

Name in Full

Willa Banister

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Lusby Town Calvert County

Date of death 1910 May 16 Age 14 Months - Days -

Sex Female Color or Race Colored Birth-place Calvert Co Md

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Thomas Banister Father's Birthplace Calvert Co Md

Mother's Maiden Name Lula Brown Mother's Birthplace Calvert Co Md

Name of person giving information James Parker How related to deceased step father

CAUSES OF DEATH

4

PHYSICIAN OR CORONER

Primary Malaria How long 2 wks

Immediate Appendicitis, Prostration How long 10 das

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

Signature of Physician Geo F Chambers MD

Address Lusby, Calvert Co Md

Accident or Suicide?



Name  
in  
Full

Bertha Irene Bishop

CERTIFICATE OF DEATH

Died at *Sellers* Town*Calvert* County

MARYLAND

Date of death *1910* Month *May* Day *1* Age *14* Years Months *-* Days *-*Sex *Female* Color or Race *Colored* Birth-place *Calvert Co. Md.*Occupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *-*Father's Name *Ben Bishop* Father's Birthplace *Calvert Co. Md.*Mother's Maiden Name *Elizabeth Taylor* Mother's Birthplace *Calvert Co. Md.*Name of person giving information *Ben Bishop* How related to deceased *Father*

## CAUSES OF DEATH

(92) ✓

Primary *Pneumonia* How long *7 das*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Geo F Chambers M.D.*Address *Lumbry, Calvert Co. Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND ✓PHYSICIAN  
OR CORONER



Name  
in  
Full

Track Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup>  *Huntingtown*  <sup>County</sup>  *Calvert*  **MARYLAND**

Date of death **19**/<sup>Month</sup>  *May*  <sup>Day</sup>  *21*  **Age**  *80*  <sup>Years</sup>  <sup>Months</sup>  <sup>Days</sup>

Sex  *Male*  Color or Race  *Black*  Birth-place  *Cal. Les.*

Occupation  *Farm Laborer*  Where Residing if not at place of death

Married, Single or Widowed  Name of Wife or Husband  *Harriette Fisher*

Father's Name  *Not Known*  Father's Birthplace  *Not Known*

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

Name of person giving information  *General Chase*  How related to deceased  *Son*

## CAUSES OF DEATH

Primary  *Intra Cranial Hemorrhage*  How long  *2 yrs*

Immediate  *Hemiplegia Exhaustion*  How long

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

Signature of Physician  *J. W. Litch*

Address  *Huntingtown*

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Helen Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Wacerville		County Calvert		MARYLAND	
Date of death	1990	Month May	Day 11	Age	Years 17	Months	Days
Sex	Female		Color or Race	Colored		Birth-place	Wallville, Md
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William Chase				Father's Birthplace	St. Leonard, Md	
Mother's Maiden Name	Tutie Kovorosh				Mother's Birthplace	St. Leonard, Md	
Name of person giving information	William Brown				How related to deceased	Not related	

## CAUSES OF DEATH

(27) (28)

PHYSICIAN  
OR CORONER

Primary	Pulmonary tuberculosis		How long	5 months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	George Peterson
			Address	St. Leonard, Md
<input checked="" type="checkbox"/> Accident or Suicide?				

March 20<sup>th</sup> 1891



Name  
in  
Full

Annie H. Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

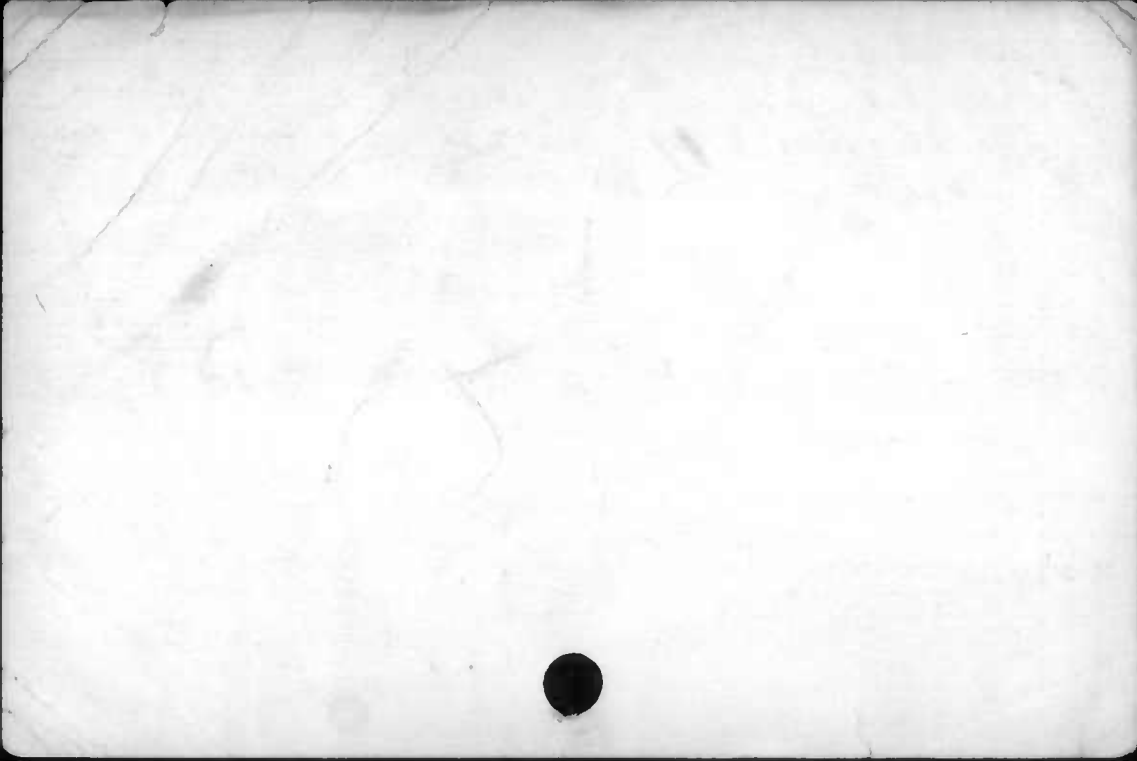
Died at <sup>Town</sup> <i>Mutual</i>		<sup>County</sup> <i>Calvert</i>		MARYLAND	
Date of death	19 <i>60</i>	Month	<i>May</i>	Day	<i>19</i>
Age		Years	<i>72</i>	Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of <del>Wife</del> Husband	<i>Clement H. Dorsey</i>		
Father's Name	<i>John Anthony</i>		Father's Birthplace	<i>Wales, G. B</i>	
Mother's Maiden Name	<i>Elizabeth Hughes</i>		Mother's Birthplace	<i>Wales, G. B</i>	
Name of person giving Information	<i>M. J. Hartness</i>		How related to deceased	<i>Sister</i>	

## CAUSES OF DEATH

(64) ✓

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>3 Years</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. P. Brown</i>
<i>yes</i>		Address	<i>Mutual Md</i>
Accident or Suicide			



