

No 18519

TRANSCRIPT OF DEATH RECORD

HEALTH DEPARTMENT - CITY OF BALTIMORE

MAR 24 1923

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 N Bethel St.; Ward)

REGISTERED NO 48446

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

2-FULL NAME Edward Brown

(a) RESIDENCE, No 3 N Bethel St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7 AGE Years 23 Months Days IF LESS than 1 day, hrs., or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 Informant (Address)

15 Filed June 8, 1881 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 7 1881

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw h..... alive on 19..... and that death occurred on the date stated above, at..... m.

THE CAUSE OF DEATH was as follows:

Interburial Pulmonary

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. Pleurisy, Chronic Bronchitis, Emphysema, Aneurysm, Stroke

18 Where was disease contracted (duration) yrs. mos. ds.

if not at place of death? Date of onset of disease

Did an operation precede death? Date of operation

Was there an autopsy? Date of autopsy

What test confirmed diagnosis? (Signed) George F. ... M. D.

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Lavel Cemetery June 8 1881 F. J. Locke 73 Jefferson St

