

Name
in
Full

Marion Brown Adams

CERTIFICATE OF DEATH

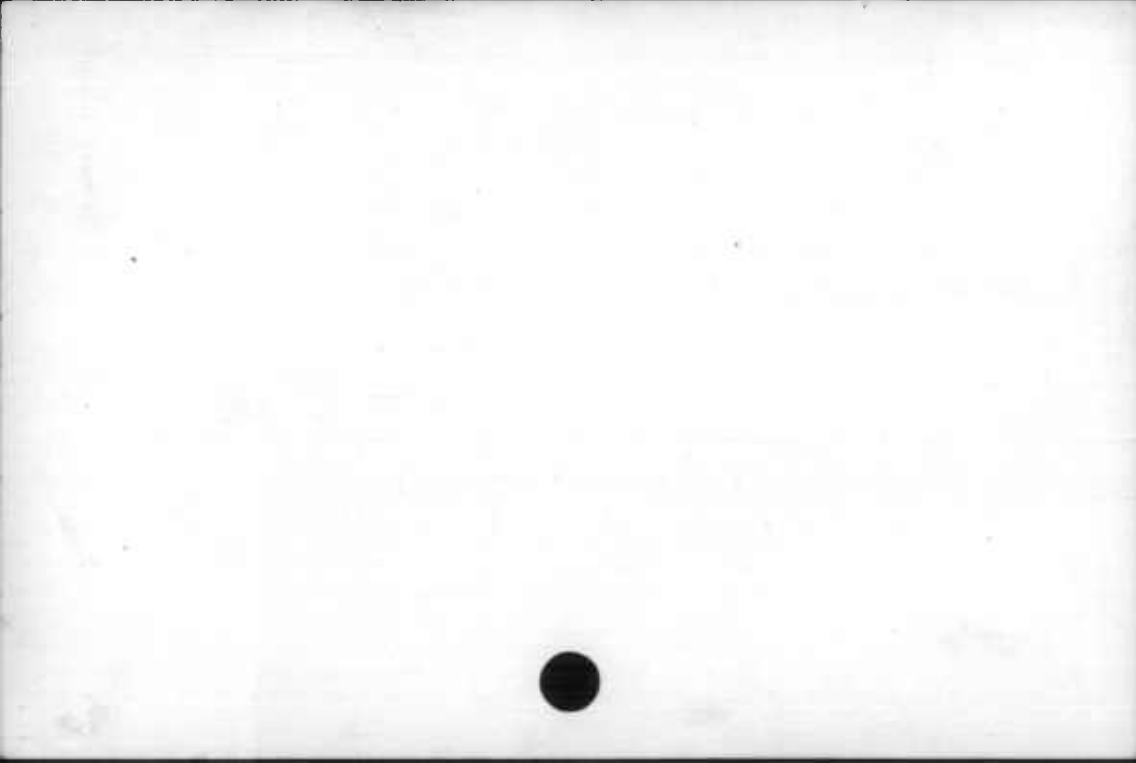
Died at		Town McDaniel		County Talbot		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1980		8	24	14		2	16
Sex	male	Color or Race	Black		Birth-place	Talbot Co.	
Occupation	Laborer		Where Residing if not at place of death				
Married , Single	Single		Name of Wife or Husband				
Father's Name	Charles Frank Adams				Father's Birthplace	Talbot Co	
Mother's Maiden Name	Caroline Brown				Mother's Birthplace	Talbot Co	
Name of person giving Information	Charles Frank Adams				How related to deceased	Father.	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Cerebrospinal Meningitis.		How long	48 hrs.
Immediate	Cardiac Failure.		How long	2 hrs.
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	W. McArning M.D.
			Address	McDaniel Maryland
Accident or Suicide	—			

PHYSICIAN
OR CORONER



Name
in
Full

Frances Bailey

CERTIFICATE OF DEATH

Died at

M^r Daniel

Talbot

MARYLAND

Date

of death 1980

Month

Aug

Day

15

Years

Age 61

Months

2

Days

4

Sex

Female

Color or
Race

Black

Birth-
place

Maryland

Occupation

Housewife

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

Widow

Name of Wife or
Husband

James Bailey

Father's
Name

Henry Wilson

Father's
Birthplace

Maryland

Mother's
Maiden Name

Rebecca Primrose

Mother's
Birthplace

Maryland

Name of person giving
information

Ella Roberts

How related
to decedent

Daughter

CAUSES OF DEATH

Primary

Arterio Sclerosis

How long

Unknown.

Immediate

Cerebral Hemorrhage Hemiplegia

How long

6 days

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

Yes

Signature of
Physician

J. McEarmine M.D.

Address

M^r Daniel

Accident or Suicide

Maryland

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lola E Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Coatsville ^{County} Talbot **MARYLAND**

Date of death 1901 ^{Month} Aug ^{Day} 23 Age ^{Years} 15 ^{Months} X ^{Days} X

Sex Female Color or Race Black Birth-place Talbot

Occupation waitress Where Residing if not at place of death X

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

Father's Name Richard Blake Father's Birthplace Talbot

Mother's Maiden Name Ezzie Johnson Mother's Birthplace Talbot

Name of person giving Information Richard Blake How related to deceased Father

CAUSES OF DEATH

Primary Acute Tuberculosis (Lungs) How long 3 mos

Immediate Profuse Hemorrhage How long 14 hrs.

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

Signature of
Physician

Address

Chas. H. Davidson
Easton
MD.

Accident or Suicide



Name in Full *Joseph Comiskey Cohee*

CERTIFICATE OF DEATH

Died at *Cordova* Town *Talbot* County

MARYLAND

Date of death *1960 Aug. 14th* Age ~~*75*~~ *75 Mos.*

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

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

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

Father's Name *Richard C. Cohee* Father's Birthplace *Kent Co. Del*

Mother's Maiden Name *K. Sarah Redmond* Mother's Birthplace *Talbot Co. Md*

Name of person giving Information *Richd. C. Cohee* How related to deceased *Father*

