

Richard Barrett

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fragnios</u> <small>Town</small>		<u>Calvert</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>6</u> <small>Day</small>	<u>78</u> <small>Years</small>	<u>5</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth place	<u>Calvert Co Md</u>
Occupation	<u>Oysterman</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Mary L Thomas</u>		
Father's Name	<u>John Barrett</u>		Father's Birthplace	<u>Calvert Co Md</u>	
Mother's Maiden Name	<u>Unknown</u>		Mother's Birthplace	<u>Unknown</u>	
Name of person giving information	<u>John Barrett</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Senile Debility -</u>	How long	<u>1847</u>	<u>about 3 yrs.</u>	
	Immediate	<u>Paralysis</u>	How long		<u>36-hours</u>	
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Geo F Chambers M.D.</u>		
			Address	<u>Leesburg Calvert Co Md</u>		
	<u>Accident or Suicide?</u>					



Name in Full

Hannie L Brooke

CERTIFICATE OF DEATH

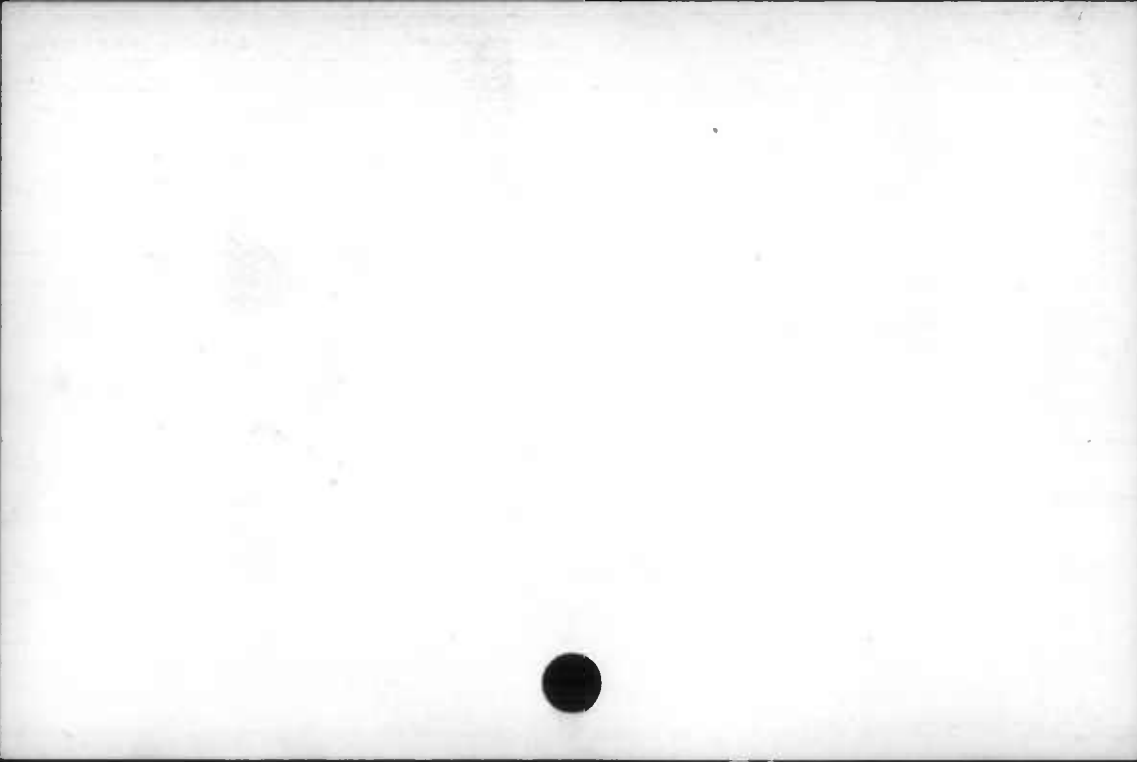
TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Mutual</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>1990</i>	Month <i>July</i>	Day <i>26</i>	Years <i>Age 4.7</i>	Months <i>11</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Baltimore</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed	Name of Wife or Husband <i>John A. Brooke</i>				
Father's Name <i>Christopher Lambright</i>	Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Sarah J. Dodd</i>	Mother's Birthplace <i>Delaware</i>				
Name of person giving Information <i>Clara Lambright</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <i>Mitral Regurgitation</i>	How long <i>79</i> <i>3 1/2 Yrs</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. L. N. King</i>
	Address <i>Barstow Md</i>
Accident or Suicide	



