

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Issuac</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	19 <i>10</i>	Month	<i>5</i>	Day	<i>28</i>
Age	<i>9</i>	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>D. C.</i>
Occupation			Where Residing if not at place of death	<i>md.</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>none</i>		
Father's Name	<i>Louis Dummer</i>		Father's Birthplace	<i>Pa.</i>	
Mother's Maiden Name	<i>Bertie Killings</i>		Mother's Birthplace	<i>md.</i>	
Name of person giving information	<i>Thomas Billings</i>		How related to deceased	<i>Grand Father</i>	

CAUSES OF DEATH

Primary

Jamndice

How long

115 *3 months*

Immediate

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

Signature of Physician

Address

Accident or Suicide?

J. E. Jameson
Newport
md



Name
in
Full

CERTIFICATE OF DEATH

Hester & Billings

Town

County

Died at *Loan**Charles*

MARYLAND

Date
of death 1900

Month

5

Day

37

Age

Years

9

Months

Days

Sex *Male*Color or
Race*Black*Birth-
place*Washington D.C.*

Occupation

Where Residing if not
at place of death*Loan*Married, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*Louis Dumfries*Father's
Birthplace*Pittsburg Pa*Mother's
Maiden Name*Bertha Billings*Mother's
Birthplace*Loan Md*Name of person giving
information*Thomas Billings*How related
to deceased*Grand father*

CAUSES OF DEATH

Primary

Typhoid

How long

all month

Immediate

to

How long

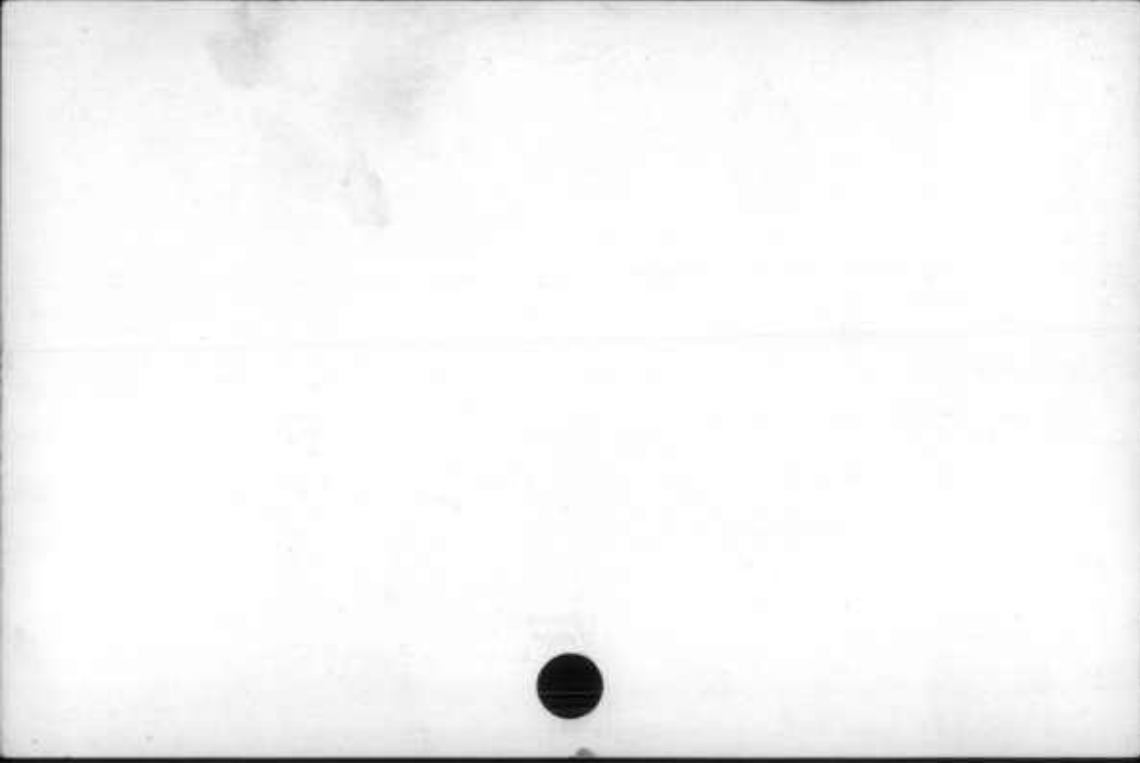
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*J. L. Higdon*