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary *Cholera morbus*

104
How long *24 hrs*

Immediate *do*

How long *do*

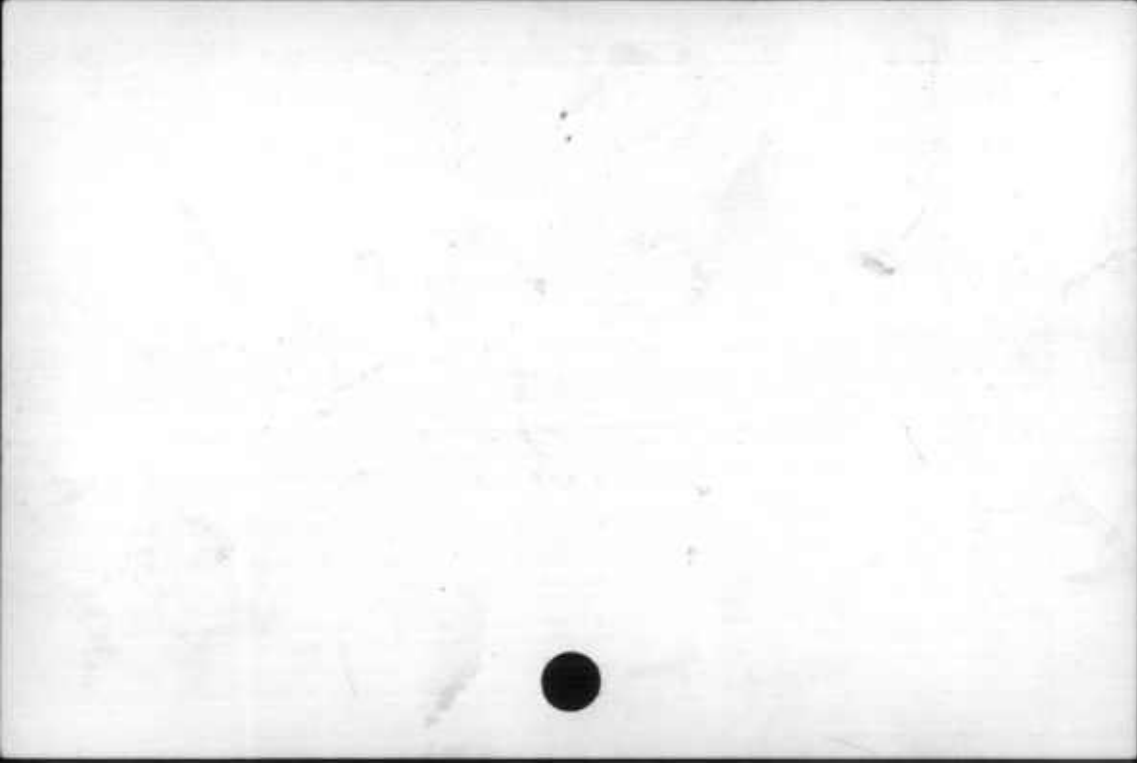
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Est. Rose, MD*

Address *Cordova, Md.*

PHYSICIAN OR CORONER

Accident or Suicide



Name
in
Full

Minnie Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at

Wittman ^{Town} Talbot ^{County}

Date

of death 1910

Month

August 27

Day

Age

Years

53

Months

4

Days

18

Sex

F.

Color or
Race

W.

Birth-
place

Wittman

Occupation

(School-teacher) (retired)

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

Single

Name of Wife or
HusbandFather's
Name

William Cooper

Father's
Birthplace

Wittman

Mother's
Maiden Name

Emily A Fairbank

Mother's
Birthplace

Lucena Anne Co.

Name of person giving
Information

Martha Cooper

How related
to deceased

Sister

CAUSES OF DEATH

Primary

General Tuberculosis

How long

10 months

Immediate

Cardiac Asthenia

How long

9 hours

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

yes

Signature of
Physician

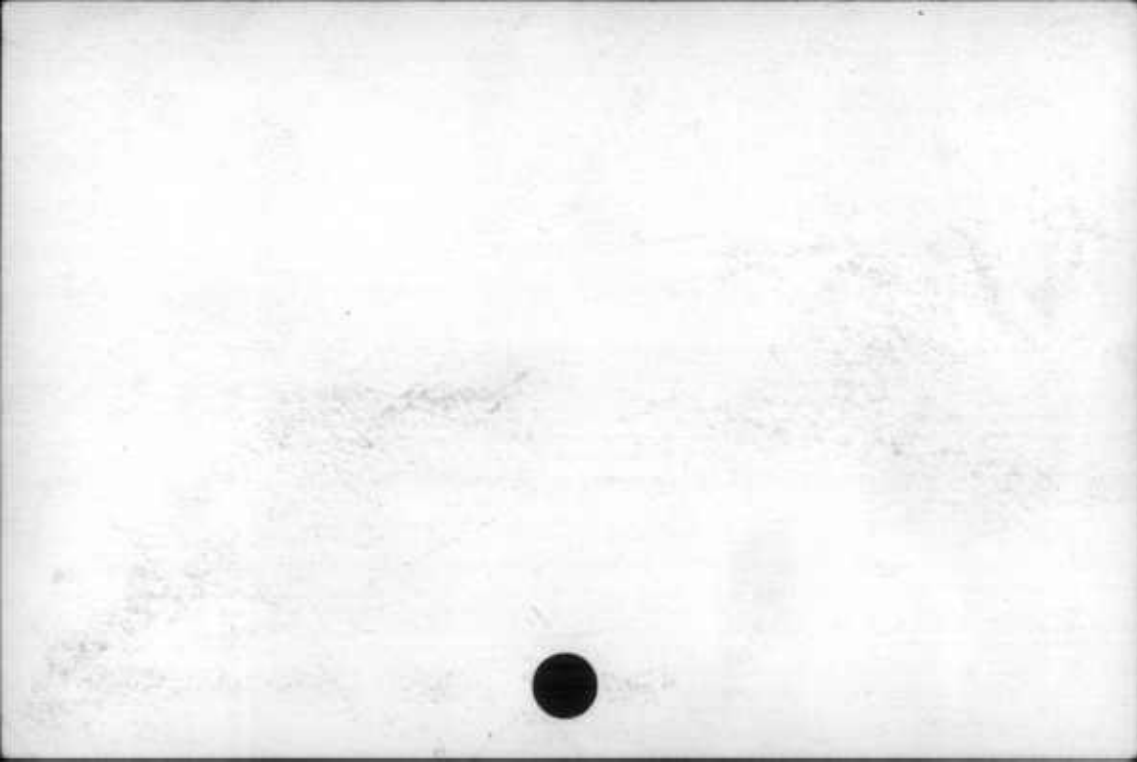
Louis H. Seth

Address

McDaniel Bldg.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In Full

Henrietta Caroline Corkran

CERTIFICATE OF DEATH

Died at ^{Town} Oxford^{County} Talbot

MARYLAND

Date of death 190^o

Aug. 5 Friday

Age 78

Months 5

Days 8

Sex Female

Color or Race White

Birth place Vienna

Occupation

Where Reading if not at place of death

Married, Single or Widowed Widowed

Name of ~~Wife~~ Husband James Hiram Corkran

Father's Name Ezekiel Lloyd

Father's Birthplace Dorchester Co.

Mother's Maiden Name Sophia Howeth

Mother's Birthplace " "

Name of person giving information L. Beatrice Corkran

How related to deceased Granddaughter

CAUSES OF DEATH

Primary Acute Dysentery.

How long 1 month.

Immediate Physical Exhaustion.

How long 1 week

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

Signature of Physician J. M. Cades (M.D.)

Address Oxford, Md.

Accident or Suicide?

0/70/10/16.



