

Name
in
Full

Lillie Brooks

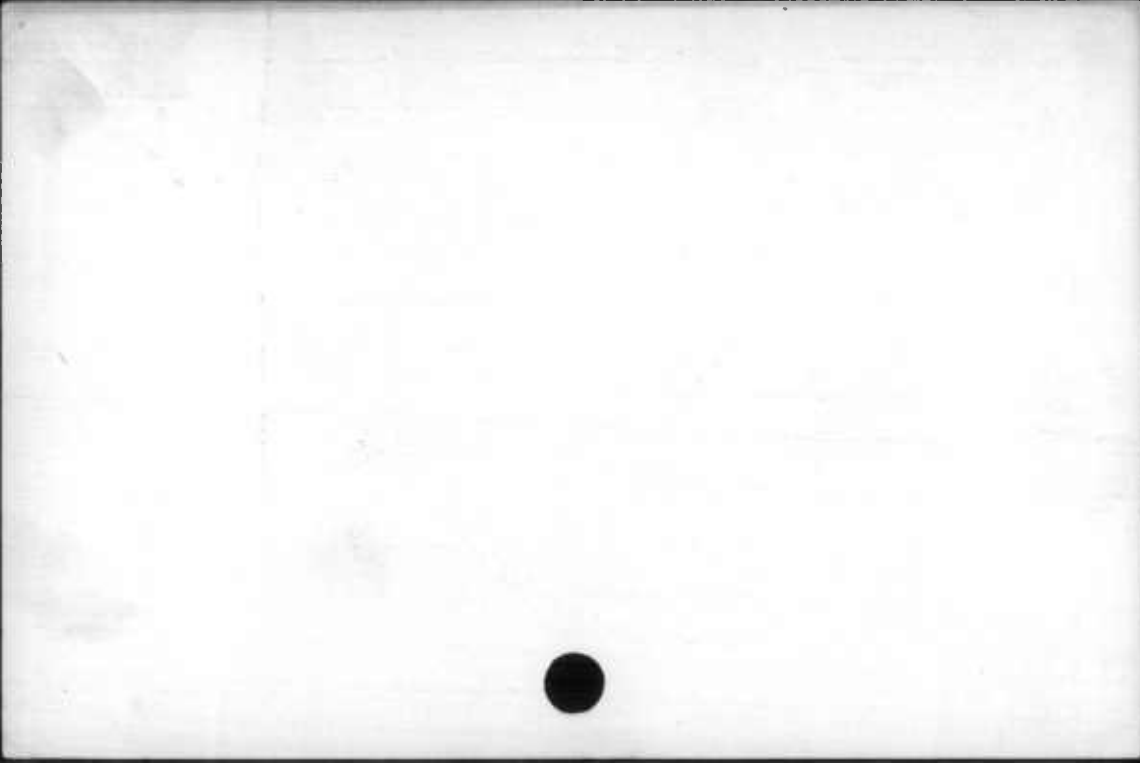
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Adelphi		County Cecil		MARYLAND	
Date of death		1920	Month May	Day 1	Age —	Years —	Months 1
Sex female		Color or Race Colored		Birth-place Cecil		Days 15	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —			Name of Wife or Husband —				
Father's Name Seymour Brooks				Father's Birthplace Cecil			
Mother's Maiden Name Lillie Henson				Mother's Birthplace —			
Name of person giving Information Thos Henson				How related to deceased Gr's father			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Whooping Cough	How long 18	10 days
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician T. F. Husby	Address Bowling Green
	Accident or Suicide			



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: *Jrs. Chase*

Town: *Huntingtown* County: *Calvert* MARYLAND

Died at: *Huntingtown*

Date of death: *1910 June 23* Age: *24* Months: _____ Days: _____

Sex: *Male* Color or Race: *Black* Birth-place: *Cal. Co.*

Occupation: *Farmer* Where residing if not at place of death: _____

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

Father's Name: *Jack Chase* Father's Birthplace: *Cal. Co.*

Mother's Maiden Name: *Margaret Chase* Mother's Birthplace: *Cal. Co.*

Name of person giving information: *Charlie Chase* How related to deceased: *Cousin*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: *Typhoid fever* How long: *10 days*

Immediate: *Died suddenly on 10 day* How long: _____

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

Signature of Physician: *J. W. Fitch*

Address: *Huntingtown*

Accident or Suicide?



