

DIST. No.

HEALTH DEPARTMENT
PERMIT OFFICE

CERTIFICATE OF DEATH

CLASS No.

DISTRICT OF COLUMBIA

No. OF RECORD

28675

FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLANK AND SPACE FOR REMARKS MAY BE FOUND ON THE OTHER SIDE

1. PLACE OF DEATH:

No. Hyattsville Md Street, _____ Section.

Name of Hospital _____ Duration of residence therein _____

2. FULL NAME

Paul M Hines

(a) Residence, No. _____ Street _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in D. of C., _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male 4. COLOR OR RACE: White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. If married, widowed, or divorced, HUSBAND of } Katie M Hines
(or) WIFE of }

6. DATE OF BIRTH (month, day, and year) _____

7. AGE: Years 80 Months - Days - If LESS than 1 day, _____ hrs. _____ min.

8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work. _____ (b) General nature of industry, business, or establishment in which employed (or employer) none (c) Name of employer. _____

9. BIRTHPLACE (city or town) _____ (State or country) _____

10. NAME OF FATHER (in full) _____
11. BIRTHPLACE OF FATHER: City or town _____ State or country _____
12. MAIDEN NAME OF MOTHER (in full) _____
13. BIRTHPLACE OF MOTHER: City or town _____ State or country _____

14. Above information furnished by _____ Address _____

15. Relation of informant to decedent _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 10, 1935

17. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____ that I last saw h. _____ alive on _____, 19____ and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: _____

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted If not at place of death? _____ Did an operation precede death? _____ Date of operation _____

Was there an autopsy? _____

What laboratory test confirmed diagnosis? _____

(Signed) _____, M. D.

(Address) _____

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Olivet Cemetery DATE 7/11 1935

20. UNDERTAKER Frank Teiers Sons Co Address 1113-7 St W W

MARYLAND

BURIAL PERMIT

STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics
Form V. S.-8.

Burial Permit No. 36

Full name of deceased Paul M. Hines

Place of death (City or town) Hyattsville (County) Prince Georges

Date of death July 10 1935 Age 80 Sex _____ Color _____

Cause of death Arterio Sclerosis

Place of burial Waukegan County _____ State Ill

Registration District No. 246 at Washington (Date) July 10 1935

A certificate of death having been filed in accordance with the laws of the State of Maryland, permission is hereby given to Frank Teiers Sons Co to dispose of the body of said deceased as above stated. Hasey Valley M. D. Local Registrar.

Name of Cemetery or place of burial _____ (Date) _____ 19____

SEE OTHER SIDE

(Signature of Sexton) _____

(This permit must be endorsed by the Sexton and returned within 10 days to the Registrar of the District in which burial takes place.)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION