

Name  
In Full

Retta Adkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i> <small>Year</small>	<i>Aug</i> <small>Month</small>	<i>26</i> <small>Day</small>	Age	<i>45</i> <small>Years</small>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Md</i>
Occupation	<i>Housework</i>		Where Residing if not at place of death		
Married, Single or Widowed	<input checked="" type="checkbox"/> Married	Name of <del>Wife</del> Husband	<i>Noah C Adkins</i>		
Father's Name	<i>Samuel S Baker</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Matilda Curtis</i>		Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>Noah C Adkins</i>		How related to decedent	<i>Husband</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Thrombing uterine fibroid</i>	How long	<i>3 years</i>
Immediate	<i>Peritonitis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>So far as I know</i>	Signature of Physician	<i>M. Lewis</i>
Accident or Suicide?	<i>no</i>	Address	<i>Salisbury Md</i>



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Gertrude E. Bailey</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Salisbury</i>		Month <i>Aug</i>		Day <i>25th</i>		Years <i>73</i>	
Date of death <i>1910</i>		Age <i>73</i>		Months <i>0</i>		Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Worcester Co. Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>At her son's home</i>					
Married-Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Littleton B. Bailey</i>					
Father's Name <i>Spencer Davis</i>		Father's Birthplace <i>Worcester Co. Md.</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Not known</i>					
Name of person giving information <i>Elmer D. Bailey</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic nephritis</i>		How long <i>170</i>	
Immediate <i>Pulmonary edema</i>		How long <i>1 year(?)</i>	
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>		Signature of Physician <i>[Signature]</i>	
Accident or Suicide <i>No</i>		Address <i>Salisbury, Md.</i>	



Name in Full

Ruth Ballard

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Nantuxke Town Wicomicoco County **MARYLAND**

Date of death 1900 August 31 Age 22 Months 10 Days 20

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

Occupation Housegirl Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name George Ballard Father's Birthplace Somerset Co.

Mother's Maiden Name Catherine Wallace Mother's Birthplace Somerset Co.

Name of person giving information Catherine Hardy How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Paralysis How long 3 weeks

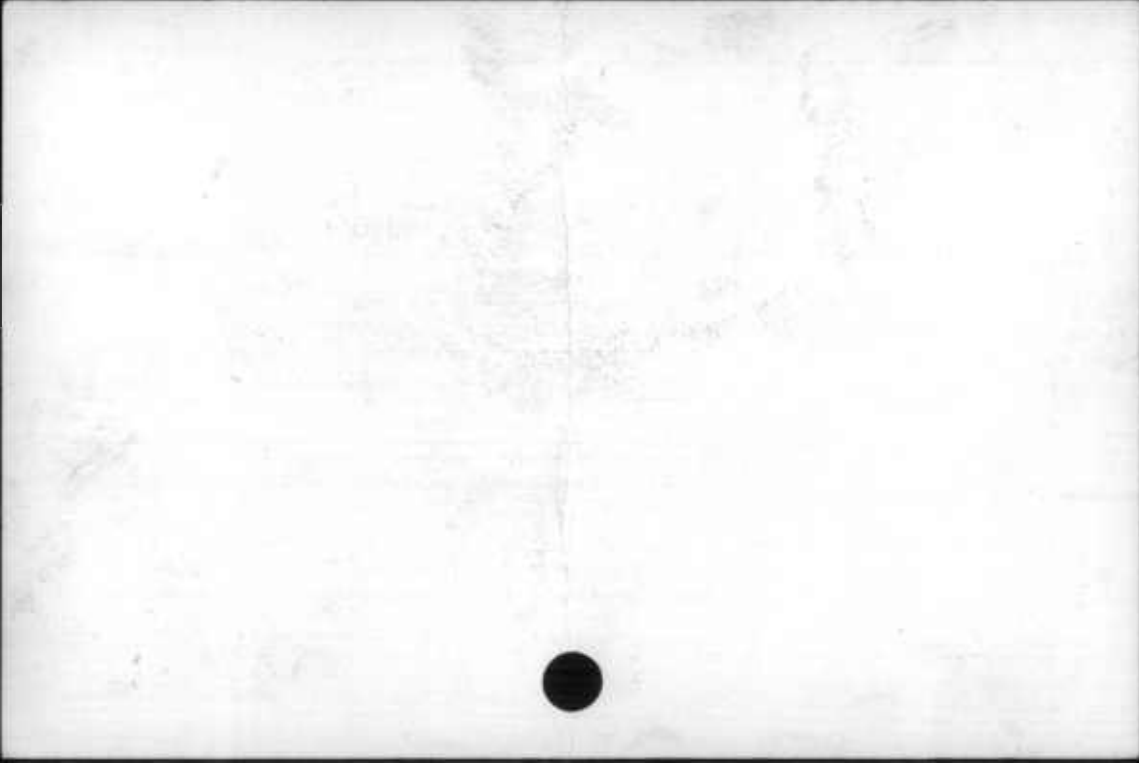
Immediate Nervous Prostration How long 2 days

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

Signature of Physician Dr. J. H. O'Day

Address Jesterville  
Wicomicoco Md

Accident or Suicide



Name  
in  
Full

Mary E. Bye

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Salisbury		Wicomico		MARYLAND	
Date of death		1950	Aug.	5	Age	24	Months
Sex		Female		Color or Race		a. a. white	
Occupation				Birth-place		Wicomico Co.	
Married, Single or Widowed		Yes		Name of Wife or Husband		Gibbons Bye	
Father's Name		Noah Johnson		Father's Birthplace		Wicomico Co.	
Mother's Maiden Name		Harriet Shockley		Mother's Birthplace		"	
Name of person giving Information		I. W. Bye		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORNER

Primary	Recurrent Carcinoma of breast	How long	1 year
Immediate	Embolus in cardiac artery	How long	day of death
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. W. Roberts
		Address	328 Church St. Salisbury Md.
Accident or Suicide			

1900  
1901  
1902





Name in Full

*Annie M Collier*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at		Town <i>Delmar</i>		County <i>Delaware</i>		MARYLAND	
Date of death 190		Month <i>Aug</i>	Day <i>27</i>	Age	Months <i>5-</i>	Days <i>10</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Delmar</i>				
Occupation <i>Infant</i>		Where Residing if not at place of death <i>11</i>					
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>Infant</i>					
Father's Name <i>Robert Collier</i>		Father's Birthplace <i>Del</i>					
Mother's Maiden Name <i>Bertha</i>		Mother's Birthplace <i>11</i>					
Name of person giving Information <i>Robert Collier</i>		How related to deceased <i>Father</i>					

