HEALTH DEPARTMENT—CITY OF BALTIMORE

C89125   64   C89125

CERTIFICATE OF DEATH

1 PLACE OF DEATH   REGISTERED NO. C

CITY OF BALTIMORE (No. 1110 Etting   ST.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME   Joseph L Johnson

(Residence in Baltimore: No. 1110 Etting   St: 25 yrs. ___ mos. ___ ds.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3 SEX   Male

4 COLOR OR RACE   Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED   Married
(Write the word)

6 DATE OF BIRTH   unknown, 1
(Month) (Day) (Year)

7 AGE   80 yrs. ___ mos. ___ ds.
If LESS than 1 day, ___ hrs. or ___ min.?

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

9 BIRTHPLACE (State or country)   Maryland

10 NAME OF FATHER   Jos. L Johnson Sr.

11 BIRTHPLACE OF FATHER (State or country)   Maryland

12 MAIDEN NAME OF MOTHER   Mos Johnson

13 BIRTHPLACE OF MOTHER (State or country)   Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)   Joseph L Johnson Jr
(Address)   1110 Etting St

15   OCT 26 1915 Filed ___, 191
ROBERT KRAUTER
Burial Permit Clerk
REGISTRAR

16 DATE OF DEATH   Oct. 24, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1915 to Oct 24 1915
that I saw him alive on Oct 23 1915
and that death occurred, on the date stated above, at 12:45 p.m.
The CAUSE OF DEATH* was as follows:

Apoplexy & paralysis

(Duration) 14 days yrs. mos. ds

Contributory (SECONDARY)   Senitis
(Duration) 14 days yrs. mos. ds.

(Signed) Carter N Cook M.D.
Oct 24, 1915 (Address) 1107 W Lanvale St

*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   Laurel Cemetery   DATE OF BURIAL   OCT 26 1915

20 UNDERTAKER   Samuel W Hemsley   ADDRESS   578 W Biddle

N. B.—Every item of information should be carefully supplied. AGE 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.