

N. B.--Every item of information should be carefully supplied. ACE 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.

1 PLACE OF DEATH		02980 STATE OF MARYLAND	
County <u>Frederick</u>		CERTIFICATE OF DEATH	
Village or City <u>Frederick</u> (No. <u>City Hospital</u>)		Registration Dist. No. <u>121</u>	
2 FULL NAME <u>Mr. George R. Stottlemyer</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M.</u>	4 COLOR OR RACE <u>W.</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	16 DATE OF DEATH <u>March 12, 1930</u>
6 DATE OF BIRTH <u>July 27, 1862</u>		(Month) (Day) (Year)	
7 AGE <u>68 yrs. 1 mos. 15 ds.</u>	If LESS than 1 day ____ hrs. or ____ min.?		17 I HEREBY CERTIFY, That I attended the deceased from <u>March 4, 1920</u> to <u>March 12, 1930</u>
8 OCCUPATION (a) Trade, profession or particular kind of work <u>School Teacher</u> (b) General nature of industry business, or establishment in which employed or (employer) _____	9 BIRTHPLACE (State or country) <u>Frederick Co.</u>		that I last saw him alive on <u>March 12, 1920</u>
10 NAME OF FATHER <u>John Stottlemyer</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Frederick Co.</u>		and that death occurred on the date stated above, at <u>6 A. M.</u>
12 MAIDEN NAME OF MOTHER <u>Susan Bussard</u>	13 BIRTHPLACE OF MOTHER (State or Country) <u>Frederick Co.</u>		The CAUSE OF DEATH * was as follows: <u>Angina Pectoris</u>
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Contributory Secondary <u>Arteriosclerosis</u>	
(Informant) <u>Belva Stottlemyer</u>	(Address) <u>Smithsburg Md.</u>		(Duration) ____ yrs. ____ mos. ____ ds.
(Address) <u>Smithsburg Md.</u>	15 Filed <u>2 March 1930</u> by <u>J. J. C. J. C. J.</u> Registrar		(Signed) <u>A. Austin Peare</u> M. D. <u>March 12, 1930</u> (Address) <u>Frederick, Md.</u>
15		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
19 PLACE OF BURIAL OR REMOVAL <u>Holtsville Md.</u>		13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)	
DATE OF BURIAL _____, 19____		At place of death ____ yrs. ____ mos. ____ ds. In the State of <u>Life</u> ____ mos. ____ ds.	
20 UNDERTAKER <u>Emergy Fry</u>		Where was disease contracted, if not at place of death? <u>Holtsville Md.</u>	
ADDRESS <u>Smithsburg Md.</u>		Former or usual residence _____	
If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.			