

Name
is
Full

CERTIFICATE OF DEATH

Amelia A. Brittingham

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sympersent</i>		Town		County		MARYLAND	
Date of death	1910	June	9	Age	36	Months	Days
Sex	Female		Color or Race	White		Birth-place	Guthrie
Occupation	Housewife		Where residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband <i>Geo. N. Brittingham</i>				
Father's Name	<i>Ralph Taylor</i>				Father's Birthplace	<i>Mo, Md</i>	
Mother's Maiden Name	<i>Charlotte Jan</i>				Mother's Birthplace	" "	
Name of person giving information	<i>Geo N. Brittingham</i>				How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary	<i>Septicemia</i>	How long	<i>1 week</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>js</i>	Signature of Physician	<i>E. J. Holland</i>
		Address	<i>1 Berkey Md</i>
Accident or Suicide?	<i>X</i>		



Name in Full

Milby Carey

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at		Town Stockton		County Monroeville		MARYLAND	
Date of death		Month June	Day 30	Age	Years 1	Months 0	Days 7
Sex Male		Color or Race Colored		Birthplace Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Isaac Carey				Father's Birthplace Maryland			
Mother's Maiden Name Elizabeth Curry				Mother's Birthplace Adelmar			
Name of person giving Information Isaac Carey				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Cholera Infantum	How long	10 Days
Immediate	Exhaustion	How long	4 Days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		John D. Dickerson M.D.	
Address		Stockton, Md.	
Accident or Suicide			



Name
in
Full

James J. Callin

258

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *New Pocomoke* County *Worcester* MARYLAND

Date of death 1960 ^{Month} *June* ^{Day} *21* Age ^{Years} *—* ^{Months} *6* ^{Days} *—*

Sex *Male* Color or Race *Black* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *New Pocomoke*

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

Father's Name *Harpin Callin* Father's Birthplace *Virginia*

Mother's Maiden Name *Mary Merrill* Mother's Birthplace *Unknown*

Name of person giving Information *Harpin Callin* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Summer Complaint.* How long *104*

Immediate *had no physical exam* How long

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

Signature of Physician *John W. Steller*

Address *Local Registrar*

Accident or Suicide



Name
in
Full

Burdette Davis

259

CERTIFICATE OF DEATH

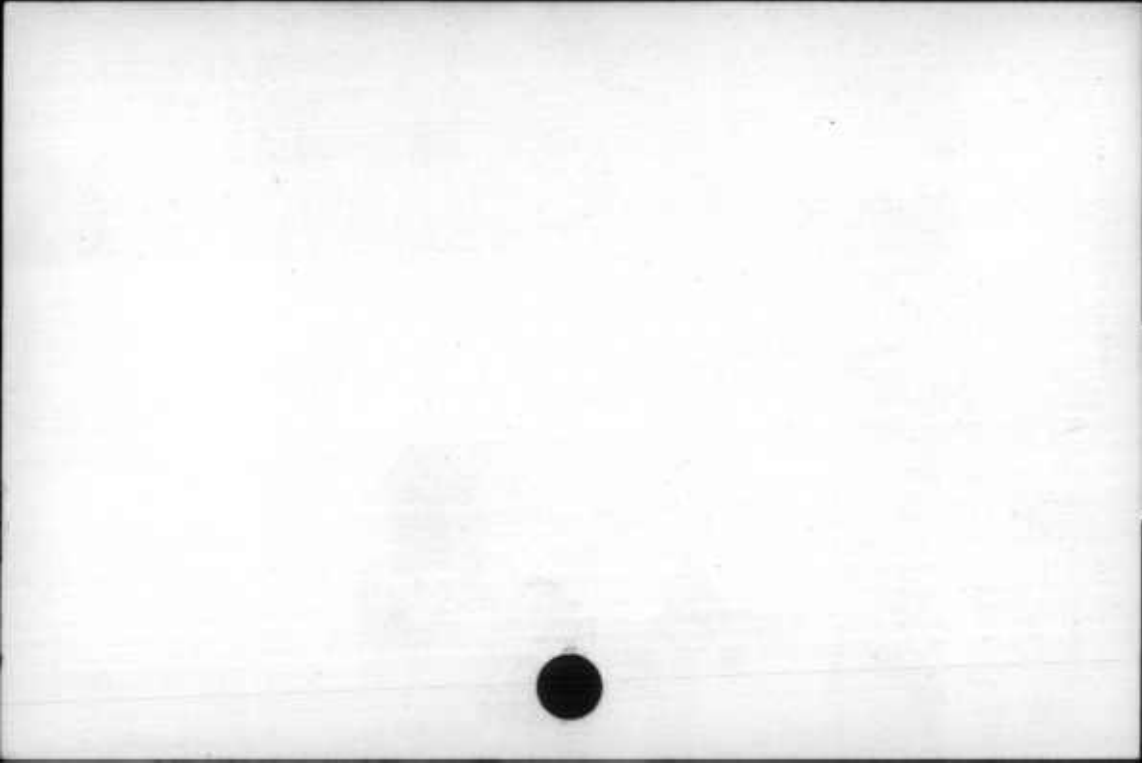
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke City</i>		Town		<i>Worcester</i>		County		MARYLAND	
Date of death <i>1900</i>		<i>June</i>		<i>23</i>		Age		<i>15</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Pocomoke</i>					
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>George Davis</i>				Father's Birthplace <i>M.D.</i>					
Mother's Maiden Name <i>Hattie Davis</i>				Mother's Birthplace <i>Pocomoke</i>					
Name of person giving Information <i>Geo Davis</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <i>104</i>	
Immediate <i>Cholera Infantum</i>		How long <i>20 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. J. Smith</i>	
		Address <i>Pocomoke City</i>	
Accident or Suicide			



