

Name in Full *William Henry Brown*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Luscomb</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	19 <i>80</i> June	Day	26	Age	96
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birthplace	<i>—</i>
Occupation	<i>laborer</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>none</i>			
Father's Name	<i>Eli Brown</i>		Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Carline Hollins</i>		Mother's Birthplace	<i>md</i>	
Name of person giving information	<i>Frank S. Gladwin</i>		How related to decedent	<i>none</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>gunshot wound in left breast</i>	How long	<i>(170) instantly</i>
Immediate	<i>" " " " " "</i>	How long	<i>instantly</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. C. Felt M.D.</i>
Address	<i>11 Emplow</i>		<i>md</i>
Accident or Suicide	<i>no</i>		<i>X</i>



Name  
in  
Full

Eliza A. Burns

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Woodfield</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1960</i>	Month <i>June</i>	Day <i>23</i>	Age <i>75</i>	Years <i>2</i>	Months <i>27</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Montg. Co., Md.</i>		Occupation <i>-</i>	
Where Residing if not at place of death <i>-</i>		Married, Single or Widowed <i>Single</i>			
Name of Wife or Husband <i>Darius Burns</i>		Father's Name <i>Wesley Beall</i>		Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Catherine Ryan</i>		Mother's Birthplace <i>Md.</i>		Name of person giving information <i>Mrs. Belle Hawkins</i>	
How related to deceased <i>Daughter</i>		CAUSES OF DEATH			

PHYSICIAN  
OR CORONER

Primary <i>Interstitial Nephritis</i>	How long <i>Not known</i>
Immediate <i>Uraemic Coma</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. M. Boyer</i>
Address <i>Damascus Md.</i>	<i>X</i>
Accident or Suicide <i>X</i>	<i>Md.</i>



Name  
in  
Full

CERTIFICATE OF DEATH

Butler

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Griffon</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1900</i>	Month	<i>June</i>	Day	<i>8</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Age	<i>—</i>
Occupation	<i>None</i>		Birth-place	<i>Montg. Co., Md.</i>	
Married, Single or Widowed	<i>Single</i>	Where Residing If not at place of death			
Father's Name	<i>Harrison Diggs</i>		Name of Wife or Husband	<i>None</i>	
Mother's Maiden Name	<i>Ethel Butler</i>		Father's Birthplace	<i>Montg. Co., Md.</i>	
Name of person giving information	<i>Edward Johnson</i>		Mother's Birthplace	<i>Howard Co., Md.</i>	
			How related to deceased	<i>Grandfather</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Proach Presentation</i>	How long	<i>Not known</i>
Immediate	<i>Pressure</i>	How long	<i>Not known</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Chas. Farquhar, M.D.</i>
		Address	<i>Olney, Md.</i>
Accident or Suicide?			



Name  
in  
Full

Winfield Scott Chase

CERTIFICATE OF DEATH

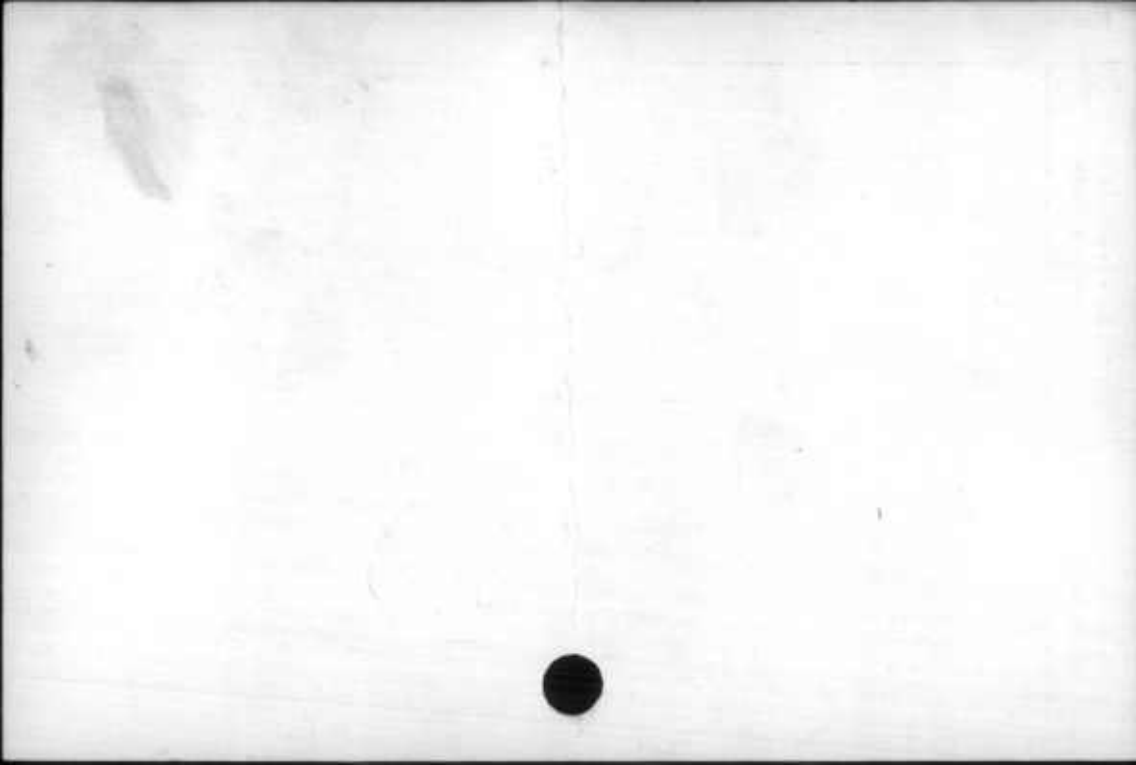
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Bethesda</i>		<sup>County</sup> <i>Montgomery</i>		MARYLAND	
Date of death	1960	Month	<i>June</i>	Day	<i>3</i>
Age	<i>74</i>	Years	<i>7</i>	Months	<i>17</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>New York</i>
Occupation	<i>Examinia Patent Office</i>		Where Residing if not at place of death <i>Bethesda Md.</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Georgina V Chase</i>		
Father's Name	<i>Surfer C Chase</i>		Father's Birthplace	<i>Mass</i>	
Mother's Maiden Name			Mother's Birthplace	<i>N. H.</i>	
Name of person giving information	<i>Royden S Chase</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

Primary	<i>Intestinal obstruction</i>	How long	<i>3 days</i>
Immediate	<i>"</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>J. A. Branson MD</i>
		Address	<i>1231 N. J. ave N.W. Washington, D.C.</i>
Accident or Suicide			

PHYSICIAN  
OR CORONER





Name  
in  
Full

*Myrtle E. Davis*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*G*

Town *Brown Station* County *Montgomery* MARYLAND

Died at *Brown Station* *Montgomery*

Date of death *1940* Month *June* Day *20th* Age *One* Months *20* Days

Sex *Female* Color or Race *white* Birth-place *D.C.*

Occupation \_\_\_\_\_ When Residing if not at place of death \_\_\_\_\_

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

Father's Name *unknown* Father's Birthplace \_\_\_\_\_

Mother's Maiden Name *unknown* Mother's Birthplace \_\_\_\_\_

Name of person giving Information *H. A. Kilsenny* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  *vomiting* How long *one week.*

