

Name in Full

Edua Virginia Addison

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Olney</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death	<u>1960</u>	Month	<u>Aug.</u>	Day	<u>25</u>
Age	<u>One</u>	Years		Months	<u>Seven</u>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Montg. Co. 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 <u>None</u>			
Father's Name	<u>Noah Addison</u>	Father's Birthplace <u>Montg. Co. Md.</u>			
Mother's Maiden Name	<u>Aleida Proctor</u>	Mother's Birthplace <u>Montg. Co. Md.</u>			
Name of person giving information	<u>Aleida Addison</u>	How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<u>Supposed Whooping Cough, No physician.</u>	How long	<u>Several weeks</u>
Immediate	<u>Convulsions & Apoplexy</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>Chas. Farguhar, M.D.</u>
		Address	<u>Olney, Md.</u>
Accident or Suicide?			



Name
in
Full

James E Ayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

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

Date of death 1900 ^{Month} Aug ^{Day} 20 ^{Age} 63 ^{Years} 7 ^{Months} 4 ^{Days}

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

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband Francis E Ayton

Father's Name Edward Ayton Father's Birthplace Not available

Mother's Maiden Name Louisa Cox Mother's Birthplace St Marys Co

Name of person giving Information George E Ayton How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

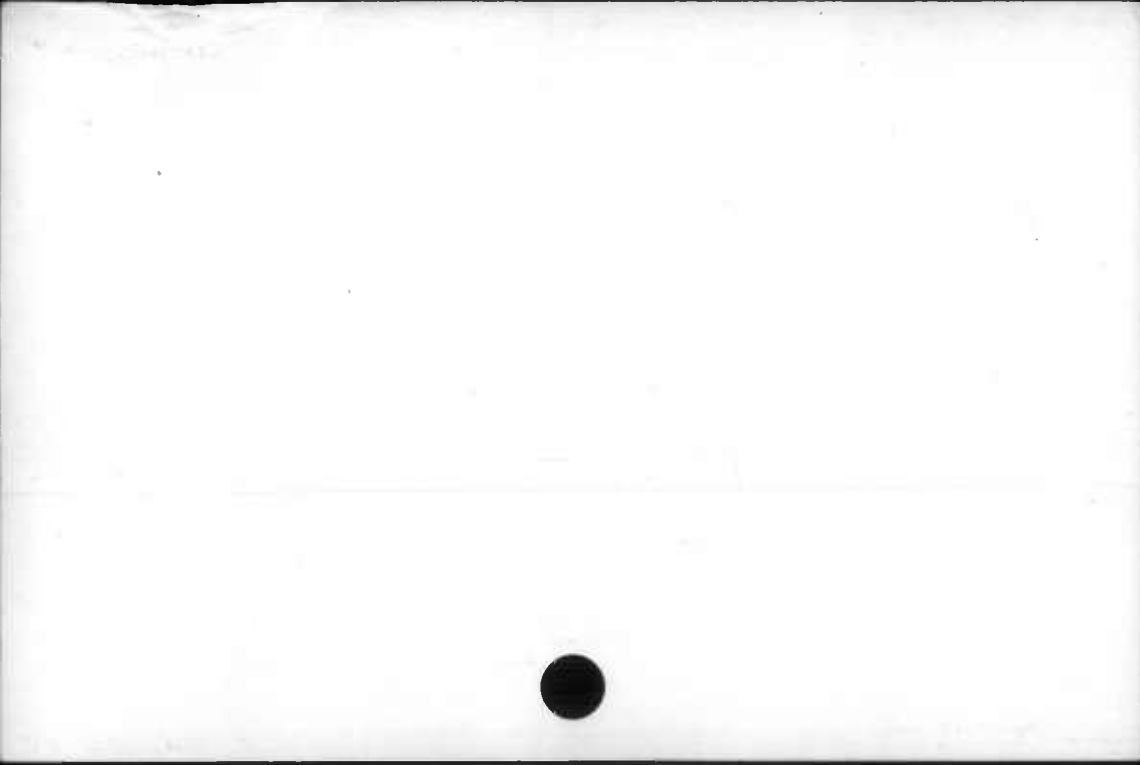
Primary Tubercle Plethrosis ^{How long} Several years

Immediate Exhaustion from Aled Colitis ^{How long} 4 weeks

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

Address Laytonville Md

Accident or Suicide _____



Name
in
Full

CERTIFICATE OF DEATH

John F Brown

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Laytonsville ^{County} Montgomery MARYLAND

Date of death 1990 ^{Month} August ^{Day} 5th ^{Years} 2 Weeks ^{Months} 2 ^{Days} 2

Sex Male Color or Race Brown Birth-place near Laytonsville

Occupation none Where Residing if not at place of death near Laytonsville

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

Father's Name John Brown Father's Birthplace Charles Co

Mother's Maiden Name Lilly Keys Mother's Birthplace Montg Co

Name of person giving Information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

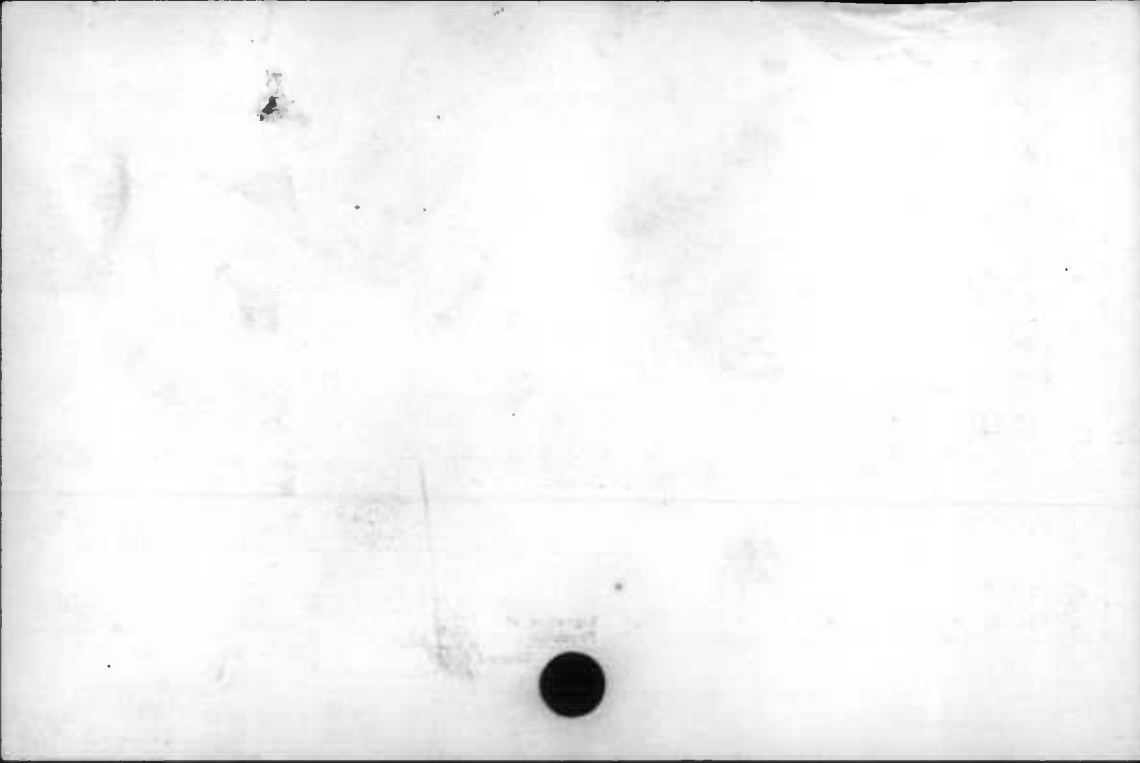
Primary Asaam 1899
Inden 1899
How long Inden

Immediate yes 1/2 hour
How long Inden

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

Signature of Physician Edwin D. Brown
Address Laytonsville, Md

Accident or Suicide _____



Name
In
Full

Carrie A. Beirdette

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Damascus</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1900</i>	Month <i>Aug.</i>	Day <i>31</i>	Age <i>39</i>	Months <i>10</i>	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Balts. Co., Md.</i>			
Occupation <i>Housewife</i>	Where Reading if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Rufus J. Beirdette</i>				
Father's Name <i>John Keider</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Margaret Ripley</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Rufus J. Beirdette</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>33 days</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Res. M. Bower</i>
	Address <i>Damascus Md.</i>
Accident or Suicide?	



Name in Full

Thomas Bushby

CERTIFICATE OF DEATH

Died at ^{Town} Takoma Park ^{County} Montgomery

MARYLAND

Date of death 1940 Aug 24 Age 67

Months Days

Sex M Color or Race White

Birth-place England

Occupation Retired U.S. Army Where Residing if not at place of death

Married, ~~single~~ Name of Wife or Husband Sophie Bushby

Father's Name Do not know

Father's Birthplace Do not know

Mother's Maiden Name Do not know

Mother's Birthplace Do not know

Name of person giving Information Sophie Bushby

How related to deceased Wife

CAUSES OF DEATH

Primary Nephritis
Immediate Exhaustion

How long 1 year
How long 2 weeks

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

Signature of Physician Alfred T. Parsons

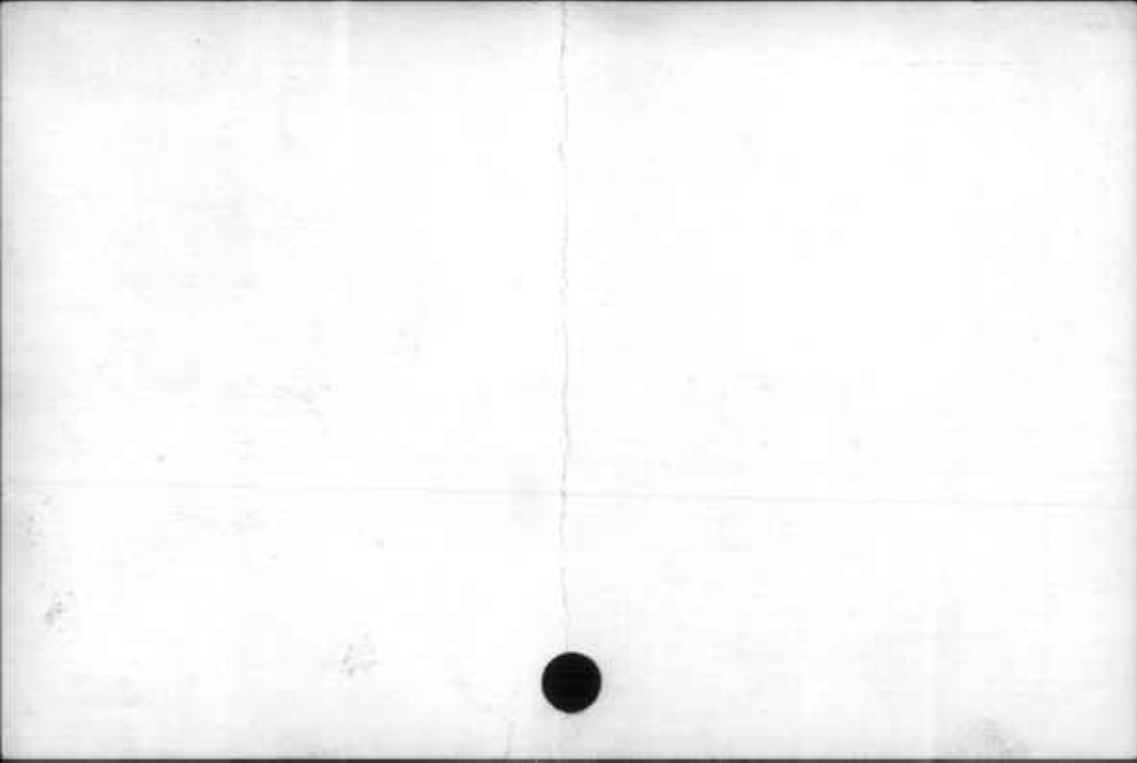
Address Takoma Park, D.C.

