

Name in Full		Thomas Alexander				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Forstville</i>		County <i>Bruce George</i>		MARYLAND		
	Date of death	1910	Month <i>5</i>	Day <i>5</i>	Age	Years <i>60</i>	Months <i>—</i> Days <i>—</i>	
	Sex	<i>male</i>		Color or Race	<i>Black</i>		Birth-place	<i>md</i>
	Occupation	<i>none</i>			Where residing if not at place of death			
	Married, single or widowed	<i>married</i>		Name of Wife or Husband <i>Ellen Alexander</i>				
	Father's Name	<i>unknown</i>					Father's Birthplace	<i>unknown</i>
	Mother's Maiden Name	<i>unknown</i>					Mother's Birthplace	<i>unknown</i>
Name of person giving information	<i>Parkway Belby</i>					How related to deceased	<i>none</i>	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	<i>Loomolonia</i>				How long	<i>1 year</i>	
	Immediate	<i>asthenia</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>John E. Forsythe, M.D.</i>	
	Address	<i>Forstville</i>						
Accident or Suicide?	<i>neither</i>						<i>md</i>	



Name in Full

Mark Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Fairmont Heights ^{County} Prince George MARYLAND
 Date of death 1910 ^{Month} May ^{Day} 9 ^{Age} 64 ^{Years} ^{Months} ^{Days}
 Sex Male ^{Color or Race} Coloured ^{Birth-place} Md.
 Occupation Minister or layman ^{Where Residing if not at place of death}
 Married, Single or Widowed Married ^{Name of Wife} Louisa V. Bell
 Father's Name Richard P. Bell ^{Father's Birthplace} Md.
 Mother's Maiden Name Rebecca Bacon ^{Mother's Birthplace} Md.
 Name of person giving information R. J. Pollard ^{How related to deceased} Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Arterio-sclerosis 66 ^{How long} 3 year
 Immediate Paralysis & coma ^{How long} 3 days
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician W. W. Jones
 Address Seabrook Heights
 Accident or Suicide?



Name
in Full

Mrs. Mary Jane Brashears.

CERTIFICATE OF DEATH

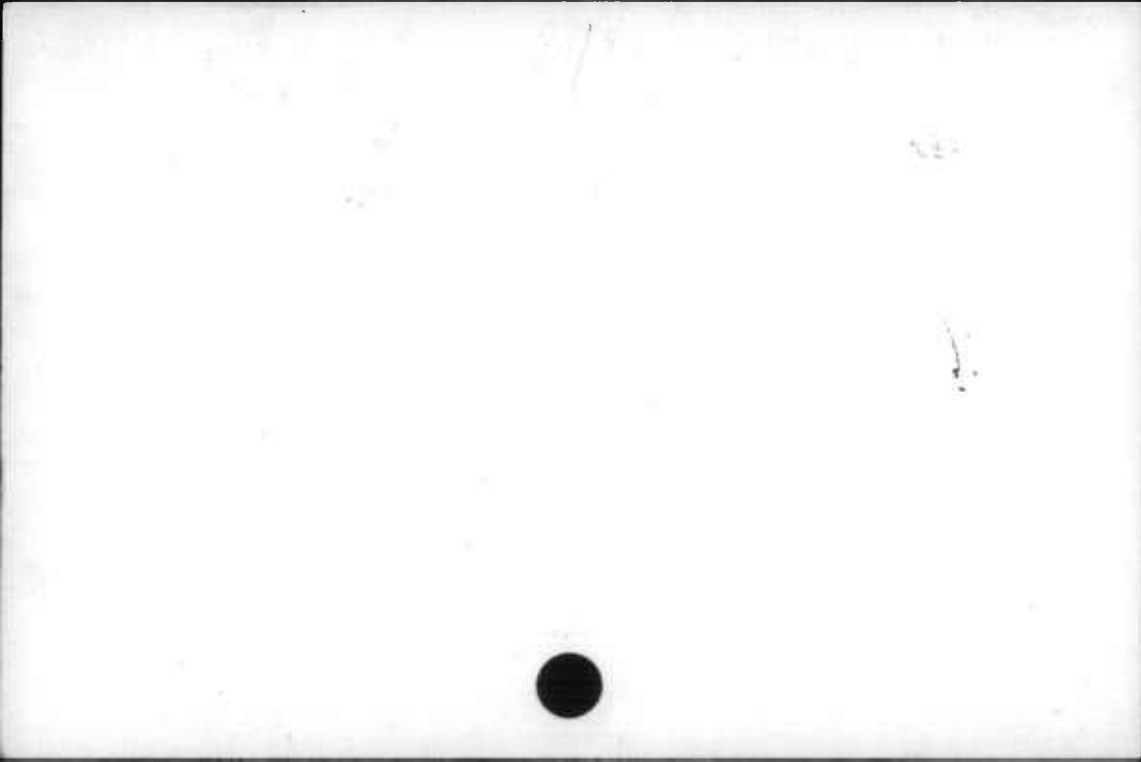
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Ladysville		Pr. Geo.		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		Ladysville Md.	
Married, Single or Widowed		Married		Name of Wife or Husband		Wilkerson Brashears	
Father's Name		Capt. C. Clark.		Father's Birthplace		Md.	
Mother's Maiden Name		Ann King		Mother's Birthplace		Md.	
Name of person giving information		Mrs. E. B. Cart.		How related to deceased		Daughter.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Congestion	How long	2 weeks.
Immediate	Paralysis	How long	5 days.
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		J. R. Smith	
Address		Ladysville Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Robert Brooks</i>		Town <i>Pr</i>		County <i>Geo</i>		MARYLAND	
Date of death	19 <i>90</i>	Month	<i>May</i>	Day	<i>16</i>	Age	<i>44</i>
				Years		Months	<i>7</i>
						Days	<i>3</i>
Sex	<i>male</i>	Color or Race	<i>Black</i>	Birth-place	<i>md</i>		
Occupation	<i>Latvian</i>		Where Residing if not at place of death		<i>in same</i>		
Married, Single or Widowed	Name of Wife or Husband		<i>Francis Brooks</i>				
Father's Name	<i>Robert Brooks</i>		Father's Birthplace		<i>md</i>		
Mother's Maiden Name	<i>Patricia Taska</i>		Mother's Birthplace		<i>md</i>		
Name of person giving Information	<i>Francis Brooks</i>		How related to deceased		<i>Wife</i>		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	<i>Abscess Liver</i>	How long	<i>3 weeks -</i>
Immediate	<i>Septic Fever</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>JOR Hunter MD</i>		
	Address <i>Laurel md</i>		
<input checked="" type="checkbox"/> Accident or Suicide			



Name in Full

Mary Francis Carr

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at <u>Laurel</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND	
Date of death <u>1940</u> <small>Year</small> <u>May</u> <small>Month</small> <u>12</u> <small>Day</small>		Age <u>34</u> <small>Years</small>		<u>Nine</u> <small>Months</small> <u>14</u> <small>Days</small>	
Sex <u>female</u>	Color or Race <u>White</u>	Birth-place <u>Virginia</u>			
Occupation <u>Farmers Wife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Richard B. Carr</u>				
Father's Name <u>Thomas Ashby</u>	Father's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>Virginia G. Heydon</u>	Mother's Birthplace <u>Virginia</u>				
Name of person giving Information <u>Richard B. Carr</u>	How related to deceased <u>Husband</u>				

