

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. **8257**

BIRTH NO.		1. NAME OF DECEASED (Type or Print) J. Frank Baker		2. DATE AND HOUR OF DEATH 6-28-63 1:30 P.M.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Talbot		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD B. COUNTY Talbot		C. CITY OR TOWN Troppe	
FULL NAME OF HOSPITAL OR INSTITUTION Troppe		D. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		E. STREET AND NUMBER	
5. SEX M	6. RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/13/86	9. AGE (in years last birthday) 77	If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Talbot Md	12. CITIZEN OF WHAT COUNTRY U.S.A
13. FATHER'S NAME Frank A. Baker		14. MOTHER'S MAIDEN NAME May Russ		15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) No None 27-35-6882	
16. SOCIAL SECURITY NO. 27-35-6882		17. INFORMANT Mr. Margaret Baker same		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 332X		CAUSE OF DEATH Cerebral arteriosclerosis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerosis			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		(B) DUE TO, OR AS A CONSEQUENCE OF: Cerebral thrombosis		21 mo.	
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No) 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 (APPROX) (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED While At Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from 1953 to 6-28-63 19 that (I) (we) last saw the deceased alive on 6-28-63 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 7-1-63		23C. PHYSICIAN'S NAME (Type) Dr. J. Winters	
23D. ADDRESS 210 E. Dover - Easton md.		23E. SIGNATURE J.C. Judge			
24A. BURIAL, CREMATION, REMOVAL (Specify) 7/1-63		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Spring Hill	
24D. LOCATION (City, town, or County) Esom Md		24E. STATE (State) Esom Md			
25A. DATE REC'D BY HEALTH DEPT. 7-3-63		25B. NAME OF REGISTRAR J.C. Judge		25C. FUNERAL DIRECTOR M.E. Newman	
				ADDRESS Esom md	

MEDICAL CERTIFICATION