

Name
in
Full

Martha Blackson

CERTIFICATE OF DEATH

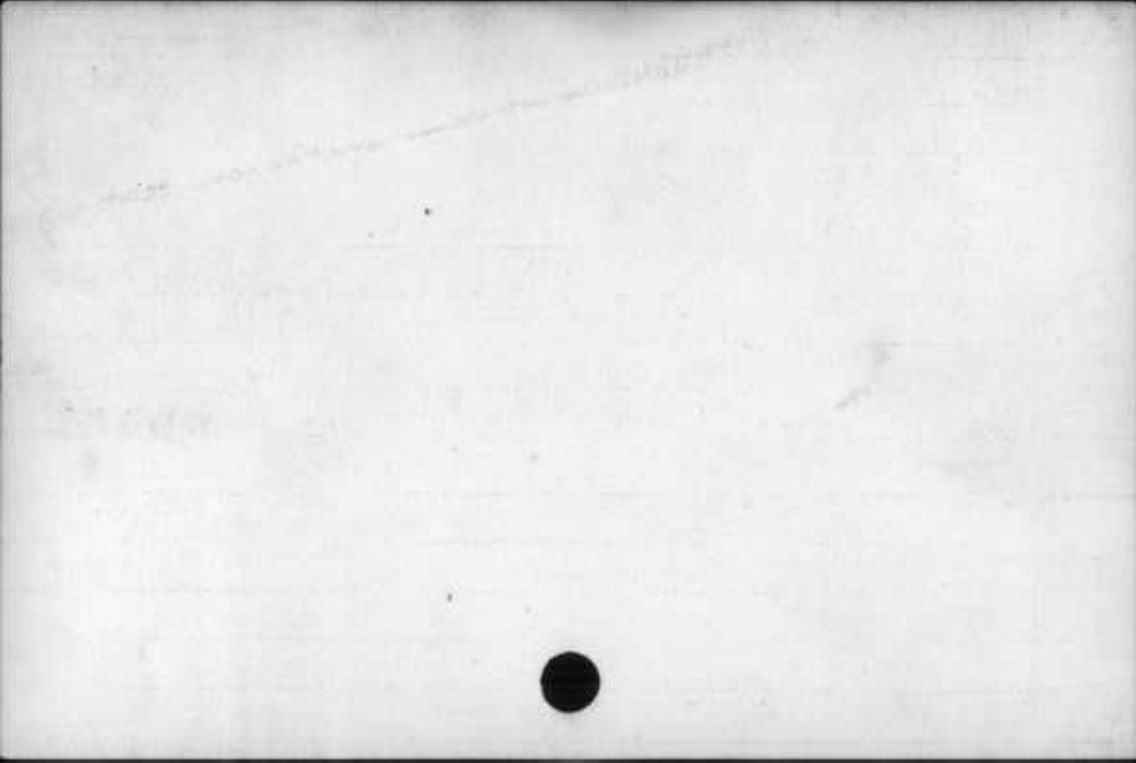
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Camp Parole.		County		a-a-		MARYLAND	
Date of death	1910	Month	Aug	Day	23	Age	68
Sex	Female	Color or Race	Colord.	Years	3	Months	
Occupation	Housewife	Where Residing if not at place of death	Camp Parole.				
Married, Single or Widowed	Widow	Name of Wife or Husband	-				
Father's Name	Jeremiah Ross.			Father's Birthplace	Annapolis		
Mother's Maiden Name	Martha Ross.			Mother's Birthplace	Annapolis		
Name of person giving in formation	Mary Elizabeth Clash			How related to deceased	Daughter		

St. Ann's Cem.

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	nephritis	How long	120 months
	Immediate	Heart failure	How long	Immediate
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Anubrose Garcia M.D.
		Address	34. 2nd St	
	Accident or Suicide?		Annapolis Md	



Name in Full

William Boardly

CERTIFICATE OF DEATH

Died at West River a

Town

County

MARYLAND

Date of death 1900 Aug 9 Age 33

Month

Day

Years

Months

Days

Sex male Color or Race colored Birthplace Calvert County

Occupation Farm Hand Where Residing if not at place of death West River

Married, Single or Widowed Married Name of Wife or Husband Wm Boardly

Father's Name John Boardly Father's Birthplace Calvert County

Mother's Maiden Name Frances Lane Mother's Birthplace Calvert County

Name of person giving information John Boardly How related to deceased Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

1

Primary Typhoid fever How long 2 weeks

Immediate Intestinal hemorrhage How long 4 hours

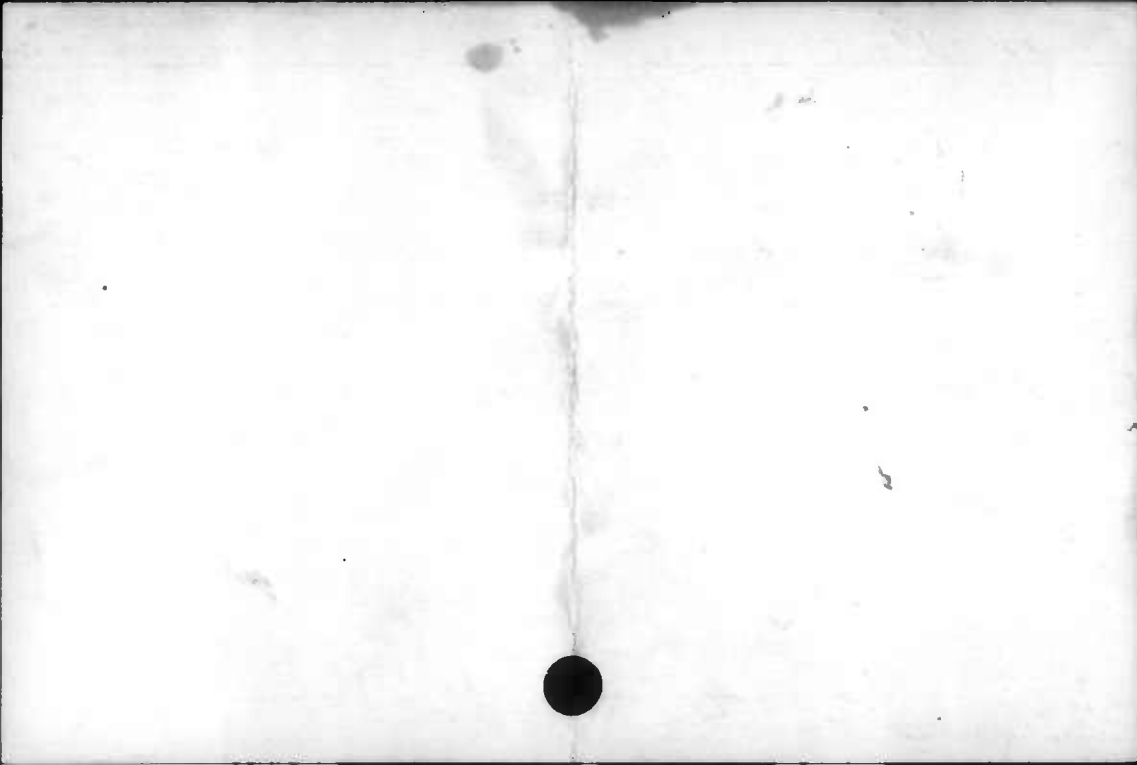
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Maudie Rawood, M.D.

Address West River

Accident or Suicide neither

PHYSICIAN OR CORONER



Name
In
Full

Leroy Boyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stevens</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	19 <u>60</u>	Month	<u>8</u>	Day	<u>6</u>
Age	<u>—</u> Years		Months	<u>one</u>	
Sex	<u>male</u>		Color or Race	<u>White</u>	
Occupation	<u>Infant</u>		Birth-place	<u>Ind</u>	
Where Residing if not at place of death			<u>—</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband		
Father's Name	<u>Josephus Boyer</u>		Father's Birthplace	<u>Ind</u>	
Mother's Maiden Name	<u>Virginia Malbone</u>		Mother's Birthplace	<u>Ind</u>	
Name of person giving information	<u>Thomas Boyer</u>		How related to deceased	<u>half-brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>10 1/2</u> weeks
Immediate	<u>Exhaustion</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>R. J. Hammond</u>
		Address	<u>Jessup Ind.</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

William J. Brewer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Annapolis Md		Anne Arundel		MARYLAND	
Date of death	1910	Month	August	Day	18th.	Years	Age 50
Sex	Male	Color or Race	White	Months		Days	13
Occupation	Butcher		Birth-place	Annapolis			
Married, Single or Widowed	Single		Name of Wife or Husband	Mother			
Father's Name	Jackson Brewer		Father's Birthplace	Annapolis			
Mother's Maiden Name	Anne Gardiner		Mother's Birthplace	Annapolis			
Name of person giving information	Hay & Brewer		How related to deceased	Brother			

CAUSES OF DEATH

Primary	Chronic Nephritis	How long	12 years
Immediate	Acute uraemia	How long	one week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. S. Kepleman

Address

Annapolis Md

Accident or Suicide?



Name
Full

Paul Richard Bussey

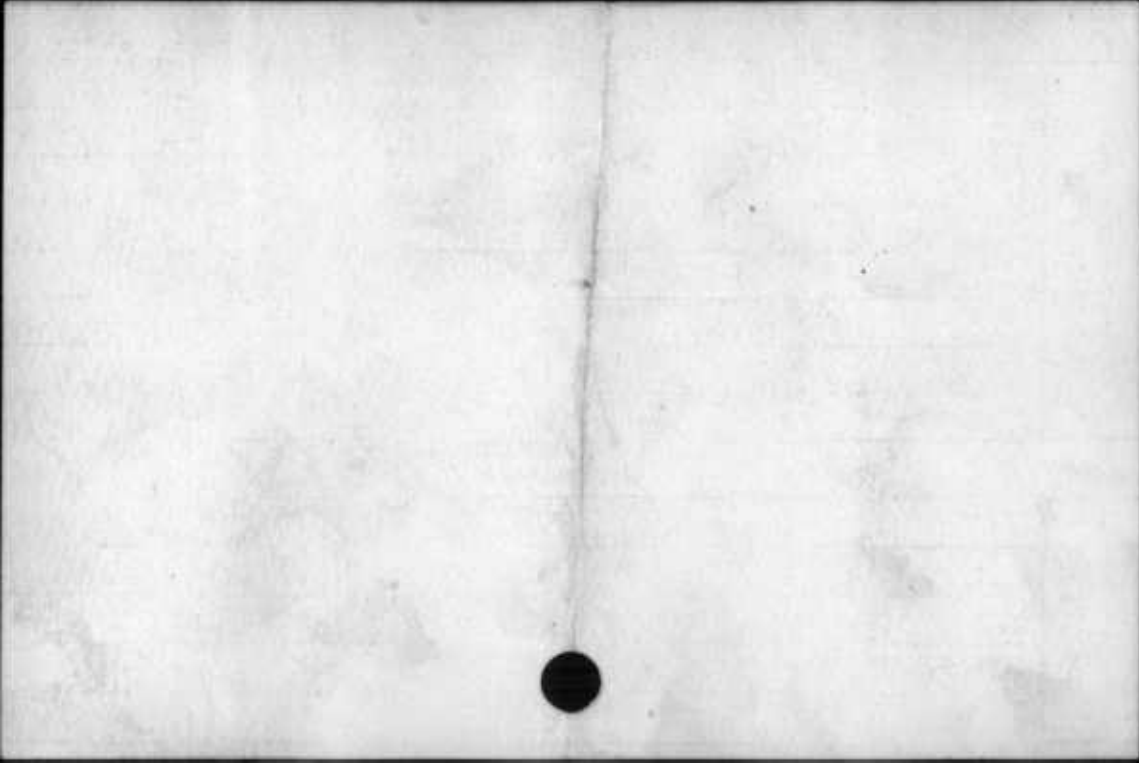
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sulphur Springs</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>190</i>	Month <i>8</i>	Day <i>19</i>	Age <i>—</i>	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Infant</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>Paul Bussey</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Blount</i>	Name of person giving information <i>Paul Bussey</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Acute meningitis</i>	How long <i>3 days</i>
	Immediate	<i>Interventricular pressure</i>	How long <i>24 hours</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>R. Hammond</i>
	Accident or Suicide?	<i>No</i>	Address <i>—</i>



Name
In Full

Samuel Canoll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

near ^{Town} Annapolis ^{County} St. Anne's

Died at Annapolis St. Anne's **MARYLAND**

Date of death 1940 August 8th ^{Month} 1940 ^{Day} 8th ^{Years} 67 ^{Months} 0 ^{Days} 0 Age

Sex Male Color or Race colored Birth-place St. Anne's Md

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Gemima Canoll

Father's Name Samuel Canoll Father's Birthplace St. Anne's Md

Mother's Maiden Name unknown Mother's Birthplace St. Anne's Md

Name of person giving information Wife How related to deceased

CAUSES OF DEATH

791

PHYSICIAN
OR CORONER

Primary Cardiac Asthma Tabular How long Several months

Immediate Disease of the Heart Heart Failure How long Gradual

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

Signature of Physician John Didant MD
Address Annapolis Md

Accident or Suicide?



Name
in
Full

Mabel Mary Carson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Jones Station		Town		County Anne Arundel Co.		State MARYLAND	
Date of death 19 10	Month Aug.	Day 16.	Age --*****	Years	Months 11	Days 14	
Sex Female	Color or Race White		Birth-place A. A. Co.,				
Occupation None	Where Residing if not at place of death						
Married, Single or Widowed Single	Name of Wife or Husband None						
Father's Name Horice Carson,	Father's Birthplace Pa.						
Mother's Maiden Name Martha J. Brown,	Mother's Birthplace Md.						
Name of person giving information Wm. Gardner,	How related to deceased Uncle						

CAUSES OF DEATH

1041

PHYSICIAN
OR CORONER

Primary	Acute Insanition	How long 7 days
Immediate	Acute Intestinal Indigestion	How long 14 days
Are the name, age, sex, color, date and place correctly given above?	Yes,	Signature of Physician Lucille Steiner M.D.
		Address 122 W. 23rd St., Balto.
Accident or Suicide?	I	M



Name in Full

Luther Christophers

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Brown's Pavilion on Rock ^{County} Anne Arundel

MARYLAND

Date of death 1910 Aug. 17th Age 27

Sex Male Color or Race negro Birth-place James W. Washington

Married, Single or Widowed Married Occupation Fireman on Steamboat

Name of Wife or Husband Lillie Christophers

Father's Name John Christophers Father's Birthplace ^{West Indies} Jamaica Island

Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving information Wife - Lillie Christophers How related to deceased wife

CAUSES OF DEATH

169

PHYSICIAN OR CORONER

Primary Drowned How long 2 days in water

Immediate Yes How long -

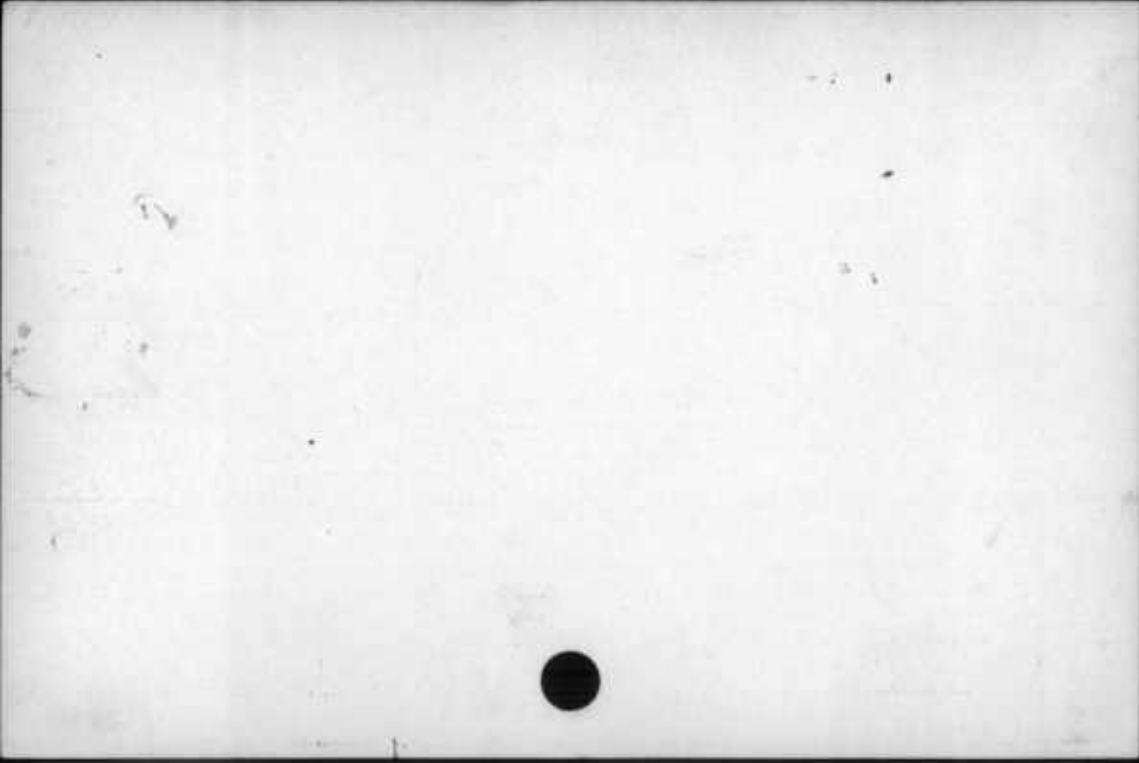
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Melville D. Dwyer

Address Justice of the Peace Acting as Coroner

Accident or Suicide? Accident

P.D. Sloaton No. R. 7. D. No. 1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Sallie A. Coffin* County *AA*

Died at *Eastport* Town *AA* County *AA* MARYLAND

Date of death *1970 Aug 20* Month *Aug* Day *20* Age *33* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Eastport Md*

Occupation *House Wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Henry S. Coffin*

Father's Name *Elias Coffin* Father's Birthplace *Md*

Mother's Maiden Name *Patti Purdich* Mother's Birthplace *Md*

Name of person giving Information *Annie Trumb* How related to decedent *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

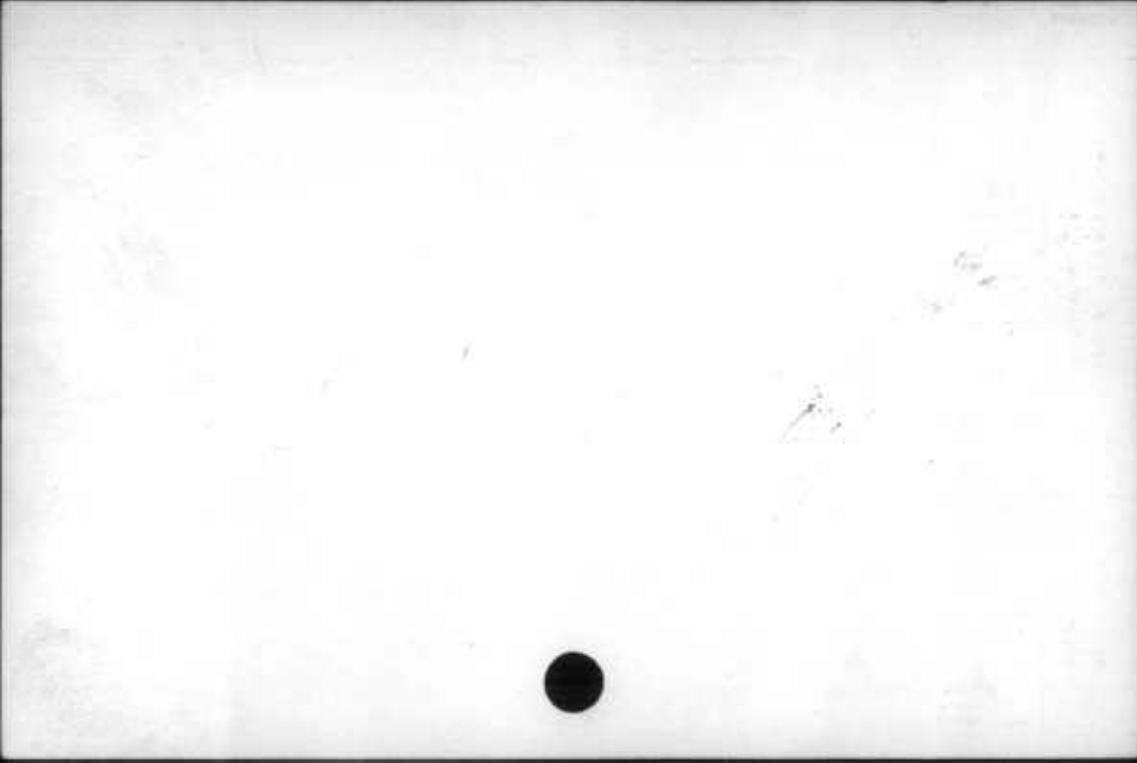
Primary *Pulmonary Tuberculosis* How long *Several months*

Immediate *"* How long *"*

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

Signature of Physician *J. Oliver Purvis* Address *Annapolis, Md*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

Mary Elizabeth Cole.

