

V. S. No. 1 DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS - se43. Printed 03/29/2023. MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

¹ PLACE OF DEATH
County 2d.

02199

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 254

Village or City Quantown (No. _____)

St. _____ Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

²FULL NAME Mary Isabelle Prath

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR-DIVORCED (Write the word) Widow

6 DATE OF BIRTH Dec 8 - 1850
(Month) (Day) (Year)

7 AGE 80 yrs. 2 mos. 12 ds. or _____ min.?
If LESS than 1 day _____ hrs.

8 OCCUPATION (a) Trade, profession or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed or (employer) _____

9 BIRTHPLACE (State or country) Maryland

10 NAME OF FATHER John W. Shawley

11 BIRTHPLACE OF FATHER (State or country) md.

12 MAIDEN NAME OF MOTHER Isabelle Boone

13 BIRTHPLACE OF MOTHER (State or Country) md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr. Wm Prath
(Address) Rockville md

15 Filed 2-20-1931 Helen M Aldridge
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb - 20 - 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended the deceased from Feb 1 1931 to Feb 20 1931 that I last saw her alive on Feb 19 1931 and that death occurred on the date stated above, at 1452 m.
The CAUSE OF DEATH * was as follows:
Cerebral thrombosis

(Duration) _____ yrs. _____ mos. 2 ds.

Contributory Secondary
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Samuel Price M. D.
220 1931 (Address) Quantown

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Centreville md DATE OF BURIAL 2-22-1931

20 UNDERTAKER Robt W Collins ADDRESS Centreville md