BIRTH NO.  LIRAME OF DECRASEO  A RACE IN MAJERIOR WINDAYTONOUNCED DAD  LIRAME OF DECRASEO  A RACE IN MAJERIOR WINDAYTONOUNCED DAD  A STARE IN MAJERIOR WINDAYTONOUNCED DATE  BALL DATE AND OF SHEET AND NUMBER  A MOTHER LANGEN HAME  LE CHIEF AND NUMBER  A MOTHER LANGEN HAME  LE CHIEF AND NUMBER  A MOTHER LANGEN HAME  LE CHIEF AND NUMBER  ADDRESS  DISEASE OR CONDITION DISECTLY  DISEASE OR CONDITION HAD GOOD A STARE OF BEARING WINDAYTON W			77714							
LANDRES OF DECENSED   LANDRES MARTIAND, WEIGHT PROPOUNCED PLAD   LANDRES DECENSED   LAN	11			BALTIMORE CIT	Y HEAL	TH DEPARTMENT		7278		
LANDRES OF DECENSED   LANDRES MARTIAND, WEIGHT PROPOUNCED PLAD   LANDRES DECENSED   LAN			101	CERTIFICA	ATE (	OF DEATH	REG. NO	)		_
County   C	I. NAME OF DE	CEASED	1	1 1 10			D HOUR OF DE	AAH /		
THE HAMAGE PROTECTION OF MADRIED PROPERTY OF INSTITUTION, GIVE STREET    C. CITY OR TOWN   D. INSIDE CITY LIMITS?   D. IN	(Type or Print)	Anh	m h	bull 13e	all		6/13/	261		A
ANDERSO CACATION ON MITTUTION, GIVE STREET    Colifornia   Colifornia	3. PLACE IN BA	LIMORE MARYLAND,		UNCED BEAD	A. STA	JAL RESIDENCE (Whe	re deceased lively	If institution; resid	lence before admission)	<b>:</b>
E. STREET AND NUMBER   D. SACE   D	FULL NAME OF	(IF NOT IN HOSPI		UTION, GIVE STREET		(				
1. STATES   AND NUMBER	HOSPITAL OR	ADDRESS OF LOC	(NOITA		c. CIT	ORTOWN	D.	INSIDE CITY LIMI	TS?	
1. STATES   AND NUMBER		Belteni	lu					YES 🗌	NO 🗌	
CAUSE OF DEATH   CAUSE OF CONDITION DIRECTITY   LEADING TO DEATH   CAUSE OF CONDITION OR AND ADDRESS   CAUSE OF DEATH   CAUSE OF DEATH   CAUSE OF CONDITION OR COUNTRIVE   CAUSE OF CAUSE OF COUNTRIVE   CAUSE OF		1200.5			E. STR	EET AND NUMBER				-
CAUSE OF DEATH   CAUSE OF CONDITION DIRECTITY   LEADING TO DEATH   CAUSE OF CONDITION OR AND ADDRESS   CAUSE OF DEATH   CAUSE OF DEATH   CAUSE OF CONDITION OR COUNTRIVE   CAUSE OF CAUSE OF COUNTRIVE   CAUSE OF	5. SEY	IA BACE	7	Manuer	R. DAT	OF BIDTIN	O AGE (le voce	7 1 16 11 1 1 1		=
International County	h	\ \ \		<b>Z</b> \ =	3	112/21	last birthda	Months	Hours Min.	
13. FATHER'S NAME   14. MOTHERS: MAME   14. MOTHERS: MAME   15. Was Deceased Even in U. S. Ammed Ferces?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. SOCIAL SECURITY NO.   18. SOCIAL SECURITY SECU	10A, USUAL OCC	UPATION (Give kind of wor			111. BIR	THPLACE (State or forei	ian country)	112. CITIZEN	L OF WHAT COUNTRY	7
13. FATHER'S NAME	done during most of	working life, even if refired)	n	0		B. I Limit	10. Nu	0	OF WHA! COONIKE	•
S. Was Deceased Eve in U. S. Amed Joses   Service   S. SCICIALY NO.   SECURITY NO.   DUBLESS   SECURITY NO.   SECU			1 12	menny -	14. AAC	THERE MANDEN MAN	WE 7 10	<b>(</b> ) -		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   CLAUSE OF DEATH   CLAUSE   CAUSE OF DEATH   CLAUSE OF DEATH   CLA	J	9, - 1,	n	10	1		VIE	F 1/	1.0	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   CLAUSE OF DEATH   CLAUSE   CAUSE OF DEATH   CLAUSE OF DEATH   CLA	15 Was Decemend	Ever in U. S. Armed Fo	10057	II & SOCIAL	17. INS	PHANT	ia_	1 Ma		
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DISEASE OR CONDITION DIRECTLY  (IThis does not meen the mode of dying, e.g., head foliuse, estheria, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sholing the UNDERLYING CONDITIONS CONTRIBUTING (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID THE TERMINAL INTERCEPTION OF THE TER	120	<u> </u>		CAUSE OF DEAT		<u>es usur</u>		race	- Belt	Sall
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UNDERLYING CONDITION last.    Co.	'	ANTECEDENT CAUSES	;	(B) (LOV	ic t	- mutra	e rea	imur	JIM	1)4
UNDERLYING CONDITION last,  (C)    Onlier SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION (SVEN IN PART   A).				DUE TO, OR AS	A CONS	EQUENCE OF:		)	***************************************	(
17A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  21B. FLACE OF INJURY (C.g., In er about)   21C. WHERE DID   IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  21B. FLACE OF INJURY (C.g., In er about)   21C. WHERE DID   (If In Ballimore City, give exact location)   (ID In Superior City, give exact location)   (ID In Su			alouning into	(c)		*	·		N.	
