

No 29901

TRANSCRIPT OF DEATH RECORD
HEALTH DEPARTMENT—CITY OF BALTIMORE

MAY 25 1925

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Druid Hill Ave St. Ward)

2—FULL NAME

John Moales

(a) RESIDENCE. No. 807 Druid Hill Ave St. Ward

Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

REGISTERED NO. 29955

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Widowed

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

6 DATE OF BIRTH (month, day, and year) Dec 27-1835

7 AGE Years 88 Months 11 Days 15 IF LESS than 1 day, hrs., or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Waiter (b) General nature of industry, business, or establishment in which employed (or employer) Private Waiter (c) Name of employer

9 BIRTHPLACE (city or town) Hall Springs (State or country) Baltimore

10 NAME OF FATHER Frederick Moales

11 BIRTHPLACE OF FATHER (city or town) North Carolina (State or country)

12 MAIDEN NAME OF MOTHER Henrietta Distance

13 BIRTHPLACE OF MOTHER (city or town) Ad County Md (State or country)

14 Informant Henrietta J. Moales (Address) 807 Druid Hill Ave

15 Filed Dec 15, 1924 C. Hampton Registrar George H. Kress

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 12 1924

17 I HEREBY CERTIFY, That I attended deceased from Nov 18 1924 to Dec 12 1924 that I last saw him alive on Dec 7 1924 and that death occurred on the date stated above, at 1245A m.

The CAUSE OF DEATH was as follows: Bronchitis Pneumonia (duration) 2 yrs. 4 mos. 4 ds. Cardiac Weakness (Secondary) (duration) 2 yrs. 4 mos. 4 ds.

18 Where was disease contracted Baltimore if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms etc (Signed) Edward E. Mackenzie M. D.

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL Dec 16 1924

20 UNDERTAKER Samuel T. Humley ADDRESS 578 W. Biddle St