

Name
in Full

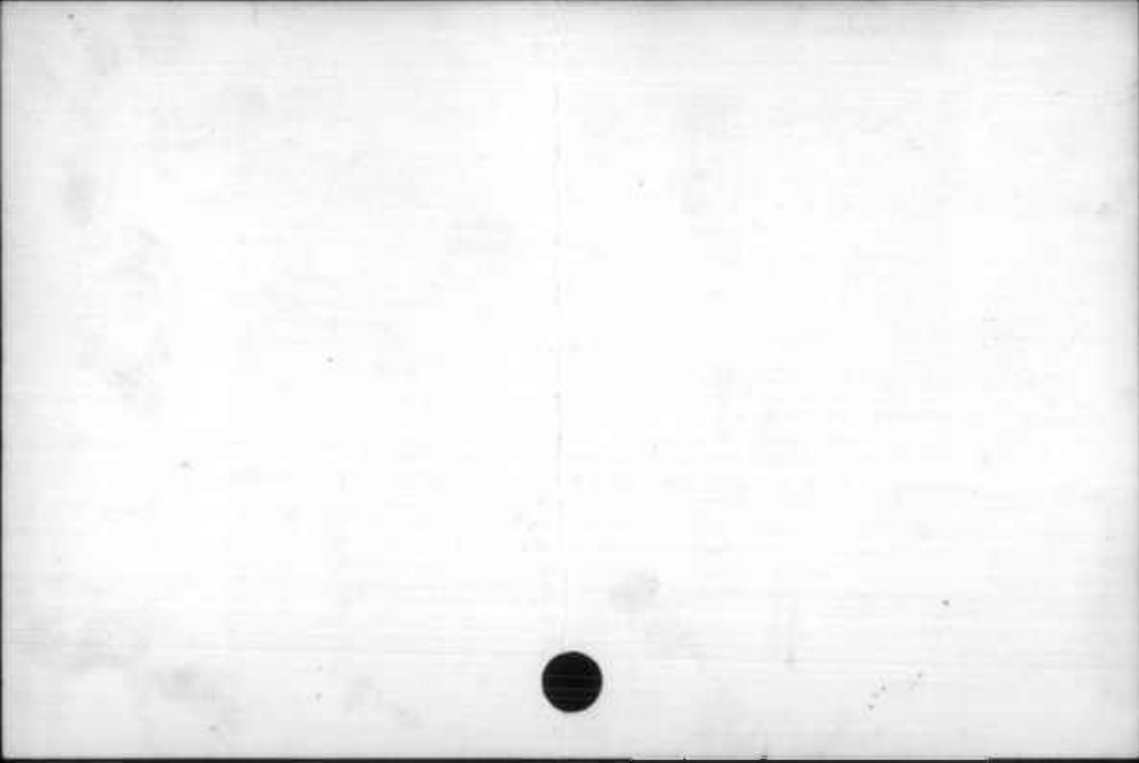
John James Bohanan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Pearson ^{Town} St-Mary's ^{County} MARYLANDDate of death 1960 ^{Month} June ^{Day} 2 Age 35 ^{Years} 3 ^{Months} 0 ^{Days} 0Sex male Color or Race White Birth-place St Mary's Co.,Occupation Merchant Where Residing if not at place of death St Mary's Co.,Married, Single or Widowed Single Name of Wife or Husband John James BohananFather's Name George Bohanan Father's Birthplace St Mary's Co.,Mother's Maiden Name Marion Yates Mother's Birthplace St-Mary's Co.,Name of person giving Information Wife How related to deceased Wife

CAUSES OF DEATH

Primary Acetaminophen 145 C How long Three weeksImmediate Chrom How longAre the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. RichardsonAddress Great Mills,MarylandAccident or Suicide X



Name
in
Full

Thomas Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at St Marys City ^{Town} St Marys ^{County} **MARYLAND**

Date of death 1900 ^{Month} June ^{Day} 10 ^{Years} Age 62 ^{Month} ^{Days}

Sex Male Color or Race White Birth-place St Marys

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Emma Brown

Father's Name Dr Thos Brown Father's Birthplace St Marys

Mother's Maiden Name Don't know Mother's Birthplace

Name of person giving information Rev Mrs Maunier How related to deceased none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever (Relapse) ^{How long} 6 weeks

