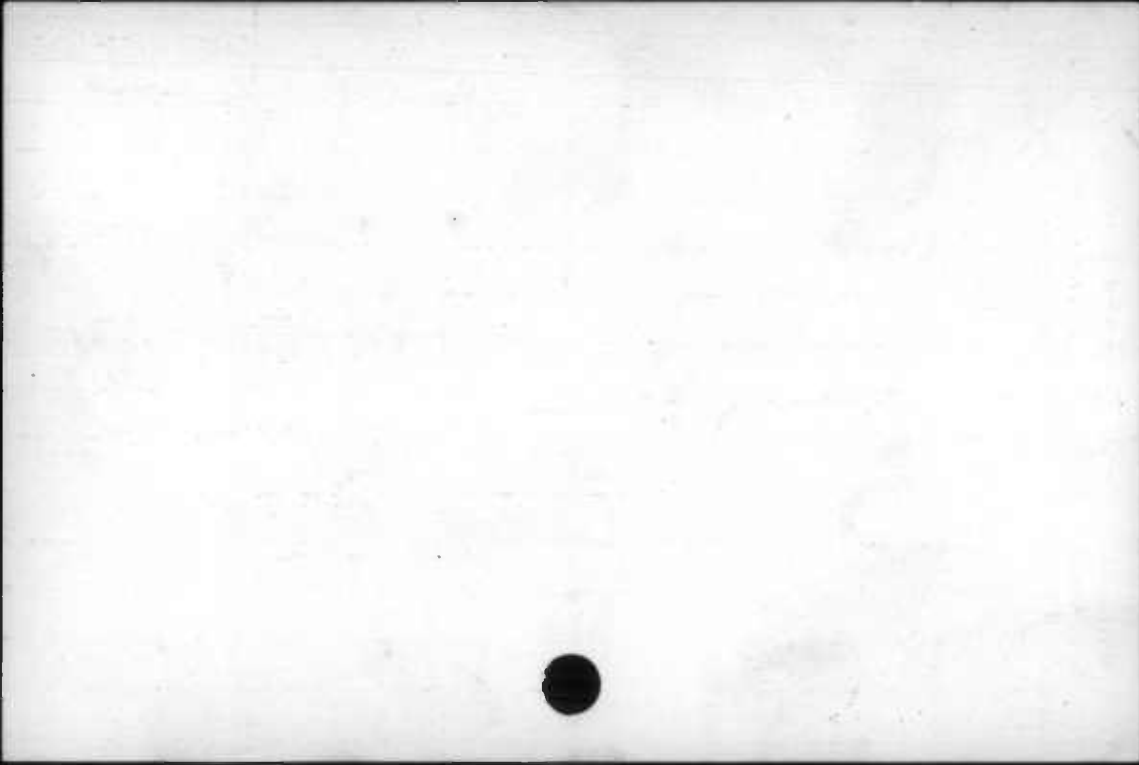


Name in Full Arthur W Adams CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Hurlock</u> <small>Town</small>		<u>Dor</u> <small>County</small>		MARYLAND		
	Date of death	<u>10</u> <small>Month</small>	<u>7</u> <small>Day</small>	<u>1</u> <small>Age</small>	<u>6</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u>3</u> <small>Days</small>
	Sex	<u>male</u>		Color or Race	<u>White</u>		
	Occupation	<u>none</u>		Where Residing if not at place of death	<u>Hurlock Md</u>		
	Married, Single or Widowed.	<u>Single</u>		Name of Wife or Husband	<u>None</u>		
	Father's Name	<u>Herbert Meslin Adams</u>				Father's Birthplace	<u>Dor Co Md</u>
	Mother's Maiden Name	<u>Sybil Griffith</u>				Mother's Birthplace	<u>Dor Co</u>
Name of person giving information	<u>Herbert Adams</u>				How related to deceased	<u>Father</u>	

PHYSICIAN OR CORONER	CAUSES OF DEATH		
	Primary	<u>Dysentery acute</u>	How long <u>10 days</u>
	Immediate	<u>acute Dysentery</u>	How long
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>G. Rogers Myers</u>
	Address	<u>[Redacted]</u>	
Accident or Suicide?	<u>None</u>		



Name
in
Full

Hina Blades

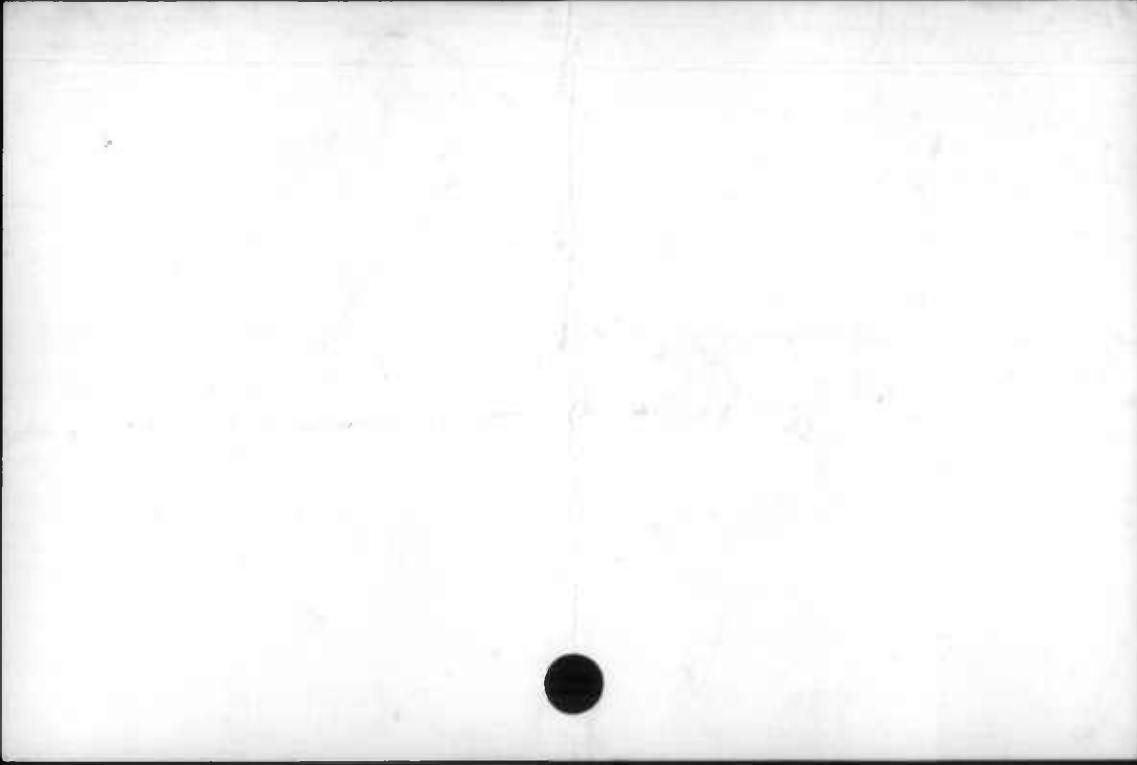
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsburg		County Horchester		MARYLAND	
Date of death		Month 1900 July	Day 25	Age 19	Years	Months	Days
Sex	Female	Color or Race	White		Birth- place	Horch. Co. Ind.	
Occupation	House-work		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Orrie Blades.				
Father's Name	William Lyons, dec'd.		Father's Birthplace	Horch. Co. Ind.			
Mother's Maiden Name	Mary Fleetwood.		Mother's Birthplace	Sussex Co. Del.			
Name of person giving Information	Mrs Mary Lyons.		How related to deceased	Mother.			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Phthisis (28)	How long	One year
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	B. K. Jefferson
	Accident or Suicide		Address	Federalburg Md



Name
is
Full

Bertha Mary Bodle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Veinua		County Dorchester		MARYLAND	
Date of death	1940	Month July	Day 28	Age 4	Years 4	Months -	Days -
Sex	Female		Color or Race	Colored		Birth-place	md.
Occupation	Singer		Where Residing if not at place of death		-		
Married, Single or Widowed	Single		Name of Wife or Husband		-		
Father's Name	Charles Bodle				Father's Birthplace	md.	
Mother's Maiden Name	Jessie Jones				Mother's Birthplace	md.	
Name of person giving information	Thos McGrath				How related to deceased	Friend	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough		How long	6 weeks
Immediate	Pneumonia		How long	one hour
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	H. H. Blawie
			Address	Veinua md.
Accident or Suicide?				



