

Name
in Full

Harry Wesley Bowlsby

CERTIFICATE OF DEATH

Town

Leeds

County

Cecil

MARYLAND

Died at

Date of death

1900 Aug 9

Age

Years

Months

Days

—

2

18

Sex

Male

Color or Race

White

Birth-place

Maryland

Occupation

—

Where Residing if not at place of death

—

Married, Single or Widowed

—

Name of Wife or Husband

—

Father's Name

Joseph W Bowlsby

Father's Birthplace

Maryland

Mother's Maiden Name

Minnie Powell

Mother's Birthplace

Maryland

Name of person giving Information

Mrs Joseph W Bowlsby

How related to deceased

Mother

CAUSES OF DEATH

Primary

Marasmus

How long

189 A
to weeks

Immediate

"

How long

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

Yes

Signature of Physician

Chas. F. Miller

Address

North East,
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

249



John W Bradford

Town

County

MARYLAND

Died at Conowingo

Cecil

Date of death

Month

Day

Age

Years

Months

Days

1910

Aug

16

73

Sex

male

Color or Race

Colored

Birthplace

Hayford Co Md

Occupation

Farmer

Where Residing if not at place of death

at home

Married, Single or Widowed

Married

Name of Wife or Husband

Josephine Bradford

Father's Name

William Bradford

Father's Birthplace

Hayford Co

Mother's Maiden Name

Catherine Miller

Mother's Birthplace

Unknown

Name of person giving information

Josephine Bradford

How related to deceased

wife

CAUSES OF DEATH

Primary

Organic Heart disease +

How long

24

Immediate

dropsy, exhaustion

How long

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

yes

Signature of Physician

J. B. Allen

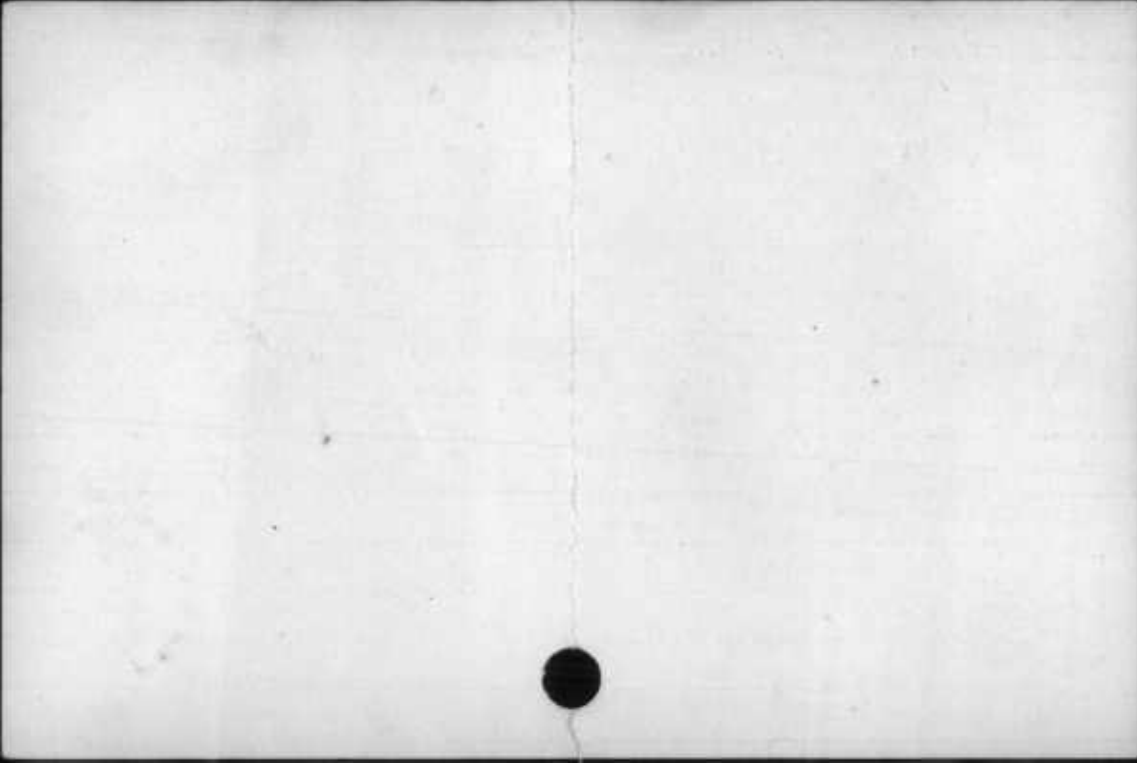
Address

Rising Sun Md

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
In Full

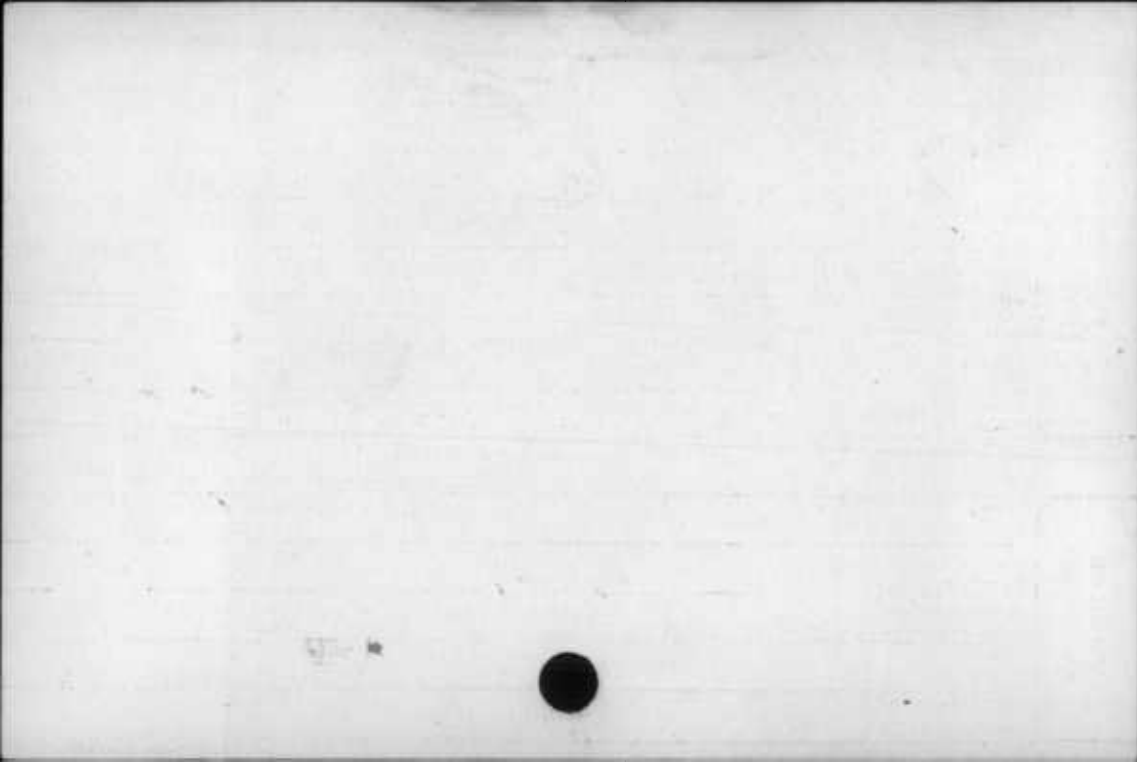
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake City</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of Death 19	<i>Aug</i> ^{Month}	<i>1</i> ^{Day}	Age <i>97</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chesapeake City</i>		
Occupation			Where Reading if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lavinia Caleb</i>				
Father's Name <i>Wesley Caleb</i>	Father's Birthplace <i>Does not know</i>		Mother's Birthplace <i>Chesapeake City</i>		
Mother's Maiden Name <i>Rebecca Loyd</i>	How related to deceased <i>Wife</i>				
Name of person giving information <i>Lavinia Caleb</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Arteriosclerosis of brain</i>	How long <i>6 months</i>	
	Immediate <i>Heart Failure</i>	How long <i>few moments</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. L. ... M.D.</i>	
	Accident or Suicide?	Address <i>Chesapeake City</i>	



