

Name  
in  
Full

Theophalus Lancaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Burnh Mills</i>		<sup>County</sup> <i>Montg</i>		MARYLAND	
Date of death 190 <i>4</i>	Month <i>Feb</i>	Day <i>10</i>	Age Years <i>84</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Md.</i>			
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Thidwen</i>					
Father's Name <i>Thomas Lancaster</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Martha Adams</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Ditcher Mathews</i>			How related to deceased <i>Nephew</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>About 6 mos</i>
Immediate <i>Syncope</i>	How long <i>A few hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. T. Brown</i>
<i>Yes</i>	Address <i>Burnh Mills Md.</i>
Accident or Suicide?	