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Certificates and Wills

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The following formula
was given me by Father
Johs S. J. ~~of~~ Alexandria for
the cure of the Intermittents
He states that he received
it from the highest authori-
=ty and that it was never
known to fail in performing
a radical cure,

℞ Quinine Sulphas gr. xxx
Elixer Vitrol ℥ij
Magnesia Sulphas ℥ss
Capsici Pulv. ℥ss
Aq. font ~~℥ij~~ ℥ij Miso
Shake and take ʒi wine
glappul night and morning
8. 8. 67
M. di

A Collyrium given by
Mr. Fanny is
as follows

R Sulphur Linci gr. ss. vel iv
Sodae Chloridi ~~39~~ gr. X
Sacchari Albi gr. XX
Aq. Rosarum ℥i M.
H. Collyrium He is
about to patent it.

Found in house near
Georgetown Heights August 29th
~~1867~~ 1867

Corns Scrape some chalk upon
a linen rag; bind it tight around
the corn. Renew it once and the
corn will come away without any
trouble.

Cheap
Best Ink ℞ Ext. Haematoxylin ℥i/4
Ferrocyannretum Potass gr. XXXV
Bismute Potass gr. XX.
Aq. Hoff. Cong. i℥. vel ij
A little sugar should be
added

Boil the extract and add while hot the other ingredients. The colour of the ink is much changed by holding the writing over the fumes of alg. Ammonia.

Intermittents

Rj Fini Albi ℥i
Pulv. Rad Peruvian corticis ℥ij
Sulphur Sulph ℥ij
Aromatic Sulph. Acid gr ℥x
Missa ^{℥ss} Shake well before using
Dose One Teaspoonfull every six hours

Diphtheria R Chlorate Potass ℥ij
Ag. bol ℥x
Muriatic Acid gr ℥x
Creosotum gr ℥x
Alcohol ℥ss Missa
Used as a gargle in Diphtheritic sore mouth Throat or nursing sore

mouth. ~~Regarded as~~ Both
of the above are regarded as
Specifics by David Rice M.D.

Mortification A poultice of Elder
berry tea and ~~his~~ biscuit
is a good preventative against
mortification. The approach
of mortification is generally
shown by the formation of
blisters filled with blood
Water blisters are not alarming.

Cholera An \times of Dr. Sigi
will produce the rice water
looking stools so characteristic
of Cholera. This but a little
while before death.

Beer To a pint of water
add Singiberis $\frac{1}{2}$ ij
Molans $\frac{1}{2}$ j Yeast $\frac{1}{2}$ ij
In two hours it will be fit
for use

Yeast Powd.

17 Sodium Bicarb. ℥ij
Acid Tart. grs. XXX

Mix when to be used (and dried)
The material had better be soaked in vinegar

Silver Coating
Huiler's Earth

Quicksilver ℥a grs. Qad
water so as to make a paste
of the earth then put in the
quicksilver, rub the trays
with this and in a few minutes
a coat of silver will appear.

Fastle's Ague Drops

R White arsenic gr. \bar{i}
Ague font. \bar{z} \bar{H}
M. Solutio. A Tea-spoonfull
night and morning. Used in
the few countries. It would pre-
=haps be more elligent to give
Ague \bar{z} ss Syrp. ~~Almagiberris~~
 \bar{z} ss.

Ques, how would Fol. ~~Serapionis~~
smoked in a pipe just as the
ague onade its appearance act
Would it not prevent the ori-
gour.

To fasten the top of a lamp to
to body, make up some calcined
plaster to the proper consisteng
and fit it in the intricacies
This same substance would
probably act in making
jars
~~bottles~~ airtight, I believe
that it has been used for
bottles.

If the use of Arsenic become habitual it must be continued otherwise whenever it is left off the poison in the system becomes active and death ensues

Freckles

R Sambucus nigra (Flowers)
Aq. bot - aa q.s.
When cold apply with a wet towel to freckles and it will cause them to disappear.

Inverted Nails

A prompt cure is now effected by inserting the dry ses qui-chloride of Iron between the nail and flesh and powdering the latter with it also then apply a dry bandage and a cure follows after two or three applications a day or two apart.

Apythia

one of the most effective remedies that I have found for this complaint is the

Tinct. Ol. Menthe
applied to the Tongue
and mouth three or twice
and the throat disappears

Hydrophobia

R. C. Amomacia

Ol. Olive aa q. s.

