

Name  
in  
Full

Cornelius Abrabauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fragan near</i> <sup>Town</sup> <i>Coraline</i> <sup>County</sup>		MARYLAND	
Date of death <i>1910 July 3</i>	Age <i>42</i>	Months <i>2</i>	Days <i>25</i>
Sex <i>Male</i>	Color or Race <i>Hollander</i>	Birth-place <i>Holland</i>	
Occupation <i>Former</i>	Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jennie DeYoung</i>		
Father's Name <i>Merrius Abrabauer</i>	Father's Birthplace <i>Holland</i>		
Mother's Maiden Name <i>Dick Knorr</i>	Mother's Birthplace <i>Holland</i>		
Name of person giving information <i>Merrius Abrabauer</i>	How related to Deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Acute Stenocardia</i>	How long? <i>?</i>
	Immediate	<i>Heart Failure</i>	How long? <i>—</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Raymond Lawrence</i>	
		Address <i>Precha</i>	
	Accident or Suicide?		



Name in Full

Baby Baker.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Douthan <sup>County</sup> Cass <sup>State</sup> MISSISSIPPI

Date of death 1910 Month 7 Day 9 Age Years 1 Months 1 Days 1

Sex Male Color or Race White Birth-place Miss.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Wife Name of Wife or Husband \_\_\_\_\_

Father's Name Frank Baker. Father's Birthplace Miss.

Mother's Maiden Name Mrs Bulluck Mother's Birthplace Miss.

Name of person giving information John Eaton How related to deceased no

CAUSES OF DEATH

Primary Exhaustion How long 18 yr.

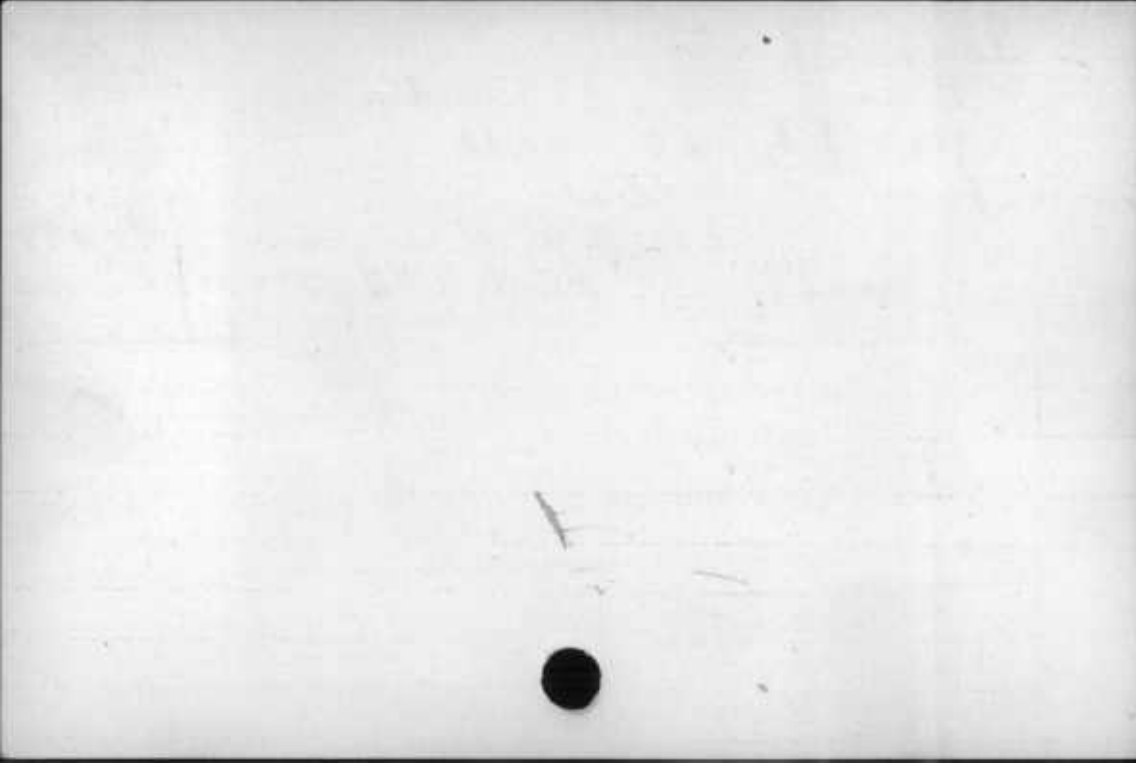
Immediate Same How long \_\_\_\_\_

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

Signature of Physician J. M. Nichols

Address Douthan Miss.

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Tertrude Boston

CERTIFICATE OF DEATH

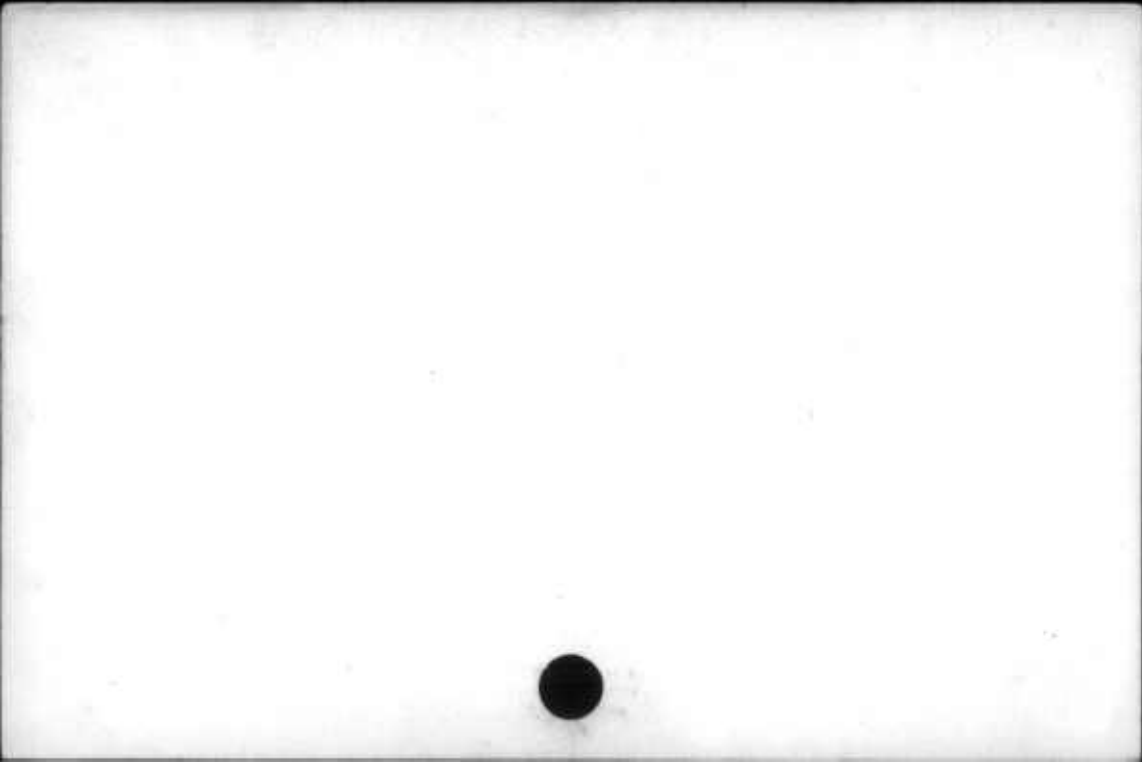
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Denton</u> Town		County <u>Caroline</u>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
19 <u>60</u>	<u>July</u>	<u>27</u>	<u>32</u>		
Sex <u>female</u>	Color or Race <u>Colored</u>		Birth-place <u>Caroline</u>		
Occupation _____	Where Residing if not at place of death _____				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Robert Wiltbanks</u>				
Father's Name <u>Robert Boston</u>	Father's Birthplace <u>Caroline</u>				
Mother's Maiden Name <u>Aurande Haynes</u>	Mother's Birthplace <u>Caroline</u>				
Name of parson giving Information <u>Aurande Haynes</u>	How related to deceased <u>mother</u>				

## CAUSES OF DEATH

Primary <u>Pulmonary Consumption</u>	How long <u>6 Yrs</u>
Immediate <u>Exp. heart</u>	How long <u>Jan 1963</u>
Are the name, age, sex, color, date and place correctly given above? <u>yy</u>	Signature of Physician <u>Emch Geyre &amp;</u>
	Address <u>Denton</u>
Accident or Suicida _____	<u>Em</u>

PHYSICIAN  
OR CORONER



Name Full

(Not named) **Bozman.**

CERTIFICATE OF DEATH

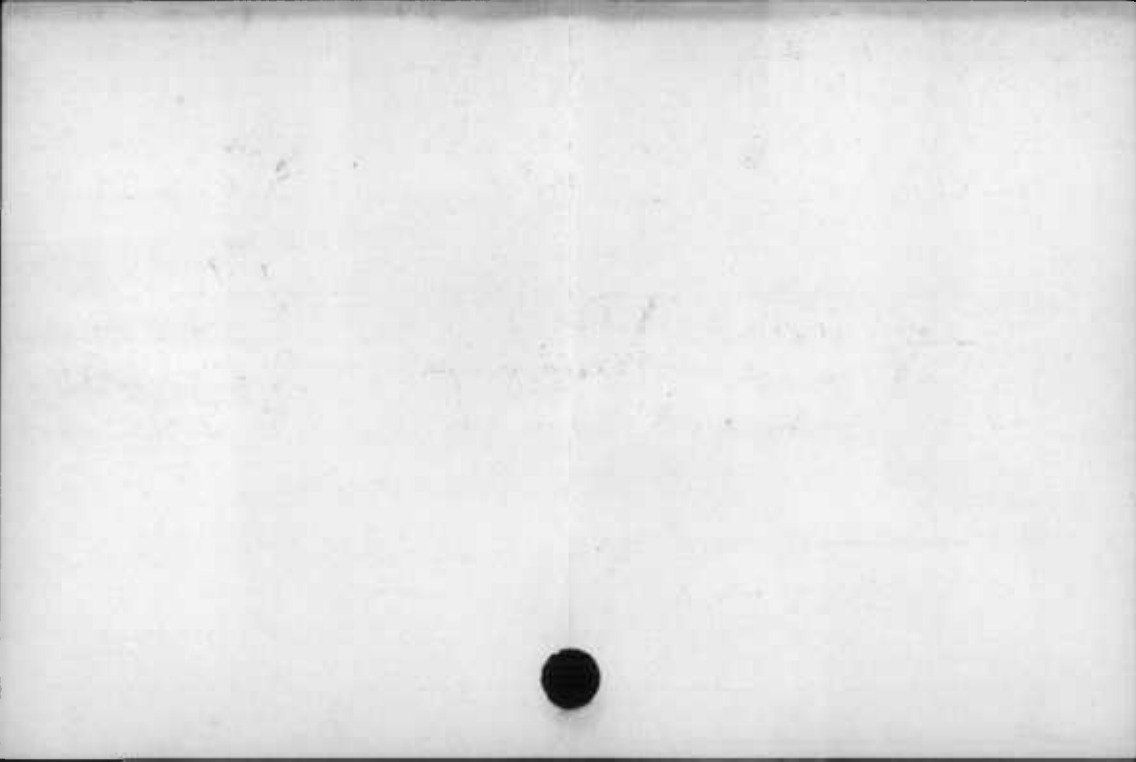
TO BE ANSWERED BY NEAREST FRIEND

Died at <b>Federalburg</b> <small>Town</small>		<b>Caroline</b> <small>County</small>		MARYLAND	
Date of death <b>1910</b>	<b>July</b> <small>Month</small>	<b>24</b> <small>Day</small>	Age	Years	Months
Sex <b>Female</b>	Color or Race <b>White</b>		Birth-place <b>Federalburg, Ind.</b>		
Occupation:			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <b>James Bozman.</b>		Father's Birthplace <b>Wicomico Co. Ind</b>			
Mother's Maiden Name <b>Ida Conley.</b>		Mother's Birthplace <b>Sharptown, Ind</b>			
Name of person giving information <b>James Bozman.</b>		How related to deceased <b>Father.</b>			

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<b>Still Birth</b>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<b>yes</b>	Signature of Physician <b>F. J. Brooks</b>
		Address <b>Federalburg Md</b>
		<b>Caroline Is</b>
Accident or Suicide?		





