

Name in Full

Carrie S Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Town Ridgely County Boarden MARYLAND

Died at Ridgely

Date of death 1908 Month 8 Day 19 Age 2 Years Months Days

Sex Female Color or Race Colored Birth-place Ridgely Md

Occupation \_\_\_\_\_ Where Residing if not at place of death Ridgely Md

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

Father's Name Wm Bell Father's Birthplace Md

Mother's Maiden Name Fanny Gardner Mother's Birthplace Md

Name of person giving information Wm Bell How related to deceased Father

CAUSES OF DEATH

92

PHYSICIAN OR CORONER

Primary Pneumonia How long Ten days

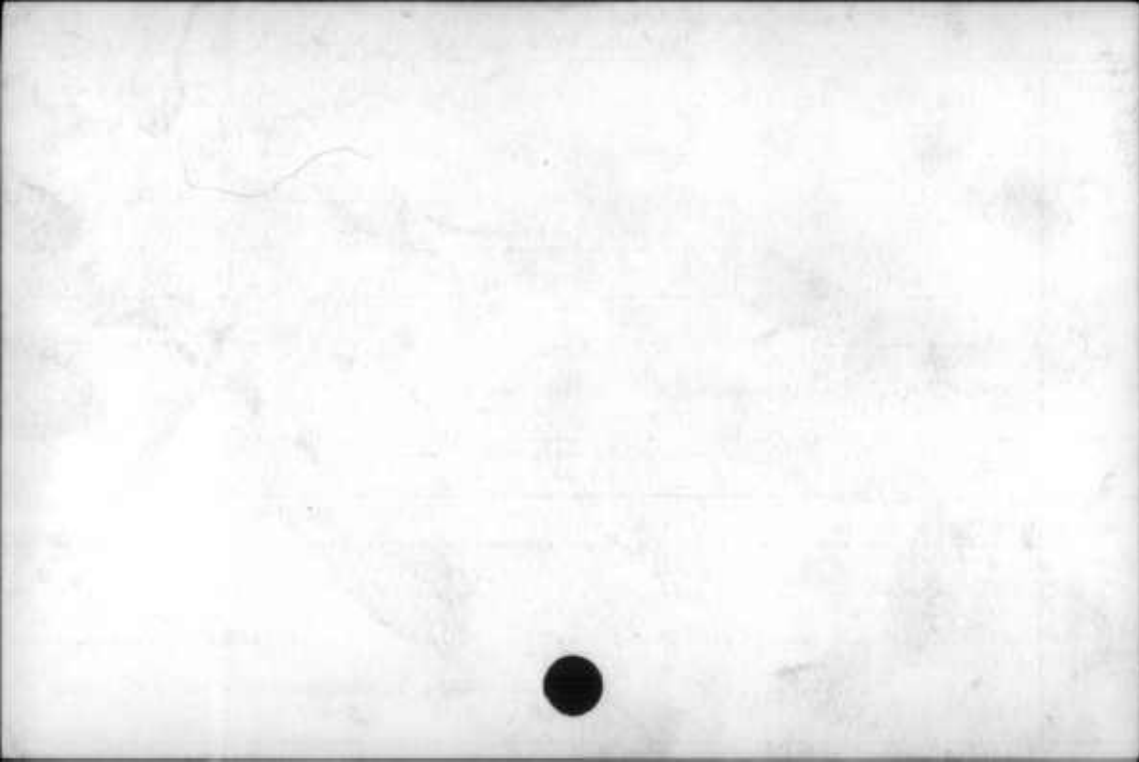
Immediate Pneumonia How long \_\_\_\_\_

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

Signature of Physician J C Madam

Address Ridgely Md

Accident or Suicide?



Name  
in  
Full

Eva Elizabeth Bell

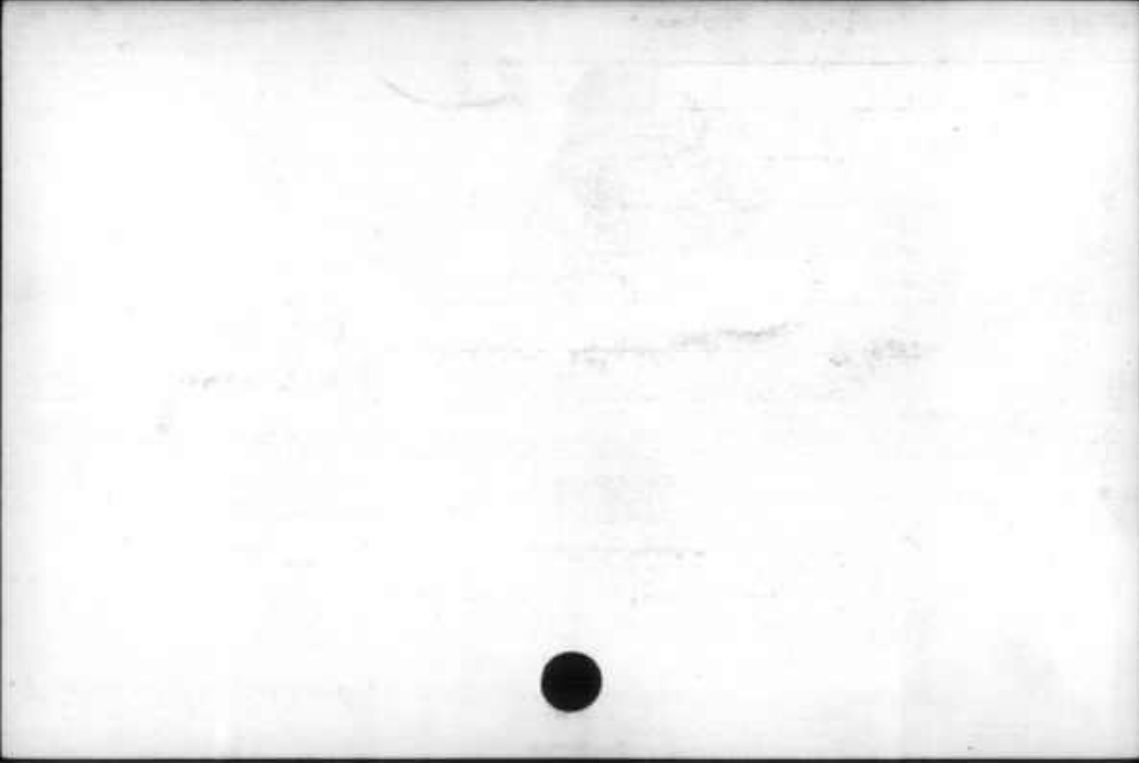
CERTIFICATE OF DEATH

Died at Hobbs County Caroline MARYLANDDate of death 1980 Month 8 Day 22 Age — Years Months 7 Days —Sex Female Color or Race White Birthplace MDOccupation None Where Residing if not at place of death SameMarried, Single or Widowed — Name of Wife or Husband —Father's Name John Bell Father's Birthplace MDMother's Maiden Name Annice Baker Mother's Birthplace MDName of person giving Information John Bell How related to deceased Father

## CAUSES OF DEATH

Primary Diarrhea How long Several monthsImmediate Same How long —Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician P.R. FisherAddress DentonAccident or Suicide — MDTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

104



Name is Full

William E. Bowdpe

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> **Federalsburg,** <sup>County</sup> **Caroline** **MARYLAND**

Date of death **1910 Aug. 31** Age **29** Months **7** Days **30**

Sex **Male** Color or Race **White** Birth-place **Caroline Co., Md.**

Occupation **Farm laborer.** Where Residing if not at place of death

Married, Single or Widowed **Married** Name of Wife or Husband **Minnie Robinson,**

Father's Name **William H. Bowdpe,** Father's Birthplace **Caroline Co., Md.**

Mother's Maiden Name **Aramantha Wright** Mother's Birthplace **" " "**

Name of person giving information **William H. Bowdpe.** How related to deceased **Father.**

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary **Typhoid Fever,** How long **7 weeks**

