

## CORONER'S CERTIFICATE

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

2667

1. NAME OF DECEASED (Type or Print) <b>GEORGE E. CLOUGH</b>		2. DATE AND HOUR OF DEATH <b>JAN. 30, 1944</b>   <b>2:00 P.M.</b>	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>S. 17<sup>th</sup> ST. HARRISBURG, PA</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>PA.</b> B. COUNTY <b>DAUPHIN</b> C. CITY OR TOWN (If outside city limits, write RURAL and give township) <b>HARRISBURG</b> D. STREET ADDRESS (If rural, give location) <b>S. 17<sup>th</sup> ST.</b>	
5. SEX <b>M</b>	6. RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 28, 1906</b>
9. AGE (In years last birthday) <b>35</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ASST. ZOO KEEPER</b>	11. BIRTHPLACE (State or foreign country) <b>PENNA</b>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>RICHARD CLOUGH</b>	14. MOTHER'S MAIDEN NAME <b>MARY SNYDER</b>
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. <b>197-05-0651</b>	17. INFORMANT <b>HAROLD CLOUGH, Wiconisco, PA.</b>
18. SPOUSE, <b>ETHEL CLOUGH</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		CAUSE OF DEATH (A) DUE TO <b>HYPERTENSIVE CARDIO-VASCULAR- RENAL DISEASE</b> (B) DUE TO (C) _____	
19. INTERVAL BETWEEN ONSET AND DEATH <b>1312</b>		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
20A. DATE OF OPERATION		20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20C. AUTOPSY? (Yes or No) <b>NONE</b>
20D. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Indicate 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 (AFM) 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 _____ 19____ to _____ 19____ and 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 <b>EARL H. GORIN, CORONER</b>		23B. DATE SIGNED <b>1/30/44</b>	
23C. PHYSICIAN'S NAME (Type) <b>EARL H. GORIN, CORONER</b>		23D. ADDRESS <b>MIDDLETOWN, PA</b>	
24A. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>2-2-44</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>-</b>		24D. LOCATION (City, town, or county) (State) <b>WYONISCO DAUPHIN CO. PA.</b>	
25A. DATE REC'D BY HEALTH DEPT. <b>2-1-44</b>		25B. NAME OF REGISTRAR <b>O.G. BRENNEMAN</b>	
25C. FUNERAL DIRECTOR <b>J. THOMAS RICHARDSON</b>		ADDRESS <b>118 N. FRONT STEELTON, PA</b>	