

Name
in Full

Victoria Bickett

CERTIFICATE OF DEATH

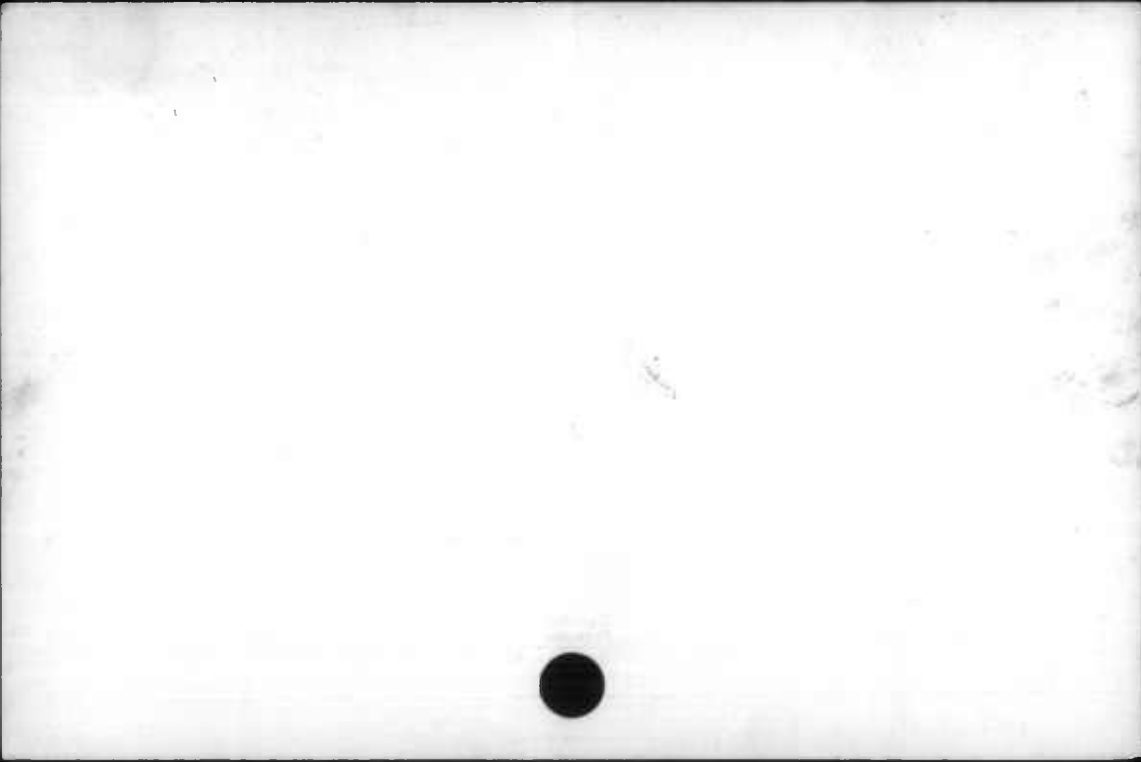
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900 June 15 th				-	-	3	-
Sex	Female	Color or Race	Colored		Birth-place	Somers, S.	
Occupation	—			Where Residing if not at place of death		—	
Married, Single or Widowed	—		Name of Wife or Husband		—		
Father's Name	John Bickett				Father's Birthplace	Somers, S.	
Mother's Maiden Name	Nellie Collins				Mother's Birthplace	Somers, S.	
Name of person giving information	Ephraim Collins				How related to deceased	Grandfather	

CAUSES OF DEATH

Primary	Whooping Cough	How long	3 weeks
Immediate	Aspiration	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo B. Farmer
		Address	Deals Island Md.
Accident or Suicide		Cub Registon	



Name
in Full

Leah Jane Blount

CERTIFICATE OF DEATH

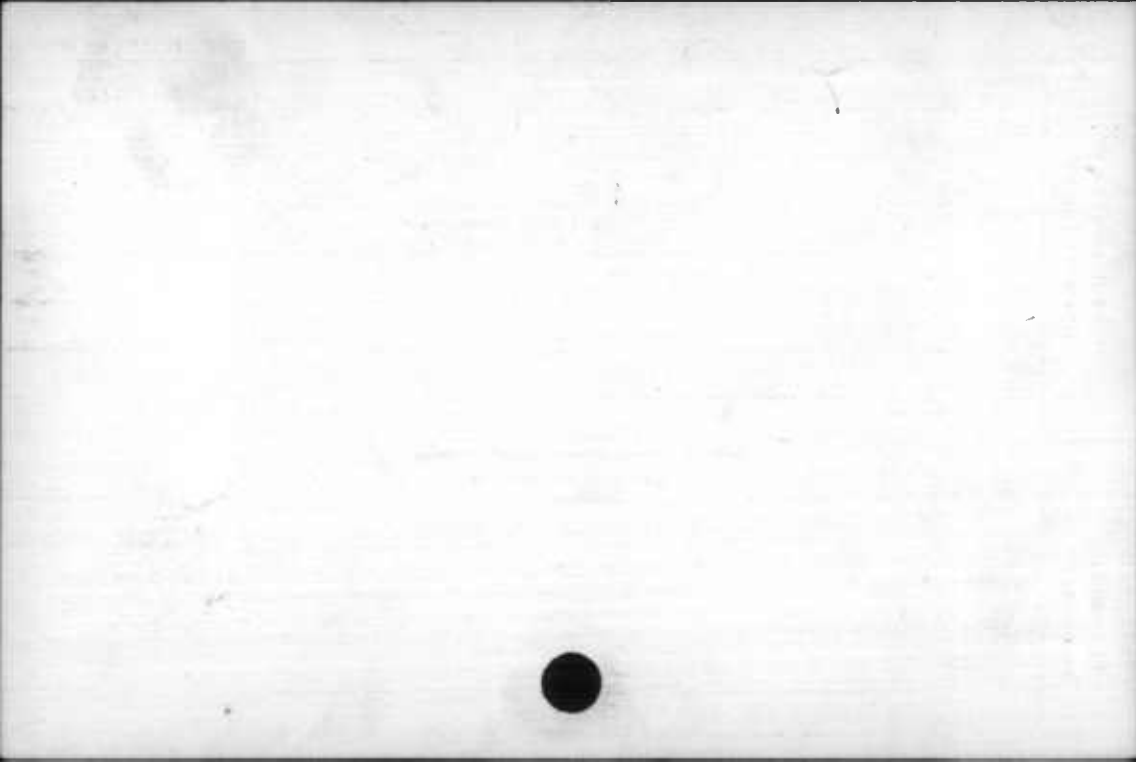
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Princess Anne		Somerset		MARYLAND	
Date of death		1960	June	24	Age	46	
Sex		Female		Color or Race		Negro	
Occupation		Housewife		Where Residing if not at place of death		Princess Anne	
Married, Single or Widowed		Married		Name of Wife or Husband		Wm. H. Blount	
Father's Name		Levin Pollitt		Father's Birthplace		Somerset Co.	
Mother's Maiden Name		Jane Pollitt		Mother's Birthplace		Somerset Co.	
Name of person giving Information		Wm. H. Blount		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phenistry	How long	About 2 months
Immediate	Mitral Regurgitation	How long	Unknown
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B. L. Beaver, M.D.
		Address	Princess Anne, Md.
Accident or Suicide			



Name
in Full

Corrie Ballard

CERTIFICATE OF DEATH

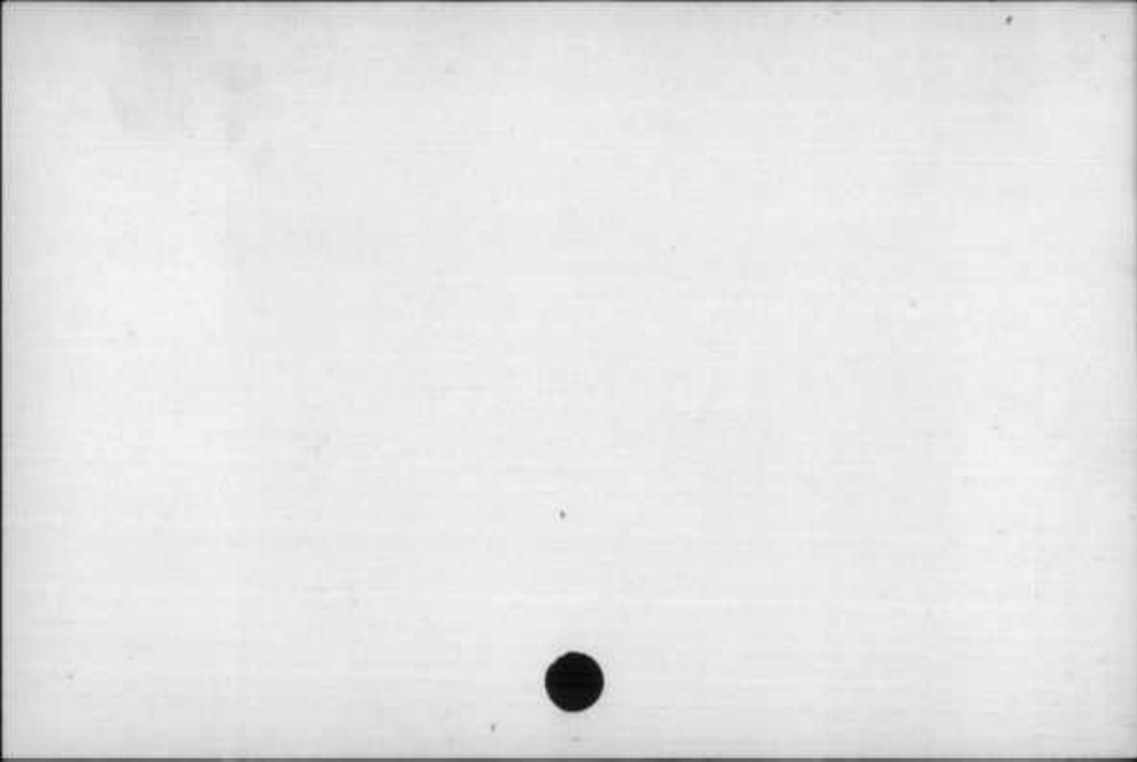
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Somerset		MARYLAND	
Date of death	1910	Month	6	Day	20	Age	20
Sex		Female		Color or Race		Colored	
Occupation		Servant		Where Residing if not at place of death		md.	
Married, Single or Widowed		Single		Name of Wife or Husband		✓	
Father's Name		John Ballard		Father's Birthplace		✓	
Mother's Maiden Name		Evelyn Ballard		Mother's Birthplace		✓	
Name of person giving information		Hunt Corbin		How related to deceased		✓	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Some Bronchial trouble, has been living in City quite a while, heart-lung a	How long	89
Immediate	Physician since returning home	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Smith Baltimore md.
		Address	
Accident or Suicide?		K	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Miss Charley Clark*

Town *Marion* County *Somerset* MARYLAND

Died at *Marion*

Date of death 19*10* Month *June* Day *24* Age *34* Months *0* Days *16*

Sex *Female* Color or Race *White* Birth-place *Somerset Co*

Occupation *Housework* Where Residing if not at place of death *—*

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

Father's Name *James Collins* Father's Birthplace *Somerset Co*

Mother's Maiden Name *Mollie Watson* Mother's Birthplace *Somerset Co*

Name of person giving information *Chas Clark* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

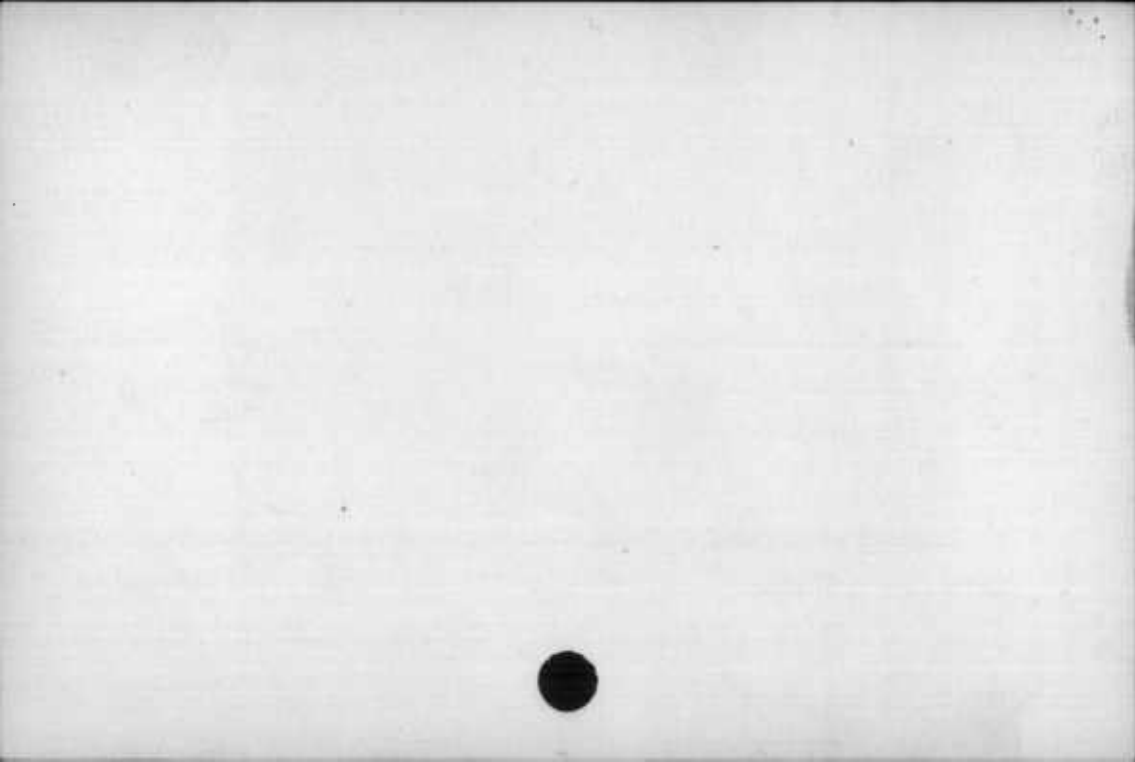
Primary *Sarcoma of uterus* How long *Don't know*

Immediate *Exhaustion* How long *2 or 3 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. H. B. Allen*

Address *Marion*

Accident or Suicide? *X* *med*



Name
in
Full

CERTIFICATE OF DEATH

Infant

Cole

MARYLAND

Died at *Wm. Munson* Town

Somerset County

Date of death 19*00*

Month

6

Day

8

Age

Years

Months

2

Days

12

Sex

Male

Color or Race

White

Birth-place

Wm. Munson

Occupation

None

Where Residing if not at place of death

Wm. Munson

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

Oscar Cole

Father's Birthplace

Princess Anne Co.

Mother's Maiden Name

Virginia Scott

Mother's Birthplace

Somerset Co.

Name of person giving Information

Oscar Cole

How related to deceased

Father

CAUSES OF DEATH

Primary

Bowel Trouble

How long

from birth

Immediate

Exhaustion

How long

12 hours

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

Yes

Signature of Physician

Geo. H. Hawk Sub Reg.

Address

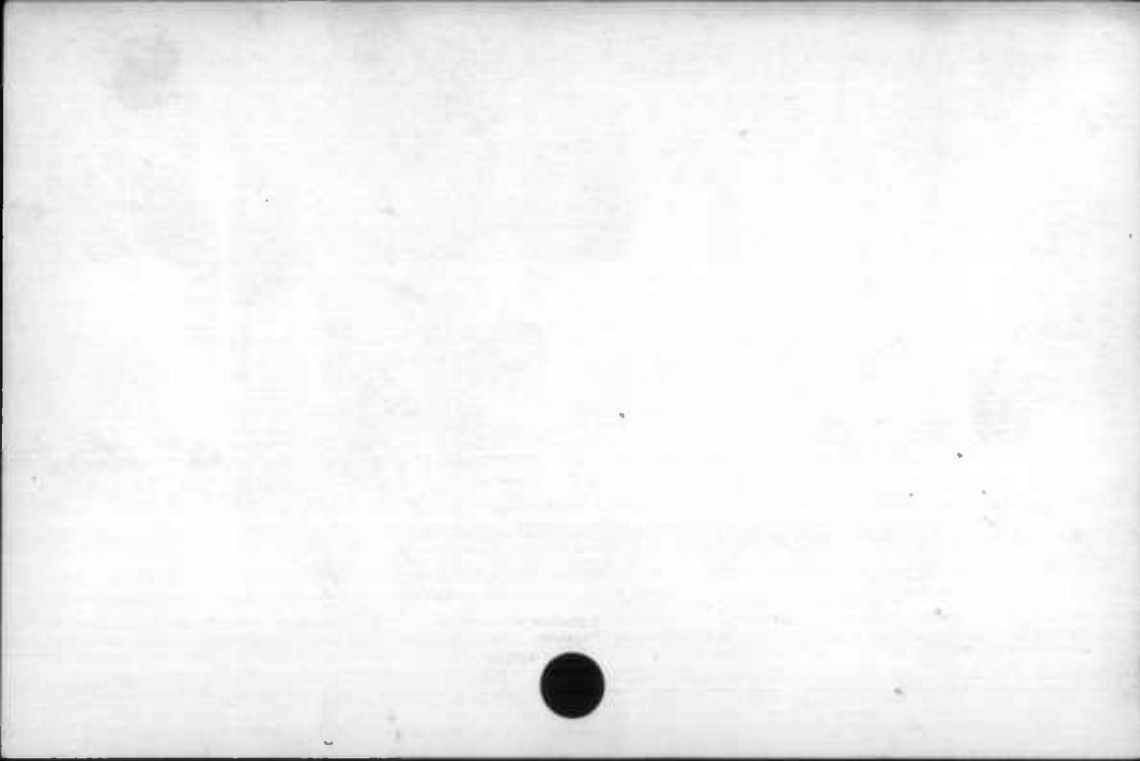
*Princess Anne
B. F. D. # 2
M. P.*

Accident or Suicide

Neither

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In
Full

Not named
Infant child of Horace Cottman

CERTIFICATE OF DEATH

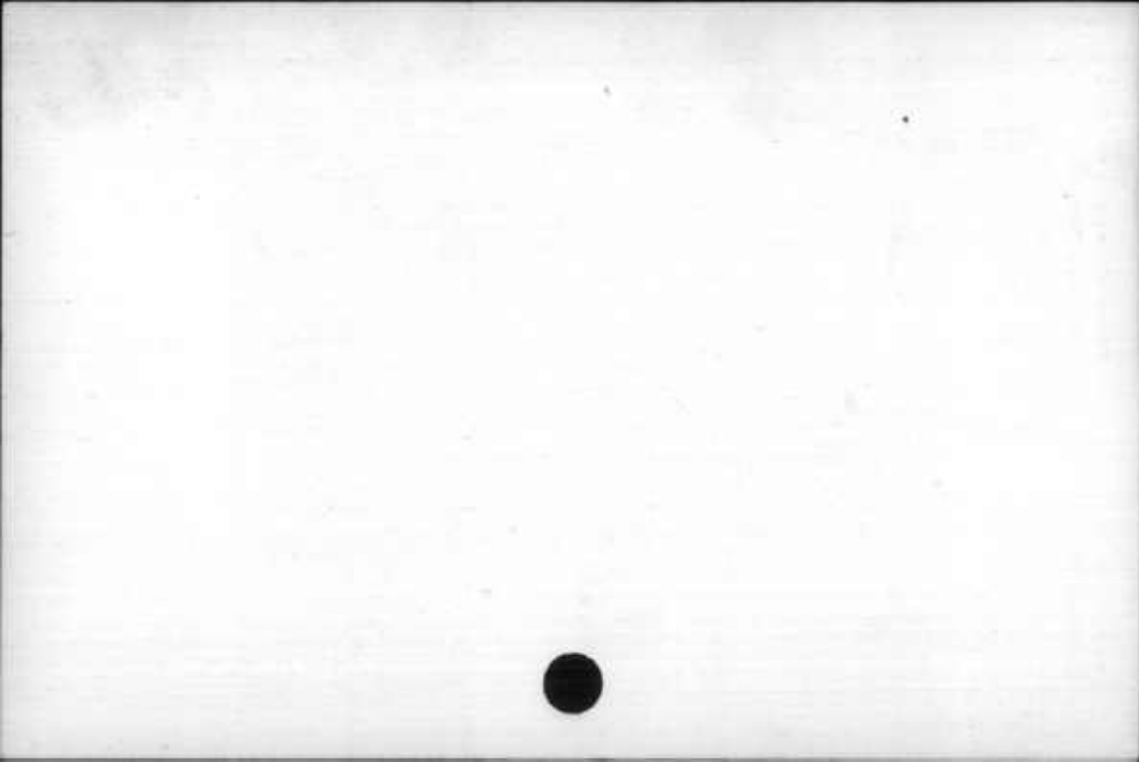
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Cokebury</i>		Town <i>Cokebury</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>June</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Cokebury</i>				
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Horace Cottman</i>			Father's Birthplace <i>Somerset Co.</i>				
Mother's Maiden Name <i>Eva Martin</i>			Mother's Birthplace <i>Worcester Co.</i>				
Name of person giving Information <i>Horace Cottman</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stillborn</i>	How long	<i>—</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. R. Pinkerton</i>	
		Address <i>Sub. Reg. Dublin Dist</i>	
Accident or Suicide			



