

Name
is
Full

CERTIFICATE OF DEATH

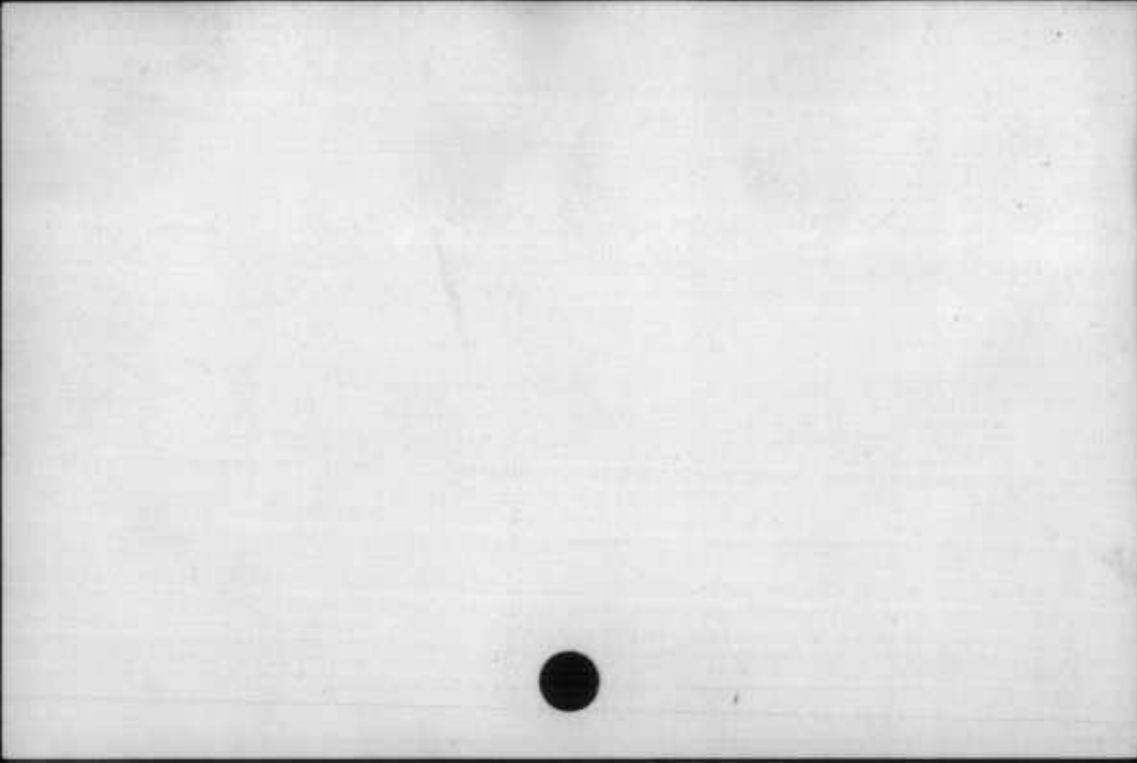
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sharplown</i>		County <i>Wisconsin</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		<i>June</i>	<i>9</i>	<i>74</i>		<i>10</i>	<i>20</i>
Sex		Color or Race		Birth-place			
<i>Male</i>		<i>White</i>		<i>Delaware</i>			
Occupation				Where Residing if not at place of death			
<i>Farmer</i>				—			
Married, Single or Widowed		Name of Wife or Husband					
<i>Married</i>		<i>Amanda W Bailey</i>					
Father's Name				Father's Birthplace			
<i>Isaac Bailey</i>				<i>Delaware</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Eliza A Nichols</i>				"			
Name of person giving information				How related to deceased			
<i>Alameda Bailey</i>				<i>daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
<i>Mitral Insufficiency</i>		<i>79</i> <i>Two years</i>	
Immediate		How long	
<i>Cardiac Failure</i>		<i>Instantly</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr. N. G. ...</i>	
		Address	
		<i>Sharplown</i>	
		<i>MD</i>	
Accident or Suicide?			
		+	



Name
is
Full

Lester James Baker

CERTIFICATE OF DEATH

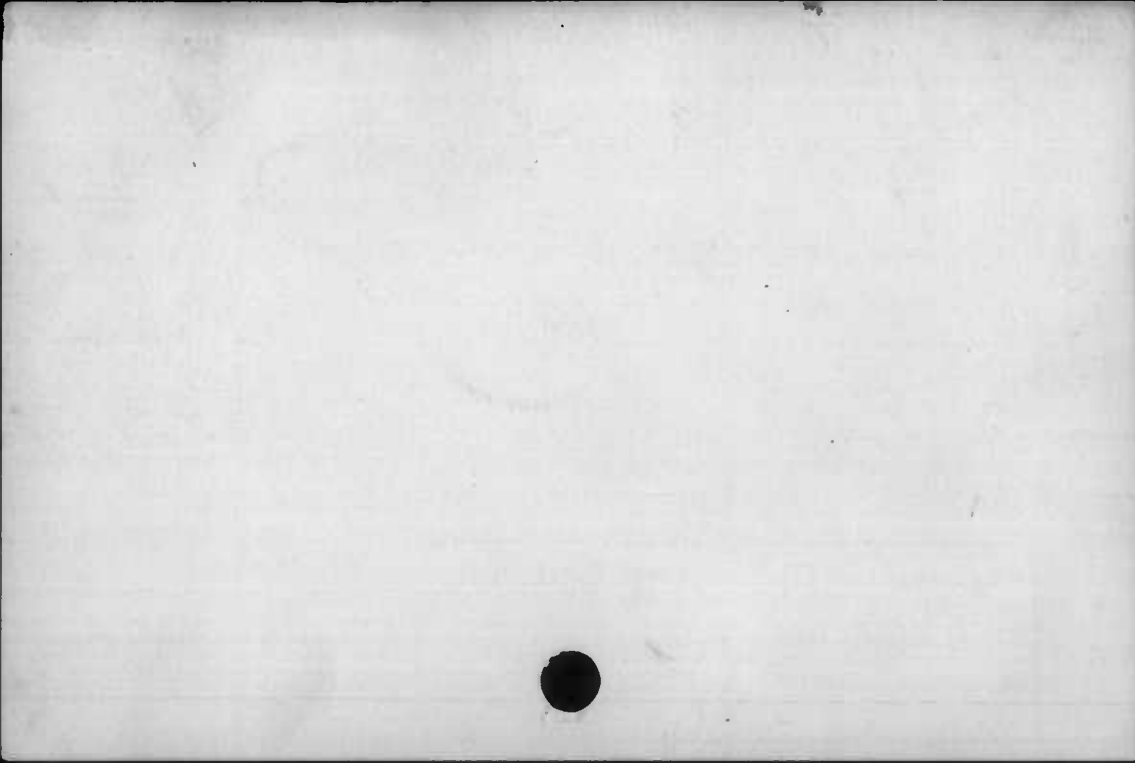
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hebron</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1910 June</u> Month	<u>23</u> Day	Age	<u>3</u> Months	<u>2</u> Days
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Hebron</u>
Occupation	<u>None</u>		Where Residing if not at place of death	<u>Hebron</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>None</u>		
Father's Name	<u>David H Baker</u>		Father's Birthplace	<u>Pa</u>	
Mother's Maiden Name	<u>Rosa E. Swick</u>		Mother's Birthplace	<u>Wicomico</u>	
Name of person giving information	<u>David H Baker</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

Primary		How long	<u>7 days.</u>
Immediate	<u>Cholera infantum</u>	How long	<u>10 Hrs</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. C. Commaney</u>
		Address	<u>Hebron</u> <u>MD</u>
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
In Full

