

Name
in
Full

Ida Brauchamp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Linchester ^{County} Caroline **MARYLAND**

Date of death | 904 ^{Month} Nov. ^{Day} 16 Age ^{Years} ^{Months} ^{Days} 1

Sex Female Color or Race White Birth-place Linchester

Occupation Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

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

Address

Accident or Suicide?



Name in Full		Lillie May Brubaker				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Deuler ^{Town}		Caroline ^{County}		MARYLAND	
	Date of death	1904	Month	Nov	Day	29	Age	
					Years	14	Months	
							Days	
	Sex	Female		Color or Race	White		Birth-place	Penna
	Occupation	School Child			Where Residing if not at place of death		Deuler Md	
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Wm Brubaker				Father's Birthplace	Penna	
Mother's Maiden Name	Mary B Wright				Mother's Birthplace	"		
Name of person giving information	Wm Brubaker				How related to deceased	Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Diabetes Mellitus			50	How long	One Year	
	Immediate	Exhaustion				How long	Length	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Cnoch Perry MD		
					Address	Deuler Car Co Maryland		
	Accident or Suicide?							



Name
in
Full

Mrs. Cora B. Cahall

CERTIFICATE OF DEATH

Died at ^{Town} near Henderson ^{County} Caroline

MARYLAND

Date of death 1904 Month 11 Day 28 Age 33 Years Months 5 Days 15

Sex Female Color or Race White - Birth-place Carolina

Occupation House Wife Where Residing if not at place of death Home

Married, Single or Widowed Married Name of Wife or Husband Char Cahall

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information Husband 135 How related to deceased Husband

CAUSES OF DEATH

Primary Heat-Stroke or How long _____

Immediate Post-Postum Hemorrhage How long _____

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

Signature of Physician

Address

H. F. Nichols, M.D.
Marydel, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		George W. Chaubonlain				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	near <u>Prinston</u>		Town <u>Caroline</u>		County		
	Date of death	<u>1904</u>	Month <u>Nov.</u>	Day <u>24</u>	Age <u>74</u>	Years	Months <u>—</u>	
	Sex	<u>male</u>		Color or Race	<u>Black</u>		Birth-place	
	Occupation	<u>Labourer</u>		Where Residing if not at place of death		<u>—</u>		
	Married <input checked="" type="checkbox"/> Widower <input checked="" type="checkbox"/>	Name of Wife or Husband		<u>—</u>				
	Father's Name	<u>Rison Chaubonlain</u>				Father's Birthplace	<u>Maryland</u>	
	Mother's Maiden Name	<u>Easter Price</u>				Mother's Birthplace	<u>Maryland</u>	
Name of person giving information	<u>Charles E. Chaubonlain</u>				How related to deceased	<u>Son</u>		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	<u>Organic Disease of Heart</u>				How long	<u>one year</u>	
	Immediate	<u>Don't know</u>				How long	<u>—</u>	
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>				Signature of Physician	<u>J. A. Noble</u>	
	Address	<u>Prinston Md.</u>						
Accident or Suicide? <u>—</u>								



Name
in
Full

Elijah Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death	<i>1904</i>	Month	<i>Nov.</i>	Day	<i>20</i>
Age			<i>About 80</i>	Months	
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Queen Annes Co.</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Civilly or Widowed	Name of Wife or Husband <i>Mandie Fisher</i>				
Father's Name	<i>Phil Glasco</i>			Father's Birthplace	<i>don't know</i>
Mother's Maiden Name	<i>Harriet Hemby</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Thomas Fisher</i>			How related to deceased	<i>Half Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>4 years</i>
Immediate	<i>Apoplexy</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>J. C. Madara</i>	
Address		<i>Ridgely Md.</i>	
Accident or Suicide?			

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Name
in
Full

Marquet Manship

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Leominster		County Hampshire		STATE MARYLAND		
Date of death 1904		Month Nov	Day 2	Age About 45		Years	Months —	Days —
Sex Female		Color or Race White-Native		Birth- place Caroline co				
Married, Single or Widowed Widowed				Occupation				
Name of Wife or Husband Charles Manship								
Father's Name				Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace				
Name of person giving In formation Thos. Saultsbury				How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Kidneys		How long About 1 year	
Immediate Apoplexy		How long Sudden	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Thos. Saultsbury	
		Address Burrsville Md	
Accident or Suicide?			



