

Name  
in  
Full

Anna Brewer

18

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died in <sup>Town</sup> 14 <sup>th</sup> District <sup>County</sup> Howard		MARYLAND	
Date of death 1940 May 9 <sup>th</sup>	Age 76	Months 11	Days no
Sex female	Color or Race white	Birth-place Germany	
Occupation housewife	Where Residing if not at place of death resided at place of death		
Married, Single or Widowed widowed	Name of Wife or Husband Albert Brewer		
Father's Name John Henry Meyer	Father's Birthplace Germany		
Mother's Maiden Name Margaret Elizabeth Meyer	Mother's Birthplace Germany		
Name of person giving information Mrs. E. K. Holtz	How related to deceased mother		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary Heart disease, & debility from age	How long one year
Immediate same	How long same
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Arthur Williams
	Address Elk Ridge Md
Accident or Suicide no	



Name in Full

Harriette  
Mary H. Burke

12

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Ellicott</u> Town		<u>Howard</u> County		MARYLAND	
Date of death	19 <u>80</u>	Month	<u>May</u>	Day	<u>16</u>
Age	<u>38</u>	Years		Months	<u>00</u>
Sex	<u>Female</u>	Color of Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>House Wife</u>		Where Residing if not at place of death <u>Ellicott city</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Martin T. Burke</u>		
Father's Name	<u>John Sweeney</u>		Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Margaret Castello</u>		Mother's Birthplace	<u>Maryland</u>	
Name of person giving Information	<u>Martin T. Burke</u>		How related to deceased	<u>Husband</u>	

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary	<u>Phthisis Pulmonalis</u>	How long	<u>27</u>
Immediate	<u>Arteriosclerosis</u>	How long	<u>28</u> ✓
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. M. O. Rogers, M.D.</u>
		Address	<u>Ellicott city Md</u>
Accident or Suicide			



*W.B.*

Name  
in  
Full

Margaret Craunse

CERTIFICATE OF DEATH

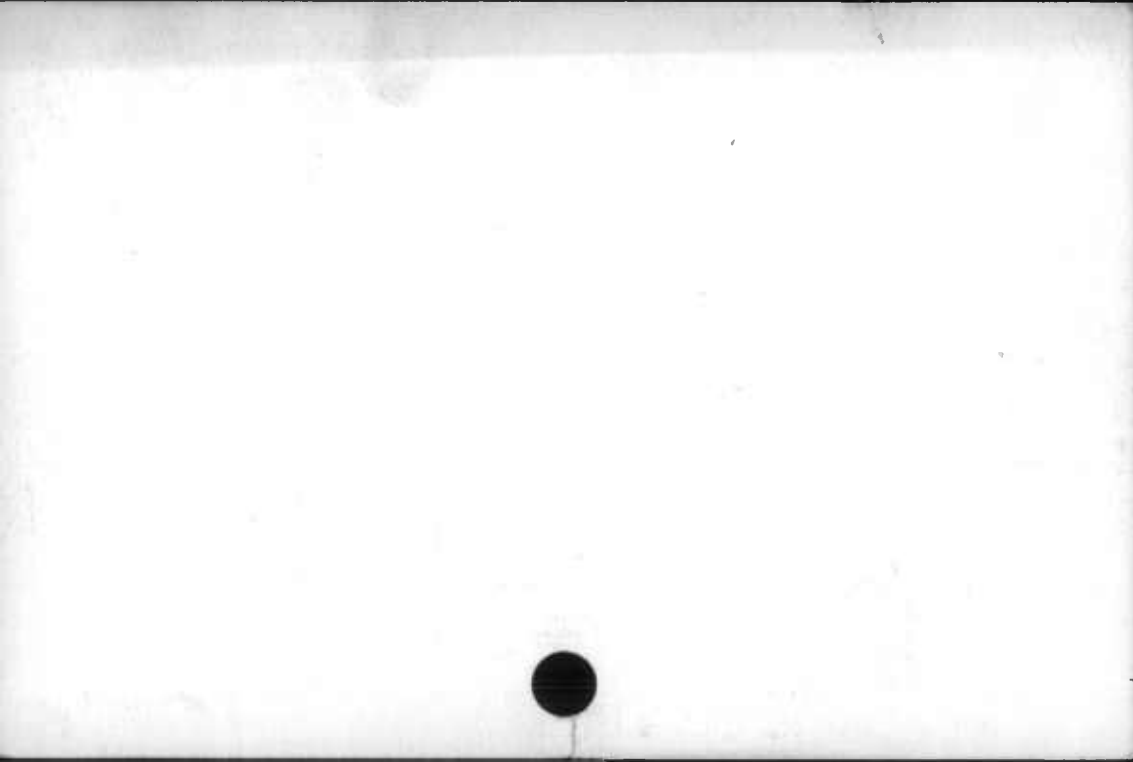
Died at near Laurel <sup>Town</sup> Howard <sup>County</sup> MARYLANDDate of death 1940 <sup>Month</sup> May <sup>Day</sup> 30 <sup>Age</sup> 31 <sup>Years</sup> 5 <sup>Months</sup> 15 <sup>Days</sup>Sex Female <sup>Color or Race</sup> White <sup>Birth place</sup> New YorkOccupation Housewife <sup>Where Residing if not at place of death</sup>Married, Single or Widowed yes <sup>Name of Wife or Husband</sup> Eli CraunseFather's Name Mr. Alford <sup>Father's Birthplace</sup>Mother's Maiden Name Mrs. Bertison <sup>Mother's Birthplace</sup> N. Y.Name of person giving Information Eli Craunse <sup>How related to deceased</sup> Husband

