

Name
in Full

Helen Russell Atkinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chestertown		County Kent		MARYLAND	
Date of death	1910	Month May	Day 14	Age W	Years 0	Months 0	Days 22
Sex	Female		Color or Race	White		Birth-place	Near Chestertown
Occupation	Infant		Where Residing if not at place of death		Chestertown		
Married, Single or Widowed	Infant		Name of Wife or Husband	Infant			
Father's Name	Cecil R Atkinson				Father's Birthplace	Chicago	
Mother's Maiden Name	Ella Emory				Mother's Birthplace	Kentwood	
Name of person giving Information	C R Atkinson				How related to deceased	Father	

CAUSES OF DEATH

61

✓

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	10 days
Immediate	Meningitis	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	H B Engel Sumners		
Address	Chestertown Md		
Accident or Suicide	no.		

438



Name In Full		George T. Bailey				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Millington			County ^{County} Kent		MARYLAND				
	Date of death	1940	Month	May	Day	1	Age	Years 29	Months 4	Days 12
	Sex	Male		Color or Race	Colored		Birth-place	Maryland		
	Occupation	Laborer			Where Residing if not at place of death					
	Married, Single or Widowed	Single		Name of Wife or Husband						
	Father's Name	Am Benj' Bailey					Father's Birthplace	Virginia		
	Mother's Maiden Name	Anne M. Caulk.					Mother's Birthplace	Maryland		
Name of person giving information	Am Benj. Bailey.					How related to deceased	Father			
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary	Heart disease				How long	Unknown			
	Immediate									
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	N M. Jeter,			
					Address	Millington, Md.				
Accident or Suicide?										



Name
in Full

Richard S. Boone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at

Fairlee

Town

County

Kent.

MARYLAND

Date

of death 1900

Month

May

Day

24

Age

Years

80

Months

6

Days

Sex

Male

Color or
Race

white

Birth-
place

Talbot Co Md

Occupation

Farmer

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

W.

Name of Wife or
Husband

Frances Boone

Father's
Name

Wesley Boone

Father's
Birthplace

Talbot Co Md

Mother's
Maiden Name

Ara Ann Skinner

Mother's
Birthplace

Talbot Co Md

Name of person giving
Information

Emma E. Cooper

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Carcinoma of Liver

How long

1 1/2 years

Immediate

peritonitis

How long

9 weeks

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

Yes

Signature of
Physician

F. W. Smith.

Address

Chestertown 2

Accident or Suicide

1 2nd

P. 6. 21



Name
in Full

Goldney Briden

CERTIFICATE OF DEATH

Died at ^{Town} *Piney Creek near Rock Hall* County *Kent-* MARYLANDDate of death 19*40* Month *May* Day *14* Age *—* Years Months *3* Days *9*Sex *Male* Color or Race *White* Birth-place *Kent-Co. Md*Occupation *None* Where Residing if not at place of death *at place of death*Married, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *Thomas J Briden* Father's Birthplace *Kent-Co Md*Mother's Maiden Name *Carra A. Asher* Mother's Birthplace *Kent-Co Md*Name of person giving Information *Thomas J Briden* How related to deceased *Father*

CAUSES OF DEATH

Primary *Whooping Cough* How long *3 weeks*Immediate *Exhaustion* How long *One day*Are the name, age, sex, color, date and place correctly given above? *Yes*

