NOTE: THIS IS NOT A LEGAL DOCUMENT

Med Exam.

BALTIMORE CITY HEALTH DEPARTMENT

HOSPITAL OR PHYSICIAN RECORD OF DEATH

Registered No. 978

H NO.

. CASE NO.

AME OF DECEASED (Type or Print): Walter Esson Beall

2. DATE AND HOUR OF DEATH: 1/28/59 M

LACE OF DEATH IN [redacted] MARYLAND: Pr. Geo.

ULL NAME OF HOSPITAL OR NSTITUTION: Suitland

(If not in hospital or institution, give street address or location): 4714 Huron Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: P. G.
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Suitland
D. STREET ADDRESS (If rural, give location): 4714 Huron Ave

EX	6. RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	W		7/29/99	59				

USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
truck driver	DC Govt	D.C.	

ATHER'S NAME	14. MOTHER'S MAIDEN NAME	ADDRESS
Frank Beall	Anna	711 31st St SE Wash DC

Was Deceased Ever in U. S. Armed Forces? (If no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Deanna Jean McClure	

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.)

442X

(A) DUE TO: Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

(B) DUE TO: Cardiovascular renal disease

(C): Suspect, injury — natural causes ME

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		No	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	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 (Month) (Day) (Year) (Hour) APPROX.)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work ☐ Not While At Work ☐	

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	M.D.	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☐	23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS

BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
	1/30	Cedar Hill	

DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
		Lee	D.C.

50-REV. 1/1/65