

Name in Full

Certificate of Death

*Julien A. Camille*

Town *Heart Island* County *Queen Anne's* MARYLAND

Died at *Heart Island* Date *1905* Month *8* Day *30* Y. M. D. *80* Native of *Heart Island* Occupation

~~Male~~ White Married ~~Widow~~ Divorced  
Female ~~Color~~ ~~Single~~ ~~Widower~~ Number of children living *1*

Husband of *Thos R. Camille*

Father's Name *Jas L. Bryan* Mother's Name *A. R. Camille*

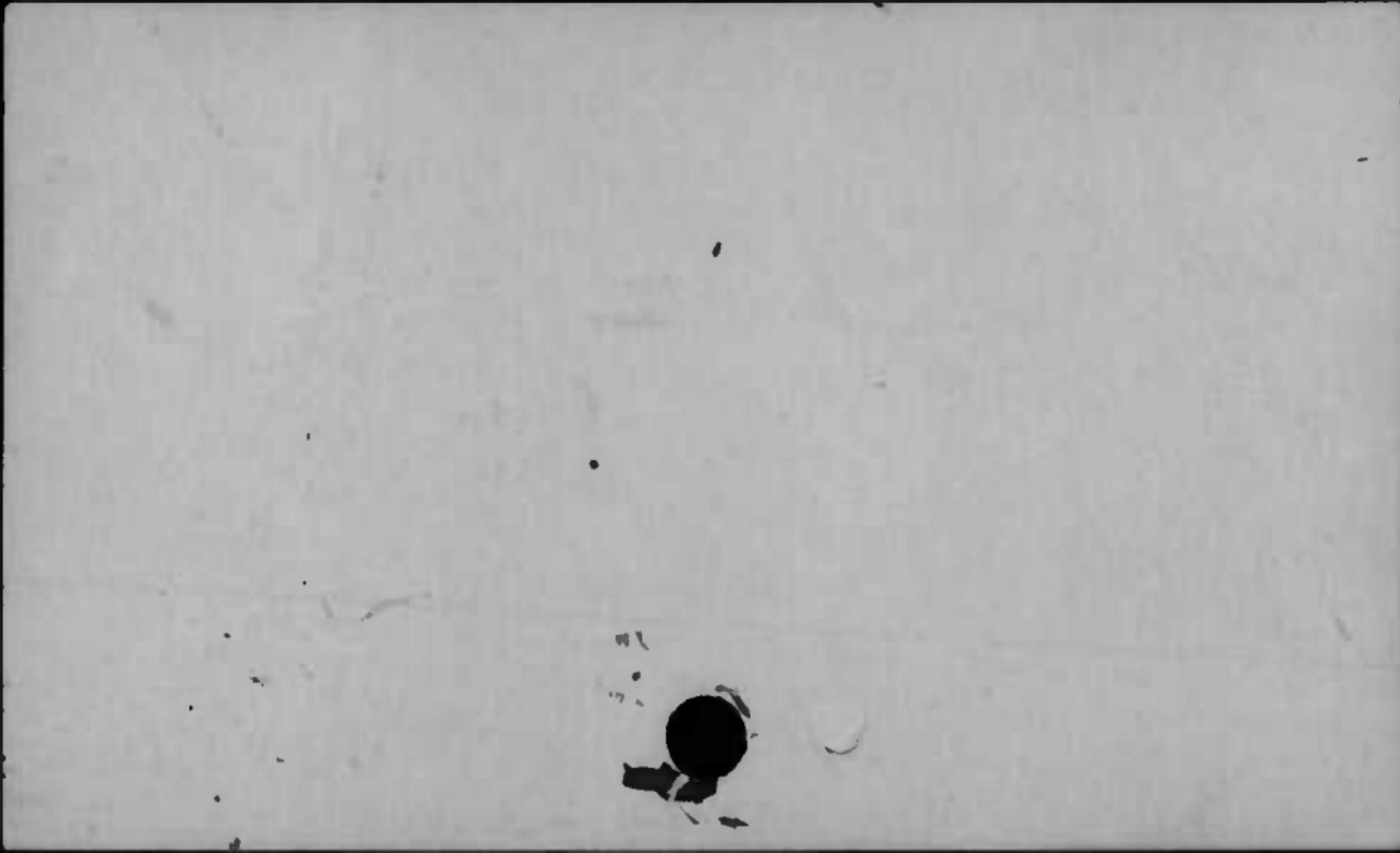
Cause of Death Primary *Senile Gangrene* How long sick *3 weeks*

Death Immediate *No*  Accident, Suicide, Homicide

Reported by *Walter E. Snyder*

Address *Stevensville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Mrs Rebecca Coppoge

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Church Hill <sup>County</sup> Queen Anne MARYLAND

Date of death 1905 Aug 11 Age 80 Months 0 Days 0

Sex Female Color or Race White Birthplace Del

Occupation Lady Where Residing if not at place of death Church Hill Md

Married, Single or Widowed Widowed Name of Wife or Husband John Coppoge

Father's Name John Taylor Father's Birthplace Del

Mother's Maiden Name Annie Howard Mother's Birthplace Del

Name of person giving information Miss Maggie Coppoge How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

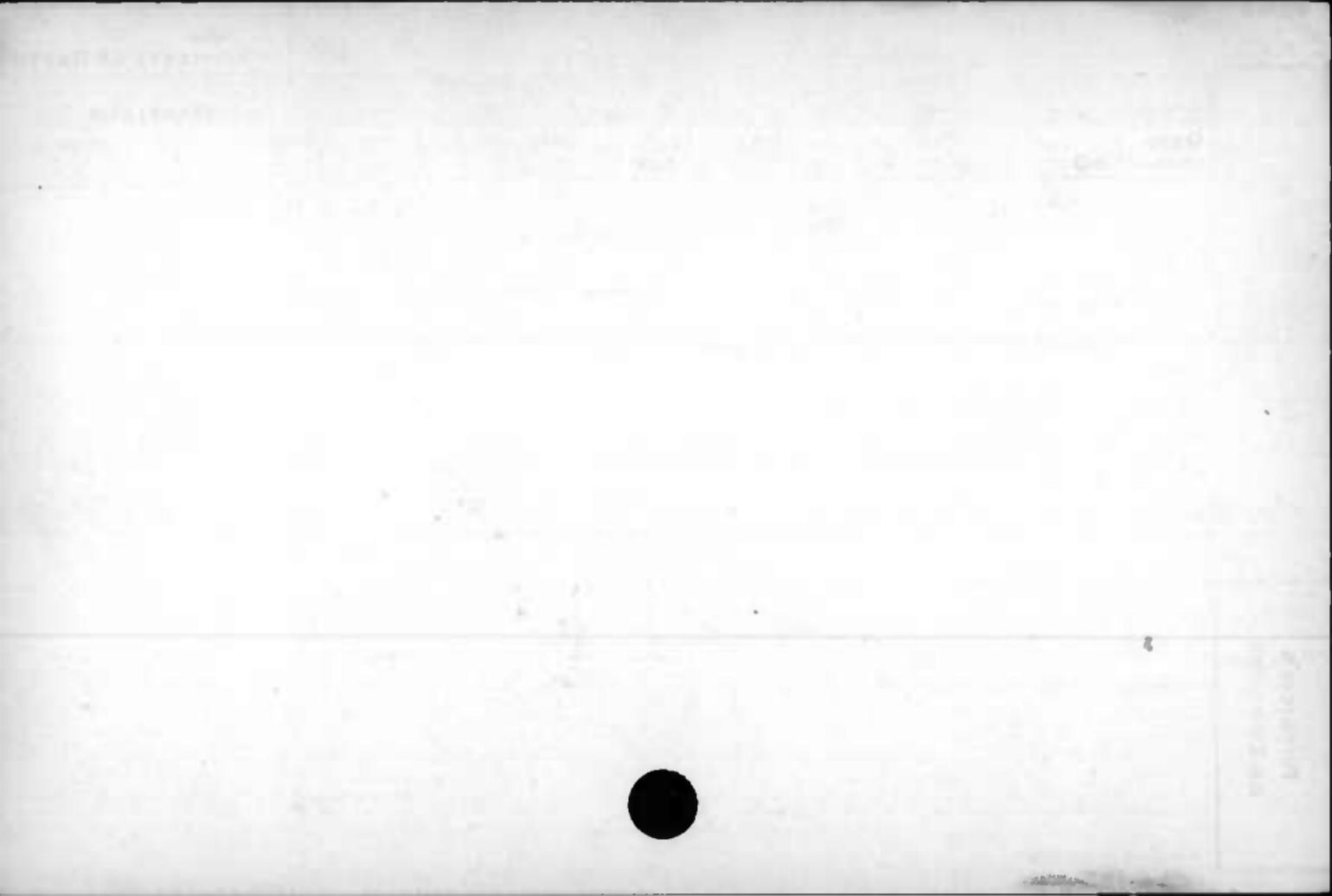
Primary Old age How long 4 months

Immediate Asthenia How long 1 month

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

Signature of Physician W. G. Coppoge Address Church Hill Md

Accident or Suicide? No



Name in Full

Virginia E. Dawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Church Hill <sup>County</sup> Ill Co MARYLAND

Date of death | 905 <sup>Month</sup> May <sup>Day</sup> 13- <sup>Age</sup> — <sup>Years</sup> — <sup>Months</sup> 5 <sup>Days</sup> —

Sex <sup>Female</sup> Color or Race <sup>White</sup> Birth-place <sup>Church Hill</sup> Occupation <sup>—</sup> Where Residing if not at place of death <sup>—</sup>

Married, Single or Widowed <sup>Single</sup> Name of Wife or Husband <sup>—</sup>

Father's Name <sup>Wm. B. Dawkins</sup> Father's Birthplace <sup>England</sup>

Mother's Maiden Name <sup>Bessie Mansfield</sup> Mother's Birthplace <sup>Ill Co</sup>

Name of person giving information <sup>Mrs. V. Dawkins</sup> How related to deceased <sup>Father</sup>

