

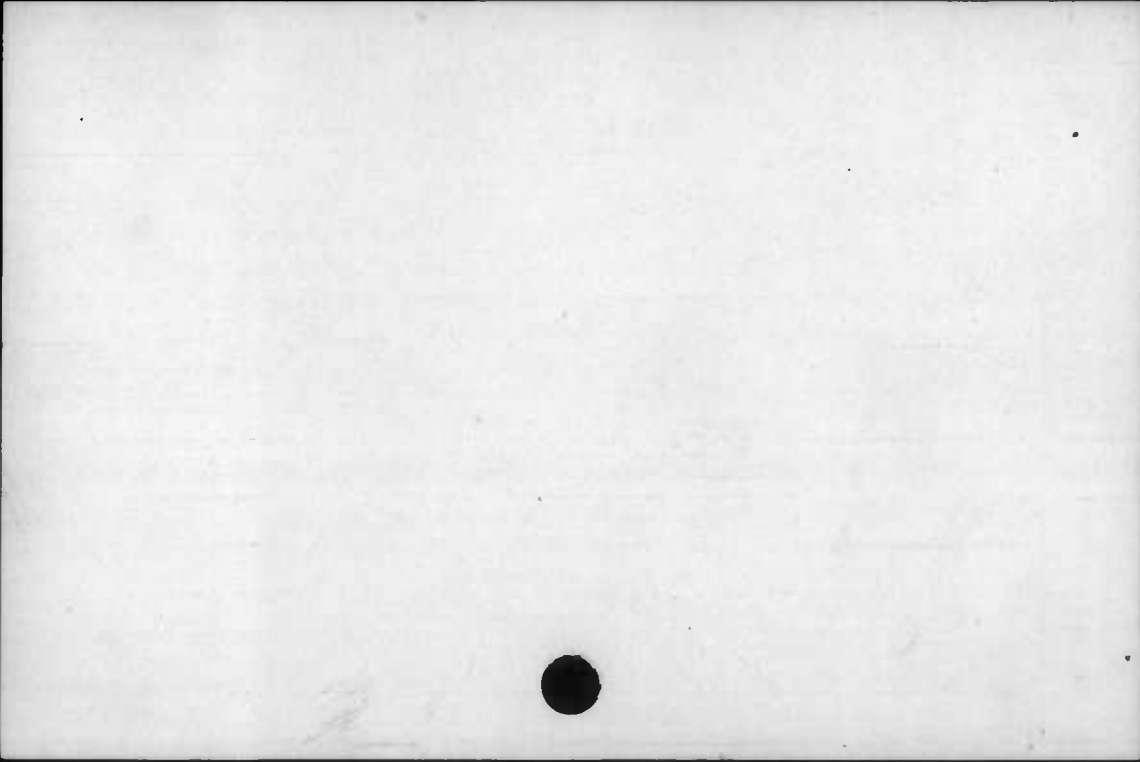
Name
in
Full268
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Home</i> Town <i>Crofton</i> County <i>Wicomico</i>		MARYLAND	
Date of death 19 <i>00</i>	Month <i>July</i>	Day <i>22</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Wd</i>	
Occupation <i>—</i>	Where Residing 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>Thos J. Addison</i>	Father's Birthplace <i>Wd</i>		
Mother's Maiden Name <i>Eliz S. Tant</i>	Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>—</i>	How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long <i>—</i>
Immediate	<i>Still Born</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. Wilson</i>	Address <i>Frederick City</i>
Accident or Suicide?		



Name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas J. Bailey

Died at Ocean City ^{town} Worcester ^{County} MARYLAND

Date of death 1960 ^{Month} July ^{Day} 10 ^{Years} Age about 26 ^{Months} 7 2 ^{Days} 2

Sex Male Color or Race White Birth-place Baltimore Md.

Occupation Newspaper Reporter Where Residing if not at place of death Baltimore Md.

~~Married~~ Single Name of Wife or Husband

Father's Name Not Known Father's Birthplace Don't Know

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

Name of person giving Information Wm L Underwood How related to deceased No relation

CAUSES OF DEATH

169 ✓

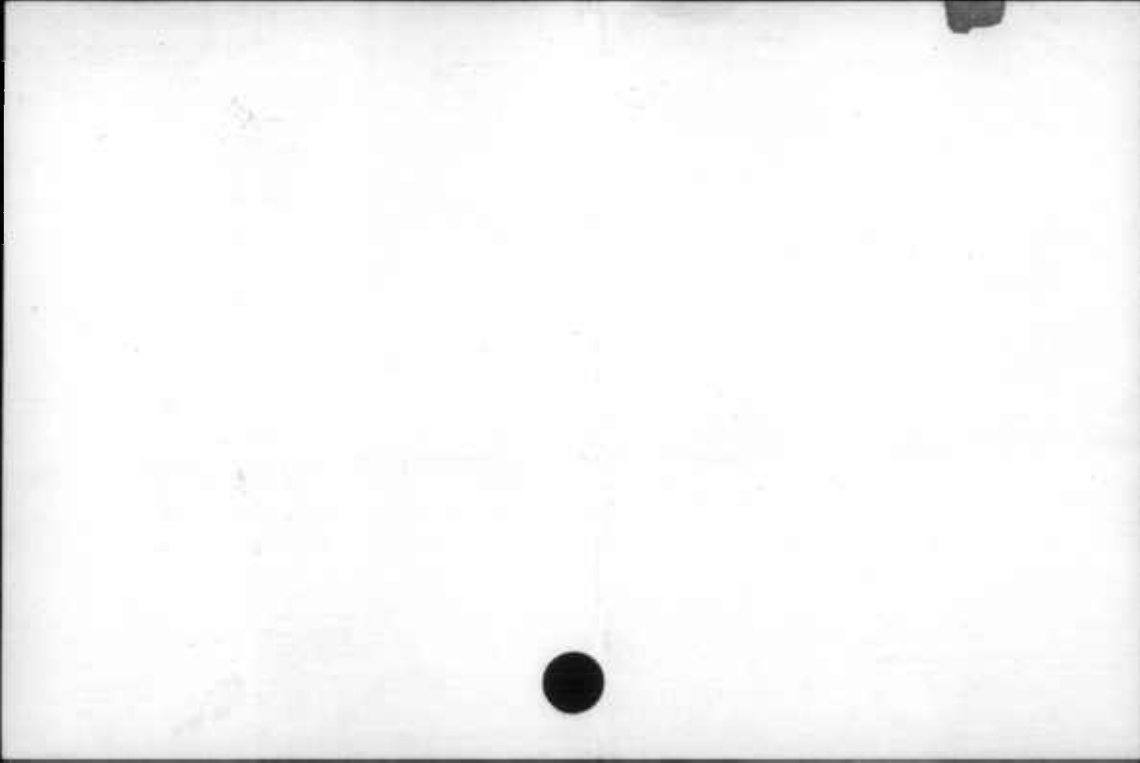
Primary Accidental Drowning How long X X
Immediate X X

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

Signature of Physician J. B. Baggett M.D.
Address Ocean City, Maryland.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

