

Name
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Louisa Branson

Died at *Doughoregan Manor Howard* County *MARYLAND*

Date of death *1908 June 10* Age *81* Months _____ Days _____

Sex *Female* Color or Race *Colored* Birth-place *Ind*

Occupation *cook* Where Residing if not at place of death *Doughoregan Manor*

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

Father's Name *Napier Branson* Father's Birthplace *Ind*

Mother's Maiden Name *Raney Branson* Mother's Birthplace *Ind*

Name of person giving information *Mary Burgess* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bronchitis* How long *4 years*

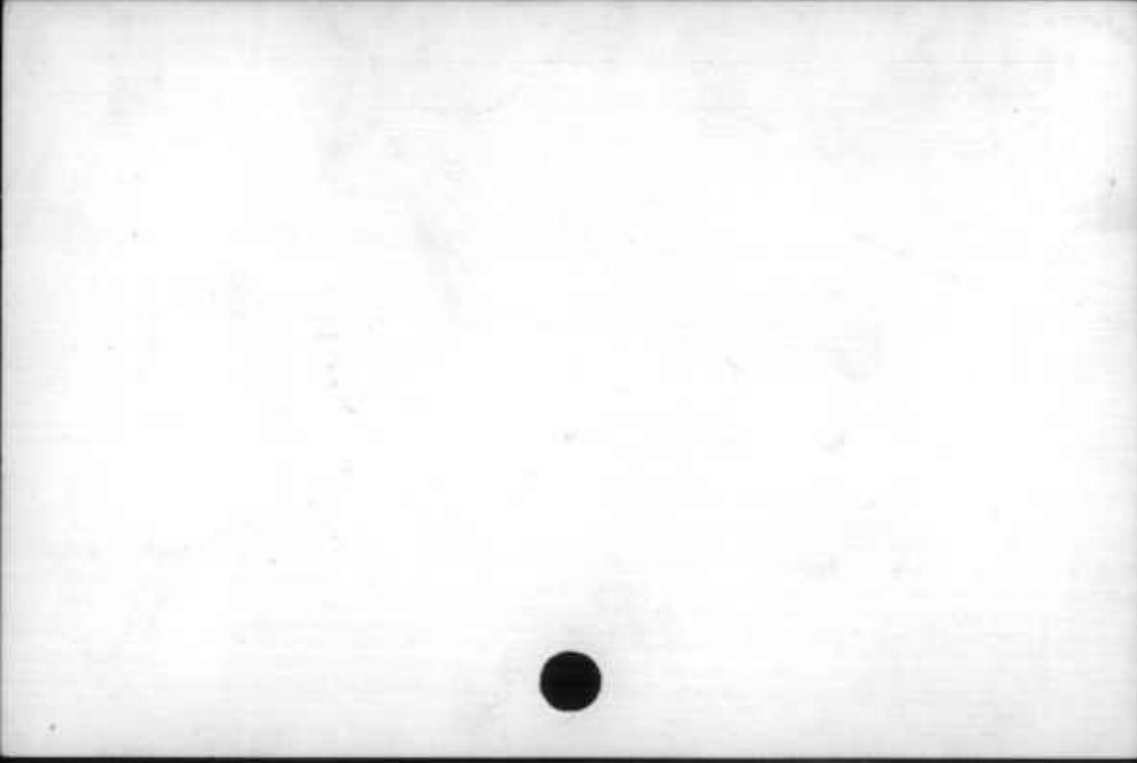
Immediate *asphyxiation* How long _____

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

Signature of Physician *L. M. ...*

Address _____

Accident or Suicide _____



Name
in
Full

May Violet Crum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Woodstock ^{Town} Howard ^{County} MARYLAND

Date of death 1940 ^{Month} June ^{Day} 30 Age 1 ^{Years} 10 ^{Months} — ^{Days}

Sex female Color or Race white Birth-place Ind

Occupation None Where Residing if not at place of death Sage

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

Father's Name Frank Crum Father's Birthplace Ind

Mother's Maiden Name Irone & Baw Mother's Birthplace Ind

Name of person giving information Frank Crum How related to deceased Father

CAUSES OF DEATH

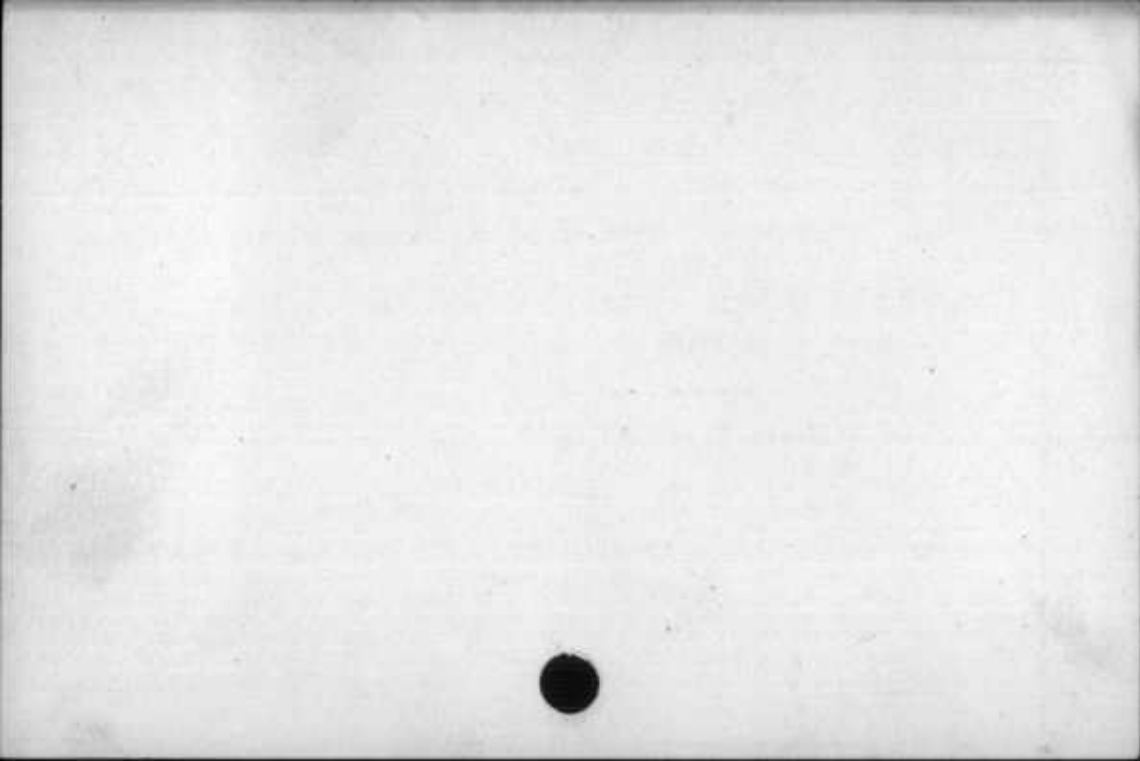
Primary Pertussis (8) How long 2 weeks

Immediate Pneumonia How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician R. J. Triple

Address Brandy

Accident or Suicide? —



Name
In
Full

James F S Douvan

CERTIFICATE OF DEATH

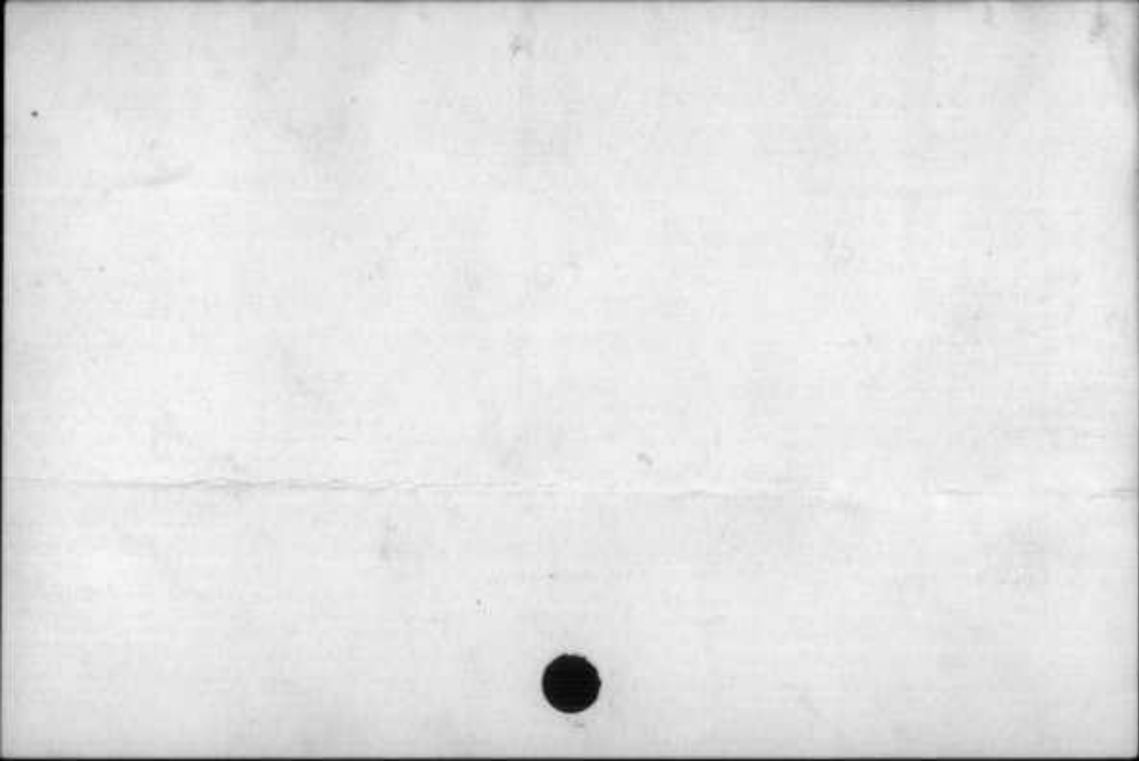
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodstock</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death	19 <u>40</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>22</u> <small>Day</small>	Age	<u>7</u> <small>Years</small>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Ind</u>
Occupation	Where Residing if not at place of death		<u>Ind</u>		
Marrried, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>James</u>		
Father's Name	<u>Tom Douvan</u>		Father's Birthplace	<u>Ind</u>	
Mother's Maiden Name	<u>Grace Brown</u>		Mother's Birthplace	<u>Ind</u>	
Name of person giving information	<u>Tom Douvan</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>1 week</u>
Immediate	<u>Exhaustion & Cold</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>A. J. Shipley M.D.</u>
		Address	<u>Seaside Ind</u>
Accident or Suicide?	<u>—</u>		<u>Ind</u>



Name
in
Full

Job Darsey

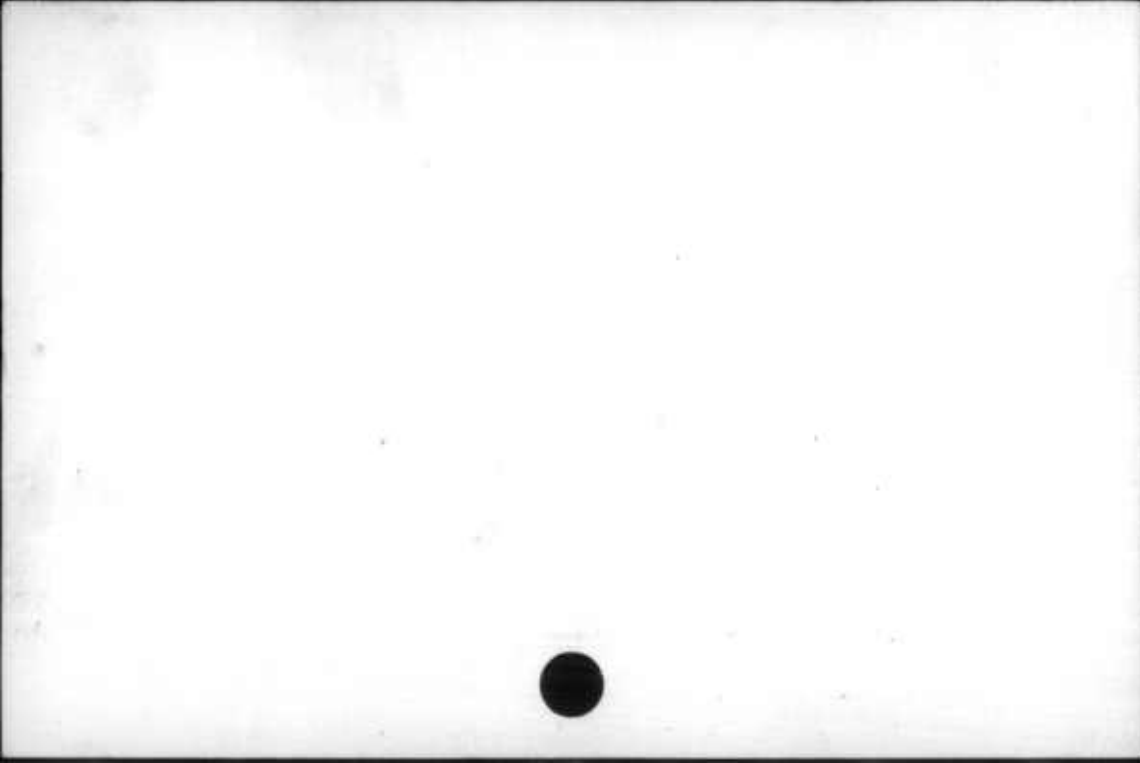
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Marristownville ^{Town}		Howard ^{County}		MARYLAND	
Date of death 1960	Month June	Day 7	Age about 90 yrs	Months	Days
Sex Male	Color or Race colored	Birth-place md			
Occupation Pensioner on county	Where Residing if not at place of death at his home				
Married, Single or Widowed widower	Name of Wife & Husband Hannie Darsey				
Father's Name not known	Father's Birthplace not known				
Mother's Maiden Name not known	Mother's Birthplace not known				
Name of person giving Information Joseph H. Smith	How related to deceased none				

PHYSICIAN
OR CORONER

CAUSES OF DEATH		DS-14	
Primary	senile degeneration of heart & kidney ^{& blood vessels}	How long	about 1 yr
Immediate	general dropsy & edema ^{& lungs}	How long	about 3 days
Are the name, age, sex, color, date and place correctly given above?	correct	Signature of Physician	Bern. F. Shipley M.D.
	so far as stated	Address	alpha md
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Joseph Easton
Town *Howard* County

Died at *Glendale* *Howard* MARYLAND

Date of death 19*46* Month *June* Day *7* Age *43* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Howard Co*

Occupation *Carpenter* Where Residing if not at place of death *Near Dayton*

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

Father's Name *Joseph Easton* Father's Birthplace *Howard Co*

Mother's Maiden Name *Rebecca Easton* Mother's Birthplace *Howard Co*

Name of person giving Information *Dobley Gardner* How related to deceased *Brother in Law*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *185°C* How long *immediate*
Immediate *Neck broken* How long *immediate*

