

Name *George W Booker* CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

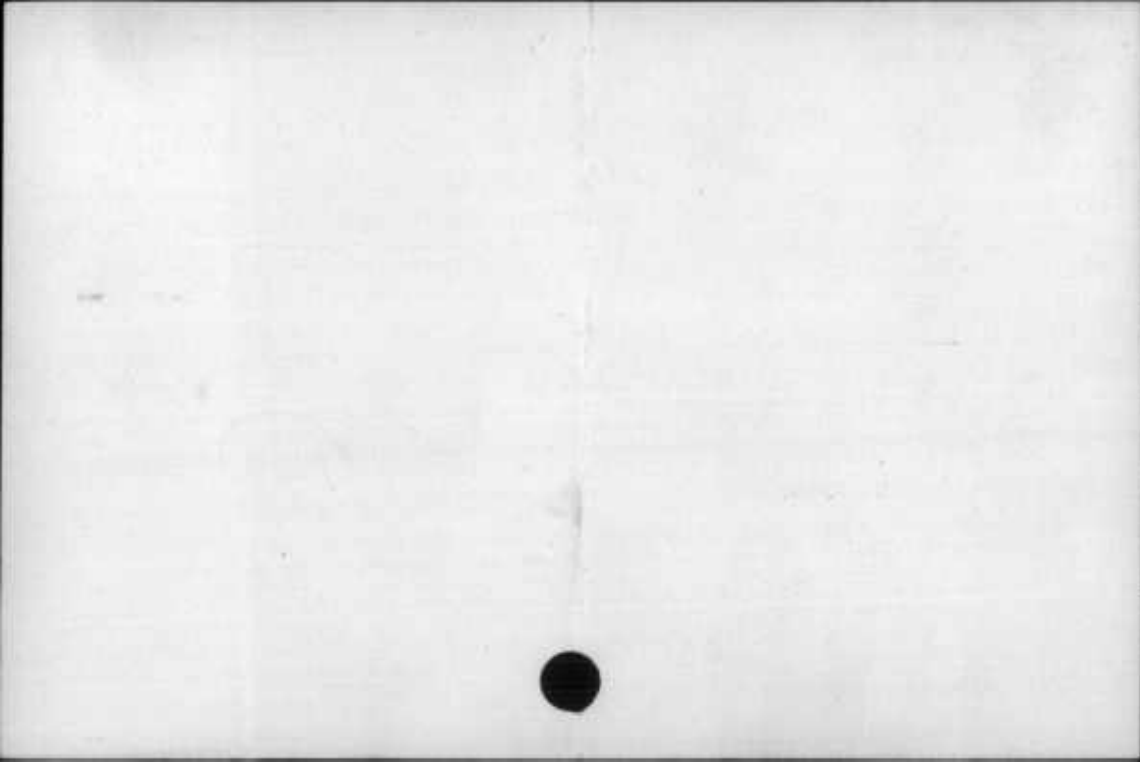
Died at <i>Crisfield</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND		
Date of death	<i>1910</i> <small>Year</small>	<i>Aug</i> <small>Month</small>	<i>17</i> <small>Day</small>	Age <i>60</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>-</i>			
Occupation <i>Gen Labor</i>	Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>-</i>					
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>J. A. Waters</i>	How related to deceased <i>Spouse</i>					

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Unknown</i>
Immediate <i>Exhaustion & Pneumonia</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R R Korrick, M.D.</i>
	Address <i>211 S. Somerset Ave Crisfield Md.</i>
Accident or Suicide?	



