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 Baltimore Registration Dist. No. 41

Village or City Turner's Sta. No. Balnew P.O. Md. 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 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Bowen

(a) Residence: No. Turner's Sta. Balnew, Md. St. Ward.
[Usual place of abode] [If non-resident 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)
F	Col	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	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	10	

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) (State or country): Maryland

FATHER

13. NAME: James Kell

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Ellen Thomas

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: James Smith
(Address): Turners Station Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2/26 ,1935

19. UNDERTAKER: Chas G Cooper
(Address): 514 N. Calhoun St.

20. FILED 2/26/35 , 19 W M Carmine
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2/24/35 (month) (day) (year)

22. I HEREBY CERTIFY, That I attended deceased from 2/1/35, 19, to 2/25/35, 19

I last saw h er alive on 2/24/35, 19; 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:

	Date of onset
Broncho-pneumonia	2/1/35

Other Contributory Causes of importance:

None

Name of operation none Date of

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? 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) 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

W M Carmine
State Registrar of Vital Statistics.

V. S. 11.