		BALTIMORE CITY	HEALTH DEGRAMENT		5740	
	. (CERTIFICAT	TE OF DEATH	Registered No.		
CASE NO. ME OF DECEASED				ND HOUR OF DEATH		
or Print) LEWIS M	CARTY	,	JUNE	E 19, 1930	8:0	a P.
CE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If ins NTY	titution: residence before	admi s si a
L NAME OF (If not in hospital of spital of spi	or institution, give stre	et	PA E	BERKS		
TITUTION R. D. J. Ma			C. CITY OF TOWN (IF .	utside city limits, write RI Cump)
	_			f rural, give location)	10 100 13.	
-UMRU TWD- BI	erks Co.	17A	R.D1,	MOHNTON		
6. RACE	7. MARRIED, NEVER WIDQWED, DIVO	RCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Un Months Days Hours	der 24 H Min.
SUAL OCCUPATION (Give kind of work	MAR MICE	S OF INDUSTRY	Mo V. 17, 1888	eign country)	12. CITIZEN OF	<u> </u>
uring most of working life, even if retired)					WHAT COUNTRY?	
OTEL MOPRIATO	R	1	MILTON	AME		
A. com Ann				•		
Deceased Ever in U. S. Armed Ford	16. SO		7. INFORMANT	VIN	ADDRESS	
o orunknown) (If yes, give war or date:	s of service) SEC	CURITY NO.	MRS. EMMA	MCCAST	Maunton	. D 1
POUSE-EMMA ME	CARTU	CAUSE OF	DEATH	I'I CHRIY,	INTERVAL BET	
DISEASE OR CONDITION DIR		_			ONSET AND	DEATH
LEADING TO DEATH	ECILI	C=s	PEBRAL EM	BALUE		
his does not mean the mode of	dying, e.g.,	DUE TO				
eart failure, asthenia, etc. It means			-	. <i>D</i>		
	death.)		7	4 1 - 4	4	
ANTECEDENT CAUSES	death.)	(B)	7	46-9	3	
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