

Name in Full

Mary Andrews

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Ridgely Town Caroline County **MARYLAND**

Date of death 190 June Month 12 Day Age 62 Years Months Days

Sex Female Color or Race White Birth-place Caroline Co Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Tilghman Andrews

Father's Name Thos. Dutton Father's Birthplace Caroline Co Md

Mother's Maiden Name Elizabeth Blades Mother's Birthplace Caroline Co Md

Name of person giving Information Tilghman Andrews How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cancer of face HH How long 1 year

Immediate Exhaustion How long 1 month

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

Signature of Physician J. C. Madara

Address Ridgely Md

Accident or Suicide X



Name
in
Full

Mr Bailey

CERTIFICATE OF DEATH

Died at ^{town} New Market ^{County} Caroline MARYLAND

Date of death 1960 June 21 Age 33 Months - Days -

Sex male Color or Race white Birth-place Del.

Occupation Farmer Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Ella Adams

Father's Name Joshua Bailey Father's Birthplace Del.

Mother's Maiden Name Eliza Bell Mother's Birthplace Del.

Name of person giving information John Bailey How related to deceased Father

CAUSES OF DEATH

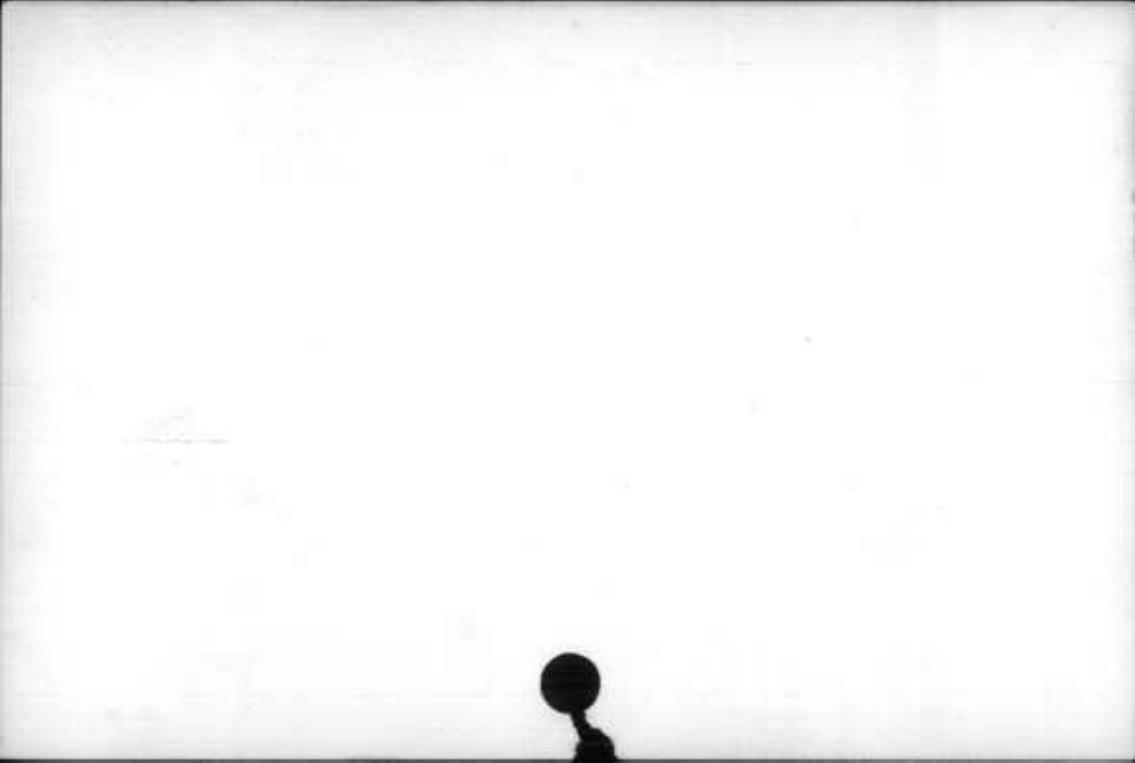
Primary Pulmonary Tuberculosis How long Several years

Immediate Asthma How long 6 mos.

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. W. F. [unclear]

Address Hillsboro, Md.