Address

*Loan Md
2114*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



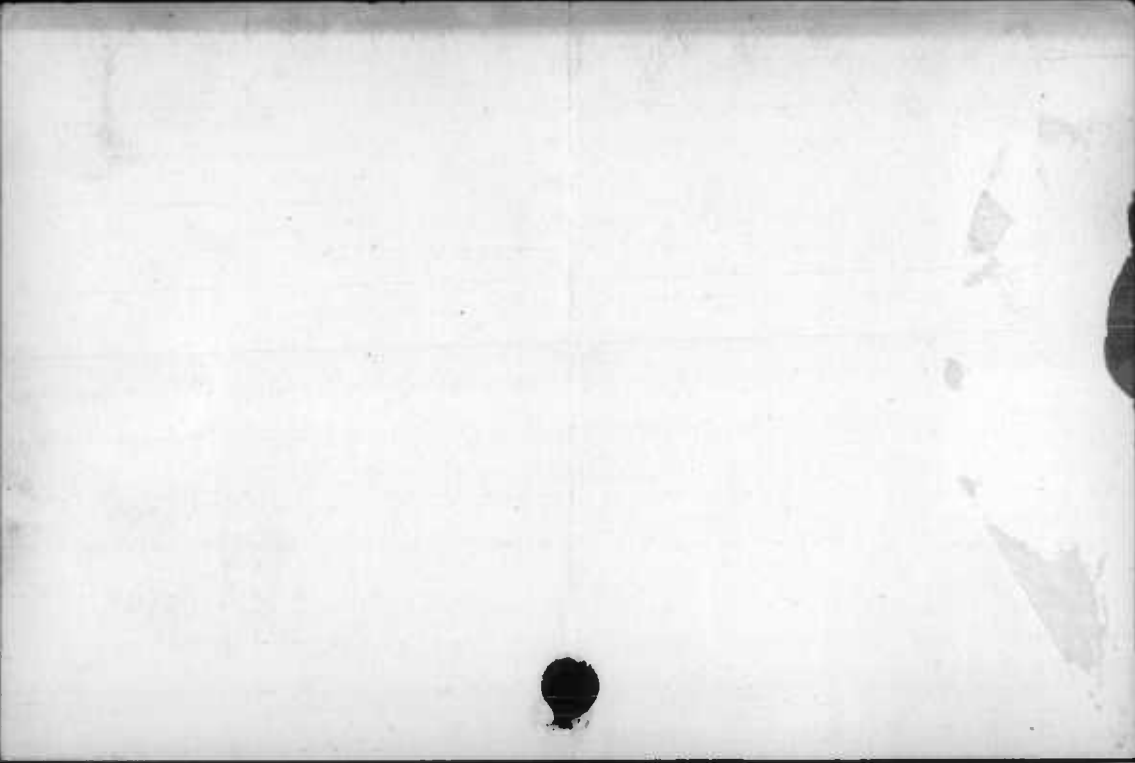
Name *Mamie Edelen* CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hughesville</i> <small>Town</small>		<i>Calhoun</i> <small>County</small>		MARYLAND	
	Date of death <i>1900</i>	<i>5</i> <small>Month</small>	<i>14</i> <small>Day</small>	Age <i>15</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Md</i>		
	Occupation <i>Servant</i>		Where Residing if not at place of death <i>from of death</i>			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
	Father's Name <i>Frank Edelen</i>	Father's Birthplace <i>Md</i>				
	Mother's Maiden Name <i>Catherine Drake</i>	Mother's Birthplace <i>Md</i>				
	Name of person giving information <i>Joe Jensen</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Consumption</i>	<i>20</i> ✓	How long <i>3 mo</i>	
	Immediate <i>Asphyxiation</i>		How long <i>6 hrs</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Helena Appella</i>		
		Address <i>Hughesville Md</i>		

Accident or Suicide? *H*



Name
in
Full

Elizabeth Grayes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marshall Hall</i>		County <i>Stearns</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
19 <i>80</i>	<i>May</i>	<i>27</i>	<i>5-8</i>		
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Stearns Co. Ind.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jos. Henry Grayes</i>				
Father's Name <i>Frank Dymce</i>	Father's Birthplace <i>Stearns Co. Ind.</i>				
Mother's Maiden Name <i>Julia Ann Smith</i>	Mother's Birthplace <i>Stearns Co. Ind.</i>				
Name of person giving Information <i>J. H. Grayes</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

Primary	<i>Consumptive</i>	How long	<i>27</i>	<i>28</i>
Immediate		How long	<i>about 8 years</i>	

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

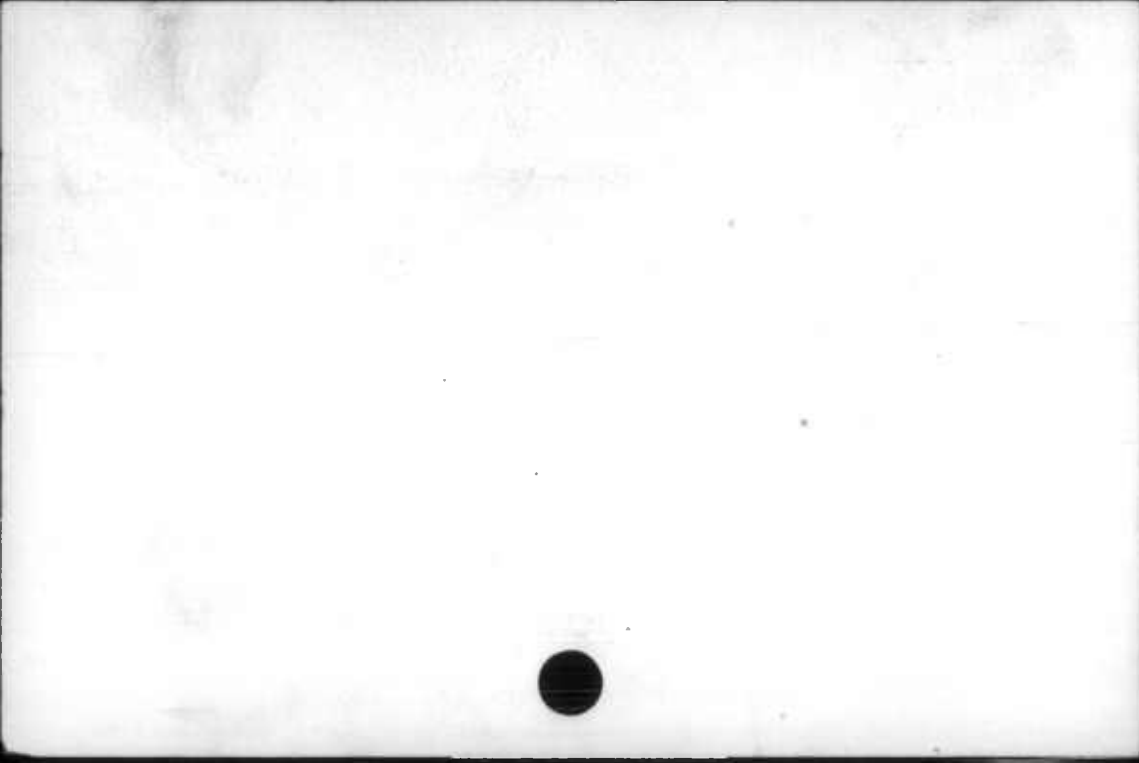
Yes

Signature of Physician

J. W. Mitchell M.D.
Address *Princeton Ind.*

Accident or Suicide

*No*PHYSICIAN
OR CORONER



Name
in FullHot Tanned Hanson
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Forrokey Month Day Year Chas Months DaysDate of death 1990 May 25 Age —Sex Female Color or Race Colored Birth-place IndOccupation — Where Residing if not at place of death at place of deathMarried, Single or Widowed — Name of Wife or Husband —Father's Name Baley Hanson Father's Birthplace IndMother's Maiden Name Maryca Chale Mother's Birthplace IndName of person giving Information Baley Hanson How related to deceased Father

CAUSES OF DEATH

Primary Cold How long 10 daysImmediate Croup How long 5 days

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

Signature of Physician Toby P. MarshallAddress Sub Reg

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H



Name
in
Full

Blanche Estelle Harris

CERTIFICATE OF DEATH

Town

County

Died at

Perryway

Schooler

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

May

31

Age

22

6

7

Sex

Female

Color or

Race

Colored

Birth-

place

Ches. Co -

Occupation

None

Where Residing if not
at place of death

-

Married, Single
or Widowed

Married

Name of Wife or
Husband

Geo. Harris

Father's
Name

Wm. H. Key

Father's
Birthplace

Ches. Co

Mother's
Maiden Name

Grace L. Mulla Washington

Mother's
Birthplace

Ches. Co

Name of person giving
Information

W. H. Key

How related
to deceased

Father

CAUSES OF DEATH

Primary

Consumptive

28

How long

One year

Immediate

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

yes

Signature of
Physician

J. W. Mitchell M.D.

Address

Perryway
J.P.M. Sub Ry

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Charles Heard

TO BE ANSWERED BY
NEAREST FRIEND

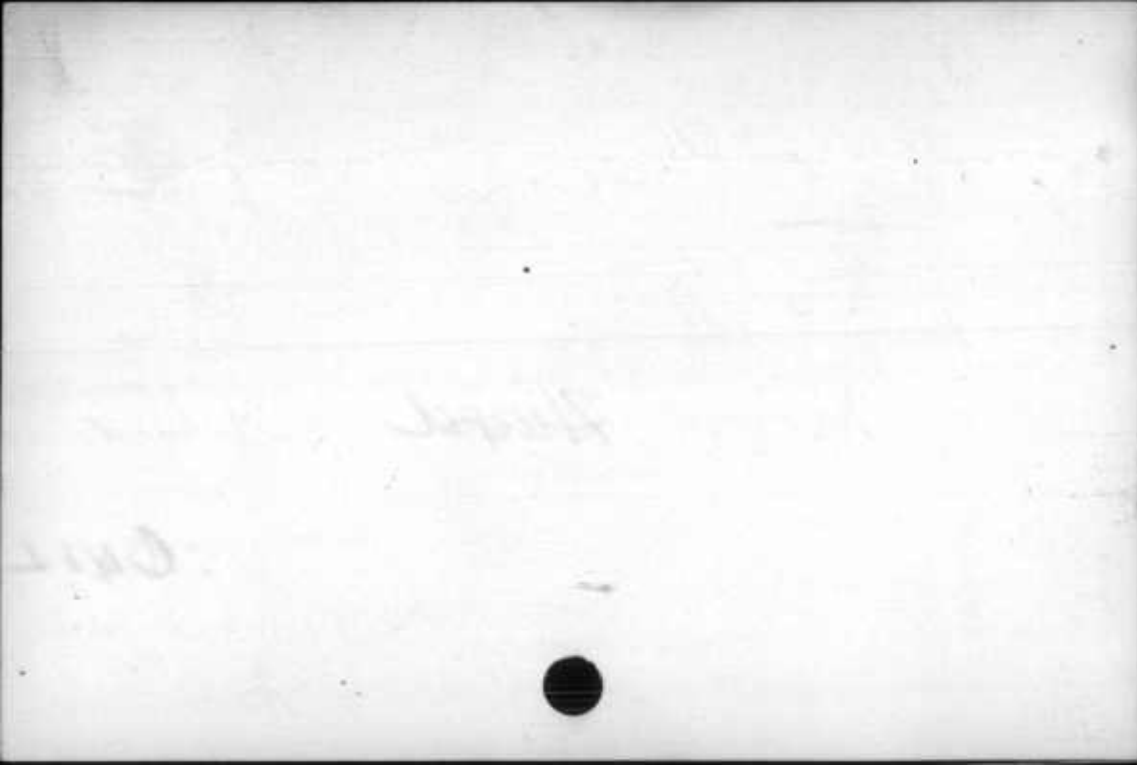
Died at Pomsonkey Chas County
 Date of death 1910 May 11 13 13
 Sex Male Color or Race Colored Birth-place Tid
 Occupation _____ Where Reading if not at place of death at place of death
 Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name William Heard Father's Birthplace Tid
 Mother's Maiden Name Martin Chase Mother's Birthplace Tid
 Name of person giving information William Heard How related to deceased Father