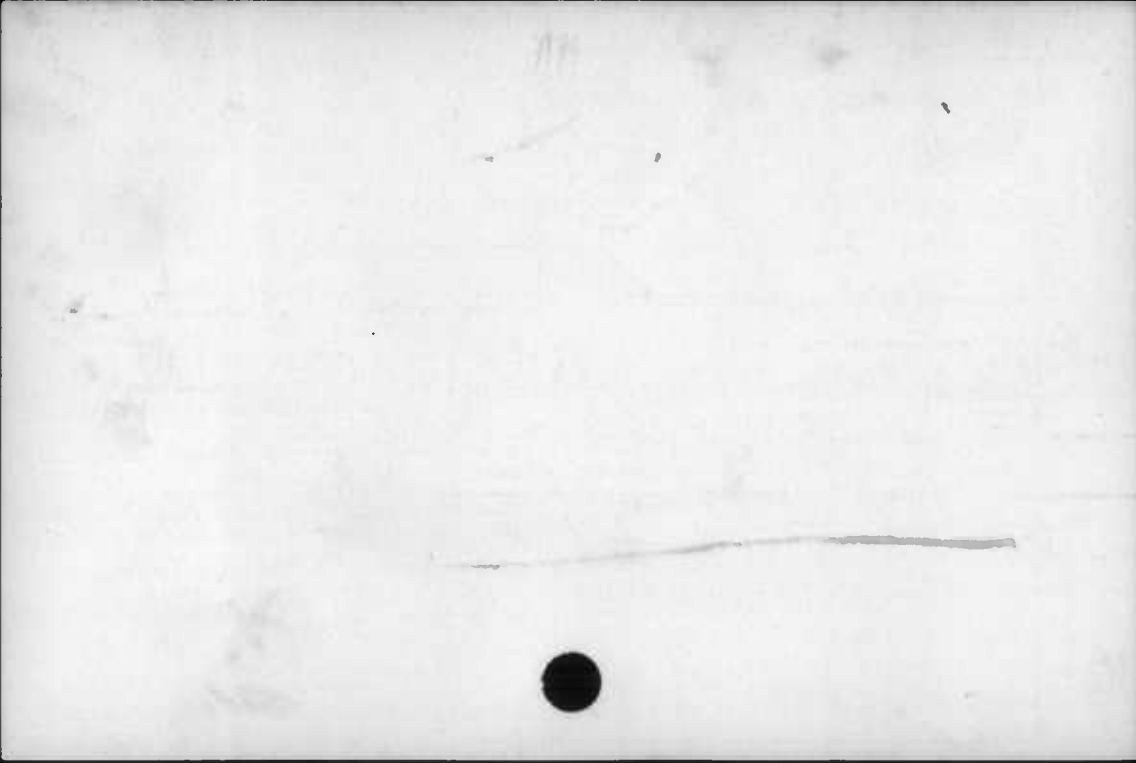
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Camp Parole</u> ^{Town}		<u>A. A.</u> ^{County}		MARYLAND	
Date of death <u>1970</u>	Month <u>Aug.</u>	Day <u>17</u>	Age <u>—</u>	Years <u>—</u>	Months <u>9.</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Camp Parole</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>Camp Parole.</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Thomas Cole</u>	Father's Birthplace <u>South River</u>				
Mother's Maiden Name <u>Mary Anderson</u>	Mother's Birthplace <u>Camp Parole</u>				
Name of person giving information <u>Mary Anderson Cole</u>	How related to deceased <u>Mother</u>				

Stouffer Chapel Cent. CAUSES OF DEATH 189 A Ridout

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>Months</u>
Immediate <u>Exhaustion</u>	How long <u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John Ridout</u>
	Address <u>Annapolis Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Augustus G. Cooke

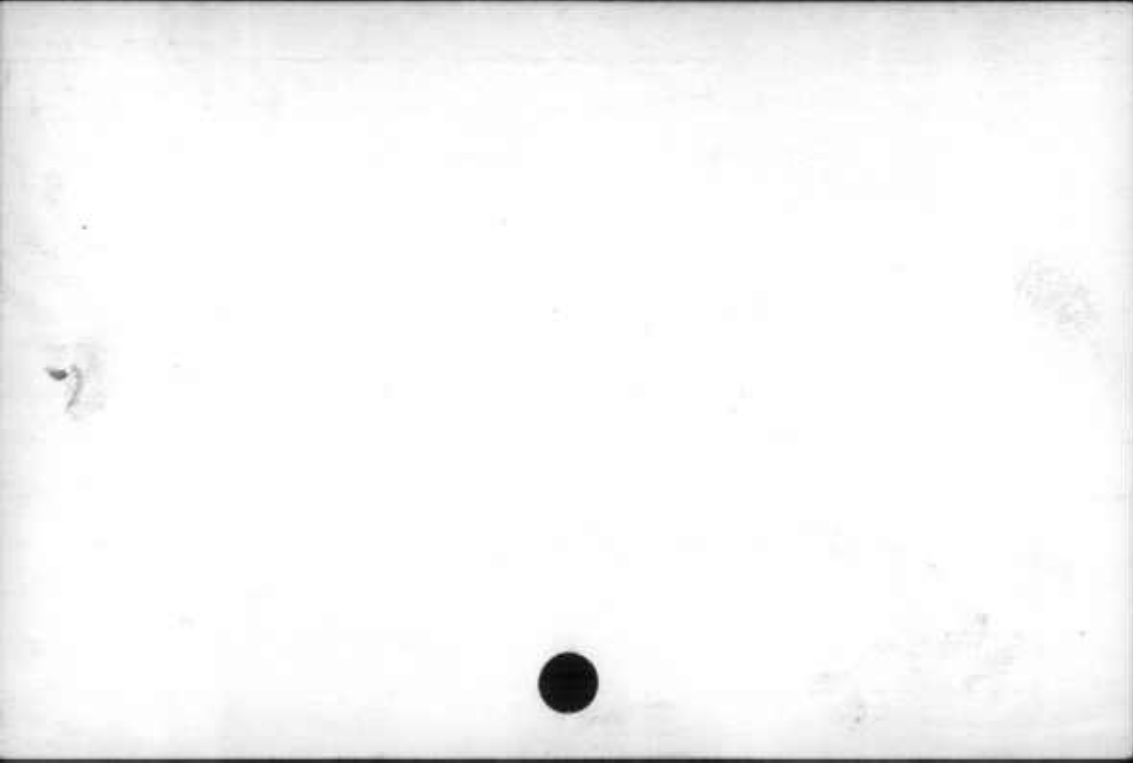
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Waldenburg		County A. A.		MARYLAND		
Date of death		1900	Month Aug	Day 8	Age 67	Years	Months 3	Days 5
Sex		Male		Color or Race White		Birth-place Baltimore		
Occupation B. B. Agt.				Where Residing if not at place of death				
Married, Single or Widowed		Married		Name of Wife or Husband Marion Baldwin Cooke				
Father's Name John Cooke				Father's Birthplace Indiantown, Conn.				
Mother's Maiden Name Immy Logan				Mother's Birthplace Baltimore				
Name of person giving information Mrs. Mollie Cooke				How related to deceased Sister				

CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary	Typhoid fever	How long	10 days
	Immediate	Collapse/Heart failure	How long	48 hrs.
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. W. Gault
		Address	Milensville	
Accident or Suicide				



Name
in
Full

Infant of Mary Brew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Annapolis		Anne Arundel		St. Charles		MARYLAND	
Date of death	190	Month	Day	Years	Months	Days	
190	8	24	190				
Sex	Male	Color or Race	Col	Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Mary Brew			Mother's Birthplace	Annapolis		
Name of person giving information	J. E. Brew			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born	How long	
Immediate		How long	(5)
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	John Redont Annapolis		
Accident or Suicide?			



Name in Full

Joseph Allen Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Jewell ^{Town} Anne Arundel ^{County} **MARYLAND**

Date of death 1940 August ^{Month} 3 ^{Day} Age — ^{Years} 3 ^{Months} 11 ^{Days}

Sex male Color or Race Colored Birth-place 1906 Md

Occupation — Where Reiding if not et place of death —

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

Father's Name Louis Davis Father's Birthplace La

Mother's Maiden Name Irma Davis Mother's Birthplace Md

Name of person giving Information Louis Davis How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cholera morbus How long 4 two days

Immediete Exhaustion How long 24 hours

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

Address Jewell Md

Accident or Suicide No



Name
In Full

Rosa Del Balzo

CERTIFICATE OF DEATH

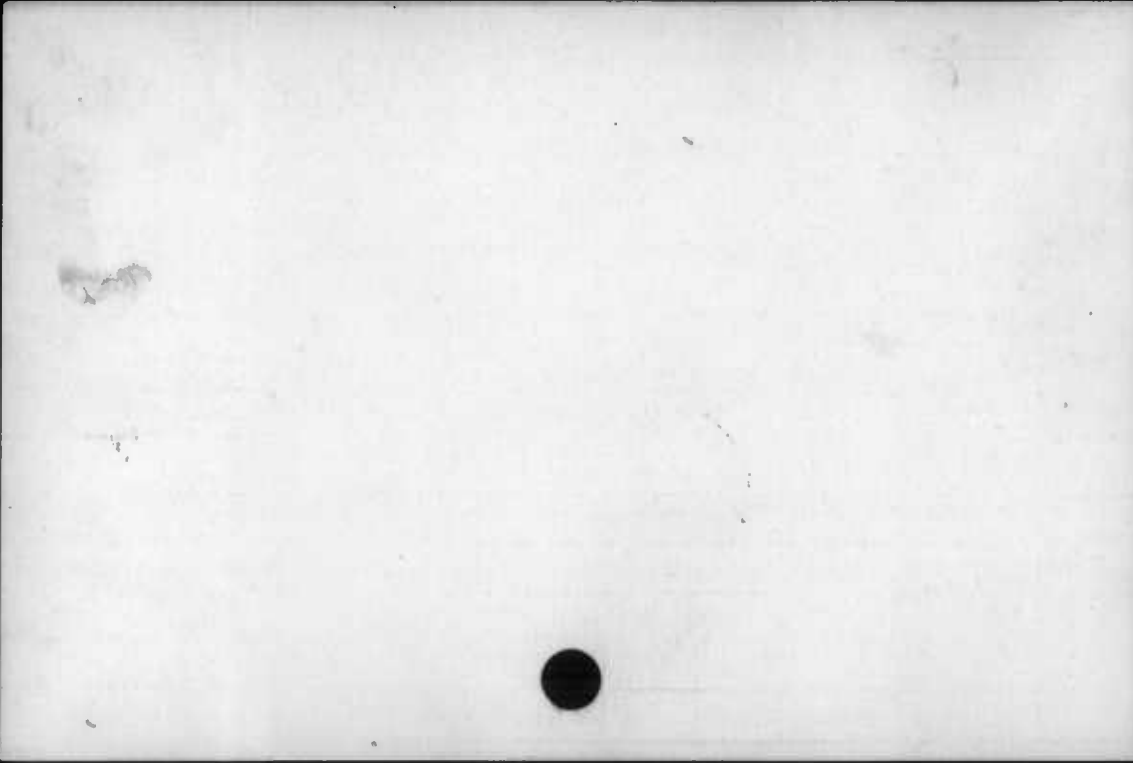
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Annapolis		Annapolis		Annapolis		MARYLAND	
Date of death	19	Month	Day	Age	Years	Months	Days
19	19	August	19	2	2		
Sex	Color or Race	Birth place		Occupation			
Female	White	Annapolis		none			
Married, Single or Widowed				Where residing if not at place of death			
Widowed				45 - Calvert St.			
Father's Name		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Pasquale Del Balzo				Italy		" "	
Mother's Maiden Name		Name of person giving information		How related to deceased			
Rosa Cioffi		Pasquale Del Balzo		father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malaria	(189A)	How long	6 months
Immediate	Asphyxia		How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
yes		Geo. Wells	Annapolis	
no			Md.	
Accident or Suicide?				
no				



Name
In Full

Ruben South Lamar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sen Sum</u> <small>Town</small>		<u>AA</u> <small>County</small>		MARYLAND	
Date of death <u>19 10</u> <small>Month</small>		<u>Aug</u> <small>Day</small>		<u>21</u> <small>Years</small>	
Sex <u>male</u>		Color or Race <u>African</u>		Birth-place <u>AA Co</u>	
Occupation <u>Labourer</u>		Where residing if not at place of death			
<input checked="" type="checkbox"/> Single		Name of Wife or Husband			
Father's Name <u>Iles Lamara -</u>		Father's Birthplace <u>AA Co</u>			
Mother's Maiden Name <u>Mary Marshall</u>		Mother's Birthplace <u>AA Co</u>			
Name of person giving information <u>Iles Lamara</u>		How related to deceased <u>son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>28</u>
Immediate	How long <u>4 months</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>
<u>[Signature]</u>	Address <u>Sen Sum</u>
Accident or Suicide?	



Name
is
Full

CERTIFICATE OF DEATH

Doris W. Emory

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>3rd dist</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	19 <i>10</i>	Month	<i>Aug</i>	Day	<i>9</i>
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	—		Birth-place	<i>3rd dist. A.P. Co. Md.</i>	
Where residing if not at place of death			—		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>W. J. Emory</i>		Father's Birthplace		28
Mother's Maiden Name	<i>Marie A. Koch</i>		Mother's Birthplace		
Name of person giving information	<i>W. J. Emory</i>		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Glandular Tuberculosis</i>		How long	<i>5 weeks</i>
Immediate	<i>asthenia</i>		How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>S. B. Heflumer</i>
Address			<i>Annapolis Md.</i>	
Accident or Suicide? <input type="checkbox"/>				



Name
in
FullBaby Evans -
Town.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Bristol

County

Anne Arundel

MARYLAND

Date

1960 Aug

Day

26

Age

Years

✓

Months

2

Days

✓

Sex

male

Color or
Race

Colored

Birth-
place

Washington D.C.

Occupation

-✓

Where Residing if not
at place of death

✓

Married, Single
or Widowed

✓

Name of Wife or
Husband

✓

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Ruth Evans

Mother's
Birthplace

Bristol Md.

Name of person giving
Information

Fred Parker

How related
to deceased

No relation

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Ileo Colitis

How long

one mose.

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

Yrs.

Signature of
Physician

D. D. Chaney M.D.

Address

Bristol
Md.

Accident or Suicide



Name
in
Full

Mary A Flanagan

CERTIFICATE OF DEATH

Died at

Brooklyn

Town

County

are

MARYLAND

Date

of death 1900

Month

aug

Day

25

Age

Year

56

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Md

Occupation

Housekeeper

Where Residing if not
at place of death907 Wannon St
BaltimoreMarried, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

Patrick Flanagan

Father's
Birthplace

Ireland

Mother's
Maiden Name

Anna Foley

Mother's
Birthplace

Ireland

Name of person giving
Information

John Flanagan

How related
to deceased

Brother

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

175

How long

Immediate

Run over by electric beam

How long

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

Address

John E. Cramer
Brooklyn
A. G. C. M. D.

Accident or Suicide

PHYSICIAN
OR CORNER



Name in Full

Columbia Franklin

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Marley ^{Town} ann arundel ^{County} **MARYLAND**

Date of death 1960 ^{Month} August ^{Day} 27 Age 53 ^{Years} — ^{Months} — ^{Days} —

Sex male Color or Race color Birth-place Marley

Occupation Laborer Where Residing if not at place of death Marley

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

Father's Name unknown Father's Birthplace —

Mother's Maiden Name maie Franklin Mother's Birthplace Marley

Name of person giving Information Rosetta Franklin How related to deceased laborer

CAUSES OF DEATH

PHYSICIAN OR CORONER

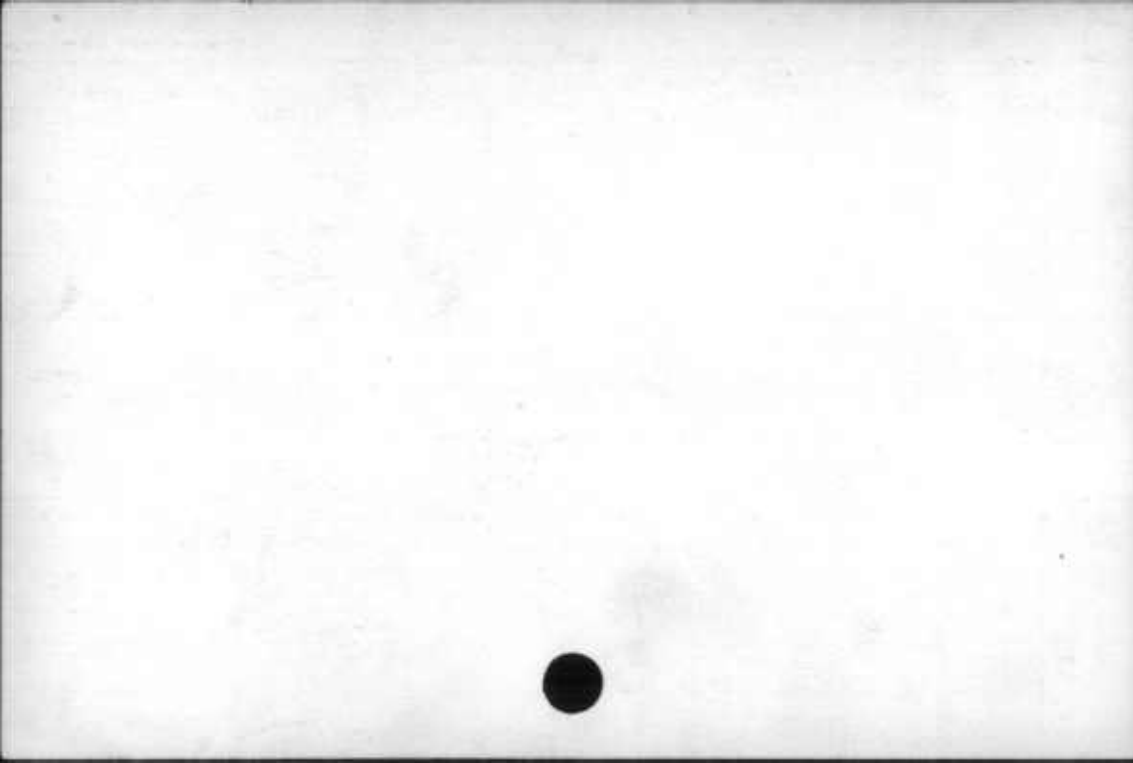
Primary Dropsy How long 4 months

Immediate choleca morbus How long 3 hours

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

Signature of Physician Thomas H. Brewer
Address Marley a. abend

Accident or Suicide



Name
in
Full

Allen P. Gannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Annapolis* *Anne Arundel* County *MARYLAND*

