

Name in Full

Elmer Charles Arnold

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at ^{Town} Stevensville ^{County} Queen Anne's **MARYLAND**

Date of death 1910 ^{Month} July ^{Day} 24 ^{Age} — ^{Years} — ^{Months} 11 ^{Days} —

Sex Male Color or Race Caucasian Birthplace Baltimore

Occupation — Where Residing if not at place of death —

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

Father's Name Elmer Arnold Father's Birthplace Baltimore

Mother's Maiden Name Grace Jowers Mother's Birthplace Talbot Co.

Name of person giving information Elmer Arnold How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pertussis & Acute Colitis How long 10 weeks.

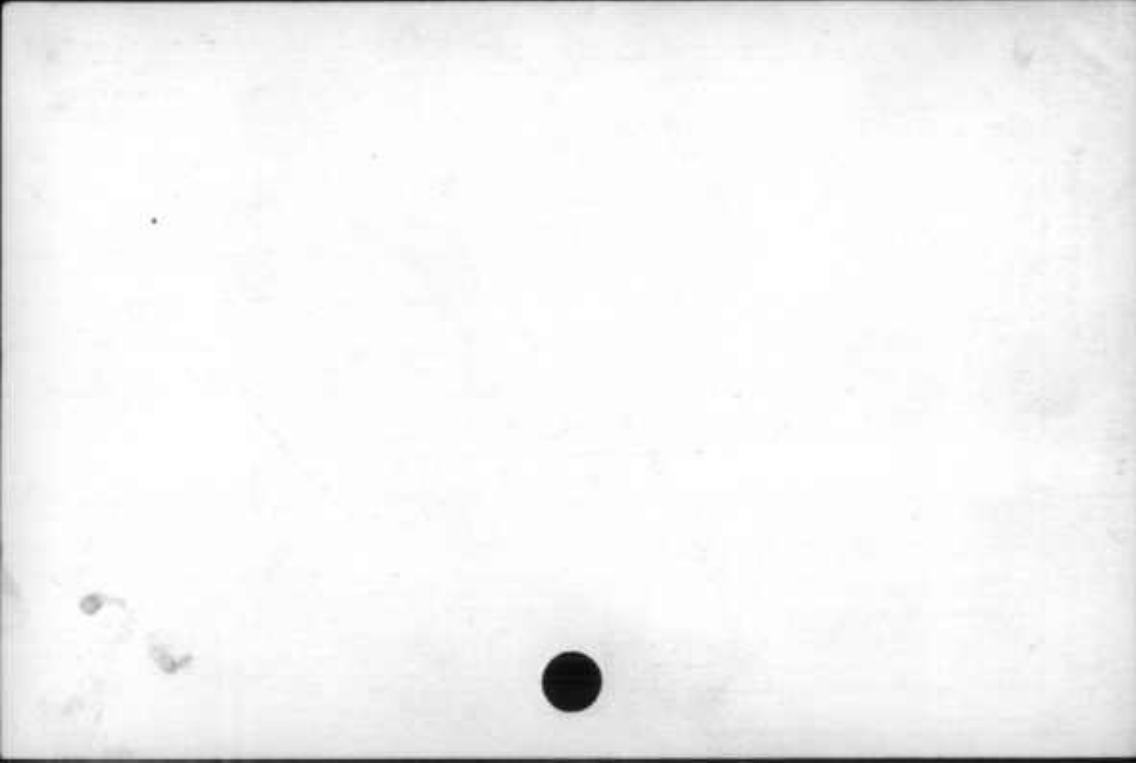
Immediate Convulsions How long 3 hours.

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

Signature of Physician W. Chas E. Hyde

Address Stevensville Md

Accident or Suicide —



Name
in
Full

Annie Elizabeth Bassett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at *Centerville* Town *Queen Anne* County **MARYLAND**

Date of death *1940* Month *7* Day *28* Age *60* Years Months *9* Days *—*

Sex *Female* Color or Race *White American* Birth-place *Queen Anne Co.*

Occupation *House work* Where Residing if not at place of death *Centerville*

Married, Single or Widowed *Widow* Name of Wife or Husband *W. Thaddeus Bassett*

Father's Name *Eli Pippin* Father's Birthplace *Queen Anne Co.*

Mother's Maiden Name *Fannie Anne Finisberg* Mother's Birthplace *Queen Anne Co.*

Name of person giving information *Sivian Bassett* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Myocarditis* How long *Two days*

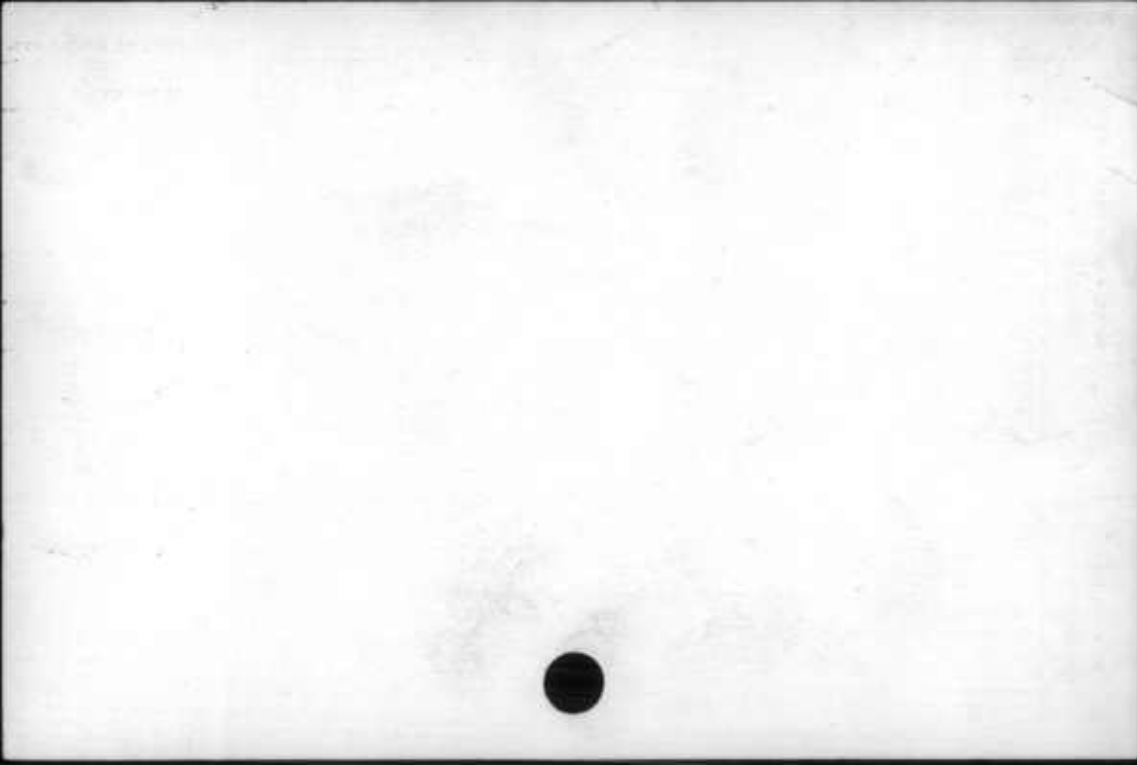
Immediate *Coronary* How long *1 day*

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

Signature of Physician *[Signature]* Address *Centerville*

Accident or Suicide *no*

149



Name
in
Full

Mary Baynard

CERTIFICATE OF DEATH

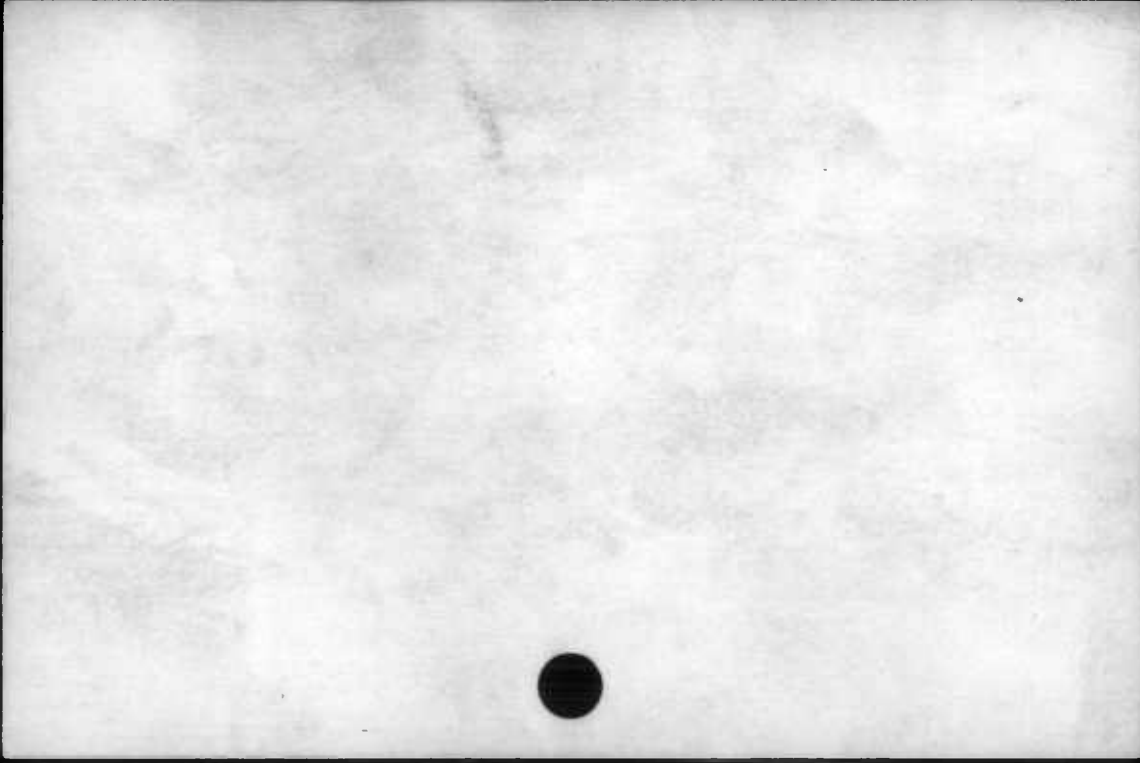
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Centerville</u> <u>Queen Anne</u> County <u>MARYLAND</u>	
Date of death 19 <u>10</u> Month <u>7</u> Day <u>26</u> Age <u>18</u> Years Months <u>—</u> Days <u>—</u>	
Sex <u>Female</u> Color or Race <u>Negro</u> Birth-place <u>Queen Anne Co. Spawards Neck</u>	
Occupation <u>House work</u> Where Residing if not at place of death <u>Centerville</u>	
Married, Single or Widowed <u>Single</u> Name of Wife or Husband <u>none</u>	
Father's Name <u>Soloman Baynard</u> Father's Birthplace <u>Queen Anne Co.</u>	
Mother's Maiden Name <u>Margaret Ann Murry</u> Mother's Birthplace <u>Queen Anne Co.</u>	
Name of person giving information <u>Soloman Baynard</u> How related to deceased <u>Father</u>	

CAUSES OF DEATH

Primary <u>D. enterica</u>	How long <u>8 months</u>
Immediate <u>Oedema of lungs</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>W. Henry Fisher</u>
Address <u>Centerville</u>	<u>Md.</u>
Accident or Suicide <u>no.</u>	

