

Name
in
Full

William Wendal Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Port Rainier* ^{County} *Prince George* *State of MARYLAND*

Date of death 19 *19* ^{Month} *Aug* ^{Day} *6* ^{Years} *4* ^{Months} *11* ^{Days} *22*

Sex *Male* Color or Race *White* Birth-place *Prince Geo City*

Occupation _____ Where Residing if not at place of death _____

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

Father's Name *Samuel H. Alexander* Father's Birthplace *North Carolina*

Mother's Maiden Name *Sara E. Mina* Mother's Birthplace *" Carolina*

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

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Accidental Drowning* How long *(169)*

Immediate _____ How long _____

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

Signature of Physician *Coroner C. H. Stickle, Sr.*

Address *Brentwood Md*

Accident or Suicide? *Accidental Drowning*

5001 in long

Name
in
Full

Edna May Alroy

CERTIFICATE OF DEATH

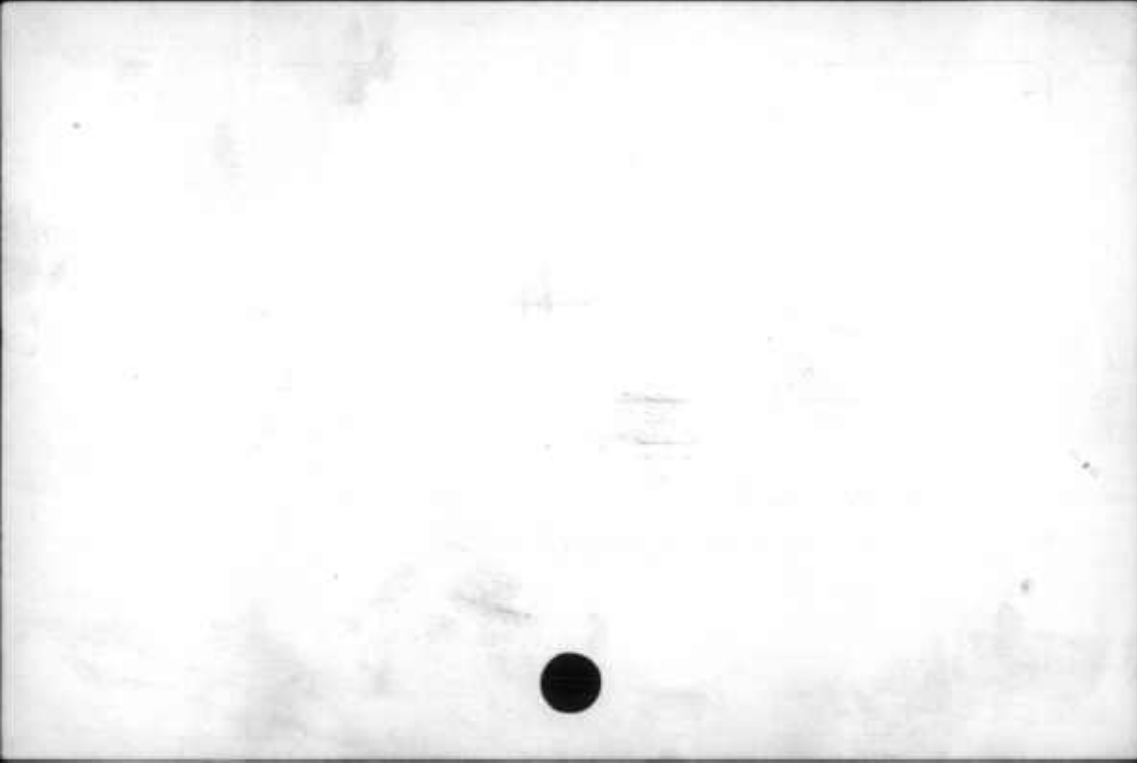
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Capitol Heights</i> ^{town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	1980	Month	Aug	Day	25
Age	6	Years		Months	
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>D. C.</i>
Occupation	<i>child</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>William T. Alroy</i>			Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Annie A. Mittingill</i>			Mother's Birthplace	<i>Ind.</i>
Name of person giving Information	<i>Wm T. Alroy</i>			How related to Deceased	<i>father</i>

CAUSES OF DEATH

Primary	<i>Typhoid fever and pneumonia</i>	How long	<i>3 weeks</i>
Immediate	<i>syncope</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>JM Brady</i>
		Address	<i>Kenilworth, N.J.</i>
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Augustine R. Boteler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

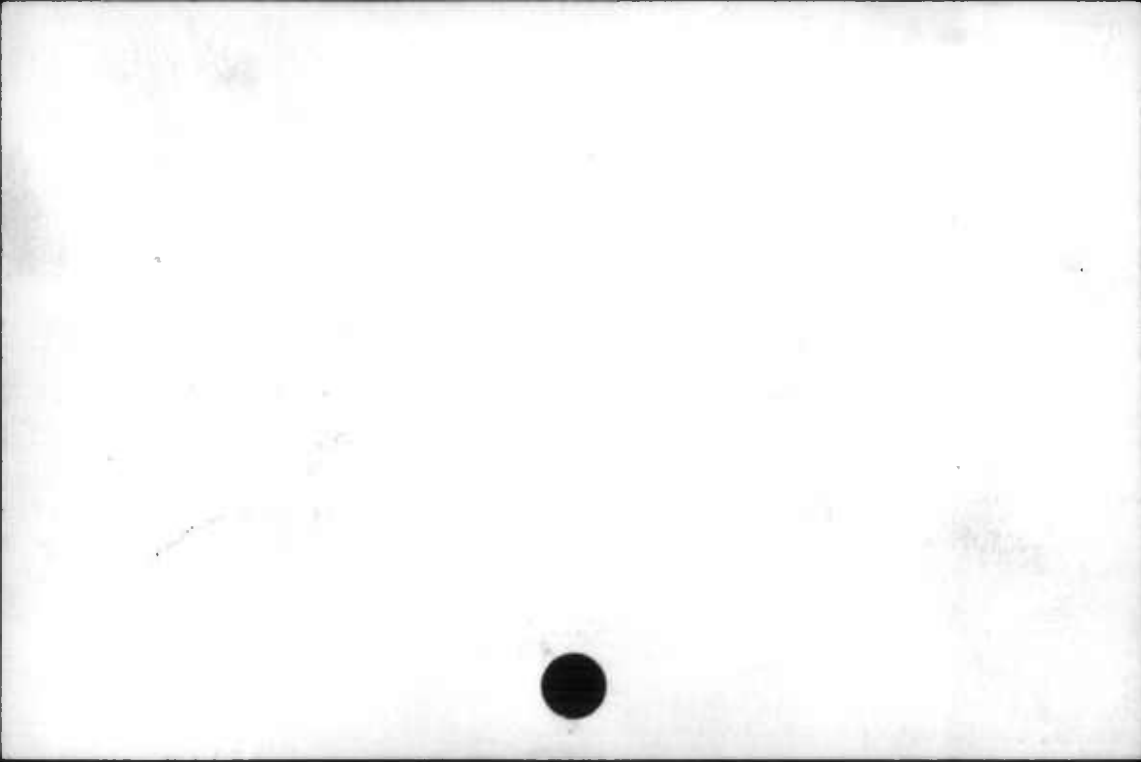
Died at		Town Beltsville		County Prince Georges		MARYLAND	
Date of death		Month Aug	Day 3	Age 91	Years	Months 10	Days
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	Retired Farmer		Where Residing if not at place of death				
Married, Single Widowed	Name of Wife or Husband Henrietta Boteler						
Father's Name	Edward D Boteler			Father's Birthplace	Md		
Mother's Maiden Name	Janima Jones			Mother's Birthplace	Md		
Name of person giving Information	Henrietta Boteler			How related to deceased	Wife		

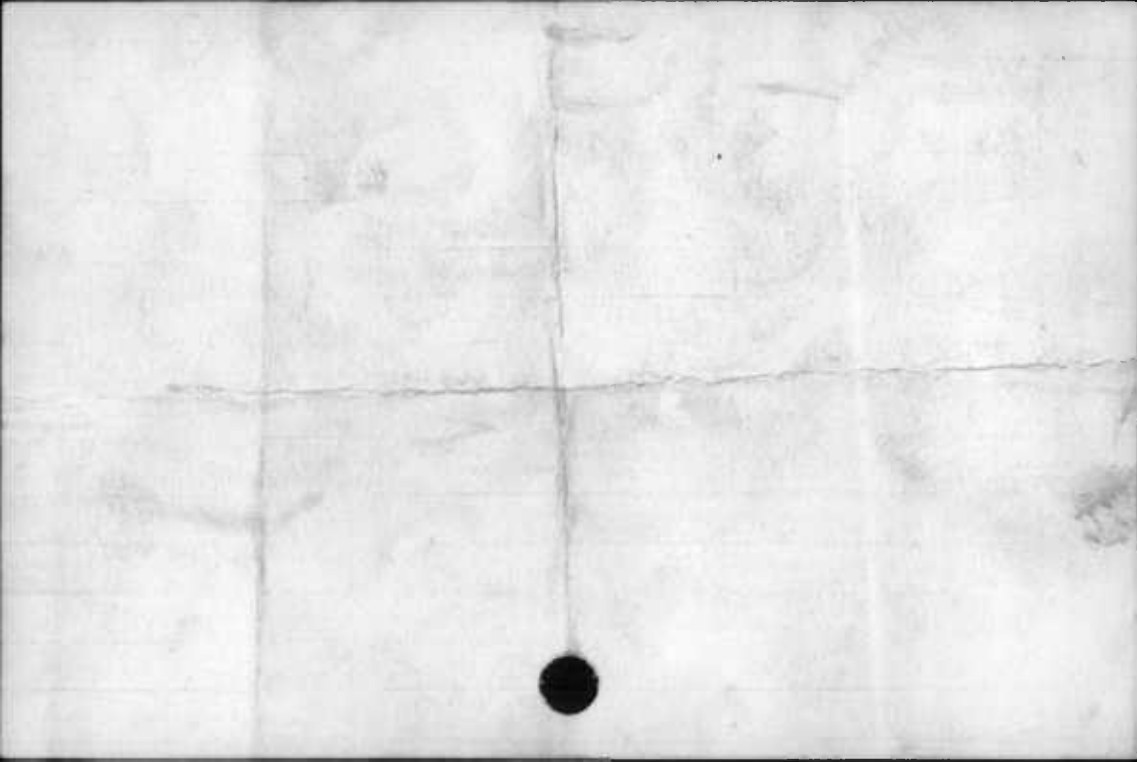
CAUSES OF DEATH

66 ✓
How long

PHYSICIAN
OR CORONER

Primary	Cerebral Paralysis		How long	about 4 yrs
Immediate	" 3 attack		How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	E. A. Fox
			Address	Beltsville Md
Accident or Suicide				





Name
in Full

William H. Brown -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Marlboro</i>		Town		County		MARYLAND	
Date of death	1990	Month	Aug	Day	23	Age	80
Sex	Male	Color or Race	Black	Birthplace	F Geo Co. Md		
Occupation	Gardener		Where Reaiding if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband		Mary Brown			
Father's Name	Patrick Brown			Father's Birthplace	F Geo Md		
Mother's Maiden Name	Harriet Wood			Mother's Birthplace	" "		
Name of person giving Information	Augustine Brown			How related to deceased	Son		

CAUSES OF DEATH

Primary Valvular Disease (Heart) ¹⁹ How long 1 Year

Immediate

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

Signature of Physician

Address

L. D. Giffert
Upper Marlboro
Md

Accident or Suicide



Name
in
Full

Loretta Bryant

CERTIFICATE OF DEATH

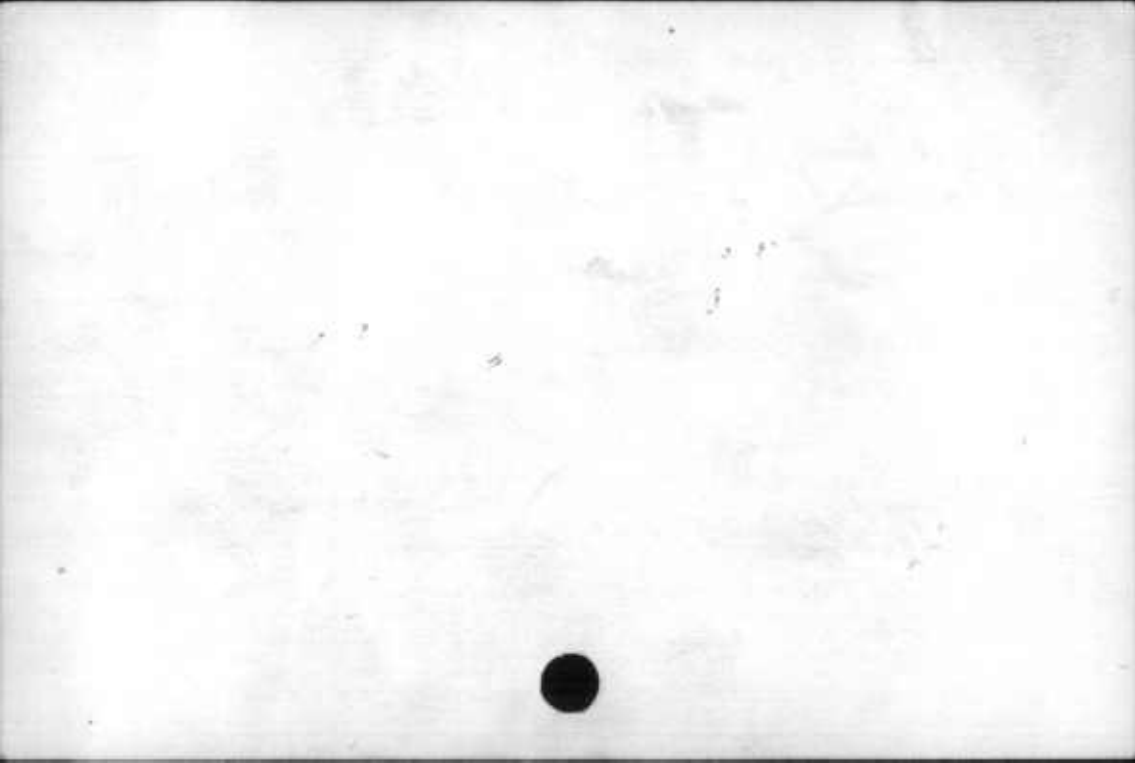
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Marlboro Md</i>		Town		County <i>P. G.</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>8</i>	Day <i>4</i>	Age <i>—</i>	Years	Months <i>3</i>	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>	Occupation		Birthplace <i>Washington D.C.</i>		Where Residing if not at place of death	
Married Single or Widowed		Name of Wife or Husband					
Father's Name <i>Grover Bryant</i>		Father's Birthplace <i>Burnt Mill Md</i>					
Mother's Maiden Name <i>Katie Johnson</i>		Mother's Birthplace <i>P. G. Co Md</i>					
Name of person giving information <i>Grover Bryant</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>10 H ✓</i>	<i>2 weeks</i>
Immediate <i>Coma</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Reverdy Sainclair</i>	
	Address <i>Upper Marlboro</i>	<i>149</i>
Accident or Suicide		



Name
in
Full

Arthur Carr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hyattsville		County Prince George		MARYLAND	
Date of death	1910	Month Aug	Day 31	Age	Years 74	Months	Days
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	Real Estate			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary E Carr			
Father's Name	Dr Benjamin Carr				Father's Birthplace	Maryland	
Mother's Maiden Name	Mary Ellen Childs				Mother's Birthplace	Maryland	
Name of person giving information	Rosalie Carr				How related to deceased	Sister	

