

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 618

CERTIFICATE OF DEATH 11-2

01855

1. PLACE OF DEATH:
 (a) County Montgomery
 (b) City or town South Gate, Gaithersburg
(If outside city or town limits, write RURAL and give town)
 (c) Street address, hospital, or institution:
 (d) Length of stay in hospital or inst. (yrs., mos., or days)
 (e) Length of stay in this community (yrs., mos., or days) 89 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
 (a) State md (b) County Montgomery
 (c) City or town Route 1, Gaithersburg
(If outside city or town limits, write RURAL and give town)
 (d) Street No. Route 1
(If rural give location)
 (e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME
Ann Virginia Prather

3 (b) If veteran, name war _____ 3 (c) Social Security No. _____

4. Sex Female 5. Color or race Colored 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John W. Prather
 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) say & mo. unknown 1850

8. AGE: Years 89 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Laytonville, Montgomery, Md
(Town, county, and state)

10. Usual occupation Cook

11. Industry or business Domestic

12. Name William Mcabee

13. Birthplace Unknown

14. Maiden Name Harriett Sewell

15. Birthplace Unknown

16 (a) Informant Lucy J. Prather (daughter)

(b) Address 305 - Hurston av. Ithaca, N.Y.

17 (a) Burial (b) Date thereof Feb 26 1939
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Brook Grove Md
 Location Maryland

18 (a) Funeral director W. W. Barber

(b) Address Gaithersburg, Md

19 (a) 2/27/39 (b) W. P. O'Keefe
(Date rec'd by registrar) (Regist. Registrar)

MEDICAL CERTIFICATION

20. Date of death 2-23-1939, at 10:05 P.M

21. I certify that death occurred on the date above stated; that I attend-
 ed deceased from 2-20-1939, to 2-23-1939,
 and that I last saw ^{her} him alive on 2-23-1939.

Immediate cause of death Broncho-pneumonia Duration 4 days

Due to Influenza

Due to Senility

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature J. O. Miles
M. D. or other

Address Rockville, Md Date signed 2.24.39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.