Immediate Exhaustion ^{How long} 36 hours

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

Signature of Physician B. H. Loya

Address Ridge

Accident or Suicide



Name in Full

William Henry Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Riverspring* ^{Town} *St. Mary's* ^{County} MARYLAND

Date of death 19*90* ^{Month} *6* ^{Day} *17* ^{Years} *60* ^{Months} *-* ^{Days} *-*

Sex *male* Color or Race *Colored* Birthplace *ind*

Occupation *Boatman* Where Residing if not at place of death *-*

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

Father's Name *Thomas Butler* Father's Birthplace *ind*

Mother's Maiden Name *Jennie Butler* Mother's Birthplace *ind*

Name of person giving information *Benjamin Butler* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Pulmonary tuberculosis* How long *28* *yr.*

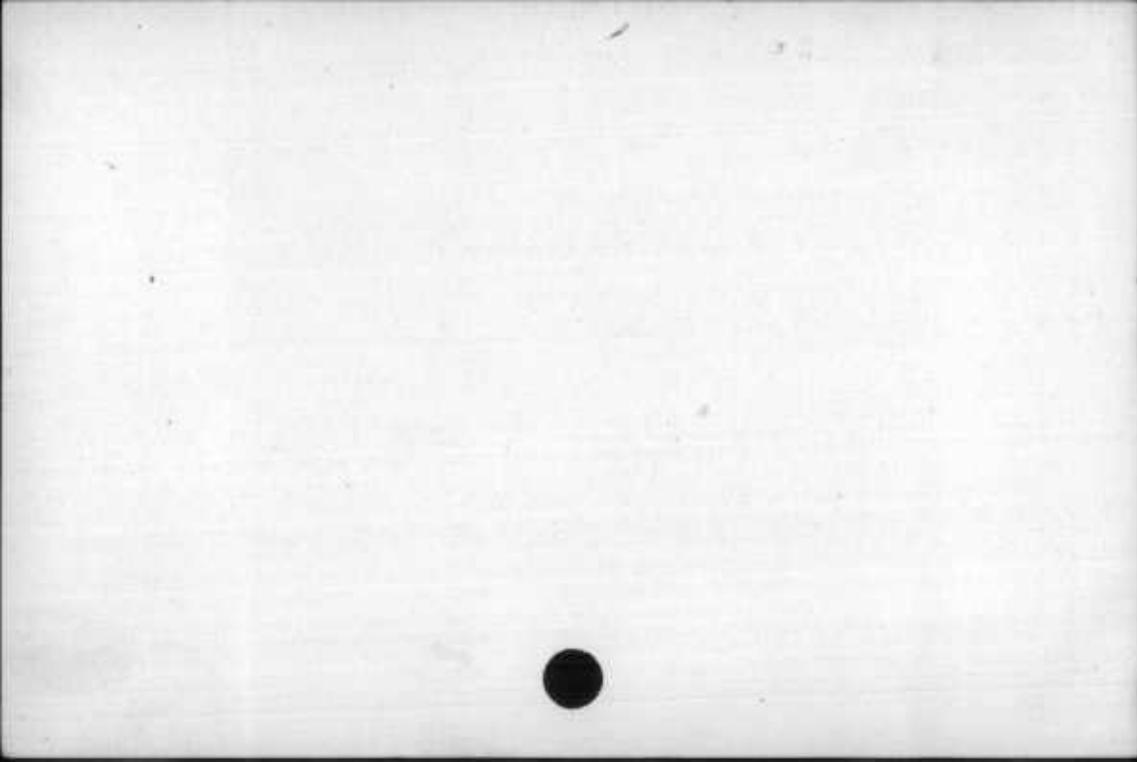
Immediate

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

Signature of Physician *Robt J. Palmer*

Address *[Redacted]*

Accident or Suicide?



