

Name
In
Full

Wright S. Christfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Barclay* ^{Town} *Queen Anne* ^{County} **MARYLAND**

Date of death *1960* ^{Month} *5* ^{Day} *9* ^{Years} *54* ^{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 or Husband} *Mollie Robinson Christfield*

Father's Name *George Christfield* ^{Father's Birthplace} *Md.*

Mother's Maiden Name *Sarah Knauer* ^{Mother's Birthplace} *Scott Knauer*

Name of person giving information *Wright Robinson* ^{How related to deceased} *Brother-in-law*

CAUSES OF DEATH

~~7A~~ (28) ✓

PHYSICIAN
OR CORONER

Primary *Pulmonary tuberculosis* ^{How long} *2 years*

Immediate *Pulmonary tuberculosis* ^{How long} *2 years*

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

Signature of Physician *J. A. Smith*

Address *Templeville Md*

Accident or Suicide? *H*



Name
in
Full

Tippie Conyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at *Centreville* ^{Town} *Queen Anne's* ^{County} **MARYLAND**

Date of death **1980** ^{Month} *May* ^{Day} *4* ^{Years} **Age** *17* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *Colored* Birth-place *Centreville*

Occupation *Housework* Where Residing if not at place of death *— — —*

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

Father's Name *Bisdon Conyer* Father's Birthplace *Centreville*

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

Name of person giving Information *Bisdon Conyer* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* ~~27~~ How long *6 months*

Immediate *Exhaustion* How long *2 days.*

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

Signature of Physician *E. F. Smith*

Address *Centreville Md.*

Accident or Suicide *No.*

PHYSICIAN
OR CORONER





Name in Full

was not named Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at ^{Town} *Winchester* ^{County} *Queen Anne's* MARYLAND

Date of death | 9th | 19th | 19th | Age | | Months | | Days |

Sex *male* Color or Race *Collard* Birth place *Winchester*

Occupation _____ Where Residing if not at place of death _____

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

Father's Name *Howard Cook* Father's Birthplace *Winchester*

Mother's Maiden Name *Mary Wilson* Mother's Birthplace *Winchester*

Name of person giving information *Mary Bowser* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Stillborn* How long _____

Immediate _____ How long _____

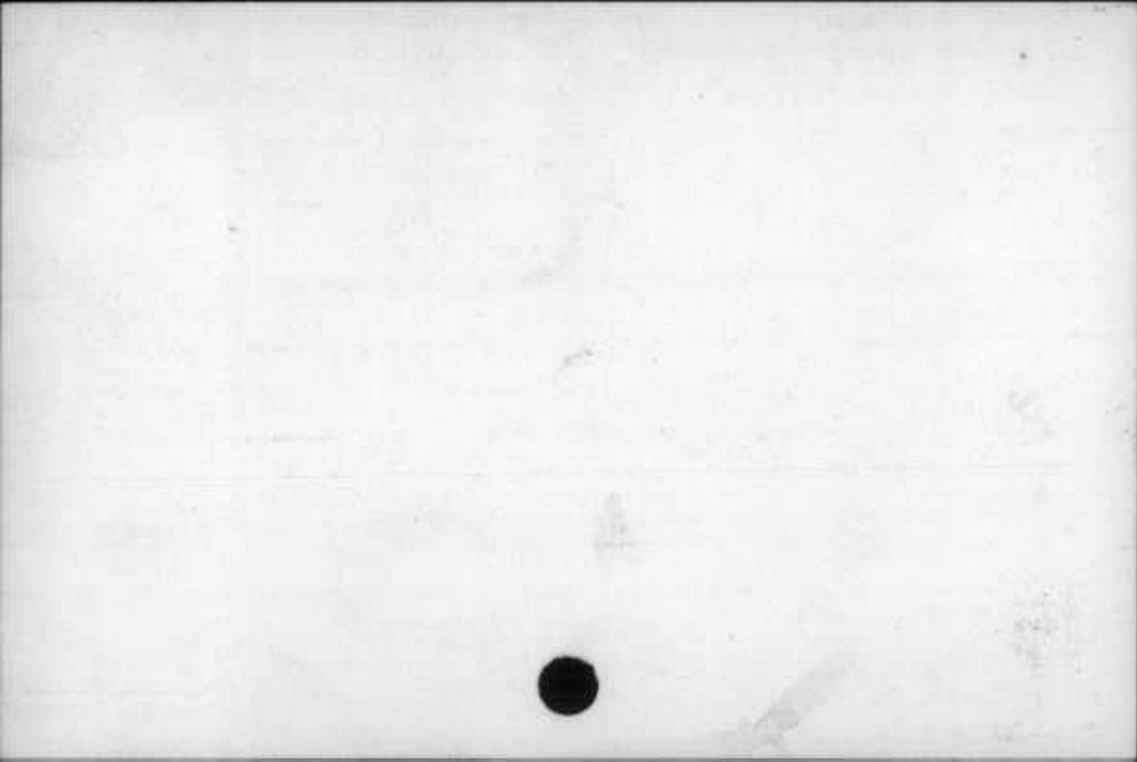
Are the name, age, sex, color, date and place correctly given above? *yes*

natural causes

Signature Physician *Chas. C. Coursey coroner* Address *Lords store Md*

Accident or Suicide? _____

5



Name in Full Mary ~~William~~ C. Curtis, CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Sussex, 2 County MD MARYLAND

Date of death 1940 May 15 Age 35 Months Days

Sex Female Color or Race negro Birth-place D.C.

Occupation House wife Where Residing if not at place of death

Married, Single Widowed Married Name of Wife or Husband Frank ~~William~~ Curtis

Father's Name Paul. Watson. Father's Birthplace D.C.

Mother's Maiden Name Jam. Curtis. Mother's Birthplace D.C.

