

Name
is
Full

CERTIFICATE OF DEATH

Infant Bailey, Not named

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death	1910	Month	May	Day	31 st	Age	Years 0 Months 2 Days 0
Sex	Male		Color or Race	White		Birth-place	Salisbury Md.
Occupation	None		Where residing if not at place of death		In Salisbury		
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Geo. E. Bailey				Father's Birthplace	Wicomico Co. Md.	
Mother's Maiden Name	Lula M. Hooks				Mother's Birthplace	" " "	
Name of person giving information	Geo. E. Bailey				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	acute Inanition	How long	104	2 months
Immediate	Collapsus	How long		few hours -
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Lemuel W. Kernis M.D.	
		Address	Salisbury Md.	
Accident or Suicide?				



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah E Bradley*

Died at *Mardela Spgs. Wisconsin* County *Wisconsin* MARYLAND

Date of death *1910 May 10* Age *73* Months *—* Days *2*

Sex *Female* Color or Race *White* Birth-place *Wisconsin Co*

Occupation *Housewife* Where residing if not at place of death *—*

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

Father's Name *Leyin English* Father's Birthplace *Wisconsin Co*

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

Name of person giving information *Pat Bradley* Hospitalized to deceased *Son*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Chronic Endocarditis* How long *184 M* *2 years*

Immediate *Cardiac Paralysis* *Sustentaneous*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. L. Devine*

Mardela Spring Md

Accident or Suicide?



Name
in
Full

Sally M Bryan

CERTIFICATE OF DEATH

Died at ^{Town} Salisbury ^{County} Wicomico MARYLANDDate of death 1900 ^{Month} May ^{Day} 1 Age ^{Years} 45 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Md

Occupation House work Where Residing if not at place of death Hospital

Married, ~~Single~~ ~~or Widowed~~ Name of Wife or Husband Goldsberry Bryan Died in Salisbury, Md

Father's Name Benjamin Hall Father's Birthplace Md

Mother's Maiden Name ~~Ben not known~~ Mother's Birthplace

Name of person giving Information Goldsberry Bryan How related to deceased Husband

CAUSES OF DEATH

Primary Pyosalpinxitis How long 1 month

Immediate Septic intoxication ²⁰ How long Few days

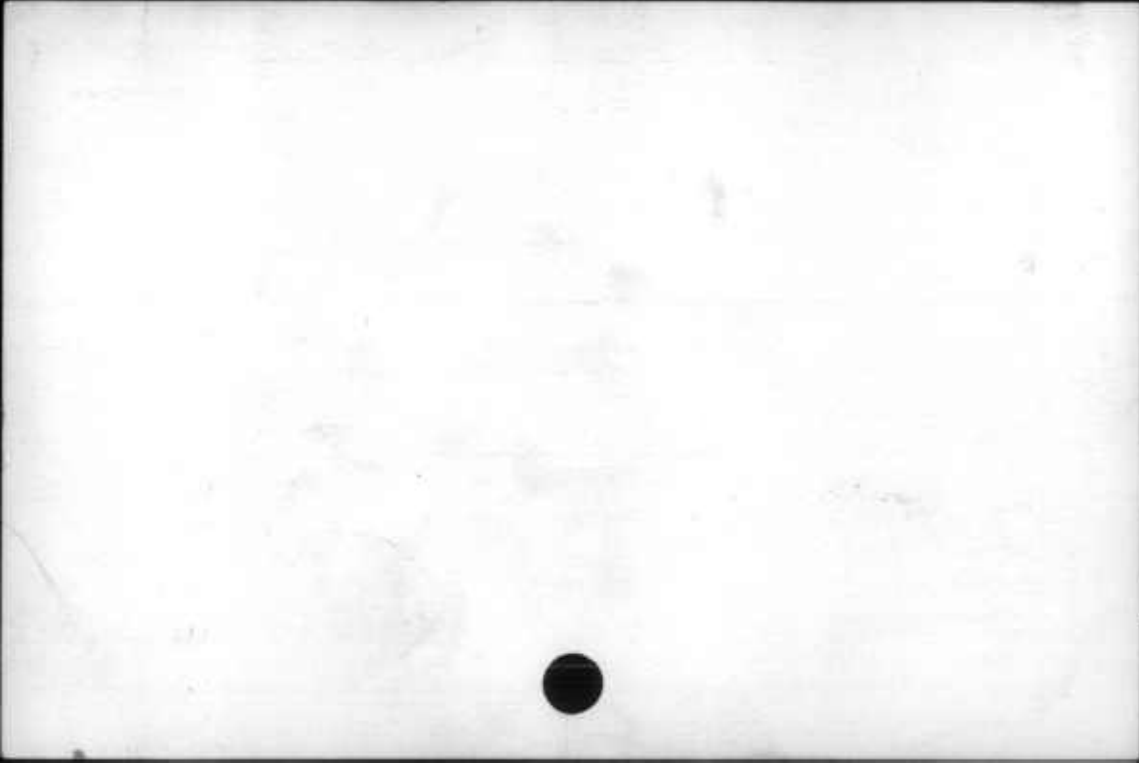
Are the name, age, sex, color, date and place correctly given above? So far Signature of Physician

as I know Address Salisbury, Md.

Accident or Suicide No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

I



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mardela Spas</i>		Town		<i>Wicomico</i>		County		MARYLAND	
Date of death <i>19 16</i>		Month <i>May</i>		Day <i>17</i>		Age <i>18</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>					
Occupation <i>Housewife</i>		Where Reading if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Millard J. Sommers</i>							
Father's Name <i>George Sommers</i>		Father's Birthplace <i>Delaware</i>							
Mother's Maiden Name <i>Julia Collins</i>		Mother's Birthplace <i>" "</i>							
Name of person giving information <i>Sarah Sommers</i>		How related to deceased <i>Mother-in-law</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>3 Days</i>
Immediate <i>Edema - Pulmonary</i>	How long <i>1 Day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Alderdice</i>
	Address <i>Mardela Springs, Md.</i>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

CERTIFICATE OF DEATH

Francies Daise

Town

County

Died at

Salisbury Hospital

Md

MARYLAND

Date
of death

1960

Month

5

Day

6

Age

12

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Dials Island

Occupation

School child

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

Single

Name of Wife or
Husband

None

Father's
Name

Robert Abbott

Father's
Birthplace

Dials Island

Mother's
Maiden Name

Laura Abbott

Mother's
Birthplace

Dials Island

Name of person giving
Information

Mrs L G Hendry

How related
to deceased

CAUSES OF DEATH

Primary

Typhoid fever

How long

8 weeks

Immediate

Exhaustion

How long

Four days

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

So far

Signature of
Physician

Address

as I know (over)

M. D. W. Jr.
Salisbury, Md.

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

* they misise that her name is Dyse
and her parents names are Abbott; I
cannot explain this

J. M. Davis

Name
In
Full

Not Named Field.

