Name in Full: Mrs. Florence E. Allen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Washington Grove — (County): Montgomery

Date of death: Month: July — Day: 24 — 1910

Age: Years: 47 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Valley View Va

Occupation: House-Wife — Where Residing if not at place of death: Christiansburg Va

Married, Single or Widowed: Married — Name of Wife or Husband: J. C. Allen

Father's Name: Wm L Richardson — Father's Birthplace: Valley View Va

Mother's Maiden Name: Catherine Johnson — Mother's Birthplace: Virginia

Name of person giving information: Mrs W. B Spratt — How related to deceased: Sister

28

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Seven Months

Immediate: Hemorrhage — How long:

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

Signature of Physician: John H. Lindsey

Address: Sanitarium Sanatorium Washington Grove, Maryland.

Accident or Suicide?

Name in Full: Bertha E Butts

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rockville; County: Montgomery

Date of death: Month 7; Day 15; 190 1910

Age: Years —; Months 8; Days 15

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: None

Where Residing if not at place of death: X

Married, Single or Widowed: Single

Name of Wife or Husband: X

Father's Name: Clarence Butts

Father's Birthplace: Washington D.C.

Mother's Maiden Name: Dora Butts

Mother's Birthplace: Maryland

Name of person giving Information: Clarence Butts

How related to deceased: Father

CAUSES OF DEATH

177B

PHYSICIAN OR CORONER

Primary: Malnutrition — How long: Three months

Immediate: Cholera Infantum — How long: Twelve hours

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

Signature of Physician: Edward Anderson

Address:

Accident or Suicide

OFFICE SUPPLY CO. 2364

Name in Full: Joseph H. Bradley Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Rockville — County: Montgomery

Date of death 1900: Month 7 — Day 16 — Years 6 — Months 4 — Days

Sex: male — Color or Race: white — Birthplace: D.C.

Occupation: none — Where Residing if not at place of death: ✓

Married, Single or Widowed: single — Name of Wife or Husband: ✓

Father's Name: Joseph H. Bradley — Father's Birthplace: D.C.

Mother's Maiden Name: Eleanor Parish — Mother's Birthplace: Penna.

Name of person giving Information: Mrs. H.G. Hodgkins — How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heat prostration — How long: 2 days

Immediate: Intestinal Toxaemia — How long: 3 days

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

Signature of Physician: John L. Lewis, M.D.

Address: Bethesda, Md.

Accident or Suicide

PHYSICIAN OR CORONER

108

OFFICE SUPPLY CO. 8-20-08

Name in Full: Horace Worthington Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Mt Airy — County: Montgomery

Date of death: Month: July — Day: 14 — Year: 1900 — Age: Years: — Months: 8 — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Mt. Airy

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Bradley Brown — Father's Birthplace: Montg. Co. Md

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

Name of person giving information: Josephe Lynn — How related to deceased: Cousin

28

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis supposed ag — How long: about 4 months.

Immediate: no physician in attendance — How long:

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

Signature of Physician: Chas. Farquhar M.D.

Address: Olney, Md.

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Sarah Matilda Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brighton — County: Montg.

Date of death 1940: Month: July — Day: 8th — Years: 74 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: None — Where Residing if not at place of death: Brighton Montg. Md.

Married, ~~Single or Widowed~~: Married — Name ~~of Wife~~ or Husband: Marshall Brown

Father's Name: John W. Belt — Father's Birthplace: Md.

Mother's Maiden Name: Maria Stuart — Mother's Birthplace: Md.

Name of person giving Information: Wm. Everett Brown — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(4)

Primary: Articular Rheumatism — How long: 9 mos.

Immediate: Dysentery — How long: 3 days

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

Signature of Physician: Wm. F. Guy M. D.

Address: Brookeville, Md.

PHYSICIAN ~~OR CORONER~~

~~Accident or Suicide?~~

Name in Full: Tracey Bussard

CERTIFICATE OF DEATH

MARYLAND

Died at: Poolesville (Town) Montgomery (County)

Date of death 1905 July 11

Age: Years 76 Months Days

Sex: Female

Color or Race: White

Birthplace: Wash Co Md

Occupation: House Keeper

Where Residing if not at place of death: Beallsville

Married, Single or Widowed: Widowed

Name of Wife or Husband: Samual Bussard

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: Mrs. Chas. E. Roberts

How related to deceased: Granddaughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Mitral Insufficiency — How long: Unknown

Immediate: Acute Dilatation of heart — How long: One hour

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

Signature of Physician: E W White

Address: Poolesville Md

Accident or Suicide?