Name
in Full

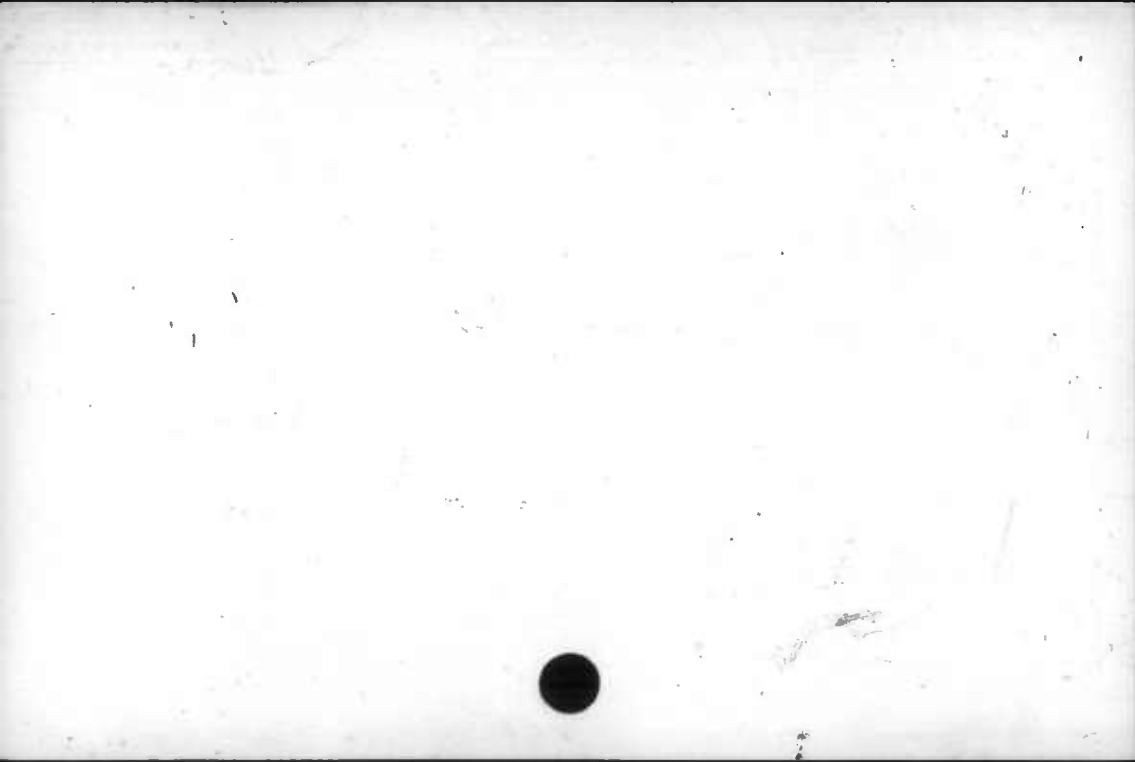
Hermon Brown

CERTIFICATE OF DEATH

Died at		Town Willow		County Calvert		MARYLAND	
Date of death 1940		Month July	Day 10	Age —	Months 2	Days 14	
Sex	male	Color or Race	Negro		Birth place Primer, Frederick		
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Charles Brown				Father's Birthplace	Maryland	
Mother's Maiden Name	Rosa Hankins				Mother's Birthplace	Maryland	
Name of person giving information	Rosa Hankins				How related to deceased	Mother	

CAUSES OF DEATH

Primary	Death	How long	1 week
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. H. Talbot
Accident or Suicide		Address	Ches. Beach



Name
in Full

Mary Eugene Buck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

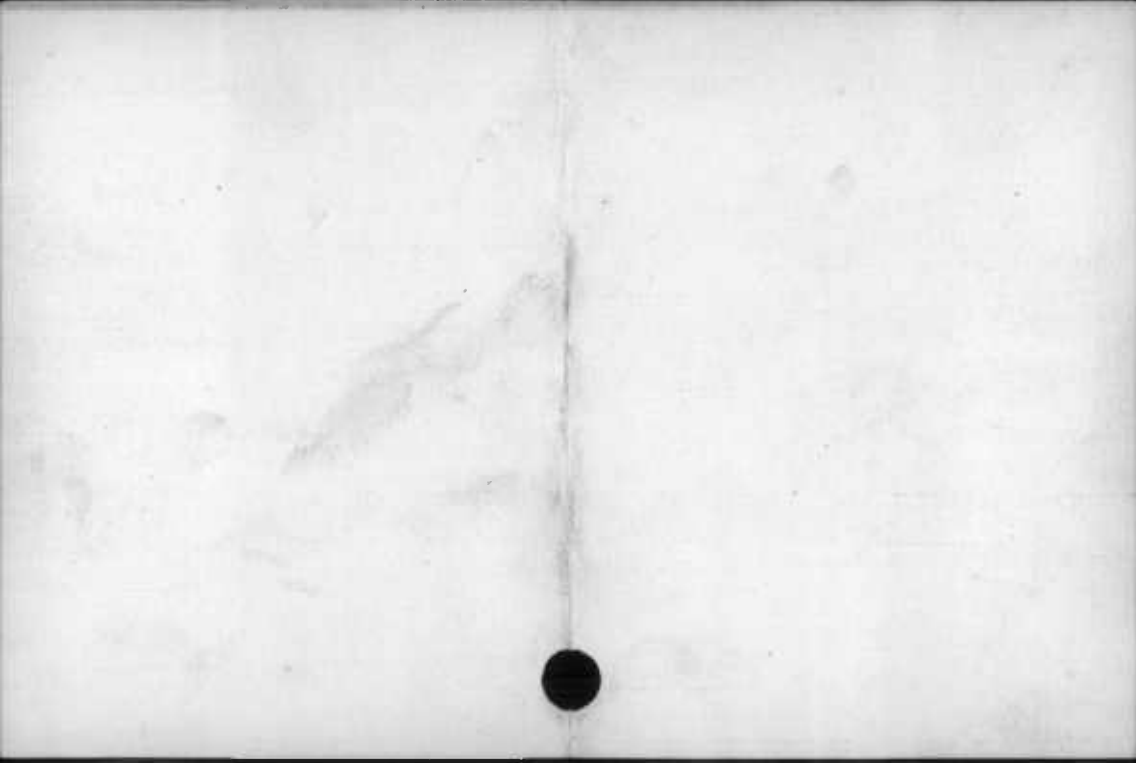
Died at		Solomons ^{Town}		Calvert ^{County}		MARYLAND	
Date of death	1910	Month	July	Day	2	Age	1
						Years	
						Months	11
						Days	2
Sex	Female		Color or Race	Black		Birth-place	Maryland.
Occupation	-		Where Reading if not at place of death		-		
Married, Single or Widowed	-		Name of Wife or Husband		-		
Father's Name	Louis H. Buck				Father's Birthplace	Maryland	
Mother's Maiden Name	Lilly Corbrew				Mother's Birthplace	Virginia	
Name of person giving information	Louis H. Buck				How related to decedent	Father.	

CAUSES OF DEATH

(104)

PHYSICIAN
OR CORONER

Primary	Acute Intestinal Toxiemia	How long	Four days.
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	E. S. Foster, M.D.
		Address	Solomons, Maryland.
Accident or Suicide?			