Name
in
Full

Willie Grace Berearwood

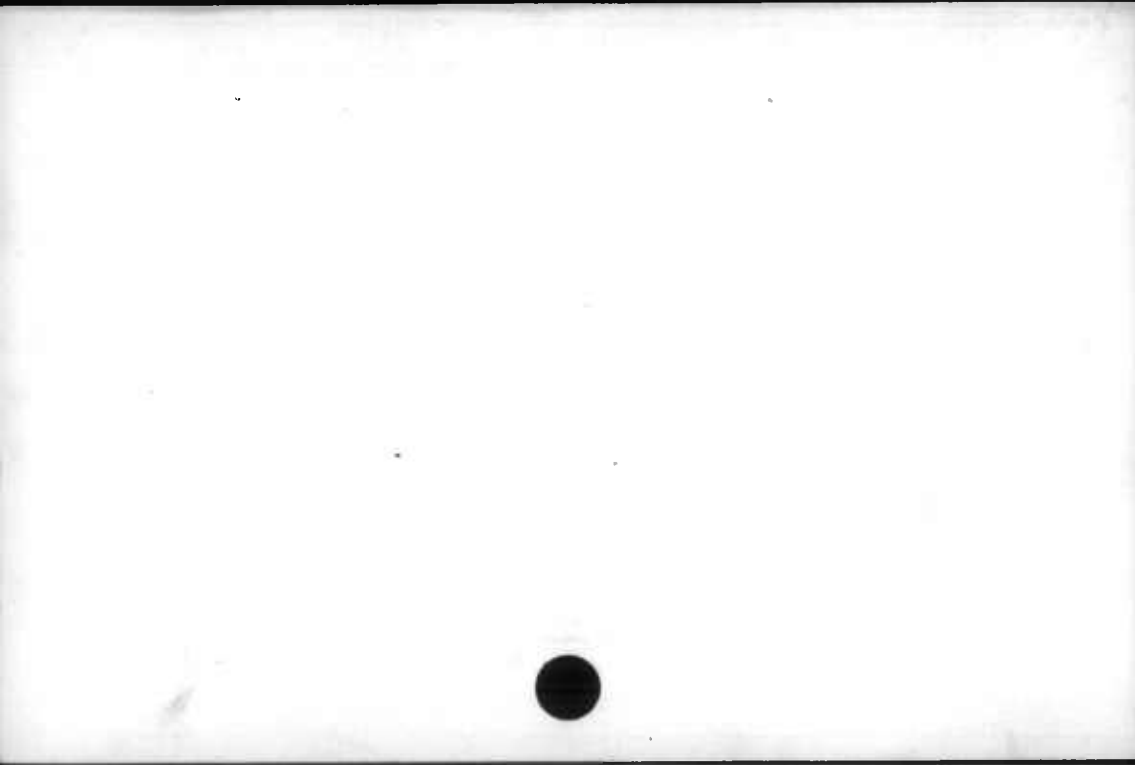
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Antioch</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death	19 <u>40</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>5</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u>7</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Antioch</u>
Occupation	<u>Infant</u>	Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Charles W. Berearwood</u>			Father's Birthplace	<u>Dorchester Co.</u>
Mother's Maiden Name	<u>Willie Grace Mills</u>			Mother's Birthplace	<u>Dorchester Co.</u>
Name of person giving Information	<u>Charles W. Berearwood</u>			How related to deceased	<u>Sister</u>

CAUSES OF DEATH

Primary	<u>Enterocolitis</u>	How long	<u>one week</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 and</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John W. [unclear]</u>		
	Address <u>[unclear]</u>		
Accident or Suicide			



Name
In Full

Alice Brinsfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Neuma</u> <small>Town</small>		<u>Dor</u> <small>County</small>		MARYLAND	
Date of death <u>1910</u>	<u>July</u> <small>Month</small>	<u>12</u> <small>Day</small>	Age <u>18</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>6</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Dor. Co. Md</u>		
Occupation <u>none</u>	Where Reading if not at place of death _____				
Married <small>Single or Widowed</small>	Name of Wife or Husband _____				
Father's Name <u>Sandy Brinsfield</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Mary Travers</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Nicholas Travers</u>	How related to deceased <u>Broth</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>4 years</u>
Immediate <u>Exhaustion</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Edward L Jones</u>
	Address <u>E. N. Market Md</u>
Accident or Suicide? _____	

Doctor, please return to my address
both certificates of Albert Smith,
made to you, instead of this, even
if you have not read them away
as I was sure you had.

Robert L. Hurlings

Name
in
Full

CERTIFICATE OF DEATH

Carline Burns

Town

County

MARYLAND

Died at

Daisville Dorchester Co

Date

Month

Day

Years

Months

Days

of death 1940

July

24

Age 57

Sex

Female

Color or
Race

Black

Birth-
place

Cambridge

Occupation

House Keeper

Where Residing if not
at place of death

Daisville

Married, Single
or Widowed

Married

Name of Wife or
Husband

Samuel J Burns

Father's
Name

Ellick Jenkins

Father's
Birthplace

Dorchester

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
Information

Robt A Martin

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Pneumonia

How long

To my knowledge 16 hrs.

Immediate

Heart Failure

How long

Sudden

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

yes

Signature of
Physician

E. E. Wolff

Address

Cambridge, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edward Collicison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at		Town Havre de Grace		County Baltimore		MARYLAND	
Date of death	1910	Month July	Day 6	Age Years	6	Months	4
Sex	Female		Color or Race	white		Birth- place	Maryland
Married, Single or Widowed	Single			Occupation	In fact		
Name of Wife or Husband							
Father's Name				Walter Collicison		Father's Birthplace	
Mother's Maiden Name				Claire Priestly		Mother's Birthplace	
Name of person giving information				Wm Collicison		How related to deceased	
						Grandfather	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Acute Gastro	105	How long	one	
	Immediate	Enteric infection		How long	week	
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		
			Address Havre de Grace, Md			
Accident or Suicide?						



Name
in
Full

Rosalee Creighton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fishing Creek</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>July</i>	Day <i>28th</i>	Age <i>0</i>	Months <i>11</i>	Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Dorchester, Co.</i>			
Occupation <i>Infant</i>	Where Residing if not at place of death _____				
Married, Single or Widowed _____	Name of Wife or Husband _____				
Father's Name <i>Arvie W. Creighton</i>	Father's Birthplace <i>Dorchester Co.</i>				
Mother's Maiden Name <i>Leila Riggins</i>	Mother's Birthplace <i>Dorchester Co.</i>				
Name of person giving Information <i>Mrs. Leila Creighton</i>	How related to deceased <i>mother</i>				

CAUSES OF DEATH

Primary <i>Malnutrition, Chicken Pox.</i>	How long <i>4 weeks.</i>
Immediate <i>Broncho Pneumonia, Meningitis.</i>	How long <i>8 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W.H. Hoverton, M.D.,</i>
	Address <i>Fishing Creek, Ind.</i>
Accident or Suicide _____	

PHYSICIAN
OR CORONER



Name
Full

CERTIFICATE OF DEATH

Inquirer of Hattie Davis

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Vienna		^{County} Dorchester		MARYLAND	
Date of death 1940	Month July	Day 16	Age -	Years -	Months -
Sex male		Color or Race -		Birth-place Md.	
Occupation Inquirer			Where Residing if not at place of death -		
Married, Single or Widowed -		Name of Wife or Husband -			
Father's Name Edgar Davis			Father's Birthplace Md.		
Mother's Maiden Name Hattie Nutter			Mother's Birthplace Md.		
Name of person giving information Washington Sutton			How related to deceased Friend		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congenital Debility	How long	3 wks.
Immediate	Exhaustion	How long	immediately
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Blauel	
		Address Vienna Md.	
Accident or Suicide?			



Name
in Full

Hilda Dunnock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taylor's Island</i>		Town <i>Dorchester</i>		County <i>Dorchester</i>		STATE <i>MARYLAND</i>	
Date of death <i>1970</i>	Month <i>July</i>	Day <i>15</i>	Age <i>1</i>	Years <i>1</i>	Months <i>—</i>	Days <i>20</i>	
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Md</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Lake Keene</i>			Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Mary Dunnock</i>			Mother's Birthplace <i>Md</i>				
Name of person giving Information <i>Chas. Dunnock</i>			How related to deceased <i>Child father</i>				

CAUSES OF DEATH

Primary	<i>Cholera Infantum</i>	How long <i>10 hrs</i>	<i>1 wk</i>
Immediate	<i>Exhaustion</i>	How long <i>1 d.</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Jo. K. Shriver Jr.</i>	
		Address <i>Taylor's Island Md</i>	
Accident or Suicide <i>—</i>			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mamie T. Ennals
Town *Cambridge* County *Torchester*

TO BE ANSWERED BY
NEAREST FRIEND

G

Died at *Cambridge* *Torchester* **MARYLAND**

Date of death *1910* Month *July* Day *4* Age *1* Years Months Days *7*

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

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

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

Father's Name *Robert Jolly* Father's Birthplace *Cambridge, Md.*

Mother's Maiden Name *Jannet Ennals* Mother's Birthplace *Cambridge, Md.*

Name of person giving information *Jannet Ennals* How related to deceased *mother*

