

Name
in
Full

Edward M Boston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dublin</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death	1900	Month	May	Day	9
Age	65	Years		Months	
Sex	Male	Color or Race	colored	Birth-place	Somerset Co
Occupation	Farmer		Where Residing if not at place of death Dublin Dist		
Married, Single or Widowed	married	Name of Wife or Husband	Mary J Curtis		
Father's Name	Stephen Boston		Father's Birthplace	Providence Co	
Mother's Maiden Name	Leah		Mother's Birthplace	" "	
Name of person giving Information	Alice Boston		How related to deceased	daughter	

CAUSES OF DEATH

Primary	<u>Epilepsy</u>	How long	<u>29</u> years.
Immediate	<u>Epistaxis from attack</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>F. W. Zinn</u>
		Address	<u>Providence Md.</u>
<input checked="" type="checkbox"/> Accident or Suicide			



Name
in
FullJohn Wesley Baxton
Somerset

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at College Grove		Town		County		Somerset	
Date of death	19 00	Month	May	Day	25	Age	25
Sex	Male		Color or Race	Colored		Birth-place	Somerset Co
Occupation	None		Where Residing if not at place of death		✓		
Married, Single or Widowed	Single		Name of Wife or Husband		✓		
Father's Name	Reuben Baxton				Father's Birthplace	Somerset Co	
Mother's Maiden Name	Annie Marshall				Mother's Birthplace	Somerset Co	
Name of person giving Information	Reuben Baxton				How related to deceased	Father	

CAUSES OF DEATH

8

Primary	Whooping Cough	How long	3 weeks
Immediate	Pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Henry Marshall
Accident or Suicide	no	Address	Pineas Ave Dor,

PHYSICIAN
OR CORONER



Name
in Full

William Thomas, Carr

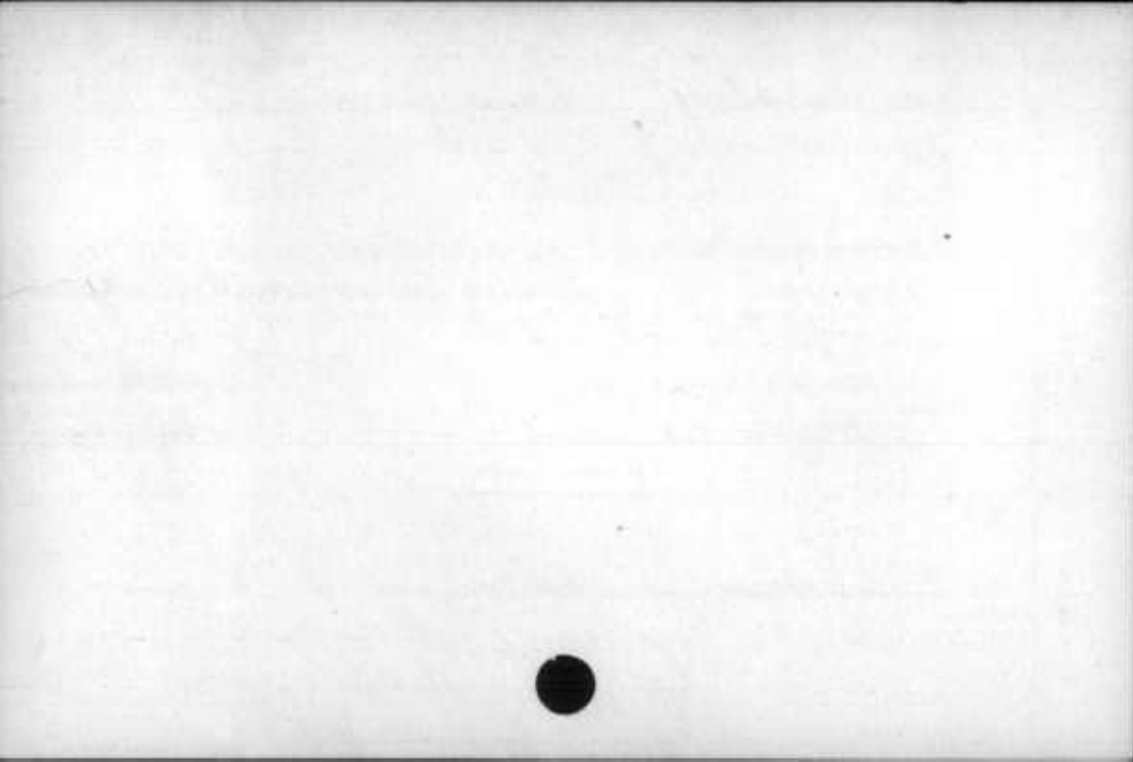
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Dames Quarter		County Somerset		MARYLAND	
Date of death 19	10	Month May	Day 3rd	Age Years	1	Months	Days 25
Sex	Male		Color or Race	Caucasian		Birth-place	Som., G.
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to decedent			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Broncho-Pneumonia	How long	1 mo	
	Immediate	Athemia	How long	—	
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
	Address		D. J. Windsor, M.D. Dames Quarter, Somerset Co., Md.		
Accident or Suicide?		—			



Name in Full

Mary Corbin

CERTIFICATE OF DEATH

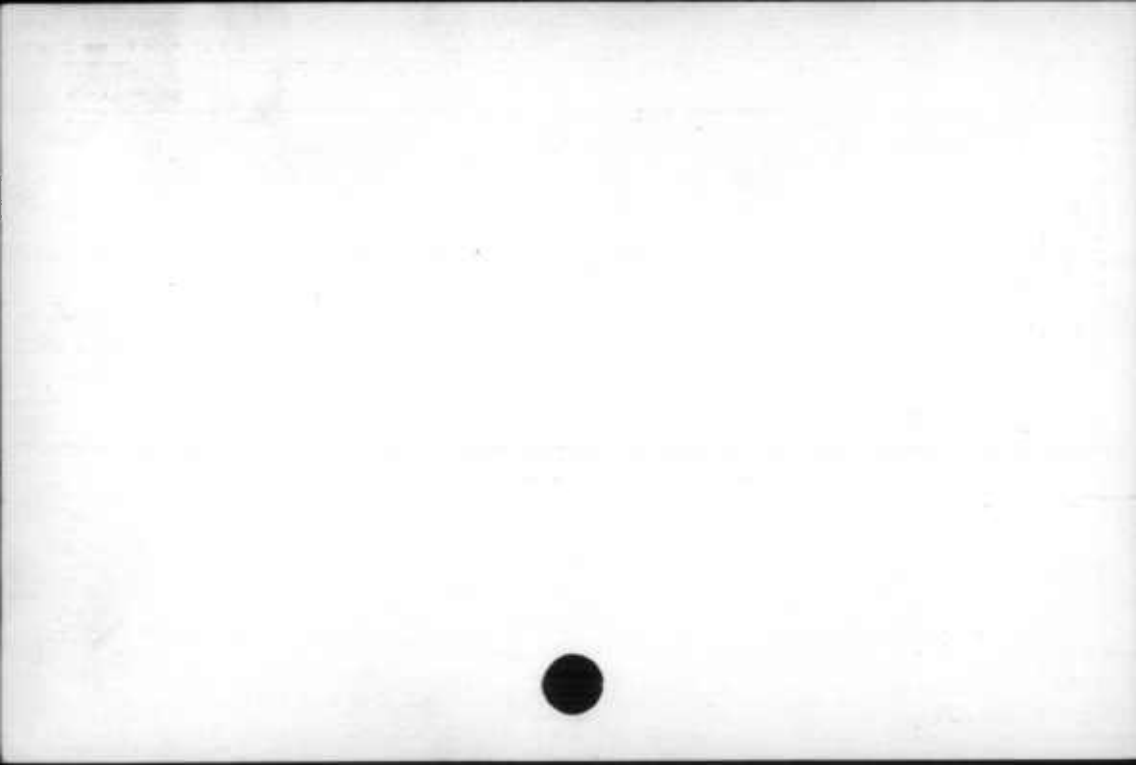
TO BE ANSWERED BY NEAREST FRIEND

Died at		Town <i>Dublin Dist</i>		County <i>Somerset</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1960</i>		<i>5</i>	<i>11</i>	<i>81</i>			
Sex		Color or Race		Birth-place			
<i>Female</i>		<i>Black</i>		<i>Somerset County</i>			
Occupation				Where Residing if not at place of death			
<i>Domestic</i>							
Married, Single or Widowed		Name of Wife or Husband					
<i>Widow</i>		<i>William Corbin</i>					
Fether's Name				Fether's Birthplace			
<i>Levin Ballard</i>				<i>Maryland</i>			
Mother's Maiden Name				Mother's Birthplace			
				<i>Maryland</i>			
Name of person giving Information				How related to deceased			
<i>Edwin Cottman</i>				<i>Not related</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>103</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes.</i>		<i>A. R. Pinkerton</i>	
		Address	
		<i>Sub. Reg. Board of Health Dublin Dist.</i>	
<input checked="" type="checkbox"/> Accident or Suicide			