CAUSES OF DEATH

PHYSICIAN OR CORONER

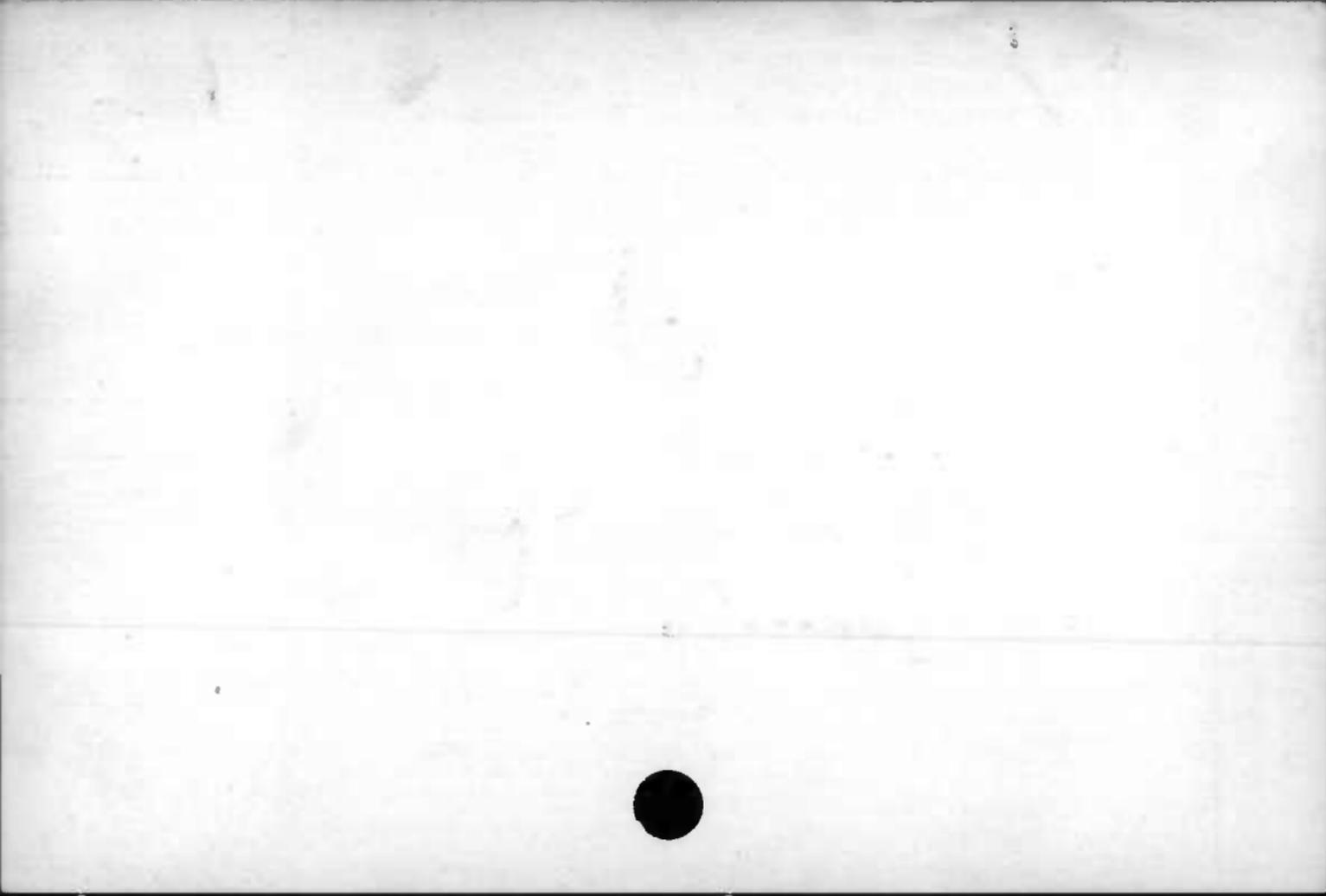
Primary <sup>Menigitis</sup> How long <sup>2 weeks</sup>

Immediate <sup>Asthenia</sup> How long <sup>3 or 4 days</sup>

Are the name, age, sex, color, date and place correctly given above? <sup>Yes</sup>

Signature of Physician <sup>Wm. C. Cappozzi</sup> Address <sup>Church Hill</sup>

Accident or Suicide? <sup>—</sup>



Name in Full

Blarance E. Deeder

CERTIFICATE OF DEATH

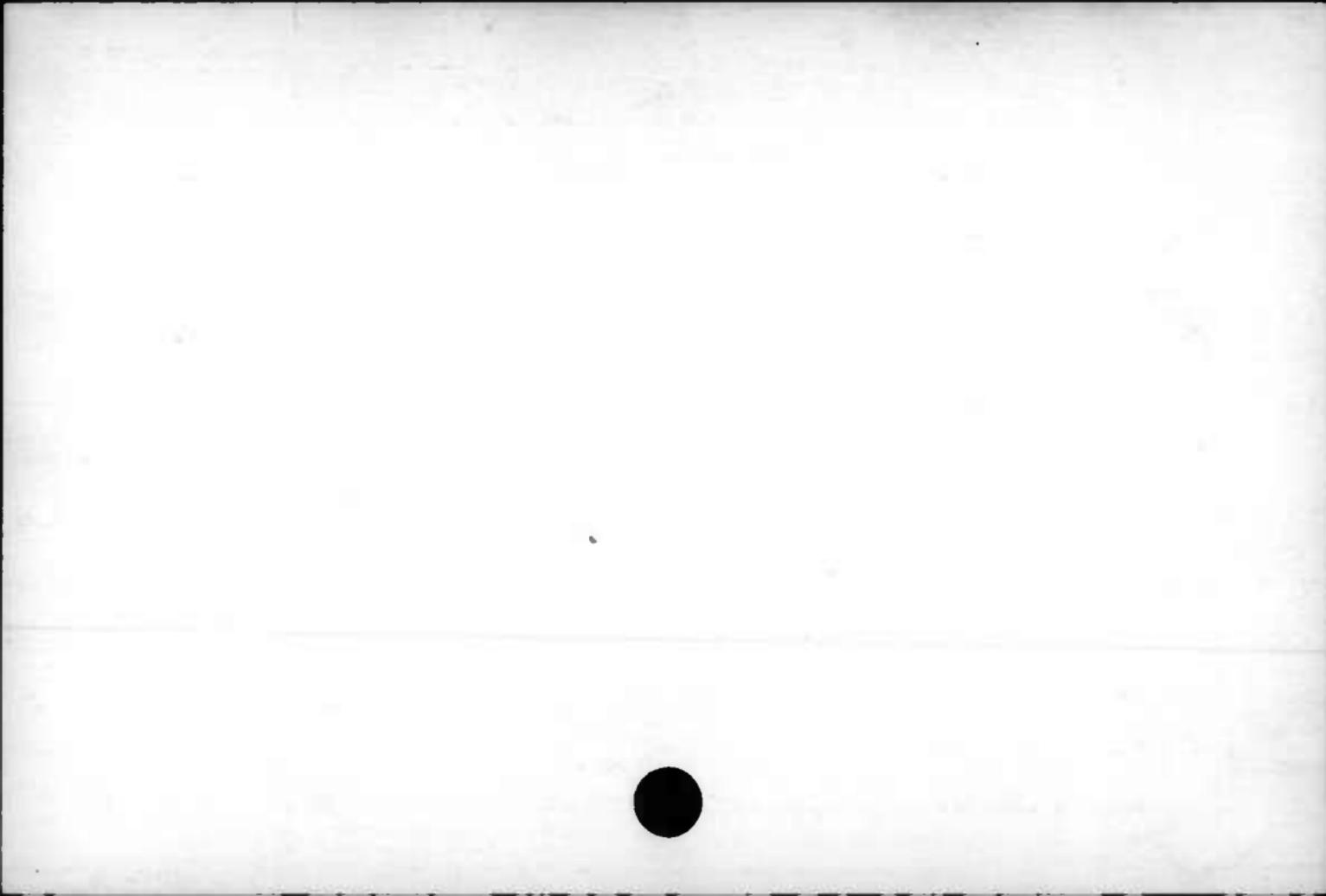
TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Centerville</i> <small>Town</small>		<i>Queen Ann's</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Aug</i>	Day	<i>19</i>
Age	<i>—</i>		Years	<i>—</i>	
Sex	<i>male</i>	Color or Race	<i>Black</i>		Birth-place
Occupation			Where Residing if not at place of death *		
Married, Single or Widowed		Name of Wile or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving In formation			How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Cholera Infantum</i>	How long
Immediate	<i>(15)</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	<i>I saw the child but twice a month ago</i>	



Name in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

*Sumner (M.M.)*

Died at *Engleside* Town *2. A. C.* County

Date of death 190*5* Month *8* Day *9* Age *infant* Months Days

Sex *girl* Color or Race *White* Birth-place  *Md.*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Henry Sumner* Father's Birthplace  *Md.*

Mother's Maiden Name *Corine Johnson* Mother's Birthplace  *Md.*

Name of person giving information *Elizabeth C. Hall* How related to deceased *Cousin*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Premature birth* How long \_\_\_\_\_

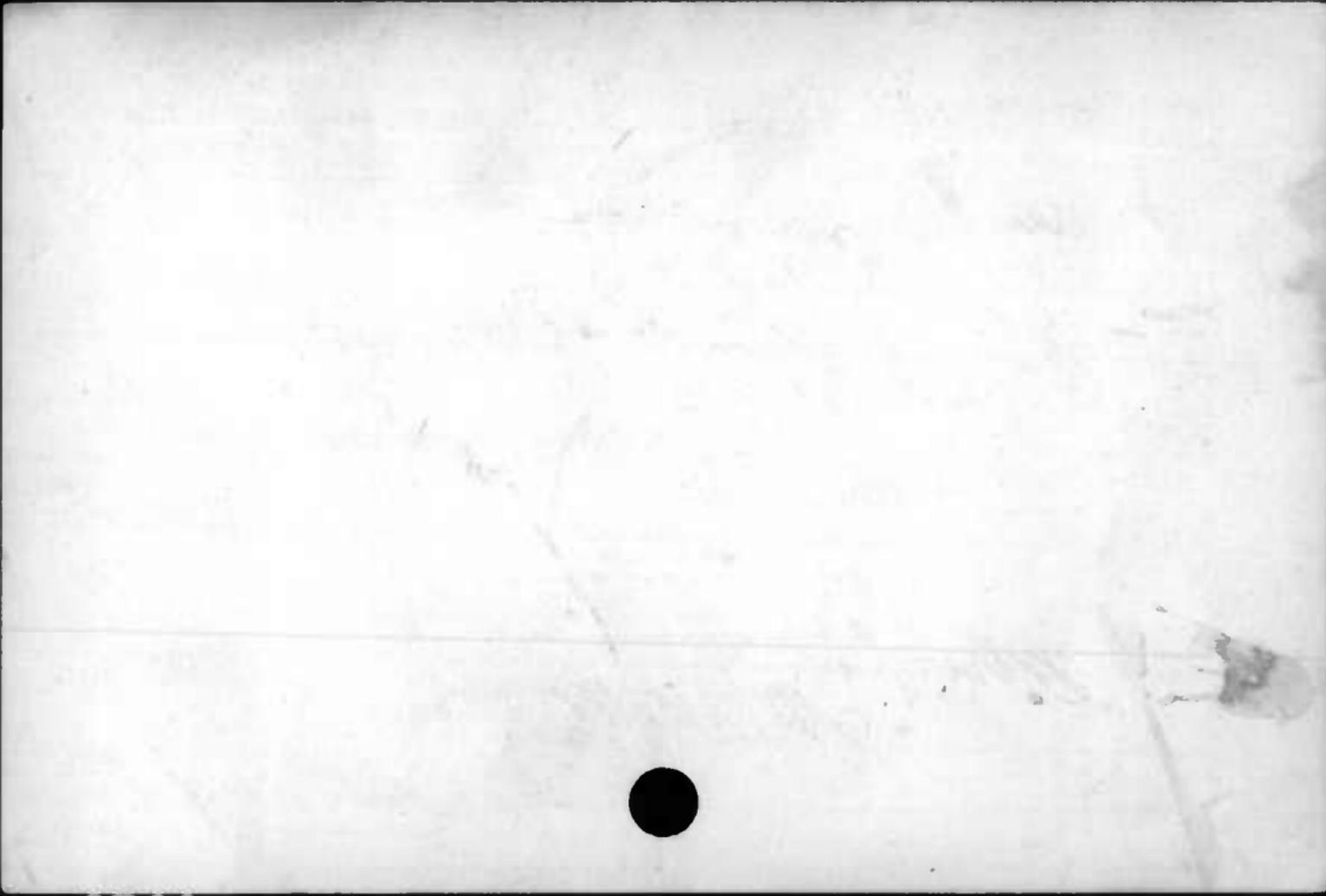
Immediate *Still born* How long \_\_\_\_\_

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

Signature of Physician *Dr. S. S. Johnson*

Address *Engleside Md.*

Accident or Suicide?