11

Name
in
Full

Sarah Luvencia Dawson

CERTIFICATE OF DEATH

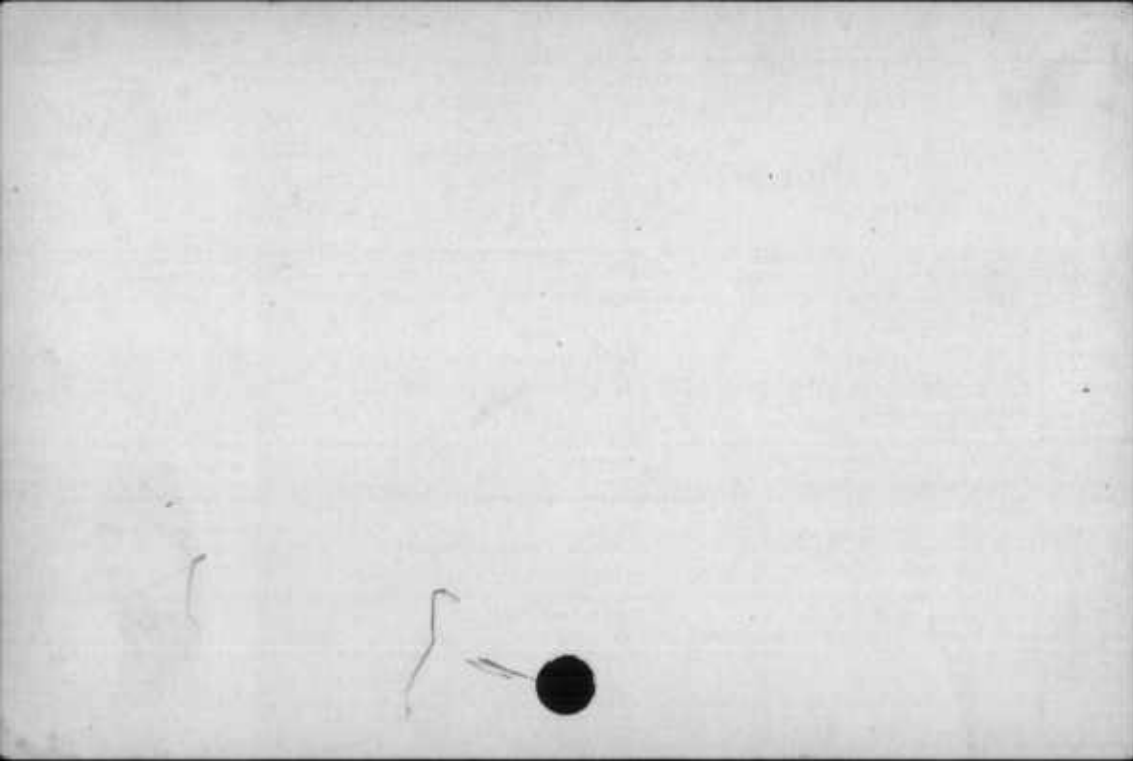
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wittman</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death	<u>1900</u> <small>Year</small>	<u>Aug.</u> <small>Month</small>	<u>4th</u> <small>Day</small>	Age <u>77</u> <small>Years</small>	<u>8</u> <small>Months</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Near Royal Oak</u>			
Occupation <u>Stone</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Maj John Dawson</u>	Father's Birthplace <u>Royal Oak</u>				
Mother's Maiden Name <u>Mary Robson</u>	Mother's Birthplace <u>Royal Oak</u>				
Name of person giving information <u>Robt Morris Dawson</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Age</u>	How long <u>66</u>
Immediate <u>Paralysis</u>	How long <u>6 or 7 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. M. Dawson M.D.</u>
<u>They are</u>	Address <u>Wittman Talbot Co Md</u>
Accident or Suicide?	



Name
in
Full

Francis Byron Druby

CERTIFICATE OF DEATH

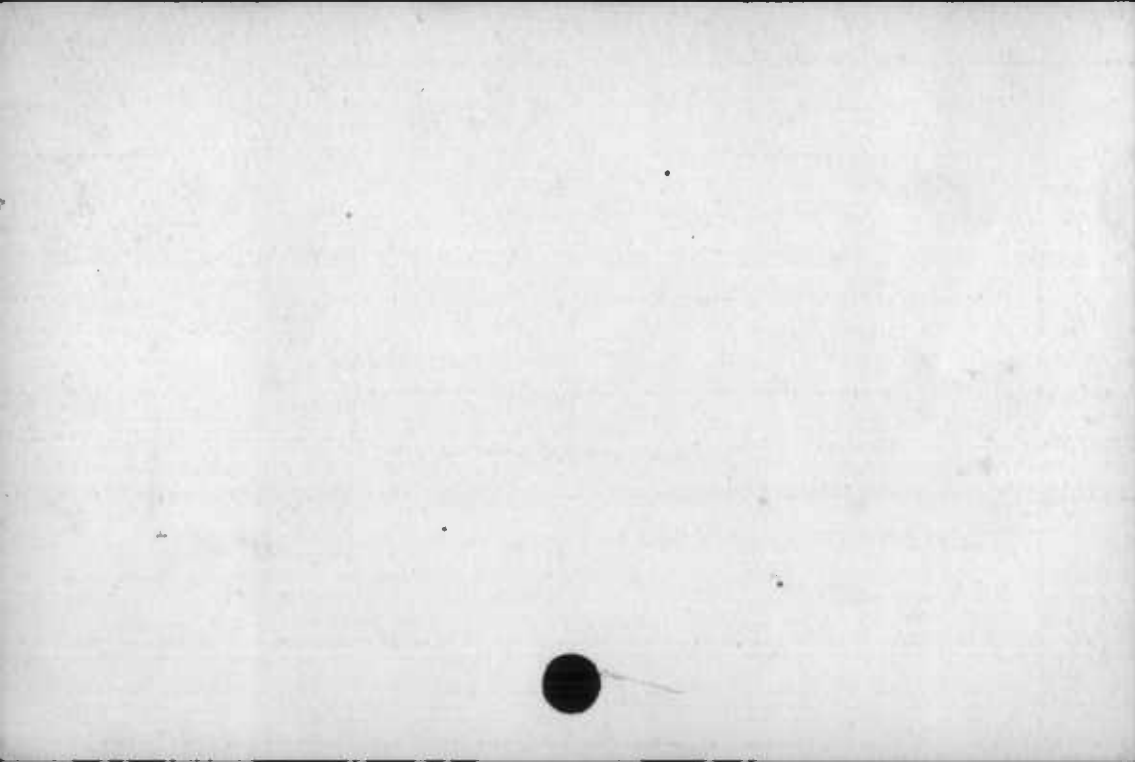
TO BE ANSWERED BY
NEAREST FRIEND

Died at		St. Michaels		Talbot		MARYLAND	
Date of death		1990	Aug	8	Age	7	1
Sex		Male		Color or Race		Black	
Occupation		Infant		Where Residing if not at place of death		St. Michaels, Md.	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Albert Druby		Father's Birthplace		Talbot Co.	
Mother's Maiden Name		Lilly Thomas		Mother's Birthplace		Talbot Co.	
Name of person giving in formation		Ed. Henderson		How related to deceased		Not related	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition - Anemic	How long	177 3 weeks
Immediate	Cardiac failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. Stofen MD	
No		Address	
		St. Michaels, Md.	
Accident or Suicide?			
No			



Name in Full

Anna C Galloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *St Michaels* ^{County} *Talbot* MARYLAND

Date of death 19*50* ^{Month} *Aug.* ^{Day} *1* Age ^{Years} *82* ^{Months} *6* ^{Days} *1*

Sex *Female* Color or Race *White* Birth-place *Talbot Co.*

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

Married, Single or Widowed *Widowed* Name of Wife or Husband *Greenbury Galloway*

Father's Name *John D. Cault* Father's Birthplace *Talbot Co.*

Mother's Maiden Name *Elizabeth Thompson* Mother's Birthplace *Talbot Co.*

Name of person giving Information *Karoline Blades* How related to deceased *Sister*

CAUSES OF DEATH

(28)

