

## HEALTH DEPARTMENT—CITY OF BALTIMORE

D17125

## CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, No.

3-FULL NAME

(Residence in Baltimore: No.

ST.

WARD)

(If death occurred in a hospital or institution, give its NAME, number of street and number and fill out No. 15.)

## PERSONAL AND STATISTICAL PARTICULARS.

2-SEX Female	4-COLOR OR RACE Caucasian	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single
6-DATE OF BIRTH Month Day Year March 20 1878		
7-AGE Yrs. Mos. da. If less than 1 day, hrs. or min. 15 3 1		
8-OCCUPATION: (a) Trade, profession, or particular kind of work. (b) General nature of industry, house, or establishment in which employed (or employer).	School Teacher	
9-BIRTHPLACE (State or Country).	Baltimore Md	
10-NAME OF FATHER	Darnest Sheridan	
11-BIRTHPLACE OF FATHER (State or Country).	Md	
12-MAIDEN NAME OF MOTHER	Annetta Burgess	
13-BIRTHPLACE OF MOTHER (State or Country).	Md	

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

JUN 26 1918

Filed

191. ROBERT R. KRATTER

Registrar

## MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH

June 27 1918  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 18 1918, to June 27 1918, that I saw her alive on June 22 1918, and that death occurred on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH\* was as follows:

Myocardial Infarction  
(Duration) yrs. mos. da.  
Contributory Stroke 4<sup>th</sup> mo. 1918  
(Duration) yrs. mos. da.  
(Signed) J. J. Fisher M. D.  
June 25 1918 (Address) 443 22<sup>nd</sup> St. N. W.

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

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Eminent Residents).

At place of death yrs. mos. da. State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Catholic Cem

June 28 1918

20-UNDERTAKER

ADDRESS

John W. Carson

100 Market

N. B.—For items 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.