("Baby") Beauchamp

269

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

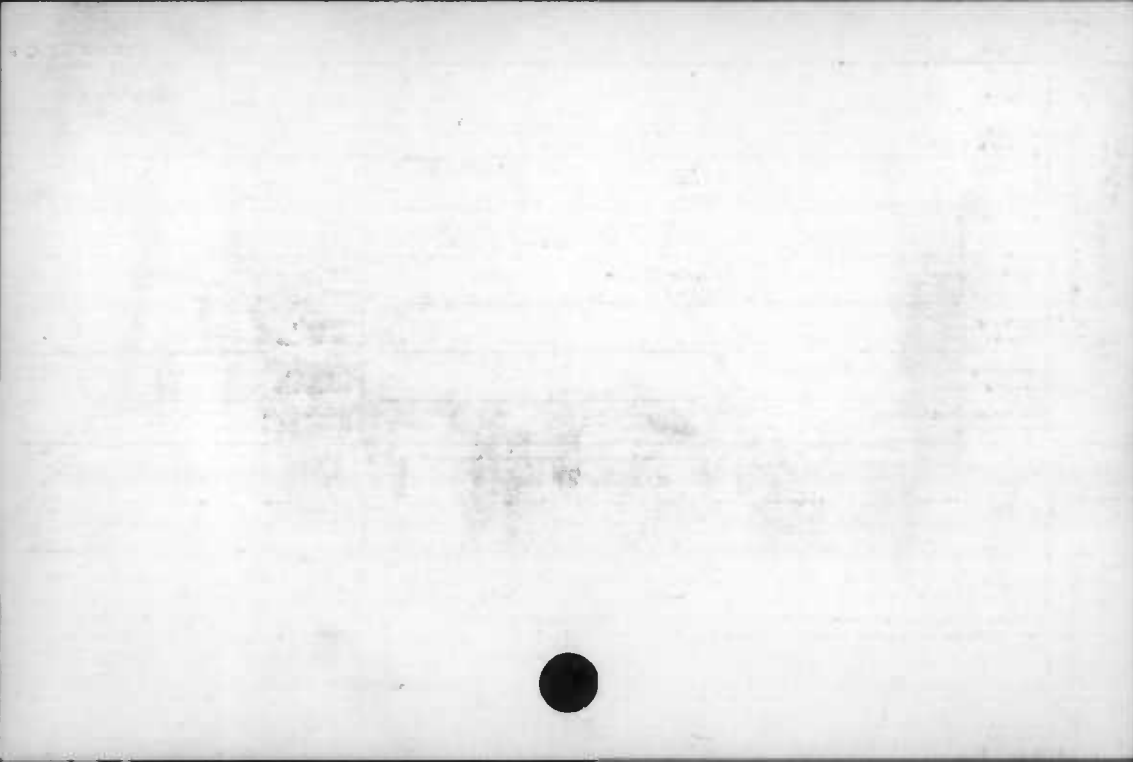
Died at		Town Coconoke City		County Worcester		MARYLAND	
Date of death		Month July	Day 5th	Age 0	Years 0	Months 1	Days 2
Sex Male		Color or Race Dark.		Birth-place Coconoke City, Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Jessie Beauchamp				Father's Birthplace Worcester, G.			
Mother's Maiden Name Bessie James				Mother's Birthplace Coconoke City, Md.			
Name of person giving information Bessie James				How related to deceased Mother			

CAUSES OF DEATH

16518

PHYSICIAN
OR CORONER

Primary	Landanum poisoning	How long
Immediate	Asphyxia	How long
Are the name, age, sex, color, date and place correctly given above?		Yes.
Signature of Physician		W. E. Sartorius
Address		Coconoke City, Md.
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Harvey Bunting* Town *Whitop* County *Worcester*

Died at *Whitop* *Worcester*

Date of death *1940* Month *July* Day *26* Age *5* Years Months *8* Days

Sex *Male* Color or Race *White* Birthplace *Maryland*

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

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *John R. Bunting* Father's Birthplace *Maryland*

Mother's Maiden Name *Heatie Baker* Mother's Birthplace *Maryland*

Name of person giving Information *John R. Bunting* How related to deceased *Father*

CAUSES OF DEATH

Primary *Infantile Paralysis* How long *8 days*

Immediate " " How long " "

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

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in Full

Morgie Bonaway child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at ^{Town} near Ocean City ^{County} Worcester MARYLAND

Date of death 1900 ^{Month} July ^{Day} 5 ^{Age} ^{Years} ^{Months} 7 ^{Days} 5

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

Occupation _____ Where Residing if not at place of death _____

Married, Single
 Widowed

Name of Wife or Husband

Father's Name

William Robbins

Father's Birthplace

Maryland

Mother's Maiden Name

Morgie Bonaway

Mother's Birthplace

Maryland

Name of person giving Information

Hulley Briddell

How related to deceased

uncle

CAUSES OF DEATH

Primary

1898

How long

Immediate

How long

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

No for in attendance

Signature of Physician

Address

No Doctor Given
ONE B A Masey

Accident or Suicide

Vol. 2

Caribbean

Name
in
Full

261

CERTIFICATE OF DEATH

Antoinette Coughrest
Town

County

Worchester

MARYLAND

Died at

Pocomoke city
Month Day

Years

Months

Days

Date
of death

1966 July 14

Age

70

Sex

Female

Color or
Race

Celano

Birth-
place

Accomac Co Va

Occupation

domestic

Where Residing if not
at place of death

Pocomoke city

Married, Single
or Widowed

widow

Name of Wife or
Husband

—

Father's
Name

not known

Father's
Birthplace

Accomac Va

Mother's
Maiden Name

U U

Mother's
Birthplace

U U

Name of person giving
Information

pro W Selby

How related
to deceased

gr son

CAUSES OF DEATH

Primary

Rheumatism & heart

How long

10 years

Immediate

exhaustion

How long

1 month

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

yes

Signature of
Physician

Samuel [Signature]

Address

Pocomoke city

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in Full

Williams F Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied ~~men~~ ⁹ Snow Hill ^{Town} Worcester ^{County} MARYLANDDate of death 1910 July 25th Age 20

Sex Male Color or Race White Birth-place Ind

Occupation Farm laborer Where Residing if not at place of death

~~Married~~ Single Name of Wife or Husband

Father's Name John F Davis Father's Birthplace Ind

Mother's Maiden Name Annie Pruitt Mother's Birthplace Ind

Name of person giving information John J. Ellis How related to deceased son

CAUSES OF DEATH

Primary Diabetes How long 50 yr
one yr

Immediate

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician L. A. JonesAddress Snow HillAccident or Suicide ✓ md



Name
in
Full

William L. Feggs

271
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Atkinson Dist</i> ^{Town} <i>Worcester</i> ^{County}		MARYLAND	
Date of death 19 <i>60</i> ^{Month} <i>July</i> ^{Day} <i>30</i> ^{Years} <i>74</i> ^{Months} <i></i> ^{Days} <i></i>	Age <i>74</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Worcester Co</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Atkinson's Dist</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Leah J. Powell</i>		
Father's Name <i>Gillic Feggs</i>	Father's Birthplace <i>Worcester Co</i>		
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>W. Va.</i>		
Name of person giving information <i>Wm Feggs</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

Primary <i>Cancer of Hand</i>	How long <i>5 years</i>
Immediate <i>exhaustion</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel S. Lunn</i>
	Address <i>Powhatan City</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

5



Name
in
Full

Sarah Chaney Franklin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Berlin ^{County} Worcester's.

MARYLAND

Date of death 19 ^{Month} 11 July ^{Day} 25th ^{Years} Age 77 ^{Months} 7 ^{Days} 23-

Sex female Color or Race white Birth-place Rolling Ford

Occupation _____ Where Reading if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband Littleton P. Franklin

Father's Name Thomas Y. Chaney Father's Birthplace Louisiana

Mother's Maiden Name Emily Johnson Mother's Birthplace Louisiana

Name of person giving information Mary J. Franklin How related to deceased daughter

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary Chronic Broncho Pneumonia How long 6 years