Name in Full

CERTIFICATE OF DEATH

John H. Emory

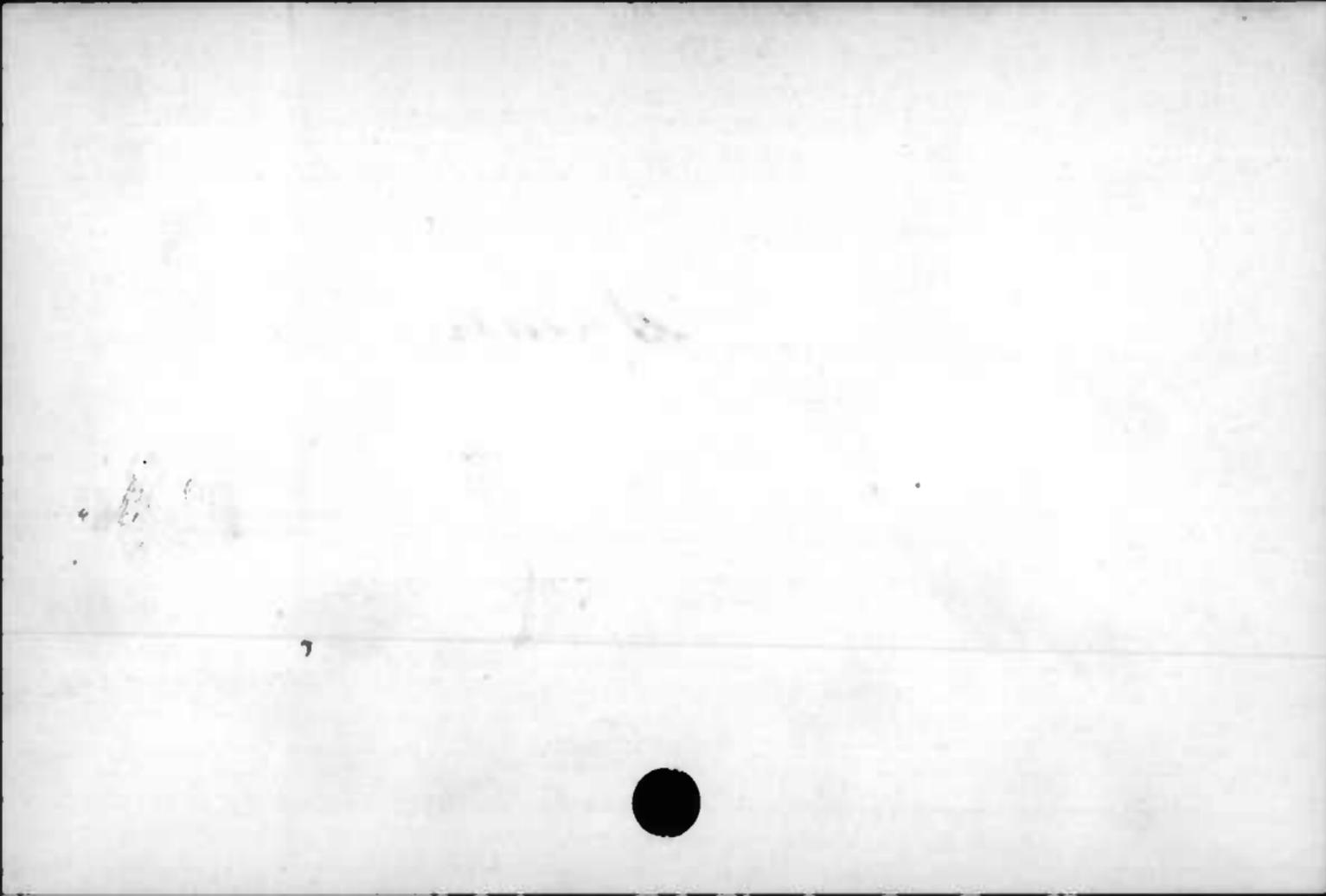
TO BE ANSWERED BY NEAREST FRIEND

Died at		Town	County		STATE	
near Centerville			Queen Anne		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1905	8	4	69			
Sex	Color or Race	Birth-place				
Male	Black	Z. A. Leo				
Occupation	Where Residing if not at place of death		Place of death			
Farmer			Centerville			
Married, Single or Widowed	Name of Wife					
Married	Sarah Emory					
Father's Name	Father's Birthplace					
John Emory	Z. A. Leo					
Mother's Maiden Name	Mother's Birthplace					
Hennette Garnette	Z. A. Leo					
Name of person giving information	How related to deceased					
Sarah Emory	Wife					

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Pyelitis	How long	5-176 yrs
Immediate	Pyemia	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	J. M. Trace
	Yrs	Address	Centerville
Accident or Suicide?	no		



Name  
in  
Full

CERTIFICATE OF DEATH

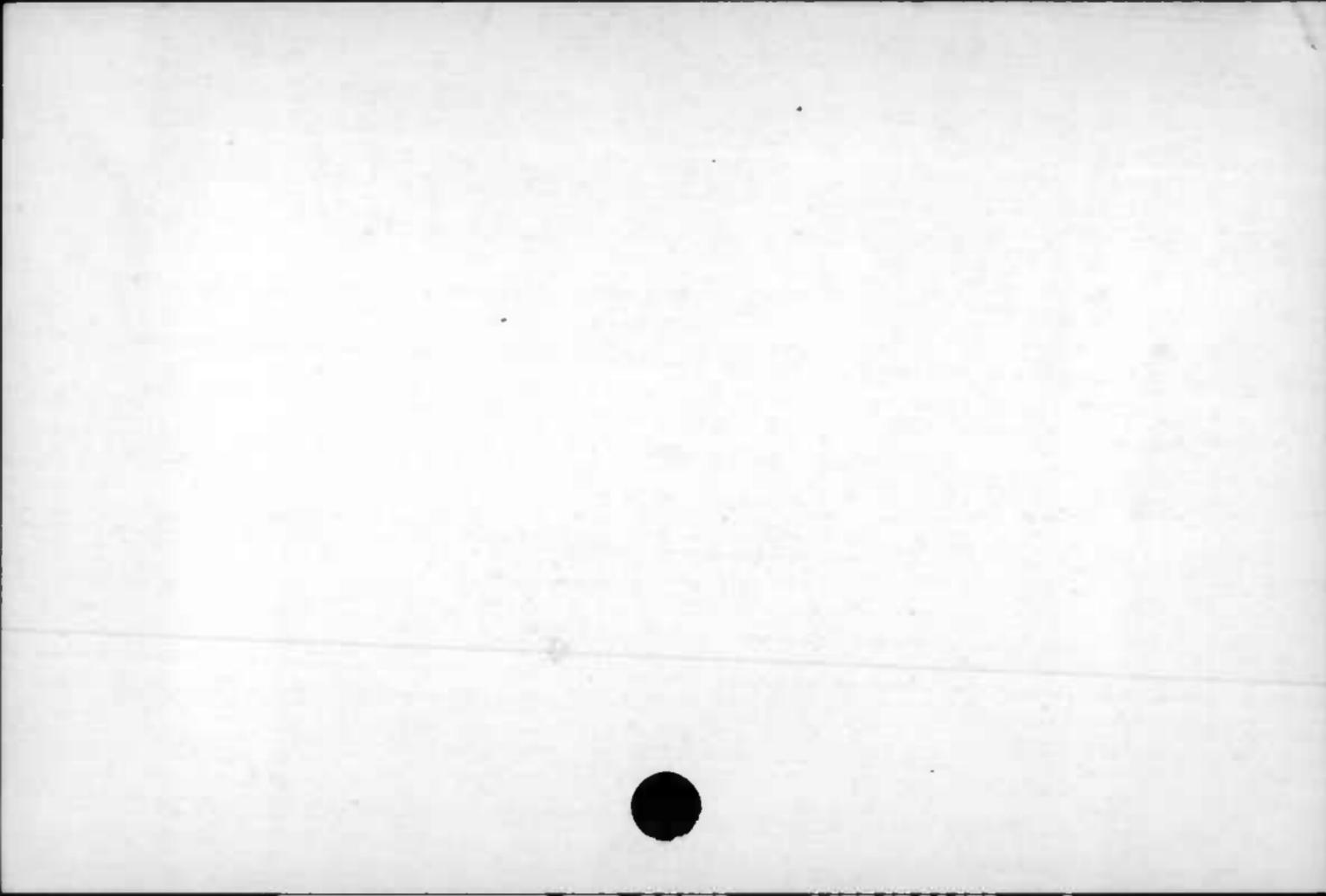
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Crumpton</i>		Town <i>Queen Annes</i>		County		MARYLAND	
Date of death	1905	Month	8	Day	16	Age	—
Sex	Male		Color or Race	Black		Birth-place	Queen Annes Co.
Occupation	None		Where Residing if not at place of death		at home		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John W Goldsborough					Father's Birthplace	Queen Annes Co.
Mother's Maiden Name	Ida Harkless					Mother's Birthplace	Queen Annes Co.
Name of person giving information	John W Goldsborough					How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	3 days
Immediate	<i>Cholera Infantum</i>	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Annie E. Drummond, Midwife</i>
Accident or Suicide?		Address	<i>Crumpton Md</i>



Name  
in  
Full

Reginman Gould

CERTIFICATE OF DEATH

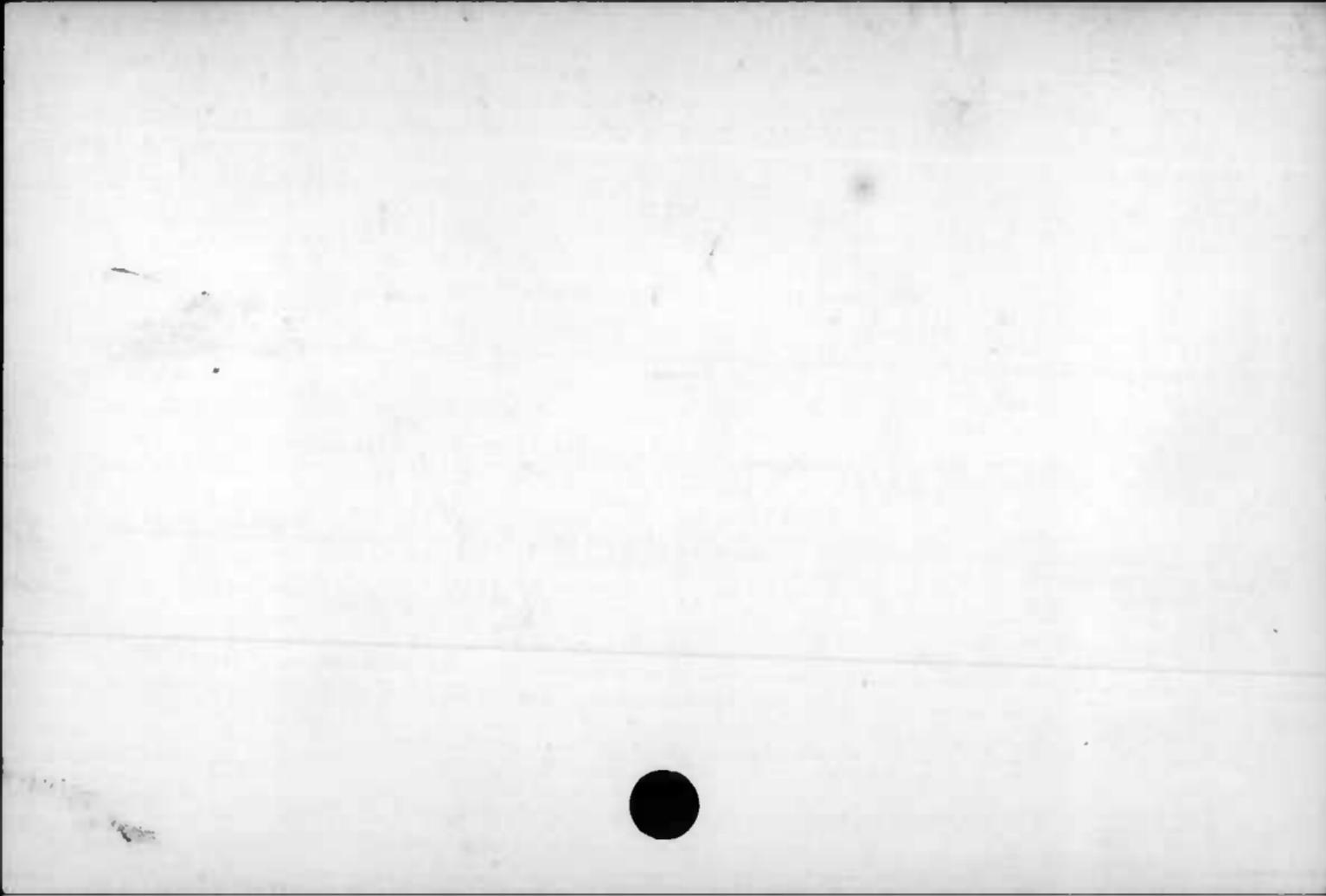
Died at <sup>Town</sup> Gould <sup>County</sup> Queen Anne's

