

This is a true copy of the record of death in the Department of Health

No 88679

TRANSCRIPT OF DEATH RECORD
PRICE - - 50c

HEALTH DEPARTMENT - CITY OF BALTIMORE

Registered No. 55634

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 Grand Hill Ave St., Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

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

2. FULL NAME

Jacob Heath

(a) Residence: No. 1233 Grand Hill Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4 Color or Race Col 5. Single, Married, Widowed, or Divorced Mar

21. DATE OF DEATH (month, day, year) 7-24-21

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1921 to July 24, 1921

6. DATE OF BIRTH (month, day, year) 1842

I last saw him alive on July 21, 1921. Death is said to have occurred on the date stated above, at 20 m.

7. AGE 79 Years Months Days If LESS than 1 day, hrs or min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Acute Gastro Enteritis 2 months

12. BIRTHPLACE (city or town) (State or country) Kent Island

Chronic Intestinal Neoplasm 6 mos

13. NAME Jacob Heath

Name of operation Date of

14. BIRTHPLACE (city or town) (State or country) Md

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Hannah Wright

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

16. BIRTHPLACE (city or town) (State or country) Md

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

17. INFORMANT Benjamin Heath (Address) 520 W. Cross St.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem Date July 21, 1921

Manner of injury Nature of injury

19. UNDERTAKER Saul W. Chase (Address) 1400 N. Washington

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED July 26, 1921 Huntington Williams Registrar.

(Signed) F. N. Cardoso, M. D. (Address) 1524 Grand Hill Ave