

BALTIMORE CITY HEALTH DEPARTMENT

Wooler **CERTIFICATE OF DEATH**

REG. NO.

7278

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>John Wolf Beall</i>		2. DATE AND HOUR OF DEATH <i>6/13/26</i>	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD <i>Phenix Gas Co</i> FULL NAME OF HOSPITAL OR INSTITUTION <i>Beltsville</i> (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY		
5. SEX <i>M</i>		6. RACE <i>W</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <i>3/12/82</i>		9. AGE (in years last birthday) <i>44</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>contractor</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Building</i>		11. BIRTHPLACE (State or foreign country) <i>Beltsville Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Geo. W Beall</i>			14. MOTHER'S MAIDEN NAME <i>Rebecca F Hall</i>		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Susee C Beall</i> ADDRESS <i>Beltsville</i>	
18. CAUSE OF DEATH					
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.			(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: <i>Acute Myocardial</i>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>4 min</i>
			(B) DUE TO, OR AS A CONSEQUENCE OF: <i>Arterio + mitral regurgitation</i>		<i>7 yrs</i>
			(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).					
17A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No)	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED While At Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from _____ 19____ to _____ 19____ that (I) (we) last saw the deceased alive on _____ 19____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.					
23A. SIGNATURE				23B. DATE SIGNED	
23C. PHYSICIAN'S NAME (Type)				23D. ADDRESS	
24A. BURIAL CREMATION, REMOVAL (Specify)		24B. DATE <i>6/14/26</i>		24C. NAME of CEMETERY or CREMATORY <i>ST. JOHNS cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Beltsville Md.</i>		25A. DATE REC'D BY HEALTH DEPT. <i>l</i>			
25B. NAME OF REGISTRAR		25C. FUNERAL DIRECTOR <i>Geo E. French</i> ADDRESS <i>Laurel</i>			