MARYLAND

Date of death 1904 <sup>Month</sup> 8 <sup>Day</sup> 19 <sup>Age</sup> 72 <sup>Years</sup> <sup>Months</sup> - <sup>Days</sup> -Sex <sup>male</sup> Color or Race <sup>negro</sup> Birth-place <sup>Maryland</sup>Married, Single or Widowed <sup>Widower</sup> Occupation <sup>Farmer</sup>Name of Wife or Husband <sup>Mary Elen Marsh</sup>Father's Name <sup>London Gould</sup> Father's Birthplace <sup>Maryland</sup>Mother's Maiden Name <sup>Ebe Green</sup> Mother's BirthplaceName of person giving information <sup>Martha Handy</sup> How related to deceased <sup>Daughter</sup>

## CAUSES OF DEATH

Primary <sup>Empyemia</sup> ~~(H)~~ How long <sup>12 months</sup>Immediate <sup>Pyemia</sup> How long <sup>2 weeks</sup>Are the name, age, sex, color, date and place correctly given above? <sup>yes</sup>Signature of Physician <sup>[Signature]</sup>Address <sup>[Address]</sup>Accident or Sulcide? <sup>no</sup>TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Mary J. Gowthorpe

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Church Hill <sup>Town</sup> & Dec <sup>County</sup>

MARYLAND

Date of death 1905 Aug 3<sup>rd</sup> Age 78 Months 6 Days

Sex Female Color or Race White Birth-place Kent Co

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Thos J. Gowthorpe

Father's Name Res O. Fauchard Father's Birthplace New Jersey

Mother's Maiden Name Fugina M. Rochester Mother's Birthplace S. Deco

Name of person giving information Laura Fauchard How related to deceased None

CAUSES OF DEATH

PHYSICIAN OR CORONER

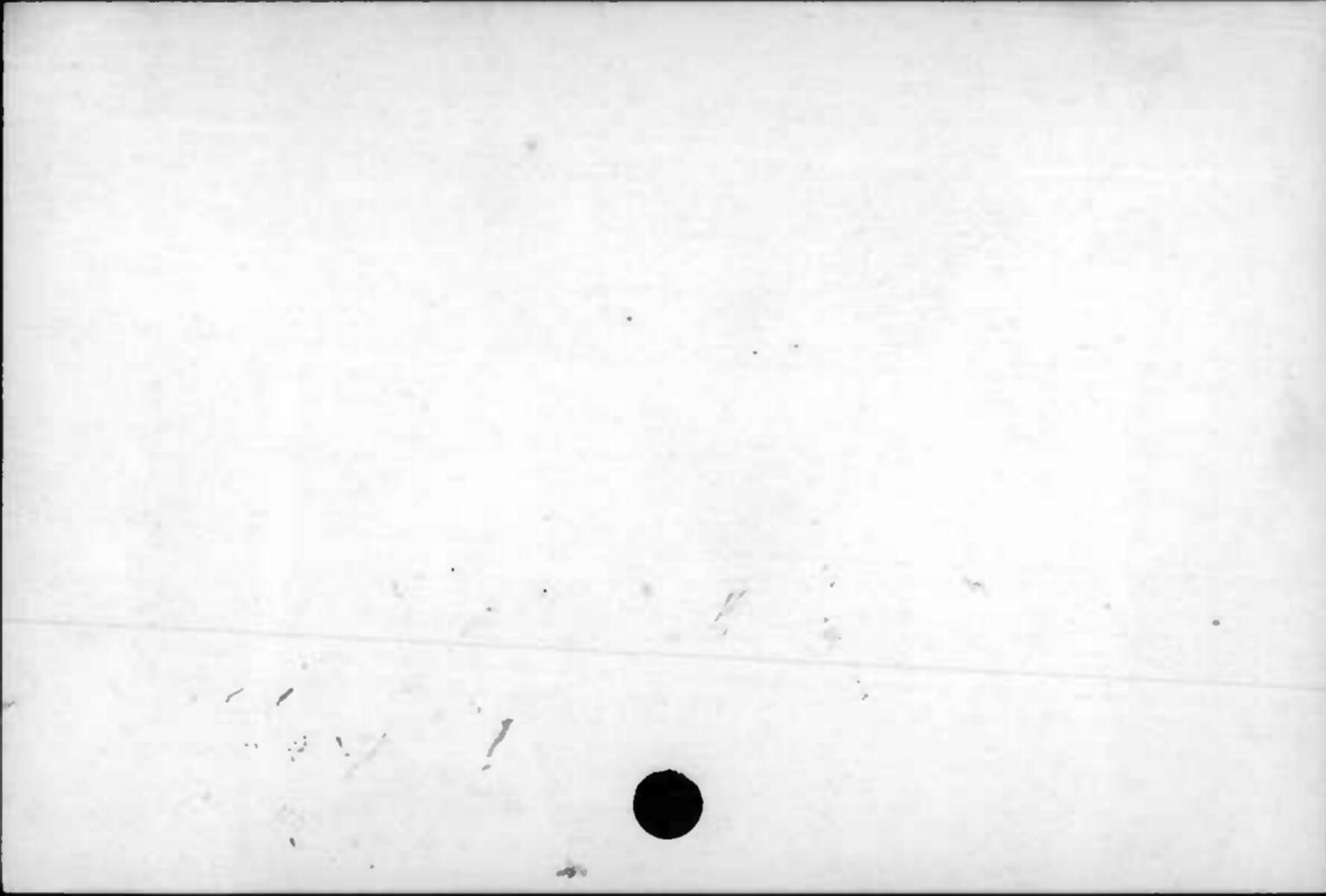
Primary Hemiplegia How long Six months

Immediate Choked How long

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

Signature of Physician W. S. Dudley Address Church Hill Maryland

Accident or Suicide?



Name in Full

Mattie C. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Town *near Bookers whf.* County *Queen Anne's* MARYLAND

Died *near Bookers whf. Queen Anne's*

Date of death | 90 *Aug 11* Age *23* Months *4* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death *near Bookers whf.*

Married, Single or Widowed *Married* Name of Wife or Husband *W. Albert Green*

Father's Name *Benjamin Carter* Father's Birthplace *Ind*

Mother's Maiden Name *Mollie Green* Mother's Birthplace *Ind*

Name of person giving information *W. Albert Green* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Injury & Premature birth of child* How long *2 weeks*

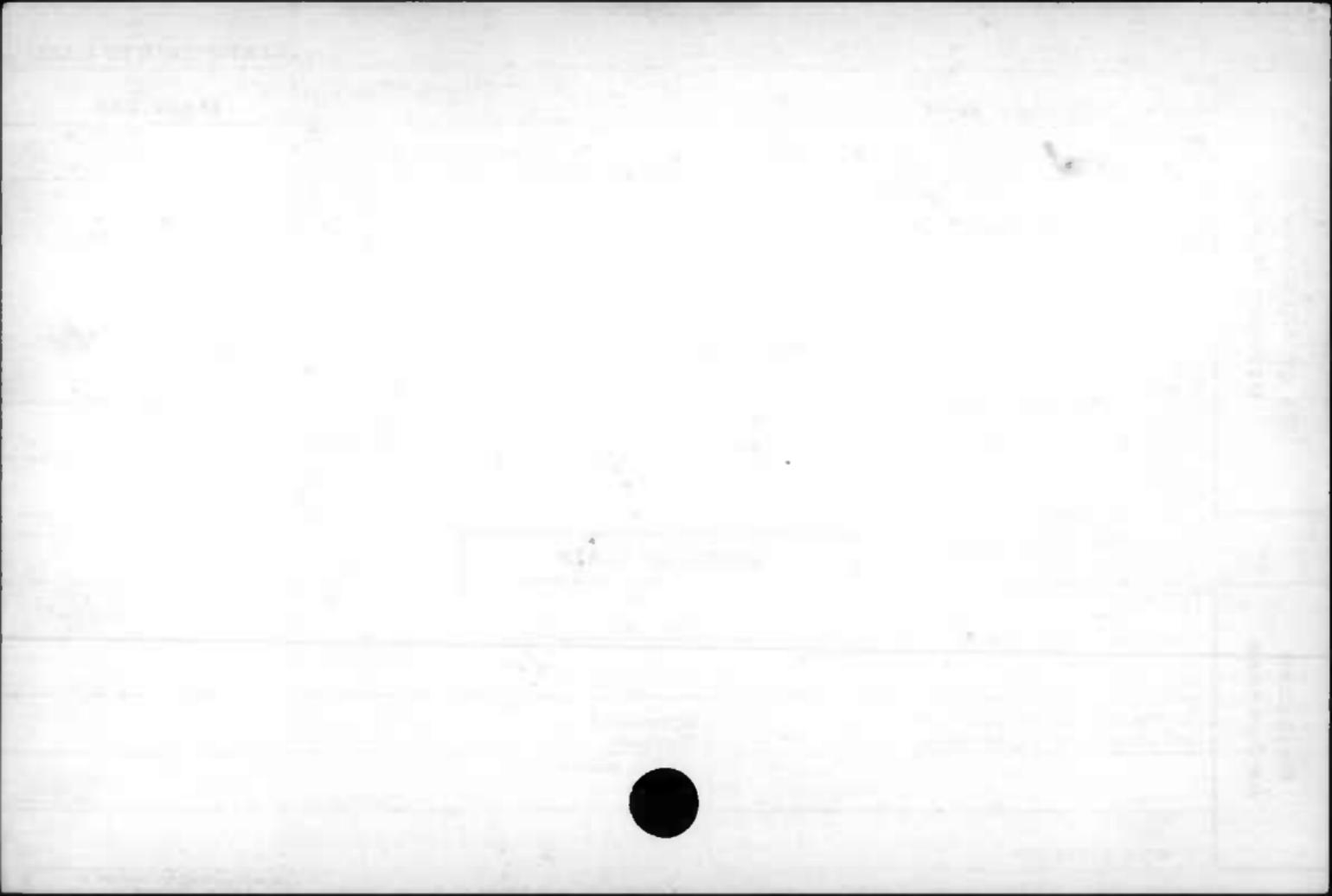
Immediate *Peritonitis* How long *4 days*

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

Signature of Physician *W. G. Cabbage*

Address *Church Hill Ind.*

Accident or Suicide? *—*



Name in Full

CERTIFICATE OF DEATH

Green (M.M.)

Died near Church Hill <sup>Town</sup> Queen Anne's <sup>County</sup> MARYLAND

Date of death 1901 Aug. 4 P.M. 5 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> 6 months

Sex Male <sup>Color or Race</sup> White <sup>Birth place</sup> near Church Hill

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

<sup>Married</sup> Single <sup>Name of Wife or Husband</sup> \_\_\_\_\_

Father's Name W. Albert Green <sup>Father's Birthplace</sup> Ind.