## CAUSES OF DEATH

Primary Pernicious Anemia <sup>How long</sup> 6 moImmediate Heart failure <sup>How long</sup> ~~10 min~~Are the name, age, sex, color, date and place correctly given above? yes <sup>Signature of Physician</sup> W. F. Taylor, M.D.<sup>Address</sup> Laurel Md

Accident or Suicide 72-4

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

James F. Edelin

13  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fulton</i>		Town		<i>Hovans'</i>		County		MARYLAND	
Date of death <i>1950</i>		Month <i>May</i>		Day <i>8</i>		Age <i>69</i>		Years <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>					
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>Fulton</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Mary E. Brown</i>							
Father's Name <i>Jas. Edelin</i>		Father's Birthplace <i>Md</i>							
Mother's Maiden Name <i>Olivia Wilson</i>		Mother's Birthplace <i>Md</i>							
Name of person giving information <i>Walter Murphy</i>		How related to deceased <i>None</i>							

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Chronic Nephritis</i>	How long <i>120</i>	<i>one year</i>
	Immediate <i>Edema of Lungs</i>	How long <i>3 days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. N. L. Cissel</i>	
		Address <i>Highland, Md.</i>	
Accident or Suicide			





Name in Full

Eliza to the Frank

15

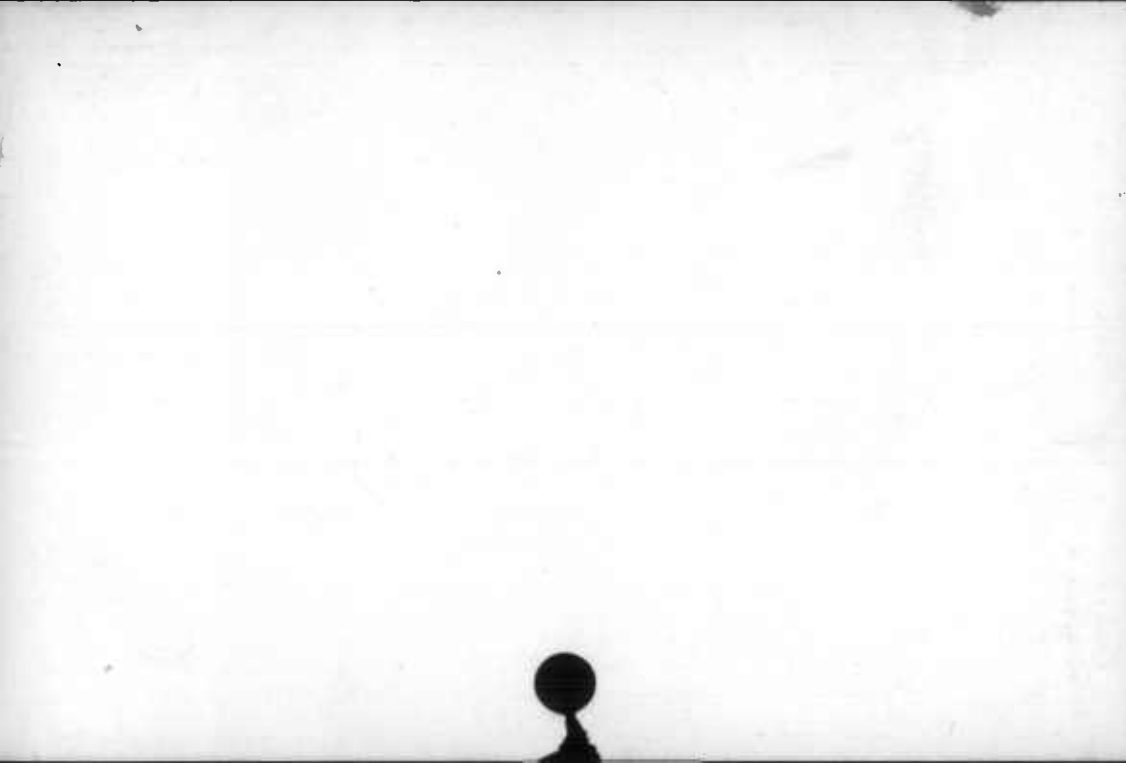
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Ellicott City		County Howard		MARYLAND	
Date of death		1900	Month May	Day 8	Age	Years 52	Months no
Sex		Female		Color or Race		White	
Occupation		Housekeeper		Where residing if not at place of death		no	
Married, Single or Widowed		Widow		Name of Wife or Husband		Geo. Frank	
Father's Name		Christian Bettberg		Father's Birthplace		Germany	
Mother's Maiden Name		Maria Zabel		Mother's Birthplace		Germany	
Name of person giving Information		R. C. Sperry		How related to deceased		no	

## CAUSES OF DEATH

Primary	Acute indigestion	How long	2 hrs
Immediate	Cerebral hemorrhage	How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		R. C. Sperry	
Address		Ellicott City	
Accident or Suicide			



