

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER

Accident or Suicide

CERTIFICATE OF DEATH

MARYLAND

Died at

Date
of death

Sex

Occupation

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

Town

County

Month

Day

Years

Months

Days

Color or
RaceBirth-
placeWhere Residing if not
at place of deathName of Wife or
HusbandFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

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

Address

How long

How long

James Baker.

Tues Easton Talbot

1900 7 16 Age 63

male white Birth-place New York

Lawyer. Easton

married Name of Wife or Husband Elizabeth Baker

James Baker Father's Birthplace N. Y. City

Miriam Bausole Mother's Birthplace " " "

Browning Baker How related to deceased Son.

49

Primary Colitis deformans & bacterial acutem How long 6 years

Immediate Diarrhoea & acutem How long 24 hrs.

yes

P. L. Traeger.

Easton, Md.



Name
in
Full

Annie Virginia Boyce

CERTIFICATE OF DEATH

Died at Easton ^{Town} Talbot ^{County} MARYLANDDate of death 1900 ^{Month} July ^{Day} 20 Age ^{Years} of Month ^{Months} 4 ^{Days}Sex Female Color or Race White Birthplace Easton Md

Occupation _____ Where Residing if not at place of death " "

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

Father's Name Harvey E. Boyce Father's Birthplace Easton MdMother's Maiden Name Mary Town Mother's Birthplace Trapp - Talbot MdName of person giving Information Harvey E. Boyce How related to deceased Father

CAUSES OF DEATH

Primary Inanition 177 B How long two monthsImmediate General Anesthetics How long one weekAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician P. L. TraversAddress Easton, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
Full

Percy Chambers

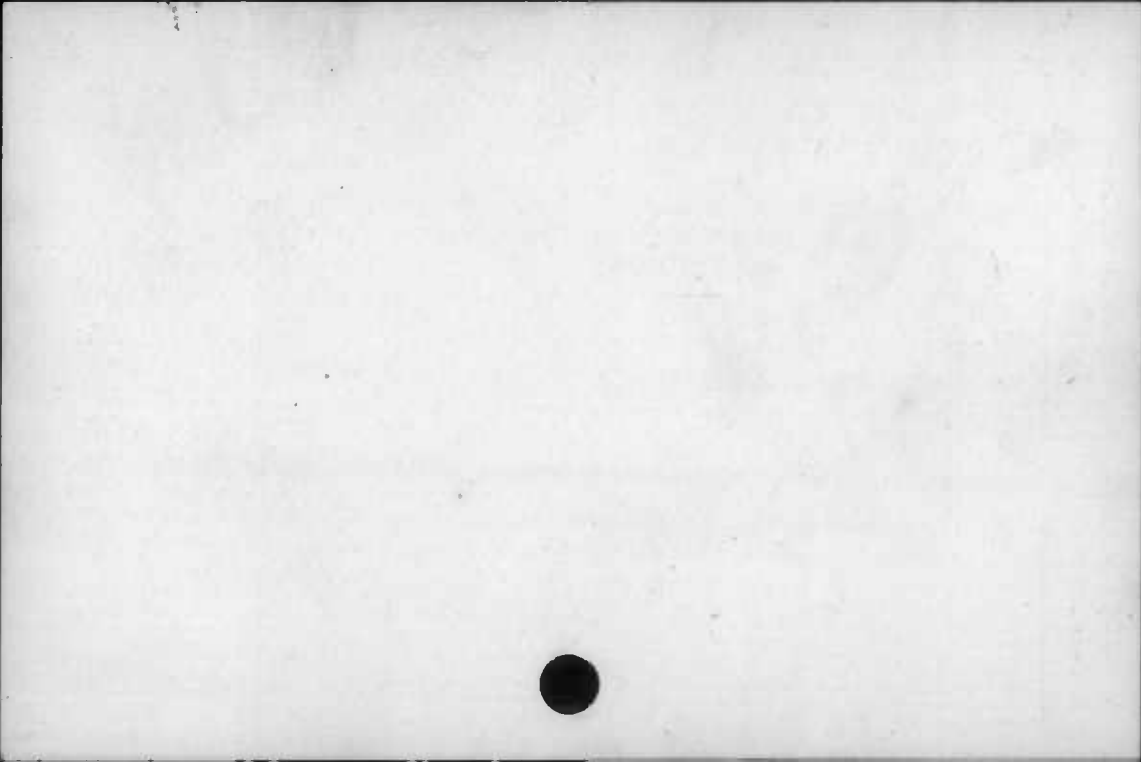
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death	1900	Month July	Day 2	Age Years	1	Months	5
Sex	male	Color or Race	Black	Birth-place	Easton	Days	0
Occupation	Chute		Where residing if not at place of death Home				
Married or Not	<input checked="" type="checkbox"/> Single		Name of Wife or Husband				
Father's Name	Percy Chambers				Father's Birthplace	Talbot Co	
Mother's Maiden Name	Martha Chambers				Mother's Birthplace	Caroline Co	
Name of person giving information	Percy Chambers				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Summer Complaint	How long	1 month
	Immediate	Heart Failure	How long	1 day
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	James B. Bennett
	Address	Easton Md		
Accident or Suicide?				