Name
in
Full

Eleanor Cottman

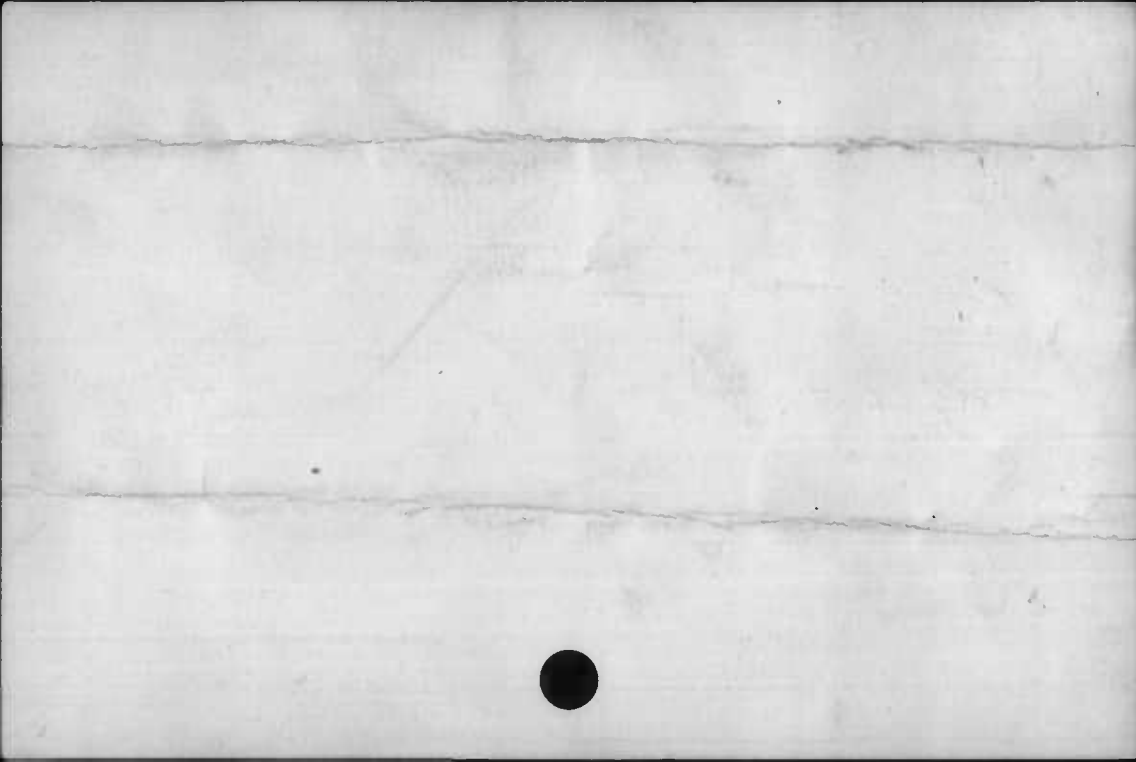
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mr Vernon		Town Sauceset		County Sauceset		MARYLAND	
Date of death 1910	Month June	Day 29	Age 33	Years 33	Months 1	Days 1	
Sex Female	Color or Race Colored	Birth-place Maryland					
Occupation Housewife	Where Residing if not at place of death —						
Married, Single or Widowed Married	Name of Wife or Husband Joe Cottman						
Father's Name —	Father's Birthplace Water			Father's Birthplace md			
Mother's Maiden Name Not known	Mother's Birthplace —			Mother's Birthplace —			
Name of person giving information Joe Cottman	Married to deceased Husband						

CAUSES OF DEATH

Primary Phthisis Pulmonalis	How long About 7 mos
Immediate Asthma	How long Progressive
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Henry M. Lantford
	Address Princess Anne
Accident or Suicide? No	X Maryland.



Name
in
Full

CERTIFICATE OF DEATH

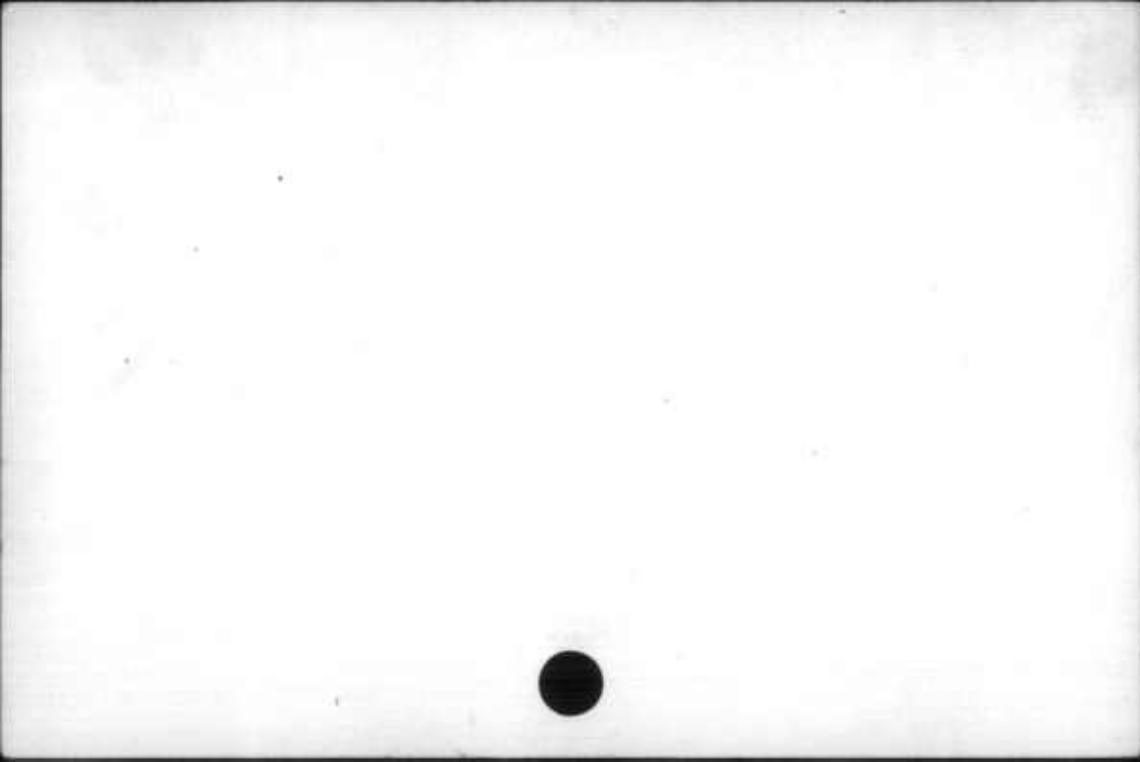
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jacob H. Cullen</i>		Town <i>Harperville</i>		County <i>Sum-</i>		MARYLAND	
Died at <i>Harperville</i>		Month <i>June</i>		Day <i>15</i>		Years <i>76</i>	
Date of death <i>1940</i>		Month <i>June</i>		Day <i>15</i>		Age <i>76</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Josephine</i>					
Father's Name <i>John Cullen</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Pattie Ward</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>Paul Cullen</i>		How related to deceased <i>Son</i>					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary <i>Paralysis</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>66</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. Hall</i>
	Address <i>Conrad</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

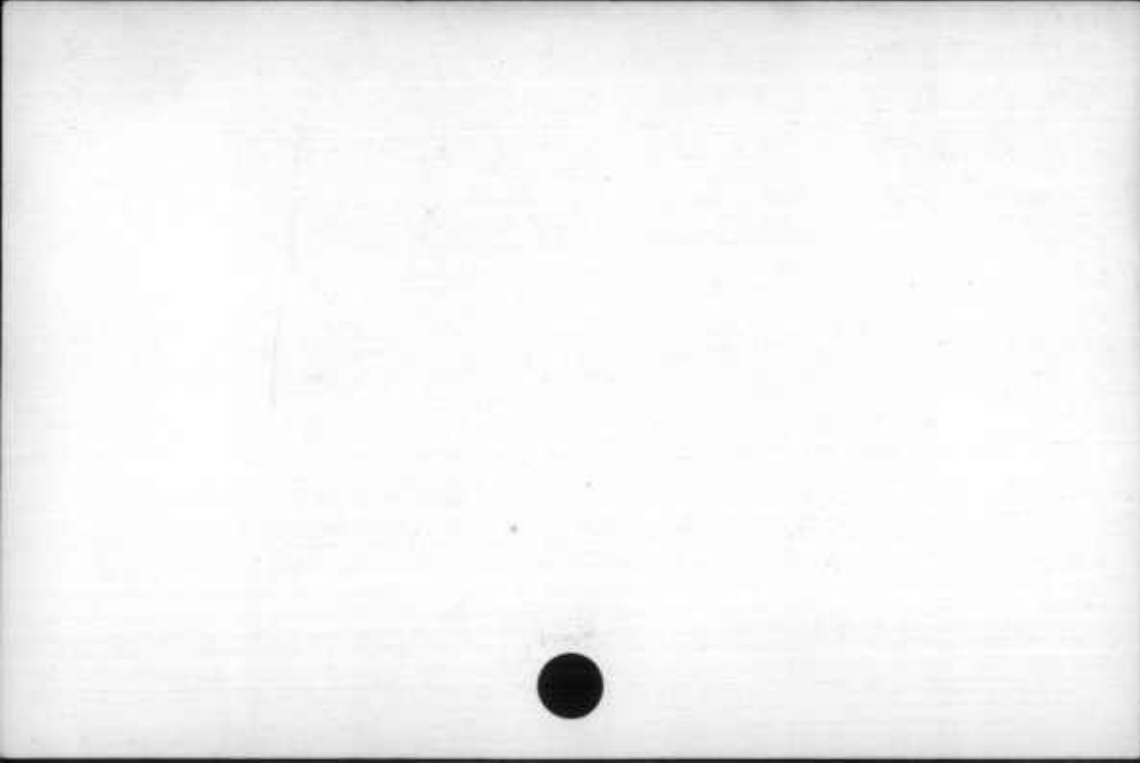
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <i>Near Rheobeth</i>		Town <i>Rheobeth</i>		County <i>Somerset</i>		State <i>MARYLAND</i>	
Date of death	19 <i>00</i>	Month <i>June</i>	Day <i>13</i>	Age	Years	Months	Days <i>2 Hours</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Near Rheobeth</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Sidney B Ennis</i>		Father's Birthplace <i>Somerset Pa</i>					
Mother's Maiden Name <i>Nina M Hall</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Clark E Ennis</i>		How related to deceased <i>uncle</i>					

CAUSES OF DEATH

Primary	<i>Heart Failure</i>		How long	<i>2 1/2 hours</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Sarah Dennis</i>	
			Address <i>Midwife for F.R.P.</i>	
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

