No. 18519

TRANSCRIPT OF DEATH RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE MAR 24 1923

TRANSCRIPT

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 83 N Bethel St.; ______ Ward)

REGISTERED NO. 48446
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Brown

(a) RESIDENCE. No. 83 N Bethel St., Ward ______
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. 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 ______

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

7 AGE Years	Months	Days	IF LESS than 1 day, ___ hrs., or ___ min.
23			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Brickmaker
(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): Baltimore City

PARENTS
10 NAME OF FATHER: Not Stated
11 BIRTHPLACE OF FATHER (city or town) (State or country) ______
12 MAIDEN NAME OF MOTHER ______
13 BIRTHPLACE OF MOTHER (city or town) (State or country) ______

14 Informant: — (Address) ______

15 Filed: June 8, 1881 C. H. [illegible] M.D. George H. Grue, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 7, 1881

17 I HEREBY CERTIFY, That I attended deceased from ______, 19___, to ______, 19___
that I last saw h___ alive on ______, 19___
and that death occurred on the date stated above, at ______ m.
The CAUSE OF DEATH was as follows:
Tuberculosis Pulmonary
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary): Acute Croupous Pneumonia 3 weeks
(duration) ___ yrs. ___ mos. ___ ds.

18 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) George F. [illegible], M. D.
______, 19___ (Address) [illegible] N Broadway

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery
DATE OF BURIAL: June 8 1881

20 UNDERTAKER: T. J. Locks
ADDRESS: 73 Jefferson St

WIDOW DIVISION
FILED
MAR 29 192_
U. S.
BUREAU OF PENSIONS