

Name  
in Full

Mary Elizabeth Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Grapo

Town

Dorchester

County

MARYLAND

Date  
of death

1900

Month

July

Day

22

Years

Age 72

Months

9

Days

22

Sex

Female

Color of  
Race

White

Birth-  
place

Grapo Md.

Occupation

Housewife

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

Married

Name of ~~Wife~~  
Husband

Thomas A. Adams

Father's  
Name

Thomas Wrotter

Father's  
Birthplace

Grapo Md.

Mother's  
Maiden Name

Rosy Ann Adams

Mother's  
Birthplace

Grapo Md.

Name of person giving  
Information

Thomas A. Adams

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Senility

How long

189

Immediate

Heart failure

How long

Thirty minutes

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

Yes, as

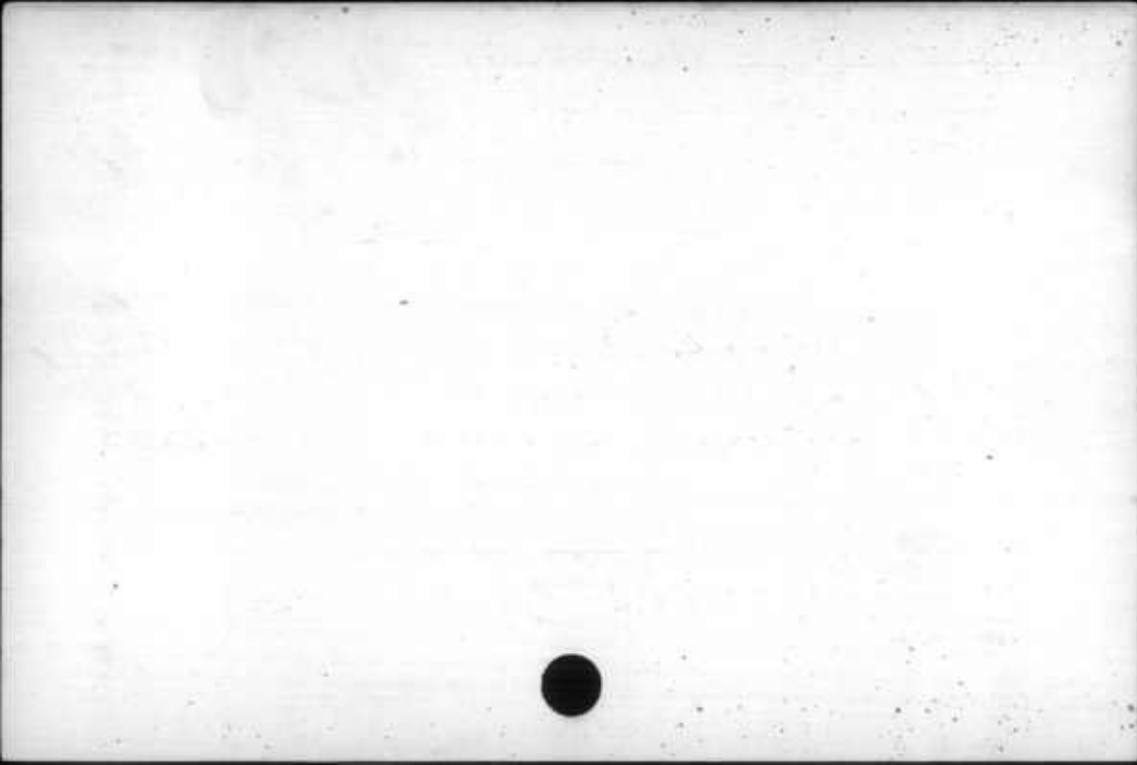
Signature of  
Physician

J. M. White

Address

Grapo,  
Dorchester Co Md

Accident or Suicide



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Joseph Baltimore</i>		Town <i>Cummins</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Cummins</i>		Month <i>June</i>		Day <i>23</i>		Age <i>27</i>	
Date of death <i>1940 June 23</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Maryland</i>			
Occupation <i>Labour</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Levin Balderson</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>—</i>			
Name of person giving Information <i>Geo. E. Stanley</i>				How related to deceased <i>wife</i>			

## CAUSES OF DEATH

Primary <i>Tuberculosis</i>		How long <i>28</i>
Immediate <i>Hemorrhage</i>		How long <i>Few minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. Wolf</i>
Accident or Suicide		Address <i>—</i>

PHYSICIAN  
OR CORONER



Name  
is  
Full

Preston Banks

104

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Church Creek <sup>County</sup> Dorchester MARYLAND

Date of death 10, 1906 Month 6 Day 16 Age - Years 6

Sex Male Color or Race Black Birth-place Md.

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

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

Father's Name Unknown Father's Birthplace \_\_\_\_\_

Mother's Maiden Name Unknown Mother's Birthplace \_\_\_\_\_

Name of person giving information \_\_\_\_\_ How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Suppose it was Enteritis* How long \_\_\_\_\_Immediate *M.D. in attendance* How long \_\_\_\_\_Are the name, age, sex, color, date and place correctly given above? *yes.*Signature of Physician *V.C. Carroll*Address *Cambridge Md.*Accident or Suicide?

18 10 1911



Name  
in Full

No Name Infant <sup>Collins</sup>

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Cambridge Dorchester County

Date of death 1941 June 11 Age        Months        Days       

Sex Male Color or Race White Birth-place Maryland

Occupation None Where Residing if not at place of death       

Married, Single or Widowed        Name of Wife or Husband       

Father's Name James L. Collins Father's Birthplace Maryland

Mother's Maiden Name Millie R. Burton Mother's Birthplace       

Name of person giving Information James L. Collins How related to deceased Father

