

MARYLAND STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
 2411 N. CHARLES STREET, BALTIMORE.

CERTIFIED COPY OF CERTIFICATE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH					
1. PLACE OF DEATH					
County <u>Baltimore</u>		Registration Dist. No. <u>41</u>			
Village or City <u>Turner's Sta.</u>		No. <u>Balnew P.O. Md.</u>		St. <u> </u> Ward <u> </u>	
[If death occurred in a hospital or institution, give its NAME instead of street and number]					
Length of residence in city or town where death occurred <u>30</u> yrs. <u> </u> mos. <u> </u> ds. How long in U. S. if of foreign birth? <u> </u> yrs. <u> </u> mos. <u> </u> ds.					
2. FULL NAME <u>Mary M. Bowen</u>					
(a) Residence: No. <u>Turner's Sta. Balnew, Md.</u>		St. <u> </u>		Ward <u> </u>	
[Usual place of abode]		[If non-resident give city or town and State]			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX F	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single					
6. DATE OF BIRTH (month, day, and year) 4 - 15 - 1862					
7. AGE	Years 72	Months 10	Days 10	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework				
	10. Date deceased last worked at this occupation (month and year) 2-1-35		11. Total time (years) spent in this occupation 20 yrs.		
12. BIRTHPLACE (city or town) Maryland (State or country)					
FATHER	13. NAME James Kell				
	14. BIRTHPLACE (city or town) Maryland (State or country)				
MOTHER	15. MAIDEN NAME Ellen Thomas				
	16. BIRTHPLACE (city or town) Virginia (State or country)				
17. INFORMANT James Smith (Address) Turners Station Md.					
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 2/26 , 19 35					
19. UNDERTAKER Chas G Cooper (Address) 514 N. Calhoun St.					
20. FILED 2/26/35 , 19 35 W M Carmine Registrar.					
21. DATE OF DEATH 2/24/35 (month) (day) (year)					
22. I HEREBY CERTIFY, That I attended deceased from 2/1/35 , 19 <u> </u> , to 2/25/35 , 19 <u> </u> . I last saw h. er alive on 2/24/35 , 19 <u> </u> ; death is said to have occurred on the date stated above, at 1 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Broncho-pneumonia Date of onset 2/1/35					
Other Contributory Causes of importance: None					
Name of operation none Date of <u> </u> What test confirmed diagnosis? none Was there an autopsy? no					
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> [Specify city or town, county, and State] Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.					
Manner of injury <u> </u> Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? no If so, specify <u> </u> (Signed) J. H. Thomas M. D. (Address) 1012 I St. Sp. Pt. Md.					

TO WHOM IT MAY CONCERN:

This is to certify that the above is a true copy of a certificate on file in the office of the Bureau of Vital Statistics.

Dated April 4, 1935

V.S. 11.

J. H. Thomas
State Registrar of Vital Statistics.