

Name
in
Full

James Ardis

246
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pocomoke Town Worcester County MARYLAND

Date of death 1940 Month May Day 13 Age 79 Years Months 10 Days 16

Sex male Color or Race White Birth-place Maryland

Occupation Farmer Where Residing if not at place of death Pocomoke city Md

Married, Single or Widowed Single Name of Wife or Husband Not known

Father's Name James Ardis Father's Birthplace Worcester

Mother's Maiden Name Elizabeth Mother's Birthplace " "

Name of person giving information Alexander Ardis How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Valvular How long 6 months

Immediate dropsy & Asthma & Collaps How long 1 month

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

Signature of Physician Paul Quinn

Address Pocomoke city

Accident or Suicide



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> Town		<u>Queen</u> County		MARYLAND	
Date of death	<u>1910</u> Month	<u>May</u> Day	<u>20</u> Age	Years	Months
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-Place	<u>Berlin Md</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband			
Father's Name	<u>J. S. Ayers</u>		Father's Birthplace	<u>Berlin Md</u>	
Mother's Maiden Name	<u>Adel. Rocks</u>		Mother's Birthplace		
Name of person giving information	<u>J. S. Ayers</u>		How related to deceased	<u>Sister</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Head Burn</u>	How long	<u>—</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Frank S. Nace</u>
Accident or Suicide?		Address	<u>Berlin Md</u>

St Paul
R. Brown

7146
98

Name
In Full

Martha J. Birch

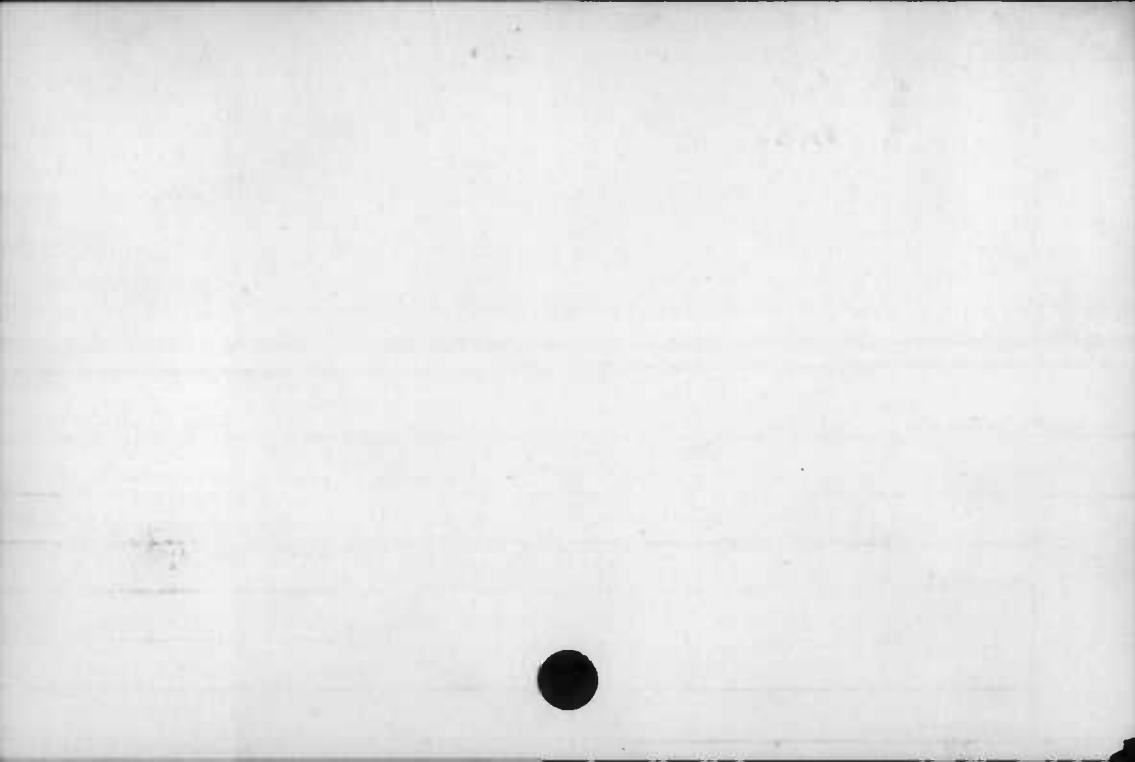
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sylmar</i> ^{Town}		<i>Nov.</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	<i>May</i> ^{Month}	<i>26</i> ^{Day}	<i>81</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>New Ark Md</i>			
Occupation <i>None</i>	Where Reading if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Thos. B. Birch</i>				
Father's Name <i>Jas. P. Bowen</i>	Father's Birthplace <i>Nov. Md</i>				
Mother's Maiden Name <i>Pheney Callins</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Sally Smack</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>old age</i> <i>15</i> ✓	How long <i>4 weeks</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Allen</i>
		Address <i>Berlin</i>
Accident or Suicide <i>No</i>		



Name
in Full

Charlotte Ellen Bowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Newark</u> <small>own</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death 19 <u>40</u>	Month <u>May</u>	Day <u>25</u>	Age <u>67</u>	Months	Days
Sex <u>Woman</u>	Color or Race <u>White</u>	Birth-place <u>Newark Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Wm Bowen</u>				
Father's Name <u>Parker Bowen</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Mary James Henderson</u>	Mother's Birthplace <u>Pa.</u>				
Name of person giving Information <u>Ara P. Bowen</u>	How related to deceased				