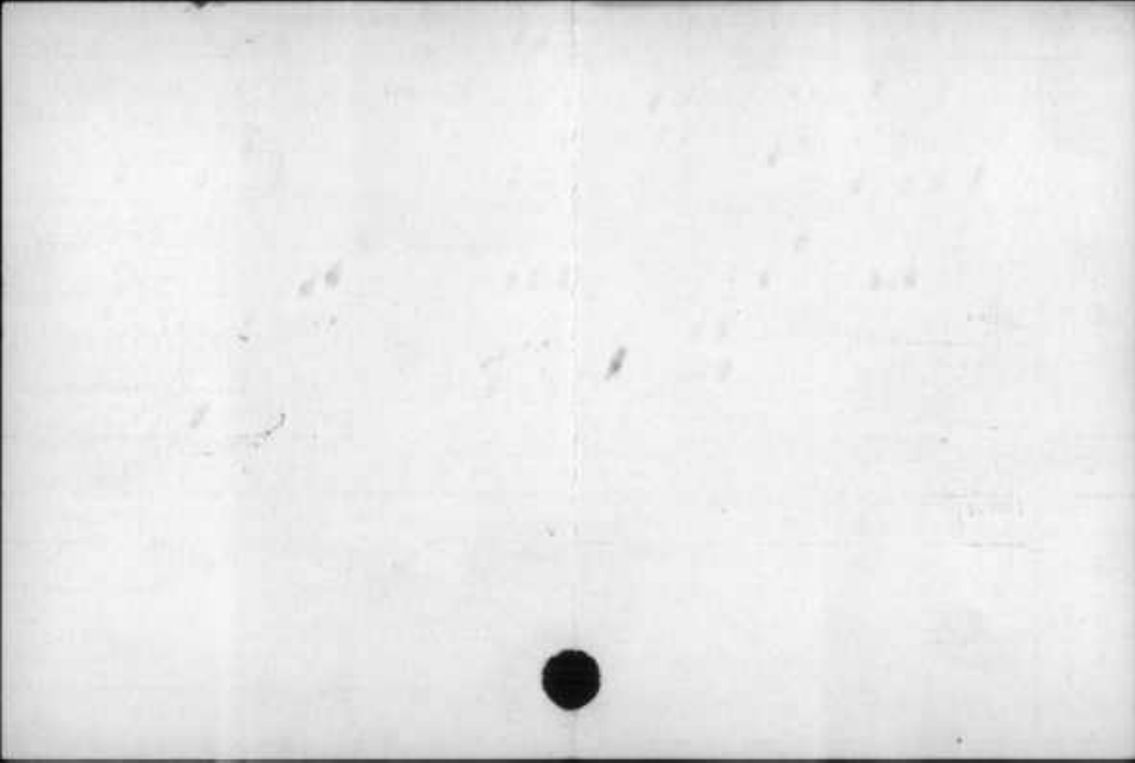
Immediate **Perforation of Bowel** How long **6 hours.**

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

Signature of Physician **F. J. Brooks.**

Address **Federalsburg Md  
Caroline Co**

Accident or Suicide? **H**



Name  
in  
Full

Meltro Neal Dennis

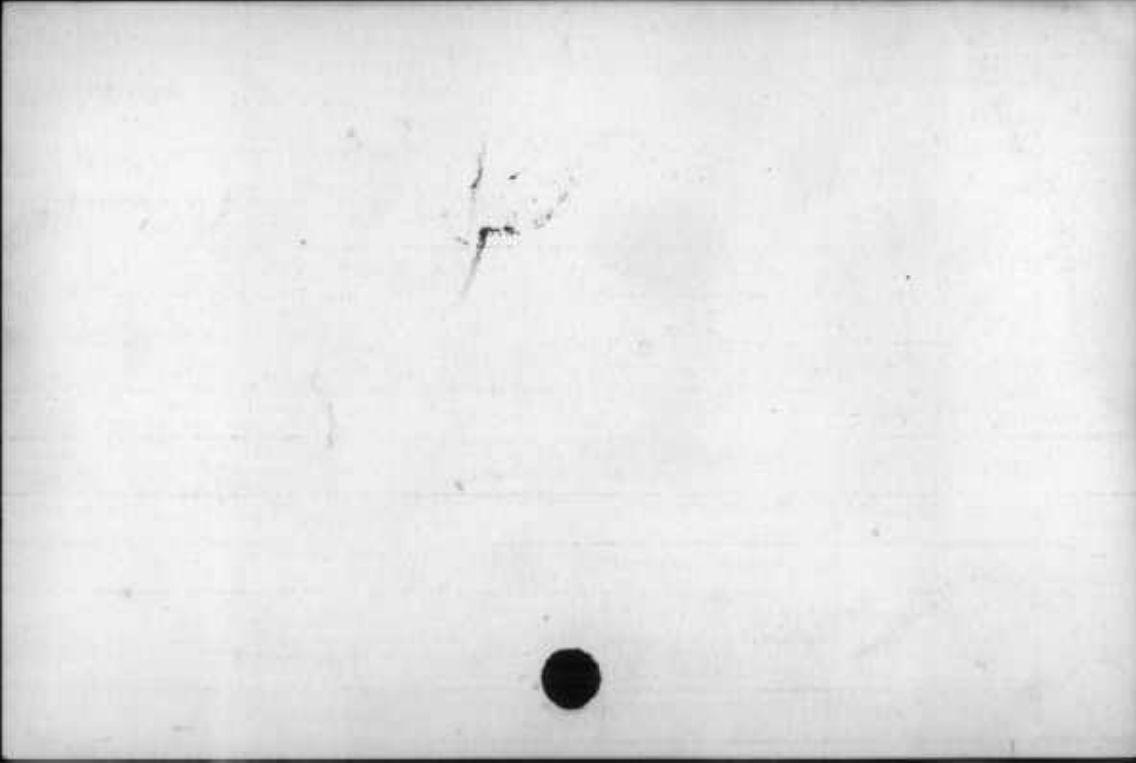
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                       |                     |                                   |   |                         |               |
|---------------------------------------|---------------------|-----------------------------------|---|-------------------------|---------------|
| Died at <i>Denton</i> <sup>Town</sup> |                     | <i>Caroline</i> <sup>County</sup> |   | MARYLAND                |               |
| Date of death                         | 19 <i>10</i>        | Month <i>8</i>                    | Day <i>24</i>                           | Age                     | Years _____   |
| Sex                                   | <i>Male</i>         |                                   | Color or Race                           | <i>White</i>            |               |
| Occupation                            | _____               |                                   | Where Residing if not at place of death | _____                   |               |
| Married, Single or Widowed            | _____               |                                   | Name of Wife or Husband                 | _____                   |               |
| Father's Name                         | <i>Frank Dennis</i> |                                   |   | Father's Birthplace     | <i>M.I.</i>   |
| Mother's Maiden Name                  | <i>Erma Small</i>   |                                   |   | Mother's Birthplace     | <i>M.I.</i>   |
| Name of person giving information     | <i>Frank Dennis</i> |                                   |   | How related to deceased | <i>Father</i> |

## CAUSES OF DEATH

|                      |  |                         |                        |                        |
|----------------------|--|-------------------------|------------------------|------------------------|
| PHYSICIAN OR CORONER | Primary  | <i>Cholera Infantum</i> | How long               | <i>4 days</i>          |
|                      | Immediate  | <i>Exhaustion</i>       | How long               | <i>4 hours</i>         |
|                      | Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i>              | Signature of Physician | <i>F. M. [unclear]</i> |
|                      |  |                         | Address                | <i>Denton</i>          |
|                      | Accident or Suicide?   |                         |                        |                        |





Name in Full

John R. French

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Ridgeley Caroline MARYLAND

Date of death 1900 Aug 31 Age 67 Months 7 Days 27

Sex male Color or Race white Birthplace W. Va.

Occupation Farmer - Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Frances Sharp

Father's Name Geo. French Father's Birthplace W. Va.

Mother's Maiden Name Rebecca Joseph Mother's Birthplace W. Va.

Name of person giving information E. P. French How related to deceased Son -

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Indurated kidneys How long 12 or 15  
Immediate Exhaustion How long one week -

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

Signature of Physician J. Stone

Address Ridgeley W. Va.