Name
in
Full

Thos. Dennis-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Croup, Con		County Wor.		MARYLAND	
Date of death		1910	Month June	2	Day	Age	6
Sex		Male		Color or Race		Colored	
Occupation				Where Reading if not at place of death		Near O. City	
Married, Single or Widowed		Single		Name of Wife or Husband		None	
Father's Name		Geo. Dennis		Father's Birthplace		Md.	
Mother's Maiden Name		Anner Whaley		Mother's Birthplace		W. Va.	
Name of person giving in formation		Mitchell Whaley		How related to deceased		Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	W. D. in attendance	How long	80
Immediate	at any time	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		L. A. Massey	
Accident or Suicide?		X	



Name in Full

Mr. Harry Dryden

254

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

OK

Died at Paramoche City ^{Town} Worcester ^{County} **MARYLAND**

Date of death 1900 June ^{Month} 5 ^{Day} Age 73 ^{Years} ^{Months} ^{Days}

Sex Male Color or Race White Birthplace Somerset Co

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

Married, Single or Widowed Widower Name of Wife or Husband Mary O Boston

Father's Name Isaac H Dryden Father's Birthplace Somerset Co

Mother's Maiden Name Eliza Sykes Mother's Birthplace VT

Name of person giving Information Isaac H Dryden How related to deceased Son

CAUSES OF DEATH

(34)

PHYSICIAN OR CORONER

Primary Scrophula How long 10 years

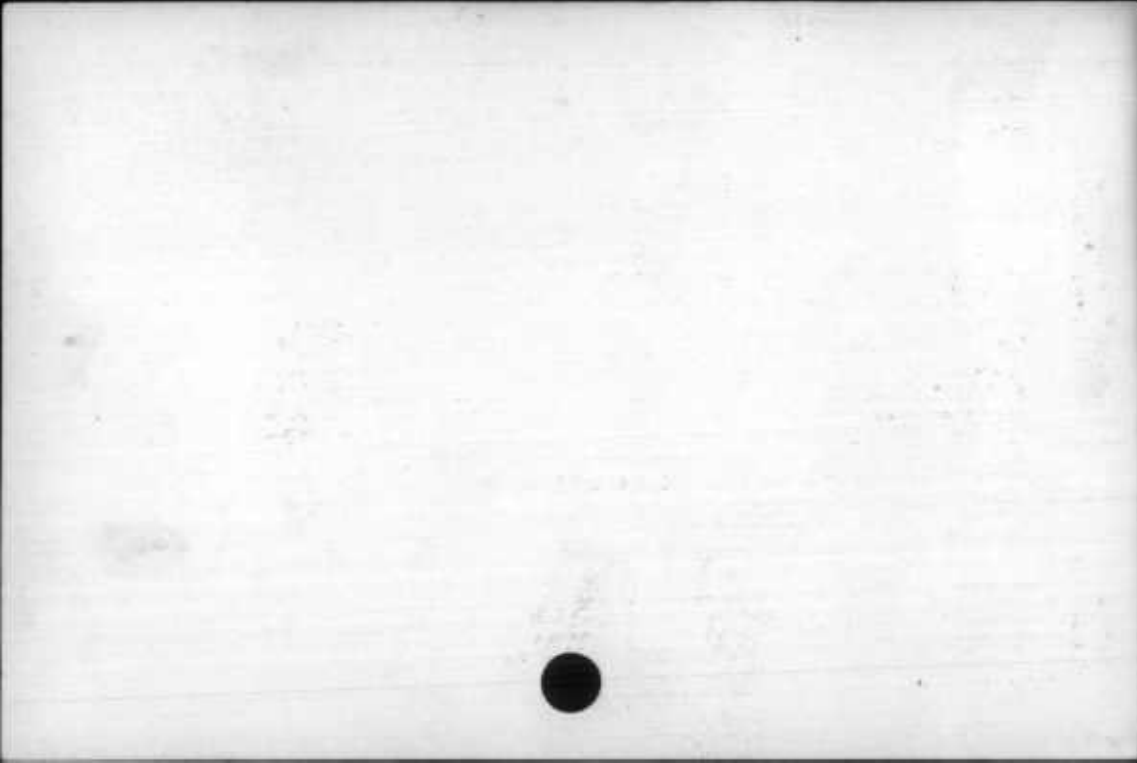
Immediate Indigestion & collapse How long 3 months

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

Signature of Physician Samuel S. [unclear]

Address Paramoche City

Accident or Suicide



Name
in
Full

Ruth Marie Holden

257
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Pocomoke Town Pocomoke County MARYLAND

Date of death 1946 June 16 Age — Months 4 Days 2

Sex Female Color or Race Black Birth-place Pocomoke cap

Occupation — Where Residing if not at place of death —

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

Father's Name Willie Hubbard Father's Birthplace Maryland

Mother's Maiden Name Myrtle Halden Mother's Birthplace Maryland

Name of person giving information William Reiby How related to deceased Sister's Sister to Reiby

