

Name
in
Full

CERTIFICATE OF DEATH

9

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Infant Annman
Silver Hill P.O.

Town

County

MARYLAND

Date

of death 1900

Month

6

Day

29

Age

Years

Months

Days

10 hrs

Sex
Occupation

Female

Color or
Race

white

Birth-
place

md

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

Single

Name of Wife or
HusbandFather's
Name

Robert Annman

Father's
Birthplace

D.C.

Mother's
Maiden Name

Alma Day

Mother's
Birthplace

D.C.

Name of person giving
information

Robert Annman

How related
to deceased

Father

CAUSES OF DEATH

Primary

Prolonged labor

How long

13 1/2

16 hrs

Immediate

Weakness

How long

10 hrs

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

yes

Signature of
Physician

Address

John E. Sausbury

P.O. Forestville Md

Accident or Suicide

neither

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Wm. Marlboro, Jail* *Prin* *Super*
Date of death 19*40* Month *June* Day *23* Age *45* - about Months *—* Days *—*

Sex *Male* Color or Race *White* Birthplace *Not Known*

Occupation *Not Known* Where Residing if not at place of death *Not Known*

Married, Single or Widowed *Not Known* Name of Wife or Husband *Not Known*

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 *H. W. Gore* How related to deceased *Sailor*

CAUSES OF DEATH

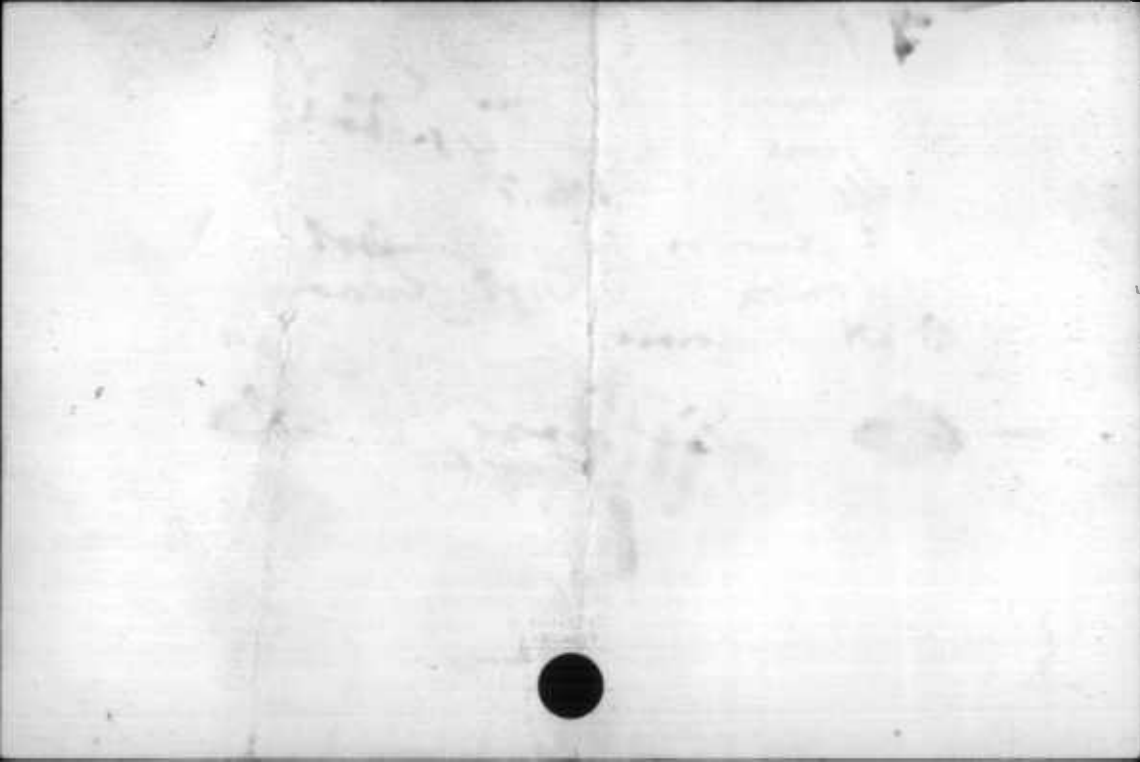
Primary *Not Known* How long *Not Known*

Immediate *Apoplexy* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of *J. Alfred Ridgely, Jr.*

Address *Acting Lt. Colonel, Wm. Marlboro, Md.*

Accident *no* Suicide *no*



Name
in
Full

John Albert Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mount Airy		County Pine Co		MARYLAND	
Date of death	1900	Month June	Day 20	Age Years 2	Months	Days	
Sex Male	Color or Race Black		Birth- place Mount Airy				
Occupation —			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name John Brown			Father's Birthplace West Creek				
Mother's Maiden Name Isabella Hayer			Mother's Birthplace " "				
Name of person giving Information H M Henry Hayer			How related to deceased Grand Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary exhaustion	How long one week
Immediate Natural Causes	How long
Are the name; age, sex, color, date and place correctly given above? yes	Signature of Physician Dr John E. Snodgrass, M.D.
	Address Forestville
Accident or Suicide?	ma



Name
in
Full

William J Brown

CERTIFICATE OF DEATH

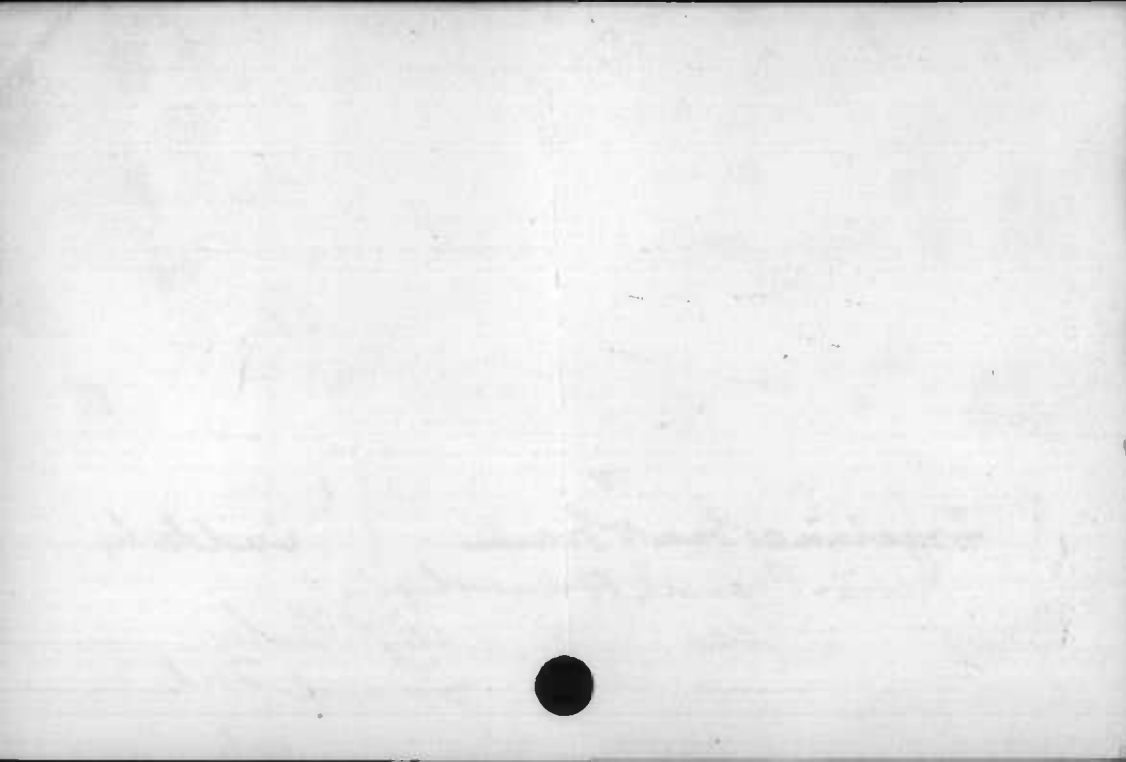
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Landover</i>		Town <i>Prince George</i>		County		MARYLAND	
Date of death	19 <i>00</i>	Month <i>June</i>	Day <i>19</i>	Age	Years	Months	Days <i>21</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						
Father's Name <i>Isaac Brown</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Jane Lee</i>	Mother's Birthplace <i>Md</i>						
Name of person giving information <i>Jane Brown</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Thrush</i>	<i>(99 B)</i>	How long <i>3 days</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Augustus H Decker</i>	Address <i>Acting Coroner</i>
Accident or Suicide?		<i>Bladesburg, Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Ida. V. Burhaus

Town

County

Died at

Laurel

Prince George

MARYLAND

Date

of death 1940

Month

June

Day

2nd

Years

Age 52

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Liberty, Miss.

Occupation

Housewife

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

Widow

Name of Wife or
Husband

Carl H. Burhaus

Father's
Name

Wm. Shaver

Father's
Birthplace

Virginia

Mother's
Maiden Name

Nancy Myers

Mother's
Birthplace

Ohio

Name of person giving
Information

Ed. M. Gillette

How related
or deceased

Cousin

CAUSES OF DEATH

Primary

Thrombosis of brain

How long

Suddenly

Immediate

Intra-Cranial Hemorrhage

How long

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

Yes

Signature of
Physician

Address

W. F. Taylor
Laurel Md

Accident or Suicide



Name
in
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John W. Carrick</i>		Town <i>New Collington</i>		County <i>P. G.</i>		State MARYLAND	
Died at <i>New Collington</i>		Month <i>June</i>		Day <i>14</i>		Year <i>1908</i>	
Date of death <i>1908</i>		Age <i>71</i>		Months <i>5</i>		Days <i>15</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>P. G. Co</i>			
Occupation <i>Black Smith</i>		Where Residing if not at place of death <i>Near Collington</i>					
Married or Widowed		Name of Wife or Husband <i>Dead</i>					
Father's Name <i>John Carrick</i>		Father's Birthplace <i>P. G. Co</i>					
Mother's Maiden Name <i>Polly</i>		Mother's Birthplace <i>P. G. Co</i>					
Name of person giving Information <i>Fred Dearstine</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pericarditis</i>		How long	<i>8 hours</i>
Immediate	<i>Heart failure</i>		How long	<i>half hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<i>yes</i>		<i>James H. Smith</i>	<i>Bowie Md</i>	
Accident or Suicide <i>no</i>				



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Christopher Columbus Chew

Died at ^{Town} Near Hyattsville ^{County} Prince George's MARYLANDDate of death 1910 June 14th Age 75

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

Occupation Farmer Where Residing if not place of death

Married, Single or Widowed Widower Name of Wife or Husband Mary J. Chew deceased

Father's Name Robert A. Chew Father's Birthplace U.S.

Mother's Maiden Name Fannie Wilson Mother's Birthplace U.S.

Name of person giving Information Harry W. Chew How related to deceased Son

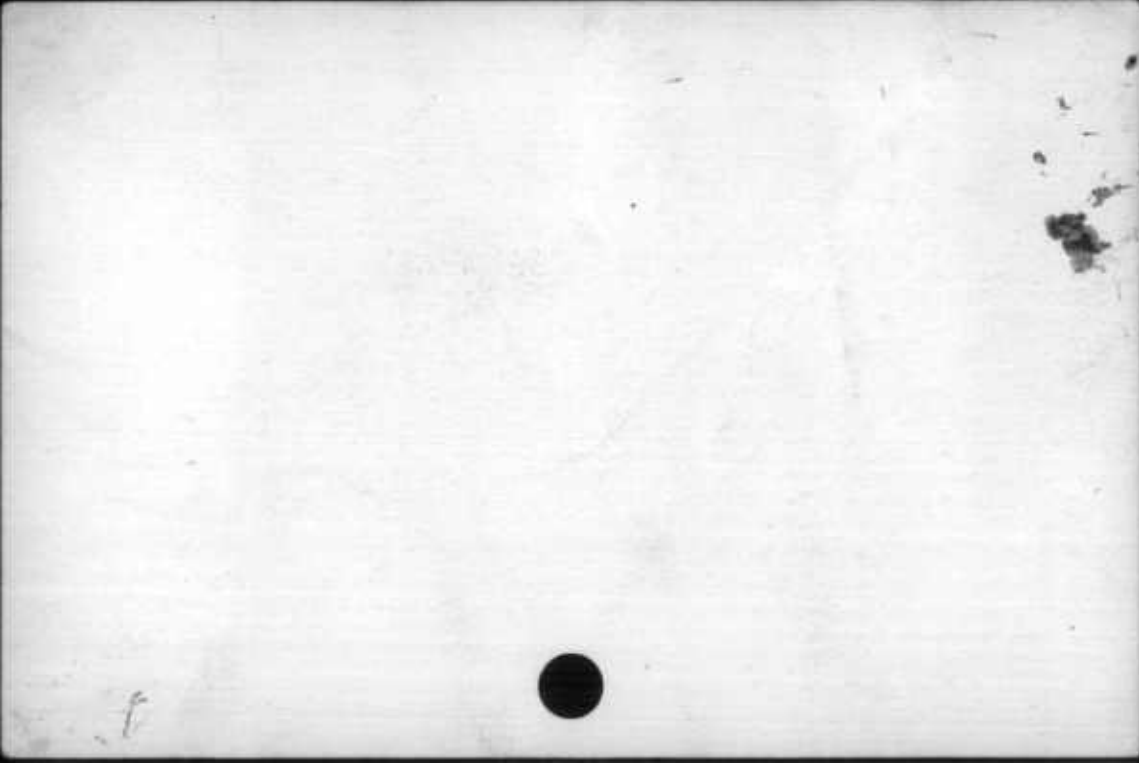
CAUSES OF DEATH

Primary Poison accidentally taken by mistake while in great agony of body How long About three hours

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

Signature of Physician C. W. Birney M.D. Address Hyattsville, Md.

Accident or Suicide Accident



Name
In
Full

Ida Elenora Crawford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Mary. Macdon* Town *P. Geo* County

Date of death *1900* Month *6* Day *6* Age _____ Years _____ Months _____ Days _____

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

Occupation *None* Where Residing if not at place of death _____

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

Father's Name *Edward Crawford* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Ida Wood* Mother's Birthplace *Ind*

Name of person giving information _____ How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Premature birth* How long *8 months*

