

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

CERTIFIED COPY OF CERTIFICATE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH				
<b>1. PLACE OF DEATH</b>				
County <b>Kent</b>		Registration Dist. <b>302</b>		
Village or City <b>Chestertown</b>		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.				
<b>2. FULL NAME</b> <b>WESLEY BROADWAY</b>				
(a) Residence: No. _____		St. _____	Ward _____	[If non-resident give city or town and State]
[Usual place of abode]				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
<b>3. SEX</b> <b>Male</b>	<b>4. COLOR OR RACE</b> <b>Col.</b>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> <b>Married</b>	<b>21. DATE OF DEATH</b> <b>3 17</b> , 19 <b>31</b> (month) (day) (year)	
<b>5a. If married, widowed, or divorced HUSBAND of (or) WIFE of</b>			<b>22. I HEREBY CERTIFY, That I attended deceased from</b> <b>3-12</b> , 19 <b>31</b> to <b>3-15</b> , 19 <b>31</b>	
<b>6. DATE OF BIRTH</b> (month, day, and year) <b>Unknown 1857</b>			I last saw him alive on <b>5-15-31</b> , 19____; death is said to have occurred on the date stated above, at <b>11-15P</b> m.	
<b>7. AGE</b>	Years <b>74</b>	Months <b>Unknown</b>	Days _____	If LESS than 1 day, _____ hrs. or _____ min.
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b>		<b>Laborer</b>	
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation</b> (month and year) _____	<b>11. Total time (years) spent in this occupation</b> _____		
<b>12. BIRTHPLACE</b> (city or town) _____ (State or country) <b>Md.</b>				
<b>FATHER</b>	<b>13. NAME</b> <b>Broadway</b>			
	<b>14. BIRTHPLACE</b> (city or town) _____ (State or country) <b>Md.</b>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <b>unknown</b>			
	<b>16. BIRTHPLACE</b> (city or town) _____ (State or country) _____			
<b>17. INFORMANT</b> <b>Mary Broadway</b> (Address) <b>Chestertown, Md.</b>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b> Place <b>Chestertown, Md.</b> Date <b>Mar. 22-</b> , 19 <b>31</b>				
<b>19. UNDERTAKER</b> <b>W. T. Hicks</b> (Address) <b>Chestertown, Md.</b>				
<b>20. FILED</b> <b>Mar. 22</b> , 19 <b>31</b> <b>W. T. Hicks</b> Registrar <b>5-31-31</b> (Address) <b>Chestertown</b>				
<b>23. If death was due to external causes (VIOLENCE) fill in also the following:</b> Accident, suicide, or homicide? _____ Date of injury _____, 19 _____ Where did injury occur? _____ [Specify city or town, county, and State] Specify whether injury occurred in <b>INDUSTRY</b> , in <b>HOME</b> , or in <b>PUBLIC PLACE</b> .				
Manner of injury _____ Nature of injury _____				
<b>24. Was disease or injury in any way related to occupation of deceased?</b> _____ If so, specify _____ (Signed) <b>H. P. Copeland</b> , M. D. Date <b>5-31-31</b> (Address) <b>Chestertown</b>				
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____				
Date of onset _____				

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 13, 1931**