

Name in Full

Raymond E Barlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Melitola ^{County} Kent - MARYLAND

Date of death 1940 June 21 Age one Months 6 Days 4

Sex male Color or Race Black Birthplace Kent-Co

Occupation infant - Where Residing if not at place of death -

Married, Single or Widowed single Name of Wife or Husband -

Father's Name Am. A. Barlow Father's Birthplace Kent-Co

Mother's Maiden Name Kate Hodges Mother's Birthplace Kent-Co

Name of person giving Information W. H. Barlow (104) How related to deceased father-

CAUSES OF DEATH

Primary Cholera Infantum How long two days

Immediate Metastasis to Brain - Combing one day

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

Signature of Physician Harry L. Cook

Address Chester town, Md.

Accident or Suicide

Melita

Melita

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date
of death

1960

Month

June

Day

19

Age

53

County

Kent

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Md

Occupation

Teacher

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

Married

Name of Wife or
Husband

Annie R Knight

Father's
Name

Chas. Dorsey

Father's
Birthplace

Md

Mother's
Maiden Name

Sarah Chambers

Mother's
Birthplace

Md

Name of person giving
Information

Annie R Knight

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Apoplexy.

GHI

How long

10 hours.

Immediate

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

Yes.

Signature of
Physician

W.S. Maxwell.

Address

Still Pond, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in Full

Not name Dudley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Millington ^{County} KentDate of death 1900 ^{Month} 6 ^{Day} 18 ^{Years} Age about 4 ^{Months} ^{Days}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 Wm Dudley ^{Father's Birthplace} MdMother's Maiden Name Emma Goldsboro ^{Mother's Birthplace} MdName of person giving Information Joseph Goldsboro ^{How related to deceased} Grandfather

CAUSES OF DEATH

Primary Still born ^{How long} SImmediate _____ ^{How long}Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Dr W H Jacobs_____ ^{Address} Millington_____ ^{Address} Md

Accident or Suicide _____



Name
in
Full

CERTIFICATE OF DEATH

Thomas Henry Fletcher

Town

County

MARYLAND

Died at

Chestertown Kent

Date

of death

19

10

Month

June

Day

29

Age

Years

Months

Days

Sex

male

Color or
Race

Cauc.

Birth-
place

Chestertown

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Arthur Fletcher

Father's
Birthplace

Chestertown

Mother's
Maiden Name

Daisy Dudley

Mother's
Birthplace

Edwards, Md

Name of person giving
information

Daisy Fletcher

How related
to deceased

mother

CAUSES OF DEATH

Primary

Mal nutrition

How long

since birth

Immediate

Explosion

How long

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

yes

Signature of
Physician

W. Dr. Attending

Address

104 Simpson St
Loud Brandy Mill

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1897

Edward Lloyd

2 water Street

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full: *John Grooms*

Town: *New Leon* County: *Kent*

Died at: *New Leon*

Date of death: *1960 June 3* Age: *58* Months: _____ Days: _____

Sex: *Male* Color or Race: *African* Birth-place: *Ind.*

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

Married, Single or Widowed: *Married* Name of Wife or Husband: *Susan Grooms*

Father's Name: *Bryson Grooms* Father's Birthplace: *unknown*

Mother's Maiden Name: *Jumpy unknown* Mother's Birthplace: *unknown*

Name of person giving information: *Moses Thompson* How related to deceased: *(none)*

CAUSES OF DEATH

Primary: *Diabetes 50* How long: *3 years*

Immediate: *Gangrene + Toxicemia* How long: *3 months*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician: *J. M. Smith*

Address: *Chesapeake Ind.*

Accident or Suicide: *No*

PHYSICIAN
OR CORNER

Wm Do Hall

Northway
Brent

Name
in Full

Myrtle Elizabeth Joiner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Rock Hall