Name  
in  
Full

Thomas French

15

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Elliott City</i>		<sup>County</sup> <i>Howard</i>		MARYLAND	
Date of death	19 <i>90</i>	Month	<i>May</i>	Day	<i>26</i>
Age	<i>79</i>	Years	<i>3</i>	Months	<i>20</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ireland</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>Columbia Howard Co</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mary French</i>		
Father's Name	<i>Thomas French</i>		Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Don't Know</i>		Mother's Birthplace	<i>Ireland</i>	
Name of person giving Information	<i>Thomas French</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

Primary	<i>Senile degeneration</i>	How long	<i>120</i> ✓
Immediate	<i>Nephritis, Arteriosclerosis</i>	How long	<i>---</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Mr. M. D. Hoque</i>
		Address	<i>Elliott City Md</i>
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel Green

4  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Elk Ridge Town Howard County **MARYLAND**

Date of death 1960 Month May Day 5<sup>th</sup> Age 80 Years Months Days

Sex Male Color or Race color Birth-place Virginia

Occupation Labor Where Residing if not at place of death Elk Ridge

Married, Single or Widowed Widower Name of Wife or Husband Not known

Father's Name Not known Father's Birthplace

Mother's Maiden Name Not known Mother's Birthplace

Name of person giving Information Mrs. Barrett How related to deceased

PHYSICIAN  
OR CORONER

Old age CAUSES OF DEATH 154

Primery Exposure How long Not at all

Immediate

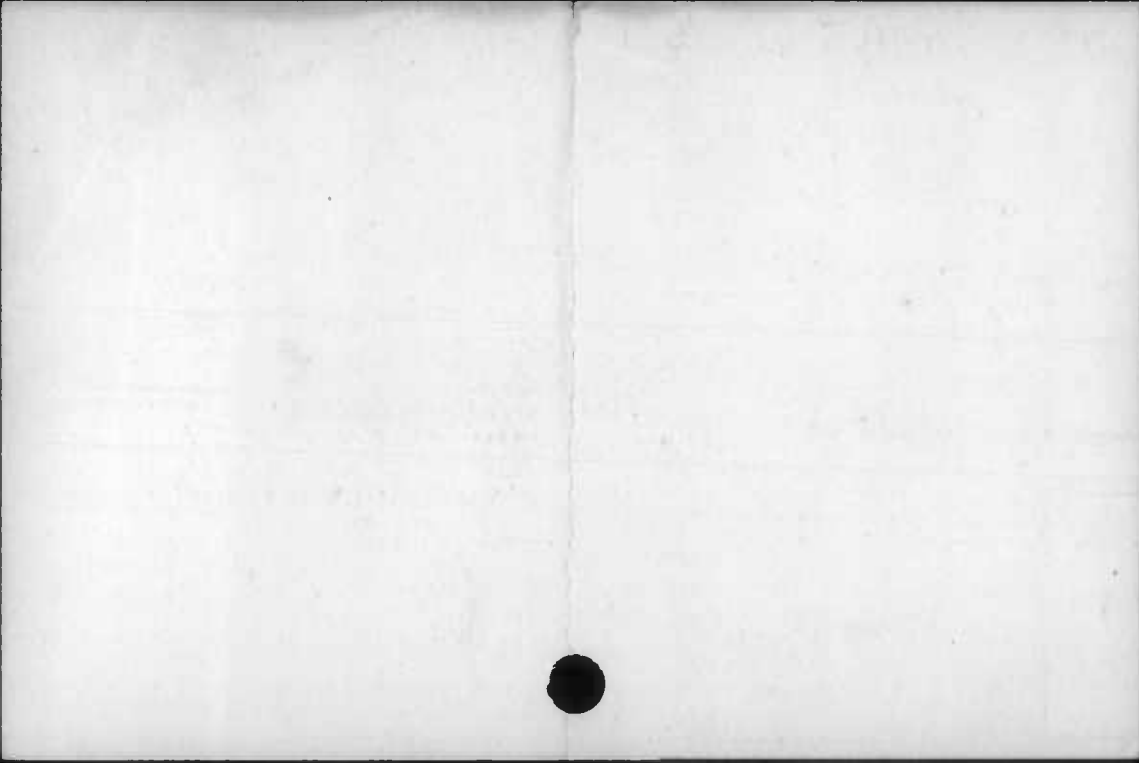
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician T. S. Shimamura Address Elk Ridge

Accident or Suicide Sudden death Acton Cormor



Name in Full		Town				County		STATE	
Wm Henry Hall		Glenwood				Howard		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died near		Date of death		Age		Months		Days
	near Glenwood		1900 May 10		16		3		
	Sex		Color or Race		Birth-place				
	Male		negro		Md.				
	Occupation				Where Residing if not at place of death				
	Farm-Labourer				The same				
	Married, Single or Widowed		Name of Wife or Husband						
Single		none							
Father's Name				Father's Birthplace					
John J. F. Hall				Md.					
Mother's Maiden Name				Mother's Birthplace					
Mary Eliza Scott				Md.					
Name of person giving information				How related to deceased					
Mary Eliza Hall				Mother					
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Cerebral meningitis		How long		4 days		
	Immediate		The same		How long				
	Are the name, age, sex, color, date and place correctly given above?			Yes		Signature of Physician			
						J. W. Lacy			
Address					Lisbon Md.				
Accident or Suicide?									





