

Name  
in  
Full

Katie Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Easton <sup>County</sup> Talbot MARYLAND

Date of death 1990 <sup>Month</sup> June <sup>Day</sup> 9 <sup>Age</sup> 1 <sup>Years</sup> <sup>Months</sup> 6 <sup>Days</sup> 5

Sex Female <sup>Color or Race</sup> African <sup>Birth-place</sup> near Easton, Md.

Occupation none <sup>Where Residing if not at place of death</sup>

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

Father's Name Wm. Baker <sup>Father's Birthplace</sup> Talbot Co. Md.

Mother's Maiden Name Sarah Gibson <sup>Mother's Birthplace</sup> Talbot Co. Md.

<sup>Name of person giving Information</sup> Wm. Baker <sup>How related to Deceased</sup> Father

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

<sup>Primary</sup> Cholera Infantum <sup>How long</sup> Two weeks

<sup>Immediate</sup> Exhaustion <sup>How long</sup> 3 days

<sup>Are the name, age, sex, color, date and place correctly given above?</sup> Yes <sup>Signature of Physician</sup> D. Danny Hillison

<sup>Address</sup> Easton Md

<sup>Accident or Suicide</sup> No

Handwritten text, possibly a signature or name, written vertically on the right side of the page.

Name  
in Full

James J Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> St Michaels <sup>County</sup> Talbot

MARYLAND

Date of death 1960 <sup>Month</sup> June <sup>Day</sup> 13 Age <sup>Years</sup> 77 <sup>Months</sup> 4 <sup>Days</sup> 20

Sex Male Color or Race White Birth-place Baltimore

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

Married, Single or Widowed Married Name of Wife or Husband Louisa Barnes

Father's Name Henry Barnes Father's Birthplace Germany

Mother's Maiden Name Not known Mother's Birthplace Baltimore

Name of person giving Information David B Barnes How related to deceased Son

## CAUSES OF DEATH

Primary *Grave Asthenia - Anemia* How long One yearImmediate *Acute Ileo-colitis* (10/57) How long About one week

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

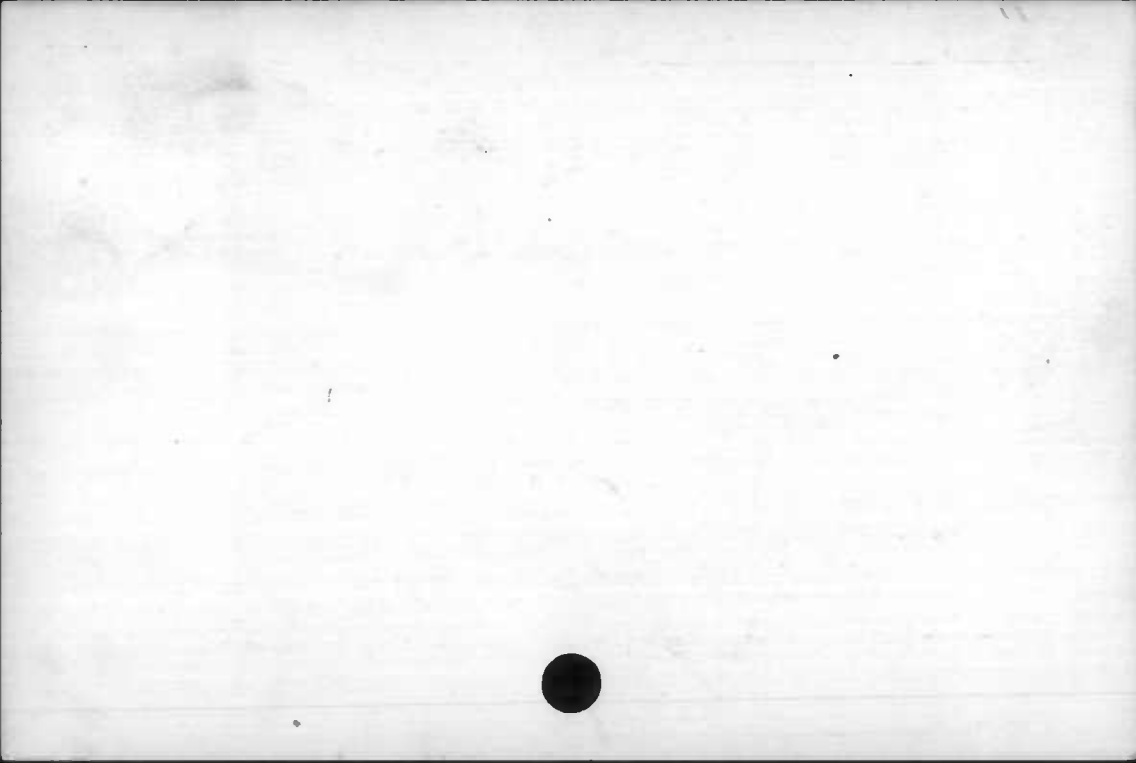
Signature of Physician

Address

Accident or Suicide

No

X



Name  
in  
Full

George Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

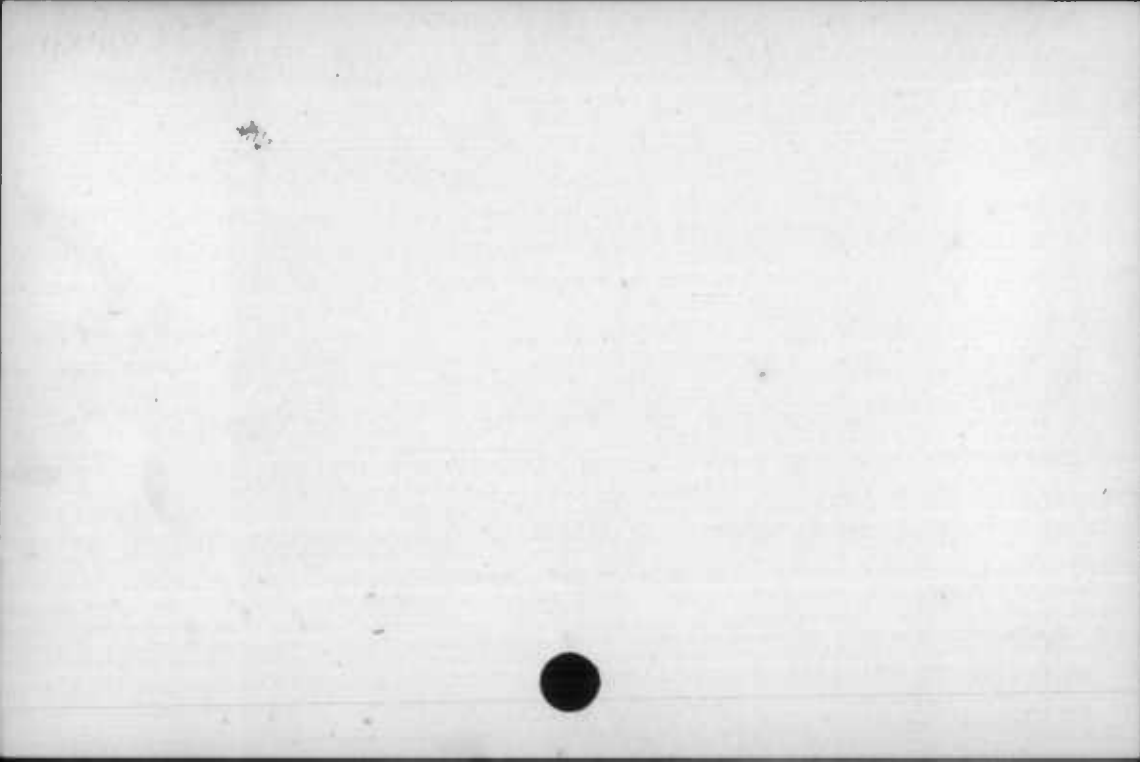
9

Died at <u>Chford</u> Town		<u>Falbot</u> County		MARYLAND	
Date of death 19 <u>0</u>	<u>June</u> Month	<u>23</u> Day	Age <u>64</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Falbot Co</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Chford</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Hennie Gray</u>				
Father's Name <u>Dont Know</u>	Father's Birthplace <u>Dont Know</u>				
Mother's Maiden Name <u>Dont Know</u>	Mother's Birthplace <u>Dont Know</u>				
Name of person giving information <u>Horace Gray</u>	How related to deceased <u>Nephew</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Dropsy</u>	How long <u>6 months</u>
Immediate <u>Physical eye labor</u>	How long <u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. Coedes MD</u>
	Address <u>Orange Ave</u>
Accident or Suicide <u>No</u>	



Name  
In Full

Henry Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Orford</u> <small>Town</small>		<u>Falbot</u> <small>County</small>			
Date of death 190 <u>June</u> <small>Month</small>		<u>22</u> <small>Day</small>		<u>20</u> <small>Years</small>	
				<u>0</u> <small>Months</small>	
				<u>0</u> <small>Days</small>	
Sex <u>Male</u>		Color or Race <u>Cedusa</u>		Birth-place <u>Falbot co.</u>	
Occupation <u>Latroer.</u>		Where Residing if not at place of death _____			
Married, <u>Single</u> or <u>Widowed</u>		Name of Wife or Husband <u>May Bryan</u>			
Father's Name <u>Dont Know</u>		Father's Birthplace <u>Dont Know</u>			
Mother's Maiden Name <u>Dont Know</u>		Mother's Birthplace <u>Dont Know</u>			
Name of person giving information <u>Arnie Gardner</u>		How related to deceased <u>Surse.</u>			

## CAUSES OF DEATH

(154)

PHYSICIAN  
OR CORONER

Primary <u>General Debility</u>	How long <u>1 year</u>
Immediate <u>Debility caused by age</u>	How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above? _____	Signature of Physician <u>J. M. Ledford</u>
	Address <u>Orford Va</u>
Accidental or Suicide? _____	





Name in Full

Nathaniel Downs

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cordova <sup>Town</sup> Talbot <sup>County</sup> **MARYLAND**

Date of death 1980 <sup>Month</sup> June <sup>Day</sup> 30 Age 101 <sup>Years</sup>  <sup>Months</sup>  <sup>Days</sup>

Sex Male Color or Race Colored Birth-place Talbot Co.

Occupation Farmer Where Residing if not at place of death Cordova

Married, Single or Widowed Widower Name of Wife or Husband Nancy Downs

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Margaret E. Downs How related to deceased Granddaughter

CAUSES OF DEATH

Primary General Debility 1521 How long 6 or 7 years

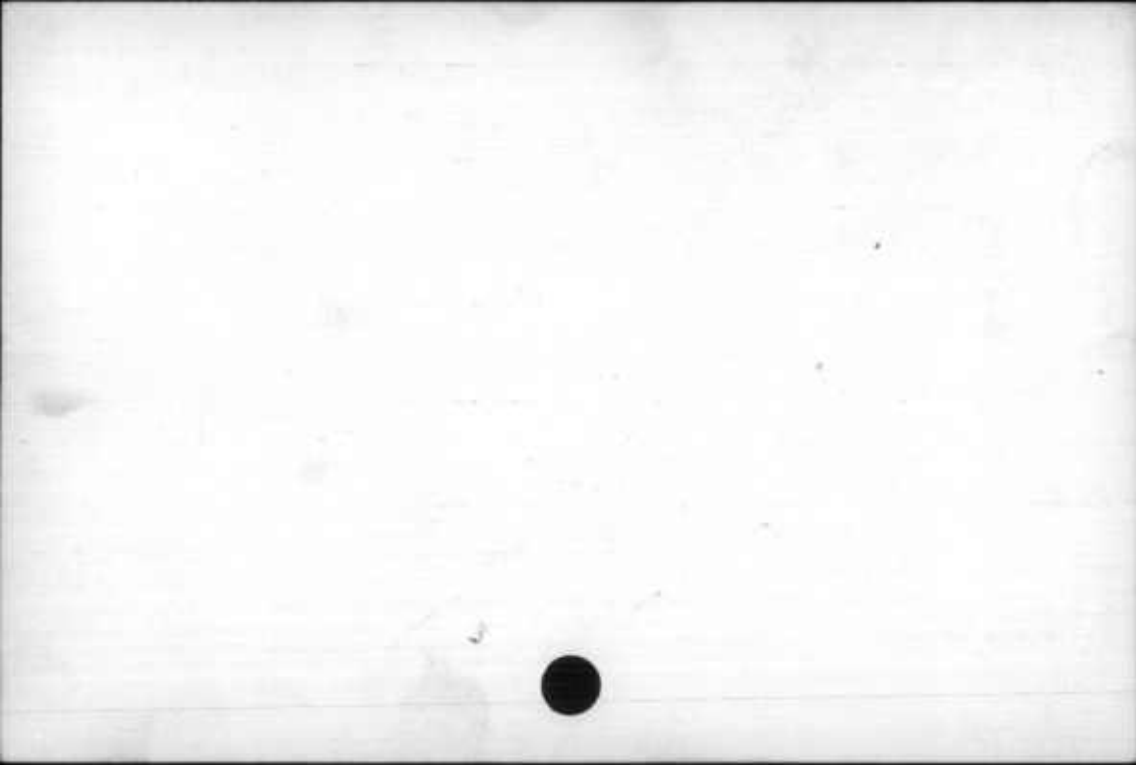
Immediate Old age How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Joseph A. Miles, M.D.

