

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

~~Adrian Anderson~~
Adrian Anderson

Died at *Stevensville* Town *Queen Anne* County MARYLAND

Date of death 190*8* *Aug* *16* Age *32* Months *—* Days *—*

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

Occupation *Blacksmith* Where Residing if not at place of death *Baltimore*

Married, Single or Widowed *Married* Name of Wife or Husband *Mercy Anderson*

Father's Name *John Anderson* Father's Birthplace *Germany*

Mother's Maiden Name *Milly Runkouske* Mother's Birthplace *" "*

Name of person giving Information *Afer Anderson* How related to deceased *Brother*

165-B

CAUSES OF DEATH

Primary *Cerebral Acid Poisoning* How long *—*

Immediate *Heart failure* How long *—*

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

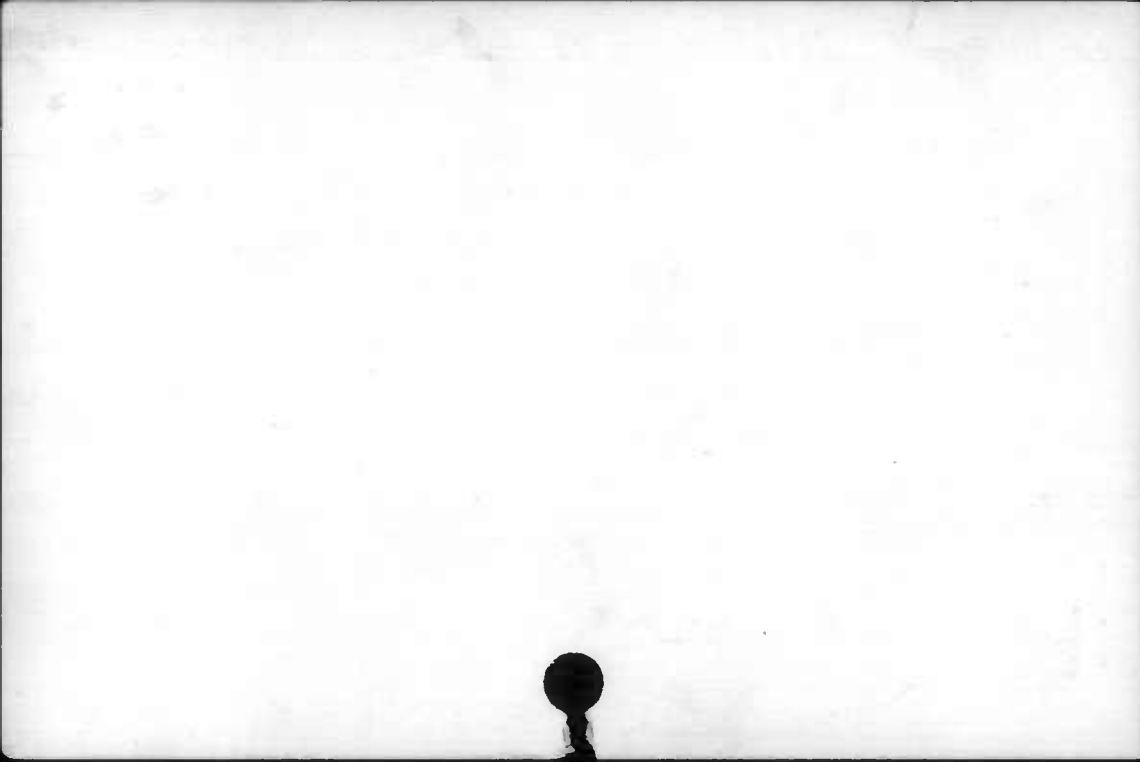
Signature of Physician *W. J. Gentry*

Address *Stevensville, Md.*

Accident or Suicide *Accident*

Queen Anne Co., Md.

PHYSICIAN
OR CORONER



Name
is
Full

Not named..

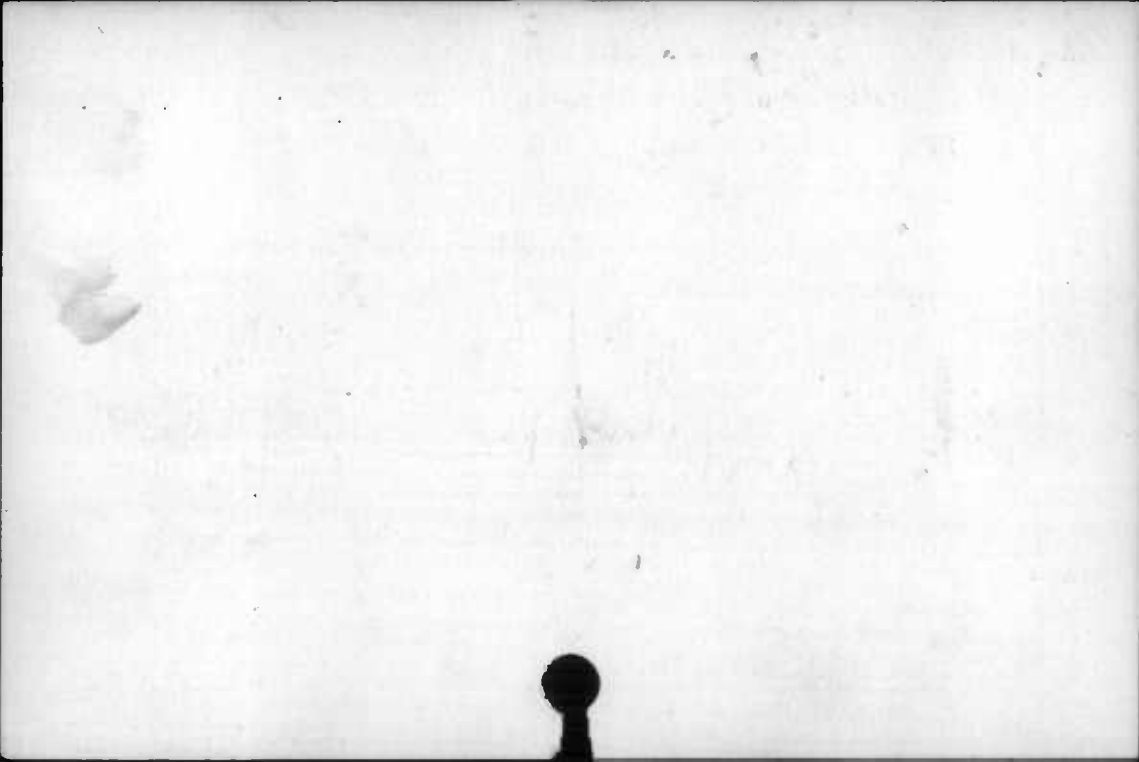
Brown

CERTIFICATE OF DEATH

Died at <i>Inglewode</i> ^{Town}		<i>2 D County</i> ^{County}		MARYLAND	
Date of death	19 <i>00</i>	Month <i>8</i>	Day <i>10</i>	Age <i>—</i> Years	Months <i>—</i> Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>Colored.</i>		Birth-place <i>Ind.</i>		
Occupation <i>none</i>	Where Reading if not at place of death <i>at place death.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Wilfred Brown</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Annice Brown</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Matthew Hall.</i>	How related to decedent <i>(by marriage) Grandfather</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Congenital stricture of oesophagus</i>	How long <i>177 13</i>
	Immediate <i>Inanition</i>	How long <i>Since birth.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm W. Bowen</i>
	Accident or Suicide? <i>No</i>	Address <i>Inglewode Ind.</i>



