

Name
in
Full

William Davis, Chamber 12/1/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at annapolis ^{Town} A A ^{County} counties **MARYLAND**Date of death 1906 Dec ^{Month} 21 ^{Day} Age 35 ^{Years} ^{Months} ^{Days}Sex Man Color or Race col Birth-place Occupation Labr Where Residing if not at place of death A A countiesMarried, Single Single Name of Wife or Husband Father's Name - Father's Birthplace -Mother's Maiden Name - Mother's Birthplace -Name of person giving information John H Davis How related to deceased Coroner

CAUSES OF DEATH

Primary gun shot wound 166 How long

Immediate

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

Signature of Physician J. H. DavisAddress annapolisAccident or Suicide? noPHYSICIAN
OR CORONER