Name  
in  
Full

Dolphus Elliott

CERTIFICATE OF DEATH

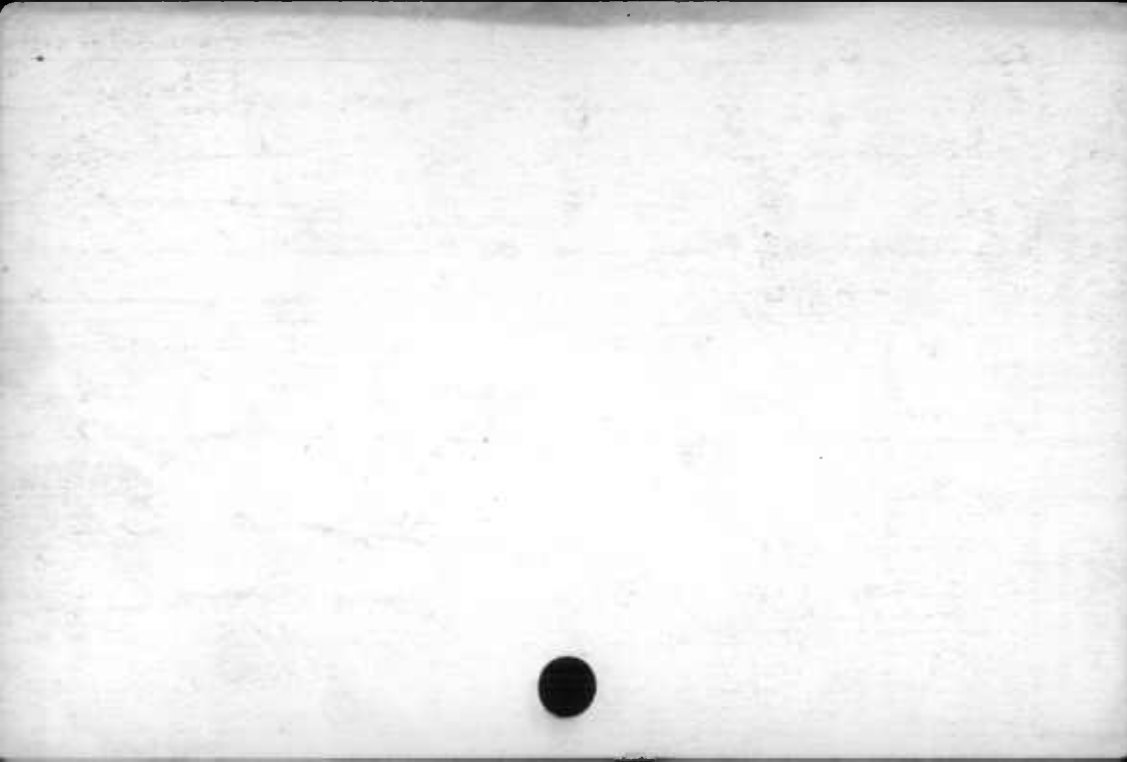
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Broomes Island</i>		Town		<i>Calvert county</i>		County		MAYLAND	
Date of death <i>1900</i>		Month <i>May</i>		Day <i>13<sup>th</sup></i>		Age <i>14</i>		Years Months Days <i>10</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Broomes Is md</i>					
Occupation <i>None</i>		Where Reiding if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name <i>Jesse E Elliott</i>		Father's Birthplace <i>Dorchester Co md</i>							
Mother's Maiden Name <i>Annie Covington</i>		Mother's Birthplace <i>Somerset Co md</i>							
Name of person giving Information <i>Annie Elliott</i>		How related to deceased <i>Mother</i>							

## CAUSES OF DEATH

105 ✓

PHYSICIAN OR CORONER	Primary <i>Acute gastro-enteritis</i>	How long <i>48 hours</i>	
	Immediate <i>Exhaustion</i>	How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>George Peterson</i>	
		Address <i>St. Leonards Md</i>	
Accident or Suicide			



Name  
in  
Full

Edgar Leroy Hardisty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Prince George's <sup>County</sup> Calvert MARYLANDDate of death 1960 <sup>Month</sup> May <sup>Day</sup> 20 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> 10 <sup>Days</sup>Sex male <sup>Color or Race</sup> white <sup>Birth-place</sup> Calvert CoOccupation <sup>Where Residing if not at place of death</sup>Married, Single or Widowed <sup>Name of Wife or Husband</sup>Father's Name Charles E Hardisty <sup>Father's Birthplace</sup> Calvert CoMother's Maiden Name <sup>Mother's Birthplace</sup>Name of person giving information <sup>How related to deceased</sup>

## CAUSES OF DEATH

Primary <sup>How long</sup> 10 W ✓  
Immerse feeding  
Immediate <sup>How long</sup> Gastroenteritis 2 weeks

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

Signature of Physician

Address

J. W. King  
1 Barstow Md.

Accident or Suicide



Name  
in  
Full

Edgar Leroy Hardisty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Barstow		County Calvert		MARYLAND	
Date of death	1960	Month	May	Day	20	Age	—
Sex	Male	Color or Race	White	Birthplace	Calvert Co	Years	—
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—			Name of Wife or Husband —			
Father's Name	Charles E. Hardisty			Father's Birthplace	Calvert Co		
Mother's Maiden Name	Ella Baird			Mother's Birthplace	Calvert Co		
Name of person giving information	—			How related to deceased —			

