

Name
In
Full

Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Spry Hill Town Adams County Clarke MARYLAND

Date of death 190 Aug Month 23 Day Age Years Months Days

Sex Female Color or Race African Birth-place Charles Co

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Belle Adams Father's Birthplace Clarke Co

Mother's Maiden Name Maggie Lyon Mother's Birthplace Clarke Co

Name of person giving information Jane B Lyon How related to deceased Wife

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

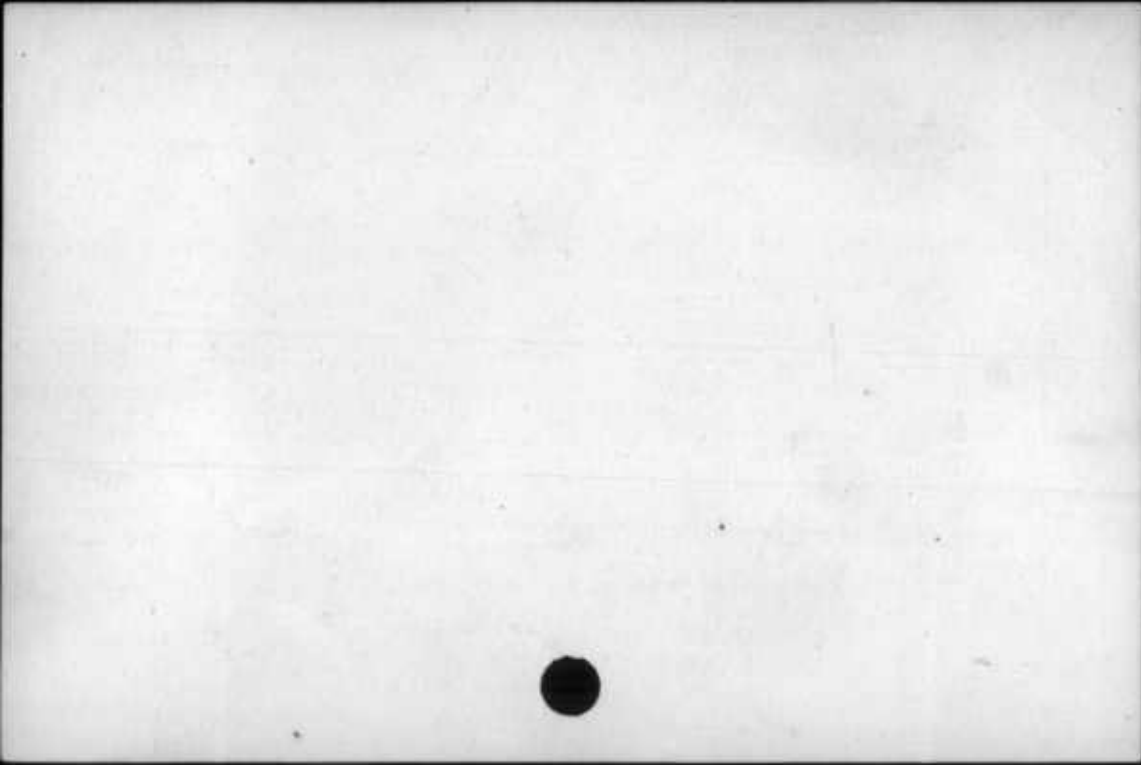
Primary Self Poison How long

Immediate How long

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

Signature of Physician Charles H. Roby
Address Belatton Md