Name of person giving Information Frank William How related to deceased Husband

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 1 year, 2 months

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician P.H. Ford

Address Sussex, MD

PHYSICIAN OR CORONER

Accident or Suicide



CERTIFICATE OF DEATH

Name in Full Not named Davis County

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

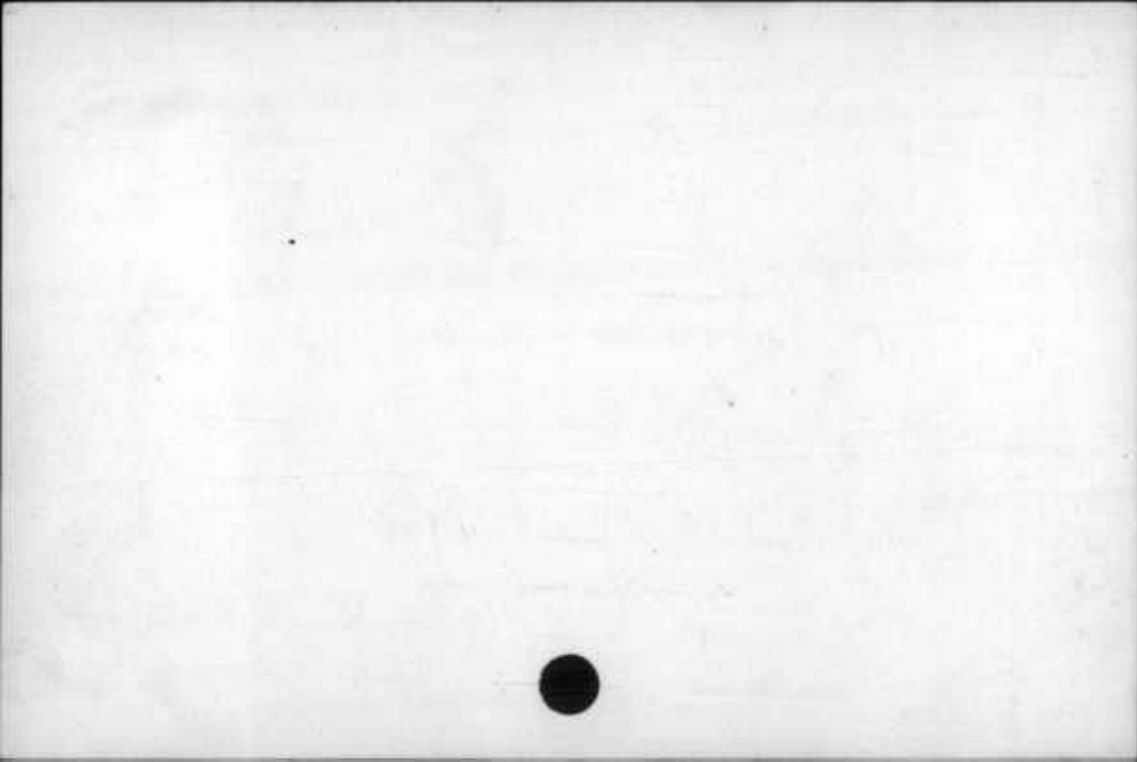
Died at Langlois Town Queen Anne's
 Date of death 1990 Month 5 Day 18 Age 0 Years Months 0 Days 5
 Sex Female Color or Race colored Birth-place und.
 Occupation Infant Where Residing if not at place of death at place death.
 Married, Single or Widowed Single Name of Wife or Husband none
 Father's Name James Davis Father's Birthplace und.
 Mother's Maiden Name Kate Brown Mother's Birthplace und.
 Name of person giving information Mary J. Davis How related to deceased Grandmother

CAUSES OF DEATH

Primary Premature Birth 15/8 How long _____
 Immediate Inanition How long Five days
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. W. Bowen M.D.
 Address Langlois
und.
 Accident or Suicide? Yes

PHYSICIAN OR CORONER

I



Name
in Full

Elsie Floyd

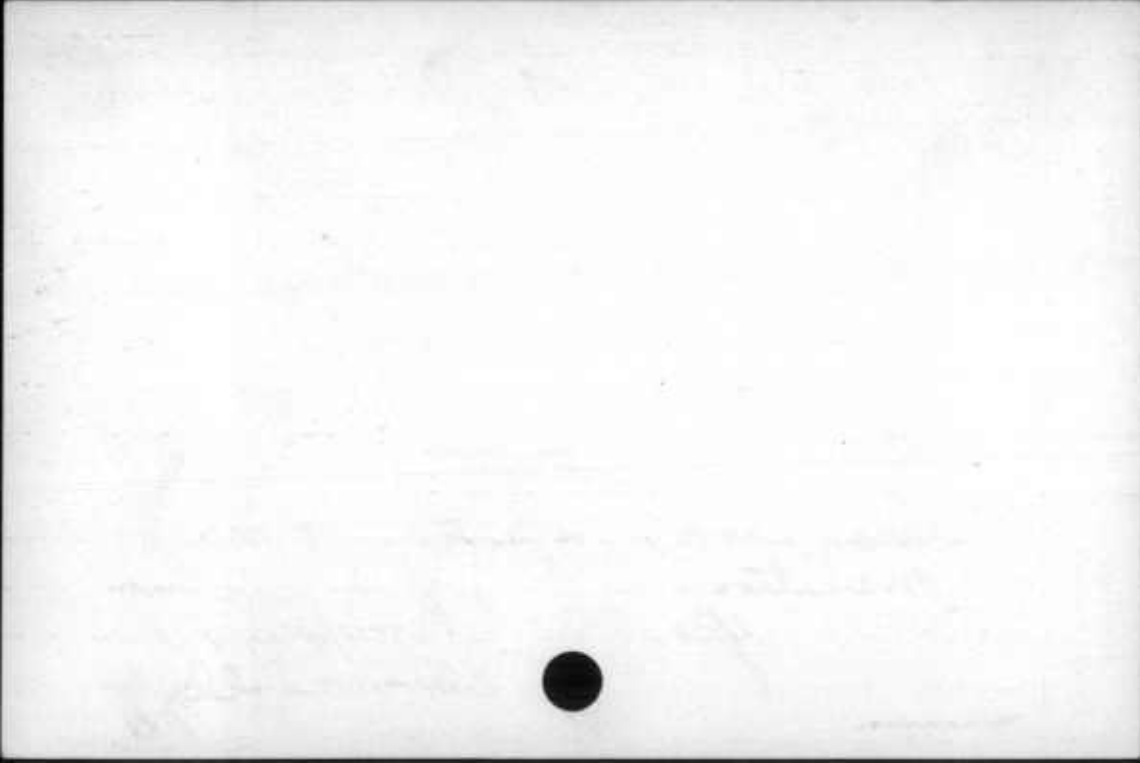
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓	Died at ^{Town} Centreville ^{County} Queen Anne's		MARYLAND	
	Date of death 1900	Month May	Day 12	Age 68- Years Months Days
Sex	female	Color or Race	colored	Birth-place
Occupation	Widwife		Where Reading if not at place of death	Centreville
Married, Single or Widowed	Name of Wife or Husband Henry Floyd			
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	James Alfred Davis		How related to deceased	Grandson

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Bronchitis	How long	5- days
	Immediate	Heart failure	How long	
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	James B. Paschall
	Accident or Suicide?		Address	Centreville Md