## CAUSES OF DEATH

Primary	Improper feeding	How long	104
Immediate	Gastro Enteritis	How long	1 mo
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician D. J. M. King		
	Address Barstow Md		

PHYSICIAN  
OR CORONER

Accident or Suicide





Name  
In  
Full

Annie M Titus

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Sunderland		County Calvert		MARYLAND	
Date of death		19/0	Month May	14	Day	Age	10
Sex		Female		Color or Race		Black	
Occupation				Birth-place		Cal. les.	
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Louis Titus				Father's Birthplace	
Mother's Maiden Name		Carrie Jones				Mother's Birthplace	
Name of person giving information		Wm. Jones				How related to deceased	
						Uncle	

## CAUSES OF DEATH

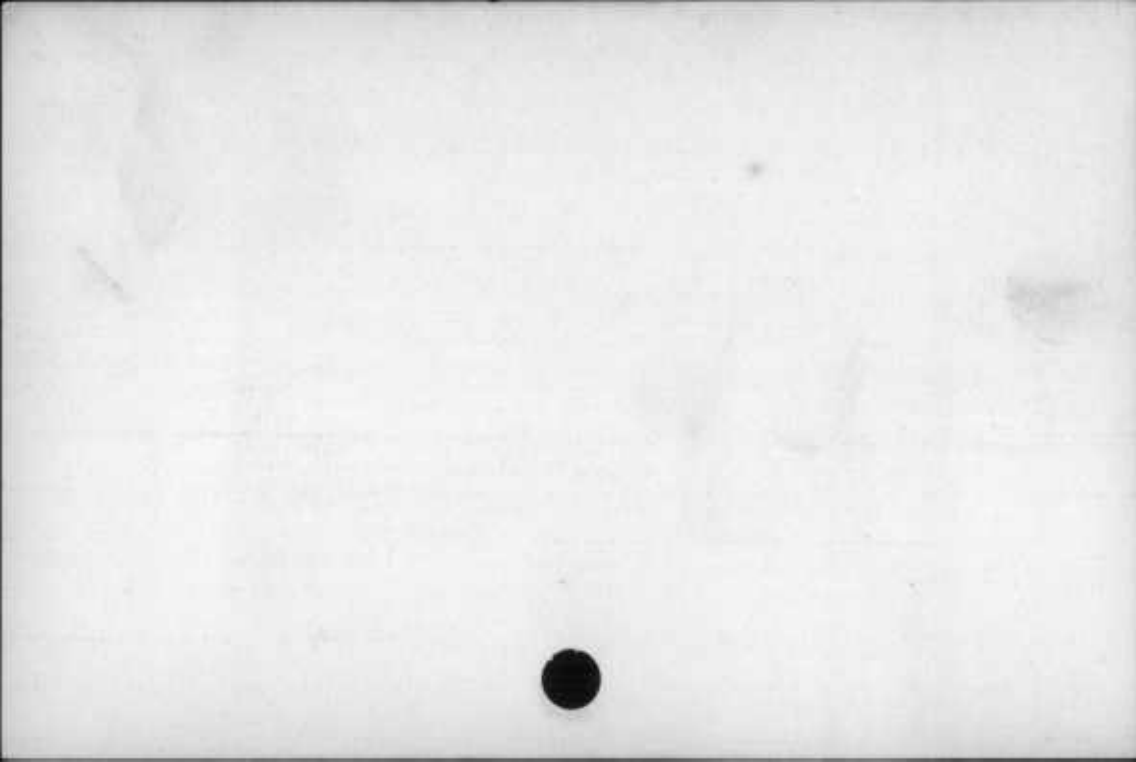
Primary	Thrombosis Poisoning	How long	1 day
Immediate	from bad mick	How long	

