

Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant no name (Adkins)
 Died at ^{Town} near Salisbury ^{County} Wicomico

MARYLAND

Date of death 1910 ^{Month} July ^{Day} 19 Age ^{Years} ^{Months} ^{Days} 1

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 Louis A Adkins Father's Birthplace Md

Mother's Maiden Name Bessie L Mills Mother's Birthplace Md

Name of person giving information Louis A Adkins How related to deceased Brother

CAUSES OF DEATH

151 B

PHYSICIAN
OR CORONER

Primary Jaundice How long 1 day

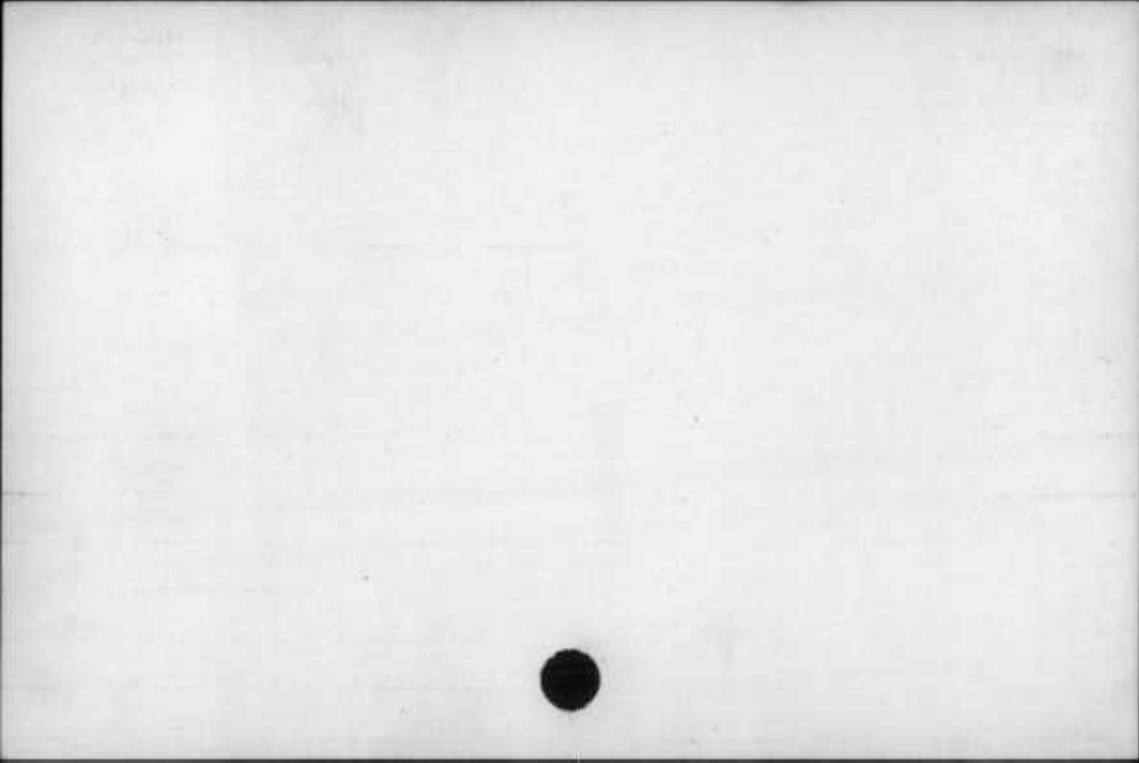
Immediate Convulsions How long 1/2 day

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

Signature of Physician B. B. Potter

Address Salisbury Md

Accident or Suicide? _____



Name
in
Full

Infant of John T. Bailey, Not named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hebron</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>27</u> <small>Day</small>	Age	<u>1</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Wicomico co.</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>None</u>		
Father's Name	<u>John T. Bailey</u>		Father's Birthplace	<u>Wicomico co.</u>	
Mother's Maiden Name	<u>Annie Trader</u>		Mother's Birthplace	<u>" "</u>	
Name of person giving Information	<u>John J. Hall</u>		How related to deceased	<u>None</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Spasms</u>		How long	<u>(4 hours)</u>
Immediate	<u>Spasms</u>		How long	<u>(4 hours)</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>H. C. Conway</u>	
		Address	<u>Hebron</u>	
Accident or Suicide			<u>no</u>	



Clara R Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Salisbury</i> ^{County} <i>Wicomico</i>		MARYLAND	
Date of death <i>1910</i>	^{Month} <i>July</i> ^{Day} <i>18</i>	Age ^{Years}	^{Months} <i>10</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>MD</i>	
Occupation	Where Reading if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Ollie Bailey</i>	Father's Birthplace <i>MD</i>	Mother's Name <i>Eva Mc Dowell</i>	Mother's Birthplace <i>MD</i>
Name of person giving information <i>Ollie Bailey</i>	How related to decedent <i>Father</i>		

CAUSES OF DEATH

10W ✓
How long *7 weeks*
How long *few hours*

PHYSICIAN
OR CORONER

Primary <i>Enteric - Colitis</i>	How long
Immediate <i>Exhaustion</i>	How long <i>Few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Huber</i>
<i>as I know</i>	Address <i>Salisbury MD</i>
Accident or Suicide? <i>No</i>	



Name
In
Full

John Brewington

CERTIFICATE OF DEATH

Died at

Siloam

Town

County

Thocomico

MARYLAND

Date
of death

1940

Month

July

Day

22nd

Age

Years

6'6"

Months

0

Days

0

Sex

Male

Color or
Race

White

Birth-
place

Siloam Md.

Occupation

Farmer

Where Residing if not
at place of death

At home

Married, Single
or Widowed

Married

Name of Wife or
Husband

Bettie G. Brewington

Father's
Name

Edward Brewington

Father's
Birthplace

Maryland

Mother's
Maiden Name

Not Known

Mother's
Birthplace

Not known

Name of person giving
Information

John W. Lawrence

How related
to deceased

None

CAUSES OF DEATH

Primary

Suppura to b

How long

Immediate

Consumption

How long

Unknown

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

Yes

Signature of
Physician

Address

W A L [Signature]