CAUSES OF DEATH

Primary

Apoplexy

How long

6 weeks

Immediate

Pulmonary Edema

How long

6 hours

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

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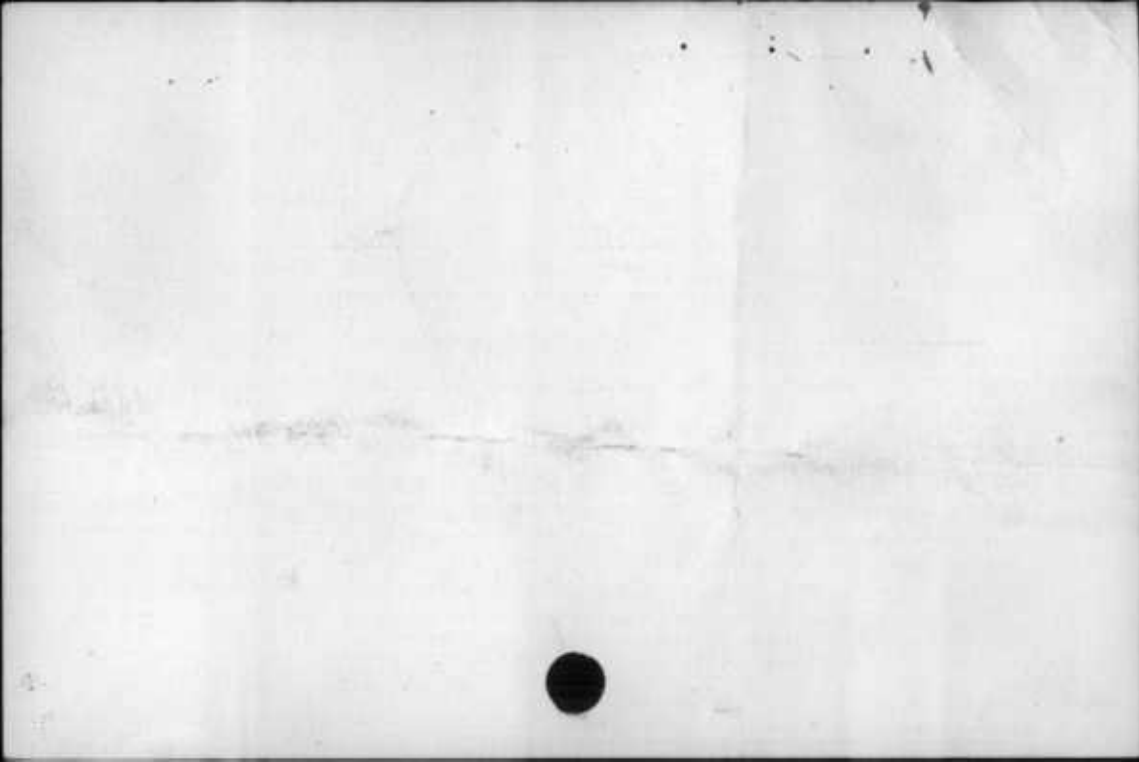
Signature of Physician

Thos E Palmer

Address

Hyattsville

Accident or Suicide?



Name
in
Full

Alice Marie Carroll

CERTIFICATE OF DEATH

Died at

Collington ^{town} P^y. ^{County}

MARYLAND

Date

of death 19⁰⁰

Month
Aug

Day
22

Age

Years

Months
3

Days

Sex

Female

Color or
Race

Black

Birth-
place

Collington

Occupation

None

Where Residing if not
et place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Nat Carroll

Father's
Birthplace

P^yles

Mother's
Maiden Name

Agnes Sprenque

Mother's
Birthplace

P^y. les

Name of person giving
Information

Basil Wood

How related
to deceased

Great Grand
Parent

CAUSES OF DEATH

Primary

Marasmus

How long

2 months

Immediate

Heart Failure

How long

mediate

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

Yes
no

Signature of
Physician

Address

James H. Truitt
Bowie

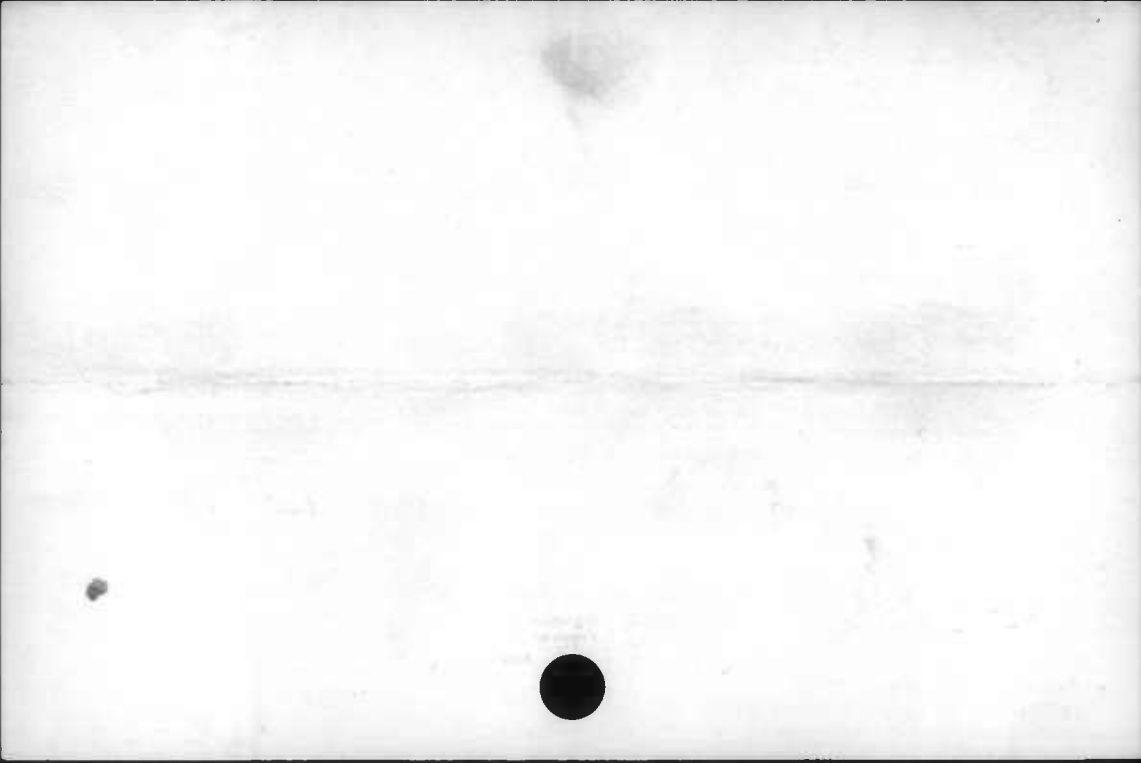
Accident or Suicide

Red

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Q



Name
in
Full

Mathias Chittams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Sandover ^{County} Prince Georges MARYLAND

Date of death 1910 ^{Month} Aug ^{Day} 30 ^{Age} ^{Years} ^{Months} 5 ^{Days} 28

Sex Male ^{Color or Race} Black ^{Birth-place} near Sandover

Occupation Infant ^{Where Residing if not at place of death}

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

Father's Name William Chittams ^{Father's Birthplace} Md.

Mother's Maiden Name Mary Agnes Herbert ^{Mother's Birthplace} Md.

Name of person giving information William Chittams ^{How related to decedent} Father

CAUSES OF DEATH

(63) ✓

PHYSICIAN
OR CORONER

Primary Infantile Paralysis ^{How long}

Immediate ^{How long} Three days.

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

Signature of Physician W. D. Birnall M.D.

Address Hyattsville Md.

Accident or Suicide?



Name
In Full

Grove Leaggett

CERTIFICATE OF DEATH

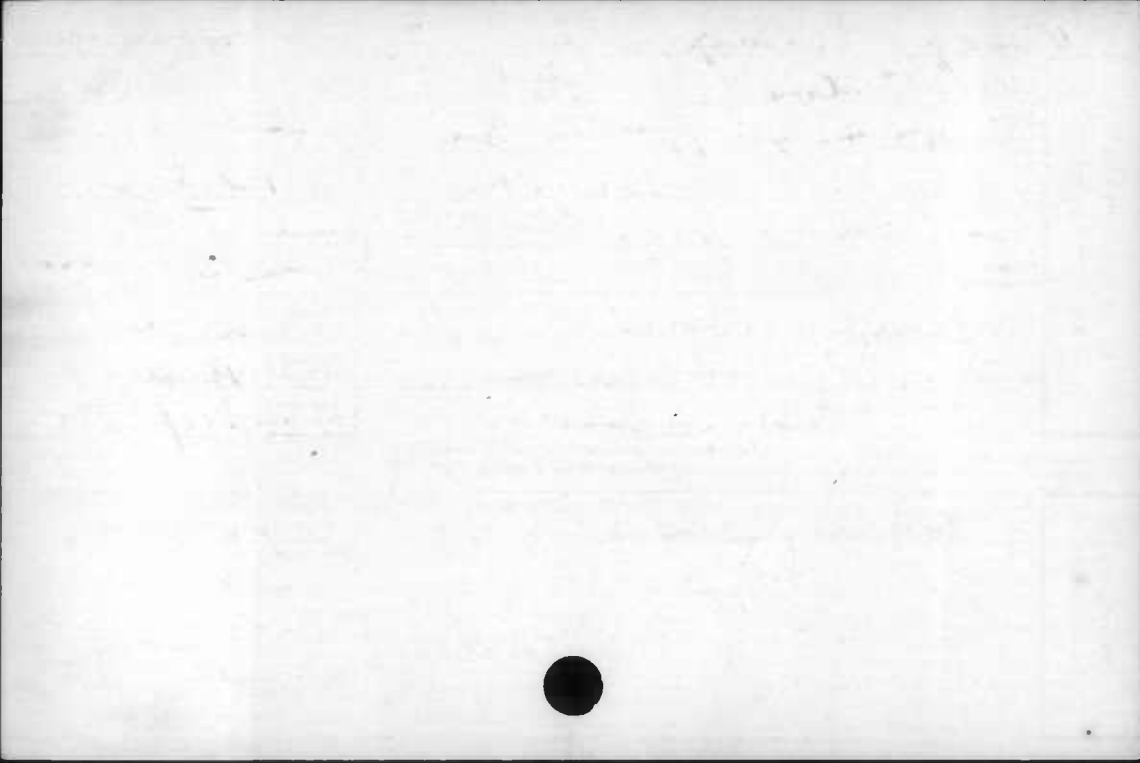
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Clinton</u> Town		<u>P. G.</u> County		MARYLAND	
Date of death	<u>1990</u> Year	<u>Aug</u> Month	<u>17th</u> Day	Age	<u>30</u> Years
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>W.C.</u>
Occupation	<u>Labored</u>		Where Reading if not at place of death	<u>at factory</u>	
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> Widowed	Name of Wife or Husband				
Father's Name	<u>Unknown</u>			Father's Birthplace	<u>W.C.</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>W.C.</u>
Name of person giving information	<u>Eddy Green</u>			How related to deceased	<u>stepfather</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Consumption</u>	How long	<u>28</u> years
Immediate	<u>Heart failure</u>	How long	<u>36</u> hours
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. L. Weaving</u>
		Address	<u>Clinton</u>
Accident or Suicide?			



not named Washington

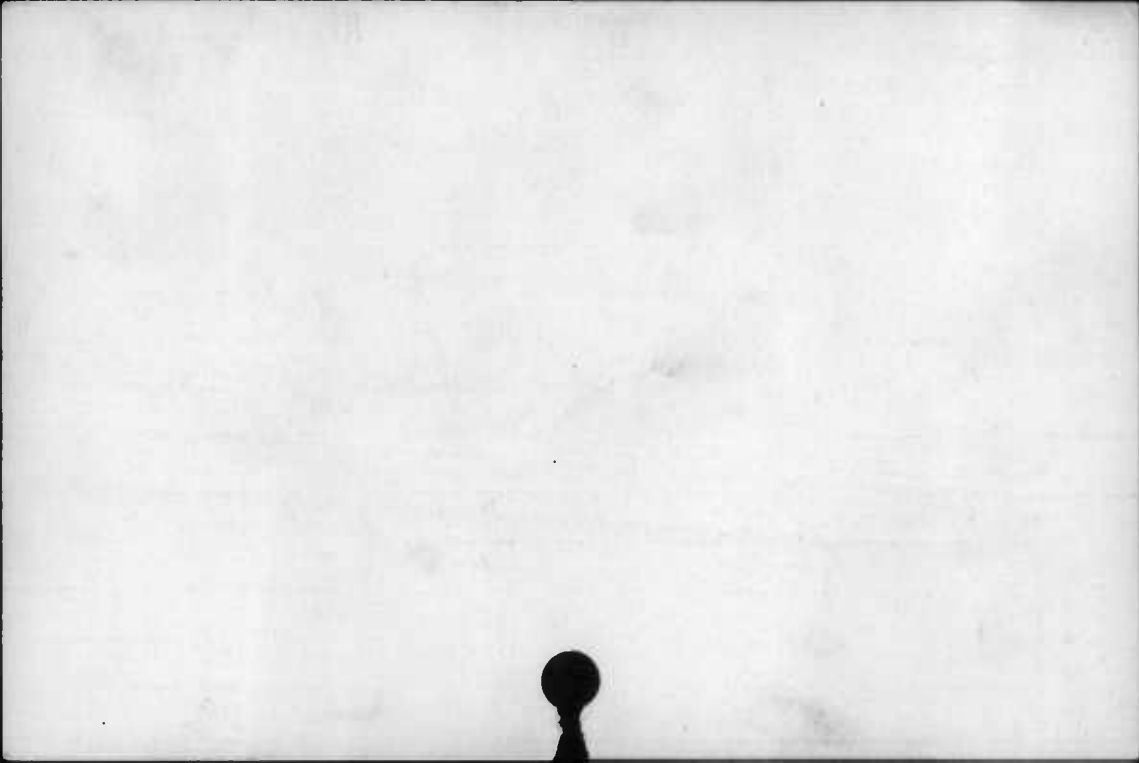
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cheltenham</u> <small>Town</small>		<u>Pr Geo</u> <small>County</small>		MARYLAND	
Date of death	<u>10</u> <small>Month</small>	<u>Aug</u> <small>Day</small>	<u>11</u> <small>Age</small>	<u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>
					<u>10</u> <small>Days</small>
Sex	<u>Female</u>		Color or Race	<u>Colored</u>	
Occupation	<u>None</u>		Birth-place	<u>Cheltenham Md</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>None</u>		
Father's Name	<u>Henry Washington</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Mary E. Penney</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>Mary Washington</u>			How related to decedent	<u>father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature birth</u>	How long	<u>10 minutes</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. H. Hobson</u>
		Address	<u>Croome Md.</u>
Accident or Suicide?			