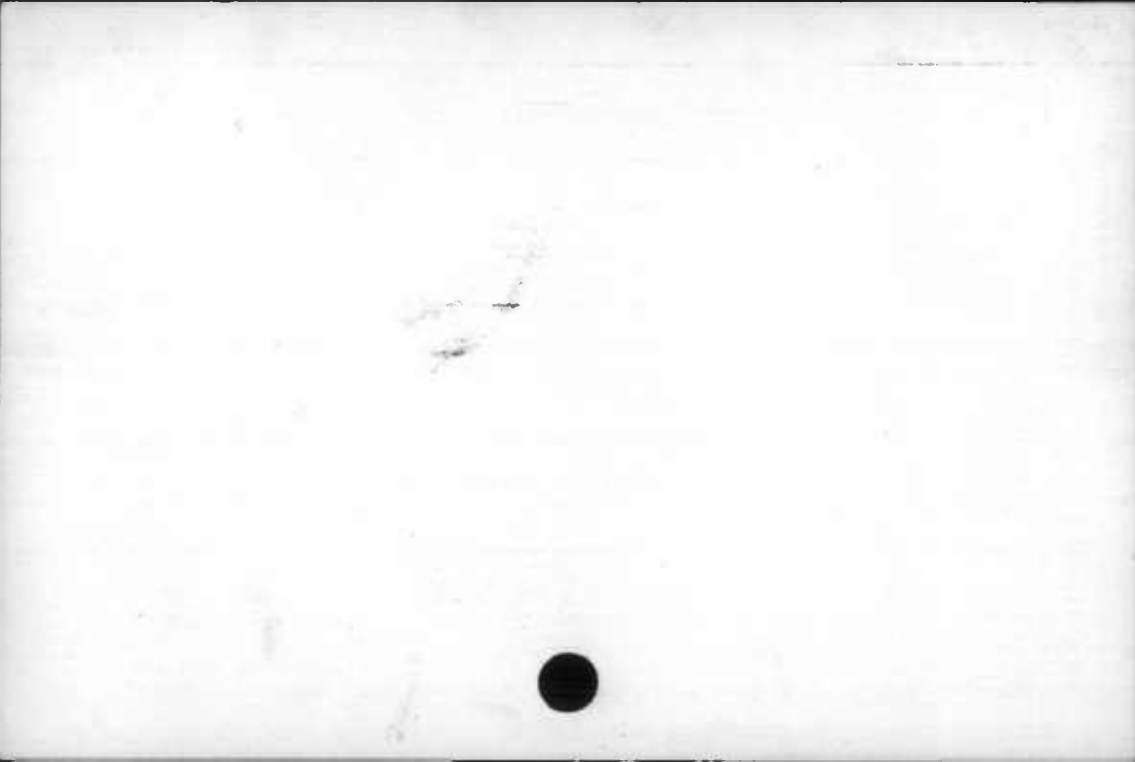
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Traumatic Contusion of Right Hip</u>	How long <u>2 weeks</u>
<u>Collapse, Gen. Debility, Delirium</u>	How long
Immediate <u>and slight consolidation of both lungs.</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. D. Strangely, M.D.</u>
	Address <u>Snow Hill. Md</u>

I Accident or Suicide

92



Name
In Full

Infant Dead Born Brittingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Synepusent</i> <small>Town</small>		<i>Norcross</i> <small>County</small>		MARYLAND	
Date of death <i>19 10</i> <small>Month</small> <i>May</i> <small>Day</small> <i>28</i>		Age <i>—</i> <small>Years</small>		<i>—</i> <small>Months</small> <i>—</i> <small>Days</small>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Synepusent</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>Geo. W. Brittingham</i>			Father's Birthplace <i>North Carolina</i>		
Mother's Maiden Name <i>Amelia Taylor</i>			Mother's Birthplace <i>Shreve</i>		
Name of person giving information <i>Jessie Limer</i>			How related to deceased <i>Niece</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Protracted Lobar</i>	
Immediate <i>Pressure on cord and head from too long before body</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. Holland</i>
<i>Just an abnormal case and hard to determine</i>	Address <i>Md</i>



Name in Full

Anna Culp

CERTIFICATE OF DEATH

Died at

Girdlers

County

Worcester

MARYLAND

Date of death

1900 May

Month

Day

9

Years

Age

20

Months

4

Days

✓

Sex

female

Color or Race

white

Birth-place

Ohio

Occupation

none

Where Residing if not at place of death

✓

 Married
 Single
 Widowed

Name of Wife or Husband

✓

Father's Name

John Culp

Father's Birthplace

Ohio

Mother's Maiden Name

Catherine Ryan

Mother's Birthplace

Ohio

Name of person giving information

Culp

How related to deceased

son

CAUSES OF DEATH

Primary

Paralysis

How long

2 weeks

Immediate

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

Signature of Physician

Dr. L. D. Dickerson

Address

Stockton Maryland

 Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

Florence Dickenson

248
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pocomoke City Worcester County MARYLAND

Date of death 1910 May 8th Month 8th Age 41 Years Months Days

Sex Female Color or Race English Birth-place Virginia

Occupation General house work Where Residing if not at place of death Pocomoke City