Name
in
Full

Mrs Hester Hoster

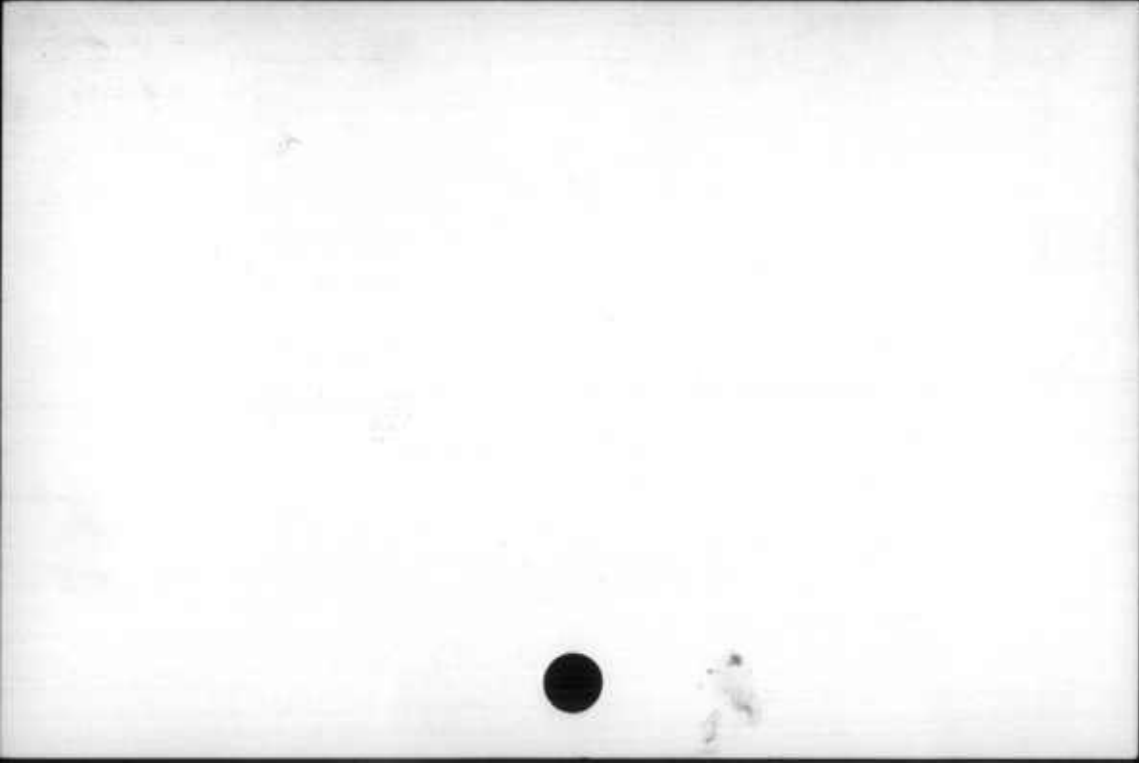
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Dunkirk		County Calvert		MARYLAND	
Date of death		Month June	Day 28	Age	Years 27	Months	Days
Sex Female		Color or Race White		Birth-place Calvert Co. Md.			
Occupation Housewife		Where Residing if not at place of death Philadelphia, Pa					
Married, Single or Widowed Widowed		Name of Wife or Husband Hoster					
Father's Name John Martin Boyd		Father's Birthplace Calvert Co. Md.					
Mother's Maiden Name Mary Janette Wood		Mother's Birthplace Calvert Co. Md.					
Name of person giving Information Mrs M. S. King		How related to deceased sister					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Uterine tumor. Operation in Philadelphia April 1910	How long	1 year
	Immediate	Uterine hemorrhage	How long	2 days
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. M. Channy M.D.
		Address	Channy, Md.	
Accident or Suicide				



Name
in
Full

Harry Rodgers Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chamorroville</u>		County <u>Calvert</u>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1990	June	4		1	29
Sex	Color or Race	Occupation		Birth-place	
Male	African	—		Chamorroville, Md.	
Married, Single or Widowed			Name of Wife or Husband		
Single			—		
Father's Name			Father's Birthplace		
Chesley Gray			Calvert Lee		
Mother's Maiden Name			Mother's Birthplace		
Maggie Reed			" "		
Name of person giving Information			How related to decedent		
Chesley Gray			Wife		

CAUSES OF DEATH

Primary	<u>Marasmus</u>	How long	<u>1 month</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. N. Keenan</u>
		Address	<u>Lo. Mansboro, Calvert Co. Md</u>
Accident or Suicide	<u>—</u>		

PHYSICIAN
OR CORONER



Name
in
Full

Randolph Gross

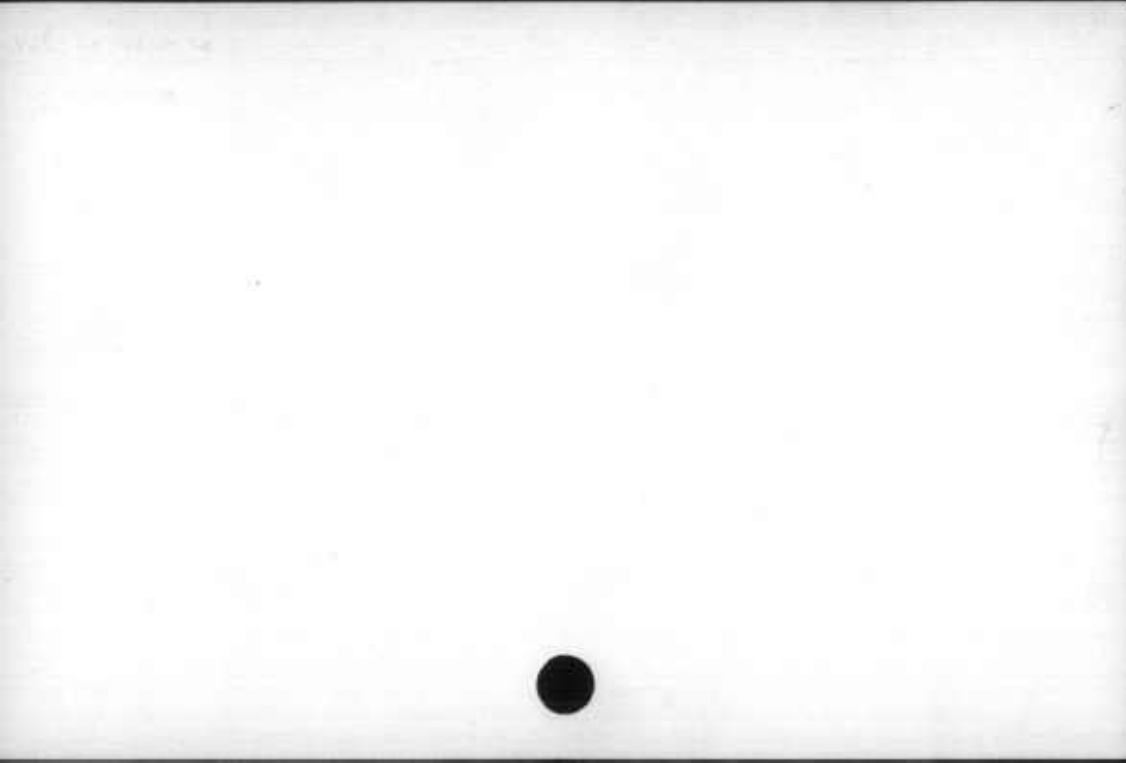
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chanyville</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death	19 <i>00</i>	Month	<i>June</i>	Day	<i>16</i>
Age			Years	Months	<i>7</i>
Sex	<i>Male</i>		Color or Race	<i>African</i>	
Occupation	—		Birth-place	<i>Baltimore, Md</i>	
Married, Single or Widowed			Where Residing if not at place of death		
<i>Single</i>			—		
Father's Name			Father's Birthplace		
<i>Daniel Gross</i>			<i>Calvert Co</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Alveta Simms</i>			<i>A. G. Co.</i>		
Name of person giving information			How related to deceased		
<i>Daniel Gross</i>			<i>Brother</i>		