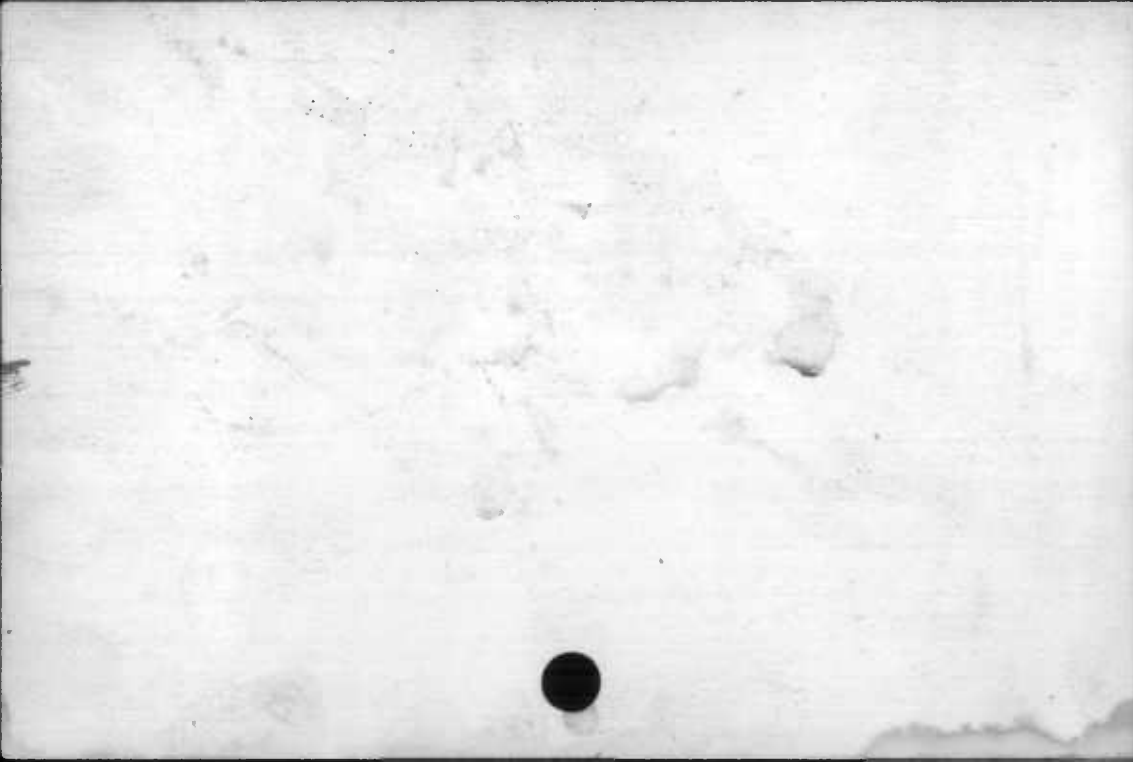
CAUSES OF DEATH

*1891*

PHYSICIAN OR CORONER

Primary <i>Marasmus</i>	How long <i>3 Months</i>
Immediate <i>Marasmus</i>	How long <i>3 Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert E. Elyard M.D.</i>
	Address <i>Delmar Del</i>

Accident or Suicide



Name  
in  
Full

Helen Daskuld

## CERTIFICATE OF DEATH

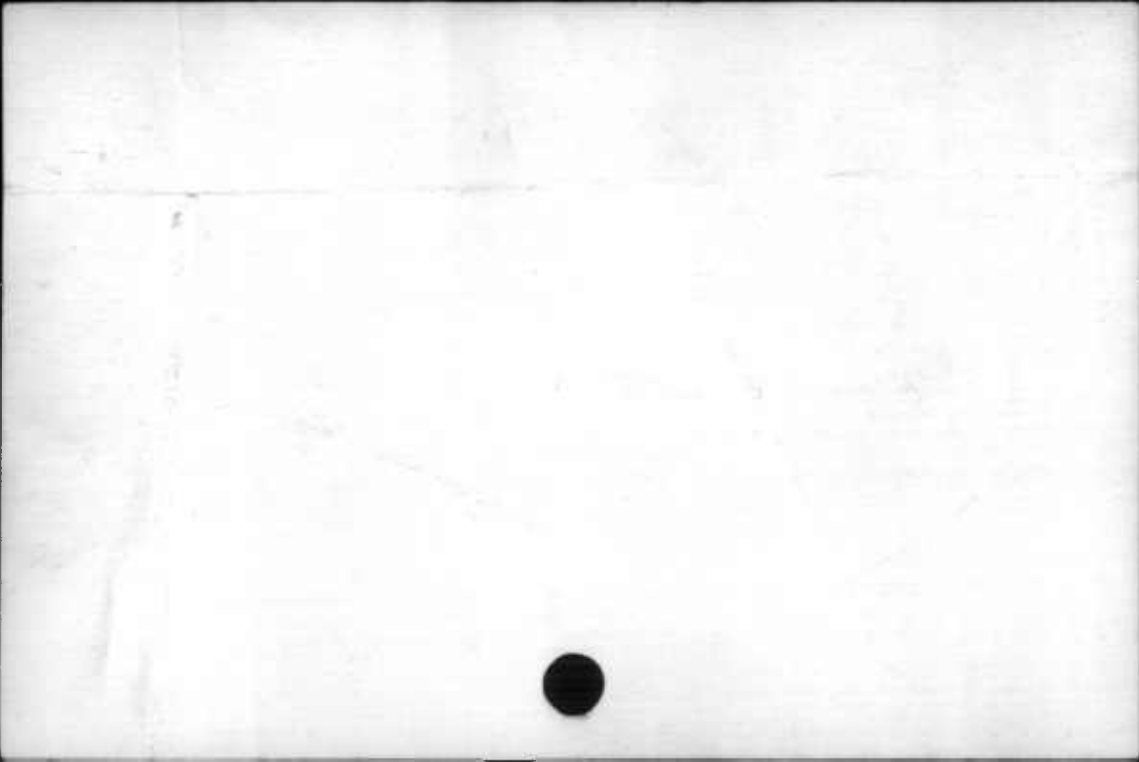
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Tyasko		County Maryland		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		August	23	6		8	
Sex		Color or Race		Birth-place			
Female		Colored		Tyasko			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Perry Daskuld				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Lena Daskuld				" " "			
Name of person giving Information				How related to deceased			
Perry Daskuld				Foster			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long	117	
	Immediate	How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
			Address	
Accident or Suicide				

Primary: *Dysentery*  
 Immediate: *Dysentery*  
 Signature of Physician: *M. J. Gaffney*  
 Address: *White House, Micoon Co. Md.*



Name  
in  
Full

Julia H Daskuld

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		190	10	Month	30	Day	42
Sex		Female		Color or Race		Caucasian	
Occupation		house wife		Where Residing if not at place of death		Tyasmin	
Married, Single or Widowed		married		Name of Wife or Husband		Gora B Daskuld	
Father's Name		Gabriel Wuttke		Father's Birthplace		Hantscher	
Mother's Maiden Name		Sarah Wuttke		Mother's Birthplace		" "	
Name of person giving Information		Gora B Daskuld		How related to deceased		husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	2 years
Immediate	Hemorrhage	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. H. O'Day	
		Address	
		Petersville	
Accident or Suicide		Wilominc. Md	

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~~0151~~  
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24  
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24  
0151