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

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Azzie Russell

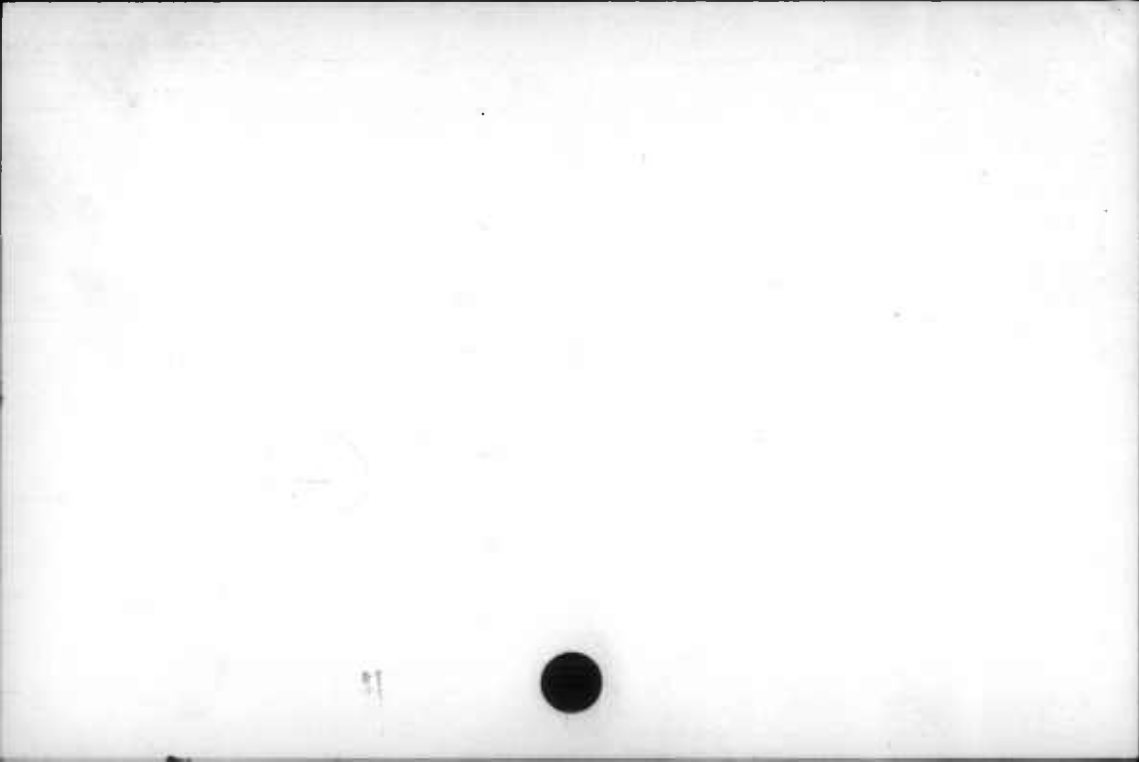
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Barstow</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death <i>1960</i>	Month <i>May</i>	Day <i>31</i>	Age <i>25</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Calvert Co</i>		
Occupation <i>Cook</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Emanuel Russell</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Liza Sewell</i>			Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Joseph Russell</i>			How related to deceased <i>uncle</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Tuberculosis</i>	<i>27</i> <i>28</i> <i>v</i>
	Immediate <i>Exhaustion</i>	How long <i>6 mos</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. King</i>
		Address <i>Barstow Md</i>
Accident or Suicide		



Name  
in  
Full

Viola Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Barstow</u> <sup>Town</sup>		<u>Calvert</u> <sup>County</sup>		MARYLAND	
	Date of death	19 <u>00</u> <sup>Year</sup>	<u>May</u> <sup>Month</sup>	<u>3<u>rd</u></u> <sup>Day</sup>	Age <u>    </u> <sup>Years</sup>	<u>2</u> <sup>Months</sup>
	Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birthplace	<u>Philadelphia</u>
	Occupation	Where Residing if not at place of death				
	Married, Single or Widowed	Name of Wife or Husband				
	Father's Name	<u>Unknown</u>			Father's Birthplace	<u>Unknown</u>
	Mother's Maiden Name	<u>Annie Russell</u>			Mother's Birthplace	<u>Calvert Co</u>
Name of person giving Information	<u>Joseph Russell</u>			How related to deceased	<u>    </u>	

