

Name
in
Full

Alberta Barber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town CROSS ROADS		County CHARLES		MARYLAND	
Date of death		1908	Month July	Day 31	Age 1	Years 0	Months 20
Sex Female		Color or Race Black		Birth- place Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Infant		Name of Wife or Husband Agnes Barber					
Father's Name Charles Barber		Father's Birthplace Maryland					
Mother's Maiden Name Agnes Psey		Mother's Birthplace Maryland					
Name of person giving Information Charles Barber		How related to deceased Father					

CAUSES OF DEATH

(28)

PHYSICIAN
OR CORONER

Primary	Consumption	How long	1 year
Immediate	2 strokes	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Ira Night	
Address		CROSS ROADS MARYLAND	
Accident or Suicide			



Name
In Full

Theresa Janova Briscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>La Plata</u> ^{Town}		<u>Charles</u> ^{County}		MARYLAND	
Date of death <u>1960</u>	Month <u>7</u>	Day <u>30</u>	Age	Years	Months <u>4</u> Days
Sex <u>F</u>	Color or Race <u>C</u>		Birth-place <u>md</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Joseph L. Briscoe</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Mary A. Johnson</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Joseph L. Briscoe</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Myocardial Infarction</u>	How long	<u>189A</u>
Immediate	<u>Aschemic Heart Failure</u>	How long	<u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Arnold L. Harmon</u>		
	Address <u>La Plata, md</u>		
Accident or Suicide?			



Name
In Full

Keith Taylor Clements

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>M^cConchur</i>		County <i>Chas</i>		MARYLAND	
Date of death 1900	Month <i>7</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Chas & Md</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>None</i>			
Father's Name <i>Wm. D. Clements</i>			Father's Birthplace <i>Chas & Md</i>		
Mother's Maiden Name <i>Nancy Simmons</i>			Mother's Birthplace <i>Chas & Md</i>		
Name of person giving information <i>Wm. D. Clements</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary	<i>Cholera Infantum</i>	How long	<i>2 months</i>	
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	<i>None</i>	
			Address	<i>W. F. Brawner</i>	
Accident or Suicide?		<i>P. O. McConchie Sub Ry</i>			

Conf. Brown
S. R. R.

Name
in
Full

James C Coper

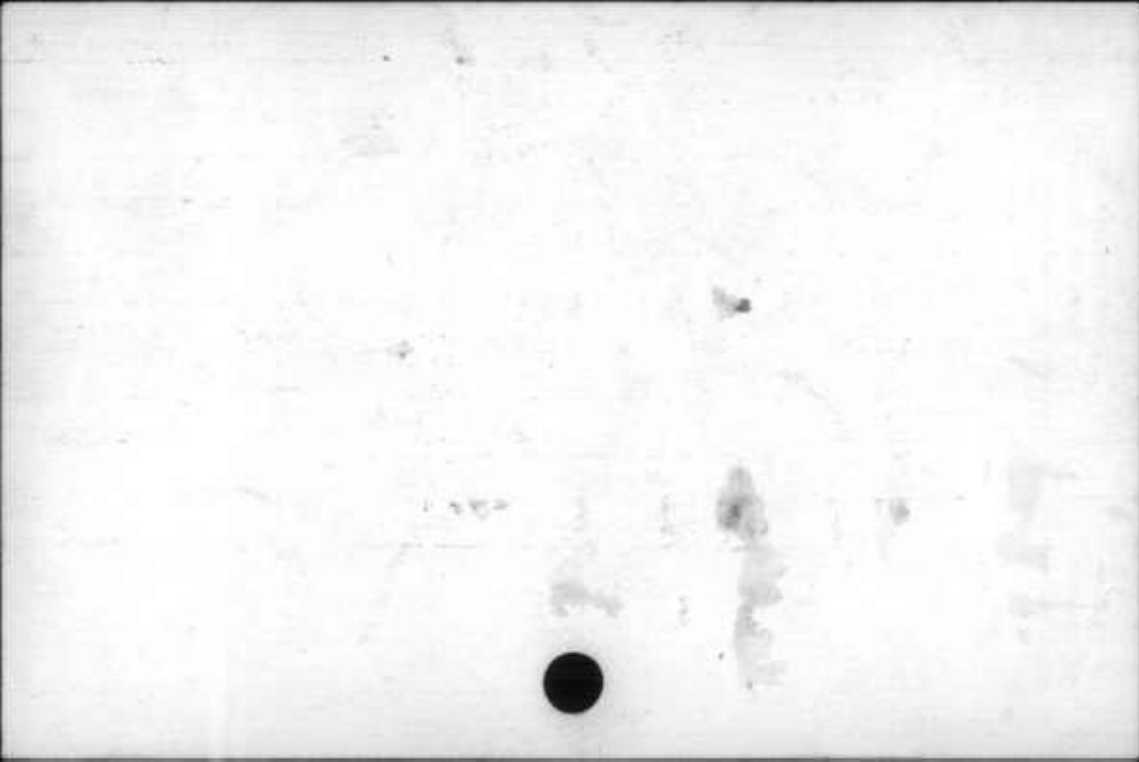
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town Dorchester	County Chas		MARYLAND	
Date of death	1900	Month July	Day 7	Age 85	Months	Days
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Furniture		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	J W Coper			Father's Birthplace		
Mother's Maiden Name	Ann E Coper			Mother's Birthplace		
Name of person giving Information	Emanuel Maddy			How related to deceased Nephew		

CAUSES OF DEATH

Primary	Dropsey	How long	2 yrs
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B Smith M D
Accident or Suicide		Address	Dorchester Chas Co Md



Name
in
Full

CERTIFICATE OF DEATH

Antonio Colbert (56)

Town

County

MARYLAND

Died at

Issue

Charles

Date

Month

Day

Years

Months

Days

of death 1910

7

27

Age

29

Sex

Female

Color or
Race

Black

Birth
place

Md.

Occupation

Domestic

Where Residing if not
at place of death

Md.

Married; Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Luther Colbert

Father's
Birthplace

Md.

Mother's
Maiden Name

Clyde Hill

Mother's
Birthplace

Md.

Name of person giving
information

Luther Colbert

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary disease

How long

2 to 3 months

Immediate

Heart failure

How long

1 1/2 hours

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

Address

Accident or Suicide?



Name
in Full

Olevia Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Mar Rock Point

County Charles

MARYLAND

Date of death 1910

Month 7

Day 25

Age 57

Months -

Days -

Sex female

Color or Race

Black

Birth-place

MD

Occupation

House wife

Unless Reading if not at place of death

Married, Single or Widowed

Name of Wife or Husband

John Cooper

Father's Name

Lee Andy Brown

Father's Birthplace

MD

Mother's Maiden Name

Watkinson

Mother's Birthplace

Kentucky

Name of person giving information

Math Colbert

How related to deceased

niece

CAUSES OF DEATH

Primary

Cerebral hemorrhage

How long

6 hours

Immediate

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

Signature of Physician

Address

J. L. Higgins
Physician

Accident or Suicide?

2



Name
in
Full

CERTIFICATE OF DEATH

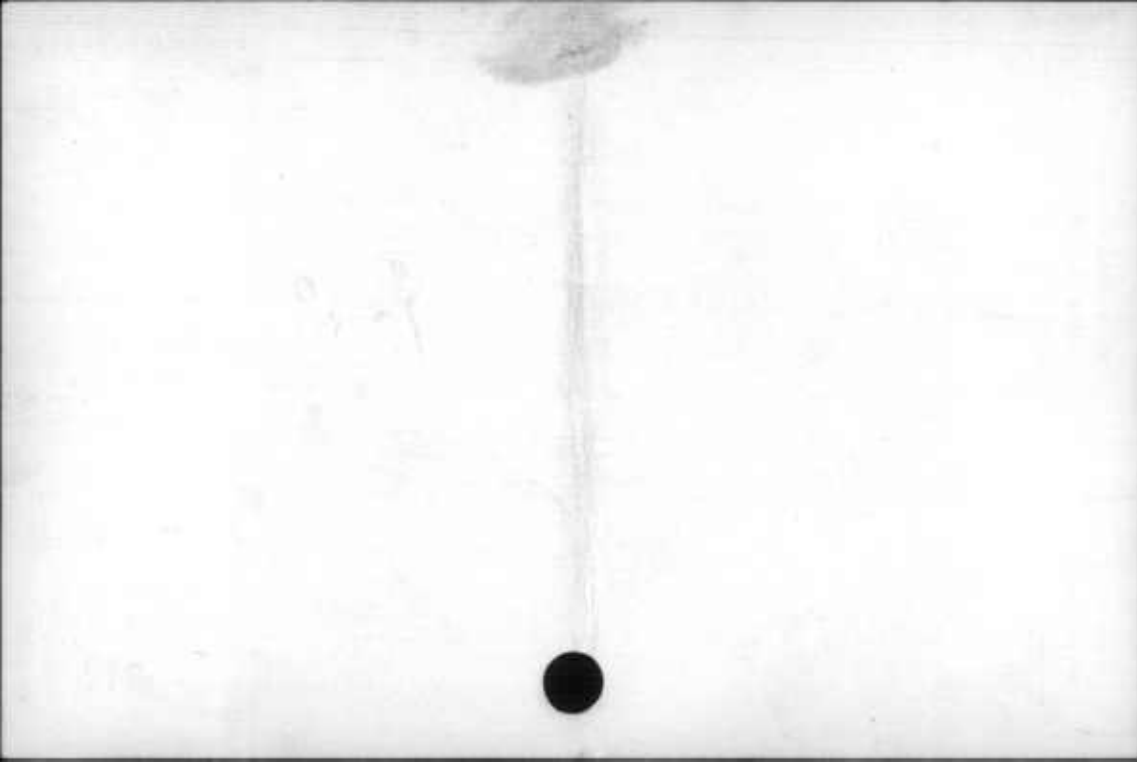
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bross Road		County Charles		MARYLAND	
Date of death 190		Month July	Day 27	Age 79	Years	Months 15	Days 8
Sex Female		Color or Race Black		Birth- place Maryland			
Occupation House Keeping		Where Residing if not at place of death					
Married, Single or Widowed Widowed		Name of Wife or Husband John Latcher					
Father's Name John Hunt		Father's Birthplace Maryland					
Mother's Maiden Name Clarice Hunt		Mother's Birthplace Ill					
Name of person giving information Lee Jackson		How related to deceased Sister in law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	1 year
Immediate		How long	(79)
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		S. H. Spake	
Address		Gray ton	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Mary J. Dyer