Accident or Suicide no



Name
in Full

CERTIFICATE OF DEATH

John Wesley Bell
Town *Burnsville* County *Caroline*

MARYLAND

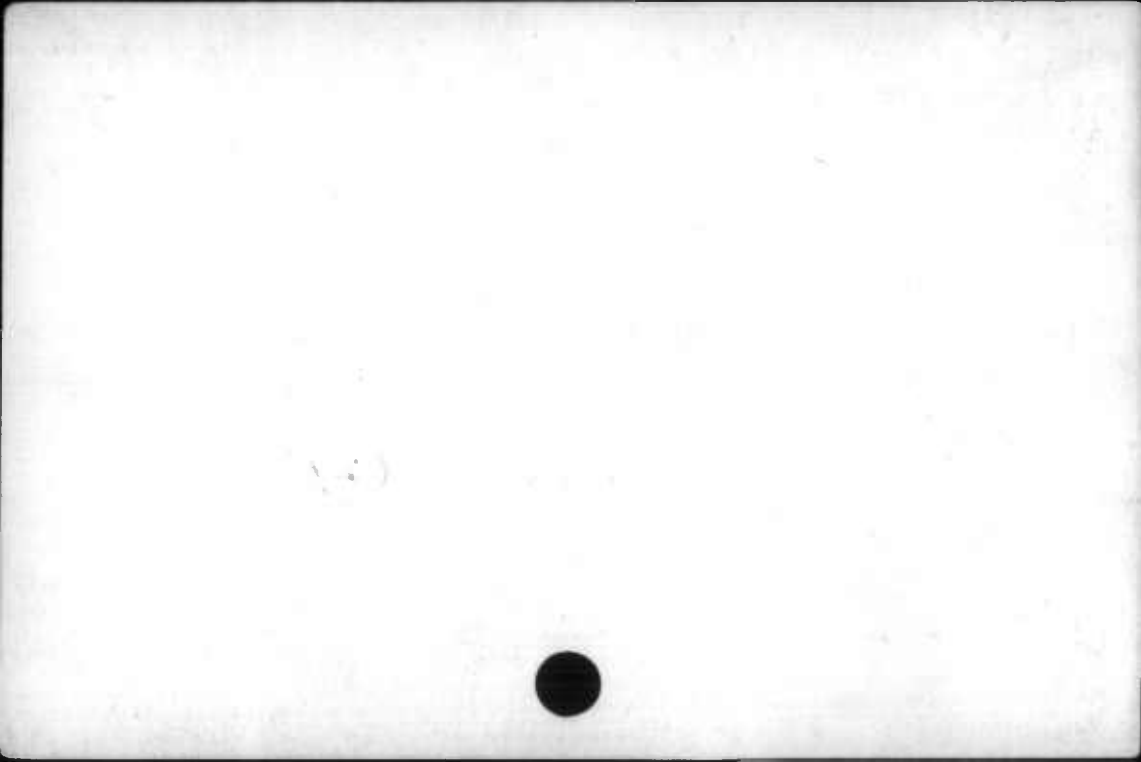
Date of death 19*10* June 12 Age 24 Months — Days —Sex *Male* Color or Race *Colored* Birth-place *Ind.*Occupation *Laborer* Where Residing if not at place of death —Married, Single or Widowed *Single* Name of Wife or Husband —Father's Name *William F. Bell* Father's Birthplace *Ind.*Mother's Maiden Name *Georgiana Allen* Mother's Birthplace —Name of person giving Information *W. F. Bell* How related to deceased *Father*

CAUSES OF DEATH

Primary *Don't know* How long —Immediate *Consumption* How long *Don't know*Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *G. W. Simmond*Address *Denton, Ind.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

E. Frank Conley

CERTIFICATE OF DEATH

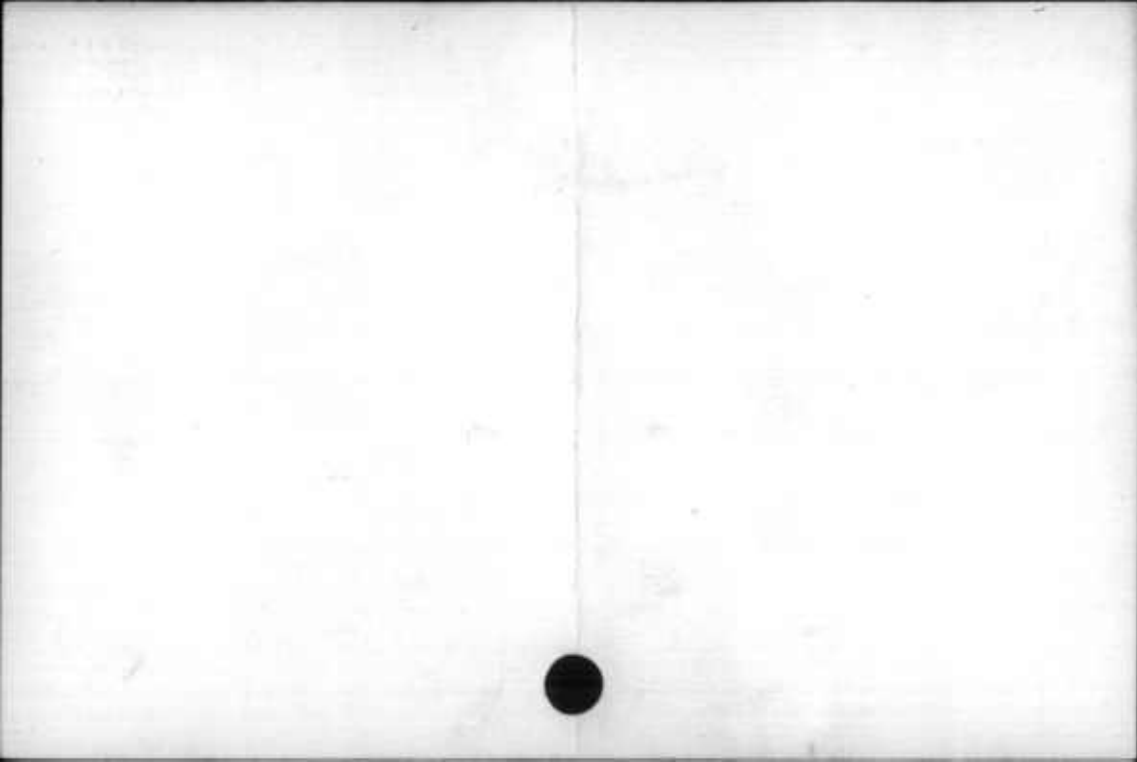
| | | | | | |
|--|--|---|-------------------------|-----------------------------------|----------------------------|
| Died at ^{Town} <i>Near Federalburg,</i> | | ^{County} <i>Caroline</i> | | MARYLAND | |
| Date of death <i>1900</i> | | ^{Month} <i>June</i> | ^{Day} <i>3</i> | ^{Years} <i>48</i> | ^{Months} <i>7</i> |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Sussex Co. Md.</i> | |
| Occupation <i>Farmer</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Mary E. Conley</i> | | | |
| Father's Name <i>Daniel F. Conley</i> | | Father's Birthplace <i>Caroline Co. Md.</i> | | | |
| Mother's Maiden Name <i>Mary Elizabeth Harper,</i> | | Mother's Birthplace <i>Dorchester Co. "</i> | | | |
| Name of person giving Information <i>Arrenia Alford.</i> | | How related to deceased <i>Sister,</i> | | | |

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

| | | | | |
|--|-----------------|---|----------|----------------------|
| Primary | <i>Phthisis</i> | <i>28</i> | How long | <i>Several years</i> |
| Immediate | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician <i>B. K. Jefferson</i> | | |
| | | Address <i>Federalburg Md.</i> | | |
| Accident or Suicide | | | | |

PHYSICIAN
OR CORONER



Name
is
Full

Susanna Borner Die.