PHYSICIAN OR CORONER

H

CAUSES OF DEATH

Primary Tubercle meningitis How long 6 mo

Immediate Wernicke's How long 2 yrs

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

120 ✓

Signature of Physician

Address

J. M. [Signature]
Laurel

Accident or Suicide



Name in Full

CERTIFICATE OF DEATH

Thomas Clayton

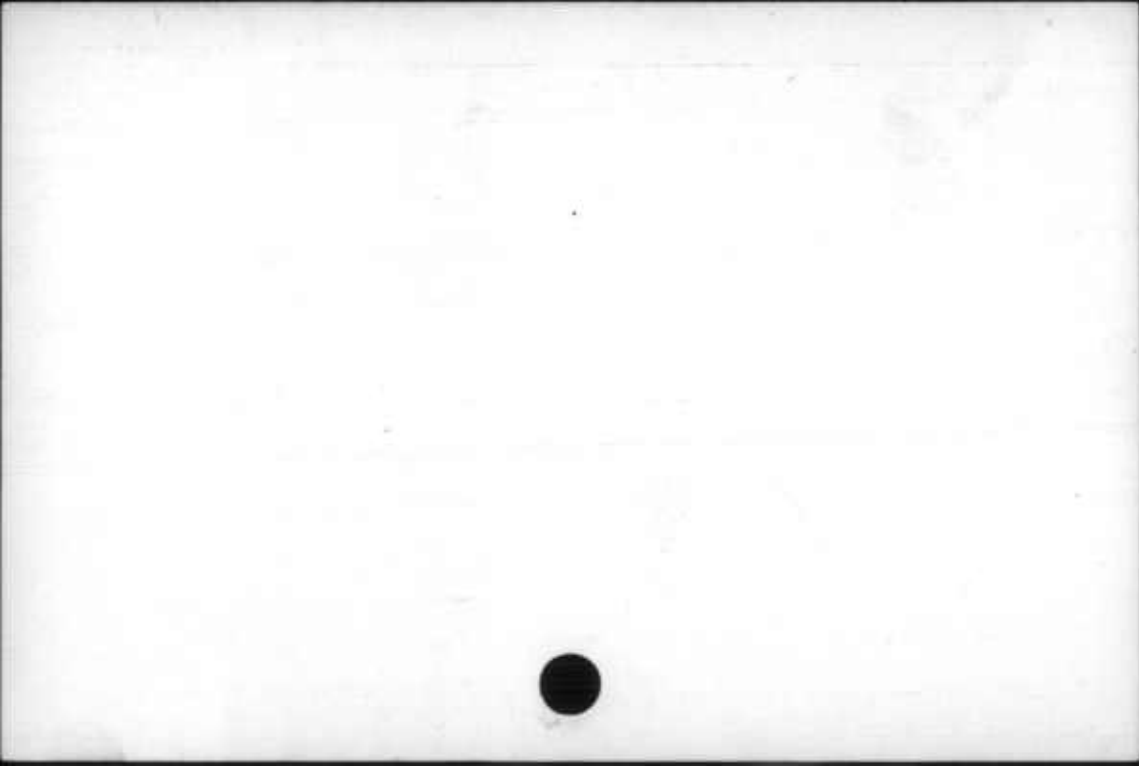
TO BE ANSWERED BY NEAREST FRIEND

Died at Upper Marlboro Md Town Prince Georges County
 MARYLAND
 Date of death 1960 May 8 Month Day Age 76 Years — — Months Days
 Sex Male Color or Race White Birthplace P. G. Co Md
 Occupation Lumber Where Residing if not at place of death —
 Married, Single or Widowed Married Name of Wife or Husband Elizabeth Clayton
 Father's Name Thos W. Clayton Father's Birthplace P. G. Md
 Mother's Maiden Name Harry Mother's Birthplace Hagerstown
 Name of person giving information Chas W. Clayton How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Paralysis 66 (circled) How long 4 yrs
 Immediate — How long —
 Are the name, age, sex, color, date and place correctly given above?
 Signature of Physician D. G. Griffith
 Address Upper Marlboro Md
 Accident or Suicide



Name
in
Full

Wilmer Dearstine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Callington Town P. George County

Date of death 1900 Month May Day 3 Age 32 Years Months 5 Days 7

Sex Male Color or Race White Birth-place Wisconsin

Occupation Farmer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband's Annie Dearstine

Father's Name Samuel Dearstine Father's Birthplace New York

Mother's Maiden Name Eliza J. Tyler Mother's Birthplace Coburn

Name of person giving Information Samuel Dearstine How related to deceased Father

CAUSES OF DEATH

(1) ✓

PHYSICIAN
OR CORONER

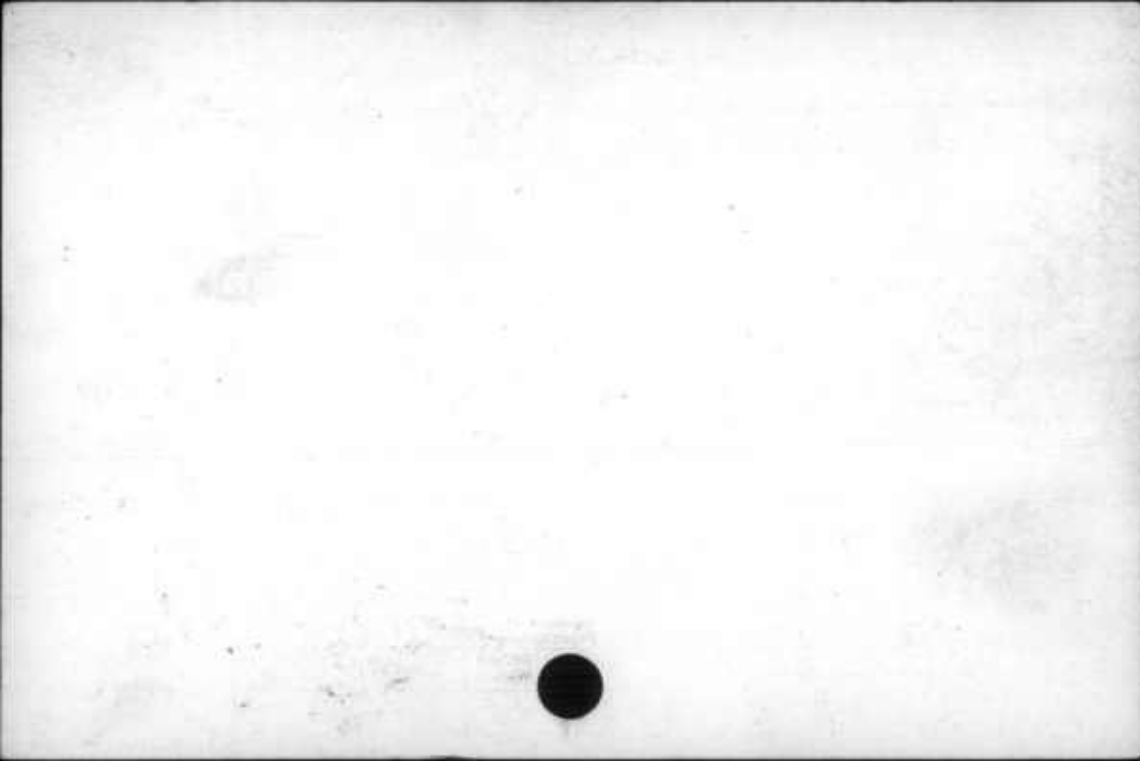
Primary Typhoid fever & tuberculosis How long 5 weeks

