

Name in Full

Alfred Addison

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Adenton Town Anne Arundel County MARYLAND

Date of death 1900 July Month 18 Day Age 80 or 85 Years Months Days

Sex male Color or Race Colored Birthplace Maryland

Occupation Farmer Where Residing if not at place of death _____

Married, Single or Widowed married Name of Wife Fannie Addison

Father's Name not known Birthplace not known

Mother's Maiden Name not known Birthplace not known

Name of person giving Information Alfred Addison How related to deceased son

CAUSES OF DEATH

Primary Heat-exhaustion How long 10 hours -

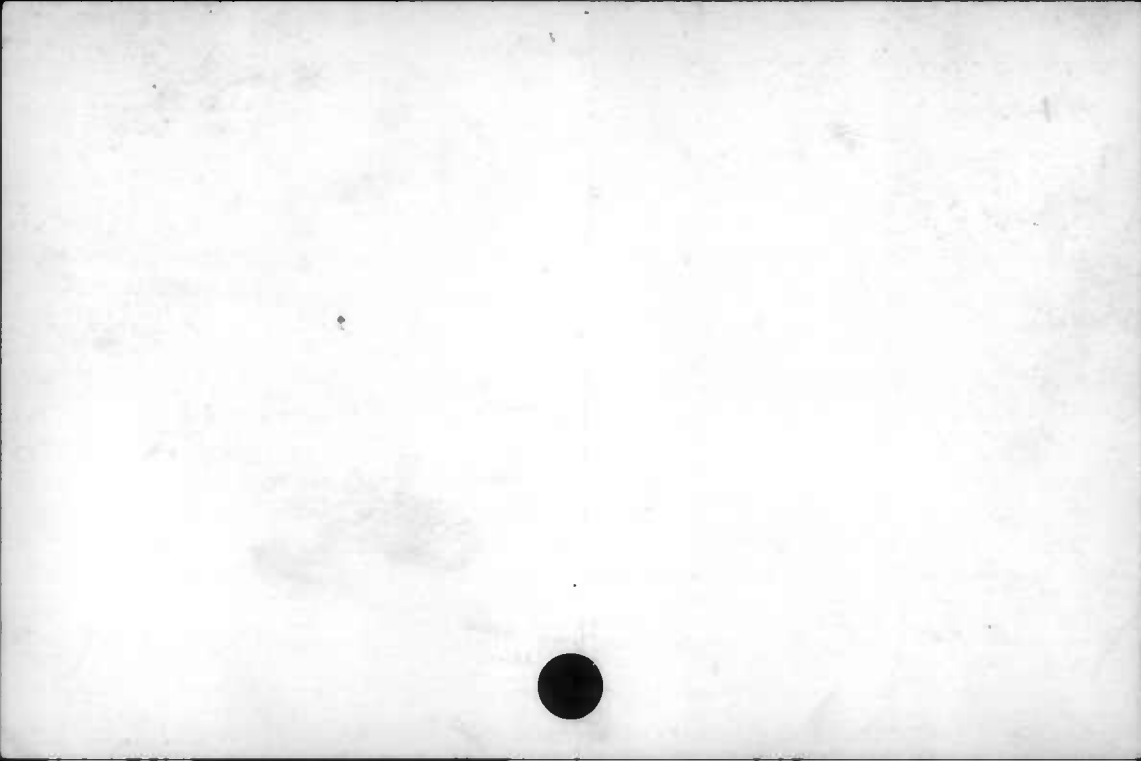
Immediate heart failure How long _____

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician D. M. Newman

Address Adenton Md

Accident or Suicide

PHYSICIAN OR CORONER



Name
in Full

George Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at

Md. H of B.

County

Anne Arundel

MARYLAND

Date of death

1940 July

Day

7

Years

Age 24

Months

Days

Sex

male

Color or Race

negro

Birthplace

unknown

Occupation

Where Residing if not at place of death

Jesup's

Married, Single or Widowed

Single

Name of Wife or Husband

neither

Father's Name

unknown

Father's Birthplace

unknown

Mother's Maiden Name

"

Mother's Birthplace

"

Name of person giving information

Jos. W. Gibson

How related to deceased

none

CAUSES OF DEATH

31

Primary

Tubercular Peritonitis

How long

7 days

Immediate

How long

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

yes

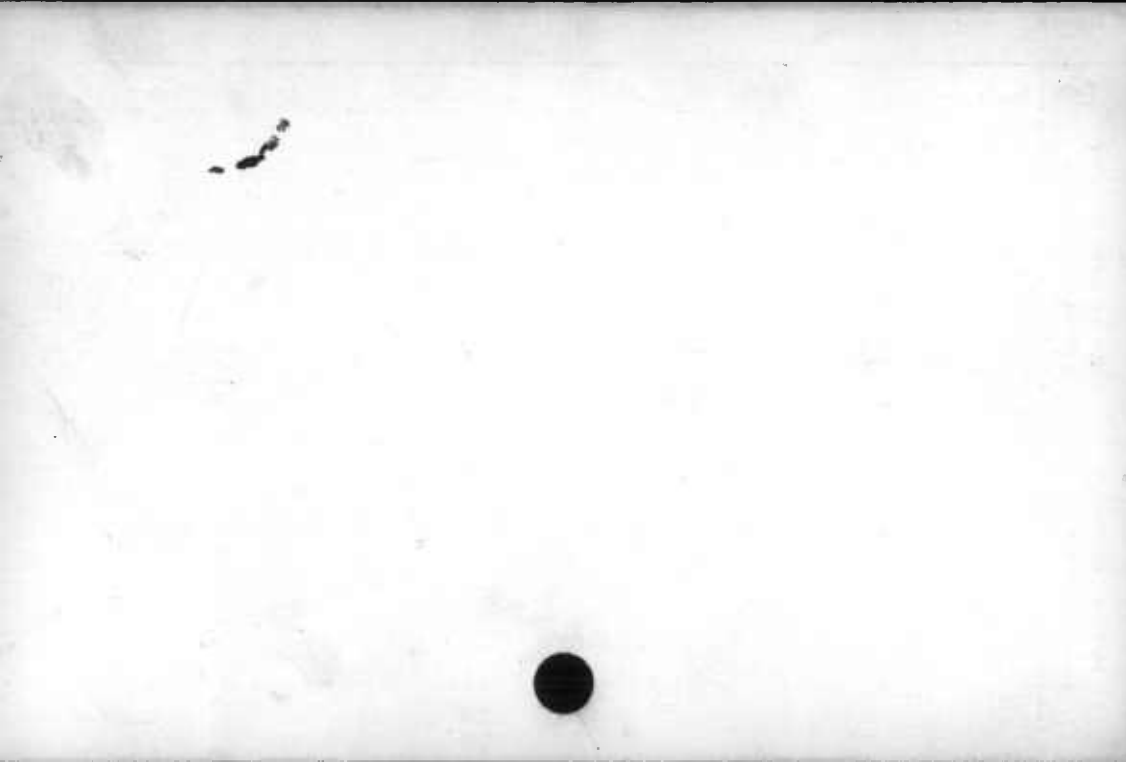
Signature of Physician

V. H. Ripley
Laurel Md

Address

Accident or Suicide

no



Name
in
Full

James A. Baker

CERTIFICATE OF DEATH

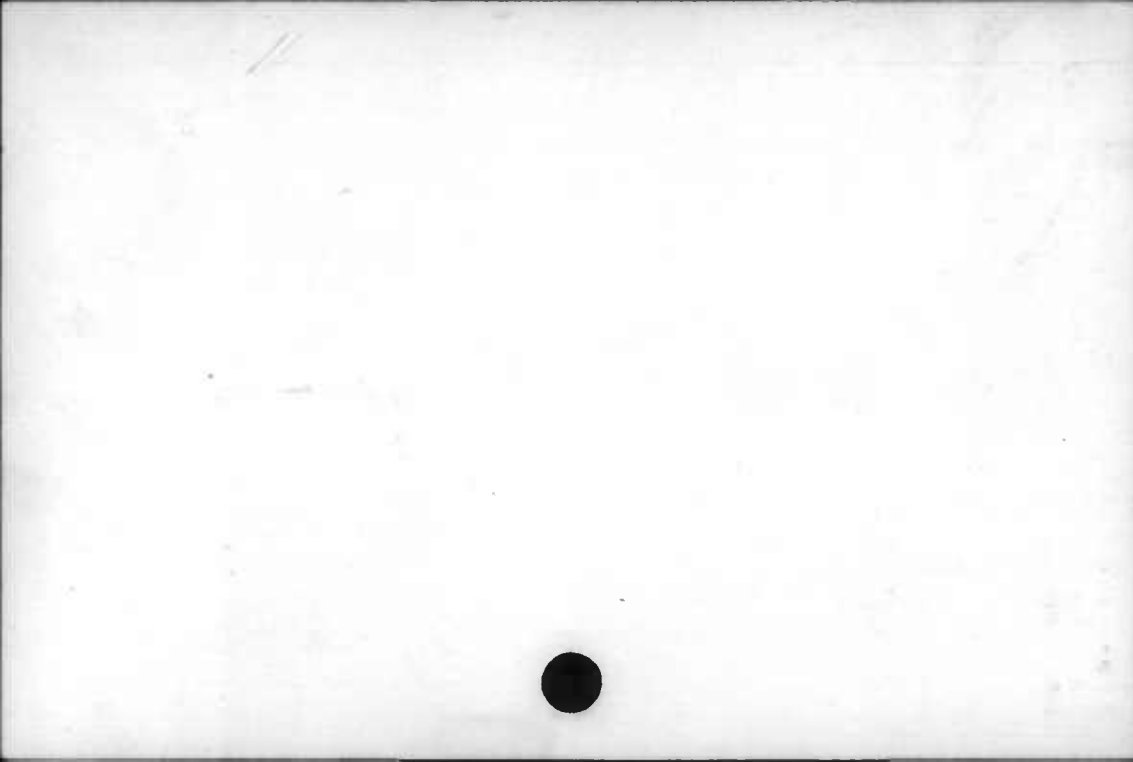
TO BE ANSWERED BY
NEAREST FRIEND

Died at Jessup's		County Anne Arundel		MARYLAND	
Date of death 1970 July 8		Age 68 -		Months Days	
Sex male		Color or Race white		Birth-place Balto -	
Occupation		Where Residing if not at place of death		m. H. of C.	
Married, Single or Widowed Single		Name of Wife or Husband none -			
Father's Name unknown		Father's Birthplace unknown			
Mother's Maiden Name unknown		Mother's Birthplace "			
Name of person giving information Jos W. Gibson		How related to deceased		none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis		How long 6 days	
Immediate Diarrhoea		How long 2 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician T.H. [Signature]	
		Address Laurel Md	
Accident or Suicide No.			



Name in Full

Diriah Barnett

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Died at *Friendship* Town *aa* County

Date of death 19*60* Month *July* Day *21* Age *2* Years Months *2* Days *15*

Sex *Female* Color or Race *Colored* Birth-place *Near Friendship*

Occupation _____ Where Residing if not at place of death _____

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

Father's Name *Richard Barnett* Father's Birthplace *Md*

Mother's Maiden Name *Cora Wilkerson* Mother's Birthplace *Friendship*

Name of person giving Information *Richard Barnett* How related to deceased *Father*

CAUSES OF DEATH

Primary *Manasimus* *1890* How long *whole life*

Immediate *Heart exhaustion* How long _____

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

Signature of Physician *J. L. Brayshaw*

Address *Friendship Md*

Accident or Suicide _____

PHYSICIAN OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Henry Winter Baylis

West Annapolis

Town

Anne Arundel

County

MARYLAND

Date

of death

1960

Month

July

Day

26

Age

53

Years

Months

1

Days

25

Sex

Male

Color or
Race

White

Birth-
place

Baltimore Md

Occupation

Farmer

Where Residing if not
at place of death

West Annapolis, Md

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

decd

Father's
Name

Isaac T Baylis

Father's
Birthplace

Harpers ferry Va.

Mother's
Maiden Name

Sarah Ann Worford

Mother's
Birthplace

London Co Va.

Name of person giving
Information

Ida M. Baylis

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Infection

How long

few hours

Immediate

Heart failure

How long

1/2 hour

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

yes

Signature of
Physician

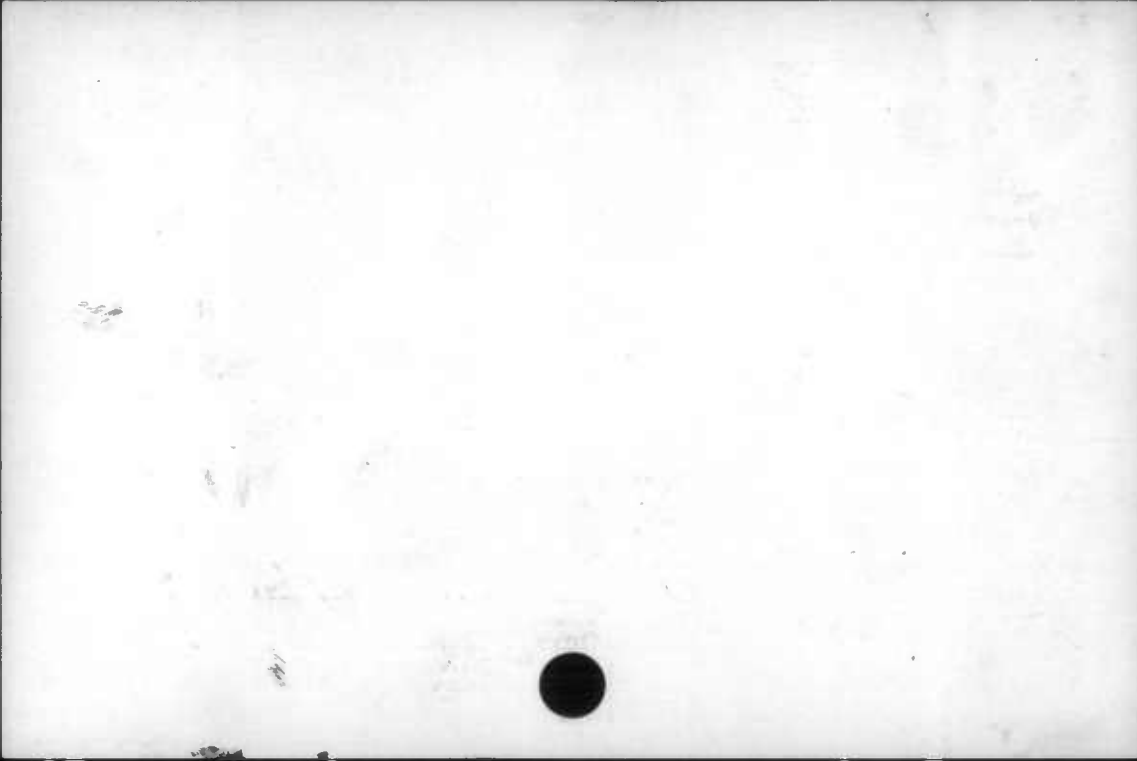
Address

Louis B DeWitt
Annapolis,
Md.

Accident or Suicide

neither

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Argentine A Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

7

Died at Annapolis a a MARYLAND

Date of death 1990 July 14 Age 29

Sex Male Color of Race Colored Birth-place Annapolis

Occupation Oysterman Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Susie Bell

Father's Name Henry H. Bell Father's Birthplace Va

Mother's Maiden Name Mollie Cooper Mother's Birthplace Annapolis Md

Name of person giving information Mollie Cooper How related to deceased Mother

CAUSES OF DEATH

113

Primary Sins hosts of the Suer Several months How long

Immediate General Drops Gradual How long

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

Signature of Physician John Ridout Address Annapolis Md

Accident or Suicide



Name
In
Full

Davis H Boston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

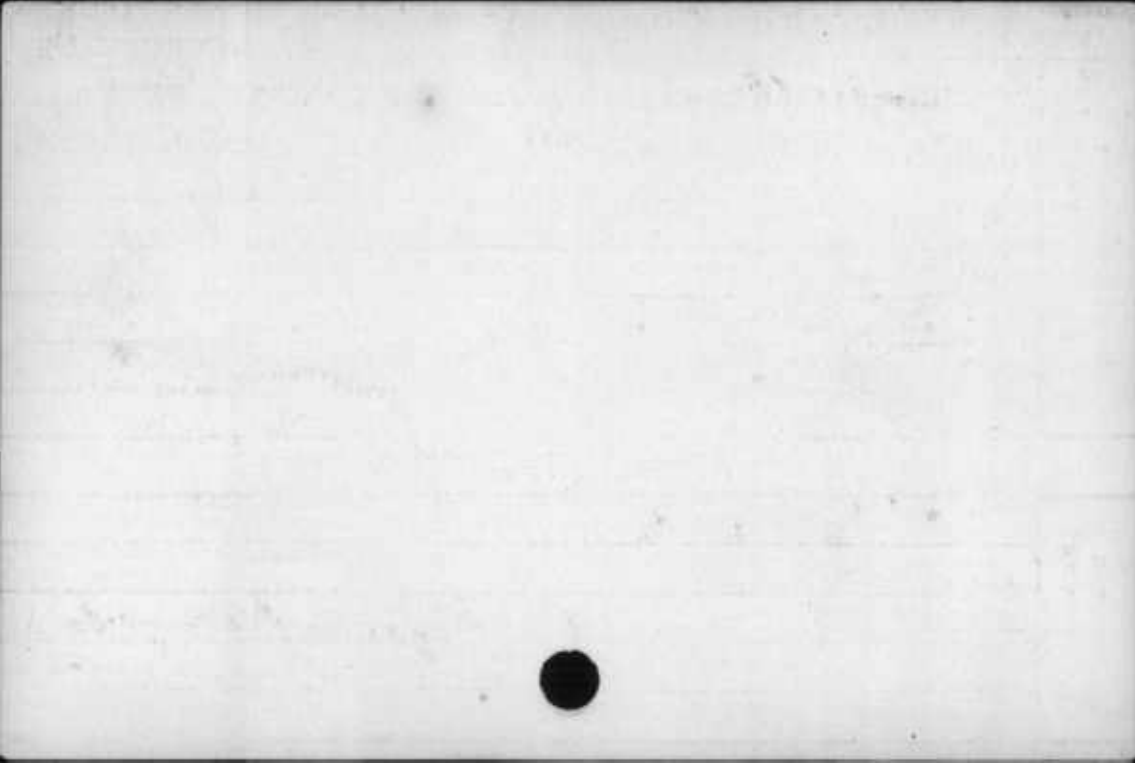
Died at <i>near</i> <i>Baltimore</i> <small>Town</small>		<i>aa</i> <small>County</small>		MARYLAND	
Date of death	<i>1915</i> <small>Year</small>	<i>July</i> <small>Month</small>	<i>27</i> <small>Day</small>	Age <i>52</i> <small>Years</small>	<i>aa</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>colored</i>	Birth-place	<i>aa h</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married: Single <small>or Widowed</small>	Name of Wife or Husband <i>May I Boston</i>				
Father's Name	<i>Thos Boston</i>		Father's Birthplace	<i>aa v</i>	
Mother's Maiden Name	<i>Carissa Jones</i>		Mother's Birthplace	<i>aa cv</i>	
Name of person giving information	<i>Kathleen Thomas</i>		How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

Primary	<i>Acute Nephritis</i>	How long	<i>119</i>
Immediate		How long	<i>2 weeks</i>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	<i>Thos Thomas</i>
<i>27</i>	Address	
Accident or Suicide?		



Name

CERTIFICATE OF DEATH

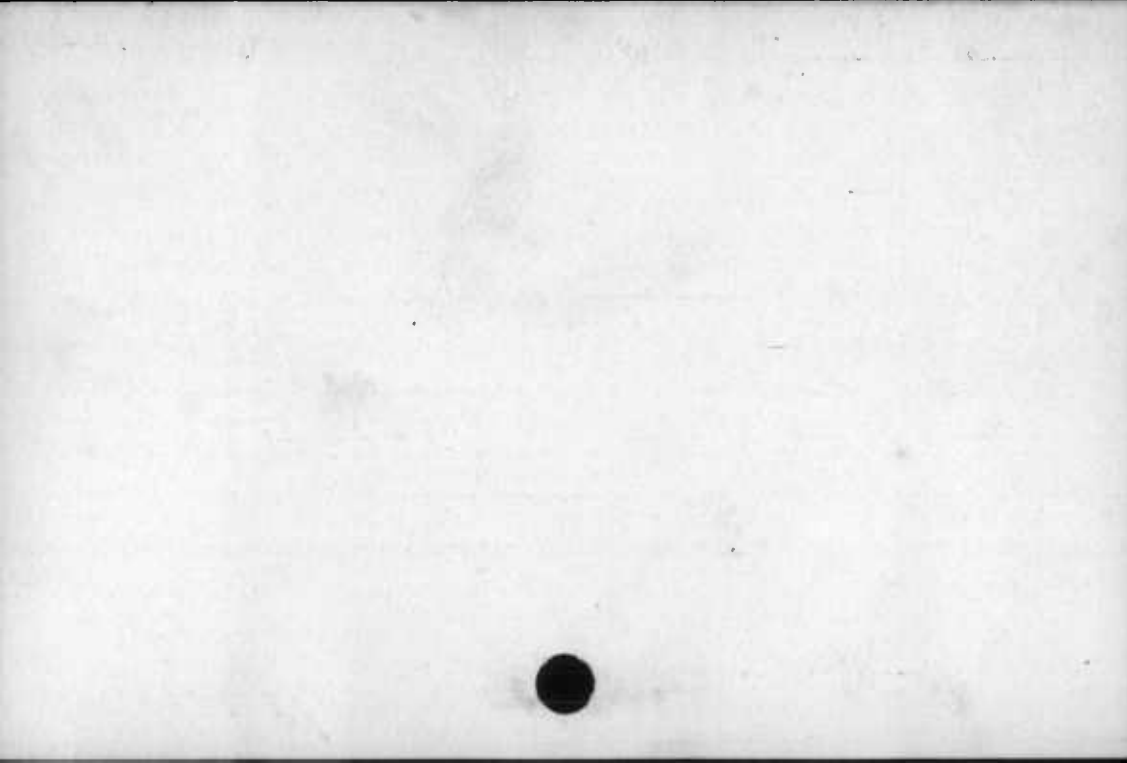
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Severn</i> Town <i>Boyer</i> County <i>Anne Arundel</i>		MARYLAND	
Date of death 19 <i>10</i>	<i>7</i> Month	<i>24</i> Day	Age <i>—</i> Years
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Severn Md</i>
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 Name <i>Josephus Boyer</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Virginia Maloney</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Hammond Boyer</i>	How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric - Colitis (1044)</i>	How long <i>2 week</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. A. Hammond</i>
	Address <i>Jessup, Md</i>
Accident or Suicide? <i>No</i>	



Name in Full

May Grace Bradford

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Odenton</i> <small>Town</small>			<i>Anne Arundel</i> <small>County</small>			MARYLAND		
Date of death	<i>1900</i>	Month <i>7</i>	Day <i>12</i>	Age	Years <i>2</i>	Months	Days	
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Odenton</i>	
Occupation				Where Residing if not at place of death		<i>Odenton</i>		
Married, Single or Widowed			Name of Wife or Husband					
Father's Name	<i>Wesley Bradford</i>					Father's Birthplace	<i>Patuxent</i>	
Mother's Maiden Name	<i>Myrtle Smith</i>					Mother's Birthplace	<i>Odenton</i>	
Name of person giving information	<i>Myrtle Smith</i>					How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

Primary	<i>Prostrate from Heart</i>	How long	<i>179</i>	How long	<i>About one hour</i>
Immediate	<i>1</i>	How long		How long	

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Lester L. Dancy J.P.</i>
		Address	<i>Odenton</i>
Accident or Suicide?			<i>Anne Arundel Co Md</i>



Name in Full

Mildred Sophia Brandford

Died at *Chesterfield* Town *U.C.* County MARYLAND

Date 1910 *7 25* Month Day Age *8* Y. M. D. Native of *U.C. Ind.* Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of _____
Wife _____

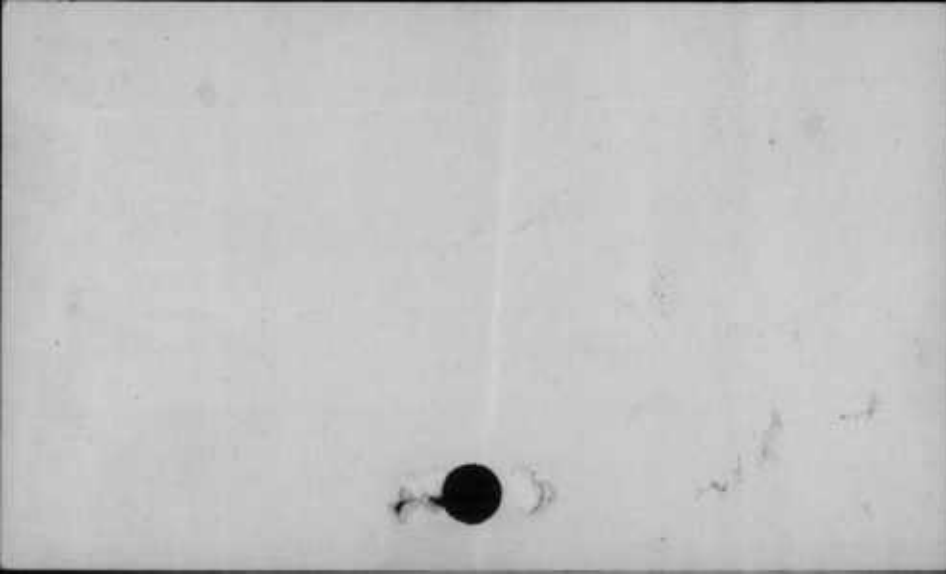
Father's Name *M. Brandford* Mother's Maiden Name *Sophia Queen*

Cause of Death { Primary *Cholera Infantum 10 Hrs* How long sick *7 days*
Immediate *Convulsions* Accident, Suicide, Homicide

Reported by *Mathias Brandford*

Address *Chesterfield* *W.G. Williams M.D.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *Gambrell Ind.*



Name in Full

John W. Brashers

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} East Port ^{County} A a MARYLAND

Date of death 1906 ^{Month} July ^{Day} 21 ^{Age} 45 ^{Years} ^{Months} ^{Days}

Sex Male ^{Color or Race} Colored ^{Birth-place} A A Co Md

Occupation Oysterman ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} Lizzie Brashers

Father's Name William Brashers ^{Father's Birthplace} A A Co Md

Mother's Maiden Name Catherine Pinkney ^{Mother's Birthplace} Calvert Co Md

Name of person giving Information George Brashers ^{How related to Deceased} Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pulmonary Hemorrhage ^{How long} Several weeks

Immediate Exhaustion ^{How long} Gradual

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

yes

Signature of Physician

John Ridout
Annapolis Md

Address

Accident or Suicide

Geo. N. Taylor & Sons
Pembury Brenton Co.

Name in Full

Walter Edward Brewer

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Annapolis ^{County} a-a MARYLAND

Date of death 1910 ^{Month} July ^{Day} 1 ^{Age} ^{Years} — ^{Months} 4 ^{Days} 18

Sex Male ^{Color or Race} Colord ^{Birth-place} Annapolis

Occupation — ^{Where Residing if not at place of death} Colby Street

Married, Single or Widowed — ^{Name of Wife or Husband} —

Father's Name Nathaniel Brewer ^{Father's Birthplace} Christofield

Mother's Maiden Name Ida Parker ^{Mother's Birthplace} -a-d Co.

^{Name of person giving information} Ida P. Brewer ^{How related to deceased} Mother

Mt Labor Crmt

CAUSES OF DEATH

Primary ^{How long} 1897 ^{Since Birth} Since Birth

Immediate ^{How long} Gradual

Are the name, age, sex, color, date and place correctly given above? ^{Signature of Physician} John Ridout

yes ^{Address} Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER



Name
in Full

Nettie M. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u>		Town		<u>A.A.</u>		County		MAYLAND	
Date of death <u>1900 July 20</u>		Month		Day		Age <u>22</u>		Years	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>		Months		Days	
Occupation <u>House Wife</u>		Where Residing if not at place of death							
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Harry C. Brown</u>							
Father's Name <u>Isaac J. Wick</u>		Father's Birthplace <u>Unknown</u>							
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>							
Name of person giving Information <u>Harry C. Brown</u>		How related to deceased <u>Husband</u>							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Mitral Regurgitation</u>	How long <u>around 7 years</u>
	Immediate <u>Acute Nephritis</u>	How long <u>6 or 8 weeks</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. Albert Purvis</u>
	Accident or Suicide <u>no.</u>	Address <u>Annapolis Md</u>

James A. Taylor
James W. Taylor
James W. Taylor
James W. Taylor

Name
in
Full

William Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Da County - MD

MARYLAND

Date

19010 July

Day

15

Age

Years

68

Months

2

Days

1

Sex

male

Color or
Race

colored
Negro

Birth-
place

Grand George
Co MD

Occupation

Laborer

Where Residing if not
at place of death

Grand Place Co

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sarah Thomas
William Brown

Father's
Name

William Brown

Father's
Birthplace

Grand George
Co MD

Mother's
Maiden Name

Mother's
Birthplace

Howard County
MD

Name of person giving
Information

Hurty Brown

How related
to deceased

son

CAUSES OF DEATH

Primary

asthma
Heart

How long

4 mt

Immediate

How long

4 mt

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

yes

Signature of
Physician

Address

Loren Merriam
708 Cedar St

PHYSICIAN
OR CORONER

Accident or Suicide

Physic
2 1/2

Name in Full

Ozella Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		STATE MARYLAND	
Date of death		19	Month July	Day 18	Age Years	Months 3	Days
Sex Female		Color or Race Colored		Birth place Washington, D.C.			
Occupation Infant				Where Residing if not at place of death 14 Shank St			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Alexander Brown		Father's Birthplace A.A. Co. Md					
Mother's Maiden Name Therese Brown		Mother's Birthplace " " " "					
Name of person giving information Lottie Brown		How related to deceased Grandmother					

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Enter Cause	How long	104	2 days
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Ambrose G. G. G.		
Address		3412 2nd St		
Accident or Suicide?				



Name
In Full

Annie Mary Carr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at Leon Town Anne Arundel County MARYLAND

Date of Death 1910 July Month 12 Day Age 2 Years Months 9 Days —

Sex Female Color or Race White Birth-place Md.

Occupation None Where Residing if not at place of death —

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

Father's Name George Carr Father's Birthplace Md.

Mother's Maiden Name Agnes Thomas Mother's Birthplace Md.

Name of person giving Information Geo. Carr How related to deceased Father

CAUSES OF DEATH

Primary Enterocolitis How long 24 hours

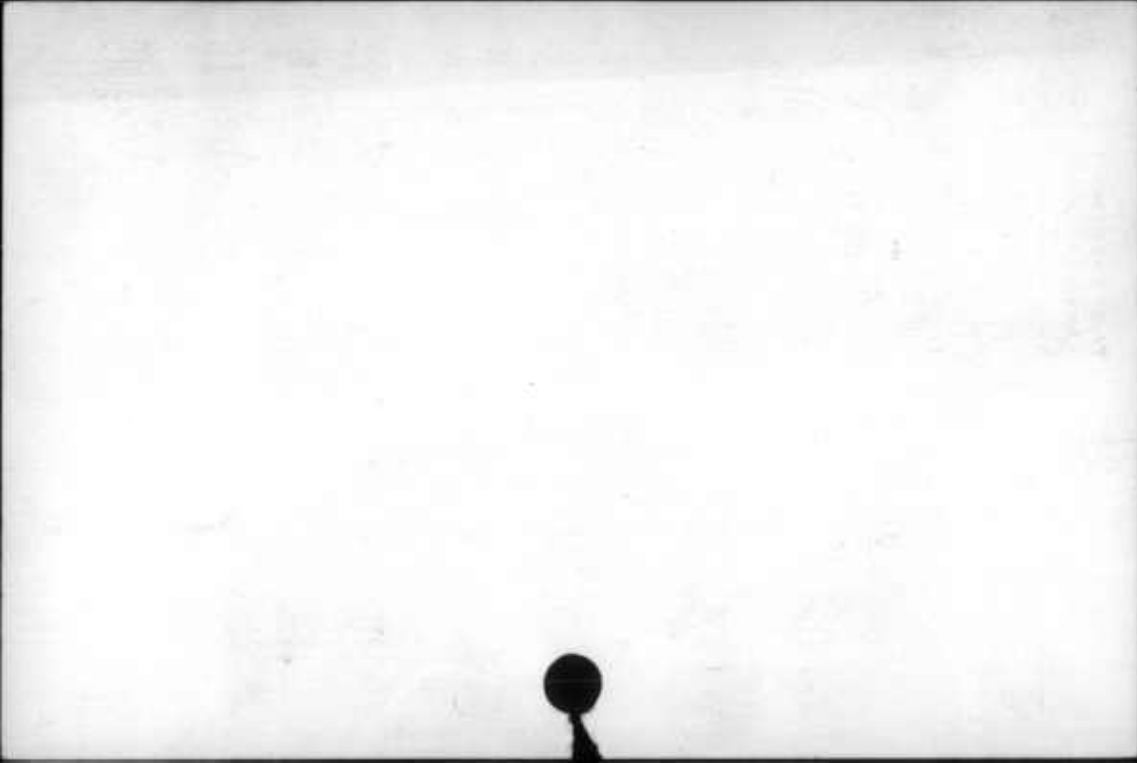
Immediate Spasms How long 1 hour

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

Signature of Physician A. H. Perrie
Address McKendree, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Priscilla Catterton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pindell</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1990 July 10</i>	<i>10</i> <small>Day</small>	<i>84</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>27</i> <small>Days</small>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Thomas Catterton</i>				
Father's Name <i>Isaac Monnett</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary Stinnett</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving Information <i>Zachariah Catterton</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Senile debility</i> <i>15-4</i>	How long <i>Several months</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A.H. Perrie,</i>
	Address <i>McKendree,</i>	<i>Md.</i>
Accident or Suicide		



Name
in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full: *Joseph E. Chauy*

Town: *Brooklyn* County: *Cal.*

Died at: *Brooklyn Cal.*

Date of death 19*10* Month: *July* Day: *21* Age: *28* Months: *7* Days: *28*

Sex: *Male* Color or Race: *White* Birthplace: *Massonville*

Occupation: _____ Where Residing if not at place of death: _____

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

Father's Name: *Joseph Chauy* Father's Birthplace: *Ind*

Mother's Maiden Name: *A. Raymond* Mother's Birthplace: *Ind*

Name of person giving Information: *Joseph Chauy Jr.* How related to deceased: *Factor*

CAUSES OF DEATH

Primary: *Mal. Nutrition* How long: *3 weeks*

Immediate: *as there was* How long: *1 week*

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

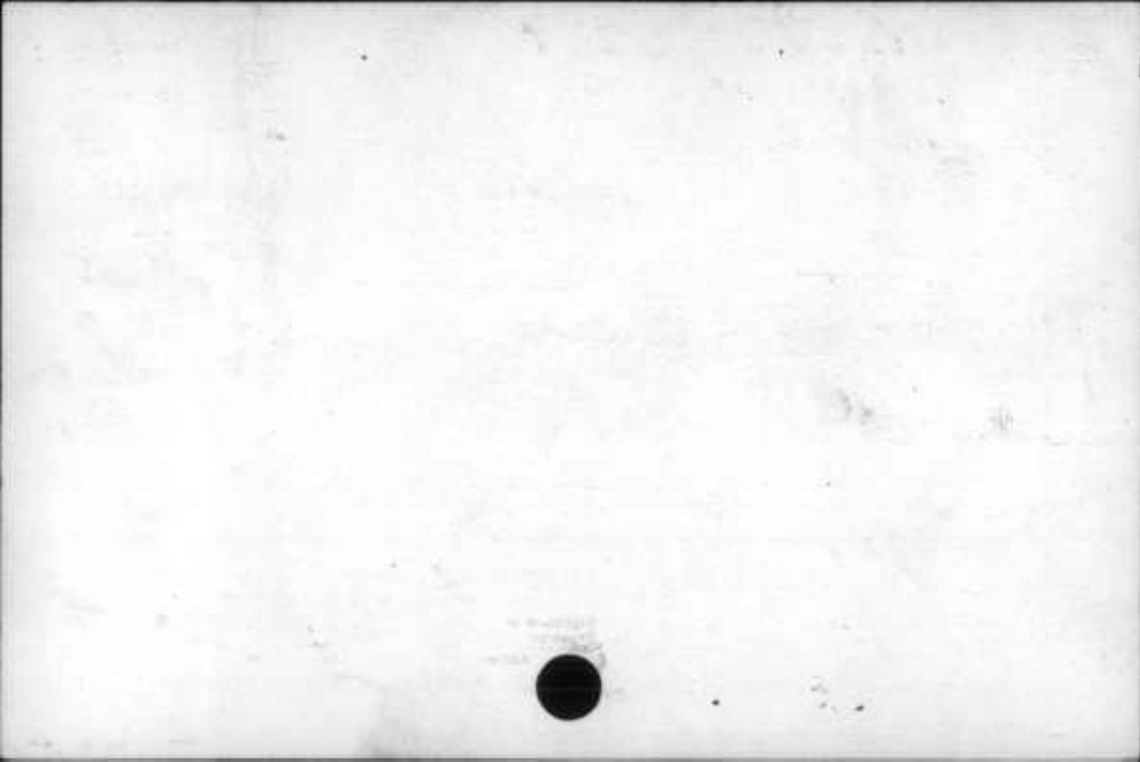
Signature of Physician: *W. H. ...*

Address: *228 S. Charles*

Ball

Accident or Suicide: *X*

PHYSICIAN
OR CORONER



Name
in Full

John B Childs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brook		County aa		MARYLAND	
Date of death	1960	Month July	Day 23	Age 1	Years	Months 8	Days
Sex	Male		Color or Race	Col		Birth-place	Ma
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Childs					Father's Birthplace	Ma
Mother's Maiden Name	Grogan Howard					Mother's Birthplace	Ma
Name of person giving information	John Childs					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteritis	How long	1 week
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Charles B. Smith
		Address	Brooklyn
Accident or Suicide?			



Name in Full

James A. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Masonville ^{County} D.A.

MARYLAND

Date of death | 1910 | ^{Month} July | ^{Day} 5 - | Age | ^{Years} - | ^{Months} 6 | ^{Days} -

Sex Male | Color or Race White | Birth-place Masonville, Md

Occupation - | Where Residing if not at place of death -

Married, Single or Widowed - | Name of Wife or Husband -

Father's Name Junius T. Clarke | Father's Birthplace Va

Mother's Maiden Name Maggie McFerrity | Mother's Birthplace Scotland

Name of person giving information Junius T. Clarke | How related to deceased Father

CAUSES OF DEATH

Primary Cholera Infantum | How long one week

Immediate Infantile Convulsions | How long 2 hours

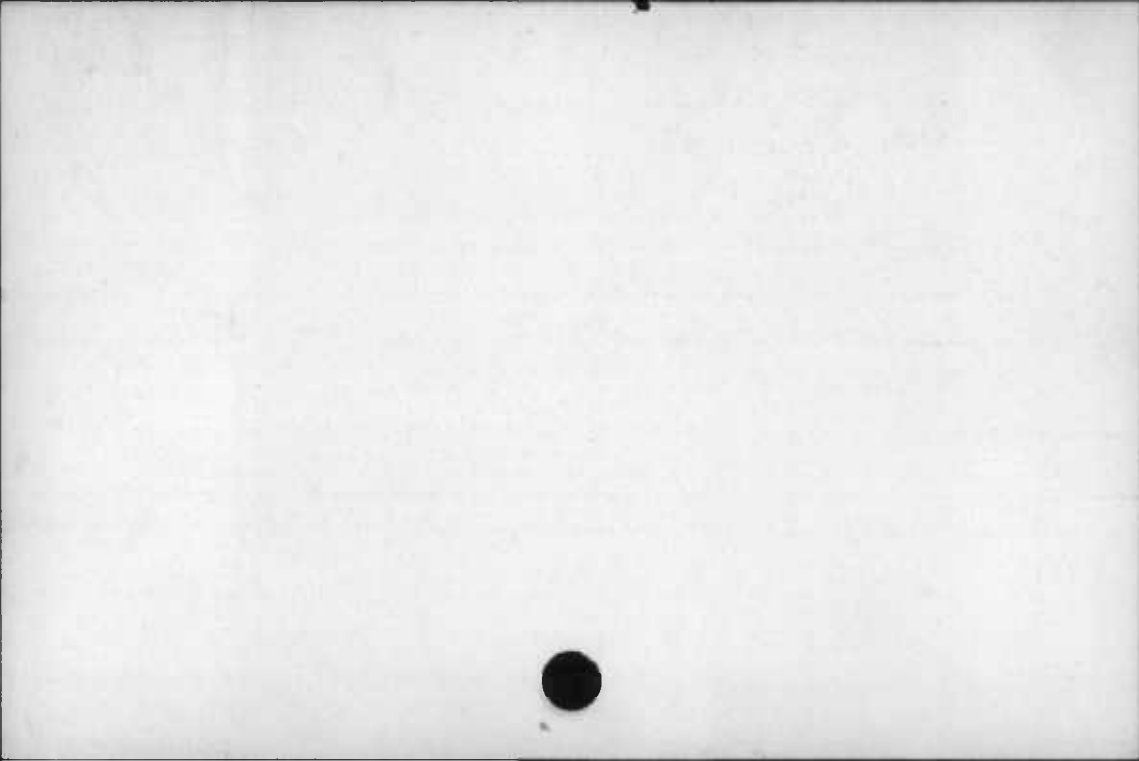
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Tho. B. Horton MD

Address 50. Batty, Md

PHYSICIAN OR CORONER

Attendant or Guardian?