CERTIFICATE OF DEATH

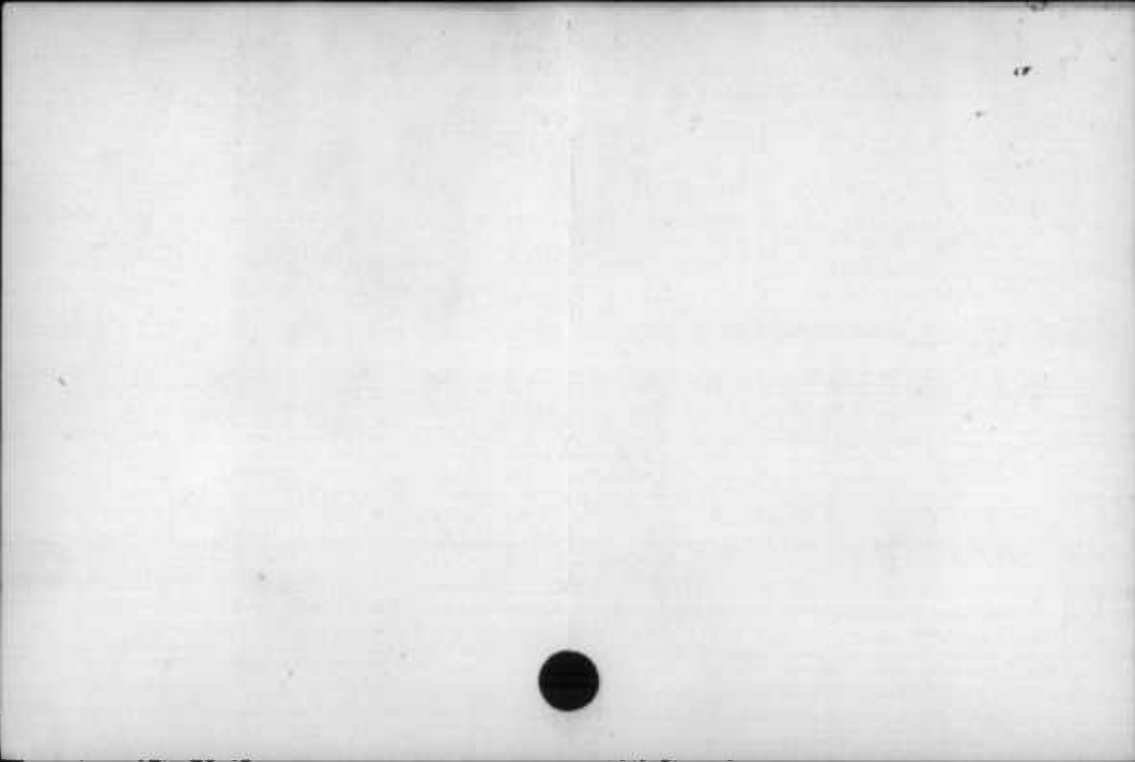
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|--------------------------------------|------------------------------|------------------|--------------------------------|
| Died at <i>Federal Burg.</i> <small>Town</small> | | <i>Carroll</i> <small>County</small> | | MARYLAND | |
| Date of death | 19 <i>0</i> <small>Year</small> | <i>June</i> <small>Month</small> | <i>20</i> <small>Day</small> | Age <i>77</i> | <i>-</i> <small>Months</small> |
| Sex | <i>Female</i> | Color or Race | <i>White</i> | Birth-place | <i>Balti. Md</i> |
| Occupation | <i>Housewife - Retired</i> <small>Where Residing if not at place of death</small> | | | | |
| Married, Single or Widowed | <i>Widowed</i> | Name of Widow Husband | <i>Fredrick Die</i> | | |
| Father's Name | <i>J. Borner</i> | | Father's Birthplace | <i>Balti. Md</i> | |
| Mother's Maiden Name | <i>S. Robinson</i> | | Mother's Birthplace | <i>Balti. Md</i> | |
| Name of person giving information | <i>Mrs. Muller</i> | | How related to deceased | <i>Daughter</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------------|------------------------|------------------------------|
| Primary | <i>Senility</i> | How long | <i>154</i> |
| Immediate | <i>Syncope (Ref. Ex. 2000)</i> | How long | <i>Following Insultation</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>G. F. Galway</i> |
| | | Address | <i>Federal Burg Md</i> |
| Accident or Suicide? | <i>X</i> | | |



Name
in
Full

Wm T. Elbourn

CERTIFICATE OF DEATH

Died at ^{Town} near Bridgetown ^{County} Caroline Co MARYLANDDate of death 1900 ^{Month} June ^{Day} 20th ^{Years} Age 42 ^{Months} ^{Days} 10Sex male ^{Color or Race} White ^{Birth-place}Occupation Farmer ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} Gracie E. HailtonFather's Name Wm T. Elbourn ^{Father's Birthplace} Not knownMother's Maiden Name Elizabeth Sewe ^{Mother's Birthplace} Not knownName of person giving information Gracie E. Hailton ^{How related to deceased} Wife