CAUSE OF DEATH

PHYSICIAN
OR CORONER

Primary *Merasmus* *1892* How long *all its life*

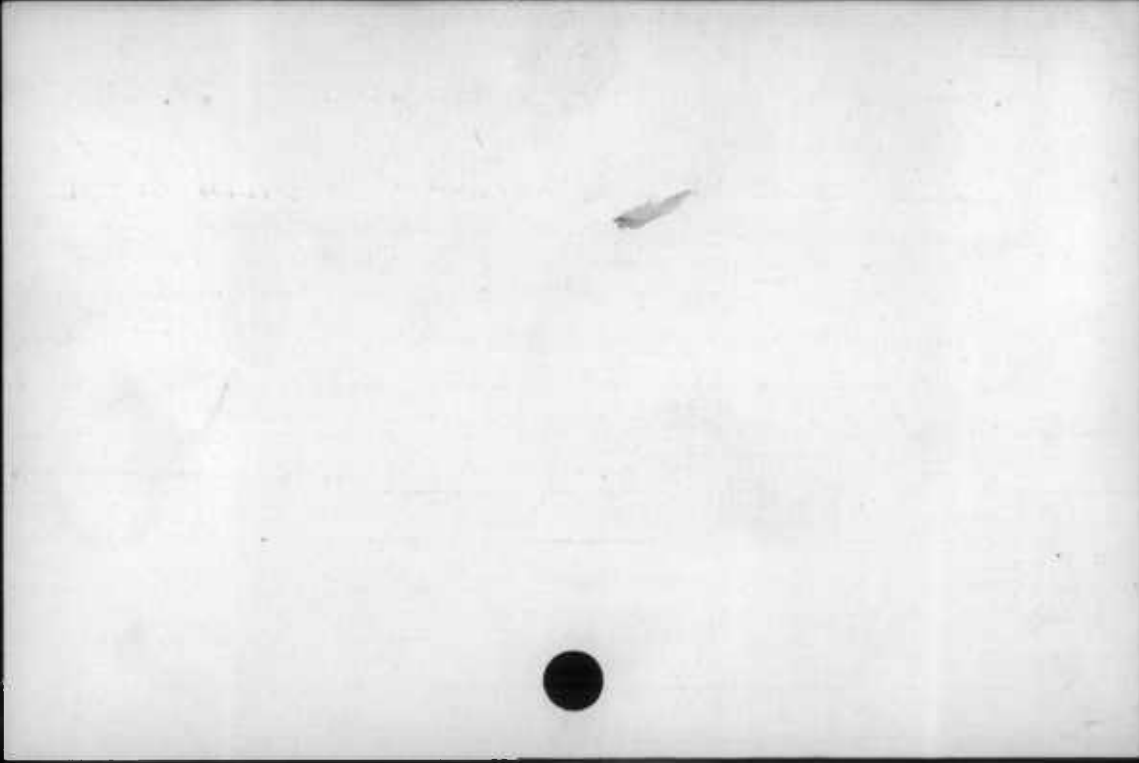
Immediate *Exhaustion* How long *Gradual*

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

Signature of Physician *E. E. Wolff H. C.*

Address *Cambridge, Md.*

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

MARYLAND

Name *Mary A Henry*Died at *Gambriidge* ^{Town} *Borchester* ^{County}Date of death *1910 July 31* Age *60* Months *-* Days *-*Sex *female* Color or Race *colored* Birth-place *Maryland*Occupation *Housekeeping* Where Rousing if not at place of deathMarried, Single or Widowed *widow* Name of Wife or Husband *Henson Henry*Father's Name *Murray Keene* Father's Birthplace *Maryland, Md.*Mother's Maiden Name *Not known* Mother's Birthplace *Maryland, Md.*Name of person giving information *Josiah Henry* How related to deceased *son*

CAUSES OF DEATH

Primary *Enter. Colitis (105)* How long *10 days*Immediate *gradual exhaustion* How long *-*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Guy Stull*
Address *Cantonsville, Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

George B. Hensen

Town

County

Died at

Barnersuelle

Borchester

MARYLAND

Date

1910

Month

July

Day

25

Years

Age

59

Months

5

Days

26

Sex

male

Color or
Race

Negro

Birth-
place

Dor. Co. Md

Occupation

Farm laborer

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

Married

Name of Wife or
Husband

Jennie Hensen

Father's
Name

Henry Hensen

Father's
Birthplace

Md

Mother's
Maiden Name

Susan Long

Mother's
Birthplace

Md

Name of person giving
In formation

Jennie Hensen

How related
to deceased

Self

CAUSES OF DEATH

Primary

Tuberculosis of bowel

How long

4 mos -

How long

Immediate

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

yes.

Signature of
Physician

S. A. Stokes

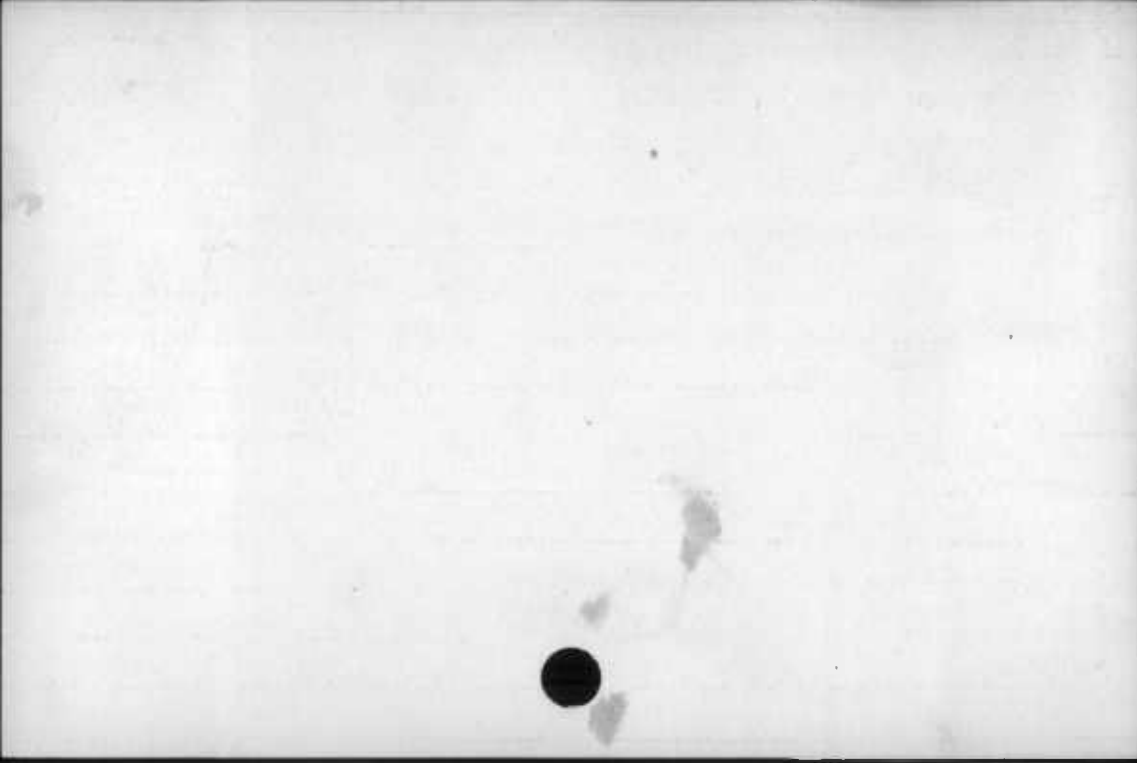
Address

Barnersuelle

Accident or Suicide?

Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

W. Granville

Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Hudson Town, Berkshire County, MARYLAND

Date of death 1910 July 14, Age 1 Year 5 Months 4 Days

Sex male, Color or Race white, Birth-place Md

Occupation Infant, Where Residing if not at place of death

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

Father's Name John R b Hubbard, Father's Birthplace Md

Mother's Maiden Name Cassy Marshall, Mother's Birthplace Md

Name of person giving information J. R b Hubbard, How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Remittent fever (41), How long 2 weeks

Immediate Broncho-pneumonia, How long 4 days

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

Address Cornersville, Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Lambert L. James

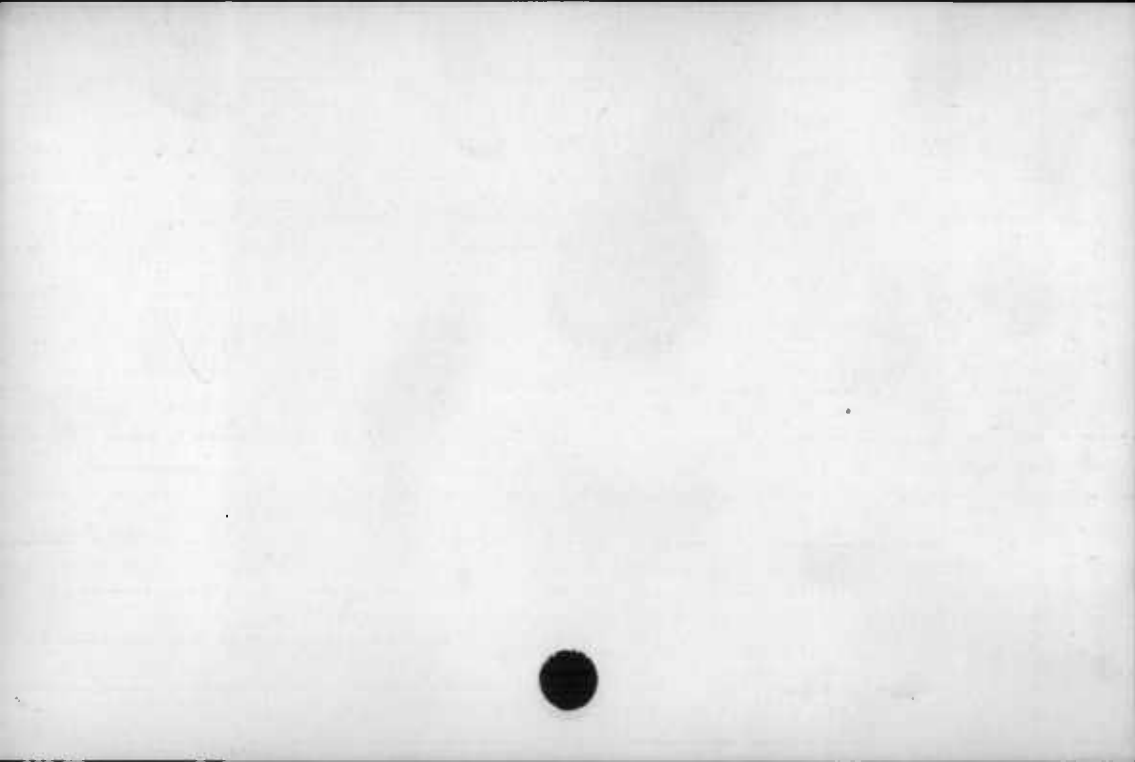
MARYLAND

Died at <i>Near Cambridge</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>			
Date of death <i>1910</i>	<i>July</i> <small>Month</small>	<i>19</i> <small>Day</small>	Age	<i>5</i> <small>Years</small>	<i>5</i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>Near Cambridge</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Lambert M. James</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Anna Leonard</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Lambert M. James</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary <i>Cholera Inf</i>	<i>104</i>	How long <i>about 1 week</i>
Immediate <i>Exhaustion</i>		How long <i>short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Mason</i>	
	Address <i>Cambridge</i>	
Accident or Suicide? <i>no</i>		

