

**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.....

(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*  
(Write the word.)

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

*Park Policeman  
Balto. City*

**9-BIRTHPLACE.**

(State or Country).

*Balto. 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.*

**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 *listed* above.

The CAUSE OF DEATH\* was as follows:

*Fracture of skull  
arterio-sclerotic accident*

(Duration) yrs. mos. ds.

**CONTRIBUTORY** (Secondary)

*Branches - Pneumonia*

(Duration) yrs. mos. ds.

(Signed)

*J. T. Hennessey, M. D.*  
(Coroner)

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 7/11/25*

**20-UNDERTAKER**

ADDRESS

*George J. Ruth 1735 Harbor Ave*

Registrar.

is very important. See instructions on back of certificate.

**JUL 6 - 1925**

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

6 DATE OF BIRTH (month, day, and year)

Sept 28, 1860

on the day stated above. The CAUSE OF DEATH\* was as follows:

7 AGE

Years 64 Months 7 Days 3 If LESS than 1 day, hrs. or min.

Injury from Automobile Accident

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.

Accidental

9 BIRTHPLACE (city or town)

Washing ton D.C.

CONTRIBUTORY (Secondary)

10 NAME OF FATHER

William Hyland

(Signed) John W. ... M. D.

11 BIRTHPLACE OF FATHER (city or town)

Ireland

(Address) 3632 ...

12 MAIDEN NAME OF MOTHER

...

\* 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.)

13 BIRTHPLACE OF MOTHER (city or town)

Ireland

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs., mos., ds. In the State yrs., mos., ds.

14 Informant (Address)

Robert Hyland Son 1033 Forest St.

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

Former or usual residence

**MAY 4 1925**

REGISTRAR  
Municipal Police

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Bonnie Brae Cemetery May 5 1925  
UNDERTAKER Charles 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.