Immediate Pulmonary Hemorrhage How long 12 hours

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

Signature of Physician Gadok P. Henry

Yes

Address Berlin

Accident or Suicide? _____ Maryland



Name
in
Full

Chas Hostings

CERTIFICATE OF DEATH

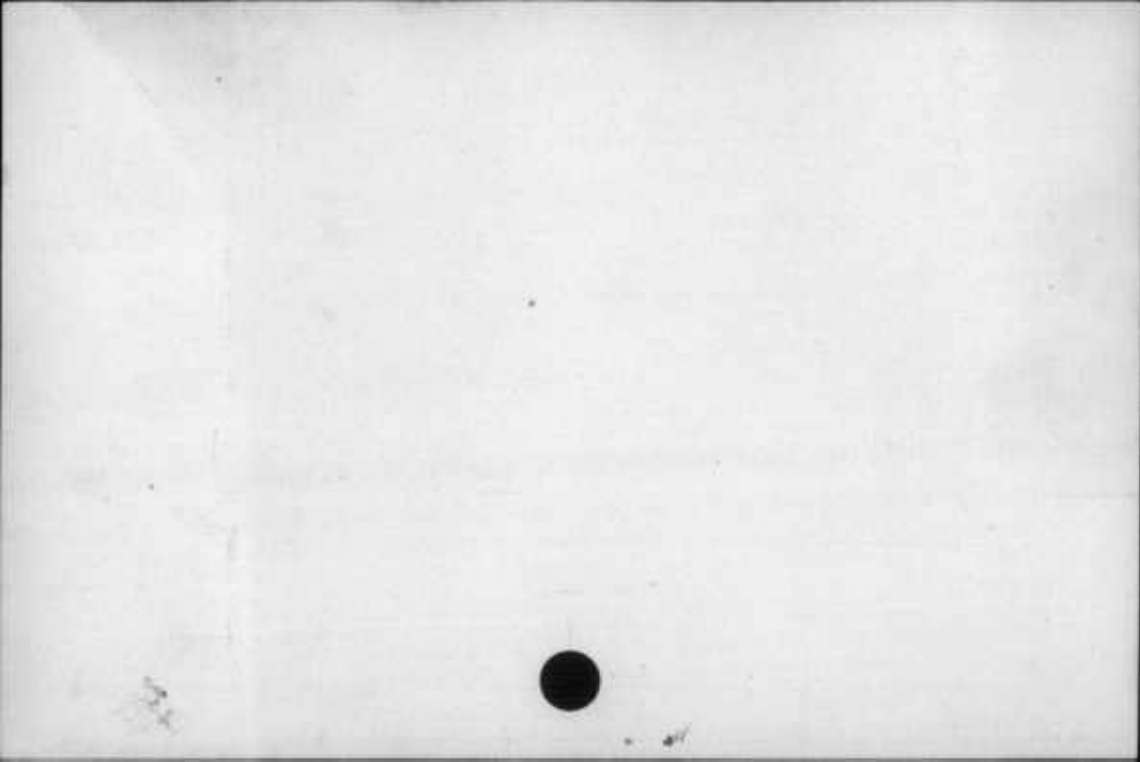
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Liberty Town</i>		County		MARYLAND	
Date of death	1910	Month	July	Day	23
Age		11		Months	
Sex	Male	Color Race	White	Birth-place	Liberty Town
Occupation	_____		Where Reading if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Hostings		Father's Birthplace	Liberty Town	
Mother's Maiden Name	Ella Simmons		Mother's Birthplace	Nor. Co.	
Name of person giving information	Chas Brittingham		How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Kick by a horse</i>	How long	<i>175</i> ✓
Immediate	<i>Shock</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. E. Holland</i>
		Address	<i>Peru</i>
Accident	<i>Accident</i>		



Name
in
Full

Elizabeth M. Holloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bishop Town Monroester County MARYLAND

Date of death 1960 July Month 14th Day 60 Age 6 Years 6 Months 6 Days

Sex Female Color or Race White Birth-place Maryland

Occupation House work Where Residing if not at place of death At Home

Married, Single or Widowed Widowed Name of Wife or Husband William Holloway

Father's Name David Davidson Father's Birthplace Maryland

Mother's Maiden Name Patty Donaway Mother's Birthplace Maryland

Name of person giving Information Joseph Holloway How related to deceased bro

CAUSES OF DEATH

Primary Chronic Hepatitis How long 120

Immediate Cardiac arrhythmia How long 12 hours

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

Signature of Physician J.R. Purcup M.D.
 Address Stennis - Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name

in Full

Dead Born

Holston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at <i>Taylorville</i> Town		<i>Wor.</i> County		MARYLAND	
Date of death	19 <i>10</i> July	Day <i>22</i>	Age	Months	Days
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Taylorville</i>
Occupation	Where residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>John Holston</i>		Father's Birthplace	<i>Taylorville</i>	
Mother's Maiden Name	<i>Sally Clark</i>		Mother's Birthplace		
Name of person giving information	<i>Geo. H. Clark</i>		How related to deceased	<i>Uncle</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dead born before my arrival</i>		How long	<i>S</i>
Immediate			Beginning	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. H. Hollen</i>	
Resident or Outside?		Address	<i>1 Berlin</i>	



Name in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

by *Harald W. Hedron*

Town

County

Died at *Bishop**Worcester*

MARYLAND

Date of death *1940*

Month

Day

Years

Months

Days

*July**26*Age *4*Sex *Male*

Color or Race

White

Birthplace

Maryland

Occupation

None

Where Residing if not at place of death

At home

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

William E. Hedron

Father's Birthplace

Delaware

Mother's Maiden Name

Sarah M. Dukes

Mother's Birthplace

Maryland

Name of person giving information

William E. Hedron

How related to decedent

father

CAUSES OF DEATH

Primary

Infantile Paralysis

How long

How long

63
7 days

Immediate

*"**"*

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

Signature of Physician

Address

*R. P. Letting
Bishopville Mt.*

Accident or Suicide

PHYSICIAN OR CORONER

[Signature]



Name
in
Full

267
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at <i>John H. Johnson</i>		Town <i>Frederick City</i>		County <i>Worcester</i>		STATE MARYLAND	
Date of death	19 <i>90</i>	Month <i>July</i>	Day <i>22</i>	Age	<i>59</i>	Years	Months
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Del</i>		
Occupation	<i>Carpenter</i>		Where Residing if not at place of death		<input checked="" type="checkbox"/>		
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband		<input checked="" type="checkbox"/>		
Father's Name	<i>Burtus Johnson</i>			Father's Birthplace	<i>Del</i>		
Mother's Maiden Name	<i>Sydney Hudson</i>			Mother's Birthplace	<i>Del</i>		
Name of person giving information	<i>J. W. Bennett</i>			How related to deceased	<i>in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>4 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Wilson</i>
	<input checked="" type="checkbox"/>	Address	<i>Frederick City</i>
Accident or Suicide	<input checked="" type="checkbox"/>		

200



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Keller

Town

Ocean City

County

Dorchester

MARYLAND

Died at

Date

1990

Month

July

Day

5

Age

59

Years

Months

Days

Sex

Male

Color or Race

White

Birthplace

Baltimore Md

Occupation

Hotel Keeper

Where Reading if not at place of death

Baltimore Md

Married, Single or Widowed

Married

Name of Wife or Husband

Mary P Kelly

Father's Name

John Kelly Sr

Father's Birthplace

Ireland

Mother's Maiden Name

unknown

Mother's Birthplace

Pennsylvania

Name of person giving information

Mary P Kelly

How related to deceased

Wife

CAUSES OF DEATH

Primary

Heart Disease

How long

about a year

Immediate

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

Yes

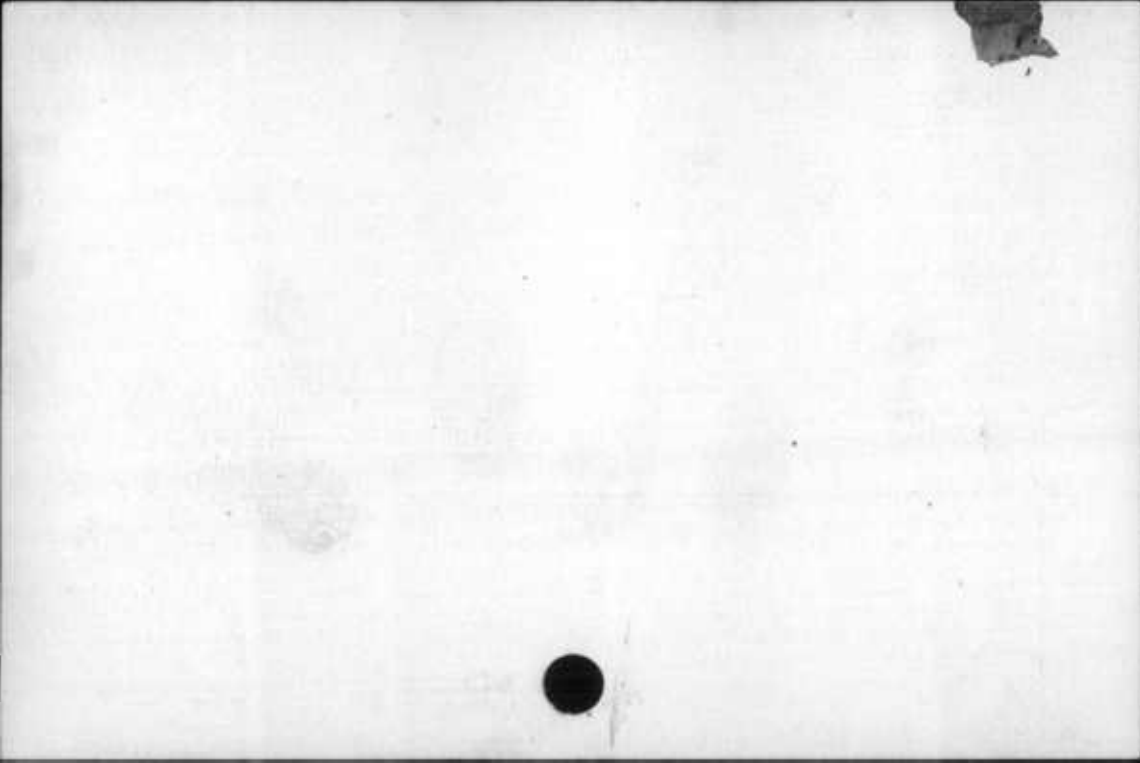
Signature of Physician

Address

J. B. Baggett M.D.
Ocean City,
Maryland.

Accident or Suicide?

