

Name
is
Full

William C. Anderson

CERTIFICATE OF DEATH

Died at ^{Town} Cambridge ^{County} Dorchester MARYLANDDate of death 19 10 ^{Month} Aug. ^{Day} 25 ^{Age} 61 ^{Years} ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} MarylandOccupation None at Present ^{Where Residing if not at place of death} Cambridge Md.Married, Single or Widowed Married ^{Name of Wife or Husband} Blanche S. AndersonFather's Name Thos. W. Anderson ^{Father's Birthplace} MarylandMother's Maiden Name Elizabeth K. Eccleston ^{Mother's Birthplace} "Name of person giving information Blanche S. Anderson ^{How related to deceased} Wife

CAUSES OF DEATH

Primary Cerebral Hemorrhage ^{How long} 4 1/2 hoursImmediate Paralysis of deglutition ^{How long} 4 daysAre the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Guy Stali*

Address Cambridge Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Willis

Name
in
Full

George W W Bantun

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge ^{Town} Worcester Co ^{County} MARYLAND

Date of death 1900 ^{Month} Aug ^{Day} 16 Age 4 ^{Years} — ^{Months} — ^{Days}

Sex Male Color or Race Color Birth-place Cambridge

Occupation none Where Residing if not at place of death Cambridge

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name John W Bantun Father's Birthplace Cambridge

Mother's Maiden Name Annie M Redout Mother's Birthplace Cambridge

Name of person giving Information John W Bantun How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary whooping cough How long unknown

Immediate Exhaustion How long Gradual

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

Signature of Physician Chas M. Hawley M.D.

Address Health office

Accident or Suicide

UNIVERSITY OF
MICHIGAN
LIBRARY



Name
in
Full

Lillian L. Bradley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Middletown		County Dorchester		MARYLAND	
Date of death 1910	Month Aug	Day 21	Age	Years	Months	Days	14
Sex Female	Color or Race White		Birth- place Maryland				
Occupation None			Where Reading if not at place of death Middletown				
Married, Single or Widowed Child		Name of Wife or Husband					
Father's Name W. M. Bradley				Father's Birthplace Maryland			
Mother's Maiden Name Mary L. Harper				Mother's Birthplace ..			
Name of person giving in formation W. M. Bradley				How related to deceased Father			

CAUSES OF DEATH

151 B

PHYSICIAN
OR CORONER

Primary	Congenital debility	How long	Since birth
Immediate	Exhaustion	How long	Since
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Chas M. T. [unclear]	
		Address Health Officer	
Accident or Suicide?			



Name in Full

Mary L. Bradley

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

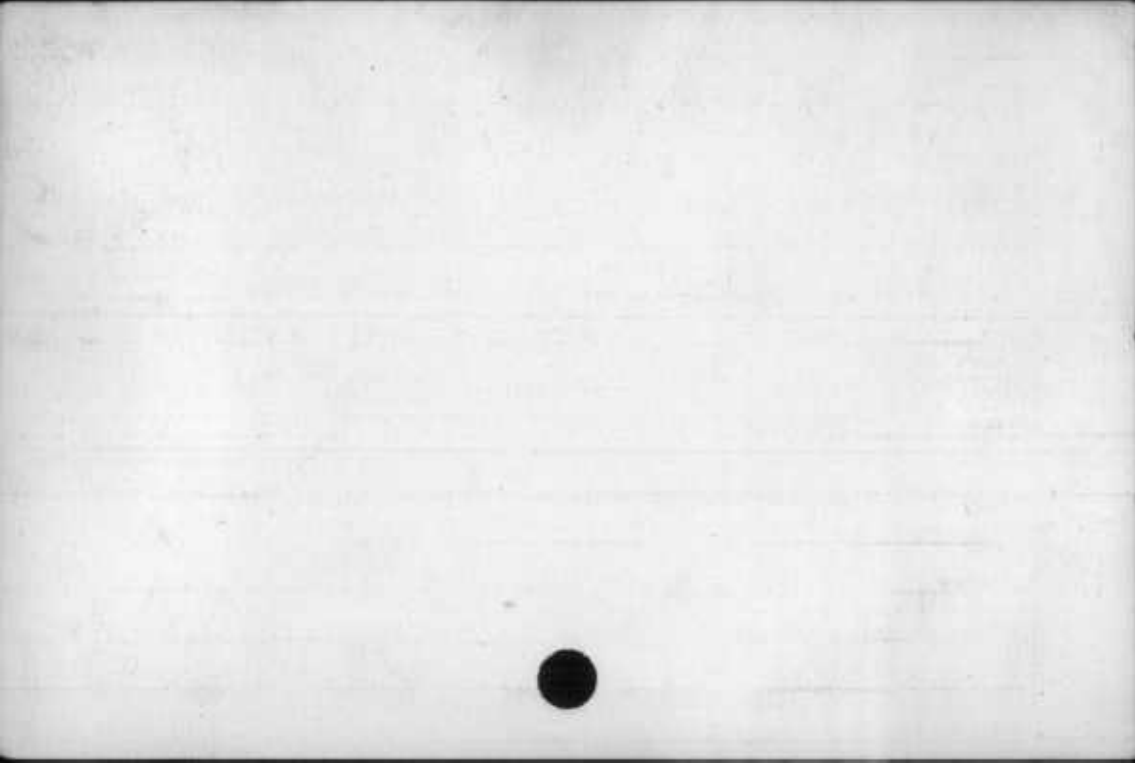
Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	<i>1910</i> Month	<i>Aug.</i> Day	Age	<i>18</i> Years	Months Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Maryland</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death	<i>Cambridge, Md.</i>	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mrs. Bradley</i>		
Father's Name	<i>Thomas E. Harper</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Lizzie E. Dunn</i>			Mother's Birthplace	"
Name of person giving information	<i>Thomas E. Harper</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

70

PHYSICIAN OR CORONER

Primary	<i>Eclampsia (following confinement)</i>	How long	<i>14 hours.</i>
Immediate	<i>Heart Failure</i>	How long	<i>Sudden.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. E. Wueff</i>
		Address	<i>Cambridge, Md.</i>
Accident or Suicide?	<i>-</i>		



Name
In Full

Isabell Bratten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Vienna		County Dorchester		MARYLAND	
Date of death		Month Aug	Day 24	Age	Years	Months 2	Days
Sex	Female	Color or Race	White	Birth-place	Md.		
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed	_____			Name of Wife or Husband _____			
Father's Name	Harry F Bratton			Father's Birthplace	Md.		
Mother's Maiden Name	Isabell Percy			Mother's Birthplace	Md.		
Name of person giving information	Harry F Bratton			How related to deceased	Sons.		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Acute Colitis	How long	6 weeks
Immediate	Cholera Infantum	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. V. Rayson	
Accident or Suicide?		Address	
_____		Vienna, Md.	



Name
in
Full

Manolia L Brumell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambudg ^{Town} Dorchester Co ^{County} MARYLAND

Date of death 1900 ^{Year} Aug ^{Month} 4 ^{Day} Age 2 ^{Years} 2 ^{Months} ^{Days}

Sex Female Color or Race Color Birth-place Cambudg

Occupation Baby Where Residing if not at place of death Cambudg

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

Father's Name Joy Brumell Father's Birthplace Black water

Mother's Maiden Name Sophy Jolley Mother's Birthplace Black water

Name of person giving Information Sophie Brumell How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary Pertussis How long unknown

Immediate Exhaustion How long Acute

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

Signature of Physician Geo. M. Dunbar M.D.

Address Health Office

Accident or Suicide



Name in Full

Ellen Etash

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Cambridge ^{County} Dorchester MARYLAND

Date of death 1910 ^{Month} Aug. ^{Day} 15 ^{Age} 34 ^{Years} ^{Months} ^{Days}

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

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

Married, Single or Widowed Married ^{Name of Wife or Husband} Emory Etash

Father's Name ^{Father's Birthplace} George Platin Maryland

Mother's Maiden Name ^{Mother's Birthplace} Ethel Platin "

Name of person giving information ^{How related to deceased} Martin Platin None

CAUSES OF DEATH

66

PHYSICIAN OR CORONER

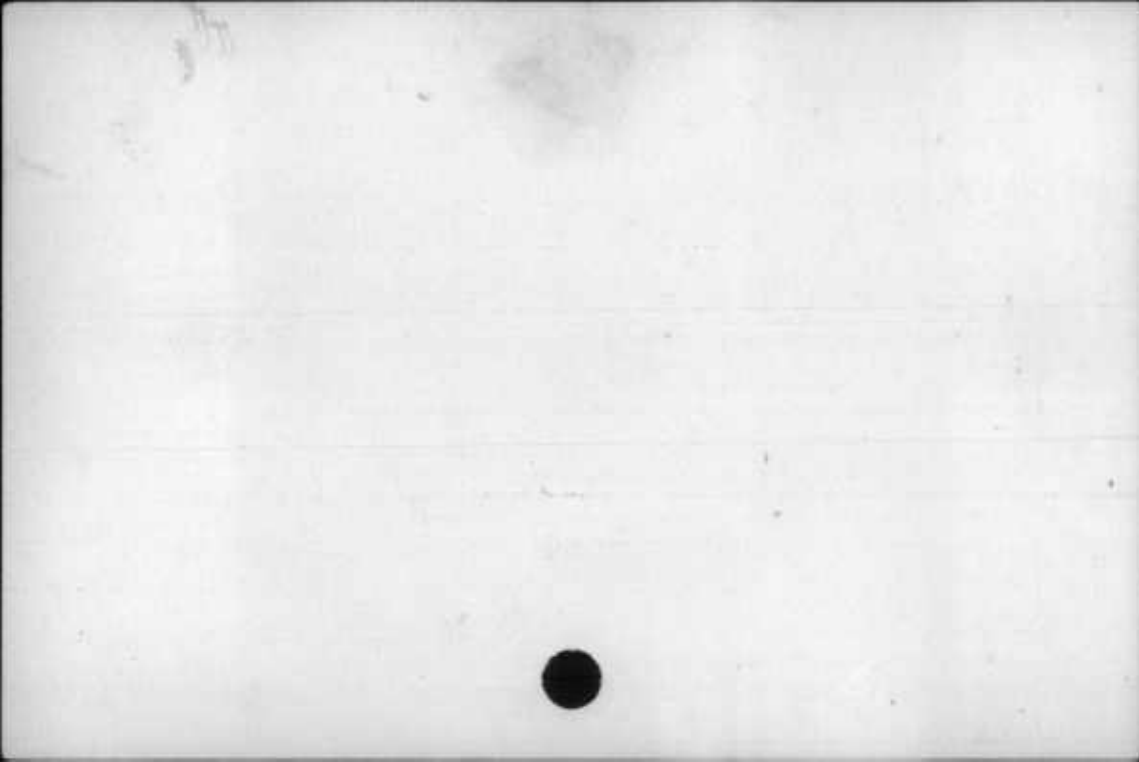
Primary ^{How long} Hemiplegia Six months

Immediate ^{How long} Heart Failure One hour

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

Signature of Physician ^{Address} Carroll Cambridge Md

Accident or Suicide?



