

Name is Full

No Name

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Deals Island <small>Town</small>		Somerset <small>County</small>		MARYLAND	
Date of death 1910	July <small>Month</small>	22 <small>Day</small>	Age - <small>Years</small>	2 <small>Months</small>	20 <small>Days</small>
Sex Boy	Color or Race White		Birth-place Deals Island Md		
Occupation			Where Residing if not at place of death Deals Island		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Edgar Abbott		Father's Birthplace Deals Island Md			
Mother's Maiden Name Anna Graham		Mother's Birthplace " " Md			
Name of person giving information Anna Abbott		How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Inanition	How long Since birth
Immediate Asthenia	How long 1 month
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. G. Alexander
Filled by Underwriter	Address Somerset Co
Accident or Suicide	



Name
In
Full

CERTIFICATE OF DEATH

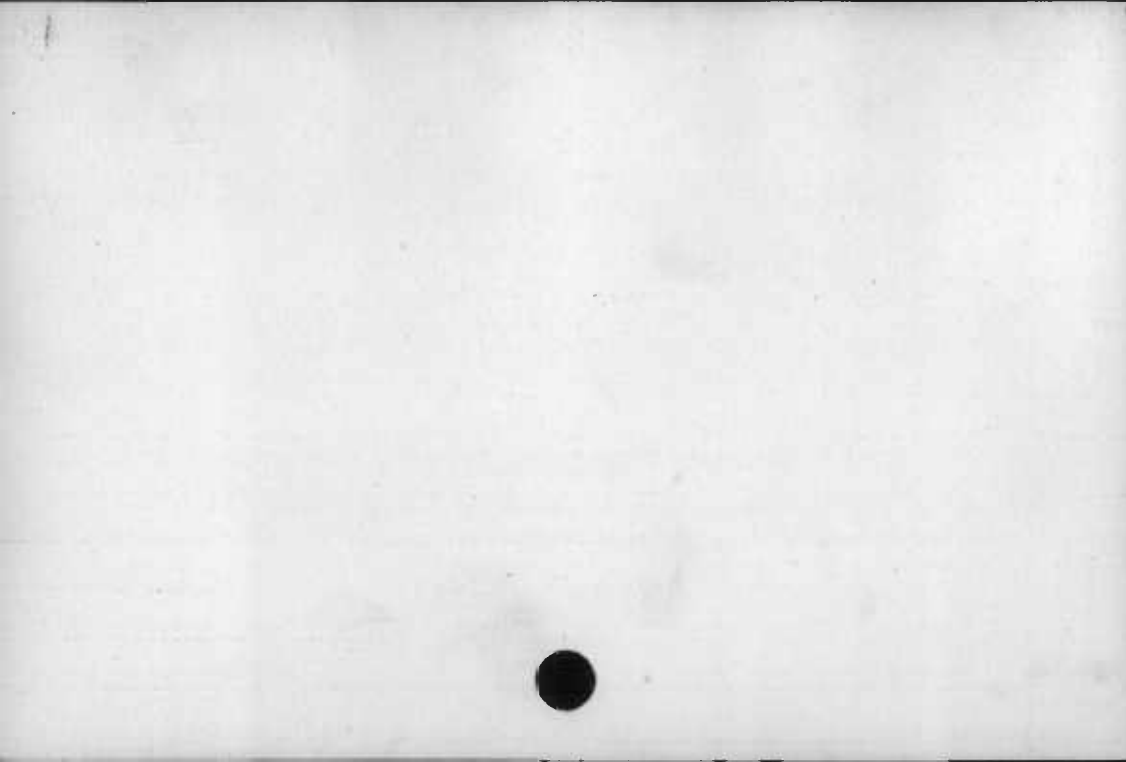
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deals Island</i> <small>Town</small>		<i>Southern</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month	<i>July</i>	Day	<i>10th</i>
Age		Years	-		Months
Sex		<i>Female</i>	Color or Race	<i>White</i>	
Occupation		-		Birth-place	<i>Sou. Co.</i>
Where Residing if not at place of death			-		
Married, Single or Widowed	-				
Name of Wife or Husband		-			
Father's Name	<i>Robt. Abbott</i>		Father's Birthplace	<i>Sou. Co.</i>	
Mother's Maiden Name	<i>Laura Dice</i>		Mother's Birthplace	<i>Sou. Co.</i>	
Name of person giving information	<i>Robt. Abbott</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Illness - Glitis</i>	How long	<i>2 weeks</i>
Immediate	<i>Asphyxia</i>	How long	-
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>S. J. Madsen</i>
		Address	<i>James Madison Southern Co., Md.</i>
Accident or Suicide?	-		



Name
in
Full

Melvinia Anderson

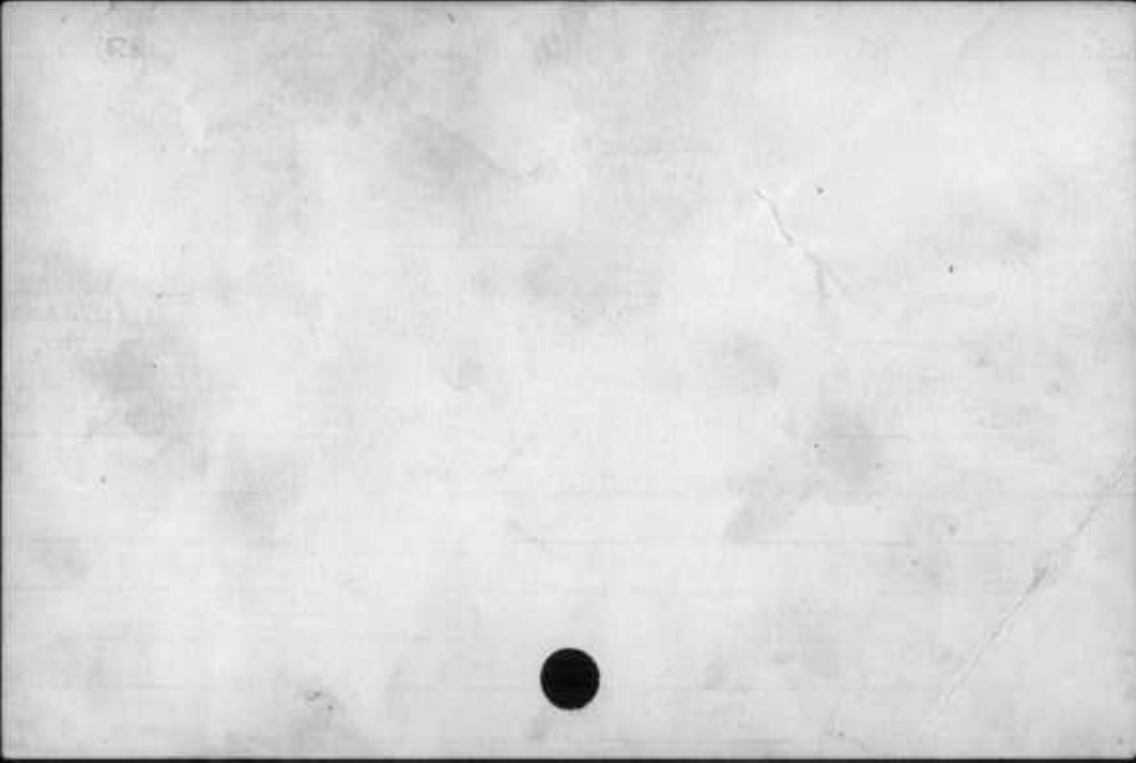
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Princess Anne		Somerset		MARYLAND	
Date of death		1910	Month July	Day 25	Age 9	Years	Months 7
Sex		Female		Color or Race Colored		Birth-place Somerset Co	
Occupation None				Where Residing if not at place of death ✓			
Married, Single or Widowed		Single		Name of Wife or Husband ✓			
Father's Name Tolbert Anderson				Father's Birthplace Somerset Co			
Mother's Maiden Name Ida Doane				Mother's Birthplace Somerset Co			
Name of person giving information Tolbert Anderson				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Whooping Cough (8)	How long	2 weeks	
	Immediate	Asphyxia	How long	Progressive	
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Henry M. Lantford	
				Address Princess Anne Maryland.	
Accident or Suicide?		no			



Name
in
Full

Isaac H. Beauchamp

CERTIFICATE OF DEATH

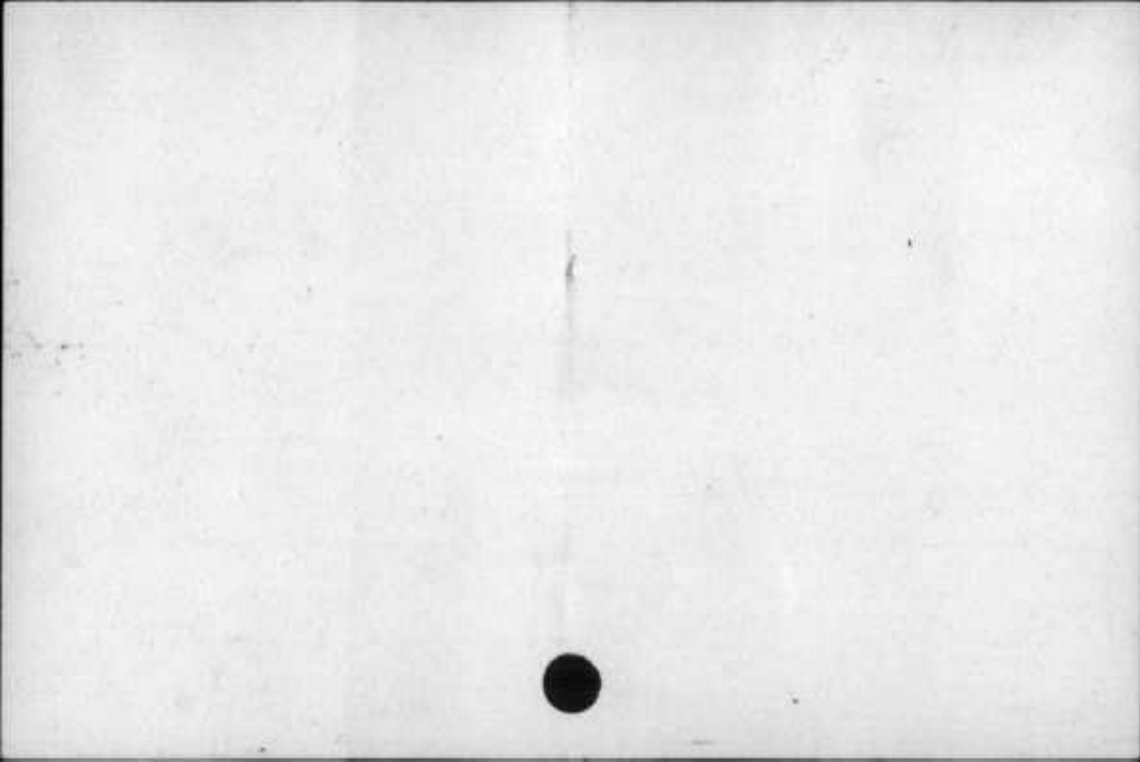
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westover		County Somerset		MARYLAND	
Date of death	1900	Month	July	Day	28	Age	—
				Years	—	Months	4
				Days	—		
Sex	male		Color or Race	white		Birth-place	Westover
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Isaac H. Beauchamp				Father's Birthplace	Westover	
Mother's Maiden Name	Daisy Beauchamp				Mother's Birthplace	Westover	
Name of person giving information	I. H. Beauchamp				How related to deceased	father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	(10 1/2) ✓
Immediate	Cholera infantum	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. W. Gill
		Address	Moanokin, Md.
Accident or Suicide?			