Accident or Suicide No



Name  
in  
Full

Mary Luvernia Haynes

CERTIFICATE OF DEATH

Died at

Town

Kobbe

County

Hobbes Caroline

MARYLAND

Date

of death 1980

Month

8

Day

16

Age

~~46~~

Years

Months

4

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

MD

Occupation

None

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

Samuel Haynes

Father's  
Birthplace

MD

Mother's  
Maiden Name

Hettie Elmer

Mother's  
Birthplace

MD

Name of person giving  
information

Samuel Haynes

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Malignant

104

How long

3 days

Immediate

Same

How long

—

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

Yes

Signature of  
Physician

P. R. Fisher

Address

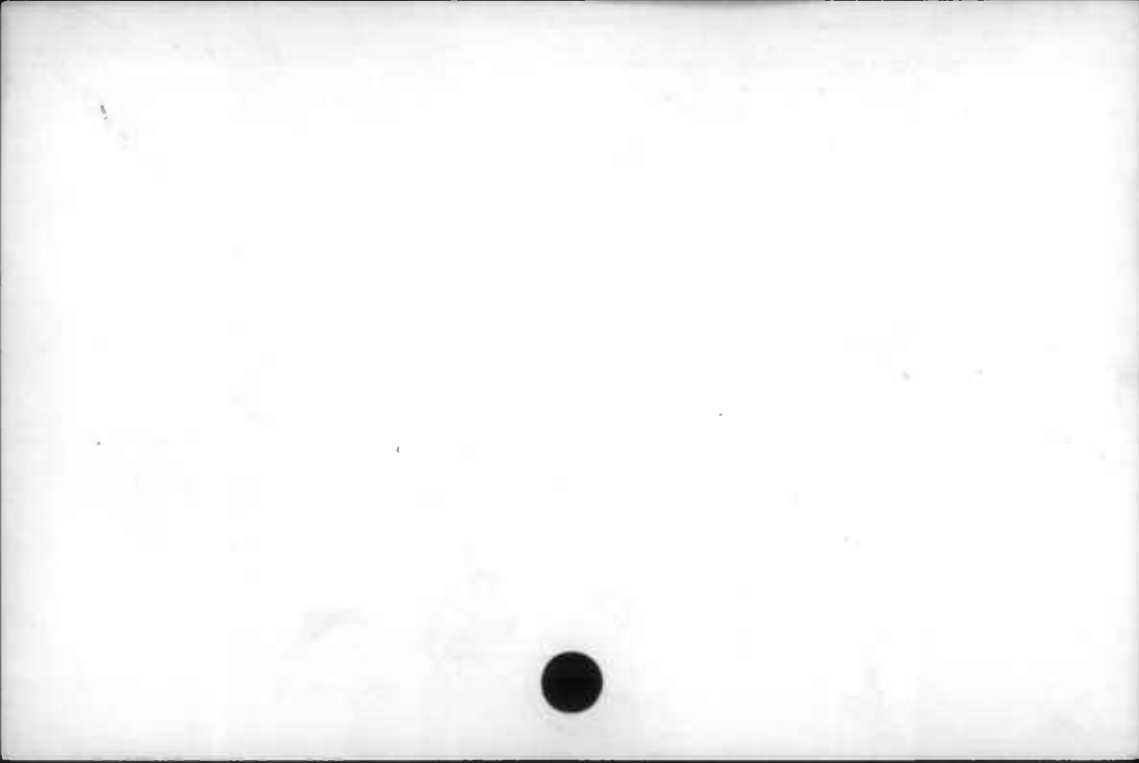
Dorchester

MD

Accident or Suicide

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in Full

Harriet Fournais Hornor

CERTIFICATE OF DEATH

Died at

Prattown

Caroline

MARYLAND

Date of death

1990 Aug 7

Age

90

Sex

Female

Color or Race

Black

Birthplace

Dorchester Co Md

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

widowed

Name of Wife or Husband

Wm. H. Hornor

Father's Name

Doubt Keown

last name

Father's Birthplace

Doubt Keown

Mother's Maiden Name

Doubt-Keown

Mother's Birthplace

Doubt Keown

Name of person giving information

Martin P Hornor

How related to deceased

son

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary

Paralysis

How long

66 years

Immediate

Paralysis

How long

10 hrs

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

yes

Signature of Physician

Address

J. L. Lobe  
Prattown  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in Full

Arthur Johnson

CERTIFICATE OF DEATH

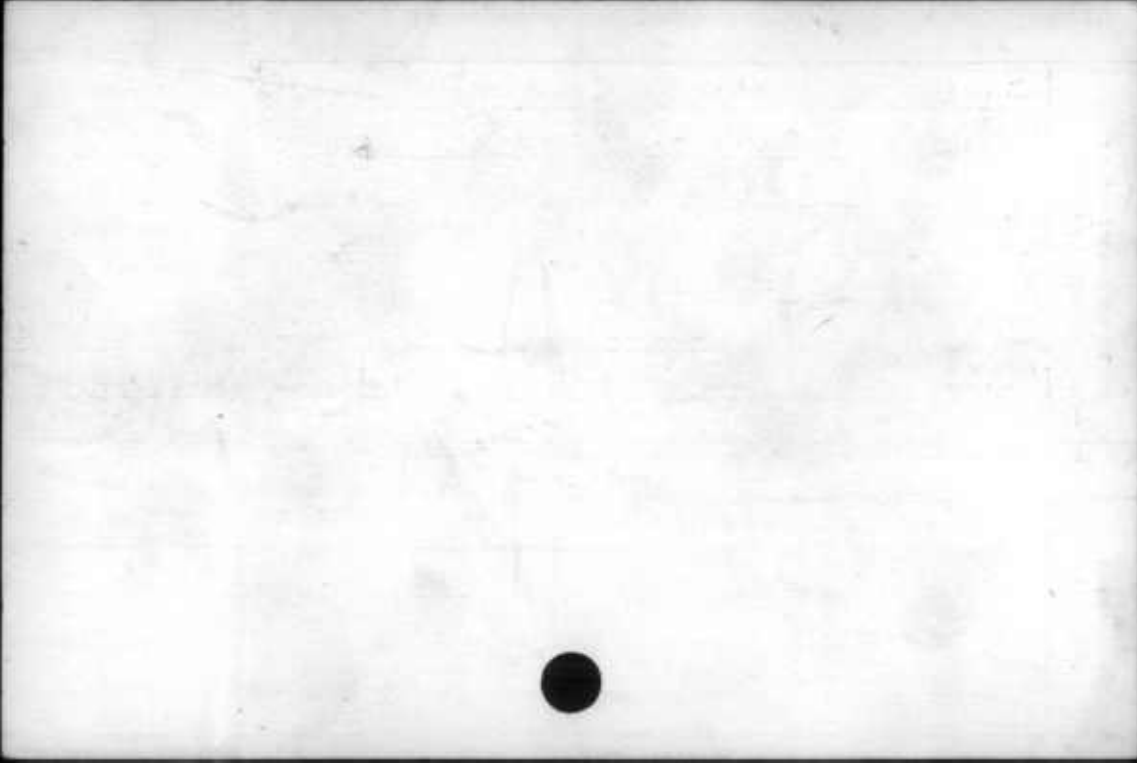
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                |                        |   |             |                 |
|-----------------------------------|----------------|------------------------|---|-------------|-----------------|
| Died at <i>near Preston</i>       |                | County <i>Caroline</i> |   | MARYLAND    |                 |
| Date of death                     | 1900           | Month                  | Aug                                     | Day         | 3               |
| Age                               | 1              | Years                  |   | Months      |                 |
| Sex                               | Male           | Color or Race          | Black                                   | Birth-place | Near Preston Md |
| Occupation                        | —              |                        | Where Residing if not at place of death |             | —               |
| Married, Single or Widowed        | —              |                        | Name of Wife or Husband                 |             | —               |
| Father's Name                     | Don't Know     |                        | Father's Birthplace                     |             | Don't Know      |
| Mother's Maiden Name              | Macy Johnson   |                        | Mother's Birthplace                     |             | Preston Md.     |
| Name of person giving Information | Thomas Johnson |                        | How related to deceased                 |             | Grand Father    |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                |                        |             |
|--|----------------|------------------------|-------------|
| Primary  | Whooping Cough | How long               | 2 weeks     |
| Immediate  | Pneumonia      | How long               | 2 days      |
| Are the name, age, sex, color, date and place correctly given above? | Yes            | Signature of Physician | J. L. Hobbs |
|  |                | Address                | Preston Md. |
| Accident or Suicide  |                |                        |             |





Name  
in  
Full

Daniel Edward Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |
|--|--|
| Died <sup>Town</sup> <i>near Hyson</i> <sup>County</sup> <i>Caroline</i> <sup>State</sup> <b>MARYLAND</b>  |  |
| Date of death 19 <i>60</i> <sup>Month</sup> <i>Aug</i> <sup>Day</sup> <i>22</i> <sup>Years</sup> <i>—</i> <sup>Months</sup> <i>4</i> <sup>Days</sup> <i>24</i> |  |
| Sex <i>Male</i> <sup>Color or Race</sup> <i>Black</i> <sup>Birth place</sup> <i>Near Hyson Md.</i>   |  |
| Occupation <i>—</i> <sup>Where Residing if not at place of death</sup> <i>—</i>  |  |
| Married, Single or Widowed <i>—</i> <sup>Name of Wife or Husband</sup> <i>—</i>  |  |
| Father's Name <i>Albert Johnson</i> <sup>Father's Birthplace</sup> <i>Honoloe Md</i>   |  |
| Mother's Maiden Name <i>Joan Johns</i> <sup>Mother's Birthplace</sup> <i>Edwood Md</i>   |  |
| Name of person giving information <i>Albert Johnson</i> <sup>How related to deceased</sup> <i>Father</i>   |  |

## CAUSES OF DEATH

|                         |   |
|-------------------------|---|
| PHYSICIAN<br>OR CORONER | Primary <i>Whooping Cough</i> <sup>How long</sup> <i>6 weeks</i>                |
|                         | Immediate <i>Diphtheria</i> <sup>How long</sup> <i>3 days</i>                   |
|                         | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |
|                         | Signature of Physician <i>J. L. Hobbs</i>                                       |
|                         | Address <i>Priestown Md</i>   |
| Accident or Suicide     |   |



Name  
in Full

Margie Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Preston <sup>town</sup> Caroline <sup>County</sup> MARYLANDDate of death 1960 Aug 15 Age 1 7 Months — DaysSex Female Color or Race Black Birth-place Preston Md.Occupation — Where Residing if not at place of death —Married, Single or Widowed — Name of Wife or Husband —Father's Name Thomas Johnson Father's Birthplace Dor. Co Md.Mother's Maiden Name Elizabeth Johnson Mother's Birthplace Dor. Co Md.Name of person giving Information Thomas Johnson How related to deceased Father

