

Name in Full

Mrs. Florence E. Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

4

Died at <i>Washington Grove</i>		Town	County		MARYLAND	
Date of death 1910	Month <i>July</i>	Day <i>24</i>	Age <i>47</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Valley View Va</i>			
Occupation <i>House-Wife</i>	Where Residing if not at place of death <i>Christiansburg Va</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. C. Allen</i>					
Father's Name <i>Wm L Richardson</i>	Father's Birthplace <i>Valley View Va</i>					
Mother's Maiden Name <i>Catherine Johnson</i>	Mother's Birthplace <i>Alabama</i>					
Name of person giving information <i>Mrs W. B. Spratt</i>	How related to deceased <i>Sister</i>					

CAUSES OF DEATH

28

PHYSICIAN OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Seven Months</i>
Immediate <i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Lindsey</i>
	Address <i>Stannard Sanatorium</i>
	<i>Washington Grove, Maryland.</i>
Accident or Suicide?	



Name in Full *Bertha E Botts*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Died at *Rockville Montgomery* Town County

Date of death *190 1910* Month *7* Day *15* Age *7* Months *8* Days *15*

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

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

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

Father's Name *Clarence Botts* Father's Birthplace *Washington, D.C.*

Mother's Maiden Name *Dora Butt* Mother's Birthplace *Maryland*

Name of person giving Information *Clarence Botts* How related to deceased *Father*

CAUSES OF DEATH

Primary *Malnutrition* How long *Three months*

Immediate *Cholera Infantum* How long *Two hours*

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

Address



Accident or Suicide

PHYSICIAN OR CORONER



Name
in Full

CERTIFICATE OF DEATH

Joseph H. Bradley Jr.

Died at Near Rockville Montgomery County

MARYLAND

Date of death 1960 Month 7 Day 16 Age 6 Years Months 4 DaysSex male Color or Race white Birth-place 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 AuntTO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Heat prostration How long 2 daysImmediate Intestinal Toxaemia How long 3 daysAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician Phu L. Lewis, M.D.Address Bethesda, Md.Accident or Suicide PHYSICIAN
OR CORONER



Name
in
Full

Horace Worthington Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

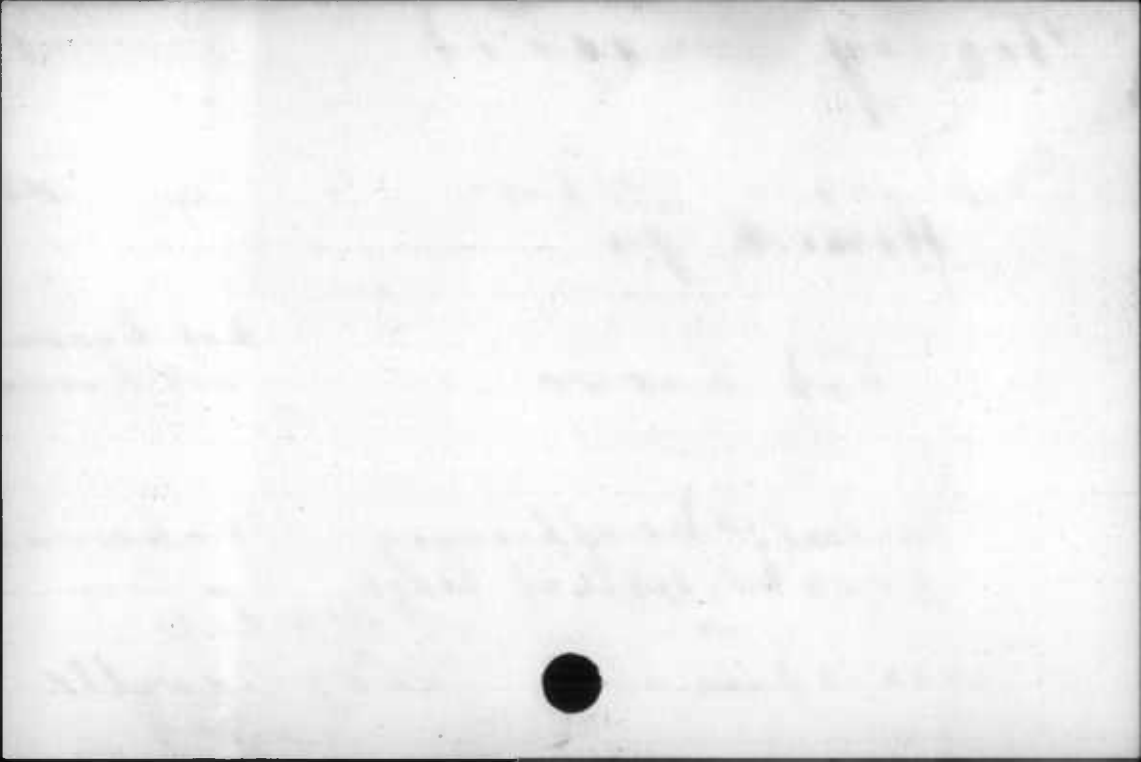
Died at ^{Town} Mt. View		^{County} Montgomery		MARYLAND	
Date of death	1900	Month	July	Day	14
Age	Years		Months		Days
Sex	Male	Color or Race	Colored		Birth-place
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Bradley Brown		Father's Birthplace		
Mother's Maiden Name	Not known		Mother's Birthplace		
Name of person giving information	Joseph Lyons		How related to deceased		

CAUSES OF DEATH

(28)

PHYSICIAN
OR CORONER

Primary	Febriculous supposed as	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	C. H. Fargushev, M. D.
		Address	Olney, Md.
Accident or Suicide?			



Name
in
Full

Sarah Matilda Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brighton		County Montg.		MARYLAND	
Date of death	1940	Month July	Day 8 th	Age 74	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	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 Sturak					Mother's Birthplace	Md.
Name of person giving information	Wm. Everitt Brown					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Articular Rheumatism	How long	14 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. Green, M.D.
			Address	Brooksville, Md.
	Accident or Suicide?			



Name in Full **Tracey Bussard** CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Prohessville <small>Town</small>		Montgomery <small>County</small>		MARYLAND	
Date of death 1900	July <small>Month</small>	11 <small>Day</small>	76 <small>Years</small>	 <small>Months</small>	 <small>Days</small>
Sex Female	Color or Race White	Birth-place Wash. Co Md			
Occupation Housekeeper	Where Residing if not at place of death Beallsville				
Married, Single or Widowed Widowed	Name of Wife or Husband Sammal 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				

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

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	Signature of Physician E W White
was as possible	Address Prohessville Md
Accident or Suicide?	

11



Antonia Clagett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Laytonsville <small>Town</small>		Montgomery <small>County</small>		MARYLAND	
Date of death	10 <small>Month</small>	July <small>Day</small>	13th <small>Year</small>	Age 66	3 <small>Months</small>
Sex	Female		Color or Race	Black	
Occupation	House Keeping		Where flooding if not at place of death	Laytonsville	
Married, Single or Widowed	Married		Name of Spouse 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	

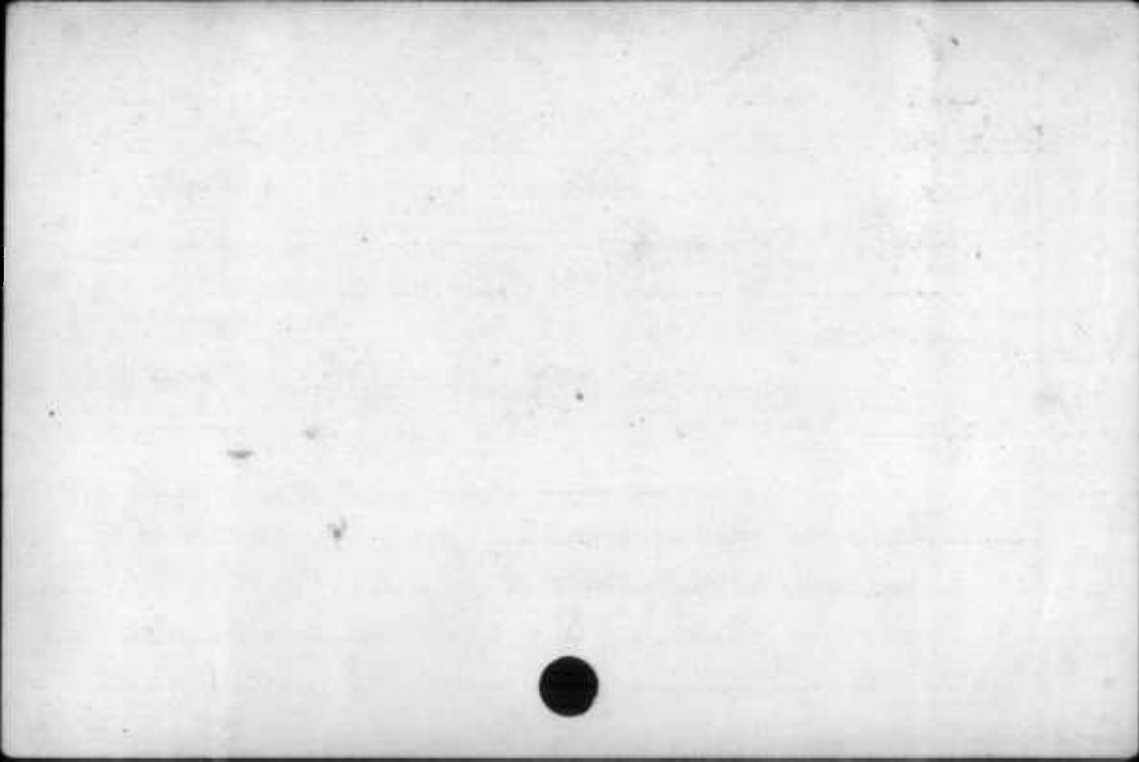
CAUSES OF DEATH

Heart Trouble

PHYSICIAN
OR CORONER

Primary	Two years.	How long	2 years
Immediate	Heart Failure	How long	immediate
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Edward O. Brown, Jr.
Coroner		Address	Laytonsville, Md.
Accident or Suicide?			Montgomery County