Accident or Suicide No

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

6



Name
in
Full

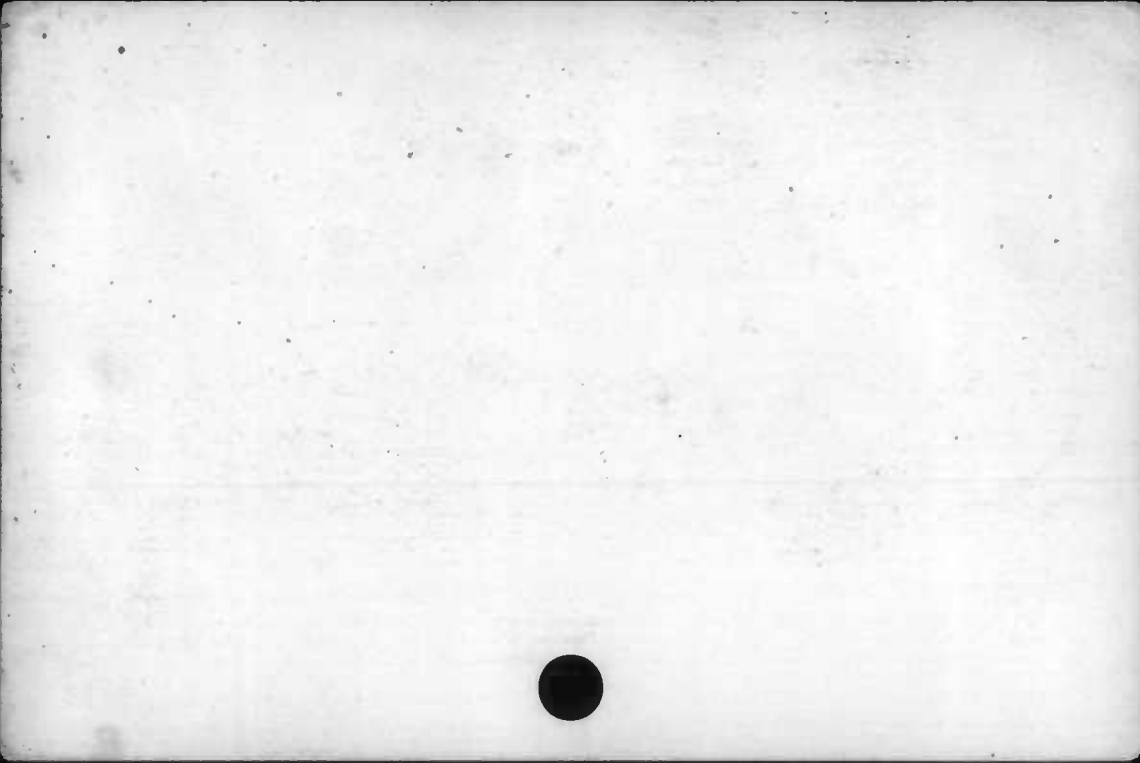
Katherine Clay

CERTIFICATE OF DEATH

Died at Bram Town Marshall County MARYLANDDate of death 19010 Month Aug. Day 25th Age 32 Years 1 Months — Days —Sex Female Color or Race Caucas Birth-place Ind.Occupation Seamstress Where Residing if not at place of death —Married, ~~Single~~ Widowed Name of ~~Wife~~ Clay HusbandFather's Name Geo. Henson Father's Birthplace Ind.Mother's Maiden Name Maham Henson Mother's Birthplace Ind.Name of person giving information Mother How related to deceased —

CAUSES OF DEATH

Primary Uterine Hemorrhage How long 128 ✓Immediate Caused by pneumonia & Laeishia How long 5 daysAre the name, age, sex, color, date and place correctly given above? — Signature of Physician O. J. LathropAddress Rockville Ind.Accident or Suicide —TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mrs Mary Dally

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

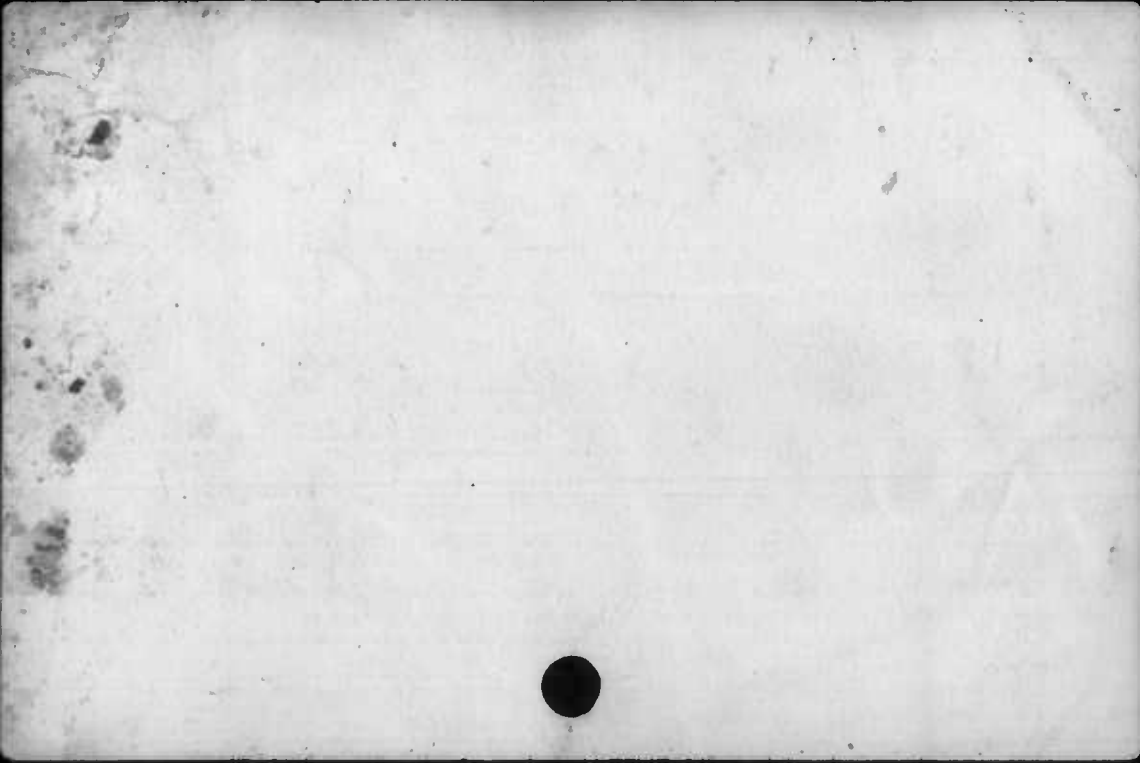
Died at		Town Rockville		County Montgomery Co		MARYLAND.	
Date of death		Month	Day	Age	Years	Months	Days
1900		Aug	28	54			
Sex		Color or Race		Birth-place			
F.		White		-			
Occupation				Where Residing if not at place of death			
Housewife				Washington, D.C.			
Married, Single or Widowed		Name of Wife or Husband					
Married		Daly					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Miss Edmund				Sister			

CAUSES OF DEATH

(28) V

PHYSICIAN
OR CORONER

Primary		How long	
Tuberculosis, Pulmonary.		abt 4 yrs	
Immediate		How long	
"		"	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. I. Pulliam	
		Address	
		Rockville	
Accident or Suicide?			
No.		M.	



Name
in
Full

CERTIFICATE OF DEATH

Owian C Davis

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Washington Grove</i> ^{County} <i>Montgomery</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>8</i>	Day <i>7</i>
Age <i>20</i>		Years	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Md</i>	
Occupation <i>Servant</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>Geo. Davis</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Emma Hall</i>	Mother's Birthplace		
Name of person giving information <i>John Finney</i>	How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>(over)</i>
Accident or Suicide?	

Mr. E. N. Stehman
was the last Physician
who attended ~~with~~
this person, and
he refused to sign
this certificate

D. H. Cahill
undertaken
by witnesses
and

RECEIVED
JUL 6 1921
BUREAU V. S.

RECEIVED
JUL 6 1921
BUREAU V. S.

Name *Mary E. Love*

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Summer Orchard</i> <small>Town</small>		<i>Montg.</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month <i>6</i>	Day <i>11</i>	Age <i>76</i>	Months <i>8</i> Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wd</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Geo. W. Love</i>				
Father's Name <i>John Wells Wilson</i>	Father's Birthplace <i>Wd</i>		Mother's Birthplace <i>"</i>		
Mother's Maiden Name <i>Mary E. Wells</i>	Name of person giving information <i>Geo. W. Love</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Trouble</i>	How long <i>79</i> ^v <i>years -</i>
Immediate <i>Acute Indigestion</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. B. Haddley</i>
	Address <i>Garthersburg Md.</i>
Accident or Suicide? _____	



Name in Full

George Duval

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Geothorough ^{County} Monty MARYLAND

Date of death 1910 ^{Month} 6 ^{Day} 25 Age 36 ^{Years} 36 ^{Months} — ^{Days} —

Sex Male Color or Race coloured Birth-place Md

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Ellen Campbell

Father's Name Chas. Duval Father's Birthplace Md

Mother's Maiden Name Mary Hall Mother's Birthplace "

Name of person giving information Edd. Duval How related to deceased Brother

CAUSES OF DEATH

120 ✓

PHYSICIAN OR CORONER

Primary Chronic Brights with Heart & Lung Complic. How long 11 to 2 years -

Immediate Heart Failure from Oedema of Lungs How long —

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

Signature of Physician A. B. Haddock.

Address Geothorough

Accident or Suicide? —



Name
in
Full

Mary Eliza Craft

CERTIFICATE OF DEATH

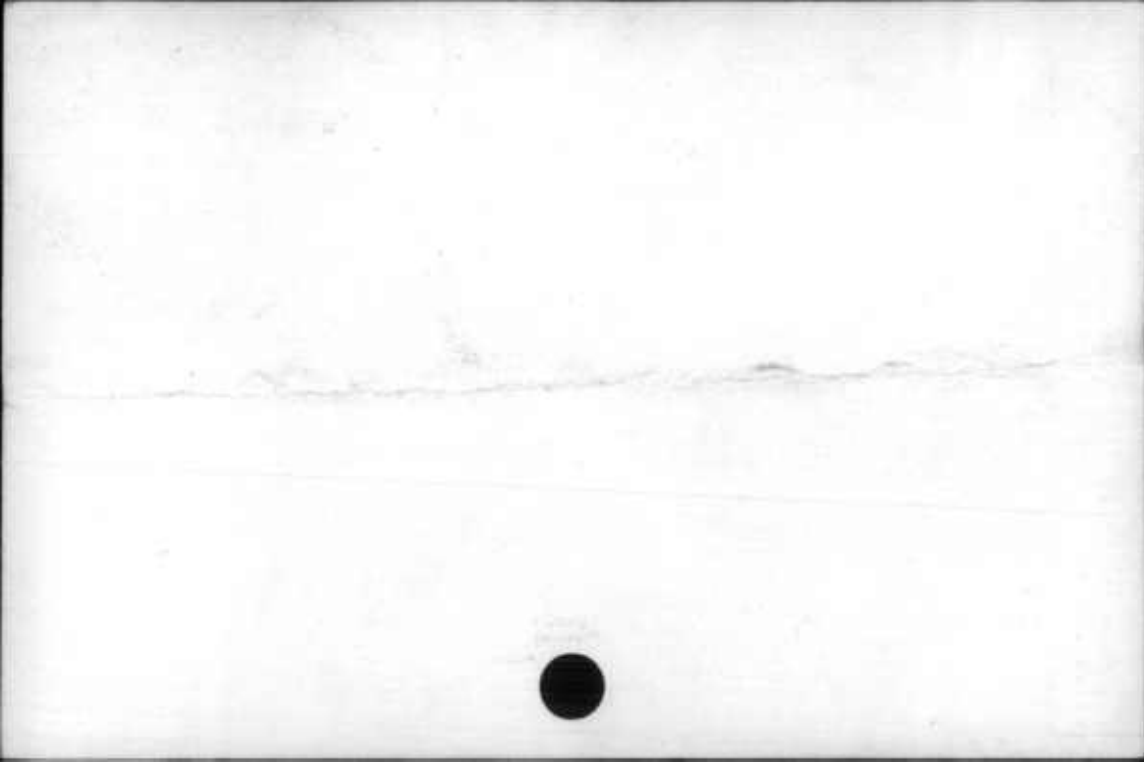
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hamrod</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death <u>1960</u>	<u>Aug</u> <small>Month</small>	<u>30</u> <small>Day</small>	Age <u>54</u>	<u>54</u> <small>Years</small>	<u>0</u> <small>Months</small>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Ind</u>		Where Residing if not at place of death <u>Brooklyn D.C.</u>	
Occupation <u>seamstress</u>	Married, Single or Widowed <u>single</u>		Name of Wife or Husband		
Father's Name <u>George H Craft</u>	Father's Birthplace <u>Pa</u>		Mother's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Mary D Brown</u>	Name of person giving information <u>Dr^m Craft</u>		How related to deceased <u>brother</u>		