CAUSES OF DEATH

Primary She Born. How long       

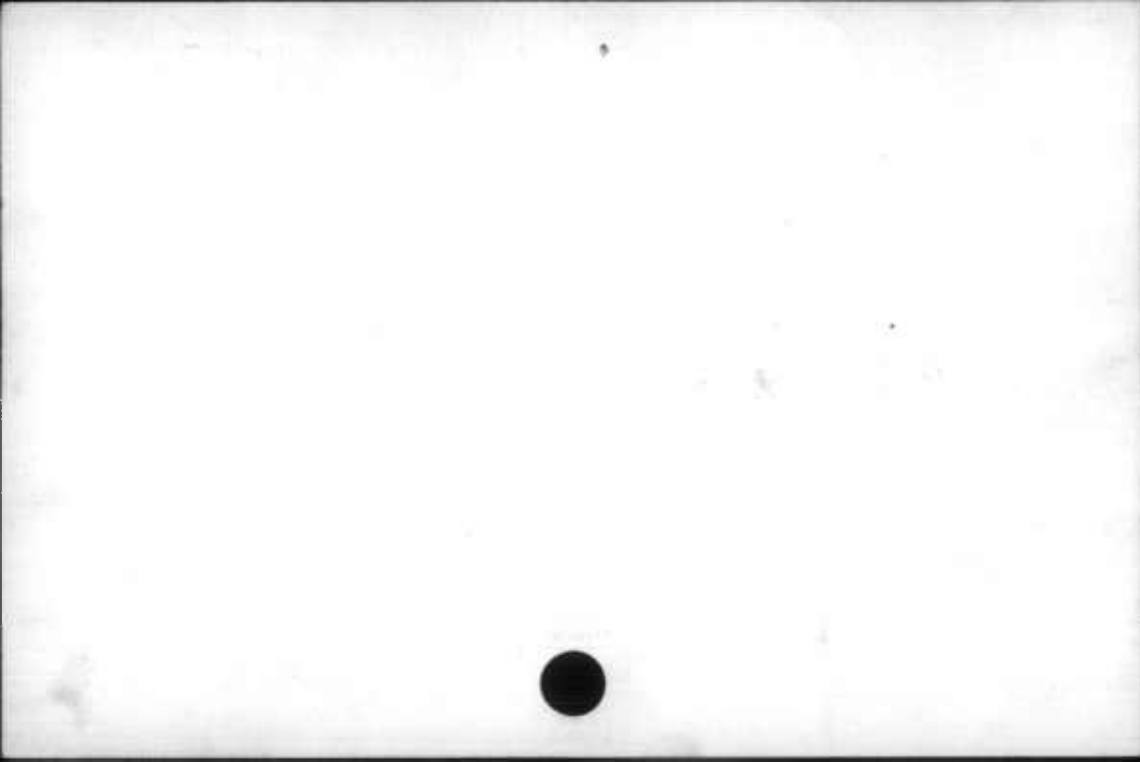
Immediate        How long       

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

Signature of Physician D W Galoway  
Address Cambridge Md

PHYSICIAN  
OR CORONER

Accident or Suicide





Name in Full

Bella Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at		Town Cornishville		County Leitchester		MARYLAND	
Date of death	1910	Month	June	Day	1	Age	Years 2 Months Days
Sex	Female		Color or Race	negro		Birth-place	Ind
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	none			
Father's Name	James W. Cornish				Father's Birthplace	Ind	
Mother's Maiden Name	Cornelia Wheally				Mother's Birthplace	Ind	
Name of person giving information	J. W. Cornish				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Bronchitis	How long	2 weeks
Immediate	Broncho pneumonia	How long	5 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. A. Stokes
		Address	Cornishville
Accident or Suicide?			Ind



Name  
in  
Full

Sarah Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bunbury Dist</i>		County <i>Dorchester</i>		MARYLAND	
Date of death 19 <i>10</i>	Month <i>June</i>	Day <i>4</i>	Age <i>54</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Caucasoid</i>		Birth-place <i>Dorchester Co</i>		
Occupation <i>Housewife</i>	Where residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of <del>Widow</del> Husband <i>William Cornish</i>				
Father's Name <i>Aaron Camper</i>	Father's Birthplace <i>Dorchester Co</i>		Mother's Birthplace <i>Dorchester Co</i>		
Mother's Maiden Name <i>Nancy Hughes</i>	Name of person giving Information <i>William Cornish</i>		How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

Primary <i>Paralysis</i>	How long <i>about year</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas W. Haulby M.D.</i>
<i>No M.D.</i>	Address <i>Heavish office</i>
Accident or Suicide <i>called</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Maggie R. Frasier

CERTIFICATE OF DEATH

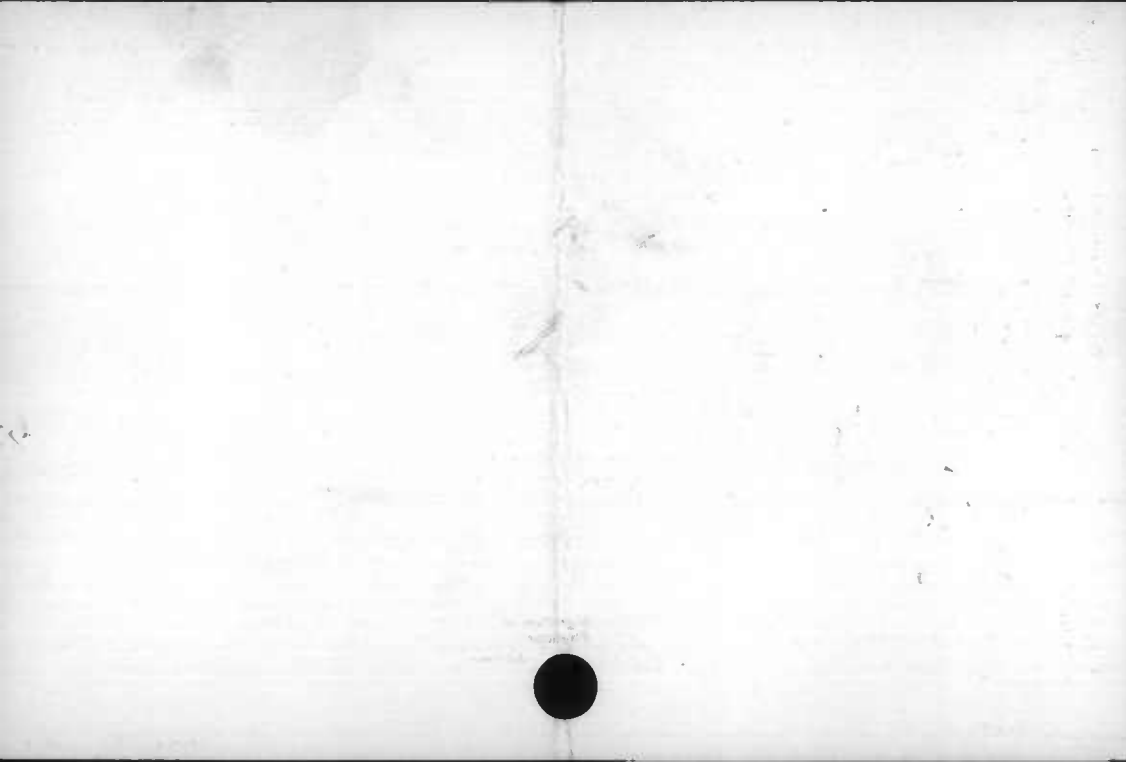
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>E. N. Market</u>		Town <u>Dorchester</u>		County <u>Dorchester</u>		MARYLAND	
Date of death	19 <u>00</u>	Month <u>6</u>	Day <u>16</u>	Age <u>8</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>E. N. Market, Md.</u>				
Occupation <u>none</u>		Where Residing if not at place of death					
<del>Married</del> , Single or <del>Widowed</del>		Name of Wife or Husband					
Father's Name <u>William E. Frasier</u>		Father's Birthplace <u>Dorchester Co.</u>					
Mother's Maiden Name <u>Nellie E. Boal</u>		Mother's Birthplace <u>Dorchester Co.</u>					
Name of person giving Information <u>William E. Frasier</u>		How related to deceased <u>Father</u>					

## CAUSES OF DEATH

Primary	<u>Pertussis</u>	How long	<u>9 days</u>
Immediate	<u>Convulsions</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. L. Nicols MD</u>	
		Address <u>E. N. Market, Md.</u>	
<del>Accident or Suicide</del>			

PHYSICIAN  
OR CORONER



Name in Full

J. G. Gambriell

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at Cambridge <sup>Town</sup> Dorchester <sup>County</sup> **MARYLAND**

Date of death 1940 June 18th Age 55 Months      Days     

Sex Male Color or Race White Birth-place     

Occupation      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      How related to deceased     

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Hemorrhage into the Brain 021 How long Some days