Name  
In  
Full

Virginia E. Ellis

CERTIFICATE OF DEATH

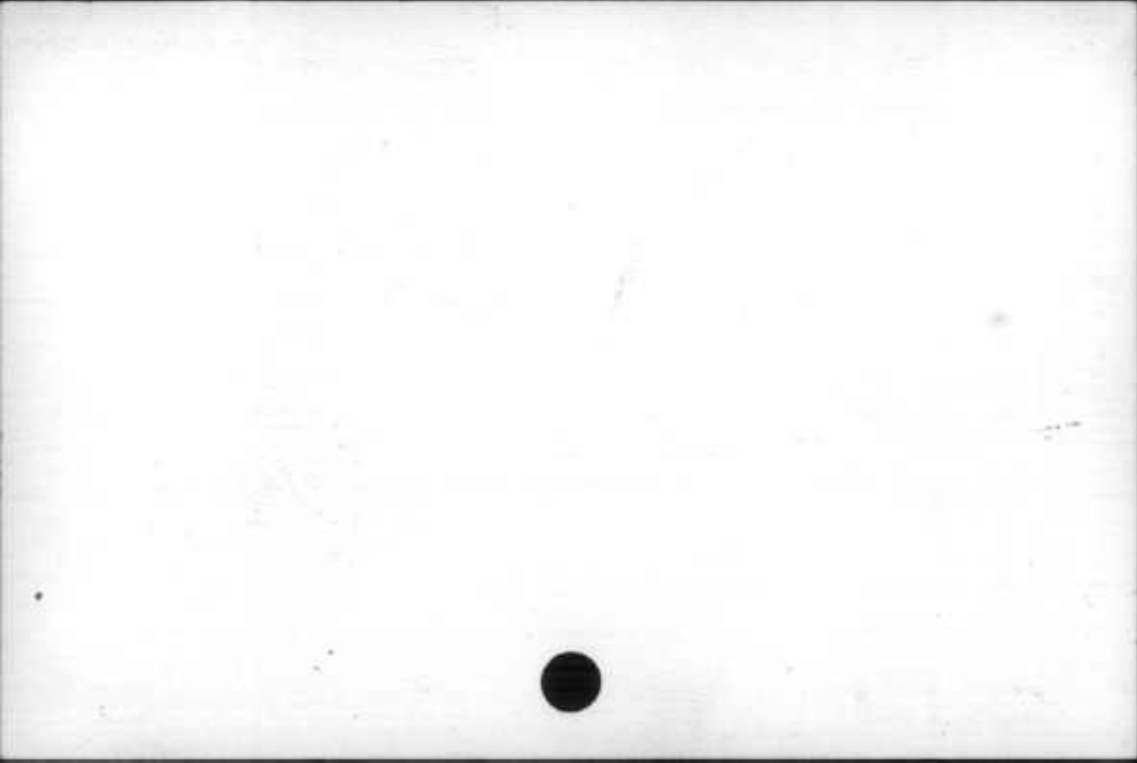
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Salisbury		<sup>County</sup> Wicomico		MARYLAND	
Date of death <sup>Year</sup> 1910	<sup>Month</sup> Aug.	<sup>Day</sup> 9 <sup>th</sup>	Age <sup>Years</sup> 0	<sup>Months</sup> 8	<sup>Days</sup> 9
Sex Female	Color or Race White	Birth-place Salisbury Md.			
Occupation None	Where Residing if not at place of death				
Married-Single or Widowed Single	Name of Wife or Husband None				
Father's Name J. A. Ellis	Father's Birthplace Salisbury Md.				
Mother's Maiden Name Carrie M. C. Conway	Mother's Birthplace " "				
Name of person giving Information J. A. Ellis	How related to deceased Father				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Gastric Intoxication	How long 4 weeks
Immediate Gastric Intoxication	How long 4 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. H. Hails M.D.
	Address Salisbury Md.
Accident or Suicide	





Name  
In Full

Helen Ellis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i> <i>190</i>	Month <i>Aug.</i>	Day <i>15<sup>th</sup></i>	Age <i>21</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Salisbury Md.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>At home</i>				
<del>Married</del> Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Geo. W. Ellis</i>	Father's Birthplace <i>Salisbury Md.</i>				
Mother's Maiden Name <i>Jennie V. Hitch</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>John T. Ellis</i>	How related to deceased <i>Uncle</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulm. m. tubercularis</i>	How long <i>about 4 years</i>
Immediate <i>Septic intoxication</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>	Signature of Physician <i>J. C. ...</i>
<i>as I know</i>	Address <i>Salisbury, Md.</i>
Accident or Suicide <i>No</i>	



Name  
in  
Full

Harry L. German.

CERTIFICATE OF DEATH

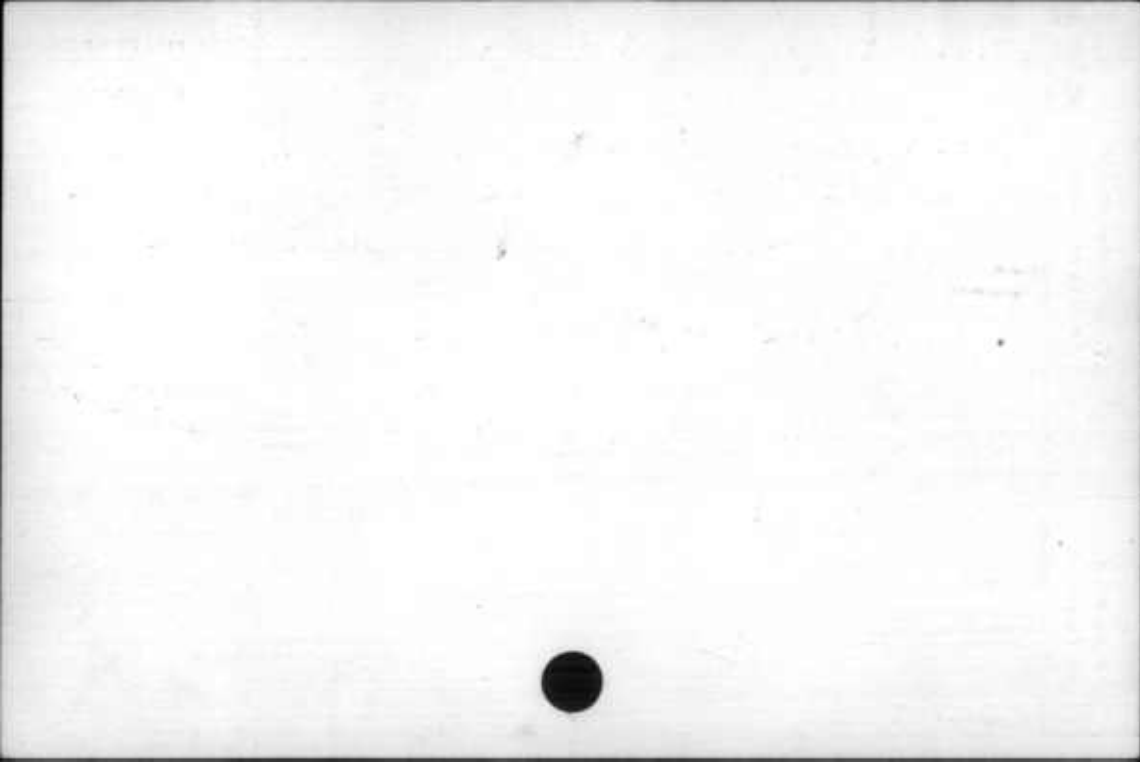
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Delmar		County Wicomico		MARYLAND	
Date of death 190		Month Aug	Day Twelve	Age 29	Years	Months 5	Days 8
Sex male		Color or Race white		Birth-place Delmar			
Occupation none				Where Residing if not at place of death Delmar			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Mitchell H. German		Father's Birthplace Delaware					
Mother's Maiden Name Frances A. German		Mother's Birthplace Delaware					
Name of person giving Information Matilda E. Robbins		How related to deceased Sister,					