PHYSICIAN OR CORONER

Primary *Pulmonary tuberculosis* How long *Two years*

Immediate *Hemorrhage (pulmonary)* How long *One hour*

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

Signature of Physician *J. H. Hoper M.D.*

Address *St Michaels Md.*

Accident or Suicide *No*



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: *Sarah Letha Gallup*

Town: *Asford* County: *Fallston* MARYLAND

Date of death: *1900* Month: *Aug* Day: *24* Age: *7* Months: *0* Days: *31*

Sex: *Female* Color or Race: *White* Birth-place: *Asford*

Occupation: *none* Where residing if not at place of death: *Asford*

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

Father's Name: *Oliver L. Gallup* Father's Birthplace: *Asford Md*

Mother's Maiden Name: *Martha Letha* Mother's Birthplace: *Fallston B*

Name of person giving information: *Oliver L. Gallup* How related to decedent: *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: *Acute Gastritis* How long: *10 1/2 Days*

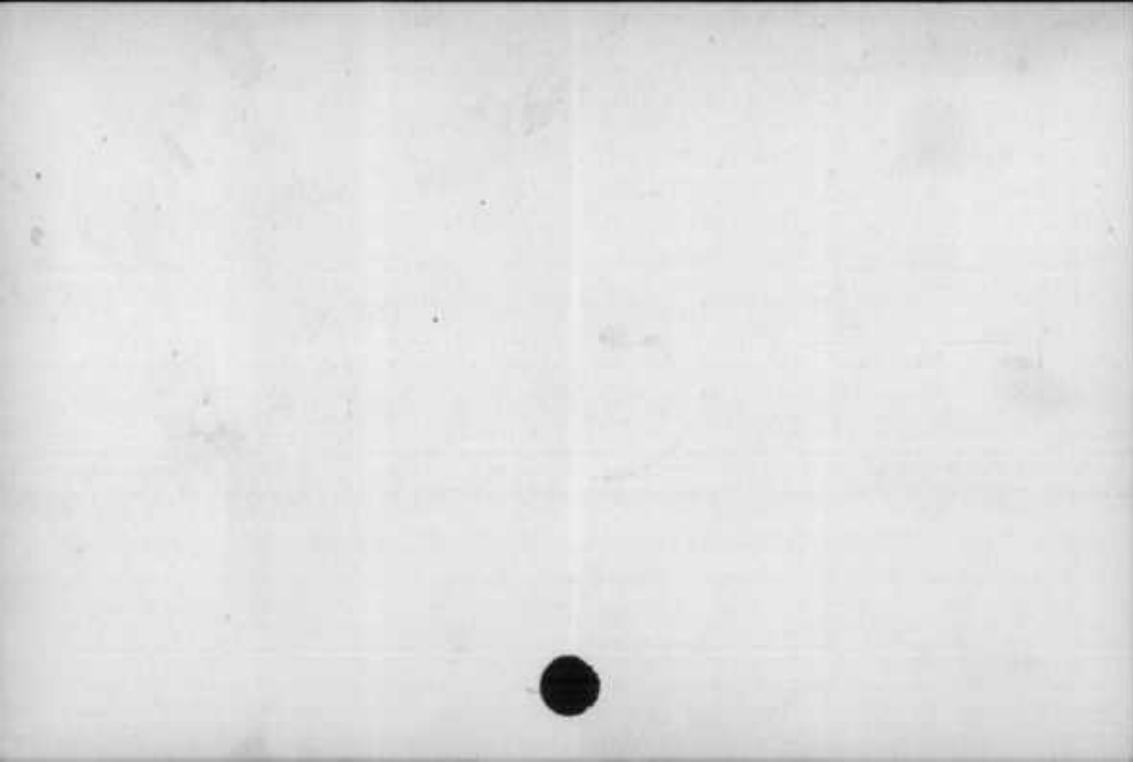
Immediate: *Physical Exhaustion* How long: *12 hours*

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

Signature of Physician: *F. M. Becher M.D.*

Address: *Asford Md.*

Accident or Suicide? *—*



Name
in
Full

William R. Gibbs

CERTIFICATE OF DEATH

Died at ^{Town} near Easton ^{County} Talbot MARYLANDDate of death 1900 ^{Month} 8 ^{Day} 27 Age ^{Years} 43 ^{Months} 8 ^{Days} 5

Sex male Color or Race Colored Birthplace Talbot Co

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Mary E. Gibbs

Father's Name Coney Gibbs Father's Birthplace Talbot Co

Mother's Maiden Name Nancy Jones Mother's Birthplace

Name of person giving Information Mary E. Gibbs How related to deceased wife

CAUSES OF DEATH

Primary Cirrhosis Hepates How long 8 mos

Immediate Exhaustion How long 1 mos

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Chas. J. Davidson

Address Easton Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Gracey Gleaves.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Langwoods Town Talbot County MARYLAND

Date of death 1908 21 Month Day Age 58 Years 9 Months 3 Days

Sex Female Color or Race Colored Birth-place Wicomico

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband William Gleaves

Father's Name Harison Smith Father's Birthplace Talbot

Mother's Maiden Name Susan Reynolds Mother's Birthplace

Name of person giving information John Gleaves How related to deceased Sister-in-law

CAUSES OF DEATH

Primary Mitral regurgitation How long 79 don't know

Immediate Heart failure How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician A. S. Willson

Address Easton, Md.

Accident or Suicide no

PHYSICIAN OR CORONER



Name in Full

CERTIFICATE OF DEATH

John Wesley Hicks

Easton

Talbot

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1940 Aug 30 Age 64

Sex Male Color or Race Blk Birth-place Md

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Roxie Hicks

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Mary Beaman How related to deceased Daughter

CAUSES OF DEATH

189 A

PHYSICIAN OR CORONER

Primary Weakness How long 1 month

Immediate Heart Failure How long 1 hour

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

Signature of Physician James B. Merrett Jr.

Address Easton

Accident or Suicide



Name
in
Full

Laura Johnson

CERTIFICATE OF DEATH

Died at Earlv ^{Town} Tart ^{County} **MARYLAND**

Date of death 19010 ^{Month} Aug ^{Day} 17 Age 23 ^{Years} 7 ^{Months} 7 ^{Dgys} 7

Sex Female Color or Race Black Birth-place Gardola

Occupation Housewife Where Residing if not at place of death X

Married, Single or Widowed Married Name of Wife or Husband Arch Johnson

Father's Name do not know Father's Birthplace X

Mother's Maiden Name Roanoke Stantford Mother's Birthplace Gardola

Name of person giving information Arch Johnson How related to deceased husband

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Acute Peritonitis following abortion How long one month
Immediate Exhaustion How long few days

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

Address Earlv, Md.