Town

County

MARYLAND

Died at *Mar Walcott* *Chalks*Date of death 190 *July* *18* Age *—* Months *—* Days *10*Sex *Female* Color or Race *White* Birthplace *Paup*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *John B. Dyer* Father's Birthplace *Paup*Mother's Maiden Name *Norma Richards* Mother's Birthplace *Paup*Name of person giving Information *John B. Dyer* How related to deceased *Sister*

CAUSES OF DEATH

189A

Primary *Malassimilation* How long *10 days*Immediate *Exhaustion* How long *Short*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *G. O. Pomeroy*Address *Waldorf*Accident or Suicide *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Cordelia Farmer

CERTIFICATE OF DEATH

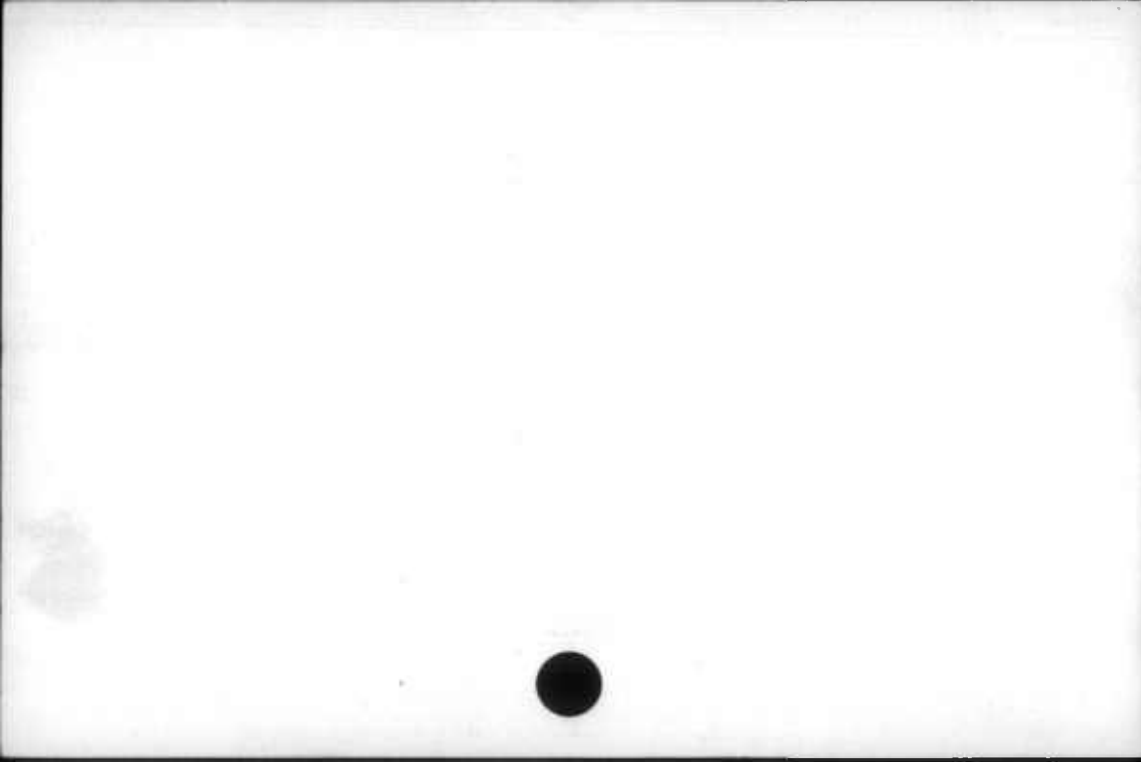
TO BE ANSWERED BY
NEAREST FRIEND

Died at		10 th ^{Town} <i>Buysessie</i>		County <i>Choke</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>Aug</i>	Day <i>19</i>	Age	Years	Months <i>4</i>	Days
Sex	<i>Female</i>		Color or Race	<i>col'd</i>		Birth-place	<i>Ind</i>
Occupation	—		Where Residing if not at place of death —				
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	<i>Ed. Farmer</i>				Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Mary Willis</i>				Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Ed. Farmer</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

Primary	<i>Thrombosis</i>	How long	<i>4 mo</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. C. Carver M.D.</i>
Accident or Suicide		Address	<i>Buysessie, Ind.</i>

PHYSICIAN
OR CORONER



Name
in
Full

Florance E. Gillum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *La Plata* ^{town} *Charles* ^{County} **MARYLAND**

Date of death *1906* Month *7* Day *9* Age *52* Months Days

Sex *F* Color or Race *C* Birthplace *md*

Occupation *School teacher* Where Residing if not at place of death *—*

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

Father's Name *Wm Gillum* Father's Birthplace *md*

Mother's Maiden Name *Cecilia Butler* Mother's Birthplace *md*

Name of person giving information *Wm Francis Thomas* How related to deceased *Friend*

CAUSES OF DEATH

(81)

Primary *Abdominal Anurism.* How long *Two Years*

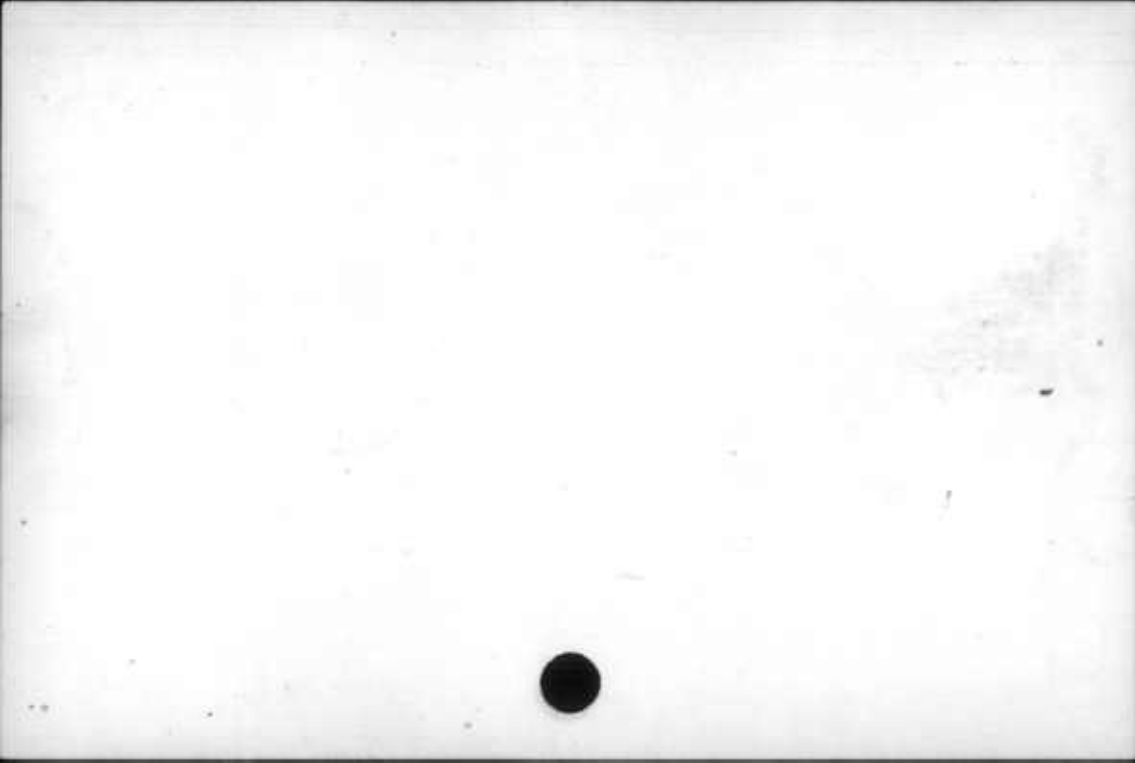
Immediate *Assthemia and Syncope* How long *3 days*

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

Signature of Physician *Paul L. Harmon*
Address *La Plata Md.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full

Charles Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *La Plata* ^{Town} *Charles* ^{County} **MARYLAND**

Date of death **1980** ^{Month} *July* ^{Day} *12* ^{Year} *59* ^{Months} *—* ^{Days} *—* Age

