

Herman Aikin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Port Deposit		^{County} Cecil		MARYLAND	
Date of death	1910	Month	June	Day	27
Age	47	Years		Months	
Sex	male	Color or Race	Colored	Birth-place	Harford Co Md
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Mary E Aikin		
Father's Name	Henry Aikin		Father's Birth-place	Harford Co Md	
Mother's Maiden Name	Grace Ann. Presbury		Mother's Birth-place	" "	
Name of person giving information	Mary E Aikin		How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	6 mo.?
Immediate	Leukemia	How long	2 1/2 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. H. Richards
		Address	Port Deposit Md
Accident or Suicide?	no		

120



Name in Full

Edith Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *near Cecilton* ^{County} *Cecil* MARYLAND

Date of death 19 *10* Month *6* Day *16* Age *47* Years Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Cecil Co., Ind.*

Occupation *House Wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Robert Brooks*

Father's Name *George Boyer* Birthplace *Kent Co., Ind.*

Mother's Maiden Name *Millicent Ayers* Birthplace *Kent Co., Ind.*

Name of person giving information *Ann Boyer* How related to deceased *Brother*

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary *Cardiac asthma* How long *6 hours*

Immediate *Valvular Heart disease* How long *3 years*

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

Signature of Physician *E. H. Crawford*

Address *Cecil Co. Ind.*

Accident or Suicide?



Name
in Full

Anna C Hught Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>A. Augustini</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death 19	<i>June</i> <small>Month</small>	<i>13</i> <small>Day</small>	Age <i>45</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Cecil County</i>		
Occupation <i>Wife</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Thomas Butler</i>				
Father's Name <i>Charles C Hught</i>	Father's Birthplace <i>Cecil Co.</i>				
Mother's Maiden Name <i>Anna Murch</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Harry Butler</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Bright's Disease</i>	How long <i>120</i>	How long <i>6 months to my knowledge</i>	
	Immediate		How long <i>-</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. [unclear]</i>	Address <i>Chesapeake Bay</i>	
	Accident or Suicide? <i>no</i>		<i>+ [unclear]</i>	



Name
in
Full

CERTIFICATE OF DEATH

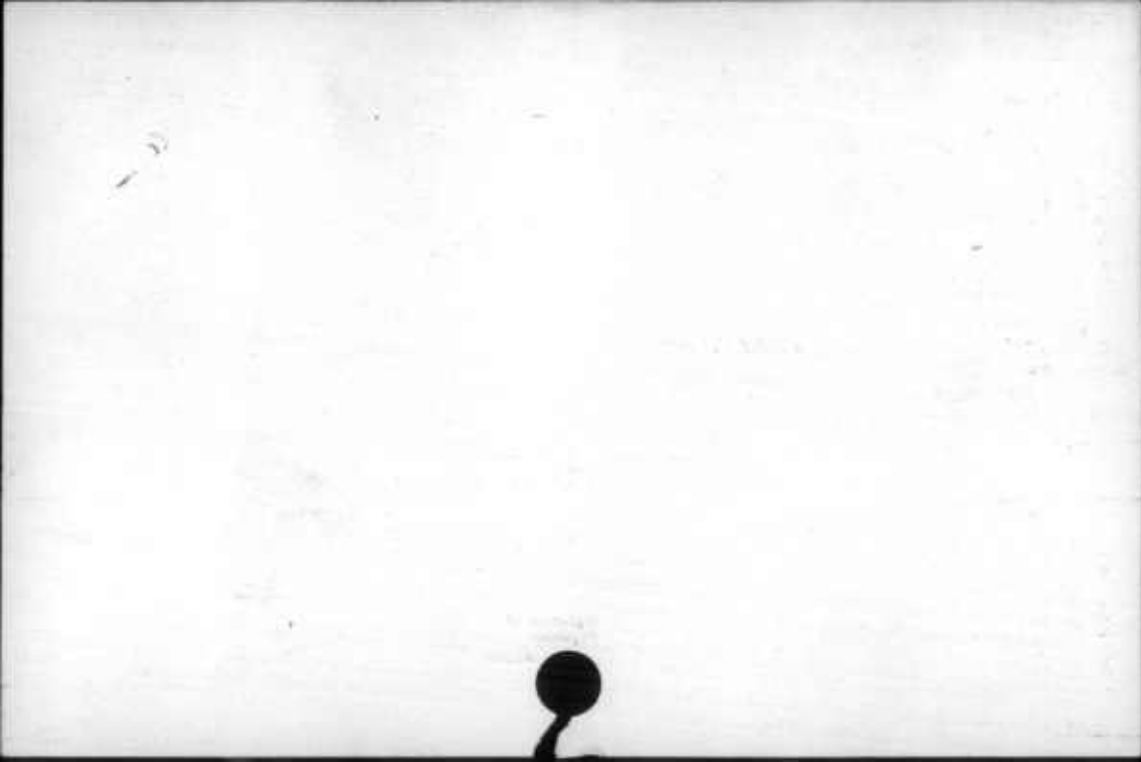
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jacob L. Dean</i>		Town <i>Exton</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Exton</i>		Month <i>6</i>		Day <i>2</i>		Age <i>45</i>	
Date of death <i>1980</i>		Months <i>6</i>		Years <i>45</i>		Days <i></i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Delaware</i>			
Occupation <i>Laborer</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>Jacob Dean</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Elizabeth Colman</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Andrew D. Dean</i>		How related to decedent <i>Brother</i>		<i>155</i>			