Mother's Maiden Name Mathe E. Carter <sup>Mother's Birthplace</sup> Ind.

Name of person giving information W. Albert Green <sup>How related to deceased</sup> Father

CAUSES OF DEATH

Primary Premature Birth <sup>How long</sup> 5 minutes

Immediate \_\_\_\_\_ <sup>How long</sup> \_\_\_\_\_

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

Signature of Physician W. C. Copping M.D.  
Address Church Hill Ind.

Accident or Suicide? \_\_\_\_\_

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name in Full

Nelson Thos

Griffin

CERTIFICATE OF DEATH

Town

County

Died at Church Hill

2 acc

MARYLAND

Date of death 1905 Aug 29

29

Age -

Months 2

Days 5

Sex, Male

Color or Race White

Birth-place Church Hill Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name William J. Griffin

Father's Birthplace Maryland

Mother's Maiden Name Nellie Mary Brown

Mother's Birthplace Maryland

Name of person giving information H J Griffin

How related to deceased Fisher

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Aeo-Calitis

How long 2 weeks

Immediate Asthenia

How long 3 or 4 days

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

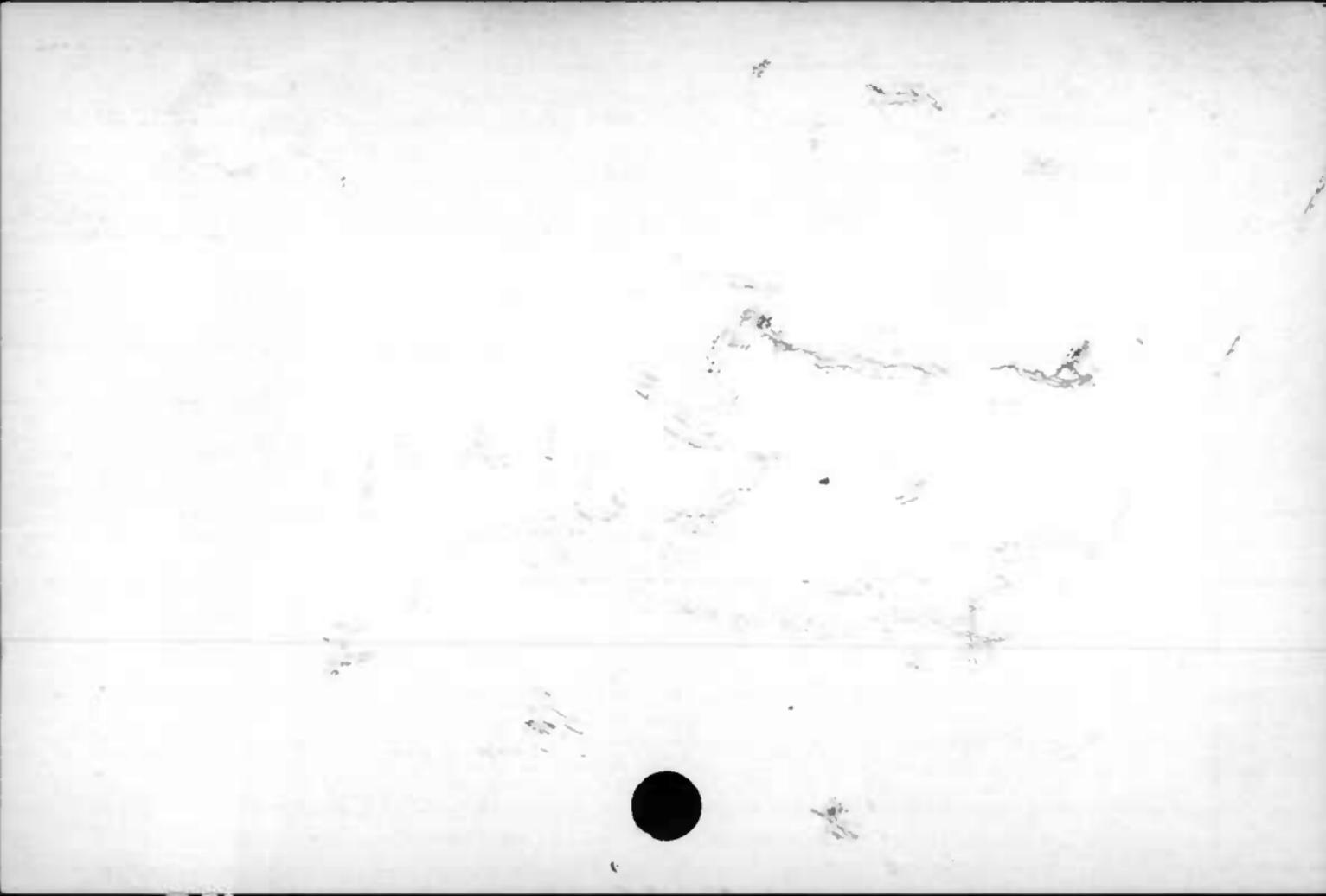
Signature of Physician W. C. Cappage

Address Church Hill

Dnd

PHYSICIAN OR CORONER

Accident or Suicide?



Name  
in  
Full

Lizzie Hardesty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Ruthsburg <sup>County</sup> Queen Anne

Date of death 1905 Aug 14 Age 29 Months 1 Days 21

Sex Female Color or Race White Birth-place Ruthsburg Md.

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Spender O Hardesty

Father's Name Lewis Montague Father's Birthplace Del.

Mother's Maiden Name Lidia A Warner Mother's Birthplace Caroline Co, Md.

Name of person giving information Jeff White How related to deceased Brother in law

## CAUSES OF DEATH

Primary Tuberculosis of Stomach + Bands x large How long Two years

Immediate Exhaustion How long

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

Signature of Physician Walter H Family  
Address Ruthsburg Md.

Accident or Suicide?



Name  
in  
Full

Fannie Aines

CERTIFICATE OF DEATH

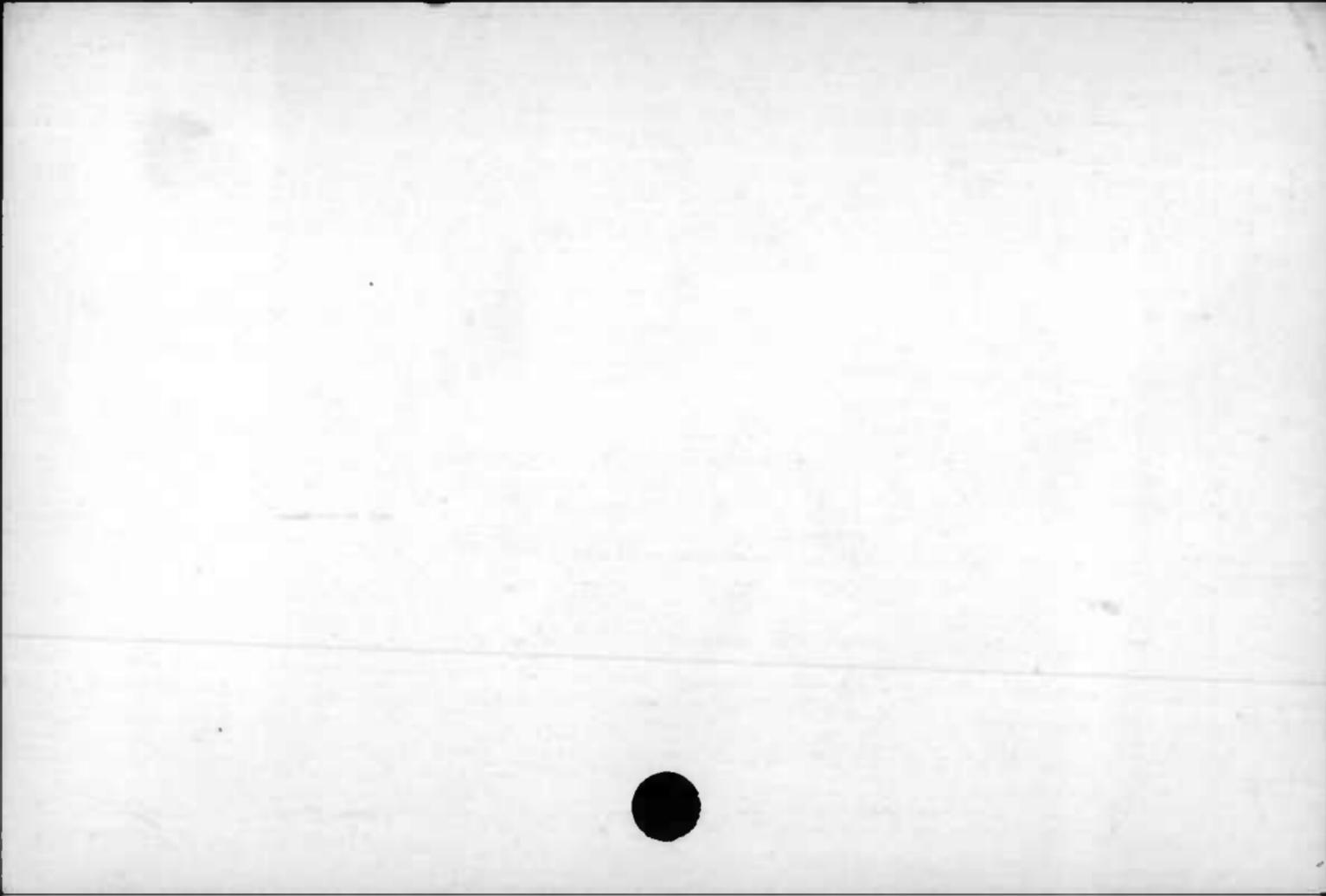
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Crumpton</i>		Town <i>Queen Annes</i>		County		MARYLAND	
Date of death	1905	Month	8	Day	3	Age	Years _____ Months _____ Days 9
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Maryland</i>
Occupation	<i>none</i>		Where Residing if not at place of death		<i>at home</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband _____				
Father's Name	<i>Charles H Aines</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Augusta Elliott</i>				Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Charles H Aines</i>				How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Spasms</i>	How long	<i>9 days</i>
Immediate	<i>Spasms</i>	How long	<i>9 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Annie E Drummond</i> <i>midwife</i>
		Address	<i>Crumpton Md</i>
Accident or Suicide?			



Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name		Robert N. Johnson				CERTIFICATE OF DEATH	
Died at		Town Clark's Corner		County Queen Anne's		MARYLAND	
Date of death		1905	Month Aug	Day 25	Age Years	Months 2	Days 6
Sex		male		Color or Race Black		Birth-place Roe	
Occupation				Where Residing if not at place of death			
<del>Married</del> Single				Name of Wife or Husband			
Father's Name Robert Johnson				Father's Birthplace			
Mother's Maiden Name Bessie Cuff				Mother's Birthplace Roe			
Name of person giving information Robert Johnson				How related to deceased son			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate Whooping Cough		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician	
		Address 106 E. Main Undertaker Barclay	
Accident or Suicide?			



Name in Full

Mary L Lang

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Scope* Town *Queen Anne* County

MARYLAND

Date of death *1905* Month *Aug* Day *22* Age *75* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Caroline Co, Md*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *H. B. Lang*

Father's Name *Wilson* Father's Birthplace *Don't know*

Mother's Maiden Name *not known* Mother's Birthplace *Don't know*

Name of person giving information *Thor F. Dukes* How related to deceased *Step-son-in-law*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Paralysis* How long *8 years*

Immediate *Old age and general debility* How long

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

Signature of Physician *Halter H. Feinly*

Address *Ruthsburg Md.*

Accident or Suicide?