189A



Name in Full

Mary Elizabeth Crown

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *Widewing Hill* ^{County} *Montgomery* MARYLAND

Date of death 19 *10* Month *7* Day *20* Age *68* Years Months *7* Days *—*

Sex *Female* Color or Race *White* Birth-place *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 Campbell* Mother's Birthplace *"*

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

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Bright's* *120* 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? *—*



Name
in
FullMary Ellen ~~Wall~~

Cummings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chevy Chase			County Montgomery			State MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days		
19 10	July	26	76		*****	*****		
Sex Female	Color or Race White			Birth-place Ireland				
Occupation Housewife				Where Reading if not at place of death		*****		
Marital Status or Widowed Widowed			Name of Wife or Husband *****					
Father's Name Michael Wall				Father's Birthplace Ireland				
Mother's Maiden Name Margaret				Mother's Birthplace Ireland				
Name of person giving information Lucia G Cummings				How related to deceased daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Haemorrhage	How long	3 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. M. Chappell	
		Address 3901 Evans Road DC	
Accidental or Suicidal			

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Name Full

Carolyn Virginia Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at Poolesville Montg MARYLAND

Date of death 1980 July 26 Age 9 Months 9 Days

Sex Female Color or Race White Birth-place Md

Occupation Infant Where Residing if not at place of death Poolesville

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

Father's Name Franklin Isaac Davis Father's Birthplace Md

Mother's Maiden Name Suzie Boyd Greffille Mother's Birthplace Md

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

104

CAUSES OF DEATH

Primary Cholera Infantum How long 15 hours

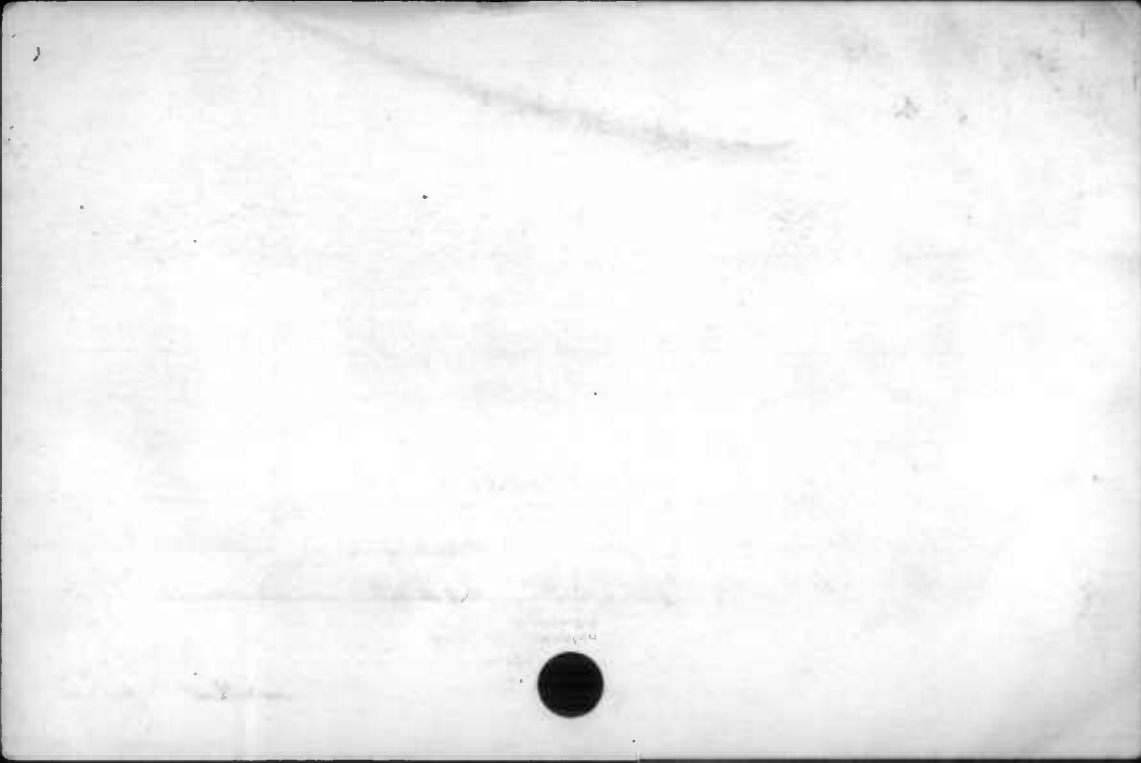
Immediate Cardiac Asthenia How long 3 hours

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

Signature of Physician E. W. White Address Poolesville Md

PHYSICIAN OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John H Darcy

MARYLAND

Died at

Whetson Town, Mtganey County

Date
of death

1901 July 29, Age 35

Sex

male

Color or
Race

White

Birth-
place

Va

Occupation

Saboner

Where Residing if not
at place of death

Same

Married, Single
or Widowed

married

Name of Wife or
Husband

Eliza Darcy Vandorn

Father's
Name

Thos. Darcy

Father's
Birthplace

Va

Mother's
Maiden Name

W. H. Dancy

Mother's
Birthplace

Va

Name of person giving
Information

Eliza Darcy

How related
to deceased

wife

CAUSES OF DEATH

Primary

Concussion of the brain
from a fall upon the head

How long

5 or 6 days

Immediate

Shock and concussion

How long

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

yes

Signature of
Physician

Address

Augustine
Huntington

PHYSICIAN
OR CORONER

Accident or Suicide

no



Name is Full

Wm Geo. A. Durall

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Gaithersburg* ^{Town} *Montg* ^{County} MARYLAND

Date of death *1910* ^{Month} *7* ^{Day} *31* Age ^{Years} *8* Months *—* Days *—*

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

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

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

Father's Name *Sot B. Durall* Father's Birthplace *Ind*

Mother's Maiden Name *McKora V. Hasfield* Mother's Birthplace *"*

Name of person giving information *Sot B Durall* How related to deceased *Father*

CAUSES OF DEATH

28

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. ...*

Address *Rockville, Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Sex

Occupation

Married, Single
or WidowedFather's
NameMother's
Maiden NameName of person giving
InformationLena King
Cabine John

JUL 17 1910

Female.

School

Single

George King.

Mary Torrey

Daniel King

Town

Month

Day

Color or
RaceName of Wife or
Husband

Name

Name

Name

Age

Black

Where Residing if not
at place of death

CAUSES OF DEATH

Primary

Immediate

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

Accident or Suicide

Intussusception
Exhaustion

Yes

Neither

Signature of
Physician

Address



Montgomery

Years

8

Months

11

Days

MARYLAND

Birth-
place

Cabine John, Md.

Father's
Birthplace

Montgomery Co., Md.

Mother's
Birthplace

Montgomery Co., Md.

How related
to deceased

Nephew.

How long

3 days.

