

Name
in
Full

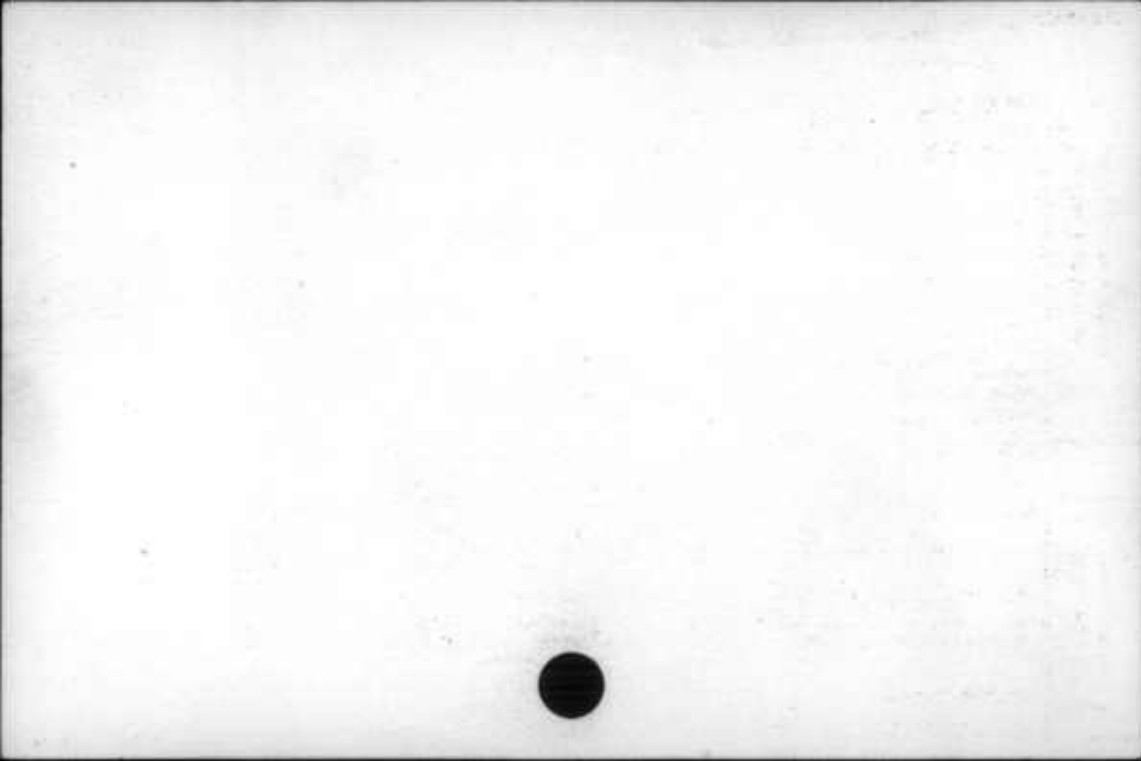
Rhodosia Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Elkton* ^{Town} *Cecil* ^{County} **MARYLAND**Date of death *1940* ^{Month} *May* ^{Day} *18* ^{Years} *22* ^{Months} ^{Days}Sex *Female* Color or Race *White* Birth-place *Med*Occupation *House girl* Where Residing if not at place of deathMarried, Single or Widowed *single* Name of Wife or HusbandFather's Name *James P Alexander* Father's Birthplace *Med*Mother's Maiden Name *Clara Sullivan* Mother's Birthplace *"*Name of person giving information *Jos P Alexander* How related to deceased *Father*

CAUSES OF DEATH

Primary *Nephritis, Pregnancy* ^{How long} *138* *do not know*Immediate *Puerperal Eclampsia* ^{How long} *18 hours*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Howard Brutton*Address *Elkton Med*Accident or Suicide *No*PHYSICIAN
OR CORONER



Name
in
Full

William D. Alexander

CERTIFICATE OF DEATH

Town

Elkton

County

Beech

MARYLAND

Died at

Date

of death 1960

Month

May

Day

19 -

Age

Years

Months

Days

1

Sex
Occupation

male

Color or
Race

white

Birth-
place

Elkton

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

single

Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Theodosia Alexander

Mother's
Birthplace

Elkton

Name of person giving
information

Howard Bratten

How related
to deceased

None

CAUSES OF DEATH

Primary

Premature Birth 7 1/2 mo?

How long

Immediate

Inanition

How long

1 day

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

Howard Bratten

Address

yes

no -

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



me
in
Full

James C Crothers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Greenhurst</i> Town		<i>cecil</i> County			
Date of death <i>1900</i>	Month <i>May</i>	Day <i>21</i>	Age <i>81</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Greenhurst</i>		
Occupation <i>Farming</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Hannah Crothers</i>				
Father's Name <i>James Crothers</i>			Father's Birthplace <i>Greenhurst</i>		
Mother's Maiden Name <i>Rachel Cameron</i>			Mother's Birthplace <i>Greenhurst</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary <i>Cerebral Hemorrhage</i>	How long <i>24 hours</i>
Immediate <i>Haematemesis</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. L. Gifford</i>
<i>Yes</i>	Address <i>Green Md</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Jesse Dennison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at Elk Ridge ^{Town} Cecil ^{County} **MARYLAND**

Date of death **1900** ^{Month} May ^{Day} 17 ^{Years} Age 74 ^{Months} ^{Days}

Sex male Color or Race White Birth-place Ind

Occupation Railroad Man Where Residing if not at place of death

Married, Single or Widowed widowed Name of Wife or Husband Unknown

Father's Name Wm. Dennison Father's Birthplace Ind

Mother's Maiden Name Sarah Logan Mother's Birthplace

Name of person giving Information Lizzie Dennison How related to deceased sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Atherosclerosis  How long 4 years

Immediate Dilate of Heart How long 3 hrs

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

Address Cherry Hill Md

Accident or Suicide

272



Name
is
Full

Wm A Elliott

CERTIFICATE OF DEATH

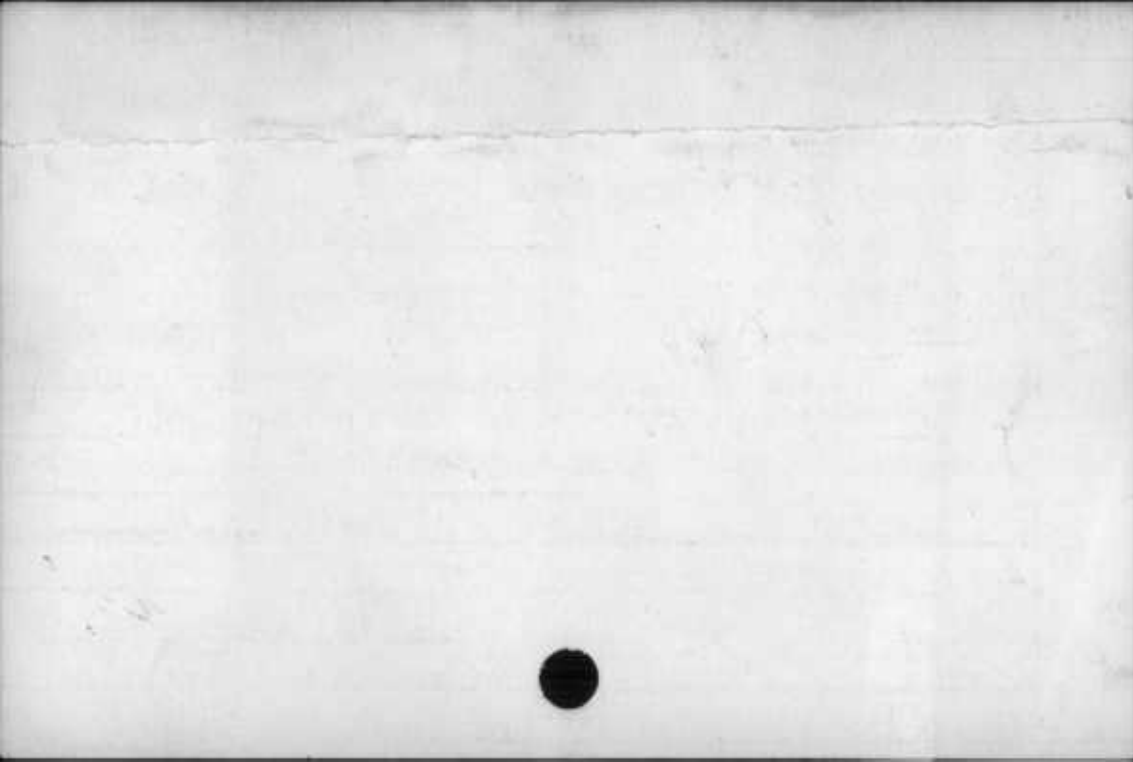
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Providence</i> <small>Town</small>		<i> Cecil </i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month <i>May</i>	Day <i>2</i>	Age <i>65</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Salesman</i>	Where Reading if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>John L Elliott</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Julia Siedler</i>	Mother's Birthplace <i>at</i>				
Name of person giving information <i>Mrs Elliott</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 years</i>
Immediate <i>3 attack</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. E. Miller</i>
	Address <i>North East, Md.</i>
Accident or Suicide?	



Name is Full

John F. Furry

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>East near</i>		Town		<i>crw</i>		County		MARYLAND					
Date of death <i>1910</i>		Month <i>may</i>		Day <i>6</i>		Age <i>74</i>		Years		Months <i>4</i>		Days	
Sex <i>male</i>				Color or Race <i>white</i>				Birth-place <i>ingland</i>					
Occupation <i>Farmer</i>						Where Residing if not at place of death <i>Strick</i>							
Married, Single or Widowed <i>widowed</i>				Name of Wife or Husband <i>Both Dead</i>									
Father's Name <i>Thimothy Furry</i>						Father's Birthplace <i>ingland</i>							
Mother's Maiden Name <i>dont no</i>						Mother's Birthplace <i>ingland</i>							
Name of person giving information <i>John Furry jr</i>						How related to deceased <i>son</i>							

CAUSES OF DEATH

Primary <i>Arteriosclerosis</i>		How long <i>several years</i>	
Immediate <i>"</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Conroy M.D.</i>	
		Address <i>Chesapeake Bay</i>	
Accident or Suicide? <i>H</i>		<i>no</i>	

Harts Cum

Name
in
Full

Anna Harris

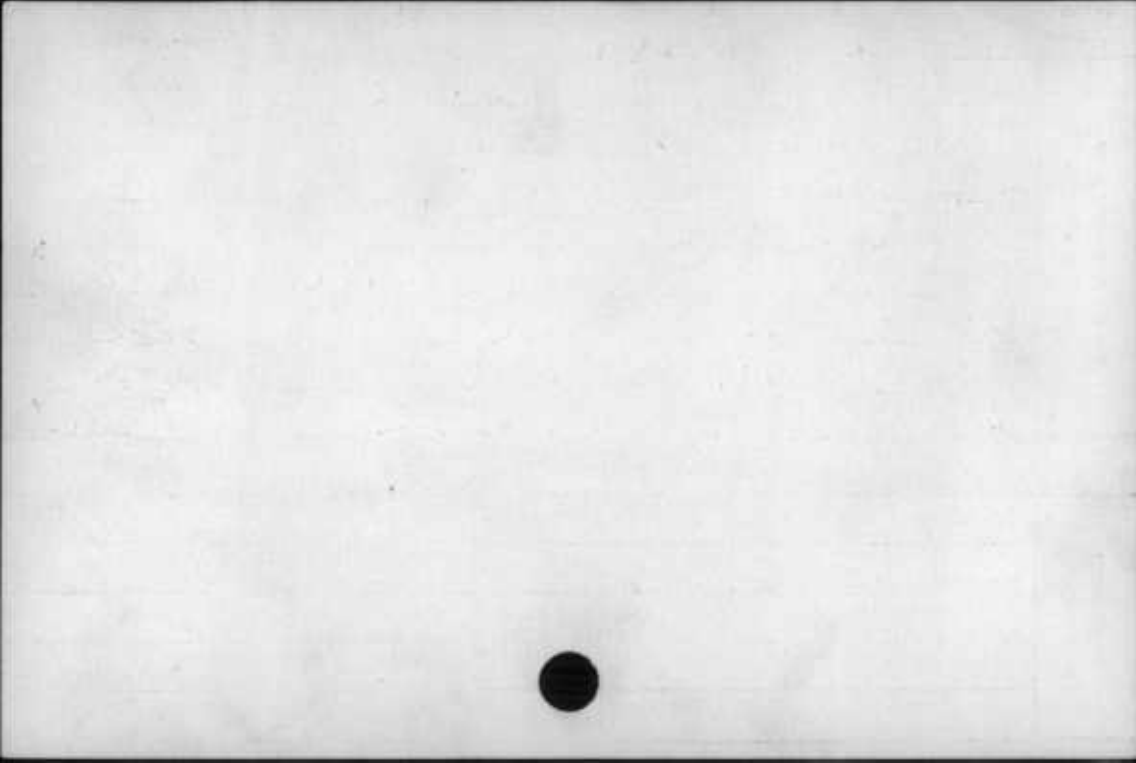
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkton</i> Town		County <i>Cecil</i>		MARYLAND	
Date of death 19 <i>10</i>	Month <i>May</i>	Day <i>6</i>	Age <i>48</i> Years	<i>(?)</i> Months	<i>more like 60</i> (with scribble)
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Ind</i>		
Occupation <i>housework</i>			Where Residing if not at place of death <i>Elkton</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Michael Harris</i>				
Father's Name <i>Sidney Beard</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Carole Beard</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Clara Thompson</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Endocarditis - Chronic</i>	How long <i>Several years</i>	
	Immediate	<i>Heart failure</i>	How long <i>1 day</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Alvin Mitchell</i>	
			Address <i>Elkton Ind.</i>	
Assistant Coroner?				



Name
in
Full

Howard W Hoopes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port-Deposit</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i> <small>Year</small>	<i>May</i> <small>Month</small>	<i>28</i> <small>Day</small>	Age <i>5-6-</i> <small>Years</small>	<i>2</i> <small>Months</small> <i>7</i> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore Co Md</i>
Occupation	<i>Dentist</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Jessie Hoopes</i>		
Father's Name	<i>Charles Hoopes</i>		Father's Birthplace	<i>Philadelphia Pa</i>	
Mother's Maiden Name	<i>Emma G Hoopes</i>		Mother's Birthplace	<i>Cherry Co Pa</i>	
Name of person giving information	<i>Jessie Hoopes</i>		How related to deceased	<i>wife</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Pneumonia</i>	How long	<i>4 days</i>
	Immediate	<i>Cardiac failure</i>	How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>Y. P.</i>	Signature of Physician	<i>D. G. Tesker</i>
			Address	<i>Port-Deposit, Md.</i>
	Resident of STATE? <input type="checkbox"/>			



Name
in
Full

Roger Brook Irwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

Elkton

County

Cecil

Date

of death 1980

Month

5

Day

23

Age

Years

26

Months

-

Days

-

Sex

male

Color or
Race

white

Birth-
place

Md

Occupation

Civil Engineer

Where Residing if not
at place of death

Westminster Md

Married, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

Patrick H. Irwin

Father's
Birthplace

Penna

Mother's
Maiden Name

Helen Boyle

Mother's
Birthplace

Md

Name of person giving
Information

Charles Irwin

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Typhoid Fever

How long

4 weeks

Immediate

Dysentery Heart Failure

How long

24 hours or so

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

Yes

Signature of
Physician

Howard Bratten

Address

Elkton Md

Accident or Suicide

~~Yes~~ NoPHYSICIAN
OR CORONER



Name
in Full

Charles H. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cecil		County Cecil		MARYLAND	
Date of death	1910	Month	5	Day	23	Age	61
Sex	male	Color or Race	Colored		Birth-place	Washington, D.C.	
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband Mary E. Johnson				
Father's Name	Edward Johnson		Father's Birthplace Unknown				
Mother's Maiden Name	Unknown		Mother's Birthplace "				
Name of person giving information	Mary E. Johnson		How related to deceased Wife				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia	(92) ✓	How long	6 days	
	Immediate	"	"	How long	"	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. H. Bradford			
			Address Cecil Md			
Accident or Suicide?						



Name
in
Full

Edward R Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Near* Town *Centon* County *Cecil* MARYLANDDate of death 19*60* Month *5* Day *16* Age *76* Years Months DaysSex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Boat Builder* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Emma Jones*Father's Name *Malvern Jones* Father's Birthplace *Maryland*Mother's Maiden Name *Maggie George* Mother's Birthplace *Maryland*Name of person giving Information *Maggie Jones* How related to deceased *Mother*PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Fall from deck* *Falling 40 feet* How long *20 minutes*Immediate *Hemorrhage* How longAre the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Frank Papulow
*Centon Md*Accident or Suicide *Accident*