Immediate *Macamnia* How long _____

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

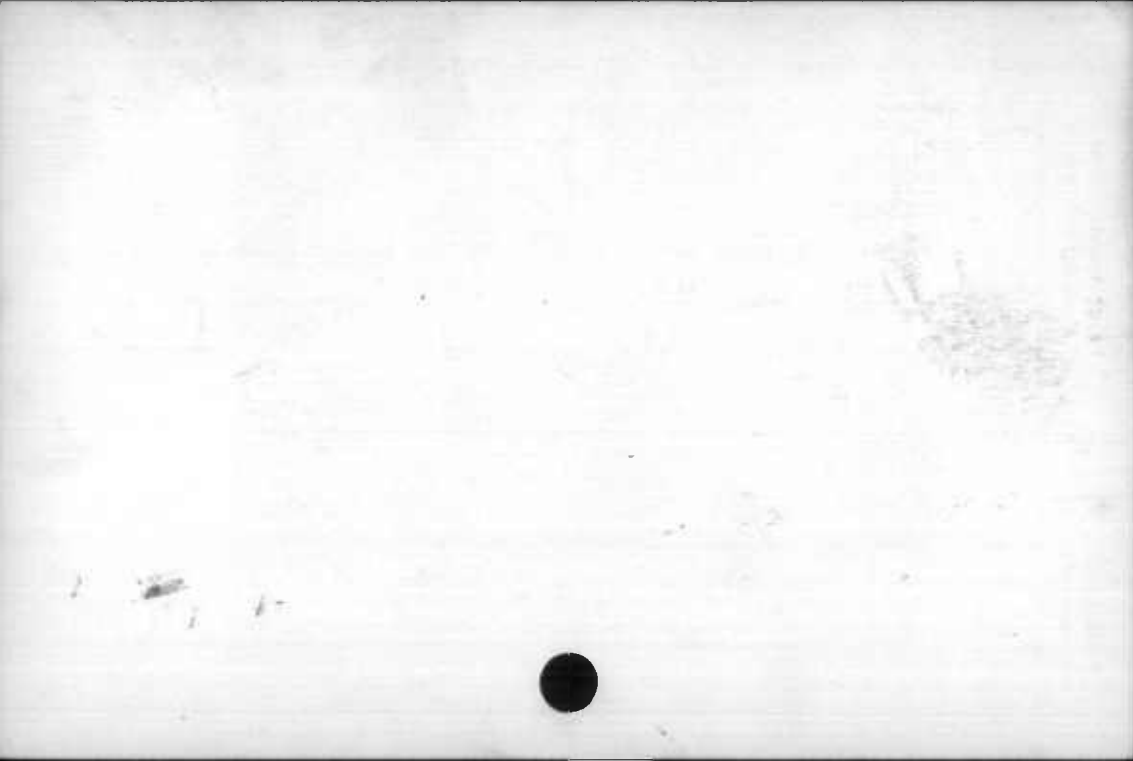
yes

Signature of Physician

Address

Reneady Sesser
upper Marlboro
Ind

Accident or Suicide



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

New Lf. Marlboro

Town

County

Date

of death

1900

Month

6

Day

4

Age

Years

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

None

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

Single

Name of Wife or
HusbandFather's
Name

James E. Crawford

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Ida Wood

Mother's
Birthplace

Md

Name of person giving
Information

James Crawford

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature birth

How long

Immediate

Marasmus

How long

3 weeks

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

Yes

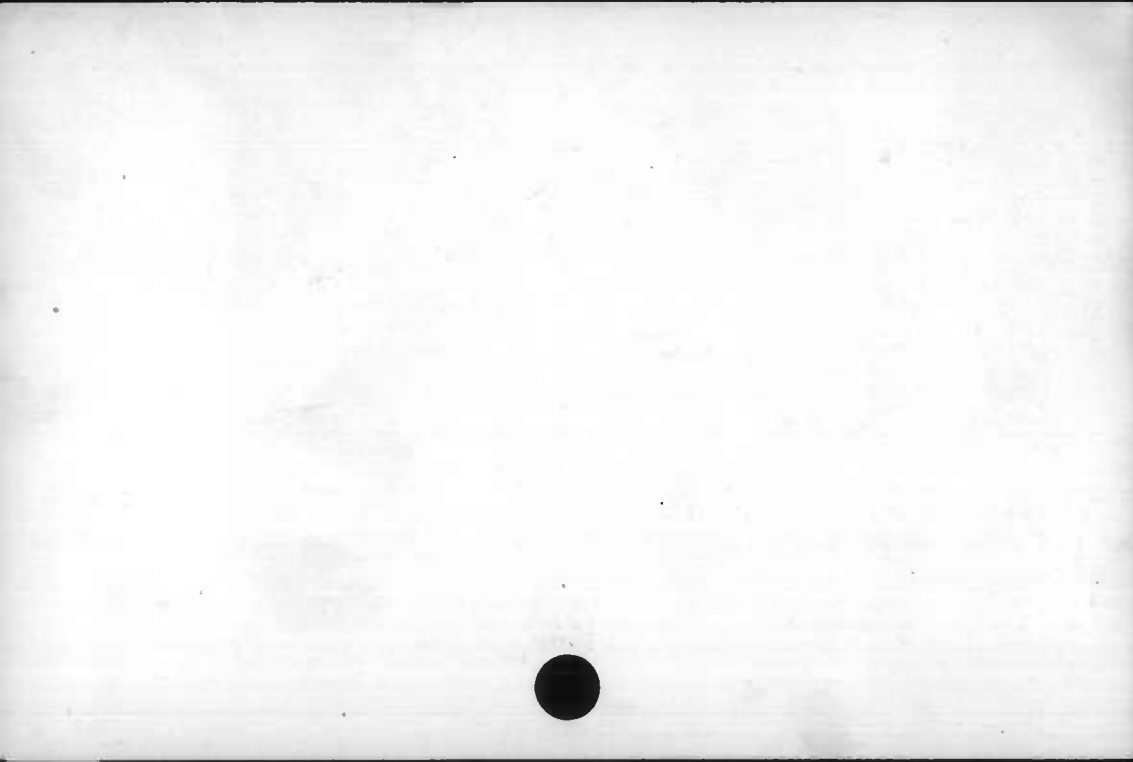
Signature of
Physician

Address

Randy Sasser
Upper Marlboro
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

is
Full

Rosa H. Davis

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Anne

Pr Geo

Date

of death

1900 June

Month

Day

24

Age

Years

70

Months

3

Days

18

Sex

Female

Color or
Race

White

Birth-
place

Ind.

Occupation

House wife

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

Widow

Name of Wife or
Husband

Joseph Davis

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

16

Name of person giving
Information

M. B. Guyther

How related
to deceased

CAUSES OF DEATH

Primary

Hypertrophic atherosclerosis

How long

5 years

Immediate

exhaustion of liver

How long

4 days

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

Yes

Signature of
Physician

H. Morton Brown

Address

Agnasco. Ind.

Accident or Suicide

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Eugene Down* Town *Mentwood* County *Prince Georges* MARYLAND

Died at *Mentwood*

Date of death 19*40* Month *6* Day *15* Age *39* Months *-* Days *-*

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

Occupation *Labner* Where Residing if not at place of death *-*

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

Father's Name *Oliver A. Down* Father's Birthplace *D.C.*

Mother's Maiden Name *Lucie J. Mahoney* Mother's Birthplace *D.C.*

Name of person giving information *Oliver A. Down* How related to deceased *Father*

CAUSES OF DEATH

Primary *Chronic Testitis - Pneumonia (3 years) 15 days* How long *15 days*

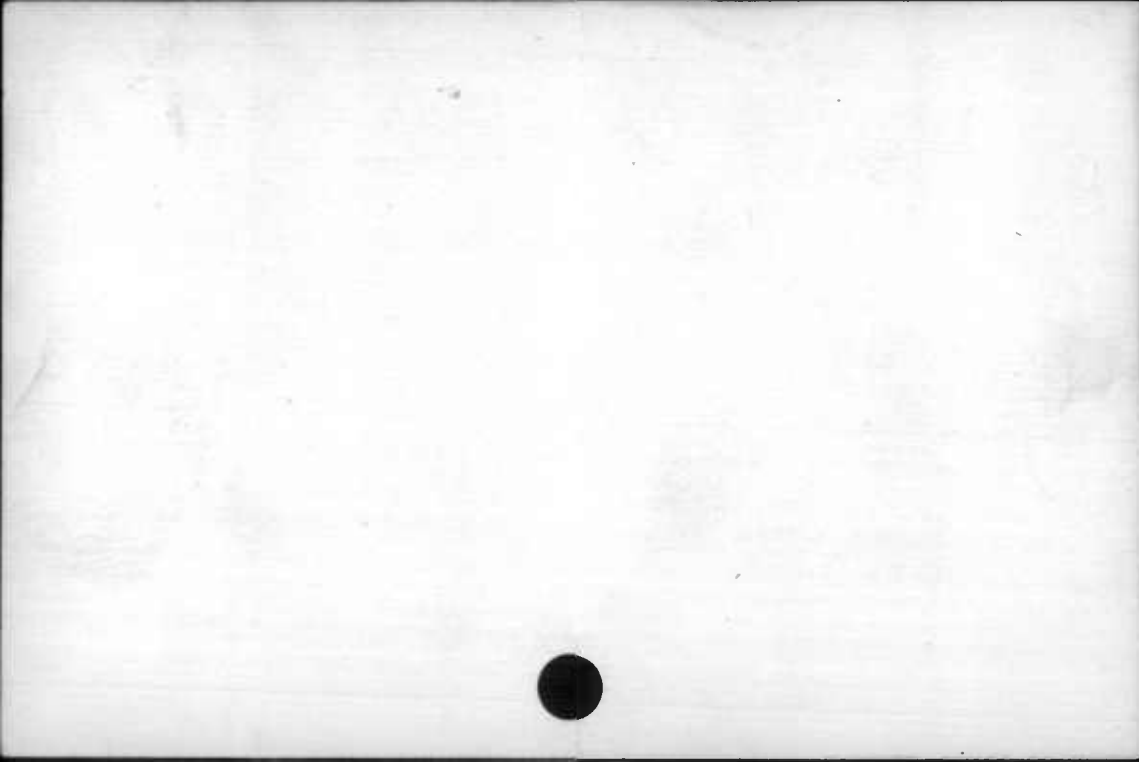
Immediate *manitis* How long *15 days*

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

Signature of Physician *Harry Kelly M.D.* Address *Mt. Rainier Rd.*

Accident or Suicide ☒

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mary Margant Duvall

Town

County

Lanham

Prince George

MARYLAND

Died at

Date

of death

1900

Month

June

Day

10th

Age

Years

68

Months

2

Days

20

Sex

Female

Color or
Race

white

Birth-
place

Lanham, Md.

Occupation

none

Where Residing if not
at place of deathTO BE ANSWERED BY
NEAREST FRIENDMarried, Single
or Widowed

widow

Name of Wife or
Husband

Geo. H. Duvall of D. Md.

Father's
Name

Therman Lanham

Father's
Birthplace

Prince Geo. Co. Md.

Mother's
Maiden Name

Mary Ellen Tucker

Mother's
Birthplace

A. A. Co. Md.

Name of person giving
information

General A. Buckley

How related
to deceased

sister

CAUSES OF DEATH

Primary

Lobar Pneumonia

How long

3 days

Immediate

Cardiac Asthma

How long

General Panic

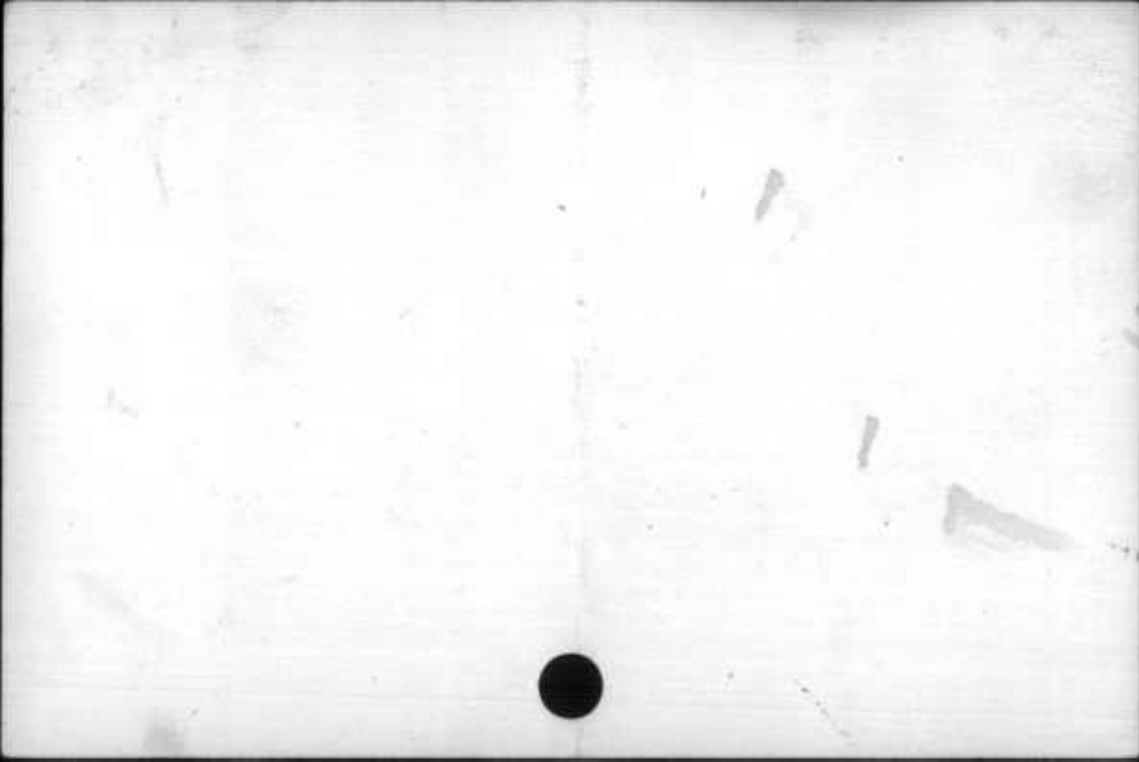
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. M. Duvall, M.D.
Prince George's
Md.PHYSICIAN
OR CORONER

Accident or Suicide

No



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Annie Ferguson

Died at *Cadwell Heights* *Prince Georges* *MARYLAND*

Date of death *1940* *June* *7* Age *7* Years *2* Months *2* Days

Sex *female* Color or Race *white* Birth-place *Ind.*

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

~~Married~~ Single *—* Name of Wife or Husband *—*

Father's Name *Ernest Ferguson* Father's Birthplace *Ind.*

Mother's Maiden Name *Ann E. Tucker* Mother's Birthplace *Ind.*

Name of person giving information *Ernest Ferguson* How related to decedent *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *premature birth* How long *15 1*

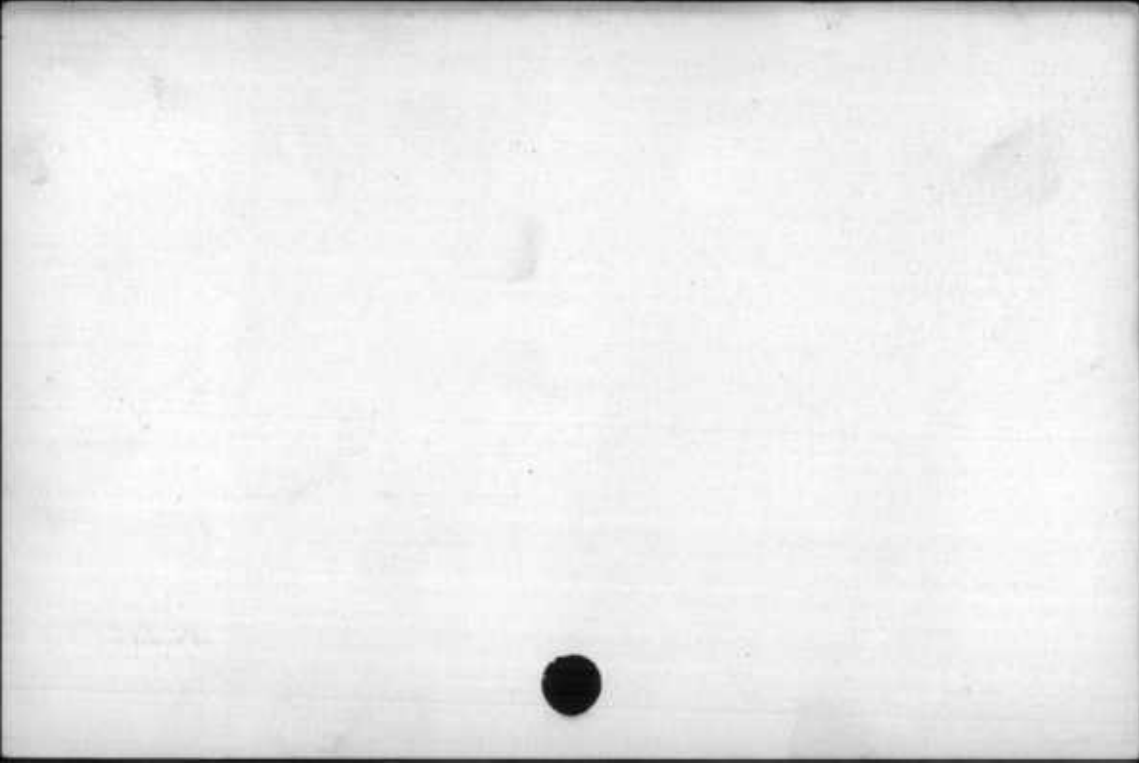
Immediate *premature birth* How long *1 hour*

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

Signature of Physician *J. M. Brady*

Address *Residence 1111*

Accident or Suicide? *X*



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ferguson

Town *Cedar Heights* County *Prince George* MARYLAND

Died at *Cedar Heights Prince George*

Date of death 19*40* Month *June* Day *7* Age *—* Months *—* Days *1/2 hour*

Sex *female* Color or Race *white* Birth-place *Md.*

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

~~Maid~~ Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Ernest Ferguson* Father's Birthplace *Md.*

Mother's Maiden Name *Ann Tucker* Mother's Birthplace *Md.*

Name of person giving information *Ernest Ferguson* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *premature birth* How long *(15)*

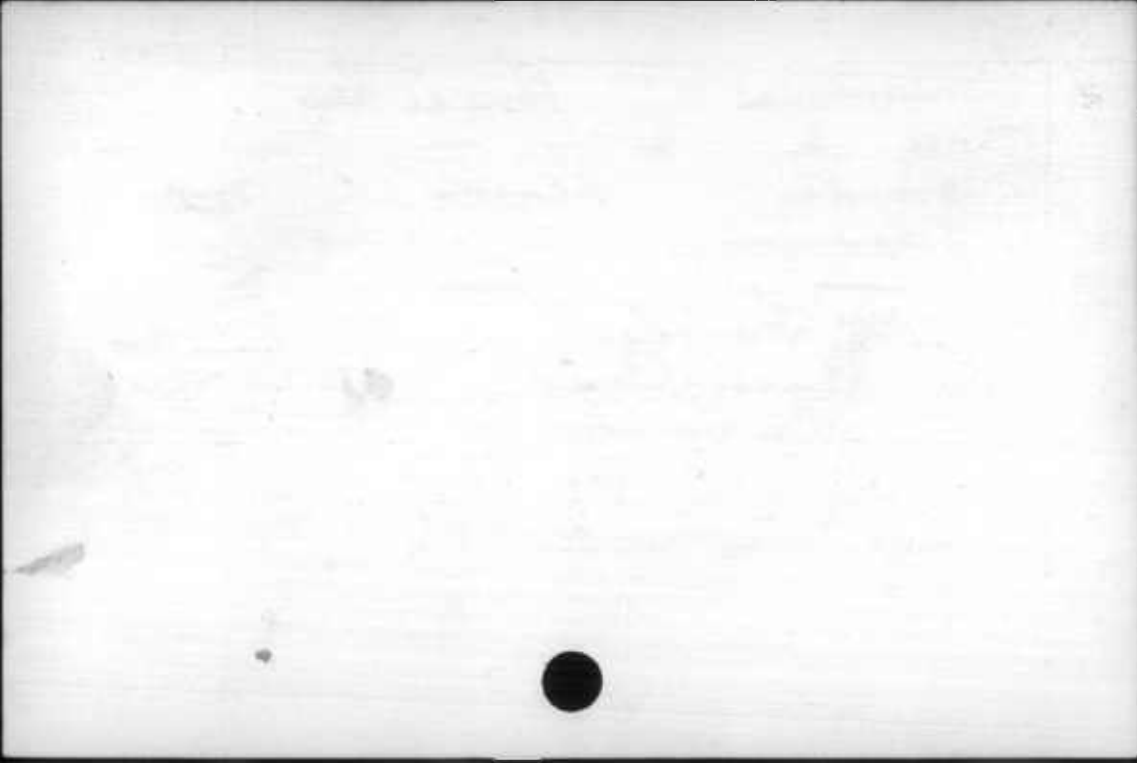
Immediate *premature birth* How long *1 hour*