M. and give in Table-spoon-
ful doses as often as the
stomach will allow - also
a poultice of the same
over the wound - is advised
in Hydrophobia, and
is said to have effected
many cures -

Neuralgia

℞ ℞. Ammonia. ℥ij

Chloroform ℥ij

Camphor ℥ij

Tr. Op. ℥ij

Alcohol good. ℥ij

Prise - A piece of flannel
wetted and applied to the
skin will give relief

Croup Sirop

Oak and Pine wood - burned
to ashes and -

℞ Ashes one tea-spoonful -

Aq. bot. Half pint

Boil for a few minutes
and then see if it be not too
strong by tasting it, then
strain and add - half a tea-
-cupful of Molasses -

Give a tea-spoonful every
hour or two. Said to be infallible

Asthma

Soak some blotting paper in a strong solution of Saltpetre. Dry it, take a piece 3 x 4 square, and on going to bed light it and lay it on a plate in the bed-room -

Chicken Pox -

R. Spis Mindenus ʒijss
Sig. Give ʒ tea-spoonful to
a child of four years, every
two hours

Neuman

Diarrhoea

R. Bismuth Tannas gr. XX
Socchari Albi gr. x -
M. Ft. pulv. x - give one
every 3rd hour to a child
one year of age -

Neuman.

~~Hydrocephalus~~
℞ Potas Bromide gr. ii
℞. Albi zij
Elix Ammonia val zij
℞. Camph ℞ij
Mii. Give in Tea-Spoonfuls
doses by 3 ^{days} Meigsides -

3 ℞ Potas Bromide zfs.
℞. Ammonia zij
℞. ℞. Give a Teaspoonful
every three hours. To a
child under one year -
Newman

Gangle
℞. Chlo. Potas zij
℞. ℞. ℞. 1/2 tea spoonfuls
wash four or five times
daily
Newman

Pneumonia

1 R Mist Ammoniaci ℥ss
Caryopel Scillae ℥ij
Syrp Tolu ℥ij
Og. Cinnamon ℥ss
Mise. Sig. Give a Tea-spoonful
evy 3rd hour to a child
under a year.
Newman

Again

2 R Spts Minderanus ℥ss
Ess pumi Virginis ℥ij
Syrp Tolu ℥ij
Mise. Sig. As Above -

3rd in place of the first give the
3 R Mist Ammoniaci ℥ss
Caryopel Scillae
Tint. Opii qd. x
Syrp Tolu ℥ss
Og. Cinnamon, M-
sig. As above -
Newman -

Commonwealth of Massachusetts
CITY OF WORCESTER
City Clerk Department

April 26, 1961

I, Russell T. Ober hereby certify that I hold
the office of Assistant City Clerk, and have the custody of the Records of this City
relating to Birth, and that the following is a copy from the Records of Births, in said
City

Date of Birth..... November 7, 1914
Name of Child..... Agnes Allen
Sex Female Place of Birth Worcester, Mass.
Name of Father..... Richard Allen
Occupation of Father..... Painter
Birthplace of Father..... England
Name of Mother..... Mary Kavanaugh
Birthplace of Mother..... Ireland
Date of Record..... January 1915

IN WITNESS WHEREOF I hereunto set my hand and seal
of said City, the day and year first above written

Russell T. Ober

Assistant City Clerk

11-60-10M
lrc



GOVERNMENT OF THE DISTRICT OF COLUMBIA
 DEPARTMENT OF PUBLIC HEALTH

Washington, D. C.

Certificate of Birth

This is to certify that the following information has been taken from the original record of birth which is in the Vital Statistics files of the Department of Public Health of the District of Columbia.

Name Forest Anthony Allen
 Date of Birth November 1, 1909 Sex Male Certificate No. 161234
 Name of Father Theodore Dorsey Allen Date filed November 6, 1909
 Maiden Name of Mother Amy Arnita Ellis Date issued March 26, 1962

Pietro Giancoli

PIETRO GIANCOLI, Chief,
 Vital Statistics Section



Certificate of Baptism



Go in Peace
and the Lord
be with You

CHURCH OF

Holy Trinity
Washington, D.C.

~ This is to Certify ~

That Margaret Suzanne Crown
Child of John Crown
and Margaret
born in Washington, D.C.
on the _____ day of _____ 1____

~ Was Baptized ~

on the 11th day of April 1850

According to the Rite of the Roman Catholic Church

by the Rev. D. Lynch

the Sponsors being L. Hobbs

and _____ as appears

from the Baptismal Register of this Church.

Dated November 1, 1977

Rev. James M. English, S.J. Pastor.

(P.K.)

Certificate of Baptism



Church of

St. Margaret's
Seat Pleasant, Md.

— This is to Certify —

That Agnes Allen
Child of Richard Allen
and Mary Cavanaugh Allen
born in _____

on the 17th (CITY) day of November (STATE) 19 14

was **Baptized**
on the 28th day of September 19 16

According to the Rite of the Roman Catholic Church
by the Rev. Frank A. Schwallenberg

the Sponsors being } Margaret Kerr

as appears from the Baptismal Register of this Church.



Dated September 19, 1959

Rev. Charles J. Gorman
Adm. Pastor

Know all men by these presents that we Lemuel Allen and
 Lewis Bush do hereby and firmly bound unto the Hon^{ble} Florida
 Governor of the Commonwealth of Virginia, ^{and his successors} in the just
 and full sum of one hundred and fifty dollars to
 which payment well and truly to be made we bind
 ourselves our heirs and each of our heirs executors and admors
 jointly and severally firmly by these presents
 Sealed with our seals and dated this 18th day of
 January 1831 -

The condition of the above obligation
 is such that whereas the Hon^{ble} James Chew Clerk of the
 Corporation County of Fairfax has this day
 issued a license for the intermarriage of the abovesaid
 Lemuel Allen and Mary Strickling now if
 there be no lawful cause to the contrary said mar-
 riage then this obligation to be void else to remain
 in full force and virtue -

Signed Sealed & Delivered
 in presence of
 J. B. Cross J. C.