Immediate Heart failure How long 1 minute

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

Signature of Physician James H. Pruitt Address Bowie Md

Accident or Suicide no



Name
in
Full

Laura V Deck

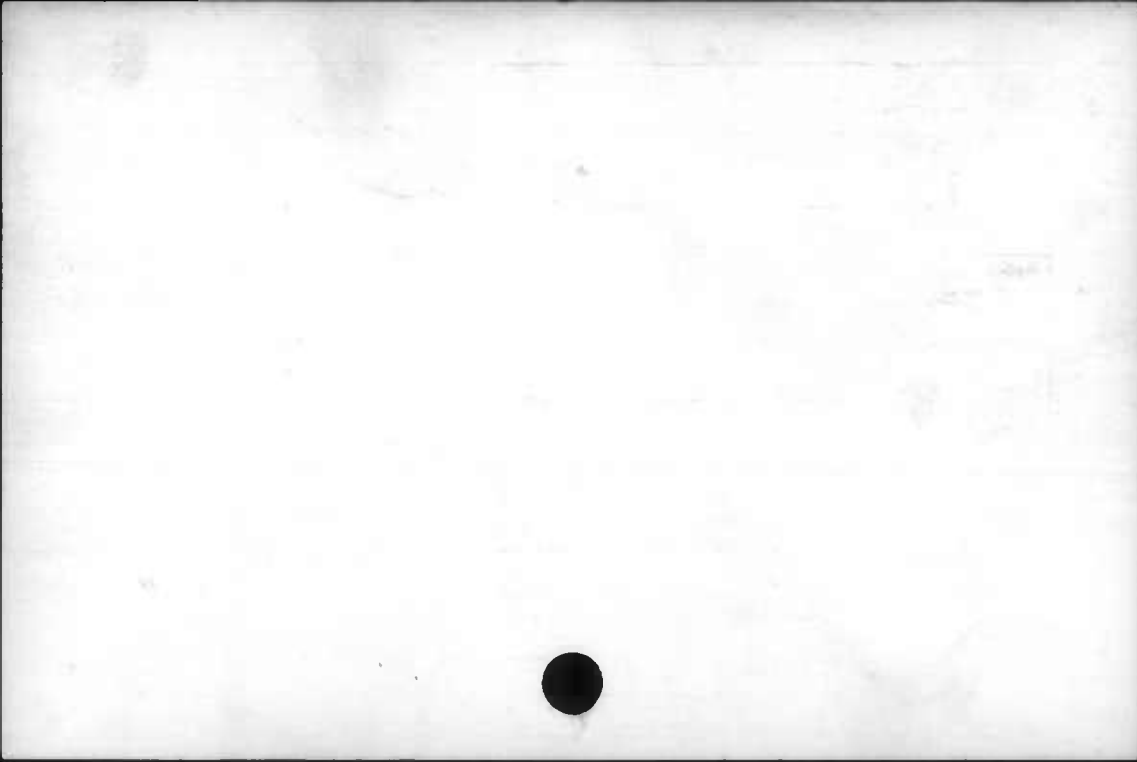
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Capitol Heights</i>		County <i>Prince George</i>		MARYLAND	
Date of death: <i>1940</i>	Month <i>May</i>	Day <i>7</i>	Age <i>45</i>	Years <i>5</i>	Months <i>5</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Va.</i>		
Occupation <i>house duties</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>A. L. Deck</i>				
Father's Name <i>J. H. Frizzell</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Laura V. Frizzell</i>	Mother's Birthplace <i>D. C.</i>				
Name of person giving Information <i>A. L. Deck</i>	How related to deceased <i>husband</i>				

CAUSES OF DEATH

Primary <i>endocarditis</i>	How long <i>2 months</i>
Immediate <i>syncope</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>JM Brady</i>
	Address <i>Kensworth DC</i>
Accident or Suicide <input type="checkbox"/>	



Name
In Full

CERTIFICATE OF DEATH

John Franklin

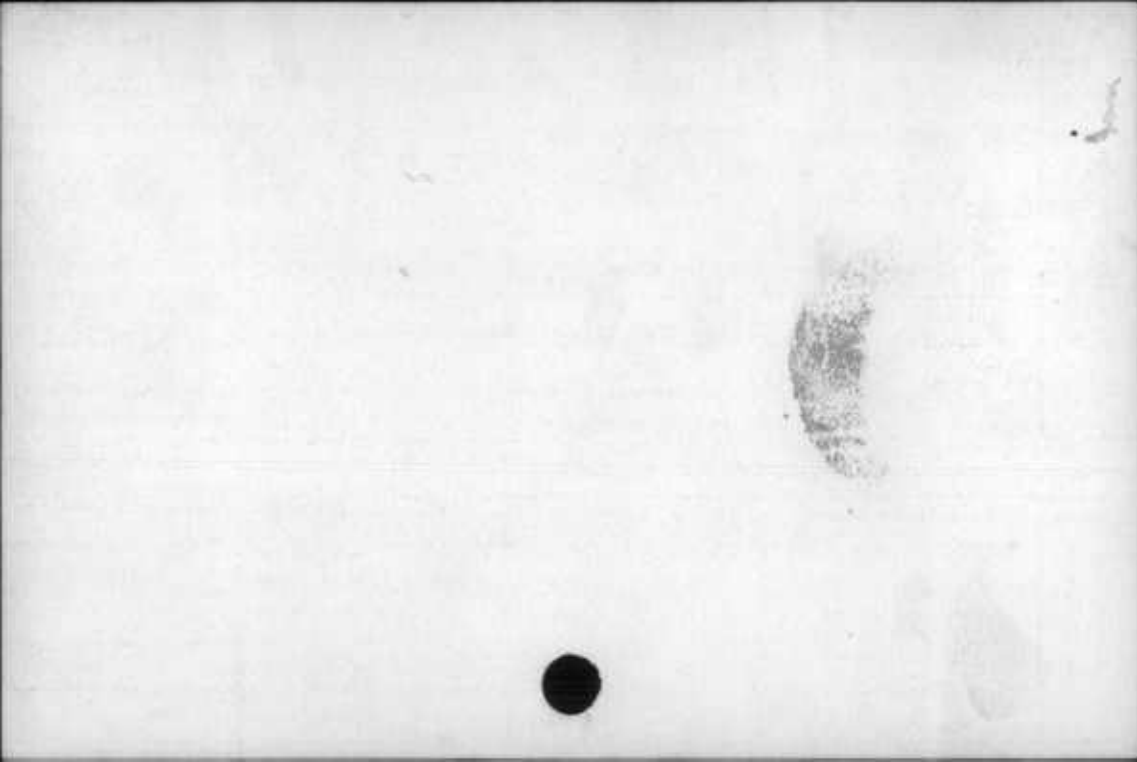
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Riverdale</i> Town		<i>D. Geo</i> County		MARYLAND		
Date of death	<i>1900</i>	Month <i>May</i>	Day <i>31</i>	Age <i>2</i> Years	<i>3</i> Months	<i>✓</i> Days
Sex <i>male</i>	Color or Race <i>Caucasian</i>		Birth place <i>Lakeland Md</i>			
Occupation <i>none</i>			Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>				
Father's Name <i>Philip Franklin</i>			Father's Birthplace <i>D. Geo. Co.</i>			
Mother's Maiden Name <i>Eliza Martin</i>			Mother's Birthplace <i>D. Geo. Co.</i>			
Name of person giving information <i>Philip Franklin</i>			How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>92</i> ✓	How long <i>2 weeks</i>
Immediate <i>"</i>	<i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature Physician <i>H. S. Willis</i>
		Address <i>Hyattsville</i>
Accident or Suicide? <i>no</i>		<i>son</i>