Address Cordova, Md.

Accident or Suicide

PHYSICIAN OR CORONER



Name  
in  
Full

Stephen W Earl

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

MARYLAND

Died at <sup>Town</sup> Maabopville <sup>County</sup> Talbot

Date of death 19010 <sup>Month</sup> June <sup>Day</sup> 4 Age <sup>Years</sup> 25 <sup>Months</sup> X <sup>Days</sup> 11

Sex Male Color or Race Black Birth-place Dorchester

Occupation Teacher Where Residing if not at place of death X

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

Father's Name Steph A Earl Father's Birthplace Dorchester

Mother's Maiden Name Rosa Lee Mother's Birthplace Dorchester

Name of person giving Information Steph A Earl How related to deceased father

CAUSES OF DEATH

(28)

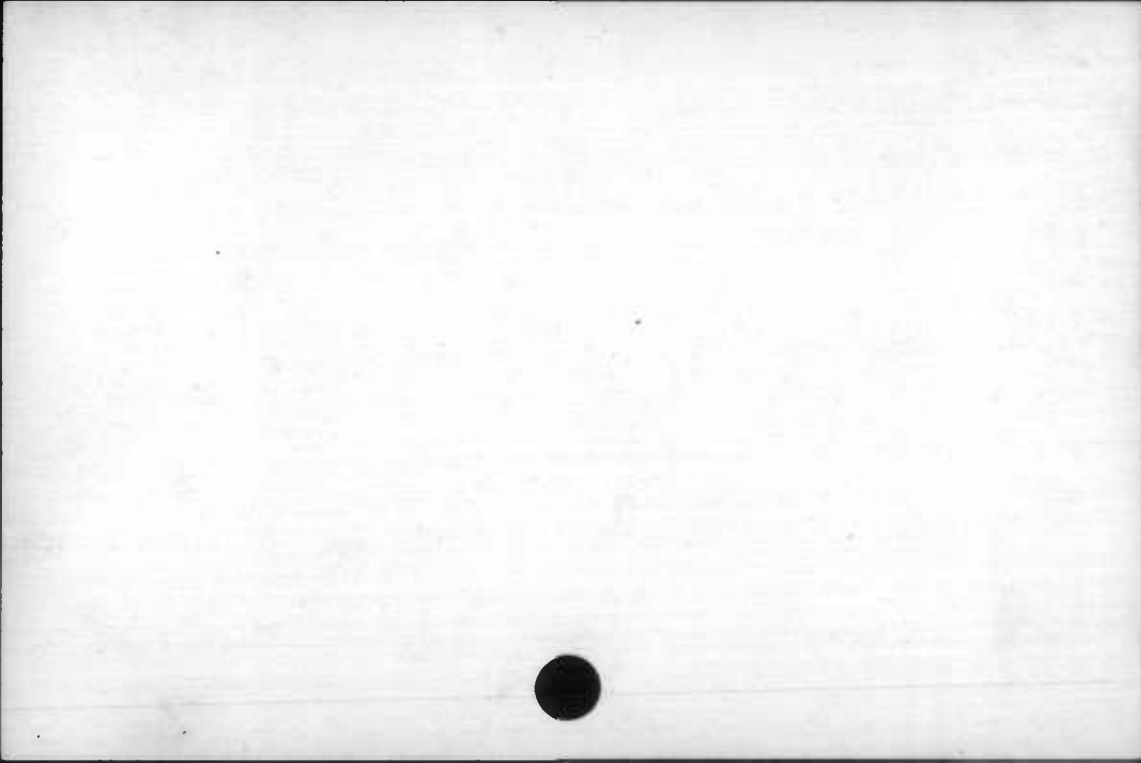
Primary Tuberculosis How long Over a year

Immediate Exhaustion How long One week

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

Signature of Physician S. Drury Willson  
Address Easton Md.

Accident or Suicide No



Name in Full

Siras Cornu Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

X

Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death 1901 <u>6/30</u> <small>Month</small>		Age <u>—</u> <small>Years</small>		Months <u>8</u> <small>Days</small>	
Sex <u>Male</u>		Color or Race <u>Blk</u>		Birth-place <u>Easton</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>Easton</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>William Harris</u>		Father's Birthplace <u>Talbot Co</u>			
Mother's Maiden Name <u>Irene Pick</u>		Mother's Birthplace <u>" "</u>			
Name of person giving Information <u>William Harris</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

