

Name
In Full

CERTIFICATE OF DEATH

Robert Bennett

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Elli Cott City* Town *Howard* County **MARYLAND**

Date of death *1910* Year *July* Month *9* Day Age *57* Years *—* Months *—* Days

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

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

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

Father's Name *Samuel Bennett* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary Wilson* Mother's Birthplace *Ireland*

Name of person giving information *Elizabeth A. Bennett* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral Haemorrhage* How long *6 hrs.*

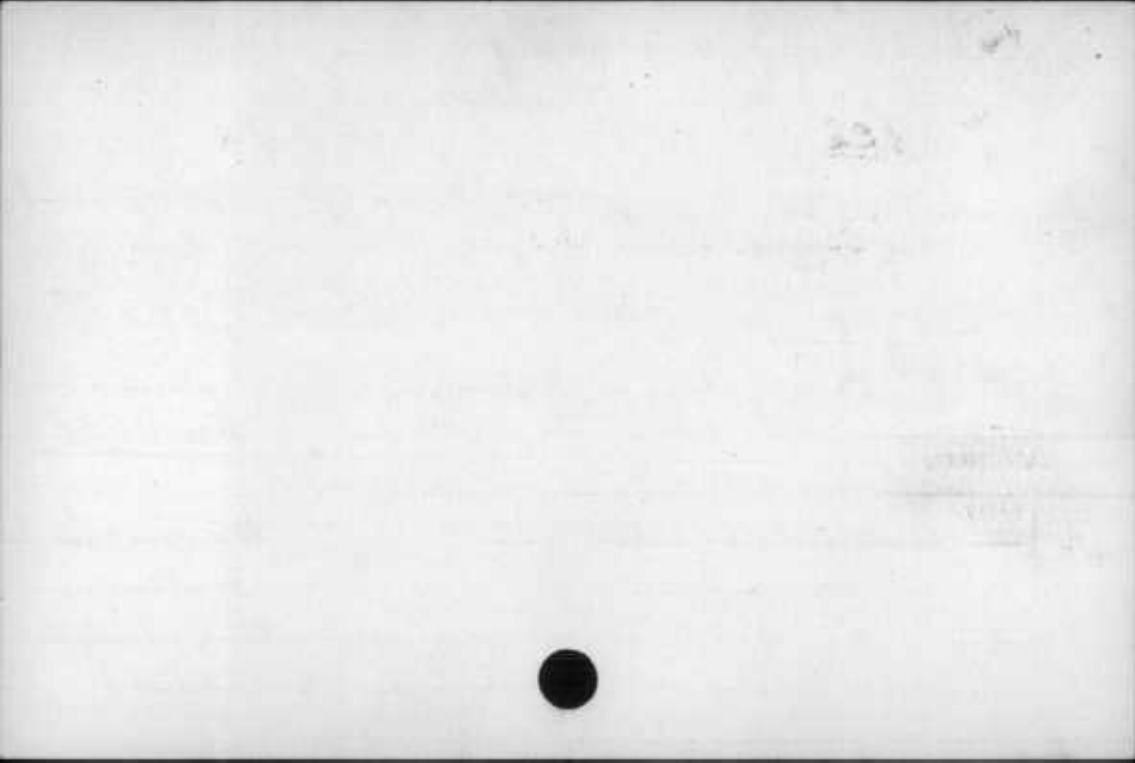
Immediate *as thromia* How long *Progressive*

