Name in Full: William Grendal Alexander

CERTIFICATE OF DEATH
State of MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Mt Rainier
County: Prince George

Date of death 19[illegible]: Month: Aug. Day: 6
Age: Years: 4 Months: 11 Days: 22

Sex: Male
Color or Race: White
Birthplace: Prince Geo Cty

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: Laura E Mina
Mother's Birthplace: " Carolina

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

(169)

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental Drowning
How long:

Immediate:
How long:

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

Signature of Physician: Coroner C. H. Stichell M.D.

Address: Brentwood Md

Accident or Suicide? Accidental Drowning

5 0 61 M Long

Name in Full: Edna May Alvey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Capitol Heights — County: Prince George

Date of death: Month: Aug — Day: 25 — 1980

Age: Years: 6 — Months: — Days: —

Sex: Female — Color or Race: white — Birthplace: D. C.

Occupation: child — Where Residing if not at place of death: —

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

Father's Name: William T. Alvey — Father's Birthplace: Md.

Mother's Maiden Name: Annie A. Mitingill — Mother's Birthplace: Md.

Name of person giving Information: Wm T. Alvey — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: typhoid fever and pneumonia — How long: 3 weeks

Immediate: syncope — How long: 12 hours.

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

Signature of Physician: J M Brady

Address: Kensington Md.

Accident or Suicide:

19

Name in Full: Augustus R. Boteler

CERTIFICATE OF DEATH

MARYLAND

Died at: Bellsville (Town) Prince Georges (County)

Date of death 1960: Month Aug, Day 3

Age: Years 81, Months 10, Days -

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Retired Farmer

Where Residing ~~if not~~ at place of death:

Married, ~~Single or Widowed~~

Name of Wife or Husband: Henrietta Boteler

Father's Name: Edward D. Boteler

Father's Birthplace: Md

Mother's Maiden Name: Jamima Jones

Mother's Birthplace: Md

Name of person giving Information: Henrietta Boteler

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

66 ✓

Primary: General 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: C. A. Fox

Address: Bellsville Md

~~Accident or Suicide~~

PHYSICIAN OR CORONER

Name in Full: Esther Brown

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Near Landover (County): Pr. George

Date of death 1920 (Month): August (Day): 4 (Years): — (Months): 8 (Days): —

Age

Sex: Female

Color or Race: Black

Birthplace: Near Landover Md

Occupation: Infant

Where Residing if not at place of death:

Single or Married: ✓

Name of Wife or Husband:

Father's Name: Joseph D. Brown

Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth Ford

Mother's Birthplace: Md

Name of person giving information: Joseph D. Brown

How related to deceased: Father

(104)

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Intense heat

How long: About three

Immediate: Entero Colitis

How long: Weeks

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

Signature of Physician: C. W. Birdsall M.D.

Address: Hyattsville Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full William H. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Upper Marlboro — County: Pr Geo

Date of death 1910 — Month: Aug — Day: 23 — **Age** Years: 80 — Months: — — Days: —

Sex: Male — Color or Race: Black — Birthplace: Pr Geo Co. Md

Occupation: Gardener — Where Residing 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: P. Co Md

Mother's Maiden Name: Harriet Wood — Mother's Birthplace: " "

Name of person giving Information: Augustus J Brown — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular disease of heart — How long: 1 year

Immediate: — How long: —

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

Signature of Physician: L. A. Gifford

Address: Upper Marlboro Md

Accident or Suicide: —

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-20--08

Name in Full: Loretta Bryant

CERTIFICATE OF DEATH

Died at: Town: Upper Marlboro ~~Md~~ County: P. G. MARYLAND

Date of death 1900: Month: 8 Day: 4 Age: Years: — Months: 3 Days:

Sex: Female Color or Race: Black Birthplace: Washington D.C.

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

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

Father's Name: Grover Bryant Father's Birthplace: Brent Mill Md

Mother's Maiden Name: Katie Tolson Mother's Birthplace: P. G. Co Md

Name of person giving information: Grover Bryant How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

104

Primary: Cholera Infantum How long: 2 weeks

Immediate: Coma How long:

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

Signature of Physician: Reverdy Lamar M.D.

Address: Upper Marlboro Md

PHYSICIAN OR CORONER

Accident or Suicide:

OFFICE SUPPLY CO. 6-29--08

Name in Full: Arthur Carr

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Hyattsville (County): Prince George

Date of death: 1910 Month: Aug Day: 31 Years: 74 Months: Days:

Sex: Male Color or Race: White Birthplace: 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 Shields Mother's Birthplace: Maryland

Name of person giving information: Rosalie Carr How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy How long: 8 weeks

Immediate: Pulmonary Edema How long: 6 hours

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

Signature of Physician: Thos E Fortner

Address: Hyattsville

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Alice Marie Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Collington (County): Pg.

