

Name
in
Full

Elmer Acker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at <u>Caulnax</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1900</u> <u>May</u> Month		<u>23</u> Day		<u>17</u> Age	
Sex <u>male</u>		Color or Race <u>Black</u>		Birth-place <u>Caulnax Co Me</u>	
Occupation <u>School Boy</u>		Where Residing if not at place of death <u>Caulnax Hospital</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>unknown</u>		Father's Birthplace			
Mother's Maiden Name <u>unknown</u>		Mother's Birthplace			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

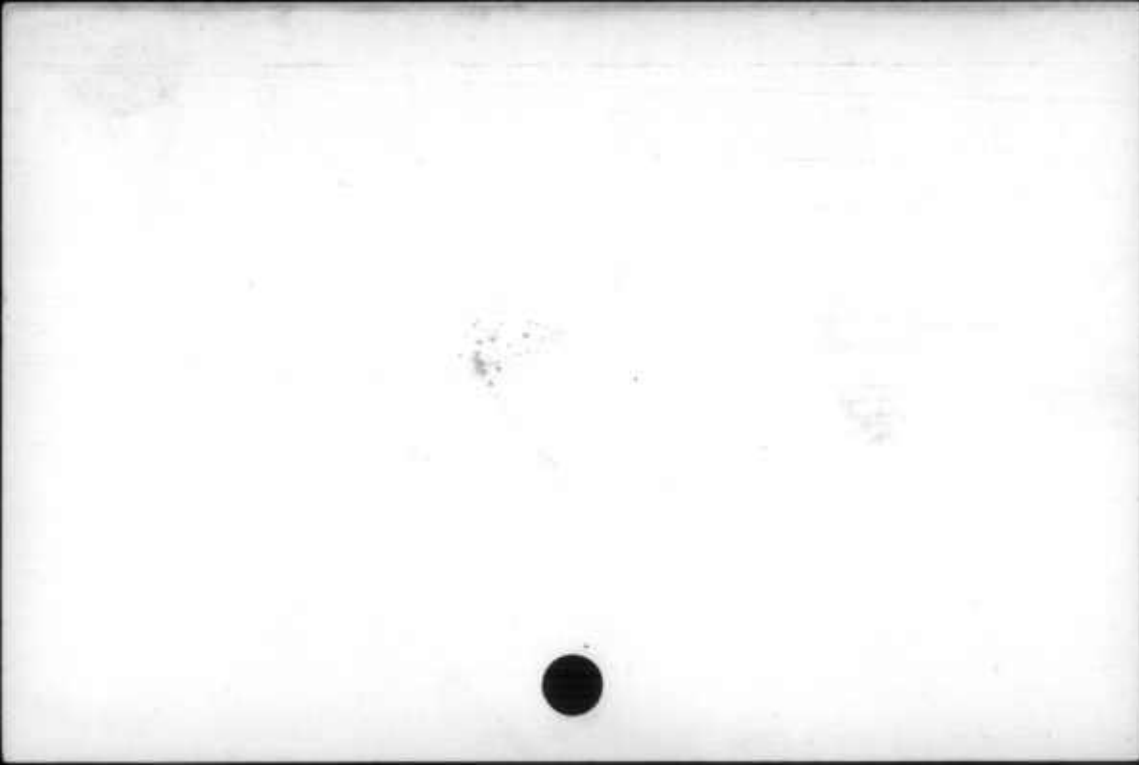
120 ✓

Primary	<u>Chronic nephritis & Valvular Heart Disease</u>	How long	<u>Some months</u>
Immediate	<u>uraemia</u>	How long	<u>Some days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>D. B. Cole</u>
Accident or Suicide		Address	<u>Caulnax Me</u>

PHYSICIAN
OR CORONER

H





Name
in
Full

John M Beckwith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Carnesville ^{Town}		Leasboro ^{County}		MARYLAND	
Date of death	1910	Month	May	Day	22	Age	Years 88
						Months	5
						Days	
Sex	male		Color or Race	white		Birth-place	Bar. Co Ind
Occupation	merchant			Where Residing if not at place of death			
Married, Single or Widowed	widower		Name of Wife or Husband	Henrietta Beckwith			
Father's Name	Rehmanh Beckwith				Father's Birthplace	Bar. Co Ind	
Mother's Maiden Name	Wheeler				Mother's Birthplace	—	
Name of person giving information	J. E Beckwith				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Embolism	How long	9 days
Immediate	Coma	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. A. Stokes
		Address	Carnesville
Accident or Suicide?			



Name
in
Full

David Bramble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Almshouse Farm* ^{County} *Northchester* **MARYLAND**

Date of death *1960 May 31st* Age *65*

Sex *male* Color or Race *white* Birth-place *Fork Hill Md*

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

Marr'd, Single or Widowed *single* Name of Wife or Husband *none*

Father's Name *Jacob Bramble* Father's Birthplace *Md*

Mother's Maiden Name *Dolly Wright* Mother's Birthplace *md*

Name of person giving Information *Albert E. Robertson* How related to deceased *none*

CAUSES OF DEATH

Primary *dementia* *15H* How long *7 years*

Immediate *General debility* How long *7 years*

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

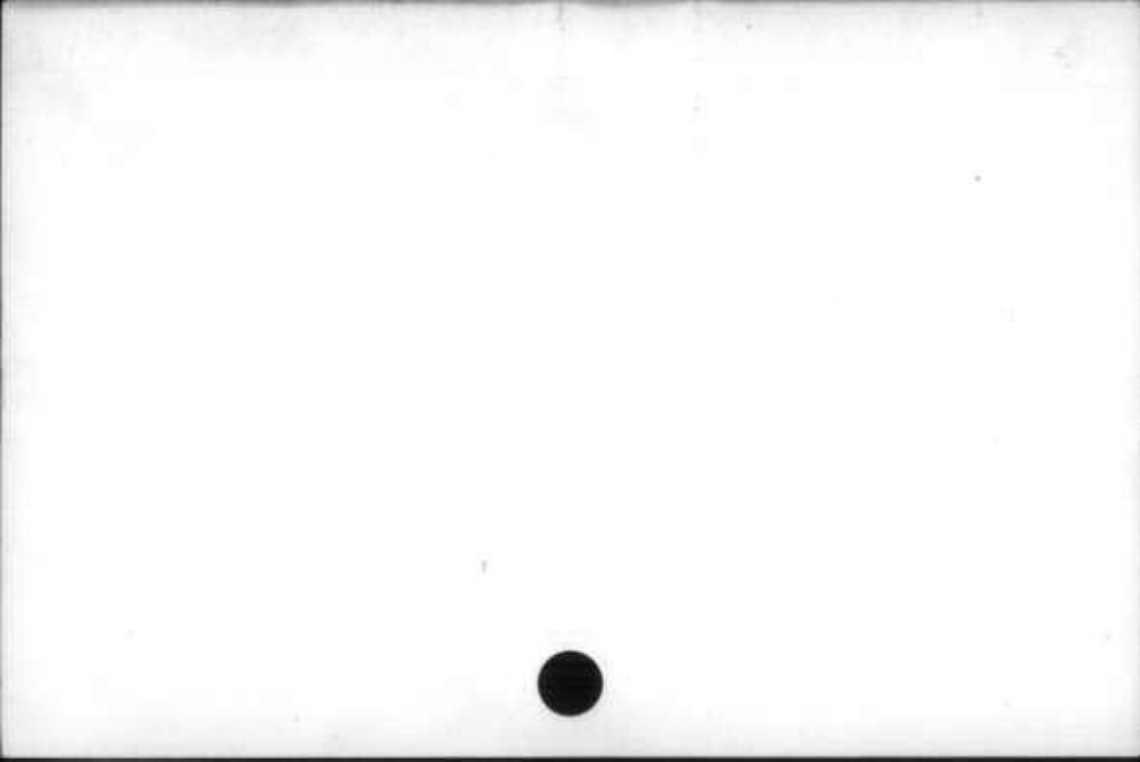
Signature of Physician *J. H. Maguire*

Address *Hurdletz Md*

Accident or Suicide

PHYSICIAN
OR CORONER

H



Name in Full *Sam J Cannon*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Cambridge* ^{Town} *Dorchester* ^{County} **MARYLAND**
 Date of death *1960* ^{Month} *5* ^{Day} *11* ^{Years} *48* ^{Months} ^{Days}
 Sex *male* Color or Race *Colord* Birth-place *Dorchester*
 Occupation *Laborer* Where Residing if not at place of death *Cambridge Hospital*
 Married, Single or Widowed *Married* Name of Wife or Husband *Annie C. Cannon*
 Father's Name *Perry Cannon* Father's Birthplace *don't know*
 Mother's Maiden Name *Ritter Batson* Mother's Birthplace *" "*
 Name of person giving information *John H. Batson* How related to deceased *Cousin*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Valvular Heart Disease* How long *several years*
 Immediate *Syncope* How long *few minutes*
 Are the name, age, sex, color, date and place correctly given above?
 Signature of Physician *Guy Steele, M.D.*
 Address *Cambridge*
 Accident or Suicide



Name
in
Full

Clara Clash

CERTIFICATE OF DEATH

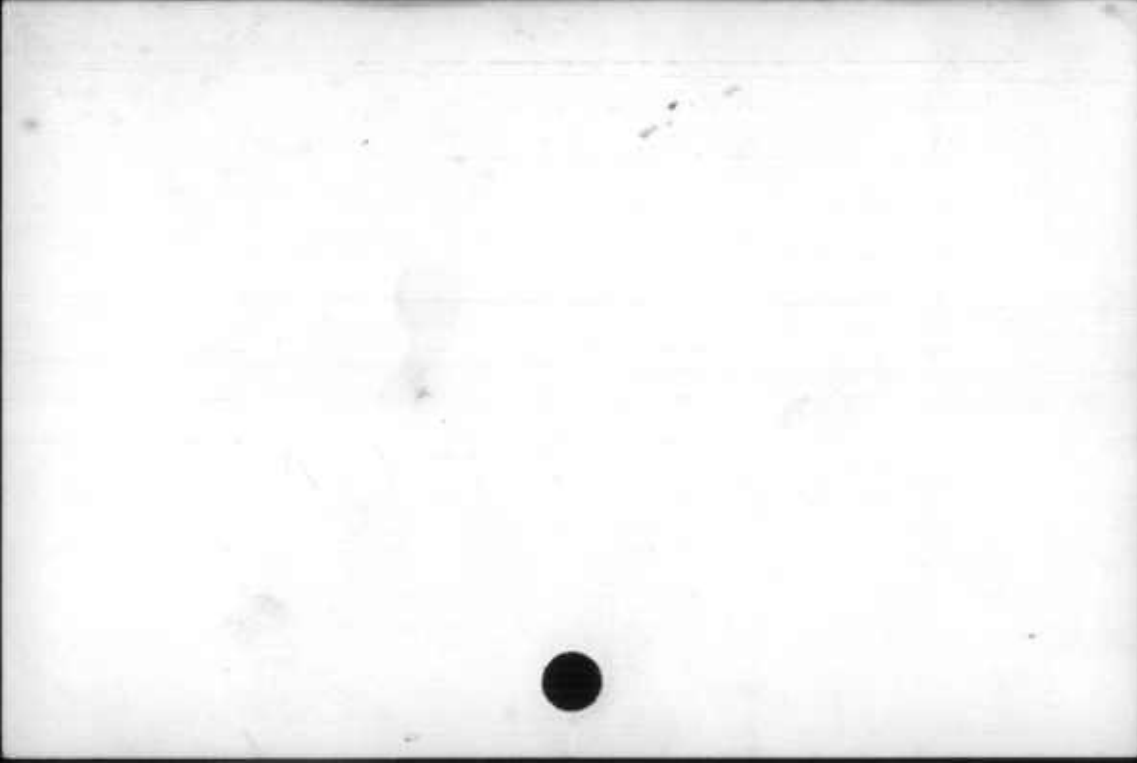
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Borchester</u> ^{County}		MARYLAND	
Date of death	<u>1960</u>	Month	<u>May</u>	Day	<u>8</u>
Age		<u>27</u>		Months	<u>4</u>
Sex	<u>Female</u>	Color or Race	<u>Caucasian</u>	Birthplace	<u>Bucktown</u>
Occupation	<u>House Woman</u>		Where Residing if not at place of death		<u>Cambridge</u>
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>Single</u>		
Father's Name	<u>Arch Clash</u>		Father's Birthplace	<u>Bucktown</u>	
Mother's Maiden Name	<u>Susan Washfield</u>		Mother's Birthplace	<u>Bucktown</u>	
Name of person giving information	<u>Arch Clash</u>		How related to deceased	<u>Brother</u>	

CAUSES OF DEATH

Primary	<u>Tuberculosis</u>	How long	<u>6 or 8 months</u> ^{previously}
Immediate	<u>Exhaustion</u>	How long	<u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. E. Walz</u>
		Address	<u>Cambridge, Md.</u>
Accident or Suicidal	<u>L+H</u>		

PHYSICIAN
OR CORONER



Name in Full

Bessie Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at ^{Town} Cornersville ^{County} Buchanan

MARYLAND

Date of death 1910 ^{Month} May ^{Day} 6 ^{Age} — ^{Years} — ^{Months} 9 ^{Days} 6

Sex Female ^{Color or Race} Negro ^{Birth-place} Md

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

Married, Single or Widowed Single ^{Name of Wife or Husband} none

Father's Name Jas W. Cornish ^{Father's Birthplace} Md

Mother's Maiden Name Cornelia Wheatley ^{Mother's Birthplace} Md

Name of person giving information Jas W. Cornish ^{How related to deceased} Father

CAUSES OF DEATH

Primary Acute Bronchitis ^{How long} 2 weeks

Immediate

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

Signature of Physician S. L. Stokes

Address Cornersville

Accident or Suicide? ^{md}

PHYSICIAN OR CORONER

H



Name in Full

Josephine Druby.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Vienna</u> <small>Town</small>		<u>Harchester</u> <small>County</small>		MARYLAND	
Date of death	<u>19<u>00</u></u> <small>Year</small>	<u>May</u> <small>Month</small>	<u>22</u> <small>Day</small>	Age <u>52</u> <small>Years</small>	<u>-</u> <small>Months</small>
Sex	<u>Female.</u>	Color or Race	<u>colored.</u>	Birth-place	<u>North Carolina</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Columbus Druby.</u>		
Father's Name	<u>unknown.</u>		Father's Birthplace	<u>unknown</u>	
Mother's Maiden Name	<u>Harriet Chase.</u>		Mother's Birthplace	<u>Maryland.</u>	
Name of person giving information	<u>Columbus Druby.</u>		How related to deceased	<u>Husband.</u>	

CAUSES OF DEATH

(77) (28)

PHYSICIAN OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>6 months</u>
Immediate	<u>Heart Failure</u>	How long	<u>immediate</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician	<u>D H Black.</u>
		Address	<u>Vienna Md.</u>
Accident or Suicide?			



Name

In Full

Maggie Will Minrod Dunn

CERTIFICATE OF DEATH

Died at ^{Town} Springdale^{County} Dorchester

MARYLAND

Date of death 1910 ^{Month} 5 ^{Day} 9 ^{Years} Age 42 ^{Months} 2 ^{Days} 21Sex Female ^{Color or Race} white ^{Birth-place} Md-Occupation Housewife ^{Where Residing if not at place of death} SpringdaleMarried, Single or Widowed Married ^{Name of Wife or Husband} John Wesley DunnFather's Name James Parrot ^{Father's Birthplace} MdMother's Maiden Name Sarah Jane Honnis ^{Mother's Birthplace} MdName of person giving information John Wesley Dunn ^{How related to deceased} Husband

CAUSES OF DEATH

Primary Sarcoma leg - metastasized to spine & lungs & liver ^{How long} 2 yearsGeneral condition - cardiac aneurysm ^{How long} Weeks
Immediate mild acute nephritisAre the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} W. H. [unclear] MD^{Address} East New Market

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Marjorie East

Dorchester

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} East New Market ^{County} Dorchester MARYLAND

Date of death 1910 ^{Month} 5 ^{Day} 7 ^{Age} ^{Years} ^{Months} 2 ^{Days} 9

Sex Female ^{Color or Race} white ^{Birth-place} East New Market

Occupation none ^{Where residing if not at place of death} same

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

Father's Name H.P. East ^{Father's Birthplace} Balto, Md.

Mother's Maiden Name Sodie Munn ^{Mother's Birthplace} Keyport No

Name of person giving information H.P. East ^{How related to deceased} Father

CAUSES OF DEATH

8

PHYSICIAN OR CORONER

Primary Pertussis ^{How long} 3 weeks

Immediate Pneumonia ^{How long} 5 days

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

Signature of Physician Edward L. Jones

Address East New Market Md

Accident or Suicide? _____



Name
in
Full

Margniti L Goslin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Dorchester Co</u> <small>County</small>		MARYLAND	
Date of death <u>1980</u>	<u>May</u> <small>Month</small>	<u>6</u> <small>Day</small>	<u>2</u> <small>Years</small>	<u>5</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Cambridge</u>			
Occupation <u>Baby</u>	Where Residing if not at place of death <u>Cambridge</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Sunder</u>				
Father's Name <u>Linwood Goslin</u>	Father's Birthplace <u>Dorchester</u>				
Mother's Maiden Name <u>Royce Bunker</u>	Mother's Birthplace <u>Cambridge</u>				
Name of person giving information <u>Linwood Goslin</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary <u>Polarhal Pneumonia</u>	How long <u>10 days</u>
Immediate <u>E. Coli</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
<u>2-14</u>	Address <u>Cambridge Md</u>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Edward L. Jefferson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at Cambridge ^{Town} Dorchester ^{County} MARYLAND

Date of death 1900 ^{Month} May ^{Day} 25 Age 74 ^{Years} 74 ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Maryland

Occupation Oyster packer Where Residing if not at place of death Cambridge Md

Married, Single or Widowed Widower Name of Wife or Huabend Annie Jefferson

Father's Name Dont know Father's Birthplace Unknown

Mother's Maiden Name Mary St-Blair Mother's Birthplace Maryland

Name of person giving Information Mattie Matthews How related to deceased Wife

CAUSES OF DEATH

1200
How long
48 hrs.

PHYSICIAN
OR CORONER

H

Primary Chronic Nephritis + Valvular Heart Disease

Immediate Uræmia

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

Signature of Physician E. E. Wolff

Address Cambridge, Md.

Accident or Suicide



Name
in
Full

Carrie F. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Crapo		Dorchester		MARYLAND	
Date of death		1960	May	31	Age	37	3
Sex		Female		Color or Race	Black		Months
Occupation		Housewife		Where Residing if not at place of death		Died at home	
Married, Single or Widowed		Married		Name of Wife or Husband		Perry Johnson	
Father's Name		John McCreadie		Father's Birthplace		Crapo, Md	
Mother's Maiden Name		Dolly Cunnells		Mother's Birthplace		Crapo, Md	
Name of person giving Information		Perry Johnson		How related to deceased		Husband	

CAUSES OF DEATH

Primary	Heart failure	How long	189 A
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes so far as I know	Signature of Physician	J. M. White
		Address	Crapo Md
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

John H Jones

Town

County

MARYLAND

Died at near Hurlock

Dorchester

Date
of death 190

10

Month

5

Day

17

Age

Years

75

Months

11

Days

12

Sex

male

Color or
Race

White

Birth-
place

Dorchester Co

Occupation

Farmer

Where Residing if not
at place of death

Near Hurlock Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Jones

Father's
Name

Clarkson Jones

Father's
Birthplace

Dor Co.