Name
in
Full

Mary T Dickerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at ^{Town} *near Easton* ^{County} *Talbot* - **MARYLAND**

Date of death ^{Month} *July* ^{Day} *14* ^{Years} *1901* Age *47* ^{Months} *0* ^{Days} *0*

Sex *Female* Color or Race *Black* Birthplace *Talbot*

Occupation *Housewife* Where Residing if not at place of death *1*

Married, Single or Widowed *Married* Name of Wife or Husband *Mrs M Dickerson*

Father's Name *William Kelly* Father's Birthplace *Talbot*

Mother's Maiden Name *Harriet Elliott* Mother's Birthplace *Talbot*

Name of person giving Information *Mrs M Dickerson* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Pneumonia* *92* How long *Three days*

Immediate *..* How long *..*

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

yes

Signature of Physician

Address

J. H. Steiner
*Easton*Accident or Suicide *no**Mds*

Lory town

Name

May A Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Neper Center Talbot County

Date of death 1908 July 17 1908 July 17 Age 83 Months 5 Days 1

Sex Female Color or Race Black Birthplace Talbot

Occupation Book Where Residing if not at place of death ✓

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

Father's Name Do not know Father's Birthplace do not know

Mother's Maiden Name May A Johnson Mother's Birthplace Talbot

Name of person giving Information Robert Johnson How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old age How long 15 1/4

Immediate Exhaustion How long

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

Signature of Physician Chas. J. Davidson

Address Easton Md

Accident or Suicide ✓

Williamsburg

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alice S. Farley</i>		Town <i>Royal Oak</i>		County <i>Talbot</i>		STATE MARYLAND	
Died at <i>Royal Oak</i>		Month <i>July</i>		Day <i>31</i>		Years <i>1900</i>	
Date of death <i>1900 July 31</i>		Sun <i>Sunday</i>		Age <i>24</i>		Months <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Baltimore</i>			
Occupation <i>Bookkeeper</i>		Where Residing if not at place of death <i>18 S. Myrtle Baltimore</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>George</i>		Father's Name <i>George</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Mary Mc Mahon</i>		Name of person giving Information <i>Sister Farley</i>		Mother's Birthplace <i>Ireland</i>		How related to deceased <i>Sister</i>	

