

Name
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Shus House* Town *Phenix* County

Date of death *1966 July 13* Age *71* Months *---* Days *---*

Male Color or Race *White* Birth-place *Georgetown*

Occupation *Shus House inmate* Where Residing if not at place of death *---*

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

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

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

Name of person giving information *Lynn Allen* How related to deceased *Association*

CAUSES OF DEATH

(62)

PHYSICIAN
OR CORONER

Primary *Dyspnea, Lungs, Stasis* How long *3 weeks*

Immediate *Exhaustion* How long *2 weeks*

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

Signature of Physician *J. L. Manning*

Address *Georgetown*

Accident or Suicide? *---*

1912

RECEIVED
 THE
 OFFICE OF THE
 SECRETARY OF THE
 TREASURY
 WASHINGTON, D. C.
 JAN 10 1912

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 TREASURY
 WASHINGTON, D. C.
 JAN 10 1912



Name
in
Full

Thomas Henry Algire

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Branchville* ^{Town} *Prince Geo.* ^{County} **MARYLAND**

Date of death *1918* ^{Month} *July* ^{Day} *14* ^{Years} *—* ^{Months} *4* ^{Days} *—*

Sex *male* Color or Race *white* Birth-place *md.*

Occupation _____ Where Reading if not at place of death _____

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

Father's Name *W. P. Algire* Father's Birthplace *md.*

Mother's Maiden Name *Frances May Grimes* Mother's Birthplace *md.*

Name of person giving information *J. Feather* How related to deceased *Father*

CAUSES OF DEATH

Primary *Meningitis* *1895* How long *3 weeks*

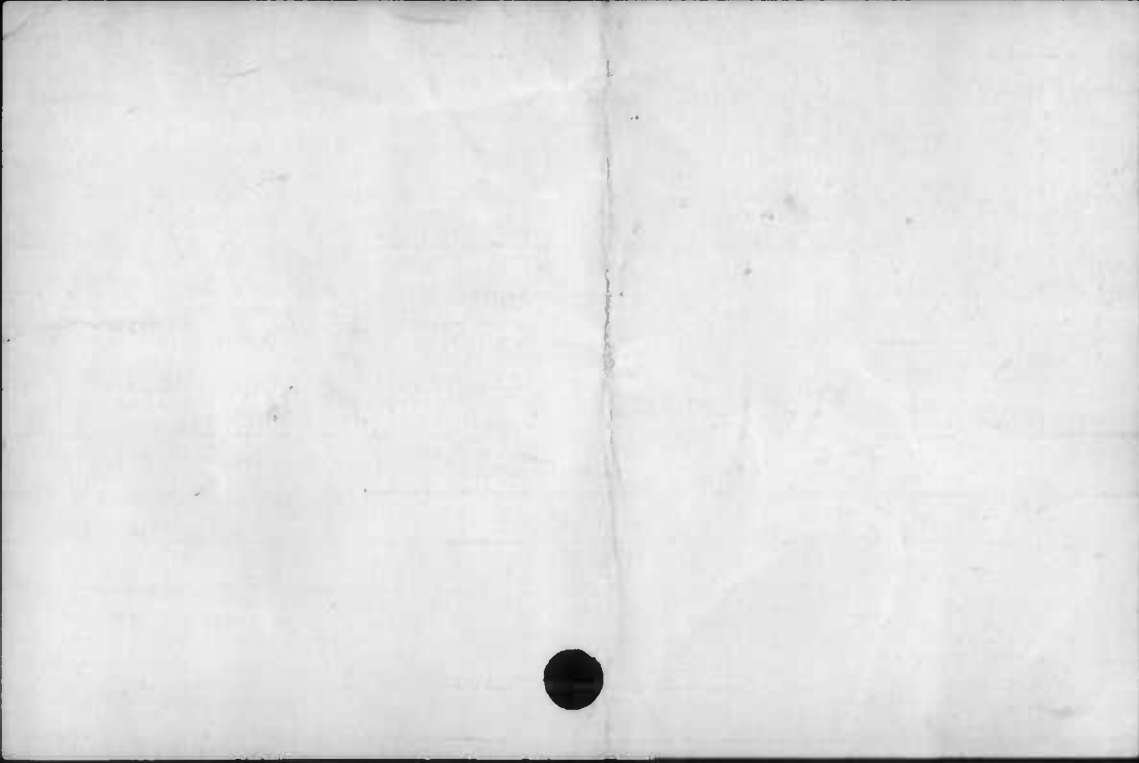
Immediate *Transition* How long *1 week*

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

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Allen

Town

County

MARYLAND

Died at

Brewers

Pr Geo

Date

of death

1910

Month

July

Day

Age

Years

4

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

DC

Occupation

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

Marion C. Allen

Father's
Birthplace

DC

Mother's
Maiden Name

Elizabeth Brown

Mother's
Birthplace

DC

Name of person giving
information

Father to deceased

How related
to deceased

CAUSES OF DEATH

Primary

Rhythm, pneumonia

How long

1 week

Immediate

Toxemia pulmonary syphilis

How long

2 days

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

Address

Geo Chatman
Hyattsville

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

(Duplicate certificate)



Name
in Full

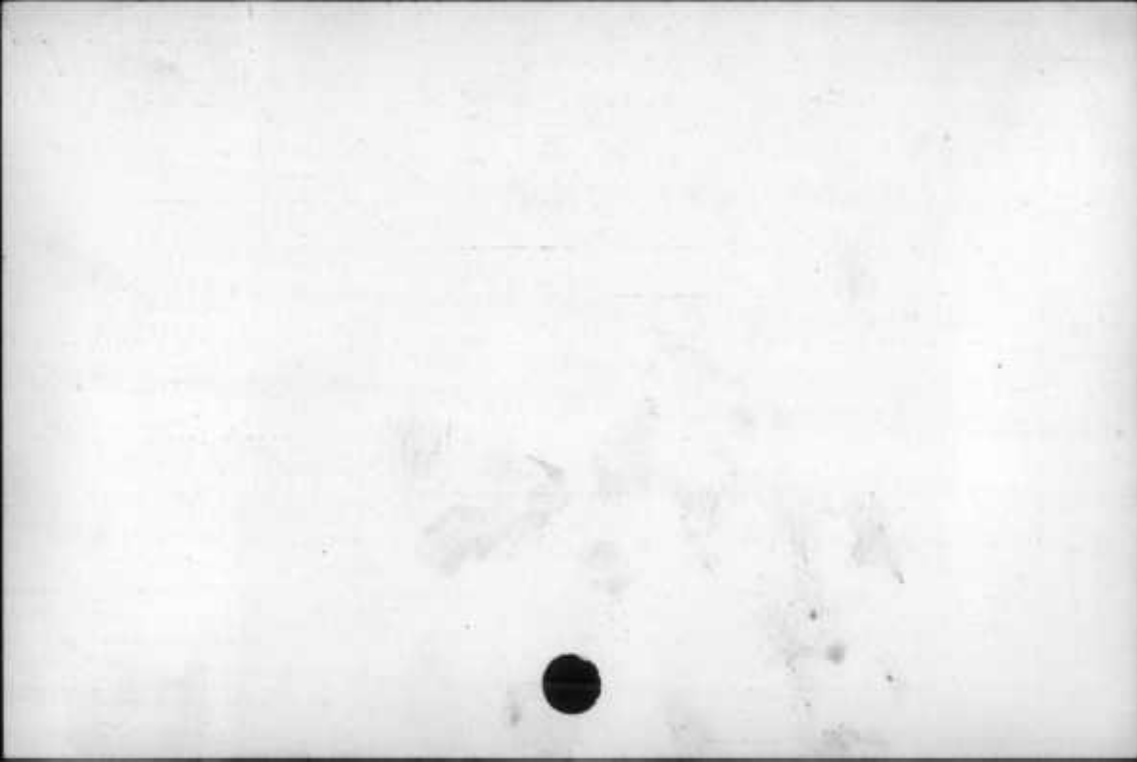
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Iodel Armstrong</i>		Town <i>Nottingham</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Nottingham</i>		Date of death <i>1960 July 10</i>		Age <i>1</i>		Months _____ Days _____	
Sex <i>female</i>		Color or Race <i>colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>none</i>		Where Residing if not at place of death _____					
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>William Armstrong</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Annie Hawkins</i>		Mother's Birthplace _____					
Name of person giving information <i>William A. Brown</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Summer Complaint</i>	<i>10 H</i> ✓
	Immediate _____	How long <i>one week</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ernest H. Garner</i>
	Accident or Suicide? _____	Address <i>Act Coroner Northkeap, Md</i>



Name
in
Full

Milton Sullivan Baldwin

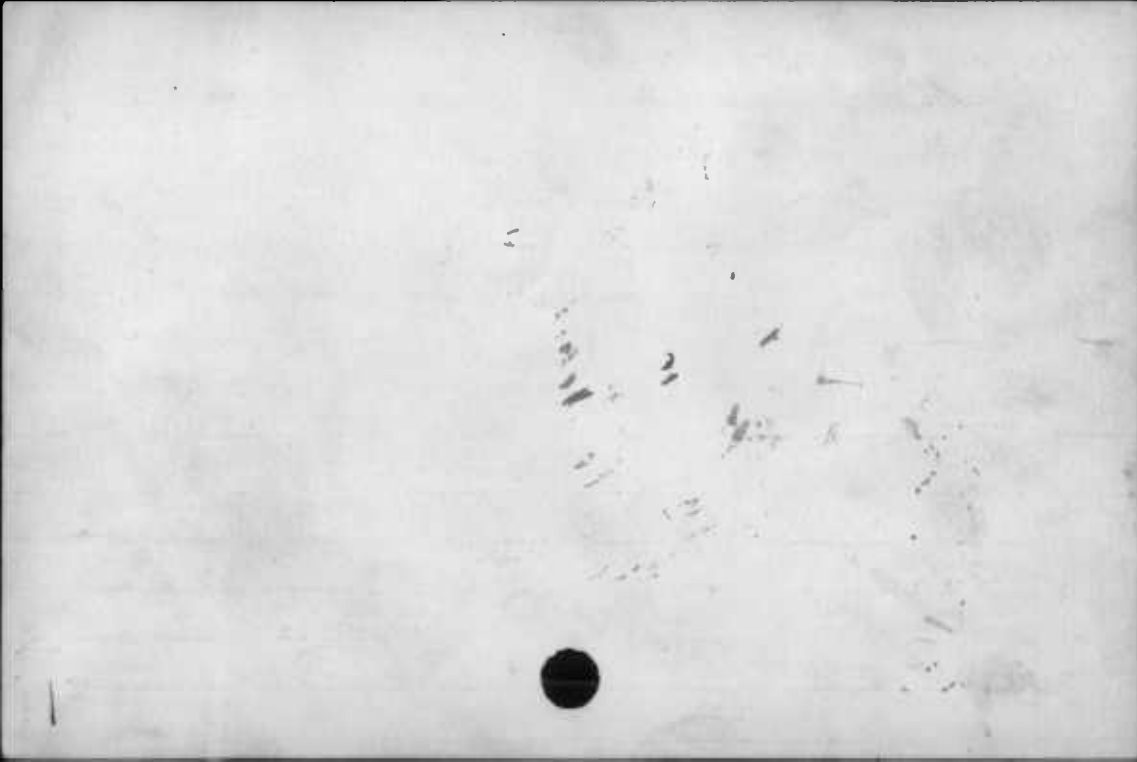
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Forestown Forestville		P. O. County		MARYLAND	
Date of death		1910	Month 7	Day 9	Age	3 wks	
Sex		Male		Color or Race		White	
Occupation		None		Where residing if not at place of death		Md	
Married, Single or Widowed		Name of Wife or Husband		—			
Father's Name		Howard B. Baldwin		Father's Birthplace		Md	
Mother's Maiden Name		Laura King		Mother's Birthplace		Md	
Name of person giving information		Howard B. Baldwin		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Heart Trouble & Indigestion		How long	3 days	
	Immediate	Exhaustion		How long	" "	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Dr. J. E. Sansbury	
			Address		Forestville Md	
Accident or Suicide?		Neither				



Name
in
Full

Mary E. Bateman

CERTIFICATE OF DEATH

Died at *Seaboard Pleasant Heights - Prince Georges* County *Prince Georges* MARYLANDDate of death 19*40* Month *July* Day *21* Age *53* Years Months DaysSex *female* Color or Race *white* Birth-place *Va.*Occupation *house duties* Where Residing if not at place of deathMarried, Single or Widowed *married* Name of Wife or Husband *Wm A. Bateman*Father's Name *R. L. Stone* Father's Birthplace *Va*Mother's Maiden Name *Verelope O'Brien* Mother's Birthplace *Va.*Name of person giving information *Wm A. Bateman* How related to deceased *husband*

CAUSES OF DEATH

Primary *typhoid fever* *(1)* How long *3 weeks*Immediate *syncope* How long *6 hours*

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

yes

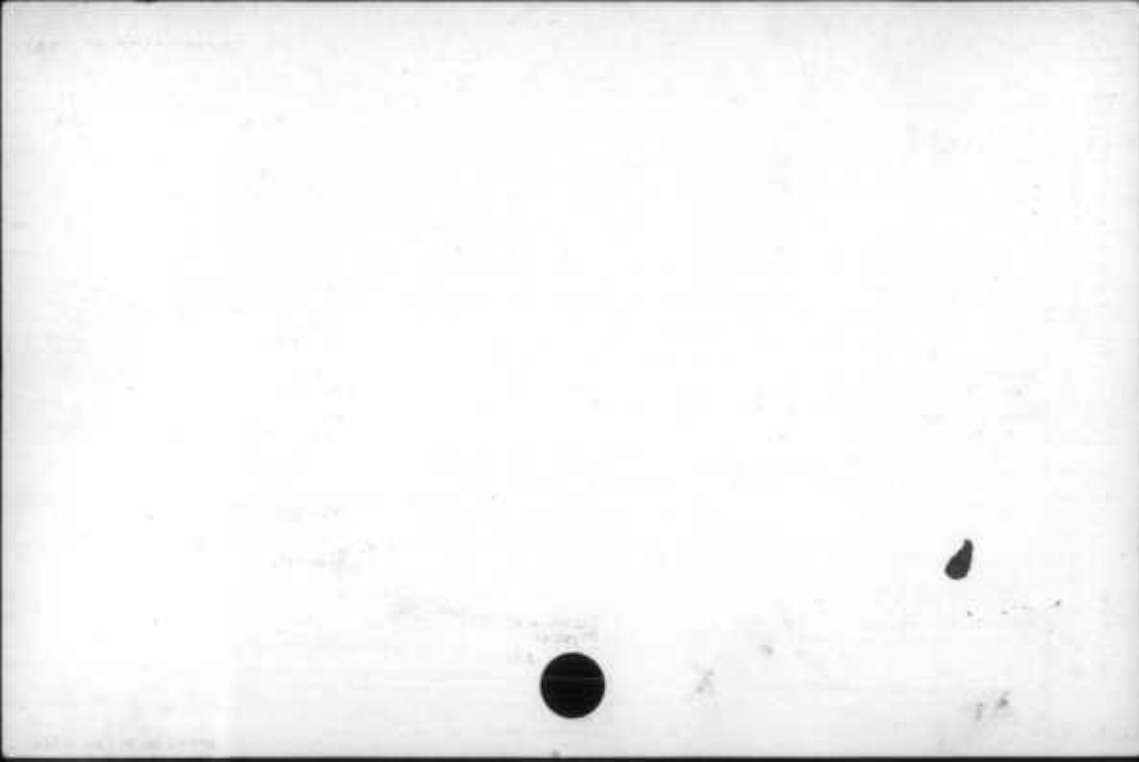
Signature of Physician

Address

*JM Brady*
Kenilworth, D.C.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John T Beall

TO BE ANSWERED BY
NEAREST FRIEND

Died at Forestville ^{Town,} Prince George ^{County} MARYLAND

Date of death 1910 ^{Month} 7 ^{Day} 29 ^{Age} 36 ^{Years} — ^{Months} — ^{Days} —

Sex male Color or Race White Birth-place md.

Occupation Gardener Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Marquita V Beall

Father's Name Joseph L Beall Father's Birthplace md

Mother's Maiden Name Henrietta Clubb Mother's Birthplace md

Name of person giving information Joseph L Beall How related to deceased Father

CAUSES OF DEATH

Primary acute tuberculosis ^{How long} (28) 5 mo

Immediate asthma ^{How long} 3 days

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

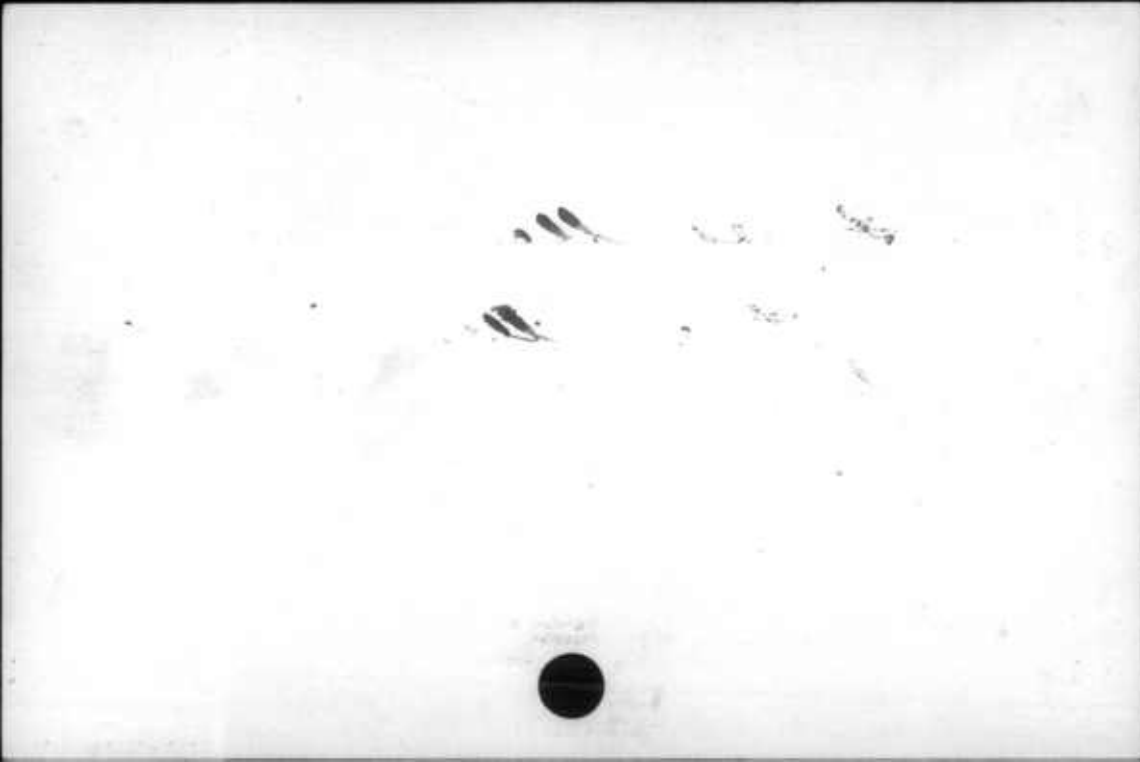
Signature of Physician Philo E Sawshing

Address Forestville

md.