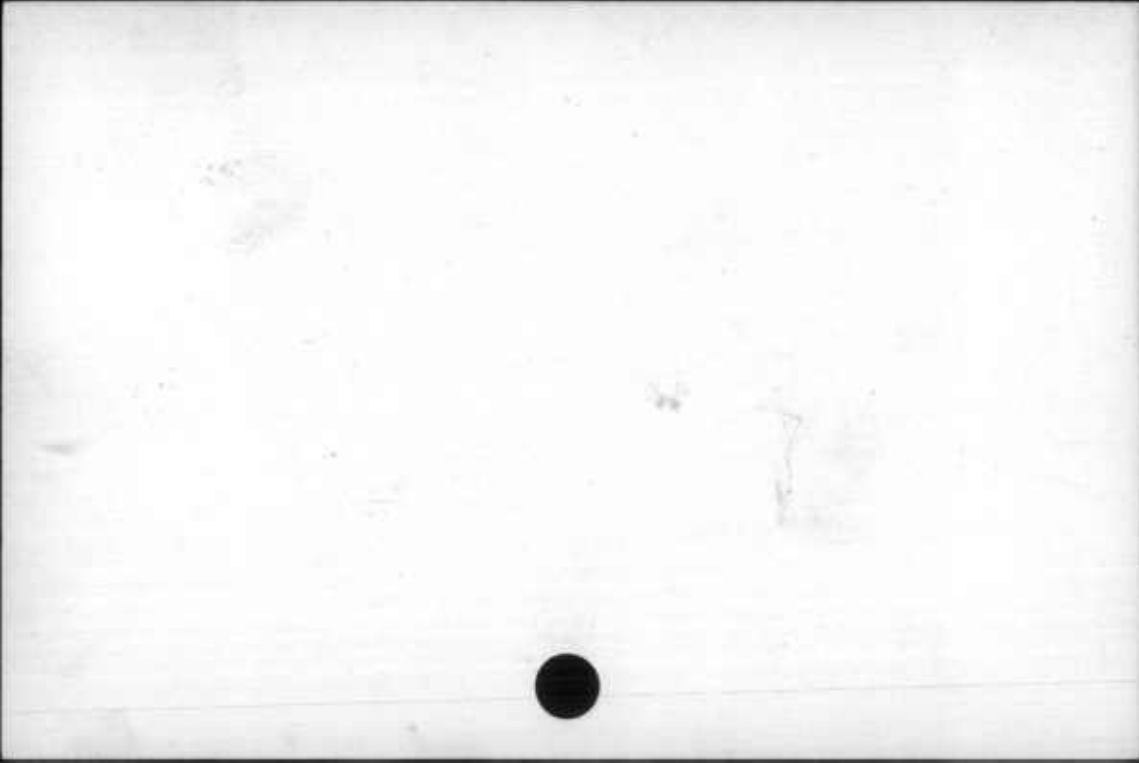
PHYSICIAN OR CORONER

Primary <u>Gastric Intoxication</u>	How long <u>1 month</u>
Immediate <u>Cardiac Failure</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>James B. Meritt</u>
	Address <u>Easton Md.</u>
Accident or Suicide	

1041



X



Name in Full

Mattie B. Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at **Royal** <sup>Town</sup> **Oaks** **Calbot** <sup>County</sup>

Date of death **1960** <sup>Month</sup> **June** <sup>Day</sup> **5** <sup>Years</sup> **Age 25** <sup>Months</sup> **—** <sup>Days</sup> **—**

Sex **Female** Color or Race **Colored** Birth-place **Calbot Co. Md.**

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

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

Father's Name **Lewis Bonwell** Father's Birthplace **Virginia**

Mother's Maiden Name **Mary Howard** Mother's Birthplace **Calbot Co. Md.**

Name of person giving information **Mary Howard** How related to deceased **Mother**

CAUSES OF DEATH

Primary **Pneumonia** **(92)** How long **3 months**

Immediate **Heart failure** How long **3 or 4 days**

PHYSICIAN OR CORONER

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

Signature of Physician **G. J. Malar, Sub Reg**

Address **Royal Oaks, Md.**

Accident or Suicide? **—**





Name in Full

Carroll Julius James

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Easton Town County Talbot MARYLAND

Date of death 1900 June Month 30 Day Age - Years 6 Months - Days

Sex Male Color or Race Black Birth-place Easton

Occupation - Where Residing if not at place of death Easton

Married, Single or Widowed - Name of Wife or Husband Heathie E James

Father's Name George Johnson Father's Birthplace Kentucky

Mother's Maiden Name Heathie E James Mother's Birthplace Talbot Co.

Name of person giving information Heathie E James How related to deceased Mother

CAUSES OF DEATH

186

PHYSICIAN OR CORONER

Primary Head crushed by falling of How long Lived 20 hours

Electric Light Pole How long

Immediate Electric Light Pole

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

Signature of Physician John B Fairbank  
Address Easton Talbot Co. Md.

Accident or suicide Coroner



Name  
in  
Full

Harris Harris Jones

CERTIFICATE OF DEATH

Died at Easton <sup>Town</sup> Dulles <sup>County</sup> MARYLANDDate of death 1980 <sup>Month</sup> June <sup>Day</sup> 9 Age 2 <sup>Year</sup> 5 <sup>Months</sup> 5 <sup>Days</sup>Sex Male Color or Race White Birth-place Laughlin CalOccupation — Where Residing if not at place of death Dunns Mills MdMarried: Single or Widowed — Name of Wife or Husband —Father's Name David H. Jones Father's Birthplace EnglandMother's Maiden Name Sara Jones Mother's Birthplace MichiganName of person giving Information Father David H. Jones How related to decedent Father

## CAUSES OF DEATH

Primary Pyrexia How long 1.67 IntermittentImmediate General Asthenia How long 4 hr.Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician P. L. WeaverAddress Easton, Md.Accident or Suicide AccidentTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
is  
Full

Gilbert Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Eastern Town Talbot County **MARYLAND**

Date of death 1941 Month June Day 16 Age — Years 5 Months — Days

Sex Male Color or Race Blk Birth-place Exmore Md

Occupation Boat Where Residing if not at place of death —

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

Father's Name Wm R. Jones Father's Birthplace Md

Mother's Maiden Name Hester Jones Mother's Birthplace Md

Name of person giving information Henry Jones How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis 28 How long 6 weeks