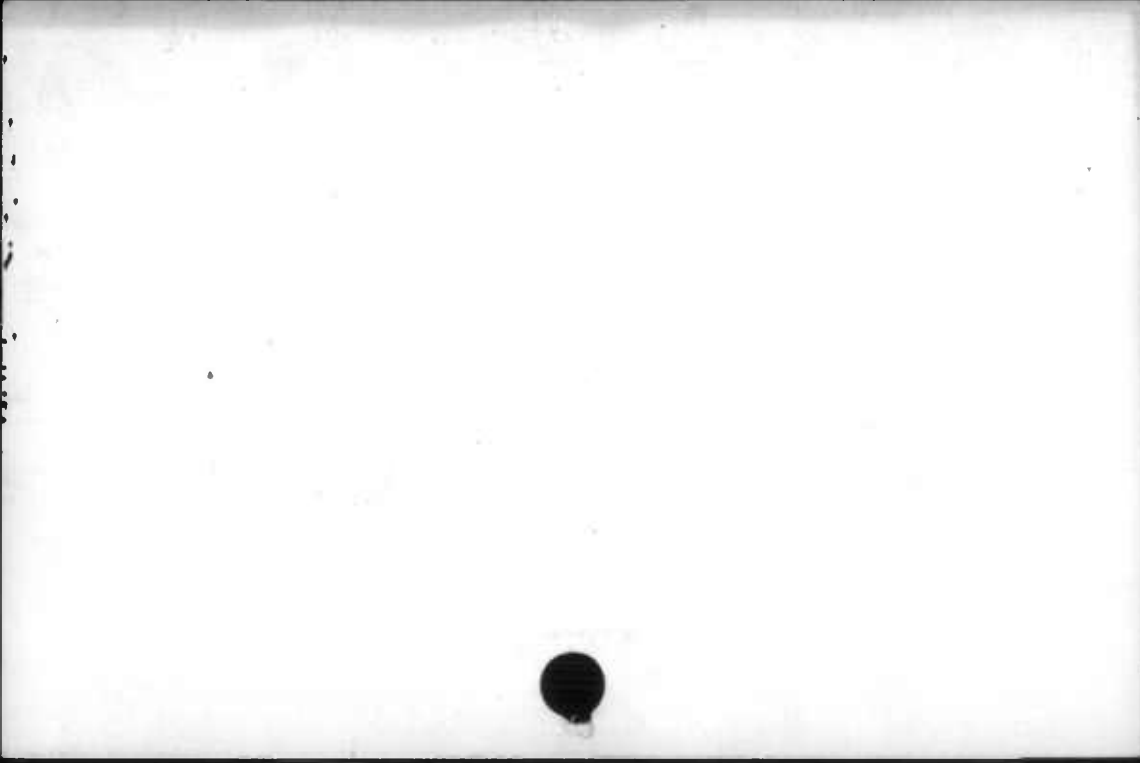
Signature of Physician

Address

W. O. Selby M.D.
Rock Hall, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Rachel A Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at		Town Lynch		County Kent		MARYLAND	
Date of death	1910	Month	May	Day	20	Age	75
Sex	Female	Color or Race	colored	Birth-place	Kent Co.		
Occupation	House Keeper		Where residing if not at place of death at her residence				
Married, Single or Widowed	widowed		Name of Wife or Husband Thes Butler				
Father's Name	Abram Butler			Father's Birthplace Kent Co.			
Mother's Maiden Name	Annie Butler			Mother's Birthplace Kent Co.			
Name of person giving information	Mary R White			How related to deceased daughter			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Apoplexy		How long	36 hrs
	Immediate	Exhaustion		How long	" "
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician Jas. W. Urie	
	Accident or Suicide?	no		Address Kennedyville Md	

Wheat Road.

near Lynch

Kent Co

Mrs

Name
Full

CERTIFICATE OF DEATH

Mr D Carter

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at <u>Horton</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death 19 <u>10</u>	<u>5</u> ^{Month}	<u>12</u> ^{Day}	Age <u>53</u> ^{Years}	<u>7</u> ^{Months}	<u>9</u> ^{Days}
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Del</u>			
Occupation <u>Farmer</u>	Where residing if not at place of death <u>at home</u>				
Married, Single or Widowed <u>widowed</u>	Name of Wife or Husband <u>Rosie</u>				
Father's Name <u>Mr J. Carter</u>	Father's Birthplace <u>Del</u>				
Mother's Maiden Name <u>M. A. Reed</u>	Mother's Birthplace <u>Don't know</u>				
Name of person giving information <u>Harper Carter</u>	How related to deceased <u>son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

H

Primary <u>Parasitis</u>	<u>60</u> ✓	How long <u>2 years</u>
Immediate <u>Parasitis</u>		How long <u>2 years</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. B. Bangs Simmons</u>	
	Address <u>Chertown Md</u>	
Accident or Suicide? <u>no.</u>		

Edward Lloyd
Stie Bond

Name
in
Full

CERTIFICATE OF DEATH

Berella L. Chambers

Town

County

Died at

Georgetown, Md.

Kent.

MARYLAND

Date

1960

Month

May

Day

27

Age

23

Months

Days

5

Sex

Female

Color or
Race

African

Birth-
place

Georgetown, Md.

Occupation

School teacher

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

Single

Name of Wife or
HusbandFather's
Name

Perry Chambers

Father's
Birthplace

Kent, Md.

Mother's
Maiden Name

Julia Speece

Mother's
Birthplace

Kent, Md.

