

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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## 1. PLACE OF DEATH

County W. Annapolis Registration Dist. No. 21  
 Village or City Annapolis Md. No. 47 Cathedral 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 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. 47 Cathedral St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) WITHIN CORPORATE LIMITS OF \_\_\_\_\_  
If nonresident give city or town and State

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <small>(write the word)</small> <u>widow of</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Annie Bates</u>		
6. DATE OF BIRTH (month, day, and year) <u>Aug. 1, 1867</u>		
7. AGE Years <u>67</u>	Months <u>8</u>	Days <u>0</u>
8. OCCUPATION <u>Real Estate</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 1, 1935  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1935 to April 1, 1935  
 I last saw h. alive on April 1, 1935; death is said to have occurred on the date stated above, at 7 P. m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  
Cerebral Hemorrhage  
 Date of onset 3-25-35

Other Contributory Causes of importance:  
Arterio Sclerosis  
retum

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) George C. Deibel  
 (Address) Annapolis Md.

12. BIRTHPLACE (city or town) North Carolina  
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown  
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown  
(State or country)

17. INFORMANT Walter Holt  
(Address) 47 Cathedral

18. BURIAL, CREMATION, OR REMOVAL  
 Place Queen Hill Date 4-5, 1935

19. UNDERTAKER Charles E. Hicks & Co.  
(Address) Annapolis Md.

20. FILED 45, 1935 J. J. Murphy  
Registrar

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—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.

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