

61743

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 182

1 PLACE OF DEATH
County Harford

103

Village or City Bel Air (No. _____) St. _____ Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Steven sax Archer Williams

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH May 6, 1851
(Month) (Day) (Year)

7 AGE 80 yrs. 9 mos. 14 ds. or min.? (If LESS than 1 day hrs.)

8 OCCUPATION (a) Trade, profession or particular kind of work Lawyer
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) NY

10 NAME OF FATHER Lewis J Williams

11 BIRTHPLACE OF FATHER (State or country) Havre de Grace Md

12 MAIDEN NAME OF MOTHER Harriet Archer

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lewis J Williams

(Address) Bel Air Md

15 Filed Feb. 22 1932 O.E. Chambers
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 20, 1932
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Apr 1921 192 to Feb 1932, that I last saw him alive on Feb 20, 1932, and that death occurred on the date stated above, at 4 P. m. The CAUSE OF DEATH + was as follows:

Hemorrhage into peritoneal cavity (cause unknown)
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____
Secondary _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) [Signature] M. D.
Feb 22 1932 (Address) Bel Air Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Churchside Md Presbyterian Cemetery DATE OF BURIAL July 22, 1932

20 UNDERTAKER Dean & Testis Bel Air Md ADDRESS _____

MARGIN RESERVED FOR BINDING
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.