Name
in
Full

Julia Goodhand

CERTIFICATE OF DEATH

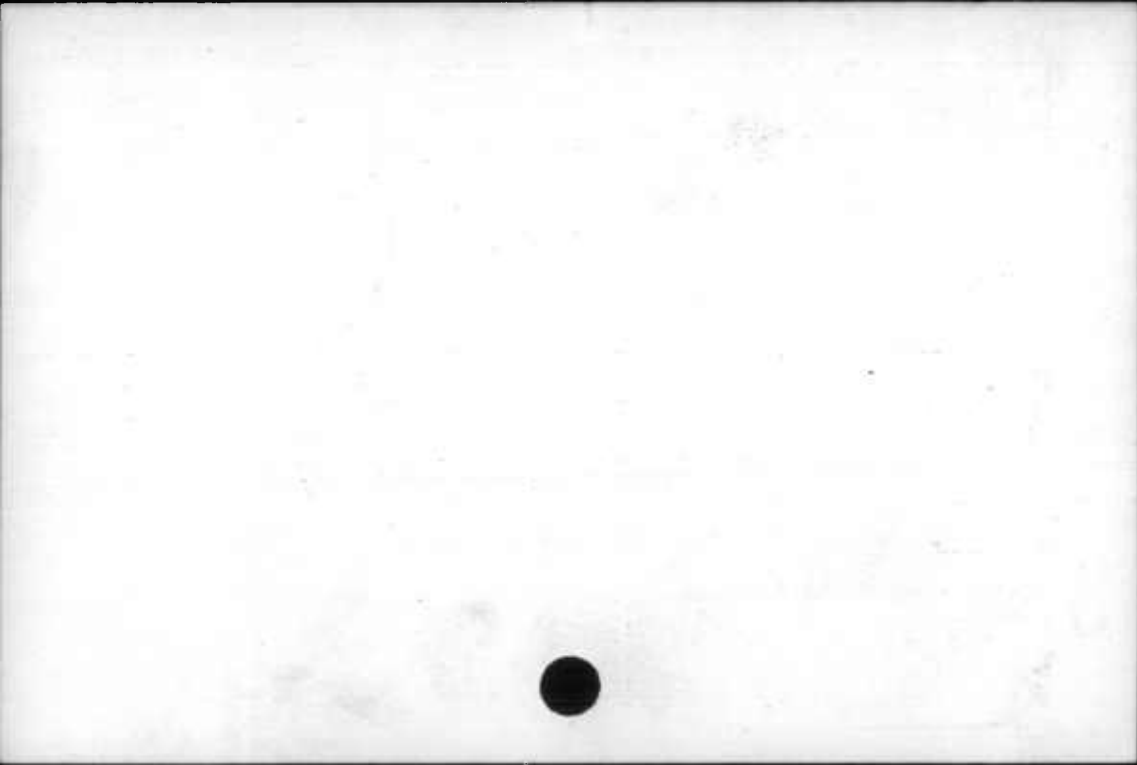
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stevensville</u> <small>Town</small>		<u>R. 9.</u> <small>County</small>		MARYLAND	
Date of death	<u>1960</u>	Month	<u>May</u>	Day	<u>29</u>
Age	<u>55</u>	Years	<u>5</u>	Months	<u>2</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birthplace	<u>Kent D</u>
Occupation	<u>housekeeper</u>	Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>W. B. Goodhand</u>			Father's Birthplace	<u>Kent Dld</u>
Mother's Maiden Name	<u>Sarah Mischefer</u>			Mother's Birthplace	<u>" "</u>
Name of person giving information	<u>James Goodhand</u>			How related to deceased	<u>Brother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis & Gastritis</u>	How long	<u>8 mo</u>
Immediate	<u>inanition</u>	How long	<u>2 mo</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician	<u>Cheryl Kemp</u>
		Address	<u>Stevensville</u>
Account of Burial	<u>med</u>		



Name in Full

CERTIFICATE OF DEATH

James Green

TO BE ANSWERED BY NEAREST FRIEND

Died at		Town	County		MARYLAND	
Near Church Hill		Queen Anne				
Date of death	1980	Month	May	Day	25	Age
				Years	80	Months
						Days
					8	14
Sex	Male	Color or Race	Colored		Birth-place	Queen Anne
Occupation	Laborer		Where Residing if not at place of death		With sister	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Caroline Green			
Father's Name	Don't know Slave		Father's Birthplace	Don't know		
Mother's Maiden Name	Don't know		Mother's Birthplace	Don't know		
Name of person giving Information	Mary Coleman		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Scurfua	How long	2 years
Immediate	Debility	How long	Saw visis 3 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Benge Ammer
		Address	Chesletown
			Ms
Accident or Suicide	No		

8.2.25

Name
In Full

Charles W. Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

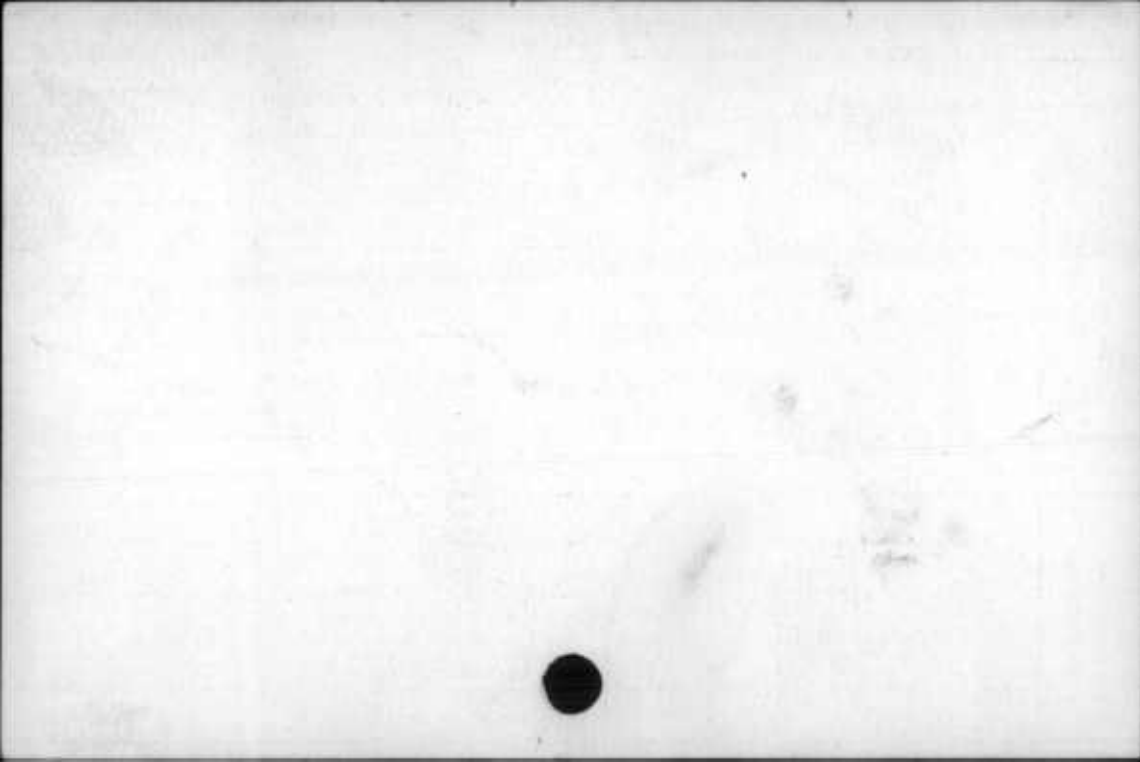
Died at <u>Barlow</u> Town		<u>Queen Anne's</u> County		MARYLAND	
Date of death	<u>1900</u>	Month <u>5</u>	Day <u>30</u>	Age	Years <u>2</u> Months <u>3</u> Days <u>0</u>
Sex	<u>male</u>	Color or Race	<u>colored</u>	Birth-place	<u>ind</u>
Occupation	<u>Infant</u>		Where Residing if not at place of death <u>at place death</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>none</u>			
Father's Name	<u>Charles Hackett</u>		Father's Birthplace	<u>ind</u>	
Mother's Maiden Name	<u>Florence Seals</u>		Mother's Birthplace	<u>ind</u>	
Name of person giving information	<u>Charles Hackett</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<u>Broncho pneumonia</u>	How long	<u>Two months</u>
Immediate	<u>Acute nephritis</u>	How long	<u>seven weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. W. Boyce, M.D.</u>
Accident or Suicide?	<u>no</u>	Address	<u>Highside ind.</u>