Name
in
Full

James Roland Clark Cannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> ^{Town}		<u>Acrt</u> ^{County}		MARYLAND	
Date of death <u>1900</u>	Month <u>Aug</u>	Day <u>4</u>	Age	Years	Months <u>8 mos</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		Days
Occupation <u>—</u>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Roland Clark</u>		Father's Birthplace <u>Ind</u>		Mother's Birthplace <u>Ind</u>	
Mother's Maiden Name <u>Lula Cannon</u>		Mother's Birthplace <u>Ind</u>		How settled to deceased <u>mother</u>	
Name of person giving Information <u>Lula Cannon</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Murder</u>	How long	<u>2 wks</u>
Immediate	<u>Egbert</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yo</u>	Signature of Physician	<u>Wm D Hawley</u>
		Address	<u>Elkton Ind</u>
Accident or Suicide			



Name
in
Full

Flouner M Dean

CERTIFICATE OF DEATH

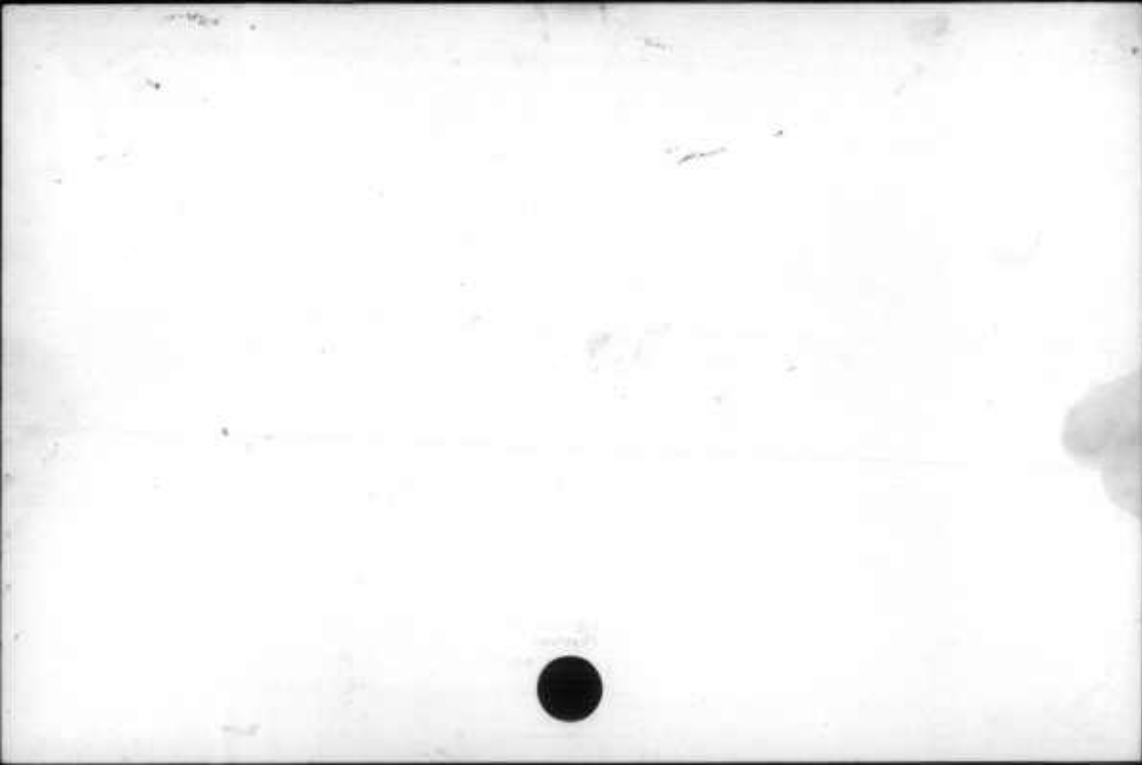
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u>		County <u>Sevier</u>		MARYLAND	
Date of death <u>1960</u>	Month <u>5</u>	Day <u>14</u>	Age <u>22</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Mid</u>			
Occupation <u>Seamstress</u>	When Residing if not at place of death		—		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		—		
Father's Name <u>James E Dean</u>	Father's Birthplace <u>Mo</u>				
Mother's Maiden Name <u>Laura Boulcher</u>	Mother's Birthplace <u>Ill</u>				
Name of person giving Information <u>Jane E Dean</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Appendicitis - gangrenous - peritonitis</u>	How long <u>16 days</u>
Immediate <u>Septicemia</u>	How long <u>16 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Howard Britton</u>
	Address <u>Elkton, Md.</u>
Accident or Suicide <u>No</u>	