Mother's
Maiden Name

unknown

Mother's
Birthplace

Not known

Name of person giving
Information

Albert Jones

How related
to decedent

Son

CAUSES OF DEATH

Primary

Mitral Regurgitation

How long

How long

Immediate

the same

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

yes

Signature of
Physician

J. Roger Myers

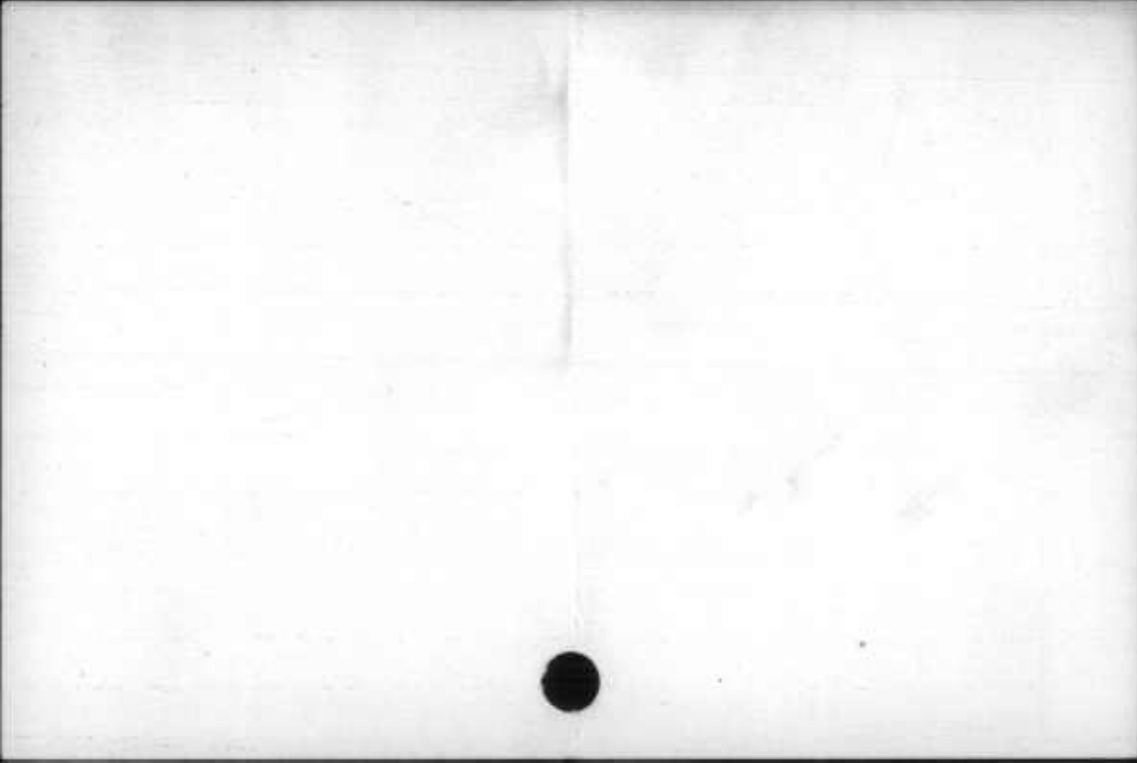
Address

Hurlock Md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Elyse M. Kirwin

Town

County

Died at

New Cambridge

Worcester

MARYLAND

Date

~~1899~~ 1940

Month

May 14

Day

Age

69 - 2

Y.

M.

D.

Native of

Worce

Occupation

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband

of

Wife

Samuel Kirwin

Father's

Name

Nichol Moore

Mother's

Name

Ann Elyse Meekins

Cause of

Primary

Pulmonary phthisis

How long sick

5 or 6 mos

Death

Immediate

Exhaustion

22

Accident, Suicide, Homicide

Reported by

Guy Steele

Address

Cambridge

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lucy B. Leonard

CERTIFICATE OF DEATH

Town

County

Died at

Cambridge

Borchester

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1960 May

11

Age

66

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of death

Cambridge Md

Married, Single
or Widowed

married

Name of Wife or
Husband

Levi B. Leonard

Father's
Name

George Shenton

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Shenton

Mother's
Birthplace

"

Name of person giving
Information

H. H. Leonard

How related
to deceased

Son

CAUSES OF DEATH

Primary

Complication

How long

about 7 years

Immediate

Nephritis

How long

2 or 3 weeks

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

yes

Signature of
Physician

Address

John M. ...