Name in Full

William Handy

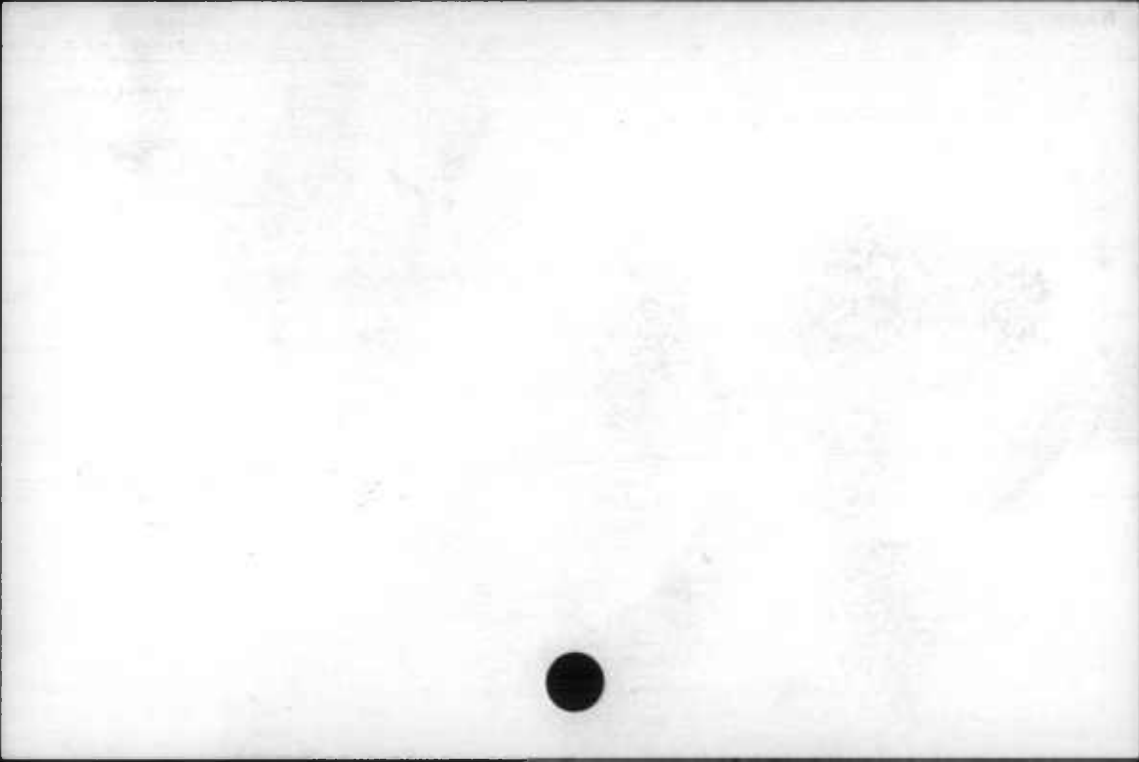
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Centreville ^{County} Queen Anne MARYLAND
 Date of death 1910 ^{Month} 5 ^{Day} 1 ^{Age} 25 ^{Years} ^{Months} 11 ^{Days} 1
 Sex male Color or Race Negro Birthplace Linnestown
 Occupation Laborer Where Residing if not at place of death Bn to. Md.
 Married, Single or Widowed Single Name of Wife or Husband _____
 Father's Name John Handy Father's Birthplace Delaware
 Mother's Maiden Name Agusta Bordley Mother's Birthplace Queen Anne Co.
 Name of person giving Information John Handy How related to deceased Father

PHYSICIAN OR CORONER

Primary *Don't know* CAUSES OF DEATH *cannot say*
 Immediate Paralysis *66* How long *one week*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Thos. J. J. J.*
 Address *Centreville Md*
 Accident or Suicide *No*



Name in Full

Clarence Hallis

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at ^{Town} Centreville Md ^{County} Queen Anne