Sub Registrar

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

J. A. Bernard

Died at *Indian Head* Town*Charles Co.* County

MARYLAND

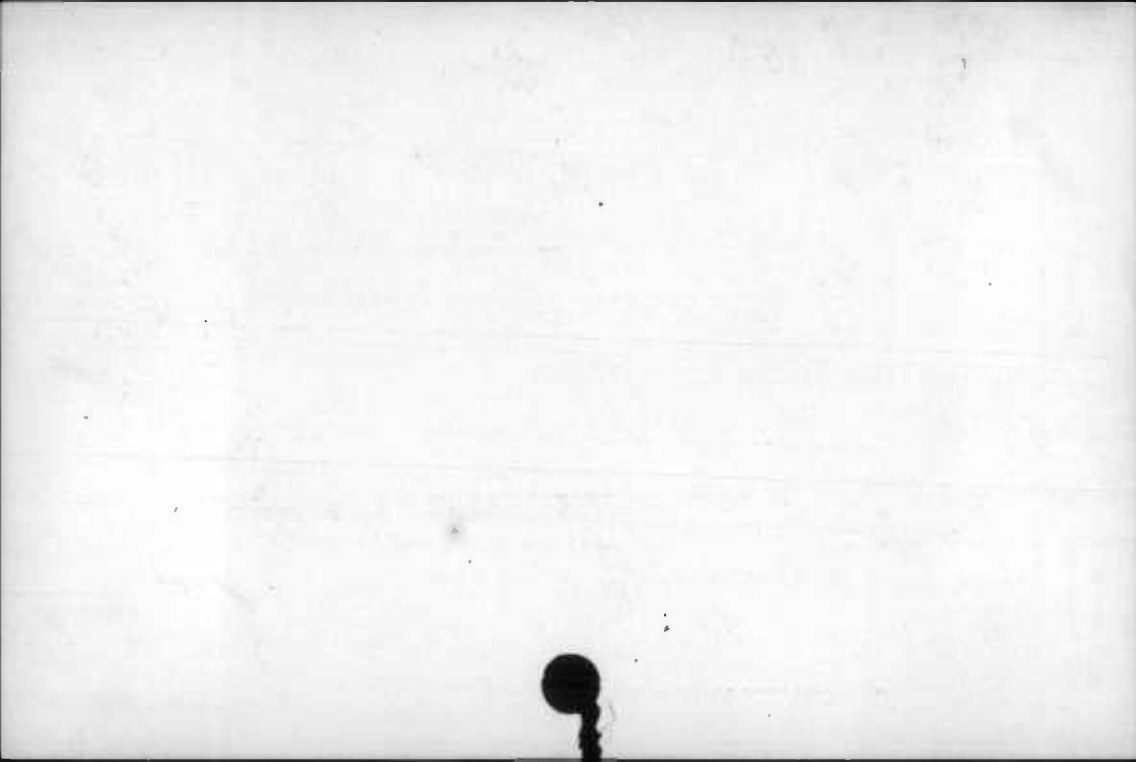
Date *1910*
of death ~~1900~~Month *August*Day *2*Age *69*Months *unknown*
DaysSex *male*Color or Race *White*Birth-place *Norfolk, Va.*Occupation *Minister of the gospel*Where Reading if not at place of death *North Tarrytown, N.Y.*Married, Single or Widowed *Widower*

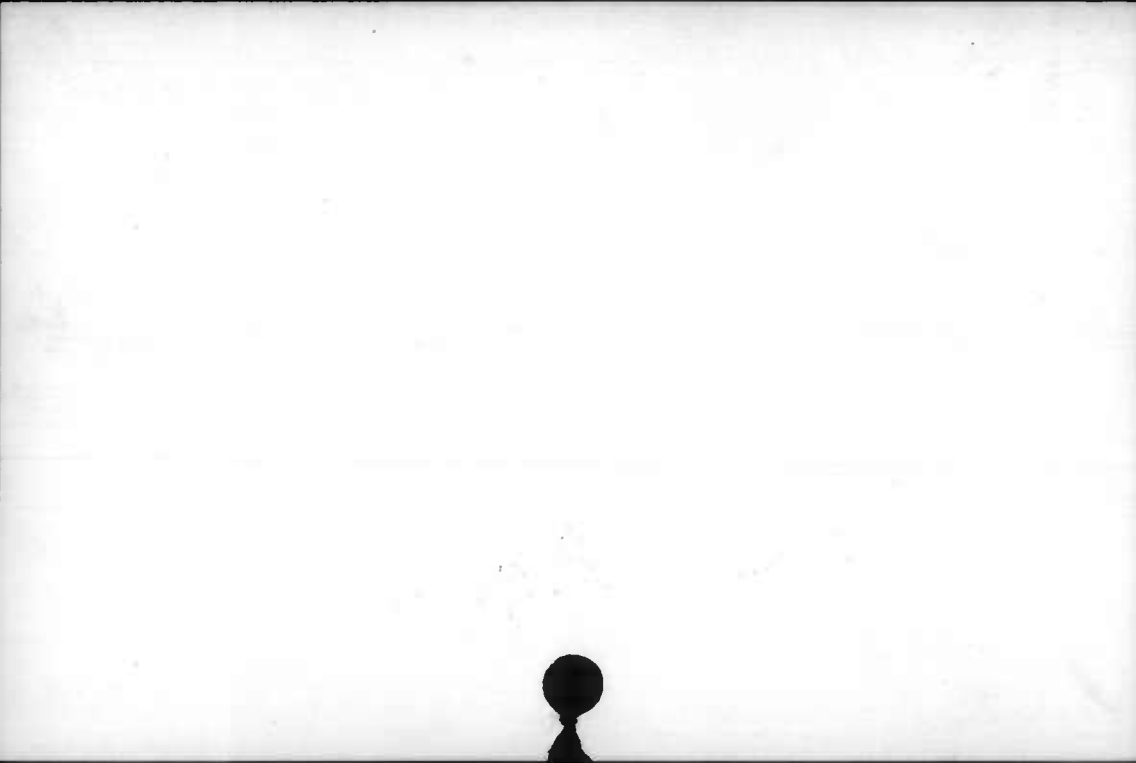
Name of Wife or Husband _____

Father's Name *unknown*Father's Birthplace *unknown*Mother's Maiden Name *unknown*Mother's Birthplace *unknown*Name of person giving information *James L. Brown*How related to deceased *No relation*

