

MAINTAIN RESERVED FOR BINDING

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

V. S. No. 1.

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.

1 PLACE OF DEATH
 County Queen Annes **12879**
 Village or City Crumpton (No., St.; Ward) Registered No. 205
 2 FULL NAME John Embury Williamson

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 (Write the word)

6 DATE OF BIRTH November 27, 1841
 (Month) (Day) (Year)

7 AGE 79 yrs. 9 mos. 4 ds. If LESS than 1 day, hrs. OR min. ?

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

9 BIRTHPLACE (State or country) Maryland

PARENTS
 10 NAME OF FATHER Unknown
 11 BIRTHPLACE OF FATHER (State or country) Unknown
 12 MAIDEN NAME OF MOTHER Kitty Ann Smith
 13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Leona Biddle
 (Address) Crumpton, Md.

15 Filed Sept 1, 1921 J. W. Slack REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 31, 1921
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1921, to Aug 31, 1921, that I last saw him alive on Aug 30, 1921

and that death occurred on the date stated above, at 2:30 a. m.
 The CAUSE OF DEATH* was as follows:
arterio Sclerosis

(Duration) Several years yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) J. W. Slack, M. D.
Sept 1, 1921 (Address) Crumpton, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or 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 Crumpton Cemetery DATE OF BURIAL Sept 2, 1921
 20 UNDERTAKER Sparks & Good ADDRESS Crumpton Md