Name
In Full

CERTIFICATE OF DEATH

Mary Campbell

Town

County

MARYLAND

Died at Adams House P. O. County

Date of death 1940 Aug 17th Age 32 Months Days

Sex Female Color or Race Black Birth-place Ind

Occupation Quarters Home Where Reading if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Unknown Father's Birthplace Ind

Mother's Maiden Name Unknown Mother's Birthplace Ind

Name of person giving information Lewis, Alvin How related to deceased Sibling

CAUSES OF DEATH

Primary Consumption How long 6 weeks

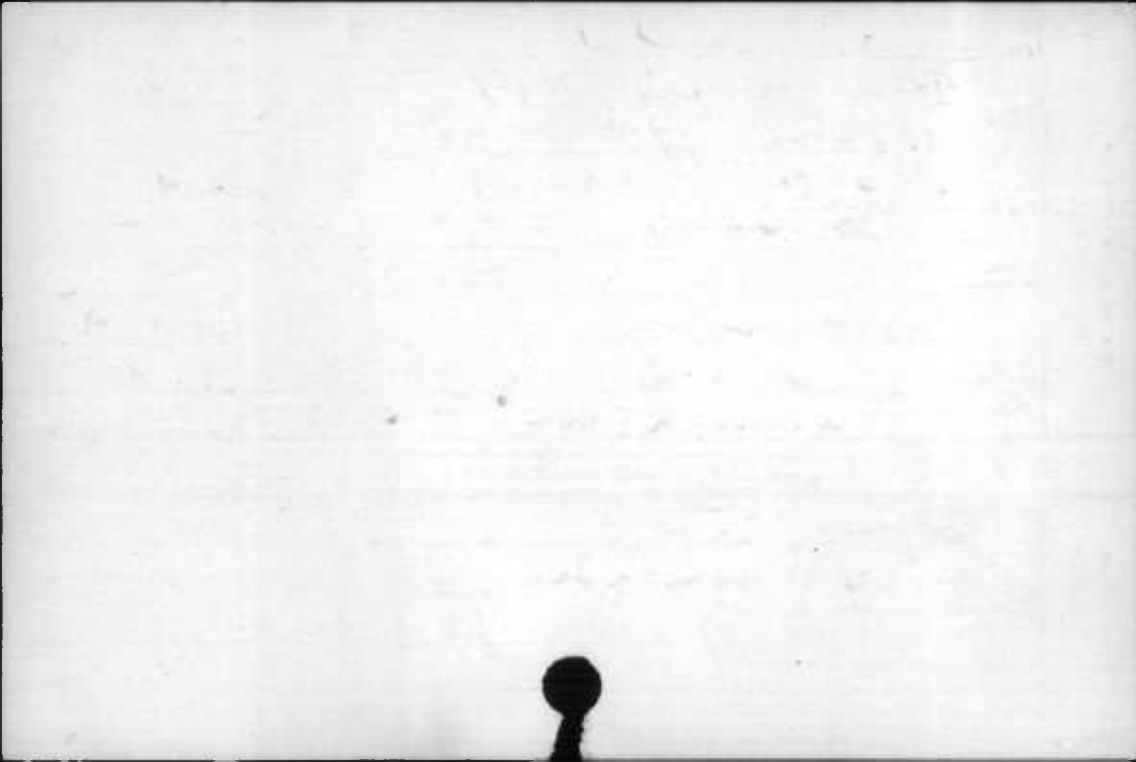
Immediate Exhaustion How long 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. L. Manning

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

James B. Curtin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cheltenham		^{County} Prince George's		MARYLAND	
Date of death	1910	Month	August	Day	30
Age	74	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	General work		Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Unknown		
Father's Name	Caryna Curtin		Father's Birthplace	P. G. Co.	
Mother's Maiden Name	Pina Langely		Mother's Birthplace	P. G. Co.	
Name of person giving information	George B. Curtin		How related to deceased	Son	

CAUSES OF DEATH

154 V

PHYSICIAN
OR CORONER

Primary	Senile Debility	How long	Months
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. H. Gibbons
		Address	Croon, Md.
Accident or Suicide?			



Name
in
Full

Joseph E Davidson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Laurel ^{Town} Pr Geo ^{County} MARYLAND

Date of death 1940 ^{Month} Aug ^{Day} 26 Age 2 ^{Years} 23 ^{Months} 2 ^{Days} 23

Sex Male Color or Race white Birth-place md

Occupation Baby Where Reiding if not at place of death —

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

Father's Name Joseph L. Davidson Father's Birthplace md

Mother's Meiden Name Etta Zugler Mother's Birthplace md

Names of person giving Information Mr Etta Davidson How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enterocolitis ^{How long} 3 weeks.

Immediate Convulsion ^{How long} two hours.

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

Address Laurel Md

Accident or Suicide —



Name
is
Full

CERTIFICATE OF DEATH

Samuel R. Dugan

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bowie <small>Town</small>		P. O. <small>County</small>		MARYLAND	
Date of death	1910	Month	Aug	Day	30
Age	43	Years	43	Months	2
Sex	Male	Color or Race	White	Birth-place	Baltimore Md.
Occupation	Farmer		Where Reading if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Gabriella Dugan.		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving in formation	Annie W. Dugan		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Granular Nephritis	How long	Several months
Immediate	Suppurative	How long	few months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. Driscoll M.D.
		Address	Springfield Md.
Accident or Suicide?	No		

Answered
Messrs. Brown

Name
in
Full

Bernardini A Dunn

CERTIFICATE OF DEATH

Died at

Mt Rainier

County

Prince Geo

MARYLAND

Date

of death 1908

Aug

15

Age

Years

Months

Days

11

Sex
Occupation

Female

Color or
Race

White

Birth-
place

D.C.

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

Cavan Dunn

Father's
Birthplace

Canada

Mother's
Maiden Name

Gertude Dunn

Mother's
Birthplace

Canada

Name of person giving
information

Cavan Dunn

How related
to deceased

Father ✓

CAUSES OF DEATH

Primary

Enteritis

How long

10 H

Immediate

Convulsion

How long

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

Yes

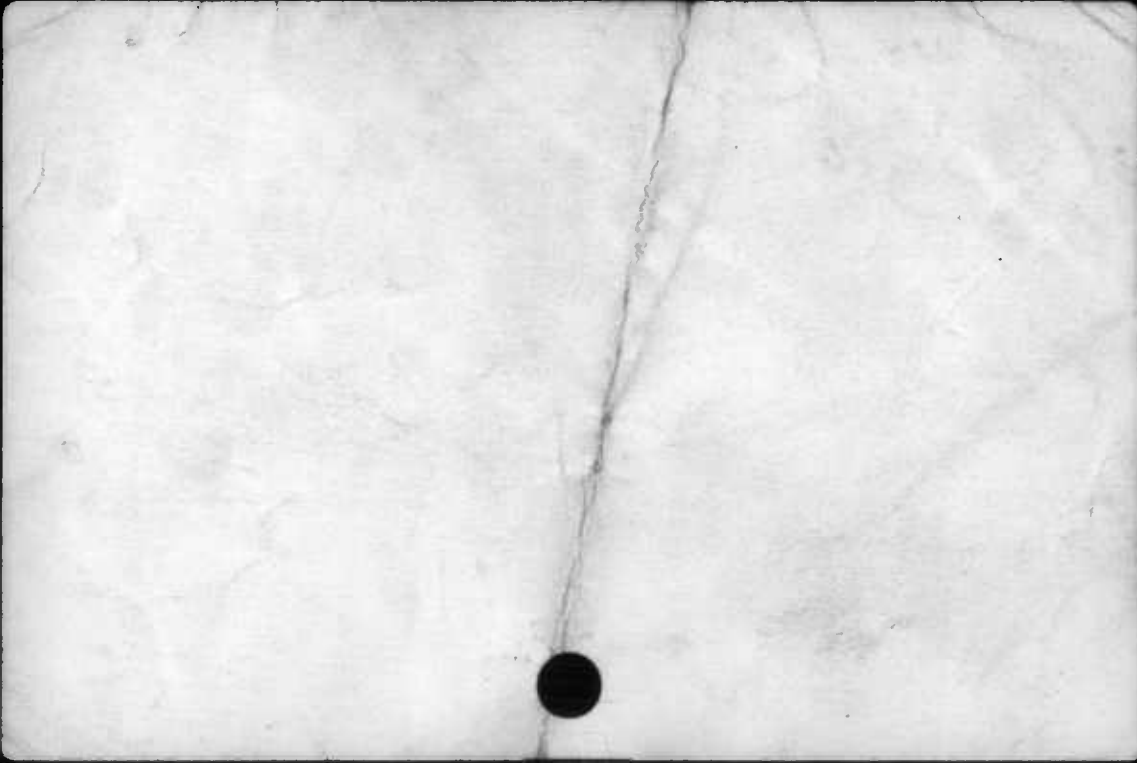
Signature of
Physician

Address

E. J. Dwyer
810 1/2 St
Washington D.C.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
Full

Nancy Edelen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Chillicothe* ^{County} *Pr. Geo*

Date of death 19 *10* Month *8* Day *29* Age *50* Years Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Md.*

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

Married Name of ~~Wife~~ ^{Husband} *John Edelen*

Father's Name *James Ford* Father's Birthplace *Md*

Mother's Maiden Name *Mary Graham* Mother's Birthplace *Md*

Name of person giving information *John Edelen* How related to deceased *husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary tuberculosis* How long *2 1/2* years

Immediate *Exhaustion* How long

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

Signature of Physician *E. P. Simpson, M.D.*

Address *Cong. Heights, R.D. 5*

Accident or Suicide?



Name in Full

Joseph Peter Eberwirth

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Seat Pleasant Prince George's County MARYLAND

Date of death 1960 Aug 27 - Age 7 - Months 7 - Days

Sex Male - Color or Race colored - 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 Birthplace

Mother's Maiden Name Birthplace

Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary cholera infantum How long 2 days -

Immediate syncope How long 3 times -

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

Signature of Physician G M Brady Address Keenleyside, N.C.

Accident or Suicide



Name in Full

Pauline A. Gearhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Brentwood Town Prince Geo. County **MARYLAND**

Date of death 1960 Aug 20 Month Day Age — Years 3 Months 1 Days

Sex Female Color or Race White Birth-place Brentwood

Occupation child Where Residing if not at place of death Brentwood

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

Father's Name Julius J. Gearhart Father's Birthplace Washington D.C.

Mother's Maiden Name Theresa Richoff Mother's Birthplace Germany

Name of person giving Information Julius J. Gearhart How related to deceased Father

CAUSES OF DEATH

189#

PHYSICIAN OR CORONER

Primary Marasmus How long more or less since birth -

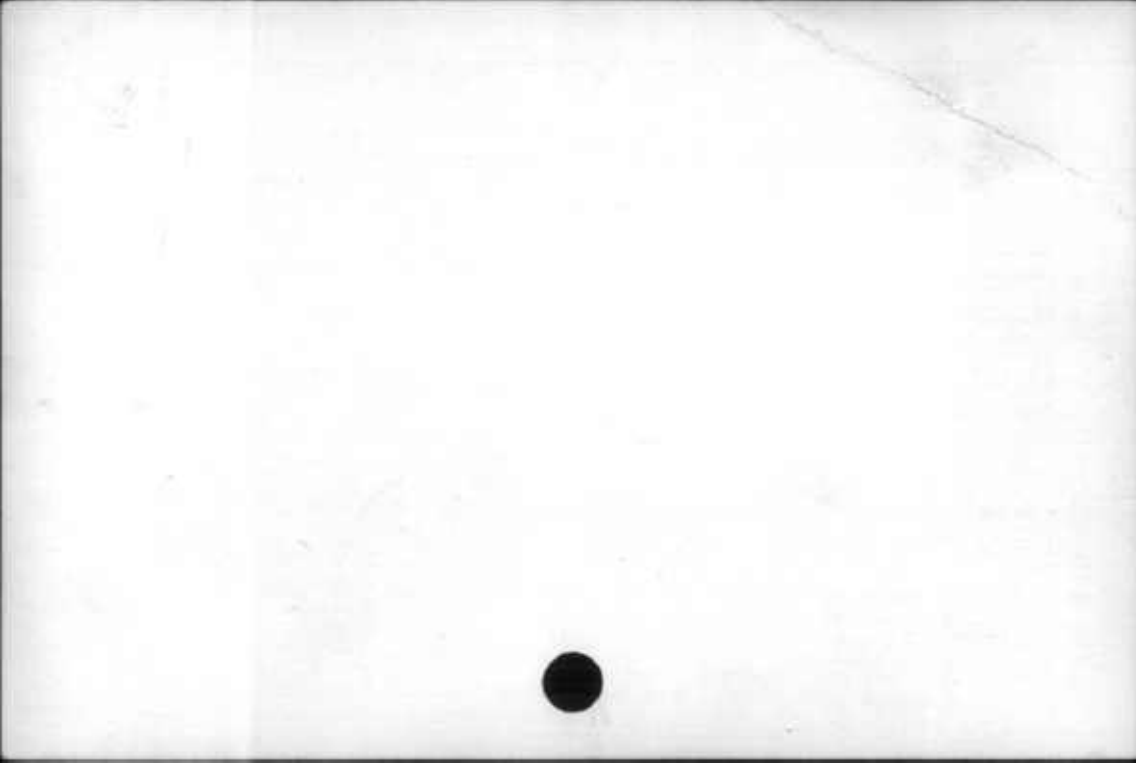
Immediate Exhaustion How long 24 hours

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

Signature of Physician J. C. Ohlander, Jr., D.O.

Address Brentwood, Md.

Accident or Suicide



Name
in
Full

Lender Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bowie ^{Town} Pg. ^{County} **MARYLAND**

Date of death 1900 ^{Month} Aug. ^{Day} 31 Age ^{Years} ^{Months} 2 ^{Days} 4

Sex Male Color or Race Black Birth-place Bowie Md

Occupation Where Residing if not at place of death Bowie

Married, Single or Widowed Name of Wife or Husband

Father's Name Hegakiah Gray Father's Birthplace Pg Co

Mother's Maiden Name Martha Shorter Mother's Birthplace Pg Co

Name of person giving information Hegakiah Gray How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