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

Signature of Physician *Dr. Brady*

Address *Kepikew on the N.E.C.*

Accident or Suicide





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Murksin ^{Town} Garther ^{County} Bruce Geo ^{MARYLAND}
 Date of death 1940 ^{Month} 6 ^{Day} 2 ^{Age} — ^{Years} — ^{Months} — ^{Days} —
 Sex male Color or Race black Birth-place md
 Occupation seam Where Residing if not at place of death —
 Married, Single or Widowed — Name of Wife or Husband —
 Father's Name Wm. Garther Father's Birthplace md
 Mother's Maiden Name Bessie Carter Mother's Birthplace md
 Name of person giving Information Wm. Garther How related to deceased father

CAUSES OF DEATH

Primary Still born ^{How long} (B)
 Immediate — ^{How long} —

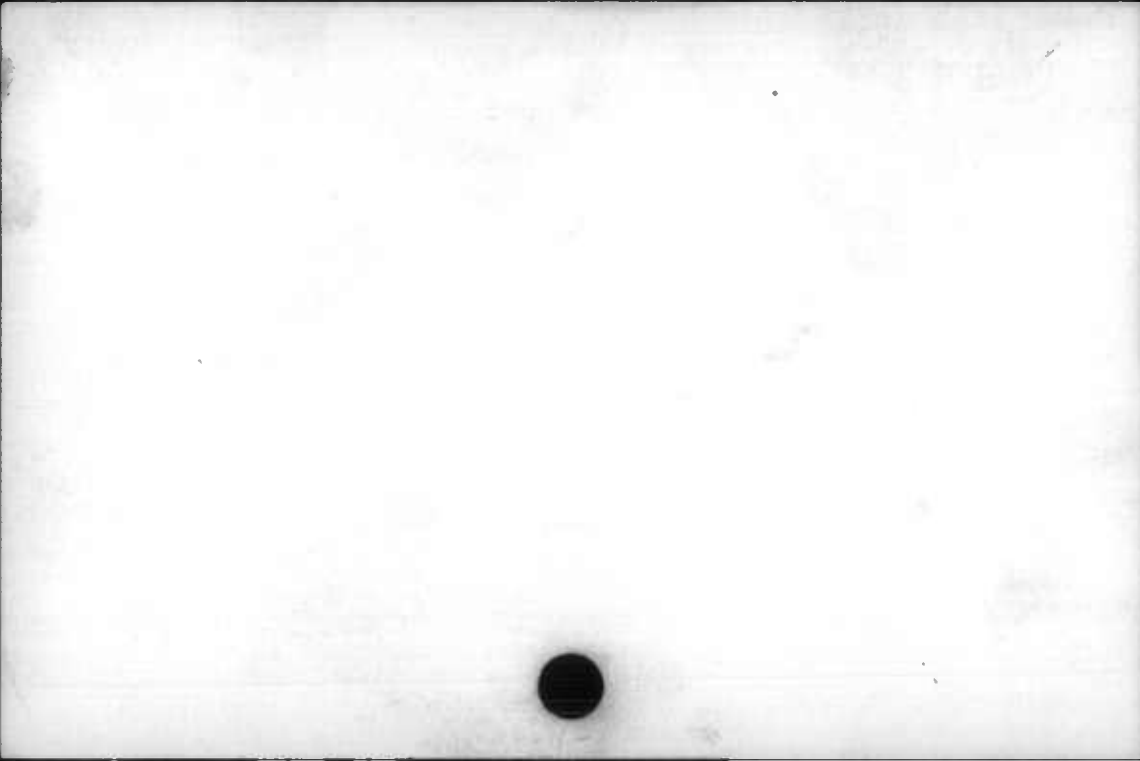
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Francis E. M. Gallahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Town Pinebluff County Porter **MARYLAND**

Died at Pinebluff

Date of death 1900 June 4 Age 43 Months Days

Sex Female Color or Race White Birthplace Ind

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Wm A Gallahan

Father's Name John Thos King Father's Birthplace Ind

Mother's Maiden Name Theresa Halley Mother's Birthplace Ind

Name of person giving Information Wm A Gallahan How related to deceased Husband

CAUSES OF DEATH

Primary Tuberculosis (General) How long 2 yr

Immediate Exhaustion How long 3 days

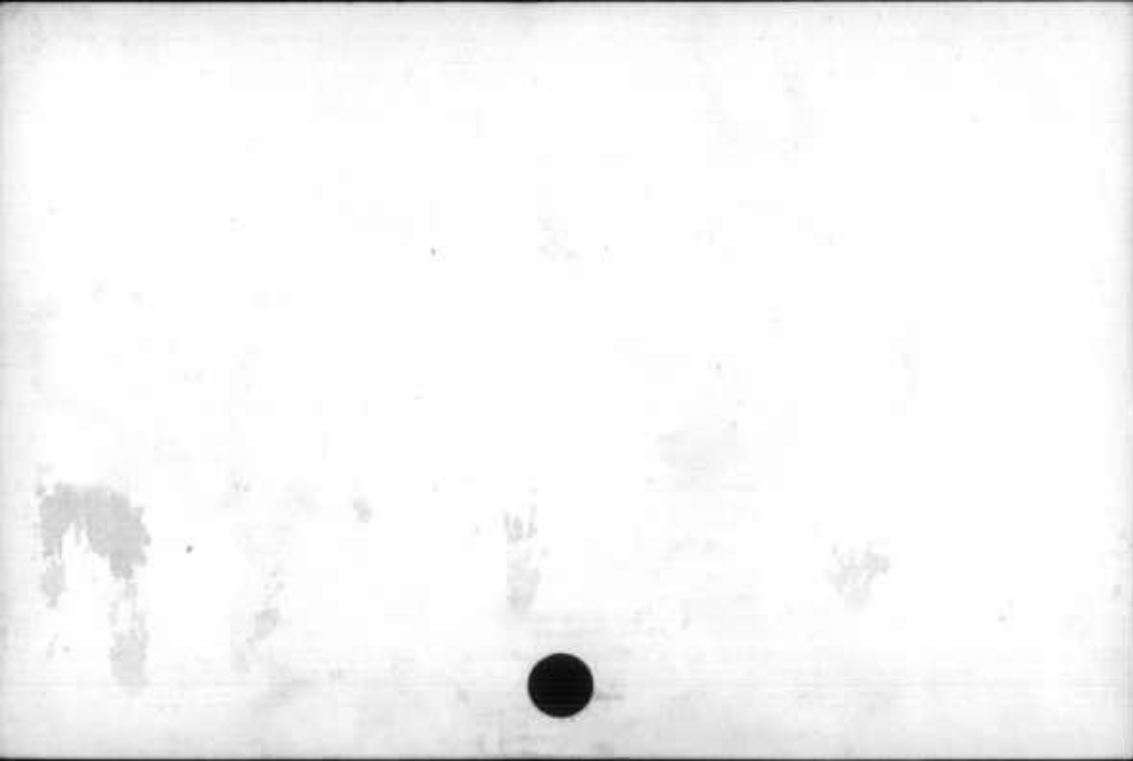
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John A. Cor

Address L.B. Ind

Accident or Suicide X

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jane Gilbert</i>		Town <i>Meadows.</i>		County <i>Essex</i>		STATE MARYLAND	
Died at <i>Meadows.</i>		Date of death <i>1910</i>		Month <i>June</i>		Day <i>18</i>	
Age <i>55</i>		Years <i>55</i>		Months <i></i>		Days <i></i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</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>Nathaniel Gilbert</i>					
Father's Name <i>Robert Jackson</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary Craig</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving in formation <i>Robert Jackson</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis.</i>	How long	<i>1 yr.</i>
Immediate	<i>Exhaustion.</i>	How long	<i>(1 wk)</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>John C. Laubrey</i>	
		Address <i>Four Mills. Md.</i>	
Accident or Suicide? <i>Neither</i>		<i>X</i>	



Name
in
Full

CERTIFICATE OF DEATH

Isaac L. Grey

Town

County

MARYLAND

Died at Meadow

Prince George

Date

Month

Day

Years

Months

Days

of death 1940

June

10

Age

82

9

—

Sex

Male

Color or
Race

White

Birth-
place

Ohio

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Lydia Grey

Father's
Name

Isaac Grey

Father's
Birthplace

Maryland

Mother's
Maiden Name

Catherine Calvert

Mother's
Birthplace

Pennsylvania

Name of person giving
Information

Catherine J. Martin

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Partial Paralysis & Nephritis

How long

About 1 month

Immediate

Nephritic Toxemia

How long

" 1 week

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

Signature of
Physician

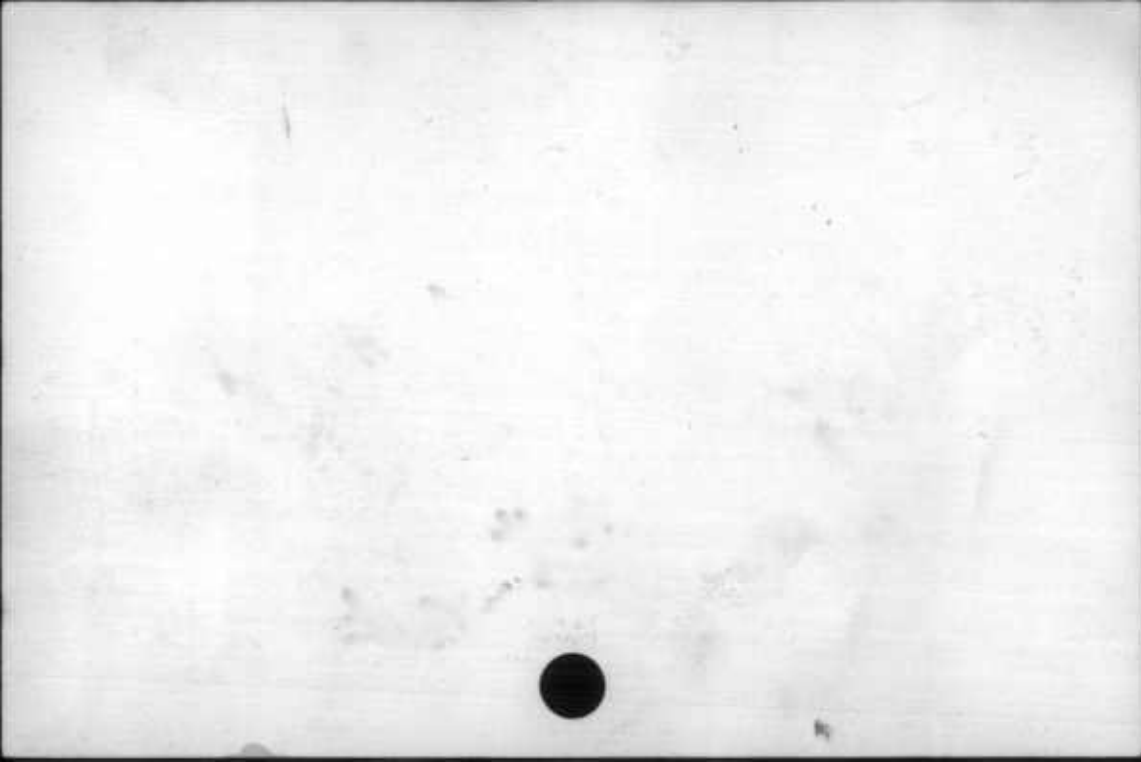
Address

Arthur N. Moberg
Congress Hto, D.C.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full: **John R. Goffette** Town: **Laurel** County: **P. 920**

Died at: **Laurel**

Date of death: **1900** Month: **June** Day: **11** Age: **69** Months: **8** Days: **12**

Sex: **male** Color or Race: **white** Birth place: **Ma**

Occupation: **laborer** Where residing if not at place of death: **Laurel**

Married, Single, Widowed: **yes** Name of Wife or Husband: **Lillian E. Goffette**

Father's Name: **Richard Goffette** Father's Birth place: **Ma**

Mother's Maiden Name: **Mariah Goffette** Mother's Birth place: **Ma**

Name of person giving information: **Thomas Goffette** How related to deceased: **Son**

CAUSES OF DEATH

Primary: **Cystitis** How long: **1 mo.**

Immediate: **Uremia** How long: **4 days**

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

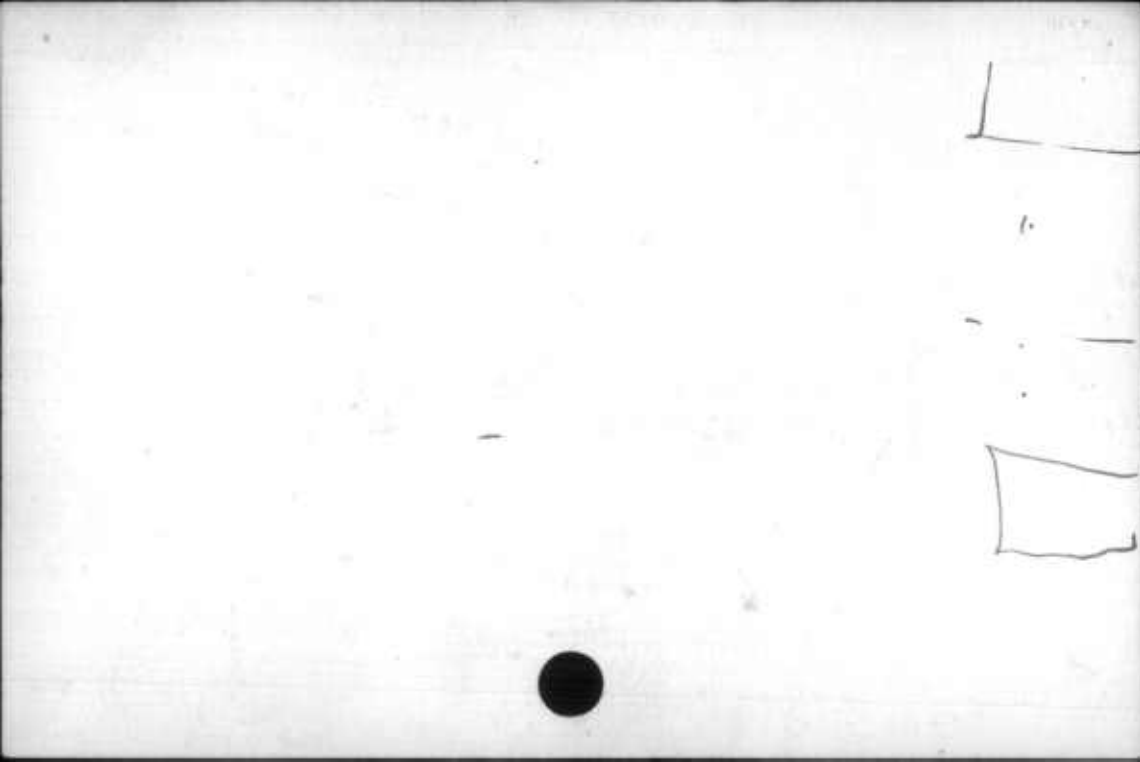
yes.