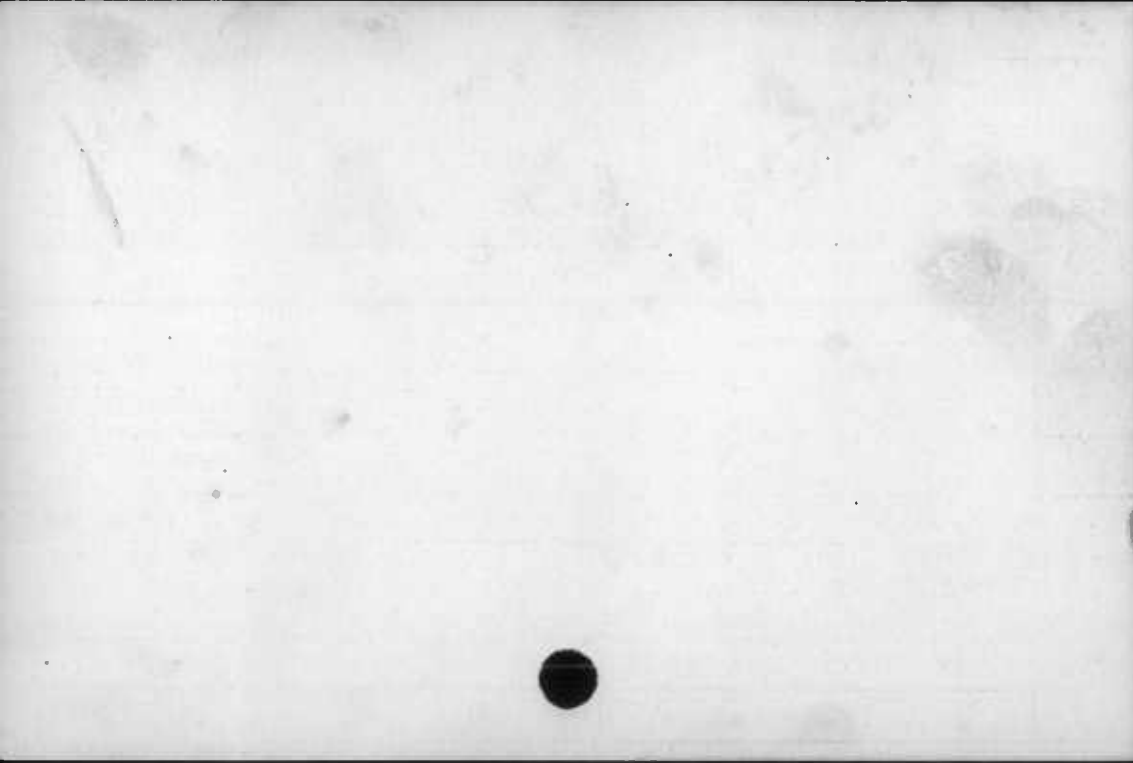
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} <i>New Fruitland</i>		^{County} <i>Wicomico</i>		MARYLAND	
Date of death 19	^{Month} <i>May</i>	^{Day} <i>31</i>	^{Age} <i>—</i>	^{Years} <i>—</i>	^{Months} <i>1</i>
^{Sex} <i>Female</i>	^{Color or Race} <i>Colored</i>	^{Birth-place} <i>Ind</i>			
^{Occupation} <i>Not any</i>		^{Where Residing if not at place of death} <i>Fruitland</i>			
^{Married, Single or Widowed} <i>Single</i>	^{Name of Wife or Husband} <i>not any</i>				
^{Father's Name} <i>Oscar Field</i>	^{Father's Birthplace} <i>Ind</i>				
^{Mother's Maiden Name} <i>Viola Gates</i>	^{Mother's Birthplace} <i>Ind</i>				
^{Name of person giving information} <i>Oscar Fields</i>		^{How related to deceased} <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	^{Primary}	<i>(9)</i>	^{How long}
	^{Immediate}	<i>Croup</i>	^{How long} <i>few hours</i>
	^{Are the name, age, sex, color, date and place correctly given above?} <i>Yes</i>		^{Signature of Physician} <i>D. C. R. Smith</i>
			^{Address} <i>Salisbury Md</i>
^{Accident or Suicide?}			



Name in Full

Mary M Toombs

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Salisbury ^{Town} Wicomico ^{County} **MARYLAND**

Date of death 1960 ^{Month} May ^{Day} 16 Age ^{Years} 62 ^{Months} 0 ^{Days} 0

Sex Female Color or Race white Birth-place Md

Occupation House work Where Residing if not at place of death

~~Married~~ ^{Name of} ~~Widowed~~ ^{Husband} Josiah Toombs

Father's Name Sampson Layfield Father's Birthplace Md

Mother's Maiden Name Do not know Mother's Birthplace Do not know

Name of person giving information Albert H Toombs How related to decedent son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Uterine carcinoma ^{How long} 2 years