CAUSES OF DEATH

Primary	<i>Improper Food</i>	How long	<i>10 days</i>
Immediate	<i>Acute Gastro-intestinal Infection</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. H. Himmans</i>
		Address	<i>Lower Marlboro</i>
Accident or Suicide	—		<i>md</i>



Name
in
Full

Katie Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death 1960

June

2

24

Sex

Female

Color or
Race

Negro

Birth-
place

Lund Island Md.

Occupation

Housekeeper

When residing if not
at place of deathMarried,
Single,
or Widowed

Married

Name of Wife or
Husband

Geo. Hall

Father's
Name

James Manges

Father's
Birthplace

Mt. Airy Md.

Mother's
Maiden Name

Myrta Brown

Mother's
Birthplace

Mt. Airy Md.

Name of person giving
Information

James Hall

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Nephritis

How long

2 months

Immediate

Dyspnoea

How long

24 hours

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

Yes

Signature of
Physician

W. H. Galbraith

Address

Willow
Hill

Accident or Suicide



Name
Is
Full

CERTIFICATE OF DEATH

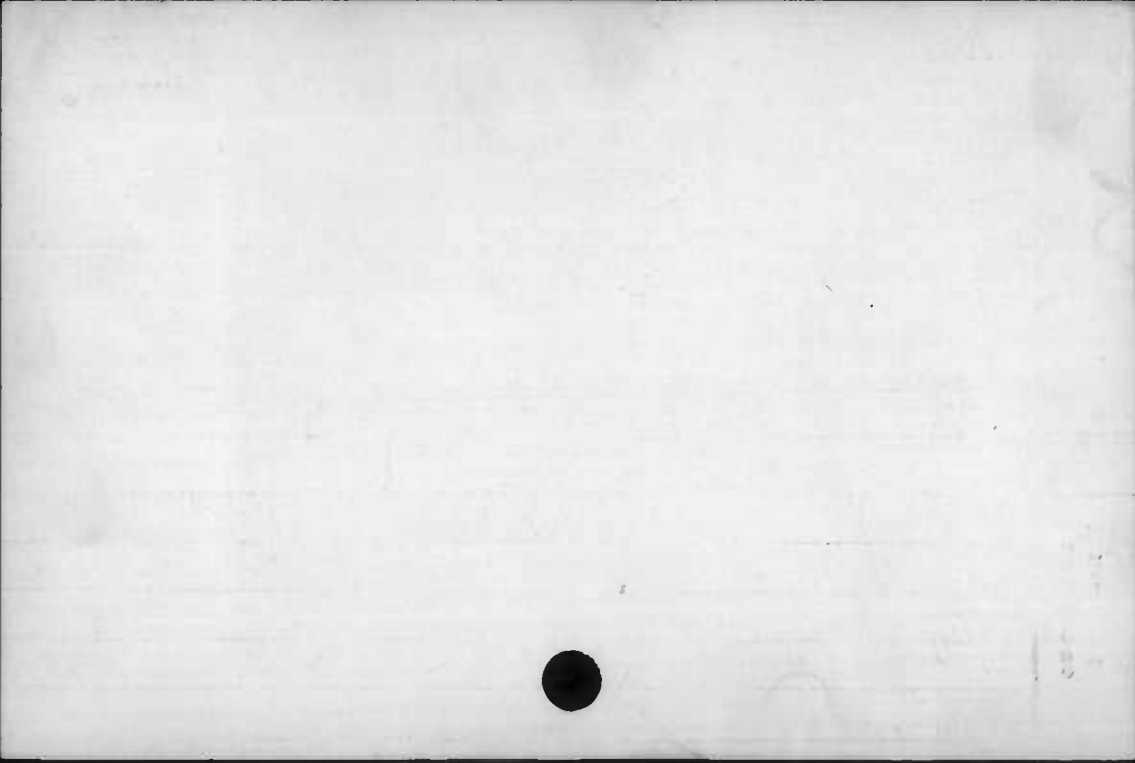
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Solomon</u> <small>Town</small>		<u>Calvert</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u>	Month <u>June</u>	Day <u>5</u>	Age <u>55</u>	Years <u>7</u> Months <u>7</u> Days
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Delaware</u>
Occupation	<u>Oysterman</u>		Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Elizabeth Eliot</u>		
Father's Name	<u>James Starten</u>		Father's Birthplace	<u>Pennsylvania</u>	
Mother's Maiden Name	<u>Mary Tickey</u>		Mother's Birthplace	<u>Delaware</u>	
Name of person giving information	<u>F. P. Starten</u>		How related to deceased	<u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Diffused Nephritis</u>	How long	<u>one week</u>
Immediate	<u>Uremia</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. S. Foster M.D.</u>
		Address	<u>Solomon's, Maryland.</u>
Accident or Suicide?			



