

STATE OF MARYLAND—CERTIFICATE OF DEATH

06524

1. PLACE OF DEATH

County Cecil Registration Dist. No. 96
 Village or City Principis No. _____ St. _____ Wa _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Mr Thomas Reynolds not a Veteran
 (a) Residence: No. _____ St. _____ Ward. Principis Furna
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5a. If married, widowed, or divorced HUSBAND of <u>Alphons B Howell</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>July 10 1861</u>		
7. AGE	Years <u>73</u>	Months <u>11</u> Days <u>12</u> If LESS than 1 day _____ hrs. or _____ min.
OCCUPATION.	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Ironworker</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Iron Works</u>	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Along Detriess Creek</u> (State or country) <u>Pennsylvania</u>		
FATHER	13. NAME <u>Levi Reynolds</u>	
	14. BIRTHPLACE (city or town) <u>Paradise, Pa</u> (State or country)	
MOTHER	15. MAIDEN NAME <u>Margaret Reynolds</u>	
	16. BIRTHPLACE (city or town) <u>Pennsylvania</u> (State or country)	
17. INFORMANT <u>Earl Reynolds</u> (Address) <u>North East Md</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>St Marys North East</u> Date <u>June 25 1935</u>		
19. UNDERTAKER <u>Joseph P. Leander</u> (Address) <u>North East Md</u>		
20. FILED <u>74</u> 19 <u>35</u> <u>20</u> <u>H. Sanders</u> Register		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 22 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 20 1935 to June 22 1935
 I last saw Tom alive on June 18 1935; death is or was thought to have occurred on the date stated above, at 11:30 P.M.
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Chronic Tubercular Heart Disease Date of onset 1912

Other Contributory Causes of Importance:
General Atherosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county and State)
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) J. F. Magraw M.
 (Address) Perryville, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.