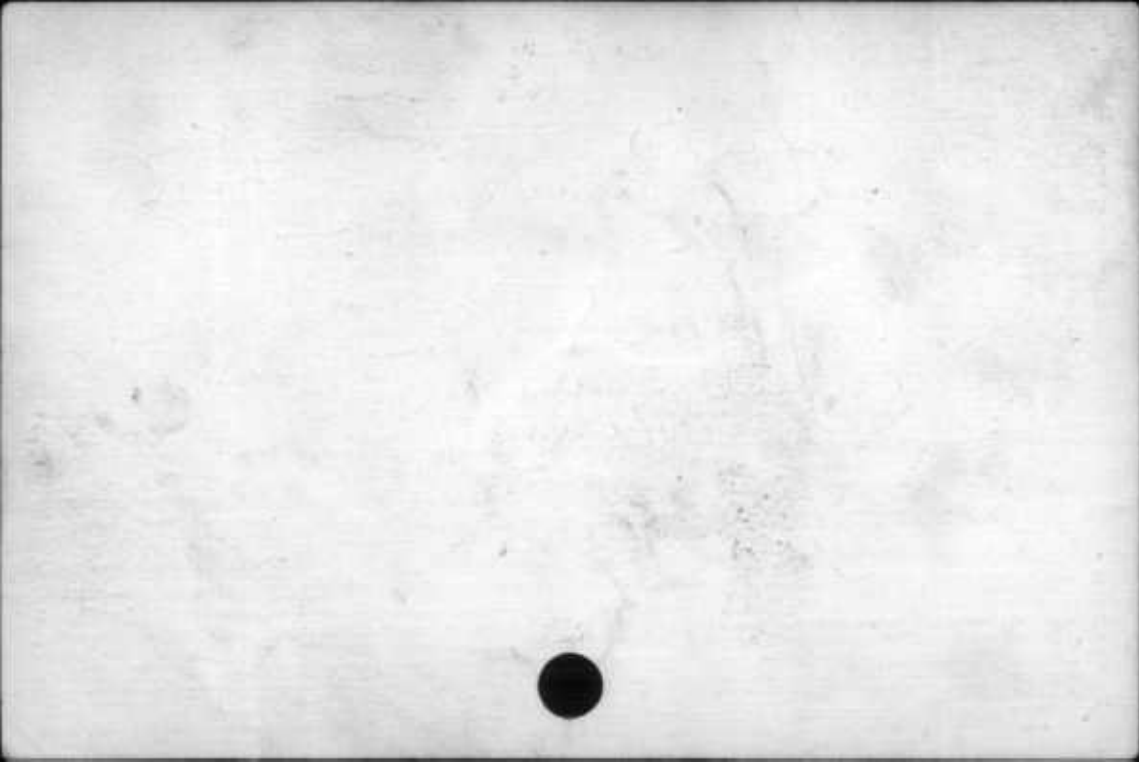
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Edith Holland</i>		Town <i>Crisfield</i>		County <i>Sevier</i>		State MARYLAND	
Died at		Month <i>June</i>		Day <i>10</i>		Age <i>1</i>	
Date of death 190		Month <i>8</i>		Days			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Ind</i>			
Occupation <i>Seamstress</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>Thomas Holland</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Annie Larkins</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Annie Holland</i>		How related to deceased <i>Mother</i>					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	<i>Whooping Cough</i>	How long	<i>1 month</i>
Immediate	<i>Suffocated</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. A. Ward</i>	
		Address <i>Crisfield</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

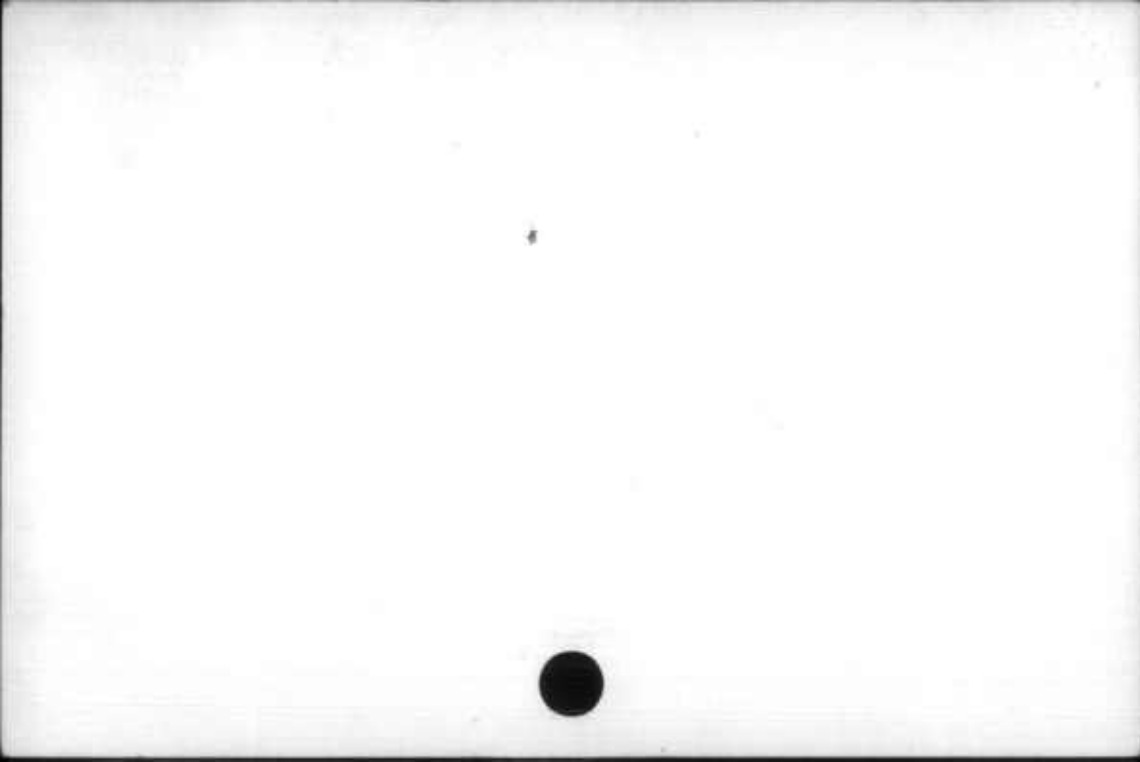
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Holland</i>		Town <i>Crisfield</i>		County <i>Somerset</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>20</i>		Years <i>61</i>	
Date of death 19 <i>60</i>		Months <i>0</i>		Days <i>0</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Somerset Co</i>			
Occupation <i>Stalerman</i>		Where Residing if not at place of death <i>Crisfield</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary</i>					
Father's Name <i>John Halland</i>		Father's Birthplace <i>Somerset Co</i>					
Mother's Maiden Name <i>John's Sister</i>		Mother's Birthplace <i>Somerset Co</i>					
Name of person giving Information <i>Ray Halland</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

Primary <i>Tuberculosis</i>		How long <i>2 years</i>	
Immediate <i>Prostatitis</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>J. J. Somers</i>	
Accident or Suicide <i>Neither</i>		Address <i>Crisfield Md</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

