

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1 PLACE OF DEATH**  
 County Dorchester 20827 (92)  
 State of MARYLAND  
**CERTIFICATE OF DEATH**  
 Registration Dist. No. 114  
 Village or City Garden Hill, Md. (No. \_\_\_\_\_) St.; \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]  
**2 FULL NAME** William F. Applebaugh

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
<b>3 SEX</b> <u>Male</u>	<b>4 COLOR OR RACE</b> <u>White</u>	<b>5 SINGLE, MARRIED, WIDOWED OR DIVORCED</b> <u>Married</u> (Write the word)	<b>16 DATE OF DEATH</b> <u>Dec 21, 1920</u> (Month) (Day) (Year)	
<b>6 DATE OF BIRTH</b> <u>July 11, 1842</u> (Month) (Day) (Year)			<b>17 I HEREBY CERTIFY</b> That I attended deceased from <u>Dec 15, 1919</u> , to <u>Dec 21, 1920</u> , that I last saw him alive on <u>Dec 21, 1920</u> , and that death occurred on the date stated above, at <u>2 P.M.</u>	
<b>7 AGE</b> <u>78</u> yrs. <u>10</u> mos. <u>10</u> ds. If LESS than 1 day, _____ hrs. OR _____ min. ?			<b>The CAUSE OF DEATH</b> * was as follows: <u>Lobar Pneumonia</u>	
<b>8 OCCUPATION</b> (a) Trade, profession, or particular kind of work <u>Merchant</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory Secondary	
<b>9 BIRTHPLACE</b> (State or country) <u>Maryland</u>			(Duration) _____ yrs. _____ mos. _____ ds.	
<b>PARENTS</b>	<b>10 NAME OF FATHER</b> <u>John E. Applebaugh</u>	(Signed) <u>John Moore</u> M. D.		
	<b>11 BIRTHPLACE OF FATHER</b> (State or country) <u>Maryland</u>	<u>Dec 21, 1920</u> Address <u>Cambridge</u>		
	<b>12 MAIDEN NAME OF MOTHER</b> <u>Ann Fabman</u>	* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.		
<b>13 BIRTHPLACE OF MOTHER</b> (State or country) <u>Maryland</u>			<b>18 LENGTH OF RESIDENCE</b> (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. in the State, _____ yrs. _____ mos. _____ ds.	
<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b> (Informant) <u>Wm. F. Applebaugh Jr.</u> (Address) <u>Garden Hill, Md.</u>			Where was disease contracted, If not at place of death? Former or usual residence	
<b>15</b> Filed <u>Dec 23, 1920</u> <u>W. L. Busick</u> <u>Local</u> REGISTRAR			<b>19 PLACE OF BURIAL OR REMOVAL</b> <u>Garden Hill</u>	
			<b>DATE OF BURIAL</b> <u>Dec 23, 1920</u>	
			<b>20 UMBERTAKER</b> <u>Lecompte Harper</u>	
			<b>ADDRESS</b> <u>Cambridge, Md.</u>	