Cambridge, Md

Accident or suicide

no

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

Catherine Motten

Town

County

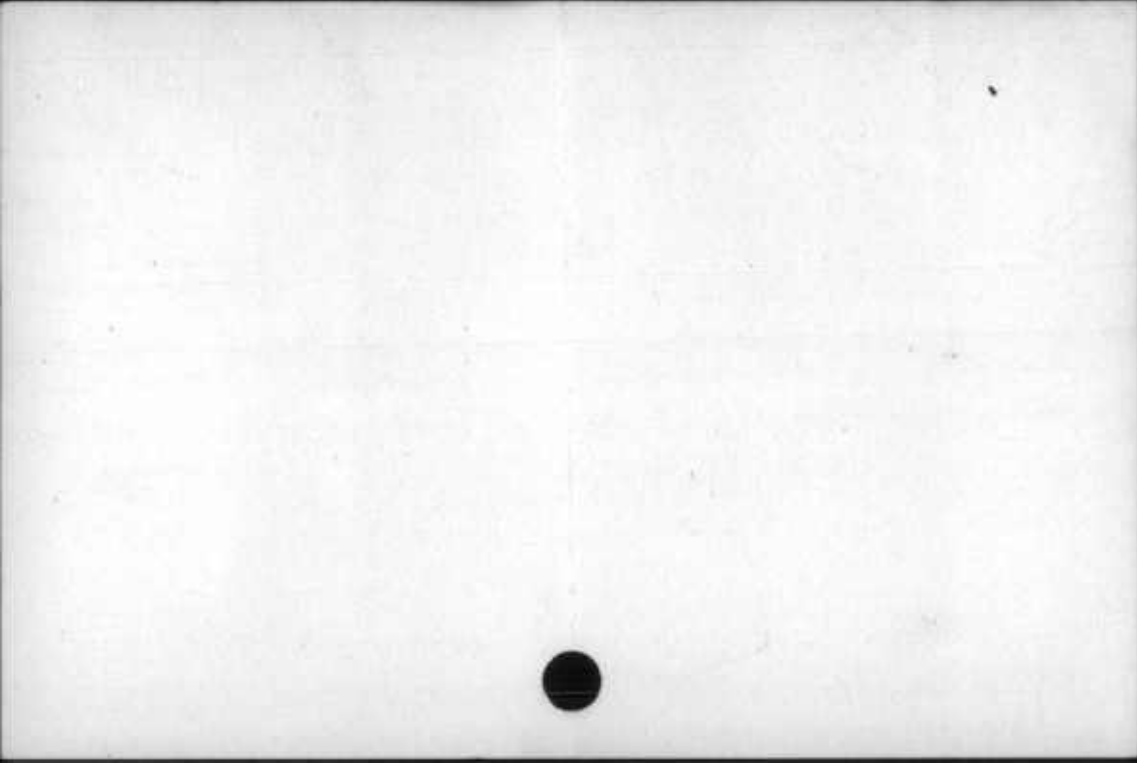
MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rhodesdale</u>		County <u>Ann</u>		MONTHS		DAYS	
Date of death <u>1900</u>		Month <u>May</u>	Day <u>21</u>	Age <u>50</u>			
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>					
Occupation <u>Housewife</u>	Where residing if not at place of death <u>Rhodesdale</u>						
Married, or <u>Widowed</u>	Name of wife or Husband <u>Charles Motten</u>						
Father's Name <u>James Spidel</u>	Father's Birthplace <u></u>						
Mother's Maiden Name <u>Catherine Spidel</u>	Mother's Birthplace <u>Germany</u>						
Name of person giving information <u>Charles Motten</u>	How related to deceased <u>Husband</u>						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Valvular disease</u>	How long <u>3 years</u>
	<u>of Heart</u>	How long <u>3 years</u>
	Immediate <u>of Heart</u>	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>
	Address <u>[Signature]</u>	
<u>H</u>	Accident or Suicide?	<u>no</u>



Name
in
Full

CERTIFICATE OF DEATH

Perry

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Date
of death

1960

Month

May

Day

30

Age

Years

—

Months

—

Days

3

Sex

Male

Color or
Race

Colored

Birth-
place

MD.

Occupation

Child

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maidan Name

Rebecca Bolden (Perry)

Mother's
Birthplace

Maryland

Name of parson giving
Information

Lorina Bolden

How related
to deceased

Grand. Mother

CAUSES OF DEATH

15-2 V

Primary

Malena Neonatorum

How long

3 days

Immediate

hemorrhage from umbilicus

How long

5 hours

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

yes

Signature of
Physician

E.E. Wolff
Cambridge, Md.

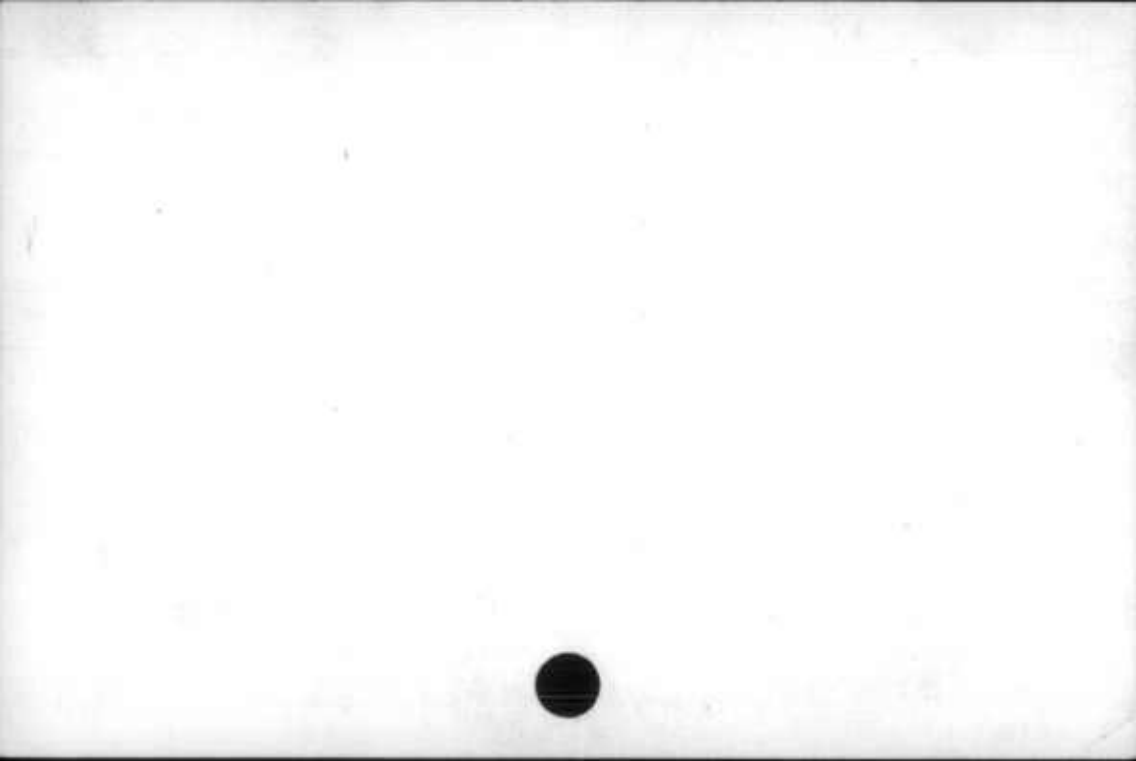
Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H



Name
in
Full

Infant Saphus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hoopersville</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death 19 <u>00</u> <small>Month</small> <u>May</u> <small>Day</small> <u>28</u> ⁷		Age <u>0</u> <small>Years</small>		Months <u>0</u> Days <u>10</u>	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Hoopersville</u>	
Occupation <u>Infant</u>		Where Residing if not at place of death _____			
Married, Single or Widowed <u>Infant</u>		Name of Wife or Husband <u>Infant</u>			
Father's Name <u>Joseph Saphus</u>		Father's Birthplace <u>Dorchester Co.</u>			
Mother's Maiden Name <u>Elmira Stavers</u>		Mother's Birthplace <u>Dorchester Co.</u>			
Name of person giving Information <u>Joseph Saphus</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

Primary	<u>Do not know.</u>	How long <u>apparent cause</u>	<u>Do not know.</u>
	<u>Do not know.</u>	How long <u>apparent cause</u>	<u>Do not know.</u>
Immediate	<u>Do not know.</u>		
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of <u>Lawrence P. Ashby, Jr.</u>	<u>(Coroner)</u>
		Address <u>Hoopersville</u>	<u>MD</u>
Accident or Suicide	<u>accidental</u>		