Date of death 1950: Month: Aug Day: 22

Age: Years: Months: 3 Days:

Sex: Female

Color or Race: Black

Birthplace: Collington

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Nat Carroll

Father's Birthplace: Pg Co

Mother's Maiden Name: Agnes Sprague

Mother's Birthplace: Pg. Co

Name of person giving Information: Basil Wood

How related to deceased: Great Grand Parent

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

1890

Primary: Marasmus

How long: 2 months

Immediate: Heart Failure

How long: Immediate

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

Signature of Physician: James H. Truitt

Address: Bowie Md

Accident or Suicide: no

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Mathias Chittams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Landover; County: Prince Georges

Date of death 1910: Month: Aug; Day: 30th; Years: —; Months: 5; Days: 28

Age

Sex: Male; Color or Race: Black; Birthplace: Near Landover

Occupation: Infant; Where Residing if not at place of death: —

Married, Single or Widowed: S; 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 deceased: Father

(63) V

CAUSES OF DEATH

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: C. W. Birdwell M.D.

Address: Hyattsville Md.

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full Oscar Clayggett

CERTIFICATE OF DEATH

MARYLAND

Town: Clinton | County: P. G.

Died at Clinton

Date of death 1900	Month: Aug	Day: 17th	Age: Years 30	Months	Days

Sex: Male | Color or Race: Black | Birthplace: Md

Occupation: Laborer | Where Residing if not at place of death: Stepfather's

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

Father's Name: Unknown | Father's Birthplace: Md

Mother's Maiden Name: Unknown | Mother's Birthplace: Md

Name of person giving information: Eddy Green | How related to deceased: Stepfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption | How long: 2 years

Immediate: Heart failure | How long: 36 hours

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

Signature of Physician: J. L. Keaney

Address: Clinton

Accident or Suicide?

18

Name in Full: not named Washington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cheltenham County: Pr Geo

Date of death: 1910 Month: Aug Day: 11 Age: Years: — Months: — ~~Days~~: 18 minutes

Sex: Female Color or Race: Colored Birthplace: Cheltenham Md

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

Married, Single or Widowed: Single Name of Wife or Husband: None

Father's Name: Henry Washington Father's Birthplace: Md.

Mother's Maiden Name: Mary E Pendney Mother's Birthplace: Md

Name of person giving information: Henry Washington How related to deceased: father

15/13

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature birth How long: 18 minutes

Immediate: How long:

PHYSICIAN OR CORONER

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

Address: Croome Md.

~~Accident or Suicide?~~

Name in Full: Mary Crump

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Ahus House | Town: | County: P.G.

Date of death: 1900 Month: Aug Day: 17th Age: Years: 32 Months: — Days: —

Sex: Female | Color or Race: Black | Birthplace: Md

Occupation: Domestic at Home | Where Residing if not at place of death: —

~~Married~~, Single ~~or Widowed~~ | Name of Wife or Husband: —

Father's Name: Unknown | Father's Birthplace: Md

Mother's Maiden Name: Unknown | Mother's Birthplace: Md

Name of person giving information: Lewis, Allen | How related to deceased: Relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption | How long: Some

Immediate: Exhaustion | How long: 3 Months

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

Signature of Physician: J. L. Manning

Address:

Accident or Suicide?

Name in Full: James B. Curtin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Cheltenham (County): Prince George's

Date of death: 1910 Month: August Day: 30 Age: Years 74 Months Days

Sex: Male Color or Race: White Birthplace: 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: Cayna Curtin Father's Birthplace: P.G. Co.

Mother's Maiden Name: Tina Langely Mother's Birthplace: P.G.Co.

Name of person giving information: George R. Curtin How related to deceased: Son

154

CAUSES OF DEATH

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: Croom, Md.

Accident or Suicide? 0

Name in Full: Joseph E Davidson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Laurel | County: Pr Geo | MARYLAND

Date of death 1910: Month: Aug | Day: 26 | Age: Years: | Months: 2 | Days: 23

Sex: Male | Color or Race: White | Birthplace: Md

Occupation: Baby | Where Residing 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 Maiden Name: Etha Zugler | Mother's Birthplace: Md

Name of person giving Information: Mrs Etta Davidson | How related to deceased: Mother

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Entero Colitis | How long: 3 weeks.

Immediate: Convulsion | How long: Just 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 in Full: Samuel R. Dugan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Bowie (County): P. G.

Date of death: 1910 Month: Aug. Day: 30 Age: Years: 63 Months: 2 Days: 5

Sex: Male Color or Race: White Birthplace: Beltsville Md.

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

Married, Single or Widowed: Widower Name of Wife or Husband: Gabrella Dugan.

Father's Name: Unknown Father's Birthplace: Not Known

Mother's Maiden Name: Unknown Mother's Birthplace: Not Known

Name of person giving information: Annie W. Dugan How related to deceased: Daughter

63

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Transverse Myelitis How long: Several months

Immediate: Bronchitis How long: Few months

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

Signature of Physician: J. M. Duvall M.D.