Name
in
Full

Minnie May Pritchett

CERTIFICATE OF DEATH

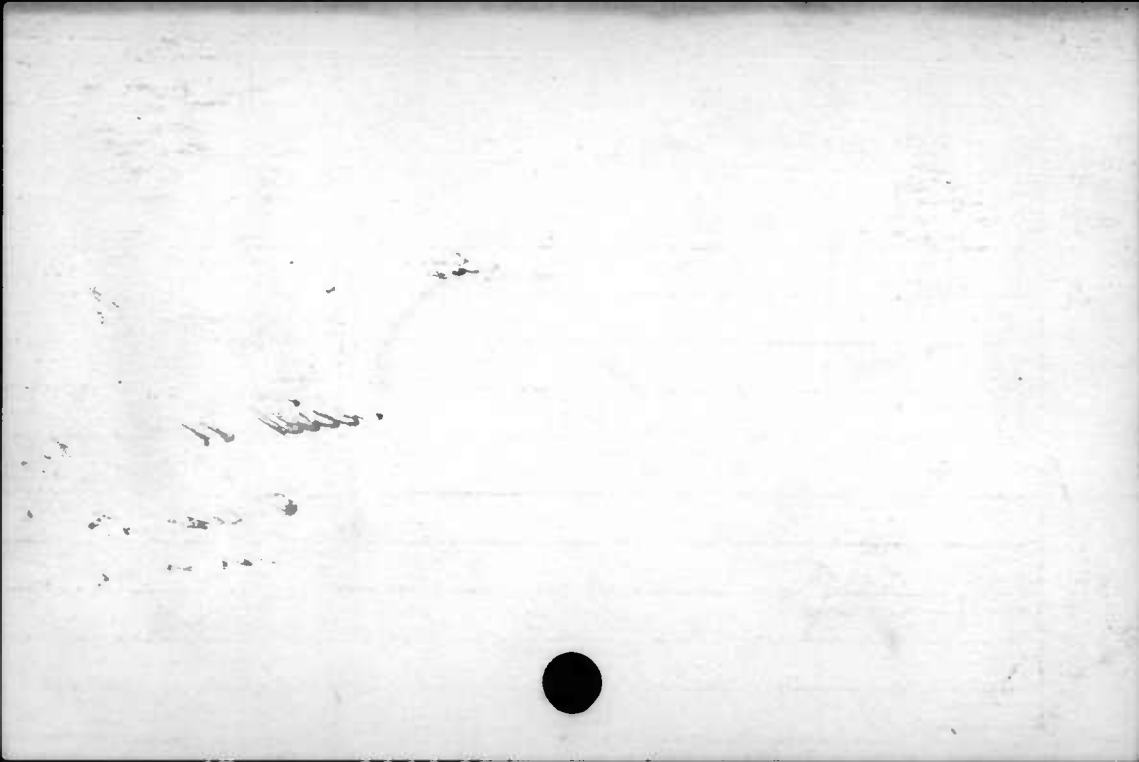
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Sea Bethel</i>		Town <i>Carroll</i>		County	
Date of death	1904	Month	<i>Mar</i>	Day	<i>14th</i>
Age		Years	<i>22</i>	Months	<i>1</i>
Days		<i>6</i>			
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>NO</i>		Where Residing if not at place of death	<i>—</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>W. E. Pritchett</i>			Father's Birthplace	<i>Talbot Co Md</i>
Mother's Maiden Name	<i>W. E. Bonnell</i>			Mother's Birthplace	<i>Carroll Co Md</i>
Name of person giving information	<i>W. E. Pritchett</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Gastric Tumor</i>	How long	<i>one year</i>
	Immediate	<i>Exhaustion</i>	How long	<i>one week</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Julius A. Johnson</i>
	Address	<i>Carroll Md</i>		
Accident or Suicide? <input type="checkbox"/>				



