

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registered No. _____

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

1 PLACE OF DEATH
County Baltimore

Village or City Catonsville No. Smithwood (St. or Ward)

2 FULL NAME David M. Gidea

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 Oct 6 1843
(Month) (Day) (Year)

7 AGE 67 yrs. 3 mos. 16 ds. 1 day, 11 hrs. OR 11 hrs. 16 min. ?

8 OCCUPATION (a) Trade, profession, or particular kind of work Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Baltimore City Md

10 NAME OF FATHER Francis D. Gidea

11 BIRTHPLACE OF FATHER (State or country) Baltimore City Md

12 MAIDEN NAME OF MOTHER Susan Gable

13 BIRTHPLACE OF MOTHER (State or country) Pennsylvania

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Margaret E. Gidea

(Address) Smithwood Ave

15 Filed _____ 191____
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 22 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan 19 1911 to Jan 22 1911
that I last saw him alive on Jan 19 1911

and that death occurred on the date stated above, at 3 a. m.
The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. mos. ds. Phthisis Pulmonalis
Contributory (Secondary) About

(Signed) J. Y. Jeffers M. D.
Jan 23 1911 (Address) 413 N. Connetquot Ave

*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 London Park DATE OF BURIAL Jan 25 1911

20 UNDERTAKER Geo W Little ADDRESS 531 Fremont

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.