Accident or Suicide neither

PHYSICIAN
OR CORONER



Name
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glendale</i> Town <i>Pg</i> County		MARYLAND	
Date of death <i>1910</i> Month <i>July</i> Day <i>19</i> Age <i>1</i> Years	Months <i>8</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Millsboro, Del.</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>—</i>		
Father's Name <i>Payrol E Biddle</i>	Father's Birthplace <i>Towson, Eng</i>		
Mother's Maiden Name <i>Margaret P Sherman</i>	Mother's Birthplace <i>Linking Springs</i>		
Name of person giving information <i>M. A Sherman</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Malnutrition</i>	How long <i>one week</i>	
	Immediate <i>Acidosis</i>	How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm D. D. D. M.D.</i>	
		Address <i>Springfield</i>	
	Accident or Suicide?	<i>Ind.</i>	

LIBRARY BUREAU ABETS

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Reichs

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Abkommen

Präsident

Eng

Vertrag

Abkommen

Name
is
Full

Still Born Brook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Collington</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death 19	<i>July</i> <small>Month</small>	<i></i> <small>Day</small>	Age	<i></i> <small>Years</small>	<i></i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Edward Brooks</i>		Father's Birthplace <i>A. A. County</i>			
Mother's Maiden Name <i>Matilda Brown</i>		Mother's Birthplace			
Name of person giving information <i>Edward Brooks</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i></i>
Immediate		How long	<i></i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>Walter Ryan Local Registrar</i>	
Accident or Suicide?			



Name
in
Full

Lloyd Elworth Brown

CERTIFICATE OF DEATH

Died at

Lakeland

Town

Pr. Geo.

County

MARYLAND

Date
of death

1960

Month

July

Day

17

Age

Years

Months

3

Days

16

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

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

Shadrach Brown

Father's
Birthplace

Md

Mother's
Maiden Name

Mary L. Douglas

Mother's
Birthplace

Md

Name of person giving
Information

Mary L. Douglas

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Cholera Infantum

How long

1 week

Immediate

Inanition

How long

1 "

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

yes

Signature of
Physician

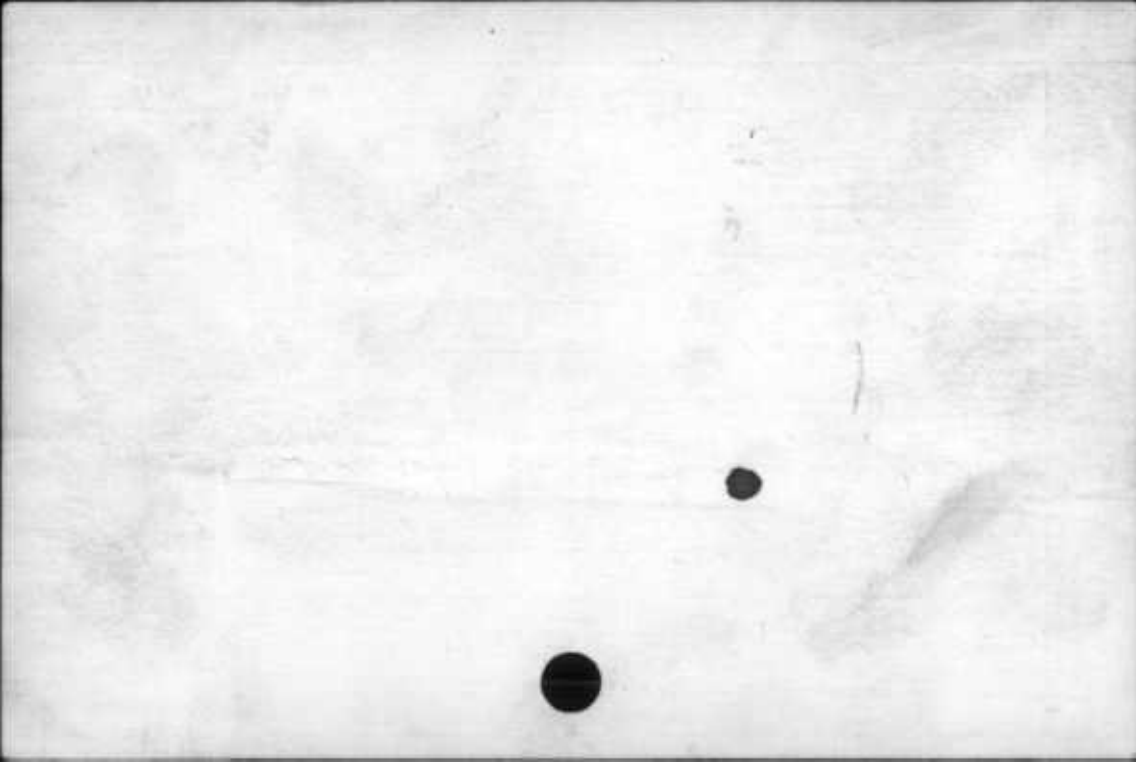
A. Pittman

Address

Beverly Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

Amy Hopkins Burton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

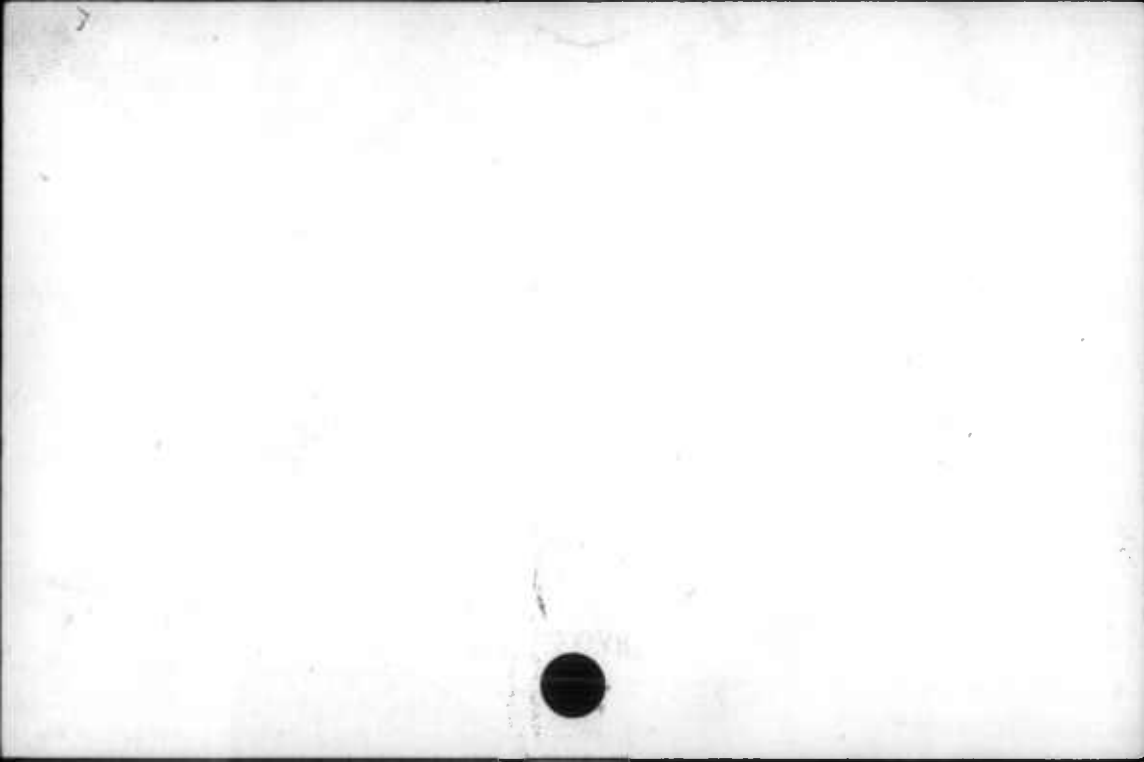
Died at		Town Laurel		County Pr Geo		MARYLAND	
Date of death 190		Month 7	Day 4	Age 25	Years	Months	Days
Sex	Female	Color or Race	White		Birth-place	Pr. Geo. Co.	
Occupation	Housewife		Where Residing if not at place of death		Laurel Md.		
Married, Single or Widowed	Married		Name of Wife or Husband		Wm Burton		
Father's Name	J. S. Hopkins		Father's Birthplace		Pr. Geo. Co.		
Mother's Maiden Name	Elizabeth A. Sullivan		Mother's Birthplace		Pr. Geo. Co.		
Name of person giving Information	W. Sullivan		How related to deceased		Uncle		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	6 Mo
Immediate	Asthma	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. R. Hunt
		Address	Laurel
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Tally A Chapman
Town Woodrow County Pky

MARYLAND

Died at
Date of death 1900 July 22 Age 4 Months 7 Days 21

Sex female Color or Race Redd Birth-place Woodrow

Occupation none Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Jerry F Chapman Father's Birthplace Pyles

Mother's Maiden Name Elizabeth Christian Mother's Birthplace Pyles

Name of person giving information Jerry F Chapman How related to deceased Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Subocular How long 6 weeks

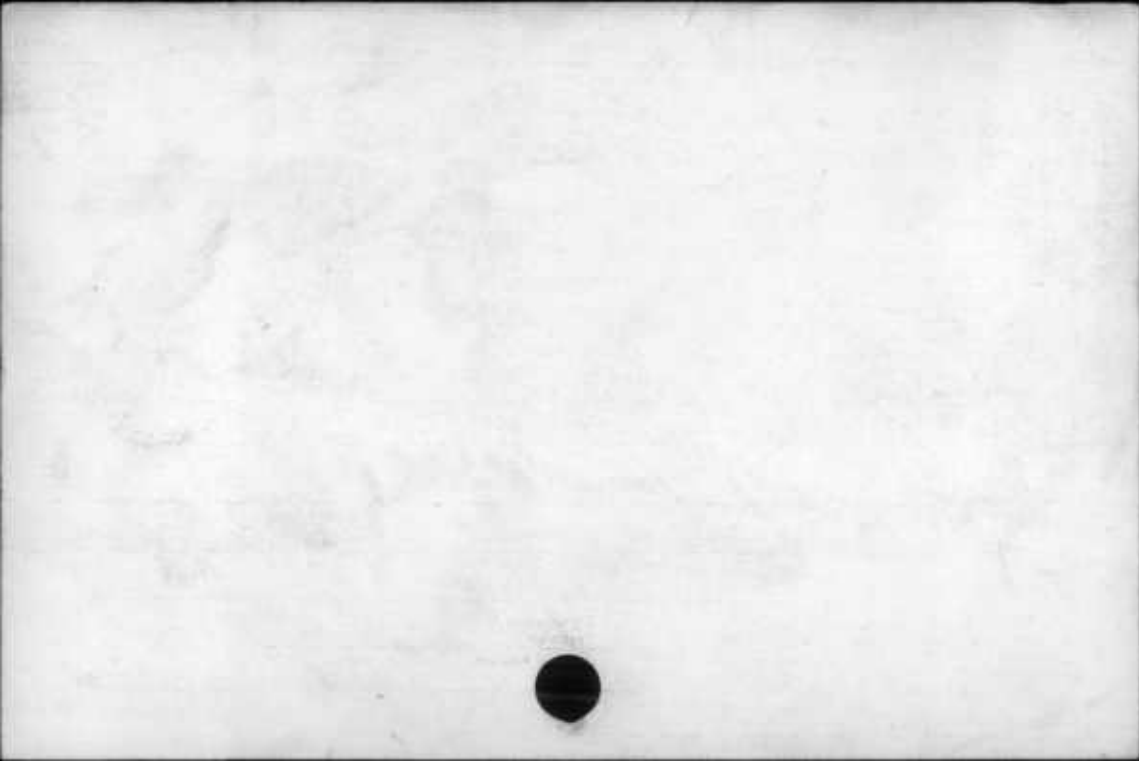
Immediate strangulation How long 3 hours

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

Signature of Physician James H Smith
Address Bowline Md

PHYSICIAN
OR CORNER

Accident or Suicide no



Name
in Full

Hamilton Crastus Clark

CERTIFICATE OF DEATH

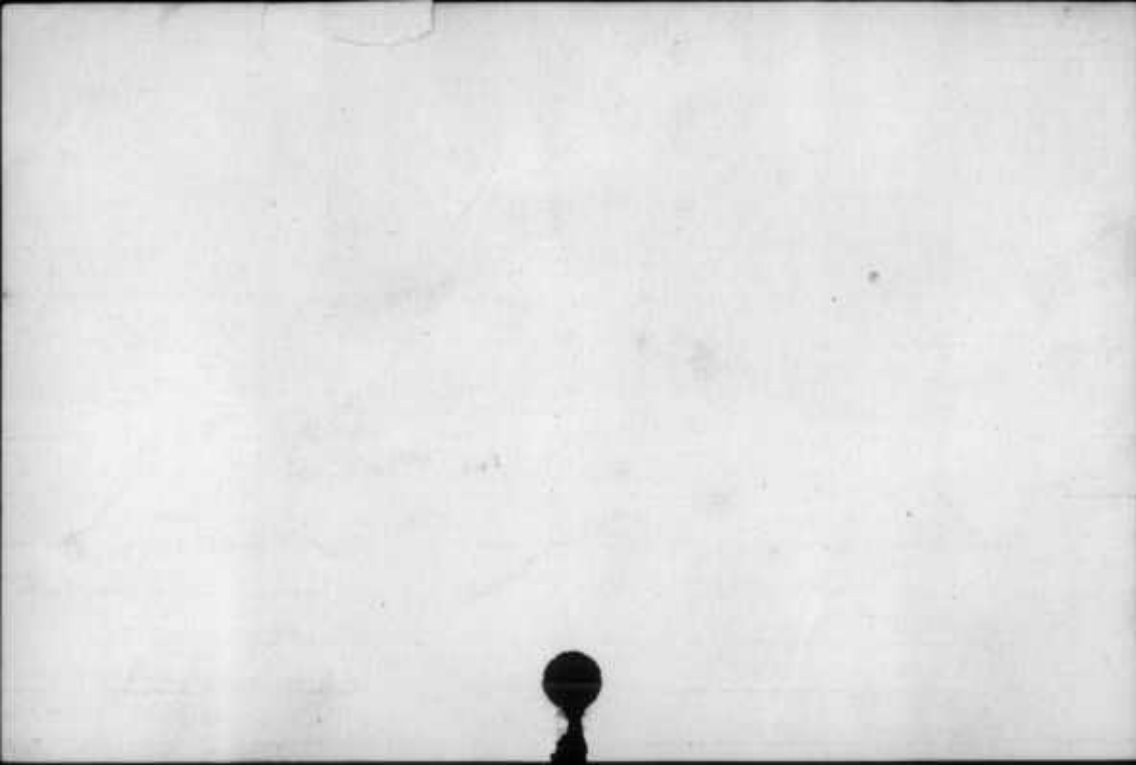
TO BE ANSWERED BY
NEAREST FRIEND

9

Died at <i>Chillum</i>		Town		<i>Prince Georges</i>		County		MARYLAND					
Date of death <i>19 10</i>		Month <i>July</i>		Day <i>12</i>		Age <i>39</i>		Years		Months <i>10</i>		Days <i>24</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hoymarket Va</i>									
Occupation <i>Sayman & Farmer</i>				Where Residing if not at place of death									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Kellie Frances Clark</i>											
Father's Name <i>Crastus J. J. Clark</i>		Father's Birthplace <i>Virginia</i>											
Mother's Maiden Name <i>Ann Virginia Shirley</i>		Mother's Birthplace <i>Virginia</i>											
Name of person giving Information <i>Kellie J. Clark</i>		How related to deceased <i>wife</i>											

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Killed by lightning</i>	How long	<i>(186)</i>
	Immediate		How long	<i>immediate</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thomas H. Dutton</i>	
	Address <i>Hoymarket Va</i>		Address <i>Hoymarket Va</i>	
Accident or Suicide? <i>no</i>				



Name
in Full

Charles bole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

♀

Died at <u>Upper Marlboro</u>		Town		<u>P. G.</u>		County		MARYLAND	
Date of death <u>1990</u>		Month <u>7</u>		Day <u>24</u>		Age <u>—</u>		Years Months Days	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>P. G. Island</u>					
Occupation <u>—————</u>				Where Residing if not at place of death <u>—————</u>					
Married, Single or Widowed <u>—————</u>				Name of Wife or Husband <u>—————</u>					
Father's Name <u>Frank bole</u>				Father's Birthplace <u>Don't Know</u>					
Mother's Maiden Name <u>Mary O. Barbou</u>				Mother's Birthplace <u>Don't Know</u>					
Name of person giving Information <u>Frank bole</u>				How related to deceased <u>Father</u>					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	<u>Don't Know</u>	How long	<u>Don't Know</u>
Immediate	<u>Don't Know</u>	How long	<u>Don't Know</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>R. Eng Smith</u>
		Address	<u>Substation Upper Marlboro Md</u>
Accident or Suicide			



Name
in
Full

Ella Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurel		County Pr Geo		MARYLAND	
Date of death	1960	Month	July	Day	30	Age	40
						Years	3
						Months	2
Sex	Female	Color or Race	Black	Birth-place	md		
Occupation	Sten.			Where Residing if not at place of death	_____		
Married, Single or Widowed	Married		Name of Wife or Husband	Richard Collins			
Father's Name	Samuel Burley			Father's Birthplace	md		
Mother's Maiden Name	Sarah Hall			Mother's Birthplace	md		
Name of person giving Information	Thos J Green			How related to deceased	none		

PHYSICIAN
OR CORONER

CAUSES OF DEATH		How long	2 yrs.
Primary	Rheumatic Arthritis		
Immediate	Valvular Heart Dis	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J R Smith
		Address	Laurel
Accident or Suicide	_____		



Name
in
Full

CERTIFICATE OF DEATH

Francis W. Davis -

Died at Cedar Heights Prince George MARYLAND

Date of death 1940 July 24 Age 27

Sex male Color or Race white Birth-place Md.