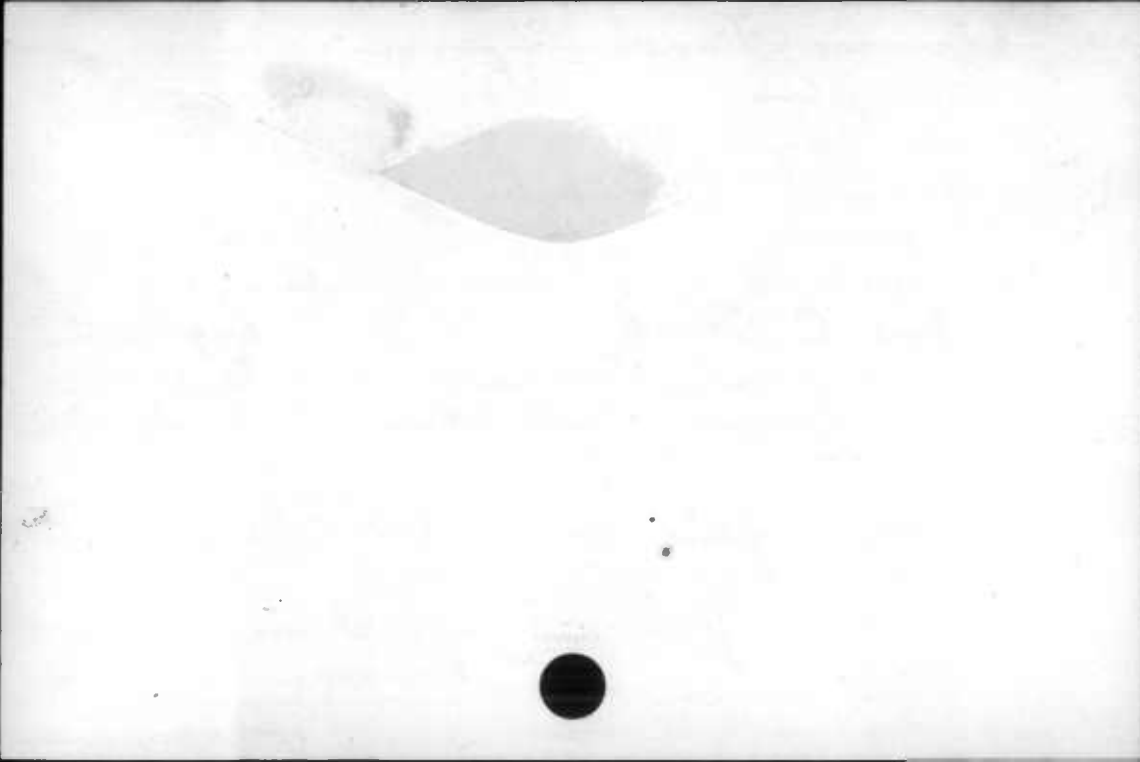
How long

—

M. J. Pratt

Pohowas, Md.

OFFICE SUPPLY CO. 2364



Name
in
Full

Annie Feast Gilpin

CERTIFICATE OF DEATH

Died at ^{Town} Brighton ^{County} Monty. MARYLANDDate of death 1910 July 7th Age 78¹ Months _____ Days _____

Sex Female Color or Race White Birth-place _____

Occupation none Where Reading 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 Mahala Spencer Mother's Birthplace Bact

Name of person giving information Evangelina Stollen Gilpin How related to deceased Daughter-in-law

CAUSES OF DEATH

Primary Paralysis complicated with organic cardiac disease How long 14 years.

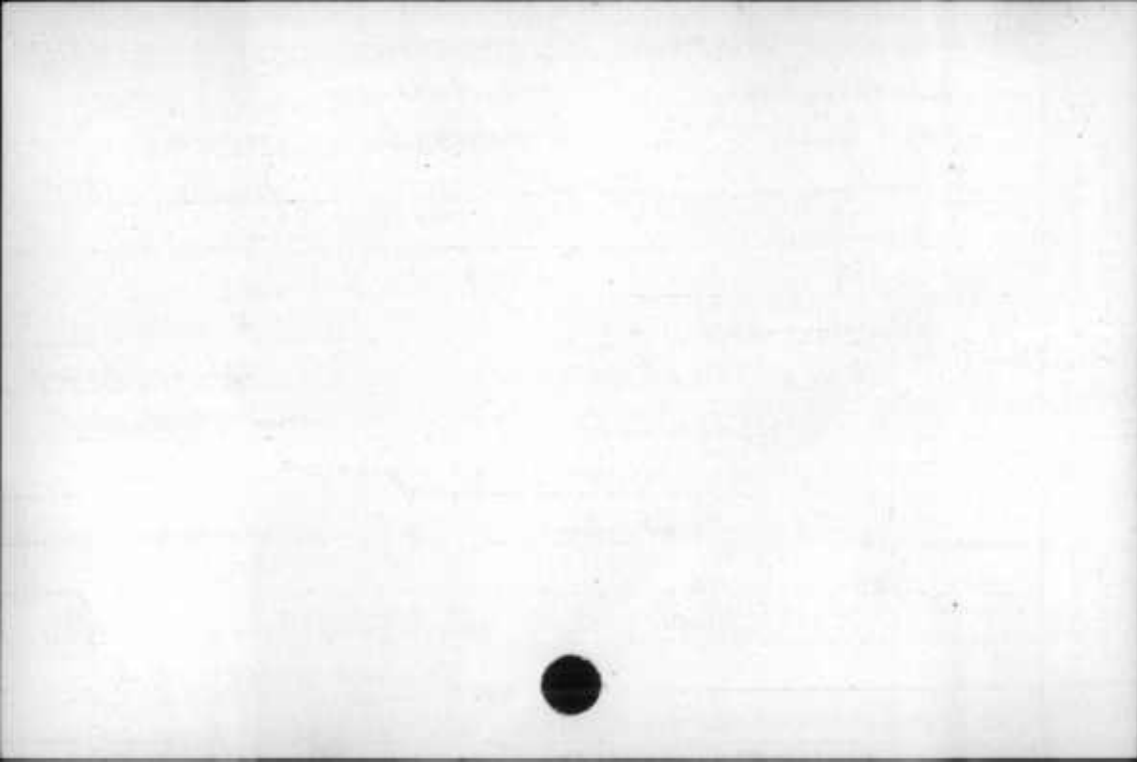
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. J. Green, M.D.

Address _____

Accident or Suicide? _____

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR SURGEON



Name
In Full

Unnamed Infant Hackett

CERTIFICATE OF DEATH

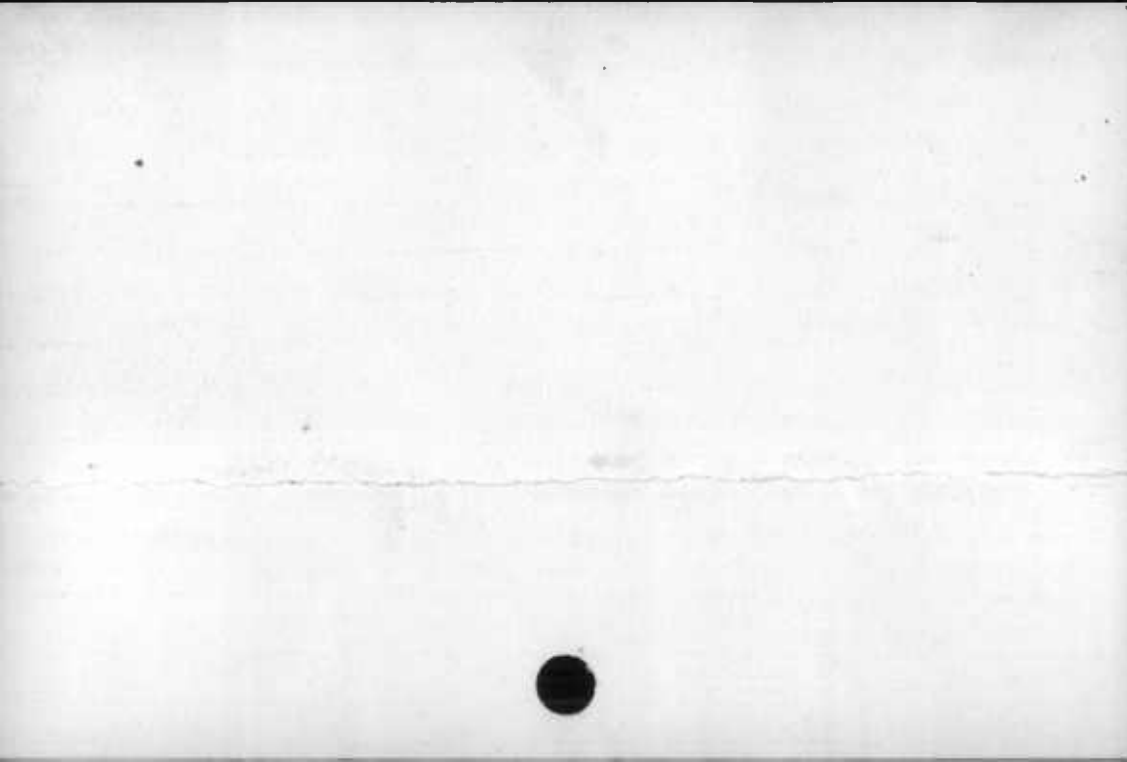
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>near Brighton</i>		^{County} <i>Montgomery</i>		MARYLAND	
Date of death	<i>1960</i>	Month	<i>July</i>	Day	<i>26</i>
Age of ^{Year} <i>months</i>		^{Months} <i>4 months</i>		^{Days} <i>—</i>	
Sex	<i>Female</i>	Color or Race	<i>Colo:</i>		Birth-place
Occupation		<i>none</i>		Where Residing if not at place of death	
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband		<i>—</i>	
Father's Name	<i>Unknown</i>			Father's Birthplace	
Mother's Maiden Name	<i>Grace Hackett</i>			Mother's Birthplace <i>Sandy Spring</i>	
Name of person giving information	<i>Jon. Hackett</i>			How related to deceased <i>Uncle</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholr Infantum</i>	How long	<i>10H</i>	<i>4 days</i>
Immediate	<i>"</i>	How long	<i>"</i>	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. M. Eddings M.D.</i>	
Accident or Suicide?		Address	<i>Brookeville Md</i>	