## CAUSES OF DEATH

Primary	Suberculosis of Lungs	How long	4 years
Immediate	Hæmorrhage of Lungs	How long	few minutes
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Robert Ellingrod M.D.	
Address		Delmar Del.	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Dannie Handy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Tyaskin	County Wicomico		MARYLAND	
Date of death 190		Month August	Day 29	Age	Years 25	Months -
Sex	Female	Color or Race	Colored		Birth-place	Tyaskin
Occupation	housekeeper		Where Residing if not at place of death Tyaskin			
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	John Hardy				Father's Birthplace	Tyaskin
Mother's Maiden Name	Sarah Lee Hardy				Mother's Birthplace	" "
Name of person giving information	Merrak Walters				How related to deceased	Aunt

## CAUSES OF DEATH

Primary

Tuberculosis

How long

How long

Immediate

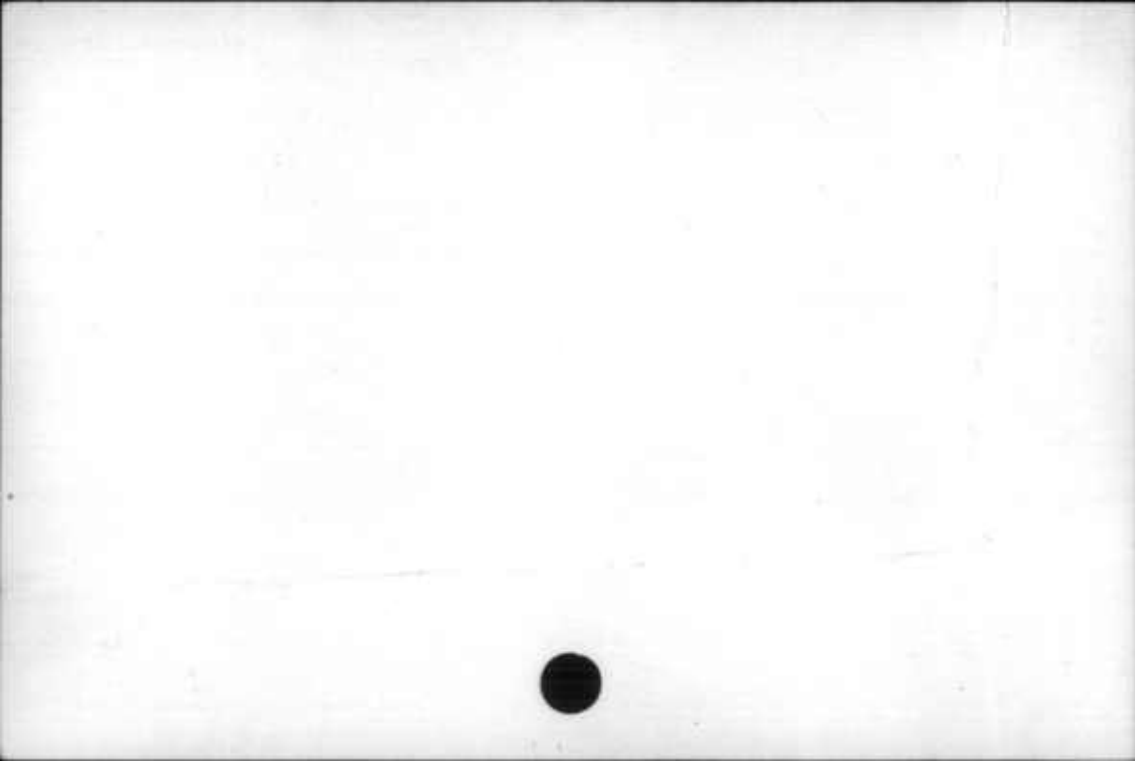
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

W. S. Cuthbert  
White House  
Wicomico Co. Md.



Name  
in Full

Manervia L Hastings

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u> <small>Year</small>	<u>Aug</u> <small>Month</small>	<u>10</u> <small>Day</small>	Age	<u>19</u> <small>Years</small>
					<u>11</u> <small>Months</small>
					<u>23</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u> Md</u>
Occupation	<u>Shirt Factory girl</u>		Where Reading if not at place of death <u>Salisbury, Md</u>		
<del>Married</del> Single	Name <del>of</del> <u>Spouse</u>				
Father's Name	<u>Wilber L Hastings</u>			Father's Birthplace	<u> Md</u>
Mother's Maiden Name	<u>Sallie G Calloway</u>			Mother's Birthplace	<u> Md</u>
Name of person giving information	<u>Sallie G Hastings</u>			How related to deceased	<u>Mother</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>(29)</u>
Immediate	<u>Several Causative of death</u>	How long	<u>several months</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Louis W. ...</u>
		Address	<u>On ...</u>
Accident or Suicide?			





Name  
in  
Full

*Araminta Hayman*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Allen* <sup>town</sup> *Wicomico* <sup>County</sup> **MARYLAND**

Date of death 19*60* <sup>Month</sup> *Aug.* <sup>Day</sup> *27* Age <sup>Years</sup> *55* <sup>Months</sup> *3* <sup>Days</sup> *26*

Sex *Female* Color or Race *White* Birth-place *Princess Anne*

Occupation *No special one* Where Residing if not at place of death *HP*

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

Father's Name *Revel Hayman* Father's Birthplace *Princess Anne*

Mother's Maiden Name *Martha J. Huffington* Mother's Birthplace *Allen*

Name of person giving information *J. W. Huffington* How related to deceased *Nephew*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *3 years*

Immediate *Aschemia* How long *3 months*

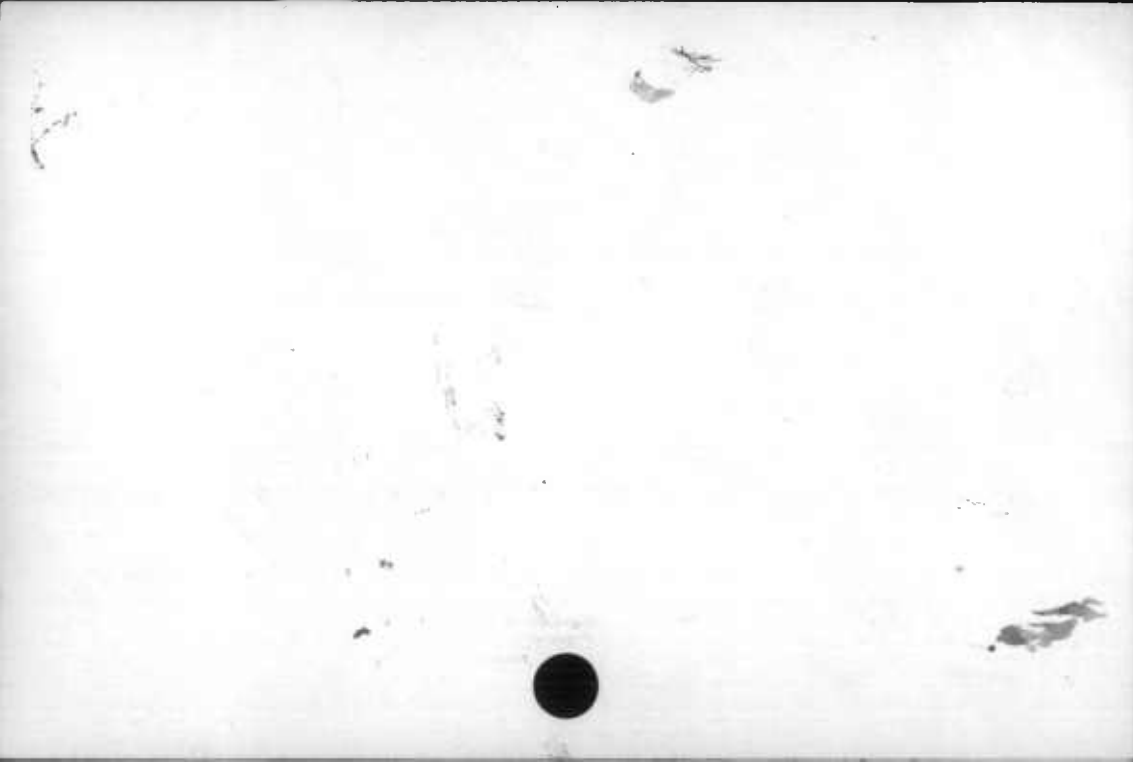
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Walter W. Goldsborough*