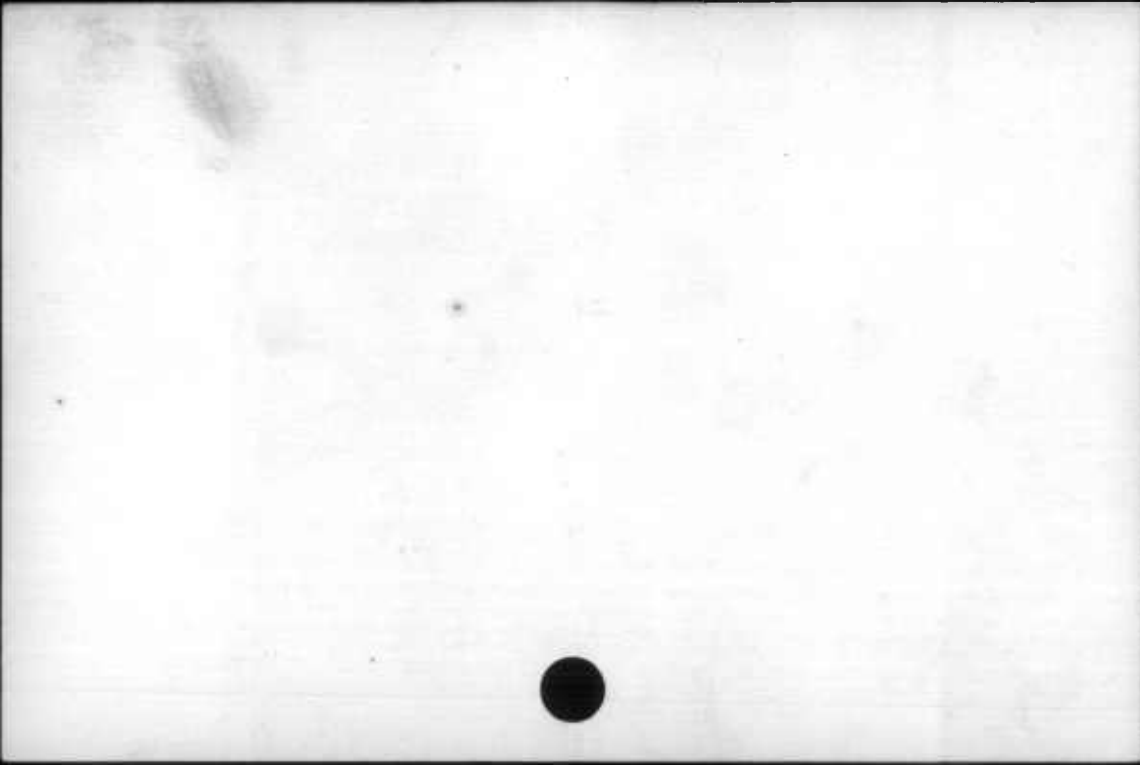
Immediate  *mal nutrition* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *17713*

Signature of Physician *F. A. Poole*

Address *Rockville Md.*

Accident or Suicide *X*



Name  
in  
Full

CERTIFICATE OF DEATH

Wellee Dorgan

Town

County

MARYLAND

Died at Brown Station

Montgomery

Date  
of death 1900

Month

Day

Years

Months

Days

June

19th

Age

Five

Sex Female

Color or  
Race

white

Birth-  
place

D.C.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Mr. John Dorgan

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

H. S. Williams

How related  
to deceased

None

CAUSES OF DEATH

Primary

Stomachic Primary Diptheria

How long

2 or 3 days

Immediate

Secondary Hemmedic

How long

3 days

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

yes

Signature of  
Physician

G. A. Poole

Address

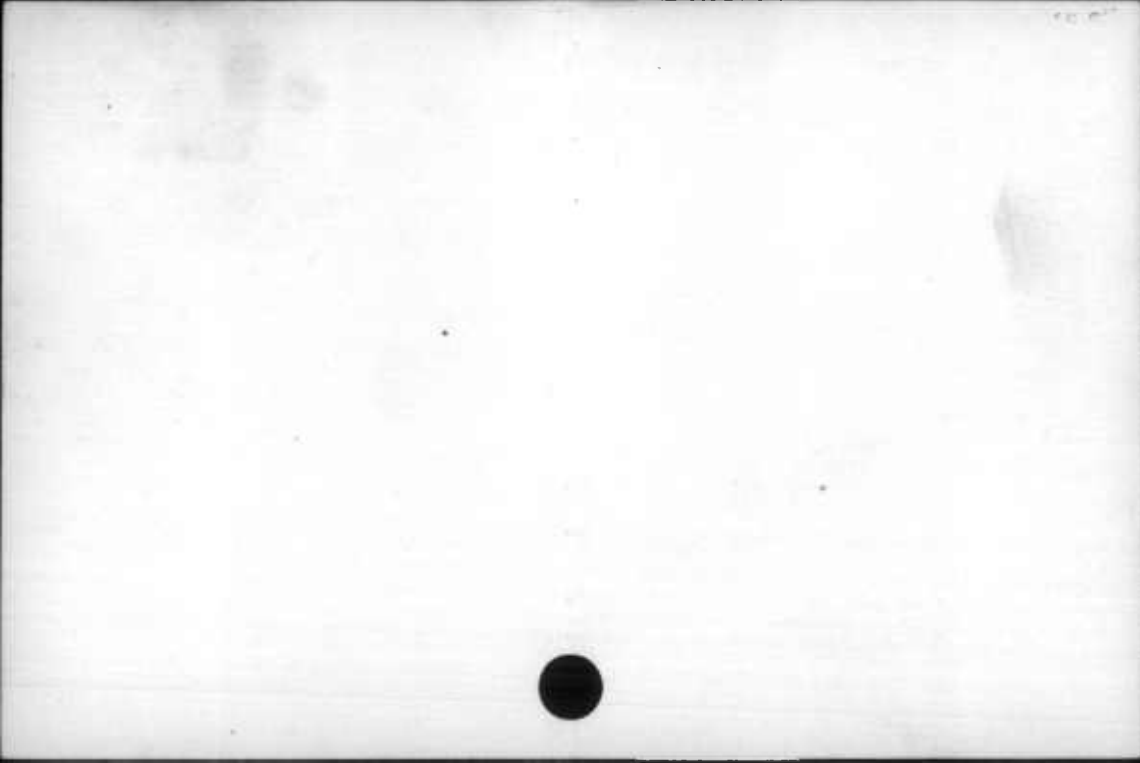
Rockville Md.

