

Name  
Full

*Wm Anthony*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Meginnis Corner* Town *Dorchester* County *Anne* MARYLAND

Date of death 19*40* Month *June* Day *10* Age + *79* Years *9* Months *14* Days

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

Occupation *Merchant* Where Resulting if not at place of death *Died at home*

~~Married~~ Single Name of Wife or Husband \_\_\_\_\_

Father's Name *Joseph Anthony* Father's Birthplace *Md*

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

Name of person giving information *L. L. McGinnis* How related to deceased *son*

CAUSES OF DEATH

*66*  
How long

PHYSICIAN  
OR CORONER

Primary *Arterio Sclerosis* How long *8 years*

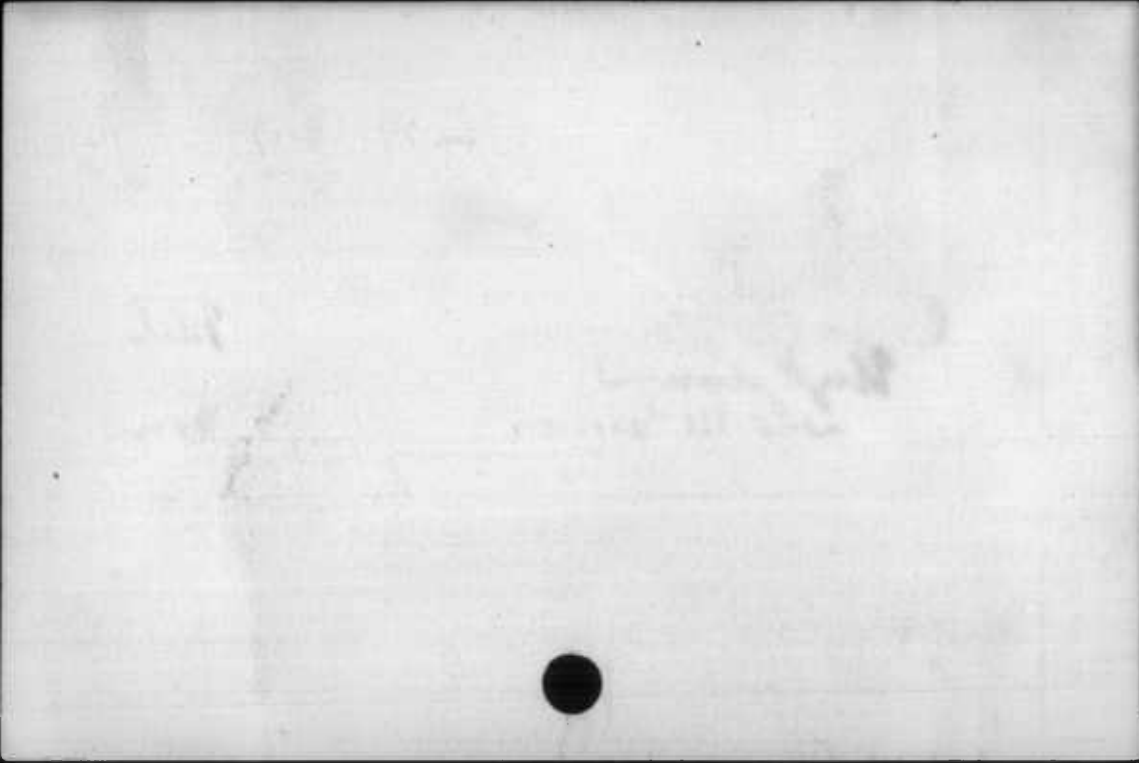
*Progressive Paralysis* How long *Death so gradual cannot determine the duration -*

Immediate *Cardiac + Respiratory Paralysis*

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

Signature of Physician *Harry L. Dora*

Address *Chester town, Md.*



Name  
in Full

Not named Shiley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

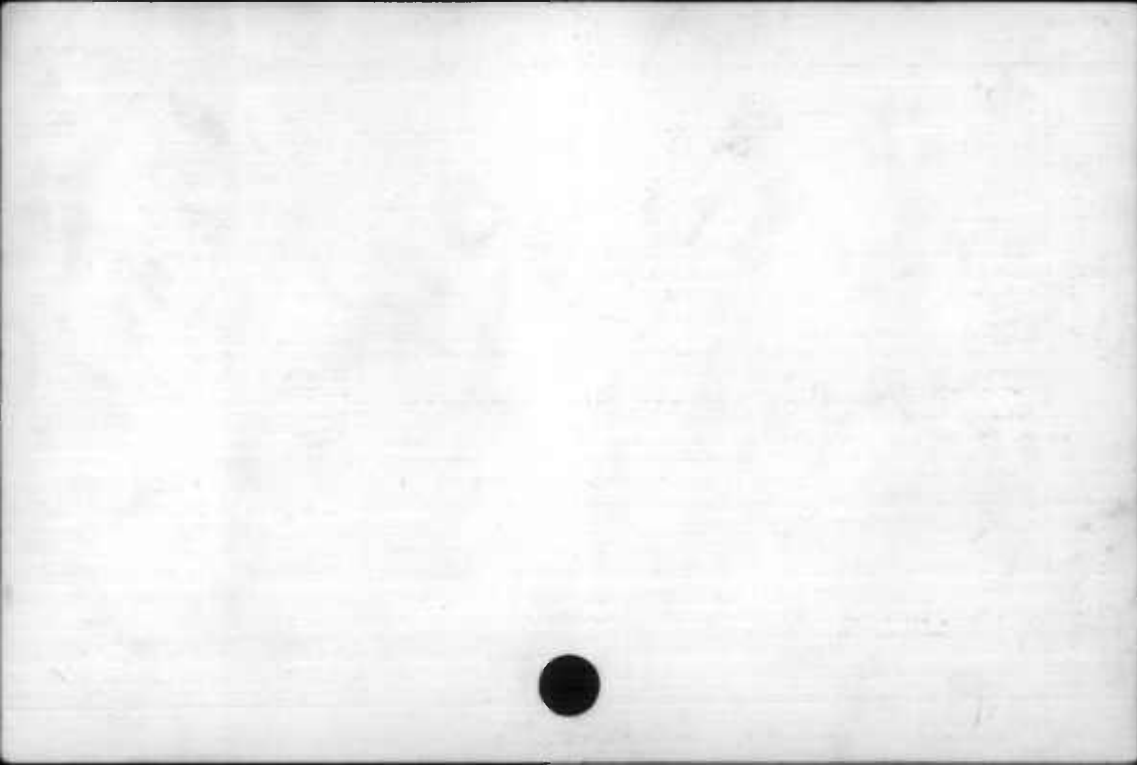
Died at		Town Queen Anne R.F.D. #1		County Queen Anne		MARYLAND	
Date of death		Month June	Day 13	Age	Years Still Born	Months	Days
Sex		Female		Color or Race Colored		Birth-place Queen Anne R.F.D. #1	
Occupation Child				Where Residing if not at place of death Queen Anne R.F.D. #1			
Married, Single or Widowed		Name of Wife or Husband Child					
Father's Name Robert Bailey				Father's Birthplace Md			
Mother's Maiden Name Magge Brown				Mother's Birthplace Md			
Name of person giving information Kathie Brown				How related to deceased Grandmother			

## CAUSES OF DEATH

5

PHYSICIAN  
OR CORONER

Primary	died in utero gestation	How long	-
Immediate	-	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. W. Stack M.D.
yes		Address	Wye Mills, Md
Accident or Suicide			



Name in Full

Janie. Benson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Suddersville <sup>County</sup> Queen Annes MARYLAND

Date of death 1960 <sup>Month</sup> June <sup>Day</sup> 28 Age <sup>Years</sup> 60 <sup>Months</sup> <sup>Days</sup>

Sex Female <sup>Color or Race</sup> Colored <sup>Birth-place</sup> Maryland

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

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Steve Benson.

Father's Name <sup>Father's Birthplace</sup> unknown

Mother's Maiden Name <sup>Mother's Birthplace</sup> unknown

Name of person giving information <sup>How related to deceased</sup> ~~Hubert S. Benson~~ Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <sup>How long</sup> Heart disease 79 2 years

Immediate <sup>How long</sup>

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

Signature of Physician W. M. Jeter.