## CAUSES OF DEATH

Primary Whooping Cough How long 2 weeksImmediate Pneumonia How long 3 days

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

yes

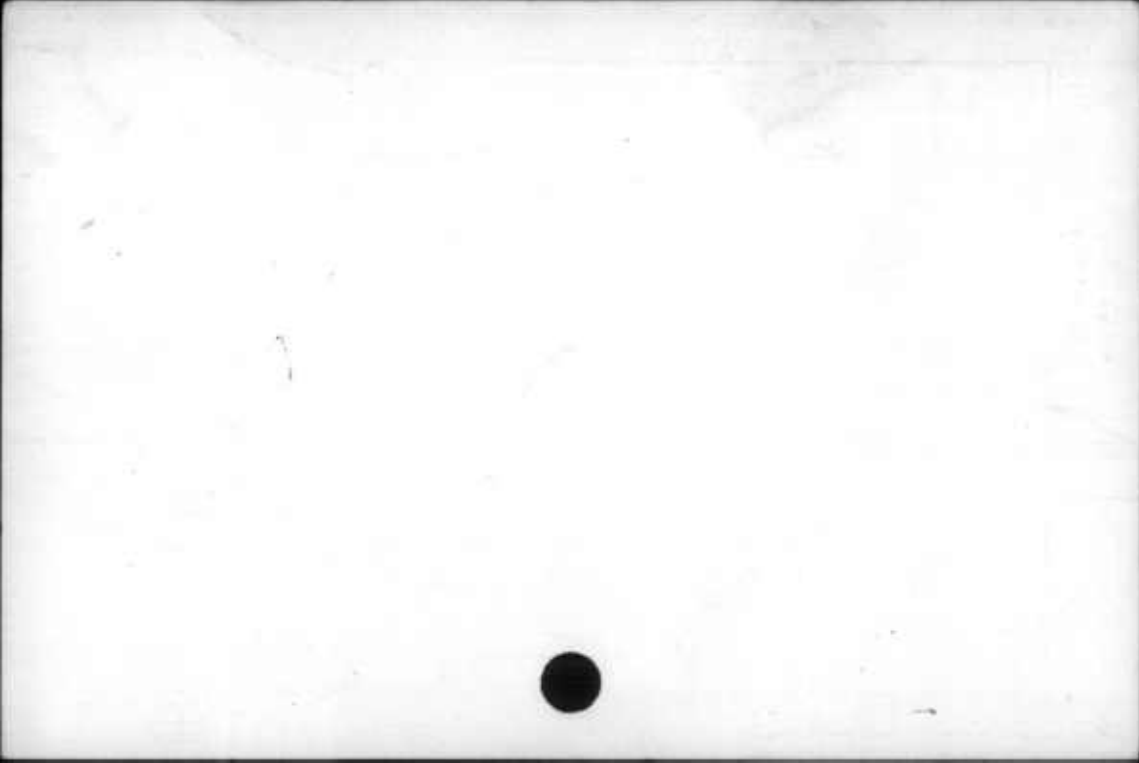
Signature of Physician

Address

J. L. Sobel  
Preston  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONERH



Name  
in Full

Louisa Segalis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |                    |                         |   |     |            |                         |             |                  |          |
|-----------------------------------|--|--------------------|-------------------------|---|-----|------------|-------------------------|-------------|------------------|----------|
| Died at                           |  | Town<br>Greensboro |                         | County<br>Caroline                      |     | MARYLAND   |                         |             |                  |          |
| Date of death                     |  | 1980               | Month<br>Aug            | Day<br>6                                | Age | Years<br>— | Months<br>4             | Days<br>27  |                  |          |
| Sex                               |  | Female             |                         | Color or Race                           |     | White      |                         | Birth-place | Greensboro, N.C. |          |
| Occupation                        |  |                    |                         | Where Residing if not at place of death |     |            |                         | —           |                  |          |
| Married, Single or Widowed        |  |                    | Name of Wife or Husband |   |     |            |                         |             | —                |          |
| Father's Name                     |  |                    | John R. Segalis         |   |     |            | Father's Birthplace     |             |                  | Delaware |
| Mother's Maiden Name              |  |                    | Ida Louisa Scott        |   |     |            | Mother's Birthplace     |             |                  | Delaware |
| Name of person giving Information |  |                    | John R. Segalis         |   |     |            | How related to deceased |             |                  | Father   |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |           |                        |                  |
|--|-----------|------------------------|------------------|
| Primary  | Dys-colic | How long               | One month        |
| Immediate  | "         | How long               | —                |
| Are the name, age, sex, color, date and place correctly given above? |           | Signature of Physician | W. W. Jacobs     |
| yes  |           | Address                | Greensboro, N.C. |
| Accident or Suicide  |           |                        |                  |



Name in Full

Awarda J. Low  
Preston Caroline

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Preston <sup>County</sup> Caroline MARYLAND

Date of death 1990 Aug 14 Age 75 Months 3 Days —

Sex Female Color or Race White Birthplace Dor. Co. Md.

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Widowed Name of Wife or Husband James Low

Father's Name Michael Charles Father's Birthplace Dor. Co. Md.

Mother's Maiden Name Mary Black Mother's Birthplace Dor. Co. Md.

Name of person giving Information John T. Parker How related to deceased Son-in-law

CAUSES OF DEATH

Primary Refractory How long 120 2 years

Immediate Thrombia How long One week

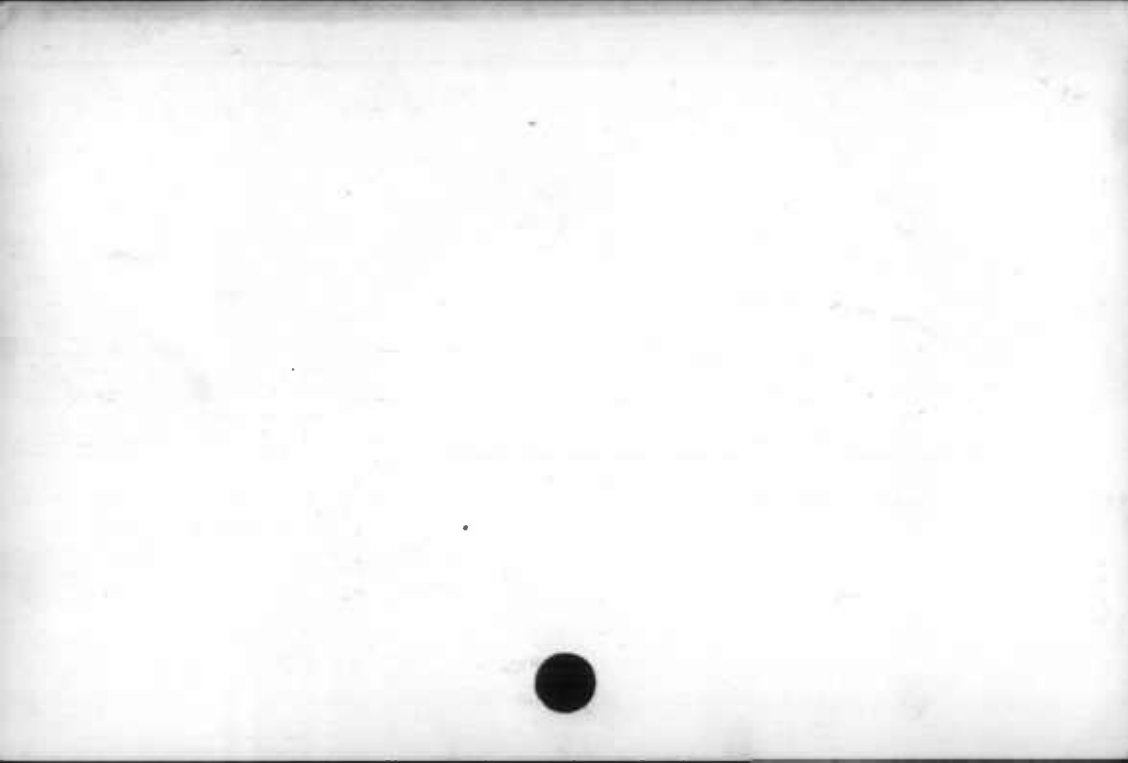
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. L. Noble  
Preston Md.

