

Name
in
Full

CERTIFICATE OF DEATH

Wm Burgess
Town *Burrhead* County *Alleg*

MARYLAND

Died at *Burrhead* *Alleg*
Date of death 1907 Month *Oct* Day *6* Age Years *22* Months *—* Days *—*

Sex *Male* Color or Race *Coleard* Birth-place *Va*

Occupation *Cart driver* Where Residing if not at place of death *Jail*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *on hearsay* How related to deceased *none*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary *Killed by unknown Mob* How long

Immediate *Taken out of jail and by U check* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *G. H. Mark* Coroner

Stevenson Address *Lebanon Md*

Summer 92 Independence St