X + X



Name in Full

Bathann Lambertson

265
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at *Pocomoke city* *Worcester* County MARYLAND

Date of death *1906* *July* *10* Age *76* Months Days

Sex *Female* Color or Race *White* Birth-place *Worcester Co*

Occupation *Domestic* Where Residing if not at place of death *Pocomoke city*

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

Father's Name *Ladok Bladis* Father's Birthplace *Worcester Co*

Mother's Maiden Name *not known* Mother's Birthplace *ll ll*

Name of person giving information *Squire Hillman* How related to deceased *Neighbor*

CAUSES OF DEATH

Primary *Heart disease* How long *some years*

Immediate *Dropsy Asthma & Exhaustion* How long *1 yr*

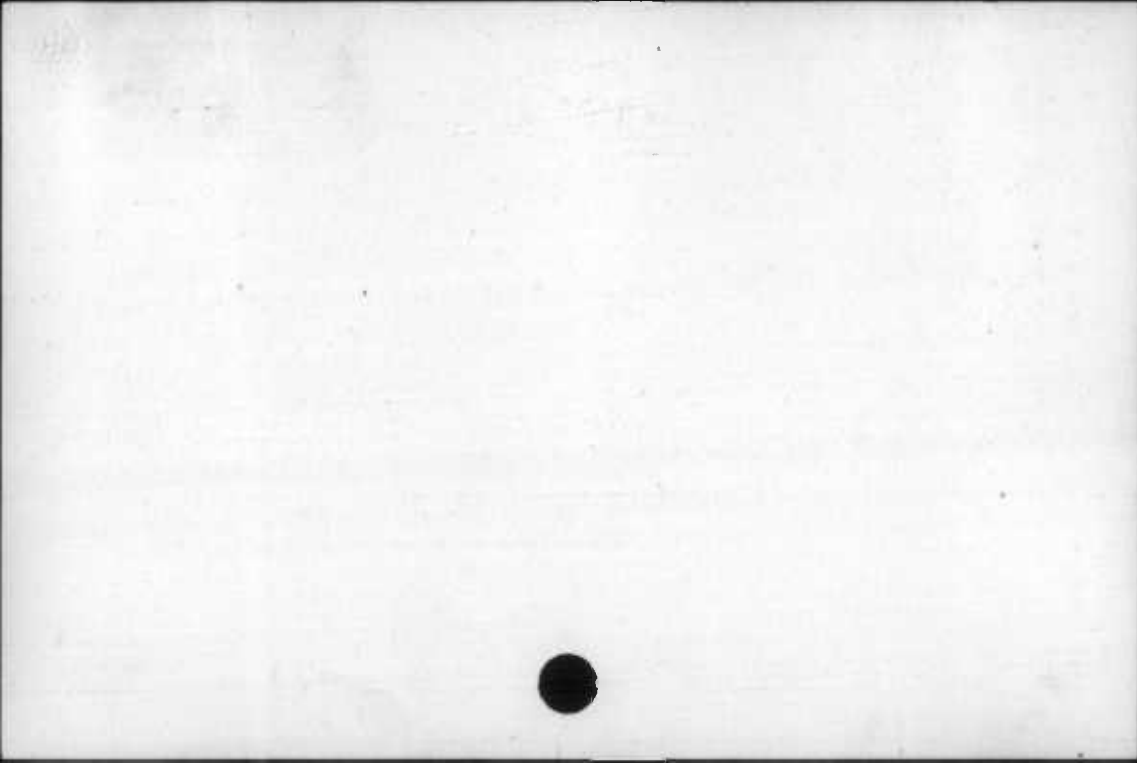
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Amel R. ...*

Address *Pocomoke city Md*

Accident or Suicide?

PHYSICIAN OR CORONER



Name
In
Full

Harold Mills

269

CERTIFICATE OF DEATH

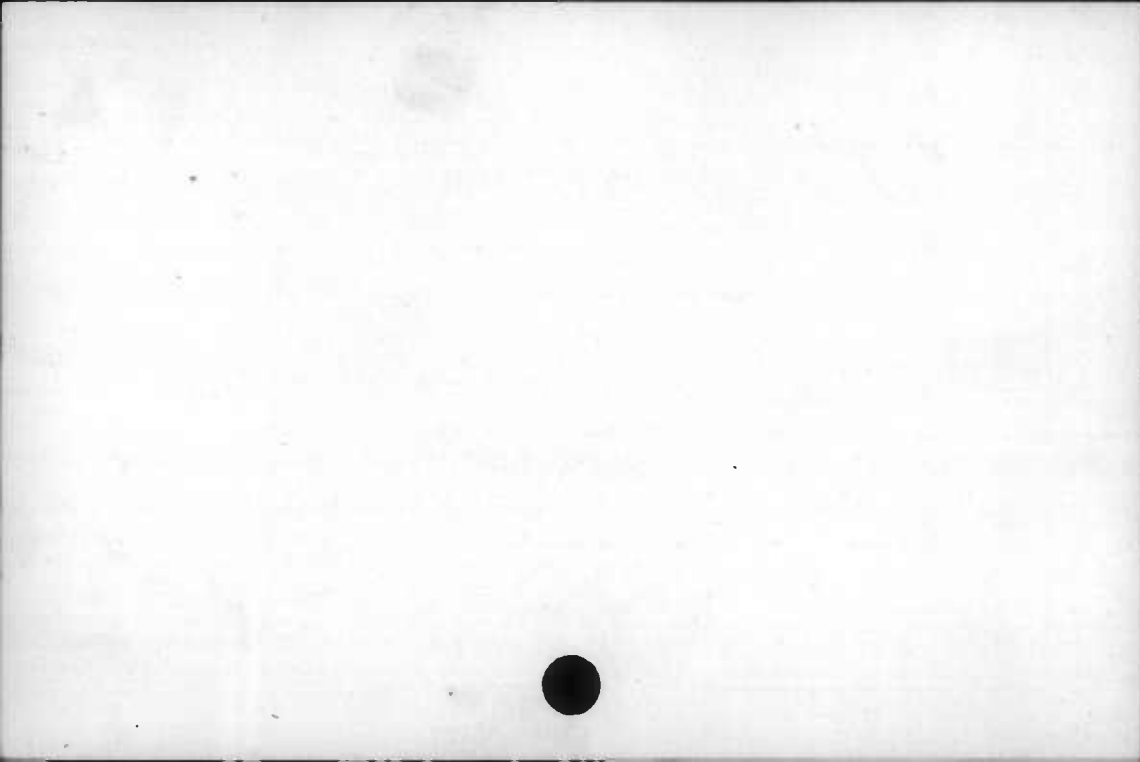
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pocomoke City</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death 190	<u>July</u> <small>Month</small>	<u>27</u> <small>Day</small>	Age <u>1</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>20</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Pocomoke City, Md.</u>		
Occupation _____	Where Reading if not at place of death _____				
Married, Single or Widowed <input checked="" type="checkbox"/> Single	Name of Wife or Husband _____				
Father's Name <u>Major Mills</u>	Father's Birthplace <u>near Pocomoke Worcester</u>				
Mother's Maiden Name <u>Frances Mills</u>	Mother's Birthplace <u>near Southall, Md.</u>				
Name of person giving information <u>Major Mills</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Spontaneous</u>	14 ✓	How long <u>2 weeks</u>
Immediate <u>Convulsions</u>		How long <u>2 or 3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. S. Latorius M.D.</u>	Address <u>Pocomoke City, Md.</u>
Accident or Suicide? _____		