Address *Princess Anne*

PHYSICIAN  
OR CORONER

Accident or Suicide



Name in Full

Estrella C. Hudson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Belmar Town Wilcomito County MARYLAND

Date of death 1940 Aug 26 Day 18 Age 26 Months — Days —

Sex female Color or Race White Birth-place Wilcomito

Occupation Home maker Where Residing if not at place of death —

Married, Single or Widowed yes ~~Name of Wife~~ Husband David J. Hudson

Father's Name Wesley A. Gardy Father's Birthplace Wilcomito

Mother's Maiden Name Adeline Collier Mother's Birthplace —

Name of person giving Information David J. Hudson How related to deceased Husband

CAUSES OF DEATH

Primary Tuberculosis Pulmonalis How long 6 months

Immediate " " How long " "

PHYSICIAN OR CORONER

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

Signature of Physician J. W. Roberts

Address 28 Church St., Salisbury, Md.

Accident or Suicide —



Name  
in  
Full

Thelma Huston

CERTIFICATE OF DEATH

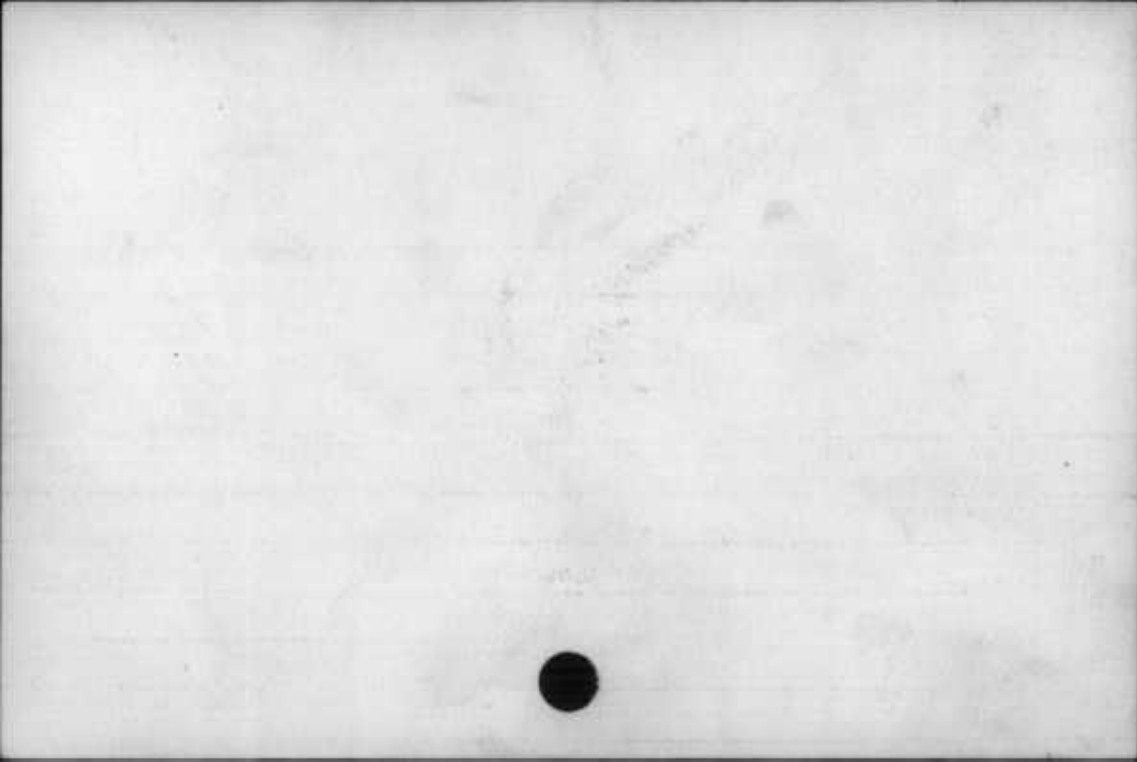
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u> <small>Year</small>	<u>Aug</u> <small>Month</small>	<u>30</u> <small>Day</small>	Age	<u>1</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Salisbury Md</u>
Occupation	—		Where Reading if not at place of death		
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	<u>Philip S Huston</u>		Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Eora Linnan</u>		Mother's Birthplace	<u>Md</u>	
Name of person giving information	<u>Philip S Huston</u>		How related to deceased	<u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	<u>177 B</u>
Immediate	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	<u>Dr C R Furt</u>
	Address	<u>Salisbury Md</u>
Accident or Suicide?		



Name  
in  
Full

Florence Jones

CERTIFICATE OF DEATH

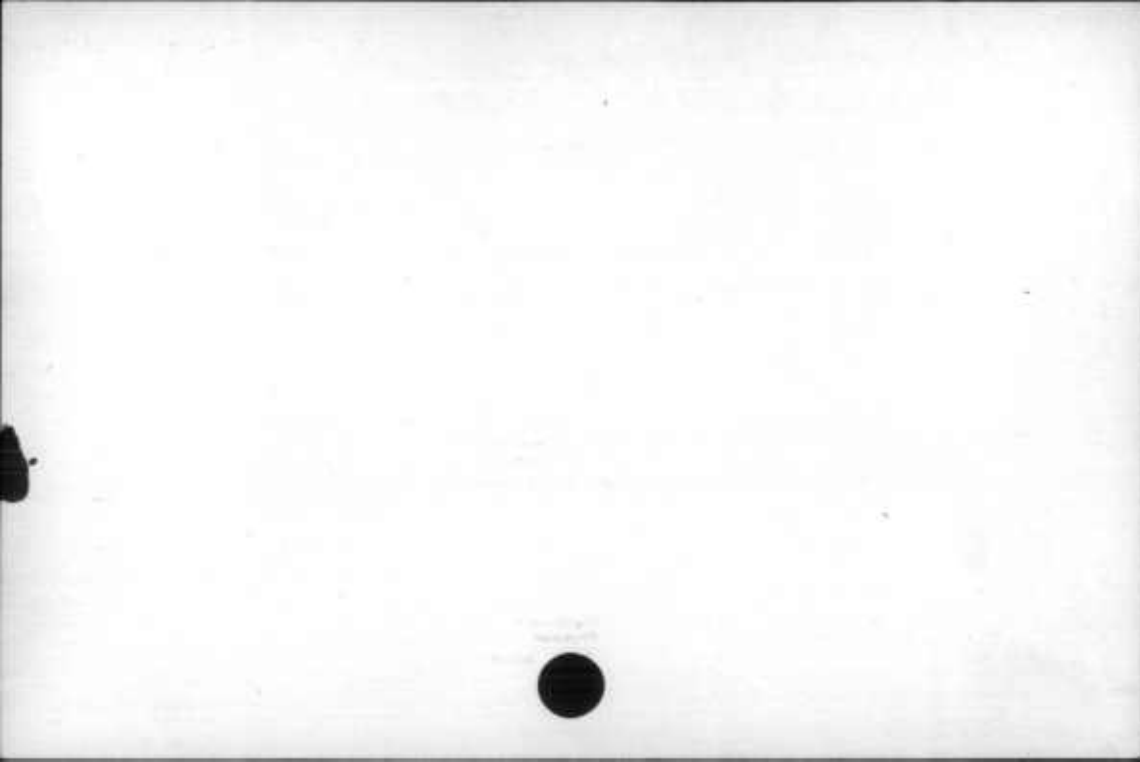
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Eden</i>		Town <i>D</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>Aug.</i>	Day <i>21<sup>st</sup></i>	Age <i>15</i>	Years	Months <i>0</i>	Days <i>0</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>Wicomico Co. Md.</i>		Where Residing if not at place of death <i>At her father's home</i>			
Occupation <i>None</i>	Name of Wife or Husband <i>No Husband</i>						
Married, Single <i>Single</i>							
Father's Name <i>William T. Jones</i>	Father's Birthplace <i>Wicomico Co. Md.</i>						
Mother's Maiden Name <i>Fannie Hopkins</i>	Mother's Birthplace <i>" "</i>						
Name of person giving Information <i>W. A. Disharoon</i>	How related to deceased <i>None</i>						