Occupation infant Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name J. Ernest Davis Father's Birthplace Md.

Mother's Maiden Name Mary E. Hall Mother's Birthplace Md.

Name of person giving Information J. E. Davis How related to decedent Father

CAUSES OF DEATH

Primary gastro-enteritis How long 1 mo.

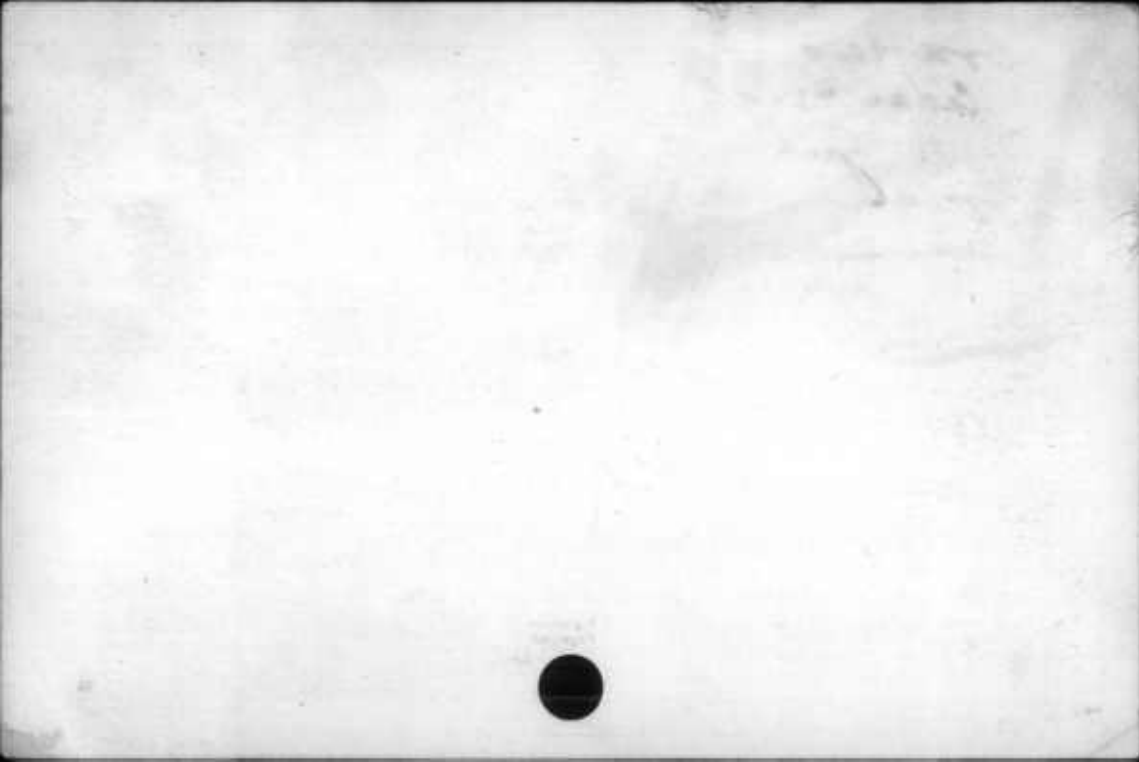
Immediate asthma How long 6 hours

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

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

John Dent

Town

County

MARYLAND

Died at

Near J.B.

Prince George

Date

1980

Month

July

Day

4

Age

12

Years

Months

Days

Sex

male

Color or
Race

Colored

Birth-
place

Washington D.C.

Occupation

none

Where Residing if not
et place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Emanuel Dent

Father's
Birthplace

md

Mother's
Maiden Name

Nellie Wallace

Mother's
Birthplace

md

Name of person giving
Information

Arthur Jennifer

How related
to deceased

none

CAUSES OF DEATH

Primary

Gustine catarrh

103

How long

3 weeks

Immediate

Exhaustion

How long

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

yes

Signature of
Physician

G. O'Monroe M.D.

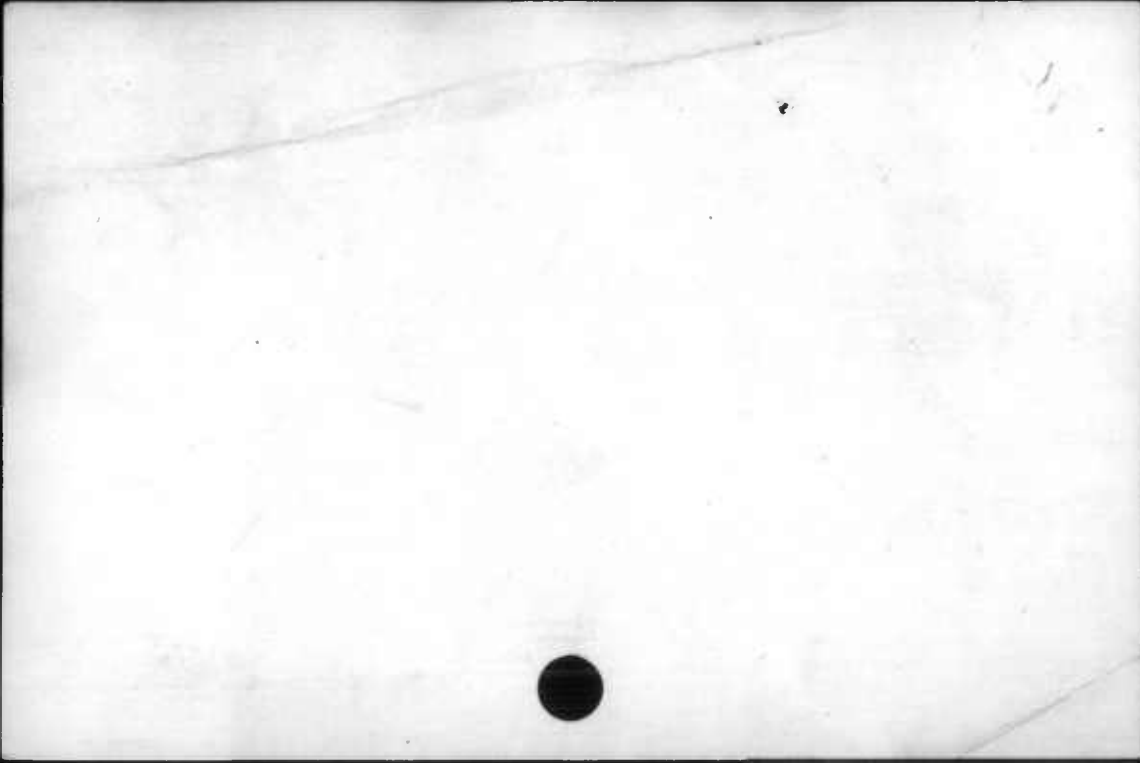
Address

Waldorf

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full

Mary Cross Edgerton

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Berwyn</i>		Town		<i>P. George</i>		County		MARYLAND		
Date of death	<i>1910</i>	Month	<i>July</i>	Day	<i>30</i>	Age	<i>75</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>S. Carolina</i>			
Occupation	<i>At home</i>			Where residing if not at place of death						
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband <i>Ed. Edgerton</i>							
Father's Name	<i>Wm J. Gayer</i>					Father's Birthplace	<i>S. C.</i>			
Mother's Maiden Name	<i>Mary C. Bythum</i>					Mother's Birthplace	<i>S. C.</i>			
Name of person giving information	<i>Ed. S. Edgerton</i>					How related to deceased	<i>Son</i>			

CAUSES OF DEATH

220 ✓

PHYSICIAN OR CORONER

Primary	<i>Nephritis, Bronchitis</i>		How long	<i>3 weeks</i>
Immediate	<i>Bronchitis, Mitral Insufficiency</i>		How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>A. H. ...</i>
			Address	<i>Berwyn Md</i>
Accident or Suicide?	<i>—</i>			



Name
in
FullViolet Beauregard Favall CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at

Lanell Pr. George

MARYLAND

Date

of death 1997

July

Day

26

Age

Years

Months

Days

Sex
OccupationFemale
ChildColor or
Race

White

Birth-
place

Lanell Md

Where Reiding if not
at place of death

Lanell Md.

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Robert L. Favall

Father's
Birthplace

Lanell

Mother's
Maiden Name

Rachel M. Scagg.

Mother's
Birthplace

Lanell.

Name of parson giving
Information

R. L. Favall

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Euler's Colitis

How long

5 weeks

Immediate

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

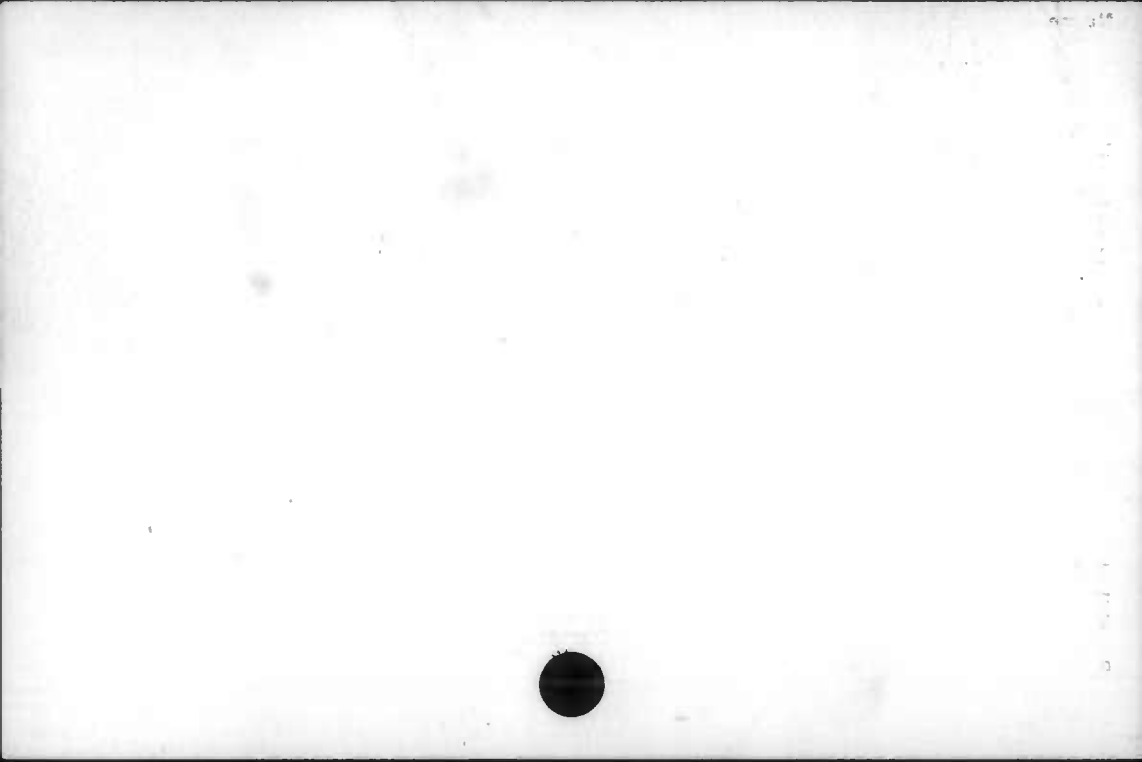
yes

Signature of
Physician

Address

J. H. Piquay
Lanell
Md

Accident or Suicida



Name
in
Full

CERTIFICATE OF DEATH

Joseph Franklin

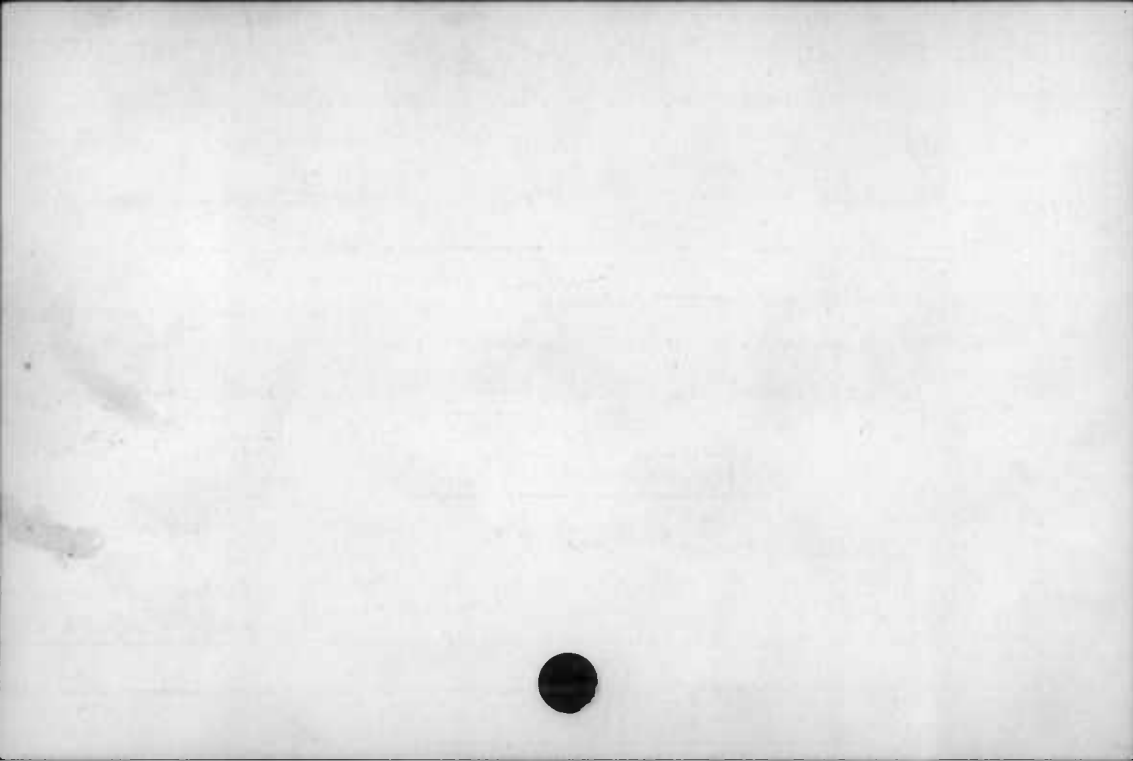
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Riverdale</i> <small>Town</small>		<i>Prince Georges</i> <small>County</small>		MARYLAND	
Date of death	<i>1960</i>	Month <i>July</i>	Day <i>24</i>	Age <i>3</i> <small>Years</small>	Months <i>10</i> Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Lafayette, P. H. Co., Md.</i>		
Occupation <i>child</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>Philip Franklin</i>	Father's Birthplace <i>P. H. Co. Md.</i>				
Mother's Maiden Name <i>Eliza Franklin</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Philip Franklin</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Excereum heart,</i>	<i>(179)</i>	How long <i>16 months weeks</i>
Immediate <i>acute indigestion</i>		How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robert J. Johnston, M.D.</i>	
	Address <i>Hyattsville, Md.</i>	
Accident or Suicide?		