Accident or Suicide





CERTIFICATE OF DEATH

Died at

*near Goldsboro* <sup>town</sup> *Caroline* <sup>County</sup>

MARYLAND

Date of death 19*08*

Month

Day

Age *non*

Months

Days

*8*

*9*

*6*

*13*

Sex *female*

Color or Race

*White*

*Caroline Co. Md*

Occupation

*non*

Where Residing if not at place of death

Married, Single or Widowed

*—*

Name of Wife or Husband

*—*

Father's Name

*Wm A Synell*

Father's Birthplace

*Talbot Co. Md*

Mother's Maiden Name

*Laura W Purcell*

Mother's Birthplace

*Wilmington Del*

Name of person giving Information

*W A Synell*

How related to deceased

*Father*

CAUSES OF DEATH

Primary

*Enteritis*

How long

*3 weeks*

Immediate

*Malassimus*

How long

*3 weeks*

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

*Yes*

Signature of Physician

*J. Silver*  
*Goldsboro Md*

Accident or Suicide



Name is Full

## CERTIFICATE OF DEATH

|   |                        |                                   |   |                |   |
|---|------------------------|-----------------------------------|---|----------------|---|
| Died at <i>Smithton</i> <sup>Town</sup> |                        | <i>Coraline</i> <sup>County</sup> |   | MARYLAND       |   |
| Date of death                           | 19 <i>10</i>           | Month <i>Aug</i>                  | Day <i>14</i>                           | Age            | Years <i>6</i> Months <i>9</i> Days <i>14</i> |
| Sex                                     | <i>Male</i>            |                                   | Color or Race                           | <i>W.</i>      |   |
| Occupation                              | <i>Not any.</i>        |                                   | Where Residing if not at place of death | <i>Same</i>    |   |
| Married, Single or Widowed              | <i>Single</i>          |                                   | Name of Wife or Husband                 | <i>Not any</i> |   |
| Father's Name                           | <i>Walter M. Costy</i> |                                   | Father's Birthplace                     | <i>Phila</i>   |   |
| Mother's Maiden Name                    | <i>Aminie Storman</i>  |                                   | Mother's Birthplace                     | <i>Ms</i>      |   |
| Name of person giving information       | <i>Walter M. Costy</i> |                                   | How related to deceased                 | <i>Father</i>  |   |

TO BE ANSWERED BY NEAREST FRIEND

## CAUSES OF DEATH

|                      |  |   |          |              |
|----------------------|--|---|----------|--------------|
| PHYSICIAN OR CORONER | Primary  | <i>Central Meningitis</i>                   | How long | <i>61</i>    |
|                      | Immediate  | <i>Inanition - Heart failure</i>            | How long | <i>1 1/2</i> |
|                      | Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Harman Dawnes</i> |          |              |
|                      | Address  | <i>Preston</i>                              |          |              |
| Accident or Suicide? |  |   |          |              |



Name in Full

George M Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Greensboro <sup>County</sup> Caroline MARYLAND

Date of death 1916 <sup>Month</sup> 8 <sup>Day</sup> 1 Age <sup>Years</sup> 26 <sup>Months</sup> <sup>Days</sup>

Sex Male Color or Race White Birth-place Greensboro

Occupation Meat butcher Where Residing if not at place of death Greensboro

~~Married~~ Single Name of Wife or Husband

Father's Name John A Mitchell Father's Birthplace Md

Mother's Maiden Name Mattie J Parris Mother's Birthplace Md

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

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Phthisis - How long 4 years

Immediate Malnutrition - How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? 7

Signature of Physician J. R. ...

Address Greensboro Md

Accident or Suicide?



Name  
in  
Full

Mary A Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Ridgely* County *Caroline Co.* *Md.* MARYLAND

Died at *Near Ridgely*

Date of death 19*40* *May* *23* Age *71* Months *11* Days *16*

Sex *Female* Color or Race *White* Birth-place *Lewis, Anne Arundel Co. Md.*

Occupation *Housewife* Where Residing if not at place of death *Trick, 2424 Anne Arundel St.*

Married, Single or Widowed *Widow* Name of Wife or Husband *John J Murphy*

Father's Name *James J Riggins* Father's Birthplace *Delaware*

Mother's Maiden Name *Elizabeth Jorvit* Mother's Birthplace *Delaware*

Name of person giving information *John J Murphy* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Senile Alzheimers* How long *10 days*

Immediate *Exhaustion* How long *24 hours*

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

Signature of Physician *J. C. Madara*

Address *Ridgely Md.*

Accident or Suicide? *No*

Grant to St Anne  
Institutions

Submewt Church Hill

Aug 26/10

Permeas



Name  
in Full

William L. Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Lanham Town Caroline County  
 Date of death 1900 Aug 26 Age 32 Months 11 Days —  
 Sex Male Color or Race White Birth-place md  
 Occupation Farmer Where Residing if not at place of death —  
 Married, Single or Widowed married Name of Wife or Husband Mary Phillips  
 Father's Name Peter Phillips Father's Birthplace md  
 Mother's Maiden Name Sarah Wheeler Mother's Birthplace md  
 Name of person giving information Mary Phillips How related to deceased wife

## CAUSES OF DEATH

Primary Parotiditis How long 117  
 Immediate Heart Failure How long —

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

yes

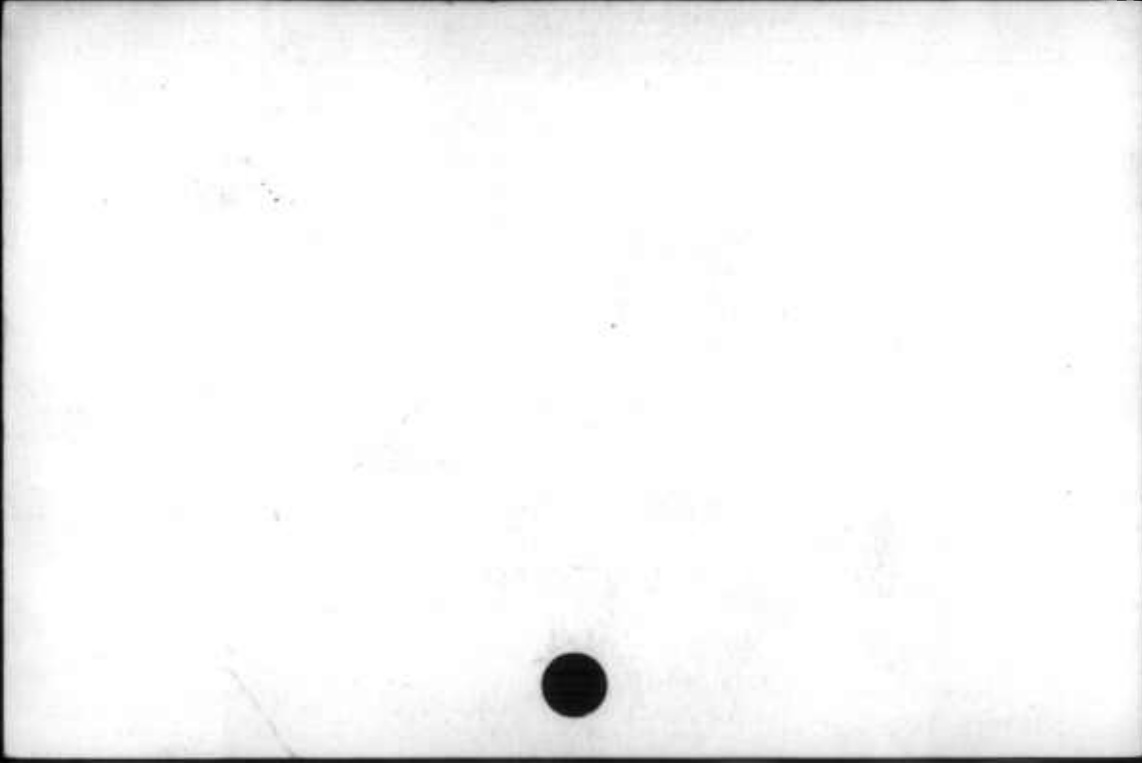
Signature of Physician

Address

Quack Leonard  
Winton md

Accident or Suicide

PHYSICIAN  
OR CORONER



CERTIFICATE OF DEATH

James L G Rasier

Died at *Goldston* Town *Caroline* County **MARYLAND**  
 Date of death *1980* *aug* *1* *1* *6*  
 Sex *male* Color or Race *Black* Birthplace *Maryland*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *James H Rasier* Father's Birthplace *Maryland*  
 Mother's Maiden Name *Annabelle Brown* Mother's Birthplace *Maryland*  
 Name of person giving Information *James H Rasier* How related to deceased *Father*

