

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH 13832		STATE OF MARYLAND	
County <u>Caroline</u>		CERTIFICATE OF DEATH	
Village or City <u>Denton</u> (No. <u>79</u>)		Registration Dist. No. <u>62</u>	
2 FULL NAME <u>Robert Martin Missick</u>		[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> (Write the word)	16 DATE OF DEATH <u>Oct 18</u> , 191 <u>3</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>Feb 14</u> , 18 <u>41</u> (Month) (Day) (Year)	7 AGE <u>73</u> yrs. <u>8</u> mos. <u>2</u> ds. OR <u> </u> min. ? If LESS than 1 day, hrs.	17 I HEREBY CERTIFY, That I attended deceased from <u>Nov</u> , 191 <u>2</u> , to <u>Oct 18</u> , 191 <u>3</u> , that I last saw him alive on <u>Oct 18</u> , 191 <u>3</u> and that death occurred on the date stated above, at <u>10A</u> m.	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Fruit-Packer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		The CAUSE OF DEATH* was as follows: <u>Chronic Endocarditis & Bright's</u>	
9 BIRTHPLACE (State or country) <u>Delaware</u>		(Duration) <u>7</u> yrs. <u> </u> mos. <u> </u> ds.	
10 NAME OF FATHER <u>Missick</u>		Contributory <u>Not known</u> (Secondary)	
11 BIRTHPLACE OF FATHER (State or country) <u>Delaware</u>		(Duration) <u> </u> yrs. <u> </u> mos. <u> </u> ds.	
12 MAIDEN NAME OF MOTHER <u>Don't know</u>		(Signed) <u>PR Fisher</u> , M. D. <u>Oct 20</u> , 191 <u>3</u> (Address) <u>Denton Md</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Delaware</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. Wallace</u> (Address) <u>Denton Md</u>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u> </u> yrs. <u> </u> mos. <u> </u> ds. In the State <u> </u> yrs. <u> </u> mos. <u> </u> ds. Where was disease contracted, if not at place of death? Former or usual residence.	
15 Filled <u>Oct 20</u> , 191 <u>3</u> <u>D. O. George</u> REGISTRAR		19 PLACE OF BURIAL OR REMOVAL <u>Concord Cemetery</u> DATE OF BURIAL <u>Oct 21</u> , 191 <u>3</u>	
		20 UNDERTAKER <u>J. Virgil Wood</u> ADDRESS <u>Denton</u>	