11/70/11

Name  
in  
Full

Mary J. Squash

CERTIFICATE OF DEATH

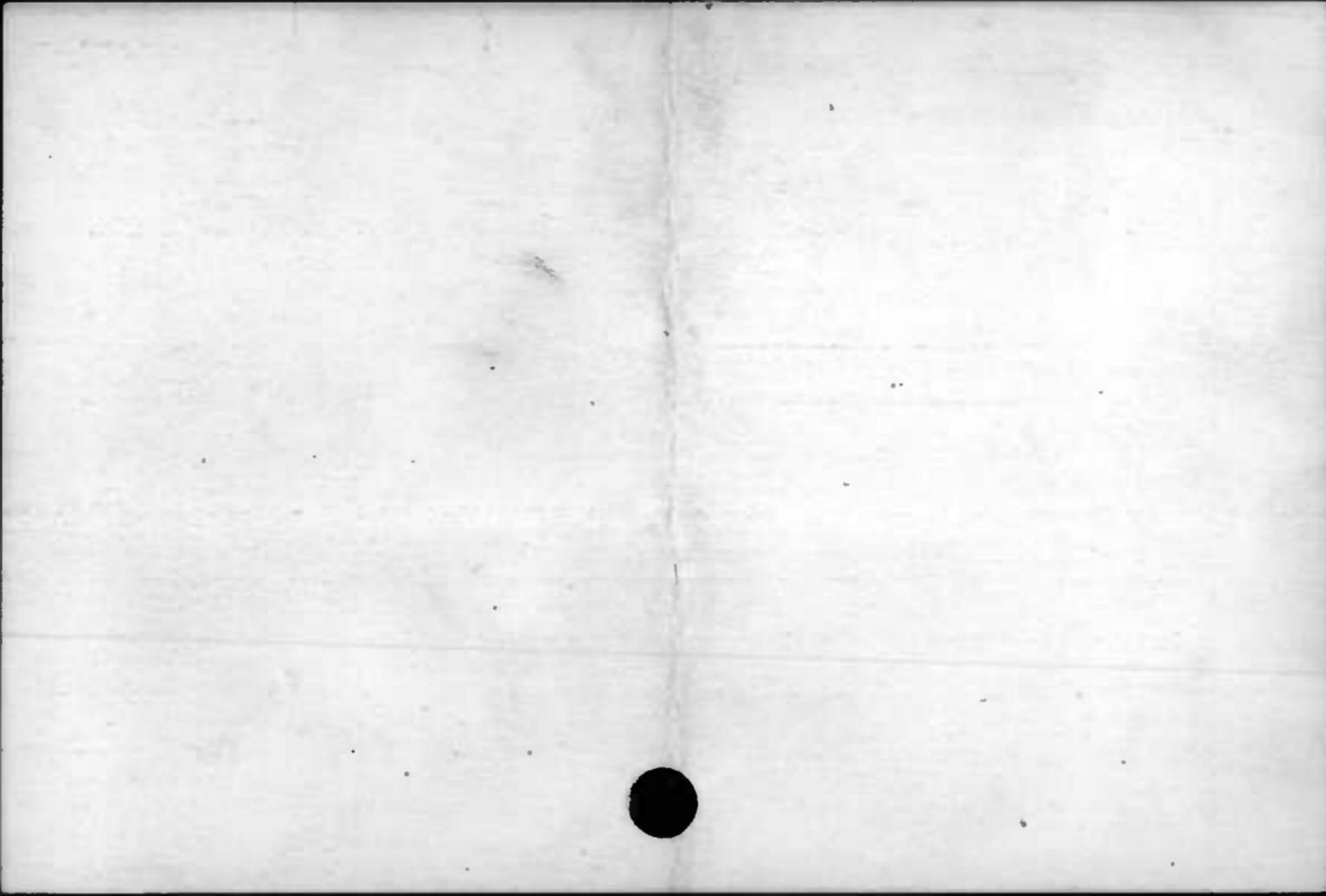
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ford's Store</i>		Town <i>Town</i>		County, <i>Jesse Anne</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Aug.</i>	Day <i>17</i>	Age	Years	Months <i>6</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Jesse Anne Co.</i>				
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Place of death</i>						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <i>Thomas Lynch</i>	Father's Birthplace <i>Kent Co. Md.</i>						
Mother's Maiden Name <i>Mary J. Howley</i>	Mother's Birthplace <i>Jesse Anne Co.</i>						
Name of person giving information <i>Susie J. Howley</i>	How related to deceased <i>Grandmother</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dys-colitis</i>	How long <i>14 days</i>
Immediate <i>Broncho-pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Adams</i>
	Address <i>Sussextown, Md.</i>
Accident or Suicide?	



Name  
in  
Full

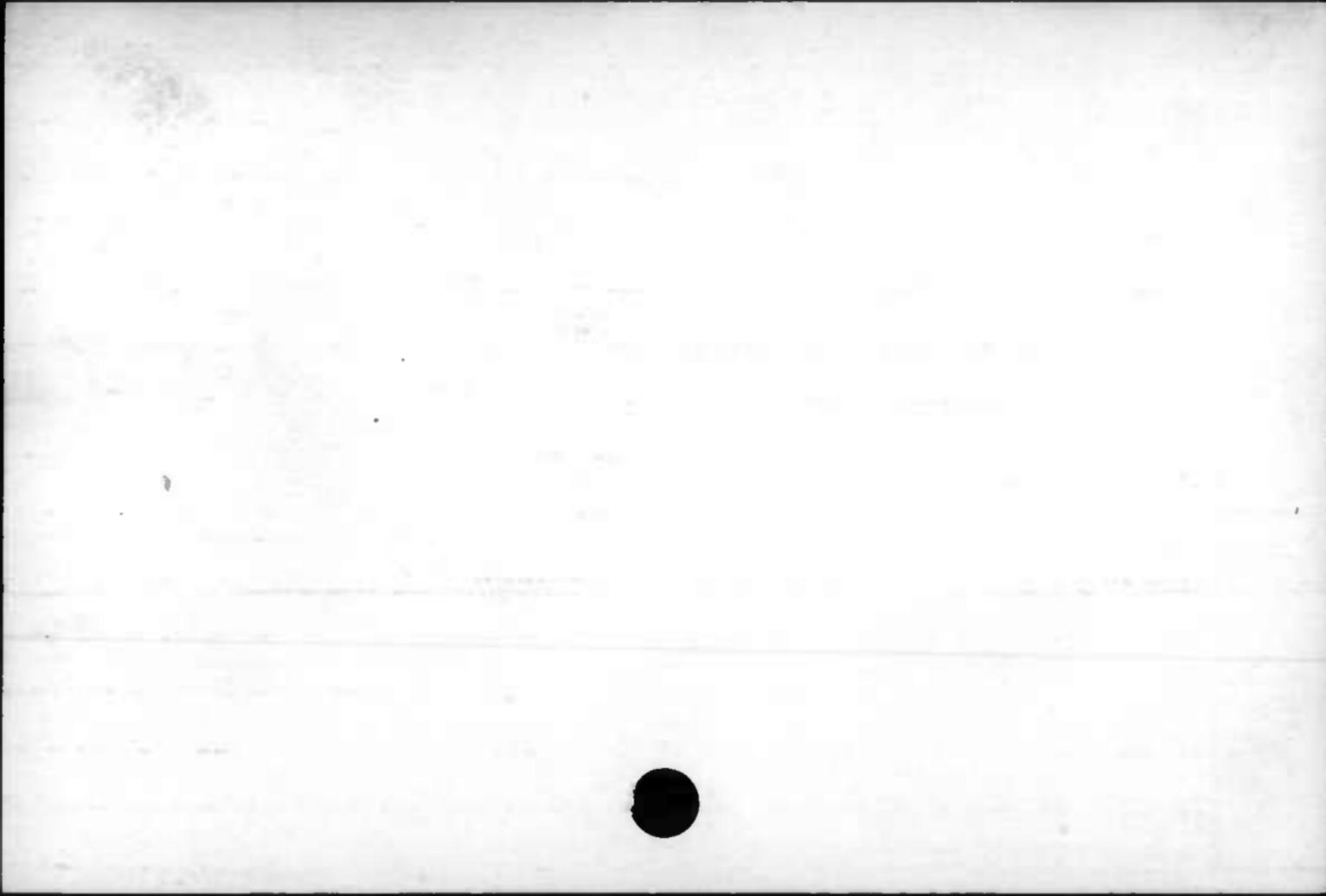
Martha M. Mc Lelyments

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>New Lencaster</i>		<sup>County</sup> <i>Queen Anne</i>		MARYLAND	
Date of death	1905	Month	August	Day	13 <sup>th</sup>
Age		Years	74	Months	7
Sex	<i>Female</i>	Color or Race	<i>Caucasian</i>	Birth-place	<i>Belmore</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			<i>Wm Mc Lelyments (Son)</i>		How related to deceased
<b>CAUSES OF DEATH</b>					
Primary			How long		
<i>Erysipelas</i>			<i>18</i>		
Immediate			How long		
<i>Exhaustion from suppuration</i>			_____		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
<i>Yes</i>			<i>Howard R. Hopkins</i>		
			Address		
			<i>Lencaster</i>		
			<i>M.D.</i>		
Accident or Suicide?					

PHYSICIAN  
OR CORONER



Name  
in  
Full

Marvell (M.M.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Barney Town Ind. County

MARYLAND

Date of death | 90 | 8 | 8 | 15 | Infant | — | — | — | —

Sex Male Color or Race White Birth-place Ind.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Geo. B. Marvell S. Father's Birthplace Ind.

Mother's Maiden Name Elice E. Greenwell Mother's Birthplace Ind.

Name of person giving information Elice E. Marvell How related to deceased mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

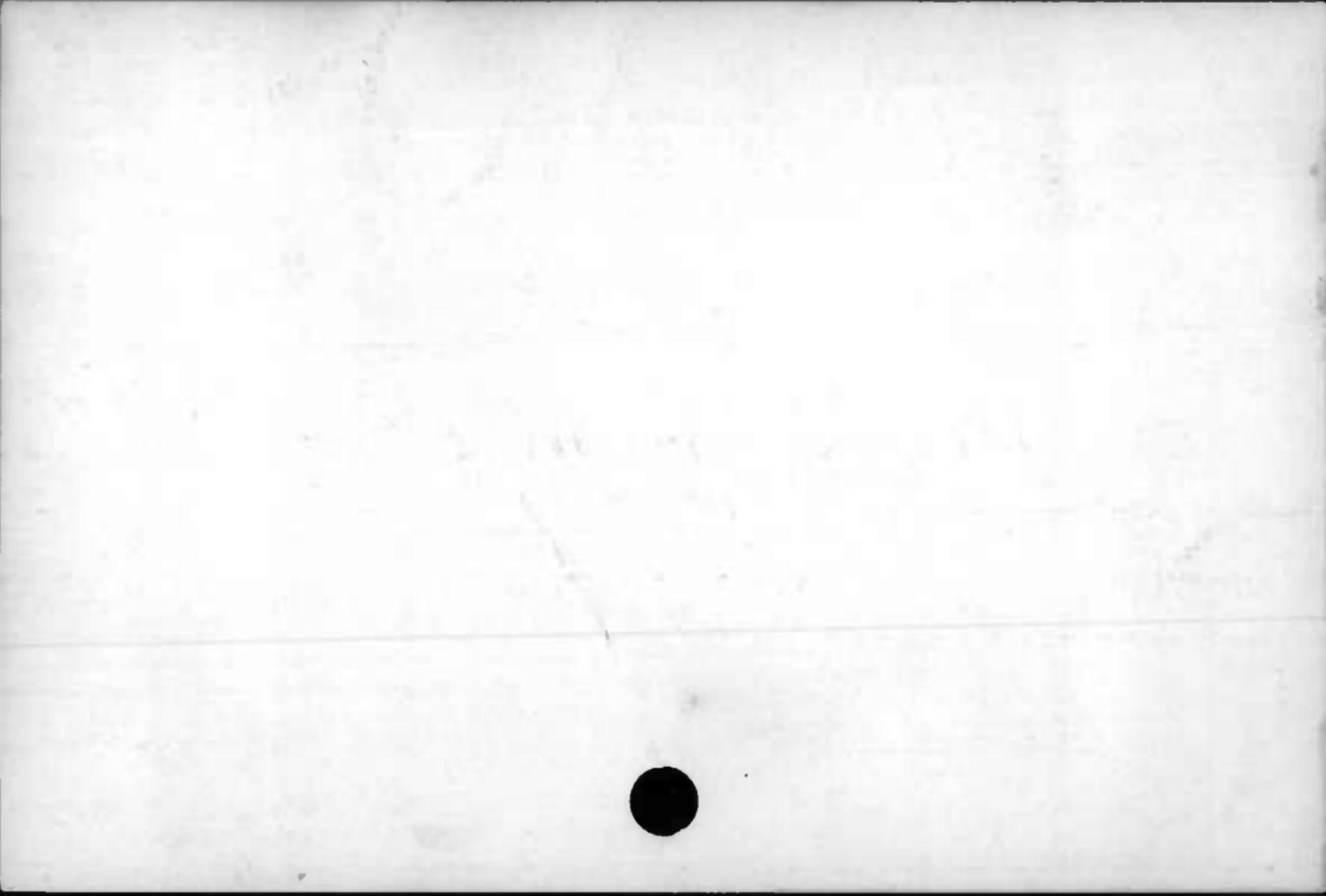
Primary Premature Birth How long \_\_\_\_\_

Immediate \_\_\_\_\_ How long \_\_\_\_\_

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

Address Ingleside Ind.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

James ~~H.~~ Metzdorf

Town

County

Died at Zenestown

Zenon Anne

MARYLAND

Date of death 1905

Month

Day

Years

Months

Days

Aug

First

Age

71

6

2

Sex

Male

Color or Race

Caucasian

Birth-place

Baltimore

Occupation

Waterman

Where Residing if not at place of death

Zenestown

Married, Single or Widowed

Widower

Name of Wife or Husband

Father's Name

John Metzdorf

Father's Birthplace

Mother's Maiden Name

Unknown

Mother's Birthplace

Name of person giving information

John T. Metzdorf Son

How related to deceased

Son

CAUSES OF DEATH

Primary

Inflammatory Rheumatism

How long

Two months

Immediate

Exhaustion from heartache

How long

Two weeks

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

Yes

Signature of Physician

Howard B. Hopkins

Address

Zenestown

Heartache developed

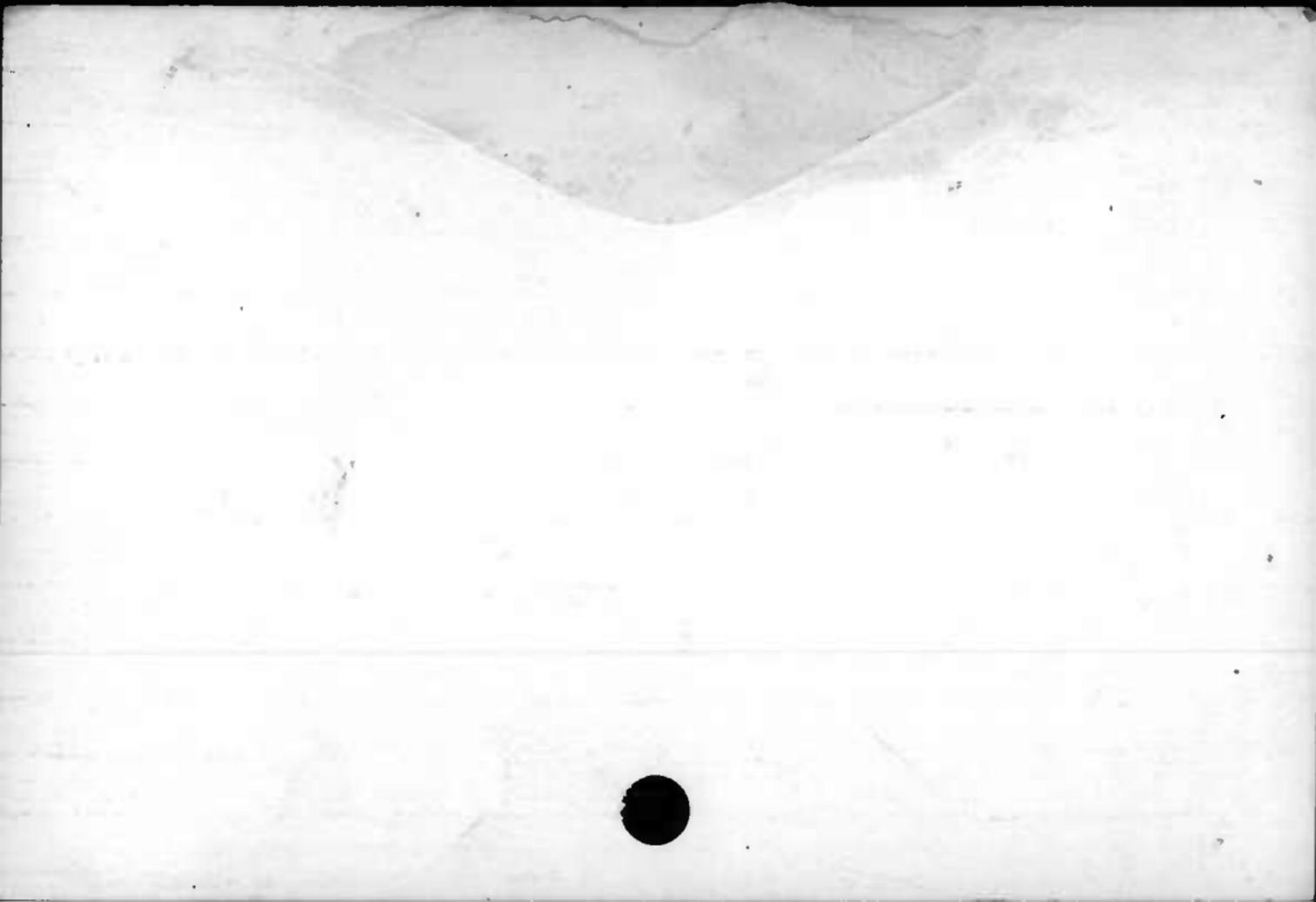
Accident or Suicide?

Secondary

MD.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full

Wm. H. Jackson Orrill

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cumberdell <sup>Town</sup> 2-a <sup>County</sup>

Date of death 1905 <sup>Month</sup> 8 <sup>Day</sup> 4 <sup>Years</sup> — <sup>Months</sup> 10 <sup>Days</sup> —

Sex male Color or Race White Birth-place Cumberdell

Occupation Nursing Where Residing if not at place of death Place of death

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Cookman Orrill Father's Birthplace 2-a.les.

Mother's Maiden Name Lora Story Mother's Birthplace 2-a.les

Name of person giving information W.C. Orrill How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Enterocolitis <sup>How long</sup> 2 weeks

Immediate Exhaustion <sup>How long</sup> 1 day

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

Signature of Physician J. M. Gray

Address Cumberdell

Accident or Suicide? no



Name  
in  
Full

Hannie Gedwido Polce

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

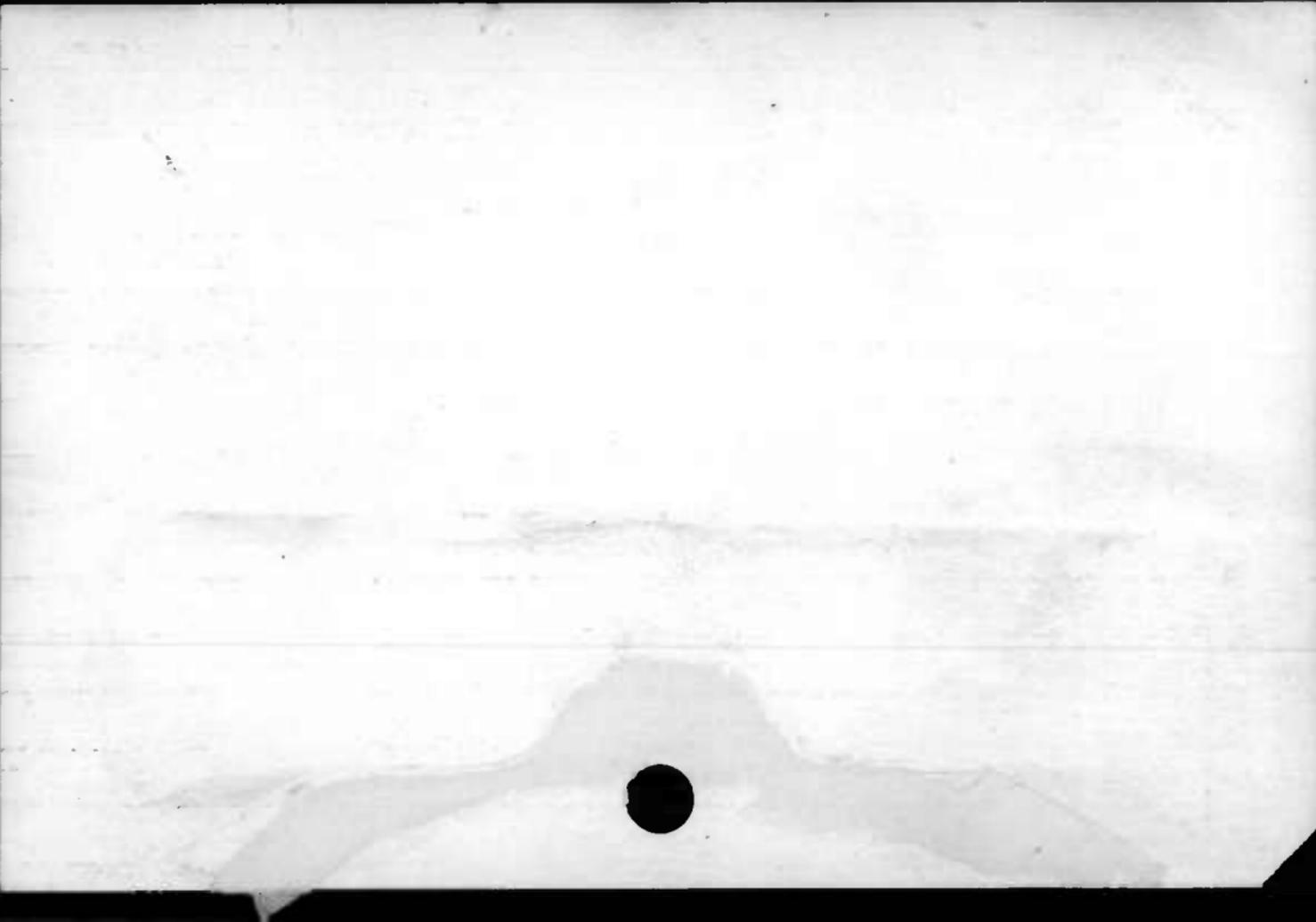
MARYLAND

Died at <sup>Town</sup> Mye Island <sup>County</sup> 2 CalDate of death 1905 <sup>Month</sup> Aug <sup>Day</sup> 22 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> 11 <sup>Days</sup>Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Mye IslandOccupation \_\_\_\_\_ <sup>Where Residing if not at place of death</sup> Mye IslandMarried, Single  
or Widowed<sup>Name of Wife or  
Husband</sup> \_\_\_\_\_<sup>Father's Name</sup> Wm Polce <sup>Father's Birthplace</sup> Phila Pa<sup>Mother's Maiden Name</sup> Daisy Newham <sup>Mother's Birthplace</sup> Kent Cos<sup>Name of person giving  
Information</sup> Wm, Polce <sup>How related  
to deceased</sup> Father

## CAUSES OF DEATH

<sup>Primary</sup> *Chol. Colitis* <sup>How long</sup> 4-6 weeks<sup>Immediate</sup> *Malnutrition* <sup>How long</sup>Are the name, age, sex, color, date  
and place correctly given above? *ye*<sup>Signature of  
Physician</sup> *M Adams*<sup>Address</sup> *Summation Ind.*

Accident or Suicide?