Name
in
Full

Not Named

Coalman

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Blanchester

Date
of death 1960

Month

8

Day

11

Age

Years

Months

1

Days

7

Sex

Male

Color or
Race

Caucasoid

Birth-
place

Dorchester Md

Occupation

Infant

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Eugene Coalman

Father's
Birthplace

Md

Mother's
Maiden Name

Sissie Harris

Mother's
Birthplace

Md

Name of person giving
Information

Eugene Coalman

How related
to deceased

Father

CAUSES OF DEATH

Primary

Sick from Birth

How long

—

Immediate

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

Yes

Signature of
Physician

None in attendance

Address



Robert L. Hastings, Local Registrar

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

THE UNIVERSITY OF CHICAGO
PRESS



Name
Full

William Jackson Cookran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

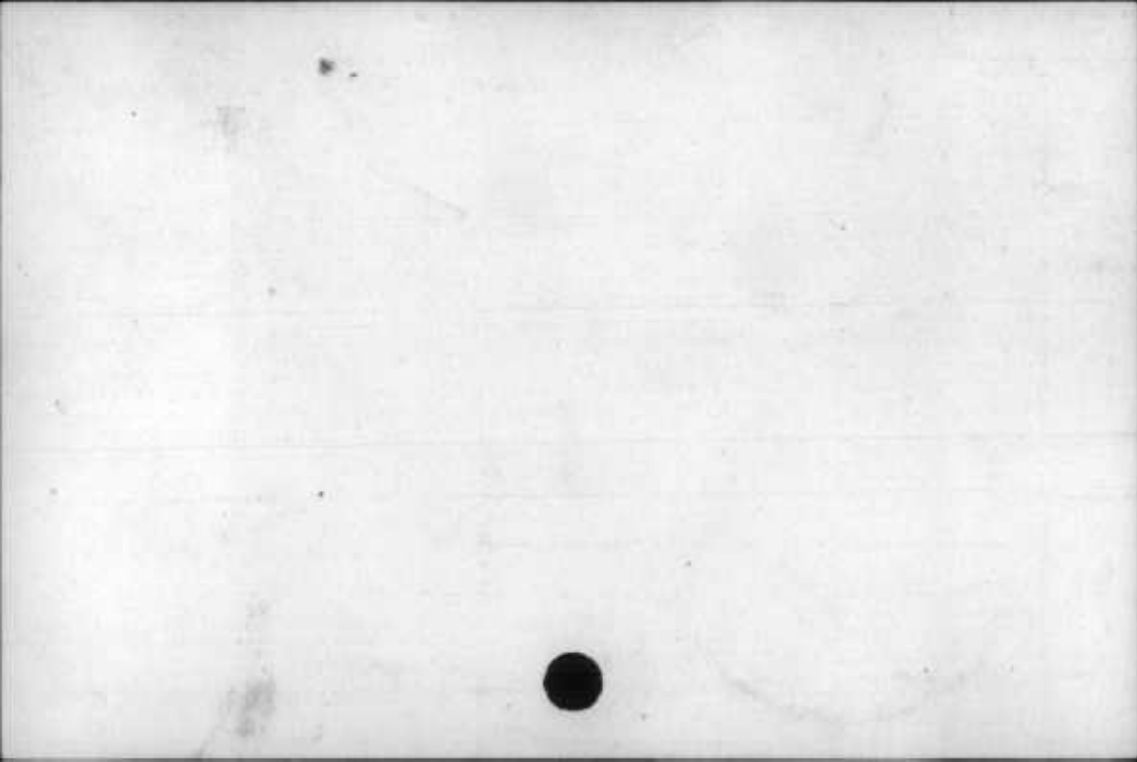
Died at		Town Williamsburg		County Dor		MARYLAND	
Date of death		Month Aug	Day 7th	Years Age 69	Months	Days	
Sex Male		Color or Race White		Birth-place Williamsburg			
Occupation Laborer				Where residing if not at place of death Williamsburg			
Married; Single or Widowed				Name of Wife or Husband			
Father's Name Cybester Cookran				Father's Birthplace			
Mother's Maiden Name Emily Cookran				Mother's Birthplace Williamsburg			
Name of person giving information Octave Cookran				How related to deceased Cousin			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Sanxiety	How long	3 mos
Immediate	thrombosis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. Roger Myers	
		Address Newport	
Accident or Suicide?		md	



Name
in
Full

William R Dean
Town Hurlock County Dorchester

CERTIFICATE OF DEATH

MARYLAND

Died at Hurlock
Date of death 1960 Aug 17
Month Aug Day 17 Age 1
Years Months 2 Days 5

Sex Male Color or Race white Birth-place Hurlock

Occupation Infirmary Where Residing if not at place of death Hurlock

Married, Single or Widowed Single Name of W/fe or Husband none

Father's Name W.C. Dray Father's Birthplace Maryland

Mother's Maiden Name Nellie Schultz Mother's Birthplace New York State

Name of person giving Information W. C. Dray How related to deceased Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

120

Primary Food infection Toxemia How long 30 hours

Immediate Nephritis How long 30 hours

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

Signature of Physician E. B. Fleming
Address Hurlock Md

PHYSICIAN
OR CORONER

Accidents or Suicides



Name
In
Full

Angie Edger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

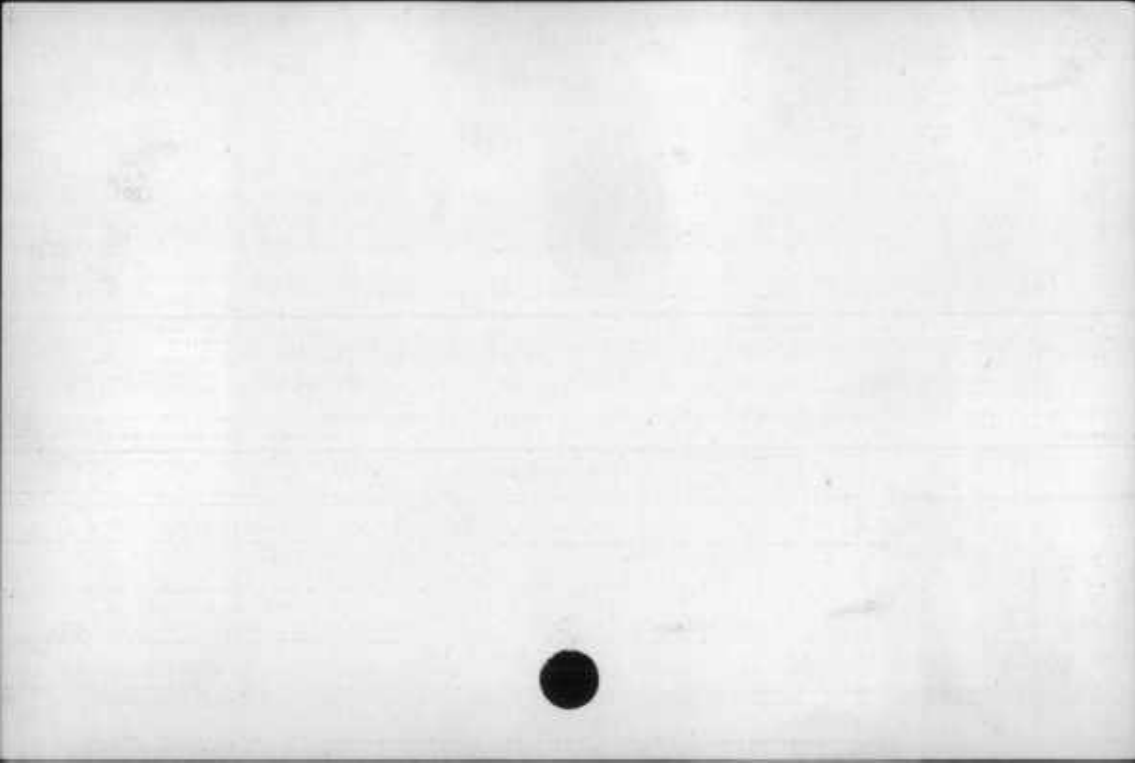
Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	19 <u>16</u> Aug	Day	14	Age	59
Sex	Female	Color or Race	White	Birthplace	Maryland
Occupation	Housewife	Where Residing if not at place of death		Cambridge	"
Married, Single or Widowed	Married	Name of Wife or Husband		William J. Edger	
Father's Name	Do not know			Father's Birthplace	
Mother's Maiden Name	"			Mother's Birthplace	
Name of person giving information	Wm. J. Edger			How related to deceased	Husband

CAUSES OF DEATH

115

PHYSICIAN
OR CORONER

Primary	Gall Stones (operation)	How long	20 yrs
Immediate	exhaustion, irregular diet, indigestion	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Gus Stettin
		Address	Cambridge Md
Accident or Suicide?			



Name
in
Full

William Foy

CERTIFICATE OF DEATH

Died at *Siries* TownCounty *Parchestee*

MARYLAND

Date of death *1910 Aug 2* Age *81* Months *—* Days *—*Sex *Male* Color or Race *White* Birth-place *England*Occupation *Blacksmith* Where Residing If not at place of death *Siries Md*Married, Single or Widowed *Widower* Name of Wife or Husband *Mary Foy*

