

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.

STATE OF MARYLAND
CERTIFICATE OF DEATH

PLACE OF DEATH
County Caroline

Registration Dist. No. 62

Village or City Denton (No. _____)

St.; Ward _____

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

FULL NAME Robert J. Jump

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male
COLOR OR RACE white
SINGLY, MARRIED, WIDOWED, OR DIVORCED (Write the word)

DATE OF DEATH Feb 2, 1912
(Month) (Day) (Year)

DATE OF BIRTH Dec 7, 1888
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 11/17 1911 to 11/12 1912, that I last saw him alive on 11/12 1912

AGE 25 yrs. 11 mos. 5 ds. 11 hrs. 5 min. 0 sec.
IF LESS than 1 day, hrs. min. sec.

and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

2 weeks disability from age
1st degree burn

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

(Duration) yrs. mos. ds.

BIRTHPLACE (State or country) Maryland

Contributory such as many full full life
(Secondary)

(Duration) yrs. mos. ds.

NAME OF FATHER John Jump of Denton

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Elizabeth Semmes

BIRTHPLACE OF MOTHER (State or country) Delaware

PLACE OF BIRTH (Address) Denton, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Charles Jump

(Address) Denton, Car.

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

Filed Nov 14, 1912 J. Dawson Registrar

PLACE OF BURIAL OR REMOVAL Denton Cemetery DATE OF BURIAL Nov 16, 1912

UNDERTAKER J. Virgil Brown ADDRESS Denton