Name
in
Full

Charles L Catterton

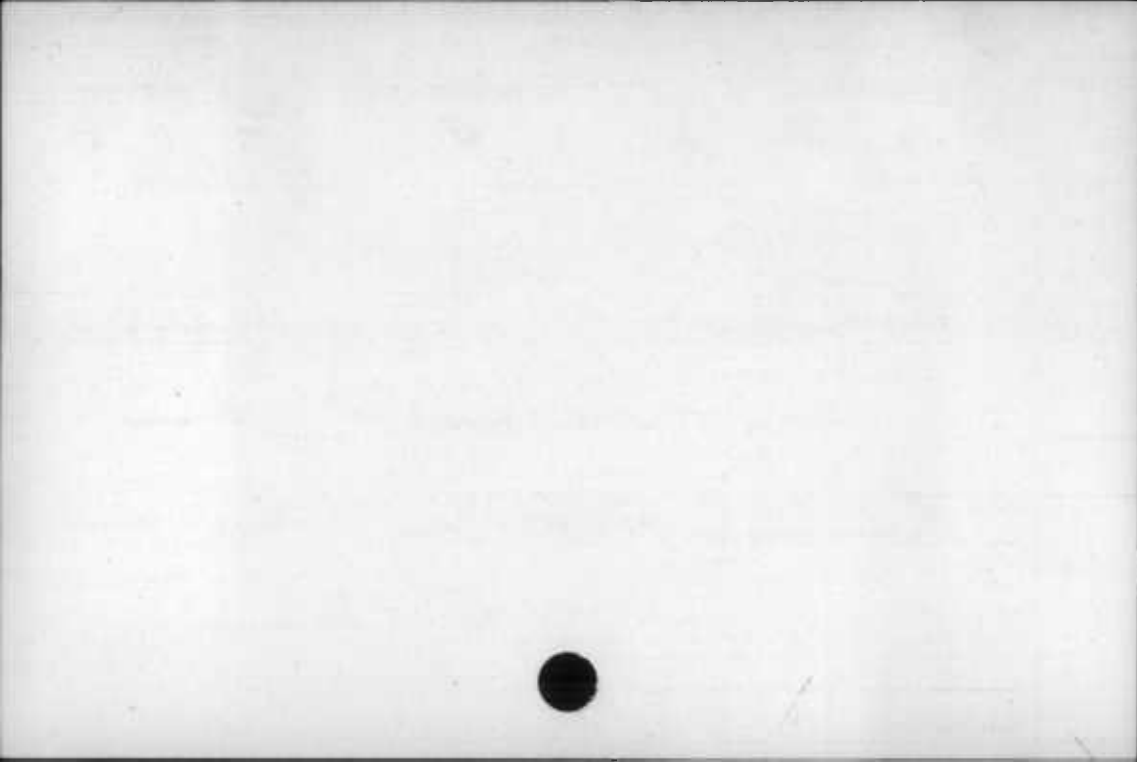
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cove Pt</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death	<i>10 July</i> ^{Month}	<i>6</i> ^{Day}	Age <i>—</i> ^{Years}	<i>3</i> ^{Months}	<i>19</i> ^{Days}
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth place	<i>Calvert Co md</i>
Occupation	<i>iron</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Charles W Catterton</i>			Father's Birthplace	<i>Calvert Co md</i>
Mother's Maiden Name	<i>Alice Ridgell</i>			Mother's Birthplace	<i>St Marys Co md</i>
Name of person giving information	<i>Charles W Catterton</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Abcess of liver</i>	How long	<i>6 days</i>
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr F Chamberlain MD</i>
			Address	<i>Lusby Calvert Co Md</i>
	Accident or Suicide? <input type="checkbox"/>			



Name
Full

William Fuller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lusby</u> <small>Town</small>		<u>Calvert</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>21</u> <small>Day</small>	Age <u>57</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth place	<u>Baltimore Md</u>
Occupation	<u>Laborer</u>		Where residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>none</u>		
Father's Name	<u>Unknown</u>		Father's Birthplace	<u>Unknown</u>	
Mother's Maiden Name	<u>Unknown</u>		Mother's Birthplace	<u>Unknown</u>	
Name of person giving information	<u>Mrs J. F. Chambers</u>		How related to deceased	<u>Friend</u>	

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long about 1 year

Immediate Exhaustion How long

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

Signature of Physician

J. F. Chambers M.D.

Address

Lusby Calvert Co Md

Accident or Suicide



Name
in Full

Millie Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Harmony ^{County} Calvert MARYLAND

Date of death 1940 ^{Month} July ^{Day} 18 ^{Year} Age 70 ^{Months} ^{Days}

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

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

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

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

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

Name of person giving Information ^{How related to decedent} David Taylor None.

CAUSES OF DEATH

Primary ^{How long} Chronic Bronchitis 4 months

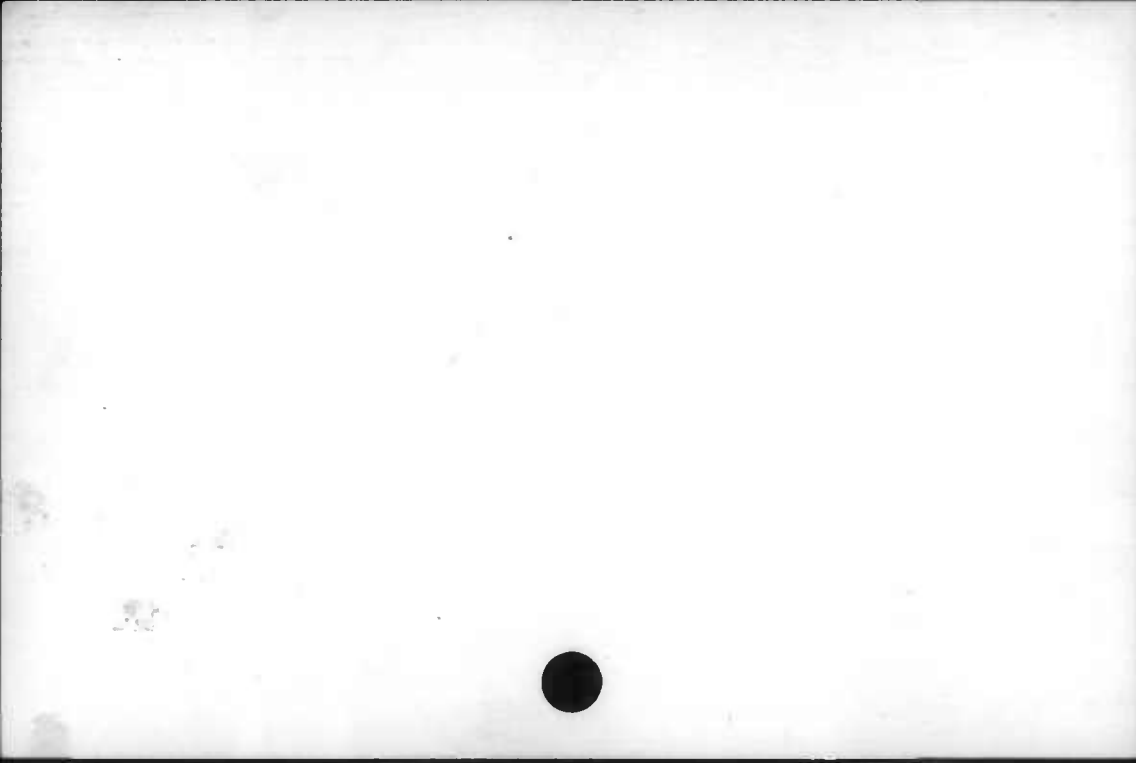
Immediate ^{How long} Exhaustion 2 days.