Name
in
Full

Rachel Crowner

CERTIFICATE OF DEATH

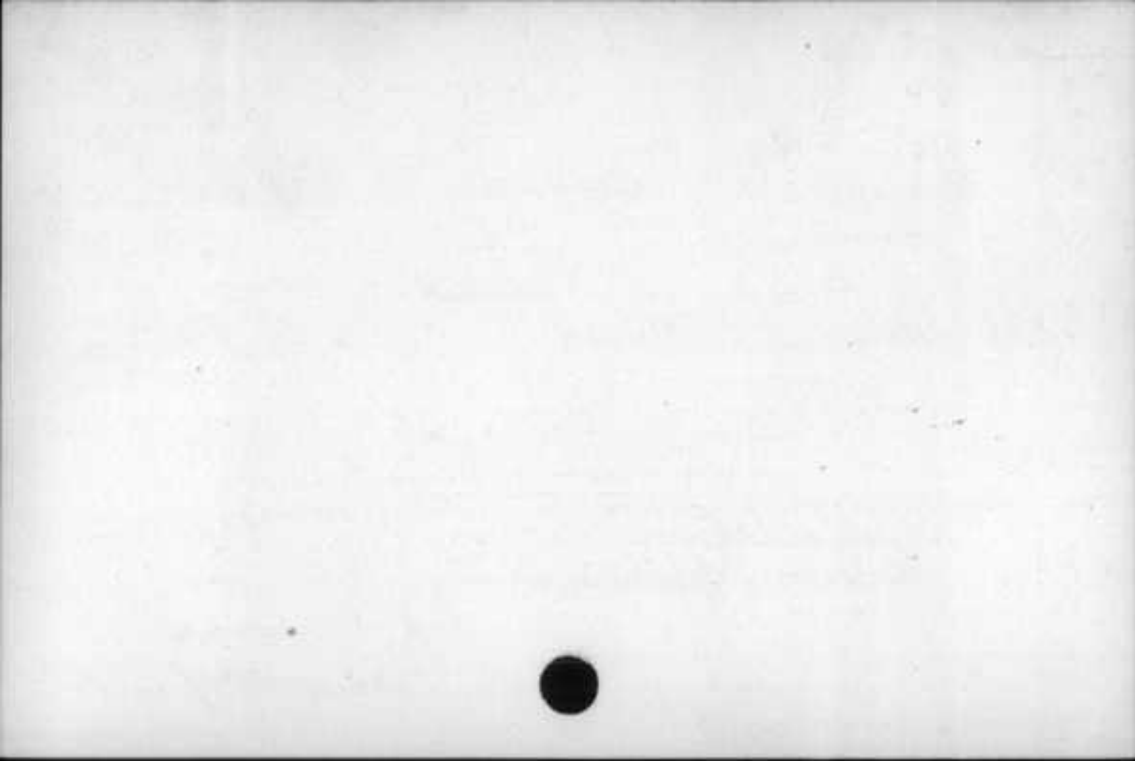
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shady Side</i> <small>Town</small>		<i>A. A.</i> <small>County</small>		MARYLAND	
Date of death	<i>1900</i> <small>Year</small>	<i>July</i> <small>Month</small>	<i>2</i> <small>Day</small>	Age <i>48</i> <small>Years</small>	<i>-</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Ind</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Solomon Crowner</i>				
Father's Name <i>Tom Scott</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Grace Gross</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Phas. Scott</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 Months</i>
Immediate <i>Exhaustion</i>	How long <i>48 Hours</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. T. Lent Sub. Reg</i>
	Address <i>Churckton</i>
Accident or Suicide? <i>-</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Robert C. Davis

Town

County

MARYLAND

Died at *Stoney Creek*

Anne Arundel

Date

Month

Day

Years

Months

Days

of death

1900

July

4

Age

38

1

17

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Male

Color or
Race

White

Birth-
place

Ma

Occupation

Loan Business

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary R. Davis

Father's
Name

John R. Davis

Father's
Birthplace

Ma

Mother's
Maiden Name

Elizabeth Purpont

Mother's
Birthplace

Ma

Name of person giving
Information

John B. Davis

How related
to deceased

Brother

CAUSES OF DEATH

Primary

How long

Immediate

Drown

How long

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

Yes

Signature of
Physician

John C. Potee Coroner

Address

Brooklyn

Accident or Suicide

Accident

Anne Arundel Ma

PHYSICIAN
OR CORONER



Name
in
Full

Robert E. Davis

CERTIFICATE OF DEATH

Died at ^{Town} *Stony Creek* ^{County} *Anne Arundel* MARYLAND

Date of death **19** *10* ^{Month} *July* ^{Day} *4* Age ^{Years} *38* ^{Months} *1* ^{Days} *17*

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

Occupation *Loan Office* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Many R. Davis*

Father's Name *John R. Davis* Father's Birthplace

Mother's Maiden Name *Elizabeth Piermont* Mother's Birthplace

Name of person giving information *Many R. Davis* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Row boat capsized* How long

Immediate *Accidentally Drowned* How long

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

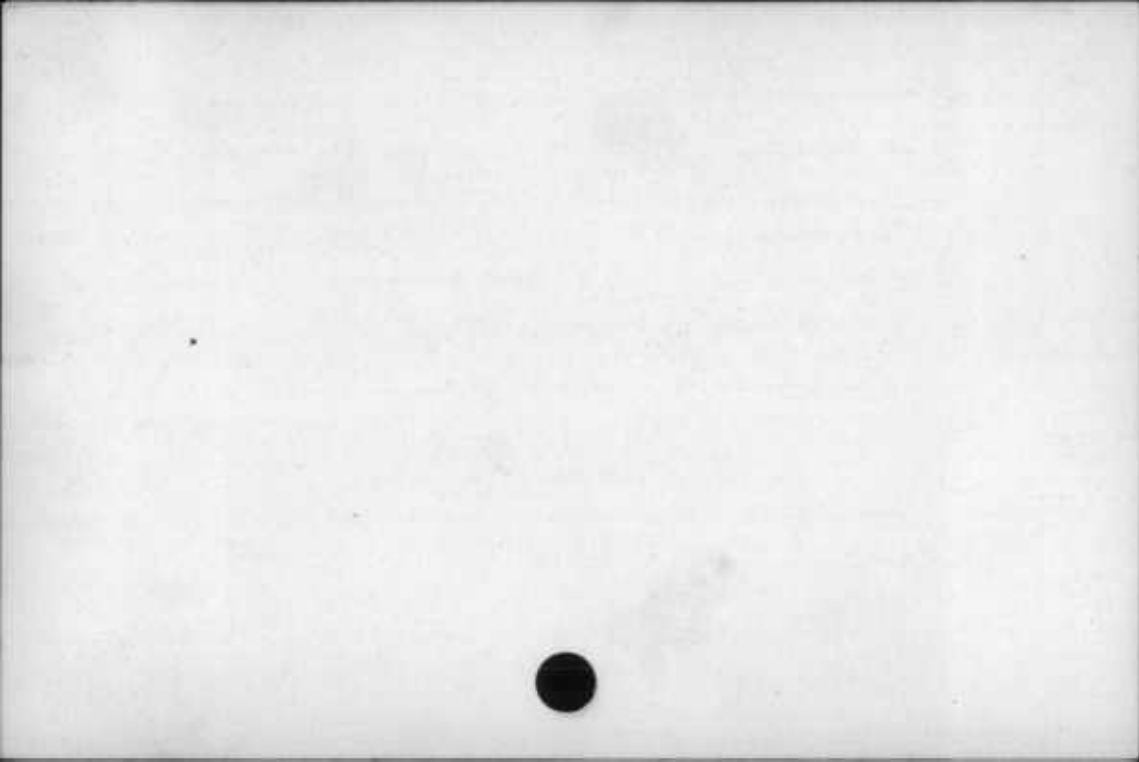
Signature of Physician *Thos B. Fortson M.D.*
Address

*So. Baltimore Sta.,
Curtis Bay, Md.*

Accident or ~~other~~

Related to BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

Mary sorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

F

Died at Friendship ^{Town} a ^{County} a **MARYLAND**

Date of death 1960 ^{Month} July ^{Day} 9 ^{Years} 42 ^{Months} 3 ^{Days} 20

Sex Female Color or Race Colored Birth-place MD

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband James sorsey

Father's Name Samuel Davis Father's Birthplace MD

Mother's Maiden Name Unknown Mother's Birthplace MD

Name of person giving Information Genevieve Holland How related to deceased Sister in law

CAUSES OF DEATH

(6H)

PHYSICIAN
OR CORONER

Primary Apoplexy How long Few minutes

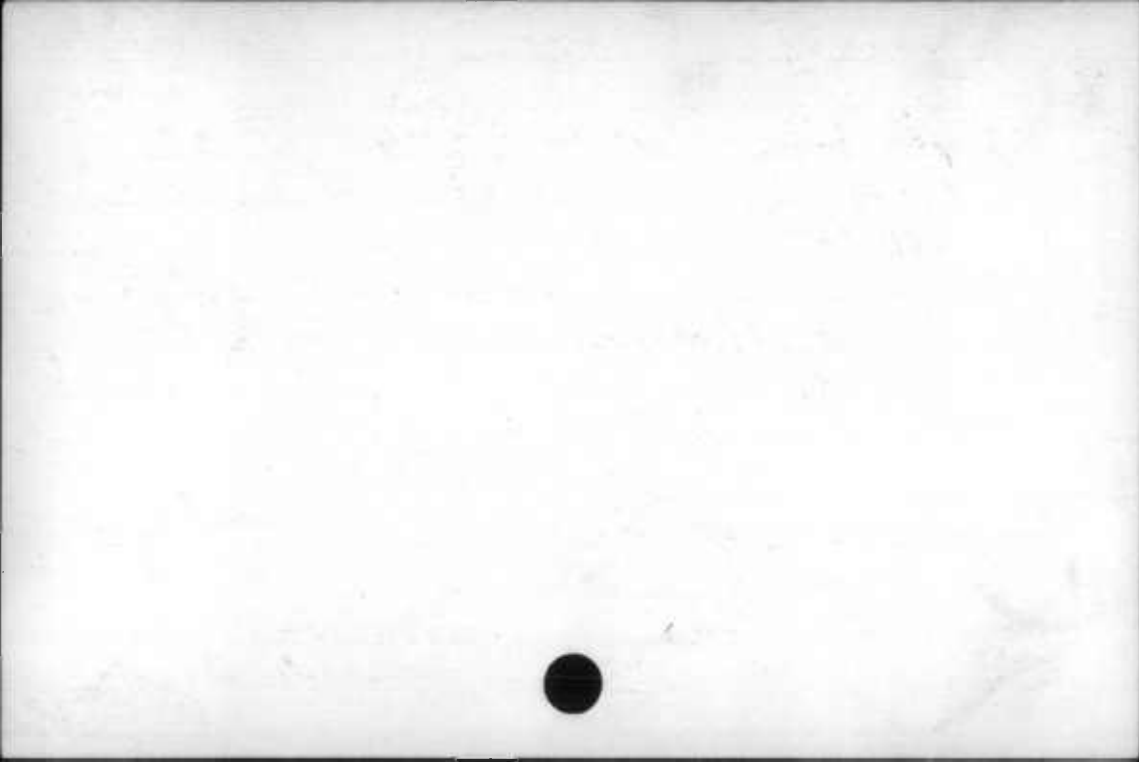
Immediate Heart Exhaustion How long

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

Signature of Physician E. L. Brayshaw

Address Friendship MD

Accident or Suicide



Name in Full

Ella Louise Duckert

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

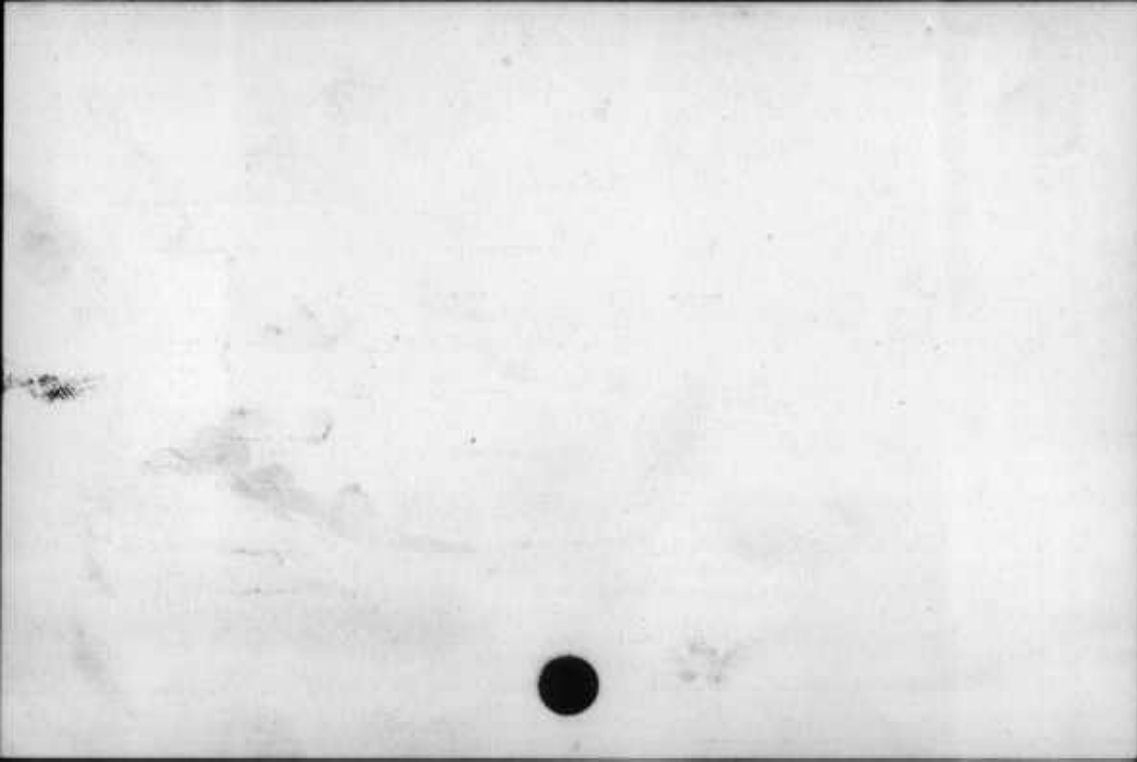
Died at <i>Ann Arbor, A.A.</i>		Town <i>Ann Arbor</i> County <i>A.A.</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>July</i>	Day <i>7</i>	Age <i>4</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Obvionally</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Frank Duckert</i>	Father's Birthplace <i>A.A., Co. Md.</i>				
Mother's Maiden Name <i>Annice Jones</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>" "</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

8

PHYSICIAN OR CORONER

Primary <i>Pertussis</i>	How long <i>Several weeks</i>
<i>Dropsy</i>	How long <i>gradual</i>
Immediate <i>Asthma</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Bidont, M.D.</i>
<i>yes</i>	Address <i>Annapolis Md.</i>
Accident or Suicide?	



Name in Full

Meliora Duwall

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Annapolis Town A.A. County MARYLAND

Date of death 1900 July 1 Age 85 Months 6 Days

Sex Female Color or Race White Birth-place A.A. Co Md

Occupation _____ Where Residing if not at place of death _____

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

Father's Name John W. Duwall Father's Birthplace A.A. Co Md

Mother's Maiden Name Jenn Miller Duwall Mother's Birthplace A.A. "

Name of person giving Information Jas. A. Beashan How related to deceased _____

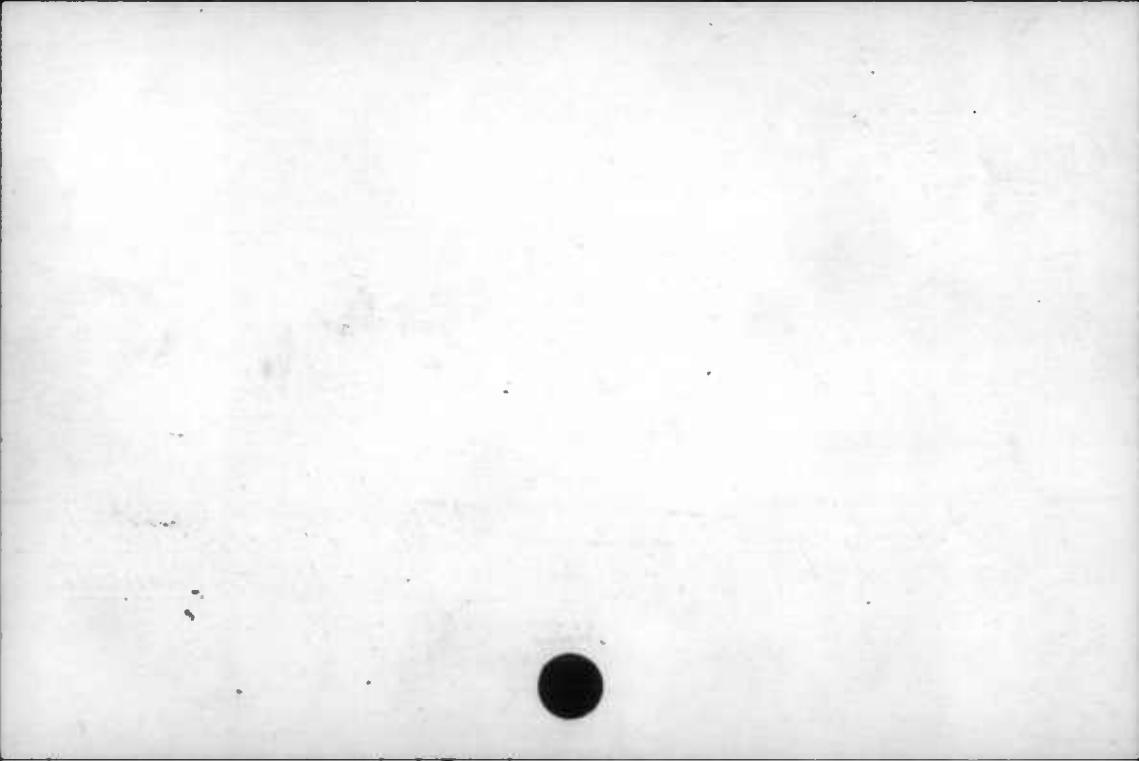
CAUSES OF DEATH

Primary Indigestion 103 Four hours
Immediate Exhaustion Fifteen minutes

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

Accident or Suicide No. Address Annapolis Maryland

PHYSICIAN OR CORONER



Name in Full

Charlie Cihler

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Pasadena Town Da County

MARYLAND

Date of death 1910 July Month 14 Day 6 Years 2 Months 2 Days

Sex male Color or Race white Birth-place Anne Arundel Co

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

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

Father's Name Frank Cihler Father's Birthplace Bohemia

Mother's Maiden Name Mary Pogheim Mother's Birthplace Bohemia

Name of person giving information Frank Cihler How related to deceased father

CAUSES OF DEATH

189

PHYSICIAN OR CORONER

Primary --- How long ---

Immediate Marasmus How long 3 months

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

Signature of Physician Thomas H. Grayshaw

Yes

Address Essex Building

Accident or Suicide? ---

Md

Name
in
Full

Mary Florida

CERTIFICATE OF DEATH

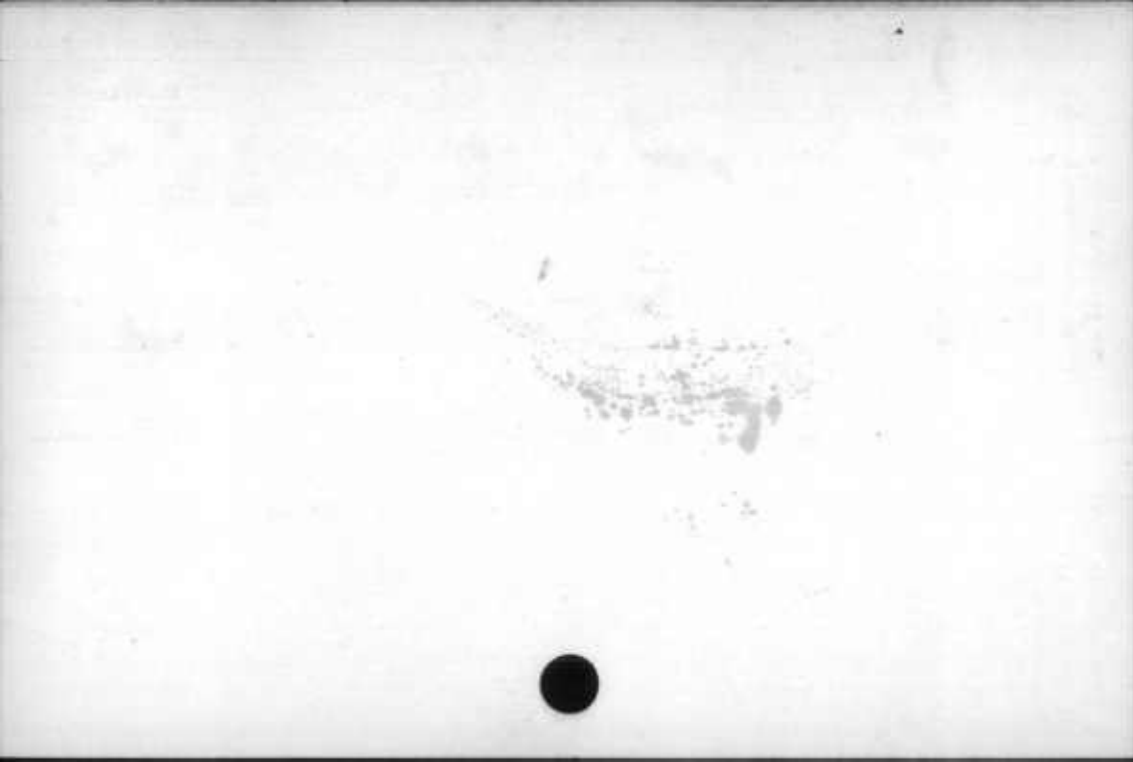
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>So. Balto</u> Town		<u>A.A.</u> County		MARYLAND	
Date of death 19 <u>10</u> Month <u>July</u> Day <u>24</u>	Age <u>-</u> Years	Months <u>3</u>	Days <u>-</u>		
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>So. Baltg, 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>Bernhardt Florida</u>	Father's Birthplace <u>Russia</u>				
Mother's Maiden Name <u>Anna Ott</u>	Mother's Birthplace <u>Russia</u>				
Name of person giving Information <u>Bernhardt Florida</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary <u>Cholera Infantum</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>The. B. Horton, M.D.</u>
	Address <u>So. Baltg, Md.</u>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name in Full

Paul Alvin Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Nutwell ^{County} Anne Arundel MARYLAND

Date of death 1900 ^{Month} July ^{Day} 28 ^{Age} 0 ^{Years} 0 ^{Months} 5 ^{Days} 14

Sex Male ^{Color or Race} White ^{Birth-place} Md.