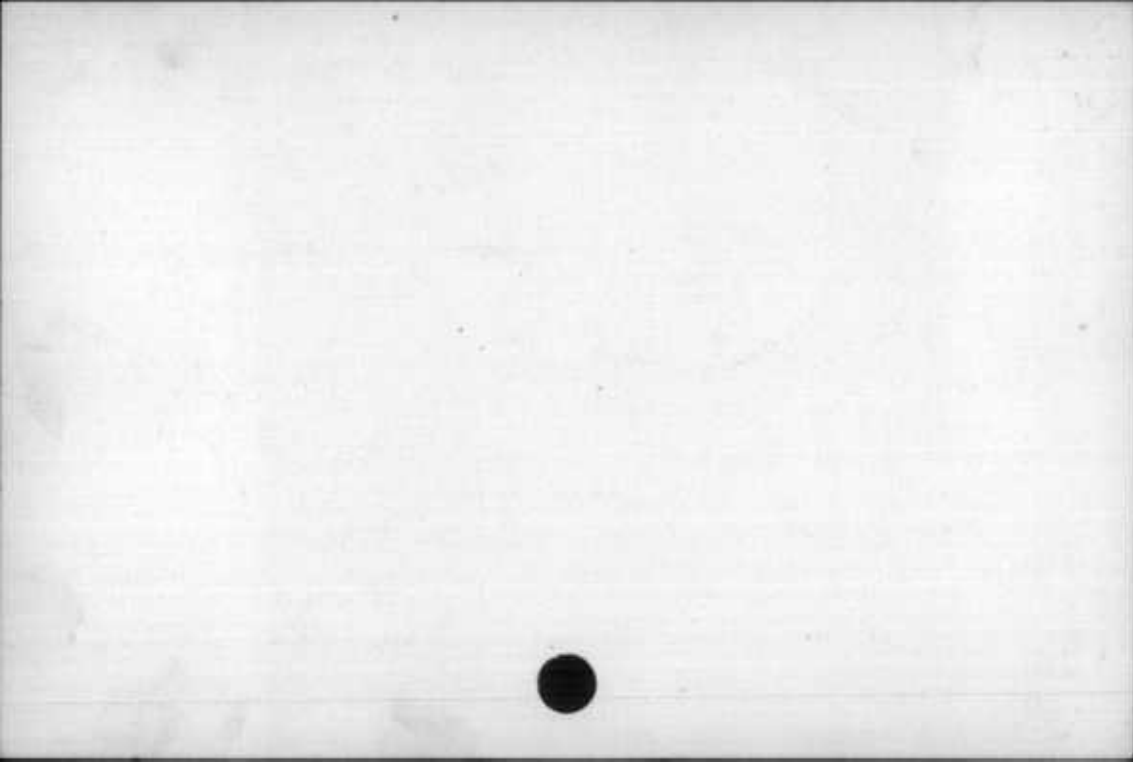
Immediate Exhaustion How long 2 1/2

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

Signature of Physician Wm. B. Merritt

Address Eastern Md

Accident or Suicide? X



Name  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Matthew Marshall*

Died at *St. Michaels* Town *Talbot Co.* County **MARYLAND**

Date of death *1900* Month *June* Day *16* Age *72* Years Months *5* Days *7*

Sex *male* Color or Race *White* Birth-place *St. Michaels*

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

Married, Single or Widowed *Married* Name of Wife or Husband *Sarah L. Marshall*

Father's Name *John Marshall* Father's Birthplace *St. Michaels*

Mother's Maiden Name *Susan Marshall* Mother's Birthplace *St. Michaels*

Name of person giving Information *Mrs. Sarah L. Marshall* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

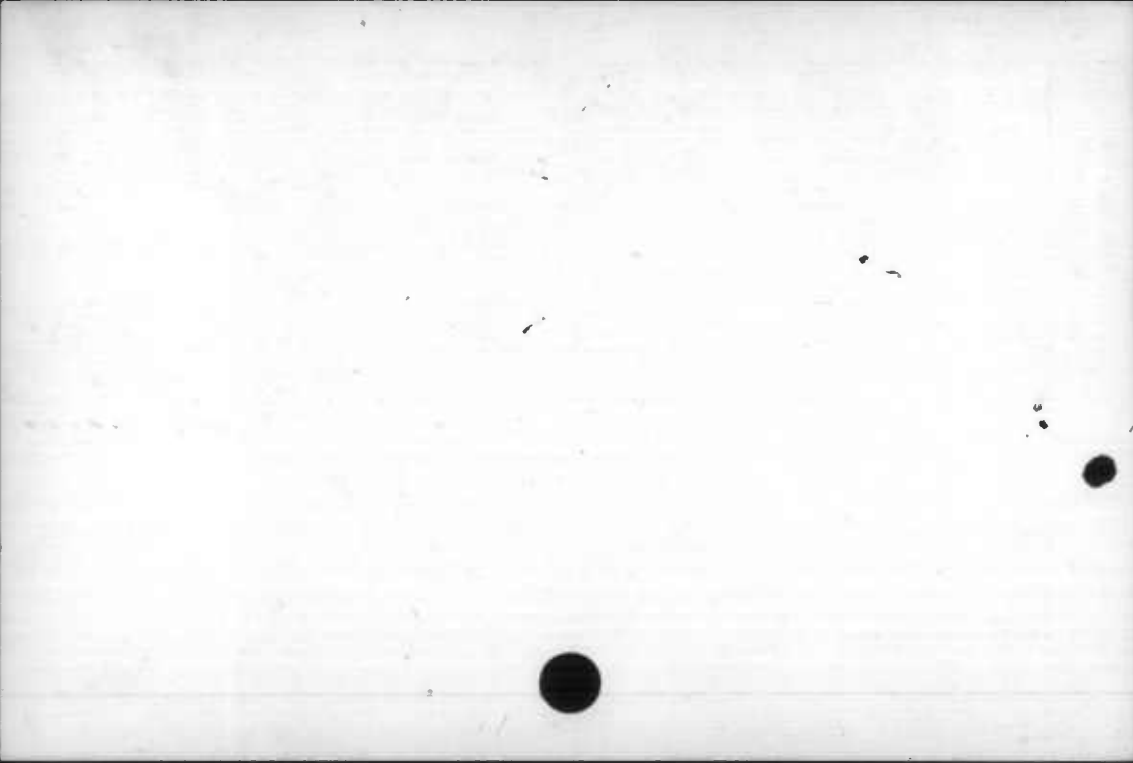
Primary *Apoplexy* How long *3 years*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. C. B. S. Davis*

Address *St. Michaels Md.*

Accident or Suicide





Name  
In  
Full

William Charles Meintzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

MARYLAND

Died at Easton <sup>Town</sup> Dalbot <sup>County</sup>

Date of death 1910 <sup>Month</sup> June <sup>Day</sup> Fourth Age 35 <sup>Years</sup> 8 <sup>Months</sup> 12 <sup>Days</sup>

Sex Male Color or Race White Birth-place Baltimore Md

Occupation Printer Where Residing if not at place of death Easton

Married, Single or Widowed Married Name of Wife or Husband Florence Estella

Father's Name Saml. A. Father's Birthplace Reading Pa

Mother's Maiden Name Emma M Mother's Birthplace Long N.Y.