17A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  21B. FLACE OF INJURY (C.g., In er about)   21C. WHERE DID   INJURY OCCUR?  21D. TIME	_	11				The second secon	,			-
17A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.)   23B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?   I	OTHER SIGNIF			79		•				
D 21.A. ACCIDENT WAS UNDERLYING   21.B. FACE OF INJURY (C.g., in or about 21.C. Where DID   (if in Baltimore City, give exact location)   21.B. TARCE OF INJURY (C.G. Where DID   (if in Baltimore City, give exact location)   21.B. TARCE OF INJURY (C.G. Where DID   (if in Baltimore City, give exact location)   21.B. TARCE OF INJURY OCCUR?   (if in Baltimore City, give exact location)   21.B. TARCE OF INJURY OCCUR?   (if in Baltimore City, give exact location)   (if in Baltimore City, give exact location   (if in Baltimore City exact location)   (if in Baltimore City exact location   (if in Baltimore City exact location   (if in Baltimore City exact location)   (if in Baltimore City exact location   (if in Baltimore City exact location   (if in Baltimore Ci	DISEASE OR C			VHICH OPERATION	20A	AUTOPSY? (Yes or No	20B. IF YES. W	ERE FINDINGS CO	NSIDERED	-
D 21.A. ACCIDENT WAS UNDERLYING   21.B. FACE OF INJURY (C.g., in or about 21.C. Where DID   (if in Baltimore City, give exact location)   21.B. TARCE OF INJURY (C.G. Where DID   (if in Baltimore City, give exact location)   21.B. TARCE OF INJURY (C.G. Where DID   (if in Baltimore City, give exact location)   21.B. TARCE OF INJURY OCCUR?   (if in Baltimore City, give exact location)   21.B. TARCE OF INJURY OCCUR?   (if in Baltimore City, give exact location)   (if in Baltimore City, give exact location   (if in Baltimore City exact location)   (if in Baltimore City exact location   (if in Baltimore City exact location   (if in Baltimore City exact location)   (if in Baltimore City exact location   (if in Baltimore City exact location   (if in Baltimore Ci	THE STATE OF THE S	WAS PER	FORMED				IN CERTIFYING	CAUSES OF DEA	TH7	
DEATH (notify medical examined)    DEATH (notify medical examined)   October	U 21A. ACCIDEN	T WAS UNDERLYING	] 21B,	PLACE OF INJURY (c.g.,	n er abou	121C. WHERE DID	(If In Ball	imore City, give ex	ract location)	. •.
While At   Not While   At Work     Not While	DEATH (notify	medical examiner	elca	of family factory, small co	mee bieg					
APPROX.)   Work   Not Wink	OF INJUSY	(Month) (Day) (Year)	(Hour 21 E	INJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?			•
that (I) (we) last saw the deceased alive on				le At Work	° 🗆				•	
that (I) (we) last saw the deceased alive on	22. I certify	that (I) (this hospital	) attended th	e deceased from		1	9to		19	
and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  Attending Med. Director Phys.   23B. DATE SIGNED  23C. PHYS!CIAN'S NAME (Type)  23D. ADDRESS  24A. BURIAL CREMATION, 24B. PATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR FRUIT ADDRESS  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR FRUIT ADDRESS  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR FRUIT ADDRESS	that (I) (we)	last saw the decease	d alive on		19			opinion death o		
23A. SIGNATURE  Attending Med. Director Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. PATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR FRUIT ADDRESS  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR FRUIT ADDRESS  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR FRUIT ADDRESS  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR FRUIT ADDRESS  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR FRUIT ADDRESS  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR FRUIT ADDRESS  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR FRUIT ADDRESS  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR FRUIT ADDRESS  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR FRUIT ADDRESS  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR FRUIT ADDRESS  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR FRUIT ADDRESS  25C. PUNERAL DIRECT	and hour and	from the causes stat	ed above. (1)	(We) (did) (did not) v	lew the			,	2010	
23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. PATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify)  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. PUNERAL DIRECTOR  Phys. L. Director L. Phys. L. Director L. Phys. L.  24D. LOCATION (City, town, or county)  (Stote)  25C. PUNERAL DIRECTOR  ADDRESS  ADDRESS								238, DATE \$	GNED	•
23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  24A. BURIAL CREMATION, 24B. PATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, or county) (State)  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. JUNERAL DIRECTOR   County   County					inding	Med. Director	Staff Phys.			
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24G. NAME OF CEMETERY OF CREMATORY  25G. FUNERAL DIRECTOR  25G. FUNERAL DI				DEGREE		4.1				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR Freuch Lawel	24A. BURIAL CREA REMOVAL (S	pocify) /		ME of CEMETERY OF CRE	-	24D. LQ	h .	14	unly) (State)	6
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Jac C. Musen Samuel		BY HEALTH DEPT.	25B NAME O	F REGISTRAR	25C.	PUNERAL DIRECTOR	r	,		٥
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