CAUSES OF DEATH

Primary *Acute regurgitation*How long *79*
*About one year*Immediate *Acute indigestion & heart failure*How long *Half a day*Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *Rupold Hayden*Address *Naval Proving Ground,
Indian Head, Md.*Accident or Suicide? *No.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER





Name
in
Full

George O. Briscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Du Boise ^{County} Charles MARYLAND

Date of death 1940 Aug. 1 Age 0 Months 1 Days 0

Sex Male Color or Race Colored Birth-place Md.

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Willie Briscoe Father's Birthplace Charles Co.

Mother's Maiden Name Lina Williams Mother's Birthplace Charles Co.

Name of person giving Information Willie Briscoe How related to deceased Father

CAUSES OF DEATH

Primary Whooping Cough How long 14 days

Immediate Exhaustion How long 1 Day

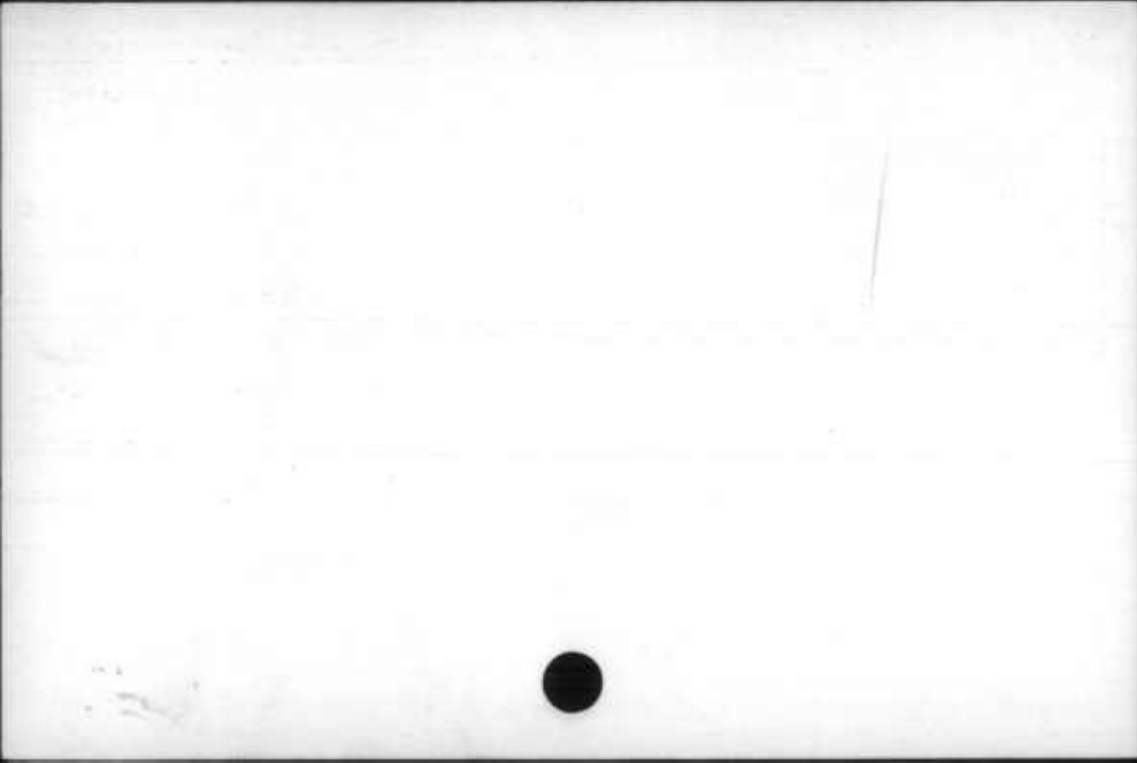
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician D. E. Jameson, M.D.

Address Newport, Md.

Accident or Suicide No

PHYSICIAN
OR CORONER



Name
in
Full

Gladys Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Tobacco</i>		Town <i>Port Tobacco</i>		County <i>Charles</i>		STATE <i>MARYLAND</i>	
Date of death <i>1990</i>	Month <i>Aug</i>	Day <i>14</i>	Age <i>1</i>	Years <i>11</i>	Months <i>6</i>	Days <i>6</i>	
Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Charles Lee, Md</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						
Father's Name <i>Washington Brooks</i>	Father's Birthplace <i>Charles Lee, Md</i>						
Mother's Maiden Name <i>Catharine Dells</i>	Mother's Birthplace <i>Virginia</i>						
Name of person giving Information <i>Elizabeth Mason</i>	How related to deceased <i>grand mother</i>						