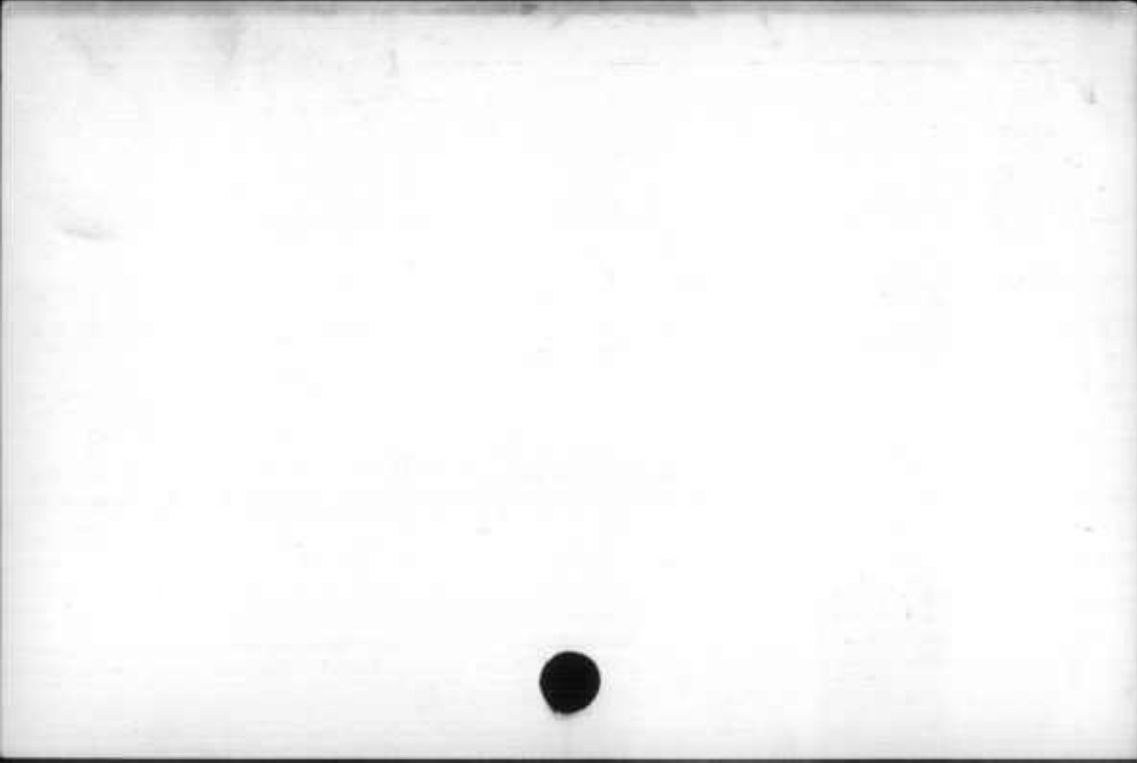
Immediate Paralysis How long     

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

Signature of Physician J. G. Gambriell

Address Cambridge Ma

Accident or Suicide





Name  
in  
Full

Hm Wesley Hopkins

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Hurdock

Date

1900

Month

6

Day

5

Age

Years

1

Months

6

Days

5

Sex

male

Color or  
Race

black

Birth-  
place

Hurdock Md

Occupation

none

Where Residing if not  
at place of death

Hurdock

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

✓

Father's  
Name

Howard Hopkins

Father's  
Birthplace

Dc Co

Mother's  
Maiden Name

Miesie Cornish

Mother's  
Birthplace

Dc Co

Name of person giving  
In formation

Howard Hopkins

How related  
to deceased

father

## CAUSES OF DEATH

Primary

Whooping Cough

How long

2

Immediate

Whooping cough &amp; pneumonia

How long

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

yes

Signature of  
Physician

G. Roger Myers

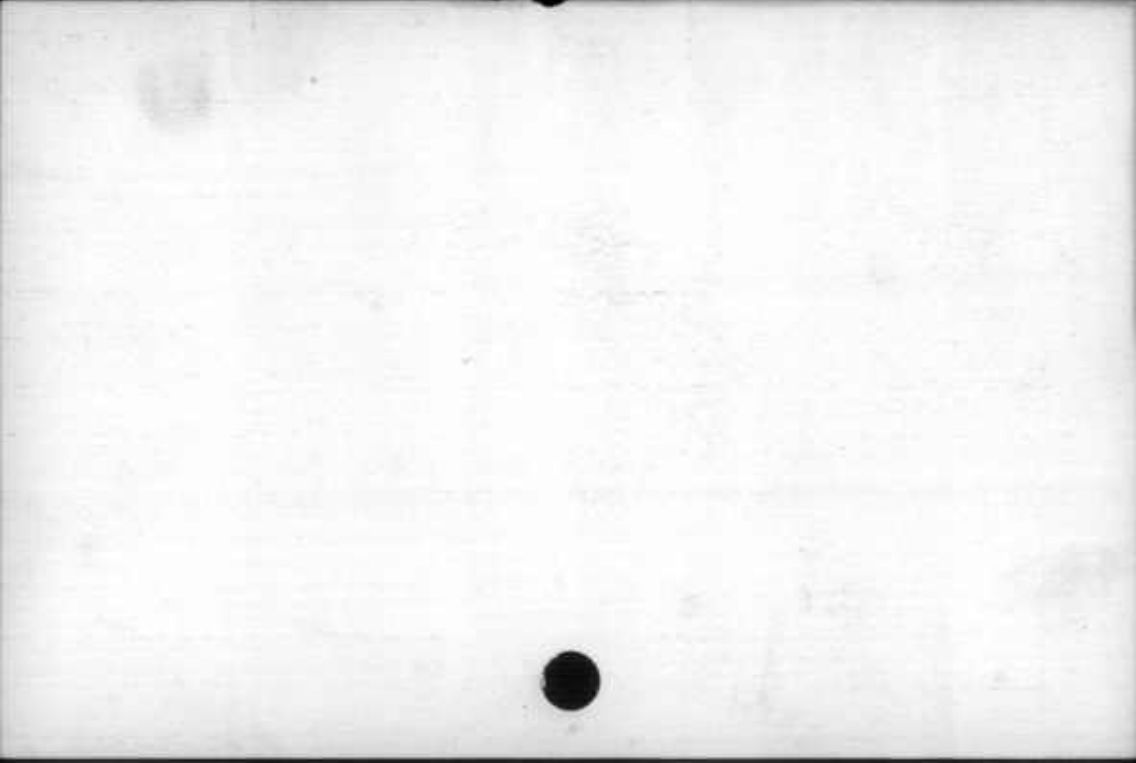
Address

Hurdock

Accident or Suicide?

Md

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in Full

Mary Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cambridge <sup>County</sup> Dorchester MARYLAND

Date of death 1940 <sup>Month</sup> June <sup>Day</sup> 9<sup>th</sup> <sup>Years</sup> Age 32 <sup>Months</sup> <sup>Days</sup>

Sex Female <sup>Color or Race</sup> colored <sup>Birth-place</sup> Cambridge

Occupation Housewife <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> John Jackson

Father's Name John Human <sup>Father's Birthplace</sup> Dorchester Co.

