

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 SwitzgomeryVillage or City Near Brookhill No. 103

St. _____ Ward _____

Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Quintavus Warfield Dorsey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)

6 DATE OF BIRTH Sept 25, 1839
(Month) (Day) (Year)

7 AGE 72 yrs. 4 mos. 12 ds. If LESS than 1 day, ____ hrs. OR ____ min. ?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Monty Co

10 NAME OF FATHER Samuel C. Dorsey

11 BIRTHPLACE OF FATHER (State or country) Monty Co

12 MAIDEN NAME OF MOTHER Mary Reggs

13 BIRTHPLACE OF MOTHER (State or country) Monty Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. G. Spurrin

(Address) Gaithersburg

15 Filed 7 1911 REGISTRAR

STATE OF MARYLAND
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 6, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1911 to Sept 4, 1911, that I last saw him alive on Sept 4, 1911

and that death occurred on the date stated above, at 8 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Gastritis
(Duration) 10 yrs. ____ mos. ____ ds.

Contributory (Secondary) _____
(Duration) 10 yrs. ____ mos. ____ ds.

(Signed) W. G. Spurrin, M. D.
Sept. 8, 1911 (Address) Gaithersburg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, If not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Near Brookhill DATE OF BURIAL Sept 8, 1911

20 UNDERTAKER Geo. W. Baskell ADDRESS Olney