Name of person giving
Information

L. B. Chambers

How related
to deceased

Spouse

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

Exhaustion

How long

2 months

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

Yes

Signature of
Physician

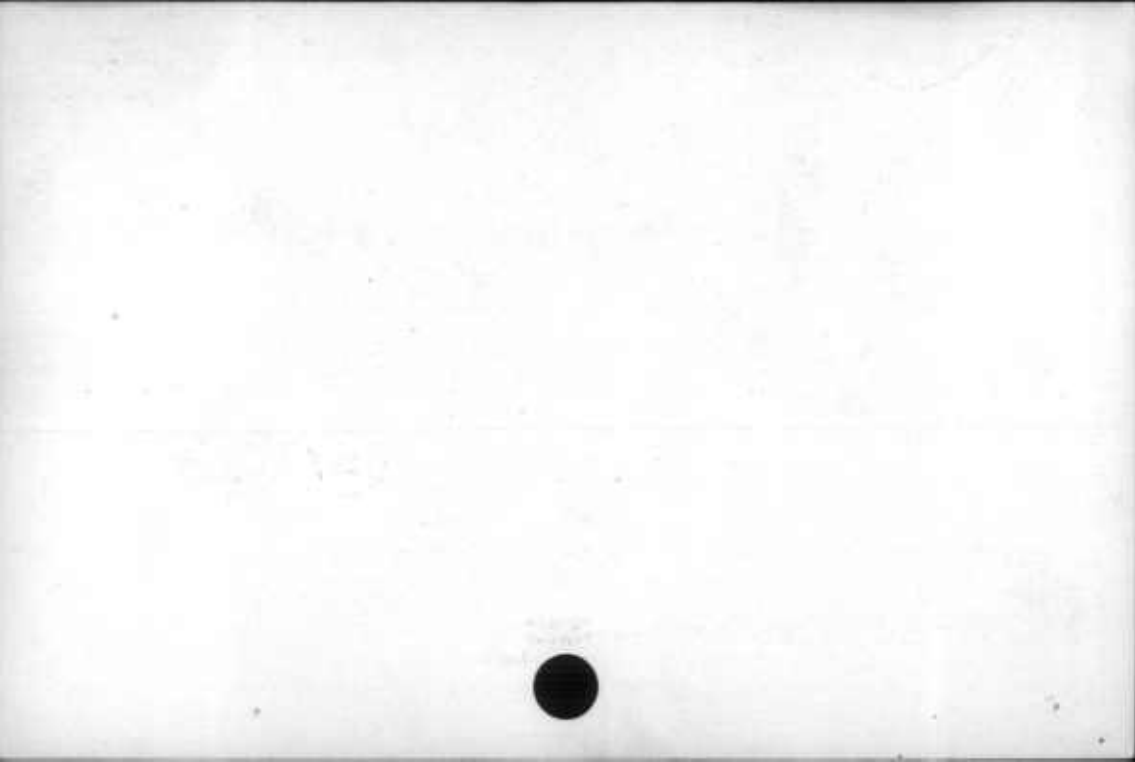
J. W. Smith

Address

Chestertown, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
in
Full

Berkley Daniels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at <u>Edsville</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death 19 <u>40</u>	<u>May</u> <small>Month</small>	<u>31</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>9</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Kent Co Md</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>appt. of Death</u>				
Married, Single or Widowed <u>none</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Robert Daniels</u>	Father's Birthplace <u>Kent Co Md</u>				
Mother's Maiden Name <u>Rilly Warrns</u>	Mother's Birthplace <u>Kent Co Md</u>				
Name of person giving Information <u>Robert Daniels</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

Primary mid wife said it had fits How long about 1 week

Immediste no Dr attending How long

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

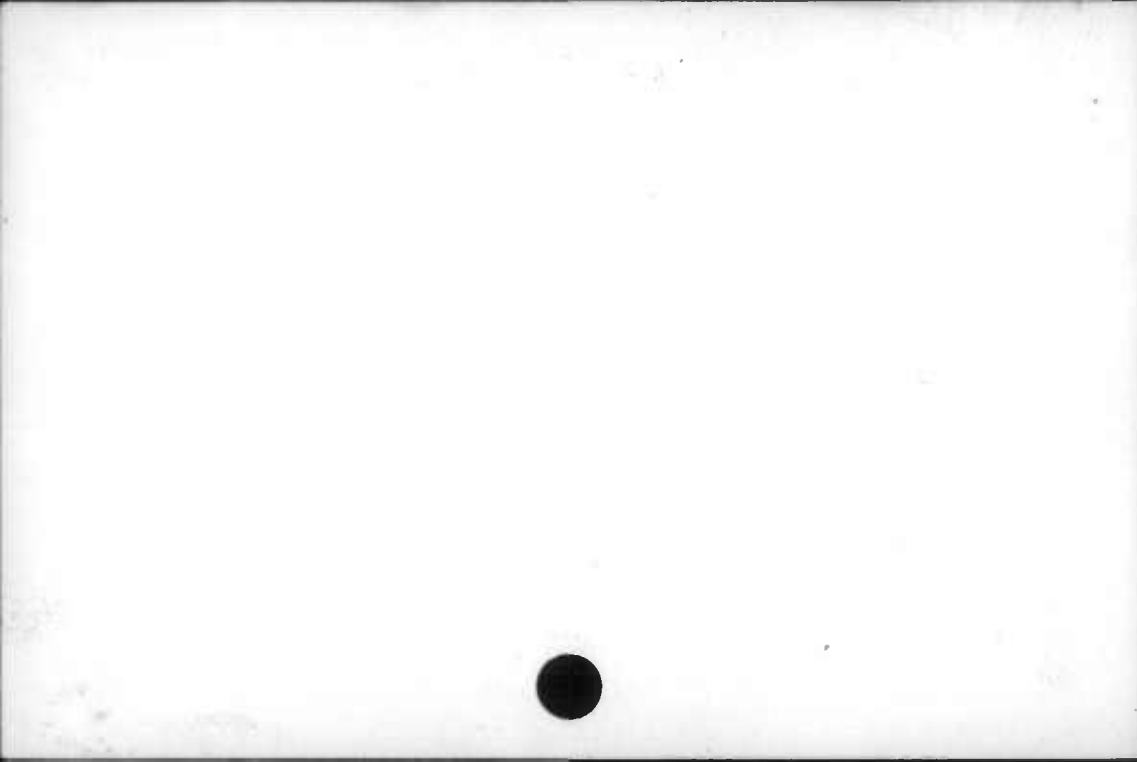
yesAccident or Suicide noSignature of
Physician

Address

F.M. Satterfield
Sub. Reg
Rock Hall Md

PHYSICIAN
OR CORONER

H.