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

Signature of Physician ^{Address} W. H. Talbot Ches. Beach Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full

Infant of Beusom Harkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Wet Harwood Calvert County MARYLAND

Date of death 1946 Month July Day 12 Age 2 Years 15 Months 15 Days

Sex Female Color or Race Colored Birth-place Wet Harwood Md

Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Beusom Harkins Father's Birthplace Maryland

Mother's Maiden Name Ellis Coats Mother's Birthplace Maryland

Name of person giving information Sarah Coats How related to deceased Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Diarrhea How long 2 weeks

Immediate Exhaustion How long 24 hours

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

Signature of Physician W. H. Talbot

Address Ches. Beach Md.

Accident or Suicide



Name in Full

Wilson Jefferson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at

Ches. Beach

County

Cabert

MARYLAND

Date of death

1991 July 10

Age

Years

Months

Days

Sex

Male

Color or Race

Negro

Birthplace

Ches. Beach Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Wilson Jefferson

Father's Birthplace

Maryland

Mother's Maiden Name

Martha Jones

Mother's Birthplace

Maryland

Name of person giving information

Wilson Jefferson

How related to deceased

Father

CAUSES OF DEATH

Primary

Diarrhoea

How long

3 days

Immediate

Ephyematin

How long

12 times

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

Yes

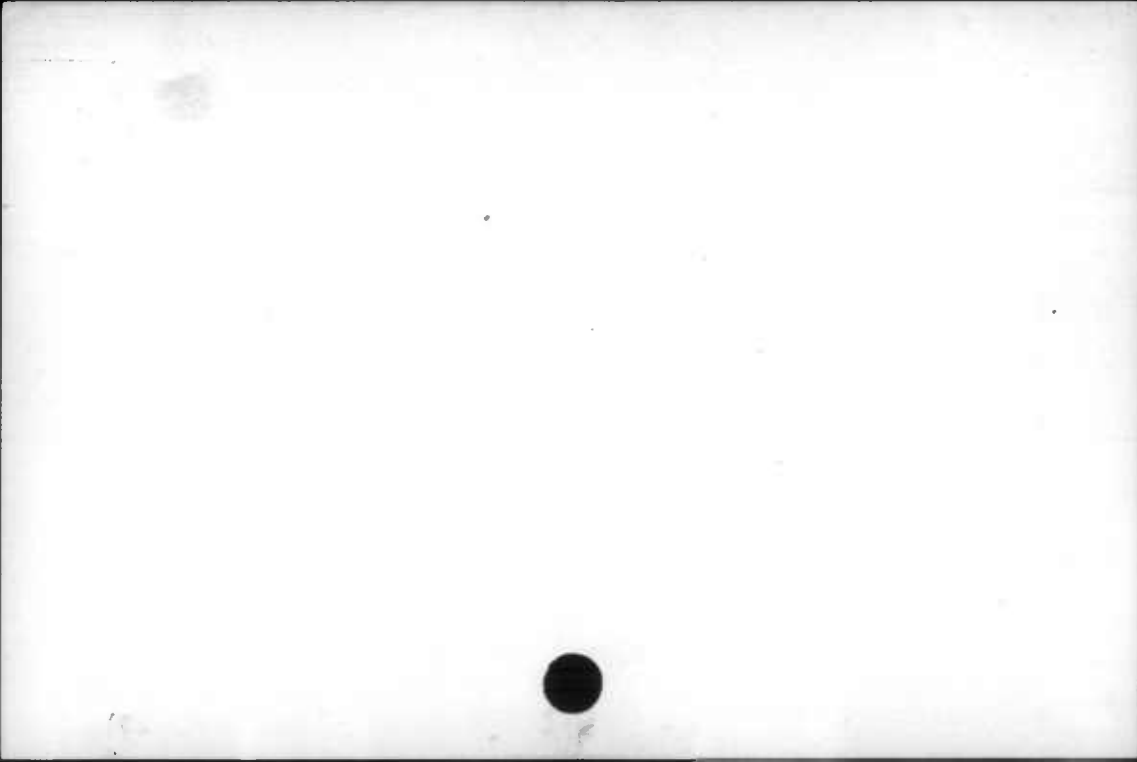
Signature of Physician

W. H. Tallon

Address

Ches. Beach Md.

Accident or Suicide



John W. James
 Died at ^{Town} Port Harmony ^{County} Calvert MARYLAND
 Date 1910 ^{Month} July ^{Day} 19 ^{Y.} ^{M.} ^{D.} ^{Native of} Md ^{Occupation} Laborer
 Male Female White Colored Married Single Widower Number of children living

Husband of _____
 Wife _____
 Father's Name John R. James Mother's Maiden Name Mary Kain
 Cause of Death Primary Epilepsy Immediate Cause Coma
 How long sick Many years
 Accidents, Suicide, Homicide

Reported by Dr. J. L. Brayshaw
 Address Friendship Md

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



Name
in
Full

Walter Kelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Adelina</u> <small>Town</small>		<u>Calvert</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age	<u>5</u> <small>Years</small>
Sex	<u>Male</u>	Color or Race	<u>colored</u>	Birth-place	<u>Calvert Co</u>
Occupation	_____		Where Residing if not at place of death		
Married, Single or Widowed	_____		Name of Wife or Husband		
Father's Name	<u>Basil Kelson</u>		Father's Birthplace	<u>Calvert Co</u>	
Mother's Maiden Name	<u>Laura Grass</u>		Mother's Birthplace	" "	
Name of person giving Information	<u>Basil Kelson</u>		How related to deceased	<u>father</u>	