Name
in
Full

Charmer D. Sewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Craps</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death	<u>1960</u> <small>Year</small>	<u>May</u> <small>Month</small>	<u>2</u> <small>Day</small>	<u>1</u> <small>Year</small>	<u>17</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Craps, Md.</u>
Occupation	<u>No occupation</u>		Where Residing if not at place of death	<u>Died at home</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Charmer D. Sewell</u>			Father's Birthplace	<u>Coan, Va.</u>
Mother's Maiden Name	<u>Ada L. Kingate</u>			Mother's Birthplace	<u>Craps Md.</u>
Name of person giving Information	<u>Grace Sewell</u>			How related to deceased	<u>Sister</u>

CAUSES OF DEATH

Primary		How long
Immediate	<u>Drowned</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes, so far as I know</u>	Signature of Physician
Accident or Suicide	<u>Accident</u>	<u>J. M. White M.D.</u>
		Address
		<u>Craps, Md.</u>

PHYSICIAN
OR CORONER



Name
in
Full

Abram Standley

CERTIFICATE OF DEATH

Died at ^{Town} Cambridge ^{County} Worcester Co MARYLANDDate of death 1940 ^{Month} May ^{Day} 26 ^{Years} Age 62 ^{Months} ^{Days}Sex male ^{Color or Race} Colored ^{Birth-place} IllinoisOccupation Labor ^{Where Residing if not at place of death} CambridgeMarried, Single or Widowed Married ^{Name of Wife or Husband} Lusinda StandleyFather's Name Joe Standley ^{Father's Birthplace} Not-KnowMother's Maiden Name Liza Standley ^{Mother's Birthplace} Not-KnowName of person giving Information Nees Standley ^{How related to deceased} SonTO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Valvular Heart Disease - Chronic Hypertension ^{How long} Can't say -Immediate Heart Failure ^{How long} gradual