Name
in Full

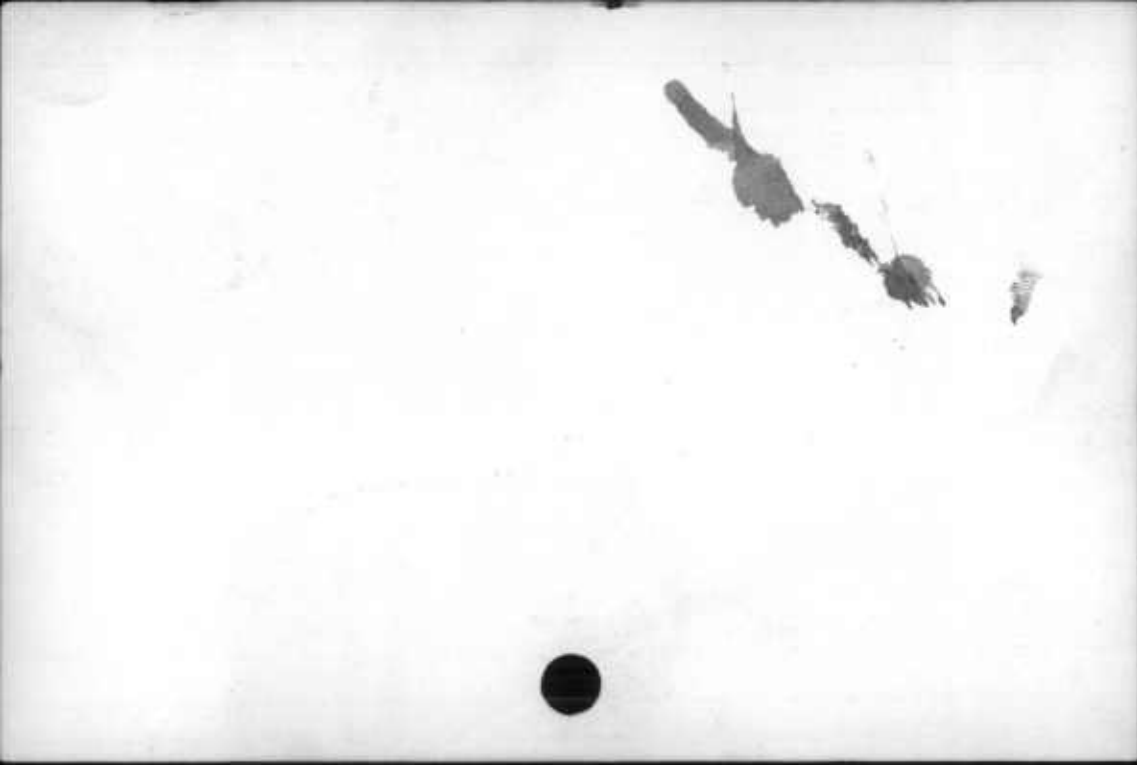
Supribe V. Haws

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Lundon Montgomery County MARYLANDDate of death 1960 July Month 19 Day Age 65 Years 6 Months 18 DaysSex Female Color or Race White American Birth place Montg Co Md.Occupation Housewife Where Residing if not at place of deathMarried, Single or Widowed Married Name of Wife or Husband Columba HawsFather's Name William Mosley Father's Birthplace Montg Co MdMother's Maiden Name Selma Washburn Mother's Birthplace Montg Co MdName of person giving information Wm M. Crav How related to deceased Son.

CAUSES OF DEATH

Primary Colitis How long 105 one weekImmediate Exhaustion How longAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician R. B. Fout M.D.Address Kenilworth Md.Accident or Suicide No.



Name
is
Full

Eunnett E. Howes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Olney</i>		County <i>Montgomery</i>		MAYLAND	
Date of death	190	Month <i>July</i>	Day <i>22</i>	Age	Years <i>One</i>	Months <i>—</i>	Days <i>Twenty</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington D.C.</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>None</i>					
Father's Name <i>William Oliver Howes</i>				Father's Birthplace <i>Montg. Co. Md.</i>			
Mother's Maiden Name <i>Agnes G. Murphy</i>				Mother's Birthplace <i>Montg. Co. Md.</i>			
Name of person giving information <i>Mrs. J. Murphy</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Cholera Infantum & Infantile Paralysis.</i>	How long <i>104</i>
	Immediate	<i>Exhaustion.</i>	How long <i>3 weeks</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Chas. Farguebar.</i>
	Accident or Suicide?		Address <i>Olney, Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

Carrioforus

County

MARYLAND

Died at near Bean Montgomery

Date of death 190 1910 7 7 Age 77

Sex Female Color or Race White Birth-place 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 Duke Roland 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

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

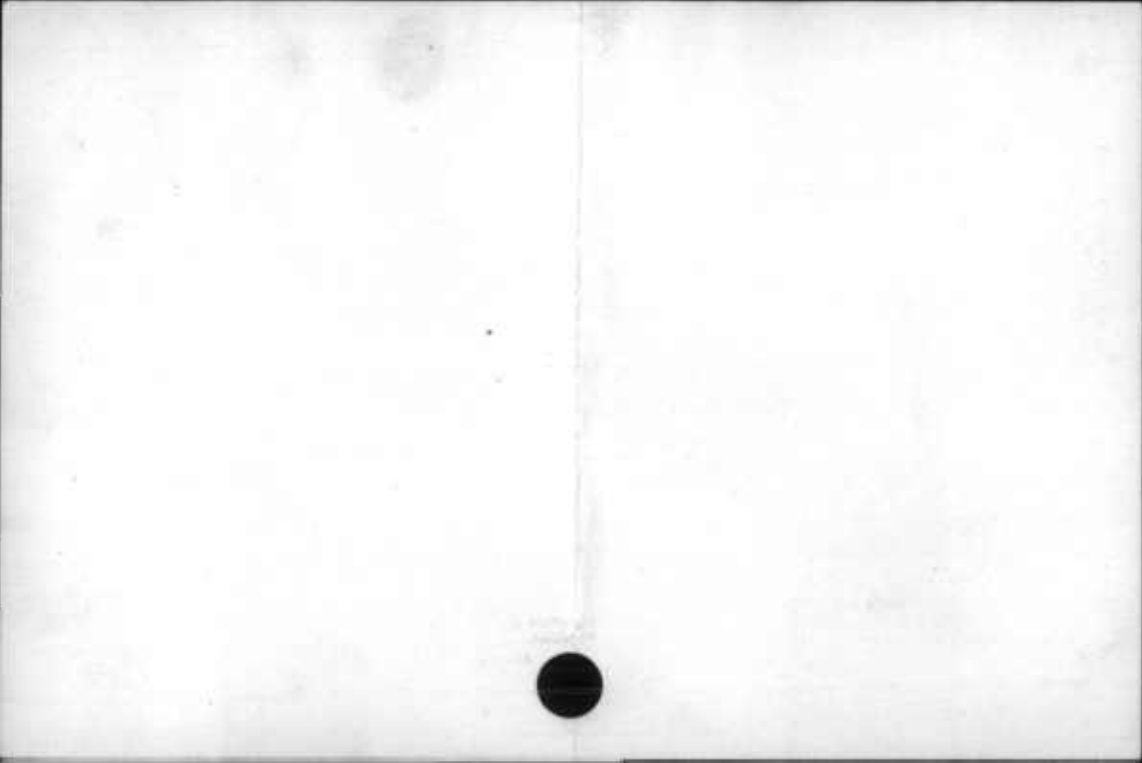
Signature of Physician

Address

Edward Anderson, M.D.
Rockville, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Marvin Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at Hunting Hill Montgomery ^{Town} Montgomery ^{County} MARYLAND

Date of death 1999 ^{Month} July ^{Day} 15th ^{Year} 2 ^{Months} 11 ^{Days} 20

Sex Male Color or Race White Birth-place md.

Occupation — Where Residing if not at place of death —

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

Father's Name Chauncy D Long. Father's Birthplace md.

Mother's Maiden Name Maggie Beadingham Mother's Birthplace md.