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

Signature of Physician *J. W. Smith M.D.*
Address *4 Leonard*

Accident or Suicide *Accident*

PHYSICIAN
OR CORONER



Name

Is Full

Daniel Gordon

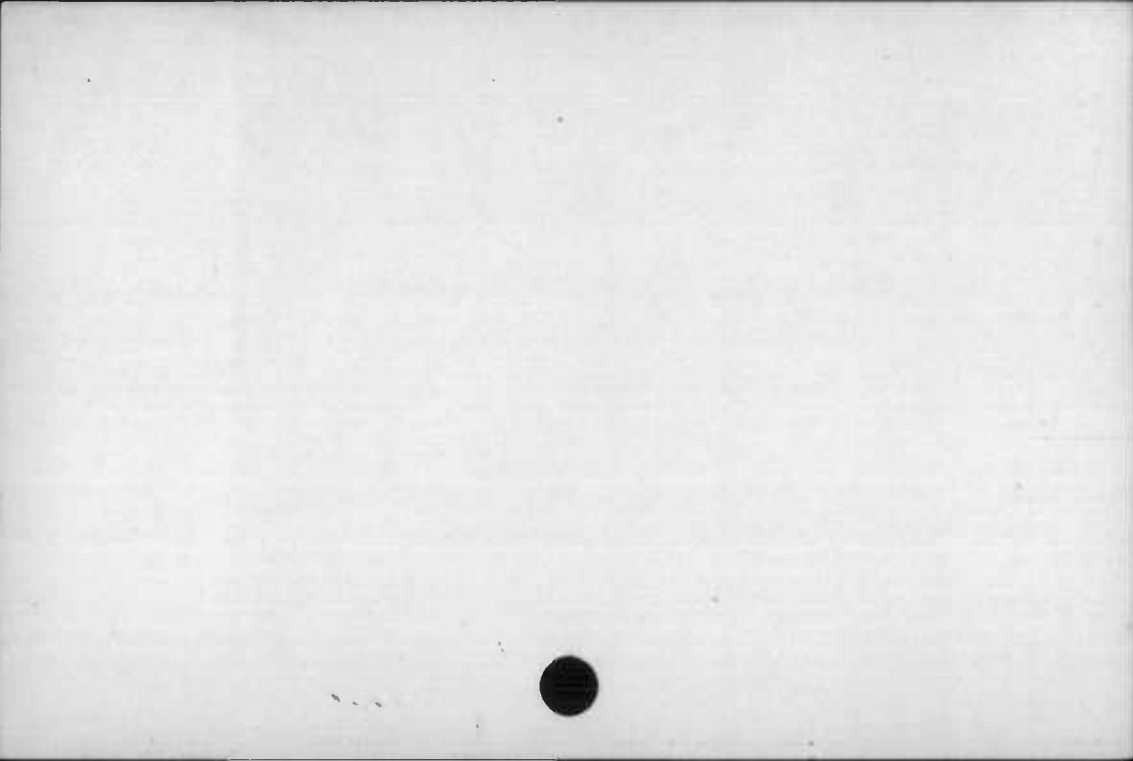
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dayton</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death	<u>1900</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>22</u> <small>Day</small>	Age <u>80</u> <small>Years</small>	<u>1</u> <small>Months</small> <u>18</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	
Occupation	<u>None</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband	<u>Elizabeth</u>		
Father's Name	<u>John Gordon</u>		Father's Birthplace	<u>Ind.</u>	
Mother's Maiden Name	<u>Do not know</u>		Mother's Birthplace	<u>Ind.</u>	
Name of person giving information	<u>Albert Gordon</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Cerebral Hemorrhage</u>	How long	<u>8 months</u>	
	Immediate	<u>Exhaustion</u>	How long	<u>2 days</u>	
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. A. Nichols</u>	
			Address	<u>Dayton</u>	
	Accident or Suicide?	<u>X</u>			



Name
in Full

CERTIFICATE OF DEATH

Charles Grey

TO BE ANSWERED BY
NEAREST FRIEND

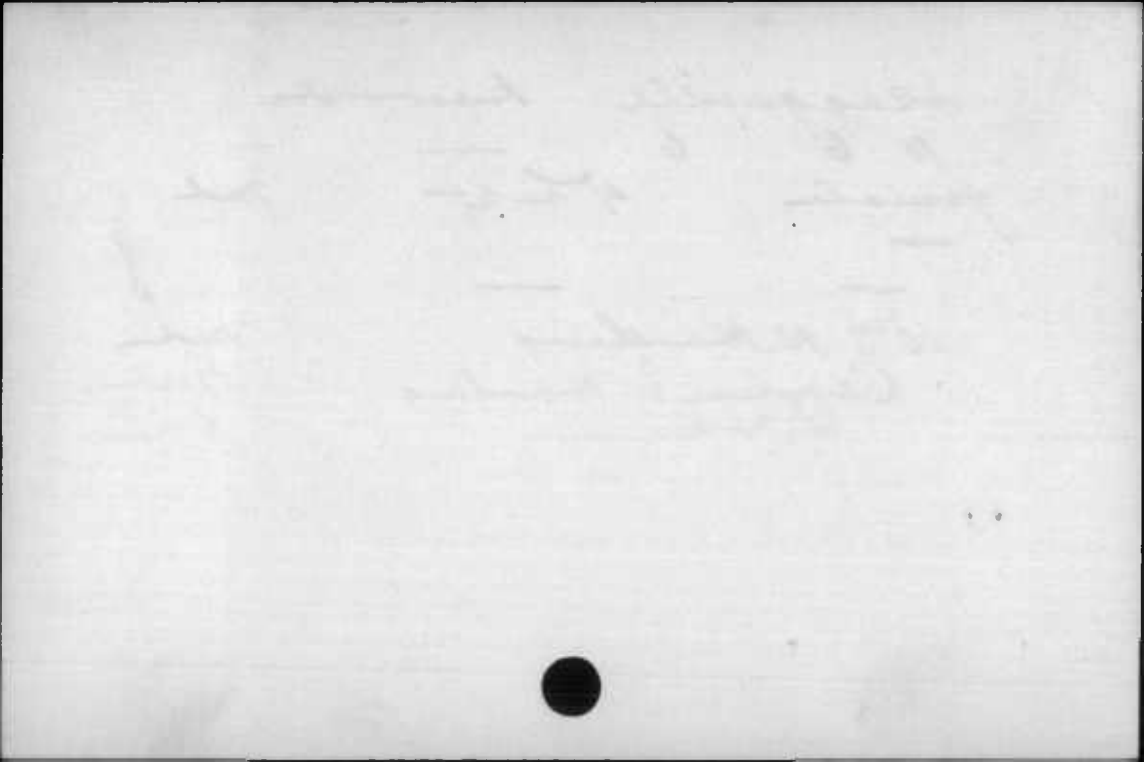
5x

Died at		Town Dayton		County Howard		MARYLAND	
Date of death	1900	Month	June	Day	20	Age	70
				Years		Months	3
				Days			XX
Sex	Male		Color or Race	White		Birth-place	Md.
Occupation	None			Where Residing if not at place of death		Dayton	
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Do not know				Father's Birthplace	Do not know	
Mother's Maiden Name	Do not know				Mother's Birthplace	Do not know	
Name of person giving information	Ira Grey				How related to deceased	Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Artemic Poisoning		How long	4 days		
Immediate	Artemic Poisoning		How long			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	120		
	S. A. Nichol		Address	Dayton Md		
Accident or Suicide?	X					



