

# STATE OF MARYLAND—CERTIFICATE OF DEATH

08210

**1. PLACE OF DEATH**

County Wts Registration Dist. No. 214  
 Village or City Burnt Mills No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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**

John Westly Lancaster  
 (a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) If nonresident give city or town and State

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>Colored</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> <small>(write the word)</small> <u>Widowed</u>
<b>5a. If married, widowed, or divorced</b> HUSBAND of (or) WIFE of <u>Harriet Lancaster</u>		
<b>6. DATE OF BIRTH</b> (month, day, and year)		
<b>7. AGE</b>	Years	Months
<u>91</u>	<u>7</u>	<u>1</u>
	Days	
	If LESS than 1 day, _____ hrs. or _____ min.	
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.</b> <u>Carpenter</u>	
	<b>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</b>	
	<b>10. Date deceased last worked at this occupation</b> (month and year) <u>1925</u>	<b>11. Total time (years) spent in this occupation</b>

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH**

Aug 19, 1933  
(Month) (Day) (Year)

**22. I HEREBY CERTIFY, That I attended deceased from**

Jan 15, 1924, to Aug 19, 1933  
(Last saw him alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ a.m.)  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<u>Myocarditis</u>	Date of onset <u>1925</u>
Other Contributory Causes of importance:	
<u>Arteriosclerosis</u>	<u>1924</u>

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?** No.  
 If so, specify \_\_\_\_\_  
 (Signed) W. R. Haynes M. D.  
 (Address) 8512 Geo. Ave. Liberty Springs Md.

<b>FATHER</b>	<b>12. BIRTHPLACE</b> (city or town) (State or country) <u>Fairland Md.</u>
	<b>13. NAME</b> <u>Wm Lancaster</u>
<b>MOTHER</b>	<b>14. BIRTHPLACE</b> (city or town) (State or country) <u>Md.</u>
	<b>15. MAIDEN NAME</b> <u>Lucie Free</u>
	<b>16. BIRTHPLACE</b> (city or town) (State or country) <u>Md.</u>
	<b>17. INFORMANT</b> (Address) <u>John Westly Lancaster Jr.</u>
<b>18. BURIAL, CREMATION, OR REMOVAL</b>	
Place <u>Good Hope, Md.</u> Date <u>Aug 22</u> , 19 <u>33</u>	
<b>19. UNDERTAKER</b> (Address) <u>Geo. Snowden</u>	
<u>Rockville Md.</u>	
<b>20. FILED</b> <u>Aug 21</u> , 19 <u>33</u> <u>J. E. Winters</u> <small>Register</small>	

MARGIN RESERVED FOR BINDING

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.