Town

Kent

County

MARYLAND

Date of death

1940

Month

June

Day

22

Age

Years

—

Months

4

Days

6

Sex

female

Color or Race

White

Birth place

Kent Co. Md

Occupation

None

Where Residing if not at place of death

at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

Robert Joiner

Father's Birthplace

Kent Co. Md

Mother's Maiden Name

Anna E Thomas

Mother's Birthplace

Kent Co. Md

Name of person giving Information

Robt Joiner

How related to deceased

Father

CAUSES OF DEATH

Primary

Summer Catarrh

How long

4 weeks

Immediate

Exhaustion

How long

2 days

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

yes

Signature of Physician

Walter J. Kelly MD

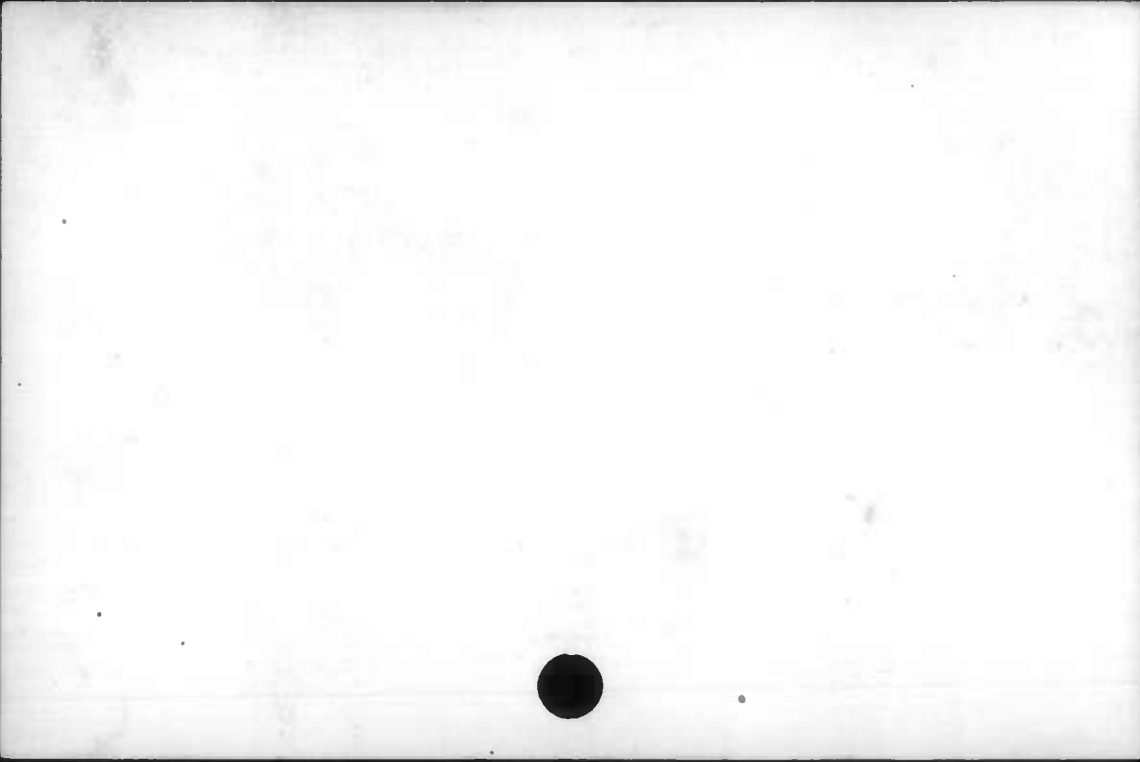
Address

Rock Hall Md

Accident or Suicide

PHYSICIAN
OR CORONER

104



Name
in Full

Robert Arthur Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Rock Hall ^{County} Kent MARYLAND

Date of death 1940 ^{Month} June ^{Day} 10 ^{Age} — ^{Years} — ^{Months} 5 ^{Days} 20

Sex Male ^{Color or Race} White ^{Birth-place} Kent Co. Md

Occupation None ^{Where Residing if not at place of death} at place of death

Married, Single or Widowed Single ^{Name of Wife or Husband} none

Father's Name James R Lewis ^{Father's Birthplace} Kent Co. Md

Mother's Maiden Name Clara B. Tonley ^{Mother's Birthplace} Kent Co. Md

Name of person giving Information John L Lewis ^{How related to deceased} Grand Father

