

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 61 01944

BIRTH NO. 61 01944

1. NAME OF DECEASED (Type or Print) George McMechan

2. DATE OF DEATH 2-22-1961

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
George Washington Carver Nursing Home
607 Penn. Ave Baltimore 1, md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Baltimore B. ~~XORIGIN~~ Maryland

C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Baltimore 1403

D. STREET ADDRESS (If rural, give location)
2007 McCulloh St.

5. SEX M **6. COLOR OR RACE** Cal **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify) WIDOWED

8. DATE OF BIRTH Oct. 29, 1872 **9. AGE** (In years last birthday) 89

If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10.A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired lawyer **10b. KIND OF BUSINESS OR INDUSTRY**

11. BIRTHPLACE (State or foreign country) West Virginia **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME George W. McMechan **14. MOTHER'S MAIDEN NAME** Mildred ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **17. INFORMANT** Mrs Edith Blake **ADDRESS** 2007 McCulloh St.

18. 199.2 I **CAUSE OF DEATH** **INTERVAL BETWEEN ONSET AND DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinomatosis ?

ANTECEDENT CAUSES (DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.) Uremia 3 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None

MEDICAL CERTIFICATION

19a. DATE OF OPERATION **19b. CONDITION FOR WHICH OPERATION WAS PERFORMED** **20. AUTOPSY?** YES NO

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg, etc.) **21c. WHERE DID INJURY OCCUR?** (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?**

22. I certify that (I) (this hospital) attended the deceased from Nov. 1960 **19** Feb. 22, 1961 **19** Feb. 22 **19** 61 **to**

and that in (my) (our) opinion death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE George Mc Donald **23b. ADDRESS** 844 N. Carey St. Balt. Md. **23c. DATE SIGNED** 2/24/61

ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M. D.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 2-26-61 **24c. NAME OF CEMETERY OR CREMATORY** Arbutus Mem. Park **24d. LOCATION** (City, town, or county) (State) Arbutus Balto. Co., Md.

25a. DATE REC'D BY HEALTH DEPT. FEB 24 1961 **25b. NAME OF REGISTRAR** Huntington Williams, M.D. **25c. FUNERAL DIRECTOR** Mrs. Frances A. Hensley **ADDRESS** 578 W Biddle St.

THIS IS A PERMANENT RECORD.
 EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED.
 PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

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 Mrs. Frances A. Hensley