Spec.—1-10-21—M&T—1500 Bks.

D 67336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

K 11 T D 67336

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST., 14 WARD)

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

2-FULL NAME Mrs. Bettie Rice Magruder

(a) RESIDENCE NO. Glendale, Md. ST., WARD Glendale Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~Wife~~ of (or) WIFE of Caleb C. Magruder

6 DATE OF BIRTH (month, day, and year) Aug. 19, 1842

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Culpeper (State or country) Virginia

PARENTS

10 NAME OF FATHER Dr. Richard Thom. Halle

11 BIRTHPLACE OF FATHER (city or town) Culpeper (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ellen Anne Hooe

13 BIRTHPLACE OF MOTHER (city or town) Fauquier (State or country) Virginia

14 Informant C. C. Magruder Jr. (Address) Upper Marlboro, Md.

15 Filed ....., 19 ..... Registrar

5-1922 Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4 1922

17

I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1922 to Sept. 4, 1922, that I last saw her alive on Sept. 4, 1922, and that death occurred, on the date stated above, at 11 10 P m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? — Home

Did an operation precede death? Yes Date of Aug. 19, 1922

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) G.F. Goff M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dell Printed Georgetown

DATE OF BURIAL Sept 6, 1922

20 UNDERTAKER Stewart & Mowen Co.

ADDRESS 108 N North Ave

AGE should be carefully supplied. 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 certificates.