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Cholera Morbus

Immediate had no doctor

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

Signature of Physician Johnnie Hillman

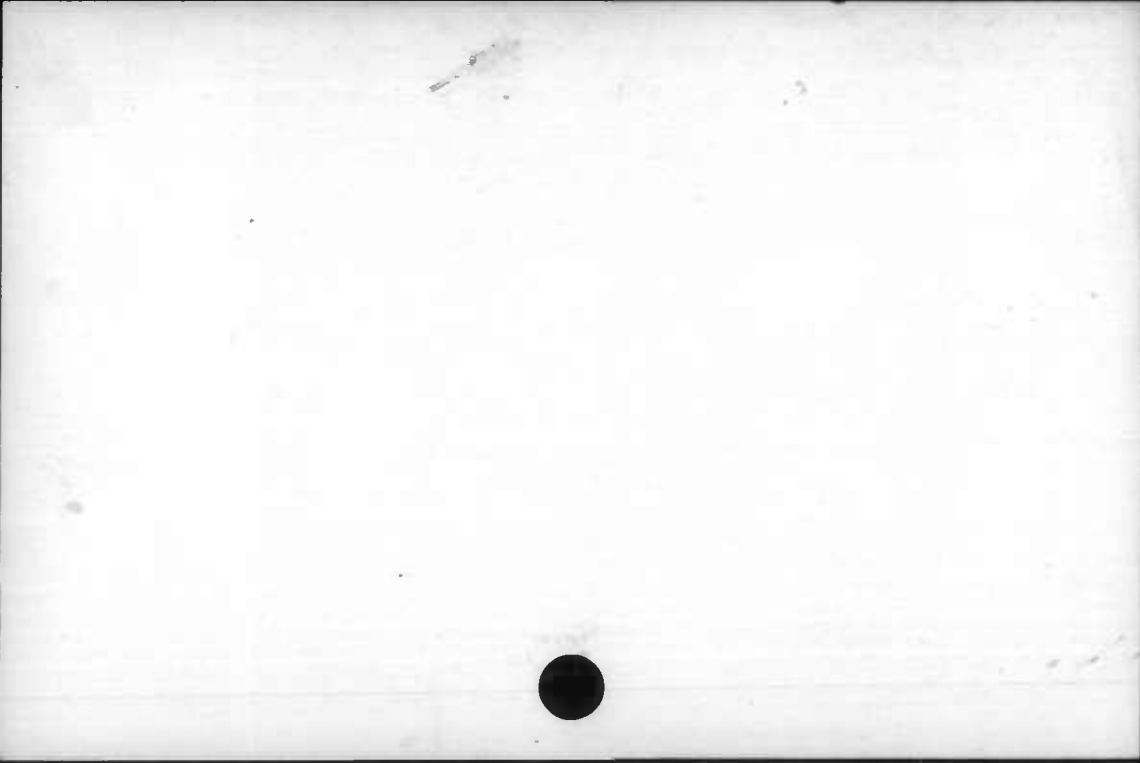
Address Local Registrar

Accident or Suicide

1041

How long

How long



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stockton</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	19 <i>00</i> June 22	Age	0	Months	0
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Maryland</i>
Occupation	<i>None</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband			
Father's Name	<i>Thomas Jones</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Sallie Wilson</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving Information	<i>Thomas Jones</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary	<i>Stillborn</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>John D. Dickerson</i>
		Address	<i>Stockton Md.</i>
Accident or Suicide	<i>—</i>		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John W Littleton

Town *Neary Whaleyville* County *Worcester* MARYLAND

Died at *Neary Whaleyville* *Worcester* Date of death *1940* Month *June* Day *23* Age *68* Year Month Days

Sex *Male* Color or Race *White* Birthplace *Maryland*

Occupation *Harmon* Where Residing if not at place of death *At Home*

Married, Single or Widowed *Married* Name of Wife or Husband *Ellen Cooper*

Father's Name *Charles Littleton* Father's Birthplace *Maryland*

Mother's Maiden Name *Millie Brittingham* Mother's Birthplace *Maryland*

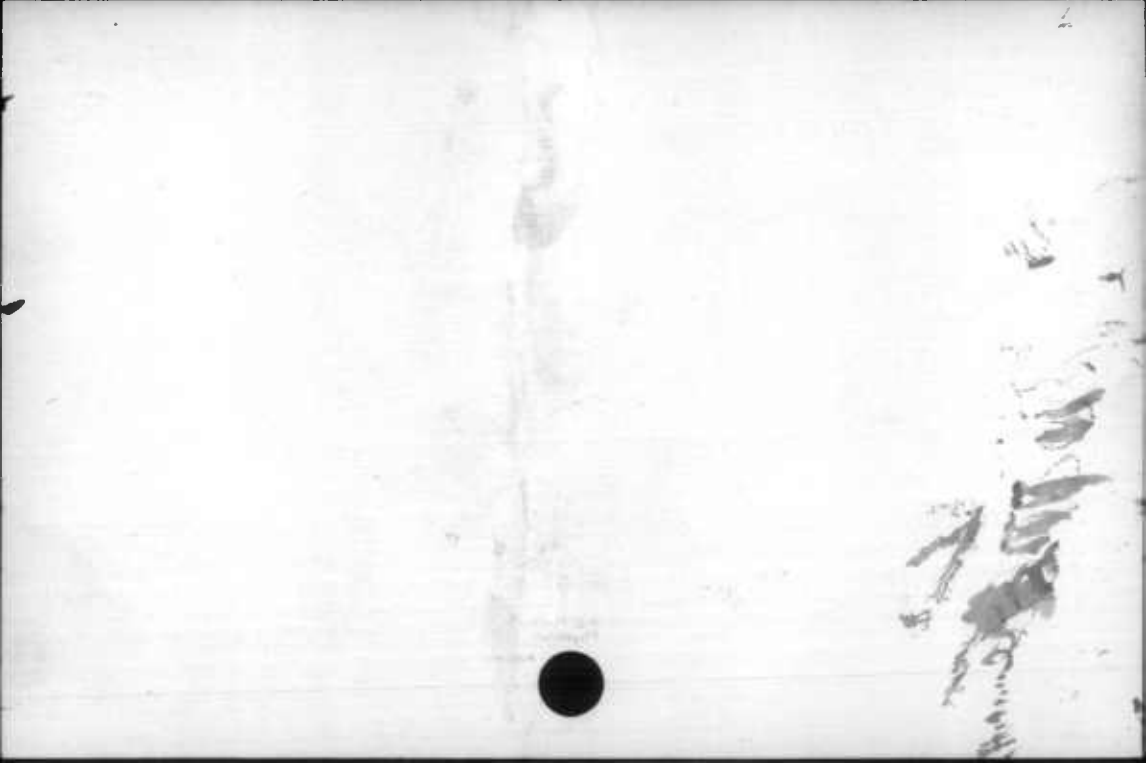
Name of person giving Information *John Littleton* How related to deceased *Son*