Name
in
Full

Annie Frisby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H

Died at *Upper Marlboro, Pr. Geo* Town County

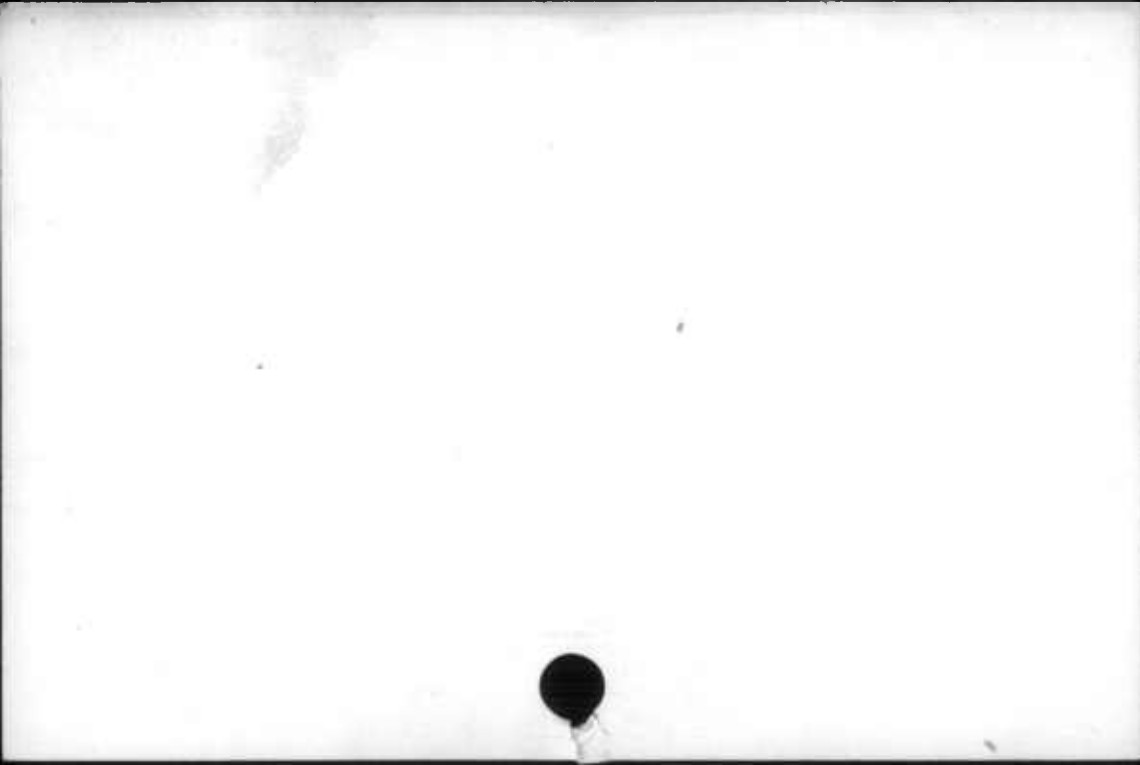
MARYLAND

Date of death *1960 May 27* Month Day Year Age *48* Months DaysSex *Female* Color or Race *Black* Birth-place *P. G. Colmd*Occupation *Servant* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of ~~Wife~~ or Husband *Benj Frisby*Father's Name *Jas. Galloway* Father's Birthplace *P. G. Colmd*Mother's Maiden Name *James* Mother's Birthplace *" " "*Name of person giving Information *Benj Frisby* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Paralysis* How long *66* *10 days*Immediate
Are the name, age, sex, color, date and place correctly given above? Signature of Physician *[Signature]*Address *Upper Marlboro, Md*

Accident or Suicide



Name
in Full

Sophia C Gasch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bladensburg ^{Town} Prince Georges ^{County} **MARYLAND**
 Date of death 1940 ^{Month} May ^{Day} 9 ^{Years} 76 ^{Months} 3 ^{Days}
 Sex Female ^{Color or Race} White ^{Birth-place} Germany
 Occupation Housewife ^{Where Residing if not at place of death}
 Married, Single or Widowed Married ^{Name of Wife or Husband} Francis Gasch
 Father's Name John Schrum ^{Father's Birthplace} Germany
 Mother's Maiden Name Not known ^{Mother's Birthplace} Germany
 Name of person giving Information Edward Gasch ^{How related to deceased} Son

CAUSES OF DEATH

Primary Paralysis 66 ^{How long} 3 months
 Immediate " ^{How long} "

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

yes
sw

Signature of Physician

Address

H. T. Willis
Hyattsville
MD.

Accident or Suicide



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James O. Rio Groves

Died at *Aquasco* County *Pr. Geo Co.* MARYLAND

Date of death 19*60* *May* *16* Age *48* Months *9* Days *8*

Sex *Male* Color or Race *Colored* Birth-place *Mid*

Occupation *none* Where Residing if not at place of death *—*

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

Father's Name *Glennlyn Groves* Father's Birthplace *Mid*

Mother's Maiden Name *Eliza Ruder* Mother's Birthplace *"*

Name of person giving Information *Glennlyn Groves* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Epilepsy* How long *69* *5 mos.*

Immediate *Convulsion* How long *4 minutes*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Wm. H. ...*

Address *Aquasco*

Accident or Suicide *No*



Name
in
Full

Estelle Gross.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bury Station</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1980</i> <small>Month</small> <i>May</i> <small>Day</small> <i>17</i>		Age <i>7</i> <small>Year</small>		Months <i>7</i> <small>Days</small>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>	
Occupation <i>None</i>		Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>George Gross.</i>		Father's Birthplace <i>Md.</i>			
Mother's Name <i>Mary C. Duffins</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving Information <i>George Gross</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary	<i>Mal assimilation</i>	<i>104</i> How long
Immediate	<i>Auto-Intestinal Intoxication</i>	How long <i>About one week.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician <i>R.A. Schooner,</i>
		Address <i>Benning, D.C.</i>
Accident or Suicide	<i>No.</i>	

PHYSICIAN
OR CORONER

Forrestville
George Ponger

Name
in
Full

Ada Hall

CERTIFICATE OF DEATH

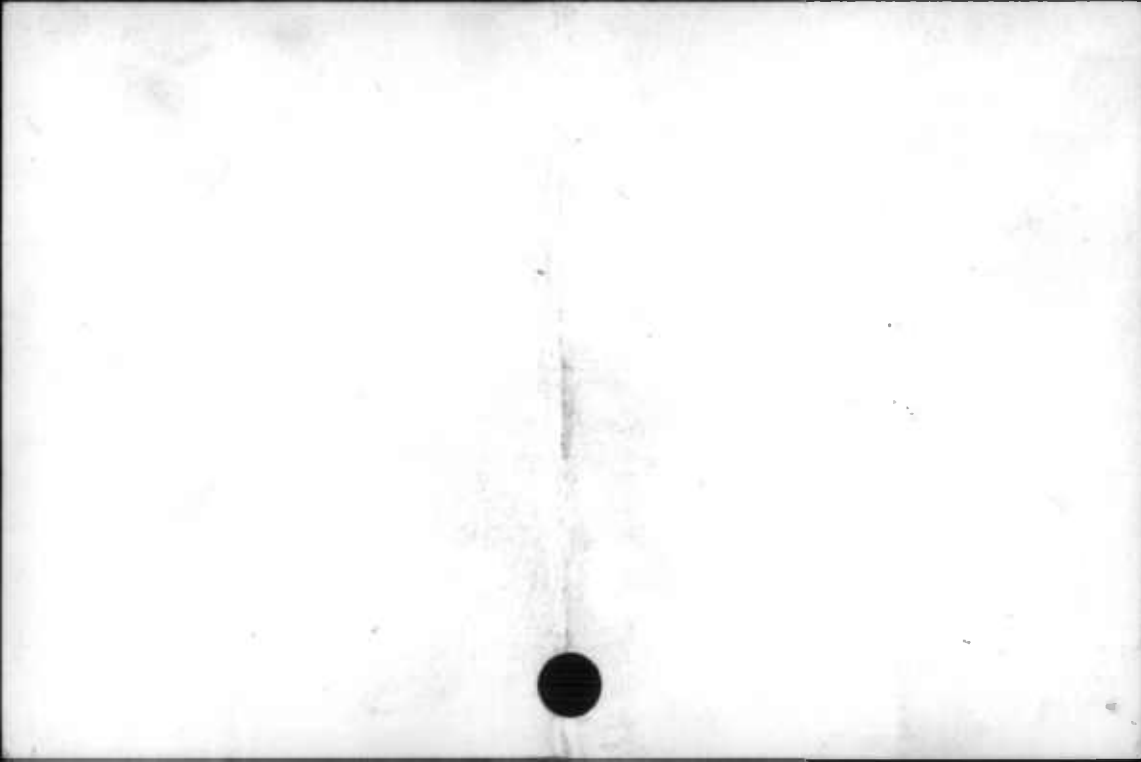
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Age	Years	Months Days
Sex		Color or Race		Birth-place		
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		
Father's Name		Mother's Maiden Name		Mother's Birthplace		
Name of person giving Information		How related to deceased				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	2 yrs
Immediate	Asthma	How long	3 or 4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
yes		John H. Coz	F.B.
Accident or Suicide			