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

454



Name
in
Full

George J. L. Cornish

CERTIFICATE OF DEATH

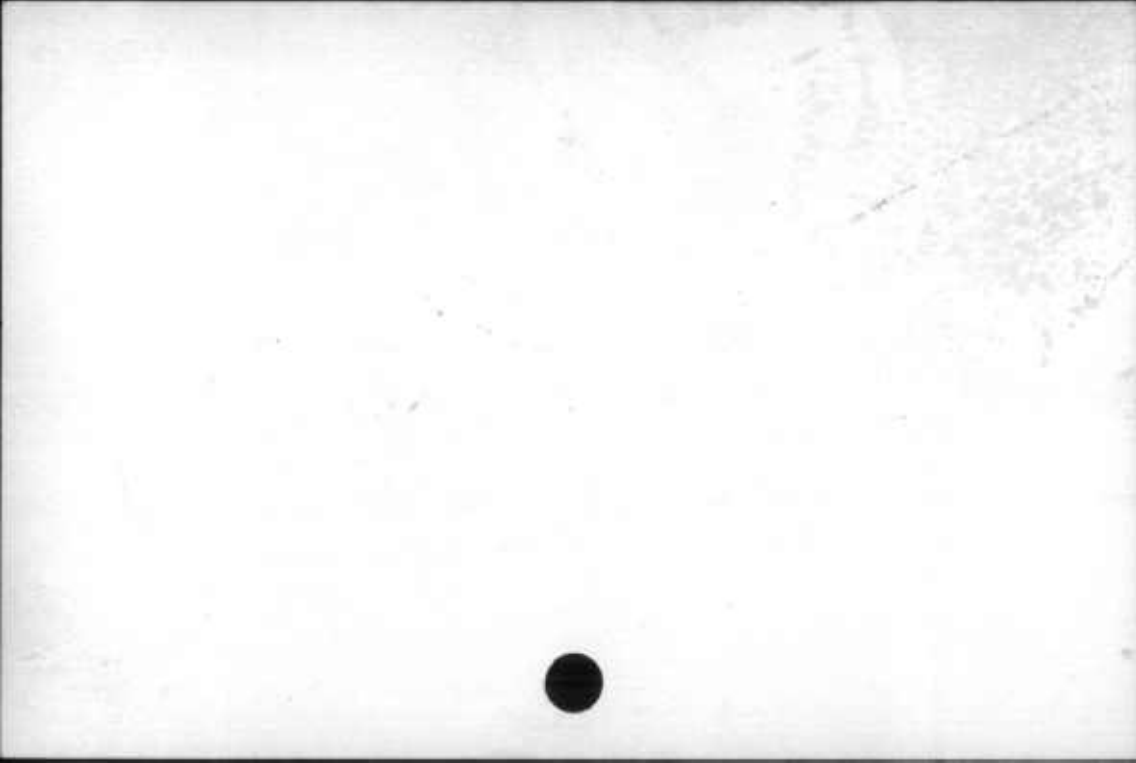
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Green Hill</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1910</i> <i>100</i>	Month <i>July</i>	Day <i>29th</i>	Years <i>0</i>	Months <i>6</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Hebron Md.</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>Hebron "</i>			
Married, Single or widowed		Name of Wife or Husband <i>None</i>			
Father's Name <i>Joseph Cornish</i>			Father's Birthplace <i>Wicomico Co Md.</i>		
Mother's Maiden Name <i>Leena Peters</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving Information <i>Joseph Cornish</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>189</i>
Immediate <i>Dysentery</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. J. Zuch</i>
	Address <i>Quantico Md.</i>
Accident or Suicide	



Name

Full

William Loft

CERTIFICATE OF DEATH

Died at ^{Town} near Attel ^{County} Wicomico MARYLANDDate of death 1940 ^{Month} 7 ^{Day} 13 ^{Years} 77 ^{Months} 6 ^{Days} —Sex Male Color or Race White Birth-placeOccupation Farmer Where Residing if not at place of deathMarried, Single or Widowed Widower Name of Wife or HusbandFather's Name Kennel Loft Father's Birthplace Attel MdMother's Maiden Name Sally Houlder Mother's Birthplace Attel MdName of person giving information Geo. Loft How related to deceased Son

CAUSES OF DEATH

Primary Myocardial 147 ✓ How long 4 days

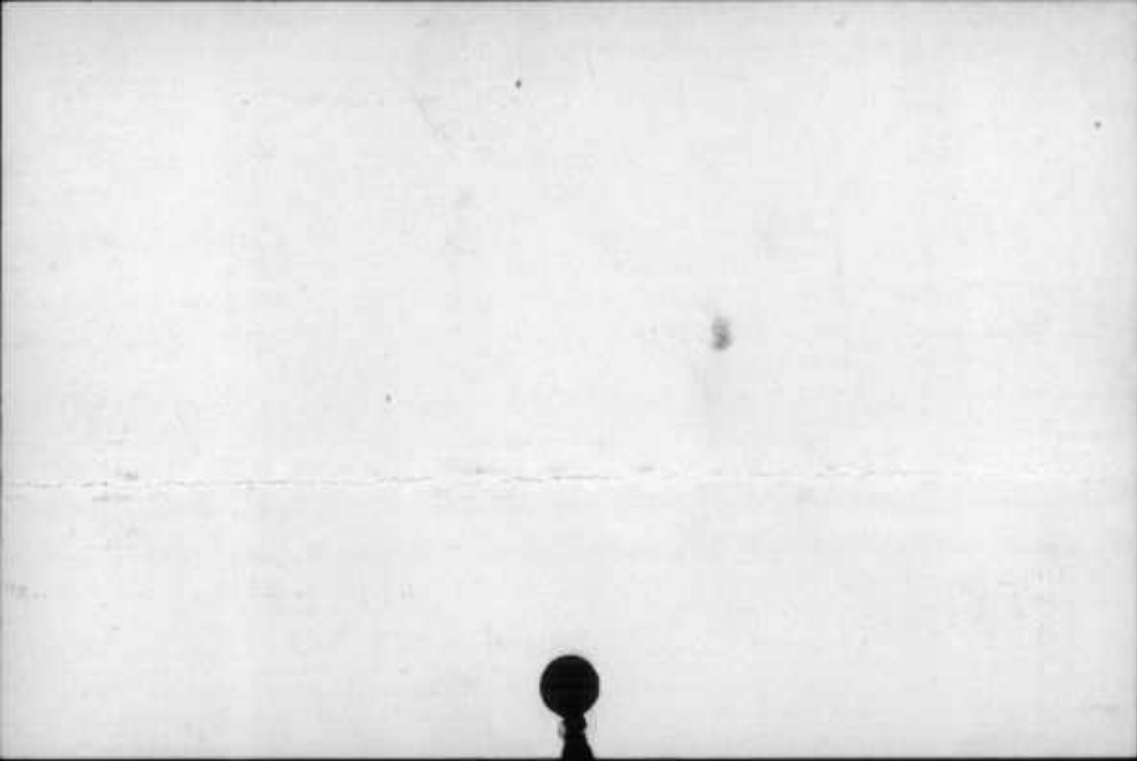
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Spaced L. EnglishAddress Mardela - PpgeMd.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Coroner



Name
In Full

Pauline Crouch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1910</u>	<u>July</u> <small>Month</small>	<u>1</u> <small>Day</small>	Age	<u>2</u> <small>Months</small>	<u>5</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation			Where residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>James Crouch Jr</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Jennie M Hobbs</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>James Crouch Jr</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera dysenteriae</u>	How long	<u>(104)</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. B. Burris M.D.</u>	
		Address <u>Salisbury Md.</u>	
Accident or Suicide?			