Mildred I. Brittingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salisbury Md.		County Wicomico		MARYLAND	
Date of death	1910	Month	June	Day	14	Age	Years 8 Months 4 Days 11
Sex	Female		Color or Race	White		Birth-place	Salisbury Md.
Occupation	None		Where Reared if not at place of death		at Salisbury Md.		
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	Wm. H. Brittingham				Father's Birthplace	Wicomico Md.	
Mother's Maiden Name	Mollie M. Moore				Mother's Birthplace	" " "	
Name of person giving information	Wm. J. Moore				How related to deceased	Grand Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	8 or 9 months
Immediate	Does not attend her for several months, but fear immediate cause of death.	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Louis W. Ream, M.D.
		Address	Salisbury Md.
Accident or Suicide?			X



Name
in
Full

Maggie Church

CERTIFICATE OF DEATH

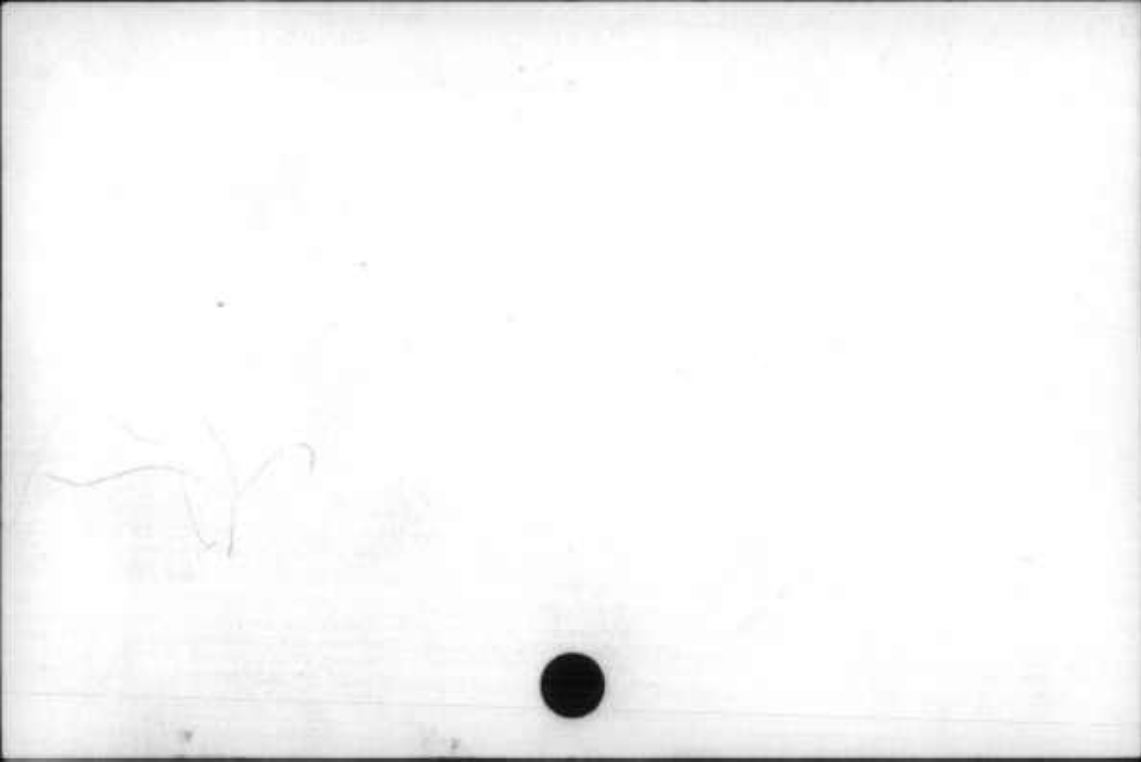
TO BE ANSWERED BY
NEAREST FRIENDDied at Salisbury Wilcombs County MARYLANDDate of death 1940 6 18 Age 11 Months - Days -Sex Female Color or Race a. a Birth-place Kingston Md
Occupation _____ Where Residing if not at place of death Salisbury Hospital

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

Father's Name Levin Church Father's Birthplace Kingston MdMother's Maiden Name Louise Murray Mother's Birthplace Kingston MdName of person giving Information Willie Church How related to deceased Brother

CAUSES OF DEATH

Primary Acute nephritis (119) How long few weeksImmediate Uræmia How long 2 daysAre the name, age, sex, color, date and place correctly given above? Yes Signature of Physician [Signature]Address Salisbury MdAccident or Suicide NoPHYSICIAN
OR CORONER



Name
in Full

(Collins) Wt James (Stinson)
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Wilcomile **MARYLAND**
Date of death 1900 Month 6 Day 8 Age — Years Months 1 Days 2

Sex Female Color or Race A, A, Birth-place Wilcomile
Occupation _____ Where Residing if not at place of death _____

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

Father's Name Jerome Collins Father's Birthplace Wilcomile

Mother's Maiden Name Millie Harrison Mother's Birthplace Wilcomile

Name of person giving information Jerome Collins How related to deceased Father

CAUSES OF DEATH

168

PHYSICIAN
OR CORONER

Primary Information written for How long _____

Immediate Child smothered in bed How long _____

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

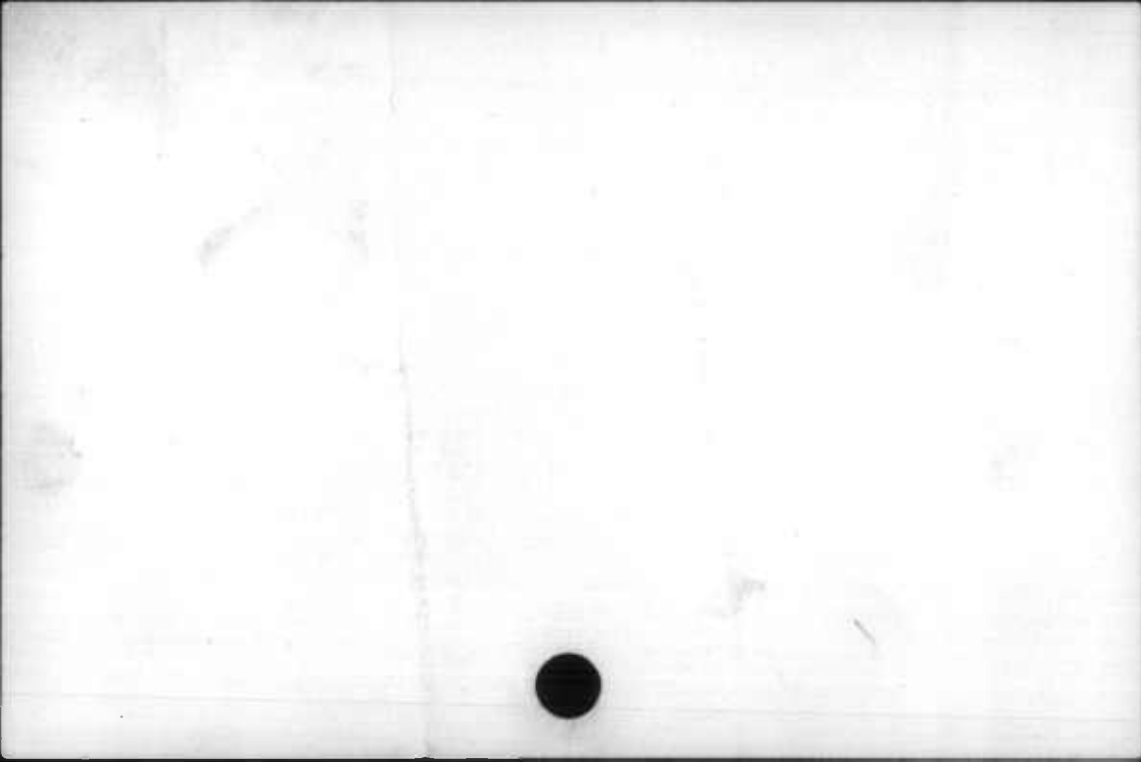
Signature of Physician

Address

Smothered by accident
Accident or Suicide as per information



J Rodney Jones D.P.
X



Name
In
Full

Harry Calman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1900</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>30</u> <small>Day</small>	Age	<u>5</u> <small>Years</small>
Sex	<u>Male</u>	Color or Race	<u>a a</u>	Birth-place	<u>Salisbury</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband	<u>—</u>		
Father's Name	<u>Samuel Catman</u>		Father's Birthplace	<u>Somerset</u> <small>Coast</small>	
Mother's Maiden Name	<u>Annie Christopher</u>		Mother's Birthplace	<u>Wicomico Co.</u>	
Name of person giving information	<u>"</u>	<u>"</u>	How related to deceased	<u>Mother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute gastroenteritis</u>	How long	<u>5 days</u>
Immediate	<u>" "</u>	How long	<u>104</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. Roberts</u>
		Address	<u>328 Church St Salisbury Md.</u>
Accident or Suicide			