Name
in Full

Mary Florence Deaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Near Leeds

Town

County

Cecil

MARYLAND

Date of death

1900 Aug

Month

Day

31

Age

16

Years

Months

Days

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

Father's Name

Joseph A Deaver

Father's Birthplace

Maryland

Mother's Maiden Name

Suzie E Anderson

Mother's Birthplace

Maryland

Name of person giving Information

Joseph A Deaver

How related to deceased

Father

CAUSES OF DEATH

20

Primary

Pyæmia

How long

4 days

Immediate

Exhaustion

How long

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

Yes

Signature of Physician

Harold T. M. Wright

Address

Spartanburg

PHYSICIAN
OR CORONER



Name
in
Full

Willard Richard Hall.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Principis</i>		^{County} <i>Cecil</i>		MARYLAND	
Date of death	<i>1940</i>	Month	<i>Aug.</i>	Day	<i>28</i>
Age	<i>—</i>	Years	<i>—</i>	Months	<i>6</i>
		Days	<i>4</i>		
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Principis Md</i>
Occupation	<i>— none</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>— Single</i>	Name of Wife or Husband			
Father's Name	<i>Charles Hall</i>			Father's Birthplace	<i>Cecil Co</i>
Mother's Maiden Name	<i>Gertrude Eschelman</i>			Mother's Birthplace	<i>Cecil Co</i>
Name of person giving information	<i>Charles Hall</i>			How related to deceased	<i>Father</i>

PHYSICIAN
OR CORONER

CAUSE OF DEATH	
Primary	<i>Heart of ear and brain poisoning</i>
Immediate	<i>Marasmus</i>
	<i>Exhaustion</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>
Signature of Physician	<i>Ernest Howard</i>
Address	<i>Liberty Street, Md</i>
Accident or Suicide?	<i>—</i>

SP

Name
in
Full

Elizabeth Johnson

CERTIFICATE OF DEATH

Town

near Calvert

County

Cecil

MARYLAND

Died at

Date
of death

1990 Aug

Month

Day

8

Age

Years

No

Months

2

Days

10

Sex

Female

Color or
Race

White

Birth-
place

near Calvert

Occupation

No

Where Residing if not
at place of death

near Calvert

Married, Single
or Widowed

Single

Name of Wife or
Husband

No

Father's
Name

Elmer E. Johnson

Father's
Birthplace

Cecil, Md.

Mother's
Maiden Name

Alice F. Watson

Mother's
Birthplace

Penna.

Name of person giving
Information

Elmer E. Johnson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Gastritis

How long

one week

Immediate

Do

How long

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

yes

Signature of
Physician

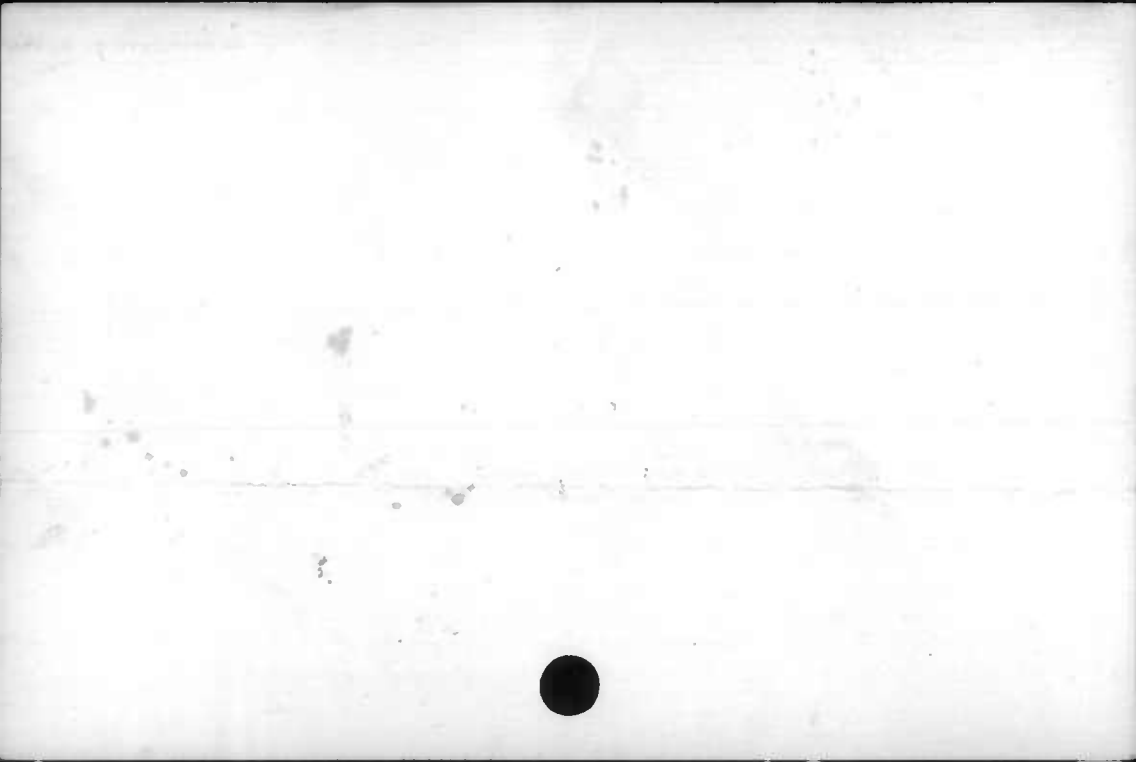
D.H. Richardson.

