

Nº 41624

TRANSCRIPT OF DEATH RECORD

PRICE - - 50 CENTS

MAR 8 - 1927

HEALTH DEPARTMENT - CITY OF BALTIMORE

679214

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 N Spring St.; 7-9 Ward)

REGISTERED NO. ....

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

2-FULL NAME

Susan Connor

(a) RESIDENCE. No. 607 N Spring St., Ward

(Usual place of abode)

(If nonresident give city or town and state)

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

MEDICAL CERTIFICATE OF DEATH

3 SEX: H 4 COLOR OR RACE: Col 5 Single, Married, Widowed, or Divorced (write the word): Widow

16 DATE OF DEATH (month, day and year) 2-18-1927

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

I HEREBY CERTIFY That I attended the deceased from 12-20-26, 1926, to 2-18-1927

that I last saw her alive on 2-17-1927

6 DATE OF BIRTH (month, day, and year) 1850

and that death occurred on the date stated above, at 1230 a.m.

7 AGE: 76 Years Months Days IF LESS than day, hrs., or min.

The CAUSE OF DEATH was as follows:

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

Diabetic Gangrene Arteriosclerosis

9 BIRTHPLACE (city or town) (State or country) Md

CONTRIBUTORY (Secondary) MAR 13 1927

10 NAME OF FATHER: Joseph Sherwood

18 Where was disease contracted if not at place of death?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

Did an operation precede death? no Date of

12 MAIDEN NAME OF MOTHER: Unknown

Was there an autopsy? no

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

What test confirmed diagnosis? Chemical Laboratory

14 Informant (Address) Mary E. Gyles 1607 N Spring St

Signed Dr. B. Butler, M. D.

, 19 (Address 425 N Caroline St

15 Filed Feb 20 1927 G. Hampson Jones Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peter's Cemetery DATE OF BURIAL: Feb 21 1927

20 UNDERTAKER: Chris. H. Johnson 416 N. Caroline St.

This is a true copy of the record of death in the Department of Health.

