

F 26060 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ T 26060

CERTIFICATE OF DEATH

1. PLACE OF DEATH *President Hospital*  
 CITY OF BALTIMORE: (No. *1514 Deane St.*, Ward) *14-2*  
 Length of residence in city or town where death occurred *13* yrs. *3* mos. *13* ds. How long in U. S. If of foreign birth? yrs. mos. ds.  
 2. FULL NAME *Irving Chatman*  
 (a) Residence: No. *2700 Phoenix Co.* Ward *Baltimore, Md.*  
 (Usual place of abode) (If non-resident give city or town and State)

Registered No. \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)  
 If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

|  |                                |   |          |
|--|--------------------------------|---|----------|
| 3. SEX<br><i>male</i>  | 4. Color or Race<br><i>col</i> | 5. Single, Married, Widowed, or Divorced (write the word)<br><i>Married</i> |          |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Mabel Chatman</i>                            |                                |   |          |
| 6. DATE OF BIRTH (month, day, year) <i>March 19, 1866</i>  |                                |   |          |
| 7. AGE   | Years                          | Months  | Days     |
| <i>71</i>  | <i>4</i>                       | <i>7</i>  | <i>7</i> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><i>Tarmer</i> |                                | 11. Total time (years) spent in this occupation<br><i>0086</i>              |          |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                           |                                |   |          |
| 10. Date deceased last worked at this occupation (month and year)  |                                |   |          |
| 12. BIRTHPLACE (city or town) (State or country) <i>Balto Co, Maryland</i>                                   |                                |   |          |
| 13. NAME <i>William Chatman</i>  |                                |   |          |
| 14. BIRTHPLACE (city or town) (State or country) <i>Balto Co, Md.</i>  |                                |   |          |
| 15. MAIDEN NAME <i>Mary Edwards</i>  |                                |   |          |
| 16. BIRTHPLACE (city or town) (State or country) <i>Balto Co, Md.</i>  |                                |   |          |
| 17. INFORMANT <i>Mabel Chatman</i><br>(Address) <i>2700 Phoenix Co, Balt Co</i>                              |                                |   |          |
| 18. BURIAL, CREMATION, OR REMOVAL<br><i>Long Green Md. Balto Co. Date 7/29/1936</i>                          |                                |   |          |
| 19. UNDERTAKER <i>Frances G. Dempsie</i><br>(Address) <i>578 W. Biddle St.</i>                               |                                |   |          |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-26*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *7-15*, 19*36* to *7-26*, 19*36*

I last saw him alive on *7-26*, 19*36* Death is said to have occurred on the date stated above, at *6:00 p.m.*

The principal cause of death and related causes of importance were as follows:  
*Hypertensive Cardiac Vasculer  
 renal Disease*

Date of onset \_\_\_\_\_

*Parosymptomatic Vephratic*

Other contributory causes of importance: \_\_\_\_\_

Was an operation performed? \_\_\_\_\_ Date of \_\_\_\_\_

For what disease or injury? \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) *M. D. Dempsie* M. D.  
 (Address) *President Hospital*

OCCUPATION is very important. See instructions on back of certificate.

FILED *28* 1936 Registrar.