

Name
in
Full

Susan Elmer Deines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Palmer</u> Town		<u>St. Mary's</u> County		MARYLAND	
Date of death 19 <u>60</u>	Month <u>8</u>	Day <u>23</u>	Age <u>30</u>	Years	Months <u>1</u>
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birthplace <u>Va</u>	
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Samuel Deines</u>			
Father's Name <u>Columbus Telf</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Mary West</u>			Mother's Birthplace <u>Va</u>		
Name of person giving information <u>Samuel Deines</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

(28)

PHYSICIAN
OR CORONER

Primary <u>Intestinal Tuberculosis</u>	How long <u>1 yr</u>
Immediate <u>Insanity</u>	How long <u>3 mos.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. M. Palmer</u>
	Address <u>Palmer</u>
Accident or Suicide?	<u>no</u>



Name
in
Full

Lillie Herbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Linnodtown		County St Marys		MARYLAND	
Date of death		1960	Month Aug	Day 22	Age	Years 17	Months 11
Sex	Female	Color or Race	White		Birth-place	St Marys	
Occupation	Scholar		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Theodore P. Herbert				Father's Birthplace	St Marys	
Mother's Maiden Name	Dina Fenwick				Mother's Birthplace	St 11 11	
Name of person giving information	Frank Matthews				How related to deceased	brother	

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary	Permittant fever		How long	10 days
Immediate	Exhaustion from high temperature		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	J. J. Greenwell
			Address	Linnodtown Md
Accident or Suicide?				



Name
In
Full

Arie Lippert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

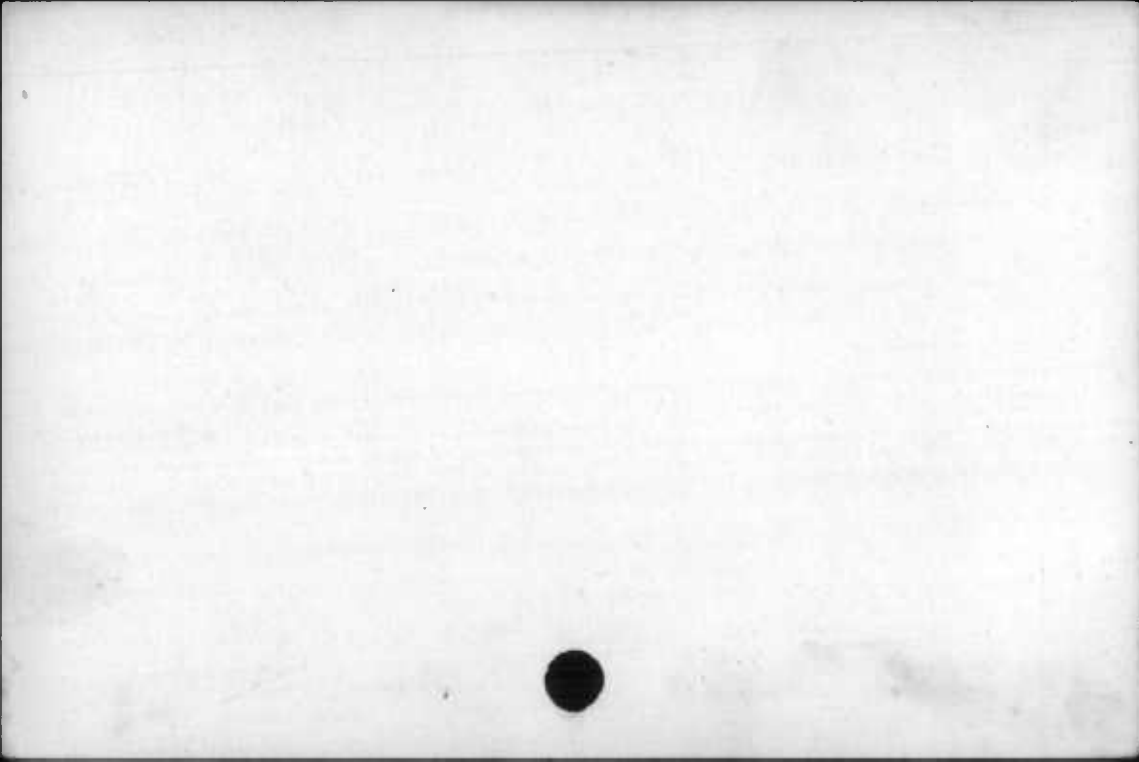
Died at <u>Madefop</u> <small>Town</small>		<u>St. Marys</u> <small>County</small>		MARYLAND	
Date of death <u>1990</u>	Month <u>8</u>	Day <u>10</u>	Age <u>57</u>	Years	Months
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>ind</u>			
Occupation <u>none</u>	Where residing if not at place of death _____				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>John Lippert</u>				
Father's Name <u>Joseph Vanman</u>	Father's Birthplace <u>ind</u>				
Mother's Maiden Name <u>Winkler</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Lizzie Meyer</u>	How related to deceased <u>daughter</u>				