Name
in
Full

William Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> Town		<u>Prince George's</u> County		MARYLAND	
Date of death	<u>1900</u>	Month	<u>July</u>	Day	<u>30</u>
Age	<u>70</u>	Years	<u>—</u>	Months	<u>—</u>
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Washington</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death		
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>Don't know</u>				
Father's Name	<u>unknown</u>		Father's Birthplace		
Mother's Maiden Name	<u>unknown</u>		Mother's Birthplace		
Name of person giving Information	<u>William Parnell</u>		How related to deceased <u>none</u>		

CAUSES OF DEATH

Primary	<u>189 M</u>	How long
Immediate		How long

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

Signature of Physician

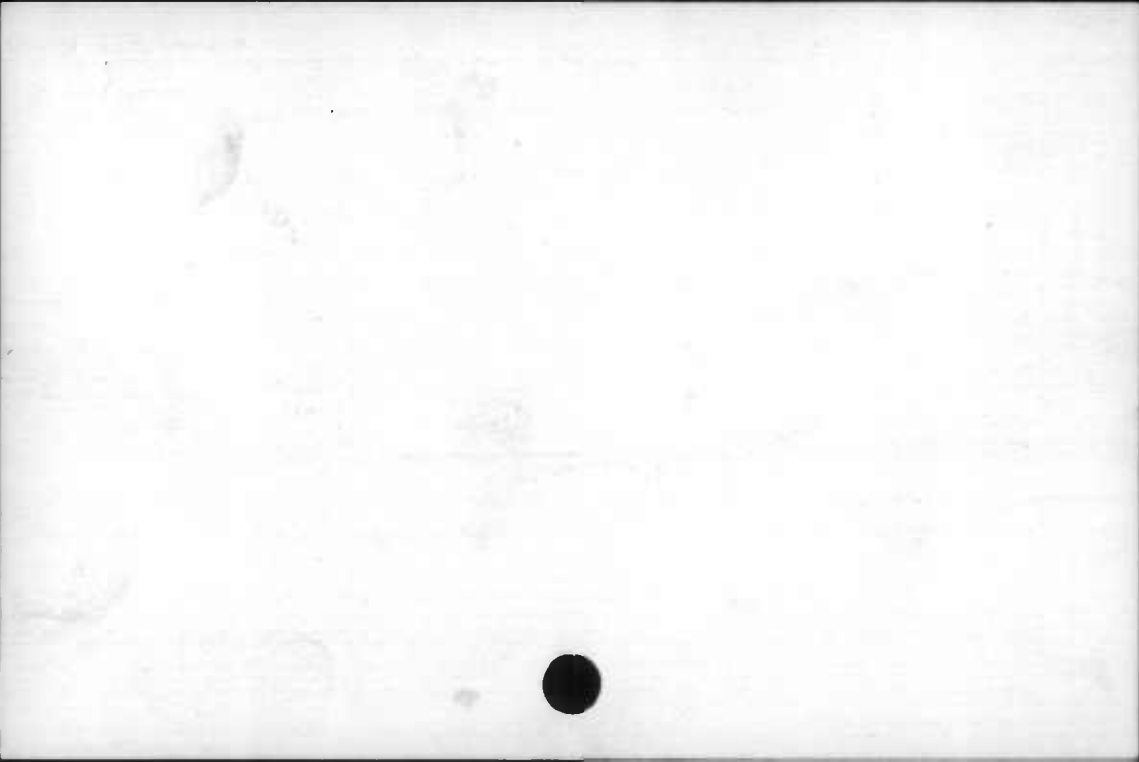
O.K.

Address

D. A. Massey

Accident or Suicide

Notes in attendance



Name in Full

Harry A. Pepperthal

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

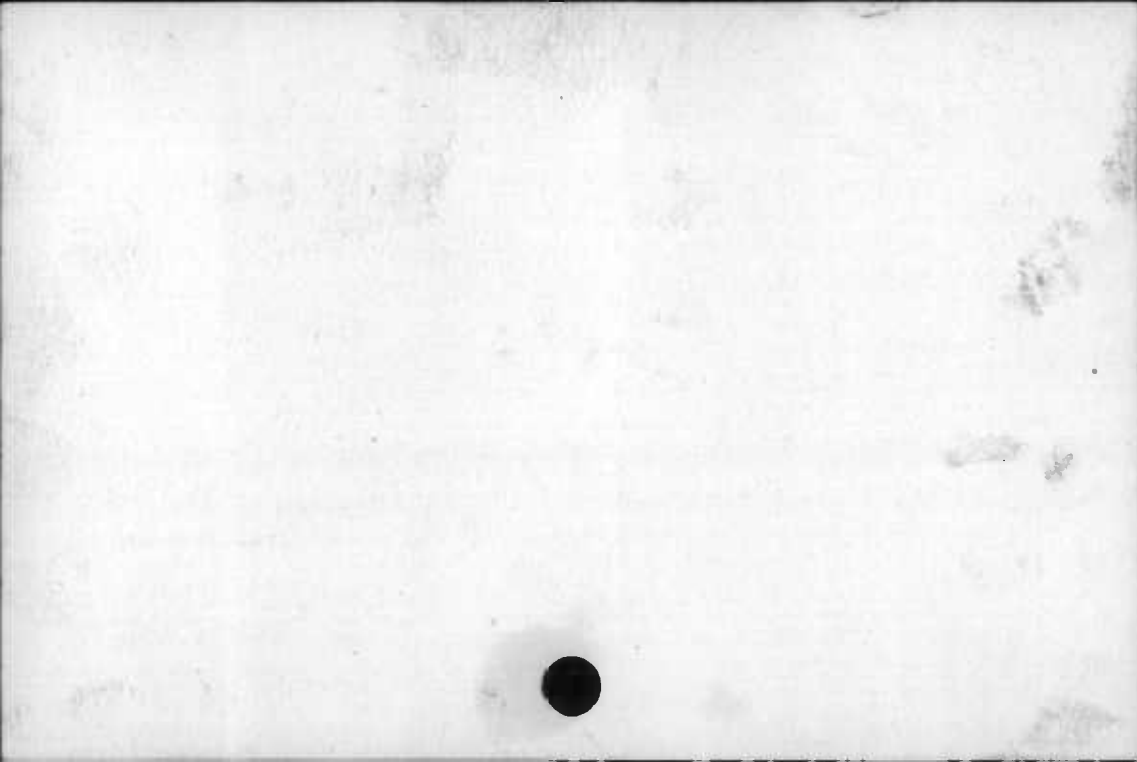
Died at <i>Ocean City</i> <small>Town</small>		<i>Wise</i> <small>County</small>		MARYLAND	
Date of death <i>1900</i>	<i>July</i> <small>Month</small>	<i>122</i> <small>Day</small>	<i>20</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Unknown</i>			
Occupation <i>Merchant</i>	Where Residing if not at place of death <i>Salida, Ohio</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

169 ✓

PHYSICIAN OR CORONER

Primary <i>Accidental drowning</i>	How long <i>X</i>	<i>X</i>
Immediate	How long <i>X</i>	<i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician	
	Address <i>J. B. Baggett M. D.</i>	
Accident or Suicide? <i>Accident</i>	<i>Ocean City, Md.</i>	



