MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

COPY

PLACE OF DEATH

County Calvert — Registration Dist. No. 51

Village or City Wallville — No. ____ St., ____ Ward

(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 ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Rebecca F.Coats — If U. S. Veteran, specify WAR ____

(a) Residence: No. Wallville St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Colored	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of William Coats

6. DATE OF BIRTH (month, day, and year) 2/12/1858

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
78	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Calvert Co., (State or country) Md.

FATHER

13. NAME Henry Savoy

14. BIRTHPLACE (city or town) Calvert Co., (State or country) Md.

MOTHER

15. MAIDEN NAME Chaney Gross

16. BIRTHPLACE (city or town) Calvert Co., (State or country) Md.

17. INFORMANT James Coats

(Address) Wallville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Brooks Chapel Date 7/9/36, 19____

19. UNDERTAKER Wilson Mason

(Address) Pr. Frederick, Md.

20. FILED 7/9/36, 19____ I.N.King

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7-9-36, 193____

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6-20-36, 19____, to 7-9-36, 19____

I last saw her alive on ____, 19____; death is said to have occurred on the date stated above, at 4 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Coronary	
Artery Disease	
Acute Cardiac Failure	6/20

Other **Contributory Causes** of importance:

Chronic Arthritis	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) Page C.Jett, M. D.

(Address) Prince Frederick, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.