

R98/340

CERTIFICATE OF DEATH

CLASS NO.

NO. OF RECORD

36609

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>Upper Marlboro, Pr. Geo.</u></p> <p>(b) Name of hospital or institution <u>Maryland</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>Maryland</u> (b) County <u>Pr. Geo.</u></p> <p>(c) City or town <u>Upper Marlboro</u>
<small>(If outside city or town limits write RURAL)</small></p> <p>(d) Street address _____
<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) Retta Frances Klugg

3. (b) SOCIAL SECURITY NO. _____

3. (c) IF VETERAN, NAME WAR _____

4. SEX: <u>Female</u>	5. COLOR OR RACE <u>White</u>	6. (a) SINGLE, MARRIED, WIDOWED, DIVORCED <u>Widow</u>
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6. (b) NAME OF HUSBAND OR WIFE Andrid Klugg

7. BIRTH DATE OF DECEASED June 17, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If LESS than one day _____ hr. _____ min.
	<u>75</u>			

9. BIRTHPLACE Camp Springs, Md.
(City, town or county) (State or foreign country)

10. USUAL OCCUPATION None

11. INDUSTRY OR BUSINESS _____

Father { 12. NAME (Print) Allen
13. BIRTHPLACE Md.
(City, town, or county) (State or foreign country)

Mother { 14. MAIDEN NAME (Print) Unknown
15. BIRTHPLACE Md.
(City, town, or county) (State or foreign country)

16. (a) INFORMANT Ollie Manion

(b) ADDRESS Oxon Hill, Md. Rt. #2, Box #40

(c) RELATION OF INFORMANT TO DECEDENT Daughter

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

Congressional Cemetery

(b) DATE July 30, 1942
(Month) (Day) (Year)

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

(b) ADDRESS 517-11th St. S. E.

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28, 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>Carcinoma</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 R. Ernest Smith-Loc. Rep.

Address Upper Marlboro, Md. Date signed 7/29/42

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.