Address

Rising Sun,
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
Is
Full

CERTIFICATE OF DEATH

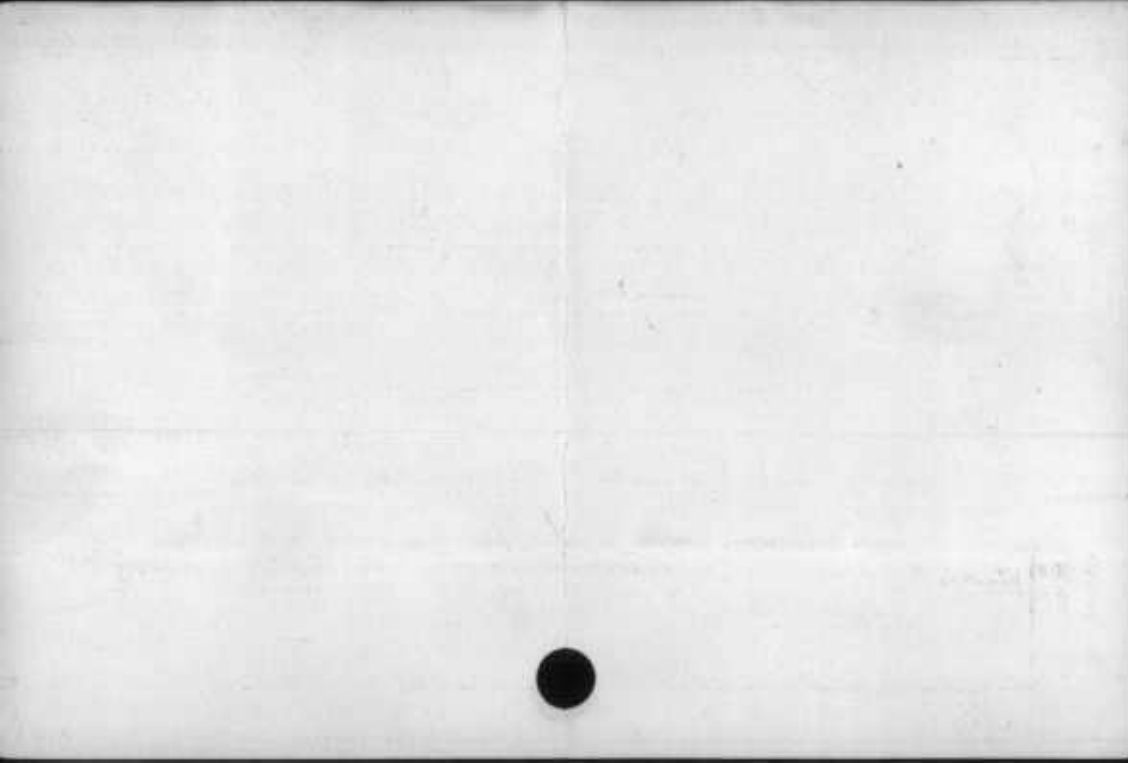
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit - Cecil</i> County		MARYLAND	
Date of death 19 <i>10</i>	Month <i>8</i>	Day <i>16</i>	Age <i>65</i> Years
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Port Deposit - MD</i>	Months <i>7</i>
Occupation <i>Labourer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ellen Jones</i>		
Father's Name <i>Henry Jones</i>	Father's Birthplace <i>unknowen</i>		
Mother's Maiden Name <i>Abigail Durbin</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Ellen Jones</i>	How related to deceased <i>wife</i>		

CAUSES OF DEATH

Primary <i>Artero-sclerosis</i>	How long <i>6 yrs</i>
Immediate <i>Septicemic Toxaemia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Richard</i>
<i>yes</i>	Address <i>Port Deposit</i>
Accident or Suicide? <i>no</i>	

PHYSICIAN
OR CORONER



Name in Full

Theresa Logan

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} North East ^{County} county MARYLAND

Date of death 1940 August 3 Age 66

Sex Female Color or Race White Birth-place North East

Occupation Housekeeper Where Residing if not at place of death North East

Married, Single or Widowed married Name of Wife or Husband Oliver Logan

Father's Name Stephen Atkeson Father's Birthplace Maryland

Mother's Maiden Name Hanna M Ramsey Mother's Birthplace Bay View

Name of person giving Information Hanna M Logan How related to deceased daughter

CAUSES OF DEATH

Primary Bright Heart (120) How long 8 months

Immediate Heart How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician B. H. ... Address 712 ...

PHYSICIAN OR CORONER

Accident or Suicide

M E Church

Name
in
Full

Charless E McKeeown

CERTIFICATE OF DEATH

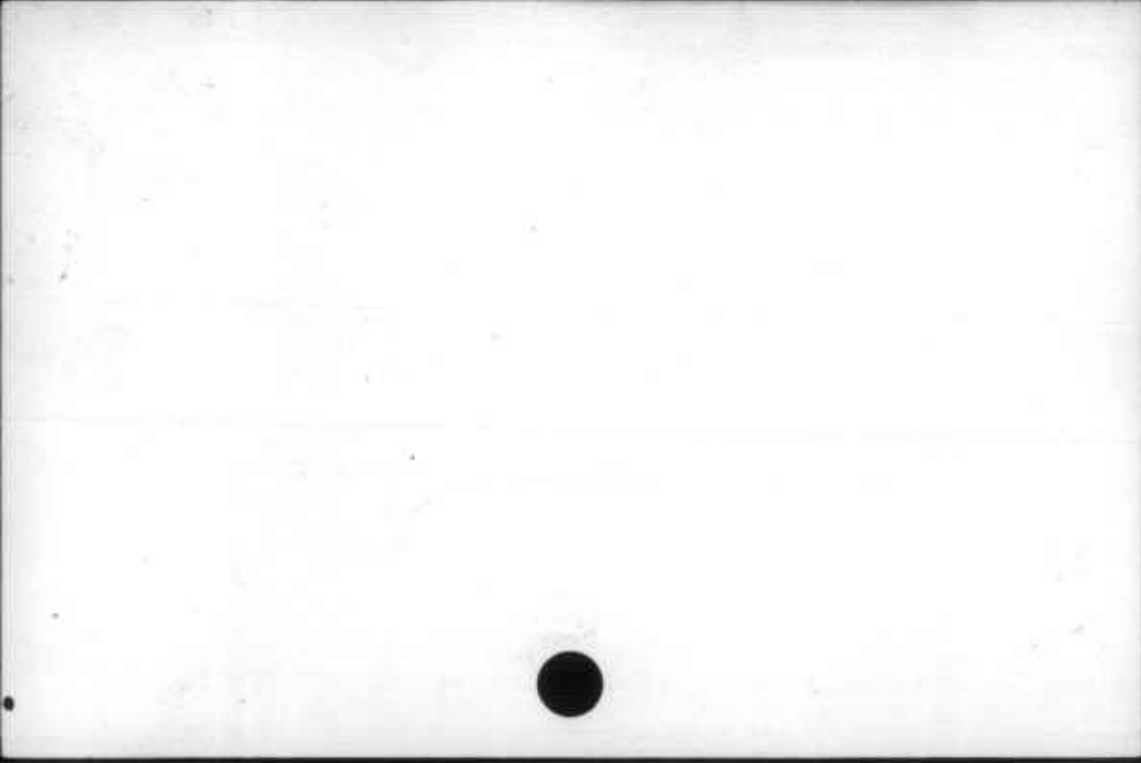
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town near Belton	County Cecil		MARYLAND		
Date of death	1906	Month Aug	Day 25	Age 1	Years	Months Days	
Sex	Female		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	Edward McKeeown				Father's Birthplace	Del	
Mother's Maiden Name	Mary Beckman				Mother's Birthplace	md	
Name of person giving Information	Mary Beckman				How related to deceased	sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	(91)
Immediate	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician	H. H. Mitchell	
Address	Elkton md	
Assistant of Guide		