CAUSES OF DEATH

Primary Thrown from buggy on his face on June 19th at 7:30 P.M. ^{How long}Causing injury to Spinal Cord in his neck which paralyzed whole body at once from ^{How long} Neck down until death at 9:15 P.M. June 20th

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

^{Signature of Physician} Walter S. Derby^{Address} Centerville,^{Accident or Suicide} Accident R.R. No. 4. ^{Kind} XTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

William Thawley Helsby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Denton Caroline County

Date of death 1960 June 7 Age 1 Months 8 Days 4

Sex male Color or Race white Birth-place Denton

Occupation _____ Where residing if not at place of death _____

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

Father's Name G L Helsby Father's Birthplace Trasler

Mother's Maiden Name A Jennie Helsby Mother's Birthplace Trasler

Name of person giving Information G L Helsby How related to decedent brother

CAUSES OF DEATH

Primary Cholera infantum How long one week

Immediate same How long _____

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

Signature of Physician J R Fisher

Address Denton

Accident or Suicide no

msj X

104



Name
in
Full

CERTIFICATE OF DEATH

Adeline Henry

MARYLAND

Died at ^{Town} near Denton ^{County} Caroline

Date of death 1980 June 18 Age 60 Months - Days -

Sex Female Color or Race White Birth-place Ind.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband L. J. Henry

Father's Name Thomas Carroll Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information O. H. Henry How related to deceased son.

CAUSES OF DEATH

Primary Dont-know (28) How long Dont-know

Immediate Consumption How long "

Are the name, age, sex, color, date and place correctly given above? Yes! Signature of Physician G. W. "Simmons" Address Denton Ind.

Accident or Suicide in X

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

Katherine Hobbs.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|--|--|--------------------------|---------------|
| Died at ^{Town} <i>Near Sussville</i> ^{County} <i>Russell</i> | | MARYLAND | |
| Date of death 19 <i>80</i> | Month <i>6</i> | Day <i>15</i> | Age <i>65</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>W.Va.</i> | |
| Occupation <i>Nurse</i> | Where Residing if not at place of death <i>—</i> | | |
| Married, single widowed | Name of Wife or Husband <i>Mathew Hobbs.</i> | | |
| Father's Name <i>John Porter</i> | Father's Birthplace <i>not known</i> | | |
| Mother's Maiden Name | Mother's Birthplace <i>—</i> | | |
| Name of person giving information <i>Mathew Hobbs</i> | How related to deceased <i>Son-in-law</i> | | |

CAUSES OF DEATH

| | |
|---|---|
| Primary <i>Bright Disease</i> | How long <i>6 mos.</i> |
| Immediate <i>Measles</i> | How long <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>F. M. Nichol.</i> |
| | Address <i>—</i> |
| Accident or Suicide <i>—</i> | <i>120</i> <i>cont.</i> |

PHYSICIAN
OR CORONER



Name in Full

Robert Claude Hubbard.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Federalsburg, ^{County} Caroline MARYLAND

Date of death 1901 ^{Month} June ^{Day} 21 Age ^{Years} 1 ^{Months} 5 ^{Days} 16

Sex Male Color or Race White Birth-place Federalsburg, Md.

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Alonzo F. Hubbard, Father's Birthplace Caroline Co. Md.

Mother's Maiden Name Sidney P. Skethway, Mother's Birthplace Lancaster Co. Pa.

Name of person giving Information Alonzo F. Hubbard. How related to Deceased Father.

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary Gastro Intestinal Indigestion How long 2 days.

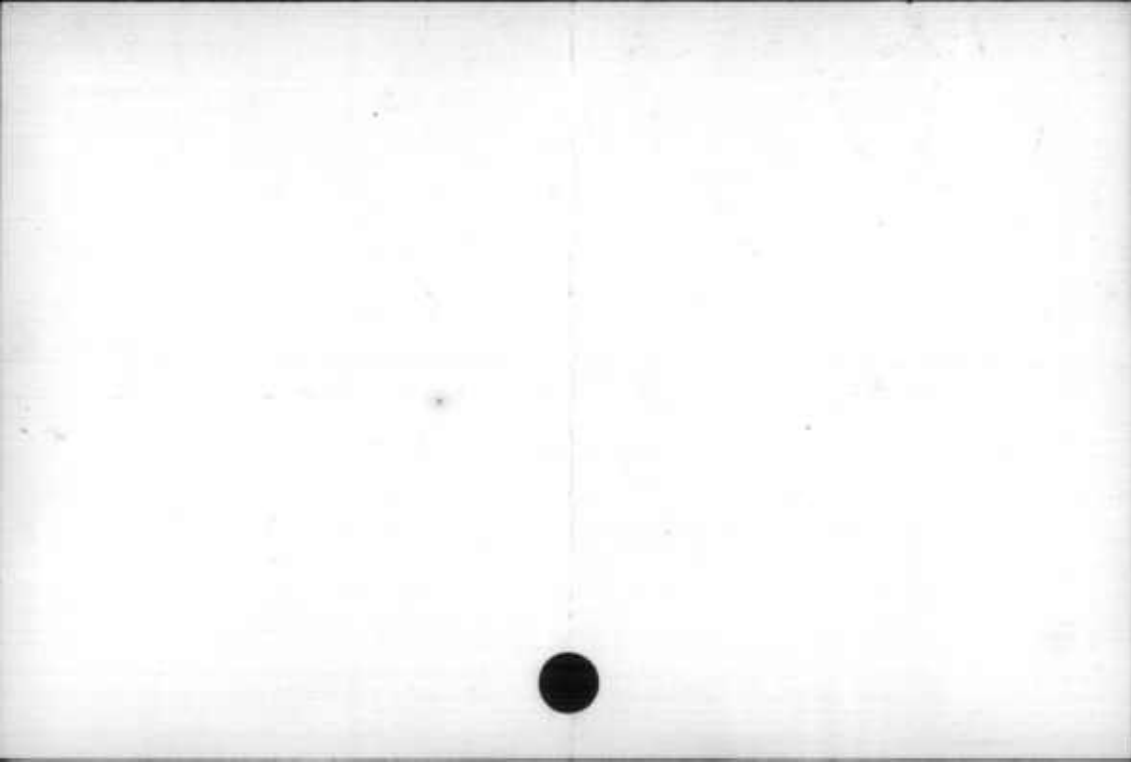
Immediate convulsions. How long at hrs.