CAUSES OF DEATH

Primary <u>Acute Anterior Polomyelitis</u>	How long <u>2 weeks</u>
Immediate <u>Acute Anterior Polomyelitis</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J B Anderson</u>
Address <u>Richmond Ind</u>	
Accident or Suicide <u>no</u>	

PHYSICIAN
OR CORONER



Name in Full

George Edward Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

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

Date of death 1900 ^{Month} Aug ^{Day} 30 Age 65 ^{Years} 8 ^{Months} 20 ^{Days}

Sex Male Color or Race White Birth-place Montgomery Co

Occupation Farm work Where Residing if not at place of death

Married, Single or Widowed widowed Name of Wife or Husband Adelaide Green

Father's Name Edward Green Father's Birthplace Montgomery

Mother's Maiden Name Verluda Darnie Mother's Birthplace Virginia

Name of person giving Information Lillian Gardner How related to decedent Daughter

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary Bright's Disease How long 10 Mon

Immediate Wraema How long few hrs

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

Signature of Physician Vernon H Dixon Address Raytownville Maryland

Accident or Suicide

Physiology
of the
Human Body



Name
In
Full

Meredith Brooke Green

CERTIFICATE OF DEATH

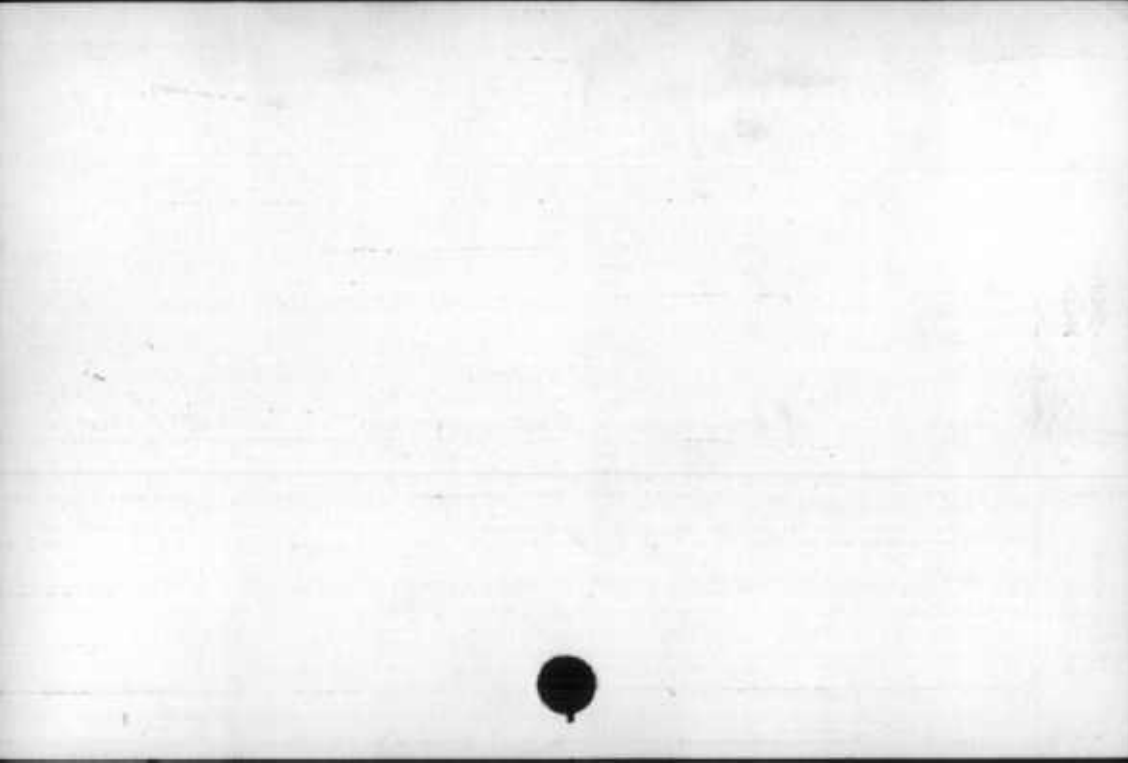
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brookville</u> ^{Town}		<u>Montg.</u> ^{County}		MARYLAND	
Date of death <u>1940</u>	Month <u>Aug.</u>	Day <u>26</u>	Age <u>9</u> ^{Years}	Months <u>4</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Brookville Md.</u>			
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>Wm. French Green</u>			Father's Birthplace <u>Stafford Co., Va.</u>		
Mother's Maiden Name <u>Edith Fargular Brooke</u>			Mother's Birthplace <u>Montg. Co.</u>		
Name of person giving information <u>Wm. F. Green</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diphtheria</u>	How long <u>2 days</u>
Immediate <u>Heart failure</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Drs. Fargular & Green</u>
	Address <u>Olney Md. & Brookville Md.</u>
Accident or Suicide? _____	



Name
in
Full

John

Harding

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cloverly</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death	<u>1900</u> <small>Year</small>	<u>Aug</u> <small>Month</small>	<u>22</u> <small>Day</small>	Age	<u>2</u> <small>Years</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth place	<u>Cloverly</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Angelus Harding</u>			Grandfather's Name	<u>Monty G. med</u>
Mother's Maiden Name	<u>Susie Scigar</u>			Mother's Name	<u>Monty G. med</u>
Name of person in information	<u>Wm Scigar</u>			How related to person	<u>Grand Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Brass</u>	How long	
Immediate	<u>Peritonitis</u>	How long	<u>(117)</u> ✓
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. R. Patson</u>		
	Address <u>Spencerville</u> <u>MD</u>		
Accident or Suicide?			



Name
in
Full

Russell Moore Harding

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Spencerville ^{County} Mont

MARYLAND

Date of death 1900 ^{Month} aug ^{Day} 11 ^{Age} ^{Years} ^{Months} 4 ^{Days}Sex ^{Male} Color or Race ^{White} Birth place ^{Spencerill}

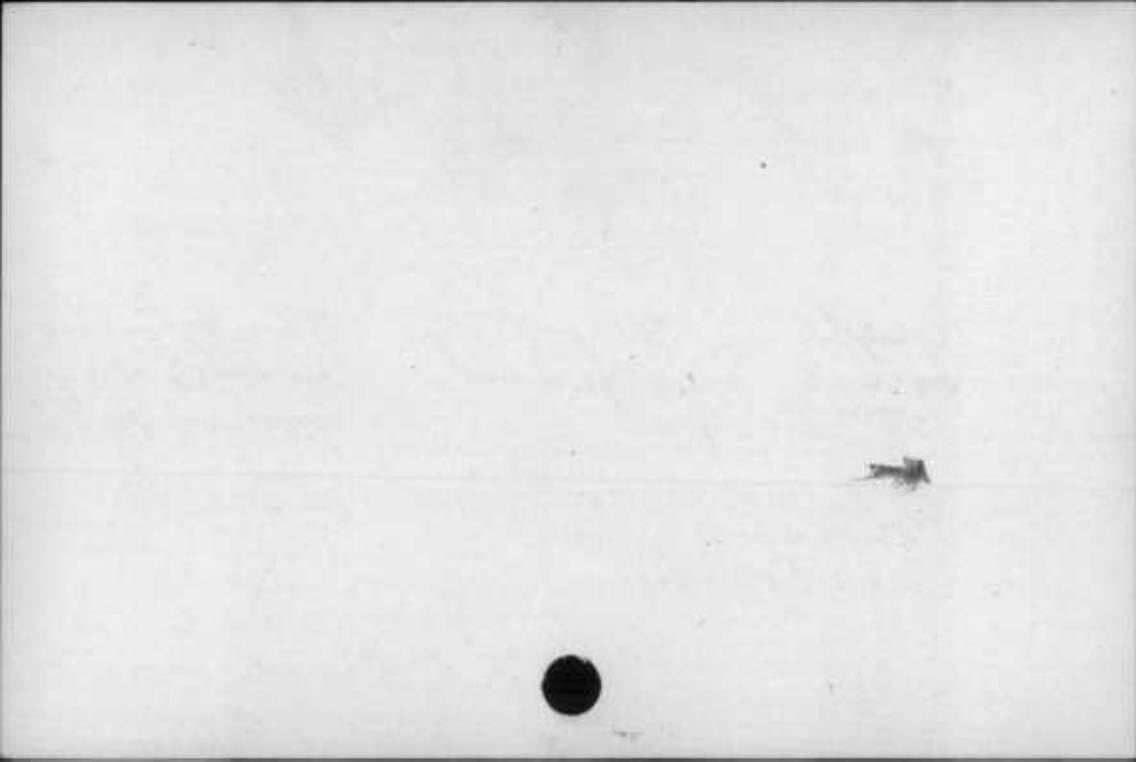
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____Father's Name ^{James Harding} Father's Birthplace ^{Spencerill, Md}Mother's Maiden Name ^{Ada Moore} Mother's Birthplace ^{Spencerill, Md}Name of person giving information ^{Thomas Harding} How related to decedent ^{Sister}

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary ^{Cholera Infarction} How long ^{2 weeks}Immediate ^{Convulsions} How long ^{2 days}Are the name, age, sex, color, date and place correctly given above? ^{yes}Signature of Physician ^{J. R. Batson}Address ^{Spencerill}^{Md}

Accident or Suicide? _____



Name
is
Full

Carric E Harper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Gaithersburg		County Montgomery		MARYLAND	
Date of death	1910	Month	8	Day	2	Years	Age 23
						Months	3
						Days	11
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	Geo. Harper			
Father's Name	Howard Selby			Father's Birthplace	MD		
Mother's Maiden Name	Martha Reed			Mother's Birthplace	"		
Name of person giving information	Jas Reed			How related to decedent	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Blood Poison	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

