VALID ONLY WITH IMPRESSED SEAL

DATE ISSUED: APR 2 1 2004

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS

Geneva D. Sparks
STATE REGISTRAR OF VITAL RECORDS

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2004 10170

1- For State Registrar

Reg. No.

1. Decedent's Name (First, Middle, Last): LAWRENCE A. THOMPSON, Jr

2. Date of Death (Month, Day, Year): FEB. 26, 2004

3. Time of Death: 2:35 PM

4a. Facility Name (If not institution, give street and number): 616 9th Street

4b. City, Town, or Location of Death: Laurel

4c. County of Death: PRINCE GEORGES

5. Social Security Number: 220-28-6217

6. Sex: 1☐M 2☐F

7. Age (In yrs. last birthday): 70 Yrs.

If Under 1 Year: Months / Days

If Under 24 Hrs.: Hours / Min.

8. Date of Birth (Month, Day, Year): Jan. 12, 1934

9. Birthplace (State or Foreign Country): Maryland

Usual Residence of Decedent

10a. State: MD

10b. County: Pr. Geo.

10c. City, Town or Location: Laurel

10d. Inside City Limits: 1☑Yes 2☐No

10e. Street and Number: 616 9th Street

10f. Zip Code: 20707

10g. Citizen of What Country?: U.S.A.

11. Marital Status: 1☒Never Married 2☐Married 3☐Widowed 4☐Divorced

12. Was Decedent Ever in U.S. Armed Forces? 1☐Yes 2☐No If Yes, Give Year or Dates: 56-58

13. Was Decedent of Hispanic Origin? (Specify Yes or No - If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1☐Yes 2☒No Specify:

14. Race - American Indian, Black, White, etc. Specify: Black

15. Decedent's Education (Specify only highest grade completed)

Elementary/Secondary (0-12): 12th

College (1-4 or 5+):

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired): Laborer

16b. Kind of Business/Industry: Citizens Nat'l Bank

17. Father's Name (First, Middle, Last): Lawrence A. Thompson, Sr.

18. Mother's Name (First, Middle, Maiden Surname): Alice Clark

19a. Informant's Name/Relationship (Type, Print): Nancy Daniels (Niece)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code): 226 Sweet Pine Dr., Laurel, MD 20724

20a. Method of Disposition: 1☒Burial 2☐Cremation 3☐Removal from State 4☐Donation 5☐Other (Specify)

20b. Place of Disposition (Name of cemetery, crematory or other place): Maryland Vet.Cem.

Date: 3/4/2004

20c. Location - City or Town, State: Crownsville, MD

21. Signature of Funeral Service Licensee: Barry R. Snowden

22. Name and Address of Facility: Snowden Funeral Home, PA 246 N Washington St Rockville, MD 20850

23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one place on each line.

Immediate Cause (Final disease or condition resulting in death): a. CORONARY ARTERY DISEASE

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last:

b. Due to (or as a consequence of):

c. Due to (or as a consequence of):

d. Due to (or as a consequence of):

Approximate Interval Between Onset and Death: YEARS

If FEMALE, 23h. Was decedent pregnant in the past 12 months? 1☐Yes 2☐No 9☐Unknown

23c. If yes, outcome of pregnancy: 1☐Live birth 2☐Fetal death 3☐Ectopic pregnancy 4☐Pregnant at time of death 5☐Other (Specify) 9☐Unknown

23d. Date of delivery: Month Day Year

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Carcinoma of Prostate

Carcinoma of Pharynx

23e. Did tobacco use contribute to the cause of death? 1☐Yes 2☐No 3☐Probably 4☐Unknown

24a. Was an autopsy performed? 1☐Yes 2☒No

24b. Were autopsy findings available prior to completion of cause of death? 1☐Yes 2☒No

25. Was case referred to medical examiner? 1☐Yes 2☒No

26. Place of Death (Check only one): Hospital: 1☐Inpatient 2☐ER/Outpatient 3☐DOA Other: 4☐Nursing Home 5☐Residence 6☐Other (Specify)

27. Manner of Death: 1☒Natural 2☐Accident 3☐Suicide 4☐Homicide 5☐Pending investigation 6☐Could not be determined

28a. Date of Injury (Month, Day, Year)

28b. Time of Injury

28c. Injury at Work? 1☐Yes 2☐No

28d. Describe how injury occurred

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one): 1☒Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2☐Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier: ▶ R.G. Bhujraj MD

29c. License number: D23181

29d. Date signed (Month, Day, Year): March 1, 2004

30. Name and address of person who completed cause of death (Item 23a) (Type, Print): R.G. Bhujraj 704 Gorman Ave Laurel, MD 20707

31. Date filed (Month, Day, Year): APR 02 2004

32. Registrar's Signature