Address: Springfield Md.

Accident or Suicide? No.

0

LIBRARY BUREAU A6833

Burnin at
Pleasant Grove

Name in Full: Bernardini G Dunn

CERTIFICATE OF DEATH

MARYLAND

Died at: Mt Rainier (Town) — Prince Geo (County)

Date of death 1908: Month: Aug — Day: 5

Age: Years — Months: 11 — Days:

Sex: Female — Color or Race: White — Birthplace: D.C.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Cavan Dunn — Father's Birthplace: Canada

Mother's Maiden Name: Gertrude Dunn — Mother's Birthplace: Canada

Name of person giving information: Cavan Dunn — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis — How long: 10 H

Immediate: Convulsions — How long:

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

Signature of Physician: E H Wooley

Address: 810 - 4th St Washington D.C.

Accident or Suicide:

OFFICE SUPPLY CO. 2364

Name in Full: Nancy Edelen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Cockeysville — Town; Baltimore — County

Date of death 1910: Month 8; Day 29; Years 50; Months —; Days —

Sex: Female; Color or Race: Black; Birthplace: Md.

Occupation: Housewife; Where Residing if not at place of death:

Married, [redacted]; Name of 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: 6 mo

Immediate: Exhaustion; How long:

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

Signature of Physician: Ed. P. Simpson M.D.

Address: Cong. Hgts Md

Accident or Suicide?

Name in Full: Joseph Peter Eberwite

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Seat Pleasant — County: Prince George

Date of death: Month: Aug — Day: 27 — 1960 — Years: — Months: — Days: —

Age: —

Sex: Male — Color or Race: colored — Birthplace: Md.

Occupation: infant — Where Residing if not at place of death: —

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

Father's Name: unknown — Father's Birthplace: —

Mother's Maiden Name: Cornelia Spriggs — Mother's Birthplace: Md.

Name of person giving Information: Charles Spriggs — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(102) V Wash

Primary: cholera infantum — How long: 2 days

Immediate: syncope — How long: 3 hours

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

Signature of Physician: J M Brady

Address: Kensington, Md.

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 11-18-08

Name in Full: Pauline A. Gearhart

CERTIFICATE OF DEATH

MARYLAND

Died at: Brentwood (Town) — Prince Geo. (County)

Date of death: 1900 Aug 20 (Month, Day)

Age: — Years; 3 Months; 1 Days

Sex: Female

Color or Race: White

Birthplace: Brentwood

Occupation: Child

Where Residing if not at place of death: Brentwood

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Juline J. Gearhart

Father's Birthplace: Washington D.C.

Mother's Maiden Name: Theresa Bichoff

Mother's Birthplace: Germany

Name of person giving Information: Juline J. Gearhart

How related to deceased: Father

189 H

CAUSES OF DEATH

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. Ohlendorf Jr. M.D.

Address: Brentwood, Md.

Accident or Suicide

10

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: Lender Gray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowie; County: P.G.

Date of death 1900: Month: Aug; Day: 31

Age: Years: ; Months: 2; Days: 4

Sex: Male

Color or Race: Black

Birthplace: Bowie MD

Occupation:

Where Residing if not at place of death: Bowie

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Hezakiah Gray

Father's Birthplace: Pr Geo

Mother's Maiden Name: Martha Shorter

Mother's Birthplace: P. G. Co

Name of person giving information: Hezakiah Gray

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

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

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full Sylvia R. Greenhalgh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Riverdale County: Prince Geo.

Date of death 1910 Month: Aug Day: 27 Years: — Months: 11 Days: 21

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: Thomas Greenhalgh Father's Birthplace: England

Mother's Maiden Name: Stella Slater Mother's Birthplace: "

Name of person giving information: Thomas Greenhalgh How related to deceased: Father

CAUSES OF DEATH

(61)

PHYSICIAN OR CORONER

Primary: Cerebro-Spinal meningitis How long: 36 hrs

Immediate: How long:

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

Signature of Physician: Hugh Fortimer

Address: Hyattsville Md

Accident or Suicide? Neither

Name in Full: Frederick Hall,

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near J.B. (County) Prince Georges

Date of death 1910 Month 8 Day 10 Years 29 Months — Days —

Sex male Color or Race Colored Birthplace Md

Occupation laborer. Where Residing if not at place of death Same place

Married, ~~Single or Widowed~~ Married Name of Wife or ~~Husband~~ Maggie Young.

Father's Name George Hall, Father's Birthplace Md

Mother's Maiden Name Jennie Johson. Mother's Birthplace "

Name of person giving information Mary Booze How related to deceased mother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(28) ✓

Primary Pulmonary Tuberculosis How long 4 months

Immediate Asthenia How long 6 hours

PHYSICIAN OR CORONER

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

Signature of ~~Physician~~ Acting Coroner William H. Squires, J.P.

Address Brandywine Pr Geo County Md

Accident or Suicide?