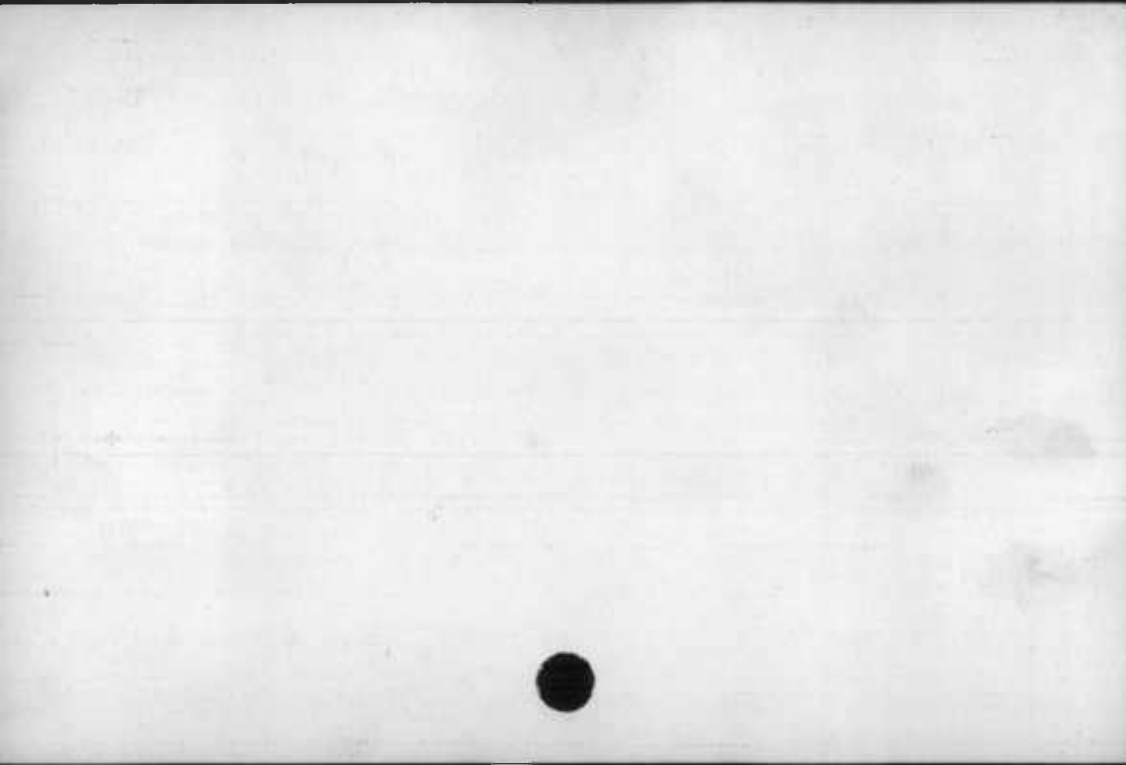
Father's Name Birthplace

Mother's Maiden Name Birthplace

Name of person giving information *F. F. Windsor* How related to deceased *Son*

CAUSES OF DEATH

Primary *Senility of mental & physical* How long *2 1/2 months*Immediate *Gradual exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Henry Steele*Address *Cambridge Md.*Accident or Suicide? *None*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Margaret L Foxwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cambridge Town Dorchester Co County MARYLAND

Date of death 1960 Month Aug Day 19 Age 2 Years Months 2 Days

Sex Female Color or Race White Birthplace Cambridge

Occupation Baby Where Residing if not at place of death Cambridge

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

Father's Name Lawson Foxwell Father's Birthplace Virginia

Mother's Maiden Name Korra Franklin Mother's Birthplace Cambridge

Name of person giving Information Lawson Foxwell How related to deceased Father

CAUSES OF DEATH

189 B

PHYSICIAN OR CORONER

Primary Marasmus How long 2 Mon.

Immediate Exhaustion How long Gradual

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

Signature of Physician E.E. Wolff

Address Cambridge, Md

Accident or Suicide



Name
In Full

Alexander Gay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Thompson Sts		County Dorchester		MARYLAND	
Date of death	1910	Month	Aug.	Day	27	Age	Years 11
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	None		Where Residing if not at place of death		Baltimore		
Married; Single or Widowed	Name of Wife or Husband						
Father's Name	Michael Gay				Father's Birthplace	Germany	
Mother's Maiden Name	Brona Rodgers				Mother's Birthplace	Maryland	
Name of person giving information	Brona Gay				How related to Deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	acute Right Valvular lesion	How long	120
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yhs	Signature of Physician	Guy H. Chick
		Address	Cambridge, Md.
Accident or Suicide?			

W. H. H. H.

Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

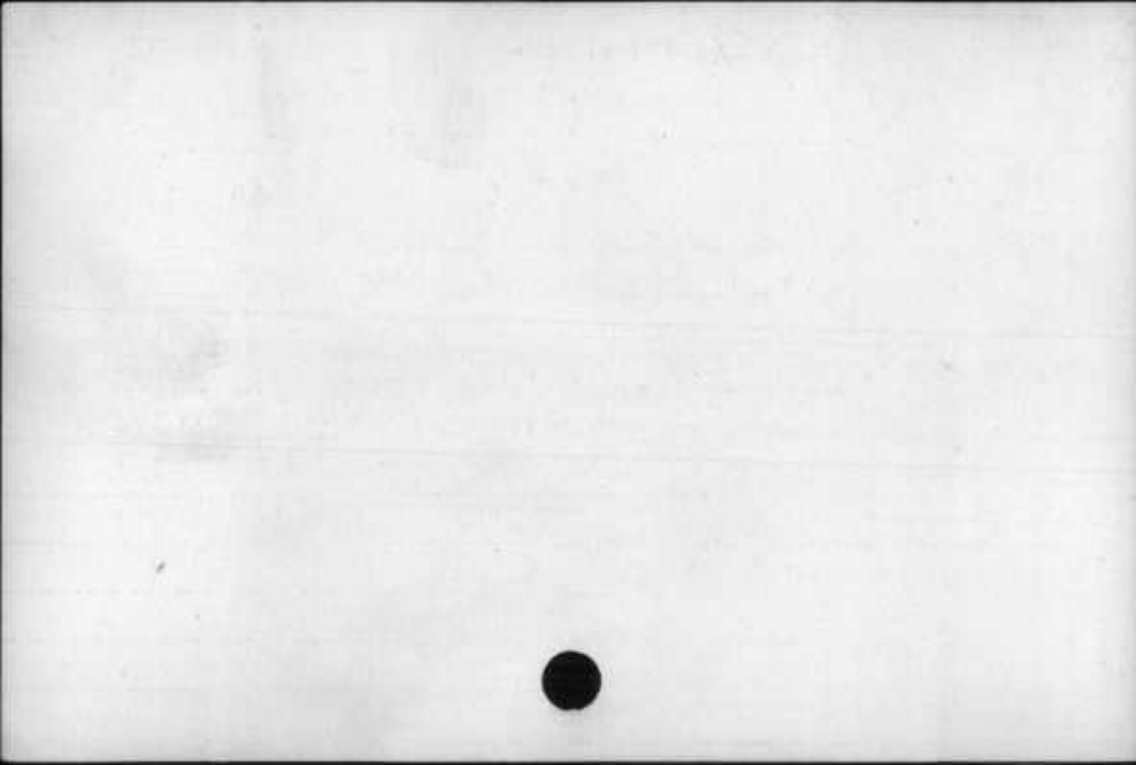
Died at <i>Lloyds</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month	<i>Aug</i>	Day	<i>31</i>
Age	<i>—</i>		Years	<i>—</i>	
Sex	<i>Female</i>		Color or Race	<i>negro</i>	
Occupation	<i>Infant</i>		Birth-place	<i>Lloyds</i>	
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband	<i>none</i>	
Father's Name	<i>Benj. Ginnage</i>		Father's Birthplace	<i>Ind.</i>	
Mother's Maiden Name	<i>Louisa M. Lomax</i>		Mother's Birthplace	<i>Ind.</i>	
Name of person giving information	<i>Benj. Ginnage</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

1895

PHYSICIAN
OR CORONER

Primary	<i>underwear</i>	How long	
Immediate	<i>—</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	
		Address	<i>S. A. Stokes</i>
			<i>Cornwell Ind.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alexander *Grinnell*

Died at *Wrights* ^{Town} *Sarchester* ^{County} **MARYLAND**

Date of death 1910 *Aug* ^{Month} *1* ^{Day} Age *77* ^{Years} Months *9* ^{Days}

Sex *male* Color or Race *W.* Birth-place *md*

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

Married, Single or Widowed *mar.* Name of Wife or Husband *Frances Grinnell*

Father's Name *Unknown* Father's Birthplace *U.S.*

Mother's Maiden Name *Unknown* Mother's Birthplace *U.S.*

Name of person giving information *May Wheatley* How related to deceased *daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Angina pectoris* How long *2 hrs.*

Immediate

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

Signature of Physician *S. A. Stokes*

Address *Carnegie*

Accident or Suicide? *md*



Name
in
Full

Ell moor Gulask

CERTIFICATE OF DEATH

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1960 August 18 Age 17 Months 1 Days 17

Sex male Color or Race White Birth-place Cambridge, Md

Occupation School Boy Where Residing if not at place of death

Married, Single Widowed Name of Wife or Husband

TO BE ANSWERED BY
NEAREST FRIEND

Father's Name Geo. Gerlach. Father's Birthplace New York

Mother's Maiden Name unknown Mother's Birthplace

Name of person giving Information see folder lying to How related to deceased Friend

CAUSES OF DEATH

Primary Diphtheria Tons How long 5 weeks

Immediate Intermittent Hemorrhage & Perforation How long Some days

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

PHYSICIAN
OR CORONER

Address

Cambridge, Md

Accident or Suicide



Name in Full

CERTIFICATE OF DEATH

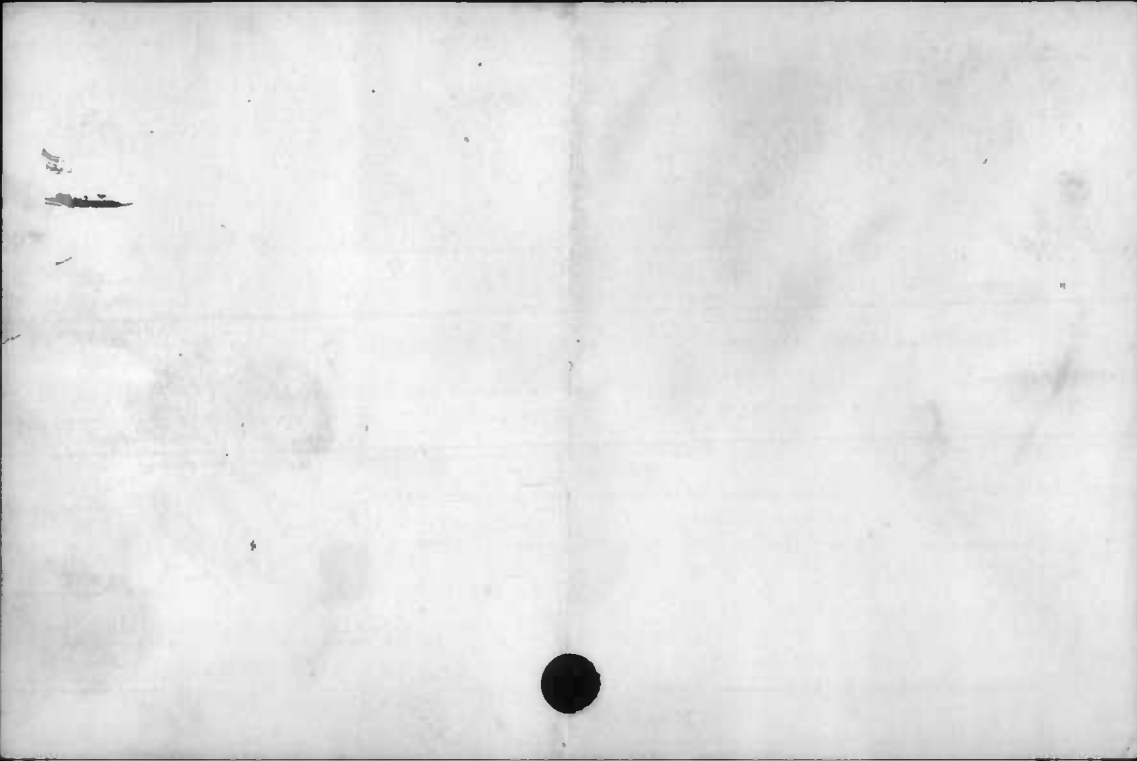
TO BE ANSWERED BY NEAREST FRIEND

Name: *Wm. W. Hayward*
 Died at: *Mingate* Town, *Dorchester* County, **MARYLAND**
 Date of death: *1900* Month *Aug.* Day *19* Age *83* Years Months *11* Days *19*
 Sex: *M* all Color or Race: *W* Birth-place: *Mingate*
 Occupation: *Farmer* Where Residing if not at place of death: *Mingate*
 Married, Single or Widowed: *widower* Name of Wife or Husband: _____
 Father's Name: *Wm. Hayward* Father's Birthplace: *Dorchester*
 Mother's Maiden Name: *Mary Johnson* Mother's Birthplace: *..*
 Name of person giving information: *Executive in Hayward* How related to deceased: *son*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: *Debility & old age* How long: *152*
 Immediate: *Heart failure* How long: *1/2 hour*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician: *L. H. Frazier M.D.*
 Address: *Waco, Md.*
 Accident or Suicide? _____



