

Name
in
Full

Frank C. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Baltimore</u> Town		<u>Stent</u> County		MARYLAND	
Date of death 19 <u>66</u> Month <u>July</u> Day <u>29</u>	Age <u>78</u> Years	Months <u>6</u>	Days <u>—</u>		
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>retired</u>	Where Residing If not at place of death <u>—</u>				
Married, Single or Widowed <u>widower</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Samuel Anderson</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Rebecca Casey</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Emma Anderson</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

Primary <u>Paralysis.</u>	How long <u>24 hours.</u>
<u>Heart-failure.</u>	How long <u>24 hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>W.S. Maywell,</u>
	Address <u>Still Pond. Md.</u>
Accident or Suicide	

Still Pond

Name
in Full

John Walter Bigelow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at <u>Rock Hall</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1940</u>	Month <u>July</u>	Day <u>9</u>	Age <u>69</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Camden New Jersey</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Hannah A Toulson</u>				
Father's Name <u>John Bigelow</u>	Father's Birthplace <u>New Jersey</u>				
Mother's Maiden Name <u>Mary Ann Logue</u>	Mother's Birthplace <u>New Jersey</u>				
Name of person giving Information <u>Pearson Bigelow</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary Heart-disease NA How long 3 months

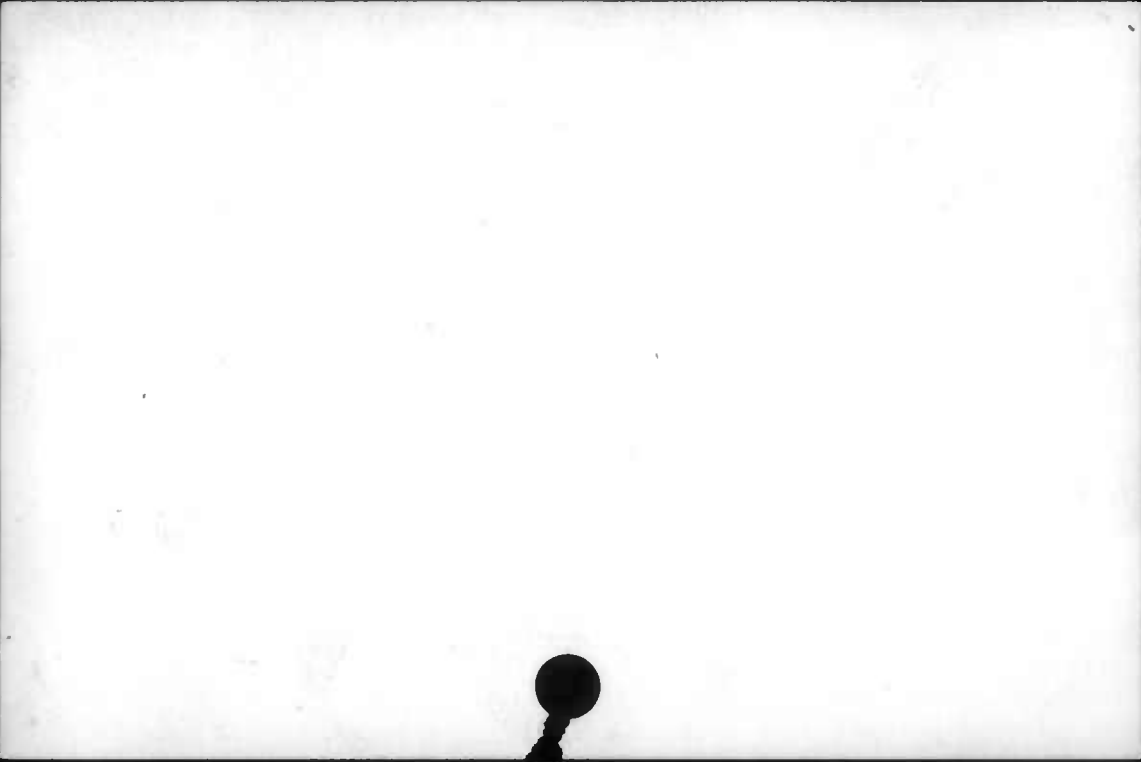
Immediate Exhaustion How long One day

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

Signature of Physician W. J. Kelly M.D.
Address Rock Hall Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Bowers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Still Pond</u> Town		County <u>Kent</u>		MARYLAND	
Date of death	19 <u>10</u>	Month	<u>7</u>	Day	<u>15</u>
Age <u>Still Born</u>		Years		Months	
Sex	<u>male</u>	Color or Race	<u>Negro</u>	Birth-place	<u>md.</u>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Elsie Bowers</u>	Father's Birthplace		<u>md</u>	
Mother's Maiden Name	<u>Amelia Stanley</u>	Mother's Birthplace		<u>md.</u>	
Name of person giving Information	<u>Mary Stanley</u>	How related to deceased		<u>Grand Mother</u>	

CAUSES OF DEATH

Primary	<u>Still Born</u>	How long	<u>(S)</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W.S. Maxwell</u>
		Address	<u>Still Pond, md.</u>
Accident or Suicide			

PHYSICIAN
OR CORONER

Mountain Church of God

Name in Full

John W. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Kennedyville</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death	<i>1900</i> <small>Year</small>	<i>July</i> <small>Month</small>	<i>21</i> <small>Day</small>	<i>60</i> <small>Age</small>	<i>0</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Md.</i>
Occupation	<i>Labourer</i>		Where Residing if not at place of death <i>Kennedyville</i>		
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband			
Father's Name	<i>Henry Brown</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Maria Brown</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Lucie Sterling</i>			How related to deceased	<i>friend</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>2 years</i>
Immediate	<i>Paralysis</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. J. Brown</i>	
		Address	
		<i>Kennedyville - Md.</i>	

120

Phonetic.

Name
in
Full

Mary A Burris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Chesterville* ^{Town} *Stent* ^{County}
 Date of death *1940* ^{Month} *7th* ^{Day} *19th* ^{Year} *83* ^{Months} ^{Days}
 Sex *Female* Color or Race *White* Birthplace *Maryland*
 Occupation *Housewife* Where Residing if not at place of death
 Married, Single or Widowed *Widow* Name of Wife or Husband
 Father's Name *Edward Burris* Father's Birthplace *Maryland*
 Mother's Maiden Name *Mary Nickerson* Mother's Birthplace *Maryland*
 Name of person giving information *Emma A Crittenden* How related to deceased *Daughter*

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary *Inflammation of Age*
 Immediate *Gastro-Enteritis*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Arthur E. Landers*
 Address *Crumpton*
 Accident or Suicide?