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Infant Doane</i> Town County		MARYLAND	
Date of death 1910	Month <i>May</i>	Day <i>13</i>	Age <i>Still born</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Princess Anne</i>	
Occupation <i>none</i>	Where residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>John T. Doane</i>	Father's Birthplace <i>Swain Co</i>		
Mother's Maiden Name <i>Gertrude Miles</i>	Mother's Birthplace <i>Swain Co</i>		
Name of person giving in formation <i>John T. Doane</i>	How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long <i>5</i>
Immediate	<i>Still born</i>	How long <i>5</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Henry M. Safford</i>
	<i>no</i>	Address <i>Princess Anne</i>
Accident or Suicide?	<i>no</i>	<i>Med</i>



Name in Full

Rosa Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at Asbury Town Somerset County **MARYLAND**

Date of death 1900 May Month 15 Day Age 74 Years Months Days

Sex female Color or Race Black Birth-place MD

Occupation Housework Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband E. J. Fisher

Father's Name Levin Blake Father's Birthplace MD

Mother's Maiden Name Sarah Brown Mother's Birthplace South Ky

Name of person giving Information E. J. Fisher How related to deceased Husband

CAUSES OF DEATH

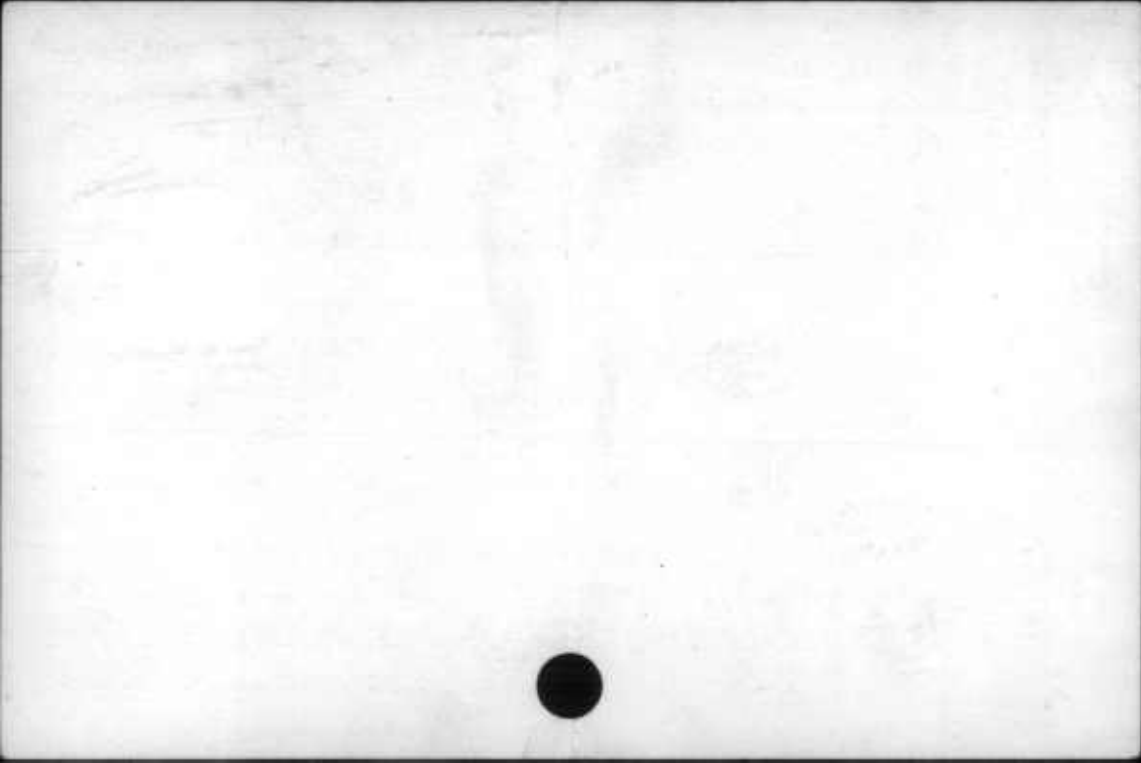
PHYSICIAN OR CORONER

Primary Senility How long 15 about a year
Immediate Bright's disease & Pharynx How long about a month

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

Address 211 S. Somerset Ave
Crisfield Md.

I Accident or Suicide



Name
In Full

Walton J. Greene

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

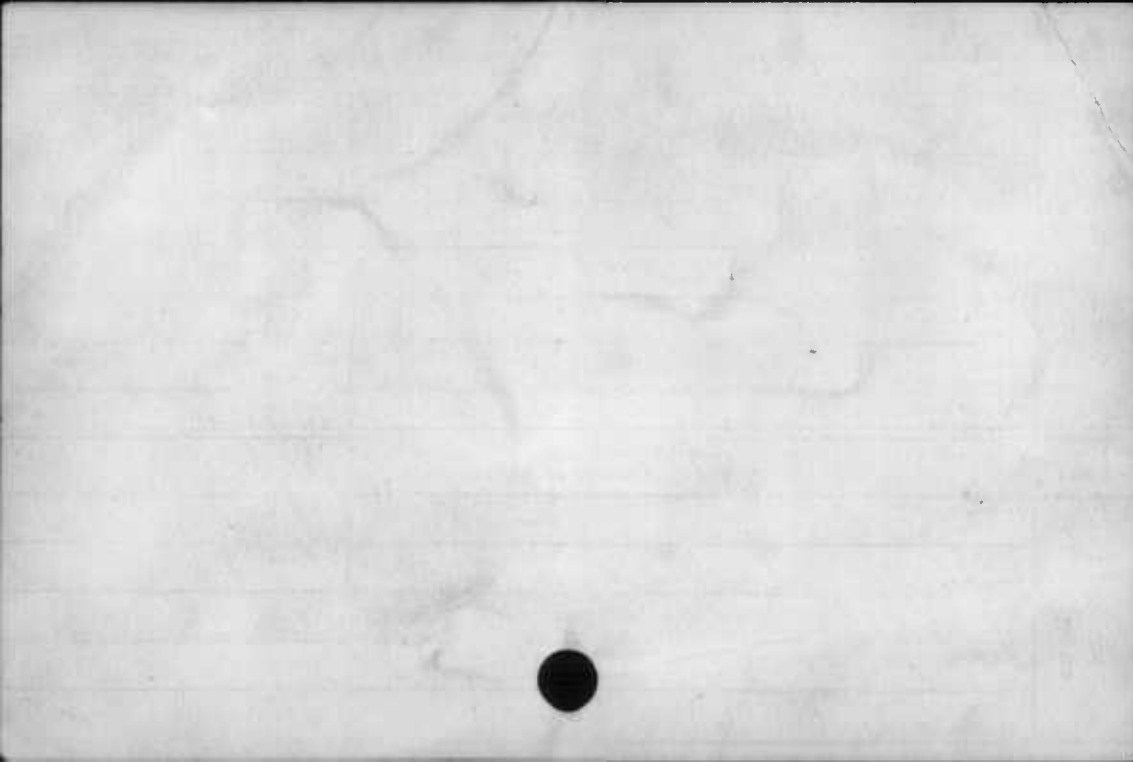
Died at <i>Chambers</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month <i>May</i>	Day <i>29th</i>	Age <i>—</i>	Years <i>—</i>
				Months <i>3</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset</i>		
Occupation <i>—</i>			Where Reading 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>Robt. Greene</i>		Father's Birthplace <i>Somerset</i>			
Mother's Maiden Name <i>Lulu Pope</i>		Mother's Birthplace <i>Somerset</i>			
Name of person giving information <i>Robt. Greene</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

8 ✓

PHYSICIAN
OR CORONER

Primary <i>Whooping cough</i>	How long <i>2 weeks</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Winder</i>
	Address <i>Salisbury, Somerset Co., Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full

CERTIFICATE OF DEATH

Joseph Harrison Jr

TO BE ANSWERED BY NEAREST FRIEND

Died at *Newova* Town *Somerset* County

MARYLAND

Date of death 1910 5-3 Day Age 1 Years 10 Months Days

Sex *Male* Color or Race *White* Birth-place *Newova*

Occupation _____ Where Residing if not at place of death _____

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

Father's Name *Joseph Harrison* Father's Birthplace *Deal Island*

Mother's Maiden Name *Verdie Parkinson* Mother's Birthplace *Dames Quarter*

Name of person giving information *Joseph Harrison* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Eclampsia (Rachitic)* How long *189 P*

Immediate *Asphyxia* How long *4 hours*

Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician *J. H. Alexander*

Address *Deal Island Somerset Co.*

Accident or Suicide? *Neither*



Name
in
Full

Chas W. Halland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Crissfield ^{Town} Somerset ^{County} MARYLAND

Date of death 1900 ^{Month} May ^{Day} 16 Age 2 ^{Years} 2 ^{Months} 10 ^{Days}

Sex Male Color or Race — Birth-place Ind

Occupation Insurer Where Residing if not at place of death —

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

Father's Name Wm Holland Father's Birthplace Ind

Mother's Maiden Name Mary Evans Mother's Birthplace Ind

Name of person giving Information Mary Holland How related to deceased mother

CAUSES OF DEATH

(71) (98) ✓
How long 3 months

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 3 months

Immediate usual How long —

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

Signature of Physician C. O. ...
Address Crissfield

Accident or Suicide —



Name in Full

Kellum Jewett

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at Crisfield ^{—Town} County Som **MARYLAND**