CAUSES OF DEATH

9 ✓

PHYSICIAN
OR CORONER

Primary _____ How long _____
 Immediate crime How long 50 yrs
 Are the name, age, sex, color, date and place correctly given above? _____
 Signature of Physician John Marshall
 Address Sub Reg
 Accident or Suicide? _____



Name
in Full

Mary Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Styman</i> ^{Town}		<i>Chis</i> ^{County}		MARYLAND	
Date of death	19 <i>66</i>	Month	<i>May</i>	Day	<i>23</i>
Age	<i>85</i>	Years		Months	<i>X</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth place	<i>Not Known</i>
Occupation	<i>none</i>	Where Residing if not at place of death		<i>Not Known</i>	
Married, Single or Widowed	<i>Not Known</i>	Name of Wife or Husband	<i>Not Known</i>		
Father's Name	<i>Not Known</i>			Father's Birthplace	<i>Not Known</i>
Mother's Maiden Name	<i>Not Known</i>			Mother's Birthplace	<i>" "</i>
Name of person giving Information	<i>J. Jackson</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

Primary	<i>Old age</i>	How long	<i>Not Known</i>
Immediate	<i>X</i>	How long	<i>" "</i>

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

Yes

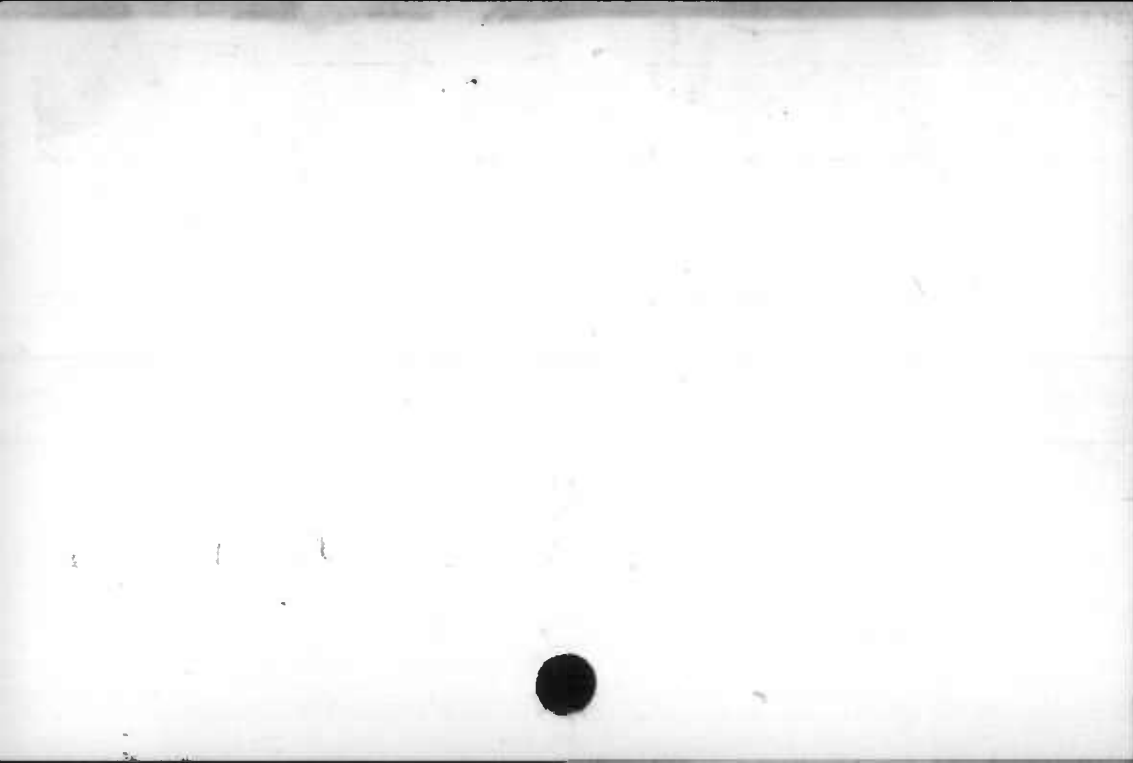
Signature of Physician

Address

P. H. Southland
Sub. B,
Marbury,

Accident or Suicide

(P. H. S. S.)