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Millettota* ^{Town} *Kent* ^{County}Date of death 19*10* *May* ^{Month} *23* ^{Day} Age *32* ^{Years} *—* ^{Months} *—* ^{Days}Sex *Female* Color or Race *black* Birth-place *Va.*
Occupation *housewife* Where Residing if not at place of death *—*Married, Single or Widowed *married* Name of Wife or Husband *Elex. Freeman Jr.*Father's Name *Elex. Freeman* Father's Birthplace *Md*Mother's Maiden Name *Sarah E. Towson* Mother's Birthplace *Md*Name of person giving information *Elex Freeman* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Toxaemia due post* ^{How long} *3 days*Immediate *to absorption of bile* ^{How long} *3 days*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *V K Sampson*Address *Chestertown*Accident or Suicide *no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Wicks.
Melitana
Mt.

Name
in
Full

Sarah Elizabeth Frisby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓	Died at ^{Town} <i>Chestertown</i>		^{County} <i>Kent</i>		MARYLAND	
	Date of death 19 <i>10</i>	Month <i>May</i>	Day <i>2</i>	Years <i>20</i>	Months <i>4</i>	Days
	Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Chestertown</i>			
	Occupation <i>House keeper</i>	Where Residing if not at place of death <i>mother's</i>				
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Alfred Frisby</i>				
	Father's Name <i>Geo E Satchell</i>	Father's Birthplace				
	Mother's Maiden Name <i>Annie Mahoye</i>	Mother's Birthplace <i>Chestertown</i>				
Name of person giving information <i>"</i>	<i>"</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

(3) ✓

PHYSICIAN
OR CORONER

✓	Primary <i>Tubercular peritonitis</i>	How long <i>Some Feb 1910</i>
	Immediate <i>exhaustion</i>	How long <i>equal days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Simpson</i>
		Address <i>Chestertown</i>
	Accident or Suicide? <i>No</i>	<i>Trub</i>

Robert Wood

Elizabeth Town

Name in Full

Emmaline Graves

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

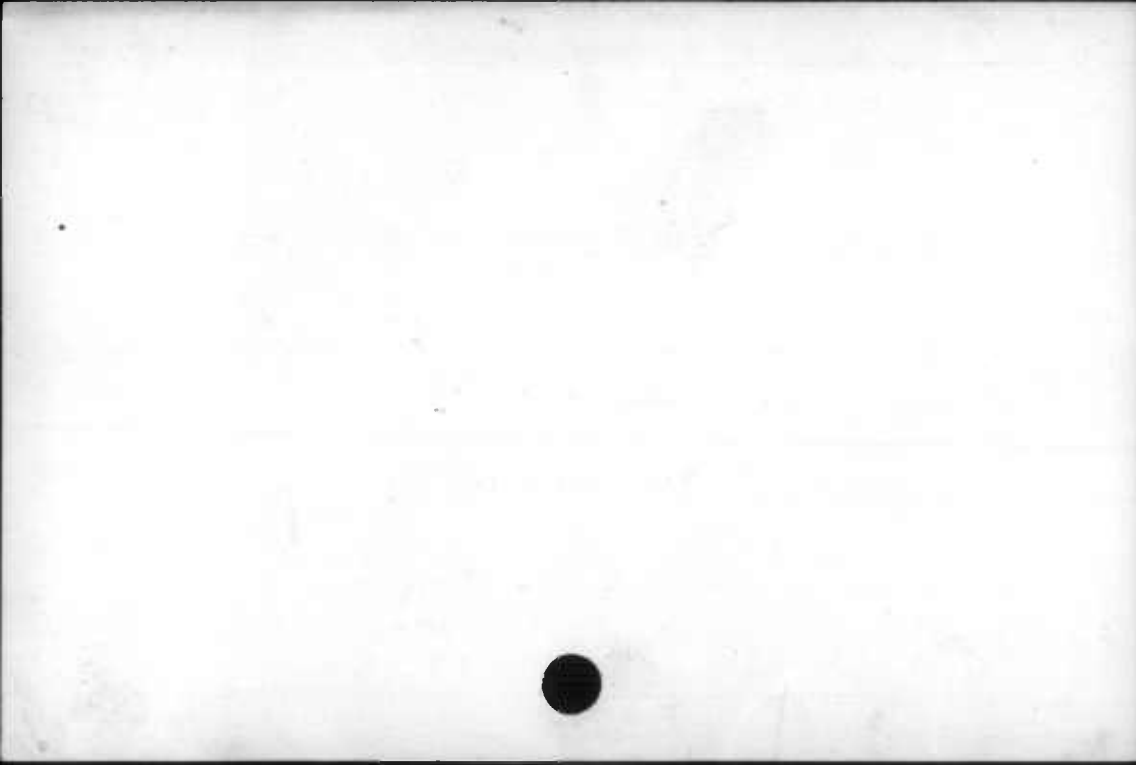
Died at <u>Edesville</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death	<u>1901</u> <small>Year</small>	<u>May</u> <small>Month</small>	<u>26</u> <small>Day</small>	Age <u>75</u> <small>Years</small>	<u>3</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Kent Md</u>
Occupation	<u>Housekeeper</u>		Where Residing if not at place of death <u>at place of death</u>		
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband	<u>William Graves</u>		
Father's Name	<u>Peter Tyghman</u>		Father's Birthplace	<u>Kent Md.</u>	
Mother's Maiden Name	<u>Out-know</u>		Mother's Birthplace	<u>Kent Md.</u>	
Name of person giving information	<u>Samuel Graves</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