Name
in
Full

Emma V Jones

CERTIFICATE OF DEATH

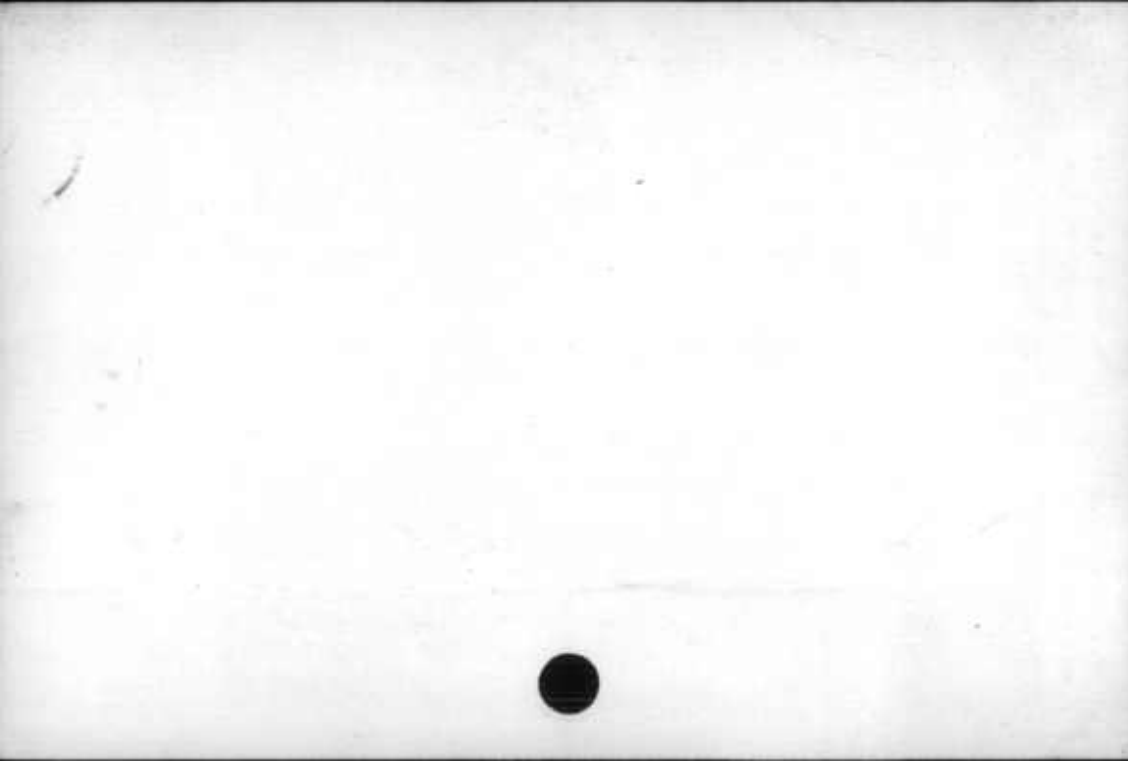
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death 19 <i>00</i> <small>Year</small>	<i>May</i> <small>Month</small>	<i>19</i> <small>Day</small>	Age <i>55</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cecil county</i>			
Occupation <i>House keeper</i>	Where Reading if not at place of death <i>North East</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel Jones</i>				
Father's Name <i>Grace Breast</i>	Father's Birthplace <i>Philadelphia</i>				
Mother's Maiden Name <i>Don't no</i>	Mother's Birthplace <i>Philadelphia</i>				
Name of person giving Information <i>Samuel Jones</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dilatation Valvular Heart Disease caused</i>	How long <i>1 month</i>
Immediate <i>Heart by Rheumatism</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. D. D. D. D.</i>
	Address <i>North East</i>



Name
in
Full

Martha Ann Krause

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at ^{Town} near Pleasant Hill ^{County} Cecil

MARYLAND

Date of death 1900 ^{Month} May ^{Day} 25 ^{Age} 54 ^{Years} 8 ^{Months} 10 ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Cecil Co. Md.

Occupation House wife ^{Where Residing if not at place of death} near Pleasant Hill

Married, Single or Widowed married ^{Name of Wife or Husband} Daniel L. Krause

Father's Name Samuel H. Thicks ^{Father's Birthplace} Md.

Mother's Maiden Name Anna Baldwin ^{Mother's Birthplace} Md.

Name of person giving Information Daniel L. Krause ^{How related to deceased} Husband.

CAUSES OF DEATH.

Primary Diabetes Mellitus ^{How long} 50 yrs

Immediate ^{How long} 5 days

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

Signature of Physician ^{Address} [Signature] Md.

PHYSICIAN
OR CORONER

H

Accident or Suicide

73. E. Mason
Nothing home
Pa.

Name
In Full

David F Letto

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rising Sun		County Cecil		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1910	May	8th	37		4	15	
Sex	Color or Race	Birth-place					
Male	White	New Jersey					
Occupation	Where Reading if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Married	Anna Letto						
Father's Name	Father's Birthplace						
Newbold Letto	New Jersey						
Mother's Maiden Name	Mother's Birthplace						
Abbie Carter	New Jersey						
Name of person giving information	How related to deceased						
H. J. Armour	Brother-in-law						

CAUSES OF DEATH

Primary	How long	
Inferiorosis	Five months	
Immediate	How long	
Exhaustion		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes	D. L. Givens	
	Address	
	Givens	
Accident or Suicide?		

PHYSICIAN
OR CORONER

Name
in
Full

ann Gockard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Elk Neck* Town *Cecil* County **MARYLAND**Date of death *1900 May* Month *4* Day *9* Age *92* Years *11* Months *11* DaysSex *Female* Color or Race *White* Birth-place *Elk Neck*Occupation *House Keeper* Where Residing if not at place of death *Elk Neck*Married, Single or Widowed *Widow* Name of Wife or Husband *Both Dead*Father's Name *Benjamin Mc Kenney* Father's Birthplace *dist no*Mother's Maiden Name *Ann Mc Kenney* Mother's Birthplace *Elk Neck*Name of person giving Information *Joseph G. Gockard* How related to deceased *Son*

CAUSES OF DEATH

Primary *General Debility* How long *3 months*Immediate *(15)* How long

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

Signature of Physician

Address

W. Row

Accident or Suicide

PHYSICIAN
OR CORONER

McKinney Town

Name in Full

Howard F. Logan

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at Cabert Town Cecil County MARYLAND

Date of death 1900 May Month 1 Day 22 Age 7 Years 2 Months 2 Days

Sex Male Color or Race White Birth-place Cecil Co. Md.

Occupation Bookkeeper Where Residing if not at place of death At Cabert

Married, Single or Widowed Single Name of Wife or Husband No

Father's Name William G. Logan Father's Birthplace Cecil Co. Md.

Mother's Maiden Name Amelia M.arrison Mother's Birthplace New Jersey

Name of person giving information William G. Logan How related to deceased Father

CAUSES OF DEATH

27

28

Primary Tuberculosis Pulmonalis How long 2 years

Immediate " How long "

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Chas. F. Miller

Address North East, Md.

