

Tommy Murray

# Thomas J Murray

**BIRTH** 24 MAY 1887 • Pennsylvania

**DEATH** 24 APR 1939 • Pittsburgh, Allegheny, Pennsylvania, USA

The Pittsburgh Press  
24 Apr 1939, Mon · Page 20

## Tommy Murray Dead

Tommy Murray, well-known sandlot and minor league catcher, who died this morning, will be buried Thursday morning from Readshow Funeral Home, 1503 Brownsville Rd. Murray, member of the old County League, last saw service with Seattle, Pacific Coast League.

HY-5-600M-9-36

Primary District No. W

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

File No. 40617  
Registered No. 3175

### CERTIFICATE OF DEATH

1. PLACE OF DEATH  
County ALLEGHENY  
Township \_\_\_\_\_  
Borough \_\_\_\_\_  
City PITTSBURGH

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.  
(If U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)

2. FULL NAME (type or print) THOMAS J. MURRAY  
Residence No. 914 FREELAND St. 18 Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give place, county, and State)

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>	21. DATE OF DEATH (month, day, and year) <u>APRIL 24 1939</u>
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>LILLIAN HILLEY</u>			22. I HEREBY CERTIFY, That I attended deceased from <u>April 20, 1939</u> , to <u>April 24, 1939</u> . I last saw <u>deceased</u> on <u>April 24, 1939</u> ; death is said to have occurred on the date stated above, at <u>5:10 A.M.</u>
6. DATE OF BIRTH (month, day, and year) <u>MAY 24 1887</u>			The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia</u> <u>108</u> <u>110</u> <u>4 day</u>
7. AGE Years <u>51</u> Months <u>1</u> Days _____ If LESS than 1 day, _____ hrs or _____ mins.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>LABORER</u>			Other contributory causes of importance: <u>Plumage</u> <u>4 day</u>
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>ALLY COUNTY</u>			
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			Name of operation _____ Date of _____
12. BIRTHPLACE (city or town) (State or Country) <u>PENNA.</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____
13. NAME <u>THOMAS MURRAY</u>			23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 193 Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place: Manner of injury _____ Nature of injury _____
14. BIRTHPLACE (city or town) (State or Country) <u>IRELAND</u>			
15. MAIDEN NAME <u>MARY BRENNAN</u>			
16. BIRTHPLACE (city or town) (State or Country) <u>IRELAND</u>			
17. SIGNATURE (name and address) OF INFORMANT <u>Lillian Murray</u> <u>914 Freeland St.</u>			24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. J. Anderson</u> M. D. (Address) <u>700-7th McKeesport</u>
18. BURIAL, CREMATION, OR REMOVAL: Date <u>APR 27 1939</u> Place <u>CALVARY</u> County <u>ALLY</u> State <u>PA.</u>			
19. UNDERTAKER (name and address) <u>H. A. Readshaw</u> <u>1503 Brownsville Road</u>			
20. FILED <u>APR 25 1939</u> 193 _____ Registrar _____			

MARGIN RESERVED FOR BINDING PERMANENT RECORD  
WRITE PLAINLY WITH INK. Every item of information should be carefully recorded. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH. If death occurred in a HOSPITAL or INSTITUTION, give the NAME instead of street and number. Exact Statement of OCCUPATION is very important. See instructions on back of certificate.

City of Pittsburgh  
No. 75 So. 17th St. Primary Registration District No. \_\_\_\_\_ Registered No. 5164  
17 Ward \_\_\_\_\_

FULL NAME OF CHILD Barbara Catherine Murray

FATHER		MOTHER	
Sex of Child <u>Female</u>	Legitimate? <u>yes</u>	Date of birth (Month) <u>APR</u> (Day) <u>25</u> (Year) <u>1914</u>	
FULL NAME <u>Thos. J. Murray</u>		FULL MAIDEN NAME <u>Lillian Hilley</u>	
RESIDENCE <u>75 So. 17th St.</u>		RESIDENCE <u>75 So. 17th St.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>PITTSBURGH, PA.</u>		BIRTHPLACE <u>PITTSBURGH, PA.</u>	
OCCUPATION <u>Laborer</u>		OCCUPATION <u>HOUSEWIFE</u>	
Number of child of this mother, including present birth <u>1</u>		Number of children, of this mother, now living, including present birth <u>1</u>	