Name
In
Full

Thomas E. Hearn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death	1910	Month Aug.	Day 8	Years 45	Months	Days	
Sex	Male		Color or Race	White		Birth- place	Delaware
Occupation	Bridg Watchman		Where Residing If not at place of death		Seaford		
Married, Single or Widowed	Married		Name of Wife or Husband		Rally Hearn		
Father's Name	Hearn					Father's Birthplace	
Mother's Maiden Name	Do not know					Mother's Birthplace	
Name of person giving information	W. C. Haver					How related to deceased	
						None	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Obstruction of Bowels	109	How long	1 week	
	Immediate	Leukemia		How long	Some days	
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	P. M. G. Lasterover	
				Address	Cambridge, Md.	
Accident or Suicide?						



128

Name
in
Full

Henry Hubbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Williamsburg ^{County} Dorchester

MARYLAND

Date of death 1910 ^{Month} Aug. ^{Day} 23 ^{Age} 71 ^{Years} ^{Months} 4 ^{Days} 13

Sex male Color or Race white Birthplace Hor. Co. Ind.

Occupation farmer. Where Residing if not at place of death _____

Married, Single or Widowed Widowed Name of Wife or Husband Mary Jane Gambrell, dec'd.

Father's Name Thomas Hubbert. Father's Birthplace Hor. Co. Ind.

Mother's Maiden Name Ann Marie Cohee. Mother's Birthplace Unknown

Name of person giving information Wllie Hubbert. How related to decedent nephew.

CAUSES OF DEATH

Primary Septicaemia How long 3 weeks

Immediate _____
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician R K Jefferson

Address Federal Ins Md

Accident or Suicide? _____



Name
In Full

CERTIFICATE OF DEATH

Isaac Jackson
Died at East Newmarket - Dorchester

MARYLAND

Date of death 1910 8 22 Age 83

Sex Male Color or Race Redd Color Birth-place Dorchester

Occupation Laborer Where residing if not at place of death

Married - Single or Widowed Name of Wife or Husband

Father's Name Isaac Jackson Father's Birthplace Dorchester

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

Name of person giving information Thos W Jackson How related to deceased Son

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

14

Primary Dysentery How long 3 months

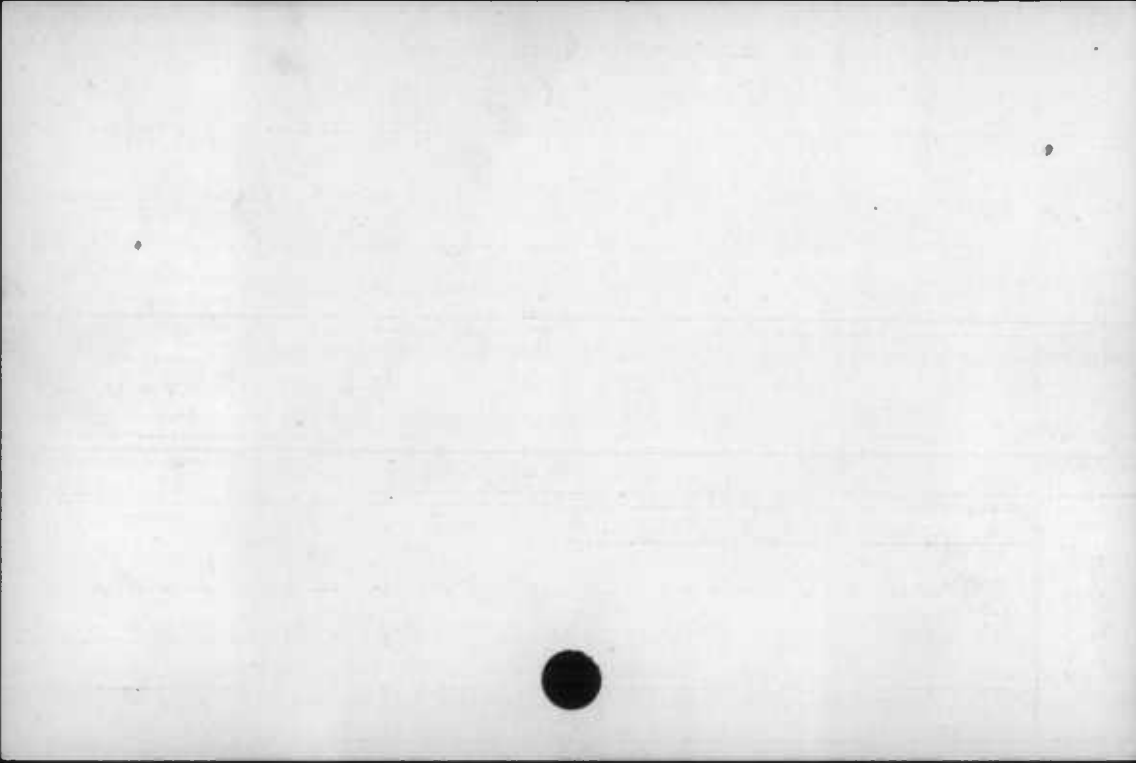
Immediate Asthenia How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician H. F. Nicols

Address E. N. Market

Assisted by Physician?

PHYSICIAN
OR CORONER



Name
is
Full

CERTIFICATE OF DEATH

Agnes Johnson

Town

Cambridge

County

Dorchester

MARYLAND

Died at

Date

Month

Day

Year

Months

Days

of death 1910

Aug

23

Age

Three

Sex

Female

Color or
Race

colored

Birth-
place

Fairmount, Md

Occupation

child

Where residing if not
at place of death

Fairmount

Married, Single
or Widowed

child

Name of Wife or
HusbandNattie Johnson
Milton JohnsonFather's
Name

Milton Johnson

Father's
Birthplace

Fairmount

Mother's
Maiden Name

Nattie Moore

Mother's
Birthplace

"

Name of person giving
information

Joseph Johnson

How related
to deceased

Uncle

CAUSES OF DEATH

120

Primary

nephritis

How long

2 yrs

Immediate

Aortic Stenosis

How long

1 yr

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

yes

Signature of
Physician

G. O. Price

Address

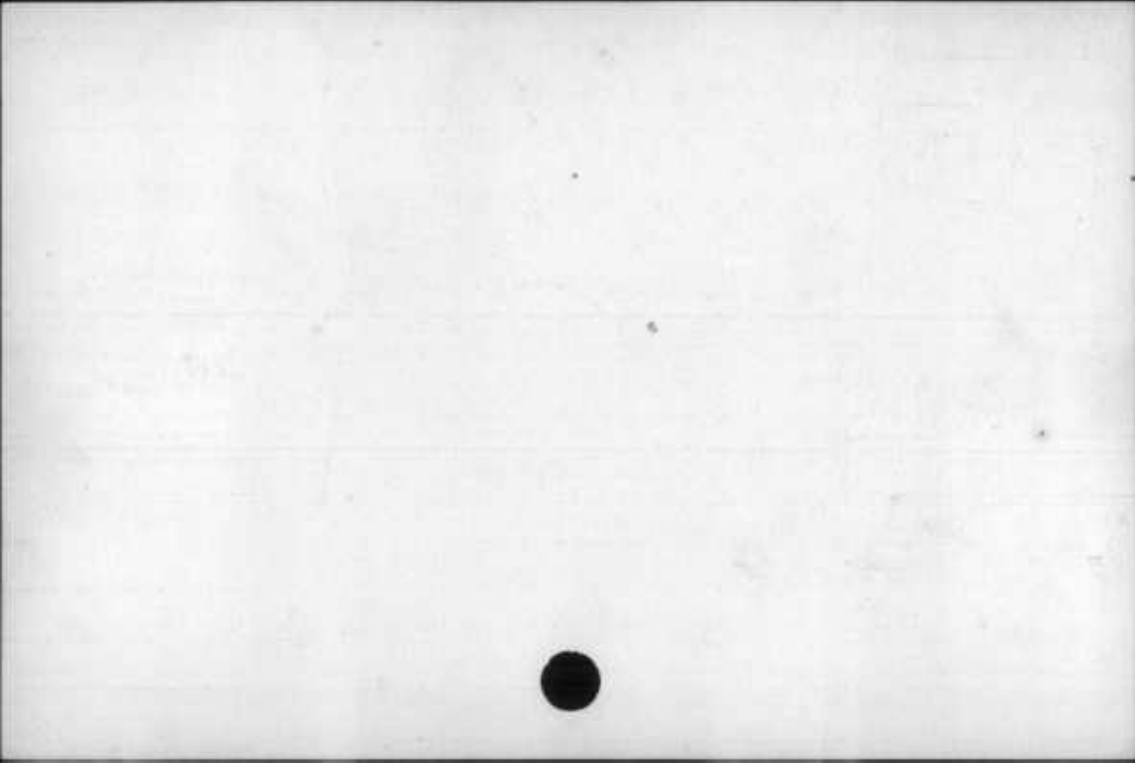
217 Pine St

Accident or Suicide?

neither
due to natural causes.

Cambridge, Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

Florentina Jolley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *New Hurlock*^{County} *Borchester*

MARYLAND

Date of death 19*10*Month *8*Day *30*Age *—* YearsMonths *2*Days *8*Sex *Female*Color or Race *Colored*Birth-place *Borchester Co*

Occupation

Where leading if not at place of death

Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Thos A Jolley*Father's Birthplace *Borchester Co*Mother's Maiden Name *Ella Newcomb*Mother's Birthplace *Caroline Co*Name of person giving information *Thos A Jolley*How related to deceased *Father*

CAUSES OF DEATH

Primary *cramp's*How long *1 week*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *No Physician in attendance*

Address

Robert L. Hastings Local Repres

Accident or Suicide?