Name of person giving Information C. D. Long How related to deceased Father

CAUSES OF DEATH

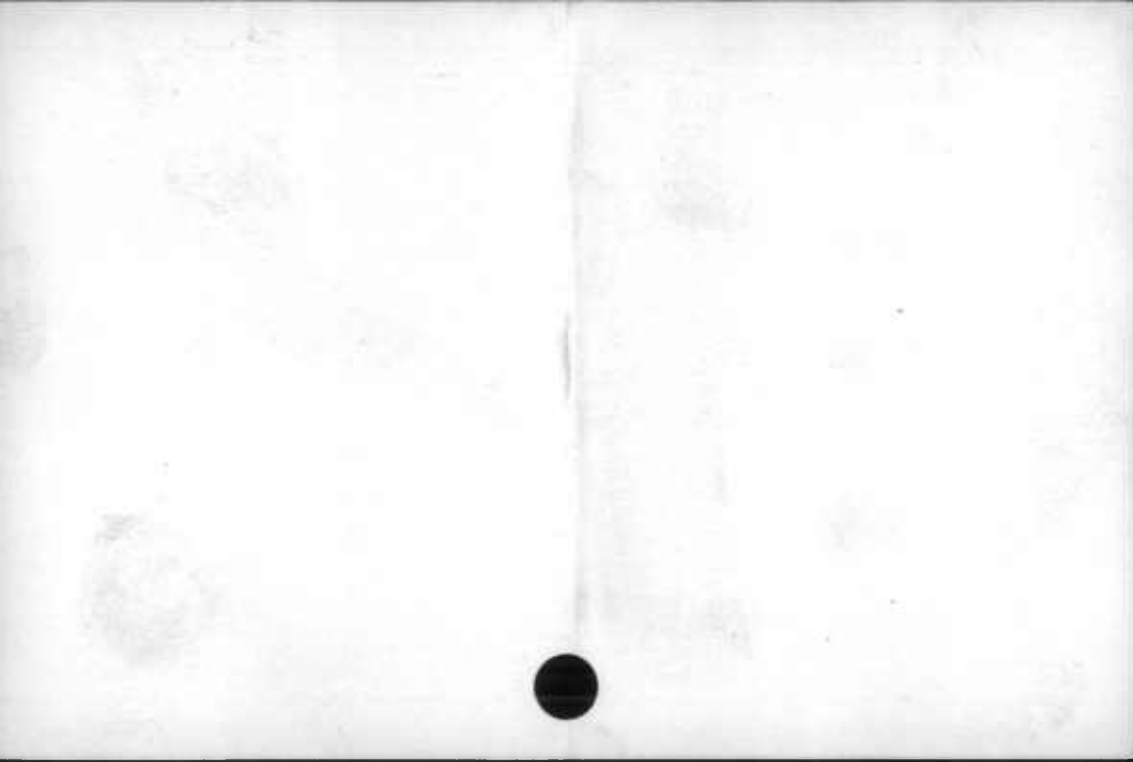
Primary Cerebro spinal meningitis ^{How long} 3 days
^{How long} —

Immediate —

Are the name, age, sex, color, date and place correctly given above? —
Signature of Physician P. M. Luthien
Address Rockville Md.

Accident or Suicide —

PHYSICIAN
OR CORONER



Name
in
Full

Martha Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Coleraines</i> Town		<i>Montg</i> County		MARYLAND	
Date of death 19 <i>40</i>	Month <i>July</i>	Day <i>27</i>	Age <i>19</i>	Months <i>4</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Alle</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>H. M. Bellows</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Mary Matthews</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>"</i>	<i>"</i>	How related to deceased <i>Mother</i>			

CAUSES OF DEATH

28

PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>	How long <i>9 mos.</i>	
	Immediate <i>Asthma</i>	How long <i>1 week</i>	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. J. Brown</i>	
	<i>Yes.</i>	Address <i>Silver Spring, Md.</i>	
Accident or Suicide?			



Name
in
Full

Grafton Ward Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

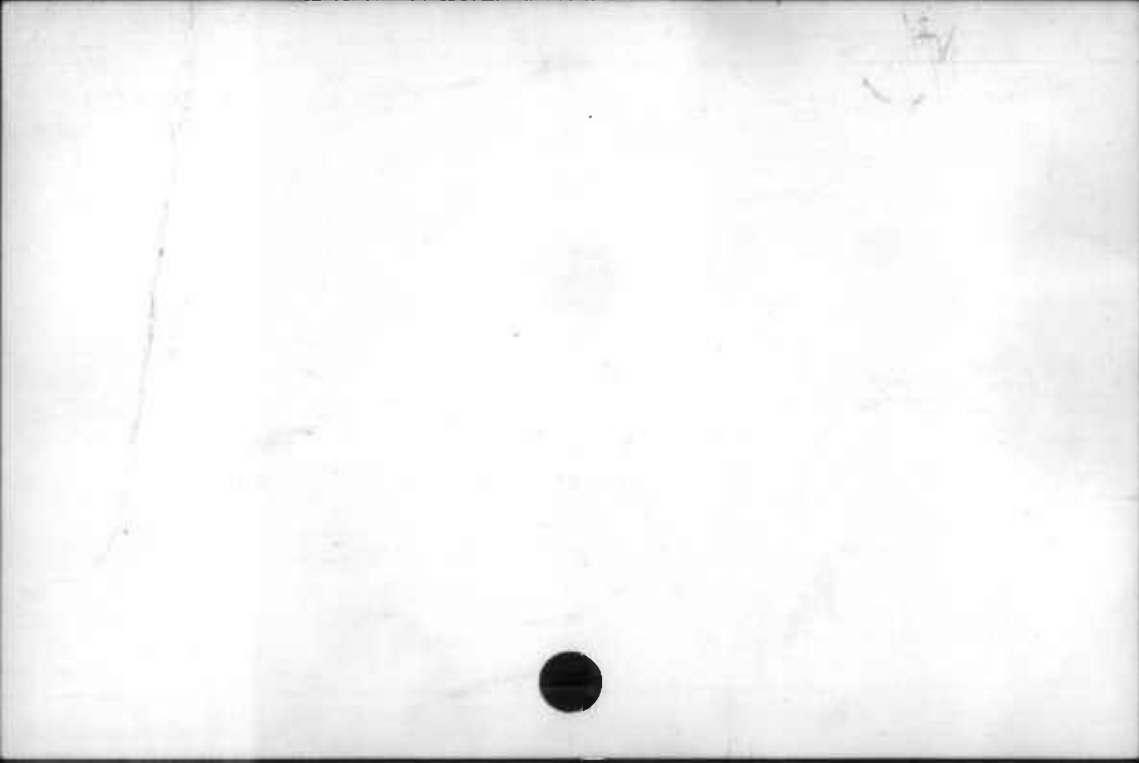
Died at <i>Gaithersburg</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	19 <i>60</i>	Month	<i>July</i>	Day	<i>29</i>
Age	<i>—</i>	Years	<i>—</i>	Months	<i>3</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Gaithersburg Md</i>
Occupation	<i>—</i>	Where Residing if not at place of death		<i>same</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband		<i>—</i>	
Father's Name	<i>Wm G. Miles</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Mamie T. Ward</i>		Mother's Birthplace	<i>Md-</i>	
Name of person giving information	<i>Wm G. Miles</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>malnutrition</i>	How long	<i>3 months</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>W. B. Haddox</i>
Address	<i>Gaithersburg</i>	State	<i>Maryland</i>
Accident or Suicide	<i>natural</i>		

177B



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Geo. James Miles*

Died at *Gaithersburg* ^{Town} *Montg.* ^{County} **MARYLAND**

Date of death *1910* ^{Year} *7* ^{Month} *29* ^{Day} Age *1* ^{Years} *10* ^{Months} ^{Days}

Sex *Male* 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 *James Miles* Father's Birthplace *MD*

Mother's Maiden Name *Mary Stewart* Mother's Birthplace *"*

Name of person giving information *Geo. Miles* How related to decedent *Father*

CAUSES OF DEATH

Primary

Wounds

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

C. C. Tetchison

Address

Gaithersburg

Accident or Suicide?

no



Name
in
Full

Annie B Newmar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Leaytownville Town Montgomery County MARYLAND

Date of death 1910 Month July Day 26 Age 5 Years 6 Months 15 Days

Sex Female Color or Race Colored Birth-place Leaytownville

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 O Newmar Father's Birthplace Pa