Sex *male* Color or Race *colored* Birthplace *Charles tw*

Occupation *laborer-farm* Where Residing if not at place of death *—*

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

Father's Name *Henry Gray* Father's Birthplace *Charles tw*

Mother's Maiden Name *Mabel Jones* Mother's Birthplace *Charles tw*

Name of person giving information *Jeff. Gray* How related to deceased *brother*

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

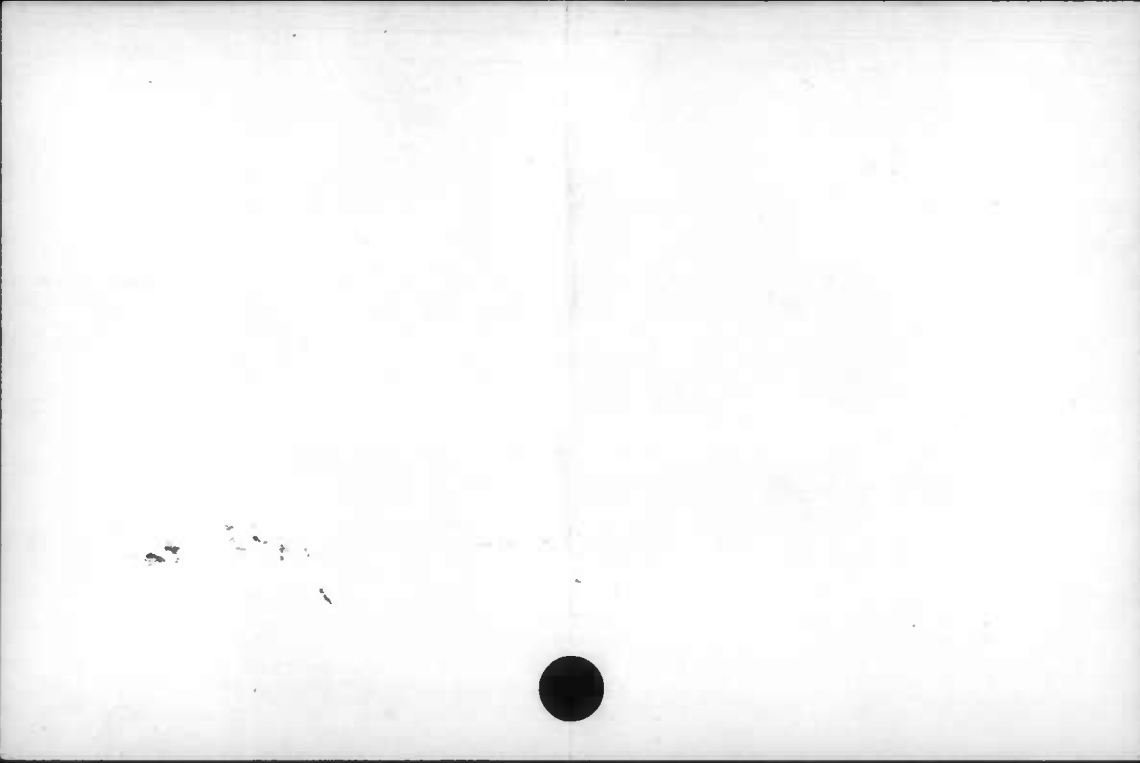
Primary *Chronic nephritis - uraemia* How long *over 1 year*

Immediate *cardiac failure* How long *2 RB days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Thos. S. Owen*

Address *La Plata*

Accident or Suicide *n* *Med*



Name
in
Full

Gladis Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Welcome		County Ches		MARYLAND	
Date of death	Year	Month	Day	Age	Years	Months	Days
1900	7	24				5	
Sex	Female		Color or Race	White		Birth- place	Ches ^o , Md
Married, Single or Widowed	Single			Occupation	None		
Name of Wife or Husband	None						
Father's Name	John J. Green					Father's Birthplace	Ches ^o Md
Mother's Maiden Name	Mary M. Corthy					Mother's Birthplace	
Name of person giving in formation	John J. Green					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum		How long	2 days
Immediata			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	None
			Address	W. F. Browner M ^o Coveki, Md
Accident or Suicide?				

W. F. Browne
Sun Day

Name
In
Full

CERTIFICATE OF DEATH

Stell Born Harris
Town County
Wicomico *Chas*

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Wicomico* Date of death *1960 July 17th* Age *17th* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *white* Birth-place *Chas Lu*

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

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

Father's Name *Richard Harris* Father's Birthplace *Chas Lu*

Mother's Maiden Name *Jane Francis Owens* Mother's Birthplace *Chas Lu*

Name of person giving information *Richard Harris* How related to deceased *Father*

CAUSES OF DEATH

Primary *Not-Known* *189A* How long *Stell Born*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *W.D. [unclear]*

(S) Address *Wicomico*

Accident or Suicide? *—* *Sub-Reg* *md*



Name
in Full

Lusie Heart

CERTIFICATE OF DEATH

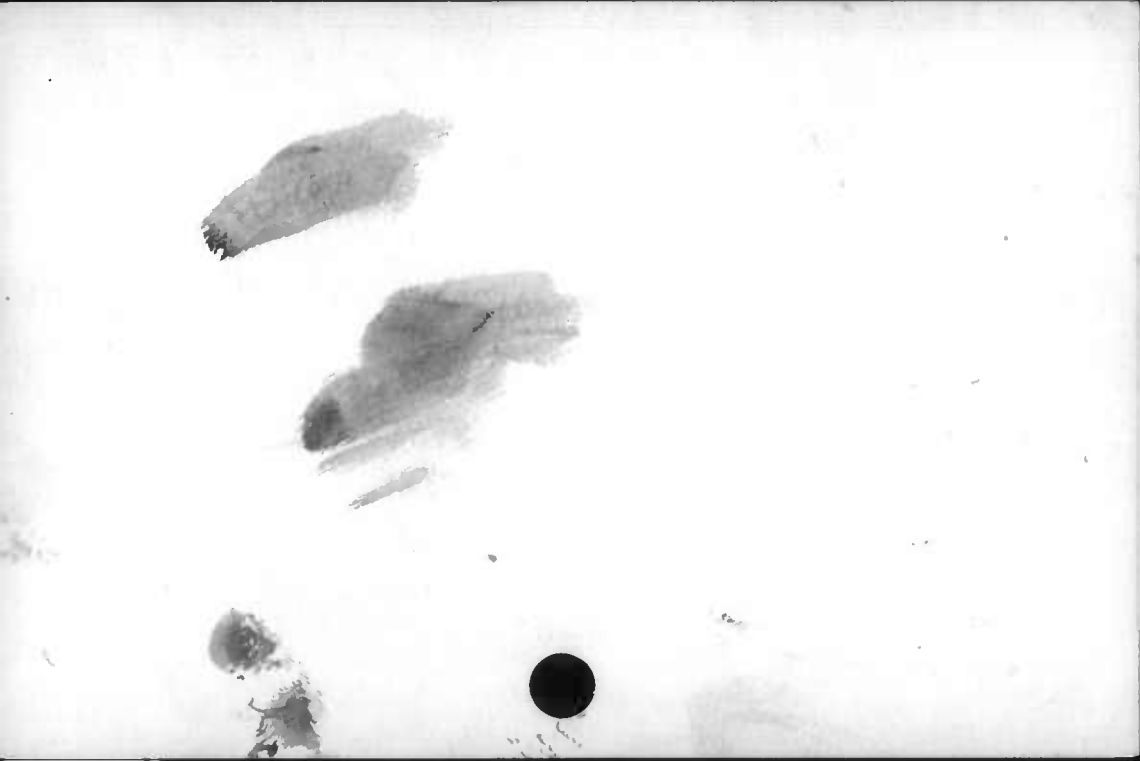
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Ironside Chas²</i>		County <i>Harford</i>		MARYLAND	
Date of death 19 <i>40</i>	Month <i>July</i>	Day <i>15</i>	Age <i>7</i>	Months <i>7</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Md.</i>			
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Bunard Heart</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Ella Ryan</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving Information <i>Bunard Heart</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary <i>Croup</i>	How long <i>24 hours</i>
Immediate <i>10/24</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm B. Thompson</i>
Accident or Suicide	Address <i>1024 Leicester, Md.</i>

PHYSICIAN
OR CORONER



Name

Full

Middletown Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Pisgah

County

Charles

MARYLAND

Date

of death 1940

Month

July

Day

10

Age

Years

Months

4

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Charles Co. Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

William H. Jones

Father's
Birthplace

Charles Co. Md.

Mother's
Maiden Name

Martha Ann Sneider

Mother's
BirthplaceName of person giving
Information

W. H. Jones

How related
to deceased

Father

CAUSES OF DEATH

104

How long

4 years

How long

PHYSICIAN
OR CORONER

Primary

Gastro-Enteritis: Granitoni

Immediate

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

Yes

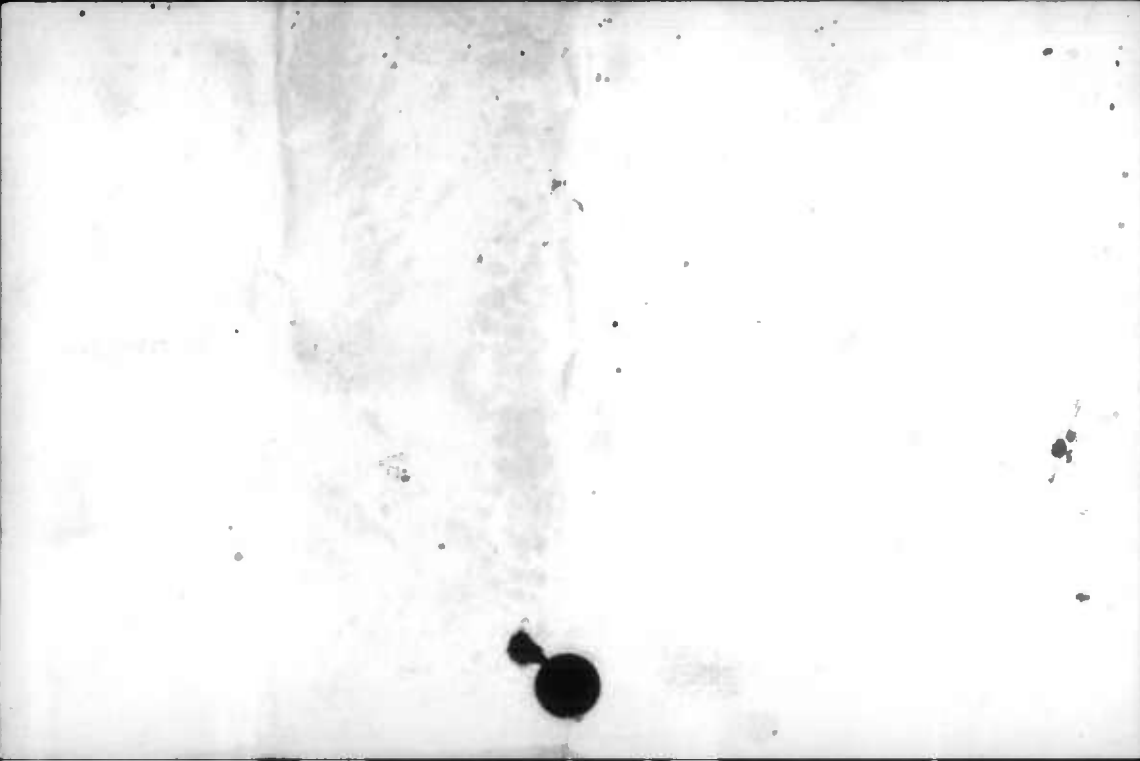
Signature of
Physician

Geo. C. Bicknell,

Address

Pisgah,
Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Died at		Town <i>Wicomico</i>		County <i>Charles</i>		STATE MARYLAND	
Date of death 1960		Month <i>July</i>	Day <i>22</i>	Years <i>35</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>					
Occupation <i>Blacksmith</i>		Where Residing if not at place of death <i>Wicomico</i>					
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Winnie Lawson</i>						
Father's Name <i>Robert Lawson</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Pauline Higdon</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Frank Mathewsky</i>		How related to deceased <i>Bro-in-law</i>					

