

G 02984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHG 02984
Registered No.

1. PLACE OF DEATH:

- (a) Baltimore City, Maryland
- (b) Street address 101 St. Johns Road
- (c) Hospital or institution:
- (d) Length of stay in hospital or inst. (yrs., mos., or days)
- (e) Length of stay in Baltimore (yrs., mos., or days) 2 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:

- (a) State Maryland (b) County
- (c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
- (d) Street No. 101 St. Johns Road
(If rural give location)
- (e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME

Ellen Atherton Brady

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

Female

5. Color or race

White

6 (a) Single, married, widowed, or divorced.

married

6 (b) Name of husband or wife

George Moore Brady

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.)

July 3, 1895

8. AGE:

Years 47 Months 9 Days 3

If less than one day

hr. min.

9. Birthplace

New Spring Valley Baltimore

(Town, county, and state)

10. Usual Occupation

Housewife

11. Industry or business

None

12. Name

George Simon Atherton

13. Birthplace

Baltimore

14. Maiden Name

Emma V. Morrison

15. Birthplace

Columbia S. C.

16 (a) Informant

George M. Brady

(b) Address

101 St Johns Rd.

17 (a) Burial, cremation, or removal

Burial

(b) Date thereof Apr 8 43

(c) Cemetery or crematory

New Cathedral

18 (a) Funeral director

Henry W. Jenkins & Sons

(b) Address

700 Calvert Road

19 (a) Registrar

Walter Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1943 at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1942 to Apr. 5 1943, and that I last saw her alive on Apr. 5 1943.

Immediate cause of death

General abdominal Carcinomatosis

Duration

3 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide
- (b) Date of occurrence at M
- (c) Where did injury occur? (City or town) (County) (State)
- (d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry B. Athey M.D.

Address 2504 St. Pauline St. Date signed 4/6/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct and correct age is especially important. Physicians: please write the causes of death clearly and correctly.