Accident or Suicide

Natural Causes

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

*Ellen Inez Edwards*

Town

County

MARYLAND

Died at

*Rockville*

*Montgomery*

Date

of death 19*60*

Month

*June*

Day

*9*

Age

*1*

Years

Months

*7*

Days

*7*

Sex

*female*

Color or  
Race

*black*

Birth-  
place

*Ind*

Occupation

*—*

Where Residing if not  
at place of death

*—*

Married, Single  
or Widowed

*single*

Name of Wife or  
Husband

*—*

Father's  
Name

*Chas E Edwards*

Father's  
Birthplace

*Ind*

Mother's  
Maiden Name

*Ellen B Proctor*

Mother's  
Birthplace

*Ind*

Name of person giving  
Information

*Ellen P Edwards*

How related  
to deceased

*mother*

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary

*Bronchitis*

*(89)*

How long

*3 weeks*

Immediate

*Bronchitis*

How long

*3 weeks*

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

*yes*

Signature of  
Physician

*J. G. Henderson*

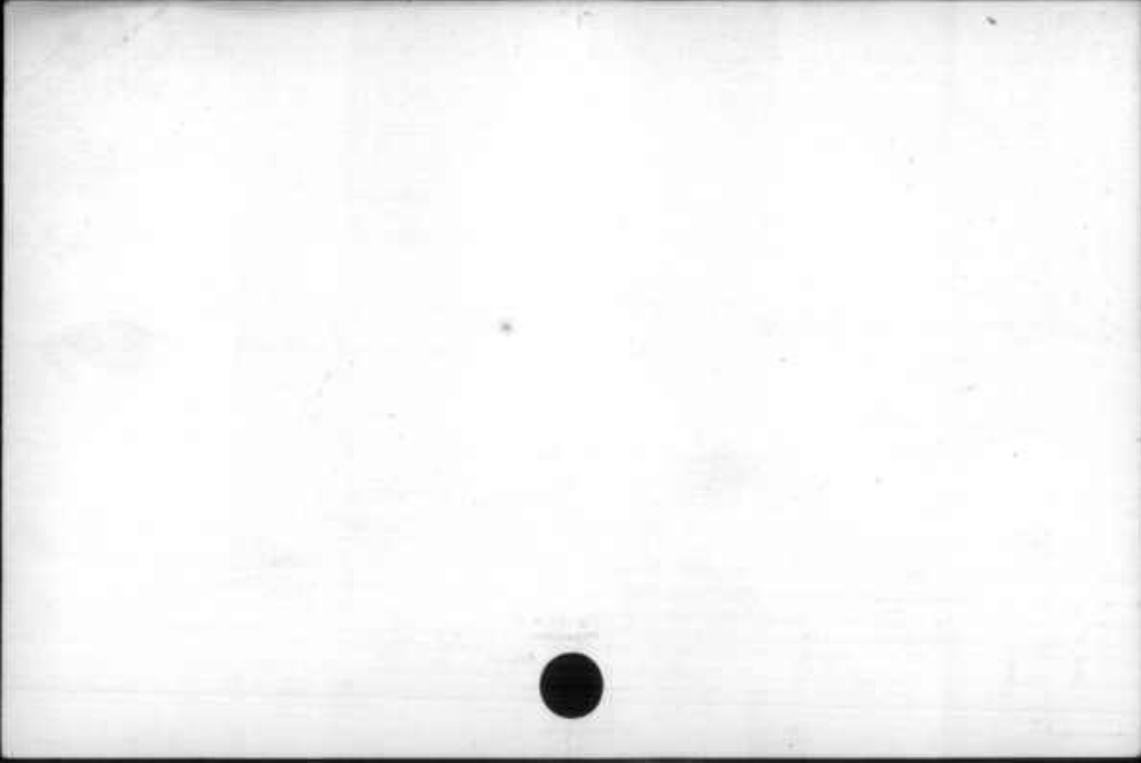
Address

*Rockville Ind*

Accident or Suicide

*no*

PHYSICIAN  
OR CORONER



Name

in Full

CERTIFICATE OF DEATH

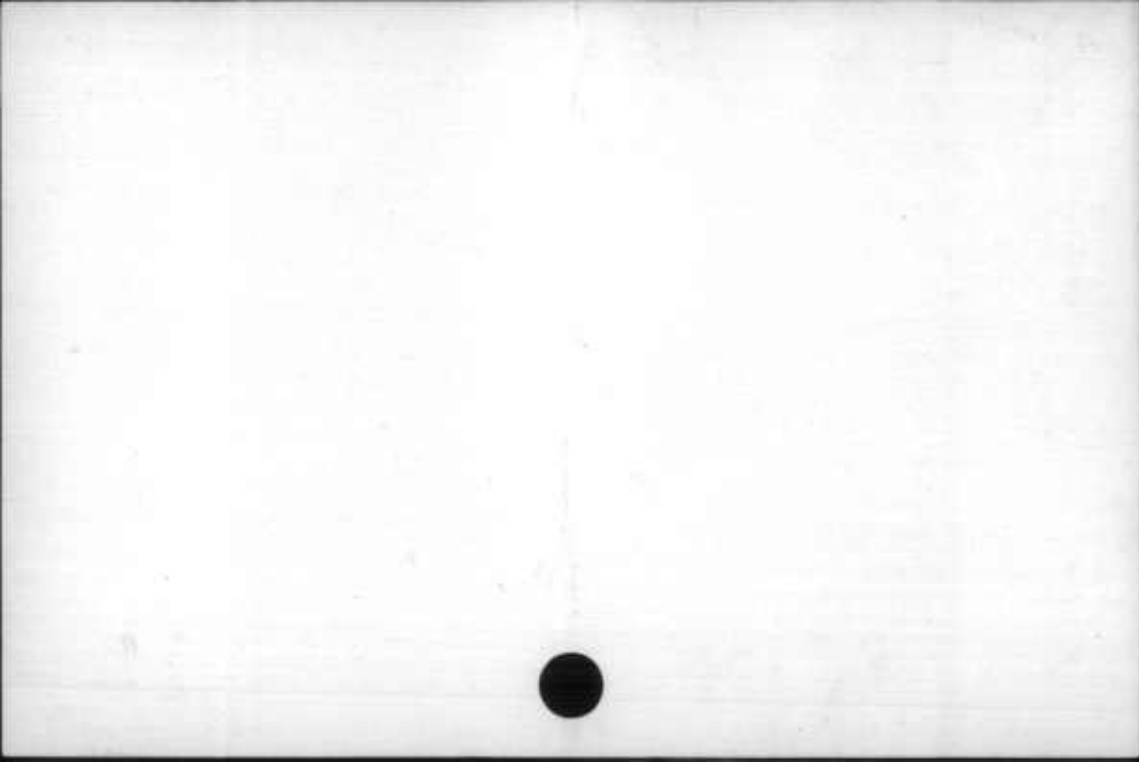
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kensington, Md</i>		Town		<i>Israel</i>		County		MARYLAND	
Date of death <i>1970</i>		<i>June</i>		<i>18</i>		Age <i>Still born</i>		Months _____ Days _____	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kensington, Md</i>		Occupation _____			
Married, Single or Widowed _____		Name of Wife or Husband _____							
Father's Name <i>George Samuel Israel</i>		Father's Birthplace <i>Kensington, Md</i>							
Mother's Maiden Name _____		Mother's Birthplace <i>Robville, Md</i>							
Name of person giving information <i>Ida J. Heiberger</i>		How related to decedent _____							