PHYSICIAN
OR CORONER



Name
in
Full

Charles Brown

CERTIFICATE OF DEATH

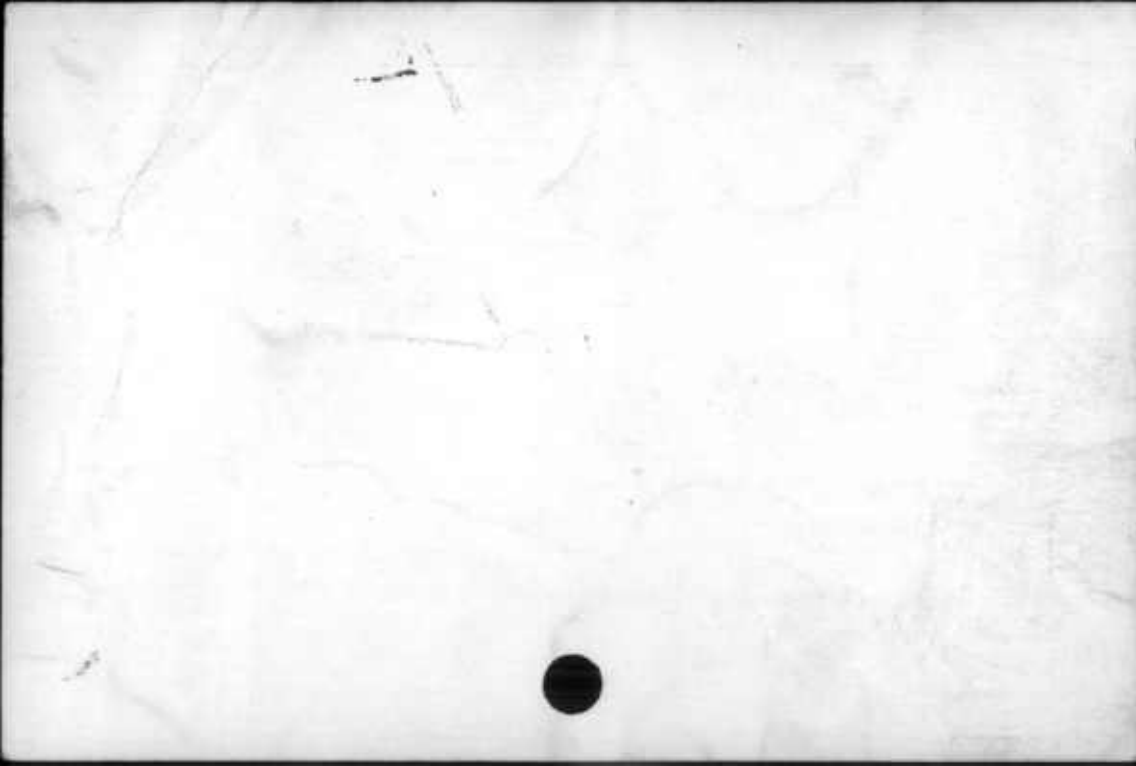
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Church Hill</u> <small>Town</small>		<u>Queen Anne's</u> <small>County</small>		MARYLAND	
Date of death <u>1960</u>	<u>July</u> <small>Month</small>	<u>16th</u> <small>Day</small>	<u>60</u> <small>Years</small>	<u>10</u> <small>Months</small>	<u>7</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>Black</u>	Birthplace <u>Church Hill</u>		Occupation <u>None</u>	
Where Residing if not at place of death <u>at place of death</u>		Married, Single or Widowed <u>Single</u> Name of Wife or Husband <u>none</u>			
Father's Name <u>Chas Brown</u>		Father's Birthplace <u>Ches Hill</u>		Mother's Maiden Name <u>Mary Bateman</u>	
Mother's Birthplace <u>2 a es</u>		Name of person giving information <u>Chas Brown</u>		How related to deceased <u>Father</u>	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary <u>Myocardial Infarction</u>	How long <u>3 Mths</u>
Immediate <u>Exhaustion</u>	How long <u>1 hr</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Joe Lane Briley</u>
Address <u>Church Hill</u>	<u>MD</u>
Accident or Suicide	



Name
in
Full

George Thomas Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town B hester		County Queen		MARYLAND	
	Date of death 190		Month July	Day 15	Age 3 months	Days
Sex	male	Color or Race	white	Birth-place	Kent Island	
Occupation	_____			Where Residing if not at place of death	Kent Island	
Married, Single or Widowed	_____	Name of Wife or Husband _____				
Father's Name	Samuel G. Brown			Father's Birthplace	Kent Island	
Mother's Maiden Name	Magnolia Blendaniel			Mother's Birthplace	_____	
Name of person giving Information	Samuel C. Brown			How related to deceased	Father	

CAUSES OF DEATH

Primary	Marasmus	How long	2 mos
Immediate	Asphyxia	How long	2 wks.

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

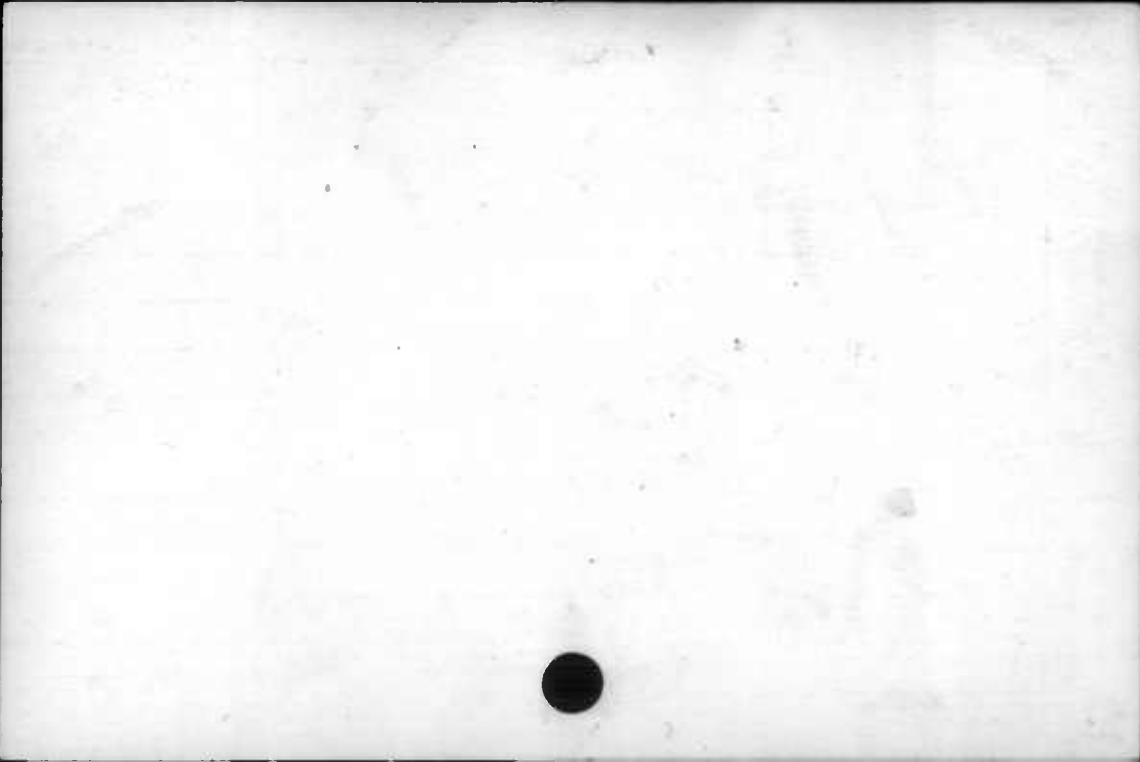
Signature of Physician

Address

W. H. E. Snyder
Stevensville

Accident or Suicide

Med.



Name
in
Full

Fredrick K. Bryan

CERTIFICATE OF DEATH

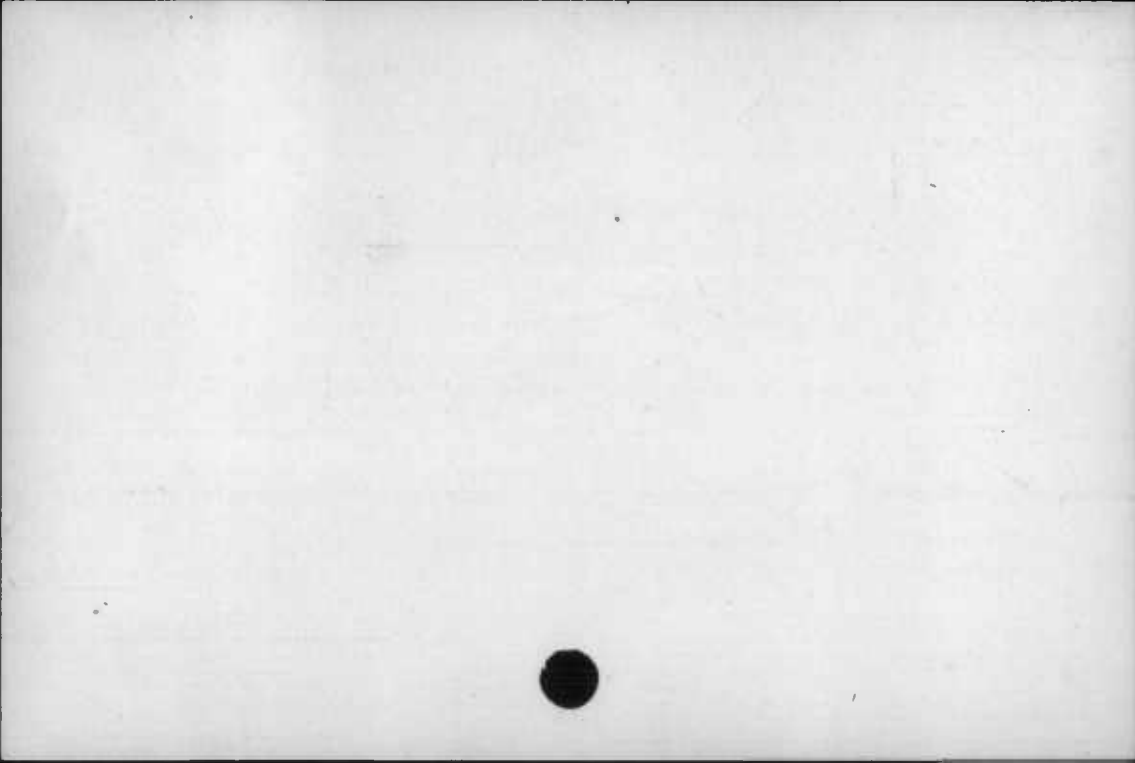
TO BE ANSWERED BY
OR
NEAREST FRIEND

Died at <u>Winchester</u> ^{Town}		<u>2</u> ^{County}		MARYLAND	
Date of death	<u>1910</u> ^{Year}	<u>July</u> ^{Month}	<u>3</u> ^{Day}	Age	<u>74</u> ^{Years}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Duval</u>
Occupation	<u>Physician</u>		Where Reading if not at place of death	<u>Winchester</u>	
Married	<u>Yes</u>	Name of Wife	<u>Barrie Davis</u>		
Father's Name	<u>James M. Bryan</u>		Father's Birthplace	<u>Duval</u>	
Mother's Maiden Name	<u>Susan Billett</u>		Mother's Birthplace	<u>Id</u>	
Name of person giving information	<u>Miss. Fanny Bryan</u>		How related to deceased	<u>Sister</u>	

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary	<u>Acute indigestion</u>	How long	<u>Five hours</u>
Immediate	<u>Cardiac paralysis</u>	How long	<u>Ten minutes</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>P. W. Ford</u>
		Address	<u>Academtown, W. Va.</u>
Accident or Suicide?			