Name in Full

Mary Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Ellymont Charles County MARYLAND

Date of death 1960 May 23 Age 85 Months X Days X

Sex Female Color or Race Mullatto Birth-place Stas Co Md

Occupation None Where residing if not at place of death

Married, Single or Widowed Not known Name of Wife or Husband Not known

Father's Name Not known Father's Birthplace Not known

Mother's Maiden Name Not known Mother's Birthplace Not known

Name of person giving information Dr. Jackson How related to deceased Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Old age How long 15-4

Immediate

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

Signature of Physician R.H. Demuth M.D.

Address Indian Head

Accident or Suicide



Name
in Full

Perry Keller Infant

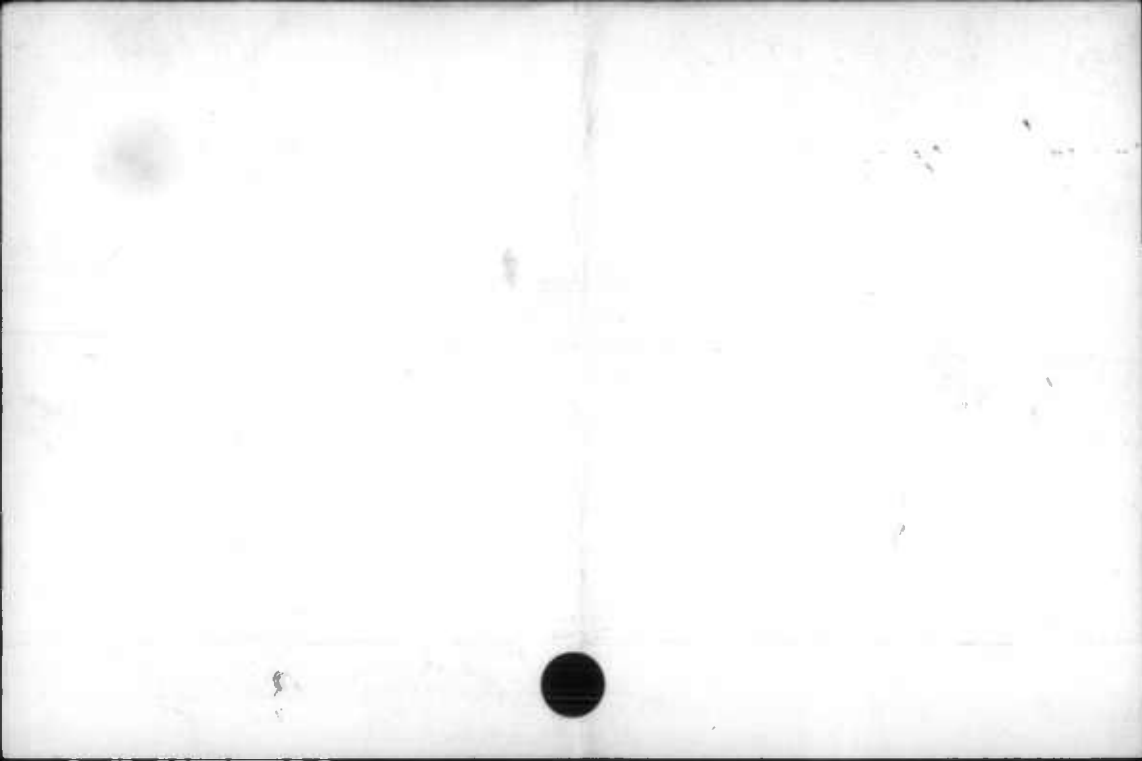
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dorchester</u>		Town		<u>Charles</u>		County		MARYLAND	
Date of death <u>1940</u>		Month <u>May</u>		Day <u>2</u>		Age <u>7</u>		Years <u>7</u> Months <u>—</u> Days <u>—</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Washington D.C.</u>					
Occupation <u>—</u>		Where Residing if not at place of death <u>Washington D.C.</u>							
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>							
Father's Name <u>William Keller</u>		Father's Birthplace <u>Washington D.C.</u>							
Mother's Maiden Name <u>Mamie Rennoe</u>		Mother's Birthplace <u>Maryland</u>							
Name of person giving information <u>—</u>		How related to deceased <u>—</u>							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Ill. Colitis with meningitis brain</u>	How long	<u>8 to 10 days</u>
	Immediate	<u>—</u>	How long or longer	<u>—</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>E. H. Speake</u>
			Address	<u>Strayton Md.</u>
	Accident or Suicide			



Name
in
Full

Sarah Kelton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ripley</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	19 <i>60</i>	Month	<i>May</i>	Day	<i>17</i>
Age	<i>30</i>	Years		Months	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>Mulatto</i>	Birth-place	<i>Charles Co Md.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>George Kelton</i>		
Father's Name	<i>Ben Croctor</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving Information	<i>Granerson Montgomery</i>		How related to deceased	<i>Brother in law</i>	