Occupation None ^{Where Residing if not at place of death}

Married, Single or Widowed Single ^{Name of Wife or Husband} _____

Father's Name Harry Ford ^{Father's Birthplace} Md.

Mother's Maiden Name Ola Phipps ^{Mother's Birthplace} Md.

Name of person giving information Harry Ford ^{How related to decedent} Father

CAUSES OF DEATH

Primary Cholera Infantum ^{How long} 3 days

^{How long} 10 1/2

Immediste

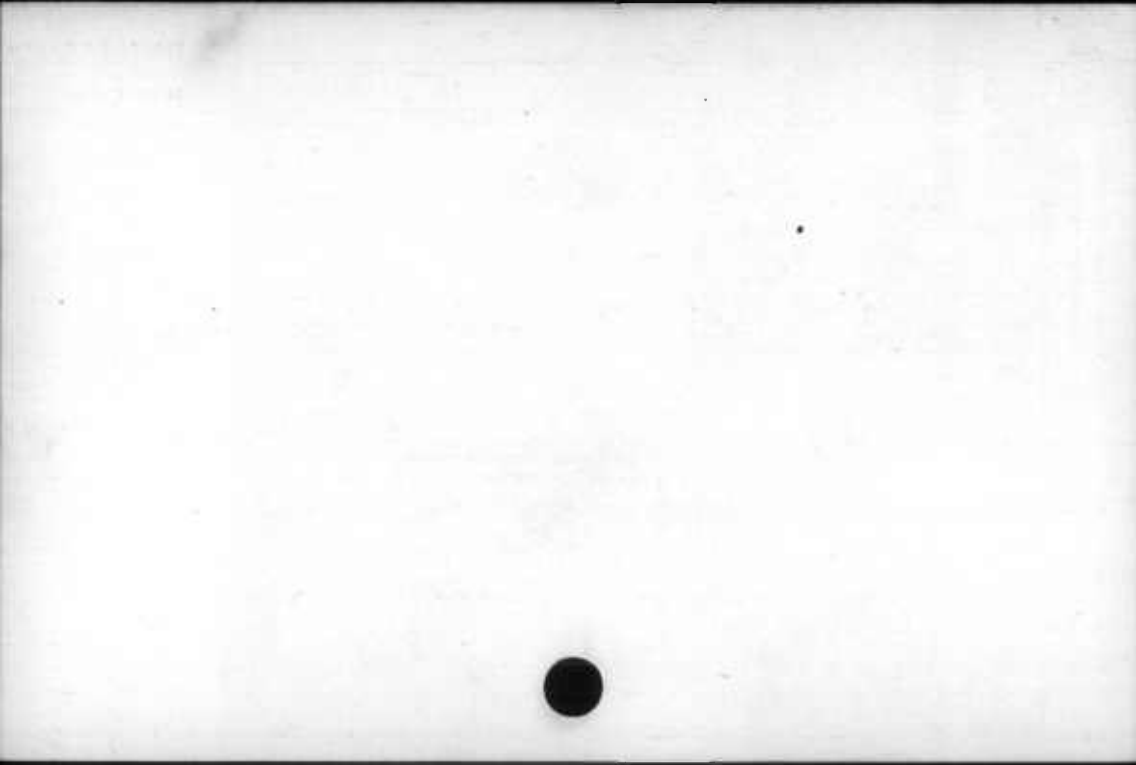
PHYSICIAN OR CORONER

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

Signature of Physician A. H. Perre

Address 712 Kentree Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Hellen B. Freeman
Town County

Died at East Port AA **MARYLAND**

Date of death 1990 July 26 Age 1 Months — Days 10

Sex Female Color or Race White Birth-place East Port Md

Occupation None Where Residing if not at place of death

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

Father's Name Oliver Freeman Father's Birthplace Annapolis Md

Mother's Maiden Name Elizabeth Mitchell Mother's Birthplace Annapolis Md

Name of person giving Information Oliver Freeman How related to deceased Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Transition 177B How long 3 mo

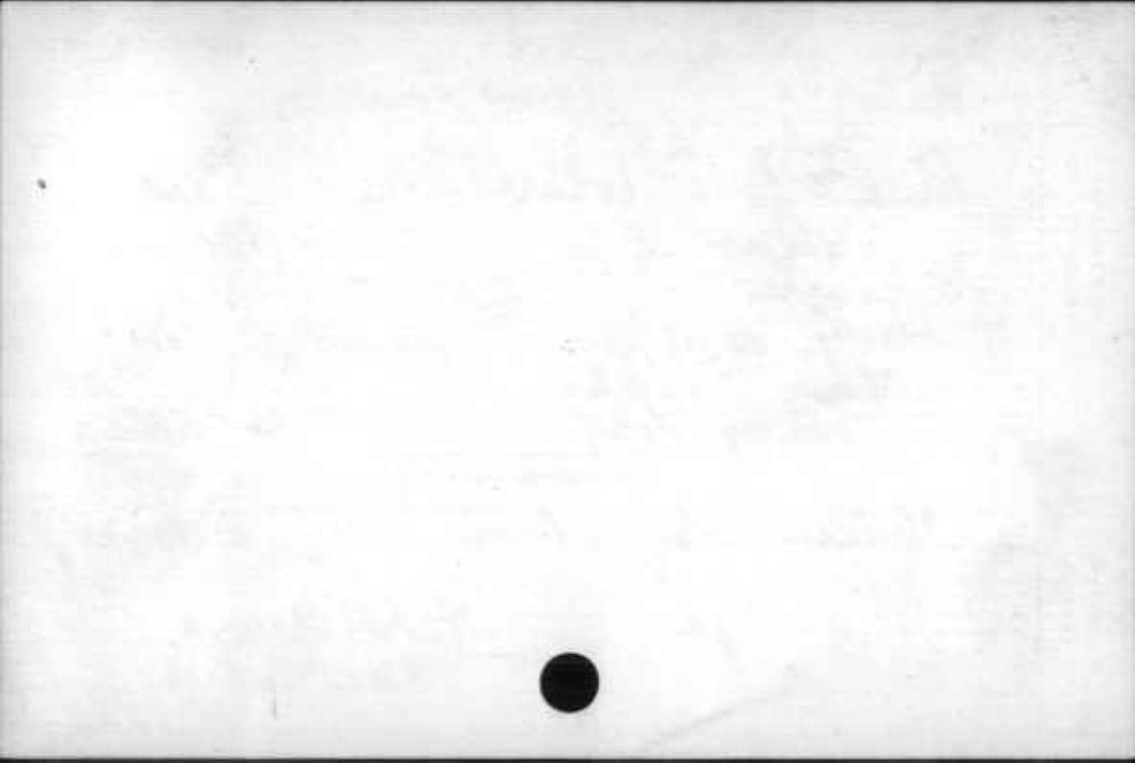
Immediate meningitis How long 24 hrs.

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

Signature of Physician J. J. Russell M.D.
Address

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in Full

Welch Freeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> Town		<u>Ca</u> County		MARYLAND	
Date of death 19 <u>92</u>	Month <u>July</u>	Day <u>15</u>	Age <u>0</u> Years	Months <u>9</u>	Days <u>28</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Annapolis</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Jas. A. Freeman</u>	Father's Birthplace <u>Annapolis</u>				
Mother's Maiden Name <u>May Hardisty</u>	Mother's Birthplace <u>Annapolis</u>				
Name of person giving Information <u>May Freeman</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Rachitis</u>	How long <u>6 mos</u>
Immediate <u>Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Jms Welch</u>
	Address <u>Annapolis</u>
Accident or Suicide <u>—</u>	



Name
in
FullRachare A. Friedhofer
Town
County

CERTIFICATE OF DEATH

MARYLAND

Died at Sulphur Springs, A. A.
Date of death 1900 July 6 Age 80 Months 10 Days 20Sex Male Color or Race m Birth-place Md
Occupation Retiree Where Residing if not at place of death HomeMarried, ~~yes~~ or Widowed Yes Name of Wife or Husband John F. Friedhofer

Father's Name Richard Disney Father's Birthplace Md

Mother's Maiden Name Pruella Disney Mother's Birthplace Va

Name of person giving Information John F. Friedhofer Relationship to deceased Son

CAUSES OF DEATH

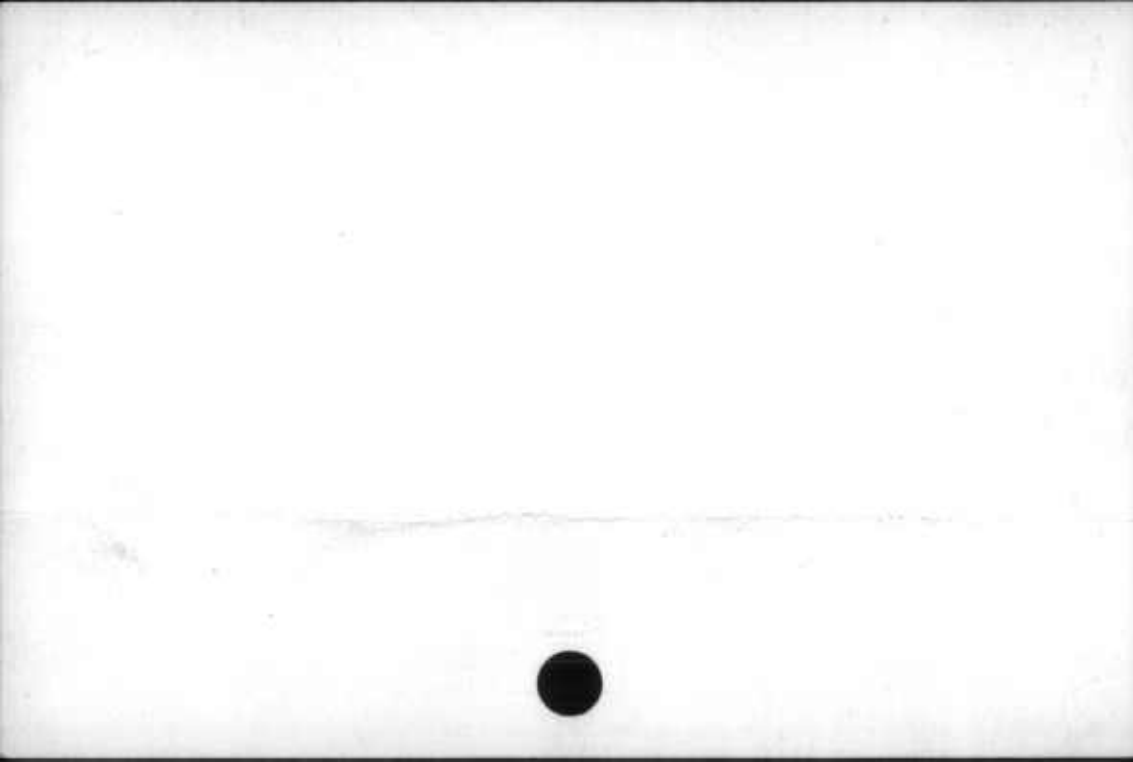
Primary Cerebral Hemorrhage How long Seven days
Immediate Intracranial pressure How long 48 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician R. A. Hammond,

Address Jessup, Md.

Accident or Suicide No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Geminio Gray Anne (Carmody)

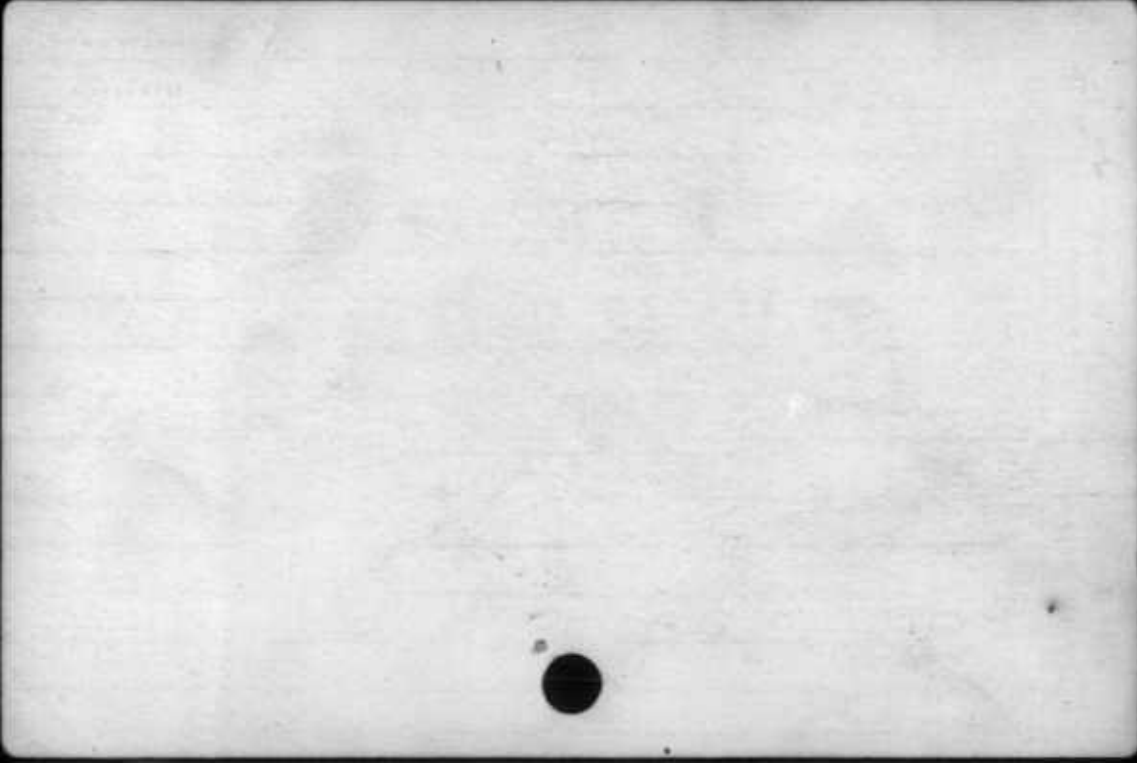
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Arnolds		County C. G. C.		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1990		July	25 th		4	22	
Sex	Female		Color or Race	Caucasian		Birthplace	Arnolds
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Proctor Gray		Father's Birthplace		
					New York		
Mother's Maiden Name			Martha Johnson		Mother's Birthplace		
					Arnolds		
Name of person giving Information			Mother		How related to deceased		
					Mother		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Murder	How long	189 A	How long	2 weeks
	Immediate					
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician				
				J. C. Joyce M.D.	Address	
				Arnolds		
	Accident or Suicide					



Name
in
Full

CERTIFICATE OF DEATH

Bear W. Gray
Town County

MARYLAND

Died at *Harwood Anne Arundel*

Date of death *1990 July 28* Age *5*

Sex *Male* Color or Race *Colored* Birth-place *AA Co., Md*

Occupation _____ Where Residing if not at place of death _____

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

Father's Name *George Gray* Father's Birthplace *AA Co., Md*

Mother's Maiden Name *Mary Whittington* Mother's Birthplace *Calvert Co., Md*

Name of person giving information *George Gray* How related to deceased *Father*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

1041

Primary *Feeding* How long *Next*

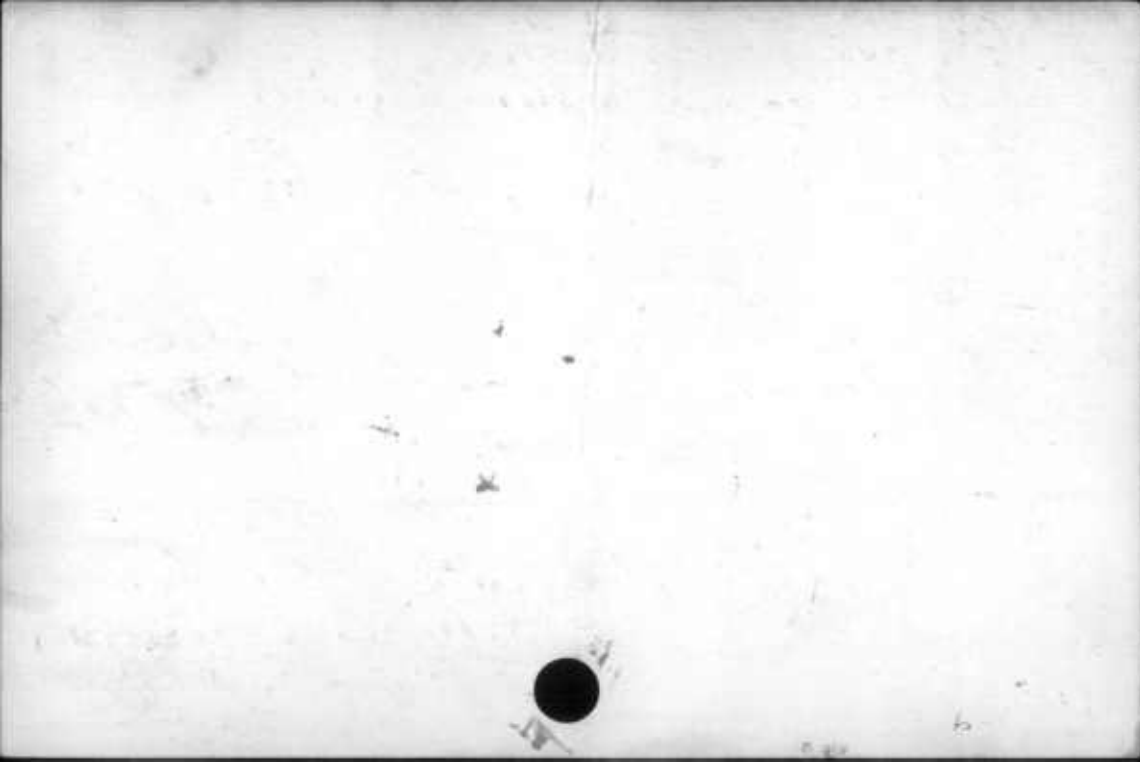
Immediate *Acute Milk Infection* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Maclaine Cawood MD*

Address *West River*

Accident or Suicide _____ *AA Co., Md*

PHYSICIAN
OR CORONER



Name
in
Full

Warren Edward Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Harwood Town Anne Arundel County MARYLAND

Date of death 1940 Year July Month 28 Day Age 5 Years 5 Months — Days

Sex Male Color or Race Colored Birth-place A.C.C., Md

Occupation — Where Residing if not at place of death —

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

Father's Name George Gray Father's Birthplace W.C., Md

Mother's Maiden Name Mary Whittington Mother's Birthplace Calvert, Md

Name of person giving Information Joseph Gray How related to decedent Father

CAUSES OF DEATH

Primary Tuberculosis How long 10H

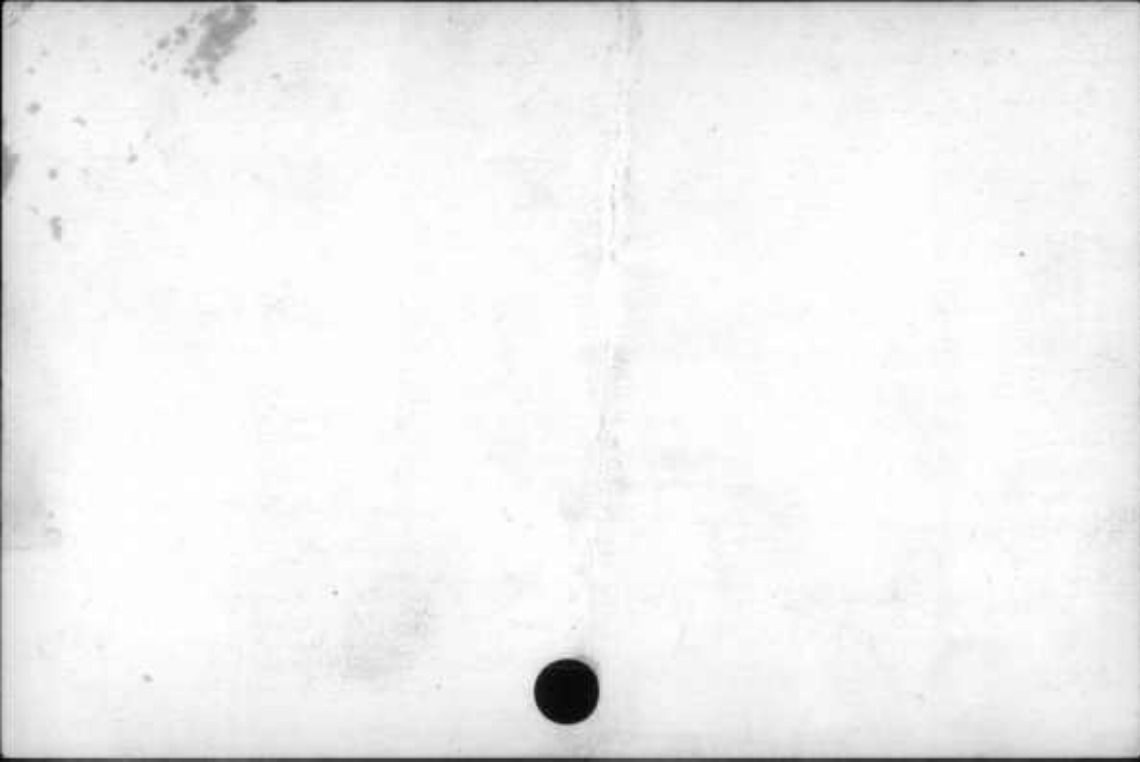
Immediate Acute chest infection How long 24 hours

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

Signature of Physician Maclain Toward
Address West River
Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Marietta Harwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Glen Burnie</i>		Town <i>Burnie</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>July</i>	Day <i>22</i>	Age <i>10</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>negro</i>		Birth-place <i>A A Co</i>				
Occupation _____			Where Residing if not at place of death _____				
Married, Single or Widowed _____			Name of Wife or Husband _____				
Father's Name <i>Norman Harwood</i>			Father's Birthplace <i>A A Co</i>				
Mother's Maiden Name <i>Mary Smothers</i>			Mother's Birthplace <i>A A Co</i>				
Name of person giving information <i>Norman Harwood</i>			How related to deceased <i>father</i>				

CAUSES OF DEATH

Primary	How long <i>78</i>
Immediate <i>Tuberculosis of lungs</i>	How long <i>8 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thomas H. Brayshaw</i>
<i>Yes</i>	Address <i>Glen Burnie</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
In Full

Leon Hayis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Pumphrey Sta		Ad Co		County	
Date of death	1940	Month	July	Day	11	Age	Years 2
						Months	10
Sex	Female	Color or Race	White	Birth-place	Pumphrey Sta		
Occupation	None			Where Residing if not at place of death	Pumphrey Sta		
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Hotel Hayis			Father's Birthplace	Ches Md		
Mother's Maiden Name	Carroll Case			Mother's Birthplace	Md		
Name of person giving information	Amie Case			How related to deceased	Grandmother		

CAUSES OF DEATH

30

PHYSICIAN
OR CORONER

Primary	Tubercular Peritonitis		How long	3 weeks
Immediate	—		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. D. [Signature]
			Address	1014 W Lafayette St
Accident or Suicide?				

Dr. Wm Brown
London Domic

Name in Full

Alberta Herndon

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at ^{Town} Amaphio ^{County} a-a- MARYLAND

Date of death 19/0 ^{Month} July ^{Day} 3 ^{Age} ^{Years} ^{Months} 3 ^{Days} -

Sex ^{Female} Color or Race ^{Colord} Birth-place ^{Amaphio}

Occupation ⁻ Where Residing if not at place of death ^{Burns. East Port}

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

Father's Name ^{Loviless Herndon} Father's Birthplace ^{North Carolina}

Mother's Maiden Name ^{Rosa Hunt} Mother's Birthplace ^{N-C}

Name of person giving information ^{Loviless Herndon} How related to deceased ^{Father}

Brewerhill Cemt,

CAUSES OF DEATH

Garcia

PHYSICIAN OR CORONER

Primary ^{Enterocolitis} ⁽¹⁰⁴⁾ How long ^{4 days}

Immediate ⁻ How long ⁻

Are the name, age, sex, color, date and place correctly given above? ^{Yes} Signature of Physician ^{Ambrose Garcia}

Address ^{34. 2nd st}

Accident or Suicide? ^{no}



Name
in
Full

Margaret Hicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Galloways Town a a County

Date of death 1900 July 22 Age 59

Months 1 Days 1

Sex female Color or Race colored

Birth-place A.A. Co., Md

Occupation House Wif Where Residing if not at place of death Galloways

Married, Single or Widowed married Name of Wife or Husband George Hicks

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name Margaret Brouse Mother's Birthplace A.A. Co., Md

Name of person giving information George Hicks How related to decedent Husband

CAUSES OF DEATH

Primary Influenza 79

How long 10 months

Immediate Cardiac dilatation 3 months

How long

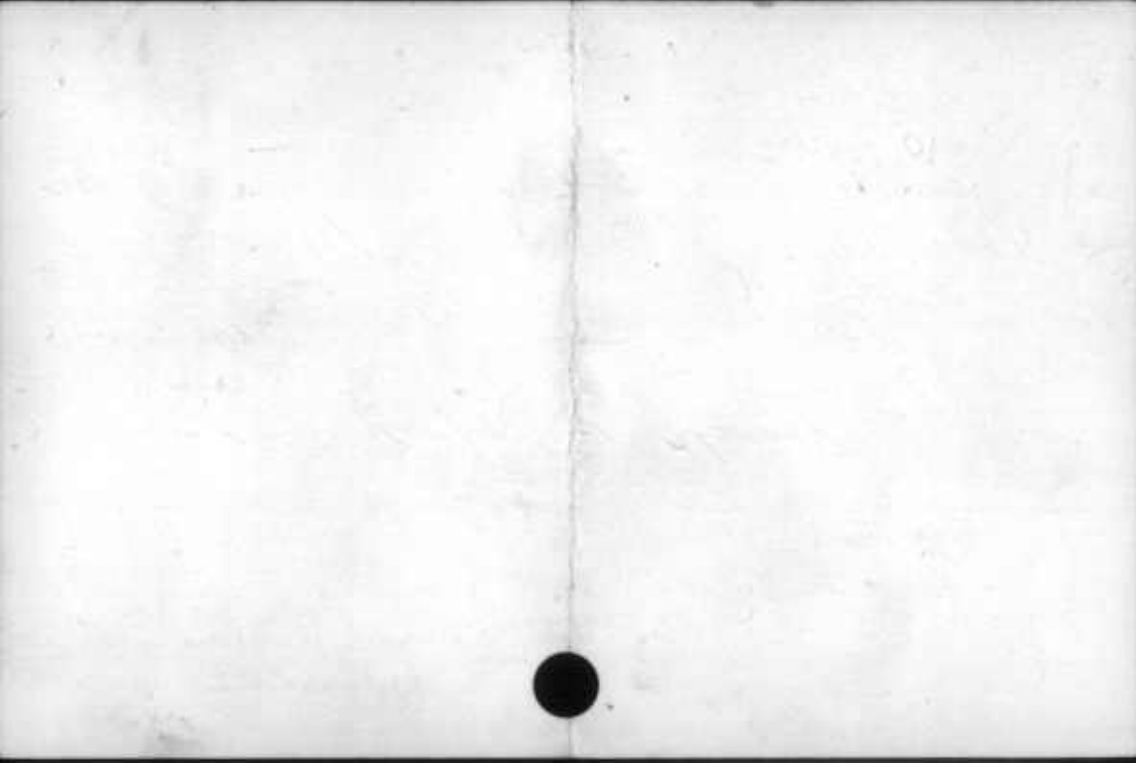
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Maclain Cawood, M.D.

Address West River Md

PHYSICIAN
OR CORONER

Accident or Suicide Neither



Name
in Full

Annie Virginia Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis ^{Town} A A ^{County} **MARYLAND**

Date of death 1900 July 30 ^{Month} ^{Day} Age 7 ^{Years} ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Annapolis Md

Occupation None Where Residing if not at place of death

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

Father's Name Fred Holland Father's Birthplace Annapolis

Mother's Maiden Name Agnes Parkerson Mother's Birthplace Annapolis

Name of person giving Information Agnes Holland How related to decedent Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Marasmus 189 A ^{How long} 1 mo ^{How long}

Immediate

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

Signature of Physician J. J. Murphy
Address Annapolis

Accident or Suicide



Name
in
Full

Cora Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

g

Died at <u>Churchton</u> <small>Town</small>		<u>A. A.</u> <small>County</small>		MARYLAND	
Date of death	<u>1900</u>	Month	<u>July</u>	Day	<u>15</u>
Age	<u>-</u>	Years	<u>-</u>	Months	<u>1</u>
				Days	<u>7</u>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Churchton Md.</u>
Occupation	<u>none</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Alex Holland</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Cora Blake</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>Alex Holland</u>			How relate to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heat Exhaustion</u>	How long	<u>1 day</u>
Immediate	<u>Heat Exhaustion</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>Geo. T. Deuk</u>
		Address	<u>Churchton</u>
Accident or Suicide?			



TO BE ANSWERED BY
NEAREST FRIEND

Name *Stella N. Peter*

Died at *Blacksville, Calvert County* MARYLAND

Date of death 1910 *July 30* Age *1* Months *4* Days *—*

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

Married, Single or Widowed *Single* Occupation *None*

Name of Wife or Husband *None*

Father's Name *Sam'l. Peter* Father's Birthplace *Batts*

Mother's Maiden Name *Susie McConry* Mother's Birthplace *Batts*

Name of person giving information *Sam'l. Peter* How related to deceased *Father*

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary *Spinal Meningitis* How long *3 days*

Immediate *Convulsion* How long *3 hrs*

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

Signature Physician *A. Hebrauk*

Address *1228 1/2 Charles St
Batts Md.*

Accident or Suicide?

Cedar Hill Cemetery

L. & M. G. Flynn (Undertakers)

Name
in
Full

Beatrice Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <i>Jacobsville</i>		Town		<i>Anne Arundel</i>		County		MARYLAND		
Date of death	1980	Month	July	Day	5	Age	-	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Baltimore, Md.</i>			
Occupation	-					Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband							
Father's Name	<i>Frank Johnson</i>					Father's Birthplace	<i>Anne Arundel Co</i>			
Mother's Maiden Name	<i>Beatrice Mattox</i>					Mother's Birthplace	<i>Baltimore, Md</i>			
Name of person giving Information	<i>James Truss</i>					How related to deceased	<i>Uncle</i>			

CAUSES OF DEATH

1045

Primary	<i>Acute Intestinal Intoxication</i>		How long	<i>5 days</i>		
Immediate	<i>Exhaustion</i>		How long	<i>Immediate</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>James S. Bellinger M.D.</i>		
			Address	<i>Sub. registers 3rd dist. G.A. Co Md.</i>		
Accident or Suicide	<i>No</i>					



Name
in
Full

CERTIFICATE OF DEATH

Charles H. Jones

Town

County

MARYLAND

Died at Annapolis md a-a-10

Date of death 1910 July 12 Age 27 yrs Months Days

Sex Male Color or Race Colored Birth-place Annapolis md

Occupation Sickly none Where Residing if not at place of death 23 Belmont st

Married: Single or Widowed Single Name of Wife or Husband

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Mattie Jones Mother's Birthplace Annapolis md

Name of person giving information William Jones (120) How related to deceased Cousin

CAUSES OF DEATH

Primary Mearnie Intoxication How long 4 days

Immediate How long

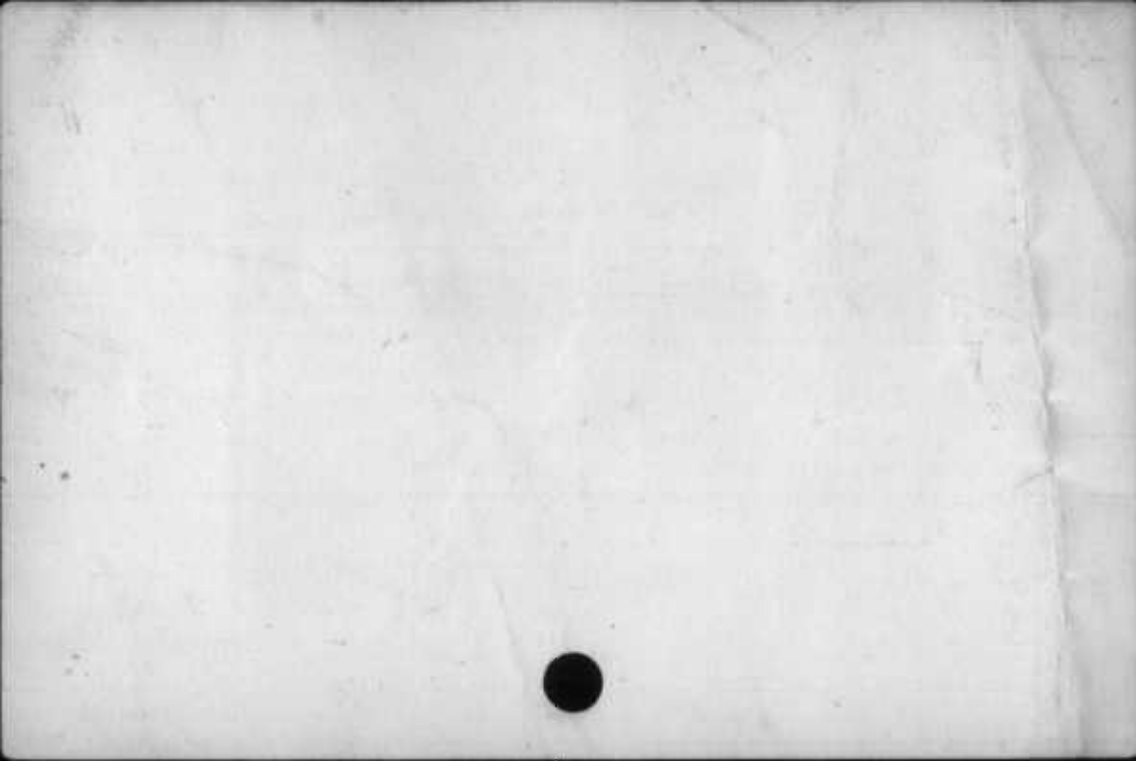
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Ambrose Green MD

Address 34.272 St

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In Full

Marriet Ann. Jones.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> <small>Town</small>		<i>a. a.</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i>	<i>July</i> <small>Month</small>	<i>25</i> <small>Day</small>	Age <i>5-9</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colord</i>		Birth-place <i>Chestersfield Md</i>		
Occupation <i>Housewife</i>	Where Reading if not at place of death <i>68 Clay St.</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Caleb Jones.</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Nathaniel Brewer</i>	How related to deceased <i>Nephew</i>				

Brewerhill.

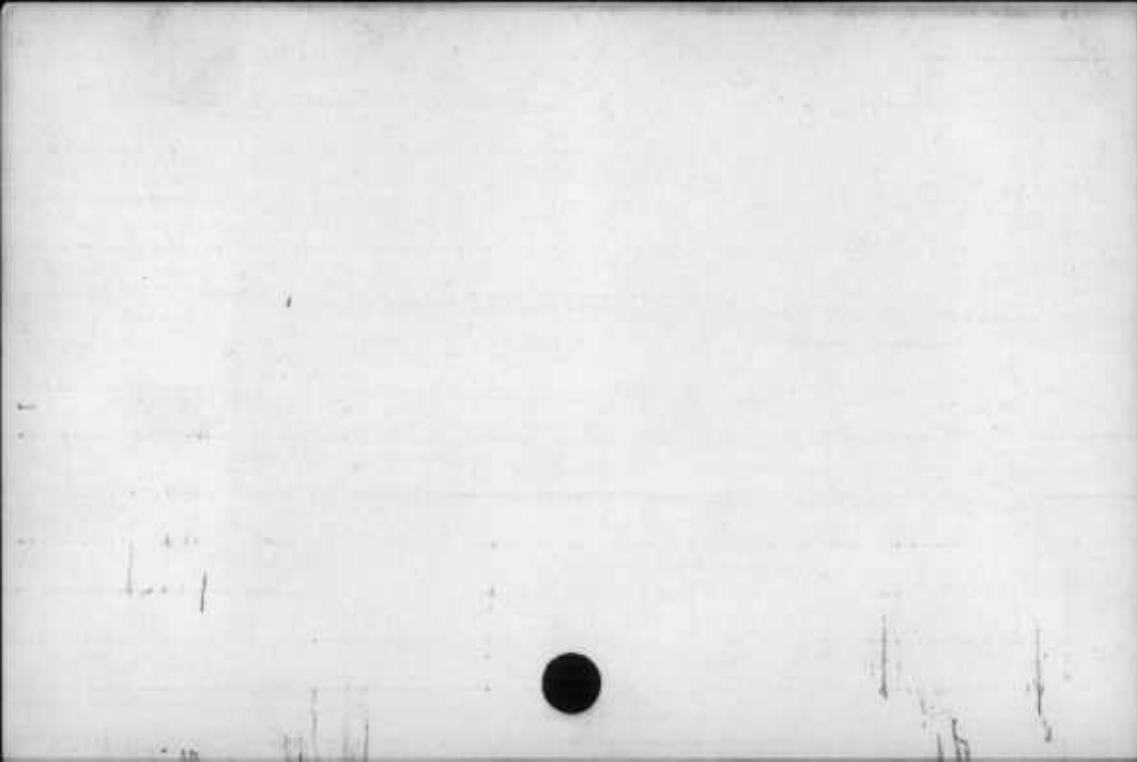
CAUSES OF DEATH

(103)

Ridout

PHYSICIAN
OR CORONER

Primary <i>catarrhal Gastritis</i>	How long <i>Several weeks</i>
Immediate <i>As thymia</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Ridout</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full <i>Albert O Johnson</i>		County <i>Harmon</i>		State <i>Maryland</i>	
Died at <i>Harmon, Maryland</i>		Age <i>4</i>		Months <i>One</i>	Days <i>14</i>
Date of death <i>July 4 190</i>	Month <i>July</i>	Day <i>4</i>	Year <i>190</i>		
Sex <i>male</i>	Color or Race <i>mulatto</i>	Birthplace <i>Harmon</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>[None]</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Thomas Johnson</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Abigail Cook</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Thomas Johnson</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary *189 A* *189 A* How long *4 weeks*

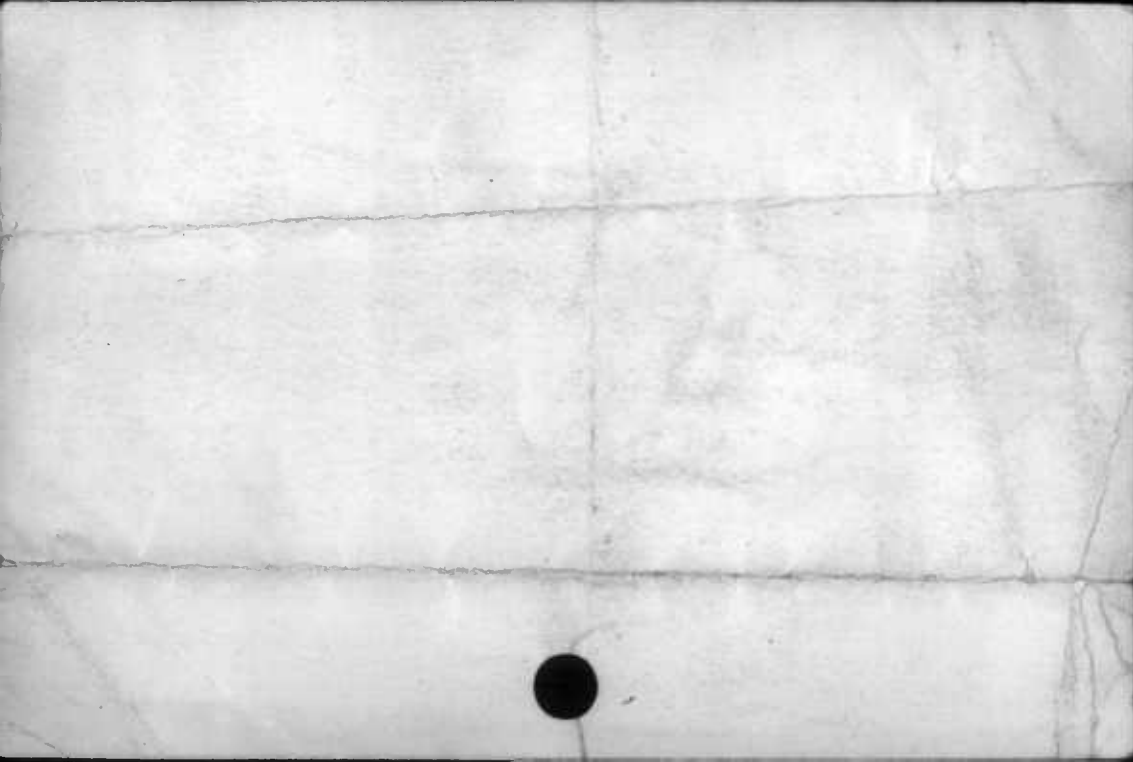
Immediate *apoplexy*

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

Signature
PhysicianAddress
Harmon, Md

Accident or Suicide

PHYSICIAN
OR CORNER



Name in Full

Joseph St Lee 30

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Annapolis Town Anne Arundel County MARYLAND

Date of death 1940 July 5 - Age 7 Months 8 - Days 11

Sex Male Color or Race White Birth-place Edgewater Md

Occupation Where Residing if not at place of death Annapolis Md

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Joseph St Lee Father's Birthplace South River Md

Mother's Maiden Name Primrose Chaney Mother's Birthplace Annapolis Md

Name of person giving Information Joseph St Lee How related to deceased Father

Ayer?

CAUSES OF DEATH

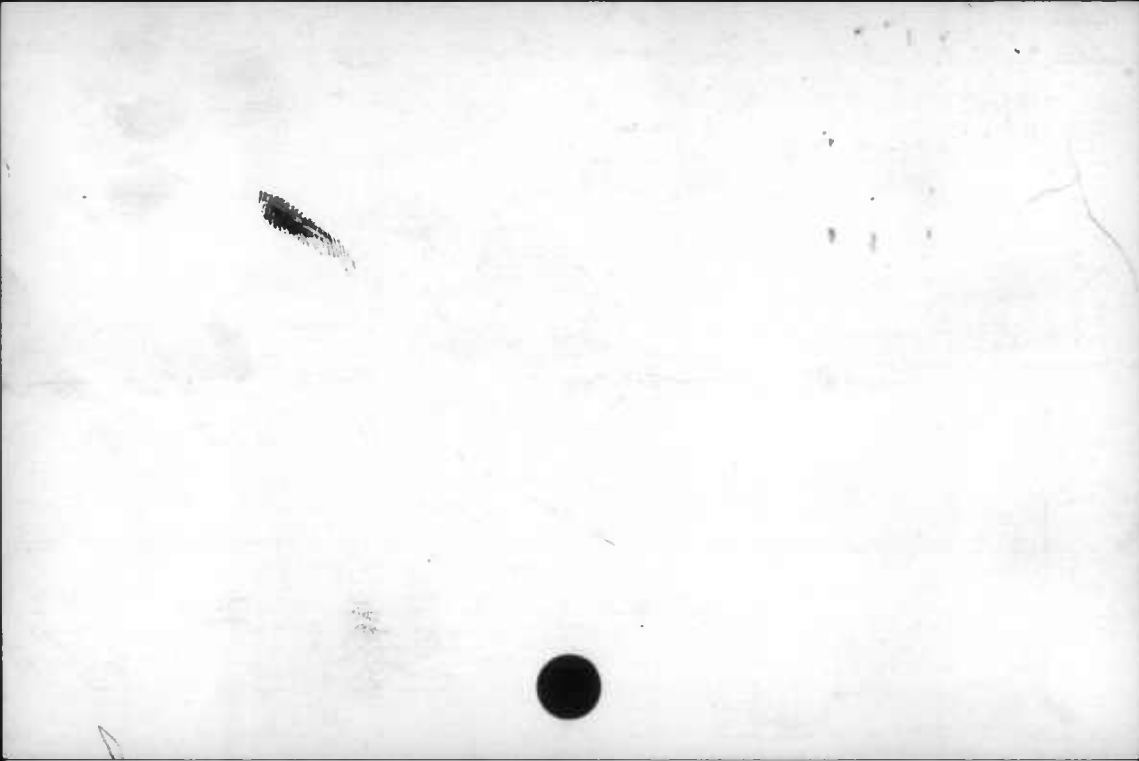
PHYSICIAN OR CORONER

Primary Typhoid fever How long 13 Weeks

Immediate Asthma How long Two days

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

Accident or Suicide No. Address Annapolis Md



Name in Full

Felicia Merski

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at ^{Town} South Balto ^{County} H.H. MARYLAND

Date of death 1910 ^{Month} July ^{Day} 27 Age ^{Years} 26 ^{Months} - ^{Days} -

Sex Female Color or Race white Birth-place Austria

Occupation Housewife Where Residing if not at place of death -

Married, Single Name of ~~Wife~~ Husband Bronislaw Merski

Father's Name Ignacy Krzykowski Father's Birthplace Austria

Mother's Maiden Name Catherine ~~Unknown~~ unknown Mother's Birthplace Austria

Name of person giving Information Bronislaw Merski How related to deceased Husband

CAUSES OF DEATH

Primary Pulmonary Tuberculosis ^{How long} Unknown

Immediate Exhaustion ^{How long} 2 days

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

Signature of Physician Thos. B. Horton M.D. Address So. Balto - Md -

PHYSICIAN OR CORONER

Accident or Suicide

PHOTO
LIBRARY



Name
in Full

CERTIFICATE OF DEATH

Marion Josephine Mihurs

Town

County

Died at

Friendship

A A

MARYLAND

Date

of death 1906

Month

July

Day

17

Age

Years

4

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Friendship

Occupation

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

Single

Name of Wife or
HusbandFather's
Name

Joseph Mihurs

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Marion Paddy

Mother's
Birthplace

Friendship

Name of person giving
Information

Joseph Mihurs

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cerebro Meningitis

How long

611

Three days

Immediate

Coma

How long

Several hours

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

yes

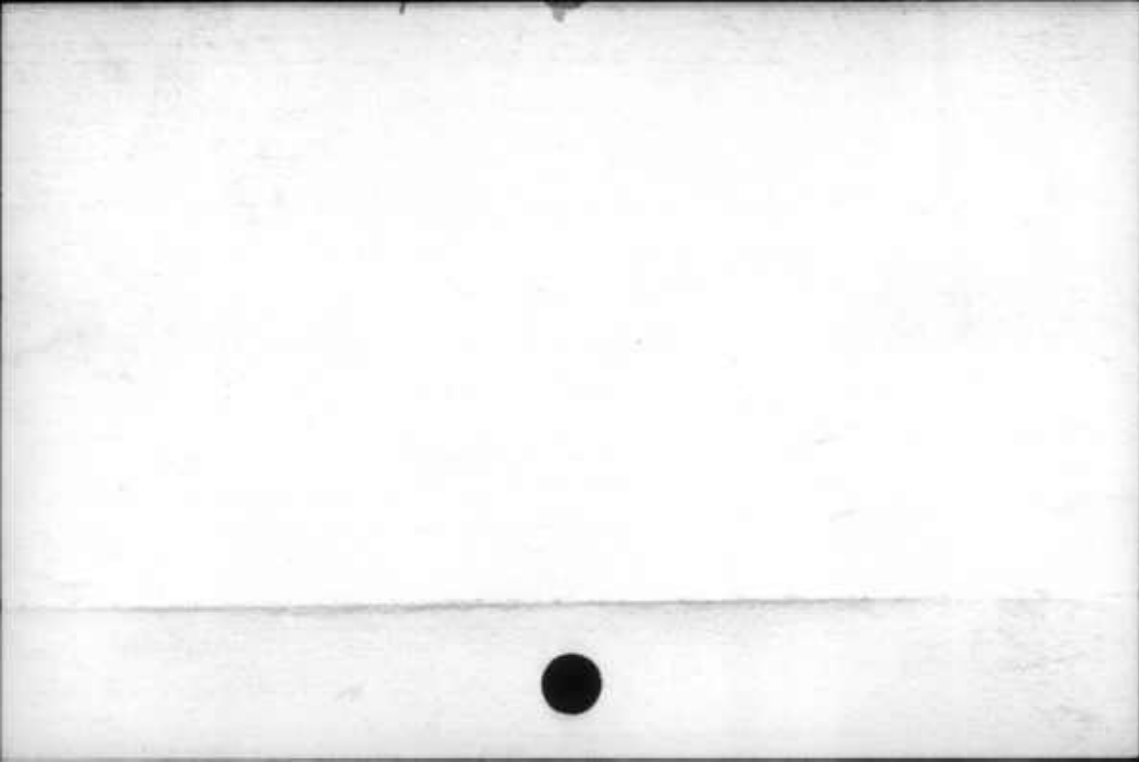
Signature of
Physician

Address

J. D. Brayshaw
Friendship
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Parks

CERTIFICATE OF DEATH

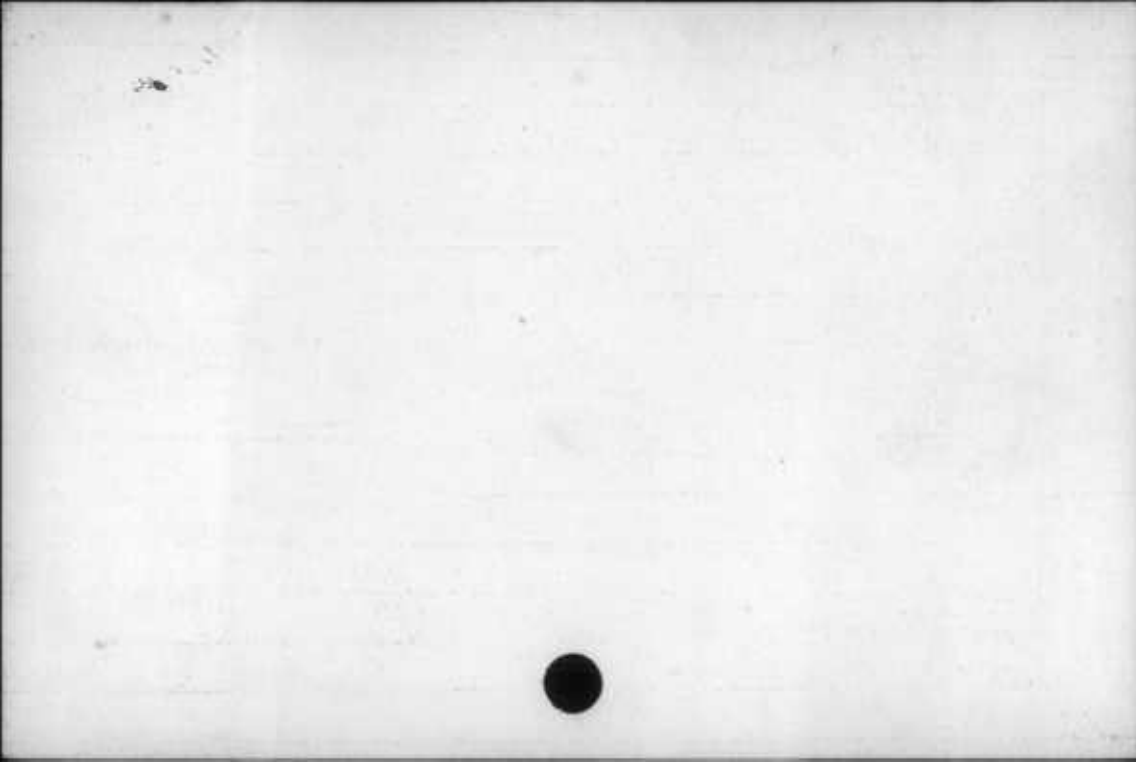
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brownsville</u> Town		County <u>W</u>		STATE OF <u>MARYLAND</u>	
Date of death	<u>1960</u>	Month <u>July</u>	Day <u>31</u>	Age <u>—</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ma</u>			
Occupation <u>Wom</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>L. B. Parks</u>	Father's Birthplace <u>Ma</u>				
Mother's Maiden Name <u>Emma V. Smith</u>	Mother's Birthplace <u>Ma</u>				
Name of person giving information <u>Emma V. Smith</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>	How long <u>—</u>
Immediate <u>S</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John Peter Cross</u>
	Address <u>Brooklyn</u>
Accident or Suicide?	<u>A. A. Co. Md</u>



Name
in
Full

Mildred L Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Marley* ^{County} *Anne Arundel* **MARYLAND**
 Date of death 190 ^{Month} *7* ^{Day} *8* Age ^{Years} *—* ^{Months} *3* ^{Days} *1*
 Sex *Female* Color or Race *White* Birth-place *Marley*
 Occupation *—* Where Residing if not at place of death *—*
 Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *Jesse R Phillips* Father's Birthplace *Key June*
 Mother's Maiden Name *Ida M Phillips* Mother's Birthplace *Harv Co*
 Name of person giving Information *Jessie R Phillips* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pertussis* How long *6 weeks*
 Immediate *No acute infection* How long *1 week*

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

yes

Signature of Physician

Chas. A. Schaefer M.D.

Address

*1105 Columbia Ave
Baltimore Md*

Accident or Suicide



Name
in
Full

Name: *Eva Plyanski*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

G

Died at

Town: *Waterbury*

County

AnneArundel

MARYLAND

Date

of death: *1990 July 19*

Age

Years

Months

Days

Sex

Female

Color or Race

White

Birth-place

Waterbury

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Michael Plyanski

Father's Birthplace

Germany

Mother's Maiden Name

Jes. Rydzanek

Mother's Birthplace

Name of person giving Information

Mrs. Miller

How related to deceased

None

CAUSES OF DEATH

Primary

Still born

How long

Immediate

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

yes

Signature of Physician

(S)

D. Blanton

Address

Millerville Md

Accident or Suicide

PHYSICIAN OR CORONER



Name
in
Full

Pumphrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Burford ^{Town} Anne Arundel ^{County} MARYLAND

Date of death 1910 ^{Month} July ^{Day} 27 ^{Age} 8 ^{Years} 4 ^{Months} 4 ^{Days}

Sex male Color or Race white Birth-place A A A

Occupation infant Where Residing if not at place of death _____

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

Father's Name Charles Pumphrey of 7 Father's Birthplace A A A

Mother's Maiden Name Elva Franklin Mother's Birthplace A A A

Name of person giving information Chas Pumphrey of 2 How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum How long 4 weeks

Immediate Enteric How long one week

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

Signature of Physician Thomas H. Brayshaw Address Isla Bona

Accident or Suicide? _____

15



Name
in
Full

Marie Saunders

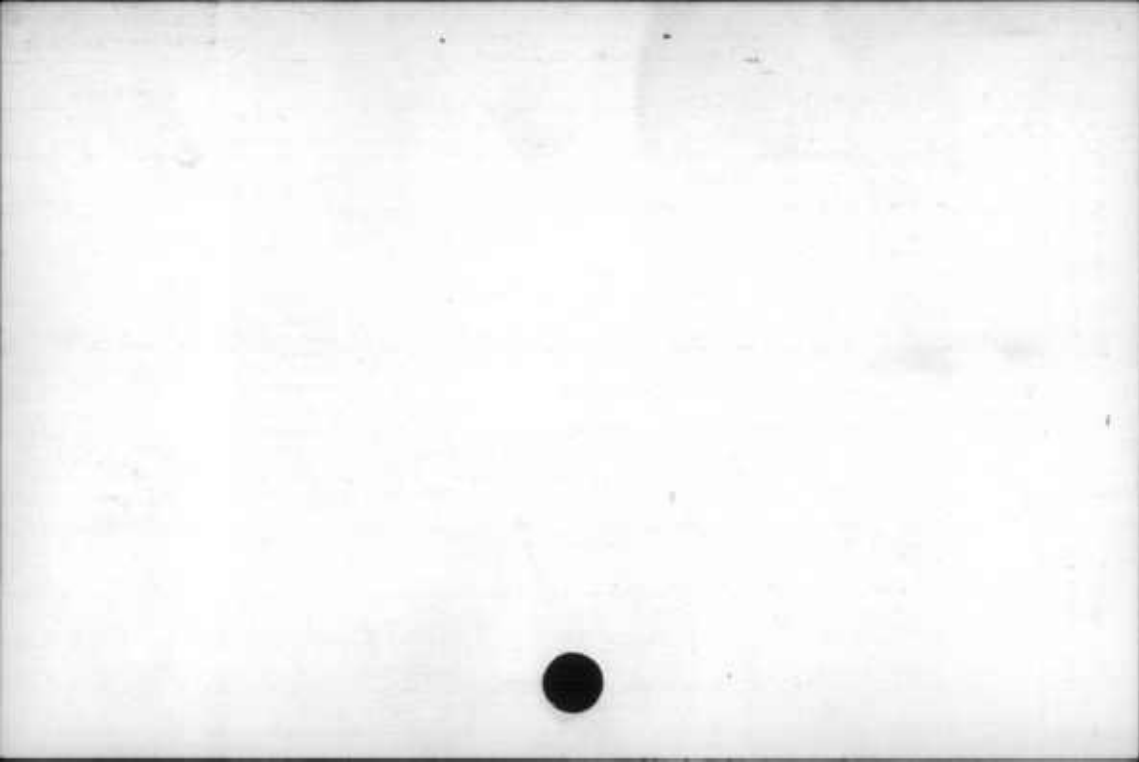
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town East Port		County a a		MARYLAND	
Date of death		Month 1910 July	Day 28 th	Age Years	Months	Days 26	
Sex Female		Color or Race White		Birth- place East Port Md			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name Perry Saunders				Father's Birthplace Ohio			
Mother's Maiden Name Elda Williams				Mother's Birthplace Va			
Name of person giving Information Elda Saunders				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary	Whooping Cough	How long	1 wk.	
	Immediate	Asphyxia	How long	few minutes	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. T. Russell.	
			Address	Eastport Md	
Accident or Suicide					



Name
in Full

Oswald Schultz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *South Balto* ^{Town}*Anne Arundel* ^{County}

MARYLAND

Date of death *1900*Month *July*Day *11*Age *6* ^{Years}Months *6*Days *11*Sex *Male*Color or Race *White*Birth-place *Md*

Occupation

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Edward Schultz*Father's Birthplace *Russia*Mother's Maiden Name *Annie Gusler*Mother's Birthplace *Russia*Name of person giving information *Annie Schultz*How related to deceased *Mother*

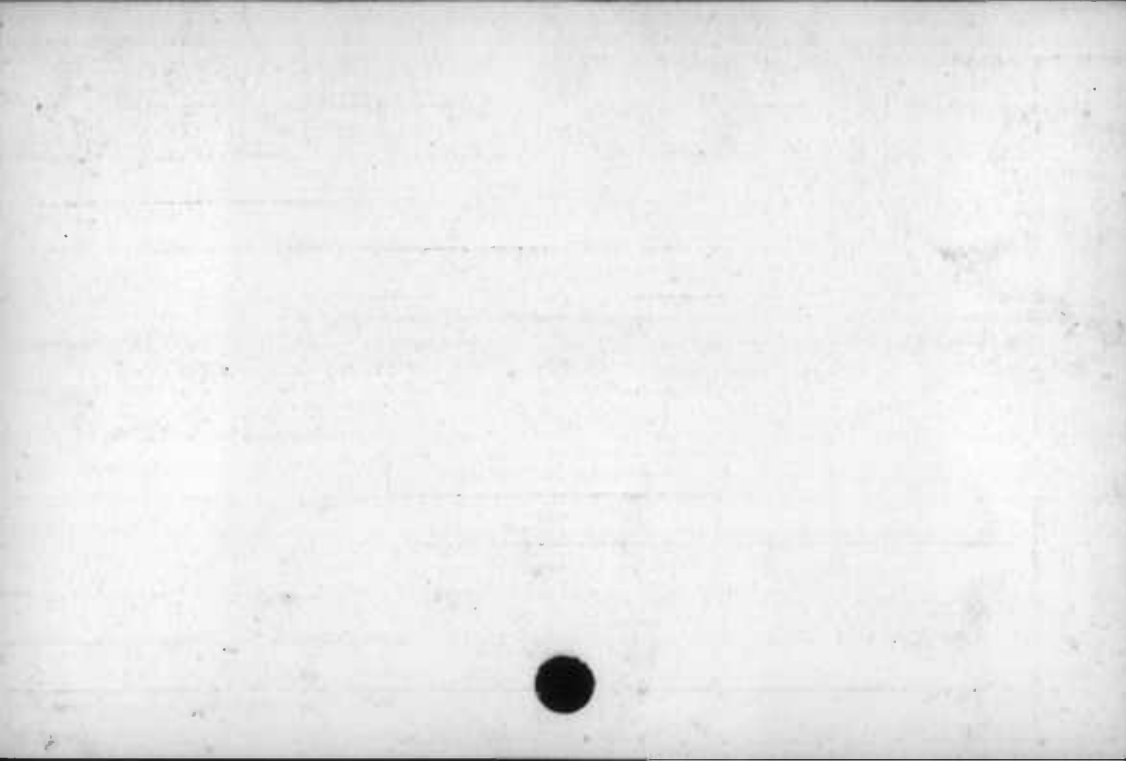
CAUSES OF DEATH

104

PHYSICIAN
OR CORONERPrimary *Cholera Infantum*How long *10 days*Immediate *Exhaustion*How long *1 day*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *John P. Potee Coroner*Address *Brooklyn*

Accident or Suicide?