Married, ~~Single~~ Widow Name of Wife or Husband George Dickenson

Father's Name Sebel Haman Father's Birthplace Virginia

Mother's Maiden Name Maria Loop Mother's Birthplace Virginia

Name of person giving Information Margaret Corbin How related to deceased Sister

CAUSES OF DEATH

Primary Cancer of Hip How long 4 1/2 7 months

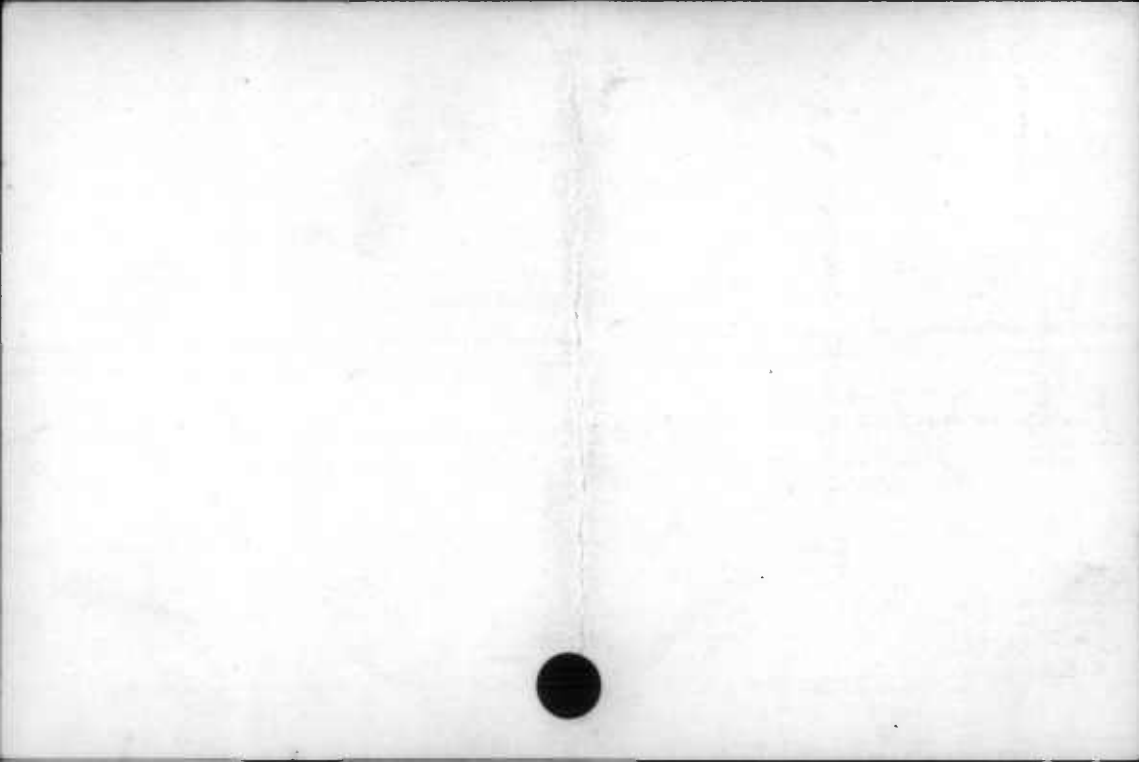
Immediate have no physical cause the left Virginia How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Benoke March 1910

and had none here Address Johnson Hillman
Local Registrar

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

unnamed

Dickerson

247
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Pocondo</i>		Town		<i>Worcester</i>		County		MARYLAND	
Date of death	<i>1960</i>	Month	<i>May</i>	Day	<i>9</i>	Age	<i>—</i>	Years	<i>—</i>
Sex	<i>male</i>		Color or Race	<i>colored</i>		Birth-place	<i>Near Pocondo</i>		
Occupation	<i>—</i>		Where Residing if not at place of death		<i>Near Pocondo</i>				
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband		<i>—</i>				
Father's Name	<i>Ol Dickerson</i>				Father's Birthplace	<i>Maryland</i>			
Mother's Maiden Name	<i>Emma Leagle</i>				Mother's Birthplace	<i>Maryland</i>			
Name of person giving Information	<i>Seven Leagle</i>				How related to deceased	<i>-Grandfather</i>			

CAUSES OF DEATH

Primary	<i>measles</i>	How long	<i>10 day</i>
Immediate	<i>Child born and mother had the measles when born had no physician</i>		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		

Address

Thomas Bellinger
Local Registrar

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

My
Name *Ernest E. Estman* County *Worcester*
Died at *Bishopville Rte 1 #1* *Worcester* MARYLAND

Date of death *1940* Month *May* Day *12* Age *5* Years Months Days

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

Occupation *None* Where Residing if not at place of death *At Home*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Charlie A. Estman* Father's Birthplace *Maryland*

Mother's Maiden Name *Eva W. Welden* Mother's Birthplace *Maryland*

Name of person giving Information *Edward Welden* How related to deceased *uncle*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Measles* How long *6* *in* *week*