Name  
in  
Full

Louis C. Haslup.

18  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Jessups.</i>		Town		County		MARYLAND	
Date of death 1960		Month	Day	Age	Years	Months	Days
		<i>May</i>	<i>19<sup>th</sup></i>	<i>65</i>		<i>5</i>	<i>18</i>
Sex		Color or Race		Birth-place			
<i>Male.</i>		<i>white</i>		<i>Wash. D. C.</i>			
Occupation				Where Residing if not at place of death			
<i>Farming.</i>							
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband					
<i>Married</i>		<i>J. Edmonia M. Haslup -</i>					
Father's Name		Father's Birthplace					
<i>Louis H. Haslup.</i>		<i>Howard Co.</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Ann Mary Minnix</i>		<i>Va</i>					
Name of person giving Information		How related to deceased					
<i>Chas. W. Haslup</i>		<i>brother -</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Cerebral hemorrhage</i>	How long	<i>Five days.</i>
	Immediate	<i>Collapse.</i>	How long	<i>one hour.</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>Chas. C. Tumbleton</i>
	Address	<i>Guilford</i>	<i>md.</i>	
	Accident or Suicide	<i>Neither</i>		

Private Burial Ground,  
at Springfield Junction

Jos. B. Cook.  
Balto Md.

Name  
in  
Full

Charles Jackson

6  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at Elk Ridge <sup>over</sup> Howard County MARYLAND

Date of death 1900 Month 5 Day 5 Age 14 Years Months 2 Days 5

Sex Male Color or Reca Calced Birth-place Md

Occupation none Where Residing if not at place of death at home

Married, Single or Widowed Name of Wife or Husband

Father's Name Louis Jackson Father's Birthplace Md

Mother's Maiden Name Mary Franklin Mother's Birthplace Md

Name of person giving Information Louis Jackson How related to deceased Father

## CAUSES OF DEATH

Primary Rheumatism How long 4 1/2 years

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Harrison Tompkins

Address Elk Ridge Md

Accident or Suicida



Name in Full

Mary McCauley

3  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Edridge Md Howard County

MARYLAND

Date of death 1960 May 19 Age 32 Months 2 Days —

Sex Female Color or Race white Birth-place Howard Co

Occupation Electrical Appliances Where Residing if not at place of death Edridge

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name William McCauley Father's Birthplace Howard Co

Mother's Maiden Name Eliza Ray Mother's Birthplace "

Name of person giving Information Billie McCauley How related to deceased sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Influenza with Pneumonia How long 4 days

Immediate same How long same

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Arthur Williams  
Address Edridge

