

Name
in
Full

Mary Jane Altsalza

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chertis Bay ^{Town} Annamakee ^{County} MARYLAND

Date of death 1940 Month 6 Day 13 Age 3 Years Months 8 Days 20

Sex Female Color or Race White Birth-place Chertis Bay Md

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Linnick Altsalza Father's Birthplace Ponopoda

Mother's Maiden Name Josephine Altsalza Mother's Birthplace " "

Name of person giving Information Aunt How related to deceased Aunt

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia & Lung How long 2 1/2 months

Immediate Heart Failure How long

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

Signature of Physician J B Robinson MD

Address

Accident or Suicide

5 3937

W. H. H. H. H. H.
H. H. H. H. H. H.
H. H. H. H. H. H.



Name
in
Full

Arnold

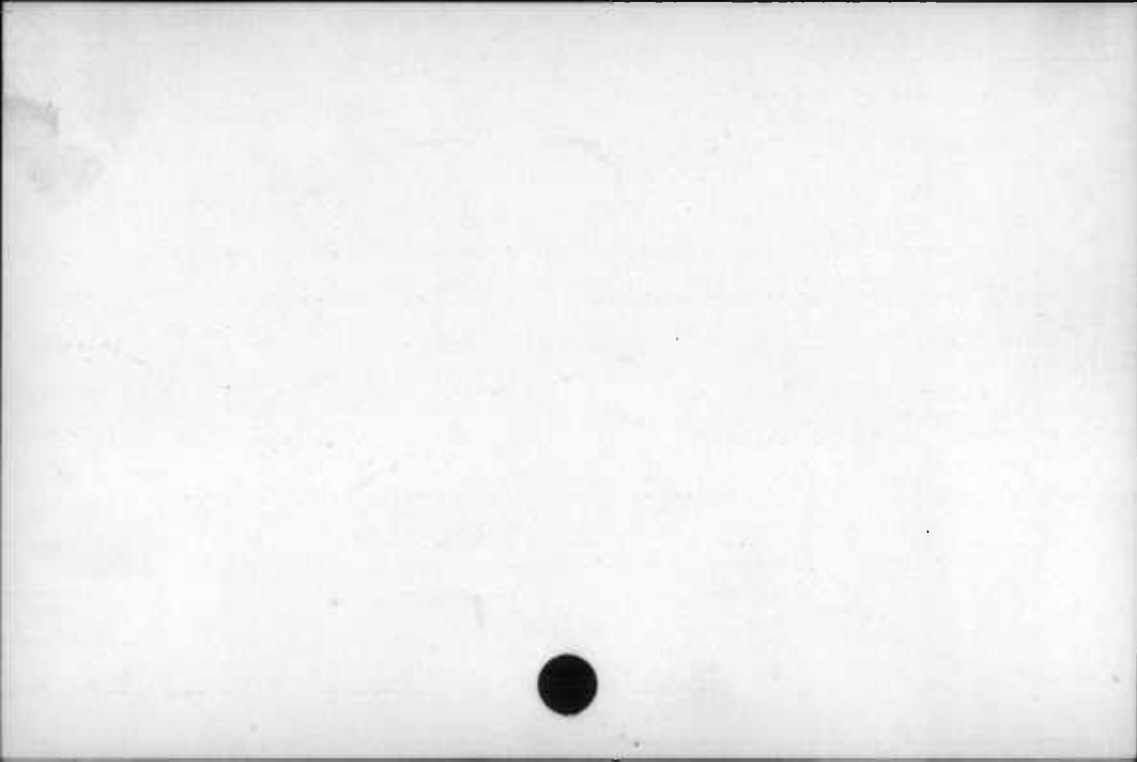
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Nelsonville		County all		MARYLAND	
Date of death 19		19	Month May	Day 3	Age	Years	Months
Sex Male		Color or Race White		Birth-place Md		Days	
Occupation none				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Richard Arnold		Father's Birthplace Md				Mother's Birthplace Md	
Mother's Maiden Name Emeline Chase		How related to deceased mother				Name of person giving information Emmett Chase	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Still Born	How long	—	
	Immediate	Premature	How long	—	
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Chas H Brown	
	Address		—		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

Joseph Baden

MARYLAND

Died at ~~Annapolis Md~~ ^{German Town} ~~and~~ ^{County} A. A. CoDate of death 1960 ^{Month} May ^{Day} 26 ^{Age} 37 ^{Years} ^{Months} ^{Days}Sex Male ^{Color or Race} Colored ^{Birth-place} Annapolis MdOccupation Laborer ^{Where Residing if not at place of death} German TownMarried, Single or Widowed Married ^{Name of Wife or Husband} Annie L. BadenFather's Name Augustus Baden ^{Father's Birthplace} unknownMother's Maiden Name unknown ^{Mother's Birthplace} unknownName of person giving Information Annie L. Baden ^{How related to deceased} wife

CAUSES OF DEATH

Primary Pneumonia ^{How long} 9 daysImmediate Heart Failure ^{How long} Immediate

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

Signature of Physician

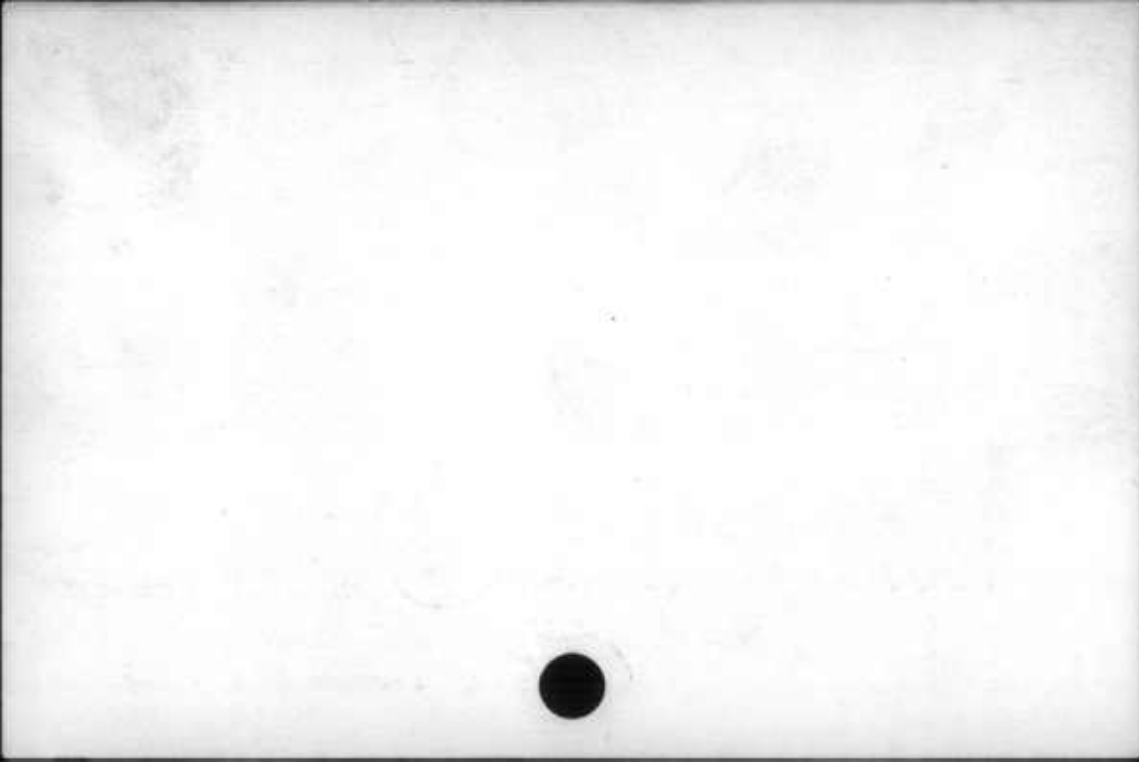
Address

Ambrose Garcia, MD
34 second St

Accident or Suicide

OFFICE SUPPLY CO.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Ballantine

CERTIFICATE OF DEATH

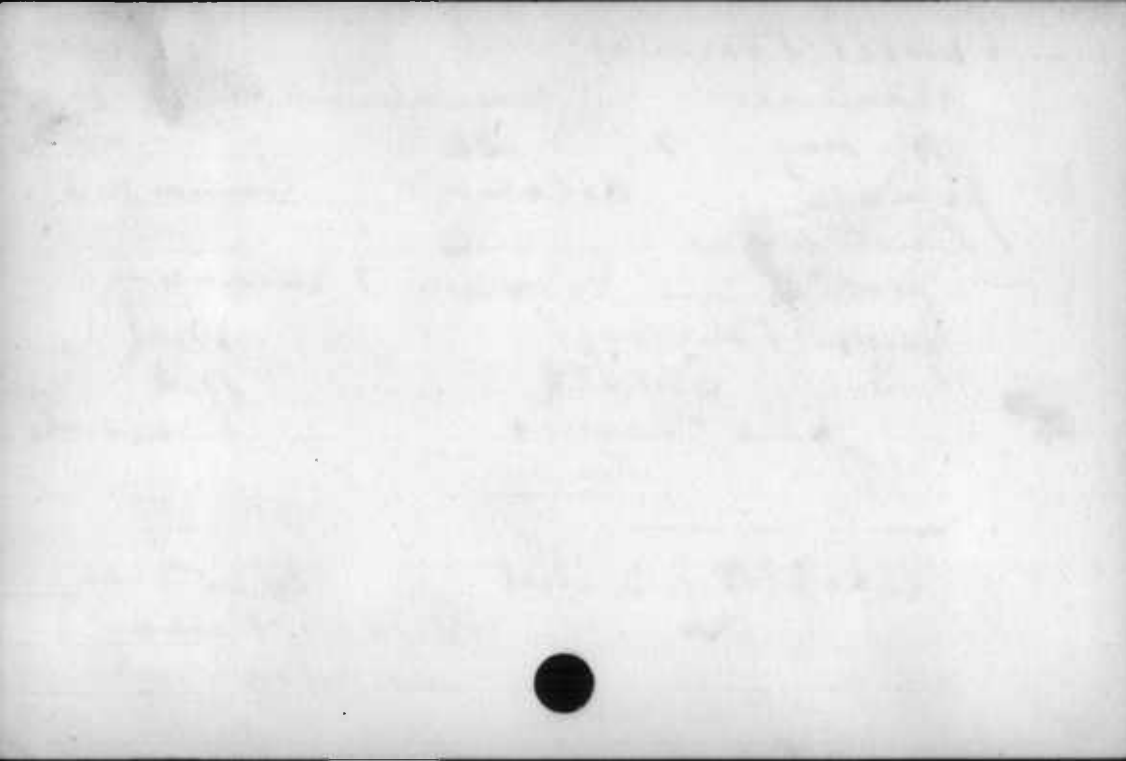
TO BE ANSWERED BY
NEAREST FRIEND

Died at		South ^{Town} Baltimore		a. a. ^{County}		MARYLAND	
Date of death	1910	Month	May	Day	29	Age	40
Sex	Female	Color or Race	White	Birth-place	Columbus, Ohio		
Occupation	Housewife		Where Residing if not at place of death				
Married	<input checked="" type="checkbox"/>	Name of deceased Husband	Thos. Wm. Ballantine				
Father's Name	John Dunn Sr			Father's Birthplace	Ireland		
Mother's Maiden Name	Elizabeth Mooney			Mother's Birthplace	Ireland		
Name of person giving information	Mrs Agnes Rhodes			How related to deceased	Sister		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Cause	Child. Birth	How long	(135)
Immediate Cause	Post-Partum Hemorrhage	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	Thos. B. Horton M.D.		
Address	So. Batty, Md.		
Accident or Suicide?			



Name
in
Full

Rachel Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at ^{Town} Admiral ^{County} Anne Arundel MARYLAND

Date of death 1960 ^{Month} May ^{Day} 7 Age ^{Years} 22 ^{Months} ^{Days}

Sex female ^{Color or Race} colored ^{Birth-place} Odenton Md.

Occupation house wife ^{Where Residing if not at place of death}

Married, Single or Widowed married ^{Name of Wife or Husband} John Barnes

Father's Name Jack Burley ^{Father's Birthplace} Md

Mother's Maiden Name Sally Smith ^{Mother's Birthplace} Md

Name of person giving Information John Barnes ^{How related to deceased} Husband.

CAUSES OF DEATH

Primary ^{How long}

Immediate Apoplexy Cerebral ^{How long} 14 hours

Are the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} C. J. McNamee

^{Address} Odenton Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full

Bean

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Annapolis Town County AA **MARYLAND**
 Date of death 1910 May 8th 5 Age Years Months Days
 Sex Male Color or Race W Birth-place
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name Joseph Bean Father's Birthplace AA Mo
 Mother's Maiden Name Alberta Green Mother's Birthplace AA Mo
 Name of person giving Information Mother How related to deceased _____

CAUSES OF DEATH

Primary Still born How long _____
 Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician John Ridout Address Annapolis Md
 Accident or Suicide _____

PHYSICIAN OR CORONER

100-10000
100-10000
100-10000



Name
in
Full

Saml. W. Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Eastport, A. A. Co.

MARYLAND

Date
of death

1960

Month

May, 22

Day

Age

Years

70

Months

7

Days

4

Sex

Male

Color or
Race

White

Birth-
place

Dorchester Co.

Occupation

Pensioner

Where Residing if not,
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
Name

Saml. W. Brooks

Father's
Birthplace

Dorchester Co.