NO AUTHORIZED
DISCLOSURE



Name
is
Full

CERTIFICATE OF DEATH

Ermyline Coon
 Died at *near Fruitland* Town *Wicomico* County **MARYLAND**

Date of death **19** *10* Month *17* Day Age *86* Years *4* Months *27* Days

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

Occupation _____ Where flooding if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband *George Coon*

Father's Name *Joseph Dory* Father's Birthplace *Not known*

Mother's Maiden Name *Elizavete Helmbert* Mother's Birthplace *Canada*

Name of person giving information *Alphonse Coon* How related to deceased *Son*

CAUSES OF DEATH

Primary *Paralysis* *66* How long *6 weeks*

Immediate *Exhaustion* How long *2 wks*

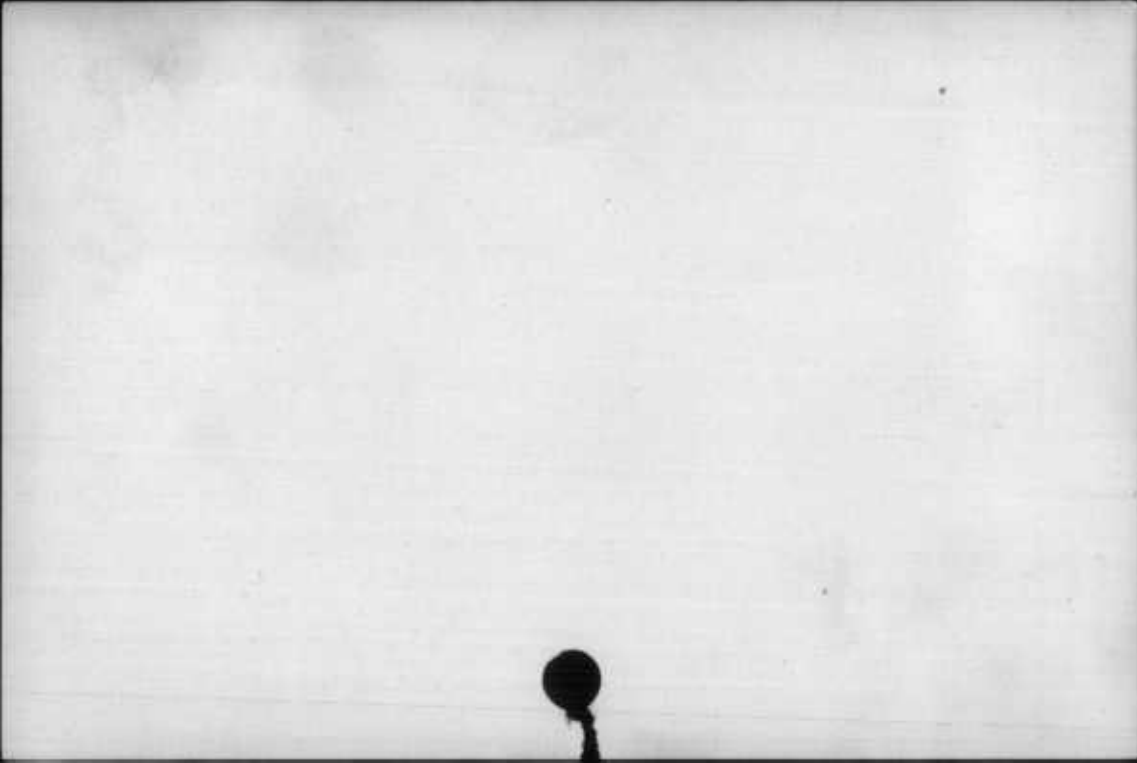
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. C. F. Smith*

Address *Subsiding*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Burton Culver

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Delmar Town Wiconisco County **MARYLAND**

Date of death | 1900 | June Month | 6th Day | 80 Years Age | 1 Months | 1 Days

Sex Male Color or Race White Birth-place Delaware

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Culver

Father's Name Daniel Culver Father's Birthplace Delaware

Mother's Maiden Name Polly Vincent Mother's Birthplace Delaware

Name of person giving information Handy Culver How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Tubercular Knee How long 15 years

Immediate Senile Debility How long 5 years

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

Signature of Physician Robert Ellgaard

Address Delmar Del

Accident or Suicide? X



Name in Full

Charles Washfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} near Salisbury ^{County} Wicomico MARYLAND

Date of death 1910 ^{Month} June ^{Day} 4 ^{Age} 43 ^{Years} 43 ^{Months} ^{Days}

Sex male Color or Race Black Birth-place Md

Occupation Laborer Where Residing if not at place of death

Married, ~~Single~~ Widowed Name of Wife or ~~Husband~~ Annie Washfield

Father's Name John Washfield Father's Birthplace Md

Mother's Maiden Name Do not know Mother's Birthplace

Name of person giving information Annie Washfield How related to deceased wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary don't know / Sudden How long don't know

Immediate don't know / Death How long don't know

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Geo. H. Todd

Address Salisbury Md

Accident or Suicide?

189A



Name
in
Full

Ella W Drashield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Mardela ^{Town} Wicomico ^{County} MARYLANDDate of death 1900 Month 6 Day 26 Age 1 Years Months 10 Days 5Sex Female Color or Race Colored Birth-place Mardela

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Charley Drashield Father's Birthplace Mardela MdMother's Maiden Name Addie Weatherly Mother's Birthplace Quantico MdName of person giving Information Charley Drashield How related to deceased Father