## CAUSES OF DEATH

Primary <i>Tyberculosis</i>	How long <i>Several months</i>
Immediate <i>Exhaustion</i>	How long <i>Monday</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. R. Truitt</i>
	Address <i>Salesbury Md</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER





Name  
in  
Full

William F. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury <sup>Town</sup> Wicomico <sup>County</sup> **MARYLAND**

Date of death 1960 <sup>Month</sup> Aug <sup>Day</sup> 18 Age        <sup>Years</sup>        <sup>Months</sup> 3 <sup>Days</sup>       

Sex male Color or Race white Birth-place Salisbury

Occupation        Where Residing if not at place of death       

Married, Single or Widowed        Name of Wife or Husband       

Father's Name William A. Jones Father's Birthplace Wicomico

Mother's Maiden Name Sarah Winger Mother's Birthplace       

Name of person giving Information William A Jones How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Hereditary Syphilis How long 3 months

Immediate        How long       

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

Signature of Physician Jos. Roberts

Address 328 Church St. Salisbury, Md.

Accident or Suicide

Produced  
by  
K&A



Name  
is  
Full

Maud M Leonard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
- NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u> <small>Year</small>	<u>Aug</u> <small>Month</small>	<u>11</u> <small>Day</small>	<u>1</u> <small>Years</small>	<u>2</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Md</u>
Occupation	Where residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>George H Leonard</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Gertrude Powell</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>George H Leonard</u>			How related to deceased	<u>Brother</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Feathering</u>	How long	<u>177 B</u>
Immediate	<u>Quarantine</u>	How long	<u>Several weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>C. R. Smith</u>		
	Address <u>Salisbury</u>		
	<u>Md</u>		
Accident or Suicide?			



Name in Full

Capt. Lee M. Lipscomb

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *The P. I. Hospital Salisbury Wicomico* County *MARYLAND*

Date of death *1910* *Aug.* *19th* Age *49* Months *0* Days *0*

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

Occupation *Chief of a Division in the Treasury Department Wash. D.C.* Where Residing if not at place of death *Washington D.C.*

Married, Single or Widowed *Married* Name of Wife or Husband *Sallie L. Lipscomb*

Father's Name *Sidney Lipscomb* Father's Birthplace *Alabama*

Mother's Maiden Name *Frances Curry* Mother's Birthplace *Mississippi*

Name of person giving Information *Sallie L. Lipscomb* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN OR CORNER

Primary *Acute nephritis* How long *1 week*

Immediate *Pulmonary edema* How long *2 or 3 hours*

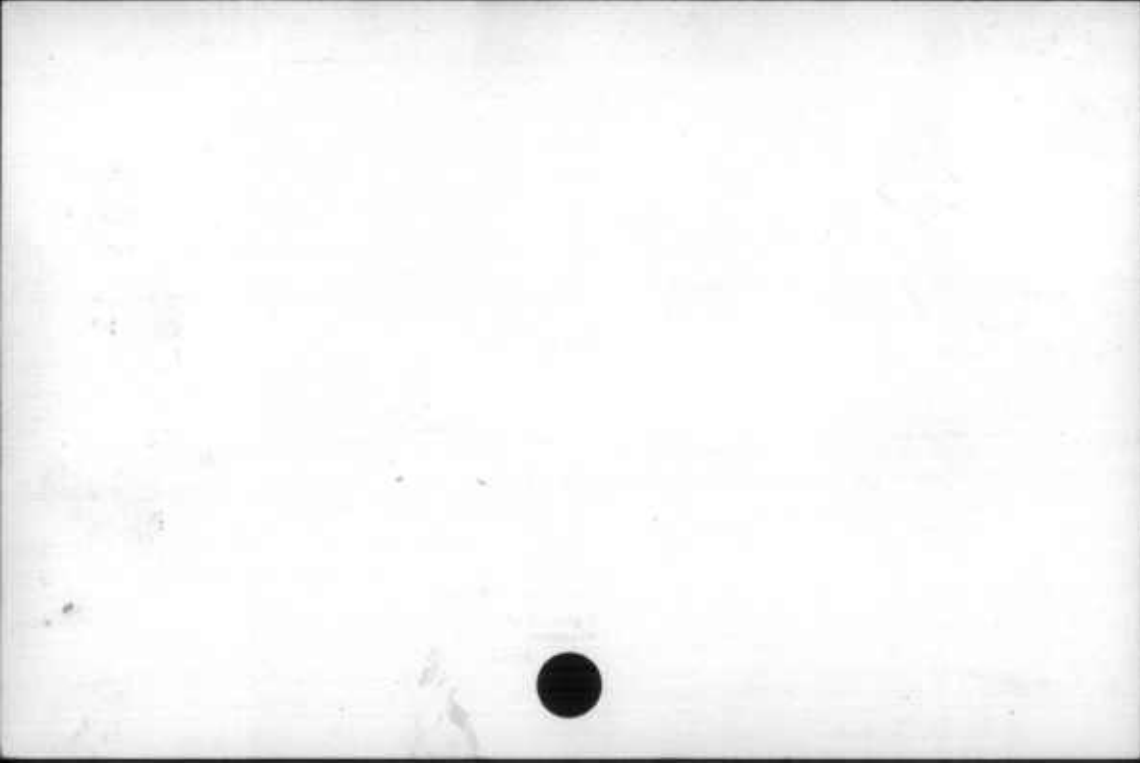
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *[Signature]*