6

Name in Full: James J Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Bowie; County: P Geo

Date of death 190: Month: Aug; Day: 1; Years: 52; Months: 4; Days: 15

Sex: male; Color or Race: Black; Birthplace: md

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

Married, ~~Single or Widowed~~; Name of Wife ~~or Husband~~: Laura Hall

Father's Name: unknown; Father's Birthplace:

Mother's Maiden Name: unknown; Mother's Birthplace:

Name of person giving Information: Laura Hall; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Intracranial tumor; How long: 18 mo

Immediate: Paralysis; How long: 1 mo

(66)

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

Signature of Physician: W. F. Taylor

Address: Laurel Md

Accident or Suicide:

PHYSICIAN OR CORONER

Name in Full: Leroy Hawkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bowie — County: P George

Date of death 1910 — Month: Aug — Day: 2

Age — ~~Years~~ — Months: 3 — Days: 10

Sex: Male — Color or Race: Colord — Birthplace: Bowie Md

Occupation: None — Where Residing if not at place of death: Bowie Md

Married, Single or Widowed: No — Name of Wife or Husband: ——

Father's Name: Richard Hawkins — Father's Birthplace: P George Co

Mother's Maiden Name: Rachel Bramford — Mother's Birthplace: P. George Co

Name of person giving Information: Richard Hawkins — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: 2 months

Immediate: Heart Failure — How long: 30 minutes

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

Signature of Physician: James H Mutt

Address: Bowie Md

Accident or Suicide: No

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Lilly E Hawkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Woodmore — County: Prince George

Date of death 1910 — Month: Aug — Day: 24 — Years: — Months: 6 — Days: 13

Sex: Female — Color or Race: Black — Birthplace: 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

PHYSICIAN OR CORONER

Primary: Summer Complaint — How long: 104

Immediate: — How long: —

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

Signature of Physician: Geo Pliscia in Medicine

Address: Walter Ryon

Accident or Suicide?: Local Reporter

Name in Full: Lloyd Hawkins

CERTIFICATE OF DEATH

Died at: Upper Marlboro, Prince Georges County, MARYLAND

Date of death 1907 Month: Aug Day: 31 Age: Years 8 Months Days

Sex: Male

Color or Race: Black

Birthplace: Md

Occupation: None

Where Residing if not at place of death: "

~~Married~~ Single or Widowed

Name of Wife or Husband: None

Father's Name: Not Known

Father's Birthplace: Unknown

Mother's Maiden Name: Belle Gomy

Mother's Birthplace: Md

Name of person giving information: Robert Gomy

How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gunshot Wound

How long: (186)

Immediate: Hemorhage

How long: 24 hrs

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

Signature of ~~Physician~~: J. Alfred Pidgeley, Jr.

Address: Upper Marlboro, Md

Acting Coroner

~~PHYSICIAN~~ OR CORONER

Accident or ~~Suicide~~

OFFICE SUPPLY CO. 2364

1
cm
K

Name in Full: Richard E. Denny

CERTIFIC

MAR

Died at: Bowie (Town) P. G. (County)

Date of death 1910: Month Aug; Day 3; Years Age 21; Months —

Sex: Male; Color or Race: White; Birthplace: Bowie

Occupation: Carpenter; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: Charlotte C. Denny

Father's Name: Richard M. Denny; Father's Birthplace: P. G. Co.

Mother's Maiden Name: Martha J. Dorsey; Mother's Birthplace: P. G. Co. Md.

Name of person giving information: P. H. Potts; How related to deceased: Mother-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever; How long: 27 days

Immediate: Asthenia; How long: several days

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

Signature of Physician: Wm. M. Orrall M.D.

Address: Springfield Md.

Accident or Suicide? No

Name in Full: Philip Hill

CERTIFICATE OF DEATH

MARYLAND

Died at: Allen Home — Town: — County: P. G.

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1916	Month: Aug	Day: 30th	Years: Age 72	Months: —	Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Pauper — Where Residing if not at place of death: Allen Home

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

Father's Name: Wingrow Tovel — Father's Birthplace: Md

Mother's Maiden Name: Crawford, Filmer — Mother's Birthplace: Md

Name of person giving information: Lenn, Allen — How related to deceased: Friend

(64)

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy - Paralysis — How long: 3 days

Immediate: Heart failure — How long: 12 hours

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

Signature of Physician: J. Lyburn [illegible]

Address: Clinton

Accident or Suicide?

LIBRARY BUREAU FORM 19

Name in Full Helen Joy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Near Hyattsville (County) Prince Geo

Date of death 1910 (Month) Aug (Day) 15 Age (Years) 15 (Months) 11 (Days)

Sex Female Color or Race White Birthplace 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

(632)

PHYSICIAN OR CORONER

Primary Anterior Poliomyelitis 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 Thos E Palmer

Address Hyattsville Md

Accident or Suicide?