Name
in
Full

CERTIFICATE OF DEATH

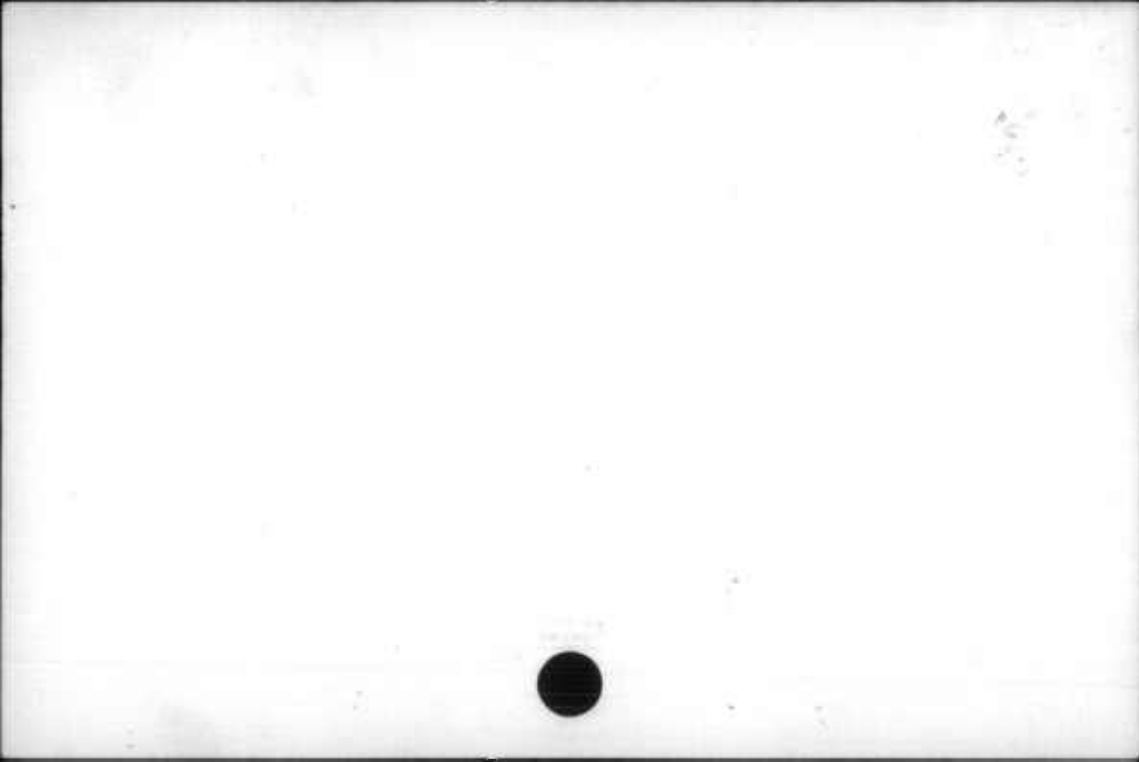
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seagoville</i> Town		<i>Harding</i> County		MARYLAND	
Date of death 19 <i>40</i>	Month <i>6</i>	Day <i>6</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>female</i>	Color or Race <i>White</i>	Birth-place <i>md</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>—</i>				
Father's Name <i>Wm H. Harding</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Caroline V. Harding</i>	Mother's Birthplace <i>md</i>				
Name of person giving Information <i>W H Harding</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

Primary	<i>Pour death</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yr</i>	Signature of Physician	<i>J. H. Perry</i>
		Address	<i>Laurel, Md</i>
Accident or Suicide	<i>nr</i>		

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

ox

Name in Full: *Mrs Mary J Hobbs*

Town: *Near Sykesville Howard*

State: *MARYLAND*

Died at: *Near Sykesville Howard*

Date of death 19*19*: *June 30* Age: *74* Months: *11* Days: *29*

Sex: *Female* Color or Race: *White* Birth-place: *Howard Co*

Occupation: *Housekeeper* Where Residing if not at place of death: *At her daughter's*

Married, Single or Widowed: *Widow* Name of Wife or Husband: *Hamilton Hobbs*

Father's Name: *Unknown* Father's Birthplace: *Unknown*

Mother's Maiden Name: *Mrs J. Lou Unknown* Mother's Birthplace: *Unknown*

Name of person giving Information: *Mary H. Hobbs* How related to deceased: *Son*

CAUSES OF DEATH

Primary: *Anemia* How long: *18 mos.*

Immediate: *Heart failure*

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

Yes

Signature of Physician

Address

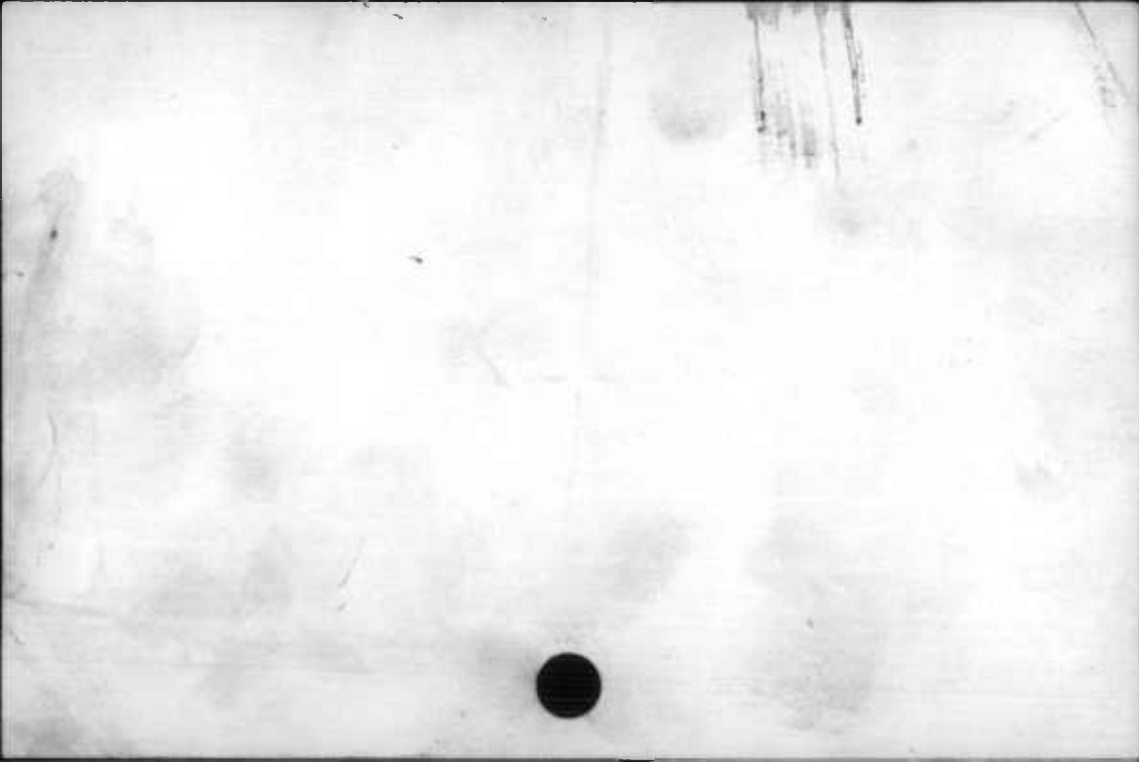
(52)
Ch. Neffinger

Accident or Suicide

—



Near Sykesville Md.



Name
in
Full

Harriet A. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town} <i>Boward</i> ^{County} MARYLAND	
Date of death 19 <i>00</i> ^{Month} <i>June</i> ^{Day} <i>15</i> ^{Years} <i>—</i> ^{Months} <i>2</i> ^{Days} <i>12</i>	Age <i>—</i>
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 <i>Ellicott City</i>	
Married, Single or Widowed <i>—</i> Name of Wife or Husband <i>—</i>	
Father's Name <i>James Jones</i> Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Louisa Wilkins</i> Mother's Birthplace <i>Md.</i>	
Name of person giving information <i>Louisa Wilkins</i> How related to deceased <i>Mother</i>	

