

G77382

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

G77382

MALLOY

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) *William Malloy*

2. DATE OF DEATH *August 16, 1949*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE *md.*  
B. COUNTY \_\_\_\_\_

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore 27-14*

7. STREET ADDRESS (If rural, give location) *3080 Venhill Rd.*

8. Length of stay in Baltimore *64 Yrs. Mos. Days*

9. SEX *Male* 10. COLOR OR RACE *White* 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*

12. DATE OF BIRTH *10-12-1874* 13. AGE (In years last birthday) *74*

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Janitor* 15. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

16. BIRTHPLACE (State or foreign country) *Var.* 17. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

18. FATHER'S NAME *Rev. C. Malloy* 19. MOTHER'S MAIDEN NAME *Margaret Hopkins*

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) \_\_\_\_\_ (If yes, give war or dates of service) \_\_\_\_\_

21. SOCIAL SECURITY NO. \_\_\_\_\_

22. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. CAUSE OF DEATH

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.)

(A) *Hemorrhage from*

DUE TO

(B) *esophagal varices*

DUE TO

(C) *Cirrhosis of the liver*

INTERVAL BETWEEN ONSET AND DEATH *15 min*

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

19A. DATE OF OPERATION \_\_\_\_\_ 19B. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) \_\_\_\_\_

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 (Month) (Day) (Year) (Hour) OF INJURY \_\_\_\_\_

21E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from *8-14*, 19*49*, to *8-16*, 19*49*, that I last saw the deceased alive on *8-16*, 19*49*, and that death occurred at *7:50 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Ernest C. Brown Jr.* M. D.

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED *9/17/49*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Funeral*

24B. DATE *8/19/49*

24C. NAME OF CEMETERY OR CREMATORY *Green Mount*

24D. LOCATION (City, town, or county) (State) *Baltimore Md*

25. FUNERAL DIRECTOR *William C. ...* ADDRESS \_\_\_\_\_

DATE RECEIVED BY LOCAL REGISTRAR *AUG 18 1949* REGISTRAR'S SIGNATURE *...*

Correct age is essential. Physician: please write the cause of death clearly and briefly.