

Name  
in Full

Ada Barber

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Grayton		County Chas		MARYLAND	
Date of death	1940	Month	June	Day	19
Age	20	Years		Months	-
Sex	Female	Color or Race	Black	Birth-place	md
Occupation	House wife		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Husband	Charles Barber	
Father's Name	Edward Procy		Father's Birthplace	md	
Mother's Maiden Name	Mary Dunnington		Mother's Birthplace	md	
Name of person giving Information	Alex Sanders		How related to deceased	none	

## CAUSES OF DEATH

Primary	Tuberculosis (28)	How long	1 year or more
Immediate	-	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. H. Speake
		Address	Grayton
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

*Alice T. Boone*  
Town *Gaunt Green* County *Charles*

MARYLAND

Died at

Date of death

1950 June 26 Age 55

Months

Days

Sex

*Female*

Color or Race

*White*

Birthplace

*Ind*

Occupation

*Housewife*

Where Residing if not at place of death

Married, Single or Widowed

*Married*

Name of Wife or Husband

*Richard A. Boone*

Father's Name

*Washington Purck*

Father's Birthplace

*Ind*

Mother's Maiden Name

*Rebecca Carpenter*

Mother's Birthplace

*Ind*

Name of person giving information

*R. A. Boone*

How related to deceased

*Husband*

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary

*Facial Erysipelas*

How long

*10 days*

Immediate

*Auto accident - Premature*

How long

*2 1/2 hours*

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

*Yes*

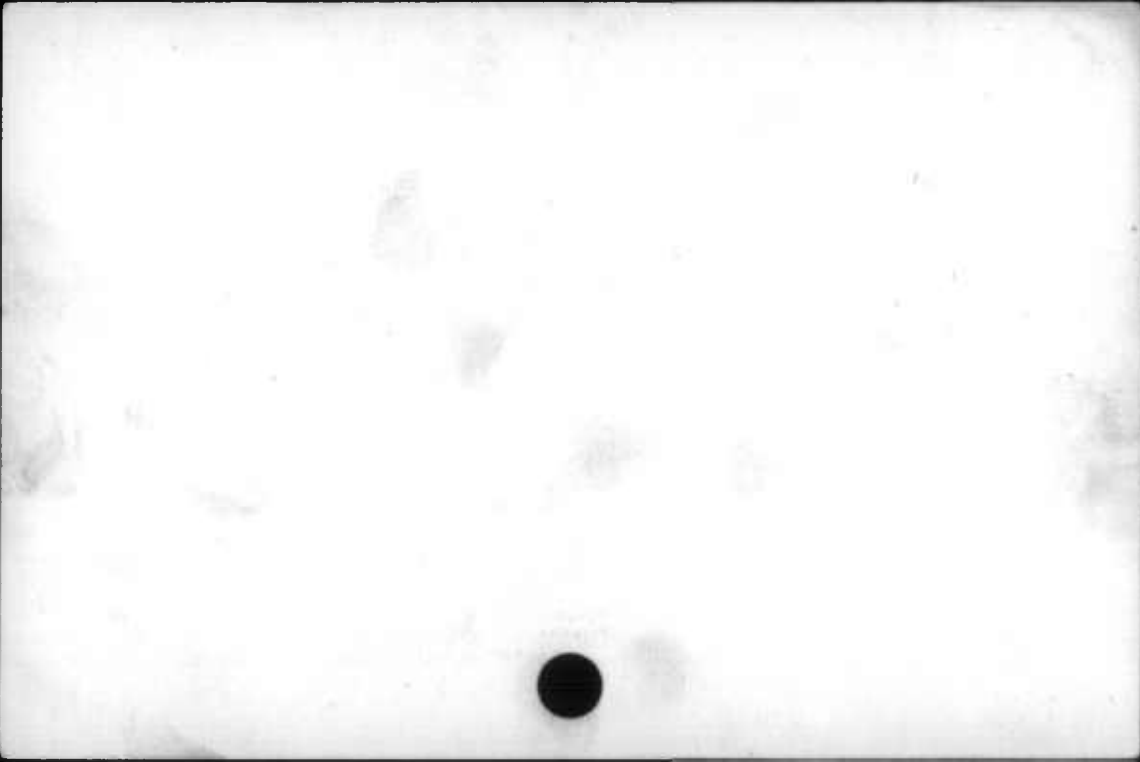
Signature of Physician

Address

*J. Carver, M.D.  
Prophetstown,  
Ind.*

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pisgah</u>		Town <u>Bowie</u>		County		MARYLAND*	
Date of death 19 <u>60</u>		Month <u>June</u>	Day <u>18</u>	Age <u>    </u>	Years <u>    </u>	Months <u>    </u>	Days <u>1/4</u>
Sex <u>Male</u>		Color or Race <u>American</u>		Birth-place <u>Charles Co. Md.</u>			
Occupation <u>    </u>				Where Residing if not at place of death <u>    </u>			
Married, Single or Widowed <u>    </u>		Name of Wife or Husband <u>    </u>					
Father's Name <u>John W. Bowie</u>		Father's Birthplace <u>Charles Co. Md.</u>					
Mother's Maiden Name <u>Ethel Carpenter</u>		Mother's Birthplace <u>" " "</u>					
Name of person giving Information <u>John W. Bowie</u>		How related to deceased <u>Father</u>					

## CAUSES OF DEATH

Primary	<u>Prematurity</u>	How long	<u>    </u>
Immediate	<u>    </u>	How long	<u>    </u>