Name in Full

Mary Helen Briggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Near Federalburg. <sup>County</sup> Caroline MARYLAND

Date of death 1940 <sup>Month</sup> July <sup>Day</sup> 28 <sup>Years</sup> Age 2 <sup>Months</sup> 1 <sup>Days</sup> 12

Sex Female Color or Race Black. Birth-place Sussex Co. Md.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Urrie Briggs. Father's Birthplace Worcester Co. Ind.

Mother's Maiden Name Bertrude Shepherd. Mother's Birthplace Sussex Co. Ind.

Name of person giving information Urrie Briggs. How related to deceased Father.

CAUSES OF DEATH

Primary Cholera Infantum 10 41 How long 4 days.

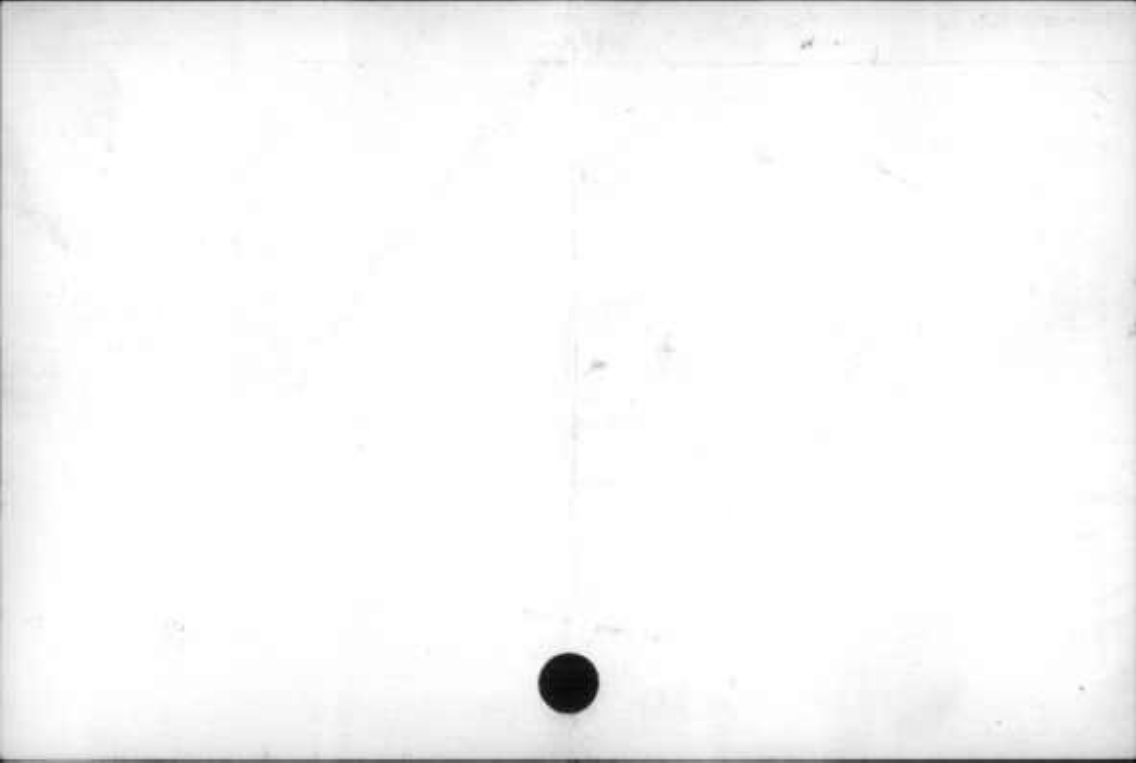
Immediate \_\_\_\_\_ How long \_\_\_\_\_

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

Address Federalburg Md  
Caroline Co

Accident or Suicide \_\_\_\_\_

PHYSICIAN OR CORONER



Name in Full

Sarah Brown -

Town

County

Died at Greensboro

Caroline

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1910

July 27

Age 20 - - -

md

Housewife

Male

White

Married

Widow

Single

Female

Colored

Single

Widow

Number of children living

2

Husband of

Edward Brown

Wife

Father's

Mother's

Name Wesley Fisher

Maiden Name Fessie Pimpson

Cause of Death Primary

Albuminuria Chlorosis - 6 weeks

How long sick

Death Immediate

Convulsion -

Acute - ~~Chronic~~

Reported by

J. R. [unclear]

138

Address

Greensboro - Md

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



Name in Full

Roswell W. Carrall

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Bethlehem</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death	<i>10</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>24</i> <small>Age</small>	<i>73</i> <small>Years</small>	<i>11</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Mo</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death	<i>Bethlehem</i>	
Married, Single or Widowed	<i>M</i>	Name of Wife or Husband	<i>Sarah Andrews</i>		
Father's Name				Father's Birthplace	<i>Mo</i>
Mother's Maiden Name				Mother's Birthplace	<i>Mo</i>
Name of person giving information				How related to deceased	<i>✓</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Paralysis, Bright's</i>	How long	<i>5 days</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Raymond Barnes</i>		
	Address		
Accident or Suicide?			



Name  
in Full

Ina May Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Ridgely Town Caroline County **MARYLAND**

Date of death 190 July Month 24 Day Age - Years - Months 17 Days

Sex Female Color or Race Black Birth-place Ridgely

Occupation None Where Residing if not at place of death

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

Father's Name Daniel Carter Father's Birthplace Ridgely Md

Mother's Maiden Name Elvora Johnson Mother's Birthplace Ridgely "

Name of person giving Information John R Johnson How related to deceased Brother

## CAUSES OF DEATH

Primary Chronic Bronchitis 10 H How long One Week How long

Immediate

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

Signature of Physician J. Davis

Address Health Ridgely Md

Accident or Suicide





Name  
in  
Full

Elizabeth Chance

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

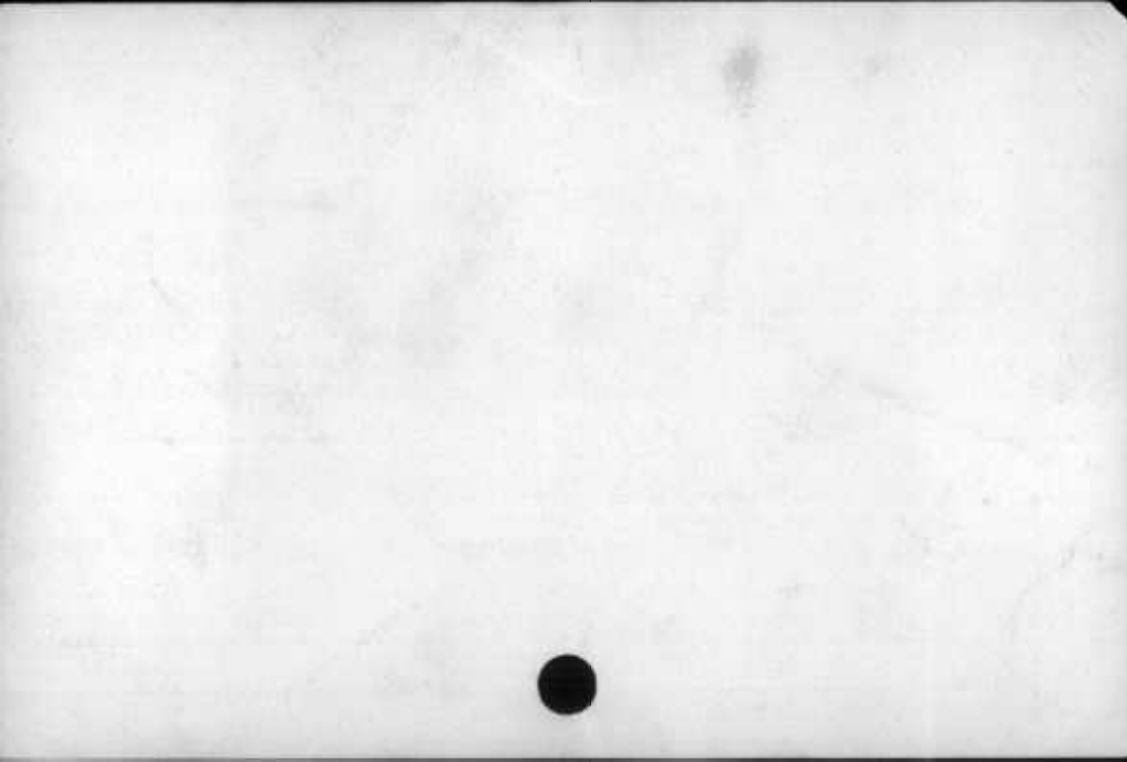
9

Died at <b>Ridgely</b> <small>Town</small>		<b>Caroline</b> <small>County</small>		MARYLAND	
Date of death <b>1940</b>	<b>July</b> <small>Month</small>	<b>15</b> <small>Day</small>	<b>38</b> <small>Years</small>	<b>two</b> <small>Months</small>	<b>15</b> <small>Days</small>
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Caroline Co</b>		Occupation	
Where Residing if not at place of death <b>Ridgely</b>			Married, Single or Widowed <b>married</b> Name of Wife or Husband <b>Nathan Chance</b>		
Father's Name <b>Jehas. Ross</b>			Father's Birthplace <b>Don't know</b>		
Mother's Maiden Name <b>Matilda Ross</b>			Mother's Birthplace <b>Caroline Co</b>		
Name of person giving information <b>Nathan Chance</b>			How related to deceased <b>Husband</b>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Cancer on liver</b>	How long <b>7 years</b>
Immediate	How long <b>HO</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician
	Address <b>Berry Hillman Coroner</b>
Accident or Suicide?	



