HEALTH DEPARTMENT—CITY OF BALTIMORE 65264

65264

CERTIFICATE OF DEATH ✓ 30 G

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. if of foreign birth yrs. mos. ds.

2. FULL NAME George Fark

If U. S. Veteran specify WAR

(a) Residence: No. 218 Clarendon Ave Pikesville Md Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Fark

6. DATE OF BIRTH (month, day, year): Sept 24 1884

7. AGE: Years 55 54 Months 3 Days 28 If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: John Fark

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Otto A. Clark

(Address) 220 Clarendon Ave Pikesville

18. BURIAL, CREMATION, OR REMOVAL

Place: Grace M.E. Date: 1/26 1940

19. UNDERTAKER: Frank A. Meyrell

(Address) Pikesville Md

20. FILED JAN 23 1940 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1 22 40 19

22. I HEREBY CERTIFY, That I attended deceased from 1 21 40 19 to 1 22 40 19

I last saw him alive on 1 22 40 19 Death is said to have occurred on the date stated above, at 3:22 pm

The principal cause of death and related causes of importance were as follows:

Pulmonary Infarct
Pulmonary abscess
Atelectasis
Tuberculous [illegible]

Date of onset

Other contributory causes of importance:

Multiple peripheral neuritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. [illegible] M. D.

(Address) St Joseph's Hosp

OCCUPATION is very important. See instructions on back of certificate.