Mother's Maiden Name Dont Know <sup>Mother's Birthplace</sup> Dont Know

Name of person giving Information John Jackson <sup>How related to deceased</sup> Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cancer of breast <sup>How long</sup> 43 <sup>Time or more</sup> 43

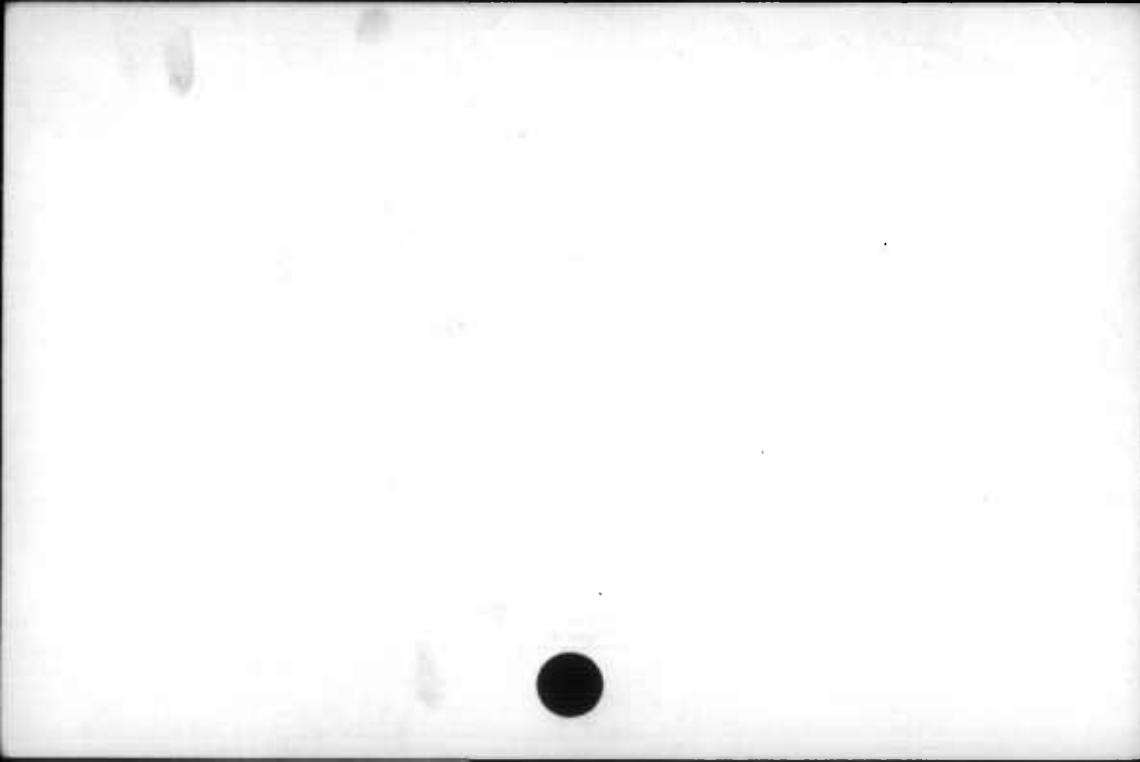
Immediate <sup>How long</sup>

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

Signature of Physician John Hume

Address Cambridge

Accident or Suicide



Name  
in  
Full

Hattie Jolly

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cambridge <sup>Town</sup> ~~St~~ <sup>County</sup> Dorchester MARYLAND

Date of death 1960 June 12 Age 12 Months Days

Sex Female Color or Race Colored Birth-place Backtown

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

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

Father's Name Charles Jolly Father's Birthplace Dorchester

Mother's Maiden Name Charlotte Cumber Mother's Birthplace Dorchester

Name of person giving Information Hospital Record How related to deceased \_\_\_\_\_

CAUSES OF DEATH

Primary 3rd degree Burn How long \_\_\_\_\_  
Immediate \_\_\_\_\_ How long \_\_\_\_\_

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, data and plac correctly givan above? \_\_\_\_\_ Signature of Physician her Steel

Address (167)

Accident or Suicide \_\_\_\_\_



Name  
in Full

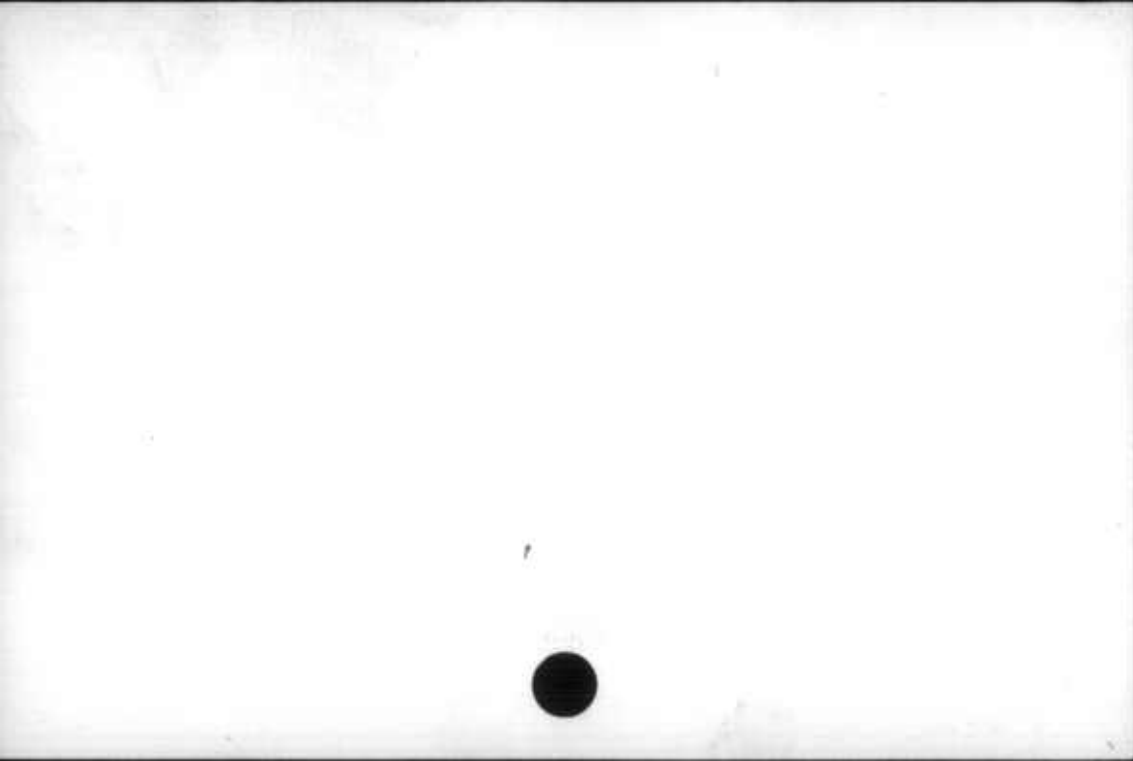
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> Town <u>Jones</u> County <u>Dorchester</u> <u>MARYLAND</u>	
Date of death <u>1966</u> <u>June</u> <u>4</u> <u>4</u> <u>2</u> <u>10</u>	Age <u>2</u> <u>10</u>
Sex <u>Female</u> Color or Race <u>White</u> Birth-place <u>Maryland</u>	Occupation <u>None</u> Where Residing if not at place of death <u>Cambridge Md</u>
Married, Single or Widowed _____ Name of Wife or Husband _____	Father's Name <u>J. Radcliffe Jones</u> Father's Birthplace <u>Maryland</u>
Mother's Maiden Name <u>Lida Johnson</u> Mother's Birthplace <u>"</u>	Name of person giving Information <u>Jas. R. Jones</u> How related to deceased <u>Grand Father</u>
<b>CAUSES OF DEATH</b>	