98

PHYSICIAN OR CORONER

Primary	<u>Hemorrhage Pulmonary</u>	How long	<u>24 hours</u>
Immediate	<u>Exhaustion</u>	How long	<u>One hour</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. O. Jolly M.D.</u>
		Address	<u>Rock Hill, Md.</u>
<input type="checkbox"/> Accident or Suicide			



Name in Full

Carrie Griffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cherry town ^{Town} Kent ^{County} **MARYLAND**

Date of death 1960 ^{Year} May ^{Month} 24 ^{Day} Age 1 ^{Years} 1 ^{Months} ^{Days}

Sex Female Color or Race Black Birth-place Kent Co

Occupation none Where Residing if not at place of death 1 Kent Co

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Thomas Griffin Father's Birthplace Kent Co

Mother's Maiden Name Louisa Hanson Mother's Birthplace Kent Co

Name of person giving Information Mary Katherine Caine How related to deceased Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Bronchitis 89 ^{Age} How long several weeks

Immediate Exhaustion How long 1 week

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Frank B. Hines

Address Cherry town md

Accident or Suicide no

Edward Good

Richardson.

Name
in
Full

Jos Price Hyland

CERTIFICATE OF DEATH

Died at

Chester town

Town

Tane.

County

MARYLAND

Date
of death

19010

Month

May

Day

15

Age

Years

Months

21

Days

Sex

Male

Color or
Race

White

Birth-
place

Chester

Occupation

None

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

—

Name of Wife or
Husband

—

Father's
Name

Louis Bready Hyland

Father's
Birthplace

Kent Co Md

Mother's
Maiden Name

Mary E. Stoops

Mother's
Birthplace

Kent Co Md

Name of person giving
Information

Mary E. Hyland

How related
to deceased

Mother

CAUSES OF DEATH

8

How long

2 months

Primary

Whooping Cough

How long

2 days

Immediate

convulsion

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

Yes

Signature of
Physician

Address

Chas W Whaples MD
Chester Md

Assistant or Soldier

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Edward S. Morda

Robertson

Name
in
Full

William E. Janell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Chestertown

County

Kent

MARYLAND

Date

1910

May

Day

14

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

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

Married

Name of Wife or
Husband

Margaret E. Janell

Father's
Name

Robert Janell

Father's
Birthplace

Maryland

Mother's
Maiden Name

May Temple

Mother's
Birthplace

Maryland

Name of person giving
Information

Merick Clements

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Mental Degeneration

How long

19 2 yrs

Immediate

Sudden dilatation

How long

few minutes

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

Yes

Signature of
Physician

J. V. Simpson

Address

Chestertown

Accident or Suicide?

no

1924

Name
in
Full

Isaac Pearson,

CERTIFICATE OF DEATH

Died at ^{Town} Still Pond Creek. ^{County} Kent MARYLANDDate of death 1900. ^{Month} 5- ^{Day} 10 ^{Age} 63 ^{Years} ^{Months} ^{Days}Sex male. ^{Color or Race} Negro. ^{Birth-place} Tennessee.Occupation farm laborer. ^{Where Residing if not at place of death}Married, Single or Widowed married. ^{Name of Wife or Husband} Frances Robinson.Father's Name Unknown. ^{Father's Birthplace} Unknown.Mother's Maiden Name Unknown. ^{Mother's Birthplace} Unknown.Name of person giving Information freely Frisby. ^{How related to deceased} none.

CAUSES OF DEATH

Primary Peritonitis ^{Had got been in bed for over a week.} ^{How long} 9 days.

Immediate Heart failure.

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

yes.