CAUSES OF DEATH

Primary *Congenital Syphilis Life.* How long *(37)*

Immediate *Asthenia* How long

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

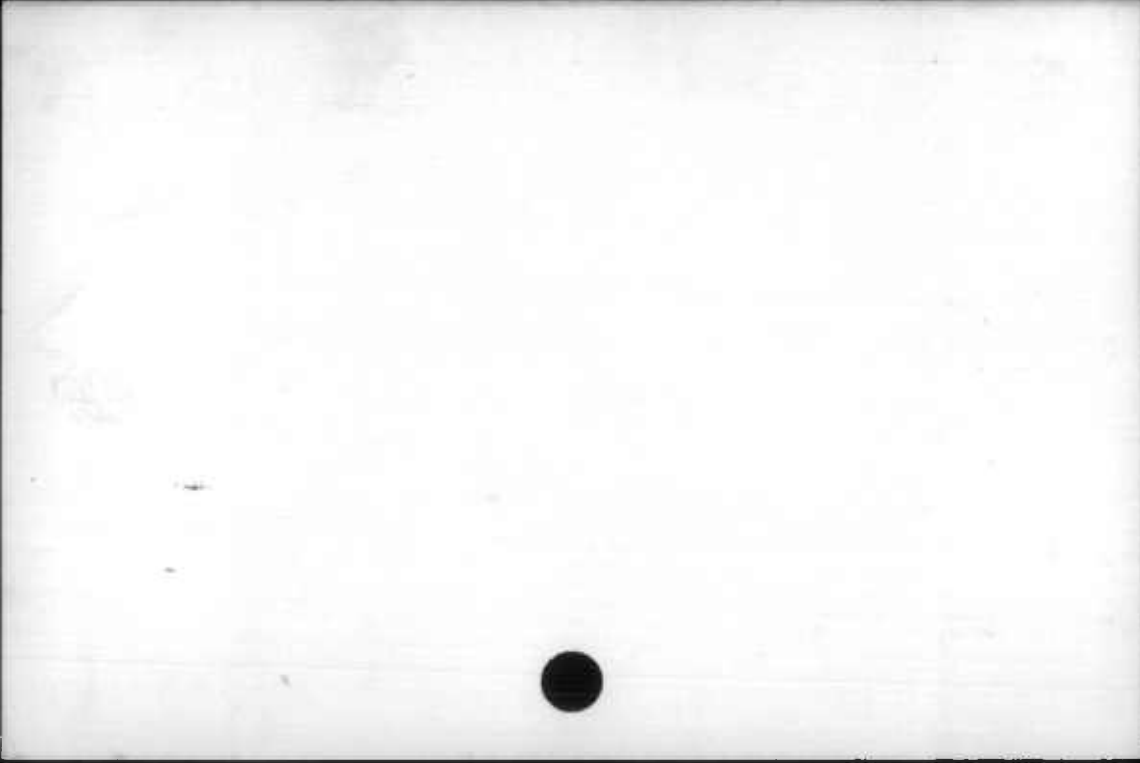
Signature of Physician

W. C. Shreve

Address *Ellicott City*

X

Accident or Suicide



Name is Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *ma* *Seay* *Seay* *Seay*
 Town *Seay* County *Howard* MARYLAND
 Date of death 19 *10* Month *6* Day *22* Age Years Months Days *22*
 Sex *Female* Color or Race *negro* Birth-place *Howard Co*
 Occupation _____ Where residing if not at place of death *Howard*
 Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *Millard J. Seay* Father's Birthplace *MD*
 Mother's Maiden Name *Ella Bradley* Mother's Birthplace *MD*
 Name of person giving information *Millard J. Seay* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *undetermined* *(S)* How long *short born*
 Immediate _____ How long _____
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *E. W. Linnicum M.D.*
 Address *Savage*
 Accident or Suicide? *murder* *MD*



Name
in
Full

Margaret Salome Lilly

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

♀

Died at

Elk Ridge

County

Howard Co

MARYLAND

Date
of death

1900

Month

June

Day

11

Age

73

Months

5-

Days

Sex

female

Color or
Race

white

Birth-
place

Virginia

Occupation

none

Where Residing if not
at place of death

Resided at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Geo W Lilly

Father's
Name

Israel Minnick

Father's
Birthplace

Virginia

Mother's
Meiden Name

Lydia Roundabout

Mother's
Birthplace

Virginia

Name of person giving
Information

Geo W Lilly

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Debility from age

How long

6 months

Immediete

same

How long

same

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

yes

Signature of
Physician

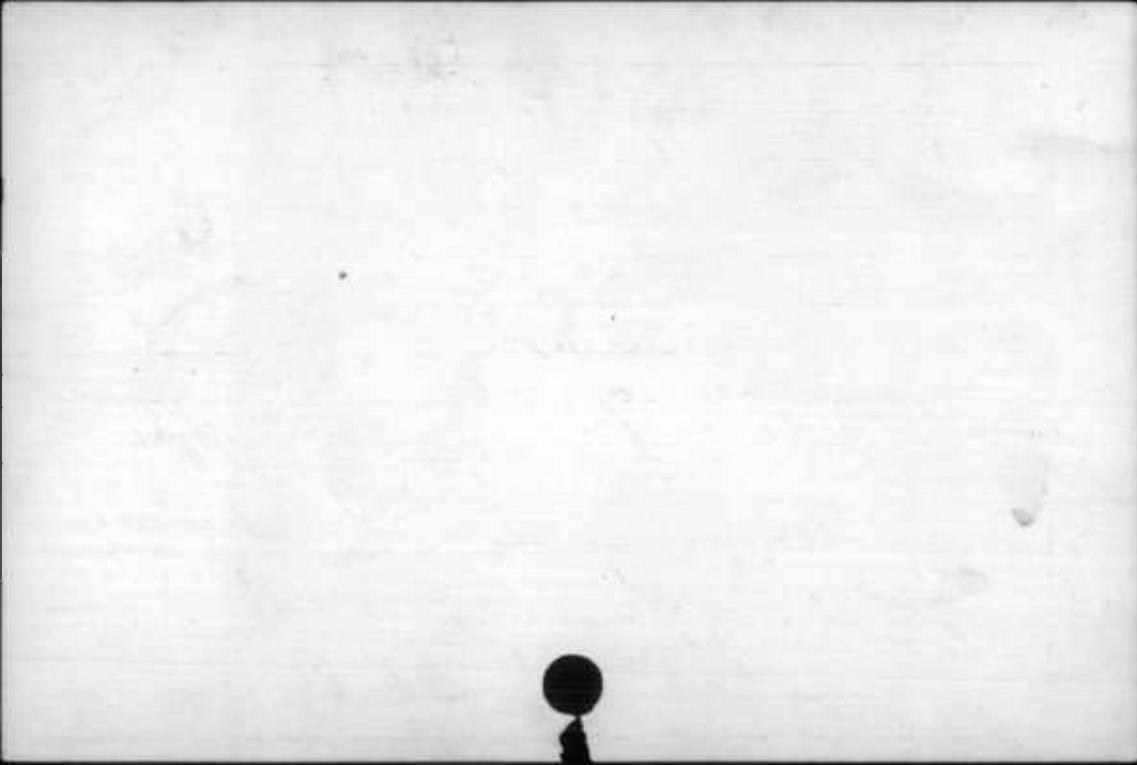
Arthur Williams

Address

Elk Ridge Ind.

Accident or Suicide

no



Name
in Full

CERTIFICATE OF DEATH

Benjamin McDonald

Town

County

MARYLAND

Died at Collicott City Howard

Date

of death

1990

Month

June

Day

16

Age

Years

47

Months

3

Days

no

Sex

Male

Color or
Race

White

Birth-
placeKernstown, Frederick
Co., Va

Occupation

Farmer

Where Residing if not
at place of death

Collicott City

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Sydney McDonald

Father's
Birthplace

Fauquier Va

Mother's
Maiden Name

Mary J. Lockhart

Mother's
Birthplace

Clarkbrook Va

Name of person giving
information

Spillie L. McDonald

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Pneumonitis

How long

One week

Immediate

Cardiac Asthenia

How long

same

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

Yes

Signature of
Physician

Dr. W. D. Howard

Address

Collicott City, Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Green Hill Cemetery
Summit Point
Jefferson Neck Va.