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

Signature of Physician *N.C. Stone*

Address *N.C. Stone*

Accident or Suicide? *—*



Name
in
Full

Rebecca Jensen Clarke

CERTIFICATE OF DEATH

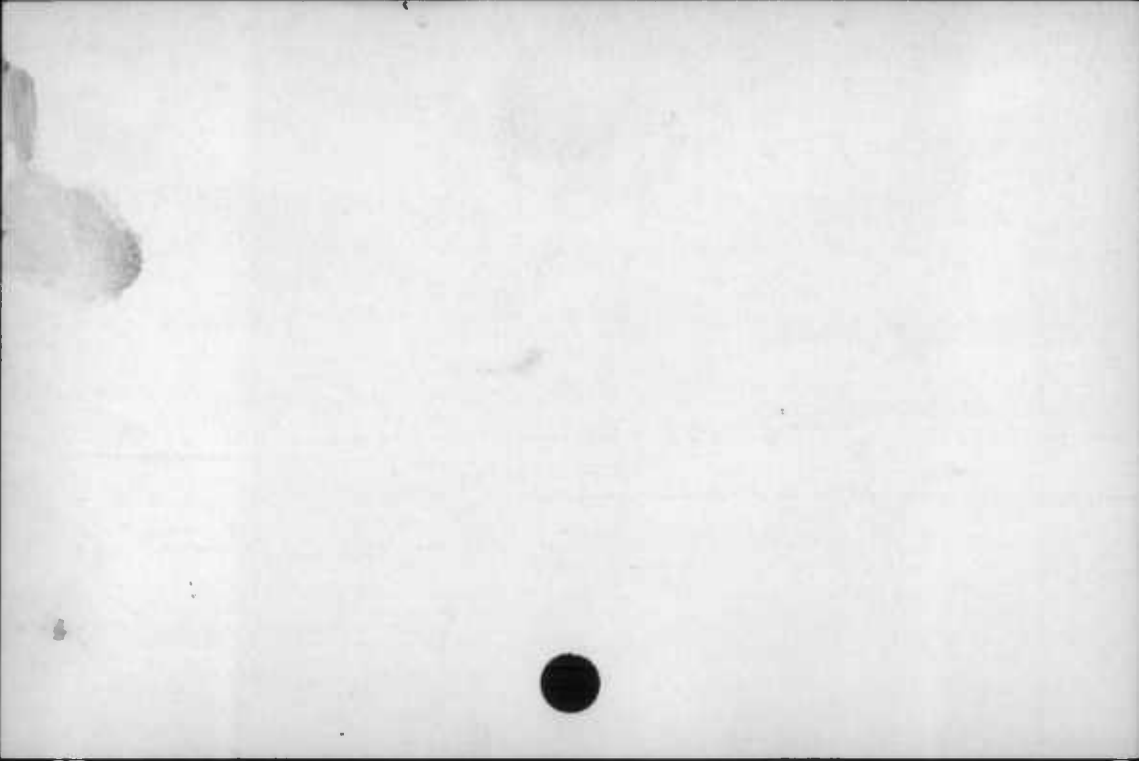
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Dayton		Howard		County		MARYLAND	
Date of death		1940	July	10	Age	22	Months	4	Days
Sex		Female		Color of Race		Black		Birthplace	
Occupation		Housewife		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband					
Father's Name		Alfred Jensen				Father's Birthplace			
Mother's Maiden Name		Lizzie Jensen				Mother's Birthplace			
Name of person giving information		Stephen Clarke				How related to deceased			
						Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Tuberculosis		How long		6 months	
Immediate		Abortion		How long		2 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
				Address			
				Dayton Md			
Accident or Suicide?							



Name
in Full

CERTIFICATE OF DEATH

Elizabeth Amelia Sewall

Town

County

Died at

Florence

Howard

MARYLAND

Date

1910

Month

7

Day

8

Age

Infant

Months

2

Days

9

Sex

Female

Color or Race

White

Birth-place

Florence

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of ~~Wife~~ Husband

Edwined Sewall

Father's Name

Edward S Sewall

Father's Birthplace

Howard Co

Mother's Maiden Name

Emma H Pugh

Mother's Birthplace

" "

Name of person giving information

Edward Sewall

How related to deceased

Father

CAUSES OF DEATH

Primary

Indigestion

How long

2 hrs

Immediate

"

(104)

How long

"

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

yes

Signature of Physician

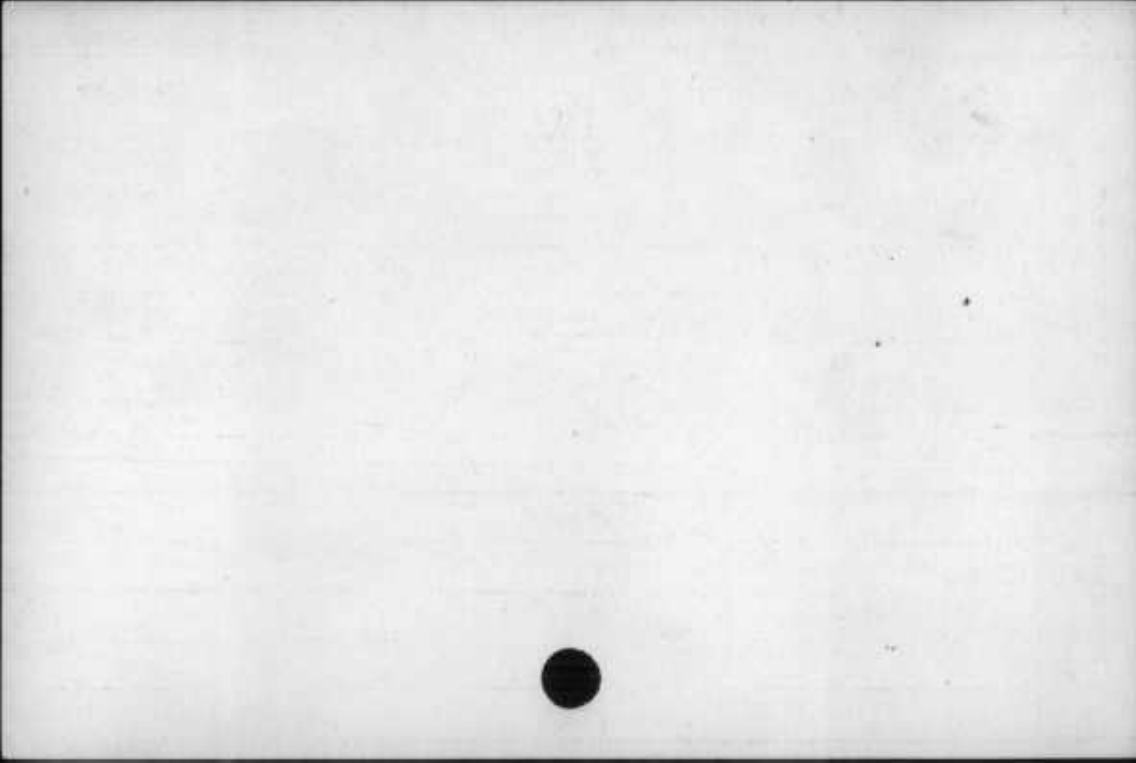
W H Eichelberger

Address

Florence Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Dorothy Eckles

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Ellicott City* *Howard* **MARYLAND**