Name in Full

Nora E. Beauchamp

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

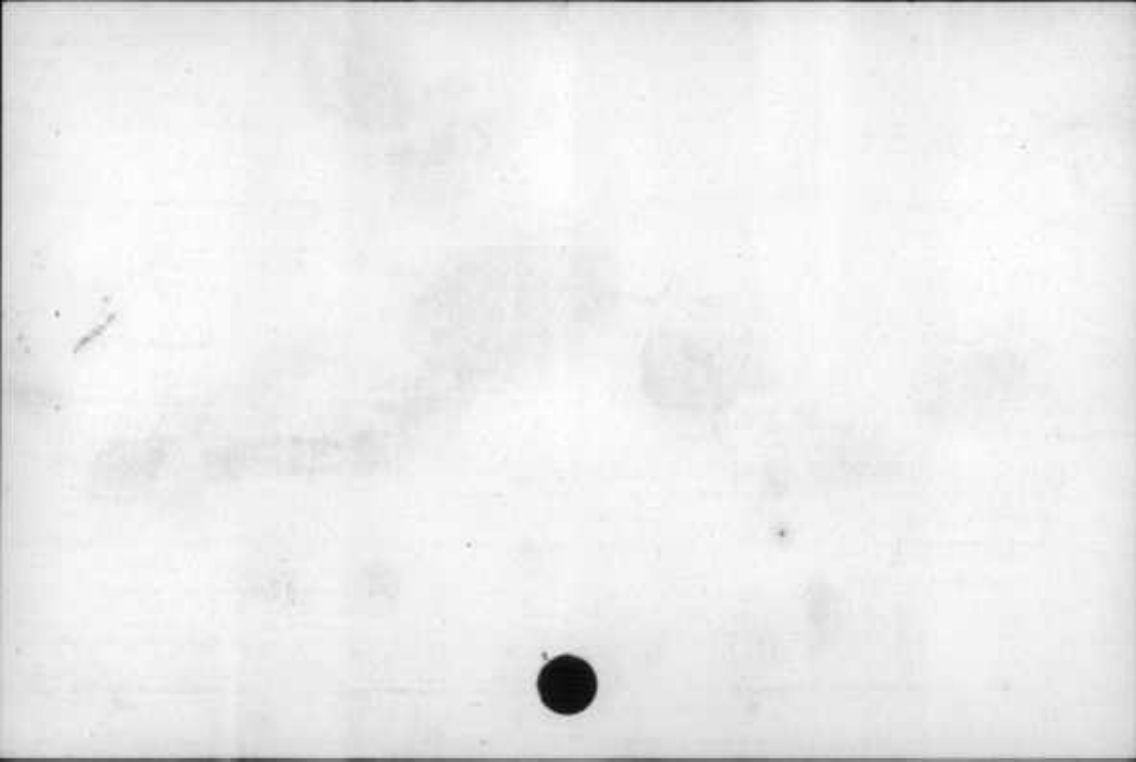
9

Died at <u>Upper Fairmount</u> ^{Town} <u>Somerset</u> ^{County}		MARYLAND	
Date of death <u>1900</u> ^{Month} <u>July</u> ^{Day} <u>23rd</u> ^{Years} <u>16</u> ^{Months} <u>7</u> ^{Days} <u>—</u>	Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Fairmount</u>
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Samuel W. Beauchamp</u>	Father's Birthplace <u>Somerset Co</u>		
Mother's Maiden Name <u>Indiana Dryden</u>	Mother's Birthplace <u>Somerset Co</u>		
Name of person giving information <u>W.A. Meredith</u>	How related to deceased <u>Not at all</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <u>Typhoid Fever</u> (1)	How long <u>2 weeks</u>
Immediate <u>Intestinal Perforation</u>	How long <u>a few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G.E. Dickinson</u>
	Address <u>Upper Fairmount Md.</u>
Accident or Suicide? <u>—</u>	



Name

Clara Beckett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

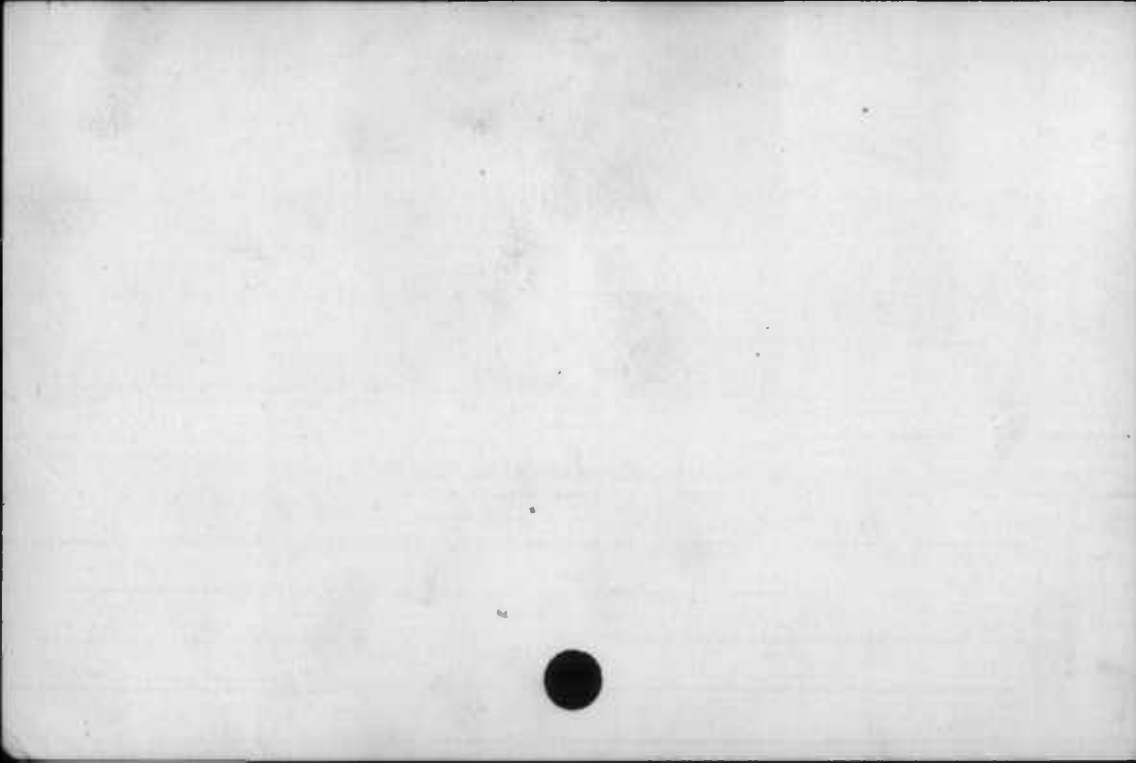
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

28 ✓

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	2 years or less
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. J. [unclear]
		Address	[unclear]
Accident or Suicide?	no		



Name
in
Full

Soph Jane Carlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alms House</i> ^{Town}		<i>Somerset</i> County		MARYLAND	
Date of death	1910	Month	<i>July</i>	Day	<i>13</i>
Age	<i>76</i>	Years	<i>76</i>	Months	<input checked="" type="checkbox"/>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Eng</i>
Occupation	<input checked="" type="checkbox"/>	Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Geo Carlin</i>			
Father's Name	<i>Don't know</i>			Father's Birthplace	
Mother's Maiden Name	<i>Don't know</i>			Mother's Birthplace	
Name of person giving information	<i>Geo Bando</i>			How related to deceased	<i>Not any</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Pneumonia</i>	How long	<i>2 years</i>
	Immediate	<i>Asthma</i>	How long	<i>2 months</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>G. Smith</i>
			Address	<i>Barnes Avenue 24</i>
	Accident or Suicide?			



Name in Full

Caleb J. Cotman

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Dublin ^{County} Somerset MARYLAND

Date of death 1980 July 7 Age 6 Months 6 Days

Sex Male Color or Race colored Birth-place Somerset Co

Occupation Infant Where Residing if not at place of death 11 1

Married, Single or Widowed Name of Wife or Husband

Father's Name Roger E. Cotman Father's Birthplace Va Va

Mother's Maiden Name Martha Miles Mother's Birthplace

Name of person giving Information Mother How related to deceased Mother

CAUSES OF DEATH

Primary Summer disease How long 8 weeks

Immediate exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Samuel S. Jones

I did not see the [redacted] Address Pocomoke city

Accident or Suicide Child while swimming

PHYSICIAN OR CORONER



Name
In Full

Walter Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

A

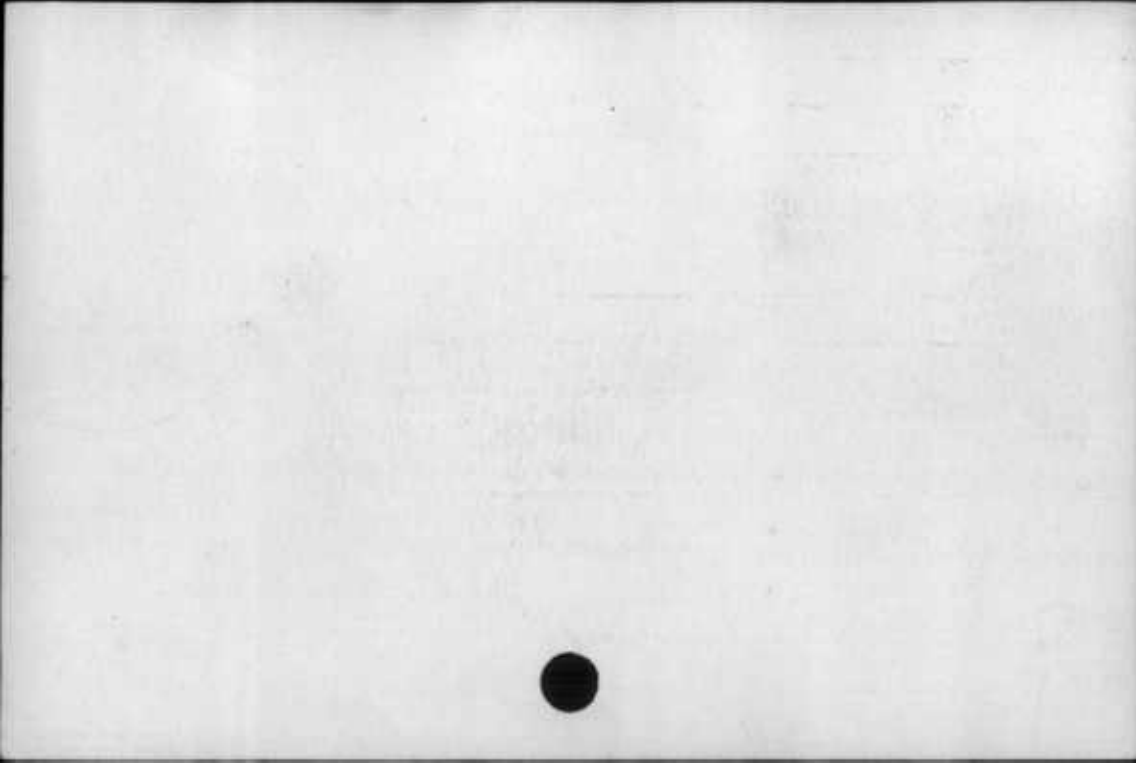
Died at <i>Crisfield</i> <small>Town</small>		<i>Southern</i> <small>County</small>		MARYLAND	
Date of death 19 <i>10</i>	<i>July</i> <small>Month</small>	<i>15</i> <small>Day</small>	Age <i>48</i>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birthplace <i>md</i>			
Occupation <i>Waterman</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Louise</i>				
Father's Name <i>not know</i>	Father's Birthplace <i>Dout town</i>				
Mother's Maiden Name <i>not know</i>	Mother's Birthplace <i>not know</i>				
Name of person giving information <i>Louise Collins</i>	How related to deceased <i>wife</i>				

Emm

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	<i>120</i>	How long <i>6 mos</i>
Immediate	<i>"</i>	<i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R B Harris</i>
		Address	<i>R B Harris</i>
Accident or Suicide?	<i>no</i>		



NAME
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

DATE

of death 19

Sex

Occupation

Married, Single
or WidowedFather's
NameMother's
Maiden NameName of person giving
Information

Isaac H. Daugherty

19

10

Male

Merchant

married

Henry Daugherty

M.