CAUSES OF DEATH

Primary <i>Voluntary taking Paris Green</i>		How long <i>17 hours</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Paul Frazier, Coroner</i>	
Accident or Suicide <i>Suicide</i>		Address <i>Exton Md</i>	

PHYSICIAN
OR CORONER



Name
In Full

George Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *High Cecilton* ^{Town} *Cecil* ^{County} MARYLAND

Date of death *1910* Month *6* Day *27* Age *45* Years Months *0* Days *0*

Sex *Male* Color or Race *Negro* Birth-place *Md.*

Occupation *Laborer* Where Residing if not at place of death _____

Married: ~~Single~~ *Widower* Name of Wife or Husband _____

Father's Name *Not known* Father's Birthplace *Not known*

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *James Reed* How related to deceased *None*

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *8 months*

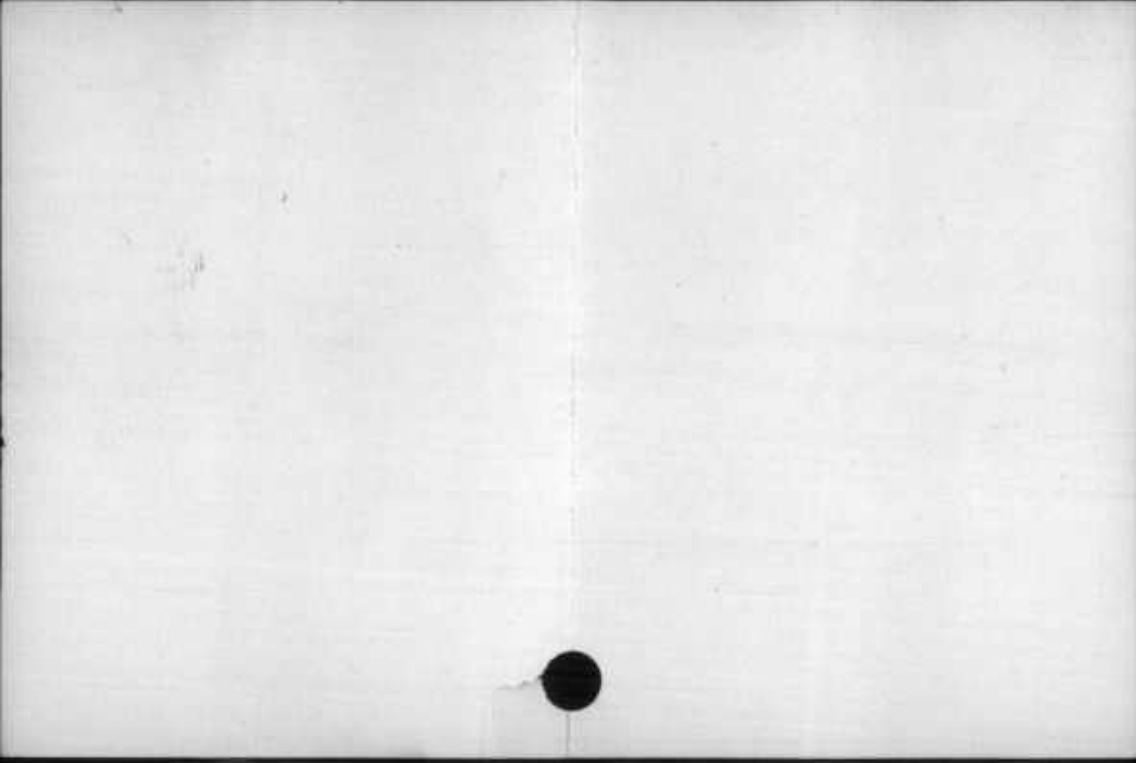
Immediate *cannot say as, mch 22. 1910 was the last time I saw him* How long _____

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

Signature of Physician *E. M. Vaughan*

Address *Middle town Dela*

Accident or Suicide? _____



Name
in Full

CERTIFICATE OF DEATH

Sadie A. Hayes

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cecilton ^{County} Cecil		MARYLAND	
Date of death 1910	Month 6	Day 5	Age 28
Sex Female	Color or Race Colored	Birth-place Cecil Co., Ind.	Months 5
Occupation Housewife	Where residing if not at place of death		
Married, Single or Widowed Widowed	Name of Wife or Husband James Hayes		
Father's Name Emery Sisco	Father's Birthplace Cecil Co., Ind.		
Mother's Maiden Name Sarah Hoover	Mother's Birthplace Cecil Co., Ind.		
Name of person giving information Emery Sisco	How related to decedent Father		

CAUSES OF DEATH

Primary Tuberculosis Lung	How long 8 months
Immediate	How long

PHYSICIAN
OR CORONER

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

Signature of Physician

Address

Accident or Suicide?