## CAUSES OF DEATH

Primary	<u>Unknown</u>	How long
Immediate	<u>"</u>	How long

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

Signature of Physician

Address

J. M. KingBarstow Md

Accident or Suicide



Name in Full *Mrs Adeline Simms*

CERTIFICATE OF DEATH

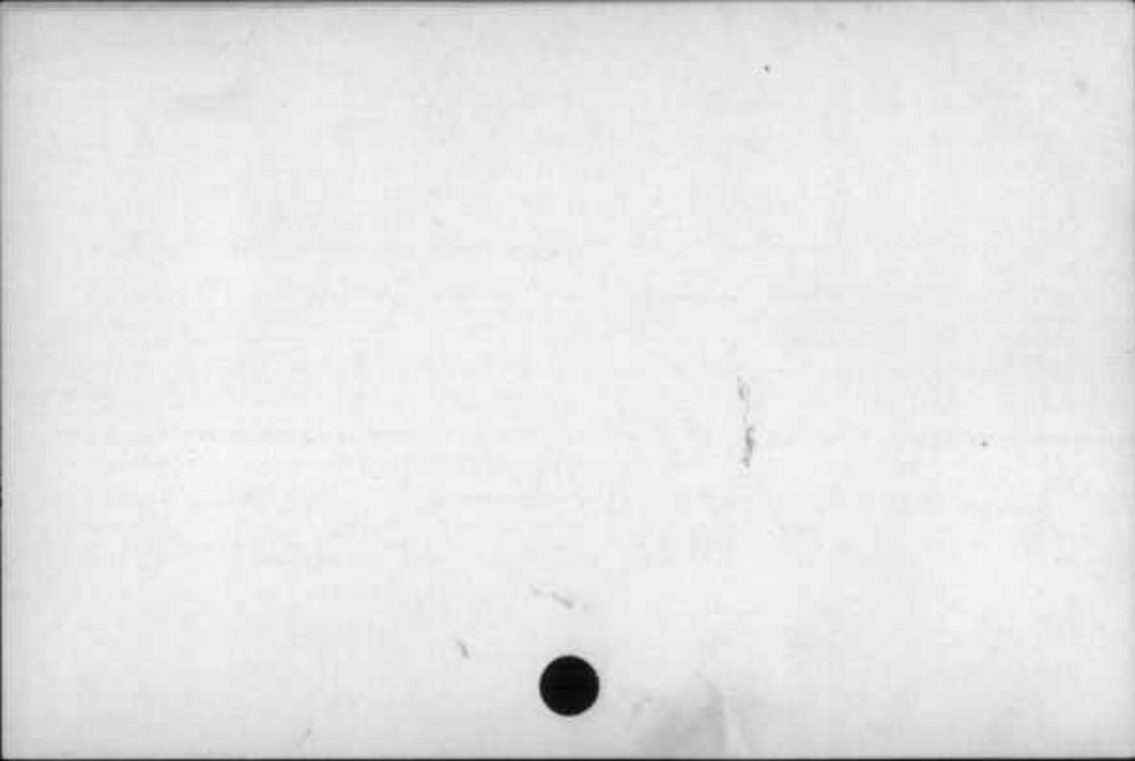
TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Sunkist</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	19 <i>60</i>	Month <i>May</i>	Day <i>1</i>	Age <i>50</i>	Years <i>50</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert 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>Dennis Simms</i>				
Father's Name <i>John Hawkins</i>	Father's Birthplace <i>Calvert Co. Md.</i>			Mother's Birthplace <i>X X</i>	
Mother's Maiden Name <i>Hubertson</i>	Name of person giving information <i>Dennis Simms</i>			How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Apoplexy, Cerebral</i>	<i>64</i> How long	<i>6 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos. W. Chaney M.D.</i>
		Address	<i>Chaney Md.</i>
Accident or Suicide?			