Date of death 1900 May 18 ^{Month Day} Age 64 ^{Years} Months Days

Sex male Color or Race white Birth-place md

Occupation Laborer Where Residing if not at place of death —

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

Father's Name Francis Jewett Father's Birthplace md

Mother's Maiden Name Grace Somers Mother's Birthplace md

Name of person giving Information Henrietta Waters How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Senility of Bright's Disease How long

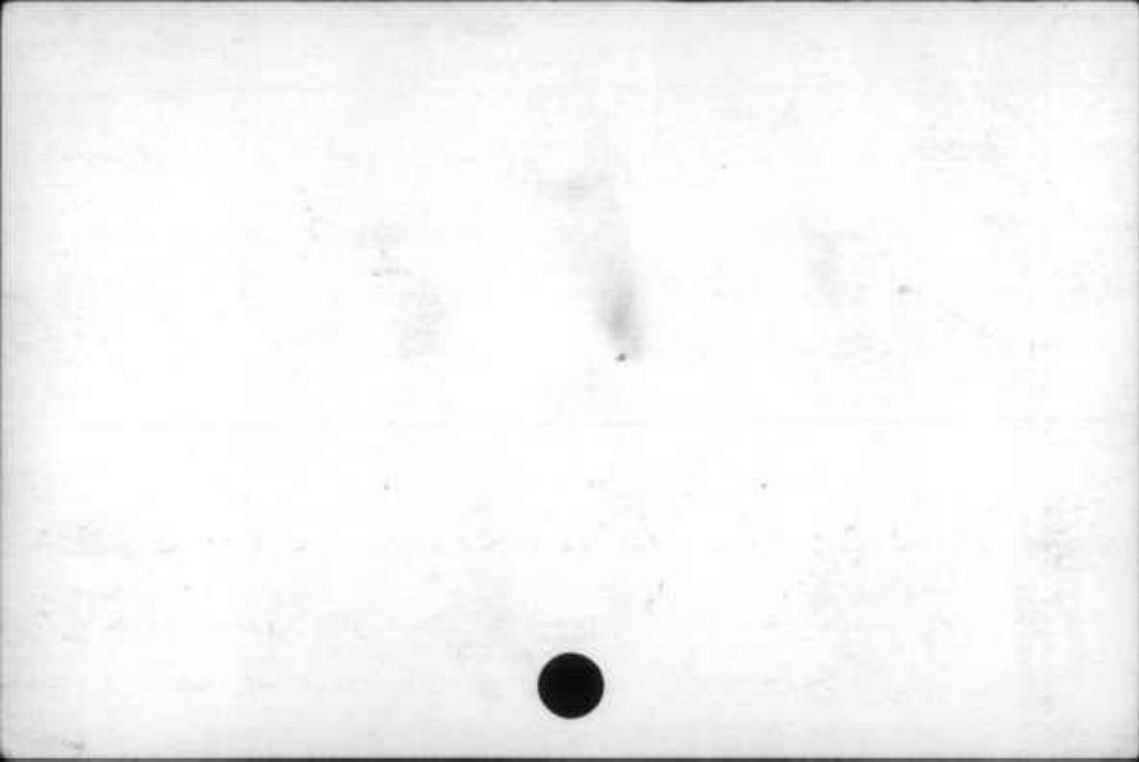
Immediate Cyanosis How long

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

Signature of Physician R. R. Jones

Address 214 S. Somers Street
Crisfield Md

Accident or Suicide I



Name
In Full

Still Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1910		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Infant

Joseph

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Wt Vernon Sumner County **MARYLAND**

Date of death 1960 May 13 Age - Months 7 Days 42

Sex Female Color or Race Black Birth-place Sumner Co

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Wm J Jones Father's Birthplace Sumner Co

Mother's Maiden Name Laura Nettie Mother's Birthplace Sumner Co

Name of person giving Information Laura Nettie How related to deceased Mother

CAUSES OF DEATH

Primary Cholera Infantum How long 10 days

Immediate _____ How long _____

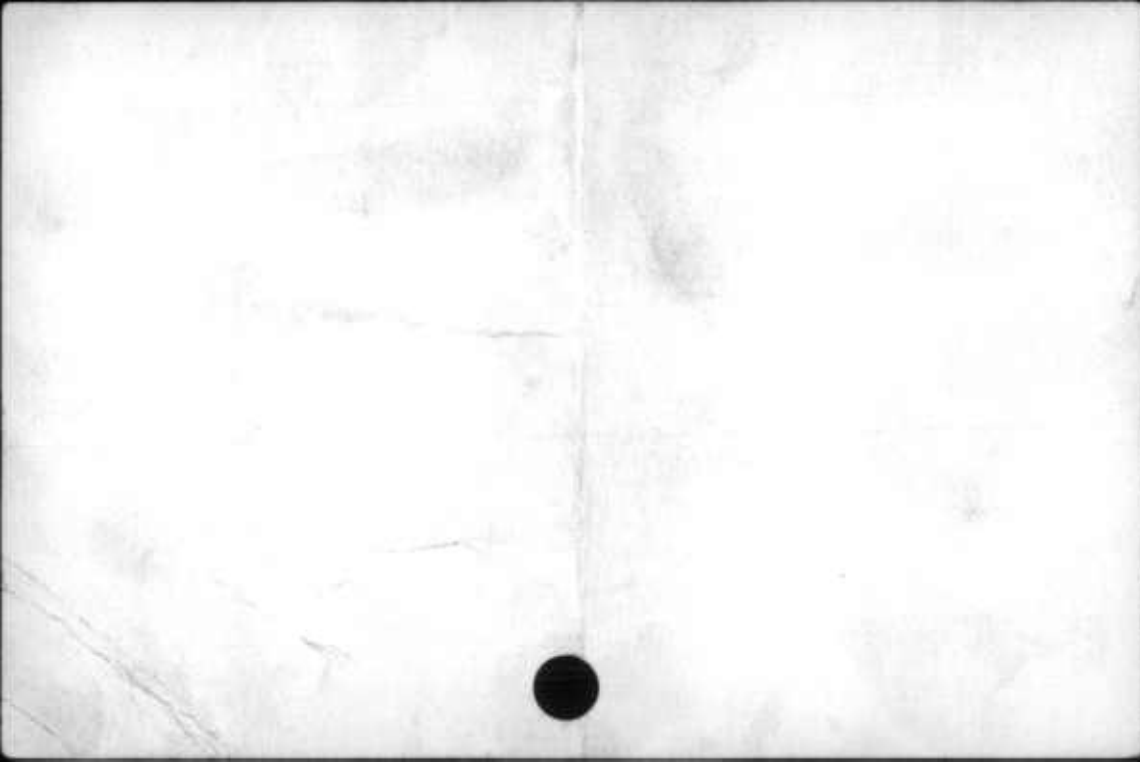
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. B. Barnes

Address Wiggins Lane Wt
P.O. No. 2

PHYSICIAN
OR CORONER

I Accident or Suicide



Name
in
Full

Lillian M. Jones

CERTIFICATE OF DEATH

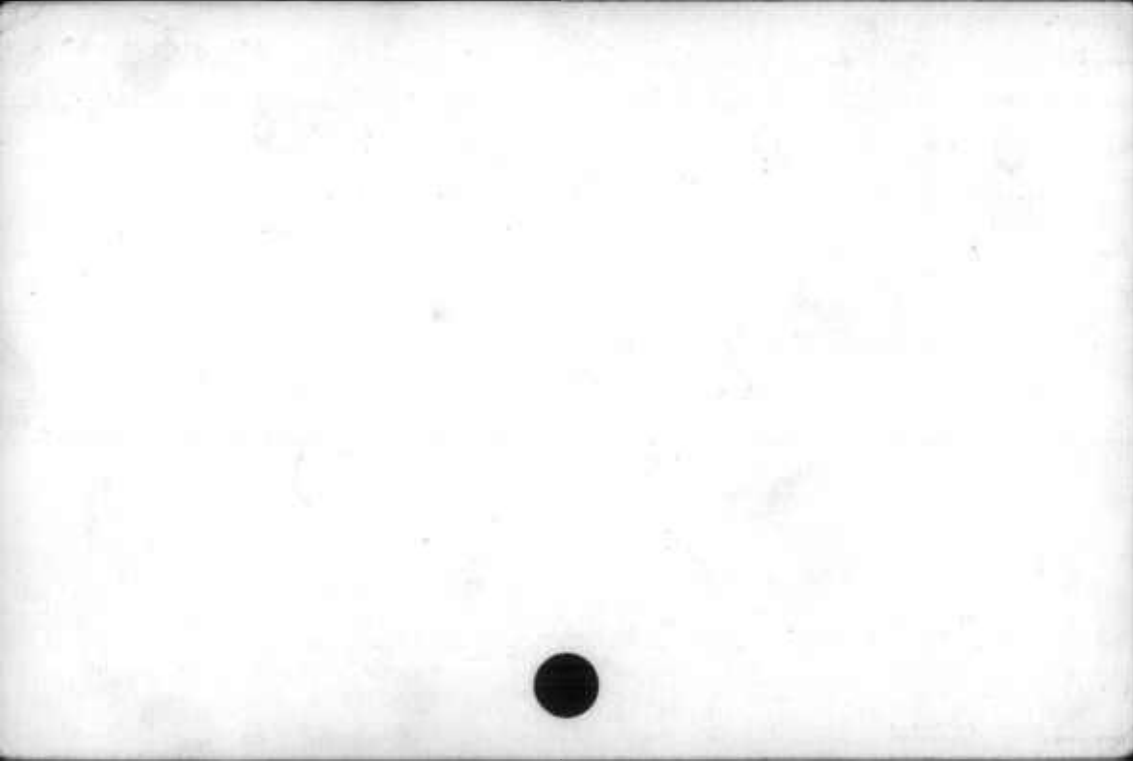
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dames Quarter</u> Town <u>Dorchester</u> County		MARYLAND	
Date of death <u>190</u> <u>10</u> <u>May</u> <u>18</u> <u>th</u>	Age <u>1</u> <u>Year</u>	Months <u>6</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Som. Co.</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Asbury Jones</u>	Father's Birthplace <u>Som. Co.</u>		
Mother's Maiden Name <u>Louise Roberts</u>	Mother's Birthplace <u>Som. Co.</u>		
Name of person giving information <u>Asbury Jones</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary <u>Whooping Cough</u>	How long <u>2 weeks</u>
Immediate <u>Broncho-Pneumonia</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S. J. Minkler, M.D.</u>
<u>no</u>	Address <u>Dames Quarter, Dorchester Co., Md.</u>
Accident or Suicide <u>no</u>	