Name
in Full

Christie Carin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Towhee

County

Kent

MARYLAND

Date of death

1940

Month

July

Day

2

Years

Age 36

Months

Days

Sex

Female

Color or Race

African

Birth-place

Kent Co Md

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

M

Name of Wife or Husband

Moses Carin

Father's Name

Joseph Brown

Father's Birthplace

Kent Co Md

Mother's Maiden Name

Bernard Hodges

Mother's Birthplace

Kent Co Md

Name of person giving information

Moses Carin

How related to deceased

Husband

CAUSES OF DEATH

B
1343

Primary

Miscarriage

How long

Immediate

Uterine hemorrhage 10 days

How long

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

Yes

Signature of Physician

Frank W. Smith

Address

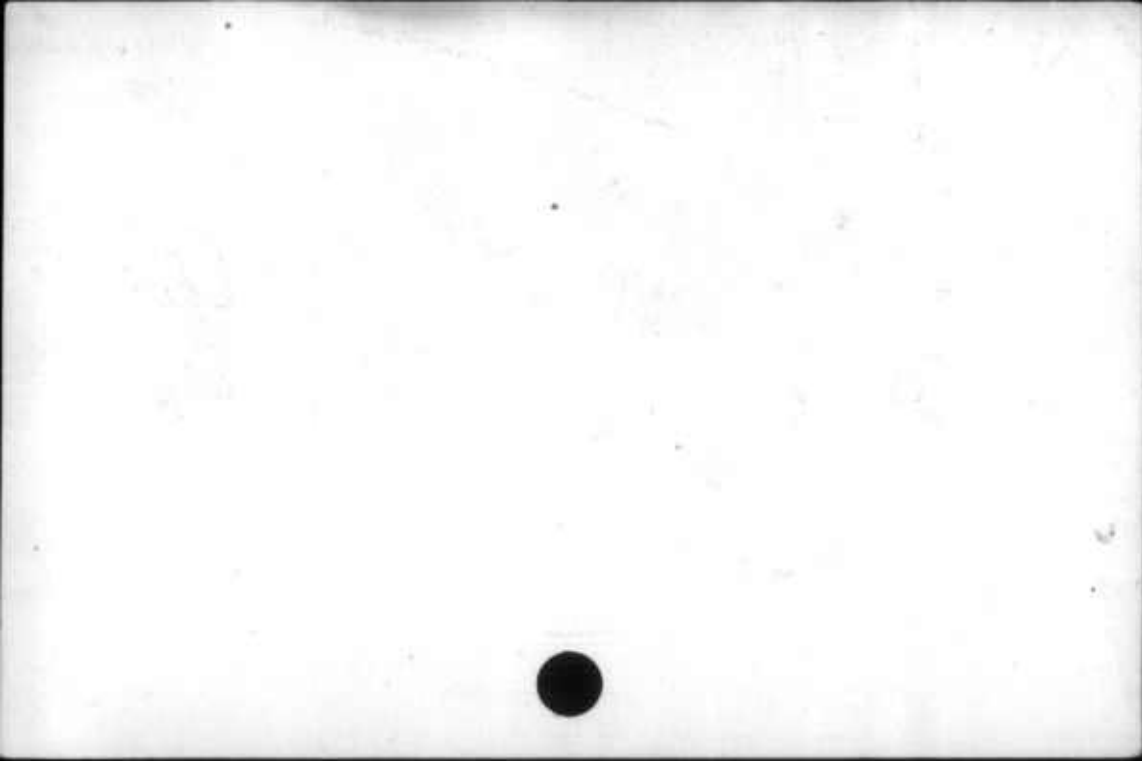
Chestertown

Accident or Suicide

No

Md

PHYSICIAN
OR CORONER



Name
in Full

George Anna Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Near Rock Hall		Town Kent		County		MAYLAND	
Date of death 1910		Month July	Day 29	Age 54	Years	Months	Days
Sex Female	Color or Race Black		Birth-place MD		Occupation Cook		
Married, Single or Widowed Married		Name of Wife Husband Isaiah Cooper		Where Residing if not at place of death at place of death			
Father's Name Edward Graves		Father's Birthplace Maryland		Mother's Birthplace Maryland			
Mother's Maiden Name Vora Taylor		How related to deceased Brother		Name of person giving Information W. E. Graves			

CAUSES OF DEATH

Primary **Acute Gastritis**
 Immediate **Heart Failure.**

How long **103**
 How long **5 days**

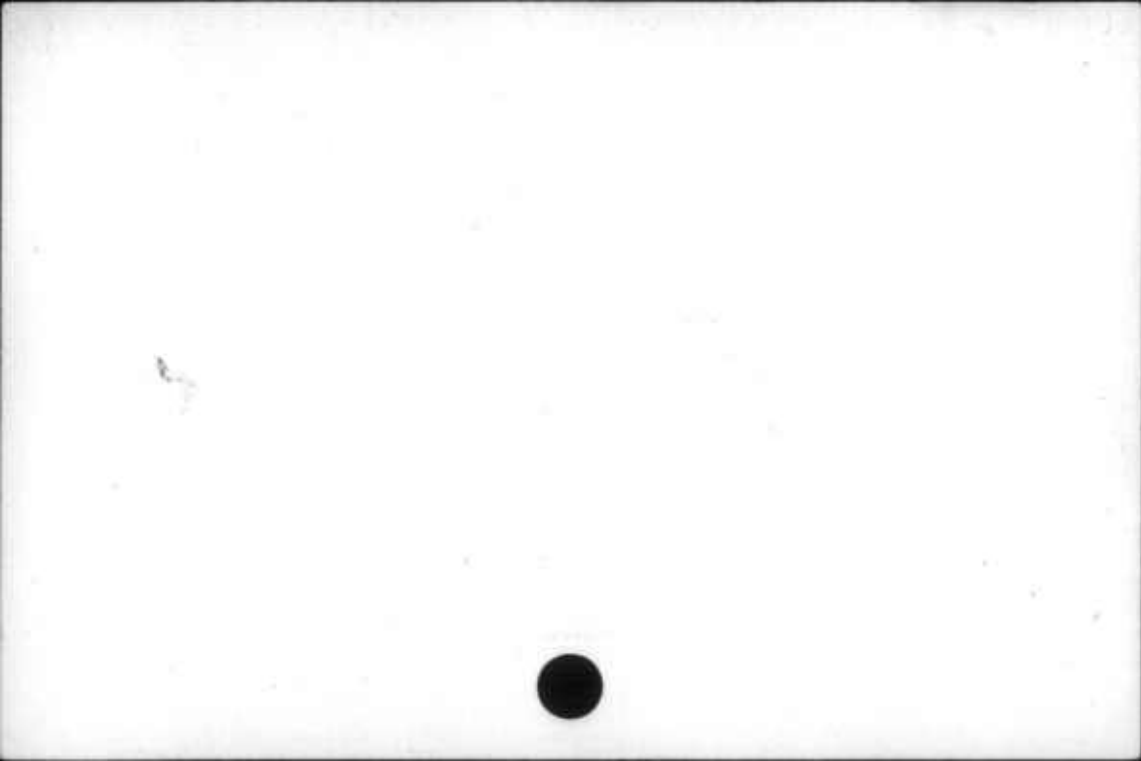
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. W. Beall MD
 Address **Rock Hall md**