CAUSES OF DEATH

Primary *Fractured Hip* How long *2 1/2 hours*
Shock How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *C A Holland*

Address *Whaleyville Md*
Accident or Suicide *accident*



Name
in FullMorgan
TownOrten
County256
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Date of death		Month	Day	Age	Years	Months	Days
1960		June	5th				2
Sex	Female	Color or Race	White	Birth-place	Morgan Co		
Occupation	Infant		Where Residing if not at place of death		17		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Clement W. Orten				Father's Birthplace	11	
Mother's Maiden Name	Sallie E. Landrum				Mother's Birthplace	4	
Name of person giving Information	Elton Landrum				How related to deceased	Gr Father	

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary	Unknown	How long	189 A
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Samuel S. Quinn
		Address	Pawmohat
Accident or Suicide			



Name in Full

Sylvia Planter

260
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Promoke City* Town

Worchester County

MARYLAND

Date of death 1900

Month *June* Day *30*

Age *80*

Years Months Days

Sex *Female*

Color or Race *Colored*

Birth-place *Accomac Co Va*

Occupation *domestic*

Where Residing if not at place of death *Near Promoke*

Married, Single or Widowed *single*

Name of Wife or Husband *—*

Father's Name *Jos Planter*

Father's Birthplace *Accomac Co Va*

Mother's Maiden Name *Don't know*

Mother's Birthplace *—*

Name of person giving information *Jos Williams*

How related to deceased *By Marriage*

CAUSES OF DEATH

Primary *Brain trouble*

How long *2 months*

Immediate *exhaustion*

How long

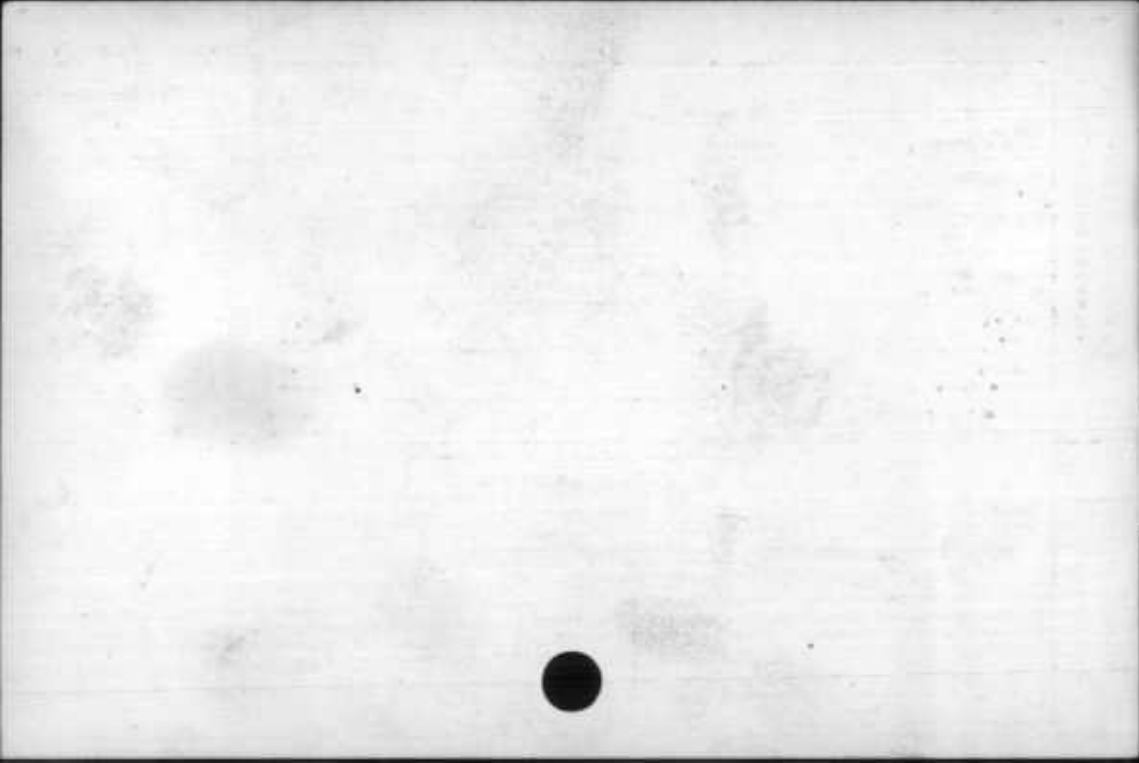
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. S. Quinn*