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

Signature of Physician F. J. Brooks.

Address Federalsburg, Md.

Accident or Suicide



Name in Full

Ida Keater

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Preston Dorchester County MARYLAND

Date of death 1960 June 23 Age 31 Months Days

Sex Female Color or Race White Birth-place MD

Occupation Housewife Where Residing if not at place of death as above

Married, Single or Widowed Married Name of Wife or Husband Harvey Justin

Father's Name Joe Shultz Father's Birthplace MD

Mother's Maiden Name Annie Groff Mother's Birthplace MD

Name of person giving Information Harvey Justin How related to deceased Husband

CAUSES OF DEATH

137

PHYSICIAN OR CORONER

Primary Purpural Sepsis How long 10 days

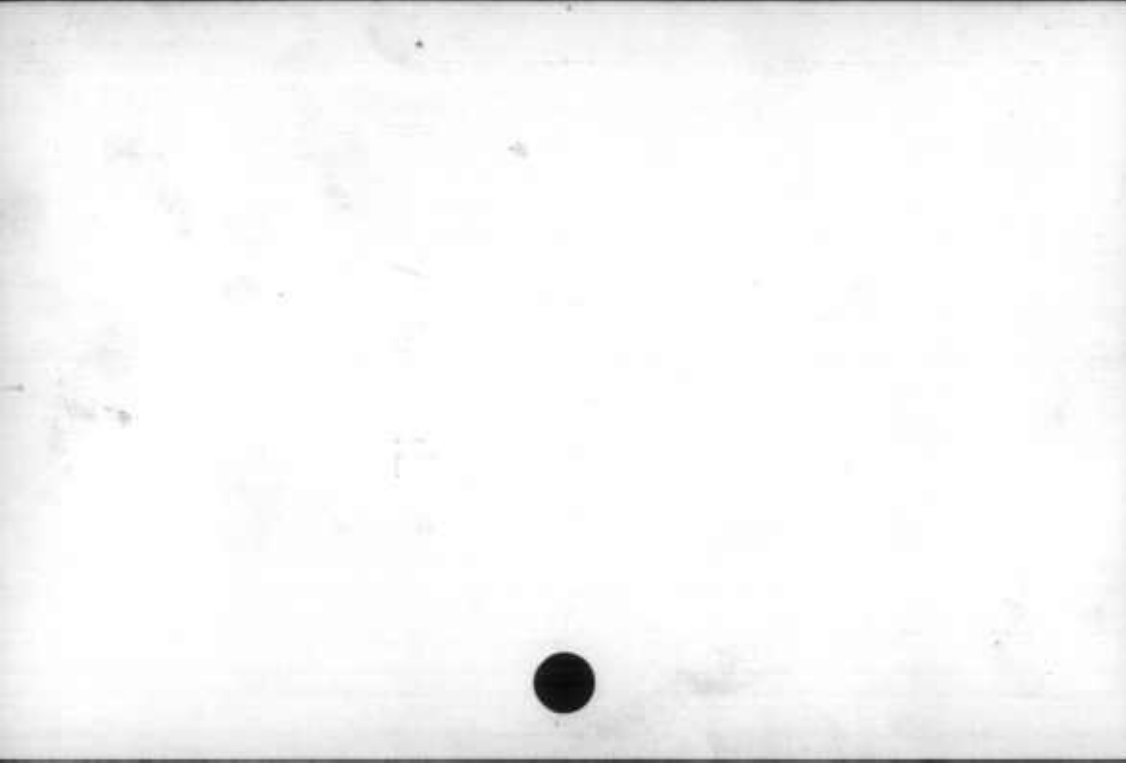
Immediate Heart failure How long few hours

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

Signature of Physician Raymond Downer

Address Preston

Accident or Suicide



Name
in
Full

Baby Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---------------------|--|-----|-------|----------|
| Died at ^{Town} Denton ^{County} Caroline | | MARYLAND | | | |
| Date of death 190 | Month June | Day 28 | Age | Years | Months 2 |
| Sex Male | Color or Race White | Birth-place Denton | | | |
| Occupation | | Where Reading if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Father's Name Robert E. Lane | | Father's Birthplace Delaware | | | |
| Mother's Maiden Name Linda Griffin | | Mother's Birthplace " | | | |
| Name of person giving information R. E. Lane | | How related to deceased Father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--------------------------------------|
| Primary Heredity | How long Always |
| Immediate Convulsions | How long from birth. |
| Are the name, age, sex, color, date and place correctly given above? Yes. | Signature of Physician E. W. Simmons |
| | Address Denton, Md. |
| Accident or Suicide? | |



Name in Full

CERTIFICATE OF DEATH

Stephen W. Locky
 Town Greensboro County Caroline

MARYLAND

Died at Date of death 1900 June 27th Age 81 Years ? Months ? Days

Sex Male Color of Race Black Birth-place Greensboro, Md

Occupation Day laborer. Where Residing if not at place of death at place of death

Married, Single or Widowed Widower Name of Wife or Husband Mary Stanley Lock

Father's Name Henry H. Locks. Father's Birthplace Caroline Co.

Mother's Maiden Name Informant does not know. Mother's Birthplace

Name of person giving information Allen Locks How related to deceased Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Chronic endocarditis How long Cannot say

Immediate gastric irritability & vomiting How long ten days.