CAUSES OF DEATH

Primary unknown - No 189 How long two days

Immediate Physician in attendance How long

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

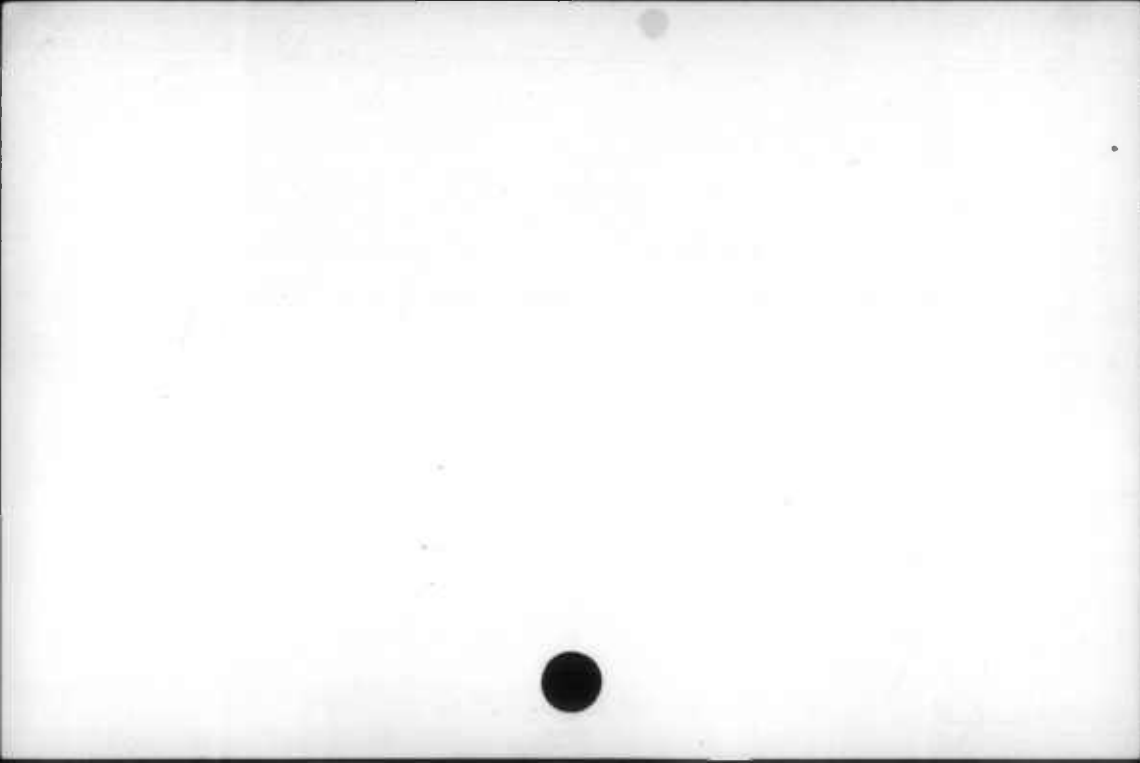
Signature of Physician

P. J. Lusk
Sub Reg-

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full

Gertrude Lindsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Dunkirk ^{County} Calvert MARYLAND

Date of death 1900 ^{Month} July ^{Day} 31 Age ^{Years} 71 ^{Months} 1 ^{Days} 3

Sex Female Color or Race negro Birth-place Dunkirk

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Calph Lindsey Father's Birthplace Va

Mother's Maiden Name Gertrude Gross Mother's Birthplace a.a.co.md

Name of person giving Information Wm Gross - How related to deceased Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

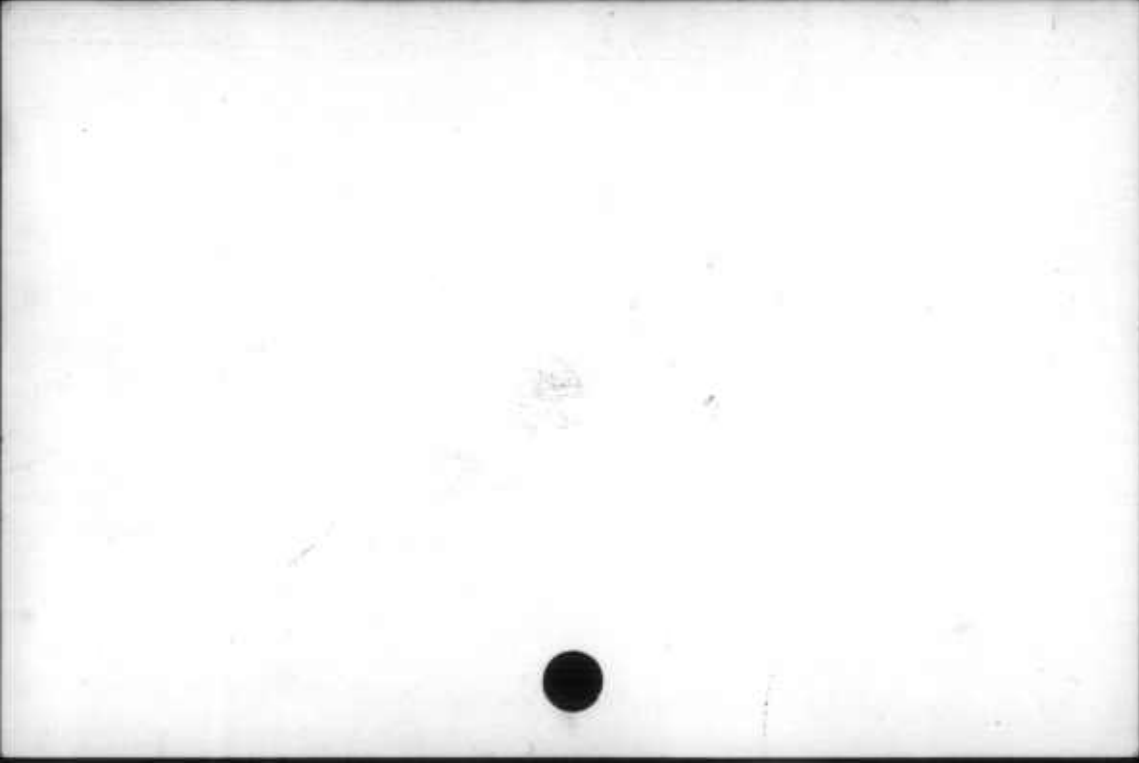
Primary Gastro-Enteritis How long 104 days

Immediate _____ How long _____

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

Signature of Physician D.R. Pallett Address Dunkirk Md

Accident or Suicide



Ellene Ann Railey

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oliver</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death	<i>19</i> / <i>0</i> ^{Month}	<i>July</i> ^{Day}	<i>21</i> ^{Age}	<i>62</i> ^{Years}	<i>-</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth place	<i>Calvert Co md</i>
Occupation	<i>Housekeeper</i>		Where residing if not at place of death		
Married, Single or Widowed	<i>widowed</i>	Name of Husband	<i>John W Railey</i>		
Father's Name	<i>Charles Hill</i>		Father's Birthplace	<i>Dorchester Co md</i>	
Mother's Maiden Name	<i>Rosa Linton</i>		Mother's Birthplace	<i>Dorchester Co md</i>	
Name of person giving information	<i>John W Railey</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Esophageal Cancer</i>	How long	<i>about 8 mos</i>
	Immediate	<i>Inanition</i>	How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo F Chambers md</i>
			Address	<i>Lusby Calvert Co md</i>
Accident or Suicide?				