Name in Full: Cara I Knowles

CERTIFICATE OF DEATH

MARYLAND

Died at: Bowie (Town) P. G. (County)

Date of death: 1910 Dec (Month) 17 (Day)

Age: Years 39 Months — Days —

Sex: Female

Color or Race: White

Birthplace: Connecticut

Occupation: Housewife

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: none

Father's Name: James N. Knowles

Father's Birthplace: Connecticut

Mother's Maiden Name: Emily D. Barth

Mother's Birthplace: Connecticut

Name of person giving information: James N Knowles

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Uterine Carcinoma

How long: Several years

Immediate: Cachexia —

How long: Several months

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

Signature of Physician: Wm M Durell M.D.

Address: Springfield Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU ABBREV.

Name in Full: John H Lee

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Mitchellville (County): Prince George's

Date of death 1910 (Month): Aug (Day): 1st- (Years) Age: 3 (Months): — (Days): —

Sex: Male Color or Race: Colored Birthplace: Maryland

Occupation: ✓ Where Residing if not at place of death: ✓

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

Father's Name: Pinckney Lee Father's Birthplace: Maryland

Mother's Maiden Name: Rose Adams Mother's Birthplace: Maryland

Name of person giving information: Pinckney Lee How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Struck by R.R. Train How long: ✓ (175)

Immediate: ✓ How long: ✓

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

Signature of Physician: W. J. Hinkel, M.D.

Address: Hall, Md.

Accident or Suicide? Accident

LIBRARY BUREAU ARGUS

١٠

Name in Full: John Lewis

CERTIFICATE OF DEATH

MARYLAND

Town: Hyattsville

County: Prince Georges

Died at: Near

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1940 Month: Aug Day: 6 Years: 42 Months: — Days: —

Age: 42

Sex: Male

Color or Race: Black

Birthplace: 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 Gilson

Mother's Birthplace: Va.

Name of person giving In formation: Jane Lewis

How related to deceased: Mother

HD

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: (Supposed) Cancer of Stomach

Duration: Unknown

Immediate: Acute Indigestion etc

How long: One or two weeks

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

Signature of Physician: C. W. Birdsall M.D.

Address: Hyattsville Md.

Accident or Suicide? No

LIBRARY BUREAU

Bryan Hein

Name in Full: Mortimer Mullikin Luttrell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Springfield — County: Prince George

Date of death: 1910 — Month: August — Day: 21 — Years: 56 — Months: 8 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Balto. Co. Md.

Occupation: Farmer — Where Residing if not at place of death: Springfield

Married, Single or Widowed: Married — Name of Wife or Husband: Lada Kenn Luttrell

Father's Name: William Andrew Luttrell — Father's Birthplace: A. A. Co. Md.

Mother's Maiden Name: S. E. Mullikin — Mother's Birthplace: Pr. Geo Co Md

Name of person giving information: W. A. Luttrell — How related to deceased: Father

CAUSES OF DEATH

170

PHYSICIAN OR CORONER

Primary: Interstitial nephritis with dropsy — How long: Not known

Immediate: Pulmonary oedema — How long: Several hours

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

Signature of Physician: Wm. M. Darrall M.D.

Address: Springfield Md.

Accident or Suicide? No

LIBRARY BUREAU RAGEES

Name in Full: Henry Littleford

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Ritchie (County): Prince George

Date of death: Month 8, Day 3, 1910

Age: Years 1, Months 1, Days

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: none

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Elisha Littleford

Father's Birthplace: Md

Mother's Maiden Name: Ada Hutchinson

Mother's Birthplace: Md

Name of person giving information: Elisha Littleford

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(103) 2

Primary: Acute Indigestion — How long: 2 days

Immediate: Convulsions — How long: 12 hrs.

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

Signature of Physician: John E. Bausbing

Address: Forestville Md

Accident or Suicide? neither

PHYSICIAN OR CORONER

LIBRARY BUREAU ABE516

Name in Full: Harry Arthur William Martin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hollywood County: Pr. George

Date of death 1910 Month: Aug Day: 6 Years: — Months: 1 Days: 17

Sex: Male Color or Race: White Birthplace: Md

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

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

Father's Name: George Martin Father's Birthplace: New York

Mother's Maiden Name: Minnie Engel Mother's Birthplace: Germany

Name of person giving information: George Martin How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

119

Primary: Acute Nephritis How long: 3 weeks

Immediate: Inanition How long: 2 weeks

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

Signature of Physician: A. Patterson

Address: Benoya Md

Accident or Suicide? —

PHYSICIAN OR CORONER

Bauhaus

Name in Full: John Henry Matson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Berwyn

County: Pr. George

Date of death: 1910 Month: Aug Day: 28

Age: Years: 72 Months: 6 Days: 21

Sex: Male

Color or Race: White

Birthplace: Maine

Occupation: Cabinet Maker

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Mary E. Underwood Matson

Father's Name: Warren R. Matson

Father's Birthplace: Maine

Mother's Maiden Name: Mary A. Phines

Mother's Birthplace: Maine

Name of person giving information: Mary E. U. Matson

How related to deceased: Wife

120 ✓

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis, Chronic Endocarditis

How long: 10 years

Immediate: Mitral Insufficiency & Asthenia

How long: 3 weeks

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

Signature of Physician: A. O. Etienne

Address: Berwyn Md.