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No Name

CERTIFICATE OF DEATH

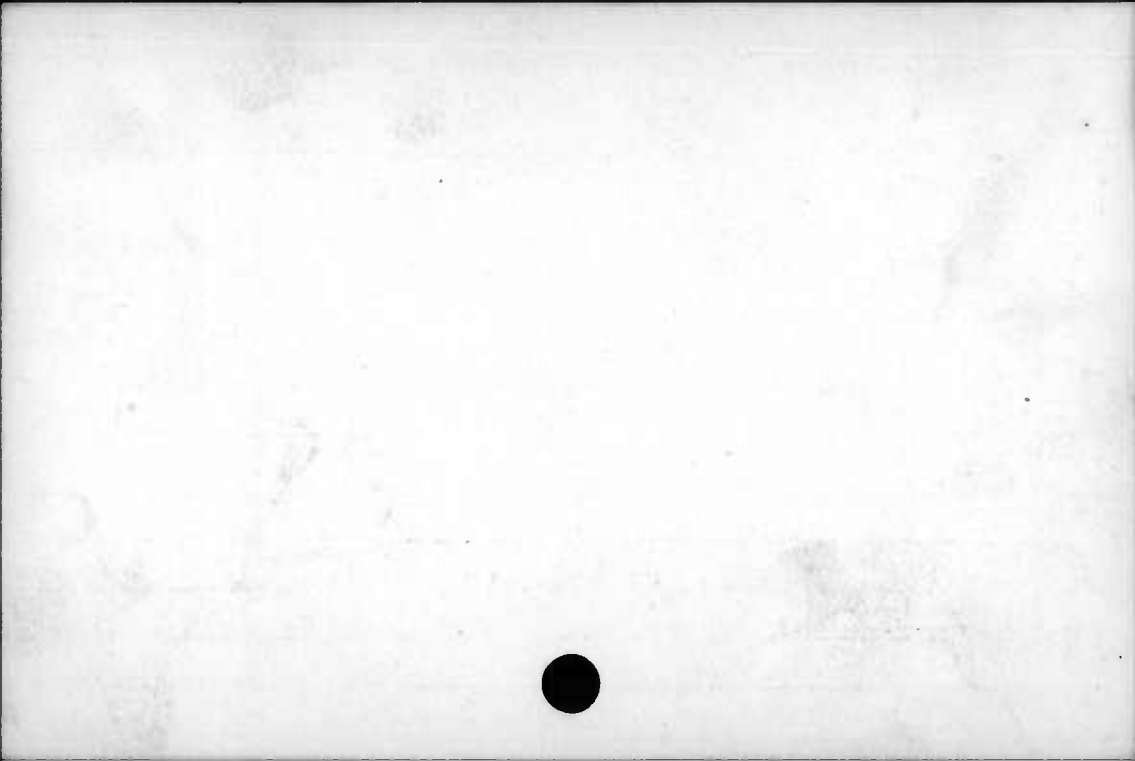
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> ^{Town} <i>Ridgely</i>		^{County} <i>Caroline</i>		MARYLAND	
Date of death	1904	Month	Nov:	Day	16
Age	Years		Months		Days
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Near Ridgely</i>
Occupation	+		Where Residing if not at place of death	+	
Married, Single or Widowed	+		Name of Wife or Husband	+	
Father's Name	<i>William Richardson</i>			Father's Birthplace	<i>Kent Island</i>
Mother's Maiden Name	<i>Elmira</i>			Mother's Birthplace	<i>Greensboro</i>
Name of person giving information	<i>William Richardson</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bleeding of Naval</i>	How long	<i>two days</i>
Immediate	<i>Loss of Blood</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>They are</i>		
Signature of Physician	<i>W. E. Temple J.P.</i>		
Address	<i>acting coroner Ridgely Caroline County</i>		
Accident or Suicide?			



Name
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Ann Emily Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Preston</i>		Town <i>Preston</i>		County <i>Coraline</i>		MARYLAND	
Date of death	<i>1904</i>	Month	<i>Nov</i>	Day	<i>fourth</i>	Age	<i>63</i>
		Years	<i>63</i>	Months	<i>7</i>	Days	<i>26</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md</i>		
Occupation	<i>Housewife</i>			Where Residing if not at place of death	<i>Preston Md</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Jesse Wright</i>			
Father's Name	<i>Madison W. Williams</i>			Father's Birthplace	<i>Md</i>		
Mother's Maiden Name	<i>Ann Williams</i>			Mother's Birthplace	<i>Md</i>		
Name of person giving information	<i>Jesse Wright</i>			How related to deceased	<i>106 Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Catarrhal Enteritis</i>	How long	<i>18 days</i>
Immediate	<i>Collapse</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. Raymond Bowen</i>
		Address	<i>Preston</i>
Accident or Suicide?			