PHYSICIAN OR CORONER

CHARGE BUREAU NEGRO

Name in Full: Antonia Clagett

CERTIFICATE OF DEATH

MARYLAND

Town: Laytonsville | County: Montgomery

TO BE ANSWERED BY NEAREST FRIEND

Died at: Laytonsville

Date of death: 1900 July 13th

Age: 66 Years 2 Months 6 Days

Sex: Female | Color or Race: Black | Birthplace: Montgomery Co.

Occupation: House Keeping | Where Residing if not at place of death: Laytonsville

Married, Single or Widowed: Married | Name of Wife or Husband: Charles E. Clagett

Father's Name: John Snowden | Father's Birthplace: Montg. Co

Mother's Maiden Name: Jane Copelin | Mother's Birthplace: Montg Co

Name of person giving information: Charles Clagett | How related to deceased: Husband

CAUSES OF DEATH

Primary: Heart Trouble | How long: 2 years

Immediate: Heart Failure | How long: immediate

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PHYSICIAN OR CORONER

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

Signature of Physician: Edwd. O. Brown, M.D.

Address: Laytonsville Md.

Coroner

Accident or Suicide?

Montgomery County

Name in Full: Mary Elizabeth Crown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hunting Hill — County: Monty

Date of death 1910 — Month: 7 — Day: 20 — Years: 68 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: House wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Thomas Crown

Father's Name: Samuel Crown — Father's Birthplace: Md

Mother's Maiden Name: Mary Cambell — Mother's Birthplace: "

Name of person giving information: Thos. Crown — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights — How long: Two years

Immediate: " " — How long:

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

Signature of Physician: E. H. Etchison

Address: Gaithersburg Md

Accident or Suicide?

120

Name in Full: Mary Ellen ~~[illegible]~~ Cummings

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Chevy Chase

County: Montgomery

Date of death: Month July, Day 26, 19 10

Age: Years 76, Months *********, Days *****

Sex: Female

Color or Race: White

Birthplace: Ireland

Occupation: Housewife

Where Residing if not at place of death: **************

~~Married, Single~~ or Widowed: Widowed

Name of Wife or Husband: ************************************

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Michael Wall

Father's Birthplace: Ireland

Mother's Maiden Name: Margaret ——— ?

Mother's Birthplace: Ireland

Name of person giving information: Cecilia G Cummings

How related to deceased: daughter

(64)

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Haemorrhage

How long: 3 ~~years~~ days

Immediate: Failure of Respiration

How long: gradual

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

Signature of Physician: J. W. Chappell

Address: 3901 Grand Road D.C.

Accident or Suicide? ———

LIBRARY BUREAU ARE 115

Name in Full: Corolyn Virginia Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Poolsville (Town) Montg (County)

Date of death 1910 Month: July Day: 26

Age: Years — Months: 9 Days: 9

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: Infant

Where Residing if not at place of death: Poolsville

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Franklin Isaac Davis

Father's Birthplace: Md

Mother's Maiden Name: Susie Boyd Griffith

Mother's Birthplace: Md

Name of person giving Information: Frank Davis

How related to deceased: Father

104

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 15 hours

Immediate: Cardiac Asthenia — How long: 3 hours

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

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Wm H Darsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Wheaton (Town) Montgomery (County)

Date of death 1910 July (Month) 29 (Day) Age 35 Years Months Days

Sex: Male

Color or Race: Black

Birthplace: Va

Occupation: Laborer

Where Residing if not at place of death: Same

Married, Single or Widowed: Married

Name of Wife or Husband: Eliza Darsey Washington

Father's Name: Thos. Darsey

Father's Birthplace: Va

Mother's Maiden Name: Unknown

Mother's Birthplace: Va

Name of person giving Information: Eliza Darsey

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

175

CAUSES OF DEATH

Primary: Compression of the brain, fracture of skull upon the brain, and contusions

How long: Some days

Immediate

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

Signature of Physician: Eugene Lee

Address: Rockville

Accident or Suicide: No

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Wm Geo. A. Duvall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Gaithersburg County: Montg

Date of death 1910 Month: 7 Day: 31 Age: Years 8 Months — Days —

Sex: Male 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: Sot B. Duvall Father's Birthplace: Md

Mother's Maiden Name: ~~Mrs~~ Nora E. Warfield Mother's Birthplace: "

Name of person giving information: Sot B Duvall How related to deceased: Father

28

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 2 years

Immediate: Heart failure How long: Immediate

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

Signature of Physician: George E. Lewis M.D.

