

Name in Full

Carrie E. Brady

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

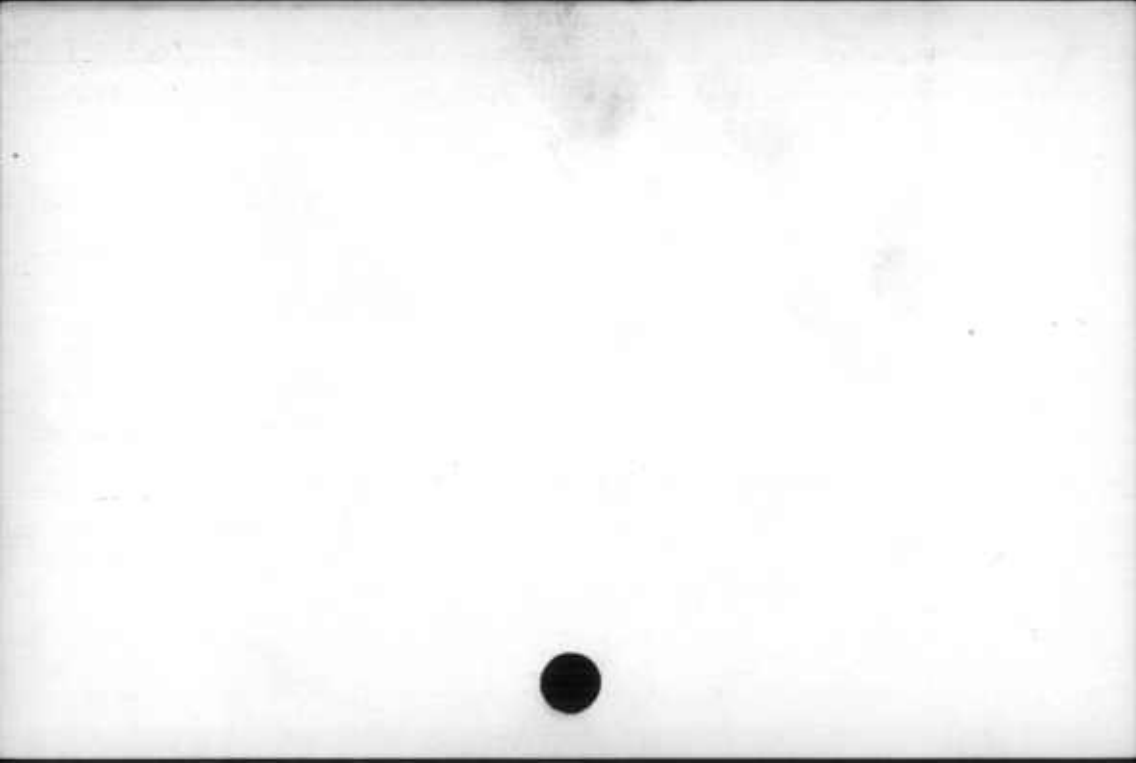
Died at Ches. Beach <sup>Town</sup> Kalvert <sup>County</sup> **MARYLAND**  
 Date of death 1900 <sup>Month</sup> Aug <sup>Day</sup> 11 <sup>Years</sup> Age 3 <sup>Months</sup> 9 <sup>Days</sup>  
 Sex Female Color or Race White Birth-place Mt. Vernon, Md.  
 Occupation None Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed Single Name of Wife or Husband None  
 Father's Name Henry Brady Father's Birthplace Maryland  
 Mother's Maiden Name Ann Hoopes Mother's Birthplace Maryland  
 Name of person giving Information Henry Hoopes How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Tetania How long 4 days  
 Intermediate Dyspnea How long 12 hours  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician W. H. Hatten  
 Address Ches. Beach Md.  
 Accident or Suicide \_\_\_\_\_

55



Name  
in  
Full

Benj. P. Broome

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near St. Leonards		<sup>County</sup> Calvert		MARYLAND	
Date of death	1960	Month	Aug	Day	10
Age		64		Years	
Sex		Male		Color or Race	White
Occupation		Farmer		Birth-place	Calvert Co.
Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Geo. T. Broome			Father's Birthplace	Calvert Co
Mother's Maiden Name	Sophia Parran			Mother's Birthplace	Calvert Co
Name of person giving information	James Broome			How related to deceased	Mother

## CAUSES OF DEATH

Primary	Airchosis of Liver	How long	1 year
Immediate	Incurable	How long	1 week

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

Signature of Physician

Address

R. Brown  
 [Redacted]  
 [Redacted]

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
In Full

George Edward Elliott

CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Solomons*<sup>County</sup> *Calvert*