Name in Full

Elias Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

OX

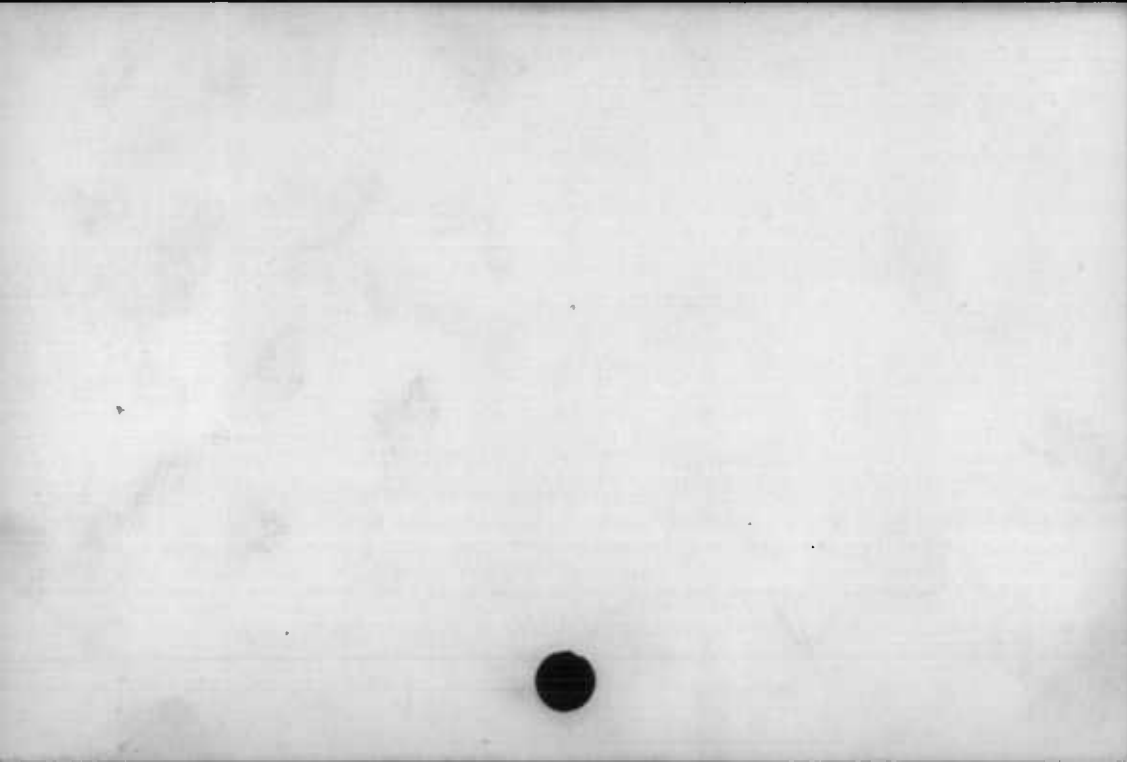
Died at ^{Town} <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death	1910	Month	June	Day	24
Age		Years	90	Months	—
Sex	<i>Male</i>	Color or Race	<i>(Col)</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Gardner</i>		Where residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband <i>Emily Neal</i>			
Father's Name	<i>Richard Neal</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Airy Saunders</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Jonas Neal</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

(54)

PHYSICIAN OR CORONER

Primary	<i>Senile Degeneration</i>	How long	—
Immediate	<i>Arteriosclerosis</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. H. O. Hoque</i>
Yes		Address	<i>Ellicott City Md</i>
Accident or Suicide?			



Name
in
Full

Baby Odonnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Doughorran</i>		County <i>Howard</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>June</i>	Day <i>14</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</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>—</i>			
Father's Name <i>Thomas P. Odonnell</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Adda Isaacs</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>William Odonnell</i>		How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

Primary <i>Heart Failure</i>	<i>189A</i>	How long <i>16 hours -</i>
Immediate		How long

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

yes

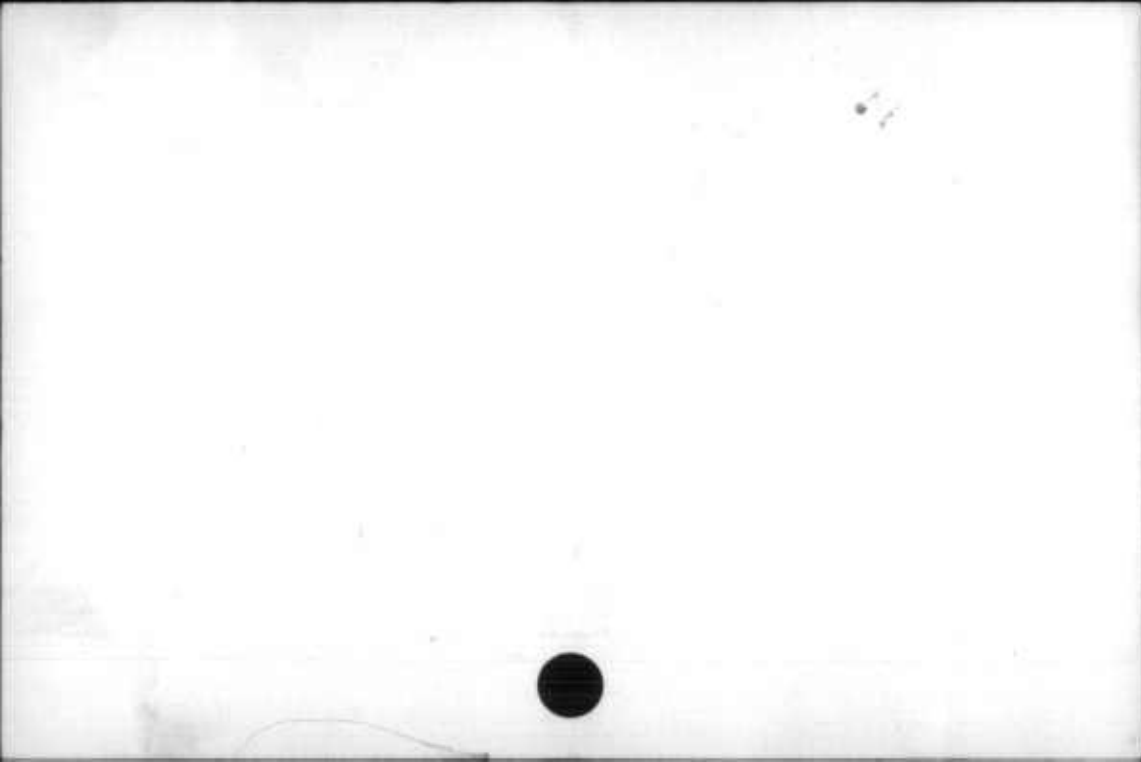
Signature of Physician

Address

Howarth Jr
West-Friendship
Maryland

Accident or Suicide

—



Name in Full

Mahala Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Died at Ellicott City Harvard County MARYLAND

Date of death 1970 Month June Day 2 Age 60 Months no Days no

Sex Female Color or Race Colored Birthplace Melford Del

Occupation Retired Where Residing if not at place of death Ellicott City

Married, Single or Widowed Widower Name of Wife or Husband Edward Reed

Father's Name Dont Know Father's Birthplace Dont Know

Mother's Maiden Name Flora Fountain Mother's Birthplace Melford Del

Name of person giving information Frances Smith How related to deceased Daughter

CAUSES OF DEATH

Primary Old age How long 154 6 mos

Immediate General Debility Progression How long

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

Signature of Physician N. J. Shum (H.O.)