CAUSES OF DEATH

Primary *Accidentally Drowned*

How long

169

How long

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

Yes

Signature of Physician

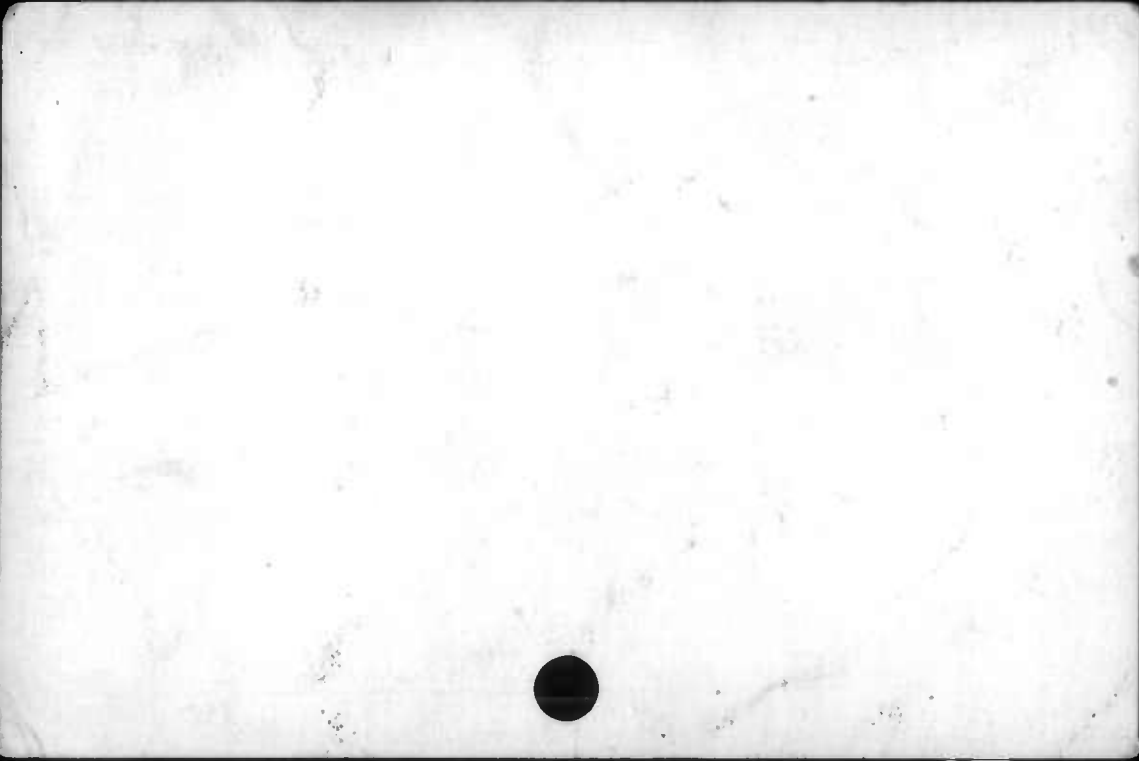
E. J. Walear act. Coroner

Address

Royal Oak Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

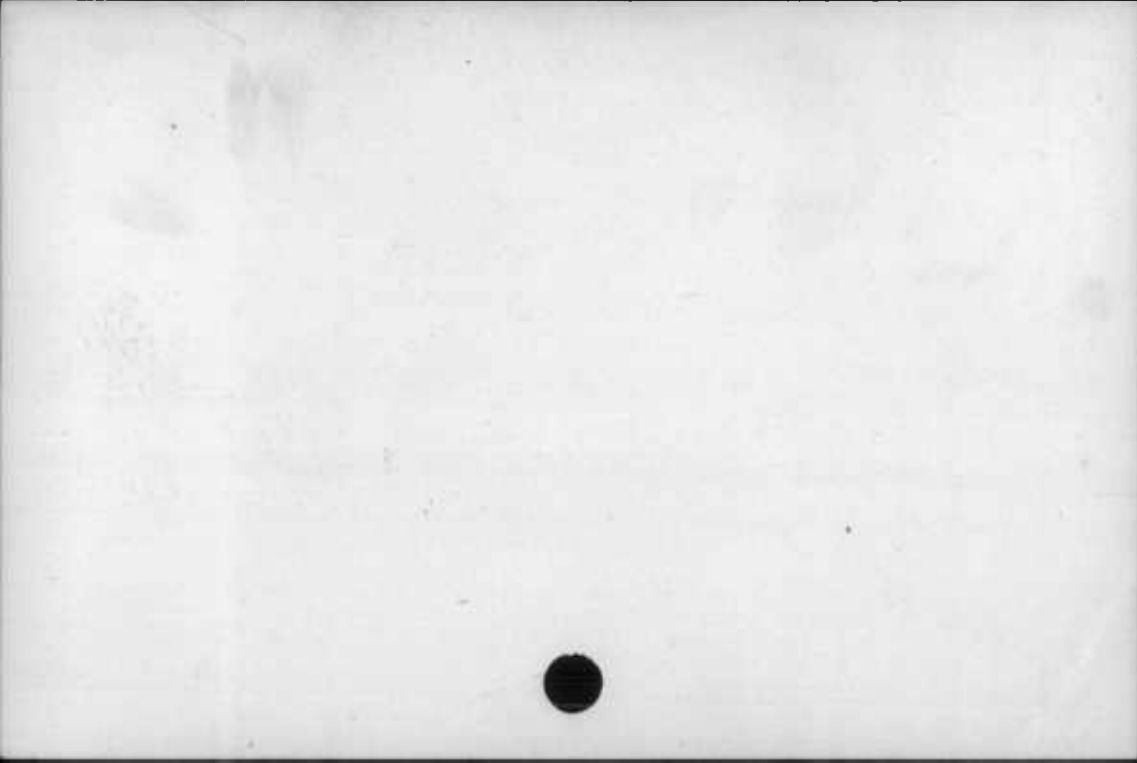
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belleme</i> Town		<i>Gardner</i> County		MARYLAND	
Date of death	1900	Month	<i>July</i>	Day	<i>11</i>
Age		Years	Months		Days
			<i>2</i>		<i>0</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>		Birth-place
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>Jas. Douglas Gardner</i>			Father's Birthplace	<i>Talbot Co Md</i>
Mother's Maiden Name	<i>Mary L. Adams</i>			Mother's Birthplace	<i>Talbot Co Md</i>
Name of person giving information	<i>Chas. Green</i>			How related to decedent	<i>None</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Cholera Infantum</i>	How long	<i>104</i> <i>1 week</i>
	Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. Coates M.D.</i>
	Accident or Suicide?		Address	<i>Offna Md</i>



Name
In
Full

Mattha H. Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

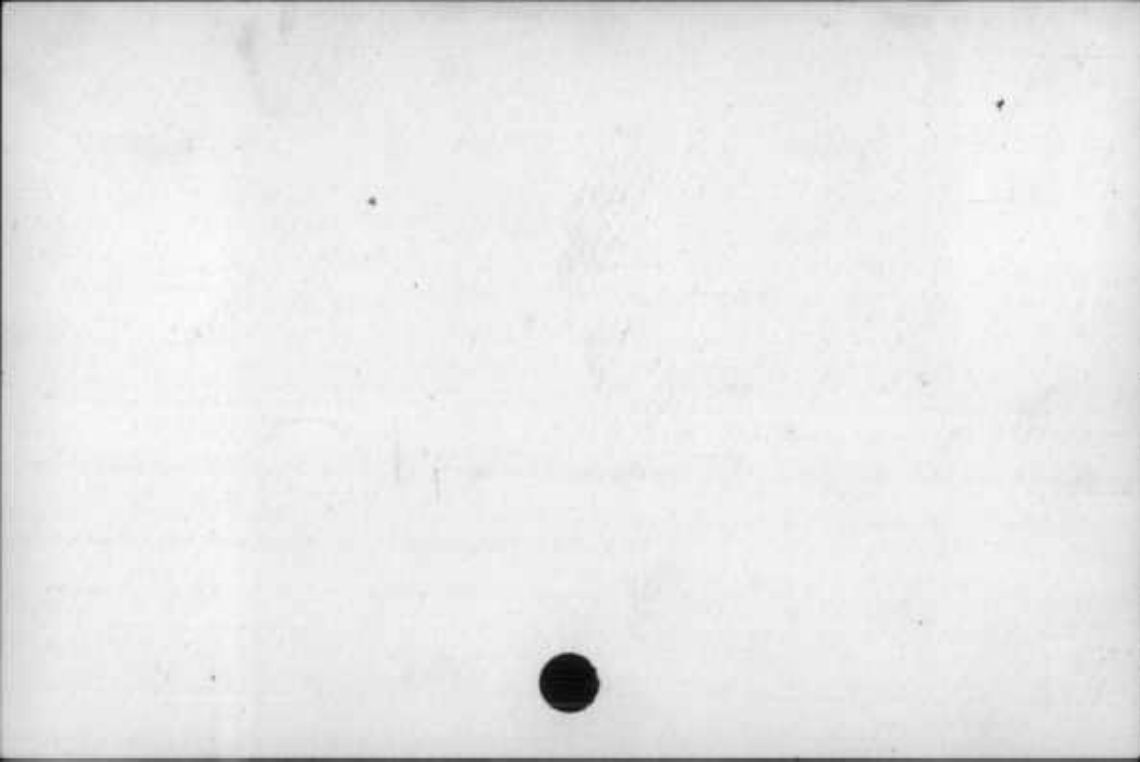
Died at <i>Office.</i>		Town <i>Salisbury.</i>		County <i>Salisbury.</i>		STATE MARYLAND	
Date of death 1900	Month <i>July</i>	Day <i>25</i>	Age	Years <i>33</i>	Months	Days <i>12</i>	
Sex <i>Female</i>	Color or Race <i>Colored.</i>		Birthplace <i>Salisbury</i>		Maryland		
Occupation <i>Domestic</i>			Where Reading if not at place of death				
Married, Single or Widowed	Name of Wife Husband <i>Edward Gibson</i>						
Father's Name	<i>James LeFlore</i>				Father's Birthplace	<i>Salisbury</i>	
Mother's Maiden Name	<i>Fannie Jackson</i>				Mother's Birthplace	<i>Dorchester Co Md</i>	
Name of person giving information	<i>Edward Gibson</i>				How related to deceased	<i>Harbored</i>	