PHYSICIAN
OR CORNER

Accident or Suicide X



Name
In Full

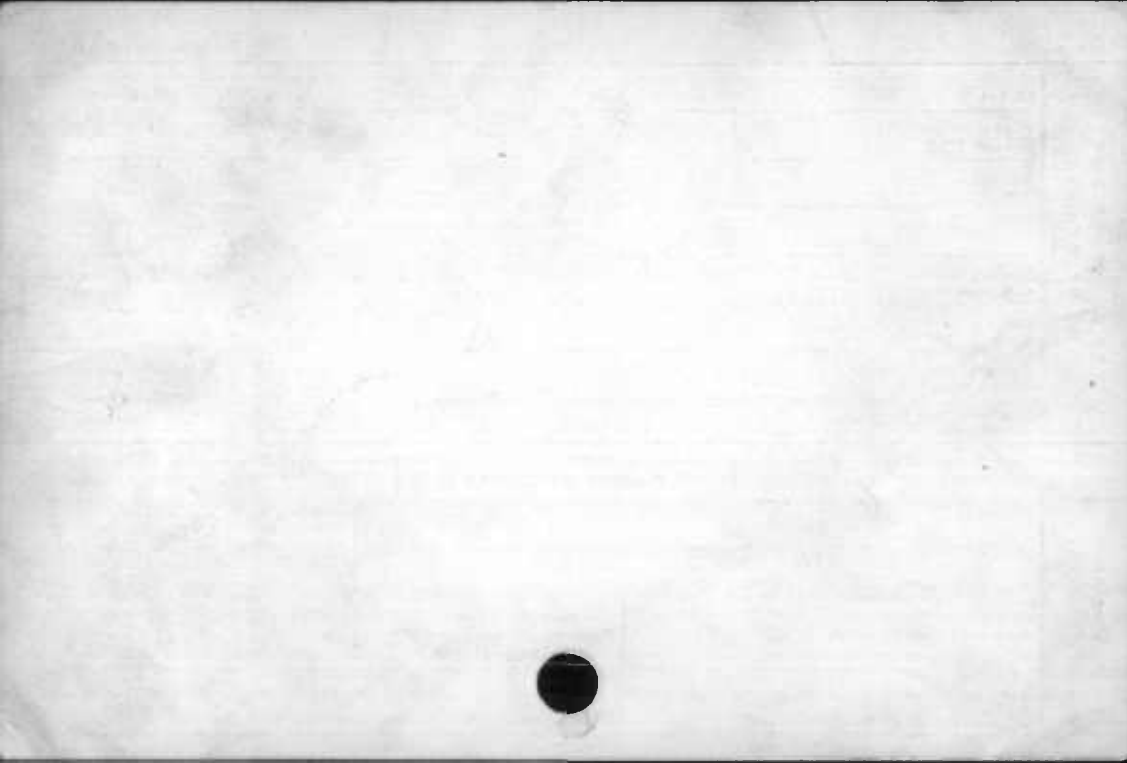
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

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

CAUSES OF DEATH

PHYSICIAN OR CORONER	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		



Name
in
Full

Mary Elizabeth Lloyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Trappe ^{County} Talbot MARYLAND

Date of death 1900 ^{Month} Aug, ^{Day} 26 Age ^{Years} 63 ^{Months} 8 ^{Days} 28

Sex Female Color or Race white Birthplace Maryland

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Edward H. Lloyd

Father's Name William Leonard Father's Birthplace Maryland

Mother's Maiden Name Mary Seman Mother's Birthplace Maryland

Name of person giving information Edw. H. Lloyd How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary Apoplexy How long 1 hour

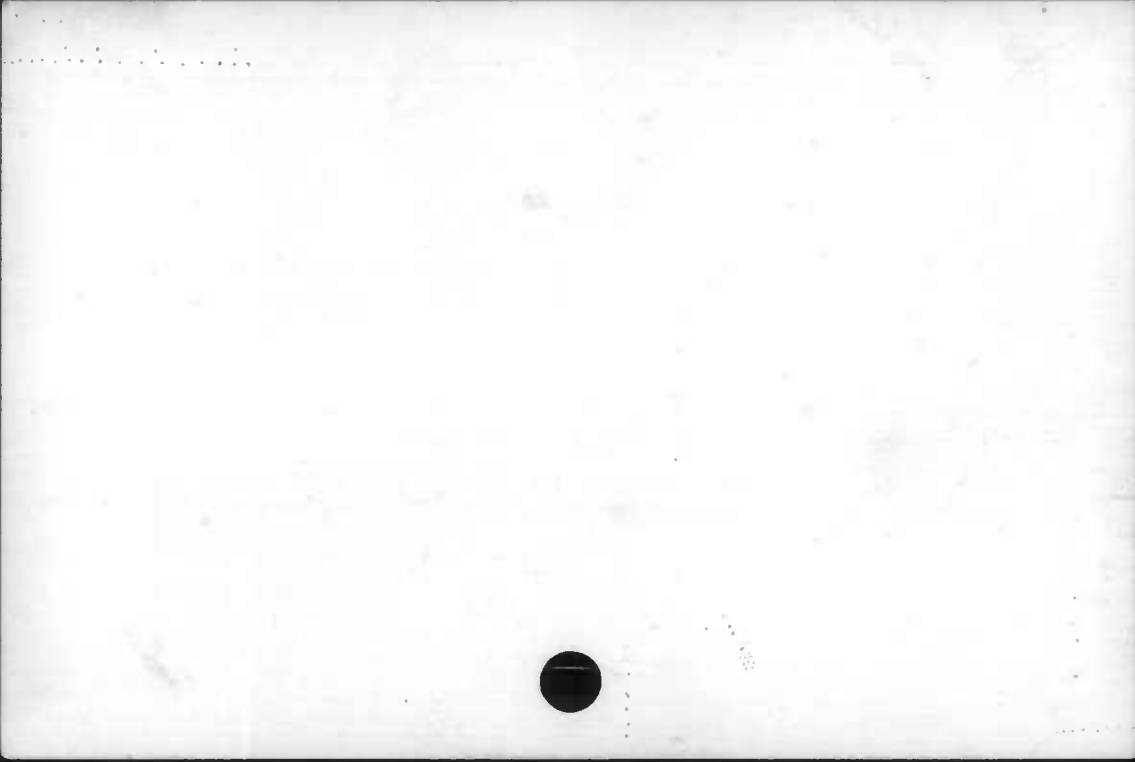
Immediate Pneumonia, oedema How long 1/2 hr.