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	<u>Sarcoma of chest</u>	How long <u>14 mos</u>
Immediate		How long _____
Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician <u>R. M. J. Calver</u>
		Address <u>Calver</u>
Accident or Suicide?		<u>ind</u>



Name in Full **Howard Loyner**

CERTIFICATE OF DEATH

Died **Sanfield Harbor** ^{Town} **of** ^{County} **Marys** **MARYLAND**

Date of death **1900 Aug 10** Age **11** Months **—** Days **—**

Sex **Male** Color or Race **White** Birthplace **Phila Pa**

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

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

Father's Name **Charles Loyner** Father's Birthplace **Not Known**

Mother's Maiden Name **Not Known** Mother's Birthplace **" "**

Name of person giving information **Rev Abbott** How related to deceased **Uncle**

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Cause **Contused Wound Scap Left** How long **Mastered 2 hours**

Immediate Cause **Cerebral Hemorrhage of Exhaustion** How long **2 hours**

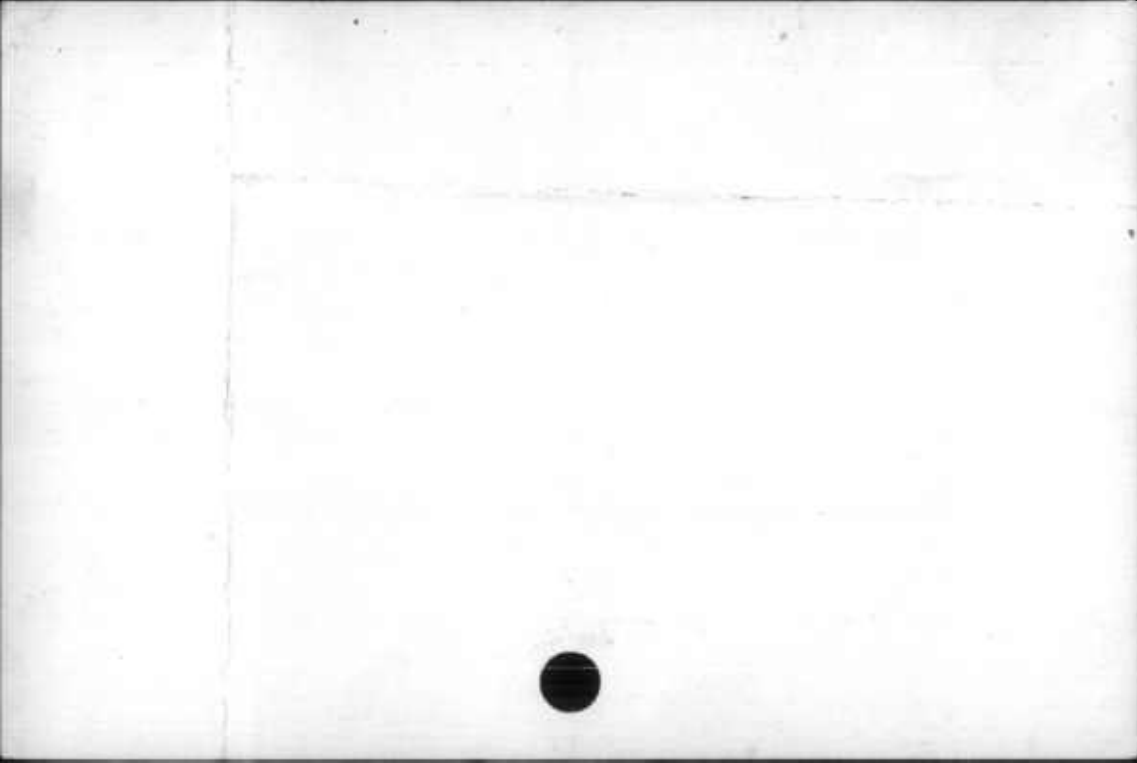
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician **H. Loyner**