Lemuel Allen 
 Lewis Bush 
 ——— " ———

Marriage Book

Clarks office of the Hastings Court Area.

This day personally appeared before me J. J. Chus
Clerk of the aforesaid Court Lewis Runk and made oath
that Mary Stibbling is twenty one years of age and res
in the Ctp. of said Co. also that Jeremiah Allen is juv
of one and twenty years of age. Given under my hand this 18th
day of Jan'y 1831.

J. J. Chus

Jeremiah Allen's
Marriage Bond

18th Jan'y 1831.

Marriage Bond
between Jeremiah Allen
and Mary Stibbling

Certificate of Marriage



*Holy Trinity Church
Georgetown, D.C.*

This is to Certify

That *Edward B. M. Allen*
and *Margaret S. Crown*

were lawfully **Married**

on the *30th* day of *November* ~~18~~ ¹⁸ *63*

According to the Rite of the Roman Catholic Church and
in conformity with the laws of the State of

the District of Columbia

Rev. *Joseph Aschwander, S.J.* officiated
in the presence of *Samuel Wetzel*

Mary Duffly and

_____ Witnesses.

A true extract from the Marriage Register of this Church.

Date *Nov. 1, 1977* Vol. *1* Page *161* No. *3*

CHURCH
SEAL

Issued by *Rev. James M. English, S.J.*
Pastor
(R.K.)

Holy Trinity Church register
Marriage of Edward B.
Margaret NOV. 30, 1863

1863
November 26th 1863 Married George W. Matthews to Mary Jane Campbell
both Coloured & of the District of Columbia (N.S.)

Witnesses { John Matthews Alph. Charles J.
Mary Elizabeth King

November 28th Married Henry Lyles to Rebecca
Ann Harrison, Coloured people. (N.S.)

Witnesses { Philip Green and
Ellen Hammiton, Joseph Aschwandon J. J.

November 30th Married Edward B. M. Allen
to Margaret S. Crown

Witnesses { Samuel Wetzell and
Mary Duffy. Jos. Aschwandon J. J.

December 3rd Married Edward P. Welch
to Mary Jane Connally, both of the District
of Columbia

Witnesses { James Welch and
Josephine Clarke

by Rev. John Early J. J.
recorded by
Jos. Aschwandon J. J.

No. 19349

Application for License.

DISTRICT OF COLUMBIA, ss:

I, Theodore Allen, applicant for the issuance of a Marriage License to the persons named herein, do solemnly swear (affirm) that the answers to the following interrogatories are true; and also that all the requirements of the laws regulating marriages in the country of which is a citizen, have been complied with, to the best of my knowledge and belief: SO HELP ME GOD.

| | MALE | FEMALE |
|------------------|----------------|-------------|
| Names | Theodore Allen | Anita Ellis |
| Ages | 22 years | 19 years |
| Color | white | white |
| Relationship | none | none |
| Former Marriages | " | once |
| Citizen of | U. S. | U. S. |

Witness:

Theodore Allen

Subscribed and sworn to before me, this 16th day of Oct. 1902

J. H. [Signature] Clerk. By J. H. [Signature] Assistant Clerk.

No. 19349

Marriage License.

Rev. F. B. Bowden To ANY MINISTER, or other person, authorized to celebrate marriages in the District of Columbia, GREETING:

You are hereby authorized to celebrate the rites of marriage, between

Theodore Allen, of Washington D.C. AND Anita Ellis, of do.

and having done so, you are commanded to make return of the same to the Clerk's Office of the Supreme Court of the said District within TEN days, under a penalty of fifty dollars for default therein.

In witness my hand and seal of said Court, this 16th day of Oct. anno Domini 1902

J. H. [Signature] Clerk. By J. H. [Signature] Assistant Clerk.

No. 19349

Return.

I, Frederick B. Bowden who have been duly authorized to celebrate the rites of marriage in the District of Columbia, do hereby certify that, by authority of license of corresponding number herewith, I solemnized the marriage of Theodore Allen and Anita Ellis named therein, on the 16th day of October 1902 at St. John's Church in said District.

Frederick B. Bowden

No. 157051

Application for License

DISTRICT OF COLUMBIA, ss:

I, Theodore Allen and Mary Allen, applicant for the issuance of a Marriage License to the persons named herein, do solemnly swear (affirm) that the answers to the following interrogatories are true, to the best of my knowledge and belief: So HELP ME GOD.

| | Male | Female |
|------------------|-----------------------|----------------------|
| Names | Forrest A. Allen | Agnes Allen |
| Ages | 26 Nov. 1, 1929 years | 15 Nov 7, 1927 years |
| Color | White | White |
| Relationship | none | none |
| Former marriages | none | none |

Witness: oath to both

Mary Allen Mother of bride
Theodore Allen Father of groom
Subscribed and sworn to before me this 21st day of July, 1930

FRANK E. CUNNINGHAM, Clerk.
By Wesley Gardner Jr., Assistant Clerk.

