

R103/231

# CERTIFICATE OF DEATH

CLASS NO.

NO. OF RECORD

CENSUS TRACT NO.

[ ]

1942 AUG 14 AM 10 27

36655

DISTRICT OF COLUMBIA HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS

- |   |  |
|---|--|
| <p>1. PLACE OF DEATH:</p> <p>(a) Street address _____</p> <p>(b) Name of hospital or institution <u>Wash. Senit.</u></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>md.</u> (b) County <u>Pa. geo.</u></p> <p>(c) City or town <u>Berwyn</u> (If outside city or town limits write RURAL)</p> <p>(d) Street address <u>P. 7. 10 #1</u> (If rural give location)</p> <p>(e) If foreign born, how long in U. S. A.? _____ years</p> |
|---|--|

3. (a) FULL NAME (Print) AGNES ELISKA FLYNN

3. (b) SOCIAL SECURITY NO. none

3. (c) IF VETERAN, NAME WAR none

4. SEX:	5. COLOR OR RACE	6. (a) SINGLE, MARRIED, WIDOWED, DIVORCED
<u>F</u>	<u>W</u>	<u>married</u>

6. (b) NAME OF HUSBAND OR WIFE James A. Flynn

7. BIRTH DATE OF DECEASED Mar. 11 1907  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If LESS than one day...hr. ....min.
	<u>35</u>			

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

10. USUAL OCCUPATION Housewife

11. INDUSTRY OR BUSINESS Own home

12. NAME (Print) JOHN K. PICKETT

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

14. MAIDEN NAME (Print) KATHERINE JEMISON

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

16. (a) INFORMANT James A. Flynn

(b) ADDRESS P. 7. 10 #1, Berwyn, md.

(c) RELATION OF INFORMANT TO DECEDENT Husband

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

(b) DATE Aug. 15, 1942  
(Month) (Day) (Year)

18. (a) W. W. Chambers Co.  
(Signature of funeral director)

(b) ADDRESS Reverdale, md.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8-13-42 19\_\_\_\_  
(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 _____	DURATION
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Due to \_\_\_\_\_

Due to metastatic carcinoma

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 signed by

23. SIGNATURE DR. HENRY S. BROWN M.D.

Address Tak. Pk. md. Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

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 remarks may be found on the other side.