E. W. [Signature]
[Address]
[Address]



Name
Full

Anabelle Havelow

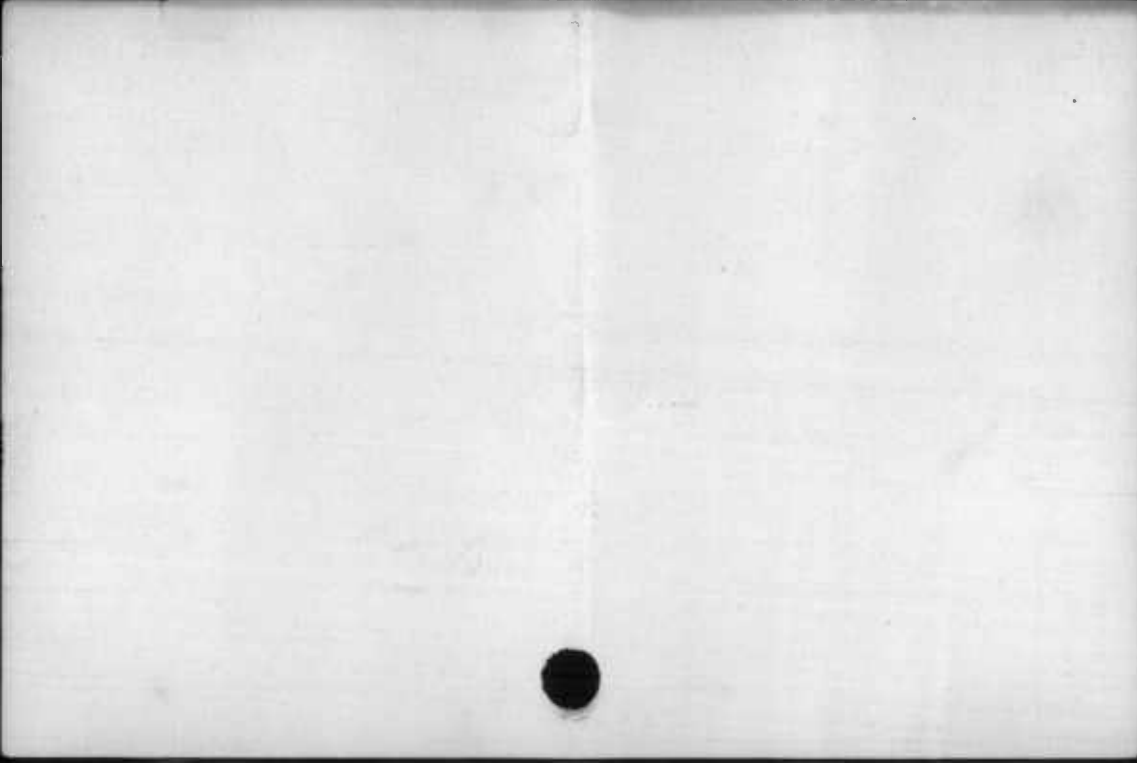
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Fredericktown		^{County} Cecil		MARYLAND	
Date of death	1910	Month	6	Day	26
Age	43	Years		Months	10
Sex	Female	Color or Race	White	Birth-place	Cecil Co. Ind.
Occupation	Housewife		Where Reading if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Mr. Havelow		
Father's Name	Geo. Robinson		Father's Birthplace	Cecil Co. Ind.	
Mother's Maiden Name	Sallie Ellis		Mother's Birthplace	Cecil Co. Ind.	
Name of person giving information	Sallie Robinson		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Carcinoma of Breast	How long	18 months	
	Immediate		How long	43	
	Are the name, age, sex, color, date and place correctly given above?	Yes			
	Signature of Physician	C. H. Crawford			
	Address	Cecil Co. Ind.			
	Accident or Suicide?	X			



Name
Full

Arthur Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake City</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month <i>June</i>	Day <i>13</i>	Age <i>—</i>	Years <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation	<i>—</i>		Birth-place	<i>Chesapeake City, Md.</i>	
Where Reading if not at place of death	<i>—</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>Joseph Hood</i>		Father's Birthplace	<i>Delaware</i>	
Mother's Maiden Name	<i>Rachel Jorden</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Joseph Hood</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sted burn</i>	How long	<i>5</i>
Immediate	<i>Intestinal Relapsing</i>	How long	<i>2 1/2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. C. ...</i>
		Address	<i>Chesapeake City</i>
Accident or Suicide?			



Name
in
Full

Rachel Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake Bay</i> <i>Accret</i>		Town <i>Chesapeake Bay</i> County <i>Accret</i>		MARYLAND	
Date of death	1910	Month	July	Day	14
Age	16	Years		Months	5
				Days	21
Sex	Female	Color or Race	Colored	Birth-place	Levi Co
Occupation	Nurse		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <i>Joseph Hood</i>			
Father's Name	<i>William Jackson</i>			Father's Birthplace	<i>East Hampton</i>
Mother's Maiden Name	<i>Blanch Jones</i>			Mother's Birthplace	<i>Philadelphia</i>
Name of person giving information	<i>Blanch Jackson</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

Primary	<i>Eclampsia</i>	How long	<i>48 hrs</i>
Immediate		How long	

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

yes

Signature of Physician

Address

J. K. [Signature]
Chesapeake Bay
920

Accident or Suicide?