Address Millington, Md.

Accident or Suicide?



Name  
in FullClarence Walter ~~Walter~~ Berry

CERTIFICATE OF DEATH

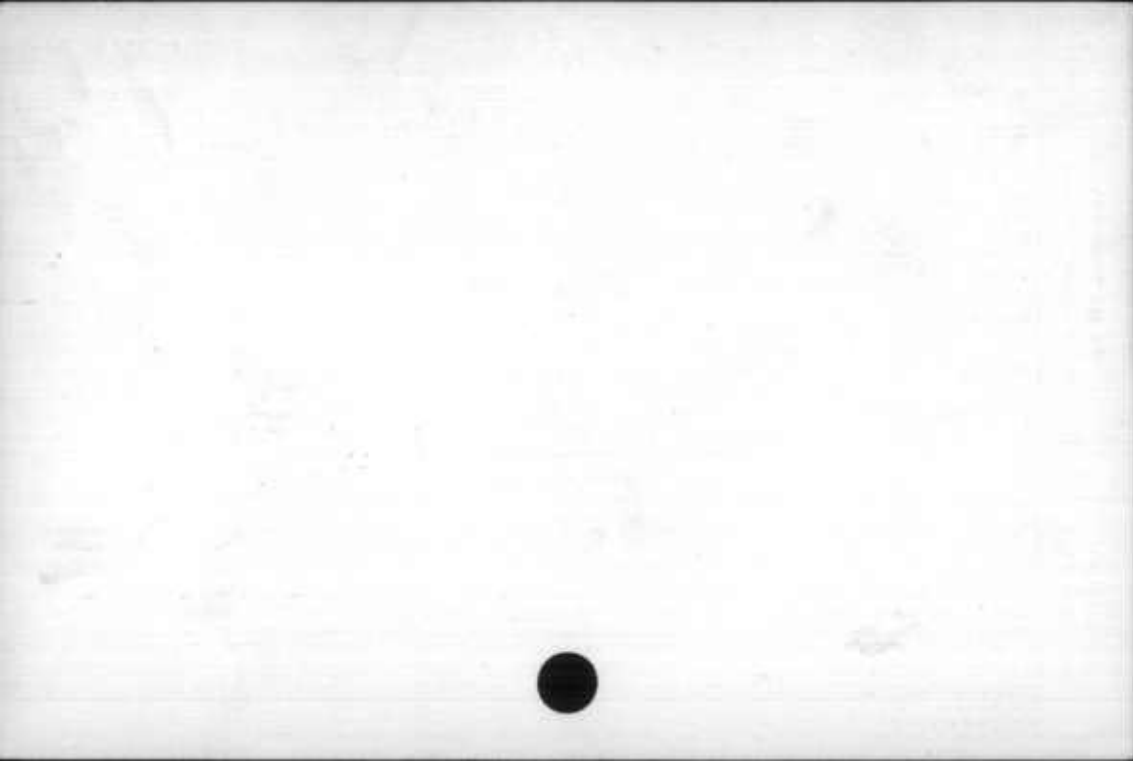
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Near Centerville		County Queen Anne		MARYLAND	
Date of death	1940	Month 6	Day 19	Age 1	Years	Months 4	Days —
Sex	male		Color or Race	Negro		Birth-place	Near Centerville
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed	Single		Name of Wife or Husband _____				
Father's Name	Walter Berry				Father's Birthplace	Caroline Co., Md	
Mother's Maiden Name	Nataline Ebony				Mother's Birthplace	Queen Anne Co.	
Name of person giving Information	Walter Berry				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	3 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Norman Dudley M.D.
		Address	Church Hill
Accident or Suicide	no		X





Name  
in  
Full

CERTIFICATE OF DEATH

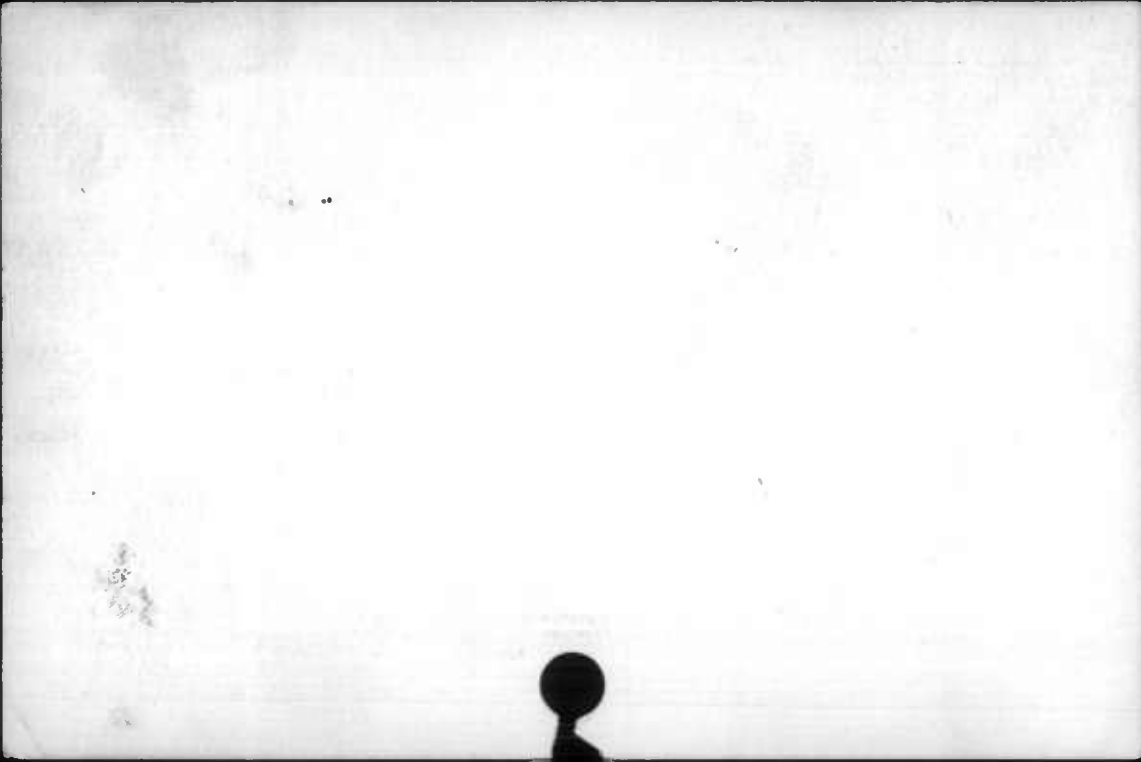
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Eyema Blessing</i>		Town <i>Ingleside</i>		County <i>Queen Anne</i>		STATE <b>MARYLAND</b>	
Died at <i>Ingleside</i>		Month <i>6</i>		Day <i>21</i>		Years <i>20</i>	
Date of death <i>1966</i>		Age <i>20</i>		Months <i>6</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Frank Blessing</i>					
Father's Name <i>Samuel Walls</i>		Father's Birthplace <i>Ca Co Md</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Frank. Blessing</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	How long	<i>18 mo.</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. H. Bowen</i>
Accident or Suicide		Address	<i>Ingleside Md.</i>

PHYSICIAN  
OR CORONER



Name in Full

Charles E. Bradley

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Roberts <sup>Town</sup> 24 <sup>County</sup> co MARYLAND

Date of death 1960 <sup>Month</sup> June <sup>Day</sup> 5 <sup>Years</sup> Age 82 <sup>Months</sup> 7 <sup>Days</sup> 19

Sex male Color or Race White Birth-place 24 Co Maryland

Occupation Farmer Where Residing if not at place of death place of death

Married, Single or Widowed married Name of Wife or Husband

Father's Name Stephen J Bradley Father's Birthplace 24 Co Md

Mother's Maiden Name Emily Baynard Mother's Birthplace Caroline Co Md

Name of person giving Information A P Bradley How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Stroke How long 6 hrs

Immediate Exhaustion How long 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician N. S. Dudley

Address Church Hill

Accident or Suicide No X Maryland



Name  
in  
Full

William H. Brinkley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Crumpton</i>		Town <i>Crumpton</i>		County <i>Lewis</i>		State <i>MARYLAND</i>	
Date of death <i>1900 June</i>		Month <i>June</i>	Day <i>2</i>	Age <i>about 55</i>	Years <i>not known</i>	Months <i>not known</i>	Days <i>not known</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>unknown</i>			
Occupation <i>Labour</i>		Where residing if not at place of death					
Married, <del>Single</del> <del>or Widowed</del>		Name of Wife or Husband <i>Sarah Johnson</i>		Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>	
Father's Name <i>Unknown</i>		Name of person giving Information <i>Walter Johnson</i>		How related to deceased <i>Step-son</i>			
Mother's Maiden Name <i>Unknown</i>							

## CAUSES OF DEATH

28

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>about 5 months</i>
Immediate	<i>Unknown</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward A. Scott</i>	
		Address <i>Galena, Ind.</i>	
Accident or Suicide <i>Killed</i>			

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Pauline Brown

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Church Hill <sup>Town</sup> Queen Anne's <sup>County</sup> MARYLAND

Date of death 1990 June 25 <sup>Month</sup> <sup>Day</sup> Age 25 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race Black Birthplace D.C. Ind.