Name of person giving Information Frank P Robson How related to deceased Uncle

CAUSES OF DEATH

198

Primary Pulmonary Tuberculosis How long One year eight months

Immediate Exhaustion How long Some days

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

Signature of Physician J. Aslivens  
Address Easton Md.

Accident or Suicide No

PHYSICIAN  
OR CORONER



Name in Full

Mr. William A. Reid.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Easton <sup>Town</sup> Talbot Co. <sup>County</sup> MARYLAND

Date of death 1910 June 2 <sup>Month</sup> Thurs. <sup>Day</sup> Age 60 <sup>Years</sup> 3 <sup>Months</sup>  <sup>Days</sup>

Sex Male Color or Race American White Birthplace Delaware

Occupation Clerk in Hardware Store Where Residing if not at place of death Easton Maryland

Married, Single or Widowed Married Name of Wife or Husband Mrs. Margaret Reid

Father's Name Mr. James Reid Father's Birthplace

Mother's Maiden Name Miss Margaret Arnett Mother's Birthplace New Market

Name of person giving information Mary Reid How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

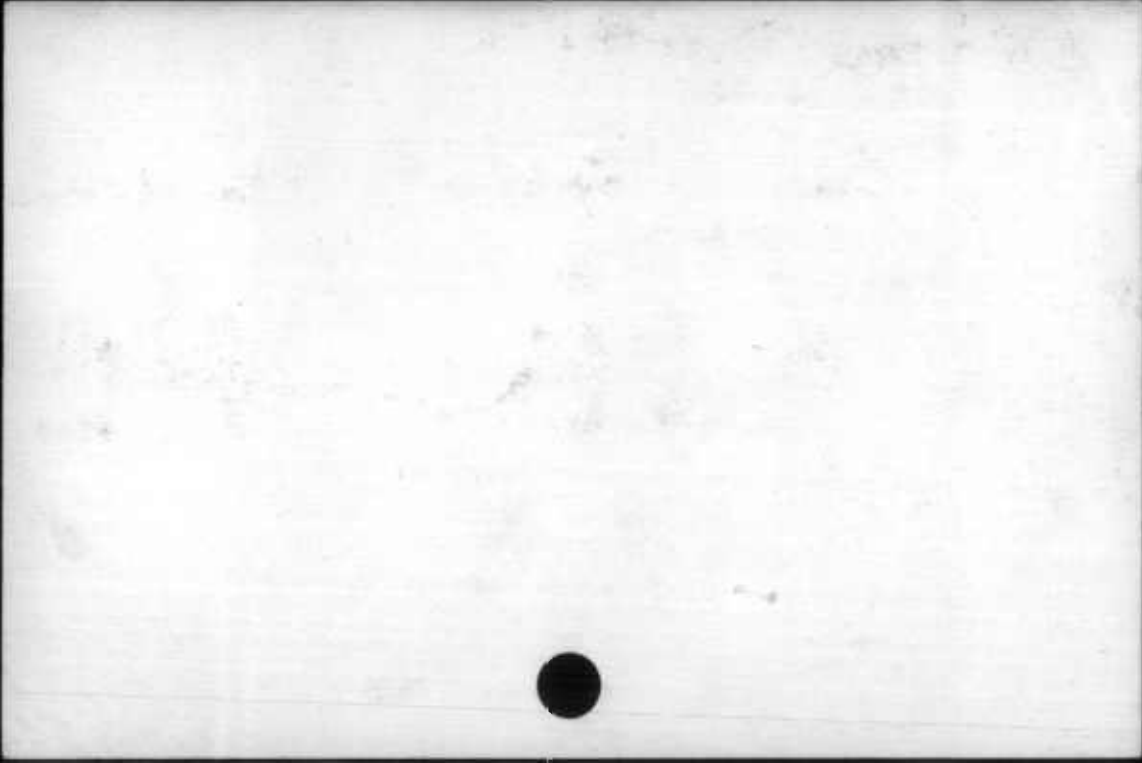
Primary Cerebral Hemorrhage 6H How long 3 yrs

Immediate Secondary Cerebral Hemorrhage How long 3 days

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

Signature of Physician Chas. J. Danahan

Address Easton Md.



Name  
in Full

Fanny Smith

CERTIFICATE OF DEATH

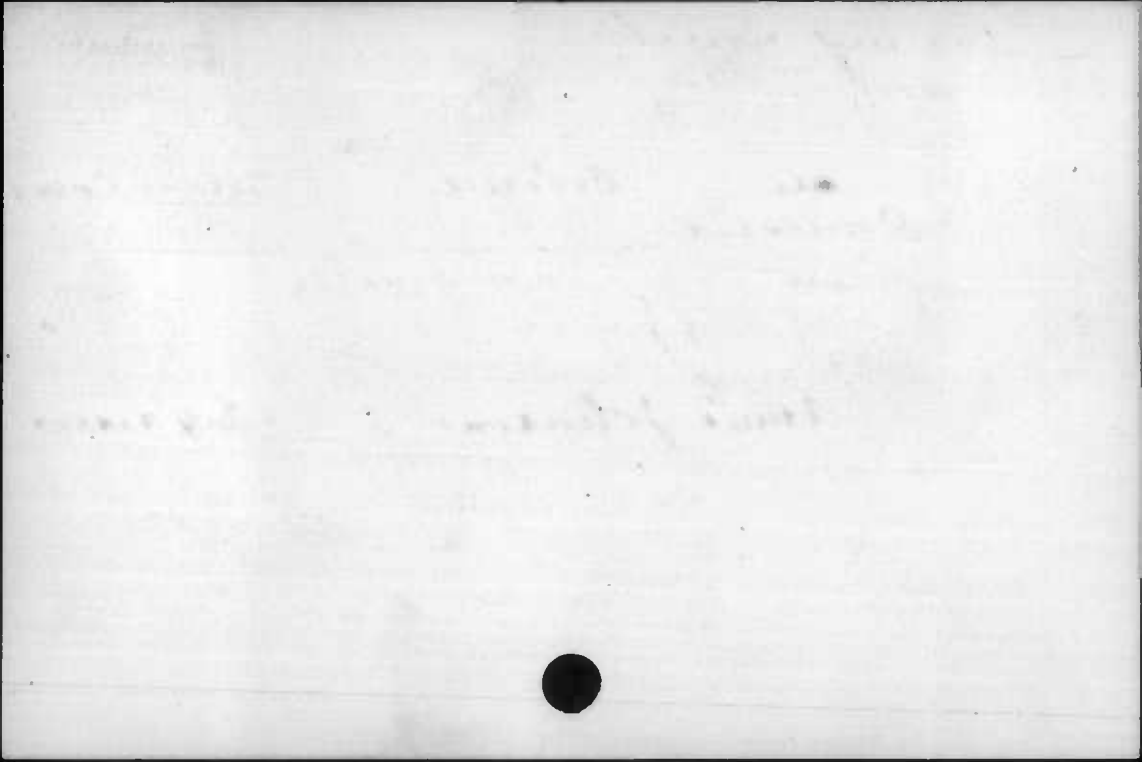
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Seelyville</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death	<u>1900</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>18</u> <small>Day</small>	Age	<u>38</u> <small>Years</small>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Talbot County</u>
Occupation	<u>Domestic</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>Geo Smith</u>		
Father's Name	<u>Chas Thomas</u>		Father's Birthplace	<u>Talbot Co</u>	
Mother's Maiden Name	<u>Fanny Thomas.</u>		Mother's Birthplace	<u>Talbot Co</u>	
Name of person giving information	<u>Annie Johnson</u>		How related to deceased	<u>Half sister</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>2 yrs about</u>
Immediate	<u>Aelhenid</u>	How long	<u>3 or 4 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Jacob C. Trippe</u>
Accident or Suicide?		Address	<u>Royal Oak Md</u>



