Name in Full: Sarah Allen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jones Station — County: Anne Arundel

Date of death: Month: June — Day: 11 — Years: 1910 — Age: 24 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Anne Arundel Co.

Occupation: House girl — Where Residing if not at place of death: —

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

Father's Name: James Allen — Father's Birthplace: Maryland

Mother's Maiden Name: Ellen Jones — Mother's Birthplace: Maryland

Name of person giving information: J. Reply Cass — How related to deceased: Mistress

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

128

Primary: Pulmonary Tuberculosis — How long: Four months

Immediate: Cardiac failure — How long: One day

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

Signature of Physician: Dr. C. Joy East M.D.

Address: Annapolis Md.

Accident or Suicide: —

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 9-29-08

Mrs Jones 14 Church st

Name in Full: Hannah Anderson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Camp Parole. (County): A-A-.

Date of death: 19/0 (Month): June (Day): 24

Age: (Years): 80 (Months): 3 (Days): 17

Sex: Female. Color or Race: Colord Birthplace: Prince George's County

Occupation: Housewife Where Residing if not at place of death: Camp Parole

Married, Single or Widowed: Widow Name of Wife or Husband: Benjamin Anderson.

Father's Name: unknown Father's Birthplace: unknown.

Mother's Maiden Name: unknown. Mother's Birthplace: unknown.

Name of person giving information: Martha Parker How related to deceased: daughter-in-law

PHYSICIAN OR CORONER

Macedonia Cemt. Ridout

CAUSES OF DEATH

Primary: Senility How long: Months

Immediate: exhaustion How long: Gradual

(154)

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

Signature of Physician: John Ridout

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU ASSG'S

Name in Full: Virginia Viola Arnold

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lindamoor; County: Anne Arundel; MARYLAND

Date of death 1920: Month: June; Day: 2; Age: Years: 42; Months; Days

Sex: Female; Color or Race: White; Birthplace: Virginia

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Thos. J. Arnold

Father's Name: Thomas Wiley; Father's Birthplace: Va

Mother's Maiden Name: Unknown; Mother's Birthplace: Va

Name of person giving Information: Thos J. Arnold; How related to deceased: Husband

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Nephritis; How long: One month

Immediate: Uraemic Toxemia; How long: Two days

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

Signature of Physician: Wm. G. Weld

Address: Annapolis

Accident or Suicide: —

120

OFFICE SUPPLY CO. 2364

Name in Full: Boley Blum

CERTIFICATE OF DEATH

MARYLAND

Town: Annapolis — County: Anne Arundel

Died at

Date of death 1908 — Month: June — Day: 10 — Years — Months — Days

Age Still born

Sex: Male — Color or Race: White — Birthplace: Annapolis, Md.

Occupation: Child — Where Residing if not at place of death: Street St.

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

Father's Name: Jacob Blum — Father's Birthplace: Russia

Mother's Maiden Name: Fannie Kotzin — Mother's Birthplace: Russia

Name of person giving information: Blanche K Blum — How related to deceased: Aunt

CAUSES OF DEATH

Primary: Still born (S) — How long

Immediate — How long

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

Signature of Physician: Louis B Heyward

Address: Annapolis Md

Accident or Suicide? Neither

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: William Booth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis Neck; County: A. A.

Date of death: Month: June; Day: 18; 1900

Years: 70; Months: ; Days:

Age

Sex: Male

Color or Race: White

Birthplace: Unknown

Occupation: Farmer

Where Residing if not at place of death:

Married, Single, or Widowed: Married

Name of Wife or Husband: Unknown

Father's Name: Steven Booth

Father's Birthplace: Unknown

Mother's Maiden Name: Jane Thompson

Mother's Birthplace: Unknown

Name of person giving information: John Booth

How related to deceased: 67 6

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Progressive Paralysis

How long: Months

Immediate: Asthenia

How long: Gradual

PHYSICIAN OR CORONER

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

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide:

OFFICE SUPPLY CO. 8-29-08

Name in Full: Marie Dean Bowyer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A A

Date of death 1960 — Month: June — Day: 28 — **Age** — Years: 27 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Penn.

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Joseph M. Bowyer

Father's Name: Frank Dean — Father's Birthplace: Penn

Mother's Maiden Name: Lida Wingins — Mother's Birthplace: Penn

Name of person giving Information: Cora M. Bowyer — How related to deceased: Mother in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Accident Drowned — How long:

Immediate: — How long:

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

Signature of ~~Physician~~ Coroner: John H. Davis

Address: Annapolis MD

Accident ~~or Suicide~~

PHYSICIAN OR CORONER

X

Name in Full: Pauline Estelle Braden

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A. A.

Date of death 1900 — Month: June — Day: 19 — Years: — Months: 11 — Days: 16

Sex: Female — Color or Race: White — Birthplace: Annapolis

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Frank Braden — Father's Birthplace: Cleveland Ohio

Mother's Maiden Name: Isabella MacInnis — Mother's Birthplace: Annapolis Md

Name of person giving Information: Isabella MacInnis — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic nephritis — How long: Since birth

Immediate: Syncope — How long: Suddenly

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

Signature of Physician: C. S. Hopkins

Address: Annapolis Md

Accident or Suicide:

PHYSICIAN OR CORONER

120

OFFICE SUPPLY CO. 5-20-08

Name in Full: Rosie Brice

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Annapolis
County: anne arundel
MARYLAND

Date of death 1910 (Month): june (Day): 6
Age (Years): 17 (Months): 3 (Days): 8

Sex: Female
Color or Race: Colored
Birthplace: Annapolis

Occupation: Domestic
Where Residing if not at place of death: 31 Calvert

Married, Single or Widowed: Single
Name of Wife or Husband: ~~Katie Brice~~ (Connect)

Father's Name: John H Brice
Father's Birthplace: Hartford

Mother's Maiden Name: Katie Mitchell
Mother's Birthplace: Annapolis

Name of person giving Information: Lizzie B Taylor
How related to deceased: No

(28)

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis
How long: about 12 months

Immediate: Asthenia
How long: Immediate

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

Signature of Physician: Ambrose Garcia M.D.

Address: 34 Second St

Accident or Suicide: no

OFFICE SUPPLY CO. 2364

Name in Full: John Medford Butler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis on the Bay; County: Anne Arundel

Date of death 1910: Month: June; Day: 15th

Age: Years: ; Months: 1; Days: 12

Sex: Male

Color or Race: White

Birthplace: Ohio

Occupation: None

Where Residing if not at place of death: Annapolis on the Bay Md.

Married, Single or Widowed: Single

Name of Wife or Husband: none

Father's Name: John Butler

Father's Birthplace: Ohio

Mother's Maiden Name: Jeanneth Butler

Mother's Birthplace: D.C.

Name of person giving Information: Broad A. Medford

How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Entero-Colitis (104)

How long: 2 days

Immediate: Exhaustion

How long: 10 hrs.

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

Signature of Physician: Louis B. Hunter

Address: Annapolis, Md.

Accident or Suicide: Natural.

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Mary Butler

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis Md — Town: Annapolis Md — County: A. A. Co

Date of death 1918: Month: June — Day: 1st — Age: Years: 60 yrs — Months: — — Days: — —

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Occupation: Waitress — Where Residing if not at place of death: of Shaw st

Married, Single or Widowed: Married — Name of Wife or Husband: Allick Butler

Father's Name: James Brown — Father's Birthplace: Maryland

Mother's Maiden Name: Lottie Gassoll — Mother's Birthplace: Washington D.C.