Warren Daugherty

Cresfield Md Somerset

Month

July

Color or
Race

White

Name of Wife or
Husband

Martha E Daugherty

M.

Warren Daugherty

County

Day

22

Birth-
place

Somerset Co

Name of Wife or
Husband

Martha E Daugherty

M.

Warren Daugherty

Maryland

Years

7

Where Residing if not
at place of death

Somerset Co

Name of Wife or
Husband

Martha E Daugherty

M.

Warren Daugherty

Months

Days

Father's
Birthplace

Daugherty Md

Father's
Birthplace

Daugherty Md

M.

Warren Daugherty

How raised
or deceased

Son

How long

8 years

How long

2 days

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

yes

Signature of
Physician

Address

C. E. Ballantyne

Cresfield
Md

Accident or Suicide?

no

CAUSES OF DEATH

Primary

Immediate

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

Accident or Suicide?

Dyspepsia

Paralysis

yes

no

Signature of
Physician

Address

C. E. Ballantyne
Cresfield
Md



NAME
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Maggie W. Daugherty

Died at Crisfield Town Somerset County MARYLAND

DATE of death 19 10 Month July Day 6 Years 4 Months — Days — AGE 4

Sex Female Color or Race White Birth-place Somerset Co

Occupation Home work Where residing if not at place of death Crisfield

Married, ~~single~~ widowed or Widowed Name of Wife or Husband none

Father's Name Isaac H Daugherty Father's Birthplace Somerset Co

Mother's Maiden Name Merttha E Daugherty Mother's Birthplace Somerset Co

Name of person giving Information Warren D Daugherty How related to deceased Brother

CAUSES OF DEATH

Primary Dysphagia 105 How long 4 weeks

Immediate Acute Indigestion How long 3 hours

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

Signature of Physician E. J. Collins

Address Crisfield Md.

Accident or Suicide? no

PHYSICIAN
OR CORONER



Name
In
Full

Wm. Dise

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fairmount</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
Date of death	<u>1960</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>9th</u> <small>Day</small>	Age	<u>—</u> <small>Years</small>
					<u>9</u> <small>Months</small>
					<u>14</u> <small>Days</small>
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Fairmount</u>
Occupation	<u>none</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband	<u>—</u>		
Father's Name	<u>E. J. O. Dise</u>		Father's Birthplace	<u>Somerset Co</u>	
Mother's Maiden Name	<u>Daisy Kimberly</u>		Mother's Birthplace	<u>Somerset Co</u>	
Name of person giving information	<u>Lazarus Kimberly</u>		How related to deceased	<u>Grand Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>104</u> <input checked="" type="checkbox"/>
			<u>about 14 weeks</u>
Immediate	<u>Enterocolitis</u>	How long	<u>" " "</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>G. E. Dickinson</u>
		Address	<u>Upper Fairmount</u> <u>Md.</u>
Accident or Suicide?	<u>—</u>		



Name
in
Full

Fausto Dorcas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Loretts</i>			County <i>Somerset-</i>			MARYLAND		
Date of death	1910	Month <i>July</i>	Day <i>3</i>	Age	Years <i>1</i>	Months <i>2</i>	Days <input checked="" type="checkbox"/>	
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>md</i>	
Occupation	<input checked="" type="checkbox"/>			Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <input checked="" type="checkbox"/>					
Father's Name	<i>Sevin Dorcas</i>					Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Bethenia</i>					Mother's Birthplace	<i>md</i>	
Name of person giving information	<i>Sevin Dorcas</i>					How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bowel trouble (104)</i>	How long	<i>3 or 4 days</i>
Immediate	<i>(No Dr. in attendance)</i>		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. Smith Jr. D.</i>		
	Address <i>Dorcas Ave</i>		
Accident or Suicide?	<input checked="" type="checkbox"/>		



Name
in
Full

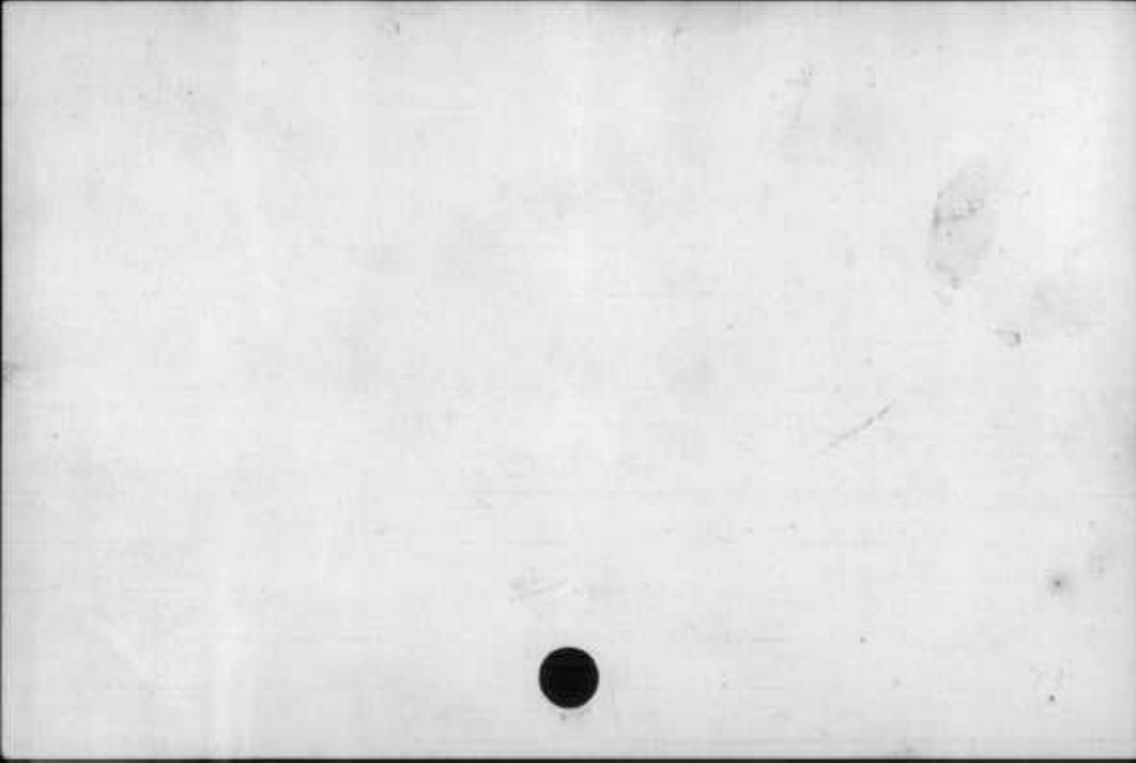
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deal Island</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		<i>Elliotte</i>		MARYLAND	
Date of death <i>1910 July 8</i>		Age <i>7</i>		Months <i>7</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Alby Elliott</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mamie Webster</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Cholera Infantum</i>	How long <i>104</i> <i>V</i> <i>X</i>
	Immediate <i>Asthenia</i>	How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. J. Tucker</i>
	Address <i>Squires Quarter Somerset Co., Md.</i>	
Accident or Suicide? <i>—</i>		



Name in Full

Emma Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Dublin Dist ^{County} Somerset MARYLAND

Date of death 1900 ^{Month} July ^{Day} 23 Age ^{Years} 9 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Somerset Co

Occupation Infant Where Residing if not at place of death _____

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

Father's Name Saml Evans Father's Birthplace Monrovia Co

Mother's Maiden Name Carrie Hargis Mother's Birthplace Somerset Co

Name of person giving information _____ How related to deceased 104

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Enterocolitis How long 3 weeks

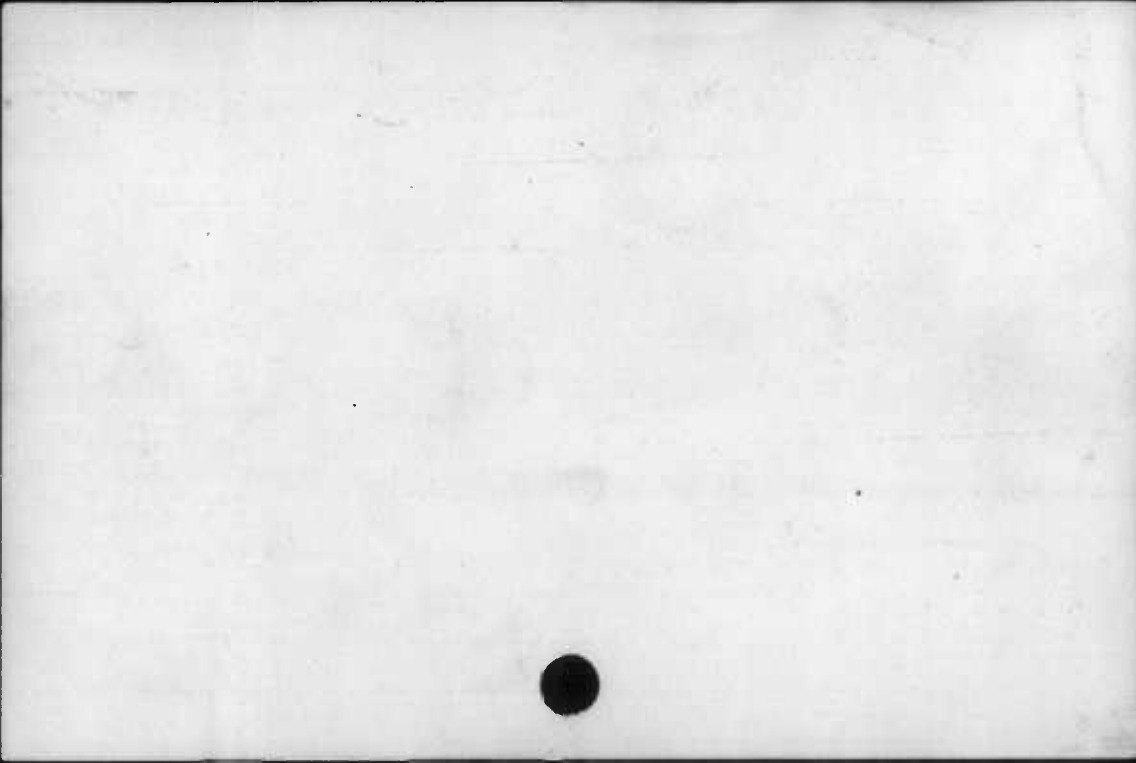
Immediate Collapse How long 1 day

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

Signature of Physician Saml S. Lamm

Address Pocomoke city

Accident or Suicide? _____



Name
is
Full

Wm. Wesley Floyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at Deals Island ^{Town} Somerset ^{County} MARYLAND