## CAUSES OF DEATH

Primary <i>still born</i>		How long _____	
Immediate _____		How long _____	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ida J. Heiberger</i>	
Accident or Suicide _____		Address <i>The Crossroads, Washington, D.C.</i>	

PHYSICIAN  
OR CORONER





Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName  
in Full  
9  
Charles H. JohnsonDied at Brown Station Montgomery County MARYLANDDate of death 1990 June 5th Age five Months DaysSex male Color or Race white Birth-place D.C.  
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 UnknownMother's Maiden Name Unknown Mother's Birthplace UnknownName of person giving information \_\_\_\_\_ Hospital or place addressed None

## CAUSES OF DEATH

Primary General debility - in a primatum Suddenly  
Immediate " " " " " "Are the name, age, sex, color, date and place correctly given above? yeSignature of Physician T. A. Poole  
Address Riverside Ind.

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



Name  
in Full

Dorsey Alex. Johnson

CERTIFICATE OF DEATH

Died at <sup>Town</sup> New Rochelle <sup>County</sup> Maryland

MARYLAND

Date of death 190<sup>0</sup> June 28 Age 1 Months 6 Days —

Sex Female Color or Race Colored Birth-place Md

Occupation — Where Residing if not at place of death —

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

Father's Name David Johnson Father's Birthplace Md —

Mother's Maiden Name Mary Johnson Mother's Birthplace Md.

Name of person giving information Henry Williams How related to deceased Step father

## CAUSES OF DEATH

Primary Bronchitis (89) How long 2 wks

Immediate Exhaustion How long —

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

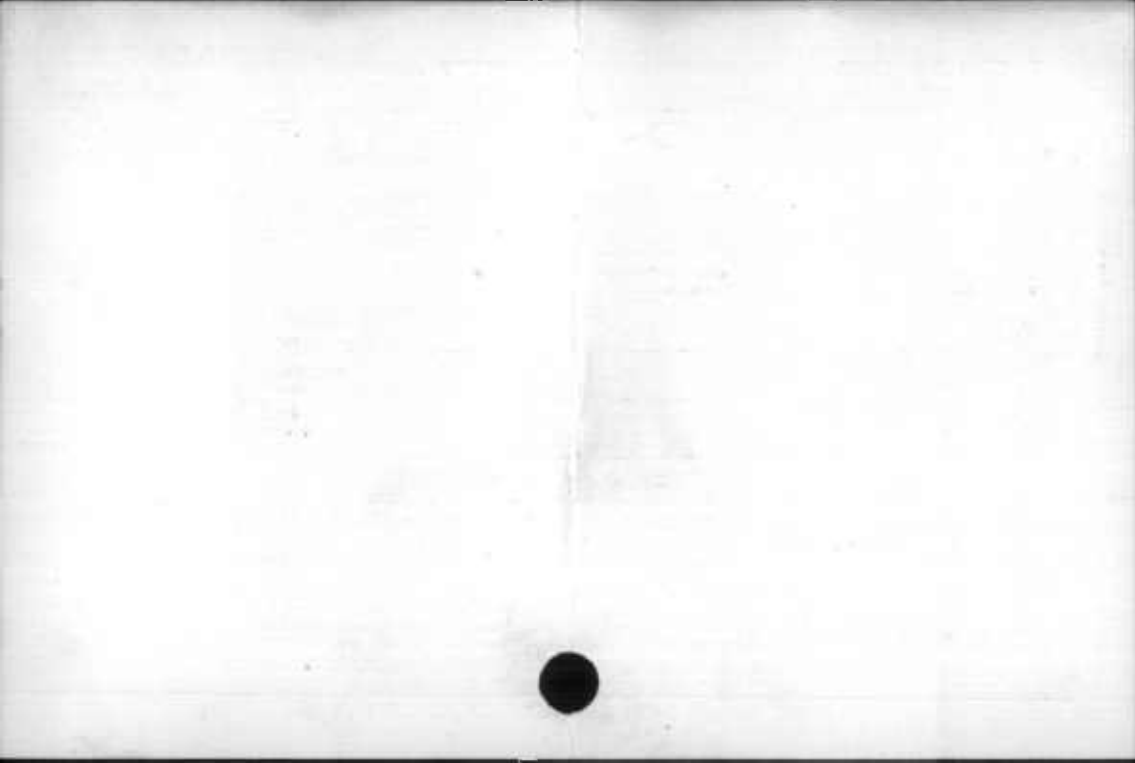
Signature of Physician

Address

J. M. Litchman  
Rochester  
Md X

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In Full

Miss Victoria J. Le Comte

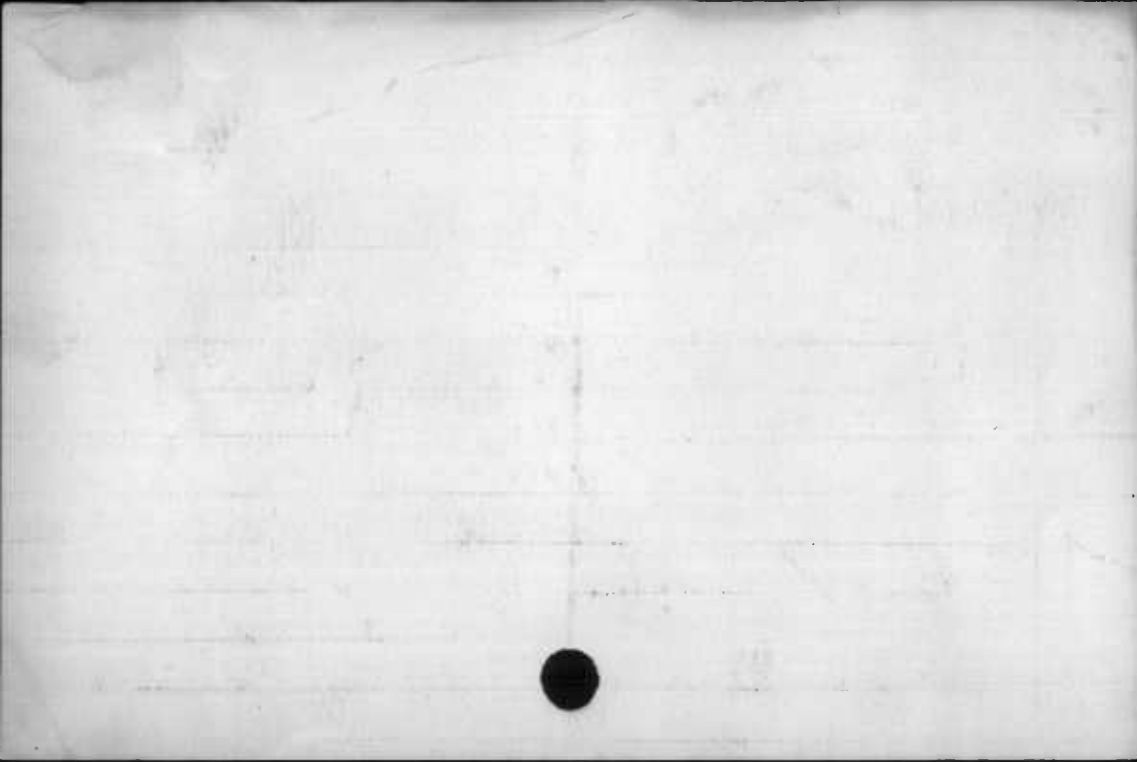
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Washington Grove		County Montgomery		STATE MARYLAND	
Date of death	1910	Month June	Day 17	Age 45	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	
Occupation	Clerk		Where Reading if not at place of death		Washington		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	James S. Le Comte				Father's Birthplace	Mont. Prince	
Mother's Maiden Name	Annie Throck				Mother's Birthplace	" "	
Name of person giving information	Miss Dunlap				How related to deceased	Niece	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis	How long	Three years
	Immediate	Same	How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		
	Signature of Physician	Wendell A. D. Paige		
	Address	Washington Grove		
	Accident or Suicide?			