Name
in
Full

Edith Henson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Adelina</i> Town		<i>Barstow</i> County		MARYLAND	
Date of death	19 <i>00</i>	Month <i>June</i>	Day <i>14</i>	Age	Months <i>3</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Barstow Co</i>		Occupation _____	
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Thos. Henson</i>		Father's Birthplace " "			
Mother's Maiden Name <i>Lucenia Green</i>		Mother's Birthplace " "			
Name of person giving Information <i>Thos. Henson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 Weeks</i>
Immediate _____	How long _____

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

yes

Signature of Physician

L. N. King

Address

Barstow Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

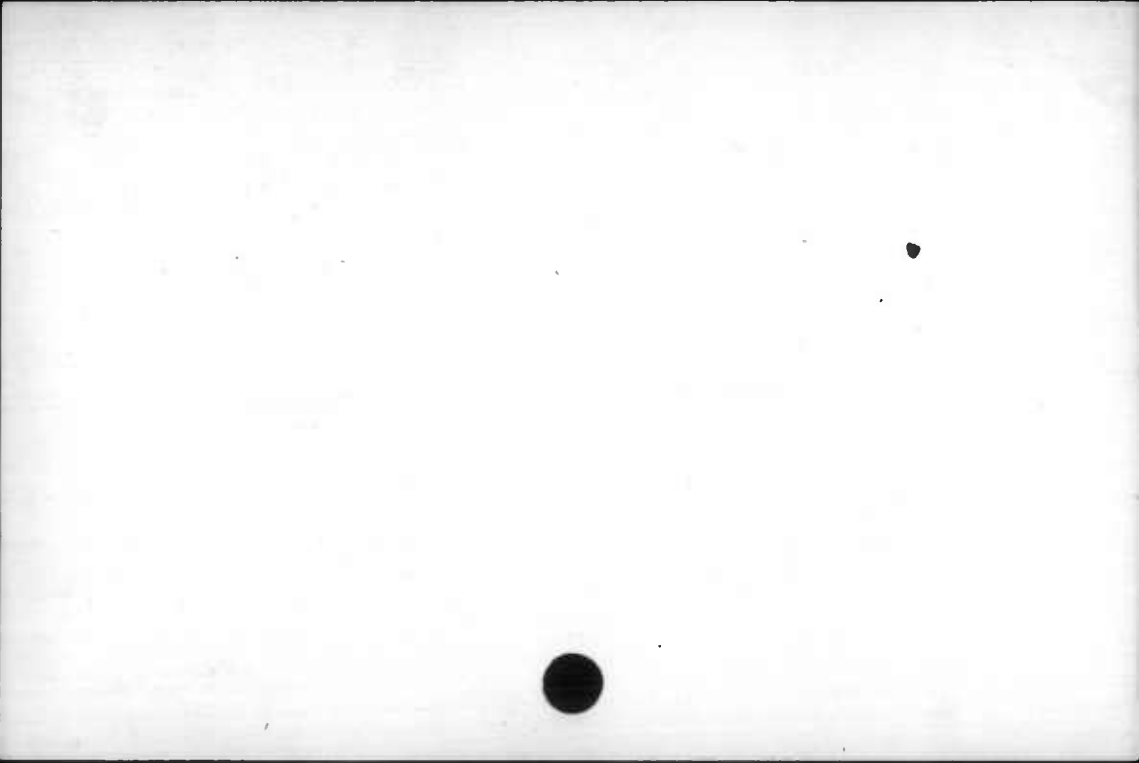
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Channy</i>		County <i>Calvert</i>		State MARYLAND	
Date of death	19 <i>0</i>	Month <i>June</i>	Day <i>6</i>	Age	Years	Months	Days
Sex	<i>male</i>		Color or Race	<i>colored</i>		Birth-place	<i>Channy</i>
Occupation	_____			Where Residing if not at place of death			
Married, Single or Widowed	_____		Name of Wife or Husband				
Father's Name	<i>Arthur J. High</i>					Father's Birthplace	<i>Calvert Co. Md.</i>
Mother's Maiden Name	<i>Cornelia Spriggs</i>					Mother's Birthplace	<i>Calvert Co. Md.</i>
Name of person giving Information	<i>Cornelia Lane</i>					How related to deceased	<i>Grandmother, midwife</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown (189 A)</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. P. McChanny, M.D.</i>	Address <i>Registrar.</i>
Accident or Suicide		