Date of death 1910 ^{Month} July ^{Day} 26 Age — ^{Years} — ^{Months} 1 ^{Days} 13

Sex male Color or Race colored Birth-place Delaware

Occupation — Where Residing if not at place of death Deals Island

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

Father's Name Matt Floyd Father's Birthplace Deals Island

Mother's Maiden Name Lenora Harris Mother's Birthplace " "

Name of person giving information Wm J Harris How related to deceased Grand father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

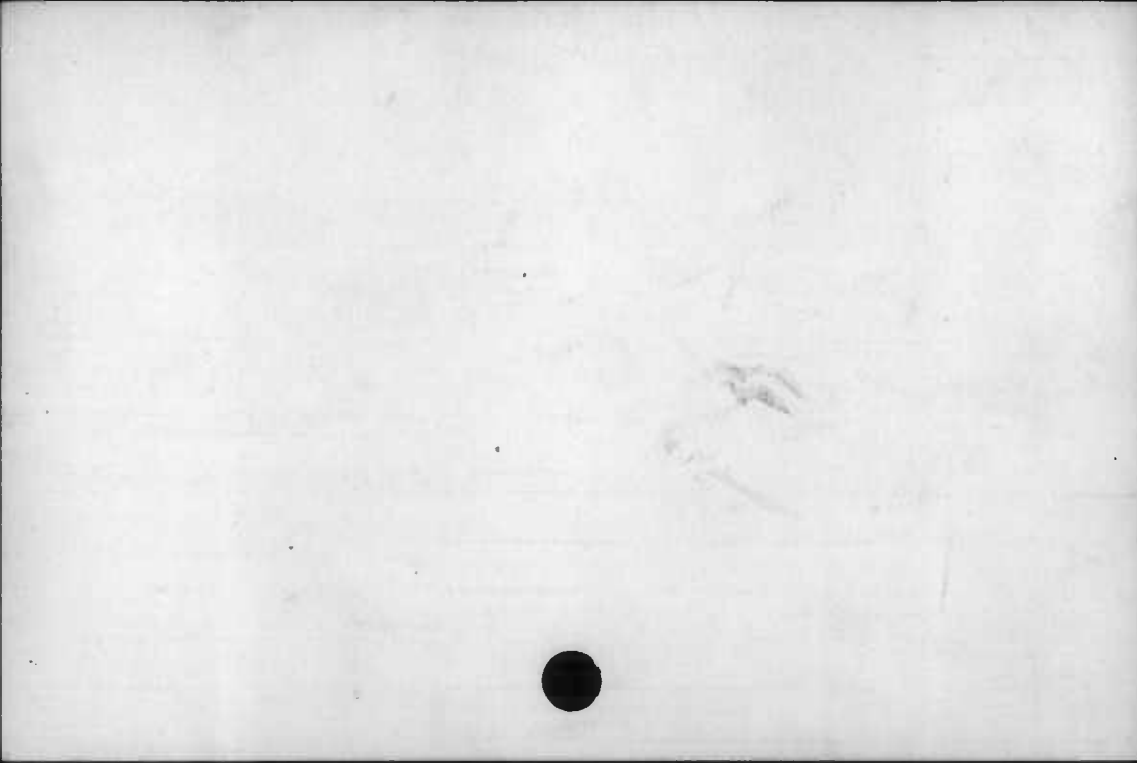
Primary Dysentery 1041 ✓ How long 45 days

Immediate Spasms How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Geo. B. Brown

Address Deals Island Md

Accident or Suicide? — Sub Registrar



NAME
In Full

Daniel P. Ford.

~~Sumner~~

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Crisfield* County *Somerset* MARYLAND

DATE of death 19 *10* Month *July* Day *20* AGE *61* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birthplace *Somerset Co*

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

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Ford*

Father's Name *Samuel Ford* Father's Birthplace *Somerset Co*

Mother's Maiden Name *Mickey A. Walston* Mother's Birthplace *"*

Name of person giving Information *Litteton Dryden* How related to decedent *Brother in Law*

CAUSES OF DEATH

Primary *Brain Lesion* How long *1 week*

Immediate *Hemiplegia* How long *—*

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

Signature of Physician

Address

J. F. Somers
Crisfield
md

Accident or Suicide? *no*PHYSICIAN
OR CORONER

Smith
James

Name
In Full

Scott Chelton France

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Fairmount - Town		Somerset County		MARYLAND	
Date of death	1990	Month	July	Day	9	Age	8 Months 10 Days
Sex	Male		Color or Race	White		Birth-place	Fairmount
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	—			Name of Wife or Husband			
Father's Name	Thos. France				Father's Birthplace		
Mother's Maiden Name	Janet Chelton				Mother's Birthplace		
Name of person giving information	E. W. Chelton				How related to deceased		
				Uncle			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diarrhoea	How long	104
Immediate	Diarrhoea	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	yes		
Signature of Physician	D. W. [Signature]		
Address	Coppin Summit		
Accident or Suicide?	no		



Name in Full

Jarvanus M. Gunby

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Dec Allen ^{Town} Somerset ^{County} MARYLAND

Date of death 1910 July 2nd Age 56 Months 0 Days 0

Sex Male Color or Race White Birthplace Salisbury Md.

Occupation Farmer Where Residing if not at place of death St Home

Married, Single, Widowed Married Name of Wife or Husband Addie Gunby

Father's Name James K. Gunby Father's Birthplace Maryland

Mother's Maiden Name Ann Disharoon Mother's Birthplace "

Name of person giving Information B. K. Williams How related to deceased Cousin

CAUSES OF DEATH

Primary Hepatic Calculus How long 12 3 ✓

Immediate Respireritis

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

Signature of Physician J. B. Long Address Fruitland Md.

PHYSICIAN OR CORONER

Accident of ...



Name
In Full

Littleton J. Hall

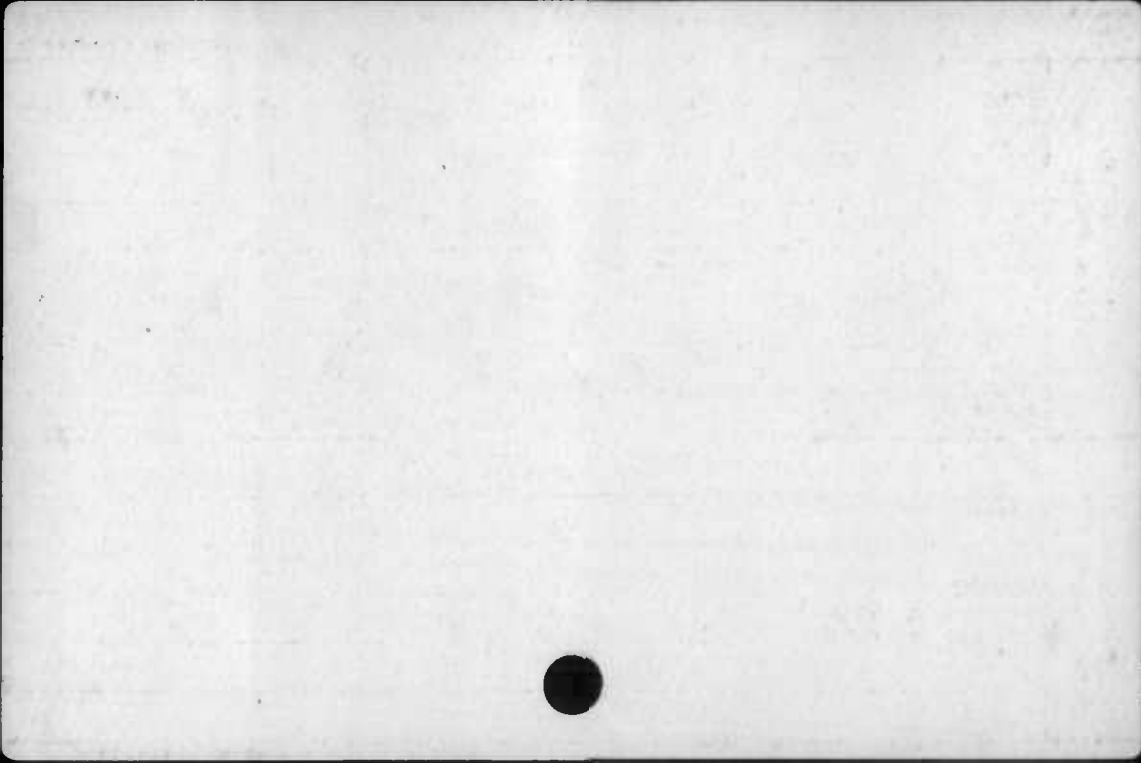
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Up. Fairmount</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death 190	<i>July</i> <small>Month</small>	<i>18</i> <small>Day</small>	Age <i>73</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Fairmount</i>		
Occupation <i>Retired</i>			Where Reading if not at place of death <i>Up. Fairmount</i>		
Married or Widowed			Name of Wife or Husband		
Father's Name <i>Edward J. Hall</i>			Father's Birthplace <i>Fairmount</i>		
Mother's Maiden Name <i>Sarah S. Hall</i>			Mother's Birthplace <i>Fairmount</i>		
Name of person giving information <i>N.B. Miles</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Paralysis</i> 66	How long <i>2 years</i>	
	Immediate <i>General Debility</i>	How long <i>6 weeks</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. E. S. Miles</i>	
	Accident or Suicide? <i>—</i>	Address <i>Upper Fairmount Somerset Co., Md.</i>	



Name
in
Full

Elsie Haysman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Princess Anne		Somerset		MARYLAND	
Date of death		1910	July	1	Age	9	Months
Sex		Female		Color or Race		Beacon	
Occupation				Where Residing if not at place of death		9	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Henry Haysman		Father's Birthplace		Md.	
Mother's Maiden Name		Jennie Ezzy		Mother's Birthplace		Md.	
Name of person giving information		Henry Haysman		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Croup	10 H 1/2	How long	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	Accident or Suicide?		Address		

Signature of Physician: J. Smith M.D. (not in attendance)
Address: Princess Anne



Name
Full

Pretzman 6 Hoffmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wenona</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death	19 <u>10</u>	Month <u>July</u>	Day <u>12</u>	Age <u>46</u> Years	Months _____ Days _____
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Wenona</u>		
Occupation <u>Sailor</u>	Where Reading if not at place of death <u>Wenona</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Hoffmann</u>				
Father's Name <u>Daniel Hoffmann</u>	Father's Birthplace <u>Balto</u>		Mother's Birthplace <u>Deal Island</u>		
Mother's Maiden Name <u>Ellen Webster</u>	Name of person giving information <u>Minnie Webster</u>		How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis (Reperotomy)</u>	How long <u>6 days</u>
Immediate	<u>Asthma (no complications)</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. G. Alexander</u>	Address <u>Deal Island</u>
<u>Yes</u>	County <u>Somerset Co.</u>	
Accident or Suicide?	<u>Neither</u>	