Signature of Physician

Address

J. R. Goffette M.D.
Laurel Md

Accident or Suicide



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John I Hall

Town

County

Died at

Ardmore

Prince George

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1940 June 19th Age 62

Sex

male

Color or
Race

white

Birth-
place

Md

Occupation

Farmer

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

married

Name of Wife or
Husband

Georgiana Hall

Father's
Name

Benedict Hall

Father's
Birthplace

Md

Mother's
Maiden Name

Catherine Russell

Mother's
Birthplace

Md

Name of person giving
Information

Georgiana Hall

How related
to deceased

wife

CAUSES OF DEATH

Primary

Natural Causes

How long

Immediate

Immediate

heart failure

How long

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

Yes

Signature of
Physician

Address

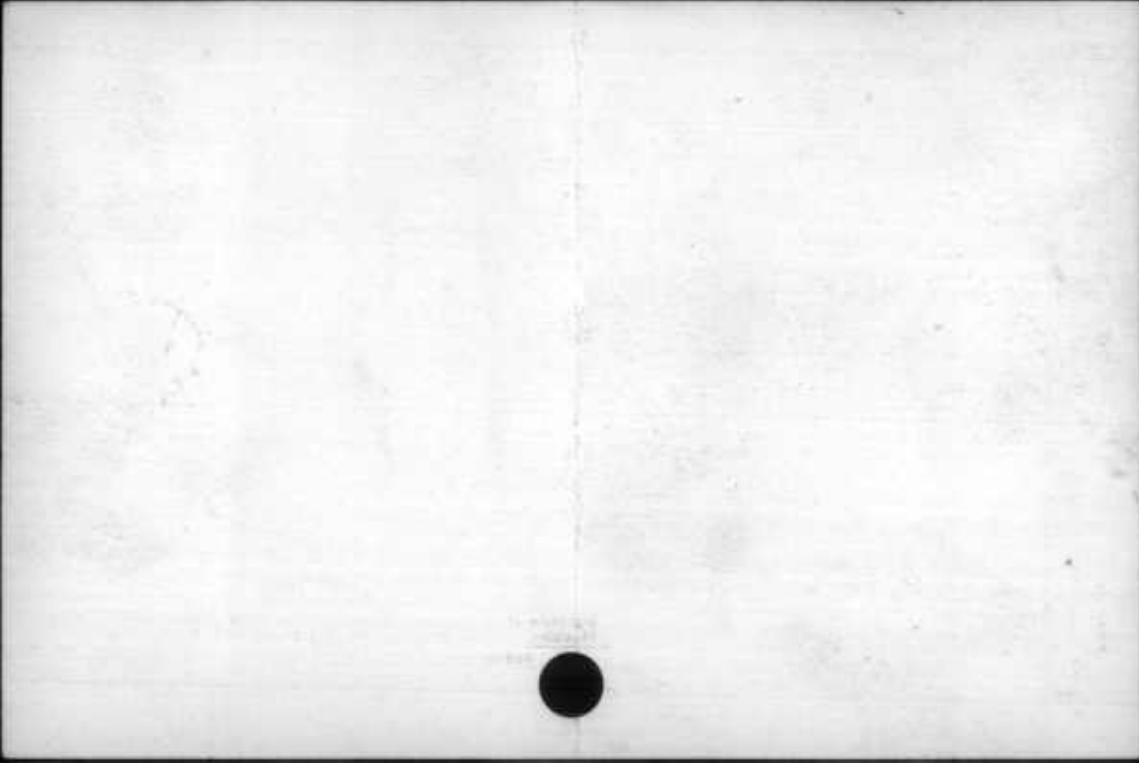
Augustus H. Dahler

Acting Coroner

Bladensburg Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Christine Cardell Hawkins

CERTIFICATE OF DEATH

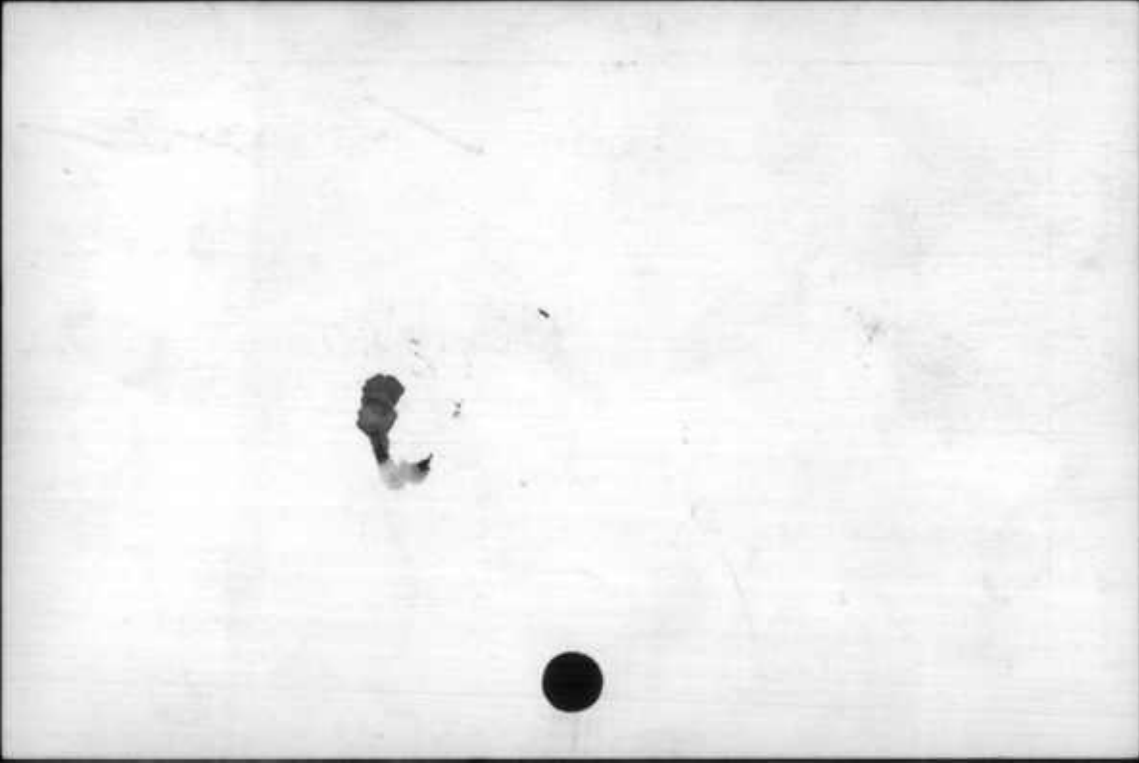
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
College		Pr.		B.		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1900	June	25			11		
Sex	Color or Race	Birth place					
Female	Colored	Md					
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information			How related to deceased				
J. M. Hawkins			Father				

CAUSES OF DEATH

Primary	whooping Cough & Bronch. Pneumonia	How long	8 weeks
Immediate	Enteritis & convulsions	How long	24 hours
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
Yes		A. E. E. E. E.	
Address		Berwyn Md	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

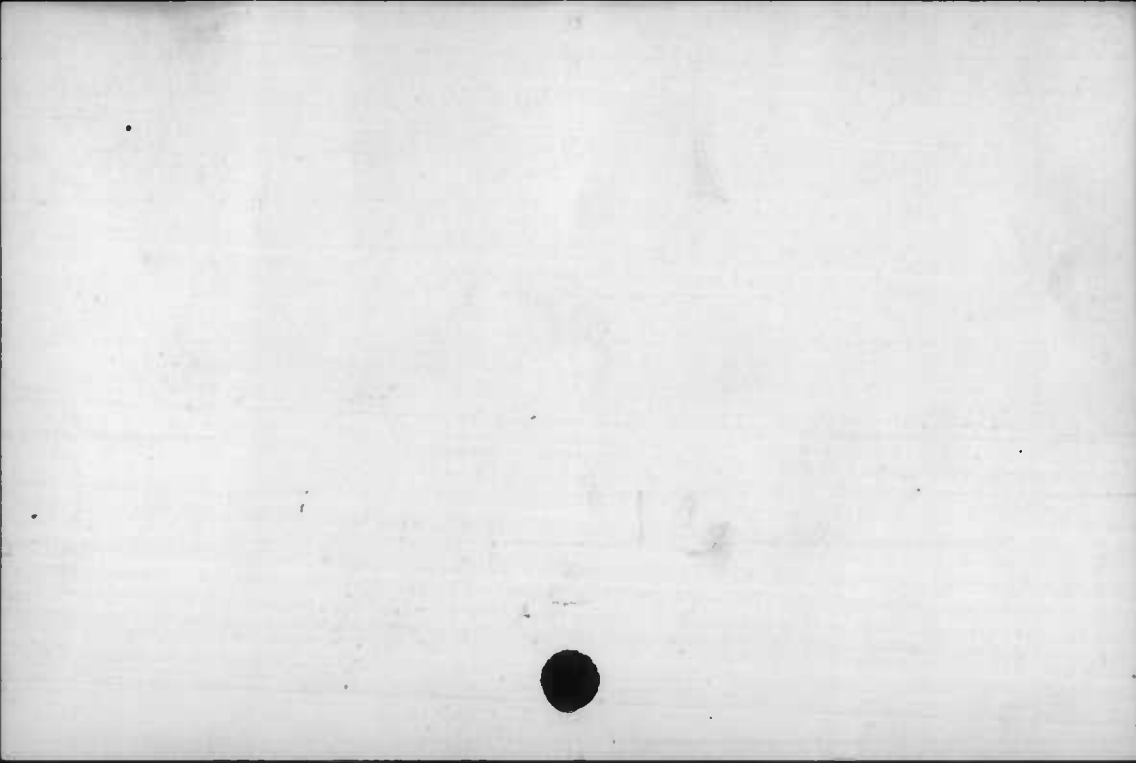
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Hawkins</i>		Town <i>Bladensburg</i>		County <i>Prince Georges</i>		State <i>MARYLAND</i>	
Died at <i>Bladensburg</i>		Date of death <i>1910</i>		Age <i>1</i>		Months <i>5</i>	
Month <i>June</i>		Day <i>16</i>		Years <i>1</i>		Days <i></i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth place <i>Bladensburg</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></i>					
Father's Name <i>John Hawkins</i>				Father's Birthplace <i> Md</i>			
Mother's Maiden Name <i>Elizabeth Davis</i>				Mother's Birthplace <i> D.C.</i>			
Name of person giving information <i>Pati Brown</i>				How related to deceased <i>Step Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Morarius</i>		How long <i>since born</i>	
Immediate <i>Exhaustion</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Augustus H Dahler</i>	
		Address <i>Acting coroner</i>	
		<i>Bladensburg Md</i>	
Accident or Suicide? <i></i>			



Name
in
Full

Annie Henson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

4

Died at *near St. Washington* *Pr. Geo.*

MARYLAND

Date
of death 1910

Month

June

Day

14

Age

Years

5-8

Months

Days

Sex

Female

Color of
Race

colored

Birth-
place

Maryland

Occupation

Housewife

Where residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Nathan Henson

Father's
Name

Tom Stewart

Father's
Birthplace

Don't know

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Chas Co.

Name of person giving
Information

Nathan Henson

How related
to deceased

husband

CAUSES OF DEATH

Primary

Heart disease

How long

79 yrs. 6 mos

How long

Immediate

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

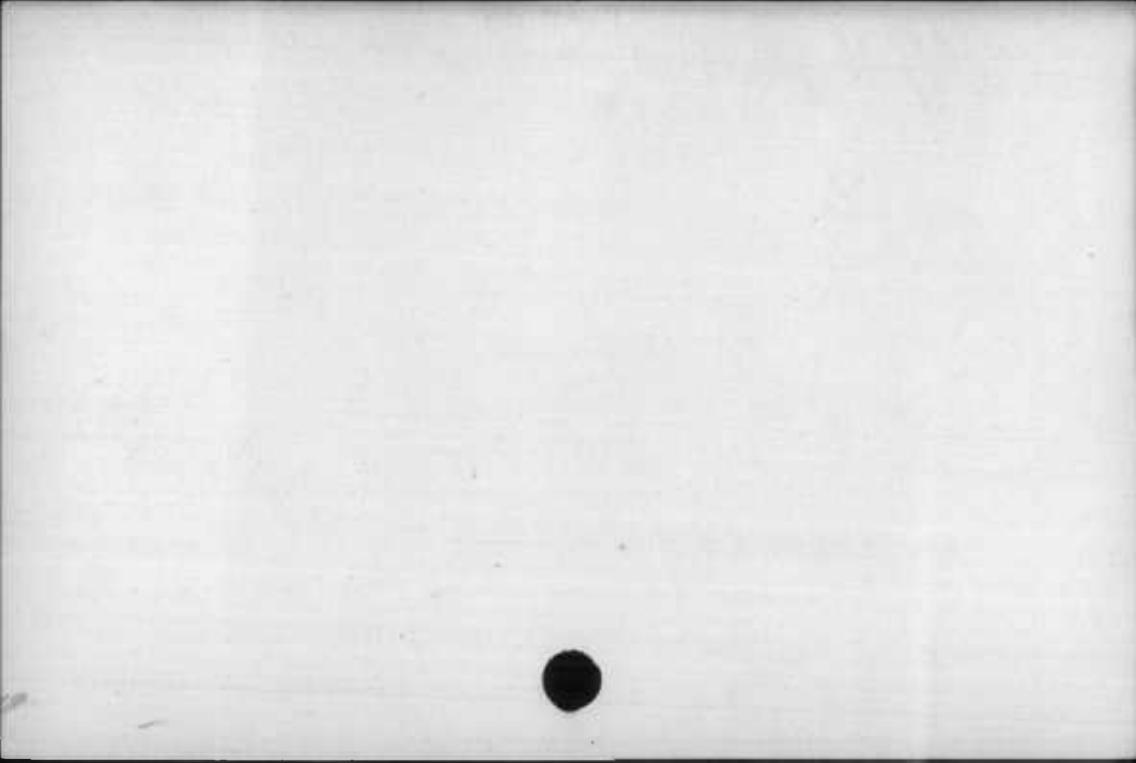
yes

Signature of
Physician

Address

E. J. Luck, M.D.
Piscataway,
N.J.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Alfred Willard Holmes

Town

County

MARYLAND

Died at

Cent Pleasant Hgts. Prince George

Date

Month

Day

Years

Months

Days

of death 1960

June

30

Age

8

Sex

male

Color or
Race

white

Birth-
place

D.C.

Occupation

child

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

George B. Holmes

Father's
Birthplace

D.C.

Mother's
Maiden Name

Jennie M. Little

Mother's
Birthplace

N.J.

Name of person giving
information

George B. Holmes

How related
to deceased

father

CAUSES OF DEATH

Primary

endocarditis

Immediate

syncope

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

yes

Signature of
Physician

Address

How long

7 weeks

How long

4 hours

PHYSICIAN
OR CORONER

Accident or Suicide

J M Brady
Reminworth, D.C.

Prast

Name
in
Full

CERTIFICATE OF DEATH

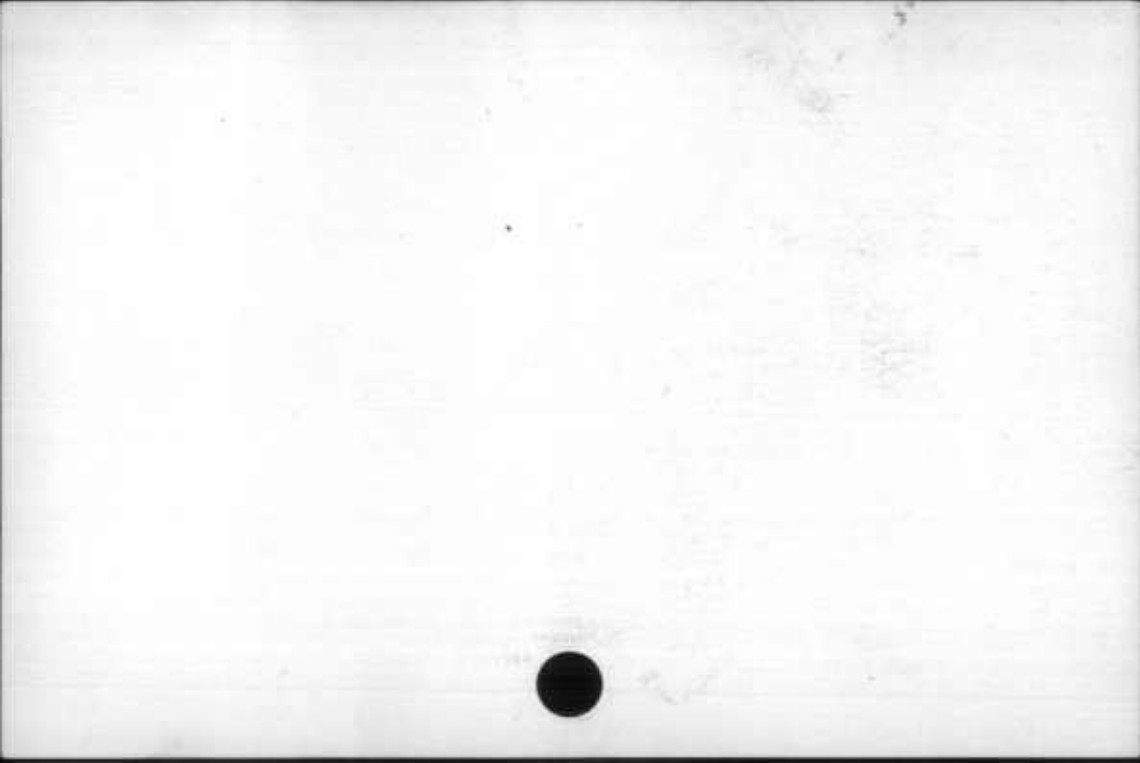
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>W Jackson</i>		Town <i>Prindle</i>		County <i>Berge</i>		MAYLAND	
Died at <i>Prindle</i>		Month <i>June</i>		Day <i>4</i>		Years <i>1</i> Months <i>1</i> Days <i>1</i>	
Date of death 190 <i>1</i>		Age		Color or Race <i>Colord</i>		Birth-place <i>Prindle</i>	
Sex <i>Male</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>Thomton Jackson</i>		Father's Birthplace <i>Prindle Md</i>					
Mother's Maiden Name <i>Sussie Harris</i>		Mother's Birthplace <i>Patuxant ..</i>					
Name of person giving Information <i>Thomton Jackson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Un developed, Premature Birth</i>		How long <i>151</i>	
Immediate <i>Heart failure</i>		How long <i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James H. Smith</i>	
		Address <i>Bowie</i>	
Accident or Suicide <i>no</i>		<i>md</i>	



Name
in
Full

CERTIFICATE OF DEATH

Cecilia Johnson

Town

County

MARYLAND

Died at Roseville

Date

1910

Month

June

Day

14

Age

Years

Months

17

Days

14

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Thomas Johnson

Father's
Birthplace

Md

Mother's
Maiden Name

Carrie Hall

Mother's
Birthplace

Md

Name of person giving
information

Thomas Johnson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Milecemia

How long

1 week

Immediate

Exhaustion

How long

2 days

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

Address

W. H. Gibbons

Craze Md.