Address Ellicott City

Accident or Suicide

Prokale

Name
in
Full

Augustus P. Scott.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

6x

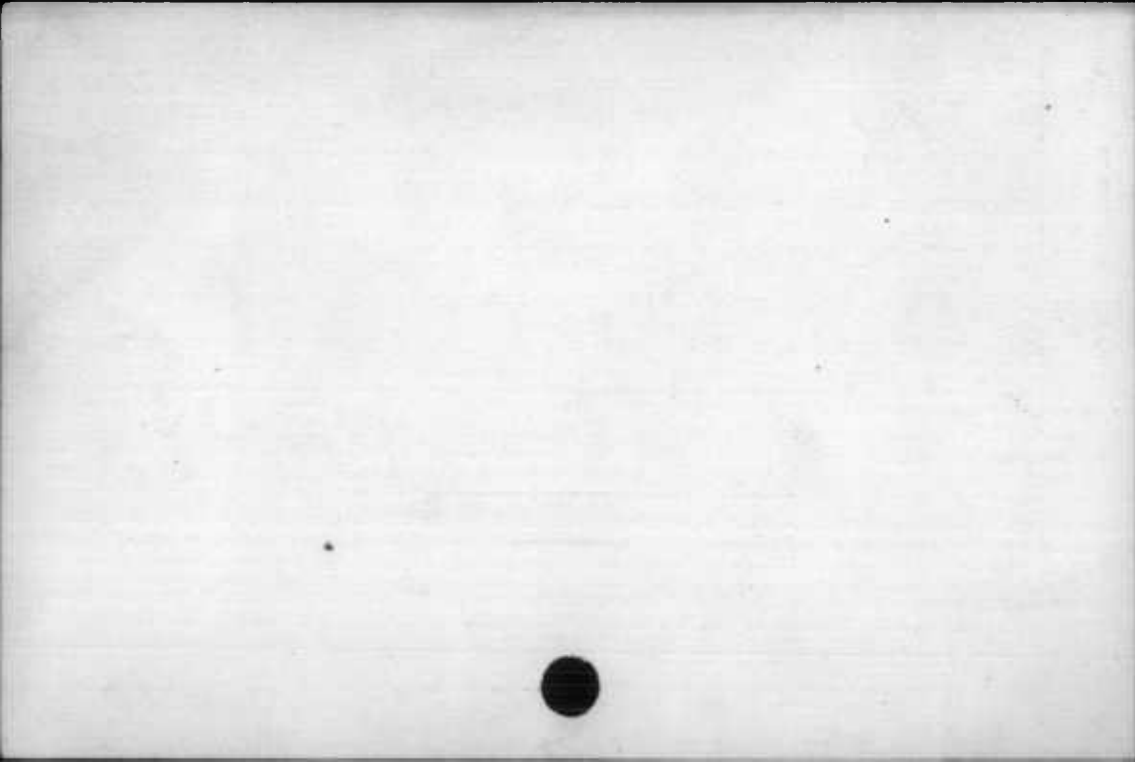
MARYLAND

Died at ^{Town} <u>Watersville</u>		^{County} <u>Howard</u>			
Date of death	19 <u>00</u>	Month	<u>June</u>	Day	<u>27th</u>
Age	<u>45</u>	Years	<u>45</u>	Months	<u>—</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Howard County Maryland</u>
Occupation	<u>Painter</u>		Where Residing if not at place of death	<u>Howard County Md. near Watersville</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>—</u>		
Father's Name	<u>John S. Scott</u>		Father's Birthplace	<u>Montgomery Co Md</u>	
Mother's Maiden Name	<u>Catharine C Scott</u>		Mother's Birthplace	<u>Howard County Md</u>	
Name of person giving information	<u>Samuel N Scott</u>		How related to deceased	<u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	<u>175</u>
Immediate	How long	
<u>Being smck by train of Baltimore and Ohio Rail Road</u>		
Are the name, age, sex, color, date and place correctly given above?		Signature of <u>Edward A. Rodey Jr.</u>
They are		Address <u>Beltcon City</u>
Accident or Suicide? <u>Accident</u>		<u>Maryland</u>



Name
in Full

Eliza Emma Smith

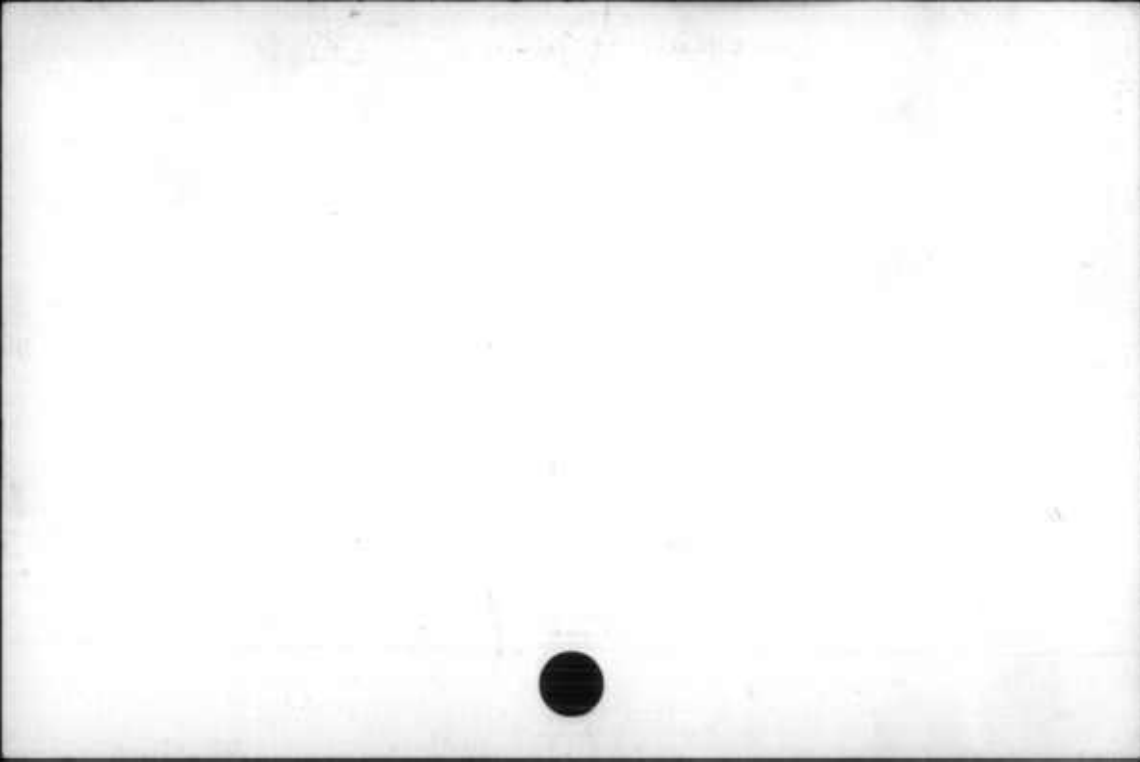
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lovry</u> Town		<u>Howard</u> County		MARYLAND	
Date of death	19 <u>01</u> <u>June</u> Month	<u>1</u> Day	Age <u>66</u> Years	<u>4</u> Months	<u>—</u> Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Howard Co. -</u>			
Occupation <u>House wife</u>	Where residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Henry Thomas Smith</u>				
Father's Name <u>Nicholas Johnson</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Rachel Dorsey</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>John Henry Thomas Smith</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>General debility</u>	How long <u>16 days</u>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John H. Hill</u>
	Accident or Suicide <u>—</u>	Address <u>West Friendship, Howard Co. Md.</u>



Name in Full

Child of *Am Taylor* No Name

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY NEAREST FRIEND

Died at *Ellicott City* ^{Town} *Howard* ^{County} MARYLAND

Date of death 19*40* ^{Month} *June* ^{Day} *22* Age ^{Years} *—* ^{Months} *—* ^{Days} *17*

Sex *Male* Color or Race *colored* Birth-place *md*

Occupation *None* Where Residing if not at place of death *Ellicott City*

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

Father's Name *William Taylor* Father's Birthplace *Va.*

Mother's Maiden Name *Addie Hoxsey* Mother's Birthplace *md*

Name of person giving information *William Taylor* How related to deceased *Father*