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elija Ann Jester

CERTIFICATE OF DEATH

Died at Church Creek, Dorchester, MARYLAND

Date of death 1900 July 23 Age 72 Months 9 Days 10

Sex Female Color or Race White Birthplace Maryland

Occupation Housewife Where Residing if not at place of death

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

Father's Name John Christopher Father's Birthplace Maryland

Mother's Maiden Name Margaret Thompson Mother's Birthplace Maryland

Name of person giving Information John H. Jester How related to deceased son

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Tuberculosis (28) How long Fifteen years

Immediate Tuberculosis of bowels How long Two weeks

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

Signature of Physician H. Harroll
Address Cambridge, Md.PHYSICIAN
OR CORONER

Accident or Suicide

1954
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2025



Name
in
Full

Melisia Jolley

CERTIFICATE OF DEATH

MARYLAND

Died at Cambridge ^{Town} Dorchester Co ^{County}

Date of death 1900 ^{Month} July ^{Day} 24 ^{Years} Age 10 ^{Months} ^{Days}

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

Occupation School Girl ^{Where Residing if not at place of death.} Cambridge

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

Father's Name Thomas Jolley ^{Father's Birthplace} Bucktown

Mother's Maiden Name Sina Hughes ^{Mother's Birthplace} Bucktown

Name of person giving information Thomas Jolley ^{How related to deceased} Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Typhoid Fever ^{How long} 3 weeks

Immediate Exhaustion ^{How long} Gradual

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

Signature of Physician E. E. Wolf
Address Cambridge, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

PLATE 10
THE GREAT WALL OF CHINA
1900



Name in Full

Joseph F. Kane

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} near Madison ^{County} Rochester MARYLAND

Date of death 1940 July 10 Age 70 Months — Days —

Sex Male Color or Race Colored Birth-place Maryland

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Emily E. Kane

Father's Name James Kane Father's Birthplace Maryland

Mother's Name Unknown Mother's Birthplace Unknown

Name of person giving Information J. James Kane How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary General Anemia How long Two months

Immediate Illio Colitis (1057) How long Ten days

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

Signature of Physician H. Carroll Address Cambridge Md

Accident or Suicide



SECRET
SECRET

Name
in Full

Treasie Kane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town		<i>Dorchester</i>		County		MARYLAND	
Date of death <i>1990 July 15</i>		Month		Day		Age <i>65</i>		Years	
Sex <i>Female</i>		Color or Race <i>Blk</i>		Birth-place <i>Ind.</i>		Months		Days	
Occupation <i>Housework</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>David Kane (deceased)</i>							
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Mary Kennedy</i>				Mother's Birthplace <i>Ind.</i>					
Name of person giving Information <i>Mary Green</i>				How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary	<i>Paralysis.</i>	How long	<i>10 min.</i>
Immediate	<i>Heart Failure</i>	How long	<i>Short.</i>
Are the name, age, sex, color, date and place correctly given?	<i>yes</i>	Signature of Physician	<i>E. E. Wolff, M.D.</i>
	<i>LTH</i>	Address	<i>Cambridge, Ind</i>
Accident or Suicide	<i>—</i>		

PHYSICIAN
OR CORONER



Name in Full

Unharned (Kennedy)

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Williamsburg Dorchester County MARYLAND

Date of death 1900 July 17 Age 3 Months 3 Days —

Sex Female Color or Race white Birth-place Dor. Co., Md.

Occupation — Where Residing if not at place of death —

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

Father's Name Joseph Kennedy Father's Birthplace Dor. Co., Md.

Mother's Maiden Name Cora Williamson Mother's Birthplace Caroline Co.,

Name of person giving information Joseph Kennedy How related to deceased Father.

CAUSES OF DEATH

104

PHYSICIAN OR CORNER

Primary Summer Complaint How long 7 days

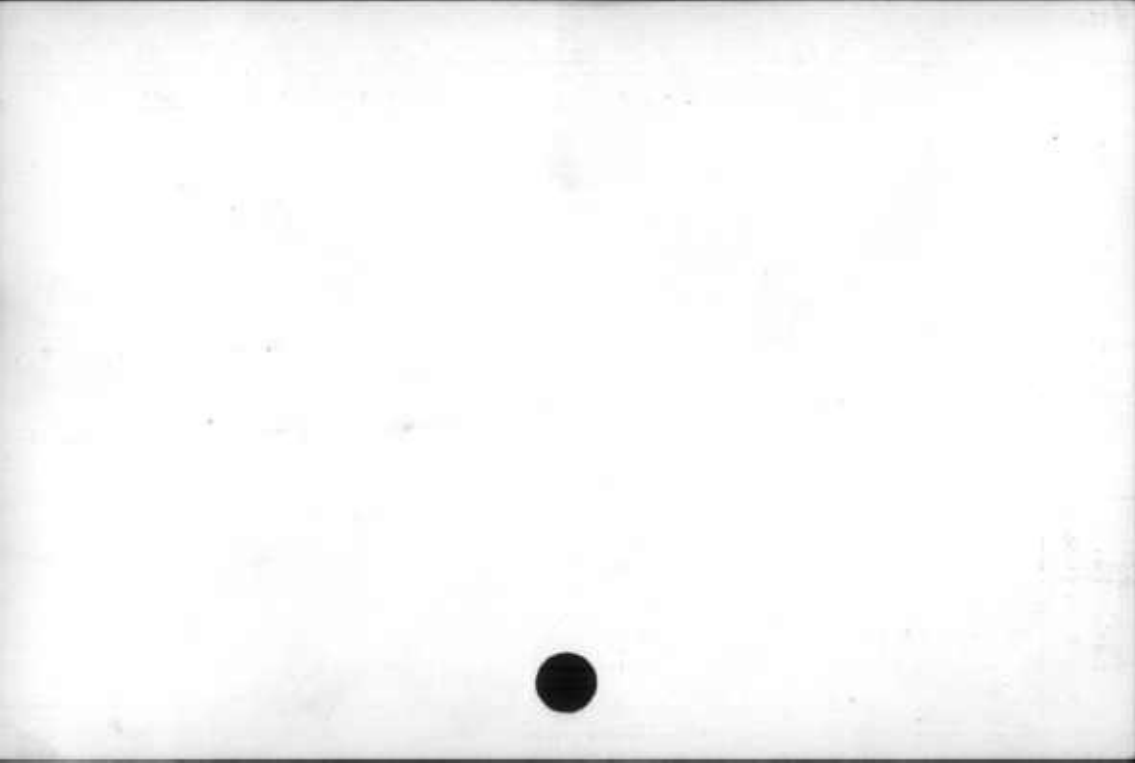
Immediate — How long —

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

Signature of Physician B Kemp Jefferson

Address Federalburg Md

Accident or Suicide no



Name in Full *Frances Etta Kiaak*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Baltimore</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death 19 <i>10</i> <i>July</i> <i>23</i> Age <i>3</i> Months <i>3</i> Days	Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Baltimore</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John Kiaak</i>	Father's Birthplace <i>Dorchester</i>		Mother's Birthplace <i>Dorchester</i>		
Mother's Maiden Name <i>Julia Mister</i>	Name of person giving Information <i>John Kiaak</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary <i>Malnutrition</i>	How long <i>3 mo.</i>
Immediate <i>Exhaustion</i>	How long <i>gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff, M.D.</i>
Accident or Suicide <i>—</i>	Address <i>Baltimore, Md.</i>

PHYSICIAN OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Jessie B. Kimmison
Cambridge Dorchester Co. Md.