MARYLAND

Date of death <sup>Month</sup> *1910 Aug.* <sup>Day</sup> *5* <sup>Year</sup> *—* <sup>Months</sup> *9* <sup>Days</sup> *—*Sex *male* Color or Race *White* Birth-place *Calvert Co. Md.*Occupation *none* Where residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Harby Elliott* Father's Birthplace *Calvert Co. Md.*Mother's Maiden Name *Violet Curry* Mother's Birthplace *St. Mary's Md.*Name of person giving information *Harry Elliott* How related to deceased *Father*

## CAUSES OF DEATH

1041

Primary *Diarrhea* How long *about 2 weeks*

Immediate

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

Signature of Physician

Address

*Geo. F. Chambers*  
*Sgt. Registrar B. J. H.*  
*Justice, Calvert Co., Md.*Accident or Suicide? *—*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Harry Forslund

CERTIFICATE OF DEATH

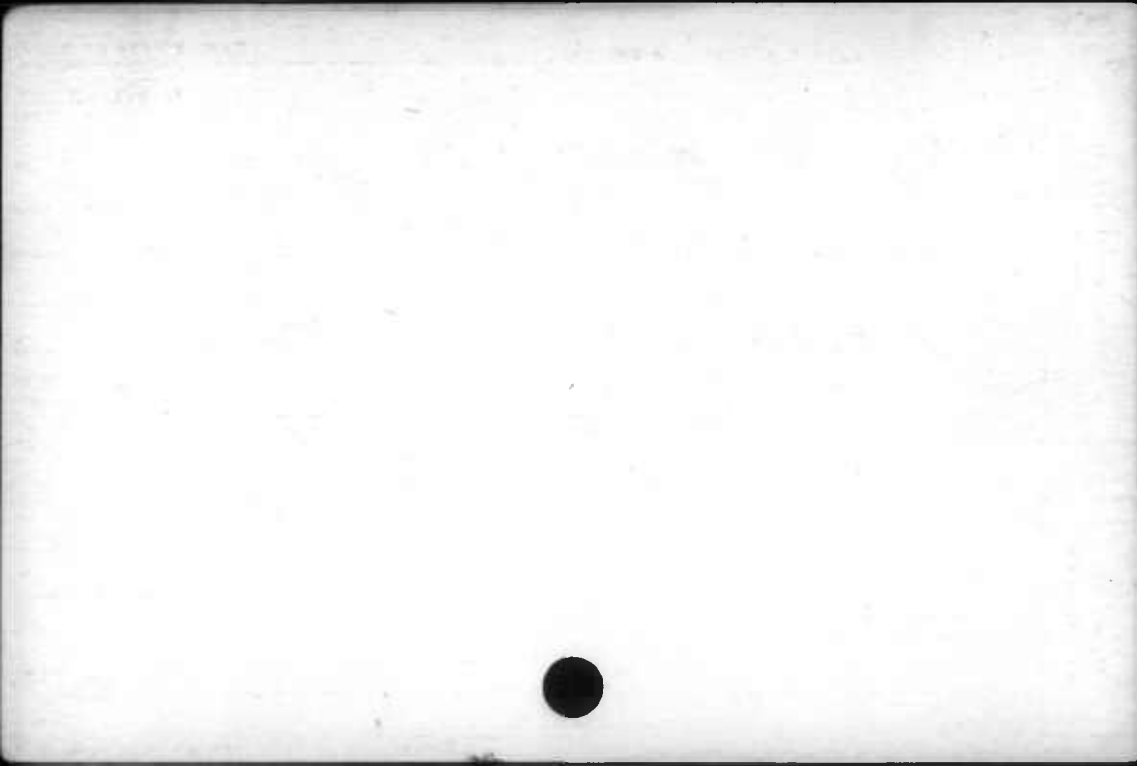
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mutual		County Calvert		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1960		Aug	22	47			
Sex		Color or Race		Birth-place			
Male		White		Calvert Co.			
Occupation				Where Residing if not at place of death			
Captain U.S.A.							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
F. F. Forslund				Calvert Co			
Mother's Maiden Name				Mother's Birthplace			
E. V. G. Frazier				Calvert Co			
Name of person giving information				How related to deceased			
Miss M. G. Forslund				Sister			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Low, Nuclei, Strain		10 Years	
Immediate		How long	
Heart - Supra		1 hour	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. P. P. P. P.	
		Address	
		Mummet York	
Accident or Suicide			





