

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

County St. Mary's

(92)

18912

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 285

Village or City Hollywood (No. _____ St.; _____ Ward)

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

2 FULL NAME Washington Wilkinson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

6 DATE OF BIRTH Mar. 27th, 1845
(Month) (Day) (Year)

7 AGE 72 yrs. 6 mos. 6 ds. If LESS than 1 day, _____ hrs. OR _____ min. ?

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

9 BIRTHPLACE (State or country) md.

10 NAME OF FATHER Washington Wilkinson

11 BIRTHPLACE OF FATHER (State or country) md.

12 MAIDEN NAME OF MOTHER Rebecca Green

13 BIRTHPLACE OF MOTHER (State or country) md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Naema Wilkinson
(Address) Hollywood Md

15 Filed Oct 4th, 1917 Dep Local
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 4th, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15th, 1917, to Oct. 4th, 1917, that I last saw h. in alive on Oct 4th, 1917

and that death occurred on the date stated above, at 70 m. The CAUSE OF DEATH* was as follows:

Myocardial Infarction
(Duration) 10 yrs. _____ mos. _____ ds.

Contributory Lobar Pneumonia
Secondary (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Frank A. Casanovi M. D.
Oct 4, 1917 (Address) Howardton

*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 St. Johns County DATE OF BURIAL Oct. 5th, 1917

20 UNDERTAKER W. P. Mattingly ADDRESS Howardton