Name in Full: Annie S. Allen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Four Corners; County: Montg

Date of death: Month: May; Day: 7; 1900

Age: Years: 66; Months: 11; Days: 24

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation: Housewife

Where Residing if not at place of death:

Married, ~~Single~~ or Widowed: Married

Name of Wife or Husband: John P. Allen

Father's Name: John Cox

Father's Birthplace: Md

Mother's Maiden Name: Unknown

Mother's Birthplace:

Name of person giving information: Dan Allen

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Hemorrhage — How long:

Immediate: Paralysis — How long: About 12 hrs

66

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

Signature of Physician: W. T. Brown

Address: Silver Spring Md

Accident or Suicide? I

PHYSICIAN OR CORONER

Name in Full: Jno. Woolton Crown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockville — County: Montgomery

Date of death 19 60 — Month: May — Day: 17 — Years: 66 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Carpenter — Where Residing if not at place of death: X

Married, Single or Widowed: Widower — Name of Wife or Husband: Sarah Bull

Father's Name: Richard — Father's Birthplace: Maryland

Mother's Maiden Name: Maryland — Mother's Birthplace: Maryland

Name of person giving information: Jno. Crown — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: A Paralytic, following — How long: 6 mos

Immediate: Pneumonia, lobar — How long: X

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

Signature of Physician: O. M. Lichtenwalner M.D.

Address: Rockville Md

PHYSICIAN OR CORONER

Accident or Suicide: No.

OFFICE SUPPLY CO. 2364

My Funeral @ Rockville Cemetery

May 20 -

Name in Full: Mary E. Dawling

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kensington; County: Montgomery

Date of death: 1900 Month: May Day: 24

Age: Years: 22 Months: 7 Days: 3

Sex: Female Color or Race: White Birthplace: DC

Occupation: Clerk Where Residing if not at place of death:

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

Father's Name: Albert Dawling Father's Birthplace: Md

Mother's Maiden Name: Elizabeth O'Connor Mother's Birthplace: Ireland

Name of person giving Information: Joseph Dawling How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(27) (28)

Primary: Pulmonary tuberculosis How long: 5 Mos

Immediate: Acute Cardiac Dilatation How long:

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

Signature of Physician: R. Krischkeren

Address: 1343 Newton St Brookland DC

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-20-08

Name in Full: James Duvall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Gaithersburg County: Montg

Date of death 1910 Month: 5 Day: 6.

Age: Years: — Months: 2 Days: 15

Sex: Male Color or Race: Colored Birthplace: Md

Occupation: — Where Residing if not at place of death: —

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

Father's Name: Edward Duvall Father's Birthplace: Md

Mother's Maiden Name: Mary Masfield Mother's Birthplace: "

Name of person giving information: Edward Duvall How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debilety How long: 2 months

Immediate: " " How long: time "

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

Signature of Physician: E. H. Etchison

Address: Gaithersburg Md.

Accident or Suicide?

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LIBRARY BUREAU ABOSLIP

Name in Full: Joseph J. Duvall

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Woodfield (County) Montgomery

Date of death 1930 — Month: May — Day: 21 — Age: Years 52 — Months 8 — Days 12

Sex: Male — Color or Race: white — Birthplace: Montgomery Co

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: widowed — Name of Wife or ~~Husband~~: Genevia Augusta Penn

Father's Name: Grafton Duvall — Father's Birthplace: Montgomery Co

Mother's Maiden Name: Harriett Shuckles — Mother's Birthplace: Montgomery Co

Name of person giving Information: Joseph Montgomery Duvall — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(27) (28)

Primary: Pulmonary Phthisis — How long: 2 to 3 yrs

Immediate: Exhaustion — How long: " "

PHYSICIAN OR CORONER

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

Signature of Physician: Vernon H Dyson

Address: Laytonsville Md

Accident or Suicide

OFFICE SUPPLY CO. 2364

Name in Full: Mary Story Fields

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Derwood (County): Montgomery

Date of death: 1940 Month: May Day: 25 Age: Years: 38 Months: Days:

Sex: Female Color or Race: White Birthplace: Barnesville Md

Occupation: House wife Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Jno Wallace Fields

Father's Name: Thomas Story Father's Birthplace: Hancock Md

Mother's Maiden Name: Sara A Wiles Mother's Birthplace: Delaware

Name of person giving Information: Mrs Thos Story How related to deceased: Step mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Indigestion How long: 10 hours

Immediate: Meningitis How long: 10 hours

Are the name, age, sex, color, date and place correctly given above? Signature of Physician: George E. Levin M.D.

Address: Pickrill, Md.

Accident or Suicide

PHYSICIAN OR CORONER

6761

OFFICE SUPPLY CO., 11-15-08

Name in Full: Mary Jane Folwell

CERTIFICATE OF DEATH

MARYLAND

Died at: Silver Spring (Town) — Montgomery (County)

Date of death: 1900 May ~~26~~ 26 — Age: Years 71, Months 7, Days 8

Sex: Female — Color or Race: White — Birthplace: Horsham Pa.

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Chas Folwell

Father's Name: James Barnes — Father's Birthplace: Horsham Pa.

Mother's Maiden Name: Elizabeth Sine — Mother's Birthplace: Horsham Pa

Name of person giving information: Amanda Collinsgm — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

78

Primary: Myocardial Degeneration Heart — How long: one year +

Immediate: Exhaustion + Syncope — How long: two months

PHYSICIAN OR CORONER

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

Signature of Physician: Geo B Heinecke

Address: Brightwood D.C.

Accident or Suicide: no.

Name in Full: Joseph Alga Dorsey Hill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Brinklow — County: Montgomery

Date of death 1910 — Month: May — Day: 1st — Years: — Months: 5 — Days: 2

Sex: Male — Color or Race: Colored — Birthplace: Brinklow, Md.

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Algie Raymond Dorsey — Father's Birthplace: Montg. Co., Md.

Mother's Maiden Name: Sophy Hill — Mother's Birthplace: Sandy Spring, Md.

Name of person giving information: Harriet F. Hill — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Supposed Pneumonia, No physician in attendance — How long: Not known

Immediate — How long:

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

Signature of Physician: Chas. Farquhar, M. D.

Address: Olney, Md.

Accident or Suicide?

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CERTIFICATE OF DEATH

MARYLAND

Name in Full: Sarah E. Johnson

Died at (Town): Laytonsville — County: Montgomery

Date of death 190: May (Month) 14th (Day) — Age: 17 Years, 6 Months, 6 Days

Sex: Female — Color or Race: Dark — Birthplace: Laytonsville

Occupation: General house work — Where Residing if not at place of death: Laytonsville

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

Father's Name: Hezekiah T. Johnson — Father's Birthplace: Laytonsville

Mother's Maiden Name: Elizabeth Tyler — Mother's Birthplace: Laytonsville

Name of person giving Information: Hezekiah T. Johnson — How related to deceased: Father

CAUSES OF DEATH

Primary: Tuberculosis (27) — How long: 9 months

Immediate: " — How long:

Contributory: Tuberculosis (28)

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

Signature of Physician: Coroner

Address: Edwd. O. Brown, Laytonsville, Md.

Accident or Suicide: 1

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-20-08

Name in Full: Lilly May Williams (Jones)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sandy Spring; County: Montgomery

Date of death 1900: Month: 5; Day: 25

Age: Years: 2; Months: 2; Days:

Sex: Female

Color or Race: Black.

Birthplace: Maryland.

Occupation: None.

Where Residing if not at place of death: Same.

Married, Single or Widowed: Single

Name of Wife or Husband: None.

Father's Name: Gustus Williams

Father's Birthplace: Maryland.

Mother's Maiden Name: Helen Jones.

Mother's Birthplace: D. C.

Name of person giving Information: Clara Elkhorne.

How related to deceased: None.

TO BE ANSWERED BY NEAREST FRIEND

170

CAUSES OF DEATH

Primary: Gunshot Wound of Head

How long: —

Immediate: Shock and Hemorrhage

How long: 30 minutes

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

Signature of Physician: J. H. Bird M.D.

Address: Sandy Spring Md.

Accident or Suicide: Accident

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 2284

Name in Full: Sarah J. Mc. Cormick

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockville County: Montgomery

Date of death: Month 5 Day 7 Years 1910

Age: Years 72 Months Days

Sex: Female

Color or Race: White

Birthplace: Darnestown, Md.

Occupation: Housewife

Where Residing if not at place of death: Darnestown Md.

Married, Single or Widowed: Widow

Name of Wife or Husband: George Mc. Cormick

Father's Name: Pilghman West

Father's Birthplace: Maryland

Mother's Maiden Name: Mary Jane Harper

Mother's Birthplace: Maryland

Name of person giving information: Mrs. Fields

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Stomach (40)

How long: One year

Immediate: Starvation

How long: One month

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

Signature of Physician: Edward Anderson M.D.

Address: Rockville, Md.