CAUSES OF DEATH

Primary *Asthma 184 A* How long *4 days*

Immediate *—* How long *—*

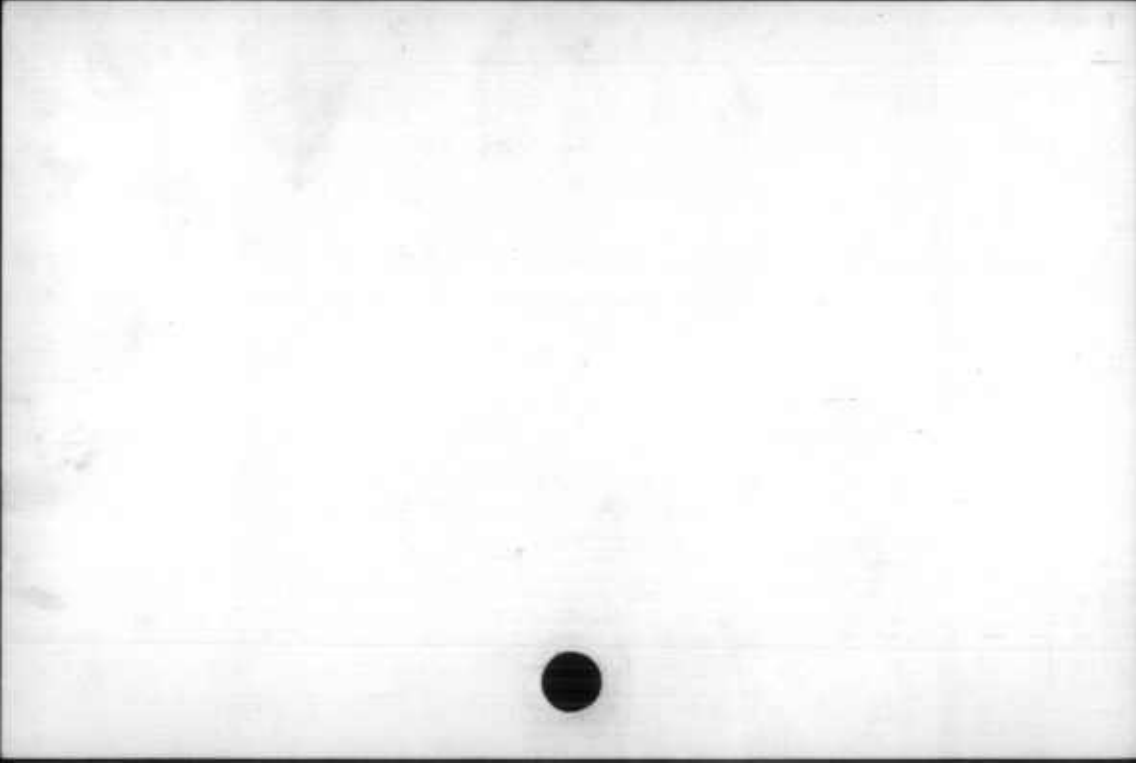
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. C. Stone*

Address *(H. O.)*

Accident or Suicide

Ellicott City



Name
In Full

Florence Elizabeth Taylor

CERTIFICATE OF DEATH

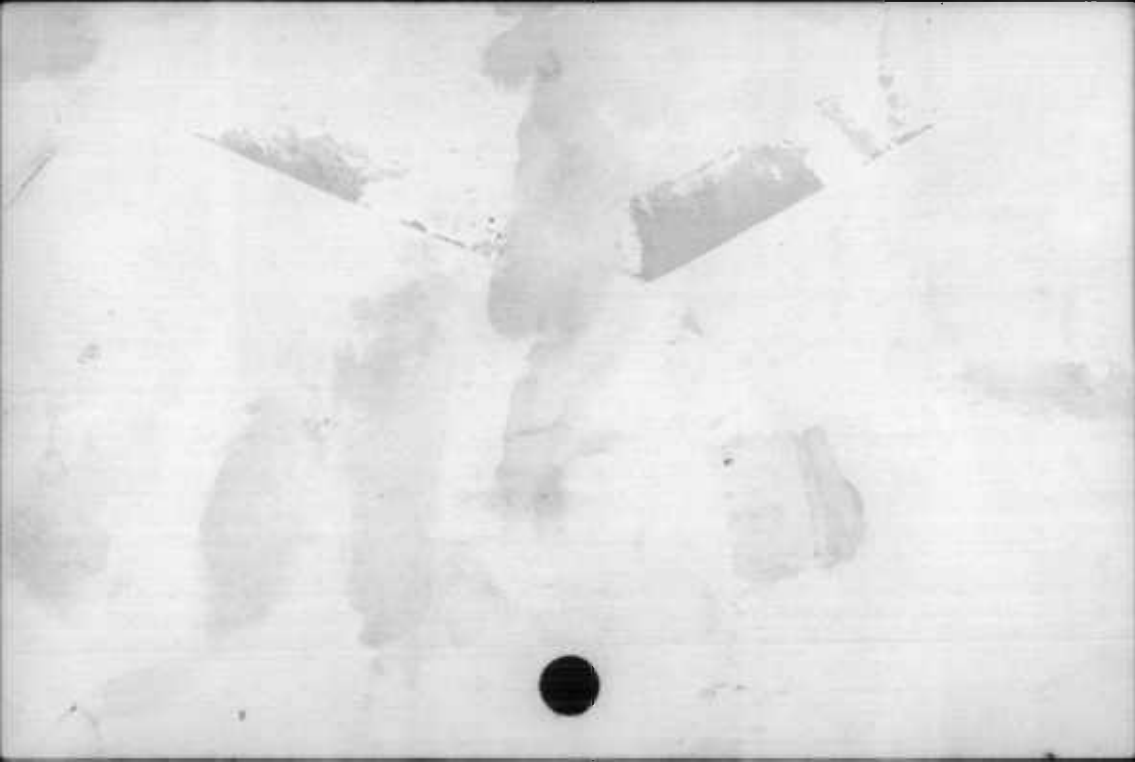
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Puffer Corner</i>		Town		<i>Howard Co</i>		County		MARYLAND	
Date of death <i>1948</i>		<i>June</i>		<i>6th</i>		Age		<i>9</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Puffer Co.</i>					
Occupation				Where Residing if not at place of death					
Married Single				Name of Wife or Husband					
Father's Name <i>Robert C. Taylor</i>				Father's Birthplace <i>Howard Co Md</i>					
Mother's Maiden Name <i>Florence C. Quering</i>				Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>H. C. Taylor</i>				How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>asphyxia-</i>	How long	<i>—</i>
Immediate	<i>Spasms-</i>	How long	<i>2 days-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas Bumbleson</i>	
		Address <i>Smilford Md.</i>	
Accident or Suicide? <i>—</i>			



Name in Full

Clarence Mottlin Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at ^{Town} Savage ^{County} Howard MARYLAND

Date of death 1910 6 28 Age 28 Years Months Days

Sex male Color or Race black Birth-place Md

Occupation Infant Where Residing if not at place of death at his home

Married, Single or Widowed single Name of Wife or Husband

Father's Name Clarence Mottlin Father's Birthplace Md

Mother's Maiden Name Annella Gibson Mother's Birthplace Md

Name of person giving information Clarence Mottlin How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Whooping cough (8) How long 7 days

Immediate Complications How long 1 day

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. W. Armstrong M.D.

Address Savage Md

Accident or Suicide? neither X



Name in Full

Emily M. Wyman

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Ellicott City ^{County} Howard

Date of death 1960 ^{Month} June ^{Day} 19 ^{Age} 92 ^{Months} no ^{Days} no

Sex Female ^{Color or Race} White ^{Birth-place} Don't Know

Occupation ^{Where Residing if not at place of death} retired Ellicott City

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

Father's Name ^{Father's Birthplace} Don't Know Don't Know

Mother's Maiden Name ^{Mother's Birthplace} Don't Know Don't Know

Name of person giving Information ^{How related to deceased} Dr B J Byrne ✓ son

CAUSES OF DEATH

Primary ^{How long} Bronchitis (154) 4 weeks

Immediate ^{How long} Infirmities of old age - 2 1/2 months

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

Signature of Physician ^{Address} B. J. Byrne Ellicott City Md

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