I did not see this woman
Accident or Suicide

Address *Promoke City Md*

PHYSICIAN OR CORONER



Name
in
Full

Infant Dead Bow Pills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Taylorville		^{County} Worcester		MARYLAND	
Date of death	1910	Month	June	Day	16
Age		Years		Months	Days
Sex	male	Color or Race	Col.	Birth place	Taylorville
Occupation			Where Reading if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	No Dr in attendance	How long	of my	
	Immediate	Infant Dead Bow	How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
			Address		
Accident or Suicide?		O.D. D. Callassey			



Name
in
Full

Elizabeth Picken

255

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

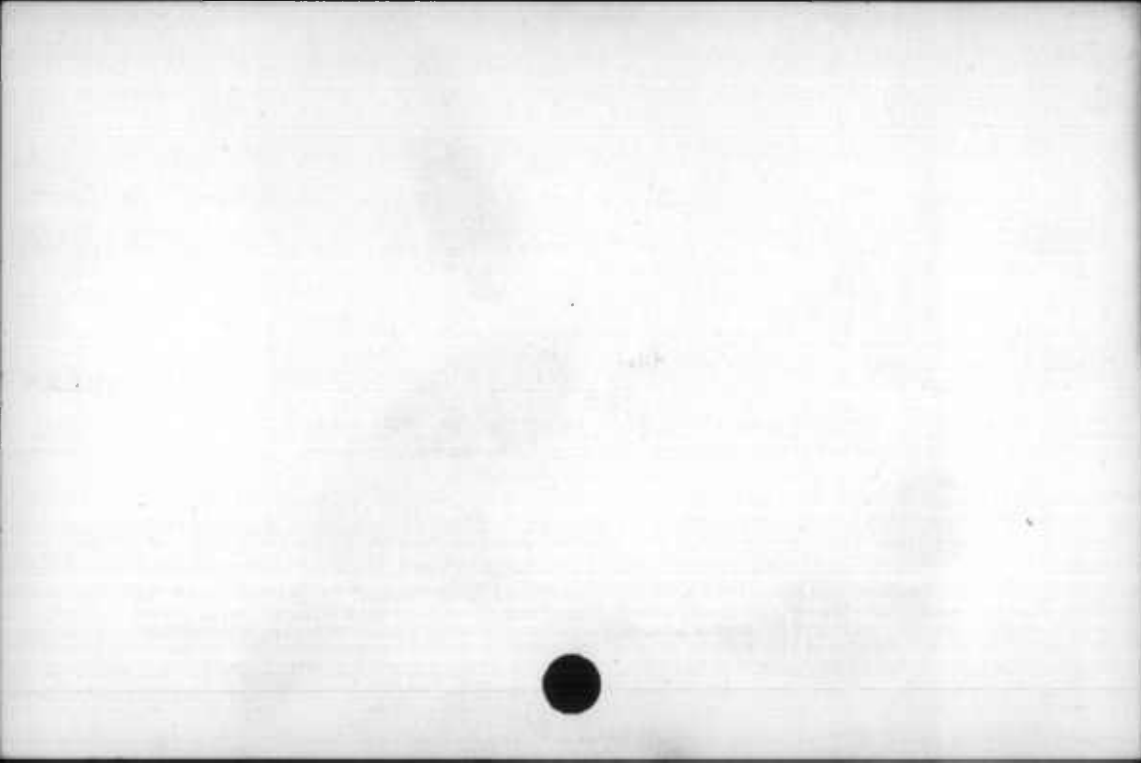
MARYLAND

Died at		Town Pocomoke City		County Worcester			
Date of death	1900	Month June	Day 7	Years Age	47	Months 4	Days 18
Sex	Female		Color or Race	White		Birth-place	Scotland
Occupation	Domestic		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Andrew Picken			
Father's Name	Mr. Richmond		Father's Birthplace	Scotland			
Mother's Maiden Name	Isabel Clarke		Mother's Birthplace	Scotland			
Name of person giving Information	Andrew Picken		How related deceased	Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	2 or 3 years
Immediate	Apoplexy	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician R. Lee Hae		
	Address Pocomoke City, Md.		
Accident or Syicide?			



Name
in Full

Robert W Pruitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Stockton ^{Town} Worcester ^{County} MARYLANDDate of death 1940 ^{Month} 6 ^{Day} 18 ^{Years} 54 ^{Months} ^{Days} Sex Male Color or Race White Birth-place mdOccupation Cystrman Where Residing if not at place of death mdMarried, or Widowed Name of Wife or HusbandFather's Name Wm L Pruitt Father's Birthplace mdMother's Maiden Name Sallie E Sturgis Mother's Birthplace mdName of person giving Information W J Pruitt How related to deceased son

CAUSES OF DEATH

Primary Cerebral hemorrhage 64 ^{How long} 4 weeksImmediate coma ^{How long} 24 hoursAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician John D DickersonAddress StocktonAccident or Suicide Worcester Co mdPHYSICIAN
OR CORONER



Name
in
Full

Winnie Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Westley</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death	<i>1900</i> <small>Year</small>	<i>June</i> <small>Month</small>	<i>7</i> <small>Day</small>	Age <i>18</i> <small>Years</small>	<i>0</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Occupation <i>Cook</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>Thos. Dancer</i>	Father's Birthplace <i>Snow Hill Md.</i>				
Mother's Maiden Name <i>Mary Purnell</i>	Mother's Birthplace <i>Snow Hill Md.</i>				
Name of person giving information <i>Mintie Richardson</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

Primary *Tuberculosis* 29 How long *4 mos*

Immediate *"*

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

yes.

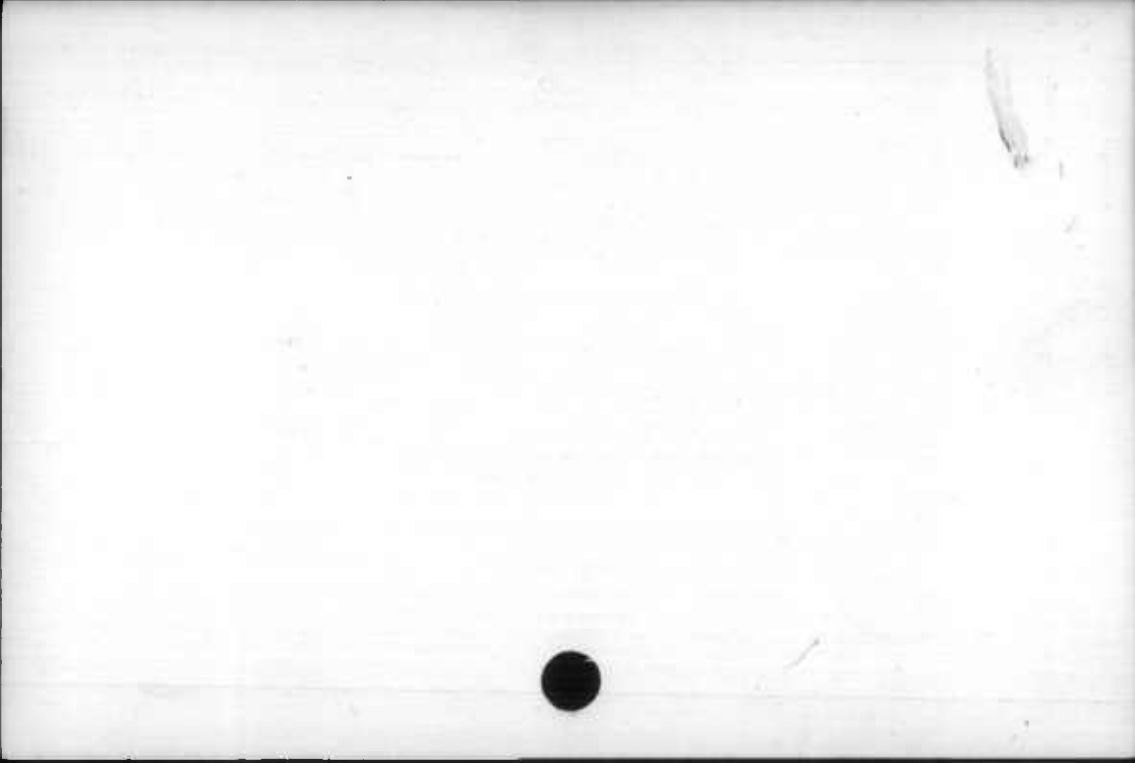
Signature of Physician

Address

John L. Piley,
Snow Hill,
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Short

CERTIFICATE OF DEATH

Died ^{at} Snow Hill ^{Town} Worcester ^{County} MARYLAND

Date of death 1960 June 29 Age 69 Months Days

Sex female Color or Race White Birth-place Del.

Occupation none Where Residing if not at place of death

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

Father's Name Elizabeth Ford Father's Birthplace Del.

Mother's Maiden Name Sarah Ford. Mother's Birthplace Del.

Name of person giving Information Geo Pusy How related to deceased Son in law

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

99

Primary Aortic Regurgitation How long unknown to me.

Immediate Cardiac Myofibrillar trophic insufficiency 7 days How long

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

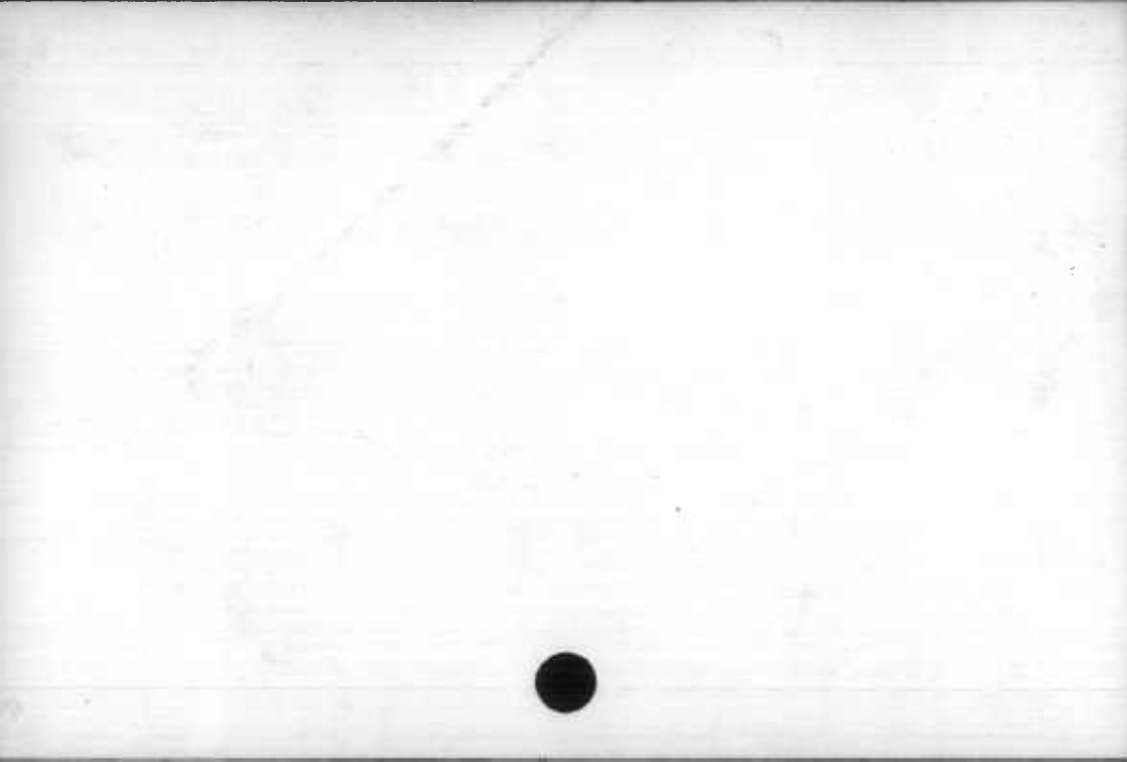
Signature of Physician Dr. W. D. Strangman

yes

Address Snow Hill. Del.