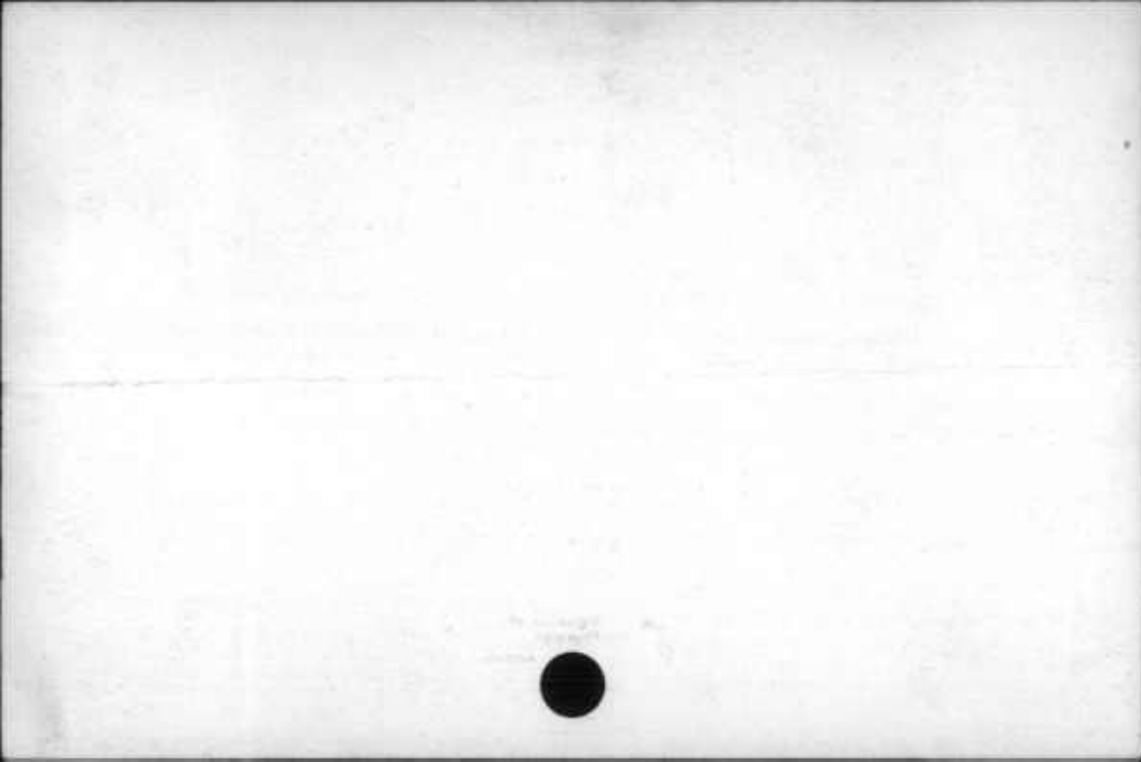
Immediate *Bacterial Pneumonia* How long *7* *days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. E. Crain*

P. Rayner Address *Silbyville*

Accident or Suicide *Bishopville Md.* *Del.*

PHYSICIAN
OR CORONER



Name
in
Full

Patsy Fisher

CERTIFICATE OF DEATH

Died at ^{Town} Stockton ^{County} Worcester MARYLANDDate of death 1940 Month 5 Day 30 Age 84 Years Months Days Sex Female Color or Race Black Birth-place mdOccupation Wom. Where Residing if not at place of death md~~Married~~ Widowed Name of ~~Husband~~ or John FisherFather's Name Stephen Reader Father's Birthplace mdMother's Maiden Name Minnie Reader Mother's Birthplace mdName of person giving Information Isaac Gurnby How related to deceased son

CAUSES OF DEATH

Primary Old Age How long 15 yrsImmediate Paralyzed How long 7 yrs
6 daysAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician M. O'Keefehad no Physician Address Stockton mdAccident or Suicide O.K.TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
is
Full

CERTIFICATE OF DEATH

John H. Holston

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grays Corner</i> Town		<i>York</i> County		MARYLAND	
Date of death <i>1910</i>	Month <i>May</i>	Day <i>1</i>	Years <i>32</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Worcester Co.</i>			
Occupation <i>Carpenter</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sally M. Holston (m)</i>				
Father's Name <i>M. H. Holston</i>	Father's Birthplace <i>Worcester Co.</i>				
Mother's Maiden Name <i>Jane C. Gray</i>	Mother's Birthplace <i>York Co.</i>				
Name of person giving information <i>Sally M. Holston</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>159</i>	How long
Immediate <i>Brain's Houd out</i>	<i>70</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. E. Holland</i>	Address <i>Beedes</i>
<input checked="" type="checkbox"/> Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Alley B. Jones

Town

County

Died at

Near Snow Hill

Worcester

MARYLAND

Date
of death

1960

Month

May

Day

20

Age

Years

17

Months

2

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Maryland

Occupation

Farmer

Where Reiding if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Daniel J. Jones

Fsther's
Birthplace

Maryland

Mother's
Maiden Name

Annie Leobin

Mother's
Birthplace

Maryland

Name of person giving
Information

Daid J. Jones

How related
to deceased

father

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Family say
3 1/2 months

Immediate

Hemorrhage

How long

400 day &

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

Yes.

