CERTIFICATE OF DEATH

MARYLAND

Name in Full John W Owens

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Port Deposit — County: Cecil

Date of death 1907 — Month: 2 — Day: 13 — Age: Years 63 — Months — Days —

Sex: Mal. — Color or Race: Colored — Birthplace: Cecil Co

Occupation: Laborer. — Where Residing if not at place of death: Place of Death.

Married, Single or Widowed: Married — Name of Wife or Husband: Lucy Owens

Father's Name: Jonas Owens. — Father's Birthplace: Cecil Co

Mother's Maiden Name: Jane Hawkins. — Mother's Birthplace: " "

Name of person giving In formation: Jane Clarke. — How related to deceased: Wife.

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Brights Disease. — How long: Six to 8 months

Immediate: Inanition. — How long: —

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

Signature of Physician: H E Brown.

Address: Port Deposit. Md.

Accident or Suicide? —