Name  
in  
Full

Helen Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pinebluff		County Calvert		MARYLAND	
Date of death		Month May	Day 11	Age 19	Years	Months	Days
Sex	Female		Color or Race	Caucasian		Birth- place	Calvert
Occupation	Cook		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Samuel Jackson				Father's Birthplace	Calvert	
Mother's Maiden Name	Mollie Jackson				Mother's Birthplace	Calvert	
Name of person giving Information	Samuel Jackson				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever	How long	1 year
Immediate	Septicemia of lung.	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address P. Buzon Sup Pinebluff		
Accident or Suicide			



Name  
in  
Full

Lewis Trotter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Dunkirk <sup>County</sup> Calvert MARYLAND

Date of death 1940 <sup>Month</sup> Aug. <sup>Day</sup> 25 Age <sup>Years</sup> 75 <sup>Months</sup> <sup>Days</sup>

Sex Male Color or Race White Birthplace Calvert Co.

Occupation Farming Where Residing if not at place of death

~~Married~~ Single or Widowed Widowed Name of Wife or Husband Rachel Shebert

Father's Name William Trotter Father's Birthplace

Mother's Maiden Name Sarah Hardesty Mother's Birthplace

Name of person giving Information Clinton Trotter How related to deceased Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cerebral Hemorrhage How long 64 two weeks.  
Immediate How long

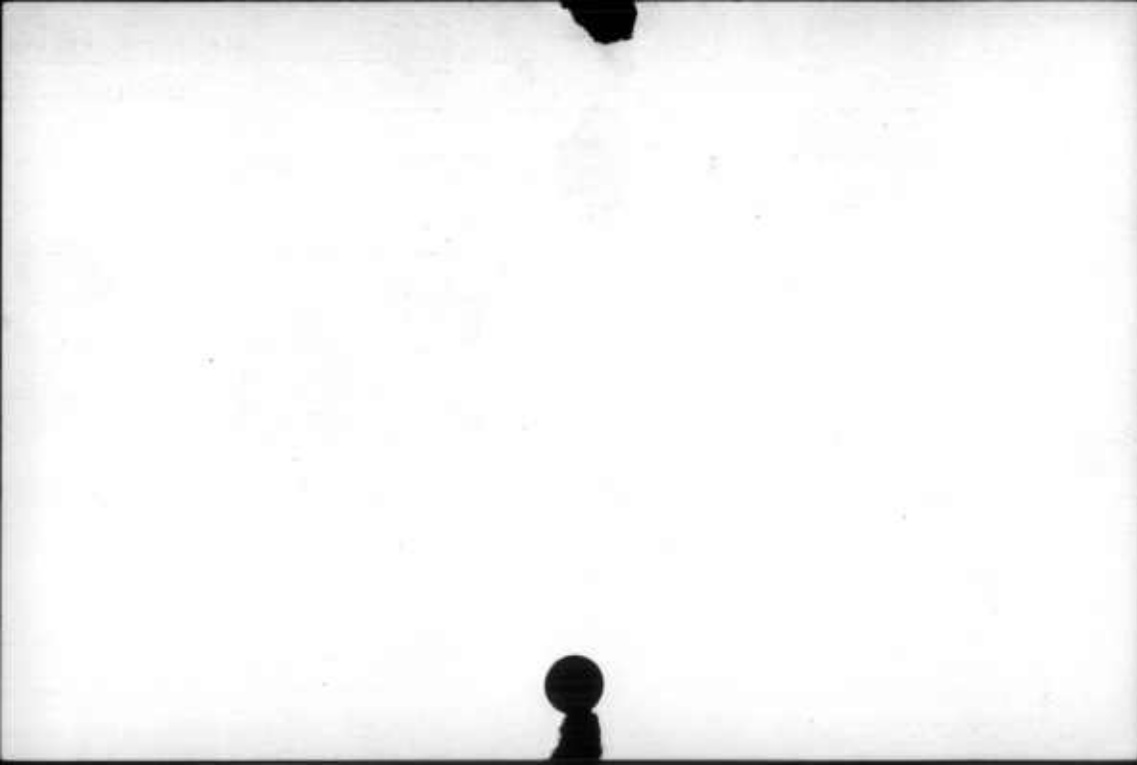
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm. Chaney, M.D.  
Chaney, Md

Accident or Suicide



Name  
in  
Full

Tom Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Parran		County Calvert		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1910		Aug	7	3		4	
Sex		Color or Race		Birth-place			
male		Black		Cal. Co.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Livio Thomas				Cal. Co.			
Mother's Maiden Name				Mother's Birthplace			
Charlotte Perry				" "			
Name of person giving information				How related to deceased			
Jos. Jefferson				" none "			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Premature birth		15-18	
Immediate		How long	
Anoxia		4 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. W. Litch	
		Address	
		Huntington	
Accident or Suicide?			
		med	

11/11/11