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

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

Father's Name Charles Brown Father's Birthplace D.C. Ind.

Mother's Maiden Name Ada May Steward Mother's Birthplace D.C. Ind.

Name of person giving Information Ada May Steward How related to deceased mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tubercular abscess of brain How long 4 months

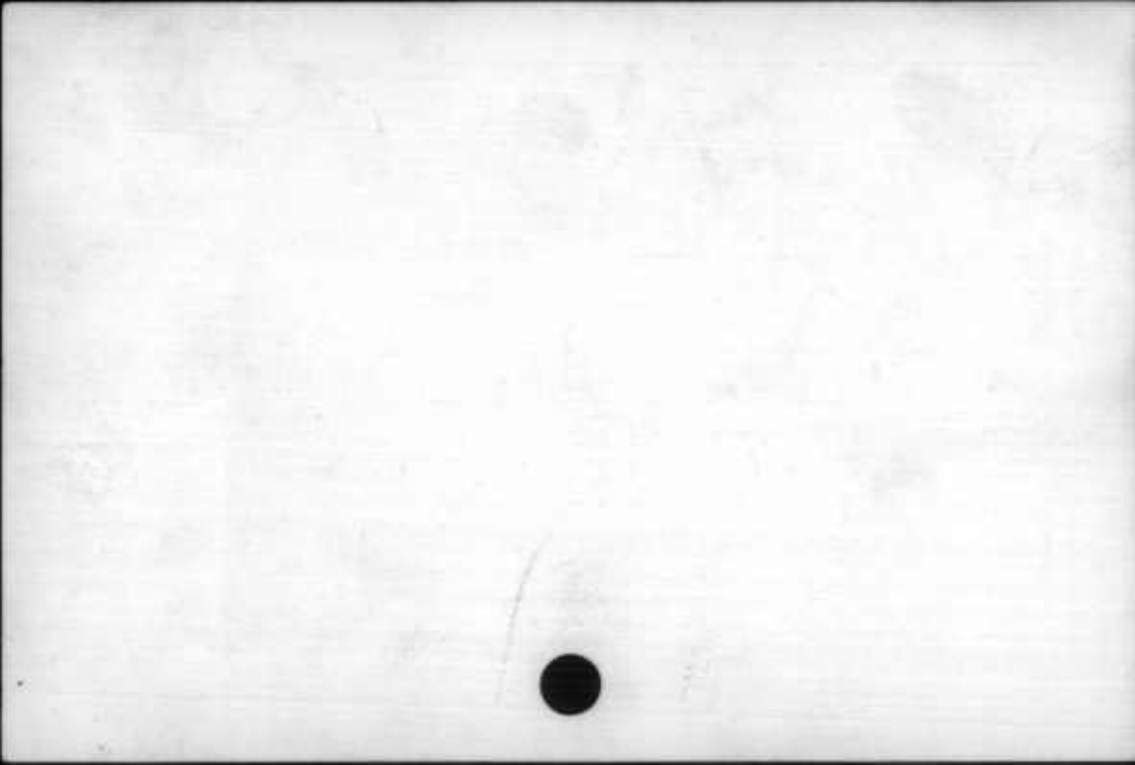
Immediate Encephalitis due to exhaustion How long 3 weeks

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

Signature of Physician H. G. Coppers  
Address Church Hill

~~Accident or Suicide~~

Ind





Name  
In Full

Carl Brynbrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>near Centerville</i>		<sup>County</sup> <i>Queen Ann</i>		MARYLAND	
Date of death	19 <i>40</i>	Month	<i>6</i>	Day	<i>19</i>
Age	<i>85</i>	Years		Months	<i>10</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Germany</i>
Occupation	<i>Carpenter</i>		Where Residing if not at place of death <i>near Centerville</i>		
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband	<i>Mitilda Ann Clough</i>		
Father's Name	<i>Don't know</i>		Father's Birthplace	<i>Don't know</i>	
Mother's Maiden Name	<i>Don't know</i>		Mother's Birthplace	<i>Don't know</i>	
Name of person giving information	<i>Wm. Brynbrick</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Fracture Hip</i>	How long	<i>6 mos</i>
	Immediate	<i>Exhaustion</i>	How long	<i>1 hour</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>y</i>	Signature of Physician	<i>J. Moorhead</i>
	Accident or Suicide	<i>no</i>	Address	<i>Couches</i>



Name  
In Full

Still Birth - Bullock

CERTIFICATE OF DEATH

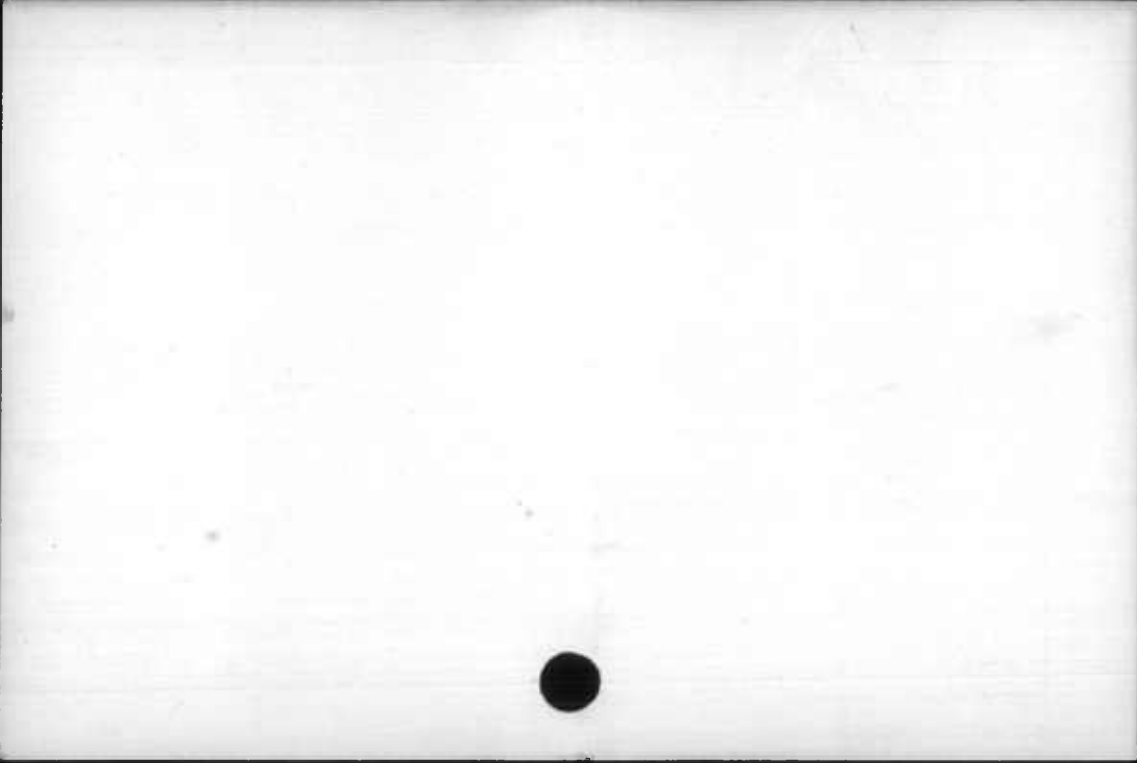
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Imperial</i> <sup>Town</sup> <i>Imperial</i> <sup>County</sup>		MARYLAND	
Date of death 19 <i>40</i>	<i>June</i> <sup>Month</sup>	<i>23</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Imperial</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>Geo. Bullock</i>	Father's Birthplace <i>Del.</i>		
Mother's Maiden Name <i>Lotha Trotter</i>	Mother's Birthplace <i>Del.</i>		
Name of person giving information <i>Mrs. Geo Bullock</i>	How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long <i>5</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. W. B. Rowland</i>	
	Address <i>Hillside, Md.</i>	
Accident or Suicide <i>ms</i>		