Name in Full

James James

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Salem ^{Town} Dorchester ^{County} MARYLAND

Date of death 1940 Aug 3 ^{Month} ^{Day} Age 4 ^{Years} 0 ^{Months} 0 ^{Days}

Sex male Color or Race colored Birth-place md

Occupation Infant Where Residing if not at place of death -

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

Father's Name Hubertson Father's Birthplace Hubertson

Mother's Maiden Name Katie Jones Mother's Birthplace md

Name of person giving information Keynes Hopkins How related to deceased Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Whooping Cough How long 2 wks

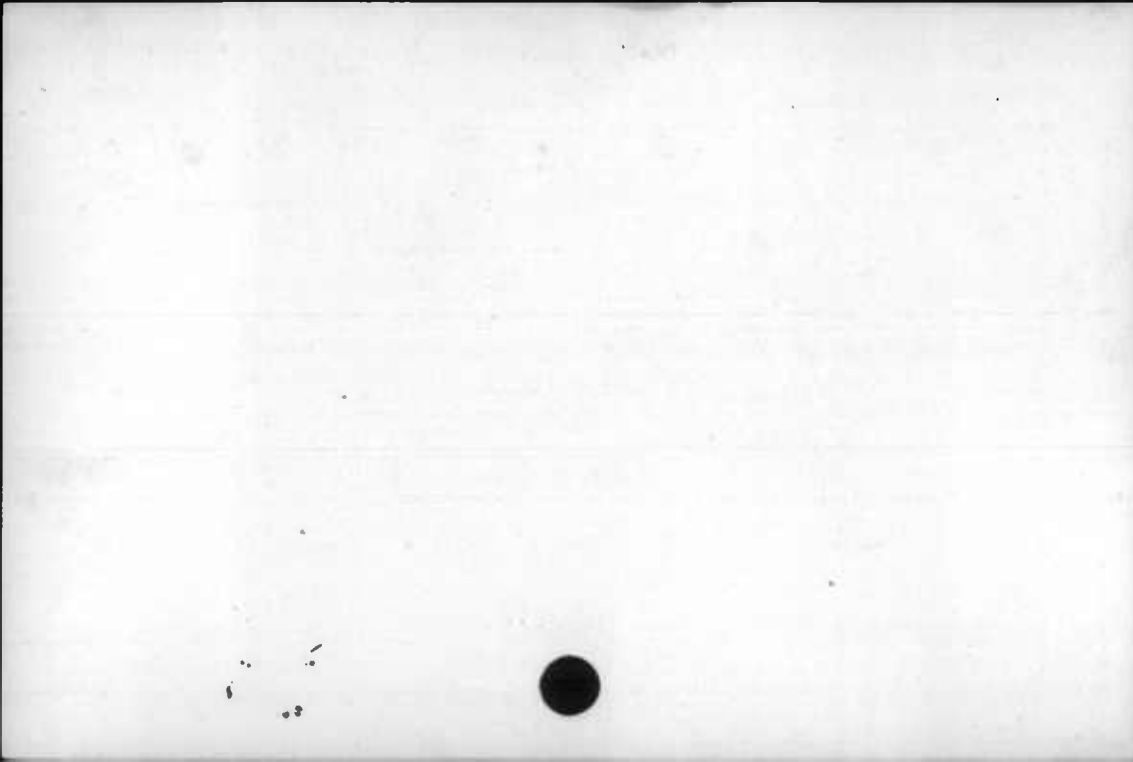
Immediate Hubertson How long Hubertson

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

Signature of Physician W H Blawie

Address Verona md

Accident or Suicide?



Name
in
Full

Marice Jane Kiah

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Church Creek Dorchester County MARYLAND

Date of death 1980 Aug 16 Age 58 Months 11 Days 14

Sex Female Color or Race Black Birth place Dorchester County

Occupation ~~Book~~ Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Gabriel Kiah Father's Birthplace Dorchester County

Mother's Maiden Name Rosa Ophie Mother's Birthplace Dorchester County

Name of person giving Information Sarah J Foster How related to decedent Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Mitral Regurgitation How long 8 months

Immediate Acute Cor pulmonale Lung How long 24 hours

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

Address Baltimore Md

Accident or Suicide

1950
1951
1952



Name
in
Full

CERTIFICATE OF DEATH

Rebecca Lantz

Town

County

Died at

Cambridge

Dorchester Co

MARYLAND

Date

of death

1900

Month

Aug

Day

14

Age

Years

Months

11

Days

5

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Female

Color or
Race

White

Birth-
place

Cambridge

Occupation

None

Where Residing if not
at place of death

Cambridge

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Wm L Lantz

Father's
Birthplace

New York

Mother's
Maiden Name

Rebecca L Wherette

Mother's
Birthplace

Cambridge

Name of person giving
Information

Rebecca L Lantz

How related
to deceased

mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Whooping Cough.

How long

4 weeks

Immediate

Exhaustion

How long

Gradual

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

yes

Signature of
Physician

E. E. Wolff

Address

Cambridge, Md.

Accident or Suicide

1900



Name
in
Full

May E. Lawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dorchester</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death	19 <u>60</u>	Month	<u>Aug</u>	Day	<u>21</u>
Age	<u>73</u>	Years		Months	<u>—</u>
Days	<u>20</u>				
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Dorchester Co.</u>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>Saml. A. Lawson dead</u>		
Father's Name	<u>Don't Know</u>	Father's Birthplace	<u>Don't Know</u>		
Mother's Maiden Name	<u>Don't Know</u>	Mother's Birthplace	<u>Don't Know</u>		
Name of person giving Information	<u>Salomon Porter</u>	How related to decedent	<u>Son in Law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Dyspepsia</u>	How long	<u>10 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>short while</u>
Are the name, age, sex, color, date, and place correctly given above?	<u>yes</u>	Signature of Physician	<u>John W. ...</u>
Accident or Suicide		Address	<u>Combridge ...</u>

10-11-1967
10-11-1967



Name
In
Full

Eva Levada McNamara

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

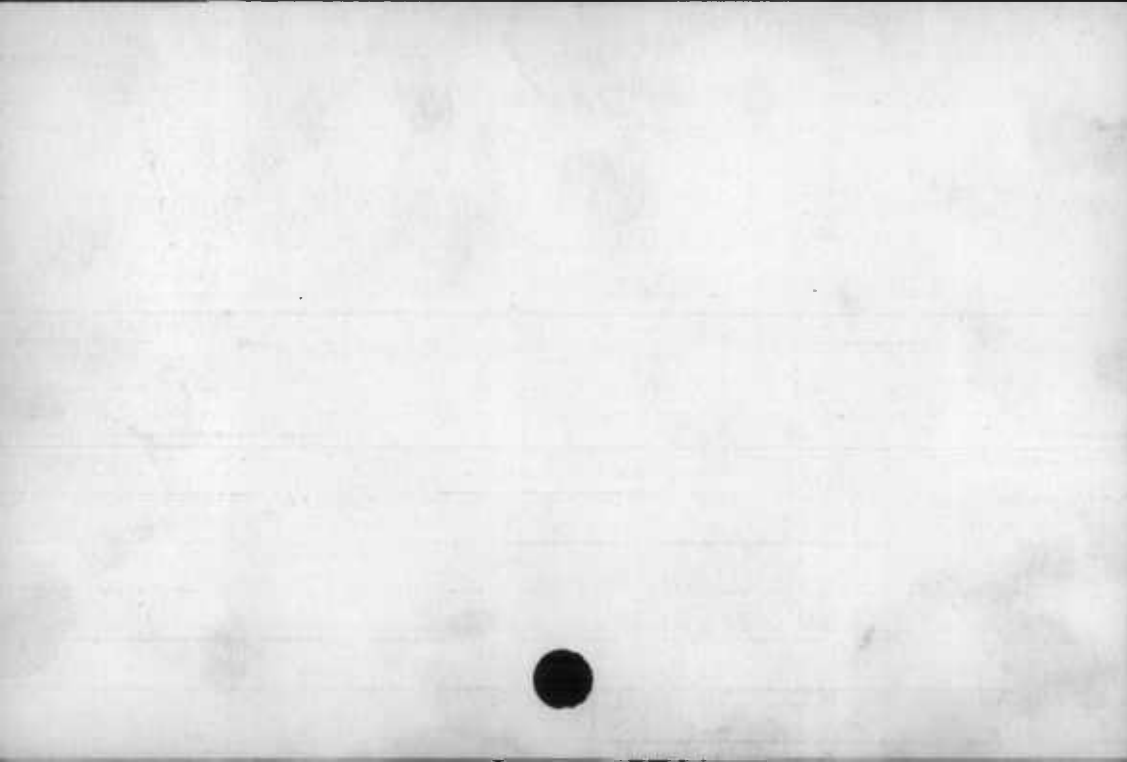
Died at <i>Lakesville</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1910 Aug</i> <small>Month</small>	<i>5</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>7</i> <small>Months</small>	<i>3</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Cal.</i>		Birth-place <i>Maryland</i>		
Occupation <i>Cried</i>	Where Reading if not at place of death <i>Place of death</i>				
Mated, Single or Widowed <i>Child</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Moses Hicks McNamara</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Angie Francis</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Angie McNamara</i>	How related to decedent <i>Mother</i>				

CAUSES OF DEATH

(104)

PHYSICIAN
OR CORONER

Primary <i>Chalera Infantum</i>	How long <i>6 or 7 days</i>
Immediate <i>Heart Failure</i>	How long <i>30 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. G. Frazier M.D.</i>
	Address <i>Crook Md</i>
<i>I did not see this child until at Woodlawn cemetery from examination, cause of death is correct</i>	



Name
In Full

CERTIFICATE OF DEATH

Marjorie Maddy

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge	County Dorchester		MARYLAND	
Date of death	1910	Month Aug.	Day 13	Age	Years —	Months 11
Sex	female	Color or Race	colored		Birth-place	Maryland
Occupation	Infant		Where residing if not at place of death			
Married, Single or Widowed	L		Name of Wife or Husband			
Father's Name	Martin Cornish				Father's Birthplace	
Mother's Maiden Name	Morgie Maddy				Mother's Birthplace Cambridge, Md	
Name of person giving information	Morgie Maddy				How related to deceased mother	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Cholera infantum	How long	Nearly 4 months
Immediate	Exhaustion	How long	about 3 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. O. Price
Accident or Suicide?	Natural causes	Address	217 Pine St Cambridge, Md.

