

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6451

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:  
 County Prince Georges  
 City or town Oxon Hill - Washington 20 DC  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, Institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Prince Georges  
 City or town (Oxon Hill) Washington 20 DC  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Washington Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME  
Joseph Carbery Mattingly

3. (b) Social Security Number  
 \_\_\_\_\_

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

8.(b) Name of husband or wife Elizabeth Grant Mattingly

7. Birth date of deceased (mo., day, yr.) July 7 1871

8. AGE: Years 76 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Washington DC  
 (Town, county, and state)

10. Usual occupation Retired Judge

11. Industry or business Lawyer in PG&E Co and judge

FATHER 12. Name Thomas Joseph

13. Birthplace West Virginia

MOTHER 14. Maiden name Anna Reeves

15. Birthplace unknown

16. Informant James Mattingly

Address Washington 20 DC

17. Burial Date thereof June 7 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Ignatius

Location Oxon Hill Md

18. Funeral director Arthur J. Simmons

Address 2007-Nichols ave SE Wash DC

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1948 at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1948 to June 4 1948 and that I last saw him alive on June 3 1948

Immediate cause of death Carcinoma of Pancreas DURATION 6 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertrophy of prostate  
 (Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results none Date of op. \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide natural causes

Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Paul C. Van Yatta

Address Washington 19 DC Date signed June 4 1948

19. June 4 1948 Registrar Arnold J. Beall