x



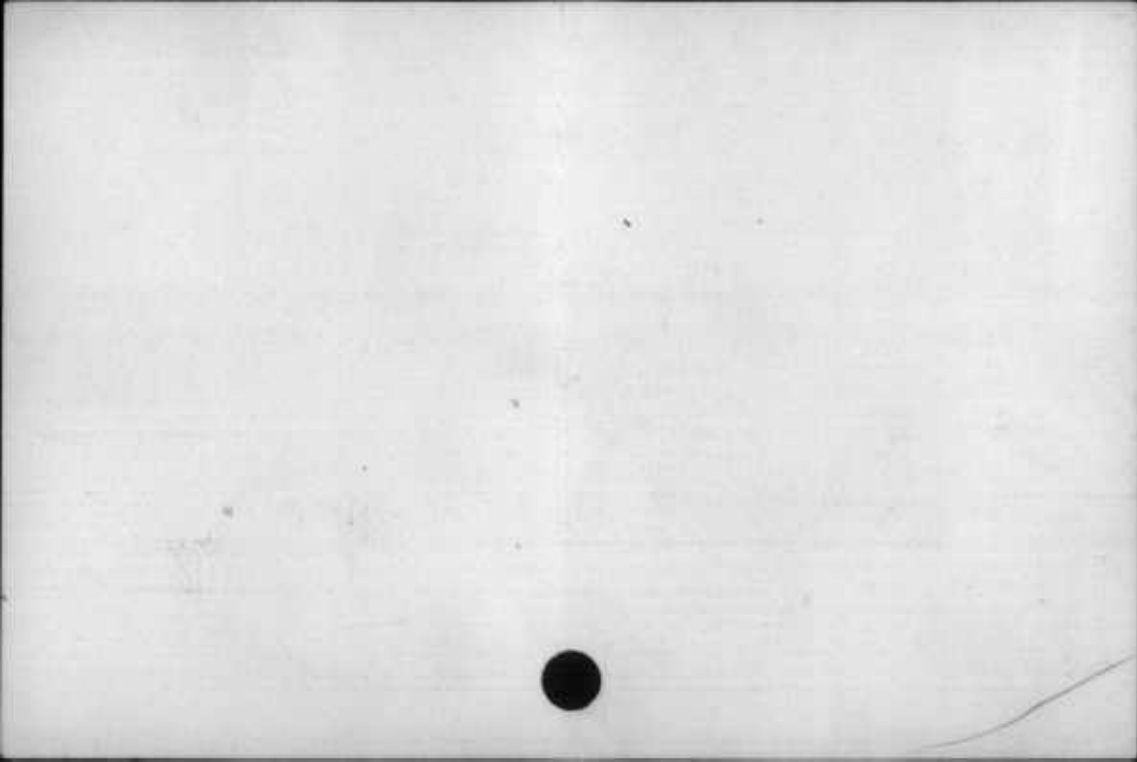
Name in Full

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

CERTIFICATE OF DEATH

Name in Full <i>Dr William D Jordan</i>		County <i>Cecil</i>		State MARYLAND	
Died at <i>Liberty Grove</i>		Town <i>Liberty Grove</i>		City <i>Cecil</i>	
Date of death 19	Month <i>June</i>	Day <i>1</i>	Age <i>50</i>	Years <i>50</i>	Months <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>		Days <i>12</i>	
Occupation <i>Doctor</i>		Where Residing if not at place of death <i>Home</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary B. Jordan</i>				
Father's Name <i>Andrew M Jordan</i>	Father's Birthplace <i>N.Y.</i>		Mother's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Sarah Gray</i>	Name of person giving information <i>Mrs W B Jordan</i>		How related to deceased <i>Wife</i>		
CAUSES OF DEATH					
Primary <i>Tuberculosis (Ani) (Fistula Ano)</i>	How long <i>6 mths</i>				
Immediate <i>Heart Failure</i>	How long <i>10 days</i>				
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W G Jack</i>				
<i>No</i>	Address <i>Liberty Grove MD</i>				
Accident or Suicide? <i>No</i>					



Name in Full

Hanna A Kline

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at *North East* Town, *Cecil* County, MARYLAND

Date of death 19*80* *June* *17* Age *56* Months *-* Days *-*

Sex *Female* Color or Race *White* Birth-place *Chester*

Occupation *Dressmaker* Where Residing if not at place of death *North East*

Married, Single or Widowed *Married* Name of Wife or Husband *William Kline*

Father's Name *George Medary* Father's Birthplace *Singland*

Mother's Maiden Name *Amanda Fort* Mother's Birthplace *Cecil County*

Name of person giving Information *William Kline* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Tuberculosis* How long *2 yrs*