Name
In
Full

Ruthie Bounds

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Mt Vernon^{County} Somerset

Date

of death 1910 Aug

Month

Day

10

Age

Years

25

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Somerset Co

Occupation

Housewife

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

Married

Name of Wife or
Husband

Alexander Bounds

Father's
Name

Lorris Jones

Father's
Birthplace

Somerset Co

Mother's
Maiden Name

Annie P. Buchanan

Mother's
Birthplace

Somerset Co

Name of person giving
in formation

Edmund Jones

How related
to deceased

brother

CAUSES OF DEATH

Primary

Tuberculosis of the Lungs

How long

28
7 years

Immediate

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

Yes

Signature of
Physician

H. A. Barnes M.D.

Address

Princes Anne Md
Route 2

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

6



Name
in
Full

Paul Bowland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

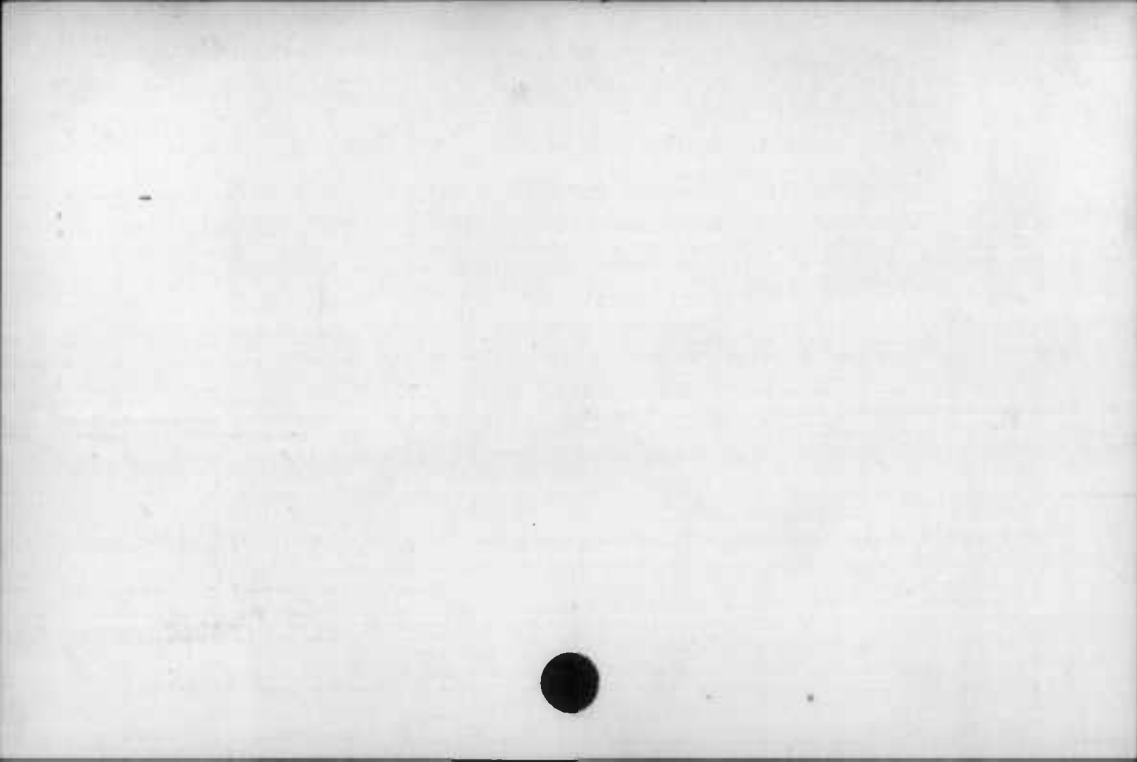
Died at ^{Town} Mt Vernon ^{County} Somerset		MARYLAND	
Date of death 19/0	Month Aug	Day 24	Age 71
Sex Male	Color or Race Colored	Birthplace Somerset Co	Months -
Occupation Laborer	Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name Tucker	Father's Birthplace Tucker		
Mother's Maiden Name Tucker	Mother's Birthplace Tucker		
Name of person giving information George Bowland	How related to deceased None		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Tuberculosis of the lungs	How long 3 years
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician H. A. Barnes M.D.
		Address Precinct, Union Hill
		Route # 2.
Accident or Suicide?		



Name
In
Full

Elijah Broughton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Weston Somerset

MARYLAND

Date

1910

Month

8

Day

24

Age

Years

81 yrs

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Farmer

Where residing if not
at place of death

Weston Md

Married, Single
or Widowed

Widower

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

Not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dilatation of Aorta

How long

79
Several yrs

Immediate

Atherosclerosis

How long

2 mos

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

Yes

Signature of
Physician

Address

Chas. W. Wainwright

Piney Grove

Md

Resident or Coroner

Rehoboth

Name

In Full

Laura Jane Carver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Marion		County Somerset		MARYLAND	
Date of death	1910	Month	Aug	Day	22	Age	Years 65- Months 7 Days 3-
Sex	Female	Color or Race	White	Birth-place	Somerset Co		
Occupation	Housework		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband John C. Carver					
Father's Name	Jno S Rowland		Father's Birthplace Somerset Co				
Mother's Maiden Name	Mary Sykes		Mother's Birthplace Somerset Co				
Name of person giving information	Wm Tillman		How related to deceased Son in Law				

264

CAUSES OF DEATH

03

PHYSICIAN
OR CORONER

Primary	Chronic Ulcerative Bowel	How long	Several years
Immediate	Exhaustion	How long	3 or 4 weeks
Are the name, age, sex, color, date and place correctly given above?	ye	Signature of Physician	Dr. J. G. B. Allen
		Address	Marion Sta Maryland
Accident or Suicide?			

S.



NAME
in
Full

Mame Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Crisfield ^{County} Somerset MARYLANDDATE of death 1910 ^{Month} Aug ^{Day} 29 AGE ^{Years} 17 ^{Months} ^{Days}SEX Female ^{Color or Race} Black ^{Birthplace} CrisfieldOccupation Oyster Opener ^{Where Residing if not at place of death}Married, Single or Widowed Single ^{Name of Wife or Husband}Father's Name Cornelius Collins ^{Father's Birthplace} CrisfieldMother's Maiden Name Sallie Arnes ^{Mother's Birthplace} CrisfieldName of person giving Information Liza Brighten ^{How related to deceased} Grand Mother

CAUSES OF DEATH

Primary Pulmonary Tuberculosis ^{How long} 28 6 mosImmediate Pulmonary Hemorrhage ^{How long} 1/2 hrAre the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} C. B. Collins^{Address} Crisfield