PHYSICIAN
OR CORONER

CAUSES OF DEATH

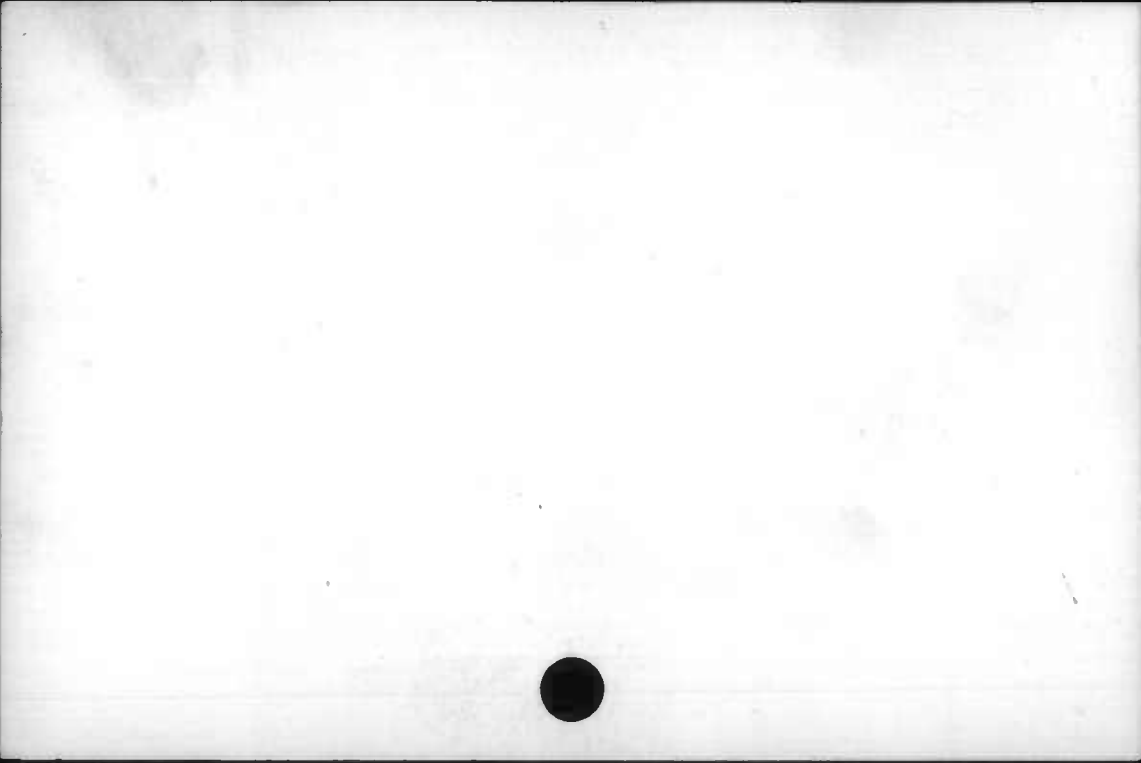
Primary Heart disease (79) ^{How long} 3 months

Immediate Exhaustion ^{How long} 3 months

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} W. Kelly M.D.

^{Address} Rock Hall, Md.

Accident or Suicide



Name
in
Full

George Wilford Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Christleton		County Kent		MARYLAND	
Date of death	1900	Year	June	Day	27	Age	28
Sex	male		Color or Race	col		Birth-place	md
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	George Robinson					Father's Birthplace	md
Mother's Maiden Name	Martha Goldsboro					Mother's Birthplace	md
Name of person giving information	Erina Robinson					How related to deceased	Mother

CAUSES OF DEATH

Primary	Epilepsy	How long	10 years
Immediate	Coma	How long	about 1 hour

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

Yes

Signature of Physician

Address

John H. Greenwood
Coroner

Accident or Suicide?

No

John A. Wells

24.00

Name
In
Full

Mary A. Rodney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Horton		County Kent		MARYLAND	
Date of death	1910	Month 6	Day 5	Age Years	73	Months	Days 28
Sex	Female		Color or Race	White		Birth- place	Balto
Occupation	House Keeper		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Wife or Husband Mrs M. Rodney				
Father's Name	Mr Scott		Father's Birthplace Balto				
Mother's Maiden Name	Baker Thorp		Mother's Birthplace "				
Name of person giving in formation			How related to deceased				

CAUSES OF DEATH

Primary	Paralysis.	(66)	How long	5 days
Immediate			How long	

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

yes.

Signature of
Physician

W. S. Maxwell,

Address

Steel Pond, Md.

Accident or Suicide?

Dear Sir.

Please sign and

forward by
blank mail.

Edw. S. Foster
Wellingborough

Name
is
Full

John Schanter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>June</i> ^{Town} <i>Chesestown</i> ^{County} <i>Peak</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>June</i>	Day <i>18</i>	Age Years <i>7</i> Months <i>7</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>John Schanter</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Mc Grogan</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Adam Schanter</i>	How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

8

PHYSICIAN OR CORONER	Primary <i>Whooping cough, colitis</i>	How long <i>1 month</i>
	Immediate <i>Asthma</i>	How long <i>One day</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. P. Simpson</i>
		Address <i>Chesestown</i>
	Accident or Suicide? <i>No</i>	

Mugwort
Blunch Hill

Name in Full

(Still Born)

Sunny

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Buttertown* ^{Town} *Sunny* ^{County} **MARYLAND**