Accident or Suicide



Name
In Full

George Anna Cottman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Melrosta		County Kent		MARYLAND	
Date of death	1910	Month July	Day 9	Age	55	Months	Days
Sex	Female	Color or Race	Red	Birth-place	Kent Co. W. Va.		
Occupation	Housekeeper		Where found if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband Geo. Cottman				
Father's Name	Geo. Davis		Father's Birthplace		Somerset W. Va.		
Mother's Maiden Name	Ellen Roberts		Mother's Birthplace		Red. W. Va.		
Name of person giving information	Jas Henry Cottman		How related to deceased		Son		

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	Acute Indigestion	How long	3 days
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	yes,	Signature of Physician	[Signature]
		Address	[Address]
Accident or Suicide?			MD

Charles L. Ladd
Boston

55
10

55
10

10

55

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Flora W. Craig

Town *Chestertown* County *Kent* MARYLAND

Died at *Chestertown Kent*

Date of death 19 *10* Month *7* Day *26* Age Years *67* Months *11* Days *8*

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

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

Married, Single or Widowed *Married* Name of Wife or Husband *Agnes W. Craig*

Father's Name *Levin Craig* Father's Birthplace *Dorchester*

Mother's Maiden Name *Belinda* Mother's Birthplace *"*

Name of person giving information *Mrs. M. J. Sattero* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dysentery* *14* How long *3 weeks*

Immediate *Exhaustion* How long *Several days*

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

Signature of Physician *H. S. Sattero*

Address *Chestertown*

Accident or Suicide? *No*



Name
in
Full

John E. Edwards.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Millington ^{County} Kent MARYLAND
 Date of death 1980 ^{Month} July ^{Day} 19 ^{Age} 49 ^{Years} ^{Months} 8 ^{Days} 25
 Sex Male ^{Color or Race} White ^{Birth-place} Maryland
 Occupation Farmer ^{Where Residing if not at place of death}
 Married, Single or Widowed Married ^{Name of Wife or Husband} Kate, Nickerson.
 Father's Name Joseph, Edwards. ^{Father's Birthplace} Maryland
 Mother's Maiden Name Whimena Bailey ^{Mother's Birthplace} Maryland
 Name of person giving Information Raymond Edwards ^{How related to deceased} Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Carbolic Acid Poisoning ^{How long} about 13 hours
 Immediate
 Are the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} N M Jeter, M.D.
^{Address} Millington
 Kent Co., Md.
 Accident or Suicide Accident



Name
in Full

Terrie Elizabeth- Elburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Piney Neck</i>		Town	<i>Kent</i>		County	MARYLAND					
Date of death	<i>1940</i>	Month	<i>July</i>	Day	<i>14</i>	Age	<i>—</i>	Months	<i>4</i>	Days	<i>13</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>			Birth-place	<i>Kent Co. Md</i>				
Occupation	<i>None</i>					Where Reiding if not at place of death	<i>at place of death</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>None</i>						
Father's Name	<i>James Elburn</i>					Father's Birthplace	<i>Kent Co. Md.</i>				
Mother's Maiden Name	<i>Allice Brady</i>					Mother's Birthplace	<i>Maryland</i>				
Name of person giving Information	<i>James Elburn</i>					How related to deceased	<i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Sunny Cataract</i>	<i>104</i>	How long	<i>12 days</i>
	Immediate	<i>Exhaustion</i>		How long	<i>One day</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. O. Kelly, Md.</i>	
	Accident or Suicide		Address	<i>Rock Hall Md.</i>	



Name
Full

William Henry French

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mililota ^{Town} Kent ^{County} **MARYLAND**
 Date of death 1990 ^{Year} July ^{Month} 21 ^{Day} Age 83 ^{Years} — ^{Months} — ^{Days}
 Sex Male Color or Race White Birthplace Cen Md
 Occupation Farmer Where Residing if not at place of death —
 Married, Single or Widowed Widowed Name of Wife or Husband —
 Father's Name Thomas French Father's Birthplace Unknown
 Mother's Maiden Name Geokypura Mother's Birthplace —
 Name of person giving information James A. French How related to deceased son

189A

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Enteritis How long 10 years
 Immediate General Debility How long 2 months
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician Frank M. Smith
 Address Chestertown Md
 Accident or Suicide no

Ed Wood
Alfred

Name
in
Full

Suzie May Frisby
Town

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at Coburn County Stent MARYLAND

Date of death 1990 Month July Day 30 Age — Years — Months 4 Days 7

Sex female Color or Race Black Birth-place md

Occupation — Where Residing if not at place of death —

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

Father's Name Charles Frisby Father's Birthplace md

Mother's Maiden Name Mary J. Steward Mother's Birthplace md.

Name of person giving Information Charles Frisby How related to deceased father

CAUSES OF DEATH

(189A)

Primary marasmus. How long not known

Immediate Heart failure. How long —

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

Signature of Physician L. P. Atwell M.D.
Address Still Pond md.

PHYSICIAN
OR CORONER

Accident or Suicide

Muir ch.

Name
in
Full

William Carlton Gorman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

9

Died at ^{Town} Still Pond Creek ^{County} Kent

MARYLAND

Date of death 1940 ^{Month} July ^{Day} 26 Age ^{Years} 10 ^{Months} 1 ^{Days} 6

Sex male Color or Race White Birth-place Md

Occupation none Where Residing if not at place of death

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

Father's Name Henry G Gorman Father's Birthplace Md

Mother's Maiden Name Oletia Campbell Mother's Birthplace Md

Name of person giving Information Henry Gorman How related to deceased Father

CAUSES OF DEATH

Primary Diphtheria (9) How long 3 days

Immediate Heart Failure

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

Signature of Physician L. P. Atwell

Address Still Pond

Accident or Suicide

J. N. L. L. L.

Name in Full

Still Barn Infant Gilbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Died at Coleman Town

County Stent

Date of death 1900

Month July

Day 7

Age —

Years —

Months —

Days —

Sex male

Color or Race Black

Birth-place md

Occupation —

Where Residing if not at place of death —

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name Daniel Gilbert

Father's Birthplace md

Mother's Maiden Name Anna Hamilton

Mother's Birthplace md

Name of person giving Information D. Gilbert

How related to deceased father

CAUSES OF DEATH

S

Primary Still bom.

