

STATE OF MARYLAND—CERTIFICATE OF DEATH

12633

1. PLACE OF DEATH

County Allegany Registration Dist. No. 9
 Village or City Wales Summit 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 54 yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. Wales Summit 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>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Jane Leake</u>		
6. DATE OF BIRTH (month, day and year) <u>April 16 - 1860</u>		
7. AGE	Years <u>76</u>	Months <u>7</u> Days <u>12</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Retired Col. Minier</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Col. Minier</u>	
10. Date deceased last worked at this occupation (month and year) <u>1922</u>	11. Total time (years) spent in this occupation <u>52</u>	
12. BIRTHPLACE (city or town) _____ (State or country) <u>England</u>		
FATHER	13. NAME <u>John Leake</u>	
	14. BIRTHPLACE (city or town) _____ (State or country) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Mary Wright</u>	
	16. BIRTHPLACE (city or town) _____ (State or country) <u>England</u>	
17. INFORMANT _____ (Address) <u>Thomas Leake</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wales Summit</u> Date <u>Dec 2, 1935</u>		
19. UNDERTAKER _____ (Address) <u>J. J. Hurst</u>		
20. FILED <u>11/30</u> 19 <u>35</u> <u>A. R. Hatcher</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 28 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1935, to Nov 28, 1935
 I last saw him alive on Nov 25, 1935; death is said to have occurred on the date stated above, at 1:30 P. m.
 The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:
Cerebral Hemorrhage
 Other Contributory Causes of importance: arterio sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis Chin Food 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? no
 If so, specify _____
 (Signed) W. M. G. [Signature] M. D.
 (Address) Wales Summit, 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.

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