Name
in Full

Mrs Kate Gambill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

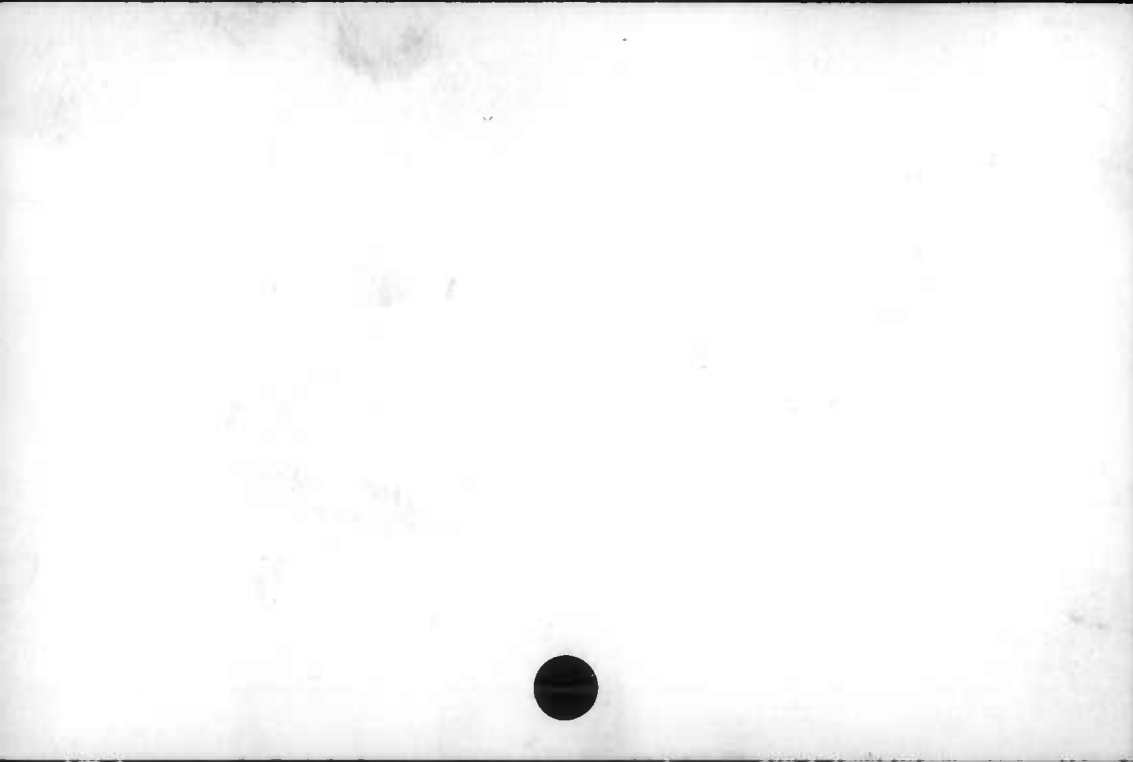
9

Died at <i> Laurel Maryland, Prince Geo. </i>		County		MARYLAND	
Date of death <i> 1960. </i>	Month <i> July </i>	Day <i> 23rd </i>	Years <i> 63 </i>	Months <i> 3 </i>	Days <i> 23 </i>
Sex <i> female </i>	Color or Race <i> white </i>		Birth-place <i> Howard Co. Md. </i>		
Occupation <i> married woman </i>	Where Residing if not at place of death				
Married, Single or Widowed <i> married </i>	Name of Wife or Husband <i> Stephen Gambill </i>				
Father's Name <i> Peter Gorman </i>	Father's Birthplace <i> Penn. </i>				
Mother's Maiden Name <i> Elizabeth Brown </i>	Mother's Birthplace <i> Md </i>				
Name of person giving Information <i> Stephen W. Gambill </i>	How related to deceased <i> son </i>				

CAUSES OF DEATH

Primary <i> apoplexy </i>	How long <i> 3 ms. </i>
Immediate <i> 641 </i>	How long
Are the name, age, sex, color, date and place correctly given above? <i> yes </i>	Signature of Physician <i> Dr. Purdy </i>
	Address <i> Laurel Md </i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Ruth. Gemeny

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Towrshend ^{County} Prince George's

Date of death 1960 July 21 Age 1 Months 17 Days

Sex female Color or Race White 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 Edgar D Gemeny Father's Birthplace Md

Mother's Maiden Name Eva Ferguson Mother's Birthplace Md

Name of person giving information E. D. Gemeny How related to deceased father

CAUSES OF DEATH

Primary Marasmus (189A) How long from birth
Immediate Exhaustion How long 24 hours

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

Signature of Physician

Address

John A. Coe

213.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Jessie Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Forestville ^{County} Prince George MARYLAND

Date of death 1900 7 29 Age 2

Sex Female Color or Race white 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 illegitimate Father's Birthplace unknown

Mother's Maiden Name Katherine Gray Mother's Birthplace Md.

Name of person giving Information Frank Thompson How related to deceased none

CAUSES OF DEATH

10H

Primary Cholera Infantum How long 3 days

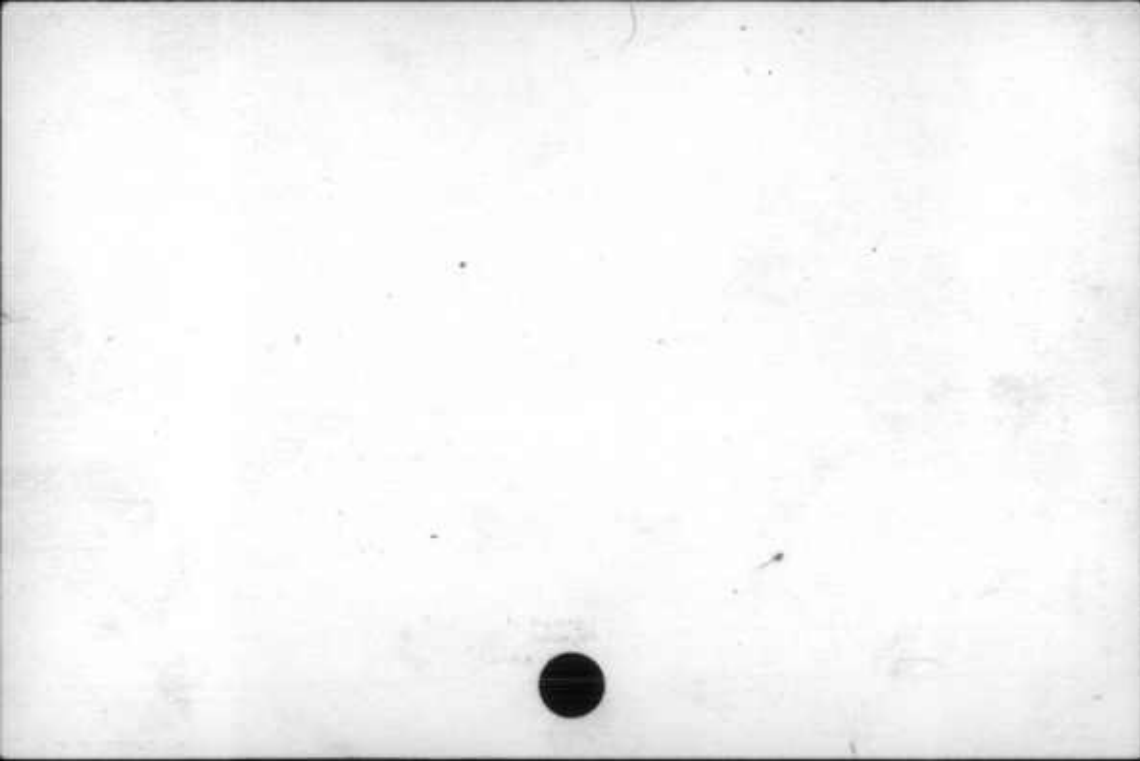
Immediate asthma How long 24 hrs.

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John E. Dausbury

Address Forestville, Md.

Accident or Suicide neither

PHYSICIAN OR CORONER



Name in Full

John Arthur Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Piquasso</u> <small>Town</small>		<u>P. Is.</u> <small>County</small>		MARYLAND	
Date of death 19 <u>41</u>	<u>7</u> <small>Month</small>	<u>13</u> <small>Day</small>	Age	<u>11</u> <small>Months</small>	<u>3</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>colored</u>	Birth-place <u>Ma</u>			
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name <u>Llewellyn Gross</u>	Father's Birthplace <u>Ma</u>				
Mother's Maiden Name <u>E. L. Ruder</u>	Mother's Birthplace <u>Ma</u>				
Name of person giving information <u>Llewellyn Gross</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

71

PHYSICIAN OR CORONER

Primary <u>Insanitation</u>	How long <u>11 mos</u>
Immediate <u>convulsions</u>	How long <u>1 da</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. M. Bowen</u>
	Address <u>Piquasso Ma</u>
Accident or Suicide?	



Name
In Full

George Joseph Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hypsville</u> <small>Town</small>		<u>Prager</u> <small>County</small>		MARYLAND	
Date of death <u>1910</u> <small>Month</small>	<u>July</u> <small>Day</small>	<u>30</u> <small>Age</small>	<u>2</u> <small>Years</small>	<u>24</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>white</u>	Birth place <u>md</u>			
Occupation <u>✓</u>	Where residing if not at place of death <u>✓</u>				
Married, Single or Widowed <u>✓</u>	Name of Wife or Husband <u>✓</u>				
Father's Name <u>Wm M. Hall</u>	Father's Birthplace <u>DC</u>				
Mother's Maiden Name <u>Mary McDemott</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Father</u>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Anterior Poliomyelitis</u>	How long <u>4 days</u>
	Immediate	<u>Respiratory Syncyose</u>	How long <u>1 day</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Thos P. Patton</u>
	Address <u>Hypsville</u>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bowie</u> ^{Town}		<u>P. George</u> ^{County}		MARYLAND	
Date of death <u>1960</u>	Month <u>July</u>	Day <u>20</u>	Age <u>6</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birthplace <u>Bowie P.G. Co</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>Bowie Md</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>William Harrison</u>	Father's Birthplace <u>P.G. Co</u>				
Mother's Maiden Name <u>Mary Fairfax</u>	Mother's Birthplace <u>Washington D.C.</u>				
Name of person giving information <u>William Harrison</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>2 days</u>
Immediate <u>Pneumonia & Heart failure</u>	How long <u>7 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>James H. Trivitt</u>
<u>yes</u>	Address <u>Bowie Md.</u>
Accident or Suicide <u>no</u>	



Name
In
Full

Janie Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

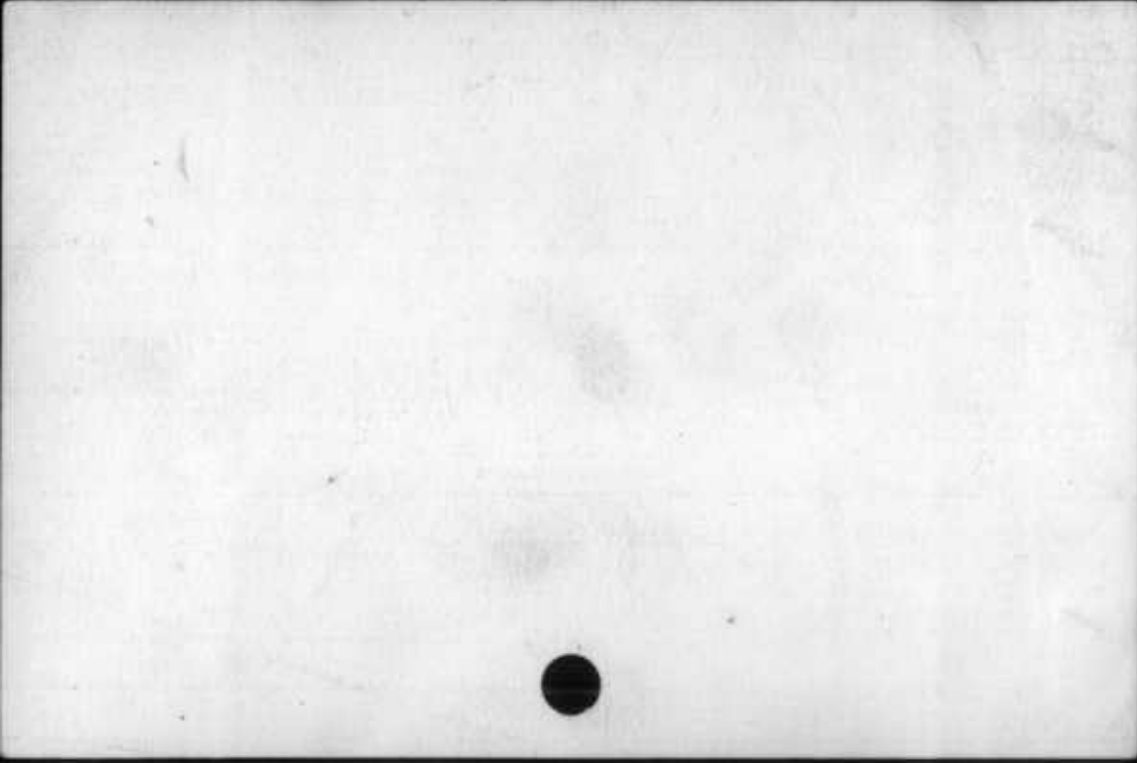
Date at		Town		County		State	
Date of death		Month	Day	Years	Months	Days	
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

120/V

PHYSICIAN
OR CORONER

Primary	Bright's Disease & Ataxi Paraplegia	How long	2 years
Immediate	Exhaustion & coma	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		M. W. Jones M.D.	
Address		Branwood Heights	
Accident or Suicide?			



Name
is
Full

Ormon Rudolph Henson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

♀

Died at <u>Brandywine</u> Town		<u>Pr. Geo</u> County		MARYLAND	
Date of death	<u>1900</u>	Month <u>July</u>	Day <u>21</u>	Age <u>1</u> Years	<u>0</u> Months <u>7</u> Days
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>Agella Henson</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Lena Dent</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Margaret Dent</u>			How related to deceased <u>grandmother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Diphtheria</u>	How long	<u>6 weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>John A. Cor</u>	
		Address <u>Z. N. Ind</u>	
Accident or Suicide?			



Name
in
Full

Infant of Thos & Margaret Herath

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Scotland ^{Town} Pr. ^{County} Geo. MARYLAND

Date of death 1900 ^{Month} July ^{Day} 12 Age ^{Years} 2 days ^{Months} — ^{Days} 2

Sex M Color or Race W. Birth-place Md.

Occupation — Where Residing if not at place of death —

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

Father's Name Thos. Herath Father's Birthplace Gy

Mother's Maiden Name Margaret Tanner Mother's Birthplace Gy

Name of person giving information Jos. Herath How related to deceased Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature birth ^{How long} 15 ^{Days} 15

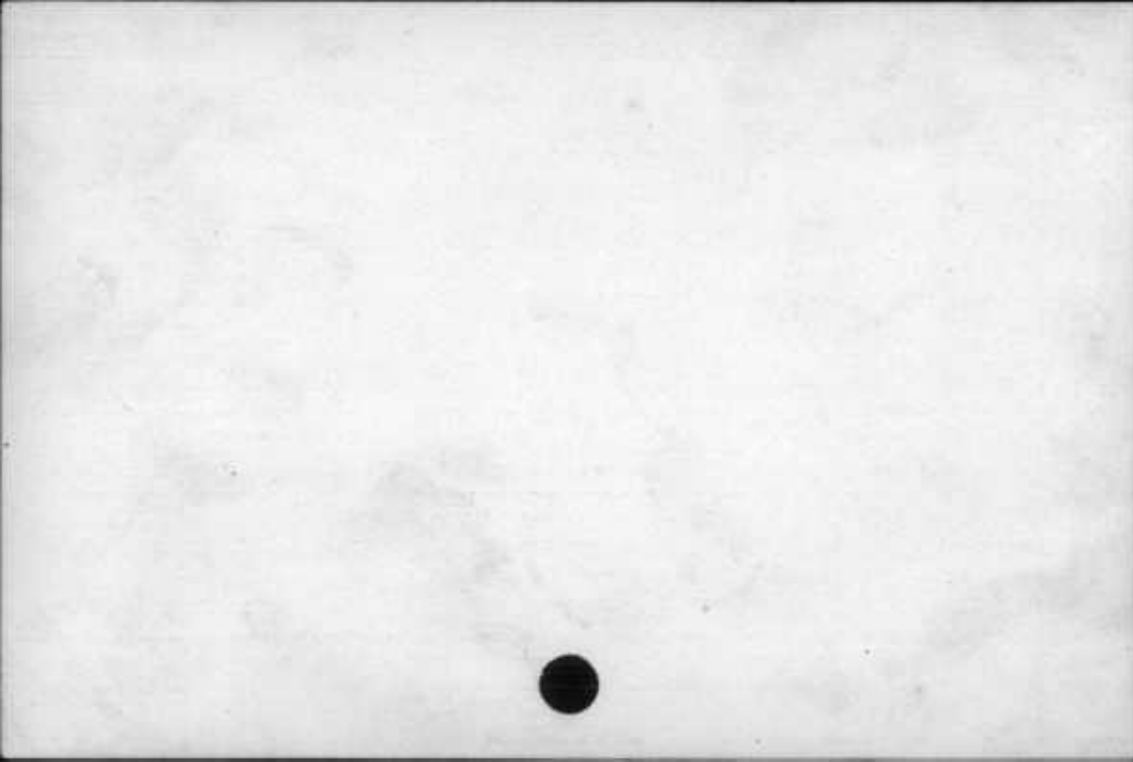
Immediate Exhaustion ^{How long} —

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

Signature of Physician R. A. Byles MD

Address Annapolis DC

Accident or Suicide? no



Name
Full

CERTIFICATE OF DEATH

Benjamin F. Keill

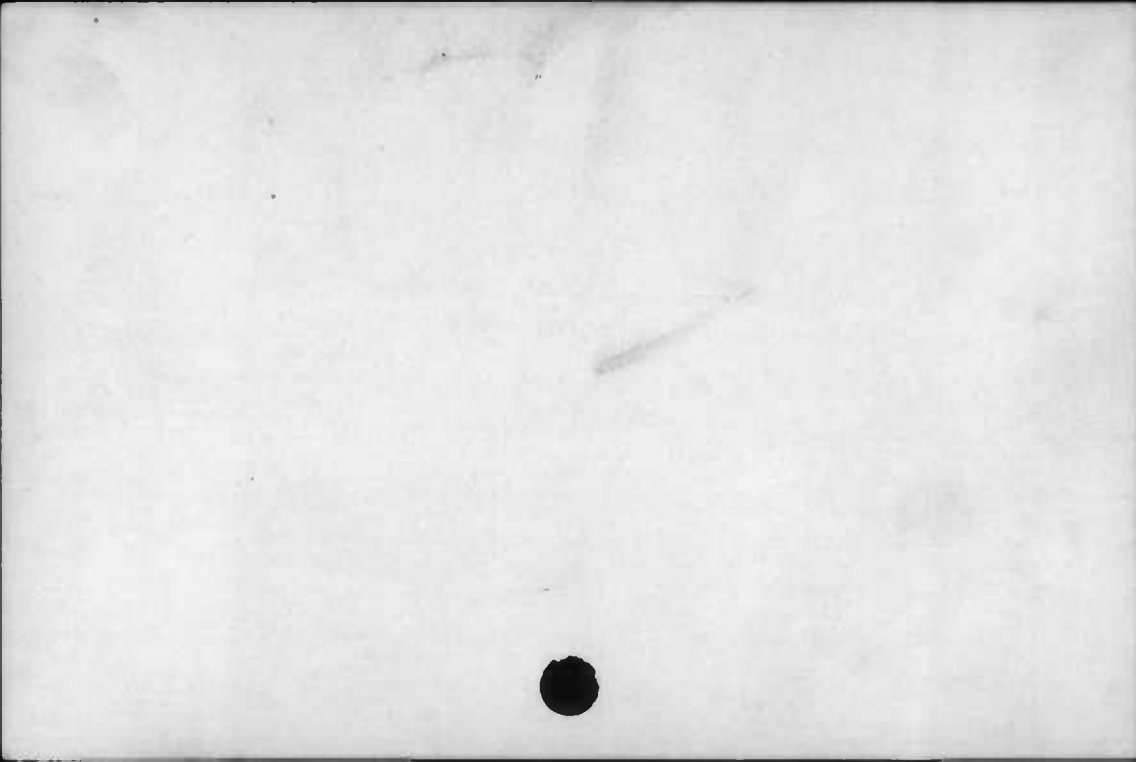
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chillum</i> ^{Town} <i>Prince George</i> ^{County}		MARYLAND	
Date of death	19 <i>10</i> ^{Year}	<i>July</i> ^{Month}	<i>15</i> ^{Day}
Age <i>61</i> ^{Years}		Months	Days
Sex <i>m</i>	Color or Race <i>C</i>	Birth-Place <i>Va</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>		
Married, or Widowed	Name of Wife or Husband <i>Sarah Keill</i>		
Father's Name <i>Alexander Keill</i>	Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Not known by family</i>	Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Benjamin Keill</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cystitis</i>	How long <i>19 months</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>Alfred T. Parsons</i>
	Address <i>Takoma Park, D.C.</i>
Accident or Suicide?	



