

STATE OF MARYLAND—CERTIFICATE OF DEATH

10314

1. PLACE OF DEATH

County Prince Georges (Pinehurst Sanitarium) Registration Dist. No. 245
 Village or City Ryallsville Md No. _____ 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. 1 mos. 10 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Isaac Lancaster

(a) Residence: No. Emory Grove Md St. _____ Ward. Balto. Co.
(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>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <small>(write the word)</small> <u>widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Lucy Lancaster</u>		
6. DATE OF BIRTH (month, day, and year) <u>May 20, 1846</u>		
7. AGE	Years <u>4</u>	Months <u>10</u>
	Days _____	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farmer</u>	
	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) _____	11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
Oct _____ 1933
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1933 to Oct 1 1933
 I last saw him alive on Sept 29 1933; death is said to have occurred on the date stated above, at 8:45 am

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:
Cardiac dilatation (acute)
 Date of onset 9/24

Other Contributory Causes of importance:
1. Anoxemia due to external
2. Reg. ulcer
3. Benign prostatic

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? No
 If so, specify _____
 (Signed) Raymond J. Simmons M. D.
 (Address) Ryallsville, Md.

FATHER	13. NAME <u>Abel Lancaster</u>
	14. BIRTHPLACE (city or town) _____ <small>(State or country)</small> <u>Maryland</u>
MOTHER	15. MAIDEN NAME <u>Frazier</u>
	16. BIRTHPLACE (city or town) _____ <small>(State or country)</small> _____
17. INFORMANT <u>Physicians Records</u> <small>(Address)</small> _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Emory Grove</u> Date <u>Oct. 5</u> 19 <u>33</u>	
19. UNDERTAKER <u>Warner E. Pumphrey</u> <small>(Address)</small> <u>Rockville, Maryland</u>	
20. FILED <u>Oct. 1</u> , 19 <u>33</u> <u>Mrs. Jas. Severn</u> <small>Registrar.</small>	

MARGIN RESERVED FOR BINDING

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.