Name
in Full

Hannah Healdbrook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Int. Penon</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
Date of death 1990	Month <u>July</u>	Day <u>3</u>	Age <u>16</u> <small>Years</small>	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Int. Penon</u>		
Married, Single or Widowed <u>Single</u>	Occupation <u>House girl</u>				
Name of Wife or Husband			Father's Birthplace <u>Origi</u>		
Father's Name <u>Stephen Healdbrook</u>			Mother's Birthplace <u>Int. Penon</u>		
Mother's Maiden Name <u>Murtha Jane Beck</u>			How related to deceased <u>Sister</u>		
Name of person giving information <u>Stephen Healdbrook</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart Failure</u>	How long	<u>189A</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Daniel W. Jones M.D.</u>
Accident or Suicide?		Address	<u>Parrap Amr</u>



Name
In
Full

Abraham Horsey

CERTIFICATE OF DEATH

Died at: ^{Town} Marion ^{County} Somerset MARYLAND

Date of death: 1910 July 18 Age 72 Months 9 Days —

Sex: male Color or Race: Black Birth-place: Somerset Co

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

Married, Single or Widowed: married Name of Wife or Husband: Lucy Horsey

Father's Name: Samuel Horsey Father's Birthplace: Somerset Co

Mother's Maiden Name: Lucy Green Mother's Birthplace: Somerset Co

Name of person giving information: Agnes T. Horsey How related to deceased: Son

CAUSES OF DEATH

Primary: General Debility How long: 2 yrs

Immediate: Exhaustion How long: —

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

Signature of Physician: Dr. J. B. Miller

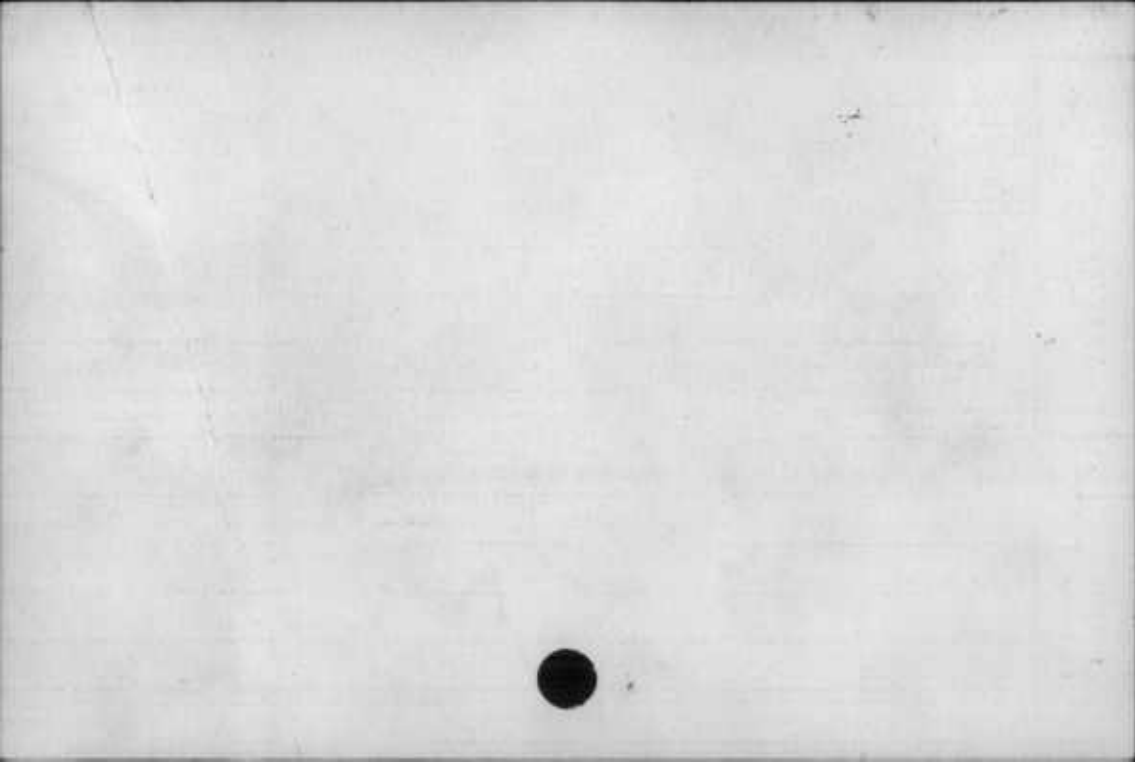
Address: Marion
Md.

Accident or Suicide? —

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

240

154



Name
in Full

Moses H. Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
19010		July		9		Age 74	
Date of death		Month		Day		Years	
Male		Color or Race		Black		Birth-place	
Farmer		Occupation		Where Residing if not at place of death		Somerset Co.	
Married, Single or Widowed		Name of Wife or Husband		Hester Howard			
Widowed		Father's Name		Arnold Howard		Father's Birthplace	
Mother's Maiden Name		Caroline Brimley		Somerset Co.		Mother's Birthplace	
Name of person giving information		Thomas B. Howard		How related to deceased		Brother	

CAUSES OF DEATH

Primary	Securality	How long	1 yr
Immediate	Paralysis	How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. E. Collins
Address			Crisfield
Accident or Suicide	No		

PHYSICIAN
OR CORNER



Name
in
Full

McComes H. Jones

CERTIFICATE OF DEATH

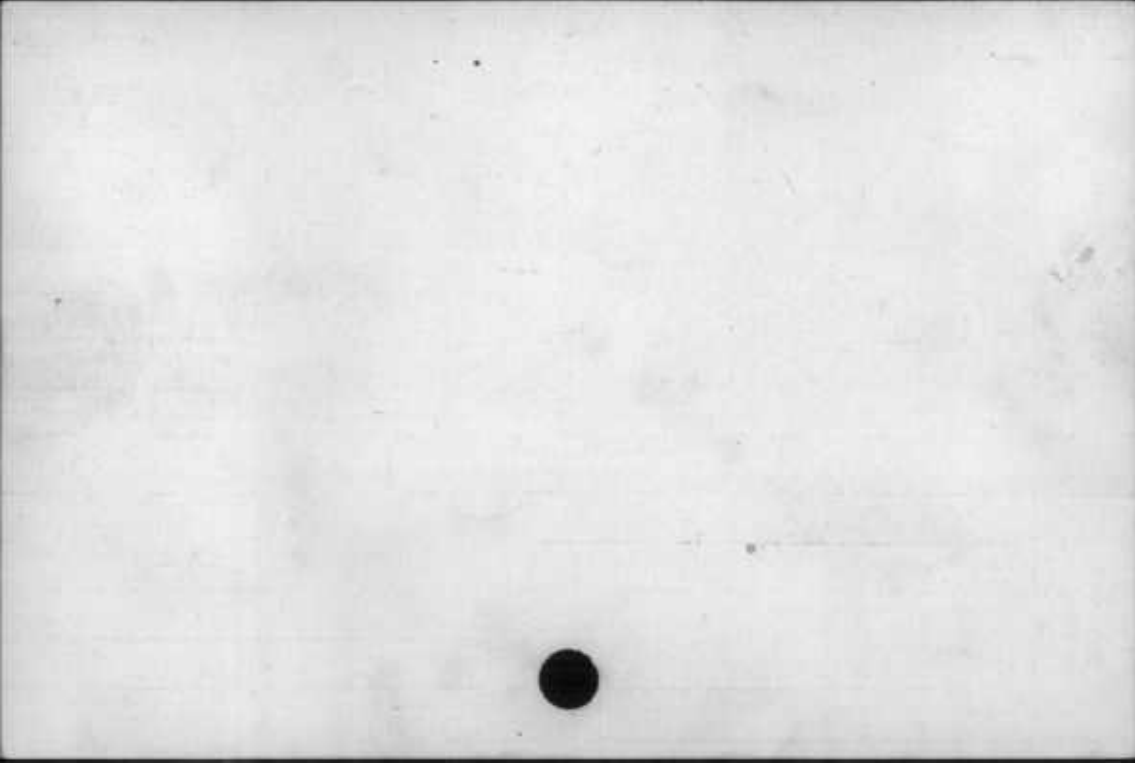
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jones Station</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	19 <i>10</i>	Month <i>July</i>	Day <i>25th</i>	Age <i>3</i>	Years <i>3</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Som. Co.</i>		
Occupation <i>-</i>			Where Reading if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Edward Jones</i>			Father's Birthplace <i>Som. Co.</i>		
Mother's Maiden Name <i>Bessie F. White</i>			Mother's Birthplace <i>Som. Co.</i>		
Name of person giving information <i>Bessie F. Jones</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	<i>28</i>	How long <i>3 mos.</i>
Immediate <i>Asthma</i>		How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>S. J. Anderson M.D.</i>	
	Address <i>Jones Station, Somerset Co., Md.</i>	
Accident or Suicide? <i>no</i>		