Date of death *1960 June 6* Age *0* Months *0* Days *0*

Sex *Female* Color or Race *Black* Birth-place *Buttertown*

Occupation _____ Where Residing if not at place of death _____

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

Father's Name *Lewis Seany* Father's Birthplace *Boston*

Mother's Maiden Name *Millicen E. Worrell* Mother's Birthplace *Boston*

Name of person giving Information *Lewis Seany* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still Born* How long *5 months*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *W. S. Maxwell,*

Address *Still Pond. Md.*

Accident or Suicide

Whicks
Buckingham

Name in Full

B. Wilbur Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} <i>Chestertown</i> ^{County} <i>Kent</i>		MARYLAND	
Date of death 19 <i>10</i>	Month <i>6</i>	Day <i>22</i>	Age <i>92</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Kent les</i>	Months <i>5</i> Days <i>13</i>
Occupation <i>Farmer</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>Robt H. Smith</i>	Father's Birthplace <i>Falco Co.</i>		
Mother's Maiden Name <i>Mary Pyle</i>	Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Robt H. Smith</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <i>Heart Disease from Rheumatism</i>	How long <i>6 months</i>
Immediate <i>Heart failed after work</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 B Jones Simmons</i>
	Address <i>Chestertown Md</i>
Accident or Suicide? <i>No</i>	<i>X</i>

Richard D. Dold

Robert D. Dold

Name
in
Full

Clifton Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Broad near Kent C. ^{town} Kent C. ^{county}

Date of death 1940 ^{Month} June ^{Day} 28 ^{Years} 5 ^{Months} 11 ^{Days}

Sex male Color or Race Black Birth-place Kent C.

Occupation none Where Residing if not at place of death Kent C.

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

Father's Name Chas. Thomas Father's Birthplace Kent C.

Mother's Maiden Name Arminata Cannon Mother's Birthplace Kent C.

Name of person giving information Chas. Thomas How related to deceased Father

CAUSES OF DEATH

Primary By entry How long Several weeks

Immediate By Reaction How long

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

Signature of Physician Frank B. Amies

Address Chestertown Md

Accident or Suicide no

PHYSICIAN
OR CORONER

Christina
Janz
Brent

Name
in
Full

Harriet Virginia Watson

CERTIFICATE OF DEATH

Died at ^{Town} Penny Neck near Rock Hall ^{County} Kent MARYLANDDate of death 1940 ^{Month} June ^{Day} 29 ^{Age} 2 ^{Years} 3 ^{Months} ^{Days} 1Sex Female ^{Color or Race} White ^{Birth-place} Kent-co mdOccupation None ^{Where Residing if not at place of death} at place of deathMarried, Single or Widowed Single ^{Name of Wife or Husband} noneFather's Name Richard Watson ^{Father's Birthplace} Kent-co mdMother's Maiden Name Mollia Elborn ^{Mother's Birthplace} Kent-co mdName of person giving information Howard Coleman ^{How related to decedent} none

CAUSES OF DEATH

Primary Summer Catarrh ^{How long} 4 weeksImmediate Exhaustion ^{How long} 2 days

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

Signature of Physician M. O. Kelly MD

Address Rock Hall Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

11



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Albert C Whitley
 Died at Chestertown Kent County
 Date of death 19 10 June 11 11 Age 1 6 Months 1 Days 6
 Sex Male Color or Race White Birth-place Md
 Occupation Infant Where Residing if not at place of death Chestertown
 Married, Single or Widowed Single Name of Wife or Husband _____
 Father's Name Wm J. H. Whitley Father's Birthplace Md
 Mother's Maiden Name Mary A. Keiser Mother's Birthplace Md
 Name of person giving information Mary A. Whitley How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Whooping Cough How long 2 weeks
 Immediate Malnutrition How long all life
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician H. B. Benne Simmons
 Address Chestertown Md
 Accident or Suicide? No.

J. E. Kingman
Chester Cemetery

Name
in
Full

unknown

CERTIFICATE OF DEATH

Town

County

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Keet

Date

1900

Month

June

Day

unknown

Age

Years

unknown

Months

unknown

Days

unknown

Sex

Male

Color or
Race

white

Birth-
place

unknown

Occupation

none

Where Residing if not
at place of death

unknown

Married, Single
or Widowed

Single

Name of Wife or
Husband

unknown

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
Information

none

How related
to deceased

none

CAUSES OF DEATH

Primary

Asphyxiation

How long

unknown

Immediate

How long

unknown

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

as per

Signature of
Physician

Frank B. Hines

Address

as known

Chester town near

Accident or Suicide

unknown

John H. Greenwood Coroner

Wicks

Shuter Cemetery