CAUSES OF DEATH

85

PHYSICIAN
OR CORONER

Primary	<i>Leptostaphylosis</i>	How long	<i>2 weeks.</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>J. M. Coates M.D.</i>
		Address	<i>Office Md.</i>
Accident or Suicide? <i>_____</i>			



Name
in Full

Hleck Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Trappe		County Talbot		MARYLAND	
Date of death 190		Month July	Day 5	Age	Years 33	Months	Days
Sex	Male	Color or Race	White	Birth-place	Talbot Co		
Occupation	Farm hand		Where Residing if not at place of death		Trappe		
M. or Widowed	<input checked="" type="checkbox"/>		Name of Wife or Husband	Unknown			
Father's Name	Samuel Green			Father's Birthplace	Talbot Co		
Mother's Maiden Name	Leontia Pinkney			Mother's Birthplace	Talbot Co		
Name of person giving Information	John Roberts			How related to deceased	Cousin		

CAUSES OF DEATH

Primary	Unknown	How long	Unknown
Immediate	Heart failure	How long	Unknown
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. Cormier
		Address	Trappe, Md
Accident or Suicide	<input type="checkbox"/>		

PHYSICIAN
OR CORONER



Name
in
Full

Arthur Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Trappe* Town *Talbot* County **MARYLAND**
 Date of death 19*20* Month *July* Day *12* Age *1* Years Months Days
 Sex *male* Color or Race *Negro* Birth-place *Trappe*
 Occupation _____ Where Residing if not at place of death *Trappe*
 Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Arthur Green* Father's Birthplace *Talbot Co*
 Mother's Maiden Name *Mina Fisher* Mother's Birthplace *Talbot Co*
 Name of person giving Information *Mrs Fisher* How related to deceased *Grand Father*

CAUSES OF DEATH

Primary *Gastro Enteritis* *104* How long *10 days*
 Immediate *Exhaustion* How long _____

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

Signature of Physician

Address

*J. H. McCormick**Trappe Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Mary Hudson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Esters ^{County} Talbot MARYLAND

Date of death 1910 ^{Month} 7 ^{Day} 29 Age ^{Years} 3 ^{Months} 4 ^{Days} —

Sex Female Color or Race white Birth-place Claiborne

Occupation _____ Where Residing if not at place of death near Esters

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

Father's Name Harvey H. Hudson Father's Birthplace Salisbury

Mother's Maiden Name Catherine Salisbury Mother's Birthplace Talbot Co.

Name of person giving Information John T. Salisbury How related to deceased Grandfather

CAUSES OF DEATH

Primary Insanition ^{How long} 6 months.

Immediate General Anesthesia ^{How long} 3 weeks.

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

Signature of Physician *P. L. Travers,*

Address *Patuxent, Md.*

Accident or Suicide _____

PHYSICIAN/
OR CORONER



Name

in Full

Royce R. Johns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death <u>1940</u>	Month <u>July</u>	Day <u>29</u>	Age <u>0</u>	Months <u>7</u>	Days <u>18</u>
Sex <u>male</u>	Color or Race <u>African</u>	Birth-place <u>Near Easton Talbot Co</u>			
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>Thos. E. Johns</u>		Father's Birthplace <u>Talbot Co</u>			
Mother's Maiden Name <u>Mollie Brooks</u>		Mother's Birthplace <u>Talbot Co</u>			
Name of person giving Information <u>Mollie Brooks</u>		How related to deceased <u>mother</u>			

CAUSES OF DEATH

Primary <u>Enterocolitis</u>	<u>104</u> <small>How long</small>	<u>at least a month</u> <small>How long</small>
Immediate <u>Exhaustion</u>	<u>3 hours</u> <small>How long</small>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John B Fairbank</u>	Address <u>Easton Md. Coroner</u>
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

Not named Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Easton</i>		Town		<i>Salbot</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>July</i>		Day <i>25</i>		Age <i>0</i>		Years <i>0</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Salbot Co.</i>		Months <i>0</i>		Days <i>9</i>	
Occupation <i>None</i>				Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>							
Father's Name <i>Abe Johnson</i>				Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Bertie Roberts</i>				Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>Bertie Johnson</i>				How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Colic</i>		How long <i>2 days</i>	
Immediate <i>Same</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.D. J. B. Fairbank</i>	
		Address <i>Easton, Coroner Md.</i>	
Accident or Suicide			