Name
In Full

Walter F. Jones

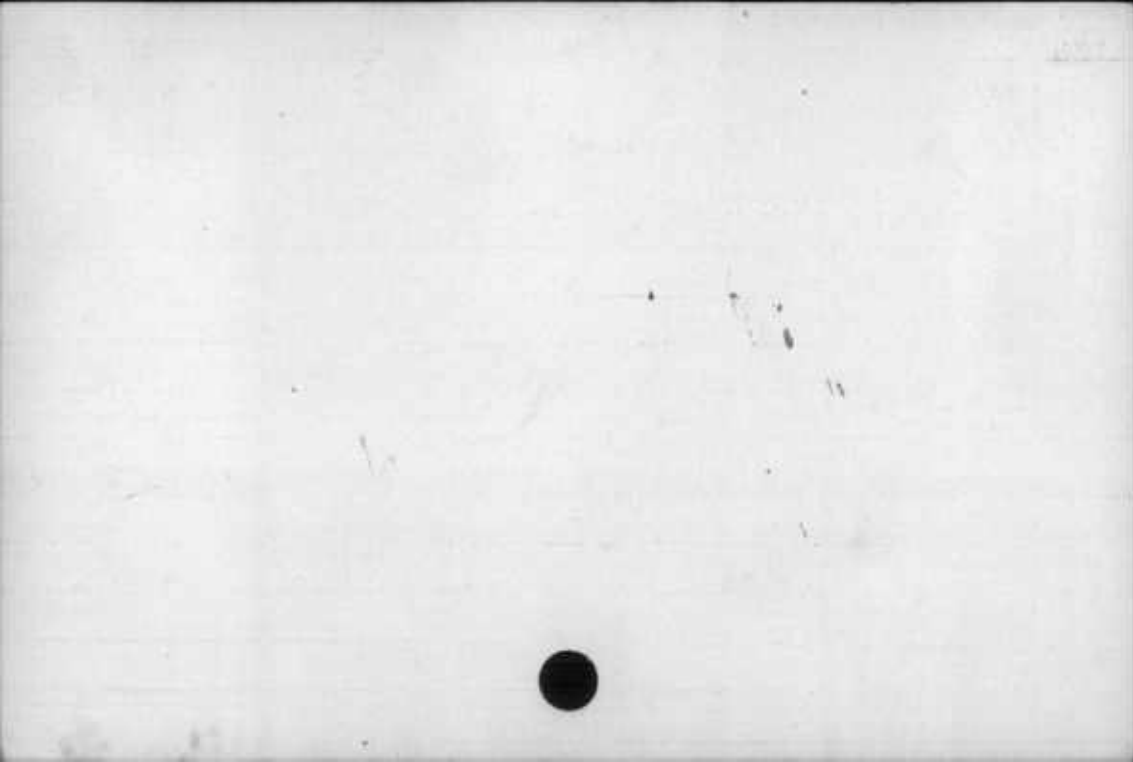
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Dumfries ^{Town}		Somerset ^{County}		MARYLAND	
Date of death	1910	Month	July	Day	25 th	Age	Years <u>3</u> Months <u>3</u> Days <u>—</u>
Sex	Male	Color or Race	Colored	Birth-place	Som. Co.		
Occupation	—			Where Residing if not at place of death	—		
Married, Single or Widowed	—		Name of Wife or Husband	—			
Father's Name	Asbury Jones			Father's Birthplace	Som. Co.		
Mother's Maiden Name	Mary A. Wilson			Mother's Birthplace	Som. Co.		
Name of person giving information	Mary Jones			How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Marasmus	How long	189 ^{1/2} hrs
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?	ye	Signature of Physician	S. J. Madson MD
	Address			Dumfries, Somerset Co., Md.
Accident or Suicide?	—			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Near Crossfield</i>		Town <i>Crossfield</i>		County <i>Somerset</i>	
Date of death <i>1910</i>	Month <i>July</i>	Day <i>3</i>	Age <i>6</i>	Years <i>-</i>	Months <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		Days <i>-</i>
Occupation <i>Insult-</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>Chas W. Laird</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Ethel P. Dougherty</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Ethel P. Laird</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Meningitis</i>	<i>(61) V</i>	How long <i>2 days</i>	
	Immediate <i>"</i>	<i>"</i>	How long <i>"</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Somers</i>		
	<i>ew</i>	Address <i>Crossfield</i>		
Accident or Suicide?				



Name
is
Full

CERTIFICATE OF DEATH

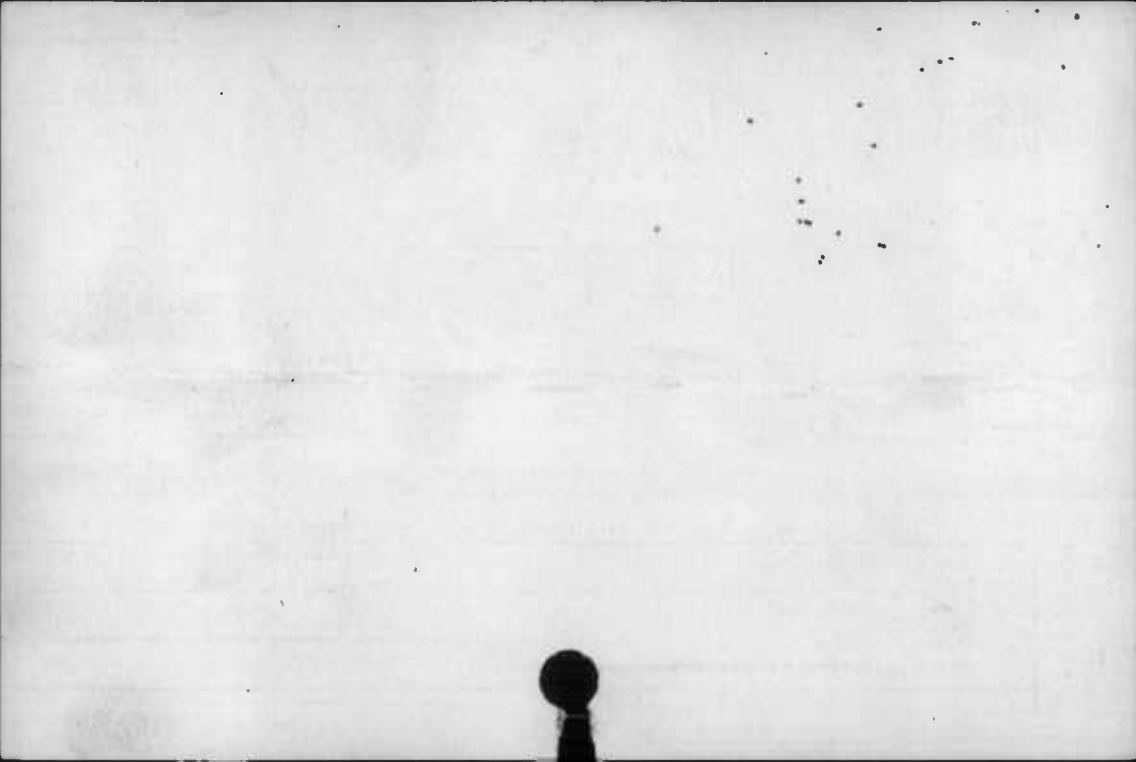
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Mary E. Lankford		Somerset County		MARYLAND	
Date of death	1910	Month	July	Day	6	Age	Years Months Days
Sex	Female	Color or Race	White	Birth-place	Somerset Co		
Occupation	Housework		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Wife or Husband Upsher Lankford				
Father's Name	Sam Whittington			Father's Birthplace Somerset Co			
Mother's Maiden Name	Henrie Colleyman			Mother's Birthplace " "			
Name of person giving information	Upsher Lankford			How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Luberculois	How long	2 yrs
Immediate	General exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. L. G. B. Allen
		Address	Somerset, Md.
Accident or Suicide?			



Name in Full

Clara Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

4

Died at Mt Vernon

Somerset County

MARYLAND

Date of death 1910

July

Day 5

Age

Years 2

Months 11

Days

Sex Female

Color or Race

White

Birth place

Somerset Co

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

John W Murray

Father's Birthplace

Somerset Co

Mother's Maiden Name

Laura Bailey

Mother's Birthplace

Somerset Co

Name of person giving information

L. W. Cole

55

How related to deceased

None

CAUSES OF DEATH

Primary

Stomach poisoning

How long

18 hours

Immediate

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

Yes

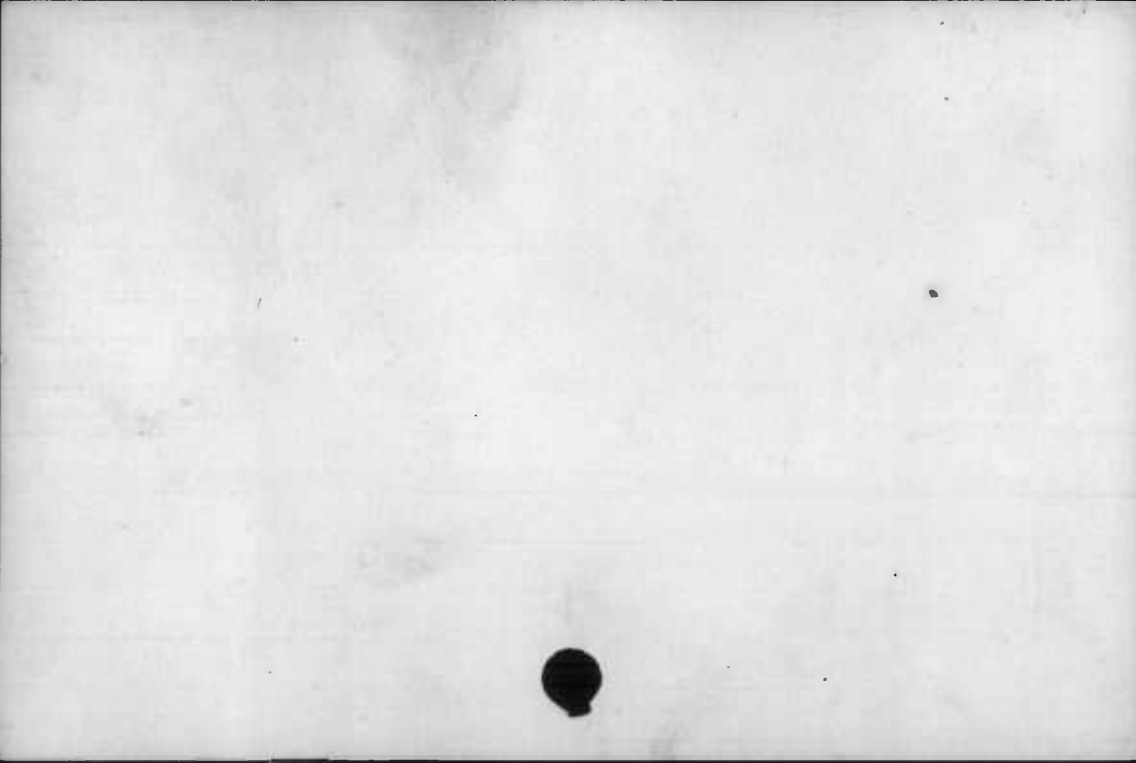
Signature of Physician

Address

H. A. Barnes M.D.
Princes Georges Rd.
H. D. No. 2.

Accident or Suicide?

PHYSICIAN OR CORONER



Name
In
Full

Mollie Porter

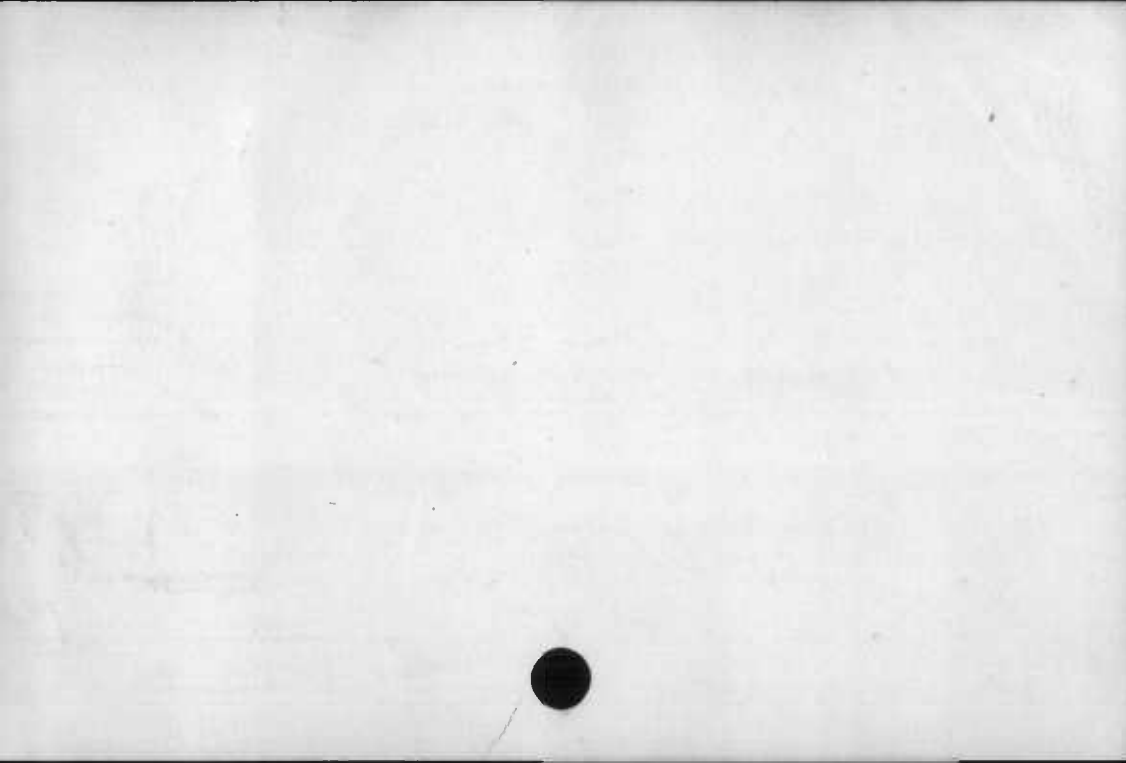
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Princess Anne</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death <i>1918</i>	<i>July</i> <small>Month</small>	<i>11</i> <small>Day</small>	Age <i>6</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>20</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co</i>		
Occupation <i>None</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>William W. Porter</i>	Father's Birthplace <i>Somerset Co</i>				
Mother's Maiden Name <i>Cecelia Miles</i>	Mother's Birthplace <i>Somerset Co</i>				
Name of person giving information <i>W W Porter</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Mal Nutrition</i>	<i>17718</i>	How long <i>2 weeks</i>	
	Immediate <i>Asthma</i>		How long <i>Progressive</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry M. Sanford</i>		
	Accident or Suicide? <i>No</i>	Address <i>Princess Anne Md</i>		