Accident or Suicide?

Name in Full: Henrietta Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fairmont Heights; County: Prince George

Date of death: Month: Aug; Day: 23; Year: 1910; Age: Years: 50; Months: —; Days: —

Sex: female; Color or Race: colored; Birthplace: 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

120

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: nephritis; How long: 1 month

Immediate: uremia; 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 D.C.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: John Randolph Mueller

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Capitol Heights — County: Prince George Co

Date of death: 1940 Month: Aug Day: 23rd — Age: Years 73 Months 3 Days 15

Sex: Male — Color or Race: White — Birthplace: Switzerland

Occupation: Tailor — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband: Annie Mary

Father's Name: Jacob Mueller — Father's Birthplace: Switzerland

Mother's Maiden Name: Annie Mary — Mother's Birthplace: Switzerland

Name of person giving Information: Mrs Annie Widmer — How related to deceased: Daughter

(92)

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 1 to 2 years

Immediate: Lung Congestion Diarrhoea & Heart failure — 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. Mecins

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Pine Grove (County) Prince George

Date of death 1910 Month 8 Day 22

Age Years 3 Months 23 Days

Sex Male

Color or Race White

Birthplace 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 Mecins

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

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(1)

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. Meley M.D.

Address Congress Heights D.C.

Accident or Suicide —

PHYSICIAN OR CORONER

Name in Full: Ruben Philip Nesius

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pine Grove; County: Pr. Geo. Co

Date of death: Month: 8; Day: 14; 1900

Age: Years: —; Months: 2; Days: 14

Sex: Male

Color or Race: White

Birthplace: 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

TO BE ANSWERED BY NEAREST FRIEND

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: Arthur N. Maloy M.D.

Address: Congress Heights, D.C.

Accident or Suicide: —

PHYSICIAN OR CORONER

189

OFFICE SUPPLY CO. 2364

Name in Full: Peggy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel; County: Prince Geo

Date of death: Month: 8; Day: 22; 1940

Age: Years: —; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: —

Where Residing if not at place of death: —

~~Married, Single~~ or Widowed: —

~~Name of Wife or Husband~~

Father's Name: Wm J. Peggy

Father's Birthplace: Va

Mother's Maiden Name: Evelyn Grady

Mother's Birthplace: Md

Name of person giving Information: Mrs Curly

How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still born — How long: —

Immediate: — How long: —

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

Signature of Physician: W. F. Taylor

Address: Laurel

Accident or Suicide: —

PHYSICIAN OR CORONER

S

Name in Full: James Pinkney

CERTIFICATE OF DEATH

MARYLAND

Died at: Centreville — Town: — County: P.G.

Date of death 1900 — Month: Aug — Day: 24th — Age: Years: — Months: 11 — Days: —

Sex: Male — Color or Race: Black — Birthplace: Md

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

~~Married~~ Single ~~Widow(er)~~ — Name of Wife or Husband: —

Father's Name: Unknown — Father's Birthplace: Md

Mother's Maiden Name: Unknown — Mother's Birthplace: Md

Name of person giving information: Scott Armstrong — How related to deceased: Acquaintance

CAUSES OF DEATH

Primary: Marasmus — How long: 3 mos

Immediate: Heart failure — How long:

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

Signature of Physician: J. L. Meaney

Address: Clinton

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: John Proctor,

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) near Cedarville (County) Prince Georges

Date of death 1900 — Month: 8 — Day: 7 — Age: Years: 1 — Months: 8 — Days: —

Sex: Male — Color or Race: Colored — Birthplace: 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 Savoy, — Mother's Birthplace: Charles Co. "

Name of person giving information: Horace Proctor — How related to deceased: half brother.

(9)

CAUSES OF DEATH

PHYSICIAN OR CORONER

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 ~~Physician~~ acting Coroner: William H. Squires J.P.

Address: Brandywine Pr. Geo. Co. Md.

Accident or Suicide?

(6)

Name in Full: Ethel Pumphrey

CERTIFICATE OF DEATH

MARYLAND

Died at: Takoma Park | County: Prince Geo

Date of death 1910	Month: Aug	Day: 30	Years: Age 11	Months	Days

Sex: f | Color or Race: white | Birthplace: Md

Occupation: — | Where Residing if not at place of death: —

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

Father's Name: Frederick Pumphrey | Father's Birthplace:

Mother's Maiden Name: Evelyn Browning | Mother's Birthplace: Md

Name of person giving Information: Frederick Pumphrey | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Scarlet Fever | How long: 2 days

Immediate: " " | How long:

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

Signature of Physician: Alfred Parsons, M.D.

