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.

V. S. No. 1.

STATE OF MARYLAND
CERTIFICATE OF DEATH

6694

79

Registration Dist. No. 232

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

1 PLACE OF DEATH

County Kent

Village or City Chestertown (No. Cross St.; Ward)

2 FULL NAME Hamilton Frisby

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Cold

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Unknown (Month) (Day), 1843 (Year)

7 AGE: Unknown — 73 yrs. mos. ds. If LESS than 1 day, hrs. OR min.?

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

9 BIRTHPLACE (State or country): Kent Co. Md.

PARENTS

10 NAME OF FATHER: Horace Frisby

11 BIRTHPLACE OF FATHER (State or country): Kent Co. Md.

12 MAIDEN NAME OF MOTHER: Ellen Ross

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Frisby

(Address) Chestertown Md.

15 Filed May 25, 1916 W. E. Hicks Local REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 23rd (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1916, to May 23, 1916, that I last saw h in alive on May 20, 1916, and that death occurred on the date stated above, at 10 a m.

The CAUSE OF DEATH * was as follows:

Arteria sclerosis
Acute regurgitation

(Duration) 1 yrs. mos. ds.

Contributory
Secondary

(Duration) yrs. mos. ds.

(Signed) H G Simpers M. D.

May 24, 1916 (Address) Chestertown

*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: Near Chestertown Md — DATE OF BURIAL: May 25, 1916

20 UNDERTAKER: Chas. L. Dodd. — ADDRESS: Chestertown

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.