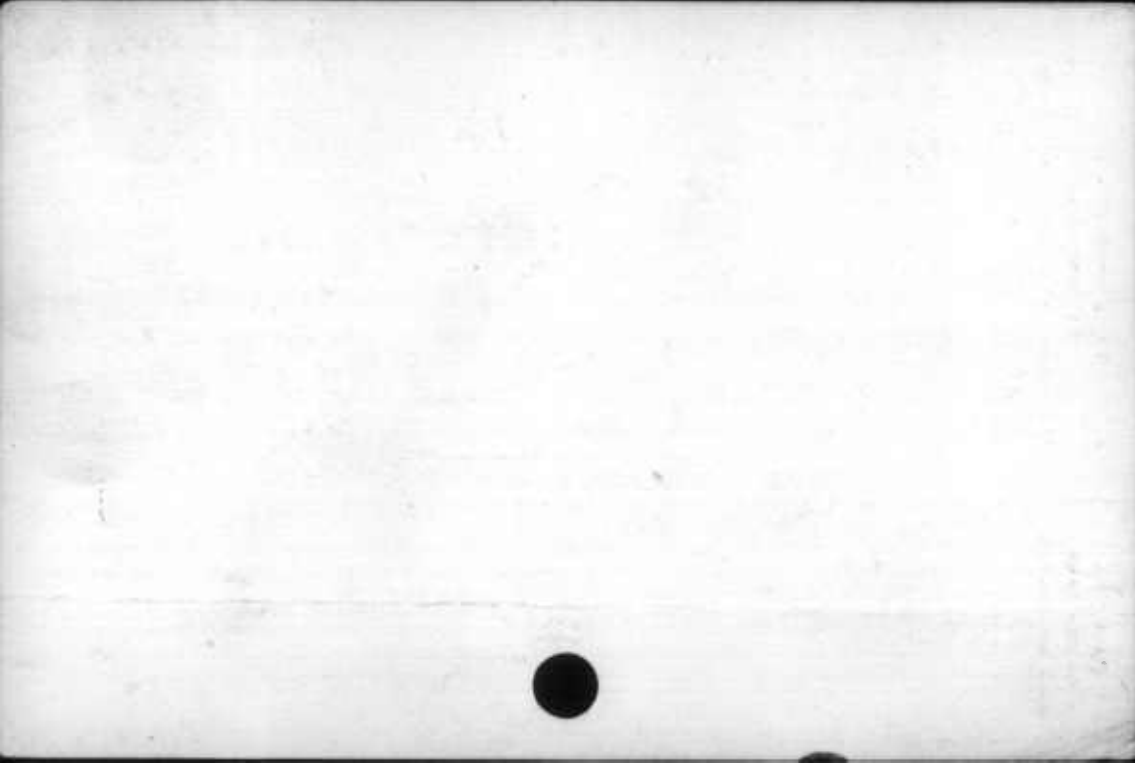
Immediate *Tuberculosis* How long *2 yrs*

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

Signature of Physician *B. S. [Signature]*
Address *N. [Signature]*

PHYSICIAN OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

John McFadden

MARYLAND

Died at ^{Town} Rising Sun^{County} CecilDate
of death 1910

Month June

Day 16

Age 62

Months 4

Days —

Sex Male

Color or
Race

White

Birth-
place

Penna

Occupation

Labourer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
Name

William McFadden

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

" "

Name of person giving
information

Wm McFadden

How related
to deceased

Son

CAUSES OF DEATH

Primary

Paralytic

37

How long

16 hours

Immediate

Hypertension

How long

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

yes.