Name
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Full

Curtis A. Wright

CERTIFICATE OF DEATH

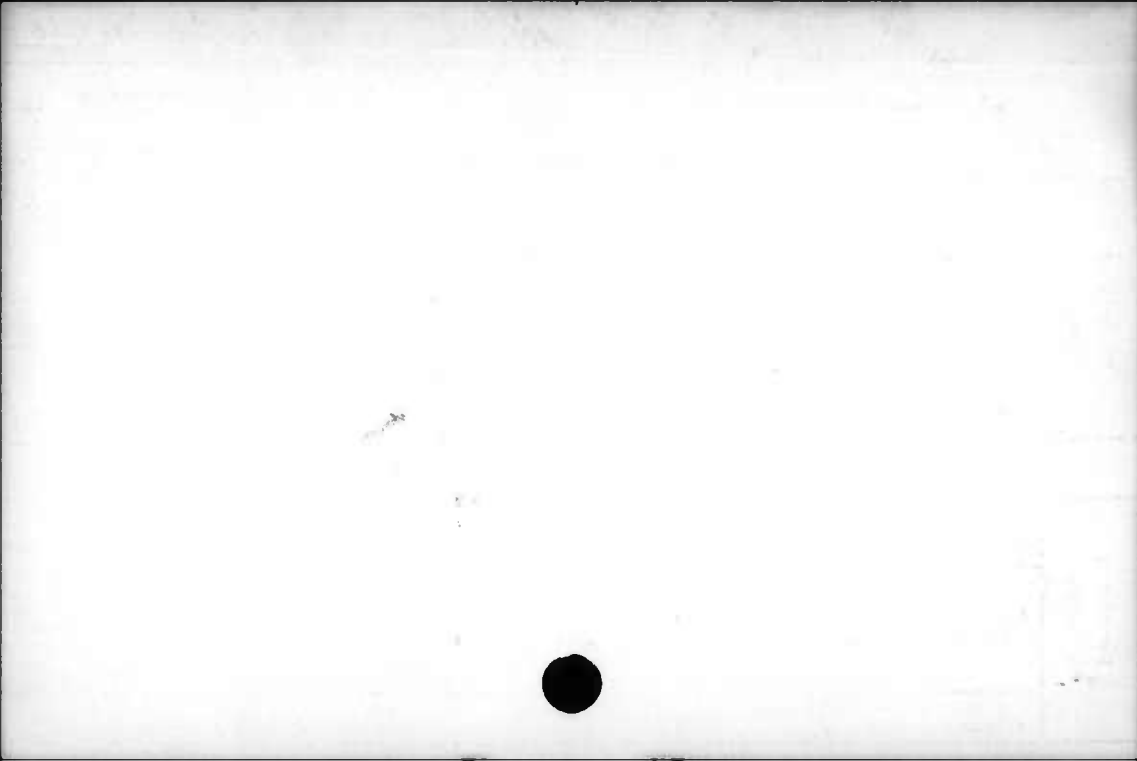
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Furling Creek</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death 1904	Month <i>11</i>	Day <i>1</i>	Age <i>75</i>	Years	Months <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Lydia Wright</i>				
Father's Name <i>Jesse Wright</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Lydia Williams</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving Information <i>Lydia Wright</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	<i>66</i>	How long <i>3 years</i>
Immediate <i>Paralysis of Heart</i>		How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John D. Duffadway</i>	
	Address <i>Furling Creek</i>	
Accident or Suicide?	<i>Ind.</i>	



Name
in
Full

CERTIFICATE OF DEATH

Lidia Wright

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fawcett Creek</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	<i>1904</i> ^{Year} <i>Nov</i> ^{Month}	<i>27th</i> ^{Day}	Age <i>62</i> ^{Years}	<i>6</i> ^{Months}	<i></i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death	<i>Fawcett Creek</i>	
Married, Single or Widowed	<i>widowed</i>	Name of Wife or Husband	<i>Curtis Wright</i>		
Father's Name	<i>Madison W. Williams</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Ann Coole</i>		Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>Aunt E. Todd</i>		How related to deceased	<i>20</i> <i>daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Septic infection of right palmar arch</i>	How long	<i>Sixteen days</i>
Immediate	<i>Septicemia</i>	How long	<i>about two days</i>
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>		
Signature of Physician	<i>Raymond Downes</i>		
Address	<i>Stevenson Md</i>		
Accident or Suicide?	<input checked="" type="checkbox"/>		