Name  
in  
Full

Isaiyah Christopher

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Bethesda</i>		<sup>County</sup> <i>Caroline</i>		MARYLAND	
Date of death: 19 <i>00</i>		Month <i>July</i>	Day <i>27</i>	Age <i>69</i>	Months <i>7</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Caroline Md</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Melissa Christopher</i>				
Father's Name <i>William Christopher</i>	Father's Birthplace <i>Parkton Md</i>		Mother's Birthplace <i>Caroline Md</i>		
Mother's Maiden Name <i>Elizabeth Nichols</i>	How related to deceased <i>Nephew</i>				
Name of person giving information <i>Harry Christopher</i>					

## CAUSES OF DEATH

Primary <i>Paralysis</i>	<i>66</i>	How long <i>6 years</i>
Immediate <i>Heart Failure</i>		How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Sobel</i>	
	Address <i>Preston Md.</i>	
Accident or Suicide		

PHYSICIAN  
OR CORONER



Name in Full **Margaret Covey**

Died at **Near Federalsburg** **Caroline** County **MARYLAND**

Date of death 19**10** **July** **1** Age **90** as near as known Months **1** Days **1**

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

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

Married, Single or Widowed **Widowed** Name of Wife or Husband **Wm. Covey**

Father's Name \_\_\_\_\_ Father's Birthplace **Unknown**

Mother's Maiden Name **Unknown** Mother's Birthplace \_\_\_\_\_

Name of person giving Information **Franks Nichols** How related to deceased **Not related**

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

no known relation living.

Primary **Senility** How long **-**

Immediate **Inanition, Heart** How long **2 days**

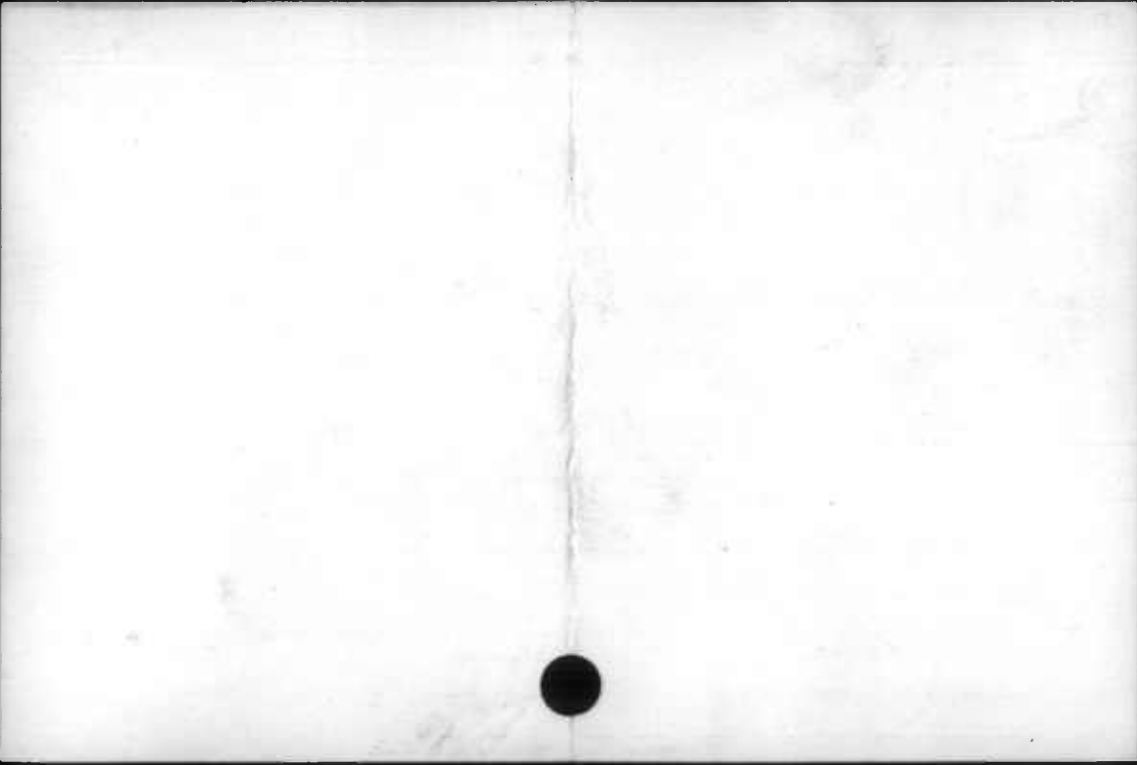
Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **Dr. F. Gubman**

Address **Federalsburg**

Accident or Suicide **No**

PHYSICIAN OR CORONER



Name  
in Full

A. Virginia Dulin

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Preston, <sup>County</sup> Caroline, MARYLAND

Date of death 1910 July 16 Age 51 Months 1 Days 15

Sex Female Color or Race White Birth-place Md  
Occupation Housewife Where Residing if not at place of death Preston Md.

Married, Single or Widowed Married Name of Wife or Husband Chas A Dulin

Father's Name Wm H Kirby Father's Birthplace Md

Mother's Maiden Name Rachel Jefferson Mother's Birthplace Md

Name of person giving information Wm R Dulin How related to deceased Son

## CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 18 Mos

Immediate Heart Failure How long —

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

Signature of Physician Raymond Dower

Address Preston

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
is  
Full

CERTIFICATE OF DEATH

Edgr

Died at *Near Henderson* *Caroline* County *MARYLAND*

Date of death 19*07* *7* *9* Age *3* Months Days

Sex *Female* Color or Race *White* Birth place *Caroline & Md*

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

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

Father's Name *Mr Bailey Edgr* Father's Birthplace *Delaware*

Mother's Maiden Name *Emilia Skell* Mother's Birthplace *Delaware*

Name of person giving Information *Herman Skell* How related to deceased *Uncle*

CAUSES OF DEATH

71

Primary *Convulsions* How long *2 hrs*

Immediate *Convulsions* How long *2 hrs*

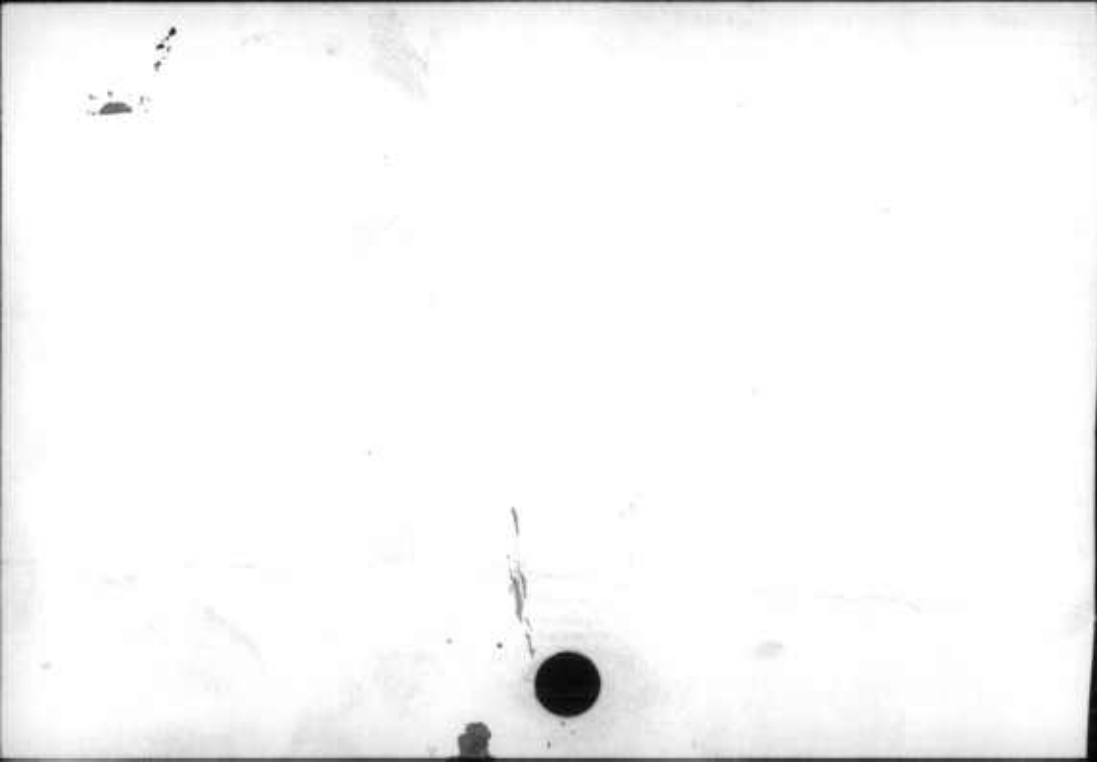
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Simon Goldsbar*

Address *md*

Accident or Suicide

NEAREST FRIEND

OR CORONER



Name  
in  
Full

Eloise Green

CERTIFICATE OF DEATH

Died at Devon <sup>Town</sup> Caroline <sup>County</sup> MARYLAND

Date of death 1910 <sup>Month</sup> July <sup>Day</sup> 16 <sup>Years</sup> — <sup>Months</sup> 3 <sup>Days</sup> 5

Sex Female <sup>Color or Race</sup> Colored <sup>Birth-place</sup> Devon

Occupation — <sup>Where Residing if not at place of death</sup> —

TO BE ANSWERED BY  
NEAREST FRIEND

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

Father's Name Trg E. Green <sup>Father's Birthplace</sup> Ind.

Mother's Maiden Name Mary S. Moore <sup>Mother's Birthplace</sup> —

Name of person giving information — <sup>How related to deceased</sup> —

## CAUSES OF DEATH

Primary Dont Know <sup>How long</sup> Dont Know 189 A

Immediate " <sup>How long</sup> "

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

yes

Signature of Physician

G. W. Simmons

Address

Devon IndAccident or Suicide —Never saw this childPHYSICIAN  
OR CORONER



Name is Full

## CERTIFICATE OF DEATH

Name <i>Sarah Hubbard</i>		Town <i>Hopson</i>		County <i>Caroline</i>		MARYLAND		
TO BE ANSWERED BY NEAREST FRIEND.	Died at	<i>Hopson</i>		<i>Caroline</i>				
	Date of death	Month <i>July</i>	Day <i>28</i>	Age	Years <i>53</i>	Months	Days	
	Sex	<i>Female</i>	Color or Race	<i>W</i>	Birth-place	<i>England</i>		
	Occupation	<i>Housewife</i>		Where Residing if not at place of death	<i>Hopson</i>			
	Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Edmond Hubbard</i>				
	Father's Name	<i>John Ryland</i>			Father's Birthplace	<i>England</i>		
	Mother's Maiden Name	<i>Sarah Stinger</i>			Mother's Birthplace	<i>Ohio</i>		
Name of person giving information	<i>Edmond Hubbard</i>			How related to deceased	<i>Husband</i>			

*Flora Harlow*

## CAUSES OF DEATH

120

PHYSICIAN OR CORONER	Primary	<i>Chronic nephritis</i>	How long	<i>4 mos</i>	
	Immediate	<i>Heart Failure</i>	How long		
	Are the name, age, sex, color, date and place correctly given above?				
	Signature of Physician	<i>J. Raymond Dawnes</i>			
	Address	<i>Preston</i>			
	Accident or Suicide?				

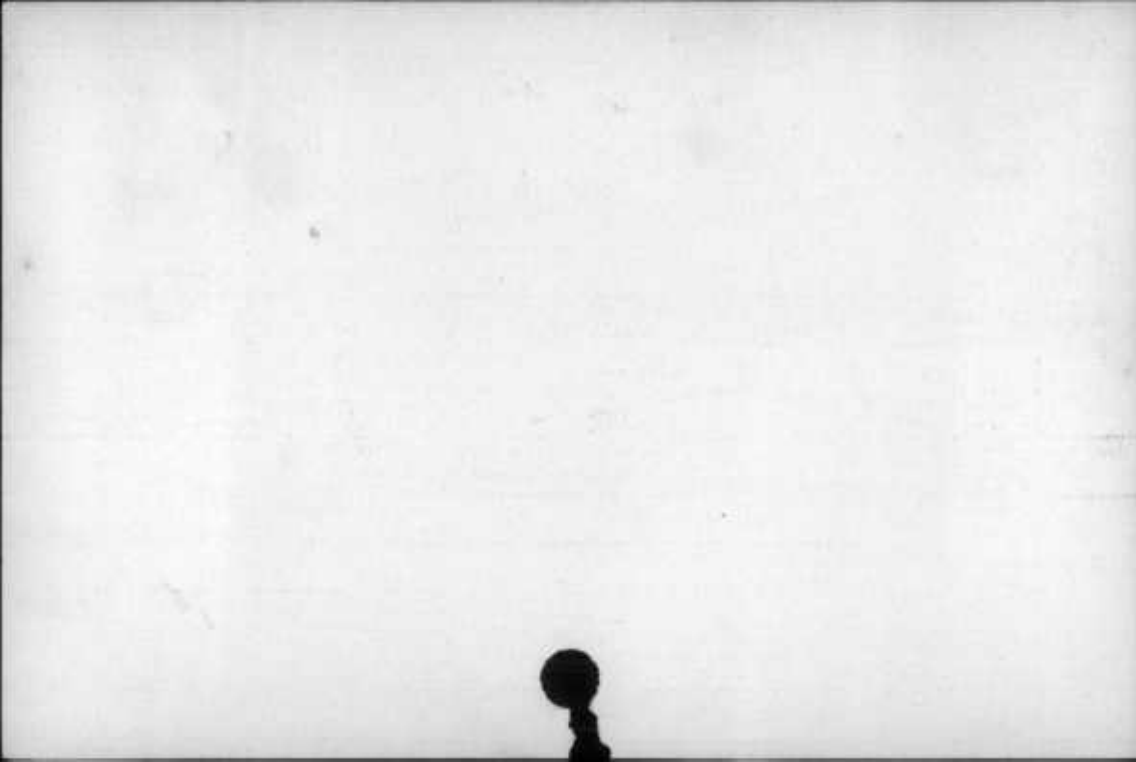


TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary C. Hutchins</i>		Town <i>Wheaton</i>		County <i>Caroline</i>		STATE <b>MARYLAND</b>	
Died at <i>Wheaton</i>		Month <i>7</i>		Day <i>7</i>		Age Years <i>67</i>	
Date of death <i>1910</i>		Month <i>7</i>		Day <i>7</i>		Age Years <i>67</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>MD</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Rayne Hutchins</i>					
Father's Name <i>Isaac Lewis</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Abelie Lewis</i>		Mother's Birthplace <i>MD</i>					
Name of person giving in formation <i>Mary Hutchins</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Bright's Disease</i>	How long <i>120</i>	How long <i>One year</i>
	Immediate <i>Same</i>	How long <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>P. R. Fisher</i>	
	Accident or Suicide? <i>—</i>	Address <i>Wheaton</i>	





Name in Full

Coaklin J. Hansen

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Denton <sup>County</sup> Cranden MARYLAND

Date of death 19<sup>th</sup> 11<sup>th</sup> 11<sup>th</sup> 7<sup>th</sup> 26<sup>th</sup> Age 1<sup>st</sup> 15<sup>th</sup> Months Days

Sex Male Color or Race White Birthplace Maryland

Occupation Infant Where Residing if not at place of death Denton Md

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

Father's Name Clarence Hansen Father's Birthplace Md

Mother's Maiden Name Lucy Burns Mother's Birthplace Md

Name of person giving information Clarence Hansen How related to deceased Father

CAUSES OF DEATH

Primary Cholera Infantum 104 How long 5 days

Immediate Meningitis How long 12 hours

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

Signature of Physician [Signature] Address [Address]

Accident or Suicide

PHYSICIAN OR CORONER

2000  
6  
12

Name in Full

Ida Margorath Jaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at <i>Preston</i> <small>Town</small>		<i>Bovaline</i> <small>County</small>		MARYLAND	
Date of death	<i>10</i> <small>Month</small>	<i>July</i>	<i>29</i> <small>Day</small>	Age	<i>1</i> <small>Months</small>
				<i>15</i> <small>Days</small>	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>Not Any</i>		Where Reading if not at place of death	<i>Preston</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>Not Any</i>		
Father's Name	<i>Harvey W. Jaster</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Ida Shultz</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Harvey Jaster</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Inanition</i>	<i>17713</i>	How long	<i>6 weeks</i>
Immediate	<i>Resp &amp; Heart Failure</i>			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Raymond Thomas</i>			
	Address <i>Preston</i>			
Accident or Suicide?				



Name  
in  
Full

Harriet Matilda Lake

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Federalburg</i>		County <i>Caroline</i>		STATE <i>MARYLAND</i>	
Date of death <i>1900</i>	Month <i>July</i>	Day <i>3</i>	Age <i>73</i>	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>England</i>			
Occupation <i>housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John Lake</i>				
Father's Name <i>Thomas Bybridge</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Susan Burton</i>	Mother's Birthplace <i>England</i>				
Name of person giving information <i>John Lake</i>	How related to deceased <i>husband</i>				

## CAUSES OF DEATH

Primary:	<i>Cancer breast</i>	<i>43</i> How long	<i>5 years</i> How long
Immediate			
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>B Kemp Jefferson</i>	Address <i>Federalburg Md</i>
Accident or Suicide	<i>no</i>		

PHYSICIAN  
OR CORONER



Audrey Louise Mc-Mahan,

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Hear Preston</b> <small>Town</small>		<b>Caroline</b> <small>County</small>		MARYLAND	
Date of death <b>1910</b>	<b>July</b> <small>Month</small>	<b>13</b> <small>Day</small>	Age <b>—</b> <small>Years</small>	<b>2</b> <small>Months</small>	<b>8</b> <small>Days</small>
Sex <b>Female</b>	Color or Race <b>White</b>		Birth-place <b>Caroline Co., Md.</b>		
Occupation			Where Reading if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <b>Thos. Linwood Mc-Mahan,</b>	Father's Birthplace <b>Caroline Co., Md.</b>				
Mother's Maiden Name <b>Mary Isabelle Majors</b>	Mother's Birthplace <b>" " "</b>				
Name of person giving information <b>T. L. Mc-Mahan,</b>	How related to deceased <b>Father.</b>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<b>Marasmus</b>	<b>189</b> <small>How long</small>	<b>1 month</b>	
	Immediate	<b>Exhaustion</b>	<b>2</b> <small>How long</small>	<b>2 days.</b>	
	Are the name, age, sex, color, date and place correctly given above?	<b>Yes</b>	Signature of Physician <b>F. J. Brooks</b>	Address <b>Federalsburg Md</b>	
	Accident or Suicide?		<b>Caroline Co</b>		





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Jessie P. Moon* Town *Denton* County *Caroline* MARYLAND

Died at *Denton*

Date of death *1910 July 12* Age *64* Months *8* Days *—*

Sex *Female* Color or Race *white* Birth-place *Del.*

Occupation *Farmer's wife* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Isaac J. Moon*

Father's Name *James Phillips* Father's Birthplace *Del.*

Mother's Maiden Name *Sarah Carpenter* Mother's Birthplace *Del.*

Name of person giving Information *Jessie Moon* How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *Struck by Lightning* (146) How long *—*

Immediate *Same* How long *—*

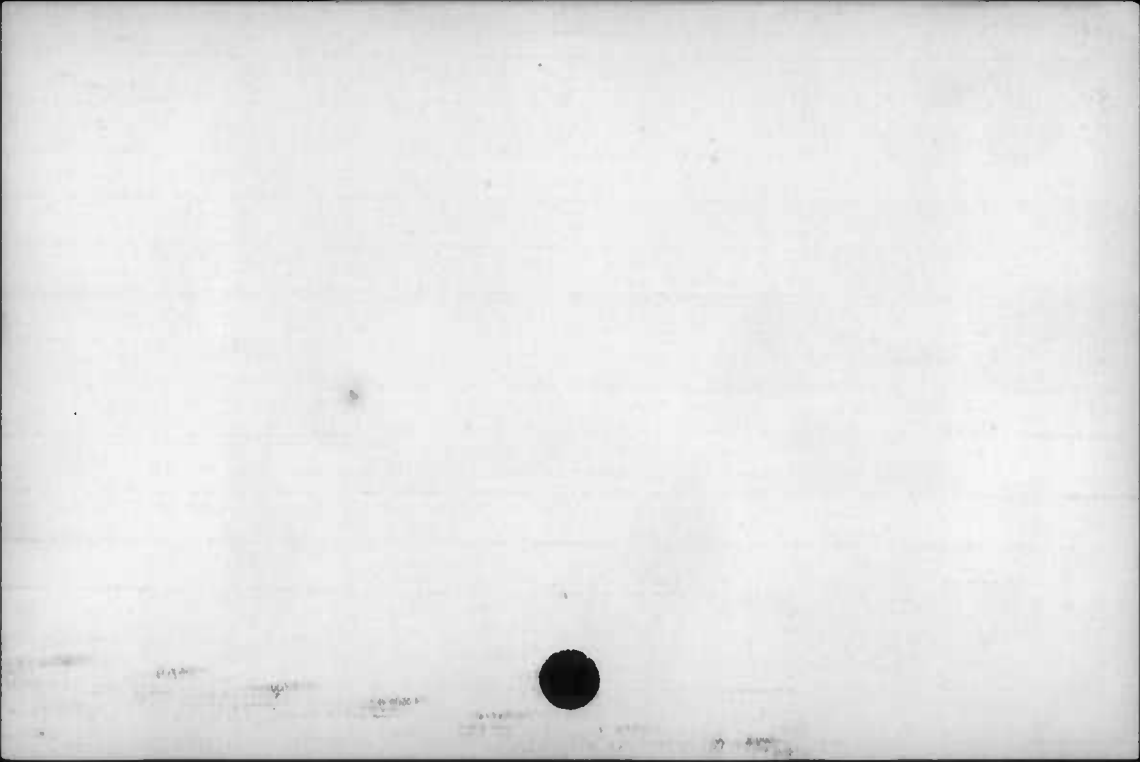
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. M. Nichols*

Address *Denton Md.*

Accident or Suicide? *—*

PHYSICIAN  
OR CORONER



Name  
in Full

Ewan Morgan

CERTIFICATE OF DEATH

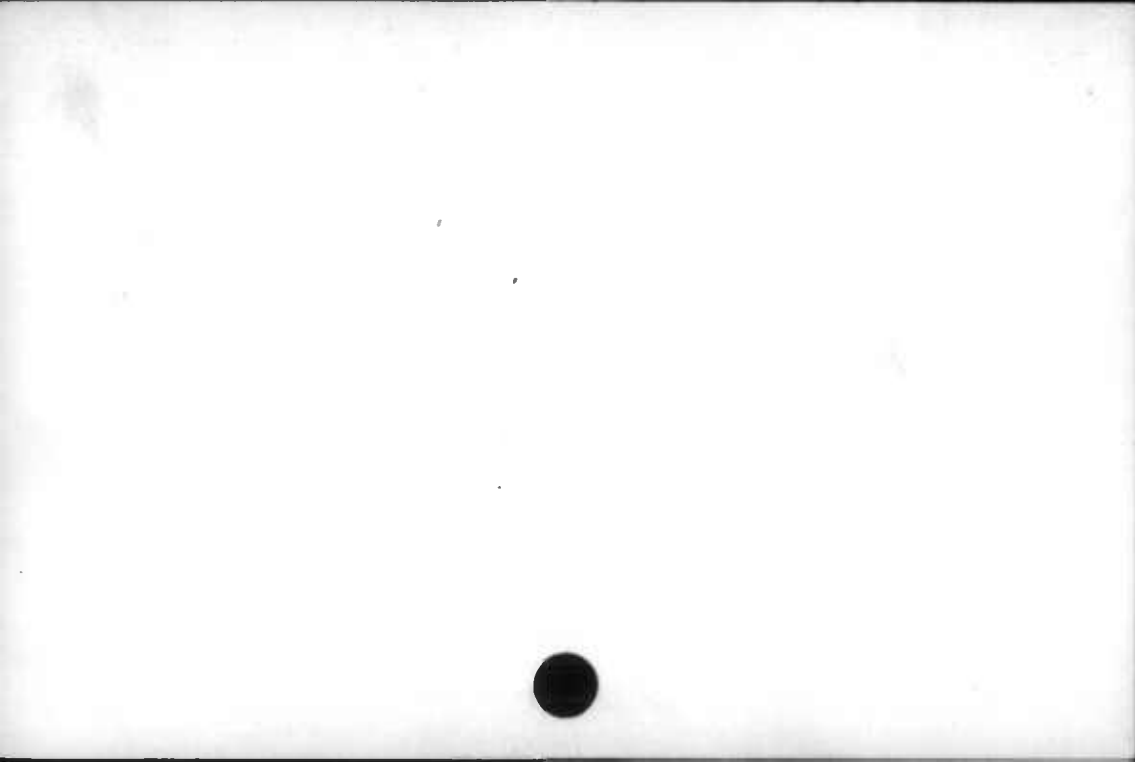
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sutton</i> Town		<i>Caroline</i> County		MARYLAND	
Date of Death	19 <i>40</i>	Month	<i>July</i>	Day	<i>28</i>
Age	<i>70</i>	Years	<i>—</i>	Months	<i>7</i>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Retired farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>widowed</i>	Name of Wife or Husband			
Father's Name	<i>Owra Morgan</i>		Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name	<i>Elysest Anthony</i>		Mother's Birthplace <i>Maryland</i>		
Name of person giving Information	<i>Thos Morgan</i>		How related to deceased <i>son</i>		

## CAUSES OF DEATH

Primary	<i>Bright Disease</i>	How long	
Immediate	<i>Paralysis &amp; Eye Infection</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Y</i>	Signature of Physician	<i>Onoph Gumpert</i>
Accident or Suicide	<i>-</i>	Address	<i>Admtra Me</i>

PHYSICIAN  
OR CORONER



Name  
In  
Full

Nancy E Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dorchester</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1900</i>	Month <i>July</i>	Day <i>5</i>	Age <i>63</i>	Years Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>D.D. Md.</i>		
Occupation <i>House Keeping</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Evan Morgan</i>				
Father's Name <i>Thos Butler</i>	Father's Birthplace <i>D. Md.</i>			Mother's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Elizabeth Willis</i>	Name of person giving information <i>Addie Morgan</i>				
How related to deceased <i>Daughter-in-law</i>			<i>28</i>		

PHYSICIAN  
OR CORONER

Primary <i>Renal</i>		CAUSES OF DEATH <i>28</i>	How long <i>50</i>
Immediate <i>Apoplexy</i>		<i>each</i>	How long <i>4</i>
Are the names, times, dates and place correctly given?		Signature of Physician <i>[Signature]</i>	Address <i>[Redacted]</i>
Accident or Suicide?			



Name  
In Full

Ralph S. Nichols

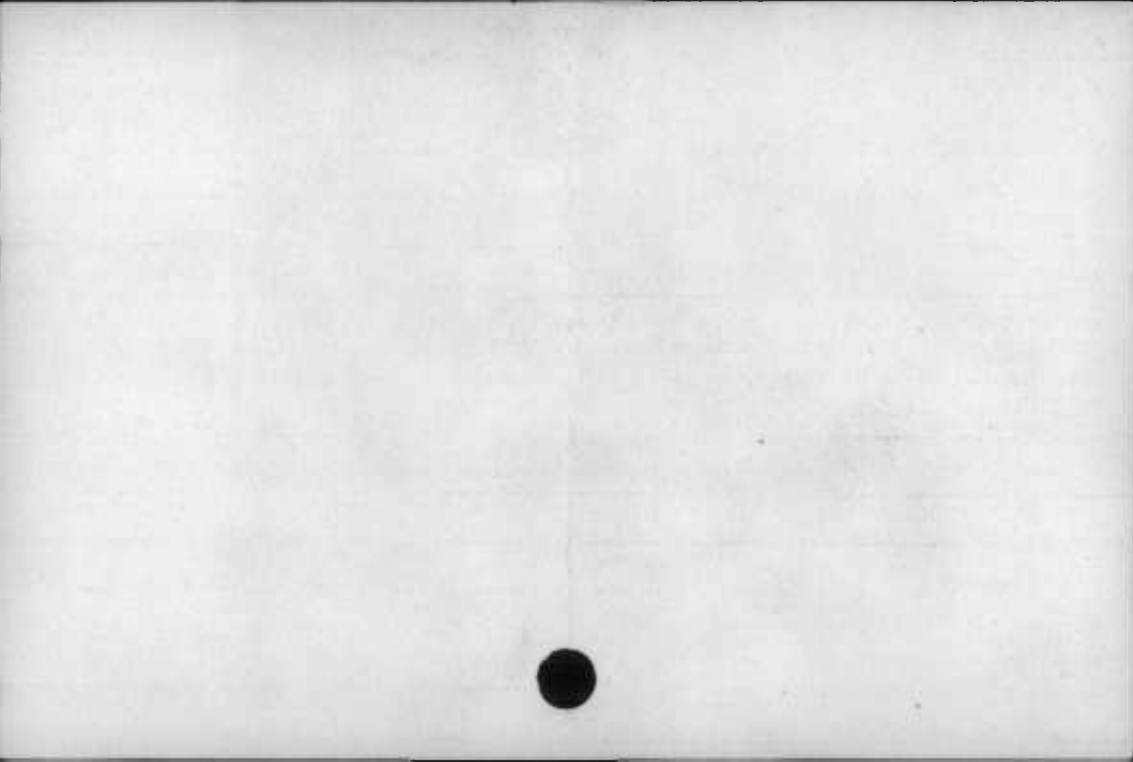
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Near Federalburg</i>		<sup>County</sup> <i>Caroline</i>		MARYLAND	
Date of death	<i>1910</i>	Month	<i>July</i>	Day	<i>13<sup>th</sup></i>
Age	<i>1</i>	Years	<i>1</i>	Months	<i>11</i>
		Days	<i>24</i>		
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Caroline Co. Md.</i>
Occupation	_____		Where Reading if not at place of death _____		
Married, Single or Widowed	_____		Name of Wife or Husband _____		
Father's Name	<i>Daniel Nichols</i>			Father's Birthplace	<i>Caroline Co. Md.</i>
Mother's Maiden Name	<i>Abbie Sullivan</i>			Mother's Birthplace	" " "
Name of person giving information	<i>Daniel Nichols</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Gastro Intestinal Indigestion</i>	How long	<i>2 weeks</i>	
	Immediate	<i>convulsions</i>	How long	<i>1 day</i>	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. J. Brooks</i>			
	Accident or Suicide?	Address <i>Federalburg Md. Caroline Co.</i>			





Name  
in Full

Florence Pearl Patchett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Ridgely