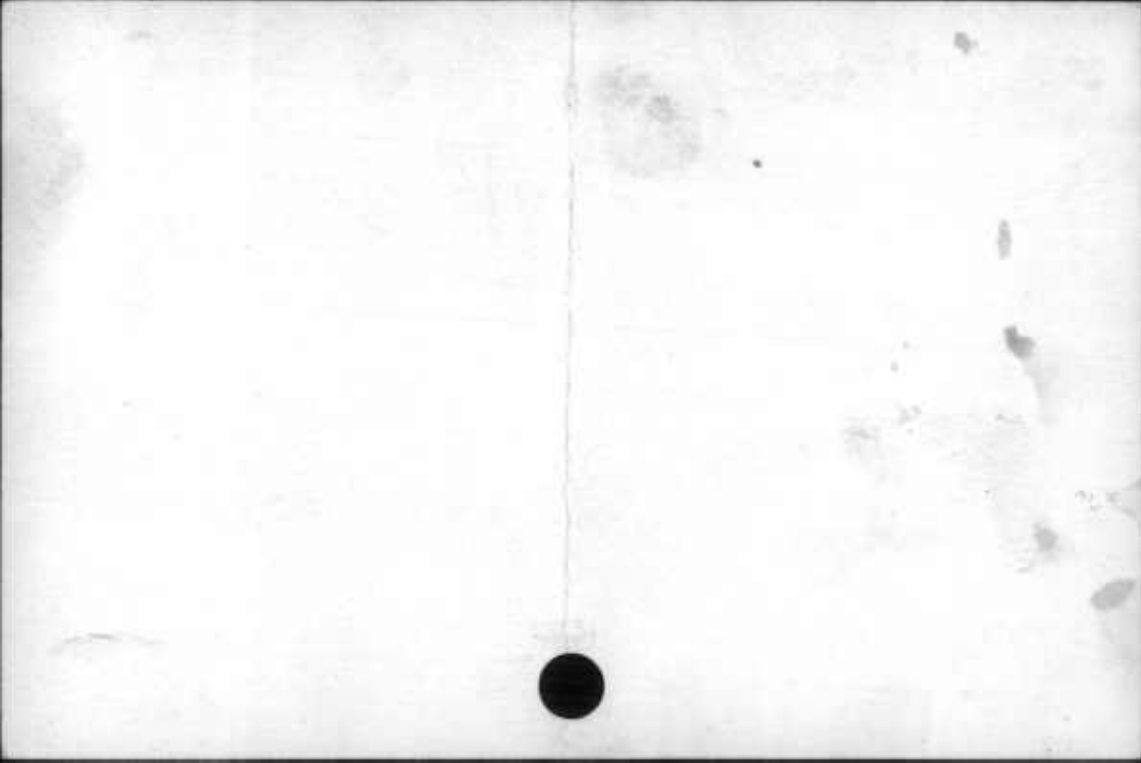
Primary Marasmus How long 1 month

Immediate Heart Failure How long Immediate

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

Signature of Physician James H. Smith Address Bowie Md

Accident or Suicide no



Name
In
Full

Sylvia R. Greenhalgh

CERTIFICATE OF DEATH

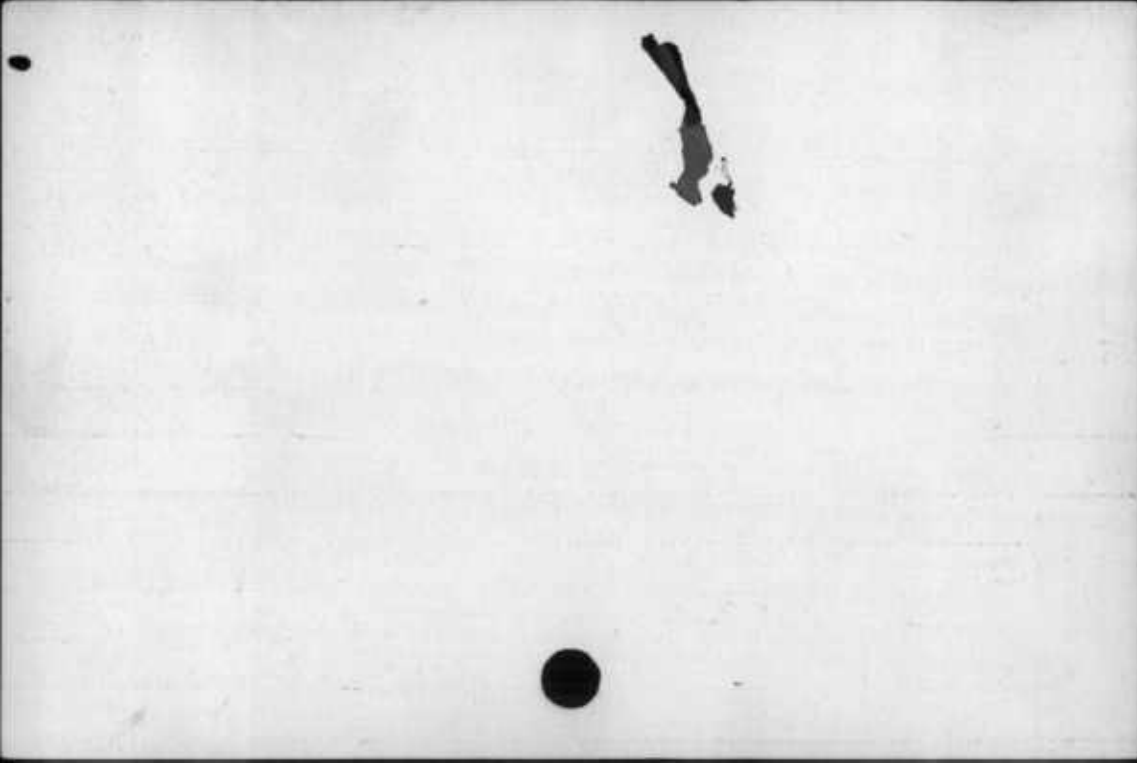
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Riverdale</i> <small>Town</small>		<i>Prince Geo.</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month	<i>Aug</i>	Day	<i>27</i>
Age	<i>—</i>	Years	<i>—</i>	Months	<i>11</i>
		Days	<i>21</i>		
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>md.</i>
Occupation	<i>—</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>Thomas Greenhalgh</i>		Father's Birthplace	<i>England</i>	
Mother's Maiden Name	<i>Stella Slater</i>		Mother's Birthplace	<i>"</i>	
Name of person giving to formation	<i>Thomas Greenhalgh</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebro-spinal meningitis</i>	How long	<i>36 hrs</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Hugh Raterman</i>
Accident or Suicide?	<i>Neither</i>	Address	<i>Hyattsville md</i>



Name
in
Full

Frederick Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near J.B.</i>		Town <i>J.B.</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death <i>1940</i>	Month <i>8</i>	Day <i>10</i>	Age <i>29</i>	Years <i>29</i>	Months <i>---</i>	Days <i>---</i>	
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>				
Occupation <i>laborer.</i>	Where Residing if not at place of death <i>Same place</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Maggie Young.</i>						
Father's Name <i>George Hall,</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Jennie Johnson.</i>	Mother's Birthplace <i>11</i>						
Name of person giving information <i>Mary Booge</i>	How related to deceased <i>mother in law</i>						

CAUSES OF DEATH

(28) ✓PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>4 months</i>
Immediate <i>Asthemia</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of <i>Acting</i> Physician <i>Coroner</i> <i>William H. Squires, J.P.</i>
	Address <i>Brandywine Pr Geo County Md</i>
Accident or Suicide?	



Name
in
Full

James A Hall

CERTIFICATE OF DEATH

Died at ^{Town} Near Bauigh ^{County} P Sea MARYLANDDate of death 190 ^{Month} Aug 1 ^{Day} 1 ^{Age} 52 ^{Years} 4 ^{Months} 15 ^{Days}Sex ^{male} Color or Race ^{Black} Birth-place ^{md}Occupation ^{Farmer} Where Residing if not at place of deathMarried, ~~Single~~ ^{or Widowed} Name of Wife or Husband ^{Laura Hall}Father's Name ^{untenquon} Father's BirthplaceMother's Maiden Name ^{un Knaxton} Mother's BirthplaceName of person giving Information ^{Laura Hall} How related to deceased ^{Wife}TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary ^{Intra-cerebral tumor} How long ^{18 mo}Immediate ^{Paralysis} How long ^{66 1 mo}Are the name, age, sex, color, date and place correctly given above? ^{yes}Signature of Physician ^{W. F. Taylor}Address ^{Laurel Md}PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Leroy Hawkins

CERTIFICATE OF DEATH

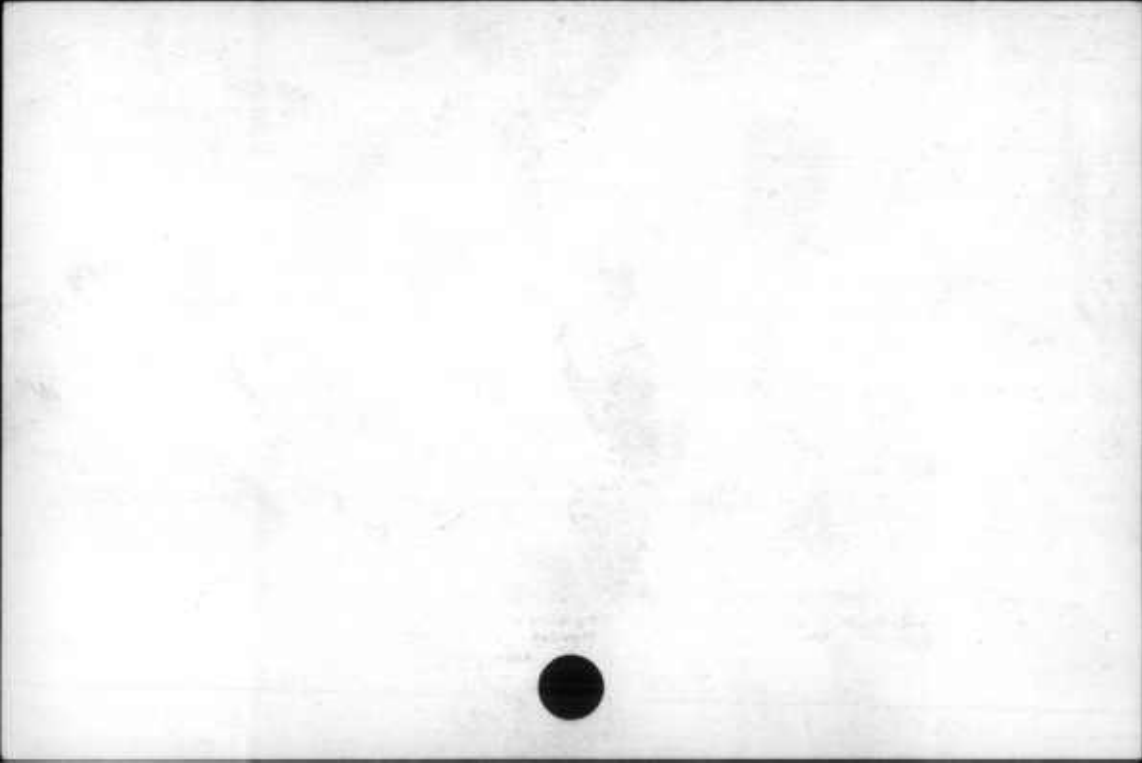
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Bowie</u>		County <u>P George</u>		MARYLAND	
Date of death		190 <u>10</u>	Month <u>Aug</u>	Day <u>2</u>	Age <u>—</u>	Months <u>3</u>	Days <u>10</u>
Sex	<u>Male</u>	Color or Race	<u>Colord</u>		Birth-place	<u>Bowie Md</u>	
Occupation	<u>None</u>		Where Residing if not at place of death		<u>Bowie Md</u>		
Married, Single or Widowed	<u>w</u>		Name of Wife or Husband <u>_____</u>				
Father's Name	<u>Richard Hawkins</u>				Father's Birthplace	<u>P George Co</u>	
Mother's Maiden Name	<u>Rachel Bradford</u>				Mother's Birthplace	<u>P. George Co</u>	
Name of person giving Information	<u>Richard Hawkins</u>				How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>2 months</u>
Immediate	<u>Heart failure</u>	How long	<u>30 minutes</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>James H. Smith</u>
<u>yes</u>		Address	<u>Bowie Md</u>
Accident or Suicide			<u>no</u>



Name
in Full

CERTIFICATE OF DEATH

Lilly E Hawkins

Town

County

Died at

Woodmore

Prince George

MARYLAND

Date

of death

Month

Day

Years

Months

Days

1910

Aug

24

Age

—

6

13

Sex

Female

Color or Race

Black

Birth-place

Maryland

Occupation

Where residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Samuel Hawkins

Father's Birthplace

"

Mother's Maiden Name

Mary Fletcher

Mother's Birthplace

"

Name of person giving information

Samuel Hawkins

How related to deceased

Father

CAUSES OF DEATH

Primary

Sudden Complaint

How long

(104) ✓

Immediate

How long

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

Yes

Signature of Physician

No Physician in attendance

Address

Walter Ryan

Local Registrar

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Lloyd Hawkins

Died at ^{Town} Upper Marlboro ^{County} Prince Georges MARYLAND

Date of death 1906 ^{Month} May ^{Day} 31 Age ^{Year} 8 ^{Months} ^{Days}

Sex Male Color or Race Black Birth-place Md

Occupation None Where Residing if not at place of death "

~~Married~~ Single Name of Wife or Husband None

Father's Name Not Known Father's Birthplace Unknown

Mother's Maiden Name Belle Young Mother's Birthplace Md

Name of person giving Information Robert Young How related to deceased Grandfather

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Gunshot Wound How long (186)

Immediate Hemorrhage How long 2 1/2 hrs

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

Signature of Physician Alfred Ridge, Jr.
Address Upper Marlboro, Md
Acting Coroner

Physician
OR CORONER

Accident or Suicide

1
C
K



Name
in
Full

CERTIFICATE

MADE

Richard E. Kenney

Died at *Bowrie* ^{Town} *P. G.* County

Date of death: *1910* ^{Month} *Aug* ^{Day} *3* ^{Years} *21* ^{Months} *-*

Sex *Male* Color or Race *White* Birth-place *Bowrie*

Occupation *Carpenter* Where residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Charlotte C. Kenney*

Father's Name *Richard E. Kenney* Father's Birthplace *P. G. Co.*

Mother's Maiden Name *Martha J. Kenney* Mother's Birthplace *P. G. Co.*

Name of person giving information *P. H. Watts* How related to deceased *Wife's father*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Typhoid fever* How long *27 days*

Immediate *Asphixia* How long *several days*

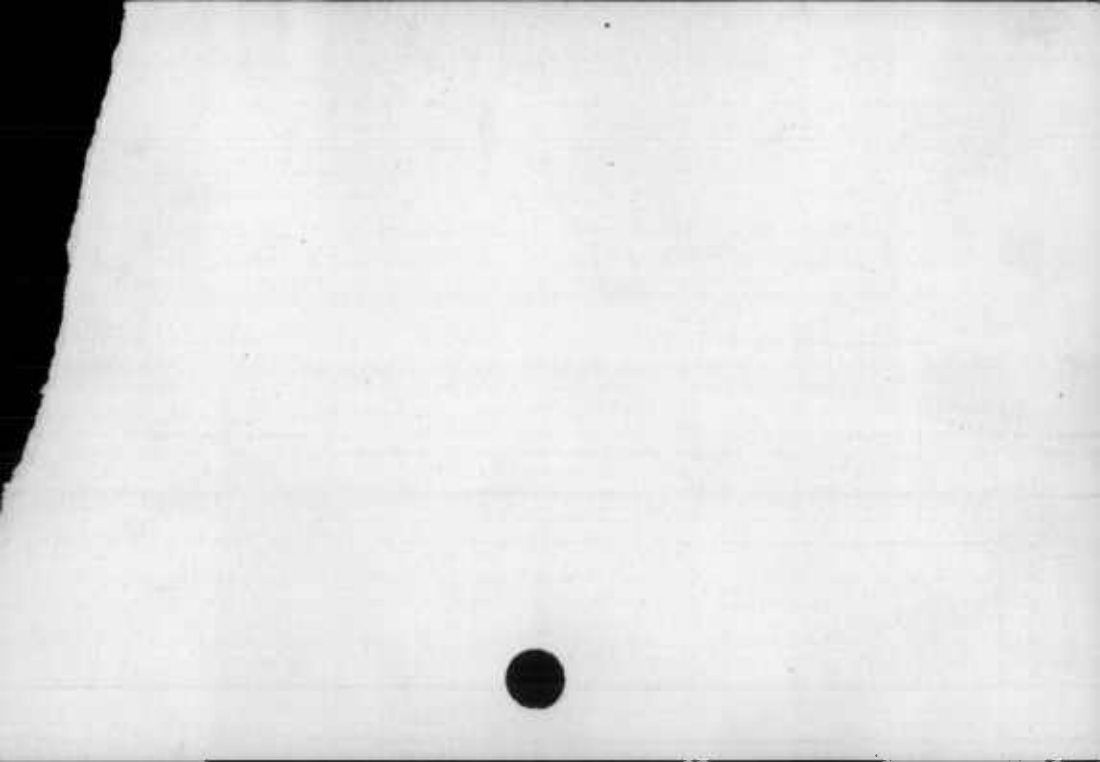
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. O. Small M.D.*

Address *Springfield
Md.*

Accident or Suicide? *No*

PHYSICIAN
OR CORONER



Name
is
Full

Philip Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Allen Home P.C. Town Allen County P.C.

MARYLAND

Date of death 1946 Month Aug Day 30 Age 72 Years Months DaysSex Male Color or Race White Birthplace MedOccupation Pauper Where Residing if not at place of death Allen Home

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

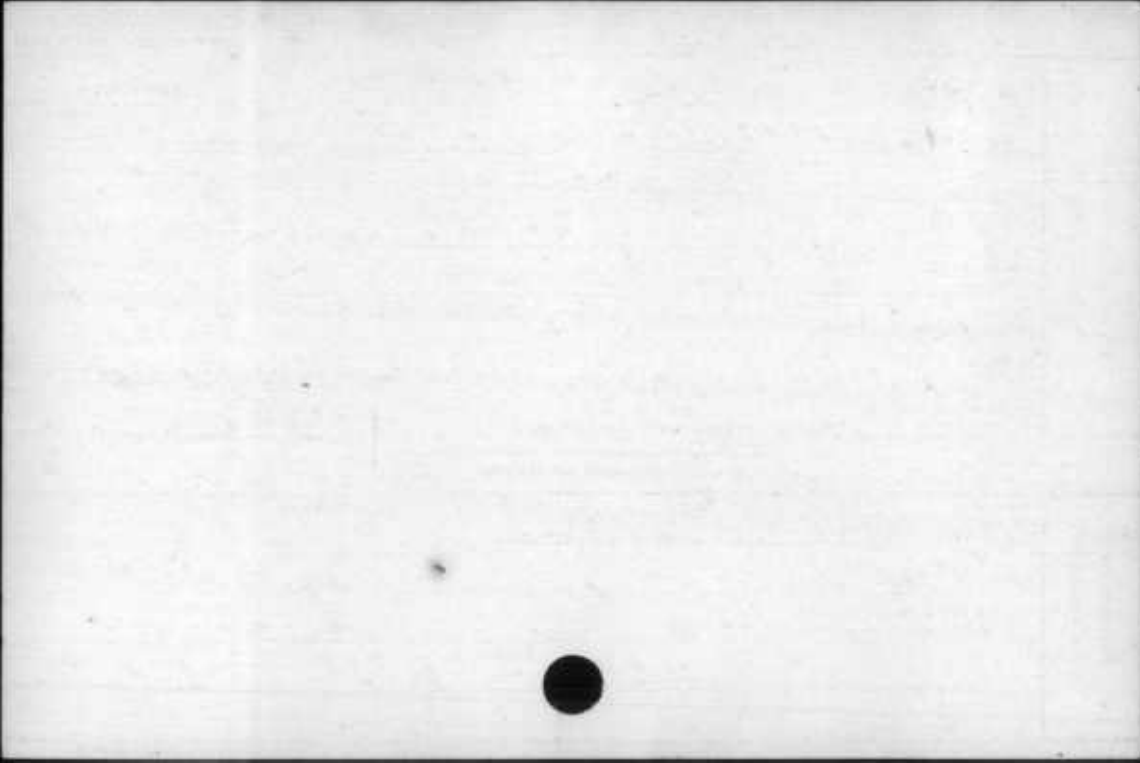
Father's Name Winkerson tovel Father's Birthplace MedMother's Maiden Name Crawford, Titus Mother's Birthplace MedName of person giving information Len, Allen How related to deceased brother

