

HEALTH DEPARTMENT - CITY OF BALTIMORE

E 28894

CERTIFICATE OF DEATH

89 ✓ E 28894

1-PLACE OF DEATH

City of BALTIMORE: (No. 939 St Paul, St. 11-15 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Ridgely Howard

(a) RESIDENCE NO. 939 St Paul St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race White 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 7, 1844

7 AGE 83 Years 11 Months 22 Days IF LESS than 1 day...hrs. or...min..

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Maryland (State or country)

10 NAME OF FATHER James Howard

11 BIRTHPLACE OF FATHER (City or town) Baltimore Maryland (State or country)

12 MAIDEN NAME OF MOTHER Catharine M. Ross

13 BIRTHPLACE OF MOTHER (city or town) Frederick Maryland (State or country)

14 Informant (Address) Wm H Howard South Park - Md

15 Filed C. H. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1927, to Dec 29, 1927,

that I last saw him alive on Dec 29, 1927,

and that death occurred, on the date stated above, at 4:00 a. m.

The CAUSE OF DEATH\* was as follows:

Angina Pectoris

(duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Hypertension

(duration) 7 yrs mos ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? to Date of

Was there an autopsy?

What test confirmed diagnosis? Sign of Myocardium

(Signed) J. H. Jones, M. D.

Dec 29, 1927 (Address) 1300 W. Calvert St

\*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

Date of Burial 12.31-1927

UNDERTAKER

Henry W. Jenkins & Sons Co.

ADDRESS Orchard Me Cullough

very important. See instructions on back of certificates. Exact statement of OCCUPATION is to be properly classified.

DEC 30 1927