Name in Full

Laura Virginia Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Smiths Creek* County *Smiths Creek* MARYLAND

Date of death 190 *July* Month *11* Day Age *61* Years *6* Months Days

Sex *Female* Color or Race *White* Birth-place *Kent Island*

Occupation *Housekeeper* Where Residing if not at place of death *Kent Island*

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

Father's Name *Louis Bryan* Father's Birthplace *Kent Island*

Mother's Maiden Name *Susan Segg* Mother's Birthplace *Kent Island*

Name of person giving information *Synda Bryan* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN OR CORNER

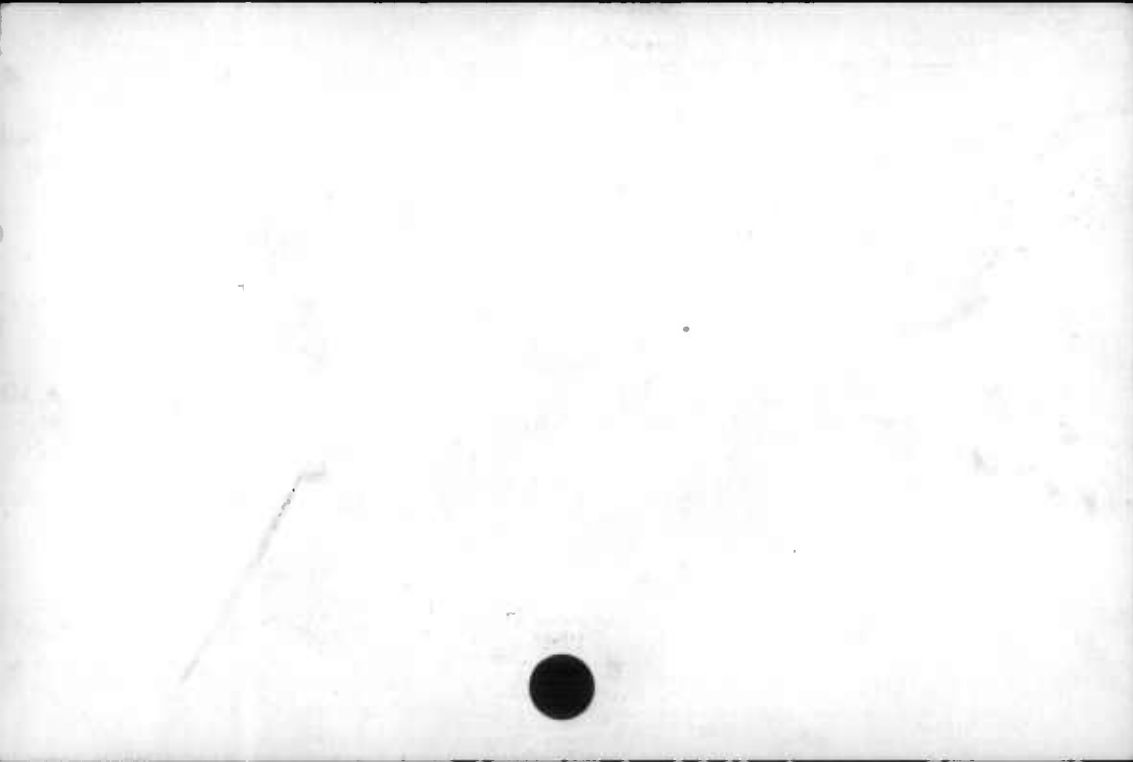
Primary *Chronic Gastritis & Neurasthenia* How long *3 years*

Immediate *Pulmonary Tuberculosis* How long *4 mo*

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

Signature of Physician *Chery Kemp* Address *Stevensville Md*

Accident or Suicide *_____*



Name
in
Full

Alice L Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Fords Shore* ^{Town} *Pa* ^{County} MARYLAND

Date of death *1910* ^{Month} *7* ^{Day} *6* ^{Age} *2* ^{Years} *27* ^{Months} *2* ^{Days} *27*

Sex *female* Color or Race *negro* Birth-place *Fords Shore*

Occupation *none* Where Residing if not at place of death *Fords Shore*

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

Father's Name *Elysha Butler* Father's Birthplace *Labe Md*

Mother's Maiden Name *Bertha Anderson* Mother's Birthplace *Balt City*

Name of person giving information *Elysha Butler* How related to deceased *father*

CAUSES OF DEATH

Primary *Enteric Colitis* How long *One Week*

Immediate *Exhaustion* How long *24 Hours*

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

Signature of Physician *P. H. Ford*

Address *Queenstown, Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full *Mary Rebecca Coleman*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

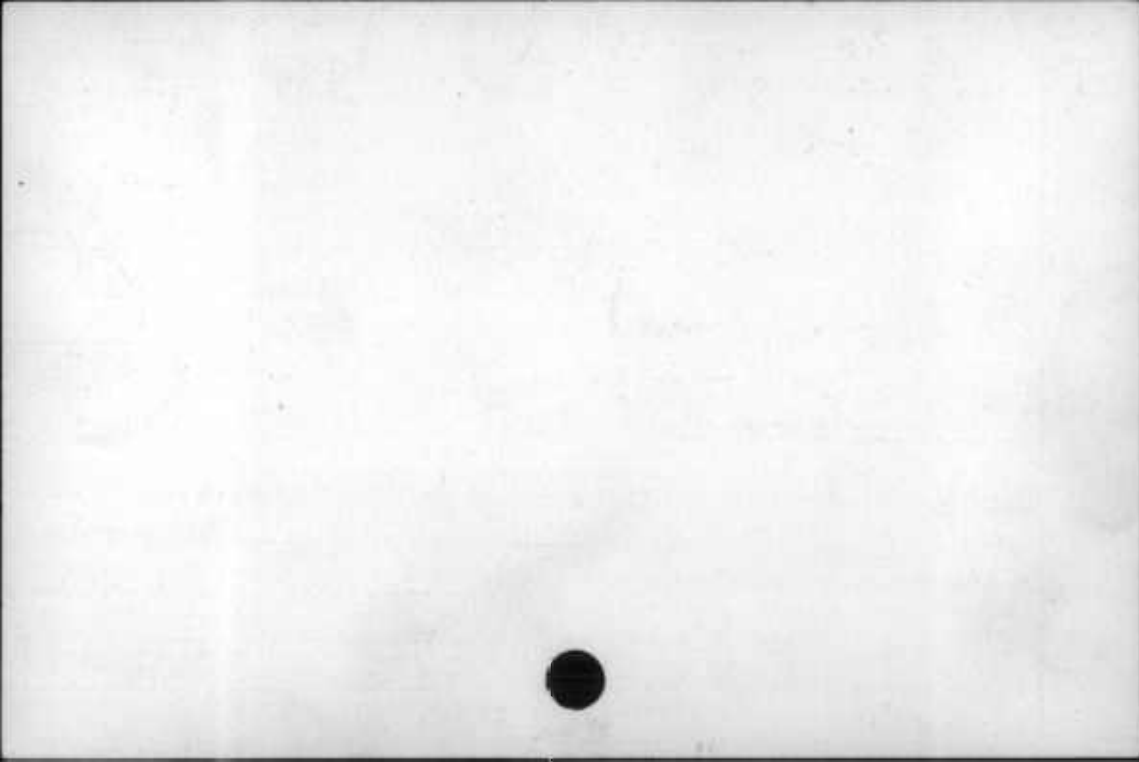
Gx

Died at <i>Crumpton</i> <small>Town</small>		<i>Queen Annes Co</i> <small>County</small>		MARYLAND	
Date of death <i>1980</i>	<i>July</i> <small>Month</small>	<i>21</i> <small>Day</small>	Age <i>82</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>William Coleman</i>				
Father's Name <i>" Mc Kenney</i>	Father's Birthplace <i>X</i>		Mother's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>	Name of person giving information <i>W. R. Coleman</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>199</i> <i>A</i>	How long
Immediate <i>Senile Debility</i>		How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. E. Sanders M.D.</i>	
	Address <i>Crumpton</i>	
Accident or Suicide?		



Name
in
Full

Not Named Comegys

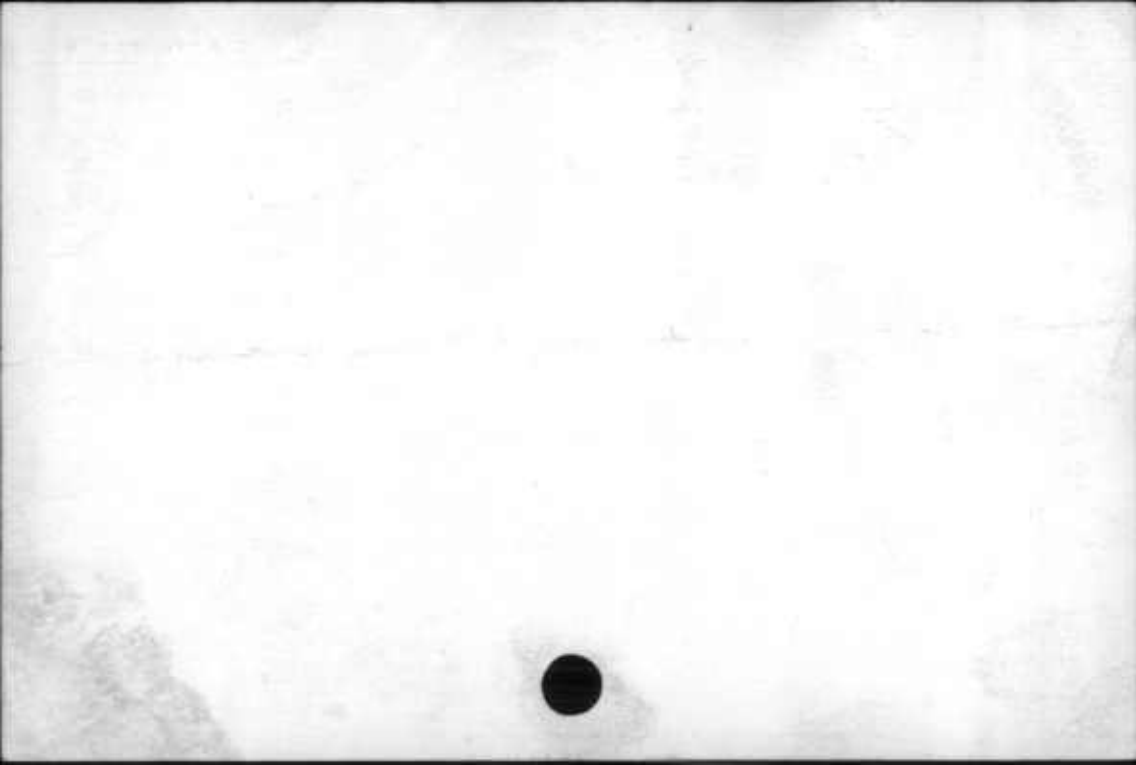
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Centreville</u> <small>Town</small>		<u>Juvenans</u> <small>County</small>		MARYLAND	
Date of death	<u>1980</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>10</u> <small>Day</small>	Age	<u>9</u> <small>Years</small>
Sex	<u>male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Centreville</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			
Father's Name	<u>Alex Comegys</u>		Father's Birthplace	<u>Juvenans Co</u>	
Mother's Maiden Name	<u>Rebecca Blake</u>		Mother's Birthplace	<u>Juvenans Co</u>	
Name of person giving Information	<u>Alex Comegys</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Congenital weakness</u>	How long	<u>9 days.</u>
	Immediate	<u>Convulsions</u>	How long	<u>3 days.</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. F. Smith</u>
		Address	<u>Centreville Md.</u>	
	Accident or Suicide			