Name of person giving Information: Lottie Brown — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis (28) — How long: about a year

Immediate: Heart Failure — How long: Immediate

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

Signature of Physician: Ambrose Garcia M.D.

Address: 34. 2nd St.

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2384

Name in Full: Tooesbe L. Carl

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis (Town) A. A. (County)

Date of death 1900 (Month) June (Day) 3 — Age (Years) 21 (Months) 6 (Days) 9

Sex: Male — Color or Race: White — Birthplace: West Indies

Occupation: Seaman — Where Residing if not at place of death:

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

Father's Name: L. C. Tooebe — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving Information: Navy Record — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

169

Primary: Accidental Drowned — How long: Unknown

Immediate: Found on shore — How long: unknown

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

Signature of Physician: Wm M. K. Lee

Address: Coroner

Accident or Suicide: Accident — Annapolis Md

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Hagen Carroll.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: annapolis — County: a.a. co

Date of death: 1910 June 13 — Age: 1.11 yrs — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Davisville md

Occupation: House work — Where Residing if not at place of death: 140 South st

Married, Single or Widowed: widowed — Name of Wife or Husband: Thomas Carroll

Father's Name: unknown — Father's Birthplace: unknown

Mother's Maiden Name: Lucy Jones — Mother's Birthplace: Davisville md

Name of person giving information: Sarah Taylor — How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: —

Immediate: — Following: —

(154)

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

Signature of Physician: Ambrose Garcia M.D.

Address: 34. 2nd St.

Accident or Suicide? —

LIBRARY BUREAU ABB8.0

Name in Full: Marcelean Chambers.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A-A.

Date of death: Month: June — Day: 25 — Year: 1910

Age: Years: — Months: 5 — Days: —

Sex: Female — Color or Race: Colord — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: 1. Shaw St.

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

Father's Name: Joseph Chambers — Father's Birthplace: Annapolis Md

Mother's Maiden Name: Mary Smith — Mother's Birthplace: Annapolis Md

Name of person giving information: Martha Smith — How related to deceased: Grandmother

TO BE ANSWERED BY NEAREST FRIEND

Brewerhill — Ridout

CAUSES OF DEATH

Primary: Marasmus (184 A) — How long: Since birth

Immediate: Exhaustion — How long: Gradual

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

Signature of Physician: John Ridout M.D.

Address: Annapolis

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Juluis Czak

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Curtis Bay; County: Anne Arundel

Date of death 1930: Month: June; Day: 28; Years: 46; Months: 7; Days:

Sex: Male; Color or Race: White; Birthplace: Budapest

Occupation: Chimney cleaner; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Mary Czak

Father's Name: Joseph Czak; Father's Birthplace: Budapest

Mother's Maiden Name: dont know; Mother's Birthplace:

Name of person giving information: Max W. Winkler; How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

12

CAUSES OF DEATH

Primary: Pistol Shot through brain (US 9); How long: Immediate

Immediate: Hemorrhage of brain; How long: Immediate

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

Signature of Physician: John C Poler Cor

Address: Brooklyn

Accident or Suicide? G G C Mo X

PHYSICIAN OR CORONER

LIBRARY BUREAU ABG016

Name in Full: James Wesley Dorsey

CERTIFICATE OF DEATH

MARYLAND

Town: Annapolis | County: Anne Arundel

Died at

Date of death 1910	Month	Day	Years	Months	Days
	June	25	1	—	8

Age

Sex: Male | Color or Race: Colored | Birthplace: Annapolis

Occupation: Infant | Where Residing if not at place of death: Willis Court

Married, Single or Widowed | Name of Wife or Husband

Father's Name: James Dorsey | Father's Birthplace: Md

Mother's Maiden Name: Georgeth Mason | Mother's Birthplace: Md

Name of person giving information: James Dorsey | How long to informant: [illegible]

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Entero Colitis (1041) | How long: 48 hrs

Immediate: | How long:

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

Signature of Physician: Ambrose Garcia M.D.

Address: 34-2nd St

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Richard C. Duvall

CERTIFICATE OF DEATH

MARYLAND

Town: Died at Annapolis

County: A. A.

Date of death 1910 Month: June Day: 6

Age: Years 68 Months 9 Days

Sex: Male

Color or Race: White

Birthplace: Prince Geo. Co. Md.

Occupation: Millwright

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Winnie Duvall

Father's Name: Richard H. Duvall

Father's Birthplace: Pri. Geo. Co. Md

Mother's Maiden Name: Ellen Clark

Mother's Birthplace: Pri. Geo. Co. Md

Name of person giving Information: Winnie Duvall

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

1897

PHYSICIAN OR CORONER

Primary: Uremia

How long: 3 months.

Immediate: Asthenia

How long: One week

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

Signature of Physician: Geo. Wells

Address: Annapolis Md

Accident or Suicide: no.

OFFICE SUPPLY CO. 2864

Name in Full: Samuel Owings Linvall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Margarets; County: Anne Arundel

Date of death 1900: Month: June; Day: 23; Age: Years: 14; Months: 1; Days: 1

Sex: Male; Color or Race: White; Birthplace: St. Margarets

Occupation:

Where Residing if not at place of death: Baltimore

~~Married~~; Single ~~or Widowed~~: Single

Name of Wife or Husband:

Father's Name: William T. Linvall; Father's Birthplace: Anne Arundel

Mother's Maiden Name: Willie Owings; Mother's Birthplace: Calvert

Name of person giving information: C. Ridout; How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Endocarditis; How long: 1 year

Immediate: Bright's disease; How long: 1 month

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

Signature of Physician: C. D. Ridout

Address: Annapolis Md R. F. D. No 1

Accident or Suicide:

PHYSICIAN OR CORONER

St Margaret Bennet
J. & Taylor & Son

Name in Full: Thomas Grisby Estridge.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis (Town) Harbor (Ward) County: A. A.

Date of death 190: Month: June 28 Day: 28 Age: Years: 20 Months: 5 Days: —

Sex: Male Color or Race: White. Birthplace: Georgia

Occupation: Midshipman USN. Where Residing if not at place of death: USNavy

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

Father's Name: Mrs Emma H. Thomas, Mother's address. Union Point, Ga. Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Navy Records How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asphyxiation. Drowning. How long: 169

Immediate: How long:

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

Signature of Physician: L. Fitz Weskind

Address: Surgeon USN.

Accident: [redacted]

LIBRARY BUREAU A8551A

Pierce Point Lighthouse
Atlantic Ocean
J. L. Taylor

Name in Full: Infant Evans.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: A-A

Date of death: Month: June — Day: 16 — Years: — — Months: — — Days: 7-

Age

Sex: Male. — Color or Race: Colord — Birthplace: Annapolis

Occupation: — — Where Residing if not at place of death: 126 Calvert St

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

Father's Name: Thomas Evans — Father's Birthplace: Annapolis

Mother's Maiden Name: Agnes Kirby — Mother's Birthplace: Annapolis

Name of person giving Information: Thomas Evans — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastro Enteritis (104) — How long: Several days

Immediate: Exhaustion — How long: Gradual

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

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide

PHYSICIAN OR CORONER

Ridout — Brewerhill

OFFICE SUPPLY CO. 2364

Name in Full: John George Fleischmann

CERTIFICATE OF DEATH

MARYLAND

Died at: Woodsboro (Town) Frederick (County)

Date of death 1910: June (Month) 13 (Day)

Age: Years 68, Months —, Days 4

Sex: Male

Color or Race: White

Birthplace: Germany

Occupation: Farmer

Where Residing if not at place of death: Woodsboro

Married, Single or Widowed: Married

Name of Wife or Husband: Matilda Fleischmann

Father's Name: Not Known

Father's Birthplace: —

Mother's Maiden Name: "

Mother's Birthplace: —

Name of person giving Information: John Fleischmann

How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease — How long: 13 mo.