Name
In Full

R Wesley Ray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Sunderland ^{County} Calvert

MARYLAND

Date of death 1910 July 22 Age 70 Months Days

Sex Male Color or Race Black Birth-place Cal. Geo.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Berboy Jane Ray

Father's Name Not Remembered Father's Birthplace

Mother's Maiden Name " " Mother's Birthplace

Name of person giving information Thomas Ray How related to deceased Son

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary Cancer of Stomach How long 6 months

Immediate In hemorrhage How long

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

Signature of Physician J. W. Fitch

Address Huntingtown

Accident or Suicide?



Name
in
Full

Gladys Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Mt. Harmony</i>		^{County} <i>Calvert</i>		MARYLAND	
Date of death	^{Month} <i>July</i>	^{Day} <i>31</i>	^{Years} <i>20</i>	^{Months} <i>1</i>	^{Days}
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Calvert Co</i>
Occupation	<i>domestic</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Joseph Reed</i>		Father's Birthplace	<i>Cal Co</i>	
Mother's Maiden Name	<i>Frances Gray</i>		Mother's Birthplace	<i>Calvert Co</i>	
Name of person giving information	<i>Frances Gray Reed</i>		How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Cerebral Hemorrhage</i>	How long	<i>6H</i>
	Immediate	<i>Heart-Failure</i>	How long	<i>Several hours</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>L. Brayshaw</i>
	Accident or Suicide		Address	<i>Friendship Md</i>



Name in Full

Zena Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Urberville Town Culbert County **MARYLAND**

Date of death 1900 Month July Day 21 Age Years Months 2 Days

Sex Female Color or Race Colored Birth-place Culbert

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Henry Ross Father's Birthplace Culbert

Mother's Maiden Name Sarah Taylor Mother's Birthplace Culbert

Name of person giving information Henry Ross How related to deceased Father

CAUSES OF DEATH

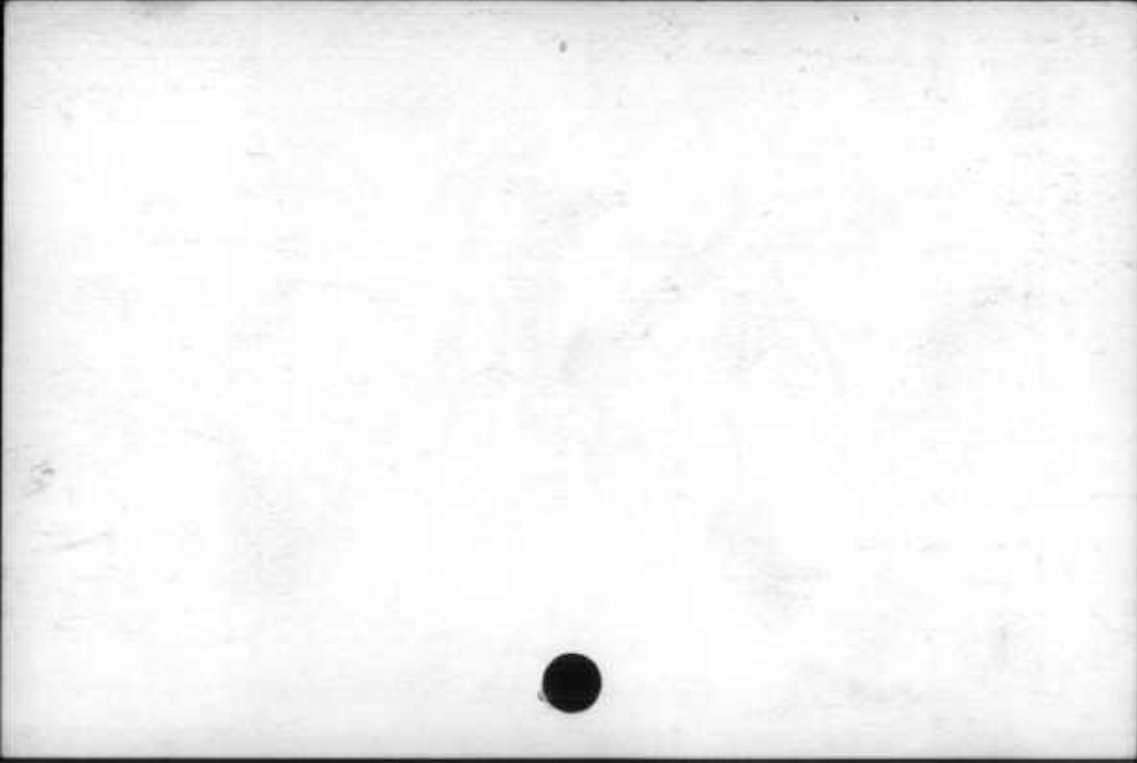
PHYSICIAN OR CORONER

Primary Anthrax how long 1890
Immediate how long 1 day

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

Signature of Physician
Address

Accident or Suicide



Name
in Full

Ida Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sunderland		County Calvert		MARYLAND	
Date of death	1910	Month July	Day 20	Age	Years 44	Months	Days
Sex	Female		Color of Race	white		Birth-place	Cal. Geo.
Occupation	Housewife			Where Reading if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Samuel Russell			
Father's Name	Zachariah Homer				Father's Birthplace	Cal. Geo.	
Mother's Maiden Name	Mary Wilson				Mother's Birthplace	Cal. Geo.	
Name of person giving information	Samuel Russell				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhoid fever ①		How long	10 days
	Immediate	Hemorrhage		How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. W. Kitch
				Address	Huntingtown
	Accident or Suicide?				



Name
in Full

Benjamin Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Swindland		Calvert		MARYLAND	
Date of death		1910	July	31	Age	5	Months
Sex		male		Color or Race		Black	
Occupation				Where residing if not at place of death		Cal. Geo.	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Zedakiah Smith		Father's Birthplace		Cal. Geo.	
Mother's Maiden Name		Mary Cross		Mother's Birthplace		" "	
Name of person giving information		Joe Coats		How related to deceased		Stepfather	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Diarrhoea	104	How long	5 days
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. W. Fritch
	Accident or Suicide?		Address	Huntingtown	Geo.