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

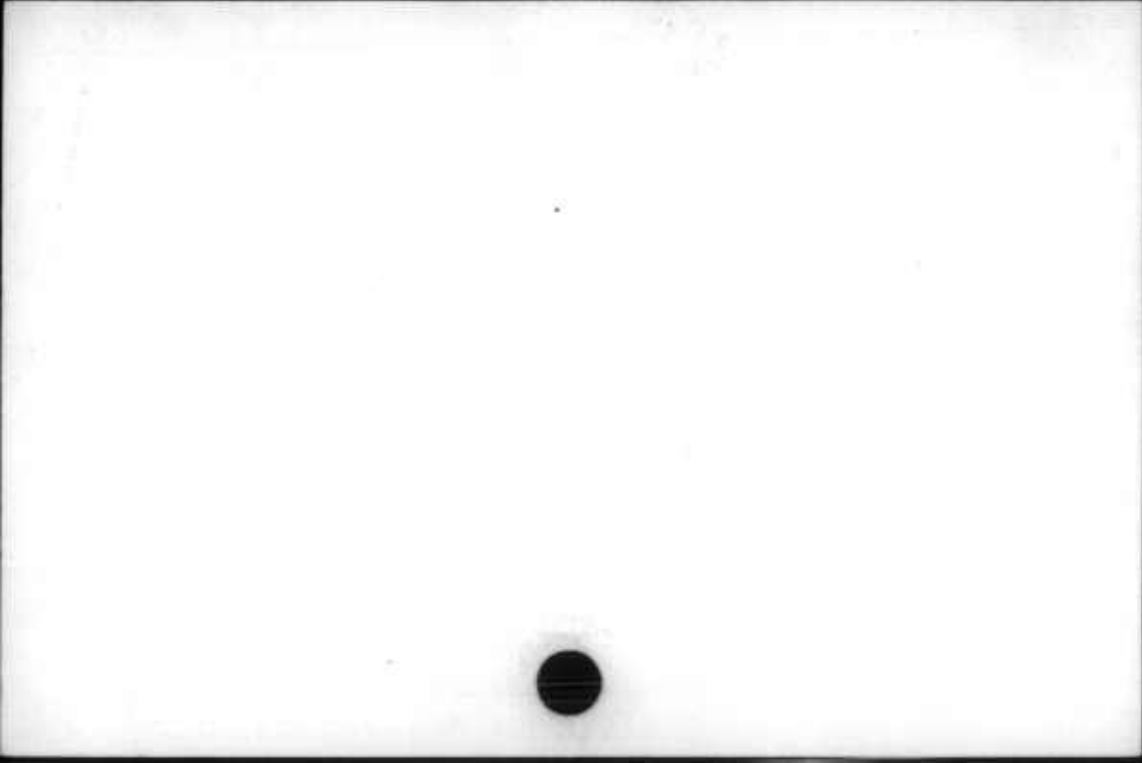
Signature of Physician

Address

E. E. Wolff
Cambridge, Md.

Accident or Suicide - L+H

PHYSICIAN
OR CORONER



Name in Full

CERTIFICATE OF DEATH

Lloyd W. Styles Over me of late

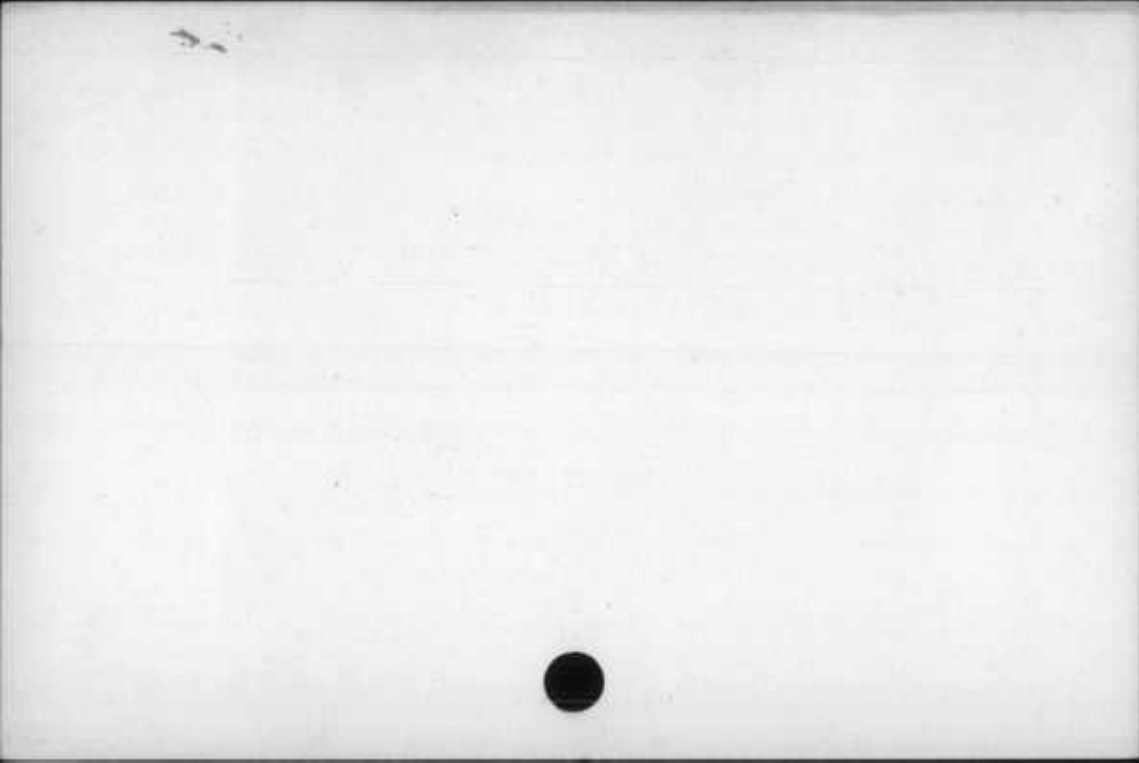
TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Church Creek</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death	<u>19</u> / <u>0</u> / <u>5</u>	Month	<u>20</u>	Day	Age <u>50</u>
Sex	<u>male</u>	Color or Race		Birth-place	<u>120</u>
Occupation		Where Reading if not at place of death			
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband			
Father's Name	<u>Unknown</u>	Father's Birthplace			
Mother's Maiden Name	<u>Unknown</u>	Mother's Birthplace			
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<u>Interstitial Nephritis</u>	How long	
Immediate	<u>Uraemia</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>R. L. Linticum</u>
		Address	<u>Church Creek Md</u>
Accident or Suicide?			



Name
in
Full

Joseph Travers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lakesville</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1910</i>	Month <i>May</i>	Day <i>8</i>	Age <i>75</i> Years	Months	Days
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place		
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Silas Travers</i>	Father's Birthplace <i>do not know</i>				
Mother's Maiden Name <i>dont know</i>	Mother's Birthplace <i>do not know</i>				
Name of person giving information <i>George Dorsey</i>	How related to deceased <i>his son</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>old age</i>	How long
	immediate <i>dropsey</i>	How long <i>six months</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm J Kusick, sub. reg.</i>
	<i>no physician</i>	Address <i>Lakesville</i>
Accident or Suicide?		

187 ✓



Name in Full *Mrs Annie Wilimina Tubman* CERTIFICATE OF DEATH

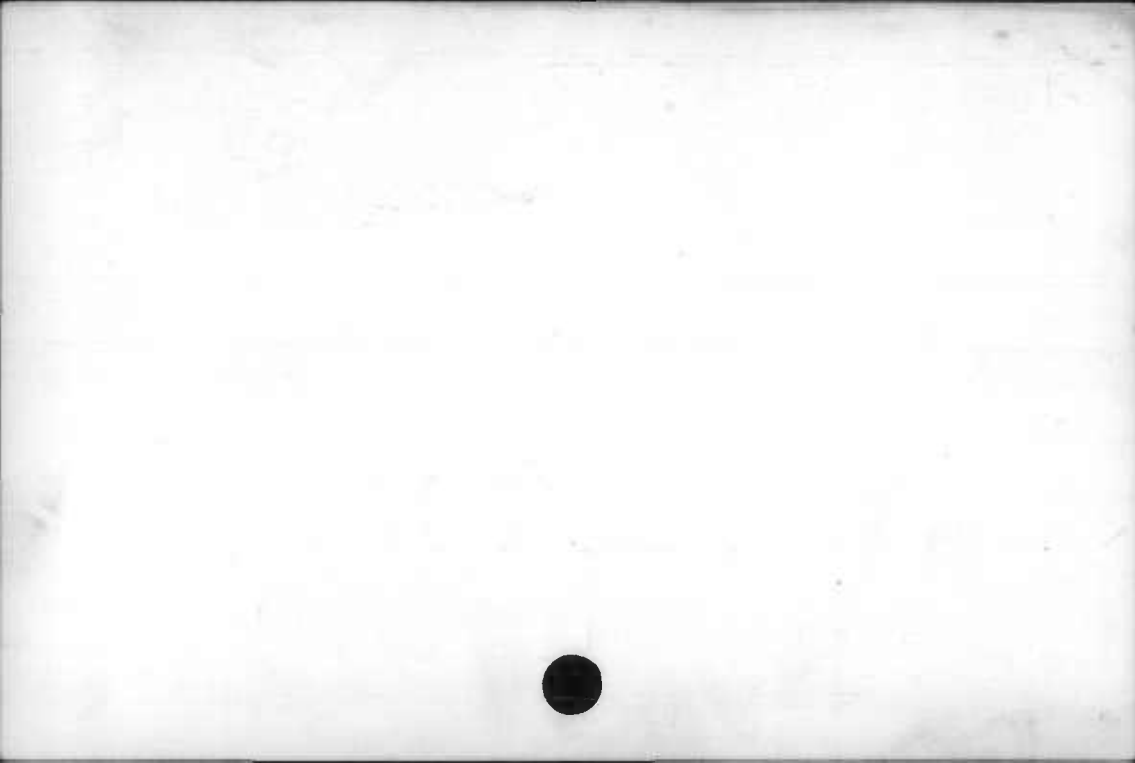
TO BE ANSWERED BY NEAREST FRIEND

Died at *Cowardin* *Dochester* **MARYLAND**
 Date of death 19*60* *May* *6* Age *78*
 Sex *Female* Color or Race *white* Birthplace *Golden Hill*
 Occupation *Retired wife* Where Residing if not at place of death _____
 Married, Single or Widowed *Widow* Name of Wife or Husband *Richard Henry Tubman*
 Father's Name *William Tubman* Father's Birthplace *Golden Hill*
 Mother's Maiden Name *Mary Meekins* Mother's Birthplace *"*
 Name of person giving Information *Charlie Mace* How related to deceased *Grandson*

CAUSES OF DEATH

Primary *Old age* How long _____
 Immediate *Exhaustion* How long _____
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *John Mace*
 Address *Cowardin Md*
 Accident or Suicide *No*