Immediate Thrombosis ^{How long} Immediate

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

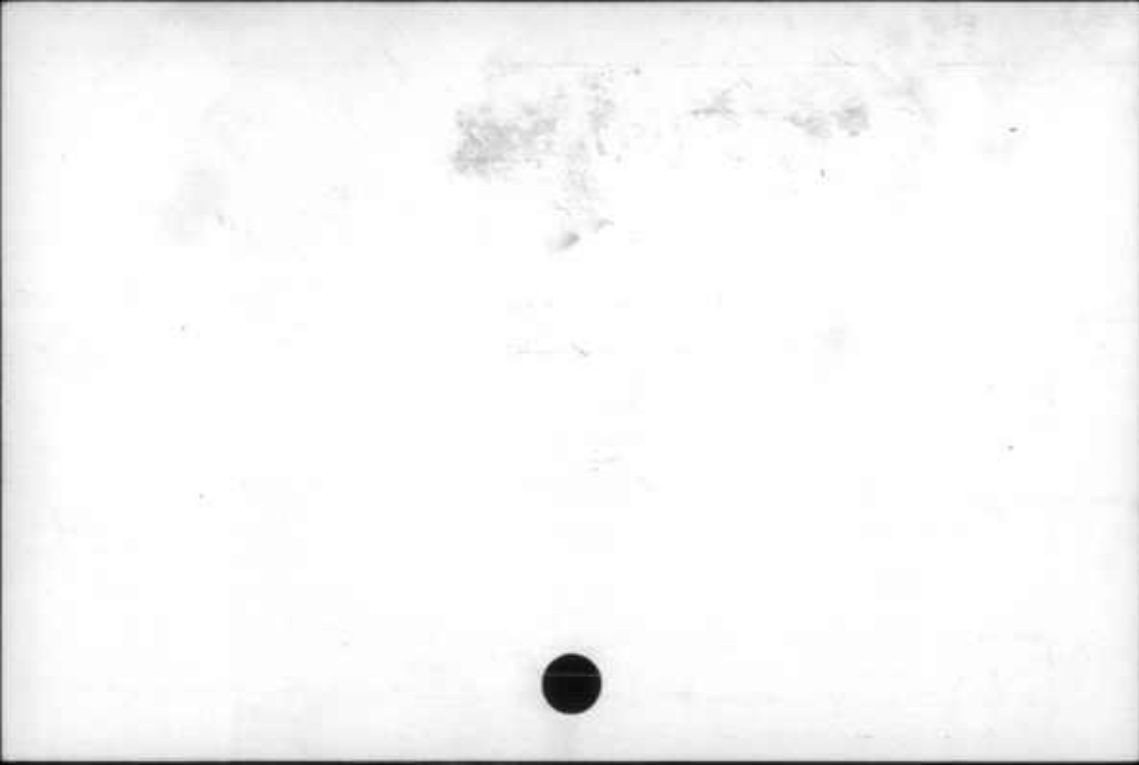
Signature of Physician [Signature]

as I know

Address Salisbury, Md

Accident or Suicide no

42 V



Name
in
Full

CERTIFICATE OF DEATH

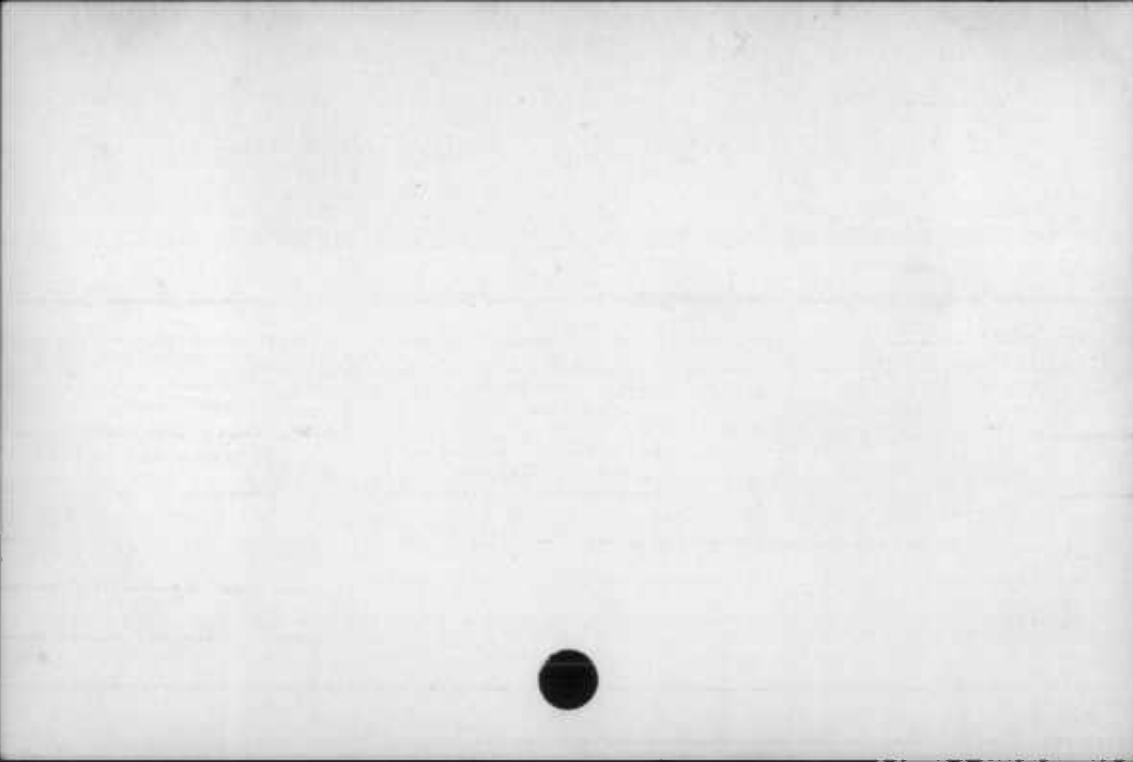
Sylvester Holloway

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>In Springhill</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	<i>1910</i>	Month <i>May</i>	Day <i>8th</i>	Years <i>55</i>	Age
Sex <i>Male</i>		Color or Race <i>White</i>		Months <i>0</i>	Days <i>0</i>
Occupation <i>Farmer</i>		Where Reading if not at place of death <i>At Home</i>		Birth place <i>Wicomico Co. Md.</i>	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mariah Holloway</i>		Father's Birthplace <i>Wicomico Co. Md.</i>		
Father's Name <i>Ephraim Holloway</i>		Mother's Maiden Name <i>Mary E. Cordrey</i>		Mother's Birthplace <i>" " "</i>	
Name of person giving information <i>Charles C. Jones</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Bowel Tuberculosis</i> ✓	How long	<i>8 months</i>	
	Immediate	<i>Pneumonia</i>	How long	<i>4 days</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>H. B. Comaroway</i>
	Accident or Suicide?			Address	<i>Hebron Md.</i>