How long —

Immediate —

How long —

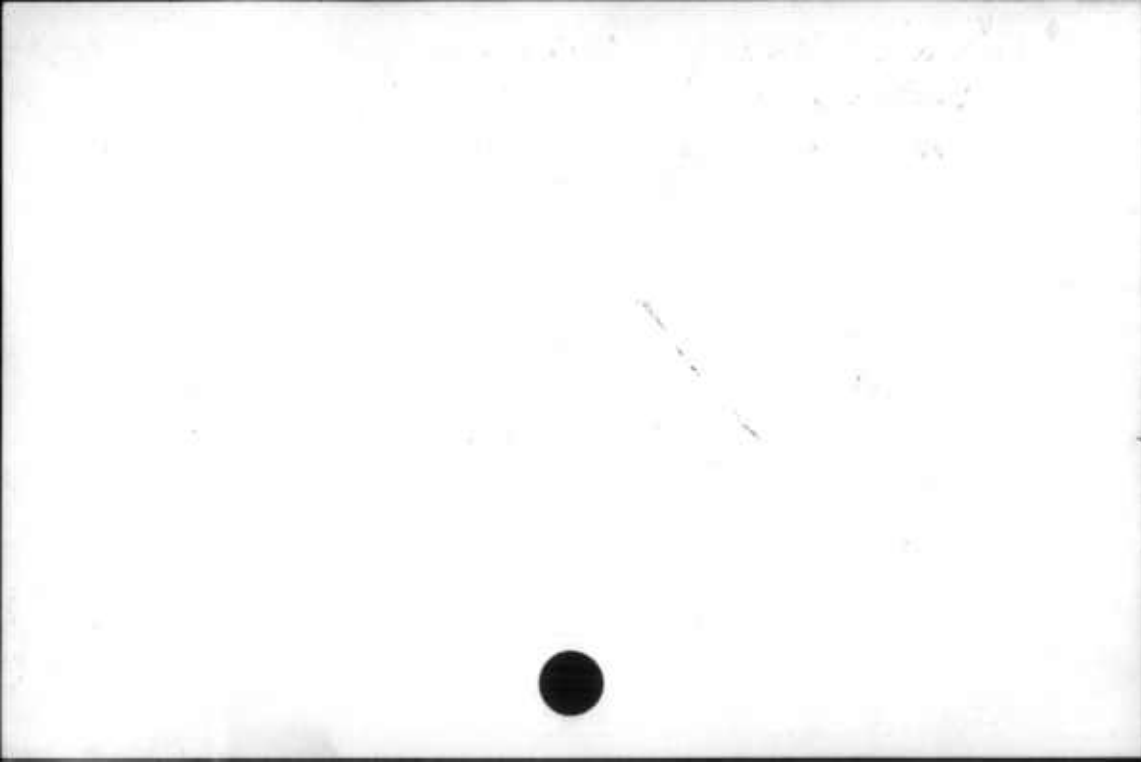
Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician W.S. Maxwell

Address Still Pond Md

Accident or Suicide —

PHYSICIAN OR CORONER



Name
in Full

Mortia Ann. Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Rock Hall ^{town} Md. ^{County}Date of death 1901 July ^{Month} 20 ^{Day} Age — ^{Years} 2 ^{Months} 20 ^{Days}Sex Female Color or Race White Birth-place Rock Hall Md.Occupation — Where Residing if not at place of death —Married, Single or Widowed — Name of Wife or Husband —Father's Name Wm. T. Harrison Jr. Father's Birthplace Kent Co.Mother's Maiden Name Silvie Edwards Mother's Birthplace Kent Co.Name of person giving Information Wm. T. Harrison How related to deceased Sister

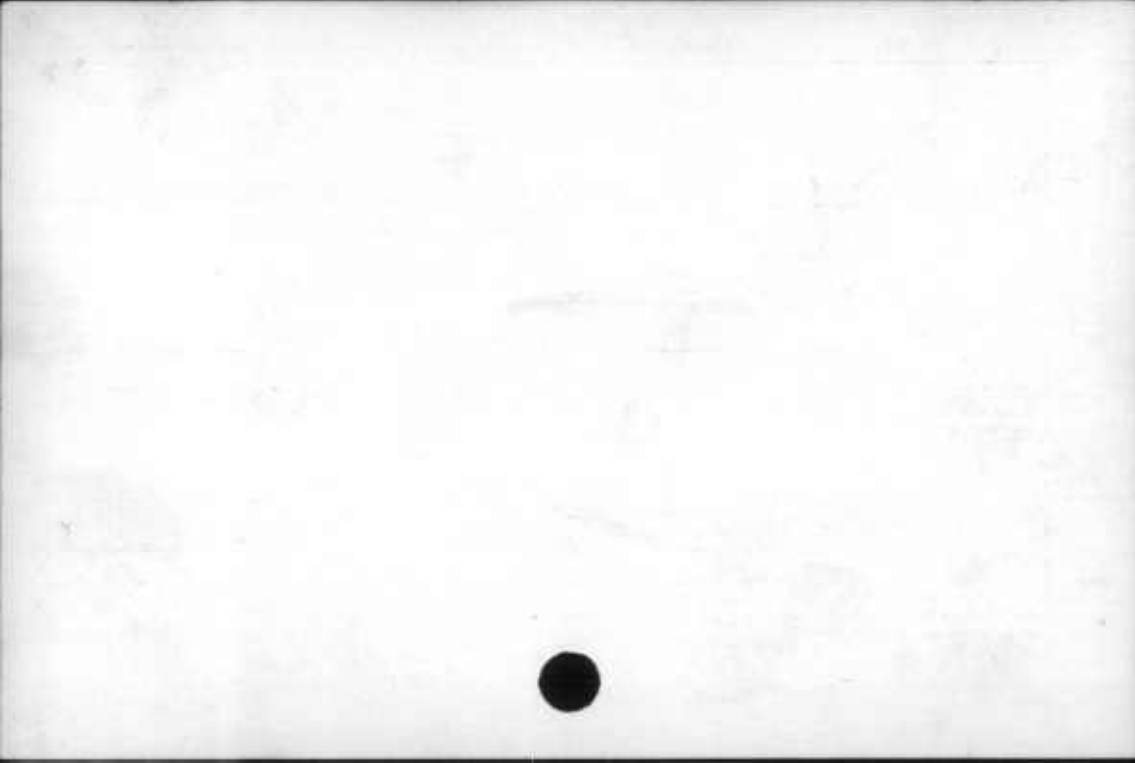
CAUSES OF DEATH

104

Primary Summer Catarrh How long One dayImmediate Exhaustion How long One hourAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician W. Kelly M.D.Address Rock Hall Md.