MARYLAND

Date of death 1960 ^{Month} 5 ^{Day} 19 ^{Age} 28 ^{Years} ^{Months} 5 ^{Days} 8

Sex male Color or Race Negro Birth-place Centreville Md

Occupation Laborer Where Residing if not at place of death Baltimore Md

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

Father's Name Peter Hallis Father's Birthplace 2.A.Co. Md

Mother's Maiden Name Lizzie Pozier Mother's Birthplace 2.A.Co. Md

Name of person giving information W. H. Whales How related to deceased Brother

CAUSES OF DEATH

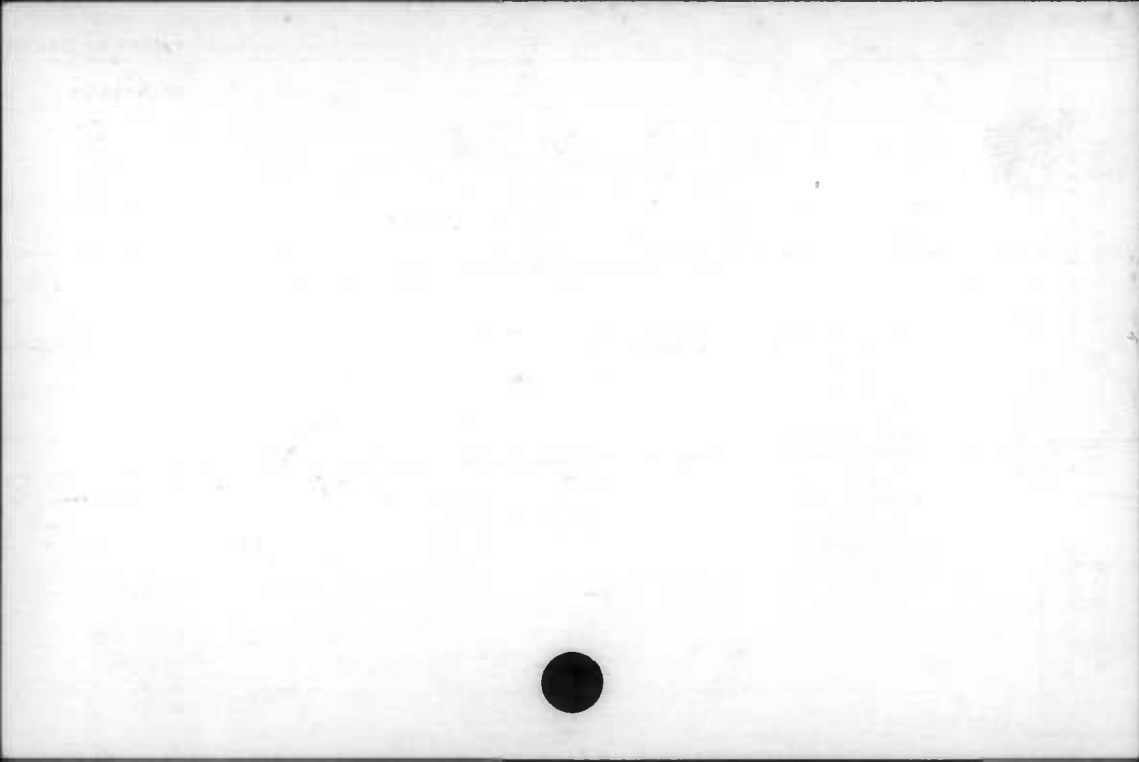
PHYSICIAN OR CORONER

Primary Tuberculosis How long 28 days
Immediate Epinephrine How long 24 hours

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

Signature of Physician M. Donraco MD
Address Centreville Md

Accident or Suicide no



Name in Full

CERTIFICATE OF DEATH

Jane Jacobs

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Centerville ^{County} Queen Anne's MARYLAND

Date of death 1990 ^{Month} May ^{Day} 22 ^{Age} 36 ^{Years} ^{Months} ^{Days}

Sex Female ^{Color or Race} Colored ^{Birth-place} Queen Anne's Co

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

Married, Single or Widowed Married ^{Name of Wife or Husband} Cato Jacobs Jr

Father's Name Dove Coney ^{Father's Birthplace} Queen Anne's Co

Mother's Maiden Name Hester Cheers ^{Mother's Birthplace} Queen Anne's Co

Name of person giving Information Cato Jacobs ^{How related to deceased} Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Organic Heart Disease ^{How long} 99 ?

Immediate Cardiac Asthma + Syncope ^{How long} Very Suddenly

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

Signature of Physician W. Henry Fisher

Address Centerville

Accident or Suicide No. Md.



Name in Full

M. Leon Jewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at Manchester Town 2 a Co County **MARYLAND**

Date of death 1996 May 11 Age 2 1 21 Months Days

Sex Male Color or Race White Birth-place 2 a Co

Occupation _____ Where Residing if not at place of death Manchester Md

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name George W. Jewell Father's Birthplace 2, a, Co.

Mother's Maiden Name Ruby Eaton Mother's Birthplace 2 a, Co

Name of person giving Information Andy W. Jewell How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

H

Primary Mal Nutrition How long Since birth.

Immediate Heart failure How long I don't know

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

Signature of Physician P. H. Ford

Address Queenstown, Md.

Accident or Suicide _____



Name in Full

Miss Keimball

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at

Church Hill Md

Queen Anne's Co

MARYLAND

Date of death

1900

Month May

Day 21

Age

Years 4

Months 7

Days

Sex

Male

Color or Race

White

Birthplace

Queen Anne's Co

Occupation

house

Where Residing if not at place of death

Married, Single or Widowed

single

Name of Wife or Husband

Father's Name

William C. Keimball

Father's Birthplace

Queen Anne's Co

Mother's Maiden Name

Annie Pogue

Mother's Birthplace

Queen Anne's Co

Name of person giving information

William C. Keimball

How related to deceased

Father

CAUSES OF DEATH

(98)