Name  
in  
Full

Mary Elizabeth Couyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Centreville Md		County Queen Anne		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1940		6	24			10	
Sex	Female	Color or Race	Negro		Birth-place	Centreville	
Occupation	none		Where Residing if not at place of death		Centreville Md.		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Herman Nichols				Father's Birthplace	Caroline Co.	
Mother's Maiden Name	Lizzie Couyer				Mother's Birthplace	Centreville Md.	
Name of person giving information	Richard Couyer				How related to deceased	Father	

## CAUSES OF DEATH

1184 A

PHYSICIAN OR CORONER	Primary	Congenital weakness		How long	6 months
	Immediate	Malnutrition		How long	3 months
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	E. J. Smith
	Address	Centreville			Md.
Accident or Suicide				X	



Name  
in Full

Edna Elizabeth Cooper New Annis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Church Hill</i>		Town		County		MARYLAND	
Date of death <i>1980</i>		Month <i>June</i>	Day <i>27</i>	Age <i>1</i>	Years	Months <i>1</i>	Days
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>near Church Hill</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Joseph James Cooper</i>		Father's Birthplace <i>Caroline Co.</i>					
Mother's Maiden Name <i>Hannah Washington</i>		Mother's Birthplace <i>New Annis Co.</i>					
Name of person giving Information <i>Joseph James Cooper</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

Primary *Pneumonia*How long *about a week*Immediate *Exhaustion*How long *24 hours*

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

*Yes*

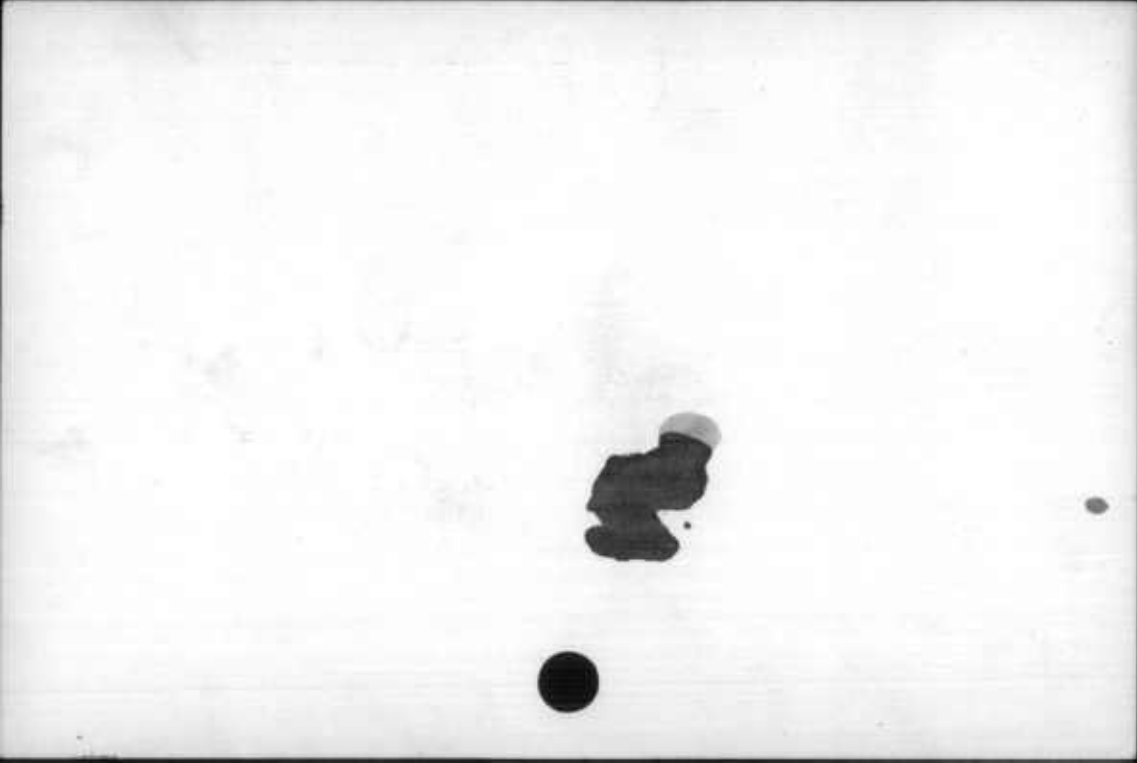
Signature of Physician

Address

*S. B. Dudley*  
*Church Hill*

Accident or Suicide

*New Annis Co. Md*





Name in Full

George Harmon Covey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *near Ruthsburg* <sup>County</sup> *Lewis Anne* **MARYLAND**

Date of death 19*90* Month *6* Day *13* Age *38* Years Months *7* Days *4*

Sex *male* Color or Race *White American* Birth-place *Lewis Anne Co*

Occupation *Farmer* Where Residing if not at place of death *near Ruthsburg*

Married, Single or Widowed *married* Name of Wife or Husband *Mary Martha Schumby*

Father's Name *Josiah* Father's Birthplace *Caroline Co*

Mother's Maiden Name *Mary Catherine Allison* Mother's Birthplace *Caroline Co*

Name of person giving Information *Mrs Mary Covey* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Landsry's Paralysis or Polynucleosis* How long *5 mos*

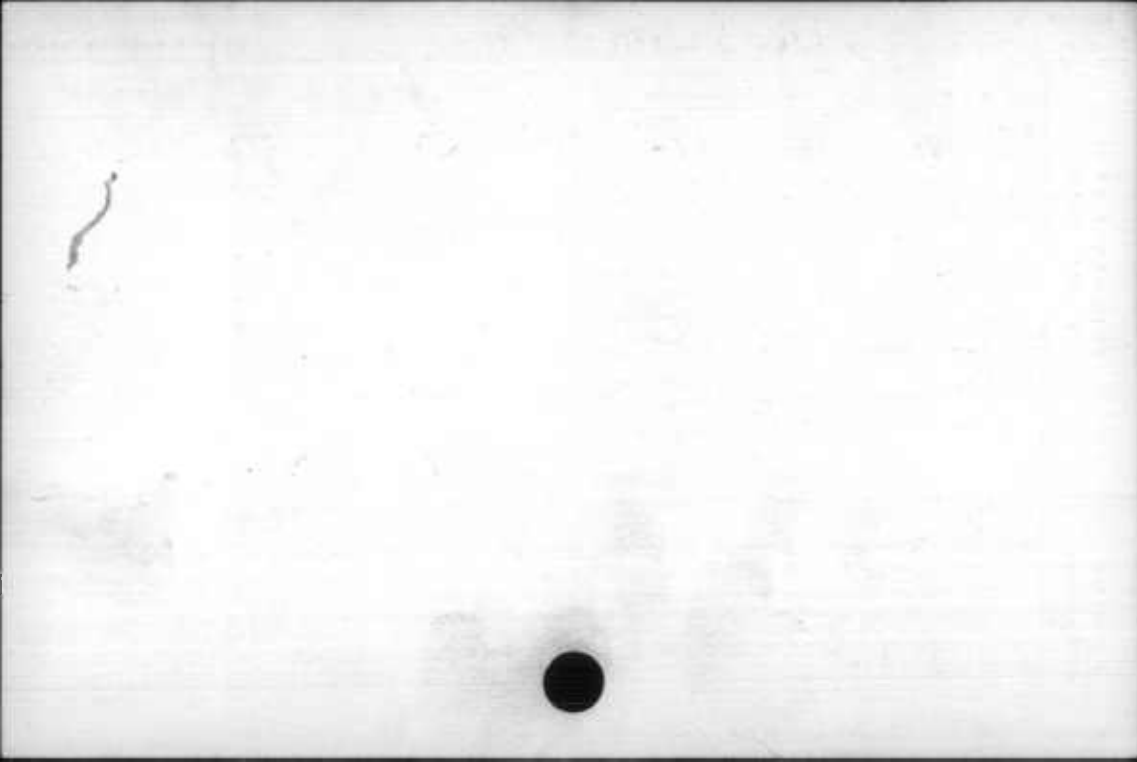
Immediate *Respiratory Paralysis* How long *3 days*