Address: Rockville, Md.

Accident or Suicide?

Name in Full Serena Fryer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cabin John — County: Montgomery

Date of death 190 — Month: JUL 17 1910 — Day:

Age — Years: 4 — Months: 11 — Days: X

Sex: Female. — Color or Race: Black — Birthplace: Cabinsohn Md.

Occupation: School — Where Residing if not at place of death: X

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

Father's Name: George Fryer. — Father's Birthplace: Montg Co. Md.

Mother's Maiden Name: Mary Posey — Mother's Birthplace: Montg Co. Md.

Name of person giving information: Daniel Fryer — How related to deceased: Uncle.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

109

Primary: Intussusception — How long: 3 days.

Immediate: Exhaustion — How long: —

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

Signature of Physician: A. J. Pratt.

Address: Potomac. Md.

Accident or Suicide: Neither

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Annie Feast Gilpin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Brighton (Town) Montg. (County)

Date of death 1916: July (Month) 7th (Day) Age: 78 (Years) — Months — Days —

Sex: Female | Color or Race: White | Birthplace:

Occupation: none | Where Residing if not at place of death: Brighton

Married, ~~Single or Widowed~~: Widowed | Name of ~~Wife or~~ Husband: Edward Gilpin

Father's Name: Jno. C. Feast | Father's Birthplace: England

Mother's Maiden Name: Makala Spencer | Mother's Birthplace: Md.

Name of person giving information: Evangeline Stetler Gilpin | How related to deceased: Daughter-in-law

CAUSES OF DEATH

PHYSICIAN ~~OR CORONER~~

Primary: Paralysis complicated with organic cardiac disease | How long: 4 years.

Immediate: | How long:

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

Signature of Physician: Wm. F. Green, M.D.

Address: Rockville, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A9991G

Name in Full: Unnamed Infant Hacket

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) West Brighton (County) Montgomery

Date of death 1900 Month: July Day: 26 Age ~~4 months~~ Years: — Months: 4 months Days: —

Sex: Female Color or Race: Cold: Birthplace: Brighton Md

Occupation: none Where 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: Grace Hacket Mother's Birthplace: Sandy Spring

Name of person giving information: Jno: Hacket How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholr Infantum (104) How long: 4 days

Immediate: " " How long: "

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

Signature of Physician: C. M. Iddings M.D.

Address: Brookeville Md

Accident or Suicide? —

PHYSICIAN OR CORONER

Name in Full: Serpita V. Hans

CERTIFICATE OF DEATH

MARYLAND

Died at: Leonardtown (Town) Montgomery (County)

Date of death 1910: Month July; Day 19; Age: Years 65; Months 6; Days 18

Sex: Female

Color or Race: White American

Birthplace: Montg. Co. Md.

Occupation: Housewife

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Columbus Hans

Father's Name: William Morsey

Father's Birthplace: Montg Co Md

Mother's Maiden Name: Selina Watkins

Mother's Birthplace: Montg Co Md

Name of person giving Information: Wm. M. Graw

How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

105

CAUSES OF DEATH

Primary: Colitis — How long: One week

Immediate: Exhaustion — How long: —

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

Signature of Physician: R. C. Foxwell M.D.

Address: Leonardtown Md.

Accident or Suicide: No.

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 11-15-08

Name in Full: Emmett E. Howes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Olney. County: Montgomery.

Date of death 1 90 — Month: July. Day: 22. Years: One. Months: —. Days: Twenty

Sex: Male. Color or Race: White. Birthplace: Washington D.C.

Occupation: None. Where Residing if not at place of death:

Married, Single or Widowed: Single. Name of Wife or Husband: None

Father's Name: William Oliver Howes. Father's Birthplace: Moorly. Co. Md.

Mother's Maiden Name: Agnes G. Murphy. Mother's Birthplace: Moorly. Co. Md.

Name of person giving information: Mr. J. Murphy. How related to deceased: Grandfather

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary: Cholera Infantum & Infantile Paralysis. How long: About 3 weeks

Immediate: Exhaustion. How long:

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

Signature of Physician: Chas. Farquhar.

Address: Olney. Md.

Accident or Suicide?