Accident or Suicide?

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Robert Jones

CERTIFICATE OF DEATH

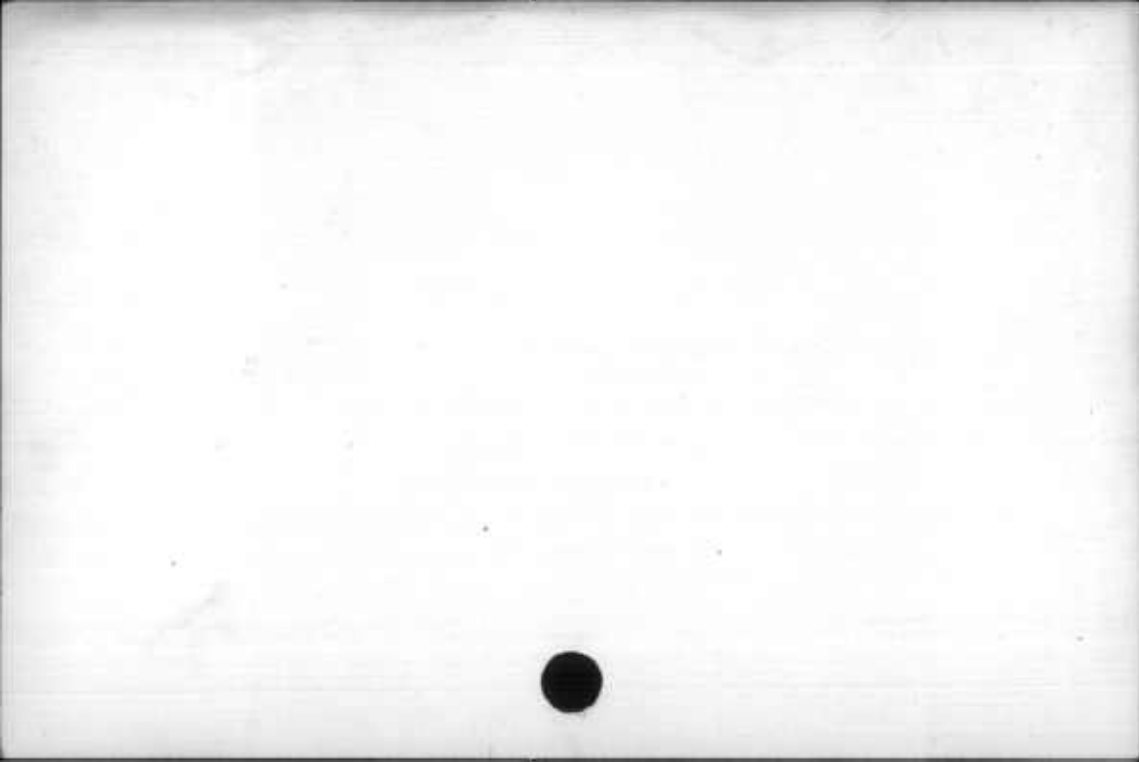
Died at		Town		County		State	
Columpton		Prince George		Maryland			
Date of death		Month	Day	Years	Months	Days	
1940 June		19	Age	23			
Sex	Male	Color or Race	Colored	Birthplace	Near Marlboro Md		
Occupation	Farm Laborer			Where Residing if not at place of death	Near Columpton Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Alice Fletcher				
Father's Name	Abraham Jones			Father's Birthplace	Md		
Mother's Maiden Name	Elizabeth Jones			Mother's Birthplace	Md		
Name of person giving Information	R. L. Mullikin			How related to deceased	None		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Typhoid fever	How long	18 days
Immediate	Bronchial Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John D. Dwyer M.D.
		Address	Springfield Md.
Accident or Suicide		No -	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robert Rauph

Town

County

Died at

Hyllsville

In Iso

MARYLAND

Date

of death 1940

Month

June

Day

26

Years

Age 32

Months

10

Days

4

Sex

Male

Color or
Race

White

Birth-
place

Washington D.C.

Occupation

Hotel Keeper

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

Single

Name of Wife or
Husband

-

Father's
Name

Adolphus Rauph

Father's
Birthplace

Germany

Mother's
Maiden Name

Katherine Fisher

Mother's
Birthplace

Germany

Name of person giving
Information

Chas Rauph

How related
to deceased

Brother

CAUSES OF DEATH

170

PHYSICIAN
OR CORONER

Primary

Gun shot wound

How long

Immediate

Immediate

Haemorrhage

How long

Immediate

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

Yes

Signature
Physician

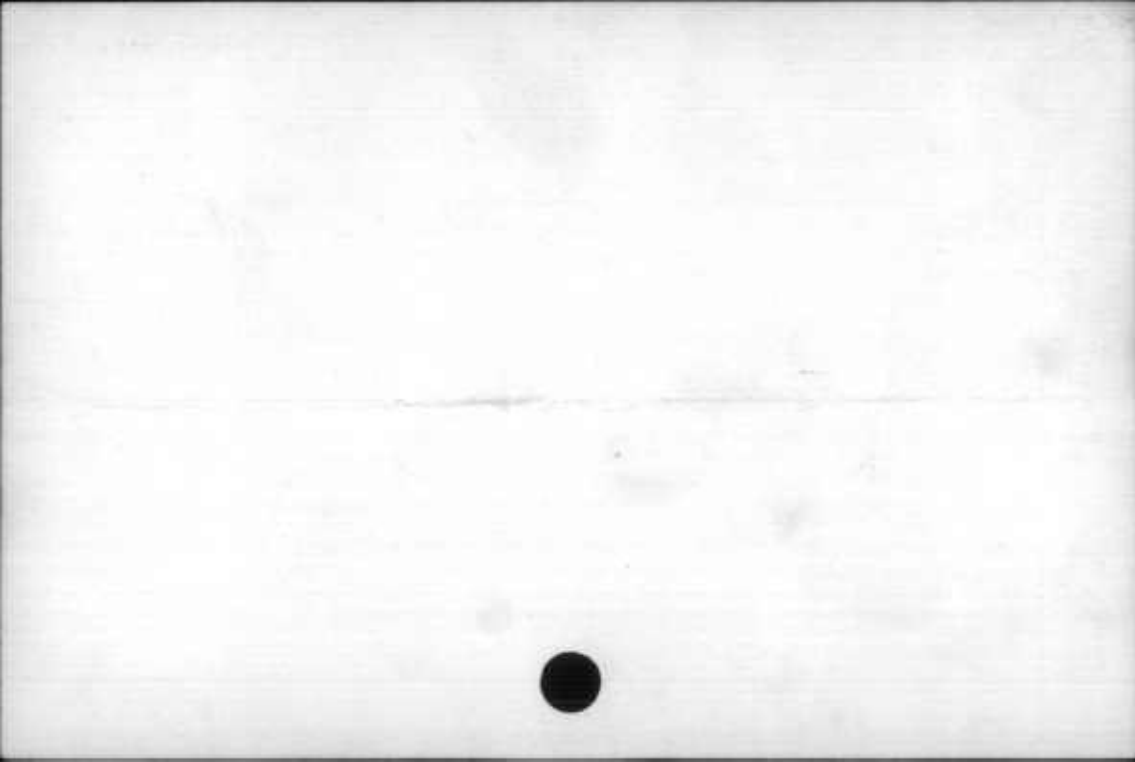
Dr. W. H. Palmer

Address

Hyllsville

Accident or Suicide

Do not know



Name
in
Full

CERTIFICATE OF DEATH

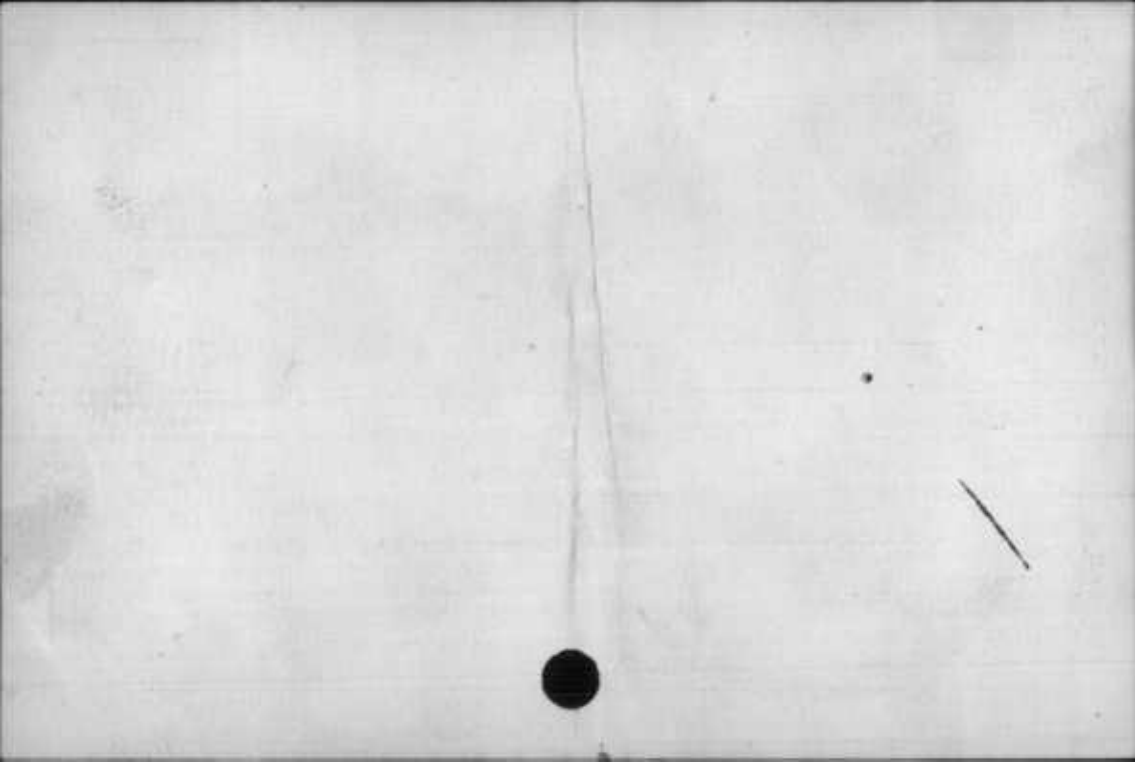
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Seabine</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Date of death	1910	Month <i>June</i>	Day <i>24</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Seabrookville</i>
Occupation	_____			Where Rounding if not at place of death _____			
Married, Single or Widowed	_____		Name of Wife or Husband _____				
Father's Name	<i>Andrew J. Leakin</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Pearl E. Herbert</i>				Mother's Birthplace	<i>Washington D.C.</i>	
Name of person giving information	<i>L. M. Leakin</i>				How related to deceased	<i>Uncle</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Birth</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ismael Fatimer</i>		
	Address <i>Hyattsville</i>		
Accident or Suicide?	<i>neither</i>		



Name
in
Full

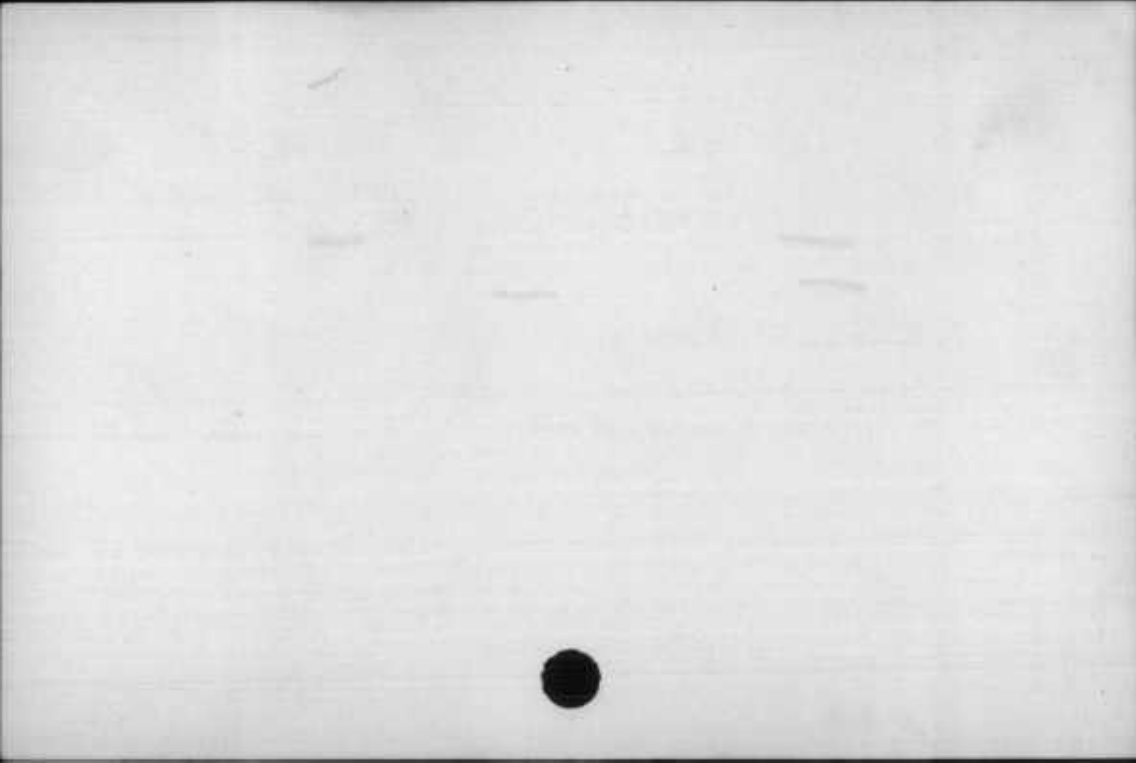
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Accokeek</i>		Town <i>Accokeek</i>		Dr. Ger.		MARYLAND	
Date of death <i>1914</i>		Month <i>6</i>	Day <i>28</i>	Age <i>30</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Accokeek</i>					
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married <i>Yes</i>	Name of Wife or Husband <i>Harry Lewis</i>						
Father's Name <i>Not known</i>	Father's Birthplace <i>Not known</i>						
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Not known</i>						
Name of person giving information <i>James Mahoney</i>				How related to decedent <i>Brother-in-law</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Cancer of stomach</i>	How long <i>8 months</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>C. H. Hewitt M.D.</i>
		Address <i>Piscataway</i>
Accident or Suicide? <i>No</i>		<i>X</i>



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Chester Mathues Town *Princ Georges* County **MARYLAND**

Died at *Lanval*

Date of death 190 *June* Month *22* Day Age *2* Years Months *16* Days

Sex *male* Color or Race *colored* Birth-place *Lanval*

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

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

Father's Name *Thomas Bowel* Father's Birthplace *md*

Mother's Maiden Name *Elvira Mathues* Mother's Birthplace *md*

Name of person giving information *Elvira Mathues* How related to deceased *mother*