Signature of
Physician

Dove Jones

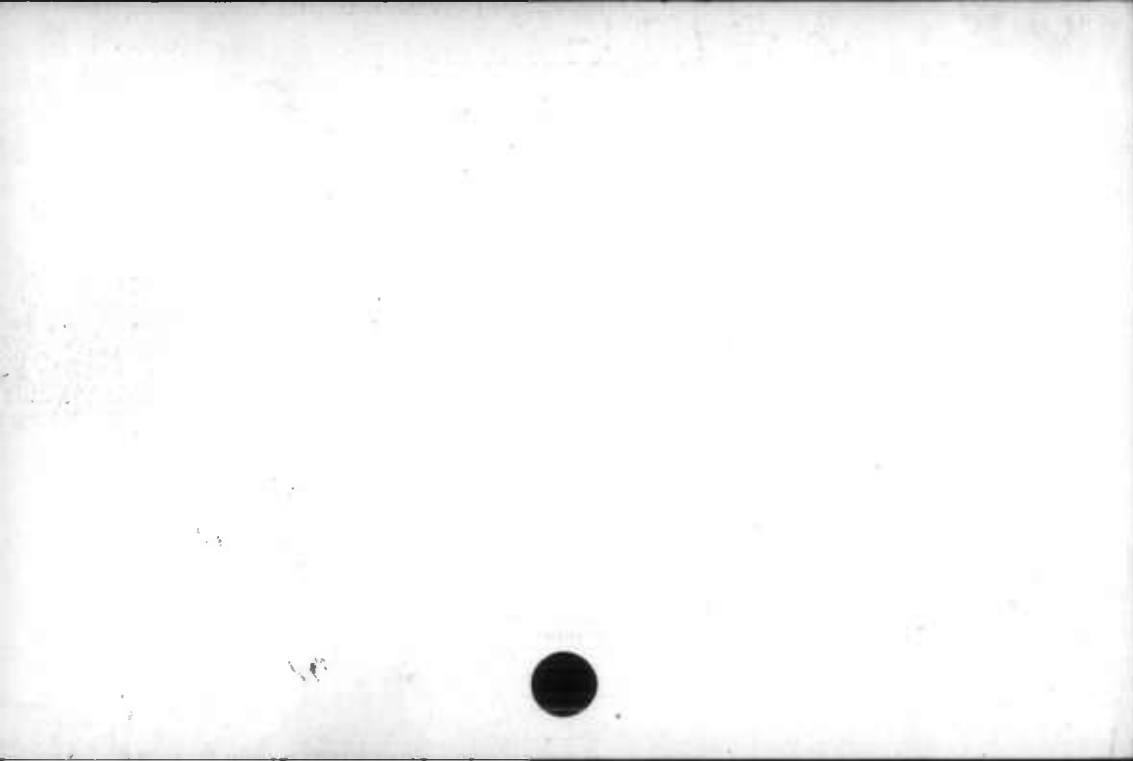
Address

Snow Hill Md

Accident or Suicide

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full245
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Welbourne</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i>	Month <i>May</i>	Day <i>4th</i>	Age <i>51</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Worcester Co.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Welbourne.</i>				
Marrried, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Luther Merritt</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know.</i>				
Name of person giving information <i>A. W. Merritt</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

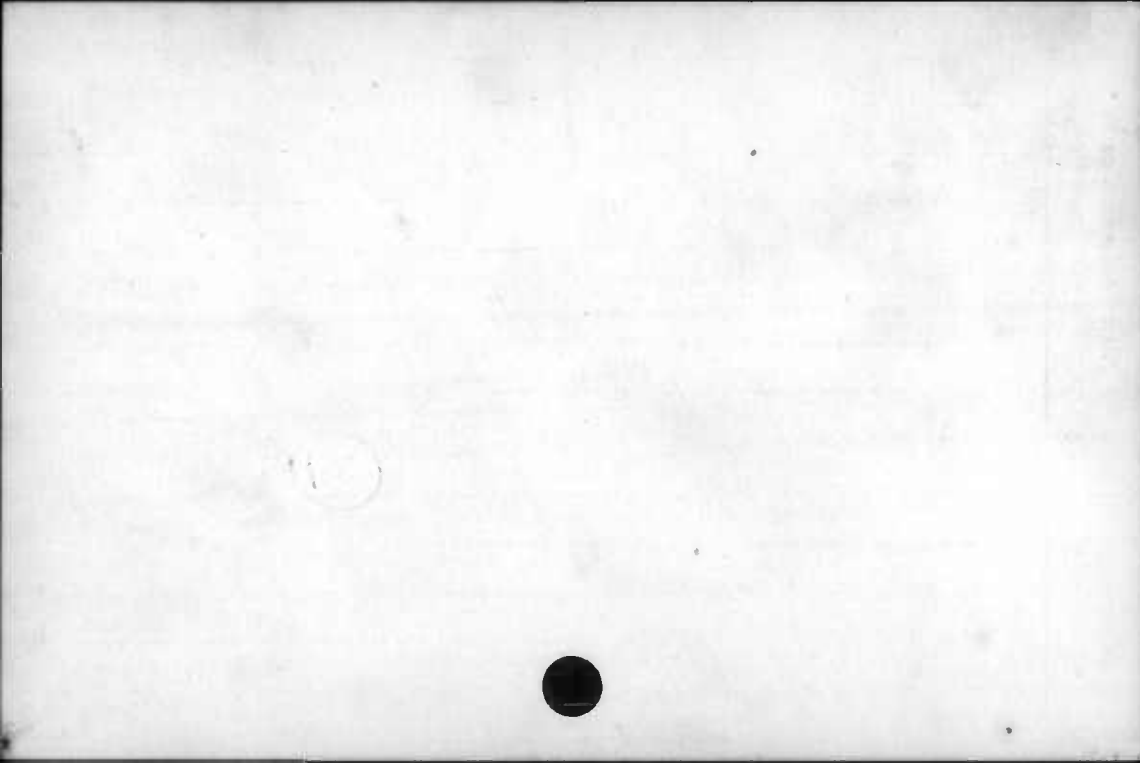
27

28

✓

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>about 3 years</i>
Immediate <i>Aphasia.</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>V. A. Santorini</i>
	Address <i>Beacon City, Md.</i>
Accident or Suicide?	