Immediate: Dropsy — How long: 4 weeks

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

Signature of Physician: J. R. Hunter

Address: Laurel Md

Accident or Suicide: —

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 2284

Name in Full: Solomon Frool.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A-A.

Date of death 190 — Month: June. — Day: 20 — Age: Years 33. — Months — Days —

Sex: Male. — Color or Race: Colord — Birthplace: South River Md

Occupation: Labor. — Where Residing if not at place of death: 3 J. Monument

Married, Single or Widowed: Married — Name of Wife or Husband: Margret Frool.

Father's Name: William Frool — Father's Birthplace: South River Md

Mother's Maiden Name: Ellen Downs. — Mother's Birthplace: " "

Name of person giving Information: Margret Frool — How related to deceased: ~~Husband~~ wife.

TO BE ANSWERED BY NEAREST FRIEND

Dr Garcia

CAUSES OF DEATH

Camp, Parole. Cemt.

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: one week

Immediate: (6H) — How long:

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

Signature of Physician: Ambrose Garcia M.D.

Address: 34 . 2 → 84

Accident or Suicide: —

X

OFFICE SUPPLY CO. 2364

Name in Full James Foy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis Md — County: A. A. Co.

Date of death 1910 — Month: June — Day: 17 — Age: Years 41 — Months — Days —

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation: Laborer — Where Residing if not at place of death: 82 Clay St

Married, Single or Widowed: Married — Name of Wife or Husband: Hester Foy

Father's Name: James Foy — Father's Birthplace: Unknown

Mother's Maiden Name: Martha Blackstone — Mother's Birthplace: Annapolis Md

Name of person giving information: Hestella Hall Fox — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis (120) — How long: 6 Months

Immediate: Uremia, Exhaustion — How long: Gradual

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

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide? X

Name in Full: Nancy Frazier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: A. A.

Date of death: Month: June; Day: 17th; Year: 1910

Age: Years: 57; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: House Wife

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: Levin Frazier

Father's Name: William Hubbard

Father's Birthplace: Md

Mother's Maiden Name: Annie Hubbard

Mother's Birthplace: Md

Name of person giving Information: Laura Trantom

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy — How long: 4 1/2 hrs

Immediate: apoplexy — How long: "

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

Signature of Physician: Oliver Purvis

Address: Annapolis Md

Accident or Suicide: no

PHYSICIAN OR CORONER

6H

OFFICE SUPPLY CO. 6-29-08

Name in Full: Gertrude Freeland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Harwood; County: Anne Arundel

Date of death 1900: Month: June; Day: 17th; Years: Age 55; Months; Days

Sex: Fee Male; Color or Race: Colard; Birth-place: Anne Arundel

Occupation: House Woman; Where Residing if not at place of death

Married, Single or Widowed: Single; Neme of Wife or Husbend

Father's Name: Alfred Freeland; Father's Birthplace: Anne Arundel

Mother's Maiden Name: Not Known; Mother's Birthplace: Anne Arundel

Name of person giving Information: John Ennis; How releted to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

189 A

Primery: Don't Know; How long: Don't Know

Immediate: Sudden, Possibly Apoplexy; How long

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

Signature of Physician: Madam Cawood, MD

Address: West River Maryland

Accident or Suicide: Neither

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Elizabeth Frances Girault

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: Month: June; Day: 24; Year: 1900

Age: Years: 58; Months: 6; Days: 7

Sex: Female

Color or Race: white

Birthplace: Phila. Pa.

Occupation: home

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Husband: Joseph B Girault

Father's Name: Robert Goodwin

Father's Birthplace: England

Mother's Maiden Name: Eliza Anne Drew

Mother's Birthplace: Phila. Pa.

Name of person giving Information: Elinore G. Girault

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Sclerosis of Spinal Cord — How long: 63 — a year or more

Immediate: Paralysis Progressive — How long: about 1 year

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

Signature of Physician: Wm G Welch

Address: Annapolis

Accident or Suicide: —

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Priscilla Green.

CERTIFICATE OF DEATH

MARYLAND

Died at: Conaway. (Town) A. A. (County)

Date of death 1910 (Month: June, Day: 23.)

Age: Years 90. Months – Days –

Sex: Female

Color or Race: Black.

Birthplace: A. A. Co.

Occupation: None

Where Residing if not at place of death: Conaway.

Married, Single or Widowed: Widow

Name of Wife or Husband: Frank Green.

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown.

Mother's Birthplace: Unknown.

Name of person giving information: Sam'l. Green.

How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infirmities of age — How long: 154

Immediate — How long:

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

Signature of Physician: W. G. Williams

Address: Gambrills Md

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 2284

Name in Full: George Griffin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bristol — County: Anne Arundel

Date of death 1910 — Month: June — Day: 6 — Years: 22 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Near Bristol Md

Occupation: Laborer — Where Residing if not at place of death:

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

Father's Name: James Griffin — Father's Birthplace: Calvert Co. Md.

Mother's Maiden Name: Sophia Deco — Mother's Birthplace: —

Name of person giving information: Frank Griffin — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: about 6 mos.

Immediate: Asthenia — How long: —

PHYSICIAN OR CORONER

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

Signature of Physician: Irving D. Chaney M.D.

Address: Bristol Md.

Accident or Suicide: X

OFFICE SUPPLY CO. 5-20-08

Name in Full: Blanche Hais

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 3d District — County: A.A.

Date of death 190 0: Month: June — Day: 29th

Age: Years: — Months: 4 mo — Days: 10

Sex: Female — Color or Race: Colored — Birthplace: A.A. Co. Md

Occupation: — — Where Residing if not at place of death: — —

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

Father's Name: Perry Hais — Father's Birthplace: A.A. Co. Md

Mother's Maiden Name: Henrietta Murray — Mother's Birthplace: A.A. Co. Md

Name of person giving Information: Perry Hais — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Indigestion — How long: 4 days

Immediate: Coma — How long: 1 day

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

Signature of Physician: J. L. Ridout

Address: Annapolis Md

R. F. D. No 1

Accident or Suicide: X

PHYSICIAN OR CORONER

Name in Full: Ida Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Friendship County: A. A.

Date of death 1918 Month: June Day: 21

Age: Years: Months: 7 Days: 24

Sex: Female Color or Race: Colored Birthplace: Mt Hammony

Occupation: — Where Residing if not at place of death: Mt Hammony

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

Father's Name: Geo Hall Father's Birthplace: Huntingtown

Mother's Maiden Name: Kate Alice Maynard Mother's Birthplace: Calvert Co

Name of person giving information: Geo Hall How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia How long: two weeks

Immediate: Heart failure How long:

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

Signature of Physician: L. Brayshaw

Address: Friendship Md

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO.

Name in Full: Francis Harman

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Hanover (Town) Anne Arundel (County)

Date of death 1940 Month: June Day: 5 Years: Months: Days:

Age: 74

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: None

Where Residing if not at place of death: resided at place of death

Married, Single or Widowed: Widowed

Name of Husband: Amos R Harman

Father's Name: Plummer Spoons

Father's Birthplace: Maryland

Mother's Maiden Name: Cecelia Morley

Mother's Birthplace: Maryland

Name of person giving Information: Mrs Highland Kelley

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(154)

Primary: Debility from age — How long: 2 months

Immediate: Some with diarrhoea — How long: Some

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

Signature of Physician: Arthur H Williams

Address: Elk Ridge Md

Accident or Suicide: no

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 2284

Name in Full Edith E Harris

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: 3rd Dist — County: A. G.