Date of death: *10* *Aug* *19* *35* *2* *35* *35* *35* *35*

Sex: *Male* Color or Race: *Colored* Birth-place: *Annapolis*

Occupation: *Painter* Where Residing if not at place of death: *73 N. West St*

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

Father's Name: *A. P. Gannon* Father's Birthplace: *Pa*

Mother's Maiden Name: *Hester Dorsey* Mother's Birthplace: *Ala. Co.*

Name of person giving information: *"Garber"* How related to deceased: *Mother*

CAUSES OF DEATH

(113)

PHYSICIAN
OR CORONER

Primary: *purpura of skin* How long: *4 months*

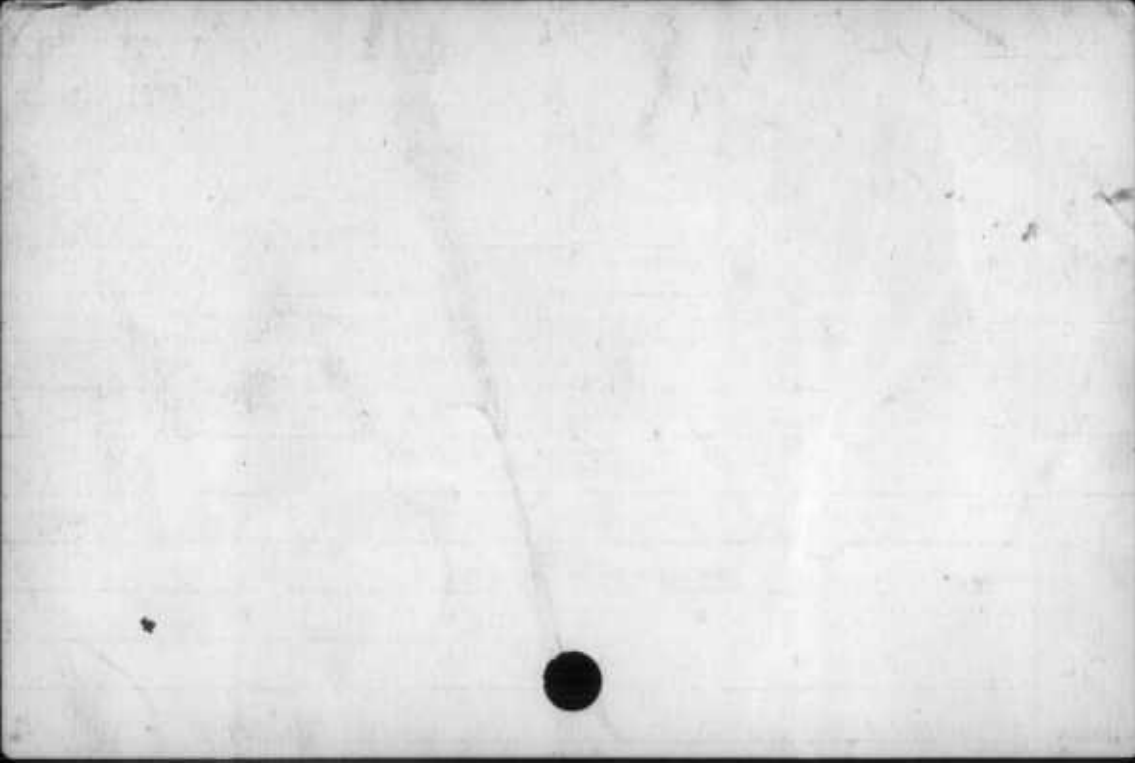
Immediate: *Heart Failure* How long: *Immediate*

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

Signature of Physician: *Ambrose Garcia M.D.*

Address: *34. 2nd St*

Accident or Suicide? *—*



Name
In Full

Name Unknown Griffen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Annapolis Md* County *Griffen* MARYLAND

Died at *Annapolis Md*

Date of death 1910 *Aug 2nd* Age *—* Months *—* Days *—*

Sex *Girl* Color or Race *Colored* Birth-place *Annapolis*

Occupation *Unknown* Where Reading if not at place of death *Carroll Alley*

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

Father's Name *William Done* Father's Birthplace *Annapolis*

Mother's Maiden Name *Lara Griffen* Mother's Birthplace *East Port*

Name of person giving information *Lara Griffen* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

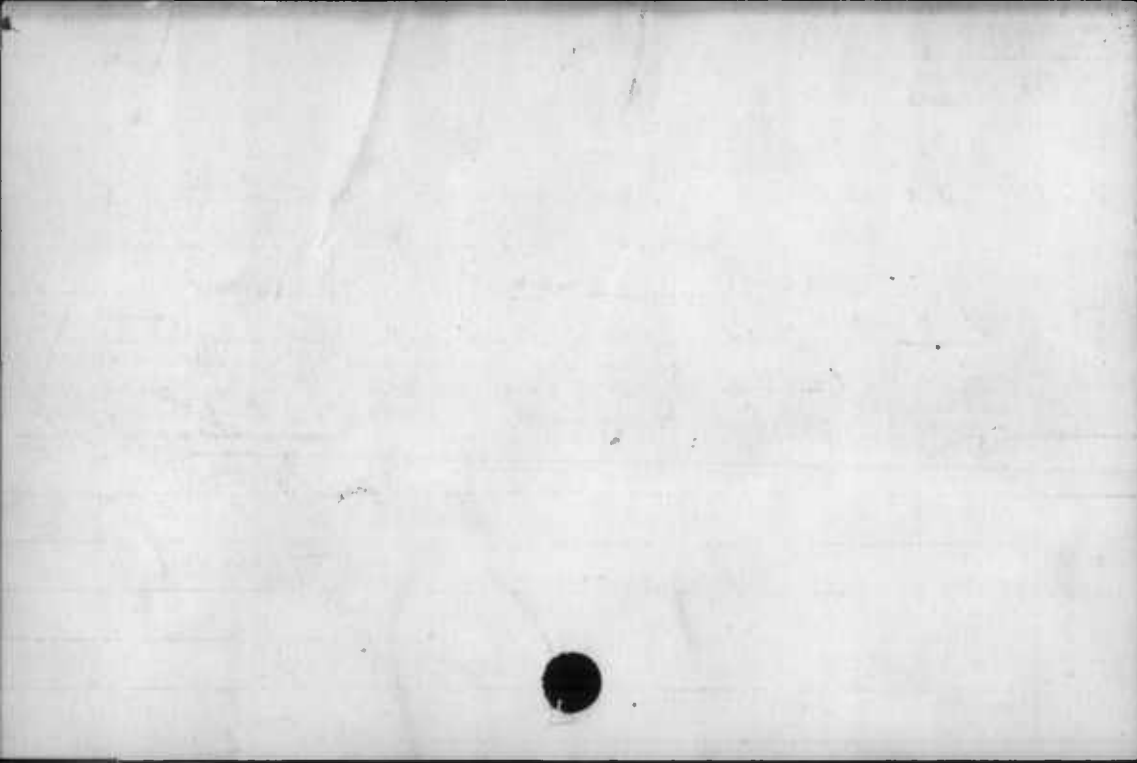
Primary *Tubercular Nascentium* How long *2 4* *Two days*

Immediate *Exhaustion* How long *Gradual*

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

Signature of Physician *John Ridout*
Address *Annapolis Md*

Accident or Suicide?



Name
in Full

Emma Haase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} East Brooklyn ^{County} a.a. MARYLAND

Date of death 1910 ^{Month} Aug ^{Day} 21 . Age ^{Years} 1 ^{Months} 2 ^{Days} —

Sex Female Color or Race white Birth-place East Brooklyn Md

Occupation — Where Residing if not at place of death —

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

Father's Name Otto Haase Father's Birthplace Germany

Mother's Maiden Name Mamie Spencer Mother's Birthplace Phila, Pa

Name of person giving information Otto Haase How related to deceased Father

CAUSES OF DEATH

1041

PHYSICIAN
OR CORONER

Primary Enterocolitis How long 2 WEEKS

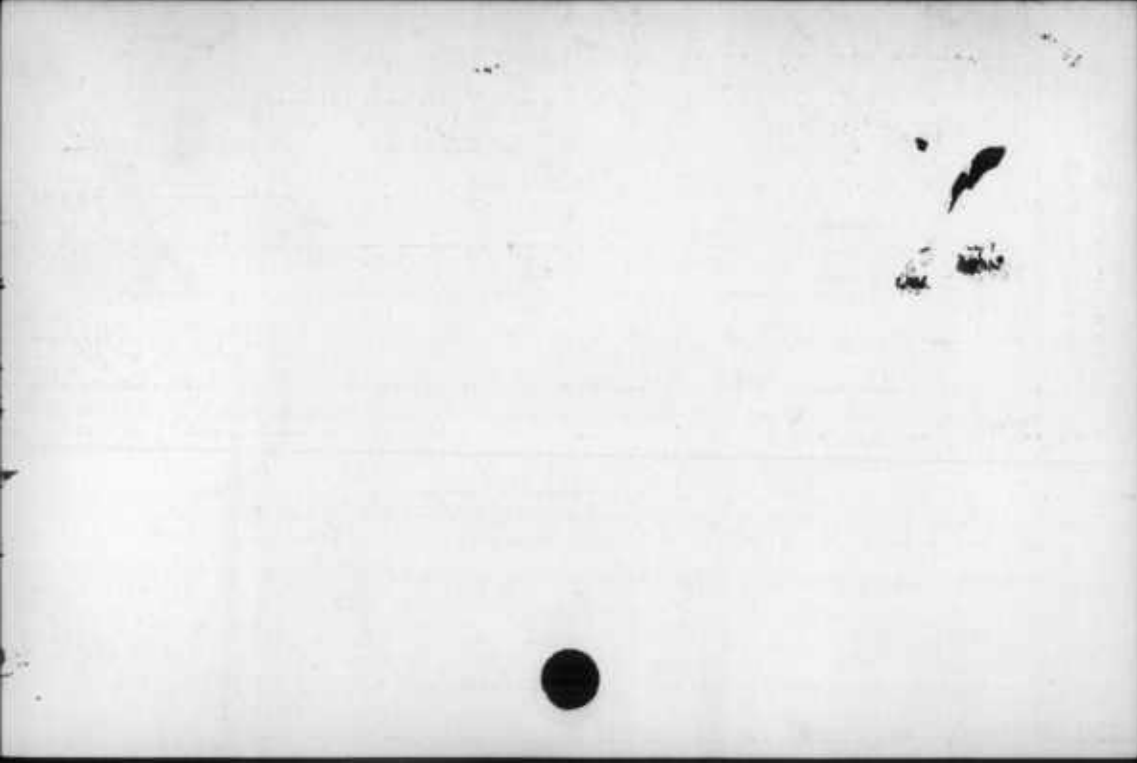
Immediate Exhaustion How long one day

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

Signature of Physician H. B. Horton M.D.

Address So. Bally, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Robert Wall

Town

County

MARYLAND

Died at Sudley

Anne Arundel

Date

Month

Day

Age

Years

Months

Days

of death 1900

10 August 29

25 7

Sex Male

Color or Race

Colored

Birth-place

A.A. Co., Md

Occupation

Farmer

Where Residing if not at place of death

Sudley

Married, Single or ~~widowed~~

Married

Name of Wife or Husband

Not known

Father's Name

Frederick Hall

Father's Birthplace

A.A. Co., Md

Mother's Maiden Name

Mary V. Hardisty

Mother's Birthplace

Calvert Co

Name of person giving Information

Ben Coates

How related to deceased

None

CAUSES OF DEATH

Primary

Pneumonia (Lobar)

How long

29 days

Immediate

Cardiac Dilatation

How long

3 hours

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

Yes

Signature of Physician

Melvin Cawood, M.D.

Address

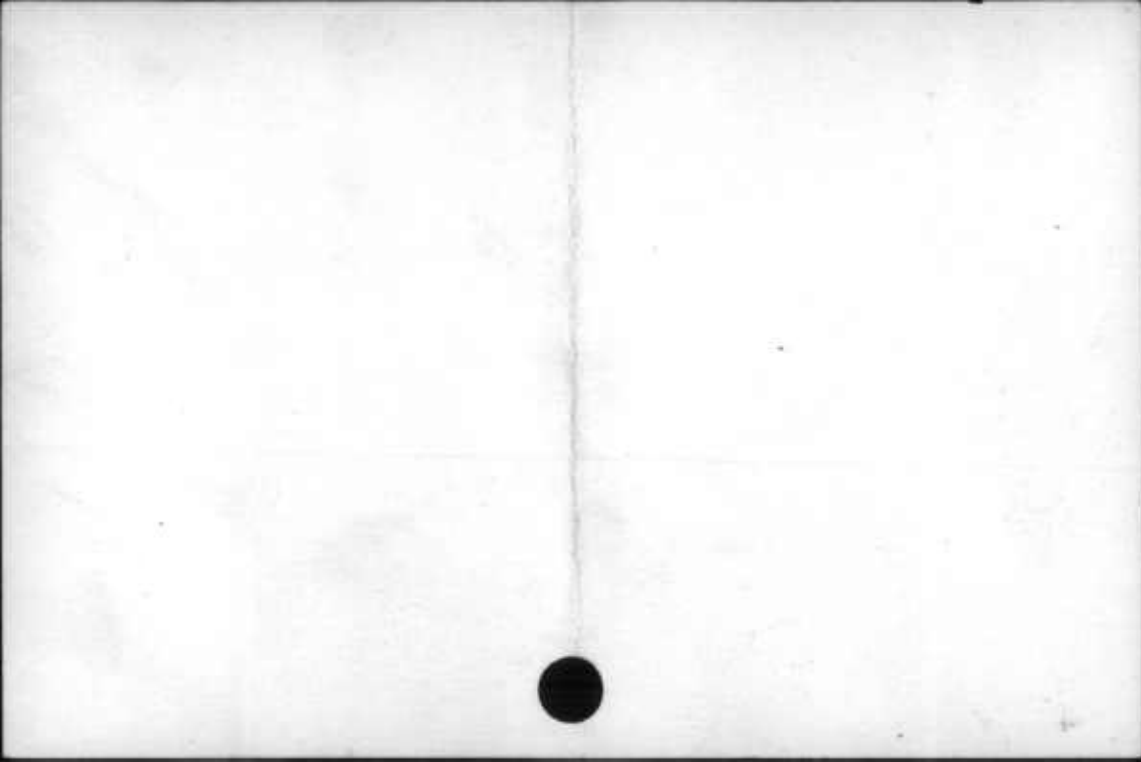
West River
A.A. Co., Md

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Christopher Hohman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 3rd ^{town} district AA ^{County} AA **MARYLAND**

Date of death 1960 ^{Month} Aug ^{Day} 28 ^{Years} 81 ^{Months} 9 ^{Days} —

Sex Male Color or Race White Birth-place Germany

Occupation Farmer Where Residing if not at place of death Germany

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Hohman

Father's Name Leonard Hohman Father's Birthplace Germany

Mother's Maiden Name Unknown Mother's Birthplace Germany

Name of person giving Information William C. Hohman How related to deceased son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Arteriosclerosis How long 3 yrs.

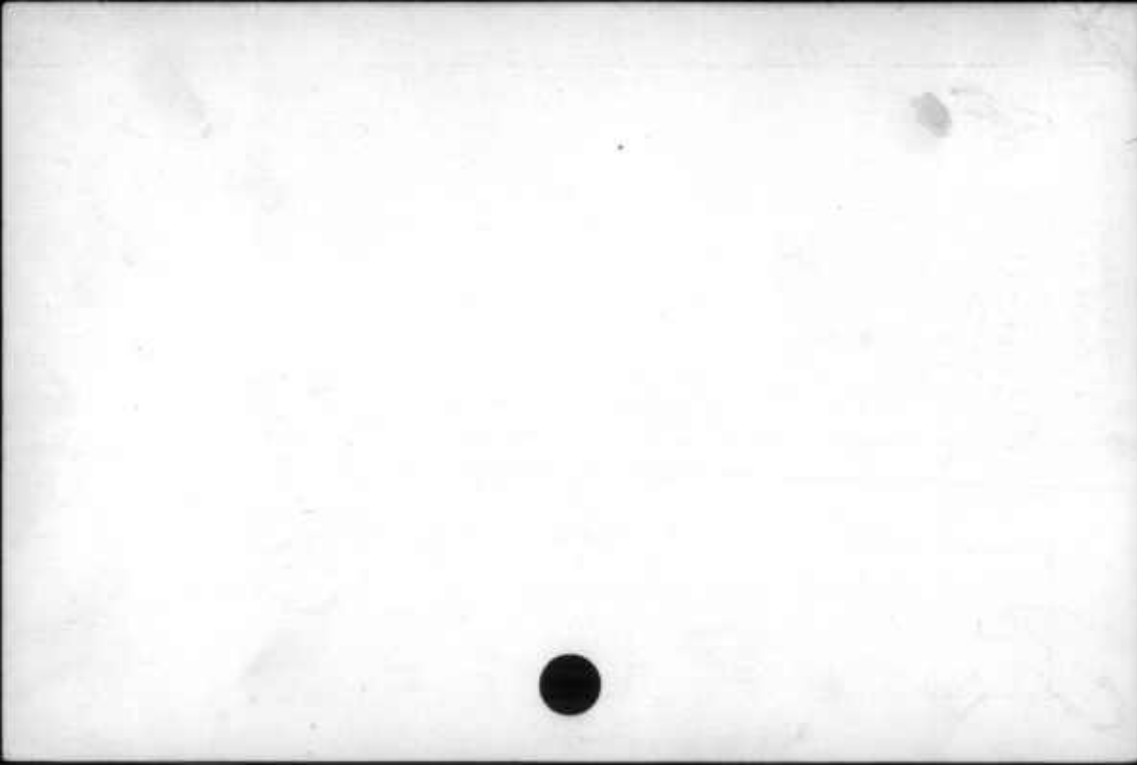
Immediate Cardiac Failure How long 3 hrs.

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

Signature of Physician Dr. C. Joyce

Address Arnold St. Md.

Accident or Suicide



Name
in
Full

Geo Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salmon's Island Baltimore County MARYLAND

Date of death 1900 May 20 Age 26 Months 0 Days 0

Sex Male Color or Race White Birth-place West River

Occupation Cook Where Residing if not at place of death Salmon's Island

Married, Single or Widowed Married Name of Wife or Husband Elsie Howard

Father's Name David Howard Father's Birthplace A. B. C.

Mother's Maiden Name Martina Sanders Mother's Birthplace " " "

Name of person giving information Wife How related to deceased Wife

Wife
Wife
Wife
CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary Acute Endocarditis How long ?

Immediate Endobacter- How long Two hours.