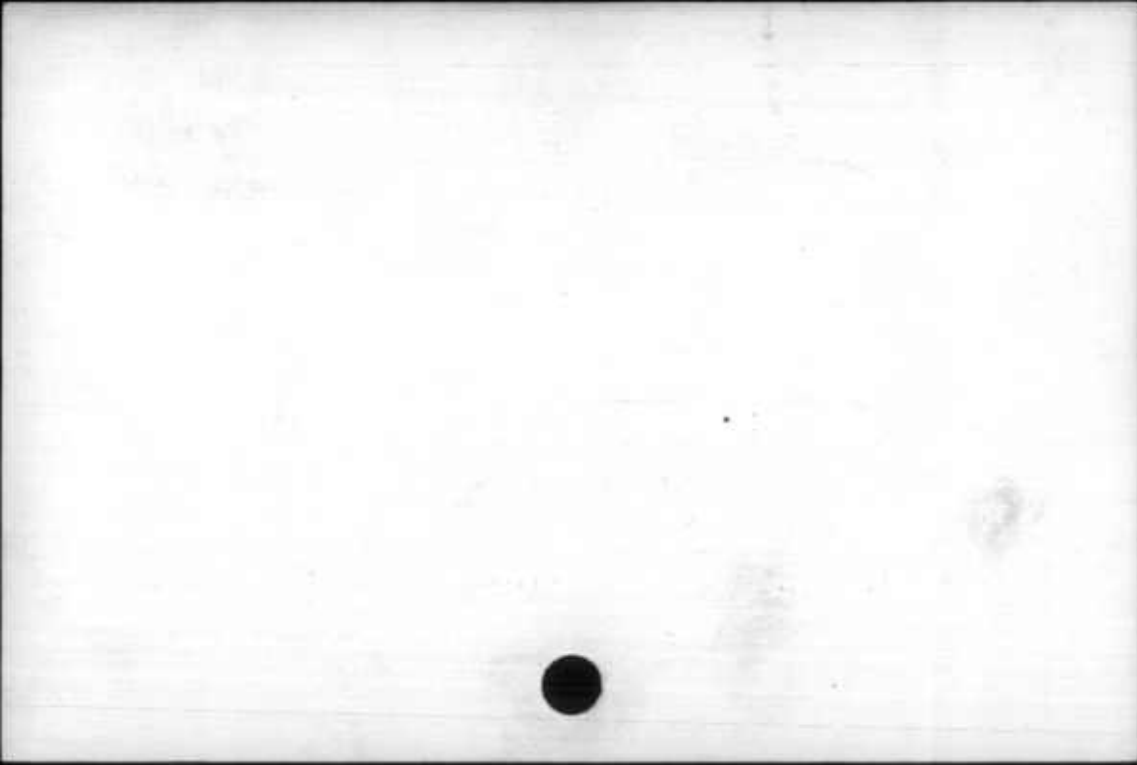
CAUSES OF DEATH

Primary _____ How long _____

Immediate Cholera infantum 104 How long 5 daysAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician H. C. ConwayAddress Hebron Md

Accident or Suicide _____

PHYSICIAN
OR CORONER



Walter O. Elzey

Town *Sharptown* County *McOmie* MARYLAND

Died at *Sharptown*

Date of death 19 *10* Month *June* Day *29* Age *—* Years Months *3* Days *20*

Sex *Male* Color or Race *White* Birth-place *Sharptown*

Occupation *—* Where Reading if not at place of death *—*

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

Father's Name *Homer F. Elzey* Father's Birthplace *Sharptown*

Mother's Maiden Name *Lola E. Walker* Mother's Birthplace *Sharptown*

Name of person giving information *Homer F. Elzey* How related to deceased *Father*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

(104)

Primary *Mal-nutrition* How long *3 months*

Immediate *Summer diarrhoea* How long *1 week*

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

Signature of Physician *W. N. Gassman, M.D.*

Address *Sharptown, Md*

Accident or Suicide? *X*

PHYSICIAN
OR CORONER



Name
is
Full

Wm B. Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

64

Died at Sharps Point <small>Town</small>		Wicomico <small>County</small>		MARYLAND	
Date of death 1910	Month June	Day 23rd	Age 0 <small>Years</small>	Months 9	Days 0
Sex Male	Color or Race White	Birth place Wicomico Co. Md.			
Occupation None	Where Residing if not at place of death Sharps Point				
Married, Single or Widowed Single	Name of Wife or Husband None				
Father's Name William B. Fletcher	Father's Birthplace Wicomico Co. Md.				
Mother's Maiden Name Ray M. Smith	Mother's Birthplace " "				
Name of person giving information Wm B. Fletcher	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enterocolitis	How long 2 or 3 weeks
Immediate Exhaustion	How long —
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Dr. H. Todd
	Address Salsbury Md
Accident or Suicide?	



Name
is
Full

CERTIFICATE OF DEATH

Thelma Gaines

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND			
Date of death	<i>19 10</i> <small>Month</small>	<i>30</i> <small>Day</small>	Age	<i>1</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>7</i> <small>Days</small>	
Sex	<i>Female</i>	Color or Race	<i>Caucasian</i>	Birth-place	<i>MD</i>		
Occupation		Where Reading if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	<i>William Gaines</i>			Father's Birthplace	<i>MD</i>		
Mother's Maiden Name	<i>Stella Taylor</i>			Mother's Birthplace	<i>Del</i>		
Name of person giving information	<i>Stella Gaines</i>			How related to deceased	<i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hereditary Syphilis</i>	How long	<i>37</i> <i>15 months</i>
Immediate	<i>..</i>	How long	<i>..</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J.W. Roberts.</i>
		Address	<i>328 Church St. Salisbury Ind.</i>
Accident or Suicide?			



Name
in
Full

Infant no name (Gibbons)

CERTIFICATE OF DEATH

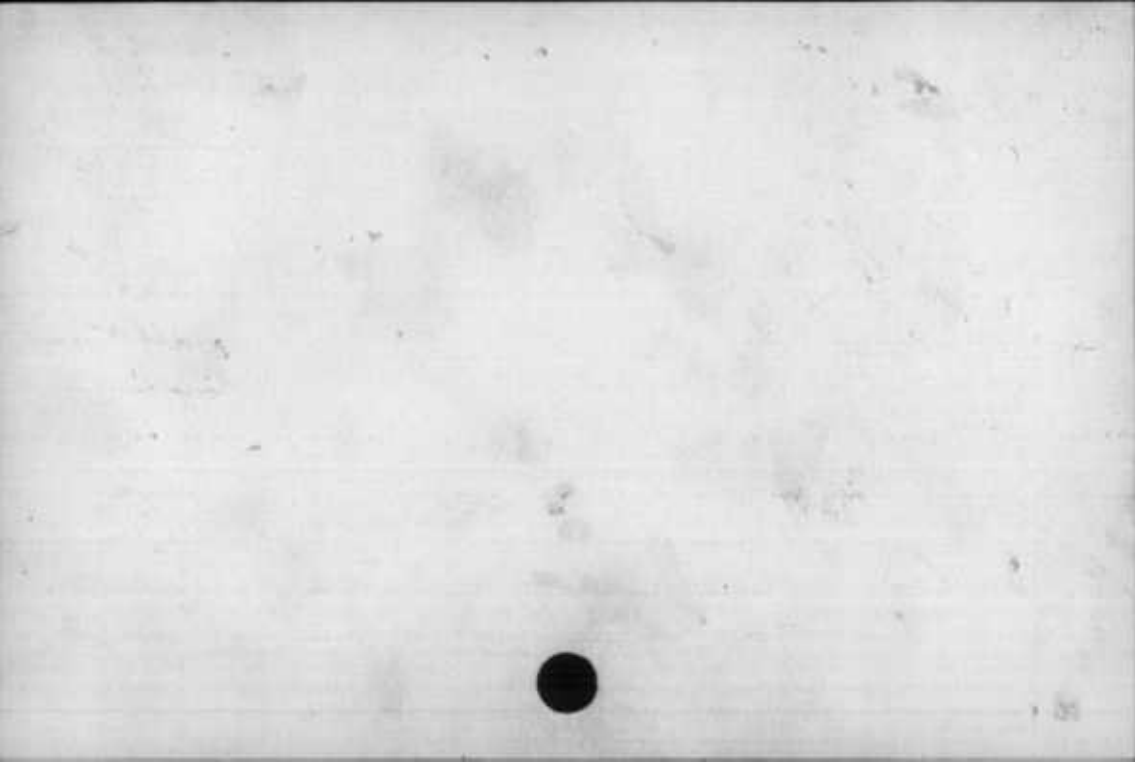
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>4</u> <small>Day</small>	Age	<u>2</u> <small>Months</small> <u>2</u> <small>Days</small>
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Salisbury, Md</u>
Occupation	Where residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Caldwell G Gibbons</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Annie B. Keane</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>Caldwell G Gibbons</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth.</u>	How long	<u>151</u> <u>B</u>
Immediate	<u>Premature Birth.</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Geo. H. Todd</u>
		Address	<u>Salisbury, Md</u>
Accident or Suicide?			<u>X</u>



Name Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Infant no name (Gibbons)

Died at Salisbury Town Wicomico County

MARYLAND

Date of death 1910 June 5 Age Years Months 3 Day

Sex male Color or Race white Birth-place Salisbury Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Caldwell C Gibbons Father's Birthplace Del

Mother's Maiden Name Annie E Hewson Mother's Birthplace Del

Name of person giving information Caldwell C Gibbons How related to deceased Father

CAUSES OF DEATH

Primary Premature Birth How long 15 1/3

Immediate

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

Signature of Physician Dr. W. Todd

Address Salisbury Md

Accident or Suicide?