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Laurel

Town

Prince Georges

County

MARYLAND

Date of death

1940

Month

May

Day

15

Age

Years

Months

4

Days

Sex

female

Color or Race

black

Birth-place

md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Julius Johnson

Father's Birthplace

md

Mother's Maiden Name

Hattie Masters

Mother's Birthplace

md

Name of person giving Information

Lizzie Johnson

How related to deceased

Grandmother

CAUSES OF DEATH

8

PHYSICIAN OR CORONER

Primary

Whooping Cough

How long

17 months

Immediate

pneumonia

How long

4 days

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

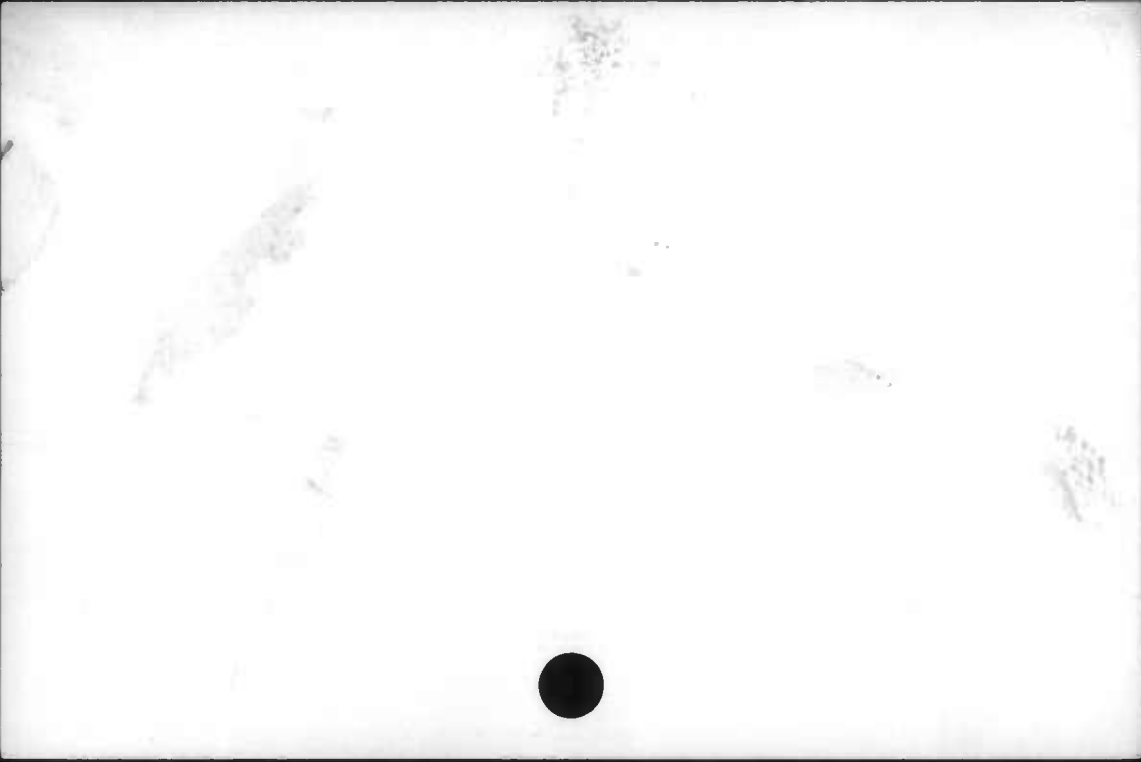
yes

Signature of Physician

Address

W. F. Taylor md
Laurel Md

Accident or Suicide



Name
in
Full

Robert Johnson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at ^{Town} near Piscataway ^{County} Pr Geo.

MARYLAND

Date of death 1900 ^{Month} May. ^{Day} 19 ^{Age} 3 ^{Years} ^{Months} ^{Days}Sex Female ^{Color or Race} Colored ^{Birth-place} Piscataway, Md.Occupation ^{Where Residing if not at place of death}Married, Single or Widowed ^{Name of Wife or Husband}Father's Name Robert Johnson. ^{Father's Birthplace} Piscataway, Md.Mother's Maiden Name Annie Brawner. ^{Mother's Birthplace} Chas. Co., Md.Name of person giving information Robert Johnson ^{How related to deceased} Father

CAUSES OF DEATH

29

28 ✓

PHYSICIAN
OR CORONERPrimary Tuberculosis ^{How long} 6 monthsImmediate Tuberculosis ^{How long}

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

Signature of Physician E. N. Hunt Jr. M.D.
Address Piscataway, Md.

I Accident or Suicide

1900
1901
1902



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Emma B. Knowles</i>		Town <i>Bozrah</i>		County <i>Putnam</i>		State <i>Connecticut</i>	
Died at <i>Bozrah</i>		Date of death <i>1910</i>		Age <i>69</i>		Maryland	
Month <i>May</i>		Day <i>10</i>		Years <i>69</i>		Months <i>-</i>	
Days <i>-</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Connecticut</i>	
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James M. Knowles</i>					
Father's Name <i>David Booth</i>		Father's Birthplace <i>Connecticut</i>				Mother's Birthplace <i>Connecticut</i>	
Mother's Maiden Name <i>Hetty Clark</i>		How related to deceased <i>Son</i>					
Name of person giving Information <i>J. B. Knowles</i>							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Acute Endocarditis</i>	How long <i>3 days</i>
	Immediate <i>Unknown</i>	How long <i>Not known</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. M. D. Small M.D.</i>
	Address <i>Bozrah</i>	
Accident or Suicide? <i>No</i>		

17
12/2
12/2
12/2
12/2

Name in Full

Robert Laudon.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Leonties ^{Town} Pr. Gw. ^{County} **MARYLAND**

Date of death 1940 Month 5 Day 24 Age — Years — Months 7 Days —

Sex Male Color or Race White Birth-place Leonties

Occupation None Where Residing if not at place of death Leonties

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

Father's Name Wm Laudon Father's Birthplace Mont. Co.

Mother's Maiden Name Awanda Green Mother's Birthplace Mont. Co.

Name of person giving information Wm Laudon How related to Deceased Father

CAUSES OF DEATH

8 ✓

Primary Whooping Cough How long 3 weeks

Immediate exhaustion How long —

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

Signature of Physician

W. F. Taylor
Address Laurel Md

Accident or Suicide

PHYSICIAN OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Julia Lavi
 Town Laurel County P. Gas

MARYLAND

Died at

Date

of death

1900

Month

May

Day

23

Age

Years

49

Months

"

Days

"

Sex

Female

Color or
Race

Black

Birth-
place

Md

Occupation

House Keeper

Where Residing if not
at place of death

Laurel

Married, Single
or Widowed

Mrs

Name of
Husband

Bazie Levi

Father's
Name

Stephen Mathros

Father's
Birthplace

Md

Mother's
Maiden Name

Julia Moulding

Mother's
Birthplace

Md

Name of person giving
Information

Mary E. Lavi

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Tubular Insufficiency

How long

6 mo

Immediate

Dropsy

How long

3 weeks

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

Address

Dr. [Signature]
Laurel

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William C Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Landover ^{County} Prince Georges MARYLAND

Date of death 1940 ^{Month} May ^{Day} 9 Age ^{Years} 65 ^{Months} ^{Days}

Sex Male ^{Color or Race} Whites ^{Birth-place} Ill.

Occupation Clerk ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} Emma F Miles

Father's Name Philip Miles ^{Father's Birthplace} Ireland

Mother's Maiden Name Mary Butler ^{Mother's Birthplace} Ireland

Name of person giving Information Emma F Miles ^{How related to deceased} Wife

CAUSES OF DEATH

Primary Diabetes Mellitus ^{How long} 10 years

Immediate " " ^{How long} " "

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

Signature of Physician H. T. Willis

Address Hyattsville Md.

Accident or Suicide no

PHYSICIAN
OR CORONER

I

Lebanon Ind.

Name
in Full

CERTIFICATE OF DEATH

Frances G. Miller

Town

County

MARYLAND

Died at Accokeek

Prince Georges

Date

Month

Day

Years

Months

Days

of death 1940

May

7th or 8th

Age

63

7

13

Sex

Female

Color or Race

White

Birthplace

Norfolk, Va.

