

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore (B-2)  
CERTIFICATE OF DEATH

05701

4

Reg. Dist. No. ....

(M)

1. PLACE OF DEATH:  
County... ALLEGANY  
City or town... CUMBERLAND, MD.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?... 76 yrs  
Hospital, institution, or street address where death occurred:  
MEMORIAL HOSPITAL  
How long in hospital or institution?... 30 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... MARYLAND County... ALLEGANY  
City or town... CUMBERLAND, MD.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... 119 S. ALLEGANY ST.  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME  
MR. CHARLES BRANDLER  
3. (b) Social Security Number  
None

4. Sex MALE 5. Color or race WHITE 6.(a) Single, married, widowed, or divorced SINGLE

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) JAN. 23 1865 6.(c) If alive, give age..... years

8. AGE: Years 76 Months 5 Days 26 If less than one day..... hrs. .... min.

9. Birthplace MARYLAND (If not county, and state) RETIRED

10. Usual occupation Coal Dealer

11. Industry or business Selling Coal

12. Name JOHN BRANDLER

13. Birthplace GERMANY

14. Maiden name ISABELLE WILLISON

15. Birthplace MARYLAND

16. Informant MISS. IDA BRANDLER

Address CUMBERLAND, MD.

17. Burial Date thereof June 21/41 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Mausoleum

Location Cumberland Md

18. Funeral director William H. Knight

Address Cumberland Md

19. June 21, 1941 J. P. Franklin M.D. Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION 12:30 A.M.

20. DATE OF DEATH JUNE 19, 1941 19..... at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3. 28. 41 19..... to 6. 19. 41 19..... and that I last saw him alive on 6. 18. 19. 41

Immediate cause of death  
Hypertension c  
Chronic Nephritis ?  
Chronic Myocarditis

Other conditions.....  
(Include pregnancy within 8 months of death)  
Major findings of operations..... None

Autopsy results..... None  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....  
Means of injury..... Injured at work?

23. SIGNATURE Wm J. Williams M. D. or other  
Address Cumberland Date signed 6. 19. 41  
DR. WILLIAMS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(H)

VS A15