Name  
in  
Full

Joe Payne

CERTIFICATE OF DEATH

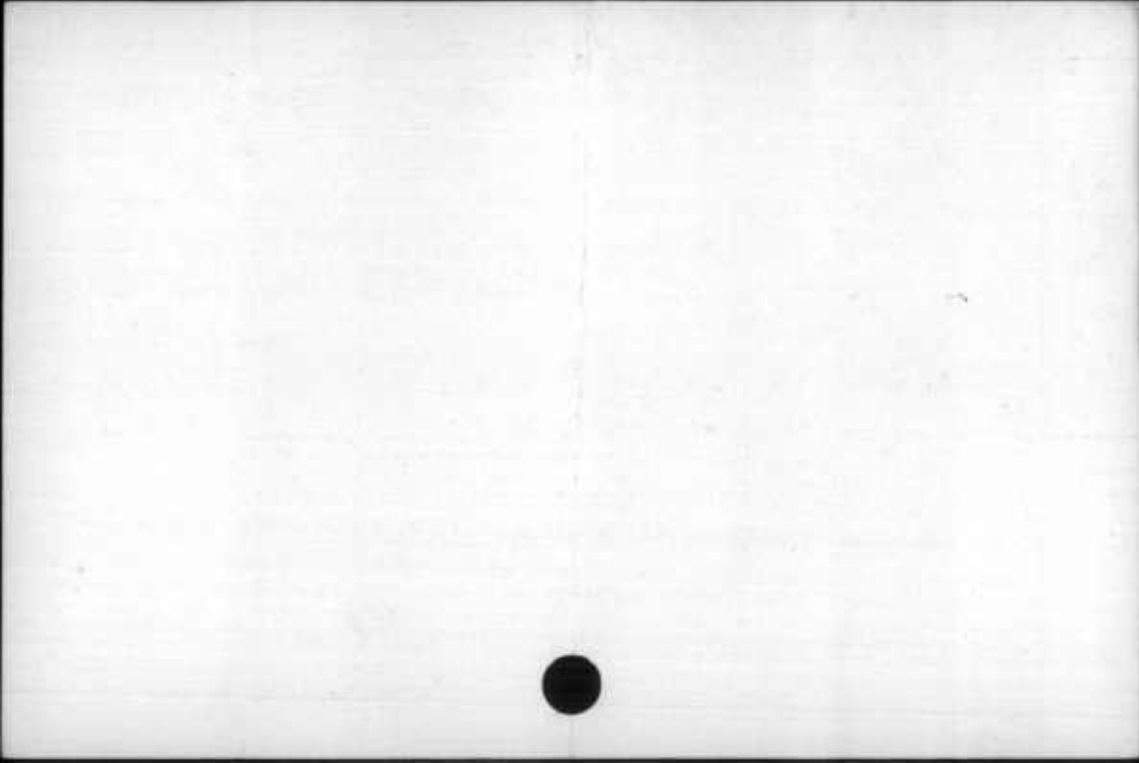
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leesville</i> <small>Town</small>		<i>Montg</i> <small>County</small>		MARYLAND	
Date of death	<i>1900</i>	Month	<i>June</i>	Day	<i>10</i>
Age	<i>0</i>	Years	<i>0</i>	Months	<i>20</i>
Sex	<i>Male</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 <i>0</i>			
Father's Name	<i>Blanche Ray</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Josephine Payne</i>		Mother's Birthplace	<i>Va</i>	
Name of person giving information	<i>"</i>	<i>"</i>	How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Inanition</i>	<i>177B</i>	How long	<i>Several mos</i>
Immediate	<i>Syncope</i>		How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>		Signature of Physician	<i>H. T. Popper</i>
Accident or Suicide?			Address	<i>Silver Spring Md</i>





Name  
In Full

CERTIFICATE OF DEATH

Henry H Rand

Town County

Died at *Keenington* *Montgomery* MARYLAND

Date of death 19*10* *June* *12* Age *65* *8* *22*

Sex *Male* Color or Race *White* Birthplace *N. H.*

Occupation *Maker* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Harriette Lawrence Rand*

Father's Name *Likely Rand* Father's Birthplace *N. H.*

Mother's Maiden Name *Abigail Whitney* Mother's Birthplace *Mass*

Name of person giving Information *Harriette Rand* How related to deceased *Wife*

80

CAUSES OF DEATH

Primary *Organic disease of heart* How long *Several years*

Immediate *Angina Pectoris* How long *Five minutes*

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

Signature of Physician

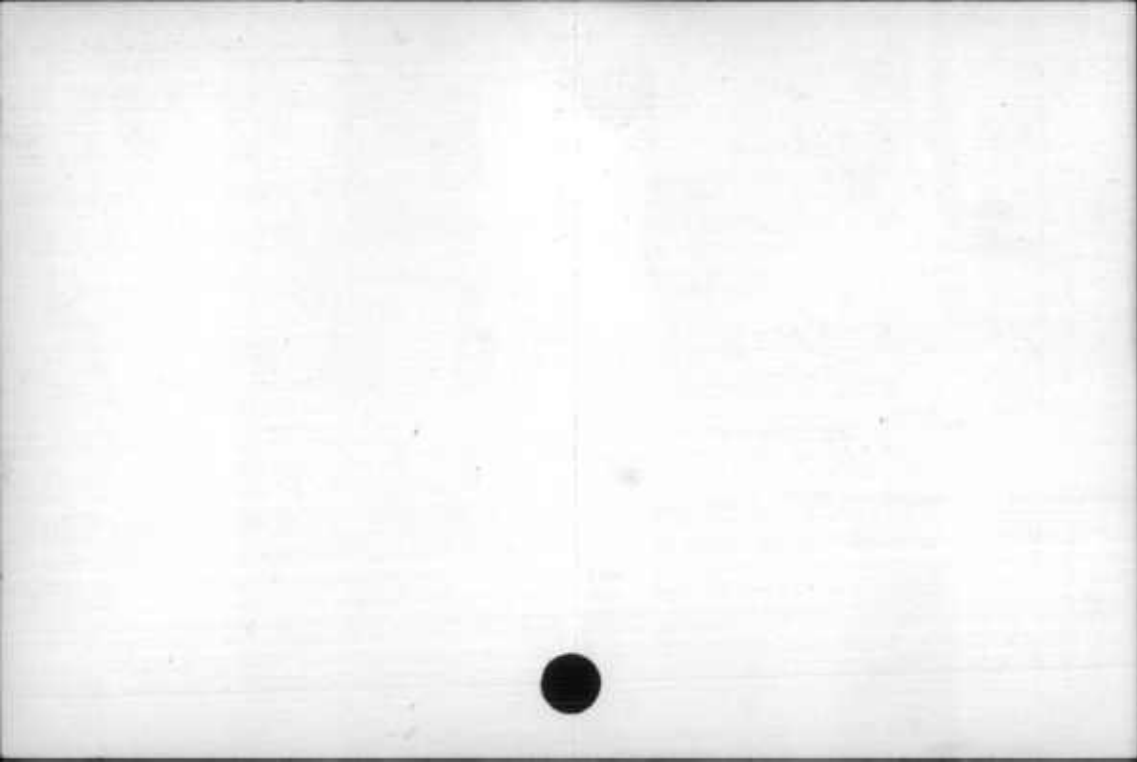
Address

*Wm. H. ...  
Keenington*

Accident or Suicide *No*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

George Harold Simon

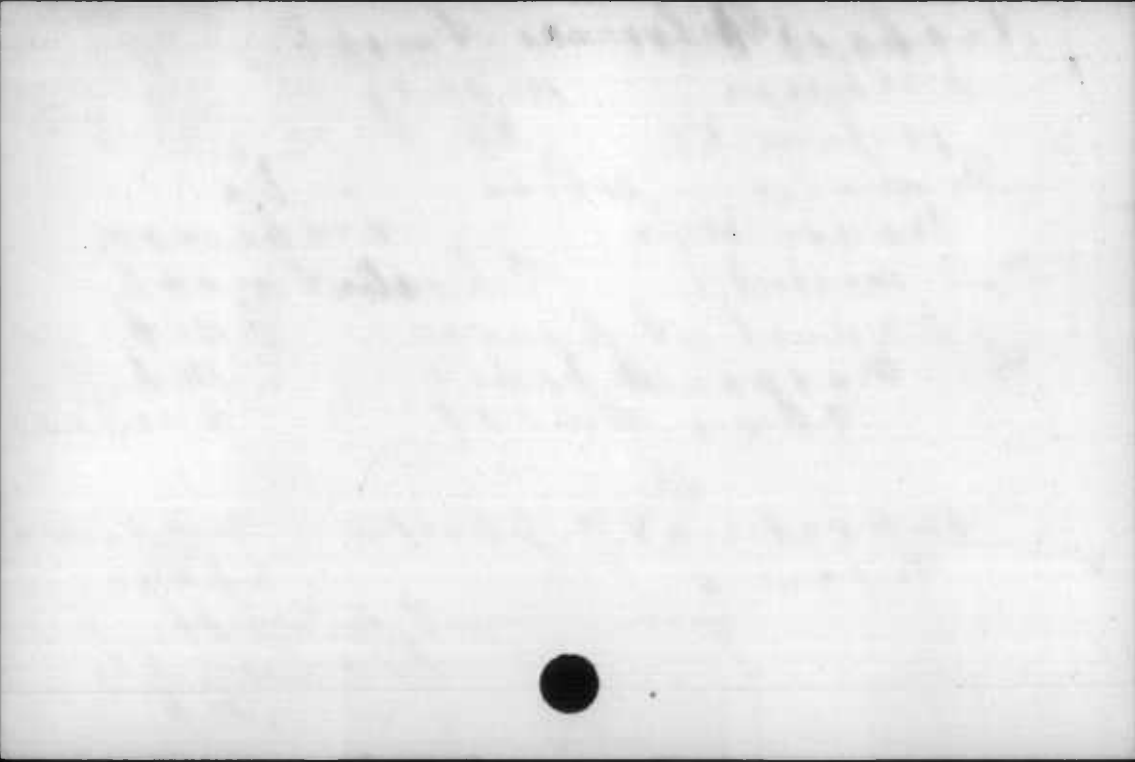
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ashlon</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1940</i>	Month	<i>June</i>	Day	<i>15</i>
Age		<i>24</i>	Years	Months	<i>6</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Howard Co., Md.</i>
Occupation	<i>Business maker</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>None</i>		
Father's Name	<i>John P. Simon</i>		Father's Birthplace	<i>Frederick Balto. Co.</i>	
Mother's Maiden Name	<i>Amelia P. Falyon</i>		Mother's Birthplace	<i>Baltimore City</i>	
Name of person giving information	<i>John P. Simon</i>		How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Typhoid Fever</i>	How long	<i>10 days.</i>
	Immediate	<i>Pneumonia</i>	How long	<i>7 days.</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. Farquhar,</i>
	Address	<i>Olney.</i>	<i>X Med.</i>	
Accident or Suicide?				



Name in Full

Richard Florence Smoot

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at Dickerson <sup>Town</sup> Montg <sup>County</sup> MARYLAND

Date of death 1960 June 27 <sup>Month</sup> <sup>Day</sup> Age 55 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup>

Sex Female Color or Race White Birth-place Va

Occupation House wife Where Residing if not at place of death Dickerson

Married, Single or Widowed Married Name of Wife or Husband Charliet Smoot

Father's Name Daniel Shreve Father's Birthplace MD

Mother's Maiden Name Margaret Jones Mother's Birthplace MD

Name of person giving Information Chas Smoot How related to deceased Husband

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary Interstitial Nephritis How long Unknown

Immediate Uremia How long 2 days

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



Signature of Physician E.W. White  
Address Poolsville & MD.

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

*Chas. A. Stanley*

Town

County

MARYLAND

Died at *Danvers**Montgomery*

Date

of death

*1940*

Month

*Jan*

Day

*12*

Age

Years

*71*

Months

Days

Sex

*Male*Color or  
Race*White*Birth-  
place*Washington D.C.*

Occupation

*Farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Mary A. Stanley*Father's  
Name*Thomas Stanley*Father's  
Birthplace*Stemwick Eng.*Mother's  
Maiden Name*Sarriet Lorraine*Mother's  
Birthplace*Washington D.C.*Name of person giving  
Information*Mary A. Stanley*How related  
to deceased*Wife*

