

# STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Montgomery Co Registration Dist. No. 218  
 Village or City Emery Grove No. R.F.D. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Abraham Lancaster If U. S. Veteran, specify WAR \_\_\_\_\_  
 (a) Residence: No. Emery Grove St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) If nonresident give city or town and State \_\_\_\_\_

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Prudence Lancaster</u>		
6. DATE OF BIRTH (month, day, and year) <u>May 4 1860</u>		
7. AGE <u>88</u>	Years _____ Months _____ Days _____	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Labor</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and year) _____		

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 17 1938  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from no physician to attendance  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 8:00 p.m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  
arterio sclerosis  
Chr. Myocarditis  
(no special sickness)

Date of onset  
known  
known

Other Contributory Causes of importance:  
no physician in attendance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

12. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) Montgomery Co

13. NAME Abraham Lancaster

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) MD

15. MAIDEN NAME Beattil

16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) Montgomery Co

17. INFORMANT J. Rajan T. Taylor  
 (Address) Faithersburg Md.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Emery Grove Date May 21, 1938

19. UNDERTAKER Robert L. Snodden  
 (Address) Rockville Md.

20. FILED May 18, 1938 Abreda L. Cooke  
 Registrar.

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. M. Barber M. D.  
 (Address) Faithersburg Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

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

(M)

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