Name in Full Carrie Jones

CERTIFICATE OF DEATH

MARYLAND

Died at near Town Bean County Montgomery

Date of death 1910 Month 7 Day 7 **Age** Years 77 Months — Days —

Sex Female Color or Race White Birthplace Maryland

Occupation

Where Residing if not at place of death X

Married, Single or Widowed Widow Name of Wife or Husband Sylvester Jones

Father's Name Dude Noland Father's Birthplace Virginia

Mother's Maiden Name Harding Mother's Birthplace Maryland

Name of person giving Information Hampton Jones How related to deceased Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Senile Debility (14) How long Three years

Immediate Dysentery How long Five days

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

Signature of Physician Edward Anderson M.D.

Address Rockville, Md.

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Marvin Long

CERTIFICATE OF DEATH

MARYLAND

Town: Hunting Hill — County: Montgomery

Died at

Date of death 19 10 — Month: July — Day: 15th — Age: Years 2 — Months 11 — Days 20

Sex: Male — Color or Race: White — Birthplace: Md.

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

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

Father's Name: Chauncey D. Long — Father's Birthplace: Md.

Mother's Maiden Name: Maggie Buckingham — Mother's Birthplace: Md.

Name of person giving information: C. D. Long — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebro Spinal Meningitis — How long: 3 days

Immediate — How long:

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

Signature of Physician: O. M. Lurthiem

Address: Rockville Md.

Accident or Suicide

PHYSICIAN OR CORONER

61

OFFICE SUPPLY CO. 2384

Name in Full: Martha Matthews

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Colesville (County): Montg

Date of death 1910: Month: July Day: 27 Years: 19 Months: 4 Days: 6

Sex: Female Color or Race: Colored Birthplace: Md.

Occupation: None Where Residing if not at place of death:

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

Father's Name: H. Bellows Father's Birthplace: Md.

Mother's Maiden Name: Mary Matthews Mother's Birthplace: "

Name of person giving information: " How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

28

Primary: Pulmonary Tuberculosis How long: 9 mos.

Immediate: Asphyxia How long: 1 week

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

Signature of Physician: W. T. Brown

Address: Silver Spring, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Grafton Ward Miles

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Gaithersburg — County: Montg

Date of death: 1900 — Month: July — Day: 29 — Age: — Years — Months: 3 — Days: 6

Sex: male — Color or Race: White — Birthplace: Gaithersburg Md

Occupation: — Where Residing if not at place of death: Same

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

Father's Name: Wm G. Miles — Father's Birthplace: Md

Mother's Maiden Name: Mamie T. Ward — Mother's Birthplace: Md

Name of person giving Information: Wm G. Miles — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition — How long: 3 months

Immediate: Exhaustion — How long: —

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

Signature of Physician: A.B. Haddox

Address: Gaithersburg Maryland

~~Accident or Suicide~~: natural

1773

OFFICE SUPPLY CO., 11-15-08

Name in Full ~~Geo.~~ James. Miles

CERTIFICATE OF DEATH

MARYLAND

Town: Gaithersburg | County: Montg.

Died at

Date of death 1910 | Month: 7 | Day: 29 | Years: 1 | Months: 10 | Days:

Age

Sex: Male | 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: James. Miles | Father's Birthplace: Md

Mother's Maiden Name: Mary Stewart | Mother's Birthplace: "

Name of person giving information: Jas. Miles | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

107

Primary: Worms | How long: 4 Weeks

Immediate: Exhaustion | How long: 10 Days

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

Signature of Physician: E. E. Etchison

Address: Gaithersburg Md

Accident or Suicide? no

PHYSICIAN OR CORONER

LIBRARY BUREAU 4893K

Name in Full: Annie B Newman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Laytonsville

County: Montgomery

Date of death: 19 10 (Month) July (Day) 26

Age: Years 5 Months 6 Days 15

Sex: Female

Color or Race: Colored

Birthplace: Laytonsville

Occupation: —

Where residing if not at place of death: at home

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: M M Newman

Father's Birthplace: Va

Mother's Maiden Name: Agnes Palmer

Mother's Birthplace: Md

Name of person giving information: Father

How related to deceased:

103

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion

How long: Two days

Immediate:

How long:

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

Signature of Physician: E H Etchison

Address: Gaithersburg

Accident or Suicide?