Occupation

House wife

Where Residing if not at place of death

Accokeek Md

Married, Single or Widowed

Married

Name of Wife or Husband

John T. Miller

Father's Name

Edwin J. Craig

Father's Birthplace

unknown

Mother's Maiden Name

Emily Floyd

Mother's Birthplace

unknown

Name of person giving information

Mary E. Miller

How related to deceased

Sister-in-law

CAUSES OF DEATH

Primary

Don't know, an inquest held

How long

189th

Immediate

(Body found charred)

How long

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

yes

Signature of Physician

W. B. Morgan, Coroner

Address

Accokeek, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John T. Miller

MARYLAND

Died at Accokeek Town Prince George County
Date of death 1940 Month May Day 7th or 8th Age 73 Years Months 2 Days 31

Sex Male Color or Race White Birth-place Prince George & Nech.

Occupation Merchant Where Residing if not at place of death Accokeek Md.

Married, Single or Widowed Married Name of Wife or Husband Frances G. Miller

Father's Name John Miller Father's Birthplace don't know

Mother's Maiden Name Rebecca S. Johnson Mother's Birthplace don't know

Name of person giving Information Mary G. Miller How related to decedent Sister in law

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

189 JF
How long

Primary Don't know - an insect held

Immediate

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

Signature of Physician Wm B. Morgan Coroner
Address Accokeek, Md.

PHYSICIAN
OR
CORONER

Accident or Suicide



Name in Full

John Henry Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Tuxedo* Town

County *Prince Geo.*

MARYLAND

Date of death *1910*

Month *May*

Day *24*

Age *78*

Years Months

Days

Sex *Male*

Color or Race *White*

Birth-place *MD*

Occupation

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband *Betty Owens*

Father's Name *John Owens*

Father's Birthplace *England*

Mother's Maiden Name *Amelia H. Nally*

Mother's Birthplace *Ireland*

Name of person giving information *Joseph Owens*

How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *neck broken in falling*

How long *186*

Immediate *off a bridge*

How long

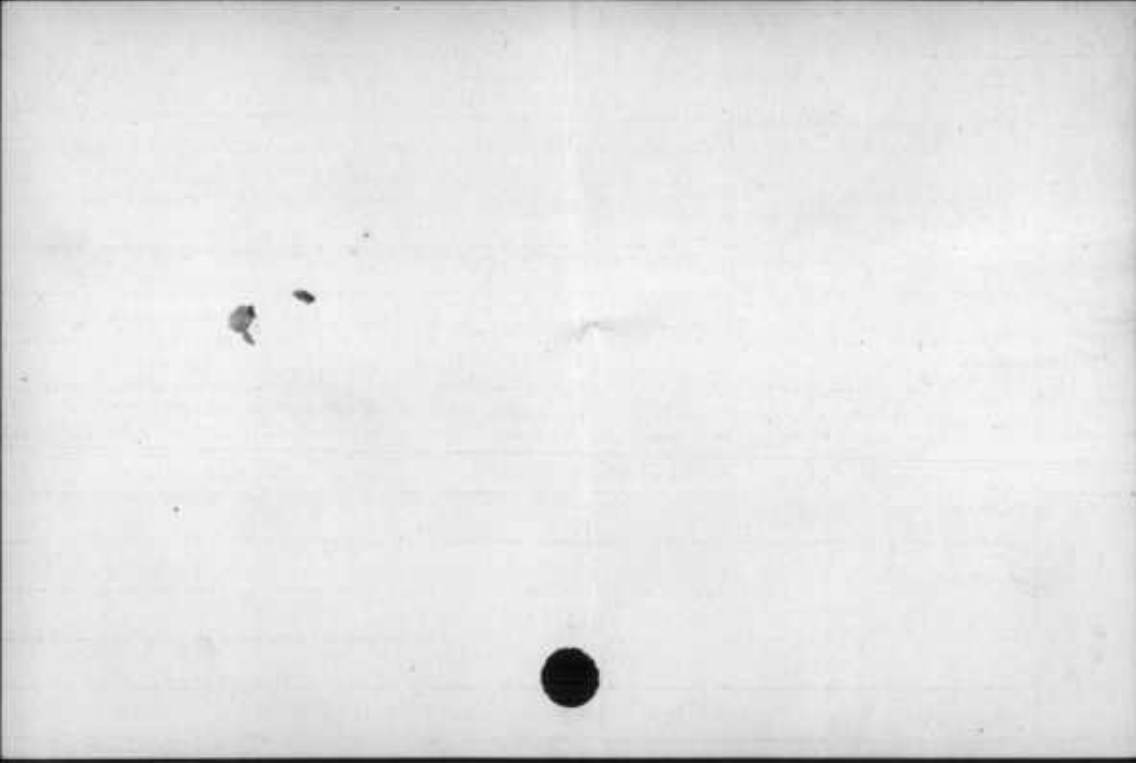
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Augustus H. Dahler*

Accident or Suicide? *Accident*

Address *Acting Coroner*

Bladensburg Md



Name
is
Full

CERTIFICATE OF DEATH

Frank Pinkney
 Died at ^{Town} Forestville ^{County} Pr. Geo. Co.

MARYLAND

Date of death 1910 ^{Month} May ^{Day} 9 ^{Age} 87 ^{Years} ^{Months} ^{Days}

Sex Male ^{Color or Race} Colored ^{Birth-place} Md.

Occupation Farmer ^{Where Residing If not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} Polly Pinkney

Father's Name Issac Pinkney ^{Father's Birthplace} Md.

Mother's Maiden Name Unknown ^{Mother's Birthplace} Md.

Name of person giving information Bryant Pinkney ^{How related to deceased} Son.

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

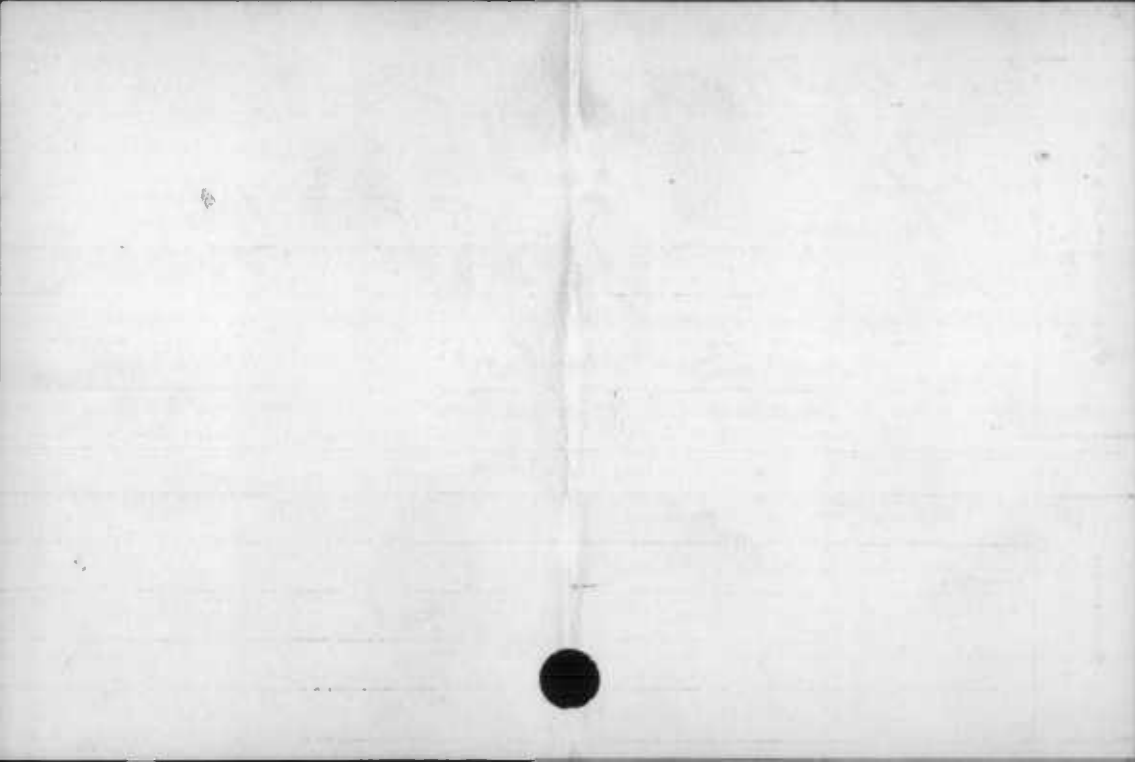
Primary Old Age. ^{How long} 2 yr

Immediate Heart Failure ^{How long} 6 mo.