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

Signature of Physician Dr. S. Seymour

Address Trappe Md

Accident or Suicida no



Name
in
Full

Mary Elizabeth Reinhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

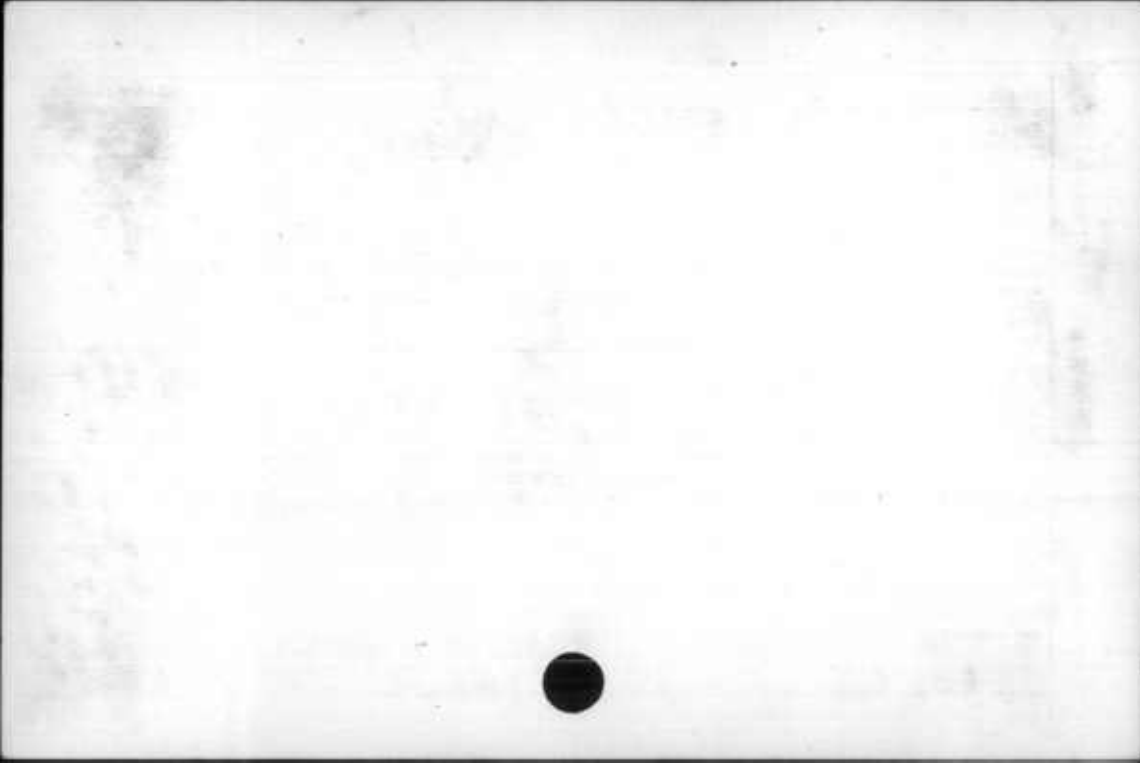
Died at		C. Baltimore		Palbot		MARYLAND						
Date of death		1960	Month	8	Day	26	Age	Years	Months	2	Days	7
Sex		Female		Color or Race		White		Birth-place		Baltimore		
Occupation		_____		Where Residing If not at place of death								
Married , Single or Widowed		Single		Name of Wife or Husband								
Father's Name		Owen Reinhart		Father's Birthplace		Baltimore, Md.						
Mother's Maiden Name		Mary Elizabeth Hess		Mother's Birthplace		Baltimore, Md.						
Name of person giving information		Mary Elizabeth Hess		How related to deceased		Mother,						

CAUSES OF DEATH

17713

PHYSICIAN
OR CORONER

Primary		Marasmus		How long		9 wks.	
Immediate		Exhaustion		How long		7 days.	
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		W. McCarroll M.D.	
				Address		McDaniel Maryland.	
Accident or Suicide		_____					



Name
in
Full

Fannie Mc Daniel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died *at* *near* *Shappe* *Town* *Salbo* *County* **MARYLAND**

Date of death **1910** *8* *19* **Age** *—* *1* *—* **Months** **Days**

Sex *Female* Color or Race *Negro* Birth-place *Salbo Co, Md*

Occupation *none* Where Residing if not at place of death *—*

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

Father's Name *George Mc Daniel* Father's Birthplace *Salbo Co, Md*

Mother's Maiden Name *Maggie Brown* Mother's Birthplace *Salbo Co, Md*

Name of person giving Information *Joe Hampton* How related to deceased *None*

CAUSES OF DEATH

1993

PHYSICIAN
OR CORONER

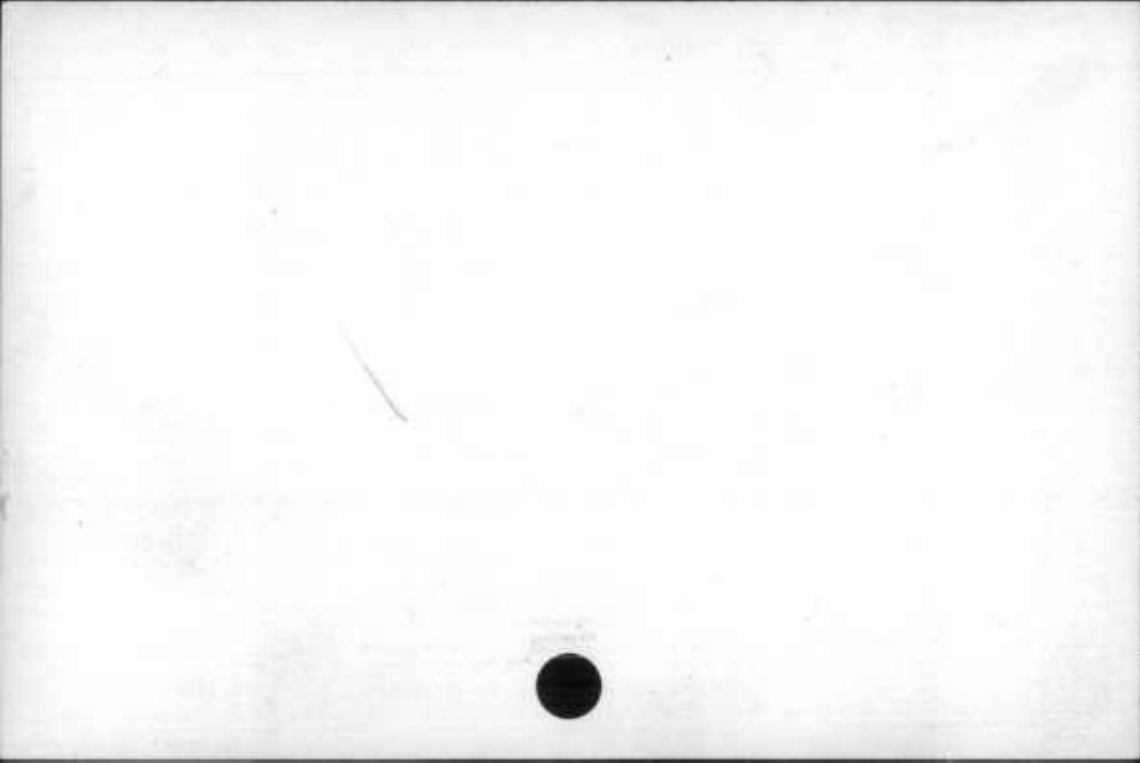
Primary *Malnutrition* How long *—*

Immediate *Exhaustion* How long *First hours*

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

Signature of Physician *Joseph A. Combs* Address *Shappe Md*

Accident or Suicide *—*



Name
in
Full

Lilly
Euston

McNaul

CERTIFICATE OF DEATH

County

Talbot

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Euston

Date

1940

Month

Aug

Day

20

Age

Years

X

Months

X

Days

9

Sex

Female

Color or
Race

White

Birth-
place

Talbot Co

Occupation

clined

Where Residing if not
at place of death

Married, Single
or Widowed

S

Name of Wifa or
Husband

X

Father's
Name

Carroll L. Mc McNaul

Father's
Birthplace

Talbot Co

Mother's
Maiden Name

Ida M. Hall

Mother's
Birthplace

Leansby

Name of person giving
Information

C. C. McNaul

How related
to deceased

Father

CAUSES OF DEATH

Primary

Heart Disease

How long

79

9 days

Immediate

Myocarditis

How long

4 11

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

yes

Signature of
Physician

Address

J. B. Merritt
Euston

Accident or Suicide

No



Name
in
Full

CERTIFICATE OF DEATH

John E. Moutague
Town Chapel County Talbot

MARYLAND

Died Date of death 1900 Month 8 Day 16 Age 73 Years Months 6 Days 14

Sex male Color or Race white Birth-place Talbot Co

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Emma Moutague

Father's Name Jesse Moutague Father's Birthplace Talbot Co

Mother's Maiden Name Rebecca Falah Mother's Birthplace " "

Name of person giving information Mrs. Famine Roe How related to decedent Daughter

CAUSES OF DEATH

Primary Cancer of Prostate How long 4 mos

Immediate Exhaustion How long few days

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

Signature of Physician

Address

Chas. J. Harris
Easton Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
in
Full

Annanda Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St Michaels Town Subot County MARYLAND

Date of death 1910 Month Aug Day 29 Age 1.3 Years Months Days

Sex Female Color or Race White Birth-place St Michaels

Occupation Home life Where Residing if not at place of death

~~Married~~ Single Name of Wife or Husband

Father's Name Jno W. Porter Father's Birthplace St Michaels

Mother's Maiden Name Annanda Shepherd Mother's Birthplace Kent Co. Md.