Name
in
Full

Francis Thomas Howser

No 13
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

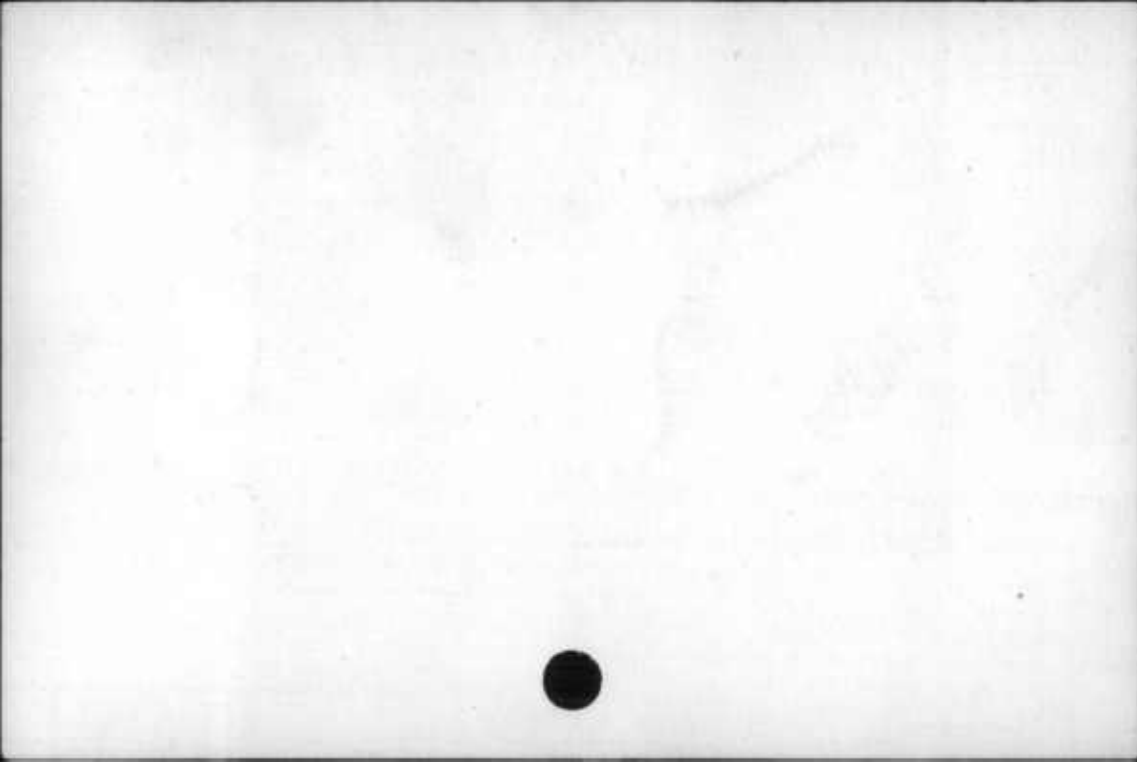
Died at		Town Lanham		County Prince Georges		MARYLAND	
Date of death	1960	Month July	Day 2nd	Age 71	Years	Months 0	Days 10
Sex	male		Color or Race	white		Birth-place	Ridgville, Md
Occupation	Clerk U.S. Govt		Where Residing if not at place of death		Lanham Md		
Married, Single or Widowed	Married		Name of Wife or Husband	Sarah A. Howser			
Father's Name	Phillip Howser				Father's Birthplace	Md	
Mother's Maiden Name	Catherine Lyda				Mother's Birthplace	Md.	
Name of person giving information	John W. Howser				How related to deceased	son	

CAUSES OF DEATH

81 ✓

PHYSICIAN
OR CORONER

Primary	Arterio-sclerosis		How long	3 years
Immediate	Paralysis		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	R. A. Bennet M.D.
			Address	Riverdale
				Md.
Accident or Suicide?				



Name
In
Full

Infant Hutchinson

CERTIFICATE OF DEATH

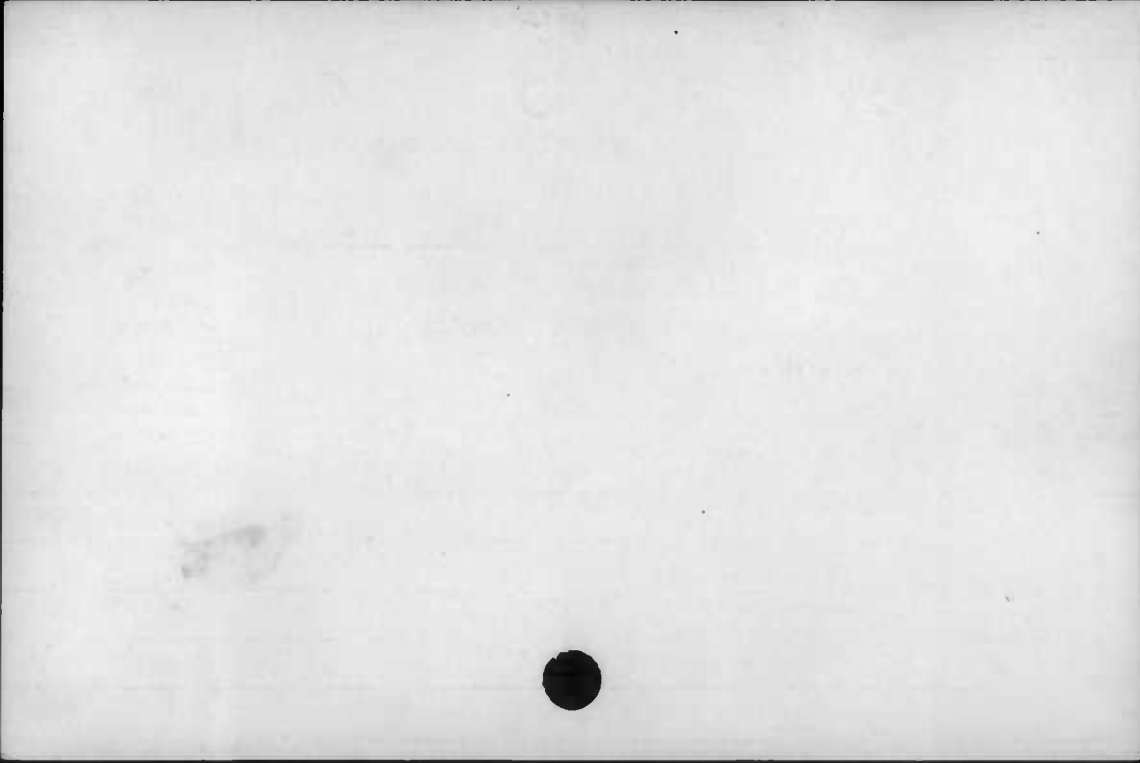
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Longs</u> Town		<u>Prince George</u> County		MARYLAND	
Date of death	<u>10 July</u> Month Day	<u>23</u> Age	Years	Months	Days <u>12</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>		Birth-place <u>md</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>James Hutchinson</u>			Father's Birthplace	<u>md</u>
Mother's Maiden Name	<u>Mary Windsor</u>			Mother's Birthplace	<u>md</u>
Name of person giving Information	<u>Jake Windsor</u>			How related to deceased	<u>Uncle</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth</u>	How long	<u>151 B</u>
Immediate	<u>general debility</u>	How long	<u>12 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>John E. Sausbury</u>
Assistant or Scribe?	<u>Wittes</u>	Address	<u>Brasville md</u>



Name in Full

Snook Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at ^{Town} Westwood ^{County} Pr Gees

MARYLAND

Date of death 1910 July 25 Age Years Months 10 Days

Sex Female Color or Race Colored 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 Arthur Jackson Father's Birthplace Md

Mother's Maiden Name Lillie Scott Mother's Birthplace Md

Name of person giving information Arthur Jackson How related to deceased father

CAUSES OF DEATH

PHYSICIAN OR CORONER

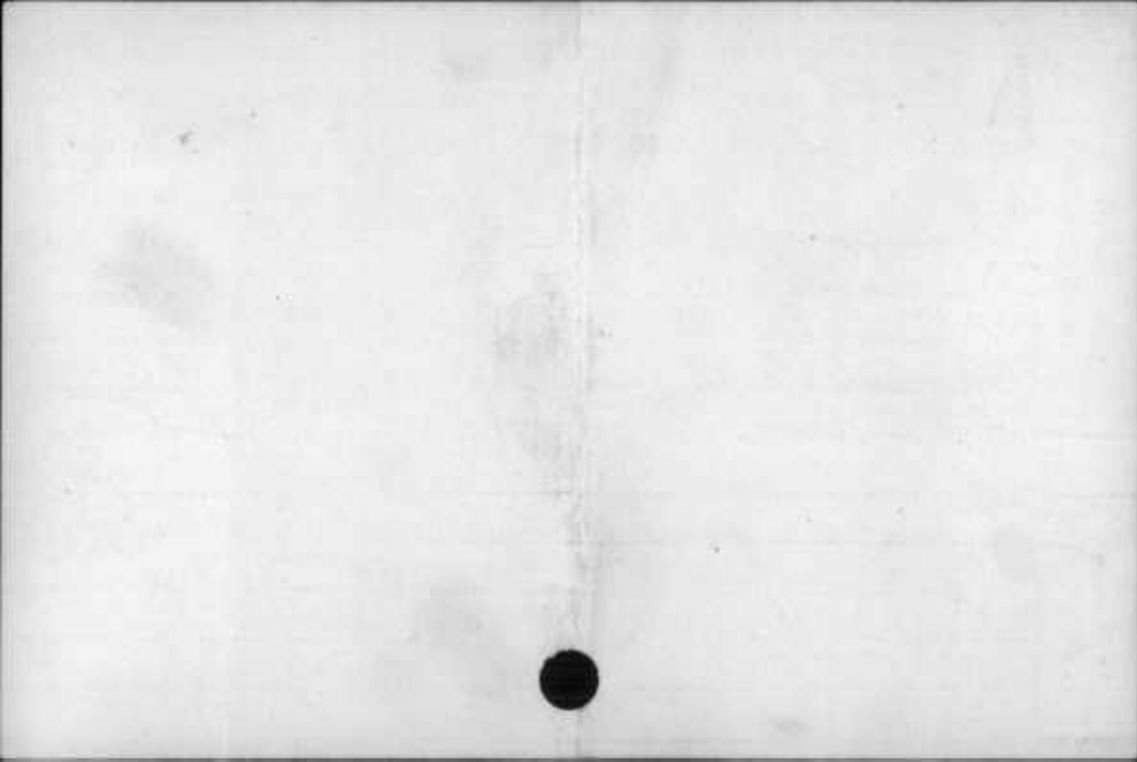
Primary Illis Cerebritis 104 How long 2 weeks

Immediate Ethano toxic How long 1 day

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

Signature of Physician Ed J. Gibbons Address Crown Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Helen Estelle Jacobs

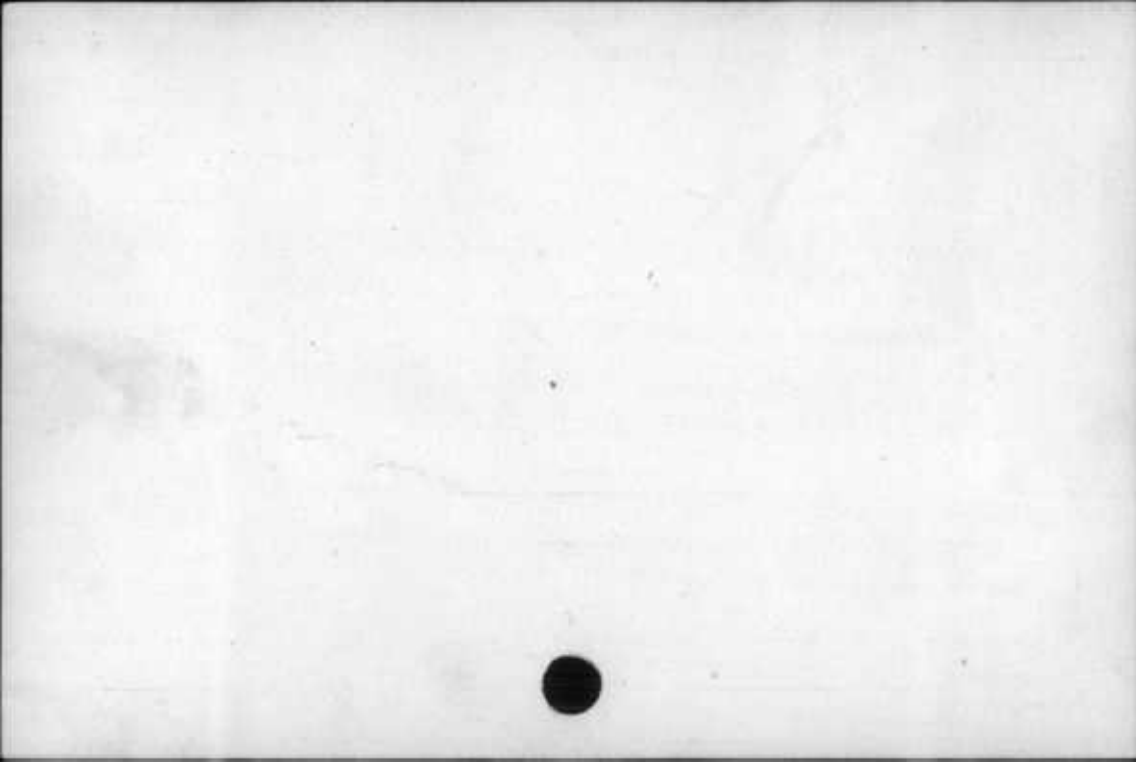
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Capitol Heights</i> ^{County} <i>Prince George</i>		MARYLAND	
Date of death 19 <i>40</i>	Month <i>July</i>	Day <i>22</i>	Age <i>—</i> Years Months <i>9</i> Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>D.C.</i>	
Occupation <i>infant</i>	Where Reading if not at place of death		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband		
Father's Name <i>Charles A. Jacobs</i>	Father's Birthplace <i>D.C.</i>		
Mother's Maiden Name <i>Estelle E. Nuttall</i>	Mother's Birthplace <i>D.C.</i>		
Name of person giving information <i>Chas. A. Jacobs</i>	How related to deceased <i>father</i>		

CAUSES OF DEATH

Primary <i>gastro-intestinal</i> (104)	How long <i>1 mo.</i>
Immediate <i>asthenia</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Brady</i>
	Address <i>Kinchester, D.C.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary A Johnson</i>				County <i>P. G.</i>		MARYLAND	
Died at <i>Bowie</i>		Town <i>Bowie</i>		County <i>P. G.</i>		MARYLAND	
Date of death <i>1912 July</i>		Month <i>July</i>		Day <i>6</i>		Age <i>92</i>	
Sex <i>Female</i>		Color or Race <i>Calamit</i>		Birth- place <i>P. G. C. Md.</i>			
Occupation <i>Housewife</i>				Where Reading if not at place of death <i>-</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Frank Johnson</i>					
Father's Name <i>Quedial J. Jones</i>				Father's Birthplace <i>P. G. C. Md.</i>			
Mother's Maiden Name <i>Mary K. K. Jones</i>				Mother's Birthplace <i>P. G. C. Md.</i>			
Name of person giving information <i>Dorothy A. K. Jones</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

*(1574)*PHYSICIAN
OR CORONER

Primary <i>Malignant & Senility</i>		How long <i>don't know</i>	
Immediate <i>Arteriosclerosis</i>		How long <i>don't know</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. J. D. D. M. D.</i>	
Survived after death <i>No</i>		Address <i>Springfield Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

James H. Lusby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Capitol Heights ^{County} Prince George MARYLANDDate of death 1910 ^{Month} July ^{Day} 5 ^{Age} 2 ^{Years} ^{Months} 4 ^{Days}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 James F. Lusby ^{Father's Birthplace} Md.Mother's Maiden Name Mary Fallin ^{Mother's Birthplace} Mass.Name of person giving Information James H. Lusby ^{How related to deceased} Father

CAUSES OF DEATH

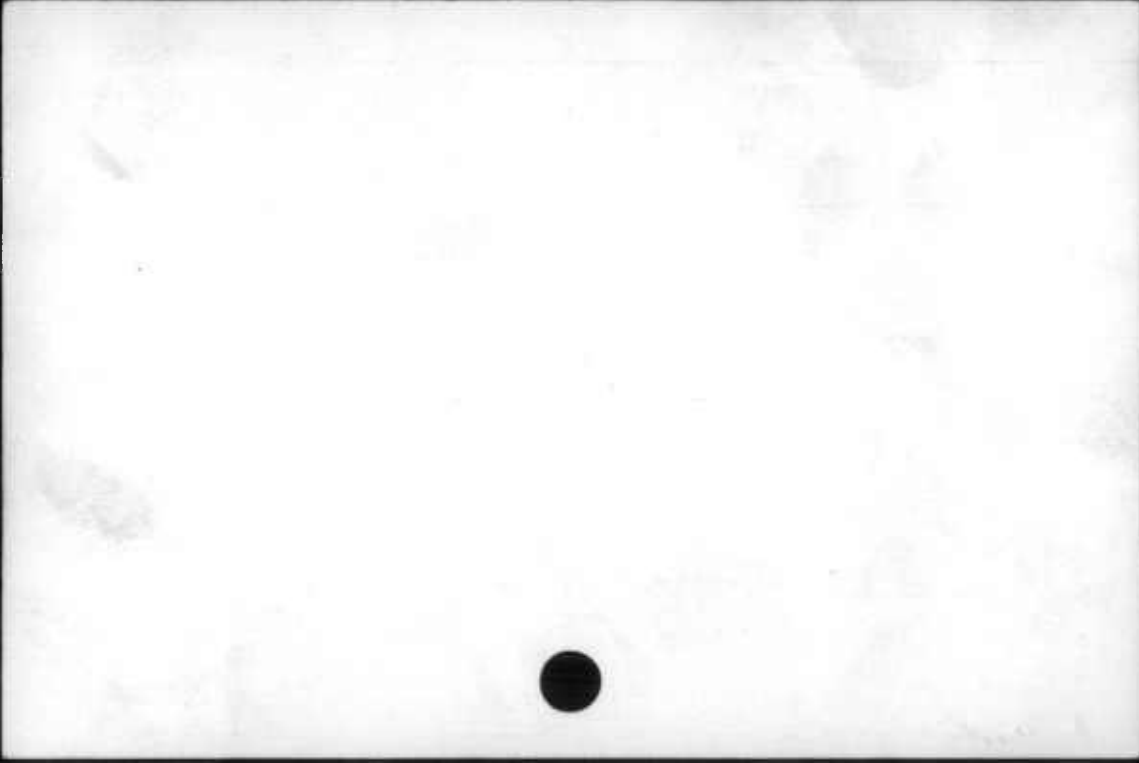
Primary Bronchitis (89) ^{How long} About one weekImmediates Pulmonary Oedema ^{How long} About 4 hours.

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

^{Signature of Physician} R. A. Schooner.^{Address}  ^{Address} Benning, D.C.

Accident or Suicide No.

PHYSICIAN
OR CORONER



Name in Full
g

CERTIFICATE OF DEATH

Mrs Amanda Maddox

Died at <i>Laurel</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1960</i> <small>Year</small>	<i>July</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age <i>67</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Maryland</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. D. Maddox</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>Mrs William Paulsbury</i>	How related to deceased <i>Daughter</i>				

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Arterio Sclerosis</i>	How long <i>Not known</i>
Immediate <i>Organic Heart Disease</i>	How long <i>" " "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Cornelius Weese</i>
	Address <i>Laurel, Md.</i>
Accident or Suicide <i>No</i>	

PHYSICIAN OR CORONER

100-100

100-100

100-100

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Name
In Full

CERTIFICATE OF DEATH

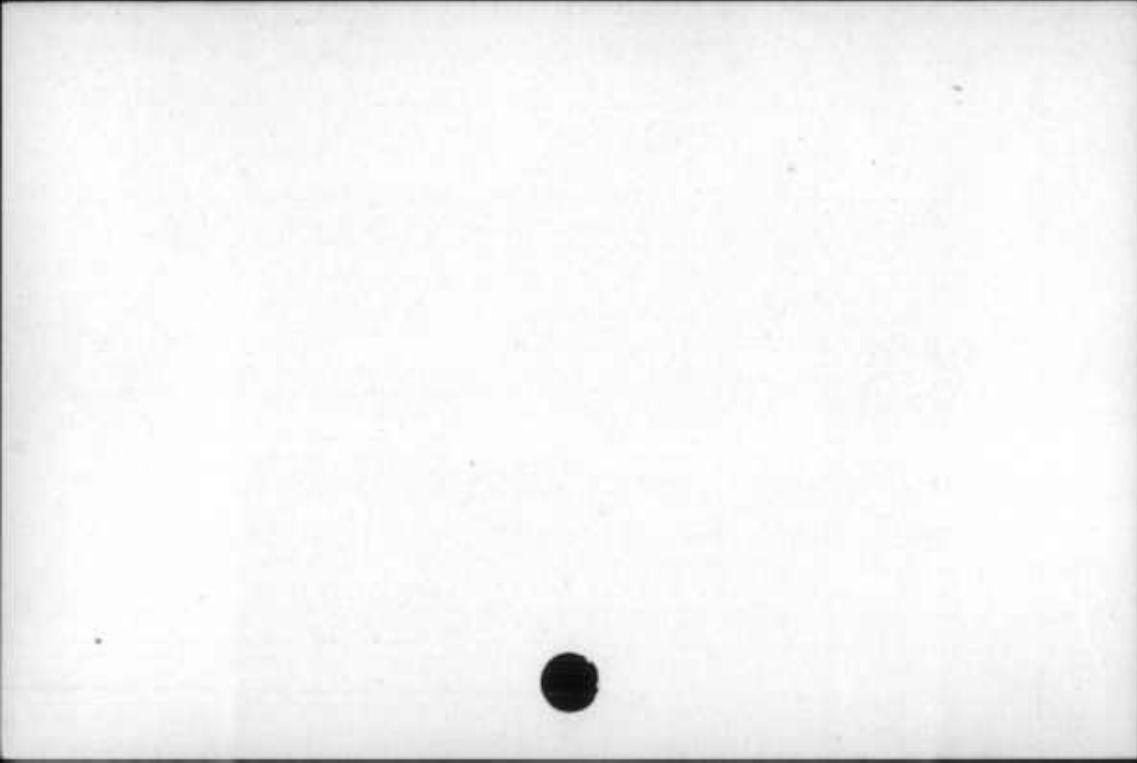
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Aquasco</u> <small>Town</small>		<u>Chiles</u> <small>County</small>			
Date of death	<u>1960</u>	Month	<u>7</u>	Day	<u>13</u>
Age		Years	<u>4</u>	Months	<u>4</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>MD</u>
Occupation	<u>None</u>		Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married Single	Name of Wife or Husband				
Father's Name	<u>Wm. H. Oliver</u>		Father's Birthplace	<u>MD</u>	
Mother's Maiden Name	<u>Virgie Irene King</u>		Mother's Birthplace	<u>MD</u>	
Name of person giving information	<u>Wm. H. Oliver</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Inanition</u>	How long	<u>(10)</u>	
	Immediate	<u>Exhaustion</u>	How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>H. M. Bowen</u>	
			Address	<u>Aquasco MD</u>	
Accident or Suicide?					



Name in Full

James Everett Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Oak Grove ^{County} Pr. Geo. **MARYLAND**

Date of death 1960 ^{Month} July ^{Day} 27 ^{Years} Age 5 ^{Months} 9 ^{Days}

Sex Male Color or Race White Birthplace near Oak Grove

Occupation — Where Residing if not at place of death —

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

Father's Name James H. Parker Father's Birthplace Pr Geo Co

Mother's Maiden Name Cook Mother's Birthplace Pr Geo Co

Name of person giving Information James H Parker How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Do not know (189A) How long Do not know

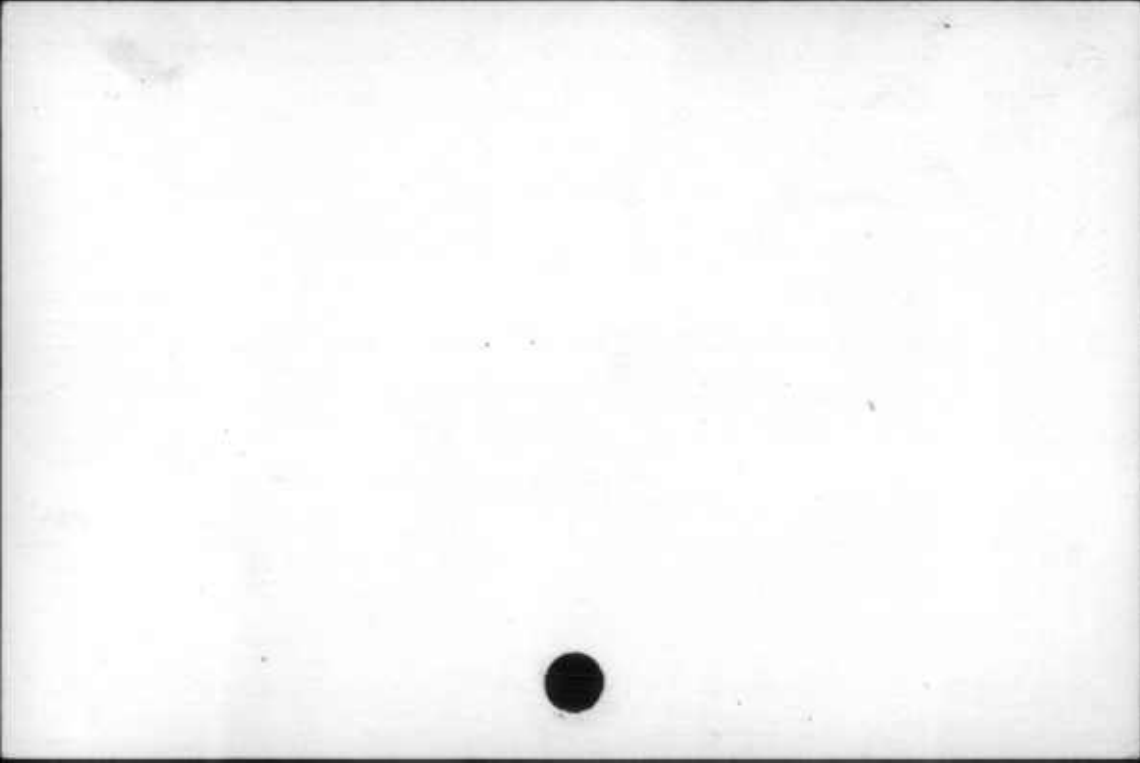
Immediate — How long —

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

Signature of Physician [Signature]

Address Upper Marlboro Md

Accident or Suicide



Name in Full

John Bresnahan Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Hyattsville ^{County} St. Joe Co MARYLAND

Date of death 1910 July 18 Age 0 Months 0 Days 5

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 Wm R Russell Father's Birthplace Scotland

Mother's Maiden Name Mary Bresnahan Mother's Birthplace DC

Name of person giving information Father How related to deceased -

CAUSES OF DEATH

104 How long 5 da

PHYSICIAN OR CORONER

Primary Congenital Illeo Colitis How long 5 da

Immediate Toxemia How long 3 da

Are the name, age, sex, color, date and place correctly given above - Signature of Physician Wm R Palmer

- Address Hyattsville Md

Accident or Suicide? -



Name
Full

Infant

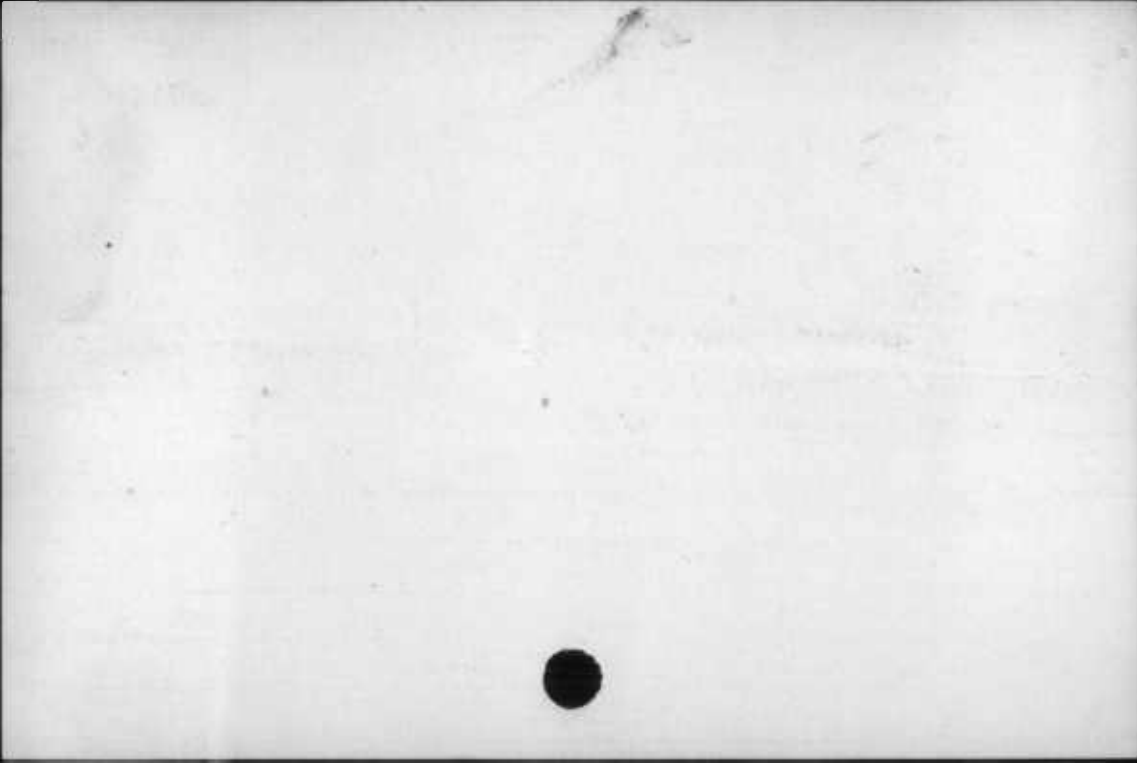
Savoy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Largo Town Prince County MARYLANDDate of death 1910 Month 7 Day 22 Age 2 Years — Months 6 DaysSex Female Color or Race Black Birth-place maOccupation none Where Residing if not at place of death —Married, Single Single Name of Wife or Husband —Father's Name J. Lee Savoy Father's Birthplace maMother's Maiden Name unknown Mother's Birthplace maName of person giving information Charles M Perry How related to deceased none

CAUSES OF DEATH

136 ✓PHYSICIAN
OR CORONERPrimary Coloured Labor How long 3 daysImmediate General Debility How long 6 daysAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician John S. ConroyAddress ForestvilleAccident or Suicide? neitherma



Name is Full

Unnamed infant Short

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *Nyathville* ^{County} *Prince Geo* **MARYLAND**

Date of death 19*10* ^{Month} *July* ^{Day} *14* Age ^{Years} *Still born in* ^{Months} *6* ^{Days} *14*

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

Occupation _____ Where Residing if not at place of death _____

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

Father's Name *James Alfred Short* Father's Birthplace *D.C.*

Mother's Maiden Name *Sarah Good* Mother's Birthplace *Va*

Name of person giving information *Father - Jas A Short* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Extreme heat + over work of mother* How long *5*

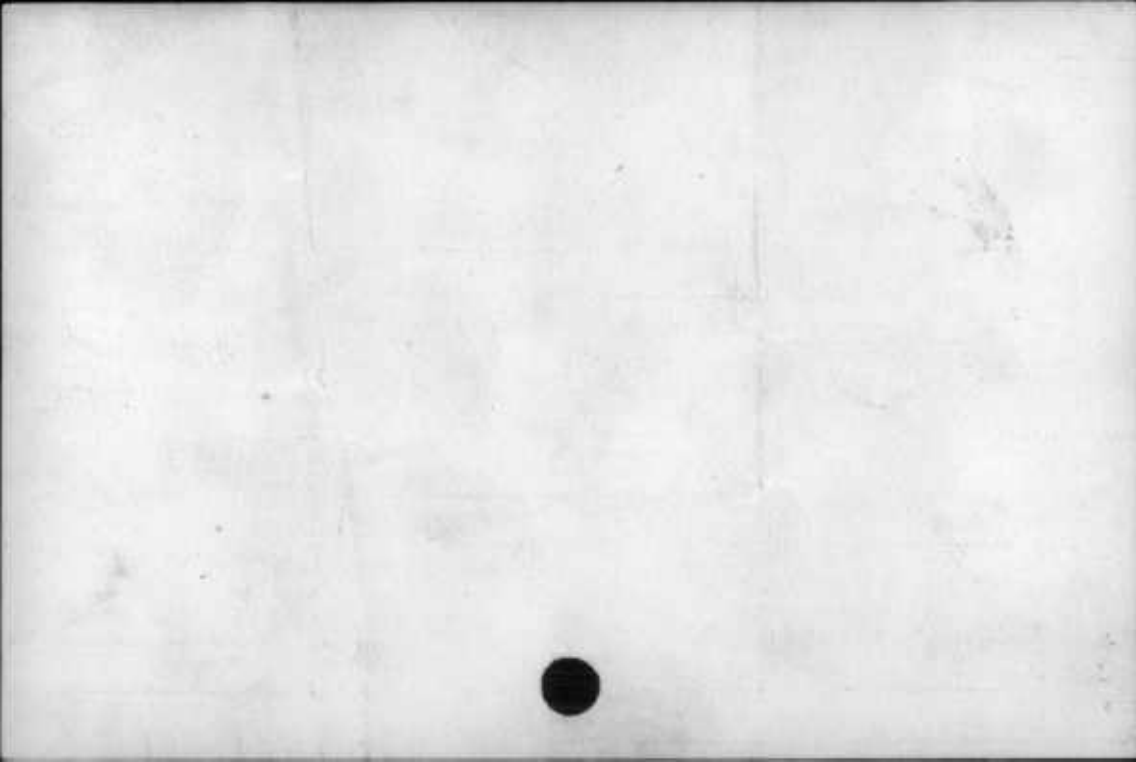
Immediate _____ How long _____

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

Signature of Physician *CW Durdall*

Address *Nyathville Md*

Accident or Suicide? *Accident in utero*



Name
in Full

Still born Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Mt Rainier* ^{town} *Prince Geo* ^{County} **MARYLAND**