India M. Horsey

Town

County

Died at

10 Dawsona Somerset

MARYLAND

Date

of death

1900

Month

6

Day

8

Age

36

Years

3

Months

3

Days

Sex

Female

Color or
Race

White

Birth-
place

Dawsona

Occupation

Housewife

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

Married

Name of Wife or
Husband

Jas D Horsey

Father's
Name

Chas W Byrd

Father's
Birthplace

Dawsona Md

Mother's
Maiden Name

Elizabeth Master

Mother's
Birthplace

Dawsona Md

Name of person giving
Information

J D Horsey

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

2 yrs

Immediate

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

yes

Signature of
Physician

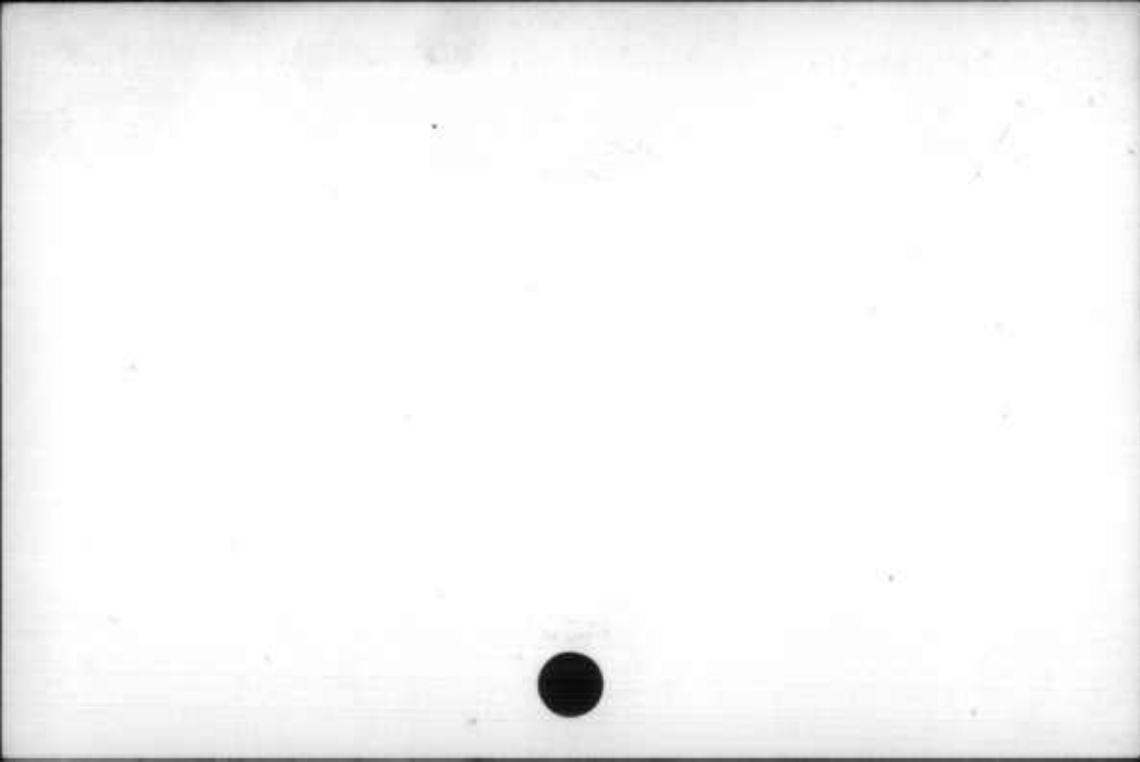
Address

W. H. Stuel

Crifield Md

Accident or Suicide

no



Name
in full

Minnie Horsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mt Vernon

County

Summit

MARYLAND

Date

1940 June 31

Age

30

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Summit Co

Occupation

Housewife

Where Residing

County, Blues House

Married, Single
or Widowed

Married

Name of Wife or
Husband

Nancy Horsey

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

George Saunders

How related
to deceased

None

CAUSES OF DEATH

Primary

Neurasthenia

How long

Unknown

Immediate

Acute Melancholia

How long

2 weeks

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

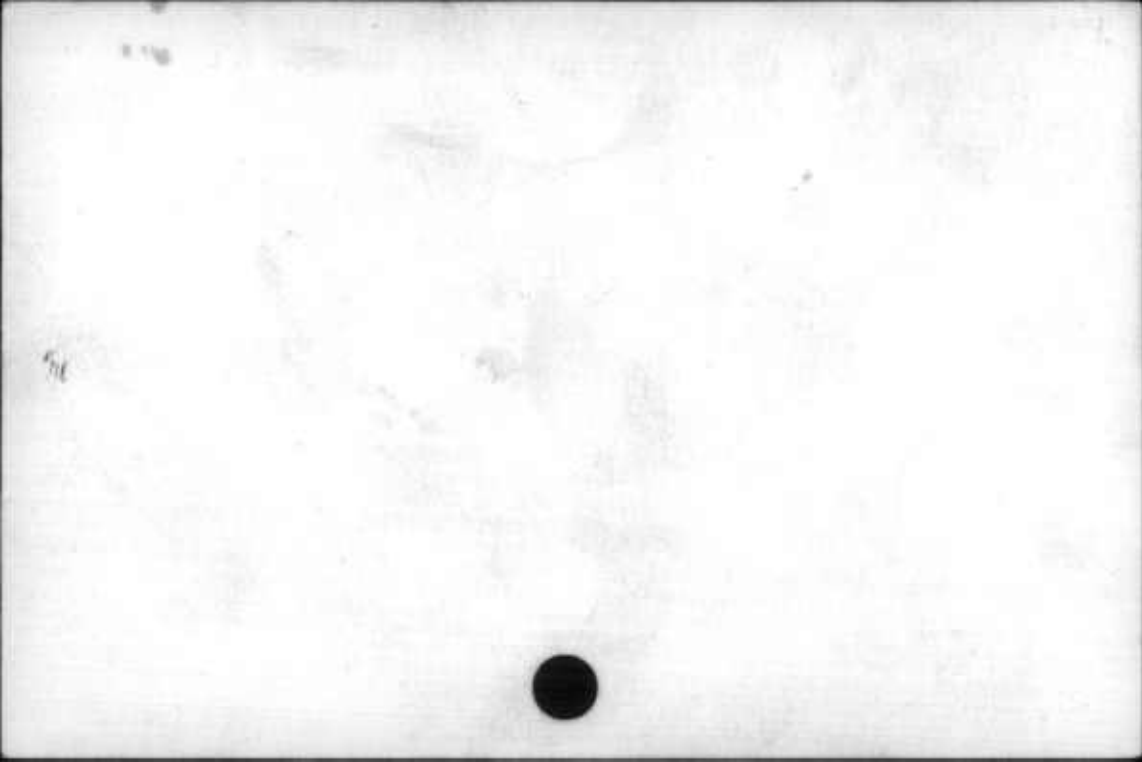
Yes

Signature of
Physician

Address

J. A. Barger, M.D.,
Millsboro, Del.
Route # 2PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Morton</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>June</i>	Day <i>20</i>	Age <i>1</i>	Months <i>6</i>	Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Somerset Co</i>			
Occupation <i>child</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>child</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Mr. R. Howard</i>	Father's Birthplace <i>Somerset Co</i>				
Mother's Maiden Name <i>Ada M. Wilson</i>	Mother's Birthplace <i>Somerset Co</i>				
Name of person giving information <i>Mr. R. Howard</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long <i>2 day</i>
Immediate	<i>exhaustion</i>	How long <i>3 or 4 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Dr. J. G. B. Allen</i>
		Address <i>Morton, Md.</i>
Accident or Suicide?		



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

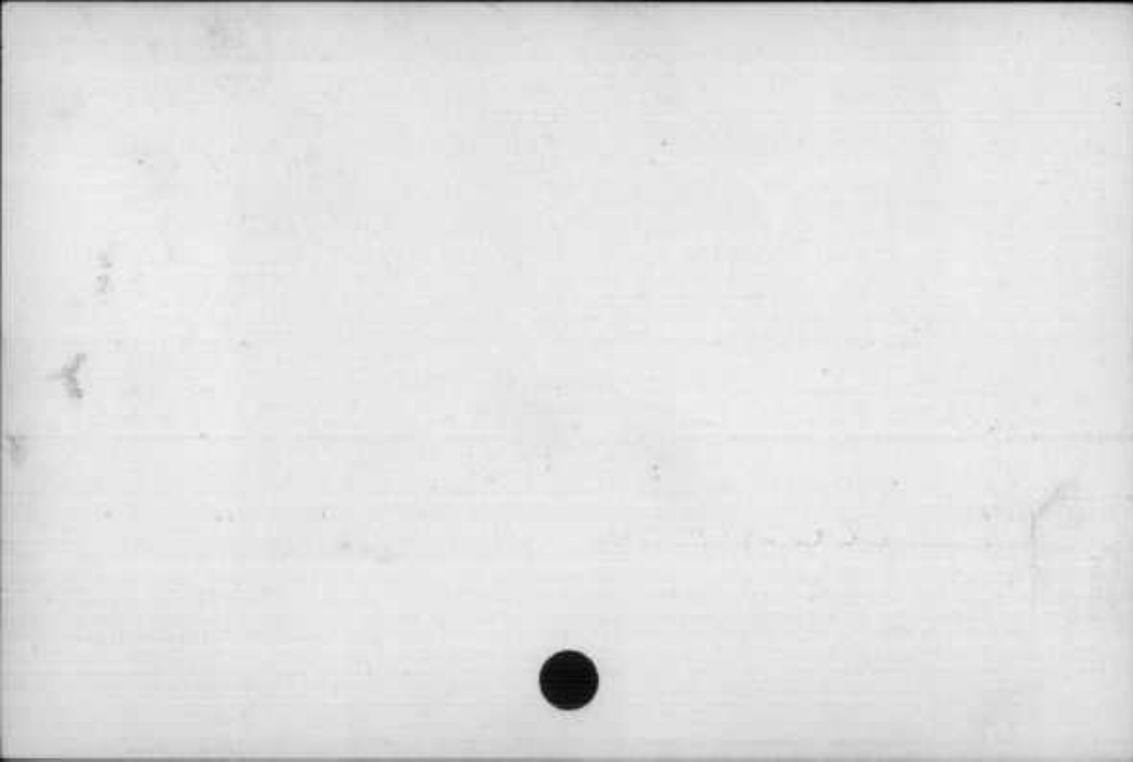
MARYLAND

Died at <u>Thomas Center</u> <u>Source</u> County			
Date of death 19 <u>10</u>	Month <u>June</u>	Day <u>27th</u>	Age <u>Lived a few minutes</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Source, Co.</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married; Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>William Jones</u>	Father's Birthplace <u>Source, Co.</u>		
Mother's Maiden Name <u>Josephine Jones</u>	Mother's Birthplace <u>Source, Co.</u>		
Name of person giving information <u>William Jones</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acrania</u>	How long <u>74.1</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>S. J. Madsen, M.D.</u>
	Address <u>Thomas Center, Source Co., Md.</u>
Accident or Suicide?	



Name
in
Full

Charles Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mt Vernon

County

Sauverut

MARYLAND

Date

of death 1960

Month

June

Day

10

Years

Age

64

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Sauverut Co

Occupation

Laborew

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Margaret Jones

Father's
Name

John Jones

Father's
Birthplace

Wickum

Mother's
Maiden Name

Ely's (Wickum)

Mother's
Birthplace

Wickum

Name of person giving
Information

Ernie Jones

How related
to deceased

Son

CAUSES OF DEATH

Primary

Aneurysm

How long

81

Immediate

Cerebral thrombosis

How long

48 hours

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

Signature of
Physician

H. J. Bandy M.D.

Address

Ernie Jones Ind.

Accident or Suicide

R.F.D. No. 2

PHYSICIAN
OR CORONER



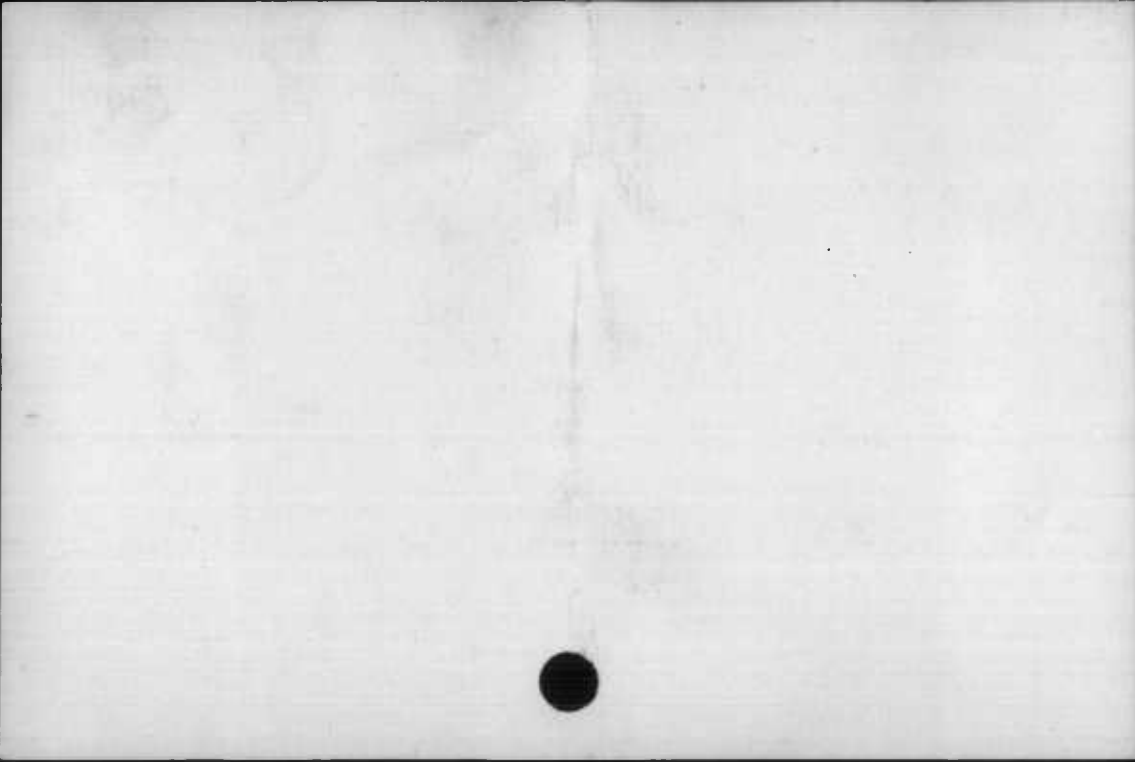
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		June	14	2		4	
Sex	Male	Color or Race	Colored	Birth-place	Somersex		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Moses Jones				Father's Birthplace	Md	
Mother's Maiden Name	Haddie Jones				Mother's Birthplace	Md	
Name of person giving information	Bob Colanish				How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	In testicular torum	How long	1 month
Immediate	Asthma	How long	Progressive
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Henry M. Lauffer
	No	Address	Princeton Ave Md
Accident or Suicide?	No		