Name
in
Full

Eleanor Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i>		Town <i>Orford</i>		County <i>Talbot</i>		MARYLAND	
Date of death 1900		Month <i>7</i>	Day <i>9</i>	Age <i>20</i>	Years	Months <i>18</i>	Days <i>23</i>
Sex <i>Female</i>		Color or Race <i>negro</i>		Birth-place <i>Talbot Co. Md</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Frank Mills</i>		Father's Birthplace <i>Talbot Co. Md</i>		Mother's Maiden Name <i>Georgiana Adams</i>		Mother's Birthplace <i>Talbot Co. Md</i>	
Name of person giving Information <i>Frank Mills</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	_____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. J. Adams</i>	
		Address <i>Waggoner, Md</i>	
Accident or Suicide _____			



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John Newman*
Oaston Talbot County

Date of death 1910 July 25 Age 26 Months = Days =

Sex *Male* Color or Race *Black* Birthplace *St Michael's*Occupation *Farm hand* Where Residing if not at place of death *St Michael's*Married Single *Single* Name of Wife or HusbandFather's Name *Chas Newman* Father's Birthplace *Talbot Co*Mother's Maiden Name *Jane B.ison* Mother's Birthplace *Not known*Name of person giving information *James Newman* How related to deceased *Brother*

CAUSES OF DEATH

Primary *nephritis* How long *6 months*
*120*Immediate *heart failure* How longAre the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. C. Davis*
Address *St Michael's Md*

Accident or Suicide?



Name
in
Full

Ardie Euxow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

♀

Died near Gropper Town Galbot County MARYLAND

Date of death 1908 Month 7 Day 23 Age 1 Years Months 3 Days 10

Sex Female Color or Race Negro Birth-place Galbot Co

Occupation none Where Residing if not at place of death _____

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

Father's Name John Wesley Euxow Father's Birthplace Gropper Md

Mother's Maiden Name Mamie Wilson Mother's Birthplace Gropper Md

Name of person giving Information John W Euxow How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pertussis How long 4 weeks -

Immediate Exhaustion How long _____

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

Signature of Physician Joseph A. Ross, M.D.
Address Gropper, Md

Accident or Suicide



Name in Full

John Albert Nixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Died at Troppe Town Talbot County

Date of death 1940 July 23 Age — Months 3 Days —

Sex male Color or Race colored Birth-place Troppe,

Occupation ✓ Where Residing if not at place of death ✓

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

Father's Name Noah Nixon Father's Birthplace Talbot Co. Md.

Mother's Maiden Name Ardilla Bauer Mother's Birthplace Talbot Co.,

Name of person giving Information Noah Nixon How related to deceased Father

CAUSES OF DEATH

Primary Whooping cough (8) ✓ How long 4 weeks

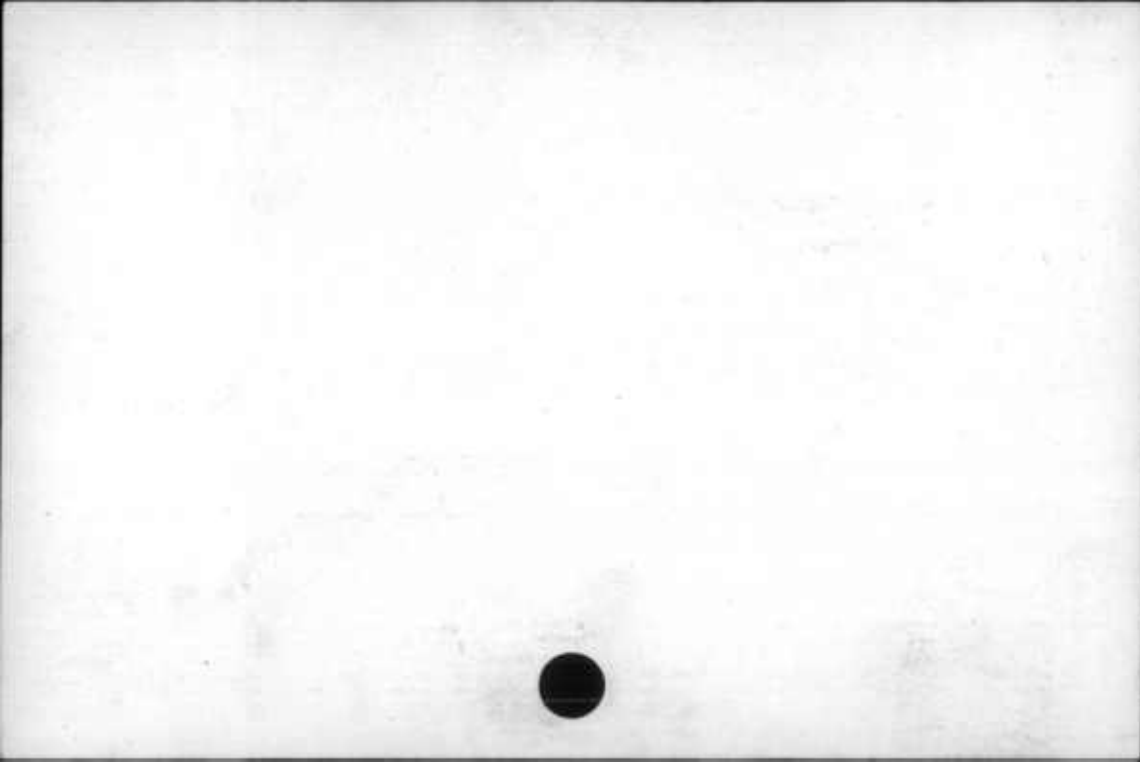
Immediate Exhaustion How long

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

Address Troppe Md

Accident or Suicide no

PHYSICIAN OR CORONER



Name
in
Full

Laurina Roy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at Easton ^{Town} Talbot ^{County} MARYLAND