Name
in
Full

Deen
Premature birth (Child not home)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died *near Hoyerden* Town *Queen Anne's* County MARYLAND

Date of death *1900* Month *July* Day *7* Age *—* Years Months *3 hours*

Sex *Female* Color or Race *Black* Birth-place *J. & C. Ind.*

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

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

Father's Name *Chas W. A. Deen* Father's Birthplace *Tolbot Co. Ind.*

Mother's Maiden Name *Anna Carter* Mother's Birthplace *J. & C. Ind.*

Name of person giving information *Chas W. A. Deen* How related to deceased *Father*

CAUSES OF DEATH

Primary *Premature birth* How long *3 hours*

Immediate *Premature birth* How long *3 hours*

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

Signature of Physician *W. J. Coppinger* Address *Church Hill Ind.*

Accident or Suicide? *—*

PHYSICIAN
OR CORONER



Name
in
Full

Not named

Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Centreville ^{County} Queen Anne's MARYLANDDate of death 1960 ^{Month} July ^{Day} 11 Age ^{Year} — ^{Months} — ^{Days} 1

Sex Male Color or Race Negro Birthplace Centreville

Occupation none Where Residing if not at place of death —

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

Father's Name William Dennis Father's Birthplace Wilmington, Del.

Mother's Maiden Name Annis Bordley Mother's Birthplace Queen Anne's

Name of person giving Information William Dennis How related to Deceased Father

CAUSES OF DEATH

Primary Congenital Weakness How long 15 1/2 days

Immediate Exhaustion How long 1 day

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

Signature of Physician E. F. Smith Address Centreville Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
In Full

No Name Dodd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

4

Died at <u>Cemichaw</u> ^{Town}		<u>R. G.</u> ^{County}		MARYLAND	
Date of death	<u>1910</u>	Month	<u>July</u>	Day	<u>11</u>
Age			Years	Months	<u>7</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth place	<u>Cemichaw, Md.</u>
Occupation			Where Reading if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<u>Henry Dodd</u>			Father's Birthplace	<u>Cemichaw, Md.</u>
Mother's Maiden Name	<u>Jania Durbine</u>			Mother's Birthplace	<u>Lanester Co., Md.</u>
Name of person giving information	<u>Henry Dodd</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature labor</u>	How long	<u>Five hours</u>
Immediate	<u>Exhaustion</u>	How long	<u>Five minutes</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>R. W. Ford</u>
		Address	<u>Bucanetown, Md.</u>
Accident or Suicide?			



Name in Full

Clyde Ernest

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *near Sudbville* Town *Frederick* County **MARYLAND**

Date of death 190*8* Month *8* Day *18* Age *—* Years Months *8* Days

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

Occupation *none* Where Residing if not at place of death *ind*

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

Father's Name *Charles Ernest* Father's Birthplace *ind*

Mother's Maiden Name *Wora Linton* Mother's Birthplace *ind*

Name of person giving Information *Charles Ernest* How related to deceased *Father*

CAUSES OF DEATH

Primary *Mal Nutrition* How long *6 weeks*

Immediate *Cholera Infantum* How long *10 days*

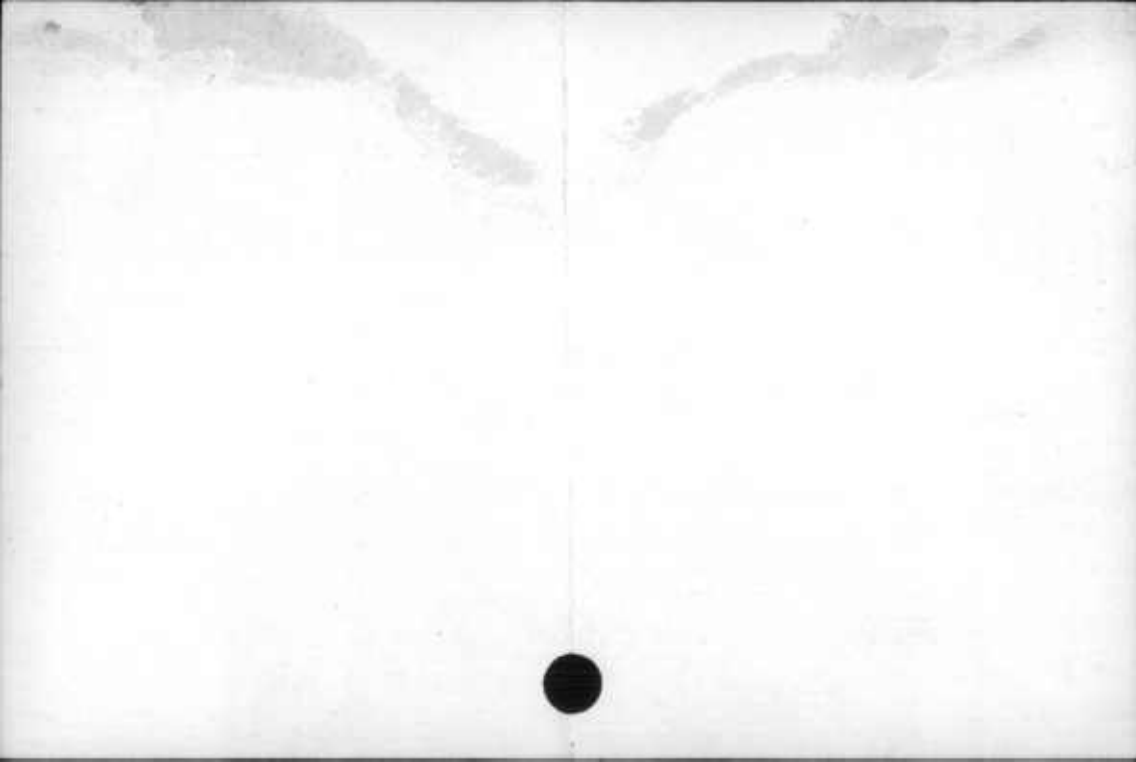
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Fredrick Such...*

Address *Sudbville*

Accident or Suicide *no*

PHYSICIAN OR CORONER



Name
in Full

Mary Elyza Gleason

CERTIFICATE OF DEATH

Died at

Pipe

Town

July Hancock Co

County

MARYLAND

Date

1900

Month

July

Day

6th

Year

76

Months

7

Days

2

Sex

Female

Color or Race

White

Birth place

Hancock Co

Occupation

House Wife

Where Residing if not at place of death

St Agnes

Married, Single or Widowed

Married

Name of Wife or Husband

William J. Gleason

Father's Name

William J. Armstrong

Father's Birthplace

Maryland

Mother's Maiden Name

Susan Jacob

Mother's Birthplace

Maryland

Name of person giving Information

Robert J. Armstrong

How related to deceased

Brother

CAUSES OF DEATH

Primary

Hemiplegia

How long

11 wks.

