BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

M.E. CASE NO.

Registered No. 26149

1. NAME OF DECEASED (Type or Print): CHARLES FULLIS

2. DATE AND HOUR OF DEATH: MAR. 28, 1946 | 7:10 A M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ASHLAND STATE HOSP. BUTLER TWP. SCHUY. CO. PA

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: PA. B. COUNTY: SCHUYLKILL

C. CITY OR TOWN (If outside city limits, write RURAL and give township): GIRARDVILLE

D. STREET ADDRESS (If rural, give location): 131 A ST.

5. SEX: M

6. RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED

8. DATE OF BIRTH: 2-27-1901

9. AGE (In years last birthday): 45

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOTEL BUSINESS

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): GIRARDVILLE, PA

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: CHARLES FULLIS

14. MOTHER'S MAIDEN NAME: BARBARA SHAEFFER

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.: —

17. INFORMANT: MRS. WM. WETZEL, ASHLAND, PA (ADDRESS)

Spouse - MARY FULLIS

CAUSE OF DEATH

I		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) UREMIA	—
ANTECEDENT CAUSES	DUE TO (B) UREMIC POISONING	—
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO (C) 132 / 133 b	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify 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 (APPROX.) (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] | 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from .... 19 ...... to .... 19 ......, 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 .... M.D. Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 3/28/46

23C. PHYSICIAN'S NAME (Type): R. PLESSAHITAN M.D.

23D. ADDRESS: — MVE

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: APR. 1, 1946

24C. NAME of CEMETERY or CREMATORY: —

24D. LOCATION (City, town, or county) (State): TAMAQUA, SCHUY. CO. PA.

25A. DATE REC'D BY HEALTH DEPT.: MAR. 29, 1946

25B. NAME OF REGISTRAR: CHARLES H. KOBER

25C. FUNERAL DIRECTOR: M. J. CLARKE, GIRARDVILLE, PA (ADDRESS)

VS 150-REV. 1/1/65