

E 00080

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00080

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. *West Balto. Gen. Hosp. 9-16*)

Registered No. C. *188-003*

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME *John E. Harris*

(Residence in Baltimore: No. *1412 E. Lafayette Ave. 73* St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX *male*

4-COLOR OR RACE *white*

5-Single, Married, Widowed, or Divorced. *married*

6-DATE OF BIRTH *March 22, 1852*

(Month) (Day) (Year)

7-AGE *73* yrs. *3* mos. *11* ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:

(a) Trade, profession, or particular kind of work *Park Policeman*  
(b) General nature of industry, business, or establishment in which employed (or employer) *Balco. city*

9-BIRTHPLACE (State or Country) *Balco. Md.*

10-NAME OF FATHER *John E. Harris*

11-BIRTHPLACE OF FATHER (State or Country) *Md.*

12-MAIDEN NAME OF MOTHER *Wickham*

13-BIRTHPLACE OF MOTHER (State or Country)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) *Mrs. Amelia Harris*

(Address) *1412 E. Lafayette Ave.*

JUL 6 - 1925

*H. A. M.*  
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH *July 3, 1925*

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said *inquest* (Inquest, autopsy or inquiry.) find that said deceased came to *death* on the day *July 3* above.

The CAUSE OF DEATH\* was as follows:

*Fracture of skull and axillary accident*

(Duration) yrs. mos. ds. *5*

CONTRIBUTORY *Branches pneumonia* (Secondary)

(Duration) yrs. mos. ds. *8*

(Signed) *J. T. Hennessey* (Coroner)

July 5, 1925 (Address) *2802 E. Lombard*

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

*Holy Redeemer* *July 11, 1925*

20-UNDERTAKER ADDRESS

*George J. Ruth* *1735 Harbor*

is very important. See instructions on back of certificate.

D 98063 HEALTH DEPARTMENT-CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *Homewood Hospital*) WARD

REGISTERED NO. *98063*  
(If death occurred in hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

*Daniel Hejlsch*

(a) RESIDENCE NO.

*1033 Forest*

ST. WARD

Length of residence in city or town where death occurred *1 yrs.* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

CORONER'S CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 Single, Married, Widowed, or Divorced (write the word) *Married*

16 DATE OF DEATH (month, day, and year) *May 1 1925*

5a If married, widowed, or divorced HUSBAND of *Catherine Hyland*

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above. The CAUSE OF DEATH\* was as follows: *Injury from Automobile Accident*

6 DATE OF BIRTH (month, day, and year) *Sept 28, 1860*  
7 AGE Years *64* Months *7* Days *3* If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work *Park Police* (b) General nature of industry, business, or establishment in which employed (or employer) *Druid Hill Park* (c) Name of employer *City of Baltimore Dept.*

CONTRIBUTORY (Secondary) *None* (Signed) *John W. Houser* (Coroner) M. D. (Address) *3632 Roland*

9 BIRTHPLACE (city or town) *Wt. Washington* (State or country) *Pa.*

\*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.)

10 NAME OF FATHER *William Hyland*

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs., mos., ds. In the State yrs., mos., ds. Where was disease contracted, if not at place of death?

11 BIRTHPLACE OF FATHER (city or town) *Ireland* (State or country) *County Wickford*

Former or usual residence

12 MAIDEN NAME OF MOTHER *Ann Hyland*

13 BIRTHPLACE OF MOTHER (city or town) *Ireland* (State or country) *Co. Wickford*

14 Informant (Address) *Robert Hyland Son 1033 Forest St.*

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL *Bonnie Brae Cemetery* DATE OF BURIAL *May 5 1925*

15 **MAY 4 1925** *W. R. KAUFER* Registrar

2 UNDERTAKER *Edmund W. Conklin 924 E. Egan*

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.

Municipal Permit Office