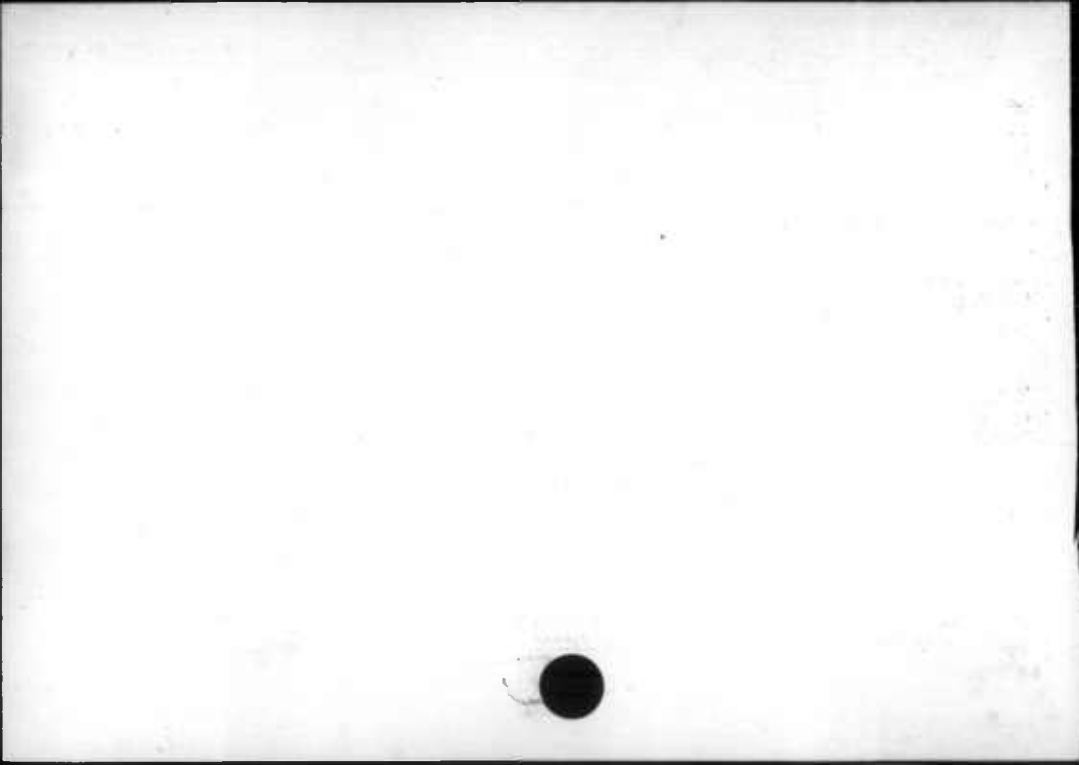
CAUSES OF DEATH

Primary *Bronchitis* How long *one month*  
 Immediate \_\_\_\_\_ How long \_\_\_\_\_

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

Signature of Physician *W J Cooper J D*  
 Address *Acting Barrister*

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Spry* County *Carroll* MARYLAND

Town *Preston*

Died at *Preston*

Date of death *10 Aug 75* Age *Still Born* Months *Still Born* Days

Sex *Male* Color or Race *caucas* Birth-place *MD*

Occupation *not any* Where Reading if not at place of death *Preston*

Married, Single or Widowed *single* Name of Wife or Husband *not any*

Father's Name *Garfield Spry* Father's Birthplace *MD*

Mother's Maiden Name *Abby Dickerson* Mother's Birthplace *MD*

Name of person giving information *Garfield Spry* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still Born* How long *(S)*

Immediate

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

Signature of Physician *Raymond Brown*  
Address *Preston*

Accident or Suicide?



Name  
in Full

Maudie Waldin Stafford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                                 |                                       |   |                                    |                               |
|--|---------------------------------|---------------------------------------|---|------------------------------------|-------------------------------|
| Died at <u>Ridgely</u> <small>Town</small> |                                 | <u>Caroline</u> <small>County</small> |   | MARYLAND                           |                               |
| Date of death                              | <u>1960</u> <small>Year</small> | <u>Aug.</u> <small>Month</small>      | <u>21</u> <small>Day</small>            | Age <u>24</u> <small>Years</small> | <u>17</u> <small>Days</small> |
| Sex  | <u>female</u>                   | Color or Race                         | <u>white</u>                            | Birth-place                        | <u>Ind.</u>                   |
| Occupation                                 | <u>Housewife</u>                |                                       | Where Residing if not at place of death |                                    |                               |
| Married, Single or Widowed                 | <u>Married</u>                  | Name of <del>Wife</del> Husband       | <u>Earl Stafford</u>                    |                                    |                               |
| Father's Name                              | <u>John A. Ivins</u>            |                                       | Father's Birthplace                     | <u>W. Va.</u>                      |                               |
| Mother's Maiden Name                       | <u>Mary A. Bromley</u>          |                                       | Mother's Birthplace                     | <u>England</u>                     |                               |
| Name of person giving Information          | <u>John A. Ivins</u>            |                                       | How related to deceased                 | <u>Father</u>                      |                               |

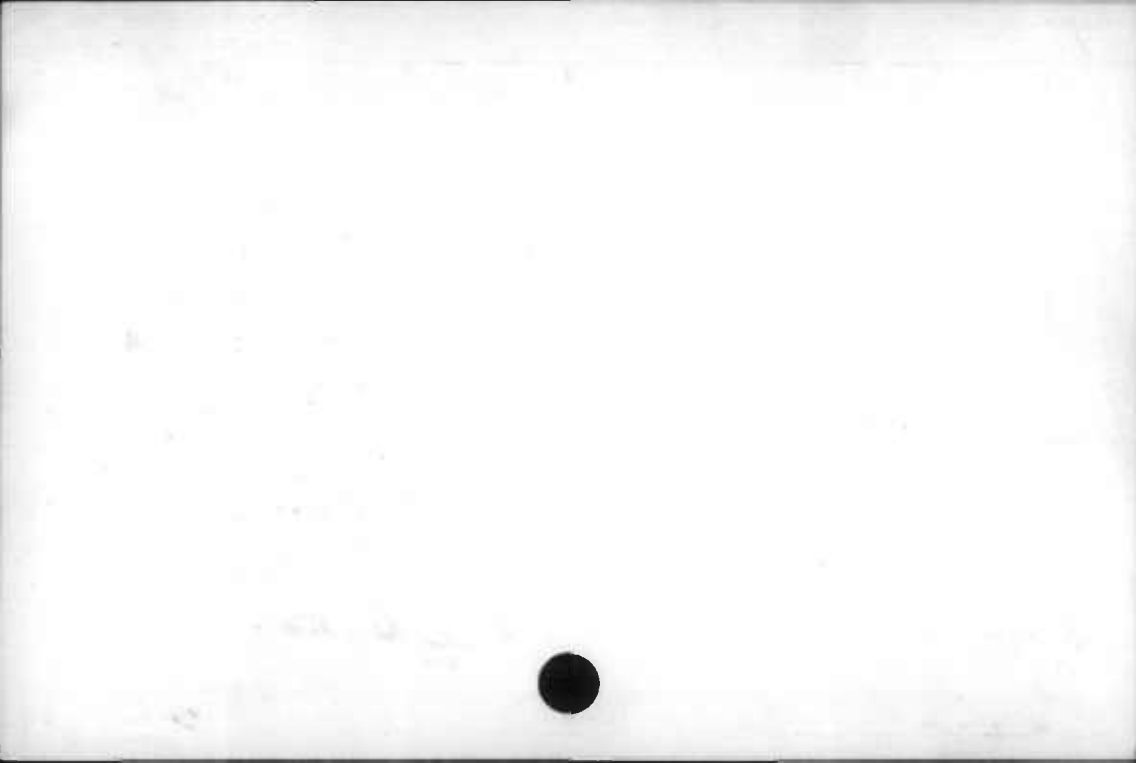
## CAUSES OF DEATH

|  |                      |                        |                     |
|--|----------------------|------------------------|---------------------|
| Primary  | <u>Typhoid fever</u> | How long               | <u>6 weeks</u>      |
| Immediate  | <u>Exhaustion</u>    | How long               | <u>36 hours</u>     |
| Are the name, age, sex, color, date and place correctly given above? | <u>yes</u>           | Signature of Physician | <u>J. C. Madara</u> |

Address

Ridgely Ind.

Accident or Suicide





Name in Full

Alex Emory Thomas -

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Mark Ridge <sup>County</sup> Caroline

MARYLAND

Date of death 1990 Aug 12 Age 2 Months 3 Days 22

Sex male Color or Race Negro - Birthplace -

Occupation - Where Residing if not at place of death -

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

Father's Name Dennis Thomas - Father's Birthplace -

Mother's Maiden Name Adeline Furman Mother's Birthplace -

Name of person giving Information Dennis Thomas - How related to deceased Father -

