

**DORSEY (JOSHUA) FAMILY BURYING GROUND NEAR GOSHEN**  
 Directions: Goshen Road North to Wightman Road, Trundle Farm at intersection. [A.D.C. Map: Montgomery, page 14, grid coordinates D-7.]  
 Condition of cemetery: Two marked graves. This cemetery is non-extant.  
 Relocated: Moved by Kettler Bros to Forest Oak Cemetery in 1970.  
 Earliest known death: 1843. Most recent death: 1848. Location of transcribed records: Montgomery County Historical Society Library, 42 West Middle Lane, Rockville, Maryland 20850. Author: Helen W. Ridgely. Title: *Historic Graves of Maryland and the District of Columbia*, page 177. Publisher: Family Line Publications [Grafton Press original publisher, 1908], Westminster, MD, [reprinted 1992]. Comments: Historic site 23/6, two stones and several bodies moved to Forest Oak Cemetery in Gaithersburg.

**Cemetery Inventory**

**ID: 49**

**Name:** Dorsey (Joshua) Family Cemetery

**Alternate name:**

**Address:** "Trundle" Farm on Goshen and Wightman Rds.

**Town:** Gaithersburg

**ADC Map Page** \_\_\_\_\_ **Grid** \_\_\_\_\_

**Type**

Religious \_\_\_\_\_  
 Family \_\_\_\_\_  
 Private \_\_\_\_\_  
 Other \_\_\_\_\_

**Association**

Free black \_\_\_\_\_  
 Enslaved \_\_\_\_\_  
 Ethnic \_\_\_\_\_  
 Prehistoric \_\_\_\_\_

**Setting**  Rural  Urban  Suburban  Forested  Other \_\_\_\_\_

**Condition**  Excellent  Good  Fair  Poor

**Negative Impacts** (vandalism, dumping, neglect, encroachment, etc) \_\_\_\_\_

**Approximate no. of burials** 2 + \_\_\_\_\_ **Date range of burials** 1843 - 1848

**Description** (markers, materials, arrangement, landscaping, fence, paths and roads, etc.)

*Removed to Forest Oak Cem., Gaithersburg  
 see attached*

**Surveyor(s)** J. Manuel  
**Photographer** \_\_\_\_\_

**Survey date** 4/20/2004  
**Date** \_\_\_\_\_ **Photo no.** \_\_\_\_\_

**Current owner** \_\_\_\_\_  
**Address/Phone No.** \_\_\_\_\_

**Historic Status**  Locational Atlas ID \_\_\_\_\_  National Register  
 Master Plan ID \_\_\_\_\_  Other \_\_\_\_\_

**UTM** \_\_\_\_\_

**Additional sources of information:**

49  
 DORSEY (JOSHUA) FAMILY CEMETERY  
 REMOVED/REINTERRED FOREST OAK CEM.

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DORSEY (JOSHUA) FAMILY CEMETERY  
REMOVED/REINTERRED FOREST OAK  
CEM.

Indexed under Dorsey

# This Is to Certify

one grave site in  
that Kettler Brothers, Inc. has purchased 1 Lot 11  
Section 12 x          feet more or less in FOREST OAK CEMETERY, Gaithersburg, Montgomery  
County, Maryland, under perpetual care, for the sum of \$-1115.00 dollars;  
receipt thereof is hereby acknowledged; and it is agreed by the said         

that          will use said lot or parcel of ground for the burial of white persons only;

And it is further agreed that if          desire to transfer said lot to another person          may do so provided  
said person agrees to use said lot for the purpose above specified. No shrubbery to be planted in said lot.

Provided further that a duplicate copy of all certificates must be recorded in a book kept by the Secretary of  
Forest Oak Cemetery Association. Also, certificates of transfer from one person to another must be countersigned by  
the President of Forest Oak Cemetery Association.

Given this 29th day of December 19 70, Gaithersburg, Maryland.