PHYSICIAN OR CORONER



Name
in
Full

Catherine Caroline Handy

CERTIFICATE OF DEATH

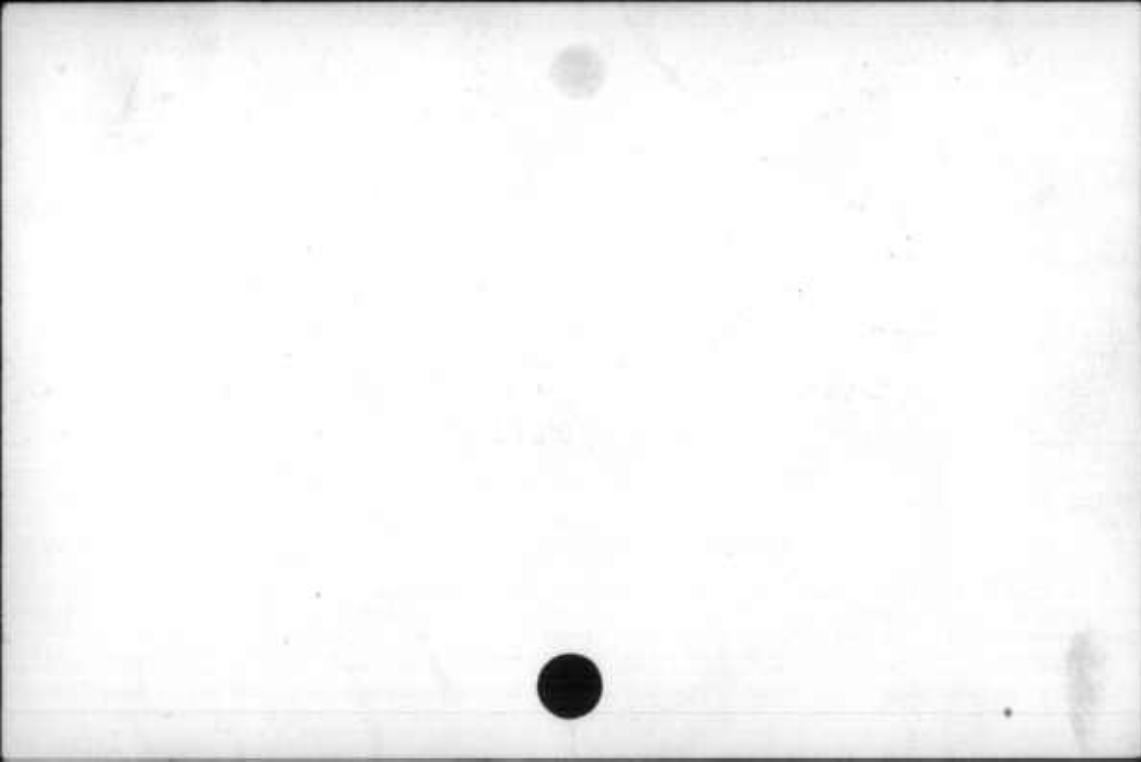
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> ^{Town}		<u>Wicomico</u> ^{County}		MARYLAND	
Date of death 19 <u>60</u> <u>June</u> <u>22</u>		Age <u>75</u>		Months <u>~</u>	Days <u>~</u>
Sex <u>Female</u>	Color or Race <u>a a</u>	Birth-place <u>Worcester</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>William Handy</u>				
Father's Name <u>~</u>	Father's Birthplace <u>~</u>				
Mother's Maiden Name <u>Amy Smith</u>	Mother's Birthplace <u>Worcester</u>				
Name of person giving information <u>Martha E. Gordy</u>	How related to deceased <u>daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pharyngitis + Sialitis</u>	How long <u>2 weeks</u>
Immediate <u>" "</u>	How long <u>100</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J.W. Roberts</u>
	Address <u>328 Church St. Salisbury, Md.</u>
Accident or Suicide <u>—</u>	



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

McK & Harney

Died at *Salisbury* Town *Wicomico* County

Date of death *1910* Month *June* Day *4* Age _____ Years _____ Months *4* Days *4*

Sex *male* Color or Race *white* Birth-place *Md*

Occupation _____ Where Residing if not at place of death _____

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

Father's Name *Salmon H Harney* Father's Birthplace *Md*

Mother's Maiden Name *Agnes McDowell* Mother's Birthplace *Md*

Name of person giving information *S H Harney* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cholera infantum* How long *2 days*
(Indication in death)

Immediate *Exhaustion* How long *Few hours*

Are the name, age, sex, color, date and place correctly given above? *So far as I know*

Signature of Physician *J. Madri* Address *Salisbury Md*

Accident or Suicide? *no.*



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: *Nancy Hitch*

Died at: *Salisbury* County: *Wicomico* MARYLAND

Date of death: *1910 June 2nd* Age: *91* Months: *4* Days: *0*

Sex: *Female* Color or Race: *White* Birth place: *Wicomico Co. Md.*

Occupation: *None at time of death* Where residing if not at place of death: *In Salisbury Md.*

Married, Single or Widowed: *Single* Name of Wife or Husband: *None*

Father's Name: *Robert Hitch* Father's Birthplace: *Maryland*

Mother's Maiden Name: *Nellie Wilson* Mother's Birthplace: *"*

Name of person giving information: *Mrs. Follie Davis* Relationship to deceased: *Wife*

CAUSES OF DEATH

Primary: *Fracture of hip* How long: *8 months*

Immediate: *Lack of vitality* How long: *Four weeks*

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

Signature of Physician: *[Signature]* Address: *Salisbury, Md*

Accident or Suicide? *Accident.*

PHYSICIAN
OR CORONER



Name
Full

William Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death	<i>19</i> <small>Year</small>	<i>10</i> <small>Month</small>	<i>19</i> <small>Day</small>	<i>9</i> <small>Months</small>	<i>9</i> <small>Days</small>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Salisbury Md</i>
Occupation	Where residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>George H Jones</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Eleanor Emmett</i>		Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>George H Jones</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>10 1/4</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W B Burris</i>
		Address	<i>116 Main St</i>
			<i>Salisbury</i>
Accident or Suicide?			



Name
In Full

CERTIFICATE OF DEATH

Mary F. Miles

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Salisbury		Wicomico		MARYLAND	
Date of death		1910	June	18 th	Age	0	9
Sex		Female		Color or Race		Black	
Occupation		None		Where residing if not at place of death		At Salisbury	
Married, Single or Widowed		Single		Name of Wife or Husband		None	
Father's Name		Edwood Miles		Father's Birthplace		White Haven Md.	
Mother's Maiden Name		Robtison		Mother's Birthplace		Seaford Del.	
Name of person giving information		Edwood Miles		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	