Immediate

Exhaustion

How long

1 hr

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

Yes

Signature of Physician

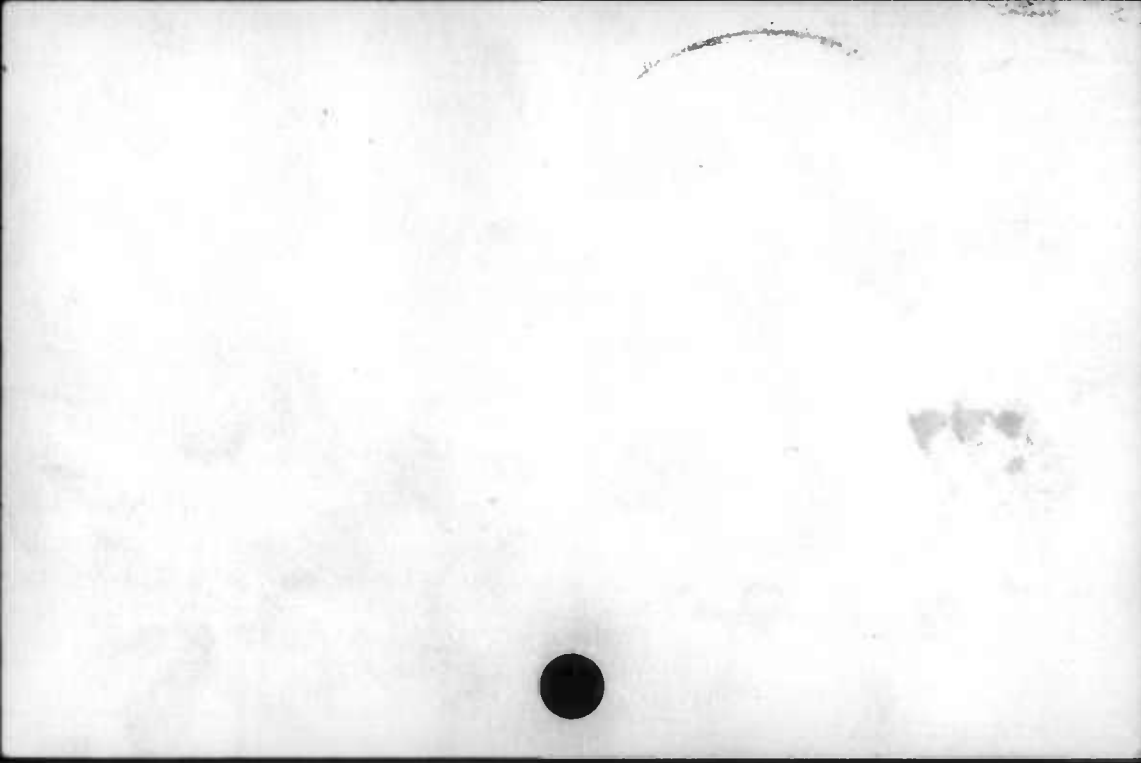
Address

W. J. Deedley, M.D.
Chase Hill
Maryland

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Margie Hill
Town

L. 9.
County

MARYLAND

Died at

1902
Date of death

July 31
Month Day

Age

Years

Months

Days

Sex

Female

Color or Race

Caucasian

Birth-place

Kent Island

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Harry Hill

Father's Birthplace

Delaware

Mother's Maiden Name

Bessie Orrell

Mother's Birthplace

Greenland Co

Name of person giving Information

Harry Hill

How related to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

How long

from Birth

Immediate

Exhaustion

How long

Gradual

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

yes

Signature of Physician

Wm J Henry

Address

Stevensville

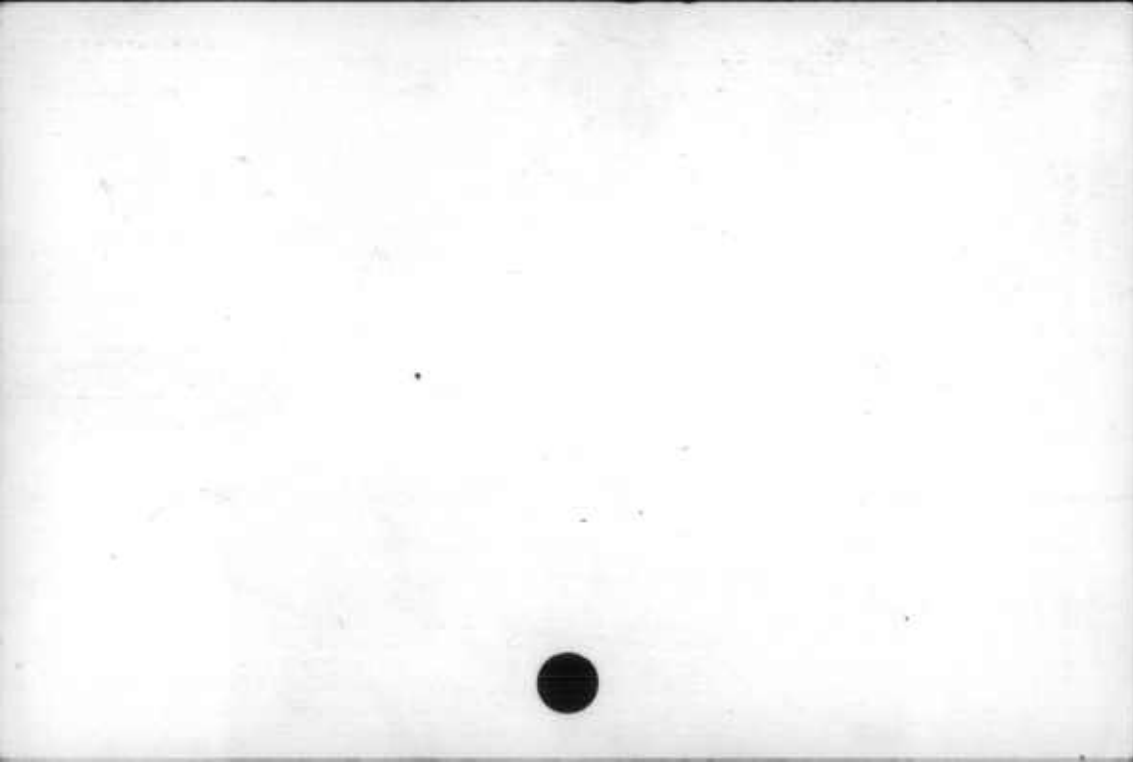
Accident or Suicide

No

Md

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

Wm G Hobbs

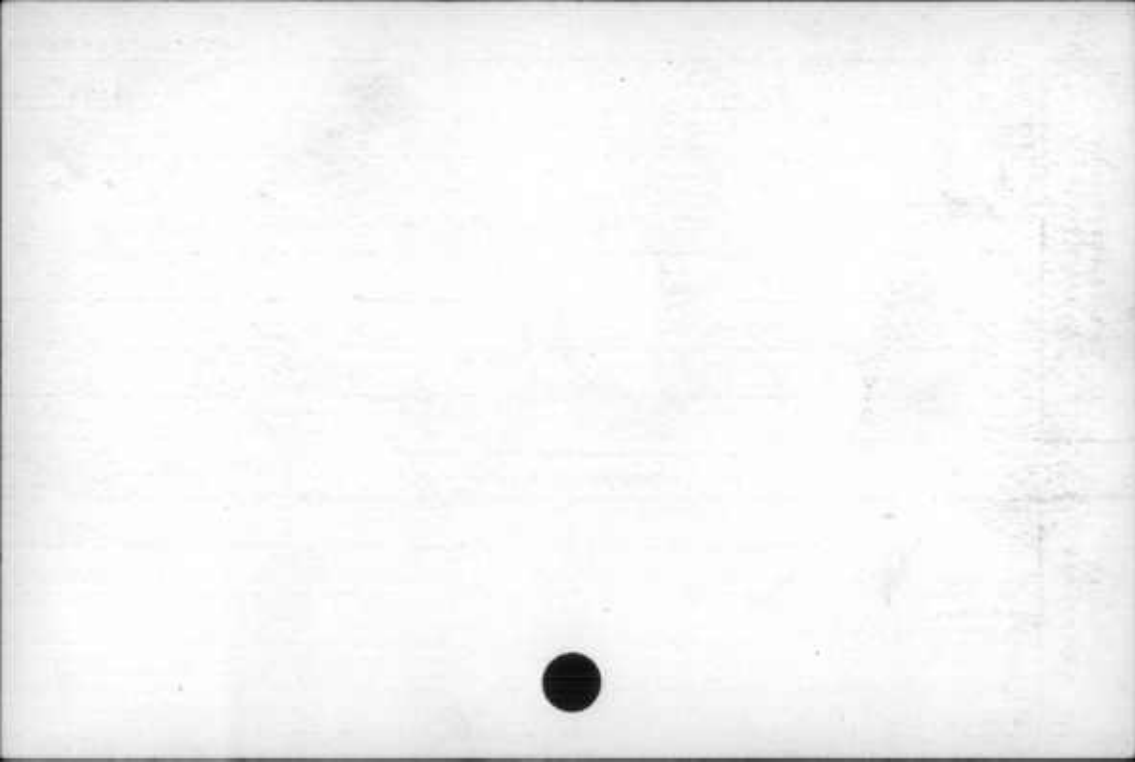
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centerville</i> Town		<i>Innes</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>6</i>	Age <i>78</i>	Years <i>6</i>	Months <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Talbot Co</i>		
Occupation <i>Watchman</i>			Where Residing if not at place of death <i>Centerville</i>		
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Mary A Hobbs</i>			
Father's Name <i>Wm A G Hobbs</i>			Father's Birthplace <i>Kent Island</i>		
Mother's Maiden Name <i>Anna C. Ringold</i>			Mother's Birthplace <i>Innes</i>		
Name of person giving Information <i>Anna C. Ringold</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Arterio-sclerosis</i>	How long <i>64</i>
	Immediate <i>Cerebral Hemorrhage</i>	How long <i>4 or 5 hrs</i>
	Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>J. J. Brown</i>
	Accident or Suicide <i>no</i>	Address <i>Centerville Md</i>



Name

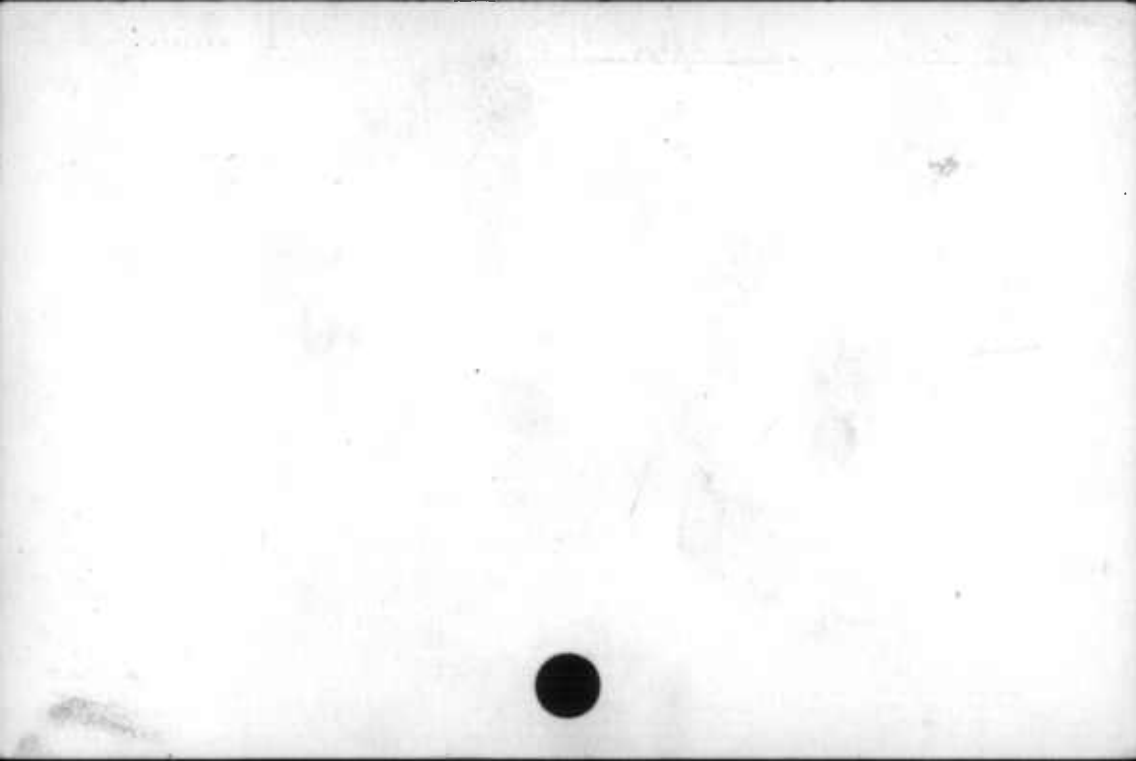
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>John H. Jackson</u>		County <u>Stevensville Queen Anne</u>		MARYLAND	
Date of death <u>1900</u>		Month <u>July</u>	Day <u>2nd</u>	Age <u>64</u>	Months <u></u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u></u>		
Occupation <u>Farming</u>	Where Residing if not at place of death <u>Kent Island</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mollie Jackson</u>				
Father's Name <u>E. H. Jackson</u>	Father's Birthplace <u></u>				
Mother's Maiden Name <u></u>	Mother's Birthplace <u></u>				
Name of person giving Information <u>Doc E. H. Jackson</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary <u>Pneumonia & Pleurisy</u>	How long <u>3 mo</u>
	Immediate <u>Pulmonary Tuberculosis</u>	How long <u>18 mo.</u>
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chery Kemp</u>
		Address <u>Stevensville Md.</u>
<u>Accident or Suicide</u>		



Name
in Full

CERTIFICATE OF DEATH

Arena Jewell

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Fords Hoce* ^{Town} *2 Annis* ^{County} MARYLAND

Date of death *1910* Month *7* Day *10* Age *—* Years Months *9-* Days *15-*

Sex *Female* Color or Race *White* Birth-place *2 a Co*

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

~~Married~~ Single Name of Wife or Husband *—*

Father's Name *Chas. C Jewell* Father's Birthplace *2 a Co*

Mother's Maiden Name *Ruby Pearson* Mother's Birthplace *3 a Co*

Name of person giving information *Chas C Jewell* How related to deceased *father*

CAUSES OF DEATH

Primary *Dentition* *1894* How long *One week*

Immediate *Exhaustion* How long *Three hours*

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

Yes

Signature of Physician

R. H. Ford

Address

Pearstown, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Pearl McCready

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at *Fords Store* *D.C.* County

MARYLAND

Date of death 19*18* Month *July* Day *21* Age *18* Years Months Days

Sex *F* Color or Race *White* Birth-place *D C Co Md*

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

Married Widowed Name of ~~Wife~~ Husband *Edw McCready*

Father's Name *J J Hadaway* Father's Birthplace *Fall Church Ky*

Mother's Maiden Name *Sallie Hallingworth* Mother's Birthplace *D C Co Md*

Name of person giving information *Edw McCready* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dysphoid Fever* *(1)* How long *3 weeks*