Sherman Samil Hodge

CERTIFICATE OF DEATH

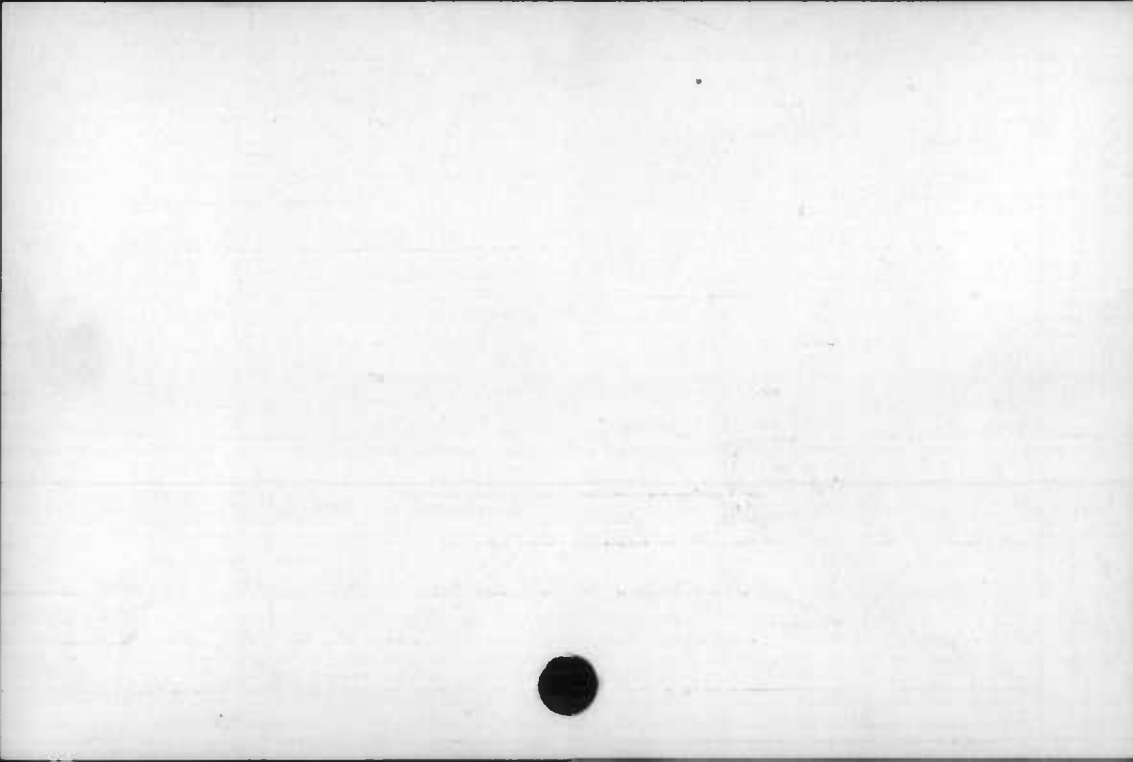
Died <i>near</i> ^{Town} <i>Brookville</i>		^{County} <i>Monty</i>		MARYLAND	
Date of death	<i>1900</i>	Month	<i>Aug.</i>	Day	<i>28</i>
Age	<i>—</i>	Years	<i>—</i>	Months	<i>2</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Washington D.C.</i>
Occupation	Where residing if not at place of death		<i>Washington D.C.</i>		
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband	<i>—</i>		
Father's Name	<i>Samil J. Hodge</i>		Father's Birthplace	<i>Montgomery Co.</i>	
Mother's Maiden Name	<i>Eliza Bruden</i>		Mother's Birthplace	<i>Monty. Co. Md.</i>	
Name of person giving information	<i>Samil Hodge</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

1895

Primary	How long	<i>1895</i>
Immediate	How long	<i>about one & half mos.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	<i>Yes</i>
	Address	<i>W. F. Green</i>
		<i>Brookville, Md.</i>
Accident or Suicide?		

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
Full

CERTIFICATE OF DEATH

William J. Johnson

Town

County

MARYLAND

Died at *Clarksburg**Montgomery*

Date

Month

Day

Age

Years

Months

Days

of death 19*40**Aug**17**80*

Sex

*Male*Color or
Race*White*Birth-
place*Montgomery Co. Md.*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
HusbandFather's
Name*Joseph Johnson*Father's
Birthplace*Wickham*Mother's
Maiden Name*Annier Bennett*Mother's
Birthplace*Unknown*Name of person giving
Information*J. V. Nicholson*How related
to deceased*Nephew*

CAUSES OF DEATH

Primary

Infirmities due to age -

How long

15-21

How long

2 weeks

Immediate

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

Address

*J. G. Deets
Clarksburg, Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Hammie Belle King

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

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

Date of death 1900 Aug 26 Age 18 Months — Days —

Sex Female Color or Race White Birth-place Md

Occupation — Where Residing if not at place of death —

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

Father's Name Middleton N. King Father's Birthplace Md

Mother's Maiden Name Francis Waters Mother's Birthplace Md

Name of person giving Information Middleton N. King Have related to deceased Father

CAUSES OF DEATH

Primary Typhoid fever How long 16 days

Immediate Cardiac dilatation & hemorrhage How long 2 days

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

Signature of Physician R. C. Froust M.D.

Address ————

Accident or Suicide No

PHYSICIAN OR CORONER

Signature of Physician/Coroner



Name
in
Full

Alice Lee

CERTIFICATE OF DEATH

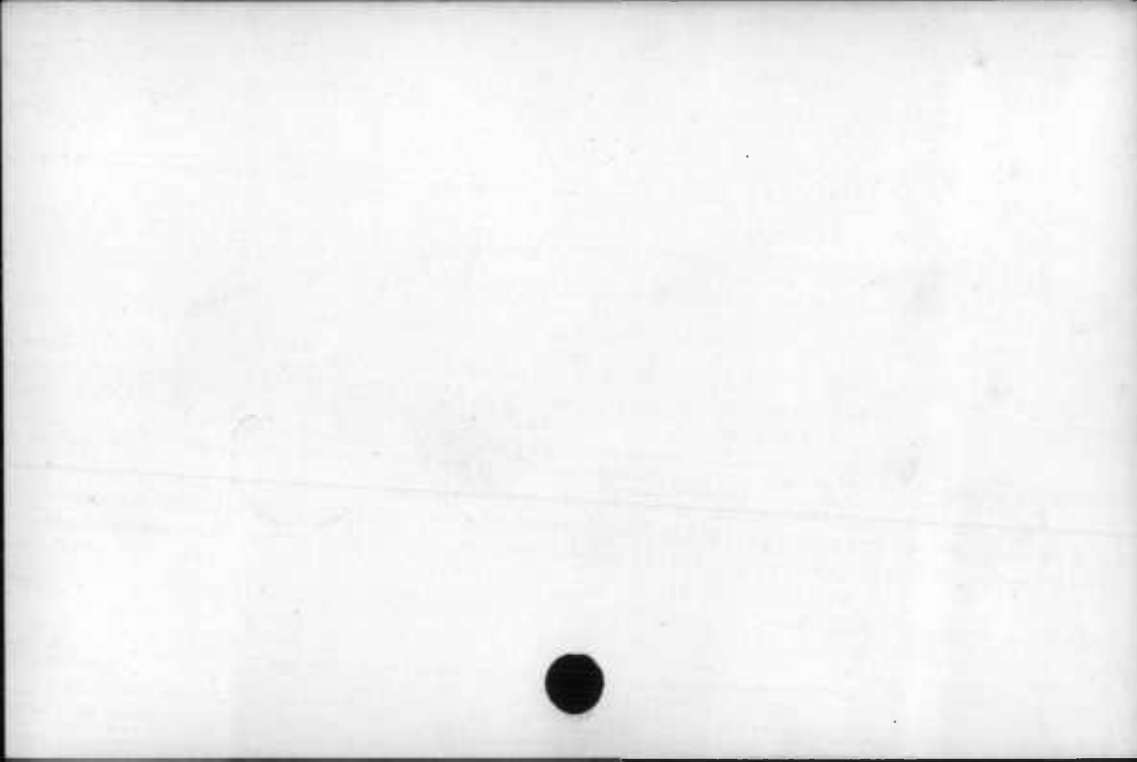
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Olney</i> ^{Town}		<i>Moulbournery</i> ^{County}		MARYLAND	
Date of death <i>1900</i>	<i>Aug.</i> ^{Month}	<i>29</i> ^{Day}	Age <i>39</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Howard Co., Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Johm Lee</i>				
Father's Name <i>Reveries Walker</i>	Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i>Alice Walker</i>	Mother's Birthplace <i>Howard Co., Md.</i>				
Name of person giving information <i>Johm Lee</i>	How related to deceased <i>Husband.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>28</i> ^{days}
Immediate <i>Aspiration</i>	How long <i>about one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. Farguehar,</i>
	Address <i>Olney, Md.</i>
Accident or Suicide?	



Name
in Full

Lydia L. Sumley

CERTIFICATE OF DEATH

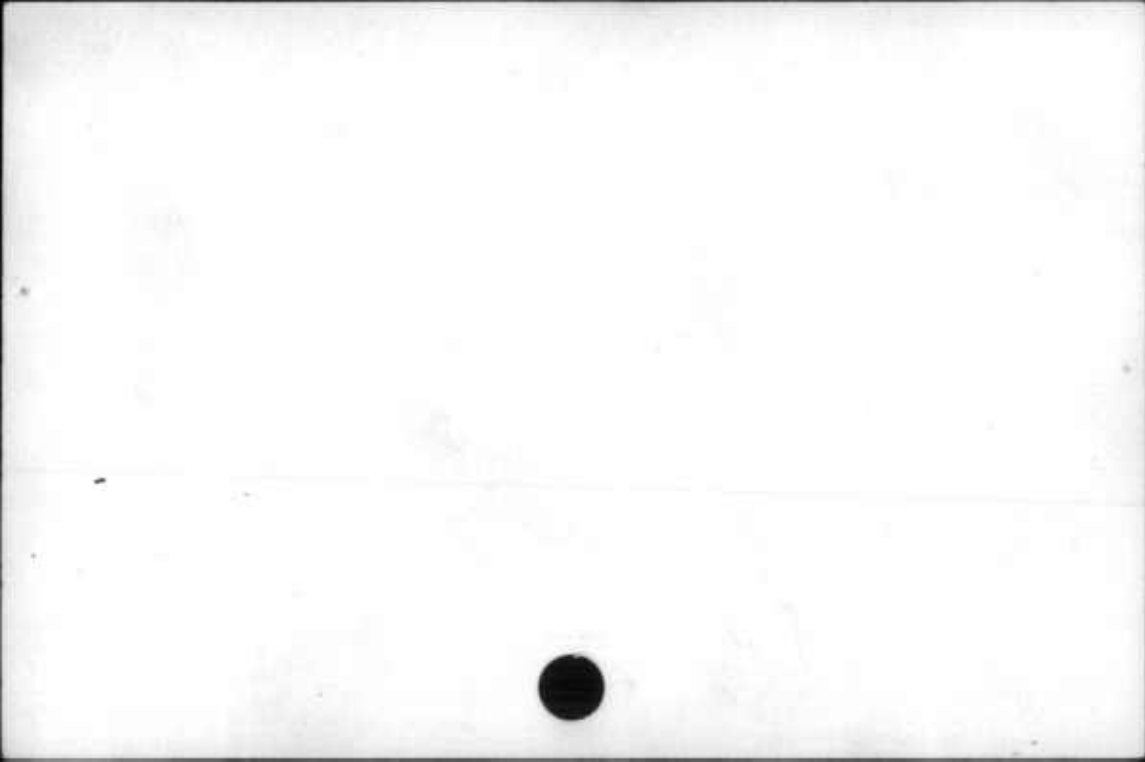
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Spencerville</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death 19 <u>40</u>	Month <u>8</u>	Day <u>5</u>	Age <u>28</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Montgomery Co.</u>			
Occupation <u>Home</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Robert Sumley</u>				
Father's Name <u>Frances Murphy</u>	Father's Birthplace <u>Montgomery Co.</u>				
Mother's Maiden Name <u>Rachael Donaldson</u>	Mother's Birthplace <u>Samuel Ind</u>				
Name of person giving Information <u>Robert Sumley</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

Primary <u>Pulmonary Tuberculosis</u>	How long <u>3 years</u>
Immediate <u>Pneumonia</u>	How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>J. M. Bird M.D.</u>
	Address <u>Sandy Spring Ind.</u>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
In
Full