Signature of
Physician

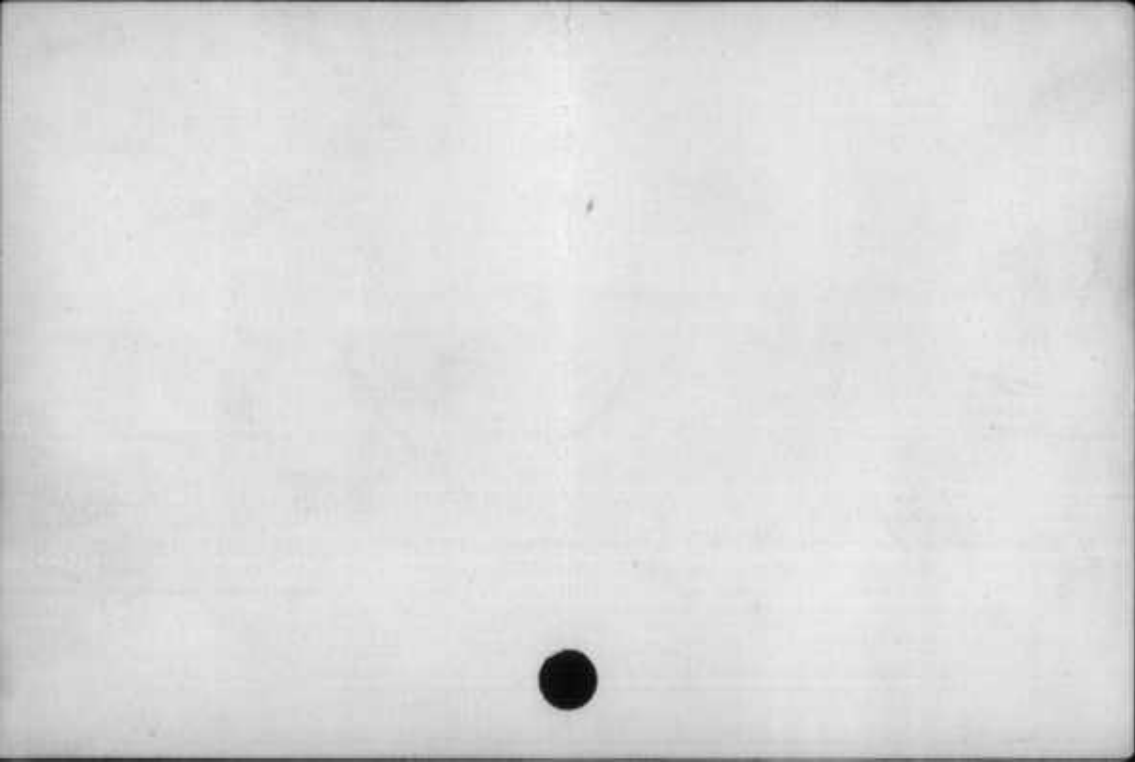
J B Sherr

Address

Rising Sun Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Almgo Mayger -

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nelsk Point</i>		Town		County <i>Cecil</i>		STATE <i>MARYLAND</i>	
Date of death <i>1910</i>	Month <i>June</i>	Day <i>21</i>	Age <i>24</i>	Years <i>-</i>	Months <i>-</i>	Days <i>1</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Philad'a</i>				
Occupation <i>Clerk</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Mary G Mayger -</i>						
Father's Name <i>Robert Mayger</i>	Father's Birthplace <i>Philad'a</i>						
Mother's Maiden Name <i>Mary G Koch</i>	Mother's Birthplace <i>Montgomery Co</i>						
Name of person giving information <i>Robert Mayger -</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>28</i>	<i>Some kind</i>
Immediate <i>Exhaustion</i>	How long <i>Several hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. J. Conroy M.D.</i>	
	Address <i>Chesapeake Co Md</i>	
Accident or Suicide?		



Name
in
Full

Delphos Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Elkton ^{Town} Cecil ^{County} **MARYLAND**Date of death 1900 ^{Month} June ^{Day} 19 ^{Years} 48 ^{Months} 6 ^{Days}Sex male Color or Race white Birth-place mdOccupation clerk Where Residing if not at place of death _____Married, Single or Widowed married Name of Wife or Husband Rosa L PriceFather's Name James Price Father's Birthplace mdMother's Maiden Name Martina Robinson Mother's Birthplace mdName of person giving Information Rosa L Price How related to deceased wife

CAUSES OF DEATH

Primary Bright's Disease (120) How long 6 mo.Immediate convulsions How long SuddenAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician Wm H CawleyAddress Elkton md

Accident or Suicide _____

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

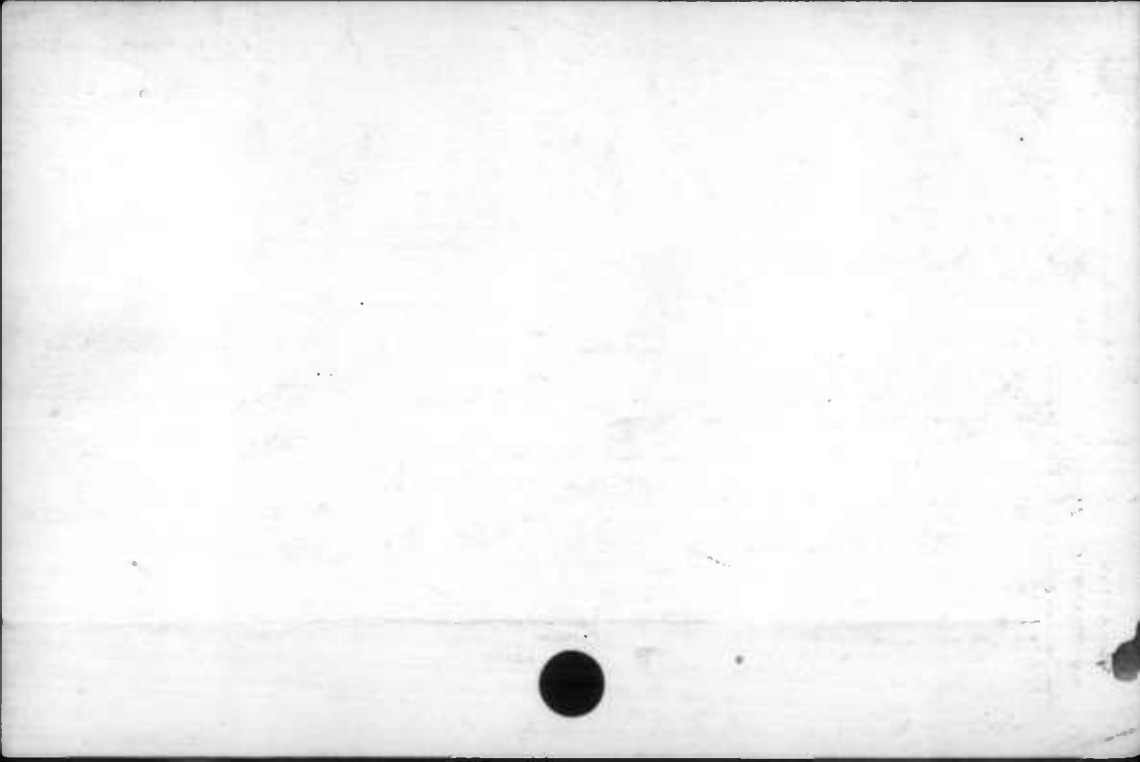
TO BE ANSWERED BY
NEAREST FRIEND

Name: *Winfield Pryor*
 Died at: *Elkneck* Town *becl* County
 Date of death: *1900* June Month *25* Day Age *4* Months *9* Days
 Sex: *male* Color or Race: *white* Birth-place: *North East*
 Occupation: _____ Where Residing if not at place of death: *Elkneck*
 Married, Single or Widowed: _____ Name of Wife or Husband: _____
 Father's Name: *Winfield J. nthy* Father's Birthplace: *Elkneck*
 Mother's Maiden Name: *Bertha Pryor* Mother's Birthplace: *Elkneck*
 Name of person giving Information: *Bertha Pryor* How related to deceased: *mother*

CAUSES OF DEATH

Primary: _____ How long: _____
 Immediate: *Morbus* How long: *1 Month*
 Are the name, age, sex, color, date and place correctly given above? _____
 Signature of Physician: *[Signature]*
 Address: *[Signature]*
 Accident or Suicide: _____

PHYSICIAN
OR CORNER



Name
In Full

Theodore Finckenauer Quack.

