MARGIN RESERVED FOR BINDING

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.

V. S. No. 1.

STATE OF MARYLAND
CERTIFICATE OF DEATH

(79) 3205

Registration Dist. No. 240

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

1 PLACE OF DEATH

County Montgomery

Village or City Laytonsville (No. ——, —— St.; —— Ward)

2 FULL NAME Elijah Lancaster

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: ~~Negro~~

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov unknown (Month) (Day), 1856 (Year)

7 AGE: ~~63~~ yrs. 3 mos. 0 ds. If LESS than 1 day, —— hrs. OR —— min. ?

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

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Abraham Lancaster

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Lillie Frazier

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Roy W Barber

(Address) Gaithersburg Md

15 Filed Feb 5 1920 V V Dyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 4 (Day), 1920 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1919, to Feb 4, 1920, that I last saw him alive on Feb 1st, 1920, and that death occurred on the date stated above, at 1 PM.

The CAUSE OF DEATH * was as follows:

Mitral Valvular Disease of the Heart

(Duration) unknown yrs. mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) V V Dyer M. D.

Feb 5 1920 (Address) Laytonsville

*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: Brook Grove

DATE OF BURIAL: Feb 6th, 1920

20 UNDERTAKER: Wm R Pumphrey

ADDRESS: Rockville Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.