Name
in
Full

Margaret-Catherine Mills

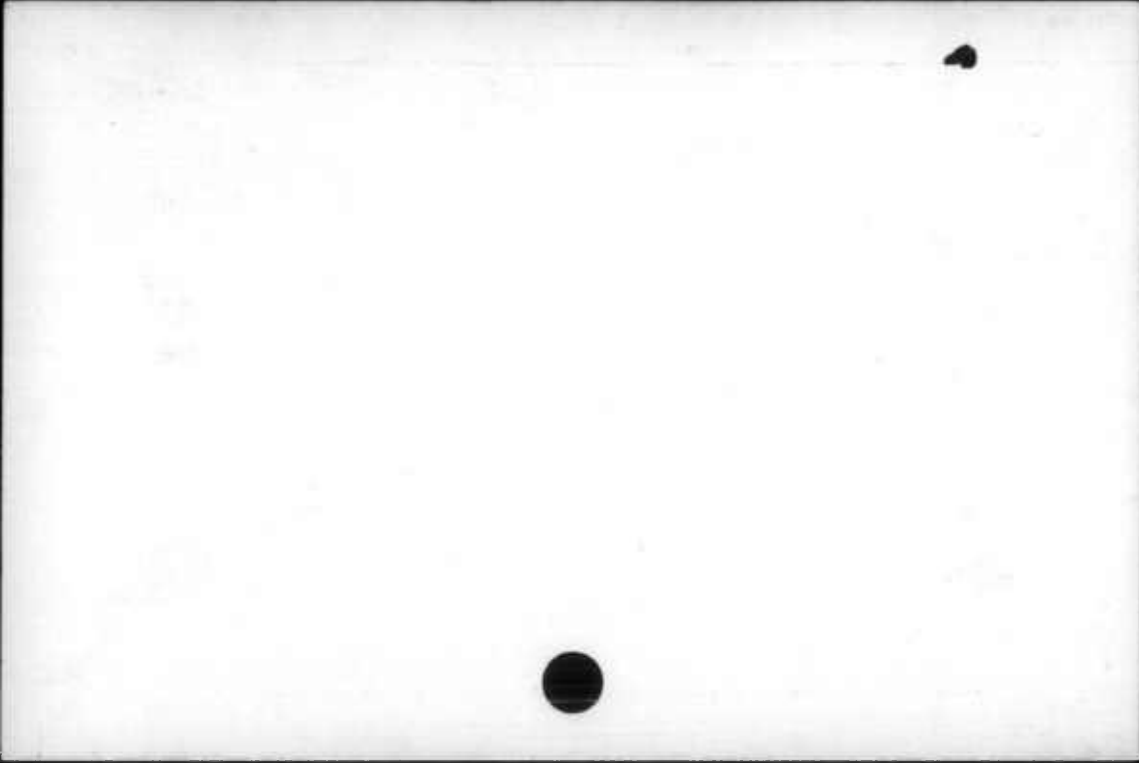
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Snow Hill		County Monrovia		MARYLAND	
Date of death	1960	Month May	Day 3.	Age	60	Months 3.	Days 3
Sex	Female		Color or Race	colored.		Birth-place	Maryland
Occupation	House ^{keeping on self} wife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Theadora Mills			
Father's Name	Major. Truitt				Father's Birthplace	Maryland	
Mother's Maiden Name	Maggie Truitt				Mother's Birthplace	Maryland	
Name of parson giving Information	Francie A Brown				How related to deceased	Daughter	

PHYSICIAN
OR CORONER

CAUSES OF DEATH		
Primary	General debility	How long 1 yr.
Immediate	Nephritis & heart failure	How long 1 month
Are the name, age, sex, color, date and place correctly given above?	yes.	
Signature of Physician	John L. Riley	
Address	Snow Hill Md	
Accident or Suicide		



Name
is
Full

Littleton Pullet

CERTIFICATE OF DEATH

Died near ^{Town} *Pemroke City* ^{County} *Wmester*

MARYLAND

Date of death 1900 ^{Month} *May* ^{Day} *18* ^{Years} *78* ^{Months} ^{Days} Sex *Male* Color or Race *Caucasian* Birth-place *Somerset Co. Md.*Occupation *Was a sailor* Where Residing if not at place of death Married, Single or Widowed *Married* Name of Wife or Husband *Louisa Pullet*Father's Name *Do not know any thing about him* Father's Birth-place Mother's Maiden Name *Do not know anything about her* Mother's Birth-place Name of person giving information *Chas. F. Atherton* How related to deceased *Niece*

CAUSES OF DEATH

Primary *Myocarditis* 79 *How long* *Many months*Immediate *Heart weakness grand ability 304 weeks* *How long*

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

Signature of Physician

Address

R. L. Eckhart
*Pemroke City, Md.*Accident or Suicide? TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

James M. Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Snow Hill ^{Town} Throckmorton ^{County} **MARYLAND**

Date of death: 1960 ^{Month} May ^{Day} 28 Age 81 ^{Years} 2 ^{Months} — ^{Days}

Sex Male Color or Race colored Birth-place Maryland

Occupation Laborer Where residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Mary C. Purnell

