

DISTRICT OF COLUMBIA HEALTH DEPARTMENT

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

HEALTH DEPT. D.C.
PERMITS OFFICE

File No. **50396**

1. PLACE OF DEATH a. STREET ADDRESS 8920 Galvin Court, Bethesda, Md.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION 123 Bethesda, Md.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethesda	
c. LENGTH OF STAY IN HOSPITAL IN D. C.		d. STREET ADDRESS (If rural, give location) 8920 Galvin Court	

3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) Austin c. (Last) Wood			4. DATE OF DEATH (Month) (Day) (Year) May 18, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 2/10/85	9. AGE: Years 70	Months 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician	10b. KIND OF BUSINESS OR INDUSTRY	11a. BIRTHPLACE (State or foreign country) Maine
11b. CITIZEN OF WHAT COUNTRY?		12. NAME OF SURVIVING SPOUSE

13. FATHER'S NAME Jefferson H. Wood	14. MOTHER'S MAIDEN NAME Centhy P. Hall		
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.	17a. INFORMANT Karl H. Wood	17b. RELATED TO DECEDENT AS son

18. MEDICAL CERTIFICATION Enter only one cause per line for (a), (b), and (c) Carcinomatosis of lung		INTERVAL BETWEEN ONSET AND DEATH
I. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
OTHER SIGNIFICANT CONDITIONS II. Conditions contributing to the death but not related to the disease or condition causing death. (Include report of pregnancy within 3 months of death).		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. AUTOPSY FINDINGS
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (County) (State)	
21d. TIME OF INJURY	(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 hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and last saw h_____ alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Bessie M. Thompson, Registrar M.D.	23b. ADDRESS Bethesda, Md.	23c. DATE SIGNED
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24a. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>	24b. DATE 5/20/55	24c. NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery	24d. LOCATION (City, town, or county) (State) Washington, D.C.
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25a. Undertaker's Registration Number 123	25b. UNDERTAKER The S.H. Hines Company	25c. ADDRESS 2901 14th St. N.W.
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