## CAUSES OF DEATH

Primary

*Acute Obstruction*

How long

*6 hrs*

Immediate

*Emboli causing Hemiplegia*

How long

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

Address

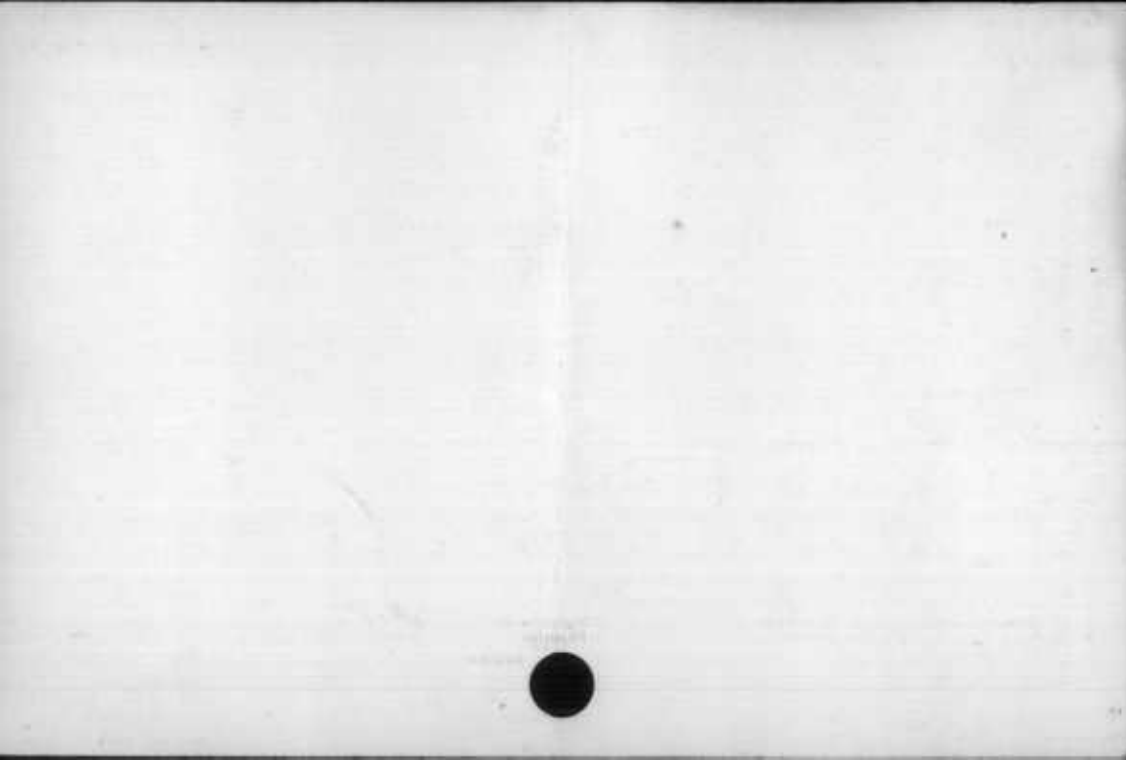
*R. B. Kent*  
*Kempdown*  
*Don.*

Accident or Suicide

*No*

OFFICE SUPPLY CO. 2384

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name in Full

Henrietta Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cabin John <sup>Town</sup> Montgomery <sup>County</sup> MARYLAND

Date of death 190 <sup>Month</sup> JUN <sup>Day</sup> 20 <sup>Year</sup> 1910 Age 65 <sup>Years</sup> X <sup>Months</sup> X <sup>Days</sup> X

Sex Female Color or Race Black Birth-place Montg'ry Md.

Occupation Cook Where Residing if not at place of death X

Married, Single or Widowed Widowed Name of Wife or Husband Henry Stewart

Father's Name Peter Jones Father's Birthplace Montg'ry Md.

Mother's Maiden Name Doreas Davis Mother's Birthplace Montg'ry Md.

Name of person giving information Henry Stewart How related to deceased Son

PHYSICIAN OR CORONER

CAUSES OF DEATH

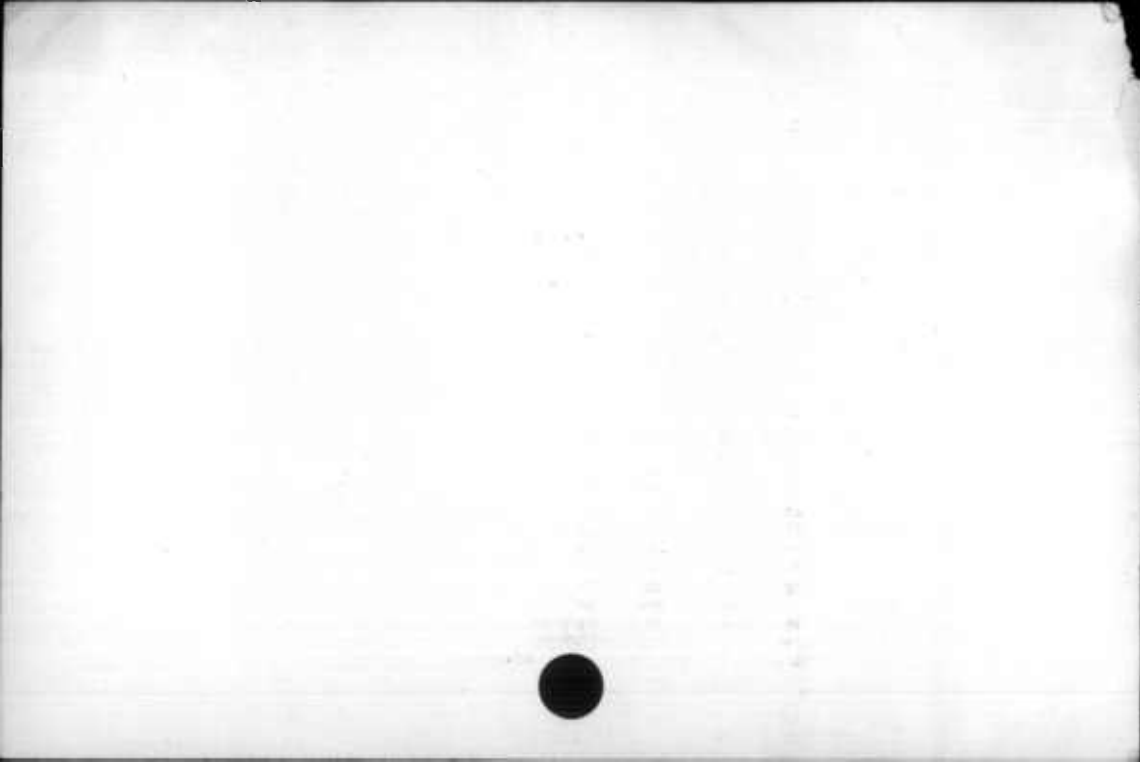
Primary Cerebral hemorrhage. How long unknown

Immediate Analysis. How long Two years.

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

Signature of Physician [Signature] Address Potomac. Md.