A A Co Md



Name
in Full

Infant Suges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Gallopump Town aa County md MARYLANDDate of death 1940 Month July Day 24 Age — Years Months Days 2Sex Male Color of Race white Birth-place aa co mdOccupation _____ Where Residing if not at place of death Gallopump

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

Father's Name L L Suges Father's Birthplace aa co mdMother's Maiden Name ella Nutwell Mother's Birthplace aa co mdName of person giving Information Oscar Suges How related to deceased Uncle

CAUSES OF DEATH

Primary Hydrocephalus How long 2 daysImmediate Respiratory failure How long hourAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician Melba CawoodAddress West RiverAccident or Suicide no mdPHYSICIAN
OR CORONER

7



Name in Full

Still Born of Simms

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

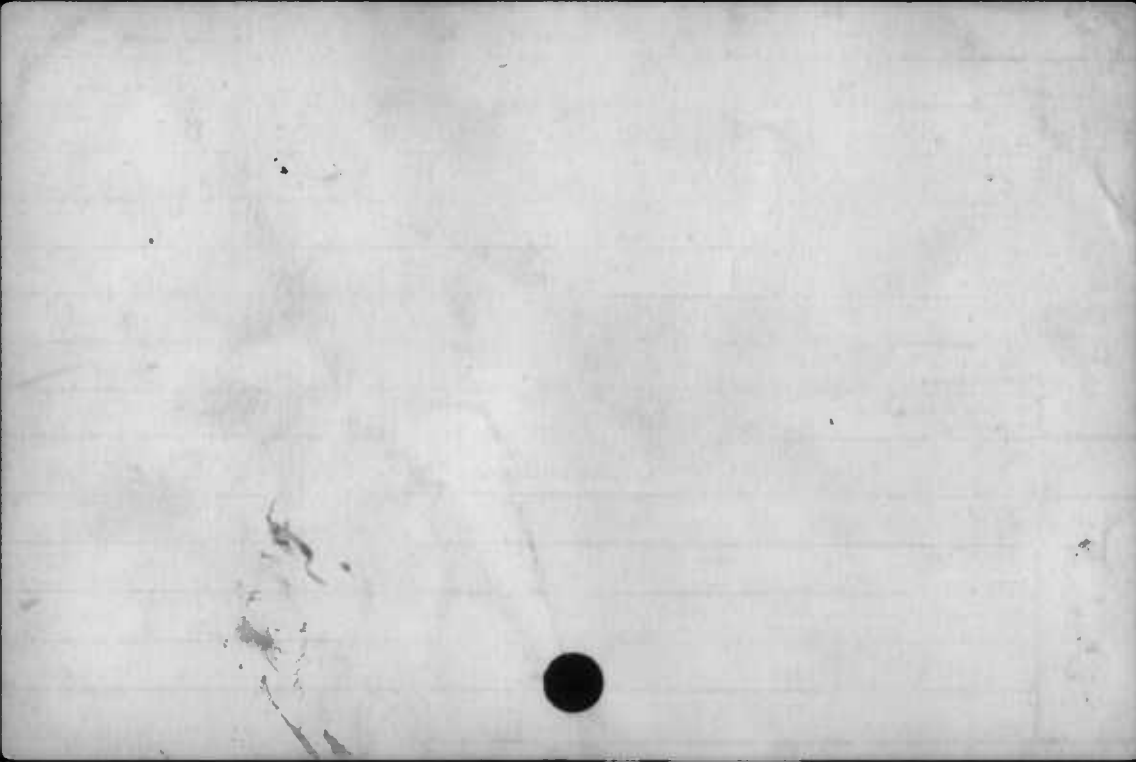
F

Died at <i>Amagois</i> ^{Town} and <i>a. a. Co</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	Month <i>July</i>	Day <i>30</i>	Age <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth place <i>Amagois Md</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>—</i>	Where Residing if not at place of death <i>19 Morris St</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>William Simms Jr.</i>	Father's Birthplace <i>Amagois Md</i>		
Mother's Maiden Name <i>Alena Chase</i>	Mother's Birthplace <i>Amagois Md</i>		
Name of person giving information <i>William Simms</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <i>Still Born</i>	How long <i>—</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>Ambrose Garcia Md.</i>
	Address <i>34. 2nd St.</i>
Accident or Suicide?	



Name
in
Full

Still Born Simms

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

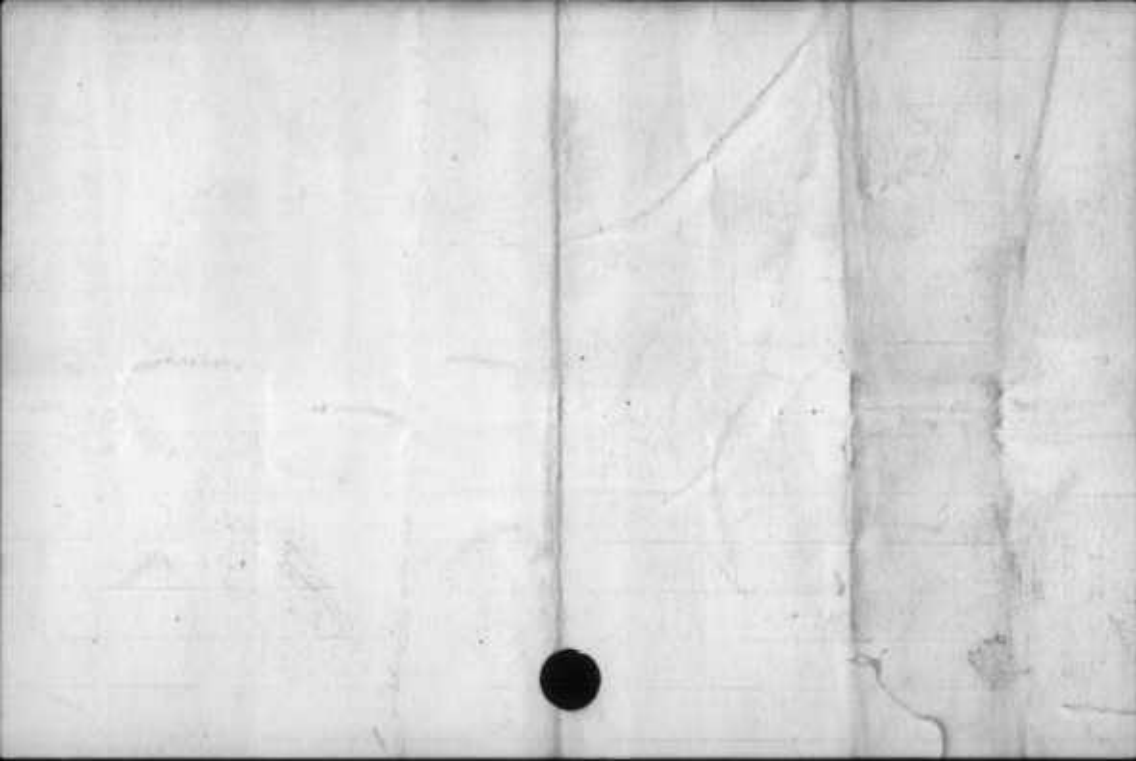
G

Died at <u>Annapolis</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	10 July	14	Age	—	—
Sex	Female	Color or Race	Colored	Birth-place	Sydney, Colo.
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed	Infant	Name of Wife or Husband			
Father's Name	Henry Simms		Father's Birth-place	A.A. Co. Mo.	
Mother's Maiden Name	Pepyl M. Boston		Mother's Birth-place	Annapolis	
Name of person in information	Mrs George Boston		How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stillborn	How long	(151 B)
Immediate	—	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm S. Welch, M.D.
		Address	Annapolis
Accident or Suicide?	—		



Name
in
Full

CERTIFICATE OF DEATH

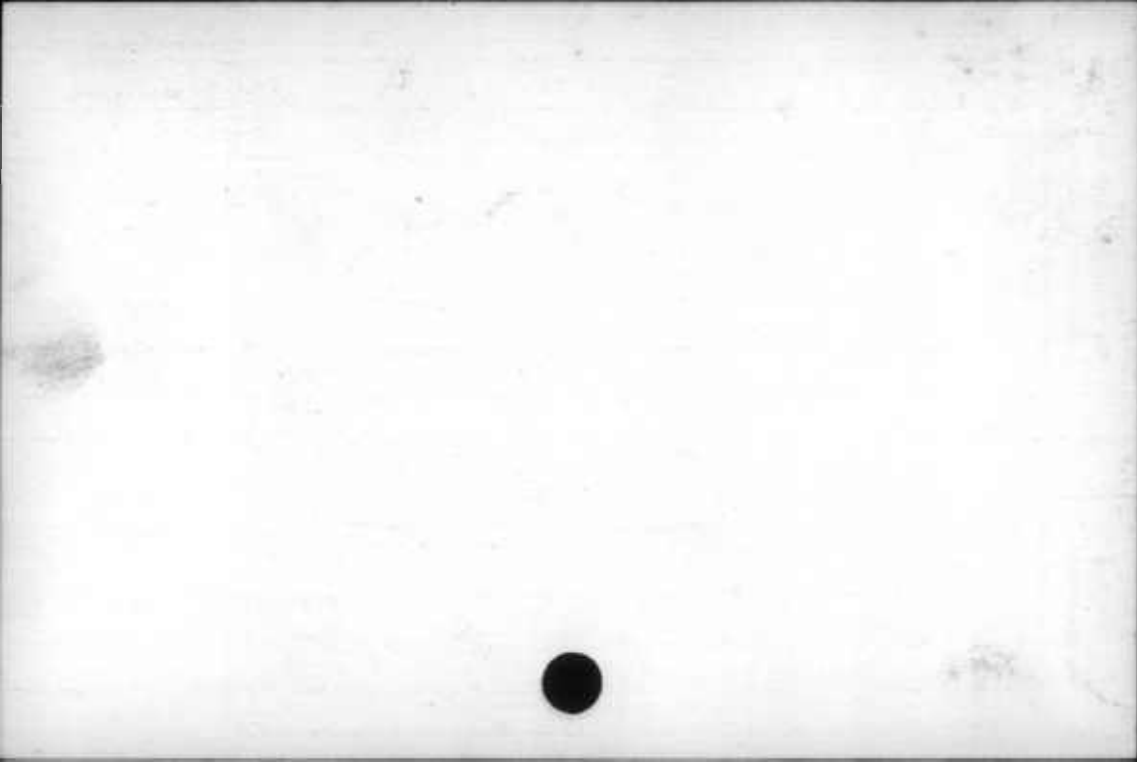
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Siter</i>		Town <i>South Baltimore</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>South Baltimore</i>		Date of death 19 <i>00</i>		Age <i>3</i>		Days <i>23</i>	
Date of death 19 <i>00</i>		Month <i>July</i>		Day <i>10</i>		Years <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Siter</i>				Father's Birthplace <i>Bohemia</i>			
Mother's Maiden Name <i>Lusie Crobatz</i>				Mother's Birthplace <i>Bohemia</i>			
Name of person giving Information <i>John Siter</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>		How long <i>2 weeks</i>	
Immediate <i>Exhaustion</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>John P. Potee</i>	
		Address <i>Brooklyn</i>	
Accident or Suicide		<i>A A C Md</i>	



Name
in
Full

Mary Smith

CERTIFICATE OF DEATH

9

Died at ^{Town} West River, ^{County} a a

MARYLAND

Date of death 1940 ^{Month} July ^{Day} 14 ^{Age} ^{Years} ^{Months} 7 ^{Days} 4

Sex female ^{Color or Race} Color ^{Birth-place} a a to md

Occupation ^{Where Residing if not at place of death} West River

Married, Single or Widowed ^{Name of Wife or Husband}

Father's Name Jerry Wright ^{Father's Birthplace} a a to md

Mother's Maiden Name Harriett Smith ^{Mother's Birthplace} a a to md

Name of person giving information Chas Smith ^{How related to deceased} Uncle

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

104

Primary Feeding ^{How long} all life

Immediate Acute milk infection ^{How long} week

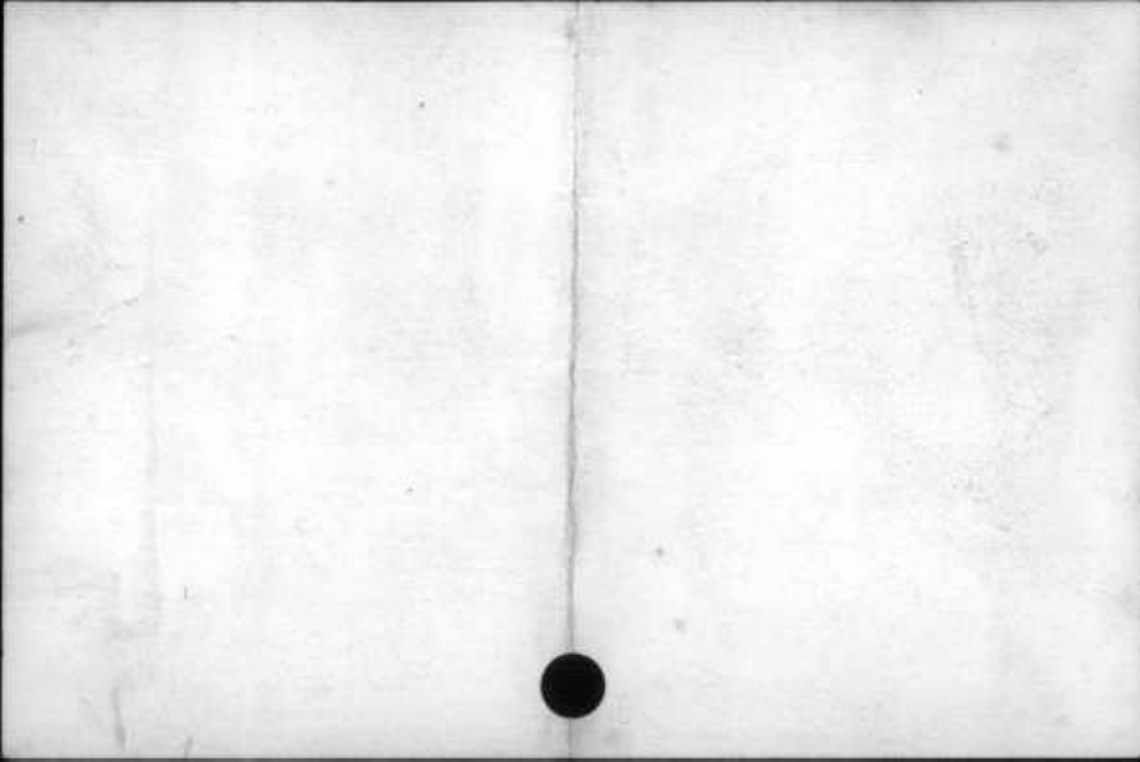
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Madam Cawson Md

Address West River md

PHYSICIAN
OR CORONER

Accident or Suicide ^{Signature} Smith



Name in Full

CERTIFICATE OF DEATH

Mattie Smith

Town

County

MARYLAND

Died at

Curtis Bay

Anne Arundel

Date of death

1900

Month

July

Day

10

Age

Years

23

Months

Days

Sex

Female

Color or Race

Colored

Birthplace

Richmond Va

Occupation

Labor

Where Residing if not at place of death

Curtis Bay

Married, Single or Widowed

Married

Name of Wife or Husband

Alex Smith

Father's Name

Geo Booker

Father's Birthplace

unknown

Mother's Maiden Name

unknown

Mother's Birthplace

unknown

Name of person giving information

Mr Jackson

How related to deceased?

Friend

CAUSES OF DEATH

How long

How long

Primary

Immediate

Struck by Lightning

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

Yes

Signature of Physician

John H. Lee Coroner

Address

Baltimore

A A C Md

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

156



Name
in
Full

Eliza Steven's

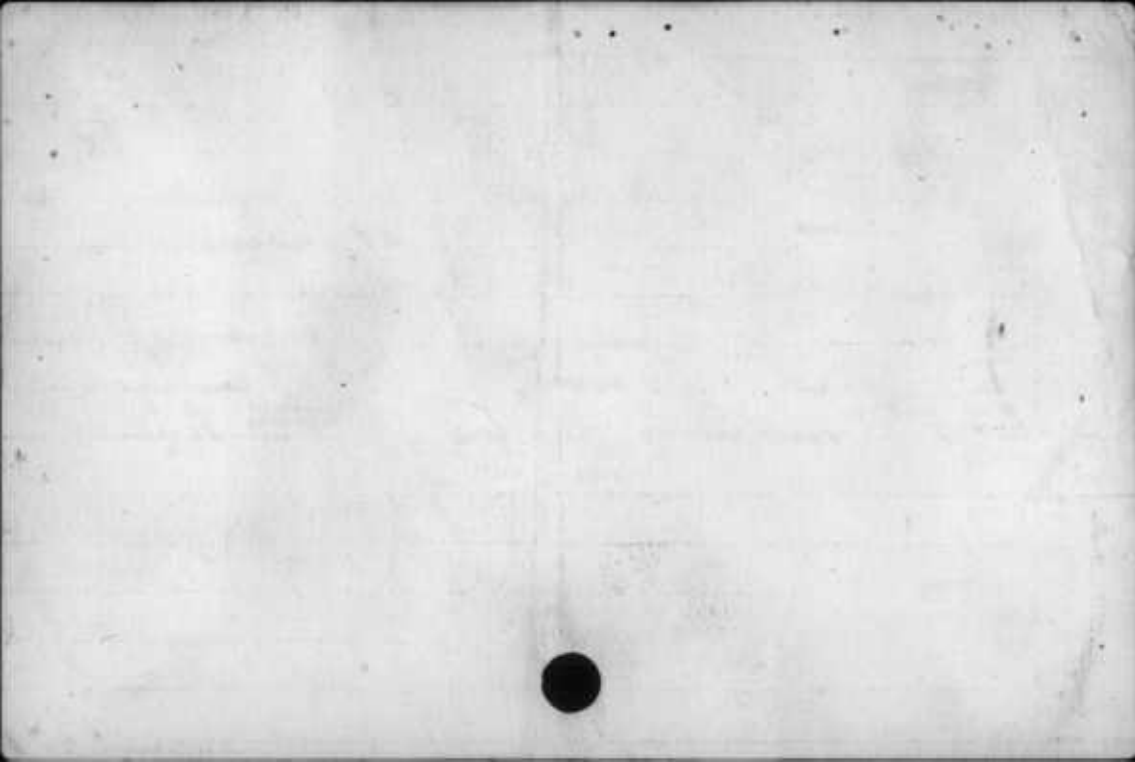
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West End Bt</i>		Town <i>Steven's</i>		County <i>a. a. Co.</i>		State <i>MARYLAND</i>	
Date of death <i>1910</i>	Month <i>July</i>	Day <i>11</i>	Age <i>64</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Steven's</i>				
Occupation <i>House work</i>		Where Reading if not at place of death <i>West End Bt</i>					
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Lieck Steven's</i>						
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Lewis Henderson</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Heat Prostration</i> <i>179</i>	How long	
	Immediate <i>Aschemia</i>	How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm S Welch</i>	
		Address <i>Annapolis</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

Louise Stewart

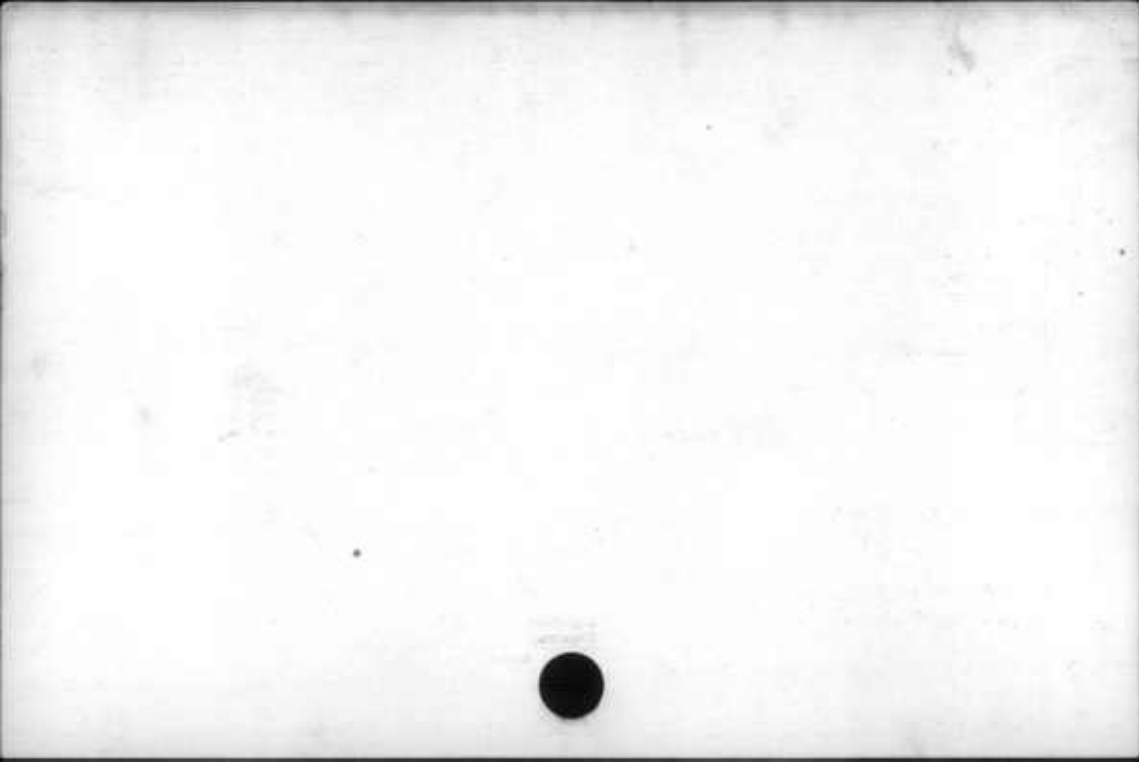
Died at		Town Annapolis		County A.A. Co.		MARYLAND	
Date of death 190		Month 7	Day 25	Age —	Years —	Months —	Days 1
Sex Female	Color or Race White	Birth-place Annapolis		Where Residing if not at place of death Annapolis			
Occupation —	Married, Single or Widowed —		Name of Wife or Husband —				
Father's Name James C Stewart		Father's Birthplace Annapolis		Mother's Maiden Name Laura H. Russell			
Mother's Maiden Name Laura H. Russell		Mother's Birthplace "		Name of person giving information James C Stewart			
Name of person giving information James C Stewart		How related to decedent Father					

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Cyanosis	How long 15-20 hours
	Imperfect Circulation	How long 12 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Geo. Wells.
	no.	Address Annapolis, Maryland
Accident or Suicide		

PHYSICIAN
OR CORNER



Name in Full

Tony Telezan

CERTIFICATE OF DEATH

Died at ^{Town} South Baltimore ^{County} - a.a. MARYLAND

Date of death 1910 ^{Month} July ^{Day} 22 ^{Age} — ^{Years} — ^{Months} 3 ^{Days} —

Sex male ^{Color or Race} white ^{Birth-place} So. Baltg, Md

Occupation — ^{Where Residing if not at place of death} —

Married, Single or Widowed — ^{Name of Wife or Husband} —

Father's Name Frank Telezan ^{Father's Birthplace} Russia

Mother's Maiden Name Annie Grejavitch ^{Mother's Birthplace} "

Name of person giving Information Frank Telezan ^{How related to deceased} Father

CAUSES OF DEATH

Primary ^{How long} Infantile Convulsions 6 hours

Immediate ^{How long} — —

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

^{Signature of Physician} J. B. Fortson M.D.
^{Address} So. Baltg, Md.