CAUSES OF DEATH

(64) ✓

PHYSICIAN
OR CORONERPrimary Apoplexy - Paralysis How long 3 daysImmediate Heart failure How long 12 hoursAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician J. R. WainwrightAddress Calin town

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

Helen Joy

Died at *Near Hyattsville* ^{Town} *Prince Georges* ^{County}

MARYLAND

Date of death *1910 Aug 15* Age *15* Months *11* Days

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

Occupation *School Girl* Where Residing if not at place of death

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

Father's Name *Charles Joy* Father's Birthplace *Md*

Mother's Maiden Name *Dorette Constantine* Mother's Birthplace *Md*

Name of person giving information *Charles Joy* How related to deceased *Father*

CAUSES OF DEATH

637

Primary *Anterior Polio Infection* How long *4 days*

Immediate *Respiratory paralysis* How long *4 hrs*

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

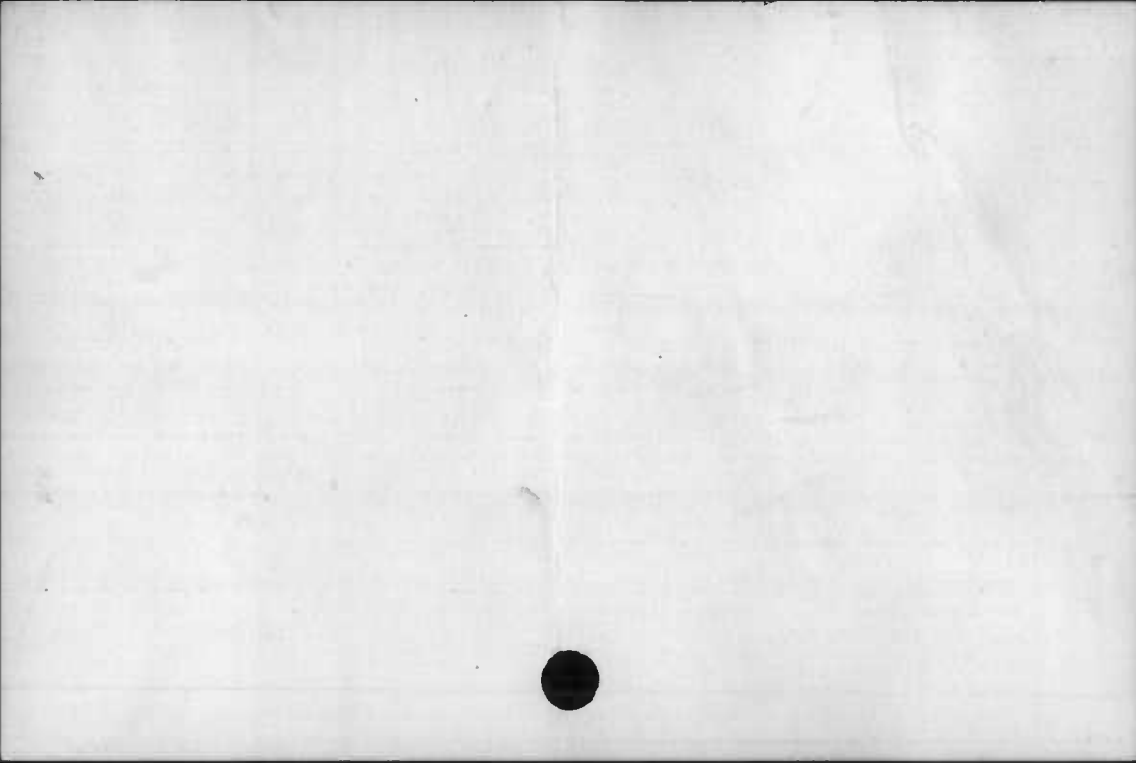
Signature of Physician *John S. Fisher*

Address *Hyattsville Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
is
Full

Cara J Knowles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bowie</u> <small>Town</small>		<u>P. G.</u> <small>County</small>		MARYLAND	
Date of death	<u>19</u> <small>Month</small>	<u>Aug</u> <small>Day</small>	Age	<u>39</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Potomac</u>
Occupation	<u>Housewife</u>		Where residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>none</u>		
Father's Name	<u>James M. Knowles</u>		Father's Birthplace	<u>Connecticut</u>	
Mother's Maiden Name	<u>Genevieve S. Barth</u>		Mother's Birthplace	<u>Connecticut</u>	
Name of person giving information	<u>James M. Knowles</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Uterine Carcinoma</u>	How long	<u>Several years</u>
Immediate	<u>nothemia</u>	How long	<u>Several months</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>John M. Dunsell M.D.</u>
Accident or Suicide?	<u>No</u>	Address	<u>Springfield</u>



Name
in
Full

John H Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Mitchelville</i> ^{County} <i>Prince Georges</i>		MARYLAND	
Date of death	19 <i>10</i> Aug ^{Month}	<i>1st</i> ^{Day} - Age <i>3</i> ^{Years}	Months <i>—</i> Days <i>—</i>
Sex	<i>male</i>	Color or Race	<i>Colored</i>
Occupation	<i>—</i>	Birth-place	<i>Maryland</i>
Married, Single or Widowed	<i>—</i>	Where Reading if not at place of death	<i>—</i>
Father's Name	<i>Pinckney Lee</i>	Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Rose Adams</i>	Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Pinckney Lee</i>	How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Struck by R.R. train</i>	How long	<i>175</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. J. Hinkel</i>
Accident or Suicide?	<i>Accident</i>	Address	<i>Hall, Md.</i>

1.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: John Lewis

Died at: Near Hyattsville, Prince Georges County MARYLAND

Date of death: 10 Aug 1966 Month 6 Day 42 Age 42 Years Months - Days -

Sex: Male Color or Race: Black Birth-place: MD

Occupation: Laborer Where Residing if not at place of death: _____

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

Father's Name: Zachariah Lewis Father's Birthplace: Va.

Mother's Maiden Name: Jane Gibson Mother's Birthplace: Va.

Name of person giving information: Jane Lewis How related to deceased: Mother

CAUSES OF DEATH

40 ✓

PHYSICIAN
OR CORONER

Primary Cause: (Supposed) Cancer of Stomach Unknown

Immediate Cause: Acute Prodigiosa One or two weeks

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

Signature of Physician: C. W. Birones, M.D.

Address: Hyattsville, Md.

Accident or Suicide? No

Beijing Hen

Name in Full *Mortimer Mullikin Luthicum* CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Springfield* ^{Town} *Prince Georges* ^{County} MARYLAND

Date of death *1910 August 21* ^{Month} ^{Day} Age *56* ^{Years} *8* ^{Months} *16* ^{Days}

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

Occupation *Lanner* Where Reading if not at place of death *Springfield*

Married, Single or Widowed *Married* Name of Wife or Husband *Leda Kern Luthicum*

Father's Name *William Abner Luthicum* Father's Birthplace *A. A. Co. Md.*

Mother's Maiden Name *S. E. Mullikin* Mother's Birthplace *Pr. Geo. Md.*

Name of person giving information *W. A. Luthicum* How related to deceased *Father*

CAUSES OF DEATH

170

PHYSICIAN OR CORONER

Primary *Interstitial nephritis with sequel* How long *Not known*

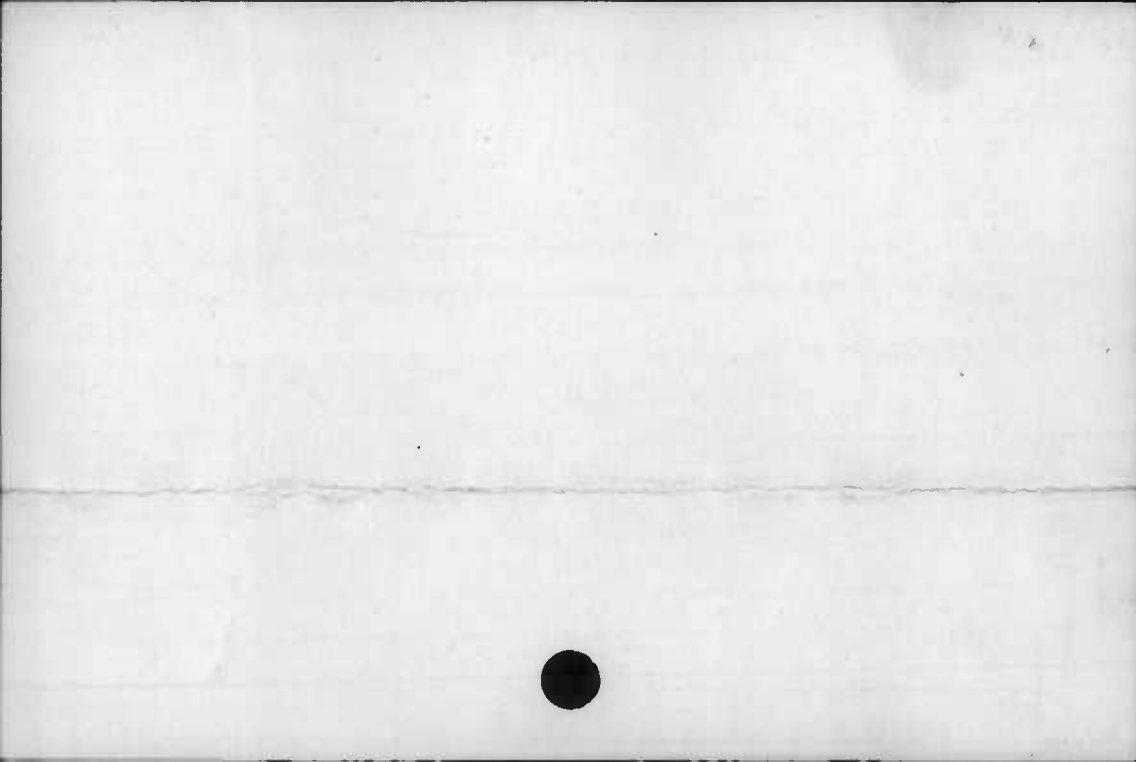
Immediate *Pulmonary edema* How long *Several hours*

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

Signature of Physician *Wm. M. Orvell M.D.*

Address *Springfield*

Accident or Suicide? *No*



Name
7-5
7-11

Henry Littleford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

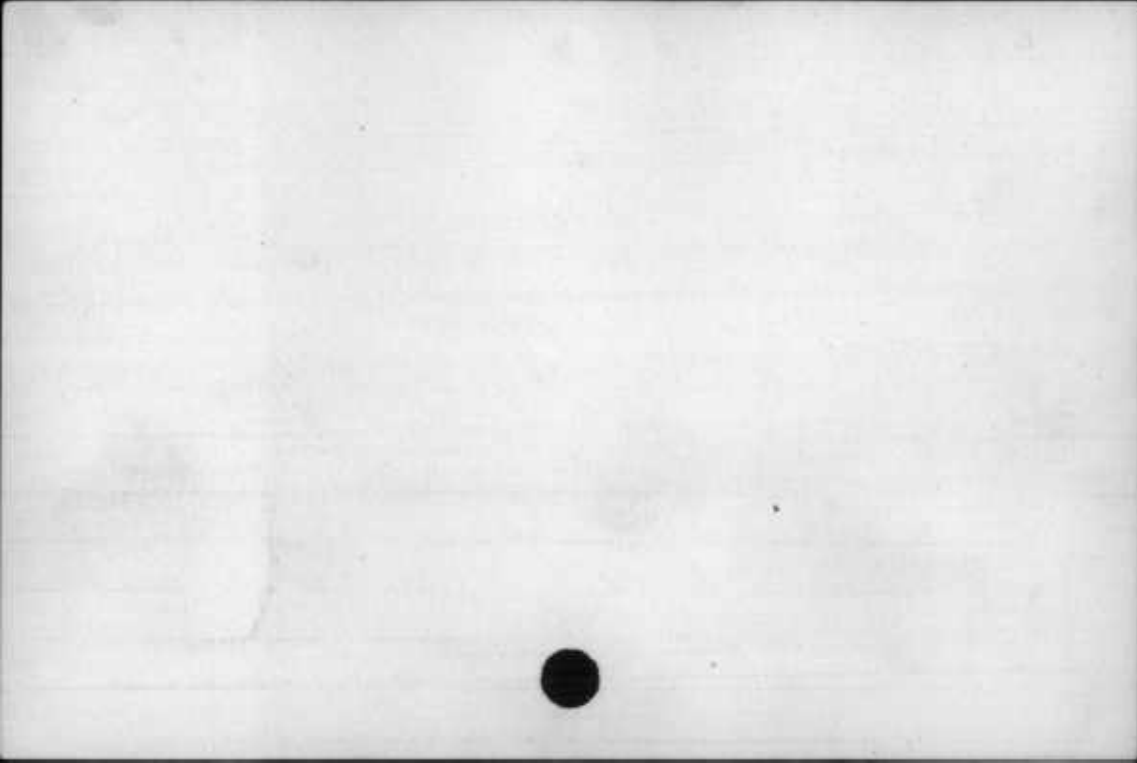
Died at <i>Pitcher</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i>	<i>8</i> <small>Month</small>	<i>3</i> <small>Day</small>	Age <i>1</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ma</i>			
Occupation <i>none</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>Elisha Littleford</i>	Father's Birthplace <i>Ma</i>				
Mother's Maiden Name <i>Ada Hutchinson</i>	Mother's Birthplace <i>Ma</i>				
Name of person giving information <i>Elisha Littleford</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

(103) ✓

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>2 days</i>
Immediate <i>convulsions</i>	How long <i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Faushing</i>
	Address <i>Forestville Ma</i>
Accident or Suicide? <i>neither</i>	



Name
In
Full

Harry Arthur William Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at. <i>Hollywood</i>		Town		<i>P. George</i>		County		MARYLAND	
Date of death <i>1970</i>		<i>Aug</i>		<i>6</i>		Age		<i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mid</i>		Months		Days <i>17</i>	
Occupation _____				Where Reading if not at place of death _____					
Married, Single or Widowed _____				Name of Wife or Husband _____					
Father's Name <i>George Martin</i>				Father's Birthplace <i>New York</i>					
Mother's Maiden Name <i>Minnie Engel</i>				Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>George Martin</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>		How long <i>3 weeks</i>	
Immediate <i>Transition</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. Stimmer</i>	
_____		Address <i>Beverly Mid</i>	
Accident or Suicide? _____			