Name
in
Full

James H. Hooper

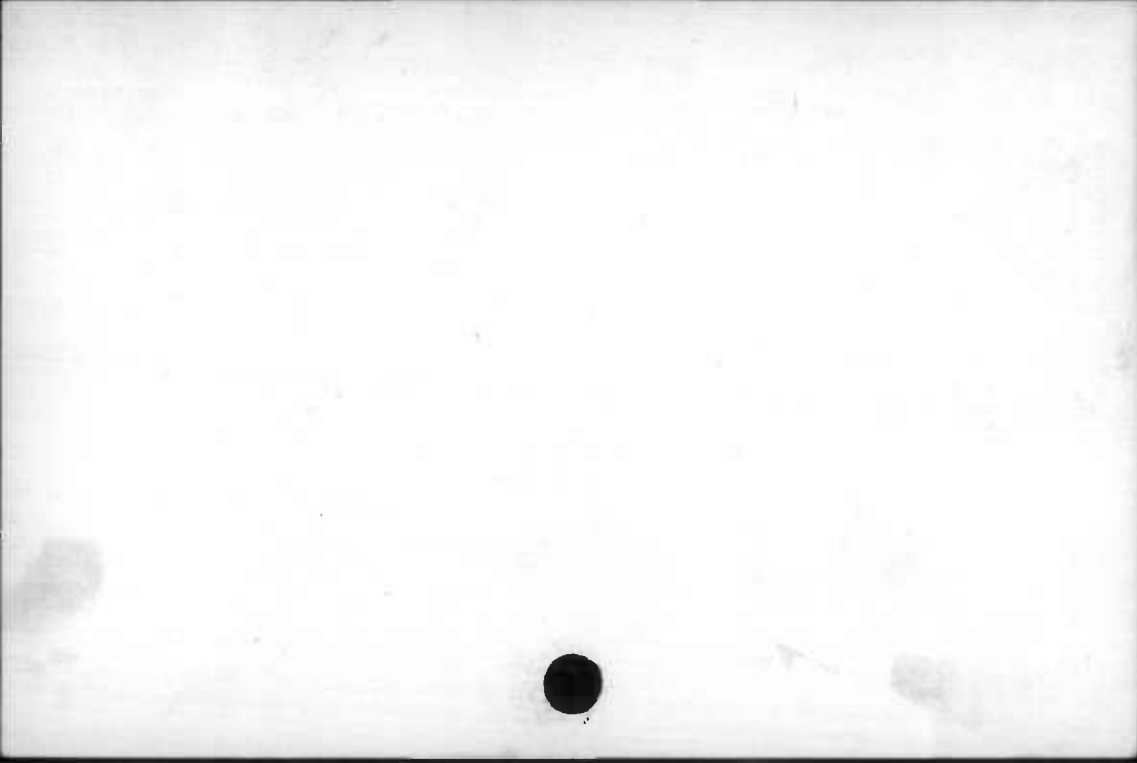
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bowens</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>1960</i>	Month <i>June</i>	Day <i>23</i>	Age <i>57</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Calvert 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>Eva Lewis</i>				
Father's Name <i>Wm. Hooper</i>	Father's Birthplace <i>P. George Co. Md.</i>				
Mother's Maiden Name <i>Mary Givens</i>	Mother's Birthplace <i>Calvert Co. Md.</i>				
Name of person giving Information <i>Henry G. Hooper</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Chronic Bright's disease</i> <i>120</i> How long <i>Seven years</i>
	Immediate <i>Uræmic poisoning with coma</i> How long <i>one week</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>
	Signature of Physician <i>O. D. Simmons M.D.</i> Address <i>Bowens Md.</i>
Accident or Suicide	<i>X</i>



Name
in fullMargaret Hooper
Town

CERTIFICATE OF DEATH

Died at Chamneyville County Calvert MARYLAND
 Date of death 1960 Month June Day 8 Age 80 Years Months Days
 Sex Female Color or Race White Birth place Hunting Creek
 Occupation Housewife Where residing if not at place of death
 Married, Single or Widowed Single Name of Wife or Husband
 Father's Name Thomas Hooper Father's Birthplace MD
 Mother's Maiden Name Mr. Knauer Mother's Birthplace Mr. Knauer
 Name of person giving information Newton Marquess related to deceased Friend

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Interstitial Nephritis How long Several Months
 Immediate Asthma How long