Name
in
Full

Hannah J McKiisey

CERTIFICATE OF DEATH

MARYLAND

Died at Elkton ^{Town} Cecil ^{County}Date of death 1900 ^{Month} Aug ^{Day} 18 ^{Years} 70 ^{Months} 0 ^{Days} 0Sex Female Color or Race white Birth-place Pa

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband Wm J Mc KiiseyFather's Name Russell McAllister Father's Birthplace PaMother's Maiden Name Hannah Fulton Mother's Birthplace PaName of person giving Information Harvey Reynolds How related to decedent Son-in-law

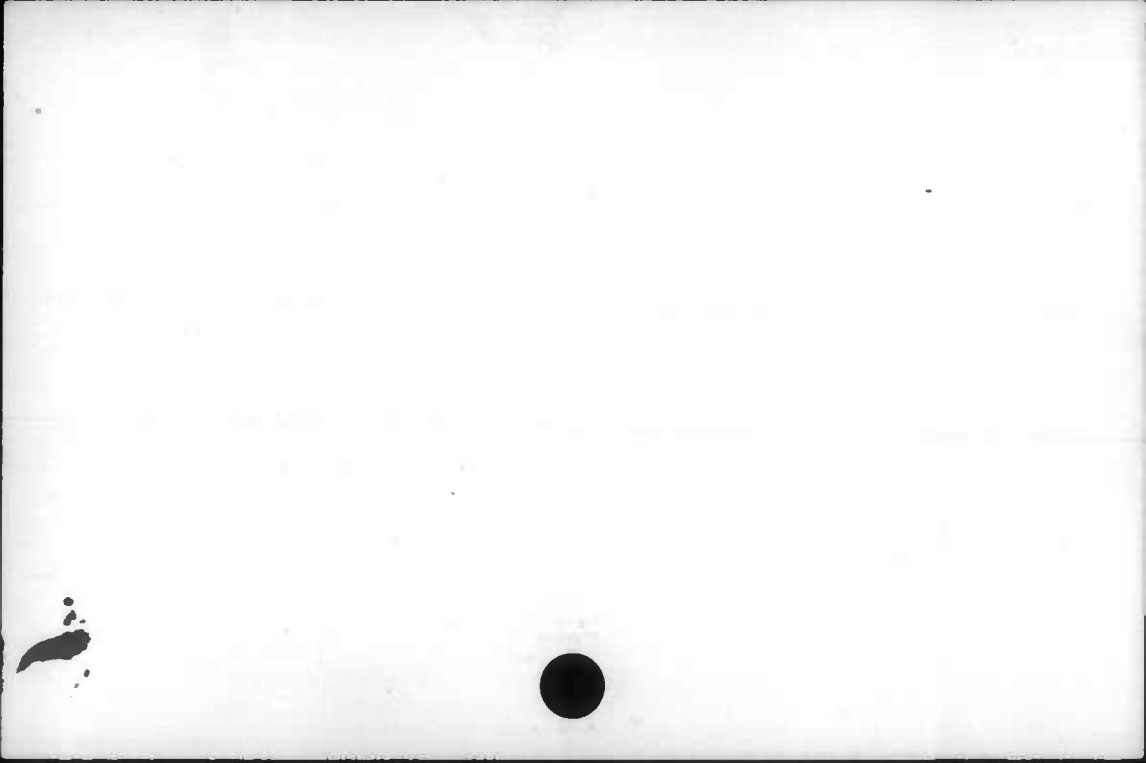
CAUSES OF DEATH

Primary Bronchial Pneumonia How long 20 daysImmediate Heart failure How long 24 hrsAre the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Hannah M. Metcher, M.D.
Elkton, Md.TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

John C. Manlove

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Cecilton* Town *Cecil Co.* County

MARYLAND

Date of death *19 10* Month *Aug* *28* Days *Sunday* Age *49* Years Months *2* Days *19*

Sex *male* Color or Race *white* Birth-place *Warrick Ind.*

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

Married, Single or Widowed *married* Name of Wife or Husband *Mollie C. Manlove*

Father's Name *Mark Manlove* Father's Birthplace *Cecil Co Md*

Mother's Maiden Name *Emma Starnert* Mother's Birthplace *Delaware*

Name of person giving information *Clara B. Manlove* How related to decedent *daughter*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *albernicus* How long *6 months*