Mother's
Maiden Name

Elysa Wollen

Mother's
Birthplace

Dorchester Co.

Name of person giving
information

S. W. Brooks, Jr.

How related
to deceased

Son

CAUSES OF DEATH

Primary

old age

How long

81

Immediate

Arterio-Sclerosis & Cystitis

How long

years

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

Yes

Signature of
Physician

S. B. Hephum

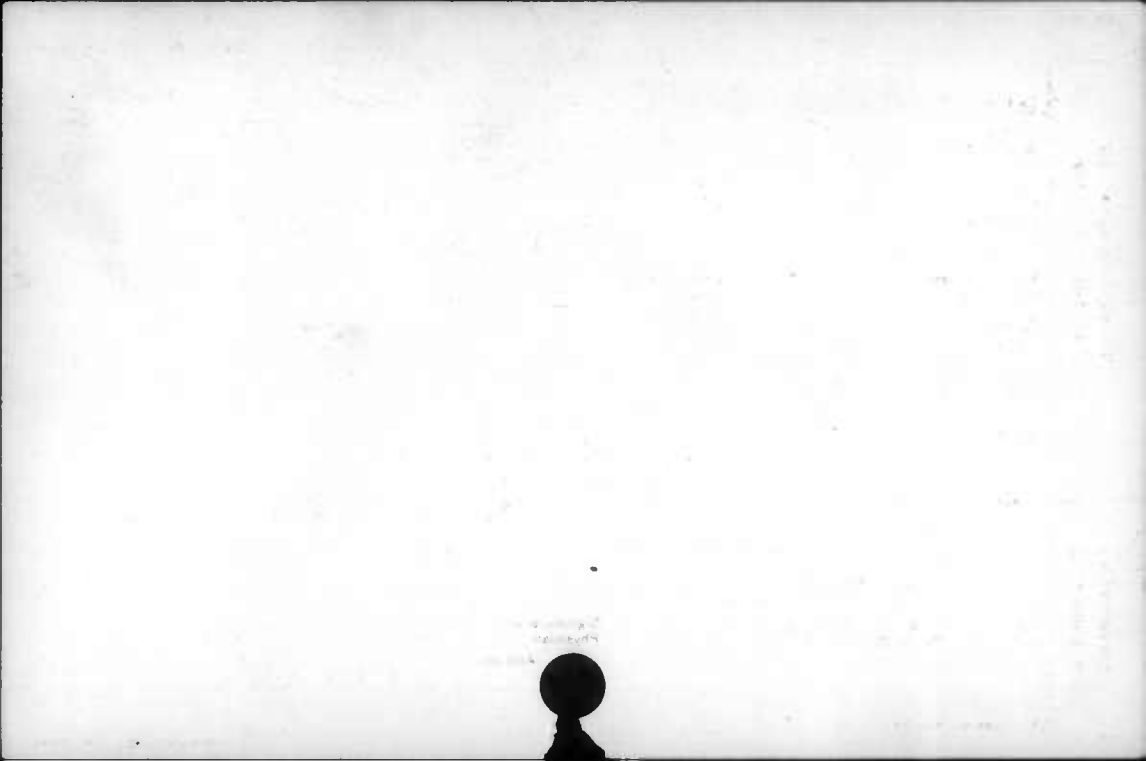
Address

Annapolis

Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Valentine Brzezinski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Harman ^{Town} Anne Arundel ^{County} **MARYLAND**
 Date of death 1960 ^{Month} May ^{Day} 30 Age 67 ^{Years} 3 ^{Months} 4 ^{Days}
 Sex Male Color or Race White Birth-place Poland
 Occupation Labourer Where Residing if not at place of death Bachman
 Married, Single or ~~Widowed~~ Name of Wife or ~~husband~~ Annie Brzezinski
 Father's Name Unknown Father's Birthplace Poland
 Mother's Maiden Name Unknown Mother's Birthplace Poland
 Name of person giving Information Andrew Weber How related to deceased Son in law

CAUSES OF DEATH

27

Primary Phthisis Pulmonalis How long 3 years
 Immediate Heart Failure & Inanition How long 1/2 hour

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

yes

Signature of Physician

E R Winterson MD

Address

Hanover
Maryland

Action: Suicide



Name
In Full

Thos W. Bussey

CERTIFICATE OF DEATH

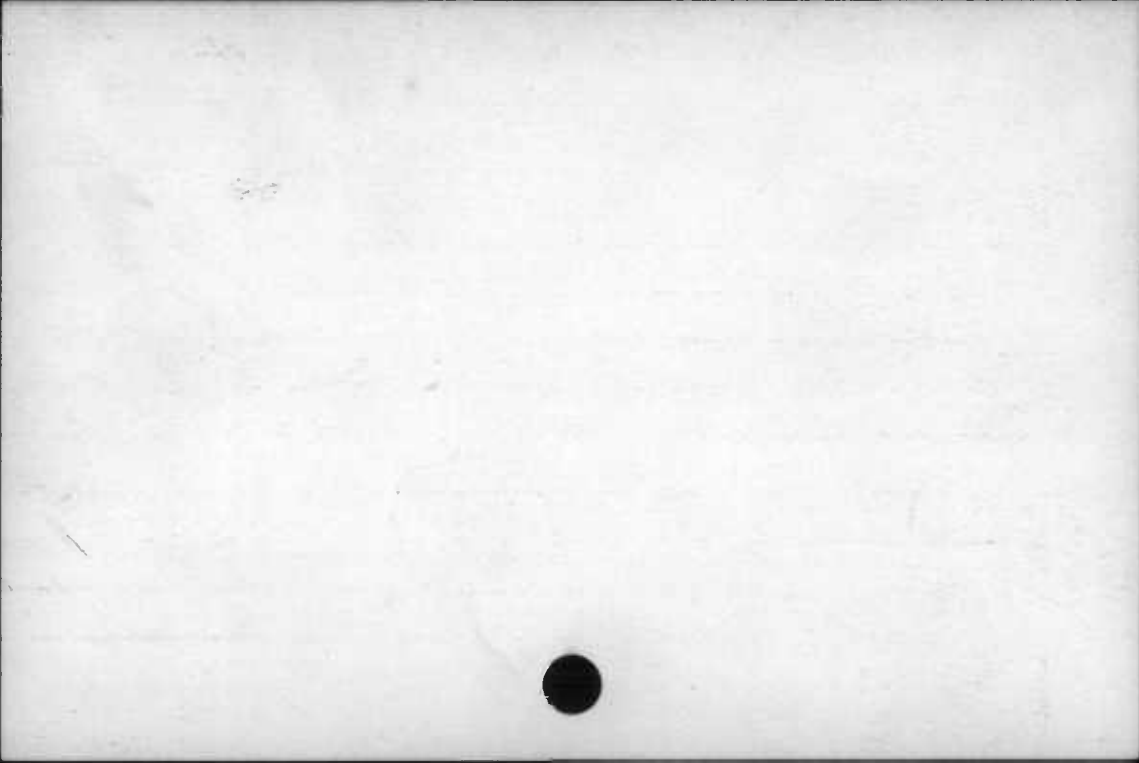
TO BE ANSWERED BY
NEAREST FRIEND

Died at *Severn* Town *Anne Arundel* County **MARYLAND**
 Date of death *190* Month *5* Day *9* Age *1* Years *11* Months *7* Days
 Sex *Male* Color or Race *White* Birth-place *Maryland*
 Occupation *Infant* Where Residing if not at place of death *—*
 Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *William Bussey* Father's Birthplace *Germany*
 Mother's Maiden Name *Ida Blount* Mother's Birthplace *Maryland*
 Name of person giving information *William Bussey* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dysentery* How long *4 day*
 Immediate *Exhaustion* How long *one hour*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *R. Hammond*
 Address *Sever*
 Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

Dudley Campbell

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis ^{town} A. A. ^{County} MARYLAND
 Date of death 1900 ^{Month} May ^{Day} 2 ^{Years} Age 14 ^{Months} — ^{Days} —

Sex Male Color or Race White Birth-place Annapolis

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Henry Campbell Father's Birthplace Annapolis Md

Mother's Maiden Name Ella Freeman Mother's Birthplace Annapolis Md

Name of person giving information Henry Campbell How related to deceased Brother

CAUSES OF DEATH

Primary Myx or Duma How long 4 yrs
 Immediate As Pluvia How long 3 or 4 mos

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

Signature of Physician

Address

John P. ...
Annapolis
Md

Accident or Suicide NoPHYSICIAN
OR CORONER

PLATE 17
FIGURE 17
17



Name
In Full

May Vera Care

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dorsey's</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	19 <u>0</u>	Month <u>5</u>	Day <u>4</u>	Age <u>—</u> Years	Months <u>1</u> Days <u>24</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Occupation <u>Infant</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Walter Care</u>	Father's Birthplace <u>Maryland</u>		Mother's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Dora Gummer</u>	Name of person giving information <u>Walter Care</u>		How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Capillary Bronchitis</u>	How long	<u>4 days</u>
Immediate	<u>Asphyxia</u>	How long	<u>5 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>B. Hammond</u>
Accident or Suicide?	<u>No</u>	Address	<u>Jessup Md.</u>



Name
in
Full

Pearl P. Cave

CERTIFICATE OF DEATH

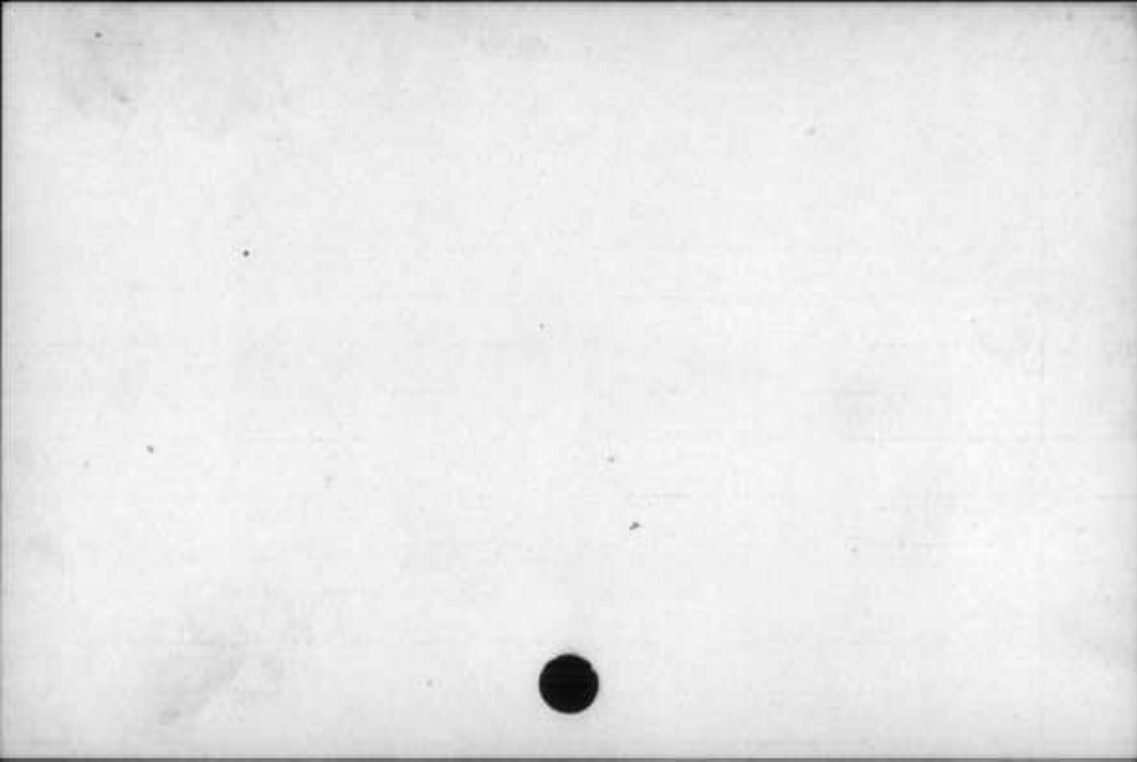
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dorsey</u> <small>Town</small>			<u>Anne Arundel</u> <small>County</small>			MARYLAND		
Date of death 19 <u>90</u>		<u>5</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>23</u> <small>Days</small>		
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>				
Occupation <u>Infant</u>				Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>						
Father's Name <u>Halter Cave</u>		Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Dora Gummer</u>		Mother's Birthplace <u>Maryland</u>						
Name of person giving information <u>Halter Cave</u>		How related to deceased <u>Father</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Capillary Bronchitis</u>	How long <u>3 days</u>
Immediate <u>Dyspnea</u>	How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. J. Hammond</u>
	Address <u>Jessup Md</u>
Accident or Suicide? <u>No</u>	