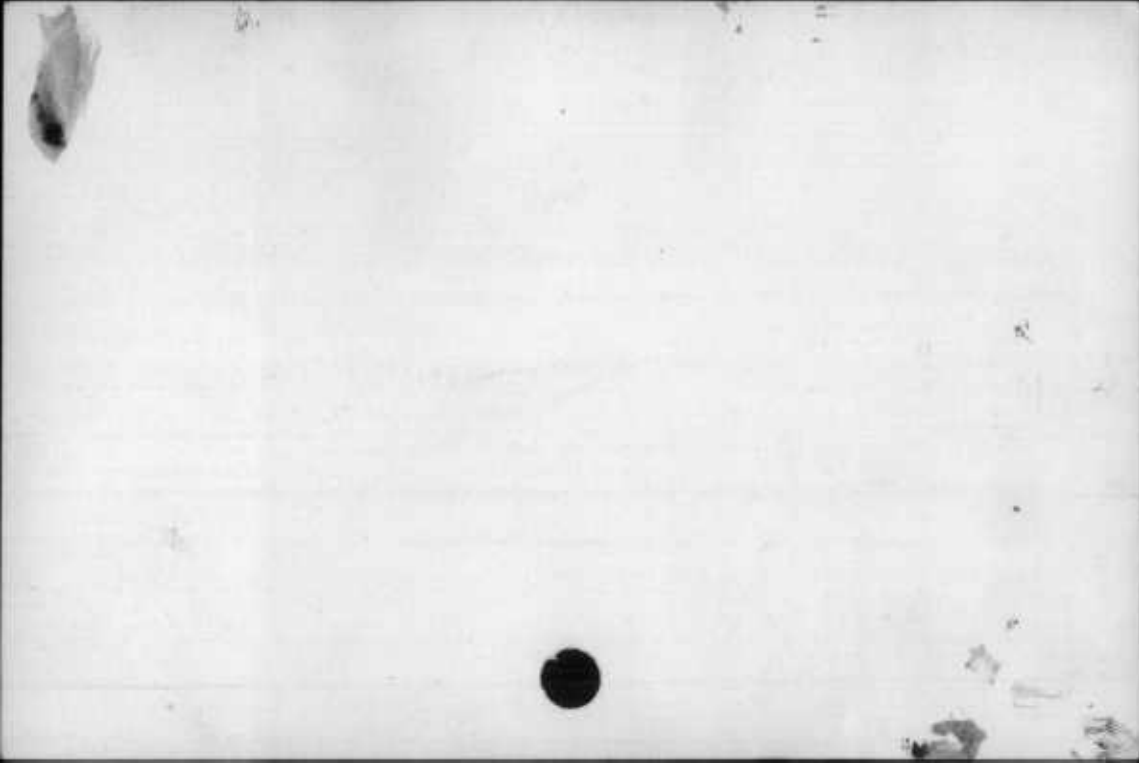
Branthorpe

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Henry Matson</i>		Town <i>Berwyn</i>		County <i>P. George</i>		State <i>MARYLAND</i>	
Died at <i>Berwyn</i>		Date of death 1910 <i>Aug</i>		Age <i>72</i>		Months <i>6</i> Days <i>21</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maine</i>			
Occupation <i>Leather maker</i>				Where Reading if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E. Underwood Matson</i>					
Father's Name <i>Warren R. Matson</i>		Father's Birthplace <i>Maine</i>					
Mother's Maiden Name <i>Mary A. Rhines</i>		Mother's Birthplace <i>Maine</i>					
Name of person giving information <i>Mary E. U. Matson</i>		How related to decedent <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Chronic Nephritis, Chronic Endocarditis</i>	How long <i>10 years</i>
	Immediate <i>Mitral Insufficiency & Asthma</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>A. Etienne</i>
		Address <i>Berwyn Md.</i>
Accident or Suicide? <i>—</i>		



Name
In Full

Henrietta Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Fairmont		Hights		Prince George		MARYLAND		
Date of death		1910	Aug	23	Age	50	Months	—	Days	—
Sex	female	Color or Race	colored		Birth-place	Va.				
Occupation	house duties		Where Residing if not at place of death		—					
Married, Single or Widowed	married		Name of Wife or Husband		Albert Miller					
Father's Name	James Peterson				Father's Birthplace	Va.				
Mother's Maiden Name	Rachel Brown				Mother's Birthplace	Va.				
Name of person giving information	Albert Miller				How related to deceased	Husband				

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary	nephritis	How long	1 month
Immediate	coma	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J M Brady
		Address	Kenilworth
Accident or Suicide?			W.C.



Name
in Full

John Rardolph Mueller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Capitol Heights ^{County} Prince George Co MARYLANDDate of death 1960 ^{Month} Aug ^{Day} 23rd ^{Age} 73 ^{Years} ^{Months} 3 ^{Days} 15Sex Male ^{Color or Race} White ^{Birth-place} SwitzerlandOccupation Tailor ^{Where Residing if not at place of death}Married, Single or Widowed Widower ^{Name of Wife or Husband} Annie MayFather's Name Jacob Mueller ^{Father's Birthplace} SwitzerlandMother's Maiden Name Annie May ^{Mother's Birthplace} SwitzerlandName of person giving information Mrs Anne Widmer ^{How related to deceased} Daughter

CAUSES OF DEATH

Primary Pneumonia ^{How long} 1 1/2 yearsImmediate Lung Congestion ^{Heart} Bronchitis & fatema ^{How long} 2 days

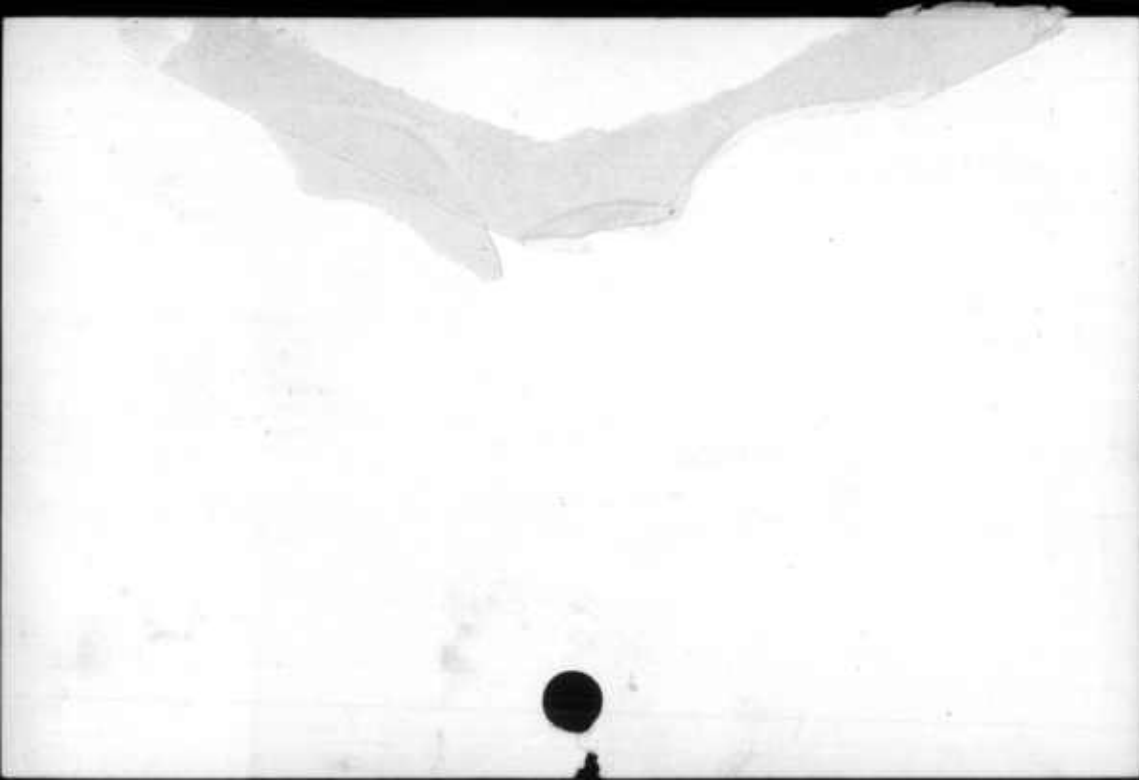
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician A. R. Mackenzie M.D.

Address Capitol Heights Md

Accident or Suicide NO

PHYSICIAN
OR CORONER



Name
in Full

Raymond E. Meins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death 1960

Month

8

Day

22

Age

Months

3

Days

23

Sex

Male

Color or
Race

White

Birth-
place

Pine Grove

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jacob Meins

Father's
Birthplace

Utica N. Y.

Mother's
Maiden Name

Edith Norton

Mother's
Birthplace

Penn.

Name of person giving
information

Violet Holland

How related
to deceased

Half Sister

CAUSES OF DEATH

Primary

Marasmus & Typhoid Fever

How long

About one month

Immediate

General Debility & Exhaustion

How long

About one week

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

Yes

Signature of
Physician

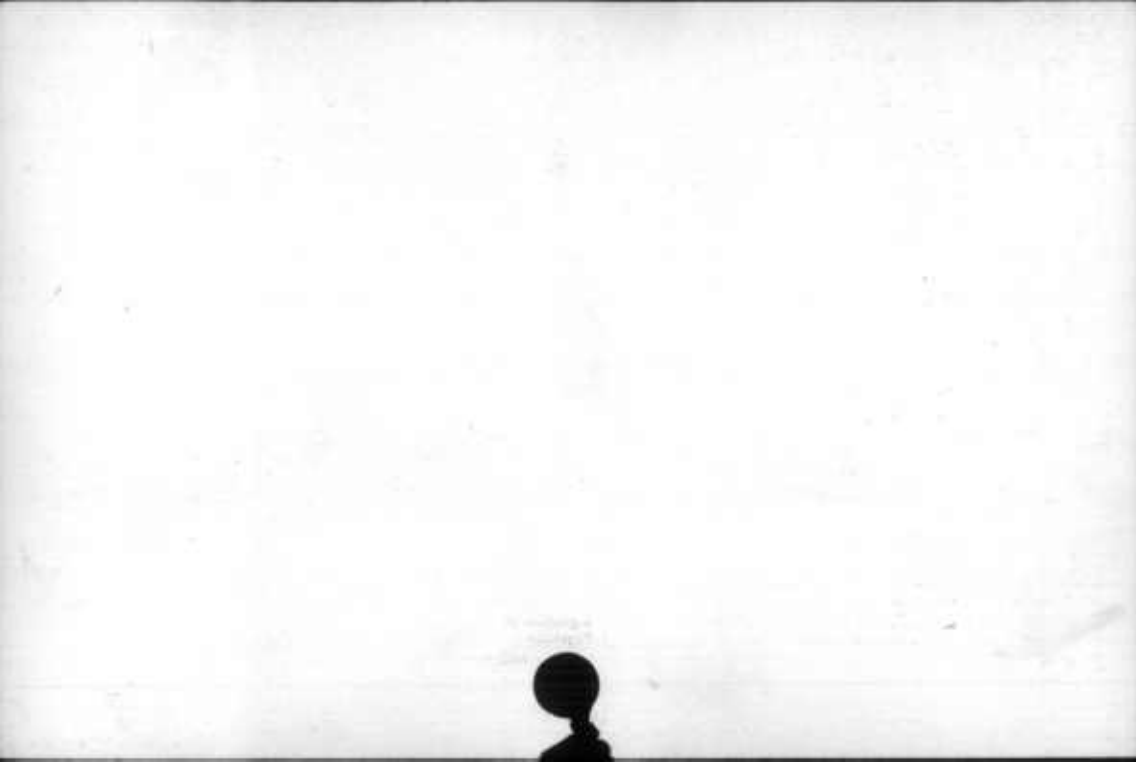
Arthur N. Meigs, M.D.

Address

Congress Heights, D.C.

Accident or Suicide

PHYSICIAN
OR CORNER



Name
- In
Full

Ruben Phillip Nesius

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pine Grove ^{Town} Pr. Ge. Co ^{County} MARYLAND

Date of death 1960 8 ^{Month} 14 ^{Day} Age — ^{Years} 2 ^{Months} 14 ^{Days}

Sex Male Color or Race White Birth-place Pine Grove

Occupation None Where Residing if not at place of death —

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

Father's Name Jacob P. Nesius Father's Birthplace Utica N.Y.

Mother's Maiden Name Edith Holland Mother's Birthplace Penn.

Name of person giving Information Jacob P. Nesius How related to deceased Father

CAUSES OF DEATH

Primary Marasmus How long 1 month

Immediate Exhaustion How long 1 week

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

Signature of Physician

Address

Arthur N. Meloy, M.D.
Congress Heights, D.C.

Accident or Suicide —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laurel</u> Town		<u>Pearcy</u> County		MARYLAND	
Date of death	<u>1940</u>	Month <u>8</u>	Day <u>22</u>	Age	<u>—</u>
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>			
<input checked="" type="checkbox"/> Married, Single or Widowed	Name of Wife or Husband <u>—</u>				
Father's Name	<u>Wm J. Percy</u>			Father's Birthplace	<u>Pa</u>
Mother's Maiden Name	<u>Evelyn Grady</u>			Mother's Birthplace	<u>md</u>
Name of person giving information	<u>Mrs Curly</u>			How related to deceased	<u>Aunt</u>

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	<u>still born</u>	<input checked="" type="checkbox"/> How long <u>—</u>
Immediate	<u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>W. F. Taylor</u>
		Address <u>Laurel</u>
Accident or Suicide	<u>—</u>	



Name
in
Full

Jacques Rinskey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Clintonville</u> <small>Town</small>		<u>P.G.</u> <small>County</small>		MARYLAND			
Date of death	<u>1900</u> <small>Year</small>	<u>Aug</u> <small>Month</small>	<u>24th</u> <small>Day</small>	Age	<u>11</u> <small>Years</small>	<u>11</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Ind</u>		
Occupation	<u>None</u>		Where Residing if not at place of death <u>—</u>				
<input type="checkbox"/> Single	Name of Wife or Husband		<u>—</u>				
Father's Name	<u>Unknown</u>			Father's Birthplace	<u>Ind</u>		
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>Ind</u>		
Name of person giving information	<u>Scott Huntington</u>			How related to deceased	<u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Marasmus</u> ✓	How long	<u>3 weeks</u>
Immediate	<u>Heart failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<input type="checkbox"/>		
Signature of Physician	<u>J. S. Kearney</u>		
Address	<u>Clinton</u>		
Accident or Suicide?	<input type="checkbox"/>		

2

Name
in
Full

John Proctor,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Cedarville* ^{Town} *Prince Georges* ^{County} MARYLANDDate of death 19*40* ^{Month} *8* ^{Day} *7* Age ^{Years} *1* ^{Months} *8* ^{Days} *-*Sex *Male* Color or Race *Colored* Birth-place *Md.*

Occupation _____ Where Residing if not at place of death _____

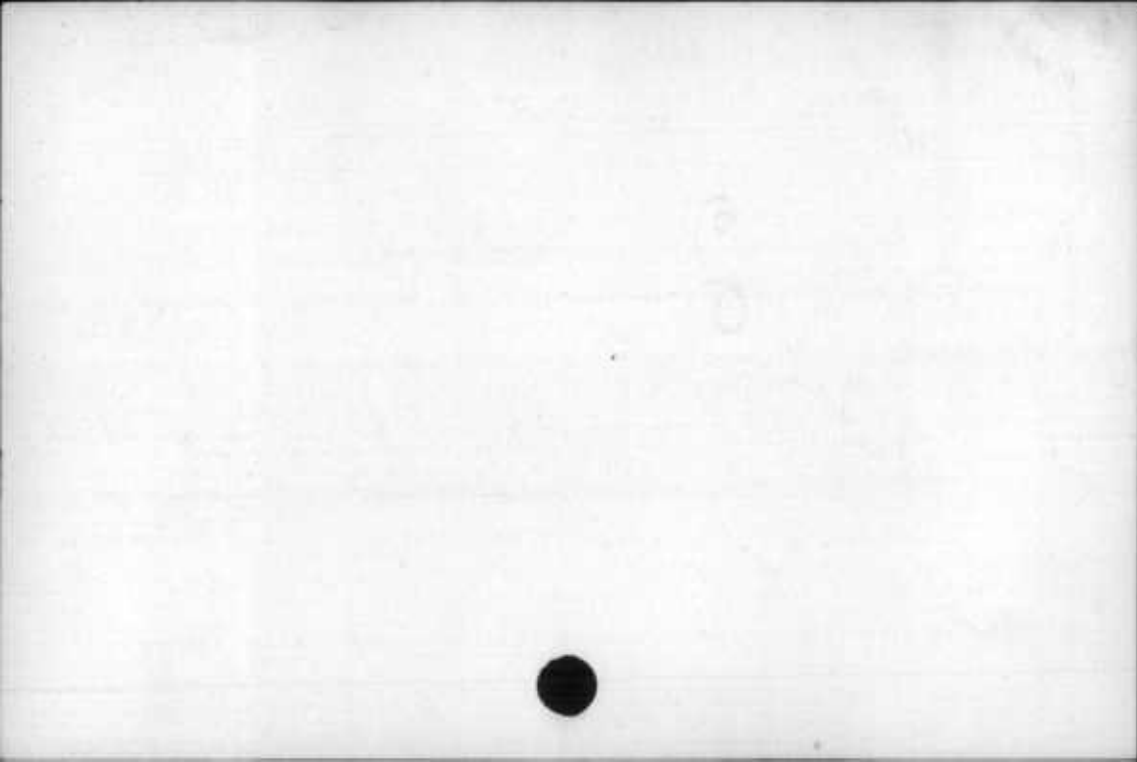
Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Harry Proctor* Father's Birthplace *Pr. Geo. Co. Md.*Mother's Maiden Name *Rosanna Garvey* Mother's Birthplace *Charles Co. "*Name of person giving information *Horace Proctor* How related to deceased *half brother*

CAUSES OF DEATH

Primary *Supposed, Membraneous Croup* How long *48 hours*Immediate *Exhaustion* How long *Sudden*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of ^{acting} Physician *Coroner William H. Squires J.P.*Address *Brandywine, Pr. Geo. Co. Md.*

Accident or Suicide? _____



Name
in Full

Ethel Humphrey

CERTIFICATE OF DEATH

Died at

Pakoma Park Prince Georges County

MARYLAND

Date of death

1910 Aug 30 Age 11

Sex

F 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

Frederick Humphrey

Father's Birthplace

Mother's Maiden Name

Emelyn Browning

Mother's Birthplace

Name of person giving information

Frederick Humphrey

How related to deceased

Father

CAUSES OF DEATH

Primary

Scarlet fever

How long

2 days

Immediate

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

yes

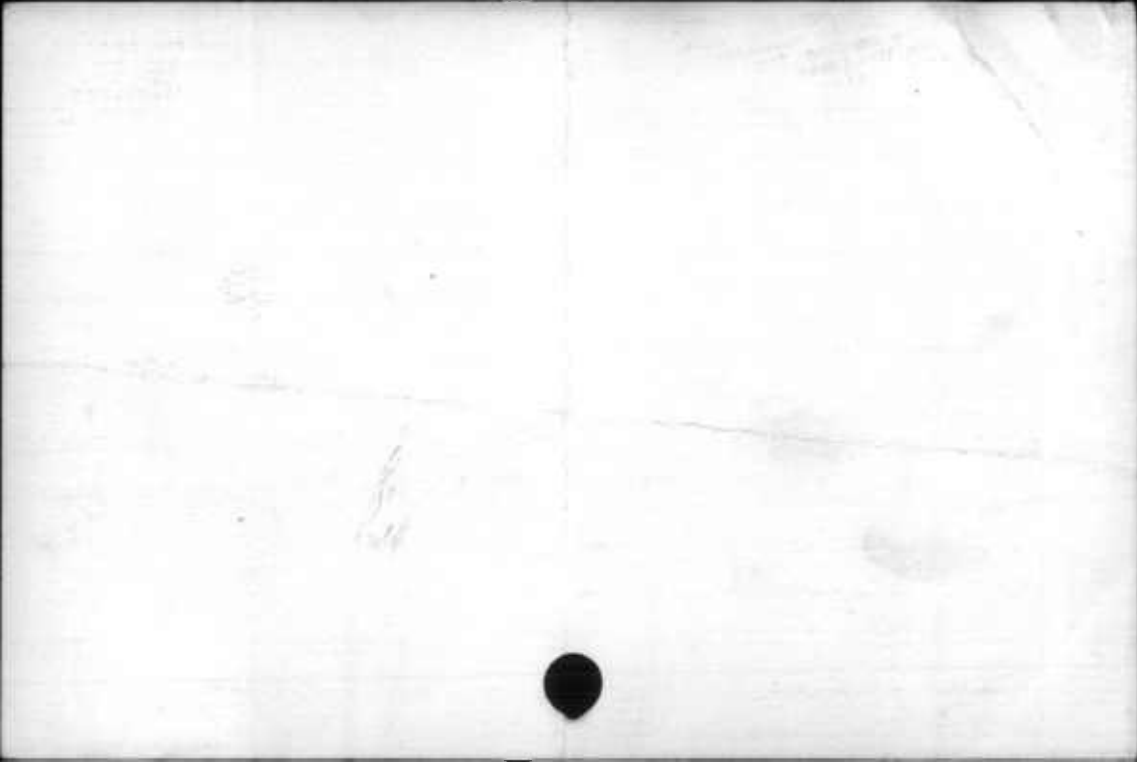
Signature of Physician

Address

Alfred Parsons, Pakoma Park

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In Full

Thomas Queen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Seatons		County P. G. Co.		MARYLAND	
Date of death		19	Month Aug	Day 19	Age 25	Years	Months Days
Sex Male		Color or Race Colored		Birth-place Md.			
Occupation Labourer				Where Residing if not at place of death			
Married, Single or Widowed Widower		Name of Wife or Husband Nancy Queen					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information John Gilbert		How related to deceased Son-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old Age	How long	3 wks
Immediate	Disentery		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Lambury M.D.
		Address	Seeston, Md.
Accident or Suicide?	Neither		

Frank Wood
Whitehead

Name
In
Full

Mary Katherine Ryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Pilot ^{Town}		Prince George ^{County}		MARYLAND	
Date of death	1910	Month	8	Day	1	Age	Years
						Months	14
Sex	Female		Color or Race	White		Birth-place	md
Occupation	none		Where Reading if not at place of death		—		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Hansky M Ryan				Father's Birthplace	md	
Mother's Maiden Name	Agnes C Brown				Mother's Birthplace	md	
Name of person giving information	Mrs. Ryan				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Entireitis	(104)	How long	1 week
	Immediate	Asthenia		How long	1 day
	Are the name, age, sex, color, date and place correctly given above?	yes.		Signature of Physician	John S. Sweeney,
				Address	Forestville, md.
	Accident or Suicide?	neither			

9



Name
in
Full

Williams, Ryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Home</u> <small>Town</small>		<u>P. Georges</u> <small>County</small>		MARYLAND	
Date of death	<u>1900</u>	Month	<u>Aug</u>	Day	<u>12</u>
Age	<u>95</u>	Years		Months	
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Occupation	<u>Inmate Home</u>		Where Reading if not at place of death		
Married or Widowed	Name of Wife or Husband				
Father's Name	<u>_____</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>_____</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving in formation	<u>Lewis, Alvin</u>			How related to deceased	<u>brother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Abscess of Brain</u>	How long	<u>2 mo</u>
Immediate	<u>hemorrhage brain</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. E. Kearney</u>
		Address	<u>Belintona</u>
Accident or Suicide?			

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Name
in
Full

CERTIFICATE OF DEATH

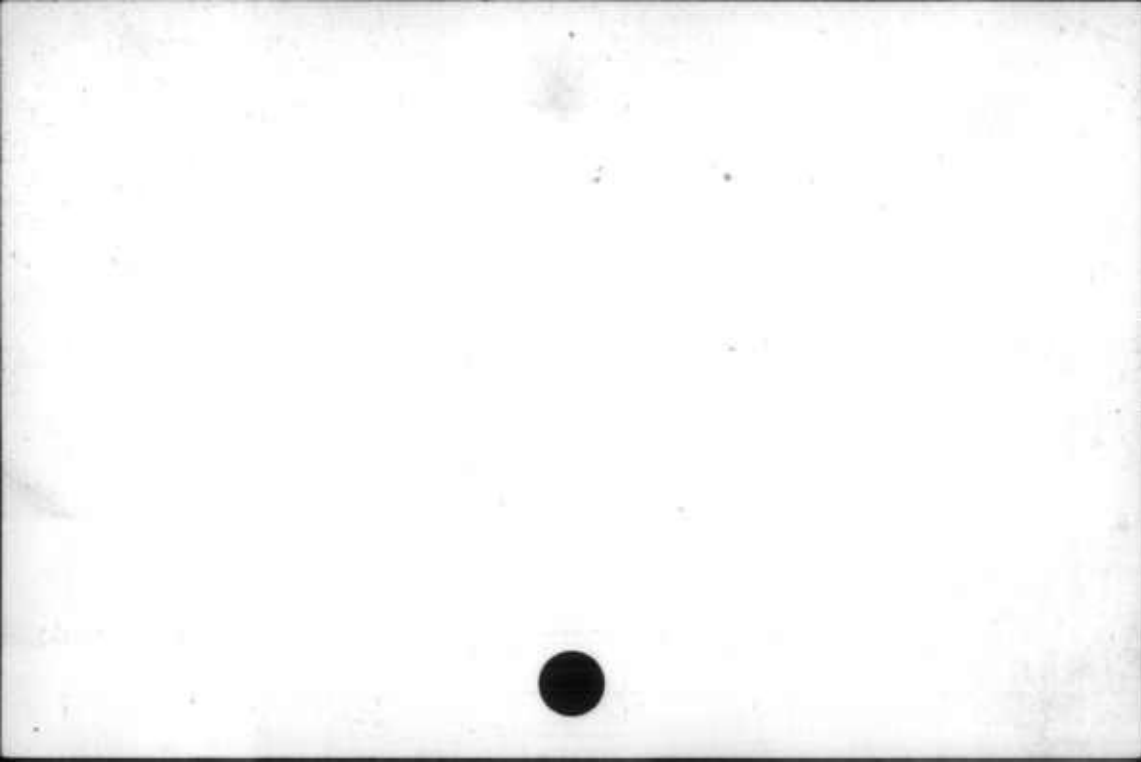
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harwood</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND	
Date of death 19 <u>00</u> <small>Year</small>		<u>8</u> <small>Month</small>	<u>13</u> <small>Day</small>	<u>0</u> <small>Age</small>	<u>0</u> <small>Months</small>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Laurel Md.</u>	
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>W. B. Sagle</u>		Father's Birthplace <u>Balto Md.</u>			
Mother's Maiden Name <u>M. B. Gray</u>		Mother's Birthplace <u>Laurel Md.</u>			
Name of person giving Information <u>W. B. Sagle</u>		How related to deceased <u>Father</u>			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	<u>Still Birth</u>	How long	<u>S</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>J. R. Smith</u>	
		Address _____	
Accident or Suicide _____			



Name
In Full

Elizabeth Pearl Navoy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Oxon Hill Town Pr. Geo. Co. County

MARYLAND

Date of death 1910 8 26 Age 1 Years 0 Months 20 Days

Sex Female Color or Race Colored Birth-place Oxon Hill

Occupation none Where Reading if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Clem Navoy Father's Birthplace Pr. Geo. Co.

Mother's Maiden Name Alice Newman Mother's Birthplace Pr. Geo. Co.

Name of person giving information Clem Navoy How related to deceased Father

CAUSES OF DEATH

Primary Whooping Cough How long 8 Months

Immediate Debility & Exhaustion How long 1 week

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

Signature of Physician Arthur N. Meloy
Address Bayboro N.C., D.C.

Accident or Suicide?



Name in Full

William Ross Shorter

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Bowie Town Prince Geo County **MARYLAND**

Date of death 1900 Year Aug Month 12 Day 4 Days Age Years Months

Sex Male Color or Race negro Birth-place Bowie

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

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

Father's Name Wm Ross Shorter Sr Father's Birthplace Pomfret ches Md

Mother's Maiden Name Mary Herbert Mother's Birthplace Marlboro Md

Name of person giving information Lucy Shorter How related to deceased Grandmother

CAUSES OF DEATH

115 ✓

Physician or CORONER

Primary Gum die How long 15 hours

Immediate Gum die + heart failure How long " "

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

Signature of Physician James H. Hunt Address Bowie Md

Accident or Suicide? Howard B. Keebaugh - Coroner



Name
in
Full

Bernard Simmons

CERTIFICATE OF DEATH

Died at ^{Town} near Meadows ^{County} Pr. Geo MARYLAND

Date of death 1910 Aug 6 Age 50 Months 9 Days

Sex Male Color or Race Black Birth-place Pr Geo Co

Occupation Farmer Where Residing if not at place of death —

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

Father's Name Addison Simmons - Father's Birthplace Md "

Mother's Maiden Name Snowden Mother's Birthplace Md

Name of person giving Information Auburn Simmons How related to deceased Brother

CAUSES OF DEATH

Primary Tuberculosis How long 28 1/2 Don't know

Immediate

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

Only saw patient Address Upper Marlboro Md

Accident or Suicide Aug 1st 1910.TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
Full

George W. Smallwood

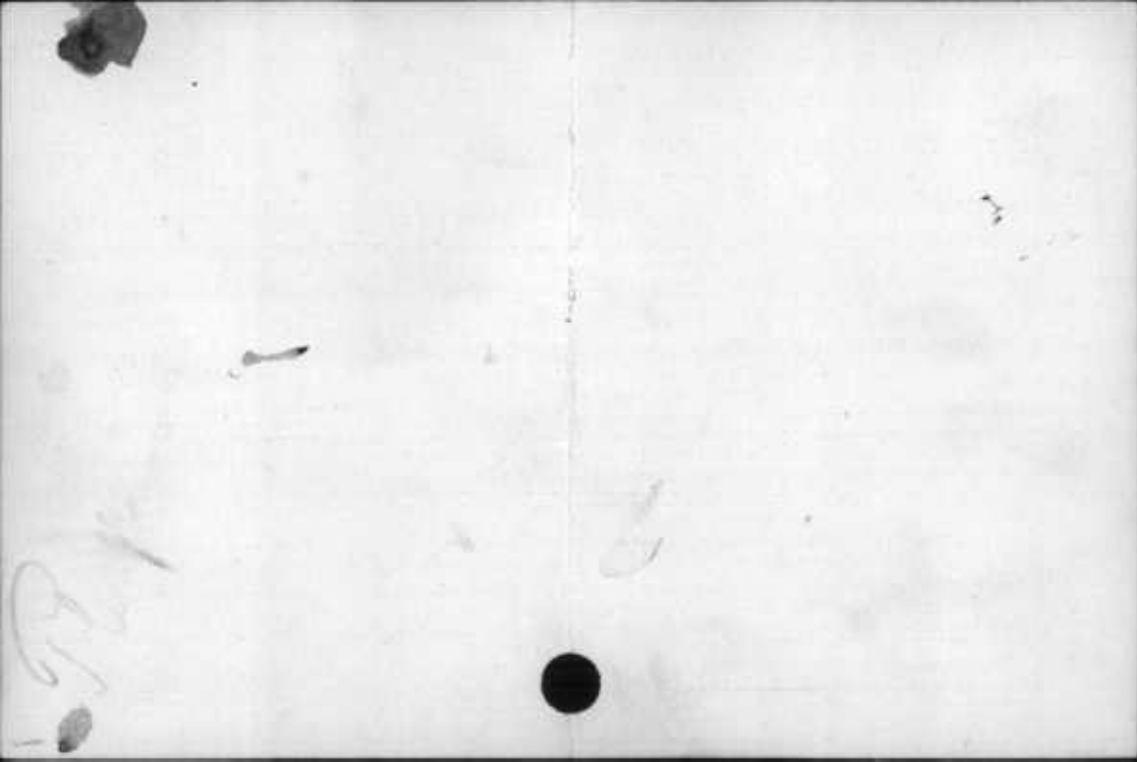
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Farmington		County Piscataway		MARYLAND	
Date of death	1900	Month Aug.	Day 19	Age	Years 69	Months	Days
Sex	Male		Color or Race	White		Birth-place	Chas. Co.,
Occupation	Carpenter			Where Residing if not at place of death			
Married, Single <input checked="" type="checkbox"/> Married	Name of Wife or Husband						
Father's Name	Richard Smallwood				Father's Birthplace		
Mother's Maiden Name	Elizabeth L. Atcherson				Mother's Birthplace Chas. Co.		
Name of person giving information	Francis L. Smallwood				How related to deceased Brother		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cancer of the stomach		How long	6 months	
	Immediate	Cancer " "		How long	(H5)	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Edgar N. Hewitt, M.D.	
	Yes		Address		Piscataway Ind.	
Accident or Suicide?						



Name
In
Full

Harry E Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

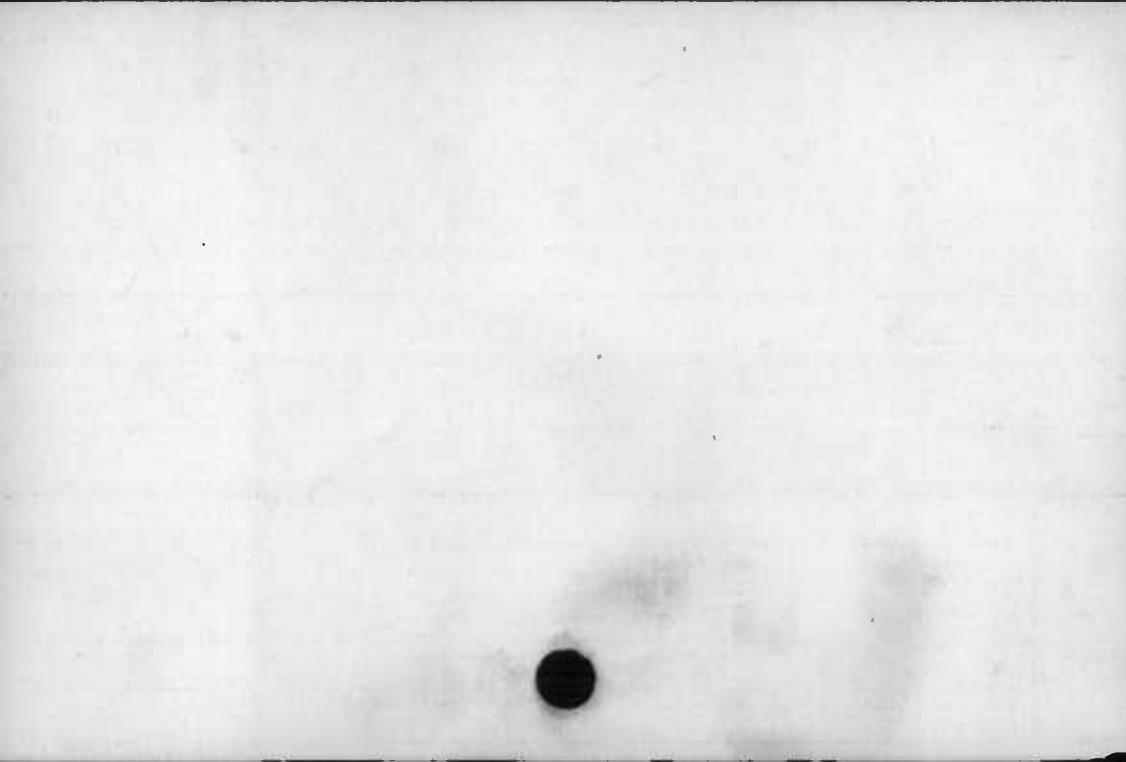
Died at		Town <i>Rivendale</i>		County <i>Prince George</i>		STATE <i>MARYLAND</i>	
Date of death		Month <i>Aug</i>	Day <i>2</i>	Age	Years <i>—</i>	Months <i>16</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>DC</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single <input checked="" type="checkbox"/> Married		Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry E. Smith</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Margaret O. Sullivan</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Harry E. Smith</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

(63) ✓

PHYSICIAN
OR CORONER

Primary	<i>Anterior Poliomyelitic</i>	How long	<i>4 days</i>
Immediate	<i>Paralysis of respiration</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Luigi Stammen</i>	
Address		<i>Hyattsville Md</i>	
Accident or Suicide?		<i>Neither</i>	



Name
in Full

Ida E. Sprigg

CERTIFICATE OF DEATH

MARYLAND

Died at Leland ^{town}P. Esq ^{County}Date of death 1960Month 8Day 9Age 22

Months

Days

Sex FemaleColor or Race ColoredBirth-place mdOccupation House wife

Where Residing if not at place of death

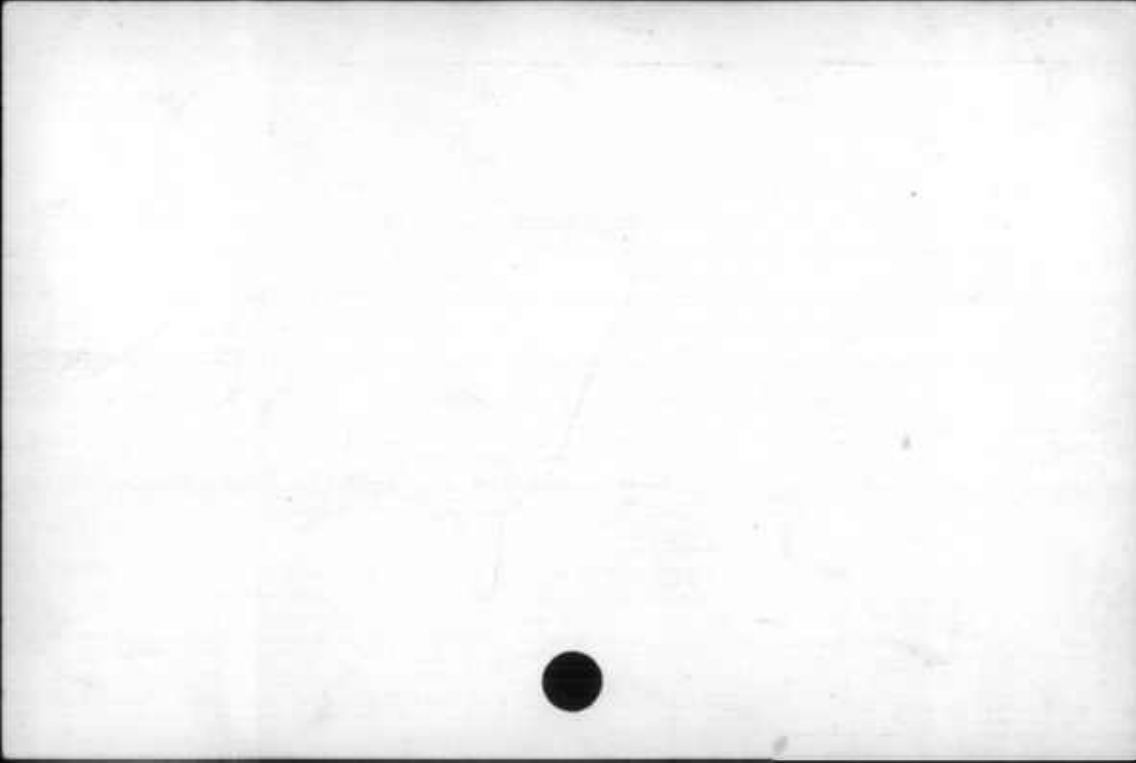
Married, Single or Widowed MarriedName of Wife or Husband Addison SpriggFather's Name William H. HarmonFather's Birthplace mdMother's Maiden Name Annie TighmanMother's Birthplace mdName of person giving Information William H. HarmonHow related to deceased Father

CAUSES OF DEATH

Primary Tuberculosis of SpineHow long 28 12 yearsImmediate "lungs + abscess"How long 2 mosAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician Renee SausierAddress Upper Marlboro md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville</i> Town		<i>Prince George's</i> County		MARYLAND	
Date of death <i>1980</i>	Month <i>Aug</i>	Day <i>9th</i>	Age	Years	Months <i>12</i> Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>	Occupation		Birth-place <i>Hyattsville</i>	Where Residing if not at place of death
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Elisha Strong</i>	Father's Birthplace <i>M.C.</i>			Mother's Maiden Name <i>Elizabeth Jordan Wilson</i>	
Mother's Maiden Name <i>Elizabeth Jordan Wilson</i>	Mother's Birthplace <i>Md</i>			Name of person giving Information <i>Elisha Strong</i>	
Name of person giving Information <i>Elisha Strong</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary <i>Undetermined</i>	<i>189A</i>	How long
Immediate <i>Undetermined</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rita B. Johnson MD</i>	Address <i>Hyattsville, MD</i>
<i>one of twins born Aug 7. 6 PM</i>	Accident or Suicide	

PHYSICIAN
OR CORONER

Printed



Name
In Full

(Norma) Strong

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hyattsville		^{County} Prince Georges		MARYLAND	
Date of death	1910	Month	Aug	Day	17
Age		Years		Months	
Sex	Female	Color or Race	negro	Birth-place	Hyattsville, Md.
Occupation		Where Reading if not at place of death			
Married Single or Widowed		Name of Wife or Husband			
Father's Name		Elisha Strong		Father's Birthplace	
Mother's Maiden Name		Alice Wilson Strong		Mother's Birthplace	
Name of person giving information		Elisha Strong		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Amputation	How long	177 B 10
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ross B. Flandred M.D.
		Address	Hyattsville Md.
Accident or Suicide?		over	

This is the end of letters from
Aug 7. The first and last numbers
of the series - numbers are
referred to

Name
in
Full

Maria Thomas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brandysville Pr.		County Geo.		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1910		Aug.	18	Age 94			
Sex		Color or Race		Birth-place			
female.		white		Md.			
Occupation			Where Residing if not at place of death				
none							
Married, Single or Widowed		Name of Wife or Husband					
widow		Wm. Thomas					
Father's Name		Father's Birthplace					
Not known.		Md.					
Mother's Maiden Name		Mother's Birthplace					
Deborah Brightwell		Md.					
Name of person giving information		How related to decedent					
Margaret Dent		Daughter					

CAUSES OF DEATH

How long

How long

Primary

Immediate

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

Signature of Physician

Address

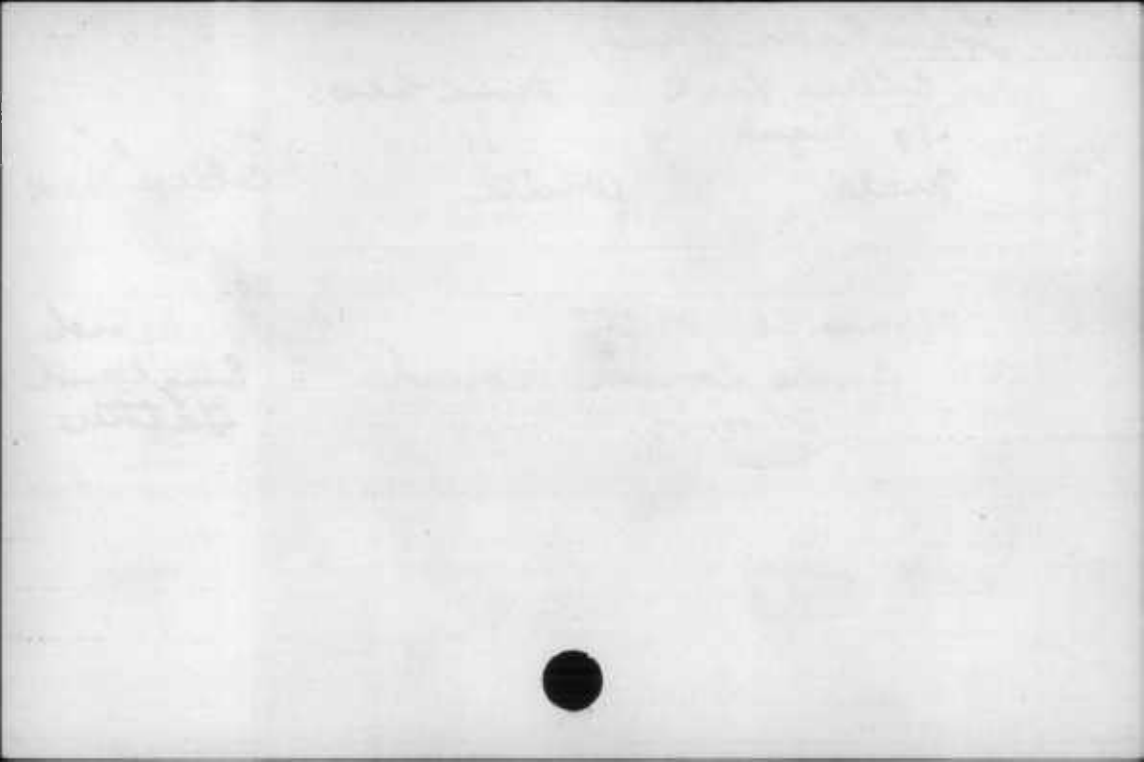
Accident or Suicide?

Cemility

Exhaustion

Yes

John A. Col.
T. B.(15-4) ✓
several months
one week



Name in Full

John Gordon White

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} College Park ^{County} Prince Georges. MARYLAND

Date of death 19/0 August 4 Age 11 Months - Days -

Sex Male Color or Race White Birth-place College Park

Occupation School boy Where Residing if not at place of death _____

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

Father's Name Thomas J. White Father's Birthplace England

Mother's Maiden Name Annie Louisa Round Mother's Birthplace England

Name of person giving information Thos. J. White How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

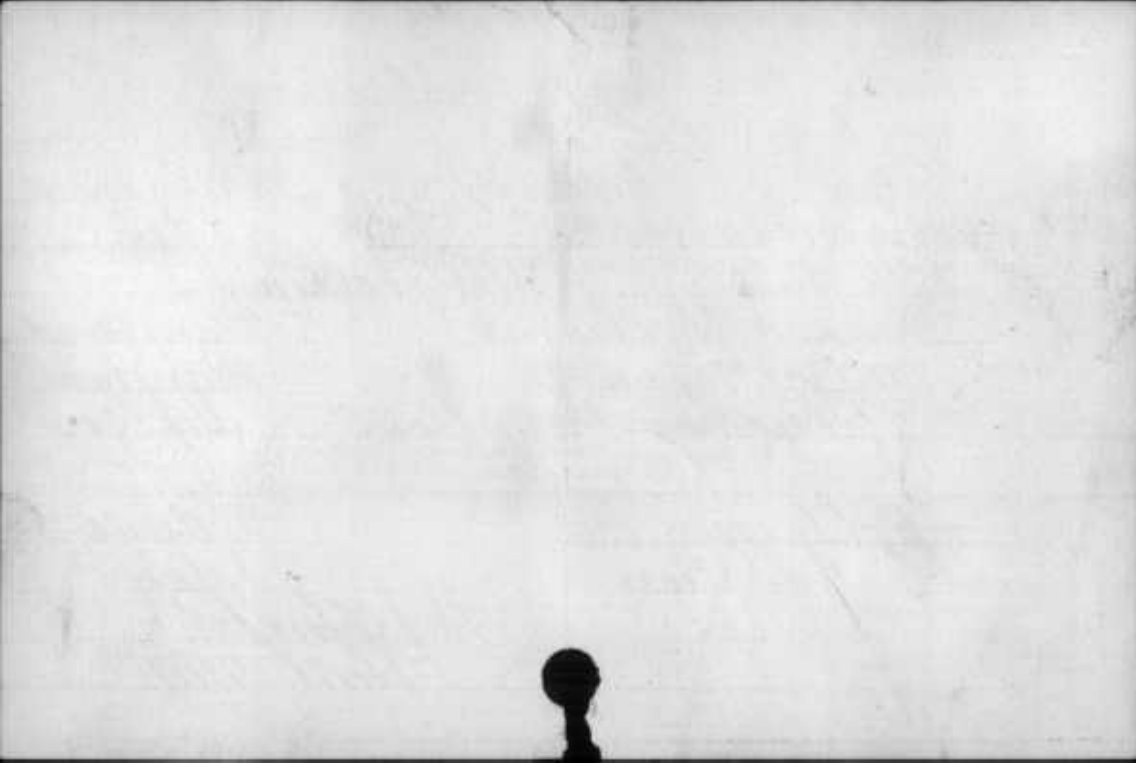
Primary Infantile Paralysis How long 63 days

Immediate " " How long " "

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

Signature of Physician H. E. Willis Address Hyattsville, Md.

Accident or Suicide? no



Name in Full

Henry Williams.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Hall Town Prince George's County MARYLAND

Date of death | 960 Aug Month 11th Day Age 60 Years _____ Months _____ Days

Sex Male Color or Race colored Birth-place Maryland

Occupation Farm laborer Where Residing if not at place of death adjoining farm

Married, Single or Widowed Married Name of Wife or Husband Hester Williams

Father's Name Henson Williams Father's Birthplace Maryland

Mother's Maiden Name Patsy Green Mother's Birthplace Maryland

Name of person giving information Thomas Hamilton How related to deceased Step son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Apoplexy How long 2 days

Immediate Exhaustion How long 1 day

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

Signature of Physician H. J. Finckel

Address Hall, Md.

Accident or Suicide? _____

