

CERTIFICATE OF DEATH

CLASS NO.

NO. OF RECORD

36329

CENSUS TRACT NO.

DISTRICT OF COLUMBIA HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS

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| <p>1. PLACE OF DEATH:</p> <p>(a) Street address <u>201 Park Blvd.</u></p> <p>(b) Name of hospital <u>Silver Hill Park, Md.</u> or institution</p> <p>(c) Length of stay: In hospital or institution</p> <p>(d) In District of Columbia</p> | <p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Maryland</u> (b) County</p> <p>(c) City or town <u>Silver Hill Park</u>
<small>(If outside city or town limits write RURAL)</small></p> <p>(d) Street address <u>201 Park Boulevard</u>
<small>(If rural give location)</small></p> <p>(e) If foreign born, how long in U. S. A.? years</p> |
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3. (a) FULL NAME (Print) Egbert H. Duke

3. (b) SOCIAL SECURITY NO.

3. (c) IF VETERAN, NAME WAR

4. SEX: <u>Malw</u>	5. COLOR OR RACE <u>White</u>	6. (a) SINGLE, MARRIED, WIDOWED, DIVORCED <u>Divorced</u>
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6. (b) NAME OF HUSBAND OR WIFE Edna R. Duke

7. BIRTH DATE OF DECEASED May 27, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If LESS than one day.....hr. min.
	<u>69</u>	<u>69</u>	<u>11</u>	<u>12</u>

9. BIRTHPLACE Virginia
(City, town or county) (State or foreign country)

10. USUAL OCCUPATION None

11. INDUSTRY OR BUSINESS

12. NAME (Print) Unknown

13. BIRTHPLACE Va.
(City, town, or county) (State or foreign country)

14. MAIDEN NAME (Print) Unknown

15. BIRTHPLACE Va.
(City, town, or county) (State or foreign country)

16. (a) INFORMANT Horace A. Duke

(b) ADDRESS 201 Park Blvd. Silver Hill

(c) RELATION OF INFORMANT TO DECEDENT Son

17. (a) PLACE OF BURIAL, CREMATION, OR REMOVAL
Congressional Cemetery

(b) DATE May 12, 1942
(Month) (Day) (Year)

(a) W. W. Chamber Co.
(Signature of funeral director)

(b) ADDRESS 517 11th Street, S. E.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10th, 1942
(Month) (Day)

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.

Immediate cause of death <u>Congestive Heart Failure</u>	DURATION
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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 L. O. Minear, Local Reg. M.D.

Address Suitland, Md. 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 registration may be found on the other side.