Address: Takoma Park

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-20-08

Name in Full: Thomas Queen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sear Pleasant — County: P. G. Co.

Date of death: Month: Aug — Day: 19 — Years: 19 10 — Age: 85 — Months: — Days:

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: Laborer — 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

15 H

CAUSES OF DEATH

Primary: Old age. — How long: 3 mo

Immediate: Dysentary. — How long:

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

Signature of Physician: John E. Lansbury M.D.

Address: Forestville. Md.

Accident or Suicide? Neither.

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Frank Wood
Whitter Marsh

Name in Full: Mary Katherine Ryan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Pikesville

County: Prince George

Date of death: 19 | 0 | Month: 8 | Day: 1

Age: Years: | Months: 1 | Days: 14

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: none

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Hanry McRyan

Father's Birthplace: Md

Mother's Maiden Name: Agnes C Brown

Mother's Birthplace: Md

Name of person giving information: Wm. Ryan

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entiritis (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 E Sanchez

Address: Forestville, Md.

Accident or Suicide? neither

Name in Full: Williams Byron

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Alms House — County: P. George

Date of death 1900: Month: Aug — Day: 12 — Years: 95 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Inmate Alms House — Where Residing if not at place of death: —

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

Father's Name: — — Father's Birthplace: Md

Mother's Maiden Name: — — Mother's Birthplace: Md

Name of person giving information: Lewis Allen — How related to deceased: Population

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abscess of Antrum of Highmore — How long: 2 mo

Immediate: Congestive Chill — How long: 12 hours

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

Signature of Physician: J. E. Wearly

Address: Lexington

Accident or Suicide?

(40)

Name in Full: Sagle

CERTIFICATE OF DEATH

MARYLAND

Died at: Hazelwood (Town) Prince George's (County)

Date of death 1900 Month: 8 Day: 13 Age: Years: 0 Months: Days:

Sex: Male

Color or Race: White

Birthplace: Laurel Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: H. B. Sagle

Father's Birthplace: Balto Md.

Mother's Maiden Name: M. E. Gray

Mother's Birthplace: Laurel Md.

Name of person giving Information: H. B. Sagle

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still Birth (S)

How long:

Immadiate:

How long:

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

Signature of Physician: J R Smith

Address:

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 2284

Name in Full: Elizabeth Pearl Savoy

CERTIFICATE OF DEATH

MARYLAND

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

Date of death 1910: Month: 8 — Day: 26 — Years: 1 — Months: 0 — Days: 20

Sex: Female — Color or Race: Colored — Birthplace: Oxon Hill

Occupation: none — Where Residing if not at place of death: —

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

Father's Name: Elem Savoy — Father's Birthplace: Pr. Geo Co

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

Name of person giving information: Elem Savoy — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(8)

Primary: Whooping Cough — How long: 2 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. Melroy

Address: Bowers Hto. Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

Name in Full: William Ross Phorler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowie; County: Prince Geo

Date of death: Month: Aug; Day: 13th; Year: 1900

Age: Years: ; Months: ; Days: 4

Sex: Male

~~Color or~~ Race: Negro

Birthplace: 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 Phorler Sr

Father's Birthplace: Pomfret Ches Md

Mother's Maiden Name: Mary Herbert

Mother's Birthplace: Marlboro Md

Name of person giving information: Lucy Phorler

How related to deceased: Grandmother

TO BE ANSWERED BY NEAREST FRIEND

115 J ✓

CAUSES OF DEATH

Primary: Jaundice

How long: 15 hours

Immediate: Jaundice & heart failure

How long: " "

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

Signature of Physician: James H. Tuitt

Address: Bowie Md

~~PHYSICIAN~~ OR CORONER

Accident or ~~Suicide~~?

Howard B. Kellough Coroner

Name in Full: Bernard Simmons

CERTIFICATE OF DEATH

MARYLAND

Died near Town: Meadows

County: Pr. Geo

Date of death 1910 Month: Aug Day: 6

Age Years: 50 Months: 9 Days:

Sex: Male

Color or Race: Black

Birthplace: Pr Geo Co

Occupation: Farmer

Where Residing if not at place of death: —

Married, Single or Widowed: Widower

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: Ambrose Simmons

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

28 V

Primary: Tuberculosis

How long: Don't Know

Immediate:

How long:

PHYSICIAN OR CORONER

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

Signature of Physician: L. A. Gifford

Address: Upper Marlboro Md

Accident or Suicide: Aug 1st 1910.

OFFICE SUPPLY CO. 8-20-08

Name in Full: George W. Smallwood

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Farmington — County: Pr. Geo.

Date of death 1900: Month: Aug. — Day: 18 — Years: 69 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Char. Co.