Signature of Physician

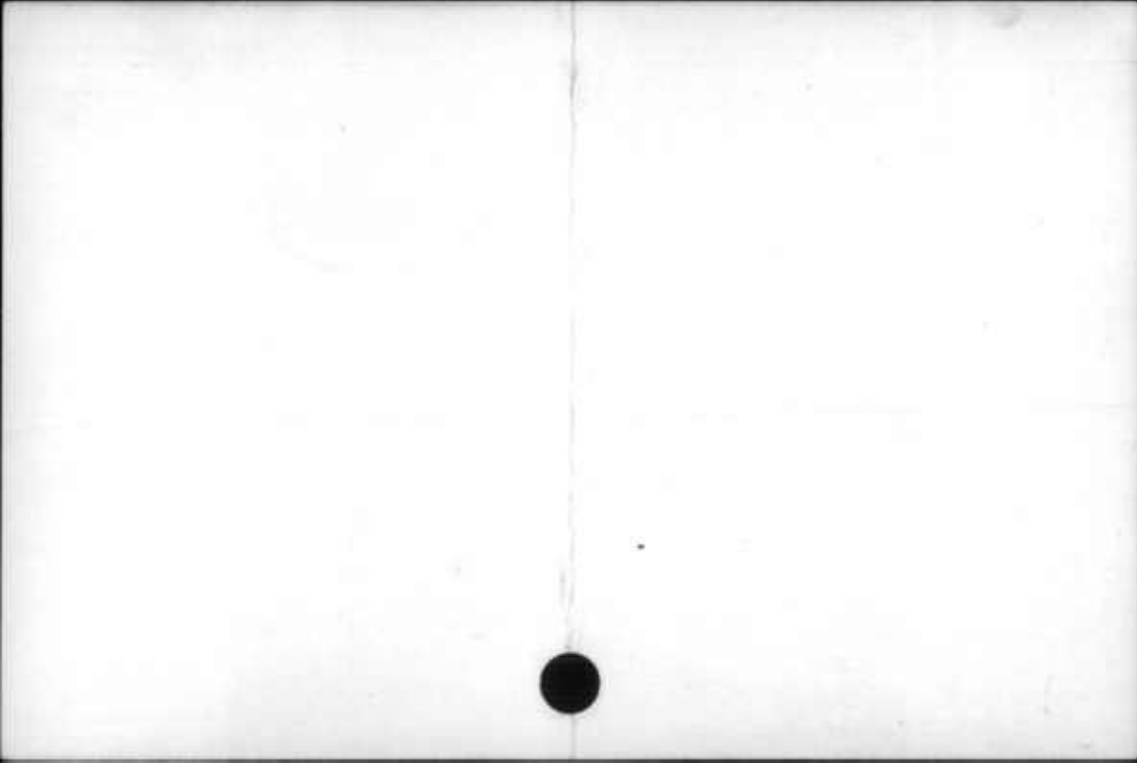
Address

W. S. Maxwell,
Still Pond, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

column



Name in Full

Clémentine Rigby

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Chester town</i> ^{Town} <i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	Month <i>May</i>	Day <i>14</i>	Years <i>60</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birthplace <i>Delaware</i>	Months
Occupation <i>Washer woman</i>	Where Residing if not at place of death <i>at her home ^{with husband}</i>		
Married, Single or Widowed <i>married</i>	Name of Wife Husband <i>Thomas Rigby</i>		
Father's Name <i>None known who lives here</i>	Father's Birthplace <i>Do not know</i>		
Mother's Maiden Name <i>Jackson</i>	Mother's Birthplace <i>Delaware</i>		
Name of person giving information <i>Thomas Rigby</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	How long <i>my hour</i>
Immediate <i>Apoplexy</i>	How long <i>was at work up to about my hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Brockman</i>
	Address <i>Chester town Md</i>
Accident or Suicide?	

Chas. Reed
Leicester

Name in Full

Georgia E Patchel

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Chesapeake ^{Town} Kent ^{County} **MARYLAND**
 Date of death 1910 ^{Month} May ^{Day} 21 ^{Age} — ^{Years} — ^{Months} — ^{Days} —
 Sex Female ^{Color or Race} col ^{Birth-place} ind
 Occupation — ^{Where Residing if not at place of death} —
 Married, Single or Widowed — ^{Name of Wife or Husband} —
 Father's Name Lloyd Hill ^{Father's Birthplace} ind
 Mother's Maiden Name Mary Patchel ^{Mother's Birthplace} ind
 Name of person giving information Armin Patchel ^{How related to deceased} grandmother

CAUSES OF DEATH

Primary Natural causes ^{most likely patient} 189 ^{How long} since birth
 Immediate Sudden heart failure
 Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Dr. Attending
^{Address} 114 Sun Jan Ind
Local Board of Health
Chesapeake
 Accident or Suicide? No

PHYSICIAN OR CORONER

Richard Meade.

Richard Meade

Name
In Full

CERTIFICATE OF DEATH

Augusta J. Schaefer

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Chestertown ^{County} Kent Co.

MARYLAND

Date of death 1910 ^{Month} May ^{Day} 5 ^{Age} 77 ^{Years} ^{Months} 8 ^{Days} 15Sex Female ^{Color or Race} White ^{Birth-place} GermanyOccupation _____ ^{Where Reading if not at place of death}Married, Single or Widowed Widower ^{Name of Wife or Husband} Louis B. SchaeferFather's Name J. Rodust ^{Father's Birthplace} GermanyMother's Maiden Name M. Rodust ^{Mother's Birthplace} GermanyName of person giving information Mrs. W. C. Sutton ^{How related to deceased} Grandchild

CAUSES OF DEATH

Primary Cardiac asthma ^{arteriosclerosis} ^{How long} several yearsImmediate Cardiac failure ^{How long} several days