*or I know*

Address *Salisbury Md*

Accident or Suicide *No*



Name  
in Full

B. B. Lowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Schmar		County Newman		MARYLAND		
Date of death		1900	Month Aug	Day 23	Age 25	Years	Months 9	Days 27
Sex		Male		Color or Race White		Birth-place Del		
Occupation Rm. Man				Where Residing if not at place of death Schmar				
Married, Single or Widowed		Married		Name of Wife or Husband Bertha Lowe				
Father's Name H. B. Lowe				Father's Birthplace Del				
Mother's Maiden Name Prosper L. Heaman				Mother's Birthplace Del				
Name of person giving Information H. B. Lowe				How Related to deceased Father				

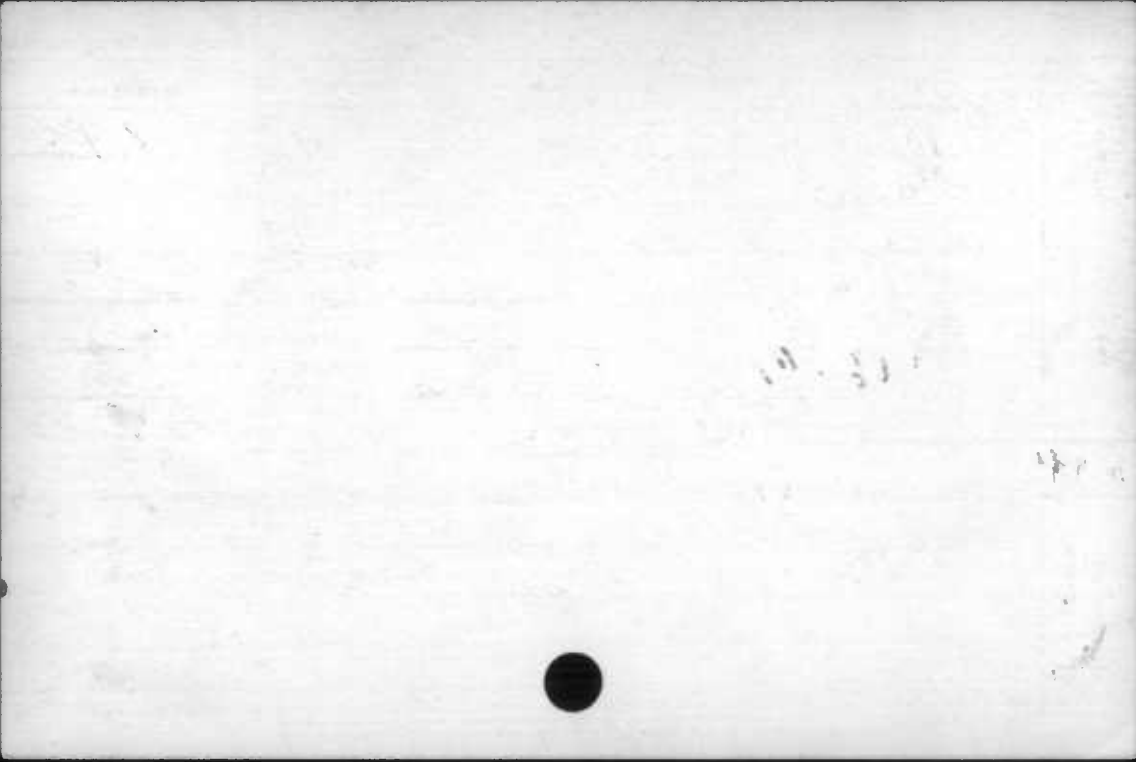
CAUSES OF DEATH

Primary	Typhoid Fever	How long	5 weeks
Immediate	Pneumonia	How long	3 days

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

Signature of Physician **Robert Ellinger M.D.**  
Address **Delmas, Delaware**

Accident or Suicide





Name  
in  
Full

Walter M. Marvel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Salisbury* <sup>Town</sup> *at the P.G. Hospital* <sup>County</sup> *Wicomico* **MARYLAND**

Date of death *1910* <sup>Month</sup> *Aug.* <sup>Day</sup> *28<sup>th</sup>* Age *23* <sup>Years</sup> *4* <sup>Months</sup> *27* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Salisbury Md.*

Occupation \_\_\_\_\_ Where Residing if not at place of death *In Salisbury Md.*

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

Father's Name \_\_\_\_\_ Father's Birthplace \_\_\_\_\_

Mother's Maiden Name *Martha Marvel* Mother's Birthplace *Salisbury Md.*

Name of person giving Information *Marion S. Marvel* How related to deceased *Brother*

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary *Typhoid fever* How long *3 weeks*

Immediate *Intestinal perforation* How long *12 hours*

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

Signature of Physician *J. W. [unclear]* Address *Salisbury, Md*

Accident or Suicide *no*

Patient had six intestinal  
hemorrhage in 2 days preceding  
his perforation — as soon as per-  
foration occurred he was pinned  
and opening closed, death following  
Perforation was  $\frac{1}{4} \times \frac{1}{2}$  in fist 1  
inch from ileo-caecal valve —  
McDerm

Name  
in  
Full

Daniel E. Matthews

CERTIFICATE OF DEATH

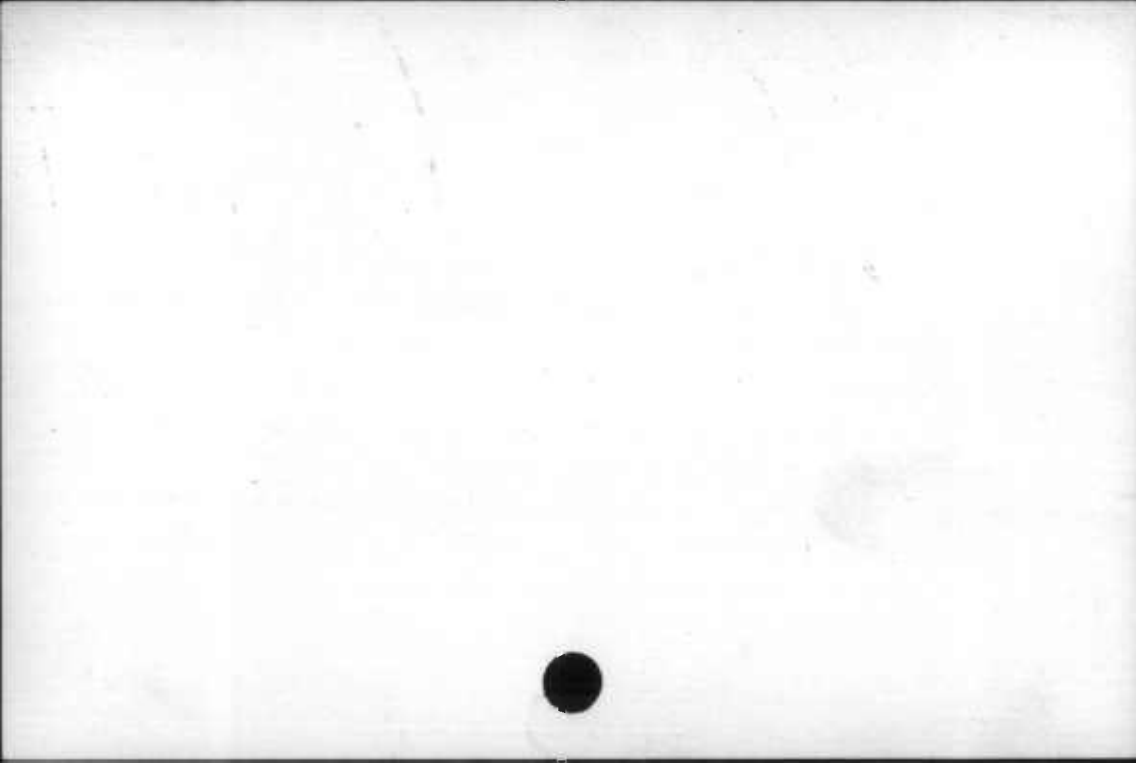
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Near Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>Aug.</i>	Day <i>14<sup>th</sup></i>	Age <i>75</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Maryland</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>At home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Maggie Matthews</i>				
Father's Name <i>Daniel Matthews</i>	Father's Birthplace <i>W.D.</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Not known</i>				
Name of person giving Information <i>Geo. W. Parsons</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Paralysis</i>	How long <i>(66) (7 years)</i>
Immediate <i>General Excitation &amp; Exhaustion, several months</i>	How long <i>2 years or 1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Louell Dan... [Signature]</i>
	Address <i>[Signature]</i>
Accident or Suicide	