Name
in
Full

Sallie Curtis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hermitage near Centerville</i>		Town <i>Hermitage</i>		County <i>Queen Anne's</i>		STATE MARYLAND	
Date of death 190 <i>0</i>		Month <i>8</i>	Day <i>8</i>	Age <i>62</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>MD</i>			
Occupation <i>Servant</i>				Where Residing if not at place of death <i>Hermitage</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Peter Curtis</i>					
Father's Name <i>Anna B. Brooks</i>		Father's Birthplace <i>Queen Anne Co.</i>					
Mother's Maiden Name <i>Emeline Robinson</i>		Mother's Birthplace <i>Queen Anne Co.</i>					
Name of person giving Information <i>Geo Brooks</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Valvular Heart Disease</i>	How long <i>79</i>
	Immediate	<i>Stopsy</i>	How long <i>6 months</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>E. F. Smith</i>
	Address <i>Centreville Md.</i>		
Accident or Suicide			



Name
in
Full

Mary Dean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princess Anne</i> <small>Town</small>		<i>Princess Anne</i> <small>County</small>		MARYLAND	
Date of death	<i>1960</i> <small>Month</small>	<i>Aug.</i> <small>Day</small>	<i>28</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>6</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>D. A. Co.</i>
Occupation	<i>Child</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>None</i>			
Father's Name	<i>Marion E. Dean</i>			Father's Birthplace	<i>D. A. Co.</i>
Mother's Name	<i>Nettie Miller</i>			Mother's Birthplace	<i>Caroline Co.</i>
Name of person giving information	<i>Mrs Callahan</i>			How related to deceased	<i>None</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Emphysema of Larynx</i>	How long	<i>24 hours</i>
Immediate	<i>Coronary Paralysis</i>	How long	<i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. W. B. Rowe, M.D.</i>
		Address	<i>Delaware</i>
Accident or Suicide	<i>No</i>		<i>Del.</i>



Name
in
Full

Sarah Jane Dudley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Centerville		County Queen Anne Co		MARYLAND	
Date of death 1900		Month 7	Day 7	Age 64	Years	Months 1	Days 18
Sex Female		Color or Race White American		Birth-place Dudleysville Md			
Occupation Boarding House Keeper		Where Residing if not at place of death Centerville Md					
Married, Single or Widowed Single		Name of Wife or Husband none					
Father's Name James P. Dudley				Father's Birthplace Queen Anne Co.			
Mother's Maiden Name Mary Ann Goddard				Mother's Birthplace Queen Anne Co.			
Name of person giving Information Mrs Tillie Emery				How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Carcinoma of Liver & Stomach	How long	140	
	Immediate	Infection	How long	1 week	
	Are the name, age, sex, color, date and place correctly given above?		yes		
	Signature of Physician		[Signature]		
Address		Centerville Md			
Accident or Suicide		no			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Grant + Daisy Emory

Died at *Centerville* Town *Queen Anne* County **MARYLAND**

Date of death *1900* Month *8* Day *31* Age *—* Years *—* Months *—* Days *—*

Sex *male* Color or Race *Negro.* Birth-place *Centerville*

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

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

Father's Name *E. Grant Emory* Father's Birthplace *Centerville*

Mother's Maiden Name *Daisy S. Emory* Mother's Birthplace *Centerville*

Name of person giving Information *Grant Emory* How related to deceased *Father.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Stillborn* How long *—*

Immediate *Stillborn* How long *—*

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

Signature of Physician *E. F. Smith*

Address *Centerville Md.*

Accident or Suicide *no.*



Name
in
Full

Antoni Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

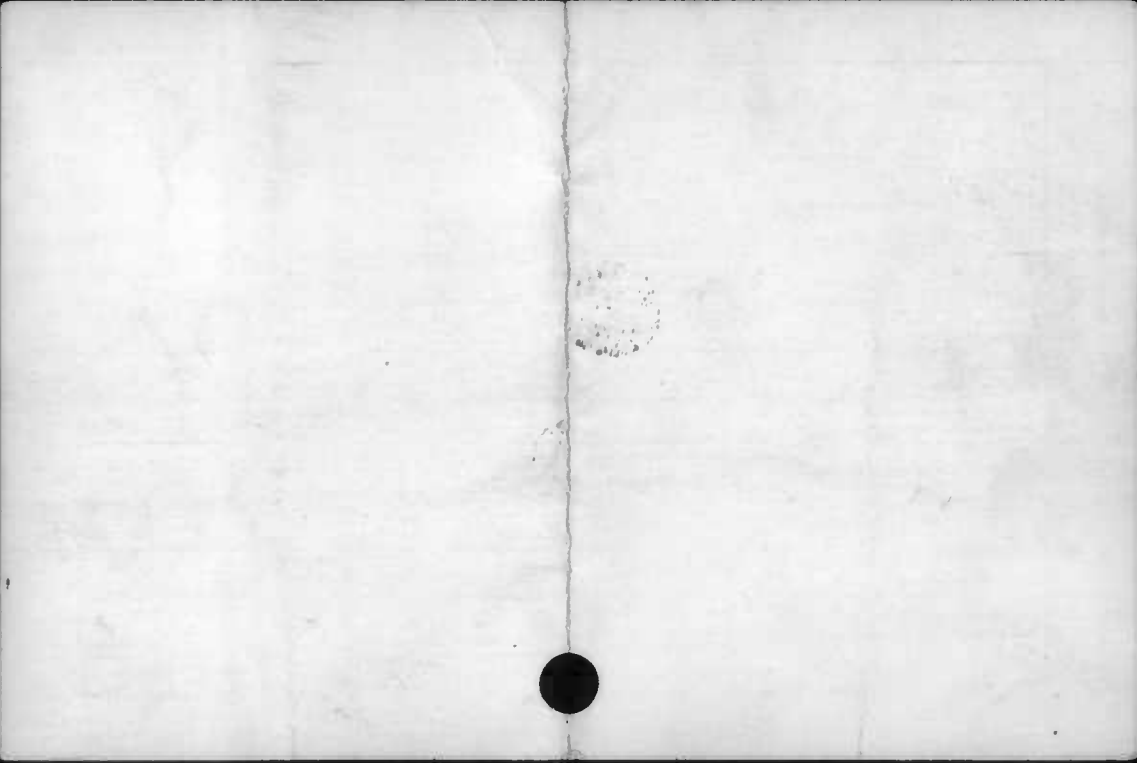
Died at		Town Queen Anne		County Queen Anne		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1960		8	20	—	—	9	0
Sex		Color or Race		Birthplace			
Male		White		Baltimore			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Andrew Fisher				Baltimore Md.			
Mother's Maiden Name				Mother's Birthplace			
Lilly Franklina				Baltimore Md.			
Name of person giving information				How related to deceased			
Father							