CAUSES OF DEATH

Primary Neovascular - How long 189 2 years -

Immediate Exhaustion - How long one week

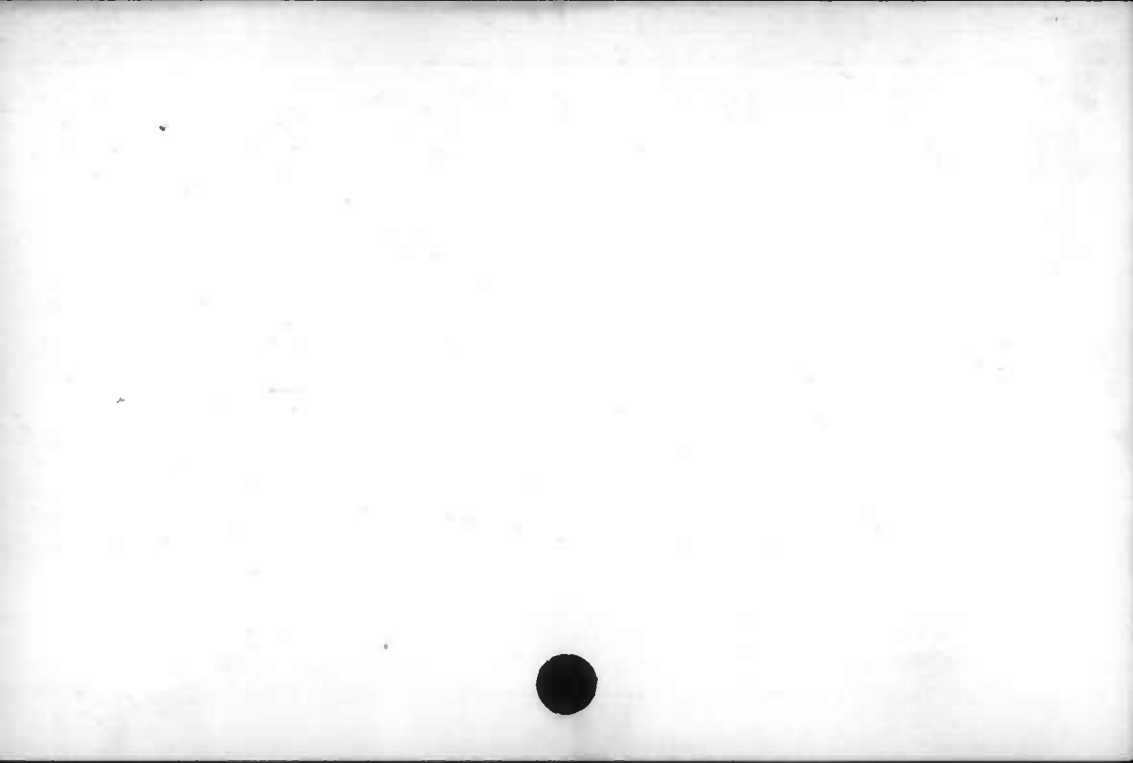
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. Stone

Address Mark Ridge Md.

PHYSICIAN OR CORONER

Accident or Suicide no



Name  
in  
Full

*Mar Dodd*

CERTIFICATE OF DEATH

Died at *Hickman* Town *Caroline* County **MARYLAND**

Date of death 19 *10* Aug *13* Age *still born* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Mar Hickman*

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

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

Father's Name *Charles Todd* Father's Birthplace *Mar Hickman*

Mother's Maiden Name *Katie Brygger* Mother's Birthplace *Dutton Md*

Name of person giving Information *H S Walker* How related to deceased *None*

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary *Cardiac Insufficiency* How long *Still Born*

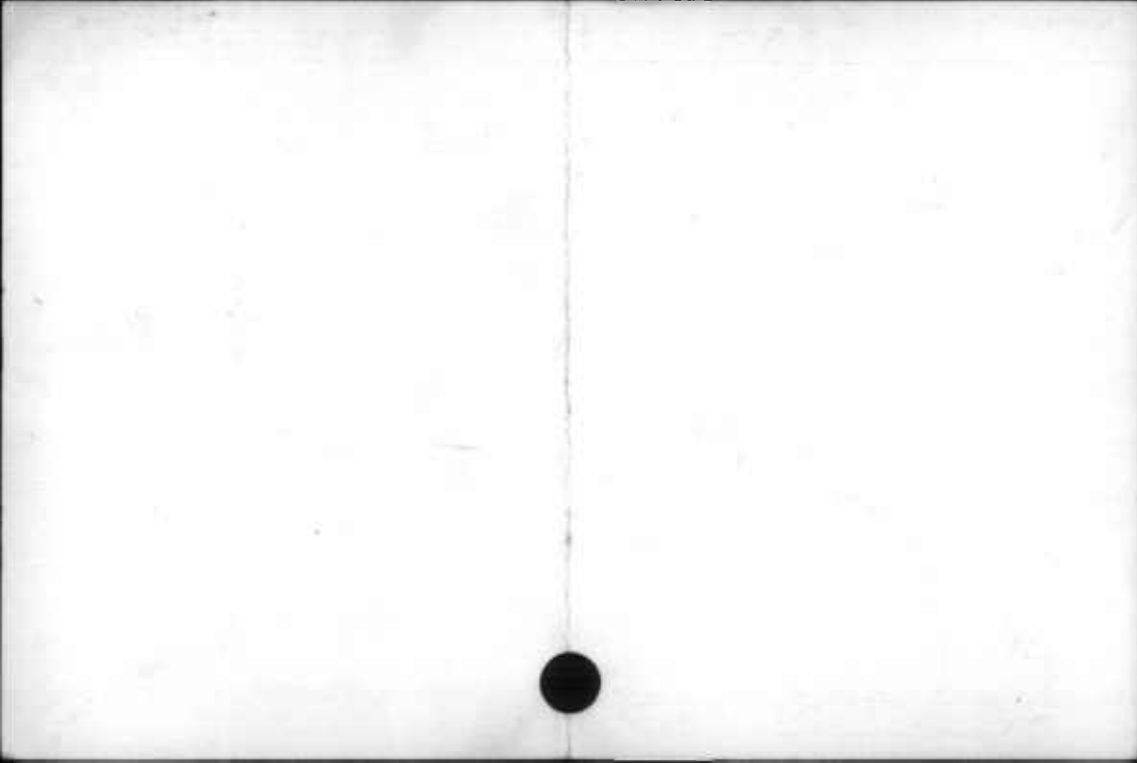
Immediate *—* How long *—*

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

Signature of Physician *Walter S Hunter*  
Address *Greenwood Del*

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Albert L. Lawrence Tribet

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

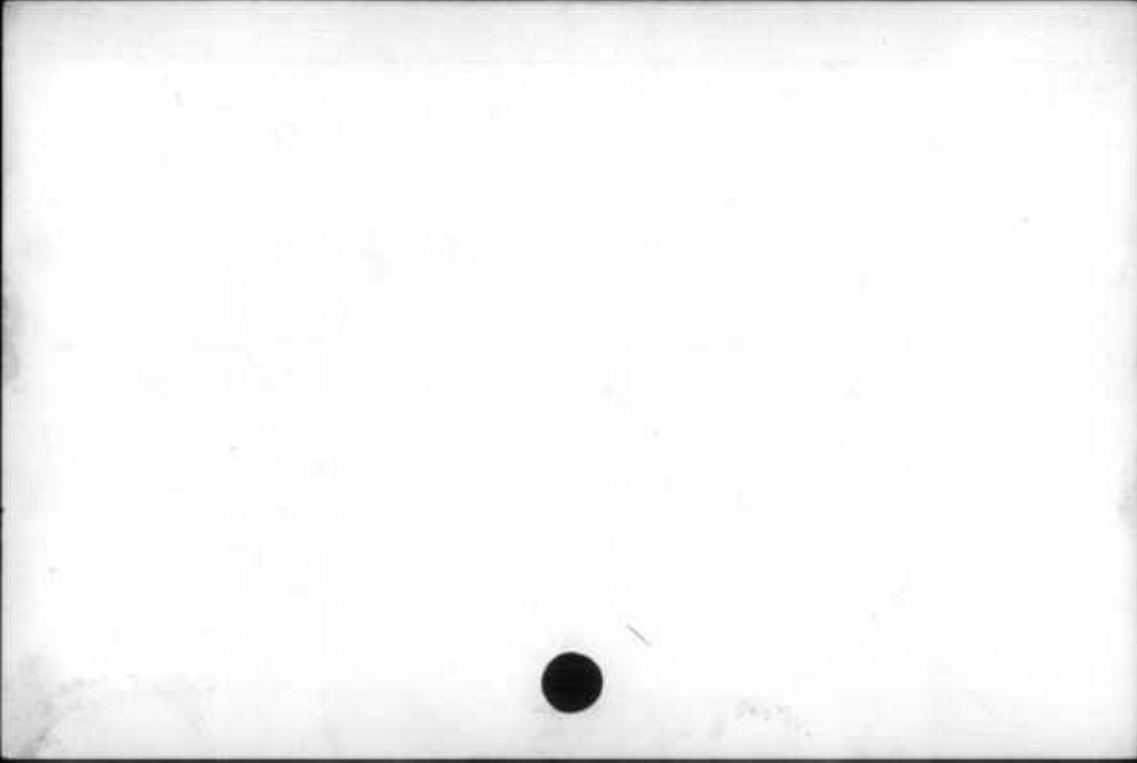
|  |  |  |  |                                       |  |
|--|--|--|--|---------------------------------------|--|
| Died at <u>Ridgely</u> <small>Town</small>   |  | <u>Caroline</u> <small>County</small>                        |  | MARYLAND                              |  |
| Date of death <u>1900</u> <small>Month</small> <u>Aug.</u> <small>Day</small> <u>16</u> <small>Age</small> <u>9</u> <small>Years</small> <u>3</u> <small>Months</small> <u>3</u> <small>Days</small> |  | Sex <u>Male</u> <small>Color or Race</small> <u>Blk.</u>     |  | <small>Birth-place</small> <u>Md.</u> |  |
| <small>Occupation</small> _____  |  | <small>Where Residing if not at place of death</small> _____ |  |                                       |  |
| <small>Married, Single or Widowed</small> _____  |  | <small>Name of Wife or Husband</small> _____                 |  |                                       |  |
| <small>Father's Name</small> <u>Emerson Tribet</u>   |  | <small>Father's Birthplace</small> <u>Md.</u>                |  |                                       |  |
| <small>Mother's Maiden Name</small> <u>Emma Lewis</u>  |  | <small>Mother's Birthplace</small> <u>Md. of</u>             |  |                                       |  |
| <small>Name of person giving information</small> <u>Harriet Lewis</u>  |  | <small>How related to deceased</small> <u>Grandfather</u>    |  |                                       |  |