Mother's Maiden Name Agnes Palmer Mother's Birthplace Pa

Name of person giving information Father How related to deceased —

CAUSES OF DEATH

1031

PHYSICIAN
OR CORONER

Primary acute Indigestion How long Two days

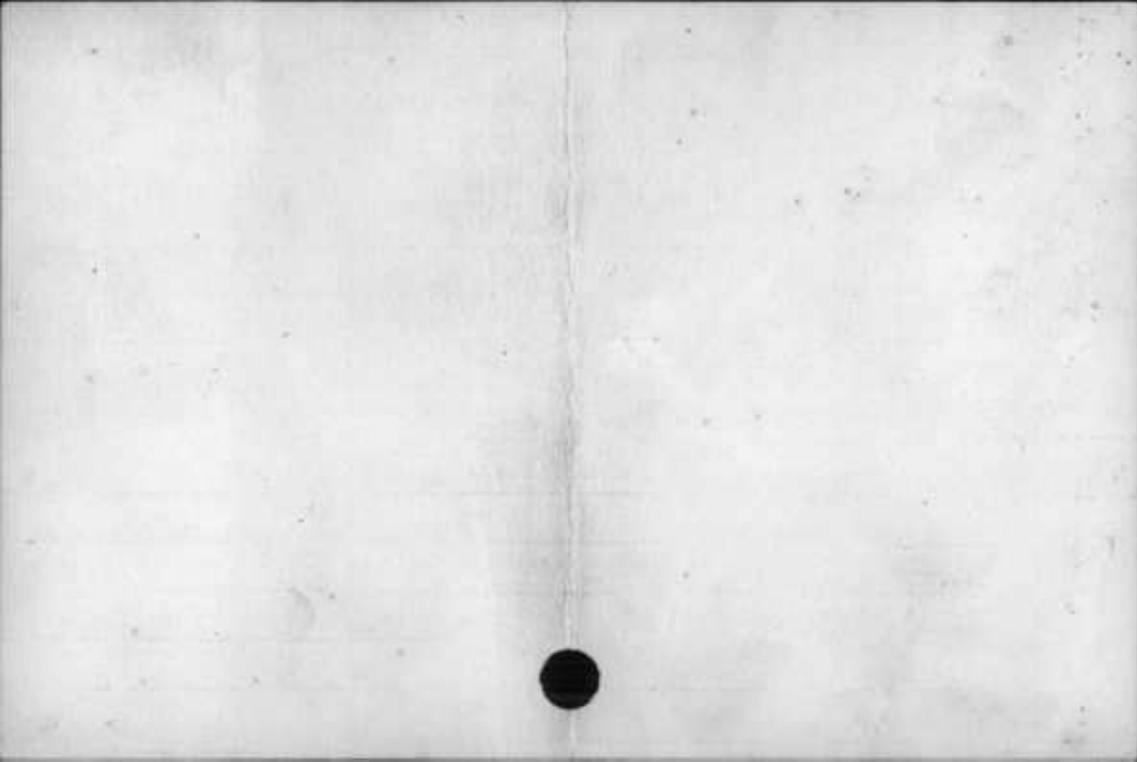
Immediate — How long —

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

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Redland</i> ^{Year}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death 190	<i>July</i> ^{Month}	<i>25</i> ^{Day}	Age <i>82</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>Stone keeper</i>	Where Residing if not at place of death <i>Redland</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Miss Warfield</i>				
Father's Name <i>William Penn</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sara Penn</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>M. Penn</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>Pneumonia</i>	<i>92</i>	How long <i>17 hours</i>
Immediate <i>Heart failure</i>		How long <i>Immediate</i>

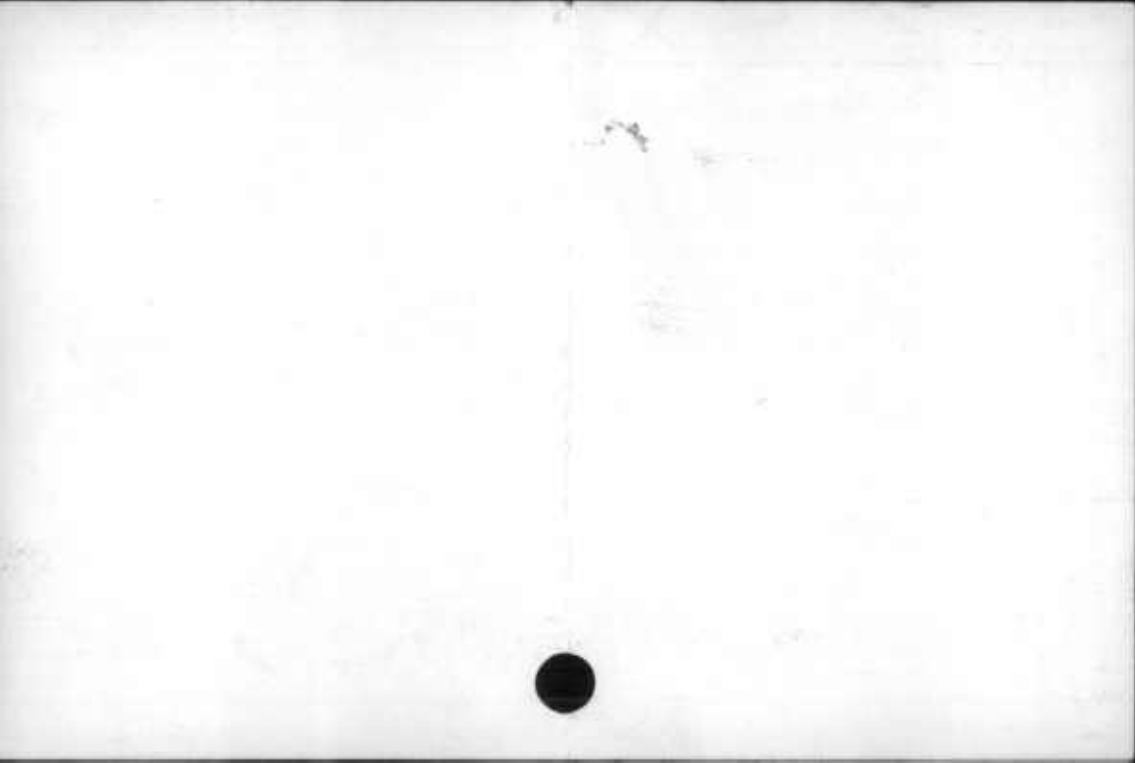
Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

Address

George C. Lewis, M.D.
Rockville, Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Arthur P. Dole</i>		Town <i>Cedar Grove</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Cedar Grove</i>		Month <i>July</i>		Year <i>1940</i>		Days <i>17</i>	
Date of death <i>1940 July 17</i>		Age <i>17</i>		Months <i>2</i>		Days <i>1</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i>Cedar Grove</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of W.ife or Husband <i>—</i>					
Father's Name <i>Clarence Pool</i>		Father's Birthplace <i>Damascus Md</i>					
Mother's Maiden Name <i>Lillie Beall</i>		Mother's Birthplace <i>Montg. Co. Md</i>					
Name of person giving Information <i>Father Clarence Pool</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

Primary <i>Inanition</i>	How long <i>2 mos</i>
Immediate <i>Cholera Infantis</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>[Signature]</i>
	Address <i>[Signature]</i>
Accident or Suicide	

PHYSICIAN
OR CORNER



Name
In
Full

CERTIFICATE OF DEATH

Albert Jones Simpson.

TO BE ANSWERED BY
NEAREST FRIEND

9

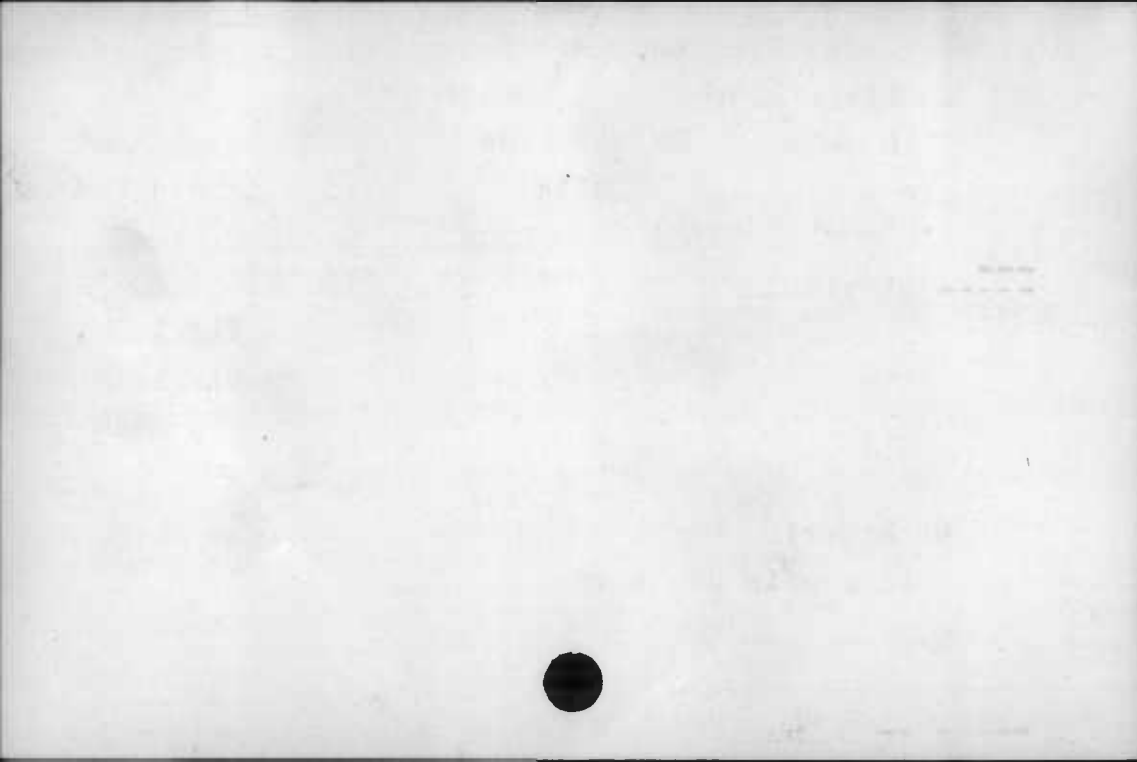
Died at		Town		County		State	
Chevy Chase		Montgomery		MARYLAND			
Date of death	Month	Day	Age	Years	Months	Days	
19 10	July	29	4		3	14	
Sex	Color or Race	Birth-place					
Male	White	Kensington					
Occupation	Where Residing if not at place of death						

