

STATE OF MARYLAND—CERTIFICATE OF DEATH

09621

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 212
 Village or City Gaithersburg, R.F.D. No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 130 yrs. 10 mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Frederick Adolphus Techiffely, Jr.
 (a) Residence: No. Washington, D.C. Gaithersburg, Md.
 (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced
 HUSBAND of Dolly Browne
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 6 - 1851

7. AGE Years 80 Months 3 Days 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Druggist
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Drug Store
 10. Date deceased last worked at this occupation (month and year) June 31 Total time (years) spent in this occupation 63

12. BIRTHPLACE (city or town) Washington, D.C.
 (State or country)

13. NAME Frederick A. Techiffely, Sr.
 14. BIRTHPLACE (city or town) Washington, D.C.
 (State or country)

15. MAIDEN NAME Elizabeth A. Berry
 16. BIRTHPLACE (city or town) Washington, D.C.
 (State or country)

17. INFORMANT Dolly S. Myers
 (Address) 5 1/2 - 34th St Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL
 Place Oak Hill D.C. Date Aug 19, 1931

19. UNDERTAKER W. H. Peckham, Pumpfong
 (Address) Rockville

20. FILED Aug 18, 1931 W. H. Peckham, Jr.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

8 - 16 - 1931
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from July 15, 1931 to Aug. 16, 1931

I last saw alive on Aug 16, 1931; death is said to have occurred on the date stated above, at 8 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis
(Myocardial Decomposition) Date of onset 1928

Other Contributory Causes of importance:

Urinary Calculi, cystitis 1926

Name of operation _____ Date of _____

What test confirmed diagnosis? Obautals Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Walter S. Howell M. D.
 (Address) Sawonsville Md

MARGIN RESERVED FOR BINDING

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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.