

14947

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLACE OF DEATH:
 1. town Montgomery
 (If outside city or town limits, write RURAL and give nearest town)
Bethesda (rural)
 on in above place of death? 145 Days
 at, institution, or street address where death occurred:
S. Naval Hospital, Bethesda, Md.
 on in hospital or institution? 145 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants, give residence of mother)
 State..... County.....
 City or town Washington, D. C.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3214 S Street, N. W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. FULL NAME William Alexander DEITRICK
 3.(b) Social Security Number.....

5. Color or race Male W-US
 6.(a) Single, married, widowed, or divorced married

MEDICAL CERTIFICATION
 20. DATE OF DEATH 6 May 19 46 at 0410 A.M.

Name of husband or wife Mrs. Virginia Mayo Deitrick
 6.(c) If alive, give age..... years

I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 Dec. 19 46 to 6 May 19 46
 and that I last saw him alive on 6 May 19 46

h date of April 20, 1902
 GE: Years Months Days If less than one day
44 0 16hrs.min.

Immediate cause of death Carcinoma of colon (RE)
 DURATION 7 mo
 Due to.....
 Due to.....
 Other conditions.....

place Virginia
 (Town, county, and state)

(Include pregnancy within 3 months of death)
 Major findings of operations Ca of colon with metastases to liver Date of op. Dec, 1945

nal occupation U.S. Navy
 istry or business.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

Name Joseph L. Dietrick

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Birthplace Virginia

Where did injury occur?..... (City or town) (County) (State)

Maiden name Sue McWhorter

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

Birthplace Virginia

C. T. KLOPF Lt. (MC) USNR
 SIGNATURE.....
 M. D. or other.....

rsant Mrs. Virginia Mayo Deitrick

Address USNH Bethesda, Md. Date signed 5-6-46

ress 3214 S St. Washington, D.C.

burial 5-8-46
 Date thereof..... (month) (day) (year)

ial, cremation, or removal. Which?.....
 istory or crematory Arlington National

ine Arlington, Virginia

eral director George W. Wise Co. J.C.F.

ress 2900 M St. N.W. Wash. D.C.

6 May 19 46
 Registrar Mary Charlotte Smith