Date of death 1960 ^{Month} July ^{Day} 15 ^{Age} 16 ^{Years} 16 ^{Months} — ^{Days} —

Sex Male Color or Race BLK Birth-place Ridgely Md

Occupation Laborer Where Residing if not at place of death Ridgely Md

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

Father's Name Henry Jenkins Roy Father's Birthplace Md

Mother's Maiden Name Anna Narcissa Ann Carl Mother's Birthplace Md

Name of person giving Information Henry Jenkins Roy How related to deceased Father

CAUSES OF DEATH

Primary Typhoid fever How long Several weeks

Immediate Exhaustion How long a few days

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

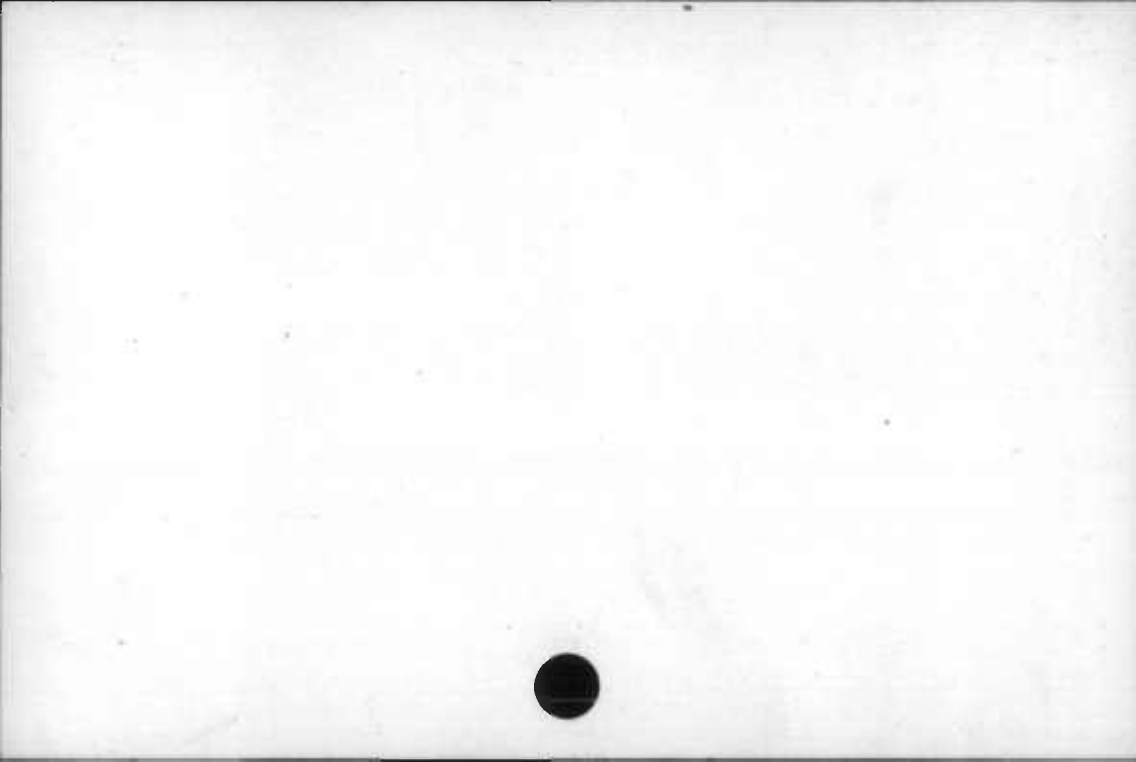
Signature of Physician D. L. James

Address Easton

Accident or Suicide? —

Md

PHYSICIAN
OR CORNER



Oliver Seymour

TO BE ANSWERED BY
NEAREST FRIEND

Died at *St Michaels* Town *Tullob* County **MARYLAND**

Date of death 19*00* *July* Month *11* Day Age *—* Years Months *—* Days *12*

Sex *Female* Color *White* Birth-place *St Michaels*

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

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

Father's Name *Chas W Seymour* Father's Birthplace *St Michaels*

Mother's Maiden Name *Blara W Seymour* Mother's Birthplace *St Michaels*

Name of person giving information *Blara W Seymour* How related to deceased *mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