Remains of Joshua and Henriette  
Dorsey reinterred in this site  
on 12-10-70

Signed:

Ray H. Clark  
President  
Kathleen Keir  
Secretary

#-One grave site	\$95.00
Opening and Closing	20.00
Total	\$115.00



State's Attorney for Montgomery County

Court House

Rockville, Maryland 20850

279-8211

STATE'S ATTORNEY  
WILLIAM A. LINTHICUM, JR.

November 23, 1970


DEPUTY STATE'S ATTORNEY  
ANDREW L. SONNER

Mr. William N. Hurley, Jr.  
Director, Business Affairs  
19110 Montgomery Village Avenue  
Gaithersburg, Maryland 20760

Dear Mr. Hurley:

Pursuant to Section 265, of Article 27, of the Annotated Code of Maryland, 1957 Edition, you are hereby granted permission to have all remains found in an old family burial ground located on the north side of a farm lane within what is called the "Trundle" farm, approximately 950 feet west of Goshen Road and 800 feet south of Wightman Road, as indicated on Montgomery Village Plat, and being the same land acquired by Kettler Brothers, Inc. by deed from McKendree G. Fulks recorded among the Land Records of Montgomery County, Maryland in Liber 3205 at Folio 232, disinterred for reburial in Montgomery County, Maryland by a duly licensed funeral director in the State of Maryland.

Very truly yours,

  
William A. Linthicum, Jr.,  
State's Attorney for  
Montgomery County, Maryland

WAL, Jr:cc

49  
DORSEY (JOSHUA) FAMILY CEMETERY  
REMOVED/REINTERRED FOREST OAK  
CEN.

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 REMOVED/REINTERRED FOREST OAK  
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SPEDSET® MOORE BUSINESS FORMS, INC., T

PLEASE TYPEWRITE OR PRINT WITH BALL POINT PEN SO ALL COPIES WILL BE LEGIBLE.

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

DISINTERRED, Dec 8th 70 CERTIFICATE OF DEATH

1. DECEASED NAME (Type or print) First Middle Last <b>HENRIETTA H. DORSEY</b>			2a. DATE OF DEATH Month Day Year <b>Sept 5th 1948</b>		2b. HOUR M
3. SEX <b>Female</b>	4. RACE <b>White</b>	5. DATE OF BIRTH <b>March 28th 1770.</b>	6. AGE (In years last birthday) YRS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
7a. BIRTHPLACE (State or foreign country) <b>Maryland</b>	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH <b>Montgomery</b> Md		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER	
14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT <b>Tomstone</b> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)	
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State	
22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____, 19____, 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.					
22b. SIGNATURE				22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type)				22e. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
<b>Burial</b>		<b>12-9-70</b>		<b>Forest Oak</b>	
				23d. LOCATION (City or Town) (County) (State) <b>Gaithersburg, Md</b>	
24. FUNERAL DIRECTOR <b>Ernest C. Gartner, Gaithersburg, Md.</b>				25. REC'D BY REGISTRAR DATE	
				26. REGISTRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VA 15 (4)  
MAY REV. 1-68

49  
 DORSEY (JOSHUA) FAMILY CEMETERY  
 REMOVED/REINTERRED FOREST OAK  
 CEM.

SPEEDSET® MOORE BUSINESS FORMS, INC., I

PLEASE TYPEWRITE OR PRINT WITH BALL POINT PEN SO ALL COPIES WILL BE LEGIBLE.