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

Yes

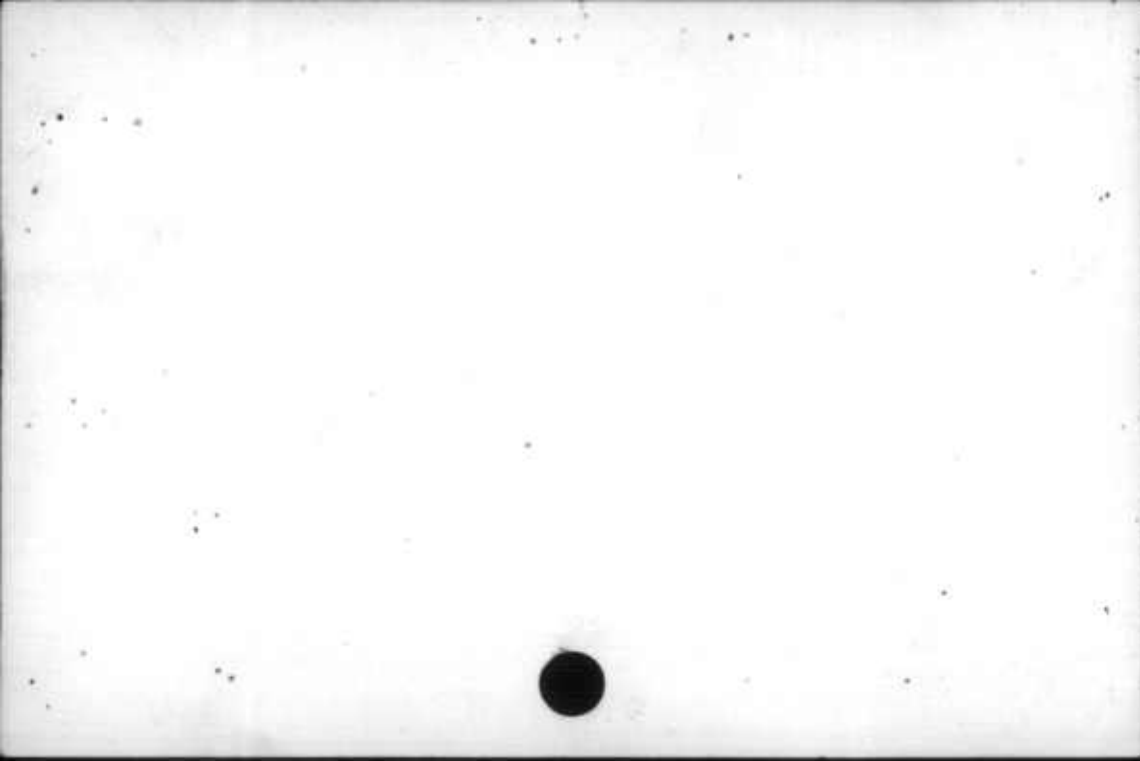
Signature of Physician

Address

Geo. C. Bicknell,  
Pisgah,  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Louisa Browne

CERTIFICATE OF DEATH

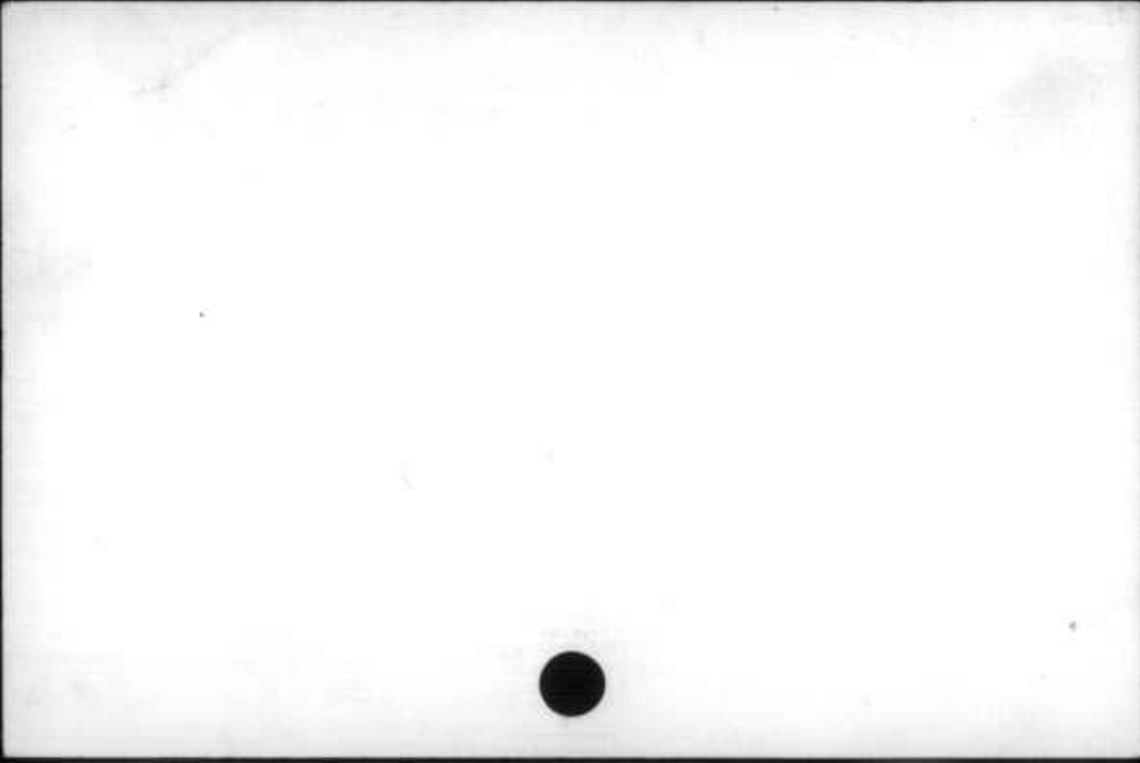
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pomrochy</i>		County <i>Ches.</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
19 <i>40</i>	<i>June</i>	<i>1</i>	Age <i>74</i>	<i>6</i>	<i>-</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ches. Co. Md.</i>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John M. Browne</i>	Father's Birthplace <i>Ches. Co. Md.</i>		Mother's Birthplace <i>Ches. Co. Md.</i>		
Mother's Maiden Name <i>Ann C. Lacey</i>	How related to deceased <i>Nephew</i>		Name of person giving Information <i>Jno. P. Westcott</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Asthma</i>	How long <i>One week</i>
Immediate <i>Heart Failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Mitchell</i>
Accident or Suicide <i>no</i>	Address <i>Pomrochy Md. J.P.M. Sub Res.</i>