CAUSES OF DEATH

Primary <i>Sholera infantum</i>	How long <i>10 Hrs</i>	How long <i>week</i>
Immediate <i>Comatosis</i>	How long <i>3 or 4 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Owen, M.D.</i>	Address <i>La Plata Md</i>
Accident or Suicide <i>no</i>		

PHYSICIAN
OR CORONER



Name
in
Full

Leftraw Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wm Pompey</i>		Town <i>LeCharles</i>		County <i>LeCharles</i>		MARYLAND	
Date of death <i>1980</i>	Month <i>Aug.</i>	Day <i>21st</i>	Age <i>27</i>	Years <i>27</i>	Months <i>11</i>	Days	
Sex <i>female</i>	Color or Race <i>colored</i>	Birthplace <i>Wash. D.C.</i>		Occupation <i>room</i>			
Married, Single or Widowed <i>single</i>		Where Residing if not at place of death <i>Wash. D.C.</i>					
Name of Wife or Husband		Father's Name <i>Clarence Davis</i>		Father's Birthplace <i>Wash. D.C.</i>			
Mother's Maiden Name <i>Hattie Johns</i>		Name of person giving Information <i>Hattie Johns</i>		Mother's Birthplace <i>Ann Arundel Co Md</i>			
How related to deceased <i>Mother</i>		<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div>					

PHYSICIAN
OR CORONER

Primary <i>Acute diarrhoea</i>	How long <i>104</i>	<i>weeks</i>
Immediate <i>General exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos S. Owen</i>	Address <i>La Plata</i>
Accident or Suicide <i>no</i>		



Name
in
Full

Alexandria Hawkins
Town Faulkner County Charles

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Faulkner Charles

Date of death 1900 Aug. 14th Age 22

Sex Male Color or Race African Birthplace Chas. Co. Md

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Regina Hawkins

Father's Name Hough Hawkins Father's Birthplace Chas. Co.

Mother's Maiden Name Emily Young Mother's Birthplace Chas. Co.

Name of person giving Information Emily Short How related to deceased Mother

CAUSES OF DEATH

Primary Injury caused by being Struck by Locomotive

175

Immediate Shock How long 7 hours

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

Signature of Physician Alex Kerue J.P.
Address acting as Coroner Bel Alton Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

William Harold Mastace

CERTIFICATE OF DEATH

Town

County

Died at

Perryway

Chatham

MARYLAND

Date

1960

Month

Aug

Day

24

Age

Years

1

Months

0

Days

18

Sex

Male

Color or
Race

Caucasian

Birth-
place

Perryway Md

Occupation

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

James G. Mastace

Father's
Birthplace

White Plains Md

Mother's
Maiden Name

Maud E. Blair

Mother's
Birthplace

Perryway Md

Name of person giving
Information

James G. Mastace

How related
to deceased

Father

CAUSES OF DEATH

Primary

Broncho-pneumonia

How long

Two weeks

Immediate

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

yes

Signature of
Physician

J. W. Mitchell M.D.

Address

Perryway Md.

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Not named -

Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Perryman* Town *Charles* County **MARYLAND**

Date of death *1980* Month *July* Day *18* Age _____ Years _____ Months _____ Days _____

Sex *Female* Color or Race *White* Birthplace *Perryman Ind*

Occupation _____ Where Residing if not at place of death _____

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

Father's Name *J. P. Marshall* Father's Birthplace *W. Va. Co. Ind*

Mother's Maiden Name *Carry F. Hodges* Mother's Birthplace *W. Va. Co. Ind*

Name of person giving Information *J. P. Marshall* How related to deceased *Father*

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary *Stic Bow* How long _____

Immediate _____ How long _____

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

Signature of Physician *J. W. Winchell M.D.*

Address *Perryman Ind*

Accident or Suicide _____

J. P. Marshall
Sub Rec



Name
in
Full

CERTIFICATE OF DEATH

Joseph Albert Leo Morgan
Town Remedick County Chesley

MARYLAND

Died at Remedick Month Aug Day 5 Age — Years Months 4 Days

Date of death 1900

Sex male Color or Race White Birth-place Ind

Occupation — Where Residing if not at place of death —

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

Father's Name Peter Morgan Father's Birthplace Ind

Mother's Maiden Name Addie Ruckler Mother's Birthplace Ind

Name of person giving Information Peter Morgan How related to deceased Father

189A
3 mo

CAUSES OF DEATH

Primary Thrombosis How long 3 mo

Immediate

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

JS

Signature of Physician

Address

L. C. Lavin
Washington, Md.

Accident or Suicide —

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In Full

CERTIFICATE OF DEATH

James K. Morris
Rock Point Charles

MARYLAND

Died at
Date of death 1960 8 27 Age 5-1

Sex Male Color or Race White Birth-place St. Marys Co., Md.