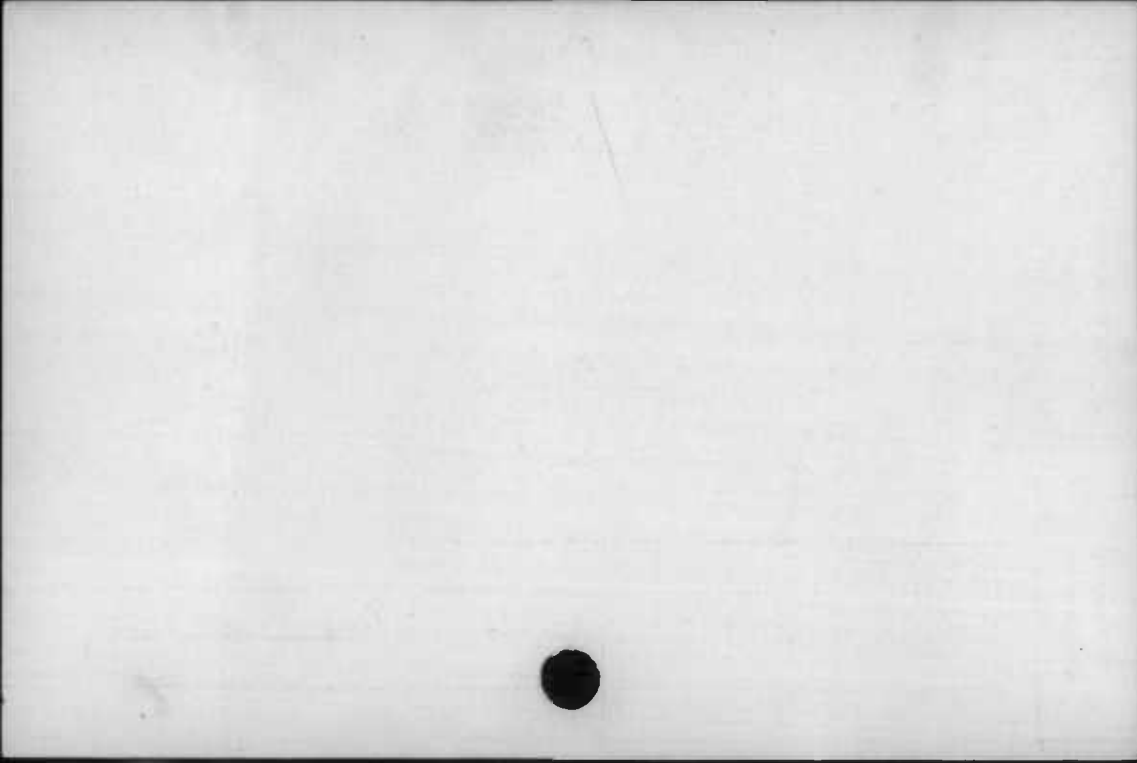
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Randall		County		Cecil		MARYLAND		
Date of death		1910	June	8	Age	15	9	Months	15	Days
Sex		Male		Color or Race		White		Birth-place		Chesapeake City
Occupation		—		Where Reading if not at place of death		—				
Married, Single or Widowed		Single		Name of Wife or Husband		—				
Father's Name		George H. Quack		Father's Birthplace		Prussia				
Mother's Maiden Name		Anna Elizabeth Brooks		Mother's Birthplace		Chesapeake City				
Name of person giving information		Mrs J. H. Quack		How related to deceased		Mother				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Gullipin Consumption	How long	2 1/2 weeks to
	Immediate	—	How long	my knowledge
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	D. Conway
	Address	Chesapeake City Md		
	Accident or Suicide?			



Name
in
Full

Wm Isaac Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Eston Cecil ^{County} Cecil MARYLANDDate of death 1911 Month 6 Day 28 Age 45 Months DaysSex Male Color or Race Col Birth-place MarylandOccupation Laborer Where Residing if not at place of deathMarried, Single or Widowed Single Name of Wife or HusbandFather's Name John Reed Father's Birthplace MarylandMother's Maiden Name Annie Fields Mother's Birthplace MarylandName of person giving Information Wm Wilson How related to deceased Bro in Law

CAUSES OF DEATH

Primary P was driving loaded wagon alone, fell off
Run over by wagonImmediate Broken Neck 185'6" 2 hoursAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician Frank Frazer Corwin
Address