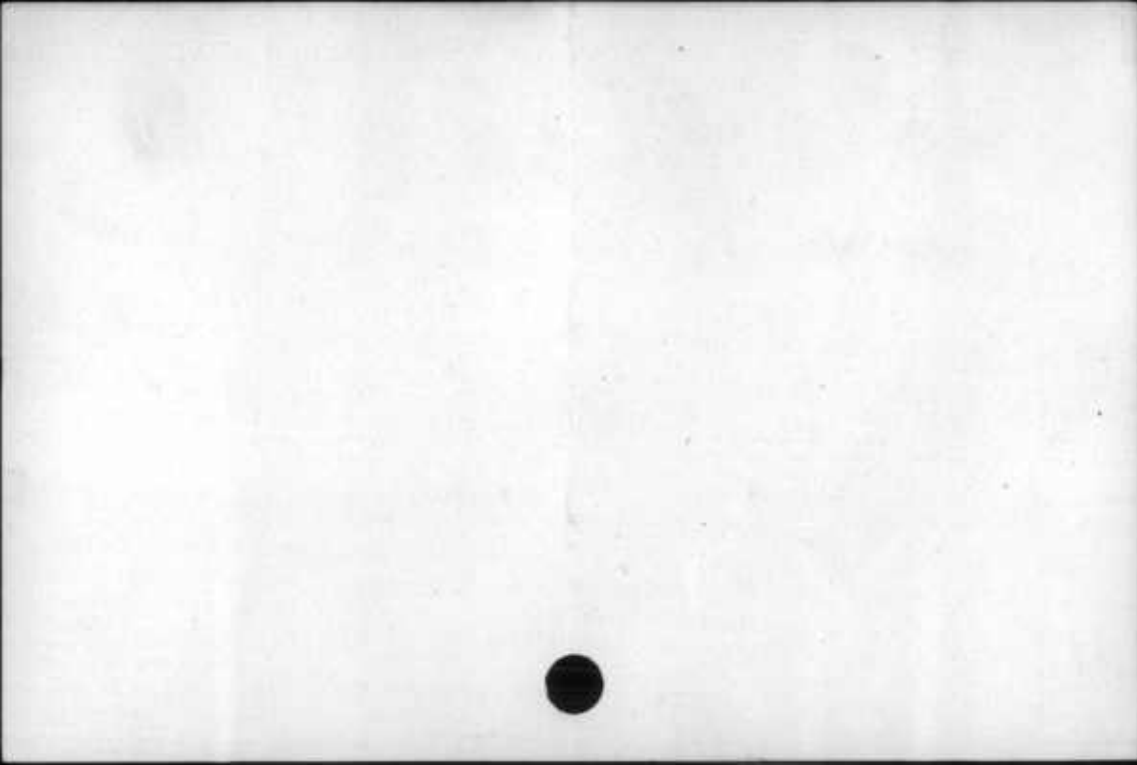
Immediate *Intestinal Hemorrhage* How long *2 days*

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

Signature of Physician *Wm J Perry*

Address *Stevensville Md*

Accident or Suicide?



Name in Full

Lilian Elizabeth, Mc Mullen.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Millington ^{County} ~~Wayne~~ Kent ^{State} MARYLAND

Date of death 19¹⁰ ^{Month} July ^{Day} 22 ^{Age} ^{Years} ^{Months} 4 ^{Days} 15

Sex Female ^{Color or Race} White ^{Birth-place} Maryland

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

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

Father's Name William Mc Mullen ^{Father's Birthplace} Maryland

Mother's Maiden Name Bessie Seager ^{Mother's Birthplace} Maryland

Name of person giving Information Wm Mc Mullen ^{How related to deceased} Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

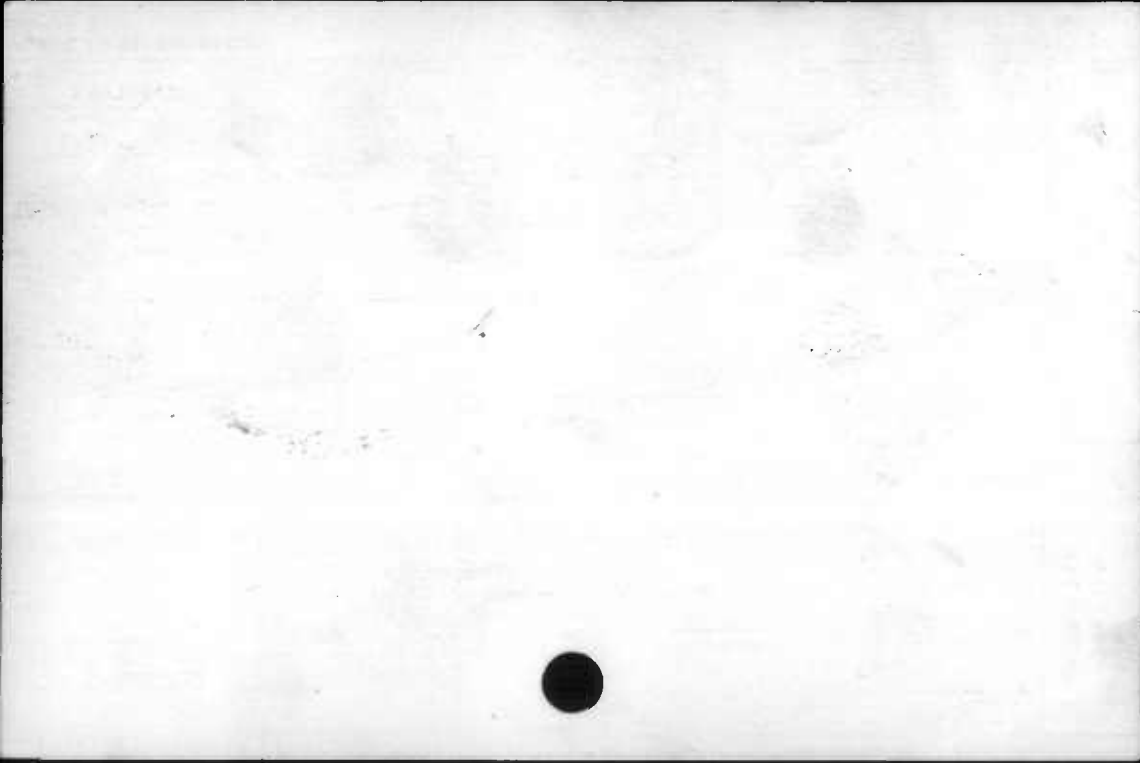
Primary ^{How long} Enteric Colitis 8 or 10 days

Immediate ^{How long} 10 H

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

^{Address} Millington, Md.

Accident or Suicide



Name
in
Full

John Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at <u>C Home</u>		Town		<u>2 A County</u>		County		MARYLAND		
Date of death	190	Month	<u>July</u>	Day	<u>1</u>	Age	<u>21</u>	Years	Months	Days
Sex	<u>male</u>		Color or Race	<u>negro</u>		Birthplace	<u>2 A Co Md</u>			
Occupation	<u>laborer</u>			Where Residing if not at place of death		<u>2 A Co</u>				
Married, Single or Widowed	<u>single</u>		Name of Wife or Husband		<u>—</u>					
Father's Name	<u>No History</u>					Father's Birthplace				
Mother's Maiden Name	<u>Don't know</u>					Mother's Birthplace				
Name of person giving information	<u>Miss Foster</u>					How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Inflammation of stomach</u>	How long	<u>2 years</u>
Immediate	<u>trauma</u>	How long	<u>105</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>		
Signature of Physician	<u>J. A. Holtz</u>		
Address	<u>Centerville Md</u>		
Accident or Suicide			



Name
in
Full

William Franklin Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at Greensboro ^{Town} L.A. County MARYLAND

Date of death 1910 ^{Month} July ^{Day} 27 ^{Years} 35 ^{Months} — ^{Days} —

Sex Male ^{Color or Race} White ^{Birth-place} L.A.C. Md.

Occupation Farmer ^{Where Residing if not at place of death} Greensboro Md.

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

Father's Name John Nelson ^{Father's Birthplace} L.A.C. Md.

Mother's Maiden Name Mary Frances Reed ^{Mother's Birthplace} L.A.C. Md.

Name of person giving information J.P.W. Ford ^{How related to deceased} Physician

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis ^{How long} Two years two months

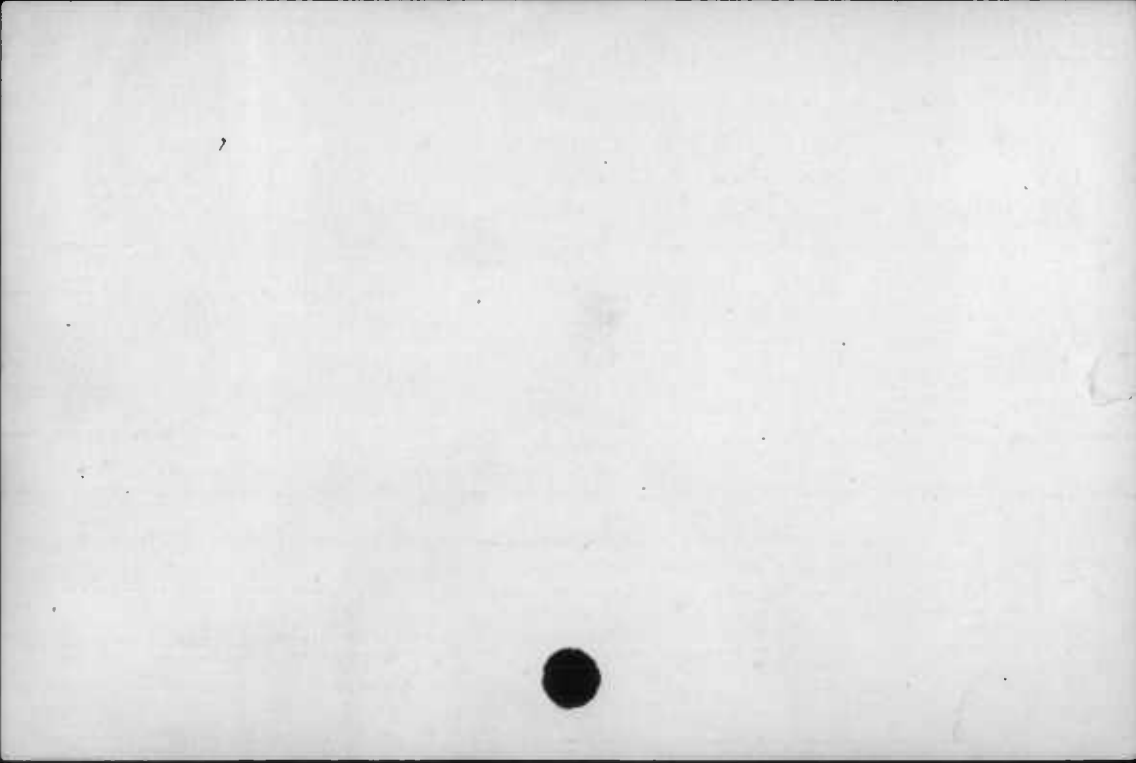
Immediate Exhaustion ^{How long} twelve hours

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

Signature of Physician J.P.W. Ford

Address Greensboro, Md.

Accident or Suicide? —



Name
in
Full

Sarah Rebeca Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Ruthsburg ^{County} Queen Annes MARYLANDDate of death 19th ^{Month} July ^{Day} 13 ^{Years} Age 70 ^{Months} ^{Days}Sex Female ^{Color or Race} Colored ^{Birthplace} Not knownOccupation ^{Where Residing if not at place of death}
House WifeMarried, Single or Widowed Married ^{Name of Wife or Husband} Simon NicholsFather's Name ^{Father's Birthplace}
Thos. Denber Not knownMother's Maiden Name ^{Mother's Birthplace}
not known Not knownName of person giving Information ^{How related to deceased}
Simon Nichols Husband

CAUSES OF DEATH

Primary ^{How long}
Bronchitis & Asthma 89 ✓ 18 monthsImmediate ^{How long}
Exhaustion 3 months

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

^{Signature of Physician} Walter H. Fenby,
^{Address} Centreville,

Accident or Suicide Neither R.R. No. 4, Md.

