

Name
in
Full

George Preston

CERTIFICATE OF DEATH

Died at ^{Town} *Cella* ^{County} *Balto.* **MARYLAND**

Date of death 190*8* | ^{Month} *Dec.* | ^{Day} *18* | Age ^{Years} *75* | ^{Months} | ^{Days}

Sex *Male* | Color or Race *Col.* | Birth-place *Ind.*

Occupation *Laborer* | Where Residing if not at place of death

Married, Single or Widowed *Widower* | Name of Wife or Husband *Agnes Prestoro*

Father's Name *Not Known* | Father's Birthplace *Unknown*

Mother's Maiden Name *Not Known* | Mother's Birthplace *"*

Name of person giving Information *John J. Hynes* | How related to deceased *None*

CAUSES OF DEATH

Primary *Bronchitis + Old Age* | How long *Several Months*

Immediate *Cardiac Asthenia + Pulmonary Oedema* | How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes.* | Signature of Physician *Frank O. Milley M.D.*

3 | Address *Bellicott City, Ind.*

Accident or Suicide *No.*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER