

Name
in
Full

Robert D. Abdell.

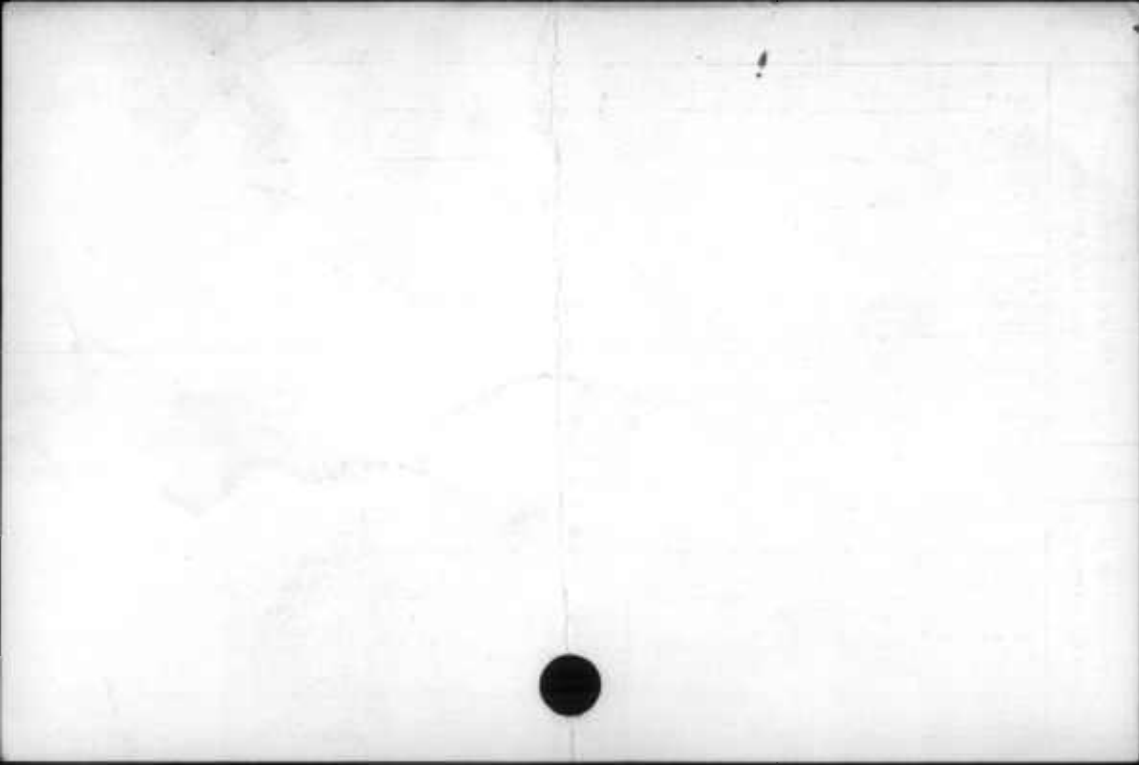
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Federalsburg.		County Caroline.		MARYLAND	
Date of death		1910	Month May.	Day 5	Age 82	Months 3	Days 5
Sex		Male		Color or Race.		White	
Occupation		Retired Building Contractor.		Where Residing if not at place of death		Horchester Co. Md.	
Married, Single or Widowed		Widowed		Name of Wife or Husband		Decid.	
Father's Name		James Abdell		Father's Birthplace		Unknown.	
Mother's Maiden Name		Elizabeth Gibbey		Mother's Birthplace		"	
Name of person giving Information		Mrs Margaret Elliott.		How related to deceased		Daughter.	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	6 arachnoid meningitis	How long	6 mo.
	Immediate	Stroke	How long	4 days.
	Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	F. J. Brooks
			Address	Federalsburg Caroline Co, Md.
	Accident or Suicide			



CERTIFICATE OF DEATH

Died at

Spencer Brown

Town

Goldstone

County

Caroline

MARYLAND

Date

of death 1990

Month

May

Day

29

Age

Years

35

Months

Days

Sex

male

Color or
Race

Black

Birth-
place

Maryland

Occupation

Farmer

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

married

Name of Wife or
Husband

Margaret Brown

Father's
Name

Frisby Brown

Father's
Birthplace

Maryland

Mother's
Maiden Name

Elmira Henry

Mother's
Birthplace

Maryland

Name of person giving
information

Alex Ross

How related
to deceased

son

CAUSES OF DEATH

Primary

Tuberculosis

28

How long

Immediate

How long

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

Address

W. J. Cooper & City Beron
Goldstone

Accident or Suicide



Name
in
Full

Samuel R Buckley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Choptaw		6		Coraline			
Date of death		Month	Day	Age	Years	Months	Days
190		10	May	72	74	7	7
Sex	Color or Race	Birth-place					
Male	White	Md					
Occupation	Where Residing if not at place of death						
Former (Retire)	Choptaw						
Married, Single or Widowed	Name of Wife or Husband						
Widowed	Charlotte Buckley						
Father's Name	Father's Birthplace						
John Buckley	Md						
Mother's Maiden Name	Mother's Birthplace						
Mary Perry	Md						
Name of person giving information	How related to deceased						
Nora Harrison	Daughter						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Chronic nephritis	How long	5	(20)
	Immediate	Uraemic poisoning	How long	2 do	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address			

Accident or Suicide	
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Name in Full **Mary Esther Eddington**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Federalburg <small>Town</small>		Caroline <small>County</small>		MARYLAND	
Date of death 1960 May 23		Age 2		Months	Days 2
Sex Female		Color or Race White		Birth place Federalburg, Md.	
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed Infant		Name of Wife or Husband _____			
Father's Name Harry Eddington,		Father's Birthplace Milford, Md.			
Mother's Maiden Name Sadie Stevens		Mother's Birthplace near Federalburg, Md.			
Name of person giving Information Harry Eddington,		How related to deceased Father,			

CAUSES OF DEATH

151B V

PHYSICIAN OR CORONER

Primary Premature birth	How long 3 days
Immediate	How long

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

Signature of Physician **B K Jefferson**
 Address **Federalburg md**

Accident or Suicide



Name
in
Full

Mary Ellen Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at New Ridge ^{Town} Anne ^{County} MARYLAND
 Date of death 1960 ^{Month} May ^{Day} 17 ^{Age} 52 ^{Years} — ^{Months} — ^{Days} —
 Sex Female ^{Color or Race} Caucas ^{Birth-place} Del
 Occupation Homemaker ^{Where Residing if not at place of death} —
 Married, Single or Widowed married ^{Name of Wife or Husband} Wm J Hines
 Father's Name Robert Morris ^{Father's Birthplace} MD
 Mother's Maiden Name Eliza Mathews ^{Mother's Birthplace} MD
 Name of person giving information Wm Hines ^{How related to deceased} Husband

CAUSES OF DEATH

(64) ✓

PHYSICIAN
OR CORONER

Primary Intest Indigestion ^{How long} 12 hours
 Immediate Cerebral hemorrhage ^{How long} 20 hours
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician R. B. Rainey
 Address —
 Accident or Suicide? no

Esco Fletcher

Muir County

Name in Full *Anneteliza Smith*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Ridgeley* To *Caroline* County *MARYLAND*

Date of death 1990 *May* 10 Age *81* Months *9* Days *10*

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

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Widow* Name of Wife or Husband *Arleinas Smith*

Father's Name *Chas. Williamson* Father's Birthplace *D.C.*

Mother's Maiden Name *Sarah Twifford* Mother's Birthplace *D.C.*

Name of person giving information *Leonard S. Parsons* How related to deceased *Grandchild*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Senility* How long *4 mos.*

Immediate *Exhaustion* How long *2 days*

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

Address *Ridgeley Md.* Accident or Suicide *No*



Name in Full

Louis Robertson Smith -

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

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

Date of death 1990 ^{Month} May ^{Day} 30 ^{Years} Age ^{Months} 3 1/2 ^{Days}

Sex Male Color or Race White Birth-place MD

Occupation — Where Residing if not at place of death —

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

Father's Name Robt E. Smith Father's Birthplace MD

Mother's Maiden Name Libbie H. Robinson Mother's Birthplace N.Y.

Name of person giving Information R.E. Smith How related to deceased Father

CAUSES OF DEATH

Primary Inanition 1779 How long 3 1/2 days

Immediate — How long —

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

Address Ridgely MD

Accident or Suicide No

PHYSICIAN OR CORONER



Name in Full

Adah Stevens

(M)

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Androssville* Town *Barlowe* County

MARYLAND

Date of death 1960 Month 05 Day 29 Age 9 Years Months Days

Sex *Female* 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 *Jack Stevens* Father's Birthplace *MD.*

Mother's Maiden Name *Edith Price* Mother's Birthplace *MD.*

Name of person giving Information *Jack Stevens* How related to deceased *Father*

(JK)

CAUSES OF DEATH

Primary *Wound of Thigh, Accidentally* How long *1 week*

Immediate *Tetanus* *received while during* How long *2 days*

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

Signature of Physician *F. M. Nichols* Address *Denton MD.*

PHYSICIAN OR CORONER

Accident or Suicide



Name
in
Full

Elizabeth S. Storey.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
near		Hynson,		Caroline			
Date of death	Month	Day	Years	Months	Days		
1940	May	1	83				
Sex	Color or Race	Birth-place					
Female	White	Caroline Co. Md.					
Occupation	Where Residing if not at place of death						
House-work.							
Married, Single or Widowed	Name of Wife or Husband						
Widowed.	Silas Storey - (decd 28 yrs)						
Father's Name	Father's Birthplace						
Wm Willoughby.	Unknown.						
Mother's Maiden Name	Mother's Birthplace						
Unknown.	"						
Name of person giving information	How related to deceased						
Edw. S. Storey.	Son.						

CAUSES OF DEATH

Primary	Cancer Liver	How long	One year
Immediate		How long	

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

yes

Signature of Physician

Address

B. K. Jefferson
Federalburg Md

Accident or Suicide



Elanora Wilson.

CERTIFICATE OF DEATH

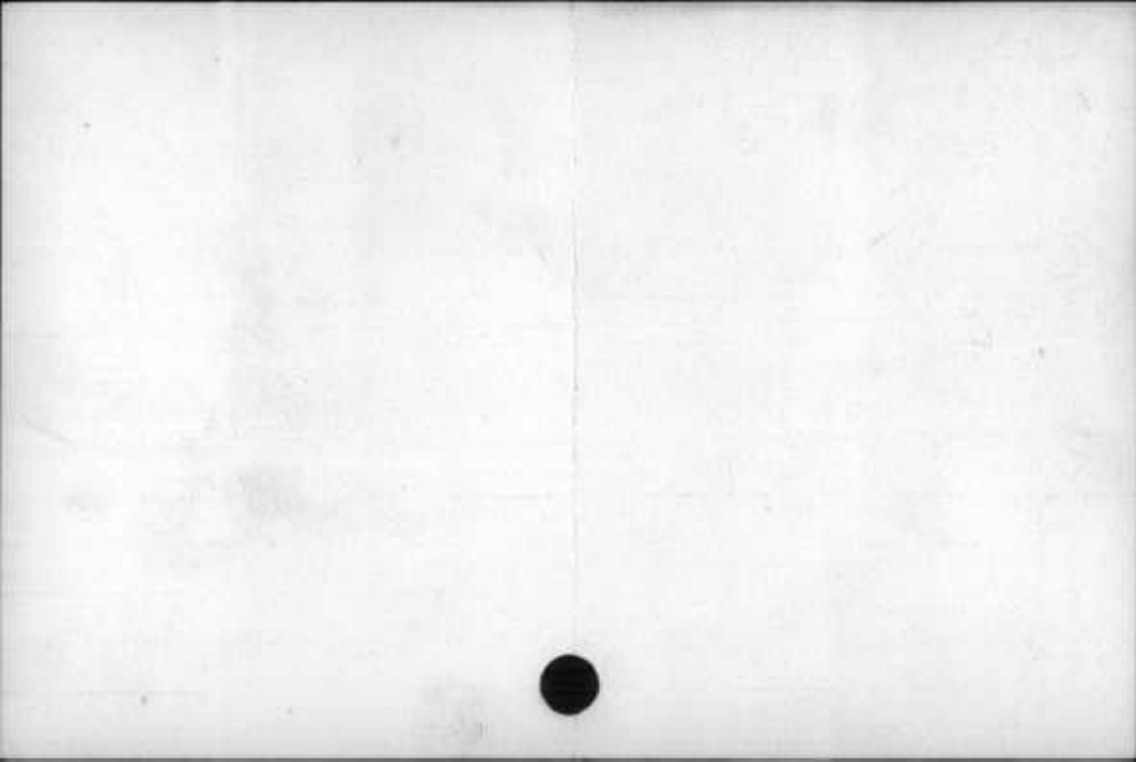
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Federalburg		^{County} Caroline		MARYLAND	
Date of death	1900 May	Day	22	Age	55
		Months		Years	28
Sex	Female	Color or Race	White	Birth place	Howard Co. Md.
Occupation	House-work		Where Reading if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Frank Wilson.		
Father's Name	Dickson.		Father's Birthplace	Howard Co. Md	
Mother's Maiden Name	Unknown.		Mother's Birthplace	" " "	
Name of person giving information	Ethel Meredith		How related to deceased	Daughter.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gunshot of heart	How long	sudden
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. Kemp Jefferson
		Address	Federalburg Md.
Accident or Suicide?	suicide		



Name
in
Full

William H. Mothers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

By

Died at *near Hickman* ^{Town} *Caroline* ^{County} **MARYLAND**

Date of death 19*40* ^{Month} *May* ^{Day} *17* ^{Years} *77* ^{Months} *one* ^{Days}

Sex *male* Color or Race *white* Birth-place *in Delaware*

Occupation *farmer* Where Residing If not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Sarah H. Mothers*

Father's Name *James Mothers* Father's Birthplace *unknown*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving Information *Sally E. Jester* How related to deceased *daughter*

CAUSES OF DEATH

Primary *Gastritis and* ^{How long} *154* ^{How long} *about*

Immediate *Senile Debility* ^{How long} *4 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Walter S. Hunter*
Address *Greenwood, Del.*

PHYSICIAN
OR CORNER

H

Accident or Suicide