PHYSICIAN OR CORONER



Name in Full

George W. Warner

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cambridge Dorchester County MARYLAND

Date of death 1980 May 28 Age 71 Months — Days —

Sex Male Color or Race White Birth-place Maryland

Occupation Waterman Where Residing if not at place of death Cambridge Md

Married, Single or Widowed Married Name of Wife or Husband Susan J. Warner

Father's Name William Warner Father's Birthplace Maryland

Mother's Maiden Name Mary Wallace Mother's Birthplace "

Name of person giving information Susan J. Warner How related to deceased Wife

CAUSES OF DEATH

Primary Hemorrhage into the Brain 64 How long one day

Immediate Paralysis How long " "

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

Signature of Physician Dr. Goldbroun

Address Cambridge Md

PHYSICIAN OR CORONER

H

Accident or Suicide



Name in Full

Mary E. Willey

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cambridge ^{Town} Washington ^{County} **MARYLAND**

Date of death **1900** ^{Month} May ^{Day} 12 ^{Years} 1 ^{Months} 3 ^{Days} —

Sex Female Color or Race White Birth-place Maryland

Occupation child nurse Where Residing if not at place of death Cambridge Md

Married, Single or Widowed Single Name of Wife or Husband

Father's Name William E. Willey Father's Birthplace Maryland

Mother's Maiden Name Bertha M. Willey Mother's Birthplace

Name of person giving Information William E. Willey How related to deceased Grandfather

CAUSES OF DEATH

Primary Malnutrition. How long 3 mos.

Immediate Born clitoris How long 8 days

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

Signature of Physician E. E. Wolf
Address Cambridge, Md.

PHYSICIAN OR CORONER

Accident or Suicide willis



Name in Full

Hattie Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Cornersville ^{County} Bochester **MARYLAND**

Date of death 1910 ^{Month} May ^{Day} 20 Age ^{Years} 39 ^{Months} 0 ^{Days} 0

Sex Female Color or Race negro Birth-place md

Occupation Housewife Where Residing if not at place of death md

Married, Single or Widowed married Name of Wife or Husband Wm Wilson

Father's Name Geo Travers Father's Birthplace md

Mother's Maiden Name Louise Bossey Mother's Birthplace md

Name of person giving information Robt Wilson How related to deceased Bro in law

CAUSES OF DEATH

(27) (28) ✓
How long 1 yr
How long

PHYSICIAN OR CORONER

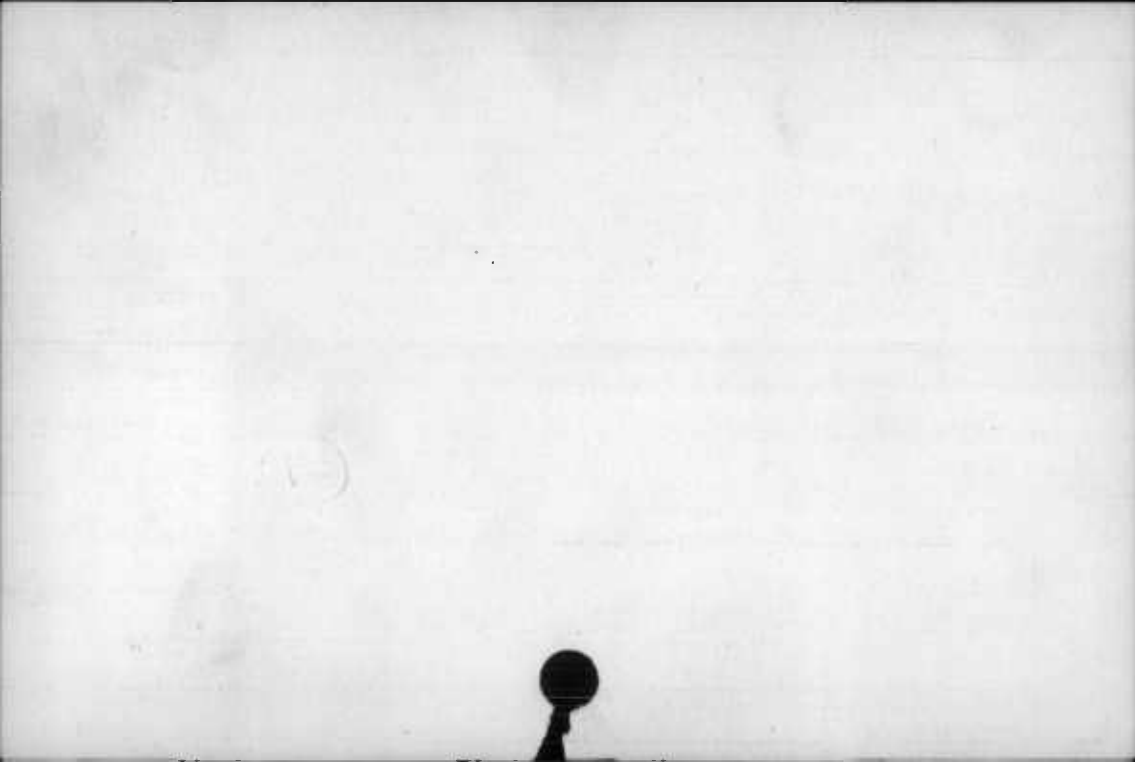
Primary Pulmonary tuberculosis

Immediate

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

Signature of Physician S. J. Stokes
Address Cornersville
md

Accident or Suicide? no



Name
in
Full

Thomas Nord

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Cambridge</u>		County <u>Dorchester Co</u>		STATE <u>MARYLAND</u>	
Date of death		Month <u>May</u>	Day <u>16</u>	Years <u>61</u>	Months	Days	
Sex	<u>Male</u>	Color or Race	<u>Colored</u>		Birth-place	<u>Cook Point</u>	
Occupation	<u>Labor</u>		Where Residing if not at place of death		<u>Cambridge</u>		
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband		<u>Mary Nord</u>		
Father's Name	<u>Levi Nord</u>		Father's Birthplace		<u>Dont Know</u>		
Mother's Maiden Name	<u>Dont Know</u>		Mother's Birthplace		<u>Dont Know</u>		
Name of person giving Information	<u>Mary Nord</u>		How related to deceased		<u>Wife</u>		

CAUSES OF DEATH

Primary	<u>Locomotor Ataxia</u>	How long	<u>6^{1/2} years</u>	<u>Gradual</u>
Immediate	<u>Paralysis</u>	How long		<u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>E. E. Wolff</u>	
Address	<u>Cambridge, Md</u>			
Accident or Suicide	<u>L & H</u>			

PHYSICIAN
OR CORONER