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

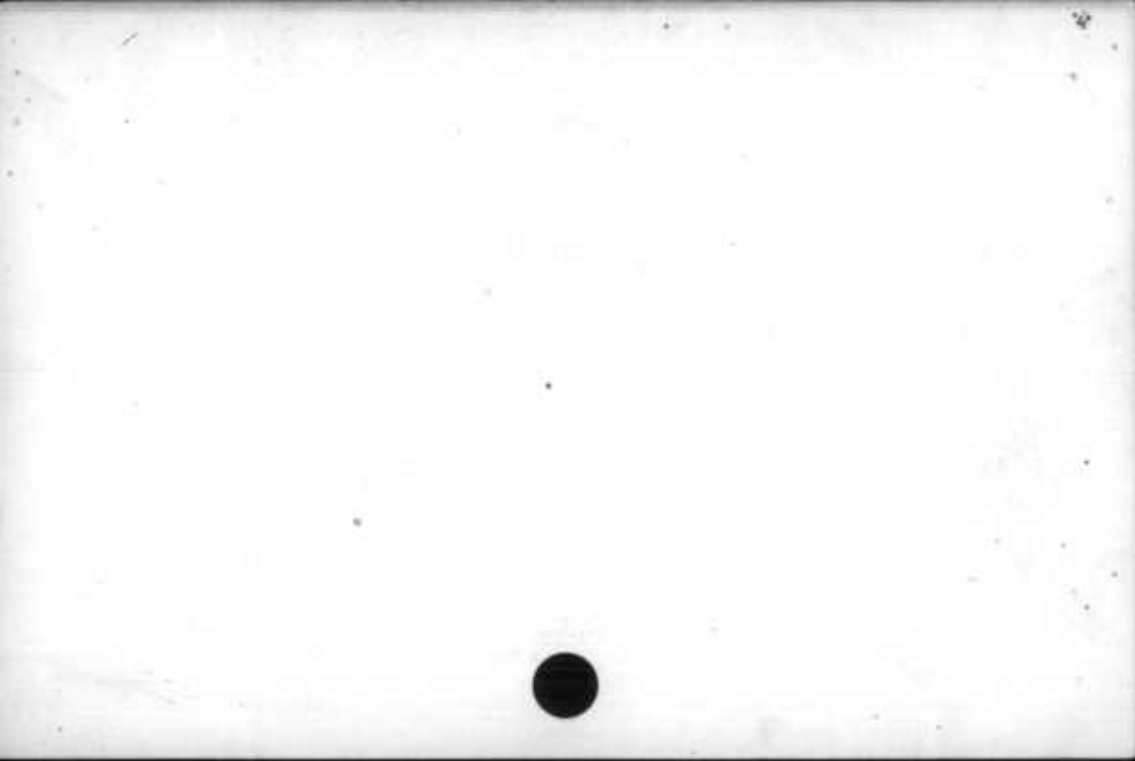
Signature of Physician

Address

L. Brayshaw
Friendship
X

Accident or Suicide

PHYSICIAN
OR CORONER



Name
In Full

Hannah Jane Johnson

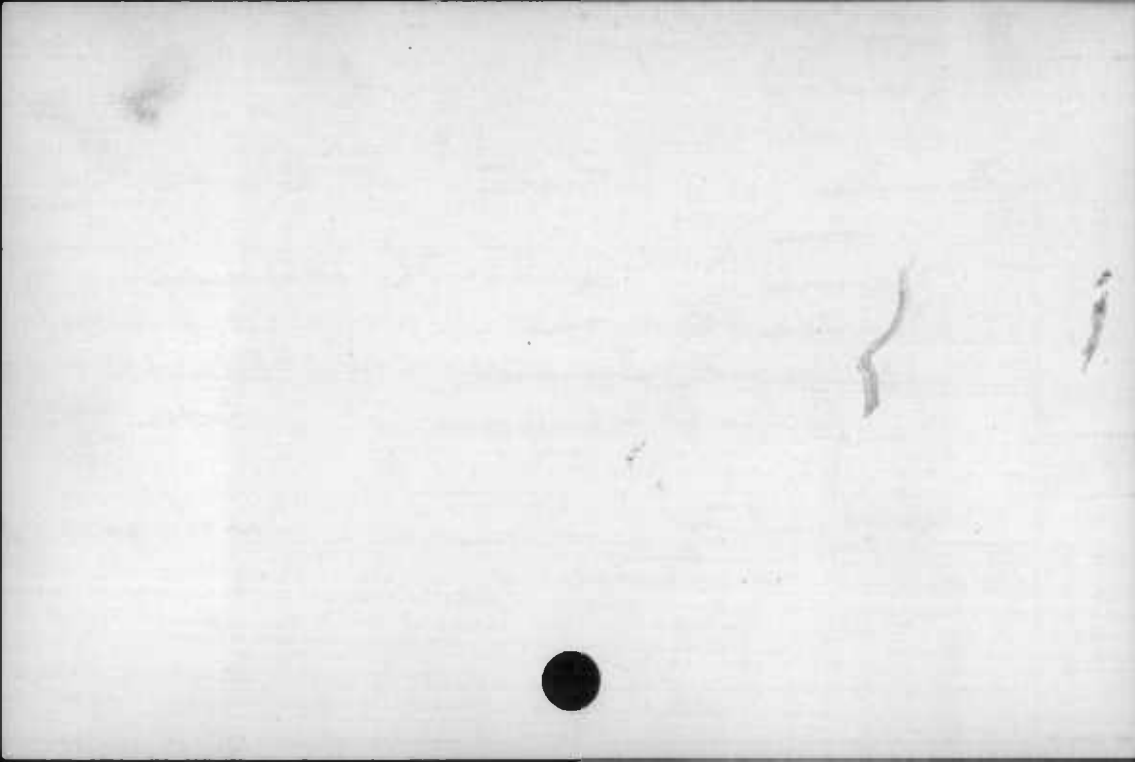
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fraxier</i> <small>Town</small>		<i>Calvert</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i>	<i>June</i> <small>Month</small>	<i>23</i> <small>Day</small>	Age <i>42</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Calvert Co md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife <i>William A Johnson</i> <small>Husband</small>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Ruth Johnson</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>William A Johnson</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pulmonary Phthisis</i> <i>28</i>	How long <i>about 6 weeks</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W F Chambers MD</i>
		Address <i>Lusby Calvert Co md</i>
Accident or Suicide? <i>X</i>		



Name
is
Full

Mary C Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lisbys</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death	<i>19/0</i> ^{Month}	<i>June</i> ^{Day}	<i>14</i> ^{Year}	<i>82</i> ^{Months}	<i>-</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth place	<i>Calvert Co Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>widowed</i>		Name of Wife or Husband	<i>Lambirth Johnson</i>	
Father's Name	<i>Aquilla Bowen</i>		Father's Birthplace	<i>Calvert Co Md</i>	
Mother's Maiden Name	<i>Elizabeth Tanner</i>		Mother's Birthplace	<i>Calvert Co Md</i>	
Name of person giving information	<i>John H Johnson</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

Primary	<i>Dysentery</i>	How long	<i>4 days</i>
Immediate	<i>Prostration</i>	How long	

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

Signature Physician *Dr F Chambers MD*
 Address *Lisbys Calvert Co Md*

Accident or Suicide? *X*



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Infant N. Thomas Johnson</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Willows</i>		Where Residing if not at place of death <i>Willows Md.</i>		Birth-place <i>Willows Md.</i>	
Date of death 19 <i>60</i> <i>June</i> <i>5</i>	Month <i>June</i>	Day <i>5</i>	Age <i>2 1/2</i>	Years <i>2 1/2</i>	Days <i>2 1/2</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>	Occupation <i>None</i>		Where Residing if not at place of death <i>Willows Md.</i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>		Father's Birthplace <i>Willows Md.</i>		
Father's Name <i>Thomas Johnson</i>	Mother's Maiden Name <i>Alice Keet</i>		Mother's Birthplace <i>Huntingtown Md.</i>		
Name of person giving Information <i>Thomas Johnson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ileo-Colitis</i>	<i>(104)</i>	How long <i>1 week</i>
Immediate <i>Dyspnea</i>		How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Talbot</i>	Address <i>Willows, Md.</i>
Accident or Suicide		



Name
in
Full

Prince A. King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sherdine Point</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1960</i>	Month <i>June</i>	Day <i>12</i>	Age <i>68</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland</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>Leather King</i>				
Father's Name <i>Romas King</i>	Father's Birthplace <i>Calvert Co. Md.</i>				
Mother's Maiden Name <i>Cassia</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Henry Smith</i>	How related to deceased <i>Son-in-Law</i>				

CAUSES OF DEATH

Primary <i>Old age</i>	How long <i>1524</i>
Immediate <i>Bronchitis with failing heart</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ed Simmons M.D.</i>
	Address <i>Bowens Md</i>
Accident or Suicide	<i>X</i>

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Don Marguess.