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Dorchester Co. Md. MARYLAND
Date of death 1960 July 29 Age 56

Sex Female Color or Race White Birth-place Dorchester Co

Occupation House Keeper Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband William James Kimmison

Father's Name Bassett Father's Birthplace Dorchester Co

Mother's Maiden Name Not Known Mother's Birthplace Not Known

Name of person giving Information Clinton Kimmison How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis How long Several years

Immediate Exhaustion How long Gradual

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

28

Signature of Physician E. E. Wolff
Address Cambridge, Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

George N. Lockman

Cambridge

Dorchester

MARYLAND

Died at

Date of death 1960 July 16 Age 58

Sex Male Color or Race Colored Birthplace Dorchester Co

Occupation Retired Soldier Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Julia Stevard

Father's Name Horace Young Father's Birthplace Dorchester Co

Mother's Maiden Name Lucy Lockman Mother's Birthplace Mat Kura

Name of person giving Information Julia Lockman How related to deceased Wife

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Purplegia How long 2 months

Immediate Paralysis of Respiration & Dehydration How long 1 week

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

Signature of Physician

Address

K. J. Steub
Cambridge Md.PHYSICIAN
OR CORNER

Accident or Suicide



Name in Full

May Nelson Lowry

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Town Point</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death 1910	<i>July</i> ^{Month}	<i>23</i> ^{Day}	Age <i>14</i> ^{Years}	<i>10</i> ^{Months}	^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>House girl</i>	Where Residing if not at place of death <i>Town Point</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Wm. E. Lowry</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>'</i>		
Mother's Maiden Name <i>Mary E. Vane</i>	Name of person giving information <i>Wm. E. Lowry</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks (?)</i>
Immediate <i>Hemorrhage (intestinal)</i>	How long <i>12 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Md</i>
Accident or Suicide?	



Name
in
Full

Charles H Maloney.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Vienna</i>		County <i>Dorchester</i>		State MARYLAND	
Date of death	19 <i>00</i>	Month <i>July</i>	Day <i>19th</i>	Age <i>53</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Washington DC</i>
Occupation	<i>Preacher</i>		Where residing if not at place of death				
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Edmonie Maloney</i>			
Father's Name	<i>William Perry</i>			Father's Birthplace	<i>France</i>		
Mother's Maiden Name	<i>M. Simpson</i>			Mother's Birthplace	<i>MD</i>		
Name of person giving information	<i>L H Martin</i>			How related to deceased	<i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>28</i> <i>about 2 mos.</i>	
	Immediate	<i>Heart Failure</i>	How long	<i>immediate</i>	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>D. H. Blawel</i>	
			Address	<i>Vienna Md</i>	
Accident or Suicide?					



Name
in
Full

Geo. Ed. Meekins

CERTIFICATE OF DEATH

Town

County

Died at

Taylor's Island

Dorchester

MARYLAND

Date
of death

1900

Month

July

Day

23

Age

75

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Farming

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

Widowed

Name of Wife or
Husband

Margaret E. Meekins

Father's
Name

Sam'l J. Meekins

Father's
Birthplace

Md

Mother's
Maiden Name

Eliza C. Travers

Mother's
Birthplace

Md

Name of person giving
Information

John D. Meekins

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Chronic Dysentery

How long

14
5 yrs

Immediate

Exhaustion

How long

2 wks.

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

Yes

Signature of
Physician

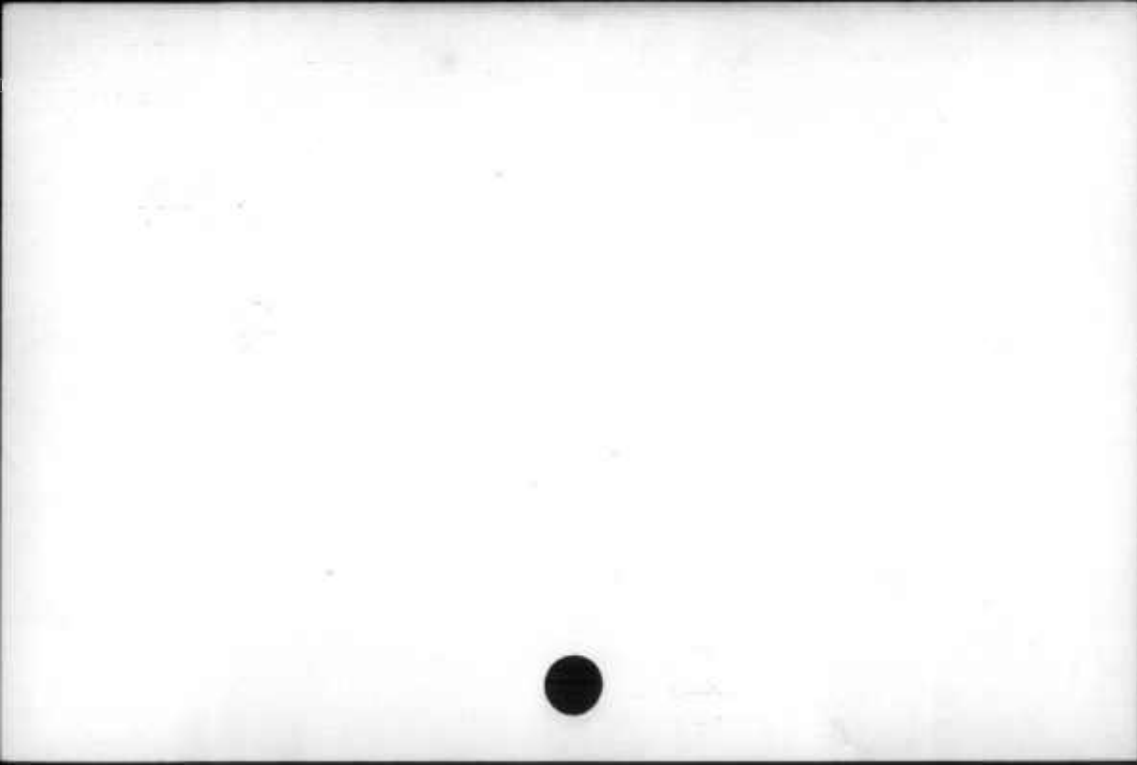
Address

J. H. Shriver, Jr.
Taylor's Island
Md

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lena S. Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mechins Neck</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Date of death <i>1940</i>	Month <i>July</i>	Day <i>2</i>	Age <i>52 (5-1)</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death <i>CH</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Wm H. Mills</i>	Father's Birthplace <i>Md</i>			Mother's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Mary M. Gootes</i>	Name of person giving information <i>Lehae. Mills</i>			How related to deceased <i>Brother</i>	

CAUSES OF DEATH

Primary	<i>Purpura Haemorrhagica</i>	How long	<i>1 wk.</i>
Immediate	<i>Cerebral Haemorrhage</i>	How long	<i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>For K. Shriver Jr.</i>
Accident or Suicide <i>—</i>		Address	<i>Taylor's Island Md.</i>

PHYSICIAN
OR CORONER



Name in Full

Rizzie M. Murphy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Brookview ^{Town} Dorchester ^{County} **MARYLAND**

Date of death 1940 ^{Month} July ^{Day} 16 ^{Years} 45 ^{Months} 3 ^{Days} 28

Sex Female Color or Race White Birth-place Flor. Co. Ind.

Occupation House-work Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband John A. Murphy.

Father's Name Nathaniel Wainwright Father's Birthplace Flor. Co. Ind.

Mother's Maiden Name Washy Marine Mother's Birthplace " " "

Name of person giving Information John A. Murphy. How related to deceased Husband.

CAUSES OF DEATH

Primary _____ How long _____

Immediate Cancer of Stomach HO How long 3 years

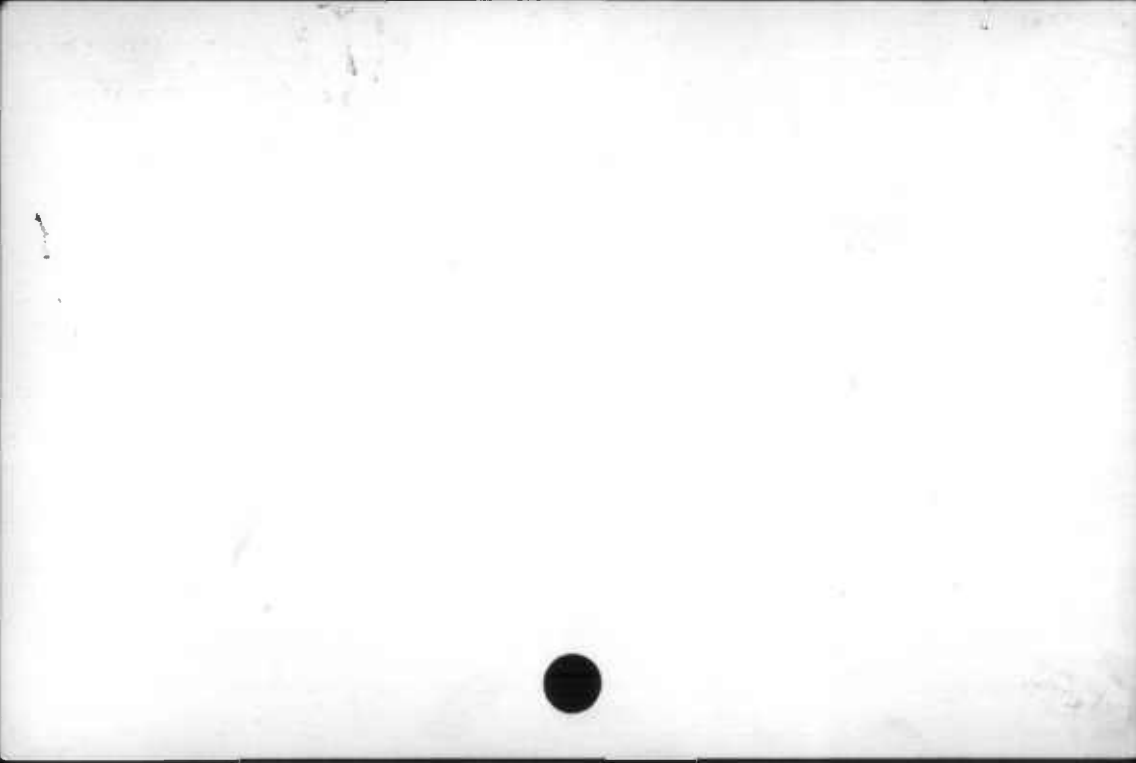
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. Phyllis in attendance
Address _____

