

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1579

W 452
 53 1579

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Fearless M. Williams 2. DATE OF DEATH Feb. 10, 1953

3. PLACE OF DEATH:
 A. Baltimore City, Maryland
 B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOSPITAL OR INSTITUTION 1632 Division St. location)
 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-00
 D. STREET ADDRESS (If rural, give location) 1632 Division St.

c. Length of stay in Baltimore 70 yrs. Yrs. Mos. Days

5. SEX male 6. COLOR OR RACE Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Apr. 20, 1882 9. AGE (In years last birthday) 70 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) C. K. attendant 10B. KIND OF BUSINESS OR INDUSTRY B & O. R. R. 11. BIRTHPLACE (State or foreign country) Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Yasaih B. Williams 14. MOTHER'S MAIDEN NAME Mary E. Fessett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. Mr. Eugene J. Williams
1632 Division St.

18. 170x 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.) CAUSE OF DEATH Paget's Disease - metastasis INTERVAL BETWEEN ONSET AND DEATH 6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____

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

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 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 April, 1952, to February, 1953, that I last saw the deceased alive on Feb. 9, 1953, and that death occurred at 10-p.m., from the causes and on the date stated above.

23A. SIGNATURE [Signature] 23B. ADDRESS 600 N. Arlington Avenue 23C. DATE SIGNED 2-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Feb. 14, 1953 24C. NAME OF CEMETERY OR CREMATORY New Cathedral 24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1953 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR [Signature] ADDRESS Home 1657 Druid Hill Ave.

69050

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.