Name
In
Full

Lanckford,

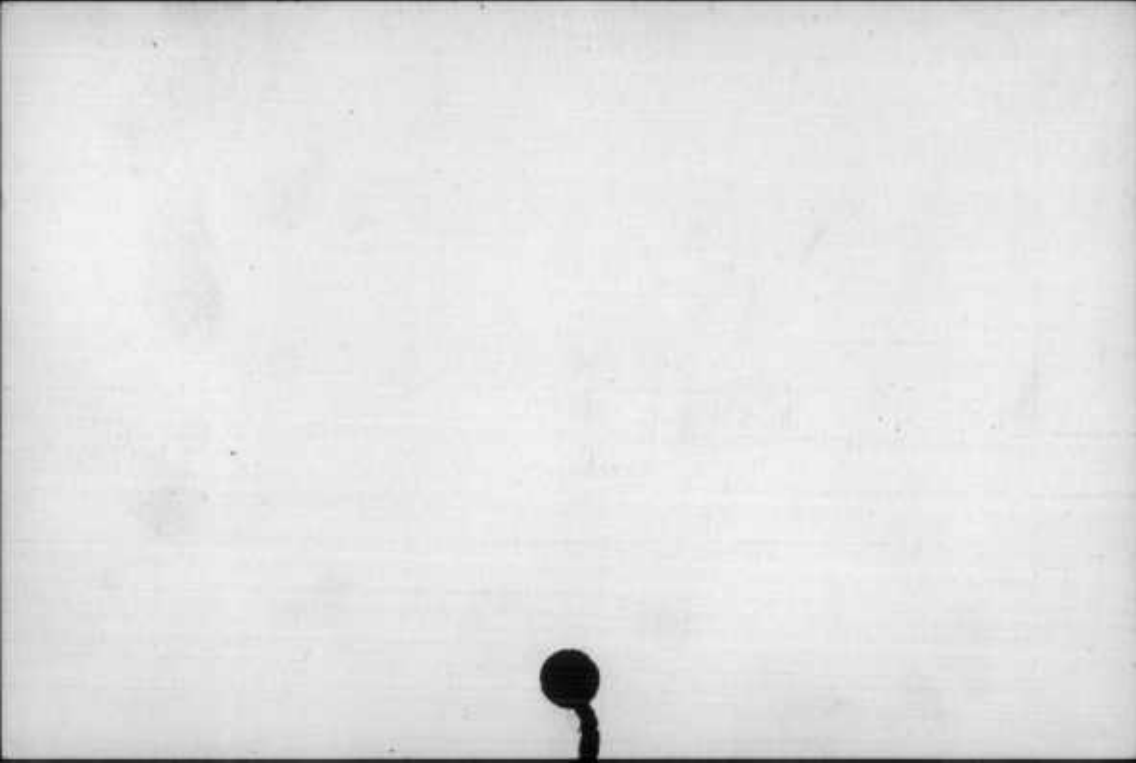
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Marion</i>		County <i>Somerset Co</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>June</i>	Day <i>27</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Somerset Co</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>Usher Lanckford</i>				Father's Birthplace	<i>Somerset Co</i>	
Mother's Maiden Name	<i>Mary Waters</i>				Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Usher Lanckford</i>				How related to deceased	<i>Father</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?	Signature of Physician <i>Dr. J. Allen</i>		
		Address <i>Marion Md.</i>		
	Accident or Suicide?			



Name
in
Full

Biddie R. McDaniel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

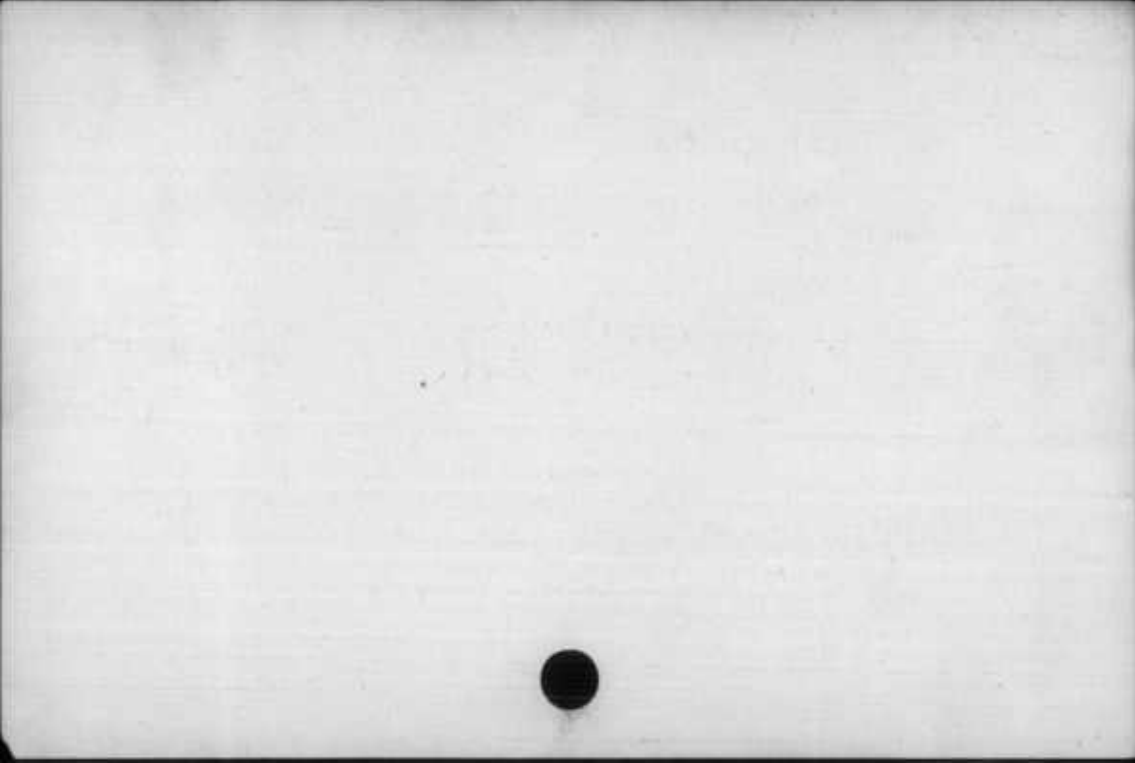
Died at		Town Savage, Ga.		County Somerset		STATE MARYLAND	
Date of death	1910	Month June	Day 10	Age Years	57	Months	Days
Sex	Female		Color or Race	White		Birth- place	Sav. Ga.
Occupation	House work			Where Residing if not at place of death			
Married, Single, or Widowed	Widowed			Name of Wife or Husband Alfred McDaniel			
Father's Name	William Carter				Father's Birthplace	Sav. Ga.	
Mother's Maiden Name	Biddie G. White				Mother's Birthplace	Sav. Ga.	
Name of person giving information	Hamilton White				How related to deceased	Son-in-law	

CAUSES OF DEATH

113

PHYSICIAN
OR CORONER

Primary	Cirrhosis of Liver		How long	6 mos.
Immediate	Asphyxia		How long	-
Are the Name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	D. W. W. W. W.
	no		Address	Savage, Ga.
Accident or Suicide?	no			Somerset Co., Ga.



Name
in
Full

Eliza Mc Dorman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


Died at		Town Westover		County Somerset		MARYLAND	
Date of death	1900	Month June	Day 2	Age 70	Yea	Months	Days
Sex	Female		Color or Race	white		Birth- place	Yainmont
Occupation	housewife			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	No anson Mc Dorman			
Father's Name	Eli Mulligan					Father's Birthplace	do not know
Mother's Maiden Name	Elizabeth Mulligan					Mother's Birthplace	do not know
Name of person giving In formation	Eli W. Mc Dorman					How related to deceased	Son

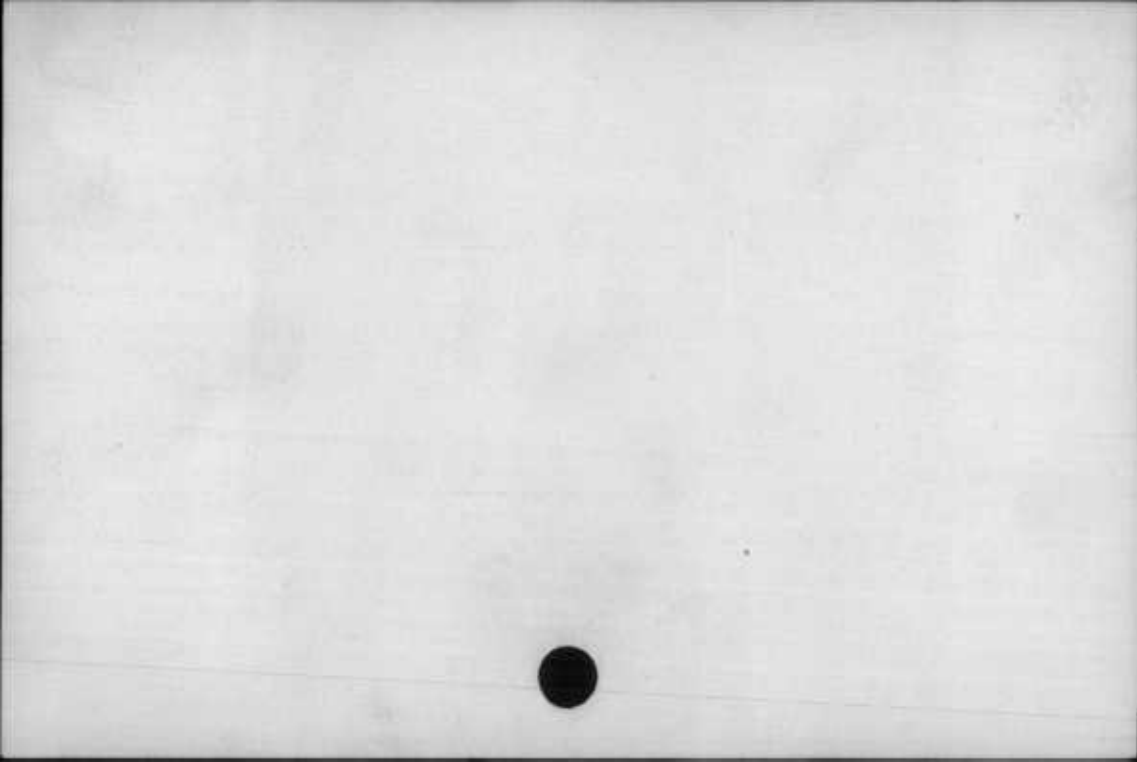
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	4 mos.
Immediate	Paralysis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. H. Gill
		Address	Monrovia
Accident or Suicide?			Mod.

0/70/10

Name in Full		M. Arthur Miles				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mason		County Somerset		MARYLAND	
	Date of death		1910	Month June	Day 12	Age 44	Months Don't know	Days Don't know
	Sex		Female		Color or Race		Black	
	Occupation		Housework		Where residing if not at place of death		Birthplace Somerset Co	
	Married, Single or Widowed		Married		Name of Wife or Husband		Mrs. Miles	
	Father's Name		Jethro Cottingham		Father's Birthplace		Somerset Co	
	Mother's Maiden Name		Sallie A. Jones		Mother's Birthplace		"	
	Name of person giving information		M. Arthur Miles		How related to deceased		Husband	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Died suddenly					
	Immediate		Angina Pectoris					
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			Dr. L. G. B. Allen
					Address			Mason, Md.
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Mt Vernon

County

Somerset

Date

of death

1940

Month

June

Day

8

Years

Age

82

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Somerset Co.

Occupation

Farmer

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

Widower

Name of Wife or
husband

Dorinda Blackmon

Father's
Name

Leige Ross

Father's
Birthplace

Virginia

Mother's
Maiden Name

Annie Barber

Mother's
Birthplace

Somerset Co.