CAUSES OF DEATH

Primary *Pneumonia* (92) How long *5 days*

Immediate *—* How long *—*

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

Signature of Physician *J. R. [Signature]* Address *Lanval*

Accident or Suicide *—*

PHYSICIAN
OR CORONER

Brooks
Lorée

Name
in
Full

Raymond E. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

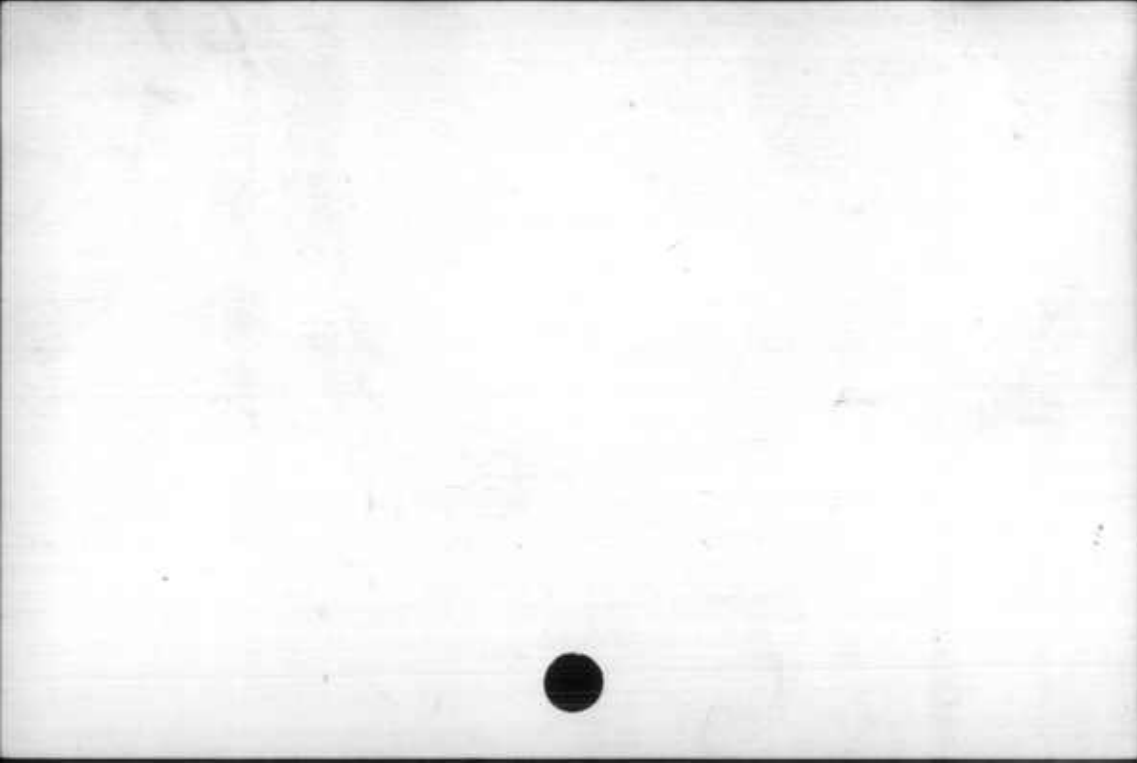
9

Died at <u>L.B.</u> Town		<u>Pro Gw</u> County		MARYLAND	
Date of death <u>1960</u>	Month <u>6</u>	Day <u>27</u>	Age <u>1</u> Years	Months <u>3</u>	Days <u>20</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Ind</u>		
Occupation <u>None</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Henson Moore</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Carnie Brawner</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Henson Moore</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Shw-Colitis</u>	How long <u>11 days</u>
Immediate <u>Convulsions</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>John A. Coz</u>
	Address <u>L.B. Ind</u>
Accident or Suicide	<u>X</u>



Name
in
Full

Fannie Osin

CERTIFICATE OF DEATH

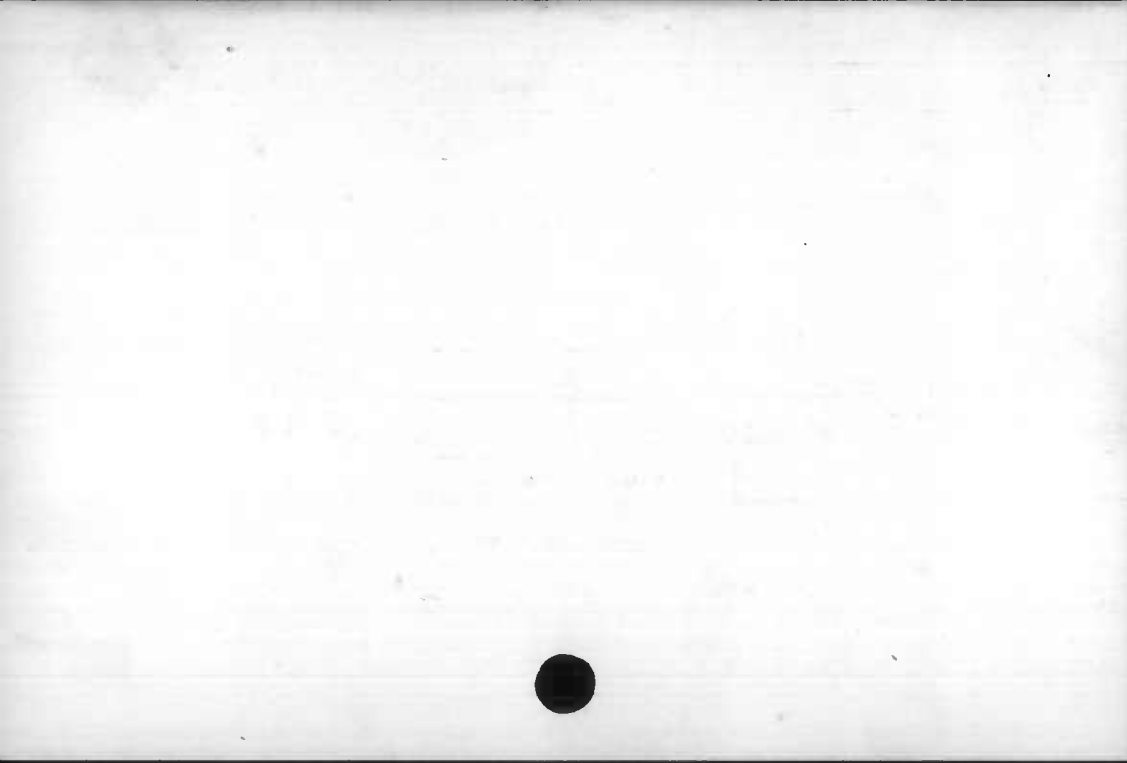
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Capitol Heights</i>		Town <i>Prince George</i>		County		MARYLAND	
Date of death	1940.	Month	June	Day	29	Age	Years — Months 7 Days
Sex	Female		Color or Race	White		Birth-place	Ind.
Occupation	None			Where Residing if not at place of death —			
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Morris L. Osin				Father's Birthplace	Russia	
Mother's Maiden Name	Bessie Winthrop				Mother's Birthplace	N.Y.	
Name of person giving Information	Morris L. Osin				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>		How long	<i>10 1/2</i>	<i>About 2 days.</i>
Immediate	<i>Convulsions</i>		How long		<i>About 7 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>R.A. Schoonover</i>	
			Address	<i>Burrington</i>	
Accident or Suicide	<i>No.</i>			<i>X</i>	



Name

in
Full

CERTIFICATE OF DEATH

infant child of Clarence & Carrie Pinkney,
Town County

MARYLAND

Died at Townshend

Prince George's

Date of death 1900 June 5th

Age Still born

Months

Days

Sex female

Color or Race Colored

Birthplace

Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Clarence Pinkney,

Father's Birthplace

Md

Mother's Maiden Name

Carrie Coates

Mother's Birthplace

Md

Name of person giving information

Clarence Pinkney

How related to deceased

father

CAUSES OF DEATH

Primary

How long

Immediate

Still born

How long

Born dead

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

yes

Signature of Physician

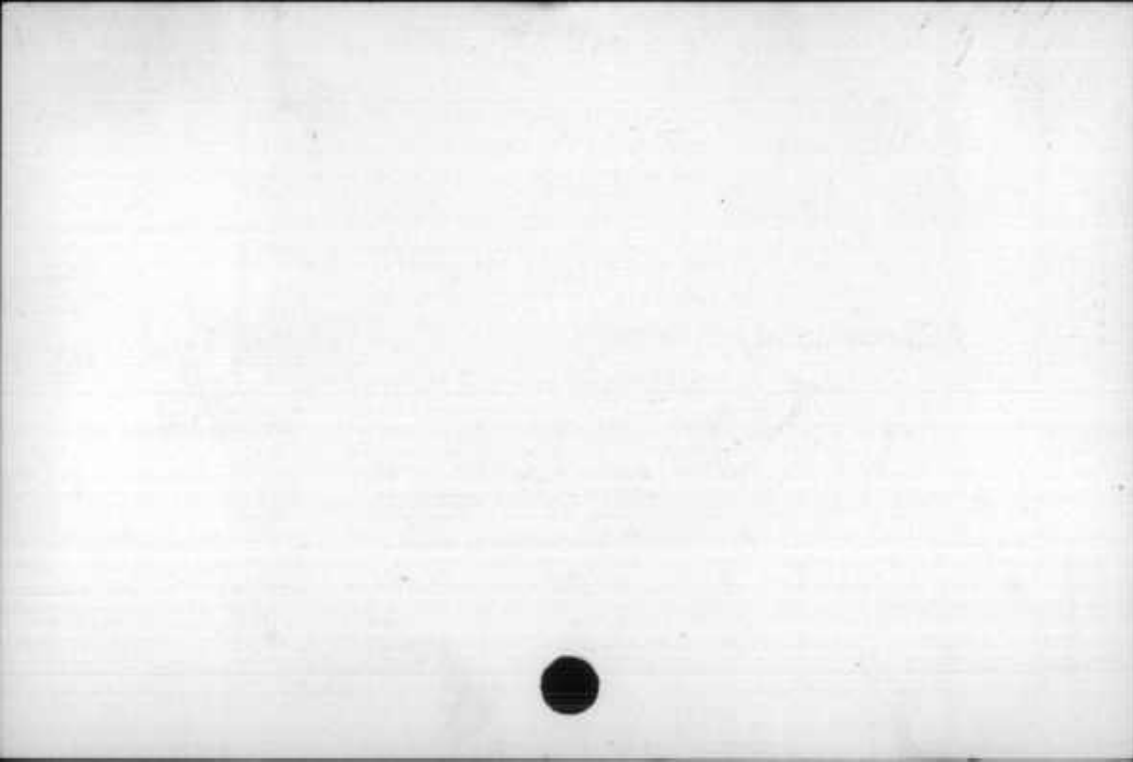
Address

Acting Coroner, Wm H. Squires, J.P.

Brandywine, Pr Geo Co, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

Ralph James Proctor

Town

County

MARYLAND

Died at

Tulido

Prince George

Date

Month

Day

Age

Years

Months

Days

of death 1910.

June

30

Age

Years

6

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

John A. Proctor

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary L. Thompson

Mother's
Birthplace

Md.

Name of person giving
In formation

John A. Proctor

How related
to deceased

Father

CAUSES OF DEATH

Primary

Mal nutrition

How long

all of life

Immediate

Auto-Intestinal Intoxication

How long

About 2 hours

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

Yes

Signature of
Physician

P. A. Schooner

Address

Burrington

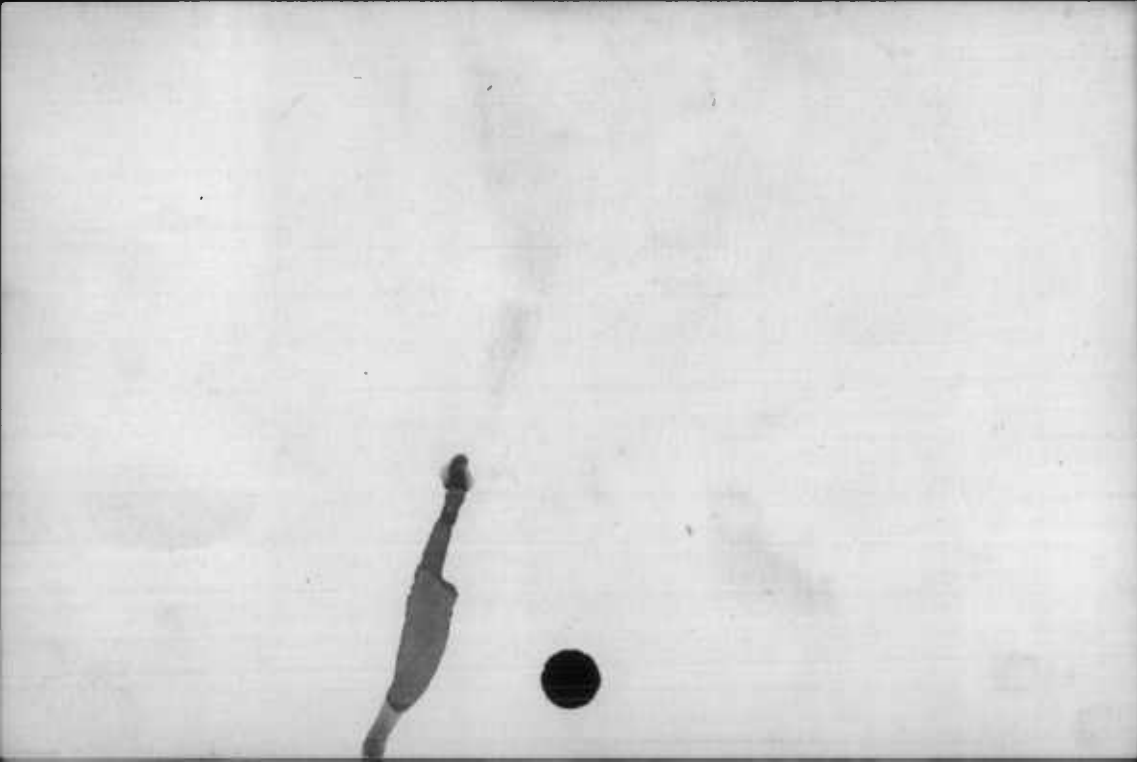
Accident or Suicide?

No

X

D.C.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

Howard Reed

CERTIFICATE OF DEATH

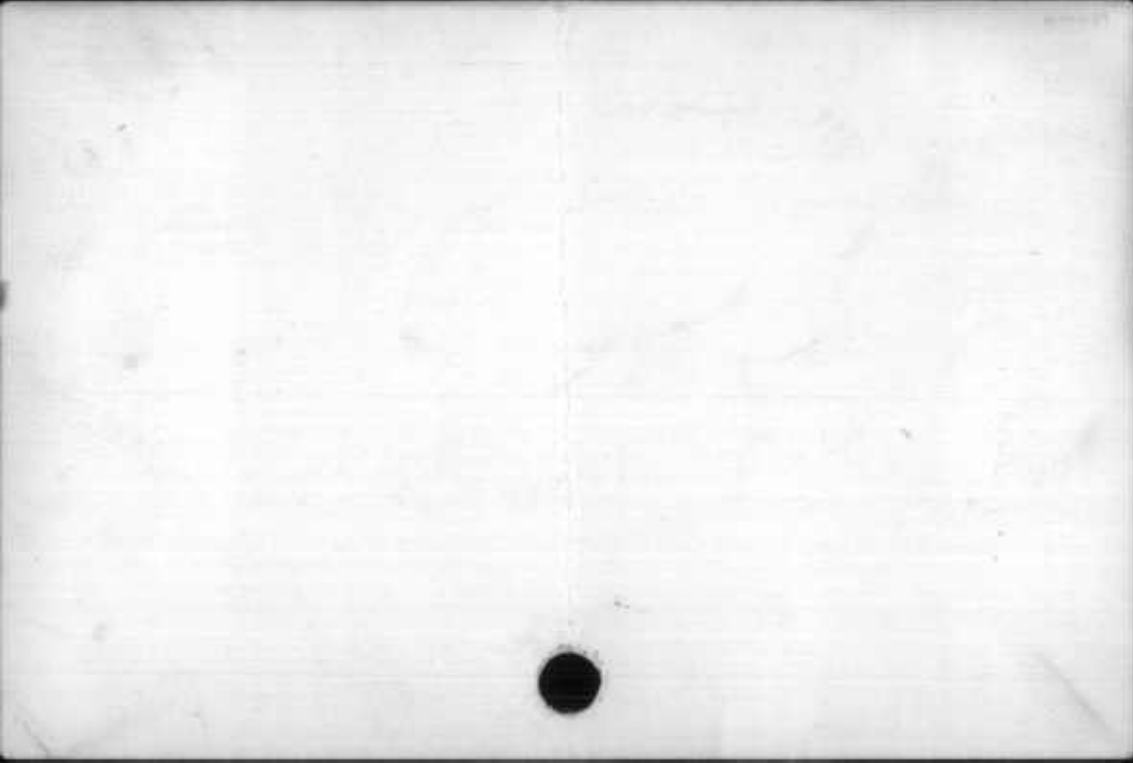
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tanbors</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death 19 <u>60</u> <u>June</u> ^{Month} <u>22</u> ^{Day}	Age <u>1</u> ^{Years}	<u>5 mo</u> ^{Months}	<u>—</u> ^{Days}		
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>U.S.</u>			
Occupation <u>child</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Howard Reed</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Freda Koch</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving Information <u>Howard Reed</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Scarlet fever and ileo-colitis</u>	How long <u>1 week</u>
Immediate <u>syncope</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>J. M. Brady</u>
	Address <u>Princeton, N.J.</u>
Accident or Suicide <u>X</u>	