MARYLAND STATE DEPARTMENT OF HEALTH  
 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  
**CERTIFICATE OF DEATH**

**DISINTERRED Dec 8th 70**

1. DECEASED-NAME (Type or print) First Middle Last <b>JOSHUA DORSEY</b>			2a. DATE OF DEATH Month Day Year <b>Unknown</b>			2b. HOUR M	
3. SEX <b>Male</b>		4. RACE <b>White</b>		5. DATE OF BIRTH <b>March 15-1768</b>		6. AGE (in years last birthday) YRS. MONTHS DAYS HOURS MIN <b>YRS.</b>	
7a. BIRTHPLACE (State or foreign country) <b>Maryland</b>		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <b>Montgomery</b> Md	
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
13e. STREET AND NUMBER		14. FATHER'S NAME First Middle Last			15. MOTHER'S MAIDEN NAME First Middle Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown		16b. SOCIAL SECURITY NO. (If you give year or dates of service)		17. INFORMANT Address <b>Tomstone</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO, OR AS A CONSEQUENCE OF (b) _____ IMMEDIATE CAUSE (c) _____ DUE TO, OR AS A CONSEQUENCE OF (d) _____ IMMEDIATE CAUSE (e) _____ DUE TO, OR AS A CONSEQUENCE OF (f) _____ IMMEDIATE CAUSE (g) _____ DUE TO, OR AS A CONSEQUENCE OF (h) _____ IMMEDIATE CAUSE (i) _____ DUE TO, OR AS A CONSEQUENCE OF (j) _____ IMMEDIATE CAUSE (k) _____ DUE TO, OR AS A CONSEQUENCE OF (l) _____ IMMEDIATE CAUSE (m) _____ DUE TO, OR AS A CONSEQUENCE OF (n) _____ IMMEDIATE CAUSE (o) _____ DUE TO, OR AS A CONSEQUENCE OF (p) _____ IMMEDIATE CAUSE (q) _____ DUE TO, OR AS A CONSEQUENCE OF (r) _____ IMMEDIATE CAUSE (s) _____ DUE TO, OR AS A CONSEQUENCE OF (t) _____ IMMEDIATE CAUSE (u) _____ DUE TO, OR AS A CONSEQUENCE OF (v) _____ IMMEDIATE CAUSE (w) _____ DUE TO, OR AS A CONSEQUENCE OF (x) _____ IMMEDIATE CAUSE (y) _____ DUE TO, OR AS A CONSEQUENCE OF (z) _____ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19__		21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)			
21d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State			
22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____, 19____, 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.							
22b. SIGNATURE _____ DEGREE ATTENDING PHYS. <input type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>				22c. DATE SIGNED _____			
22d. PHYSICIAN'S NAME (Type) _____				22e. ADDRESS _____			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-9-70</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Forest Oak</b>		23d. LOCATION (City or Town) (County) (State) <b>Gaithersburg. Md.</b>	
24. FUNERAL DIRECTOR <b>Ernest C. Gartner. Gaithersburg, Md.</b>				25a. REC'D BY REGISTRAR DATE		25b. REGISTRAR'S SIGNATURE	

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MD 11510  
REV. 12/1/68

DORSEY FAM.

MARYLAND CEMETERY DIRECTORY HEADINGS,

County: MONT.

Type of Cemetery: FAMILY

Name of Cemetery: DORSEY (JOSHUA) FAMILY CEM.

Location of Cemetery: "TRUNDLE" FARM ON GOSHEN AND WIGHTMAN RDS.  
NR. GAITHERSBURG, MD.

Contact: —

Condition/Description of Cemetery: NO LONGER IN EXISTANCE; GRAVES  
MOVED BY KETTLER BROS. TO FOREST OAK CEM., 1970

Number of Graves: TOTAL UNKNOWN - (SEVERAL BODIES MOVED)  
2 STONES

Oldest Grave Marker: 1843

Span of Usage: UNKNOWN

Inscriptions Transcribed:

Date Transcribed:

Transcribed Records Located:

Transcribed Records Published:

Comments: ONLY 2 STONES IN "HISTORIC GRAVES" - SAME TWO  
AS WERE MOVED TO FOREST OAK.

REINTERMENT PERMIT ISSUED 23 NOV 1970  
DISINTERRED 8 DEC 1970 -

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DORSEY (JOSHUA) FAMILY CEMETERY  
REMOVED/REINTERRED FOREST OAK  
CEM.