Mellie Crosby McCarthy

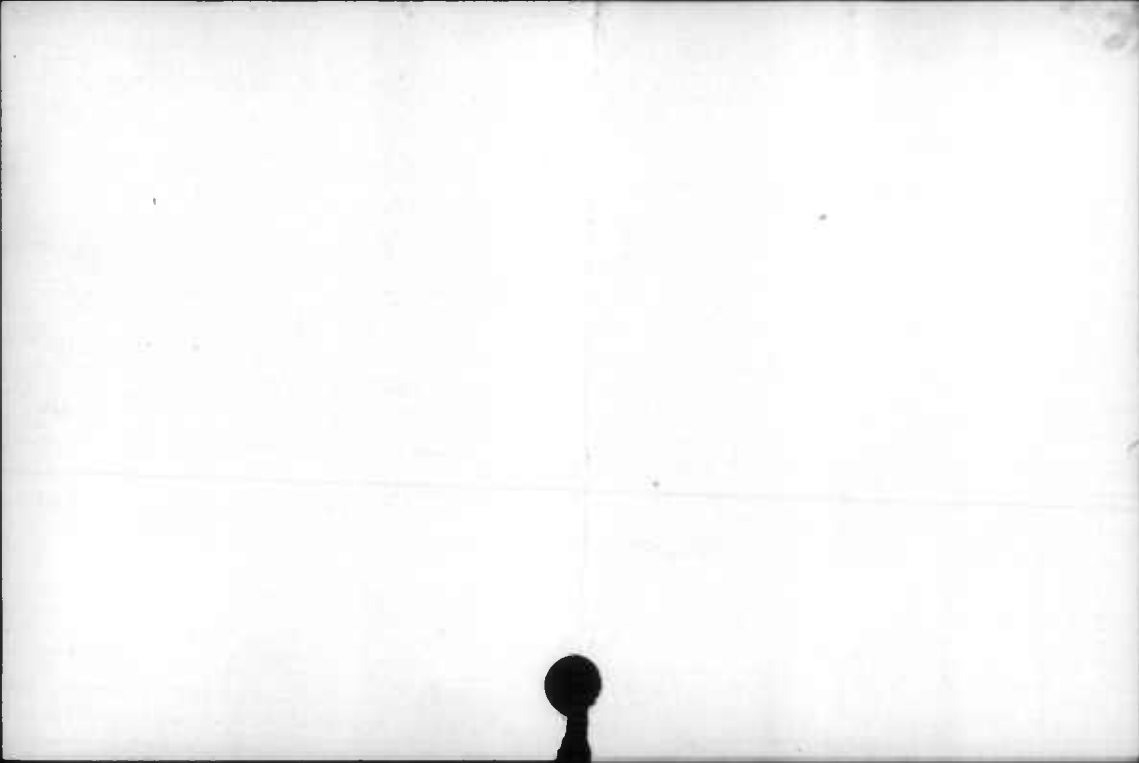
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Silver Spring		Montgomery		MARYLAND	
Date of death		1900	Aug	23	Age	47	15
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Reading if not at place of death		Iowa	
Married, Single or Widowed		Married		Name of Wife or Husband		John B. McCarthy	
Father's Name		Francis H. Crosby		Father's Birthplace		Iowa	
Mother's Maiden Name		Sarah Ballard		Mother's Birthplace		Iowa	
Name of person giving information		Glady's Persons		How related to deceased		Daughter	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cerebral Hemorrhage	How long	6 Hrs
	Immediate	Apoplexy	How long	"
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Yes.		H. J. Brown	
Accident or Suicide?		Address		Silver Spring



Name
in
Full

Mrs Ann M Magruder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cherry Chase		County Montgomery		MARYLAND	
Date of death		19	Month August	Day 20	Age 82	Years 7	Months 11
Sex female		Color or Race white		Birth- place Montg. Co., Md			
Occupation		Where Residing if not at place of death Cherry Chase					
Married, Single or Widowed married		Name of Wife or Husband Keshly Magruder					
Father's Name Samuel Hardisty		Father's Birthplace Unknown					
Mother's Maiden Name Martha Mc Culbin		Mother's Birthplace "					
Name of person giving Information Lelia A. Stone		How related to deceased "					

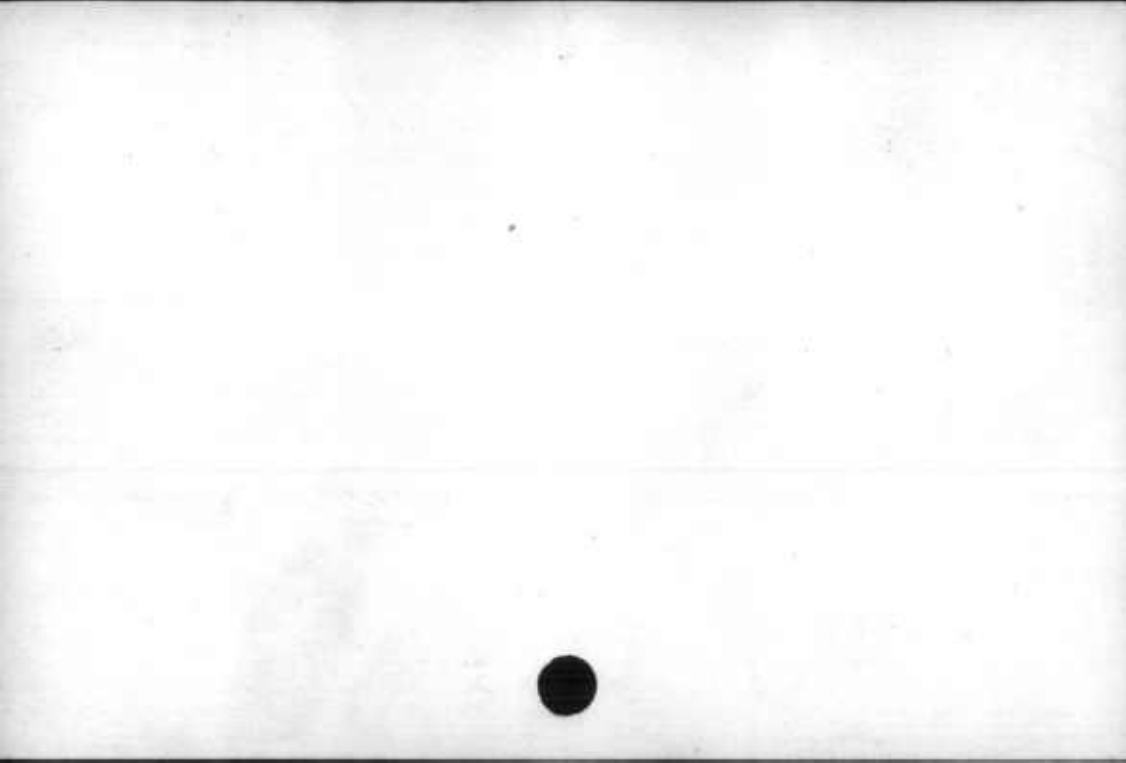
CAUSES OF DEATH

113

✓

PHYSICIAN
OR CORONER

Primary	Birr hosis of Liver	How long eight weeks
Immediete	Exhaustion	How long two weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician George B Kemecke
Accident or Suicide	no.	Address 5634 Georgia av. NW Brightwood, DC.



Name in Full

George O. Crumb Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Rockville ^{Town} Montgomery ^{County} **MARYLAND**

Date of death 1901 May ^{Month} 22 ^{Day} Age 30 ^{Years} 0 ^{Months} 0 ^{Days}

Sex male Color or Race black Birth-place Ind

Occupation coachman Where Residing if not at place of death _____

Married, Single or Widowed married Name of Wife or Husband Jessie Sampson

Father's Name George O. Crumb Father's Birthplace Ind

Mother's Maiden Name Rose Posier Mother's Birthplace Ind

Name of person giving information George O. Crumb How related to deceased father

CAUSES OF DEATH

78 N
How long 8 days

PHYSICIAN OR CORONER

Primary Acute Myocarditis How long 8 days

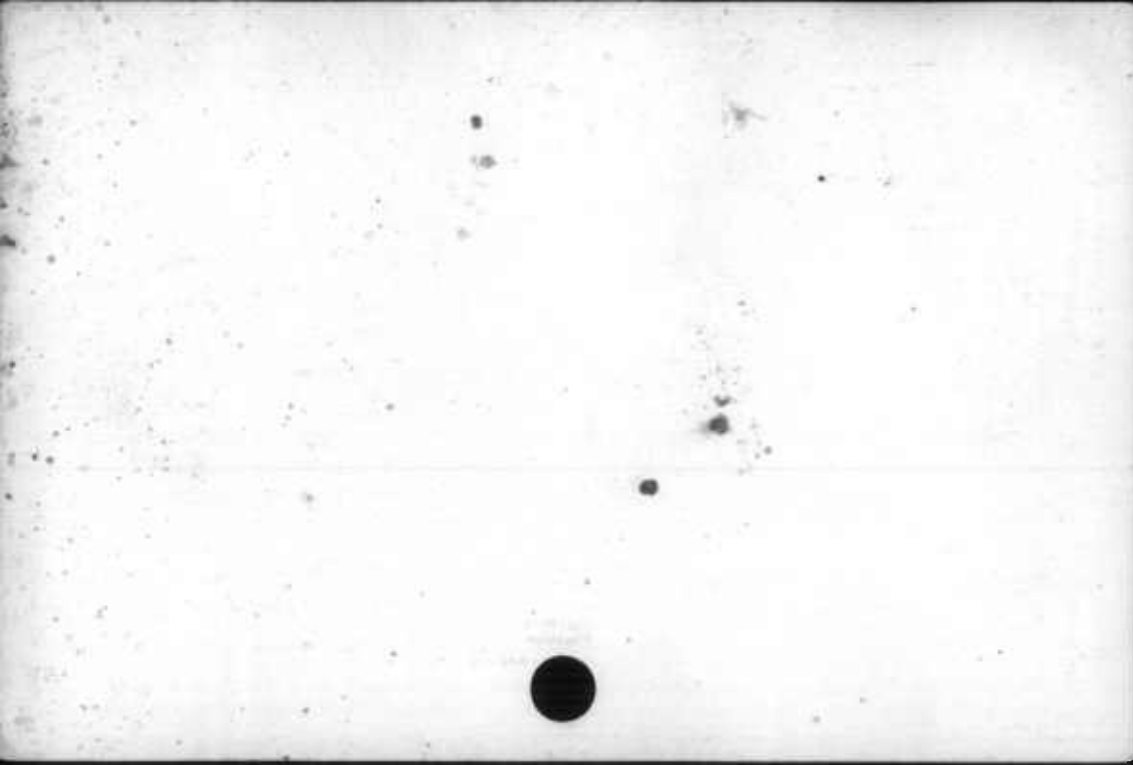
Immediate Acute Myocarditis How long 8 days

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

Signature of Physician J. O. Anderson

Address Rockville Ind

Accident or Suicide no



Name in Full

Willard Lee Mullinix

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Lewisdale Town Montgomery County MARYLAND

Date of death 1960 Aug 1 Age 7 Months Days

Sex Male Color or Race White Birthplace Md

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Reese Mullinix Father's Birthplace Md

Mother's Maiden Name Julia Cutsail Mother's Birthplace Md

Name of person giving information Reese Mullinix How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Whooping Cough How long 6 weeks