Accident or Suicide no

PHYSICIAN
OR CORONER
Dr. S.



Name
in Full

Mary Margaretta Staton

CERTIFICATE OF DEATH

Died at ^{Town} Snow Hill^{County} Worcester

MARYLAND

Date

of death

1970

Month

June

Day

6th

Age

Years

66

Months

7

Days

21

Sex

Female

Color or
Race

White

Birth-
place

Berlin Pror. Co, Md

Occupation

None

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

Widow

Name of Wife or
Husband

Mrs. H. Staton

Father's
Name

Dr. Jno. R. Pitts

Father's
Birthplace

Berlin Pror. Co, Md

Mother's
Meiden Name

Ann Taylor

Mother's
Birthplace

Pror. Co, Md

Name of person giving
Information

Jno Staton Jr

How related
to deceased

Son

CAUSES OF DEATH

45

Primary

Carcinoma

How long

about 8 months

Immediata

Coma

How long

3 day

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

yes

Signature of
Physician

Paul Jones

Address

Snow Hill Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Mr. A. Timmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Town *Stewart* County *Worcester* MARYLAND

Died at *Stewart* *Worcester*

Date of death 19*90* Month *June* Day *6* Age *50* Years Months Days

Sex *male* Color or Race *white* Birth place *Mr. C Md*

Occupation *None* Where Residing if not at place of death

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

Father's Name *Mr. Timmons* Father's Birthplace *Mr. G. Ind*

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

Name of person giving Information *Mr. Jackson* How related to deceased *None*

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Don't know, He was very dumb* How long *Physician*

Immediate *They thought a case of natural decline* How long *about 2 months*

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

Signature of Physician *Dane Jones* Address *Snow Hill Md*

Accident or Suicide *No*



Name in Full

Mary E Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Snow Hill Worcester MARYLAND

Date of death 1960 June 17 Age 83-11-5

Sex female Color or Race White Birth-place Md

Occupation none Where Residing if not at place of death

Married, single or Widow widow Name of Wife or Husband

Father's Name Samuel Lewis Father's Birthplace Ind

Mother's Name Ann Lewis Mother's Birthplace Ind

Name of person giving information Mrs Blayton Purnell How related to deceased cousin

CAUSES OF DEATH

154

PHYSICIAN OR CORONER

Primary Old age & Ten. Debility How long

Immediate No disease whatever How long

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

Signature of Physician W. J. Strong, M.D.

Address Snow Hill, Md.

Accident or Suicide



Name in Full

Peter Wilkerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Whaleyville R.H.D #* *Worcester* County **MARYLAND**

Date of death *1900* Month *June* Day *27* Age *92* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Maryland*

Occupation *Harmoner* Where Residing if not at place of death *At Home*

Married, Single or Widowed *Married* Name of Wife or Husband *Marrett Briner*

Father's Name *Lowen Wilkerson* Father's Birthplace *Maryland*

Mother's Maiden Name *Sattie Baker* Mother's Birthplace *Maryland*

Name of person giving information *P. B. Wilkerson* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN OR CORONER

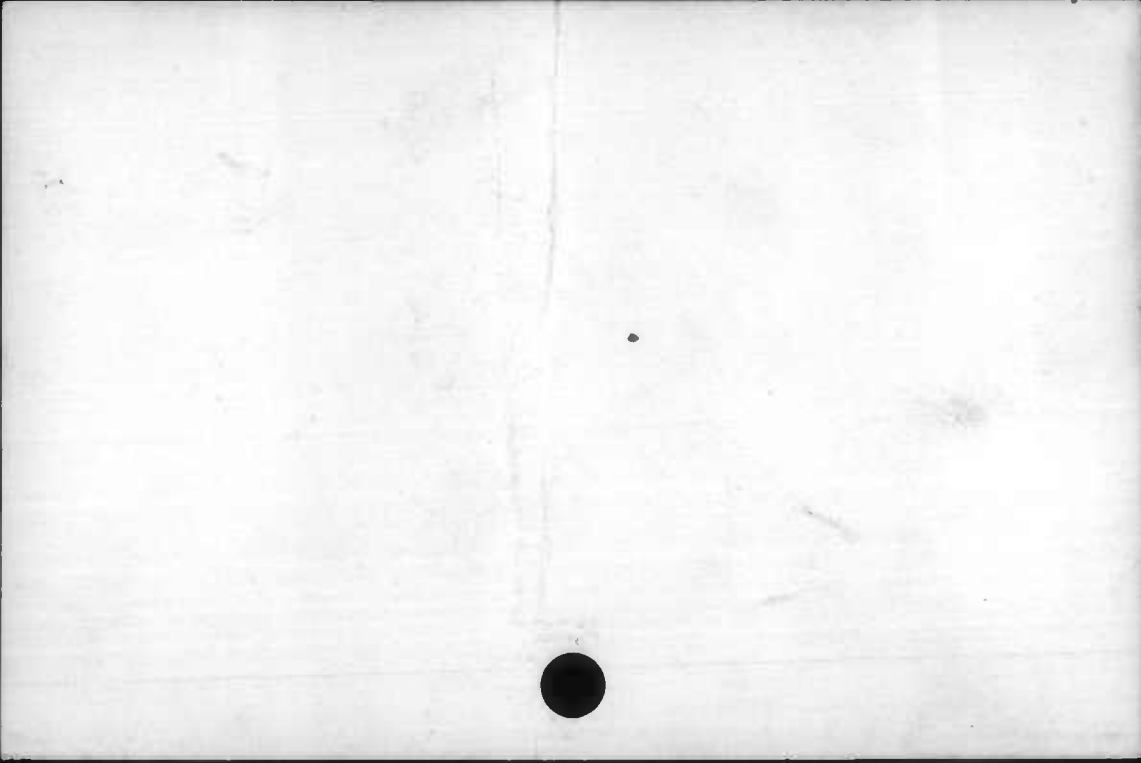
Primary *Arterio-sclerosis (91)* How long *20 yrs*