Accident or Suicide

PHYSICIAN
OR CORNER



Name
In
Full

Sarah Mariah. Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>near Rock Hall</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1940</i>	<i>July</i>	<i>17</i>	<i>—</i>	<i>—</i>	<i>15</i>
Sex	Color or Race	Birth-place			
<i>Female</i>	<i>White</i>	<i>Kent-co. Md</i>			
Occupation	Where Residing if not at place of death				
<i>None</i>	<i>at place of death</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>Single</i>	<i>None</i>				
Father's Name	Father's Birthplace				
<i>William T. Harrison</i>	<i>Kent-co Md</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Lillia Edwards</i>	<i>Kent-co Md</i>				
Name of person giving information	How related to deceased				
<i>William T Harrison</i>	<i>father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Summer Catarrh</i>	How long	<i>104</i>	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long		<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. J. Kelly M.D.</i>	
		Address	<i>Rock Hall, Md.</i>	
Accident or Suicide?				



Perry Hodges

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Chesapeake</i>		Town <i>New Chesapeake</i>		County <i>Kent</i>		STATE MARYLAND	
Date of death 19 <i>10</i>		Month <i>July</i>	Day <i>7</i>	Age <i>63</i>	Years	Months	Days
Sex <i>male</i>		Color or Race <i>leed</i>		Birth-place <i>Kent</i>			
Occupation <i>farm hand</i>		Where Residing if not at place of death <i>Juniper Neck</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Juliah Hodges</i>					
Father's Name <i>Perry Hodges</i>		Father's Birthplace <i>Kent Co</i>					
Mother's Maiden Name <i>Mattha Hodges</i>		Mother's Birthplace <i>do do</i>					
Name of person giving information <i>Horace Hodges</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Acute myocardial infarction</i>	How long <i>184 A</i>	<i>Several hours</i>	
	Immediate <i>Cardiac failure</i>	How long	<i>few minutes</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Simpson</i>	Address <i>Clustertown</i>	
	Accident or Suicide? <i>No</i>			

Charles Dodd
Walter Creek

79

Feb 14 / 1884
016,

2

Name
in
Full

William Franklin Hogans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rock Hall		Town		Kent		County		MARYLAND	
Date of death 1940 July 24		Month		Day		Age 5-24		Years Months Days	
Sex Male		Color or Race White		Birthplace Kent - Co. Md					
Occupation None		Where Residing if not at place of death at place of death							
Married, Single or Widowed Single		Name of Wife or Husband None							
Father's Name Harry Hogans		Father's Birthplace Kent - Co. Md							
Mother's Maiden Name Annie R. Cooper		Mother's Birthplace Kent Co. Md							
Name of person giving Information Harry Hogans		How related to deceased Father							

CAUSES OF DEATH

Primary Summer Catarrh		How long 3 weeks	
Immediate Exhaustion		How long One day	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. J. Kelly, M.D.	
		Address Rock Hall, Md.	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name in Full

Dorothy E. Holtton

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at *Ches Burton* ^{Town} *16th* ^{County} **MARYLAND**

Date of death *1910* ^{Month} *July* ^{Day} *28* Age *—* ^{Years} *—* ^{Months} *3* ^{Days} *—*

Sex *Female* Color or Race *Col* Birth-place *Ind*

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

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

Father's Name *Eugene Holtton* Father's Birthplace *Ind*

Mother's Maiden Name *Addie Rochester* Mother's Birthplace *Ind*

Name of person giving information *Mother* How related to deceased *—*

CAUSES OF DEATH

Primary *Marasmus* *189A* How long *2 months*

Immediate *Asphyxia* How long *several weeks*

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

Signature of Physician *H. E. Simpson*

Address *Ches Burton*

Accident or Suicide? *No*

PHYSICIAN OR CORONER

Edwards
Chester Town

Name in Full

Joseph H. Stuckson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

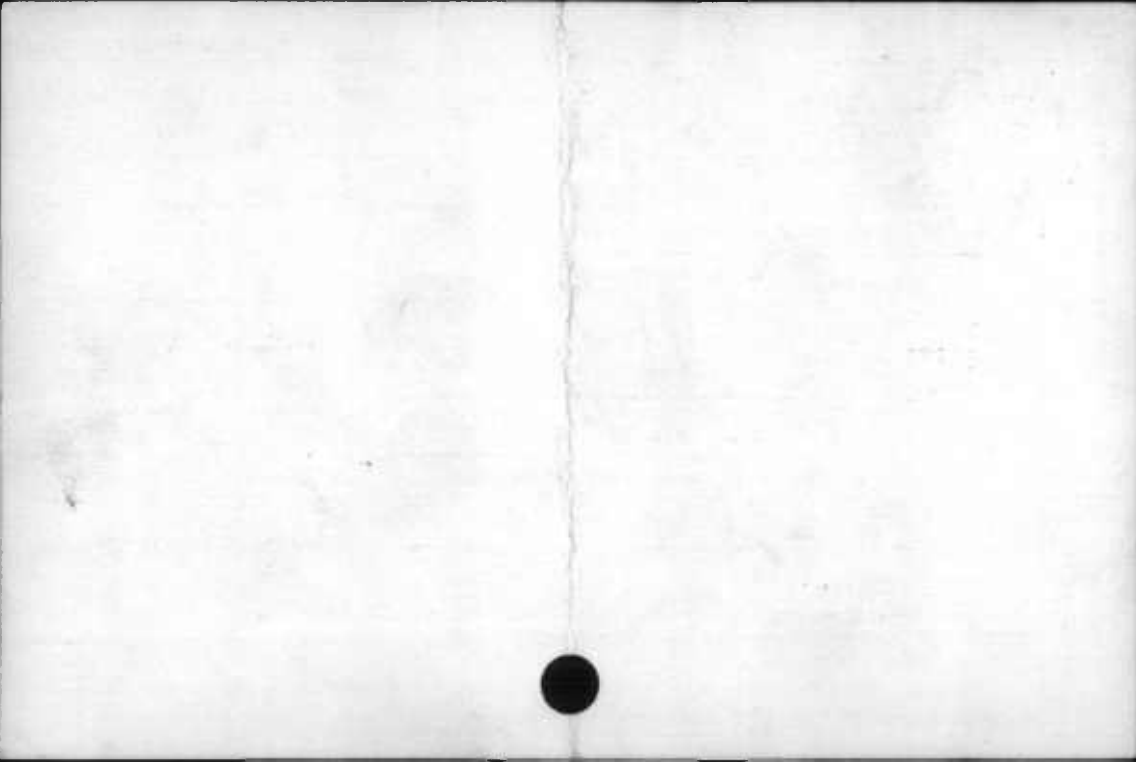
Died at <i>Murry</i> Town		County <i>Kenb</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>July</i>	Day <i>28</i>	Age <i>62</i>	Months <i>4</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha, W. Stuckson.</i>				
Father's Name <i>Samuel Stuckson,</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mrs Porter</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mrs E. Maslin.</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

Primary <i>Paralysis</i>	<i>66</i>	How long <i>1 year</i>
Immediate		How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H M Jeter MD</i>
	Address <i>Willington, Md.</i>
Accident or Suicide	



Name
in Full

Harry Malcolm Jones

CERTIFICATE OF DEATH

MARYLAND

Died at

Milletola

Kent

Date of death

1960

July

29

Age

Years

Months

Days

5
2nd

Sex

Male

Color or Race

White

Birth-place

Occupation

none

Where Residing if not at place of death

Married, Single or Widowed

S

Name of Wife or Husband

Father's Name

Robert Jones

Father's Birthplace

Kent, Md

Mother's Maiden Name

Mollie Bennett

Mother's Birthplace

Kent, Md

Name of person giving Information

Lester Basore

How related to deceased

none

CAUSES OF DEATH

Primary

Congenital Valvular Disease

How long

5 yrs

Immediate

myocardium

How long

"

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

yes

Signature of Physician

Frank W. Leitch

Address

Chesapeake + 4

Accident or Suicide

no

5nd

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

West Street

Westchester.

Name in Full

John Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Lanford Kent County

Date of death 1940 July 8 8 25 Months Days

Sex Male Color or Race White Birth place Queen Anneto

Occupation Farmer Where Residing if not at place of death Near Lanford

Married, Single or Widowed Married Name of Wife or Husband Alice Hunter

Father's Name Thomas Lane Father's Birthplace Don't know

Mother's Maiden Name Louisa Cratt Mother's Birthplace Don't know

Name of person giving information Mrs Alice Lane How related to deceased Wife

CAUSES OF DEATH

189 A

PHYSICIAN OR CORONER

Primary Paralysis of heart How long few minutes

Immediate Paralysis of heart How long few minutes

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

Signature of Physician A B Berger Address Charlestown Md

Accident or Suicide no.

J. E. Hargrave
Leitchville.

Name
in
Full

Mary Ann Leary

CERTIFICATE OF DEATH

Died at ^{Town} near Edesville ^{County} Kent MARYLANDDate of death 1910 ^{Month} July ^{Day} 28 ^{Age} 19 ^{Months} 8 ^{Days} —Sex Female ^{Color or Race} White ^{Birth place} Kent Co MdOccupation House work ^{Where Residing if not at place of death} at place of deathMarried, Single or Widowed Single ^{Name of Wife or Husband} NoneFather's Name James L Leary ^{Father's Birthplace} Kent - Co MdMother's Maiden Name Mary Burgess ^{Mother's Birthplace} Kent - Co MdName of person giving information James L Leary ^{How related to deceased} Father

CAUSES OF DEATH

Primary Consumption ^{How long} One yearImmediate Exhaustion ^{How long} One day

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

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full *Infant of Edward & Martha Maul*
 Town *Massy* County *1 Cent.*

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
 NEAREST FRIEND

Died at *Massy* *1 Cent.*
 Date of death 1900 *0 July* 23^d Age *36 hours*
 Sex *Male* Color or Race *White* Birth-place *Maryland*
 Occupation *none* Where Residing if not at place of death *—*
 Married, Single or Widowed *Widowed* Name of Wife or Husband *—*
 Father's Name *Edward Maul* Father's Birthplace *Queen Anne Co.*
 Mother's Maiden Name *Martha Knight* Mother's Birthplace *Cecil Co.*
 Name of person giving information *Edward Maul* How related to deceased *Father*

CAUSES OF DEATH

79

PHYSICIAN
 OR CORONER

Primary *—* How long *—*
 Immediate *Congenital Organic Heart.* How long *32 hours.*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *Geo. R Jones, M.D.*
 Address *Galena Md.*
 Accident or Suicide

Crumpton Cemetery

Name
in
Full

Adda June Nidre

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Columbian		County Hart		MARYLAND	
Date of death		Month July	Day 21	Age	Years	Months 5	Days 18
Sex	Female	Color or Race	Black		Birth- place	Columbian	
Occupation	Nothing.			Where Residing if not at place of death	Columbian		
Married, Single or Widowed	Wife		Name of Wife or Husband				
Father's Name	John S. Nidre				Father's Birthplace	Md.	
Mother's Maiden Name	Mary Nidre				Mother's Birthplace	Md.	
Name of person giving Information	Mary Nidre				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long	104	
	Immediate	How long	7 days	
	Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	J. Horstmann
	Accident or Suicide		Address	1111 Penn. Md.

Still Pond

Name in Full

William Augustus Potts

CERTIFICATE OF DEATH

6x

Died at *Solchester* Town

Kent County

MARYLAND

Date of death 19*40*

Month *July*

Day *17*

Age *73*

Years *4*

Months *3* Days

Sex *Male*

Color or Race *White*

Birth-place *New Jersey*

Occupation *Managing Owners of Amusement* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Anna M. Potts*

Father's Name *Joseph Potts* Father's Birthplace *N.J.*

Mother's Maiden Name *Rebecca West-* Mother's Birthplace *N.J.*

Name of person giving Information *Anna M. Potts* How related to deceased *Wife*

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

103
How long *3 hours*
How long

Primary *Acute Indigestion*

Immediate *Exhaustion*

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

Signature of Physician *Frank W. Smith*
Address *Chestertown Md.*

PHYSICIAN OR CORNER

Accident or Suicide

Hightower N Y

J E Ferguson

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ninia Rodney</i>		Town <i>Rockface</i>		County <i>Kent</i>		State <i>Ind</i>	
Died at <i>Rockface</i>		Month <i>July</i>		Day <i>6</i>		Year <i>1901</i>	
Date of death <i>1901 July 6</i>		Age <i>3</i>		Months <i>3</i>		Days <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Rockface</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James B. Rodney</i>				Father's Birthplace <i>Kent Ind.</i>			
Mother's Maiden Name <i>Ilda Schwartz</i>				Mother's Birthplace <i>Baltr. Ind.</i>			
Name of person giving Information <i>James W. Rodney</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Abscess of scalp</i>	How long	<i>3 days</i>
	Immediate	<i>Exhaustion</i>	How long	<i>One day</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. O. Jolly, M.D.</i>
	Address	<i>Rockface Ind.</i>		
Accident or Suicide				