PHYSICIAN  
OR CORONER

Primary <u>Myocardial + Entero. Coarctio</u>	How long _____
Immediate <u>Heart Failure</u>	How long <u>159 A</u> <u>Sudden.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Wolf</u>
<u>Willis</u>	Address <u>Cambridge, Md.</u>
Accident or Suicide _____	<u>X</u>





Name  
in  
Full

Edna King

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Indian Bone</i>		Town <i>Indian Bone</i>		County <i>Archester</i>		MARYLAND	
Date of death	19 <i>60</i>	Month	<i>June</i>	Day	<i>12</i>	Age	<i>70</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>		Birth-place	—	
Occupation	<i>House wife</i>		Where Residing if not at place of death		<i>Indian Bone</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband		<i>Philip King</i>			
Father's Name	<i>Not known</i>				Father's Birthplace	—	
Mother's Maiden Name	<i>unknown</i>				Mother's Birthplace	—	
Name of person giving Information	<i>Fred Anderson</i>				How related to deceased	<i>Notaral</i>	

CAUSES OF DEATH

Primary	<i>Epilepsy</i>	How long	<i>69</i>	<i>6 mos</i>
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Ray Stull</i>	
		Address	<i>Cambridge Md</i>	
Accident or Suicide				

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James Timoney</i>		Town <i>Secretary</i>		County <i>Dorchester</i>		STATE <b>MARYLAND</b>	
Died at <i>Secretary</i>		Date of death <i>1910 June 15</i>		Age <i>62</i>		Months <i>9</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester Co. Md.</i>			
Occupation <i>Farm Laborer</i>		Where residing if not at place of death <i>None</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mary Timoney</i>					
Father's Name <i>James H. Timoney</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Sara Calhoun</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Mary Timoney</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>	How long <i>92</i> <i>2 weeks</i>
	Immediate <i>Cardiac asthma</i>	How long <i>74 hours</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edward L. Jones</i>
	Address <i>East Newmarket, Md.</i>	
Accident or Suicide? <i>X</i>		



Name  
in Full

Daniel R. Meekins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Cambridge <sup>Town</sup> Dorchester <sup>County</sup> MARYLANDDate of death 1910 <sup>Month</sup> June <sup>Day</sup> 24 <sup>Years</sup> 62 <sup>Months</sup> 0 <sup>Days</sup> 0Sex Male Color or Race White Birth-place MarylandOccupation Watchman Where Residing if not at place of death Cambridge Md.Married, Single or Widowed Widower ~~Married~~ Name of Wife or Husband Annie MeekinsFather's Name Daniel Meekins Father's Birthplace MarylandMother's Maiden Name Elizabeth Garrett Mother's Birthplace "Name of person giving Information Dellworth Montagna How related to deceased Son in Law

## CAUSES OF DEATH

Primary Heart Failure 189 A How long 10 hrs.Immediate E. Lumbkin How long "

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

Signature of Physician

Address

Dr. Goldberry  
Pauling, Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in Full

Julia Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

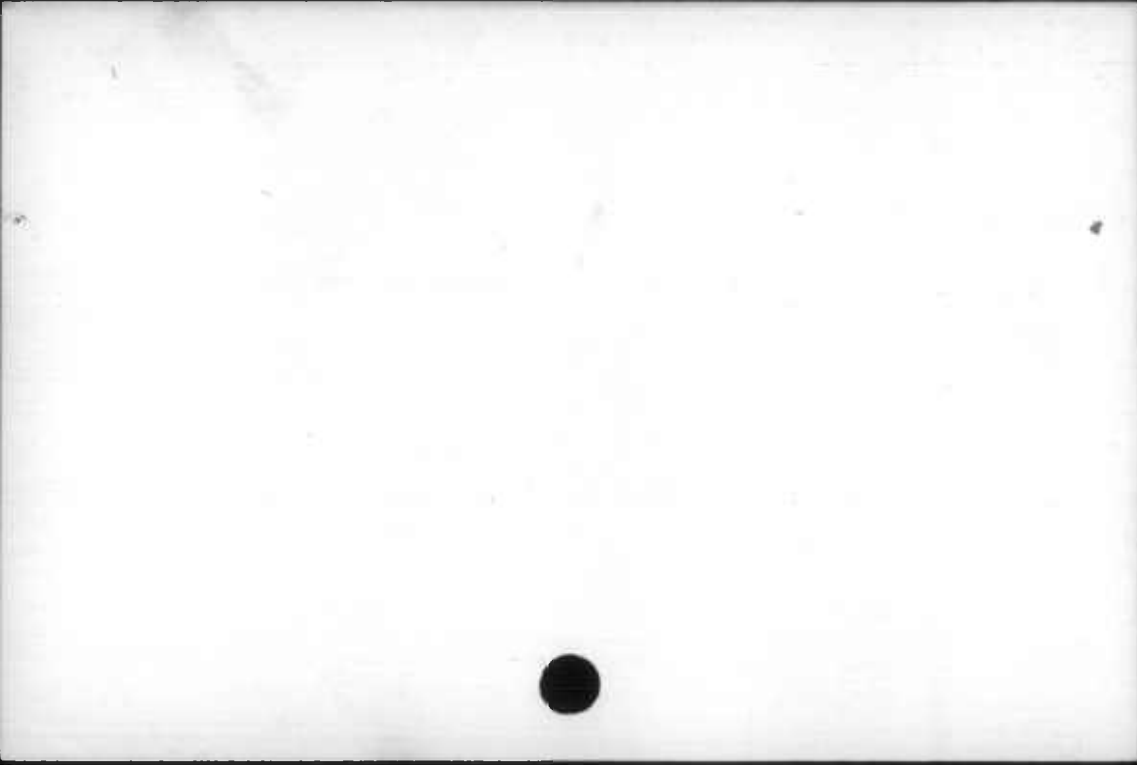
Died at <i>Taylor's Island</i>		Town <i>Dorchester</i>		County <i>MARYLAND</i>	
Date of death <i>1990 June 16</i>		Month <i>June</i>		Day <i>16</i>	
Sex <i>Female</i>		Color or Race <i>African</i>		Age <i>80</i>	
Occupation <i>Housework</i>		Where Residing if not at place of death <i>Y</i>		Birthplace <i>Md.</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. A. Moore</i>		Father's Name <i>Aaron Emma</i>	
Father's Name <i>Aaron Emma</i>		Father's Birthplace <i>unknown</i>		Mother's Maiden Name <i>unknown</i>	
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>		Name of person giving Information <i>Ernest A. Mundy</i>	
Name of person giving Information <i>Ernest A. Mundy</i>		How related to deceased <i>son</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>2 yrs.</i>
Immediate <i>Cardiac Failure</i>	How long <i>1 wk.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. B. Shriver Jr.</i>
	Address <i>Taylor's Island</i>
Accident or Suicide <i>#</i>	<i>Md.</i>