Date of death 190 — Month: June — Day: 23 — **Age** — Years: — Months: 4 — Days: .

Sex: Female — Color or Race: Colored — Birthplace: St Mary's Co.

Occupation: — Where Residing if not at place of death: —

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

Father's Name: Chas Harris — Father's Birthplace: St Mary's Co.

Mother's Maiden Name: Minnie Green — Mother's Birthplace: St. Mary's Co.

Name of person giving Information: Charles Harris — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infantile Diarrhoea — How long: 7 days

Immediate: Coma — How long: 2 days

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

Signature of Physician: Z. S. Ridout

Address: Annapolis Md

Accident or Suicide: — R. F. D. No 1 X

PHYSICIAN OR CORONER

Name in Full: Margaret Franklin Holidayoke

CERTIFICATE OF DEATH

MARYLAND

Town: Annapolis | County: A A

Date of death: 1900 June 26

Age: Years 69 Months 9 Days 10

Sex: Female | Color or Race: White | Birthplace: Charlotte NC

Occupation: None | Where Residing if not at place of death: —

Married, Single or Widowed: Widow | Name of Wife or Husband: Daniel Holidayoke

Father's Name: William F Strange | Father's Birthplace: Glasgow Scot

Mother's Maiden Name: Caroline Wilson | Mother's Birthplace: Charlotte NC

Name of person giving Information: W Holidayoke | How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of Mediastinum | How long: 5 or 6 mos

Immediate: Asthenia | How long: 3 1/2 mos

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

Signature of Physician: A Thos Powers

Address: Annapolis Md

Accident or Suicide: no.

PHYSICIAN OR CORONER

H 5

OFFICE SUPPLY CO. 8-20-08

J. S. Taylor & bro
St Ann's Square

Name in Full John Hopkins Jr.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: 3rd district — County: A. A.

Date of death — Month: June — Day: 8 — Year: 1900

Age — Years: — Months: 6 — Days:

Sex: Male — Color or Race: Colored — Birthplace: 3rd dist A. A. Md

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: John Hopkins — Father's Birthplace: A A Co Md

Mother's Maiden Name: Georgia Green — Mother's Birthplace: A A Co Md

Name of person giving Information: John Hopkins Sr — How related to deceased: Father

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Marasmus — How long: Months

Immediate: Heart failure — How long: Immediately

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Ambrose Garcia M.D.

Address: 34. 2nd St Annapolis Md

Accident or Suicide: —

1641

OFFICE SUPPLY CO. 6-20-08

Name in Full: William Harrison Jackson.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Jacobsville

County: Anne Arundel

Date of death: 1900 | Month: June | Day: 23

Age: Years | Months: 2 | Days: 29

Sex: Male

Color or Race: Colored

Birthplace: Anne Arundel Co.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: William Jackson.

Father's Birthplace: Anne Arundel Co.

Mother's Maiden Name: Clara Alton

Mother's Birthplace: Anne Arundel Co.

Name of person giving Information: William Jackson

How related to deceased: Father.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sclerotitis

How long: 2 months

Immediate: Exhaustion

How long: Immediate

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

Signature of Physician: James S. Billingsley M.D.

Address: Sub-registrar 3rd dist. A.A. Co. Md.

Accident or Suicide: No

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OFFICE SUPPLY CO. 6-20-08

Name in Full: Still born Infant Jeffrey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): near Harman (County): Anne Arundel

Date of death: 1910 Month: June Day: 3

Age: Years ___ Months ___ Days ___

Sex: Male

Color or Race: White

Birthplace: Anne Arundel Co Md

Occupation: ~

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Enos George Jeffrey

Father's Birthplace: Anne Arundel Co Md

Mother's Maiden Name: Anna Eliza Wade

Mother's Birthplace: Baltimore Co Md

Name of person giving information: Malinda Jeffrey

How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: 2 days

Immediate: Same — How long:

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

Signature of Physician: E. R. Wilkinson M.D.

Address: Hanover Md

Accident or Suicide?

Name in Full: Anna E. Jeffrey

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Glen Harman; County: Anne Arundel

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1960	Month: June	Day: 10	Age: Years 41	Months	Days 15
Sex: Female	Color or Race: White		Birthplace: Baltimore Co Md		
Occupation: Housewife		Where Residing if not at place of death: Rockford Place at Glen			
Married, ~~Single~~ or ~~Widowed~~	Name of Wife or Husband: Amos George Jeffrey				
Father's Name: John J Wade			Father's Birthplace: Balto Co Md		
Mother's Maiden Name: Hazel Morrison			Mother's Birthplace: Balto Co Md		
Name of person giving Information: Sarah Melinda Jeffrey			How related to deceased: Sister		

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Acute Nephritis		How long: One week	
Immediate: Coma		How long: 24 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician: E R Morrison MD	
		Address: Hanover Md	
Accident or Suicide			

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X

OFFICE SUPPLY CO., 11-15-08

Name in Full: Matilda Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis Md — County: A. A. Co

Date of death: Month: June — Day: 22 — Years: 78 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: South River Md

Occupation: Cook — Where Residing if not at place of death: 78 Clay St

Married, Single or Widowed: Married — Name of Wife or Husband: Charles Johnson

Father's Name: Sandy Henderson — Father's Birthplace: South River Md

Mother's Maiden Name: Jane Spring St — Mother's Birthplace: unknown

Name of person giving information: Charles Johnson — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Dilatation of Heart — How long: 2 hours

Immediate: Cardiac Failure — How long: 15 min

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

Signature of Physician: R. P. Kelly

Address: 60 Cathedral St Annapolis Md

Accident or Suicide? No

PHYSICIAN OR CORONER

154 A

Name in Full: Cathrine Johnson

CERTIFICATE OF DEATH

MARYLAND

Town: Annapolis County: Anne Arundel

Died at

Date of death 1910	Month	Day	Years	Months	Days
	June	12	Age	5	

Sex: Female Color or Race: Colored Birthplace: Annapolis 100 Calvert St

Occupation: Servant Where Residing if not at place of death: " " "

Married, Single or Widowed? Name of Wife or Husband

Father's Name: Eugene Johnson Father's Birthplace: Annapolis

Mother's Maiden Name: Alice Parker Mother's Birthplace: Washington D.C.

Name of person giving information: " Johnson How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enteritis (110 B) How long: 4 days

Immediate: — How long: —

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

Signature of Physician: Ambrose Garcia M.D.

Address: 34 Second St

Accident or Suicide? —

PHYSICIAN OR CORONER

Name in Full: Gertrude Eliza Johnson.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis County: A-A-

Date of death 1910 Month: June Day: 27

Age: Years: 1. Months: — Days: 10.

Sex: Female Color or Race: Colord Birthplace: Annapolis

Occupation: none Where Residing if not at place of death: 33. Carrolls Alley

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

Father's Name: Charles J. Johnson. Father's Birthplace: Annapolis

Mother's Maiden Name: Nettie Edwards Mother's Birthplace: Baltimore, Md

Name of person giving information: Nettie E. Johnson How related to deceased: Mother

Brewhill Cmt. Dr. Purvis

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Whooping Cough (8) How long: 2 mos

Immediate: Malnutrition + Asthenia How long: 3 or 4 wks.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician: J. Oliver Purvis

Address: Annapolis Md.