Name
in
Full

Emma Carter

CERTIFICATE OF DEATH

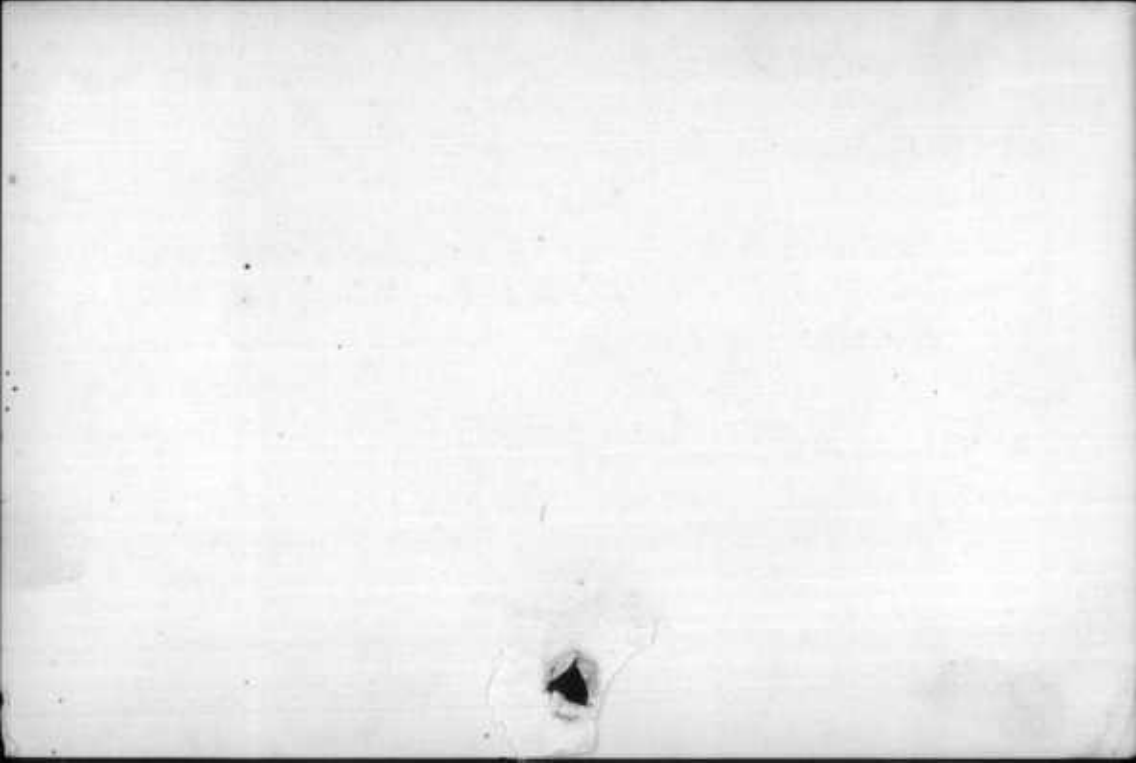
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mileston</u> Town		<u>St. Marys</u> County		MARYLAND	
Date of death <u>1940</u>	Month <u>6</u>	Day <u>13</u>	Age <u>34</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birthplace <u>ind</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Fredrick Carter</u>				
Father's Name <u>Cornelius Young</u>			Father's Birthplace <u>ind</u>		
Mother's Maiden Name <u>Emma</u>			Mother's Birthplace <u>ind</u>		
Name of person giving information <u>Fredrick Carter</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Myocarditis</u>	How long <u>128</u>
Immediate <u>Suppurative meningitis</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. H. Palmer</u>
	Address <u>Palmer</u>
Accident or Suicide? <u>X</u>	<u>ind.</u>