Name
in
Full

Paul G Washfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

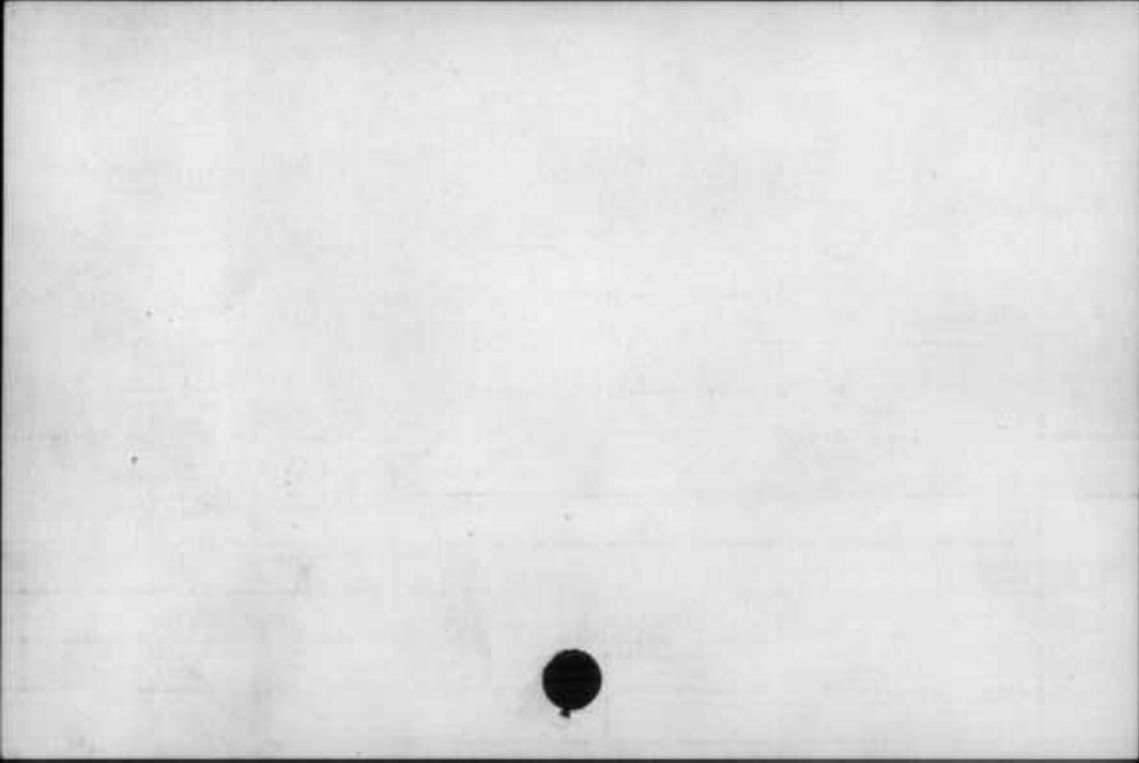
Died at Salisbury Town Wisconsin County
 Date of death 1910 Month July Day 3 Years 2 Months 6 Days
 Sex male Color or Race Black Birth-place Md
 Occupation _____ Where Residing If not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name Barnie Washfield Father's Birthplace Md
 Mother's Maiden Name Ella Johnson Mother's Birthplace Md
 Name of person giving information Barnie Washfield How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Loba Pneumonia How long 4 days
 Immediate " How long "
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician J. W. Roberts
 Address 328 Church St.
Salisbury Md.
 Accident or Suicide? _____



Name
in
Full

Sallie A. Dixon

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Pocomico

Date

Month

Day

Years

Months

Days

of death 1900

July

2

Age

53

7

12

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

House w.

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

J. Frank Dixon

Father's
Name

Noah L. Silghen

Father's
Birthplace

Md

Mother's
Maiden Name

Lornia Mathews

Mother's
Birthplace

Md

Name of person giving
information

Alfred Reddish

How related
to deceased

None

CAUSES OF DEATH

Primary

Gastro Enteritis (Tubercular)

How long

31 hr

Immediate

Exhaustion

How long

few days

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

Yes

Signature of
Physician

Geo. W. Todd

Address

Salisbury
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Rebecca Ellis

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Salisbury ^{County} Wicomico MARYLAND

Date of death 1990 July 19th Age 87 Months 9 Days 16

Sex Female Color or Race White Birthplace Maryland

Occupation Housekeeper Where Residing if not at place of death At home

Married, Single or Widowed Widowed Name of Wife or Husband Thomas Ellis

Father's Name Moore Father's Birthplace Not known

Mother's Maiden Name Mother's Birthplace

Name of person giving Information Margaret Howard How related to decedent Daughter

CAUSES OF DEATH

Primary Chronic Hashitox Annual How long 154

Immediate Acute - How long

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

Signature of Physician Mary Tree Address Salisbury Md

PHYSICIAN OR CORONER

Accident or Suicide



Name
in Full

Marion L. Edward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Athol Town Wicomico County **MARYLAND**

Date of death 1910 Month 7 Day 1 Age 2 Years 2 Months — Days —

Sex Male Color or Race White Birthplace Athol

Occupation _____ Where Residing if not at place of death _____

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

Father's Name J. H. Evans

Father's Birthplace Athol

Mother's Maiden Name Eugenia Norman

Mother's Birthplace Mardela

Name of person giving information J. H. Evans

How related to deceased Father

CAUSES OF DEATH

Primary General Debility

How long 189 A

Immediate _____

How long _____

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

Signature of Physician Isaac L. English Coroner

Address Mardela Springs
Maryland

Accident or Suicide _____



Name
in
Full

Capt. C. C. Hooks

~~Wic~~
Wic

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Shadpoint Wic County
Date of death 1990 Month 7 Day 22 Age 73 Years Months 4 Days 15

Sex Male Color or Race White Birth-place Shad Point Md.

Occupation Waterman Where Residing if not at place of death At home

Married, Single or Widowed Married Name of Wife or Husband Ann Hooks

Father's Name Severn G. Hooks Father's Birthplace Maryland

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

Name of person giving Information Mrs. Ann Hooks How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cerebral softening How long 66'

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. B. King



Address Fruitland

Accident or Suicide ---



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

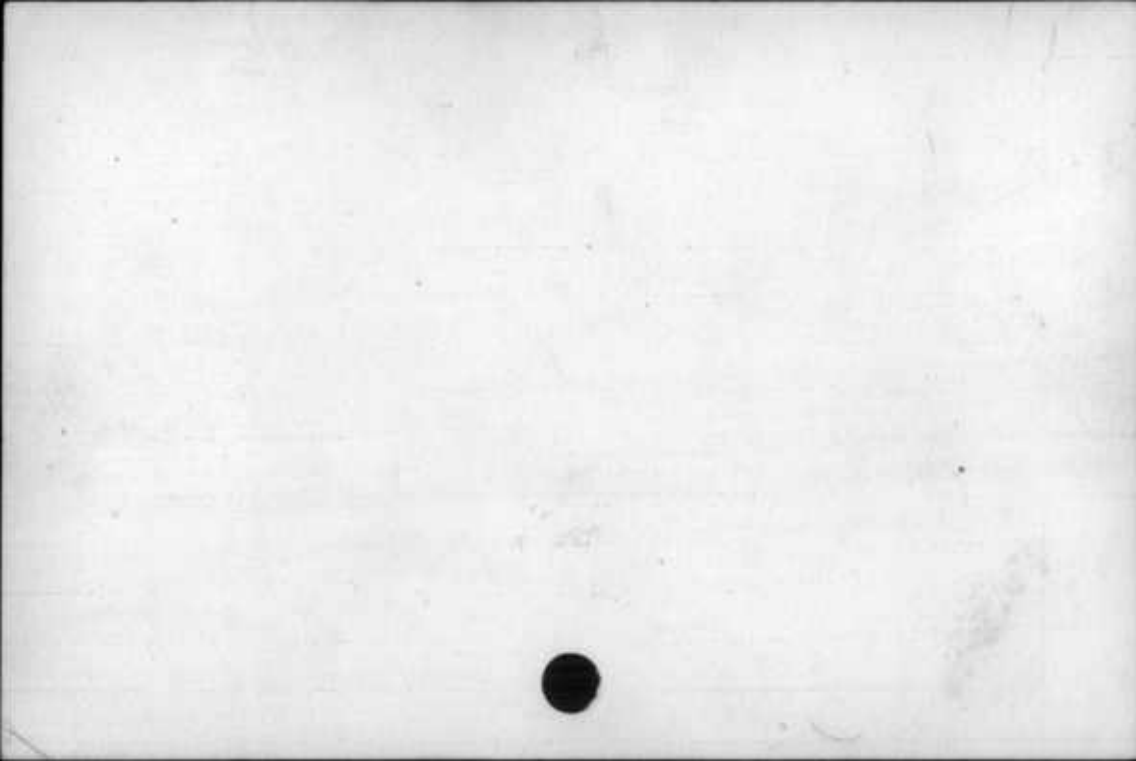
Died at <i>Huntland</i> ^{Town} <i>W. Virginia</i> ^{County}		MARYLAND	
Date of death 19 <i>00</i>	Month <i>July</i>	Day <i>25</i>	Age <i>one</i> Months <i>one</i> Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Huntland</i>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband <i>Francis Graham</i>		
Father's Name <i>Francis Graham</i>	Father's Birthplace <i>Hubbard, Mo.</i>		
Mother's Maiden Name <i>Emma Roberts</i>	Mother's Birthplace <i>Dames Quarter</i>		
Name of person giving information <i>Francis Graham</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

71 ✓

PHYSICIAN
OR CORONER

Primary <i>Indigestion - Incurable</i>	How long
Immediate <i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. King</i>
	Address <i>Huntland, Mo.</i>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

Clara Graevenor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at New Wango Town

Wisconsin County

MARYLAND

Date of death 1910

July Month

26 Day

26 Years

11 Months

 Days

Sex Female

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 William Graevenor

Father's Birthplace MD

Mother's Maiden Name Linnell B Parsons

Mother's Birthplace MD

Name of person giving information Patrick Parsons

How related to deceased Grandfather

CAUSES OF DEATH

COLL ✓

PHYSICIAN OR CORONER

Primary

How long

Immediate Intestinal Toxinia

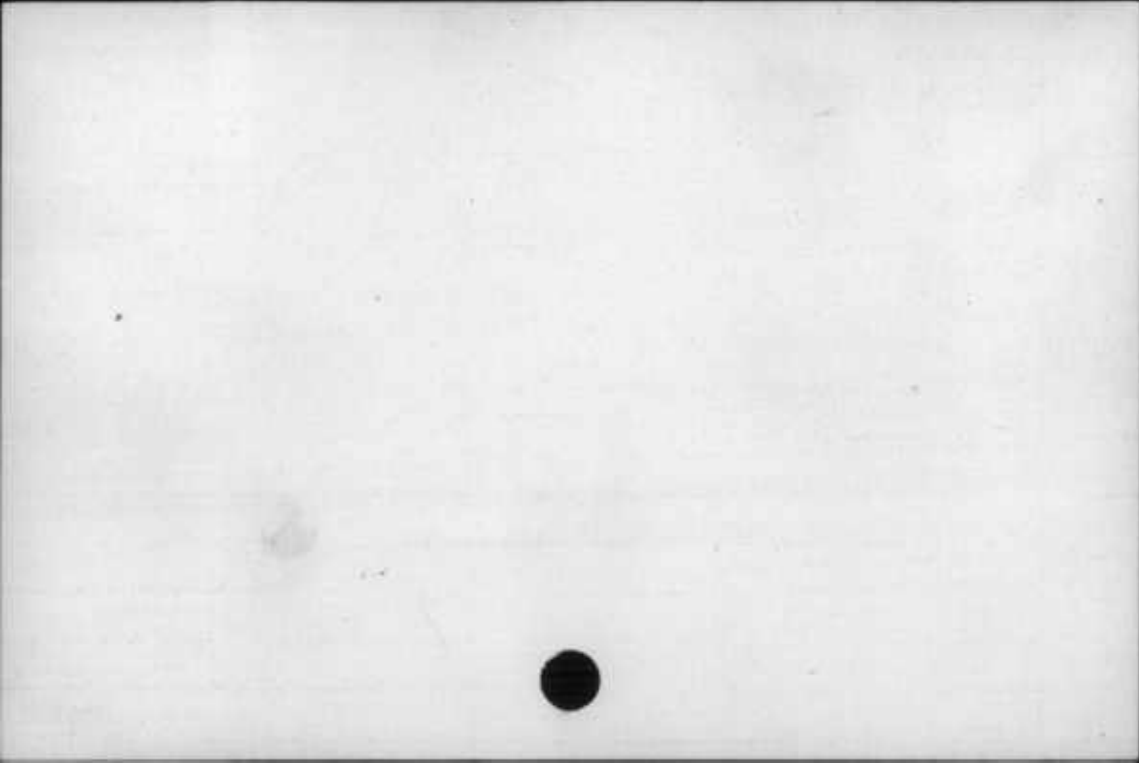
How long 3 days

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

Signature of Physician [Signature]

Address Julesburg Md.

Accident or Suicide?



Name in Full

Infant no name (Hastings)

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND			
Date of death	19 <i>10</i>	Month <i>July</i>	Day <i>2</i>	Age	Years	Months <i>1</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <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>Enoch R Hastings</i>			Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Mrs Parker</i>			Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Enoch R Hastings</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Murder</i>	How long	<i>189K</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W B Burns</i>
		Address	<i>Salisbury Md.</i>
Accident or Suicide?			



Name
is
Full

CERTIFICATE OF DEATH

Infant no name (Hastings)

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u>	<u>July</u> <small>Month</small>	<u>28</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u> </u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Salisbury Md</u>
Occupation	<u> </u>		Where feeding if not at place of death <u> </u>		

TO BE ANSWERED BY
NEAREST FRIEND

Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>
Father's Name <u>Gordon Hastings</u>	Father's Birthplace <u>Md</u>
Mother's Maiden Name <u>Edith Ruark</u>	Mother's Birthplace <u>Md</u>
Name of person giving information <u>Gordon Hastings</u>	How related to deceased <u>Father</u>

CAUSES OF DEATH

Primary	<u>Still born</u>	How long <u> </u>
Immediate	<u>Still born</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?	<u> </u>	Signature of Physician <u>J. B. Potts</u>
	<u> </u>	Address <u>Salisbury Md</u>
Accident or Suicide?	<u> </u>	<u> </u>

PHYSICIAN
OR CORONER



Name
in Full

James E. Horsey

CERTIFICATE OF DEATH

Town

near Mardela

County

Prinniew

MARYLAND

Date

of death 1900

Month

7

Day

15th

Age

Years

—

Months

3

Days

—

Sex

Male

Color or
Race

Col

Birth-
place

Salisbury

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Samuel Horsey

Father's
Birthplace

Mardela

Mother's
Maiden Name

Ruby Coulbourn

Mother's
Birthplace

Mardela

Name of person giving
Information

Samuel Horsey

How related
to deceased

Father

CAUSES OF DEATH

Primary

Dysentery

(14) ✓

How long

one week

Immediate

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

Yes

Signature of
Physician

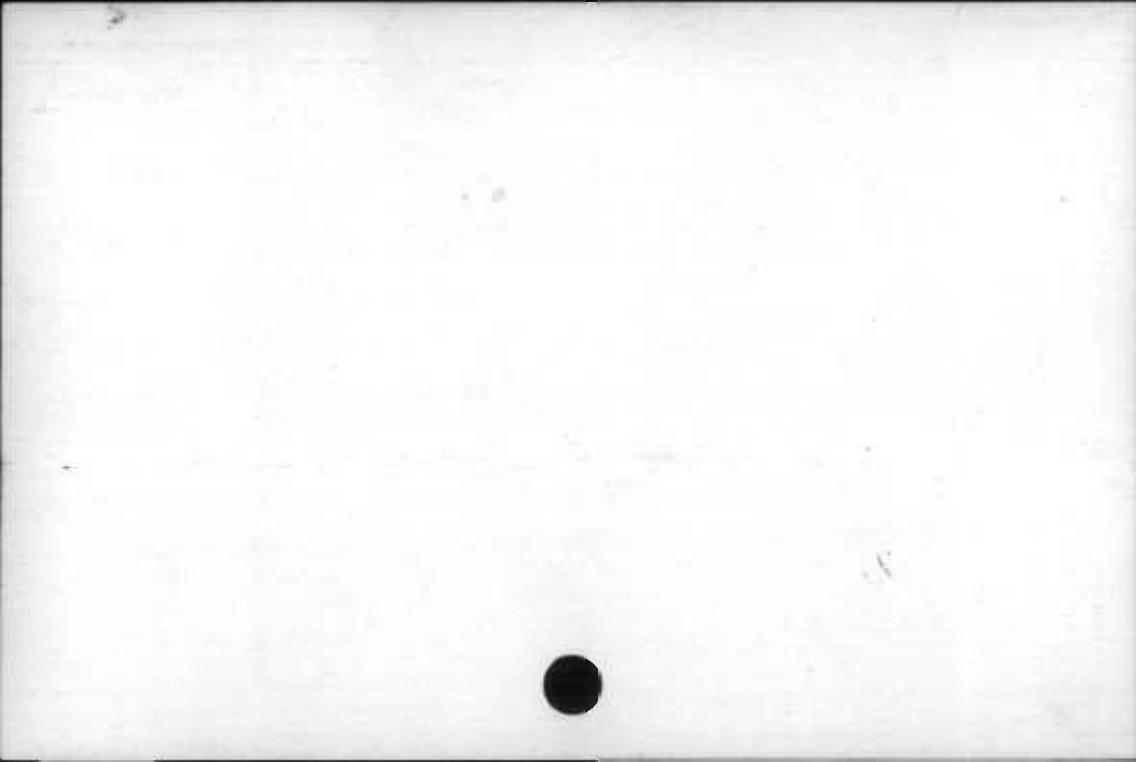
Isaac L. English

Address

Mardela Spg
Maryland.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Medra P. Hughes

CERTIFICATE OF DEATH

Town

Tyarkin

County

Worcester

MARYLAND

Died at

Date
of death 190

Month

July

Day

5

Age

Years

36

Months

1

Days

29

Sex

female

Color or
Race

Colored

Birth-
place

Maryland

Occupation

housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Jemie Hughes

Father's
Name

Jemie Dashiell

Father's
Birthplace

Maryland

Mother's
Maiden Name

Leharott Hughes

Mother's
Birthplace

" "

Name of person giving
Information

John R. Harrington

How related
to deceased

Bro

CAUSES OF DEATH

Primary

apoplexy (6H)

How long

Immediate

Hemiplegia

How long

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

yes

Signature of
Physician

Address

J. H. O'Casey
Prestonville

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In Full

Lester Jones

CERTIFICATE OF DEATH

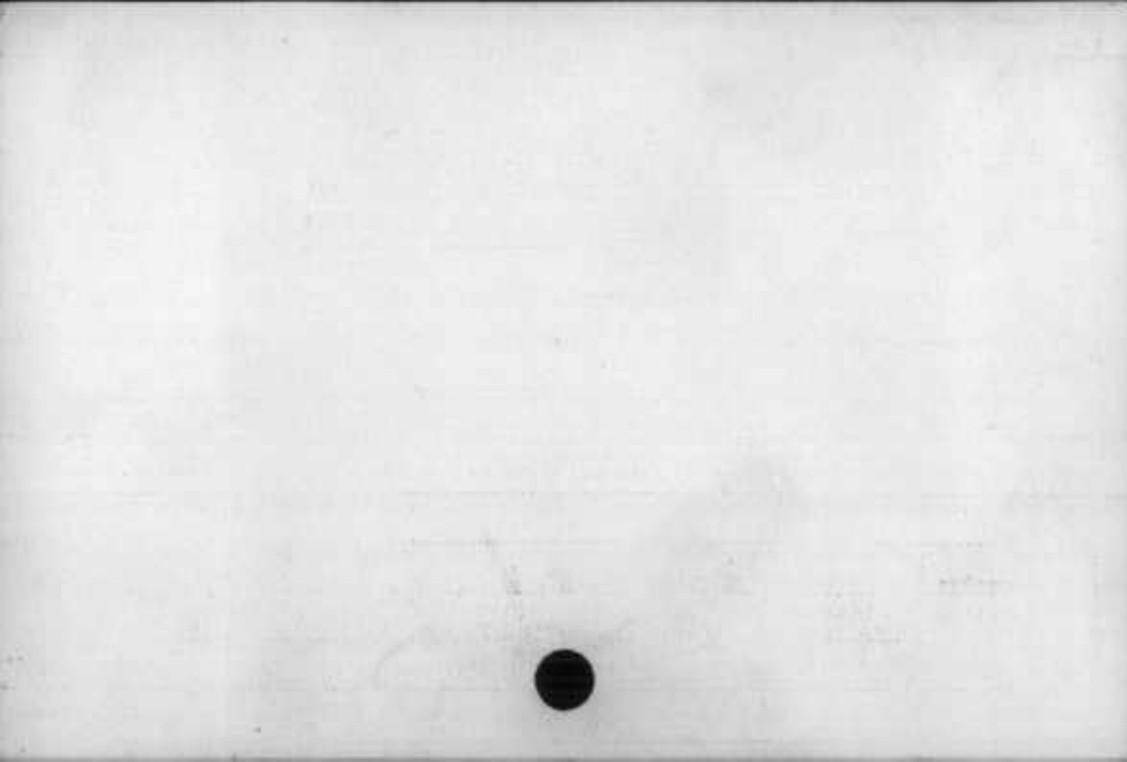
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> ^{Town}		<u>Wicomico</u> ^{County}		MARYLAND	
Date of death	<u>1910</u>	<u>July</u> ^{Month}	<u>28</u> ^{Day}	Age	<u>1</u> ^{Years}
				<u>8</u> ^{Months}	<u>28</u> ^{Days}
Sex	<u>male</u>	Color or Race	<u>Cleard</u>	Birth-place	<u>Md</u>
Occupation	Where Residing if not at place of death				
Marrried, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Richard Jones</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Gertrude Lassitt</u>			Mother's Birthplace	<u>Md</u>
Name of person living in formation	<u>Richard Jones</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

Primary	<u>Rickets</u>	How long	<u>36</u> ³⁶
Immediate	<u>"</u>	How long	<u>2 1/2 months</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. W. Roberts</u>
Accident or Suicide?	<u>—</u>	Address	<u>328 Chesapeake Salisbury Md</u>

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER

James W. Kennerly

Salisbury ^{Town} Wicomico ^{County}

MARYLAND

Died at

Date of death 1960 July 5th Age 71 Months 9 Days 0

Sex Male Color or Race White Birth-place Wicomico Co. Md.

Occupation Police Officer Where Residing if not at place of death At Salisbury Md.

Married, Single or Widowed Married Name of Wife or Husband Addie F. Kennerly

Father's Name Wm A. Kennerly Father's Birthplace Maryland

Mother's Maiden Name Elenor Wilson Mother's Birthplace Somerset Co. Md.

Name of person giving Information Geo. E. Kennerly How related to deceased Son

CAUSES OF DEATH

28 / How long about 1 mo

Primary Tuberculosis

Immediate Diarrhea How long 4 or 5 days

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

Signature of Physician Geo. W. Todd Address Salisbury Md

Accident or Suicide



Name
in
Full

John Lankford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Salisbury ^{County} Wicomico MARYLAND

Date of death 1940 ^{Month} July ^{Day} 15th Age ^{Years} 70 ^{Months} 0 ^{Days} 0

Sex Male ^{Color or Race} Black ^{Birth-place} Maryland

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

^{Married, Single or Widowed} Single ^{Name of Wife or Husband} None

^{Father's Name} Not known ^{Father's Birthplace} Not known

^{Mother's Maiden Name} " " ^{Mother's Birthplace} " "

^{Name of person giving Information} Daniel Leatherbury ^{How related to deceased} None

CAUSES OF DEATH

1520 ✓

PHYSICIAN
OR CORNER

^{Primary} ^{How long}

^{Immediate} Kidney trouble ^{How long}

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

Signature of Physician

Address



Handwritten signature: H. A. ...

Accident or Suicide



Name
in
Full

Elizabeth Ann Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Parsonsburg* ^{Town} *Wicomico* ^{County}

MARYLAND

Date of death *1910* ^{Month} *July* ^{Day} *1* Age *75* ^{Years} *10* ^{Months} *21* ^{Days}

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

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

Married, Single or Widowed *married* Name of Wife or Husband *Daniel A. Parsons*

Father's Name *Elisha Parsons* Father's Birthplace *Maryland*

Mother's Maiden Name *Poley white* Mother's Birthplace *Maryland*

Name of person giving information *Laura J. Parsons* How related to deceased *Daughter's mother*

CAUSES OF DEATH

90 ✓

PHYSICIAN
OR CORONER

Primary *Chronic Bronchitis* How long *10 years*

Immediate *Bright Disease* How long *2 or 3 weeks*

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

Signature of Physician *Dr. Geo. W. Smith*

Address *Parsonsburg*

Accident or Suicide?

Wicomico Co Md



Name
in
Full

Marnie J. Ruark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *P.G. Hospital* ^{Town} *Salisbury Md.* ^{County} *Wicomico* **MARYLAND**

Date of death **1960** ^{Month} *July* ^{Day} *11* ^{Years} *27* ^{Months} *0* ^{Days} *0*

Sex *Female* Color or Race *White* Birth place *Worcester Co. Md.*

Occupation *Housekeeper* Where Residing if not at place of death *Friendship Worcester Co.*

Married, Single *Married* Name of Wife or Husband *Orlando M. Ruark*

Father's Name *Wm E. Bailey* Father's Birthplace *Worcester Co. Md.*

Mother's Maiden Name *Mary McKee* Mother's Birthplace *" " "*

Name of person giving information *Orlando M. Ruark* How related to deceased *Husband*

CAUSES OF DEATH

108 ✓

PHYSICIAN
OR CORNER

Primary *Gangrenous appendicitis* How long *2 weeks*

Immediate *Renal peritonitis* How long *9 hrs*

Are the name, age, sex, color, date and place correctly given above? *So far as I know*

Signature of Physician *[Signature]* Address *Salisbury Md.*

Accident or Suicide *None*



Name
in Full

CERTIFICATE OF DEATH

Infant of John G. Smith

County

MARYLAND

Died at

Near Siloam

Wicomico

Date of death

1910

Month

July

Day

8th

Age

Still Born

Months

0

Days

0

Sex

Male

Color or Race

White

Birth-place

Near Siloam Md.

Occupation

None

Where residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

John G. Smith

Father's Birthplace

Wicomico, Co. Md.

Mother's Maiden Name

Edith Bonmbley

Mother's Birthplace

" " "

Name of person giving Information

Christopher L. Walter

How related to deceased

None

CAUSES OF DEATH

Primary

Premature birth

How long

How long

Immediate

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

Yes

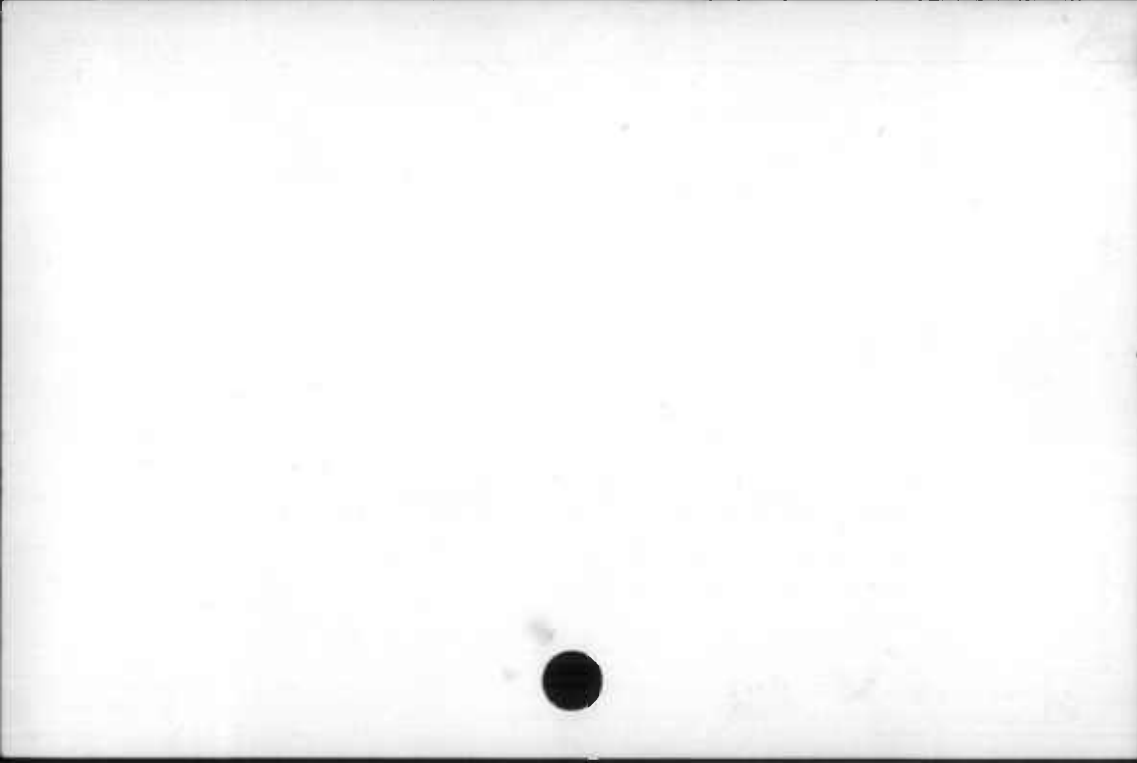
Signature of Physician

Address

J. J. S. Inc.
Fruitland
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Daniel Venables

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Salisbury* ^{Town} *Wilomita* ^{County} **MARYLAND**

Date of death *1900* ^{Month} *July* ^{Day} *17* ^{Years} *—* ^{Months} *2* ^{Days} *8*

Sex *male* Color or Race *a. a.* Birth-place *Wilomita Co.*

Occupation _____ Where Residing if not at place of death _____

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

Father's Name *Morice Venables* Father's Birthplace *Salisbury*

Mother's Maiden Name *Devil Penkett* Mother's Birthplace *Somerset Co.*

Name of person giving information *Morice Venables* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Loba Pneumonia* How long *92* *7 days*

Immediate *"*

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

Signature of Physician *J.W. Roberts*

Address *28 Church St.
Salisbury Md.*

Accident or Suicide _____

1947
1948



Name
In Full

Raymond P. Wickers

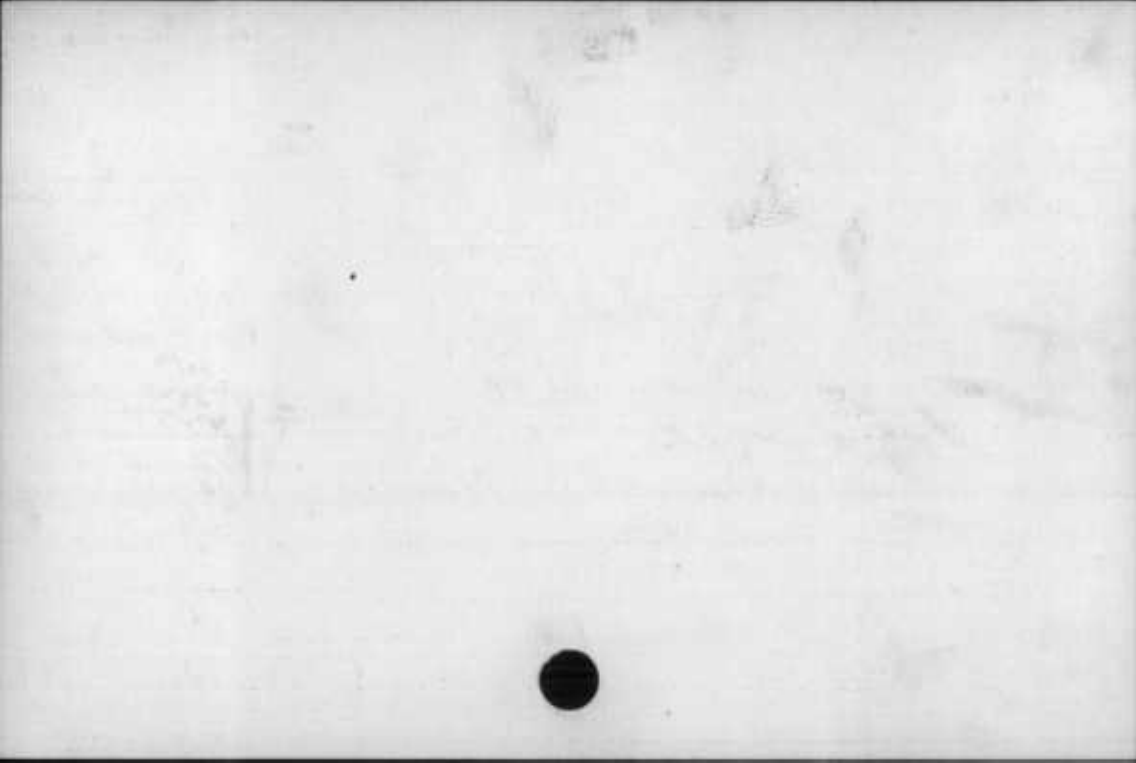
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Salisbury ^{Town}		Wicomico ^{County}		MARYLAND	
Date of death	1910	Month	July	Day	17	Age	Years
							Months
							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	Charles Wickers				Father's Birthplace	Md	
Mother's Maiden Name	Lera M Coffin				Mother's Birthplace	Md	
Name of person giving information	Charles Wickers				How related to decedent	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cholera Infusion	How long	104 ² weeks.
	Immediate	Exhaustion	How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. B. Potter
			Address	Salisbury Md.
	Accident or Suicide?			



Name
in
Full

Lulu Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 19		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-Place			
Occupation		Where Residing if not at place of death		Flained			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Mother'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	Perforating appendicitis	How long	11 weeks	
	Immediate	General peritonitis	How long	3 days	
	Are the name, age, sex, color, date and place correctly given above?	So far	Signature of Physician		
		as known	Address		
	Accident or Suicide?	No	Salisbury, Md		

E. M. Higgins

Name
in
Full

Arena Watts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at *Salisbury* Town *Wicomico* County **MARYLAND**

Date of death *19010* Month *July* Day *1* Age *13* Years Months Days

Sex *Female* Color or Race *W. W. White* Birth-place *Accomac Co.*

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

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

Father's Name *John E. Watts* Father's Birthplace *Virginia*

Mother's Maiden Name *Mary Dickerson* Mother's Birthplace *..*

Name of person giving information *John E. Watts* How related to deceased *Father*

CAUSES OF DEATH

168 ✓

How long *2 weeks*

How long *3 days*

PHYSICIAN
OR CORONER

Primary *Suppurative appendicitis*

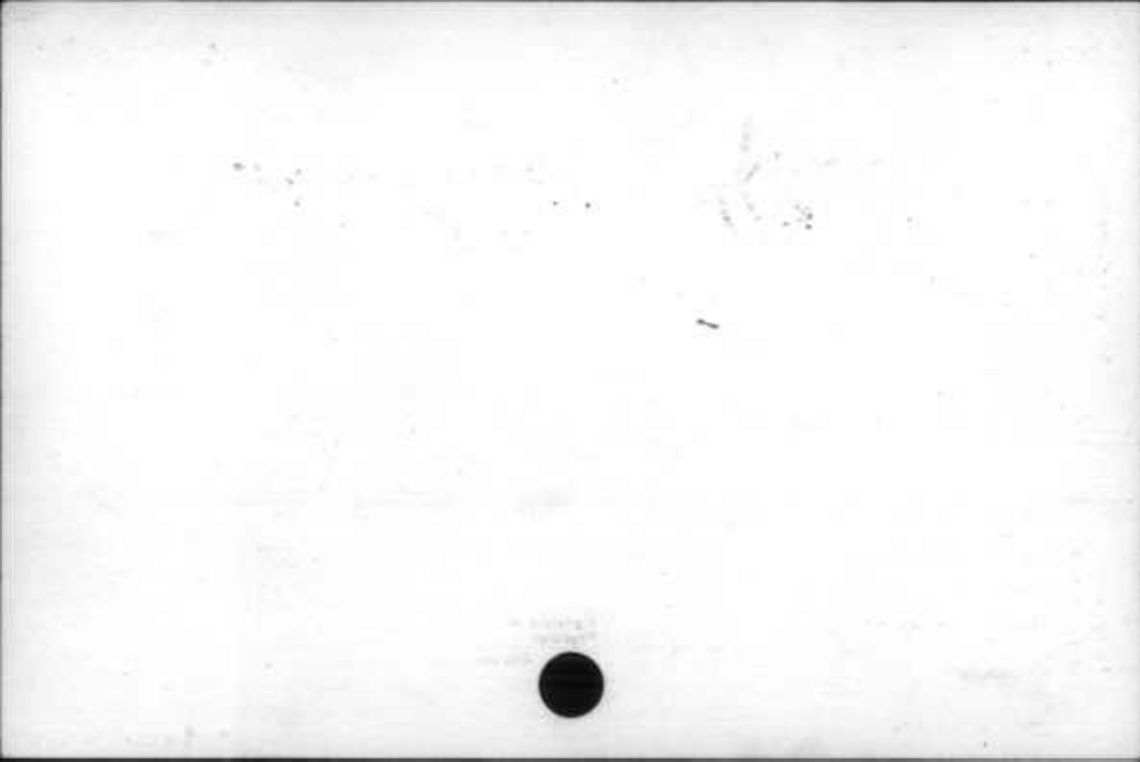
Immediate *Unsuccessful peritonitis*

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

Signature of Physician *J. E. [unclear]*

Address *Salisbury Md*

Accident or Suicide *No*



Name
is
Full

Infant no name (Whayland)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Salisbury ^{County} Wicomico MARYLANDDate of death 1910 ^{Month} July ^{Day} 30 Age ^{Years} Months 3 DaysSex *male* Color or Race *white* Birth-place *Md*