Accident or Suicide? no

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. Ann Arundel Co Md ..... WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Johnson

(Residence in Baltimore: No. 617 N. Eden St.: 6 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: — — (Month) (Day), 1887 (Year)

7-AGE: 23 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... ?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: domestic
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John Wattox

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Rosa Smith

13-BIRTHPLACE OF MOTHER (State or country): no record

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Goddard

(Address) 617 N. Eden St

15-

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 20 (Day), 1910 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 16 —, 1910, to June 20 —, 1910, that I saw her alive on June 4 —, 1910, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pul Hemorrhage

(Duration) — yrs. — mos. 4 ds

Contributory (SECONDARY) Acute Pul. Tuberculosis

(Duration) — yrs. 2 mos. 4 ds.

(Signed) W. C. Harris M. D.

June 21 —, 1910. (Address) 1344 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ....., 191.....

20-UNDERTAKER | ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Remarks .....

.....

.....

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	*Haemorrhage,*	*Meningitis,*	*Phlebitis,*
Cellulitis,	*Gangrene,*	*Miscarriage,*	*Pyaemia,*
Childbirth,	*Gastritis,*	*Necrosis,*	*Septicaemia,*
Convulsions,	*Erysipelas,*	*Peritonitis,*	*Tetanus,*

The following must be referred to a Coroner:

Deaths due to accident (if criminal negligence possibly involved): *Suicides, Homicides, Abortions* (*if induced*), whether death is directly or indirectly due to the same.

Name in Full: Johnny Kimbal

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: annapolis — County: a-a-

Date of death 190: Month: June — Day: 23. — Years: — Months: 9 — Days: —

Sex: Male. — Color or Race: Colord — Birthplace: annapolis

Occupation: — — Where Residing if not at place of death: 12 Shaw. St —

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

Father's Name: Johnnie Kimbal — Father's Birthplace: annapolis

Mother's Maiden Name: Eva Smith — Mother's Birthplace: annapolis

Name of person giving information: Eva Smith Kimbal — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera, Infantum — How long: Two days

Immediate: Asthenia — How long: Gradual

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

Signature of Physician: John Richards M.D.

Address: Annapolis Md

Accident or Suicide

PHYSICIAN OR CORONER

Brown Funeral — Ridgely

1041

OFFICE SUPPLY CO. 2364

Name in Full: Christina F. Karches

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Pasadena (Town) — Anne Arundel Co. (County) — MARYLAND

Date of death: 1940 June 20th — Age: Years 61, Months 6, Days 9

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: House work — Where Residing if not at place of death: —

~~Married, Single~~ Widowed — Name of Wife or Husband: Charles Karches

Father's Name: unknown — Father's Birthplace: unknown

Mother's Maiden Name: Christina Krell — Mother's Birthplace: unknown

Name of person giving information: Charles Karches — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Emphysema — How long: About 2 yrs.

Immediate: Respiratory failure — How long: 6 hrs

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

Signature of Physician: J. E. Jay M.D.

Address: Crownsville Md.

Accident or Suicide?

LIBRARY BUREAU CARDS

E. Schloman & Son

1039 Sansome St

Name in Full: Anna Kisacky

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Lauriston Bury — Town; County: Ca a

Date of death: 1900 — Month: June; Day: 18

Age: Years: 1; Months: 6; Days:

Sex: Female — Color or Race: white — Birthplace: Md a

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

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

Father's Name: Jos Kisacky — Father's Birthplace: Russ

Mother's Maiden Name: Anna Bodner — Mother's Birthplace: Russ

Name of person giving information: Jos Kisacky — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis — How long: 1 wk

Immediate: Convulsions — How long: 2 hrs

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

Signature of Physician: Chas A Brooks

Address: Brooklyn

Accident or Suicide?

LIBRARY BUREAU ADDRESS

Name in Full: George Long

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Furnace Branch (County): A. A. Co. –

Date of death: 1900 (Month): June (Day): 14 (Age – Years): – (Months): 9 (Days): 19

Sex: Male | Color or Race: white | Birthplace: A. A. Co., Md.

Occupation: None | Where Residing if not at place of death: ✓

Married, Single or Widowed: single | Name of Wife or Husband: ✓

Father's Name: William R. Long | Father's Birthplace: A. A. Co, Md.

Mother's Maiden Name: Lillian Warrington | Mother's Birthplace: Balto. City, Md.

Name of person giving information: William R. Long | How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteritis - Acute | How long: abt 1 week

Immediate: Spinal meningitis | How long: abt 48 hrs.

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

Signature of Physician: Robt. P. G. Scheidt M.D.

Address: 1318 A. Charles St. Baltimore Md.

Accident or Suicide?

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LIBERTY BUREAU ABBELE

Cedar Hill
June 15/15
Jno J Falley & Son
1253 Williams St.

Name in Full: Johanna M. Lowman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Odenton (Town) — Anne Arundel (County)

Date of death: 1900 — Month: June — Day: 13 — Age: Years — Months — Days

Sex: Female — Color or Race: White — Birthplace: Odenton Md.

Occupation: — Where Residing if not at place of death: —

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

Father's Name: Joseph Lowman — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Beckman — Mother's Birthplace: Md

Name of person giving information: Joseph Lowman — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth — How long: 3 days

Immediate: — How long: —

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

Signature of Physician: W. H. Hammond

Address: Jessup Md.

Accident or Suicide? No

Name in Full: James Grierson McGunkian

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Annapolis (County): A. A. County

Date of death 1900 — Month: June — Day: 27

Age — Years: 23 — Months: 4 — Days: 25

Sex: Male

Color or Race: White

Birthplace: Clark Island Maine

Occupation: Granite Cutter

Where Residing if not at place of death: 2nd Dist. A.A. County Annapolis

Married, Single or Widowed: Single

Name of Wife or Husband: ——

Father's Name: Thos McGunkian

Father's Birthplace: Scotland

Mother's Maiden Name: Marguerite Grierson

Mother's Birthplace: Scotland

Name of person giving Information: Thos McGunkian

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Appendicitis (Suppurative) — How long: 117 — Since work

Immediate: General peritonitis — How long: Since work

PHYSICIAN OR CORONER

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

Signature of Physician: J. Clint Parrish

Address: Annapolis Md.

Accident or Suicide: No

Wolley + Fechheimer

Name in Full: Susie Catherine Marshall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deale; County: Anne Arundel

Date of death 1910: Month: June; Day: 29th; Age: Years: 29; Months: 6; Days: 18

Sex: Female; Color or Race: White; Birthplace: Deale, Md.

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of Wife or Husband: William Oscar Marshall

Father's Name: William Edw. Ford; Father's Birthplace: A.A. Co. Md

Mother's Maiden Name: Mary Elizabeth Rogers; Mother's Birthplace: A.A. Co. Md

Name of person giving Information: William Oscar Marshall; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis; How long: 4 years +

Immediate: Asphyxia (Tuberculosis Toxemia); How long: 72 hours

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

Signature of Physician: G. P. W. Wilson

Address: Churchton A.A.Co. Md.

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-20-08

Name in Full: Nina Mason

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Solley County: Anne Arundel

Date of death: Month: June Day: 25 1900

Age: Years: Months: 7 Days: 23

Sex: Female Color or Race: Colored Birthplace: Anne Arundel Co

Occupation: — Where Residing if not at place of death: —

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

Father's Name: Wm Mason Father's Birthplace: Virginia

Mother's Maiden Name: Clara Wallace Mother's Birthplace: Virginia

Name of person giving information: Wm Mason How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus How long: Five Months

Immediate: Heart Failure How long:

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

Signature of Physician: John E Poler Coroner

Address: Brooklyn A A Co Md

Accident or Suicide?