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary		How long	
Cholera Infantum		Four months	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		D ^r R. Hackett	
		Address	
		Queen Anne Md.	
Accident or Suicide			
No			



Name in Full

Perry Brown Forman

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Carnel* Town *Queen Anne's* County *MARYLAND*

Date of death 19*0* *Aug.* Month *27* Day *Age 57* Years *or 58* Months Days

Sex *Male* Color or Race *Colored* Birth-place *Not known*

Occupation *Farm Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or ~~husband~~ *Eric Annie Maddox Forman*

Father's Name *William Thomas Forman* Father's Birthplace *Not known*

Mother's Maiden Name *Rachel Ann Brown* Mother's Birthplace *Not known*

Name of person giving Information *Eric Annie Forman* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Neuralgie + weakness of heart* How long *One year*

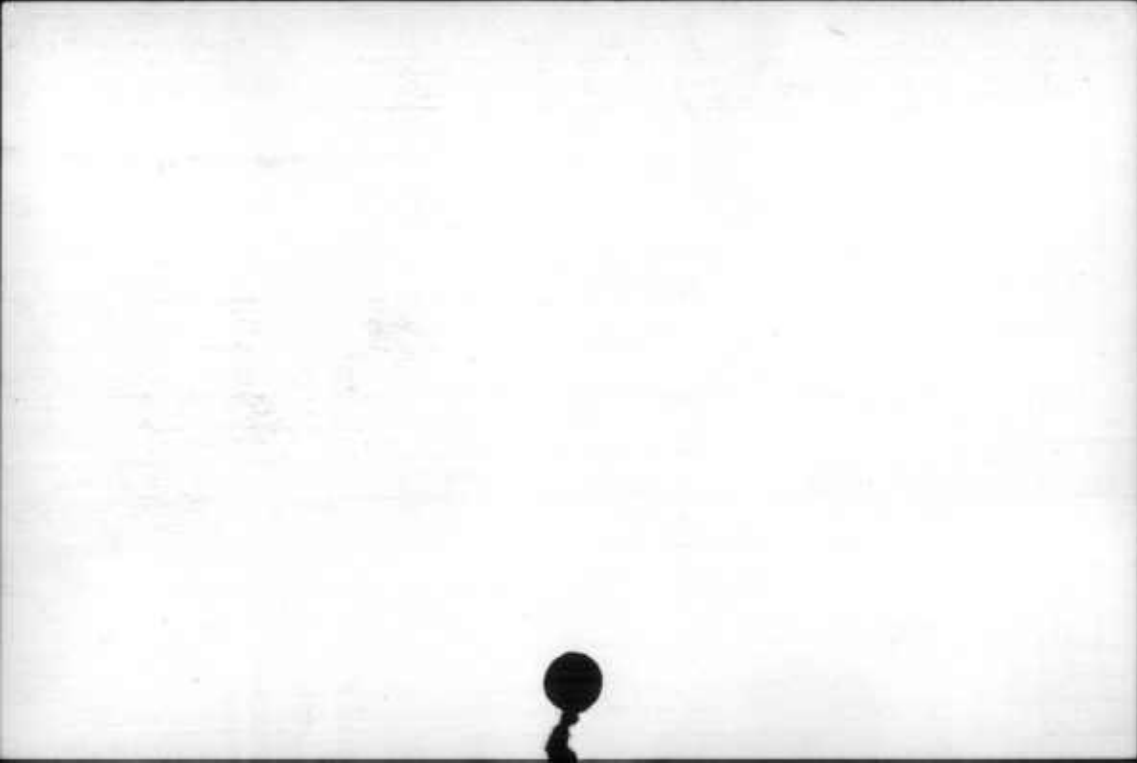
Immediate *Paralysis of heart* How long *Instantaneous*

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

Signature of Physician *Walter H. Fenby*

Address *Centreville, Md., RR No. 4,*

Accident or Suicide



Name
In Full

Milvina Goldsborough

CERTIFICATE OF DEATH

Died at Near Chestertown

Town

Queen Anne

County

MARYLAND

Date of death

1960

Month

Aug

Day

2

Age

80

Months

5

Days

27

Sex

Female

Color or Race

Colored

Birthplace

Queen Anne Co

Occupation

Invalid's years

Where Residing if not at place of death

At home

Married, Single or Widowed

Widowed

Name of Wife or Husband

Wm Goldsborough

Father's Name

Jervis Bright

Father's Birthplace

Queen Anne Co

Mother's Maiden Name

Don't know

Mother's Birthplace

Don't know

Name of person giving information

Steve Goldsborough

How related to deceased

Son

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Paralysis

How long

one year

Immediate

Paralysis

How long

one year

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

Yes

Signature of Physician

H. Berge Sumner

Address

Chestertown

Md

Accident or Suicide

No.

PHYSICIAN
OR CORONER

Leeds Woods
Near Chesham

Name
in
Full

Geo. Brearub Groff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Centreville</u> ^{Town}		<u>Queen Anne</u> ^{County}		MARYLAND	
Date of death <u>1910</u>	Month <u>8</u>	Day <u>25</u>	Age <u>—</u>	Months <u>4</u>	Days <u>15</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Wilmington Md.</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>Centreville</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Wm. F. Groff</u>	Father's Birthplace <u>Wilmington Del.</u>				
Mother's Maiden Name <u>Lillian Wagon</u>	Mother's Birthplace <u>Jersey City N.J.</u>				
Name of person giving Information <u>W. F. Groff</u>	How related to deceased <u>brother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Birth</u>	How long <u>15-18</u>
Immediate <u>Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. F. Smith</u>
	Address <u>Centreville Md.</u>
Accident or Suicide <u>no</u>	



Name
in Full

Mildred Groff

CERTIFICATE OF DEATH

Town

County

Died at

Union Mills

2 Prince Co

MARYLAND

Date

of death 1980

Month

Aug

Day

25

Age

Years

-

Months

10

Days

-

Sex

Female

Color or
Race

White

Birth-
place

D. D. C. Md

Occupation

-

Where Residing if not
at place of death

-

Married, Single

~~Married~~Name of Wife or
Husband

-

Father's
Name

Louis Hickey

Father's
Birthplace

D. D. C.

Mother's
Maiden Name

Mary Groff

Mother's
Birthplace

D. D. C.

Name of person giving
Information

James Groff

How related
to deceased

Hull

CAUSES OF DEATH

Primary

Malnutrition

How long

10 months

Immediate

Exhaustion

How long

one week

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

Yes

Signature of
Physician

Doctor E. Lander's MD

Address

Croompton

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Millington

Name
in
Full

Elena Duviv Honey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pondtown</i> <small>Town</small>		<i>R D Co</i> <small>County</small>		MARYLAND	
Date of death <i>1980</i>	<i>Aug</i> <small>Month</small>	<i>2</i> <small>Day</small>	Age <i>87</i>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Kent Is. Md</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Perry Honey</i>				
Father's Name <i>James Shepard</i>	Father's Birthplace <i>Cai Co Md</i>				
Mother's Maiden Name <i>Harriet Duviv</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving Information <i>William J Honey</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

(1521)

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Old Age</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D E Lander's, Crumpton</i>
	Address <i>Health Officer</i>
<input type="checkbox"/> Accident or Suicide	<i>(Do not see this woman)</i>



Name
in
Full

Daniel Melvin Mc Natt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Low Point

County

Queen Annes

MARYLAND

Date
of death

1900

Month

Aug

Day

16

Age

Years

62

Months

Days

Sex

male

Color or
Race

Caucasian

Birth-
place

Delaware

Occupation

Mechanic

Where Residing if not
at place of death

Low Point

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Daniel Mc Natt

Father's
Birthplace

Delaware

Mother's
Maiden Name

Mary Scott

Mother's
BirthplaceName of person giving
Information

Samuel Morris

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Cerebral aneurysm

How long

Immediate

Heart failure

How long

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

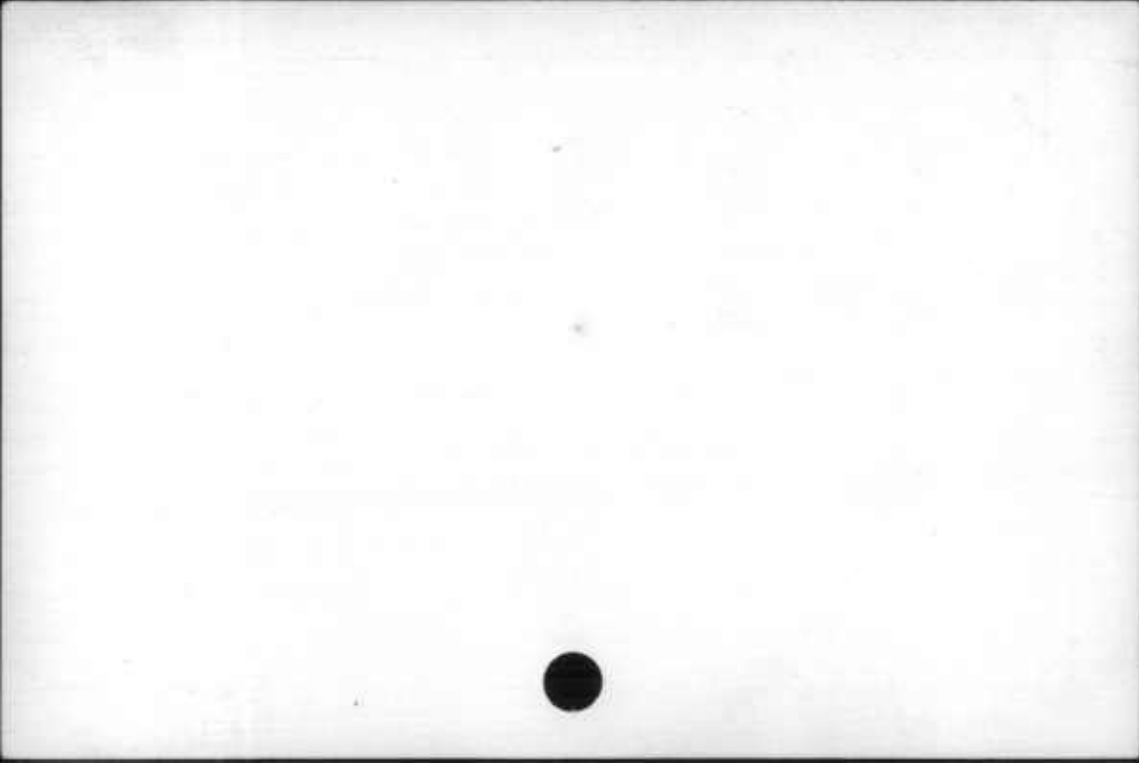
Yes

Signature of
Physician

Address

Dr. R. B. Bentzen

Accident or Suicide



Name
in
Full

Sicala, Melvin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
DEATH
QUEENSTOWN, N.J.

Died at		Town Frostons		County La Gr		MARYLAND	
Date of death		1910	Month Oct	Day 5	Age	Years 12	Months Days
Sex		female		Color or Race White		Birth-place Frostons	
Occupation		House Girl		Where Reading if not at place of death		Frostons	
Married, Single (Indicate)		Single		Name of Wife None		Husband	
Father's Name		Loyd Melvin		Father's Birthplace		Cecil, Md	
Mother's Maiden Name		Henry V. Collins		Mother's Birthplace		La Gr	
Name of person giving information		John T. Collins		How related to deceased		Grandfather	

CAUSES OF DEATH

Primary Tuberculosis (29) showing 2 years.

Immediate Exhaustion How long

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

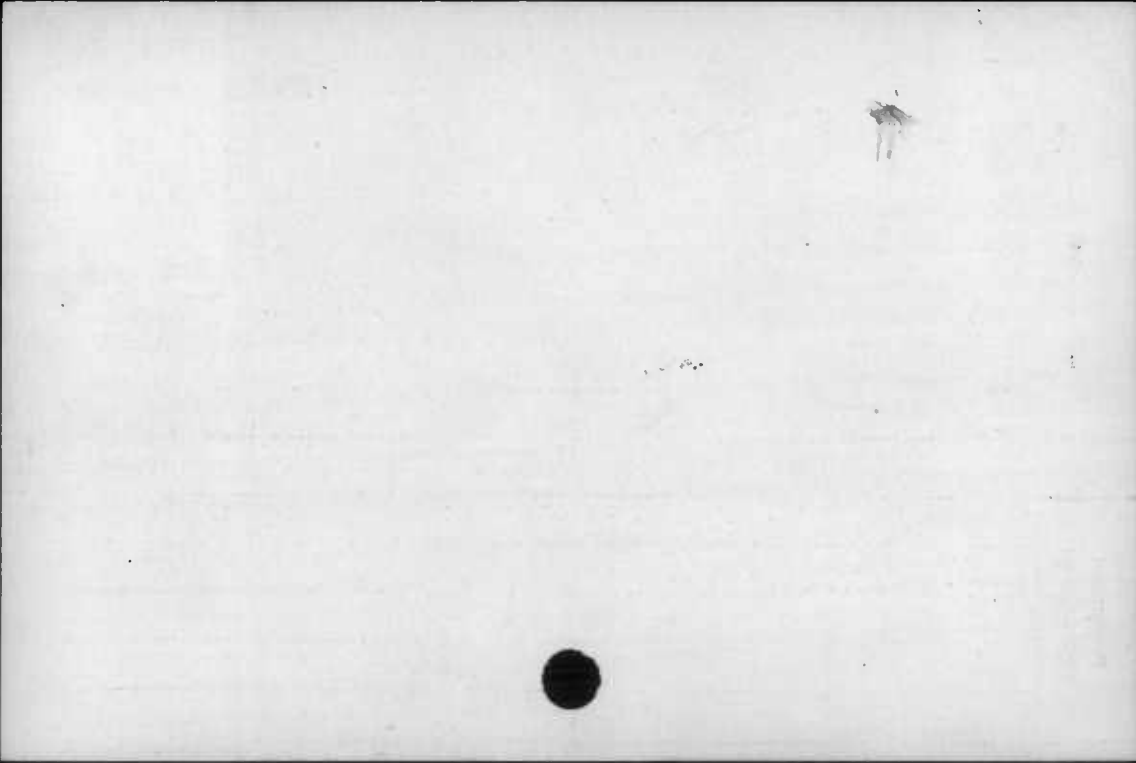
Signature of Physician

W. N. Chaires

Address

Queenstown, Md

Accident or Suicide?



Name
in
Full

Dorothy Meredith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chestes		County Queen Anne		MARYLAND	
Date of death		1900	Month Aug	Day 22	Age	Years —	Months 6
Sex		Female		Color or Race		Colored	
Occupation		Infant		Where Residing if not at place of death		Kent Island	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Unknown		Father's Birthplace		—	
Mother's Maiden Name		Gladys Meredith		Mother's Birthplace		Kent Island	
Name of person giving Information		Ada Meredith		How related to deceased		Grandmother	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Malnutrition	How long	177 B
	Immediate		How long	Small
	Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Dr. Chas. E. Snyder
			Address	Stevensville
	Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Harry H. Morris

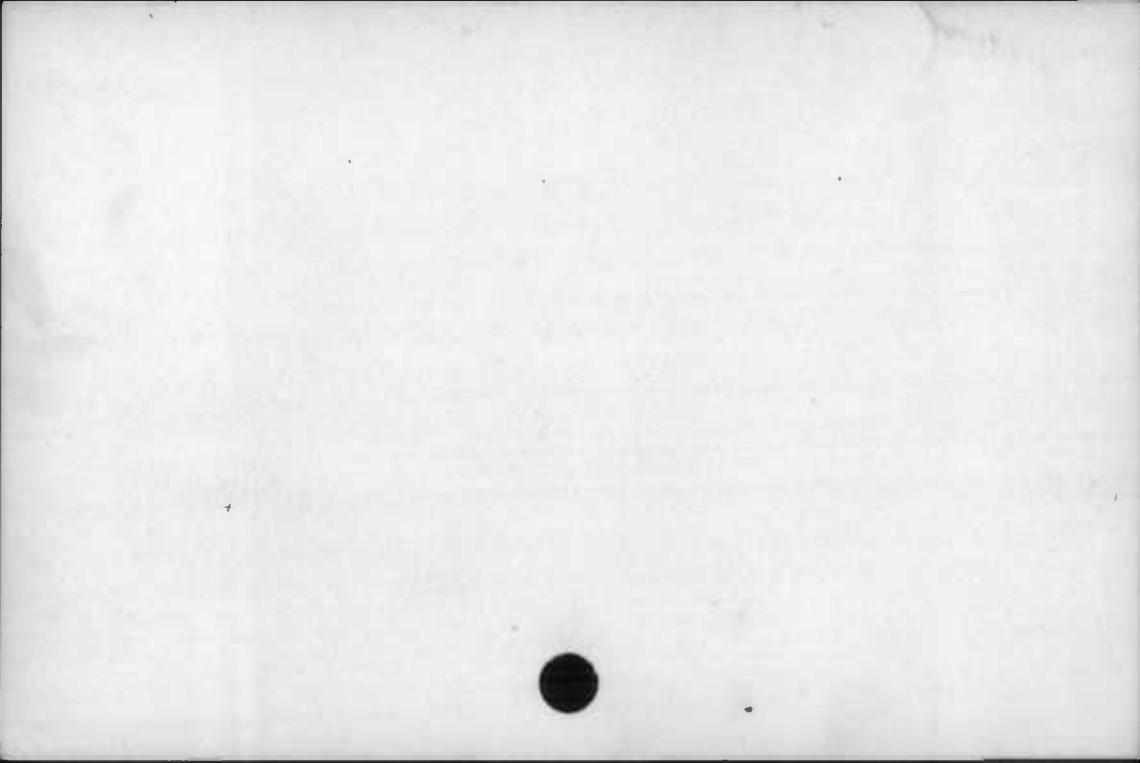
County

MARYLAND

Died at near Campville AnneDate of death 1960 Month 8 Day 23 Age 71 Years Months 11 Days -Sex Male Color or Race White Birth-place MDOccupation - Where Residing if not at place of death -Married Single or Widowed - Name of Wife or Husband -Father's Name Kennan H. Morris Father's Birthplace MDMother's Maiden Name Sarah Wells Mother's Birthplace MDName of person giving information Kennan H. Morris How related to deceased Father

CAUSES OF DEATH

Primary Coccardiosis How long 71Immediate - How long 71Are the name, age, sex, color, date and place correctly given above? yesSignature of Physician J. P. Smith, M.D.
Address Campville MDAccident or Suicide? -TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Annice Mariah Newman

CERTIFICATE OF DEATH

Died at <u>Centerville</u> ^{Town}		<u>Queen Anne</u> ^{County}		MARYLAND	
Date of death	19 <u>90</u>	Month	<u>8</u>	Day	<u>9</u>
Age		<u>1</u>	Years	<u>—</u>	Months
Days		<u>15</u>			
Sex	<u>Female</u>	Color or Race	<u>Negro</u>	Birth-place	<u>Centerville</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>Centerville Md</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Daniel Newman</u>		Father's Birthplace	<u>Queen Anne Co</u>	
Mother's Maiden Name	<u>Mary Newman</u>		Mother's Birthplace	<u>Queen Anne Co</u>	
Name of person giving Information	<u>Daniel Newman</u>		How related to deceased	<u>Father</u>	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Cholera Infantum</u>	How long	<u>2 days -</u>
	Immediate	<u>Exhaustion</u>	How long	
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>W. Henry Fisher</u>
	Address	<u>Centerville</u>	<u>Md -</u>	
Accident or Suicide	<u>No</u>			



Name
In
Full

Amie H. Prath

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Centerville		County Queen Anne		MARYLAND	
Date of death 1960		Month 8	Day 29	Age 44	Years	Months 8	Days 24
Sex Female		Color or Race White		Birth- place St. Marys Co. Md			
Occupation Housewife		Where Residing if not at place of death Centerville					
Married, Single or Widowed Married		Name of Wife or Husband Frank P. Prath					
Father's Name Thomas Hodges		Father's Birthplace St. Mary's Co. Md					
Mother's Maiden Name Imogene Coade		Mother's Birthplace St. Mary's Co. Md					
Name of person giving Information Frank P. Prath		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nervous Exhaustion	How long	15 months
Immediate	Meningitis	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. W. Orsmond
		Address	Beelersville Md
Accident or Suicide	No		

Green Town

Name
in
Full

Sarah, M., Rhoads,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

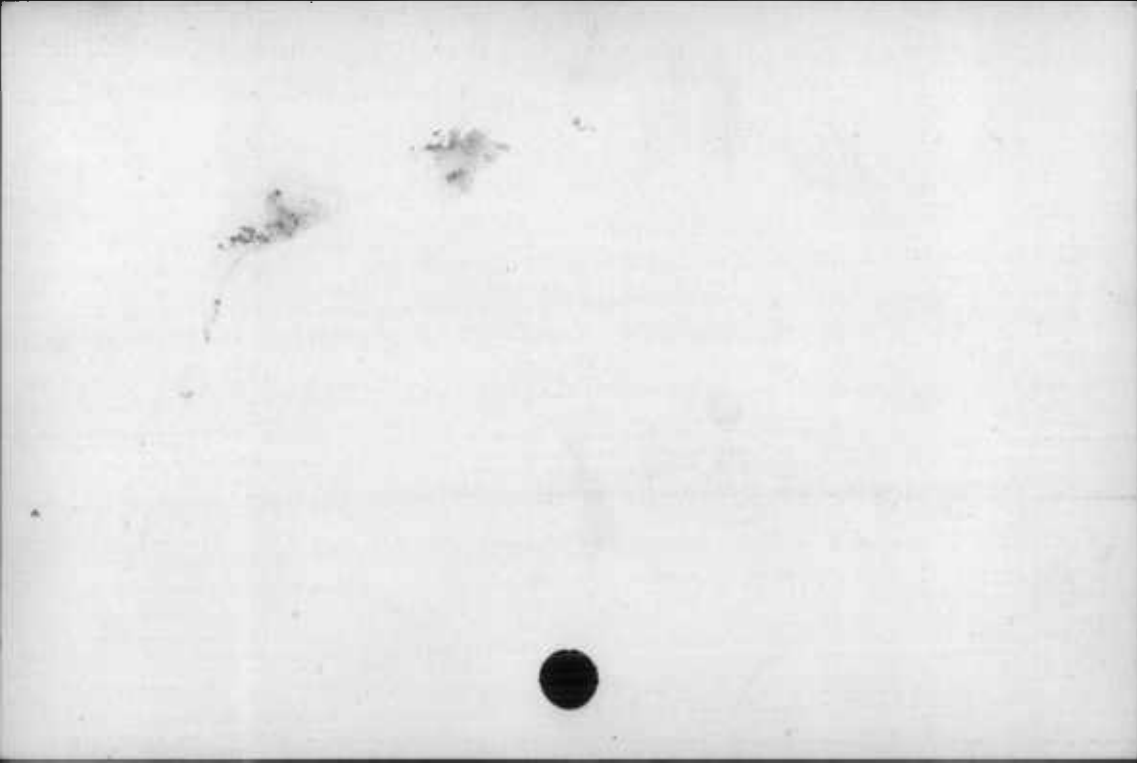
Died at <i>Queenstown,</i>		Town		<i>Queen Annis</i>		County		MARYLAND	
Date of death	<i>1910</i>	Month	<i>Aug</i>	Day	<i>29</i>	Age	<i>74.</i>	Years	<i>9.</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Caroline, Co.,</i>		
Occupation	<i>House Keeper</i>			Where Residing if not at place of death		<i>Queenstown</i>			
Married, Single or Widowed	<i>Wife</i>		Name of Wife or Husband		<i>(deady) W. W. Rhoads</i>				
Father's Name	<i>Dennwood, Long</i>				Father's Birthplace	<i>Caroline,</i>			
Mother's Maiden Name	<i>Sarah B. Smith</i>				Mother's Birthplace				
Name of person giving information	<i>I. J. Rhoads</i>				How related to deceased	<i>Son</i>			

CAUSES OF DEATH

1057

Primary	<i>Gastro Enteritis</i>	How long	<i>eight months</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>ya</i>	Signature of Physician	<i>P. H. Ford</i>
		Address	<i>Queenstown, Md</i>
Accident or Suicide?			

PHYSICIAN OR CORONER



Name
in
Full

Araminta Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Kent Island</i>		County <i>Queen Anne's</i>	
Date of death <i>1940 Aug</i>	Month <i>Aug</i>	Day <i>24th</i>	Age <i>67</i> Years
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Kent Island</i>	Months <i>7 mos</i>
Occupation <i>House wife</i>	Where Recoded if not at place of death <i>Place of death</i>		Days
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Geo. Richardson</i>		
Father's Name <i>Thos. Camdens</i>	Father's Birthplace <i>Kent Island</i>		
Mother's Maiden Name <i>Sarah Watkins</i>	Mother's Birthplace <i>Kent Island</i>		
Name of person giving information <i>Geo. Richardson</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 yrs.</i>
Immediate <i>General debility</i>	How long <i>Several mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John P. Benton</i>
Accident or Suicide?	Address <i>Stromville P.O. Queen Anne's Co. Md.</i>



Name
in
Full

Frank Rochester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

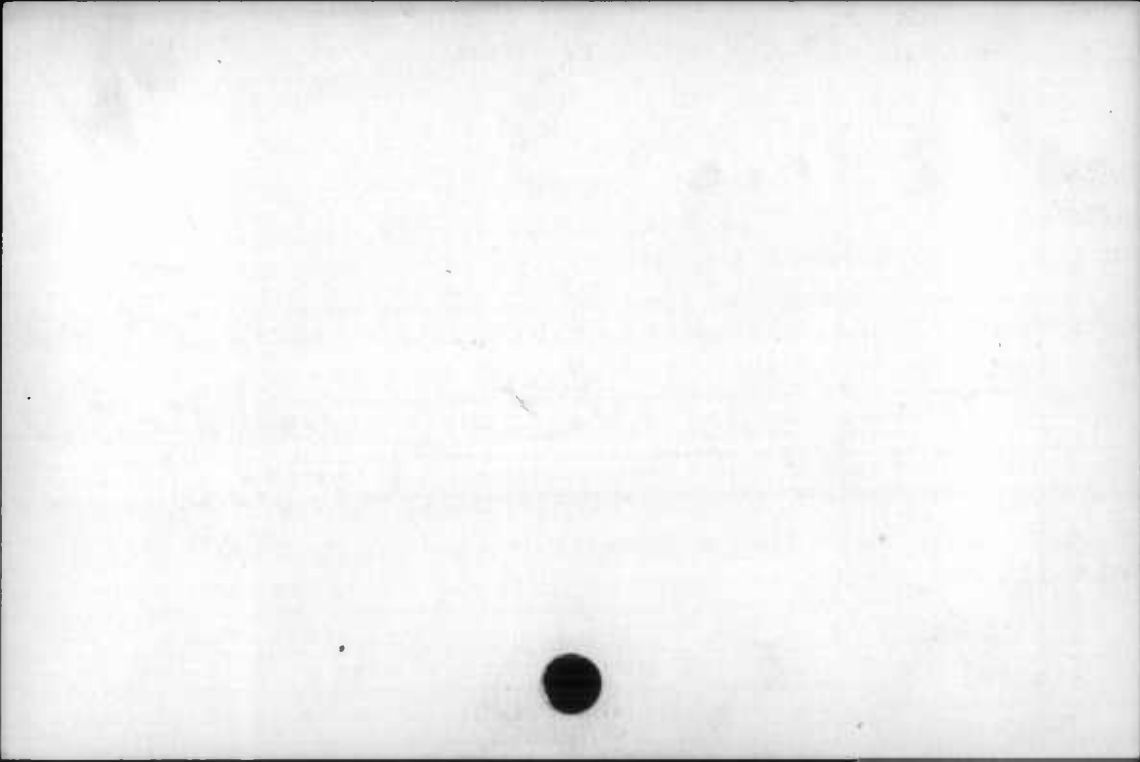
Died at <i>England</i> ^{Town} <i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death 19 <i>10</i>	Month <i>8</i>	Day <i>10</i>	Age <i>0</i> Months <i>1</i> Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind.</i>	
Occupation <i>Infant</i>	Where Residing if not at place of death <i>At place death</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>wow</i>		
Father's Name <i>Charles L Rochester</i>	Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Elka Tolson</i>	Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Leroy Rochester</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

189A

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Six weeks</i>
Immediate <i>Inanition</i>	How long " "
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm W. Bowley</i>
	Address <i>England Ind.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

Neal Sewall

Town

County

Died at

Stevansville Greenbush

MARYLAND

Date
of death 1910 ^{Month} ~~Nov~~ 19 ^{Year} ~~19~~

Age

Years

Months

Days

5 15

Sex

male

Color or
Race

Best

Birth-
place

Kent Co.

Occupation

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

Neal Sewall

Father's
Birthplace

Kent Co.

Mother's
Maiden Name

Daisy Green

Mother's
Birthplace

" "

Name of person giving
Information

Neal Sewall

How related
to decedent

Father

CAUSES OF DEATH

Primary

Aleo Colitis

How long

104
2 mos

Immediate

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

Yes

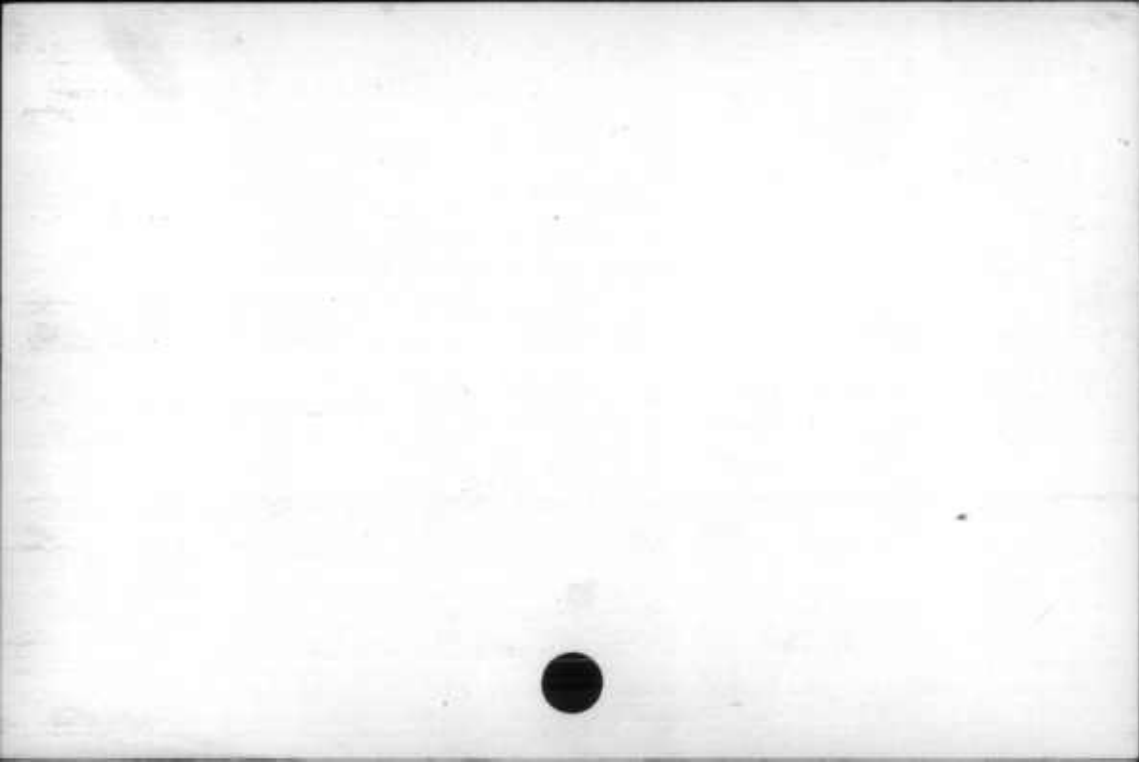
Signature of
Physician

Address

D. Choo E. Hyde
Stevansville
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lillie Viola Story

CERTIFICATE OF DEATH

Died at		Town Centerville	County Queen Anne's		MARYLAND	
Date of death	1980	Month August	Day 29 th	Age	Years 8	Months 23
Sex	Female	Color or Race	White	Birth-place	Chester Penn.	
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	George Story			Father's Birthplace	Centerville Md.	
Mother's Maiden Name	Emma - Elliott			Mother's Birthplace	Centerville Md.	
Name of person giving Information	Lillie M. Rose			How related to deceased	Aunt.	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cholera Infantum	How long	3 weeks
	Immediate	Exhaustion	How long	1 week -
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. Henry Fisher
	Accident or Suicide	No.	Address	Centerville Md.