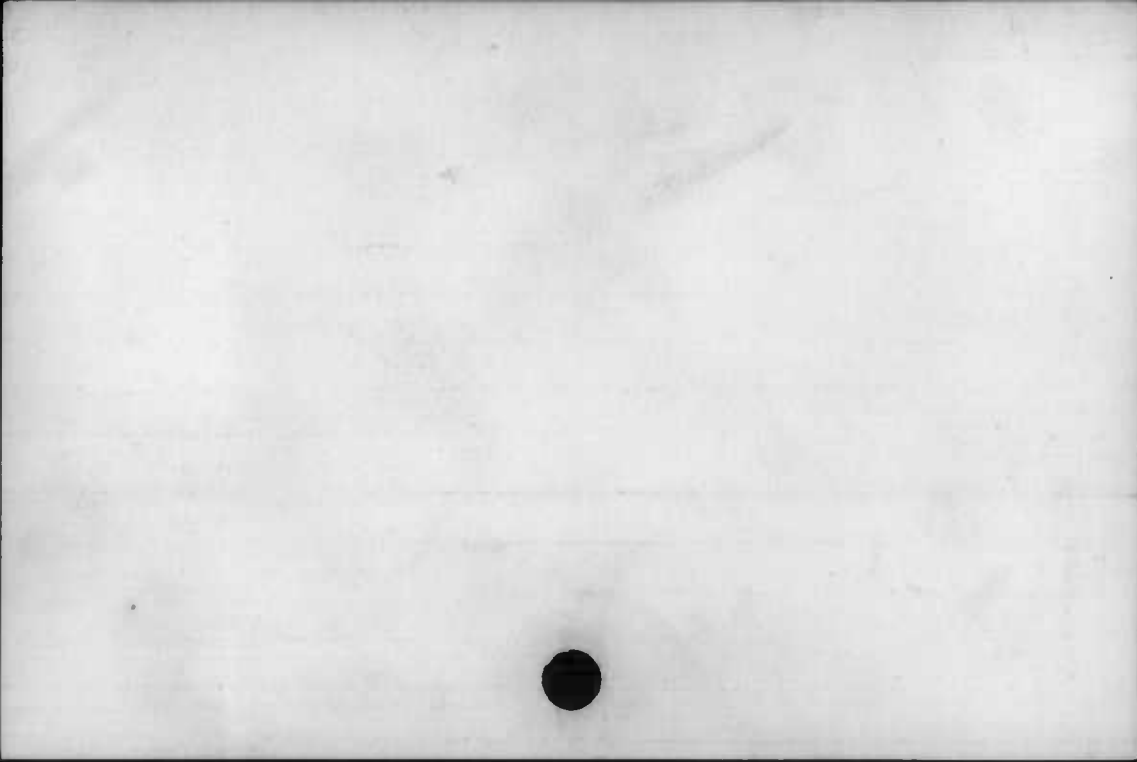
Occupation _____ Where Reading if not at place of death _____

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

Father's Name *Charley Whayland* Father's Birthplace *Md*Mother's Maiden Name *Daisy Shookley* Mother's Birthplace ~~##~~ *Va*Name of person giving information *Charley Whayland* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Pneumonia* *hinet* How long *(6 mos)*Immediate *Inanition* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *M. D. ...**as I know*Address *Salisbury Md*Accident or Suicide? *no*



Name
In Full

Cadmus Dashiell Hibbing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

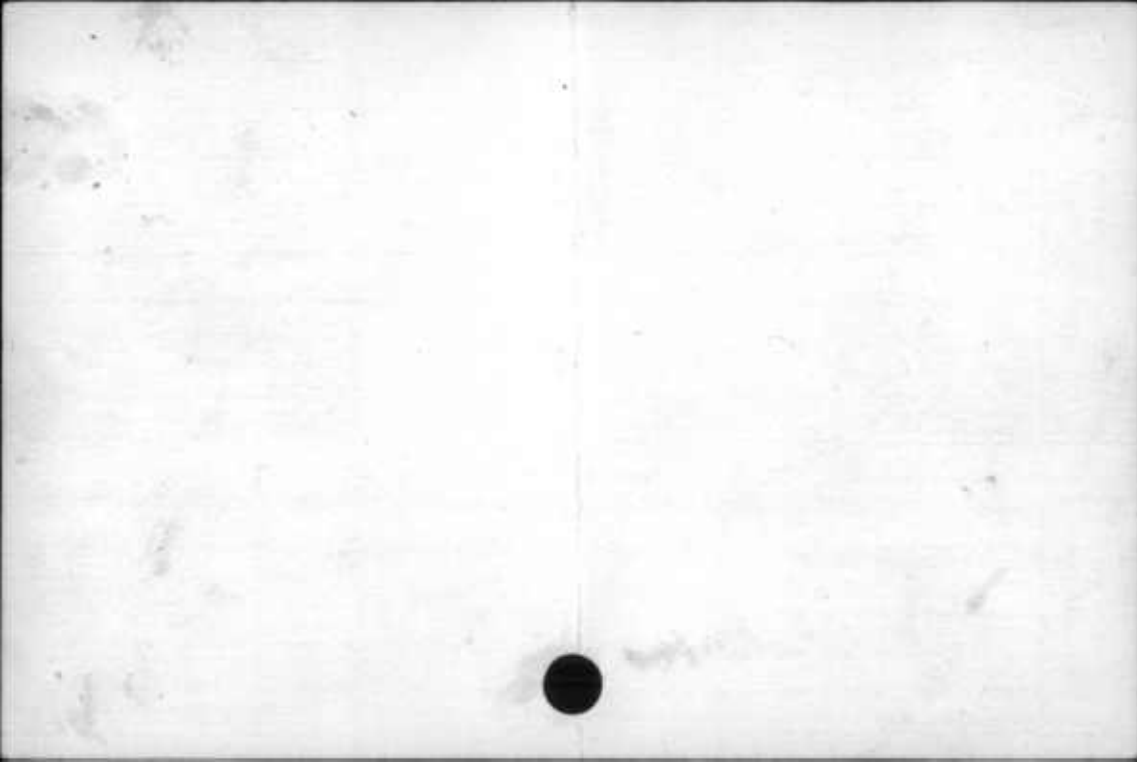
Died at		Town Nanticoke		County Wicomico Co		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		July	6	71			16
Sex		Color or Race		Birthplace			
Masculine		White		Wicomico Co			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Anna Willing					
Father's Name				Father's Birthplace			
George Willing				Wicomico Co			
Mother's Maiden Name				Mother's Birthplace			
Della Desautels				Wicomico Co			
Name of person giving information				How related to deceased			
James Somers				Son and Day			

CAUSES OF DEATH

103 ✓

PHYSICIAN
OR CORONER

Primary	Gastric Trouble	How long	6 weeks
Immediate	Intestinal Trouble	How long	2 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. N. O. Day	
		Address	
		Fosterhill	
Accident or Suicide		Wicomico Co	



Name
in
Full

Morrie B. Willing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Tyaskin		County Nicomico		MARYLAND	
Date of death 19		Month July	Day 30	Age 49	Years 4	Months 24	Days
Sex Male		Color or Race White		Birth place Tyaskin, Md.			
Occupation Farmer		Where Residing if not et place of death		Tyaskin, Md.			
Married, Single or Widowed married		Name of Wife or Husband Mary A. Willing (nee Travers)					
Father's Name Dr. James A. J. Willing		Father's Birthplace Tyaskin, Md.					
Mother's Meiden Name Mary E. Willing		Mother's Birthplace Tyaskin, Md.					
Name of person giving Information Hobart J. Willing		How related to deceased Brother.					

CAUSES OF DEATH

Primary	Chronic Parenchymatous Nephritis	How long	2 years.
Immediate	Uremic Coma	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		yes	

Signature of
Physician


 Edward E. Lamkin.
 DR. EDWARD E. LAMKIN,

DR. EDWARD E. LAMKIN,

Accident or Suicide

NANTICOKE, MD.

NANTICOKE, MD.

OFFICE SUPPLY CO., 2284

PHYSICIAN
OR CORONER