CAUSES OF DEATH

Primary	<i>Unknown</i>	How long	<i>189 A</i>
Immediate	<i>Unknown</i>	How long	<i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>None in attendance</i>
Address	<i>Charles D. Carpenter, Sub. B</i>	Address	<i>Pisgah Md.</i>
Accident or Suicide	<i>Sub. B</i>		

PHYSICIAN
OR CORONER



Name in Full

Richard J Montgomery

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at ^{Town} Hughesville ^{County} Charles MARYLAND

Date of death 1940 ^{Month} 5 ^{Day} 23 Age 65 ^{Years} 65 ^{Months} 0 ^{Days} 0

Sex Male Color or Race White Birth-place MD

Occupation Farmer Where Residing if not at place of death near Hughesville

~~Married, Single~~ ~~Name of Wife or Husband~~

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving Information Rose Montgomery How related to deceased sister

CAUSES OF DEATH

Primary Paralised How long 6 or 7 yrs

Immediate Heart failure How long 3 days

Are the name, age, sex, color, date and place correctly given above? Signature of Physician John A Chapples Registered Hughesville

Accident or Suicide

PHYSICIAN OR CORONER

H



Name in Full

Robert Muddock

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at ^{Town} Mardoneastu ^{County} Charles

MARYLAND

Date of death 1940 ^{Month} May ^{Day} 11 ^{Years} Age ^{Months} Days

Sex Male Color or Race White Birth-place MD

Occupation Farmer Where Residing if not at place of death

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

Father's Name Unknown Father's Birthplace MD

Mother's Maiden Name Unknown Mother's Birthplace MD

Name of person giving Information Frank Perry How related to deceased Son-in-law

CAUSES OF DEATH

(50) ✓

Primary Diabetes. Complicated How long 2 years more

Immediate Edt. sickness How long about 10 days

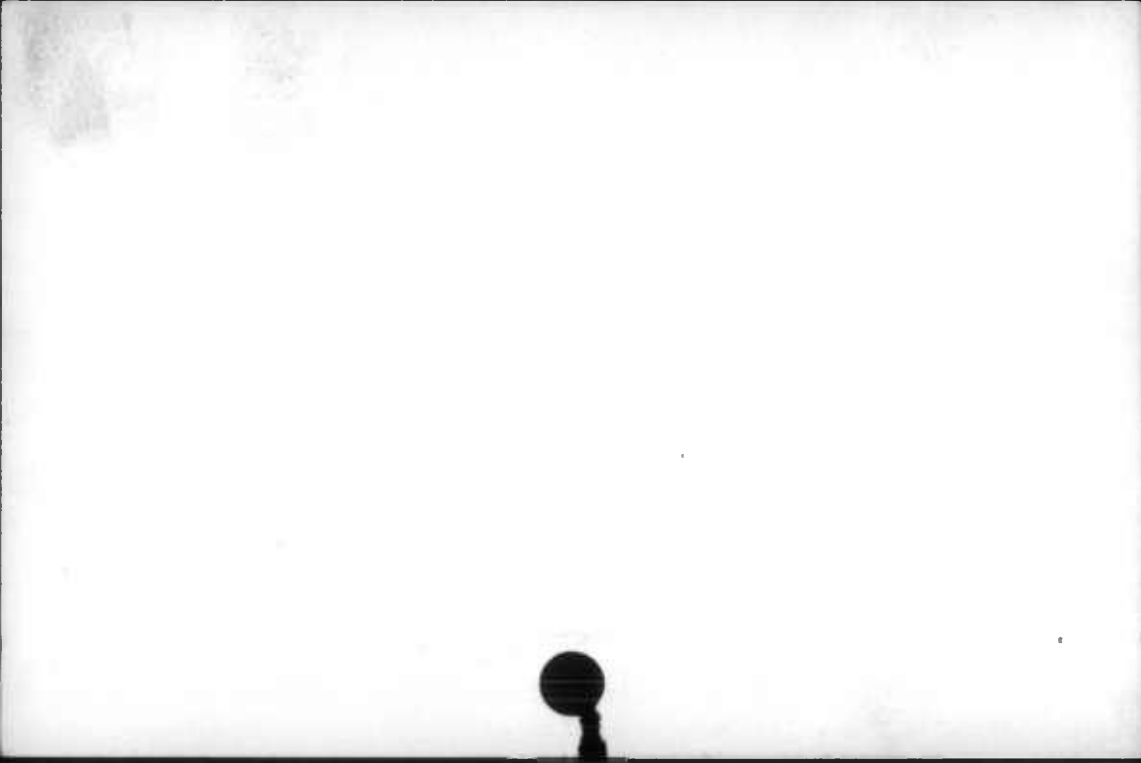
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician S. H. Speake
Address Traylor

PHYSICIAN OR CORONER

H

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Pellow Woodard

Died at

Rock Point -

County

Charles

MARYLAND

Date
of death

1960

Month

3-

Day

27

Age

Years

60

Months

-

Days

-

Sex

Female

Color or
Race

Black

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of death

-

Married, Single
or Widowed

Married

Name of Wife or
Husband

Thomas Woodard -

Father's
Name

Unknown

Father's
Birthplace

-

Mother's
Maiden Name

Unknown

Mother's
Birthplace

-

Name of person giving
Information

Joseph Denkey

How related
to deceased

Son

CAUSES OF DEATH

Primary

Typhoid

① ✓

How long

3 weeks

Immediate

"