Name in Full

James Edward Halling

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Died at Ches. Beach Calvert

Date of death 1900 May 12 Age 27 Months 2 Days 27

Sex Male Color or Race White Birth place Ches. Beach Md

Occupation None Where residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name James Halling Father's Birthplace Willows Md

Mother's Maiden Name Jennette Scott Mother's Birthplace Willows Md

Name of person giving information James Halling How related to deceased Father

CAUSES OF DEATH

189A

Primary Cause of Death Bronchitis Pneumonia How long 10 days

Immediate Cause of Death Dyspnea How long 10 hours

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

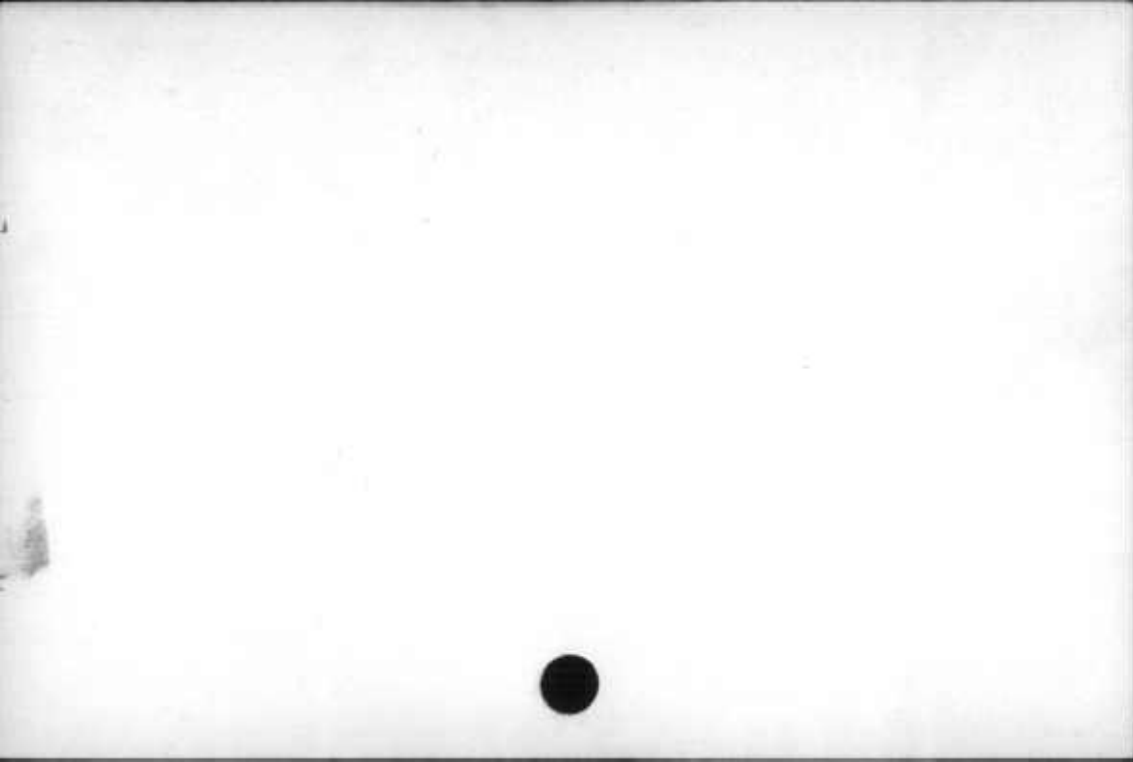
Signature of Physician W. H. Talbot M.D.

Address Ches. Beach Md.

PHYSICIAN OR CORONER

H

Accident or Suicide



Name  
in  
Full

Marion &amp; Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <sup>Town</sup> North Ches. Beach <sup>County</sup> Calvert MARYLAND

Date of death 1908 <sup>Month</sup> May <sup>Day</sup> 23 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> 4

Sex Male Color or Race white - Birth-place North Ches. Beach

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

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

Father's Name Marion & Tucker Father's Birthplace Ind

Mother's Maiden Name Alice Aringer Mother's Birthplace Ind

Name of person giving Information Marion & Tucker How related to deceased Father

## CAUSES OF DEATH

(138) ✓

Primary did 4 days after delivery - Convulsions How long Several hours

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

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

Signature of Physician

L. Brayshaw  
FriedshifPHYSICIAN  
OR CORONER

14

Accident or Suicide

