

Civil Ward
Ret # 117

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

801 Price Madison
2-11-26

TRANSCRIPT OF DEATH RECORD
PRICE - 50 CENTS
HEALTH DEPARTMENT - CITY OF BALTIMORE

NOV 9 - 1926

No. **39127** *Customer*

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. **1416 E Lexington St 19-1** Ward) REGISTERED NO. **6-13773**
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME **Matthew Price ©**
(a) RESIDENCE: No. **1416 E Lexington St** Ward **19-1**
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred **5** 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) Widower	6 DATE OF DEATH (month, day and year) August 31 1926		I HEREBY CERTIFY That I attended the deceased from Inquiry , to Inquiry , that I last saw Inquiry alive on Inquiry , and that death occurred on the date state above at Inquiry m.	
7a If married , widowed, or divorced HUSBAND of (or) widower Eda Davis ©	8 DATE OF BIRTH (month, day, and year) January - 1828		7 AGE Years 98 Months 7 Days - IF LESS than 1 day or - hrs. min.		The CAUSE OF DEATH was as follows: Organic disease of the Heart and Kidneys	
9 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Labourer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer			10 CONTRIBUTORY (Secondary)(duration)yrs.mos.ds.		Where was disease contracted if not at place of death?..... Did an operation precede death?.....Date of..... Was there an autopsy?..... What test confirmed diagnosis? Signed Wm M Remhardt, M. D.	
9 BIRTHPLACE (city or town) (State or country) Talbot Co Md			11 NAME OF FATHER Do not know		19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery	
10 NAME OF FATHER Do not know			11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know		DATE OF BURIAL Sept 2 1926	
12 MAIDEN NAME OF MOTHER Do not know			13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know		20 UNDERTAKER Milton Davis 306 N Eden St	
14 Informant (Address) Emma Price © Daughter 1416 E Lexington St			15 Filed Sept 2 26 Registrar George H. Hesse			