Accident or Suicide? No

PHYSICIAN
OR CORONER



Name
in
Full

Milcah Collins

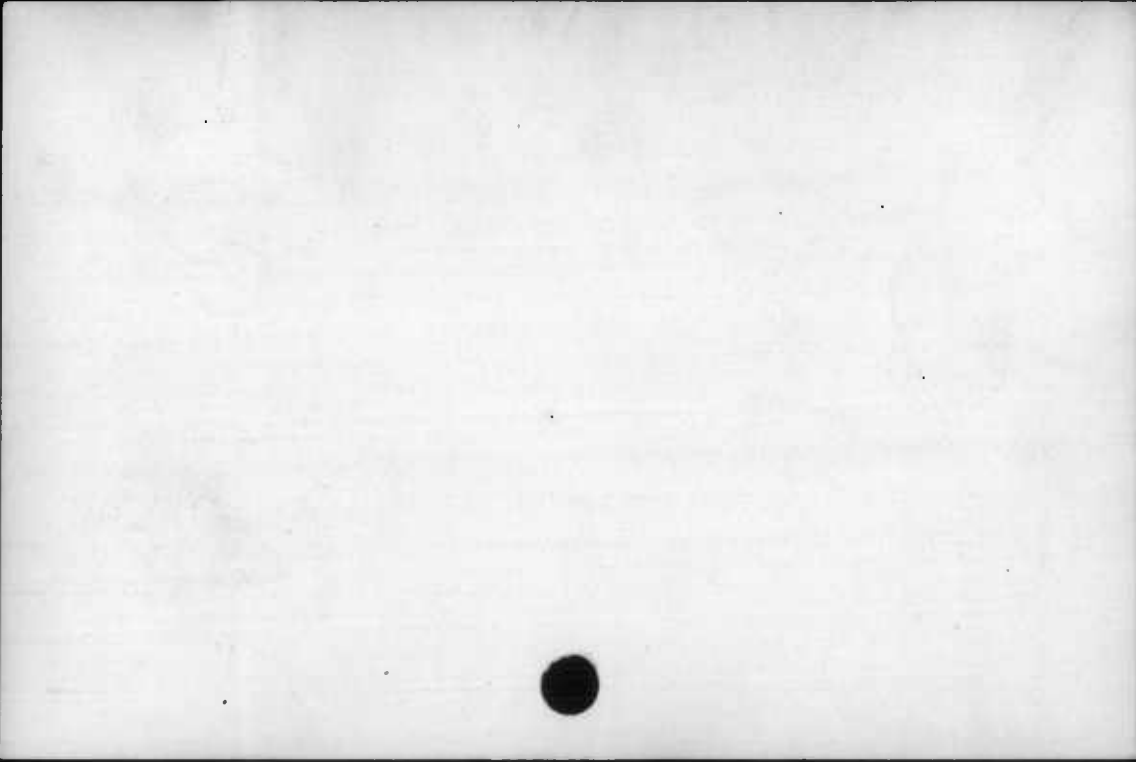
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Manokin</i>		County <i>Somerset</i>		MARYLAND	
Date of death	<i>1960</i>	Month <i>Aug</i>	Day <i>24</i>	Age <i>57</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Westover</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert Collins</i>				
Father's Name <i>George H. Dorsey</i>	Father's Birthplace <i>Westover</i>				
Mother's Maiden Name <i>Malilda Hargis</i>	Mother's Birthplace <i>Westover</i>				
Name of person giving information <i>Robert Collins</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

Primary <i>Aphoplexy</i>	How long <i>24 hours</i>
Immediate <i>Aphoplexy</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. E. Dickinson</i>
<i>Buried without Permit</i>	Address <i>Upper Fairmount Md.</i>
Accident or Suicide?	



Name
in
Full

Homer Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wesley</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month	<i>8</i>	Day	<i>29</i>
Age	<i>70</i>	Years	<i>70</i>	Months	<i>✓</i>
Sex	<i>male</i>	Color or Race	<i>Black</i>	Birth-place	<i>md</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Joseph Dennis</i>		
Father's Name	<i>Joe Cornish</i>		Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Miss. Know</i>		Mother's Birthplace	<i>md</i>	
Name of person giving information	<i>Joe Gole</i>		How related to deceased	<i>Son-in-law</i>	

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	<i>Old Age (no Dr. attendance)</i>	How long	<i>for 2 years</i>
Immediate	<i>Asthma</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>✓</i>		
Signature of Physician	<i>J. Smith</i>		
Address	<i>Somerset, Md</i>		
Accident or Suicide?	<i>✓</i>		



Name in Full

Charles Cottman

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Mt Vernon Town Somerset County

MARYLAND

Date of death 1910 Aug 4 Age 89

Sex Male Color or Race Colored Birthplace Somerset Co

Occupation Laborer Where Reading if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Annie Cottman

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Moses Jones How related to deceased None