Date of death *1960* *7* *2* **Age** *27*

Sex *Female* Color or Race *White* Birthplace *Md*

Occupation *no* Where Residing if not at place of death *Ellicott City*

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

Father's Name *Elmer Bloom* Father's Birthplace *Md*

Mother's Maiden Name *Hellie Eckles* Mother's Birthplace *Md*

Name of person giving information *Frank Eckles* How related to deceased *Grandfather*

CAUSES OF DEATH

Primary *Spasms* *(71)* How long *15 minutes*

Immediate *—* How long

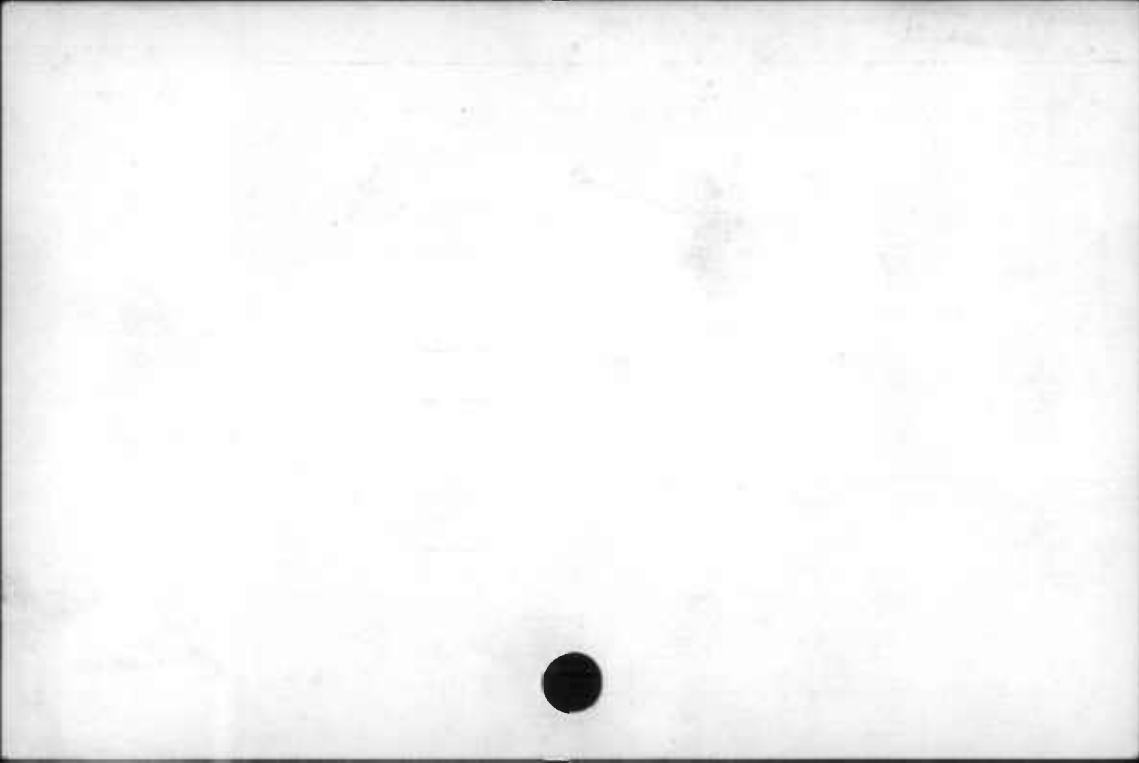
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. C. Amie*

Address *Ellicott City*

Edwa Roddy Co. Corp
Ellicott City Md

Accident or Suicide



Mary A. Giles

Town

County

Died near Long Corner.

Howard

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death 1940.

July

7

61.

7.

7

Sex

Female.

Color or Race

Colored.

Birth-place

Ballinfern

Occupation

House-keeper

Where Residing if not at place of death

Married, Single or Widowed

Widow.

Name of Wife or Husband

John B. Giles

Father's Name

Elijah Hays.

Father's Birthplace

Don't know

Mother's Maiden Name

Don't know.

Mother's Birthplace

Don't know

Name of person giving information

Hamilton J. Warner

How related to deceased

son in law.

CAUSES OF DEATH

Primary

Valvular disease of heart.

How long

Six months

Immediate

The same.