Name  
In  
Full

William Payne

CERTIFICATE OF DEATH

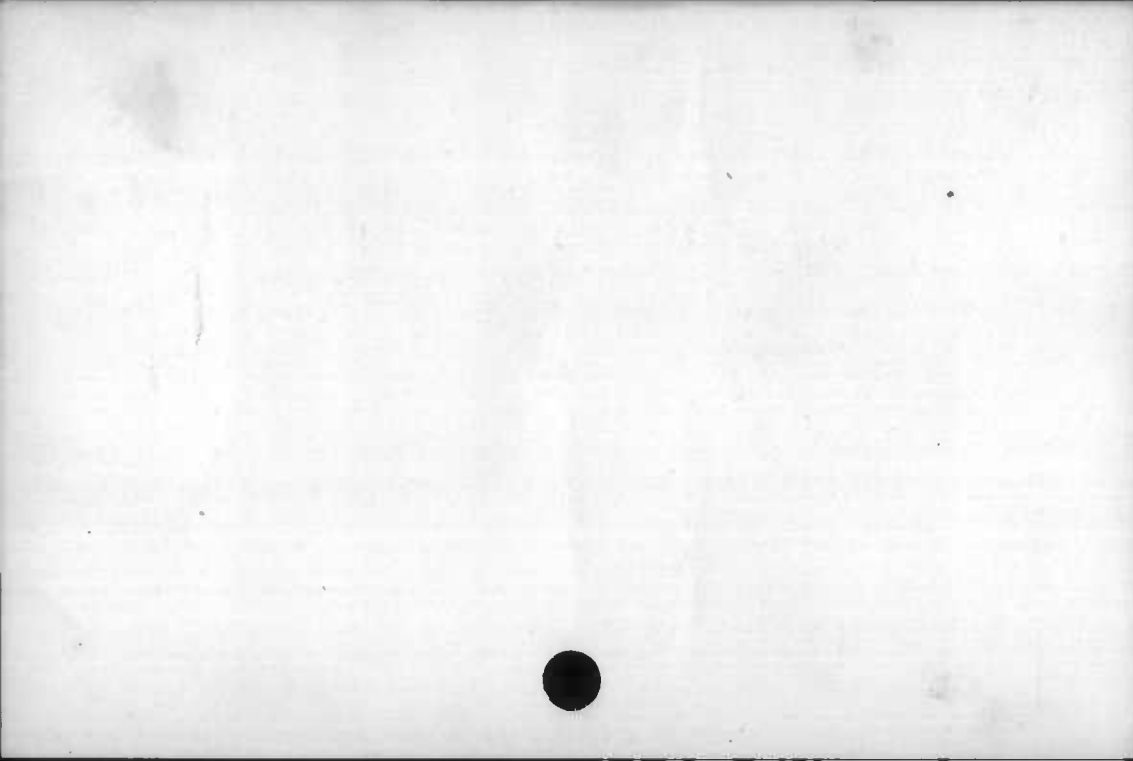
TO BE ANSWERED BY  
NEAREST FRIEND

Died at: <i>Hurlock</i> <small>Town</small>		<i>500</i> <small>County</small>		MARYLAND	
Date of death: <i>1900</i> <small>Year</small>	<i>June</i> <small>Month</small>	<i>1</i> <small>Day</small>	<i>52</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex: <i>male</i>	Color or Race: <i>Colored</i>	Birth-place: <i>Beckwith</i>			
Occupation: <i>Laborer</i>	Where Residing if not at place of death: <i>Hurlock</i>				
Married-Single or Widowed: <i></i>	Name of Wife or Husband: <i>Hester Payne</i>				
Father's Name: <i>David Payne</i>	Father's Birthplace: <i>Beckwith</i>				
Mother's Maiden Name: <i>Mary Payne</i>	Mother's Birthplace: <i>"</i>				
Name of person giving information: <i>Abraham Cornish</i>	How related to deceased: <i>none</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary: <i>No Physicarian Attendance</i>	How long: <i></i>
Immediate: <i></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>Robert L. Hastings</i>
	Address: <i>Local Registrar</i>
Accident or Suicide? <i>No</i>	<i>X</i>



Name  
in  
Full

Raymond

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cambridge <sup>Town</sup> Worcester <sup>County</sup> **MARYLAND**

Date of death 1900 <sup>Month</sup> June <sup>Day</sup> 14 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> —

Sex Male Color or Race Wh Birth-place Cambridge Md

Occupation — Where Residing if not at place of death —

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

Father's Name Clarence G. Raymond Father's Birthplace Ind

Mother's Maiden Name Anna E. Schuyler Mother's Birthplace Ind

Name of person giving Information Amelia Raymond How related to deceased Grandmother

(Handwritten initials)

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Peritonsillitis. Presentation How long —

Immediate Empyema of skull by venous How long —

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

Signature of Physician Ray Steele Address Cambridge Md.

Accident or Suicide —

(Handwritten initials)

W. H. H. H.

Name in Full

Charles E. Sampson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cambridge <sup>Low</sup> Borchester Co <sup>County</sup> MARYLAND

Date of death 1960 <sup>Month</sup> June <sup>Day</sup> 16 <sup>Years</sup> Age 62 <sup>Months</sup> — <sup>Days</sup> —

Sex male Color or Race colored Birthplace Borchester

Occupation Laborer Where Residing if not at place of death Cambridge

Married, Single or Widowed Married Name of Wife or Husband Mary E Sampson

Father's Name Don't Know Father's Birthplace Don't Know

Mother's Maiden Name Lillian Camper Mother's Birthplace Don't Know

Name of person giving information Charles F Sampson How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cerebral Hemorrhage How long 1 day

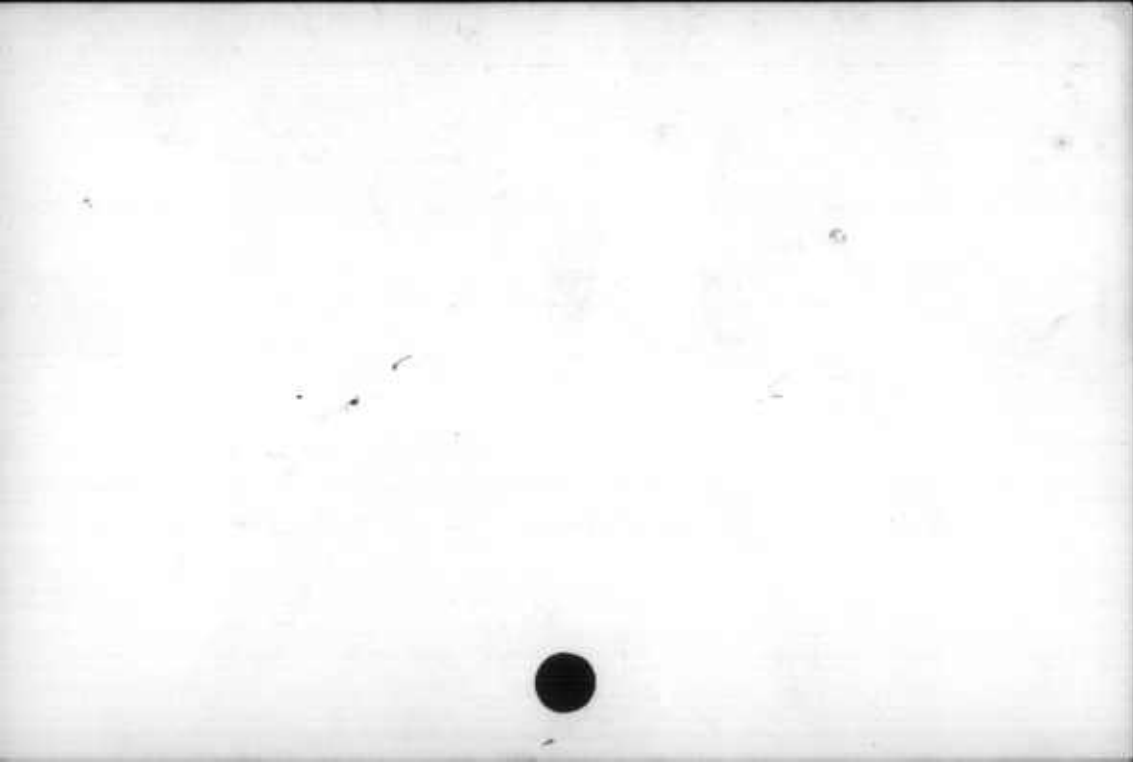
Immediate Paralysis & Anoxia How long a few hours