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Chronic Alcoholism</i>	How long <i>15 years</i>
Immediate <i>Alcoholic Nausea & Vomiting</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Jameson, M.D.</i>
	Address <i>Neopoint, Md.</i>
Accident or Suicide <i>_____</i>	

PHYSICIAN
OR CORNER

11 . .



Name in Full

Flora Mary Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

0x

Died at ^{Town} *Welcome* ^{County} *Charles* **MARYLAND**

Date of death 19*40* ^{Month} *July* ^{Day} *23* ^{Years} *17* ^{Months} *0* ^{Days} *0* Age *17*

Sex *Female* Color or Race *Colored* Birth-place *Charles Co., Md.*

Occupation *Servant* Where Residing if not at place of death *_____*

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

Father's Name *James Lee* Father's Birthplace *Charles Co., Md.*

Mother's Maiden Name *Mellie Washington* Mother's Birthplace *_____*

Name of person giving information *James Lee* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

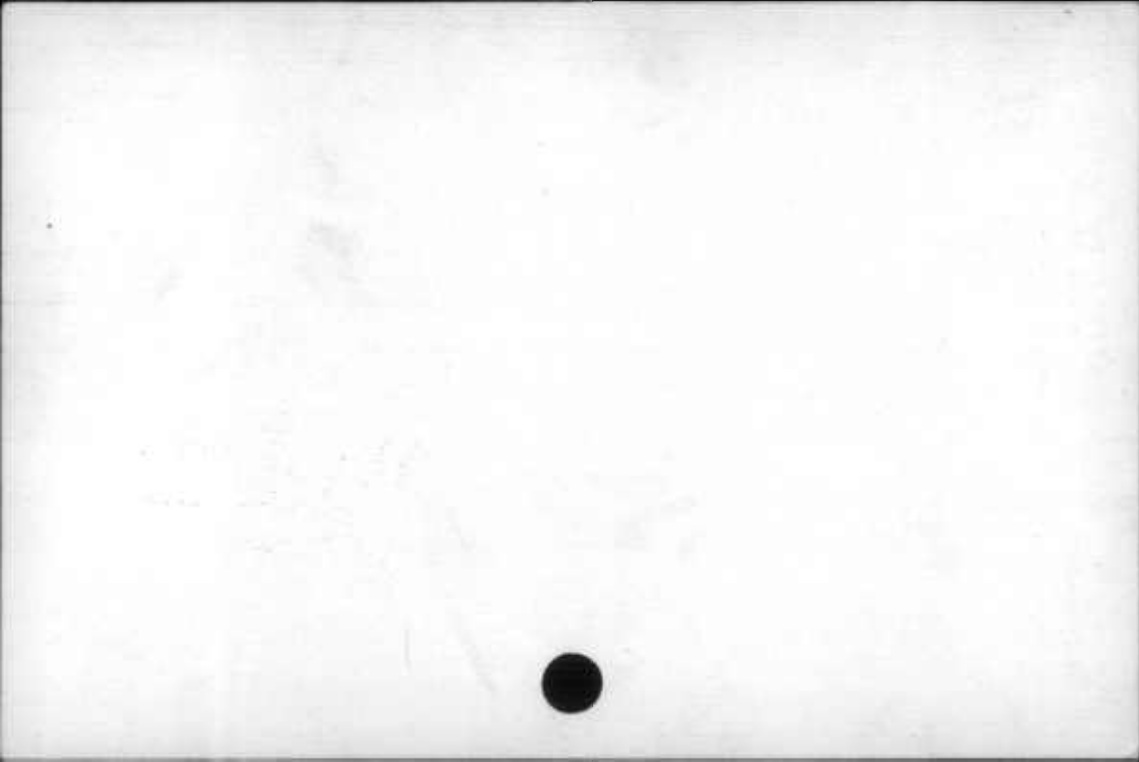
Primary *Sarcoma?* How long *3 yrs.*

Immediate *Transition Epithelioma* How long *_____*

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

Signature of Physician *Geo. C. Bicknell,*
Address *Prigoch, Md.*

Accident or Suicide *_____*



Name
in
Full

Mary Mack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pomonoke</i> <small>Town</small>		<i>Chas</i> <small>County</small>		MARYLAND	
Date of death	<i>1900</i>	Month	<i>July</i>	Day	<i>30</i>
Age	<i>17</i>		Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>colored</i>	Birth-place	<i>Ind</i>
Occupation	<i>Boys girl</i>		Where residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Frank Mack</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Mary Wilkerson</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Arthur Frank Mack</i>			How related to decedent	<i>Father</i>

CAUSES OF DEATH

(135)

PHYSICIAN
OR CORONER

Primary			How long
Immediate	<i>Hemorrhage after Child Birth 6 hours</i>		How long
Are the name, age, sex, color, date and place correctly given above		<i>Yes</i>	Signature of Physician
			<i>Thos J Marshall</i>
		Address	<i>Sub Reg, Pomonoke</i>
Accident or Suicide?		<i>No</i>	

1870

Name
in
Full

John Alexander Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bel Air		County Charles		MARYLAND	
Date of death	Month July	Day 25	Age 60	Years 7	Months 16	Days 16	
Sex	Male	Color or Race	Mixed	Birth-place	Charles Co		
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband Joe. Mason					
Father's Name	Wm. Kinn			Father's Birthplace			
Mother's Maiden Name	Mary Ann Mason			Mother's Birthplace Charles Co			
Name of person giving information	Joe. Mason			How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Apoplexy		How long	3 days
	Immediate	Paral. Respiration		How long	8 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. A. Marshall
	Address	Bel Air			MD
Accident or Suicide?					



Name
In
Full

James Harry Murphy

CERTIFICATE OF DEATH

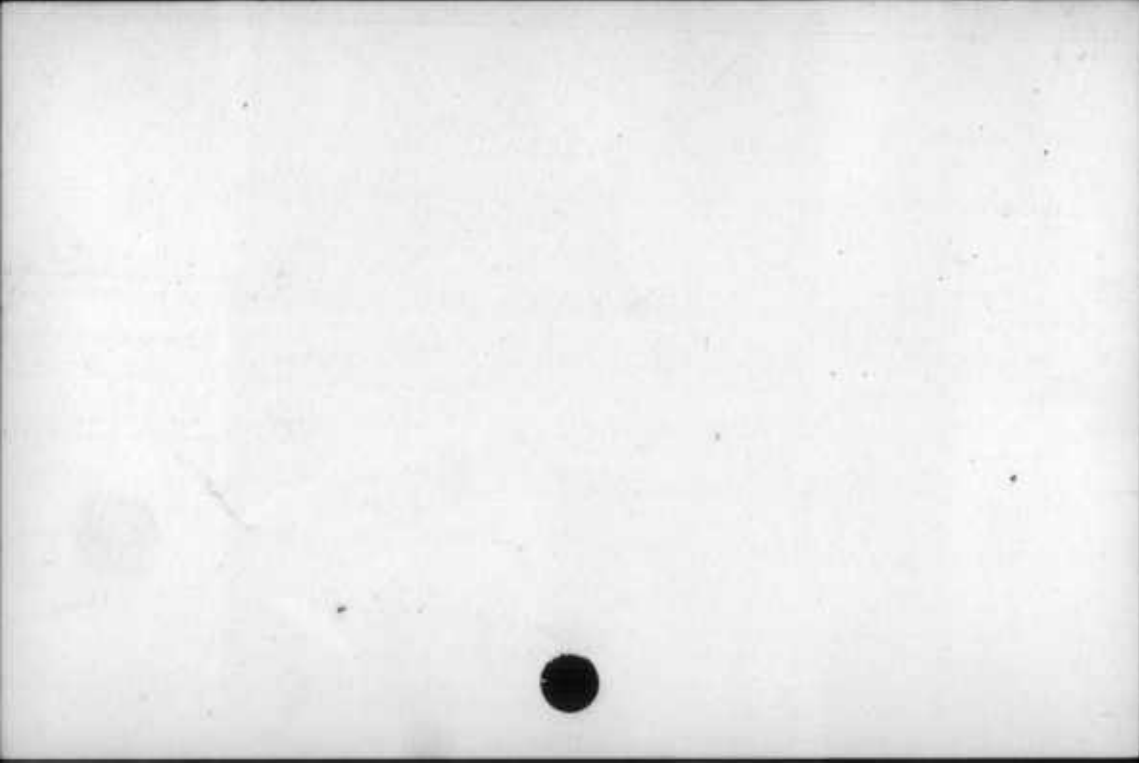
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bel Air		County Charles		MARYLAND	
Date of death	1906	Month July	Day 16	Age	Years 1	Months 6	Days —
Sex	Male		Color or Race	Caucasian		Birth-place	Charles Co
Occupation	—			Where Reading if not at place of death —			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	Albert Murphy				Father's Birthplace	Charles Co	
Mother's Maiden Name	James Weiss				Mother's Birthplace	Charles Co	
Name of person giving information	Albert Murphy				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	7 months
Immediate	Inanition	How long	5 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. J. [Signature]
		Address	Bel Air
Accident or Suicide?			Yes



Name
in
Full

CERTIFICATE OF DEATH

Jessie Myers.