Name  
in  
Full

Mary Stanton

CERTIFICATE OF DEATH

Died at *Easton* <sup>Town</sup>*Talbot* <sup>County</sup>

MARYLAND

Date of death: 1900 *June* <sup>Month</sup> *2* <sup>Day</sup>Age *16* <sup>Years</sup>*3* <sup>Months</sup>

Days

Sex *Female*Color or Race *Black*Birthplace *Talbot Co., Md.*Occupation *Servant*Where Residing if not at place of death *Easton*Married, Single or Widowed *Single*Name of Wife or Husband *none*Father's Name *Richard Stanton*Father's Birthplace *Talbot Co.*Mother's Maiden Name *Arnie Holland*Mother's Birthplace *Talbot Co.*Name of person giving Information *Delila Gray*How related to deceased *Uncle*

## CAUSES OF DEATH

Primary *Shot wound in abdomen*

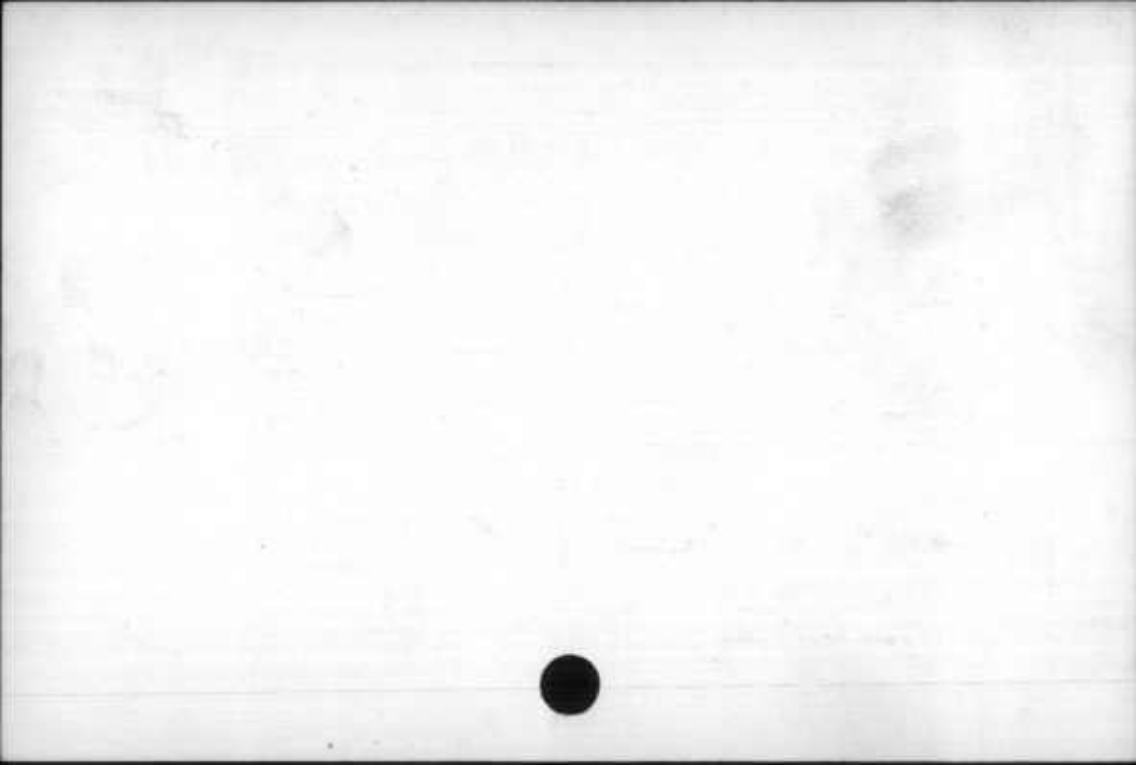
How long

Immediate *Inflammation*How long *one month*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*J. H. Stevens*  
*Easton*Accident or Suicide *Homicide**Rec.*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Aun Elizabeth Stevens  
Easton

Talbot

MARYLAND

Date

of death 1960

Month

June

Day

6

Age

79

Months

5

Days

-

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Lady

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Richard A. Stevens

Father's  
Name

Lutrot K. Slaughter

Father's  
Birthplace

Md

Mother's  
Maiden Name

Aun Mackey

Mother's  
Birthplace

Md

Name of person giving  
information

Mrs Mrs Miller

How related  
to deceased

Daughter

## CAUSES OF DEATH

154

Primary

old age &amp; Rheumatism

How long

3 years

Immediate

General Anemia

How long

Several weeks

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

Yes

Signature of  
Physician

E. R. Fippe

Address

Easton

Physician's  
Signature

Md

OFFICE SUPPLY CO. 2884



Name  
in  
Full

William H. Turbutt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Easton <sup>County</sup> Talbot

