

R/Berret
Vault

CERTIFICATE OF DEATH.

No. of BURIAL PERMIT.

1374

No. of RECORD.

3,924

DISTRICT OF COLUMBIA.

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

1. Date of this Death *Dec 1. 1901.* 190

2. Full Name of Deceased *Ruth A. Berret*

3. Sex: *Female* 4. Age: YEARS *82.* 5. Color. 6. Conjugal Condition.



WHITE.
COLORED.
INDIAN.
CHINESE.
JAPANESE.

~~Single~~
~~Married~~
WIDOWED.
~~Divorced~~

Under sex, color and conjugal condition, strike out the words not applicable. Under color, the term "colored" includes all of African descent, whether of pure or mixed blood.

7. Occupation *Housewife*

8. Birthplace of Deceased *Maryland*

9. Birthplace of Father *Maryland*

10. Birthplace of Mother *Maryland*

If born in the United States, give State, Territory or District; otherwise, give country.

11. Duration of Residence in this District

12. Place of Death *Freedom Maryland*

13. Cause of Death

PRIMARY *Pneumonia*
IMMEDIATE *Endocarditis*

DURATION.

4 day

14. If Death Occurred in an Institution, give:

NAME OF INSTITUTION

LENGTH OF TIME DECEASED WAS AN INMATE

15. If Deceased did not Die at his or her Residence, give:

PLACE OF RESIDENCE

I hereby certify that I attended the deceased professionally during last illness.

M. D.,

Address

To be Filled Out and Signed by the Undertaker:

PLACE OF BURIAL *Congressional Cemetery* DATE OF BURIAL *Dec 4.* 190

If Body is to be Buried Outside of the District, state:

ROUTE OF TRANSPORTATION DATE OF REMOVAL 190

SIGNATURE *M. R. Spear* Undertaker,

Address *1940 F. St.*

THIS SPACE RESERVED FOR BINDING.

Name in Full Certificate of Death

Ruth A. Berret

Town *Freedom* County *Carroll* MARYLAND

Died at *Freedom* Date 1901 *Dec 1* Age *82 10* Native of *Md* Occupation *Housewife*

Sex *Female* Color *White* Marital Status *Widow* Divorced *No* Number of children living *3*

Spouse *Wife* of *Johnathon Henry* Maiden Name *Dellie Henry*

Cause of Death *Pneumonia* How long sick *4 days*

Death *Immediate* *Endocarditis* Assisted by *Physician*

Reported by *Wm Norris M.D.*

Address *Eldersburg Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.