Occupation Merchant fisherman Where Residing if not place of death

Married, Single or Widowed Married Name of Wife or Husband Idda Hammett

Father's Name Thomas Morris Father's Birthplace St. Marys Co., Md.

Mother's Maiden Name Jane Wise Mother's Birthplace St. Marys Co., Md.

Name of person giving Information Eugene K. Lloyd How related to deceased None

CAUSES OF DEATH

Primary Cirrhosis of liver How long 113

Immediate

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

Signature of Physician

Address

J. L. Hildoy
Nayside
Char., Co., Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

John T. Owen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

1/8

Town *La Plata* County *Charles* MARYLAND

Died at *La Plata*

Date of death 1900 Month *Aug.* Day *12th* Age *25* Months *7* Days *—*

Sex *male* Color or Race *white* Birth-place *Charles Co.*

Occupation *Merchant (General)* Where Residing if not at place of death *—*

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

Father's Name *John W. Owen* Father's Birthplace *Charles Co.*

Mother's Maiden Name *Hindle* Mother's Birthplace *Charles Co.*

Name of person giving information

CAUSES OF DEATH

32

Primary *Potts disease - Spinal Caries* How long *about 3 or 4 yrs*

Immediate

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

yes

Signature of Physician

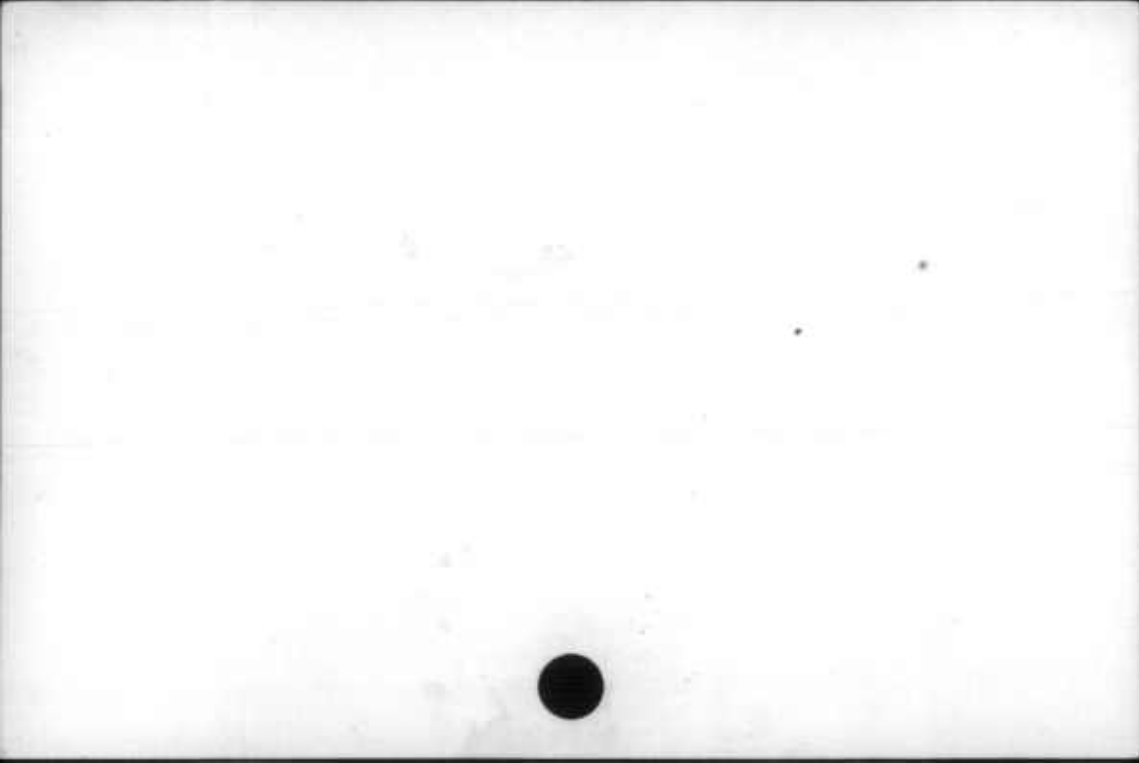
Thos. S. Owen

Address

La Plata

Accident or Suicide

*no**Ind*PHYSICIAN
OR CORNER



Name
In
Full

Laura A. Owen

CERTIFICATE OF DEATH

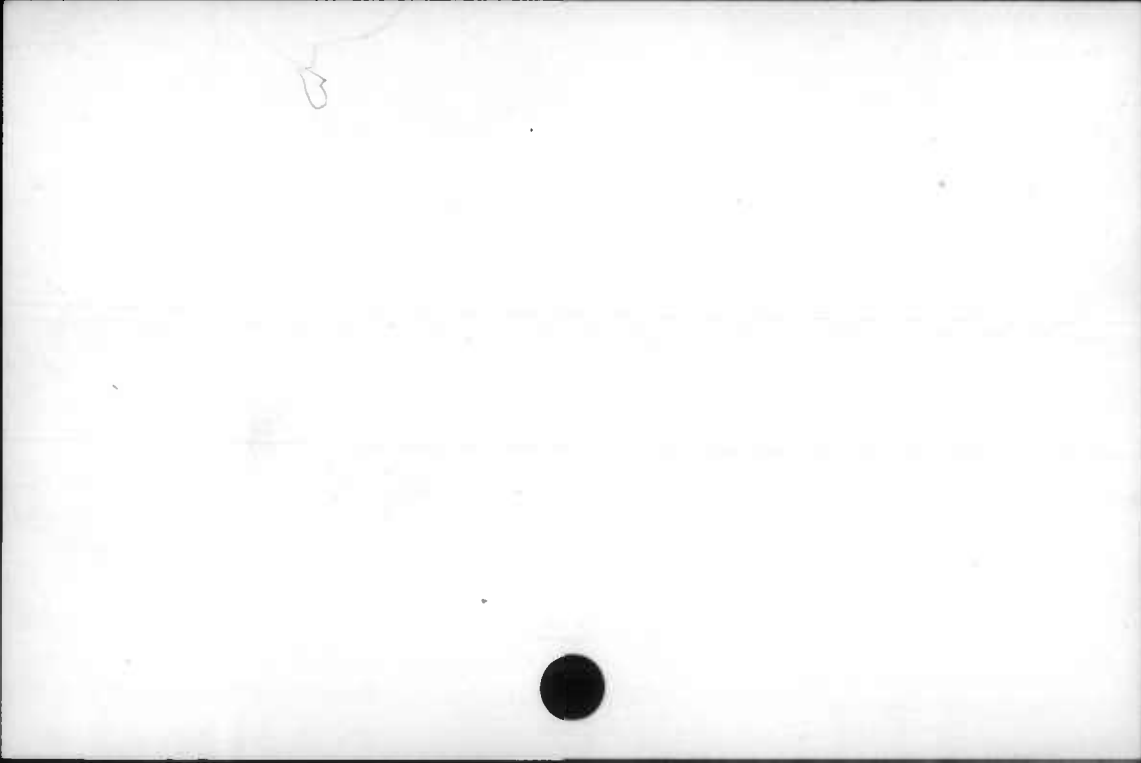
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McDonnell</i>		Town <i>Charles</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>Aug</i>	Day <i>31</i>	Age <i>58</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Charles Co Md</i>				