Name
In
Full

Paul Pitts

CERTIFICATE OF DEATH

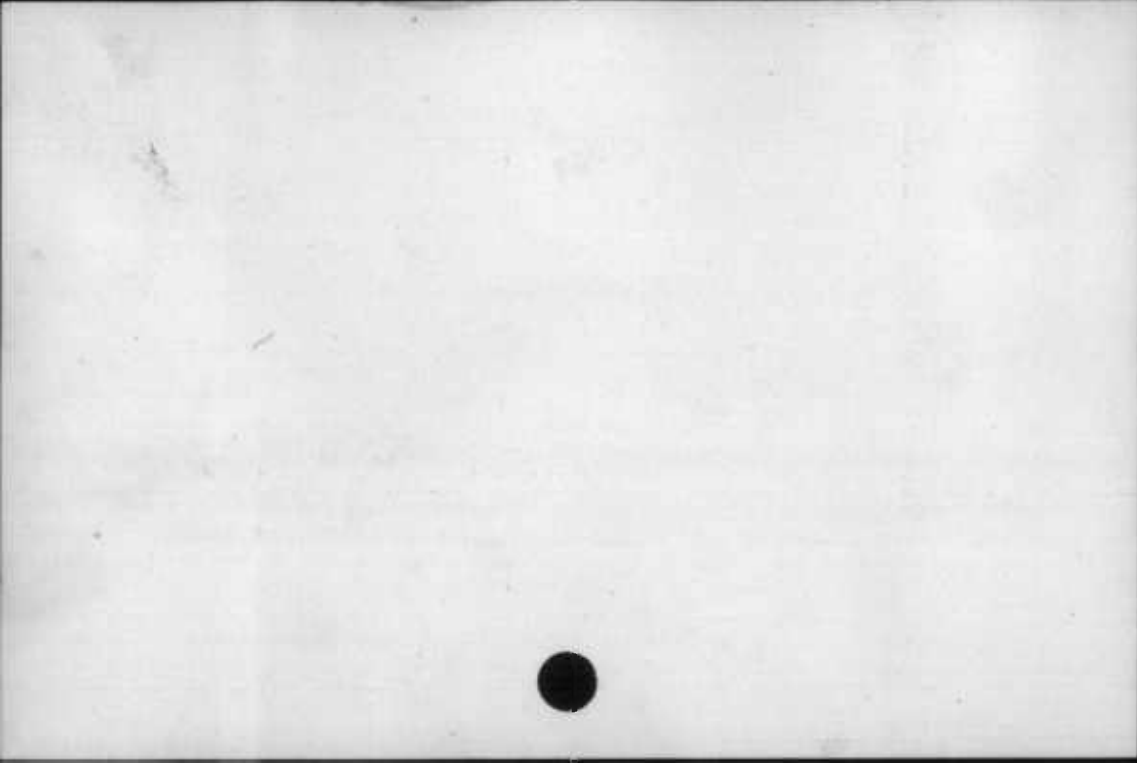
TO BE ANSWERED BY
NEAREST FRIEND

9

Died at <u>German town</u> <u>Mon.</u> County <u>W.</u>		TOWN		COUNTY		STATE	
Date of death <u>1910</u> <u>July</u> <u>19</u> <u>Age</u> <u>1</u>		Month		Day		Years	
Sex <u>Male</u>		Color or Race <u>Col.</u>		Birth-place <u>German town</u>		Months	
Occupation _____		Where Reading if not at place of death _____		Days			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <u>Spencer, Pitts</u>		Father's Birthplace <u>German town</u>					
Mother's Maiden Name <u>Charlotte, Henry</u>		Mother's Birthplace <u>" "</u>					
Name of person giving information <u>Adelie, Henry</u>		How related to deceased <u>Sister</u>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Iller Colitis (104)</u>	How long <u>2 weeks</u>
	Immediate	_____	How long _____
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>E. J. Holland</u>
	Accident or Suicide?	_____	Address <u>Bedon</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

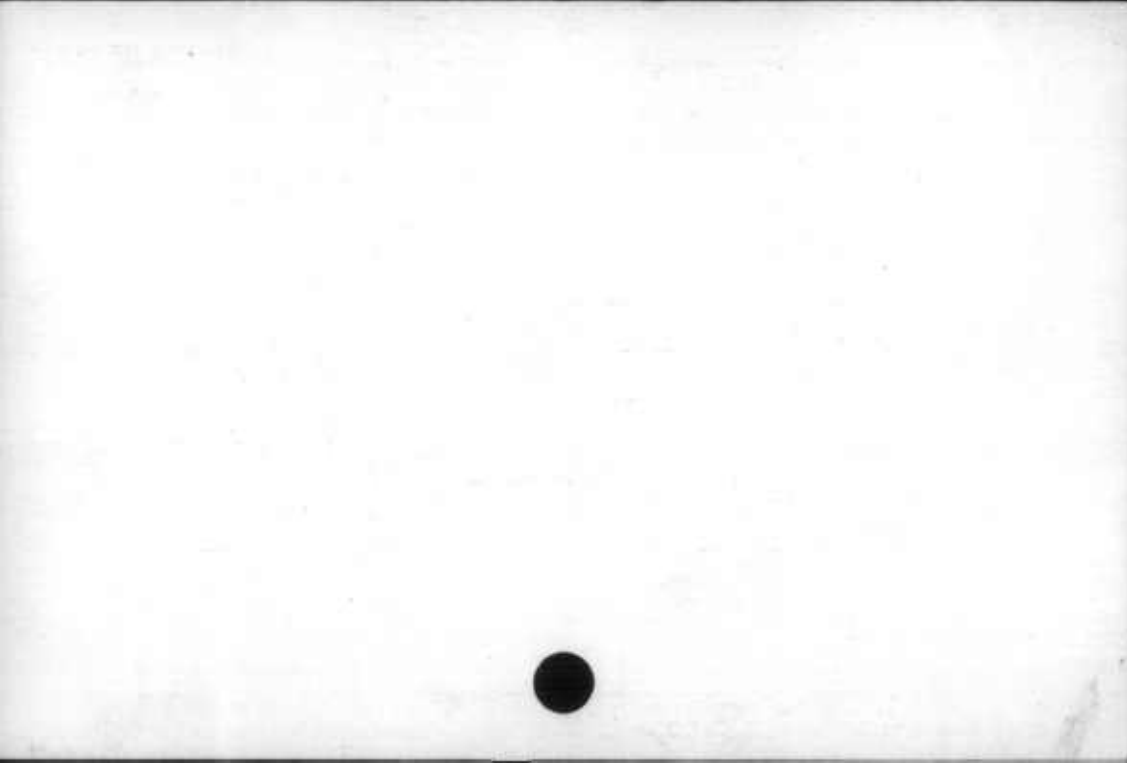
2

Died at ^{own} <i>Mount Westley</i> ^{County} <i>Worcester</i>		MARYLAND	
Date of death	19 <i>00</i> ^{Month} <i>July</i> ^{Day} <i>31</i>	Age	<i>39</i> ^{Years} <i>2</i> ^{Months} <i>23</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>Colored</i>
Occupation	<i>Laborer</i>	Birth-place	<i>Mt. Westley Md</i>
Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>—</i>
Father's Name	<i>Henry P. Purnell</i>	Father's Birthplace	<i>Snow Hill Md</i>
Mother's Maiden Name	<i>Mary Purnell</i>	Mother's Birthplace	<i>Snow Hill Md</i>
Name of person giving Information	<i>H. E. Purnell</i>	How related to deceased	<i>Brother</i>

CAUSES OF DEATH

(186) ✓

Primary	<i>Assault (Concussion of Brain)</i>	How long	<i>about 2 days</i>
Immediate	<i>Compression of brain</i>	How long	<i>about 3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>John H. Dilott</i>
		Address	<i>Snow Hill, Md.</i>
Accident or Suicide			



Name is Full

CERTIFICATE OF DEATH

Mary Ridon

TO BE ANSWERED BY NEAREST FRIEND

Died at Berlin Town Worcester County

Date of death 19/0 Month July Day 24 Age 32 Years Months Days

Sex Female Color or Race Black Birth-place Maryland

Occupation _____ Where Residing If not at place of death _____

Married, ~~Single~~ Widowed Name of Wife or Husband John Ridon

Father's Name Henry Beathards Father's Birthplace Maryland

Mother's Maiden Name Hester Thannon Mother's Birthplace Maryland

Name of person giving information John Ridon How related to deceased wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Abolice (134) How long _____

