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1951-[redacted] n.d. Emily H. Murray [illegible] papers

MAR 1 4 1951

MARYLAND STATE DEPARTMENT OF HEALTH 09400

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberstone — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberstone
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emily (Middle) Hollingsworth (Last) Murray
4. DATE OF DEATH: Month Oct. Day 8 Year 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 1, 1862
9. AGE: Last birthday Years; If under 1 year: Months, Days, Hours; If under 24 hrs: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Phila. Penna.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry M. Murray
14. MOTHER'S MAIDEN NAME: Mary H. Morris
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.: None
17. INFORMANT: ~~Exxx~~ Forbes Calhoun

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) lobar pneumonia — 10 h

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) uterine cancer and cardiovascular disease — 20 yr

(c) cerebral hemiplegia — 18 mos

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, city, office bldg., etc.) | CITY OR TOWN | COUNTY | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1945, to Oct. 7, 1949, that I last saw the deceased alive on Oct. 6, 1949, and that death occurred at 8:20 P m., from the causes and on the date stated above.
SIGNATURE S. Bowsuch (Degree or title) M.D. ADDRESS Annapolis Md. DATE SIGNED Oct 8 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE Oct. 9, 1949 | NAME OF CEMETERY OR CREMATORY Christ Church | LOCATION (City, town, or county) (State) Crownsville, Md.
DATE REC'D BY LOCAL REGISTRAR Oct 9, 1949 | REGISTRAR'S SIGNATURE Edward Collins | 24. FUNERAL DIRECTOR J.A. Hardesty & Son | ADDRESS Bolcoville, Md.

VS. A15 — MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The space is especially important. Physicians: please write the causes of death clearly and legibly.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE COPY OF A CERTIFICATE ON FILE IN THE OFFICE OF THE BUREAU OF VITAL STATISTICS.

DATE MAR 14 1951 A. W. Bodrich
CHIEF, BUREAU OF VITAL STATISTICS

Annapolis, Md., March 9 1951

Estate of Emily H. Murray

Dr.

To Register of Wills for Anne Arundel County

Court costs	$ 59 70
State tax on commission	226 66
Collateral inh. tax on legacies (J.M.C.)	75 00
" " " " " C.P.K.	37 50
" " " " rest & redidue, Pers.	~~1098 86~~
" " " " real estate	1123 20
	$ 3414 32

~~$1,158 72~~

Paid 4/17/51
C. C. Burwell