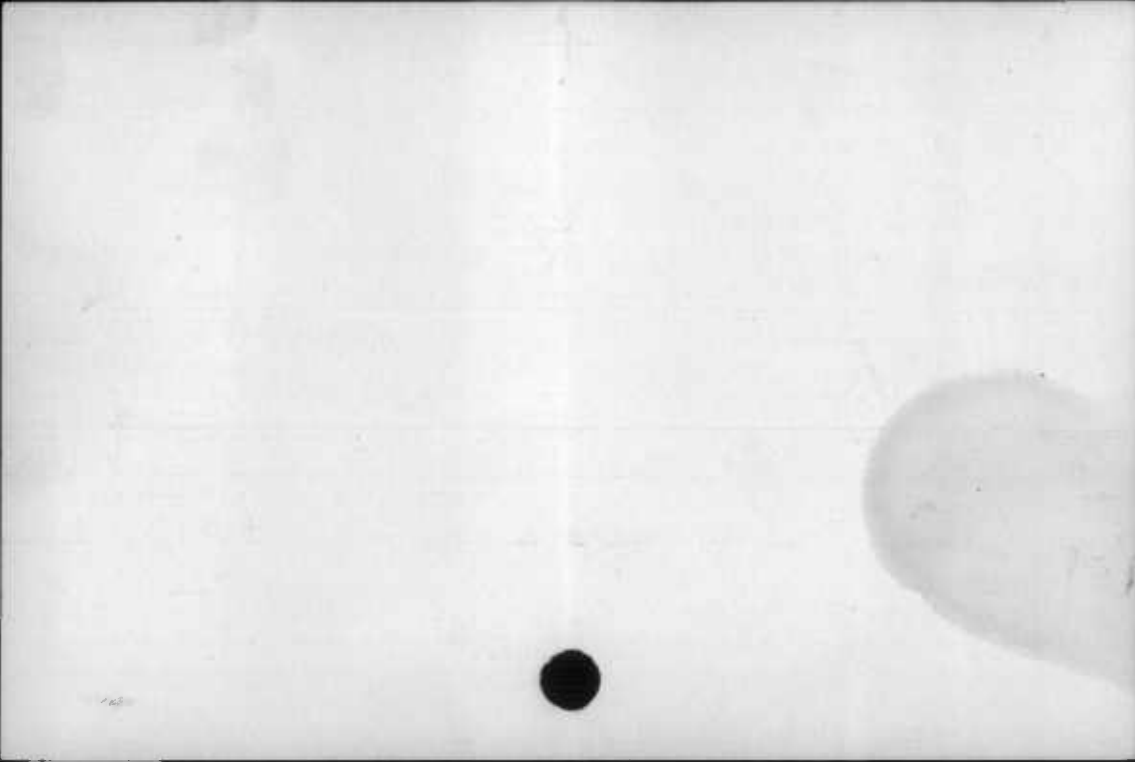
Immediate *urined* How long *48 hours*

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

Signature of Physician *E. R. Bradford*

Address *Cecilton Md*

Accident or Suicide?



Name
in
Full

James Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cecil		County Cecil		MARYLAND	
Date of death	1960	Month	8	Day	27	Age	48
Sex	Male	Color or Race	Col	Months	11	Days	
Occupation	Laborer		Where Residing if not at place of death		Unknown		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Jack Price		Father's Birthplace				
Mother's Maiden Name	Unknown		Mother's Birthplace				
Name of person giving information	Marshall Boyer		How related to deceased				

CAUSES OF DEATH

Primary	Exhaustion		How long	27 170
Immediate	Pistol shot through heart		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	
Accident or Suicide	Accidental		Address Eckstoupp	

PHYSICIAN
OR CORONER



Name
in
Full

William H. Shelton

CERTIFICATE OF DEATH

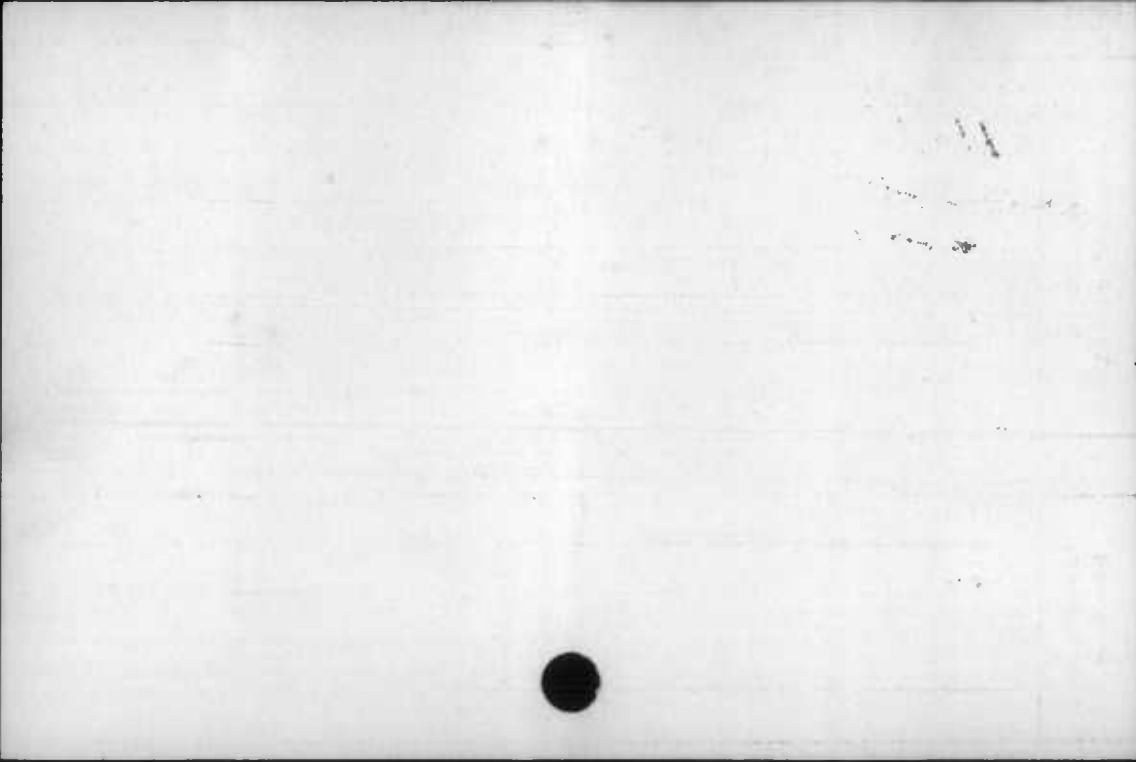
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Near Earleville		County Cecil		MARYLAND	
Date of death		Month 1910	Day 8	Age	Years 77	Months	Days
Sex		Color or Race		Birth- place		Delaware	
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Sarah E. Shelton			
Father's Name				Father's Birthplace			
John Shelton				Delaware			
Mother's Maiden Name				Mother's Birthplace			
Delilah Wright				Delaware			
Name of person giving in formation				How related to deceased			
Sarah E. Shelton				Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Cerebral Hemorrhage		10 hours	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		E. N. Bradford	
		Address	
		Cecil Co Md	
Accident or Suicide?			



Name
in
Full

Caroline A. Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrisville</i>		Town <i>Harrisville</i>		County <i> Cecil</i>		STATE <i>MARYLAND</i>	
Date of death	<i>1950</i>	Month <i>Aug</i>	Day <i>8</i>	Age <i>61</i>	Years	Months <i>10</i>	Days <i>7</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Cecil Co.</i>
Occupation	<i>wife</i>		Where Residing if not at place of death		<i>Harrisville, Md</i>		
Married, <input checked="" type="checkbox"/> Widowed	<i>widow</i>		Name of Wife or Husband <i>David Snyder</i>				
Father's Name	<i>Thos L. Krauss</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Mary Harvey</i>				Mother's Birthplace	<i>Penn</i>	
Name of person giving information	<i>Mrs Florence Harris</i>				How related to deceased	<i>daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma - of liver</i>	How long	<i>5 yrs</i>
Immediate	<i>Toxemia</i>	How long	<i>7 mos</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. G. Jacob</i>
Accident or Suicide?	<i>No</i>	Address	<i>West - Grove Md</i>

