

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 10119

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Charles B. Adams

2. DATE AND HOUR OF DEATH 7/27/68

3. PLACE IN ~~BALTIMORE~~ MARYLAND, WHERE PRONOUNCED DEAD

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
 A. STATE MD B. COUNTY MOR

5. SEX M 6. RACE W 7. MARRIED NEVER MARRIED
 WIDOWED DIVORCED 8. DATE OF BIRTH 5/18/02 9. AGE (in years last birthday) 86

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired baseball player, Pitts Pirates

11. BIRTHPLACE (State or foreign country) Indiana

12. CITIZEN OF WHAT COUNTRY _____

13. FATHER'S NAME Samuel Adams

14. MOTHER'S MAIDEN NAME Nancy Trwen

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT Elizabeth Denham daughter

18. CAUSE OF DEATH

I
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH SOX
 (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Resp. arrest

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Extremely severe malnutrition in 2 yrs.

(C) Complications of Ca of esophagus 6-7 m

II
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Extension of Ca of esophagus

19A. DATE OF OPERATION 12/65 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Ca of esophagus

20A. AUTOPSY? (Yes or No) _____

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? _____

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) _____

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.) _____

21E. INJURY OCCURRED While At Work Not While At Work

21F. HOW DID INJURY OCCUR? _____

22. I certify that (I) (this hospital) attended the deceased from _____ 19____ to _____ 19____ that (I) (we) last saw the deceased alive on _____ 19____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE _____

23B. DATE SIGNED _____

Attending Phys. Med. Director Staff Phys.

23C. PHYSICIAN'S NAME (Type) _____

23D. ADDRESS _____

24A. BURIAL (CREMATION) REMOVAL (Specify) CREMATION

24B. DATE 7/30

24C. NAME OF CEMETERY OR CREMATORY Fr. Lincoln

24D. LOCATION (City, town, or county) (State) _____

25A. DATE REC'D BY HEALTH DEPT. _____

25B. NAME OF REGISTRAR _____

25C. FUNERAL DIRECTOR Pumphrey ADDRESS P.S. Md.