

STATE OF MARYLAND—CERTIFICATE OF DEATH

14787

(175)

1. PLACE OF DEATH

County Wicomico

Registration Dist. No. 333

Village or City Salisbury

No. Lake St.

St. 3 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 19 yrs. mos. ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Matthew Williams

(a) Residence: No. Lake St.

St. 9 Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>a a</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
single

6. DATE OF BIRTH (month, day, and year) 1908

7. AGE Years <u>about 23</u>	Months	Days	IF LESS than 1 day, hrs. or min.
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OCCUPATION 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKEEPER, etc. 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) <u>Dec 2 1931</u>	11. Total time (years) spent in this occupation <u>about 10 years</u>
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12. BIRTHPLACE (city or town) Norfolk Va
(State or country)

FATHER 13. NAME Harry Williams

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER 15. MAIDEN NAME Annie Holiday

16. BIRTHPLACE (city or town) Quantico Md
(State or country)

17. INFORMANT Miss Addie Black
(Address) Salisbury Md

18. BURIAL, CREMATION, OR REMOVAL
Place Houston Cem Md Date Dec 6 1931

19. UNDERTAKER J. Stewart
(Address) Salisbury Md

20. FILED Dec 6 1931 V. May Turner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
December 4, 1931
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Strangulation - hung by mob

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (VIDLENCE) fill in also the following:
hung by mob
Accidental, suicide, or homicide? _____ Date of Injury 12/4/1931

Where did Injury occur? in free Court House yard
(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Public place - Court House yard

Manner of Injury hung

Nature of injury Broken neck - strangulation

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify
(Signed) S. T. J. White, Coroner M. D.
(Address) S. T. J. White, Salisbury

MARGIN RESERVED FOR BINDING

V. S. No. 1

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.