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rocksfall</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MAYLAND	
Date of death <i>1901</i>	<i>July</i> <small>Month</small>	<i>14</i> <small>Day</small>	Age <i>—</i>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Rocksfall,</i>		<i>Place of death</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		<i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Nelson Rodney</i>	Father's Birthplace <i>Kent Co</i>		<i>—</i>		
Mother's Maiden Name <i>Emma Schwartz</i>	Mother's Birthplace <i>Baltimore</i>		<i>—</i>		
Name of person giving Information <i>Nelson Rodney</i>	How related to deceased <i>Father</i>		<i>—</i>		

CAUSES OF DEATH

Primary <i>Still-born</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Kelly M.D.</i>
Accident or Suicide	Address <i>Rocksfall Md.</i>

PHYSICIAN
OR CORONER



Name
in Full

Susen Slater

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Pinney Neck* Town *Kent* County *MARYLAND*

Date of death *1960 July 31* Age *81* Months *0* Days *0*

Sex *Female* Color or Race *White* Birth-place *Kent Co Md*

Occupation *None* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Widow* Name of Wife or Husband *Henry Slater*

Father's Name *John Porter* Father's Birthplace *Maryland*

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

Name of person giving Information *Susen M Edwards* How related to deceased *Friend*

CAUSES OF DEATH

Primary *General debility* How long *3 weeks*

Immediate *Exhaustion* How long *One day*

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

Signature of Physician *W. J. Kelly MD*

Address *Rock Hall Md.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
Full

John G Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Chesterstown		County		Kent		MARYLAND				
Date of death	1910	Month	July	Day	19	Age	Years	-	Months	10	Days	-
Sex	Male		Color or Race	Col		Birth-place	Ind					
Occupation	-			Where residing if not at place of death			-					
Married, Single or Widowed	-		Name of Wife or Husband		-							
Father's Name	Jimmies Smith					Father's Birthplace	Ind					
Mother's Maiden Name	Marion Thomas					Mother's Birthplace	Ind					
Name of person giving information	John Gammon					How related to deceased	Nephew					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	1 day
Immediate	to haemolysis	How long	several hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. J. Simpson
		Address	Chesterstown
Accident or Suicide?	No		

Edwards.

Blackstone

Name
in Full

William Baskett Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Militaria		County Kent		MARYLAND	
Date of death		1960	Month July	Day 9	Age	1	Years
Sex		Male		Color or Race		African	
Occupation				Birth-place		Keomond	
Married, Single or Widowed		S.		Name of Wife or Husband			
Father's Name		William Henry Smith		Father's Birthplace		Ambers Co. Va.	
Mother's Maiden Name		Ocarene Parker		Mother's Birthplace		Berkeley Co. Va.	
Name of person giving information		Wm H. Smith		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary	Stomach poison.	How long	3 days
	Immediate	Convulsions	How long	2 days
	Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Frank W. Smithson
	Accident or Suicide		Address	Chestertown 2nd

55

Alieles

F. Stanley

Name in Full **Esther Grace Starr**

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Pomona Town		1st County		MARYLAND	
Date of death 1910	Month July	Day 15	Age 10 Years	Months	Days
Sex Female	Color or Race White		Birth-place Pomona Md.		
Occupation no	Where Residing if not at place of death				
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name Thos R. Starr	Father's Birthplace Pa				
Mother's Maiden Name Rachel H. Mellock	Mother's Birthplace Pa				
Name of person giving information Thos. R. Starr	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cholera Infantum	How long 2 weeks
Immediate Exhaustion	How long 1 week
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Chas. W. Whalband
	Address Chestertown Md
Assident or Suicide?	

Christy Hall

Hawcocks Nest

Name
Full

CERTIFICATE OF DEATH

Gustavus Startt

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chestertown		County Kent		MARYLAND	
Date of death	1910	Month	7	Day	30	Age	61
				Years		Months	1
				Days			11
Sex	Male		Color or Race	White		Birth-place	Kent Co
Occupation	Retired farmer		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Wife or Husband Mary Anna Startt				
Father's Name	Jno Startt				Father's Birthplace Kent Co		
Mother's Maiden Name	Anne Nicholson				Mother's Birthplace Balto.		
Name of person giving information	W Raymond Startt				How related to deceased son		

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	15 months
Immediate	Bright's Disease	How long	15 months.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Abner Simmons
		Address	Chestertown Md
Accident or Suicide?	No		

Richard D. Dods.

Westborough,

Name in Full

Mr Harma Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *Leeds Neck* ^{County} *1 Cent* MARYLAND

Date of death *1910 July 10* Age *55* ^{Months} *6* ^{Days} *10*

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

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

Married, Single or Widowed *Widowed* Name of Wife or Husband *Sarah R Taylor*

Father's Name *Wm Taylor* Father's Birthplace *Germany*

Mother's Maiden Name *Walker* Mother's Birthplace *Germany*

Name of person giving information *Sarah R Taylor* How related to deceased *Wife*

CAUSES OF DEATH

1103

PHYSICIAN OR CORONER

Primary *Acute indigestion* How long *1 hour*

Immediate *S. P. Walker* How long *—*

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

Signature of Physician *Chas. H. ...*

Address *Chesapeake ...*

Accident or Suicide? *—*

Charles, 1864.