CAUSES OF DEATH

1521

PHYSICIAN OR CORONER

Primary Old age How long slow long

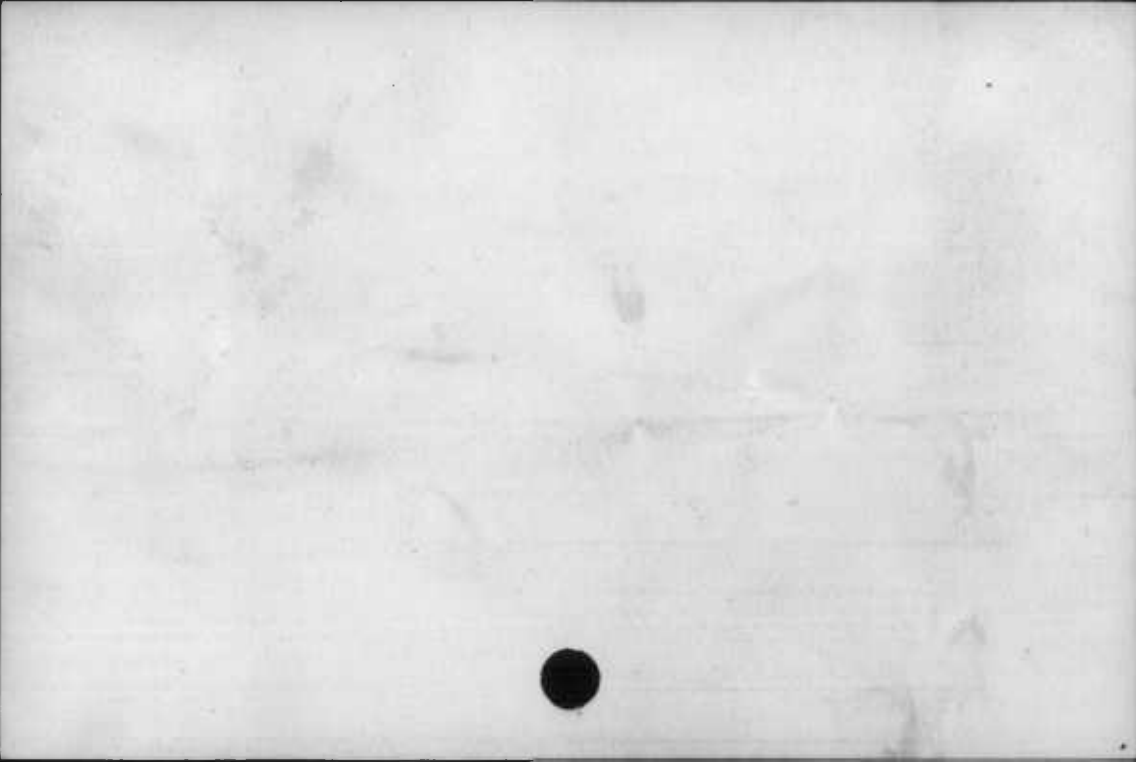
Immediate Dysentery How long 2 weeks

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

Signature of Physician H. A. Bagnes M.D.

Address Princess Anne Md Route #2

Accident or Suicide?



Name
in
Full

Still Born

Gladstone
Somerset

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Chance		Town		Somerset		County		MARYLAND	
Date of death	1910	Month	Aug.	Day	25 th	Age		Years		Months	
Sex	Male		Color or Race	White		Birth-place	Som. Co.				
Occupation	-					Where Residing if not at place of death	-				
Married, Single or Widowed	-		Name of Wife or Husband								
Father's Name	Calvin Gladstone					Father's Birthplace	Som. Co.				
Mother's Maiden Name	Cecile Francis					Mother's Birthplace	Som. Co.				
Name of person giving information						How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born		How long	X
Immediate			How long	X
Are the name, age, sex, color, date and place correctly given above?		X		
Signature of Physician		S. J. Windsor, M.D.		
Address		Darius Quarter, Somerset Co., Md.		
Accident or Suicide?				



Name
In Full

CERTIFICATE OF DEATH

Samuel Harrington

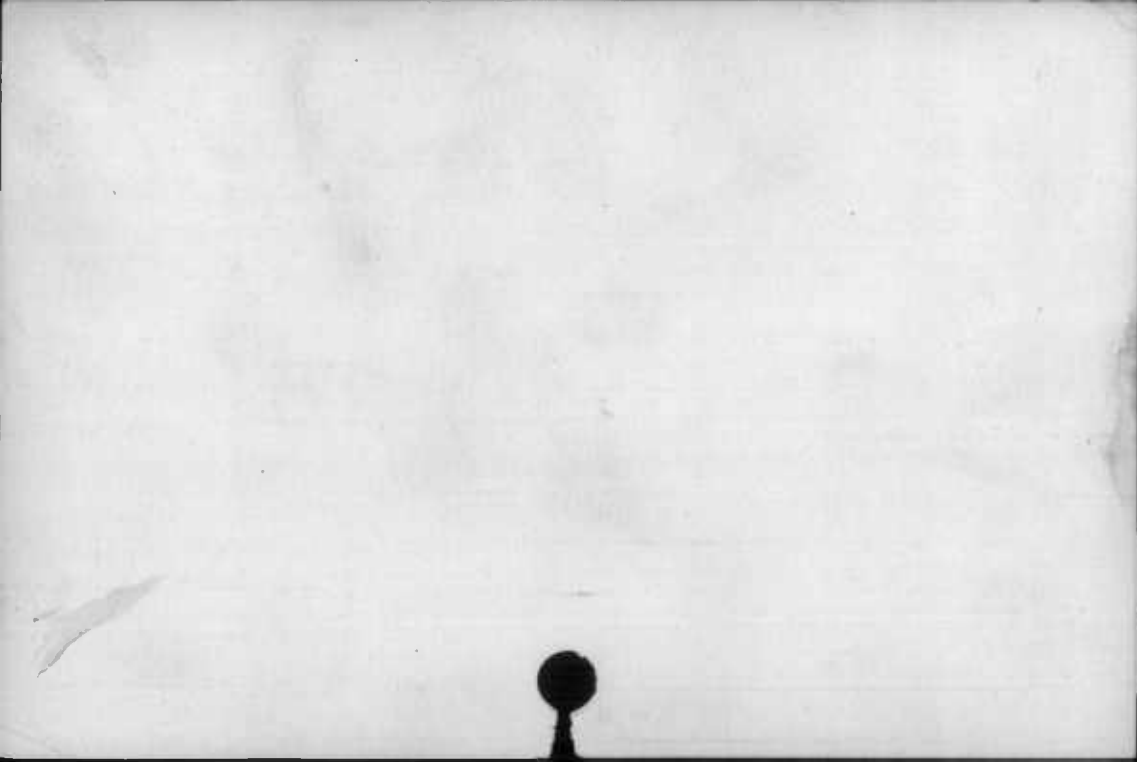
TO BE ANSWERED BY
NEAREST FRIENDDied at *Not Vernon* Town *Somerset* County