How long

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

As far

Signature of Physician

J. W. Lacy.

Address

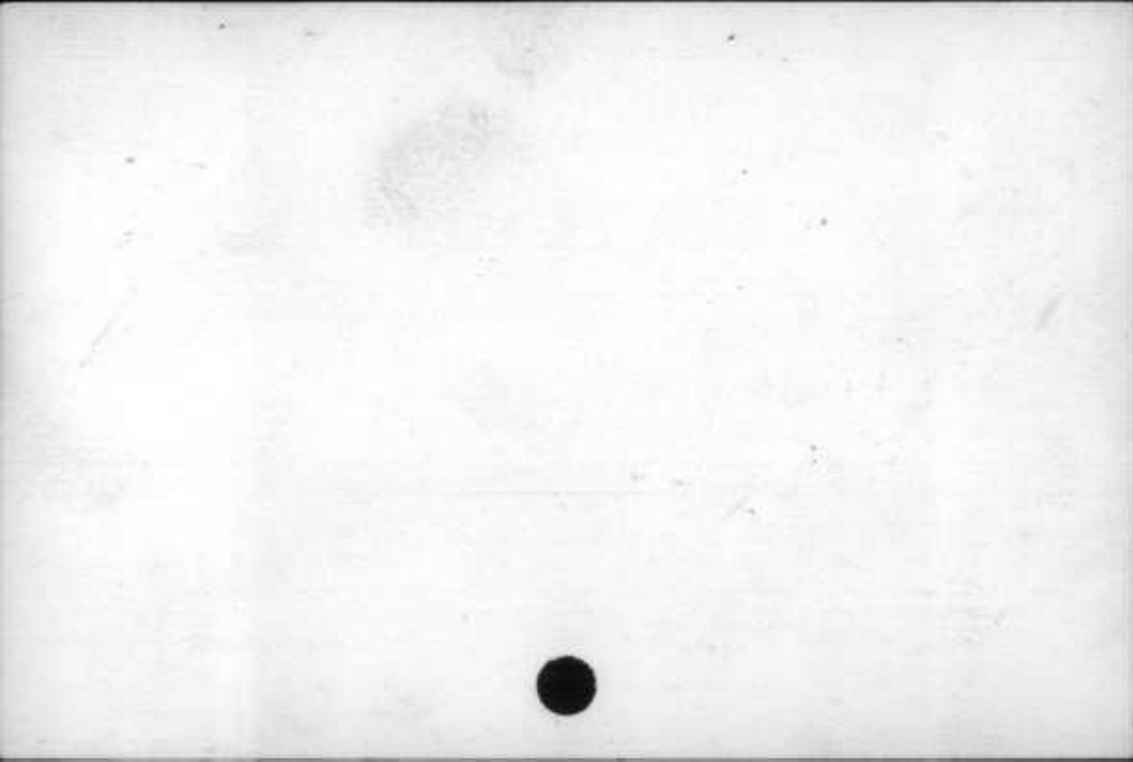
Lisbon

as I know.

Accident or Suicide?

Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

no first name Harmon
Town

CERTIFICATE OF DEATH



TO BE ANSWERED BY NEAREST FRIEND

ix

Died at in Howard Co County

MARYLAND

Date of death 1940 July 17th Age 61^{1/2} Years Months Days

Sex male Color or Race white Birth-place Maryland

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

Married, Single or Widowed single Name of Wife or Husband

Father's Name George P Harmon Father's Birthplace Maryland

Mother's Maiden Name Helen Gertrude Loper Mother's Birthplace Maryland

Name of person giving Information Gus Harmon How related to deceased father

CAUSES OF DEATH



Primary Injury from difficult labor How long a few minutes

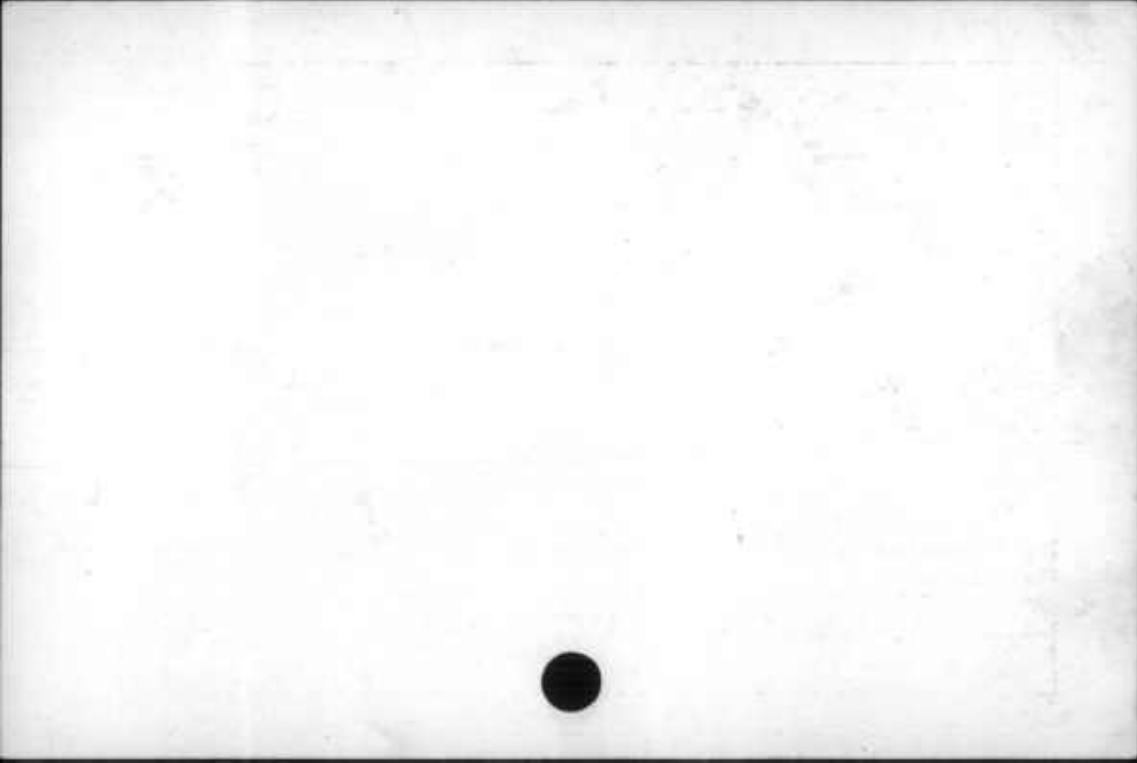
Immediate some How long some

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

Signature of Physician Arthur Willioms

Address Elk Ridge Ind

Accident or Suicide no



Name
in
Full

Mrs Sarah R. Hood

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Watersville Howard</i>		Town <i>Howard</i> County		MARYLAND	
Date of death	1960	Month	July	Day	21
Age	77	Years		Months	
Sex	Female	Color or Race	White American	Birth-place	Howard Co
Occupation	Housewife		Where Residing if not at place of death <i>New Watersville</i>		
Married, Single or Widowed	Widowed	Name of Wife's Husband	<i>Joe J. Hood</i>		
Father's Name	<i>Wesley Breditt</i>		Father's Birthplace	<i>Howard Co</i>	
Mother's Maiden Name	<i>Harriet Appleby</i>		Mother's Birthplace	<i>Howard Co</i>	
Name of person giving information	<i>Emma Hood</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

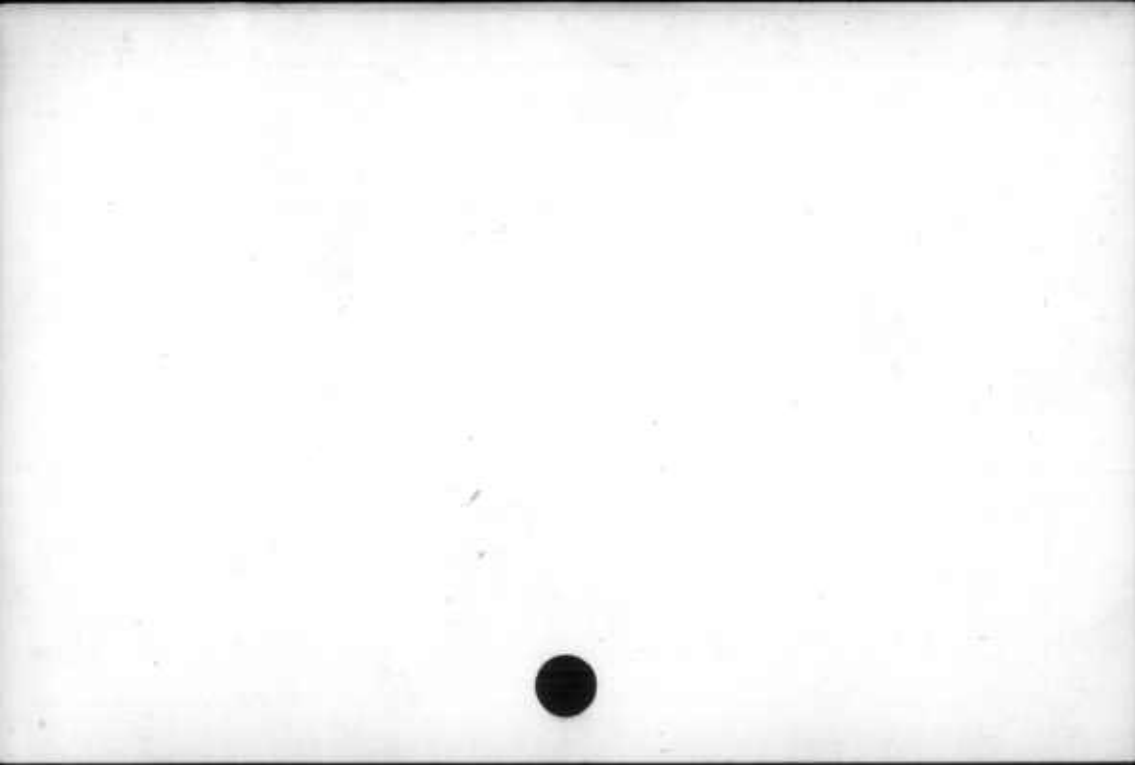
Primary	<i>Carcinoma of Uterus</i>	How long	<i>6 months</i>
Immediate	<i>Asthma</i>	How long	<i>15 weeks</i>

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

Signature of Physician *J. E. Bronwell*

Address *Hgt. Airy Md.*

Accident or Suicide



R.T.