County

Caroline

MARYLAND

Date  
of death1920

July

13

Age

Years

7

Months

Days

13

Sex

female

Color or  
Race

white

Birth-  
place

Maryland

Occupation

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

Single

Name of Wife or  
HusbandFather's  
Name

Thomas F Patchett

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Lara Andrews

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Thomas F Patchett

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Typhoid Fever

How long

6 weeks

Immediate

Exhaustion

How long

24 hours

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

yes

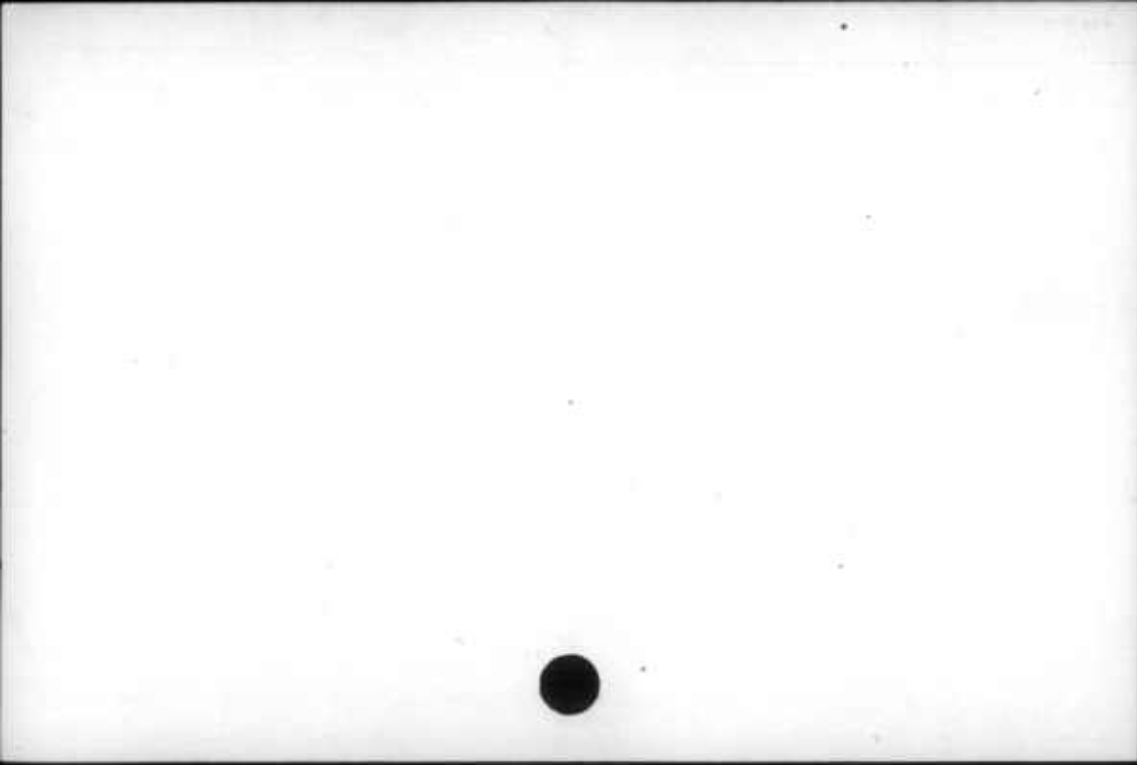
Signature of  
Physician

Address

J. C. Madara  
Ridgely Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



the  
 NEAREST FRIEND  
 OR CORONER

*Viola Ouellet*

CERTIFICATE OF DEATH

Died at *near Hudson* <sup>Town</sup> *Caroline* <sup>County</sup> **MARYLAND**

Date of death *1967* Month *7* Day *31* Age *4* Years Months *10* Days *3*

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

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

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

Father's Name *Jas. Ouellet* Father's Birthplace *Maryland*

Mother's Maiden Name *Emma McMichael* Mother's Birthplace *Delaware*

Name of person giving information *J. Ouellet* How related to deceased *Father*

CAUSES OF DEATH

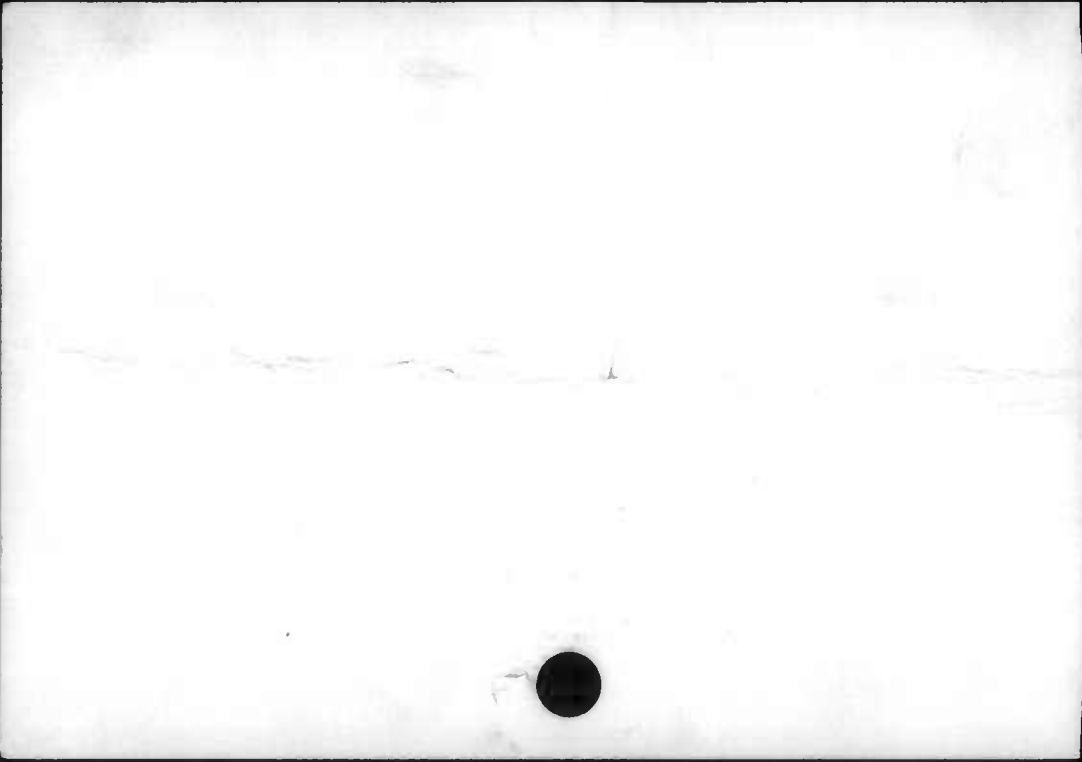
Primary *Interruption of Intubation* How long *109* *24 hrs.*

Immediate *Ext. hemorrh.* How long *" "*

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

Address *Goldboro md*

Accident or Suicide



Name  
in  
Full

Leroy Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Halle</i>		County <i>Cesarum</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>7</i>	Day <i>16</i>	Age <i>6</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>MD</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Byard Robinson</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Byard Robinson</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

Primary <i>Subtotal Obstruction</i>	How long <i>Four days</i>
Immediate <i>Peritonitis</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P.R. Fisher</i>
	Address <i>Deer...</i>
Accident or Suicide <i>No</i>	<i>MD</i>

PHYSICIAN  
OR CORONER



Name  
is  
Full

Frank Henry Schroeder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Denton</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death	19 <i>10</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>23</i> <small>Year</small>	Age <i>1</i> <small>Year</small>	<i>20</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</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 Schroeder</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Hola M. Law</i>		Mother's Birthplace	<i>Baltimore</i>	
Name of person giving information	<i>Mrs. Schroeder</i>		How related to deceased	<i>Daughter</i>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Cholera Infantum</i> <i>104</i>	How long	<i>2 weeks</i>
	Immediate	<i>same</i>	How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. R. Fisher</i>
	Accident or Suicide?	<i>No</i>	Address	<i>Wesley</i>





Name  
in  
Full

Laurie Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at Suntem Town Carroll County MARYLAND

Date of death 1910 Month July Day 27 Age 75 Years Months — Days —

Sex Female Color or Race Colored Birth-place Ind.

Occupation Housewife Where residing if not at place of death —

Married, Single or Widowed widowed Name of Wife or Husband Jerry Scott

Father's Name John Shepard Father's Birthplace Ind.

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information Harry Scott How related to deceased Grandson

## CAUSES OF DEATH

Primary Inferiority of Age

Immediate Exp. heart

How long

How long

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

Yes

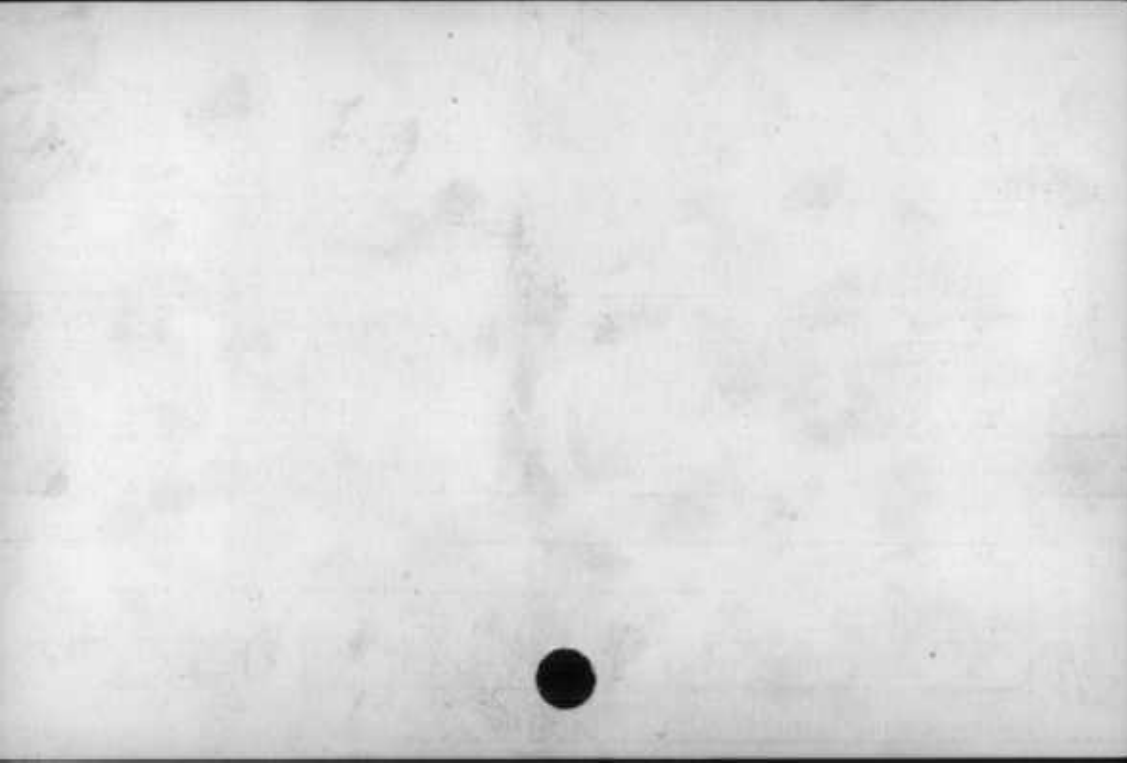
Signature of Physician

Address

Donch  
W. Suntem

Accident or Suicide?

No



Name  
in Full

Mary Beth

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Dorchester* <sup>County</sup> *Laurens* MARYLAND

Date of death 19*10* <sup>Month</sup> *7* <sup>Day</sup> *17* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *6*

Sex *Female* Color or Race *Black* Birth-place *md*

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

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

Father's Name *Henry Beth* Father's Birthplace *md*

Mother's Maiden Name *Jdy Faulkner* Mother's Birthplace *md*

Name of person giving information *Jan J. Cooper* How related to deceased *son*

CAUSES OF DEATH

10713

PHYSICIAN  
OR CORONER

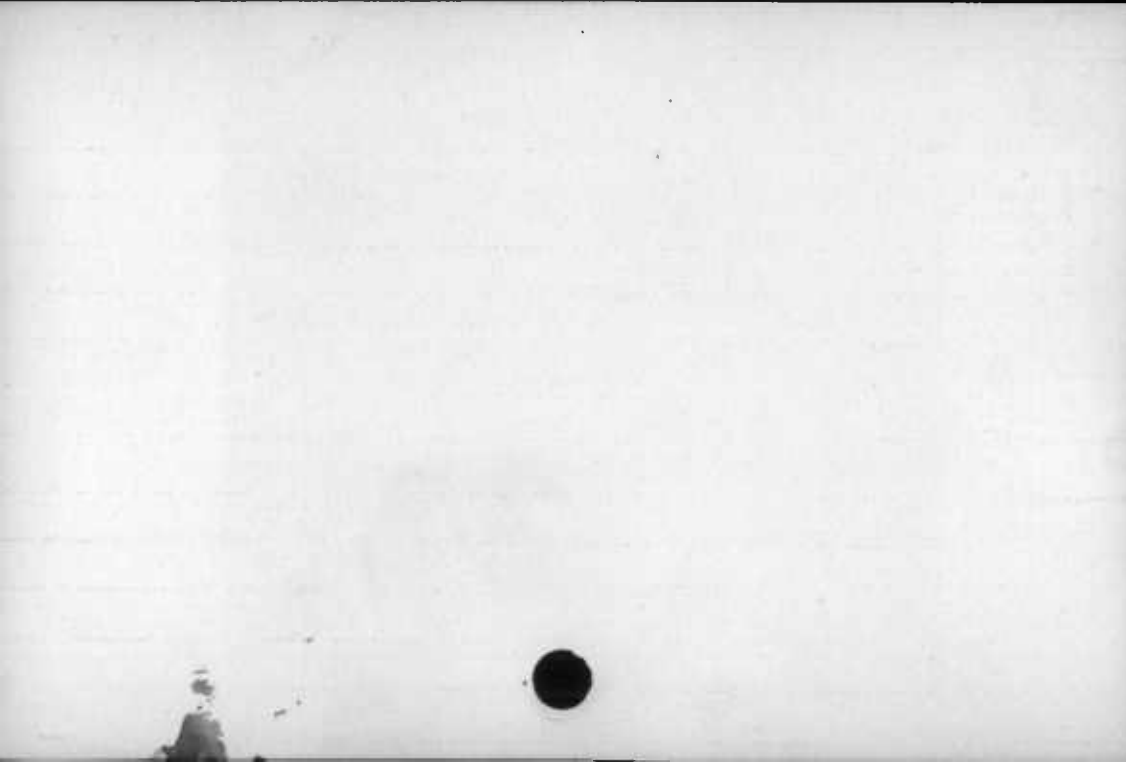
Primary *Myocardium* How long

Immediate *same* How long

Are the name, age, sex, color, date and place correctly given above? *sp* Signature of Physician *Cooper & Co*

Address *understudy :-*

Accident or Suicide? *—*



Name  
in Full

Mattha Seth

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at <i>Dundalk</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>7</i>	Day <i>20</i>	Age	Years <i>—</i> Months <i>—</i> Days <i>10</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>	
Occupation	<i>—</i>		Birth-place	<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>Thomas Seth</i>		Father's Birthplace	<i>—</i>	
Mother's Maiden Name	<i>Dr. Faulkner</i>		Mother's Birthplace	<i>—</i>	
Name of person giving information	<i>Thomas Seth</i>		How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Mexaunters</i>	How long	<i>104</i>	How long	<i>10 days</i>
	Immediate	<i>Same</i>				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Mills</i>			
			Address <i>Dundalk Md.</i>			
Accident or Suicide?						



Name  
In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John A. Shawn

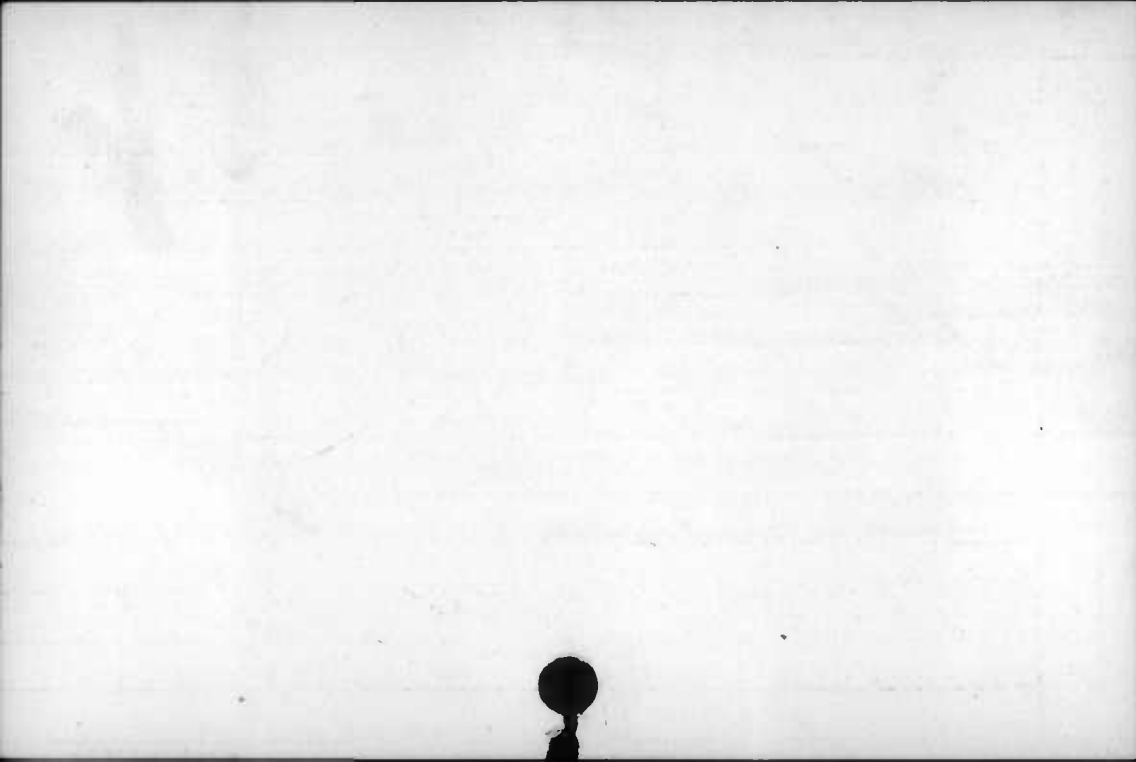
Died at <u>Ridgely</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death	<u>1960</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>18</u> <small>Day</small>	Age <u>77</u> <small>Years</small>	<u>1</u> <small>Months</small>
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Farmer</u> <small>Where Bred and raised at place of death</small>				
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Anna Rebecca Shawn</u>		
Father's Name	<u>Perry Shawn</u>		Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Jolia Coleman</u>		Mother's Birthplace	<u>Maryland</u>	
Name of person giving information	<u>Anna R. Shawn</u>		How related to deceased	<u>Wife</u>	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<u>Cholera morbus</u>	How long	<u>Three days</u>
Immediate	<u>Heart failure</u>	How long	<u>Eight hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. N. Dickson</u>
		Address	<u>Ridgely, Md.</u>
Accident or Suicide?	<u>no</u>		





Name  
in  
Full

Leah Shepherd

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <sup>Town</sup> Near Federalsburg, <sup>County</sup> Caroline

MARYLAND

Date of death 1960 <sup>Month</sup> July <sup>Day</sup> 11 <sup>Age</sup> 63 <sup>Years</sup>

<sup>Months</sup> <sup>Days</sup>

Sex Female <sup>Color or Race</sup> Black <sup>Birth-place</sup> Caroline Co. Md

Occupation House-work, <sup>Where Residing if not at place of death</sup>

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

Father's Name Father Unknown, (Base-borned) <sup>Father's Birthplace</sup>

Mother's Maiden Name Sarah Ann Thomas <sup>Mother's Birthplace</sup> Caroline Co. Md

Name of person giving Information Jacob Shepherd <sup>How related to deceased</sup> Husband

CAUSES OF DEATH

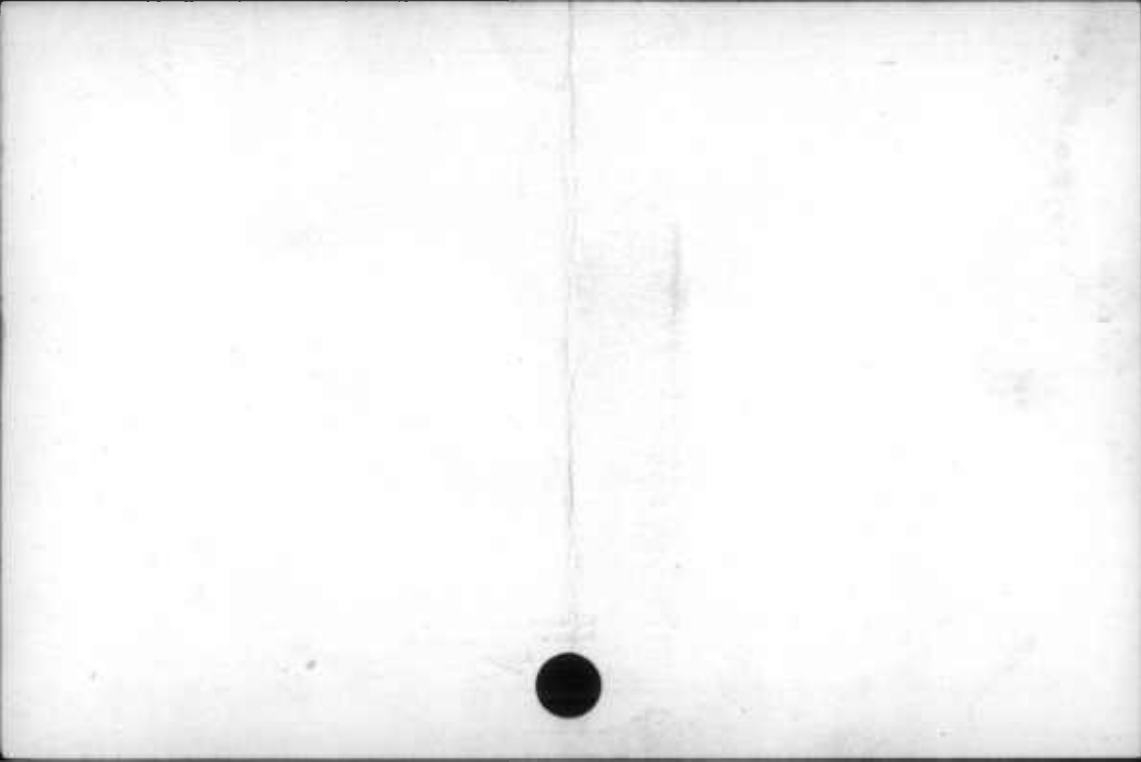
Primary Sycuntory <sup>How long</sup> 1 week

Immediate Acute Dilat- of heart, <sup>How long</sup> 2 days

Are the name, age, sex, color, date and place correctly given above? <sup>Signature of Physician</sup> F. J. Brooks

<sup>Address</sup> Federalsburg Caroline Co, Md.