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

Signature of Physician *J. Goodson M.D.*

Address *Ruthsburg Md*

Accident or Suicide *no*



Name  
in  
Full

*Mrs Rebecca Davis*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Sudlersville</i> <sup>Town</sup>		<i>Jensen</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>6</i>	Day <i>23</i>	Age <i>87</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Delaware</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
<del>Married, Single or Widowed</del>	Name of Wife or Husband <i>John Davis</i>		Father's Birthplace <i>Unknown</i>		
Father's Name <i>Toshell</i>			Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Rebecca Toshell</i>			How related to deceased <i>Son</i>		
Name of person giving Information <i>Bury Davis</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General infirmities of old age</i>	How long <i>Several months</i>
Immediate <i>Heart</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wesley Smith</i>
	Address <i>Sudlersville Md</i>
Accident or Suicide <i>no</i>	

5



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James Dill*

Died at *Church Hill* County *Queen Anne's* MARYLAND

Date of death 19*10* *June* *30* Age *56* Months *10* Days *2*

Sex *Male* Color or Race *White* Birth place *I. L. Co Md.*

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

Married, Single or Widowed *Married* Name of Wife or Huaband *Nancy Dill*

Father's Name *Martin Dill* Father's Birthplace *Md.*

Mother's Maiden Name *Elizabeth Austin* Mother's Birthplace *Md.*

Name of person giving Information *Nancy Dill* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Mitral Regurgitation (na)* How long *6 months*

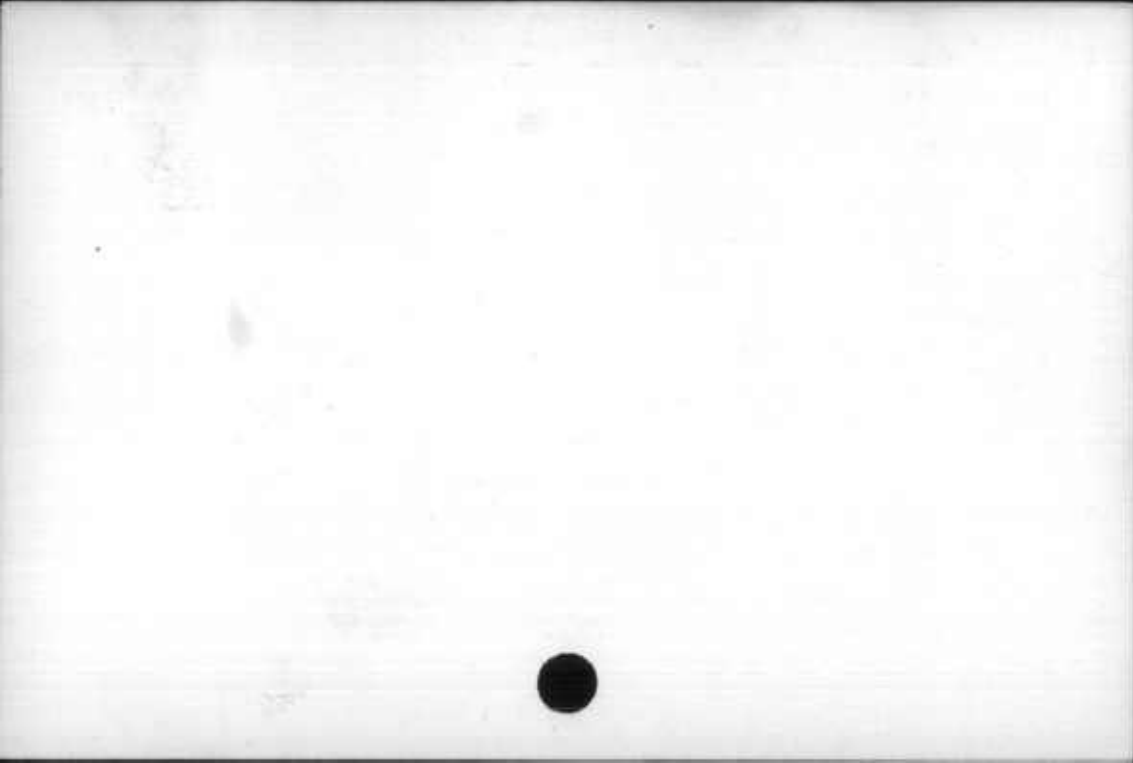
Immediate *Dropsy and Asthenia* How long *3 months*

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

Signature of Physician *W. C. Cappoge*

Address *Church Hill Md.*

Accident or Suicide *X*



Name  
in  
Full

Benjamin S. Elliott

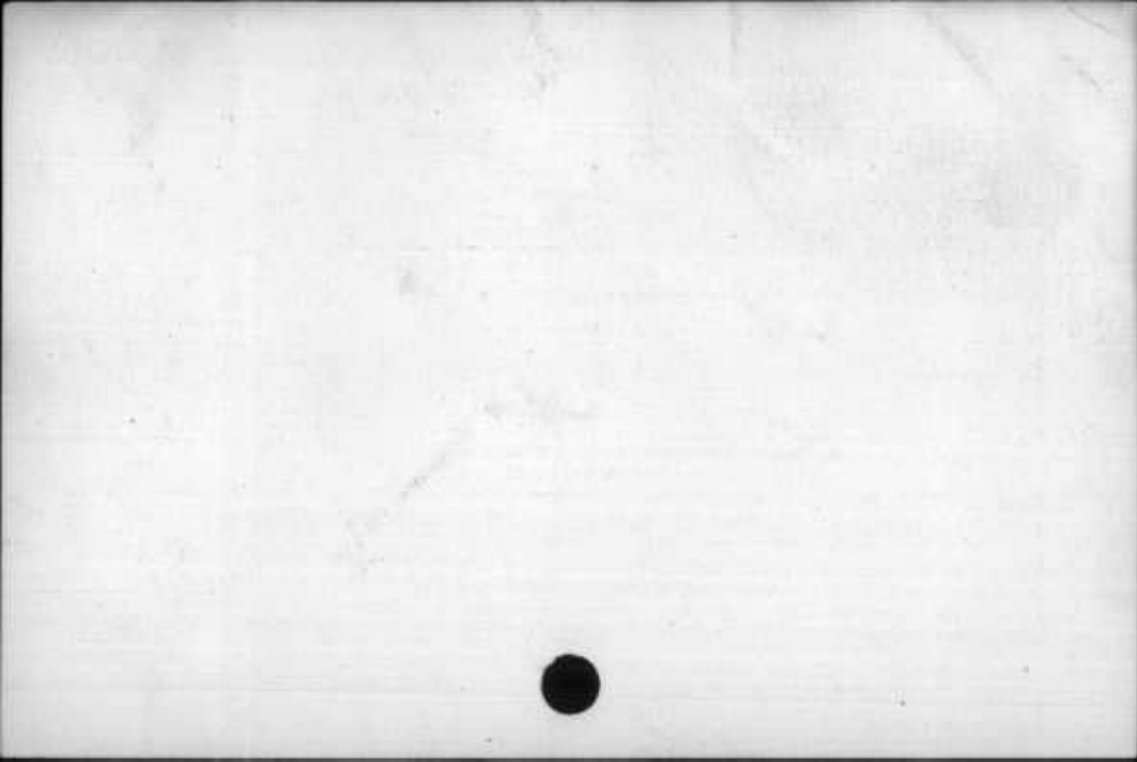
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Seedlesville		County Queen Anne		MARYLAND	
Date of death	1900	Month June	Day 14	Age 72	Years	Months	Days
Sex	Male		Color or Race	White		Birth-place	
Occupation	Retired		Where Residing if not at place of death				
Married, <del>Single</del> or Widowed			Name of Wife or Husband Fannie Elliott				
Father's Name	Geo S Elliott				Father's Birthplace	Seedlesville Maryland	
Mother's Maiden Name	Juliana Sudler				Mother's Birthplace	Seedlesville Maryland	
Name of person giving information	H. Sudler				How related to deceased	Nephew	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Apoplexy	How long	12 hours	
	Immediate	Central Hemorrhage	How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. Sudler	
	Yes		Address	Seedlesville Md	
Accident or Suicide?		X			





