

Name
in
Full

Guy Betty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Huber Fair Hill</u> <small>Town</small>		<u>Leece</u> <small>County</small>		MARYLAND	
Date of death 19 <u>40</u> <u>July</u> <u>6</u> <small>Month Day</small>		Age <u>—</u> <small>Years</small>		<u>8</u> <small>Months Days</small>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
<u>Married</u> , Single or <u>Widowed</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>Eunice Betty</u>		Mother's Birthplace <u>Pennsylvania</u>			
Name of person giving Information <u>Lucy Wright</u>		How related to deceased <u>Aunt</u>			

CAUSES OF DEATH

Primary:	<u>Enterocolitis</u> <u>10 H</u>	How long	<u>1 week</u>
Immediate	<u>Roma</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>O. J. Carries M.D.</u>
Accident or Suicide	<u>—</u>	Address	<u>Cherry Hill, Md.</u>

275-



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Saw Beck Biss

Died at *Elk Neck* Town *county* County

Date of death *1900 July 29* Month *29* Day *65* Age *65* Years Months Days

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

Occupation *Laborer* Where Residing if not at place of death *Elk Neck*

Married, Single or Widowed *married* Name of Wife or Husband *anne Biss*

Father's Name *Dont No* Father's Birthplace *Polish*

Mother's Maiden Name *Dont No* Mother's Birthplace *Polish*

Name of person giving Information *Serg Biss* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long *2 months*

Immediate *Heart* *(79)* How long

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

Signature of Physician *E. A. Auer*

Address *North*

Accident or Suicide



Name
in
Full

George W. Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9x

Died at ^{Town} *Alms House* ^{County} *Cecil* **MARYLAND**

Date of death *1910* ^{Month} *July* ^{Day} *4* ^{Years} *66* ^{Months} _____ ^{Days} _____

Sex *Male* Color or Race *Black* Birth-place *Harford Co.*

Occupation *None* Where Reading if not at place of death _____

Married; Single or Widowed *Widowed* Name of Wife or Husband *Not known*

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

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

Name of person giving information *Alms House record* How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Mitral insufficiency* ^{How long} *Not known* 99

Immediate *Cardiac dilatation* ^{How long} *6 weeks*

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

Signature of Physician *W. P. Morrison*

Address *Elkton, Md.*

Accident or Suicide? _____



Name
In
Full

John Cameron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>19 10</i>	<i>July</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age <i>69</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Ind</i>			
Occupation <i>None</i>	Where Reading if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John Cameron</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Hannah Foreman</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Miss Moore</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

90

PHYSICIAN OR CORONER	Primary <i>Chronic Bronchitis</i>	How long <i>3 years</i>	
	Immediate <i>Exhaustion</i>	How long <i>2 months</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. D. Morrison</i>	
	Accident or Suicide?	Address <i>Elkton, Md.</i>	



Name
in
Full

William Clark

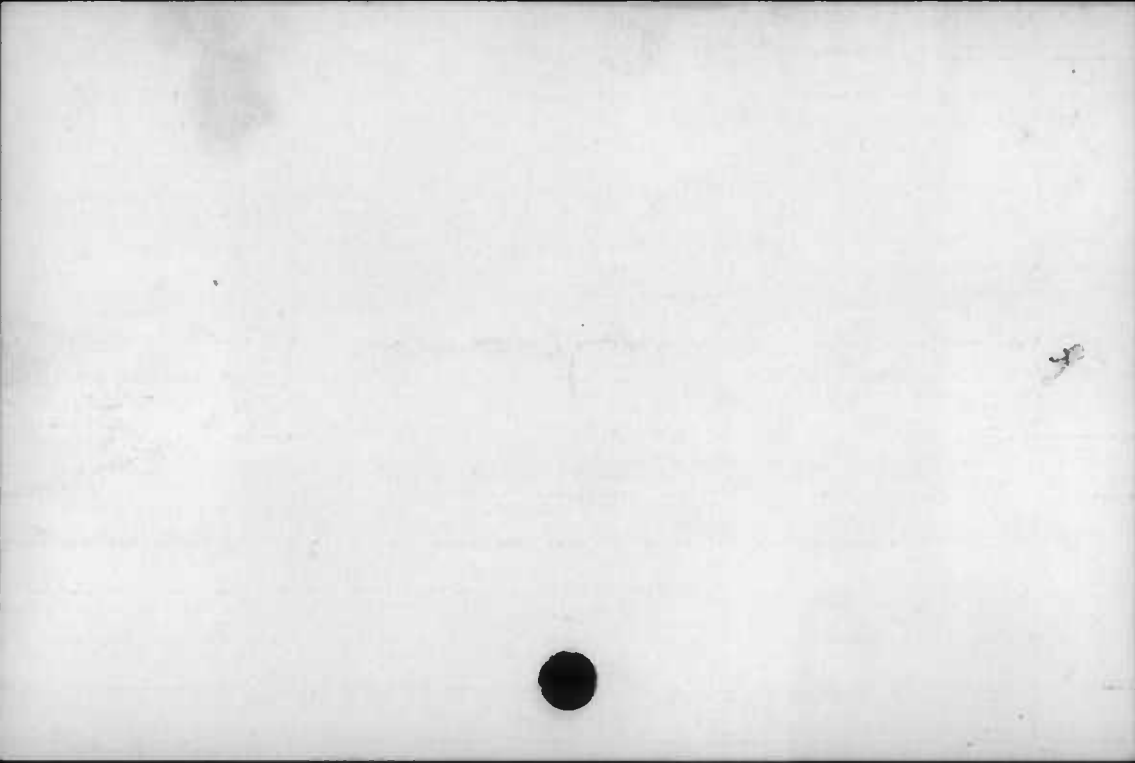
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Elkton</i>		^{County} <i>Cecil</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>July</i>	Day <i>21</i>	Age	Years <i>77</i> Months Days
Sex	<i>male</i>		Color or Race	<i>white</i>	Birth-place <i>Del</i>
Occupation	-		Where Residing if not at place of death		
Married, Single or Widowed	<i>widow</i>		Name of Wife or Husband		
Father's Name	<i>Abraham Clarke</i>			Father's Birthplace	<i>Del</i>
Mother's Maiden Name	<i>No Information</i>			Mother's Birthplace	-
Name of person giving information	<i>Wm T Clarke</i>			How related to deceased	<i>son</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Apoplexy</i>	How long	<i>2 yrs.</i>
	Immediate	<i>Embolic</i>	How long	<i>6 mo</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Frank Sawyer</i>
	Accident or Suicide?		Address	<i>Elkton Md</i>



Name
in Full

Albert S Deibert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Year} Elk Landing

County Cecil

Date of death 1940

Month 7

Day 8

Age 12

Months 4

Days

Sex male

Color or Race white

Birth-place Maryland

Occupation

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name

Hiram S. Deibert

Father's Birthplace

Prima

Mother's Maiden Name

Mary Sueds

Mother's Birthplace

Prima

Name of person giving Information

Hiram S. Deibert

How related to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

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

yes

Signature of Physician

Address

J. Frank Frayer, Coroner
Elkton Md

Accident or Suicide

Accident

PHYSICIAN
OR CORNER



Name
in
Full

Louisa Foreacre

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elkton		County Seal		MARYLAND	
Date of death		Month July	Day 31	Age	Years 23	Months	Days
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	House girl		Where Residing if not at place of death		—		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	George Foreacre		Father's Birthplace		Md		
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information				How related to deceased			

CAUSES OF DEATH

Primary	Tuberculosis	How long	29 one year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm. D. Hawley
Accident or Suicide		Address	Elkton Md

PHYSICIAN
OR CORDNER



Name
in
Full

CERTIFICATE OF DEATH

John J. Gussaway
Town Frederick County Cecil

MARYLAND

Died at
Date of death 1960 July 16 Age 1
Month Day Years Months Days

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

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Robert Gussaway Father's Birthplace Cecil Co.

Mother's Maiden Name Goldy Williams Mother's Birthplace Cecil Co.

Name of person giving Information Goldy Williams Gussaway How related to deceased mother

CAUSES OF DEATH

Primary Enteric-colitis (10H) How long 11 days

Immediate

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

Yes

Signature of Physician

Edward A. Scott
Galena, Md.

Address

Accident or Suicide _____

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Helene West Gibson</i>		Town <i>Essexton</i>		County <i>Cecil</i>		State <i>MARYLAND</i>	
Died at <i>Essexton</i>		Town <i>Cecil</i>		County <i>Cecil</i>		State <i>MARYLAND</i>	
Date of death <i>1940</i>		Month <i>7</i>	Day <i>20</i>	Age <i>6</i>	Years <i>1</i>	Months <i>1</i>	Days <i>1</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>			
Occupation <i>_____</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>_____</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Henry Gibson</i>		Father's Birthplace <i>Maryland</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary Canner (Butler)</i>		Mother's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Mary Butler</i>		How related to deceased <i>Mother</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Exhaustion</i>	How long <i>16 hr</i>	How long <i>5 hours</i>
	Immediate <i>Burned all over body</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>J. Frank Frayer Canner</i>	
	Accident or Suicide <i>Accident</i>	Address <i>Essexton Md</i>	



Name
in Full

CERTIFICATE OF DEATH

Joseph Goff

Town

County

Died at

Marburg

Cecil

MARYLAND

Date

1900 July

28

Age

53

Months

11

Days

Sex

Male

Color or
Race

White

Birth-
place

Delaware

Occupation

Farmer

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

Married

Name of Wife -
Husband

Bessie Ewing

Father's
Name

James Goff

Father's
Birthplace

Delaware

Mother's
Maiden Name

Sallie Taylor

Mother's
Birthplace

Delaware

Name of person giving
Information

Bessie Goff

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

8 mos

Immediate

Dilated Heart

How long

2 da

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

C. F. Carrico M.D.

Address

Cherry Hill,
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

846



Name
in
Full

Estes V. Haines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

4

Died at <i>Port Deposit</i> ^{Town}			<i> Cecil </i> ^{County}			MARYLAND		
Date of death <i>1910</i>		Month <i>7</i>	Day <i>6</i>	Age Years <i>3</i>	Months <i>11</i>	Days		
Sex <i>Female</i>		Color or Race <i>Caucasoid</i>		Birth-place <i>Wilmington, Del.</i>				
Occupation <i>✓</i>				Where residing if not at place of death <i>Port Deposit</i>				
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>Venus Haines</i>						
Father's Name <i>John Haines</i>				Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name				Mother's Birthplace <i>Port Deposit</i>				
Name of person giving information <i>John Haines</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i> <i>(92)</i>	How long <i>4 wks</i>
Immediate <i>Acute Dilatation of heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Richard</i>
	Address <i>Port Deposit</i>
Accident or Suicide? <i>No.</i>	

not given

Name in Full

Elyse Gray Harper
Town *Andover* County *Cecil*

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

9

Died at: _____

Date of death: 1940 Month July Day 12 Age 80 Years Months _____ Days _____

Sex Female Color or Race White Birth-place Maryland

Occupation None Where Residing If not at place of death _____

Married, Single or Widowed Widow Name of Wife or Husband Joseph R. Harper

Father's Name Samuel Spratt Father's Birthplace Ireland

Mother's Maiden Name Jane Moorhead Mother's Birthplace England

Name of person giving information Mrs. David Ashbaugh How related to deceased Niece

CAUSES OF DEATH

Primary Senile Dementia How long 189A

Immediate General Debility How long Three months

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

Signature of Physician _____

Address 13 St. Ann's Ave. N. East Md.

PHYSICIAN OR CORONER

Accident or Suicide

276



Name
in
Full

Infant Harris
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Principles Furnace Cecil

Date of death 1910 July 16 Age — Years — Months — Days 7

Sex male Color or Race White Birth-place Cecil Co

Occupation — Where Residing if not at place of death —

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

Father's Name Samuel Harris Father's Birthplace Cecil Co

Mother's Maiden Name Marion Wilson Mother's Birthplace Scotland

Name of person giving information Samuel Harris How related to deceased Father

CAUSES OF DEATH

Heart

PHYSICIAN
OR CORONER

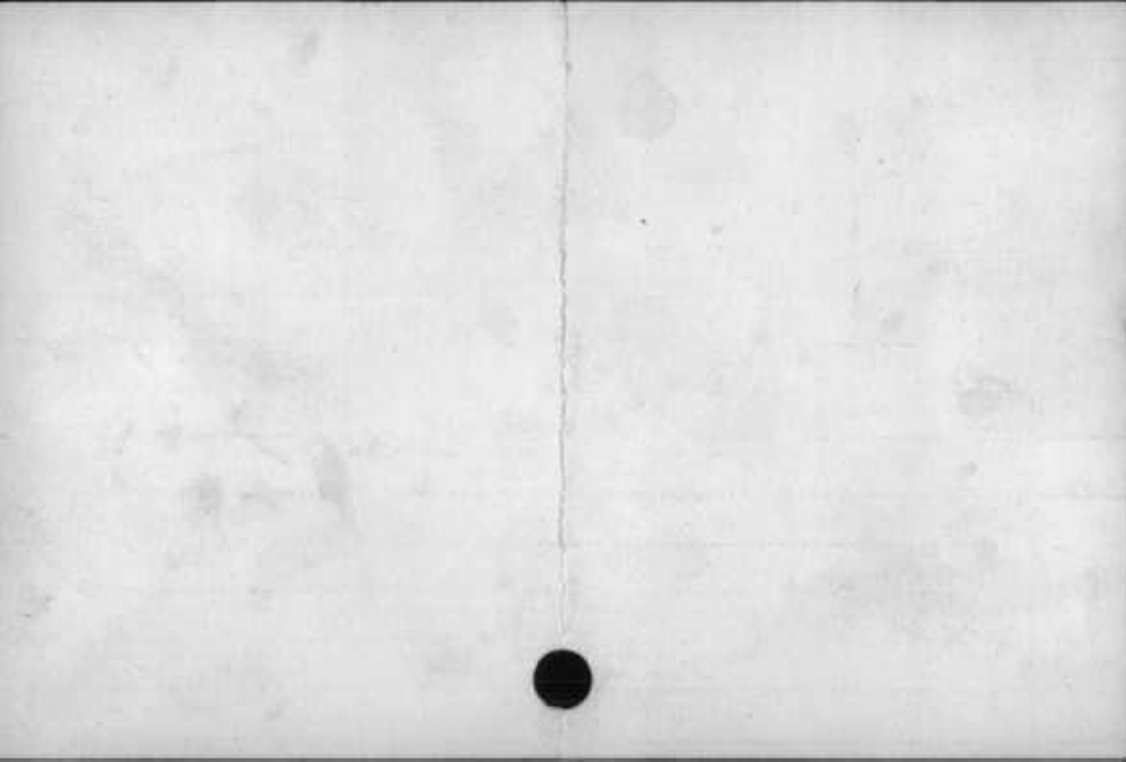
Primary Supposed imperfect-closure How long 5 days

Immediate of heart How long 150

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

Signature of Physician Geo M. Hines
Address Perryville Md

Accident or Suicide?



Name
in
Full

Samuel Hasson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

94

Died at ^{Town} Port Deposit - ^{County} Cecil MARYLAND

Date of death 1910 ^{Month} July ^{Day} 22 Age ^{Years} 60 ^{Months} - ^{Days} -

Sex ^{Male} female Color or Race ^{White} white Birthplace Cecil Co

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

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

Father's Name ^{Washington Hasson} Washington Hasson Father's Birthplace Cecil Co

Mother's Maiden Name ^{Mary A Whittaker} Mary A Whittaker Mother's Birthplace " "

Name of person giving information ^{John Hasson} John Hasson How related to deceased Brother

CAUSES OF DEATH

Primary ^{Acute Typhoid} Acute Typhoid How long ^{48 hrs} 48 hrs

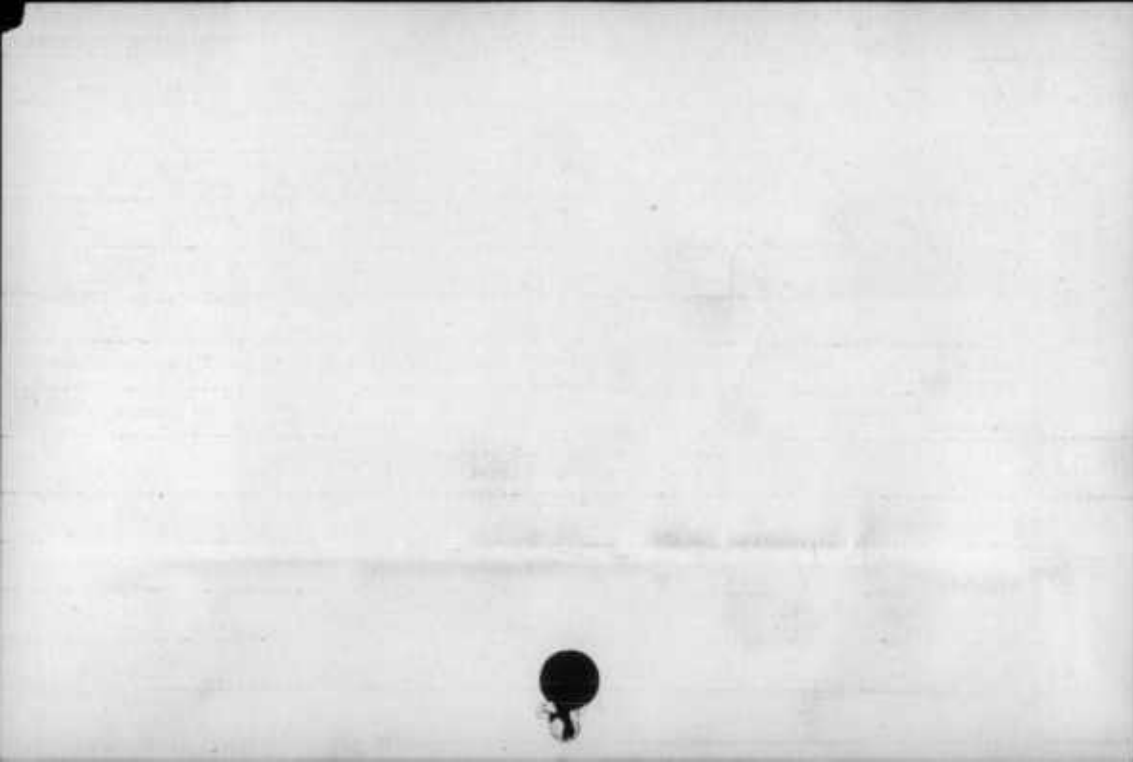
Immediate ^{Uremic Coma} Uremic Coma How long ^{24 hrs} 24 hrs

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

Signature of Physician ^{E. H. Richards} E. H. Richards

Address ^{Port Deposit} Port Deposit

Accident or Suicide? ^{No.} No.