Name in Full

Mary E Horseman

CERTIFICATE OF DEATH

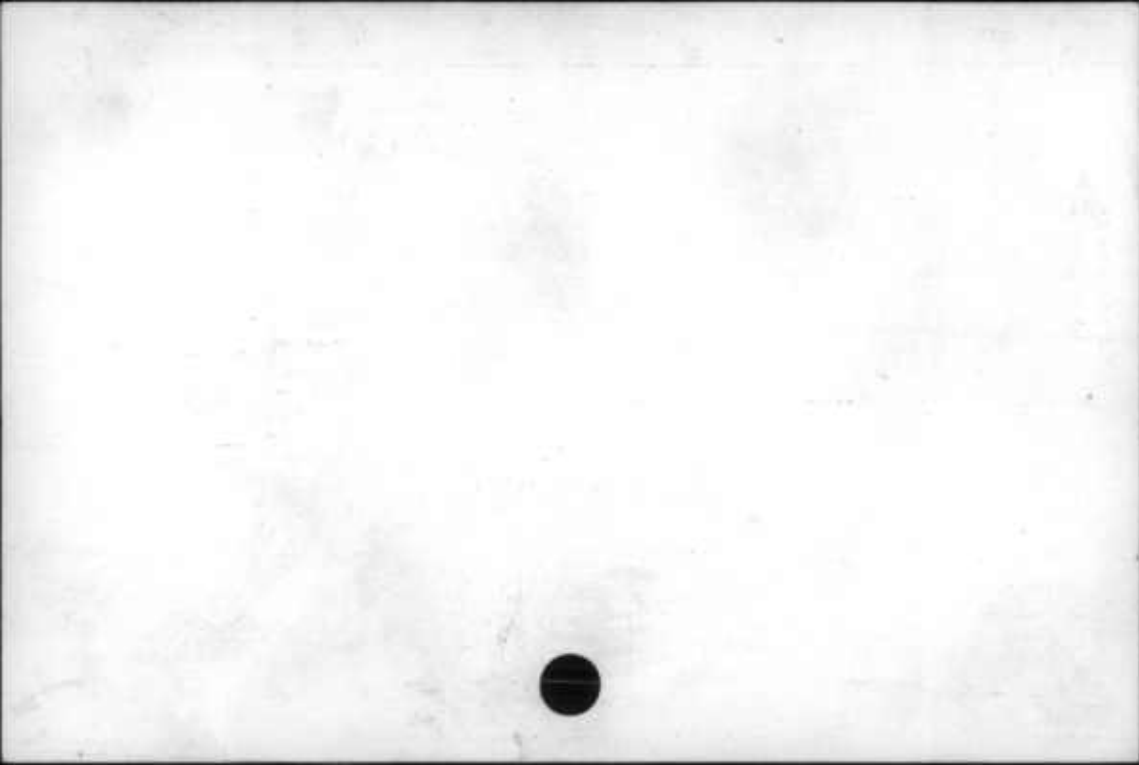
TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	19 <u>00</u> <small>Year</small>	<u>May</u> <small>Month</small>	<u>25</u> <small>Day</small>	Age <u>1</u> <small>Years</small>	<u>7</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Md</u>
Occupation	<u>Infant</u>	Where Residing if not at place of death		<u>Salisbury Md</u>	
Married, Single or Widowed	<u>infant</u>	Name of Wife or Husband	<u>none</u>		
Father's Name	<u>Clarence W Horseman</u>		Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Media Moore</u>		Mother's Birthplace	<u>Md</u>	
Name of person giving information	<u>Clarence W Horseman</u>		How related to deceased	<u>Fratter</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<u>acute Gastro-intestinal infection</u>	How long	<u>18 hours</u>
Immediate	<u>Hyperpyrexia & convulsions</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Samuel D. [unclear]</u>
		Address	<u>Salisbury Md</u>
<input checked="" type="checkbox"/> Accident or Suicide			



Name
is
Full

CERTIFICATE OF DEATH

Died at		Town Sharptown		County Wicomico		MARYLAND	
Date of death	1910	Month May	Day 31	Age 8	Years	Months 5	Days 6
Sex	Male	Color or Race	White		Birth-place	Sharptown	
Occupation	School boy			Where Reading if not at place of death		—	
Married, Single or Widowed	—		Name of Wife or Husband		—		
Father's Name	Azariah J. Howard				Father's Birthplace	Wicomico Co	
Mother's Maiden Name	Hattie L Phillips				Mother's Birthplace	Sharptown	
Name of person giving information	Hattie L. Howard				How related to deceased	Mother	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	169		How long	
	Immediate	Drowning		How long	Instantly
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	W. H. Cassaway
				Address	Sharptown
	Accident or Suicide?	Accident			Yod



Name
in Full

Leah Jackson

CERTIFICATE OF DEATH

Died at

Salisbury

County

Wicomico

MARYLAND

Date of death

1960

Month

May

Day

29

Years

Age

83

Months

Days

Sex

Female

Color or Race

Colored

Birthplace

Md

Occupation

none

Where Residing if not at place of death

~~Married~~
or WidowedName of ~~Wife~~
Husband

Sandy Jackson

Father's Name

Do not know

Father's Birthplace

Mother's Maiden Name

Do not know

Mother's Birthplace

Name of person giving Information

G E Simman

How related to deceased

no relative

CAUSES OF DEATH

Primary

Cirrhosis of Liver

How long

113
Do not know

Immediate

" " "