Name  
in  
Full

Chas Edward Frazier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at <sup>Town</sup> near Centreville		<sup>County</sup> Queen Anne		MARYLAND	
Date of death	1940	Month	6	Day	17
Age	85	Years		Months	
Sex	male	Color or Race	negro	Birth-place	Queen Anne Co.
Occupation	Farmer	Where Residing if not at place of death		near Centreville	
Married, Single or Widowed	married	Name of Wife or Husband		Sarah Elizabeth Bowen	
Father's Name	Ned Frazier	Father's Birthplace		Maryland	
Mother's Maiden Name	Don't know	Mother's Birthplace			
Name of person giving Information	Sarah E Frazier	How related to deceased		Wife	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Bright's Disease	How long	2 Years
	Immediate	Uremic Convulsions	How long	1 Day.
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. J. Smith
	Accident or Suicide	No.	Address	Centreville Md.



Name  
in  
Full

Samuel Martindale Gardner.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Chest		County Queen Anne		MARYLAND	
Date of death 19		Month June	Day 22	Age 60	Months	Days	
Sex Male		Color or Race Caucasian		Birth- place Kent Is.			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Sallie Gardner					
Father's Name Jno. Gardner				Father's Birthplace Kent Is.			
Mother's Maiden Name Susann Kent				Mother's Birthplace Unknown			
Name of person giving Information G. J. Gardner				How related to deceased Nephew			

## CAUSES OF DEATH

Primary	Mitral Regurgitation	How long	1 yr.
Immediate	Dropout	How long	3 wks.

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

Address

Dr. Chas. E. Snyder  
Stevensville  
Md.

Accident or Suicide



Name  
in Full

Darrah A Garnett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Centreville		County Queen Anne		MARYLAND	
Date of death		Month 6	Day 15	Age	Years 62	Months	Days
Sex	Female	Color or Race	Negro	Birthplace	Maryland		
Occupation	Servant		Where Residing if not at place of death		Centreville		
Married, Single or Widowed	Widow		Name of Wife or Husband		James Garnett		
Father's Name	Sout Kesho		Father's Birthplace		Sout Kesho		
Mother's Maiden Name	Emily Brown		Mother's Birthplace		Sout Kesho		
Name of person giving information	Emily Jane Stoskopf		How related to deceased		Daughter		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Hemiplegia	How long	2 weeks
	Immediate	Exhaustion	How long	3 days.
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. F. Smith
	Address	Centreville		
Accident or Suicide	No,			Md.



Name  
in  
Full

Emory Marshal Yeon

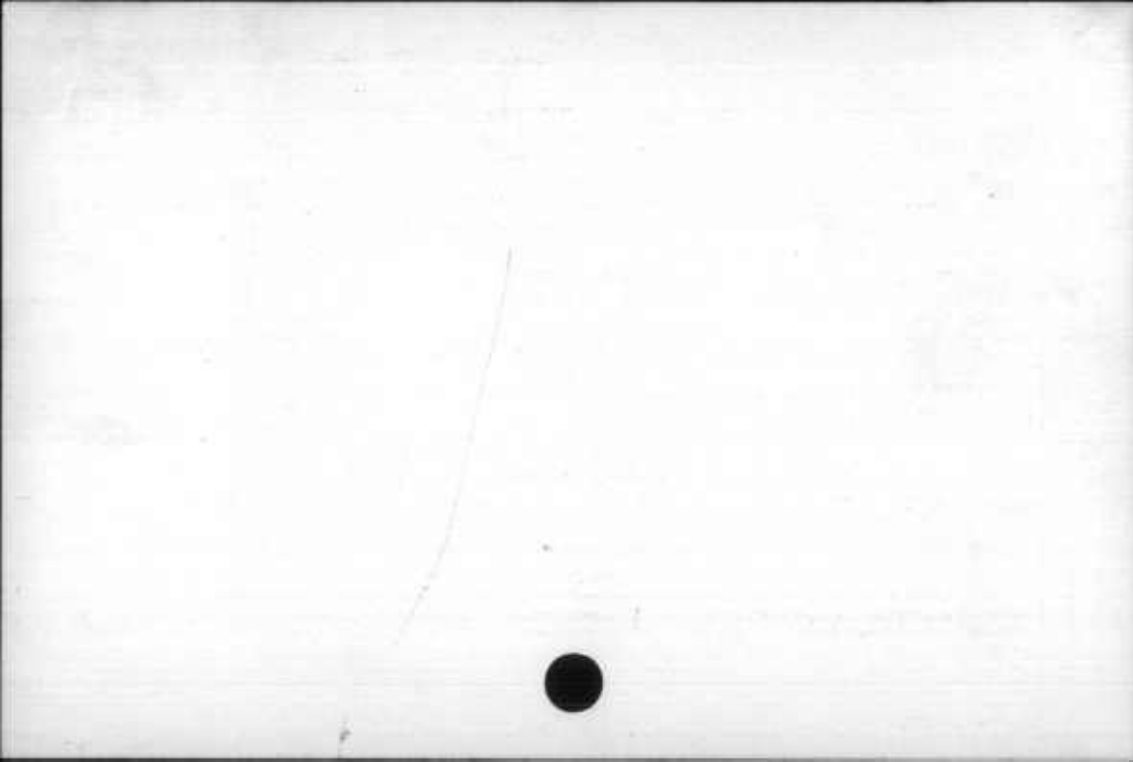
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brownsville</i> <small>Town</small>		<i>Queenanns</i> <small>County</small>		MARYLAND	
Date of death <i>1940 June 12</i>		Age <i>1</i>		Months <i>1</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Brownsville</i>	
Occupation <i>None</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>Emory Yeon</i>		Father's Birthplace <i>Queenanns Co</i>			
Mother's Maiden Name <i>Mary Wilson</i>		Mother's Birthplace <i>Queenanns Co</i>			
Name of person giving Information <i>Emory Yeon</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Diphtheria</i>	How long <i>4 days</i>
	Immediate <i>Complications of</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>W. D. Gray</i>
	Accident or Suicide	Address <i>Cadbyville Md</i>





Name  
in  
Full

John P. Hartley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Crumpton</u> <sup>Town</sup>		<u>Queen Anne</u> <sup>County</sup>		MARYLAND	
Date of death <u>1910</u>	Month <u>June</u>	Day <u>30</u>	Age <u>74</u>	Months <u>5</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Queen Anne</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death			
Married, <del>Single</del> <u>Married</u> or <del>Widowed</del>	Name of Wife or Husband <u>Mary C. Hartley</u>				
Father's Name <u>Edward Hartley</u>	Father's Birthplace <u>Kent Co</u>				
Mother's Maiden Name <u>Catharine Price</u>	Mother's Birthplace <u>Queen Anne Co</u>				
Name of person giving Information <u>Ida A. Milbourn</u>	How related to deceased <u>Daughter</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Chronic Bronchitis</u>	How long <u>4 years</u>
Immediate <u>Abscess of lung.</u>	How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. N. Sheppard</u>
	Address <u>Crumpton Md</u>
Accident or Suicide <u>X</u>	



Name  
in  
Full

James A. Linton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Near Templeville <sup>County</sup> Queen Anne

MARYLAND

Date of death 1980 <sup>Month</sup> 6 <sup>Day</sup> 10 <sup>Age</sup> - <sup>Years</sup> - <sup>Months</sup> Six <sup>Days</sup> -Sex Male <sup>Color or Race</sup> White <sup>Birthplace</sup> Md.Occupation - <sup>Where Residing if not at place of death</sup> -Married, Single <sup>Name of Wife or Husband</sup> -Father's Name Jesse Linton <sup>Father's Birthplace</sup> Md.Mother's Maiden Name Nona Glending <sup>Mother's Birthplace</sup> Md.Name of person giving information <sup>How related to deceased</sup>