No. 157051

Marriage License

To Rev. E. J. A. Nestor authorized to celebrate marriages in the District of Columbia, GREETING:

You are hereby authorized to celebrate the rites of marriage, between
Forrest A. Allen of Washington, D.C.
AND
Agnes Allen of do

and having done so, you are commanded to make return of the same to the Clerk's Office of the Supreme Court of the said District within TEN days, under a penalty of fifty dollars for default therein.

Witness my hand and seal of said Court, this 21st day of July, anno Domini 1930

FRANK E. CUNNINGHAM, Clerk.
By Wesley Gardner Jr., Assistant Clerk.

No. 157051

Return

I, Rev. E. J. A. Nestor who have been duly authorized to celebrate the rites of marriage in the District of Columbia, do hereby certify that, by authority of license of corresponding number herewith, I solemnized the marriage of Forrest A. Allen and Agnes Allen named therein, on the 29th day of July, 1930, at Holy Comforter Cath. Ch. in said District.
Edward J. A. Nestor

Certificate of
Application,
License and Return

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA

PARTIES:

Forrest A. Allen

Marriage License No. 157051

Agnes Allen

I, JOSEPH M. BURTON, Clerk of the SUPERIOR COURT OF THE DISTRICT OF COLUMBIA, hereby certify that the annexed application, license and certificate of marriage are true copies of the originals of record and on file in said office.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at the City of Washington, this 17th day of August, 1976.

JOSEPH M. BURTON, Clerk

By Thomas H. Hays
Deputy Clerk

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the List of Diseases on the back of this Certificate.

CERTIFICATE OF DEATH

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.



Permit No. 3853

Date of Death

Aug 10th 1883

Full Name of Deceased

John. Brown

Sex

male

Age

75 Years, 5 Months, 29 Days.

Color

White

Married, Single, Widow, or Widower. [Cross out the words not required in this case.]

Occupation

Market Master

Birthplace

Md

Nativity of Father

France

Nativity of Mother

Md

Duration of Residence in the District of Columbia, 14 Years

Place of Death, [Give Street and Number.]

3212 N. St NW.

Cause of Death,

First, (Primary)

Duration,

Second, (Immediate)

Dysentery

Duration of Last Sickness,

to seven weeks

All of the above information should be furnished by the Physician. In case of death by symptomatic disease, please state what, if any, local cause exists to produce the same.

Place of Burial

Hollywood Cem

Date of Burial

Aug 12, 1883

Undertaker,

G. J. Clement

Place of Business,

70 High St.

D. C. Patterson, M. D.

Address,

Le Roy

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the District of Columbia.

Section 4. That whenever any person shall die within the District of Columbia it shall be the duty of the physician attending such person during his or her last sickness, or of the Coroner of the District, when the case comes under his official notice, to furnish and deliver to the undertaker, or other person superintending the burial of said deceased person, a certificate, duly signed, setting forth, as far as the same may be ascertained, the name, age, color, sex, nativity, (giving State or county,) occupation, whether married or single, duration of residence in the District of Columbia, cause, date, and place of death, (giving street and number,) and duration of last sickness of such deceased person. And it shall be the duty of the undertaker, or other person in charge of the burial of such deceased person, to state in said certificate the date and place of burial, and, having signed the same, to deliver it to the Registrar within twenty-four hours after such death: Provided, That in

The Special Attention of Physicians is respectfully invited to the Remarks below and to the List of Diseases on the back of this Certificate.

CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA. 169

Permit No. 89922

Date of Death Apr 24th 1893

Full Name of Deceased Edwin B. Allen

Sex Male

Age 52 Years Months Days

Color white

Married, Single, Widow, or Widower

Occupation Physician

Birthplace Va

Duration of Residence in the District of Columbia 30 years

Maturity of Father Va Maturity of Mother Va

Place of Death [Five Street and Number] 614 - 17th St N.W.

Cause of Death { Primary Immediate } Uraemic Convulsions

Duration of Last Sickness

All of the above information should be furnished by the Physician.
In case of death by zymotic disease, please state what, if any, local cause exists to produce the same.

Place of Burial Holy Road

Date of Burial Apr 26th

J. B. Bishop, M. D.

Undertaker G. W. Davis

Place of Business 2900 M Address 1913 J St

Extract from Regulations to Secure a Full and Correct Record of Vital Statistics in the District of Columbia.

SECTION 4. That whenever any person shall die within the District of Columbia it shall be the duty of the Physician attending such person during his or her last sickness, or of the Coroner of the District, when the case comes under his official notice, to furnish and deliver to the undertaker, or other person superintending the burial of said deceased person, a certificate, fully signed, setting forth, as far as the same may be ascertained, the name, age, color, sex, nativity (giving State or country), occupation, whether married or single, duration of residence in the District of Columbia, cause, date, and place of death (giving street and number), and duration of last sickness, of such deceased person. And it shall be the duty of the undertaker, or other person in charge of the burial of such deceased person, to state in said certificate the date and place of burial, and, having signed the same, to forward it to the Registrar aforesaid within twenty-four hours after such death: *Provided*, That in case of death from any infectious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter. (OVER)

HEALTH DEPT. D.C.
PERMIT OFFICE

CERTIFICATE OF DEATH

CLASS No.

179-2

1929 OCT 1 PM 1 57

DISTRICT OF COLUMBIA

No. OF RECORD

323166

FOR INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLANK AND SPACE FOR REMARKS MAY BE FOUND ON THE OTHER SIDE

PLACE OF DEATH:

No. 3939 Loughborough Road Street, n.e. Section.

Name of Hospital Duration of residence therein

FULL NAME

Margaret E. Allen

(a) Residence, No. 3939 Street Loughborough Road n.e. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in D. of C. Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Dr. C. B. Allen

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

7. AGE: 84 Years Months Days If LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed
(c) Name of employer

9. BIRTHPLACE (city or town) State or country: 206

10. NAME OF FATHER (in full)

11. BIRTHPLACE OF FATHER: City or town State or country: Md

12. MAIDEN NAME OF MOTHER (in full)

13. BIRTHPLACE OF MOTHER: City or town State or country: 206

14. Above information furnished by Maud Burryus Address 3939 Loughborough Rd n.e.

15. Relation of informant to decedent

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Sept 29, 1929

17. I HEREBY CERTIFY, that I attended deceased from May 2, 1929, to Sept 29, 1929 that I last saw h. u. alive on Sept 29, 1929

and that death occurred, on the date stated above, at 7:30 P. m. The CAUSE OF DEATH* was as follows: Cardiac decompensation

(duration) yrs. mos. ds. CONTRIBUTORY (SECONDARY) Industrial Nephritis (duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of operation

Was there an autopsy? no

What laboratory test confirmed diagnosis? Venous (Signed) Wm. Stanton, M. D. (Address) 3323 O St NW

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: DATE Holy Hood Oct 2 1929

20. UNDERTAKER: Geo. H. Wise Co. Inc. Address 2900 n.e. st n.e.

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.

VALID ONLY WITH IMPRESSED SEAL

MAR 4 1969

CHIEF
Charles Judge
DIVISION OF VITAL RECORDS

DATE ISSUED:

WARNING: It is illegal to duplicate this copy by photostat or photograph.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1. DECEASED NAME (Type or print) **Forrest Allen**

2. SEX **Male**

3. RACE **White**

4. CITIZENSHIP **U S A**

5. DATE OF BIRTH **11/11/09**

6. MARRIAGE STATUS NEVER MARRIED WIDOWED DIVORCED

7. COUNTY OF DEATH **Prince George's**

8. USUAL RESIDENCE (Where deceased lived, if institutions: Residence below (see street address)) **Prince Geo. General**

9. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) **Plaintiff**

10. CITY OR TOWN OF DEATH **Prince Georges**

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital (see street address)) **Prince Geo. General**

12. USUAL RESIDENCE (Where deceased lived, if institutions: Residence below (see street address)) **Prince Georges**

13. CITY OR TOWN **Riverdale**

14. FATHER'S NAME (Type or print) **Theodore Allen**

15. MOTHER'S MAIDEN NAME (Type or print) **Nata Ellis**

16. WAS DECLARED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) **NO**

17. INFORMANT **Agnes T Allen**

18. ADDRESS **Riverdale, Md.**

19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 PART 1. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Extensive, Right Lobar Pneumonia**
 (b) **Complicated Metastatic Carcinoma**
 (c) **1 year**

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OCCURRING IN PART 1 (a) (b) (c)

21. DATE OF OPERATION **NO**

22. ACCIDENT WAS UNDERLYING (If either, notify medical examiner)
 AT WORK AT HOME AT PLAY AT SCHOOL AT REST

23. PLACE OF INJURY (If same, same, street, corner, lot, etc.) **6001 Landover Rd., Cheverly, Md.**

24. TIME OF INJURY (Hour, A.M., P.M.) **12:29 P.M.**

25. DATE OF INJURY (Month, Day, Year) **12-29-1968**

26. I CERTIFY THAT (I) (this hospital) attended the deceased from **12-29-1968** to **1-2-1969**, that (I) (we) lost saw the deceased alive on **1-19-1969**, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

27. SIGNATURE **Charles S. Sankov**

28. PHYSICIAN'S NAME (Type) **CHARLES SANKOV**

29. DEGREE **M.D.**

30. DATE SIGNED **2/28/69**

31. NAME OF CEMETERY OR CREMATORY **Gate of Heaven Cemetery**

32. DATE **March 3, 1969**

33. LOCATION (City or town) **Hyattsville, Md.**

34. FUNERAL DIRECTOR **F. Gasch's Sons**

35. REC'D BY REG-STAR **MAR 4 1969**

36. SIGNATURE **Charles Sankov**

VALID ONLY
WITH
IMPRESSED
SEAL

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A
RECORD ON FILE IN THE DIVISION OF VITAL RECORDS.

