FILE 6-7401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. ______

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): LEWIS McCARTY
2. DATE AND HOUR OF DEATH: JUNE 19, 1930 | 8:00 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND
   FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.D.#1, MOHNTON CUMRU TWP - BERKS CO. PA
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
   A. STATE: PA B. COUNTY: BERKS
   C. CITY OR TOWN (If outside city limits, write RURAL and give township): RURAL CUMRU TWP.
   D. STREET ADDRESS (If rural, give location): R.D.#1, MOHNTON
5. SEX: M
6. RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED
8. DATE OF BIRTH: NOV. 17, 1888
9. AGE (In years last birthday): 41 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOTEL PROPRIATOR
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MILTON
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ALFRED McCARTY
14. MOTHER'S MAIDEN NAME: ALICE ERVIN
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: MRS. EMMA McCARTY, ADDRESS: MOHNTON, R.D.1, PA

Spouse - EMMA McCARTY

MEDICAL CERTIFICATION

18. CAUSE OF DEATH | INTERVAL BETWEEN ONSET AND 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.)

(A) CEREBRAL EMBOLUS
DUE TO

74 b - 93

ANTECEDENT CAUSES

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

(B) ______
DUE TO
(C) ______

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: EXTENSIVE PHLEBITIS, LEFT THIGH — 21 MOS.

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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 (APPROX) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
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 ______ M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 6-20-1930
23C. PHYSICIAN'S NAME (Type): IRA J. HAIR M.D.
23D. ADDRESS: 104 So. 4th ST.
24A. BURIAL, CREMATION, REMOVAL (Specify): -
24B. DATE
24C. NAME of CEMETERY or CREMATORY: HILLSIDE at
24D. LOCATION (City, town, or county) (State): CATAWISSA Col. Co. PA
25A. DATE REC'D BY HEALTH DEPT.: 6-20-1930
25B. NAME OF REGISTRAR: C.W. YAMELL
25C. FUNERAL DIRECTOR: WM. BERNINGER, ADDRESS: CATAWISSA.

VS 150-REV. 1/1/65