Name of person giving
information

Edward Ross

How related
to deceased

Son

CAUSES OF DEATH

Primary

General debility

and

How long

189

Immediate

old age

How long

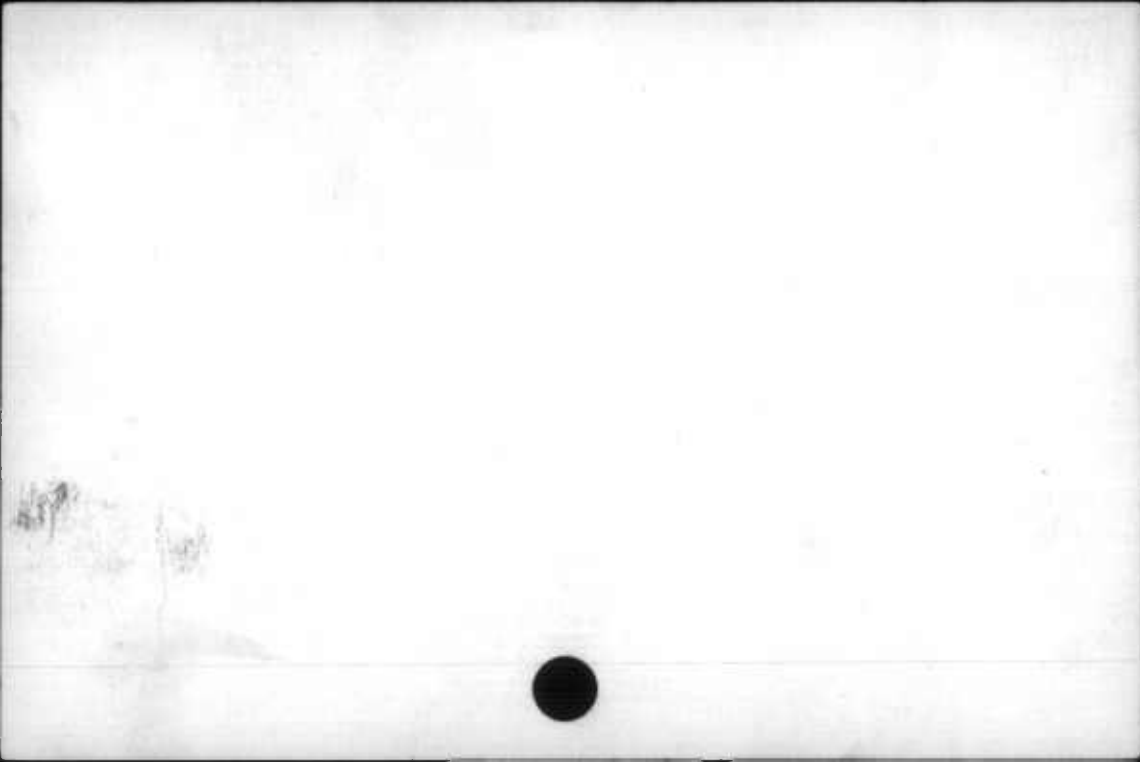
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Barnes, M.D.
Cunningham Lane Rd
P.O. 2.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Near Marions

Town

County

Date of death

1900 June 28

Month

Day

Age

Years

65-

Months

Days

Sex

Female

Color or Race

White

Birth-place

Ind

Occupation

Housework

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Frank Stevenson

Father's Name

John B. Stevenson

Father's Birthplace

Ind

Mother's Maiden Name

~~East-Know~~ Elizabeth Ward

Mother's Birthplace

-

Name of person giving Information

John Stevenson

How related to deceased

Son

CAUSES OF DEATH

Primary

Apoplexy

How long

1 week

Immediate

Hemiplegia

How long

1 week

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

Yes

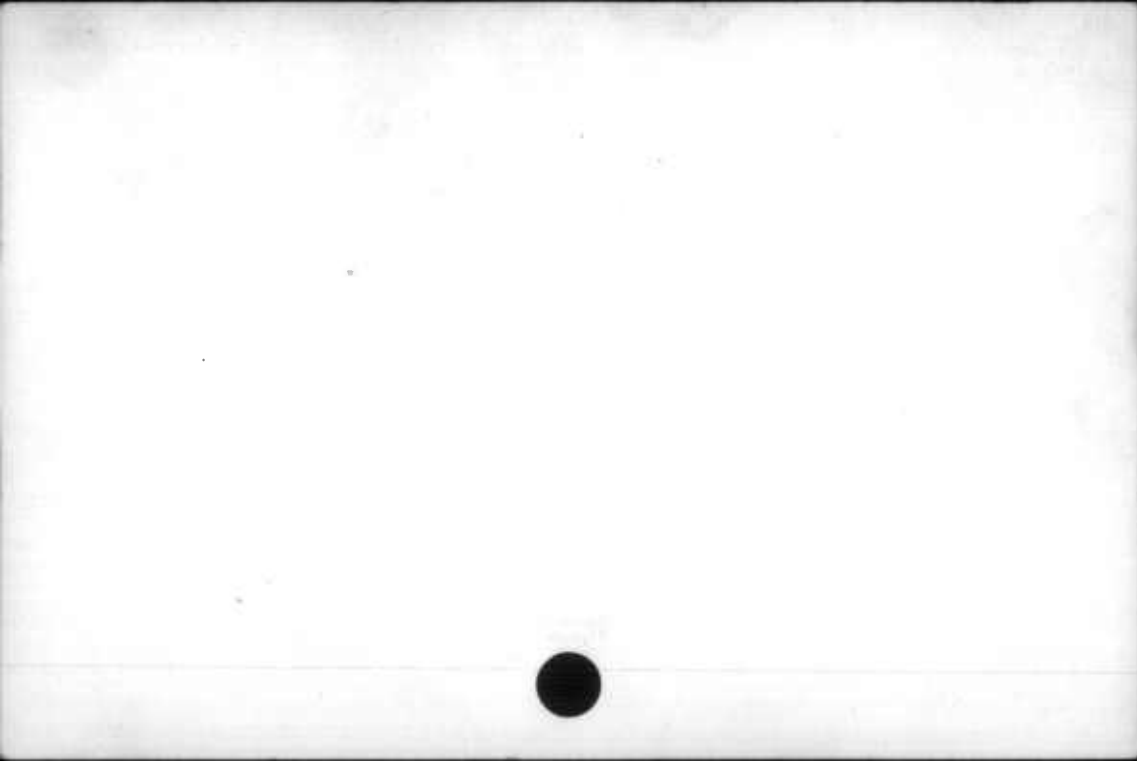
Signature of Physician

Address

J. F. Somers
Confield

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in Full

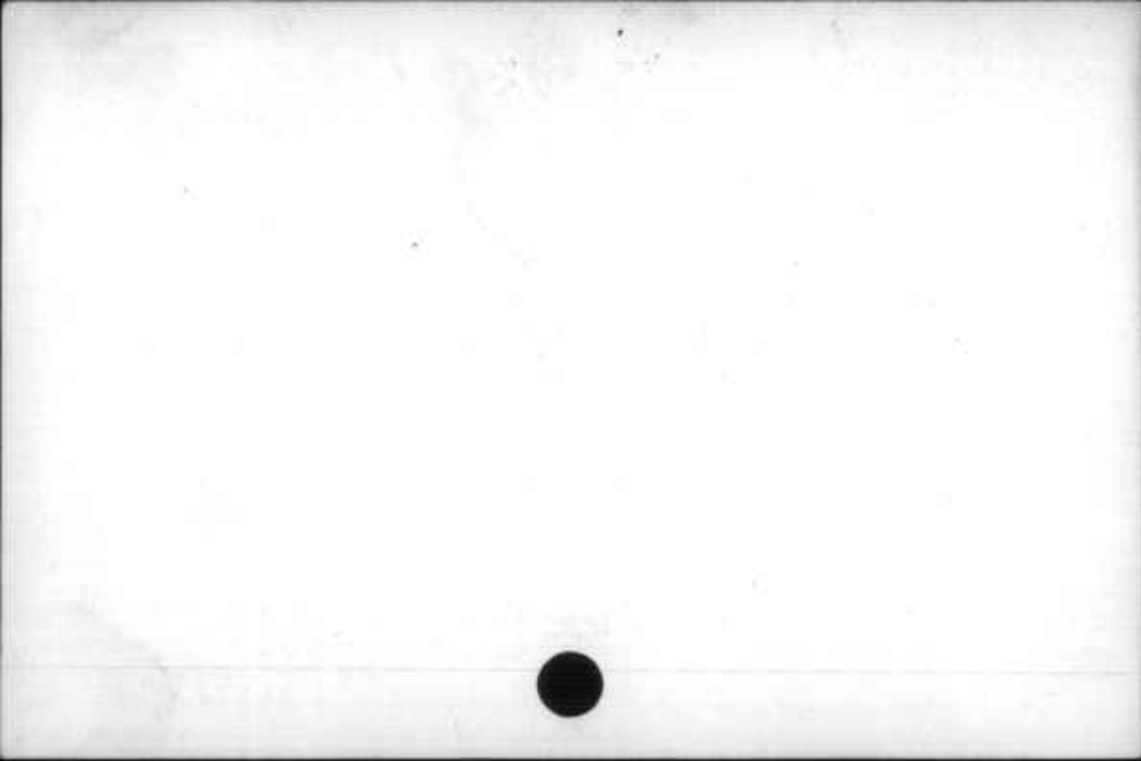
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full <i>James I. Lawer</i>		Town <i>Lawson</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death 1960		Month <i>June</i>	Day <i>23</i>	Age <i>—</i>	Years <i>—</i>	Months <i>10</i>	Days <i>9</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Lawsonia</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>James I. Lawer</i>		Father's Birthplace <i>Lawsonia Md</i>					
Mother's Maiden Name <i>Bertie Moore</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>James I. Lawer</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary <i>Enterocolitis</i>	How long <i>104</i>	How long <i>8 days</i>
Immediate <i>meningitis</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>H. F. Hall</i>	Address <i>Crisfield Md</i>
Accident or Suicide <i>no</i>		



Name
in
Full

Ellis Leagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marumaco</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	Month <i>June</i>	Day <i>15</i>	Age <i>3</i>	Months <i>8</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Marion Md,</i>		
Occupation <i>Child</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Child</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Lt. Leagle</i>			Father's Birthplace <i>Somerset Co</i>		
Mother's Maiden Name <i>Amelia Hurley</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Robt. Leagle</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Don't know</i>
Immediate <i>Exhaustion</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. G. B. Allen</i>
	Address <i>Turkey Md,</i>
Accident or Suicide?	<i>X</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