Date of death **190**-*10* ^{Month} *7* ^{Day} *30* Age *-* ^{Year} *-* ^{Months} *-* ^{Days} *-*

Sex *male* Color or Race *white* Birth-place *Mt. Rainier*

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

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

Father's Name *Albert Smith* Father's Birthplace *England*

Mother's Maiden Name *Loretta J. Harnish* Mother's Birthplace *Canada*

Name of person giving information *Albert Smith* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still-birth* **S** ^{How long} *V*

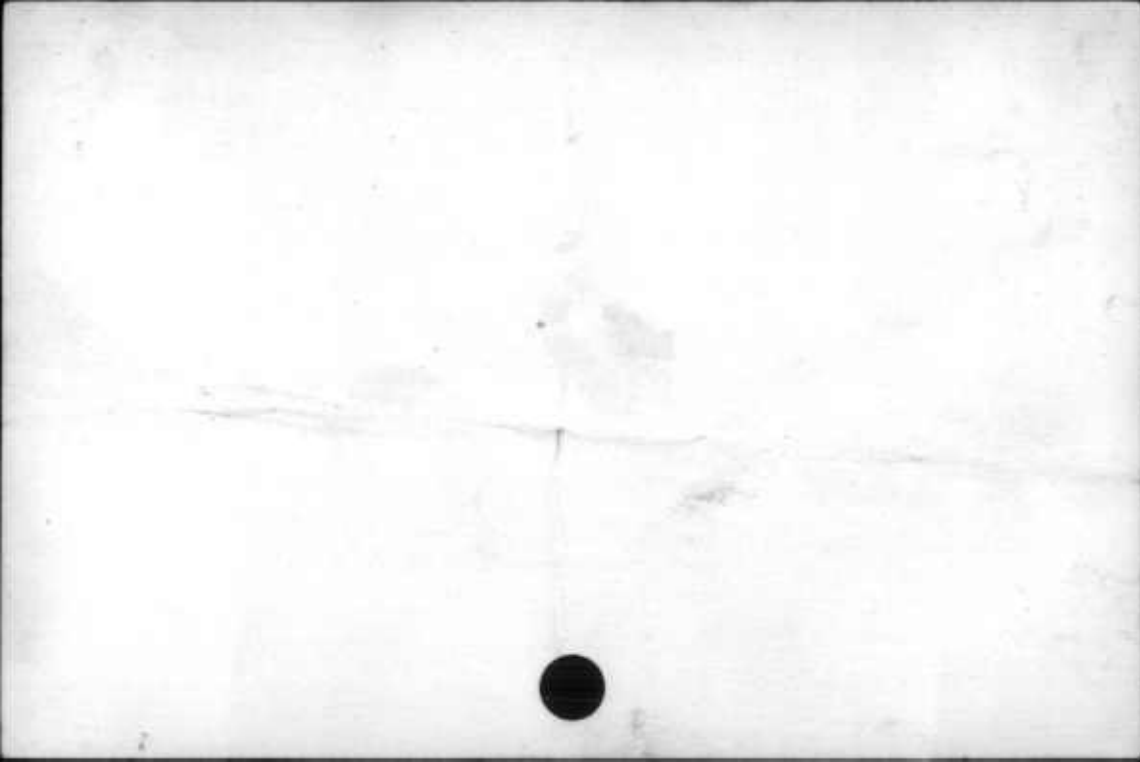
Immediate *-* ^{How long} *-*

Are the name, age, sex, color, date and place correctly given above? *-* Signature of Physician *Jerry Kalley M.D.*

Address *Mt. Rainier Md.*

Accident or Suicide *-*

PHYSICIAN
OR CORONER



Name
is
Full

CERTIFICATE OF DEATH

Ida Mullikin Spalding
Town: Glendale P.G. County

MARYLAND

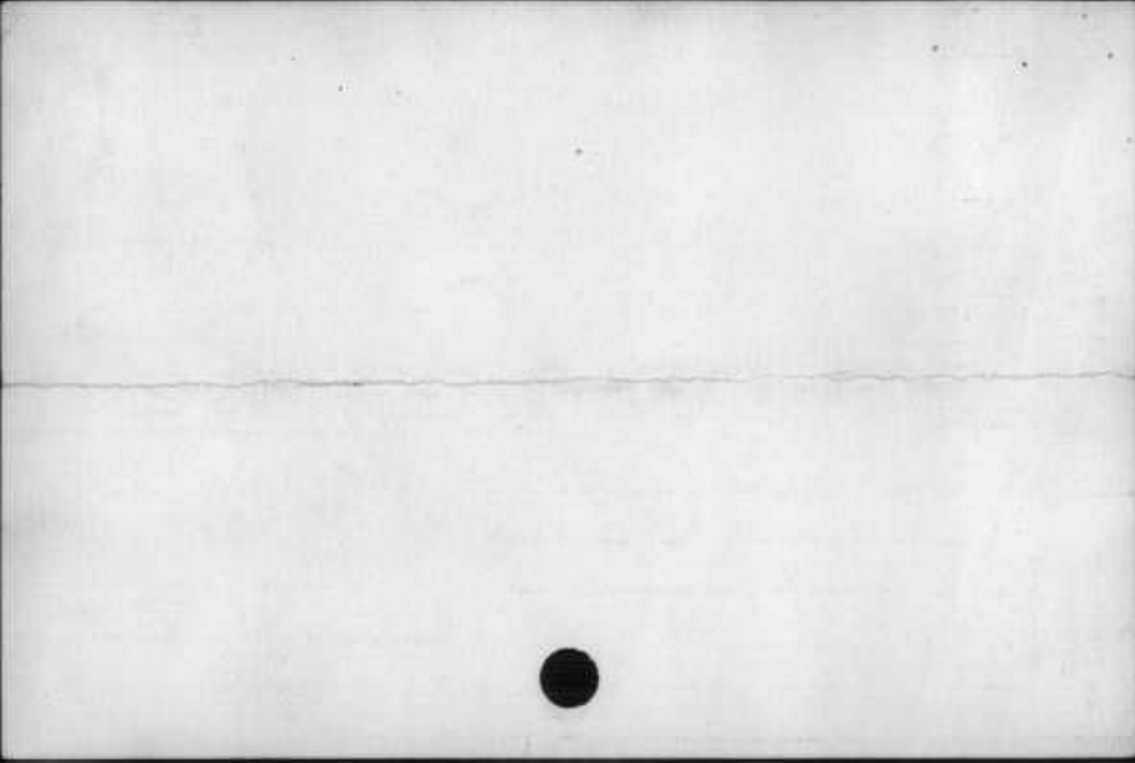
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County			
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Reading 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			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Cardiac Asthenia	Ten weeks
Immediate	How long
Cardiac Asthenia	Several days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Address
	Springfield Ind.
Accident or Suicide?	
No	



Name
in
Full

CERTIFICATE OF DEATH

Rachael Sumner

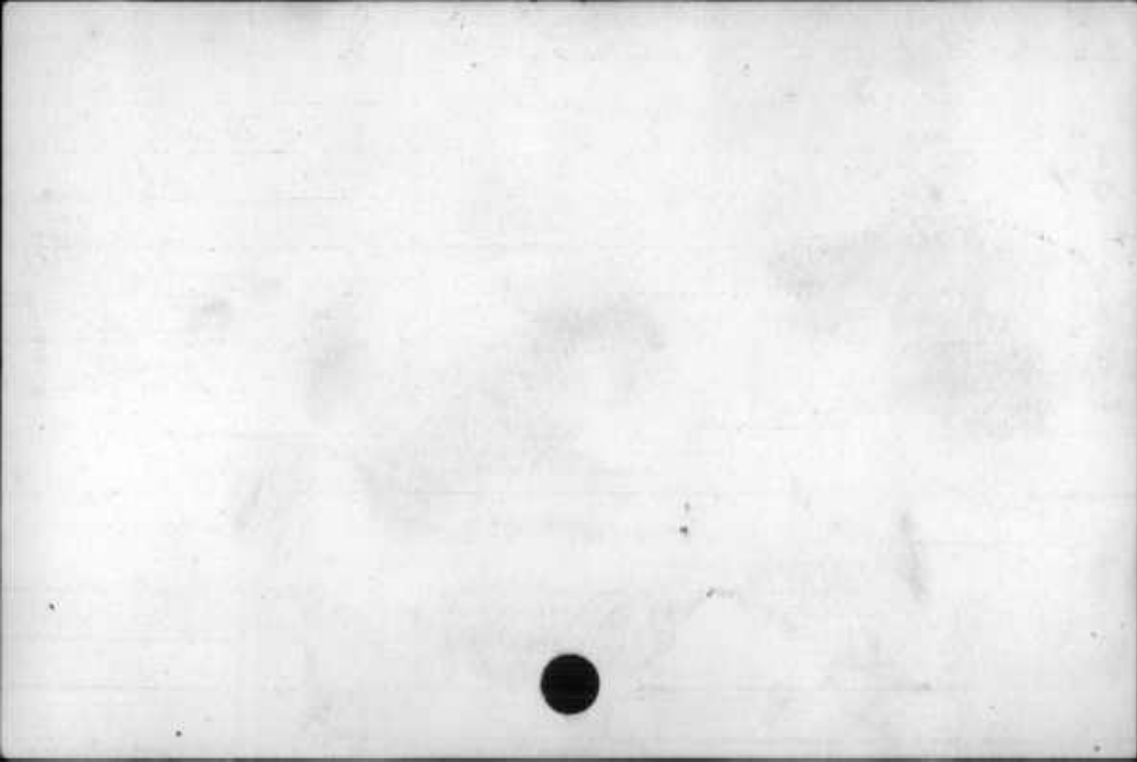
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Urbansville ^{County} Pr Geo **MARYLAND**
 Date of death 1960 ^{Month} July ^{Day} 10 ^{Years} 47 ^{Months} 6 ^{Days} -
 Sex Female Color or Race Colored Birth-place md
 Occupation Cook Where Residing if not at place of death _____
 Married, Single or Widowed Married Name of ~~Wife~~ ^{Husband} Wesley Sumner
 Father's Name Wm Briggs Father's Birthplace md
 Mother's Maiden Name Ma Leticia America Mother's Birthplace md
 Name of person giving information Rezie Lawrence How related to deceased brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long 28 yrs.
 Immediate Diarhœa How long 2 weeks
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. R. Hunt, MD
 Address Laurel
md
 Accident or Suicide?



Name
in
Full

Mary E. Tabler

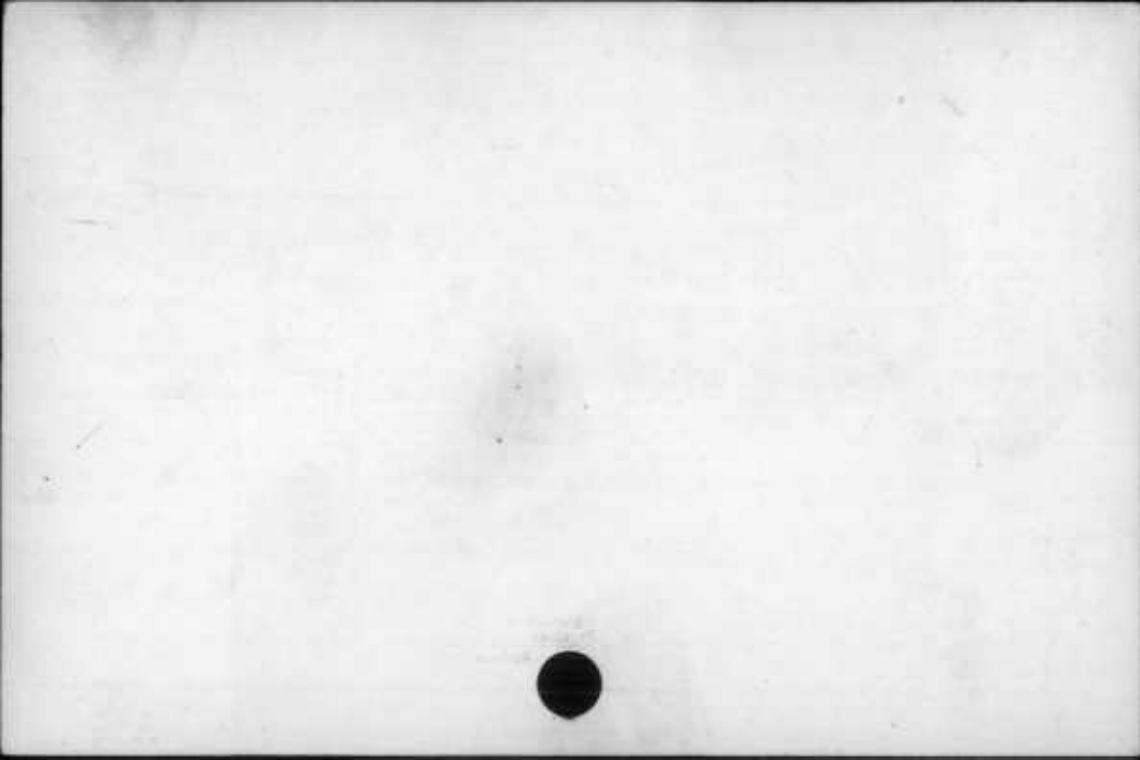
No 14
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seabrook</i> Town		<i>Phoege</i> County		MARYLAND	
Date of death	19 <i>00</i>	Month	<i>July</i>	Day	<i>27</i>
Age	<i>3</i>	Years	<i>3</i>	Months	<i>4</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ballston Va</i>
Occupation	<i>Child</i>		Where Residing if not at place of death <i>Seabrook Md</i>		
Married, Single or Widowed	<i>Child</i>		Name of Wife or Husband <i>none</i>		
Father's Name	<i>Charles H Tabler</i>		Father's Birthplace <i>Washington Dc</i>		
Mother's Maiden Name	<i>Mary E Talbott</i>		Mother's Birthplace <i>Washington Dc</i>		
Name of person giving Information	<i>Charles H Tabler</i>		How related to decedent <i>Father</i>		

CAUSES OF DEATH

Primary	<i>Spasmodic Laryngitis</i>	How long	<i>8 hours</i>
Immediate	<i>Heart Failure</i>	How long	<i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>James H Trutt</i>
Accident or Suicide	<i>no</i>	Address	<i>✓</i>

PHYSICIAN
OR CORONER



Name
in
Full

Mary E Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lansdale</u> Town		<u>Prine George</u> County		MARYLAND	
Date of death	19 <u>00</u> <u>July</u> Month	<u>1</u> Day	Age <u>87</u> Years	<u>1</u> Months	Days
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>North Carolina</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>Baltimore Md</u>		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>Thos Jones</u>		
Father's Name	<u>Richard H. Ramsey</u>		Father's Birthplace	<u>Va</u>	
Mother's Maiden Name	<u>Jackson H. Bush</u>		Mother's Birthplace	<u>Va</u>	
Name of person giving information	<u>E. J. Inman</u>		How related to deceased	<u>Son-in-law</u>	

CAUSES OF DEATH

Primary	<u>Cardiac trouble</u>	How long	<u>2 weeks</u>
Immediate		How long	

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

yes

Signature of Physician

Address

J. H. Pyle
Lanard. Md.

Accident or Suicide?

no

Government Ben

G. F. Walker

723. W. H. Ave

Baltimore

Name
in
Full

Thos. E. Turner

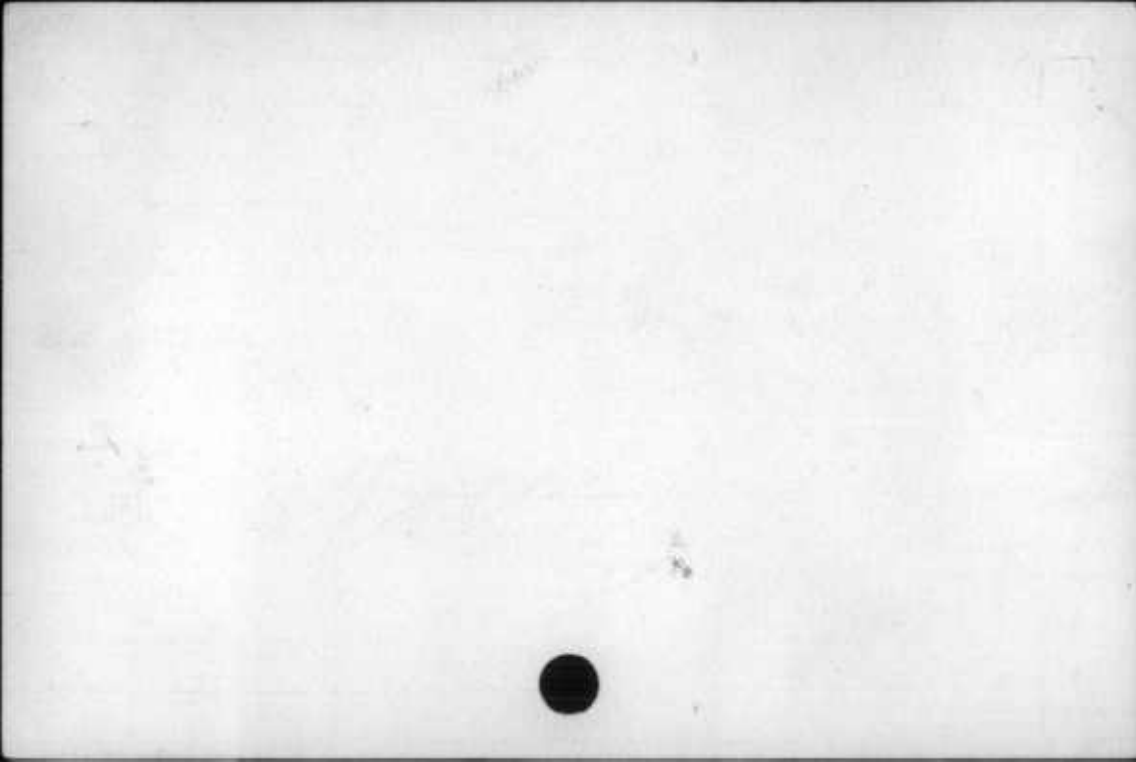
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brandywine</i> <small>Town</small>		<i>Pr Geo</i> <small>County</small>		MARYLAND	
Date of death <i>1900</i>	<i>July</i> <small>Month</small>	<i>18</i> <small>Day</small>	<i>57</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>Farmer</i>	Where Reading if not at place of death				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Maggie Turner</i>				
Father's Name <i>Thos J Turner</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Melvinia Early</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Thos J. Turner jr</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>	How long <i>Several Years</i>	
	Immediate <i>Hemorrhage</i>	How long <i>a few minutes</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John A. Cox</i>	
		Address <i>Z.B.</i>	
Accident or Suicide?			