Name
in Full

Edward Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

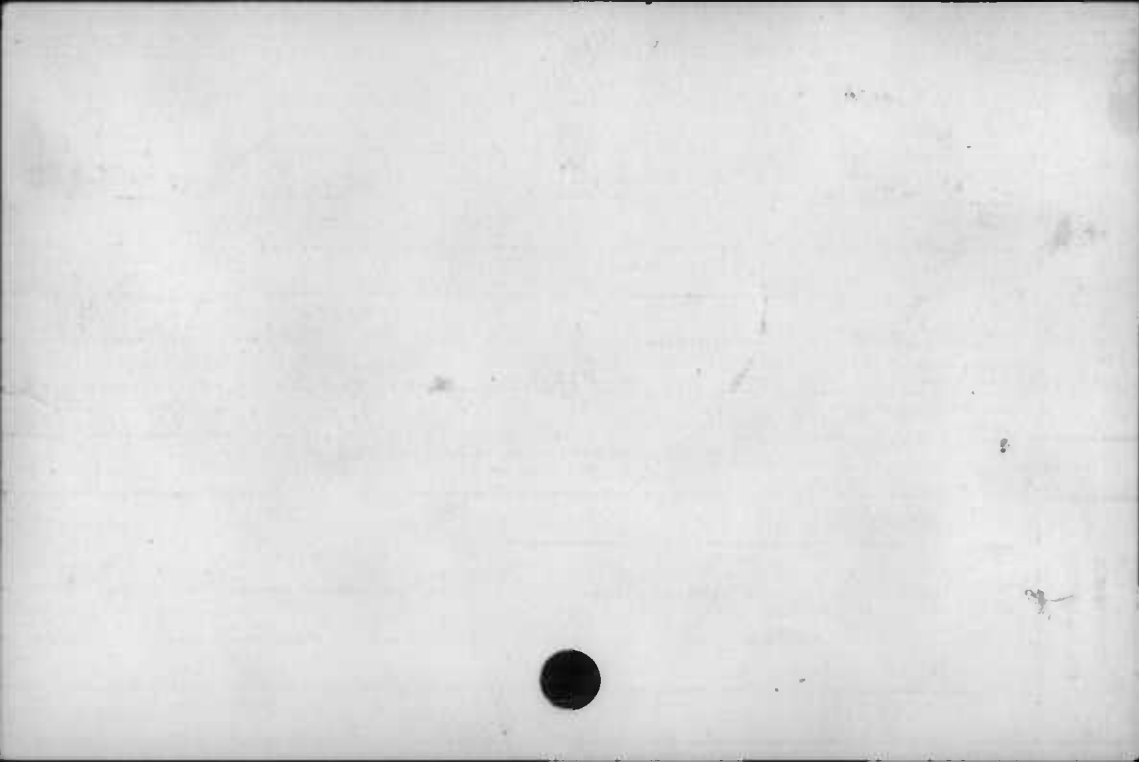
Died at <i>Aikens</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1910</i>	Month <i>July</i>	Day <i>19</i>	Age <i>76</i>	Years <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co</i>		Months	Days
Occupation <i>Labourer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>Samuel Kelly</i>	Father's Birthplace <i>Cecil Co</i>		Mother's Birthplace <i>" "</i>		
Mother's Maiden Name <i>Sarah Foster</i>	Name of person giving information <i>John Kelly</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>2 1/2 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. M. Stumpf</i>
	Address <i>Prinville Md -</i>
Accident or Suicide?	



Name
Is Full

CERTIFICATE OF DEATH

Annie Walden Lord.

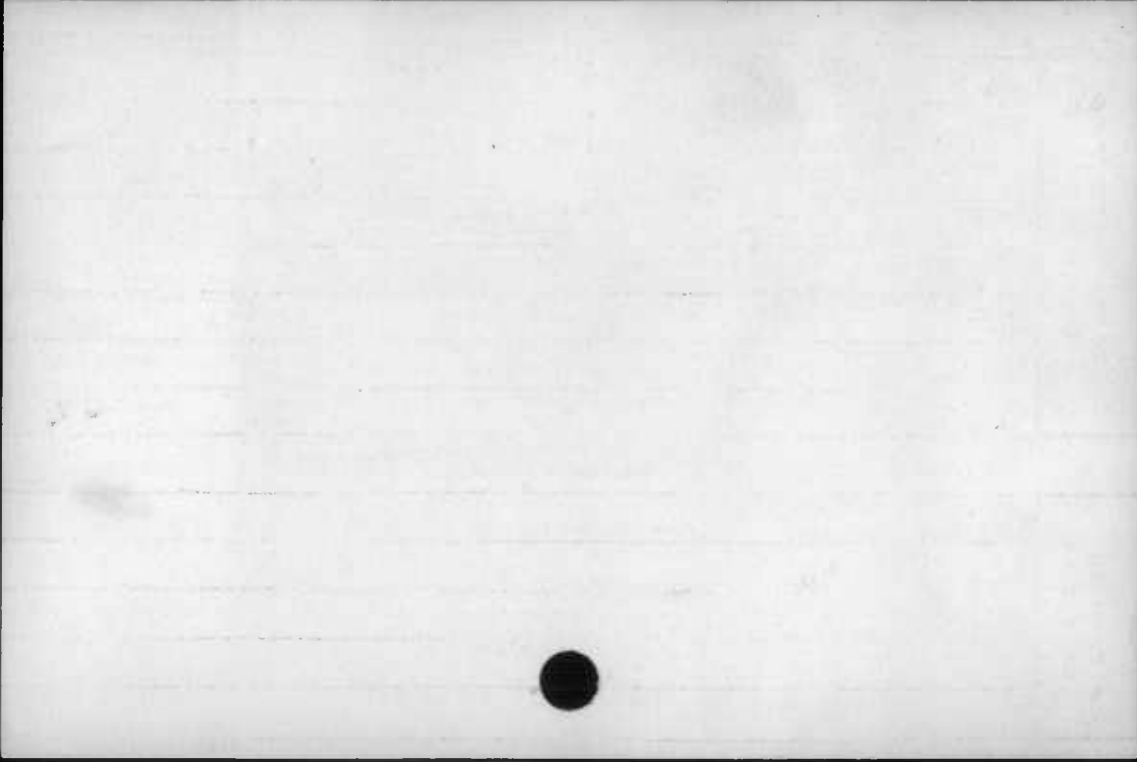
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chesapeake City		County Cecil		MARYLAND	
Date of death	19	Month July	Day 24	Age	Years 55	Months 1	Days 5
Sex	Female		Color or Race	White		Birth-place	Cecil Co.
Occupation	—		Where Residing if not at place of death		—		
Married, Single or Widowed	Married		Name of Wife or Husband		—		
Father's Name	Thomas Pennington				Father's Birthplace	Cecil Co.	
Mother's Maiden Name	Mabel Couch				Mother's Birthplace	Cecil Co.	
Name of person giving information	Mrs Beadie Loshes				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sarcosis	How long	45	45	How long	5 or 6 months
Immediate	Exhaustion	How long			How long	7 or 8
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician		J. L. Conroy	
			Address		Chesapeake City	
					Md	
Accident or Suicide?						



Name in Full

Merritt S. McNamee.

Town County
 Died at Rock Springs Cecil Co. MARYLAND

Date 1910 July 20 30 Age 73 yrs. M. D. Native of Cecil Co. Md. Occupation Teacher
 Male White Married Widower Disease
 Female Colored Single Widower Number of children living one

Husband of Martha J. Keithley
 Wife
 Father's Name Frederick McNamee Mother's Name Sarah A. McNamee

Cause of Death Primary Valvular Heart Disease second part. How long sick
 Immediate 79 Accident, Suicide, Homicide

Reported by J. H. Peoples, Peters Creek Co.

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

Went

Out P. not

seen any not

Permit on 1/1/19

and

Name
is
Full

Alice C Morgan

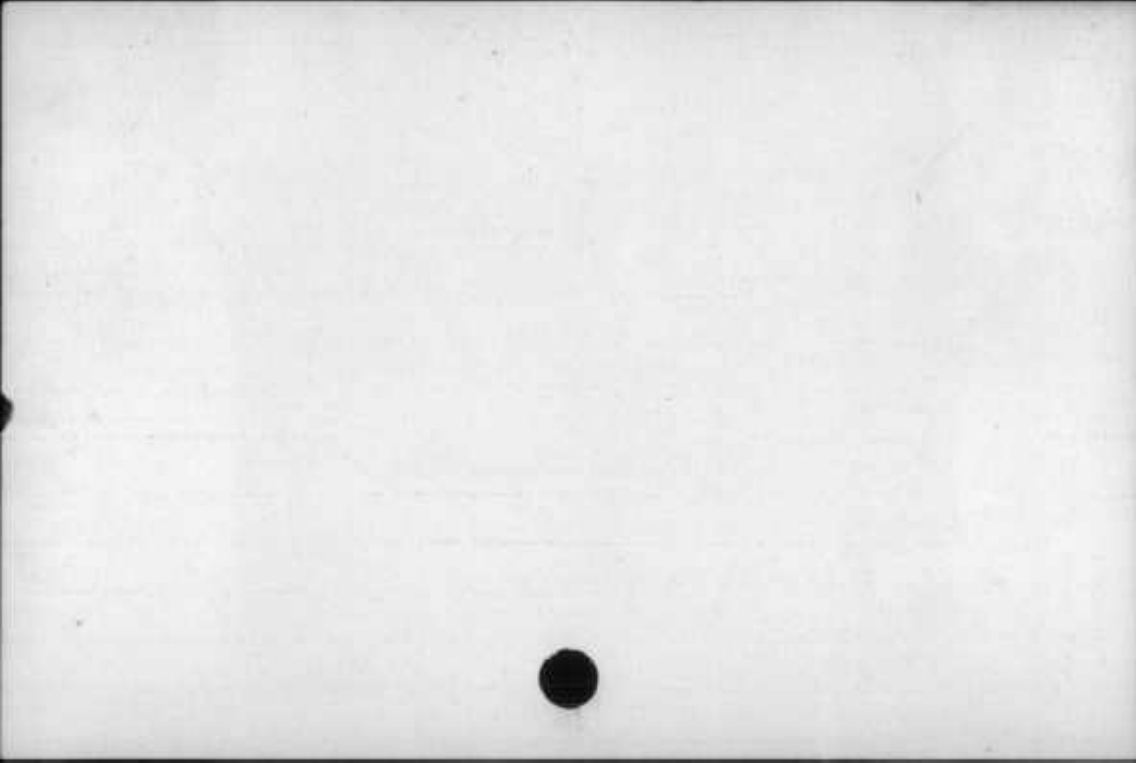
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Elkton ^{Town}		Cecil ^{County}		MARYLAND	
Date of death	1910	Month	July	Day	20	Age	78
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	-			Where Reading if not at place of death			
Married, Single or Widowed	widowed		Name of Wife or Husband				
Father's Name			Reynolds		Father's Birthplace		
Mother's Maiden Name			Alice C Reynolds		Mother's Birthplace		
Name of person giving information			John A Morgan		How related to deceased		
					Son		

PHYSICIAN
OR CORONER

CAUSES OF DEATH		(OK)	
Primary	Cerebral hemorrhage	How long	1 wk.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Harker Mitchell MD
		Address	Elkton Md.
Accident or Suicide?			



Anthony Wayne Mossteller

CERTIFICATE OF DEATH

Died at Rowlandville

TOWN

Seese

COUNTY

MARYLAND

Date of death 1910 July 14

Month

Day

Age 67

Years

Months

Days

Sex male

Color or
Race

white

Birth-
place

Pennsylvania

Occupation
LaborerWhere Residing if not
at place of death

at home

Married, Single
or Widowed WidowerName of Wife or
Husband

Rachel Mossteller Deed

Father's Name Anthony Mossteller

Father's Birthplace Pennsylvania

Mother's Maiden Name Lenina Devoe

Mother's Birthplace

Name of person giving
Information S W MosstellerHow related
to deceased Son

CAUSES OF DEATH

Primary Acute Paralysis

How long 5 days

Immediate Exhaustion

How long 1 -

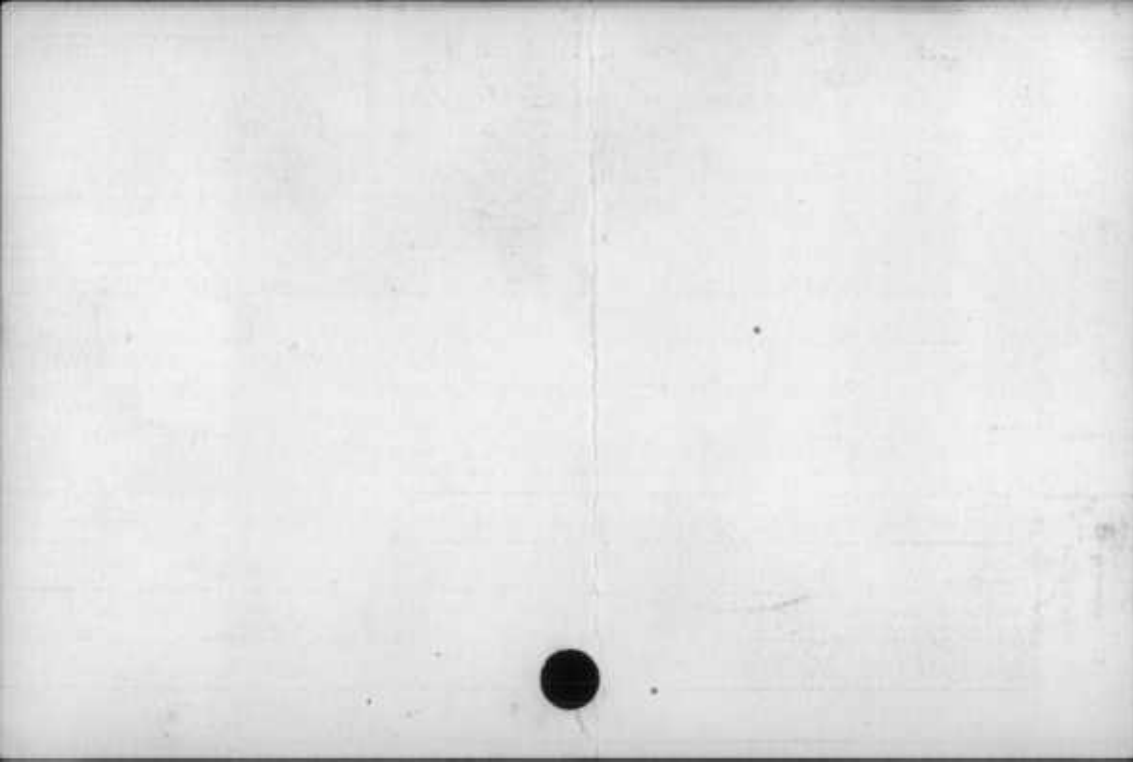
Are the name, age, sex, color, date
and place correctly given above?

yes

Signature
PhysicianErnest Rowland
Liberty, Grov
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In Full

Isabel K Oakford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Port-Deposit-1 ^{County} Cecil MARYLAND

Date of death 1910 July 30 Age 27 Months 1 Days

Sex Female Color or Race white Birth-place Oxford Pa

Occupation Not any Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name John Oakford Father's Birthplace Darby Pa

Mother's Maiden Name Agnes Swain Mother's Birthplace Oxford Pa

Name of person giving information May Clemson How related to deceased Sister

CAUSES OF DEATH

Primary Pulmonary Tuberculosis 28 How long? ?

Immediate acute dilatation of heart. How long

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

Signature of Physician G.H. Richards

Address Port Deposit, Md.

Accident or Suicide? No



Name
In Full

Charles Henry Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Elkton ^{Town}		Cecil ^{County}		MARYLAND	
Date of death	1910	Month	July	Day	14	Age	# 19 ^{Years} 2 ^{Months} 0 ^{Days}
Sex	Male	Color or Race	White	Birth-place	Ind		
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	—			Name of Wife or Husband —			
Father's Name	Charles Payne				Father's Birthplace	Ind	
Mother's Maiden Name	Nelle L. Cleaves				Mother's Birthplace	"	
Name of person giving information	Charles Payne				How related or deceased	Father	

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	meningitis	How long	10 days
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Arthur Mitchell
Address of Physician		Address	500 N. 2nd
Address of Coroner			



Name
In Full

Frank Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sodden		County Cecil C		MARYLAND			
Date of death		1910	Month July	Day 28	Age	Years 34	Months 5	Days 21	
Sex		male		Color or Race		White		Birth-place	Cecil C.
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
married				Mrs. Clara Payne					
Father's Name				Father's Birthplace					
Isaac Payne				England					
Mother's Maiden Name				Mother's Birthplace					
Mary Ann Secretary				"					
Name of person giving information				How related to deceased					
Mary Ann Brooks Payne				mother					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Recurrent Appendicitis	How long	108	8 or 9 months
	Immediate	Appendiceal Abscess	How long		3 days
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. C. Barner M.D.	
	Would not go to be examined?	Chemist	Address	Chesapeake City Md	
Accident or Suicide?					



14

Name
in
Full

Premature Preston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *North East* Town *Cecil* County **MARYLAND**

Date of death 19*00* *July* *28* Age *-* Months *-* Days *-*

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

Occupation *-* Where Residing if not at place of death *North East*

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

Father's Name *Walter Preston* Father's Birthplace *Harford Co*

Mother's Maiden Name *Milmina Jones* Mother's Birthplace *North East*

Name of person giving information *Elta Preston* How related to deceased *Grandmother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Heart* How long *one hour*

Immediate *(79)* How long *-*

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

Signature of Physician *B. McClellan*

Address *M. 8000*

Accident or Suicide



Name
in
Full

Susan Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Elkton</i>		^{County} <i>Cecil</i>		MARYLAND	
Date of death	1910	Month	<i>July</i>	Day	<i>5</i>
Age	<i>69</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Fields Point</i>
Occupation	<i>House work</i>		Where Residing if not at place of death <i>Elkton.</i>		
Married, Single or Widowed	<i>widow</i>	Name of Wife or Husband <i>Wm H Reed</i>			
Father's Name	<i>Wm Young.</i>			Father's Birthplace	<i>Balto</i>
Mother's Maiden Name	<i>not known.</i>			Mother's Birthplace	<i>not known</i>
Name of person giving information	<i>Yes W Reed</i>			How related to deceased	<i>Son.</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>George Mitral insufficiency</i>	How long	<i>Not known</i>
	Immediate	<i>Heart failure</i>	How long	<i>1 hour</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. P. Morrison</i>
	Accident or Suicide?		Address	<i>Elkton, Md</i>



Name
in
Full

William B. Reader

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Cherry Hill ^{County} Cecil

Date of death 1900 ^{Month} July ^{Day} 23 Age ^{Years} 70 ^{Months} ^{Days} 2

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

Occupation ^{mill hand} Where Residing if not at place of death ⁻

Married, Single or Widowed ^{Married} Name of Wife or ~~husband~~ ^{Mary E. Smith}

Father's Name ^{Samuel Reader} Father's Birthplace ^{New Jersey}

Mother's Maiden Name ^{Sarah Ann Wingate} Mother's Birthplace ^{Maryland}

Name of person giving Information ^{Mary E. Reader} How related to deceased ^{Wife}

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary ^{Arterio-Sclerosis} How long ^{8 mos}

Immediate ^{Endocarditis} How long ^{2 weeks}

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

Signature of Physician

Address

(Signature)

^{Cherry Hill, MD}

Accident or Suicide

277



Name in Full

Charles Rupp

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Cherry Hill ^{County} Insome Cecil MARYLAND

Date of death 1900 ^{Month} July ^{Day} 23 ^{Years} Age 51 ^{Months} ^{Days}

Sex male ^{Color or Race} Colored ^{Birth-place}

Occupation Laborer ^{Where Residing if not at place of death} Insome Cecil

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

Father's Name unknown ^{Father's Birthplace} unknown

Mother's Maiden Name unknown ^{Mother's Birthplace} unknown

Name of person giving information ^{How related to deceased} 154

CAUSES OF DEATH

Primary ^{How long} Senile Dementia ~~1897~~ 1 month

Immediate ^{How long}

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

Signature of Physician ^{Address} W. Rupp Cecil Co 777

PHYSICIAN OR CORONER

Accident or Suicide

408



Name
in
Full

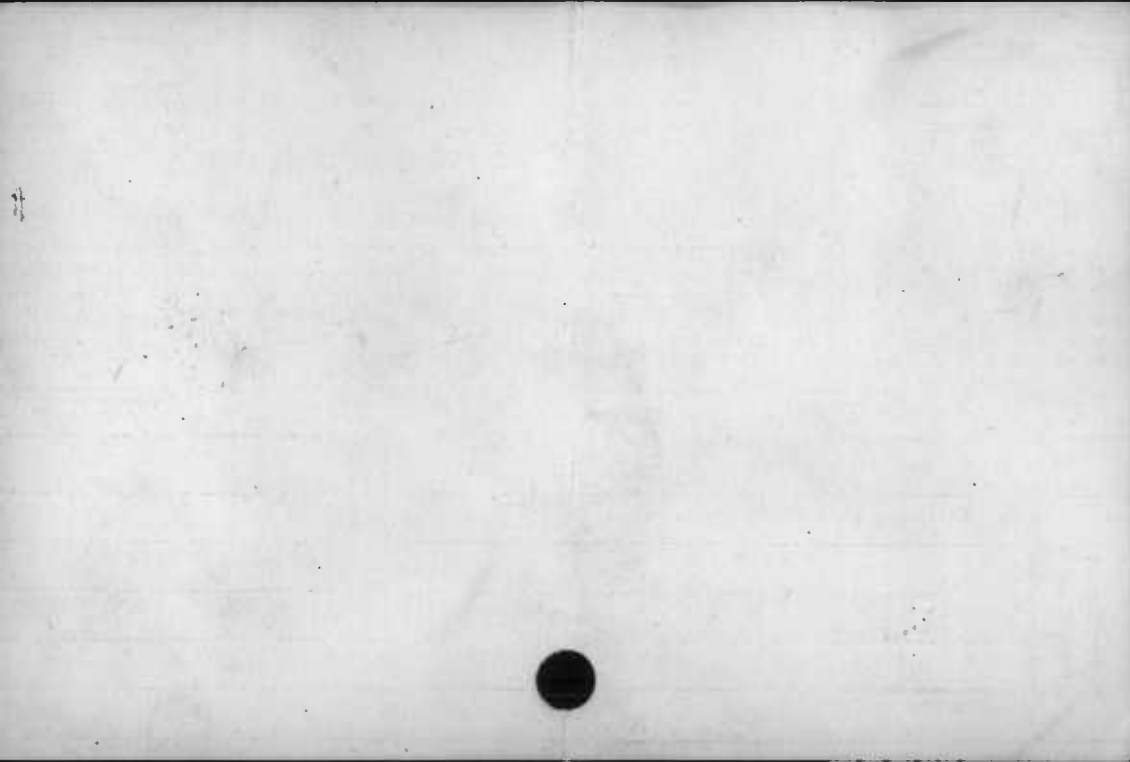
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Perryville</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u>	Month	<u>July</u>	Day	<u>24</u>
Age	Years		Months	Days	
Sex	<u>Male</u>	Color or Race	<u>White</u>		Birth-place
Occupation	Where Reading if not at place of death		<u>Perryville</u>		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Jacob Schneider</u>		Father's Birthplace	<u>Germany</u>	
Mother's Maiden Name	<u>Juda Hoffman</u>		Mother's Birthplace	<u>"</u>	
Name of person giving information	<u>Jacob Schneider</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Conny death not known</u>	How long	<u>4 hours</u>
	Immediate	<u>known</u>	How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. M. Stumpf</u>		
		Address <u>Perryville</u>		
	Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Scott		Town Plescroft City		County Oriskany		State MARYLAND	
Died at Plescroft City		Date of death 1960 July 3rd		Age 14		Months 14	
Sex male		Color or Race Colored		Birth-place Ples. City			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Unknown		Father's Birthplace					
Mother's Maiden Name Hannah Scott		Mother's Birthplace ms.					
Name of person giving Information Hannah Scott		How related to deceased Mother					

CAUSES OF DEATH

Primary	Unbilical Hemorrhage	How long	14 days
Immediate	Hemorrhage from Bowls	How long	4 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Clifton O. Law 3rd M.D.	
		Address Plescroft City	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
In
Full

Lillian Jane Shelton

CERTIFICATE OF DEATH

Died at *Cherry Hill* Town *Cecil* County **MARYLAND**Date of death 19 *July* Month *1* Day Age *75* Years Months *-* Days *-*Sex *Female* Color or Race *White* Birth-place *Cecil Co.*Occupation *None* Where residing if not at place of death *-*Married, Single or Widowed *Widowed* Name of Wife or Husband *-*Father's Name *Nicholas Murphy* Father's Birthplace *Don't know*Mother's Maiden Name *Lillian Jane Murphy* Mother's Birthplace *Cecil Co.*Name of person giving information *James Shelton* How related to deceased *Son*