Occupation <i>housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Lemuel B Brown</i>						
Father's Name <i>Thomas Highfield</i>	Father's Birthplace <i>Charles Co Md</i>						
Mother's Maiden Name <i>Annie Dean</i>	Mother's Birthplace <i>Charles Co Md</i>						
Name of person giving Information <i>Eugene Owen</i>	How related to deceased <i>son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Liver</i>	How long <i>about 1 year</i>
Immediate <i>General Atrophy</i>	How long <i>about 2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos J Brown M D</i>
	Address <i>La Plata Md</i>
Accident or Suicide <i>No</i>	



Name
in
Full

Ralph Pickeral

CERTIFICATE OF DEATH

Died at *Near* ^{Town} *Waldorf* ^{County} *Charles* **MARYLAND**

Date of death **1940** ^{Month} *Aug* ^{Day} *26* ^{Age} *—* ^{Years} *—* ^{Months} *2* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Md*

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

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

Father's Name *Townley Pickeral* Father's Birthplace *Md*

Mother's Maiden Name *Maggie M. Pickeral* Mother's Birthplace *Md*

Name of person giving Information *Townley Pickeral* How related to deceased *Father*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Malassimilation* ^{How long} *189 A* *2 month*

Immediate *Exhaustion* ^{How long} *—*

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

Signature of Physician *None in attendance*

Address *Thos. M. Pickerson*

Sub Reg

PHYSICIAN
OR CORONER

Accident or Suicide *—*



Name in Full

William A. Roach

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Berwyn Chase MARYLAND

Date of death 1980 Month 8 Day 17 Age 33 Months 1 Days -

Sex Male Color of Race White Birth-place MD

Occupation Conductor Street RR Where Residing if not at place of death place of death