Name in Full

Minnie Stallings

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Chesapeake Beach Calvert MARYLAND

Date of death 1900 July 4 Age 23

Sex Female Color or Race white Birth-place Md

Occupation Housewife Where Residing if not at place of death

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

Father's Name Archibald Scott Father's Birthplace Md

Mother's Maiden Name Nora Stimmitt Mother's Birthplace Md

Name of person giving Information Clayton Stimmitt How related to deceased Cousin

CAUSES OF DEATH

29

PHYSICIAN OR CORONER

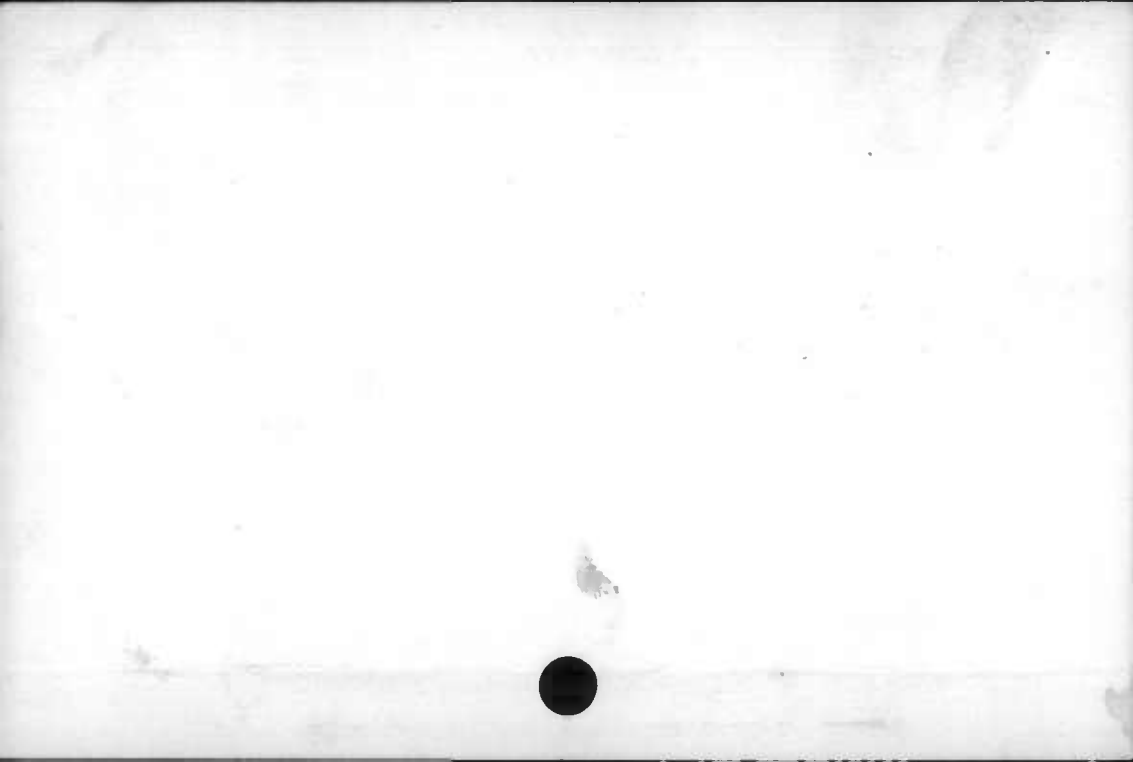
Primary Tuberculosis Pulmonary How long Four months

Immediate Heart exhaustion How long

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

Signature of Physician J. L. Brayshaw Address Friendship Md

Accident or Suicide



Name in Full

Infant of Odie Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at		Town Willons		County Calvert		State MARYLAND	
Date of death		Month July	Day 26	Age Years	Months -	Days 13	
Sex	Female	Color or Race	White		Birth-place	Willons Md	
Occupation	None			Where Residing - not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Odie Stewart				Father's Birthplace	Maryland	
Mother's Maiden Name	Elly Gott				Mother's Birthplace	Maryland	
Name of person giving information	Odie Stewart				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Exhaustion		How long	10 1/4	How long	7 1/2 days
Immediate						
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Dr. H. Talbot		
Accident or Suicide			Address	Willons Md.		



Name
is Full

Arthur Titus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seadraco</i> <small>Town</small>		<i>Calvert</i> <small>County</small>		MARYLAND	
Date of death <i>190</i>	<i>July</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age	<i>6</i> <small>Months</small>	<small>Days</small>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Cal. Geo.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>James Titus</i>			Father's Birthplace <i>Bates.</i>		
Mother's Maiden Name <i>Missy Jones</i>			Mother's Birthplace <i>Cal. Geo.</i>		
Name of person giving information <i>James Titus</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary *Gastro Ecteritis* *1041* How long *1 wk*

How long

Immediate

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

Signature of Physician

Address

J. W. Leitch

Sherrington

Accident or Suicide?



Name
in
Full

Charles J. Torney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fragrant</u> <small>Town</small>		<u>Calvert</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age	<u>22</u> <small>Years</small>
					<u>9</u> <small>Months</small>
					<u>17</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Calvert Co Md</u>
Occupation	<u>Oysterman</u>		Where Reading, if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>None</u>		
Father's Name	<u>Joe Torney</u>			Father's Birthplace	<u>Calvert Co Md</u>
Mother's Maiden Name	<u>Jane Smith</u>			Mother's Birthplace	<u>Calvert Co Md</u>
Name of person giving information	<u>Joe Torney</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