CAUSES OF DEATH

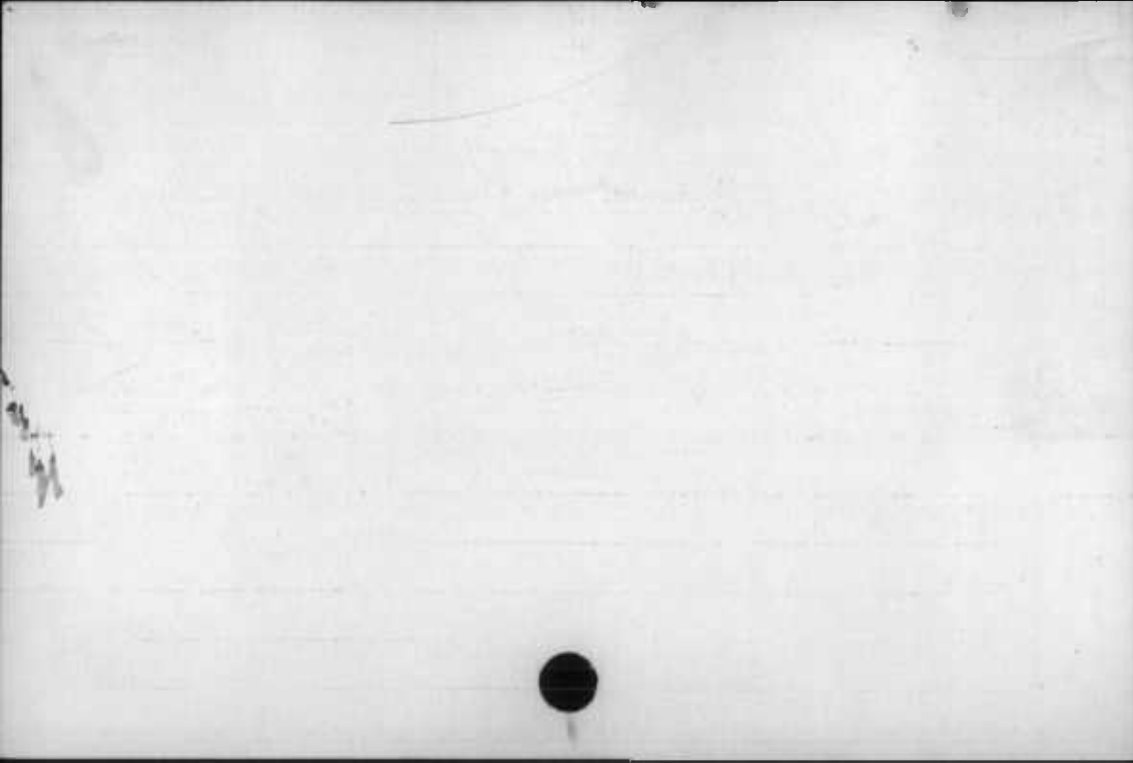
Primary *120* How longImmediate *meninges Convulsions* How long

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

Signature of Physician *D. H. Haskins*Address *1 E. 11th*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Child of Wm K Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

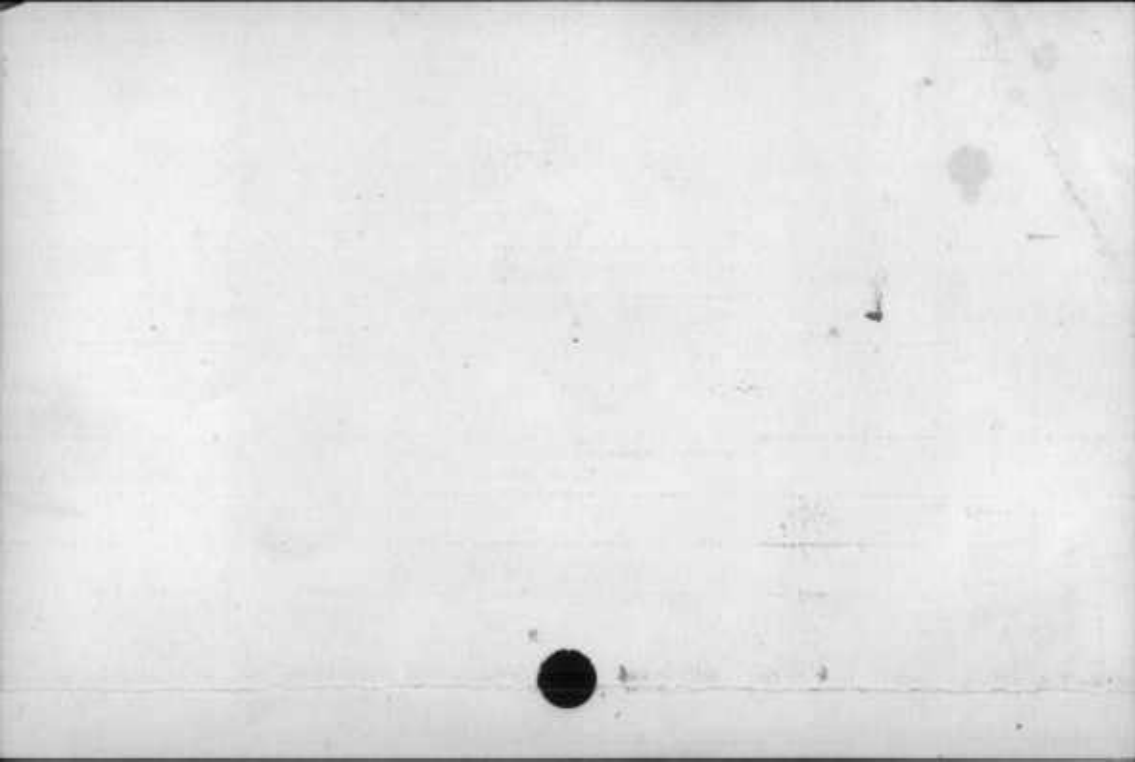
Died at <i>Elk Neck</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i>	Month <i>July</i>	Day <i>11</i>	Age <i>-</i>	Years <i>-</i>	Months <i>2</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>ind</i>	
Occupation <i>-</i>			Where Reading if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>		Name of Wife or Husband			
Father's Name <i>Wm K Simmons</i>			Father's Birthplace <i>ind</i>		
Mother's Maiden Name <i>Laura Stoops</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Wm K Simmons</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151 B

PHYSICIAN
OR CORONER

Primary <i>Premature</i>	How long
Immediate <i>Just a few hours</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. F. Hamrick</i>
	Address <i>North East</i>
Accident or Suicide?	<i>ind</i>



Name
in
Full

George Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

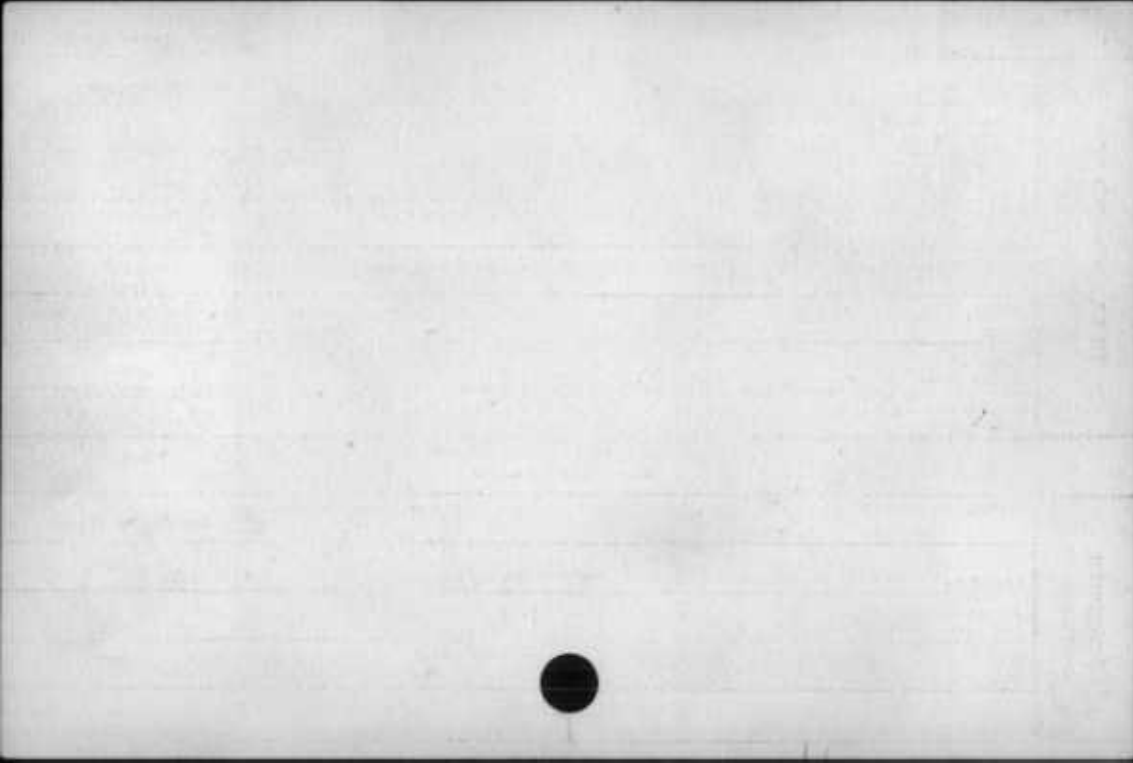
Died at		Elkton ^{Town}		Cecil ^{County}		MARYLAND	
Date of death	1910	Month	July	Day	5	Age	35
Sex	Male	Color or Race	Black	Birthplace	Tennessee		
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Not known		Martha Smith				
Mother's Maiden Name	Not known		Father's Birthplace				
Name of person giving information	Ann McGhee		Tennessee				
			Mother's Birthplace				
			Not known				
			How related to deceased				
			None				

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CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Several years
Immediate	Exhaustion	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. A. Morrison
		Address	Elkton Md
Accident or Suicide?			



Name
Full

CERTIFICATE OF DEATH

Samuel Suckland and -

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Resurgem* ^{Town} *Cecil* ^{County} MARYLAND

Date of death 1960 *July* ^{Month} *21* ^{Day} Age *72* ^{Years} *11* ^{Months} *4* ^{Days}

Sex *Male* Color or Race *white* Birth-place *Penna*

Occupation *Labourer* Where Residing if not at place of death *Resurgem*

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

Father's Name *Joseph Suckland* Father's Birthplace *Penna*

Mother's Maiden Name *Sophia Morrison* Mother's Birthplace *11*

Name of person giving information *Mary A Shade* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

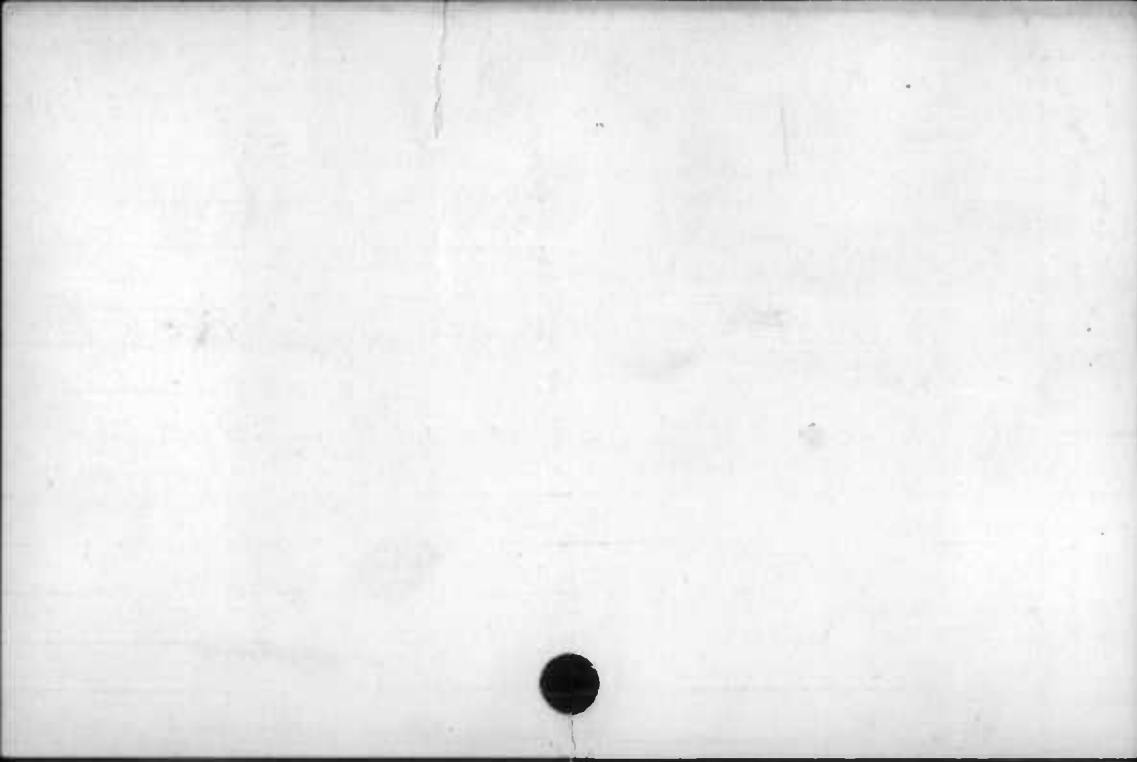
Primary *Tubercular disease of lungs* How long *4 years*

Immediate *Exhaustion* How long *one month*

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

Did not attend but Address *Resurgem*
labored once

Accident or Suicide?



Name
in
Full

Charles E. Yims

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

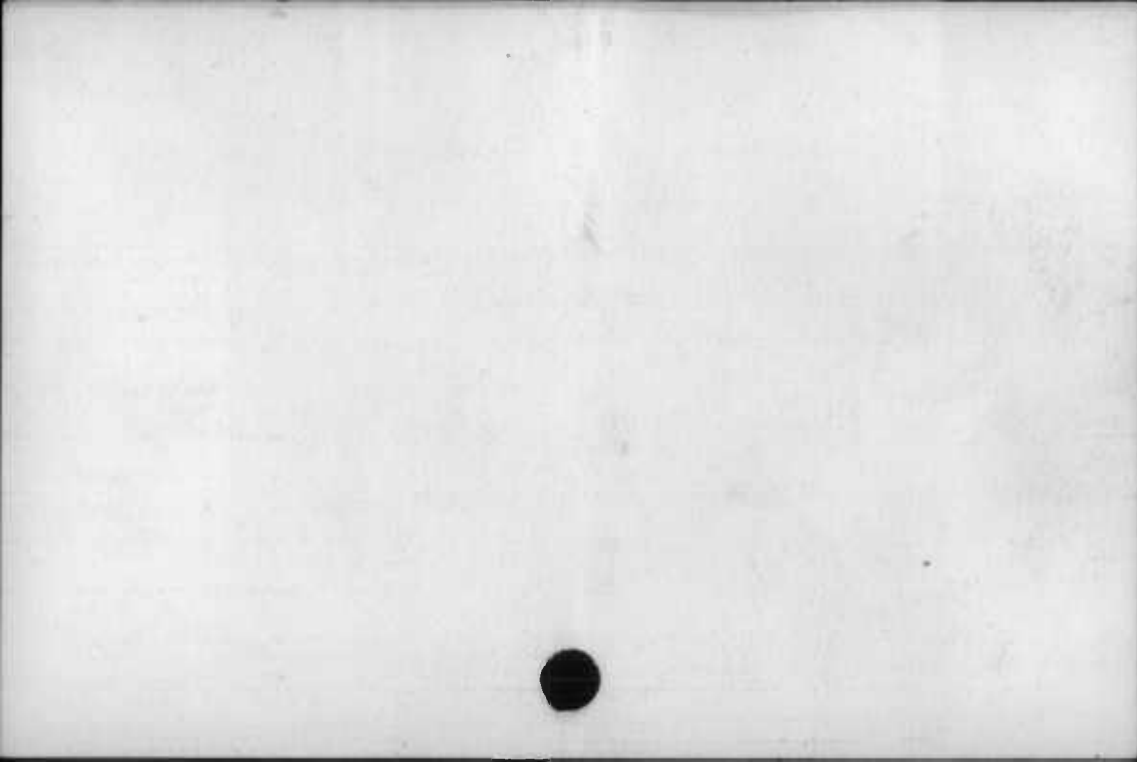
Died at ^{Town} <i>Near Earleville</i> ^{County} <i>Cecil</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>7</i>	Day <i>15</i>
Age	<i>38</i>	Years	Months <i>9</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>
Occupation	<i>Farmer</i>	Birth-place	<i>Phila., Pa.</i>
Where residing if not at place of death			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Susie Yims</i>
Father's Name	<i>John H. Yims</i>	Father's Birthplace	<i>Cecil Co. Ind.</i>
Mother's Maiden Name	<i>Mary H. Coursoy</i>	Mother's Birthplace	<i>Phila., Pa.</i>
Name of person giving information	<i>Mary Dixon</i>	How related to deceased	<i>Sister</i>

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	<i>Contemned Fever</i>	How long	<i>2 weeks</i>
Immediate	<i>Concealed Hemorrhage Brain</i>	How long	<i>5 Hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. H. Crawford</i>
		Address	<i>Laetitia road</i>
Accident or Suicide?			



