BECKWITH, JULIA M. [R97/149]

CLASS NO.

CENSUS TRACT NO.

CERTIFICATE OF DEATH

NO. OF RECORD 36295

APR 12 1942 DEPT. V.S.

DISTRICT OF COLUMBIA, HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH:
(a) Street address 625 22nd St
(b) Name of hospital or institution Arlington Va
(c) Length of stay: In hospital or institution
(d) In District of Columbia

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Arlington Va (If outside city or town limits write RURAL)
(d) Street address 625 22nd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME (Print) Julia M. Beckwith

3. (b) SOCIAL SECURITY NO.

3. (c) IF VETERAN, NAME WAR

4. SEX: F.
5. COLOR OR RACE: White
6. (a) SINGLE, MARRIED, WIDOWED, DIVORCED: Widowed.

6. (b) NAME OF HUSBAND OR WIFE Zach Beckwith

7. BIRTH DATE OF DECEASED March 4 (Month) (Day) (Year)

8. AGE: Years 78 | Months | Days | If LESS than one day ... hr. ... min.

9. BIRTHPLACE Wash D.C. (City, town or county) (State or foreign country)

10. USUAL OCCUPATION none

11. INDUSTRY OR BUSINESS

Father
12. NAME (Print) William L Hughes
13. BIRTHPLACE England (City, town, or county) (State or foreign country)

Mother
14. MAIDEN NAME (Print) Lucy Ratcliff
15. BIRTHPLACE Va. (City, town, or county) (State or foreign country)

16. (a) INFORMANT Ina Faunce
(b) ADDRESS Brooklyn N.Y.
(c) RELATION OF INFORMANT TO DECEDENT

17. (a) PLACE OF BURIAL, CREMATION, OR REMOVAL Congressional
(b) DATE May 4 1942 (Month) (Day) (Year)

18. (a) Deal Funeral Home (Signature of funeral director)
(b) ADDRESS 4812 Ga Ave NW

MEDICAL CERTIFICATION

20. DATE OF DEATH: (Month) (Day), 19...
at ... m. (State exact time of death)

21. I HEREBY CERTIFY that I attended the deceased from ..., 19..., to ..., 19...;
That I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death	
Due to	
Due to	
Other conditions	

(Include report of pregnancy within 3 months of death)

OPERATION:
Name ... Date ...
Major findings
Autopsy findings

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, in industrial place, in public place? (Specify type of place)
(e) Means of injury

23. SIGNATURE ... M.D.
Address ... Date signed ...

IMPORTANT NOTICE.—Failure to submit a Certificate of Death to the Health Department within forty-eight hours after the date of death is a violation of the laws of the District of Columbia. It is also a violation for any person or persons having custody of a body to hold it unburied for a longer period than one week after death. Violation of these laws is punishable by fine or imprisonment or both.

THIS IS A PERMANENT RECORD. PLEASE FILL OUT WITH TYPEWRITER (EXCEPT SIGNATURES) OR WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY; if unknown, give approximate age. PHYSICIANS should state CAUSE of DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. Space for re[illegible]s may be found on the other side.

Form [illegible] Rev. HDVS

P-596-0