Name in Full: Nason, Sherman Mayer.

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis (Town) Harbor — A. A. (County)

Date of death 190 — Month: June — Day: 28 — Years: 21 — Months: 9 — Days: —

Sex: Male — Color or Race: White — Birthplace: Newport, R.I.

Occupation: Midshipman USN. — Where Residing if not at place of death: USN Hosp.

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

Father's Name: F. B. Nason, 37 Common St. Newport. — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Navy Records — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Asphyxiation - Drowning. — How long: —

Immediate: — How long: —

169

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

Signature of Physician: F. Tom Wedemeyer.

Address: Surgeon USN.

Accident: [redacted]

PHYSICIAN OR CORONER

X

New Part R. L.

Name in Full: Felicia Manard

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: St. Margarets — County: Anne Arundel — **MARYLAND**

Date of death 1910 — Month: June — Day: 27 — Age — Years: 50 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Anne Arundel

Occupation: House wife — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: John Manard

Father's Name: Charles Stansbury — Father's Birthplace: unknown

Mother's Maiden Name: Felicia Stansbury — Mother's Birthplace: unknown

Name of person giving information: Albert Manard — How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral embolism — How long: about 4 days

Immediate: Cardiac Failure — How long: about 24 hrs.

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

Signature of Physician: Jos. C. Joyce M.D.

Address: Arnold Md.

Accident or Suicide: —

OFFICE SUPPLY CO. 8-29-08

Name in Full: Robert Harrison Munroe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) near Head of Rock Creek			County: Anne Arundel Co		
Date of death 1900	Month: June	Day: 2nd	Years: 11	Months: 2	Days: 5
Sex: Male		Color or Race: Colored		Birthplace: St. Marys Co. Md.	
Occupation: School boy			Where Residing if not at place of death: —		
Married, Single or Widowed: Single		Name of Wife or Husband: —			
Father's Name: George Munroe				Father's Birthplace: Charles Co. Md	
Mother's Maiden Name: Annie Briscoe				Mother's Birthplace: St. Marys Co. Md	
Name of person giving Information: George Munroe				How related to deceased: Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Meningitis	How long: 3 weeks
Immediate: Heart Failure	How long: Immediate
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: James S. Bellingsley MD
	Address: Clinton Md
Accident or Suicide: No	

61

Name in Full: Charles F. Muhlmeister

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis (Town) A A (County)

Date of death: 1910 June 21st

Age: 65 Years 8 Months Days

Sex: Male

Color or Race: White

Birthplace: Germany

Occupation: Baker

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Louise Muhlmeister

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving Information: Wilhelmena Pettibone

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(120)

Primary: Cirrhosis of liver & chronic nephritis

How long: years

Immediate: uremia & heart failure

How long: 4 days.

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

Signature of Physician: E E Hyllegren

Address: Annapolis Md

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-29-08

Name in Full: Mary R. Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis (Town) A. A. (County) MARYLAND

Date of death 1900 June (Month) 16 (Day) Age 61 Years Months Days

Sex: Female Color or Race: White Birthplace: Balto. Md

Occupation: House Wife Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: John Mason

Father's Name: Antone Stapf Father's Birthplace: Germany

Mother's Maiden Name: Tricia Weilzbach Mother's Birthplace: Germany

Name of person giving information: Mammie Lang How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fatty Degeneration of heart How long: Some years

Immediate: Cardiac Asthenia How long: [illegible]

79

Are the name, age, sex, color, date and place correctly given above? Signature of Physician: J. S. Murphy

Address: Annapolis Md

Accident or Suicide

Name in Full: John A. Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Anne Arundel — MARYLAND

Date of death 1940 — Month: June — Day: 2 — Age: Years 62 — Months 4 — Days 28

Sex: Male — Color or Race: White — Birthplace: Meadeville Pa

Occupation: Captain U.S.N., Ret'd Naval Officer — Where Residing if not at place of death: 262 - King George St., Annapolis.

Married, Single or Widowed: Married — Name of Wife or Husband: Zoe N. Norris

Father's Name: Not known — Father's Birthplace: Not known

Mother's Maiden Name: " " — Mother's Birthplace: " "

Name of person giving Information: N. E. Irvin — How releted to deceased: Son-in-law

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: chronic kidney disease (120) — How long: About two years

Immediate: uremic headache — How long: Two days

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

Signature of Physician: [illegible] Surgeon USN X

Address: U.S. Naval Academy, Annapolis

Accident or Suicide

OFFICE SUPPLY CO. 2364

Name in Full: Laura Frances Osborne

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Mc Cuttinsville (County) Anne Arundel

Date of death 1900 Month: June Day: 7 Years: Age 9 Months: 10 Days: 28

Sex: Female Color or Race: Colored Birthplace: Anne Arundel Co.

Occupation: School girl. Where Residing if not at place of death: —

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

Father's Name: George Osborne Father's Birthplace: Anne Arundel Co.

Mother's Maiden Name: Mary Pack Mother's Birthplace: Anne Arundel Co.

Name of person giving Information: Leander Bittins How related to deceased: Friend.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis 28 How long: 6 months

Immediate: Pulmonary Hemorrhage How long: Immediately

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

Signature of Physician: James S. Billingsley M.D.

Address: Clarksville Md.

Accident or Suicide: No.

Name in Full Herbert Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date of death 1900 Month: June Day: 29 Age Years: — Months: 3 Days: —

Sex: Male Color or Race: Colored Birthplace: Annapolis

Occupation: — Where Residing if not at place of death:

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

Father's Name: James Simpson Father's Birthplace: Annapolis, Md

Mother's Maiden Name: Susie Brown Mother's Birthplace: Annapolis, Md

Name of person giving Information: Susie Brown How related to deceased: Mother

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Marasmus 184 A How long: 6 Months

Immediate: Exhaustion How: Gradual

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

Signature of Physician: John Riddoch M.D.

Address: Annapolis Md

Accident or Suicide

OFFICE SUPPLY CO. 2384

Name in Full: Ella Bellinglea Stallings.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lake Shore — County: Anne Arundel

Date of death 1900 — Month: June — Day: 30 — Years: Age — Months: 3 — Days: 5

Sex: Female — Color or Race: White — Birth-place: Anne Arundel Co

Occupation: — Where Residing if not at place of death: —

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

Father's Name: Thomas Stallings — Father's Birthplace: Anne Arundel Co.

Mother's Maiden Name: Sarah Ellison — Mother's Birthplace: Anne Arundel Co

Name of person giving information: Thomas Stallings — How related to deceased: Father

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Congenital Debility — How long: From Birth

Immediate: Acute Diarrhoea — How long: 2 weeks

1044

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

Signature of Physician: James J. Bellinglea M.D

Address: Elrton Md

Accident or Suicide: No

OFFICE SUPPLY CO. 8-20--06

Name in Full John Thomas Stallings

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Harwood County: Anne Arundelle

Date of death 19ØV Month: June Day: 17

Age Years: Months: 5 Days: 13

Sex: Male Color or Race: White Birthplace: Anne Arundel

Occupation

Where Residing if not at place of death

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

Father's Name: Elmer Stallings Father's Birthplace: Calvert County

Mother's Maiden Name: Maggie Ferrall Mother's Birthplace: Calvert County

Name of person giving Information: Elmer Stallings How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Milk feeding How long: Week

Immediate: Asthenia How long: Week

189 A

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

Signature of Physician: Maclaine Cawood M.D.

