

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. **B 69279**

City of Baltimore, (No. **29** West Preston St.; **11th** Ward)
(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")
 FULL NAME **Robert M. Mc Lane**

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX **Male** COLOR **White**
 DATE OF BIRTH **Nov. 31st 1867**
(Month) (Day) (Year)
 AGE **36** years, **—** months, **—** days
 SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
 BIRTHPLACE (State or country) **Baltimore Md**
 FULL NAME OF FATHER **James Latimer Mc Lane**
 BIRTHPLACE OF FATHER (State or country) **Delaware**
 MARRIED NAME OF MOTHER **Fannie King**
 BIRTHPLACE OF MOTHER (State or country) **New York**
 OCCUPATION OF DECEASED **D.H. Clerk**
 THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
 (Informant) **Alban McKane**
 (Address) **1435 N. Calvert St**

Filed **6/1** **4** HARRY C. ANDREWS, REGISTRAR
 PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **May 30th 1904**
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from **Coroner's Office**
 190 to 190

that I last saw him alive on 190

and that death occurred, on the date stated above, at **4:55**

P. M. The CAUSE OF DEATH was as follows:
Pistol shot wound in the head, from hand of deceased while suffering with temporary dementia

Contributory **Shock & Cerebral Hemorrhage**
 (DURATION) **5** DAYS

(Signed) **Benj. S. Hayden** Coroner P. D.
May 30 1904 (Address) **100 E. E. St.**

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Present Residence **—** How long at Place of Death? **—** Days

Where was disease contracted, if not at place of death? **—**

PLACE OF BURIAL OR REMOVAL **Greenwood Cemetery** DATE OF BURIAL **June 1st 1904**
 UNDERTAKER **John Jenkins** ADDRESS **233 W. Saratoga**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.
 Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his or her jurisdiction, to furnish within twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.