Accident or Suicide None



Name  
in  
Full

Still Birth Stup

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at <u>near Southsburg</u>		Town		<u>Montgomery</u>		County		MARYLAND	
Date of death <u>1990</u>		Month <u>6</u>		Day <u>11</u>		Age <u>0</u>		Years Months Days	
Sex <u>male</u>		Color or Race <u>White</u>		Birth-place <u>md</u>					
Occupation _____				Where Residing if not at place of death _____					
Married, Single or Widowed _____				Name of Wife or Husband _____					
Father's Name <u>Elmore Stup</u>				Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Mrs Swartz</u>				Mother's Birthplace <u>Maryland</u>					
Name of person giving Information <u>Elmore Stup</u>				How related to deceased <u>Father</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Dont know</u>	How long	<u>Dont know</u>
Immediate	<u>Dont know</u>	How long	<u>Dont know</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>C. C. Etchison M.D.</u>
Accident or Suicide	<u>no</u>	Address	<u>Southsburg md</u>



Name  
in Full

William R. Tatum Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Brinklow <sup>Town</sup> Montgomery <sup>County</sup> MARYLAND

Date of death 1940 <sup>Year</sup> June <sup>Month</sup> 8 <sup>Day</sup> Age 8 <sup>Years</sup> 8 <sup>Months</sup>  <sup>Days</sup>

Sex Male Color or Race white Birth-place Brinklow

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

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

Father's Name William R. Tatum Father's Birthplace New Jersey

Mother's Maiden Name Marian Haviland Mother's Birthplace Charles Co. Md.

Name of person giving Information Wm R. Tatum How related to deceased Father

## CAUSES OF DEATH

Primary Indigestion How long 3 days

Immediate Convulsions How long 2 hours

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

Signature of Physician Aug Stabler

Address Brighton, Md.

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

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs. Bethie Trout

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town New Catehision		County Montgomery		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		June	22	Age 36			
Sex		Color or Race		Birth-place			
Female		white		Montgy Co., Md.			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
married		Chas. Trout					
Father's Name				Father's Birthplace			
James Bowen				unknown			
Mother's Maiden Name				Mother's Birthplace			
Eliza Ferris				Virginia			
Name of person giving information				How related to deceased			
Chas. Trout				husband			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Carcinoma of stomach & intestine		unknown	
Immediate		How long	
Exhaustion		a few hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Geo. M. Boyer	
		Address	
		Pawnee,	
Accident or Suicide			





Name  
in  
Full

David Volentyne

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bethesda</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death	<i>1960</i>	Month	<i>June</i>	Day	<i>9</i>
Age		<i>50</i>		Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Pa.</i>
Occupation	<i>Contractor</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Martha Volentyne</i>		
Father's Name	<i>Unknown</i>			Father's Birthplace	
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	
Name of person giving information	<i>Richard R. Hardy</i>			How related to decedent	<i>Not related</i>

## CAUSES OF DEATH

Primary	<i>Chronic Nephritis</i>	How long	<i>120</i>	<i>Two years</i>
Immediate	<i>Heart failure</i>	How long		<i>One week</i>

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

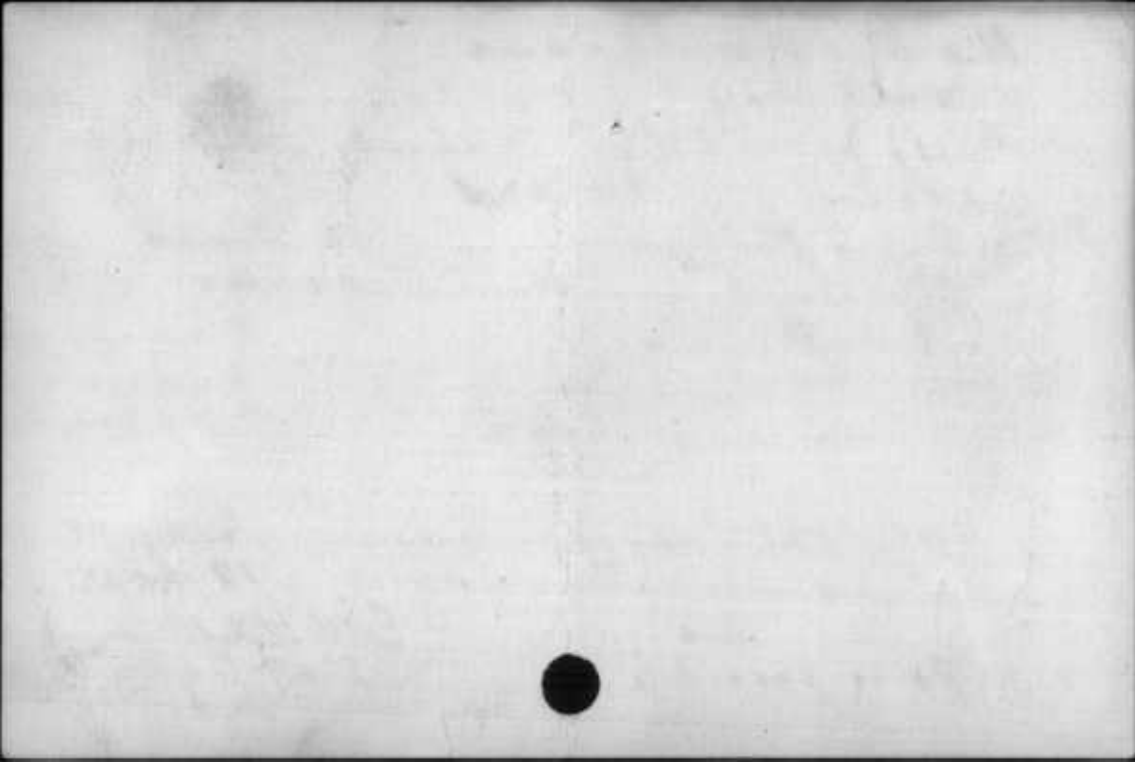
*Yes*

Signature of Physician

Address

*Anthony M. Ray MD*  
*Levinally Court P.C.*

Accident or Suicide?



Name  
in  
Full

Robert Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Sellman* County *Montg* **MARYLAND**

Date of death 19*91* Month *June* Day *28* Age *Unknown* about *76 yrs* Months Days

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

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

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

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

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Beana Clark* How long to be deceased *79* *Step daughter*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Mitral Insufficiency* How long *2 years*

Immediate *Cardiac Asthenia* How long *12 hours*

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

Signature of Physician *EW White* Address *Poolsville Md*

*near as possible*

Accident or Suicide



Name  
in  
Full

Ruth Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Rochelle</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death 19 <u>10</u>	<u>6</u> <small>Month</small>	<u>28</u> <small>Day</small>	Age <u>15</u>	<u>1</u> <small>Months</small>	<u>15</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Caucas</u>	Birth-place <u>MD</u>			
Occupation <u>Nurse</u>	Where Residing if not at place of death		<input checked="" type="checkbox"/>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		<input checked="" type="checkbox"/>		
Father's Name <u>Edward Wood Jr</u>	Father's Birthplace <u>MD</u>				
Mother's Maiden Name <u>Lora Johnson</u>	Mother's Birthplace <u>MD</u>				
Name of person giving information <u>Lora Wood</u>	How related to deceased <u>Sister</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Injured in auto accident</u>	How long <u>186</u>
Immediate <u>Shock</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>O. M. Swickard</u>
	Address <u>Rochelle MD</u>
Accident or Suicide <u>-</u>	