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

Mother's Maiden Name Mary C. Stormon Mother's Birthplace Maryland

Name of person giving information Mary C. Purnell How related to deceased Wife

CAUSES OF DEATH

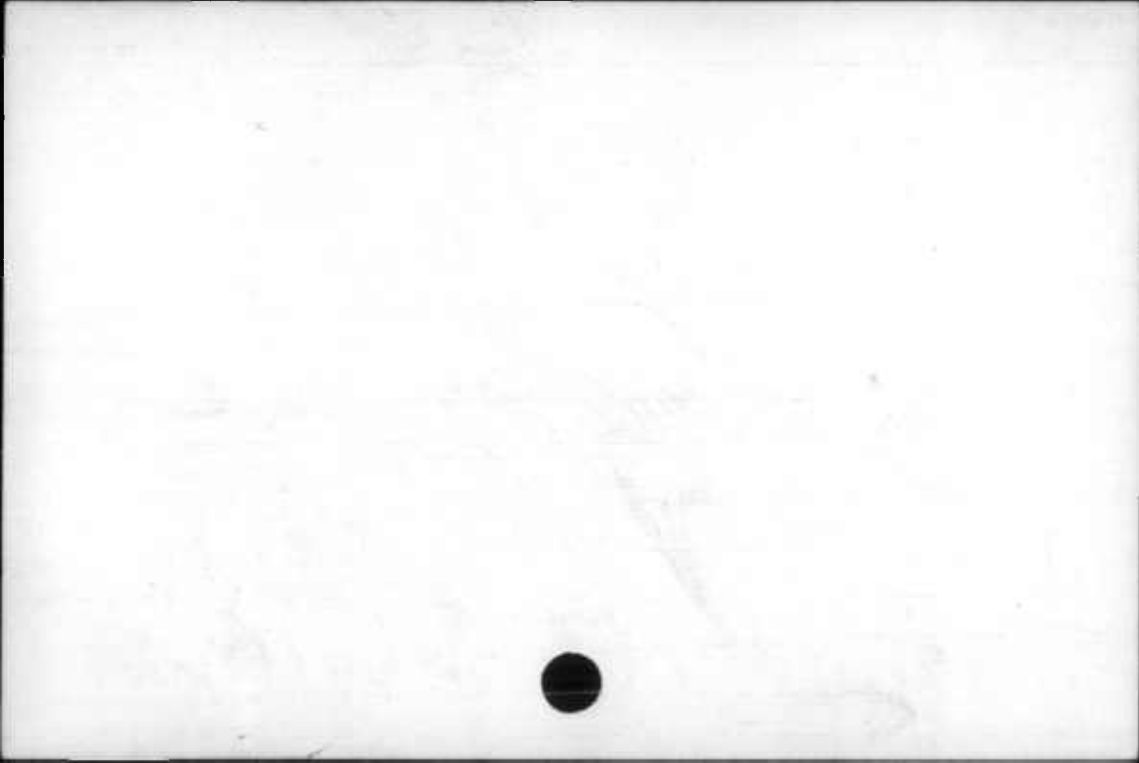
Primary Don't know, had no physician. How long 189 A

Immediate From investigation would say, heart disease, two hours How long —

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

Address

Snow Hill
MDPHYSICIAN
OR CORONERAccident or Suicide —



Name
in
Full

Lucynda Quinn

253
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Powomoke City</i>		County <i>Montross</i>		MARYLAND	
Date of death	1960	Month	May	Day	31
Age		Years		Months	1
		Days			14
Sex	<i>Female</i>	Color or Race	<i>colored</i>	Birth-place	<i>Powomoke City</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death		
				<i>cc</i>	<i>4</i>
Married, Single or Widowed	<i>n</i>	Name of Wife or Husband			
Father's Name	<i>Gardner H Quinn</i>			Father's Birthplace	<i>cc</i>
Mother's Maiden Name	<i>Rozena Carquist</i>			Mother's Birthplace	<i>cc</i>
Name of person giving Information	<i>Gardner Quinn</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Falls</i>	<i>186</i>	How long	<i>1 day</i>
	Immediate			How long	
I	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Samuel S Quinn</i>	
	Address			<i>Powomoke City</i>	
	Accident or Suicide	<i>accident</i>			



Name in Full

Rolla Robbins

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Berlin Town Wor. County

MARYLAND

Date of death 1910 Month May Day 3 Age 74 Years Months Days

Sex Female Color or Race Col. Birth-place Berlin Md

Occupation _____ Where Residing If not at place of death _____

Married, Single or Widowed Widow Name of Wife or Husband William Robbins

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information Ellen Franklin How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary General debility How long 4 months

Immediate _____ How long _____

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

Signature of Physician [Signature] Address Berlin

Accident or Suicide? I



Name
in
Full

250
CERTIFICATE OF DEATH

J. D. A. Robinson
 Town Premoke City County Forrest

MARYLAND

Died at Premoke City Forrest
 Date of death 1990 Month Nov Day 25 - Age 89 Months 3 Days 15

Sex Male Color or Race White Birth-place Shapdown, Md

Occupation Justice of the Peace Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Josephine Robinson