Name in Full

Catherine W Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

4

Died at Pearsum St Marys MARYLAND

Date of death 1990 June 28 Age 50

Sex Female Color or Race White Birthplace St Marys Co.,

Occupation Housewife Where Residing if not at place of death St Marys Co.,

Married, Single Married Name of Wife or Husband Catherine W. Jones

Father's Name James Jones Father's Birthplace St Marys Co.,

Mother's Maiden Name Mary Toywell Mother's Birthplace St Marys Co.,

Name of person giving information Husband How related to deceased Husband

CAUSES OF DEATH

Primary Tuberculosis 28 How long About 7 years

Immediate

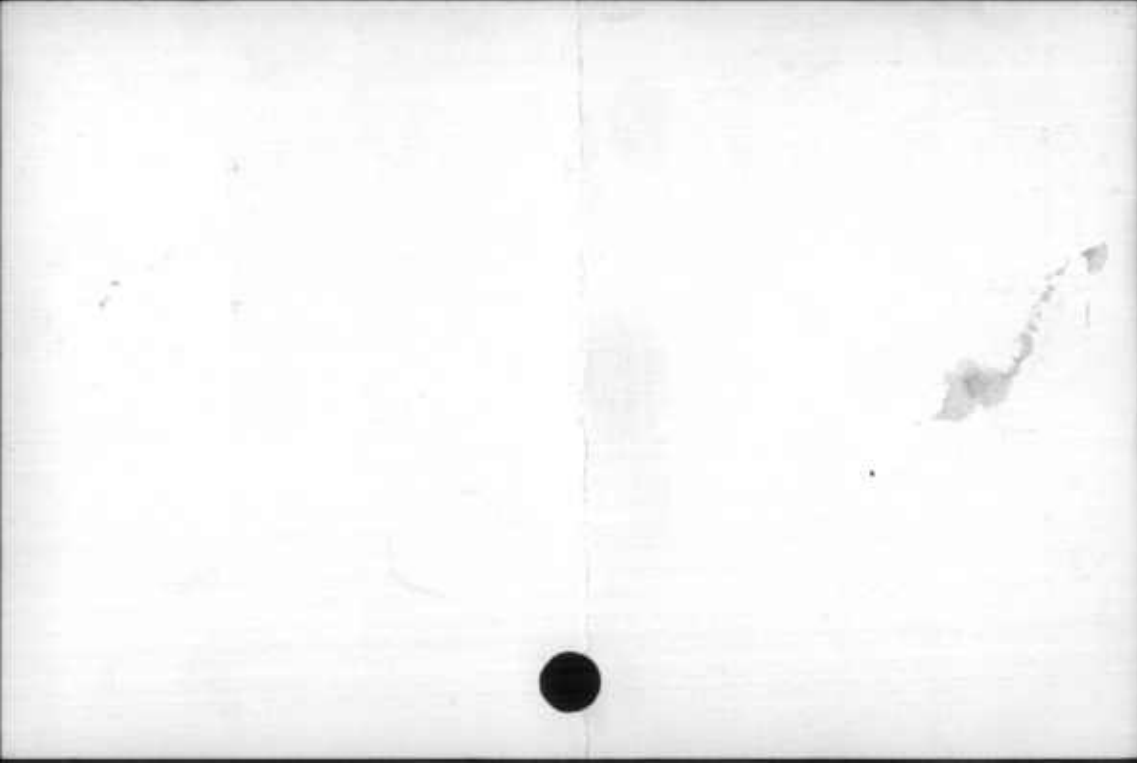
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Harvey Richardson

Address [Redacted] Great Mills

Accident or Suicide Maryland

PHYSICIAN OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full: *John Steele*

Town: *Ridge* County: *St Marys* MARYLAND

Died at: *Ridge* St *Marys*

Date of death: 1900 *June* *6* Age: *83* Years Months Days

Sex: *male* Color or Race: *white* Birth-place: *St Marys*

Occupation: *Drick Mason* Where Residing if not at place of death: *St Marys*

Married, Single or Widowed: *Widowed* Name of Wife or Husband: *Anna Steele*

Father's Name: *Don't know* Father's Birthplace: *St Marys*

Mother's Maiden Name: *Don't know* Mother's Birthplace: *St Marys*

Name of person giving information: *Wm. H. Haney* How related to deceased: *Son*

CAUSES OF DEATH

Primary: *Acute Alcoholism* How long: *36 hours*

Immediate: _____ How long: _____

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

Signature of Physician: *W. Lloyd*

Address: *Ridge*

Accident or Suicide:

PHYSICIAN
OR CORONER



Name
In Full

William Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Palmerus		County St. Marys		MARYLAND	
Date of death	1960	Month	6	Day	20	Age	—
						Years	—
						Months	2
						Days	—
Sex	male		Color or Race	Caucasian		Birthplace	md
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	James Thomas					Father's Birthplace	md
Mother's Maiden Name	May Rich					Mother's Birthplace	Va
Name of person giving information	James Thomas					How related to deceased	father

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cerebral Anoxia	How long	64	
	Immediate	Convulsions	How long	4 days	
	Are the name, age, sex, color, date and place correctly given above?	Yes			
	Signature of Physician	R. V. Palmerus			
	Address	Palmerus			
		md			
	Accident or Suicide?	No			