PHYSICIAN OR CORONER

4

Accident or Suicide

Government - One Bank

Name
in
Full

Ida E. McKenny

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Neck</i> Town		<i>Deecil</i> County		MARYLAND	
Date of death 19 <i>40</i>	Month <i>May</i>	Day <i>26</i>	Age <i>16</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Elk Neck</i>		
Occupation <i>School Girl</i>	Where Residing if not at place of death <i>Elk Neck</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>ames or McKenny</i>	Father's Birthplace <i>Elk Neck</i>				
Mother's Maiden Name <i>anna M Broves</i>	Mother's Birthplace <i>Delaware</i>				
Name of person giving Information <i>anna M McKenny</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Typhoid Fever</i>	How long
	Immediate	How long <i>3 week</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D J Hamrick M.D.</i>
	Accident or Suicide	Address <i>North East Md</i>

Howe-

Name
in Full

Casper Mohrlein

CERTIFICATE OF DEATH

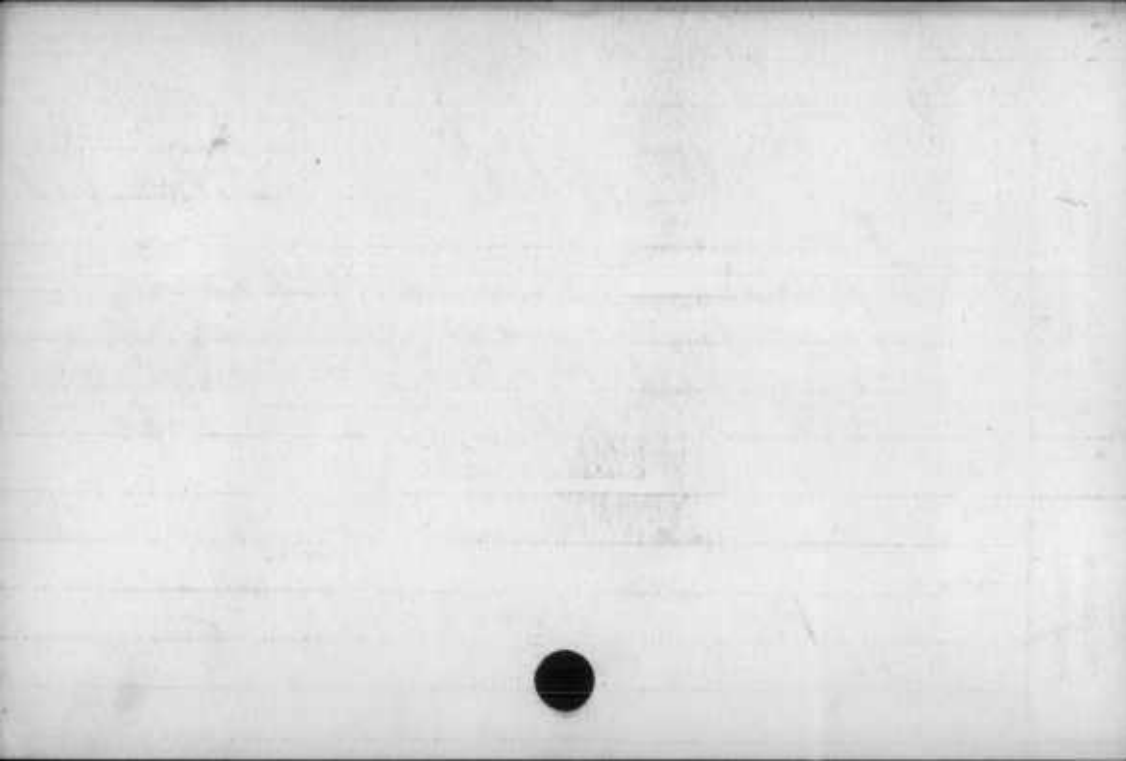
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Port Deposit ^{County} Cecil		MARYLAND	
Date of death	1910	Month	May
	Day	21	Age
	Years	77	Months
			Days
Sex	male	Color or Race	white
Birth-place	Germany		
Occupation	Hotel Keeper		Where Reading if not at place of death
Married, Single or Widowed	married	Name of Wife or Husband	Sophia
Father's Name	John Mohrlein		Father's Birthplace
			Germany
Mother's Maiden Name	Unknown		Mother's Birthplace
Name of person giving information	Fannie Hearing		How related to deceased
			Daughter

CAUSES OF DEATH

Primary	Chronic nephritis	How long	2 yrs
Immediate	acute edema of lungs	How long	3 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. H. Richards
		Address	Port Deposit
Accident or Suicide?	no		

PHYSICIAN
OR CORONER



Name
in
Full

Geo. L. Pearce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at ^{Town} Near *Cecilton* ^{County} *Cecil*

MARYLAND

Date of death 19 *10* Month *5* Day *21* Age *65* Years Months *8* Days *—*Sex *Male* Color or Race *White* Birth-place *Cecil Co. Md.*Occupation *Farmer* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Emma H. Pearce*Father's Name *Geo. R. Pearce* Father's Birthplace *Del.*Mother's Maiden Name *Elizabeth Povites* Mother's Birthplace *Del.*Name of person giving information *Emma H. Pearce* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Obstruction of Bowels* How long *4 days*Immediate *—* How long *—*

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

Signature of Physician

Address

109
E. Craighford*Cecilton**Md.*

Accident or Suicide?