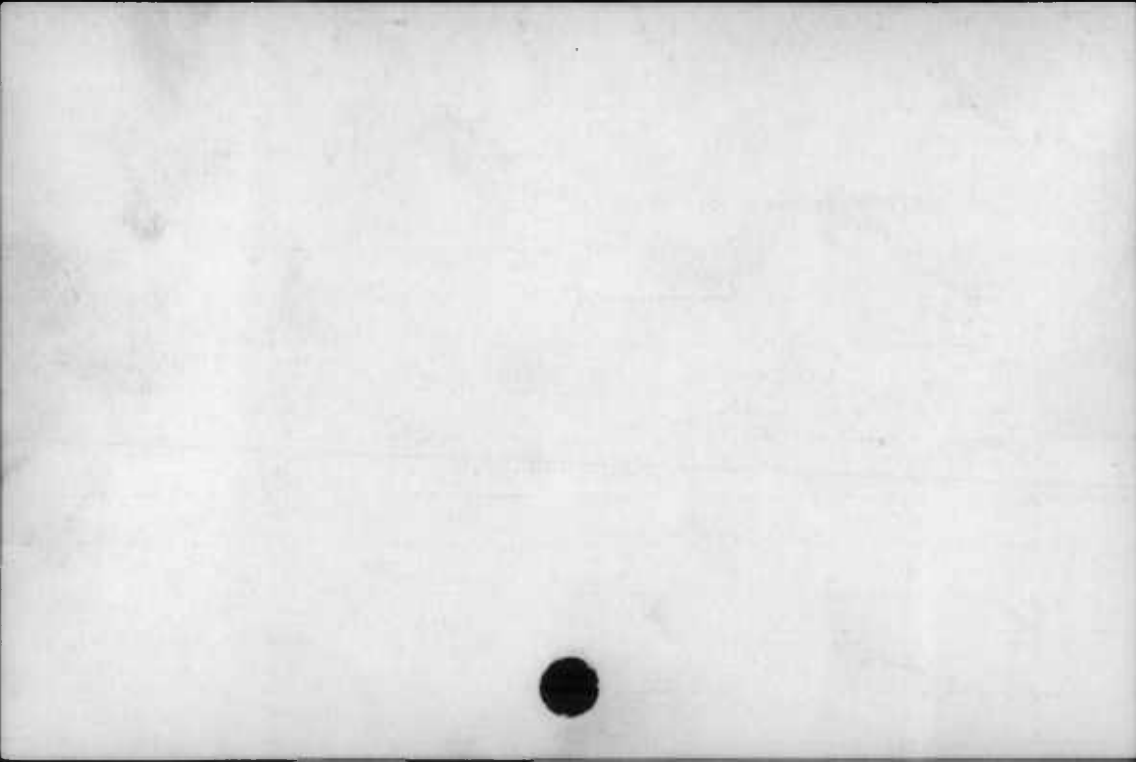
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician L. L. ...

Address U.S. Naval Hospital
Baltimore Md

Accident or Suicide? -

I



Name
in
Full

Nancy Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Annapolis ^{County} A A

MARYLAND

Date of Death 1980 Aug 5 Age 61 Months Days

Sex Female Color or Race Colored Birth-place Unknown

Occupation Cook Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Frank Jones

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Cecilia Little How related to deceased None

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Vascular Disease of Sudden Death
How long
Immediate Aortic Aneurysm
How long

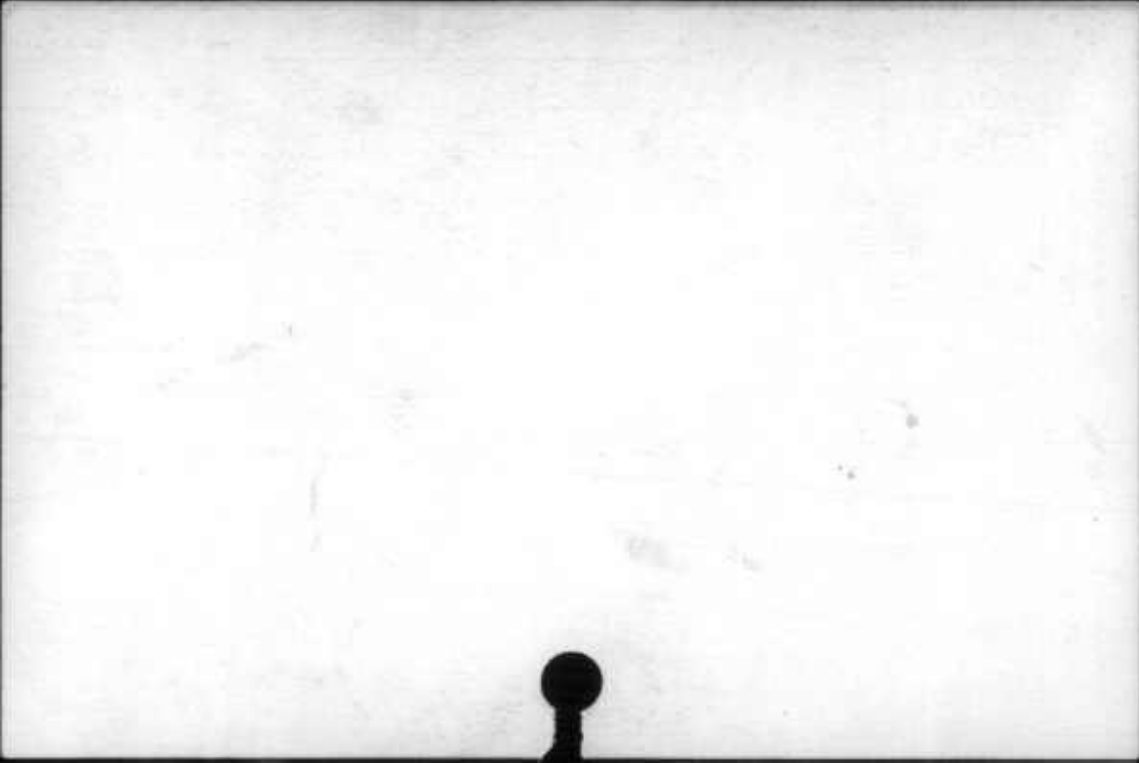
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician John Ridout MD

Address Annapolis Md

yes

Accident or Suicide



Name
in
Full

Robert Payton Keeber.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

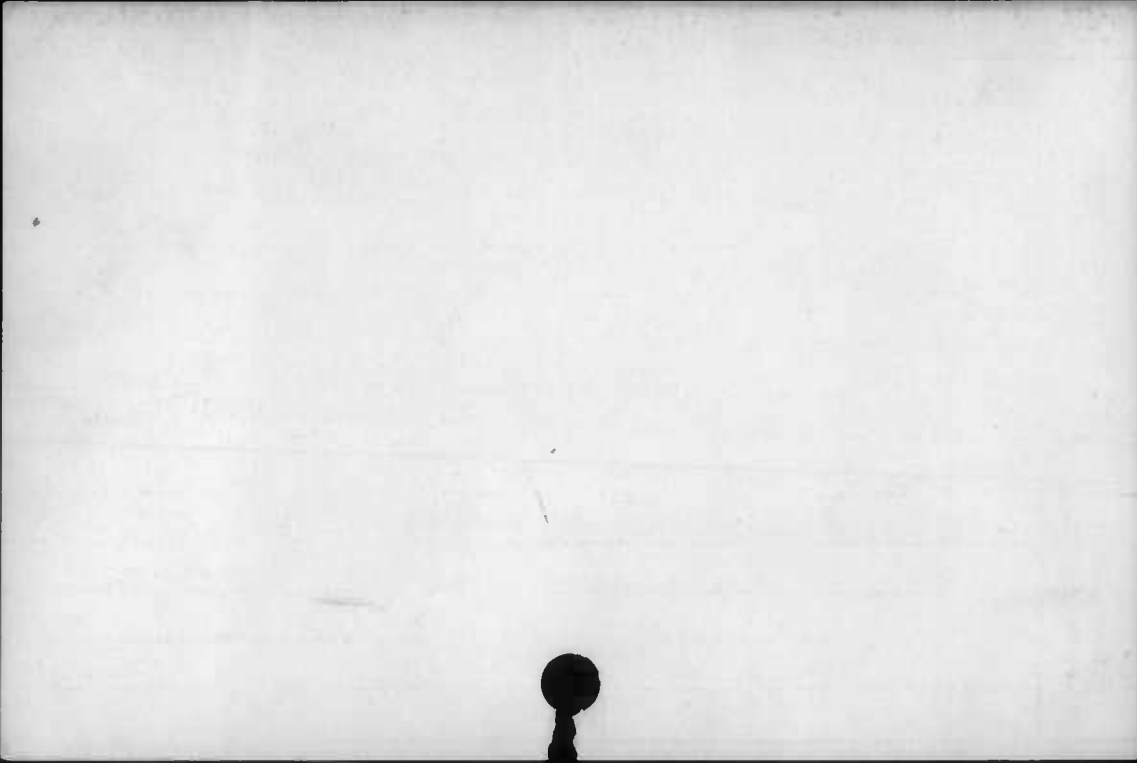
Died at ^{Town} <i>Annapolis</i>		<i>a-a-</i> ^{County}		MARYLAND	
Date of death	<i>1910</i>	Month	<i>Aug</i>	Day	<i>26</i>
Age		<i>32</i>		Years	<i>-</i>
Sex		<i>Male</i>		Color or Race	<i>Colord.</i>
Occupation		<i>Doctor</i>		Birth-place	<i>Danville Va</i>
Where Residing if not at place of death		<i>60 Cathedral St</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		
<i>Lousia Keeber</i>					
Father's Name	<i>Thomas Keeber</i>			Father's Birthplace	<i>North Carolina</i>
Mother's Maiden Name	<i>Mary Jane Green</i>			Mother's Birthplace	<i>Danville Va</i>
Name of person giving information	<i>Lousia Keeber</i>			How related to deceased	<i>Wife</i>

<i>MS - Starling Kentucky</i>	CAUSES OF DEATH
-------------------------------	-----------------

*Memphis.*PHYSICIAN
OR CORONER

Primary	<i>Appendicitis</i>	How long	<i>(108)</i>
Immediate	<i>Septicemia</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	<i>J. M. ...</i>		
	<i>...</i>		
Accident or Suicide?	<input type="checkbox"/>		

LIBRARY BUREAU AB616



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

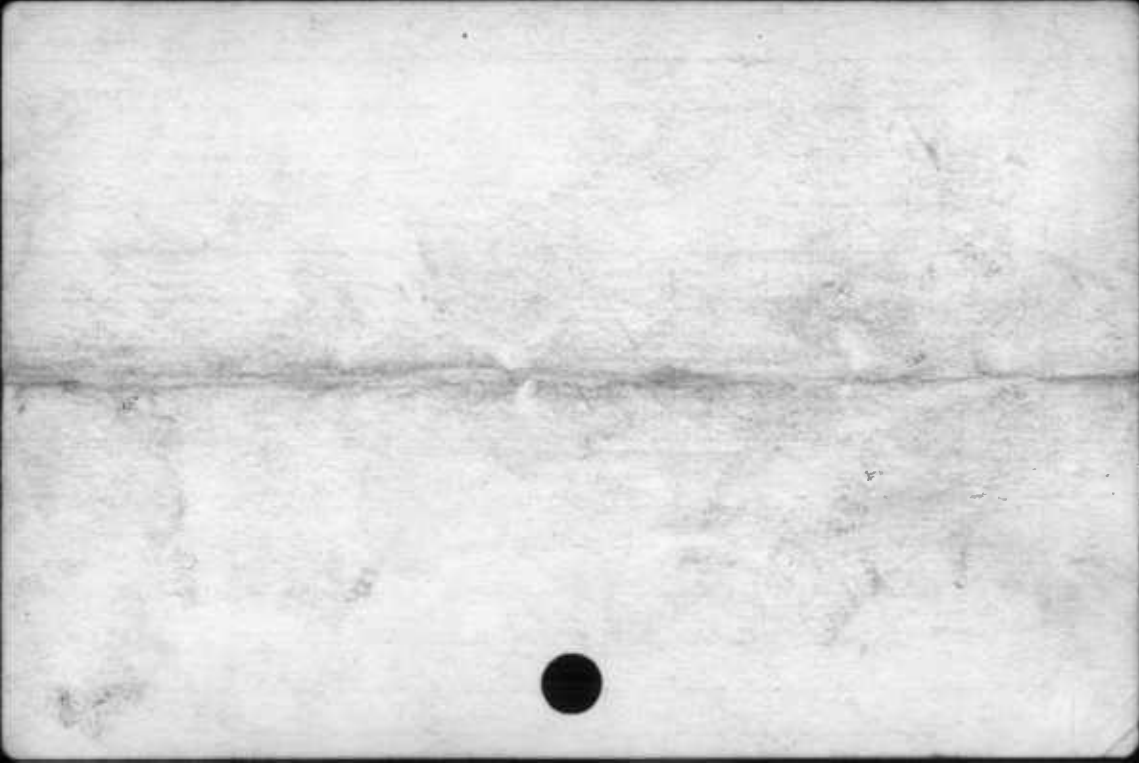
Name in Full <i>James Kelly</i>		Town <i>Green station</i>		County <i>a a b</i>		MARYLAND	
Died at <i>Green station</i>		Age <i>4 1/2</i>		Months <i>2</i>		Days <i>0</i>	
Date of death 19 <i>19</i> <i>19</i> <i>19</i>		Color or Race <i>colored</i>		Birthplace <i>a a b</i>			
Sex <i>Male</i>		Occupation <i>Manual labor</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lucy Kelly</i>		Father's Birthplace <i>a a b</i>		Mother's Birthplace <i>a a b</i>	
Father's Name <i>Garot Kelly</i>		Mother's Maiden Name <i>Eliza Kelly</i>		How related to deceased			
Name of person giving information							

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>1 1/2 years</i>
Immediate <i>Cardiac failure</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/>	Signature of Physician <i>J. E. Joyce M.D.</i>
	Address <i>Amulet</i>
<input checked="" type="checkbox"/> Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

Grzegorz Klosinski
 Died at *East* ^{Town} *Brooklyn* ^{County} *aca*

MARYLAND

Date of death *1910* ^{Month} *Aug* ^{Day} *27* ^{Years} *80* ^{Months} *—* ^{Days} *—*
 Sex *male* Color or Race *white* Birth-place *Poland*
 Occupation *Lab* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Anton Klosinski*

Father's Name *Don't know* Father's Birthplace *—*

Mother's Maiden Name *Don't know* Mother's Birthplace *—*

Name of person giving information *Sora Klosinski* How related to decedent *Saughter*

CAUSES OF DEATH

Primary *Bright's Disease* ^{How long} *1 yr*
& Leucosthion ^{How long} *—*

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

Signature of Physician *John Peter Connor*

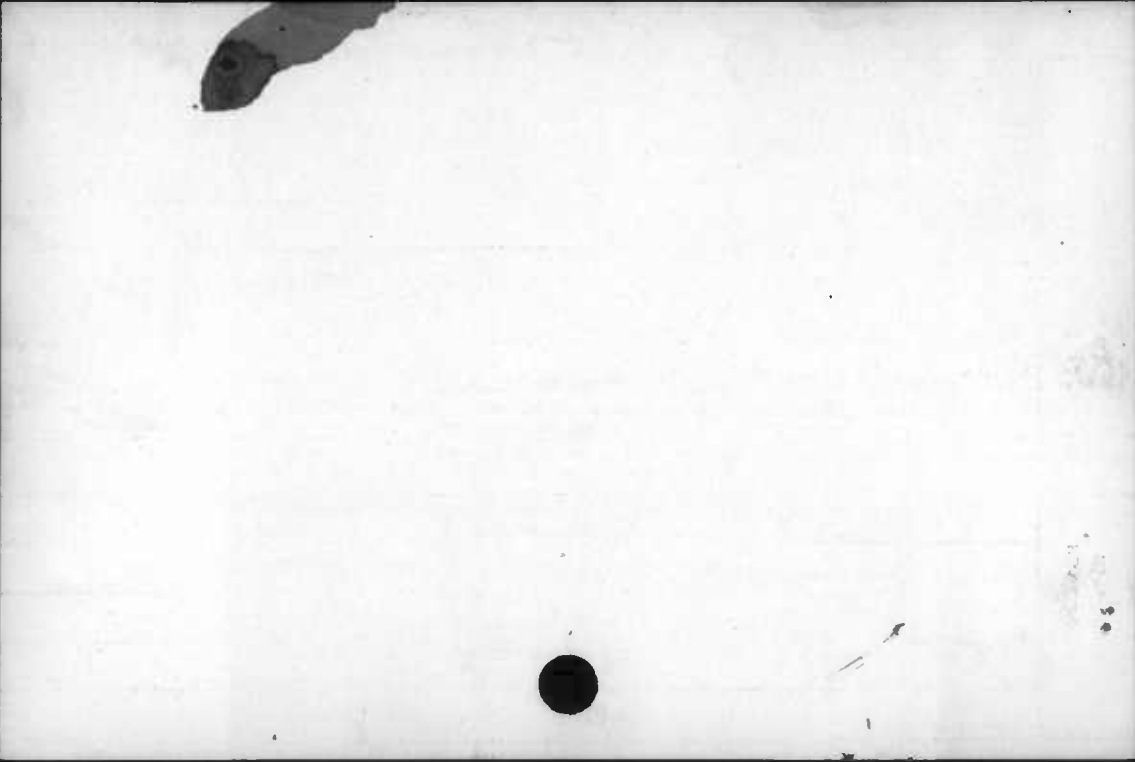
Address

Brooklyn

Accident or Suicide? *—*

aca Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Richard Robinson Landy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

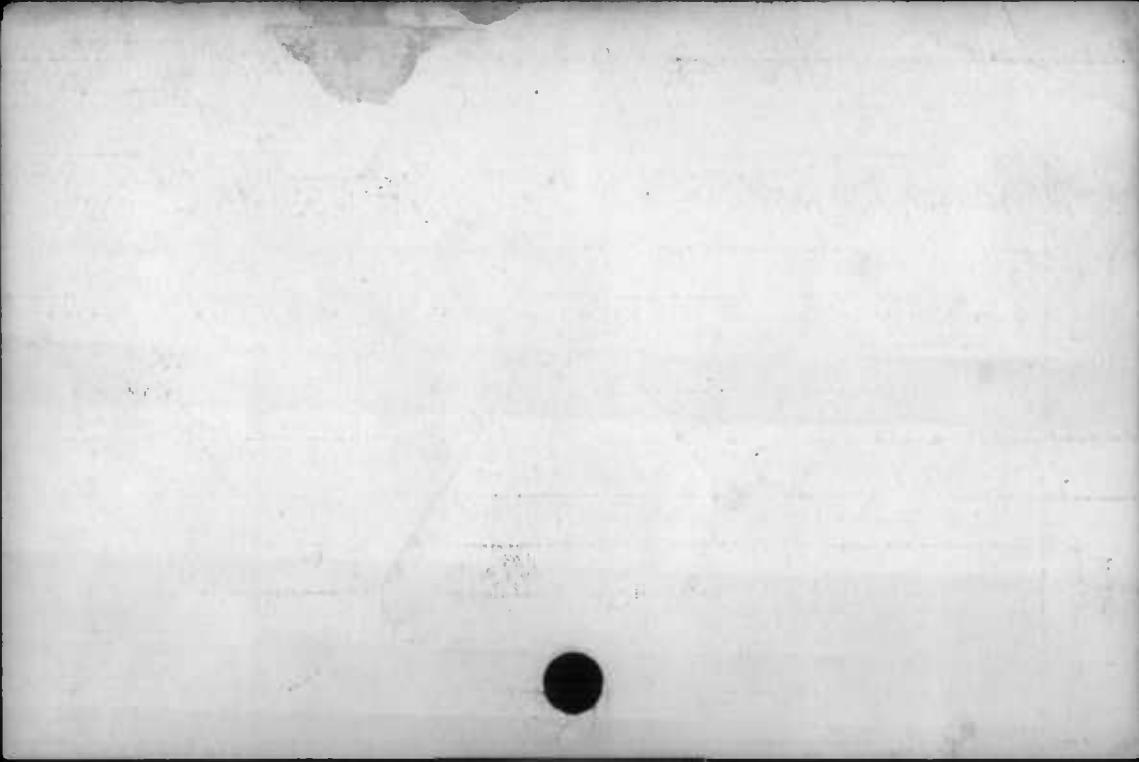
Died at <u>Sea</u>		Town		County		MARYLAND	
Date of death	1910	Month	August	Day	20	Age	20
		Years		Months	1	Days	8
Sex	Male	Color or Race	White	Birthplace	Mt. Vernon, Ind.		
Occupation	Midshipman U.S.N. <small>Where Residing if not at place of death</small>						
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Not known			Father's Birthplace			
Mother's Maiden Name	Not known			Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

117

PHYSICIAN
OR CORONER

Primary	Peritonitis.	How long	
Immediate	Peritonitis.	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	E. H. Moss, M.D., Surg. U.S.N.
		Address	U.S. Naval Hospital Annapolis Md.
Accident or Suicide?			