## CAUSES OF DEATH

189A

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| <small>Primary</small> <u>Marasmus</u>   | <small>How long</small> <u>2 weeks</u>                    |
| <small>Immediate</small> <u>Asphyxiation</u>   | <small>How long</small> <u>1 day</u>                      |
| <small>Are the name, age, sex, color, date and place correctly given above?</small> <u>yes</u> | <small>Signature of Physician</small> <u>J. C. Madara</u> |
|  | <small>Address</small> <u>Ridgely Md.</u>                 |
| <small>Accident or Suicide</small> _____   |   |



CERTIFICATE OF DEATH

Hansen Warner

Died at <sup>Town</sup> Goldsboro <sup>County</sup> Caroline MARYLAND

Date of death 1900 <sup>Month</sup> Aug <sup>Day</sup> 11 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> 3 <sup>Days</sup> -

Sex male Color or Race Black Birthplace Maryland

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name William Warner Father's Birthplace Maryland

Mother's Maiden Name Margreth Fuster Mother's Birthplace Maryland

Name of person giving information William H Warner How related to deceased father

CAUSES OF DEATH

Primary \_\_\_\_\_ How long (99)

Immediate Thrush How long 3 weeks

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

Signature of Physician Wm L Cooper, J. P. Address Goldsboro Maryland

Accident or Suicide \_\_\_\_\_

active buried





Name is Full

William Wright.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> near Smithville <sup>County</sup> Caroline, MARYLAND

Date of death 1910 <sup>Month</sup> Aug. <sup>Day</sup> 21<sup>st</sup> <sup>Age</sup> <sup>Years</sup> 53 <sup>Months</sup> <sup>Days</sup>

Sex <sup>male</sup> Color or Race <sup>white</sup> Birth-place <sup>Caroline Co., Md.</sup>

Occupation <sup>Farm Laborer.</sup> Where Residing if not at place of death

Married, Single or Widowed <sup>Married.</sup> Name of Wife or Husband <sup>Mary Arnett.</sup>

Father's Name <sup>Andrew J. Wright.</sup> Father's Birthplace <sup>Caroline Co., Md.</sup>

Mother's Maiden Name <sup>Mary E. Moore.</sup> Mother's Birthplace " " "

Name of person giving information <sup>Alongo Wright.</sup> How related to decedent <sup>Brother.</sup>

CAUSES OF DEATH

1

PHYSICIAN OR CORONER

Primary <sup>Dysphoid Fever</sup> How long <sup>3 weeks</sup>

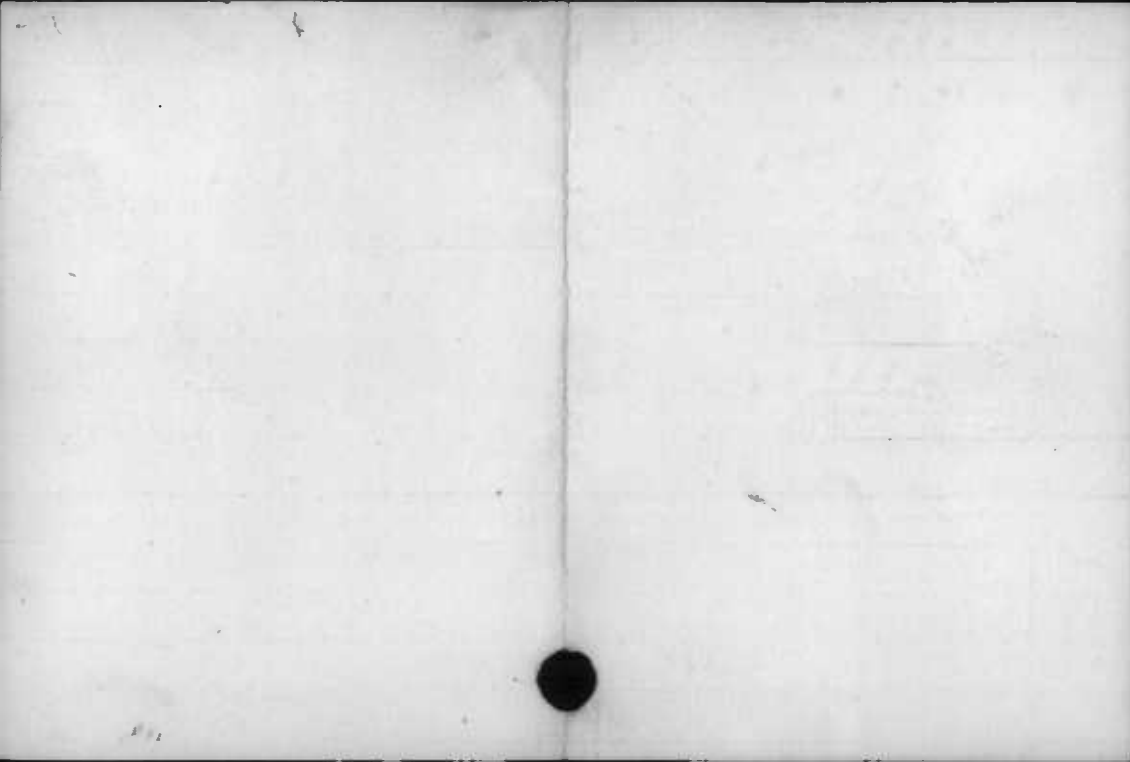
Immediate

Are the name, age, sex, color, date and place correctly given above? <sup>yes</sup>

Signature of Physician <sup>R Kemp Jefferson</sup>

Address <sup>Federalburg Md</sup>

Accident or Suicide?



Name  
in  
Full

Betty Ziegler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                       |                      |                                   |   |                         |           |
|---------------------------------------|----------------------|-----------------------------------|---|-------------------------|-----------|
| Died at <u>Padgug</u> <sup>Town</sup> |                      | <u>Caroline</u> <sup>County</sup> |   | MARYLAND                |           |
| Date of death                         | 19 <u>80</u>         | Month                             | <u>8</u>                                | Day                     | <u>12</u> |
| Age                                   |                      | Years                             |   | Months                  | Days      |
| Sex                                   | <u>Female</u>        | Color or Race                     | <u>White</u>                            | Birth-place             | <u>MA</u> |
| Occupation                            | _____                |                                   | Where Residing if not at place of death |                         |           |
| Married, Single or Widowed            | <u>Single</u>        | Name of Wife or Husband           |   |                         |           |
| Father's Name                         | <u>David Ziegler</u> |                                   |   | Father's Birthplace     | <u>Pa</u> |
| Mother's Maiden Name                  | <u>Kate King</u>     |                                   |   | Mother's Birthplace     | <u>Pa</u> |
| Name of person giving information     | _____                |                                   |   | How related to deceased | <u>S</u>  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                   |                        |                      |
|--|-------------------|------------------------|----------------------|
| Primary  | <u>Stell Born</u> | How long               | <u>(S)</u>           |
| Immediate  | _____             | How long               | _____                |
| Are the name, age, sex, color, date and place correctly given above? |                   | Signature of Physician | <u>J. M. Nichols</u> |
| _____  |                   | Address                | <u>Dorham Md.</u>    |
| Accident or Suicide  |                   | _____                  |                      |



Name  
in  
Full

Kate E. Giegler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Ridgeley <sup>Town</sup> Caroline <sup>County</sup> MARYLAND

Date of death 1940 <sup>Month</sup> Aug <sup>Day</sup> 15 <sup>Years</sup> 44 <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race white Birth-place Pa.

Occupation House wife Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Daniel Giegler

Father's Name L. H. King Father's Birthplace Pa.

Mother's Maiden Name S. Frantz Mother's Birthplace Pa.

Name of person giving Information Daniel Giegler How related to deceased Husband

CAUSES OF DEATH

Primary Burned by fire (167) How long —

Immediate Pneumonia How long —

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

Signature of Physician F. M. Nichols  
Address Winton Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

1000