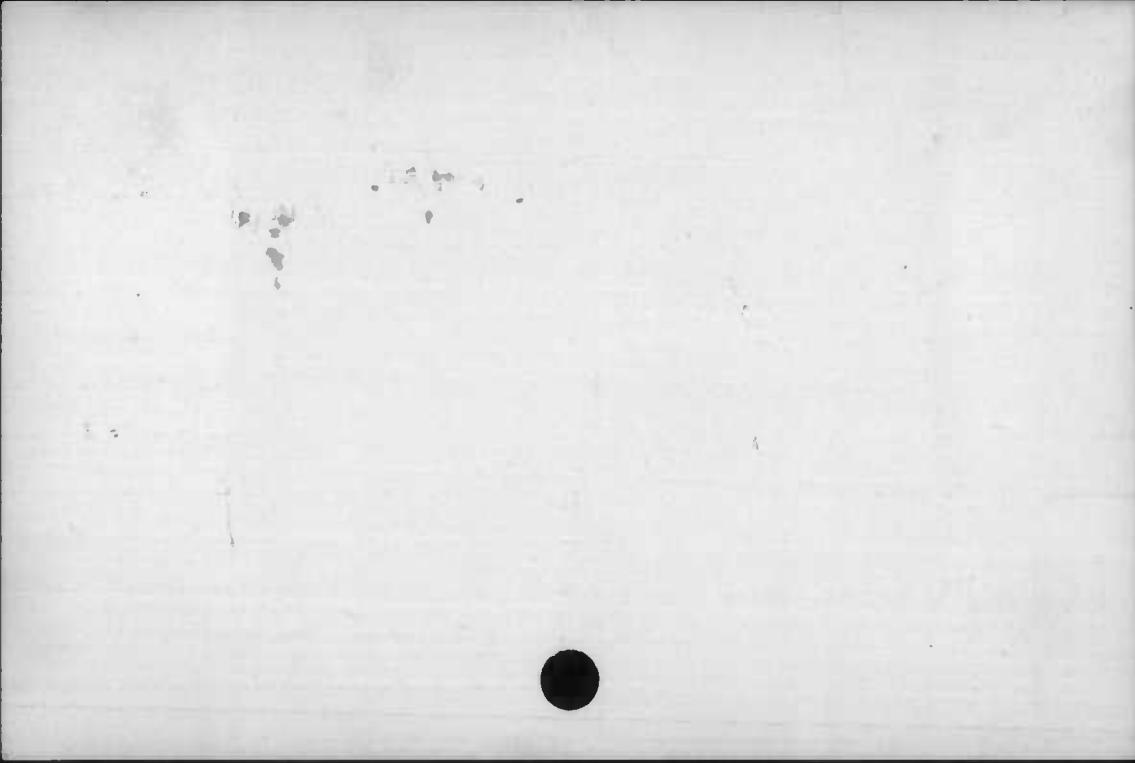
Primary _____ How long _____
 Immediate Snake bite poisoning 165 B How long 1/2 hour

Yes

Signature of Physician D. B. Potter

Address Salisbury Md.

Accident or Suicide? Accident



Name
in
Full

Andrew C. Pollitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

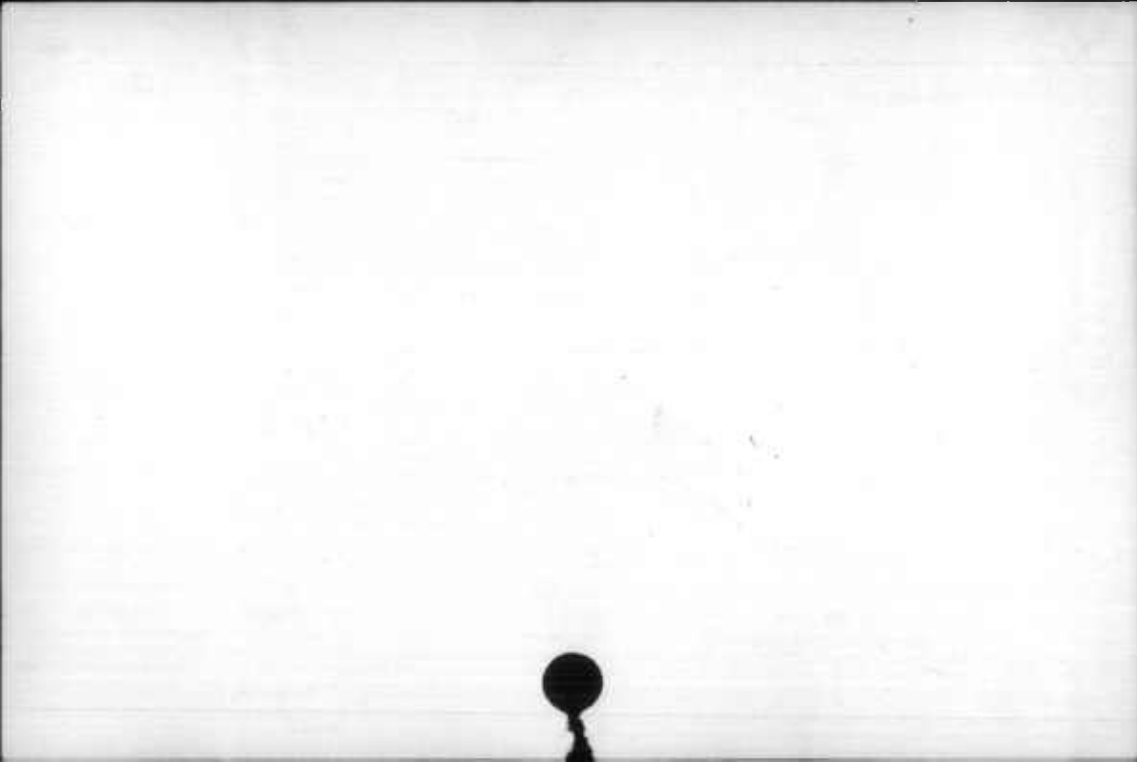
Died at <i>near Fruitland</i> Town <i>Wicomico</i> County		MARYLAND	
Date of death 19 <i>40</i> Month <i>June</i> Day <i>3rd</i> Age <i>51</i> Years Months <i>0</i> Days <i>0</i>	Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Wicomico Co. Md.</i>
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>At Home</i>		
Married, Single <i>Married</i>	Name of Wife or Husband <i>Mary C. Pollitt</i>		
Father's Name <i>James A. Pollitt</i>	Father's Birthplace <i>Wicomico Co. Md.</i>		
Mother's Maiden Name <i>Mahala Buswell</i>	Mother's Birthplace <i>" " "</i>		
Name of person giving Information <i>Sidney J. Brown</i>	How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Insanity</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. J. J. J.</i>
	Address <i>Fruitland Md.</i>



Name
in
Full

Elizabeth Pollitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Port Deposit ^{County} Cecil MARYLANDDate of death 1980 ^{Month} 6 ^{Day} 16 Age ^{Years} 84 ^{Months} 3 ^{Days} 10

Sex Female Color or Race White Birth-place Md.

Occupation Lady Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name Billie Pollitt Father's Birthplace Md.

Mother's Maiden Name Annie Byrd Mother's Birthplace Md.

Name of person giving Information Margaret Pollitt How related to deceased Sister in Law

CAUSES OF DEATH

Primary Dysrhythmia How long 14 days

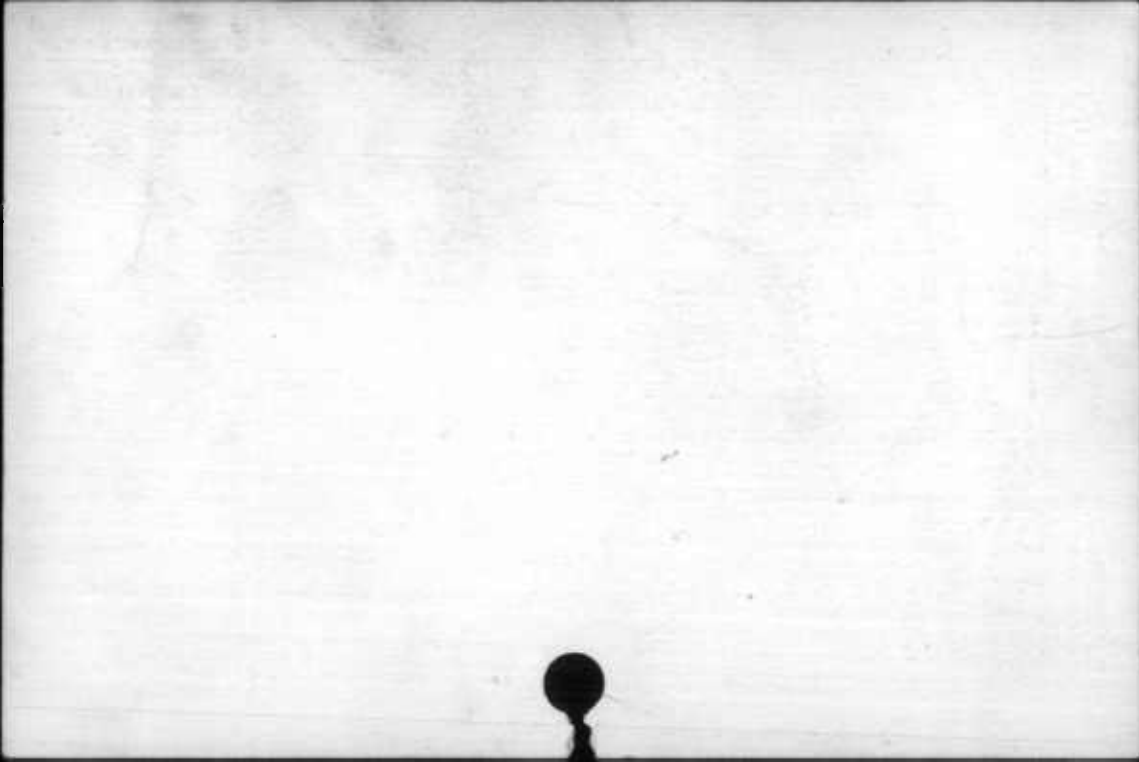
Immediate Heart Failure How long few hours