Died at Indian Head. ^{Town}Charles Co. ^{County}

MARYLAND

Date of death ~~1910~~ July 6, 1910
Age Years Months Days 5 4

Sex Male Color or Race White Birthplace Baltimore, Md.

Occupation none Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name Jessie Myers. Father's Birthplace Baltimore, Md.

Mother's Maiden Name Rebecca Steinberg. Mother's Birthplace Baltimore, Md.

Name of person giving information Jessie Myers. How related to decedent Father.

CAUSES OF DEATH

104

Primary Cholera infantum. How long One day

Immediate Exhaustion. How long 6 hours.

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

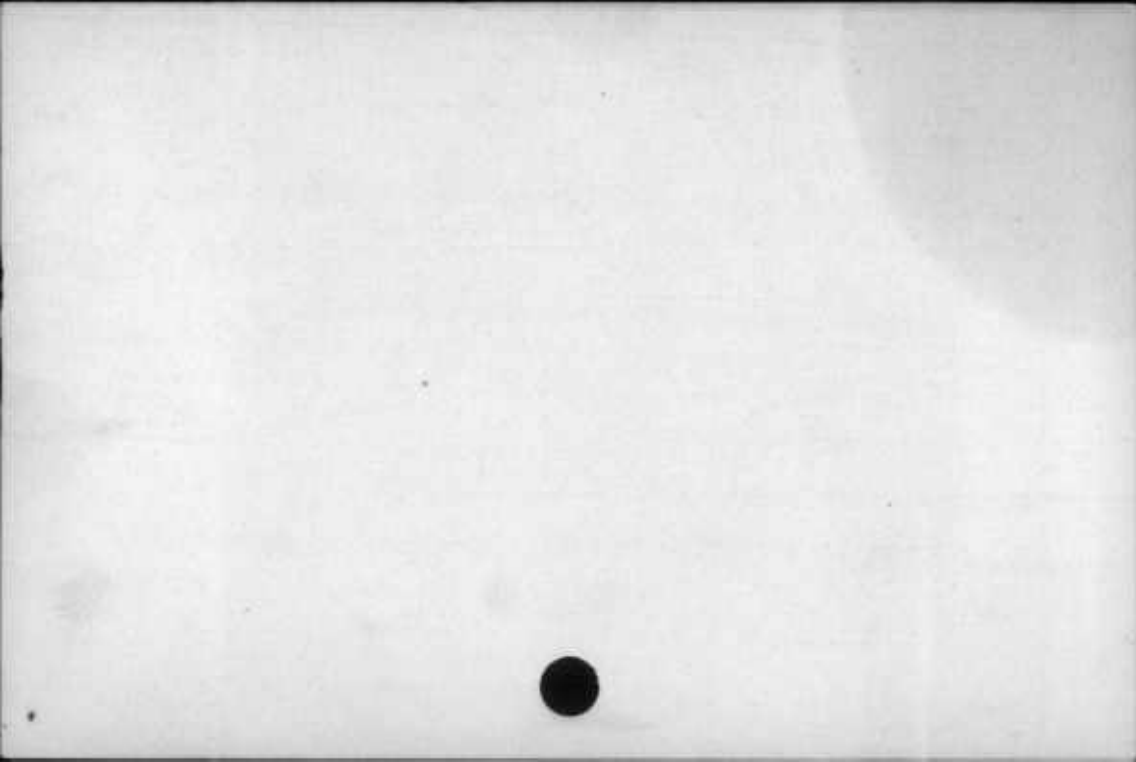
Signature of Physician Reynolds Hayden.

Address Naval Proving Grounds.

Accident or Suicide? No

Indian Head.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Not named

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Dor Walcott* Town *Ches* County *✓* MARYLAND

Date of death 19*60* Month *July* Day *25* Age *—* Years Months Days

Sex *Female* Color or Race *Caucasian* Birthplace *Ind*

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

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

Father's Name *Loyce E. Nelson* Father's Birthplace *Ind*

Mother's Maiden Name *Oliver Nelson* Mother's Birthplace *Ind*

Name of person giving Information *Loyce E. Nelson* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Stu Dur* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *is* Signature of Physician *J. O. Morris*

Address *Dor Walcott*

Accident or Suicide *no* *ms*



Name
in
Full

Sarah Roberta Padgett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near La Plata* Town *Charles* County **MARYLAND**

Date of death 19*00* Month *July* Day *23* Age *62* Years Months *11* Days *—*

Sex *female* Color or Race *white* Birth-place *Charles Co*

Occupation *housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Jos. V. Padgett*

Father's Name *Thos. W. Guehn* Father's Birthplace *Charles Co*

Mother's Maiden Name *Eliz. Ann Roney* Mother's Birthplace *Charles Co*

Name of person giving Information *Jos. V. Padgett* How related to deceased *husband*

CAUSES OF DEATH

Primary *Carcinoma of Stomach* How long *about 1 year*

Immediate *General debility - Asthenia* How long *months*

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

yes

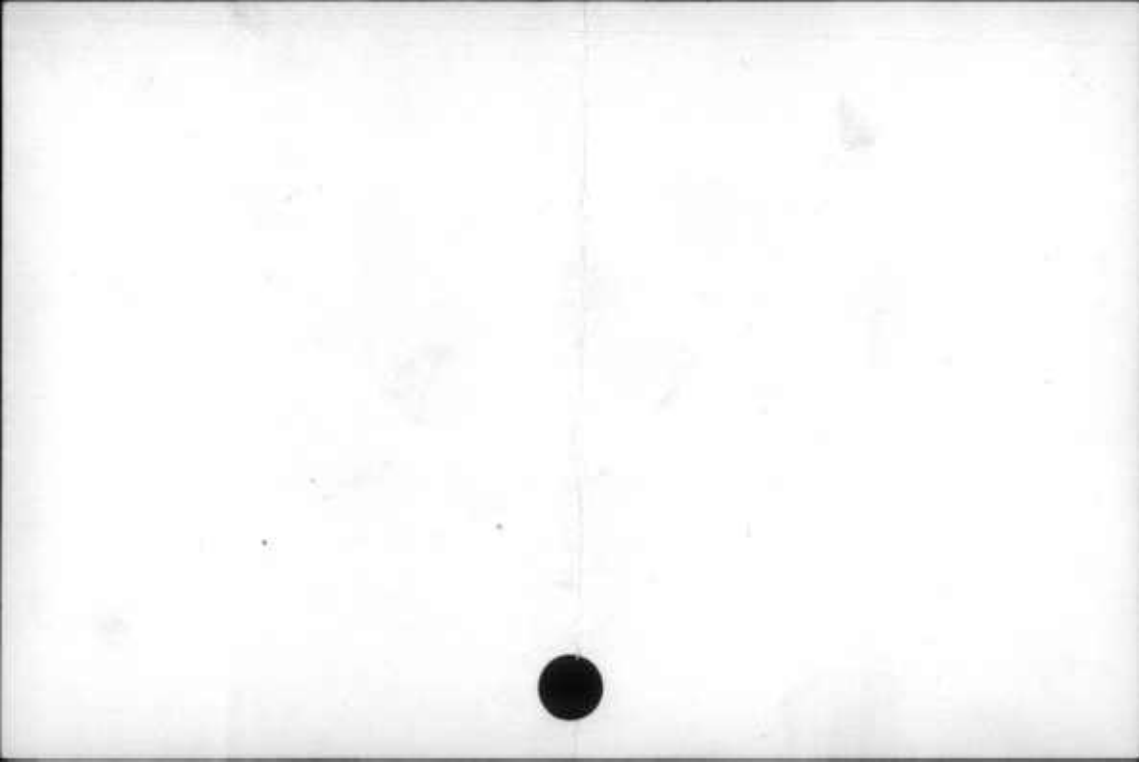
Signature of Physician

Address

Thos. S. Owen M.D.
La Plata Md

Accident or Suicide

*no*PHYSICIAN
OR CORONER



Name
In FullCharles Eugene Perry
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Near Cross Roads

Date of death 1960 July 14 Age 2 Months 17 Days

Sex Male Color or Race White Birthplace Charles Co, Md

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Charles R Perry Father's Birthplace Md

Mother's Maiden Name Harriet E Golden Mother's Birthplace Md

Name of person giving Information Charles R Perry How related to deceased Father

CAUSES OF DEATH

Primary Stomach Trouble (104) How long 2 Months

Immediate _____ How long _____

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

Signature of Physician W. B. Thompson

Address _____
Newcastles, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Ella C. Posny