Accident or Suicide —

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

Alexander Thomas Jr

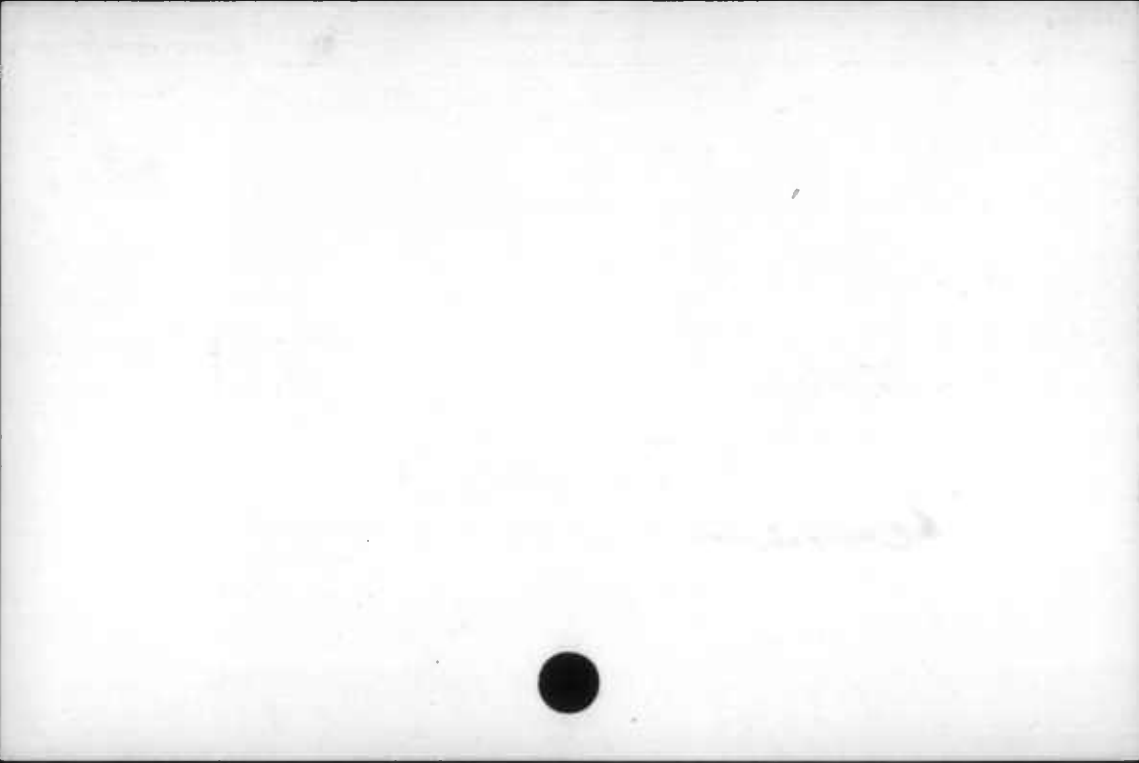
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pumpkin Patch Station</i>		Town <i>Staten</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1940 July 12</i>		Month	Day	Age	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Baltimore City</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Alexander Thomas</i>		Father's Birthplace <i>Anne Arundel Md</i>					
Mother's Maiden Name <i>Ellison Pautler</i>		Mother's Birthplace <i>Anne Arundel Md</i>					
Name of person giving information <i>Alexander Thomas</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Marasmus</i>	<i>189 A</i>	How long <i>6 weeks</i>
	Immediate <i>Inanition</i>		How long <i>2 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W R Winters on M.D.</i>	
		Address <i>Hanover Md</i>	
Accident or Suicide			



Name in Full

Myrtle Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Adelphi</u> <small>Town</small>		<u>A. A.</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>July</u> <small>Month</small>	<u>17</u> <small>Day</small>	Age <u>7</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Adelphi Md</u>	Occupation <u>None</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>John A. Turner</u>		Father's Birthplace <u>A. A. Co. Md</u>			
Mother's Maiden Name <u>May Louman</u>		Mother's Birthplace <u>-</u>			
Name of person giving Information <u>Marion Louman</u>		How related to deceased <u>Sister</u>			

CAUSES OF DEATH

Primary <u>Whooping Cough</u>	How long <u>4 wks.</u>
Immediate <u>Bronchitis</u>	How long <u>10 days</u>

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

Signature of Physician A. J. B. Hunt
 Address Milleville Md

Accident or Suicide

PHYSICIAN OR CORONER



Name
In
Full

Wm Turner

CERTIFICATE OF DEATH

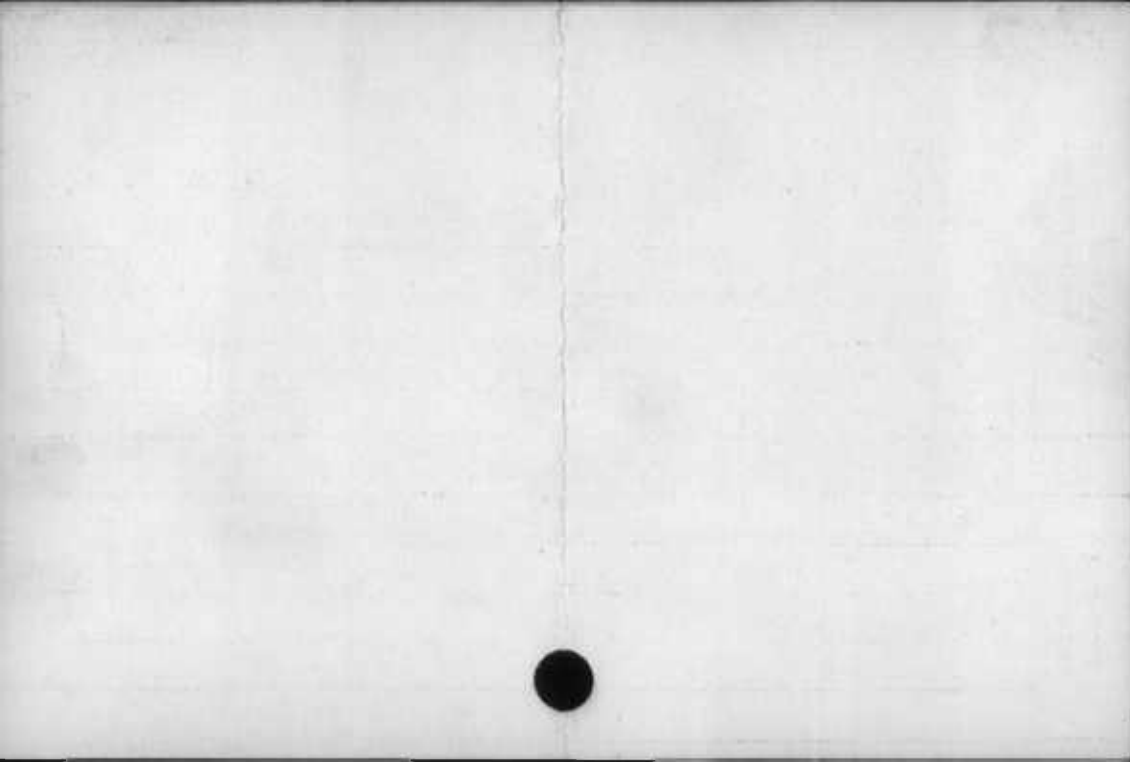
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Galloways</u> Town			<u>aa</u> County			MARYLAND		
Date of death	19 <u>10</u>	Month <u>July</u>	Day <u>3</u>	Age	<u>—</u> Years	Months <u>3</u>	Days <u>—</u>	
Sex	<u>male</u>		Color or Race	<u>Colored</u>		Birth-place	<u>Laurel, Md</u>	
Occupation	<u>—</u>			Where Reading if not at place of death	<u>Galloways</u>			
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband	<u>—</u>				
Father's Name	<u>Joseph Turner</u>					Father's Birthplace	<u>aa Co Md</u>	
Mother's Maiden Name	<u>Emily Turner</u>					Mother's Birthplace	<u>aa Co Md</u>	
Name of person giving information	<u>W. H. Turner</u>					How related to deceased	<u>uncle</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pertussis</u>	How long	<u>Don't know</u>
Immediate	<u>Don't know. I did not attend it</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Maclain Coward, M.D.</u>
		Address	<u>West River</u>
			<u>Md</u>
Accident or Suicide?	<u>—</u>		



Name in Full

CERTIFICATE OF DEATH

Adelina Tyler

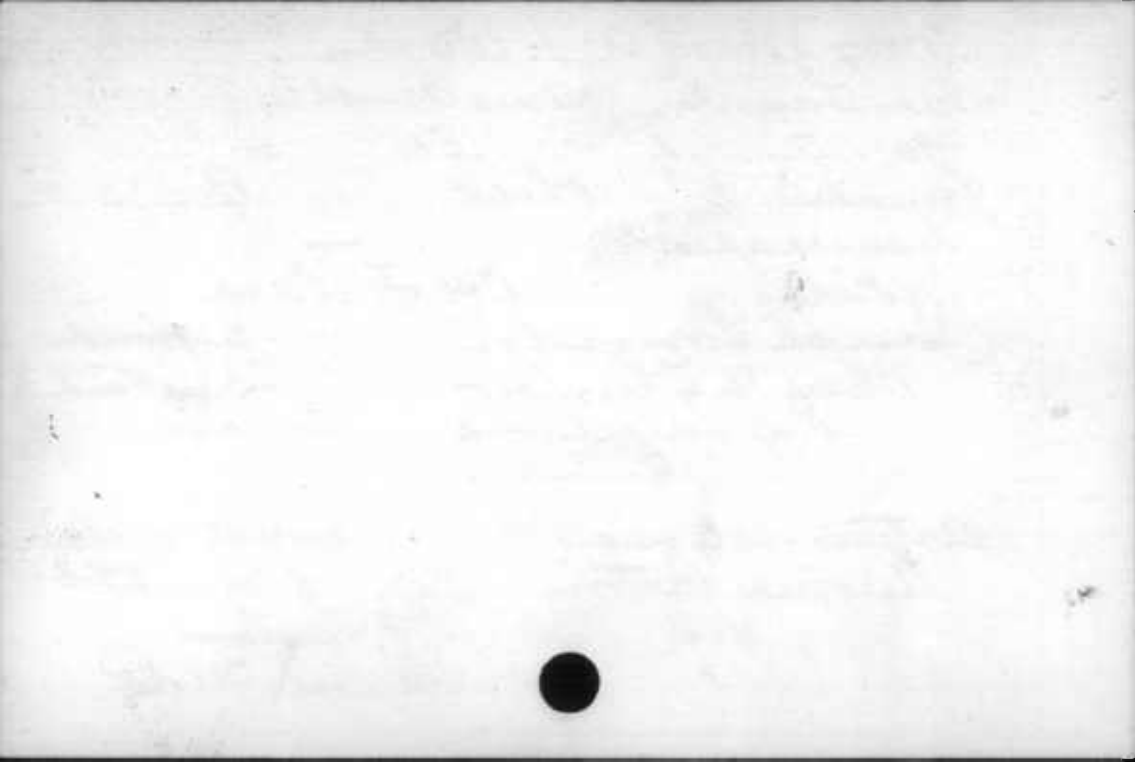
TO BE ANSWERED BY NEAREST FRIEND

Died at <u>East Port</u> <small>Town</small>		<u>aa</u> <small>County</small>		MARYLAND	
Date of death <u>1960</u>	<u>July</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age	<u>3</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Eastport Me</u>		Where Residing if not at place of death	
Occupation <u>None</u>	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>		
Father's Name <u>Clarence Tyler</u>	Father's Birthplace <u>Commercial Co Me</u>		Mother's Birthplace <u>Eastport Me</u>		
Mother's Maiden Name <u>Ellen Bletcher</u>	Name of person giving Information <u>Clarence Tyler</u>		How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary	<u>Iles Colitis</u>	How long	<u>4 weeks</u>
Immediate	<u>" "</u>	How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. Oliver Purvis</u>
Accident or Suicide:	<u>no</u>	Address	<u>Annapolis Md</u>

PHYSICIAN OR CORONER



Name
in
Full

William Uphold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>White</u> ^{Town} <u>Rock</u> ^{County}		MARYLAND			
Date of death	19 <u>00</u>	Month <u>July</u>	Day <u>13</u>	Age <u>75</u>	Months <u>6</u> Days <u>6</u>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>with his Brother</u>				
Married, Single or Widowed <u>widower</u>	Name of Wife or Husband				
Father's Name <u>George Uphold</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Matilda Royland</u>	Mother's Birthplace <u>dont no</u>				
Name of person giving Information <u>Franklin Uphold</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

(187)

PHYSICIAN
OR CORONER

Primary	<u>Dropsy</u>	How long	<u>6 mos</u>
Immediste	<u>"</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>C. E. Peterson</u>
		Address	
Accident or Suicide			

Blooming Post
Cemetery

Wm W. W. W.

Name
is
Full

Mrs Mary A F. Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9x

Died at ^{Town} near Laurel ^{County} Anne Arundel Co MARYLAND

Date of death 1960 ^{Month} 7 ^{Day} 1 Age ^{Years} 84 ^{Months} — ^{Days} —

Sex female ^{Color or Race} White ^{Birth-place} Pa

Occupation Housekeeper ^{Where Residing if not at place of death} —

Married, Single or Widowed Widowed ^{Name of Wife or Husband} Wm. J. Ward

Father's Name Joseph Lovvridge ^{Father's Birthplace} England

Mother's Maiden Name Mary N. Thurlow ^{Mother's Birthplace} England

Name of person giving Information W. S. Smallwood ^{How related to deceased} Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Arterio-sclerosis ^{How long} several years

Immediate Angina Pectoris ^{How long} 8 months

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

Signature of Physician W. F. Taylor
^{Address} Laurel Md

Accident or Suicide



Name
in Full

John Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

G

Died at

Jessup's

County

Anne Arundel

MARYLAND

Date of death

1940

Month

July

Day

13

Years

Age 26

Months

Days

Sex

male

Color or Race

negro

Birthplace

Seaford, Del.

Occupation

Sailor -

Where Residing if not at place of death

M. H. C.

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

unknown

Father's Birthplace

unknown

Mother's Maiden Name

"

Mother's Birthplace

"

Name of person giving information

Jos. W. Gibson

How related to deceased

none

CAUSES OF DEATH

Primary

Tuberculosis (29)

How long

6 mo

Immediate

abscess lungs

How long

6 days

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

J.S.

Signature of Physician

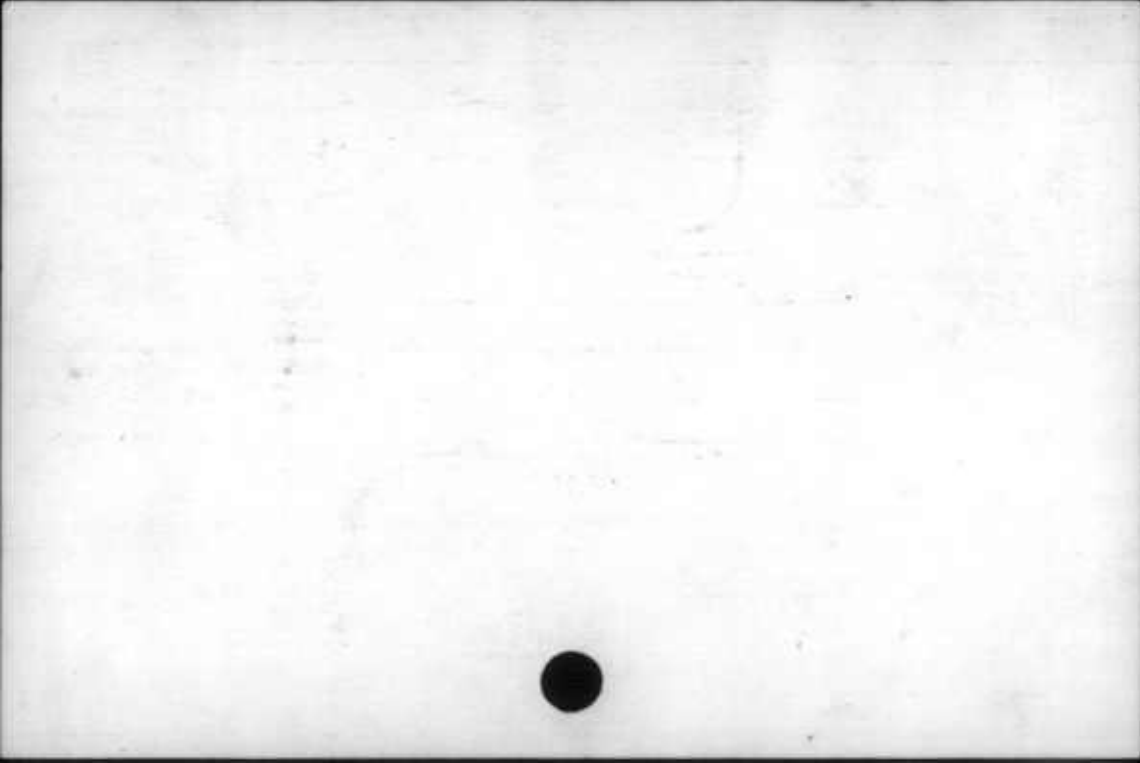
Address



M. Lynch
Lynch
Mt.

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full

Bronislaw Zobriow

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Curtis Bay* ^{Town} - *C. A. Co* ^{County} *Co* ^{County} MARYLAND

Date of death *1910 July 7* Age *3* Years *3* Months *14* Days

Sex *Male* Color or Race *White* Birth-place *Curtis Bay, Md*

Occupation *---* Where Residing if not at place of death *744 Cherry St*

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

Father's Name *Stanislaw Zobriow* Father's Birthplace *Poland*

Mother's Maiden Name *Veronika Mikolizyte* Mother's Birthplace *Poland*

Name of person giving information *Stanislaw Zobriow* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Cerebro Spinal Meningitis* How long *3 days*

Immediate *Gastro Enteritis* *104* How long *7 days*

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

Signature of Physician *W. Strauss M.D.*

Address *1606 Lytt St. Baltimore Md*

Accident or Suicide?