Name in Full: Higerson Penn

CERTIFICATE OF DEATH

MARYLAND

Died at: Rockland (Town) — Montgomery (County)

Date of death 190: July (Month) 25 (Day) — Age: 82 Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Stone cutter — Where Residing if not at place of death: Rockland

Married, Single or Widowed: Married — Name of Wife or Husband: Miss Warfield

Father's Name: William Penn — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Penn — Mother's Birthplace: "

Name of person giving Information: M. Penn — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 12 hours

Immediate: Heart failure — How long: Immediate

92

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

Signature of Physician: Geo. E. Lewis, M.D.

Address: Rockville, Md.

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 11-18-18

Name in Full: Milbur D. Poole

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cedar Grove; County: Monty

Date of death 1910: Month: July; Day: 17; Age: Years: ; Months: 2; Days: 1

Sex: Male; Color or Race: White; Birthplace: Cedar Grove

Occupation: Hoser; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of W.fe or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Clarence Poole; Father's Birthplace: Damascus Md

Mother's Maiden Name: Lillie Beall; Mother's Birthplace: Montg. Co. Md

Name of person giving information: Father Clarence Poole; How related to deceased: 1773

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Insanitary; How long: 2 mos

Immediate: Cholera Infantum; How long: 1 wk

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

Signature of Physician: D. E. Deets

Address:

Accident or Suicide:

OFFICE SUPPLY CO. 7384

Name in Full: Albert Jones Simpson.

CERTIFICATE OF DEATH

MARYLAND

Town: Chevy Chase | County: Montgomery

Died at — Date of death: 19 10 | Month: July | Day: 29 | Age: Years 4 | Months 3 | Days 14

Sex: Male | Color or Race: White | Birthplace: Kensington

Occupation: ********** | Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~: Single | Name of Wife or Husband: **********

Father's Name: Frank Simpson | Father's Birthplace: Virginia.

Mother's Maiden Name: Grace Jones | Mother's Birthplace: Virginia

Name of person giving information: Mrs. Simpson | How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diphtheria | How long: Three days

Immediate: Paralysis of Heart | How long:

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

Signature of Physician: G. C. Birdsall M.D.

Address: Wash., D. C.

~~Accident or Suicide~~?

PHYSICIAN OR CORONER

9

LIBRARY BUREAU ARSELIN

Name in Full: Jas. Wm Slater

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Potomac — County: Montgomery

Date of death 190 10 — Month: 7 — Day: 1 — Age: Years: 76 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Va

Occupation: Farmer — Where Residing if not at place of death: X

Married, Single or Widowed: widower — Name of Wife or Husband: Dunlap

Father's Name: Dunlap — Father's Birthplace: Dunlap

Mother's Maiden Name: Dunlap — Mother's Birthplace: Dunlap

Name of person giving Information: Elmer Severs — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

Primary: Acute Enterocolitis — How long: 2 days

Immediate: Exhaustion — How long: —

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

Signature of Physician: O M Linthicum

Address: Rockville Md

Accident or Suicide: No

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2304

Name in Full: Wilbur Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gemmint; County: Montgy

Date of death: Month: July; Day: 28; 1900

Age: Years: —; Months: 7; Days: —

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: none; Where residing if not at place of death: Same

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

Father's Name: Augustus Smith; Father's Birthplace: Md

Mother's Maiden Name: Annie Smith; Mother's Birthplace: Md

Name of person giving information: " "; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum; How long: 2 days

Immediate: Exhaustion; How long: 12 hrs

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

Signature of Physician: Wm. L. Lewis

Address: Kensington

Accident or Suicide? No

PHYSICIAN OR CORONER

10H

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Name in Full: Martha Stevenson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Griffith; County: Montgomery

Date of death 1 90: Month: July; Day: 5th; Years: Age 36; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Montg. Co. Md.

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: John Stevenson.

Father's Name: James Gaither; Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Catherine Dorsey; Mother's Birthplace: Montg. Co. Md.

Name of person giving In formation: Mortimer Dorsey; How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

28

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: About 9 months

Immediate: Asthenia; How long: Several days

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

Signature of Physician: Chas. Farquhar.

Address: Olney, Md.

Accident or Suicide?

Name in Full: Rachel Browning Purdum Wacker

CERTIFICATE OF DEATH

MARYLAND

Died at: Brookeville (Town) — Montgomery (County)

Date of death 19[illegible]: Month: July — Day: 4 — Age: Years: 74 — Months: 11 — Days: 18

Sex: Female — Color or Race: White — Birthplace: Near Brookeville, Md.