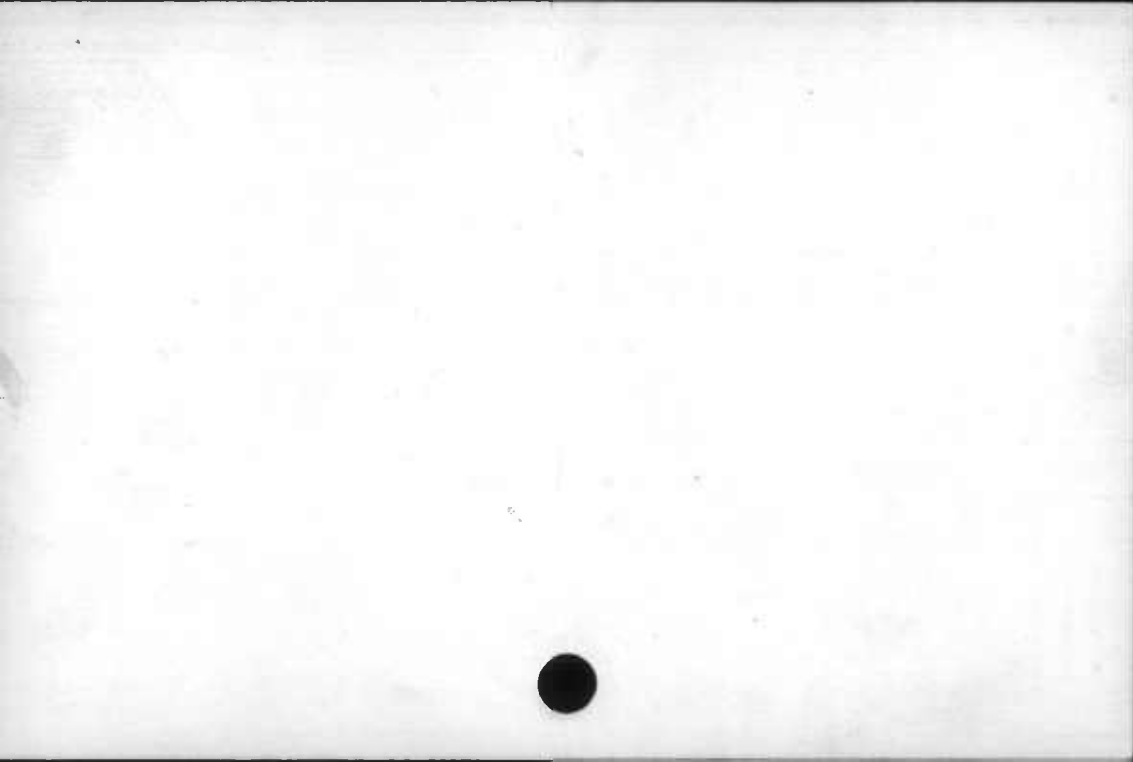
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hill Top,</u> ^{Town}		<u>Charles</u> ^{County}		MARYLAND	
Date of death	19 <u>40</u>	Month	<u>July</u>	Day	<u>30</u>
Age		Years	<u>55</u>	Months	<u>—</u>
Sex	<u>Female</u>	Color or Race	<u>American</u>	Birth-place	<u>Charles, Co., Md.</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Hugh P. Posny,</u>		
Father's Name	<u>Ethelbert Bowie</u>		Father's Birthplace	<u>Charles Co., Md.</u>	
Mother's Maiden Name	<u>Elizabeth Kendrick</u>		Mother's Birthplace	<u>" " "</u>	
Name of person giving Information	<u>Clayton Posny</u>		How related to deceased	<u>Son.</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Endo-myocarditis - Fatty heart</u>	How long	<u>10 yrs.</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>Geo. C. Bicknell,</u>
	Address	<u>Pisgah,</u>	<u>Md.</u>	
Accident or Suicide		<u>—</u>		



Name
In
Full

Mary Jane Proctor -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} White Plains ^{County} Charles MARYLAND

Date of death 1900 ^{Month} July ^{Day} 24 ^{Age} 70 ^{Years} ^{Months} - ^{Days} -

Sex ^{Female} Color or Race ^{Colored} Birth-place ^{Ind}

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

Married, Single or Widowed ^{Widow} Name of Wife or Husband ^{William Proctor -}

Father's Name ^{William Swann} Father's Birthplace ^{Ind}

Mother's Maiden Name ^{Mary Swann} Mother's Birthplace ^{Ind}

Name of person giving information ^{James A. Proctor -} How related to deceased ^{Son}

CAUSES OF DEATH

Primary ^{Pneumonia} How long ^{10 yrs}

Immediate ^{Exhaustion} How long ^{Short}

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

Yes

Signature of Physician

Address

G. O. Morris
Waldorf
Ind

Accident or Suicide

No



Name
in
Full

James H. Rison

CERTIFICATE OF DEATH

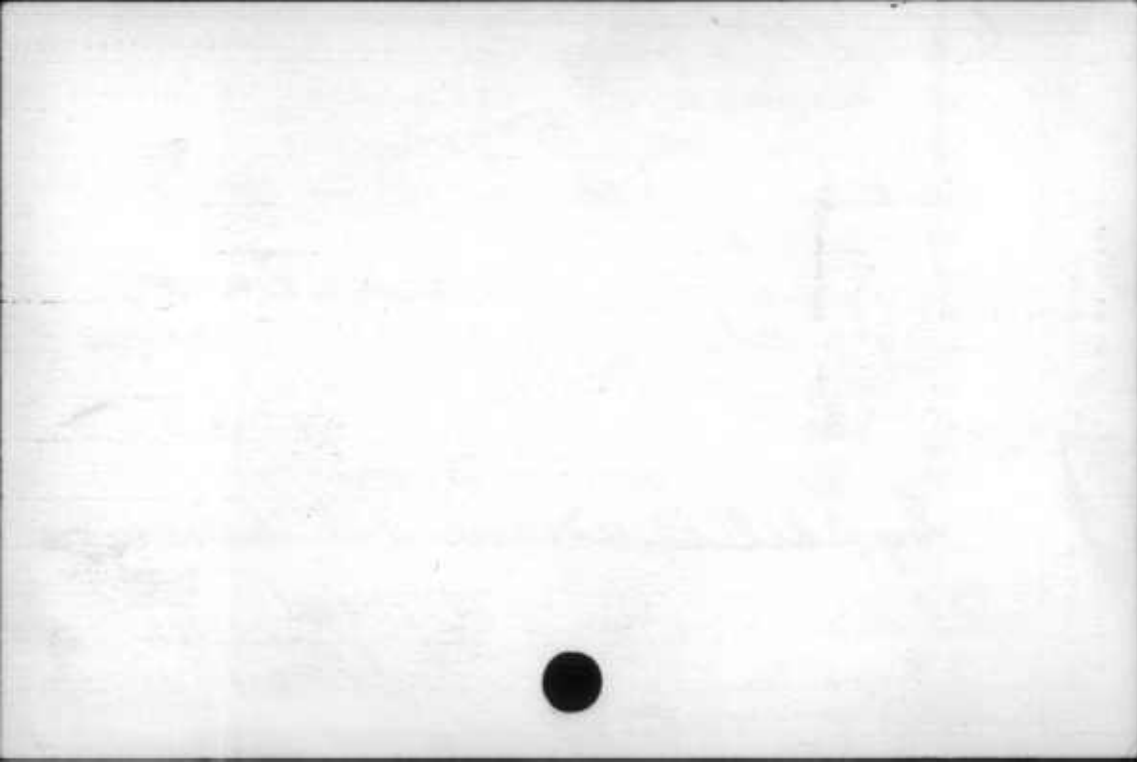
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

MARYLAND

Died at Tranquidex ^{Town} Charles ^{County}Date of Death 1940 ^{Month} July ^{Day} 19 ^{Years} Age 71 ^{Months} ^{Days} Sex Male Color or Race American Birth-place Charles Co. Md.Occupation Farmer Where Residing if not at place of death Married, Single or Widowed Widowed Name of Wife or Husband Elizabeth MurdockFather's Name J. Rison Father's Birthplace Charles Co. Md.Mother's Maiden Name Stewart Mother's Birthplace Name of person giving Information Eddie Rison How related to deceased Son

CAUSES OF DEATH

Primary Interstitial Nephritis 120 How long 15 yrs.Immediate How long Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Geo. C. Bicknell,Address Beulah,Accident or Suicide Md.



Name
in Full

Mony Roache

CERTIFICATE OF DEATH

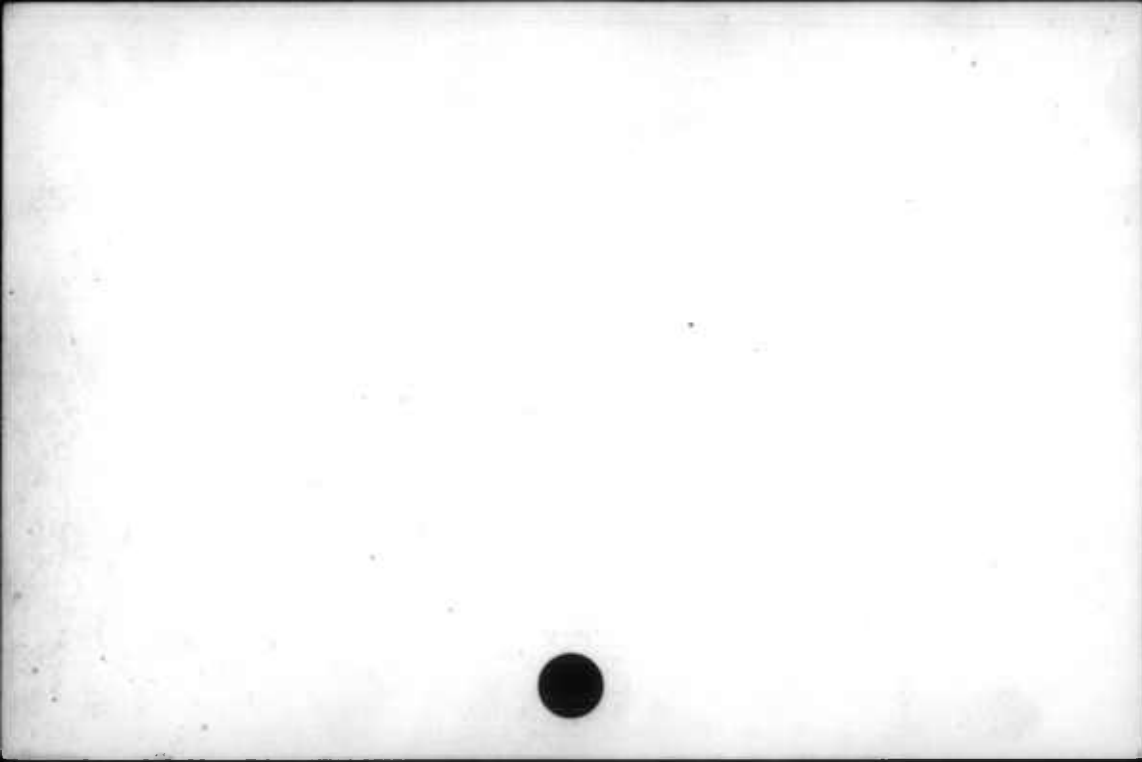
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Remick		Chadys		MARYLAND	
Date of death 1940		Month	Day	Age	Years	Months	Days
July		16	18				
Sex	Female	Color or Race	White	Birth-place	Md., D.C.		
Occupation	—		Where Residing if not at place of death		—		
Married, Single or Widowed	—		Name of Wife or Husband		—		
Father's Name	Austin Roache		Father's Birthplace		Md.		
Mother's Maiden Name	Vivian Roach Niggs		Mother's Birthplace		Md.		
Name of person giving Information	Bertram Niggs		How related to deceased		Uncle		

CAUSES OF DEATH

Primary	Tuberculous Meningitis	How long	3 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L. C. Carico M.D.
		Address	Wheaton, Md.
Accident or Suicide			Md.

PHYSICIAN
OR CORONER



Name
in
Full

Leonard Sanford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at White Plains ^{Town} Chants ^{County} **MARYLAND**

Date of death 1960 ^{Month} July ^{Day} 22 Age — ^{Years} — ^{Months} 4 ^{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 James E. Sanford Father's Birthplace Ind

Mother's Maiden Name Mary Barber Mother's Birthplace Ind

Name of person giving Information Robert Barber How related to deceased Wife

CAUSES OF DEATH

Primary Myocardia 10 H How long 2 days

Immediate thrombosis How long short

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

Signature of Physician G. O. Stoner

Address 20400

Accident or Suicide —

PHYSICIAN
OR CORNER



Name
in
Full

Charlotte Savoy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Riverside</i>		County <i>Charles</i>		MARYLAND	
Date of death	Month <i>July</i>	Day <i>21</i>	Age <i>65</i> Years <i>70</i>	Months	Days
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				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ananias Savoy</i>				
Father's Name <i>Patrick Mills</i>	Father's Birthplace <i>md</i>		Mother's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary. Mills</i>	Name of person giving Information <i>Beady Dorsey</i>		How related to deceased <i>Son in law</i>		

CAUSES OF DEATH

Primary *Syphilis advanced* How long *one to two years*

Immediate

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

37

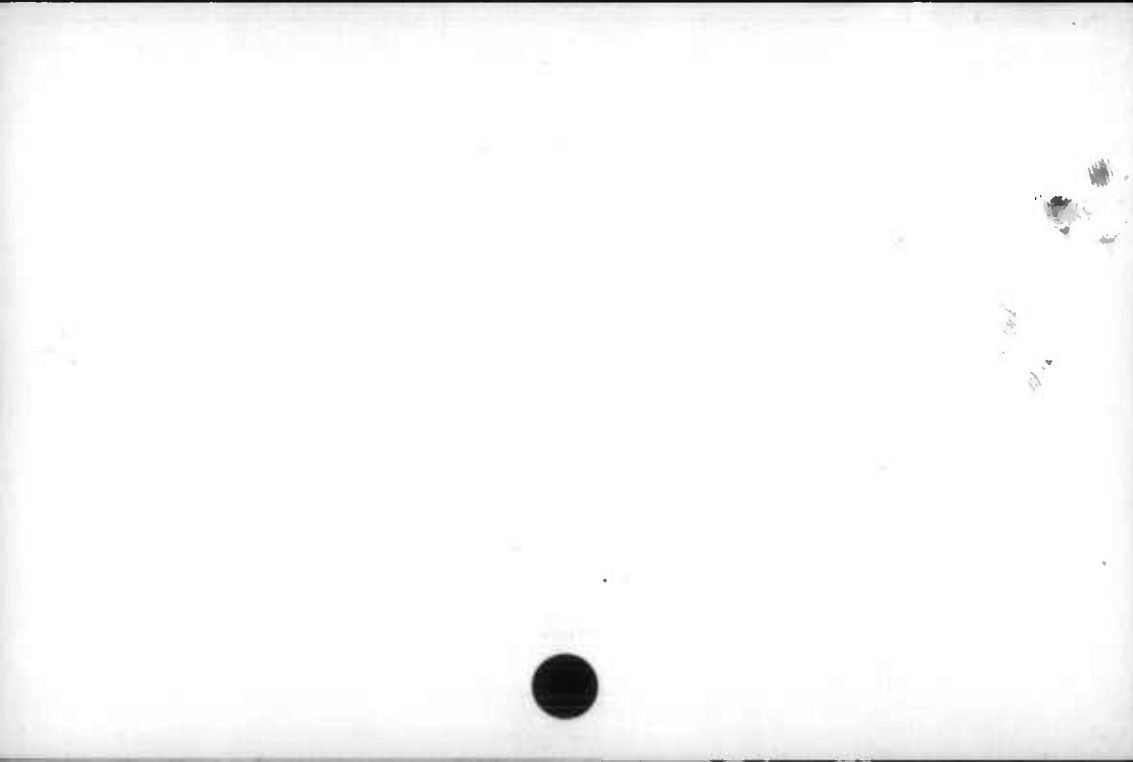
Signature of Physician

Address

S. H. Speake
Braylow

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

William Seliday Jr.

CERTIFICATE OF DEATH

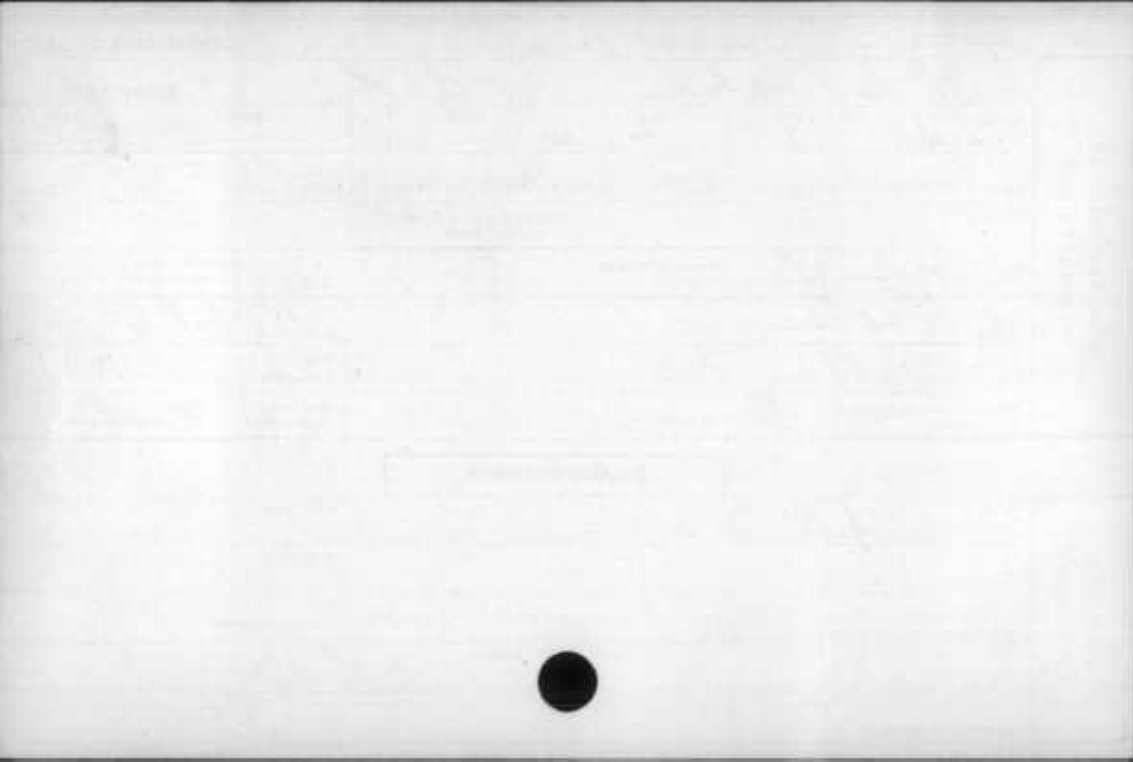
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Issie		County C. Walter		MARYLAND	
Date of death	1910	Month	7	Day	13	Age	6
Sex	Male	Color or Race	Black		Birth-place	Md.	
Occupation	_____			Where Residing if not at place of death Md.			
Marrried; Single or Widowed	_____		Name of Wife or Husband _____				
Father's Name	William Seliday				Father's Birthplace	West Virginia	
Mother's Maiden Name	Clotel Billings				Mother's Birthplace	Md.	
Name of person giving information	Henry Billings				How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsion (from face)	How long	14 hours
Immediate	"	How long	_____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician F. E. Jamison		
	Address Newport Md.		
Accident or Suicide?	_____		



Name
in
Full

Smith

CERTIFICATE OF DEATH

Died at <i>M^a. Concher</i> <small>Town</small>		<i>Chol</i> <small>County</small>		MARYLAND	
Date of death <i>1960</i>	Month <i>7</i>	Day <i>6</i>	Age	Years	Months
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Chol. Co. Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Wife</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Francis Smith</i>	Father's Birthplace <i>Chol. Co. Md</i>				
Mother's Maiden Name <i>Ella Ford</i>	Mother's Birthplace <i>11 " "</i>				
Name of person giving information <i>Francis Smith</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Still Born</i>	How long
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>None</i>
		Address <i>w. f. strawner</i>
Accident or Suicide?	<i>P. O. McCaskey Sub Pky</i>	