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

Signature of Physician John C. Sawshury
 Address Forestville, Md.

Accident or Suicide? neither



Name
In Full

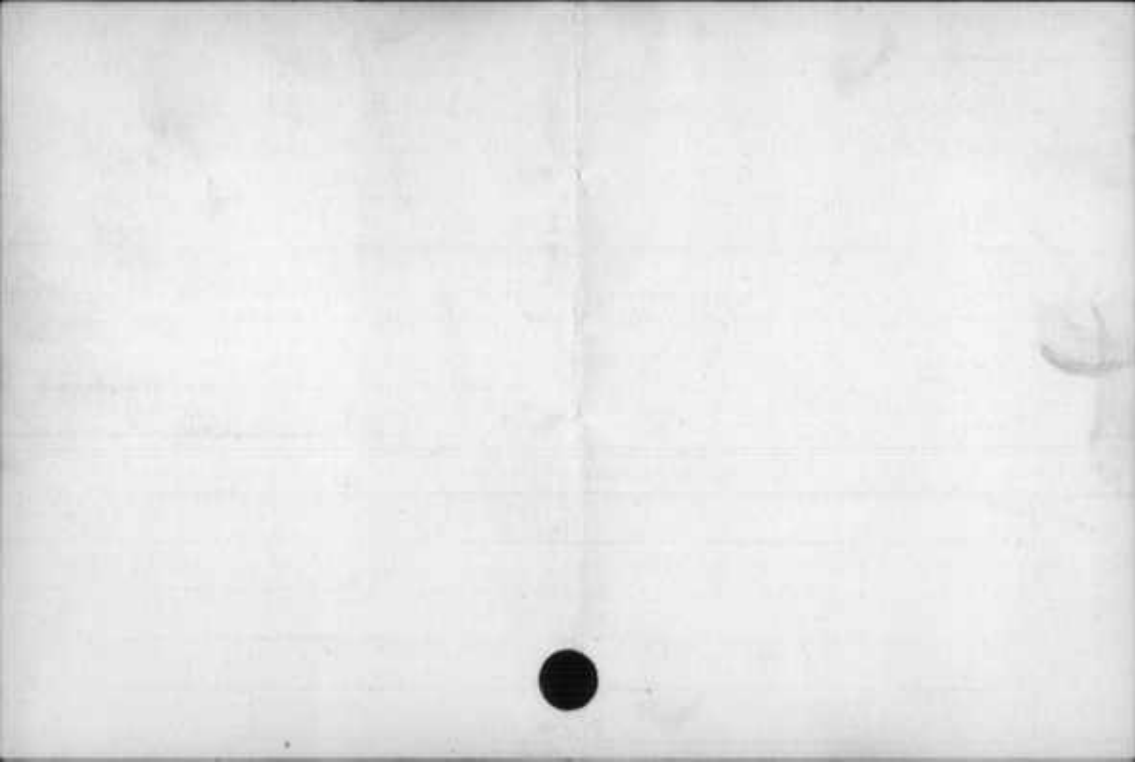
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smith</i> Town		<i>P. Es.</i> County		MARYLAND	
Date of death	1910	Month	May	Day	11
Age		Years	7	Months	
Sex	Male	Color or Race	Colored	Birth-place	Md.
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	Frank Smith			Father's Birthplace	Md.
Mother's Maiden Name	Josephine Groves			Mother's Birthplace	Md.
Name of person giving information	J. W. M. of Smith			How related to decedent	Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Still-Born.</i>	How long	<i>S</i>
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John C. Sansbury, Jr.</i>
	Accident or Suicide?		Address	<i>Southern Md.</i>



Name
in Full

Henry H. Timmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Samuel Town W. G. CountyDate of death 1940 Month May Day 30 Age 25 Years Months 9 Days 1Sex Male Color or Race White Birth-place mdOccupation Baker Where Residing if not at place of death _____Married, Single or Widowed Single Name of Wife or Husband _____Father's Name Samuel W. Timmons Father's Birthplace Va.Mother's Maiden Name Virginia E. Timmons Mother's Birthplace Va.Name of person giving information Mrs. Ella Anderson How related to deceased Sister

CAUSES OF DEATH

Primary ~~_____~~ Pulmonary Tuberculosis How long 12 months.

Immediate _____

Are the name, age, sex, color, date and place correctly given above? yes, Signature of Physician D. R. C. ForleyAddress Samuel, Md.Accident or Suicide no.



Name
in
Full

Cornelia Turner

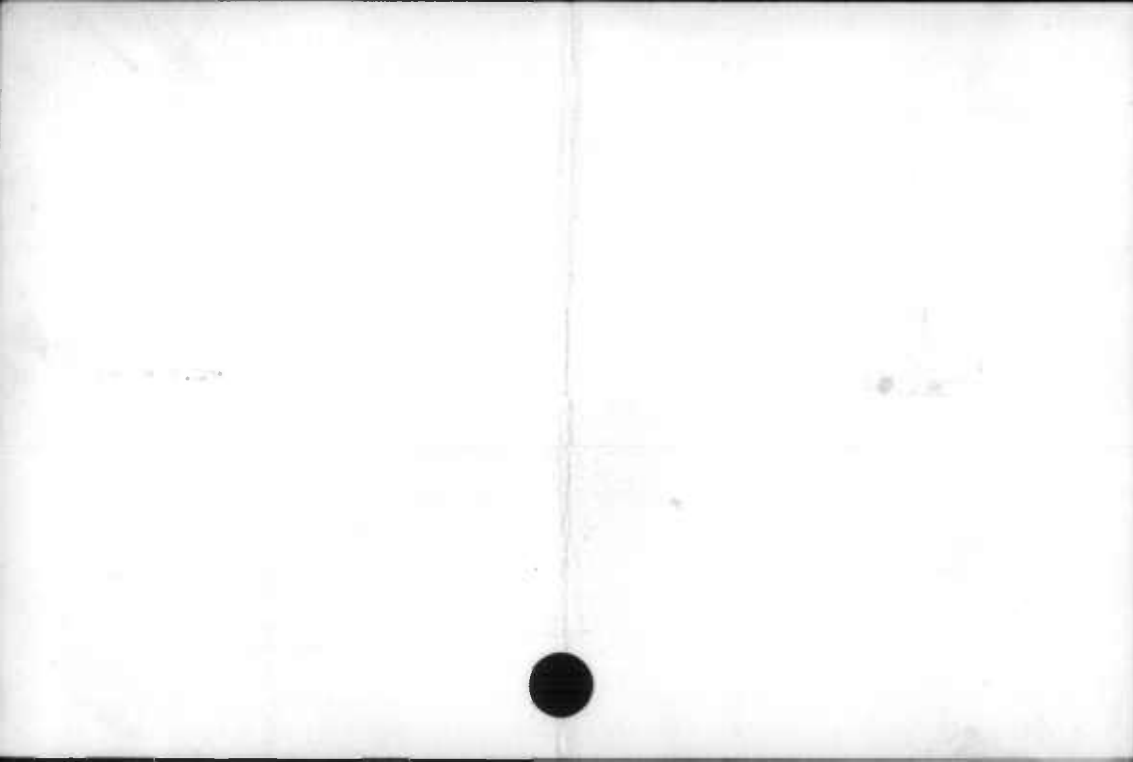
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brandywine</i> Town <i>Po. Co.</i> County		MARYLAND	
Date of death 19 <i>00</i> Month <i>5</i> Day <i>20</i>	Age <i>57</i> Years	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>MD</i>	
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Thos J Turner</i>	Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Milvina Early</i>	Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Mrs Josephine Bousca</i>	How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary <i>Carcinoma of Uterus</i>	How long <i>4 2 1/2</i> <i>2 yrs</i>
	Immediate <i>Exhaustion</i>	How long <i>4 days</i>
H	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John A. Coe</i>
	Accident or Suicide	Address <i>715.</i>