Father's Name Dont know Father's Birthplace Dont know

Mother's Maiden Name Dont know Mother's Birthplace Dont know

Name of person giving Information Allen Robinson How related to deceased Son

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

(4) ✓

Primary Chice How long 2 Weeks

Immediate Heart failure How long

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

Signature of Physician R. Lee Hae
 Address Premoke City, Md

PHYSICIAN
OR CORONER

Accident or Suicide

2



Name
in
Full

Elsie Selby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Stockton		County Worcester		MARYLAND	
Date of death		1900	Month May	Day 30	Age	12	Years 0
Sex		Female		Color or Race	Colored		Months 0
Occupation		None		Birth-place	Maryland		
Married, Single or Widowed		Single		Where Residing if not at place of death			
Name of Wife or Husband		None					
Father's Name		Lewis Selby			Father's Birthplace		Maryland
Mother's Maiden Name		Leah Holland			Mother's Birthplace		Maryland
Name of person giving Information		Levie Selby			How related to deceased		Father

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Valvular Disease of Heart	How long	2 months
	Immediate	Exhaustion	How long	3 days.
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John D. Dickerson
Accident or Suicide		Address	Stockton, Md.	



Name
in
Full

Althe. Smack

CERTIFICATE OF DEATH

Died at <u>Ironshire</u> ^{Town}		<u>Hon.</u> ^{County}		MARYLAND	
Date of death <u>1900</u> ^{Month} <u>May</u> ^{Day} <u>2</u>		Age <u>1</u> ^{Years}		<u>7</u> ^{Months} <u>—</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Near Berlin Md</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>William Smack</u>		Father's Birthplace <u>Hon Md</u>			
Mother's Maiden Name <u>Susa Butler</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>William Smack</u>		How related to deceased <u>Father</u>			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <u>Pneumonia</u> <u>92</u>	How long <u>3 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. J. W. ...</u>
	Address <u>Berlin Md</u>
Accident or Suicida	

PHYSICIAN
OR CORONER



Name
in
Full

Raymond Smith -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death <u>1900</u>	Month <u>May</u>	Day <u>1</u>	Age <u>19</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		
Occupation <u>Laborer</u>		Where Residing if not at place of death			
MARRIED, Single or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name <u>Levi Smith</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Mary Kinnell</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Mary Kinnell</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

Primary	<u>170</u>	How long
Immediate <u>Bullet wound of the head</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>W. A. Tyndall</u>	Address <u>Berlin Md.</u>
Accident or <u>Suicide</u>		

PHYSICIAN
OR CORONER



Name
in Full

David F Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied in ^{Town} Snow Hill ^{County} Worcester MARYLANDDate of death 1910 ^{Month} May ^{Day} 31 Age ^{Years} 61 ^{Months} ^{Days}

Sex male Color or Race white Birth-place Ga.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Shadrach Taylor Father's Birthplace Ga.

Mother's Maiden Name Nancy Chesser Mother's Birthplace Ga.

Name of person giving Information Mrs. David F Taylor How related to deceased wife

CAUSES OF DEATH

Primary Concussion How long 24 hrs

Immediate Exhaustion How long 1

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

Address Snow Hill

Accident or Suicide M

PHYSICIAN
OR CORONER



Name
in
Full

John S Taylor
Town Promoke City

207
CERTIFICATE OF DEATH

MARYLAND

Died at Promoke City Annessted County

Date of death 1980 May 26 Age 75 - Months 6 Days 4

Sex Male Color or Race White Birth-place Accrue, Va

Occupation Drayman Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mahaley M. Taylor

Father's Name John F. Taylor Father's Birthplace Accrue, Va

Mother's Maiden Name Mary A. Collins Mother's Birthplace

Name of person giving Information Mary B. Collins How related to decedent Daughter

CAUSES OF DEATH

Primary Arterio-Sclerosis (N) How long 2 or more years

Immediate Heart & Kidneys due to above How long 6 or 8 weeks

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

Signature of Physician

Address

R. Seftage
Promoke City, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full

Mahalia Taylor

252

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Pocomoke Town Worcester County MARYLAND

Date of death 1990 May Month 29 Day Age 73 Years Months Days

Sex Female Color or Race White Birth-place Maryland

Occupation Widow Where Residing if not at place of death Pocomoke city
Married, Single or Widowed Widow Name of Wife or Husband John S Taylor Deceased

Father's Name Lambert Townsend Father's Birthplace Maryland

Mother's Maiden Name John. J. Cornaway Mother's Birthplace Sox in Law

Name of person giving Information John. J. Cornaway How related to deceased Sox in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Arterio-sclerosis 79 How long About 2 years

Immediate Disease of Heart & Kidneys How long Five months

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

Signature of Physician R. Lee Hall

Address Pocomoke City, Md

Accident or Suicide



Name
in
Full

Marcellus Tomkinson Willson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *at Sea - Ocean City* ^{Town} *Worcester* ^{County}

MARYLAND

Date of death 1900 ^{Month} 5 ^{Day} 28 ^{Years} 48 ^{Months} X X X ^{Days} X XSex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Mariner* Where Residing if not at place of death *Baltimore Md.*Married, Single or ~~Widowed~~ *Married* Name of Wife or Husband *Emma Willson*Father's Name *Samuel D Willson* Father's Birthplace *Maryland*Mother's Maiden Name *Kedrick Evans* Mother's Birthplace *Maryland*Name of person giving information *Lazarus B Willson* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Heart Disease* How long *Do not know*Immediate *Heart Disease* How long *Do not know*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. Bayett, M. D.*Address *Ocean City**Maryland*

Accident or Suicide?

