

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

## STATE OF MARYLAND—CERTIFICATE OF DEATH

00473

## 1. PLACE OF DEATH

County Frederick Registration Dist. No. 121  
 Village or City Frederick No. City Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred Life yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Frank Clifton Norwood  
 (a) Residence: No. 215 Rockwell Terrace St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of <u>Rosaline</u> (or) WIFE of <u>Nannie Norwood</u>		
6. DATE OF BIRTH (month, day, and year) <u>July 4<sup>th</sup> 1855</u>		
7. AGE Years <u>78</u> Months <u>6</u> Days <u>1</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Lawyer</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		11. Total time (years) spent in this occupation <u>88</u>
10. Date deceased last worked at this occupation (month and year) <u>see 1933</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Leibets town md.</u>		
13. NAME <u>Reuben Nelson Norwood</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Mont Co md</u>		
15. MAIDEN NAME <u>Rachel Wagner</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Leibets town md</u>		
17. INFORMANT <u>Dr. Charles A. Norwood</u> (Address) <u>Frederick md</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>mt. Olivet Cem</u> Date <u>Jan 7, 1934</u>		
19. UNDERTAKER <u>G. E. Coline &amp; Son</u> (Address) <u>Frederick md</u>		
20. FILED <u>6 - January 1934</u> <u>Dr. J. McCurdy</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Jan. 5, 1934  
 (Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Dec. 25, 1933, to Jan 5, 1934

I last saw him alive on Jan 5, 1934; death is said to have occurred on the date stated above, at 5:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocardial infarction Date of onset 6 weeks  
Myocardial infarction  
Heart Block  
 Other Contributory Causes of importance:  
Chronic Nephritis 2 yrs.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. Austin Peary M. D.  
 (Address) Frederick, md