

STATE OF MARYLAND—CERTIFICATE OF DEATH

05091
116

1. PLACE OF DEATH

County Dorchester. Registration Dist. No. 116
 Village or City Cambridge, Md. No. 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 Howard P. Spedden.

(a) Residence: No. Oakley St St. Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <small>(write the word)</small> <u>Married.</u>
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5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Minnie E. Applegarth.

6. DATE OF BIRTH (month, day, and year) May 10, 1872.

7. AGE	Years	Months	Days
	<u>60</u>	<u>11</u>	<u>25</u>
	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Store-Merchant.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Tomato Packer.

10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 30yrs

12. BIRTHPLACE (city or town) Dorchester Co.
(State or country) Md.

FATHER 13. NAME Thomas E. Spedden.

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

MOTHER 15. MAIDEN NAME Susan Frazier.

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

17. INFORMANT Mrs. Howard Moore.
(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL
 Place Cambridge, Md. Date May 7, 1933

19. UNDERTAKER Frank E. Albaugh.
(Address) Cambridge, Md.

20. FILED May 6, 19 33 E. E. Wolff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 5, 1933
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Natages to , 19 .
 I last saw h. in alive on not at all, 19 ; death is said to have occurred on the date stated above, at 10A. m.
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Drowning (Suicide)
(Inquest waived)

Other Contributory Causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:
 Accident, suicide, or homicide? Suicide 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)
 (Address) Cambridge, Md.

MARGIN RESERVED FOR BINDING

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.