Turner & St Clair

Name
In Full

CERTIFICATE OF DEATH

Evangelin Merrick

Town

County

MARYLAND

Died at

Calvin Creek

Years

Months

Days

Date

190

Month

8

Day

5

Age

Years

Birth-
place

1

3

Calvin Creek

Sex

female

Color or
Race

White

Occupation

None

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

-

Name of Wife or
Husband

-

Father's
Name

J. Willey Merrick

Father's
Birthplace

Dor. Co.

Mother's
Maiden Name

Isabel Rowley

Mother's
Birthplace

Dor. Co.

Name of person giving
information

J. J. Merrick

How related
to deceased

Father

CAUSES OF DEATH

Primary

Muc. Infection

How long

10H

How long

2 days

Immediate

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

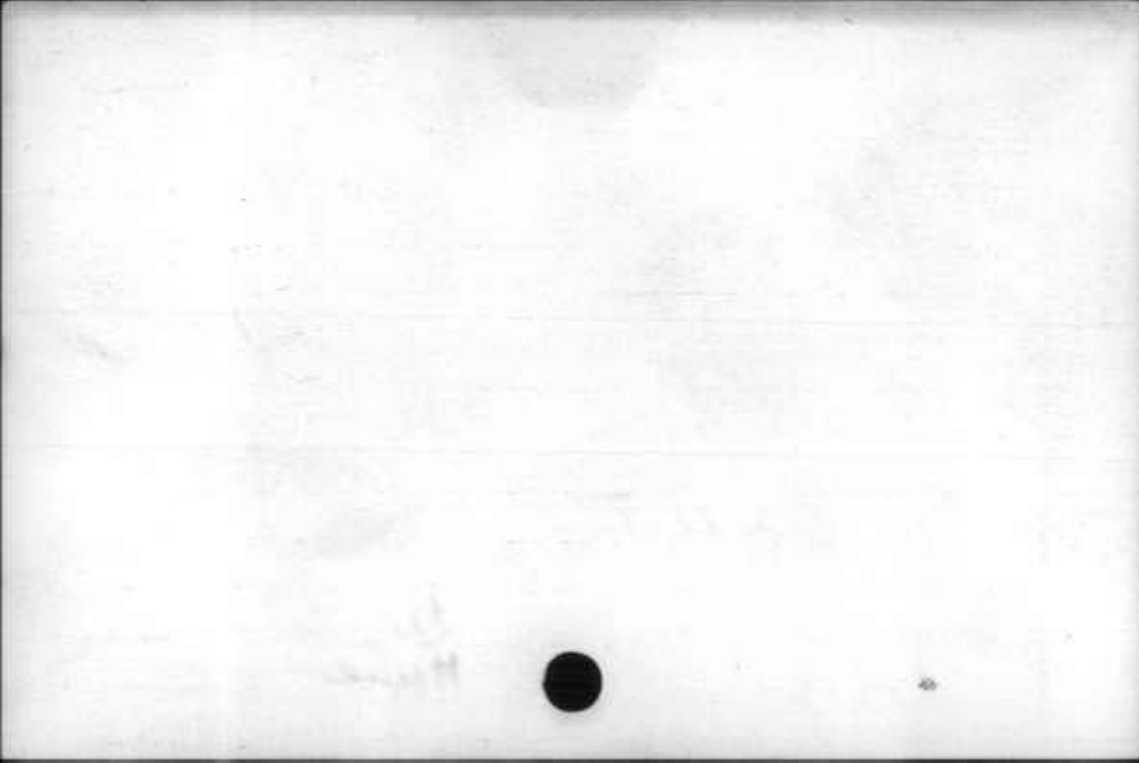
yes

Signature of
Physician

Address

G. Rosen Myers
Hurdock

Accident or Suicide?



Name
in
Full

Leonard L. Molloch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>airys</i>		Town		<i>near</i>		County		MARYLAND	
Date of death <i>1910</i>		Month <i>aug.</i>		Day <i>26</i>		Age		Years Months Days	
Sex <i>male</i>		Color or Race <i>negro</i>		Birth-place <i>md</i>					
Occupation <i>—</i>				Where Residing if not at place of death <i>airys</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>John F. Molloch</i>		Father's Birthplace <i>md</i>							
Mother's Maiden Name <i>Mary V. Neight</i>		Mother's Birthplace <i>md</i>							
Name of person giving information <i>John F. Molloch</i>		How related to deceased <i>father</i>							

CAUSES OF DEATH

Primary	<i>Pertussis, Sup. Lymphatic Glands</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	

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

eps

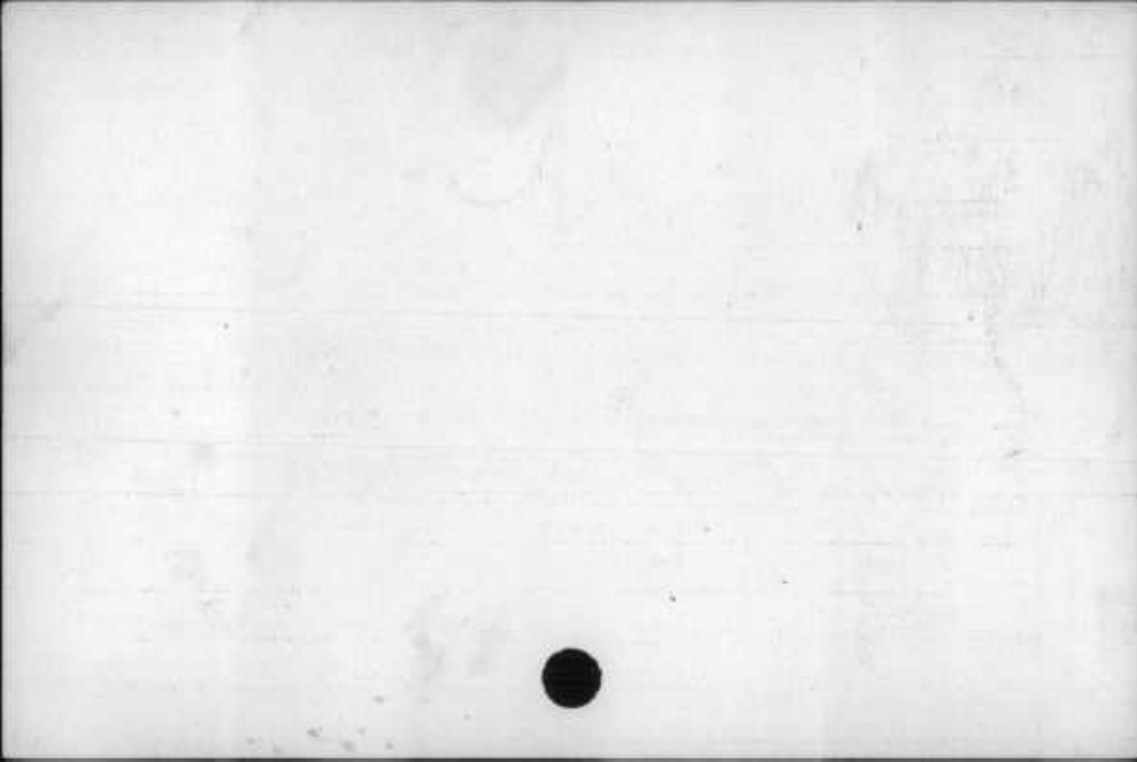
Signature of Physician

Guy Steele

Address

Cambridge Md

Accident or Suicide?



Name
in
Full

Edwin James Ophie

CERTIFICATE OF DEATH

Died at ^{Town} Madison ^{County} Rochester

MARYLAND


Date of death 1990 ^{Month} Aug ^{Day} 13 ^{Years} Age 44 ^{Months} ^{Days}Sex Male ^{Color or Race} Black ^{Birthplace} MarylandOccupation Farm laborer ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} Emeline OphieFather's Name John E Ophie ^{Father's Birthplace} MarylandMother's Maiden Name Annie E Jones ^{Mother's Birthplace} MarylandName of person giving Information Emeline Ophie ^{How related to decedent} wifeTO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

29

Primary ^{How long} Tuberculosis of lungs 8 monthsImmediate ^{How long} Hemorrhage from bomb 2 hours

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

^{Signature of Physician}  ^{Address} Cambridge, Md.PHYSICIAN
OR CORONER

Accident or Suicide



Printed

in

Name
In Full

John Powaski

CERTIFICATE OF DEATH

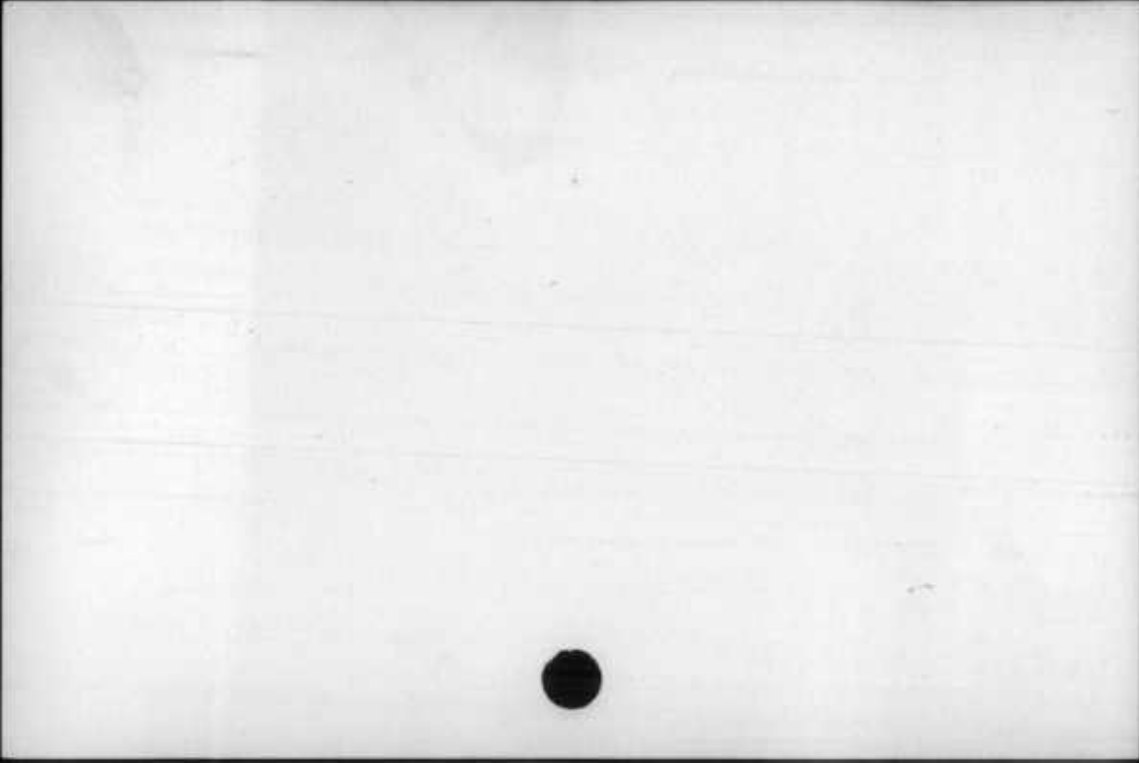
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Secretary			County ^{County} Dorchester			MARYLAND						
Date of death	1910	Month	Aug	Day	23	Age	Years	14	Months	9	Days	3
Sex	Male		Color or Race	white			Birth-place	Maryland				
Occupation	school boy			Where Reading if not at place of death								
Married , Single				Name of Wife or Husband								
Father's Name	John Powaski						Father's Birthplace	Bohemia				
Mother's Maiden Name	Mary Kiiski						Mother's Birthplace	Bohemia				
Name of person giving information	Lottie Powaski						How related to deceased	sister				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	92 10 weeks
Immediate	Exhaustion + Phlebitis	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Edward L Jones
		Address	East New Market, Md.
Accident or Suicide?			