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Catherine Reese
 Died at *Muir Kirk Pr. Geo.* County *MD* MARYLAND
 Date of death 1940 Month *6* Day *8* Age *42* Months *5* Days *6*
 Sex *Female* Color or Race *Black* Birth-place *Virginia*
 Occupation *Housewife* Where Residing if not at place of death *Muir Kirk*
 Married, Single or Widowed *Married* Name of Wife or Husband *Olmond Reese*
 Father's Name *M. Conway* Father's Birthplace *Va.*
 Mother's Maiden Name *Lawline Thornton* Mother's Birthplace *Va.*
 Name of person giving Information *Mary V. Ellis* How related to deceased *Sister*

CAUSES OF DEATH

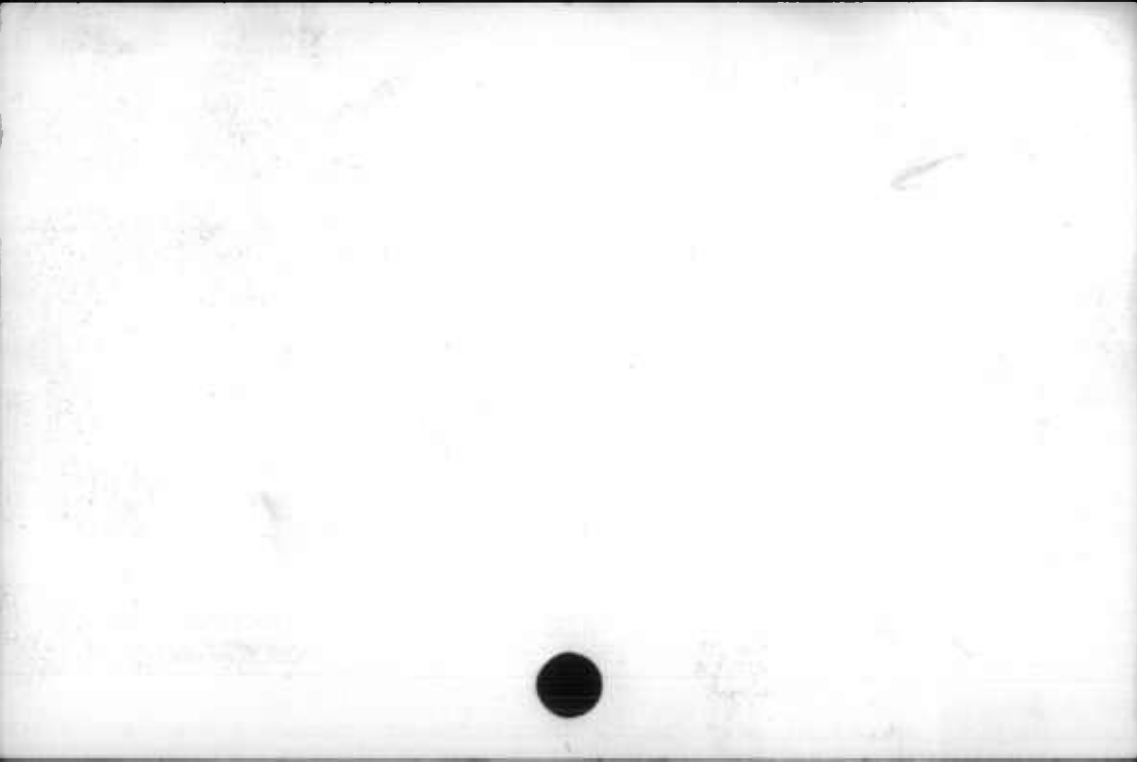
Primary *Heart Disease* How long *6 mos*
 Immediate *Intestinal Dropsy* How long *10 days*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *JR Smith*

Address

Laurel Hill

Accident or Suicide

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

Mary Jane Smith

Town

County

MARYLAND

Died at *Mt. Riverdale**Prince George*

Date

of death

19

Month

June

Day

7

Age

Years

26

Months

Days

Sex

*Female*Color or
Race*Colored*Birth-
place*M.D.*

Occupation

*House wife*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
Husband*Charles H. Smith*Father's
Name*Henry Brooks*Father's
BirthplaceMother's
Maiden Name*Maggie Thomas*Mother's
Birthplace*M.D.*Name of person giving
in formation*Charles H. Smith*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

about 9 months

Immediate

Subacute toxemia

How long

*several days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Thos. K. Ratner*

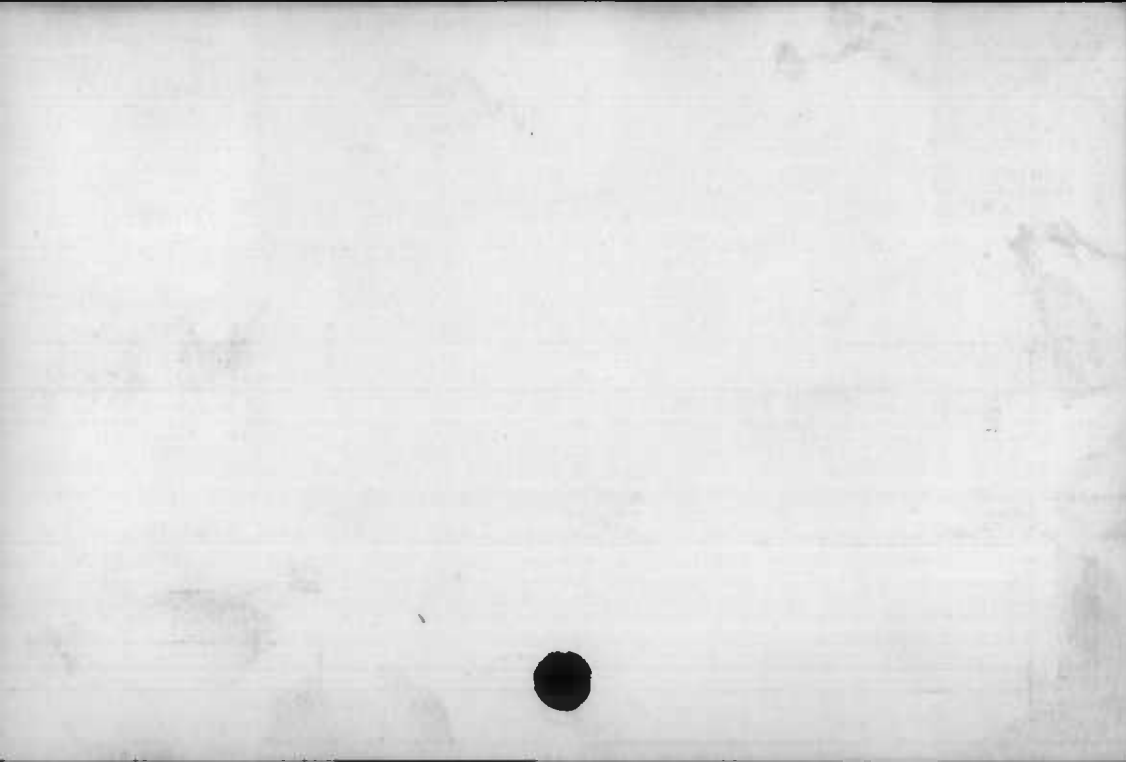
Address

Hyattsville

Accident or Suicide?

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at

Josephine Stewart
Toluland Kriesberger

County

Mcken

MARYLAND

Date

of death

19010 June

Month

Day

14

Years

Age 23

Months

in

Days

Sex

Female

Color or
Race

Colard

Birth-
place

Howard co md

Occupation

General Work

Where Residing if not
at place of death

Toluland md

Married, Single
or Widowed

single

Name of W.ife or
Husband

none

Father's
Name

saml stewart

Father's
Birthplacesaml stewart
KriesbergerMother's
Maiden Name

Seagaur Rolliis

Mother's
BirthplaceSeagaur stewart
Howard co mdName of person giving
information

Thomas Johnson

How related
to deceased

Brother in law

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

(28)

Immediate

Exhaustion

How long

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

yes

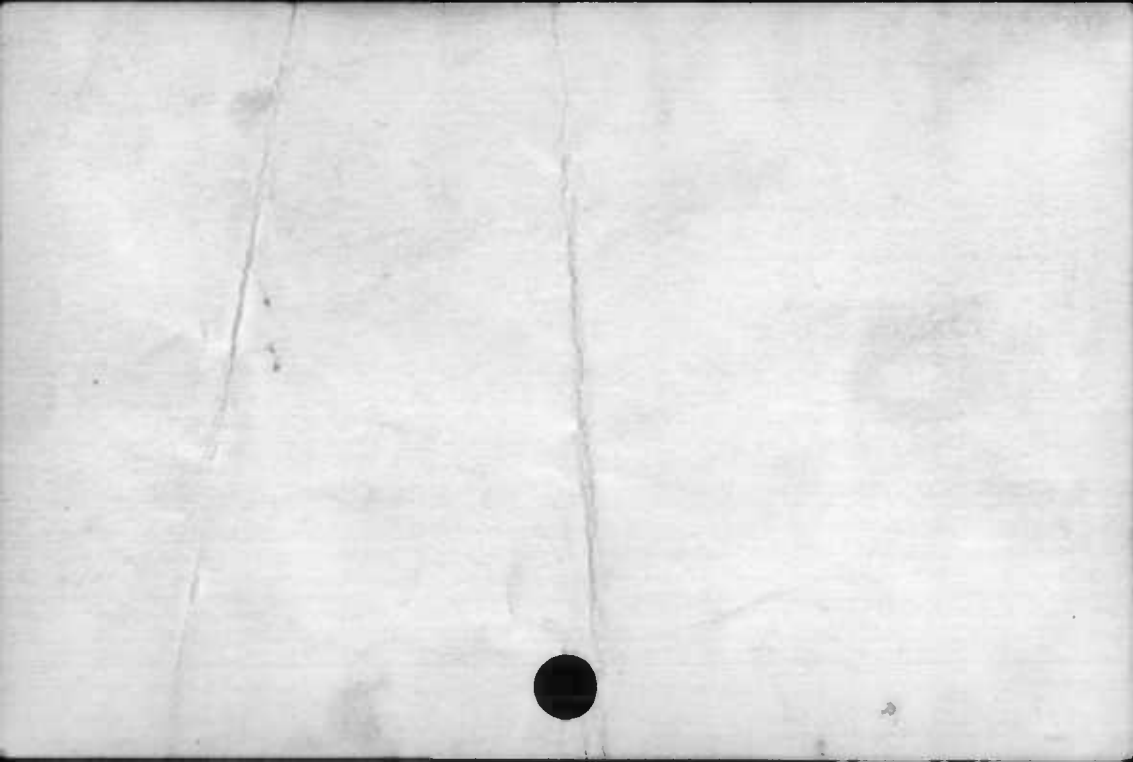
Signature of
Physician

W. O. Moore

Address

2321 - 18th St.
Washington, D.C.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

John Tobias

Town

County

MARYLAND

Died at Near Hyattsville

Prince George

Date

of death

1960

Month

June

Day

10

Years

Age

about 58

Months

Days

Sex

male

Color or
Race

Caucasian

Birth-
place

not known

Occupation

Laborer

Where Residing if not
at place of deathat Barrett Bros Farm md.
(near Hyattsville)Married, Single
or Widowed

not known

Name of Wife or
Husband

not known

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

Information gathered by investigation

How related
to deceased

not known

CAUSES OF DEATH

Primary

natural causes

How long

Immediate

189 A

How long

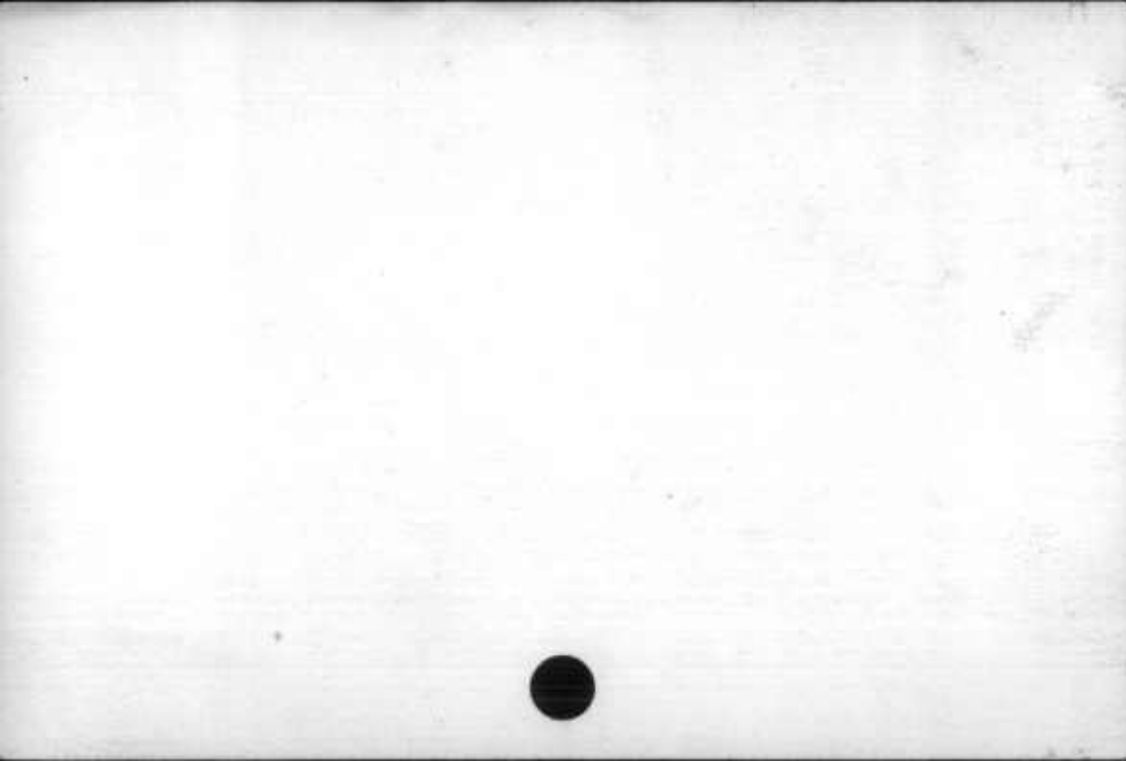
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Arthur, Corr Coroner
Hyattsville
Md.

Accident or suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edward C. Tolson

CERTIFICATE OF DEATH

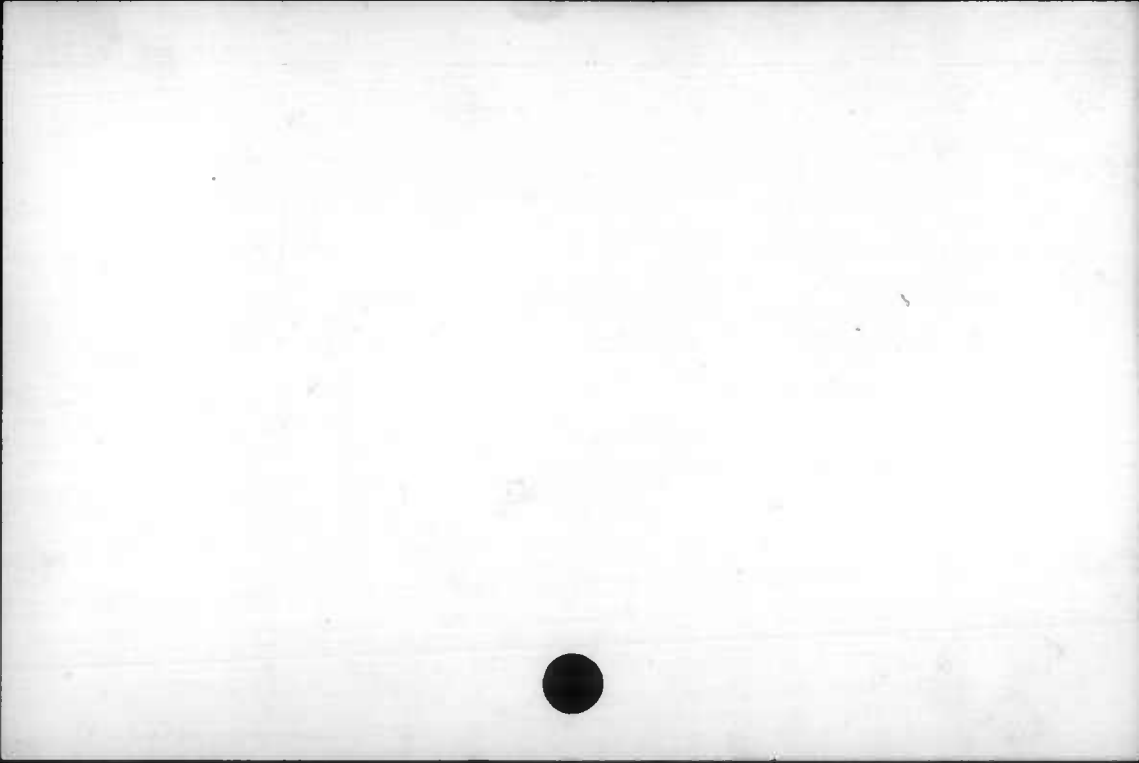
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dupont Heights</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death 19 <i>40</i> .	<i>June</i> ^{Month}	<i>17</i> ^{Day}	Age <i>8</i> ^{Years}	<i>8</i> ^{Months}	<i>10</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>D.C.</i>		
Occupation <i>None</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>Frederick Tolson</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Emma Green</i>	Mother's Birthplace <i>D.C.</i>				
Name of person giving Information <i>Emma Tolson</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