Name
in
Full

Geo H. Poist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

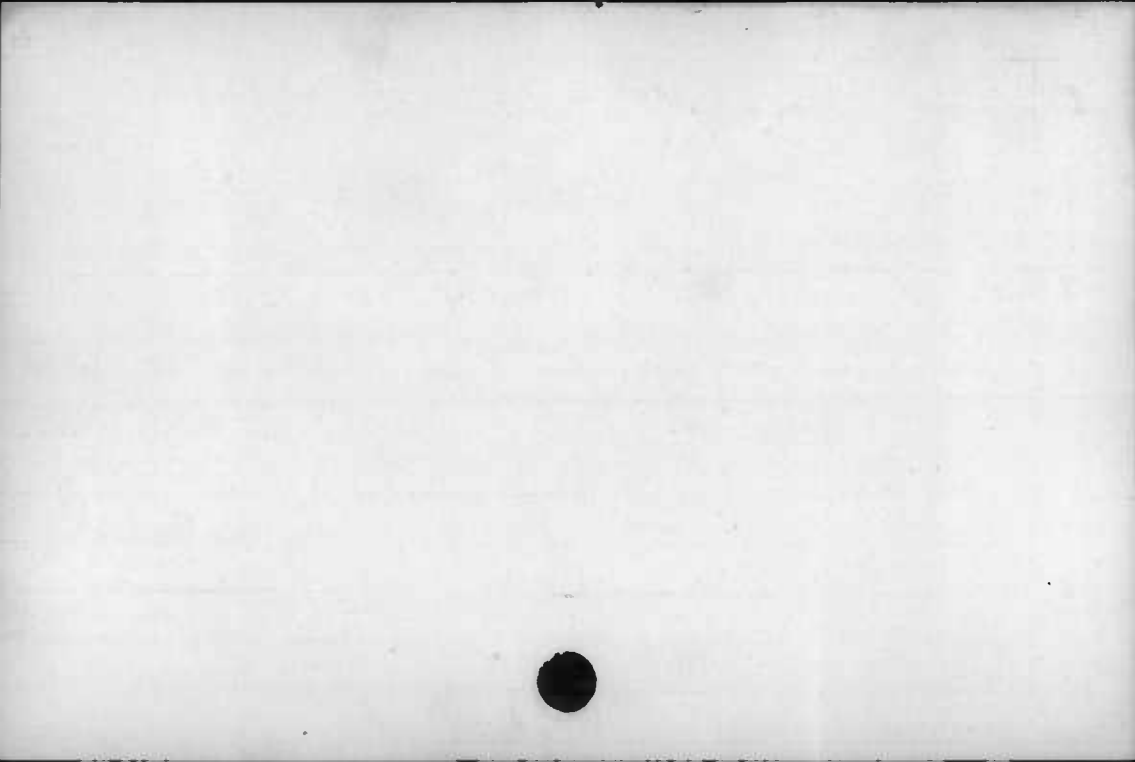
Died at ^{Town} near Port Deposit - ^{County} Cecil

MARYLAND

Date of death 1910 ^{Month} May ^{Day} 16 ^{Years} Age 52 ^{Months} 4 ^{Days} —Sex ^{Male} female ^{Color or Race} white ^{Birth-place} Baltimore MdOccupation ^{Butcher} Butcher ^{Where Reading if not at place of death}Married, Single or Widowed ^{Married} married ^{Name of Wife or Husband} EmmaFather's Name ^{Geo W Poist} Geo W Poist ^{Father's Birthplace} Baltimore MdMother's Maiden Name ^{Elizabeth White} Elizabeth White ^{Mother's Birthplace} Cecil Co MdName of person giving information ^{Geo W Poist} Geo W Poist ^{How related to deceased} son

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary ^{Peritonsillitis (acute) (diphtheria)} Peritonsillitis (acute) (diphtheria) ^{How long} 2 weeksImmediate ^{Heart Failure} Heart Failure ^{How long} 2 daysAre the name, age, sex, color, date and place correctly given above? ^{Yes} YesSignature of Physician ^{W E Lock} W E Lock
Address ^{Liberty - Good Mt} Liberty - Good MtAccident or Suicide? ^{No} No



Name
in
Full

Edna Pullman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at *Near Greenhurst Cecil* County **MARYLAND**
Town Month Day Year Months Days

Date of death 1900 *May 9* Age *9*

Sex *Female* Color or Race *White* Birth-place *Chester Pa.*

Occupation *No* Where Residing if not at place of death *Near Greenhurst*

Married, Single or Widowed *Single* Name of Wife or Husband *No*

Father's Name *Timothy Pullman* Father's Birthplace *Penna*

Mother's Maiden Name *Mary Yeatman* Mother's Birthplace *Penna*

Name of person giving Information *Mary Pullman* How related to deceased *Mother*

CAUSES OF DEATH

120 ✓

Primary *Bright's Disease* How long *4 weeks*

Immediate *Convulsions* How long *9 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *D. L. Gifford*

Address *Greenhurst Md*

PHYSICIAN
OR CORONER

H

Accident or Suicide

Instrument

Change.

B. E. Mason

Name
in
Full

Susan F Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Elkton Town Cecil County **MARYLAND**
 Date of death 1900 Month May Day 3 Age 69 Years Months Days
 Sex Female Color or Race White Birth-place Del
 Occupation Housewife Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband J R Reynolds
 Father's Name Owen Ford Father's Birthplace Del
 Mother's Maiden Name Arminata Moffet Mother's Birthplace Maryland
 Name of person giving Information Mrs George Dehan How related to deceased Daughter

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Edema of lungs How long 6 days
 Immediate Heart Failure How long
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician Alvin Mitchell MD
 Address Elkton Md
 Accident or suicide



Name
in
Full

James A Ritchie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at ^{Town} Near Croomings ^{County} Cecil

MARYLAND

Date of death 1960 ^{Month} 5 ^{Day} 22 ^{Age} 63 ^{Years}

Months — Days —

Sex Male Color or Race white Birth-place Maryland

Occupation Mechanic Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Jane E. Ritchie

Father's Name Charles Ritchie Father's Birthplace Maryland

Mother's Maiden Name Eliza Bussins Mother's Birthplace "

Name of person giving Information J C Ritchie How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

H

Primary How long

Immediate Killed by Lightning How long immediate

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

Signature of Physician Frank Frayer Coroner
Easton Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Port Deposit Cecil* County *Cecil*

Date of death *1980 May 26* Age *68* Months *5* Days *16*

Sex *Male* Color or Race *White* Birthplace *Port Deposit, Pa*

Occupation *Thames Lumber* Where Residing if not at place of death *Port Deposit, Pa*