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

^{Signature of Physician} H. T. Simpson^{Address} Chestertown Md

Accident or Suicide? No

PHYSICIAN
OR CORONER

From Robert L. Breda

~~Robert L. Breda~~

Name
in
Full

Sarah Elizabeth Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

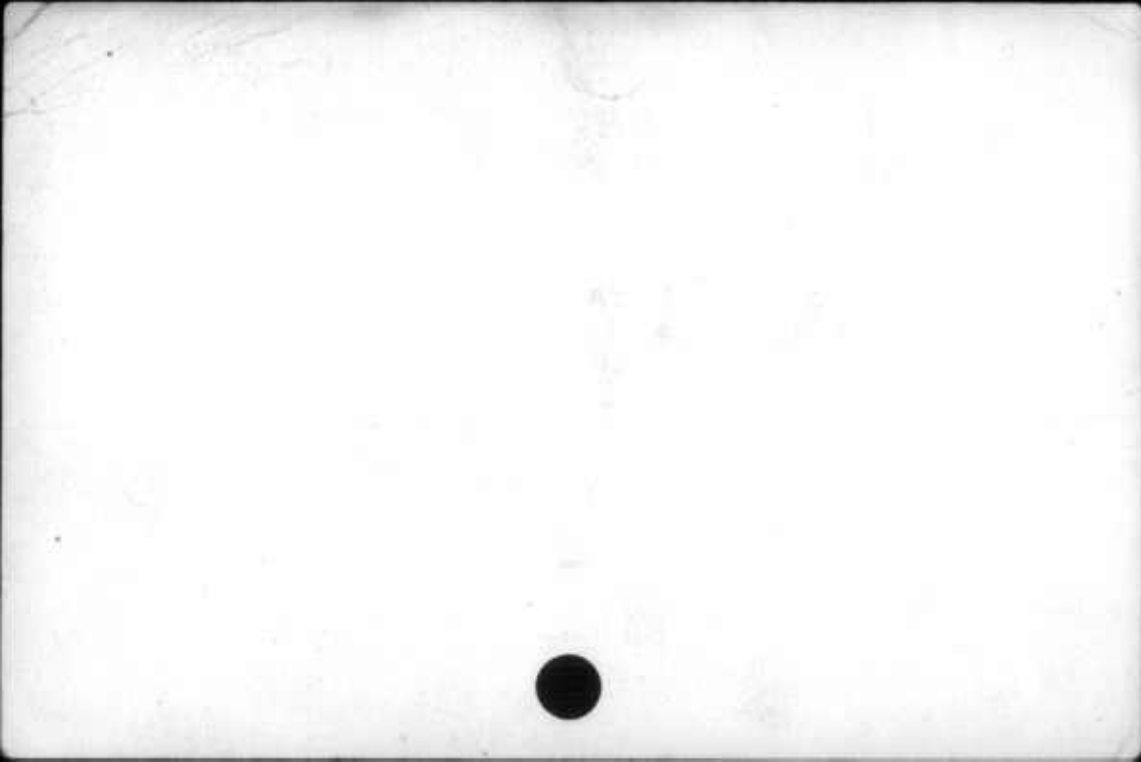
Died at ^{Town} Rock Hall ^{County} Kent MARYLANDDate of death 19d0 ^{Month} May ^{Day} 18 ^{Age} 64 ^{Years} ^{Months} ^{Days}Sex Female ^{Color or Race} White ^{Birth-place} Kent Co MdOccupation House Keeper ^{Where residing if not at place of death} at place of deathMarried, Single or Widowed widow ^{Name of Wife or Husband} Darwin ScottFather's Name Not Known ^{Father's Birthplace} Not KnownMother's Maiden Name Julia Kendall ^{Mother's Birthplace} Kent Co MdName of person giving Information Stephen Scott ^{How related to deceased} Son

CAUSES OF DEATH

Primary General debility ^{How long} 4 monthsImmediate Exhaustion ^{How long} 2 daysAre the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} W. J. Felby M.D.^{Address} Rock Hall MdPHYSICIAN
OR CORONER

