

No. 38020

TRANSCRIPT OF DEATH RECORD
PRICE - - 50 CENTS

AUG 30 1926

HEALTH DEPARTMENT—CITY OF BALTIMORE

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Sapp. St.; 5 Ward)

REGISTERED NO. 613518
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

John Gale

(a) RESIDENCE. No. 503 Sapp. St.,
(Usual place of abode)

Ward.....
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth; yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male
4 COLOR OR RACE Colored
5 Single, Married, Widowed, or Divorced (write the word) Married

6 DATE OF DEATH (month, day and year) Aug 20 1926

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Gale

I HEREBY CERTIFY, That I attended the deceased from Aug 10, 1926, to Aug 20, 1926, that I last saw him alive on Aug 20, 1926, and that death occurred on the date state above, at 1:40 p.m.

6 DATE OF BIRTH (month, day, and year) 1846
7 AGE Years Months Days 80 - -
IF LESS than day, hrs., or min.

THE CAUSE OF DEATH was as follows:
Pneumia Interstitial Septic
and Chronic Myocarditis

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

(duration) 3 yrs. mos. ds.

9 BIRTHPLACE (city or town) (State or country) Md.

CONTRIBUTORY Cause of death (Secondary) Bunches
(duration) yrs. mos. ds. 7

10 NAME OF FATHER John Gale

Where was disease contracted if not at place of death? No

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ark

Did an operation precede death? No Date of.....

12 MAIDEN NAME OF MOTHER Elizabeth Handy

Was there an autopsy? No

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mo

What test confirmed diagnosis? Physical

14 Informant Josephine Price (Address) 503 Sapp St

Signed Geo. S. Allen, M. D.
Aug 20 1926 (Address) 508 James St

15 Filed Aug 23 1926 Registrar George W. Reese

16 PLACE OF BURIAL, CREMATION OR REMOVAL (National Cem) Monument of Maryland
17 DATE OF BURIAL 8/30/26
18 ADDRESS 466 N. Caroline St
19 UNDERTAKER Geo. H. Johnson
20 1209 E. Woodall

THIS IS A TRUE COPY OF THE RECORD OF DEATH IN THE DEPARTMENT OF HEALTH