Address: West River Md

Accident or Suicide: Neither

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full George Slaymore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Annapolis (Town) Neck — County: Anne Arundel

Date of death 1910 — Month: June — Day: 1 — Years: Age 42 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Va Co Md

Occupation: Labore — Where Residing if not at place of death:

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

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: Mary Sanders — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 18 months?

Immediate: General Asthenia — How long: 3 weeks

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

Signature of Physician: Walter A Hylton M.D.

Address: Annapolis Md

Accident or Suicide:

OFFICE SUPPLY CO. 1-20--08

Name in Full: Leonard E. Stange

CERTIFICATE OF DEATH

MARYLAND

Died at: Story (Town) Lerch (County) Anne Arundel

Date of death 1900 — Month: June — Day: 19 — Age: Years 43, Months 2, Days 18

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Clerk — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widower~~ — Name of Wife or Husband: Frances Stange

Father's Name: Engelhart Stange — Father's Birthplace: +

Mother's Maiden Name: Elizabeth Fisher — Mother's Birthplace: +

Name of person giving Information: Elizabeth Stange — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH (64)

Primary: Cerebral Hemorrhage — How long: 4 hours

Immediate: Exhaustion — How long: 1 hour

PHYSICIAN OR CORONER

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

Signature of Physician: Frank E. Eldred M.D.

Address: Spanish Point Md.

~~Accident or Suicide~~

OFFICE SUPPLY CO., 11-15-08

Name in Full: Harriet Steward

CERTIFICATE OF DEATH

MARYLAND

Town: Annapolis | County: A A

Died at — Month: June | Day: 5 | Years: 67 | Months: — | Days: —

Date of death 1960 | Age

Sex: Female | Color or Race: Colored | Birthplace: A A Co Md

Occupation: Cook | Where Residing if not at place of death: —

Married, Single or Widowed: Widow | Name of Wife or Husband: Lyod Steward

Father's Name: Jacob Tyler | Father's Birthplace: A A Co Md

Mother's Maiden Name: Sarra Jennings | Mother's Birthplace: A A Co Md

Name of person giving information: Isabelle Jones | How related to deceased: Great Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mitral Regurgitation (79) | How long: about a year

Immediate: Heart Failure | How long: Immediate

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

Signature of Physician: Ambrose Garcia M.D.

Address: 34. 2nd St.

Accident or Suicide: —

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-29-58

Name in Full: Jack Steward

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Md. House of Correction (County): A. A. Co

Date of death: Month: June Day: 5 Year: 1900 Age: Years: 28 Months: — Days: —

Sex: Male Color or Race: Negro Birthplace: Maryland

Occupation: Laborer Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Unknown

Father's Name: Unknown Father's Birthplace: Unknown

Mother's Maiden Name: Unknown Mother's Birthplace: Unknown

Name of person giving Information: F. P. Brattin How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption How long: 1 year

Immediate: How long:

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

Signature of Physician: T. J. Ryan

Address: Laurel, Md.

Accident or Suicide: No

PHYSICIAN OR CORONER

28

X

OFFICE SUPPLY CO., 11-15-08

Name in Full: Mary Alice Stewart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Earl Port — County: A-A

Date of death: Month: June — Day: 6 — 19 0

Age: Years: 40 — Months: 4 — Days: 14

Sex: Female — Color or Race: Colord — Birthplace: Annapolis

Occupation: Housewife — Where Residing if not at place of death: 382 Chester Ave.

Married, Single or Widowed: Married — Name of Wife or Husband: Emory Stewart

Father's Name: William Reams — Father's Birthplace: Annapolis

Mother's Maiden Name: Melvina Kirby — Mother's Birthplace: Annapolis

Name of person giving Information: Emory Stewart — How related to deceased: Husband.

Brewerhill

89A

CAUSES OF DEATH

Primary: Intestinal Obstruction — How long: 4 weeks

Immediate: Cardiac Failure — How long: 12 hours

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

Signature of Physician: A. R. Tuck

Address: 602 Eastern Ave. Annapolis

Accident or Suicide: no

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: James Louis Stone

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Benfield — County: Anne Arundel

Date of death: 1910 — Month: June — Day: 2d — Years: — Months: — Days: 10

Age

Sex: Male — Color or Race: White — Birthplace: Near Benfield

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Lee Stone — Father's Birthplace: A A Co

Mother's Maiden Name: Carrie Wade — Mother's Birthplace: A A Co

Name of person giving information: Carrie Wade Stone — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Premature Child — How long

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

Signature of Physician: Thomas H Brayshaw

Address: Glen Burnie

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Matthew Strohm

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis, Md (Town) — A. A. Co. (County)

Date of death: Jun 1910 (Month) June 21 (Day) Tuesday

Age: Years 66 — Months 2 — Days 21

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Physical Instructor — Where Residing if not at place of death:

Married, Single, or Widowed: Married — Name of Wife or Husband: Louise Strohm

Father's Name: Matthew Strohm — Father's Birthplace: Germany

Mother's Maiden Name: Annie Brabra — Mother's Birthplace: "

Name of person giving information: S. Marie Strohm Thomas — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arteriosclerosis & Fatty Degeneration Heart. — How long: 16 mos (about)

Immediate: Acute Indigestion & Cardiac Apoplexy. — How long: Zero days

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

Signature of Physician: Chas. H. Herrel

Address: Annapolis, Maryland

~~Accident or Suicide~~

Name in Full: Annie M. Sullivan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: A. A.

Date of death: Month: June; Day: 14; 1960

Age: Years: 48; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Annapolis

Occupation: House wife

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: John R Sullivan

Father's Name: John Wilson

Father's Birthplace: Annapolis Md

Mother's Maiden Name: Sara Thomas

Mother's Birthplace: Annapolis Md

Name of person giving information: John R. Sullivan

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma Breast, 3 Years

Immediate: Asthenia, one week

43

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

Signature of Physician: Geo. Wells

Address: Annapolis Md

Accident or Suicide: No.

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-29-08

J. B. Taylor. Bars

Name in Full: Thomas Sgeliga

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Brooklyn (County): A A

Date of death: Month: June; Day: 1; 1900; Age: Years: ; Months: 8; Days:

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: ; Where Residing if not at place of death:

Married, Single or Widowed: ; Name of Wife or Husband:

Father's Name: John Sgeliga; Father's Birthplace: Austria

Mother's Maiden Name: Antoni Wojda; Mother's Birthplace: Austria

Name of person giving information: Antoni Sgeliga; How related to deceased: Mother

CAUSES OF DEATH (6)

PHYSICIAN OR CORONER

Primary: Measles; How long:

Immediate: Congestion Lungs; How long:

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

Signature of ~~Physician~~: John E Poe Crum

Address: Brooklyn A A Co Md

Accident or Suicide?

Name in Full: James H. Tobin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jones Station; County: Anne Arundel

Date of death 1900: Month: June; Day: 2

Age: Years: 78; Months: ~~[illegible]~~; Days: —

Sex: Male

Color or Race: White

Birthplace: Ireland

Occupation: Laborer

Where Residing if not at place of death: —

Married, ~~Single or Widowed~~: Married

Name of Wife or Husband: Mary Tobin

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving Information: A. T. Cunningham

How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's Disease

How long: two yrs.

Immediate: Sclerosis of Kidney. Cardiac failure

How long: two days.