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

yes

Signature of Physician

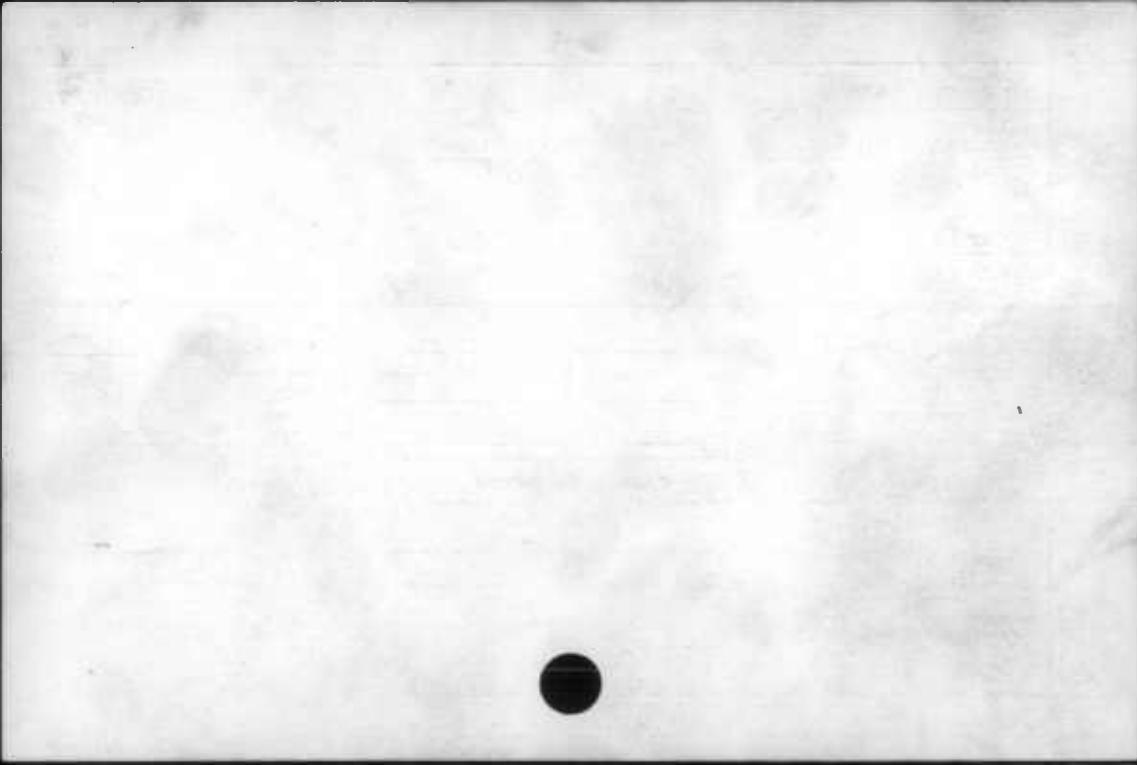
J. W. Roberts

Address

328 Church St.
Salisbury Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Asa L. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

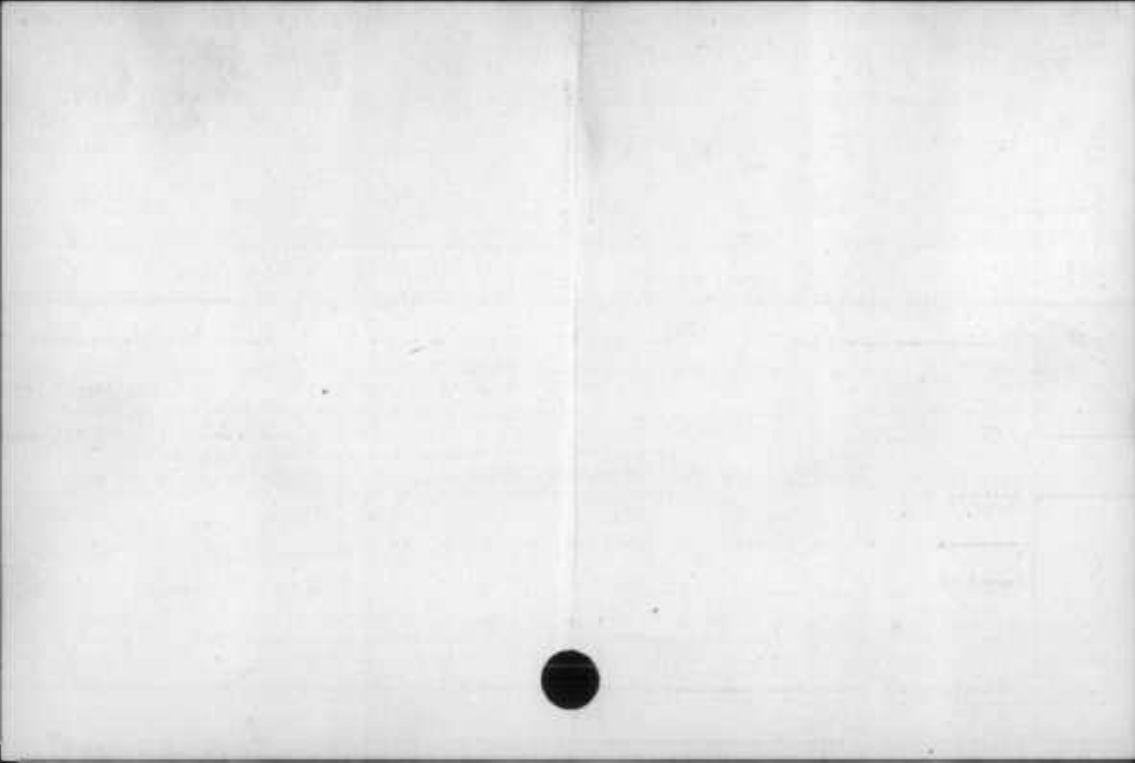
Died at ^{Town} Shapstown		^{County} Wayne		MARYLAND	
Date of death 19	10	Month	May	Day	14
Age	87	Years		Months	7
		Days			9
Sex	Male	Color or Race	White	Birth-place	Shapstown Co
Occupation	Retired		Where residing if not at place of death		
Married, Single or Widowed	Widower		Name of Wife or Husband		
Father's Name	Joseph E Jones		Father's Birthplace		
Mother's Maiden Name	Betsy Wheatley		Mother's Birthplace		
Name of person giving information	E. J. Jones		How related to deceased		
			Nephew		

CAUSES OF DEATH

1541

PHYSICIAN
OR CORONER

Primary	General debility	How long	1 year
Immediate	Cardiac Failure	How long	Instantly
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. R. Cassaday
		Address	Shapstown Md
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury P.D. Hospital</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1910	Month	May	Day	15 th	Age	Years 0 Months 0 Days One Hour
Sex	Female	Color or Race	White	Birth-place	Salisbury Md.		
Occupation	None		Where Reading if not at place of death		In Salisbury Md.		
Married, Single or Widowed	Single	Name of Wife or Husband		None			
Father's Name	J. Clayton Kelly			Father's Birthplace	Wicomico Co. Md.		
Mother's Maiden Name	Annie Whayland			Mother's Birthplace	" " "		
Name of person giving information	J. C. Kelly			How related to deceased	Father		