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

Signature of Physician

Address Port Deposit

Accident or Suicide



Name
In Full

Mary B. Pollitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Allen		Stee					
Date of death	Month	Day	Age	Years	Months	Days	
1910	June	24	71		4	0	
Sex	Color or Race	Birth-place					
Female	White	Thiomas Co. Md.					
Occupation	Where residing if not at place of death						
Housekeeper	Near Allen						
Married	Widowed	Husband	Anthony Pollitt				
Father's Name	Father's Birthplace						
A. W. Anderson	Thiomas Co. Md.						
Mother's Maiden Name	Mother's Birthplace						
Eliza C. Fletcher	" " "						
Name of person giving information	How related to deceased						
Wilmer Pollitt	Son						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Apoplexy		How long	(OH)
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. J. Long
	Address	Fruitland		Address	
Accident or Suicide?			X		



Name
in
Full

Richard Edward Leabreare

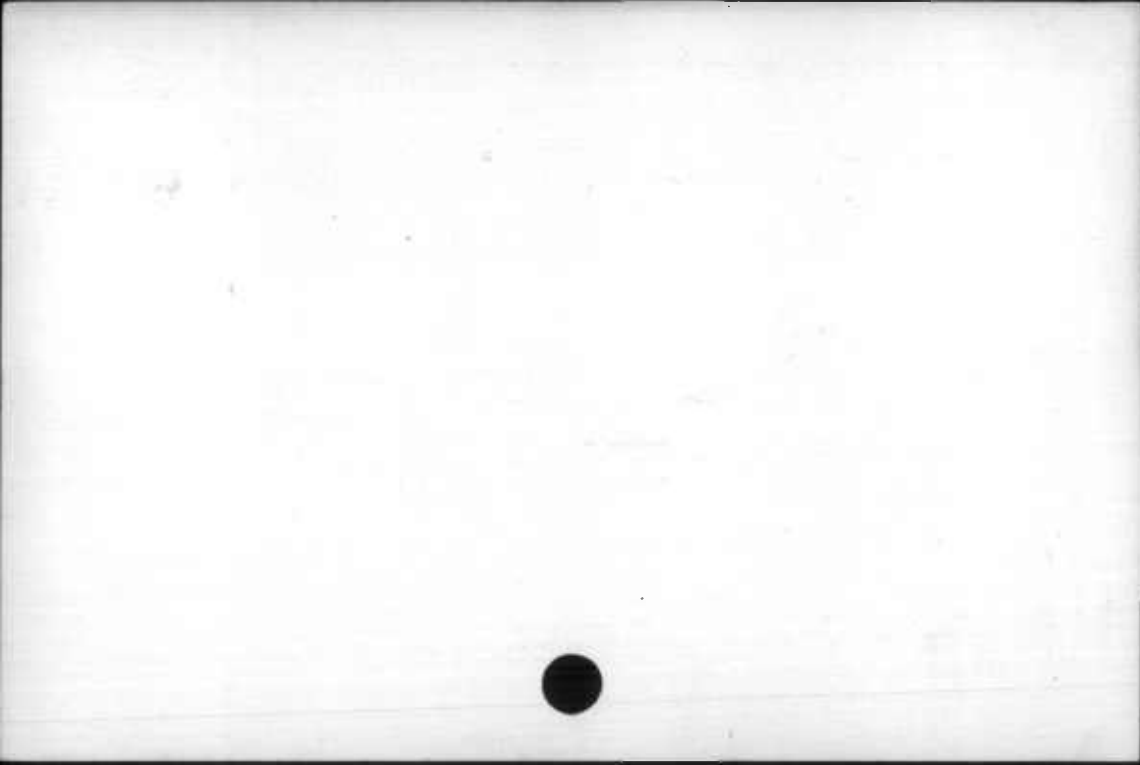
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Athel</i>		County <i>McCormick</i>		MARYLAND	
Date of death <i>1970</i>	Month <i>6</i>	Day <i>16</i>	Age <i>—</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>near Athel</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Frank E. Leabreare</i>		Father's Birthplace <i>Balto</i>			
Mother's Maiden Name <i>Emma A. Euseman</i>		Mother's Birthplace <i>Balto</i>			
Name of person giving information <i>Emma Euseman</i>		How related to deceased <i>Mother</i>			

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary <i>Heart-failure</i>	How long <i>189A</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ch. L. English, Coroner</i>
	Address <i>Mardela sp'gs Maryland</i>
Accident or Suicide	



Name
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name		Edward Taylor Jr			County		Wicomico		MARYLAND		
Died at		Shaplewn ^{Town}		Wicomico							
Date of death		19	10	June	16	Age	2	Years	Months	Days	
Sex		Male		Color or Race		White		Birth-place		Baltimore	
Occupation				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name				Edward Taylor				Father's Birthplace			
Mother's Maiden Name				Florence Foster				Mother's Birthplace			
Name of person giving information				George Taylor				How related to deceased			
								Grand Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pertussis		How long		5 weeks	
Immediate		Cholera Infantum		How long		1 day	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. W. Gassaway	
				Address		Shaplewn	
						ms	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jennie R. Taylor</i>		Town <i>Shartown</i>		County <i>Hannock</i>		STATE MARYLAND	
Died at <i>Shartown</i>		Town <i>Shartown</i>		County <i>Hannock</i>		STATE MARYLAND	
Date of death <i>1960 June 24</i>		Month <i>June</i>		Day <i>24</i>		Age <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Marble Spring</i>		Months <i>10</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>Edward Taylor</i>		Father's Birthplace <i>Wicomico Co</i>				Mother's Birthplace <i>Baltimore</i>	
Mother's Maiden Name <i>Florence E. Clineworth</i>		How related to deceased <i>Father.</i>					
Name of person giving information <i>Edward Taylor</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Autointoxication</i>		How long <i>3 days</i>	
Immediate <i>Convolutions</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. W. Garrison</i>	
Accident or Suicide		Address <i>Shartown Md</i>	



Name
is
Full

Virginia F. Tilghman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pear Fruitland</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death <i>1910</i>	Month <i>June</i>	Day <i>18th</i>	Age <i>41</i>	Years	Months <i>10</i>	Days <i>2 1/2</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Worcester Co. Md.</i>				
Occupation <i>Housewife</i>	Where residing if not at place of death <i>At Home</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>N. L. Tilghman</i>						
Father's Name <i>G. R. Short</i>	Father's Birthplace <i>D. Md.</i>						
Mother's Maiden Name <i>L. J. Cansey</i>	Mother's Birthplace <i>Md.</i>						
Name of person giving information <i>L. W. Short</i>	How related to deceased <i>Sister</i>						

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>years</i>
Immediate <i>Heart accompanied with Bright's</i>	How long <i>Several Years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. N. Todd</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
Full