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary J. Jones</i>		Town <i>James Quarter Somerset</i>		County <i>Somerset</i>		STATE MARYLAND	
Died at <i>James Quarter Somerset</i>		Date of death <i>1901 May 22</i>		Age <i>22</i>		Months <i>0</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Somerset Co</i>			
Occupation <i>House Work</i>		Where Reading if not at place of death					
Married; Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Stephen Roberts</i>		Father's Birthplace <i>Am Co</i>					
Mother's Maiden Name <i>Leah Roberts</i>		Mother's Birthplace <i>Som Co</i>					
Name of person giving information <i>Edmer Jones</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Died Sudden 1901</i>	How long <i>18 1/2</i>
	Immediate <i>-</i>	How long <i>-</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. Kelly</i>
	Accident or Suicide? <i>no</i>	Address <i>James Quarter Somerset MD</i>



Name
In
Full

Gustave Adolphus Madden

CERTIFICATE OF DEATH

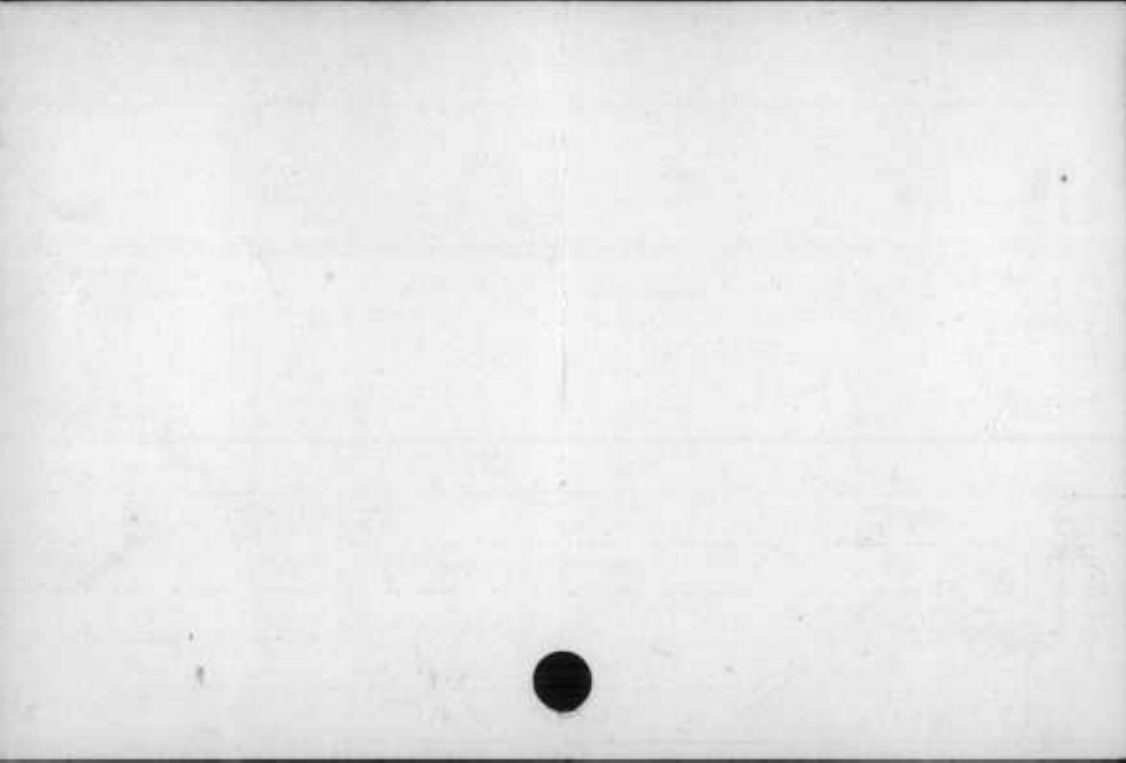
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jonestown</i> <small>Town</small>		<i>Sumner</i> <small>County</small>		MARYLAND	
Date of death	<i>19 10</i> <small>Month</small>	<i>May</i> <small>Month</small>	<i>20th</i> <small>Day</small>	<i>81</i> <small>Years</small>	<i>3</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Sumner Co</i>
Occupation	<i>Farmer</i>		Where Reading if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband			
Father's Name	<i>Jenn T. Madden</i>			Father's Birthplace	<i>Sumner Co</i>
Mother's Maiden Name	<i>Anne T. Madden</i>			Mother's Birthplace	<i>Sumner Co</i>
Name of person giving information	<i>Richard Todd</i>			How related to deceased	<i>by Marriage</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Redney trouble</i>	How long	<i>about 1 year</i>
Immediate	<i>General weakness</i>	How long	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. E. S. Miles</i>
		Address	<i>Upper Frammers</i>
Accident or Suicide?			



Name in Full

Chas B. Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at Christfield Town Seamers County **MARYLAND**

Date of death **1900** May Month 2 Day **Age** 38 Years Months Days

Sex male Color or Race white Birth-place md

Occupation Carpenter Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Katherine C. Matthews

Father's Name Bartholomew Matthews Father's Birthplace md

Mother's Maiden Name Mary Bacon Mother's Birthplace md

Name of person giving Information Katherine Matthews How related to deceased wife

CAUSES OF DEATH

Primary Accident How long 185 B

Immediate Fracture Skull How long Immediately

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

Signature of Physician J. Collins Address Christfield md

PHYSICIAN OR CORONER

Accident or Suicide



Name
in
Full244
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name: *Sda J. Mills*

Died at: *Summers City* County: *Summit* MARYLAND

Date of death: *1900* *May* *7* Age: *29* ~~27~~ Months: _____ Days: _____

Sex: *female* Color or Race: *white* Birth-place: *Md*

Occupation: *none* Where Residing if not at place of death:

Married, Single or Widowed: *single* Name of Wife or Husband: _____

Father's Name: *Albet J. Mills* Father's Birthplace: *Md*

Mother's Maiden Name: *Ma Sackford.* Mother's Birthplace: *Md.*

Name of person giving Information: *D. J. Weyden* How related to decedent: *none*

CAUSES OF DEATH

Primary: *Subacute Tuberculosis* How long: *3 1/2 years*

Immediate: *bronchitis* How long: *40's days.*

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

Signature of Physician: *J. Wilson* Address: *Summers City.*

Accident or Suicide:

PHYSICIAN
OR CORONER



Name
in
Full

Lorenza J. Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at

Lawsonia

Town

Somerset

County

MARYLAND

Date
of death

1900

Month

May

Day

2

Age

Years

71

Months

1

Days

22

Sex

Male

Color or
Race

White

Birth-
place

Lawsonia Md

Occupation

Optician

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

Married

Name of Wife or
Husband

Harriet A. Nelson

Father's
Name

John W. Nelson

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Lawson

Mother's
Birthplace

Md

Name of person giving
Information

Ralph Nelson

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia 92

How long

3 weeks

Immediates

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

ye

Signature of
Physician

W. F. Hall

Address

Overfield Md

PHYSICIAN
OR CORONER

H

Accident or Suicide

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Clayton Nutt
Town
Died at *Green Hill* County *Somerset* MARYLAND