CAUSES OF DEATH

Primary	<i>Premature birth</i>	How long	<i>(7 mos)</i>
Immediate	<i>Lack of development</i>	How long	

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

yes

Signature of Physician

Address

J. C. Kelly
Salisbury, Md.

Accident or Suicide?

no

* This child's mother had a peritonitis
due to ruptured appendix; I operated on
the mother draining her abdominal
cavity after removing the gangrenous
appendix. The child was born just
5 hrs. after the operation -
J. McLean

Name
in
Full

John Nelson

CERTIFICATE OF DEATH

Died at		Town Salisbury	County Kroomer		MARYLAND	
Date of death	19/0	Month May	Day 18	Age Years	54	Months Days
Sex	Male	Color or Race	White		Birth- place	Philadelphia
Occupation	Painter		Where Residing if not at place of death		Salisbury Md	
Married, Single or Widowed	Married		Name of Wife or Husband		Carrie M. Nelson	
Father's Name	Dont Know Nelson		Father's Birthplace		Scotland	
Mother's Maiden Name	Dont Know		Mother's Birthplace		Dont Know	
Name of person giving In formation	Minnie B. Nelson		How related to decedent		Daughter	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Pleuro Pneumonia
Immediate	Pleuro Pneumonia
Are the name, age, sex, color, date and place correctly given above?	Y ⁹²
Accident or Suicide?	

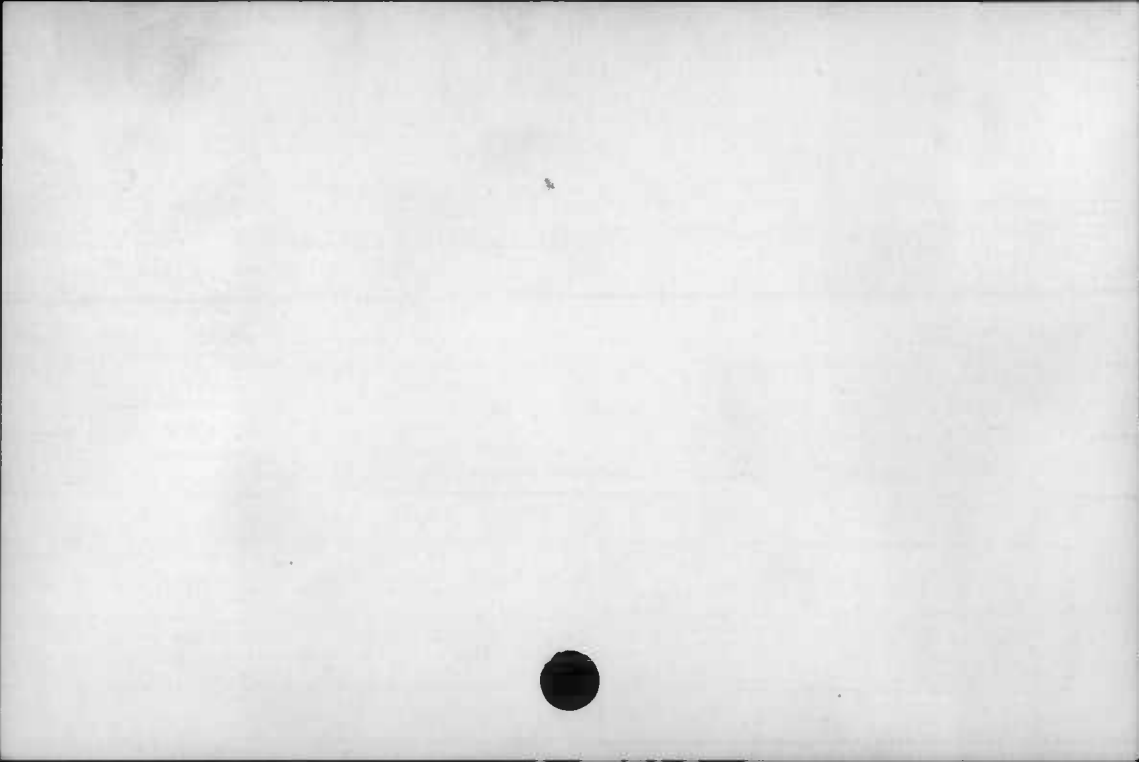
PHYSICIAN
OR CORONERSignature of
Physician

Address

How long

How long

92 ✓
8 days
3 days
Geo. H. Todd
Salisbury Md



Name
in
Full

Charles A Pope

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	<i>1910</i>	Month <i>May</i>	Day <i>4</i>	Age <i>74</i>	Years <i>74</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Montgomery Co Maryland</i>
Occupation	<i>Painter</i>		Where Residing if not at place of death <i>Salisbury Md</i>		
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband	<i>Mary Elizabeth Pope</i>		
Father's Name	<i>George T Pope</i>		Father's Birthplace	<i>Montgomery Co Maryland</i>	
Mother's Maiden Name	<i>Lucy Matilda Stewart</i>		Mother's Birthplace	<i>Montgomery Co Maryland</i>	
Name of person giving information	<i>Walter K Pope</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

81V

PHYSICIAN
OR CORONER

Primary	<i>Aortic sclerosis, chronic cystitis</i>	How long	<i>10 years or more</i>
Immediate	<i>renal emphysema; Colloidal</i>	How long	<i>unknown, indeterminate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Louie J. J. J. J.</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?			