Name
In Full

Prince Ervin Jackson

CERTIFICATE OF DEATH

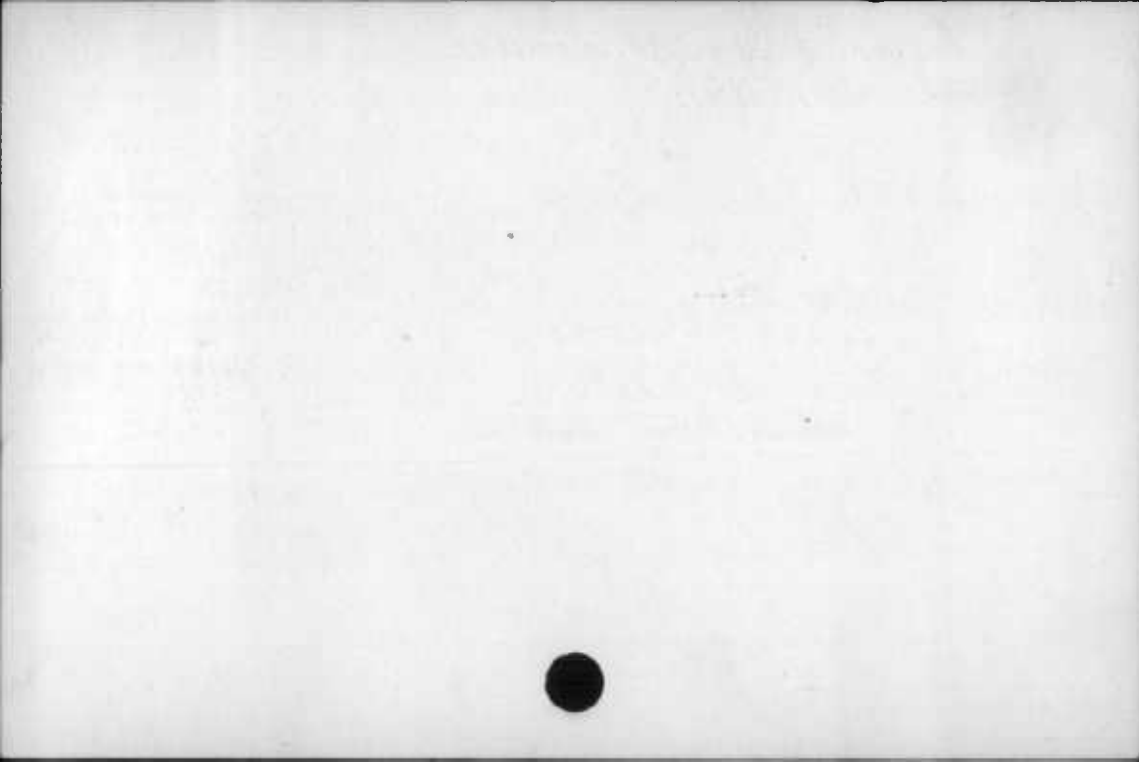
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Cooksville.</i>		Town		County		MARYLAND	
Date of death 1944		Month	Day	Age	Years	Months	Days
Sex <i>Male.</i>		Color or Race <i>Negro.</i>		Birth-place <i>Maryland</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>James Johnson</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Maggie Jackson</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Stella Jackson</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastro-entinitis</i>	How long	<i>6 days.</i>
Immediate	<i>The same.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>As far as I know.</i>		<i>J. W. Lacy</i>	
		Address	
		<i>Libon</i>	
Accident or Suicide?			
		<i>Ind</i>	



Name
in
Full

CERTIFICATE OF DEATH ✓

Leonard Johnson

Died at Dayton ^{Town} Howard ^{County} **MARYLAND**Date of death 1920 July ^{Month} 3- ^{Day} 8 ^{Years} 4 ^{Months} 3 ^{Days}Sex Male Color or Race Colored Birth-place MarylandOccupation None Where Residing if not at place of deathMarried, Single or Widowed Single Name of Wife or Husband NoneFather's Name George Johnson Father's Birthplace Md.Mother's Maiden Name Sarah Wilson Mother's Birthplace Md.Name of person giving information George Johnson How related to deceased Father

CAUSES OF DEATH

Primary Typhoid Fever How long 1 weekImmediate Intestinal Perforation How long 2 hoursAre the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. A. NicholsAddress Dayton Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

L. W. Kirk J.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Elliot City* Town *Howard* County **MARYLAND**

Date of death *1910 July 29* Age *42* Months *no* Days *no*

Sex *male* Color or Race *white* Birth-place *Baltimore*

Occupation *Not employed* Where Residing if not at place of death

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

Father's Name *Wm H Kirk* Father's Birthplace *Balto*

Mother's Maiden Name *Mary Appold* Mother's Birthplace *Balto*

Name of person giving information *Wm H Kirk* How related to deceased *Father*

CAUSES OF DEATH

119

PHYSICIAN OR CORONER

Primary *Acute nephritis* How long *few days*

Immediate *Uremic convulsions* How long *2 hours*

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

Signature of Physician *D. Rusher White*

Address *Elliot City Md*

Accident or Suicide?