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

Signature of Physician Guy Still

Address [Redacted]

Accident or Suicide X



Mary Elizabeth Stewart

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Borchester</i> County		MARYLAND	
Date of death	19 <i>10</i> Month <i>July</i>	Day <i>25</i>	Age <i>—</i> Years	Months <i>—</i>	Days <i>6</i>
Sex <i>female</i>	Color or Race <i>colored</i>	Birth-place <i>Maryland</i>			
Occupation <i>Infant</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>Charles Robinson</i>	Father's Birthplace <i>Cambridge</i>				
Mother's Maiden Name <i>Maggie Stewart</i>	Mother's Birthplace <i>Cordoban</i>				
Name of person giving information <i>Maggie Stewart</i>	How related to deceased <i>mother</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tetanus Stronatorum</i>	How long <i>24</i>	How long <i>12 hours</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. Wolff</i>	
	Address <i>Cambridge, Md.</i>	
Accident or Suicide? <i>—</i>		





Name  
in Full

CERTIFICATE OF DEATH

*James Taylor*  
 Town *Cambridge* County *Dorchester*

MARYLAND

Died at *Cambridge Dorchester Co*  
 Date of death *1900* Month *June* Day *27* — Age *3* Months *3* Days

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

Occupation *Baby* Where Residing if not at place of death *Cambridge*

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

Father's Name *Robert Taylor* Father's Birthplace *Lakes*

Mother's Maiden Name *Mary Tall* Mother's Birthplace *Lakes*

Name of person giving Information *Robert Taylor* How related to deceased *Father*

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary *Whooping cough* How long *Two weeks*  
 Immediate *Exhaustion* How long *Gradual*

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

Signature of Physician

Address

*Dr. Hurley*  
*Health Office*

Accident or Suicide

PHYSICIAN  
OR CORONER

01-06-0

Name  
in  
Full

Delia E. Vaughan

CERTIFICATE OF DEATH

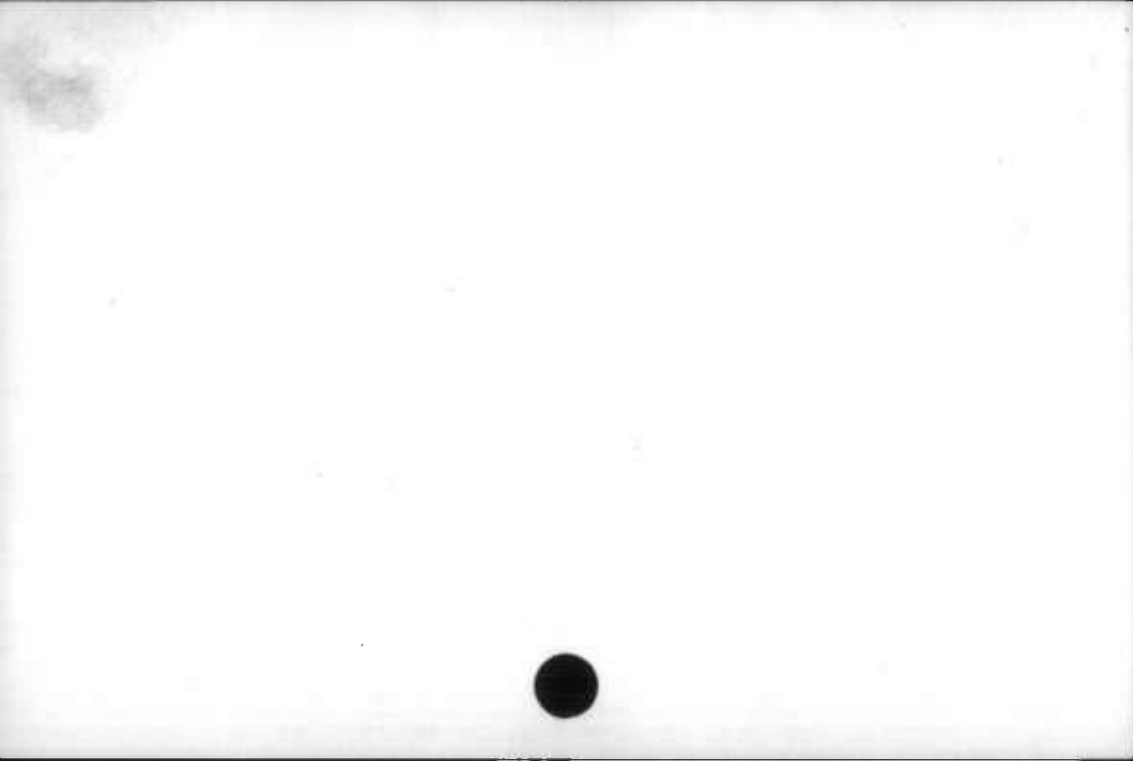
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death 19 <u>40</u>	<u>June</u> <small>Month</small>	<u>23</u> <small>Day</small>	Age <u>    </u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>17</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Blk</u>	Birth-place <u>Ind.</u>			
Occupation <u>Chit d</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>    </u>				
Father's Name <u>James W. Vaughan</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Loula M. Henry</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving Information <u>James W. Vaughan</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

Primary <u>Cholera Infantum</u>	How long <u>3 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Wolff</u>
	Address <u>Cambridge, Ind.</u>
Accident or Suicide <u>    </u>	