Name
in
Full

Seven Clayton Reid

CERTIFICATE OF DEATH

MARYLAND

Died at

Hurlbuck ^{Town}

County

Dorchester

Date

of death 1960

Month

Aug

Day

25

Age

Years

1

Months

3

Days

8

Sex

Male

Color or
Race

White

Birth-
place

Hurlbuck Md

Occupation

Where Residing if not
at place of death

Hurlbuck Md

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Sewel Reid

Father's
Birthplace

Lankford Md

Mother's
Maiden Name

Daisy Medford

Mother's
Birthplace

Hurlbuck "

Name of person giving
Information

Sewel Reid

How related
to deceased

Father

CAUSES OF DEATH

Primary

Acute Indigestion

How long

3 days

Immediate

Coronary Artery

How long

24 hrs

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

Address

D. J. Maguire

Hurlbuck Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah Jane Bidaut

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

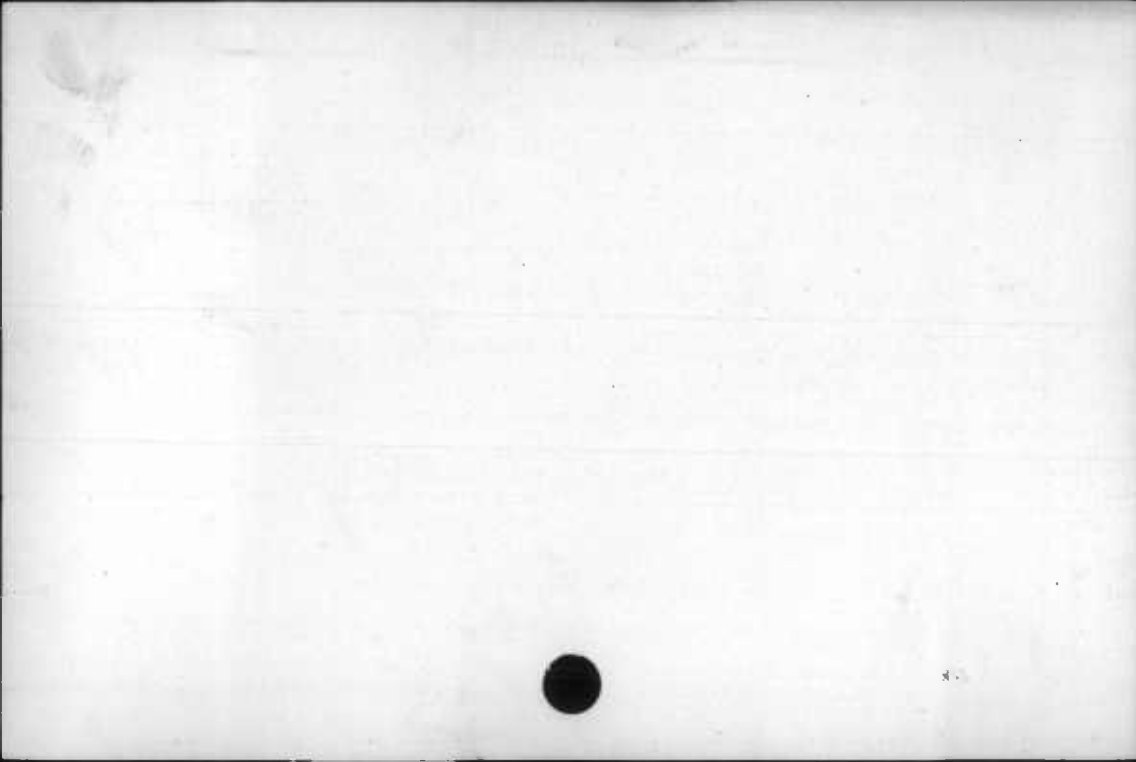
Died at <u>Dorchester</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death	<u>1900</u>	Month <u>Aug</u>	Day <u>16</u>	Years <u>41</u>	Months <u>not known</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>		Days <u>not known</u>	
Occupation <u>House work</u>	Where Residing if not at place of death				
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single	Name of Wife or Husband				
Father's Name <u>Levin Bidaut</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Nellie Sigh</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Lennis Sigh</u>	How related to deceased <u>Half brother</u>				

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of Lungs</u>	How long <u>18 months</u>
Immediate <u>unknown</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. W. Payne</u>
	Address <u> </u>
	<u>Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Ellie C Prank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge ^{Town} Dorchester Co ^{County} MARYLAND

Date of death 1960 ^{Year} Aug ^{Month} 23 ^{Day} Age 7 ^{Years} 7 ^{Months} 2 ^{Days}

Sex Male Color or Race White Birth-place Cambridge

Occupation Baby ~~Where residing if not at place of death~~ Cambridge

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

Father's Name Ellie Prank Father's Birthplace Lakes

Mother's Maiden Name Daisy Phillips Mother's Birthplace Lakes

Name of person giving Information Mary Prank How related to decedent _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastroenteritis How long 104

Immediate Convulsions reflexive How long 200 weeks

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

Signature of Physician see y/only.

Address Health office

Accident or Suicide

11/11/11
11/11/11
11/11/11



Name
in
Full

Daniel J. Stephens,

CERTIFICATE OF DEATH

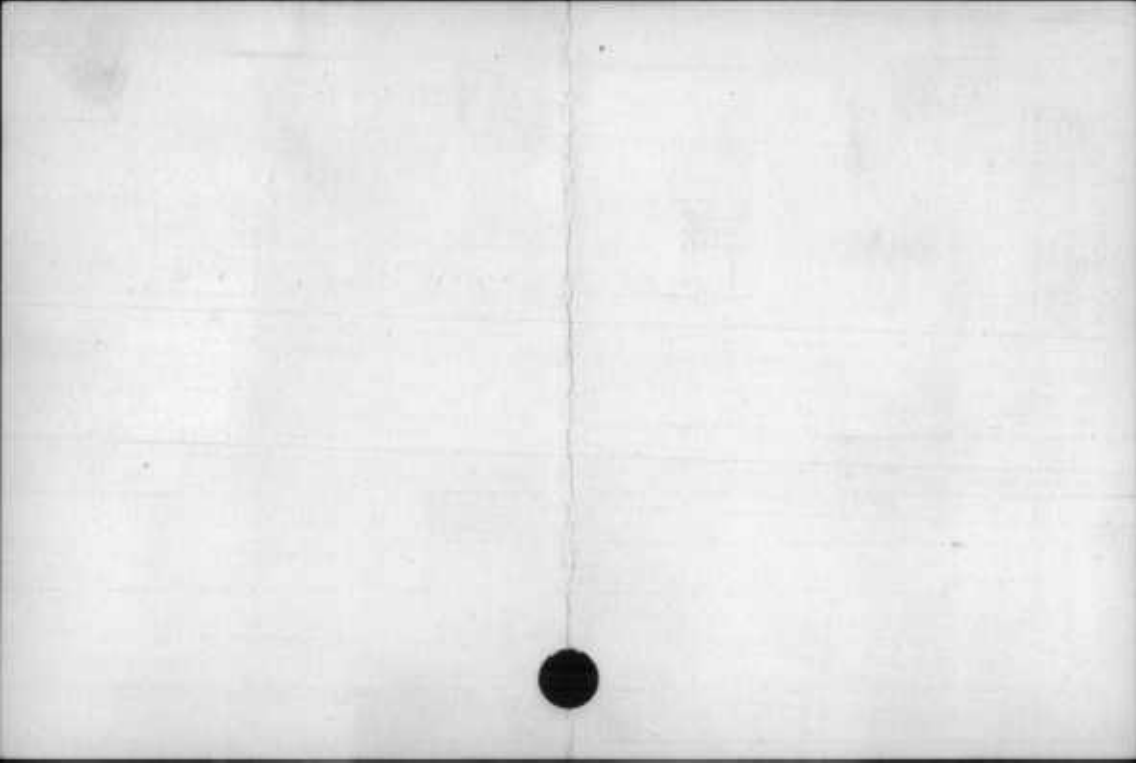
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Near Eldorado</u>		^{County} <u>Norchester</u>		MARYLAND	
Date of death	1910	Month	Aug.	Day	26
Age	59	Years		Months	
Sex	male	Color or Race	white	Birth-place	Nor. Co. Ind.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Widowed.	Name of Wife or Husband <u>Annie Neal deid.</u>			
Father's Name	William Stephens			Father's Birthplace	Nor. Co. Ind.
Mother's Maiden Name	Margaret Murphy			Mother's Birthplace	" " "
Name of person giving information	Josiah E. Witten.			How related to deceased	Half Bro.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	186
Immediate	Murder	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Wilbur M. Smith	
Address		Peak Grove Del	
Accident or Suicide?		acting coroner	



Name
in
Full

Lotie J. Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cambridge* ^{Town} *Rowchester* ^{County} **MARYLAND**

Date of death *1900 Aug 12* Age *24*

Sex *female* Color or Race *colored* Birth-place *md*

Occupation *housekeeper* Where Residing if not at place of death *Cambridge*

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

Father's Name *Solomon Stevens* Father's Birthplace *md*

Mother's Maiden Name *Rebecca Warfield* Mother's Birthplace *md*

Name of person giving Information *S. Stevens* How related to deceased *father*

79

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary *Valvular Heart Disease* How long *unknown*

Immediate *Cardiac failure* How long *few minutes*

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

Signature of Physician *Rev Stanley*

Address *Health Officer*

Accident or Suicide

THE UNIVERSITY OF CHICAGO
LIBRARY



Name
in
Full

Jennie V.M. Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1900 Aug. 24 Age 1 Months 17 Days 17

Sex female Color or Race colored Birth-place Maryland

Occupation Infant Where Residing if not at place of death _____

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

Father's Name John L. Stewart Father's Birthplace Cambridge, Md.

Mother's Maiden Name Jennie M. Conner Mother's Birthplace Batts, Md.