H

Accident or Suicide



Name
in Full

Geo. W. Smith

CERTIFICATE OF DEATH

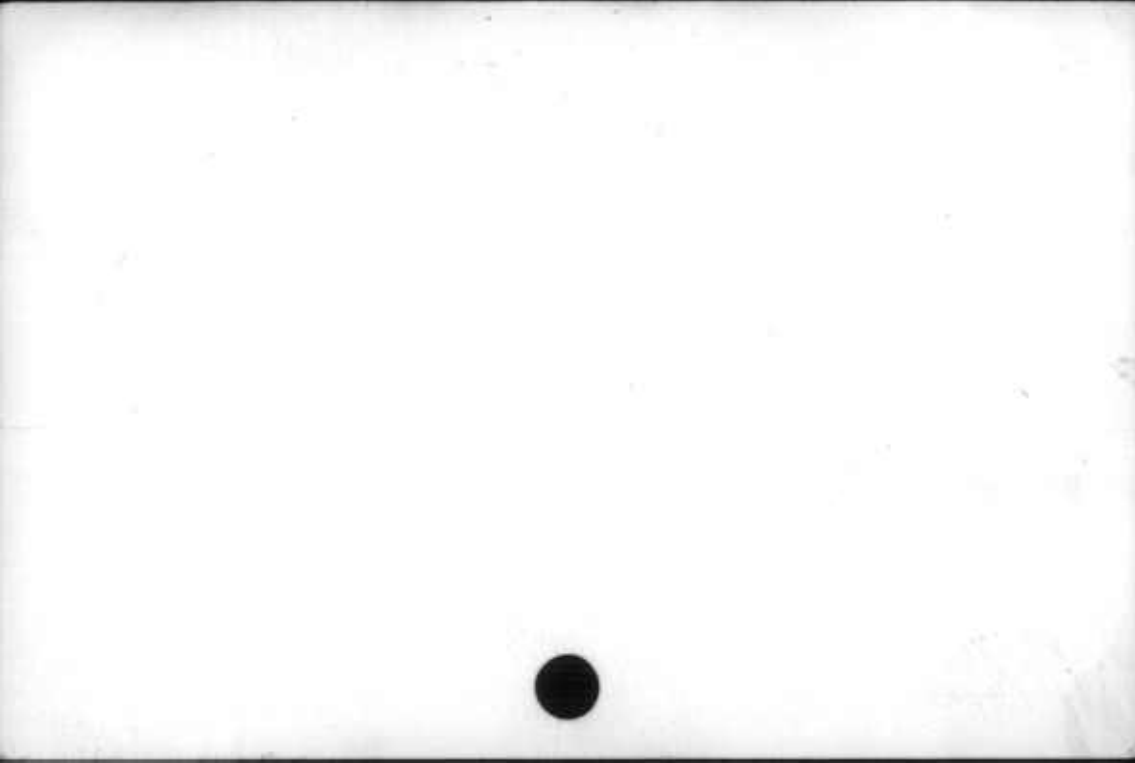
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stitt Pond</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death 19 <u>10</u> <small>Year</small>	<u>May</u> <small>Month</small>	<u>22</u> <small>Day</small>	Age <u>78</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>retired farmer</u>	Where Residing if not at place of death <u>—</u>				
<input checked="" type="checkbox"/> Widowed	Name of Wife or husband <u>Henrietta Buland</u>				
Father's Name <u>John Smith</u>	Father's Birthplace <u>sch.</u>				
Mother's Maiden Name <u>don't know</u>	Mother's Birthplace <u>don't know</u>				
Name of person giving Information <u>Sallie Jones</u>	How related to deceased <u>daughter</u>				

CAUSES OF DEATH

Primary <u>General debility,</u>	How long <u>4 months</u>
Immediate <u>Heart failure</u>	How long <u>15 H</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes,</u>	Signature of Physician <u>W. S. Maxwell,</u>
	Address <u>Stitt Pond, Md.</u>
Accident or Suicide	

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

Bill Starling
 Town Charleston County Row

MARYLAND

Died at

Date

1910

Month

May

Day

14

Years

Age 29

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Md

Occupation

Housewife

Where residing if not
at place of deathMarried,
or WidowedName of Wife or
Husband

John Starling

Father's
Name

Thomas H. Anderson

Father's
Birthplace

Md

Mother's
Maiden Name

Mary E. Anderson

Mother's
Birthplace

Md

Name of person giving
information

John Starling

How related
to deceased

husband

CAUSES OF DEATH

28

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Primary

Consumption, lungs

How long

6 yrs.

Immediate

Phthisis

How long

3 weeks

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

J. S.

Signature of
Physician

Chas. M. McDonald

Address

Cape St. Charles
MdAccident or Suicide

J. E. G.

Name
in Full

Chas. Alton Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at

Lanford

County

Kent

MARYLAND

Date of death

1960 May

Day

✓

Age

Years

1

Months

4

Days

Sex

male

Color or Race

Blue

Birthplace

Kent Co. md

Occupation

none

Where Residing if not at place of death

Kent Co md

Married, Single or Widowed

Single

Name of Wife or Husband

none

Father's Name

Chas. Thomas

Father's Birthplace

Kent Co

Mother's Maiden Name

Anneta Casse

Mother's Birthplace

Kent Co

Name of person giving information

Chas. Thomas

How related to deceased

Father

CAUSES OF DEATH

Primary

Exhaustion

How long

7 days

Immediate

Broncho. P. pneumonia

How long

7 days

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

Yes

Signature of Physician

Frank B. Jones

Address

Ches. town

PHYSICIAN
OR CORONER

I

Accident or Suicide

- no

Chas. Thomas
Book Binding

Name
in
Full

~~Edward ...~~

Tibbett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Millington</i>		County <i>Kent</i>		MARYLAND	
Date of death	19 <i>60</i>	Month <i>May</i>	Day <i>14</i>	Age	Years	Months	Days <i>9</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Samuel Tibbett</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mattie Wallace</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Father</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Prematurely born</i>	How long	<i>15 1/2</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H M Jeter M.D.</i>	
		Address <i>Millington, Md.</i>	
Accident or Suicide?			

Messrs
J & S. Smith

Name
in
Full

CERTIFICATE OF DEATH

Henry Wright

Town

County

MARYLAND

Died at

Helitata

Kent

Date
of death

19*40*

Month

May

Day

9

Age

Years

89

Months

Days

Sex

Male

Color or
Race

black

Birth-
place

Kent Co

Occupation

labours -

Where Residing if not
at place of death

~~Married, Single~~
Widowed

Name of Wife or
Husband

Elizabeth Brown

Father's
Name

don't know

Father's
Birthplace

don't know

Mother's
Maiden Name

" Jessie Freeman "

Mother's
Birthplace

" "

Name of person giving
Information

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Suppuration of eye

How long

Annual years

Immediate

*Ostitis
yes*

How long

Annual months

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

Signature of
Physician

Address

*J. H. Summers
Chesapeake*

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Melita

Melita