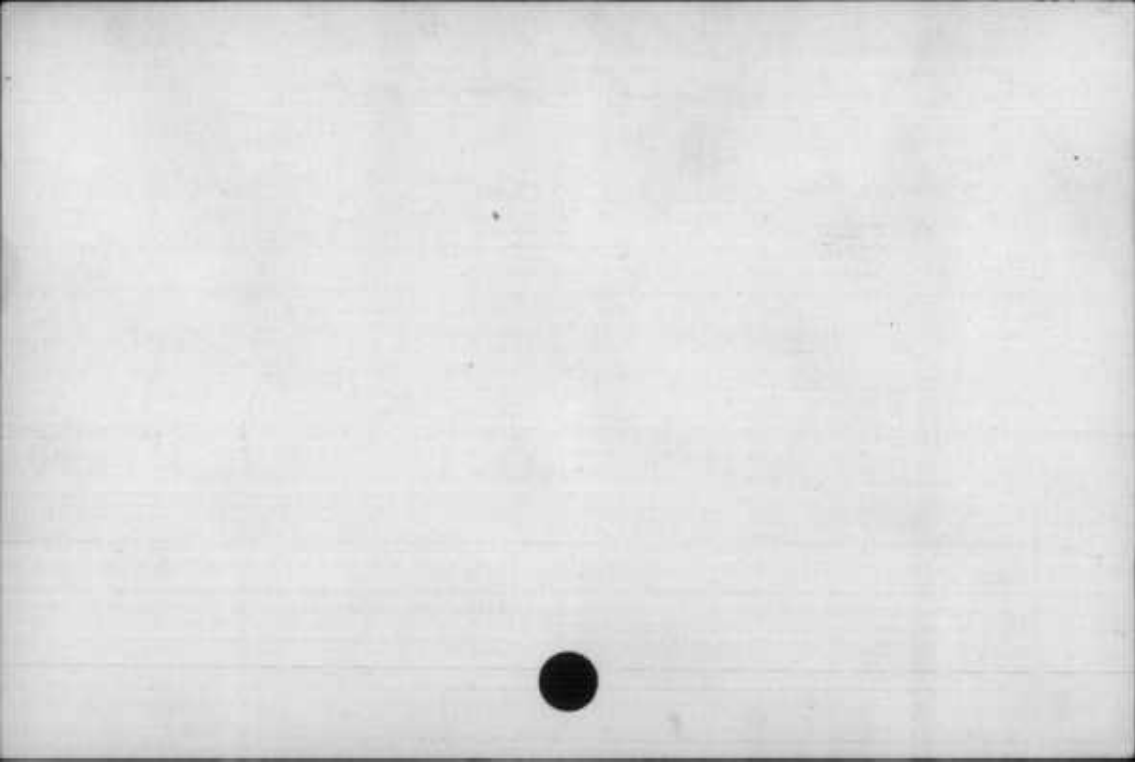
9

Died at <u>Deal Island</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
Date of death <u>19</u> <small>Month</small>	<u>0</u> <small>Day</small>	Age <u>4</u> <small>Years</small>	<u>0</u> <small>Months</small>		<u>0</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>md</u>			
Occupation <u></u>		Where residing if not at place of death <u></u>			
Married Single or Widowed <u></u>		Name of Wife or Husband <u></u>			
Father's Name <u>Sam S. Webster</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Vertie Touse</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>Sam S. Webster</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Congenital Malnutrition</u>	How long <u>180</u>	<u>Since birth</u>
Immediate <u>Asthma</u>	How long <u>Since birth</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>D. G. Alexander</u>	
<u>Filled by undertaker</u>	Address <u>Deal Island</u>	
Accident or Suicide? <u>No</u>	<u>Somerset Co.</u>	



Name
in Full

Mrs Jane Webster

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Deer's Island</i>		Town <i>Somerset</i>		County	
Date of death <i>1990</i>		Month <i>June</i>	Day <i>15th</i>	Years <i>69</i>	Months <i>-</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Somerset Co. Md</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Deer's Island Md</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John B. Webster</i>			
Father's Name <i>Henry J. Farmer</i>		Father's Birthplace <i>Somerset Co. Md</i>			
Mother's Maiden Name <i>Eliza Maynard</i>		Mother's Birthplace <i>Somerset Co. Md</i>			
Name of person giving information <i>John B. Webster</i>		How related to decedent <i>Husband</i>			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>9 days</i>
Immediate	<i>Asthma</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. G. Alexander</i>	
<i>Filled by undertaker</i>		Address <i>Deer's Island Somerset Co.</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name

In
Full

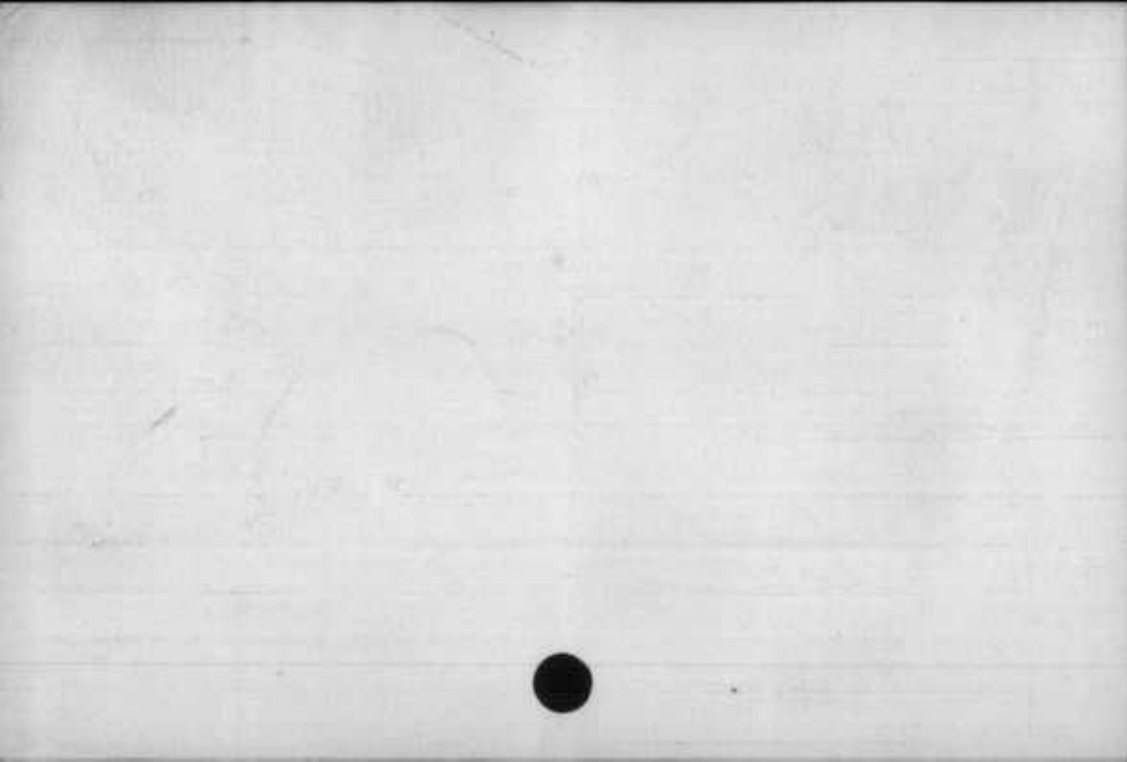
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

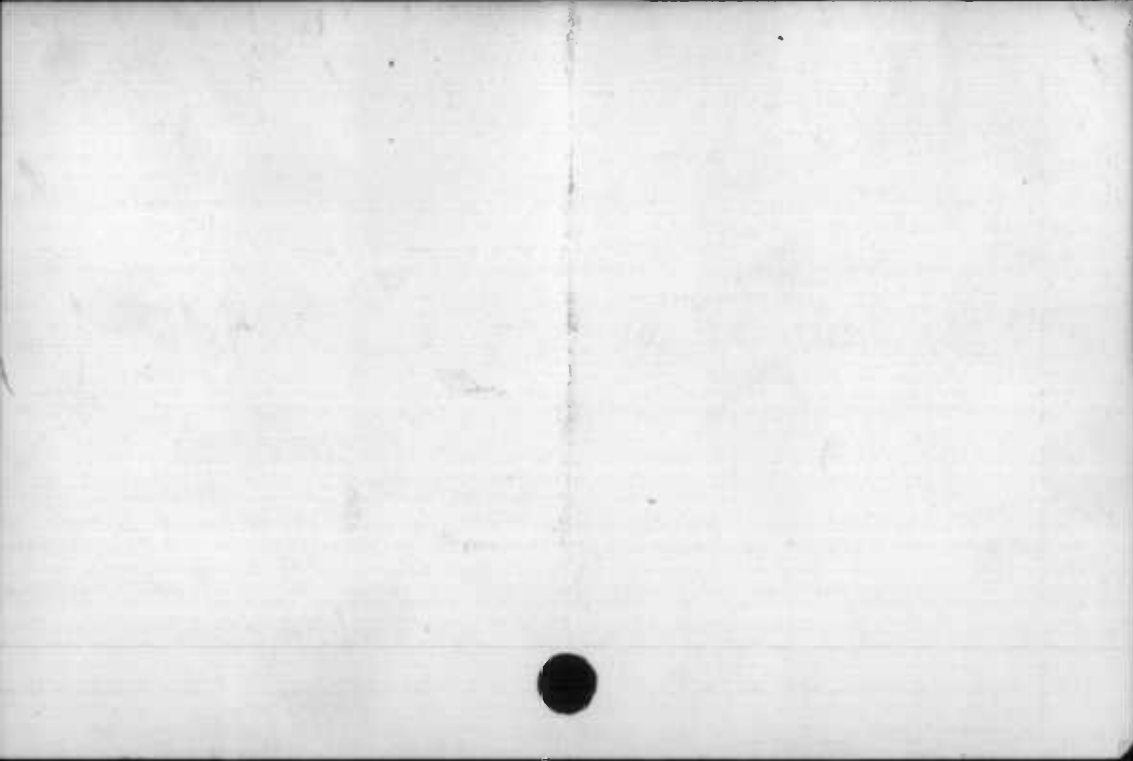
Name <i>Julia Webster</i>		Town <i>Deals Island</i>		County <i>Somerset</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>6</i>	Day <i>27</i>	Age <i>4</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Deals Island</i>				
Occupation				Where residing if not at place of death <i>Deals Island</i>			
Married, Single or Widowed	<i>—</i>			Name of Wife or Husband			
Father's Name	<i>Jack W. Webster</i>			Father's Birthplace <i>Deals Island</i>			
Mother's Maiden Name	<i>Stella Warner</i>			Mother's Birthplace <i>" "</i>			
Name of person giving information	<i>Jack W. Webster</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Inanition</i>	<i>180 A</i>	How long	<i>several yrs.</i>
	Immediate	<i>Arthemia</i>		How long	<i>2 months</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. G. Alexander</i>		
	<i>Yes</i>		Address <i>Somerset Co.</i>		
	Accident or Suicide? <i>No</i>		<i>X</i>		



Name in Full Leolin F. White		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Fairmount Town		Somerset County
	MARYLAND		
	Date of death 1960	Month June	Day 10
	Age 73		Months 11
	Sex Male		Color or Race White
	Birthplace Fairmount		Occupation Farmer
	Where Residing if not at place of death		
PHYSICIAN OR CORONER	Married, Single or Widowed Widower		Name of Wife or Husband Estelle White
	Father's Name Subman White		Father's Birthplace Somerset
	Mother's Maiden Name Peggy Daniels		Mother's Birthplace Somerset
	Name of person giving information L. F. White Jr		How related to deceased Son
	CAUSES OF DEATH		
PHYSICIAN OR CORONER	Primary Valvular Disease of Heart		How long About 3 years
	Immediate Heart Failure		How long A few minutes
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician G. E. Dickinson
			Address 1445 Fairmount
	Accident or Suicide? X		Ma



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
manion		Somerset		Maryland			
Date of death	1900	Month	June	Day	21	Age	born dead
Sex	Female	Color or Race	Black	Birth-place	Somerset Co		
Occupation				Where Residing if not at place of death			
Marrried, Single or Widowed				Name of Wife or Husband			
Father's Name	Luke Barnes				Father's Birthplace		
Mother's Maiden Name	Maggie Whittington				Mother's Birthplace		
Name of person giving information	Isaac S. Whittington				How related to deceased		
				Grand Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	(S)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. J. B. Allen
		Address	manion, Md.
Accident or Suicide?			