545

Name in Full **Eliza Ann Mallonee** CERTIFICATE OF DEATH

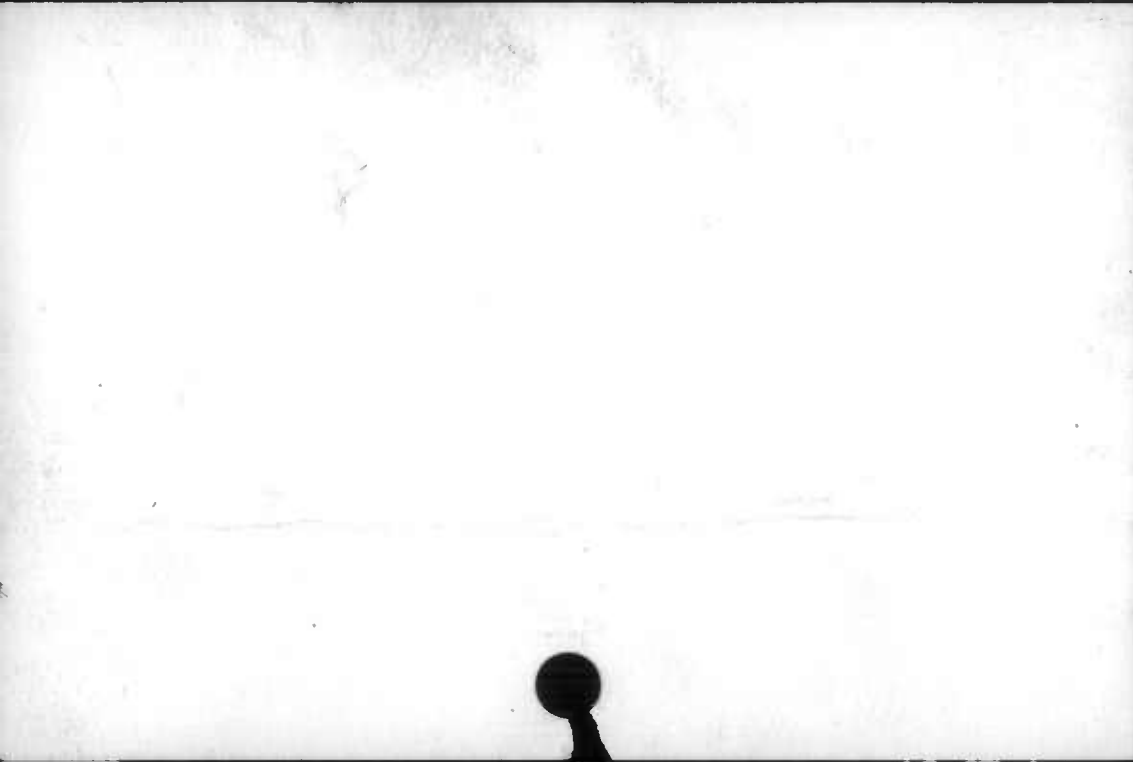
TO BE ANSWERED BY NEAREST FRIEND

Died at High Ridge <small>Town</small>		County Howard		MARYLAND	
Date of death 1900	Month July	Day 11	Age 80	Years 4	Months 1
Sex Female	Color or Race White	Birth-place Anne Arundel Co Md			
Occupation House wife	Where Residing if not at place of death same				
Married, Single or Widowed Widow	Name of Wife or Husband Wm P Mallonee				
Father's Name Sammel Gardner	Father's Birthplace near Odenton				
Mother's Maiden Name Achsa Pitt	Mother's Birthplace A A Co Md				
Name of person giving Information Wm Benj Mallonee	How related to deceased son				

CAUSES OF DEATH

Primary Accident fall.	How long
Immediate Paralysis.	How long 1 wk.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. R. P. Harney
	Address Sammel Ryf
Accident or Suicide <input checked="" type="checkbox"/>	

PHYSICIAN OR CORONER



Name
in
Full

Sarah Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Levely		County Howard		MARYLAND	
Date of death	1990	Month July	Day 29	Age	80	Years	Months -
Sex	Female	Color or Race	Black		Birth-Place	Md	
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband		Charles Martin		
Father's Name	Do not know				Father's Birthplace	Do not know	
Mother's Maiden Name	Do not know				Mother's Birthplace	Do not know	
Name of person giving information	Herman Thomas				How related to deceased	Grandson	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Paralysis	How long	66	5-years
	Immediate	Cerebral Hemorrhage	How long	1 day.	
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. A. St. Johns	
	Address	Layton		Md	
Accident or Suicide?					