Primary <i>Mal nutrition</i>	How long <i>10 1/2</i>	<i>About one week</i>
Immediate <i>Auto-intestinal intoxication</i>	How long <i>8</i>	<i>About 8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R.A. Schooner M.D.</i>	
	Address <i>Benning L.D.C.</i>	
Accident or Suicide <i>No</i>	<i>X</i>	

PHYSICIAN
OR CORONER



Name
in
Full

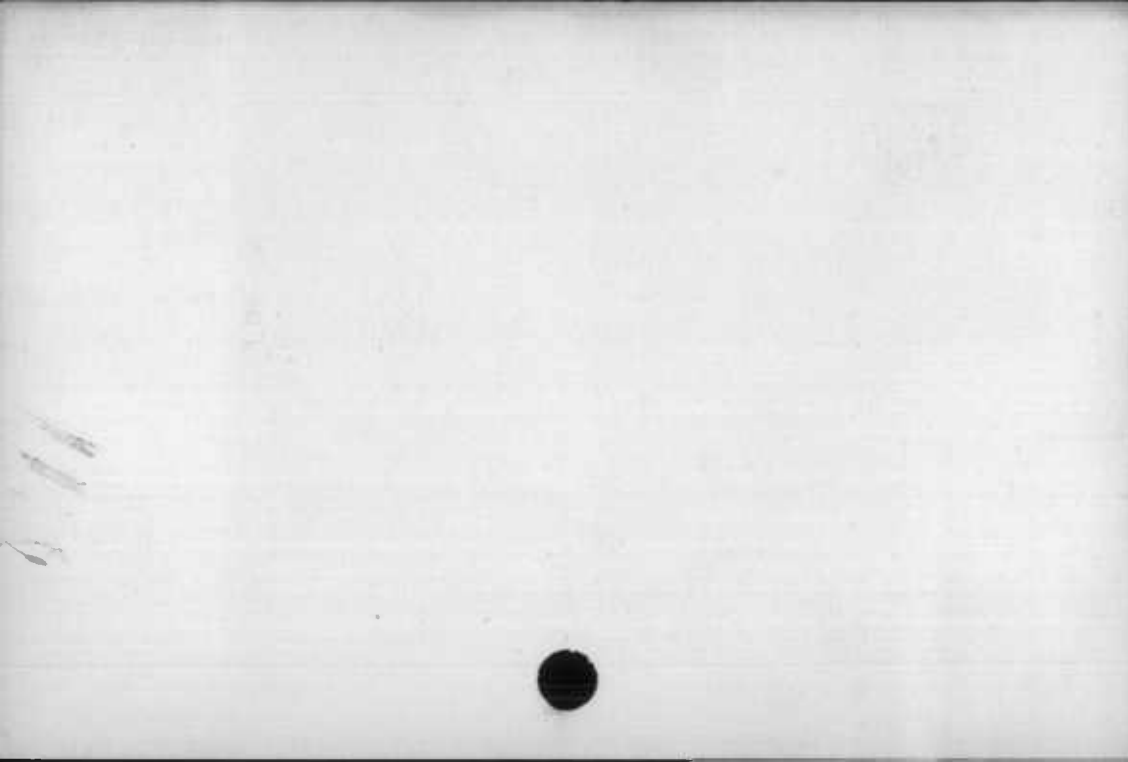
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Edward Underwood.</i>		Town <i>Accokeek</i>		County <i>Pr. Geo.</i>		MARYLAND	
Died at <i>Accokeek</i>		Month <i>6</i>		Day <i>23</i>		Years <i>44</i>	
Date of death <i>1916</i>		Months <i>6</i>		Days <i>-</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Chas. Co.</i>			
Occupation <i>Farmer.</i>		Where Residing if not at place of death <i>Accokeek.</i>					
Married, Single <i>Single</i>		Name of Spouse <i>Husband</i>					
Father's Name <i>John A. Underwood</i>		Father's Birthplace <i>Pr. Geo. Co.</i>					
Mother's Maiden Name <i>Mary Ann Farrell</i>		Mother's Birthplace <i>Chas. Co.</i>					
Name of person giving information <i>James A. Underwood</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

Primary <i>Apoplexy.</i>		How long <i>6 H.</i>	
Immediate <i>Apoplexy.</i>		How long <i>1 hour.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>E. D. Kumpf, M.D.</i>	
		Address <i>Piscataway, Md.</i>	
Accident or Suicide?		<i>X</i>	



Name
in
Full

Violet May Watts

CERTIFICATE OF DEATH

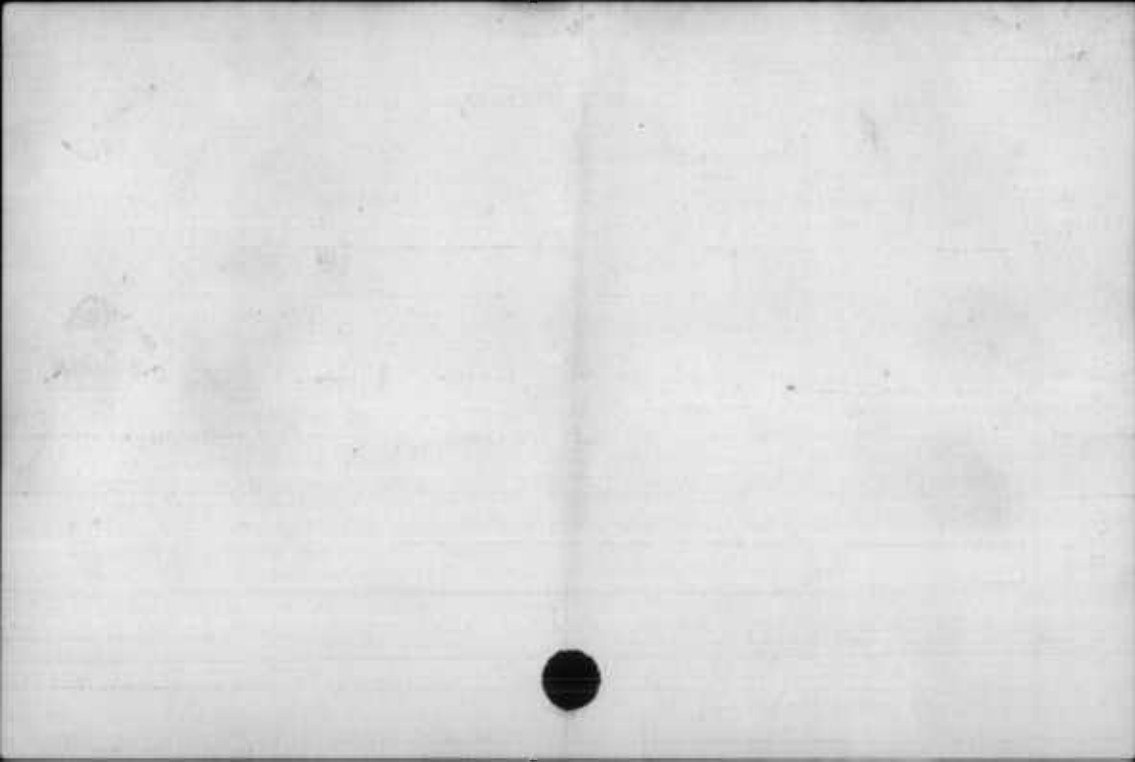
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Turkey</u> Town		<u>Prince George</u> County		MARYLAND	
Date of death	19 <u>10</u> Month <u>June</u>	Day <u>17</u>	Age <u>35</u> Years	Months <u>11</u>	Days <u>6</u>
Sex <u>woman</u>	Color or Race <u>white</u>	Birth-place <u>Denton, Ind.</u>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband			
Father's Name <u>Jacob Watts</u>			Father's Birthplace <u>Denton, Ind.</u>		
Mother's Maiden Name <u>Mattie E. Lowman</u>			Mother's Birthplace <u>Denton, Ind.</u>		
Name of person giving information <u>Mattie E. Watts.</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Empyema</u>	How long	<u>18</u> <u>5</u> days
Immediate	<u>meningitis</u>	How long	<u>2</u> days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Thos. P. Palmer</u>	
		Address <u>Hyattsville</u>	
Accident or Suicide?		<u>X</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDEliza Webster
Accokeek

Pr. Geo.

MARYLAND

Died at Accokeek Pr. Geo. County
 Date of death 1910 Month 6 Day 16 Age 23 Years Months - Days -

Sex Female Color or Race Black Birth-place Accokeek
 Occupation _____ Where Residing if not at place of death _____

~~Married~~ Single Name of Wife or Husband _____

Father's Name Daniel Webster

Father's Birthplace Not known

Mother's Maiden Name Eliza Mahoney

Mother's Birthplace Not known

Name of person giving information William Mahoney

How related to deceased Cousin

CAUSES OF DEATH

Primary Cerebral Tuberculosis How long 8 mos.

Immediate

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

Yes

Signature of Physician

E. J. Ruck, M. D.

Address

Is away.
Ind.

~~Accident or Suicide?~~



Name
in
Full

Still born Wierwuecke

CERTIFICATE OF DEATH

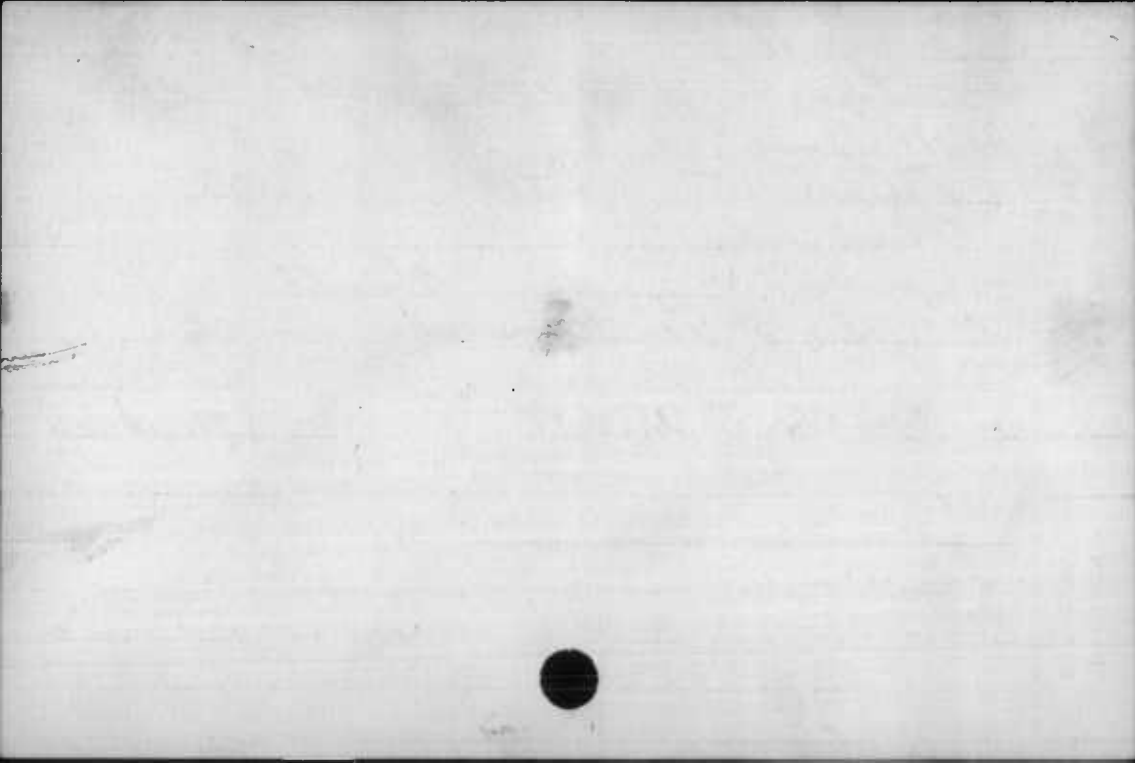
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bladensburg</u> <small>Town</small>		<u>Prince Geo</u> <small>County</small>		MARYLAND	
Date of death <u>1910</u>	<u>June</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age <u>Years</u>	<u>Months</u>	<u>Days</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Bladensburg</u>			
Occupation <u></u>			Where Reading if not at place of death <u></u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>			
Father's Name <u>Herman C Wierwuecke</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Minnie Sachs</u>		Mother's Birthplace <u>Washington D.C.</u>			
Name of person giving information <u>Minnie Sachs</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Unknown</u>	How long <u></u>
Immediate <u>Unknown</u>	How long <u>about 3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Thos E Kistner M.D.</u>
	Address <u>Hyatonsville Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Asathaniel Wood

Died at *Calhoun* Town *P. George* County **MARYLAND**

Date of death 190 *June* Month *3* Day Age *56* Years Months *2* Days *4*

Sex *Male* Color or Race *Colord* Birth-place *P. George Co*

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

Married, Single or Widowed *Married* Name of Wife or Husband *Ellen N Wood*

Father's Name *John Wood* Father's Birthplace *P. George Co*

Mother's Maiden Name *Sarah Chase* Mother's Birthplace *P. George Co*

Name of person giving Information *Frank Wood* How related to deceased *Son*

CAUSES OF DEATH

Primary *Kidney Trouble* How long *10 months*

Immediate *Heart Failure* How long *immediate*

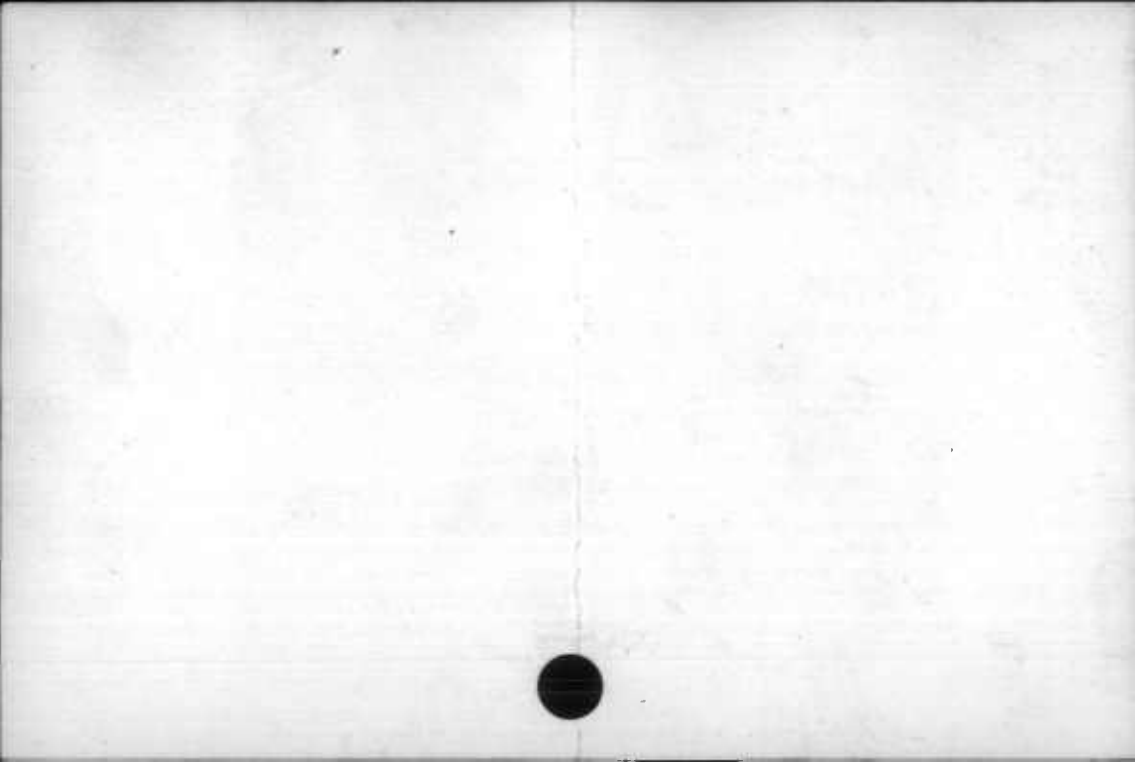
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James H. Smith*

Address *Bowie Md*

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name in Full Ella Hyvill		Town Bladensburg		County Princo Geo.		CERTIFICATE OF DEATH	
Died at		Date of death 1910 June 1		Age 40		Months —	
Sex Female		Color or Race white		Birth-place Va		Days —	
Occupation House wife		Where Residing if not at place of death —					
Married, Single or Widowed married		Name of Wife or Husband John E Hyvill					
Father's Name John P Trutt		Father's Birthplace Va					
Mother's Maiden Name not known		Mother's Birthplace not known					
Name of person giving information John E Hyvill		How related to deceased Husband.					
CAUSES OF DEATH							
Primary Carcinoma Uteri		How long 12 mo					
Immediate Toxemia therefrom		How long 7 days					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Thos E Palmer MD		Address Hyattsville Md			
Accident or Suicide?							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

