

**SALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 62 07227

BIRTH NO. 62 07227

1. NAME OF DECEASED (Type or Print) George T. Cromwell, Sr. 2. DATE OF DEATH 21<sup>st</sup> July 1962

3. PLACE OF DEATH IN BALTIMORE, MARYLAND  
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  
University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
A. STATE Maryland B. COUNTY Anne Arundel  
C. CITY OR TOWN Glen Burnie (If outside city limits, write RURAL and give township) - Ferndale  
D. STREET ADDRESS (If rural, give location) 205 S. Annapolis Blvd. 52-00

5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 23 Oct. '92 9. AGE (In years last birthday) 69

10. A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk of the Court 10b. KIND OF BUSINESS OR INDUSTRY Anne Arundel Co. Circuit Court 11. BIRTHPLACE (State or foreign country) Anne Arundel Co., Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Basil S. Cromwell, Sr. 14. MOTHER'S MAIDEN NAME Leonora Downs

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service) mmmm 16. SOCIAL SECURITY NO. 212-26-5546 17. INFORMANT ADDRESS Mrs. Pauline Cromwell Same As #2

18. 420.1 I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
CAUSE OF DEATH  
(A) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 2 days  
DUE TO  
(B) Cardio-Vascular Disease 2-3 yrs  
DUE TO  
(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II  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 July 21 1962 to July 21 1962 and that in (my) (our) opinion death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Chas. L. Ball M. D. 23b. ADDRESS Linthicum Gmd. 23c. DATE SIGNED 7/23/62

24. BURIAL, CREMATION, REMOVAL (Specify) Burial 24a. DATE 25 July 62 24b. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 24c. LOCATION (City, town, or county) (State) Brooklyn RFD, Md  
25a. DATE REC'D BY HEALTH DEPT. JUL 24 1962 25b. NAME OF REGISTRAR Robert E. Farley, M.D. 25c. FUNERAL DIRECTOR ADDRESS R. V. Singleton, Glen Burnie, Md.

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EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

MEDICAL CERTIFICATION