2
Market Street



Name
in
Full

Anna Trout

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rock Hall		Town Rock Hall		County Kent		State MARYLAND	
Date of death 1940 July 30		Month July	Day 30	Age 36	Years 36	Months 5	Days 5
Sex Female	Color or Race Black	Occupation House Keeper		Birth-place Tolbert-Cmd			
Married, Single or Widowed Married		Name of Wife or Husband James E. Trout		Where Residing if not at place of death at place of death			
Father's Name William Johnson		Mother's Maiden Name Not Known		Father's Birthplace Maryland		Mother's Birthplace Not Known	
Name of person giving Information James E. Trout		How related to deceased Husband					

CAUSES OF DEATH

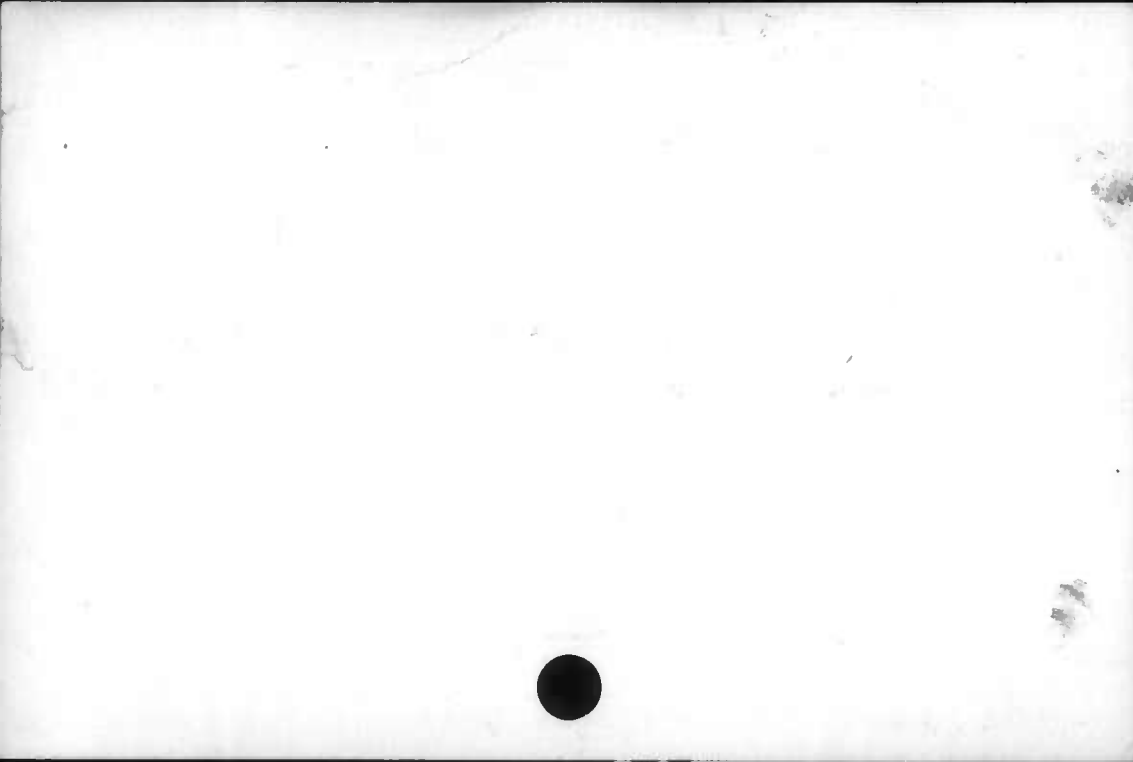
Primary Paralysis	How long 2 Weeks
Immediate Exhaustion	How long 3 Days

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

Signature of Physician

Dr. J. H. Beall
 Address **Rock Hall Md**

Accident or Suicide



Name
in Full

John Walley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Betterton</u>		Town <u>Hent</u>		County		MARYLAND	
Date of death <u>1966</u>		Month <u>July</u>	Day <u>6</u>	Age <u>48</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>md</u>				
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Columbia</u>		<u>md</u>			
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband						
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>						
Mother's Maiden Name <u>Mary E. Walley</u>	Mother's Birthplace <u>md</u>						
Name of person giving Information <u>James A. Walley</u>		How related to deceased <u>Brother</u>					

CAUSES OF DEATH

Primary	<u>Accidental Drowning</u>	How long <u>169</u>	Unknown
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>L. P. Atwell MD</u>	Address <u>Still Pond</u>
Accident or Suicide			<u>md</u>

PHYSICIAN
OR CORONER



Name
in Full

Rosina Weidman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rock Hall <small>Town</small>		Kent Co <small>County</small>		MARYLAND	
Date of death 1900	July <small>Month</small>	22 <small>Day</small>	68 <small>Age</small>	10 <small>Months</small>	18 <small>Days</small>
Sex Female	Color or Race White	Birth-place Germany			
Occupation Retired	Where Residing if not at place of death At place of death				
Married, Single Widowed Widow	Name of Wife or Husband Henry Weidman				
Father's Name Unknown	Father's Birthplace Germany				
Mother's Maiden Name Unknown	Mother's Birthplace Germany				
Name of person giving Information Sophia Smith	How related to deceased Daughter				

CAUSES OF DEATH

Primary Cancer of Breast	How long 3 years
Immediate Exhaustion	How long One day
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. O. Sully M.D.
	Address Rock Hall, Md.
Accident or Suicide	

PHYSICIAN
OR CORONER



Name in Full

Miss Marian O. Whalanda

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Chester</u> <small>Town</small>		<u>West</u> <small>County</small>		MARYLAND			
Date of death	<u>1910</u>	Month	<u>July</u>	Day	<u>8</u>	Age	<u>73</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Months	<u>6</u>	Days	<u>29</u>
Occupation <u>none</u>		Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband			Father's Birthplace <u>West Co Md</u>			
Father's Name <u>Mr. B. Whalanda</u>	Mother's Maiden Name <u>Elyse Camp</u>			Mother's Birthplace <u>West Co Md</u>			
Name of person giving information <u>Dr. B. Whalanda</u>		How related to deceased <u>Brother</u>					

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<u>Acute Diabetes</u>	How long	<u>5 Weeks</u>
Immediate	<u>Brain Poison</u>	How long	<u>2 Weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>B. W. Whalanda M.D.</u>
		Address	<u>Chester</u>
Accident or Suicide?	<input checked="" type="checkbox"/>		<u>Maryland</u>

Wing worn
St Paul

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name <i>Jannie Pearl Wrightson</i>		Town <i>Near Chestertown</i>		County <i>Kent</i>		STATE <i>MARYLAND</i>	
Date of death <i>1970</i>	Month <i>July</i>	Day <i>22</i>	Age <i>33</i>	Years <i>33</i>	Months <i>4</i>	Days <i>19</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co.</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>Yes. E. Wrightson</i>						
Father's Name <i>John T. Startt</i>	Father's Birthplace <i>Kent Co.</i>						
Mother's Maiden Name <i>Jannie C. Sprinkshank</i>	Mother's Birthplace <i>Kent Co.</i>						
Name of person giving information <i>Yes. E. Wrightson</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

Primary <i>Bright-Disease, Uremia</i>	How long <i>Several years.</i>
Immediate <i>Coma</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>H. E. Sampson</i>
	Address <i>Chestertown</i>
Accident or Suicide? <i>No</i>	

Baltimore
J E Ferguson