How long

"

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

J. L. Steyden

Address

Troy, Ohio

Accident or Suicide

219

OFFICE SUPPLY CO. 2364

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER

H



Name
in Full

Carroll Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at *Chroomer* Town *Charles* County **MARYLAND**Date of death *1960 May* Month *Day* Age *4* Years Months DaysSex *Female* Color or Race *Black* Birth-place *Ind*Occupation *(C)* Where Residing if not at place of death *(C)*Married, Single or Widowed *(C)* Name of Wife or Husband *(C)*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Mammie Proctor* Mother's Birthplace *Ind*Name of person giving Information *Richard Proctor* How related to deceased *great father*

CAUSES OF DEATH

Primary *Spasms* How long *4 months*Immediate *(A)* How longAre the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *James M. Wheeler*Address *Sub-Registrar*Accident or Suicide *Grayton*PHYSICIAN
OR CORONER

H



Name
in
Full

Sumner D. Roby

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Pomfret**Stearns*

Date

1980

Month

May

Day

4

Years

Age *63*

Months

7

Days

Sex

*Male*Color or
Race*White*Birth-
place*Ches. Co. Md.*

Occupation

*Farmer*Where residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Georganna E. Richards*Father's
Name*Thos. J. Roby*Father's
Birthplace*Ches. Co. Md.*Mother's
Maiden Name*Mary E. Dyson*Mother's
Birthplace*Ches. Co. Md.*Name of person giving
Information*J. J. Roby*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Heart Disease

How long

Three months

Immediate

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

Address

*J. W. Mitchell M.D.
Pomfret Md.*

Accident or Suicide

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Samuel F. Rye

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Bel Alton* ^{County} *Charles*
 Date of death *190* ^{Month} *May* ^{Day} *18* ^{Years} *74* ^{Months} *—* ^{Days} *—*
 Sex *Male* Color or Race *Caucasian* Birth-place *Charles Co*
 Occupation *Brick Layer* Where Reading if not at place of death *—*
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Mathieby Ann Rye*
 Father's Name *Lieut Knorr* Father's Birthplace *Lieut Knorr*
 Mother's Maiden Name *Lieut Knorr* Mother's Birthplace *Lieut Knorr*
 Name of person giving information *Charles D. Roly* How related to deceased *None*

CAUSES OF DEATH

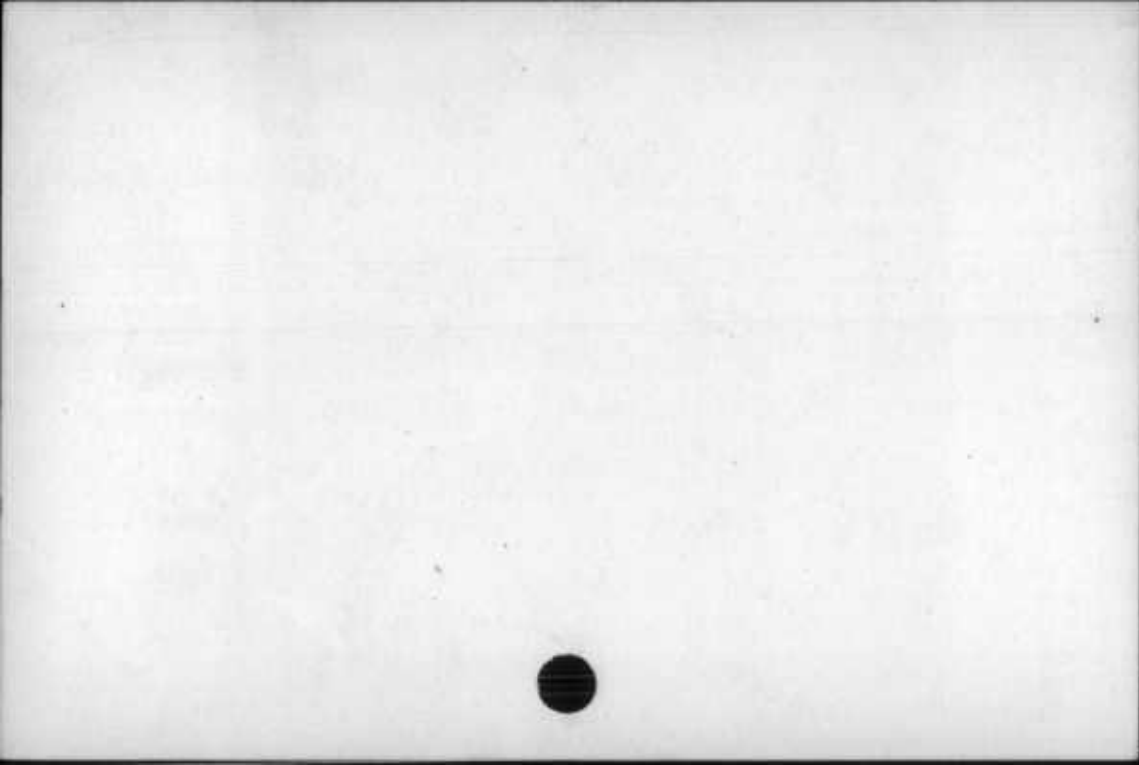
Primary *Chronic Gastritis* *(103)* How long *years*
 Immediate *Insanition* How long *15 months*
 Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of
Physician