Date of death *1990 May 5* Age *11* Months *28* Days

Sex *male* Color or Race *white* Birth-place *W.D.*

Occupation _____ Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

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

Address

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Amanda E. Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairmount</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death	19 <i>60</i>	Month	<i>May</i>	Day	<i>4th</i>
Age	<i>54</i>	Years	<i>10</i>	Months	<i>17</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Somerset-les</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>John E. Parks</i>			
Father's Name	<i>John Wesley Parks</i>		Father's Birthplace	<i>Somerset-les</i>	
Mother's Maiden Name	<i>Martha E. Muir</i>		Mother's Birthplace	<i>Somerset-les</i>	
Name of person giving Information	<i>John E. Parks</i>		How related to decedent	<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>carcinoma of Stomach</i>	How long	<i>about 1 Year</i>
	Immediate	<i>Paralysis</i>	How long	<i>One week</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>G. E. Dickinson</i>
	Address	<i>Upper Fairmount</i>		<i>MD</i>
Accident or Suicide <input type="checkbox"/>				



Name
in Full

Reby Riggins

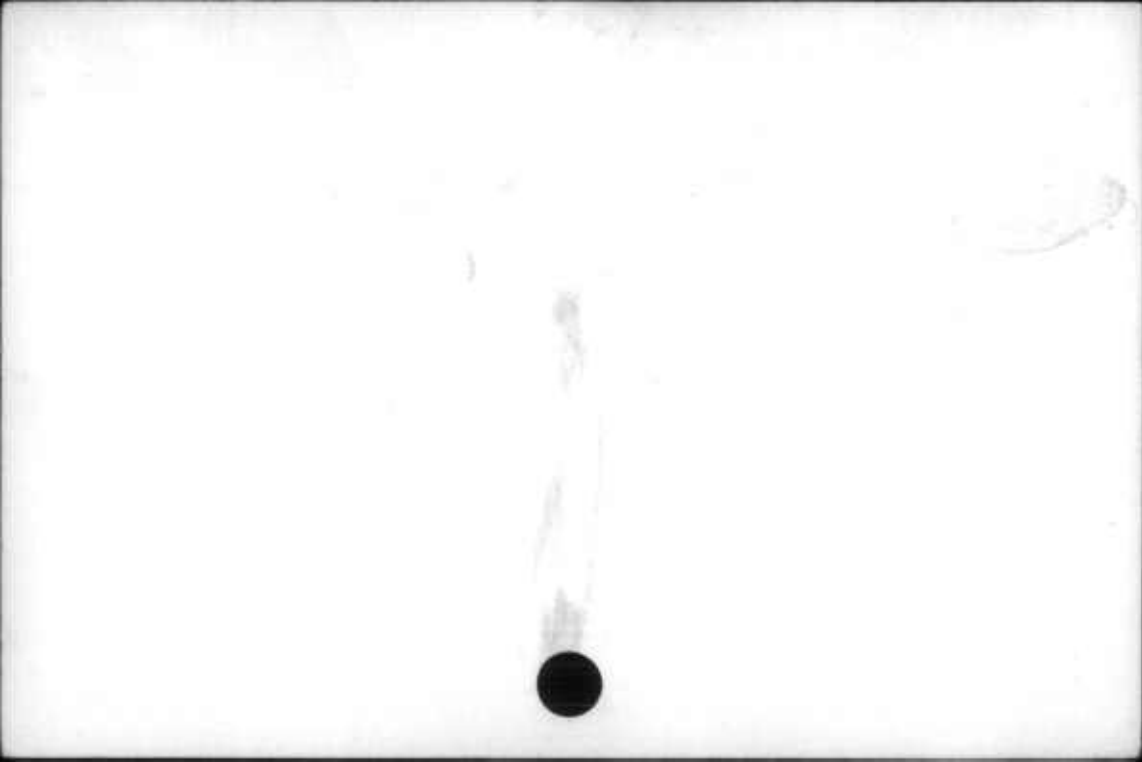
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lawsonia		County Somerset		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1960		May	25	28			
Sex		Color or Race		Birth-place			
Female		White		Lawsonia Md			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Merley Riggins					
Father's Name		Father's Birthplace					
Oran Sears		Md					
Mother's Maiden Name		Mother's Birthplace					
Sallie Lawson		Md					
Name of person giving Information		How related to deceased					
Sallie Sears		Wife					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Suberculosis	How long	one year
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. J. Hall
		Address	Longfield	
Accident or Suicide	No			



Name
in
Full

Annie Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

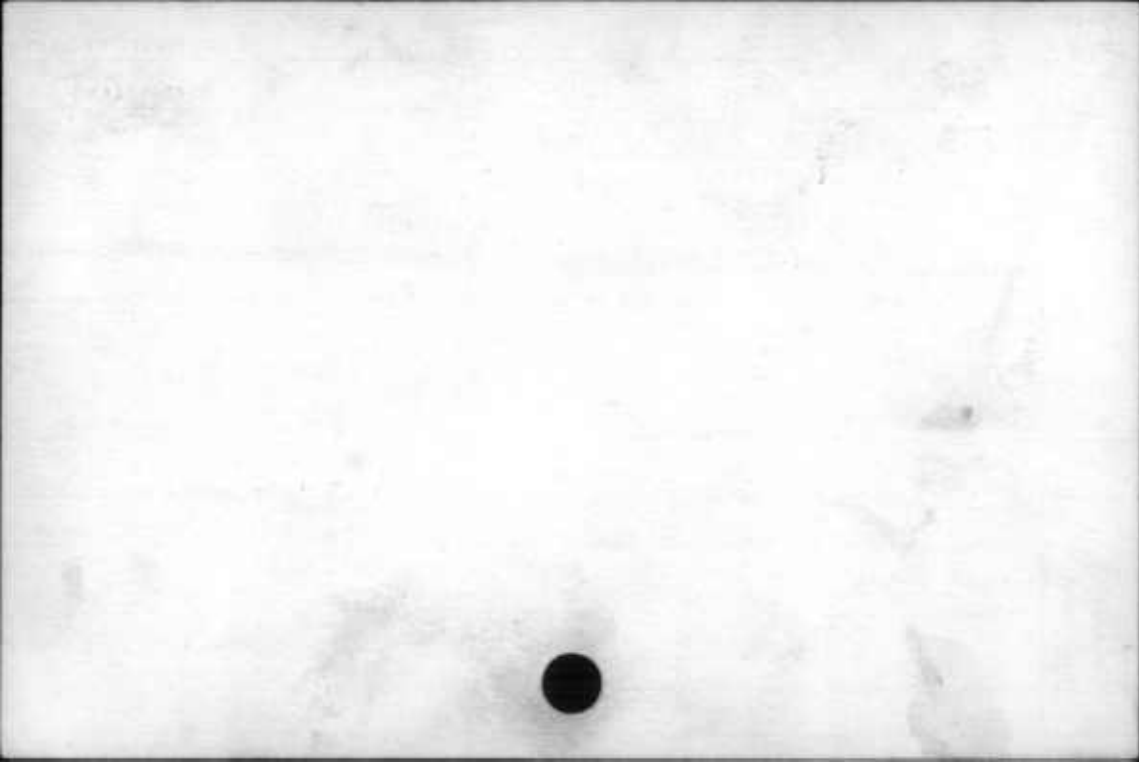
V

Died at ^{Town} <i>Westover</i>		^{County} <i>Somerset</i>		MARYLAND	
Date of death 19 <i>60</i>	^{Month} <i>May</i>	^{Day} <i>2nd</i>	^{Years} Age <i>60</i>	^{Months} <i>—</i>	^{Days} <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Somerset-Geo</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Henry Robinson</i>				
Father's Name <i>Dont know</i>	Father's Birthplace <i>Somerset-Geo</i>				
Mother's Maiden Name <i>Dont know</i>	Mother's Birthplace <i>Somerset-Geo</i>				
Name of person giving Information <i>Francis Robinson</i>	How related to deceased <i>Cousin</i>				

