7505 CERTIFICATE OF DEATH

Reg. Dist. No. 181

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1. PLACE OF DEATH: FREDERICK, (RURAL, Mt. PLEASANT

COUNTY FREDERICK MARYLAND

(If outside corporate limits, write RURAL and give nearest town) RURAL

OR TOWN FREDERICK, Mt. Pleasant.

LENGTH OF STAY (in this place) 76 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

(If outside corporate limits, write RURAL and give nearest town)

OR TOWN Frederick, (Rural) Mt. Pleasant.

STREET ADDRESS (If rural give location) Mt. Pleasant,

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) T. (Last) BISER.

4. DATE OF DEATH: (Month) August (Day) 1, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed.

8. DATE OF BIRTH: Sept. 1, 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 11 Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Petersville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL G. BISER

14. MOTHER'S MAIDEN NAME: ALBENIA SHAFER.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Margaret R. Mullican, Step-Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial hypertrophy & dilatation — Interval Between Onset And Death: 3 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic cardiovascular disease — 10 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug, 1954, to 1 Aug, 1954, that I last saw the deceased alive on 1 Aug, 1954, and that death occurred at 8:15 PM from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Walkersville, Md DATE SIGNED 2 Aug 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 4, 1954 NAME OF CEMETERY OR CREMATORY Mt. Olivet. LOCATION (City, town, or county) FREDERICK, MARYLAND

DATE FILED BY LOCAL REGISTRAR Aug 5, 1954 REGISTRAR'S SIGNATURE Elizabeth B. Wells.

24. FUNERAL DIRECTOR ROBERT E. DAILEY Frederick

VALID ONLY WITH IMPRESSED SEAL

I HEREBY CERTIFY THIS TO BE A TRUE COPY OF RECORD ON FILE IN THE DIVISION OF VITAL STATISTICS

DATE ISSUED: MAY 22 2009

WARNING: It is illegal to duplicate this copy by photostat or photographic process

"Exhibit A"