Married, Single or Widowed *Married* Name of Wife or Husband *Carrie A. Snyder*

Father's Name *Samuel Snyder* Father's Birthplace *Pa*

Mother's Maiden Name *Mary Brunsator* Mother's Birthplace *"*

Name of person giving information *Ray A. Snyder* How related to deceased *Son*

CAUSES OF DEATH

Primary *Chronic nephritis* How long *9 mos.*

Immediate *Pulmonary edema* How long *24 hrs.*

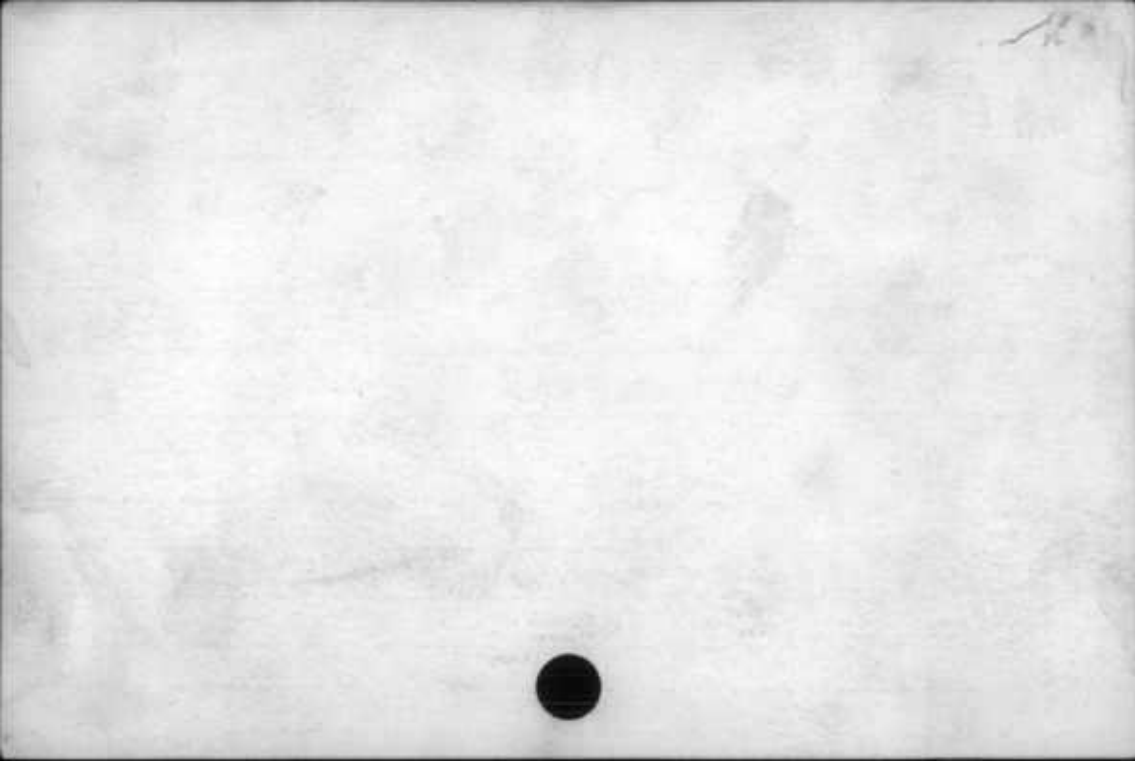
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *E. H. Richards*

Address *Port Deposit*

PHYSICIAN
OR CORONER

Accident or Suicide *No*



Name
Is Full

Mary S. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

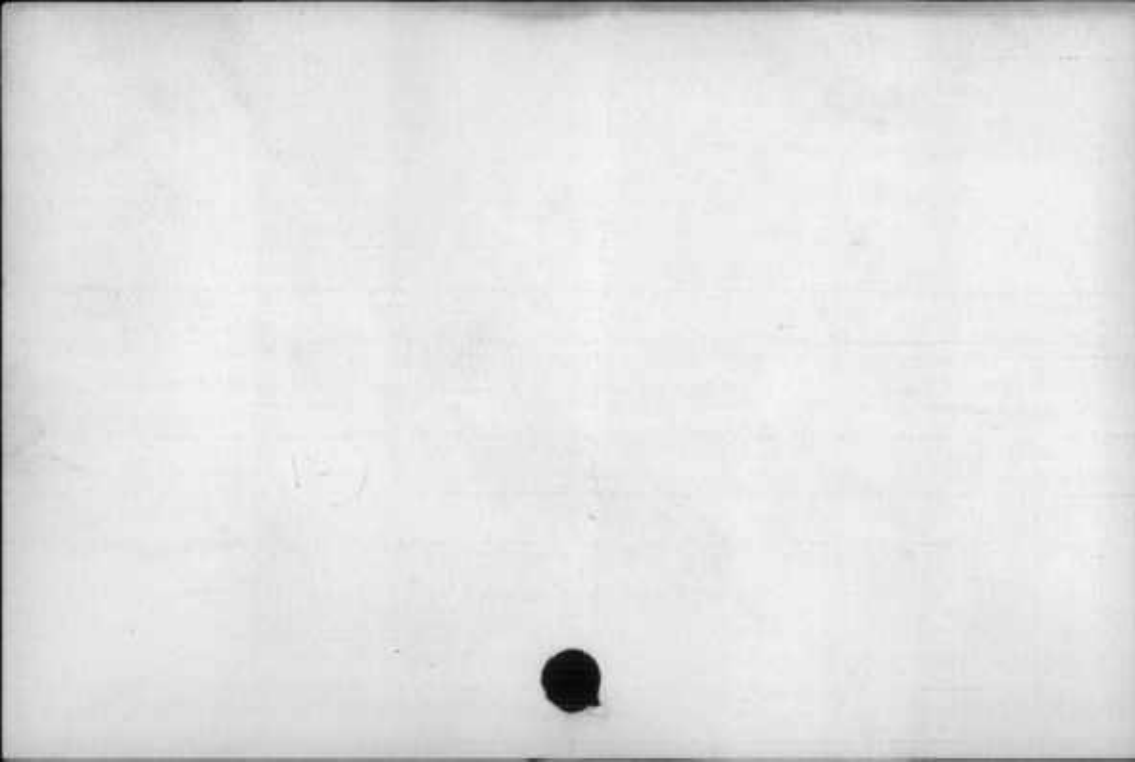
Died at Earleville ^{Town} Cecil ^{County} MARYLAND
 Date of death 1910 ^{Month} 5 ^{Day} 8 ^{Years} Age 27 ^{Months} 2 ^{Days} 8
 Sex Female Color or Race White Birth-place Cecil Co. Ind.
 Occupation None Where Residing if not at place of death _____
 Married, Single or Widowed Single Name of Wife or Husband _____
 Father's Name John R. Taylor Father's Birthplace Cecil Co Ind
 Mother's Maiden Name Millicent R. Slaughter Mother's Birthplace Cecil Co Ind.
 Name of person giving information Millicent R. Taylor How related to deceased Mother