Name of person giving Information Family Knowledge How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary Rheumatism, repeatedly - How long Several yrs

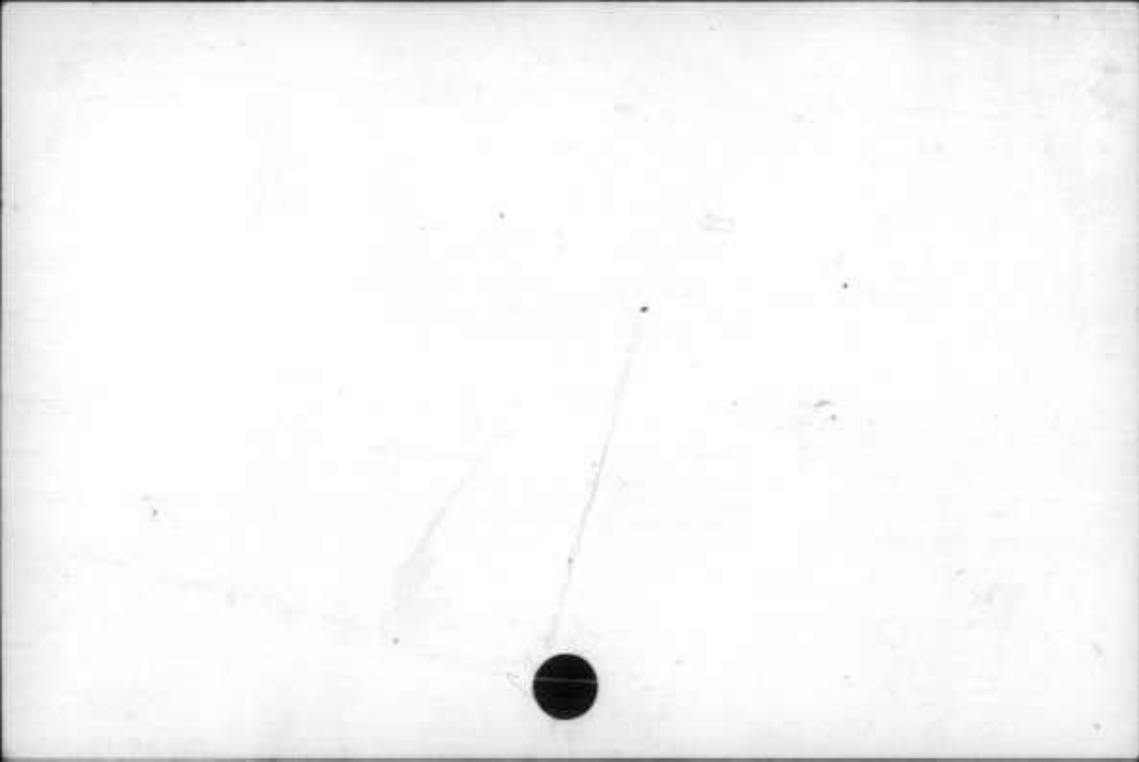
Immediate Impaired Heart action, How long about 5 months -

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

Signature of Physician Robt. A. Dodson

Address St. Michaels Md -

Accident or Suicide no -



Name
in
Full

Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Coston ^{Town} Talbot ^{County} **MARYLAND**

Date of death 1940 Aug ^{Month} 10 ^{Day} Age 0 ^{Years} 0 ^{Months} 1 ^{Days}

Sex Female Color or Race Black Birth-place Coston

Occupation Child Where Residing if not at place of death home

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Frank Price Father's Birthplace Talbot Co

Mother's Maiden Name Elma William Mother's Birthplace Talbot Co

Name of person giving Information Sally Copper How related to deceased nephew

CAUSES OF DEATH

Primary Inanition How long 1 day

Immediate Inanition How long 1 day

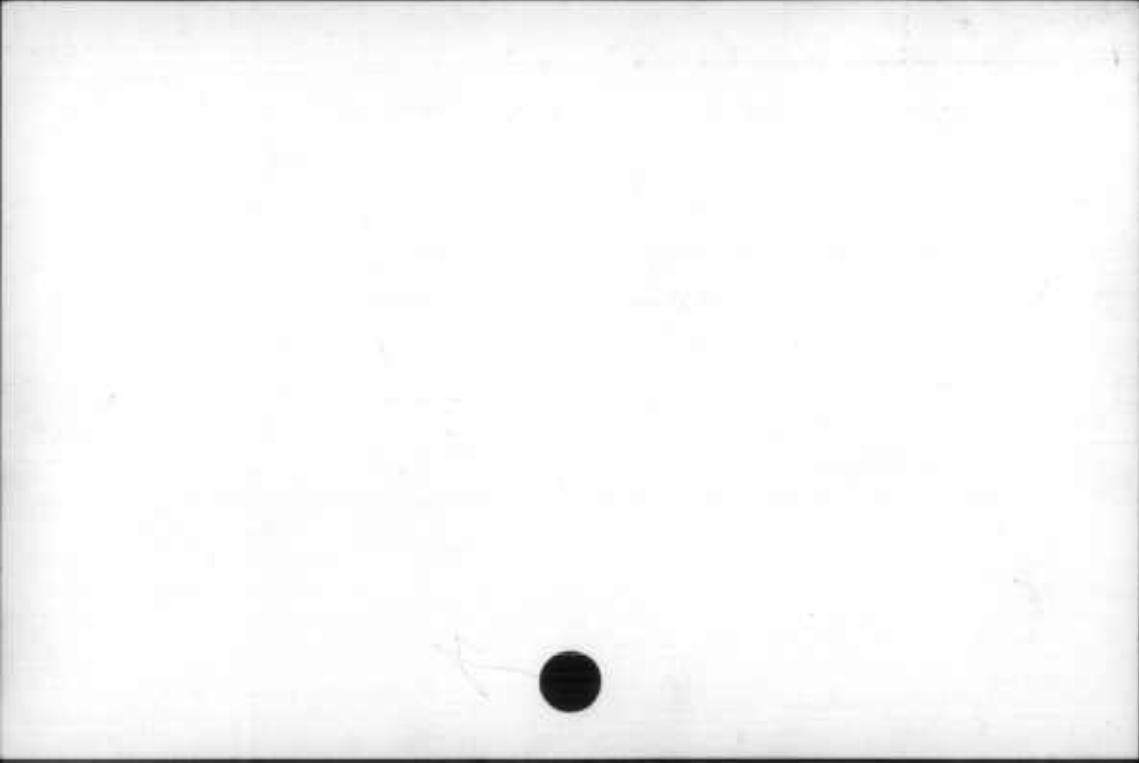
Are the name, age, sex, color, date and place correctly given above yes

Signature of Physician

Address

James B. Merritt, Jr.
Coston Md

Accident or Suicide



NAME
in
Full

Lucy Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Real Easton* ^{County} *Talbot* MARYLANDDATE of death 19*10* Month *aug.* Day *10* AGE *-* Years *-* Months *2* Days *-*Sex *Female* Color or Race *Black* Birth-place *Talbot Co*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *single* Name of Wife or Husband *-*Father's Name *James Thomas* Father's Birthplace *Talbot Co*Mother's Maiden Name *Francis Roberts* Mother's Birthplace *Talbot Co*Name of person giving Information *Walter Roberts* How related to decedent *Grandfather*

CAUSES OF DEATH

Primary *Colra Infantum* How long *10 4/7* *2 Weeks*Immediate *Cyphosis* How long *1 day*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *No Dr John B Fairbank*Address *Easton Md*

Accident or Suicide?

Coroner



Name
in
Full

CERTIFICATE OF DEATH

Died at <i>Royal Oak</i> ^{Town}		<i>Sydney</i> ^{County}		MARYLAND	
Date of death <i>1900</i>	Month <i>8</i>	Day <i>8</i>	Age <i>—</i>	Months <i>—</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Royal Oak Md</i>		
Occupation		Where Reading if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Wm. F. Seymour</i>		Father's Birthplace <i>Royal Oak Md</i>			
Mother's Maiden Name <i>Annie Leonard</i>		Mother's Birthplace <i>11</i>			
Name of person giving information <i>Foster Wm Seymour</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Embolism</i>	How long <i>Immediate</i>	
	Immediate <i>Apoplexy</i>	How long <i>Immediate</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel C. Fisher</i>	
	Accident or Suicide? <i>—</i>	Address <i>Royal Oak Md</i>	



Name
in Full

John Calvin Stearns

CERTIFICATE OF DEATH

Died at Sherwood Town Jalbot. County

MARYLAND

Date of death 190 Aug Month 24 Day Age 75 Years Months 7 DaysSex male Color or Race white Birth-place New Erie PaOccupation Minister Where Residing if not at place of deathMarried, Single or Widowed Widowed Name of Wife or Husband UnknownFather's Name Thomas Stearns Father's Birthplace EnglandMother's Maiden Name Betsy Butler Mother's Birthplace EnglandName of person giving Information (Daughter) Mrs H J Harrison How related to deceased Daughter

CAUSES OF DEATH

Primary uraemia How long 4 daysImmediate Cardiac Asthonia How long 10 hrs.Are the name, age, sex, color, date and place correctly given above? yes

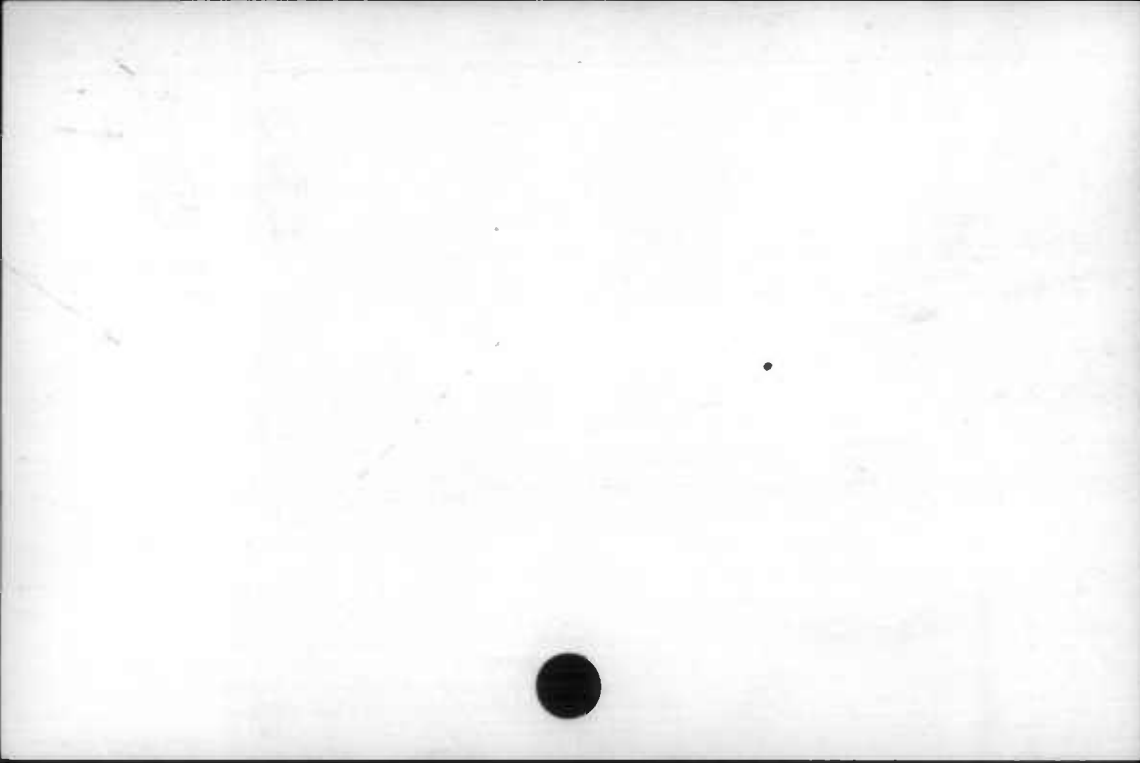
Signature of Physician

Address

Louis H. Seth
M^o Daniel Ind.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emily Francis Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Easton ^{County} Talbot MARYLAND

Date of death 1960 ^{Month} 8 ^{Day} 8 Age ^{Years} 63 ^{Months} 1 ^{Days} 21

Sex Female Color or Race white Birth-place Somerset Co.

Occupation Housewife Where Residing if not at place of death St. Michaels.

Married, Single or Widowed widow Name of Wife or Husband: Capt. G. W. Tyler.

Father's Name John Price Father's Birthplace Somerset Co.

Mother's Maiden Name Emily Francis Price Mother's Birthplace "

Name of person giving information Beulah Tyler Hardin How related to decedent Daughter

CAUSES OF DEATH

114

Primary Gall. stones suspected How long five days

Immediate

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

Signature of Physician

Address

J. H. Stevens
Easton

Accident or Suicide no

Md.



NAME
in
Full

Wm Nicholas Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Easton</i>		Town <i>Talbot</i>		County <i>Talbot</i>		MARYLAND	
DATE of death 19 <i>00</i>	Month <i>Aug</i>	Day <i>22</i>	AGE	Years <i>—</i>	Months <i>2</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birthplace <i>Talbot County</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Thomas L Wilson</i>	Father's Birthplace <i>Talbot County</i>						
Mother's Maiden Name <i>Ardeffa Trippe</i>	Mother's Birthplace <i>Talbot County</i>						
Name of person giving Information <i>Thomas L Wilson</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

Primary *Malnutrition* How long *17 7 B*
1 month

Immediate *Exhaustion* How long *1 week*

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

Yes

Signature of Physician

John B Fairbank
Easton Md Coroner

Accident or Suicide?