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

Signature of Physician Marshall J. Brown

Address Greensboro

Accident or Suicide?

X Md.

PHYSICIAN OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Phelicia Annis Lusterman

Died at ^{Town} Luthers ^{County} Carroll MARYLANDDate of death 1940 ^{Month} June ^{Day} 20 ^{Years} 68 ^{Months} — ^{Days} —Sex Female Color or Race Black Birth-place Frederick Co.Occupation Homekeeper Where Residing if not at place of death —Married, Single or Widowed Widow Name of Wife or Husband Geo. LustermanFather's Name Don't Know Father's Birthplace Don't KnowMother's Maiden Name Lizzie Teet Mother's Birthplace MDName of person giving Information Reba Handy How related to decedent Sister

CAUSES OF DEATH

Primary Heart insufficiency 79 How long several yrsImmediate Pulmonary edema How long 5 daysAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician D. B. Rowe, M.D.Address Hollywood, Md.Accident or Suicide NTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



me
in
ull

CERTIFICATE OF DEATH

Perline. Meredith

Town

County

MARYLAND

Died at *Goldsbury*

Caroline

Date of death 19*06*

Month

Day

Age

Years

Months

Days

6

21

0

11

27

Sex *Female*

Color or Race *White*

Birth place *Caroline Co*

Occupation *none*

Where Residing if not at place of death

~~Married, Single~~

Name of Wife or Husband

Father's Name *Carroll Meredith*

Father's Birthplace *Delaware*

Mother's Maiden Name *May Tompson*

Mother's Birthplace *Maryland*

Name of person giving Information *Geo Tompson*

How long the person has known the deceased *Grand Father*

CAUSES OF DEATH

Primary

Cholera & Dysentery

How long

104

Immediate

How long

3 days

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

Signature of Physician

J. Selou

Address

Goldsbury Md

Accident or Suicide

W J Greenley

300 qt cur

Good Lamb

12 32 10

Glander

12 32 10

1000 pt cur

100 qt

Name in Full

William A Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Burroville Town Caroline County

MARYLAND

Date of death 190 June Month 29th Day Age 20 Years Months 4 Days 17

Sex Male Color or Race white Birth place Burroville

Occupation laborer. Where Residing If not at place of death home

Married, Single or Widowed married Name of Wife or Husband Minnie Morgan

Father's Name John W. Morgan Father's Birthplace Hickman

Mother's Maiden Name Laura Breeding Mother's Birthplace Delaware

Name of person giving information John W. Smith How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary gun shot wound In neck How long

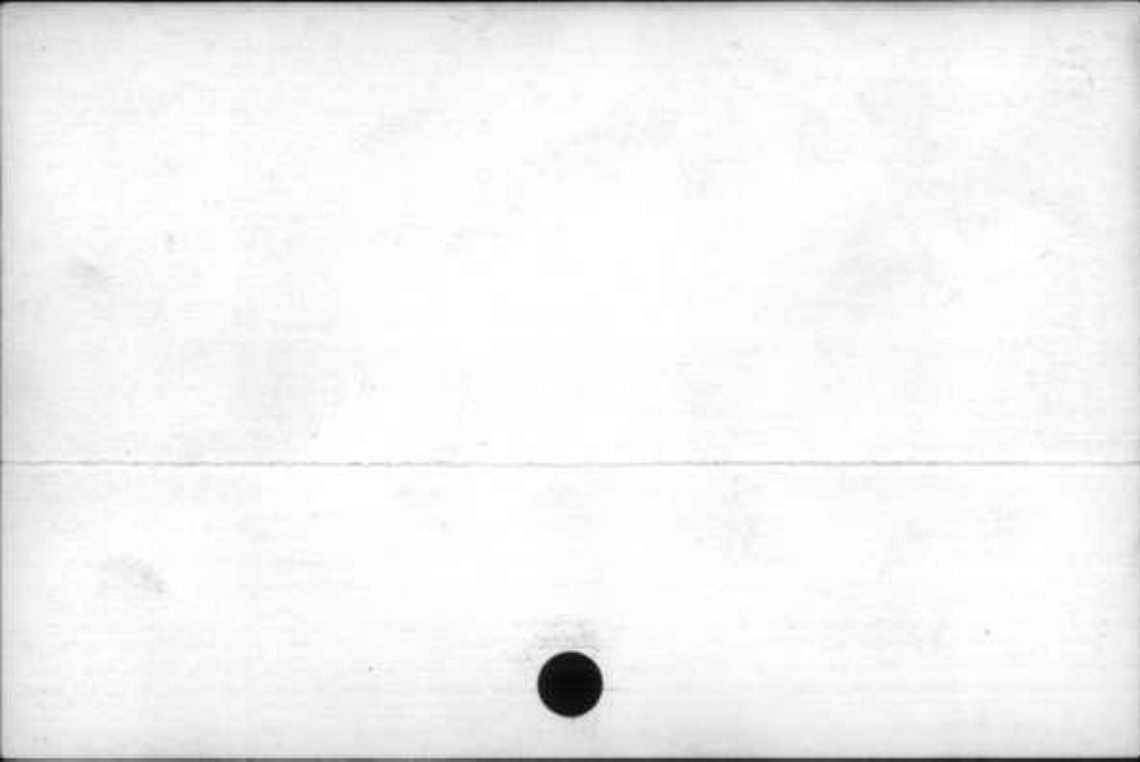
Immediate gun shot wound Immediate

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

Signature of Physician J. Patton Steele Address Denton, Maryland

Accident or Suicide

Justice of the Peace, Acting Coroner.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