Address

Stewart
Bel Alton
MD

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Sturges Lot

Town

Charles County

MARYLAND

Date

of death 1966

Month

5-

Day

5-

Age

Years 63

Months -

Days 29

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

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

Married

Name of Wife or
Husband

C. G. Slaker

Father's
Name

J. D. Slaker

Father's
Birthplace

Va

Mother's
Maiden Name

Mary E. Ashkin

Mother's
Birthplace

Md

Name of person giving
Information

James T. Slaker

How related
to deceased

Son

CAUSES OF DEATH

Primary

Angina Pectoris

How long

2 hrs

Immediate

"

How long

2 hrs

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

Yes

Signature of
Physician

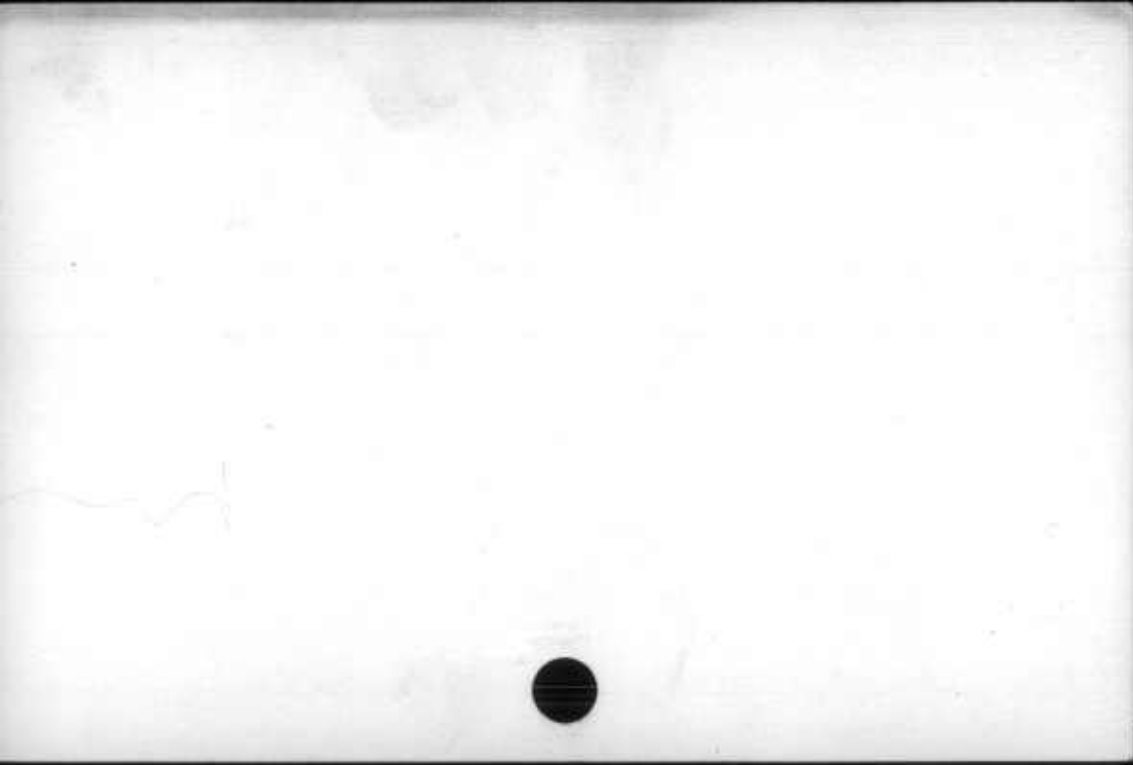
J. L. Higdon

Address

Mayfield

Accident or Suicide

J. L.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Taylor		Town		County		MARYLAND	
Died at		Cross Roads		Charles			
Date of death		Month		Day		Age	
1966		May		6		70	
Sex		Color or Race		Birthplace			
Male		Black		V.A.			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Elizer					
Father's Name				Father's Birthplace			
Unknown				Unknown			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			
Harry Waters				None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Trouble	How long	Sudden
Immediate	Tell dead	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		James M. Wheeler	
		Address	
		Sub-Registrar	
Accident or Suicide			



Name
is
Full

Alberta Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>new cross Roads</i>		^{County} <i>Charles</i>		MARYLAND	
Date of death	<i>1900</i>	Month	<i>May</i>	Day	<i>7</i>
Age		Years	Months		Days
<i>3</i>		<i>3</i>			
Sex	<i>Female</i>	Color or Race	<i>Black</i>		Birth-place
		<i>Ind.</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
<i>—</i>		<i>—</i>			
Father's Name		<i>Unknown</i>		Father's Birthplace	
				<i>Unknown</i>	
Mother's Maiden Name		<i>Thomas</i>		Mother's Birthplace	
Name of person giving information		<i>Thom Thomas</i>		How related to deceased	
				<i>grand Father</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Thrush</i>	<i>(99)</i> ✓	How long	<i>4 or 5 days</i>
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>James M. Wheeler</i>	
	Address		<i>Sub-Registrar</i>		
Accident or Suicide?	<i>—</i>		<i>Grayton</i>		