Accident or Suicide

Robert L. Hastings Local Registrar

PHYSICIAN OR CORONER



Name
in
Full

Jm B North

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hughes</i> <small>Town</small>		<i>Sorchester</i> <small>County</small>		MARIAND	
Date of death	<i>1910</i> <small>Year</small>	<i>July</i> <small>Month</small>	<i>10</i> <small>Day</small>	<i>80</i> <small>Years</small>	<small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Caroline North</i>		
Father's Name	<i>James North</i>		Father's Birthplace		
Mother's Maiden Name	<i>Faress Thomas</i>		Mother's Birthplace		
Name of person giving Information	<i>Zac Wheeler</i>		How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Pyelitis</i>	How long	<i>sev. yrs.</i>
	Immediate	<i>Broncho-pneumonia</i>	How long	<i>2 weeks</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>S. A. Stokes</i>
			Address	<i>Cornwell</i>
Accident or Suicide?		<i>no</i>		



Name
in
Full

Preston Olyphant.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Vienna ^{Town}		Worchester ^{County}		MARYLAND	
Date of death	1940	Month	July	Day	11 th	Age	18 ^{Years}
Sex	Male	Color or Race	White	Birth-place	md.	Months	-
Occupation	Farmer.		Where Reading if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband -					
Father's Name	Wm J Olyphant.		Father's Birthplace		Del.		
Mother's Maiden Name	Jennie Seliva -		Mother's Birthplace		Md.		
Name of person giving information	Wm J Olyphant.		How related to deceased		Father -		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Accidental Drowning	How long	unknown
	Immediate	Asphyxia	How long	unknown.
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	D H Blum	
	Address	Vienna Md.		
Accident or Suicide?	Accident			



Name is Full		Baby Sampson Dorchester				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Linkwood		County		MARYLAND		
	Date of death 1912	July	13th	Age	2 ^{years} 5 ^{months} 1 ^{day}	Months	Days	
	Sex	female	Color or Race	Black	Birth-place	Linkwood		
	Occupation	none	Where residing if not at place of death		Same place			
	Married, Single or Widowed	single	Name of Wife or Husband		none			
	Father's Name	Clarence Sampson			Father's Birthplace	Dor., County		
	Mother's Maiden Name	Emma Coleman			Mother's Birthplace	" "		
Name of person giving information	Clarence Sampson			How related to deceased	" Father "			
				CAUSES OF DEATH		unknown		
PHYSICIAN OR CORONER	Primary	" "		How long		" "		
	Immediate	still born		(S)		How long " "		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		None	
	Accident or Suicide?				Address		W. J. Abdell JP E N Market Ind	



Name
in
Full

Albert Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hurlbuck		County Worcester		MARYLAND	
Date of death		Month July	Day 31 st	Age 84	Years	Months	Days
Sex Male		Color or Race White		Birth-place Pa			
Occupation Shoe maker				Where Residing if not at place of death			
Married, Single or Widowed widowed		Name of Wife or Husband Don't know					
Father's Name Don't know				Father's Birthplace			
Mother's Maiden Name Don't know				Mother's Birthplace			
Name of person giving Information Howard Fish				How related to decedent none			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Retention of uric acid	How long 2 weeks
	Immediate	Hemiplegia	How long 1 week
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician D. Maguire
Accident or Suicide		Address Hurlbuck Md	



Name in Full

Mabel Sorden

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Near Reliance ^{County} Dorchester MARYLAND

Date of death 1900 ^{Month} July ^{Day} 29 ^{Age} 12 ^{Months} 8 ^{Days}

Sex Female ^{Color or Race} Black ^{Birth-place} Philadelphia

Occupation none ^{Where residing if not at place of death} Near Reliance

Married, Single or Widowed Single ^{Name of Wife or Husband} none

Father's Name John Sorden ^{Father's Birthplace} Delaware

Mother's Maiden Name Lucy Sorden ^{Mother's Birthplace} Delaware

Name of person giving information Lucy Sorden ^{How related to deceased} Mother

CAUSES OF DEATH

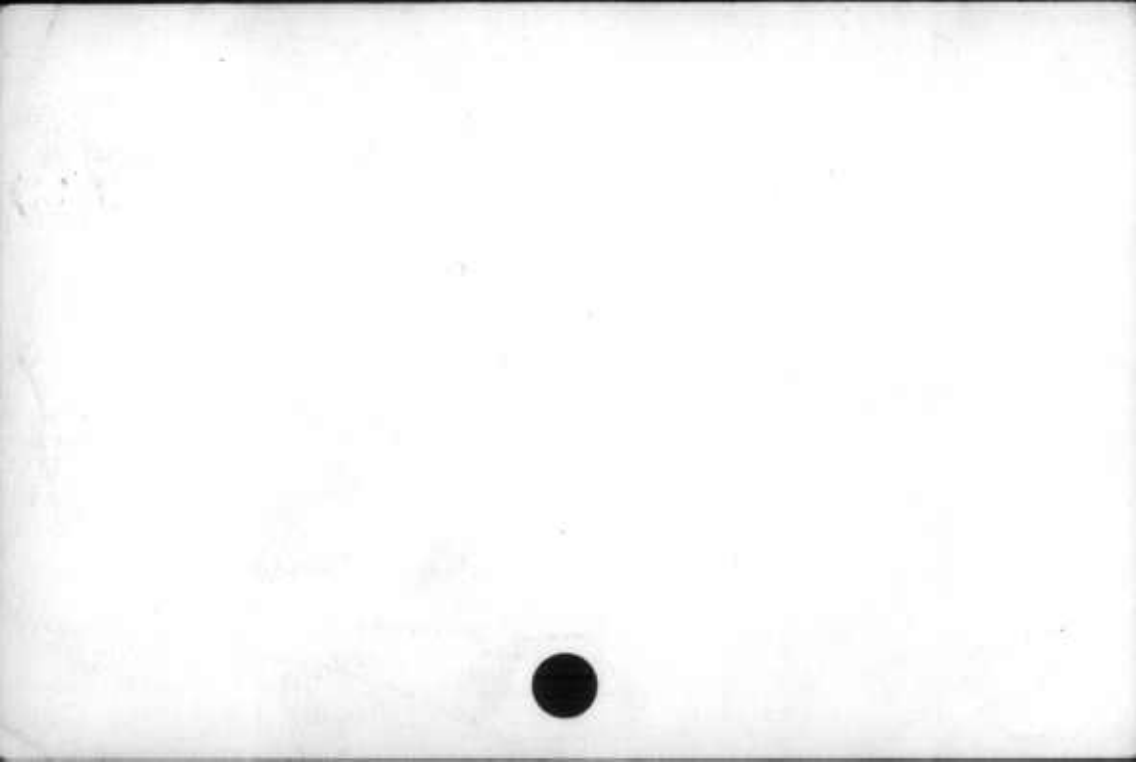
PHYSICIAN OR CORONER

Primary Consumption ^{How long} (29)

Immediate Issue, he died July 23-10 ^{How long}

Are the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} J. H. Knowles M.D. ^{Address} Seaford Del.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

James H. Thomas

Died at ^{Town} White Hall^{County} Dorchester

MARYLAND

Date of death 1910 July 3

Age 17

Months Days

Sex Male

Color or Race White

Birth-place Maryland

Occupation Farmer

Where residing if not at place of death White Hall

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Samuel H. Thomas

Father's Birthplace Maryland

Mother's Maiden Name Mary M. Vickers

Mother's Birthplace

Name of person giving information Samuel Thomas

How related to deceased Father

CAUSES OF DEATH

Primary Accidental Wounding

How long

Immediate

How long

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

Yes

Signature of Physician

G. H. Stitt

Address

Cambridge Md.