Accident or Suicide no



Name  
in  
Full

James Hiram Mara

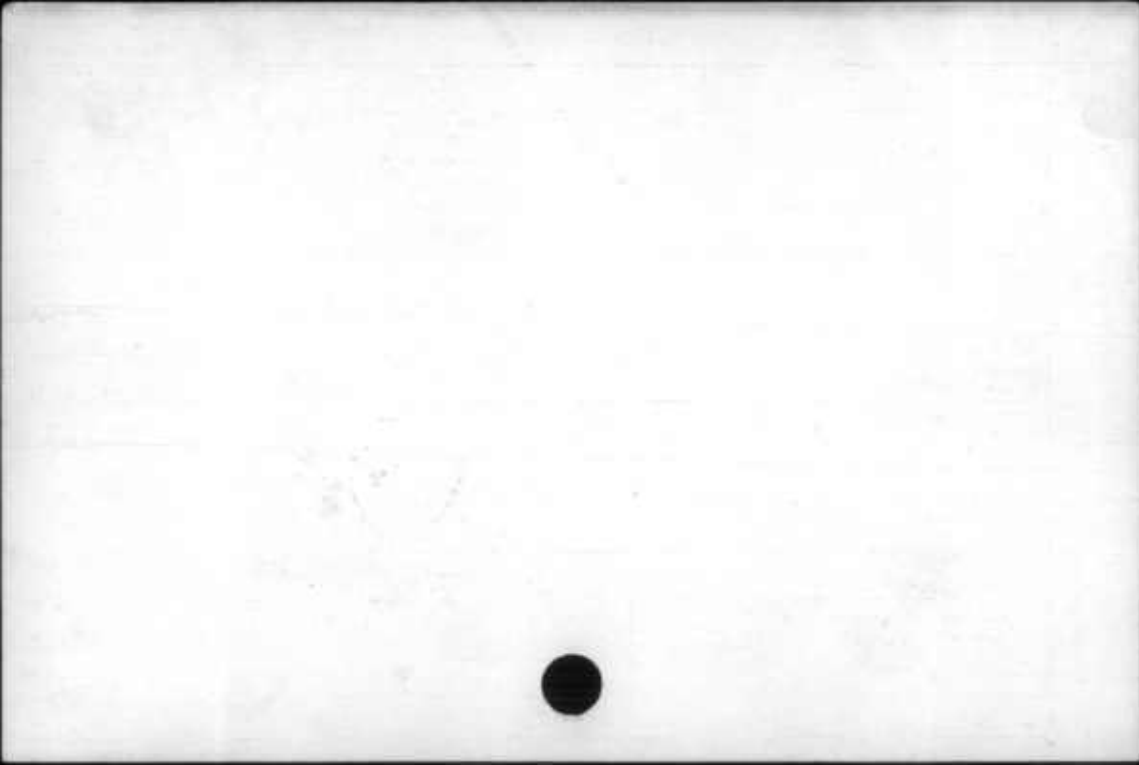
2  
CERTIFICATE OF DEATH

Died at <u>Eek Ridge</u> <sup>Town</sup>		<u>Howard</u> <sup>County</sup>		MARYLAND	
Date of death	19 <u>60</u>	Month	<u>May</u>	Day	<u>26</u>
Age	<u>75</u>	Years		Months	<u>0</u>
		Days	<u>25</u>		
Sex	<u>Male</u>	Color or Race	<u>Caucoid</u>	Birth-place	<u>Howard Co. Md</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death	<u>Eek Ridge</u>	
Married, Single or Widowed			Name of Wife or Husband	<u>Barah Mara (Deceased)</u>	
Father's Name	<u>James G. Mara</u>			Father's Birthplace	<u>Howard Co. Md</u>
Mother's Maiden Name	<u>Mary Warfield</u>			Mother's Birthplace	<u>Howard Co. Md</u>
Name of person giving Information	<u>Priscilla Jackson</u>			How related to deceased	<u>Daughter</u>

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Age</u>	How long	} <u>about 2 mos.</u>
	Immediates	<u>General debility</u>	How long	
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Wm. R. Eareckson</u>
			Address	<u>Eek Ridge</u>
Accident or Suicide				





Name  
in  
Full

Wm G. Mellin

16

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Elliott City <sup>County</sup> Howard MARYLANDDate of death 1966 <sup>Month</sup> May <sup>Day</sup> 3 Age <sup>Years</sup> 89 <sup>Months</sup>      <sup>Days</sup>     Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Md.Occupation Retired <sup>Where Residing if not at place of death</sup> Elliott CityMarried, Single or Widowed Widower <sup>Name of Wife or Husband</sup> DeadFather's Name Wm G. Mellin <sup>Father's Birthplace</sup> Md.Mother's Maiden Name Don't know <sup>Mother's Birthplace</sup> Don't knowName of person giving information Chas Mellin <sup>How related to deceased</sup> Son

## CAUSES OF DEATH

Primary Senile degeneration <sup>How long</sup> 154     Immediate Coronary Arteriosclerosis <sup>How long</sup>     

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. W. D. Howard  
Elliott City, Md

Record of Cause

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Joseph Wm Murphy  
 Died at Scaggsville Town Howard County

MARYLAND

Date of death 1940 May Month 8<sup>th</sup> Day 77 Age 77 Years Months Days

Sex Male Color or Race White Birth-place Scaggsville

Occupation Farmer Where Residing if not at place of death Scaggsville

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Murphy

Father's Name Benj. Murphy Father's Birthplace Howard Co.

Mother's Maiden Name Mary Nichols Mother's Birthplace Howard Co.

Name of person giving Information Thomas Murphy How related to deceased Howard Co.

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary Enlarged prostate How long 6 mo.

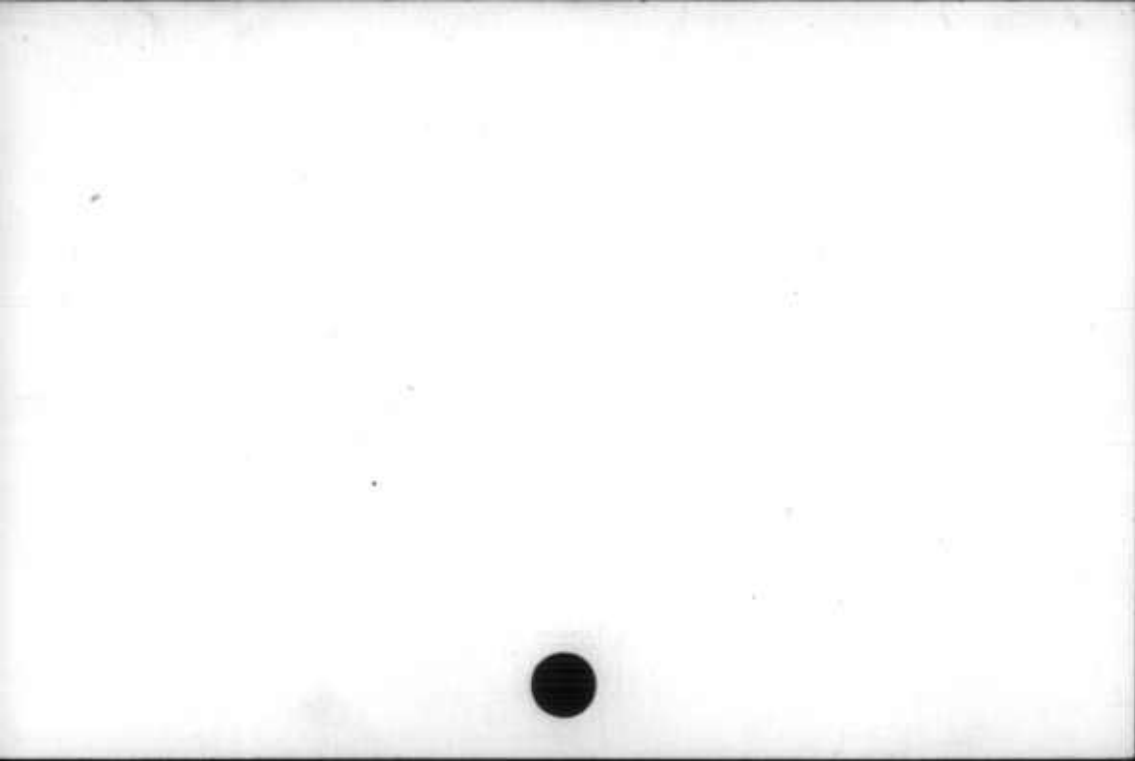
Immediate Cystitis & Retention Urine How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Y Signature of Physician J. W. [unclear]

