

C62042

HEALTH DEPARTMENT—CITY OF BALTIMORE

C62042

CERTIFICATE OF DEATH.

PLACE OF DEATH On Street,
Fort Ave. and Light

REGISTERED No. C

CITY OF BALTIMORE (No.

St. 22

WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Richard Flannery,

(Residence in Baltimore: No. 519 W. LEE

St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male. 4-COLOR OR RACE, White. 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, Widowed (Write the word.)

6-DATE OF BIRTH, Could not ascertain, / (Month) (Day) (Year)

7-AGE, 75 yrs. ? mos. ? ds. IF LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work, Contractor. (b) General nature of industry, business, or establishment in which employed (or employer), Excavating.

9-BIRTHPLACE, (State or Country), Ireland.

10-NAME OF FATHER, John Flannery,

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER, Catherine Grady.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward P. Flannery,

(Address) 519 W. Lee Street.

15- HARRY O. ANDREWS,

Filed 2/25 1913 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24th, 1913. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Signed) Frederick Hempel, M. D. Feb. 24th 1913 (Address) 1103 Valley St.

*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. State yrs. mos. ds. Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral O'Connell. DATE OF BURIAL, Feb. 27, 1913.

20-UNDERTAKER, H. J. Seckman & Sons 415 Camden St. ADDRESS

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.