Accident or Suicide



Name  
in Full

David Oscar Smith

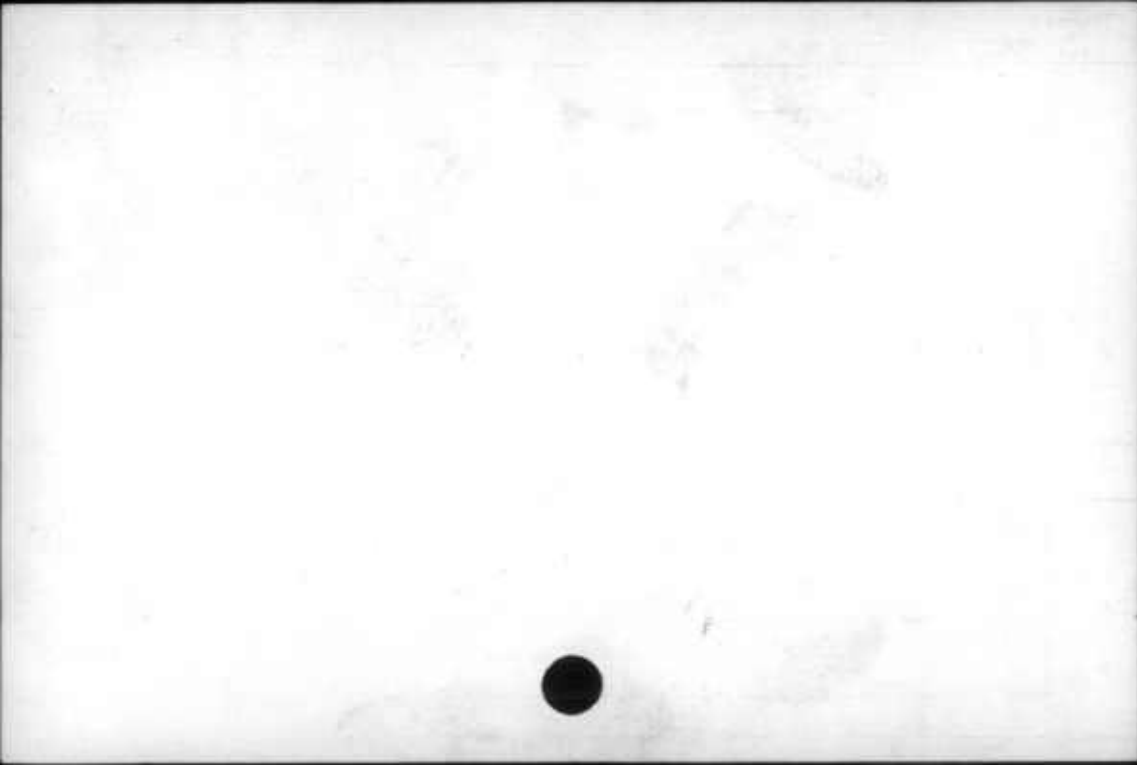
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Ridgely</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death <u>1900</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>5</u> <small>Day</small>	Age <u>Seven</u> <small>Years</small>	<u>Month</u> <small>Months</small>	<u>2 weeks</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>Colored</u>	Birth-place <u>Ridgely</u>			
Occupation _____	Where Residing if not at place of death _____				
Married, Single or Widowed _____	Name of Wife or Husband <u>Alex. Smith</u>				
Father's Name <u>Alex Smith</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Julia Armstrong</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>Alex Smith</u>	How related to deceased _____				

## CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary <u>Summer Complaint</u>	<u>1041</u>	How long <u>3 days</u>
	Immediate _____		How long _____
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Henry Wilkinson</u>	
		Address <u>Leover</u> <u>Ridgely, Md</u>	
	Accident or Suicide _____		



Name  
in  
Full

Edna Tarlton Stevens

CERTIFICATE OF DEATH

Died at Denton <sup>Town</sup> Caroline <sup>County</sup> **MARYLAND**Date of death **1960** <sup>Month</sup> July <sup>Day</sup> 22 <sup>Years</sup> 31 <sup>Months</sup> 3 <sup>Days</sup> 1Sex female Color or Race White Birth-place DentonOccupation wife Where Residing if not at place of deathMarried, Single or Widowed Married Name of Wife or Husband Charles E. StevensFather's Name Clinton Cook Father's Birthplace Centerville Md.Mother's Maiden Name Lucy L. Russell Mother's Birthplace Centerville Md.Name of person giving Information John Stevens How related to deceased Brother-in-law

## CAUSES OF DEATH

Primary Typhoid Fever (1) How long 3 weeksImmediate Exhaustion How long Very longAre the name, age, sex, color, date and place correctly given above? Yes

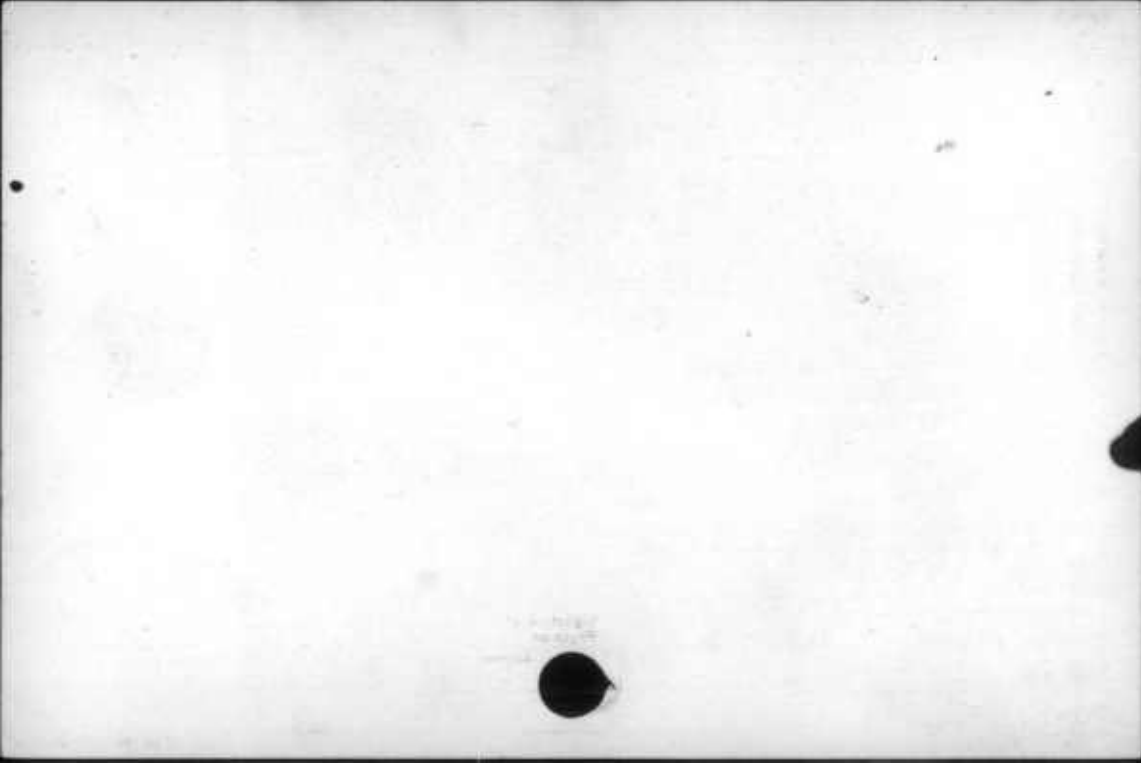
Signature of Physician

Address

Engle Leary M.D.  
Denton

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in Full

Amanda Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Towhatche</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death <i>1940 July 5</i>		Age <i>38</i>		Months <i>10</i> Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Delaware</i>	
Occupation <i>house wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Charles E. Turner</i>			
Father's Name <i>Robert Jones</i>		Father's Birthplace <i>Delaware</i>			
Mother's Maiden Name <i>Rachy Rawley</i>		Mother's Birthplace <i>Delaware</i>			
Name of person giving Information <i>Charles H. Turner</i>		How related to deceased <i>Father in law</i>			

## CAUSES OF DEATH

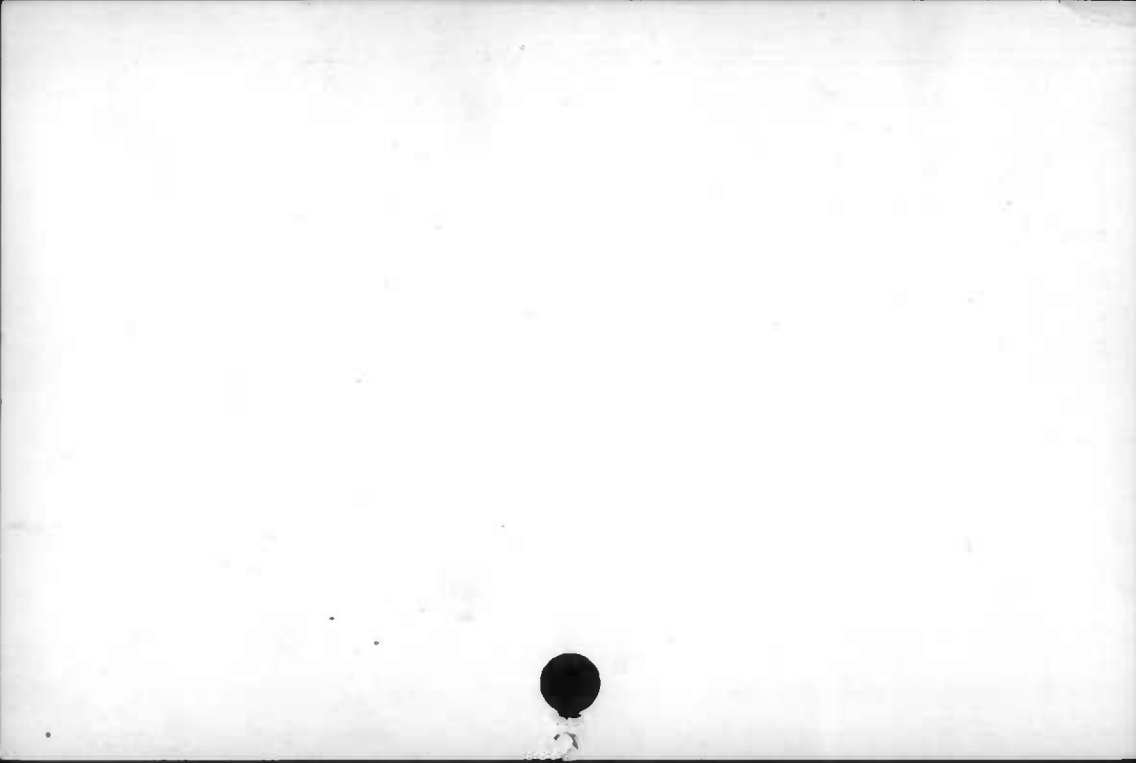
Primary <i>Anti-Rote Hemorrhage - Child birth</i>	How long <i>6 hours</i>
Immediate <i>Shock</i>	How long <i>1 hour</i>

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

Signature of Physician

Address

*J. C. Madara  
Ridgely, Md*Accident or Suicide





Name  
in Full

Noah E. Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Tuskahoe

County

Caroline

MARYLAND

Date

of death 190

Month

July

Day

5

Years

Age Still Born

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Tuskahoe

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Chas C Turner

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Amanda Jones

Mother's  
Birthplace

Delaware

Name of person giving  
Information

Chas H Turner

How related  
to deceased

Grand Father

## CAUSES OF DEATH

Primary

Still-born

How long

S

Immediate

How long

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

yes

Signature of  
Physician

Address

J. C. Madara  
Redgely Md

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

Bertha Helen Young  
own County  
Caroline

MARYLAND

Died at Ridgely  
Date of death 1900 July 21 Age 4  
Month Day Years Months Days

Sex Female Color or Race Blk. Birth-place Ridgely

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Robert Young Father's Birthplace Maryland

Mother's Maiden Name Florence Hammond Mother's Birthplace "

Name of person giving information Mary Hammond How related to deceased Grandmother

CAUSES OF DEATH

Primary Marasmus 189A How long 3 weeks  
Immediate Exhaustion How long 24 hours

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

Signature of Physician J. C. Madara  
Address Ridgely Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORNER

