DEPARTMENT OF PUBLIC SAFETY, Sub-Department of Health, CITY OF BALTIMORE. Office of REGISTRAR OF VITAL STATISTICS A TRANSCRIPT from the RECORDS OF DEATHS in the City of Baltimore NAME OF DECEASED. DATE OF DEATH. AGE OF DECEASED. Yrs., Mos., Days. COLOR, SEX, SOCIAL CONDITION. OCCUPATION. NATIVITY OF PARENTS. Father. Mother. DURATION OF RESIDENCE IN BALTIMORE. BIRTHPLACE OF DECEASED. PLACE OF DEATH. Yrs., Mos., Days. CAUSE OF DEATH. RESIDENCE OF DECEASED. DURATION OF LAST SICKNESS. Giern 10 Regionar.