

STATE OF MARYLAND  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Hunt

*Copy as recorded in Register of Deaths for Hunt Co. Geo. W. Jones M.D. Health Officer*

Registration Dist. No. \_\_\_\_\_

Village or City Chestertown (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Henry E. Norrell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE col. 5 SINGLE, MARRIED, WIDOWED OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH unknown, 1 \_\_\_\_\_ (Year)  
(Month) (Day)

7 AGE 80 or more yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work House work.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Maryland

PARENTS  
10 NAME OF FATHER Richard Norrell  
11 BIRTHPLACE OF FATHER (State or country) md  
12 MAIDEN NAME OF MOTHER Ellen  
13 BIRTHPLACE OF MOTHER (State or country) md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sofa Norrell  
(Address) Chestertown Md.

15 Filed 12/18, 1918 W. L. Hicks REGISTRAR  
Local

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 16, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1917, to Dec. 16, 1918, that I last saw him alive on Dec. 16, 1918, and that death occurred on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH \* was as follows:

Bright's Disease  
(Duration) 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory \_\_\_\_\_  
Secondary \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Chas. W. Wheland M.D.  
12/17, 1918 (Address) Chestertown Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State, \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted, if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Chestertown DATE OF BURIAL 12/18, 1918

20 UNDERTAKER C. L. Hodd ADDRESS Chestertown

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING  
ORD  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—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.