Name in Full

Preston Robert

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Dumas Quarter</i> <small>Town</small> <i>Doumarick</i> <small>County</small>		MARYLAND			
Date of death 19 <i>40</i> <small>Year</small> <i>July</i> <small>Month</small> <i>10th</i> <small>Day</small>	Age <i>3</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>—</i> <small>Days</small>		
Sex <i>male</i>	Color or Race <i>Colored</i>	Birth-place <i>Sou. Co.</i>			
Occupation <i>—</i>	Where Receiving if not at place of death <i>—</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Preston Roberts</i>	Father's Birthplace <i>Sou. Co.</i>				
Mother's Maiden Name <i>Ella Jenkins</i>	Mother's Birthplace <i>Sou. Co.</i>				
Name of person giving information <i>Preston Roberts</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <i>Whooping Cough</i>	How long <i>1 week</i>
Immediate <i>Bronchitis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Winder</i>
	Address <i>Dumas Quarter, Doumarick Co.</i>
Accident or Suicide?	



Name
In
Full

Mamie Smith

CERTIFICATE OF DEATH

Died at ^{Town} Princess Anne ^{County} Somerset MARYLAND

Date of death 1940 July 8 Age 28 Months Days

Sex Female Color or Race Negro Birth-place Somerset Co.

Occupation Housewife Were Reading if not at place of death Near Princess Anne

Married, Single or Widowed Married Name of Wife or Husband Thos. Smith

Father's Name Robt. Waters Father's Birthplace Somerset Co.

Mother's Maiden Name Ellen Shields (Waters) Mother's Birthplace " "

Name of person giving information Thos. Smith How related to deceased Husband

CAUSES OF DEATH

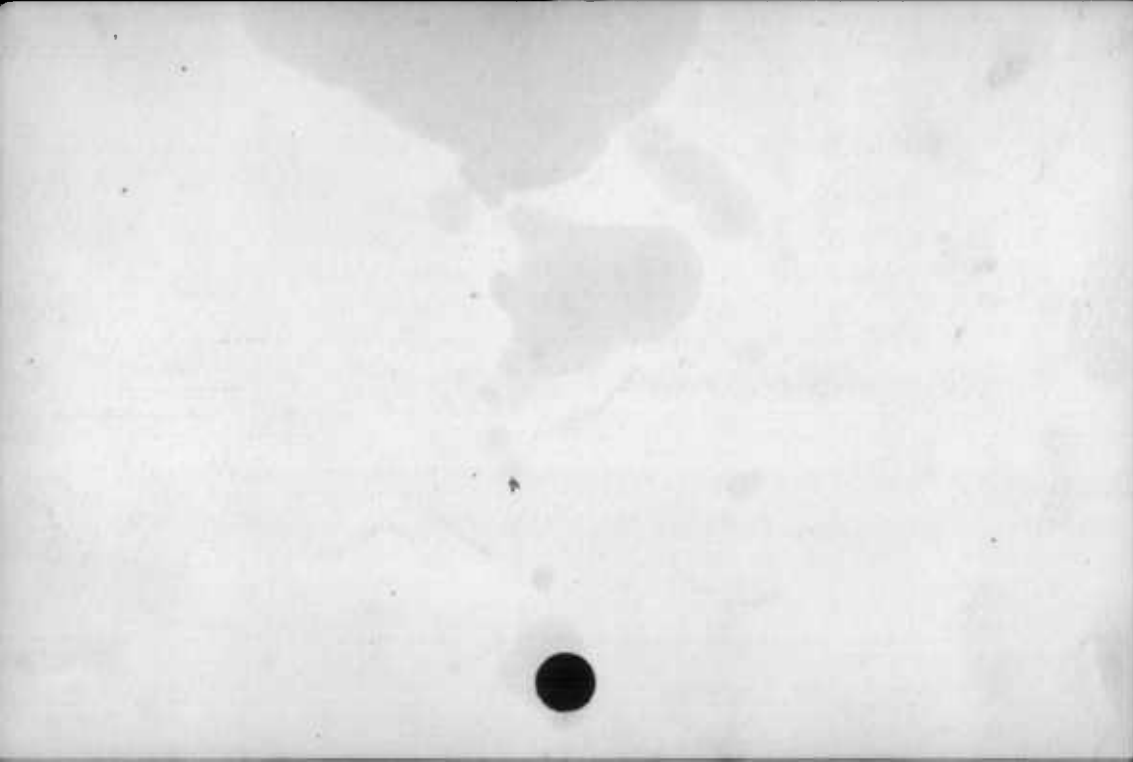
Primary Bronchitis How long Several monthsImmediate Pneumonia (92) How long One week

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician G. L. Beaven, M.D.

Address Princess Anne, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Hubbard J Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Town *Crisfield* County *Somerset*

Date of death 19*40* *July* *16* Age *21* Months *—* Days *—*

Sex *Male* Color or Race *Black* Birth-place *near Marion Md.*

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

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

Father's Name *Caleb Sterling* Father's Birthplace *Somerset Co*

Mother's Maiden Name *Jennie Hostely* Mother's Birthplace *Somerset Co*

Name of person giving Information *Olivier Sterling* How related to deceased *Brother*

245

CAUSES OF DEATH

Primary *Bronchitis* How long *4 mos*

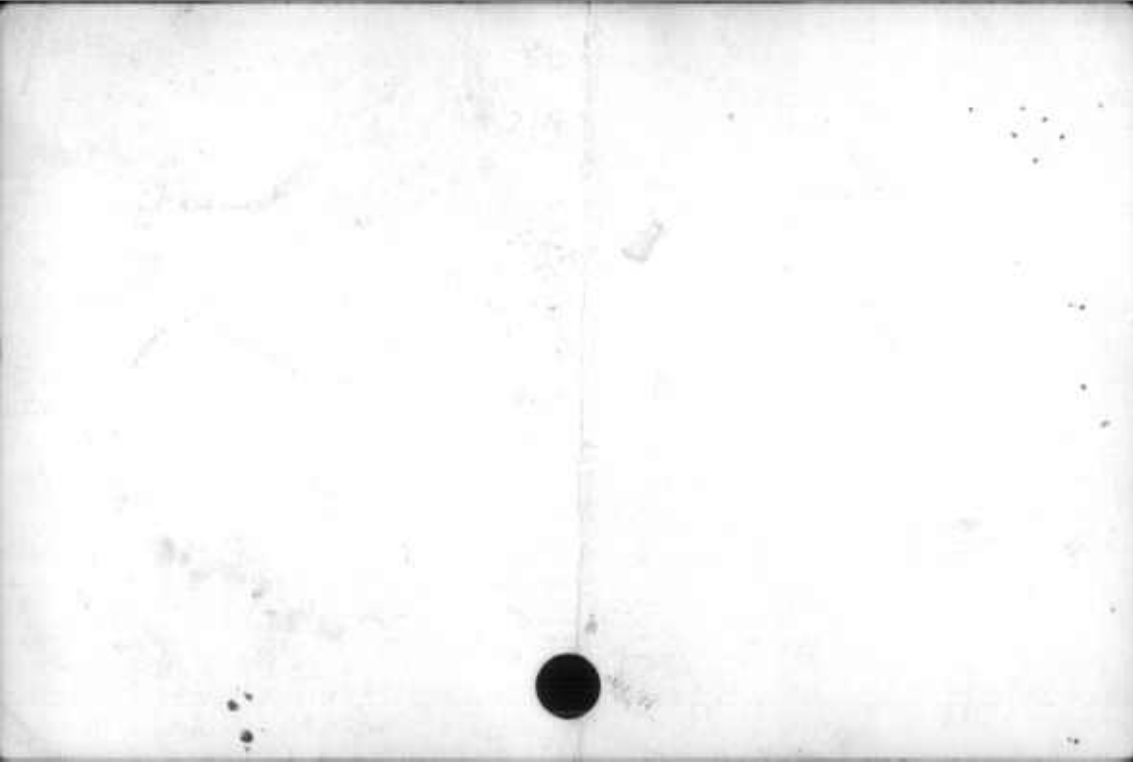
Immediate *Pulmonary Tuberculosis* How long *4 mos*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. S. Callins*

Address *Crisfield*

Accident or Suicide *Only saw patient a few days ago at office.*

PHYSICIAN OR CORONER



Name
In
Full

Not Named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James Swater</i> <small>Town</small>		<i>Southern</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month	<i>July</i>	Day	<i>27th</i>
Age		Years	—		Months
Days		—		<i>10</i>	
Sex	<i>male</i>	Color or Race	<i>Colored</i>		Birth-place
Occupation		<i>Sou. Co.</i>			
Where Reading if not at place of death		—			
Married, Single or Widowed	—				
Name of Wife or Husband	—				
Father's Name	<i>Ernest Varon</i>		Father's Birthplace	<i>Sou. Co.</i>	
Mother's Maiden Name	<i>Mary Elsey</i>		Mother's Birthplace	<i>Sou. Co.</i>	
Name of person giving information	<i>Ernest Varon</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Malformation of bile duct</i>	How long	<i>(114)</i>	
	Immediate	—	How long		
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>N. J. Maddox, M.D.</i>	
	Address	<i>James Swater, Southern Co., Ind</i>			
Accident or Suicide?	—				



Name in Full

Infant of John A. & Helen Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Oradell ^{Town} Somerset ^{County} MARYLAND