Address Laurel, Md

Accident or Suicide N

PHYSICIAN  
OR CORONER



Name  
in  
Full

Schimiah Omer

CERTIFICATE OF DEATH <sup>8</sup>TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Savage		County Howard		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		J	20	63			
Sex	male	Color or Race	white	Birth-place	Md.		
Occupation	mill hand		Where Residing if not at place of death		Savage		
Married, Single or Widowed	married	Name of Wife or Husband		Georgie Omer			
Father's Name	Charles Omer			Father's Birthplace	England		
Mother's Maiden Name	Sarah Horton			Mother's Birthplace	Md.		
Name of person giving Information	Georgie Omer			How related to deceased	wife		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Hypertrophy of Heart		How long	2 yrs
	Immediate	Failing compensation		How long	progressive
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. M. Linticum M.D.	
	Accident or Suicide	no	Address	Savage Md.	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

H

Geo. W. Page

Town

County

MARYLAND

Died at

Savage

Howard

Date of death 1940

Month

J

Day

4

Age

70

Months

Days

Sex

male

Color or Race

white

Birth-place

M.D.

Occupation

Laborer

Where Residing if not at place of death

Savage

Married, Single or Widowed

married

Name of Wife or Husband

Anna Page

Savage

Father's Name

Tommy Page

Father's Birthplace

M.D.

Mother's Maiden Name

Elizabeth Cross

Mother's Birthplace

M.D.

Name of person giving Information

Dr. H. Clark

How related to deceased

father

CAUSES OF DEATH

92 ✓

Primary

Pneumonia

How long

6 days

Immediate

Heart failure

How long

progressive

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

William M. D.

Address

Savage

Accident or Suicide

natural

M.D.

OFFICE SUPPLY CO., 2284





Name  
In  
Full

Ethel Gertrude Poe

11  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

near Alberton <sup>Town</sup>

Howard <sup>County</sup>

MARYLAND

Date of death 1910

Month May

Day 8

Age 17

Months

Days

Sex Female

Color or Race White

Birth-place Maryland

Occupation House wife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband Wessie L Poe

Father's Name George W. Colson

Father's Birthplace Maryland

Mother's Maiden Name Annie E. Hudson

Mother's Birthplace North Carolina

Name of person giving information Wessie L Poe

How related to deceased Husband

CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary Puerperal Sepsis

How long 15 days

Immediate Peritonitis

How long 8 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm. B. Sambell

Address Ellicott City, Md

Accident or Suicide



Name  
in  
Full

Jessie Smith

5  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIENDDied at Cooksville Town Howard County **MARYLAND**Date of death 1990 Month May Day 21 Age 21 Years Months Three DaysSex Female Color or Race Negron Birth-place Howard CoOccupation Infant Where Residing if not at place of death died at home

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Erstarn Smith Father's Birthplace Howard CoMother's Maiden Name Martha Jones Mother's Birthplace Howard CoName of person giving Information William Powell How related to deceased no relation