Primary Pulmonary Tuberculosis (28) How long 2 1/2 yrs

Immediate Exhaustion How long

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

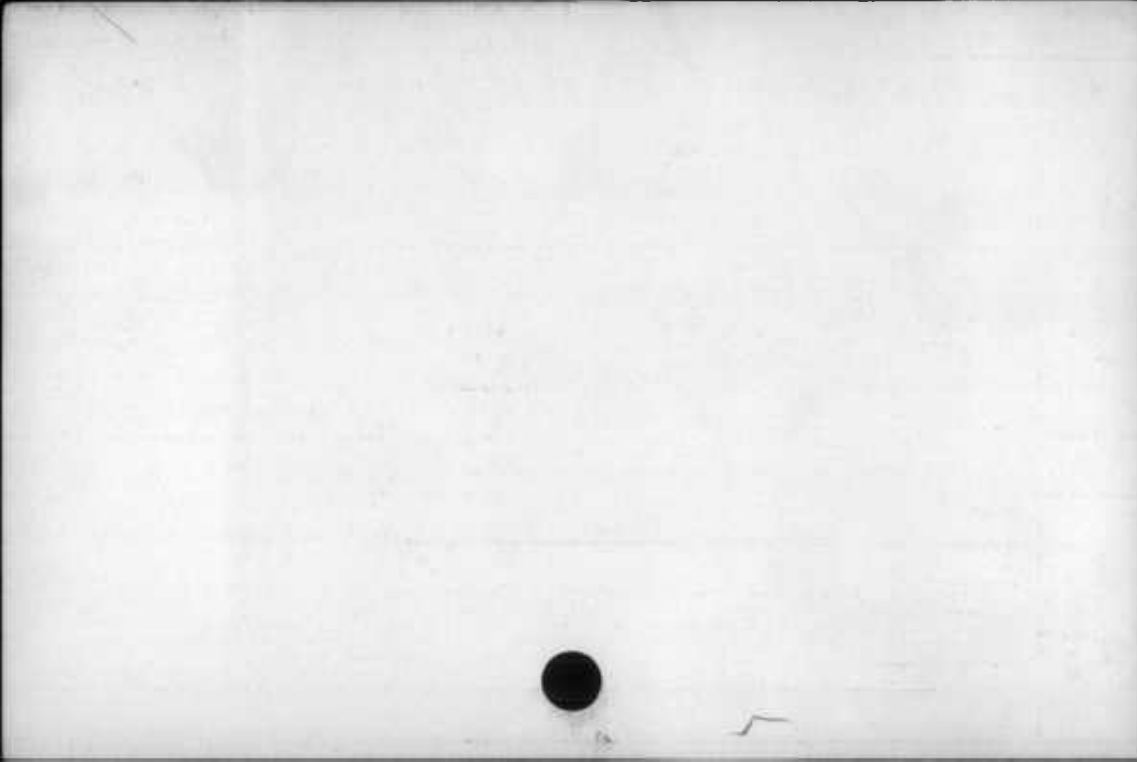
Signature of Physician

Dr. F. Chambers MD

Address

Lucy's Calvert Co Md

Accident or Suicide?



Name
in
Full

Not named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Bowens</i>		Town <i>Bowens</i>		County <i>Wood</i>		State MARYLAND	
Date of death	19 <i>00</i>	Month	<i>July</i>	Day	<i>16</i>	Age	<i>—</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Calvert Co. Md</i>
Occupation	<i>—</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband				
Father's Name	<i>Geo E. Wood</i>				Father's Birthplace <i>Calvert Co Md</i>		
Mother's Maiden Name	<i>Carrie Denton</i>				Mother's Birthplace <i>"</i>		
Name of person giving Information	<i>Geo E Wood</i>				How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary	<i>Remature birth</i>	How long	<i>W 1 2</i>
Immediate		How long	

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

Signature of Physician

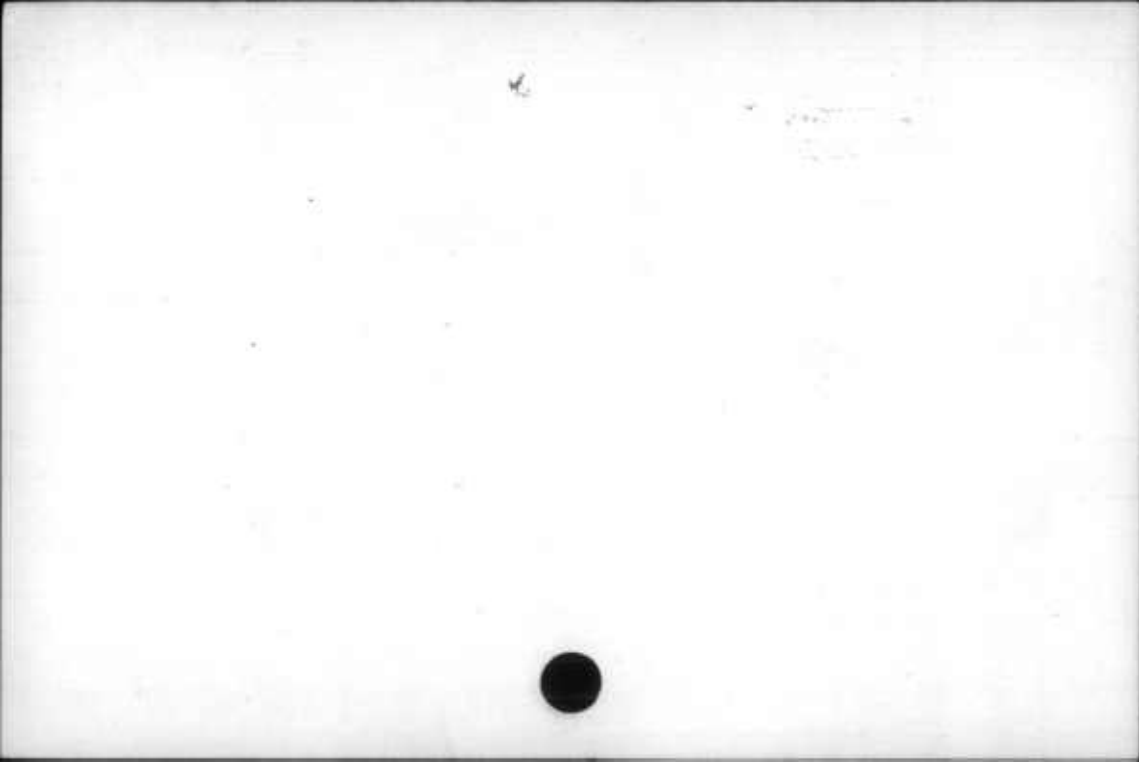
D. Simms

Address

Bowens Calvert Co Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Not named.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near</i> ^{Town} <i>Bowens</i>		^{County} <i>Calvert</i>		MAYLAND	
Date of death	1900	Month	July	Day	16
Age	—		Years	—	—
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	—		Birthplace	<i>Calvert Co., Md</i>	
Married, Single or Widowed			Where Residing if not at place of death		
—			—		
Father's Name			Name of Wife or Husband		
<i>Geo E. Wood</i>			<i>(Trunk)</i>		
Father's Birthplace			Father's Birthplace		
<i>Calvert Co., Md</i>			<i>Calvert Co., Md</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Carrie Denton</i>			—		
Name of person giving information			How related to deceased		
<i>Geo E Wood</i>			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Premature birth</i>	How long	
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>O. D. Simmons</i>
		Address	<i>Bowens Calvert Co Md</i>	
Accident or Suicide				