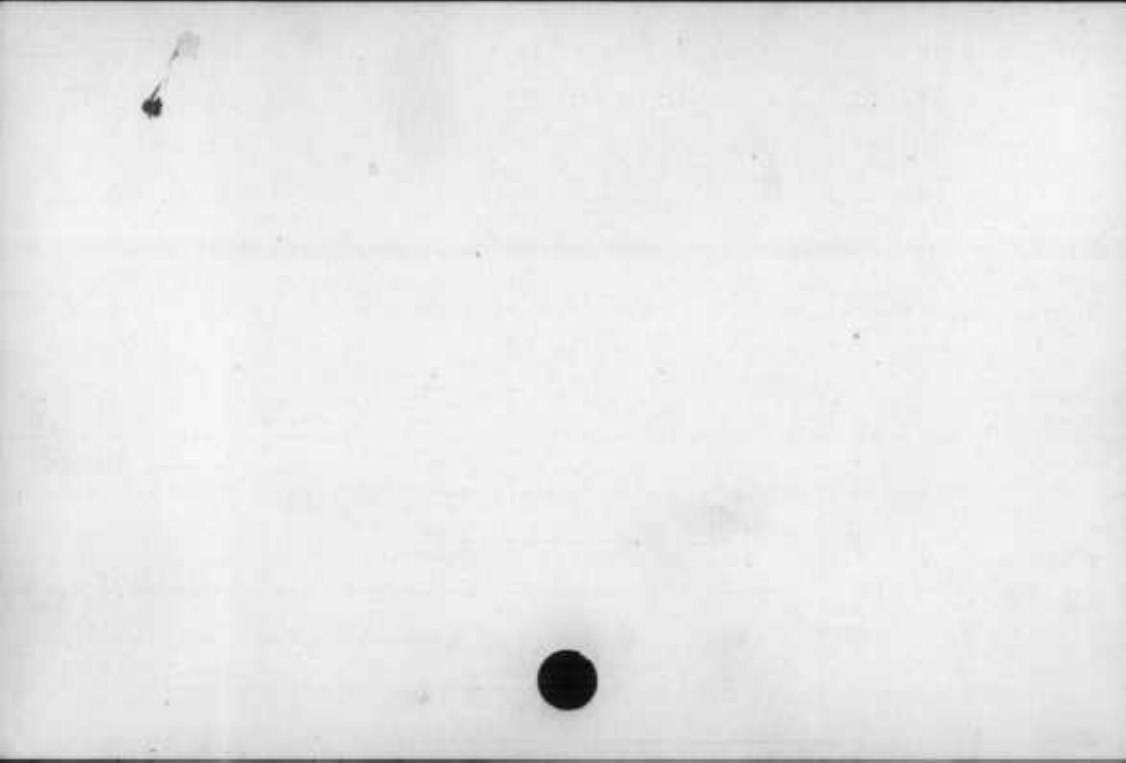
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	<i>27</i>	<i>28</i>	How long <i>6 months</i>
Immadiate <i>Tuberculosis</i>			How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G.E. Dickinson</i>		
	Address <i>Upper Fairmount</i>		
<i>—</i>	Accident or Suicide <i>—</i>		



Name In Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>James Roybush</i>		Town <i>Jameson</i>		County <i>Southern</i>		MARYLAND	
	Date of death <i>1910</i>		Month <i>May</i>	Day <i>21st</i>	Age <i>15</i>	Years	Months	Days
	Sex <i>male</i>		Color or Race <i>Colored</i>		Birthplace <i>Sou. Co.</i>			
	Occupation <i>Farmer</i>				Where Residing if not at place of death			
	Married, Single or Widowed <i>A</i>		Name of Wife or Husband <i>Grace Roybush</i>					
	Father's Name <i>Humphrey Roybush</i>				Father's Birthplace <i>Sou. Co.</i>			
	Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>Sou. Co.</i>			
Name of person giving information <i>Major White</i>				How related to deceased <i>Step-Son</i>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Cerebral Softening</i>				How long <i>1 year</i>			
	Immediate <i>asthenia</i>				How long <i>2</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>ye</i>				Signature of Physician <i>A. J. Madsen M.D.</i>			
					Address <i>Southern Co. Md.</i>			
Accident or Suicide? <i>no</i>								



Name in Full Not named Stone CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Town Stones County Maryland

Date of death 190 10 May 5th Age — — — — — —

Sex Male Color or Race White Birth-place Som. Co.

Occupation — Where Residing if not at place of death —

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

Father's Name Ernest Stone Father's Birthplace Som. Co.

Mother's Maiden Name Elin Bergman Mother's Birthplace Som. Co.

Name of person giving information Ernest Stone How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Congenital debility How long —

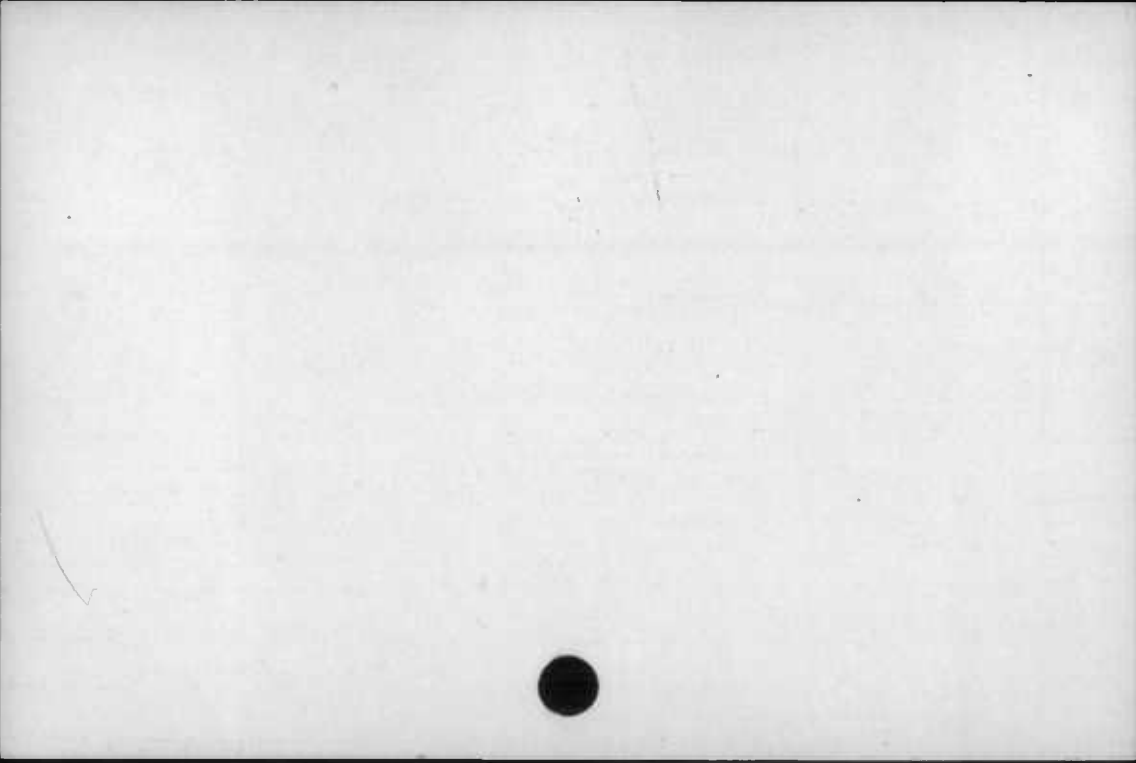
Immediate — How long —

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

Signature of Physician J. J. Windsor, M.D.

Address Johnes Street, Somerset Co. Md.

Accident or Suicide? —



Name
in Full

David Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Crisfield ^{Town} Somerset ^{County} **MARYLAND**
 Date of death 1900 ^{Month} May ^{Day} 14 ^{Years} 70 ^{Months} — ^{Days} —
 Sex male Color or Race Black Birthplace md
 Occupation General Laborer Where Residing if not at place of death —
 Married, Single or Widowed Widowed Name of Wife or Husband —
 Father's Name — Father's Birthplace —
 Mother's Maiden Name — Mother's Birthplace —
 Name of person giving Information — Has Deceased —

CAUSES OF DEATH

Primary apoplexy 64 ^{How long} 6 hours
 Immediate renal did not see him ^{How long} —
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician C. E. Grant
 Address Crisfield
 Accident or Suicide no

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name: *Thays Stewart*
 Died at: *Beltsville* Town *Somerset* County
 Date of death: *1900* Year *May* Month *15th* Day *06* Age *25* Years Months Days
 Sex: *Female* Color or Race: *colored.* Birth-place: *Md*
 Occupation: *Domestic* Where Residing if not at place of death:
 Married, Single or Widowed: *Married* Name of Husband: *Josh Stewart*
 Father's Name: *George Taylor* Father's Birthplace: *Md*
 Mother's Maiden Name: *Berrettta Wilkins* Mother's Birthplace: *Md.*
 Name of person giving information: *J. P. King* How related to deceased: *none*

CAUSES OF DEATH

Primary: *Perforating Ulcer* (28) How long: *6 wks*
 Immediate: *Exhaustion* How long: *4 wks.*

