

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		<u>MARYLAND</u>
	Date of death <u>1908</u>	<u>Jan.</u> Month	<u>14th</u> Day	Age <u>90</u> Years	<u> </u> Months
	Sex <u>Male</u>	Color or Race <u>Gold</u>	Birth-place <u>Salisbury Md.</u>		
	Occupation <u>Minister of the Gospel</u>	Where Residing if not at place of death <u> </u>			
	Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Sarah A. Pullitt</u>			
	Father's Name <u>Frost Pullitt</u>	Father's Birthplace <u>Wicomico Co. Md.</u>			
	Mother's Maiden Name <u>Easter Morris</u>	Mother's Birthplace <u> </u> <u> </u> <u> </u>			
	Name of person giving information <u>E. W. Pullitt</u>	How related to deceased <u>Son</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		
	Immediate <u>Old age no dx</u>		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. A. H. Adams J. P.</u>		
			Address <u> </u>		
	Accident or Suicide?				

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