Name
in
Full

Clifford Leatherbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

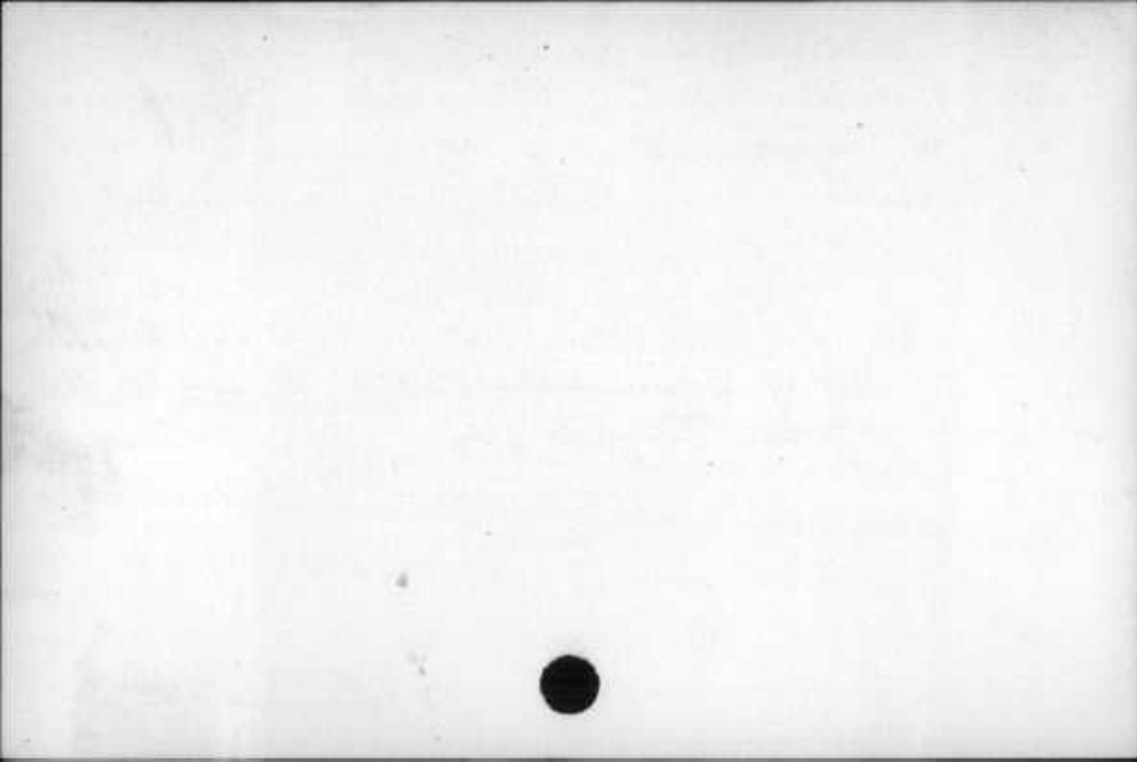
Died at		Town Seale		County a a		MARYLAND	
Date of death	1940	Month Aug	Day 5	Age Years	—	Months	3
Sex	male	Color or Race	white	Birth- place	Seale, Md	Days	22
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	F. O. Leatherbury			Father's Birthplace			
Mother's Maiden Name	Sarah Jane Windsor			Mother's Birthplace			
Name of person giving information	F. O. Leatherbury			How related to deceased			

CAUSES OF DEATH

(122)

PHYSICIAN
OR CORONER

Primary	Hematuria	How long	3 mos 22 days
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Yes, F. Dent, Md
		Address	Chesapeake
Accident or Suicide?	—		



Name
in
Full

Anne Gertrude Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>own Jacobsville</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death <i>1940</i>		Month <i>Aug.</i>		Day <i>10</i>		Age		Years Months Days <i>7 22</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Anne Arundel Co</i>					
Occupation <i>—</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>John Lewis</i>				Father's Birthplace <i>Ohio</i>					
Mother's Maiden Name <i>Katherine Ethel Maupin</i>				Mother's Birthplace <i>Virginia</i>					
Name of person giving Information <i>John Lewis</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>		How long <i>3 weeks</i>	
Immediate <i>Exhaustion</i>		How long <i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James S. Billingslea (M.D.)</i>	
		Address <i>Elraton</i>	
Accident or Suicide <i>No</i>		<i>Ma</i>	



Name
in
Full

Laura Ellen Linn Thicard

CERTIFICATE OF DEATH

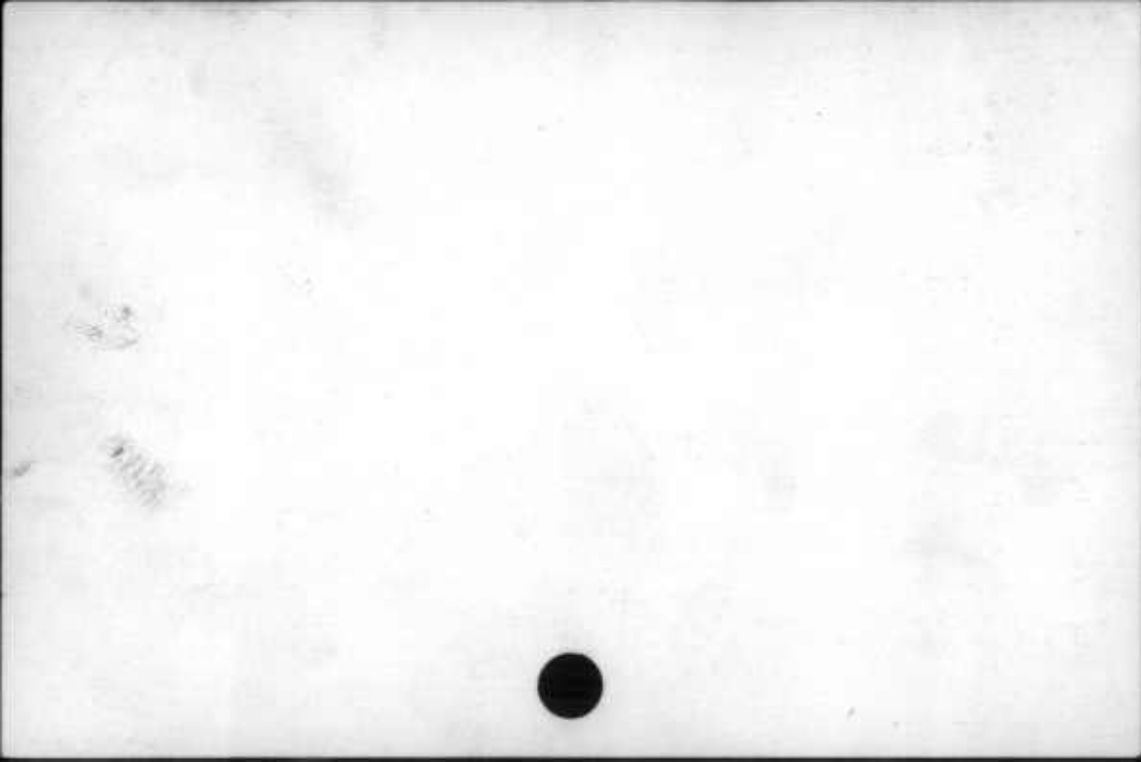
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Linthicum Heights Anne Arundel</u>		Town		County		MARYLAND	
Date of death 19 <u>10</u>	Month <u>August</u>	Day <u>13th</u>	Years <u>81</u>	Months <u>six</u>	Days <u>26</u>		
Sex <u>female</u>	Color or Race <u>White</u>	Birth-place <u>Anne Arundel Co.</u>					
Occupation <u>Housewife</u>	Where Residing if not at place of death						
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed	Name of Wife Husband <u>Sweeton Linthicum</u>						
Father's Name <u>James S. Smith</u>	Father's Birthplace <u>Anne Arundel Co.</u>						
Mother's Maiden Name <u>Smith</u>	Mother's Birthplace <u>do. do. do.</u>						
Name of person giving information <u>Son W. Linthicum</u>	How related to decedent <u>Son</u>						

CAUSES OF DEATH

Primary <u>Cancer of Prostate</u>	How long <u>two months</u>
Immediate <u>hemorrhage of bowel two weeks</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
Address <u>[Address]</u>	
Accident or Suicide <u>_____</u>	

PHYSICIAN
OR CORONER



Name in Full

Francis W Lingenmeyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Curtis Bay. ^{County} a a Co. MARYLAND

Date of death 1910 August 25 Age -1 Months 2 Days 0

Sex male Color or Race White Birth-place a a Co Md.

Married, Single or Widowed Single Occupation none.

Name of Wife or Husband _____

Father's Name John Lingenmeyer Father's Birthplace a a Co Md

Mother's Maiden Name Mary Himmel Mother's Birthplace a a Co Md.

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

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary Gastro Enteritis How long 10 days

Immediate Exhaustion How long _____

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

Signature of Physician W J J Schmitz md

Address 1700 E. Monument Baltimore

Accident or Suicide?

Dr. Schmitz
1710 E. Main Street St.

Name
in
Full

Thomas P. Lyons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Barton ^{County} Allegany MARYLAND
Date of death 1940 ^{Month} Aug ^{Day} 27 ^{Age} 64 ^{Months} 18 ^{Days} 18

Sex male ^{Color or Race} white ^{Birth-place} Wales

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

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

Father's Name George W. Lyons ^{Father's Birthplace} England

Mother's Maiden Name Mary Phillips ^{Mother's Birthplace} England

Name of person giving Information Alfred Lyons ^{How related to decedent} Brother

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Cause of the bowels ^{How long} About 9 months

Immediate Inanition ^{How long} 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} S. A. Boucher

^{Address} Barton, Md

Accident or Suicide



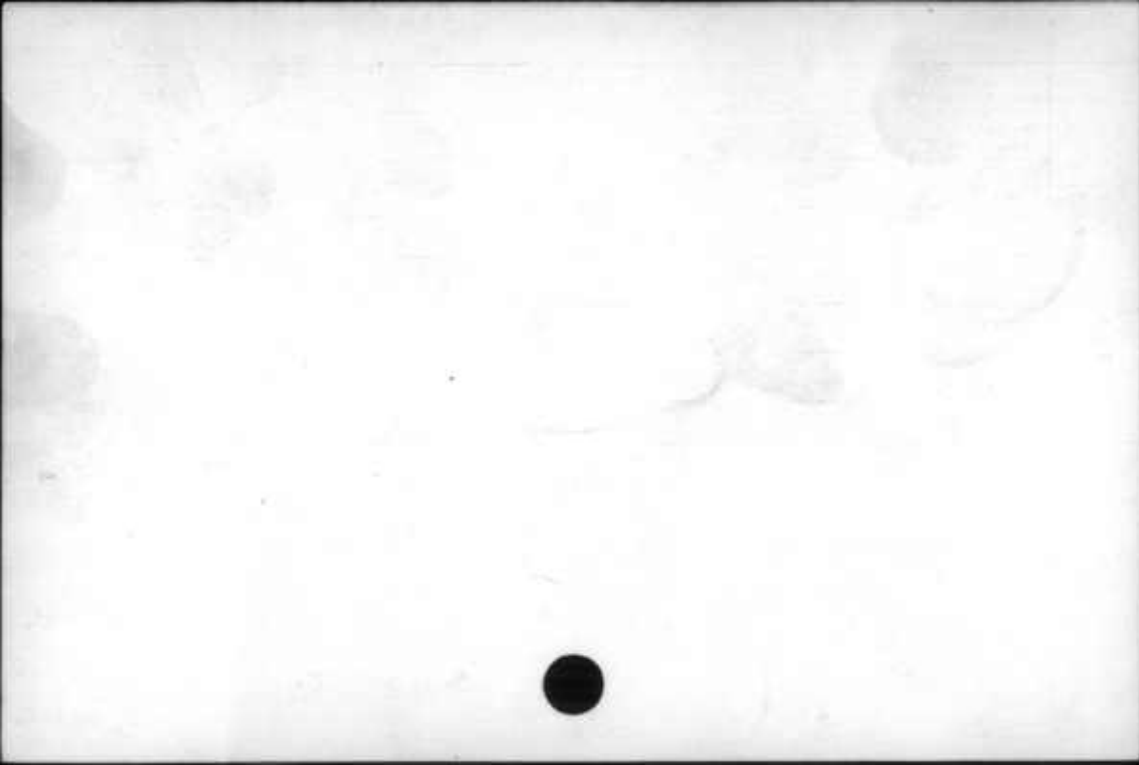
Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDBlanche M^e Kenzie
Town CountyDied at Wassonville Md Ca 2
Month Day YearsDate of death 190 8 15 Age 10
Month DaysSex Female Color or Race White Birth-place MarylandOccupation Infant Where Residing If not at place of deathMarried, Single or Widowed Single Name of Wife or HusbandFather's Name Wm B. Mc Kenzie Father's Birthplace Md.Mother's Maiden Name Kate Mother's Birthplace Md.Name of person giving Information Wm B Mc Kenzie How related to deceased Father

CAUSES OF DEATH

Primary Mazasmos 189.1 How long 5 weeksImmediate Cordian Failure How long 1 dayAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician F. L. HuberAddress Porter MdAccident or Suicide No



Name
is
Full

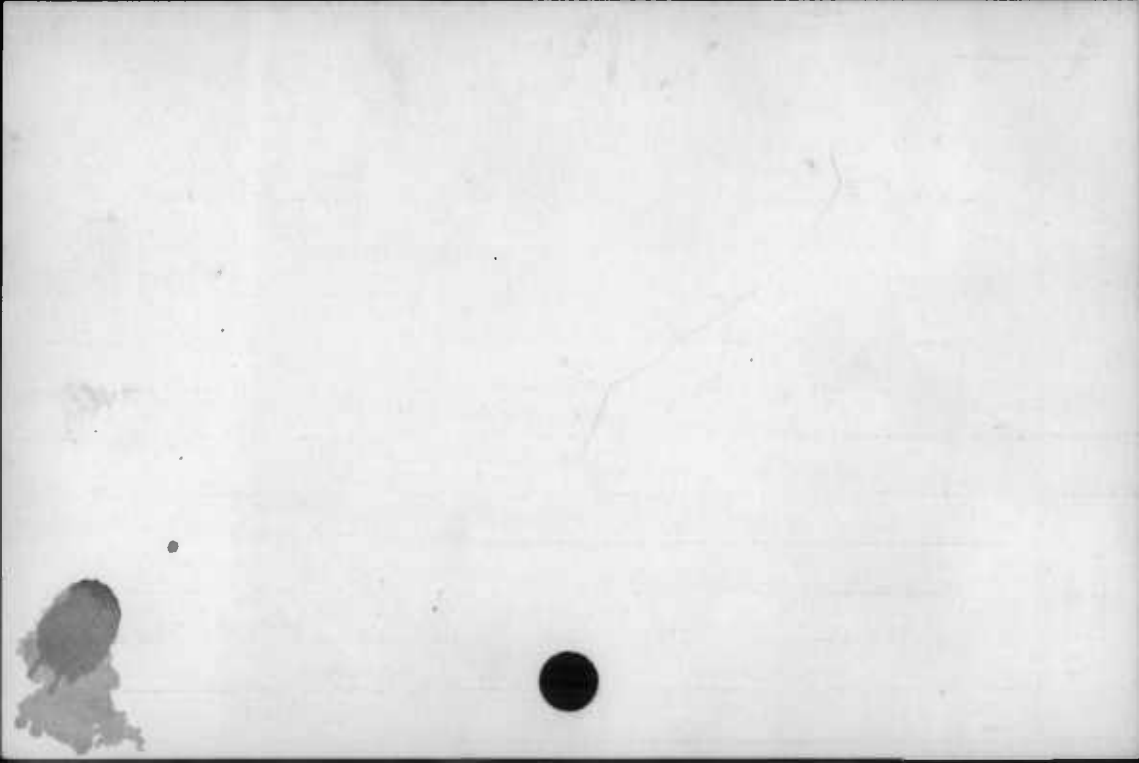
CERTIFICATE OF DEATH

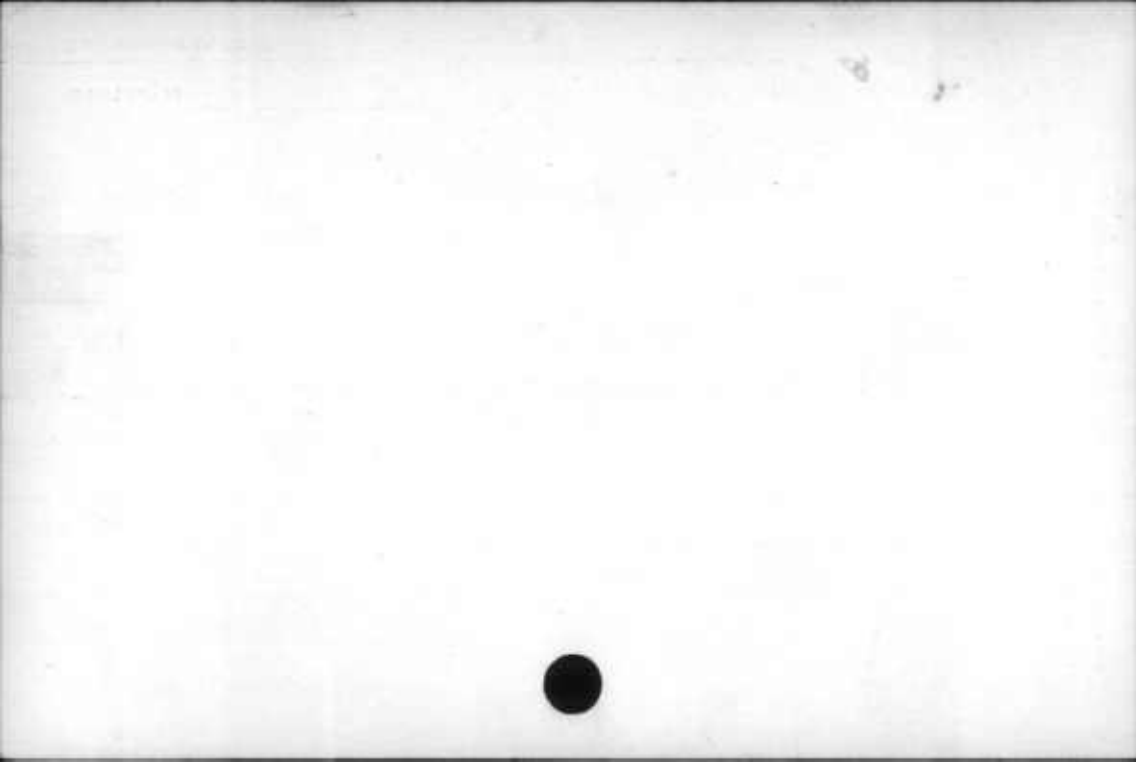
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Anthony Machin</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		STATE MARYLAND	
Died at <i>Annapolis</i>		Date of death <i>1910 Aug. 20</i>		Age <i>59</i>		Months <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Jersing City</i>		Days <i>11</i>	
Occupation <i>Printer</i>		Where Reading if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Ellen Tucker</i>					
Father's Name <i>John Machin</i>		Father's Birthplace <i>Darlar Eng</i>					
Mother's Maiden Name <i>Elizabeth Anthony</i>		Mother's Birthplace <i>Cornwall Park Eng</i>					
Name of person giving information <i>Isaac Machin</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Lacerated Throat</i>	How long <i>160</i>
	Immediate <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>Walton Hopkins M.D.</i>
		Address <i>Annapolis Md.</i>
	Method of Suicide? <i>Suicide</i>	