Name  
in  
Full

Rosie Annice Roe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Ruthsburg

County Queen Anne

MARYLAND

Date of death | 90 5<sup>th</sup> AugAge 55<sup>Years</sup>6<sup>Months</sup>4<sup>Days</sup>

Sex Female

Color or Race White

Birth-place Harrington Del.

Occupation House wife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband James H Roe

Father's Name Samuel Morris

Father's Birthplace Delaware

Mother's Maiden Name Elizabeth McKett

Mother's Birthplace Delaware

Name of person giving information James H Roe

How related to deceased Husband

## CAUSES OF DEATH

Primary Haemiplegia of right side

How long 1 1/2 years

Immediate Haemiplegia of left side

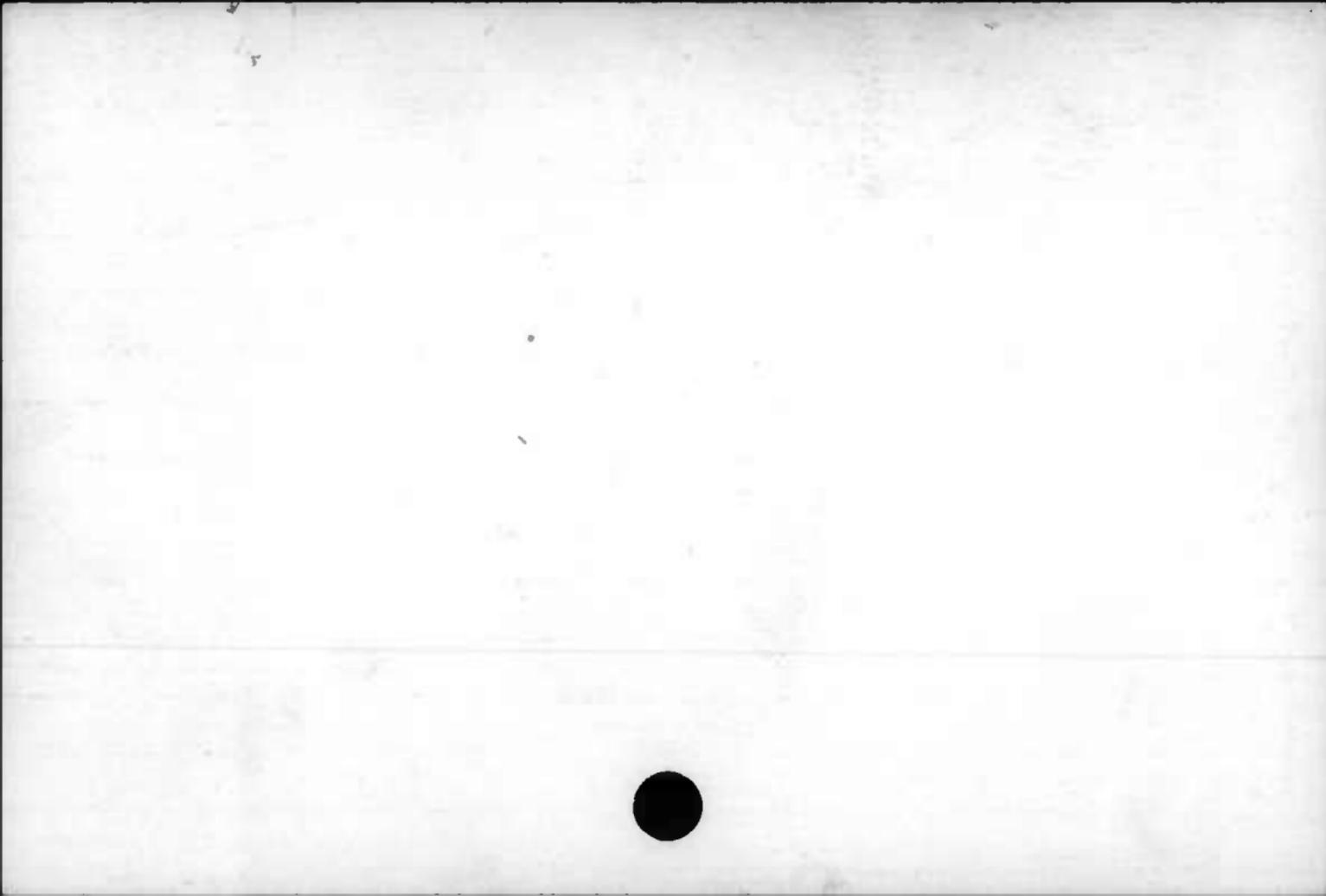
How long 3 days &amp; 4 hours

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

Signature of Physician Walter H Fenby

Address Ruthsburg Md.

Accident or Suicide?



Name  
in  
Full

Eliza Lowson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Church Hill <sup>County</sup> Lucea Haro

MARYLAND

Date of death 1905 <sup>Month</sup> Aug <sup>Day</sup> 12 <sup>Age</sup> 55 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex Female <sup>Color or Race</sup> Colored <sup>Birth-place</sup> I. K. Co

Occupation House wife <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed Widowed <sup>Name of Wife or Husband</sup> John Lowson

Father's Name James Clark <sup>Father's Birthplace</sup> I. K. Co

Mother's Maiden Name Katy Knorr <sup>Mother's Birthplace</sup>

Name of person giving information James Clark <sup>How related to deceased</sup> Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Hemiplegia  How long One Year

Immediate Apoplexy  How long Two Years

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

Signature of Physician Dr. N. S. Dudley

Address Church Hill Maryland

Accident or Suicide?



Name  
in  
Full

Robert A. Trusty  
Town Ingleaside County J. A.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Ingleaside Maryland

Date of death 190 August 20 Age 70 Months Days

Sex Male Color or Race Black Birthplace Ill

Occupation Farmer Where Residing if not at place of death

Married, Single Widowed Name of Wife or Husband

Father's Name Perry Trusty Father's Birthplace Ill

Mother's Maiden Name Lida Trusty Mother's Birthplace Ill

Name of person giving information Frank Coldson How related to deceased None

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

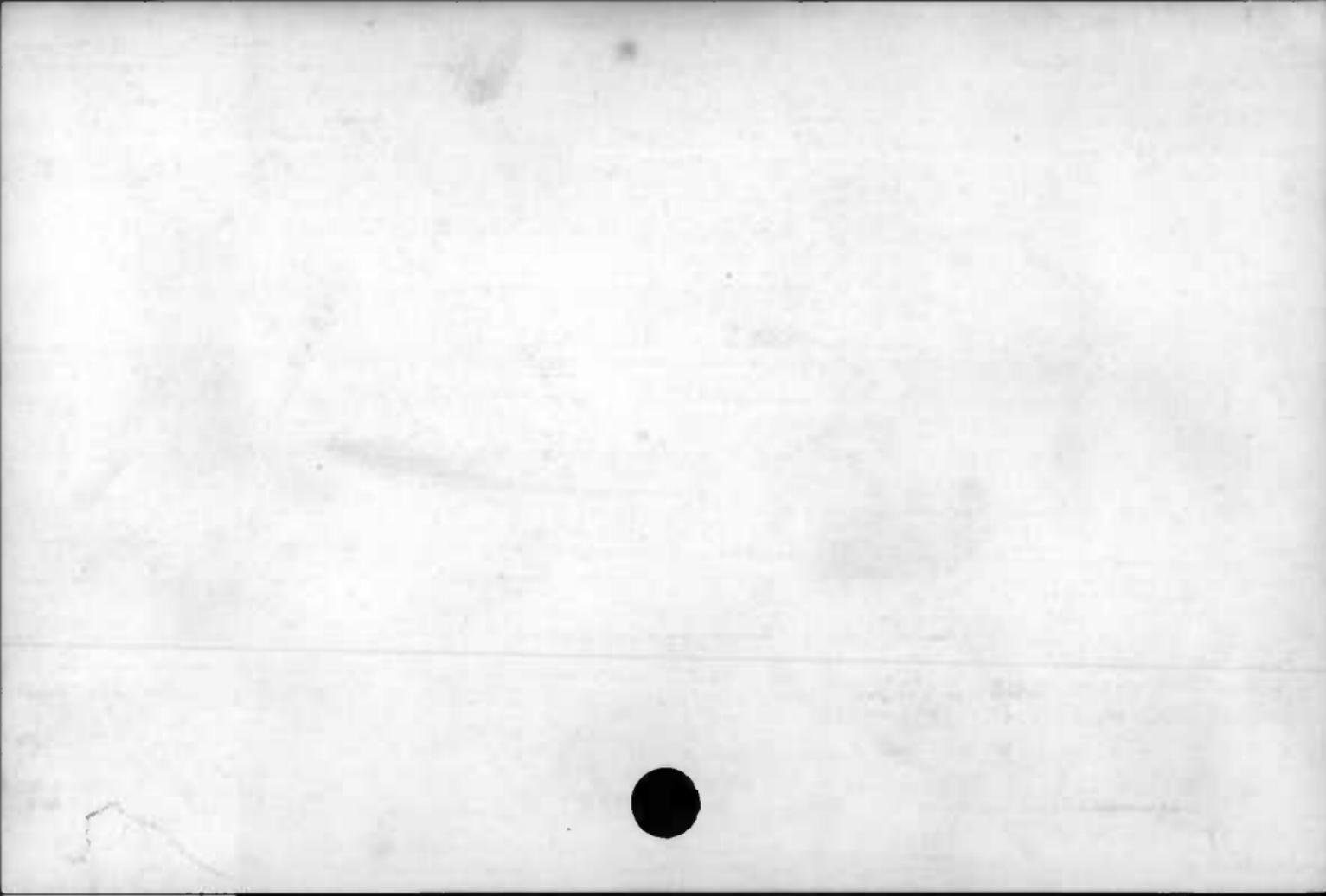
Primary Dysentery How long one week

Immediate

Are the name, age, sex, color, date and place correctly given above? Signature of Physician Jas. E. Graham M.D.

Address Ingleaside

Accident or Suicide? Ill



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Alloa Wright</i> <i>Church Hill</i> <sup>Town</sup> <i>Lucien Jones</i> <sup>County</sup>			
Date of death <i>1906</i> <sup>Month</sup> <i>Aug</i> <sup>Day</sup> <i>26</i> Age <i>3</i> <sup>Years</sup> <i>3</i> <sup>Months</sup> <i>—</i> <sup>Days</sup>	Sex <i>Male</i> Color or Race <i>Colored</i> Birth place <i>Church Hill</i>		
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Wm Wright</i>	Father's Birthplace <i>Lucien Jones Co</i>		
Mother's Maiden Name <i>Ella Dorrel</i>	Mother's Birthplace <i>Lucien Jones Co</i>		
Name of person giving information <i>Ella Wright</i>	How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infection of haematuria</i>	How long <i>2 mos</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. S. Dudley</i>
	Address <i>Church Hill Maryland</i>
Accident or Suicide?	