## CAUSES OF DEATH

8 ✓

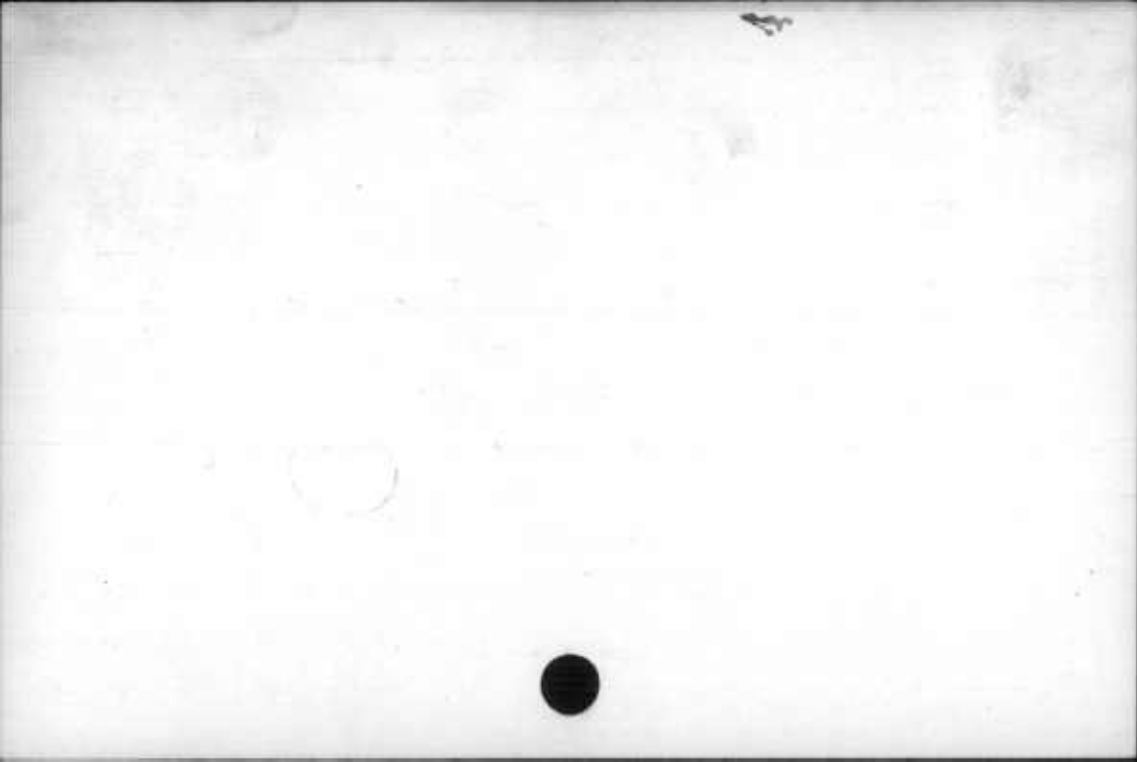
Primary Whooping Cough How long five weeksImmediate Exhaustion How long about four hoursAre the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

J. W. Sims M. D.  
Greenwood, Md.

Accident or Suicide



Name  
in  
Full

Asbury Snowden, Jr.  
Town County

17  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at Dairy Howard MARYLAND  
Town County State  
Date of death 1940 May 23 Age 3 hours  
Month Day Years Months Days  
Sex Male Color or Race Negro Birth-place Above  
Occupation None Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_  
Father's Name Asbury Snowden Father's Birthplace Ind.  
Mother's Maiden Name Ida Harriday Mother's Birthplace Ind.  
Name of person giving Information Asbury Snowden How related to deceased Father

157

#40

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

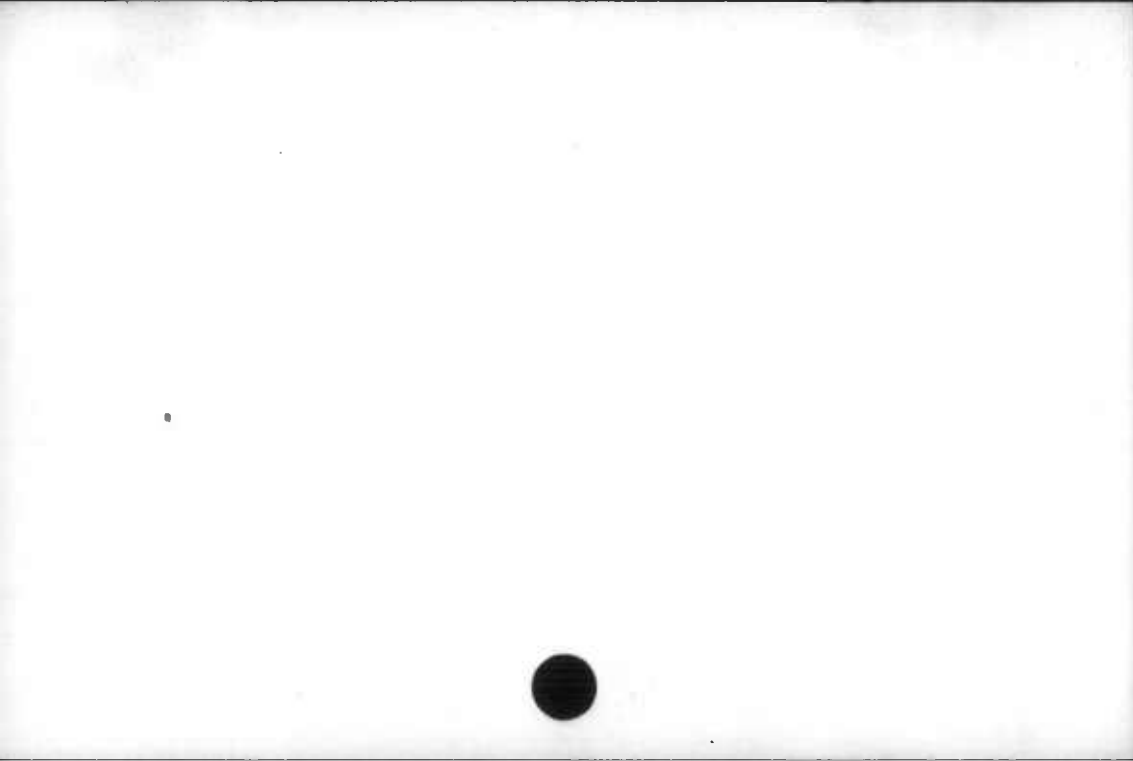
H

Primary Shock & Traumatism during birth How long Delayed labor  
Immediate The same How long 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. W. Lacy Address Liston Ind.