Name
in
Full

Harry Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

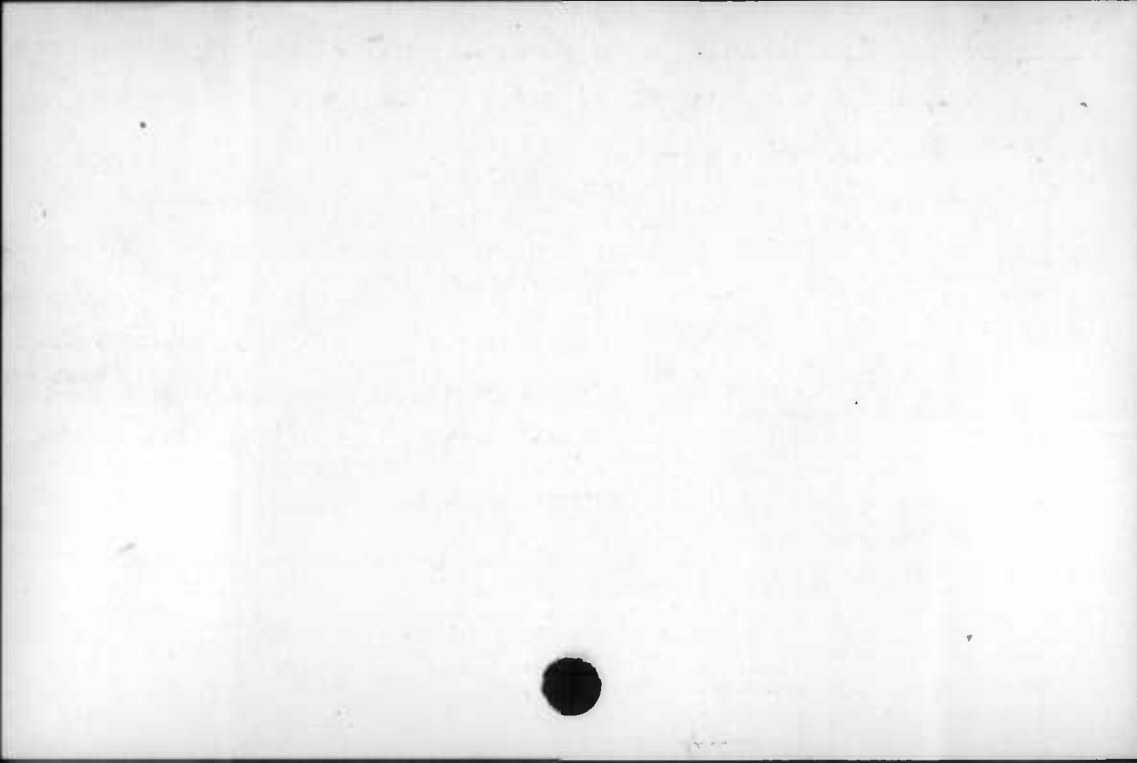
Died at		Town Shady Side		County A. A.		MARYLAND	
Date of death		1990	Month Aug	Day 8	Age	Years 2	Months 17
Sex	male	Color or Race	coloured		Birth-place	Shady Side	
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Harry Matthews				Father's Birthplace	A. A. Co. Md.	
Mother's Maiden Name	Olida Brown				Mother's Birthplace	A. A. Co. Md.	
Name of person giving information	Olida Matthews				How related to deceased	mother	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Cholera Infantum		How long	1 day
Immediate	Exhaustion		How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Geo. J. Lent, M.D.
			Address	Chuckton Md
Accident or Suicide?				



Name in Full

Matyasich
Not named - Still born

CERTIFICATE OF DEATH

Died at *South Baltimore, a.a.* *Matyasich* County MARYLAND

Date of death 1910 *Aug 30* Month Day Age *—* Years Months Days

Sex *Female* Color or Race *white* Birth-place *So. Baltg, Md*

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

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

Father's Name *George Matyasich* Father's Birthplace *Austria*

Mother's Maiden Name *Paulina Tauben* Mother's Birthplace *Austria*

Name of person giving Information *George Matyasich* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still born* How long *—*
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *John C. Patey*
Address *Baltimore A.A.C.M.*

Accident or Suicide *—*

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in Full

CERTIFICATE OF DEATH

Hewey Meyers

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i> <small>Town</small>		<i>Annamdel</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i> <small>Year</small>	<i>aug</i> <small>Month</small>	<i>10</i> <small>Day</small>	Age <i>68</i> <small>Years</small>	<small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Ind</i>
Occupation	<i>Barber</i>		Where Residing at place of death	<i>Cherry Lane Brooklyn</i>	
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Katherine Meyers</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace		
Name of person giving information	<i>Maggie Sanders</i>		How related to deceased	<i>daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Neck</i>	How long	<i>4 yr</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>Charles H. Brooke</i>
		Address	<i>Brooklyn Ind</i>
Accident or Suicide?			

1.

1914



Name
in
Full

Catherine Rebecca Mitchell

CERTIFICATE OF DEATH

Died at

Eastport

Town

A A

County

MARYLAND

Date
of death

1940 Aug

Month

28

Day

Age

Years

Months

Days

10

Sex

Female

Color or
Race

White

Birth-
place

Eastport

Occupation

None

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

Single

Name of Wife or
HusbandFather's
Name

Walter C. Mitchell

Father's
Birthplace

Annapolis Md

Mother's
Maiden Name

Susie C. Finkle

Mother's
BirthplaceName of person giving
information

Susie C. Mitchell

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Bronchitis

How long

10 days

Immediate

Asphyxia

How long

few hrs

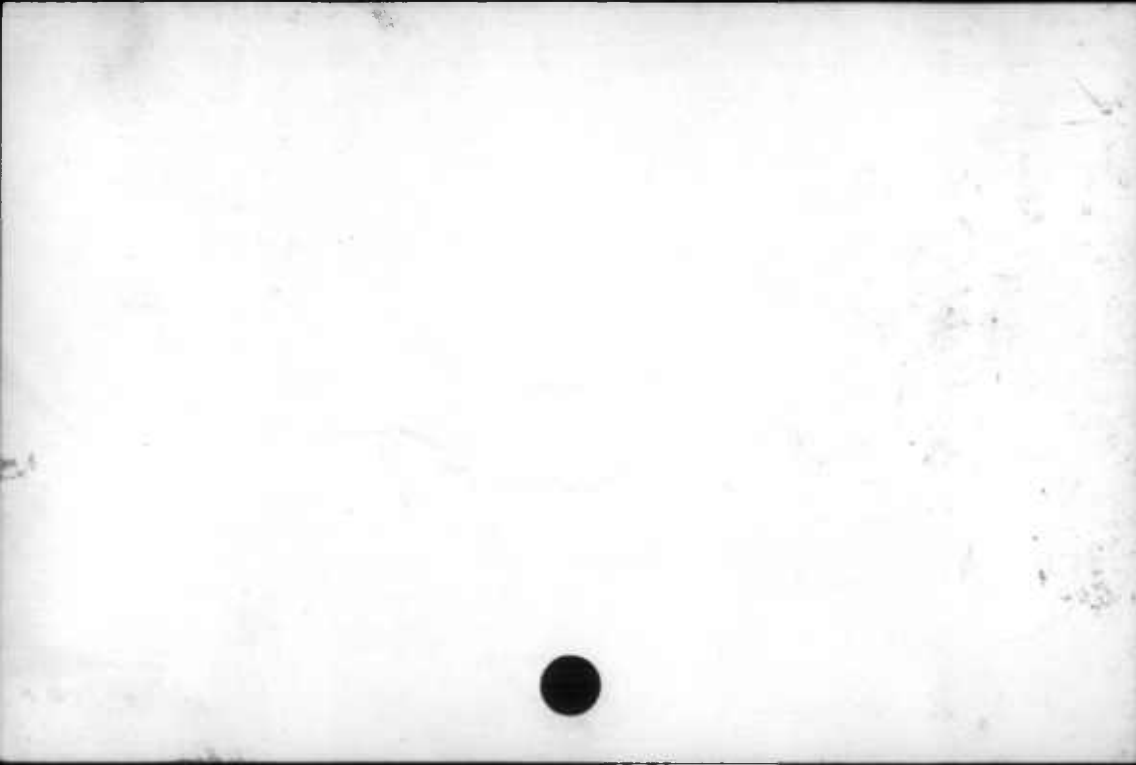
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. T. Russell
Eastport,

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Missis Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Near Friendship* Town *A A* County *A A* MARYLANDDate of death *1900* Month *Aug* Day *7* Age *3* Years Months *2* DaysSex *Female* Color or Race *Colored* Birth-place *A. A. Co*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____Father's Name *Thomas Moore* Father's Birthplace *Calvert Co*Mother's Maiden Name *Sarah Bias* Mother's Birthplace *A. A. Co*Name of person giving Information *Thomas Moore* How related to deceased *Father*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *Seven days*Immediate *Heart Failure* How long *Several hours*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *L. Brayshaw*
Address *Friendship*
M. D.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Violet E. Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Odenton</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death 19 <u>0</u>	Month <u>8</u>	Day <u>4</u>	Age <u>—</u> <small>Years</small>	Months <u>10</u>	Days <u>23</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Odenton Ind</u>			
Occupation <u>Infant</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>Thomas J. Murray</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Mattie Elizabeth Bryan</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Thomas J. Murray</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <u>Enterocolitis</u>	How long <u>3 weeks</u>
Immediate <u>Auto-infection</u>	How long <u>8 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. H. Hammond</u>
	Address <u>Jessup, Ind.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Clara Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bayards ^{Town} Anne Arundel ^{County} MARYLAND

Date of death 1990 August 28 Age 27 Months - Days +

Sex Female Color or Race Caucasian Birthplace A.A.Co., Md.

Occupation Housewife Where Residing if not at place of death Bayards

Married, Single or Widowed Married Name of Wife or Husband Nelson Owens

Father's Name Benjamin A. Brown Father's Birthplace A.A.Co., Md.

Mother's Maiden Name Agnes Wayson Mother's Birthplace A.A.Co., Md.

Name of person giving information Mrs. O. Thelen How related to deceased None

CAUSES OF DEATH

(138)

Primary Nephritis of Pregnancy How long about 1 week

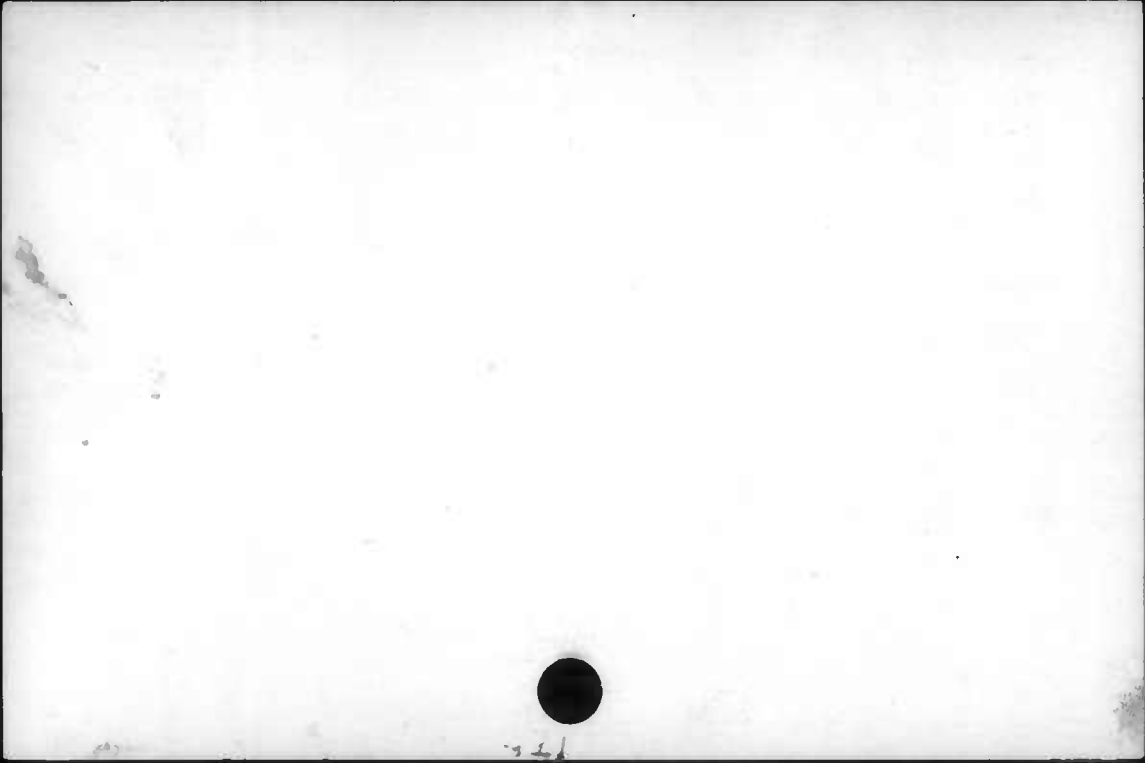
Immediate Uremic Poisoning How long 8 hours

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

Address West River Md.

PHYSICIAN
OR CORONER

Accident or Suicide _____



Name in Full

Margaret J. Paddy

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Town Gracey Landing County Anne Arundel MARYLAND

Died at Gracey Landing Anne Arundel

Date of death 1990 Month Aug. Day 1 Age 60 Years Months — Days —

Sex Female Color or Race White Birth-place Md.

Occupation None Where residing if not at place of death Baltimore Md.

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

Father's Name Wilson Lybs Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Connolly Parks How related to deceased Son-in-law

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary Bright's disease How long Six Years

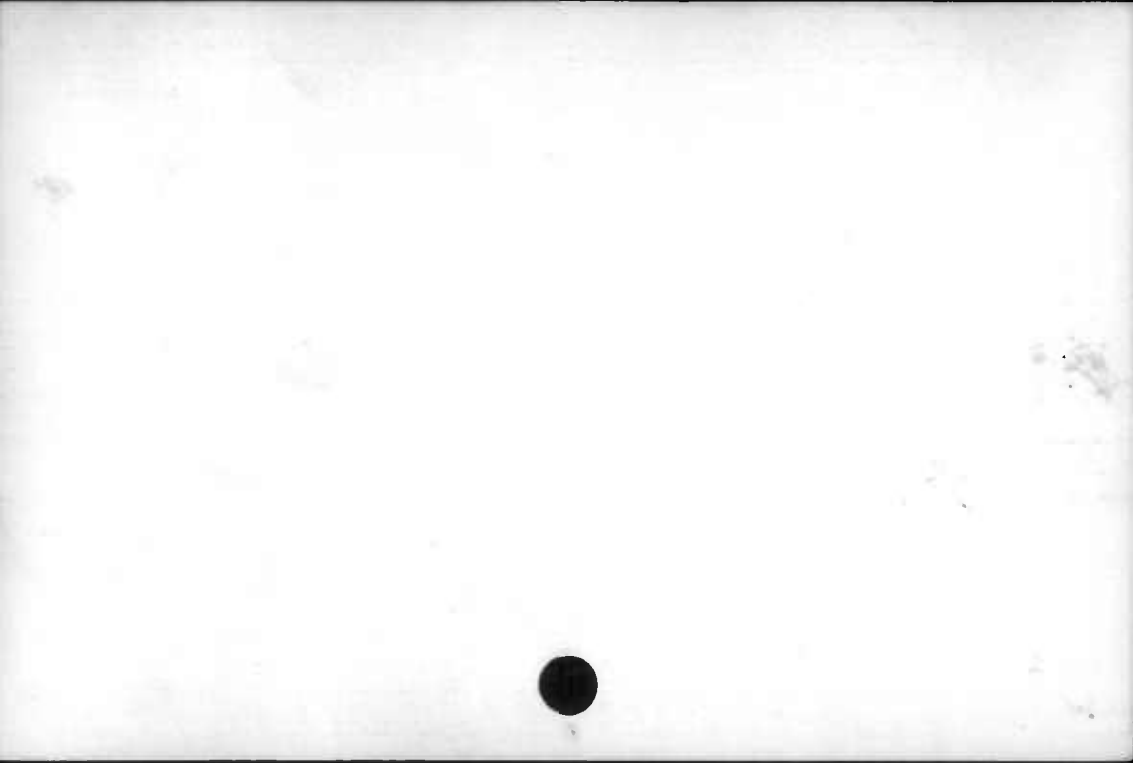
Immediate Endocarditis How long death sudden

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

Signature of Physician A.H. Perrie

Address The Kendra, Md.

Accident or Suicide



Name in Full

Norris Ricketts

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Brooklyn* ^{Town} *Q & Co* ^{County}

MARYLAND

Date of death 19*10* ^{Month} *May* ^{Day} *5* Age *11* ^{Years} ^{Months} *3* ^{Days} *5*

Sex *Male* Color or Race *Black* Birth-place *Brooklyn*

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

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

Father's Name *Joshua Ricketts* Father's Birthplace *Brooklyn*

Mother's Maiden Name *Anna Howard* Mother's Birthplace *Baltimore*

Name of person giving information *Jos Ricketts* How related to decedent *Son*

28

CAUSES OF DEATH

Primary *Cerebrovascular* ^{How long} *4 mo*

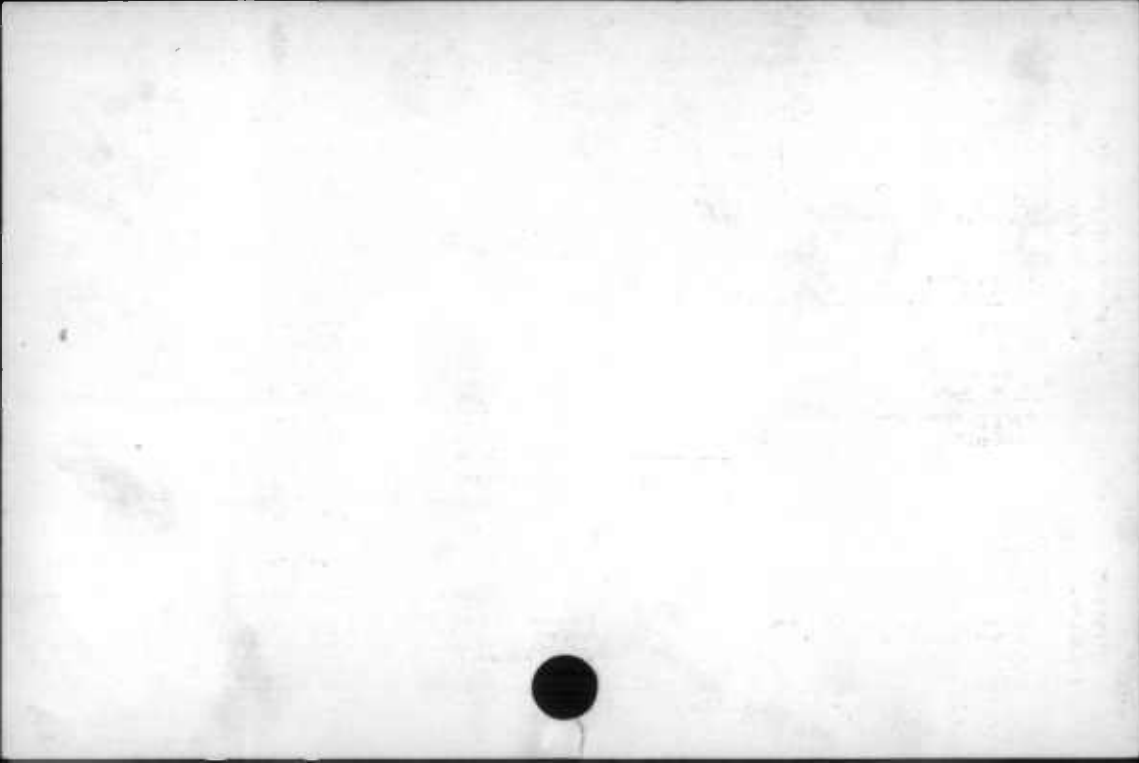
Immediate *Exhaustion* ^{How long} *2 days*

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

Signature of Physician *Alfred Ricketts*
Address *1228 Charles St
Baltimore*

PHYSICIAN OR CORONER

Accident or Suicide _____



Name
in
Full

Mosis Polnuck
Town

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis County a a **MARYLAND**

Date of death 1960 Month Aug Day 7 Age 75 Years Months Days

Sex Male Color or Race White Birthplace Russia

Occupation Cabinet maker Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband Sarah Polnuck