Primary

Myocardial Tuberculosis

How long

4 yrs

Immediate

Exhaustion

How long

1 hr

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

Yes

Signature of Physician

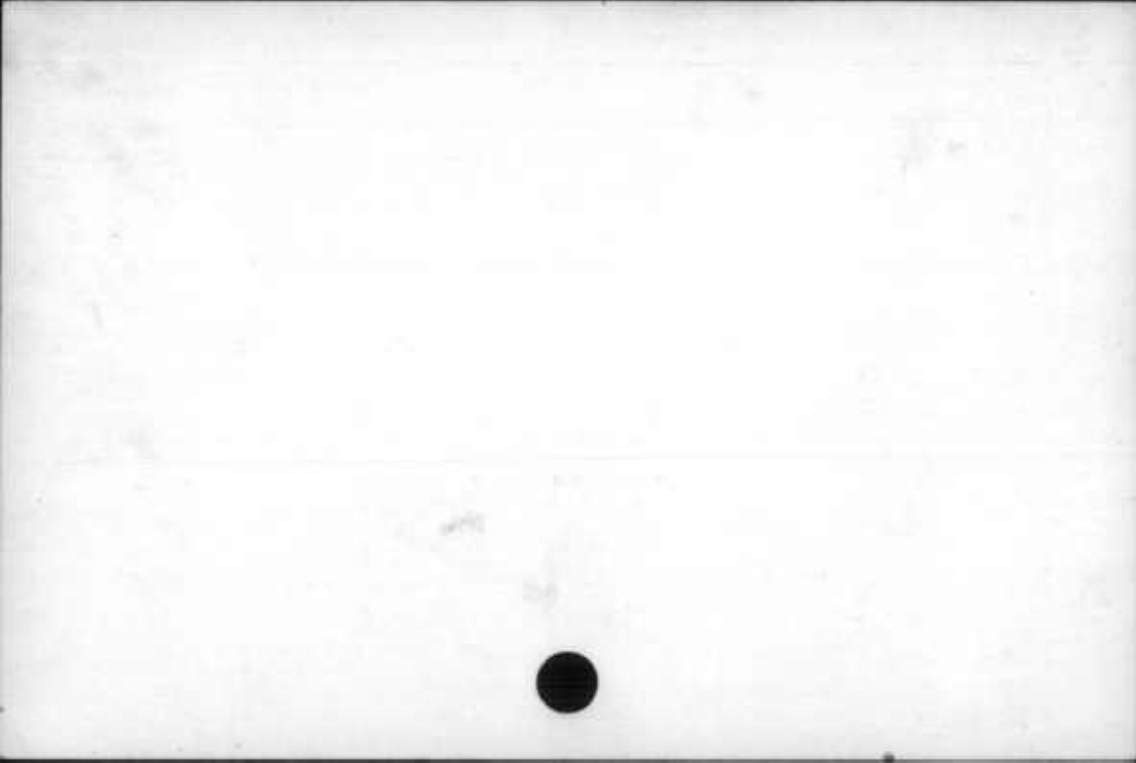
D. S. Dudley

Address

Church Hill Maryland

Accident or Suicide

No



Name
in
Full

Catheron M. Pratt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

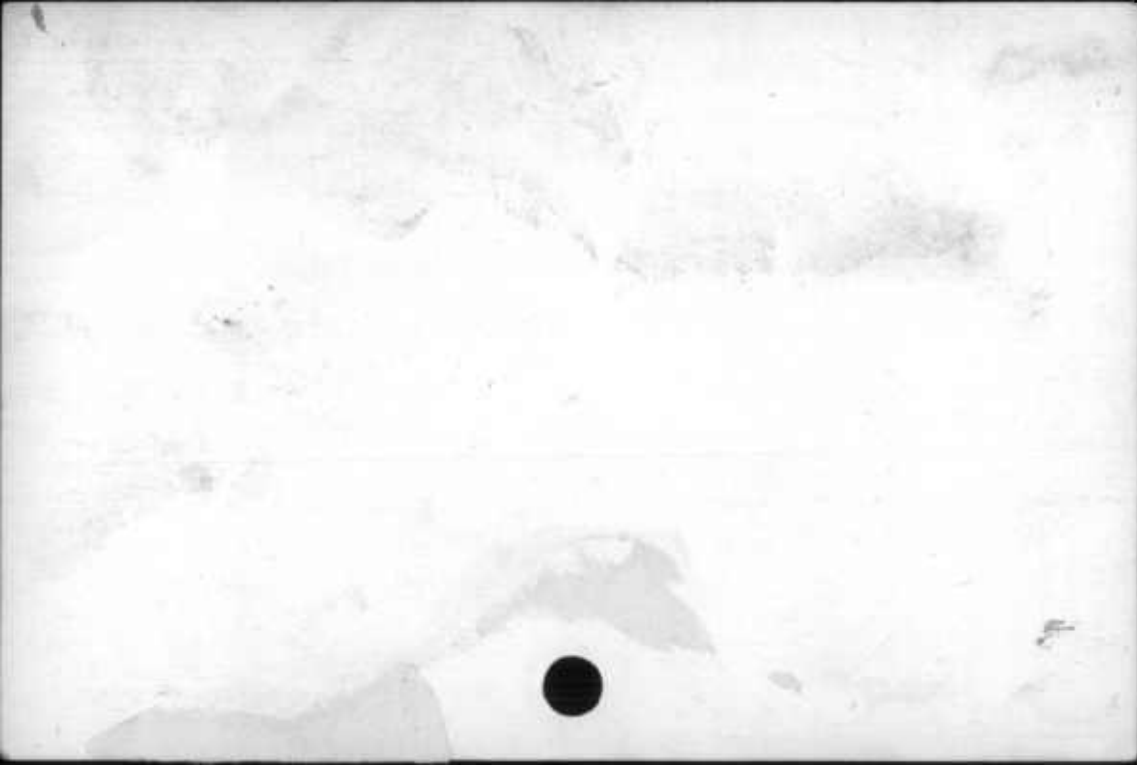
Died at <i>Sudlersville</i> Town		<i>Queen Anns Co</i> County		MARYLAND	
Date of death	19 <i>60</i>	Month	<i>May</i>	Day	<i>6th</i>
Age	<i>77</i>	Years		Months	<i>4</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>house wife</i>		Where Residing if not at place of death <i>Sudlersville</i>		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband <i>Bennet & Pratt</i>			
Father's Name	<i>Joseph Colgan</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Sarah & Bolloway</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Mary E. Stafford</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

11521 ✓

PHYSICIAN
OR CORONER

Primary	<i>General Debility of advanced age</i>	How long	<i>One year</i>
Immediate	<i>Heart and Pericardium</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Foster Susb</i>		Address <i>Sudlersville Md</i>
Accident or Suicide	<i>No</i>		



Name

in Full

Marsie W Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Chester

County

S. A.

MARYLAND

Date

of death 1901

Month

May

Day

4

Years

Age 20

Months

4

Days

5

Sex

Female

Color or
Race

White

Birth-
place

Anne Arundel Co

Occupation

Housekeeper

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

Married

Name of Wife or
Husband

James W Robinson

Father's
Name

N. J. Collison

Father's
Birthplace

Anne Arundel Co Md.

