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egis etc. 10.

CERTIFICATE OF DEATH.

Place of Death

1423 Luzerne St

St.

If Death occurred in Hospital or give its Name of Street and No.

Full Name *Uriah Evans*

{ Residence, if in Baltimore, }
Give Street and Number.

1423 Luzerne St
Lige

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX

M

COLOR

W

DATE OF BIRTH

AGE

48

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or Country)

Baltimore, Md

FULL NAME OF FATHER

Uriah Evans

BIRTHPLACE OF FATHER (State or Country)

Baltimore

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or Country)

Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Informant *(Uriah) Evans*
Address *1423 N. Luzerne*

Filed

1/18 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

June 16 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190 that I last saw him alive on 190 and that death occurred, on the date stated above, on *12*

CAUSE OF DEATH (Secondary or Immediate)

Dr. Daniel J. ...

Contributory Primary

Signed *George ...*

Address *... 1907*

Place of Burial *Baltimore ...*
Date *June 19 1907*

Undertaker *Headall ...*
Address *330 N. ...*

Section 2. And by it further granted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Registrar, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.