No 29901

TRANSCRIPT OF DEATH RECORD
HEALTH DEPARTMENT—CITY OF BALTIMORE

MAY 25 1925

REGISTERED NO. D 29955

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Druid Hill Ave St.; Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2—FULL NAME John Morales

(a) RESIDENCE. No. 807 Druid Hill Ave St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred 70 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: Col

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~: Frances Morales

6 DATE OF BIRTH (month, day, and year): Dec 27 1835

7 AGE	Years	Months	Days	IF LESS than 1 day, hrs., or min.
	88	11	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Private Waiter
(c) Name of employer

9 BIRTHPLACE (city or town): Hall Springs
(State or country): Baldwin

10 NAME OF FATHER: Frederick Morales

11 BIRTHPLACE OF FATHER (city or town)
(State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Henrietta Distance

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

14 Informant: Henrietta J. Morales
(Address): 807 Druid Hill Ave

15 Filed: Dec 15, 1924 J. C. Hamilton M.D. Registrar
Georgen H. Krese

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 12 1924

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1924, to Dec 12 1924

That I last saw him alive on Dec 7 1924

and that death occured on the date stated above, at 12.45a m.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia (duration) — yrs. — mos. 24 ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(duration) — yrs. — mos. 24 ds.

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

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms etc

(Signed) Edward L. Mackenzie M. D.

12/13 1924 (Address) 1339 N. North Ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: Dec 16 1924

20 UNDERTAKER: Samuel T Hendley

ADDRESS: 578 W Biddle St

SC-4126-483-070