DATE ISSUED: Feb. 09, 1993

Julia S. Davidson-Randall
STATE REGISTRAR OF VITAL RECORDS

1 - FOR
STATE
REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

| | | | | | |
|---|--|---|---|---|--|
| 1. DECEDENT'S NAME (First, Middle, Last) AGNES ALLEN (AGNES TERESA ALLEN) | | 2. DATE OF DEATH MONTH: 2 DAY: 2 YEAR: 93 | | 3. TIME OF DEATH 10^{PM} | |
| 4. SOCIAL SECURITY NUMBER 577-40-3331 | | 5. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F | 6. AGE (In yrs. last birthday) 78 YRS. | 7. DATE OF BIRTH (Month, Day, Year) 11-07-14 | 8. BIRTHPLACE (State or Foreign Country) Worcester, MA |
| 9a. FACILITY NAME (If not institution, give street and number) 5595 Huntingtown Road | | | 9b. CITY, TOWN OR LOCATION OF DEATH Huntingtown, Maryland | | 9c. COUNTY OF DEATH Calvert |
| 10a. STATE Maryland | | 10b. COUNTY Prince George's | | 10c. CITY, TOWN OR LOCATION Hyattsville | |
| 10d. STREET AND NUMBER 5999 Emerson Street | | 10e. ZIP CODE 20710 | | 10f. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 11. MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced | | 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE WAR OR DATES | | 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Specify: | |
| 14. RACE - American Indian, Black, White, etc. Specify: White | | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12): 8 College (1-4 or 5+): | | 16. DECEDENT'S USUAL OCCUPATION (State kind of work done during most of working life. Do NOT use retired.) Housewife | |
| 17. FATHER'S NAME (First, Middle, Last) Richard Allen | | 18. MOTHER'S NAME (First, Middle, Mother Surname) Mary Kavanaugh | | | |
| 19a. INFORMANT'S NAME (Type/Print) Donna Bee | | 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5309 Riverdale Road #205, Riverdale, Maryland 20737 | | | |
| 20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify): | | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Gate of Heaven Cemetery 2/5/93 | | 20c. LOCATION - City or Town, State Silver Spring, Maryland | |
| 21. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>W. Constance Gasch</i> | | 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD | | | |
| 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Cerebrovascular Accident | | | | | Approximate Interval Between Onset and Death 2 wks 6 months |
| Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | | | | | |
| b. Atherosclerosis of liver DUE TO (OR AS A CONSEQUENCE OF): | | | | | |
| c. 2. DUE TO (OR AS A CONSEQUENCE OF): | | | | | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. NA | | | | | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 26. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DDA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) | | | |
| 27. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined | | 28a. DATE OF INJURY (Month, Day, Year) | | 28b. TIME OF INJURY M <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 28c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 28d. DESCRIBE HOW INJURY OCCURRED | | | |
| 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | 29. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. | | | |
| 29a. SIGNATURE AND TITLE OF CERTIFIER <i>J. Michael Powell MD</i> | | 29b. LICENSE NUMBER D39920 | | 29c. DATE SIGNED (Month, Day, Year) 2-9-93 | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) Jm Brooks 110 Hospital etc. PK md 20678 | | | | | |
| 31. DATE FILED (Month, Day, Year) FEB 09 1993 | | 32. REGISTRAR'S SIGNATURE <i>Julia Davidson-Randall</i> | | | |

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 48 hours after death. Page 8 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: This certificate has been signed by the attending physician and completely filed in by the funeral director; page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

J. Allen's
Will

I Lenniab Allow of the Town of Frederichsburg, State of Virginia, being of sound
and disposing mind and memory, do make this my last Will and Testament, hereby re-
voaking all former wills by me heretofore made -

First I direct that all my just debts shall be paid -
Secondly - After the payment of my just debts, I devise and bequeath all the estate, real,
personal or mixed, of which I may die seized and possessed unto which I may die in my mind
entitled to, to my son Orsey M. Allow, to him and his heirs forever -

In witness whereof I have set my hand and affix my seal this 15th day of August 1864

Witness
Geo. F. Chew
Abt. H. W. Barb

Lenniab^{to} Allow^{and} Barb

Journal's
last will (note
X = "his mail")
Leaving everything to
Dorsey

In the Corporation Court of Frederichsburg September 15th 1866

The last Will and Testament of Lenniab Allow dec'd, was produced in open
Court by the oath of Abt. H. Barb, one of the witnesses thereto, and George F. Chew, the other sub-
scribing witness thereto, being dead, Thomas S. Barton, was sworn and testified that he was well
acquainted with the hand writing of the said George F. Chew, and, truly, believes the signature
of the said George F. Chew, subscribed as a Witness to the said Will, to be in the genuine hand
writing of the said Geo. F. Chew - Whereupon it is ordered that the same be recorded as the
last Will and Testament of the said Lenniab Allow dec'd -

Wt. J. S. Chew, c. c.