Father's Name Jonchan Polnuck Father's Birthplace Russia

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information George Polnuck How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever How long 6 weeks

Immediate Syncope How long sudden

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

Signature of Physician B B Hephburn

Address Annapolis

Accident or Suicide md



Name
in Full

Elizabeth R. Schoolder

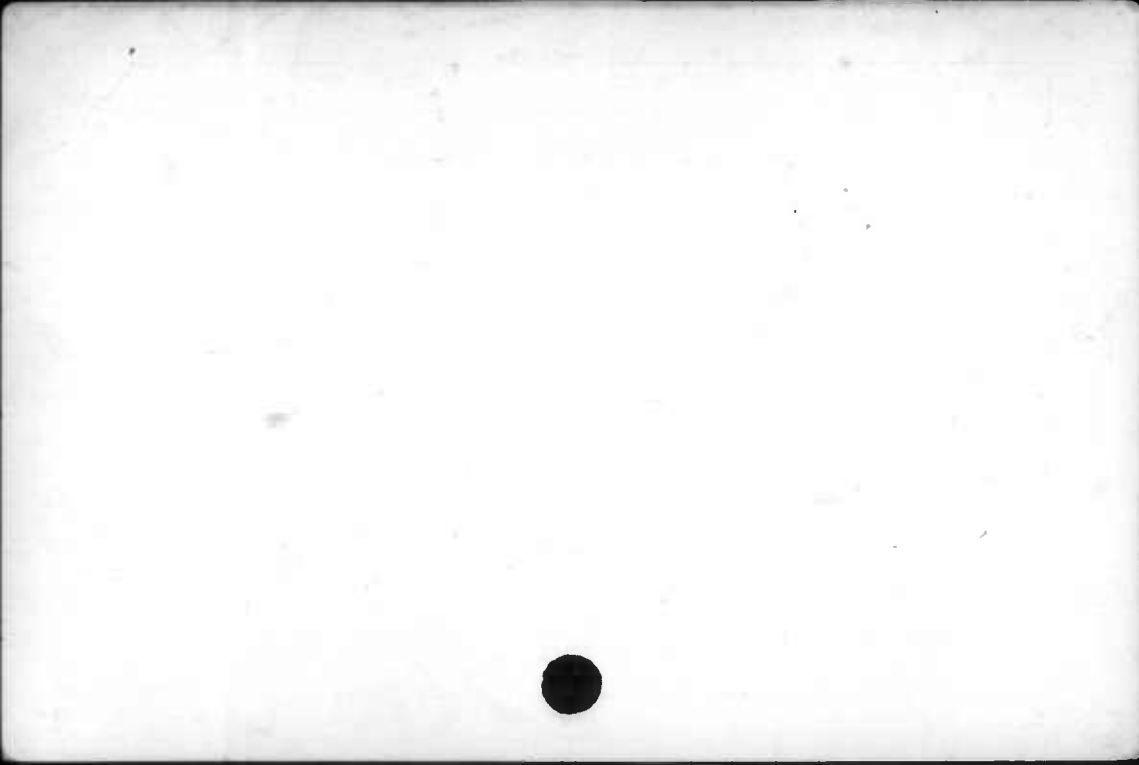
CERTIFICATE OF DEATH

Died at		Wellhams P. O		Annie Anusel		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		Aug	23	37			28
Sex	Female	Color or Race	White		Birth-place		
Occupation	House Wife		Where Residing if not at place of death		Same		
Married, Single or Widowed	married	Name of Wife or Husband	William Thomas Schoolder				
Father's Name	George W Saylor				Father's Birthplace	Baltimore	
Mother's Maiden Name	Annie Colston				Mother's Birthplace	Carroll County	
Name of person giving information	Husband ^{deceased} Wm Thomas				Law related to deceased	Husband	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Premature labor - 136	How long	Twelve Hours
	Immediate	Exhaustion	How long	Two Hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. E. Benner by A	
Yes		Address	Wellhams P. O. a a c o rd	
Accident or Suicide				



Name in Full

mm Scott alias Path Joh

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Maury aa County

MARYLAND

Date of death 1910 Aug 7 aa Age about 29 30 Months Days

Sex male Color or Race African Birth-place Don't know

Occupation Labourer Where Residing if not at place of death Don't know

Married, Single or Widowed Don't know Name of Wife or Husband Don't know

Father's Name Don't know Father's Birthplace Don't know

Mother's Maiden Name Don't know Mother's Birthplace Don't know

Name of person giving information Jane Smith How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary accidental drowning How long 164

Immediate while swimming in Maury Creek How long

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

Signature of Physician Thos H. Brayden Address

Accident or ~~Suicide~~ accident Edward Woodall J.P.

96

Am



Name
in
Full

Lizzie Skinner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brooklyn		County aa		MARYLAND	
Date of death		1960	Month Aug	Day 9	Age 60	Years	Months —
Sex		Female		Color or Race White		Birth-place Ind	
Occupation None				Where Residing if not at place of death —			
Married, Single or Widowed		Widow		Name of Wife or Husband Joe Skinner			
Father's Name John Otto				Father's Birthplace Ger -			
Mother's Maiden Name Sophia Otto				Mother's Birthplace Ger			
Name of person giving information Margaret Anderson				How related to deceased Daughter			

CAUSES OF DEATH

Primary	Bright's disease (IV)	How long	18 mo
Immediate	Heart Failure	How long	

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

Yes

Signature of Physician

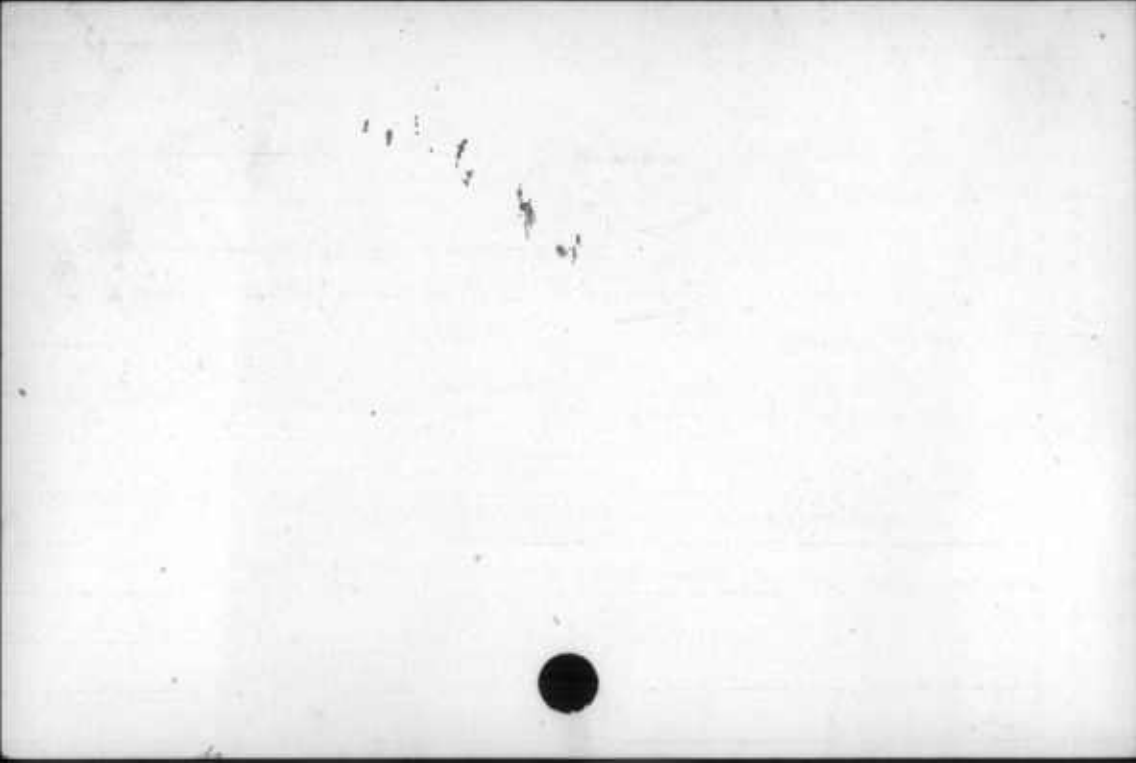
Chas. H. Brown

Address

Brooklyn

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

Geo. Y. Spriggs

Town

County

MARYLAND

Died at *Annapolis Annapolis*

Date of death 1908 *July 21* Age *33*

Sex *Male* Color or Race *Colored* Birth-place *Annapolis*

Occupation *Watcher U.S.N.* Where Residing if not place of death *College Creek*

Married, Single or Widowed *Married* Name of Wife or Husband *Evelyn Spriggs*

Father's Name *Thomas Spriggs* Father's Birthplace *D.C.*

Mother's Maiden Name *Anna Thomas* Mother's Birthplace *D.C.*

Name of person giving Information *Evelyn Spriggs* How related to deceased *wife*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

169

Primary *Mal Remittent (Delirium)* How long

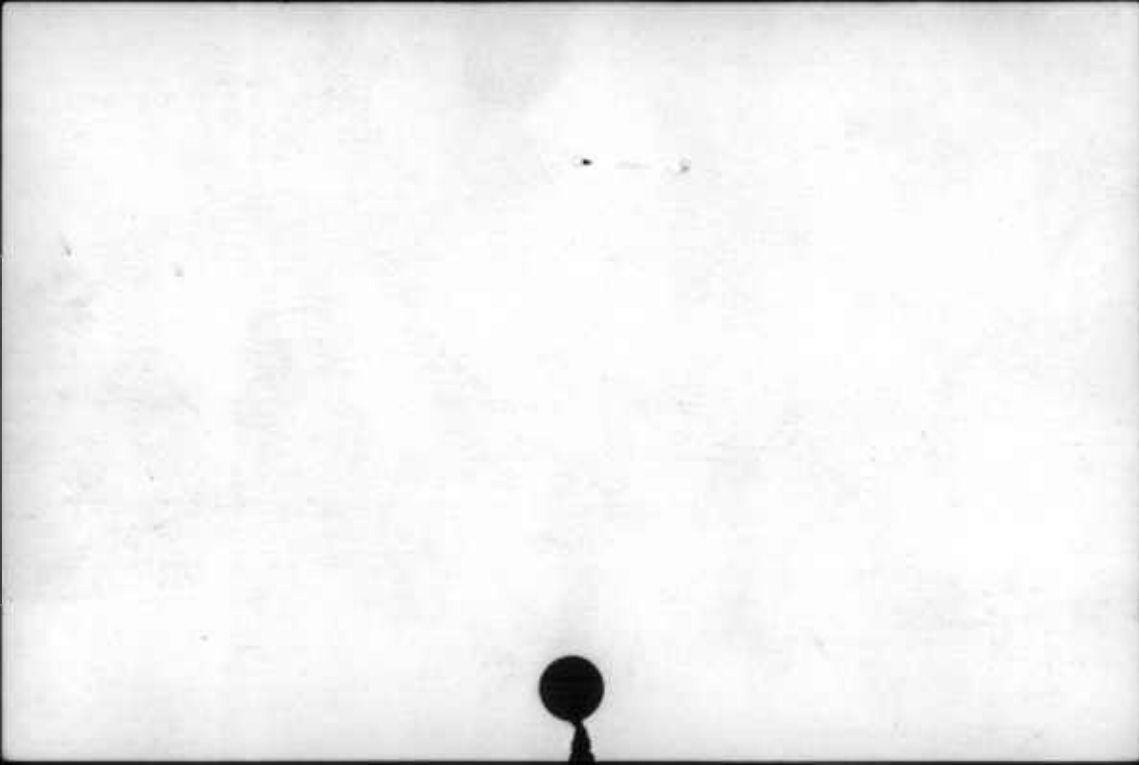
Immediate *Drumming* How long

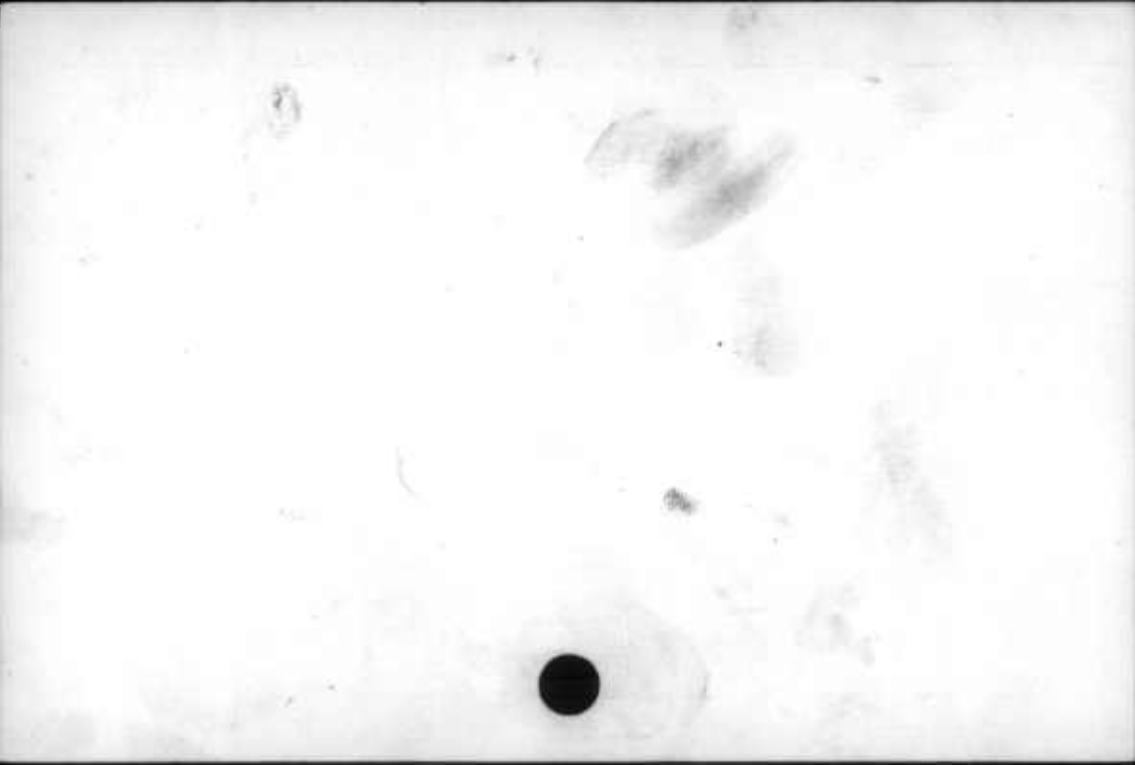
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John N. Davis*
Address *6000 Annapole Md*

PHYSICIAN
OR CORONER

~~Acid Suicide~~





Name
in
Full

Putty Rubenia Stevans

CERTIFICATE OF DEATH

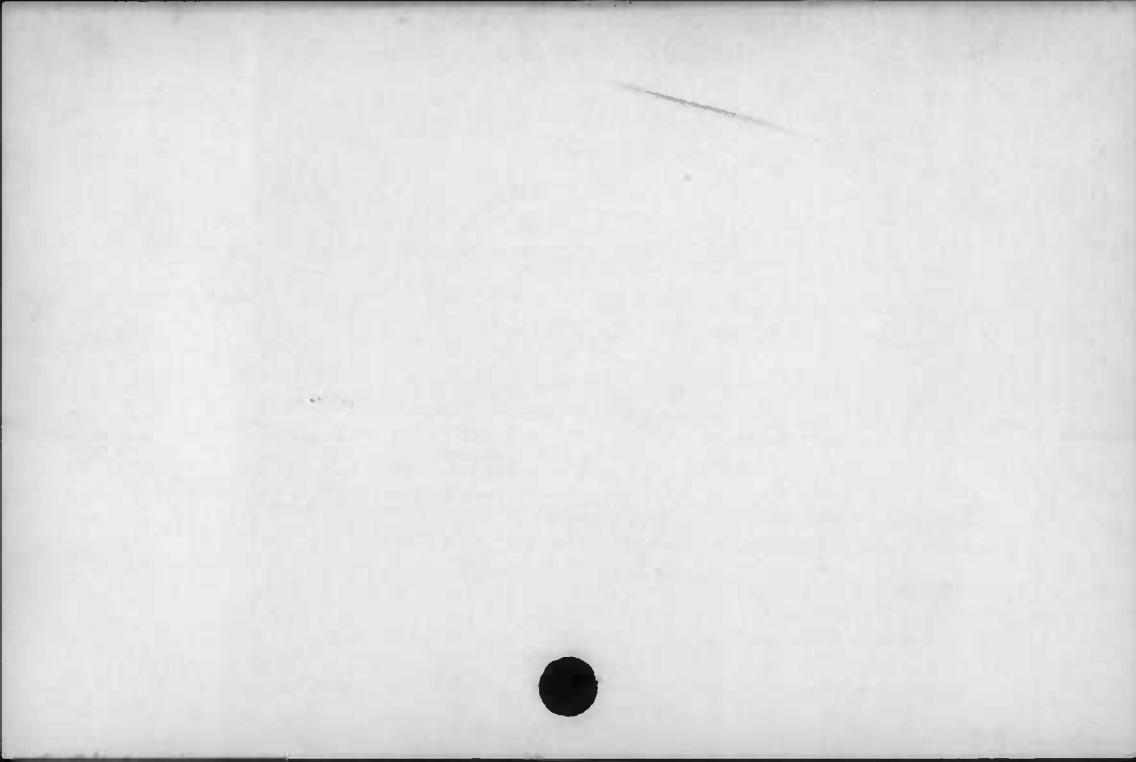
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East port</i> ^{Town}		<i>9 9</i> ^{County}		MARYLAND	
Date of death	<i>1900 Aug</i>	Day	<i>27</i>	Years	<i>2</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>East port</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>None</i>		
Father's Name	<i>Louis Stevans</i>		Father's Birthplace	<i>Calvert Co Md</i>	
Mother's Maiden Name	<i>Mary Moreland</i>		Mother's Birthplace	<i>99 No Md</i>	
Name of person giving information	<i>Louis Stevans</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Croup.</i>	How long	<i>few days</i>
Immediate	<i>Laryngeal Diphtheria</i>	How long	<i>10 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>		
Signature of Physician	<i>J. T. Russell</i>		
Address	<i>East port, Md.</i>		
Accident or Suicide?	<input type="checkbox"/>		



Name
in
Full

Stevens Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Annapolis

Town

County

Artes

MARYLAND

Date

of death 190

Month

August

Day

29th

Age

Years

Months

Days

Sex

Male

Color or
Race

W.C.

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Charles S. Stevens

Father's
Birthplace

Artes M.