Occupation: House wife — Where Residing if not at place of death: Brookeville

Married, Single or Widowed: Married — Name of Wife or Husband: Geo. W. W. Wacker

Father's Name: John Chris Purdum — Father's Birthplace: Near Clarksburg

Mother's Maiden Name: Jemmah Kenig — Mother's Birthplace: Nuts Valley

Name of person giving Information: Pauline W. Wacker — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

Primary: Chronic Interstitial Nephritis — How long: More than two years

T. Cerebral Hemorrhage

Immediate: Uraemic Coma — How long: 11 hours

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

Signature of Physician: Geo. M. Boyer.

Address: Damascus, Md.

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 13-18-08

Name in Full: Noah Luhn Watkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Unity; County: Montgomery

Date of death 1900: Month: July; Day: 25

Age: Years: 0; Months: 4; Days: 22

Sex: Male; Color or Race: White; Birthplace: Unity

Occupation: ——; Where Residing if not at place of death: ——

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

Father's Name: Arthur L. Watkins; Father's Birthplace: Cedar Grove Md

Mother's Maiden Name: Esther P. Luhn; Mother's Birthplace: Germantown Md

Name of person giving information: Mrs Leah J. Iglehart; How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion 10 H; How long: 3 months

Immediate: Gastro Enteritis; How long: 2 days

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

Signature of Physician: H. G. Spurrier

Address: [redacted]

Accident or Suicide?

Name in Full: Samuel Weems

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Rockville; County: Montgomery

Date of death ~~190~~ 1910: Month 7; Day 30; Age: Years 70; Months —; Days —

Sex: Male; Color or Race: Negro; Birthplace: Maryland

Occupation: Cook; Where Residing if not at place of death: X

Married, Single or Widowed: Widowed; Name of Wife or Husband: Unknown

Father's Name: Unknown; Father's Birthplace: Unknown

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown

Name of person giving information: Philip Carr; How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Nephritis (120); How long: Three years

Immediate: Edema of lungs; How long: Two weeks

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

Signature of Physician: Edward Anderson M.D.

Address: Rockville, Md.

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Joe Pratly Wessells

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Gaithersburg (County): Montgomery

Date of death: 1910 July 14 (Month, Day)

Age: Years — Months: 14 — Days:

Sex: Male

Color or Race: White

Birthplace: Gaithersburg

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: W. H Wessells

Father's Birthplace: Md

Mother's Maiden Name: Laura Golden

Mother's Birthplace: Md

Name of person giving In formation: W. H Wessells

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

7

61

CAUSES OF DEATH

Primary: Auto Intoxication — How long: 3 Weeks

Immediate: Meningitis — How long: 2 Days

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

Signature of Physician: E. E. Elchison M.D.

Address: Gaithersburg Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Stephen Williams

CERTIFICATE OF DEATH

MARYLAND

Town: Montnesburg
County: Montg

Died at

Date of death 1910 Month: July Day: 1

Age: Years: 1 Months: 6 Days:

Sex: Male

Color or Race: Colored

Birthplace: Md

Occupation: Infant

Where Residing if not at place of death: Montnesburg

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Tom Williams

Father's Birthplace: Md

Mother's Maiden Name: Lizzie Thompson

Mother's Birthplace: Md

Name of person giving Information: Amore Thompson

How related to deceased: Half brother

120

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Interstitial nephritis

How long: 8 months

Immediate: Cardiac asthenia

How long: 10 hours

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

Signature of Physician: E W White

Address: Poolesville Md

PHYSICIAN OR CORONER

Accident or Suicide

OFFICE SUPPLY CO. 2364

Name in Full: Infant Wright

Town: | County: Worcester

CERTIFICATE OF DEATH

MARYLAND

Died at: Boyds R.F.D.

Date of death 1910 — Month: July — Day: 7 — Years: Still birth — Months: — Days:

Age

Sex: Female — Color or Race: White — Birthplace: Boyds R.F.D.

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

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

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Claude C. Wright — Father's Birthplace: Va

Mother's Maiden Name: Minnie Stoltzenger — Mother's Birthplace: Md

Name of person giving information: Claude C. Wright — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Birth — How long: —

Immediate: — How long:

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

Signature of Physician: [illegible]

Address: Pitts Creek Md

Accident or Suicide:

(S)

OFFICE SUPPLY CO. 2364