Name
in Full

Edna Roy Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Z.B. ^{Town} R.D. Gro ^{County}

MARYLAND

Date of death 1960 Month 5 Day 16 Age 11 Years Months 7 Days 27Sex Female Color or Race Colored Birth-place MDOccupation None Where Reiding if not at place of deathMarried, Single or Widowed Single Name of Wife or HusbandFather's Name John F. WallaceFather's Birthplace MDMother's Maiden Name Annie G. RobinsonMother's Birthplace MDName of person giving Information A.G. WallaceHow related to deceased Mother

CAUSES OF DEATH

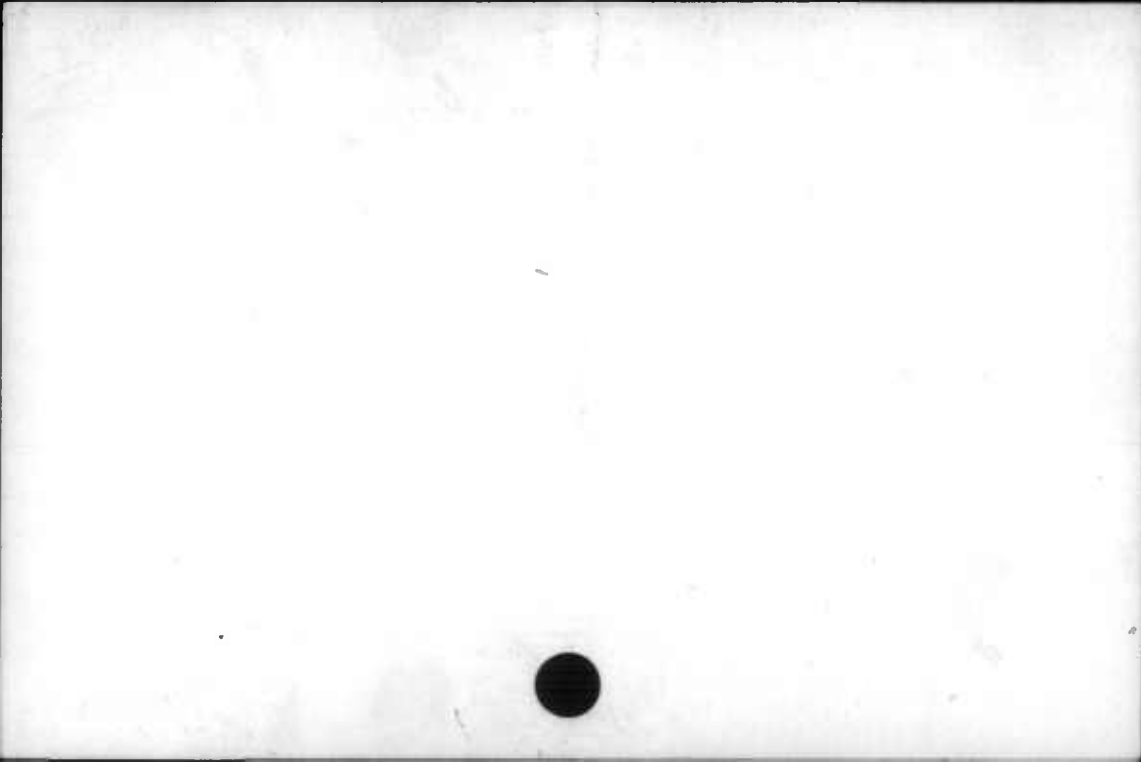
Primary Pulmonary Tuberculosis (miliary) How long 3 monthsImmediate Exhaustion How long 3 daysAre the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

John A. Coz
Z.B.PHYSICIAN
OR CORONER

Accident or Suicide



Name
Full

CERTIFICATE OF DEATH

William H. Wells

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Fairmont Heights ^{County} Prince George MARYLAND

Date of death 1910 May 18 Age 50 Months Days

Sex Male Color or Race Coloured Birth-place Md.

Occupation Labourer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Ella Wells

Father's Name Unknown Father's Birthplace Not known

Mother's Maiden Name Not known Mother's Birthplace Not known

Name of person giving information Ella Wells How related to deceased Wife

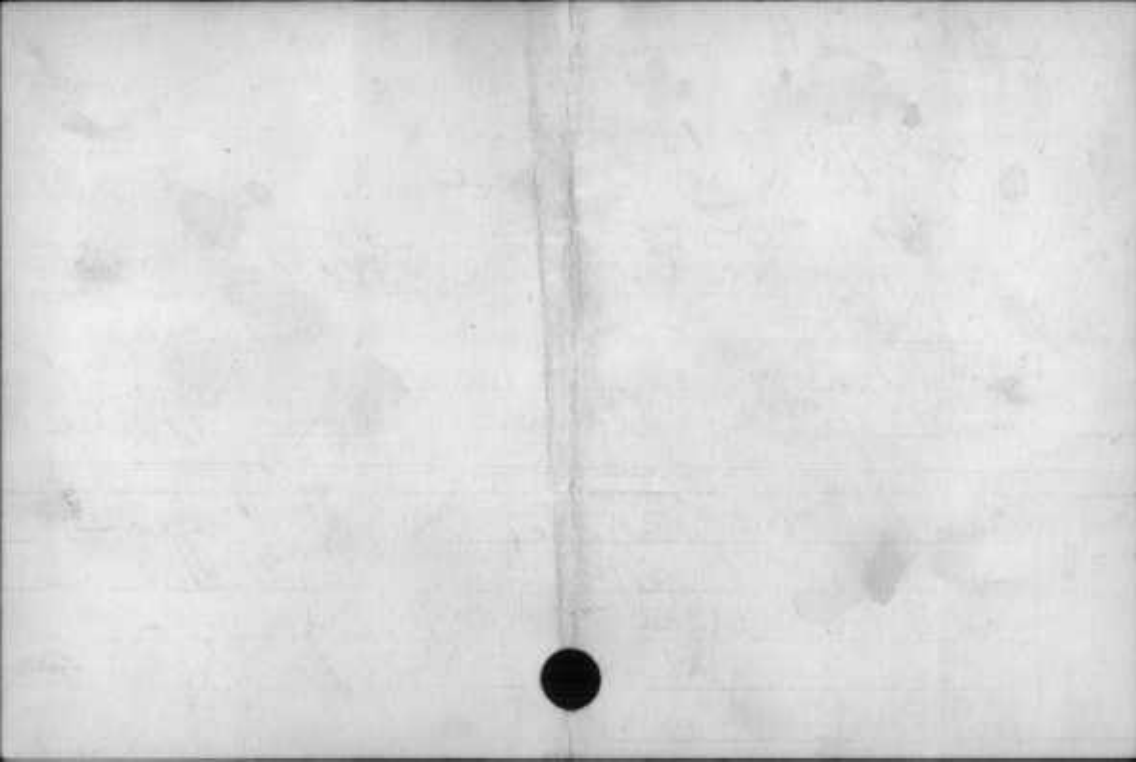
CAUSES OF DEATH

Primary Mitral Regurgitation How long 79 1/2 years
Immediate Heart Failure How long 1 hour

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

Signature of Physician M. M. Jones
Address Leonardwood Heights

Accident or Suicide?



Name in Full

Sarah Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Beltville ^{Town} Prince Georges ^{County} **MARYLAND**

Date of death 1900 ^{Month} May ^{Day} 13 Age 66 ^{Years} — ^{Months} — ^{Days} —

Sex Female Color d Birth-place Prince Geo

Occupation Housewife Where Reading ~~if not~~ at place of death

~~Married~~ Widowed Name of Wife or Husband Sarah Williams

Father's Name John Ross Father's Birthplace Med

Mother's Maiden Name Sarah Ross Mother's Birthplace Med

Name of person giving Information Ambrose Williams How related to deceased Son

CAUSES OF DEATH

Primary Pneumonia 167 How long about 3 weeks

Immediate " " " " " "

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

Signature of Physician C. A. Fox Address Beltville Med

PHYSICIAN OR CORONER

In me

Accident or Suicide