Name  
in Full

CERTIFICATE OF DEATH

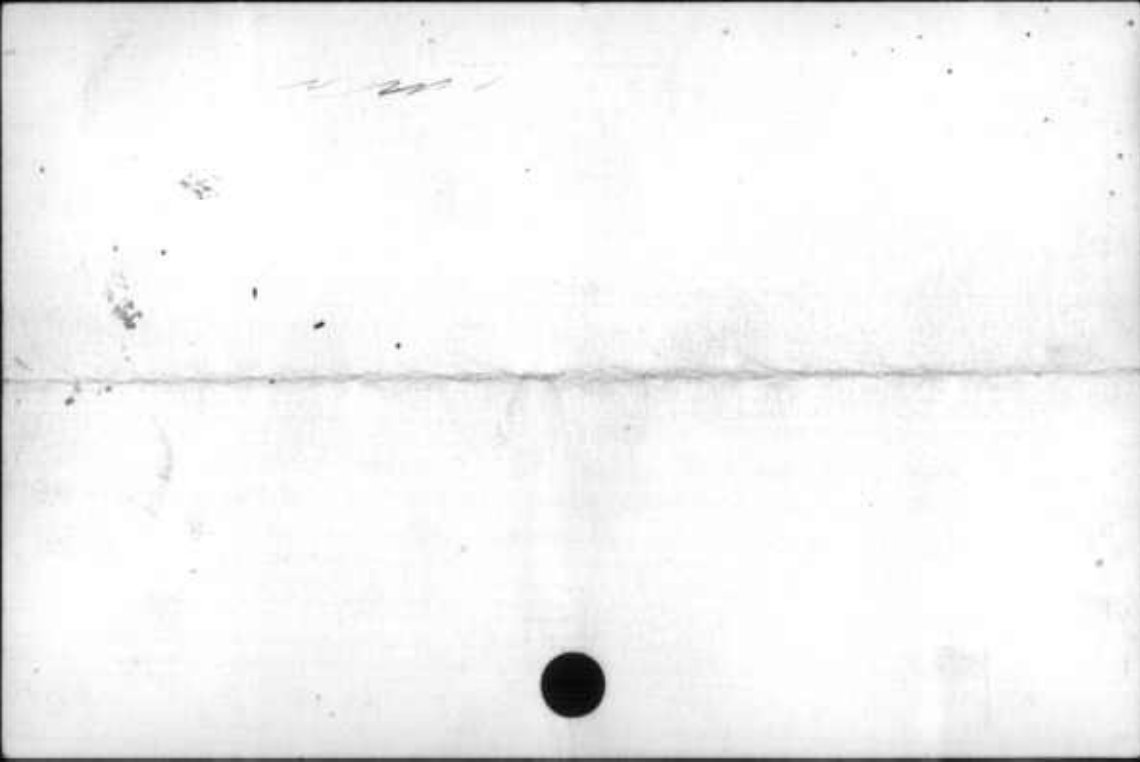
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Lillie Delozier</i>		Town <i>Pisgah</i>	County <i>Charles</i>	STATE <b>MARYLAND</b>	
Died at <i>Pisgah</i>		Month <i>June</i>	Day <i>15</i>	Years <i>40</i>	Months _____
Date of death <i>1900 June 15</i>		Age <i>40</i>		Days _____	
Sex <i>Female</i>	Color or Race <i>American</i>	Birth-place <i>Charles Co. Md.</i>		_____	
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Henry Delozier</i>	Father's Birthplace <i>Charles Co. Md.</i>		_____		
Mother's Maiden Name <i>Carrie C. Robery</i>	Mother's Birthplace " "		" "		
Name of person giving Information <i>Henry Delozier</i>	How Related to deceased <i>Father.</i>		_____		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>(a) Epilepsy (b) Tuberculosis</i>	How long <i>(a) 40 yrs. (b) 5 yrs.</i>
Immediate <i>Exhaustive Irritation</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. C. Bicknell,</i>
_____	Address <i>Pisgah, Md.</i>
Accident or Suicide _____	_____



Name  
In  
Full

Harriet E. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Thompsonville</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>6</i>	Day <i>3</i>	Age <i>48</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>MD</i>		
Occupation <i>Housekeeper</i>	Where Reading if not at place of death <i>MD</i>				
Married; Single or Widowed	Name of Wife or Husband <i>William Green</i>				
Father's Name <i>Wm. Hill</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Winters</i>	Mother's Birthplace <i>W. Virginia</i>				
Name of person giving information <i>James Green</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>15 minutes</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Higgins</i>
	Address <i>Physician</i>
Accident or Suicide?	



Name  
in  
FullElizabeth Hancock  
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Highsville Chaplin **MARYLAND**  
 Date of death 1990 6 14 80 — —  
 Sex Female Color or Race White Birth-place MD  
 Occupation Home keeper Where Residing if not at place of death place of death  
 Married, Single or Widowed widow Name of Wife or Husband Robert Hancock  
 Father's Name Tom Hancock Father's Birthplace MD  
 Mother's Maiden Name Ella Davis Mother's Birthplace MD  
 Name of person giving Information Robert Hancock How related to deceased Son

## CAUSES OF DEATH

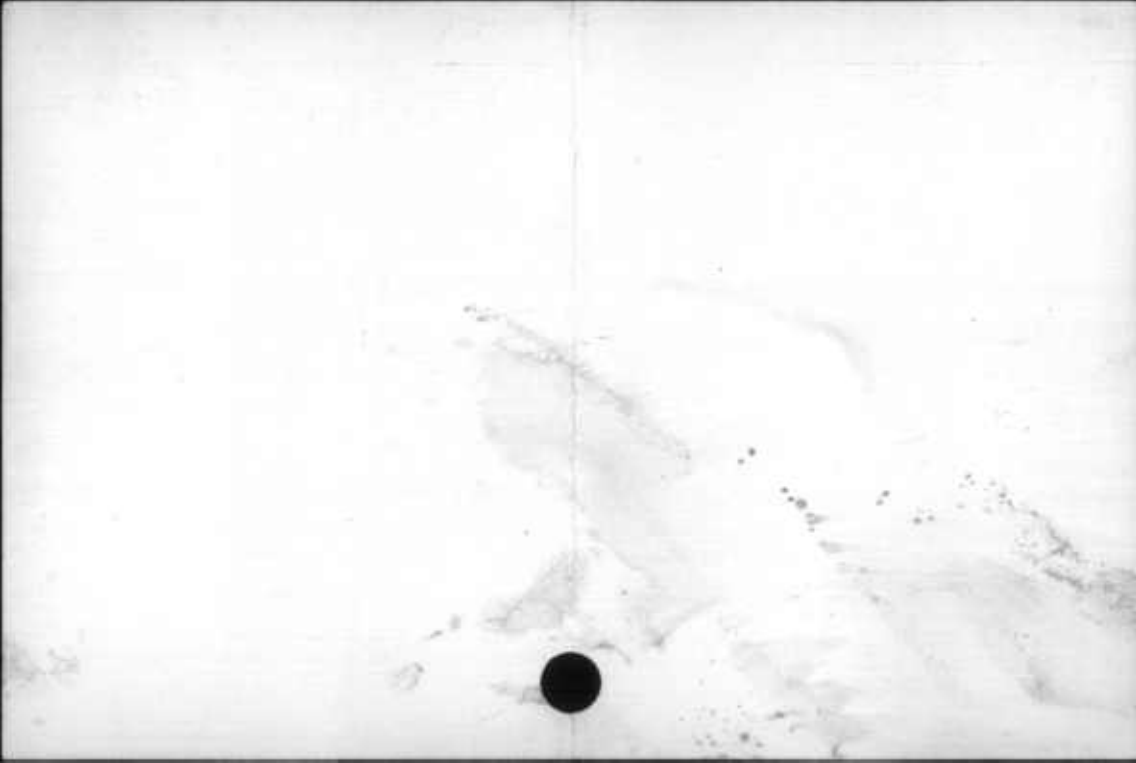
Primary Pneumonia How long 5 da  
 Immediate Heart failure How long 2 hrs  
 Are the name, age, sex, color, date and place correctly given above? yes