Mother's
Maiden Name

Georgia Sewell

Mother's
Birthplace

A. A. Co. Md.

Name of person giving
Information

James W Robinson

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Hepatic Abscess

How long

115 2 months

Immediate

Exhaustion

How long

Gradual

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

yes

Signature of
Physician

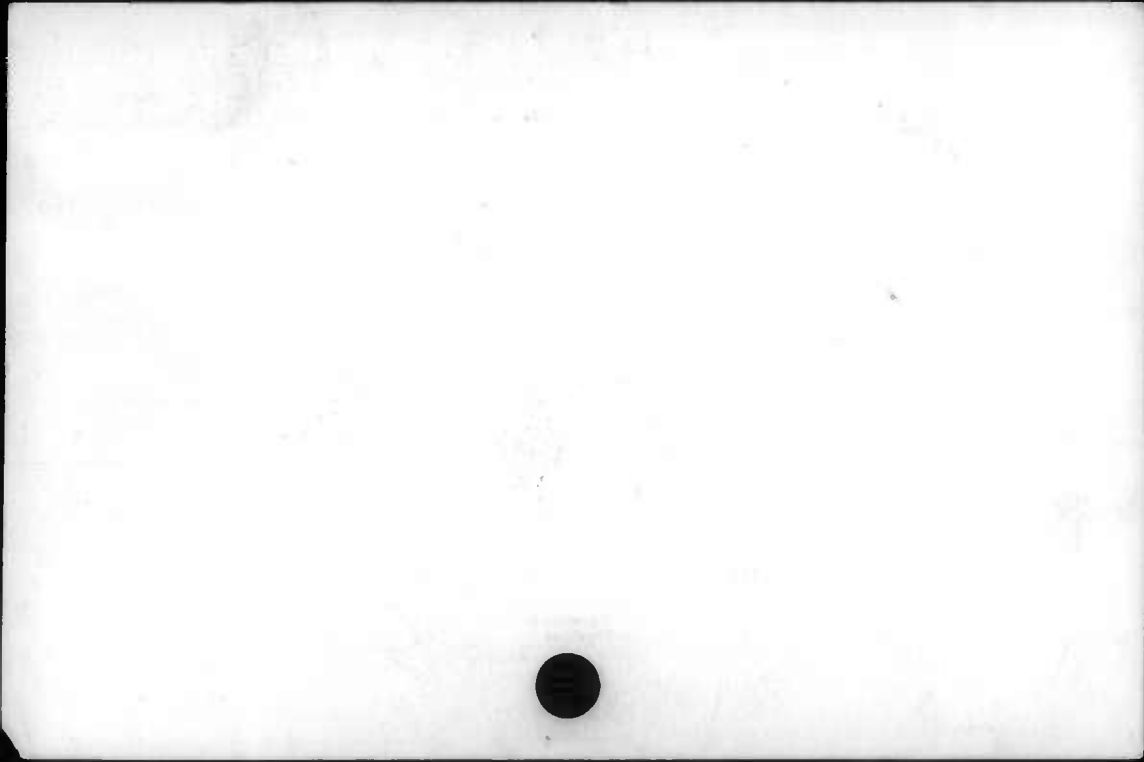
Address

Wm. D. Henry
Steuersville, Md.

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

Margaret A. Sewel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salem</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death 19 <i>00</i>	Month <i>5</i>	Day <i>9</i>	Age <i>67</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Negro.</i>	Birth-place <i>Queen Anne Co.</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Salem</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Chas. H. Sewel</i>				
Father's Name <i>Chas Wright</i>	Father's Birthplace <i>Q.A. Co. Md</i>				
Mother's Maiden Name <i>Charlotte Ann Spencer</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Chas H Sewel</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

Primary <i>Tuberculosis</i>	How long <i>27</i>
Immediate <i>Exhaustion</i>	How long <i>2 1/2</i>
How long <i>14 months</i>	

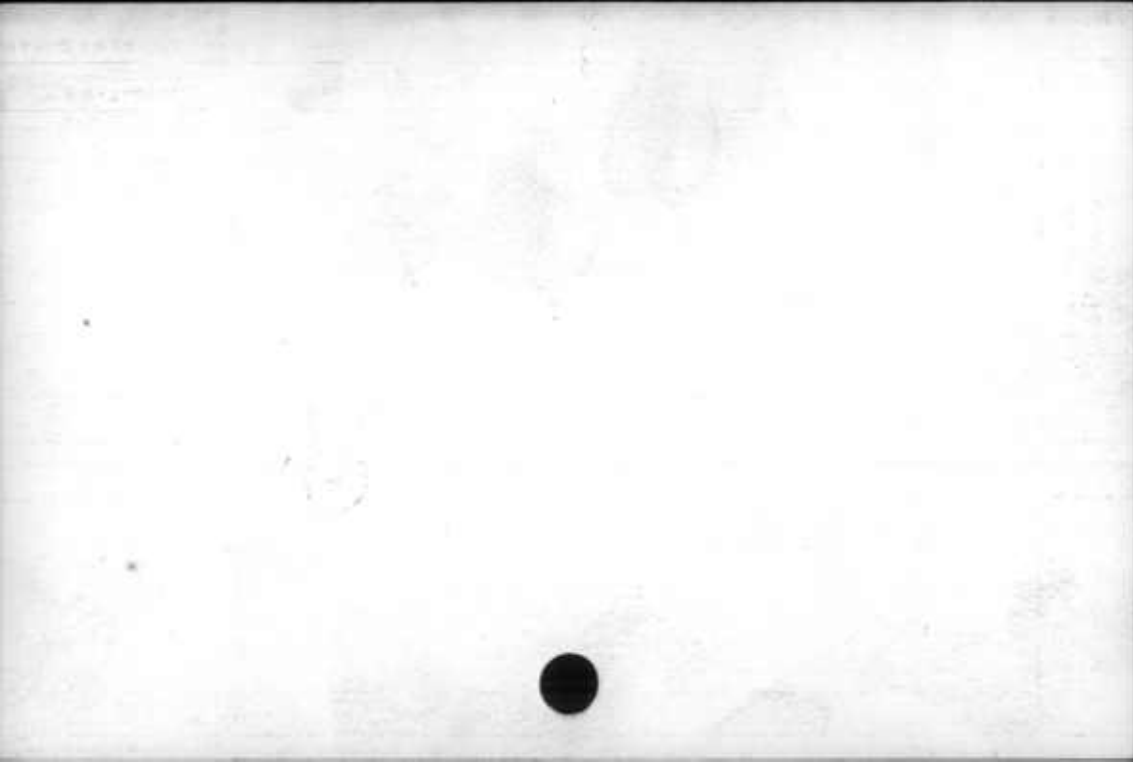
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John W. Harmon
Sub Registrar

Accident or Suicide



Name in Full

Julia Ann Stinson

CERTIFICATE OF DEATH

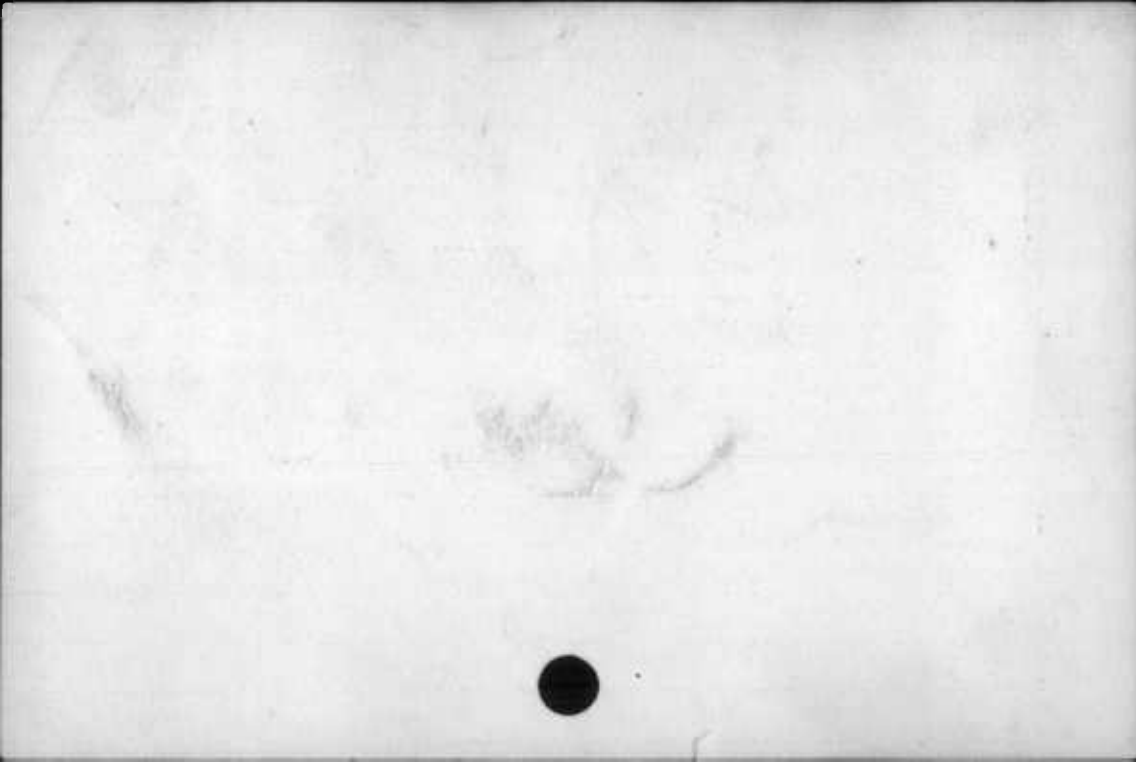
TO BE ANSWERED BY NEAREST FRIEND

Died <i>North Church Hill</i> ^{Town} <i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death	1900	Month	May
		Day	9
Age	86	Years	
		Months	
		Days	
Sex	Female	Color or Race	Black
Birthplace	L. C. Ind.		
Occupation	Housewife		
Where Residing if not at place of death	at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	William T. Stinson
Father's Name	Bardley	Father's Birthplace	L. C. Ind.
Mother's Maiden Name	Julia Bardley	Mother's Birthplace	L. C. Ind.
Name of person giving information	John T. Stinson		
		How related to deceased	Son

CAUSES OF DEATH

Primary	Pneumonia	How long	9 days
Immediate	Asthenia (old age)	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. G. Cappel
		Address	Church Hill
Accident or Suicide?			Did

PHYSICIAN OR CORONER



Name
in Full

CERTIFICATE OF DEATH

Morriss Taylor
 Died at *Church Hill* Town *Jules* County *Jones Co* MARYLAND

Date of death *1900 May 16* Month Day Age *16* Years Months *9* Months Days *1* Days

Sex *Female* Sex Color or Race *White* Color or Race Birth place *Church Hill* Birth place

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

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

Father's Name *Elywood Taylor* Father's Name Father's Birthplace *Jules Jones Co* Father's Birthplace

Mother's Maiden Name *Lula Dawson* Mother's Maiden Name Mother's Birthplace *Morland* Mother's Birthplace

Name of person giving information *J. K. Brown* Name of person giving information How related to deceased *None* How related to deceased

CAUSES OF DEATH

Primary *Pneumonia Tuberculosis* Primary How long *27* How long *28* Years

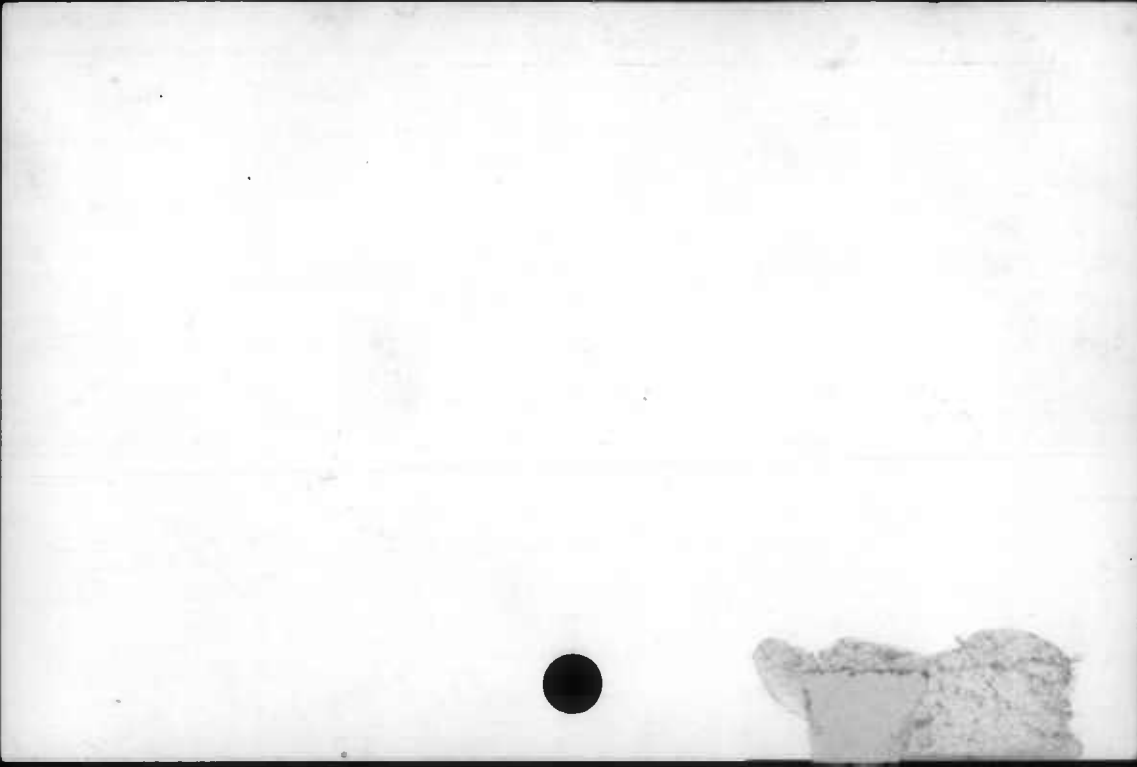
Immediate *Exhaustion* Immediate How long *1 hour* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Are the name, age, sex, color, date and place correctly given above? Signature of Physician *W. S. Deady* Signature of Physician

Address *Church Hill* Address

Accident or Suicide *No* Accident or Suicide *Morland*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Richard P Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jords Stone</i> ^{Town}		<i>Jensen Anne</i> ^{County}		MARYLAND	
Date of death	<i>1900</i>	Month	<i>May</i>	Day	<i>26</i>
Age	<i>64</i>	Years		Months	<i>1</i>
		Days			<i>18</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-Place	<i>Jords Stone Md</i>
Occupation	<i>Waterman</i>		Where Residing if not at place of death <i>-</i>		
Married Single or Widowed	<i>widowed</i>	Name of Wife or Husband	<i>Margaret A Hudnell</i>		
Father's Name	<i>John Thompson</i>		Father's Birthplace	<i>Dor, Co, Md</i>	
Mother's Maiden Name	<i>Mary Pratt</i>		Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>Edith Thompson</i>		How related to deceased	<i>son</i>	

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	<i>Organic heart disease</i>	How long	<i>3 or 4 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>gradual</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm T. Henry</i>
		Address	<i>Stevensville Md</i>
Accident or Suicide?	<i>no</i>		