Mehaley Tull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Edara* Town *Wicomico* County MARYLANDDate of death 19*90* Month *June* Day *30* Age *30* Years Months DaysSex *Female* Color or Race *Colored* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

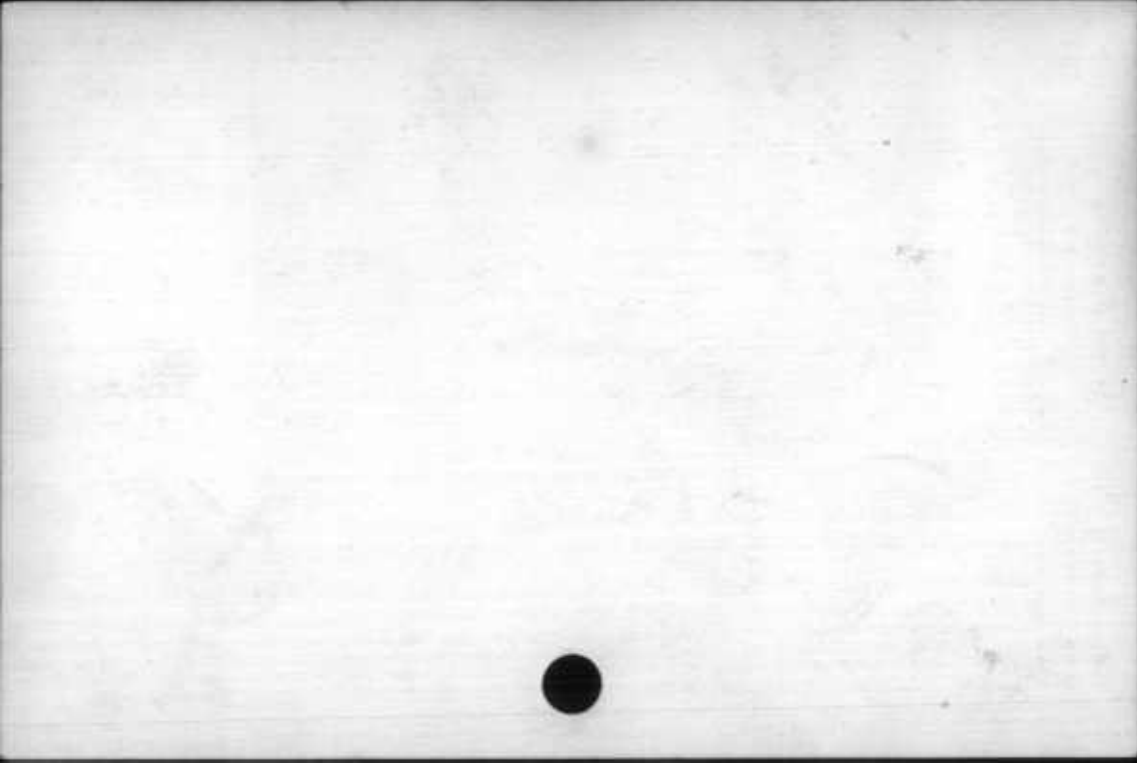
Married, Single or Widowed *Married* Name of Wife or Husband *William Tull*Father's Name *Charles W. Hubbard* Father's Birthplace *4*Mother's Maiden Name *Jane Hubbard* Mother's Birthplace *"*Name of person giving information *Jermie Elsey* How related to deceased *Cousin**Supposed*

CAUSES OF DEATH

Primary *Atherosclerosis* How long *64*Immediate *Heart Trouble* How long _____Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *no Physician*

Address _____

Accident or Suicide _____



Name
in
Full

J. Frank Wheatley

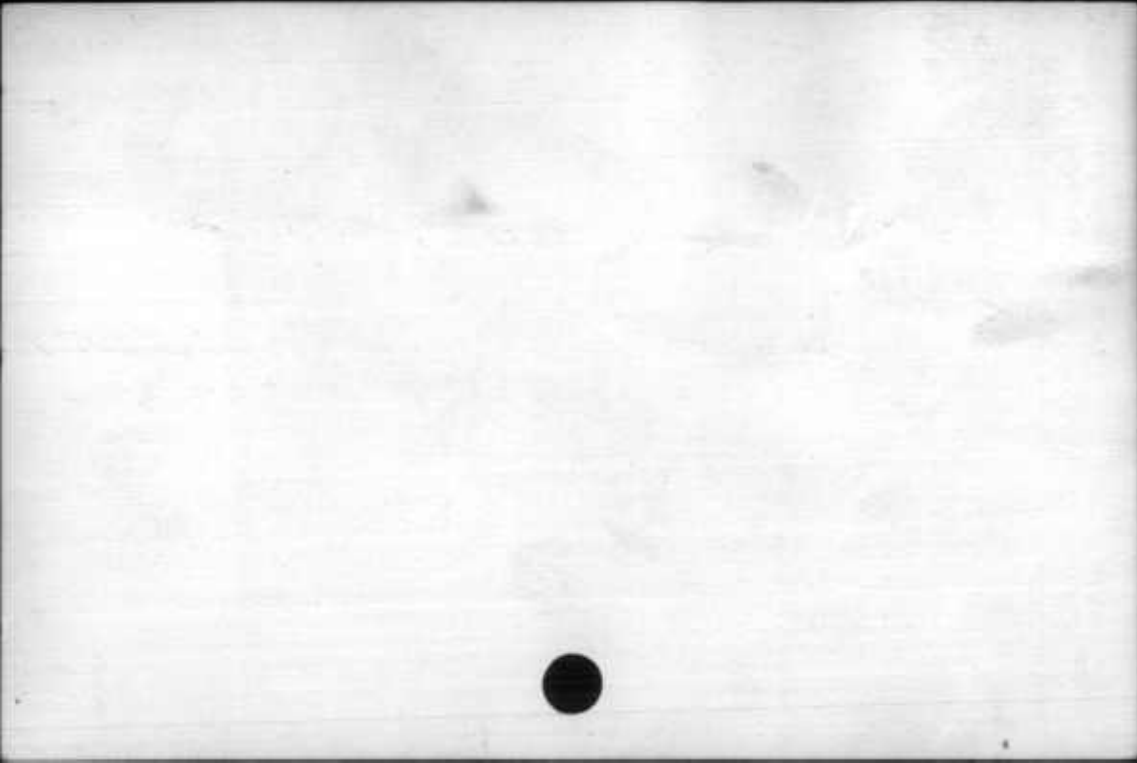
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sharptown.		County Wicomico		MARYLAND	
Date of death		Month June	Day 9	Age	Years 61	Months 7	Days 3
Sex		Male		Color or Race	White		
Birth-place		Dorchester Co., Md					
Occupation Lumberman				Where Residing if not at place of death			
Married, Single or Widowed		married		Name of Wife or Husband Tamsey B. Wheatley			
Father's Name		Jesse K. Wheatley.				Father's Birthplace Dorchester Co., Md	
Mother's Maiden Name		Margaret Ann Wallace				Mother's Birthplace Dorchester Co., Md	
Name of person giving Information		Samuel W. Wheatley				How related to deceased Son.	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Diabetes Mellitus		How long	2 years	
	Immediate	Stomatitis		How long	9 months	
	Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	W. W. Gessner	
				Address	Sharptown Md	
Accident or Suicide						



Name
in
Full

Bradley Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Fountain</i>		^{County} <i>Wagoner</i>		STATE OF <i>MARYLAND</i>	
Date of death 19 <i>00</i>	^{Month} <i>June</i>	^{Day} <i>4</i>	Age <i>1</i>	^{Years}	^{Months} <i>6</i>
Sex <i>male</i>	Color or Race <i>White</i>	<i>W.F.H.</i>		Birth-place <i>Md</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John H Williams</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Rebecca C Brewington</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>John H Williams</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Water on Brain</i>	How long	<i>7 1/2</i> year
Immediate	<i>Convulsions</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr C R Smith</i>
		Address	<i>Sulisbury Md</i>
Accident or Suicide?			<i>X</i>