Name
In
Full

Ernest Purnell

CERTIFICATE OF DEATH

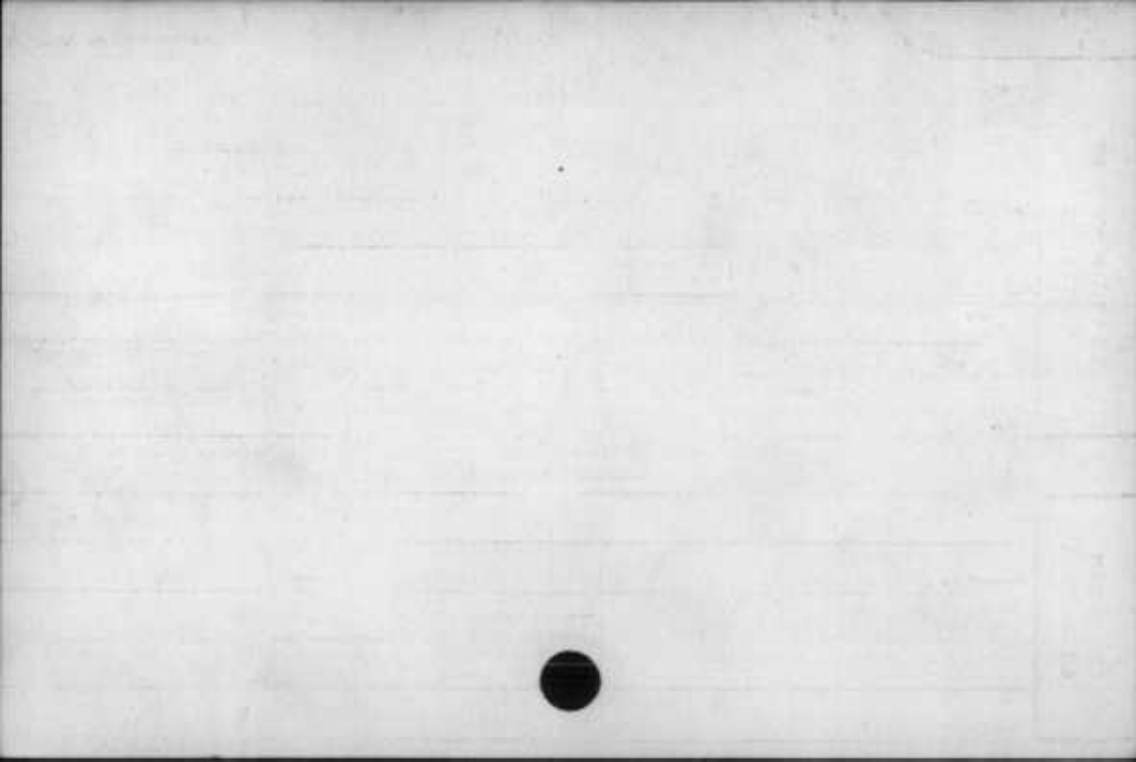
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Salisbury ^{Town}		Wicomico ^{County}		MARYLAND	
Date of death	1910	Month	May	Day	6 th	Age	7
				Years		Months	0
				Days			0
Sex	Male		Color or Race	Black		Birth-place	Salisbury Md.
Occupation	School Boy		Where Residing if not at place of death		At Home		
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	Henry Purnell				Father's Birthplace	Fruitland Md.	
Mother's Maiden Name	Olal Leonard				Mother's Birthplace	"	
Name of person giving information	Henry Purnell				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Loba Pneumonia	How long	5 days
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. W. Roberts
		Address	28 Church St. Salisbury Md.
Accident or Suicide?			



Name
is
Full

CERTIFICATE OF DEATH

Died at <i>Shaptown</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month <i>May</i>	Day <i>12</i>	Age <i>17</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Shaptown</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Robert S. Smith</i>			Father's Birthplace <i>Bethel Del</i>		
Mother's Maiden Name <i>Virginia J. Phillips</i>			Mother's Birthplace <i>Shaptown</i>		
Name of person giving information <i>David J. Phillips</i>			How related to deceased <i>Grand Mother</i>		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Pertussis</i>	How long <i>2 weeks</i>	
	Immediate	<i>Convulsions</i>	How long <i>6 hours</i>	
	Are the names, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. H. Gassaway</i>	
			Address <i>Shaptown Md</i>	
Accident or Suicide? <i>—</i>				



Name
is
Full

CERTIFICATE OF DEATH

Andrew Taylor

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Allen		^{County} Wicomico		MARYLAND	
Date of death	1910	Month	May	Day	25 th
Age		Years	18	Months	9
Sex	Male	Color or Race	White	Birth-place	Wicomico Co. Md.
Occupation	Farmer		Where residing if not at place of death		
At Home					
Married, Single or Widowed	Single	Name of Wife or Husband			
None					
Father's Name	Sidney Ingersoll		Father's Birthplace	Maryland	
Mother's Maiden Name	Jane Taylor		Mother's Birthplace	"	
Name of person giving information	Lee Ingersoll		How related to deceased	Half Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	(28) ✓	How long
Immediate	Exhaustion		How long

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

Signature of Physician	J. Rodney Jones, J.P.
Address	Local Register

Accident or Suicide?

None

My Physician attended this
Case, & from that information
Tuberculosis was his opinion,
which he died from.

