

G 03519

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03519
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5222 York Rd, Govans,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md, (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 5222 York Rd,
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Gertrude Tighe

3 (b) If veteran, name war
3 (c) Social Security Account No. None

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

6 (b) Name of husband or wife
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1882

8. AGE: Years 60 Months 9 Days 20 26 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired Nurse

11. Industry or business

12. Name Thomas Tighe

13. Birthplace Ireland

14. Maiden Name Mary Dulaney

15. Birthplace Ireland

16 (a) Informant Mrs. William L. Burke

(b) Address 5222 York Rd.

17 (a) Burial (b) Date thereof 4/23/1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St. Mary's
Location Homeland Ave, Govans

18 (a) Funeral director John W. McNamee

(b) Address 4261 Greenmount Ave.

19 (a) APR 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1943 5 Am M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7, 1943, to April 20, 1943, and that I last saw h. OF. alive on April 20, 1943.

Immediate cause of death Acute myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

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

(d) Did injury occur about home, on farm, industrial place, in public place? While at work

(e) Means of injury

23. Signature [Signature]

Address 5217 York Rd. Date signed 4/21/43

Duration sudden
PHYSICIAN
Underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.