Signature of  
Physician

Address

H. C. Chappelle  
Highsville  
MD

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

Jessie Heard  
Town Port Conkey County Chas

MARYLAND

Date of death 1900 June 6 Age \_\_\_\_\_ Months 2 Days \_\_\_\_\_

Sex male Color or Race Colored Birth-place Ind

Occupation \_\_\_\_\_ Where Residing if not at place of death X

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

Father's Name William Heard Father's Birthplace Ind

Mother's Maiden Name Martha Chas Mother's Birthplace Ind

Name of person giving Information William Heard How related to deceased Father

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary \_\_\_\_\_ How long 9

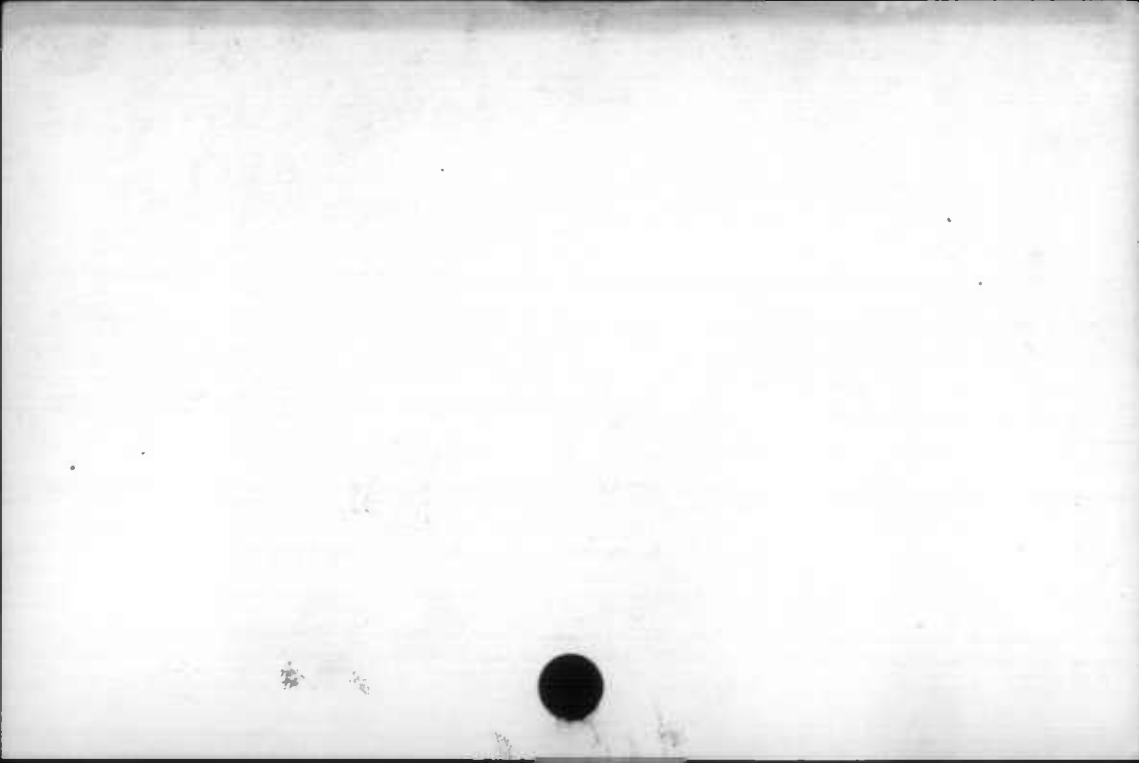
Immediate Bad Cold How long 2 months

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

Signature of Physician Thos. P. Marshall  
Address Sub Reg, Pennington

PHYSICIAN  
OR CORNER

Accident or Suicide No





Name  
in Full

Joseph M Johnson

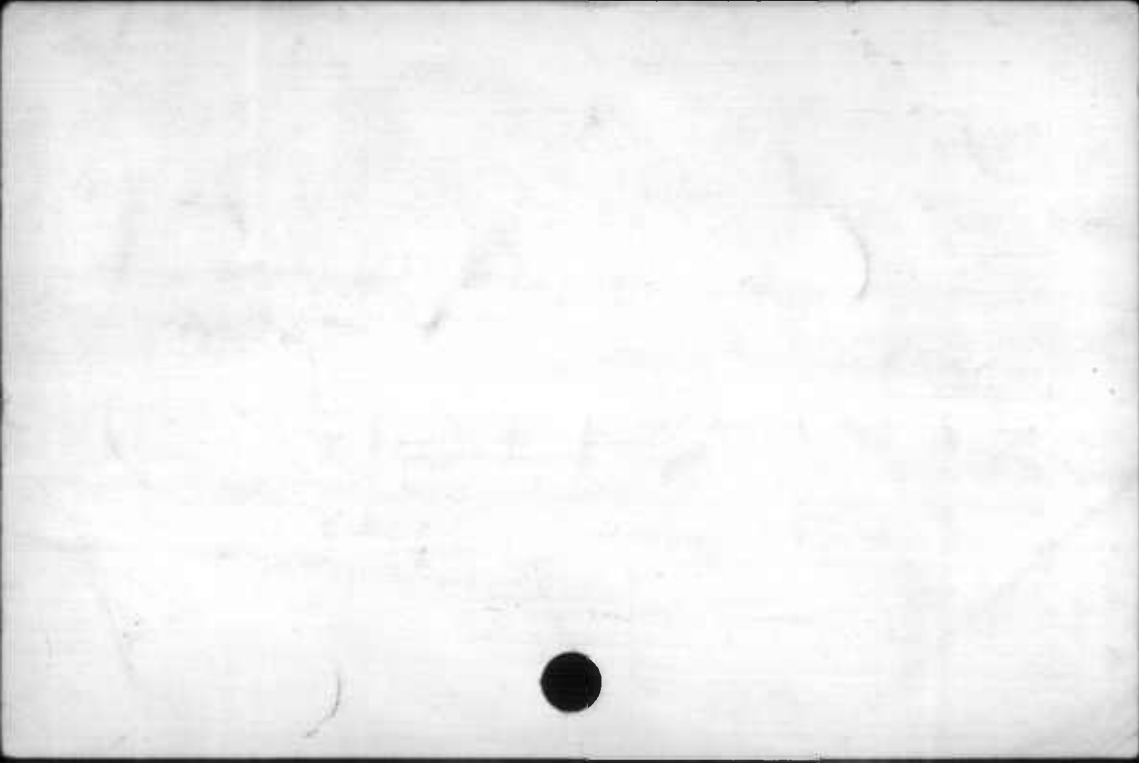
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Glymont		County Charles		MARYLAND	
Date of death		Month 1960	Day June	Age	Years 25	Months X	Days X
Sex		Color or Race		Birthplace			
Male		Negro		Chas. Co Md.			
Occupation		Where Residing if not at place of death					
Gor employe		Glymont Md					
Married, Single or Widowed		Name of Wife					
Married		Mary Johnson					
Father's Name		Father's Birthplace					
Nat Knowen		Nat Knowen					
Mother's Maiden Name		Mother's Birthplace					
Nat Knowen		Nat Knowen					
Name of person giving Information		How related to deceased					
Mary Johnson		Wife					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Murder	How long
	Immediate	Concussion of Brain	42 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address	Justice of the Peace acting as coroner
	Accident or Suicide	Homicide	



Name  
in  
Full

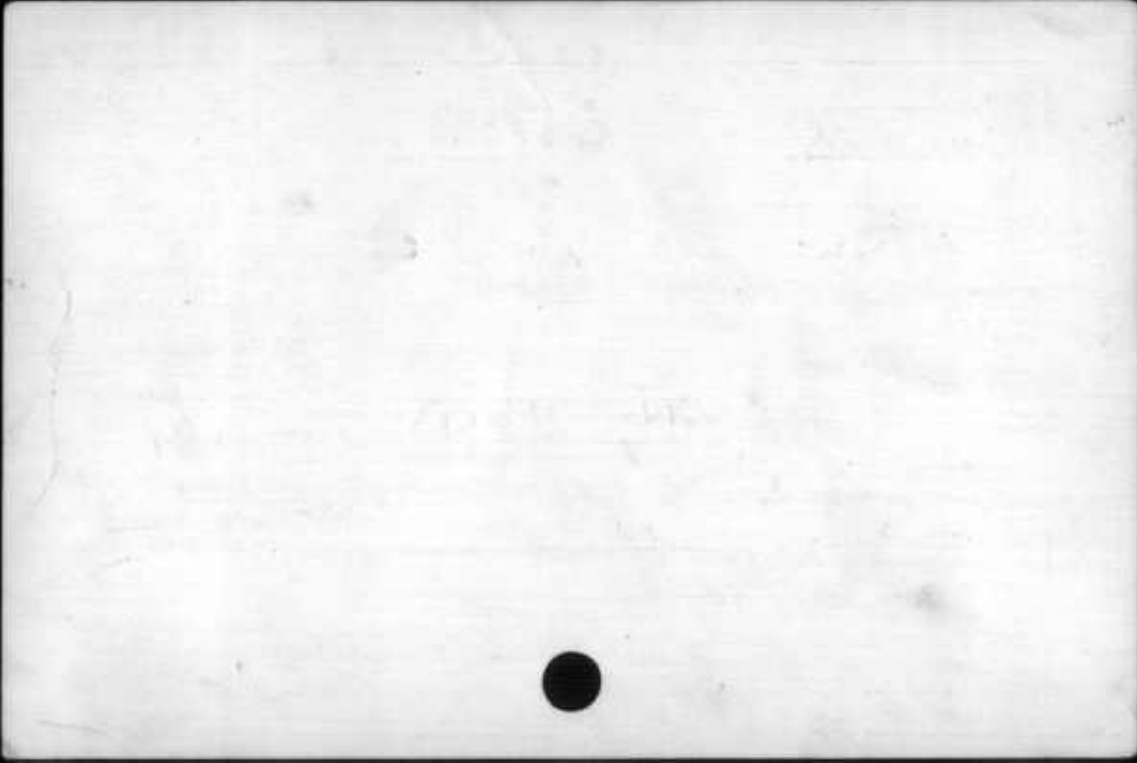
John Lee

CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Mar La Plata* <sup>County</sup> *Charles* **MARYLAND**Date of death **1960** <sup>Month</sup> *June* <sup>Day</sup> *5* <sup>Years</sup> **Age** *75* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *male* Color or Race *colored* Birth-place *Charles Co*Occupation *farmer* Where Residing if not at place of death *—*Married, Single or Widowed *married* Name of Wife or Husband *Fanny Lee*Father's Name *John Lee, Sr.* Father's Birthplace *Chas Co.*Mother's Maiden Name *Annie Hart* Mother's Birthplace *Chas. Co.*Name of person giving information *Fannie Lee* How related to deceased *widow*

## CAUSES OF DEATH

Primary *Cerebral Hemorrhage* How long *retained 7 yrs ago*  
*2 wks 3 days*Immediate *Cardiac & respiratory paralysis* Gradual for *beginning 7<sup>th</sup> day*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Thos O Bower M.D.*Address *La Plata*Accident or Suicide *no**no*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Not Named

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Waldorf <sup>Town</sup> Charles <sup>County</sup> Md  
 Date of death 1980 <sup>Month</sup> June <sup>Day</sup> 16 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> —  
 Sex Male Color or Race Colored Birth-place Md  
 Occupation — Where Residing if not at place of death —  
 Married, Single or Widowed — Name of Wife or Husband —  
 Father's Name John A. McKee Father's Birthplace Md  
 Mother's Maiden Name Hawkins Mother's Birthplace Md  
 Name of person giving information J. A. McKee How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Still Born How long —  
 Immediate — How long —  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician None in attendance  
 Address Shos M. Chikerson  
Sub Reg Waldorf Md  
 Account of Burial —



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William Henry Middleton

Town

Newport

County

Charles

MARYLAND

Died at

Date

of death 1940

Month

June 17

Day

Age

Years

—

Months

21

Days

—

Sex

Male

Color or  
Race

Black

Birth-  
place

Md.