Proty & Apprs.
R. B. Querson's
State

At a Court held for the Corporation of Frederichsburg Oct. 12th 1868

Ordered that James H. Bradley, Geo. J. Young, Hugh Lamb and
Robert H. Alexander are any three of them being first sworn, do truly and partly apprise

The undersigned Comms appointed by the County Court of
 Spitzbergen, as will appear by the annexed Order bearing date the 3rd
 day of March 1845. to settle the Admin. of Jeremiah Allen on the Estate
 of said Allen having first taken the Oath prescribed by Law have
 proceed to state & settle the said. We Certify that proper vouchers were
 exhibited to us for all the debts in the said Account & we are of opinion
 that the Admin. should be allowed a Commission of Law full on the
 receipts which were found in account & the Admin has enclosed said
 Com. & is accountable to the Admin who has been compelled to deliver the

| Jeremiah Allen - her Admin | | Dr. | 401 |
|----------------------------|---------------------------------|-----|-------|
| 1843 | | | |
| July | By 3 Bble Corn | 1 | 4 50 |
| | • Wheat | - | 2 70 |
| 1844 | • Cash from Boston | | 3 75 |
| Aug | • Cash in part of Sale of Land | | 75 00 |
| 1845 | • Cash in full for Sale of Land | | 26 00 |
| Aug | | | |

of North & Allen of Essex County in the State of Virginia, in consideration of
the sum of three hundred and ten dollars, certain survey of the State aforesaid,
to me said by James Burke of the County and State aforesaid, do grant
to the said James Burke the lot of land on which it lies in the County
aforesaid, bounded to Eastern liberty eight and one half rods to the
same on the S. E. and bounded by the lands of the said James Burke
Mary Munday, & Abel F. Drake, and the now leading fence from Dapp & to
Fredrickburg, and of the said North & Allen, do covenant with the said
James Burke as follows, first that I am lawfully seized of the said
premises, second that I have a good right to convey the same, third
that the same is free from incumbrance, fourth that the said James
Burdick shall quietly enjoy the same, fifth that I will warrant and
defend the title to the same against all lawful claims - Witness
my hand and seal this 29th day of March 1839.

Essex County to wit

North & Allen
James

I Molly Allen of Essex County in the State of Virginia in consideration of the sum of three hundred dollars current money of the State aforesaid to me paid by James Burke of the County and State aforesaid, do grant to the said James Burke the lot of land on which I reside in the County aforesaid, estimated to contain twenty-eight and one half acres be the same more or less and bounded by the lands of the said James Burke, Nancy M _____, Albert C. _____ and the road leading from Tappahanock to Fredericksburg. And I the said Molly Allen do covenant with the said James Burke as follows, first that I am lawfully seized of the said premises, second that I have a good right to convey the same, third that the same is free from incumbrances, fourth that the said James Burke shall quietly enjoy the same, fifth that I will warrant and defend the _____ to the same against all lawful claims. Witness my hand and seal this 27th day of March 1839

SIGNATURE seal
X

This is the year of our Lord eighteen hundred and thirty three being sound in mind but feeble in body do make this my last will and testament to wit:

After my death I wish my land lying and being in the county of Spotsylvania sold, ten dollars I wish to be given to my son Jery Allen the balance to be divided between William Allen and Fanny Allen, and my four grandchildren Mariah H. Goldman, Julia F. Goldman, Elizabeth Goldman, Margaret Goldman. I leave my cow to my son William Allen, a low stead and bed also I give to my son William Allen. My high stead and bed, I give to my four grand daughters above mentioned and half the bed clothes. The other half bed clothes to my daughter Fanny Allen. My gun I give to Edward Allen my grandson, the son of my son Jery Allen. The balance of my estate to be divided between my son William Allen and my daughter Fanny Allen. I give to my daughter Fanny Allen my other cow. As witness my hand and seal this the fourth day of January 1843.

Wits.

Richard Allen

Joshua Donahoe

Ellen C. Lewis

her
Molly K Allen
mark

In Spotsylvania County Court May 1st the last will and testament of Molly Allen deceased was produced in Court and proved by the oaths of Richard Allen and Joshua Donahoe two of the witnesses thereto and is ordered to be recorded. And in the motion of Jeremiah Allen who made oath thereto and together with Lewis Allen and Joshua Donahoe his securities they having testified on oath as to the sufficiency of their estates entered into and acknowledged a bond in the penalty \$400.00, conditioned as the law directs certificate is granted him for obtaining letters of administration on the estate of Molly Allen deceased with her will annexed in due form.

