

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.

1 PLACE OF DEATH **11166**
 County Baltimore
 Village or City Mt. Washington (No. "Dayside" St.; Ward) Registration Dist. No. 32
 2 FULL NAME John Meriken Carter [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)
 6 DATE OF BIRTH July 5, 1873
 (Month) (Day) (Year)
 7 AGE 72 yrs. 4 mos. 28 ds. If LESS than 1 day, ... hrs. OR ... min. ?
 8 OCCUPATION (a) Trade, profession, or particular kind of work Attorney at Law
 (b) General nature of industry business, or establishment in which employed (or employer)
 9 BIRTHPLACE (State or country) Baltimore Md
 10 NAME OF FATHER Astbury Carter
 11 BIRTHPLACE OF FATHER (State or country) Maryland
 12 MAIDEN NAME OF MOTHER May Christina Casper
 13 BIRTHPLACE OF MOTHER (State or country) Kent Island Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs. Carter
 (Address) Mt. Washington

15 Filed 7/5/15 1915 May G. Taylor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 3, 1915
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY that I attended deceased from _____, 1915, to July 3, 1915, that I last saw him alive on July 3, 1915, and that death occurred on the date stated above, at 12:37 AM.
 The CAUSE OF DEATH * was as follows:
Arteriosclerosis
about (Duration) 11 yrs. _____ mos. _____ ds.
 Contributory Secondary Cerebral Apoplexy (Duration) _____ yrs. _____ mos. 13 hrs.
 (Signed) William J. Ford, M. D.
July 3, 1915 (Address) Mt. Washington
 *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. MA
 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 Louis Ridge Cemetery DATE OF BURIAL July 6, 1915
 20 UNDERTAKER E. M. Mitchell & Co. ADDRESS 1201 W. Fayette