

MARGIN RESERVED FOR BINDING

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

N. B.—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.

1 PLACE OF DEATH

County Montgomery

04858

(151)

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 210

Village or City near Unity (No., St.; Ward)

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

2 FULL NAME Greenbury Howard

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan 8, 1948
(Month) (Day) (Year)

7 AGE 78 yrs. 3 mos. 20 ds. If LESS than 1 day, hrs. OR min. ?

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

9 BIRTHPLACE (State or country) Montg. Co. Maryland

10 NAME OF FATHER George B. Howard

11 BIRTHPLACE OF FATHER (State or country) Ind

12 MAIDEN NAME OF MOTHER Harriet Howard

13 BIRTHPLACE OF MOTHER (State or country) Montg. Co. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Samuel Henry Howard

(Address) 4347 Hornatville ave, Balt.

15 Filed May 1, 1967 REGISTRAR J. H. Dixon

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 28, 1966
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from December 25, 1924, to Jan 14, 1926, that I last saw him alive on Jan. 14, 1926

and that death occurred on the date stated above, at 9 A. M.
The CAUSE OF DEATH* was as follows:

Senile degeneration of right leg - thrombosis

(Duration) years mos. ds.

Contributory (Secondary) arteriosclerosis

(Duration) 2 yrs. mos. ds.

(Signed) Harvey Spurner, M. D.
Apr. 30, 1966 (Address) Gettysburg

*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 St. Mary's Hospital DATE OF BURIAL May 2, 1966

20 UNDERTAKER Geo R Snowden ADDRESS Brookdale

ma