

No. 56759

TRANSCRIPT OF DEATH RECORD

FREE

PRICE - 50c.

JAN 10 1929

HEALTH DEPARTMENT - CITY OF BALTIMORE

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 E. Fayette St., Ward)

REGISTERED No. 640713 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

William Kell

(a) RESIDENCE. No. 1511 E Fayette St., Ward

Length of residence in city or town where death occurred 4 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth; yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years 84 Months Days IF LESS than day, hrs. or min.

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

9 BIRTHPLACE (city or town) (State or country) Hartford Conn

10 NAME OF FATHER Vincent Kell

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

12 MAIDEN NAME OF MOTHER Unknown

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

14 INFORMANT (Address) Mary L. Roles 1511 E Fayette St

15 Filed Dec 28 1928 Registrar George H. Jones

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 26 1928

17 I HEREBY CERTIFY, That I attended the deceased from Sept 22 1928, to Dec 26 1928 that I last saw him alive on Dec 25 1928 and that death occurred on the date stated above, at 11:10 a.m.

The CAUSE OF DEATH was as follows: Atherosclerosis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure three weeks (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signed Edward Fisher, M. D. 1427 1928 (Address) 1612 E. Monument St

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL Dec 29 1928

20 UNDERTAKER Theodore White 119 S Wolfe St ADDRESS

This is a true copy of the record of death in the Department of Health.