Date of death 1910 July ^{Month} 25 ^{Day} - 2 ^{Years} 2 ^{Months} 2 ^{Days}

Sex male Color or Race White Birth-place MD

Occupation — Where Residing if not at place of death —

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

Father's Name John A. Ward Father's Birthplace MD

Mother's Maiden Name Helen Ewell Mother's Birthplace VA

Name of person giving information John A. Ward How related to deceased Father

CAUSES OF DEATH

Primary Unknown 189 A How long —

Immediate — How long —

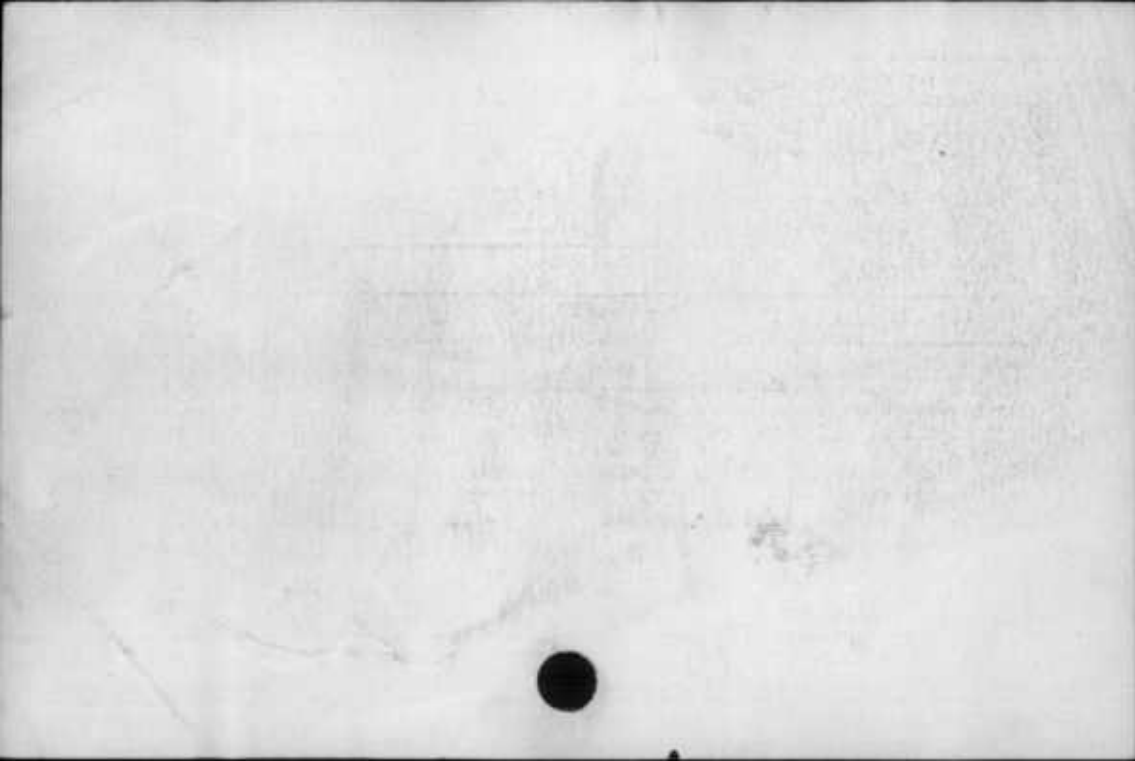
PHYSICIAN OR CORONER

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

Signature of Physician W. F. Hall

Address —

Accident or Suicide? —



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Infant- Town New P. Sum		Waters County Somerset-		MARYLAND	
Date of death 1910	Month July	Day 17	Age	Years	Months 6 Days
Sex male	Color or Race Colored		Birth-place ind		
Occupation <input checked="" type="checkbox"/>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed Single	Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name Benjamin Watlin	Father's Birthplace ind				
Mother's Maiden Name Catherine Amwood	Mother's Birthplace ind				
Name of person giving information Benjamin Watlin	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Only kind baby (No D. in attendance)	How long 6 days
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. Smith M.D.
		Address Pr. ind. ind.
Accident or Suicide?		



Name
in
Full

Wm Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

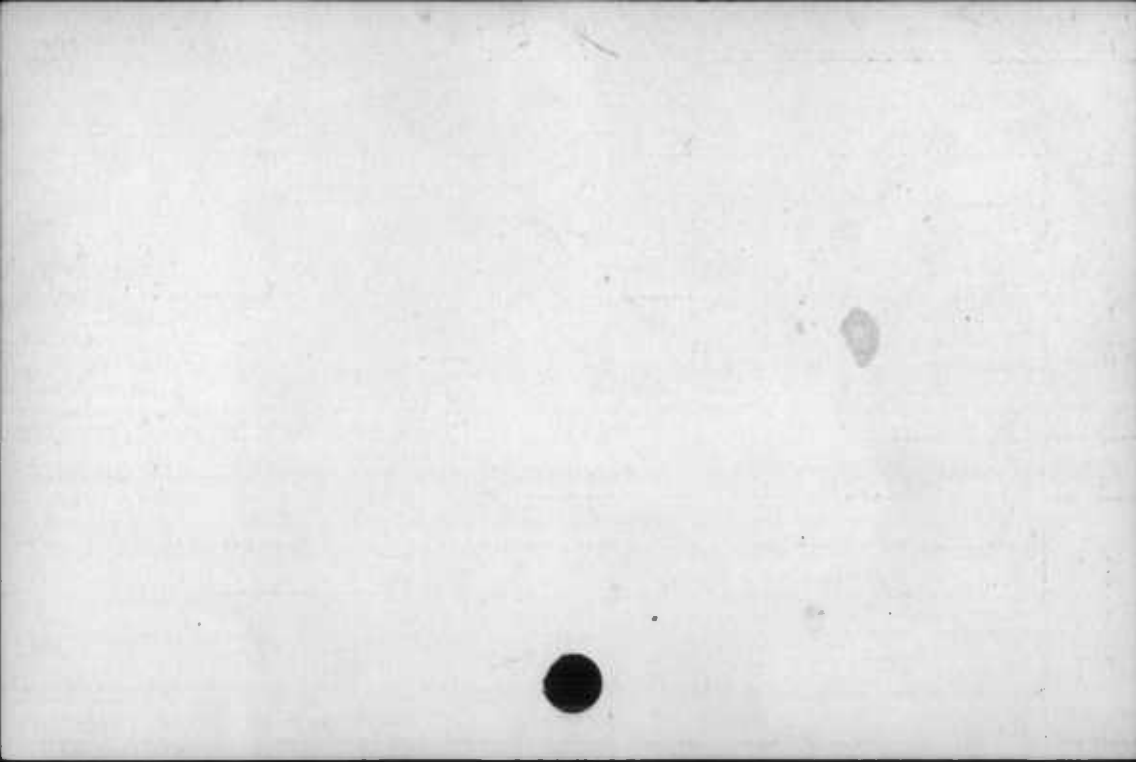
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Debility	How long	189	6 mos.
Immediate	Asthma	How long		2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
I think so		Address		
Accident or Suicide?				

J. B. Alexander
Beals Island
Somerset Co.



Name
in
Full

Not named White

CERTIFICATE OF DEATH

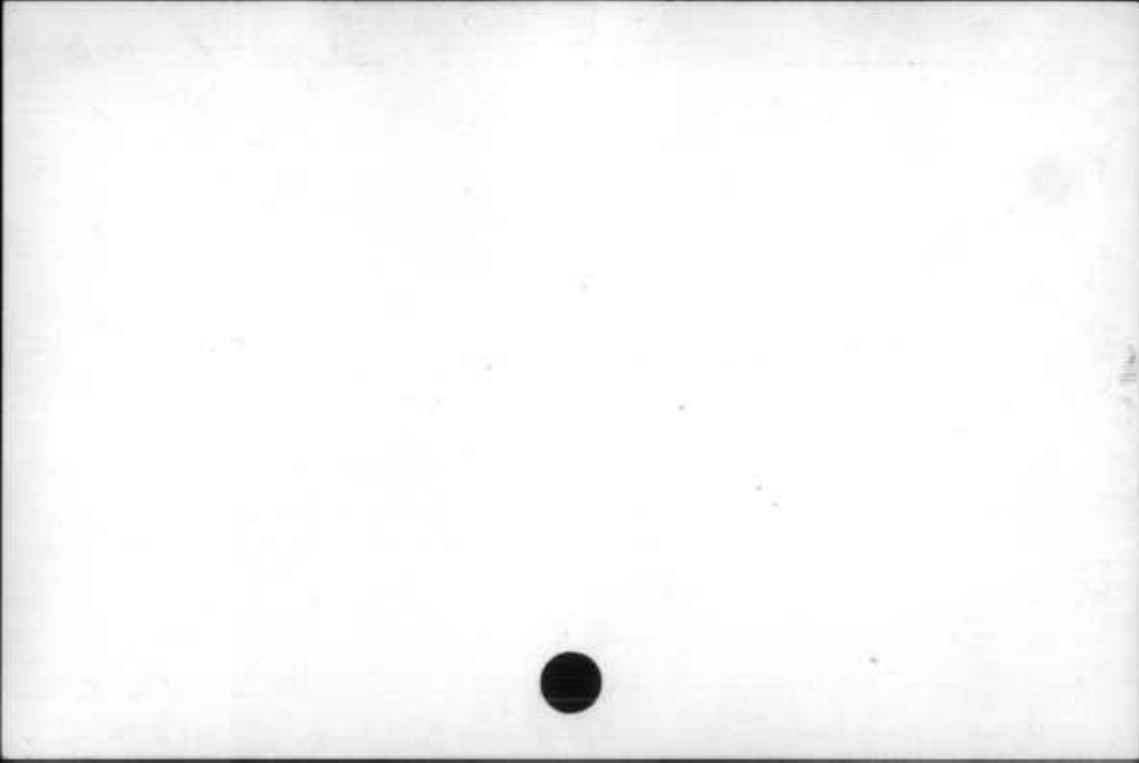
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beale Island</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death	1900	Month	<i>July</i>	Day	<i>13</i>
Age	<i>1 day</i>		Months	Days	
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>None</i>		Birth-place	<i>Beale Island</i>	
Where Residing 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>Perry F. White</i>		Father's Birthplace	<i>Beale Island</i>	
Mother's Maiden Name	<i>Annie Parkinson</i>		Mother's Birthplace	<i>Panama Water</i>	
Name of person giving information	<i>Perry F. White</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Immaturity</i>	How long	<i>7 mos.</i>
Immediate	<i>Botulism</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>J. H. Alexander</i>		
Address	<i>Beale Island Somerset Co.</i>		
Accident or Suicide			



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Joseph C. White*
 Town *Dunes Quarter* County *Brown*
 Died at *Dunes Quarter Brown*
 Date of death 19 *14* *July* *21st* Age *8* *Years* *8* *Months* *—* *Days*
 Sex *Male* Color or Race *White* Birth-place *Conn. Co.*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
 Father's Name *Joseph White* Father's Birthplace *Conn. Co.*
 Mother's Maiden Name *Denise Webster* Mother's Birthplace *Conn. Co.*
 Name of person giving information *Joseph White* How related to deceased *Father*

CAUSES OF DEATH

Primary *Her-Gr. (104)* How long *2 weeks*
 Immediate *Asthma* How long *—*

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

Yes

Signature of Physician

V. J. Louder
 Address *Dunes Quarter, Conn. Co., Md.*

Accident or Suicide? *—*PHYSICIAN
OR CORONER