Occupation

\_\_\_\_\_

Where Residing if not  
at place of death

Newport

Married, Single  
or Widowed

\_\_\_\_\_

Name of Wife or  
Husband

\_\_\_\_\_

Father's  
Name

John Middleton

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Mary Smallwood

Mother's  
Birthplace

Md.

Name of person giving  
informationH<sup>m</sup> CampbellHow related  
to deceased

None

## CAUSES OF DEATH

Primary

Marasmus

How long

2 yrs.

Immediate

Inanition

How long

2 wks.

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

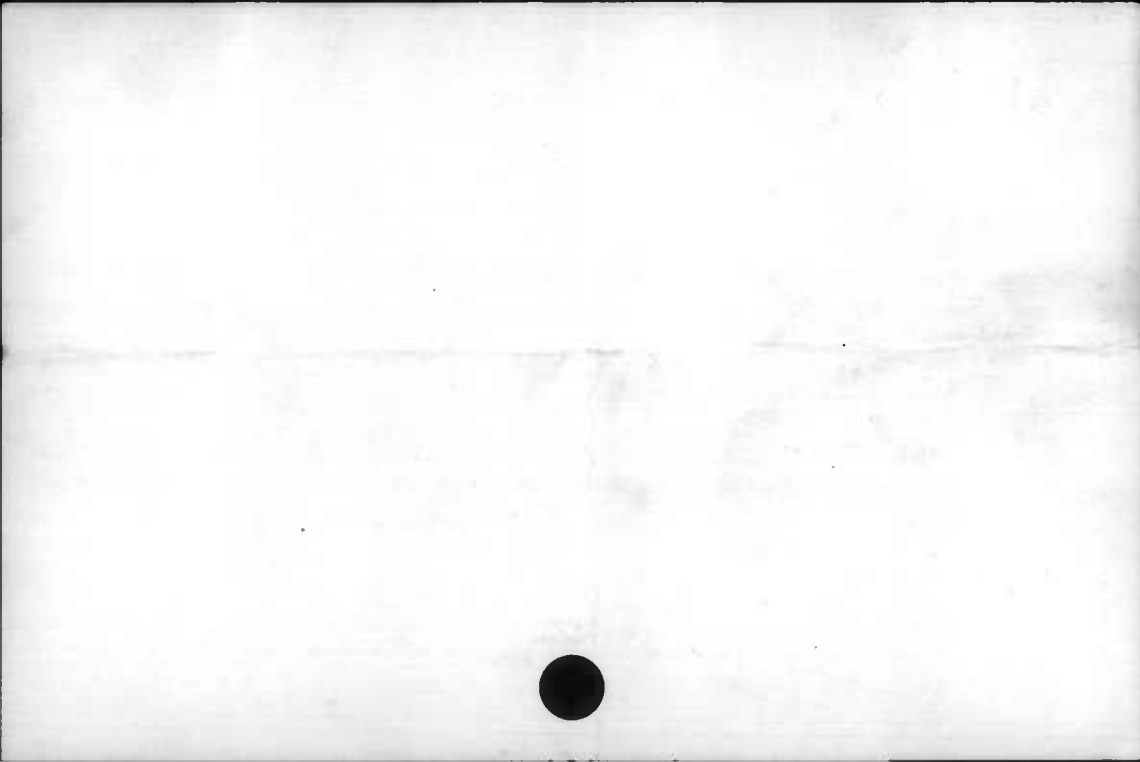
Yes

Signature of  
Physician

Address

J. J. Jameson,  
Newport,  
Md.

Accident or Suicide





Name  
in  
Full

Rebecca B. Milstead

CERTIFICATE OF DEATH

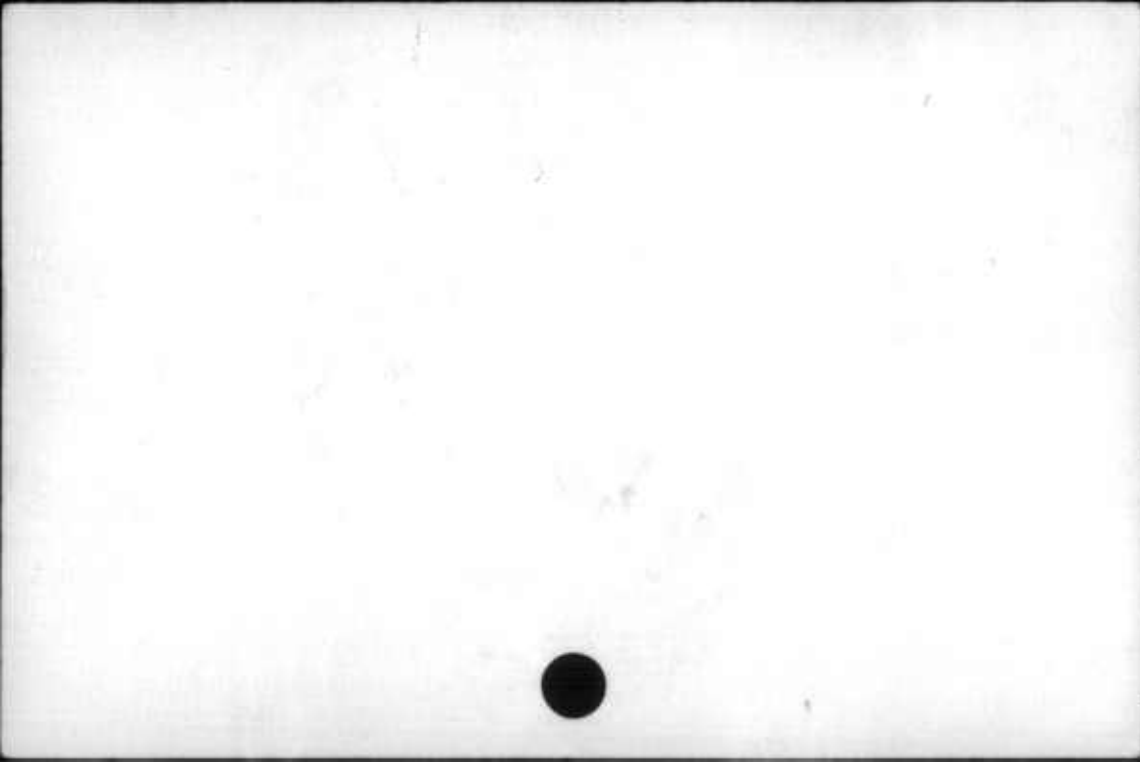
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wicampon</u> Town		<u>Charles</u> County		MARYLAND	
Date of death 19 <u>90</u>	Month <u>June</u>	Day <u>12</u>	Age <u>70</u>	Years	Months <u>2</u>
Sex <u>Female</u>	Color or Race <u>American</u>	Birth-place <u>Charles Co. Md</u>		Days <u>1</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>_____</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Edmund Ira Milstead</u>				
Father's Name <u>Ethelbert Bowie</u>	Father's Birthplace <u>Charles Co. Md</u>		Mother's Birthplace <u>"Son"</u>		
Mother's Maiden Name <u>Elizabeth Kendrick</u>	How related to deceased <u>Son</u>				
Name of person giving Information <u>Wm L. Milstead</u>					

## CAUSES OF DEATH

Primary <u>Tuberculosis</u>	How long <u>28</u>	How long <u>5 1/2 yrs</u>
Immediate <u>Exhaustion, Septicemia</u>	How long <u>28</u>	How long <u>5 1/2 yrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. C. Bicknell,</u>	Address <u>Pineak, Md.</u>
Accident or Suicide <u>_____</u>		

PHYSICIAN  
OR CORONER



Name in Full

Wilmer E. Rowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Ripley Town Charles County **MARYLAND**

Date of death 1900 Month June Day 9 Age 74 Years Months        Days       

Sex Male Color or Race American Birth-place Charles Co., Md.

Occupation Teacher Where Residing if not at place of death       

Married, Single or Widowed Widowed Name of Wife or Husband       

Father's Name William H. Rowe Father's Birthplace Chas Co., Md.

Mother's Maiden Name Ann Cox Mother's Birthplace       

Name of person giving Information Turner Rowe How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Rheumatoid Arthritis How long 20

Immediate Septicemia How long       

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

Signature of Physician Geo. C. Bicknell, M.D. Address Risgah, Md.

Accident or Suicide



Name  
Full

Maurice Shorter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Rock Point - <sup>County</sup> Charles MARYLAND

Date of death 19 10 Month 6 Day 6 Age 34 Years Months - Days -

Sex, Female Color or Race white Birth-place Md

Occupation Housewife Where residing if not at place of death Md

Married, Single or Widowed Name of Wife or Husband John Shorter

Father's Name William Sidman Birthplace Md

Mother's Maiden Name Prissilla Goldborough Birthplace Md

Name of person giving information Adolbert Shorter How related to deceased Step in law

## CAUSES OF DEATH

Primary Cancer of stomach How long 40

Immediate

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

Address Wayside

Accident or Suicide? X



Name  
in  
Full

CERTIFICATE OF DEATH

Humphrey Singfield  
Town  
Cookley  
County  
Charles

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Date of death		Age		Months		Days	
Cookley		1910 6 1		80					
Sex		Color or Race		Birthplace					
Male		Black		Maryland					
Occupation				Where Residing if not at place of death					
Farmer									
Married, Single or Widowed		Name of Wife or Husband							
Widowed		May Singfield							
Father's Name		Father's Birthplace				Mother's Birthplace			
Unknown		Unknown				Unknown			
Mother's Maiden Name		Name of person giving information		How related to deceased					
Unknown		William Singfield		Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Old age		(154)	
Immediate		How long	
Heart failure		2 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		F. B. Jameson	
		Address	
		Newport	
Accident or Suicide?		mod.	
		X	





Name  
in Full

CERTIFICATE OF DEATH

Roland Thompson

Town

County

MARYLAND

Died at Ballantown Ches.

Date of death 1980 June 26 Age 2 Months 4 Days 15

Sex Male Color or Race Colored Birthplace Ind

Occupation \_\_\_\_\_ Where residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name James Thompson Father's Birthplace Ind

Mother's Maiden Name Julia Matkall Mother's Birthplace Ind.

Name of person giving information George Parker How related to deceased Wife

## CAUSES OF DEATH

Primary Gastritis How long 4 days

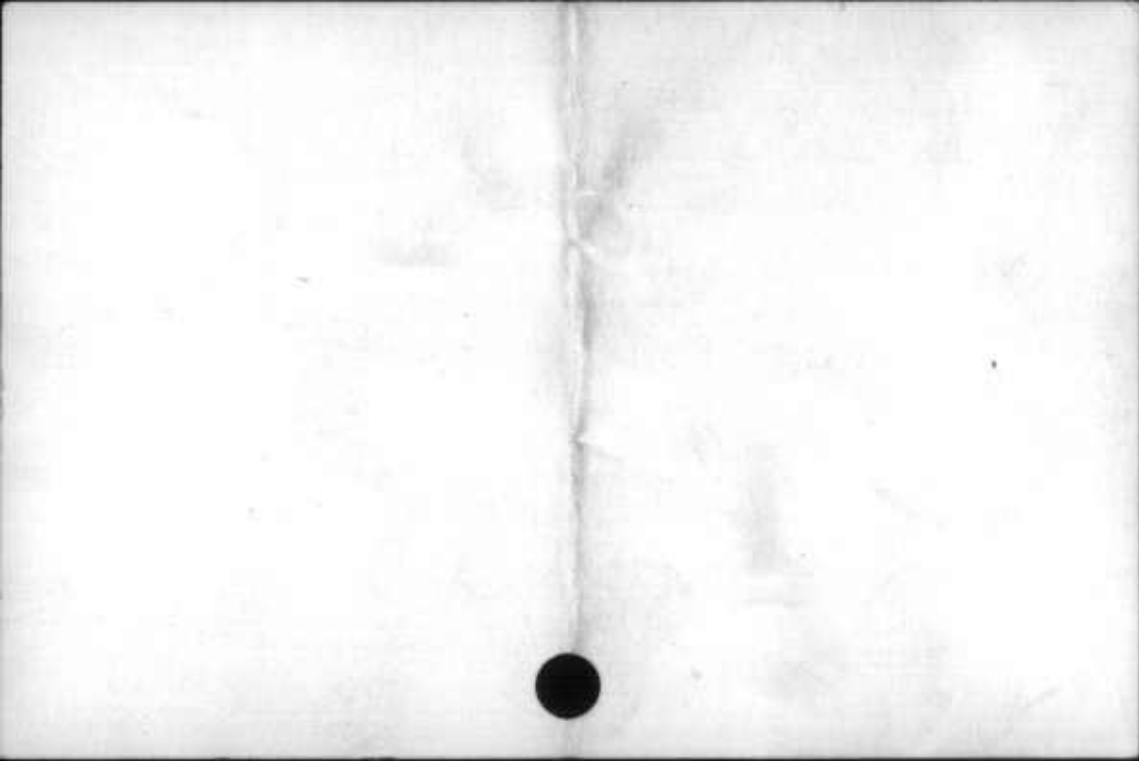
Immediate Peritonitis How long 1 day

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

Address Aquasco Md

Accident or Suicide no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full *Andrew O'Heck*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Smutland</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1960</i>	Month <i>6</i>	Day <i>5</i>	Age <i>70</i> Years	Months _____ Days _____
Sex <i>m</i>	Color or Race <i>W</i>		Birth-place <i>md</i>		/
Occupation <i>Farmer</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>m</i>	Name of Wife or Husband <i>no inf</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Don Ernest Heck</i>			How related to deceased <i>Son</i>		
CAUSES OF DEATH					

PHYSICIAN OR CORONER

Primary <i>Paralysis</i>	How long <i>Two Years</i>
Immediate <i>arterial Heart failure</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jessie L. Harmon</i>
	Address <i>La Plata</i>
Accident or Suicide? <i>—</i>	<i>md</i>

Amf

Name  
in  
Full

Edward J. Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Chesapeake

Chesapeake

MARYLAND

Date  
of death

1910 June 16

Age

Years

Months

Days

Sex

Male

Color or  
Race

Caucasian

Birth-  
place

Md

Occupation

Chief

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

Single

Name of Wife or  
Husband

-

Father's  
Name

Frank Young

Father's  
Birthplace

Md

Mother's  
Maiden Name

Alice Young

Mother's  
Birthplace

Md

Name of person giving  
information

Frank Young

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Typhoid Fever

How long

6 weeks

Immediate

Phthisis Pulmonalis

How long

3 months

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

Yes

Signature of  
Physician

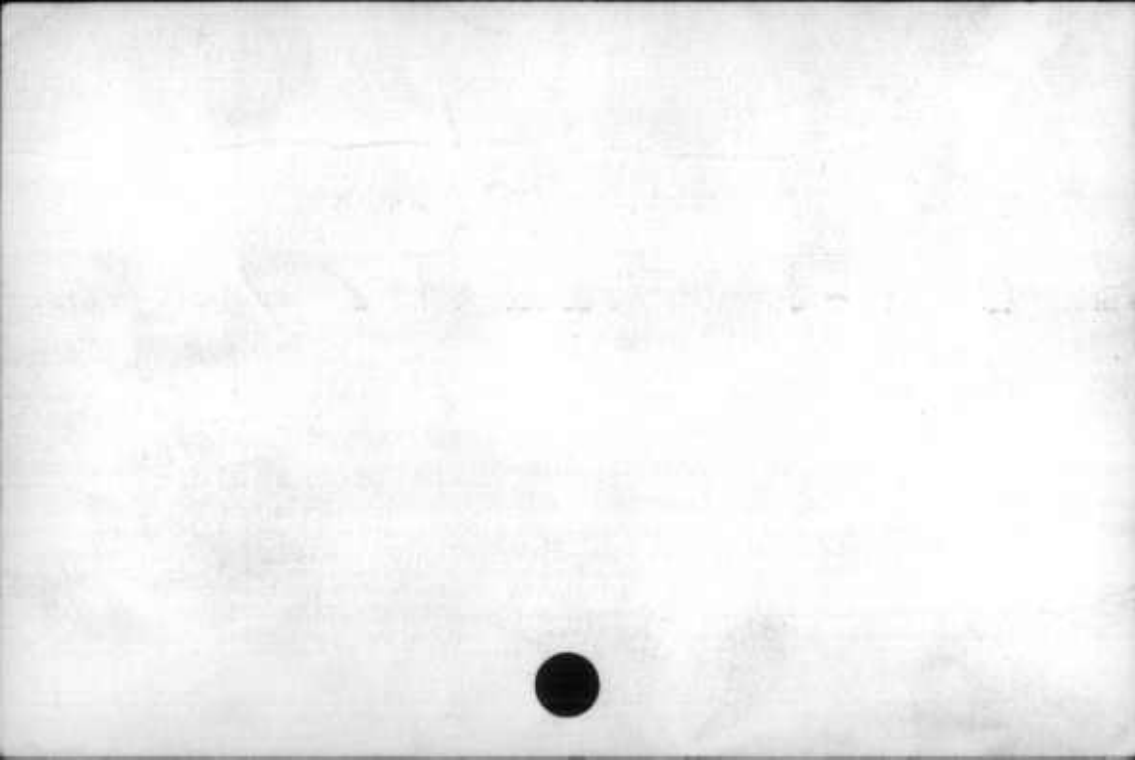
Address

H.C. Cairns, M.D.

Accident or Suicide

J. W. ...

PHYSICIAN  
OR CORONER



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Young</i>		Town <i>Malden</i>		County <i>Wash.</i>		State <i>MARYLAND</i>	
Died at <i>Malden</i>		Date of death 1940		Age 85		MAYLAND	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months <i>4</i>	
Occupation <i>Harmer</i>		Where Residing if not at place of death <i>—</i>		Days <i>12</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alice Johnson</i>		Father's Name <i>David Young</i>		Father's Birthplace <i>Ind</i>	
Father's Name <i>David Young</i>		Mother's Maiden Name <i>Mary Matilda Wright</i>		Mother's Birthplace <i>Ind</i>		How related to deceased <i>Son</i>	
Name of person giving Information <i>Jos. N. Young of Jun</i>							

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Cancer</i>	How long <i>Six mos.</i>
	Immediate <i>Cancerous Cachexia</i>	How long <i>2 weeks</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Norton Town</i>
	Address <i>Aguacon</i>	
Accident or Suicidal <i>No</i>		