MP

Name
in
Full

Theodore Leslie Ward

CERTIFICATE OF DEATH

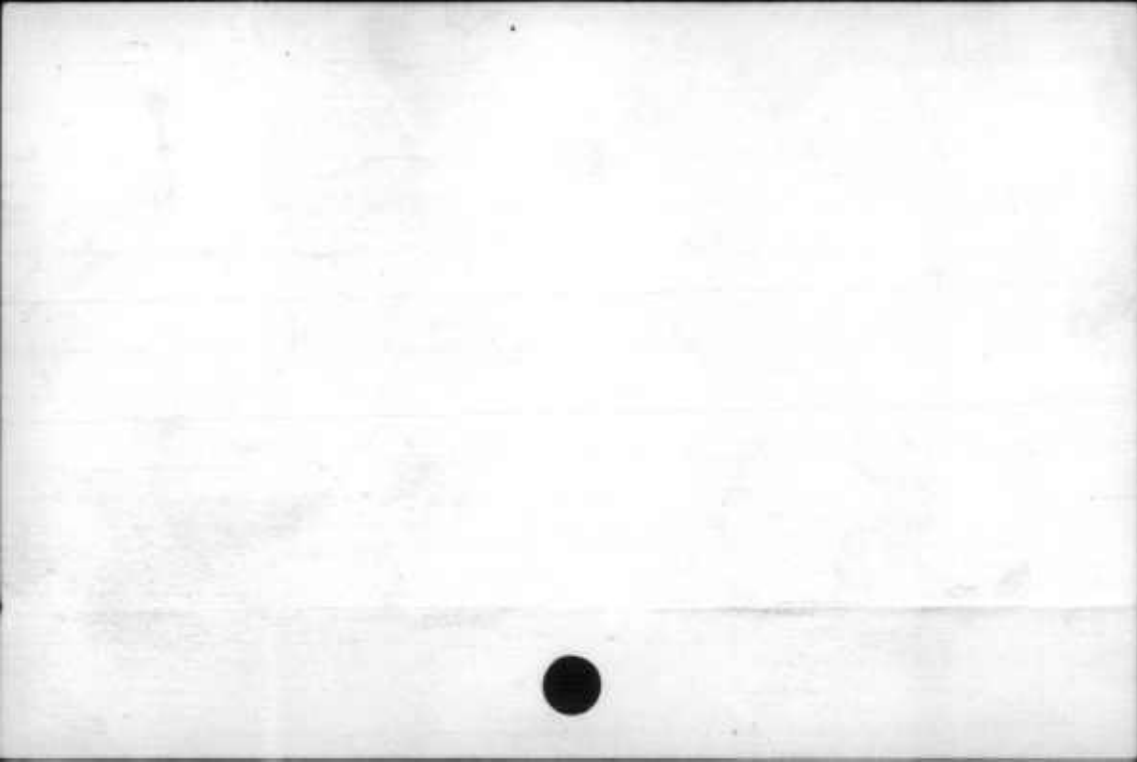
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charlestown</i> ^{Town}		<i> Cecil </i> ^{County}		MARYLAND			
Date of death 19 <i>40</i>		Month <i>Aug</i>	Day <i>22</i>	Age	Months <i>1</i>	Days <i>14</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Charlestown</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>John T. Ward</i>		Father's Birthplace <i>Rising Sun</i>					
Mother's Maiden Name <i>Mary O. Calvert</i>		Mother's Birthplace <i>Charlestown</i>					
Name of person giving information <i>Mary O. Ward</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Uraemia</i>	How long <i>120</i>
Immediate <i>Embolism</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Cantwell</i>
	Address <i>W. Cantwell</i>
Accident or Suicide	



Name in Full

James Warfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} near Earleville ^{County} Cecil

MARYLAND

Date of death 1910 8 29 Age 40

Sex Male Color or Race Colored Birth-place Cecil Co. Md.

Occupation Farmer Where Reading if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Sarah Warfield

Father's Name Benjamin Warfield Father's Birthplace Caroline Co. Md.

Mother's Maiden Name Elley Kinnard Mother's Birthplace Cecil Co. Md.

Name of person giving information Sarah Warfield How related to deceased Wife

CAUSES OF DEATH

122

PHYSICIAN OR CORONER

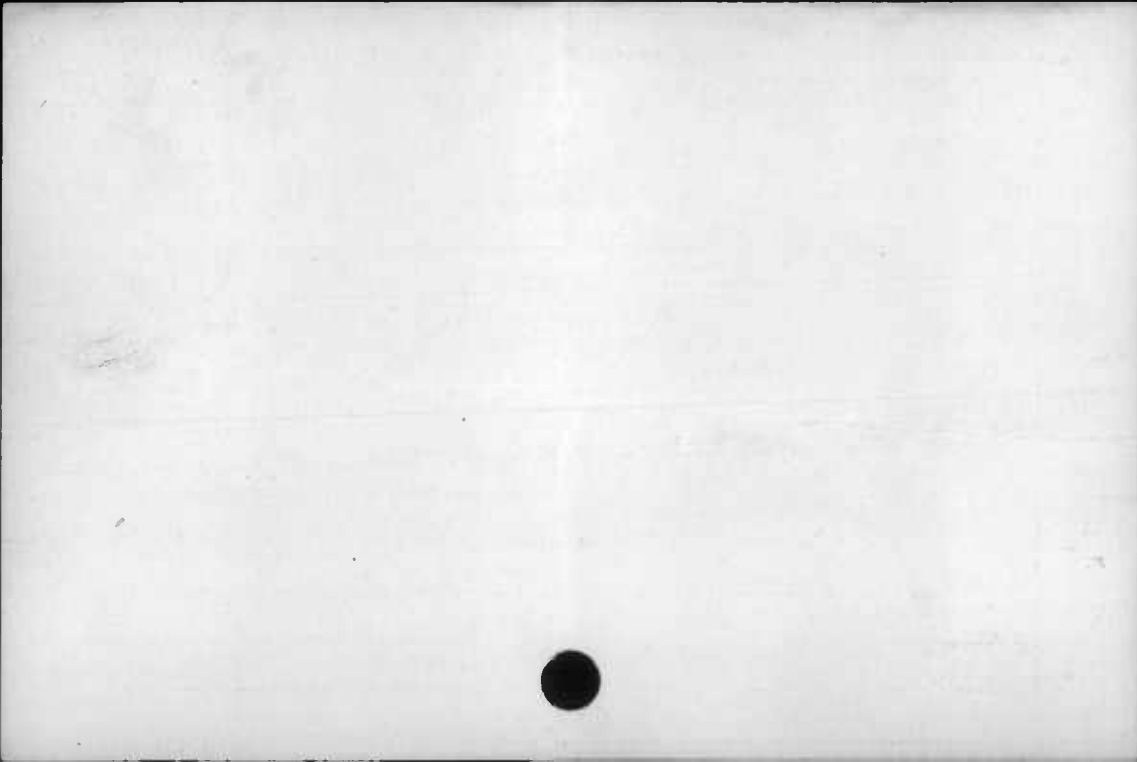
Primary Renal Abscess How long Several weeks

Immediate Uremia How long few hours

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

Signature of Physician J. C. Conner Address Chesapeake E. City

Accident or Suicide?