Married, Single or Widowed	Name of Wife or Husband		*****				
Single							
Father's Name	Father's Birthplace						
Frank Simpson	Virginia.						
Mother's Maiden Name	Mother's Birthplace						
Grace Jones	Virginia						
Name of person giving information	How related to deceased						
Mrs. Simpson	Mother						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

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	H. C. Birdsall M.D.
		Address	Wash., D. C.
Accidental or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full: *Jas. Wm. S. Latta*

Died at: *Potomac* Town - *Neamy* County

Date of death: 190*0* Year *7* Month *1* Day Age *76* Years *-* Months *-* Days

Sex: *Male* Color or Race: *White* Birth-place: *Va*

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

Married, Single or Widowed: *Widowed* Name of Wife or Husband: *Sarah Latta*

Father's Name: *Sarah Latta* Father's Birthplace: *Virginia*

Mother's Maiden Name: *Sarah Latta* Mother's Birthplace: *Virginia*

Name of person giving Information: *Elmer Sever* How related to deceased: *Son*

CAUSES OF DEATH

Primary: *Acute Enterocolitis* 105 How long: *2 days*

Immediate: *Exhaustion* How long: *-*

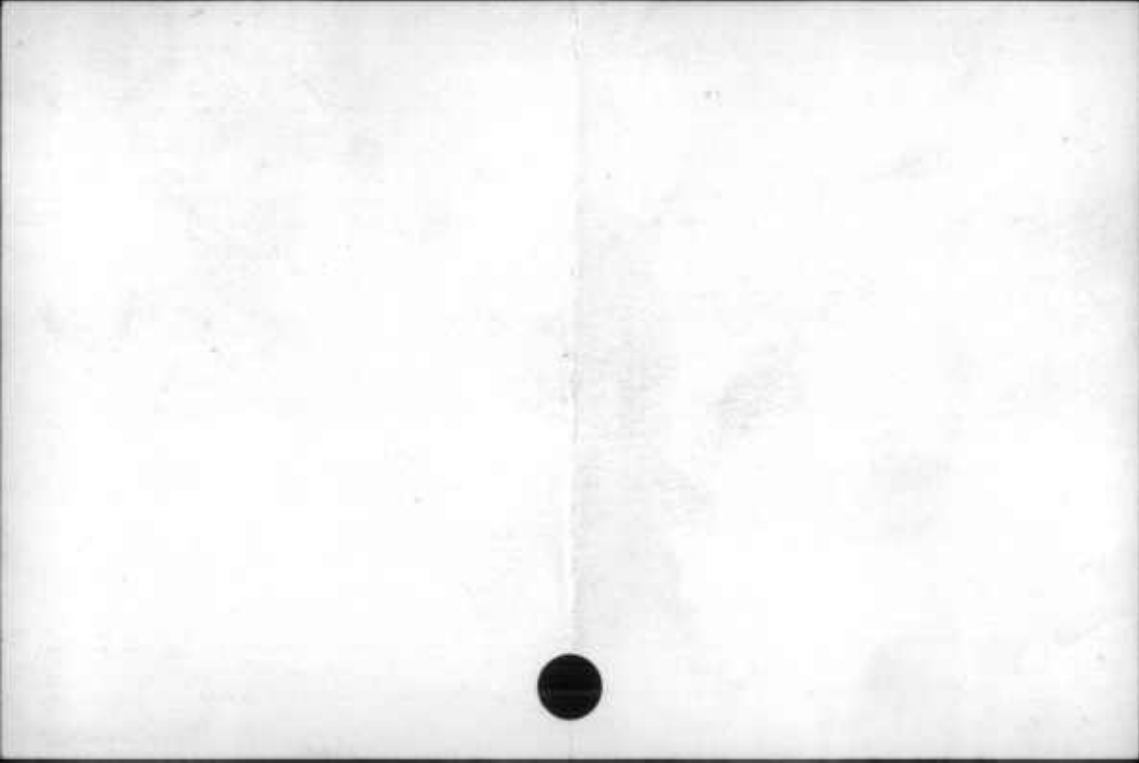
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: *O M Litchman*

Address: *Roadhouse*

Accident or Suicide: *No*

PHYSICIAN
OR CORNER



Name
in
Full

Wilbur Smith

CERTIFICATE OF DEATH

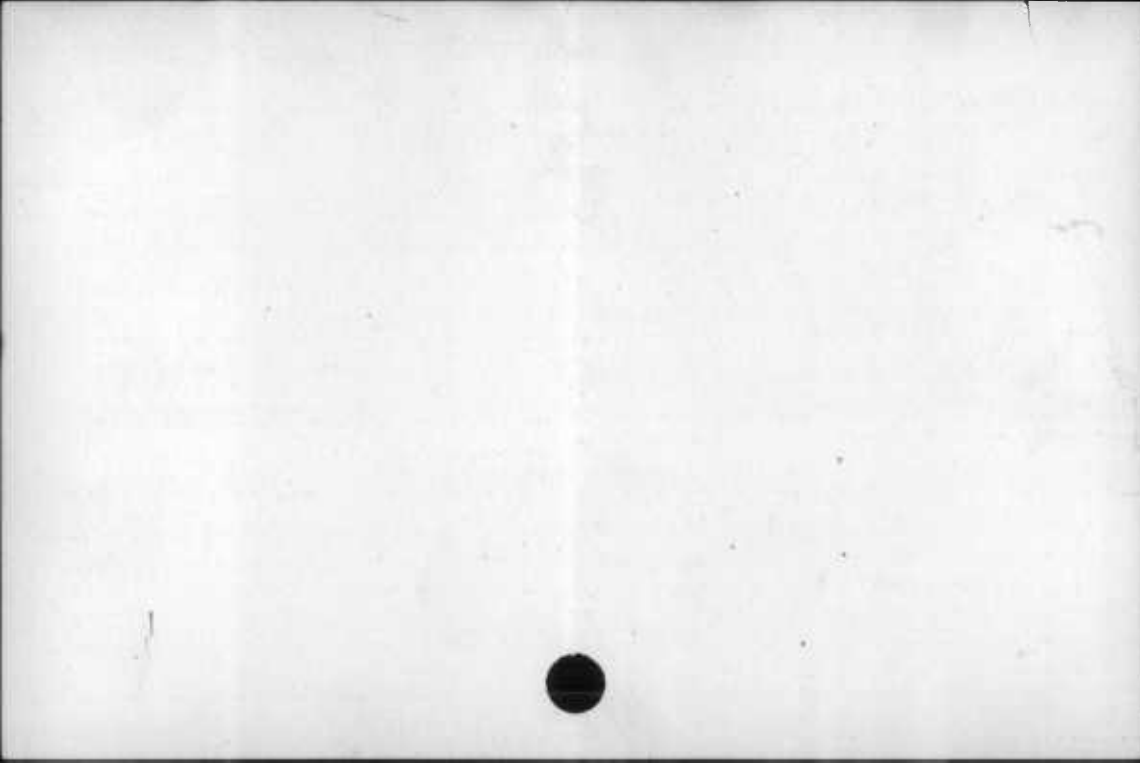
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Germantown		County Montgomery		STATE MARYLAND	
Date of death		Month July	Day 28	Age	Years —	Months 7	Days —
Sex	Male	Color or Race	White	Birth-place	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	Superior 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		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

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		W. L. Lewis	
Address		Kramington	
Accident or Suicide?		no	



Name
in
Full

Martha Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grifton		County Montgomery		MARYLAND	
Date of death 190		Month July	Day 5 th	Age 36	Years	Months	Days
Sex Female		Color or Race Colored		Birth-place 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 information Mortimer Dorsey		How related to deceased Uncle					