Signature

This year of our Lord Eighteen hundred and thirty three being sound in mind, but feeble in body we make this my last will and testament to wit:

After my death I wish my land lying and being in the County of Spotsylvania sold, the moneys I wish to be given to my son Jerry Allen, the balance to be divided between William Allen, and Jerry Allen, and my four Grand-Children Maria M. Goldman, Antin J. Goldman, Elizabeth Goldman, Maryab E. Goldman - I leave my cow to my son William Allen, a horse and bed also I give to my son William Allen my high bed and bed, I give to my four grand daughters above mentioned each half the bed clothes - the other half the bed clothes to my daughter Fanny Allen, my son I give to Edward Allen my Grand son, the son of my son Jerry Allen, the balance of my estate to be divided between my son William Allen and my daughter Fanny Allen - I give to my daughter Fanny Allen my other cow as witness my hand and seal this the 4th day of June 1843 -

Wit:

Richard Allen
Joshua Donahoe
Ellen & Lewis

Molly ^{her} Allen
_{marks}

In Spotsylvania County Court May 1st 1843

The last will and testament of Molly Allen dec^d was produced in Court and proved by the oaths of Richard Allen & Joshua Donahoe two of the witnesses thereto and is ordered to be recorded - And on the motion of Jeremiah Allen who made oath thereto and together with Lewis Allen & Joshua Donahoe his acc^{ts} they having testified on oath as to the sufficiency of their estates entered into and acknowledged a bond in the penalty of \$400, conditioned as the law directs certificate is granted him for obtaining letters of administration on the estate of Molly Allen dec^d with her will annexed in and form in

Thos. Sta. Cutchfield c. c. c.

Dr The Estate of Mollie Allen with

| | | | | | | |
|----------|-------|----|---|----|-------|-----|
| 1843 | July | 13 | To Jas A. Hanson advertising | 1 | 1 | - |
| | | | " " Clerk of Spitzbergen | 2 | 4 | 05 |
| | | | " " Sanitary expenses for witnesses to prove the will trial of account against the estate, at Spitzbergen Court house | 4 | 2 | 50 |
| | | | " " Tax on land for 1843 | 5 | | 39 |
| 1844 | April | 15 | To Lewis Allen for coffee | 7 | 5 | 00 |
| | | 22 | To John & Thibault Attorneys | 5 | 3 | |
| | | | " " Off Tax on land | 7 | | 13 |
| | | 27 | To Geo. H. H. Adams | 11 | 6 | 47 |
| May | | 15 | By Jury Car judgment | 11 | 6 | 44 |
| 1844 Aug | | 16 | To Lewis Allen's acct. | 15 | 3 | 00 |
| | | | " " James West acct. | 12 | 1 | 26 |
| Feb | | 6 | To H. Barker | 13 | 10 | - |
| May | | 27 | To Geo. H. H. Adams | 16 | 24 | 67 |
| April | | 1 | To Legacy to Samuel Allen | | 10 | 00 |
| | | | Balance on credits at report. | | 11 | 17 |
| | | | This sum returned to 3rd Clerk fees & other expenses of adms. | | 3 | - |
| | | | Check paid Gouldman for Digging Grave | | 1 | - |
| | | | Balance pro contra | | 15 | 23 |
| | | | | | \$15 | 23 |
| | | | | | \$111 | 95 |
| | | | To Mollie Allen 1/6 of balance | | 2 | 538 |
| | | | " " Henry Allen 1/6 " " | | 2 | 538 |
| | | | " " Maria H. Gouldman 1/6 " " | | 2 | 538 |
| | | | " " Julia H. Gouldman 1/6 " " | | 3 | 108 |
| | | | " " Elizabeth H. Gouldman 1/6 " " | | 3 | 208 |
| | | | " " Margaret H. Gouldman 1/6 " " | | 3 | 628 |
| | | | | | \$15 | 33 |

And Spitzbergen County Court March the 3rd 1845.
 Ordered that Messrs. Sepule, Sidney H. Adams and George A. Maiter, or any two of them being first duly sworn for that purpose, do make and settle the acct of Samuel Allen Adminr upon the Estate of Mollie Allen deceased and make report thereof to the Court.

A Copy Taken
 Wm. Gruschfeldt

The undersigned Attorneys appointed by the County Court of Spitzbergen County

By Balcones ad.

18 23.

Specific legacies without any compensation, I've been accordingly charged that comes to the estate. The result of this account shows the admin indebted in the sum of \$16.23 & according to the will of Mollie Allen, is due, as stated in page No. — of this report. The admin exhibited to us the receipt of William Allen & co. of Francis Allen for the specific legacies to them & also for the residue of the property of the testator, which was valued at \$20.68 & delivered to the legatee in kind & upon which in strictness the admin might be entitled to commission, but we consider the allowance of 10 per cent on actual sales an equivalent for this claim, and the admin also exhibited to us a receipt of Samuel Goldmann & Francis Allen for the bed & bedstead & of the best clothes devised by the testator to his five grand daughters. All which is respectfully reported by
1846. April 5th 3

R. D. Temple

Anthony M. Owens

In Spanglanna County Court April 7th 1846.
This acct of William Allen admin of Mollie Allen dec'd was this day returned examined & confirmed by the Court and ordered to be recorded.
To wit

Wm. C. Foster