Immediate Measles How long 3 days

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

Signature of Physician J. B. Penton D

Address Keplow Md

Accident or Suicide No



Name
is
Full

Chas. Brooke Musgrove

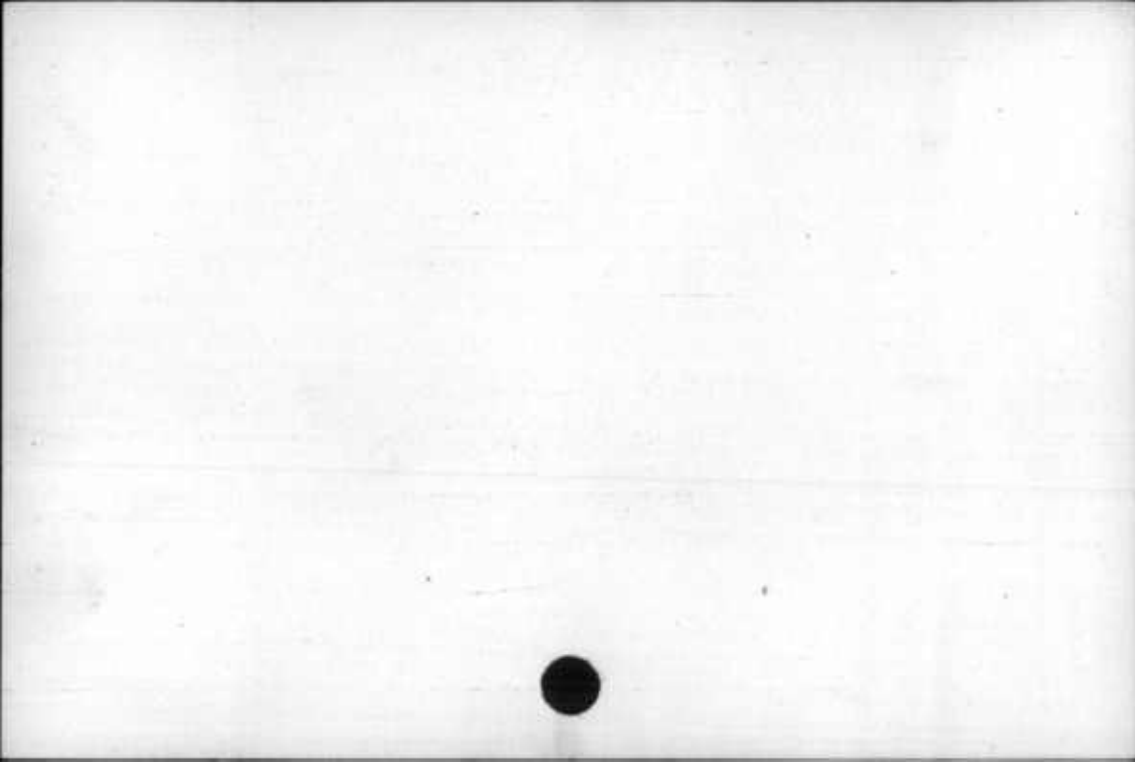
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Brookville		^{County} Monty-		MARYLAND	
Date of death 1940	Month Aug	Day 30 th	Age 3	Months <input checked="" type="checkbox"/>	Days <input checked="" type="checkbox"/>
Sex Male	Color or Race White		Birth-place Brookville Md		
Occupation <input checked="" type="checkbox"/>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name Francis Brown Musgrove Frank Musgrove			Father's Birthplace Frederick Co., Md.		
Mother's Maiden Name Clara Briggs			Mother's Birthplace Rockville Md		
Name of person giving information Francis Brown Musgrove			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN DR-CORNER.	Primary	Toxaemia	How long	10 H <input checked="" type="checkbox"/>	
	Immediate	following Intestinal Indigestion	How long	5 days	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. F. Green	
			Address	Brookville Md.	
Accident or Suicide? <input type="checkbox"/>					



Name
In
Full

Thamast Nash

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Kewington ^{County} Montgomary MARYLANDDate of death 1940 ^{Month} May ^{Day} 3 ^{Age} ^{Years} ^{Months} 6 ^{Days} 1 78Sex ^{Male} Color or Race ^{White} Birth-place ^{D.C.}Occupation ^{None} Where residing if not at place of death ^{Same}Married, Single or Widowed ^{Single} Name of Wife or HusbandFather's Name ^{R. E. Nash} Father's Birthplace ^{D.C.}Mother's Maiden Name ^{Mauda Finck} Mother's Birthplace ^{D.C.}Name of person giving information ^{R. E. Nash} How related to deceased ^{Father}

CAUSES OF DEATH

Primary ^{Cholerae Enteritidis} How long ^{10 1/2 hrs}Immediate ^{Meningitis} How long ^{One day}Are the name, age, sex, color, date and place correctly given above? ^{Yes} Signature of Physician ^{Ernest Jones}Address ^{Kewington}Accident or Suicide? ^{No}



Name
in Full

Millisa Gilbert Poler

CERTIFICATE OF DEATH

Died at ^{Town} Lakona Park ^{County} Montgomery MARYLAND

Date of death 1910 Month 8 Day 22 Age 98 Months 8 Days 21

Sex female Color or Race white Birth-place N.Y.

Occupation wife Where Residing if not at place of death

Married: Single Widowed Name of Husband John S. Poler

Father's Name Samuel Gilbert Father's Birthplace N.Y.

Mother's Maiden Name Elisabeth Mother's Birthplace N.Y.

Name of person giving in formation Mary Poler How related to deceased daughter

CAUSES OF DEATH

Primary Interstitial Nephritis + Paralysis How long several years.

Immediate Senile gangrene of leg How long two weeks

Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician G. H. Wright

Address Forest Glen Md

Accident or Suicide? (over)

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Jameson & Co
L. M. Moore & Co -
Regulator for Takoma Park, Md -

Geo Wright
undertaker,

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

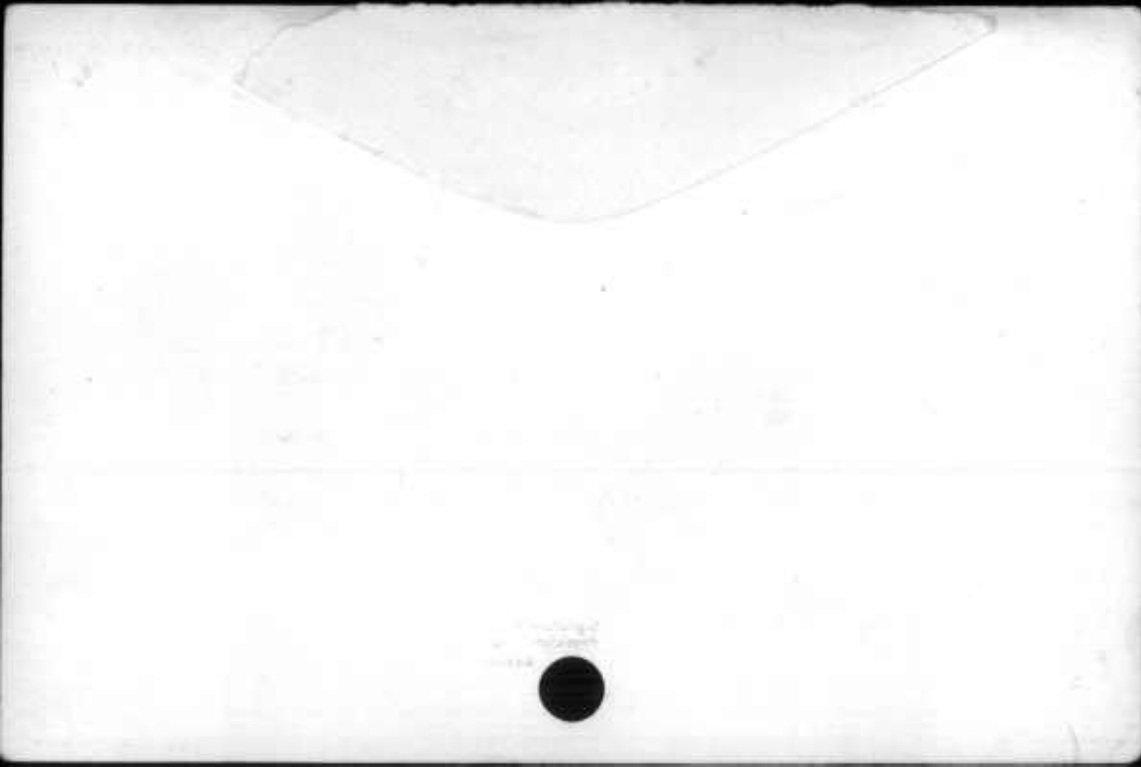
Died at *Brookwood Mount* Town *Brookwood Mount* County *Brookwood Mount* Months *4* Days *—*Date of death 19*10* Aug *20* Age *1* Months *4* Days *—*Sex *Female* Color or Race *White* Birth-place *MD*Occupation *Infant* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *Single*Father's Name *John Elgin Poole* Father's Birthplace *MD*Mother's Maiden Name *Raura Reed* Mother's Birthplace *MD*Name of person giving Information *John Elgin Poole* How related to decedent *Stepbro*

CAUSES OF DEATH

Primary *Cholera Infantum* How long *34 hrs*Immediate *Cordiae bacteria* How long *4 hours*Are the name, age, sex, color, date and place correctly given? *yes* Signature of Physician *E. W. White*Address *Poolsville MD*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Roy J. Pugh

CERTIFICATE OF DEATH

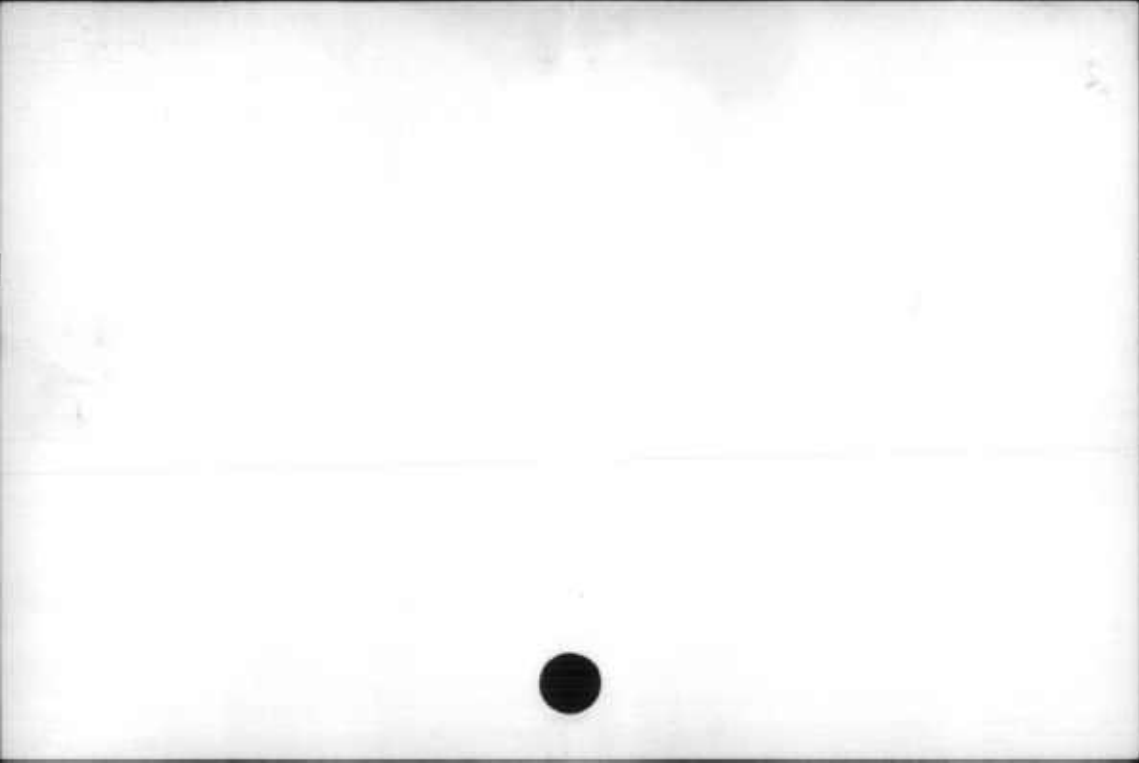
Died at ^{Town} *Bethesda* ^{County} *Montgomery* **MARYLAND**Date of death 19*60* ^{Month} *8* ^{Day} *30* Age ^{Years} *44* ^{Months} *2* ^{Days} *✓*Sex *male* Color or Race *white* Birth-place *Bethesda, Md.*Occupation *none* Where Residing if not at place of death *✓*Married, Single or Widowed *Single* Name of Wife or Husband *✓*Father's Name *Lewis N. Pugh* Father's Birthplace *Virginia*Mother's Maiden Name *Nannie Susan Will* Mother's Birthplace *Virginia*Name of person giving Information *Lewis N. Pugh* How related to deceased *Father*

CAUSES OF DEATH

Primary *Anterior Poliomyelitis* ^{How long} *about 30 hours*Immediate *Paralysis of respiration* ^{How long} *2 hours*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *John L. Lewis, M.D.*Address *Bethesda, Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Katherine J Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Roadville ^{Town} Meigs ^{County} **MARYLAND**

Date of death 1910 ^{Month} Aug ^{Day} 1st ^{Years} Age 58 ^{Months} 5 ^{Days} —

Sex Female Color or Race White Birth-place Me.

