UE UF DEATH

STATE OF MAKYLAND

CERTIFICATE OF DEATH

Baltimin	Registration Dist. No.	
Juliani		
age or City (No. 1)	nes Sofle St; Ward	[If death occurred in a hospital or institution, give its NAME instead
FULL NAME Clarence & Chie	<i>b</i>	ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 6 SINCLE, MARRIED, MIDOWICO, ORDIVORCED (Write the word)	(Month)	(Day) (Year)
DATE OF BIRTH (Month) (Day) (Year)	that I last saw have alive on Viva 5 , 1913	
AGE #5 yrs. 3 mos. ds. ORmin.?	and that death occurred on the date stated The GAUSE OF DEATH* was as follows:	above, at <u>I G</u> m,
occupation (a) Frade, profession, or Coal Business perfectler kind of work Coal Business		
h) Beneral nature of industry, esiness, or establishment in mich employed (or employer)	Contributory Tham	yrsmos <i>90</i> _ds.
Right or country) Maryland	(Secondary) / (Peratine)	yrs
Singleton It. Childs	(Signed) Burns Stokeffer, M. D.	
(Etate or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL	
12 MAIDEN NAME Caroline Frod	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
OF MOTHER (Sixte or country) Maryland THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	yrs, ds.
(HATTERARI) Mrs. Clarence L. Childs	If not at place of death? Former or usual residence	
(Address) 1800 W. Prass St.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Files 191	20 UNDERTAKER Mas Lin Jakey & Lons	ADDRESS
REGISTRAR	11 Mastin Jakey & sons	606 N. agayerse

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.