PHYSICIAN
OR CORONER



Name
in
Full

Eileen E. Patts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} Millington Town G.A. County

Date of death 1940 June Month 30 Day Age — Years 4 Months — Days

Sex Female Color or Race Colored Birth-place G.A.Co.

Occupation Child Where Residing if not at place of death at home

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

Father's Name Sam E. Patts Father's Birthplace G.A.Co. Md

Mother's Maiden Name Alice Watson Patts Mother's Birthplace Delaware

Name of person giving Information Samuel Patts How related to deceased Father

CAUSES OF DEATH

Primary Gastro Enteritis How long 10 Hrs ✓

Immediate Exhaustion How long 7 Mins

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

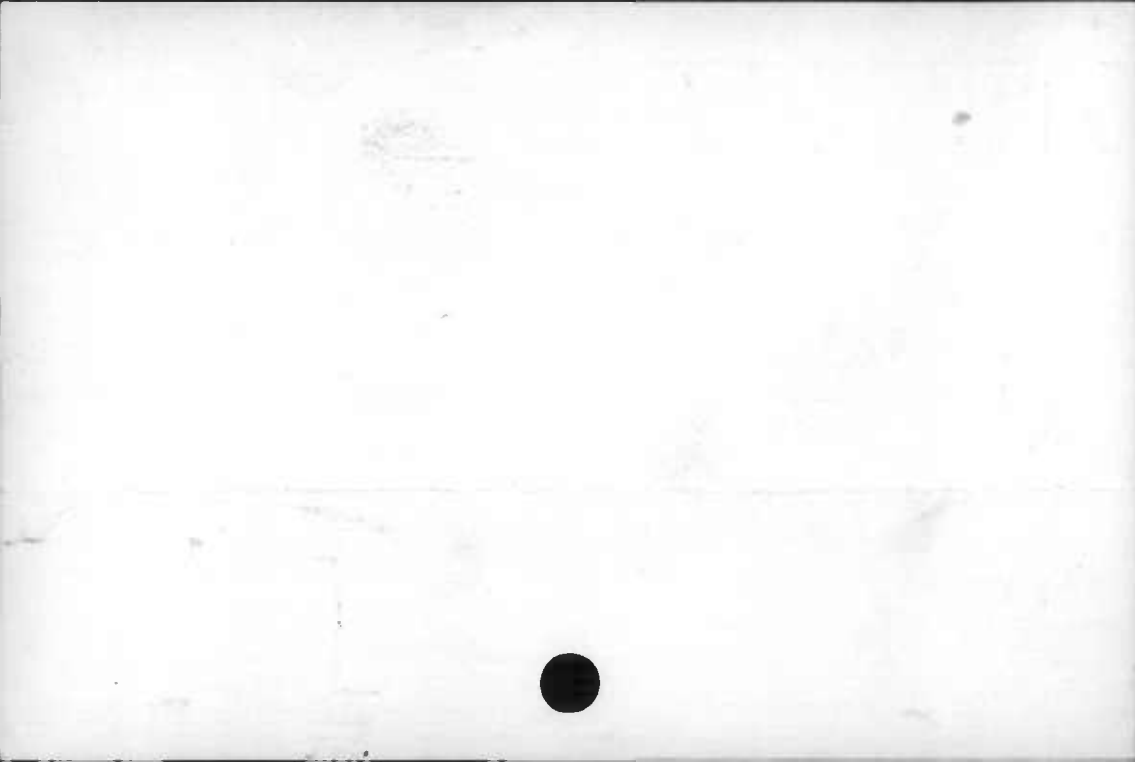
Yes

Signature of Physician

Address

W. P. Townum MD
Millington Md

Accident or Suicide —PHYSICIAN
OR CORONER



Name
in
Full

Rasmi
Town

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Doublers Creek County Q & D **MARYLAND**

Date of death 1980 Month July Day 20 Age — Years — Months — Days —

Sex Female Color or Race Black Birth-place Doublers Creek

Occupation — Where Reaiding if not at place of death —

~~Married, Single~~ Widowed Name of Wife or Husbend —

Father's Name James H Rasmi Father's Birthplace Kent Co Md

Mother's Maiden Name Carnie Wright Mother's Birthplace Q & D Co Md

Name of person giving Information James H Rasmi How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Shelborn How long —

Immediete S How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Allen E Landers H.O.

Address Crofton Md

Accident or Suicide



Name
in
Full

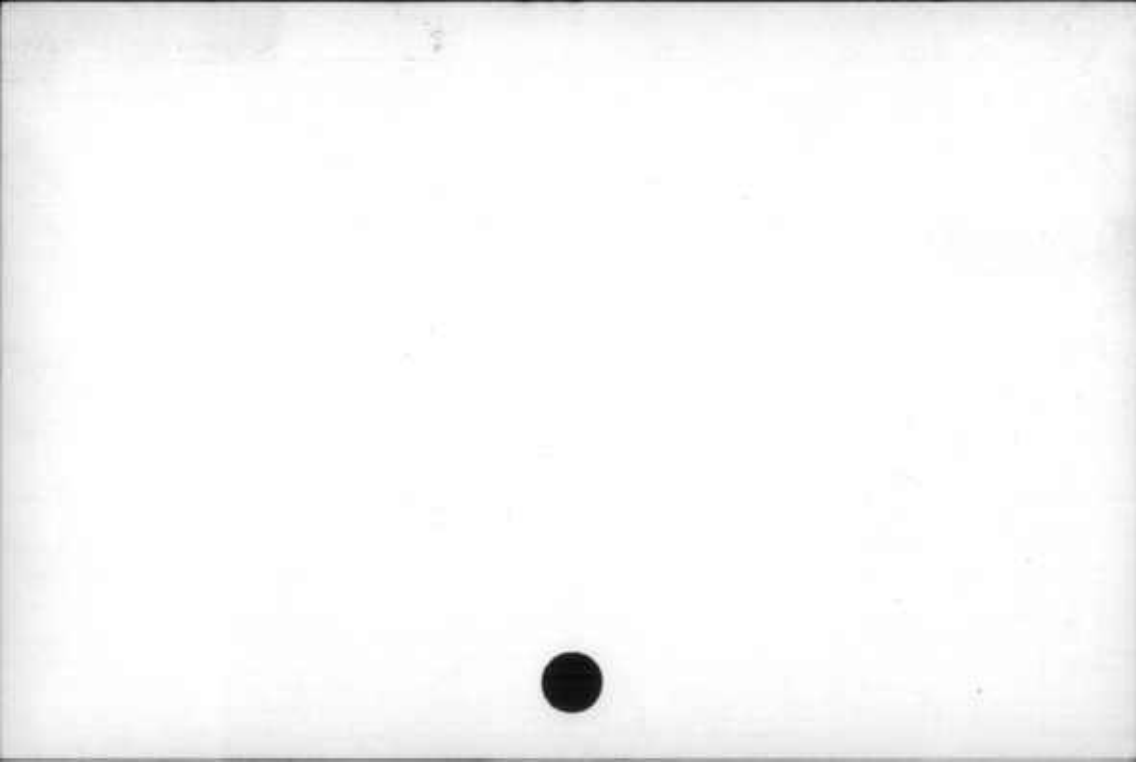
Mrs Mary Elizabeth Redden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Ruthsburg ^{County} Queen Anne's MARYLANDDate of death 1906 ^{Month} July ^{Day} 24 ^{Age} 76 ^{Years} ^{Months} 6 ^{Days}Sex Female ^{Color or Race} White ^{Birth-place}Occupation ^{Where Residing if not at place of death}
House wifeMarried, Single or Widowed Married ^{Name of Wife or Husband} John W. ReddenFather's Name ^{Father's Birthplace}
not known Not knownMother's Maiden Name ^{Mother's Birthplace}
not known Not knownName of person giving Information ^{How related to deceased}
John W. Redden Husband

CAUSES OF DEATH

Primary ^{How long}
Malaria Fever 4 A Two weeksImmediate ^{How long}
ExhaustionAre the name, age, sex, color, date and place correctly given above? ^{Signature of Physician}
yes Walter H. Fenby,^{Address}
Centerville,~~Accident or Suicide~~ ^{P.R. No. 4.} neither Ind.PHYSICIAN
OR CORONER



Name
in
Full

Joseph Ringold

CERTIFICATE OF DEATH

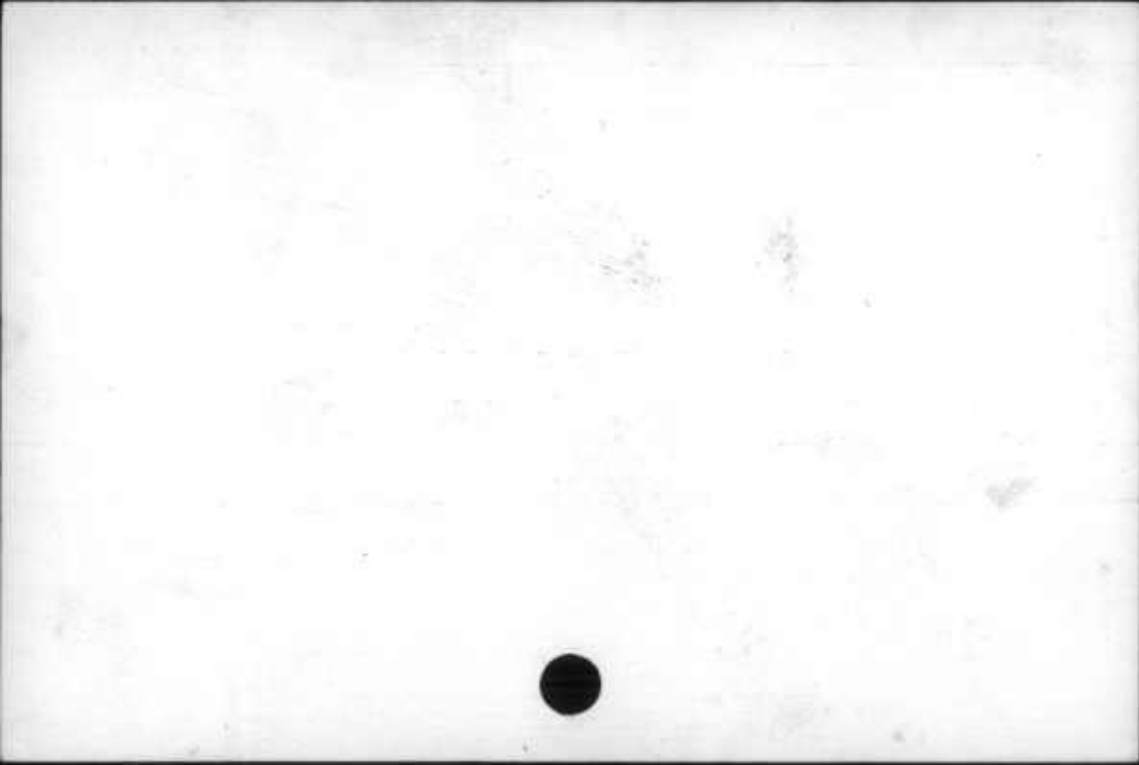
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Starr</u> ^{Town}		<u>Queenanne</u> ^{County}		MARYLAND	
Date of death	19 <u>60</u> ^{Year}	<u>July</u> ^{Month}	<u>18</u> ^{Day}	Age <u>89</u> ^{Years}	<u>4</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Queenstown, Md</u>
Occupation	<u>Farming</u>		Where Residing if not at place of death <u>Starr</u>		
Married, Single or Widowed	Name of Wife or Husband <u>Sarah Ringold</u>				
Father's Name	<u>Joseph Ringold</u>		Father's Birthplace	<u>Not Known</u>	
Mother's Maiden Name	<u>Not Known</u>		Mother's Birthplace	<u>Not Known</u>	
Name of person giving Information	<u>William Price</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Old age</u>	How long	<u>15 H</u>
Immediate	<u>Arterio Sclerosis - Poor Circulation</u>	How long	<u>Several Months</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. W. Stack M.D.</u>
		Address	<u>Wye Mills Md</u>
Accident or Suicide			