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: McRay

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rockville — County: Montgomery

Date of death 1910 — Month: May — Day: 7 — Age: — Years — Months — Days

Sex: Male — Color or Race: B — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death:

~~Married~~ Single ~~or Widowed~~ — Name of Wife or Husband:

Father's Name: Walter McRay — Father's Birthplace: Md

Mother's Maiden Name: Lillian Hackett — Mother's Birthplace: Md

Name of person giving information: Walter McRay — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth, cause unknown — How long: S

Immediate: Asphyxiation due to breech presentation — How long: 1 hour

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

Signature of Physician: C. K. Mannat.

Address: Rockville

Accident or Suicide?

Name in Full: Thomas H. Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Washington Grove (County) Montgomery **MARYLAND**

Date of death 1900 — Month: 5 — Day: 1 — Age: Years 52 — Months 2 — Days 4

Sex: Male — Color or Race: Colored — Birthplace: Virginia

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah D. Piper

Father's Name: Thomas Marshall — Father's Birthplace: Maryland

Mother's Maiden Name: Henrietta Lyles — Mother's Birthplace: Maryland

Name of person giving information: Mrs Sarah Marshall — How related to deceased: Wife

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 7 years

Immediate: Asthenia — How long: 7 weeks

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

Signature of Physician: George E. Lewis, M.D.

Address: Rockville, Md.

Accident or Suicide: ✓

Name in Full: Joseph T. Meatthews

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND ✓

Died at Town: Sandy Spring County: Montgomery

Date of death: 1900 Month: May Day: 11 Years: — Months: — Days: 1

Age

Sex: Male Color or Race: Colored Birthplace: Sandy Spring

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband: None

Father's Name: Walter Meatthews Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Bessie Newman Mother's Birthplace: Montg. Co. Md.

Name of person giving Information: Gilbert Stevenson Meatthews How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER ✓

Primary: Organic Asthma. How long: One day

Immediate: Convulsions. How long: Short time.

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

Signature of Physician: Chas. Farquhar, M.D.

Address: Olney. Md.

Accident or Suicide?

Name in Full: John Miles

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Gaithersburg — County: Montgomery

Date of death 1910 — Month: May — Day: 14 — Age: Years 1 — Months 6 — Days 10

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

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

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Bessie Miles — Mother's Birthplace: Maryland

Name of person giving information: Bessie Miles — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobular Pneumonia — How long: 2 days

Immediate: Exhaustion — How long: 10 hours

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

Signature of Physician: E. E. Etchison

Address: Gaithersburg Md

Accident or Suicide?

Name in Full: George Mossburg

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Glen Echo — County: Montgomery

Date of death: Month: May — Day: 23 — 1940

Age: Years: 58 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death: —

~~Married, Single~~ or Widowed — Name of Wife or Husband: Sarah Mossburg.

Father's Name: P. K. Mossburg — Father's Birthplace: Md

Mother's Maiden Name: Margaret Phillips — Mother's Birthplace: Md

Name of person giving information: Edward R. Ryan — How related: Not related

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Gastritis — How long: 3 months

Immediate: Exhaustion — How long: One week

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

Signature of Physician: Anthony M. Ray M.D.

Address: Glen Echo — Md

Accident or Suicide?

Name in Full: Grace P. Nichols

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Derwood; County: Montgomery

Date of death: 19 16 Month: 5 Day: 1 Age: Years: X Months: 8 Days: X

Sex: Female Color or Race: White Birthplace: Md

Occupation: — Where Residing if not at place of death: —

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

Father's Name: J. C. Nichols Father's Birthplace: Md

Mother's Maiden Name: Sarah A. Mathews Mother's Birthplace: Md

Name of person giving information: J. C. Nichols How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Jaundice How long: 8 mos

Immediate: Exhaustion How long: —

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

Signature of Physician: D. M. Linthicum

Address: Rockville Md.

Accident or Suicide: X

PHYSICIAN OR CORONER

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OFFICE SUPPLY CO. 2364

Name in Full: Celia C. Pierce

CERTIFICATE OF DEATH

MARYLAND

Died at: North Chevy Chase | Town | County: Montgy

Date of death: Year 1960 | Month: May | Day: 3 | Age: Years 74 | Months: 10 | Days: —

Sex: Female | Color or Race: White | Birthplace: Vermont

Occupation: None | Where Residing if not at place of death: Milwaukee

Married, Single or Widowed: Widow | Name of Wife or Husband: Henry S. Pierce

Father's Name: Eli Plough | Father's Birthplace: Vermont

Mother's Maiden Name: Abigail " | Mother's Birthplace: "

Name of person giving Information: Mrs Pierce | How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

189 A

Primary: Gall Stones, + Operation | How long: 3 weeks

Immediate: Heart failure after Op | How long: 12 hrs

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

Signature of Physician: W. L. Lewis MD

Address: Kensington Md

Accident or Suicide: No

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Mrs Nora C. V. Perry

CERTIFICATE OF DEATH

MARYLAND

Town: Takoma Park | County: Montgomery Co

Died at — Date of death: Month: May | Day: Twenty | Year: 1910 | Age: 43 Years, 7 Months, 8 Days

Sex: female | Color or Race: White | Birthplace: Washington D.C.

Occupation: Housewife | Where Residing if not at place of death: Washington D.C. 13 & Thomas St.

Married, Single or Widowed: Married | Name of Wife or Husband: William A. Perry

Father's Name: Timothy V. Noonan | Father's Birthplace: Ireland

Mother's Maiden Name: Elizabeth J. Sauter | Mother's Birthplace: Washington D.C.

Name of person giving information: William A. Perry | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pernicious Anaemia | How long: Two years

Immediate: Exhaustion | How long: Indefinite

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

Signature of Physician: R. L. Ingersoll

Address: Takoma Park

(S.D.A. Sanitarium)

Accident or Suicide?

PHYSICIAN OR CORONER

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W. J. Wright

Regan

Name in Full: Edward Poole

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Germantown; County: Montgomery

Date of death 1940: Month: May; Day: 21st Saturday; Years: 72; Months: 5; Days: 23

Sex: Male; Color or Race: Angle Saxon; Birthplace: Singapore Md

Occupation: Retired Gentleman; Where Residing if not at place of death: Germantown

Married, Single or Widowed: Widowed; Name of Wife or Husband: Margaret Duncan Elliott

Father's Name: Thornton Poole; Father's Birthplace: Singapore

Mother's Maiden Name: Rachel Ruth Ennings; Mother's Birthplace: Harrisville

Name of person giving information: Claire B Poole; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

120

CAUSES OF DEATH

Primary: Bright's Disease; How long: Still 1 year

Immediate: Pneumonia Septicaemia; How long: 2 weeks

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

Signature of Physician: Dr. L. N. Simpers

Address: Germantown Md.

PHYSICIAN OR CORONER

Accident or Suicide? —

Name in Full: Maynard Stone Poole

CERTIFICATE OF DEATH

MARYLAND

Died at: Poolesville (Town) Montg (County)

Date of death 1910: Month May, Day 1st

Age: Years —, Months —, Days 2

Sex: Male

Color or Race: White

Birthplace: Poolesville

Occupation: Infant

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: Not any

Father's Name: Walter Stone Poole

Father's Birthplace: Md

Mother's Maiden Name: Mable Huncheford

Mother's Birthplace: Md.

Name of person giving information: Walter Poole

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature Birth — How long 1 month

Immediate: Cardiac Asthenia — How long 2 days

1518

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

Signature of Physician: C.W. White

Address: Poolesville Md

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Margaretta Ricketts

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Near Derwood

County: Montgomery

Date of death 1910 — Month: 5 — Day: 10

Age — Years: — Months: 8 — Days: 28

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Thos. Ricketts

Father's Birthplace: Md

Mother's Maiden Name: Bessie Selby

Mother's Birthplace: "

Name of person giving information: Elbert Selby

How related to deceased: Gr. Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Foetal Endocarditis — How long: Since birth

Immediate: Heart failure — How long: Immediate

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

Signature of Physician: George E. Lewis, M.D.

Address: Rockville, Md.

Accident or Suicide?

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LIBRARY BUREAU A88610

Name in Full: Georgie Riggs

CERTIFICATE OF DEATH

MARYLAND

Died: Near Unity (Town) Montg. (County)

Date of death 1900 Month: May Day: 18

Age: Years 22 Months 11 Days 4

Sex: Female Color or Race: White Birthplace: Montg. Co.

Occupation: Where Residing if not at place of death:

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

Father's Name: Elisha Riggs Father's Birthplace: Montg. Co.

Mother's Maiden Name: Elisabeth Ridgely Mother's Birthplace: Howard Co.

Name of person giving information: F. Spurrier How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Measles 8 (6) How long: 11 days

Immediate: Hypostatic Congestion of lungs How long: 8 "

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

Signature of Physician: W. C. G. Spurrier

Address: Unity Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU ARBESA

Name in Full: Franklin Charles Severance

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND ✓

Died at (Town) Gaithersburg			County: Montgomery		
Date of death 1910	Month: May	Day: 12	Age: Years 72	Months: 4	Days: 18.
Sex: Male		Color or Race: White		Birthplace: Greenfield Mass.	
Occupation: Clerk			Where Residing if not at place of death		
Married, Single or Widowed: Married		Name of Wife or Husband: Sara J. Severance			
Father's Name: Ptolemy P. Severance				Father's Birthplace: Greenfield Mass	
Mother's Maiden Name: Margaret Caldwell				Mother's Birthplace: Greenfield Mass	
Name of person giving In formation: Frank B. Severance				How related to deceased: Son	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's with Heart Complicat	How long: 2 years
Immediate: Exhaustion	How long:
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: H. B. Hadley
	Address: Gaithersburg Md.
Accident or Suicide?	

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Name In Full: Nathan Sims

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Boyds (Town) Montg (County)

Date of death 1910: Month 5, Day 29

Age: Years 100, Months —, Days —

Sex: Male

Color or Race: Negro

Birthplace: Maryland

Occupation: Day laborer on farm

Where Residing if not at place of death: —

~~Married, Single~~ or Widowed

Name of Wife or Husband: Not known.

Father's Name: No record available

Father's Birthplace: No record

Mother's Maiden Name: No record available

Mother's Birthplace: No record

Name of person giving information: Ed Lewis Esq Boyds Md.

How related to deceased: None.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile decay 15 H — How long —

Immediate: Not known — How long —

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

Signature of Physician: N. D. Mouse M.D.

Address: Damsonville Md

Accident or ~~Suicide~~?

Name in Full: Elias Thornton

CERTIFICATE OF DEATH

MARYLAND

Died at: Sellman (Town) Montg (County)

Date of death 1940: May (Month) 13 (Day)

Age: 55 Years; Months; Days

Sex: Male

Color or Race: Colored

Birthplace: Va

Occupation: Farm Laborer

Where Residing if not at place of death: Sellman

Married, ~~Single or Widowed~~: Married

Name of Wife or Husband: Annie Brooks

Father's Name: John Thornton

Father's Birthplace: Unknown

Mother's Maiden Name: Laura Thornton

Mother's Birthplace: Unknown

Name of person giving information: Isaac Beall

How related to deceased: not any

TO BE ANSWERED BY NEAREST FRIEND

✓

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CAUSES OF DEATH

Primary: Influenza + mitral Insufficiency

How long: 1st 4 days 2nd Unknown

Immediate: Cardiac Asthenia

How long: one hour

Are the name, age, sex, color, date and place correctly given above? To the best of knowledge

Signature of Physician: E W White

Address: Poolesville Md

Accident or Suicide

PHYSICIAN OR CORONER

I

OFFICE SUPPLY CO. 2364

Name in Full Samuel Washington King

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Kensington — County: Montgomery — State: Maryland

Date of death 1910 — Month: May — Day: 20 — **Age** — Years: 10 — Months: 3 — Days: 18

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: None — Where Residing if not at place of death: Same

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

Father's Name: Amos King — Father's Birthplace: Md

Mother's Maiden Name: Margaret Johnson — Mother's Birthplace: Md

Name of person giving Information: Amos King — How related to deceased: Father

PHYSICIAN OR CORONER

CAUSES OF DEATH

27 28

Primary: Tuberculosis of the Lungs — How long: Four months

Immediate: Tuberculosis of the Lungs — How long: Four months

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

Signature of Physician: Eugene Jones

Address: Kensington

Accident or Suicide: No

Name in Full: Mrs Anna V. Fretwell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at: Town: Sandy Spring; County: Montgomery

Date of death 1900: Month: 5; Day: 4

Age: Years: 77; Months: 7; Days: 16

Sex: Female

Color or Race: White

Birthplace: Virginia

Occupation: Home

Where Residing if not at place of death:

Married, Single or Widowed: Widowed

Name of Wife or Husband: Samuel B. Fretwell

Father's Name: Ira Parker

Father's Birthplace: Unknown

Mother's Maiden Name: Ann Wheeler

Mother's Birthplace: " "

Name of person giving Information: Frank P. Fretwell

How related to deceased: Son

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PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Carcinoma of Intestine — How long: 2 yrs.

Immediate: Intestinal Obstruction — How long: 3 days.

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

Signature of Physician: J. N. Bird M.D.

Address: Sandy Spring Md

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Accident or Suicide