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

Yes

Signature of Physician

J. M. Wilkins
Frederick City

Address



PHYSICIAN
OR CORONER

Accident or Suicide

—



Name
In Full

Wesley Scrummus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

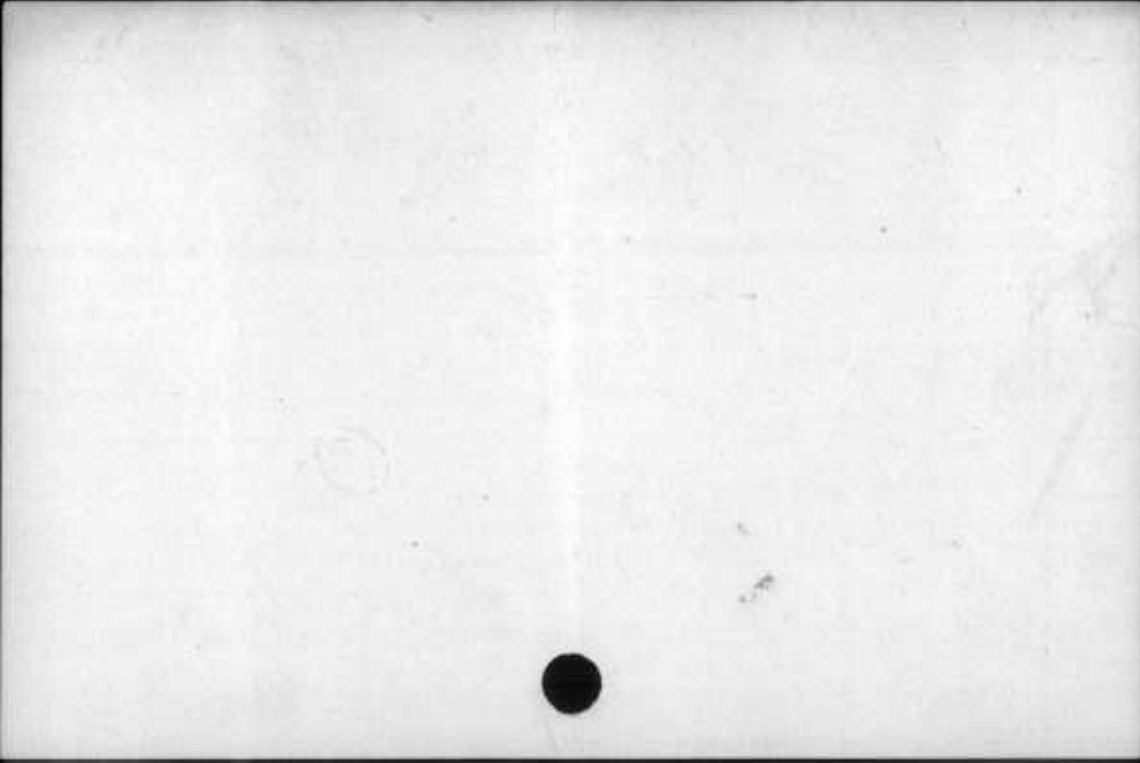
Died at ^{Town} <i>Farmwood</i> ^{County} <i>Sumner</i>		MARYLAND	
Date of death	Month <i>May</i>	Day <i>17</i>	Years <i>10</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth place <i>Farmwood</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>Farmwood</i>		
Married, Single or Widowed	Name of Wife or Husband <i>none</i>		
Father's Name <i>Henry Scrummus</i>	Father's Birthplace <i>Farmwood</i>		
Mother's Maiden Name <i>Elle Ferguson</i>	Mother's Birthplace <i>Farmwood</i>		
Name of person giving information <i>John Barry</i>	How related to deceased <i>COUSIN</i>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Aspirin Overdose</i>	How long <i>3 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. S. Miles</i>
	Address <i>Upper Farmwood, Sumner Co. Md.</i>
Accident or Suicide?	



Name
in
Full

Emily J. Thomas

CERTIFICATE OF DEATH

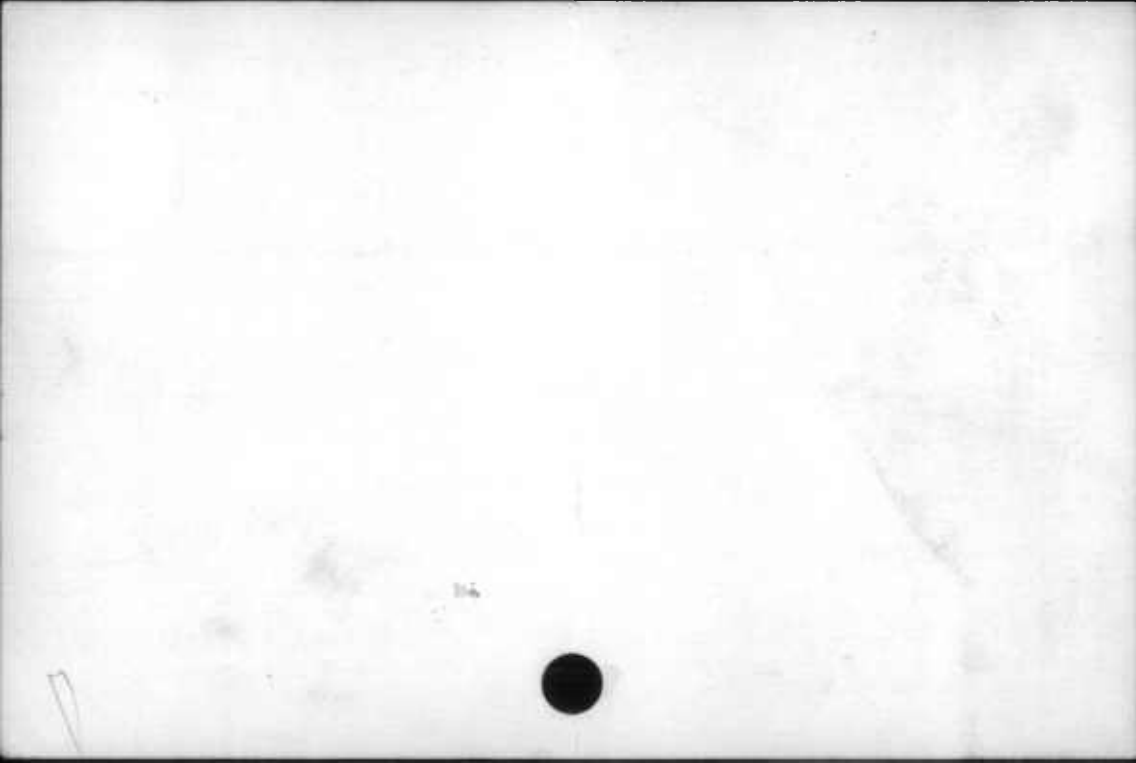
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Sandownville		^{County} Somerset		MARYLAND	
Date of death	1960	Month	May	Day	17th
Age	68	Years		Months	00
Sex	Female	Color or Race	White	Birth-place	Somerset Co
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband John C. Thomas			
Father's Name	George Revelle		Father's Birthplace	Somerset Co	
Mother's Maiden Name	Martha A. White		Mother's Birthplace	Somerset Co	
Name of person giving Information	Wesley W. Thomas		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Hemiplegia	How long	11 Days
	Immediate	Hemiplegia	How long	11 Days
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician G. E. Dickinson	
			Address Upper Fairmount Md	

Medical or Surgical



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alberta Tull

Town

County

MARYLAND

Died at Asbury ^{Month} May ^{Day} 9 ^{Years} 2 ^{Months} 6 ^{Days} 7
 Date of death 1900

Sex female Color or Race black Birth-place md
 Occupation Infant Where Residing if not at place of death —

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

Father's Name Garfield Tull Father's Birthplace md
 Mother's Maiden Name Mary Blake Mother's Birthplace md
 Name of person giving Information Mary Tull How related to deceased mother

CAUSES OF DEATH

Primary Bronchial Pneumonia ⁽¹⁾ 91 How long 2 weeks
 Immediate Exhaustion How long 24 hrs

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

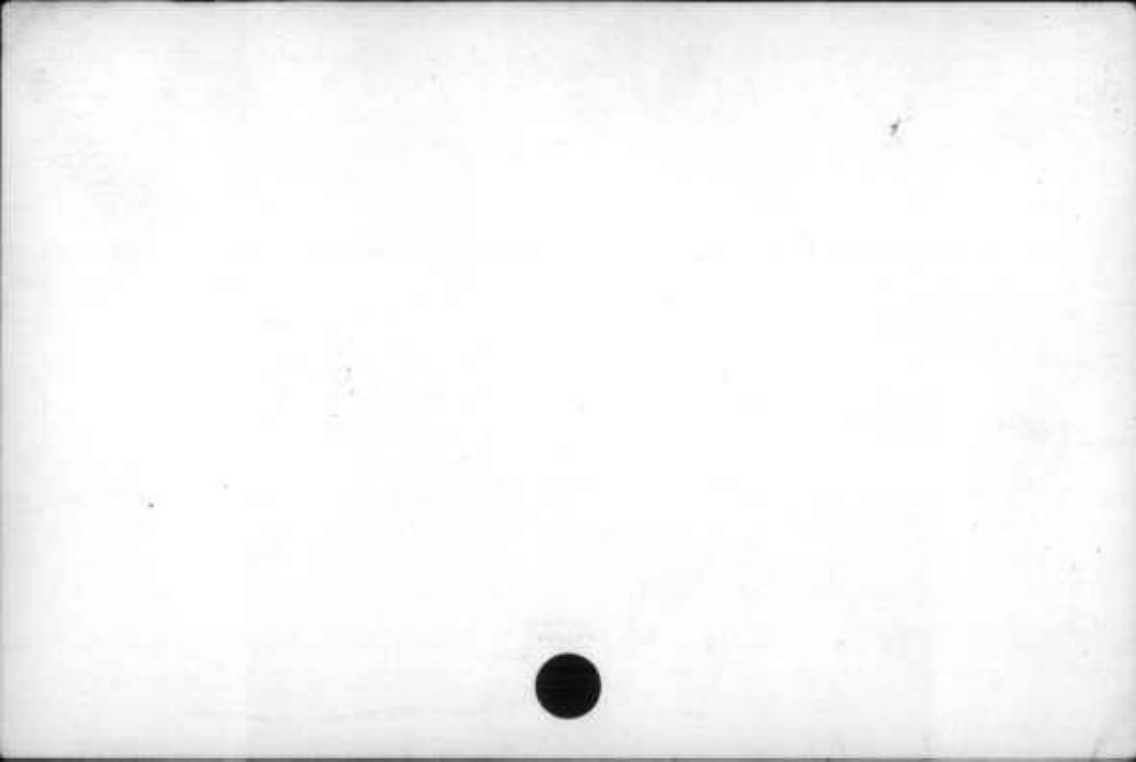
Signature of Physician

Address

Garfield Tull
Asbury md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
is
Full