Accident or Suicide \_\_\_\_\_



Name  
is  
Full

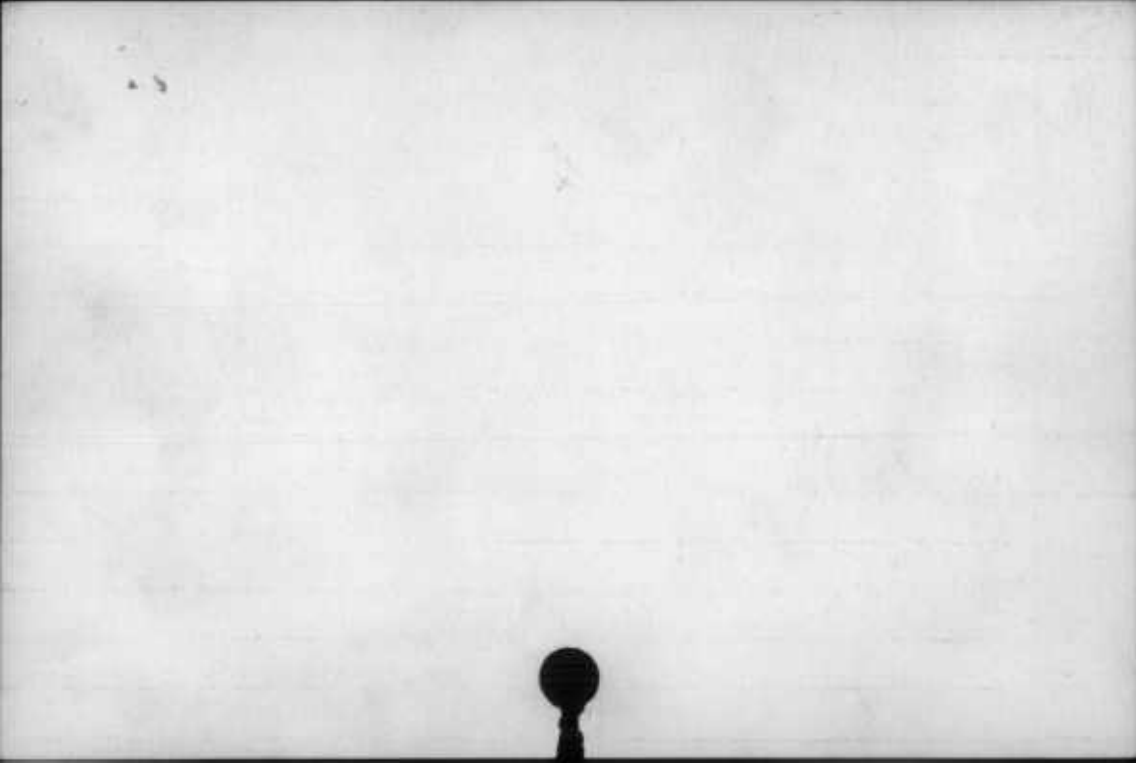
Elisha C. Pittsworth

14  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Used at		Town near Ellicott City		County Howard		State MARYLAND	
Date of death		1910	Month May	Day 30	Age 70	Years	Months —
Sex		male		Color or Race White		Birthplace Tennessee	
Occupation Farmer				Where residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Catherine H. Pittsworth			
Father's Name		Thomas Pittsworth		Father's Birthplace		Tennessee	
Mother's Maiden Name		Not known		Mother's Birthplace		not known	
Name of person giving information		Catherine H. Pittsworth		How related to deceased		Wife	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cancer, Nasal and Sub Cranial	How long	About 2 years
	Immediate	Sepsis and Asthenia	How long	About 10 months
	Are the name, age, sex, color, date and place correctly given above?		Yes.	
	Signature of Physician		W. J. Blaumbill	
Address		Ellicott City, Md.		
Accident or Suicide?				





Name  
in  
Full

Rhoda Catherine Winfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at: <u>Eek Ridge</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death: <u>1960</u> <small>Year</small>	<u>May</u> <small>Month</small>	<u>17</u> <small>Day</small>	Age: <u>57</u> <small>Years</small>	<u>0</u> <small>Months</small>	<u>0</u> <small>Days</small>
Sex: <u>Female</u>	Color or Race: <u>Colored</u>	Birth-place: <u>A. A. Co. Md</u>			
Occupation: <u>Washerwoman</u>	Where Residing if not at place of death: <u>Eek Ridge, Md</u>				
Married, Single or Widowed: <u>Single</u>	Name of Wife or Husband: <u>Leana Winfield</u>				
Father's Name: <u>George Brogden</u>	Father's Birthplace: <u>A. A. Co</u>				
Mother's Maiden Name: <u>Rachel Haenes</u>	Mother's Birthplace: <u>A. A. Co</u>				
Name of person giving Information: <u>James Brogden</u>	How related to deceased: <u>Brother</u>				

## CAUSES OF DEATH

Primary	<u>Chronic Interstitial Nephritis</u>	How long: <u>Several years</u>
Immediate	<u>Cerebral hemorrhage, Hemiplegia</u>	How long: <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician: <u>H. R. Eareckson</u>
	Address: <u>Eek Ridge, Md.</u>	
<u>Accident or Suicide</u>		

PHYSICIAN  
OR CORONER