Married, Single or Widowed Married Name of Wife or Husband Mary V. Roach

Father's Name Wm A. Roach Sr. Father's Birthplace MD

Mother's Maiden Name Betty Selovey Mother's Birthplace MD

Name of person giving Information J. M. Pugh How related to deceased 1st cousin

CAUSES OF DEATH

28

PHYSICIAN OR CORONER

Primary Causes unknown How long 5 1/2 mo

Immediate Strangulation How long 1/4 hr

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

Signature of Physician Holbrook

Address Highville MD

Accident or Suicide No



Name
in
Full

Prescilla Shamer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

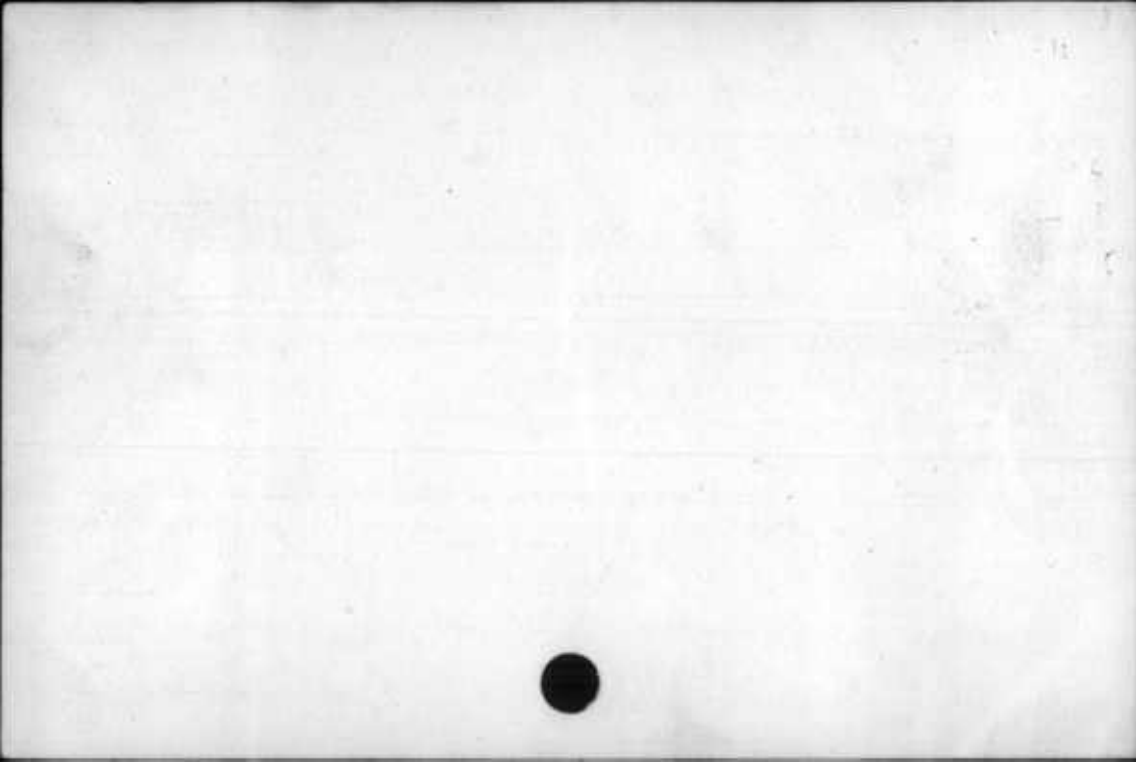
Died at <i>McChoncic</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death <i>1940</i>	<i>8</i> <small>Month</small>	<i>14</i> <small>Day</small>	Age <i>73</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>W.</i>	Birth-place <i>md</i>			
Occupation <i>House wife</i>	Where Rounding if not at place of death				
Married, Single or Widowed <i>M.</i>	Name of Wife or Husband <i>Jacob R Shamer</i>				
Father's Name <i>Moses Belk.</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Mary A. Gill</i>	Mother's Birthplace				
Name of person giving information <i>Frances J. Barwick</i>	How related to deceased <i>Niece</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Ulcerated Bowels & Tubercles Scumlig</i>	How long <i>3 years</i>
Immediate <i>Aschemia Heart Failure</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jimmie L. Hammon</i>
<i>Yes</i>	Address <i>La Plata, Md.</i>
Accident or Suicide? <i>Yes</i>	



Name
In Full

Taylor Shivers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Revsude		County Chas		MARYLAND	
Date of death	1910	Month Aug	Day 21	Age	1	Months 9	Days
Sex	Female		Color or Race	Black		Birth-place	md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	Taylor Shivers				Father's Birthplace	md	
Mother's Maiden Name	Nattie Riley				Mother's Birthplace	md	
Name of person giving information	Taylor Shivers				How related to deceased	Father	

CAUSES OF DEATH

186

PHYSICIAN
OR CORONER

Primary	Injury to spine from fall		How long	3 or 4 weeks
Immediate	Causing Abscess		How long	—
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	D. H. Speake
			Address	Grayton md
Accident or Suicide?	—			