MARYLAND

Date of death *1910 Aug 26* Age *52* Months *-* Days *-*Sex *Male* Color or Race *White* Birth place *Somerset Co.*Occupation *Laborer* Where Reading if not at place of death *-*Married, Single or Widowed *Married* Name of Wife or Husband *Amelia Harrington*Father's Name *Samuel Harrington* Father's Birthplace *Somerset Co.*Mother's Maiden Name *Eliza Harrington* Mother's Birthplace *Worcester Co.*Name of person giving information *Ad Harrington* How related to deceased *Sister*

CAUSES OF DEATH

*120*PHYSICIAN
OR CORONERPrimary *Chronic Nephritis* How long *3 years*Immediate *Chronic Nephritis* How long *3 years*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *H. T. Barnes M.D.*Address *Queen Anne Mill**Route # 2*Accident or Suicide?



Name
in Full

Albertina Jones

CERTIFICATE OF DEATH

Died at

Church

Town

County

Somerset

MARYLAND

Date

of death 1990

Month

Aug.

Day

1st

Age

54

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Som. Co.

Occupation

Housewife

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

Married

Name of Wife or
Husband

John Jones

Father's
Name

Theodore Jones

Father's
Birthplace

Md.

Mother's
Maiden Name

Virginia Jones

Mother's
Birthplace

Som. Co.

Name of person giving
Information

John Jones

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Asthma

How long

4 year

Immediate

Asphyxia

How long

—

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

Yes

Signature of
Physician

Address

V. J. Mendenhall

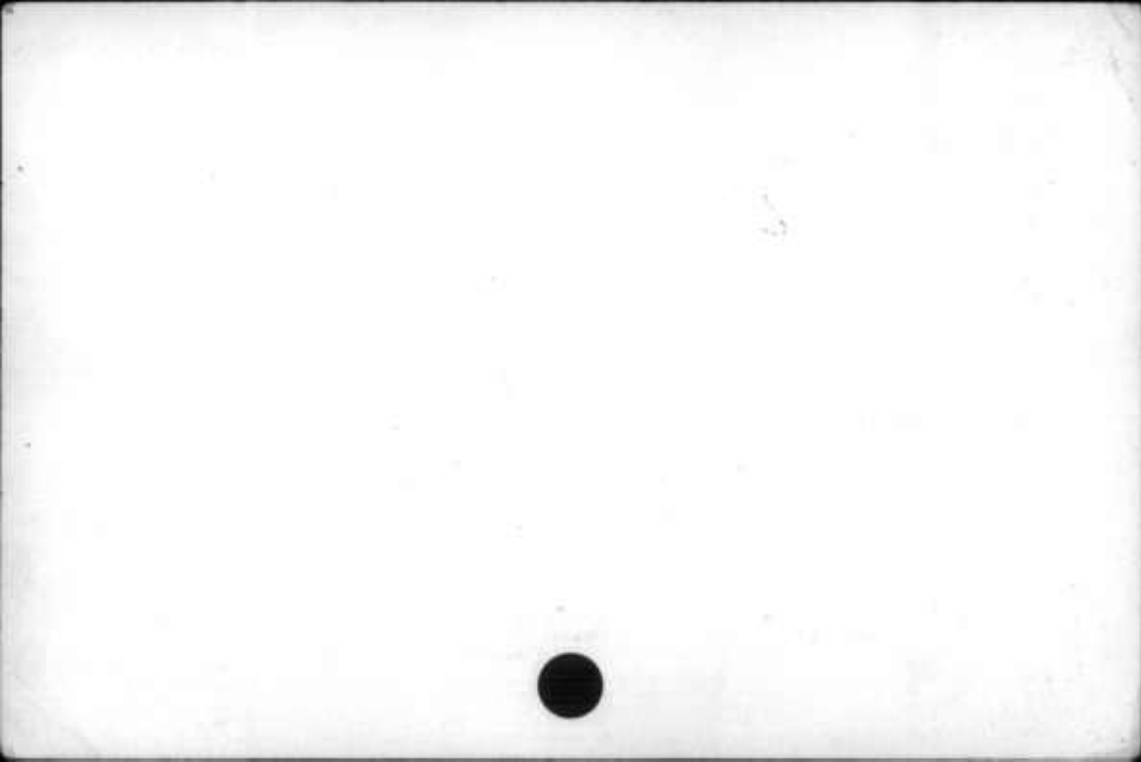
Dorches Smith's

Som. Co., Md.