Accident on ~~July 3~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Willis Thomas

Dorchester

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Hankey

County

MARYLAND

Date of death 19

July

21st

Age Years

Months 1

Days 14

Sex male

Color or Race Black

Birth place Hankey

Occupation none

Where Reading if not at place of death Same place

Married, Single or Widowed single

Name of Wife or Husband Rosa Thomas

Father's Name Richard Thomas

Father's Birthplace Dorchester

Mother's Maiden Name Rosa Thomas

Mother's Birthplace "

Name of person giving information Richard Coraway

How related to deceased Cousin

CAUSES OF DEATH

Primary

" Impassioned 184 A

How long unknown

Immediate

" Impassioned 184 A

How long "

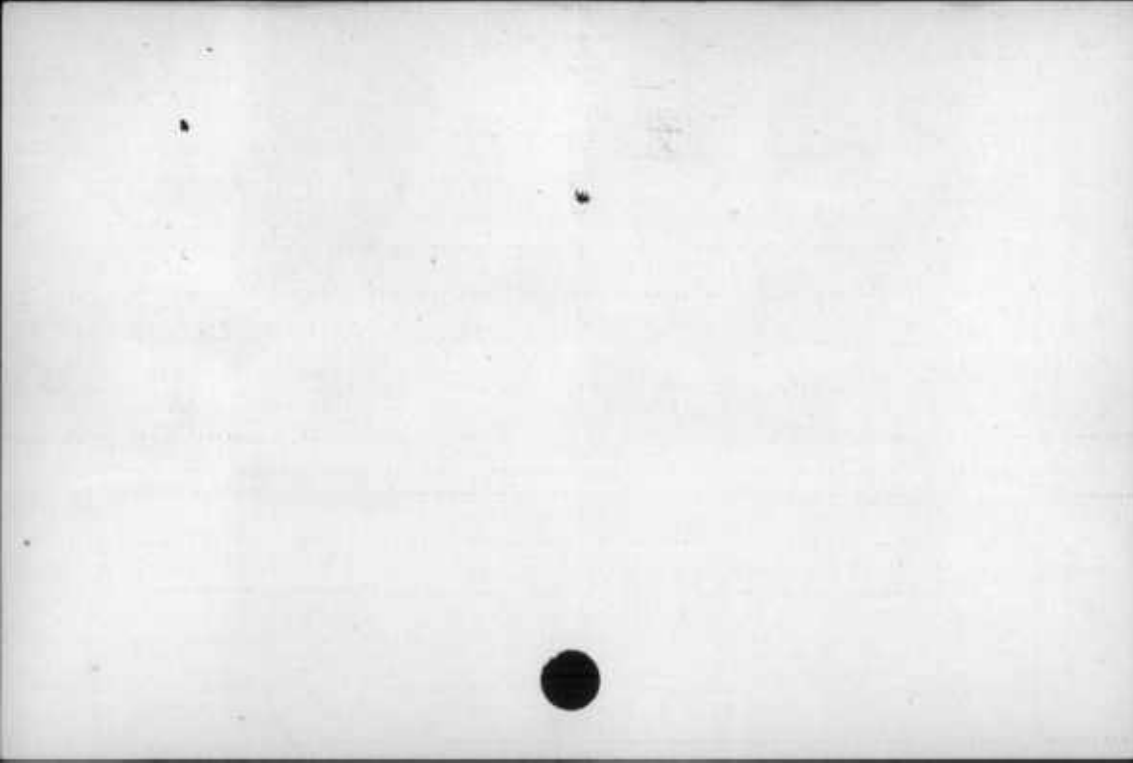
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician had none

Address Mrs J Abdell Jr

Accident or Suicide?

E 22 market md



Name
in
Full

Baby without name

Todd

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Todd Bill		Todd Bill		Torchester			
Date of death	Month	Day	Age	Years	Months	Days	
1960	July	15				2	
Sex	Color or Race	Birthplace					
female	white	Todd Bill					
Occupation	Where Residing if not at place of death						
none	-						
Married, Single or Widowed	Name of Wife or Husband						
single	-						
Father's Name	Father's Birthplace						
Greathen W Todd	Todd Bill						
Mother's Maiden Name	Mother's Birthplace						
willie may jones	Todd Bill						
Name of person giving information	How related to deceased						
Greathen W Todd	father						

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	189	How long	2 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	no physician in attendance	
yes	Address	winn H Pitchett	
Accident or Suicide	Subregister Bishop Head m d		

PHYSICIAN
OR CORONER



Name in Full

Chas. E. Travers

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Cambridge ^{County} Dorchester MARYLAND

Date of death 1910 July 20 Age 11 Months Days

Sex male Color or Race colored Birth-place Maryland

Occupation Infant Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name James E. Travers Father's Birthplace

Mother's Maiden Name Lucy Travers Mother's Birthplace Lakesville, Md

Name of person giving information Peter H. Travers How related to deceased great-grandfather

CAUSES OF DEATH

Primary Cholera Infantum 104 How long 3 days 6

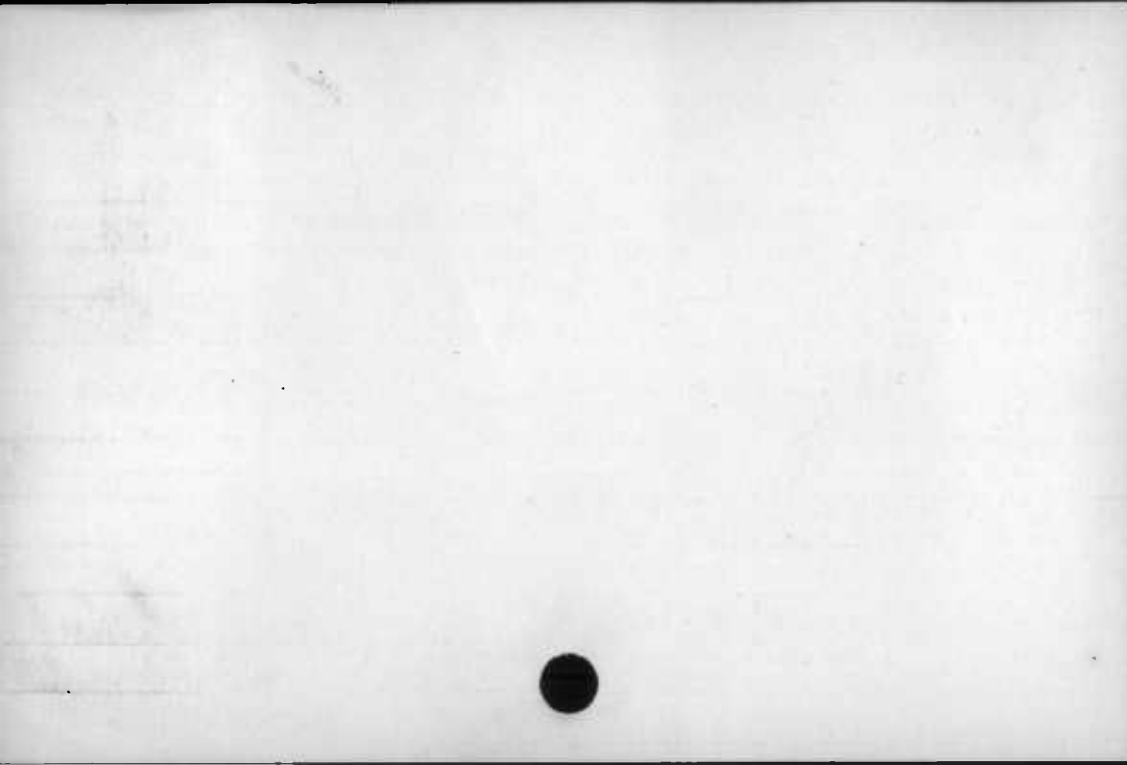
Immediate Exhaustion How long Terminal

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

Address Health office

Accident or Suicide?

PHYSICIAN OR CORONER



Name
in
Full

J. Frank Ninkerfer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death 1940		Month July	Day 25	Age	Years 52	Months	Days
Sex		Male		Color or Race	White		Birth- place
Occupation		Salesman		Where Residing if not at place of death		Cambridge	
Married, Single or Widowed		Widowed		Name of Wife or Husband		Dont Know	
Father's Name		Dont Know				Father's Birthplace	
Mother's Maiden Name		Dont Know				Mother's Birthplace	
Name of person giving Information		B. G. Jones				How related to deceased	
						Friend	

CAUSES OF DEATH

Primary	Typhoid Fever	How long	2 weeks
Immediate	Acute Aseptic	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. E. Wolff	
Address		Cambridge, Md.	
Accident or Suicide			

PHYSICIAN
OR CORONER

1952
1951
1950



Name is Full

Wesley Wheatley

Dorchester County

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Died at White Hall

Date of death 19 July 3 Day 17 Years

Sex Male Color or Race White Birth-place Dorchester County

Occupation Farmer Where residing if not at place of death Rinds Grove

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

Father's Name Jos. H. Wheatley Father's Birthplace Dorchester County

Mother's Maiden Name Katie Collins Mother's Birthplace "

Name of person giving information Jos. H. Wheatley How related to deceased Father