TO BE ANSWERED BY
NEAREST FRIEND

W. F. Brown
Sue Rey

Name
In
Full

Catherine Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

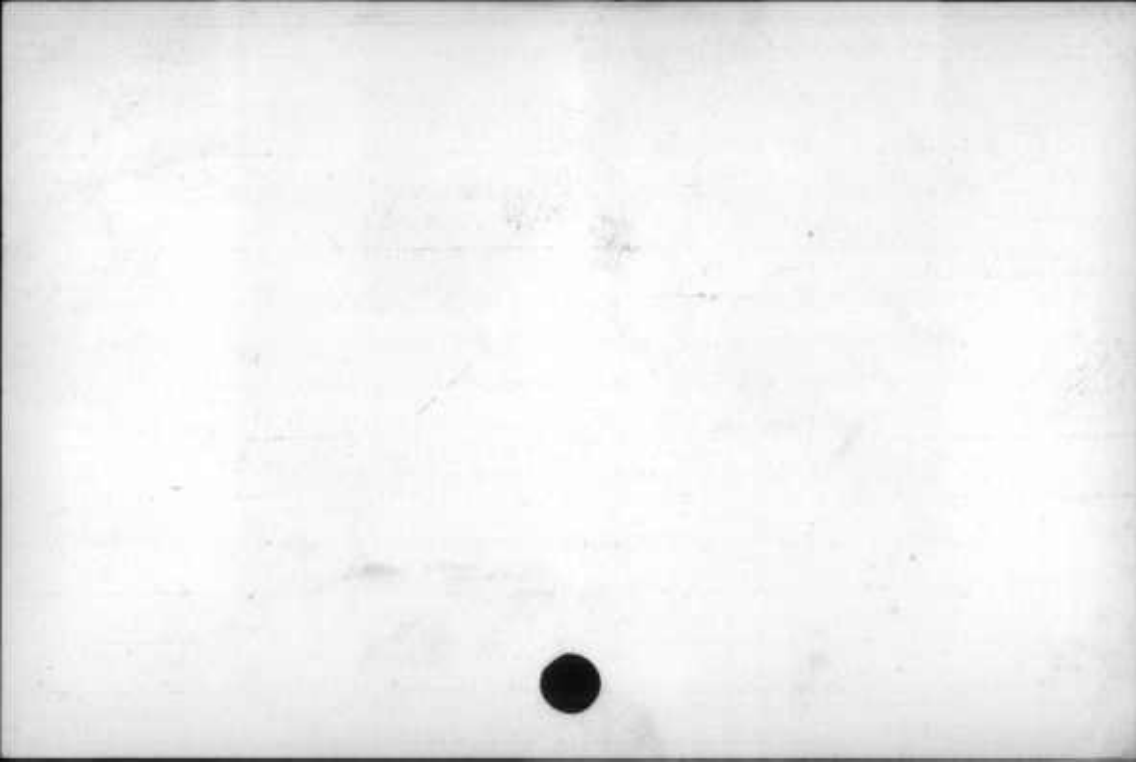
Died at		La Plata		Charles		MARYLAND		
Date of death	1940	Month	7	Day	17	Age	Years	
						Months	Days	
						one		
Sex	F.		Color or Race	C		Birth-place	md	
Occupation	None		Where Residing if not at place of death				—	
Married, Single or Widowed	—		Name of Wife or Husband				—	
Father's Name	Henry Taylor.				Father's Birthplace	md		
Mother's Maiden Name	Elizabeth Browner				Mother's Birthplace	md		
Name of person giving information	Henry Taylor.				How related to deceased	Father.		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	One week
Immediate	Heat, aschemia	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?	Yes.		
Signature of Physician	Samuel L. Harmon		
Address	La Plata		
Accident or Suicide?	md		



Name
in
Full

Percy S. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>M. Concher</i>		Town		<i>Ches</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>7</i>		Day <i>31</i>		Age <i>2</i>		Years Months Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ches Co Md</i>					
Occupation <i>None</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>							
Father's Name <i>James S. Thompson</i>				Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Dora Boorman</i>				Mother's Birthplace <i>Ches Co Md</i>					
Name of person giving Information <i>James M. Thompson</i>				How related to deceased <i>Grand Father</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>		How long <i>12 Months</i>	
Immediate <i>Marasmus, Asthenia, Pyelitis</i>		How long <i>8 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Amiel L. Hannon</i>	
		Address <i>La Plata Md</i>	
Accident or Suicide			

W. H. Brainerd
June 1877

Name
in Full

Mary Precilla Tolson

CERTIFICATE OF DEATH

Town

Riverside

County

Charles

MARYLAND

Died at

Date

of death 1908

Month

July

Day

11

Age

Years

Months

Days

17

Sex

female

Color or Race

colored

Birth-place

Riverside, Md

Occupation

fisherman

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Ira Tolson

Father's Name

Robert Tolson

Father's Birthplace

Ind

Mother's Maiden Name

Ira Clark

Mother's Birthplace

Ind

Name of person giving information

Robert Tolson

How related to deceased

Father

CAUSES OF DEATH

Primary

Cramps & high fever

How long

4-105 days

Immediate

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

yes

Signature of Physician

Ira Wright

Address

Ent Registrar

Accident or Suicide

C

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Rebecca Addings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Port Tobacco ^{town} Port Tobacco ^{County}

MARYLAND

Date of death 1900 ^{Month} 7 ^{Day} 6 Age ^{Years} 64 ^{Months} — ^{Days} —

Sex F. Color or Race W. Birth-place md

Occupation Home Where Residing if not at place of death —

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

Father's Name Not known Father's Birthplace —

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

Name of person giving information C. E. Burch How related to deceased no relation

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Senile Degeneration ^{How long} 2 years

Immediate Acute and Heart Failure ^{How long} 2 days

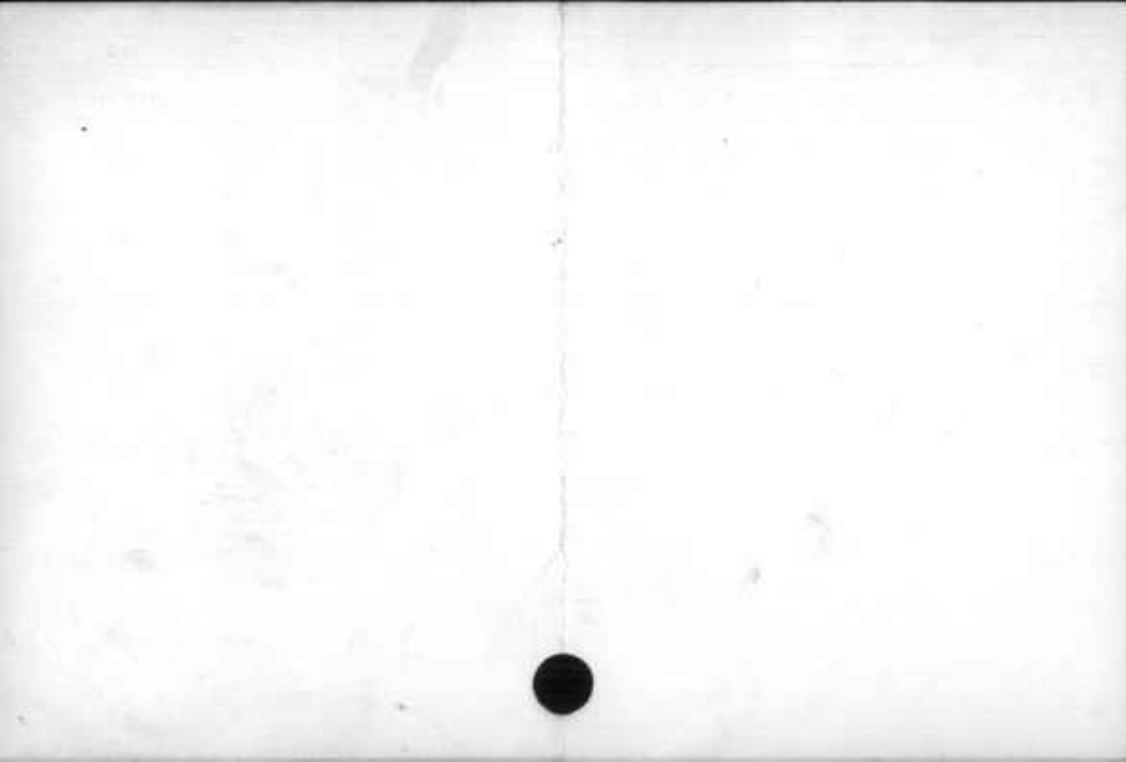
Are the name, age, sex, color, date and place correctly given above?
yes.

Signature of Physician D. L. Hermon M.D.

Address La Plata Md.

Accident or Suicide —

154



Name
in
Full

CERTIFICATE OF DEATH

Jane Henrietta Wentz

Died at *New La Plata*

Town

Charles

County

MARYLAND

Date
of death *1900*

Month

July

Day

18

Age

62

Years

Months

9

Days

Sex *female*Color or
Race*white*Birth-
place*Charles*

Occupation

*housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
Husband*W^m A Wentz*Father's
Name*Noble Richards*Father's
Birthplace*Chas. Co*Mother's
Maiden Name*Catharine Acton*Mother's
Birthplace*Chas. Co*Name of person giving
Information*W^m A Wentz*How related
to decedent*husband*

CAUSES OF DEATH

Primary

Cirrhosis of Liver, Pyaemia

How long

13
five year

Immediate

Pyaemia - General exhaustion

How long

*month*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Thos. S. Owen M.D.*

Address

La Plata

Accident or Suicide

*no**Dead*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER