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mecilda Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>New Pines Area</i>		County <i>Forness</i>		MARYLAND			
Date of death	19 <i>10</i>	Month <i>8</i>	Day <i>11</i>	Age	Years <i>60</i>	Months <i>✓</i>	
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Ind</i>
Occupation	<i>House wife</i>		Where residing if not at place of death				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Green Jones</i>				
Father's Name	<i>Dory Furrier</i>		Father's Birthplace		<i>Ind</i>		
Mother's Maiden Name	<i>Ruth</i>		Mother's Birthplace		<i>Ind</i>		
Name of person giving information	<i>Dory Jones</i>		How related to deceased		<i>Son</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Forceful</i>	How long	<i>66</i>
	Immediate		How long	<i>9 hours</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>D. Smith (not in attendance)</i>
			Address	<i>New Pines Area</i>
	Accident or Suicide?			<i>no</i>

0/70/10

Name
in
Full

Melzie A. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Home Quarter* Town *Somerset* County

Date of death *1900* *Aug.* *18* Age *—* Years *—* Months *4* Days

Sex *Female* Color or Race *colored* Birth-place *Som. Co.*

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

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

Father's Name *Asbury Jones* Father's Birthplace *Som. Co.*

Mother's Maiden Name *Mabel Wilson* Mother's Birthplace *Som. Co.*

Name of person giving information *Asbury Jones* How related to deceased *Father*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Illeg. Colitis* How long *3 Weeks*

Immediate *asthenia* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. J. Muddox, M.D.*

Address *Home Quarter Somerset Co., Md.*

Accident or Suicide *—*

3



Name
In
Full

Plowman Minter

CERTIFICATE OF DEATH

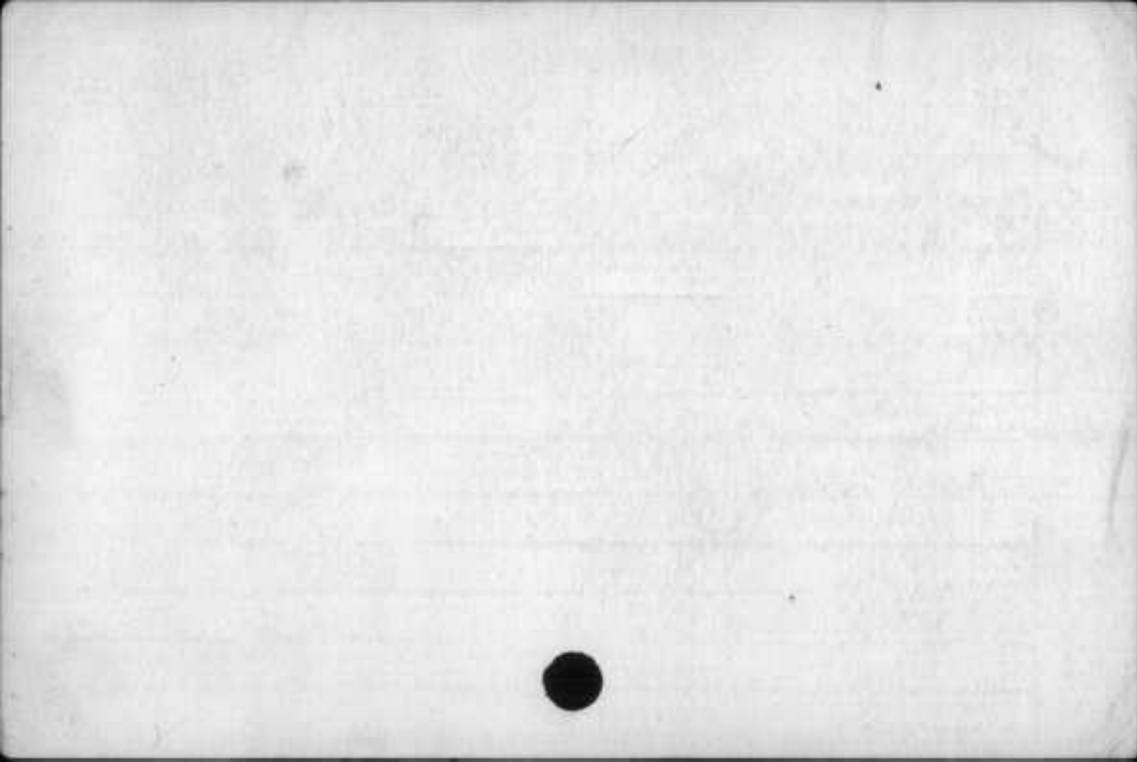
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chances		County Somerset		MARYLAND	
Date of death	90	Month Aug	Day 28th	Age 72	Years	Months	Days
Sex	Male	Color or Race	White		Birth- place	Va.	
Occupation	Oyster man		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband Amanda Minter				
Father's Name	Isaac Minter					Father's Birthplace	Va.
Mother's Maiden Name	Lavina Todd					Mother's Birthplace	Som. Co.
Name of person giving Information	Louis Minter					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	10 days
Immediate	Asthma	How long	-
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. J. Mison, M.D.
		Address	James Minter, Som. Co., Va.
Accident or Suicide?	No		



Name
in
Full

Mamie Estelle Smith

CERTIFICATE OF DEATH

Died at Princess Anne (Habitat) Somerset County

MARYLAND

Date of death 20. Aug. 1900. Month Day Age Years Months Days 6 23

Sex Female Color or Race Colored Birthplace Habitat, Md.

Occupation None Where Reading if not at place of death

Married, Single or Widowed S. Name of Wife or Husband

Father's Name Tom. Smith Father's Birthplace Somerset Co.

Mother's Maiden Name Mamie Smith Mother's Birthplace " "

Name of person giving information Tom. Smith How related to deceased Father.

CAUSES OF DEATH

Primary Inanition & infancy (177) How long Three weeks.

Immediate Exhaustion. How long Several days.

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

Signature of Physician G. L. Pearson, M.D.

Address Princess Anne, 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		Town <i>Marin</i>		County <i>Louise</i>		MARYLAND	
Date of death	1910	Month	<i>Aug</i>	Day	<i>10</i>	Age	Years _____ Months <i>2</i> Days _____
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birthplace	<i>Mr Marin</i>
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed	_____		Name of Wife or Husband _____				
Father's Name	<i>Louis Sterling</i>					Father's Birthplace	<i>C</i>
Mother's Maiden Name	✓ _____					Mother's Birthplace	<i>C</i>
Name of person giving information*	✓ _____					How related to deceased	<i>C</i>

CAUSES OF DEATH

Primary

How long

Immediate

How long

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

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

S

F. J. Adams
189
Marin Md.

Am
SP

Name
In Full

Barbara E. Sutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Crisfield</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
Date of death	19 <u>10</u> <small>Month</small>	<u>Aug</u> <small>Day</small>	Age <u>18</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u>8</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>W</u>		Birth-place		
Occupation <u>Housework</u>	Where Reading if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Judson Sutton</u>	Father's Birthplace <u>Va</u>				
Mother's Maiden Name <u>Harriet O. Parker</u>	Mother's Birthplace <u>Va</u>				
Name of person giving information				How related to deceased <u>Mother</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Pulmonary Tuberculosis</u>	How long <u>(29)</u> <u>one year</u>
	Immediate <u>Phantasia</u>	How long <u>Two weeks</u>
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R R Kniskern</u>
	Address <u>Crisfield, Md.</u>	
Accident or Suicide?		



Name
In Full

Louis Swift

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harold		County Somerset		MARYLAND	
Date of death	1910	Month Aug	Day 3	Age Years 0	Months 7	Days 23	
Sex	male		Color or Race	White		Birth-place	Harold Md
Occupation	_____			Where Reading if not at place of death _____			
Married, Single or Widowed	Infant		Name of Wife or Husband _____				
Father's Name	Theodore Swift				Father's Birthplace	Somerset Co	
Mother's Maiden Name	Josephine Swift				Mother's Birthplace	" "	
Name of person giving information	Fannie Swift				How related to decedent	sister	

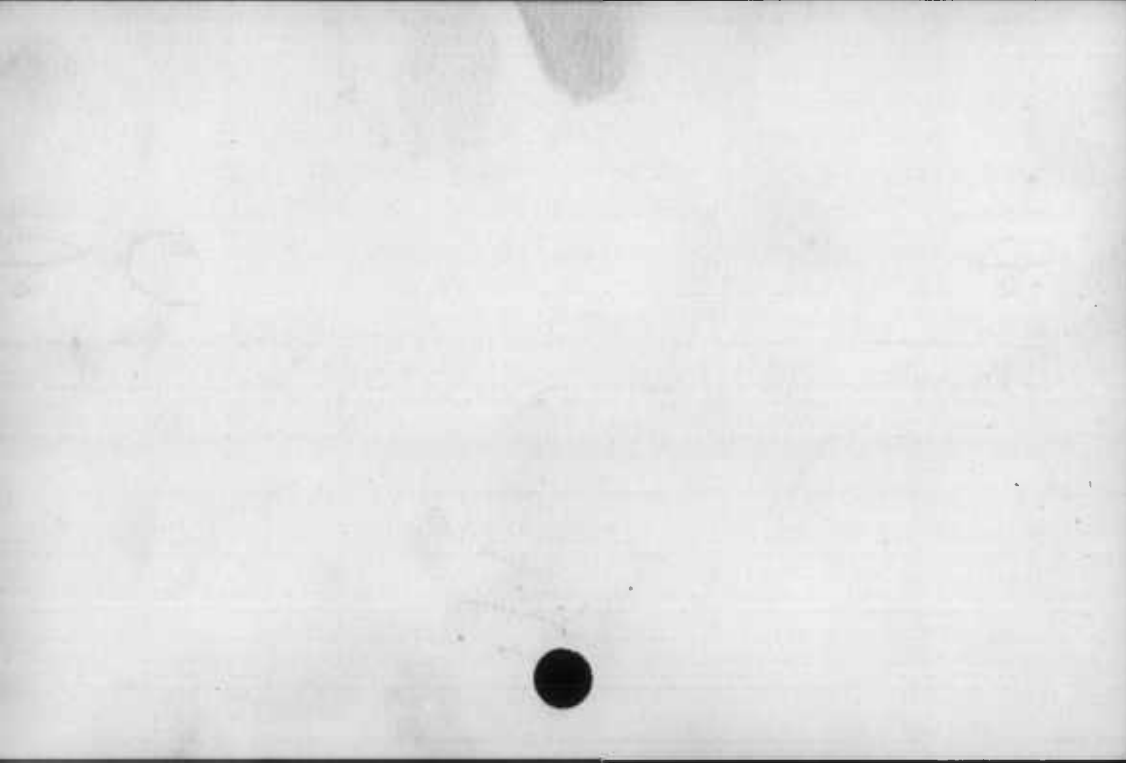
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CAUSE OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Cholera Infantum		How long	10 days
Immediate	Exhaustion		How long	_____
Are the name, age, sex, color, date and place correctly given above?	ye		Signature of Physician	Dr. J. G. Allen
			Address	Marion Md.
Accident or Suicide?				



Lloyd Townsend

CERTIFICATE OF DEATH

Died at ^{Town} Near Pocomoke City ^{County} Somerset

MARYLAND

Date of death 1910 ^{Month} Aug. ^{Day} 13 ^{Years} Age 29 ^{Months} ^{Days}

Sex male ^{Color or Race} White ^{Birth-place} Worcester Co. Md.

Married, ~~Single~~ ^{or Widowed} Occupation Farmer

Name of Wife or Husband Annie Carter

Father's Name Henry W Townsend ^{Father's Birthplace} Worcester Co Md

Mother's Maiden Name Rose Kelley ^{Mother's Birthplace} Worcester Co Md

Name of person giving information Mamie Bailey ^{How related to deceased} Sister

CAUSES OF DEATH

Primary Tuberculosis ^{How long} Six years

Immediate Gradual wear out of vital ^{How long} Six years

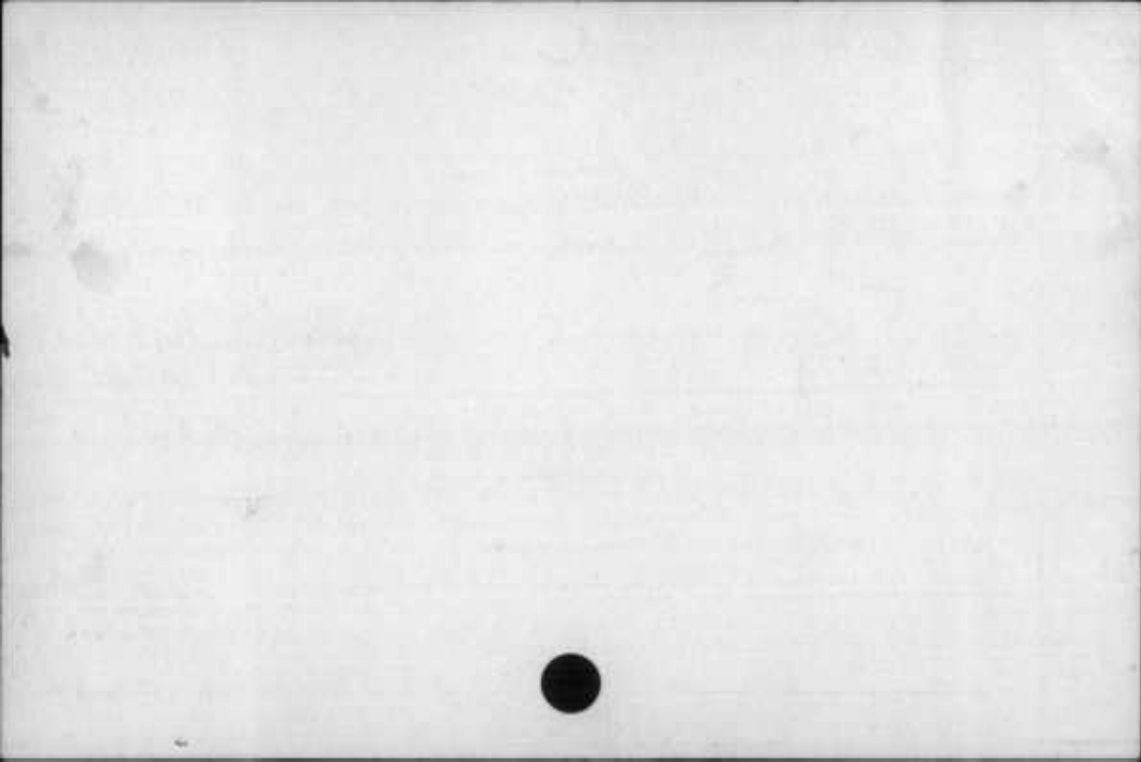
Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Isaac J. Coster

^{Address} Pocomoke Md

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

Rebecca Hickey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Princess Anne		Somerset		MARYLAND	
Date of death		1960	Aug.	7	Age	2	6
Sex		Female		Color or Race		Negro	
Occupation		House		Where Residing if not place of death		Md.	
Married, Single or Widowed		S.		Name of Wife or Husband		_____	
Father's Name		Unknown		Father's Birthplace		_____	
Mother's Maiden Name		Rose Hickey		Mother's Birthplace		Princess Anne	
Name of person giving information		L. H. Hickey		How related to deceased		Grandfather	

CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary	Whooping - cough	How long	2 months.	
	Immediate	Pneumonia + Exhaustion	How long	One week	
	Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	
			Address		
			Princess Anne, Md.		
Accident or Suicide?		Md.			