Address **Phila Md**

Accident or Suicide **Accident**

PHYSICIAN OR CORONER



Name
in
Full

Dont - Know

Rock

CERTIFICATE OF DEATH

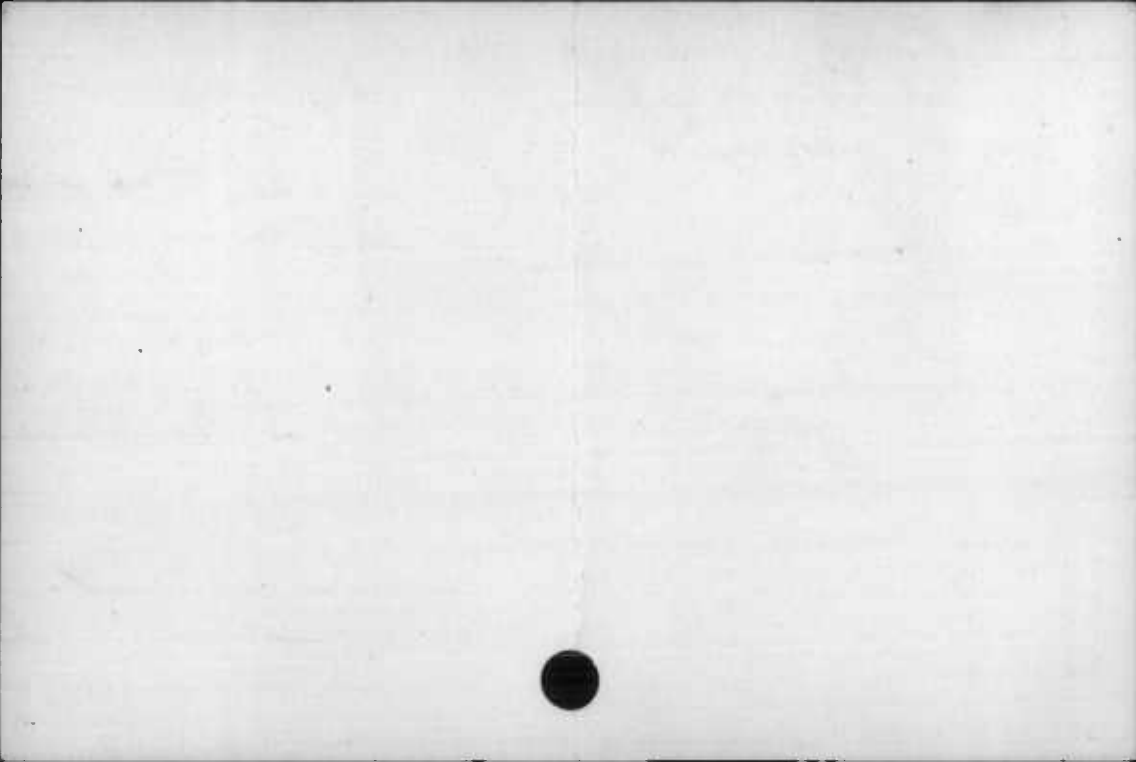
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Limey Point		County St. Mary's		MARYLAND	
Date of death	191-	Month August	Day 19	Age	Years one	Months 7	Days
Sex	Male		Color or Race	White		Birth- place	St. Mary's Comd.
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	William Rock				Father's Birthplace	St. Mary's Comd.	
Mother's Maiden Name	Eva Pippell				Mother's Birthplace	St. Mary's Comd.	
Name of person giving In formation	H. A. Pippell				How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	2 days
Immediate	Quinchaucus Croup	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	T. Hopper Lynch, M.D.
		Address	Valley Lee, St. Mary's Comd.
Accident or Suicide?	Yes		



Name
in
Full

Raymond Smith

CERTIFICATE OF DEATH

Died at

Larboresville

Town

County

St. Marys MARYLAND

Date
of death 19**0**

August

Month ^{17th} Day

Age

24

Months

Days

Sex

Male

Color or
Race

Negro

Birth-
place

St. Marys Co

Occupation

Laborer

Where Residing if not
at place of death

St. Marys Co, Md

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

Alfred Smith

Father's
Birthplace

St. Marys Co

Mother's
Maiden Name

Nannie Frederick

Mother's
Birthplace

St. Marys Co

Name of person giving
Information

Sister

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Consumption

How long

28

2 Yrs

Immediate

How long

2 wks

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

Yes

Signature of
Physician

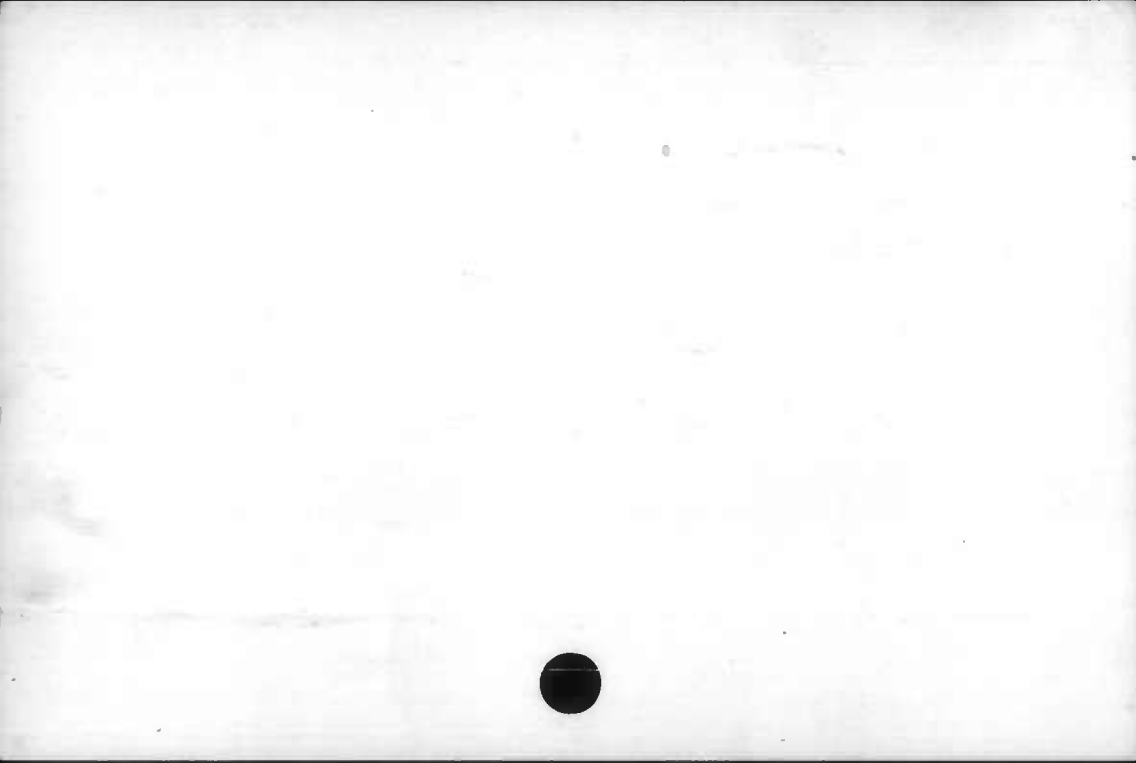
Henry Richardson

Address

Breakfield Ave

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In Full

Maud Annette Steward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Palmer</u> <small>Town</small>		<u>St. Marys</u> <small>County</small>		MARYLAND	
Date of death 19 <u>08</u>	Month <u>8</u>	Day <u>4</u>	Age <u>—</u> <small>Years</small>	Months <u>2</u>	Days <u>28</u>
Sex <u>female</u>	Color or Race <u>Colored</u>	Birthplace <u>und</u>			
Occupation <u>wife</u>	Where Reaching if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Richard Steward</u>	Father's Birthplace <u>und</u>				
Mother's Maiden Name <u>Alice Holly</u>	Mother's Birthplace <u>und</u>				
Name of person giving information <u>Richard Steward</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Maalacia</u>	How long <u>104</u>	
	Immediate <u>Convulsion</u>	How long <u>2 mos</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Rev. J. Palmer</u>	
	Accident or Suicide? <u>und</u>	Address <u>Palmer</u>	



Name
in
Full

George Mathews Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Birdsainings St. Marys</i>		Town		County		MARYLAND	
Date of death <i>1900</i>		Month <i>8</i>	Day <i>9</i>	Age <i>2</i>	Years	Months	Days
Sex <i>male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>md</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>md</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Young</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Maggie Hopp</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Maggie Hopp</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

(6)

PHYSICIAN
OR CORONER

Primary <i>Fall</i>	How long <i>2 weeks</i>
Immediate <i>Cerebral meningitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt. V. Paley</i>
	Address <i>Paley</i>
Accident or Suicide? <i>—</i>	<i>md</i>