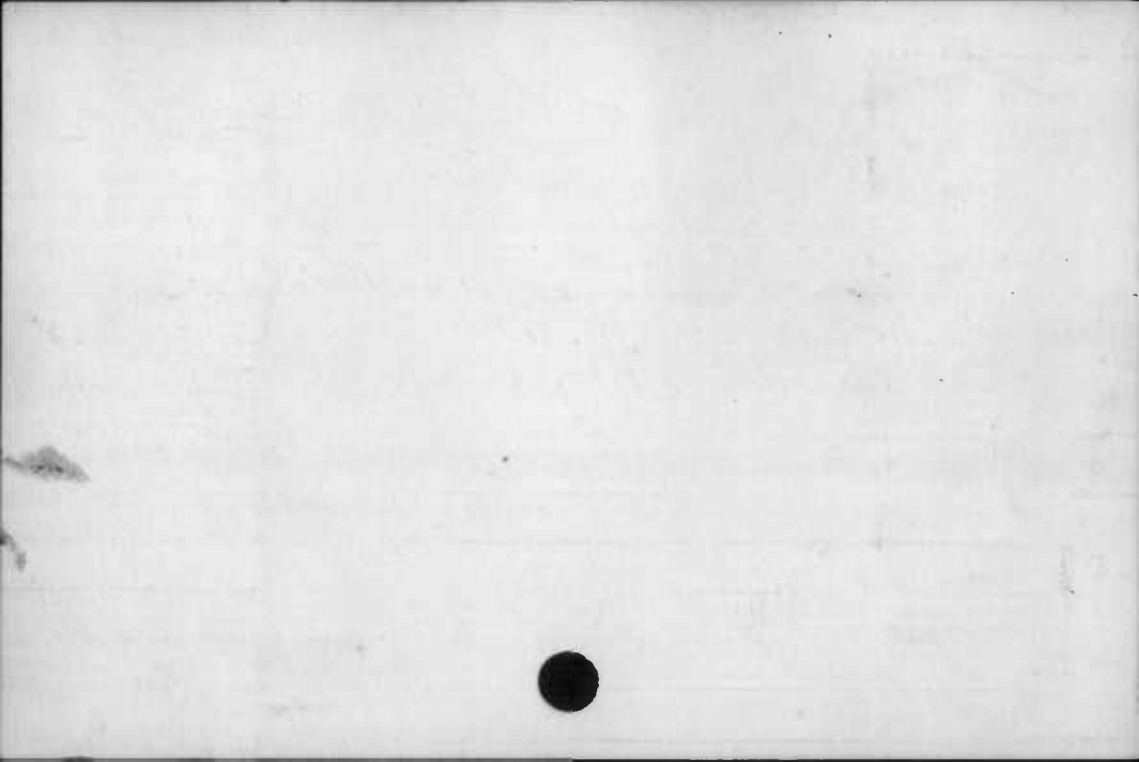
Immediate Septicemia How long 3 weeks

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

Signature of Physician E. J. Holland

Address Deerys

Accident or Suicide? _____



Name
in
Full268
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Add. M Sturgis</i>		Town <i>Pocomoke</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Pocomoke</i>		Date of death <i>1900 July 5</i>		Age <i>5</i>		Months <i>3</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		Days <i>8</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>Pocomoke city</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Wesley Sturgis</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Katherine Pettyman</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Wesley Sturgis</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Congested Liver</i>	How long <i>(115) ✓</i>
	Immediate <i>debility</i>	How long <i>Two weeks</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. J. O'Keefe</i>
	Address <i>Pocomoke City</i>	
Accident or Suicida?		



Name
in
Full

no Name

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CERTIFICATE OF DEATH

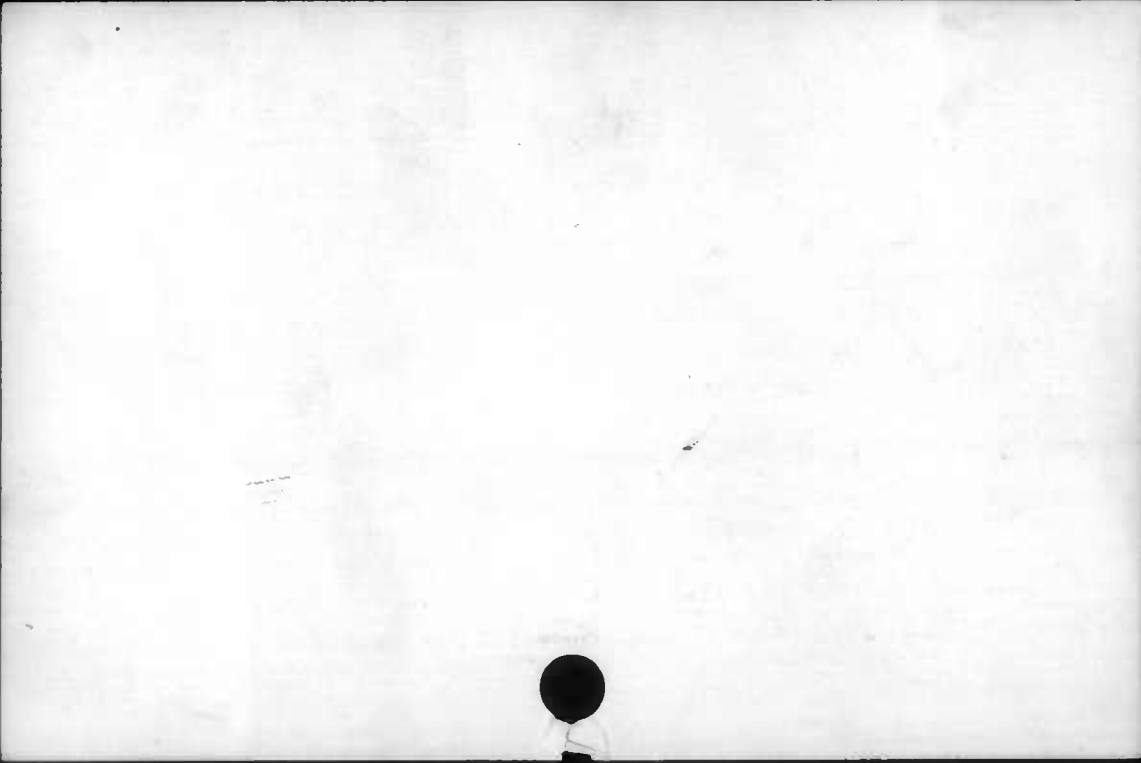
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>near Pocomoke</i>		County <i>Taylor</i>		State <i>MARYLAND</i>	
Date of death	19 <i>90</i>	Month <i>July</i>	Day <i>28</i>	Age	<i>—</i>	Months	Days <i>8</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birthplace	<i>Maryland</i>
Occupation	<i>—</i>			Where Residing 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>George Taylor</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Bessie Telghman</i>				Mother's Birthplace	<i>" " "</i>	
Name of person giving Information	<i>Robert Telghman</i>				How related to deceased	<i>Grandfather</i>	

CAUSES OF DEATH

Primary	<i>Stell Bone</i>	How long	<i>—</i>
Immediate	<i>(S)</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>have no Doctor</i>	Signature of Physician	<i>John H. Hillman</i>
Accident or Suicide	<i>—</i>	Address	<i>Local Physician</i>