Town *Dares* County *Calvert* MARYLAND

Died at *Dares*

Date of death 19*40* Month *June* Day *27* Age *3* Months *3* Days *10*

Sex *Male* Color or Race *White* Birth-place *Dares Md.*

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

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

Father's Name *Don Marguess* Father's Birthplace *Ches Beach Md*

Mother's Maiden Name *Minnie Cochran* Mother's Birthplace *Dares Md*

Name of person giving Information *Don Marguess* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Aller-Colitis* How long *2 weeks*

Immediate *Heart Exhaustion* How long *24 hours*

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

Signature of Physician *W. H. Fulton*

Address *Ches. Beach Md.*

Accident or Suicide



Name
in
Full

Laurence G. Musher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at Brownsville Town Calvert County MARYLANDDate of death 1900 Jan Month 3 Day Age XI Years Months 16 DaysSex male Color or Race white Birth-place Brownsville

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Geo. T. Musher Father's Birthplace Calvert CtMother's Maiden Name Fannie Fowler Mother's Birthplace CalvertName of person giving Information Fannie Musher How related to deceased mother

CAUSES OF DEATH

Primary Cold in Head How long 2 daysImmediate Inanition How long _____

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

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

Low Street,

Down -
Ind

Mrs J. Crilley,

Name
In Full

Fred A Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fraxium</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death	<i>1910</i>	Month	<i>June</i>	Day	<i>7</i>
Age		Years	<i>23</i>	Months	<i>-</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Calvert Co Md</i>
Occupation	<i>Laborer</i>		Where Reading if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or husband	<i>Stella Jefferson</i>		
Father's Name	<i>Charles E Taylor</i>		Father's Birthplace	<i>Calvert Co Md</i>	
Mother's Maiden Name	<i>Annie Howard</i>		Mother's Birthplace	<i>Calvert Co Md</i>	
Name of person giving information	<i>Annie Taylor</i>		How related to deceased	<i>mother</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Pulmonary Tuberculosis</i>	<i>28</i>	How long	<i>about 5 1/2 mos.</i>
	Immediate	<i>asthma</i>		How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>Geo F Chambers MD</i>
	Address	<i>Lucy Co Calvert Co Md</i>			
Accident or Suicide?	<i>K</i>				



Name
In Full

Bernard Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at <i>Huntingtown</i> Town			<i>Calvert</i> County			MARYLAND				
Date of death	19/0	Month	<i>June</i>	Day	<i>3</i>	Age	<i>20</i>	Years	Months	Days
Sex	<i>male</i>		Color or Race	<i>Black</i>			Birthplace	<i>Cal. Cal.</i>		
Occupation	<i>farm laborer</i>			Where Residing if not at place of death						
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband						
Father's Name	<i>Wm. Thomas</i>						Father's Birthplace	<i>Cal. Cal.</i>		
Mother's Maiden Name	<i>Priscilla Jones</i>						Mother's Birthplace	<i>" "</i>		
Name of person giving information	<i>Wm Thomas</i>						How related to deceased	<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Longueval Tuberculosis</i>	How long	<i>3 mos</i>
Immediate	<i>Asbestosis (28)</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>D. W. Hitch</i>
		Address	<i>Huntingtown Md</i>
Accident or Suicide?			<i>K</i>



Name
In
Full

William Wallace

CERTIFICATE OF DEATH

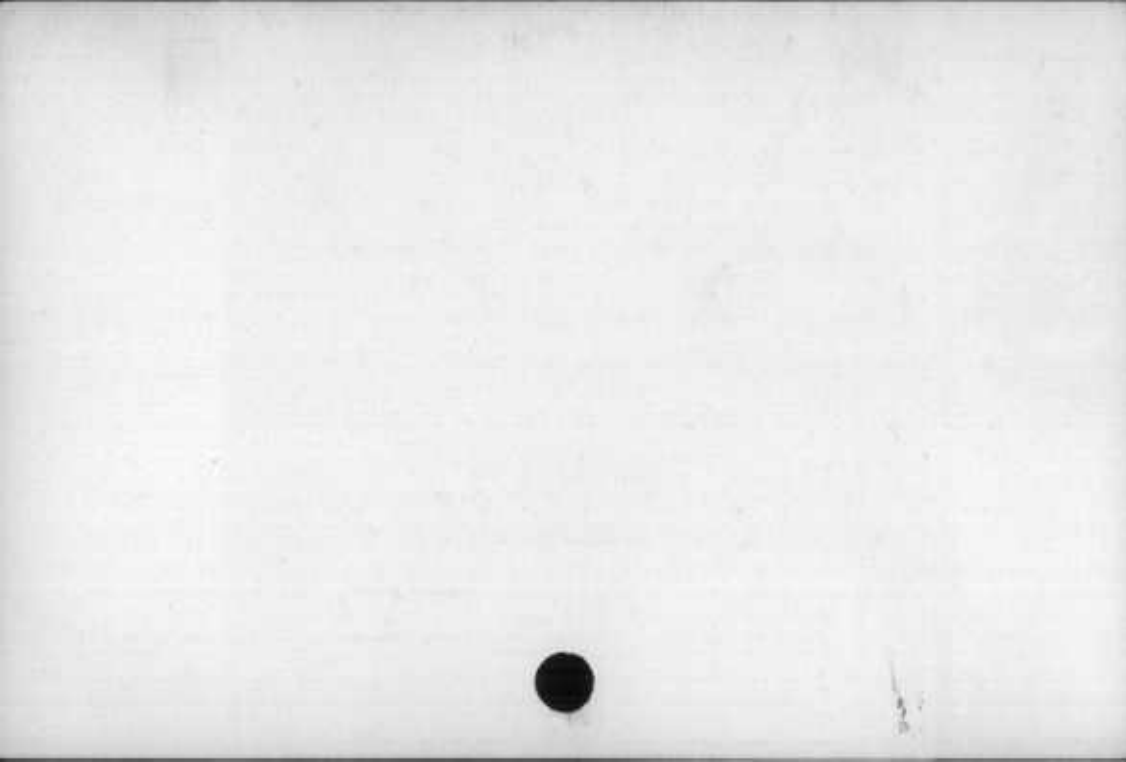
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wm Harmony</i>		County <i>Culbert</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>June</i>	Day <i>12</i>	Age <i>74</i>	Years Months Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth place <i>Cal. Cal.</i>		
Occupation <i>Labourer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Not known</i>		Father's Birthplace			
Mother's Maiden Name <i>" "</i>		Mother's Birthplace			
Name of person giving information <i>Wm Wallace Jr</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intra Cranial Hemorrhage</i>	How long <i>48 hr</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Zintke</i>
	Address <i>Hamlet, Ga</i>
Accident or Suicide?	



Name
Full

CERTIFICATE OF DEATH

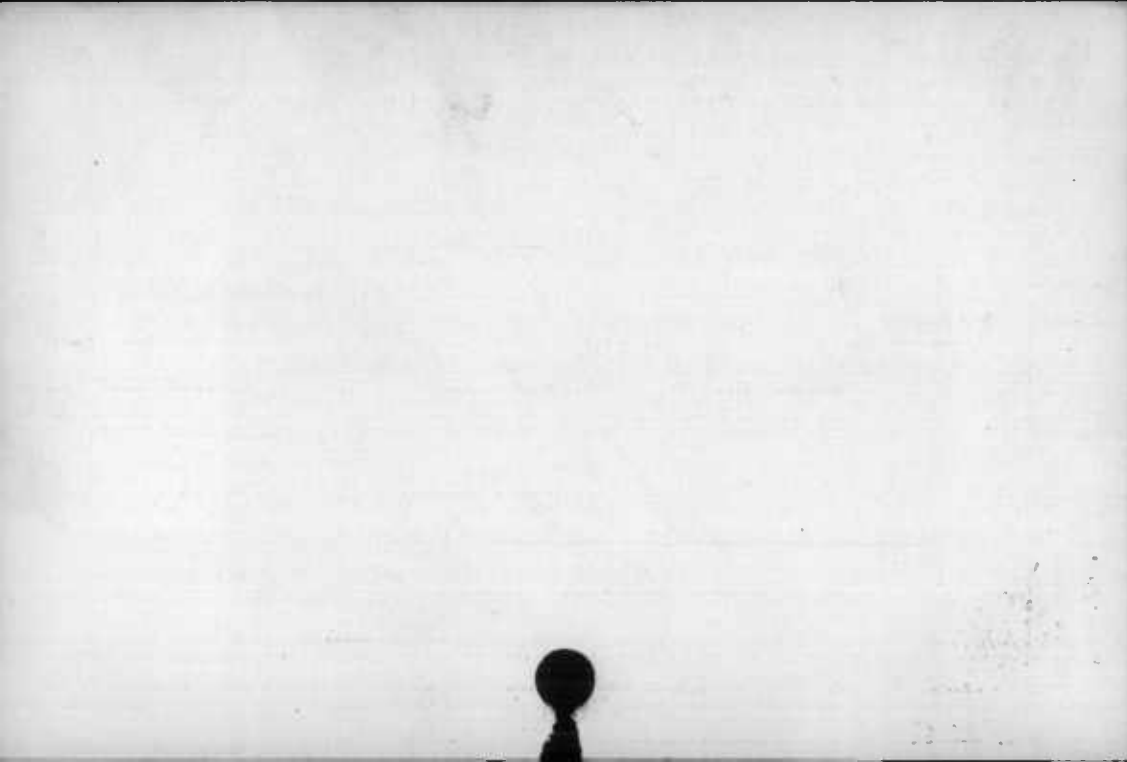
William H. Ward

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Mt. Harmony</i> ^{County} <i>Calvert</i>		MARYLAND			
Date of death	1910	Month	<i>June</i>	Day	<i>17</i>
Age	<i>76</i>	Years		Months	<i>11</i>
		Days			<i>14</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Mt. Harmony, Md.</i>
Occupation	<i>Carpenter</i>		Where Residing if not at place of death <i>Mt. Harmony, Md.</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Mary C. Moody</i>		
Father's Name	<i>Robert Ward</i>		Father's Birthplace	<i>Mt. Harmony, Md.</i>	
Mother's Maiden Name	<i>Sarah Ward</i>		Mother's Birthplace	<i>Mt. Harmony, Md.</i>	
Name of person giving information	<i>Plummer Ward</i>		How related to deceased	<i>Cousin.</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Valvular Disease of the Heart</i>	How long	<i>5 months</i>	
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature Physician	<i>W. D. M. Chaney</i>	
			Address	<i>Chaney, Md.</i>	
	Accident or Suicide?			<i>X</i>	



Name in Full

Robert E. Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Town Dunkirk County Cecil MARYLAND

Died at Dunkirk Cecil

Date of death 1940 Month June Day 11 Age 54 Years Months Days

Sex Male Color or Race White Birthplace A. A. Co. Md.

Occupation Farmer Where Residing if not at place of death

Married Single Widowed Widowed Name of Wife or Husband Emma Childs

Father's Name James Whittington Father's Birthplace A. A. Co. Md.

Mother's Maiden Name Sarah Griffith Mother's Birthplace A. A. Co. Md.

Name of person giving Information Luther Whittington How related to deceased Son

CAUSES OF DEATH

Primary Pellagra How long 2 years

Immediate Exhaustion How long

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

Signature of Physician Thos. M. Chaney Address Chaney, Md.

Accident or Suicide

PHYSICIAN OR CORONER