Name
in
Full

CERTIFICATE OF DEATH

Died at Salisbury ^{Town} Wicomico ^{County} **MARYLAND**

Date of death 190 0 ^{Month} May ^{Day} 8 Age 73 ^{Years} 9 ^{Months} ^{Days}

Sex Male Color or Race white Birth-place MD

Occupation None Where Residing if not at place of death

Married, ~~Single~~ Married Name of Wife or ~~Widower~~ Hettie Diggs

Father's Name Gilbert Diggs Father's Birthplace MD

Mother's Maiden Name Polly Maddox Mother's Birthplace MD

Name of person giving Information Hettie Diggs How related to deceased wife

CAUSES OF DEATH

Primary Cardiac insufficiency How long few years

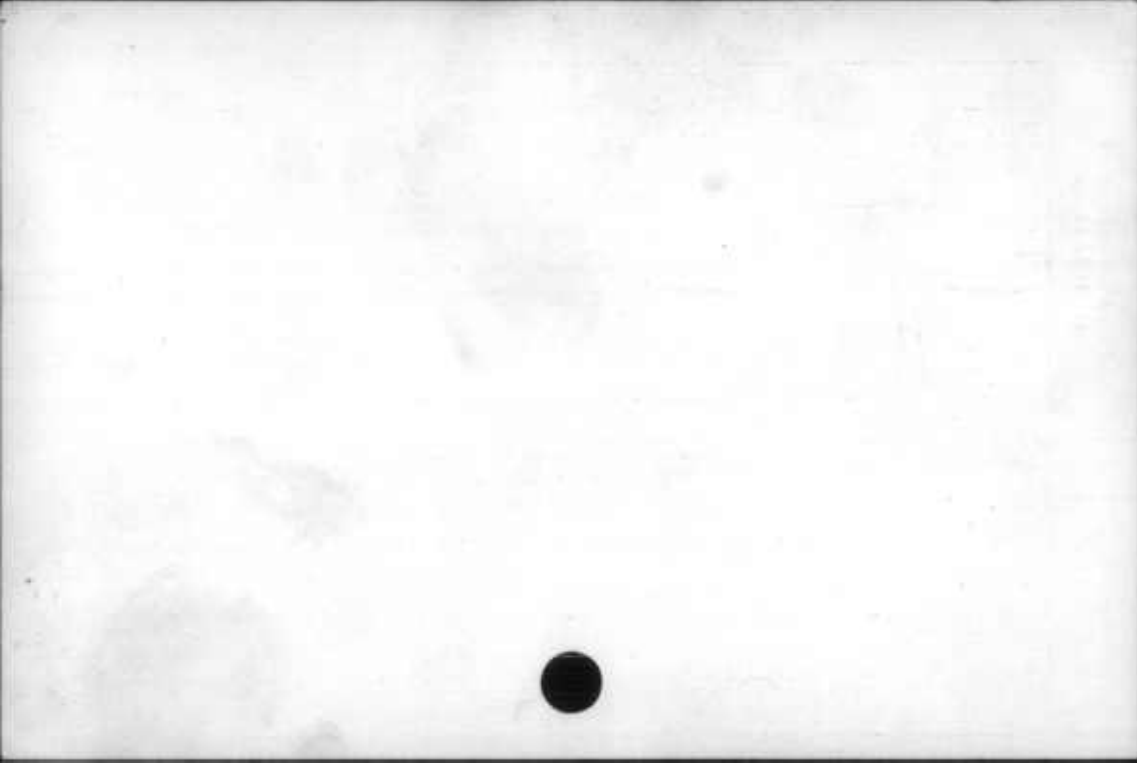
Immediate Syncope How long few minutes

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

as I know Address Salisbury, MD

Accident or Suicide No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

John L. Wagner

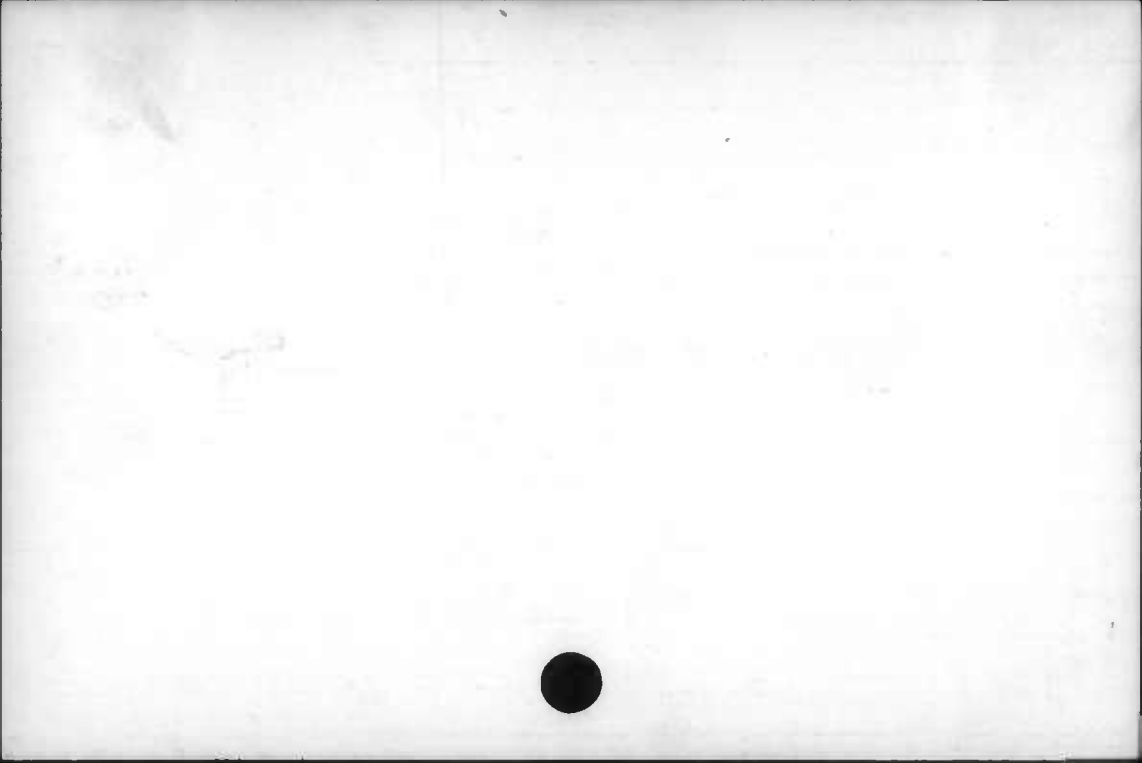
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDistrict ^{Town} Salisbury ^{County} Wicomico MARYLANDDate of death 1960 ^{Month} May ^{Day} 6 Age ^{Years} 32 ^{Months} ^{Days}Sex male ^{Color or Race} white ^{Birth-place} MdOccupation Telegraph operator ^{Where Residing if not at place of death} Salisbury, Md.~~Married~~ Single ^{Name of Wife or Husband}Father's Name Ludovic Wagner ^{Father's Birthplace} GermanyMother's Maiden Name Mary do not know ^{Mother's Birthplace}Name of person giving Information Ludovic E. Wagner ^{How related to deceased} Brother

CAUSES OF DEATH

Primary Pulmonary Tuberculosis ^{How long} 24 ^{years} several yearsImmediate General Excitation & Collapse ^{How long} several weeksAre the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} Louis W. Keomis, M.D.^{Address} Salisbury, Md.PHYSICIAN
OR CORONER

Accident or Suicide



Name
Full

George H. Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>May</i>	Day <i>24th</i>	Age	Years <i>81</i> Months <i>5</i> Days <i>6</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Maryland</i>	
Married, Single or Widowed	<i>Widower</i>		Where Reading if not at place of death	<i>At home</i>	
Father's Name	<i>Kirklin Ward</i>		Name of Wife or Husband	<i>Truitt</i>	
Mother's Maiden Name	<i>Jolley Stingers</i>		Father's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>E. N. White</i>		Mother's Birthplace	<i>Maryland</i>	
			How related to deceased	<i>Son in Law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>6 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. Geo. H. Truitt,</i>
		Address	<i>Parsonsburg, Theanne Co. Md.</i>
Accident or Suicide?			