Occupation: Carpenter — Where Residing if not at place of death:

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

Father's Name: Richard Smallwood — Father's Birthplace:

Mother's Maiden Name: Elizabeth L. Atchesson — Mother's Birthplace: Char. 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: 4 5-

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

Signature of Physician: Edgar D. Hewitt M.D.

Address: Piscataway Md.

Accident or Suicide?

Name in Full: Harry E Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Riverdale County: Prince George

Date of death 1910 Month: aug Day: 2 Age: Years: — Months: 16 Days: —

Sex: male Color or Race: white Birthplace: DC

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

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

Father's Name: Harry E. Smith Father's Birthplace: Pa

Mother's Maiden Name: Madge T O Sullivan Mother's Birthplace: Ireland

Name of person giving information: Harry E. Smith How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(63)

Primary: Anterior Poliomyelitis How long: 4 days

Immediate: Paralysis of respiration How long: 24 hrs

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

Signature of Physician: Guy W Tallmer

Address: Hyattsville Md

Accident or Suicide? Neither

PHYSICIAN OR CORONER

Name in Full: Ida E. Spigg

CERTIFICATE OF DEATH

Died at: Leland (Town) P. Geo (County) MARYLAND

Date of death: 1900 Month: 8 Day: 9 Years: 22 Months: Days:

Age: 22

Sex: Female Color or Race: Colored Birthplace: Md

Occupation: House wife Where Residing if not at place of death: --

Married, Single or Widowed: Married Name of Wife or Husband: Addison Spigg

Father's Name: William H. Hanson Father's Birthplace: Md

Mother's Maiden Name: Annie Tilghman Mother's Birthplace: Md

Name of person giving Information: William H Hanson How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(281)

Primary: Tuberculosis of Spine How long: 2 years

Immediate: " lungs & abscess How long: 2 mos

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

Signature of Physician: Reverdy Dancy

Address: Upper Marlboro Md

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 11-18-08

Name in Full Stron

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Hyattsville County: Prince George MARYLAND

Date of death 1900 Month: Aug Day: 9th Age Years: Months: Days: 1/2 day

Sex: Male Color or Race: Negro Birthplace: Hyattsville

Occupation: Where Residing if not at place of death:

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

Father's Name: Elisha String Father's Birthplace: N.C.

Mother's Maiden Name: Tabitha Jordan Wilson Mother's Birthplace: Md

Name of person giving Information: Elisha String How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Undetermined How long: —

189 A

Immediate: Undetermined How long: —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician: Robt B Johnson M.D.

Address: Hyattsville, Md

One of twins born

Accident or Suicide: Aug 7. 6 P.M.

OFFICE SUPPLY CO. 2364

Name in Full (Nonnie) Strong

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Hyattsville — Town — County Prince Georges

Date of death 1910 — Month: Aug — Day: 17

Age — Years: — Months: — Days: 10

Sex: Female — Color or Race: Negro — Birthplace: Hyattsville Md

Occupation: Infant — Where Residing if not at place of death: —

~~Married~~ Single ~~or Widowed~~ — Name of Wife or Husband: +

Father's Name: Elisha Strong — Father's Birthplace: N.C.

Mother's Maiden Name: Alice Wilson Strong — Mother's Birthplace: Md

Name of person giving information: Elisha Strong — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Immediate — How long: 10

Immediate: Exhaustion — How long: —

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

Signature of Physician: Robt B. Flowers M.D.

Address: Hyattsville Md.

Accident or Suicide?

(over)

177 B

10

This is the 2nd of letters from Aug 7. the first died within 12 hours. Number are reversed

Name in Full: Maria Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brandywine. Pr. County: Geo.

Date of death 1910 Month: Aug. Day: 18 Years: Age 94 Months: Days:

Sex: female. Color or Race: White Birthplace: Md.

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

Married, Single or Widowed: widow Name of Wife or Husband: Wm. Thomas

Father's Name: Not Known. Father's Birthplace: Md.

Mother's Maiden Name: Deborah Brightwell Mother's Birthplace: Md.

Name of person giving information: Margaret Dent How related to deceased: Daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(15-4)

Primary: Senility How long: several months

Immediate: Exhaustion How long: One week

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

Signature of Physician: John. A. Col.

Address: T. B.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: John Gordon White

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: College Park — County: Prince Geo.

Date of death 19/0 — Month: August — Day: 4 — Years: 11 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: 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. H. White — Father's Birthplace: England

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

Name of person giving information: Thos. H. White — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infantile Paralysis — How long: 63 for days

Immediate: " " — How long: "

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

Signature of Physician: H. F. Willis

Address: College Ville. Md.

Accident or Suicide? no

PHYSICIAN OR CORONER

Name in Full: Henry Williams.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Hall. County: Prince George's

Date of death 1960 Month: Aug Day: 11th Age Years: 60 Months: Days:

Sex: Male Color or Race: Colored Birthplace: 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

(64)

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. Hinkel

Address: Hall, Md.

Accident or Suicide?