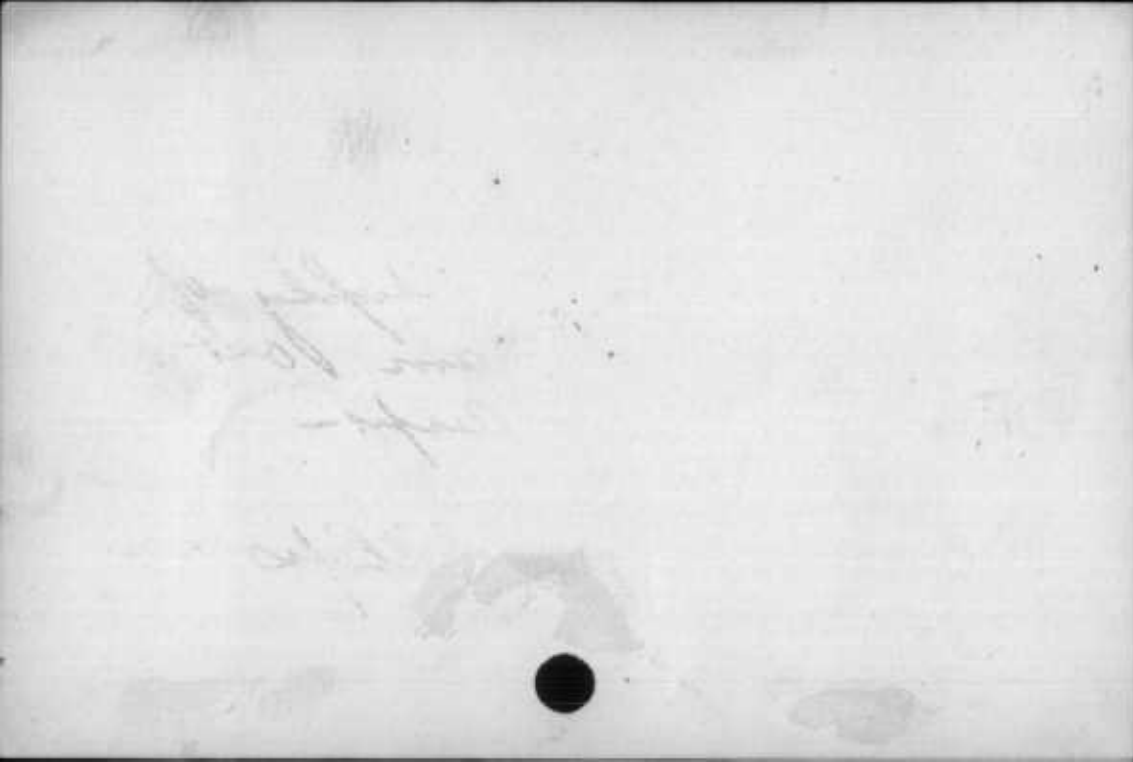
## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary <sup>How long</sup> 104Immediate Gastroenteritis <sup>How long</sup>

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

Signature of Physician J. P. Smith, Phys. to Coroner  
Address S. C. Faulkner, coroner  
act.

Accident or Suicide?



Name  
in Full

George Washington Laws

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Date  
of death

1980 June

Month

Day

11

Years

Age 48

Months

Days

MARYLAND

Sex

Male

Color or  
Race

Black

Birth-  
place

D. C. Md

Occupation

Labourer

Where Residing if not  
at place of death

at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Sodie Gibbs

Father's  
Name

Frank Laws

Father's  
Birthplace

D. C. Md

Mother's  
Maiden Name

Mary Martin

Mother's  
Birthplace

D. C. Md

Name of person giving  
Information

John W. Broadway

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

Cirrhosis of the Liver

How long

113

3 years

Immediate

Asthenia - Coma

How long

2 days

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

Yes

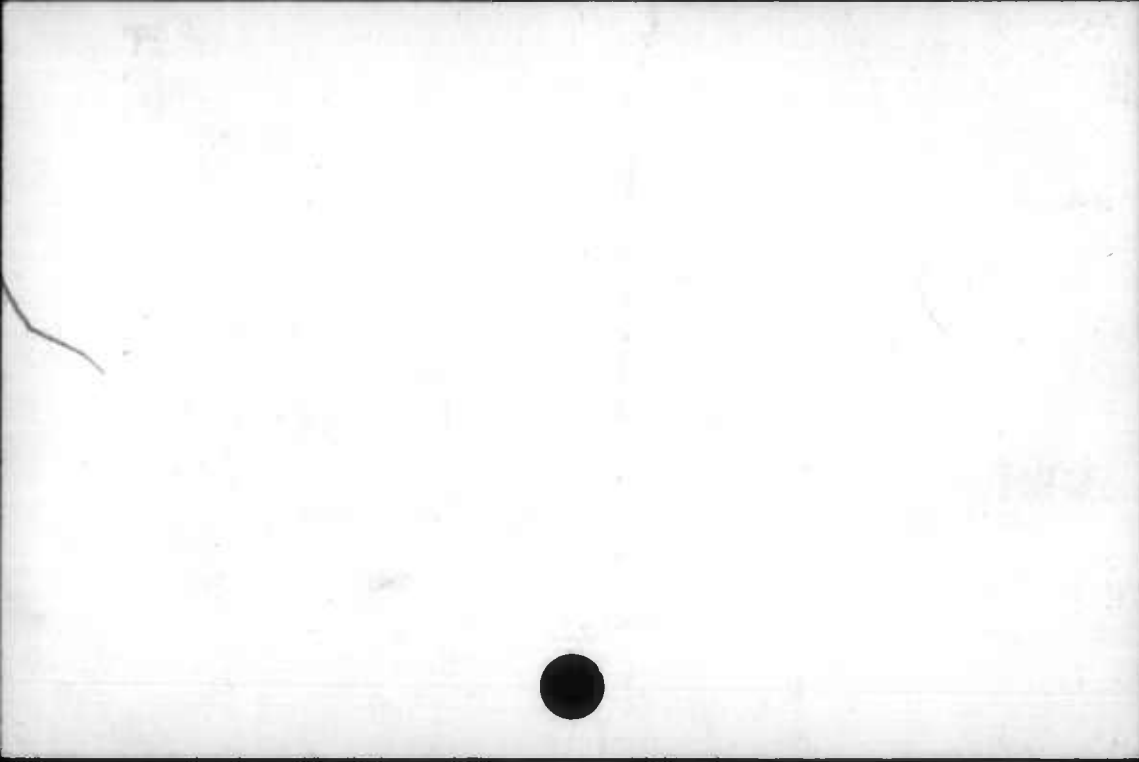
Signature of  
Physician

Address

J. B. Coppage  
Church Hill

Accident or Suicide

Md.



Name  
in  
Full

Sarah G. Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Centerville		County Queen Anne		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1990	6	25				4	
Sex	Female	Color or Race	White American	Birth- place	Centerville		
Occupation	none		Where Residing if not at place of death		Centerville		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Thomas C. Parker			Father's Birthplace	Ohio		
Mother's Maiden Name	Sarah F. McMiller			Mother's Birthplace	Md Va.		
Name of person giving Information	Thomas C. Parker			How related to deceased	Father		

## CAUSES OF DEATH

Primary	Transverse Prostatectomy injury during birth	How long	13 days
Immediate	Exhaustion	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. ...
Accident or Suicide	no	Address	Centerville Md

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary E. Pierce</i>		Town <i>near Centreville</i>		County <i>Queen Anns</i>		STATE <b>MARYLAND</b>	
Died at <i>Centreville</i>		Month <i>June</i>		Day <i>6</i>		Age <i>66</i>	
Date of death <i>1960 June 6</i>		Years <i>66</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Queen Anns Co</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Peter Pierce</i>					
Father's Name <i>Frisby Tilden</i>		Father's Birthplace <i>Queen Anns Co</i>				Mother's Birthplace <i>Don't know</i>	
Mother's Maiden Name <i>Don't know</i>		How related to deceased <i>Son</i>					
Name of person giving Information <i>P. James Pierce</i>							

