

CERTIFICATE OF DEATH

CLASS NO.

NO. OF RECORD

36206

CENSUS TRACT NO.

DISTRICT OF COLUMBIA HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH: (a) Street address Takoma Park, Md. (b) Name of hospital or institution Wash. Sant. (c) Length of stay: In hospital or institution _____ (d) In District of Columbia _____

2. USUAL RESIDENCE OF DECEASED: (a) State D.C. (b) County _____ (c) City or town Washington (If outside city or town limit, write RURAL) (d) Street address 5728 Bnd. Pl. N.W. (If rural give location) (e) If foreign born, how long in U. S. A.? _____ years

3. (a) FULL NAME (Print) Bradley Hutt Sr.

3. (b) SOCIAL SECURITY NO. _____

3. (c) IF VETERAN, NAME WAR _____

4. SEX: M. 5. COLOR OR RACE: W. 6. (a) SINGLE, MARRIED, WIDOWED, DIVORCED: Married

6. (b) NAME OF HUSBAND OR WIFE: Mettie

7. BIRTH DATE OF DECEASED: Apr. 3, 1880 (Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 4 If LESS than one day _____ hr. _____ min.

9. BIRTHPLACE: Montross, Va. (City, town, or county) (State or foreign country)

10. USUAL OCCUPATION: Watchman

11. INDUSTRY OR BUSINESS: Wilmoth Paving Co.

12. NAME (Print): J. Warren Hutt

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

14. MAIDEN NAME (Print): Elizabeth Carlson

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

16. (a) INFORMANT: Hospit. Records

(b) ADDRESS _____

(c) RELATION OF INFORMANT TO DECEDENT _____

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

(b) DATE: Apr. 10, 1942 (Month) (Day) (Year)

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

(b) ADDRESS: 1400 Chasin N.W.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 7, 1942 (Month) (Day) (Year) at _____ (State exact time of death) m.

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: Cerebral Hemorrhage DURATION _____

Due to _____ Due to _____

Other conditions _____

(Include report of pregnancy within 3 months of death)

OPERATION: _____

Name _____ Date _____

Major findings _____

Autopsy findings _____

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: Robert A. Hare M.D. Address: Takoma Park, Md. Date signed: 4-7-42

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 remarks may be found on the other side.