

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 94

Reg. Dist. No. 38

CERTIFICATE OF DEATH

05230

1. PLACE OF DEATH:

(a) County Baltimore  
 (b) City or town Towson  
(If outside city or town limits, write RURAL and give town)  
 (c) Street address, hospital, or institution:  
Dumbarton House  
 (d) Length of stay in hospital or inst. (yrs., mos., or days)  
 (e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MARYLAND (b) County BALTIMORE  
 (c) City or town TOWSON  
(If outside city or town limits, write RURAL and give town)  
 (d) Street No. "DUMBARTON HOUSE"  
(If rural give location)  
 (e) If foreign born, how long in U. S. A.? X X years

3 (a) FULL NAME  
DAVID GREGG McINTOSH Jr

3 (b) If veteran, name war X X 3 (c) Social Security No. X X

4. Sex male 5. Color or race white 6 (a) Single, married, widowed, or divorced. RIEMAN

6 (b) Name of husband or wife Charlotte R. McIntosh 6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 1st 1877

8. AGE: Years 62 Months 10 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace TOWSON BALTIMORE COUNTY MD.  
(Town, county, and state)

10. Usual occupation LAWYER

11. Industry or business

MOTHER FATHER 12. Name DAVID GREGG McINTOSH

13. Birthplace DARLINGTON SOUTH CAROLINA

14. Maiden Name VIRGINIA J. PEGRAM

15. Birthplace RICHMOND, VIRGINIA.

16 (a) Informant J. RIEMAN McINTOSH

(b) Address TOWSON, MD.

17 (a) BURIAL (b) Date thereof MAY 11th 1940  
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory ST. THOMAS' CHURCH  
 Location GARRISON FOREST, MD.

18 (a) Funeral director Henry M. Jenkins, Inc. Co

(b) Address 1119 St Paul St

19 (a) May 10/40 (Date rec'd by registrar) W. Marshall Tan Farm Registrar

MEDICAL CERTIFICATION

20. Date of death 5/9 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939, to 5/9 1940, and that I last saw him alive on 5/9 1940.

Immediate cause of death Angina Pectoris

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? \_\_\_\_\_ While at work? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Walter L. Baerlein M. D. or other

Address 1119 St Paul St Date signed 5/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15