Name
In
Full

Anna Lydia Houston

CERTIFICATE OF DEATH

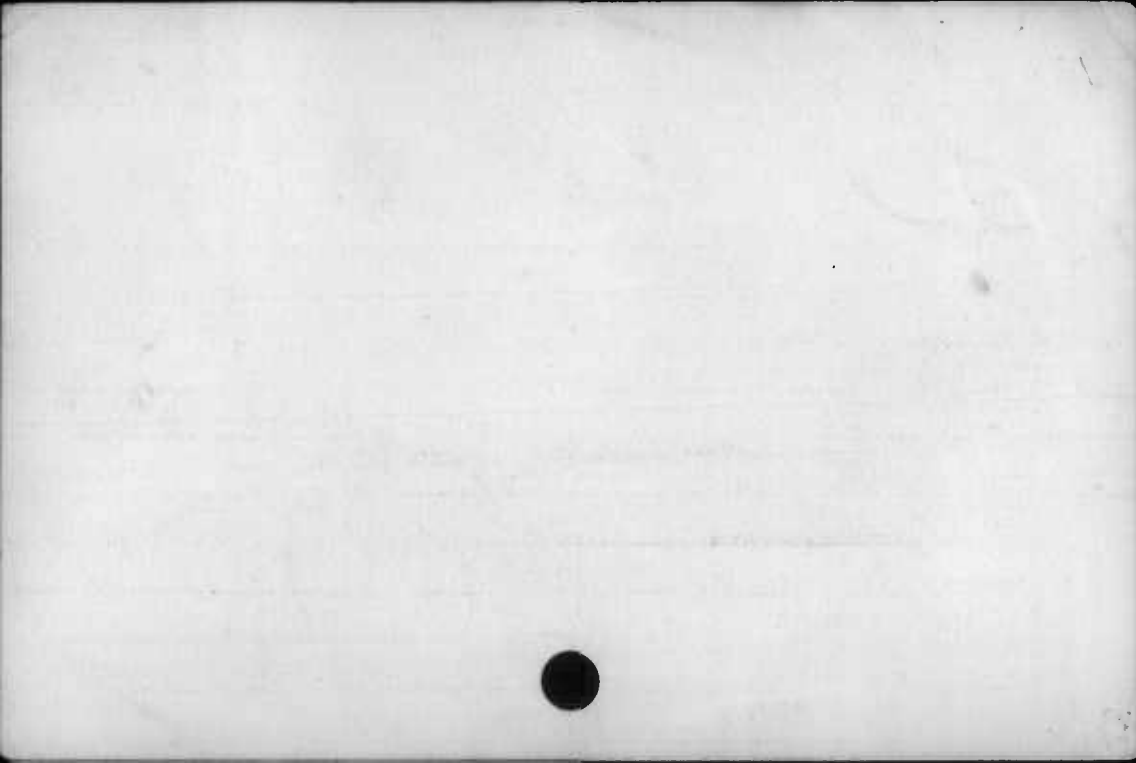
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chesapeake City -		County Anne		MARYLAND	
Date of death 19	Month August	Day 28th	Age 53	Years	Months 11	Days 7	
Sex Female	Color or Race White		Birth- place Chesapeake City				
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband James Houston						
Father's Name Samuel Boston	Father's Birthplace Anne Co						
Mother's Maiden Name Lydia Mitchell	Mother's Birthplace " "						
Name of person giving information James Houston		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long 24	30 years
Immediate	Pulmonary Tuberculosis	How long	3 months
Are the name, age, sex, color, date and place correctly given above?	Yr.	Signature of Physician	Clifton C. Lewis
		Address	Chesapeake City Md.
Accident or Suicide?			



Name
In
Full

Benjamin Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Celms House ^{County} Cecil

MARYLAND

Date of death 1910 ^{Month} August ^{Day} 25 Age ^{Years} 55 ^{Months} ^{Days}

Sex Male Color or Race Black Birth-place Elkton

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

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 Celms House record How related to deceased

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Paralysis, No history available How long Not known

Immediate Exhaustion How long 10 days

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

Signature of Physician W. T. Morrison
Address Elkton, Md.

Accident or Suicide?

Storyville
Alms house

Name
in
Full

CERTIFICATE OF DEATH

Died at

James Alfred Yerkes
Calvert - Cecil

Town

County

MARYLAND

Date

of death

1900 Aug

Month

Day

31

Age

Years

16

Months

3

Days

27

Sex

male

Color or
Race

White

Birth-
place

Penna.

Occupation

Not any

Where Residing if not
at place of death

Calvert

Married, Single
or Widowed

Single

Name of Wife or
Husband

Not any

Father's
Name

James H. Yerkes

Father's
Birthplace

Maryland

Mother's
Maiden Name

Margaret A. Cameron

Mother's
Birthplace

Penna.

Name of person giving
Information

Chillet - Yerkes

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Typhoid Fever

How long

7 to 10 days

Immediate

Perforation of Bowels

How long

12 Hours

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

yes

Signature of
Physician

D. H. Richardson

Address

Rising Sun
F.R.D. #2

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Department of
Agriculture

Name
in
Full

Gilbert H D Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Elk Neck Town Cecil County

Date of death 1900 August 3 Age 4 Months Days

Sex Male Color or Race Colored Birth-place Elk Neck

Occupation - - - - - Where Residing if not at place of death Elk Neck

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

Father's Name Herman Dickson Father's Birthplace Elk Neck

Mother's Maiden Name Mary Young Mother's Birthplace Elk Neck

Name of person giving information Mary Young How related to deceased Mother

CAUSES OF DEATH

Primary Marasmus 189 H How long 4 Months

Immediate - - - - - How long - - - - -

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

Address North East Me

Accident or Suicide - - - - -

PHYSICIAN
OR CORONER

Beck