PHYSICIAN
OR CORONER



Name
in Full

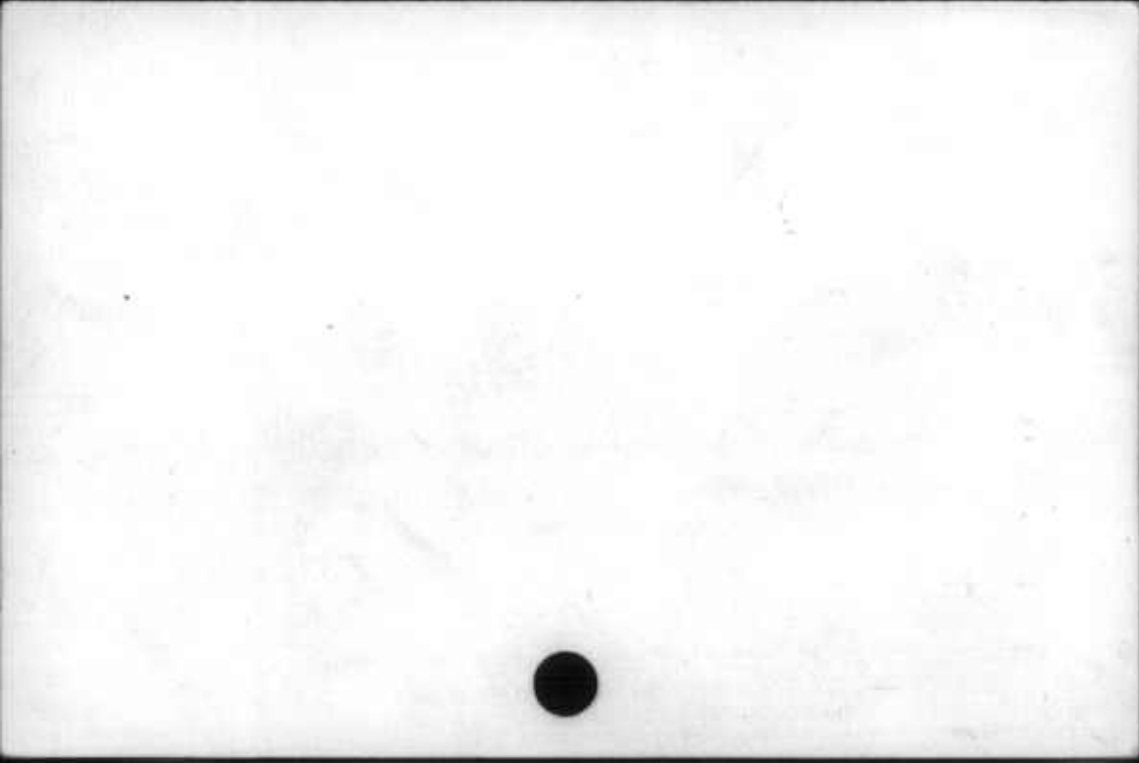
Effie Taylor.

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CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died		Town		County		MARYLAND	
Date of death 1901		Month	Day	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	Galloping Consumption		How long	28
	Immediate	Exhaustion		How long	3 1/2 hrs. rapid, gradual.
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	J. P. Smith
	Accident or Suicide			Address	Presumpt. Md.



Name
in
Full

CERTIFICATE OF DEATH

Sumner King White Jr

town

County

MARYLAND

Died at *Leann City, Worcester Co. Md.*

Date of death *1990 July 5-* Age *9* Months *26* Days

Sex *male* Color or Race *white* Birth-place *Leann City*

Occupation _____ Where Residing if not at place of death *Leann City*

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

Father's Name *S. King White* Father's Birthplace *Whitman Md*

Mother's Maiden Name *Iris Queen* Mother's Birthplace *Shelburne, Md*

Name of person giving Information *S. King White* How related to deceased *Father*

CAUSES OF DEATH

Primary *Summer Complaint* How long *Two weeks*

Immediate *"* How long *Two weeks*

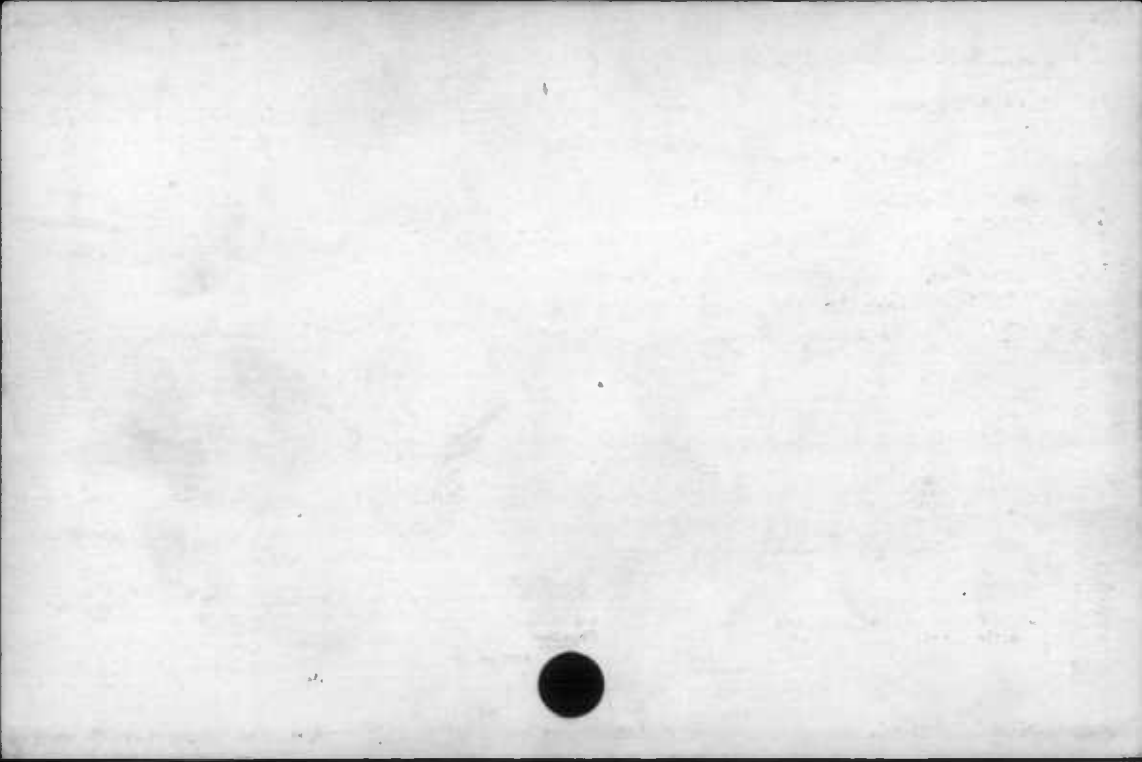
Are the name, age, sex, color, date and place correctly given above? *yes* Signature *A. J. Townsend M.D.*

Address *Leann City Md*

Accident or Suicide *Natural*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Wm ^{William} Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death	19010	Month	July	Day	24
Age	→	Years	→	Months	→
Sex	Male	Color or Race	White	Birth-place	Berlin
Occupation	→	Where Residing if not at place of death			
Married, Single or Widowed	de	Name of Wife or Husband			
Father's Name	Jesse S Williams		Father's Birthplace	Wymore ^{for} Berlin	
Mother's Maiden Name	Lorrie M Hastings		Mother's Birthplace	Near Berlin	
Name of person giving Information	Father		How related to deceased	N-1B	

CAUSES OF DEATH

~~177 B~~

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>10 hours</u>
Immediate	→	How long	→
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<u>Erabtyrell</u>
Address	●		<u>Berlin</u>
Accident or Suicide			<u>med</u>

Mount Pleasant

Name in Full

Wm James Wilson -

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CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

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Died at ^{near Pocomoke City} Unionville - Worcester - MARYLAND

Date of death 1900 July 19th Age 8 Months 8 Days

Sex Male Color or Race Colored Birth-place Unionville -

Occupation none Where Residing if not at place of death Same -

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

Father's Name Seren Wilson Father's Birthplace Somerset Co.

Mother's Maiden Name Susann Hargis Mother's Birthplace Somerset Co.

Name of person giving Information Seren Wilson How related to deceased Father.

CAUSES OF DEATH

Primary Scrofula. (34) How long Six years.

Immediate Epilepsy How long gradual.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician F. C. Quinn Address Pocomoke and Worcester County

PHYSICIAN OR CORONER

Accident or Suicide



Name
in Full

CERTIFICATE OF DEATH

Jimima Wright

Town

County

MARYLAND

Died at *Ma Snow Hill**Worcester*

Date of death

1960 July

Day

Age

66

Months

Days

Sex

Female

Color or Race

White

Birthplace

England

Occupation

None

Where Residing if not at place of death

near Frostburg, Md

Married, Single or Widowed

Widow

Name of Wife or Husband

John Wright

Father's Name

Don't Know

Father's Birthplace

-

Mother's Maiden Name

Don't Know

Mother's Birthplace

-

Name of person giving information

John Backer

How related to deceased

Son in Law

CAUSES OF DEATH

Primary

"Erip"

How long

6 days

Immediate

Acute inflammation bladder

How long

10 days

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

yes

Signature of Physician

Paul Jones

Address

Snow Hill

Accident or Suicide

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OR CORONER