Name
In
Full

Alice L. Washington

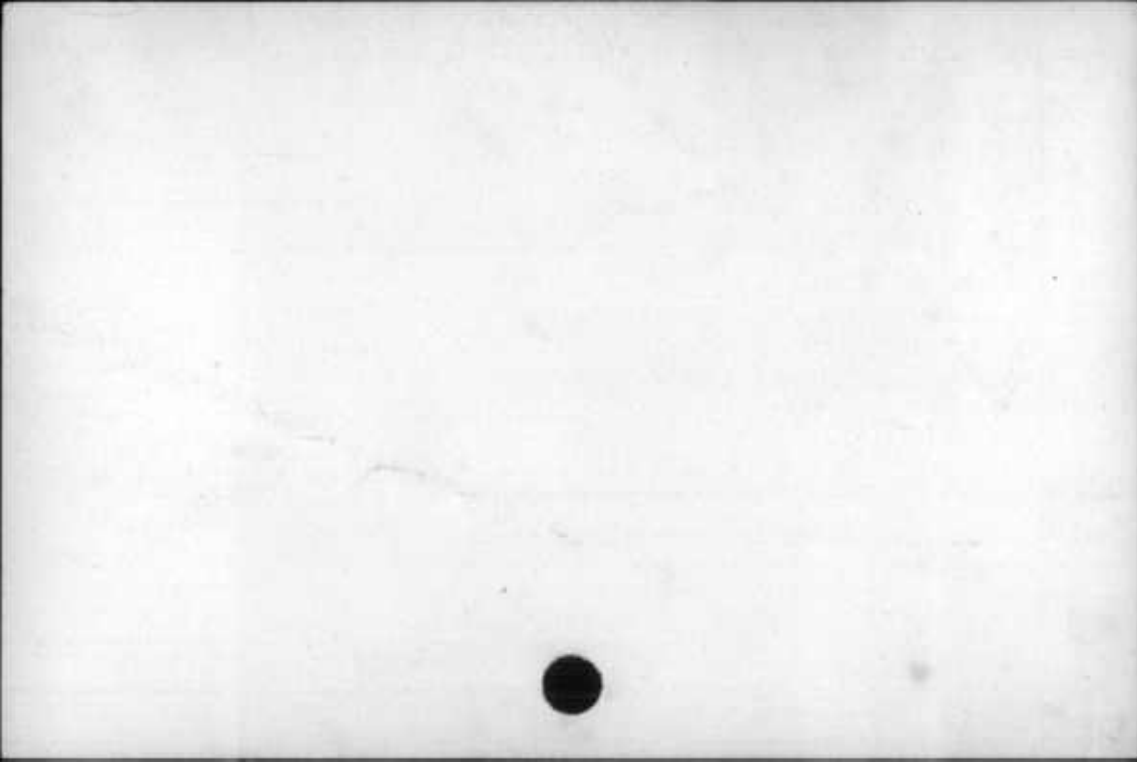
CERTIFICATE OF DEATH

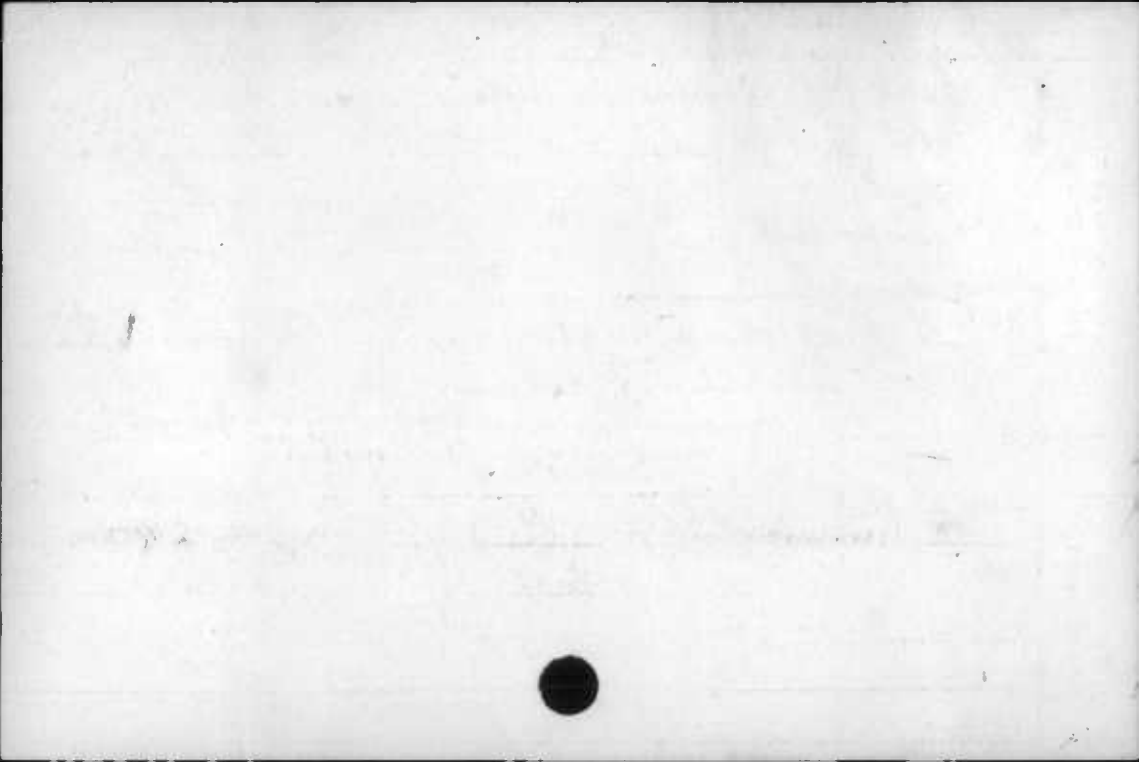
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seat Pleasant</i> ^{Town} <i>Prince George</i> ^{County}		MARYLAND	
Date of death 19 <i>40</i> ^{Month} <i>July</i> ^{Day} <i>26</i> ^{Years} <i>—</i> ^{Months} <i>9</i> ^{Days} <i>—</i>	Sex <i>female</i>	Color or Race <i>colored</i>	Birth-place <i>D.C.</i>
Occupation <i>negro</i>	Where Reading 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>William Washington</i>	Father's Birthplace <i>D.C.</i>		
Mother's Maiden Name <i>Marie Brown</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Marie Washington</i>	How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>ilio-colitis</i>	How long <i>1 mo</i>	
	Immediate <i>asthma</i>	How long <i>6 hrs</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Brady</i>	
		Address <i>Reichardt</i>	
	Accident or Suicide? <i>D.C.</i>		





Name in Full

Charles White

CERTIFICATE OF DEATH

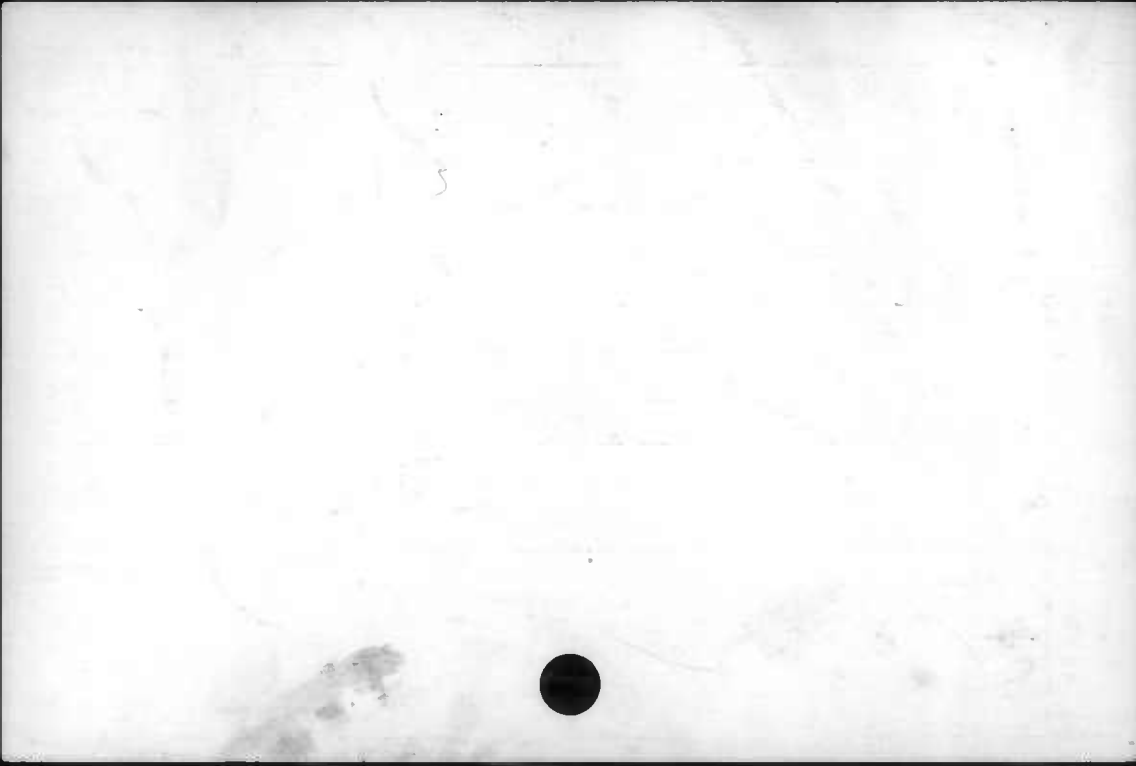
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mount Rainier</i> ^{Town}		<i>Prince Geo.</i> ^{County}		MARYLAND	
Date of death 19 <i>10</i>	Month <i>July</i>	Day <i>30</i>	Age <i>5</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Brentwood, Md.</i>			
Occupation <i>child</i>	Where Residing if not at place of death <i>Mount Rainier, Md.</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Horace White</i>	Father's Birthplace <i>Washington D.C.</i>				
Mother's Maiden Name <i>Mary Reed</i>	Mother's Birthplace <i>" D.C.</i>				
Name of person giving Information <i>Horace White</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary <i>Bronchial Catarrh Chronic</i>	How long <i>all his life</i>
Immediate <i>Exhaustion</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. O'Leary</i>
	Address <i>Brentwood, Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
In Full

George E. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bowie</u> Town		<u>Prince Georges</u> County		MARYLAND	
Date of death <u>1940</u>	Month <u>July</u>	Day <u>6</u>	Age <u>1</u> Years	Months <u>1</u>	Days
Sex <u>male</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>None</u>		Where Residing if not at place of death <u>Bowie Md</u>			
Married, Single or Widowed <u>---</u>		Name of Wife or Husband <u>---</u>			
Father's Name <u>Henry Williams</u>			Father's Birthplace <u>D.D.C. Md</u>		
Mother's Maiden Name <u>Mary R. Miles</u>			Mother's Birthplace <u>P. Co. Md</u>		
Name of person giving information <u>Henry Williams</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary <u>Cholera Infantum</u>	How long <u>2 weeks</u>
Immediate	How long

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

Signature of Physician

Address

Nelson A. PearsonBowieMdAccident or Suicide? no

~~March 1909 to March 1 - 1911~~ 80 Ps

Albert Cleveland Hall

Post mortem Examination

Jan'y 2 1911.

Name
in Full

CERTIFICATE OF DEATH

Infant Williams

Town

County

Died at

Woodmore

Prince George

MARYLAND

Date

1910

Month

July

Day

20

Age

Years

Months

-

Days

5-

Sex

Female

Color or Race

Black

Birth-place

Woodmore

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Arthur Williams

Father's Birthplace

Maryland

Mother's Maiden Name

Mami Smith

Mother's Birthplace

Name of person giving information

Arthur Williams

How related to deceased

Father

CAUSES OF DEATH

Primary

Not known

189

How long

5- day

Immediate

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

yes

Signature of Physician

Address

Walter Ryan

Accident or Suicide?

No

Local Registrar

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Infant Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Woodmore		County Prince George		MARYLAND	
Date of death		1900	Month July	Day 20	Age	Years	Months 6
Sex Female		Color or Race Colored		Birth- place Woodmore			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name Arthur Williams				Father's Birthplace Maryland			
Mother's Maiden Name Rachel Campbell				Mother's Birthplace "			
Name of person giving information Arthur Williams				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	not known	How long	159 H	How long	6 days
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				Address - Walter Ryan L. Regs Local Registrar Newport News	
Accident or Suicide?					



2

Name
in
Full

CERTIFICATE OF DEATH

Irene Williams

Town

County

Near Bowie P.T. Geo.

MARYLAND

Died at

Date

of death 1940

Month

Day

Years

Months

Days

July 14 Age 1

Sex

Female

Color or
Race

Colored

Birth-
place

Near Bowie

Occupation

Child

Where Residing if not
at place of death

Near Bowie

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Louis Williams

Father's
Birthplace

A. A. Co

Mother's
Maiden Name

Rachael Hall

Mother's
Birthplace

P. T. Geo. Co

Name of person giving
Information

Louis Williams

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Improper diet

How long

104

✓

Immediate

Diarrhea

How long

2 weeks

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

yes

Signature of
Physician

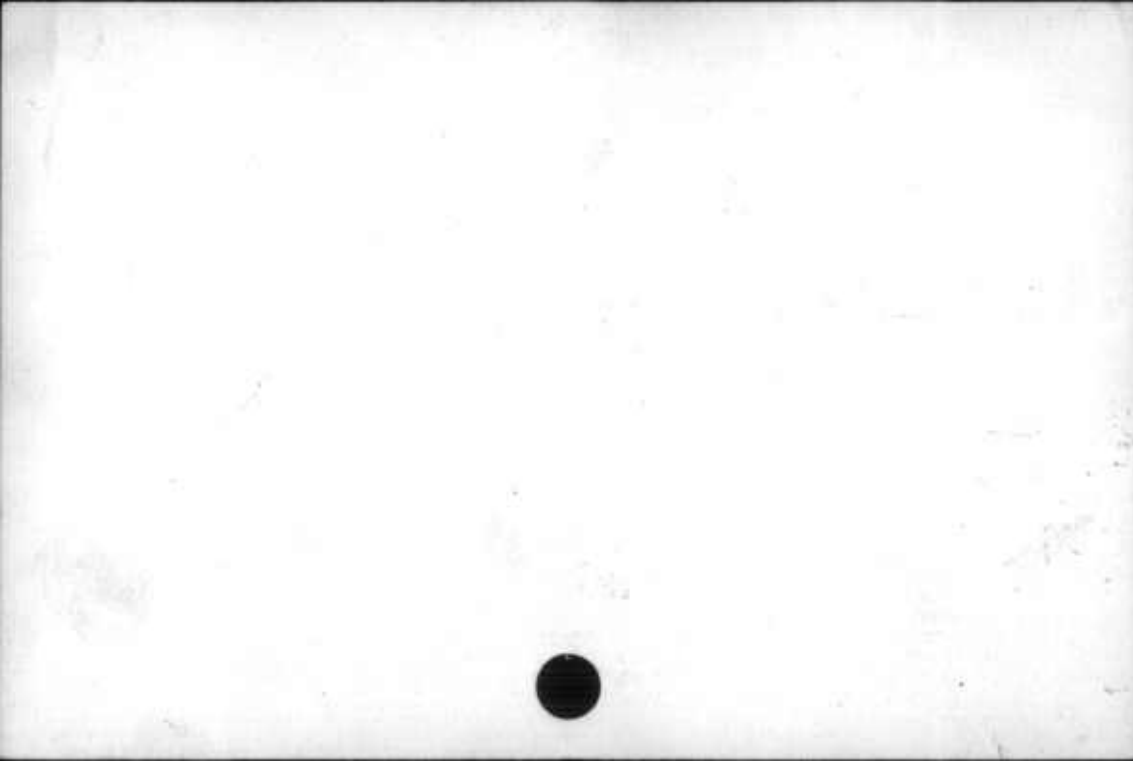
W. F. Taylor

Address

Laurel Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Palmer Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville</i> <small>Town</small>		<i>Prince Georges</i> <small>County</small>		MARYLAND	
Date of death <i>July 10</i>	<i>July</i> <small>Month</small>	<i>10</i> <small>Day</small>	<i>12</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hyattsville</i>			
Occupation <i>School</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name <i>Clarence Wilson</i>	Father's Birthplace <i>Annapolis</i>				
Mother's Maiden Name <i>Mary P. Wilson</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>Clarence Wilson</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pneumonia</i> <i>924</i>	How long <i>2 days</i>
	Immediate <i>Spinal Meningitis</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>Samuel Whetstone</i>
		Address <i>Hyattsville</i>
	Accident or Suicide? <i>Neither</i>	