Name
in
Full

Sara Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND.

Died at <u>Dayton</u> Town		County <u>Hennard</u>		MARYLAND	
Date of death 19 <u>40</u>	Month <u>July</u>	Day <u>27</u>	Age <u>about 80</u>	Years <u>no</u>	Months <u>no</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>MD</u>			
Occupation <u>Servant</u>	Where Residing if not at place of death <u>Dayton</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Charles Martin</u>				
Father's Name <u>do not know</u>	Father's Birthplace <u>MD</u>				
Mother's Maiden Name <u>do not know</u>	Mother's Birthplace <u>MD</u>				
Name of person giving information <u>Norman Thomas</u>	How related to deceased <u>Grandson</u>				

CAUSES OF DEATH

Primary <u>Cerebral Hemorrhage</u>	How long <u>5 years</u>
Immediate <u>Exhaustion</u>	How long <u>15 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. A. Mitchell</u>
	Address <u>Dayton MD</u>
Accident or Suicide?	



Name
in
Full

Marian E. Myers

Pt.
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near Shaffersville
Town

County

Howard

MARYLAND

Date of death 1940

Month July

Day 21

Age 40

Months

Days

Sex

Female

Color or Race

Negro

Birth-place

Maryland

Occupation

House-wife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Charles Myers

Father's Name

Hanson Dorney

Father's Birthplace

Ind.

Mother's Maiden Name

Betsy E. Fisher

Mother's Birthplace

Ind.

Name of person giving Information

Charles Myers

How related to deceased

Husband

CAUSES OF DEATH

120

Primary

Chronic nephritis

How long

About 1 year

Immediate

Ascites

How long

2 weeks

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

As far as I know.

Signature of Physician

J. W. Lacy

Address

Lisbon

Accident or Suicide

Ind.

PHYSICIAN OR CORONER

1.9



Name
in
Full

Mary Ruth Pickett

R.T.
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Poplar Springs</u>		County <u>Howard</u>		MARYLAND	
Date of death	19 <u>60</u>	Month <u>July</u>	Day <u>22</u>	Age	1
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	_____		Where Residing if not at place of death _____		
Married, Single or Widowed	_____		Name of Wife or Husband _____		
Father's Name	<u>Stephen Oliver Pickett</u>			Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name	<u>Lilly M. Henry</u>			Mother's Birthplace	<u>Ind.</u>
Name of person giving information	<u>Lilly M. Henry</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

Primary	<u>Gastro-enteritis</u>	How long	<u>About one month</u>
Immediate	<u>Congestion of lungs</u>	How long	<u>36 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>As far as I know.</u>	Signature of Physician	<u>J. W. Lay</u>
Address	<u>as I know.</u>	Address	<u>Libon, Md</u>
Accident or Suicide			



Name
in
Full

Lydia E Shipley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Alberton		Town		County Howard		State MARYLAND	
Date of death 1970 July 9		Month		Day		Age 32	
Sex Female		Color or Race White		Birth-place Maryland		Months no Days no	
Occupation House Keeper		Where Residing if not at place of death Alberton Howard					
Married, Single or Widowed Married		Name of Wife or Husband Wm H. H. Shipley					
Father's Name James Thompson		Father's Birthplace Maryland					
Mother's Maiden Name Alice Thompson		Mother's Birthplace Maryland					
Name of person giving Information Wm H. H. Shipley		How related to deceased Husband					

CAUSES OF DEATH

Primary Pulmonary Tuberculosis	How long 28
Immediate Cardiac Asthma, Pulmonary Embolus	How long 1 year

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

Signature of Physician

Address

Frank O. Miller M.D.
Ellicott City

Accident or Suicide **No**PHYSICIAN
OR CORONER



Name
in
Full

Harriet Smith

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

X

Diad at ^{Town} *Ellicott City* ^{County} *Howard* MARYLAND

Date of death 19*80* ^{Month} *July* ^{Day} *20* ^{Years} *23* ^{Months} *7* ^{Days} *20*

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

Occupation *cook* Where Reiding if not at place of death *Ellicott City*

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

Father's Name *William Smith* Father's Birthplace *Maryland*

Mother's Meiden Name *Mary Rodes* {*dead*} Mother's Birthplace *Maryland*

Nome of parson giving Information *William Smith* How related to deceased *Father*

CAUSES OF DEATH

Primary *Intestinal colic and vomiting* ^{How long} *14 hours*

Immadiate *Heart-disease and some minutes* ^{How long} *must faint*

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

*Yes*Signature of
Physician

Address

129 Pyrene
Ellicott City

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Dennis Truette

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dayton</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death <u>1960</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>10</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>			
Occupation <u>None</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>Harby Truette</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Mary Nelson</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Melvin Thomas</u>	How related to decedent <u>None</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Cholera Inf antium</u>	How long <u>3 days.</u>	
	Immediate <u>Ephraim</u>	How long <u>3 hours</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. A. Nichols</u>	
		Address <u>Dayton Md</u>	
Accident or Suicide?			

