

MARGIN RESERVED FOR BINDING

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

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.

V. S. No. 1.

1 PLACE OF DEATH

County Ua Co

0220 186

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registered No. 21

Village or City Annapolis 2nd (No.) St.; Ward)

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

2 FULL NAME John Snowden

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE B 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH June 16, 1890
(Month) (Day) (Year)

7 AGE 28 yrs. 10 mos. 18 ds. If LESS than 1 day, hrs. OR min. ?

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

9 BIRTHPLACE (State or country) Annapolis Md

10 NAME OF FATHER Henry Snowden

11 BIRTHPLACE OF FATHER (State or country) Ua Co Md

12 MAIDEN NAME OF MOTHER Antia Jones

13 BIRTHPLACE OF MOTHER (State or country) Ua Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sheriff Record
(Address)

16 Filed March 1, 1919 Wm S Welch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 2 28, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 28 1919 to Feb 28 1919, that I last saw him alive on Feb 28 1919 and that death occurred on the date stated above, at 7 a. m. The CAUSE OF DEATH* was as follows:

Legalized Execution by hanging
(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) J J Murphy, M. D.
(Address) Annapolis, 191

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF 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 Drews Hill An DATE OF BURIAL March 2, 1919

20 URBERTAKER J A Adams Annapolis ADDRESS

NI If more blanks are needed, address State Registrar, 6 Franklin St., Balto., Requesting V. S. No. 1.