Mother's
Maiden Name

Belinda Butler

Mother's
Birthplace

Annapolis

Name of person giving
Information

Belinda Stevens

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Still-born

How long

(S)

Immediate

How long

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

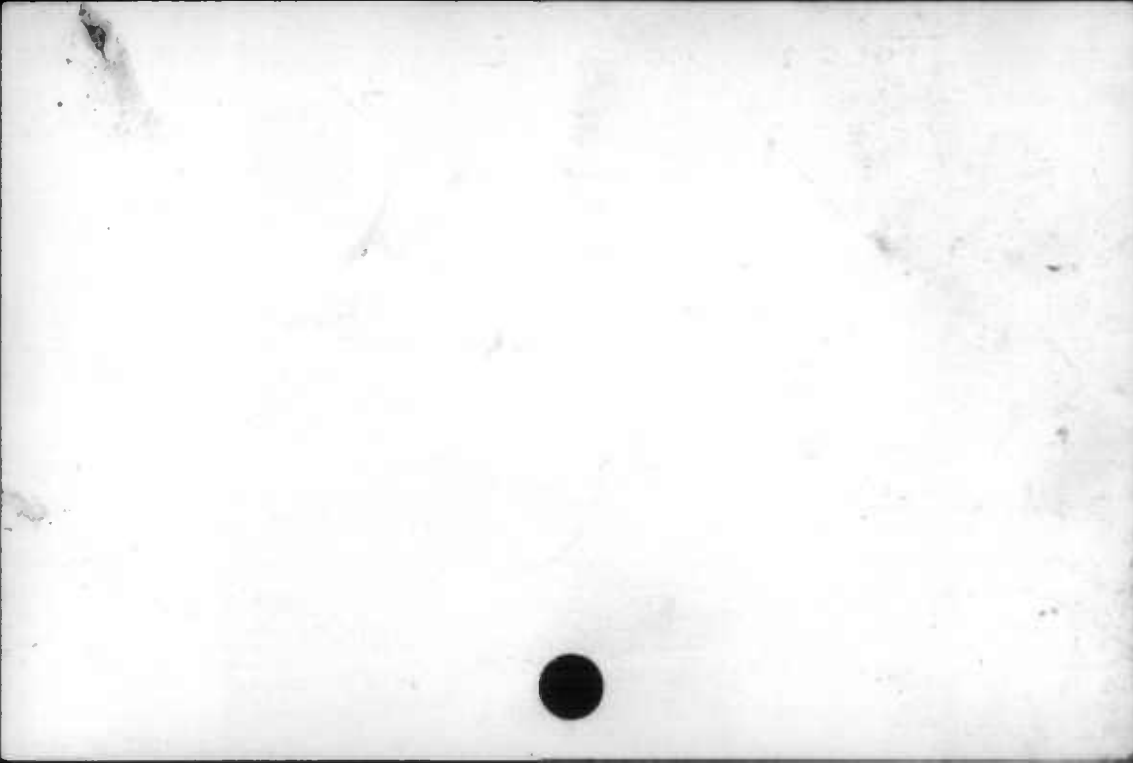
Signature of
Physician

Address

John Ridout
Annapolis

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Stephan Stohelzki

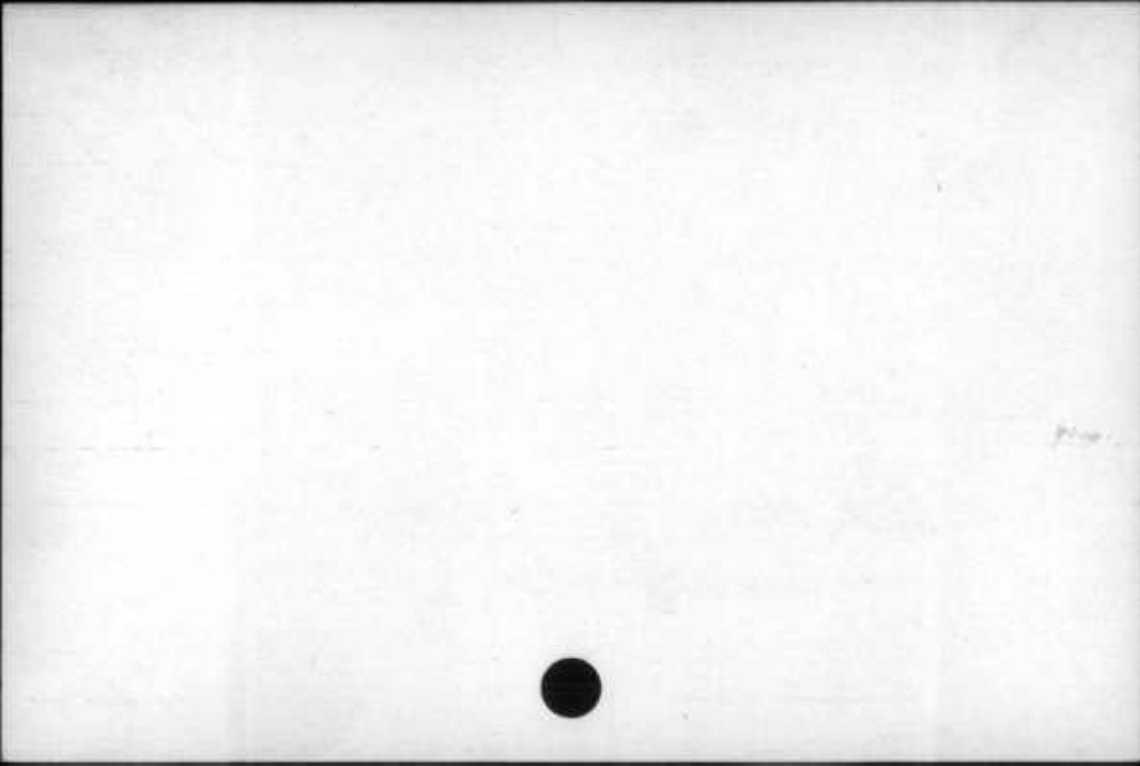
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Curtis Bay		County Anne Arundel		MARYLAND	
Date of death 190		Month Aug	Day 18	Age	Years 51	Months	Days
Sex Male		Color or Race White		Birth-place Germany			
Married, Single or Widowed Married		Occupation Carpenter					
Name of Wife or Husband Josephine Stohelzki							
Father's Name not known		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information Frank Stohelzki		How related to deceased		Son			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Cause Diabetes	How long 2 mo
	Immediate Cause Extension from gangrene of leg	How long 1 mo
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Chas. B. Brody
	Address Brooklyn Md	
Accident or Suicide?		



Name
in Full

Sandy Ross Talbot

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>a-a-</i> ^{County}		MARYLAND	
Date of death 19 / <i>10</i>	Month <i>Aug.</i>	Day <i>10</i>	Age <i>—</i>	Years <i>—</i>	Months <i>9.</i> Days <i>14.</i>
Sex <i>Male.</i>	Color or Race <i>Colord</i>		Birth-place <i>Annapolis</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>40 Acton Street</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Charles Talbot</i>	Father's Birthplace <i>Calvert Co. Md.</i>				
Mother's Maiden Name <i>Jennie Ross.</i>	Mother's Birthplace <i>Cambridge, Md.</i>				
Name of person giving information <i>Charles Talbot</i>	How related to deceased <i>Father</i>				

Brewerhill, Cmty.

CAUSES OF DEATH

*104 Widout*PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>Two weeks</i>
Immediate <i>Asthma</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Bidate</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name in Full

James Tolotsky
Town: Fairfield County: a a

CERTIFICATE OF DEATH

MARYLAND

Died at Fairfield

Date of death 1910 Aug 13 Age 3 Months 15 Days

Sex Male Color or Race white Birthplace Fairfield

Occupation - Where Residing if not at place of death -

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

Father's Name John Tolotsky Father's Birthplace Russia

Mother's Maiden Name Maggie Fishen Mother's Birthplace Russia

Name of person giving information John Tolotsky How related to deceased Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Cholera Infantum How long 2 weeks

Immediate Exhaustion How long one day

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

Signature of Physician *J. B. Horton*
Address *So. Baltg. Md.*

PHYSICIAN OR CORONER

Name
In Full

Wilson Tvedale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

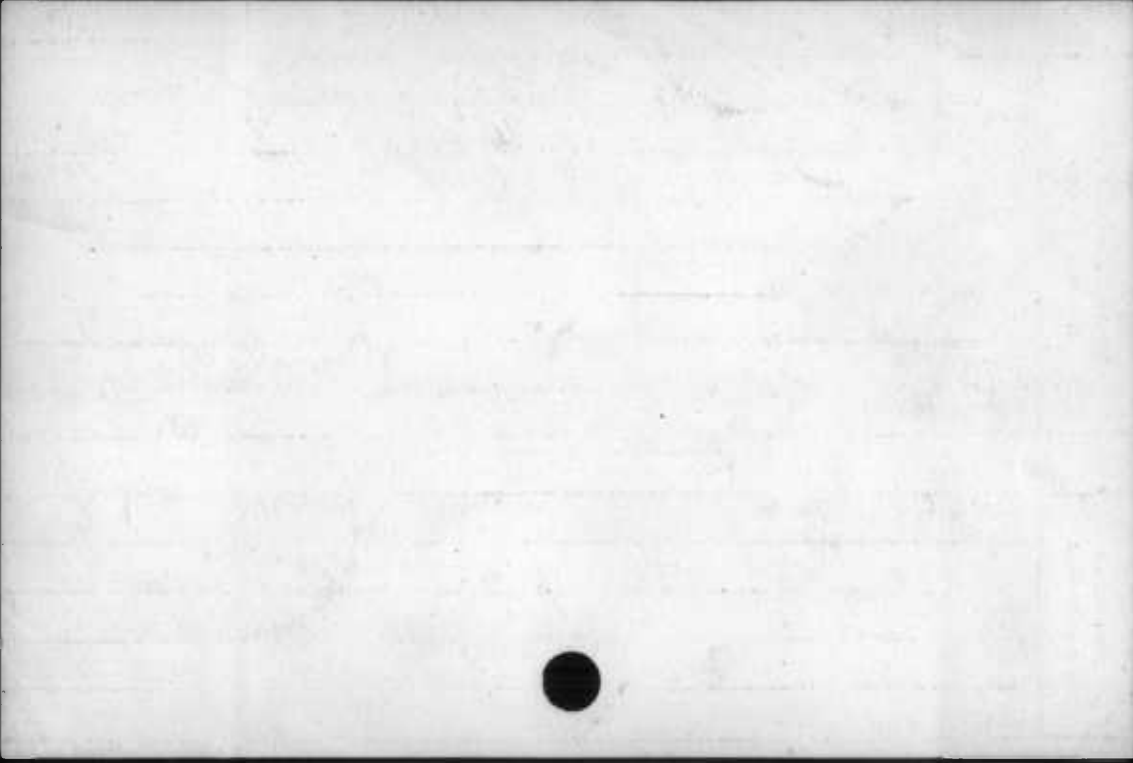
Died at <i>South Balto</i>		Town		<i>Anne Arundel</i>		County		MARYLAND				
Date of death	<i>1991</i>	Month	<i>Aug</i>	Day	<i>8</i>	Age	<i>21</i>	Years	Months	<i>2</i>	Days	<i>26</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Washington DC</i>					
Occupation	<i>Machinist</i>				Where Residing if not at place of death	<i>2124 South Ch... St</i>						
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband									
Father's Name	<i>unknown</i>					Father's Birthplace						
Mother's Maiden Name	<i>unknown</i>					Mother's Birthplace						
Name of person giving information	<i>Lena Mickel</i>					How related to deceased	<i>Friend</i>					

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary			How long	
Immediate	<i>Accidental Drown</i>		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>John P. Poles Coroner</i>
			Address	<i>Brooklyn</i> <i>A A C Ma</i>
Accident or Suicide?				



Name
in
Full

Carril Jennings Willcox.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death 19 <u>00</u> <small>Year</small>	<u>August</u> <small>Month</small>	<u>13</u> <small>Day</small>	Age <u>4</u> <small>Years</small>	<u>5</u> <small>Months</small>	<u>6</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Annapolis Md.</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Annapolis Md.</u>				
Married <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Wm H. Willcox</u>	Father's Birthplace <u>Connecticut</u>				
Mother's Maiden Name <u>Janetta C. S. Wells</u>	Mother's Birthplace <u>Annapolis</u>				
Name of person giving information <u>Grace B. Willcox</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

Primary <u>Typhoid Fever</u>	How long <u>Two weeks</u>
Immediate <u>Asthma</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo. Wells</u>
Accident or Suicide <u>no</u>	Address <u>Annapolis, Md.</u>

PHYSICIAN
OR CORONER



Name
in
Full

Howard Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at husaun AA Co
Town County

Date of death 1980 aug 31st Age 45
Month Day Years Months Days

Sex Male Color or Race Blk. Birth-place md

Occupation Latimer Where Residing if not at place of death husaun

Married, ~~Single~~ yo Name of Wife or Husband Lenna Wilson
or Widowed

Father's Name Arthur Father's Birthplace

Mother's Maiden Name Jane Howard Mother's Birthplace md

Name of person giving Information Jena Wilson How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Nephritis How long unknown

Immediste

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

Signature of Physician Dr. P. O. Hoagy
 Address husaun md

Accident or Suicida No

Pratt 6-1
Fisher & Shaw

Name
In
Full

Rudolph Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

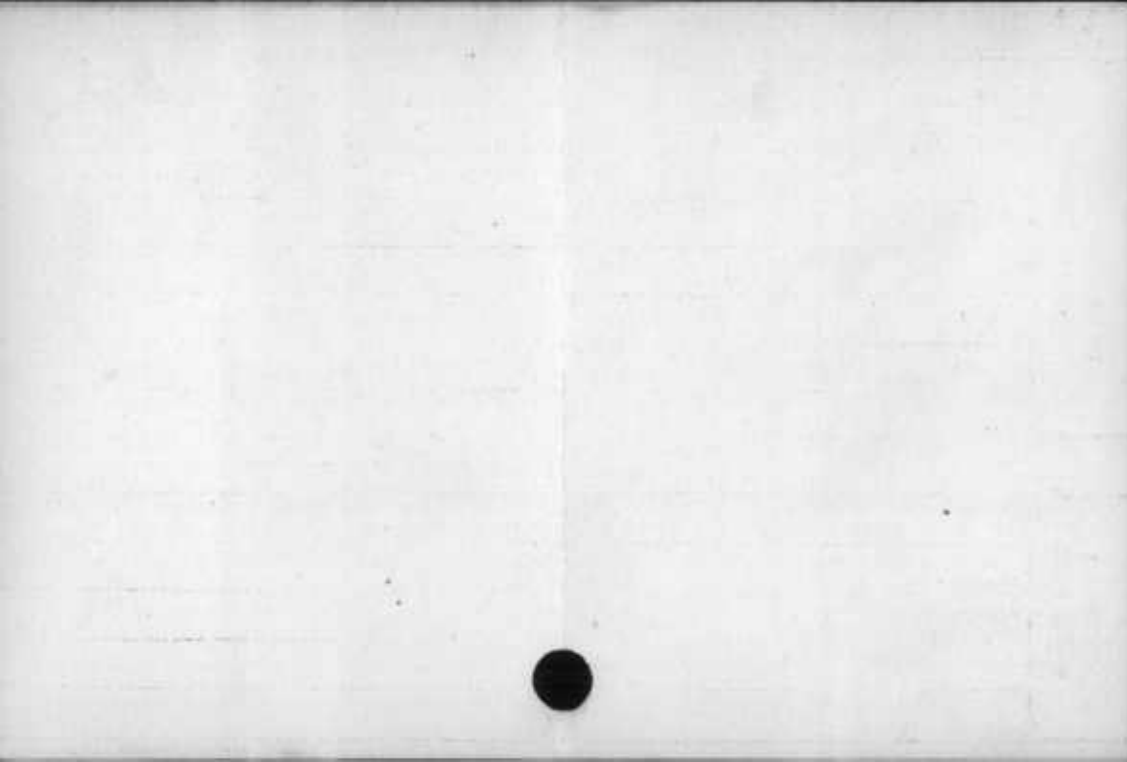
Died at <i>Idylbreville</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death	1910	Month	8	Day	28
Age	51	Years		Months	
Sex	<i>male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>John H. Wilson</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace	<i>unknown</i>
Name of person giving information	<i>Benjamin Brooks</i>			How related to deceased	<i>No relation</i>

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	<i>acute indigestion</i>	How long	<i>3 hours</i>
Died without attendance of physician	<i>yes</i>		
Immediate	<i>yes</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>[Signature]</i>		
Address	<i>Fisher's Hill Lane</i>		
Accident or Suicide?	<i>Millersville Md. acting as coroner</i>		



Name
in
Full

Baby Porter Woods

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

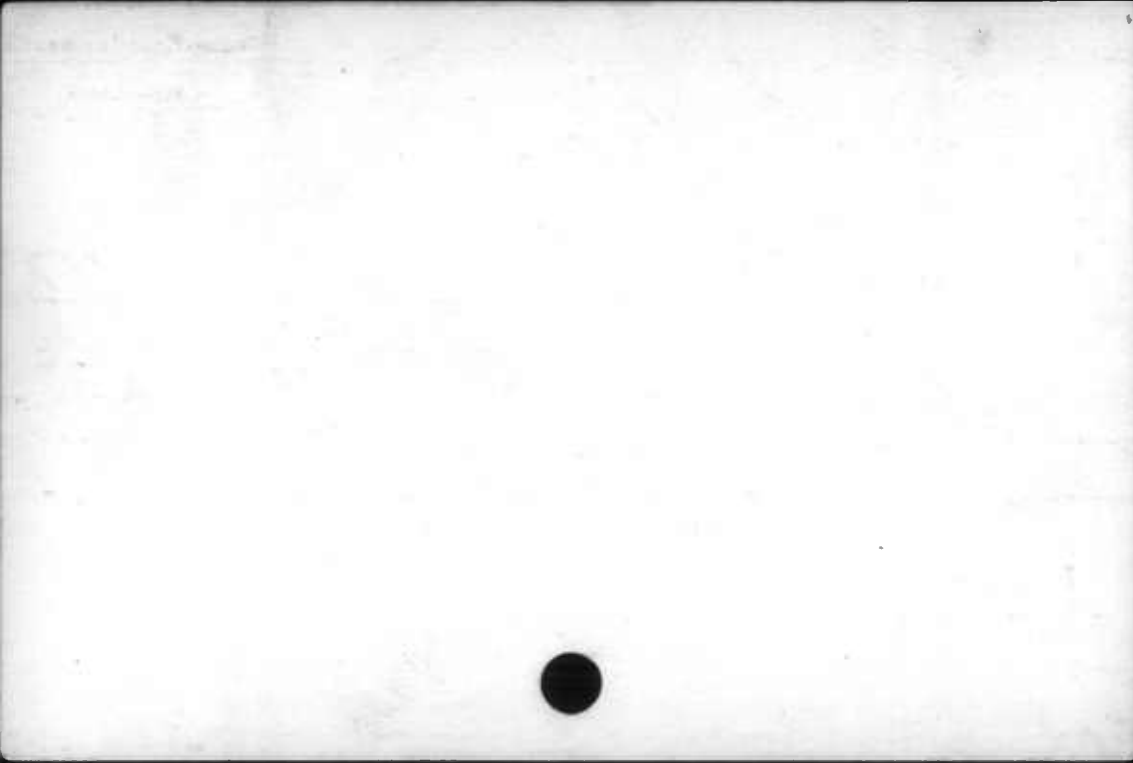
Died at		Town Crowscote		County Anne Arundel		MARYLAND	
Date of death 1940		Month aug	Day 25	Age -	Years -	Months 5	Days -
Sex male		Color or Race colored		Birth-place D & C Co Md			
Occupation Infant				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name James Woods				Father's Birthplace D & C Co Md			
Mother's Maiden Name Lydia Roman				Mother's Birthplace D & C Co Md			
Name of person giving Information Alberta Johnson				How related to decedent Sister			

CAUSES OF DEATH

17713

PHYSICIAN
OR CORONER

Primary	Malaria infection	How long	Three weeks
Immediate	Heart failure	How long	Two hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Jos. C. Jones M.D.	
		Address Crowscote	
Accident or Suicide			



Name in Full

Bronslawa Giobron

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Anne Rundel Town County County MARYLAND
 Date of death | 90 Aug Month 28 Day Age 1- Years Month 7 Days
 Sex Female Color or Race White Birth-place Balto.
 Occupation None Where Residing if not at place of death
 Single Single Name of Wife or Husband Stanislaw Giobron
 Father's Name Stanislaw Giobron Father's Birthplace Poland
 Mother's Maiden Name Veronika Mikolaczyk Mother's Birthplace Poland
 Name of person giving information Stanislaw Giobron How related to deceased Father

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary Gastro Enteritis How long 6 mo
 Immediate Exhaustion How long
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician Chas H. Brooke
 Address Brooklyn, Md
 Accident or Suicide? H

Jacob Frankowski

Holy Cross Cem.