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Philip Reed

Father's Name Martin Chapman Father's Birthplace Me.

Mother's Maiden Name Lucinda Lewis Mother's Birthplace Me.

Name of person giving Information Tom Reed How related to deceased Sister

CAUSES OF DEATH

Primary Chronic nephritis 120 How long 2 yrs.

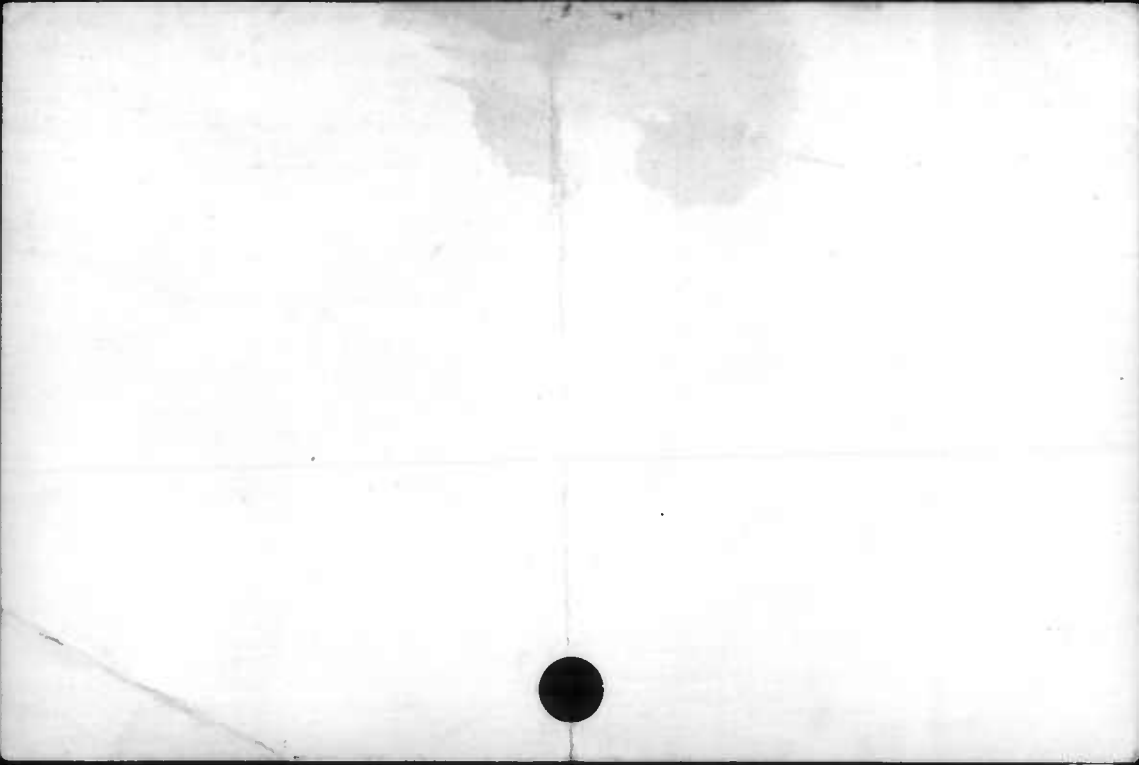
Immediate Uremic poisoning How long 100 yrs.

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

Signature of Physician O. W. Hutchinson
Address Roadville

Accident or Suicide No

PHYSICIAN
OR CORONER



Name
in
Full

Helena Frances Richter

CERTIFICATE OF DEATH

Died at German town

Town

Montgomery

County

MARYLAND

Date of death 1960 Aug.

Month

3 Day

Age 90

Yrs.

Months 11

23 Days

Sex Girl

Color or
Race

White

Birth-
place

German town

Occupation

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

John N. Richter

Father's
Birthplace

German town Md

Mother's
Maiden Name

Helen F. Metz

Mother's
Birthplace

Georgetown Md

Name of person giving
Information

John N. Richter

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

189.5

How long

3 Mo

Immediate

Peritonitis

How long

2 days

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

yes

Signature of
Physician

J. N. Simpers

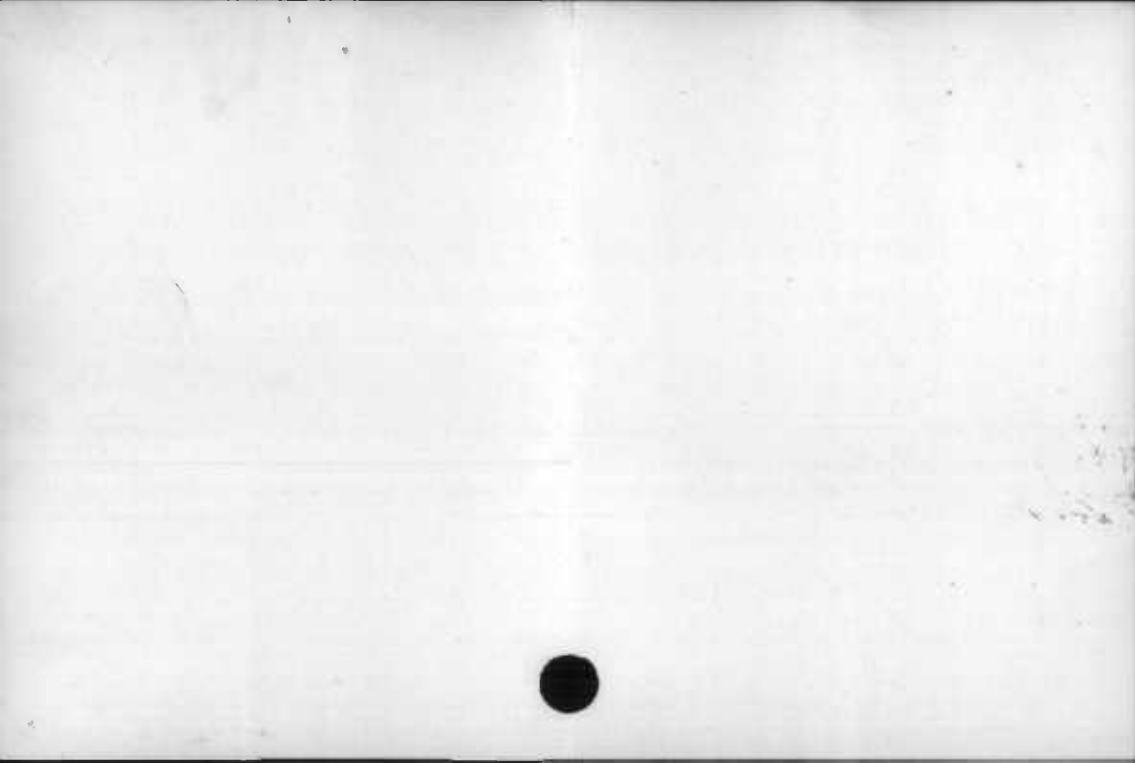
Address

German town, Md.

Accident or Suicide?

-

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
to
Full

William Thomas Richter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		Aug	19	0		1	1
Sex		Color or Race		Birth-place			
Boy		White		German town			
Occupation				Where Reading if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
John N Richter				German town Md			
Mother's Maiden Name				Mother's Birthplace			
Helen D Metz				Georgetown, Md.			
Name of person giving information				How related to deceased			
John N Richter				Father			

CAUSES OF DEATH

Primary	Dentition	How long	(61) ✓
Immediate	Meningitis	How long	1 week
			14 hrs

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

Yes

Signature of Physician

J. N. Simpson

Address

German town Md

Accident or Suicide?



Name
in
Full

Ruben Riggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Goshen		County Montgomery		MARYLAND	
Date of death	1900	Month	Aug	Day	1	Age	70
				Years		Months	8
				Days			2
Sex	Male	Color or Race	White	Birthplace	Montgomery Co		
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Emma Jones Riggs			
Father's Name	Samuel Riggs J R			Father's Birthplace	Montgomery Co		
Mother's Maiden Name	Michael Griffith			Mother's Birthplace	Montgomery Co		
Name of person giving Information	Somerset Jones			How related to deceased	Brother in law		

CAUSES OF DEATH

Primary	Chronic Interstitial Cardiac Disease		How long	79 Several years
Immediate	Heart failure		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Vernon H. Deason
			Address	Laytonville Md
Accident or Suicide				

PHYSICIAN
OR CORONER

10/15/19



10/15/19

Name
in
Full

Andrew Small

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

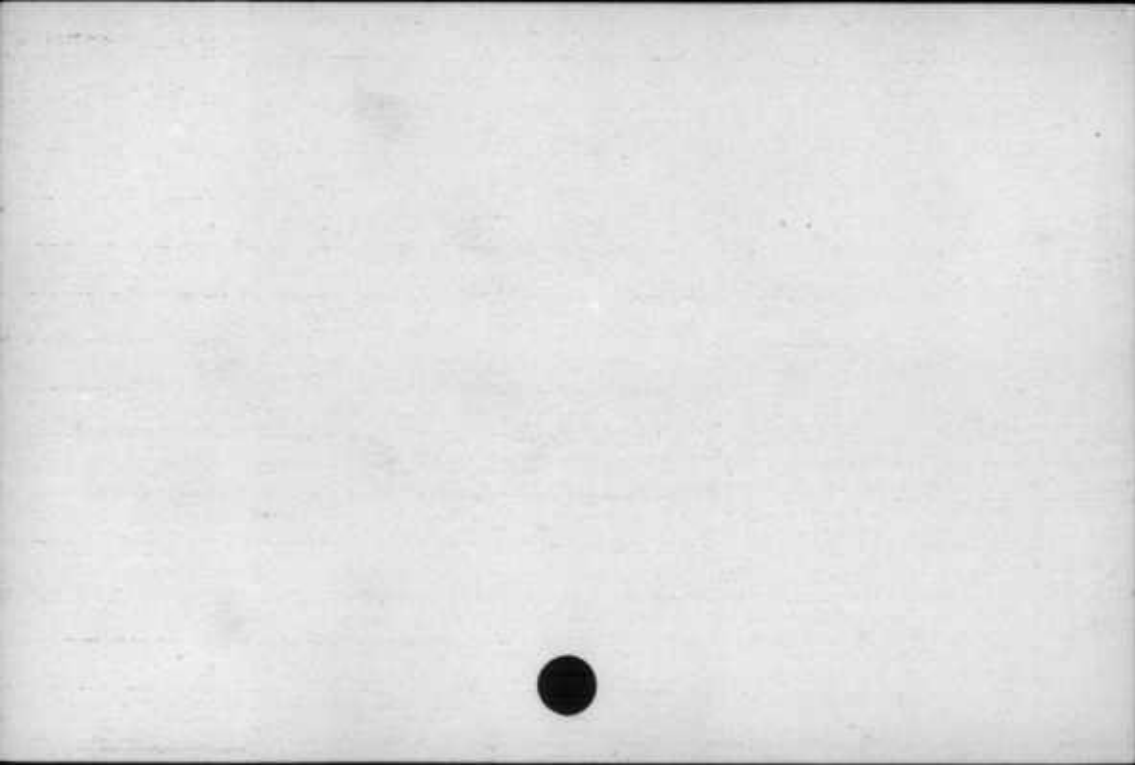
Died at <i>Bowds</i> Tcwn		County <i>Montg.</i>		MARYLAND	
Date of death	19 <i>20</i>	Month <i>Aug.</i>	Day <i>3</i>	Age <i>53</i>	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>		
Occupation <i>Dealer in machinery & hardware</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elida Broadwater</i>				
Father's Name <i>John Small</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Anni Fleming</i>	Mother's Birthplace <i>Scotland</i>				
Name of person giving information <i>Thomas Small</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

50 L

PHYSICIAN
OR CORONER

Primary <i>Diabetes</i>	How long <i>12 mos -</i>
Immediate <i>Ephraim due gangrene foot</i>	How long <i>6 mos -</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. E. Deets</i>
	Address
Accident or Suicide?	



