03314

STATE OF MARYLAND
CERTIFICATE OF DEATH

¹PLACE OF DEATH

County **Kent**

Registration Dist. No. **202**

(95-8)

WITHIN CORPORATE LIMITS OF

Village or City **Chestertown** (No. _____

St.: _____ Ward)

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

²FULL NAME **Wesley Broadway**

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3 SEX **Male**

4 COLOR OR RACE **Col.**

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

16 DATE OF DEATH **3** (Month) **17** (Day) **1931** (Year)

6 DATE OF BIRTH **unknown** (Month) _____ (Day) **1857** (Year)

17 I HEREBY CERTIFY, That I attended the deceased from **5-12** 1931 to **5-15** 1931.

that I last saw her alive on **5-15-31**, 1931.

and that death occured on the date stated above, at **11-15 P** m.

7 AGE **74** yrs. **unknown** mos. _____ ds. If LESS than 1 day _____ hrs. or _____ min.?

The CAUSE OF DEATH was as follows: **Organic heart trouble**

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

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

9 BIRTHPLACE (State or country) **Md**

Contributory Secondary _____

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

PARENTS

10 NAME OF FATHER **— Broadway**

(Signed) **H P Copeland** M.D.

5-21-31 (Address) **Chestertown**

11 BIRTHPLACE OF FATHER (State or country) **Md**

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

12 MAIDEN NAME OF MOTHER **unknown**

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

13 BIRTHPLACE OF MOTHER (State or country) **"**

At place of death _____ yrs. _____ mos. _____ ds.   In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Former or usual residence _____

(Informant) **Mary Broadway**

(Address) **Chestertown Md**

19 PLACE OF BURIAL OR REMOVAL **Chestertown Md**

DATE OF BURIAL **Mar 22 1931**

15 Filed **Mar 22 1931** **W T Hicks** Registrar

20 UNDERTAKER **W T Hicks**

ADDRESS **Chestertown Md**