Accident or Suicide

AccidentEston Md



Name
in
Full

Charles Pancoast Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at Eldton ^{Town}		Cecil ^{County}		MARYLAND	
Date of death 1900	Month June	Day 23	Age 52	Months	Days
Sex male	Color or Race White	Birthplace md			
Occupation Telegraph Operator		Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Andrew J Scott	Father's Birthplace md				
Mother's Maiden Name Emma Pancoast	Mother's Birthplace md				
Name of person giving Information Mrs Daisy Wells	How related to deceased Sister				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Nephritis	How long Several yrs
Immediate Uræmia	How long 2 wks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. Archer Titchener
Address Eldton Md	
Accident or Suicide _____	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: *Mr. Elisabeth Simcoe*
 Died at: *North East* ^{Town} *Cecil* ^{County} **MARYLAND**
 Date of death: *1960* ^{Year} *June* ^{Month} *14th* ^{Day} Age: *in 89th* ^{Years} *yr* ^{Months} *—* ^{Days} *—*
 Sex: *female* Color or Race: *white* Birthplace: *N. Jersey*
 Occupation: *—* Where Residing if not at place of death: *North East*
 Married, Single or Widowed: *widow* Name of Wife or Husband: *both dead*
 Father's Name: *Ben Pointect* Father's Birthplace: *Cecil Co.*
 Mother's Maiden Name: *Elizabeth Pointect* Mother's Birthplace: *N. Jersey*
 Name of person giving Information: *W. H. Simcoe* How related to deceased: *son*

CAUSES OF DEATH

Primary: *HEM* *79* How long: *One month*
 Immediate: *—* How long: *—*

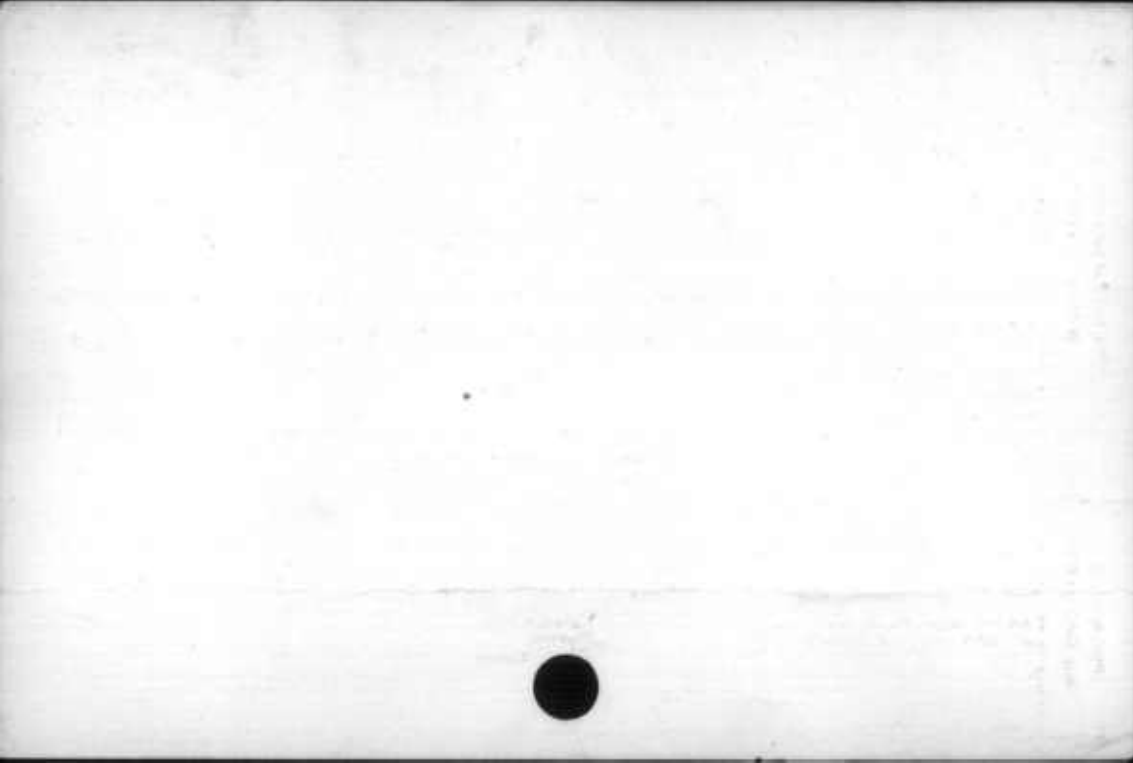
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

B. M. Steep
N. 1000
Cecil Co. Md.



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Tuss</i>		Town <i>Chesapeake City</i>		County <i>Cecil</i>		STATE MARYLAND	
Died at <i>Chesapeake City</i>		Date of death 19 <i>June</i>		Age <i>30</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Chesapeake City</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>Waver Tuss</i>					
Father's Name <i>Waver Tuss</i>		Father's Birthplace <i>Chesapeake City</i>					
Mother's Maiden Name <i>Joseph Catharine Plouffe</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Waver Tuss</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Femoral Fracture</i>	How long <i>51B</i>
	Immediate <i>Cardiac Infection</i>	How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Accident or Suicide? <i>—</i>	Address <i>Chesapeake City</i>



Name in Full

William Willie

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Elkton ^{County} Cecil MARYLAND

Date of death ¹⁹¹⁰ 190 ^{Month} June ^{Day} 22 ^{Age} 69 ^{Years} ^{Months} ^{Days}

Sex *male* Color or Race *White* Birth-place *Ind*

Occupation *Laborer* Where Residing if not at place of death

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

Father's Name *Harry Willie* Father's Birthplace *Ind*

Mother's Maiden Name *Elyzah Anne Evans* Mother's Birthplace *Ind*

Name of person giving Information *Elizabeth Jones* How related to deceased *Granddaughter*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Arterio Sclerosis of 1* ^{How long} *Several yrs.*

Immediate *Exhaustion* ^{How long} *2 wks.*

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

Address *X 24th St.*

Accident or Suicide

