

Name
in
Full

Agnes Preston

CERTIFICATE OF DEATH

Died at *Oella* ^{Town} *Balto.* ^{County} **MARYLAND**

Date of death **1907** *Sept.* ^{Month} *4* ^{Day} Age *50* ^{Years} *no.* ^{Months} *no.* ^{Days}

Sex *Female* Color or Race *Colored* Birth-place *Maryland*

Occupation *House Keeper* Where Residing if not at place of death *Oella*

Married, Single or Widowed *Married* Name of Wife or Husband *George Preston*

Father's Name *Daniel Green* Father's Birthplace *Dont know*

Mother's Maiden Name *dont know* Mother's Birthplace *Dont know*

Name of person giving Information *George Preston* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Tuberculosis*

Immediate *Asthemia*

How long *1*
How long *on wife*

Are the name, age, sex, color, date and place correctly given above?

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Signature of Physician

Address

*W. A. Stone, M.D.
Bellicott*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