MARYLAND

Date of death 1900 <sup>Month</sup> 6 <sup>Day</sup> 15 <sup>Year</sup> 76 <sup>Months</sup> - <sup>Days</sup> -Sex Male Color or Race White Birth-place Talbot Co.Occupation Cabinet maker Where Residing if not at place of death Talbot Co.Married, Single or Widowed Married Name of Wife or Husband Rachel TurbuttFather's Name Wm. Turbutt Father's Birthplace Talbot Co.Mother's Maiden Name Sarah Turnbull Mother's Birthplace Talbot Co.Name of person giving information William Blackwell How related to deceased Son-in-law

## CAUSES OF DEATH

Primary Carcinoma of Lip 40 How long 6 mosImmediate Exhaustion How long 1 weekAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician W. H. RobertsAddress Easton

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
In Full

Lewis Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

St Michaels Talbot County

MARYLAND

Date of death

1906 June 19 Age 64

Months

Days

Sex

Male

Color or Race

Black

Birth-place

Talbot Co

Occupation

Farm hand

Where Residing if not at place of death

St Michaels

Married, Single

Single

Name of Wife or Husband

-

Father's Name

not known

Father's Birthplace

-

Mother's Maiden Name

Henny Madden

Mother's Birthplace

Talbot Co

Name of person giving Information

C O Hambro

How related to deceased

none

## CAUSES OF DEATH

Primary

Heart Failure

How long

-

Immediate

-

How long

-

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

Yes

Signature of Physician

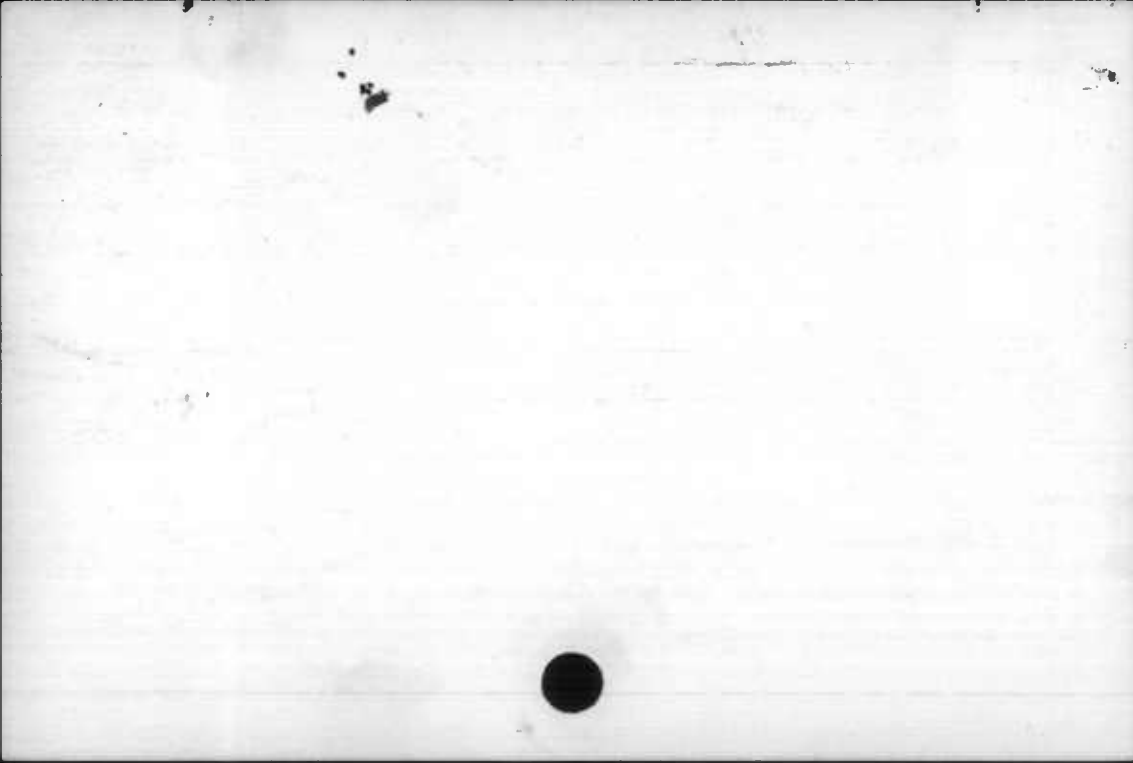
Address

W. G. B. Bell

St Michaels, Md

Accident or Suicide

No



Name  
in  
Full

Eliza E. Wheatley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Eaton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death <u>1900 June 4</u>		Age <u>84</u>		Months <u>5</u> Days	
Sex <u>Female</u>		Color or Race <u>White</u>		Birthplace <u>Delaware</u>	
Occupation <u>Homemaker</u>		Where Residing if not at place of death <u>Eaton</u>			
Married, Single or Widowed		Name of Wife or Husband <u>Jas. P. Wheatley</u>			
Father's Name <u>Joiah Smith</u>		Father's Birthplace <u>Delaware</u>			
Mother's Maiden Name <u>Nancy E. Wilson</u>		Mother's Birthplace <u>Delaware</u>			
Name of person giving information <u>J. M. Wheatley</u>		How related to deceased <u>Son</u>			

## CAUSES OF DEATH

Primary <u>Ovarian Cysts</u>	How long <u>1 year</u>
Immediate <u>General Anesthesia</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>P. L. Travers.</u>
	Address <u>Eaton, Md.</u>
Accident or Suicide	

PHYSICIAN  
OR CORONER





Name  
in  
Full

Infant Child - Thos J. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Cooston</i>		Town		<i>Talbot</i>		County		MARYLAND	
Date of death <i>1960 June 25</i>		Month		Day		Age		Months	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Talbot Co</i>		Years		Days	
Occupation <i>-</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 Birthplace <i>Talbot Co</i>	
Father's Name <i>Bennie Wilson</i>		Mother's Maiden Name <i>Eliza Williams</i>		Name of person giving information <i>Father Bennie Wilson</i>		How related to deceased <i>Father</i>		Mother's Birthplace <i>Talbot Co</i>	

## CAUSES OF DEATH

Primary	<i>Not known</i>	<i>died at birth</i>	How long	<i>15 minutes</i>
Immediate	<i>only lived</i>	<i>15 minutes</i>	How long	<i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John B Fairbank</i>	
Accident or Suicide		Address	<i>Cooston Md Coroner</i>	

PHYSICIAN  
OR CORONER

