

## HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

87880

126  
E187880

## 1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1515 Eutaw Place St. 14-01 Ward)

Registered No.

(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 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Etta Haynie Maddox

(a) Residence: No. 1515 Eutaw Place St. Ward.  
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Jan. 6, 1866

7. AGE 67 Years 1 Months 13 Days 15 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. atty at law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME John T. Maddox

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

15. MAIDEN NAME Susannah Moore

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. J. M. Funk (Address) 1515 Eutaw Place

## 18. BURIAL, CREMATION, OR REMOVAL

Place: Green Mount Cem. Feb. 22, 1933

19. UNDERTAKER John C. Mitchell (Address) 1900 Eutaw Place

20. FILED Huntington Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1927 to Feb. 19, 1933

I last saw him alive on Feb. 19, 1933 Death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

Cholelithiasis } Recurrent  
Choleangitis }Date of onset  
1925  
1927

Other contributory causes of importance:

Renal pneumonia

2:15:33

Name of operation Cholecystectomy Date of 2:5:33

What test confirmed diagnosis? X-ray 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?

If so, specify

(Signed) Chas. Cley Judd M. D.

(Address) 222 Waverly Road

24 1933

Huntington Williams, M.D.