Name
in
Full

Isabella Whitaker Shawley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Centreville Md		^{County} Queen Annes		MARYLAND	
Date of death	1910 190	Month August	Day 2nd	Age 54	Years —
Sex	Female	Color or Race	White	Birth-place	Baltimore Md
Occupation	Lady	Where Residing if not at place of death		Place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Geo E. Thawley		
Father's Name	Henry Whitaker		Father's Birthplace	Forest Hill Md	
Mother's Maiden Name	Martha Ellen Duncan		Mother's Birthplace	Warren Balt Co Md	
Name of person giving information	Wm H Whitaker		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of Breast	How long	43 yrs
Immediate	Metastatic infiltration of glands	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. [Signature]
		Address	Centerville Md
Accident or Suicide	No		



Name
in Full

Sarah Tolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Burrsville		County Queen Anne's		MARYLAND	
Date of death	1940	Month	August	Day	28	Age	6
						Years	12
Sex	Female	Color or Race	colored	Birth-place	Burrsville		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	James Tolson			Father's Birthplace		Kent Island	
Mother's Maiden Name	Levenia Clayton			Mother's Birthplace		Burrsville	
Name of person giving Information	Charles Knight			How related to deceased		none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whoopingcough		How long	8
Immediate	Suffocation		How long	3-4 weeks
Are the name, age, sex, color, date and place correctly given above?	yes		How long	a few minutes
Signature of Physician	S. G. Dudley			
Address	Church Hill Maryland			
Accident or Suicide				

23
Bismarck

Name
in
Full

CERTIFICATE OF DEATH

Percy Pickles

Died at

Phester
Town

County

Queen Anne's
MARYLAND

MARYLAND

Date
of death

1908

Month

Aug

Day

3

Age

Years

18

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Kent Island

Occupation

Laborer

Where Residing if not
at place of death

.. ..

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Pickles

Father's
Birthplace

Kent Island

Mother's
Maiden Name

Rachel Wright

Mother's
BirthplaceName of person giving
Information

John

How related
to deceased

Father

CAUSES OF DEATH

Primary

Immediate

Drowned

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

Address

No Physician attending
L. J. Thomas D.
Sub. Reg.Accident SuicideTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

169

How long

How long



Name
in
Full

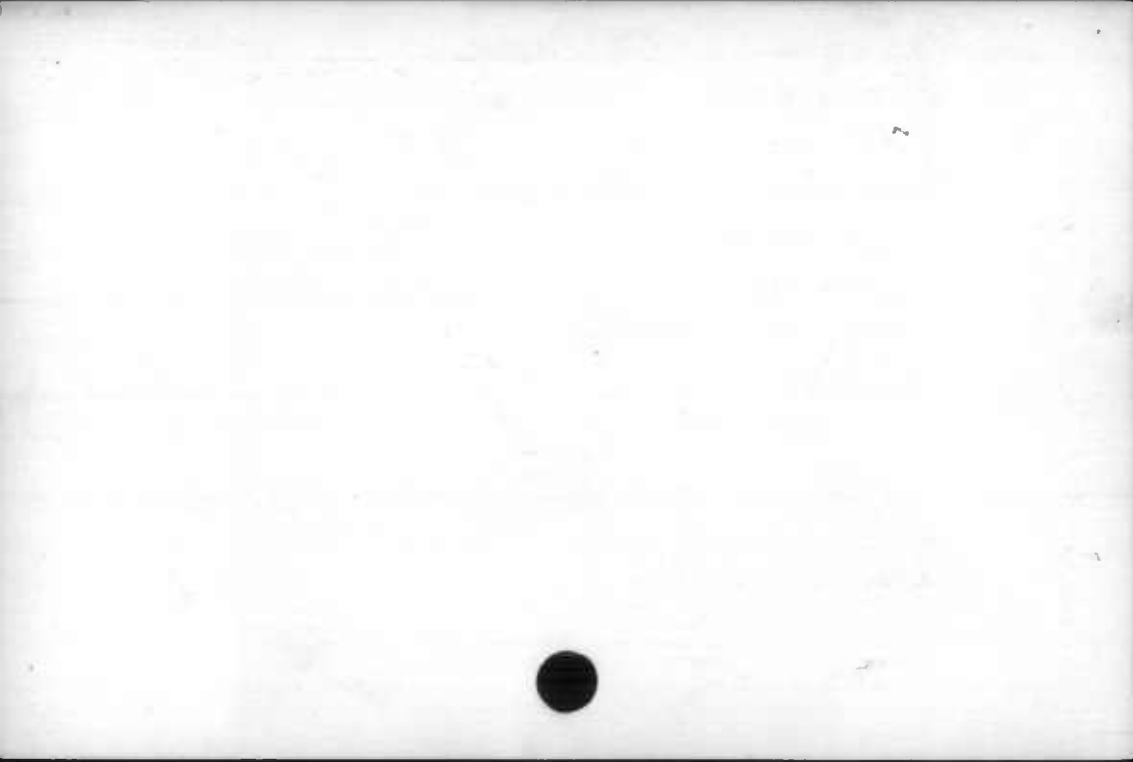
Hannah Broome Wilson

CERTIFICATE OF DEATH

Died at ^{Town} *Burleyville* ^{County} *Franklin* MARYLANDDate of death 19*60* ^{Month} *Aug* ^{Day} *3* Age ^{Years} *3* ^{Months} *9* ^{Days} *0*Sex *Female* Color or Race *Caucasian* Birth-place *Louis City, MD*Occupation *none* Where Residing if not at place of death *Burleyville MD*Married, Single, or Widowed *single* Name of Wife or HusbandFather's Name *James E. Wilson* Father's Birthplace *Elkton MD*Mother's Maiden Name *Anna J. Turpin* Mother's Birthplace *Burleyville MD*Name of person giving Information *Anna J. Wilson* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Poliomyelitis Paralysis* How long *9* *days*Immediate *Cardiac Paralysis* How long *3* *minutes*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. M. [unclear]*Address *Burleyville MD*Accident or Suicide *no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In Full

Sarena Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Price</u> <small>Town</small>		<u>Queen Anne's</u> <small>County</small>		MARYLAND	
Date of death 19 <u>40</u>	<u>8</u> <small>Month</small>	<u>15</u> <small>Day</small>	Age <u>77</u> <small>Years</small>	<u>10</u> <small>Months</small>	<u>0</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Ind.</u>			
Occupation <u>Mid-wife.</u>	Where Reading if not at place of death <u>Chester Pa.</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>James Wilson.</u>				
Father's Name <u>Unknown.</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Rachael Ball</u>	How related to deceased <u>Daughter.</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Carcinoma Stomach</u>	How long <u>40</u>
	Immediate <u>Hemorrhage</u>	How long <u>one year.</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Tom W. Bowen</u>
	Accident or Suicide? <u>no.</u>	Address <u>Seaside Ind.</u>