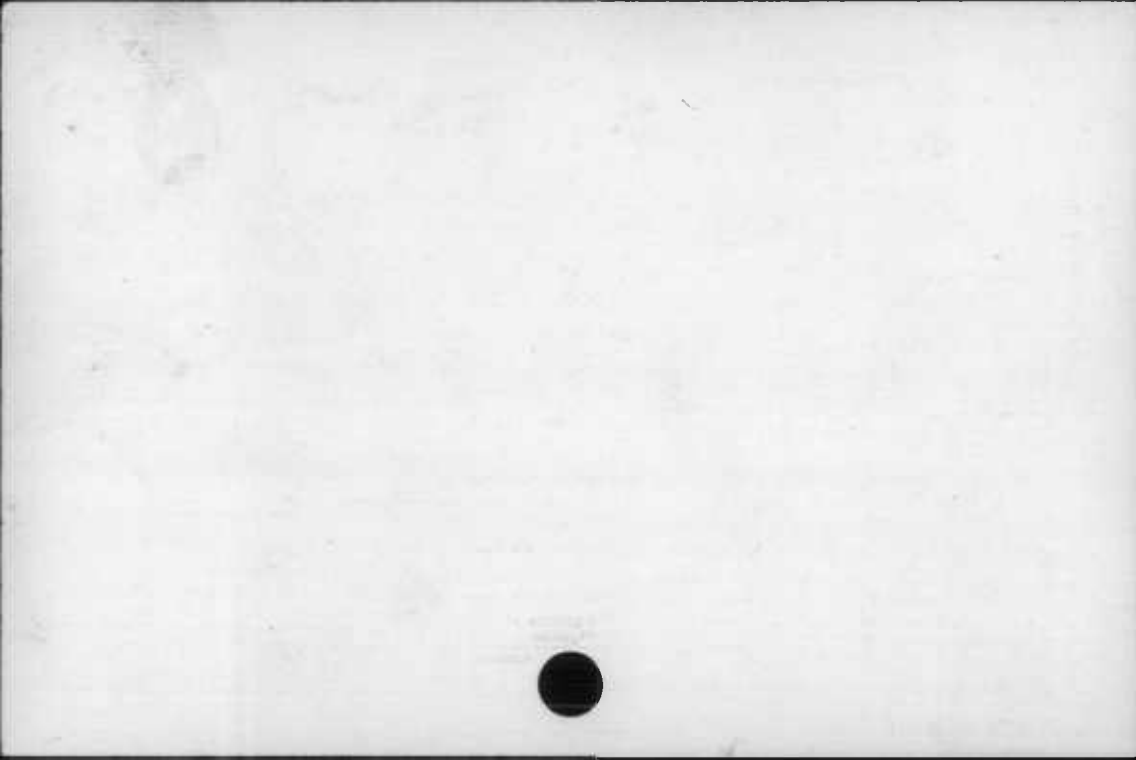
Primary *Inanition General asthenia* How long *12 days*

Immediate *Cardiac failure* How long *—*

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

Signature of Physician *W. Stofe M.D.* Address *St Michaels Md.*

Accident or Suicide *No*



Name
in
Full

Eva Louise Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Eastern Talbot County MARYLAND

Date of death 1910 Month 7 Day 26 Age 3 Years Months 6 Days 21

Sex Female Color or Race White Birth-place Orford, Md.

Occupation _____ Where Residing if not at place of death _____

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

Father's Name George T. Smith Father's Birthplace Caroline, G.

Mother's Maiden Name Eva Harrison Mother's Birthplace Talbot

Name of person giving Information George T. Smith How related to deceased Father

CAUSES OF DEATH

Primary Hypertrophic leukoecis of liver How long Five weeks

Immediate _____ How long _____

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

Signature of Physician

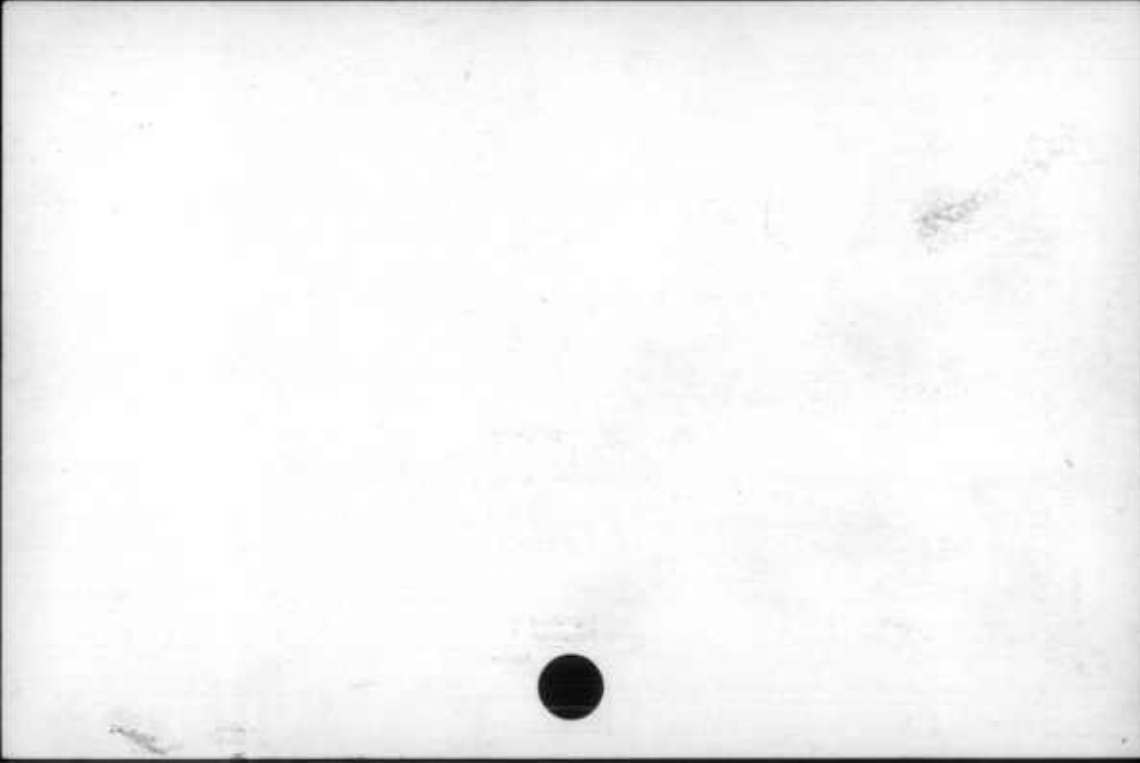
Address

Accident or Suicide

noyes

J. C. Slisow
Esler

Md.



Name
in
Full

Wm Stanford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died ^{at} near Custon ^{town} County TalbotDate of death 1940 ^{Month} July ^{Day} 24 Age 1 ^{Years} X ^{Months} 10 ^{Days}Sex Male Color or Race Blk Birth-place Talbot CoOccupation sewer Where residing if not at place of death →Married, Single or Widowed Child Name of Wife or Husband noneFather's Name Ashbury Stanford Father's Birthplace MDMother's Maiden Name ~~Mattie~~ Eliza Perkins Mother's Birthplace MDName of person giving information A. Stanford How related to deceased Father

CAUSES OF DEATH

Primary Enterocolitis 104 How long 3 weeksImmediate Exhaustion How long 3 daysAre the name, age, sex, color, date and place correctly given above? Yes Signature of Physician L. B. MerrittAddress Custon MD

Accident or Suicide

Wm. H. Miller

Name
in
Full

Geo W Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Easton Town Talbot County

Date of death 1910 July 19 19 Age 70 Months Days

Sex Male Color or Race Black Birth-place Talbot Co

Occupation Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Flora Watkins

Father's Name do not know Father's Birthplace do not know

Mother's Maiden Name do not know Mother's Birthplace do not know

Name of person giving Information Flora Watkins How related to deceased wife

CAUSES OF DEATH

Primary Cerebral apoplexy 64 How long Two days

Immediate ec How long Two days

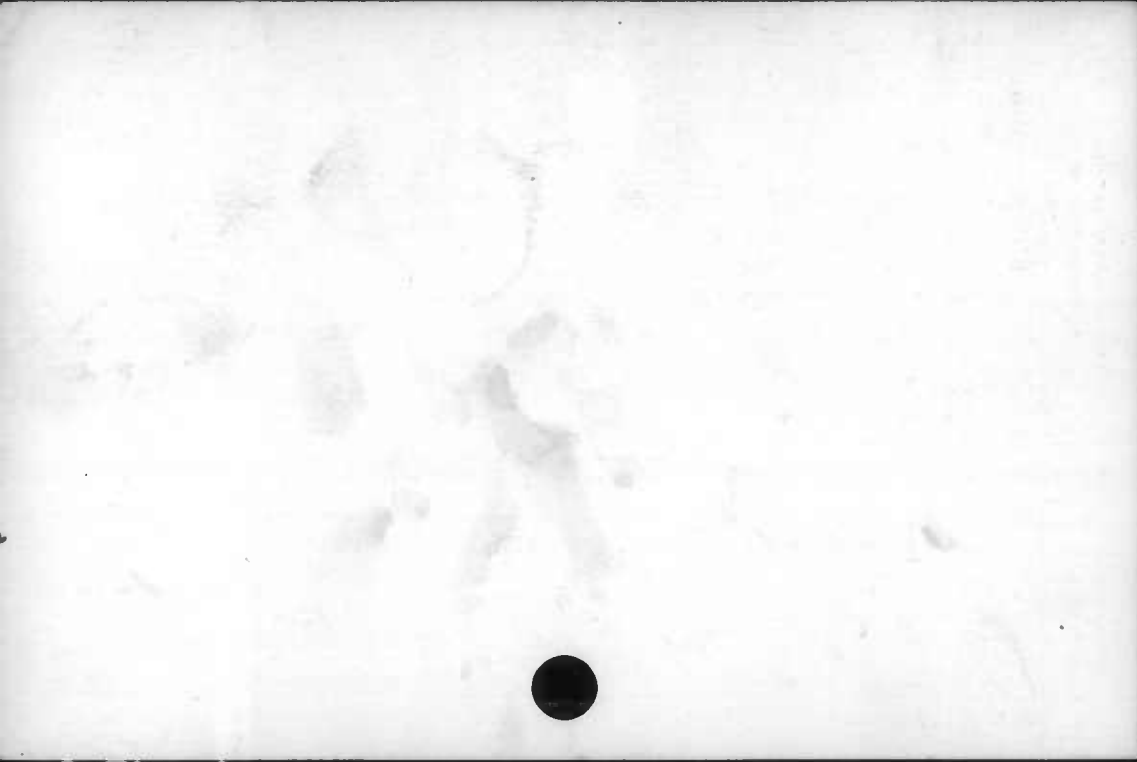
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. H. Stines

Address Easton

Accident or Suicide no

PHYSICIAN
OR CORONER



Name
in
Full

Arabella Willson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at Easton Talbot County MARYLAND

Date of death 1900 7 25 Age 22 8 0 Months Days

Sex Female Color or Race Colored Birthplace Talbot Co.

Occupation Housewife Where Residing if not at place of death near Duxtown

Married, Single or Widowed Married Name of Wife or Husband Luther Willson

Father's Name George Tripp Father's Birthplace Talbot Co

Mother's Maiden Name Ella Blake Mother's Birthplace " "

Name of person giving Information Luther Willson How related to deceased wife

CAUSES OF DEATH

61

PHYSICIAN
OR CORNER

Primary Labor How long 4 weeks ago

Immediate Meningitis How long two weeks

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

Signature of Physician P. L. [unclear]

Address Easton, Md.

Accident or Suicide