Name in Full

Lillian Stuffy

CERTIFICATE OF DEATH

Died at ^{Town} White Plains

^{County} Charles

MARYLAND

Date of death 1940

Month Aug

Day 3

Age -

Months 6

Days -

Sex Female

Color or Race White

Birthplace Ind

Occupation -

Where Residing if not at place of death -

Married, Single or Widowed -

Name of Wife or Husband -

Father's Name George Stuffy

Father's Birthplace Ind

Mother's Maiden Name Unknown

Mother's Birthplace Ind

Name of person giving information Emory Stuffy

How related to deceased Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Cholera Infantum

How long 10H 2 weeks

Immediate Exhaustion

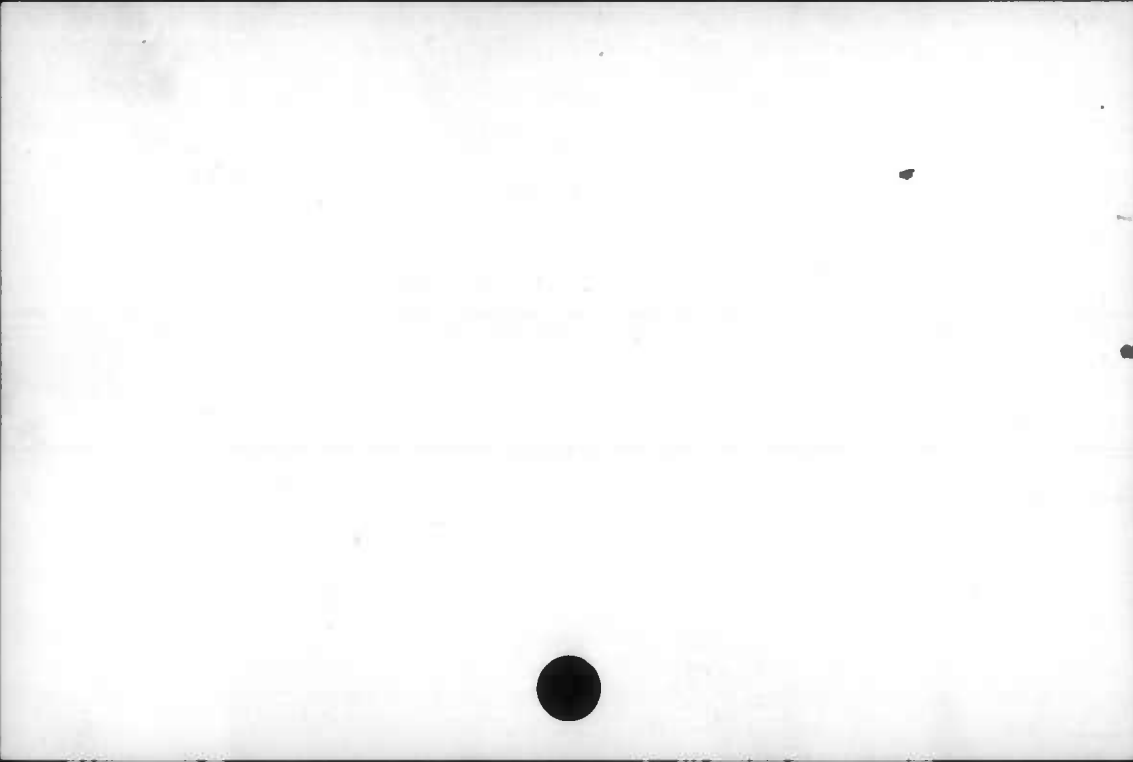
How long 2 or 3 days

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

Signature of Physician J. O. Gwosdz
Address Waldorf Md.

PHYSICIAN OR CORONER

Accident or Suicide No



Name
in
Full

Robert Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cedar Point* ^{Town} *Chap* ^{County} **MARYLAND**

Date of death *1900* ^{Month} *3* ^{Day} *14* ^{Years} *90* ^{Months} *—* ^{Days} *—*

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

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

Married, Single or Widowed *widowed* Name of Wife or Husband *Maria Conlee*

Father's Name *Thomas* Father's Birthplace *Chap*

Mother's Maiden Name *Unknown* Mother's Birthplace *—*

Name of person giving Information *Reed Brown* How related to deceased *Grand Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Old age & Weakness* How long *Month*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *None*

Address *W. F. Browner*

Accident or Suicide *P.O. M. Coakley Sub Reg*

W. F. Brown
Sun, Ray

Name
in
Full

Floyd Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pisgah		County Charles		MARYLAND	
Date of death		Month Aug.	Day 29	Age 6	Years	Months	Days
Sex Male		Color or Race American		Birth-place Charles C. Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Thos. Welch		Father's Birthplace Charles C. Md.					
Mother's Maiden Name Bertha Wilber		Mother's Birthplace Perryloggia					
Name of person giving Information Bertha Welch		How related to Deceased Mother					

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	3 days
Immediate	Toxemia.	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. C. Ricknell	
Yes		Address Pisgah, Md.	
Accident or Suicide			