Immediate *Brilio-pneumonia* How long *1 wk.*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *J. R. Biola*

Address *Sumner - Md*

Accident or Suicide



Mary Wilson

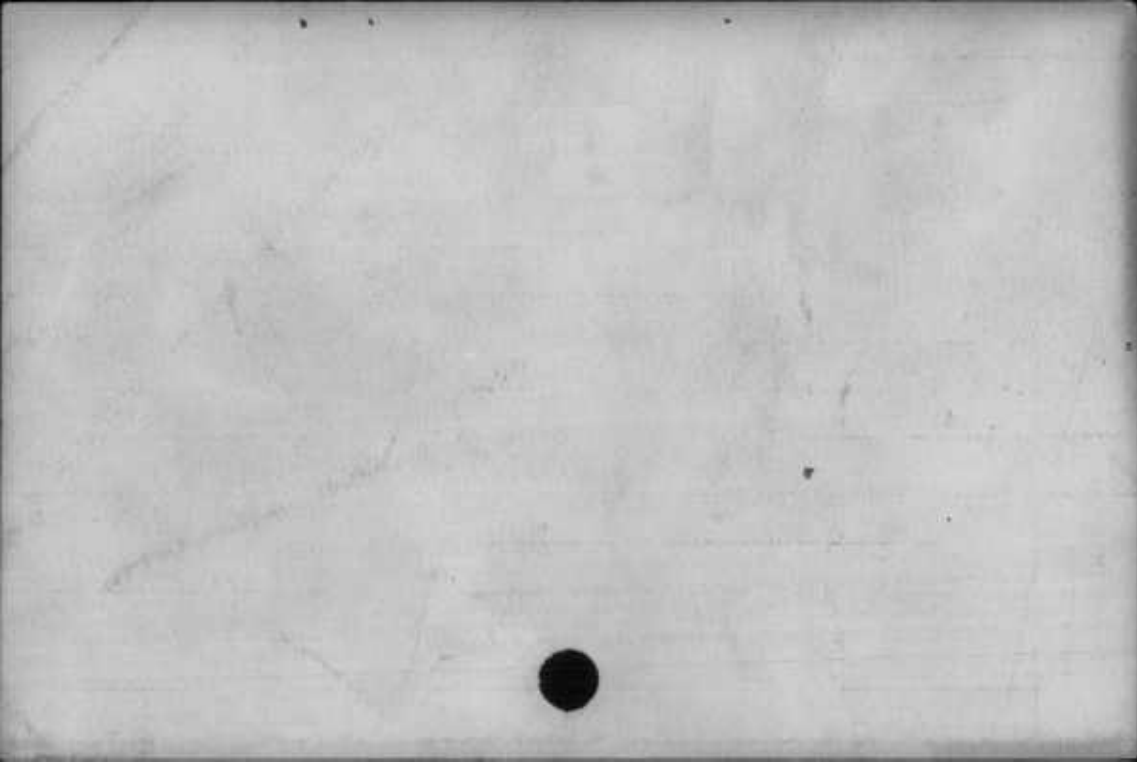
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Year <i>1910</i> Town <i>Eden</i>		County <i>Worcester</i>		MARYLAND	
Date of death		Month <i>June</i>	Day <i>27th</i>	Age <i>0</i>	Years <i>0</i>	Month <i>16th</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co. Md.</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>At Home</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>L. R. Wilson</i>			Father's Birthplace <i>Worcester Co. Md.</i>				
Mother's Maiden Name <i>Hennie Pusey</i>			Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>J. M. Shockley</i>			How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Congestion Brain</i>	<i>60</i>	How long <i>2 Days</i>
Immediate			How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. I. T. Fug</i>	
		Address <i>Fruitland</i>	
		<i>Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

John W. Anderson
Town

County

MARYLAND

Died at Showell

Worcester

Date of death 1946 June

Month

Day

Age 55

Years

Months

Days

Sex Male
Occupation Farmer

Color or Race White

Birth-place Delaware

Where Residing if not at place of death At Home

Married, Single or Widowed Married

Name of Wife or Husband Corrie Latham

Father's Name John W. Anderson Sr

Father's Birthplace Delaware

Mother's Maiden Name Angelina Blizard

Mother's Birthplace Delaware

Name of person giving Information Foyester Watson

How related to deceased Nephew

CAUSES OF DEATH

Primary Pertussis Pulmonis

How long 2 yrs -

Immediate Reptisquima

How long 4 da

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

Signature of Physician

Address

J. P. Phillips M.D.
Showell Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