120

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

Signature of Physician: Jos. C. Joyce M.D.

Address: Annapolis P.O., Md.

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2314

Name in Full: William Nelson Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A. A.

Date of death — Month: June — Day: 21st — Year: 1960 — Age: 60 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Annapolis

Occupation: Fisherman — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Lillie Thomas

Father's Name: James Thomas — Father's Birthplace: Balto Md

Mother's Maiden Name: Annie Parkerson — Mother's Birthplace: Unknown

Name of person giving Information: Jessie E. Green — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heat exhaustion — How long: 24 hours

Immediate: Cardiac asthenia — How long: 5 hours

(179)

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

Signature of Physician: Walton H Hopkins MD

Address: Annapolis

Accident or Suicide: Neither

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-20-58

J. S. Taylor & Son
St Ames Cent.

Name in Full: Ranoy Urbue (Urbue)

CERTIFICATE OF DEATH

MARYLAND

Died at: Curtis Bay (Town) A.A. Co. (County)

Date of death: June 1 1940

Age: Years 44 Months 8 Days —

Sex: Female

Color or Race: White

Birthplace: Europe

Occupation: Housewife

Where Residing if not at place of death: Curtis Bay

Married, Single or Widowed: Married

Name of Wife or Husband: —

Father's Name: David Kuno

Father's Birthplace: Europe

Mother's Maiden Name: Dora Kuno

Mother's Birthplace: "

Name of person giving Information: Son

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

CAUSES OF DEATH

40

Primary: Cancer of Stomach — How long: 6 Months

Immediate: Asthenia — How long: Several days

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

Signature and Address of Physician: A. Heubauer M.D. 428 S. Charles

Accident or Suicide: No

OFFICE SUPPLY CO. 2364

Name in Full: Nathan Wallace

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Patuxent — County: Anne Arundel

Date of death 1900 — Month: June — Day: 10th — Years: — Months: 2 — Days: '

Age

Sex: Male — Color or Race: Colored — Birthplace: Patuxent

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name: Benj Wallace — Father's Birthplace: Maryland

Mother's Maiden Name: Bessie Shorter — Mother's Birthplace: Maryland

Name of person giving Information: Thos. Shorter — How related to deceased: uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Intestinal indigestion — How long: 24 hours

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

Signature of Physician: A H McNemar

Address: Queenston

Accident or Suicide

104

OFFICE SUPPLY CO. 2364

Name in Full: Sarah Waters

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Laurel — County: A. A.

Date of death: Month: June — Day: 2 — Year: 1930 — Age: Years: 89 — Months: 3 — Days: "

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Retired — Where Residing if not at place of death: Near Laurel

~~Married~~, Single or Widowed: Wd — Name of Wife or Husband: John H. Waters

Father's Name: William Burton — Father's Birthplace: Md

Mother's Maiden Name: Susan Ighehart — Mother's Birthplace: Md

Name of person giving Information: J. Harry Waters — How related to deceased: Son

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Infirmities of Age — How long: 3 years

Immediate: Heart failure — How long: 2 days

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

Signature of Physician: John Brownlee

Address: Laurel - Md.

Accident or Suicide: —

OFFICE SUPPLY CO., 2284

Fishm & Phani
Inm permits & mail }

Name in Full: Valentine Werner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Severn (Town) A A (County)

Date of death: 1918 June (Month) 17 (Day)

Age: Years — Months: 7 — Days:

Sex: Male

Color or Race: white

Birthplace: Baltimore

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Frank Werner

Father's Birthplace: Germany

Mother's Maiden Name: Frances Cosen

Mother's Birthplace: Germany

Name of person giving information: Frank Werner

How related to deceased: father

CAUSES OF DEATH

(189)

PHYSICIAN OR CORONER

Primary: Marasmus — How long:

Immediate: — How long: 2 months

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

Signature of Physician: Thomas H Broyhan

Address: Gem Burnie

Accident or Suicide?

Name in Full: John Charles Wheatley

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis (Town) A (County)

Date of death 1910: June (Month) 8 (Day)

Age: 59 Years 5 Months 12 Days

Sex: Male

Color or Race: White

Birthplace: Kent Co Md

Occupation: Fire insurance agent

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Kate Wheatley

Father's Name: Arthur B. Wheatley

Father's Birthplace: Kent Co Md

Mother's Maiden Name: Mary Ann Ayres

Mother's Birthplace: Kent Co Md

Name of person giving Information: Arthur B. Wheatley

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis — How long: 8 months

Immediate: Asthenia — How long: One week

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

Signature of Physician: Wm S Welch

Address: Annapolis

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Martha Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis Dock, A. A. Co.

Date of death 1910	Month: June	Day: 4	Years: 27	Months	Days

Age: 27

Sex: Female | Color or Race: Colored | Birthplace: A. A. Co.

Occupation: Cook | Where Residing if not at place of death: City Dock

Married, Single or Widowed: Single | Name of Wife or Husband: None

Father's Name: Zachariah Wilson | Father's Birthplace: A. A. Co.

Mother's Maiden Name: Anna Johnson | Mother's Birthplace: " "

Name of person giving information: Thomas Jones | How related to deceased: friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental Drowning | How long: 164

Immediate | How long:

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

Signature of Physician: Ambrose Garey M.D.

Address: 34. 2nd St

Accident or Suicide? Accident

X

Name in Full: Mary Woodley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Mount Carmel — County: Anne Arundel

Date of death: Month: June — Day: 5 — Year: 1900

Age: Years: 39 — Months: \ — Days: \

Sex: Female — Color or Race: Colored. — Birthplace: Kent Co. Md.

Occupation: Picker — Where Residing if not at place of death: —

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

Father's Name: Henry Woodley — Father's Birthplace: Eastern Shore Md.

Mother's Maiden Name: Jane Woodley — Mother's Birthplace: Eastern Shore Md.

Name of person giving Information: Ike Waters — How related to deceased: Friend.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Alcoholism — How long: 2 or 3 years.

Immediate: Heart Failure — How long: Immediately.

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

Signature of Physician: Melville S. Dudrow

Address: Practitioner of the Healing Art, Annapolis

Accident or Suicide: No

P.D. Shaton M.D. D.D.S. Med.

OFFICE SUPPLY CO. 6-20--08

Name in Full: Paul Wilbur Woodward

CERTIFICATE OF DEATH

MARYLAND

Died at: 2nd District (Town) — A A (County)

Date of death 1910: Month: June — Day: 12 — Age: Years: 23 — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Le Roy N. York

Occupation: None — Where Residing if not at place of death: Le Roy N. York

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Orator Frank Woodward — Father's Birthplace: New York

Mother's Maiden Name: Cora Jolivage — Mother's Birthplace: New York

Name of person giving Information: Ernest L. Woodward — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 4 days

Immediate: Syncope — How long: Sudden

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

Address: Annapolis Md

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-29-58

Name in Full: Wolford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eastport; County: A. A. Co.

Date of death 190 0 Month: 6 Day: 4

Age: Years — Months — Days —

Sex: Male

Color or Race: White

Birthplace: Eastport.

Occupation: —

Where Residing if not at place of death: Eastport

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: John B Wolford

Father's Birthplace: Eastport

Mother's Maiden Name: Mary Parsly

Mother's Birthplace: "

Name of person giving information: John B Wolford

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature Birth — How long: S

Immediate: Still Born — How long: ✓

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

Signature of Physician: J. T. Russell M.D.

Address: Eastport,

PHYSICIAN OR CORONER

Accident or Suicide

OFFICE SUPPLY CO. 2364