Name
in
Full

William Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Alms House		County Cecil		MARYLAND	
Date of death	1910	Month July	Day 16	Age	No information		
Sex	Male		Color or Race	Black		Birth-place	No information
Occupation	None			Where Reading if not at place of death			
Married, Single or Widowed	No information			Name of Wife or Husband			
Father's Name	No information			Father's Birthplace			
Mother's Maiden Name	No information			Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	Gangrene of feet		How long	4 Months
Immediate	Exhaustion		How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			W. T. Morrison	
			Elkton, Md.	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

Mary A. Wear

Died at ^{Town} North East ^{County} Cecil

MARYLAND

Date of death 1948 July 24 Age 69

See Small Color or Race White Birthplace Delaware

Occupation Housekeeper Where Residing if not at place of death North East

Married, Single or Widowed married Name of Wife or Husband Mary J. Wear

Father's Name Robert Rodgers Father's Birthplace East of

Mother's Maiden Name Ann Rodgers Mother's Birthplace Cecil county

Name of person giving Information Pauline Steward How related to deceased Daughter

CAUSES OF DEATH

Primary Dysentery (14) How long —

Immediate — How long one week

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician L. J. Hammock

Address North East Md

Accident or Suicide —

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
In Full

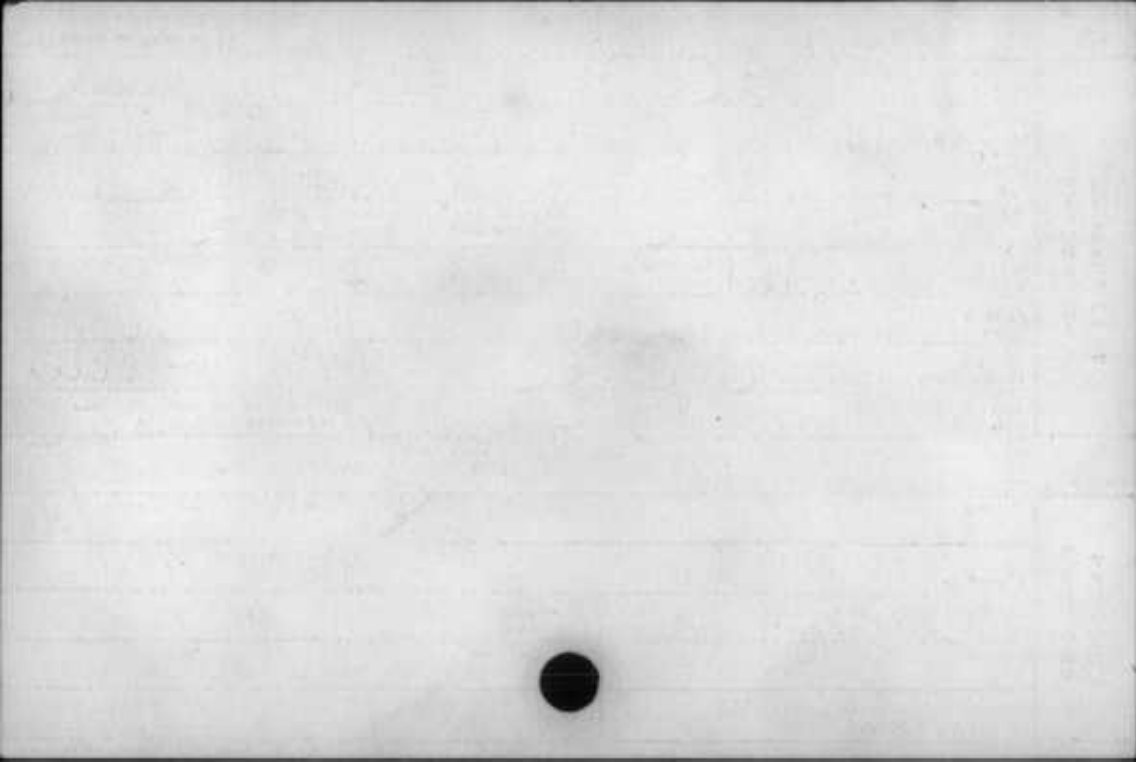
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elkton		County Cecil		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1910		July	6	Age 24			
Sex		Color or Race		Birth-place			
Female		Colored		Churchhill			
Occupation			Where Residing if not at place of death				
House wife			Elkton				
Married, Single or Widowed		Name of Wife or Husband					
married		Albert C. M. White					
Father's Name				Father's Birthplace			
James Morgan				Md			
Mother's Maiden Name				Mother's Birthplace			
Jane Cole				Besse			
Name of person giving information				How related to deceased			
Anna M. Holland				sister			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Meningitis	61	How long	11 days	
	Immediate	Exhaustion		How long	Several days	
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		
				Address		
			Elkton Md			
Accident or Suicide?		no				



Name
in Full

CERTIFICATE OF DEATH

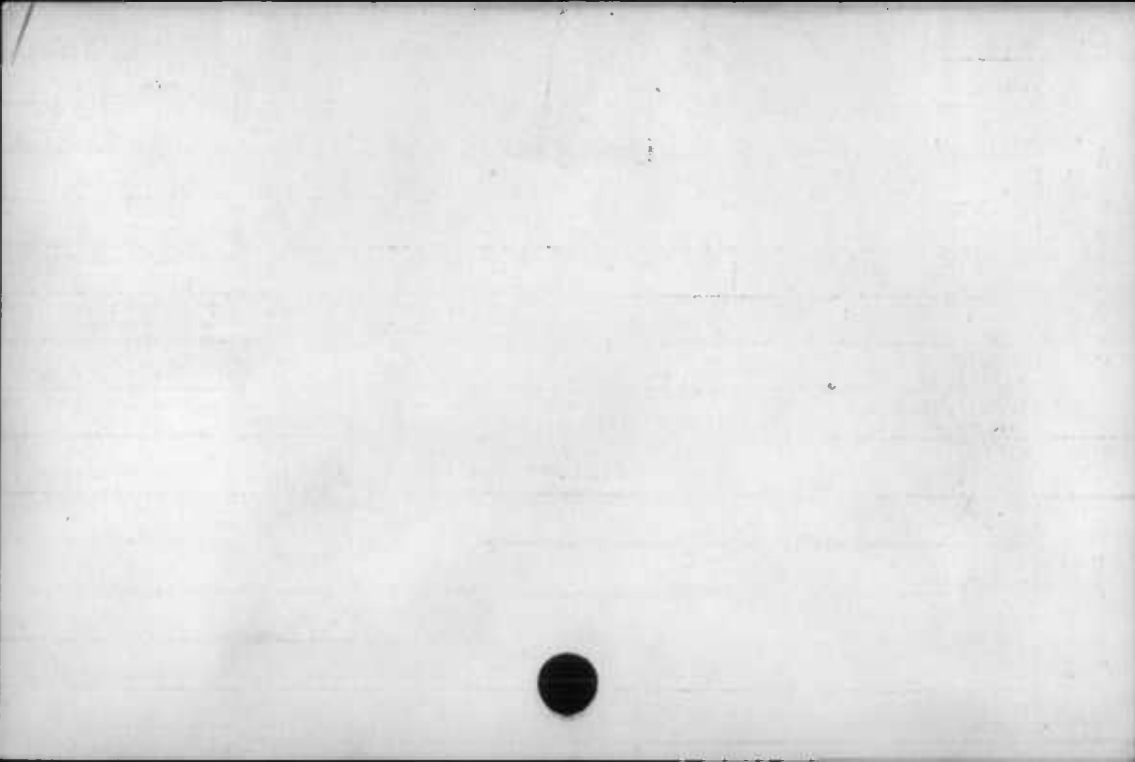
George N. White

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Elkston		Cecil		MARYLAND	
Date of death		1910	July	12	Age	Years	Months
Sex		Male		Color or Race		Colored	
Occupation		None		Where Residing if not at place of death		Elkston	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Albert White		Father's Birthplace		Elkton	
Mother's Maiden Name		Bessie M. White		Mother's Birthplace		Cherry Hill	
Name of person giving information		Albert White		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Manas mus	How long	15 days
	Immediate	Exhaustion	How long	4 days
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. T. Morrison
	Address	Elkton, Md.		
Accident or Suicide?				



Name
in
Full

Georgiana Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *West Leeds* County *Cecil* **MARYLAND**

Died at *West Leeds*

Date of death **1900** *July* 2 **Age** *17* *9* Months *9* Days

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

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

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Richard Williams* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary E. Dorsey* Mother's Birthplace *Maryland*

Name of person giving information *Mary E Williams* How related to deceased *mother*

CAUSES OF DEATH

(128)

Primary *Tuberculosis* How long *7 weeks*

Immediate *Exhaustion* How long *2 wks*

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

Yes

Signature of Physician

Address

A. J. Carver M.D.
Cherry Hill
md

Accident or Suicide

PHYSICIAN
OR CORNER

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