

MARGIN RESERVED FOR BINDING *
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE 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.

(T) X

PLACE OF DEATH
County Inne Arundel

09098 STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 21

Village or City Crownsville (No. State Hospital) St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William H. Howard

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH unknown 1973
(Month) (Day) (Year)

7 AGE 56 yrs. unknown ds. or min.?
If LESS than 1 day hrs.

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

9 BIRTHPLACE (State or country) Maryland

10 NAME OF FATHER James Howard

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Anna Alton

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hospital Records

(Address) Crownsville 99 Co. Md.

15 Filed Aug 24 1929 J. J. Taylor Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 21, 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Sept. 7, 1927 to Aug. 21, 1929.

that I last saw him alive on Aug. 20, 1929, and that death occurred on the date stated above, at 4.45 a.m.

The CAUSE OF DEATH * was as follows:
General Paralysis of the Insane

(Duration) 2 yrs. 0 mos. 0 ds.

Contributory Secondary Syphilis
Duration Unknown ds.
(Signed) W. J. P. [Signature] M. D.
Aug. 21, 1929 (Address) Crownsville, Md.

*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 1 yrs. 11 mos. 14 ds. In the State Life yrs. mos. ds.

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

Former or usual residence Anne Arundel County

19 PLACE OF BURIAL OR REMOVAL Brewer Hill Cemt DATE OF BURIAL Aug 24, 1929

UNDERTAKER John W. Taylor ADDRESS Annapolis

md.