Name
in
Full

Carroll Farguehan Stromberg

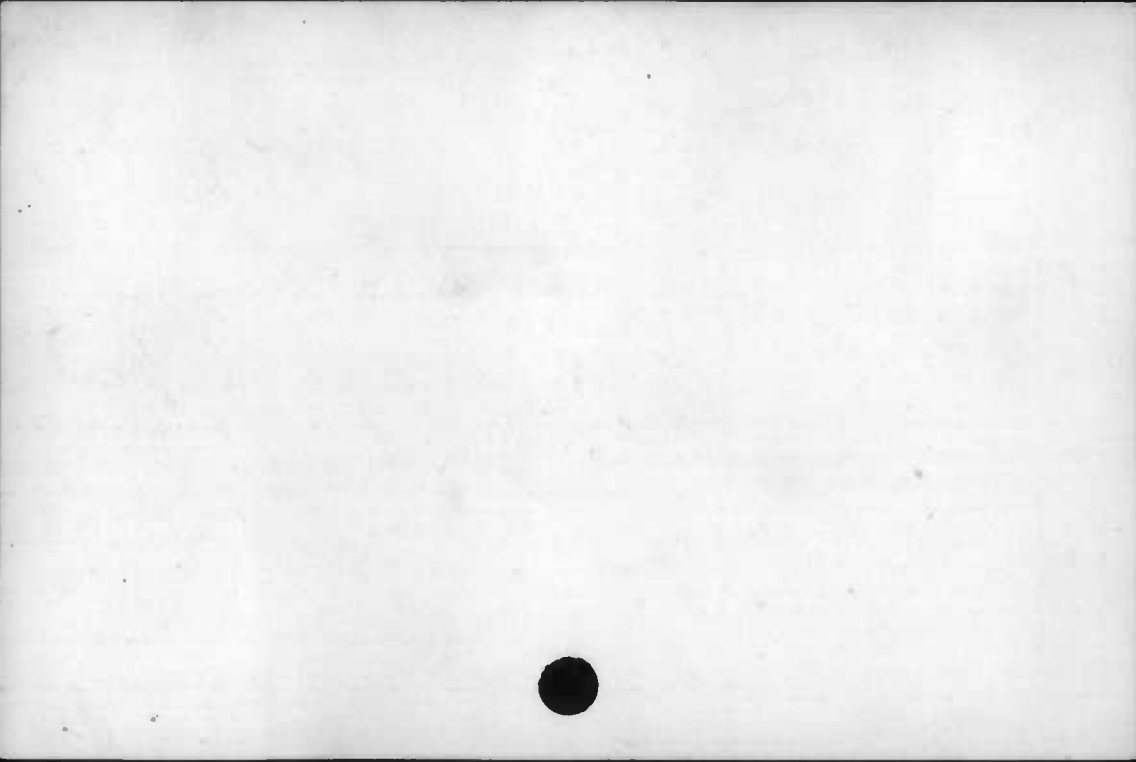
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ednoc		County Montgomery		MARYLAND	
Date of death	1900	Month Aug.	Day 28	Age	—	Years	Months 2
Sex	Male		Color or Race	White		Birth-place	Montg. Co. Md.
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband None				
Father's Name	John H. Stromberg				Father's Birthplace	Maryland	
Mother's Maiden Name	Mary E. Melsted				Mother's Birthplace	Maryland	
Name of person giving information	Thomas E. Jones				How related to deceased	No relation	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Malaria & Cholera Infantum	How long	(10 H) ✓
	Immediate	Askenia	How long	About 2 months
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Carroll Farguehan
	Accident or Suicide?		Address	Olney, Md.



Name
In
Full

CERTIFICATE OF DEATH

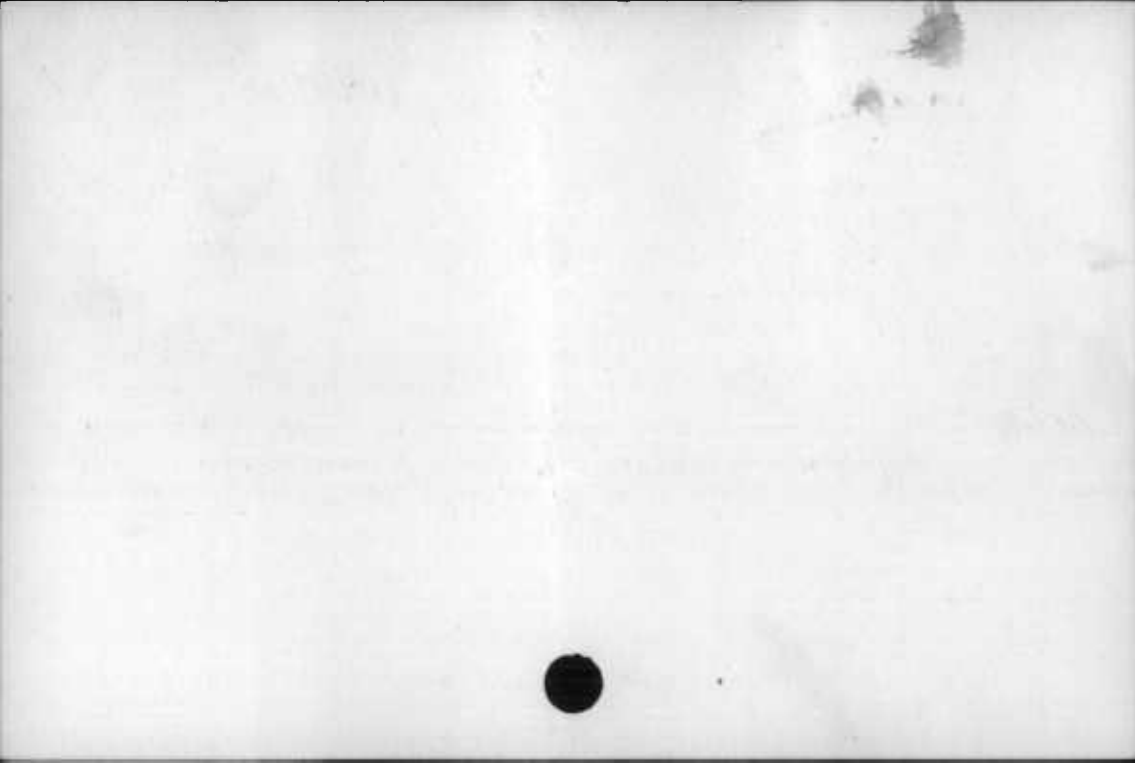
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Beauly Thornton Town		Montgomery County		MARYLAND	
Date of death		19	21	Age	76	Months	Days
Sex		Male		Color or Race		Black	
Occupation		none		Where Residing if not at place of death		Same	
Married, Single, or Widowed		Widowed		Name of Wife or Husband		Lus Carson	
Father's Name		Robert Thornton		Father's Birthplace		Va	
Mother's Maiden Name		Ankerson		Mother's Birthplace		Va	
Name of person giving information,		Howard Thornton		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of the lungs	How long	28	3 months
Immediate	Tuberculosis of the lungs	How long	3 months	3 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	[Signature]	
Address	Cedar Street Leesburg			
Accident or Suicide?	No			



Name
in
Full

Bertha E. Telly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wash. Iron</i>		Town <i>Iron</i>		County <i>Mt.gomery</i>		MARYLAND	
Date of death <i>1910 Aug 8</i>		Month <i>Aug</i>		Day <i>8</i>		Age <i>51</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Galena, Ill</i>		Months <i>—</i>	
Occupation <i>Clerk</i>		Where Residing if not at place of death <i>Washington D C</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Mrs L. Guntton</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

Primary *Acute Sup Encephalitis*
Exhaustion

How long *4 days*
How long *1 day*

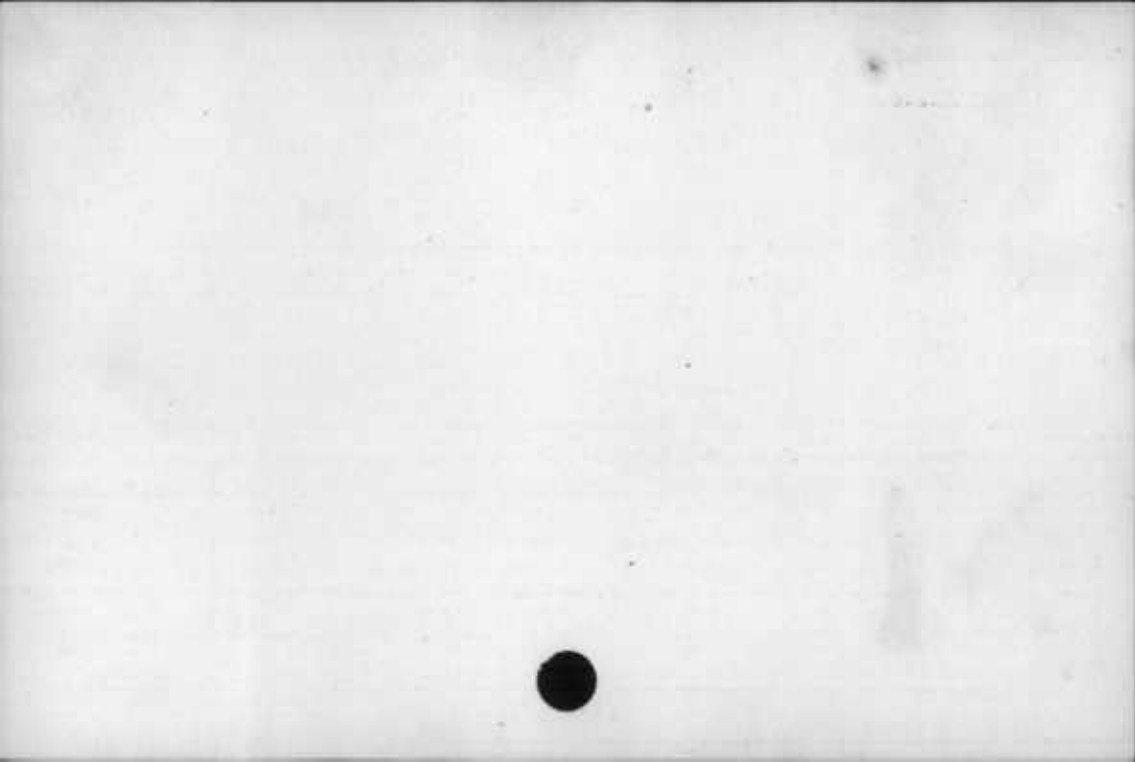
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

T. T. Etchison
Farmersburg
Ind

Accident or Suicide?



Name
in
Full

Rose Withers

CERTIFICATE OF DEATH

Died at	Town Grove Chase	County Montgomery	MARYLAND	
Date of death	1916	Month 8	Day 24	Age 37
Sex	Female	Color or Race	White	Birth-place D.C.
Occupation	Gov. Clerk	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	James T. Withers	Father's Birthplace	Virginia	
Mother's Maiden Name	Mary V. Barkman	Mother's Birthplace	Virginia	
Name of person giving Information	Mary V. Withers	How related to deceased	Mother	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Typhoid Fever	How long	3 weeks
Immediate	Valvular heart disease	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John L. Lewis, M.D.
		Address	

PHYSICIAN
OR CORONER

Accident or Suicide