Name
In Full

Hellen Louise Sparks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near <u>Church Hill</u> <u>Queen Anne's</u> County MARYLAND	
Date of death 19 <u>60</u> Month <u>July</u> Day <u>24</u> Age <u>8</u> Years Months Days <u>5</u>	
Sex <u>Female</u> Color or Race <u>White</u> Birth-place <u>D.C. Ind</u>	
Occupation _____ Where Reading if not at place of death <u>at place of death</u>	
Married, Single, or Widowed <u>Single</u> Name of Wife or Husband _____	
Father's Name <u>Solomon Oscar Sparks</u> Father's Birthplace <u>D.C. Ind</u>	
Mother's Maiden Name <u>Rose May Hand</u> Mother's Birthplace <u>Talbot Co Ind</u>	
Name of person giving information <u>Solomon Oscar Sparks</u> How related to deceased <u>father</u>	

CAUSES OF DEATH

1044

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u> How long <u>Two weeks</u>	
Immediate <u>Meningitis</u> How long <u>2 days</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. G. Coppog</u>
	Address <u>Church Hill</u>
	<u>Ind</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

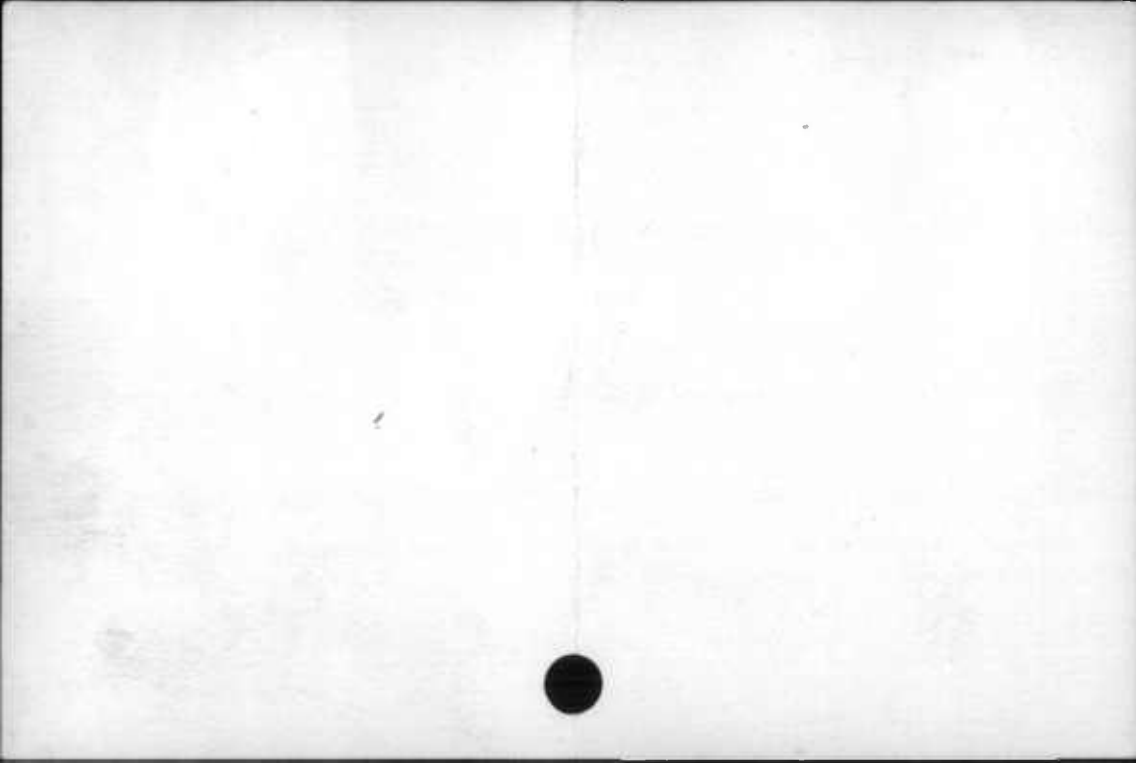
Taylor

Died at <i>Barclay</i> Town		<i>Furness Anne</i> County		MARYLAND	
Date of death	19 <i>90</i>	Month	<i>7</i>	Day	<i>15</i>
Age			Years	Months	Days
				<i>7</i>	<i>17</i>
Sex	<i>Male</i>	Color and Race	<i>ed</i>	Birth-place	<i>md</i>
Occupation	<i>None</i>		Where Residing if not at place of death		<i>md</i>
Married, Single or Widowed	Married		Name of Wife or Husband		
Father's Name	<i>Harrison Taylor</i>		Father's Birthplace	<i>Virginia</i>	
Mother's Maiden Name	<i>Virgie Smith</i>		Mother's Birthplace	<i>md</i>	
Name of person giving Information	<i>Asbury Stansbury</i>		How related to deceased	<i>Uncle</i>	

CAUSES OF DEATH

Primary	<i>Mal Nutrition</i>	How long	<i>7 mos</i>
Immediate	<i>Chorea Infantum</i>	How long	<i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Foster Sude</i>
		Address	<i>Sudersville md</i>
Accident or Suicide	<i>no</i>		

PHYSICIAN
OR CORONER



Name
in Full

Francis Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at Rockley ^{Town} Allen ^{County} Arundel Co MARYLANDDate of death 1960 July ^{Month} 25 ^{Day} Age 73 ^{Years} 5 ^{Months} 5 ^{Days}Sex Female Color or Race Colored Birth-place Coralton CoOccupation None Where Residing if not at place of deathMarried, Single or Widowed Widowed Name of Wife or HusbandFather's Name John Thomas Father's Birthplace Coralton CoMother's Maiden Name Lyndora Mother's Birthplace DorchesterName of person giving Information Chas DeBrown How related to deceased Son in Law

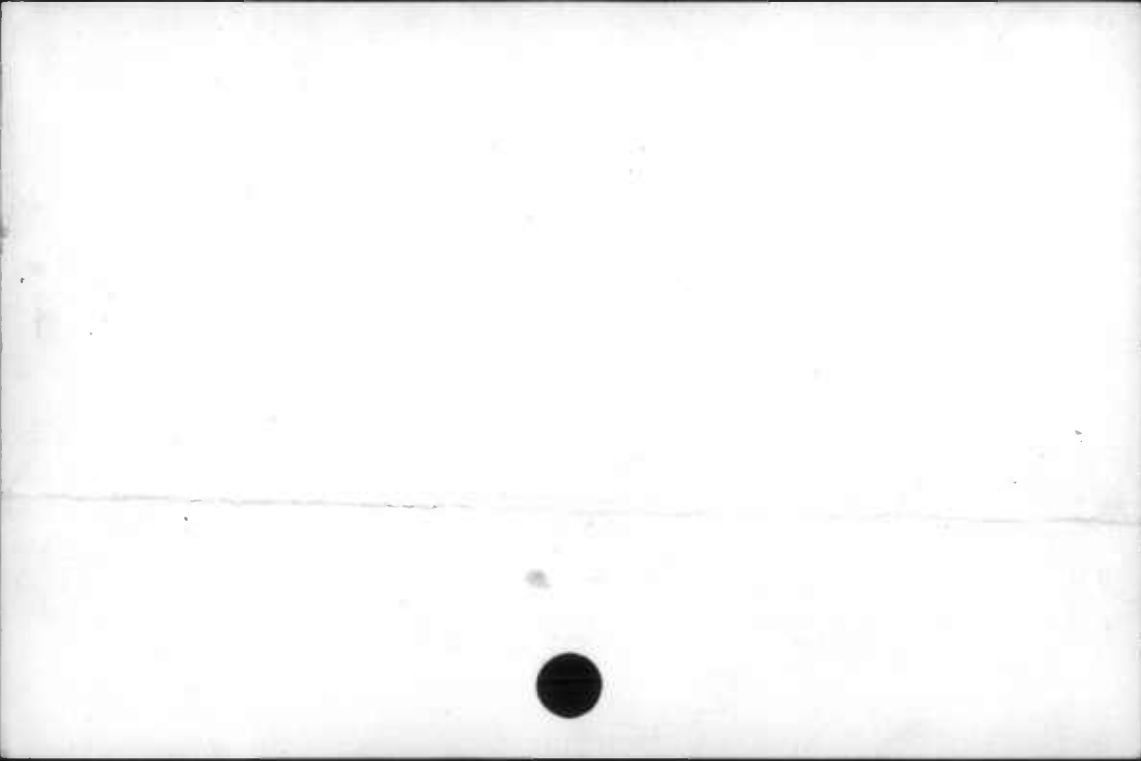
CAUSES OF DEATH

Primary Myocardial Infarction How long 2 wksImmediate Exhaustion How longAre the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

J. S. Dupley
Chapel Hill
NorfolkAccident or Suicide NoPHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William C. Tilghman</i>		Town <i>Church Hill</i>		County <i>Queen Anne's</i>		STATE MARYLAND	
Died at		Month <i>July</i>		Day <i>13</i>		Age <i>8</i> Years <i>2</i> Months <i>2</i> Days	
Date of death <i>1906</i>		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Church Hill</i>	
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>William Tilghman</i>				Father's Birthplace <i>Church Hill</i>			
Mother's Maiden Name <i>Isabel Slaney</i>				Mother's Birthplace <i>Church Hill</i>			
Name of person giving Information <i>William Tilghman</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

Primary	<i>Mesenteric</i>	How long	<i>4 Mos</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Sam Finley M.D.</i>
Accident or Suicide	<i>No</i>	Address	<i>Sam Finley M.D.</i>

PHYSICIAN
OR CORONER

E. Weir

Name
in
Full

Sterling Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at *Centreville* ^{Town} *Queenanns* ^{County} **MARYLAND**

Date of death *1970 July 25* Age *—* Months *4* Days *—*

Sex *Male* Color or Race *colored* Birth-place *Centreville*

Occupation *none* Where Residing if not at place of death *—*

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

Father's Name *George Wilson* Father's Birthplace *Centreville*

Mother's Maiden Name *Josephine Coker* Mother's Birthplace *Queenanns*

Name of person giving Information *Alex Coker* How related to deceased *Grandfather*

CAUSES OF DEATH

Primary *Cholera Infantum* *104* ^{How long} *2 days.*

Immediate *Exhaustion* ^{How long} *1 day*

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

Signature of Physician *E. F. Smith*

Address *Centreville Md.*

Accident or Suicide *no.*

PHYSICIAN
OR CORONER