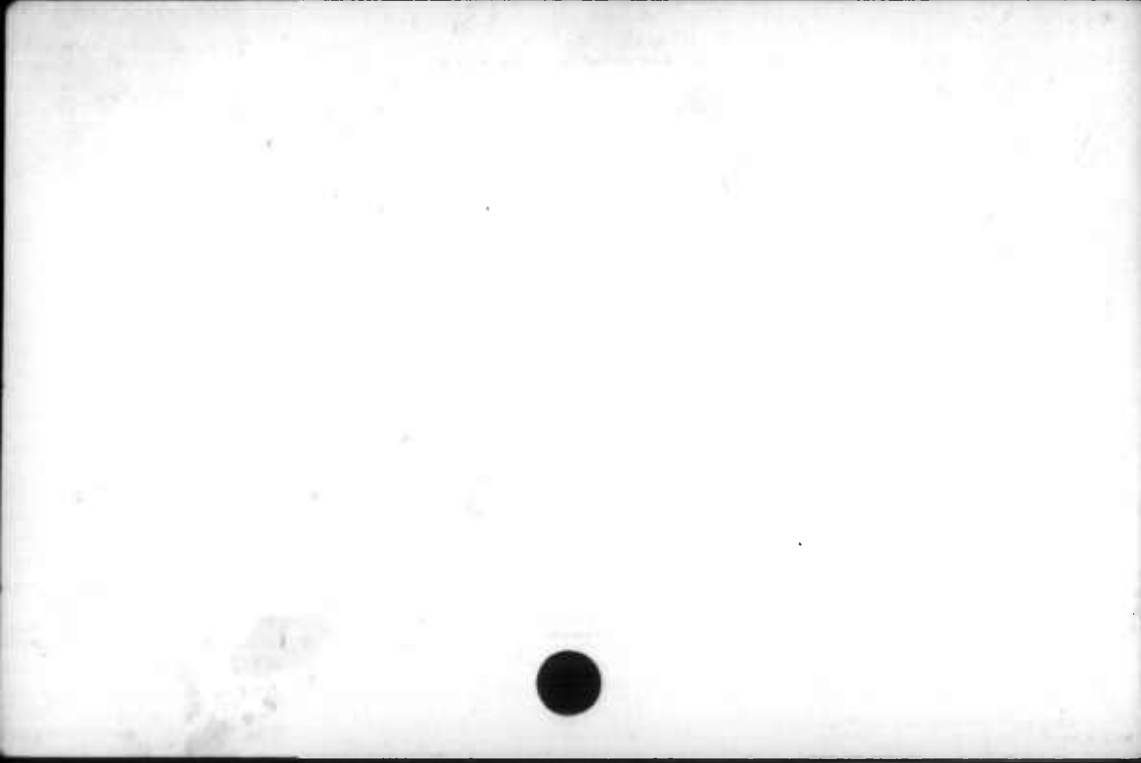
MARYLAND

Name in Full: *Jeremiah Scott*
 Town: *Newton* County: *Caroline*
 Died at: *Newton*
 Date of death: 1980 Month: *6* Day: *5* Age: *80* Years: _____ Months: _____ Days: _____
 Sex: *Male* Color or Race: *Black* Birth-place: *Ind*
 Occupation: *Labourer* Where Residing if not at place of death: *Same*
 Married, Single or Widowed: *Married* Name of Wife or Husband: *Louise Shippard*
 Father's Name: *Jeremiah Scott* Father's Birthplace: *Ind*
 Mother's Maiden Name: *Nant Brown* Mother's Birthplace: *South Carolina*
 Name of person giving Information: *Harry Scott* How related to deceased: *Son*

CAUSES OF DEATH

Primary: *Bright's* How long: *Several months*
 Immediate: *Same* How long: _____
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician: *P.R. Fisher*
 Address: *Newton Ind*
 Accident or Suicide: _____

PHYSICIAN
OR CORONER



Name
in
Full

Eather B. Stanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Preston* Town *Carolin* County **MARYLAND**

Date of death *1960* Year *June* Month *11* Day Age *17* Years *9* Months *17* Days

Sex *Female* Color or Race *Black* Birth-place *Carolin Co Md*

Occupation *Helpm at home* Where Residing if not at place of death *—*

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

Father's Name *John Silas Stanley* Father's Birthplace *Eh New Market Md*

Mother's Maiden Name *Mary E. Dickerson* Mother's Birthplace *Carolin Co Md*

Name of person giving information *John L. Stanley* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* *(28)* How long *4 years*

Immediate *Exhaustion* How long *—*

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

Signature of Physician *J. L. Noble*

Address *Preston Md,*

Accident or Suicide *—*



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName: *Henrietta Stanley*

Town

County

Died at: *Preston* *Caroline*

MARYLAND

Date of death: *1900* *June* *21* Age: *86*Months: *4* Days: *—*Sex: *Female* Color or Race: *Black*Birthplace: *Dorchester Co Md*Occupation: *Housewife* Where residing if not at place of death: *—*Married, Single or Widowed: *widow* Name of Wife or Husband: *Jamers K. Stanley*Father's Name: *Sandy K. DeBout* Father's Birthplace: *Wicomico Co Md*Mother's Maiden Name: *Sarah K. Wood* Mother's Birthplace: *Wicomico Co Md*Name of person giving information: *John Stanley* How related to deceased: *son*

CAUSES OF DEATH

Primary: *Old age* How long: *15 H*Immediate: *Don't know* How long: *—*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician: *J. L. Hobbs*Address: *Preston Md.*

#accident or Suicide

PHYSICIAN
OR CORONER



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Martin Bates Sylvester*
Town *Denton* County *Caroline*

MARYLAND

Died at *Denton*
Date of death *1910* Month *6* Day *25* Age *15* Years Months *8* Days *24*

Sex *male* Color or Race *White* Birth place *Maryland*

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

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

Father's Name *Jas. F. Sylvester* Father's Birthplace *Maryland*

Mother's Maiden Name *Leontine Noble* Mother's Birthplace *"*

Name of person giving information *Chas. H. Sylvester* How related to deceased *Brother*

CAUSES OF DEATH

Primary *169.* How long

Immediate *Accidental drowning* How long

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

Signature of Physician *J. Patten Steele*
Address *Justice of the Peace, Acting Coroner
Denton, Maryland*

Accident or Suicide? *Accident.*

PHYSICIAN
OR CORONER



Name
in
Full

Minnie Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---------------------------------------|---|-----------------------------------|-------------------------|-------------|----|
| Died at <u>Dorton</u> ^{Town} | | <u>Caroline</u> ^{County} | | MARYLAND | |
| Date of death | 1910 | Month | 6 | Day | 22 |
| Age | 1 | Years | | Months | 5 |
| Sex | Female | Color or Race | Black | Birth-place | MD |
| Occupation | Where Residing if not at place of death | | | | |
| Married , Single | Name of Wife or Husband | | | | |
| Father's Name | George Polk | | Father's Birthplace | Dk | |
| Mother's Maiden Name | Mettie Taylor | | Mother's Birthplace | MD | |
| Name of person giving information | Frank Bradley | | How related to deceased | same | |

CAUSES OF DEATH

| | | | |
|-----------|-------------------------|----------|---------------|
| Primary | <u>Cholera Infantum</u> | How long | <u>1 week</u> |
| Immediate | <u>same</u> | How long | <u> </u> |

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

yes

Signature of Physician

F. N. Nichols

Address

Dorton MD

Accident or Suicide?



Name
in Full

Mary Virginia Timons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Preston ^{Town} Caroline ^{County} MARYLANDDate of death 1900 June ^{Month} 29 ^{Day} Age — ^{Years} 6 ^{Months} 4 ^{Days}Sex Female Color or Race White Birth-place Preston MdOccupation — Where Residing if not at place of death —Married, Single or Widowed — Name of Wife or Husband —Father's Name Borden Timons Father's Birthplace Berlin MdMother's Maiden Name Daisy B. Roddey Mother's Birthplace Berlin MdName of person giving Information Borden Timons How related to deceased Father

CAUSES OF DEATH

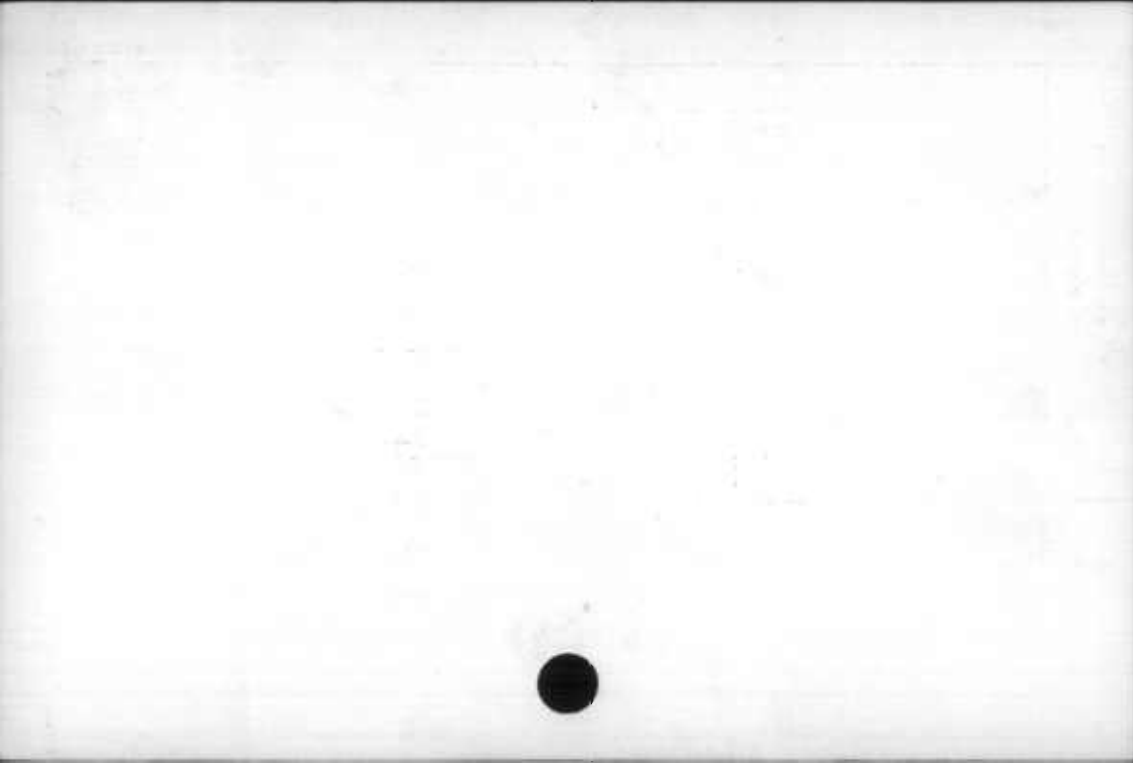
Primary Chronic Colitis 104 How long 2 weeksImmediate Exhaustion How long —Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

J. L. Howe
Preston
Md.

Accident or Suicide



(K) U Wright

Town

County

Died at Greensboro Caroline MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date: 19 | 10 | June 17 - Age - 9 - Caroline None

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of —Wife of —

Father's Name Wm. J. Wright Mother's Maiden Name Mary C. Albert

Cause of Death { Primary Typhoid - 1891 How long sick 2 mos.

Death { Immediate Med. cert. Accident, Suicide, Homicide

Reported by J. R. Ruane

Address X Greensboro, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