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Old age</i>	How long <i>3 days</i>
	Immediate <i>Paralysis</i>	How long <i>36 hrs</i>
	Are the name, age, sex, color, date and place correctly given above? <i>as I know</i>	Signature of Physician <i>J. J. Gray M.D.</i>
	Address <i>Centreville</i>	<i>MD</i>
Accident or Suicide <i>No</i>		



Name  
in  
Full

*Hillah Isabelle Stevens*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*X*

Died at *Church Hill* <sup>Town</sup> *Queen Annis* <sup>County</sup>

MARYLAND

Date of death *1900* <sup>Month</sup> *June* <sup>Day</sup> *11* <sup>Years</sup> *3* <sup>Months</sup> *6* <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Maryland*

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

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

Father's Name *John Frederick Stevens* Father's Birthplace *Maryland*

Mother's Maiden Name *Hillah Isabelle Moon* Mother's Birthplace *Maryland*

Name of person giving information *John Frederick Stevens* How related to deceased *father*

CAUSES OF DEATH

*(1)*

PHYSICIAN  
OR CORONER

Primary *Scarlet Fever* How long *14 da.*

Immediate *Pneumonia* How long *4 da.*

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

Signature of Physician *Earl Croshaw*  
Address *Chestertown Md*

Accident or Suicide?



Name in Full

*Lewis S. Teate*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Died at *Barclay* Town

*Sumner* County

Date of death *1940*

Month *6*

Day *22*

Age *46* Years

Months *-*

Days *-*

Sex *Male*

Color or Race *White*

Birth-place *Md.*

Occupation *Farmer*

Where Residing if not at place of death *-*

Married, Single or Widowed *Married*

Name of Wife or Husband *Lucy Teate*

Father's Name *Benjamin Teate*

Father's Birthplace *Md.*

Mother's Maiden Name *Elijah Nickerson*

Mother's Birthplace *Md.*

Name of person giving information *Walter Teate*

How related to deceased *Brother*

CAUSES OF DEATH

*79*

Primary *Tuberculosis heart disease* How long *Six months*

Immediate

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

Signature of Physician *J. P. Smith*

Address *Campsville Md.*

Accident or Suicide?



Name  
in  
Full

Noah Stevens

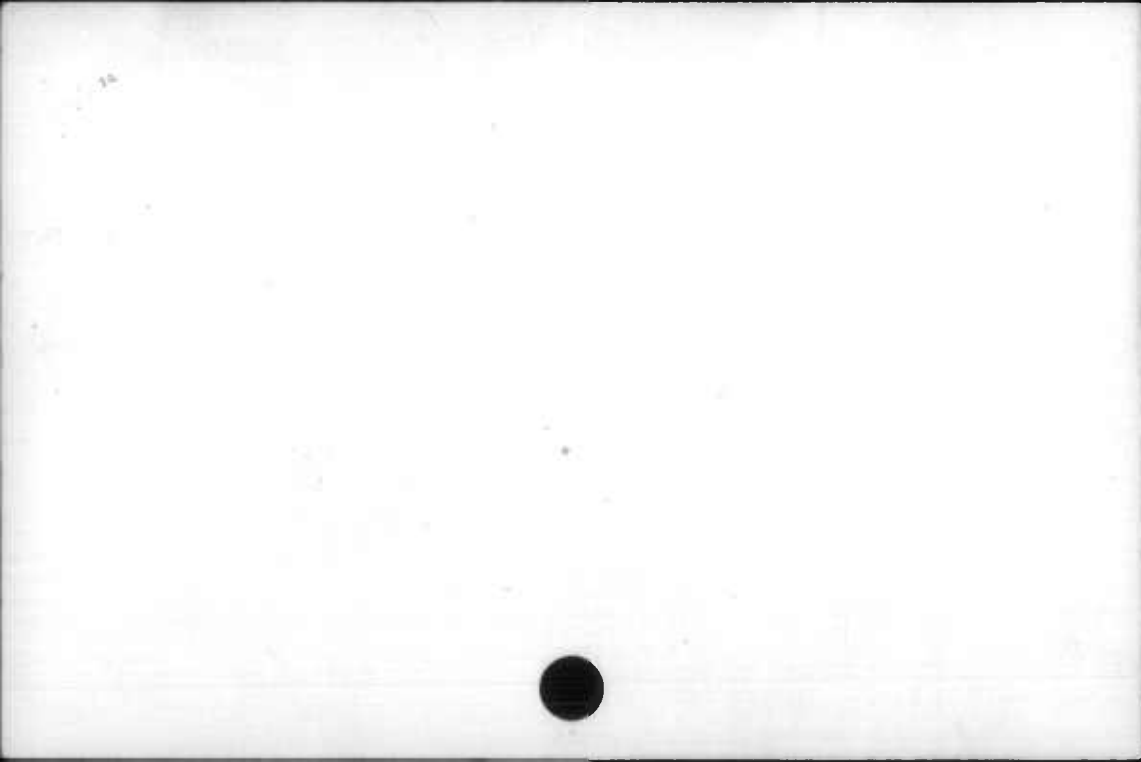
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Crumpton		2		a		e		e		MARYLAND			
Date of death		1940		6		5		Age		65		Months		Days	
Sex		Male		Color or Race		Negro		Birth-place		2		a		e	
Occupation		Farmer (land)		Where residing if not at place of death											
Married, Single or Widowed		Married		Name of Wife or Husband		Francis Stevens									
Father's Name		Unknown		Father's Birthplace		Unknown									
Mother's Maiden Name		11		Mother's Birthplace		11									
Name of person giving information				How related to deceased		15 + 1									

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Deformities of legs		How long	15 + 1	How long	1 year
	Immediate	11		How long		How long	
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	W. C. Conroy		
	Address			M. Williams			
Accident or Suicide							





Name  
in  
Full

Leon Wicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chester</i> <small>Town</small>		<i>L. 9.</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Year</small> <i>June</i> <small>Month</small> <i>3</i> <small>Day</small>		Age <i>7</i> <small>Years</small>		Months <i>9</i> <small>Months</small> Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Kent Island</i>	
Occupation <i>None</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>Cummings Wicks</i>		Father's Birthplace <i>Kent I.</i>		.. ..	
Mother's Maiden Name <i>Graice Green</i>		Mother's Birthplace		.. ..	
Name of person giving Information <i>Richard Green</i>		How related to deceased <i>Uncle</i>		.. ..	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>No Physician in attendance</i>	How long <i>(189A)</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. C. Thomas Dr</i>
Accident or Suicide	Address <i>Sub Registrar Stonerville, Md.</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

James W. Higgins

Town

County

Died at *Chesapeake**Q Anne Co*

MARYLAND

Date  
of death 1900

Month

Day

Years

Months

Days

*June**7*Age *62*

Sex

Color or  
RaceBirth-  
place*Male**White**Q D Co Md*

Occupation

Where Residing if not  
at place of death*Farmer*Married, Single  
~~or Widowed~~Name of Wife or  
Husband*Sadie Everett*Father's  
NameFather's  
Birthplace*J Wiggins**Md*Mother's  
Maiden NameMother's  
Birthplace*Unknown**Md*Name of person giving  
InformationHow related  
to deceased*George Squares**Son-in-law*

## CAUSES OF DEATH

Primary

*Myocard Stenosis*

How long

*2 years*

Immediate

*Dropsey & exhaustion*

How long

*one week*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Arthur E Landers*

Address

*Crumpton*

Accident or Suicide

*No*

K

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel W. Wilkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Queerstown		County D.A. Co.		MARYLAND	
Date of death	1940	Month	6	Day	30	Age	57
Sex	Male	Color or Race	Col.	Birthplace	Queerstown		
Occupation	Oysterman		Where Residing if not at place of death Home				
Married	<input checked="" type="checkbox"/>		Name of Wife or Husband Augusta Wilkins				
Father's Name	Albert Wilkins		Father's Birthplace D.A. Co.				
Mother's Maiden Name	Mary		Mother's Birthplace D.A. Co.				
Name of person giving information	Augusta Wilkins		How related to deceased Wife				

## CAUSES OF DEATH

Primary	Dropsy	How long	6 mos.
Immediate	Dropsy	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm Charles
		Address	Queerstown, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