CAUSES OF DEATH

71 28

PHYSICIAN
OR CORONER

Primary _____
 Immediate Pulmonary Consumption How long Indefinite
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician W. M. Beck
 Address Cecil Co, Md
 Accident or Suicide? _____



Name in Full

Wesley Tyson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at Bay View Breol County MARYLAND

Date of death 1900 May 29 Age 71 Months 3 Days 11

Sex Male Color or Race White American Birthplace Bay View

Occupation Farmer Where Residing if not at place of death Bay View

Married, Single or Widowed Widower Name of Wife or Husband Rhobe Tyson

Father's Name John Tyson Father's Birthplace Bay View

Mother's Maiden Name Susanna McDowell Mother's Birthplace Donot Know

Name of person giving information Malmer F. Simpers How related to deceased None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Senile Gangrene How long 1 1/2 months

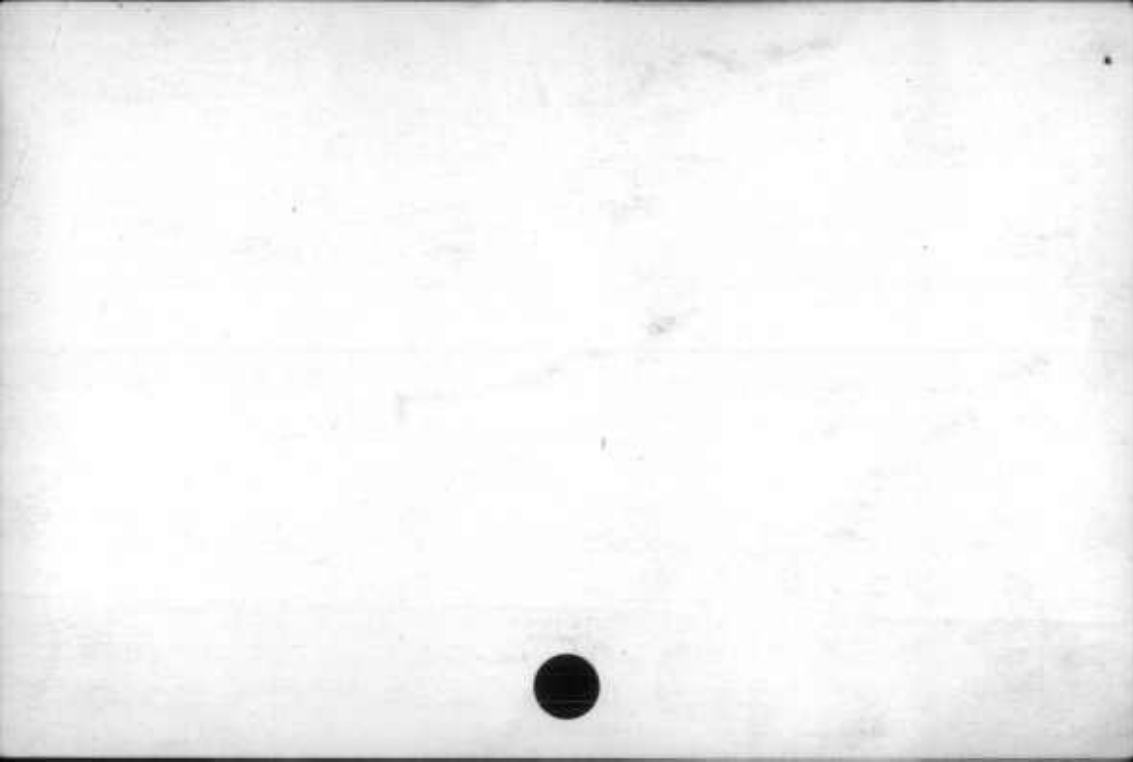
Immediate Cholera How long 4 months

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

Signature of Physician D. L. Giffers

Address 23rd

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Angelia Webster

MARYLAND

Died at ^{Town} Near North East ^{County} Cecil

Date of death 1960 ^{Month} 5 ^{Day} 6 Age ^{Years} ^{Months} 2 ^{Days} 5

Sex Female Color or Race Colored Birth-place Leslie Md

Occupation Where Residing if not at place of death

Married, Single Widowed Name of Wife or Husband

Father's Name Jos Webster Father's Birthplace Maryland

Mother's Maiden Name Sarah White Mother's Birthplace Maryland

Name of person giving Information Jos Webster How related to deceased Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Indigestion How long (103)
Immediate Hiccoughs How long 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. Frank Jones Coroner
Address Exton Md

PHYSICIAN
OR CORONER

H Accident or Suicide

Colburn Church



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name: *Jos P. Gransley*
Town: *Cherry Hill* County: *Cecil*

Died at: *Cherry Hill*
Date of death: 19*60* Month: *5* Day: *23* Age: *62* Years: Months: *26* Days:

Sex: *male* Color or Race: *white* Birth-place: *Penna*

Occupation: *Plasterer* Where Residing if not at place of death:

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

Father's Name: *Jos Gransley* Father's Birthplace: *Penna*

Mother's Maiden Name: *Esther Otley* Mother's Birthplace: *Penna*

Name of person giving Information: *Esther A. Simpkins* How related to deceased: *Niece*

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary: *Pistol shot through Brain* How long: *15 min*
Immediate: *2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician: *Frank [unclear]*

Address: *Estou Md*
Accident or Suicide: *Suicide*

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