CITY, BOROUGH, TOWNSHIP COUN	onth Day Year
* N	While of Not while   farm, street, etc.)  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 3 f. m., E.S.T.  a. Signature   Si	
P	a. Signature  24 b. DATE  24 b. DATE  24 c. NAME OF CEMETERY OR CREMATORY ZAMONICONICION City, Boro.  CREMATION  25 PAME REC'9 BY REG.  26 REGISTRAR'S SIGNATURE  27 SIGNATURE AND ADDRESS OF FUNRAL D  27 SIGNATURE AND ADDRESS OF FUNRAL D  28 SIGNATURE AND ADDRESS OF FUNRAL D  29 SIGNATURE AND ADDRESS OF FUNRAL D  20 SIGNATURE AND ADDRESS OF FUNRAL D  20 SIGNATURE AND ADDRESS OF FUNRAL D  27 SIGNATURE AND ADDRESS OF FUNRAL D  28 SIGNATURE AND ADDRESS OF FUNRAL D  29 SIGNATURE AND ADDRESS OF FUNRAL D  20 SIGNATURE AND ADDRESS OF FUNRAL D  21 SIGNATURE AND ADDRESS OF FUNRAL D  22 SIGNATURE AND ADDRESS OF FUNRAL D  23 SIGNATURE AND ADDRESS OF FUNRAL D  24 SIGNATURE AND ADDRESS OF FUNRAL D  25 SIGNATURE AND ADDRESS OF FUNRAL D  26 SIGNATURE AND ADDRESS OF FUNRAL D  27 SIGNATURE AND ADDRESS OF FUNRAL D  28 SIGNATURE AND ADDRESS OF FUNRAL D  29 SIGNATURE AND ADDRESS OF FUNRAL D  20 SIGNATURE AND ADDRESS OF FUNRAL D  20 SIGNATURE AND ADDRESS OF FUNRAL D  26 SIGNATURE AND ADDRESS OF FUNRAL D  27 SIGNATURE AND ADDRESS OF FUNRAL D  28 SIGNATURE AND ADDRESS OF FUNRAL D  29 SIGNATURE AND ADDRESS OF FUNRAL D  29 SIGNATURE AND ADDRESS OF FUNRAL D  20 SIGNATURE AND ADDRESS OF FUNRAL D  20 SIGNATURE AND ADDRESS OF FUNRAL D  27 SIGNATURE AND ADDRESS OF FUNRAL D  28 SIGNATURE AND ADDRESS OF FUNRAL D  29 SIGNATURE AND ADDRESS OF FUNRAL D  20 SIGNATURE AND ADDRESS OF FUNRAL D  21 SIGNATURE AND ADDRESS OF FUNRAL D  21 SIGNATURE AND ADDRE	Herces-Pa.