CERTIFICATE OF DEATH

Lewis Twigg

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deals Island</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month <i>5</i>	Day <i>26</i>	Age <i>51</i>	Months —
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Sailor</i>	Where Reading if not at place of death <i>Deals Island</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nora Twigg</i>				
Father's Name <i>Henry Twigg</i>	Father's Birthplace <i>Mcowico</i>			Mother's Birthplace <i>" "</i>	
Mother's Maiden Name <i>Julia Coffey</i>	Name of person giving information <i>Nora Twigg</i>			How related to deceased <i>Wife</i>	

CAUSES OF DEATH

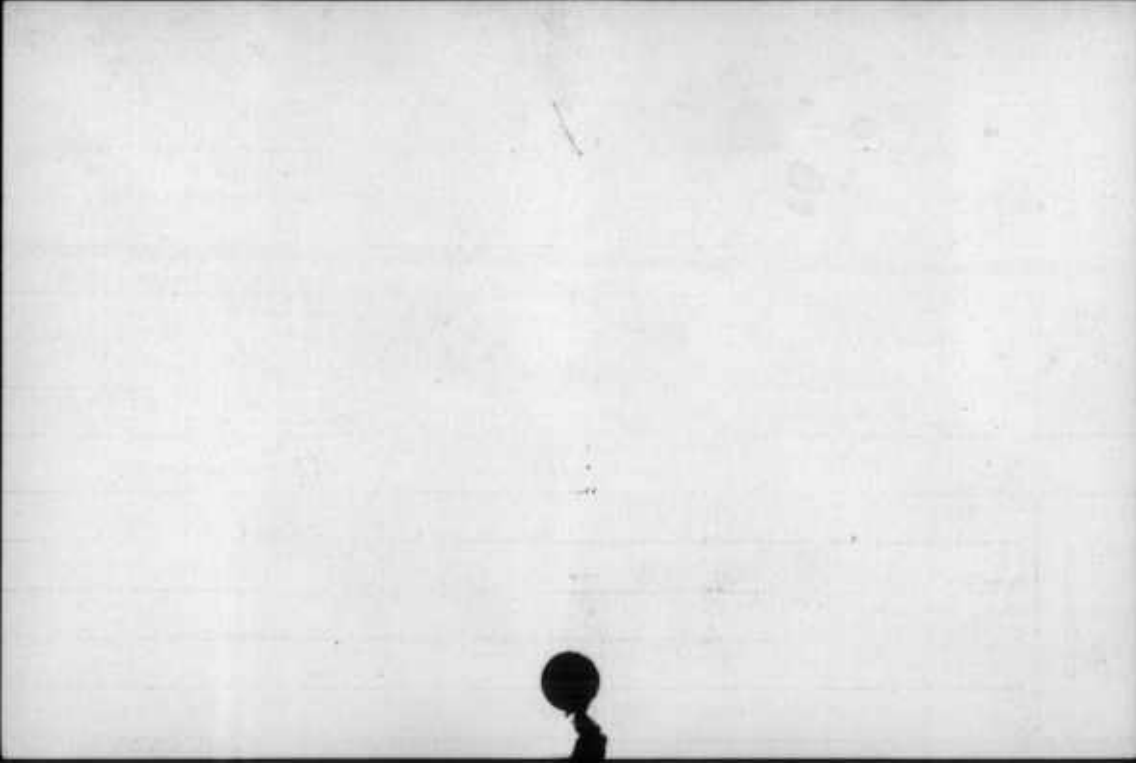
27 **28** ✓

How long *6 years*

How long *4 mos.*

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	Signature of Physician <i>J. G. Alexander</i>
Immediate <i>Aspiration</i>	Address <i>Somerset Co.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Accident or Suicide? <i>No</i>



Name
is
Full

John Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Dames* ^{Town} *Somerset* ^{County} *Maryland*

Date of death *1910* ^{Month} *May* ^{Day} *11th* ^{Years} *AGE 76* ^{Months} ^{Days}

Sex *male* Color or Race *white* Birth-place *Sou. G.*

Occupation *Oysterman* Where Residing if not at place of death *-*

~~Married, Single, or Widowed~~ Name of Wife or Husband *Mary Wallace*

Father's Name *Don't know* Father's Birthplace *Don't know*

Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*

Name of person giving information *Thomas Wallace* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* *92* How long *4 weeks*

Immediate *diarrhea* How long *2 weeks*

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

Signature of Physician *J. J. Wunders*

Address *Dames*

Somerset Co., Md.

Accident or Suicide? *no*



Name
in Full

Stille Boro

Webster

CERTIFICATE OF DEATH

Town

County

Died at

Deer Island, Somerset

MARYLAND

Date of death

1900

Month

May

Day

19th

Age

Years

Months

Days

Sex

male

Color or Race

white

Birth-place

Som, Co,

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

F. J. Webster

Father's Birthplace

Som, Co,

Mother's Maiden Name

Vertice P. Webster

Mother's Birthplace

Som, Co,

Name of person giving information

F. J. Webster

How related to deceased

Father

CAUSES OF DEATH

Primary

Stille Boro

How long

—

Immediate

—

How long

—

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

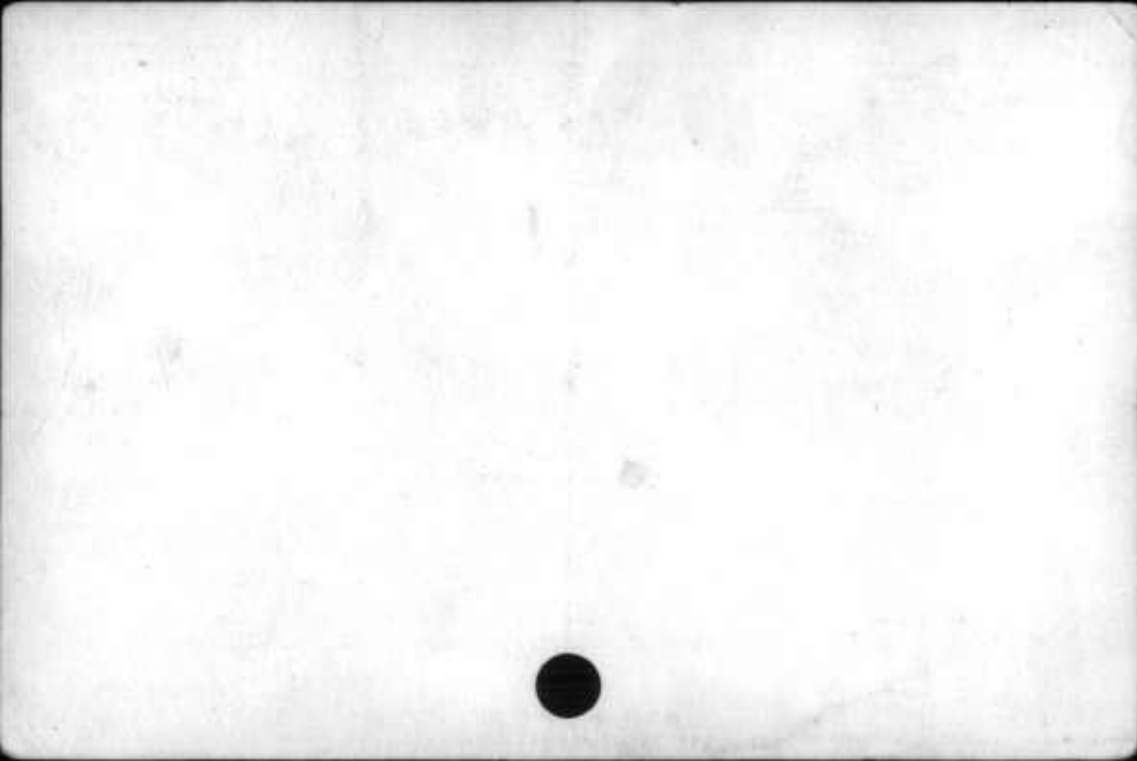
Signature of Physician

Address

S. J. Winder
Deer Island
Somerset Co, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marron</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death <i>1910</i>	Month <i>May</i>	Day	Age <i>Infant</i>	Years	Months
Sex	Color or Race <i>White</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name	<i> </i>		Father's Birthplace		
Mother's Maiden Name	<i> </i>		Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Unknown</i>	How long
	Immediate	<i>189A</i>	How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John E. Wilson acting coroner</i>
	<i>Child found in woods See information obtained I at request</i>		Address
Accident or Suicide?			