Name
in Full

George Chmiel

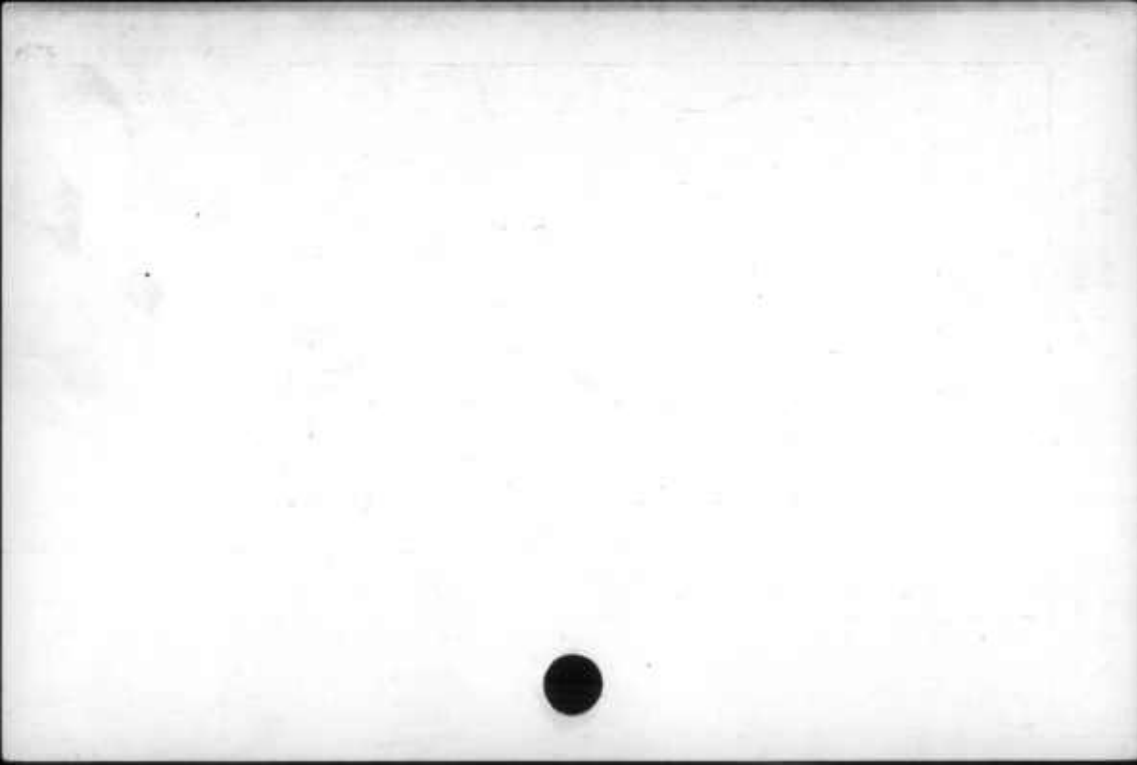
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Baltimore</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	19 <i>40</i>	Month <i>May</i>	Day <i>29</i>	Age <i>18</i>	Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Poland</i>			
Occupation <i>Labour</i>	Where Residing if not at place of death <i>Baltimore</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Whelem Chmiel</i>	Father's Birthplace <i>Poland</i>				
Mother's Maiden Name <i>Frances Kiepla</i>	Mother's Birthplace <i>Poland</i>				
Name of person giving information <i>Peter Zawodny</i>	How related to deceased <i>Friend</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Tuberculosis</i>	How long <i>27</i> <i>28</i> ✓ <i>4 months</i>
	Immediate <i>Hemorrhage from lungs</i>	How long <i>Immediately</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T. R. Wintersou MD</i>
	Address <i>Hanover Md</i>	
Accident or Suicide		



Name in Full

Ellen Donnelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at ^{town} Fairfield ^{County} a. a.

MARYLAND

Date of death 1910 ^{Month} May ^{Day} 2 ^{Age} 58 ^{Years} ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Ireland

Occupation Housewife ^{Where Residing if not at place of death}

Married, Single ~~Widowed~~ ^{Name of Husband} Wm John Donnelly

Father's Name William Lormer ^{Father's Birthplace} Ireland

Mother's Maiden Name ^{Mother's Birthplace} Ireland

Name of person giving Information Susan Beardmore ^{How related to deceased} Daughter

3

CAUSES OF DEATH

Primary Pulmonary Tuberculosis ^{How long} 3 months

Immediate Exhaustion ^{How long} 2 days

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

Signature of Physician ^{Address} H. B. Horton, M.D. 203 Bally, Md.

PHYSICIAN OR CORONER

+

Accident or Suicide

1950
1951



Name
in
Full

Harry Dorsey

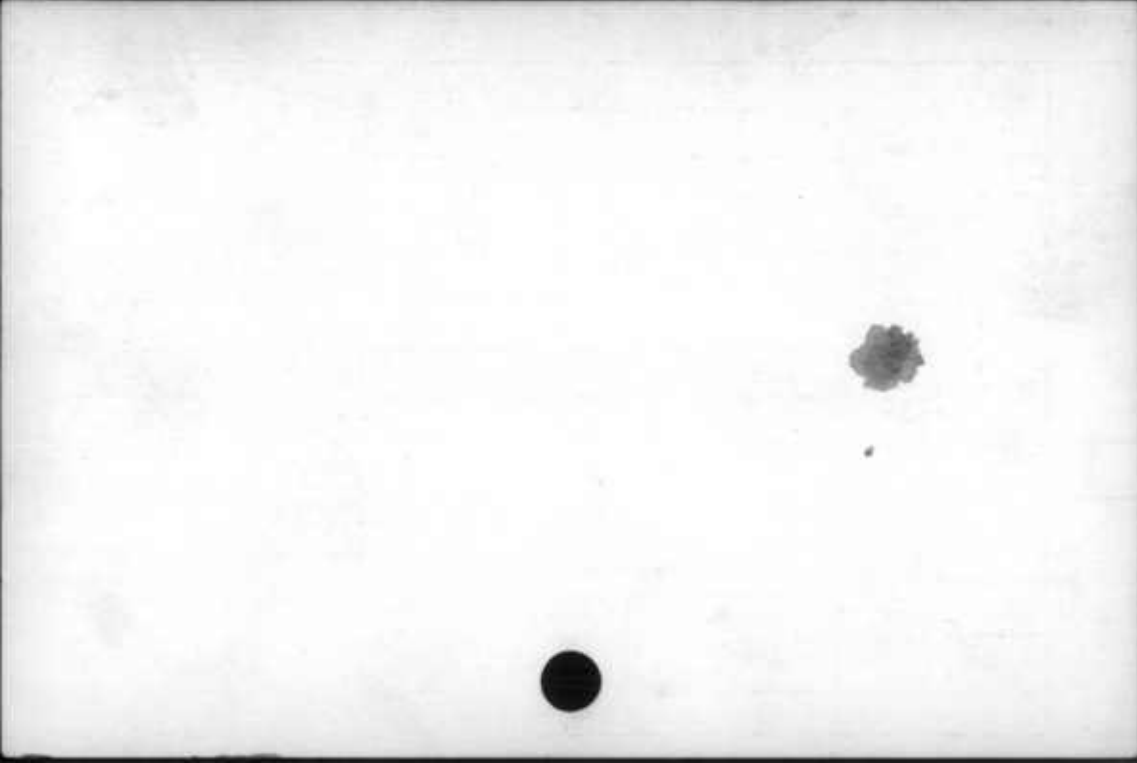
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brooklyn</u> <small>Town</small>		<u>a.a. Co.</u> <small>County</small>		MARYLAND	
Date of death 19 <u>00</u> <small>Year</small>		<u>May</u> <small>Month</small>	<u>7</u> <small>Day</small>	Age <u>29</u> <small>Years</small>	<u>3</u> <small>Months</small>
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Md.</u>	
Occupation <u>Glass worker</u>		Where Residing if not at place of death <u>Brooklyn a.a. Co.</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Mary Dorsey</u>			
Father's Name <u>John Dorsey</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Kate Bremer</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Mrs M Dorsey</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary	<u>Tuberculosis of Hip & Kidney</u>	How long	<u>Indefinite</u>
	Immediate	<u>Tubercular Peritonitis</u>	How long	<u>2 weeks</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>R. C. L. Campbell M.D.</u>
		Address	<u>1644 Hammond St.</u>	
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Baby Droll</i>		Town <i>Annapolis</i>		County <i>aa</i>		MARYLAND	
Died at <i>Annapolis</i>		Month <i>May</i>		Day <i>21</i>		Age <i>8 yrs</i>	
Date of death <i>1990 May 21</i>		Years <i>8 yrs</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Annapolis</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>None</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Joseph Droll</i>		Father's Birthplace <i>Germany</i>				Mother's Birthplace <i>Peru</i>	
Mother's Maiden Name <i>Carrie Davis</i>		How long to deceased <i>Father</i>				How long to deceased <i>Father</i>	
Name of person giving Information <i>Joseph Droll</i>							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Mal-development</i>	How long <i>1894</i>	How long <i>Since birth</i>
	Immediate <i>Exhaustion</i>	How long <i>2 hrs.</i>	How long <i>4 hrs.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Louis B. Tucker</i>	
Accident or Suicide <i>Neither</i>	Address <i>Annapolis, Md.</i>		

1912
1913



Name
in
Full

Gyryana Fähler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodville</i> Town		County <i>ada</i>		MARYLAND	
Date of death <i>19010</i>	Month <i>may</i>	Day <i>1</i>	Age <i>65</i>	Years	Months <i>1</i> Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Co</i>		
Occupation <i>House Work</i>		Where Residing if not at place of death <i>Woodville ad</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Gyryana Fähler</i>				
Father's Name <i>Tidny</i>	Father's Birthplace <i>Baltimore Co</i>		Mother's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Eggie Tidny</i>	How related to deceased <i>Son</i>		<i>Father</i>		
Name of person giving information <i>Charles Schuchard</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary <i>Bright's Disease</i>	How long <i>120</i>
Immediate <i>Apoplexy</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. W. Kennard</i>
	Address <i>707 Inwood St Baltimore</i>
Accident or Suicide	

Permit issued to
Remond to Baltimore

May. 2. 1910

RECORDED
MAY 11 1910



Name
in
Full

Supan Fair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Brooklyn ^{County} A. A. MARYLAND

Date of death 1910 ^{Month} May ^{Day} 24 Age ^{Years} 72 ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place Md

Occupation — Where Residing if not at place of death —

Widowed Name of Wife or Husband Alexandro Fair

Father's Name James Deer Father's Birthplace Md

Mother's Maiden Name Leah Hudson Mother's Birthplace Md

Name of person giving Information Mary Manan How related to deceased Daughter

CAUSES OF DEATH

Primary General Debility ^{How long} 3 months

Immediate Heart Failure ^{How long} at once

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

Signature of Physician Tho. B. Horton MD

Address So. Balty, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
In
Full

Fillmore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i> Town <i>A.A.</i> County <i>B</i>		MARYLAND	
Date of death <i>1990</i> Month <i>May</i> Day <i>31</i> Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Brooklyn</i>
Occupation <i>None</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>Robert H. Fillmore</i>	Father's Birthplace <i>Us</i>		
Mother's Maiden Name <i>Maggie N. Acton</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Robert H. Fillmore</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary	S	How long
Immediate <i>Still Born</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John E. Potee</i>	
	Address <i>Brooklyn</i>	

Accident or Suicide?

A.A.C. Md



Name
In Full

CERTIFICATE OF DEATH

Emily J. Freeburger

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i> <small>Town</small>		<i>Anarundel</i> <small>County</small>		MARYLAND	
Date of death 19 <i>40</i> <small>Month</small>	<i>May</i> <small>Day</small>	<i>30</i> <small>Years</small>	Age <i>70</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Widowed</i>	Occupation <i>H. H.</i>				
Name of Wife or Husband <i>Columbus M. Freeburger</i>					
Father's Name <i>William Rictor</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary Rictor</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of liver</i>	How long <i>1 yr</i>
Immediate	How long <i>(40)</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Leonard P. Beach M.D.</i>
	Address <i>347 W. Fayette St. Balto. Md.</i>
Accident or Suicide?	

Fields

Wester Co

Name in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Claude O. Freeman

Town

County

MARYLAND

Died at Annapolis A.A.

Date of death 1960 May 23 Age 10 Months 5 Days

Sex Male Color or Race White Birth-place Annapolis

Occupation School boy Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name William H. Freeman Father's Birthplace Annapolis Md

Mother's Maiden Name Minnie B. Marshall Mother's Birthplace A A Co Md

Name of person giving information William H. Freeman How related to deceased Father

CAUSES OF DEATH

Primary a accidently Drowned 169 How long

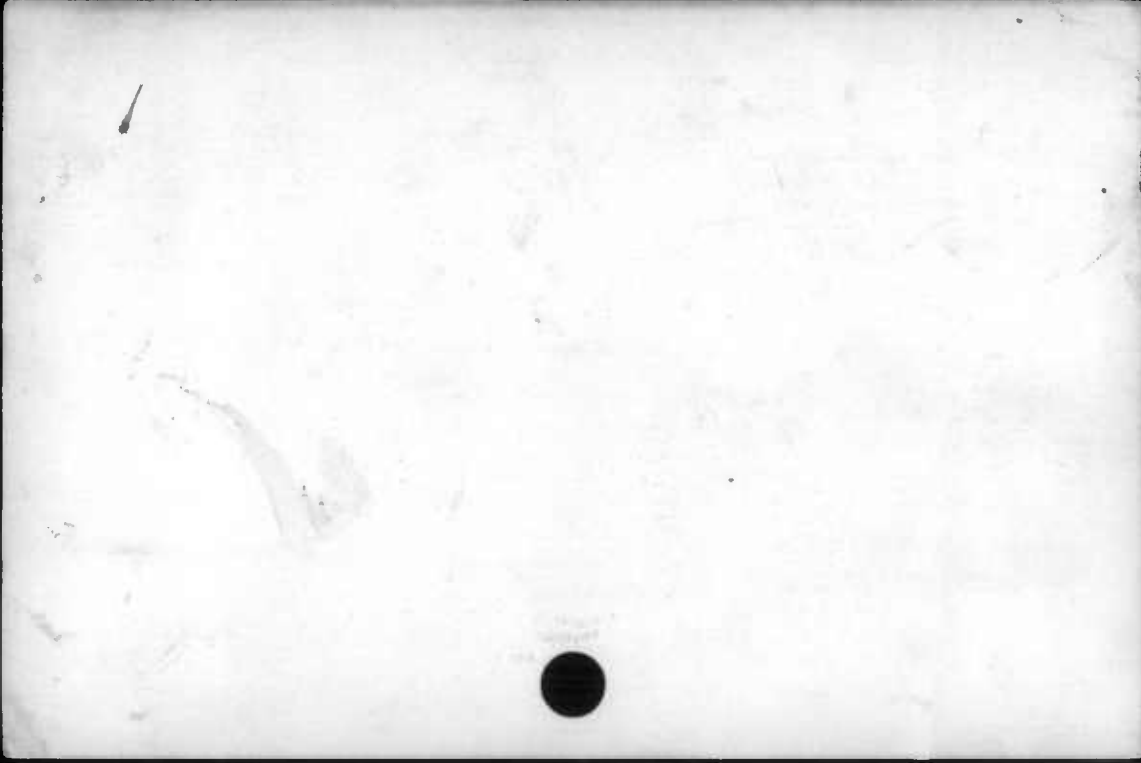
Immediate

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

Signature of Physician John H. Davis Address Annapolis Maryland

PHYSICIAN OR CORONER

Accident or Suicide



Name In Full Laura Green County U C **CERTIFICATE OF DEATH**

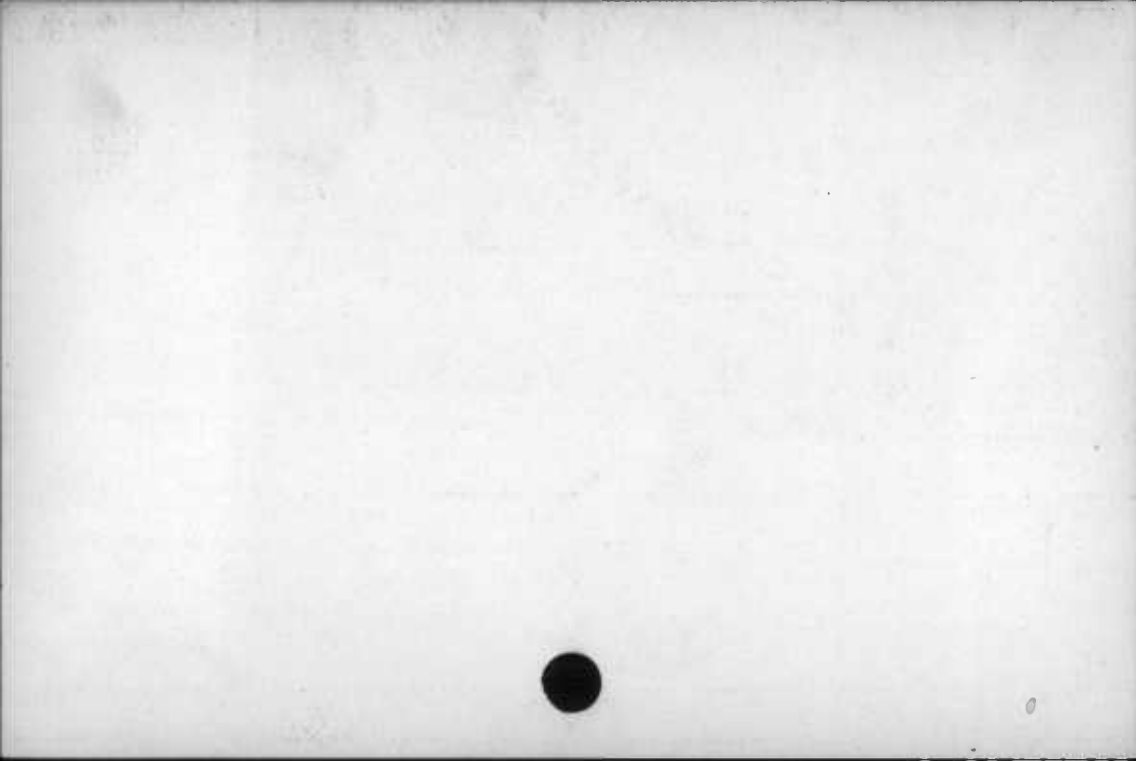
TO BE ANSWERED BY NEAREST FRIEND

Died at Brooklyn U C **MARYLAND**
 Date of death 1990 May 22 Age 4 Months 4 Days 4
 Sex Female Color or Race Colored Birth-place Brooklyn
 Occupation None Where Residing if not at place of death _____
 Married, Single or Widowed Single Name of Wife or Husband _____
 Father's Name Herbert Green Father's Birthplace MD
 Mother's Maiden Name Harriett Sparrow Mother's Birthplace MD
 Name of person giving information Herbert Green How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary _____ How long _____
 Immediate Premature Birth How long _____
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of _____ John E. Stee Cor
 Address _____ Brooklyn
U C MD
 Accident or Suicide? _____



Name
in
Full

Robert Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Marguerite</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>11</i>		Age <i>72</i>		Years Months Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>W D Co</i>					
Occupation <i>Laborer</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Lizzie Green</i>							
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>							
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>							
Name of person giving information		<i>1894</i>		How related to deceased					

CAUSES OF DEATH

Primary <i>Chronic Bright's disease</i>		How long <i>Ten years</i>	
Immediate <i>Heart Failure</i>		How long <i>one day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jos. C. Joyce M.D.</i>	
		Address <i>W D Co</i>	
Accident or Suicide		<i>M.D.</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Mary Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>near Glenburnie</i>		^{County} <i>Anne Arundel</i>		MARYLAND	
Date of death	19 <i>40</i>	Month	<i>May</i>	Day	<i>9</i>
Age		Years		Months	<i>11</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birthplace	<i>A.D.C. Md</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>John Harris</i>		
Father's Birthplace			<i>A.D.C. Md</i>		
Mother's Maiden Name			<i>Daisy Harwood</i>		
Mother's Birthplace			<i>A.D.C. Md</i>		
Name of person giving Information			<i>Charles R Harwood</i>		
How related to deceased			<i>Grandfather</i>		

CAUSES OF DEATH

Primary	<i>Tonsillitis</i>	How long	<i>5 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	

Signature of
Physician

Address

C. R. Wilkinson
Hanover
Md

PHYSICIAN
OR CORONERI Accident or Suicide



Name in Full

Saisy Harwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died near ^{Town} Glenburnie ^{County} Anne Arundel

MARYLAND

Date of death 1960 Month 5 Day 2 Age 18 Years 8 Months Days

Sex Female Color or Race Colored Birth-place Anne Arundel Co Md

Occupation House Servant Where Residing if not at place of death resided at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Charles R Harwood Father's Birthplace At Co Md

Mother's Maiden Name Mary Eliza Queen Mother's Birthplace At Co Md

Name of person giving information Charles R Harwood How related to decedent Father

CAUSES OF DEATH

13 ✓

PHYSICIAN OR CORONER

Primary Cholera Morbus How long 3 days

Immediate Exhaustion How long 6 hours

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

Signature of Physician C R Winterison

Address Hanover Md

+

Accident or Suicide?

Wm J. Johnson
of S. Pappeletook NJ

Remitted to 703 N. Park

Name in Full *Hudson Hovvells*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

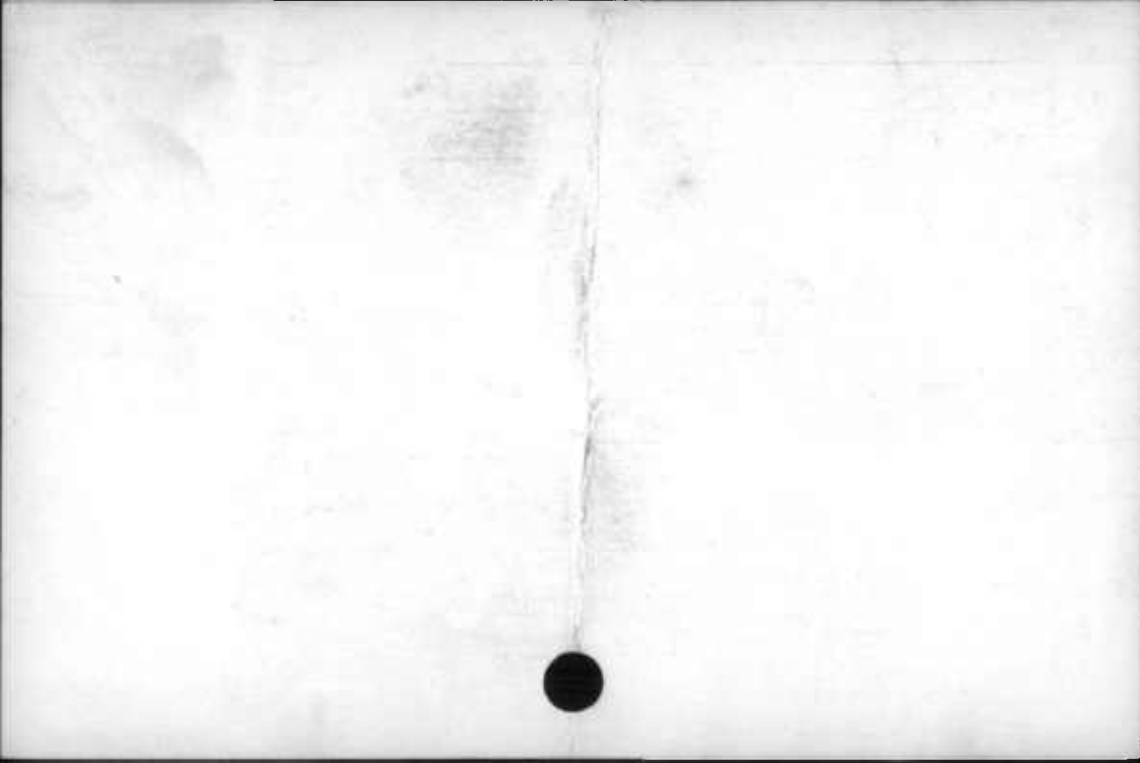
Died at <i>Harrison</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>17</i>	Age	Months <i>6</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Honover Md</i>		
Occupation <i>x</i>	Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Brook Kinn</i>	Father's Birthplace				
Mother's Maiden Name <i>Frazer Karkov</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Basell Hovvells</i>	How related to deceased <i>Grandfather</i>				

CAUSES OF DEATH

8 ✓

PHYSICIAN OR CORONER

Primary <i>Hemiplegia</i>	How long <i>2 months</i>
Immediate <i>Coma</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>Katherine Torgue</i>
	Address <i>Elk Ridge Md</i>
Accident or Suicide	



Name
In
Full

Martha Hawkins

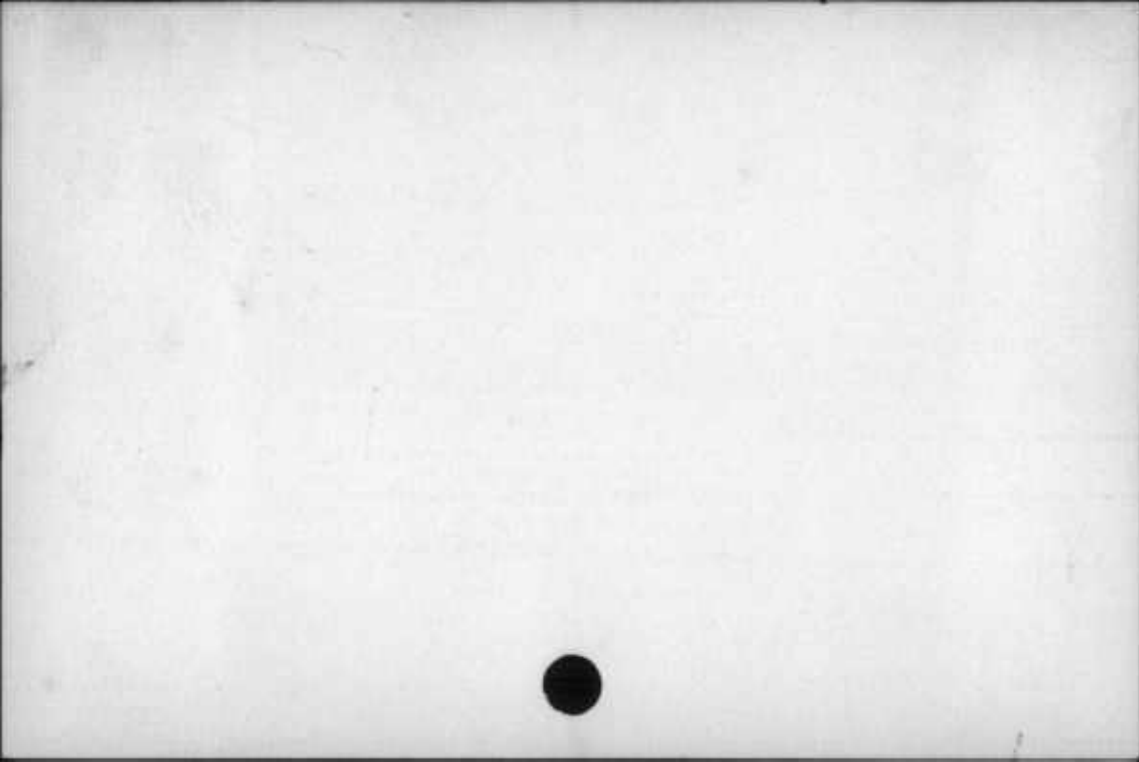
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brooklyn</u> <small>Town</small>		<u>aa</u> <small>County</small>		MARYLAND	
Date of death <u>1960</u>	<u>May</u> <small>Month</small>	<u>16</u> <small>Day</small>	<u>8</u> <small>Years</small>	<u>5</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>col</u>	Birth-place <u>md</u>			
Occupation <u>none</u>	Where Reading if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Wm Hawkins</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Maria Davis</u>	Mother's Birthplace <u>West India</u>				
Name of person giving information <u>Wm Hawkins</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Peritonitis</u>	How long <u>20 days</u>
	Immediate <u>exhaustion</u>	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature Physician <u>Charles Broode</u>
		Address <u>Brooklyn</u>
	Accident or Suicide?	



Name
is
Full

Rosa A. Hawkins

CERTIFICATE OF DEATH

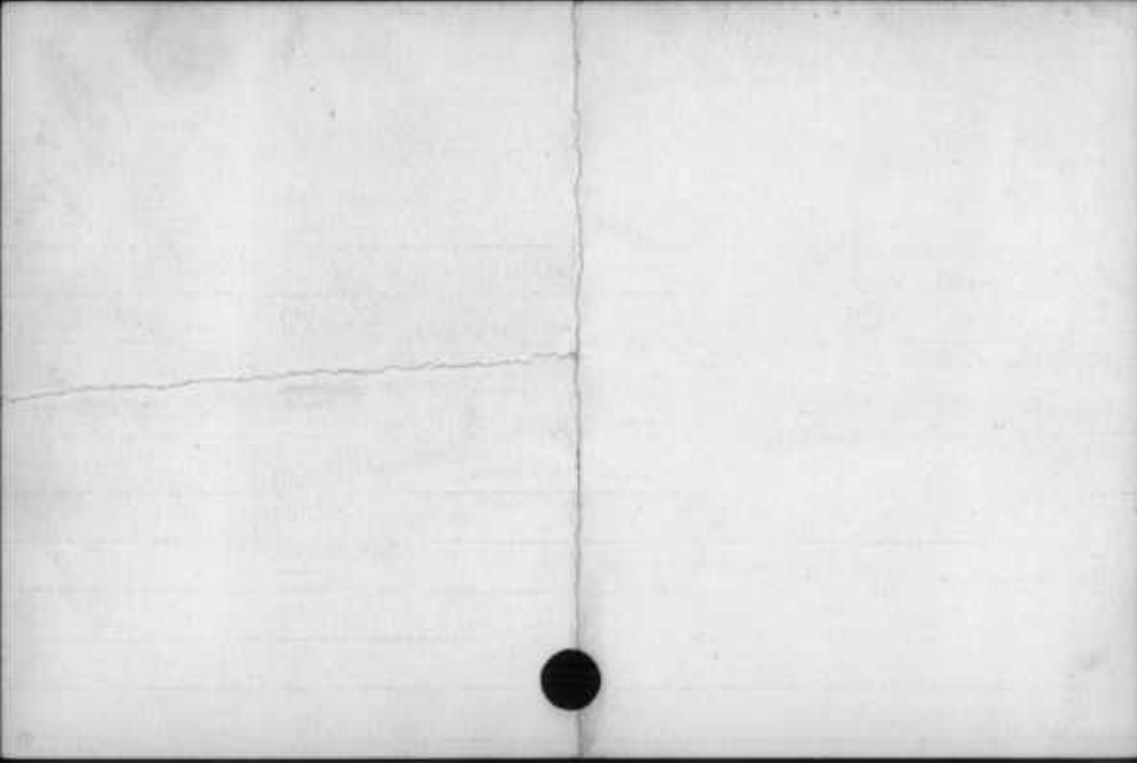
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Omar, ^{Town}		A.A., ^{County}		MARYLAND	
Date of death	1910	Month	5	Day	14	Age	1 ^{Years} 2 ^{Months}
Sex	female	Color or Race	Black	Birth-place	Maryland		
Occupation	none		Where Residing if not at place of death				
Married, Single or Widow	Single		Name of Wife or Husband				
Father's Name		Wm Hawkins			Father's Birthplace		
Mother's Maiden Name		Elyza Miller			Mother's Birthplace		
Name of person giving in formation		Elyza Wm Hawkins			How related to deceased		
					Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Probably Bronchitis	How long	8d
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Acting as Coroner		Justice of the Peace	
Accident or Suicide?		Milledville Ind.	



Name
in
Full

Pauli Hebron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Md</i>		Town <i>Annapolis Md</i>		County <i>A. A</i>		STATE OF MARYLAND	
Date of death <i>1900</i>	Month <i>10</i>	Day <i>30</i>	Age <i>2</i>	Years	Months	Days <i>6</i>	
Sex <i>female</i>	Color or Race <i>negro</i>	Birth-place <i>Md</i>					
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Annapolis Md</i>						
Married, Single or Widowed <i>single</i>	Name of Wife or Husband _____						
Father's Name <i>John Hebron</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Mary Hebron</i>	Mother's Birthplace <i>Md</i>						
Name of person giving Information <i>Mary Hebron</i>	How related to deceased <i>mother</i>						

CAUSES OF DEATH

Primary	<i>Broncho-Pneumonia</i>	How long <i>(91) 12 days</i>
Immediate	<i>Exhaustion</i>	How long <i>progressive</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Whittemore M.D</i>
		Address <i>Savage Md</i>
Accident or Suicide <i>Neither</i>		

PHYSICIAN
OR CORONER



Name
in
Full

Augusta Kleinschmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at Dardsonville Town Anne Arundel County MARYLAND

Date of death 1940 May Month 31 Day Age 59 Years _____ Months _____ Days

Sex Male Color or Race Caucasian Birth-place Iowa

Occupation Farmer Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband Mary Kleinschmidt

Father's Name Unknown Father's Birthplace Germany

Mother's Maiden Name Unknown Mother's Birthplace Germany

Name of person giving Information Doring King How related to deceased none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

+/

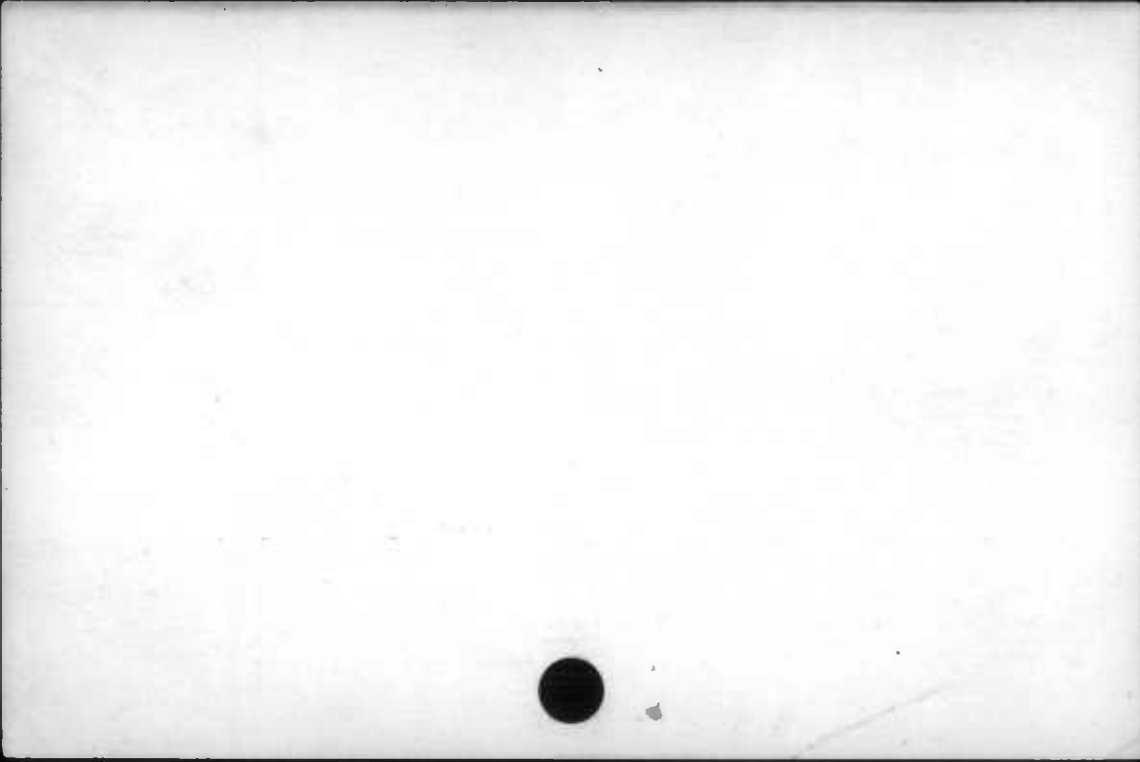
Primary Biliary Calculus. How long Don't Know

Immediate Asthemia & Pain How long 3 weeks

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

Address West River

Accident or Suicide _____ A. A. Co., Md



Name
in
Full

Norma Morris

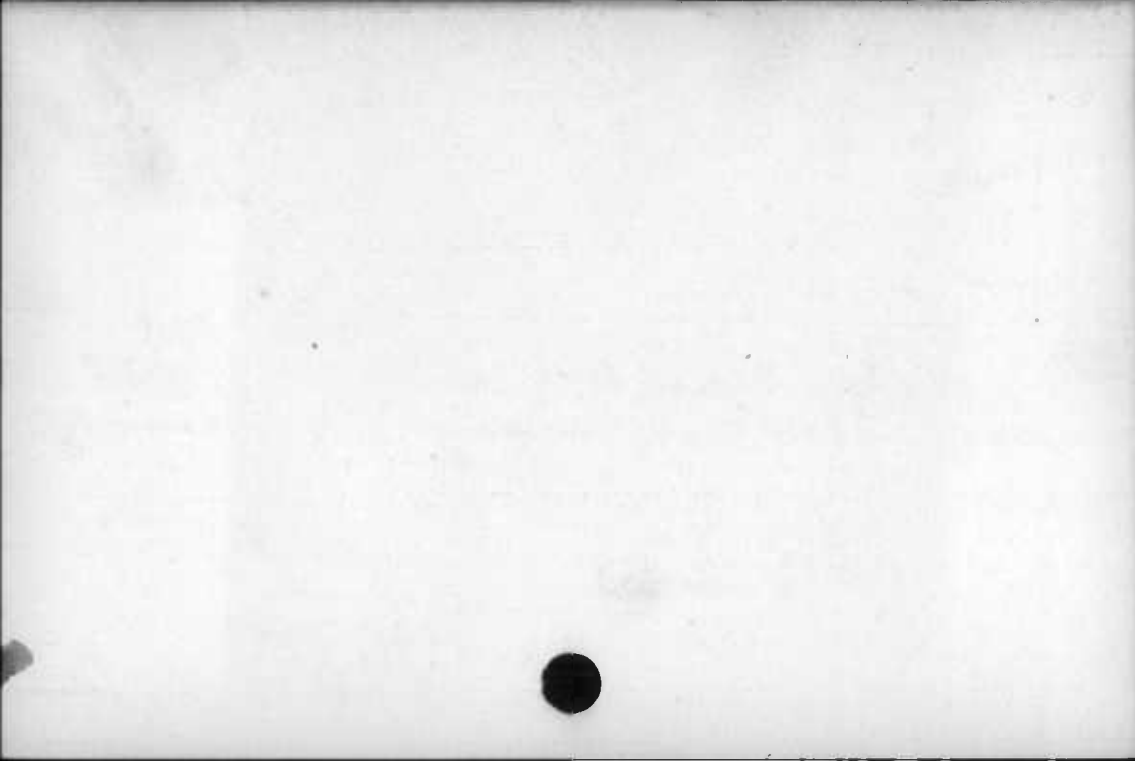
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brooklyn		County an		MARYLAND			
Date of death	1940	Month May	Day 21	Age Years	18	Months	11	Days	21
Sex	Female		Color or Race	white		Birth- place	Md		
Occupation	None			Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband	None					
Father's Name	N. B. Morris					Father's Birthplace	Md		
Mother's Maiden Name	Anninella Mary					Mother's Birthplace	Md		
Name of person giving information	N B Morris					How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Coronary	How long	5 mo
	Immediate	congestion lungs	How long	10 days
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas H Broom
	Address	[Redacted]		
Accident or Suicide?				



Name in Full

Elizabeth Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Bristol</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	<u>1900</u>	Month <u>May</u>	Day <u>29</u>	Age <u>8</u> Years	Months <u> </u> Days <u> </u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>		Occupation <u>None</u>	
Where Residing if not at place of death <u> </u>		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>	
Father's Name <u>Edward Owens</u>		Father's Birthplace <u>Md.</u>		Mother's Maiden Name <u>Ida Smith</u>	
Mother's Name <u>Ida Smith</u>		Mother's Birthplace <u>Md.</u>		Name of person giving information <u>Oliver Selman</u>	
Name of person giving information <u>Oliver Selman</u>		How related to deceased <u>Friend</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Paralysis</u>	How long <u>all life</u>
	Immediate	<u>Asthma</u>	How long <u> </u>
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>A. H. Perrie</u>
	Address	<u>2110 Henderson, Md.</u>	
Accident or Suicide? <u> </u>			



Name
in Full

CERTIFICATE OF DEATH

Henry Peterson

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at Annapolis Town Annapolis County Annapolis MARYLAND

Date of death 1918 10 May 2 Age 54 Months Days

Sex Male Color or Race Colored Birth-place Annapolis

Occupation Laborer Where Residing if not at place of death 26 Washington St

Married, Single or Widowed Married Name of Wife or Husband Katharine Peterson

Father's Name Jim Peterson Father's Birthplace A. A. Co. Md

Mother's Maiden Name Providence Lane Mother's Birthplace " " "

Name of person giving information Katharine Peterson How related to decedent wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary catarrhal Gastritis How long several weeks

Immediate Asthma How long gradual

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

Signature of Physician John Ridout

Address Annapolis Md

Accident or Suicide I



Name
in
Full

CERTIFICATE OF DEATH

Joseph Popera

Died at East Brooklyn - a-a- County

MARYLAND

Date of death 1910 May 11 Age 3 Months 2 Days

Sex Male Color or Race white Birth-place East Brooklyn Md Occupation - Where Residing if not at place of death -

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

Father's Name Jesus Popera Father's Birthplace Austria

Mother's Maiden Name Leontyna Drunk Mother's Birthplace Austria

Name of person giving Information Jesus Popera How related to deceased Father

TO BE ANSWERED BY
NEAREST FRIEND

#

CAUSES OF DEATH

Primary Pneumonia Heart Failure How long 6 days

Immediate Heart Failure How long at once

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

Signature of Physician J. P. B. Horton M.D. Address 501 Balto. Md.

PHYSICIAN
OR CORONER

I

Residence of Surgeon

11-11-1961
11-11-1961



Name
in
Full

Mary Elizabeth Pulley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at C. A. Co. ^{Town} Dist ^{County} MARYLAND
 Date of death 1910 ^{Month} May ^{Day} 23 ^{Years} 20 ^{Months} - ^{Days} -
 Sex Female ^{Color or Race} Colored ^{Birth-place} C. A. Co.
 Occupation name ^{Where Residing if not at place of death} -
~~Married~~ Single ^{Name of Wife or Husband} -
~~Widowed~~

Father's Name Philip Pulley ^{Father's Birthplace} 3 Dist.
 Mother's Maiden Name Victoria Filledwood ^{Mother's Birthplace} " "
 Name of person giving Information Charley Pulley ^{How related to deceased} Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever ^{How long} 2 weeks
 Immediate Cordial Failure ^{How long} 3 hours
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician P. J. Teeple
 Address 600 The Regl. St. Annapolis Md
 Accident or Suicide no

10-10-10
10-10-10



Name
in
Full

Francis Rhodes

CERTIFICATE OF DEATH

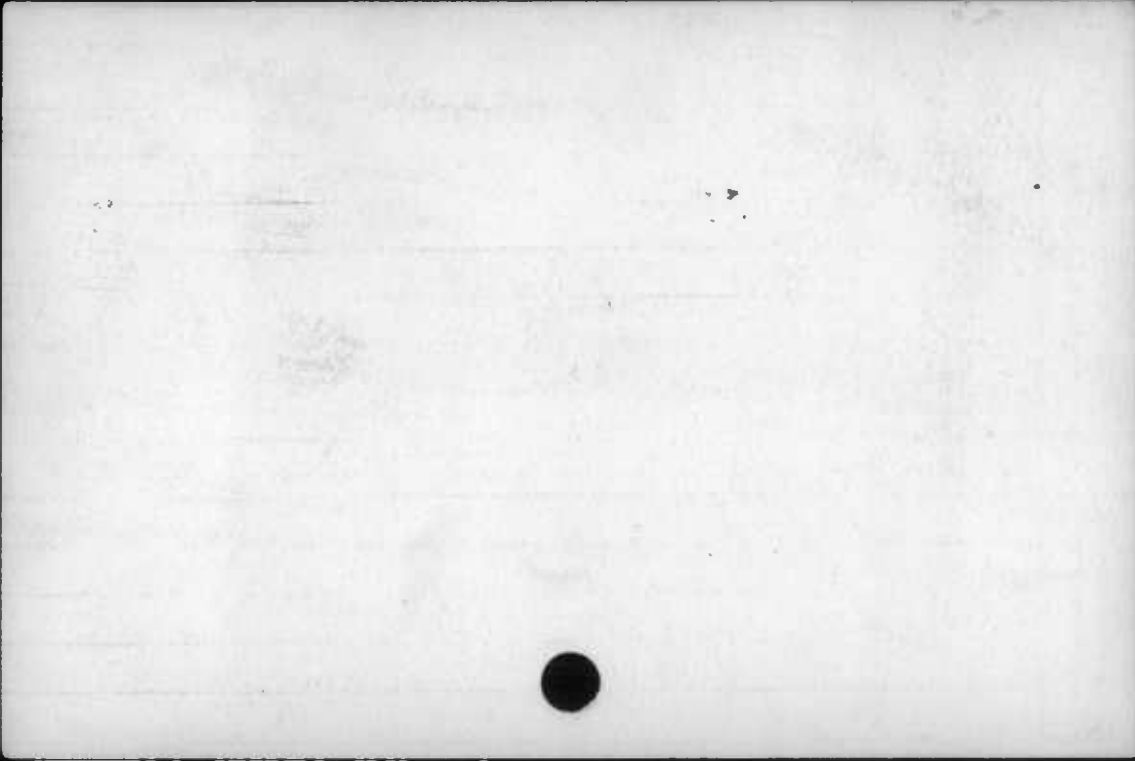
TO BE ANSWERED BY
NEAREST FRIEND

Died at So. Baltg County a. a. MARYLAND
 Date of death | 1910 Month May Day 20 Age 70 Years Months — Days 10
 Sex Male Color or Race white Birth-place So. Baltg Md
 Occupation — Where Reading if not at place of death —
 Married, Single or Widowed — Name of Wife or Husband —
 Father's Name Robt M. Rhodes Father's Birthplace Richmond Va
 Mother's Maiden Name Agnes Duran Mother's Birthplace Columbus Ga
 Name of person giving information Robt M. Rhodes How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Infantile Convulsions How long 6 hours
 Immediate Heart Failure How long at once
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician Theo. B. Norton MD
 Address So. Baltg, Md
 Accident or Suicide? —



Name
in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

A. P. Co. A. A. County

Date

of death 1940 May 39 Age 2 Months 9 Days

Sex

Female Color or Race White Birth-place East Port Md

Occupation

None Where Residing if not at place of death

Married, Single or Widowed

Single Name of Wife or Husband None

Father's Name

William J. Rogers Father's Birthplace Annapolis Md

Mother's Maiden Name

Mary E. Pratt Mother's Birthplace Baltimore Md

Name of person giving information

William J. Rogers How related to deceased Father

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary

Pertussis How long 3 or 4 weeks.

Immediate

Convulsions of How long 6 hrs.

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

Yes

Signature of Physician

Miss B. Heald

Address

Annapolis, Md.

Accident or Suicide

Neither



Name
In Full

Still born of Clarence Sedgwick

CERTIFICATE OF DEATH

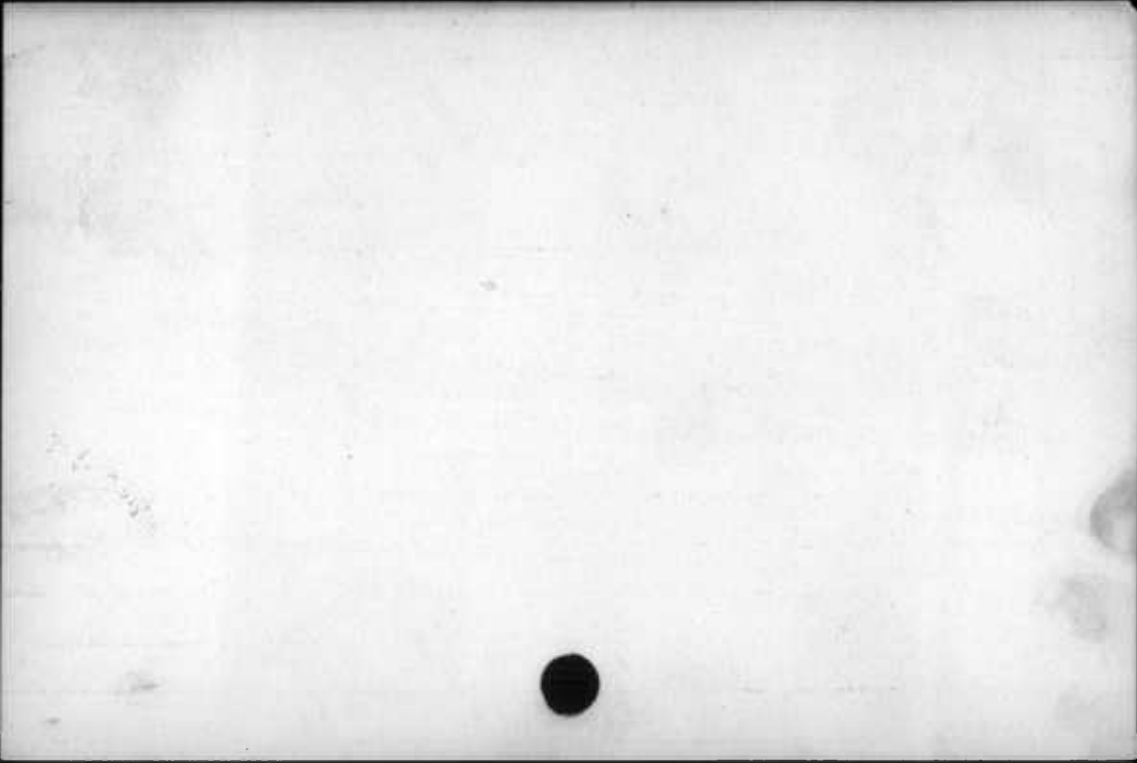
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Md</i>		Town <i>Annapolis Md</i>		County <i>A. A. CD</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>May</i>	Day <i>3</i>	Age	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis Md</i>		Occupation		
Where Residing if not at place of death <i>32 Paer st</i>				Married, Single or Widowed <i>single</i>			
Name of Wife or Husband		Father's Name <i>Clarence Sedgwick</i>		Father's Birthplace <i>Annapolis Md</i>		Mother's Maiden Name <i>Maggie Phelps</i>	
Name of person giving information <i>Clarence Sedgwick</i>		How related to deceased <i>Father</i>		Mother's Birthplace <i>Annapolis Md</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still-born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>John Ridout</i>
Accident or Suicide?		Address <i>Annapolis Md</i>



Name
in
Full

Adeline Bellman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at 8 o'clock		Town	County		aa	MARYLAND	
Date of death	1900	Month	May	Day	Monday	Age	28
Sex	Woman	Color or Race	Brown skin		Birth-place	aa	
Occupation			Where Residing if not at place of death		Baltimore		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Bellman				Father's Birthplace	aa bo	
Mother's Maiden Name	Rachel Pratt				Mother's Birthplace	aa bo	
Name of person giving Information	Maria Owen				How related to deceased		

CAUSES OF DEATH

Primary *Colic carcinoma*

How long

45

Immediate

How long

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

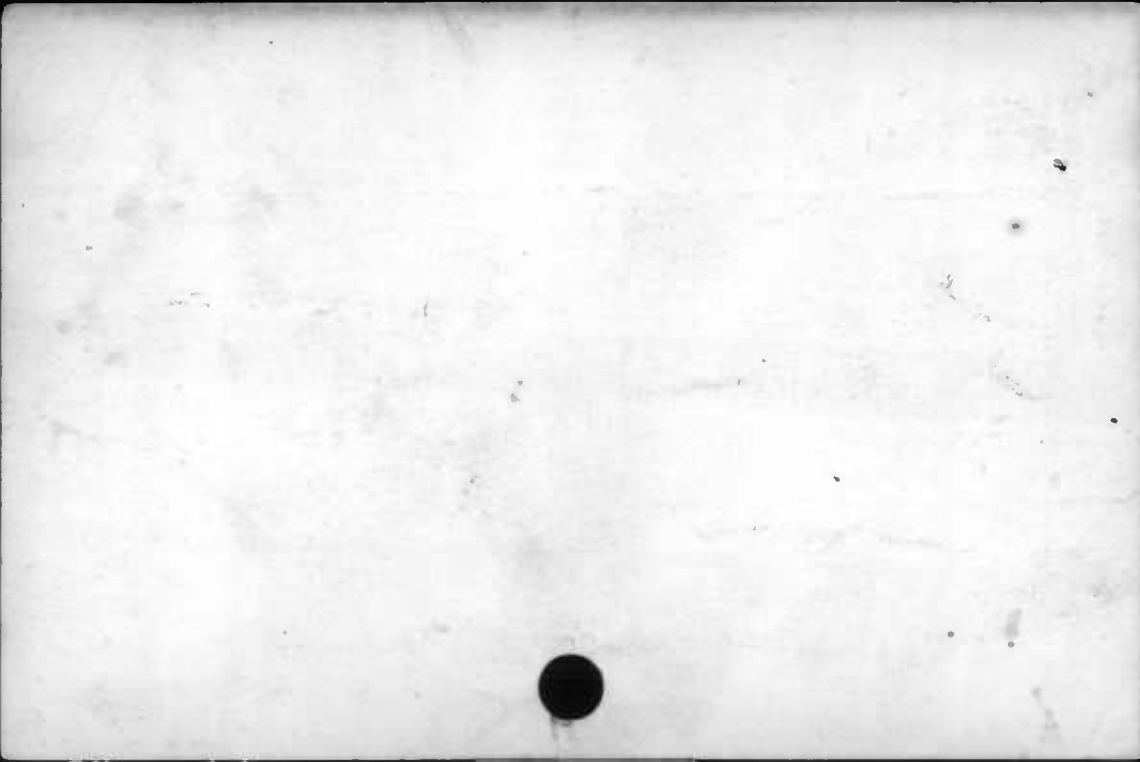
Signature of Physician

Address

Rexedy Jasso
Upper Marlboro
md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Catherine E Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at Annapolis Town A.A.Co County **MARYLAND**

Date of death 1960 Month May Day 14 Age 48 Years Months 7 Days 9

Sex Female Color or Race white Birth-place Annapolis

Occupation None Where Residing if not at place of death 17 Madison St

Married, Single or Widowed Widowed Name of Wife or Husband Jane Smith

Father's Name Wm. C. Basil Father's Birthplace A.A.Co

Mother's Maiden Name Althea Woodson Mother's Birthplace A.A.Co

Name of person giving Information Blara Owens How related to deceased Sister

CAUSES OF DEATH

Primary Carcinoma of Intestines How long 1 yr.

Immediate

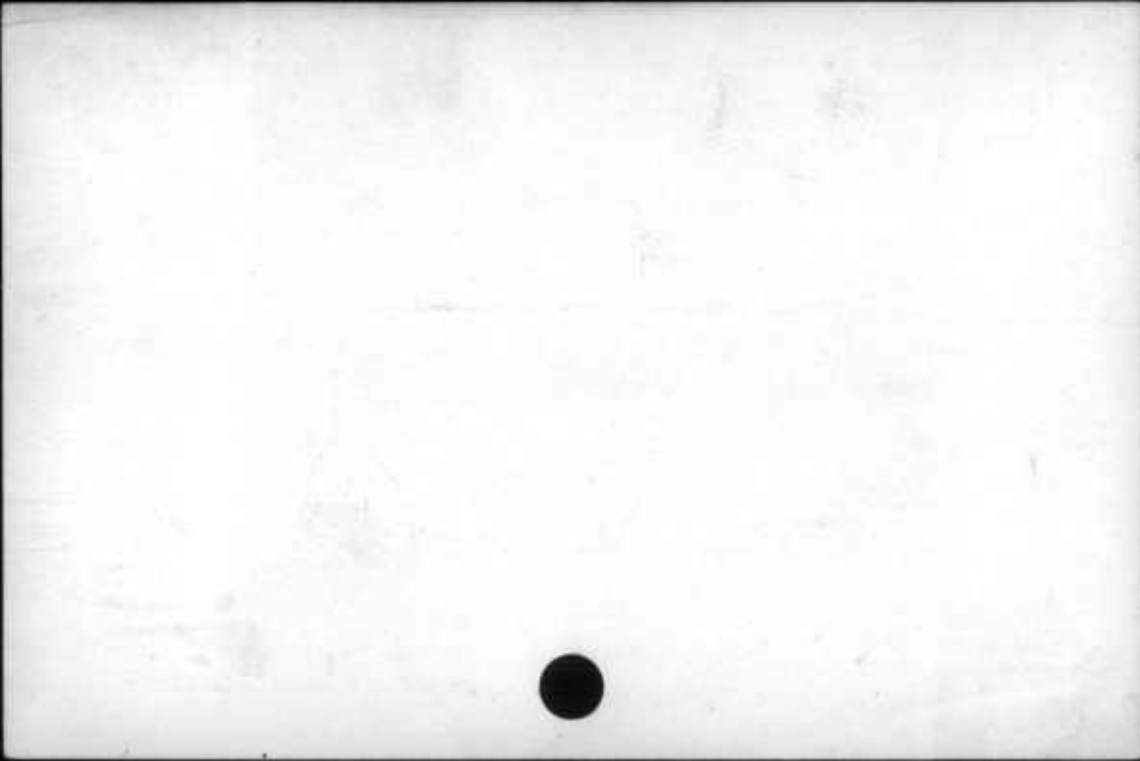
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Murphy
Annapolis Md

Accident or Suicide



Name in Full

Eleanor Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Tochiam Town aa County aa MARYLAND

Date of death 1910 Month may Day 16 Age — Years Months 2 Days —

Sex female Color or Race colored Birth-place aa & md

Occupation — Where Residing if not at place of death Tochiam

Married, Single or Widowed m Name of Wife or Husband chas smith

Father's Name chas smith Father's Birthplace aa & md

Mother's Maiden Name alice sellman Mother's Birthplace aa & md

Name of person giving information chas smith How related to deceased father

CAUSES OF DEATH

PHYSICIAN OR CORONER

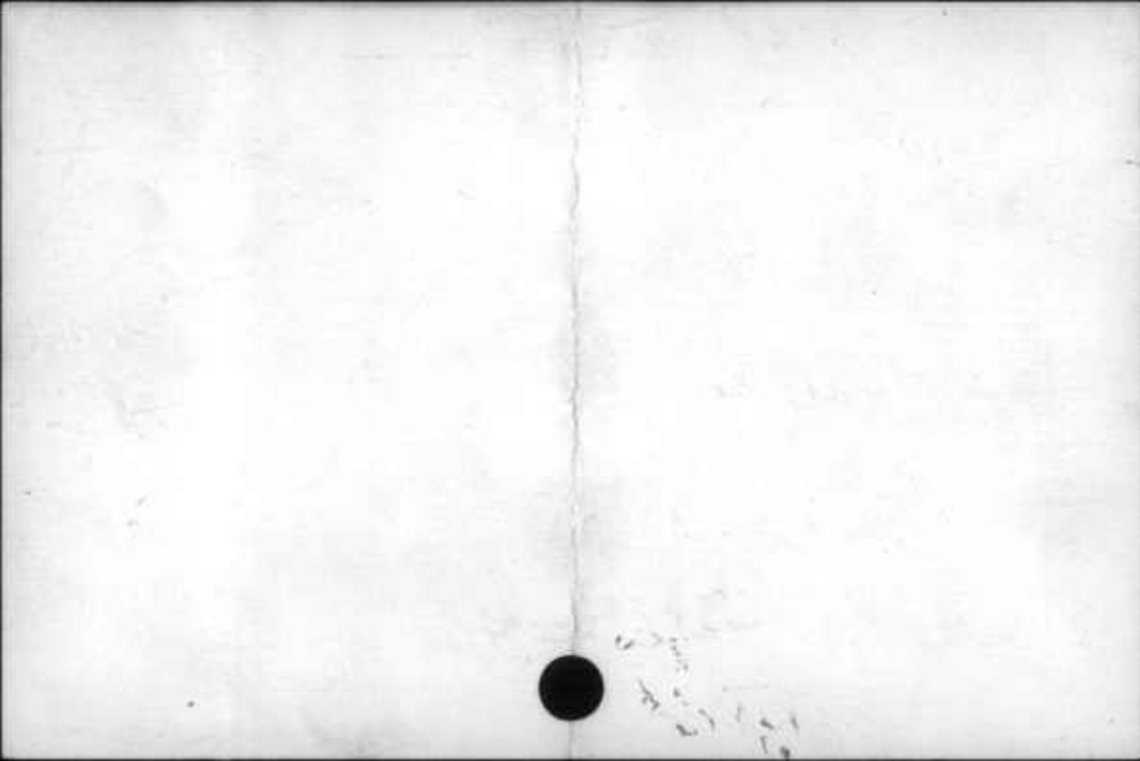
Primary Don't know How long Don't know

Immediate Don't know How long Don't know

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician Maclain Cannon MD

Address West River Md Accident or Suicide fricker

189A



Name
in
Full

Harry C. Stokes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *East - Port* Town *Anne Arundel* County **MARYLAND**

Date of death *1940* Month *May* Day *25* Age *—* Years Months Days

Sex *male* Color or Race *White* Birth-place *East - Port*

Occupation *—* Where Residing if not at place of death *—*

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

Father's Name *John. C. Stokes* Father's Birthplace *Balto - Md*

Mother's Maiden Name *~~Cecilia~~ Annie R. Carey* Mother's Birthplace *Fredrick Co. Md*

Name of person giving information *John. C. Stokes* How related to deceased *Father*

CAUSES OF DEATH

8 ✓

Primary *Whooping Cough* How long *2 wks*

Immediate *Asphyxia* How long *few hrs.*

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

Signature of Physician *J. J. Russell M.D.* Address *Eastport, acc. Md.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full

Amos Eugene Stokes

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Friendship ^{County} Anne Arundel **MARYLAND**
 Date of death 1988 ^{Month} May ^{Day} 8 ^{Years} 8 ^{Months} 0 ^{Days} 21
 Sex Male Color or Race Black Birthplace Ind.
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____
 Father's Name Albert Stokes Father's Birthplace Ind.
 Mother's Maiden Name Agnes Mitchell Mother's Birthplace Ind.
 Name of person giving information Albert Stokes How related to deceased Father

CAUSES OF DEATH

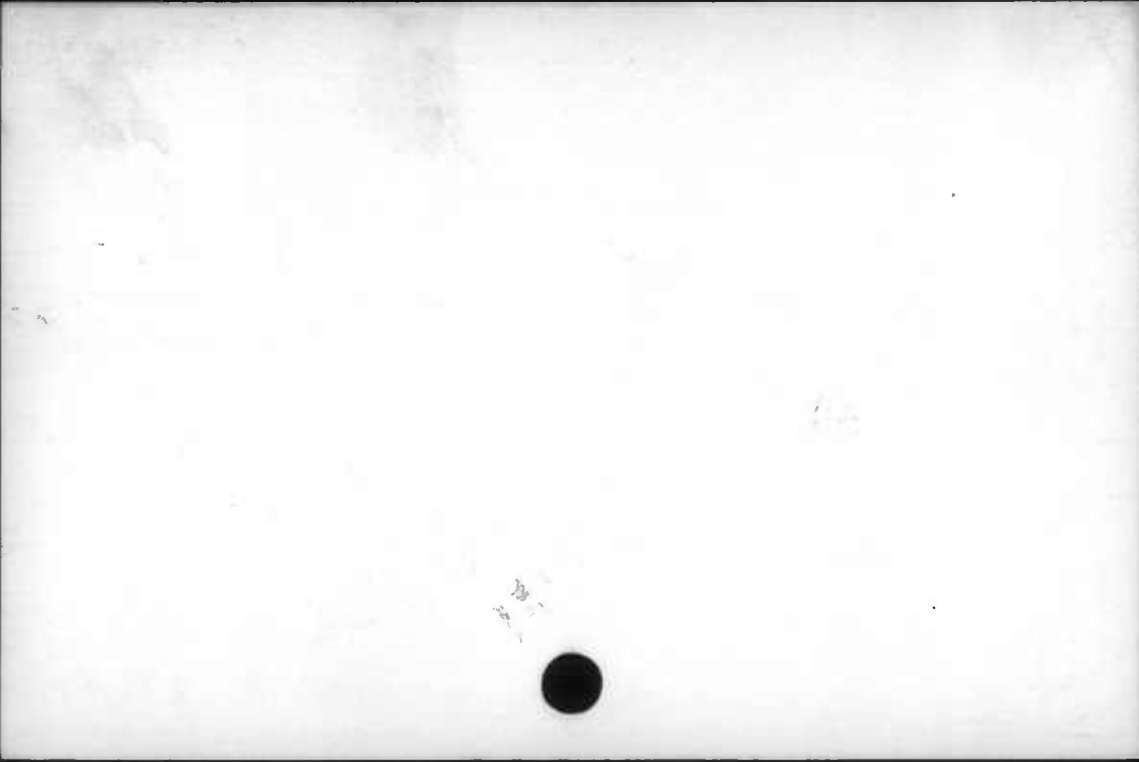
PHYSICIAN OR CORONER

Primary Marasmus 1895 How long 21 days
 Immediate _____ How long _____

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

Signature of Physician A. H. Perrie
 Address Pickensdree, Ind.

Accident or Suicide



Name
in
Full

Nannie Pearl Hall Strange

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death <u>1940</u>	Month <u>5</u>	Day <u>15</u>	Age <u>26</u>	Months <u>11</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Annapolis</u>			
Occupation <u>House Wife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>G. Franklin Strange</u>				
Father's Name <u>Charles Willis Hall</u>	Father's Birthplace <u>Syracuse N.Y.</u>				
Mother's Maiden Name <u>Margaret Mitchell Basil</u>	Mother's Birthplace <u>Annapolis</u>				
Name of person giving Information <u>G. Franklin Strange</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

Primary <u>Placenta Previa</u>	How long <u>Eight hours</u>
Immediate <u>Syncope due to hemorrhage</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>M. Ernest Caudwell</u>
	Address <u>9 St. John St. Annapolis, Md.</u>
Accident or Suicide	

PHYSICIAN
OR CORONER

1900
1901
1902



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Upton</u> Town <u>Brown</u> County <u>aa</u>		MARYLAND	
Date of death <u>1900</u> Month <u>May</u> Day <u>30</u>	Age <u>7</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth place <u>MD</u>	
Occupation <u>None</u>	Where Residing if not at place of death _____		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____		
Father's Name <u>J. L. Upton</u>	Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Carrie A. Biles</u>	Mother's Birthplace <u>MD</u>		
Name of person giving information <u>J. L. Upton</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Still Born</u>	How long _____	
	Immediate _____	How long _____	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. Brooke</u>	
	Accident or Suicide? _____	Address <u>Brown MD</u>	



Name
In Full

Anton Vinkler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Benfield ^{County} Anne Arundel

MARYLAND

Date of death 19 10 5 22 Age 9 - Months - Days -

Sex Male Color or Race White Birth-place Bohemia

Occupation Laborer - Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Joseph Vinkler Father's Birthplace Bohemia

Mother's Maiden Name Rosa Shoemaker Mother's Birthplace Bohemia

Name of person giving information Rosa Vinkler How related to deceased Mother

CAUSES OF DEATH

Primary Drowning - How long 169 1/2

Immediate How long

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

Address 7401 1/2 1st Ave

Millsville Md.

Retiring as Coroner Accident or Suicide? Accident



Name
in
Full

William H. Hard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at Eastport ^{Town} Anne Arundel ^{County} **MARYLAND**

Date of death 1900 ^{Month} May ^{Day} 1 ^{Age} — ^{Years} — ^{Months} 9 ^{Days} —

Sex Male ^{Color or Race} White ^{Birth-place} Eastport Md

Occupation — ^{Where Residing if not at place of death} —

Married, Single or Widowed Single ^{Name of Wife or Husband} —

Father's Name Richard C. Hard ^{Father's Birthplace} Annapolis Md

Mother's Maiden Name Catharine C. Norwood ^{Mother's Birthplace} Annapolis Md

Name of person giving Information — ^{How related to deceased} —

PHYSICIAN
OR CORONER

CAUSES OF DEATH

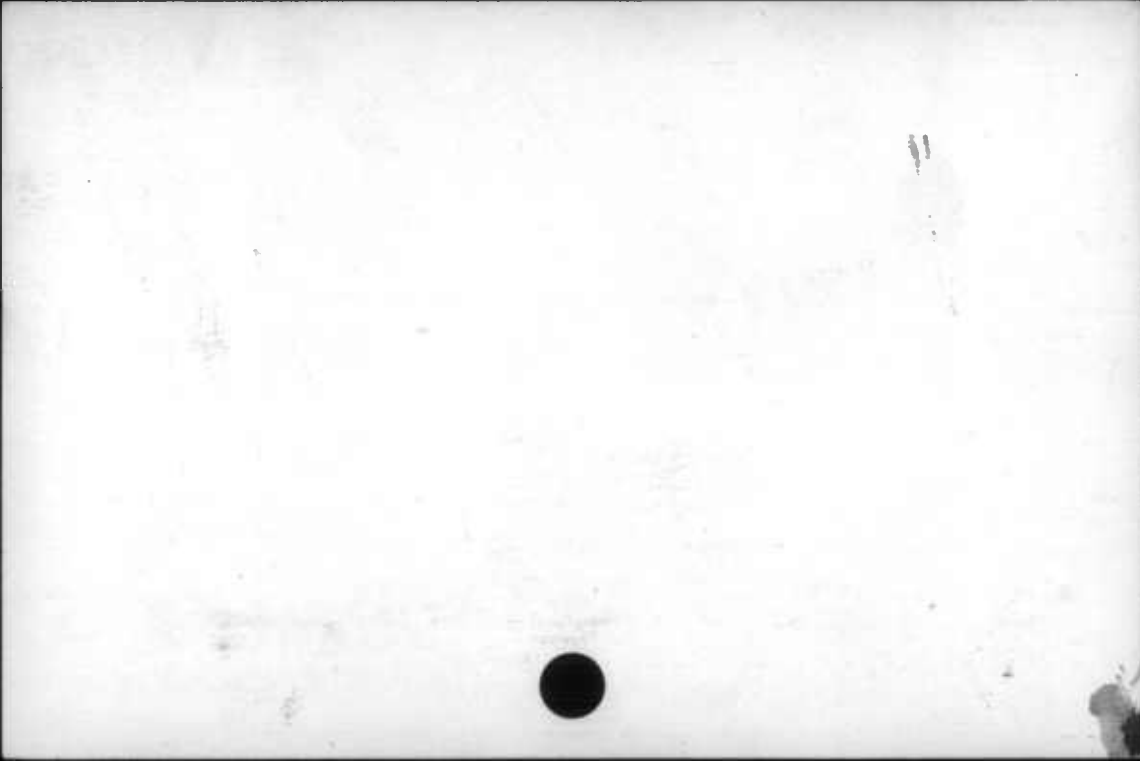
Primary Transition ^{How long} 4 Mos.

Immediate Convulsions ^{How long} few hours.

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

Signature of Physician J. J. Russell M.D. ^{Address} Eastport Md.

Accident or Suicide —



Name in Full

Mary E. Wells

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at Annapolis md a.a.cd County MARYLAND

Date of death 1960 Month May Day 27 Age 18 1/4 Years — Months — Days —

Sex Female Color or Race Colored Birth-place Annapolis md

Occupation House work Where Residing if not at place of death 314 Carroll Alley

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

Father's Name William H. Wells Father's Birthplace Annapolis md

Mother's Maiden Name Ida Queen Mother's Birthplace Annapolis md

Name of person giving Information William H. Wells How related to deceased Father

CAUSES OF DEATH

Primary Nephritis How long several months

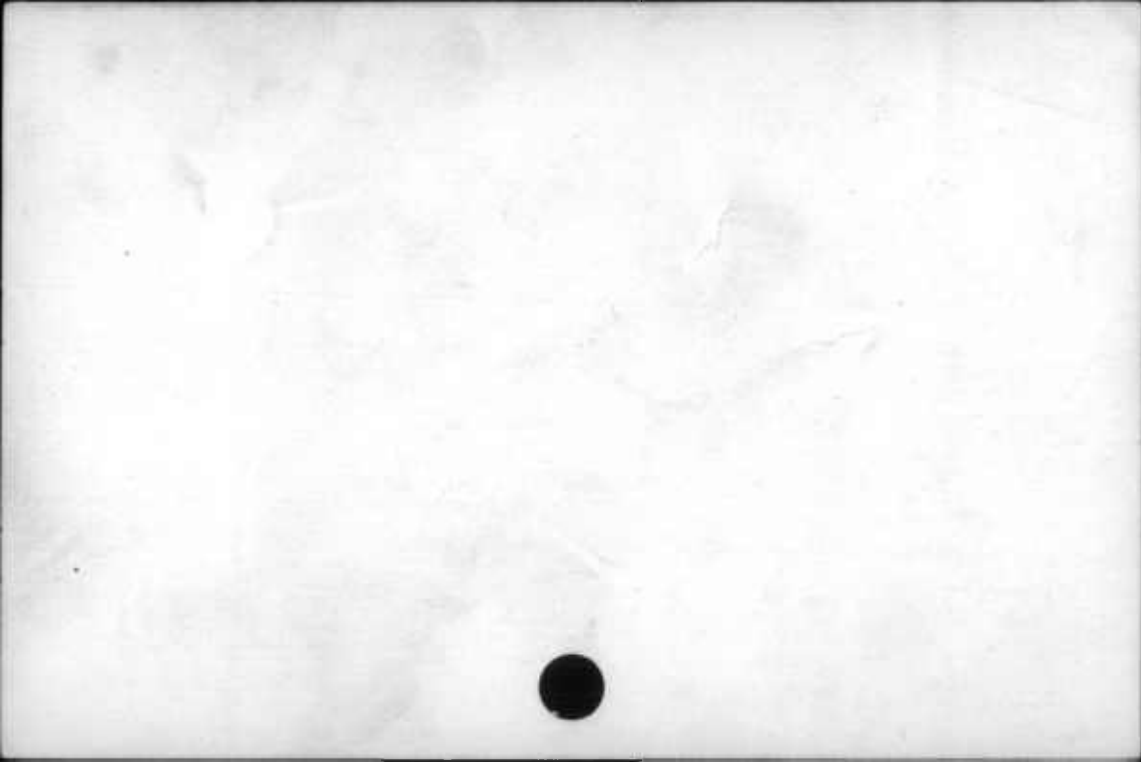
Immediate Memia + Exhausion How long Gradual

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John Ridout, MD Address Annapolis Md

PHYSICIAN OR CORONER

7

Accident or Suicide



Name in Full

Mrs Lillie C Wilson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Antio Bay</u> Town		County <u>aa</u>		MARYLAND	
Date of death <u>1900</u>	Month <u>May</u>	Day <u>27</u>	Age <u>26</u>	Years <u>8</u>	Months <u>1</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>House Wife</u>	Where Residing if not at place of death - <u>Baltimore Md.</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Charlie Wilson</u>				
Father's Name <u>John Schaper</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Tina Wise</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Anna Schaper</u>	How related to deceased <u>Mother</u>				

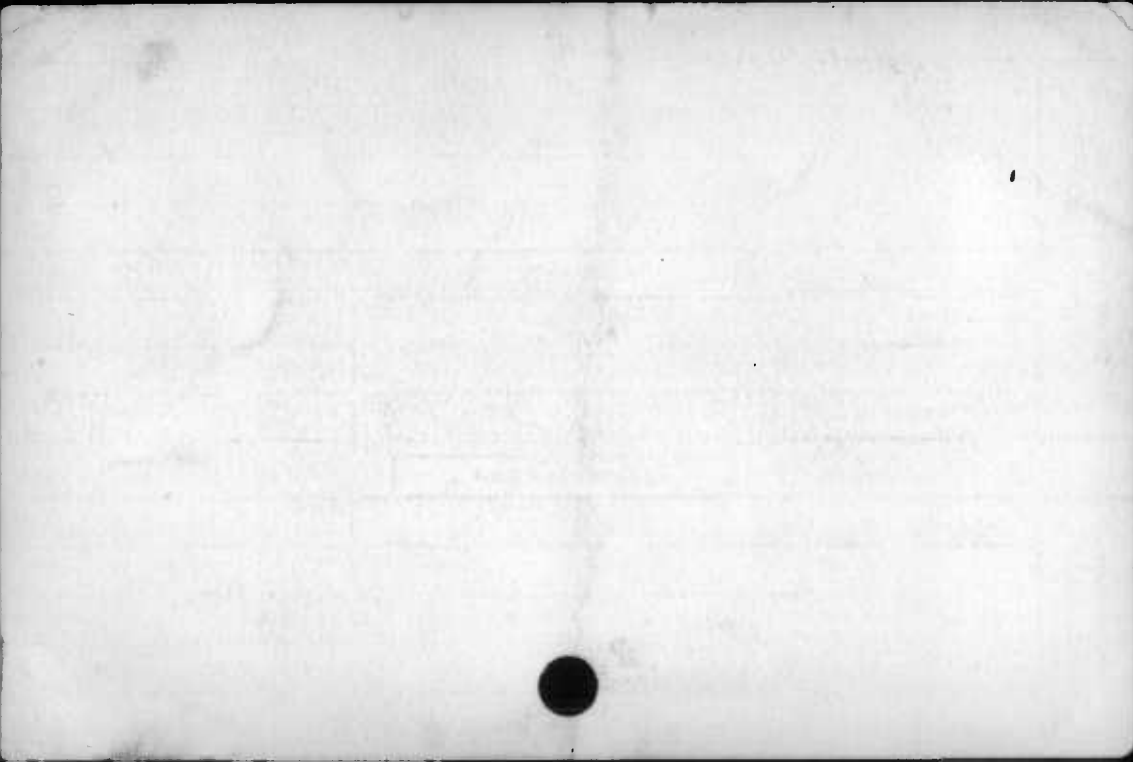
8

CAUSES OF DEATH

Primary <u>Nephritis</u>	How long <u>Don't know.</u>
Immediate <u>Uræmia</u>	How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>William D. J. M.D.</u>
	Address <u>#1074 Madison Ave. Maryland</u>
Accident or Suicide? <u>No</u>	

PHYSICIAN OR CORONER

H



Name
in
Full

CERTIFICATE OF DEATH

Marion Combs Wolferman

Town

County

MARYLAND

Died at A. A. Co A. A. Co

Date of death 1940 May 28 Age 26 Months 9 Days

Sex Female Color or Race White Birth-place Cambridge Ill

Occupation ~~None~~ None Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Fred Wolferman

Father's Name W. A. Combs Father's Birthplace N. Y.

Mother's Maiden Name L. A. Moore Mother's Birthplace N. Y.

Name of person giving information Robert Combs How related to deceased Brother

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Phthisis Pulmonalis How long six months
Immediate Enteritis How long 20 days

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

Signature of Physician

Address

D. Waldron M.D.
917 Madison Ave
Baltimore, Ind.

PHYSICIAN
OR CORONER

Accident or Suicide

1000 1000
1000 1000



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Andrew Wright*

Town *Annapolis* County *A. U.*

Died at *Annapolis A. U.*

Date of death *1900* Month *5* Day *15* Age *24* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *99 to Md*

Occupation *Harbormen* Where Residing if not at place of death *_____*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Jake Wright* Father's Birthplace *99 to Md*

Mother's Maiden Name *Lizzie Harrod* Mother's Birthplace *99 to Md*

Name of person giving Information *John Hunt* How related to decedent *Cousin*

CAUSES OF DEATH

Primary *Consumption* How long *6 months*

Immediate *Heart failure* How long *one hour*

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

Signature of Physician *Dr. D. Carter*

Address *59 Calvert St
Annapolis Md.*

Accident or Suicide

PHYSICIAN
OR CORONER

112

112