Name of person giving Information Leah Conner How related to deceased grandmother

CAUSES OF DEATH

104
How long

PHYSICIAN
OR CORONER

Primary Cholera Infantum How long Can't say

Immediate Exhaustion How long gradual

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

Address Cambridge, Md.

Accident or Suicide —

Turner & St Clair

Name
in Full

Mason Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Taylor's Island ^{Town} Dorchester ^{County} MARYLANDDate of death 1940 Aug. 1 ^{Month} ^{Day} Age 9 ^{Years} ^{Months} ^{Days}Sex Male Color or Race White Birth-place MdOccupation None Where Residing if not at place of death —Married, Single or Widowed Single Name of Wife or Husband —Father's Name Travers P. Thompson Father's Birthplace MdMother's Maiden Name Elizabeth Jones Mother's Birthplace MdName of person giving Information Travers P. Thompson How related to deceased father

CAUSES OF DEATH

Primary Gastro-Enteritis How long 2 wksImmediate Exhaustion How long 2 daysAre the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Joe B. Shivers JrAddress Taylor's Island MdAccident or Suicide —PHYSICIAN
OR CORONER



Name
In
Full

Anna Tilman

CERTIFICATE OF DEATH

Died at ^{Town} near Galveston ^{County} Dorchester MARYLANDDate of death 1910 ^{Month} 8 ^{Day} 24 ^{Age} 80 ^{Years} ^{Months} ^{Days}Sex Female ^{Color or Race} Black ^{Birth-place} Dorchester^{Occupation} Housewife ^{Where Residing if not at place of death}^{Married, Single or Widowed} M'd ^{Name of Wife or Husband}^{Father's Name} John Robinson ^{Father's Birthplace} Dorchester^{Mother's Maiden Name} Anna Dashedels ^{Mother's Birthplace} Dorchester^{Name of person giving information} John Tilman ^{How related to deceased} Son

CAUSES OF DEATH

^{Primary} Paralysis ^{How long} 66^{Immediate} Cardiac Failure ^{How long} 66

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

^{Signature of Physician} W. N. Gessaway M.D.^{Address} Sharptown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wrights</u> ^{Town}		<u>Wheatley</u> ^{County}		MARYLAND	
Date of death	<u>1910</u>	Month	<u>Aug</u>	Day	<u>23</u>
Age	<u>—</u>		Years	Months	<u>—</u>
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth place	<u>Wrights</u>
Occupation	<u>Infant</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>none</u>		
Father's Name	<u>Thos. J. Wheatley</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Virginia Swans</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>Virginia Wheatley</u>			How related to deceased	<u>mother</u>

CAUSES OF DEATH

Primary	<u>Primature labor, 5ms</u>	How long	<u>15-13</u>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above? no

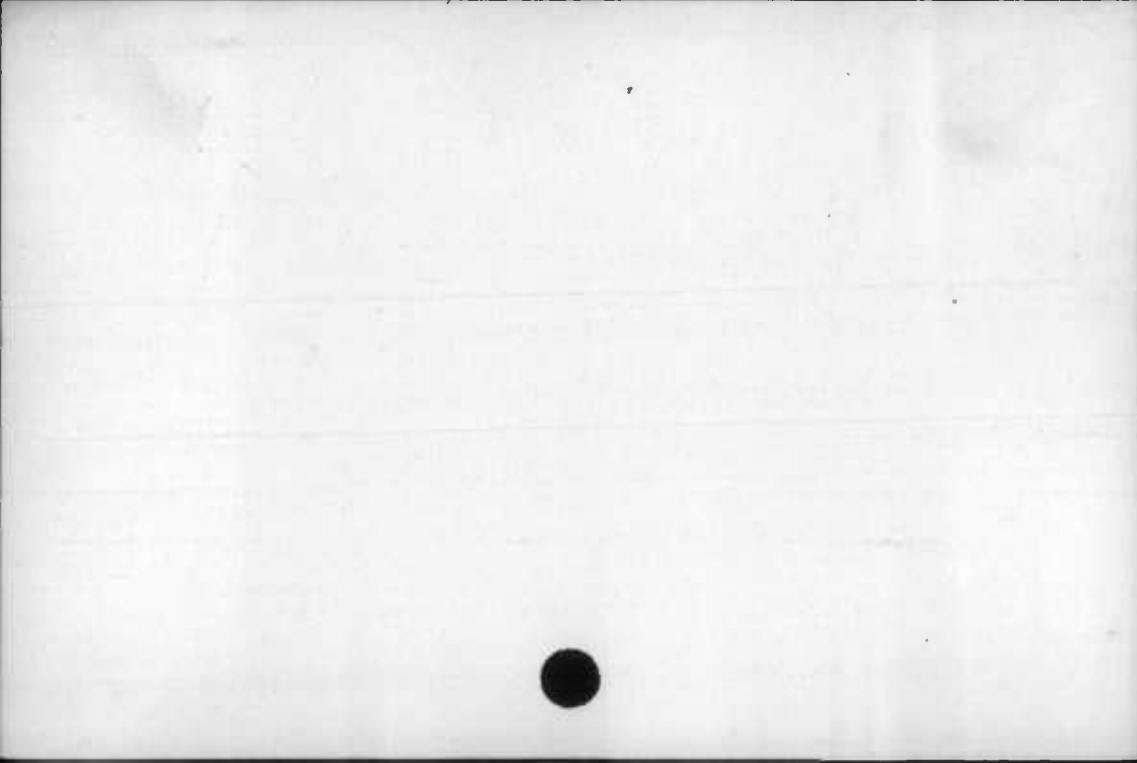
Signature of Physician

S. A. Stokes

Address

Cornersville
Ind

Accident or Suicide?



Name
In Full

Alzie Willey

CERTIFICATE OF DEATH

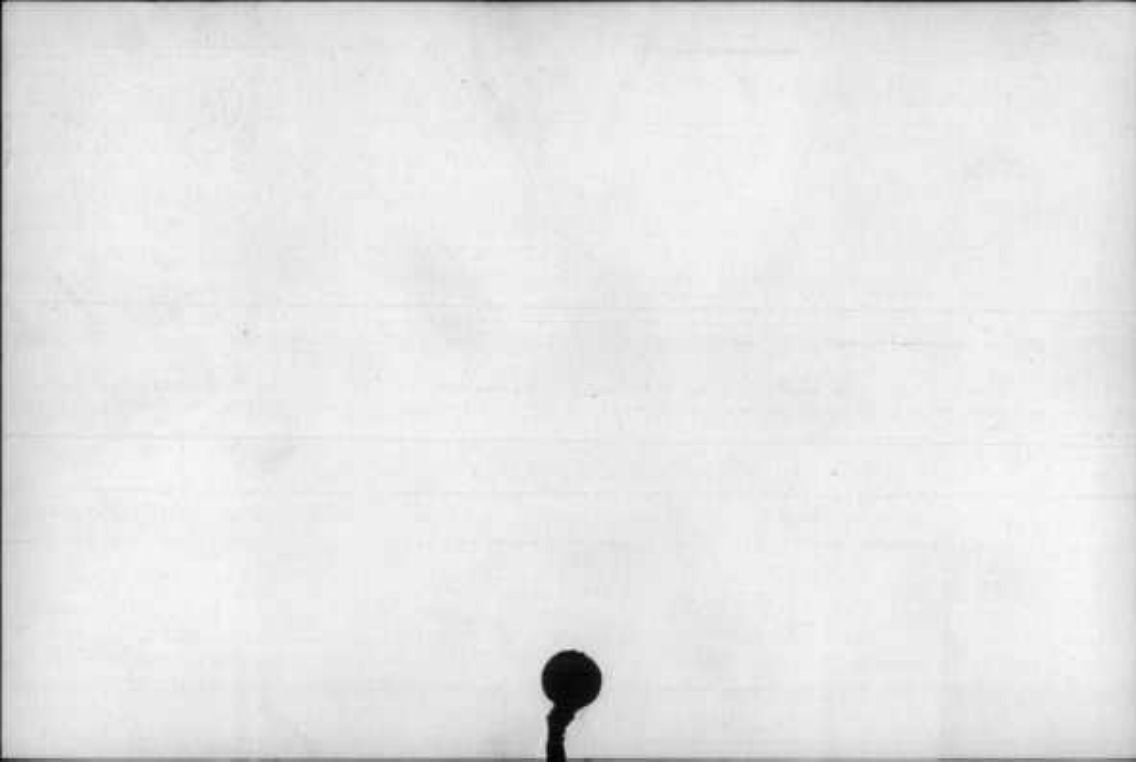
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lakesville</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i>	Month <i>August</i>	Day <i>28</i>	Age <i>2</i> <small>Years</small>	Months <i>19</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Lakesville</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Charles Willey</i>		Father's Birthplace <i>Maryland Lakes Junction</i>			
Mother's Maiden Name <i>Sarah J Willey</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Charles Willey</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>unknown</i>	How long <i>2 months</i>
Immediate <i>unknown</i>	How long <i>unknown</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>William J Busick sub 137</i>
<i>no physician</i>	Address <i>magistrate</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sabstow</i>		Town		<i>Williams</i>		County		MARYLAND	
Date of death <i>1900 Aug 21</i>		Month		Day		Age <i>still born</i>		Months	
Sex <i>Male</i>		Color or Race <i>white</i>		Birthplace <i>Sabstow</i>		Years		Days <i>21</i>	
Occupation _____				Where Residing if not at place of death _____					
Married, Single or Widowed _____				Name of Wife or Husband _____					
Father's Name <i>Chas J Williams</i>				Father's Birthplace <i>Caroline</i>		Mother's Maiden Name <i>Margret Dickerson</i>			
Mother's Maiden Name _____				Mother's Birthplace <i>Essex Co Del</i>		Name of person giving information _____			
Name of person giving information _____				How related to deceased _____					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary <i>Still Born</i>		How long _____	
Immediate _____		How long _____	
Are the name, age, sex, color, date and place correctly given above? <i>/</i>		Signature of Physician <i>C. P. Osler</i>	
Accident or Suicide _____		Address <i>Seyford Del</i>	



Name
in
Full

Maggie Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bridges ^{City} Dorchester ^{County} MARYLAND

Date of death 1940 August 16 Age 28 Months — Days —

Sex Female Color or Race colored Birth-place Bucktown

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband Jno. H. Wilson

Father's Name Jack Pinkett Father's Birthplace Port Kuy

Mother's Maiden Name Emily Davis Mother's Birthplace Dorchester

Name of person giving Information Jno. H. Wilson How related to deceased Husband

CAUSES OF DEATH

28

Primary Intestinal Tuberculosis How long unknown

Immediate Exhaustion How long Gradual

Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician Char. M. Harty M.D.

Address Health office

Accident or Suicide

PHYSICIAN
OR CORONER

1951
1952
1953