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 Walker

CERTIFICATE OF DEATH

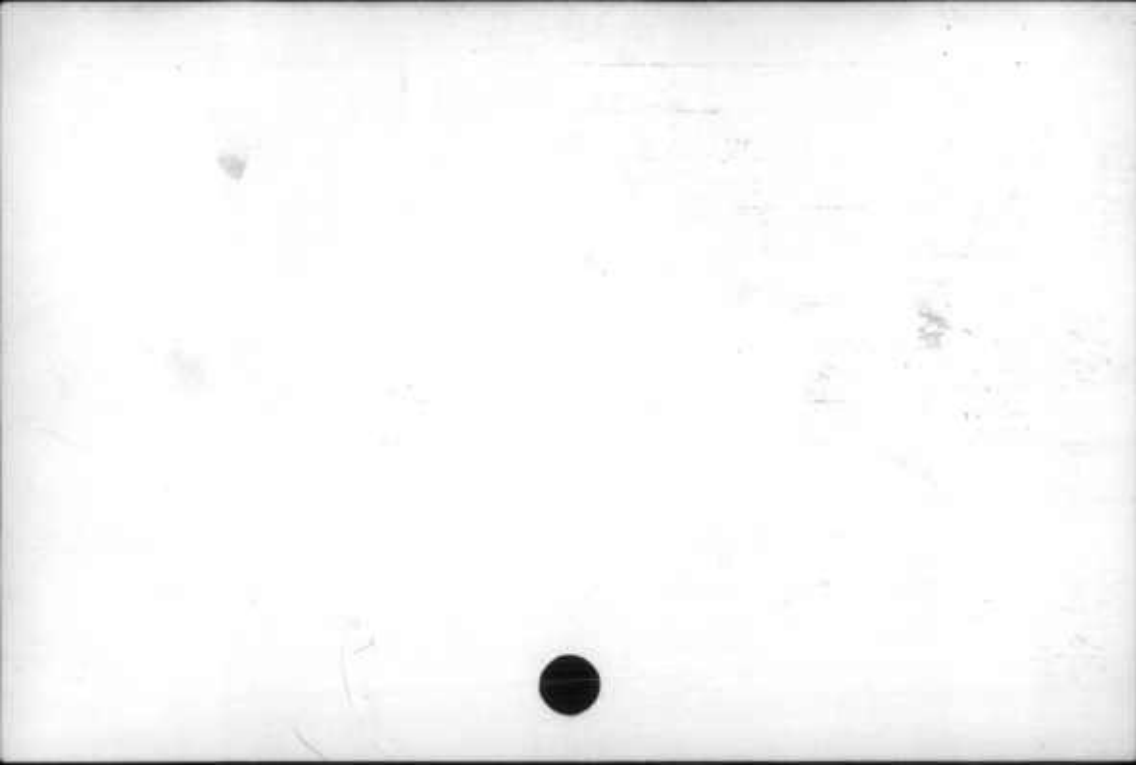
Died at <u>Brownsville</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death 19 <u>40</u>	Month <u>July</u>	Day <u>4</u>	Age <u>74</u>	Years <u>11</u>	Months <u>18</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Near Brownsville, Md.</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Brownsville</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Gen. W. W. Walker</u>				
Father's Name <u>John Lewis Purdum</u>	Father's Birthplace <u>Near Charlesburg</u>				
Mother's Maiden Name <u>Jemimah Keig</u>	Mother's Birthplace <u>Hugo Valley</u>				
Name of person giving information <u>Paula W. Walker</u>	How related to deceased <u>Daughter</u>				

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <u>Chronic Interstitial Nephritis</u>	How long <u>more than two years</u>
Immediate <u>Uraemic Coma</u>	How long <u>11 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo. M. Boyer</u>
	Address <u>Damascus, Md.</u>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
Full

Noah Luther Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sevity</i> <small>Town</small>			<i>Montgomery</i> <small>County</small>			MARYLAND		
Date of death 1900		<i>July</i> <small>Month</small>	<i>26</i> <small>Day</small>	Age	<i>0</i> <small>Years</small>	<i>4</i> <small>Months</small>	<i>22</i> <small>Days</small>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Sevity</i>				
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name <i>Arthur L. Watkins</i>				Father's Birthplace <i>Cedar Grove Md</i>				
Mother's Maiden Name <i>Eather P. Luhn</i>				Mother's Birthplace <i>Germany Md</i>				
Name of person giving information <i>Mrs Leah J. Glehart</i>				How related to deceased <i>Aunt</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Indigestion</i>	<i>10 H</i>	How long	<i>3 months</i>
Immediate	<i>Gastro enteritis</i>		How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>H. G. Spurrer</i>	
			Address	
Accident or Suicide?				



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full: *Samuel Weems*

Town: *near Rockville* County: *Montgomery*

Died at: *near Rockville Montgomery*

Date of death: *199 1910 7 30* Age: *70* Months: *—* Days: *—*

Sex: *Male* Color or Race: *Negro* Birth-place: *Maryland*

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

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*

CAUSES OF DEATH

Primary: *Chronic Nephritis* 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



Name
is
Full

Joe Prathy Wessells

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Gaithersburg ^{Town} Montgomery ^{County} MARYLAND

Date of death 1910 July 16 ^{Month} ^{Day} 14 ^{Years} ^{Months} ^{Days}

Sex male ^{Color or Race} White ^{Birth-place} 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 information W. H. Wessells ^{How related to deceased} Father

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

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. C. Elchism M.D.

Address Gaithersburg Md

Accident or Suicide? _____

[Faint, illegible handwriting on lined paper]



Name
in Full

CERTIFICATE OF DEATH

Stephen Williams
Town County

Died at Morristown Montg MARYLAND
Month Day Year Months Days

Date of death 1940 July 1 Age 1 6

Sex Male Color or Race Colored Birth-place MD

Occupation Infant Where Residing if not at place of death Morristown

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

Father's Name Tom Williams Father's Birthplace MD

Mother's Maiden Name Suzie Thompson Mother's Birthplace MD

Name of person giving information Amore Thompson How related to deceased Half brother

CAUSES OF DEATH

Primary Interrenal nephritis How long 8 months

Immediate Cardiac asthma How long 10 hours

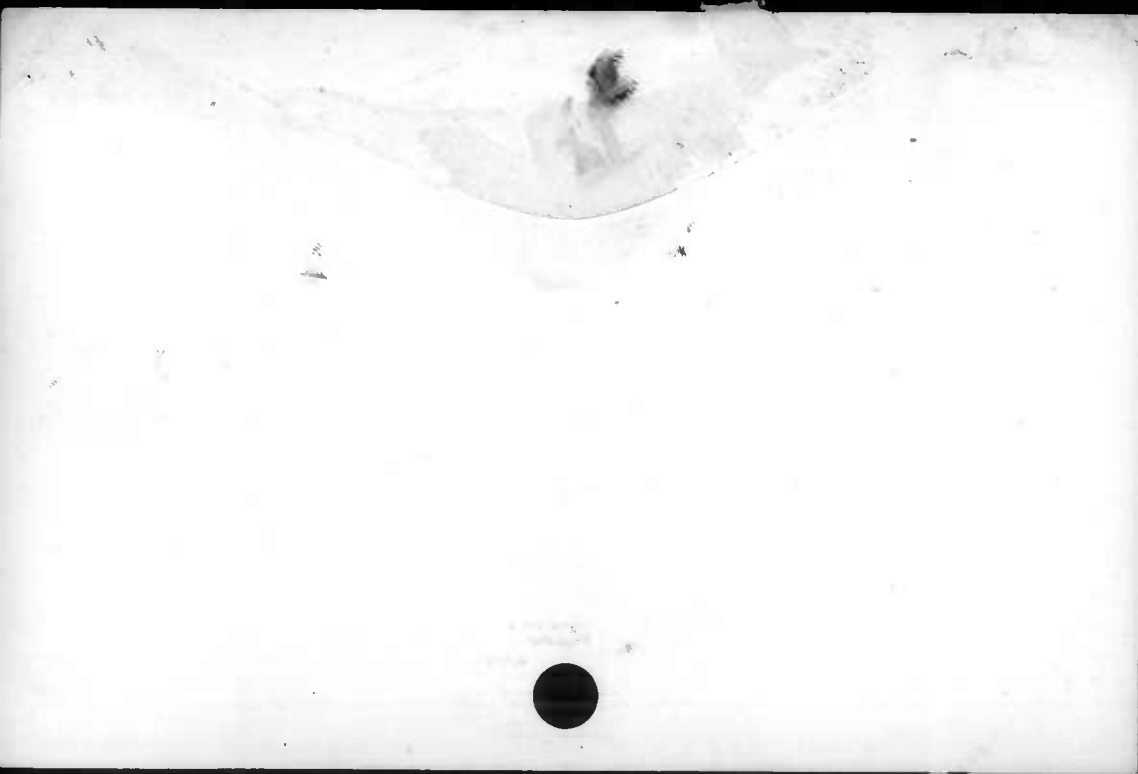
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. White
Address Boobville MD

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
FullNo Name
TownSt Wright
County

CERTIFICATE OF DEATH

MARYLAND

Died at Boyd's Rest

Montgomery

Date
of death 1990

Month

July

Day

7

Age

Still birth

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Boyd's Rest

Occupation

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

Claude C. Wright

Father's
Birthplace

Va

Mother's
Maiden Name

Marilyn Stottenger

Mother's
Birthplace

Md

Name of person giving
information

Claude C. Wright

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Birth

How long

5

Immediate

How long

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

Yes

Signature of
Physician

Address

J. P. Stottenger
J. P. Stottenger MD

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