Accident

CAUSES OF DEATH

Drowned cant buy

186

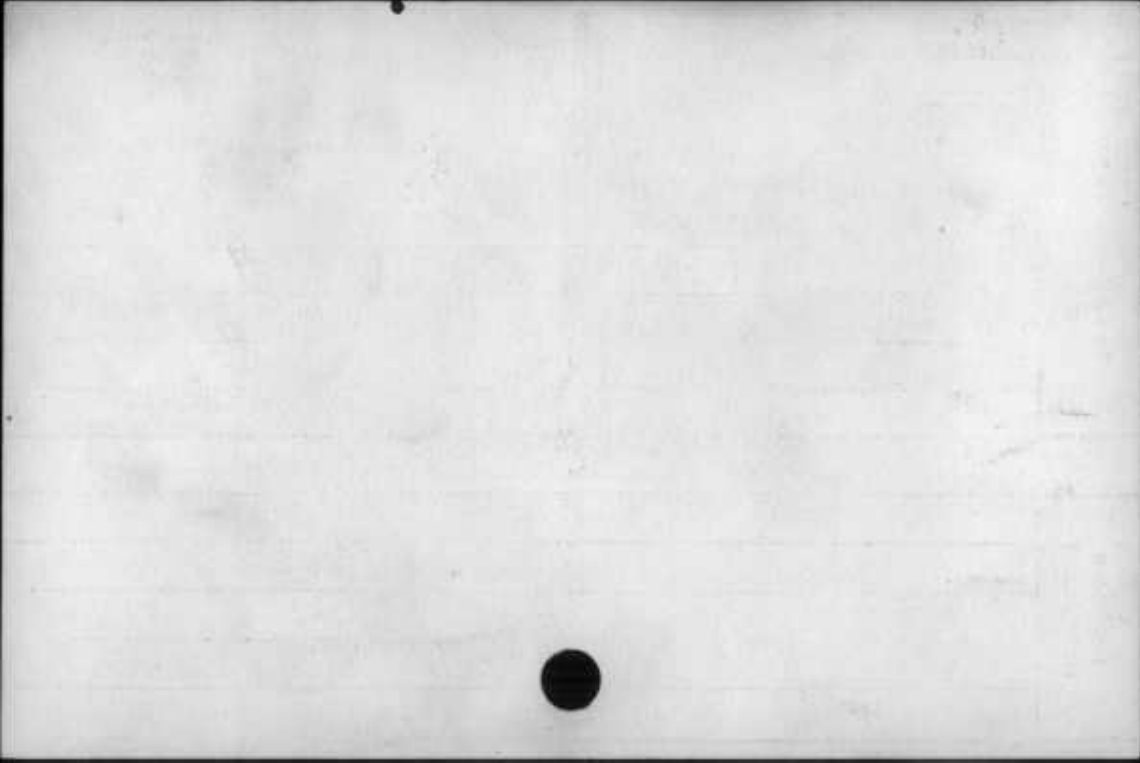
PHYSICIAN OR CORONER

Primary Immediate How long How long

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

Signature of Physician had none Address Mrs. J. Abrell Jr. assist. Board Health

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Louise Wiley
Town Cambridge County Prichester

MARYLAND

Died at
Date of death 1940 July 30 Age 24
Month Day Years Months Days

Sex Female Color or Race white Birth place

Occupation Where Residing if not at place of death

Married, Single or Widowed Infant Name of Wife or Husband

Father's Name Ray L. Wiley Father's Birthplace Laurel Del

Mother's Maiden Name Alpie E. Larkin Mother's Birthplace Balto Md

Name of person giving information Ray L. Wiley How related to deceased Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Pertussis Enteritis 8 How long 3 weeks

Immediate Gradual Exhaustion How long 2 weeks

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

Address Cambridge Md.

PHYSICIAN
OR CORNER

Accident or Suicide



Name in Full

Edith Bell Willey

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

ix

MARYLAND

Died at Hurlock ^{Town} Dorchester ^{County}

Date of death 1900 Month 7 Day 17 Age 4 Years Months 9 Days

Sex Female Color or Race White Birth-place Hurlock

Occupation None Where Residing if not at place of death

Married, Single or Widowed None Name of Wife or Husband

Father's Name Joseph E. Willey Father's Birthplace Sussex Co. Del.

Mother's Maiden Name Edith B. Holler Mother's Birthplace Dorsey Co. Del.

Name of person giving Information Joseph J. Willey How related to deceased Father

CAUSES OF DEATH

1104

Primary Cholera Infantum How long 36 hours

Immediate Convulsions How long One hour

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

Signature of Physician H. F. Nicols M.D.

Address E. N. Market, Md.

Attendant of Burial

PHYSICIAN OR CORONER



Name
in
Full

May Willis

CERTIFICATE OF DEATH

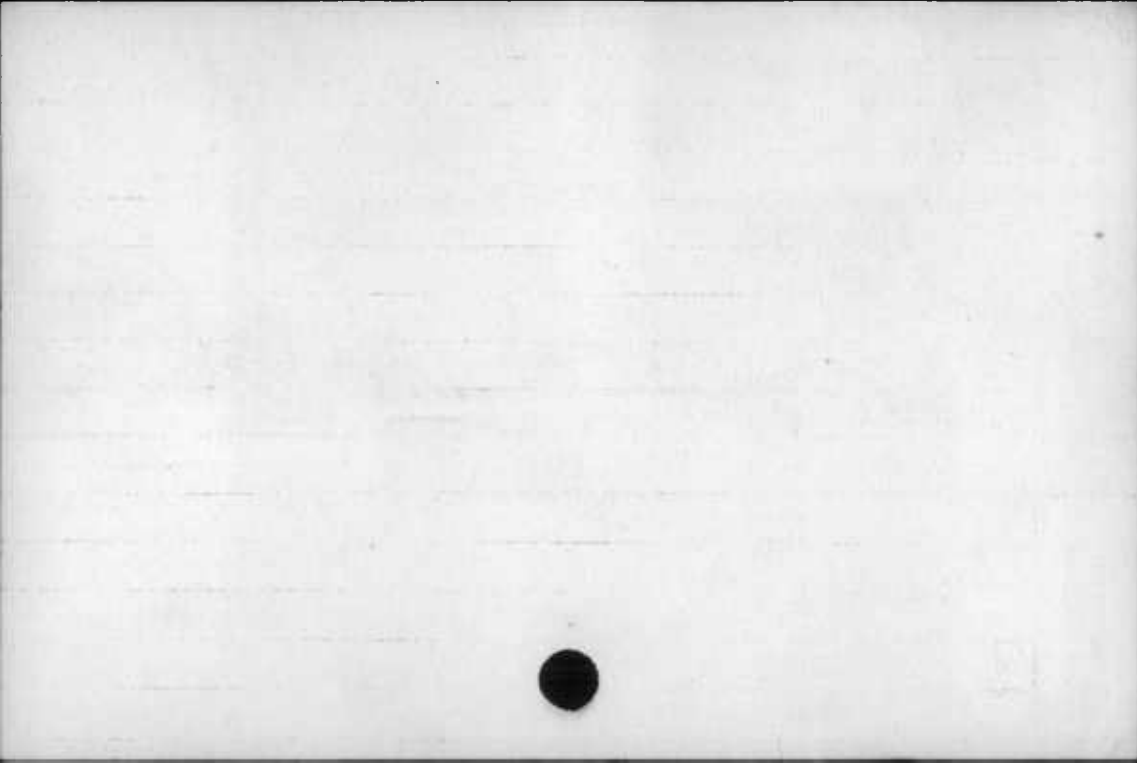
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hammors</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death 19 <i>18</i>	Month <i>7</i>	Day <i>16</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hammors Md</i>			
Occupation <i>Infant</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>Geo. Willis</i>	Father's Birthplace <i>Potomac Del</i>				
Mother's Maiden Name <i>May Sarah Blagden</i>	Mother's Birthplace <i>Hammors Md</i>				
Name of person giving information <i>Geo. F. Gentry</i>	How related to deceased <i>-</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>189 A</i>
Immediate <i>Unknown</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. F. Gentry</i>
	Address <i>Federal City Md.</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

CERTIFICATE OF DEATH

James H Willoughby

Town

Cambridge

Dorchester

MARYLAND

Died at

Date

1940

July

20

Age

63

Months

Days

Sex

Male

Color or Race

White

Birthplace

Dorches. C.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Widow

Name of Wife or Husband

Father's Name

Job Willoughby

Father's Birthplace

Dor. C.

Mother's Maiden Name

Elizabeth Taylor

Mother's Birthplace

Dor. C.

Name of person giving Information

Robert Medford

How related to deceased

3rd Cousin

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Pneumonia

92

How long

16 days

Immediate

Heart failure

How long

2 1/2 months

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

Signature of Physician

Address

E. G. Wolf, M.D.

Accident or Suicide

PHYSICIAN
OR
CORNER

Name
in
Full

CERTIFICATE OF DEATH

Herbert Wilson

Town

Taylor's Island

County

Dorchester

MARYLAND

Died at

Date

of death

1990

Month

July

Day

9

Age

6

Years

Months

Days

Sex

Male

Color or
Race

African

Birth-
place

Md

Occupation

Where Residing if not
at place of death Single
orName of Wife or
HusbandFather's
Name

Wm H. Wilson

Father's
Birthplace

Md

Mother's
Maiden Name

Emma T. Hall

Mother's
Birthplace

Md

Name of person giving
Information

Wm H. Wilson

How related
to deceased

father

CAUSES OF DEATH

Primary

Gastro-Enteritis

How long

4 days

Immediate

Cardiac Failure

How long

1

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

Yes

Signature of
Physician

Address

Jos. K. Shriver Jr.
Taylor's Island
Md

Accident or Suicide

No

OFFICE SUPPLY CO. 2364

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah R. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

G

Died at <i>Cambridge</i>		Town		<i>Dorchester</i>		County		MARYLAND	
Date of death <i>1940</i>		Month <i>July</i>		Day <i>6</i>		Age <i>31</i>		Years	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Bryans Md</i>		Months		Days	
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>Theresa Wilson</i>							
Father's Name <i>Thomas Jackson</i>				Father's Birthplace <i>Hesed Loyds</i>					
Mother's Maiden Name <i>Mary Nicholls</i>				Mother's Birthplace <i>Coppersville Mo</i>					
Name of person giving Information <i>Isaac Jackson</i>				How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute nephritis</i>	How long	<i>119</i>	<i>Five days</i>
Immediate	<i>Urinary</i>	How long		<i>Five days</i>
Are the name, age, sex, color, date and piece correctly given above?		<i>Yes</i>		
Signature of Physician		<i>W. Carroll</i>		
Address		<i>Cambridge, Md</i>		
Accident or Suicide				