PHYSICIAN  
OR CORONER



Name

in Full

George L. Wilby

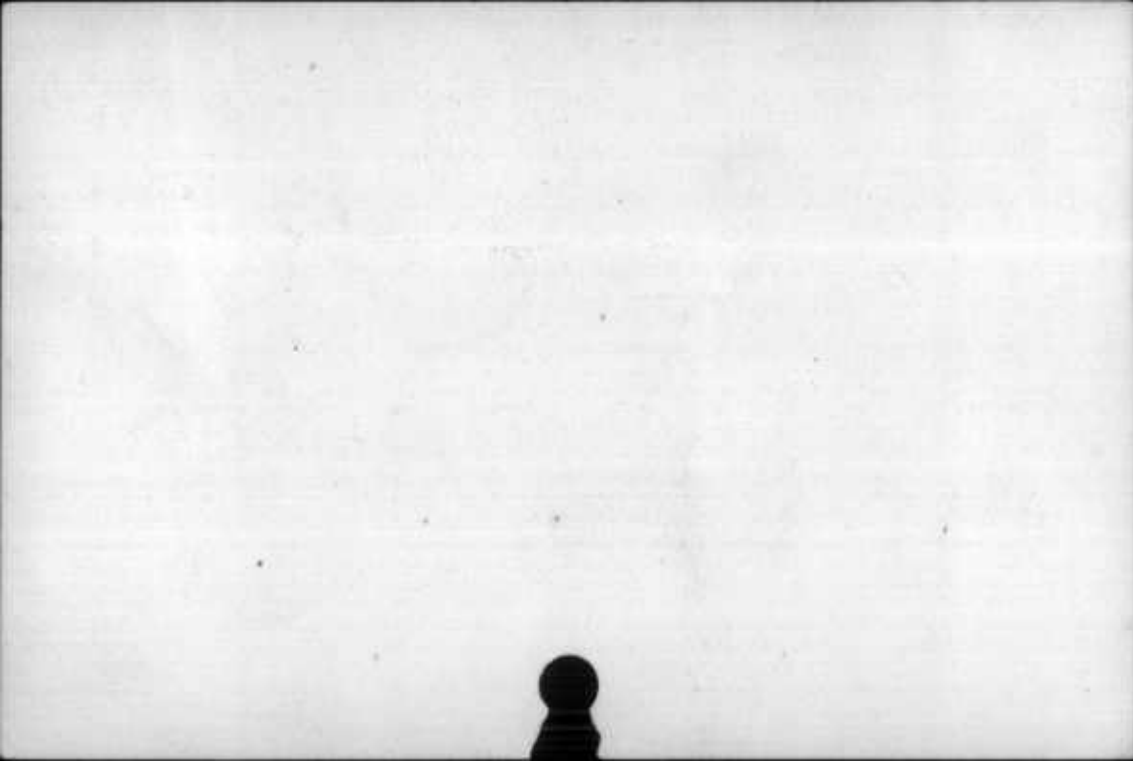
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lakeville</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i> <small>Year</small>	<i>June</i> <small>Month</small>	<i>26</i> <small>Day</small>	<i>81</i> <small>Years</small>	<i>0</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Lakeville Md</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death	<i>Died at home</i>	
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Sarah E. Wilby</i>		
Father's Name	<i>Angelo Wilby</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Asbury Adams</i>		How related to deceased	<i>Cousin-law</i>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Senility</i>	<i>189 A</i>	How long	<i>1</i>
	Immediate	<i>Heart failure</i>		How long	<i>20 minutes</i>
	Are the name, age, sex, color, date and place correctly given above	<i>Yes, as far as I know</i>		Signature of Physician	<i>J. M. White</i>
	Accident or Suicide?		Address	<i>Craps Md</i>	<i>X</i>



Name  
in  
Full

Mary E Wingate

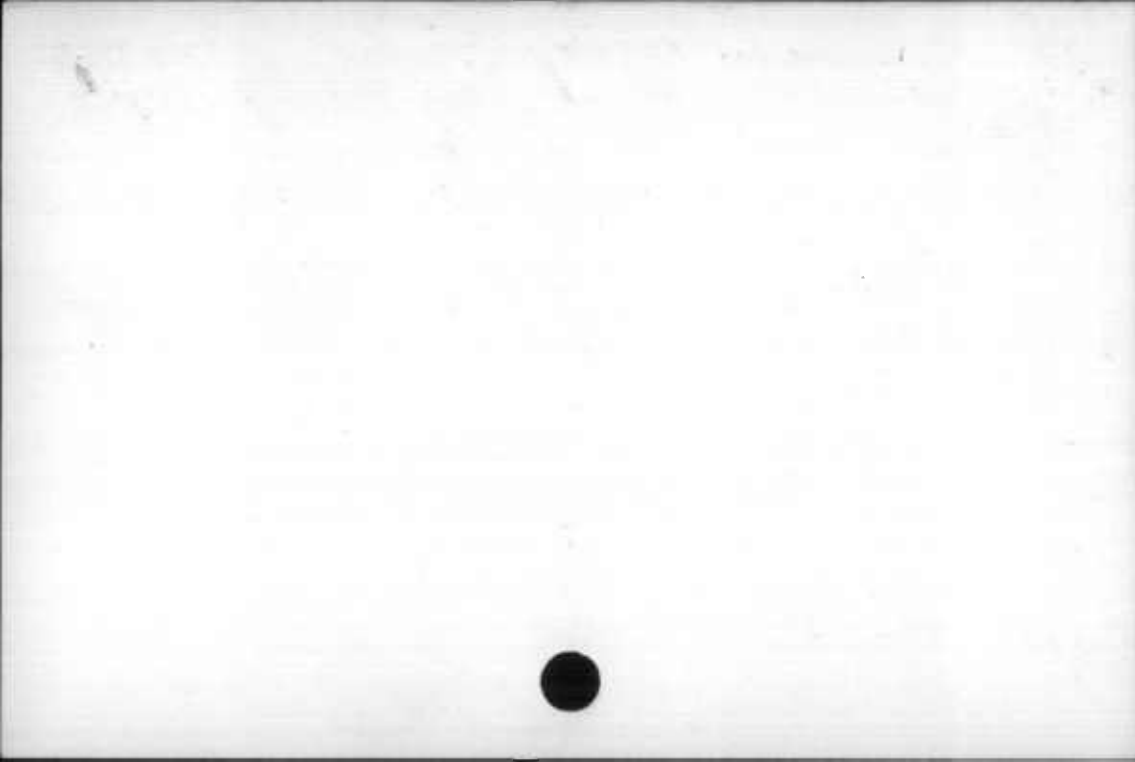
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death 19 <u>40</u> <sup>Month</sup> <u>June</u> <sup>Day</sup> <u>19</u>		Age <u>42</u> <sup>Years</sup>		<u>—</u> <sup>Months</sup> <u>—</u> <sup>Days</sup>	
Sex <u>Female</u>	Color or Race <u>Caucasian</u>	Birth-place <u>Crapo</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>Jerry Wingate</u>				
Father's Name <u>Jos. Johnson</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>md</u>				
Name of person giving Information <u>Jerry Wingate</u>	How related to deceased <u>husband</u>				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Cause of Death <u>Cancer of Liver</u>	How long <u>2 years</u>
	Immediate <u>E4 carcinoma</u>	How long <u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of <u>Chas. M. Hensby</u>
		Address <u>Cambridge</u>
Accident or Suicide		<u>md</u>





Name  
in Full

Catharine Woolford

CERTIFICATE OF DEATH

Died at

Cambridge

Dorchester

MARYLAND

Date of death

1900

Month

June

Day

24

Age

Years

82

Months

Days

Sex

Female

Color or Race

Colored

Birthplace

Dorchester,

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

Widow

Name of Wife or Husband

Simon Woolford

Father's Name

Levin Bryan

Father's Birthplace

Dont Know

Mother's Maiden Name

Dont Know

Mother's Birthplace

Dorchester

Name of person giving Information

Marina Copher

How related to deceased

Daughter

## CAUSES OF DEATH

Primary

Asthma

How long

About 2 years

Immediate

Mitral Regurgitation, Right ventricle

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

yes

Signature of Physician

H. H. H. H.

Address

Cambridge Md,

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Louis A Young  
Cambridge Town  
Dorchester County

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cambridge Dorchester MARYLAND

Date of death 1980 June 27 Age 8 Months      Days     

Sex Male Color or Race White Birth-place M. & D. Md.

Occupation none Where Residing if not at place of death E. H. Monks Md.

Married, Single or Widowed Single Name of Wife or Husband     

Father's Name Clayton J. Young Father's Birthplace Dorchester

Mother's Maiden Name Robert Johnston Mother's Birthplace "

Name of person giving information Clayton J. Young How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary appendicitis (Langmuir abscess) How long 1 week

Immediate acute heart failure How long 10 days

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

Signature of Physician [Signature]

Address Cambridge Md.

Accident or Suicide X