Name  
in  
Full

Charles MOONEY

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Sharptown		County Wicomico		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		aug	30	87			
Sex		Color or Race		Birth-place			
Male		White		Dorchester Co			
Occupation				Where Reading if not at place of death			
Labourer							
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Married		Louise Mooney		Not known		" "	
Father's Name		Mother's Maiden Name		Name of person giving Information		How related to deceased	
Chas Mooney		Mary Milligan		Charles Mooney		Son	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary		How long
	Paralysis		5 days
	Immediate		How long
	Cardiac failure		1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yes.		W. W. Gessaway	Sharptown Md
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Baker Nichols		Town		County		MARYLAND	
Died at Allen		Uncombes					
Date of death	1900	Month	Aug.	Day	Monday	Age	One
						Years	9
						Months	3
						Days	
Sex	male	Color or Race	White	Birth-place	Allen		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Elias H Nichols			Father's Birthplace	New Salisbury		
Mother's Maiden Name	Sophia Simps			Mother's Birthplace	Allen		
Name of person giving Information	Elias H Nichols			How related to deceased	Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	10 H
Immediate	Meningitis	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. B. King
		Address	Frankfort
<input type="checkbox"/> Accidents or Suicide			





Name  
in  
Full

Anthony C. Noble

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Allent		County Wicomico		MARYLAND	
Date of death		1900	Month Aug.	Day 7	Age	61	Months 14
Sex	male	Color or Race	a a white		Birth-place	Wicomico Co.	
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	yes		Name of Wife or Husband Fatie Noble				
Father's Name	John H. Noble				Father's Birthplace	Wicomico Co.	
Mother's Maiden Name	Henrietta Wright				Mother's Birthplace	" "	
Name of person giving information	John H. Williams				How related to deceased	nephew	

## CAUSES OF DEATH

Primary	Pneumia	How long	2 yrs
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. W. Roberts
Accident or Suicide		Address	338 Church St. Salisbury Md.

PHYSICIAN  
OR CORNER

THE UNIVERSITY OF CHICAGO  
LIBRARY



Name  
in  
Full

CERTIFICATE OF DEATH

Infant no name (Perrell)

TO BE ANSWERED BY  
NEAREST FRIEND

District <u>Salisbury</u> Town		County <u>Wicomico</u>		STATE OF <u>MARYLAND</u>	
Date of death	19 <u>10</u> Aug	Day	11	Age	— Months <u>5</u> Days
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Salisbury Md</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Albert W Perrell</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Carrie B Hastings</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>Albert W Perrell</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long		<u>(71)</u>
Immediate	<u>Convulsions</u>	How long	<u>shown</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		<u>D. B. Potter</u>
	Address		<u>Salisbury Md.</u>
Accident or Suicide?			



Name  
In Full

CERTIFICATE OF DEATH

Name *George R Pusey* Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury*

Date of death 19 *10* *Aug* Month *4* Day *85* - *3* Years Months *8* Days

Sex *male* Color or Race *white* Birth-place  *Md*

Occupation *Past labor* Where Residing if not at place of death

Married, single or Widowed ~~husband~~ Name of Wife or *Maria Pusey*

Father's Name *William Pusey* Father's Birthplace *Md*

Mother's Maiden Name *Northa Cook* Mother's Birthplace *Md*

Name of person giving information *Mary Huston* How related to deceased *daughter*

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary *Senile Senility* How long *154*

Immediate *Eschontic* How long *same*

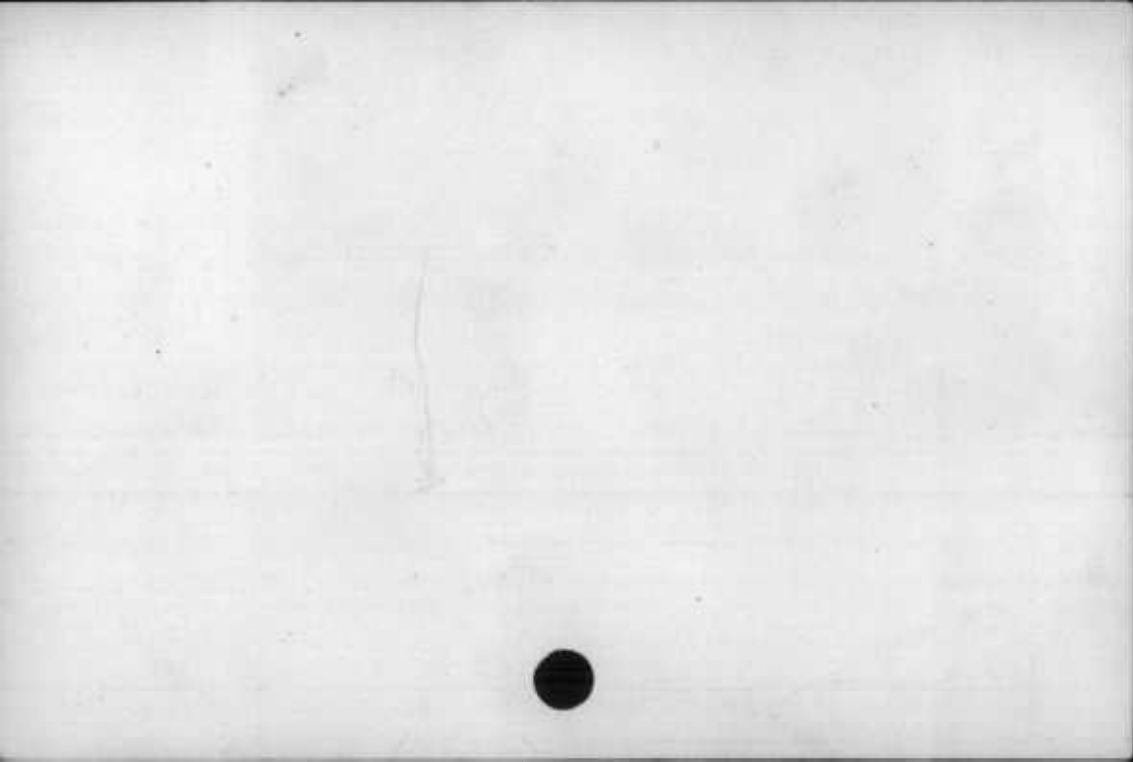
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *L. P. Patten*

Address *Salisbury Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in Full

Mary J. Price

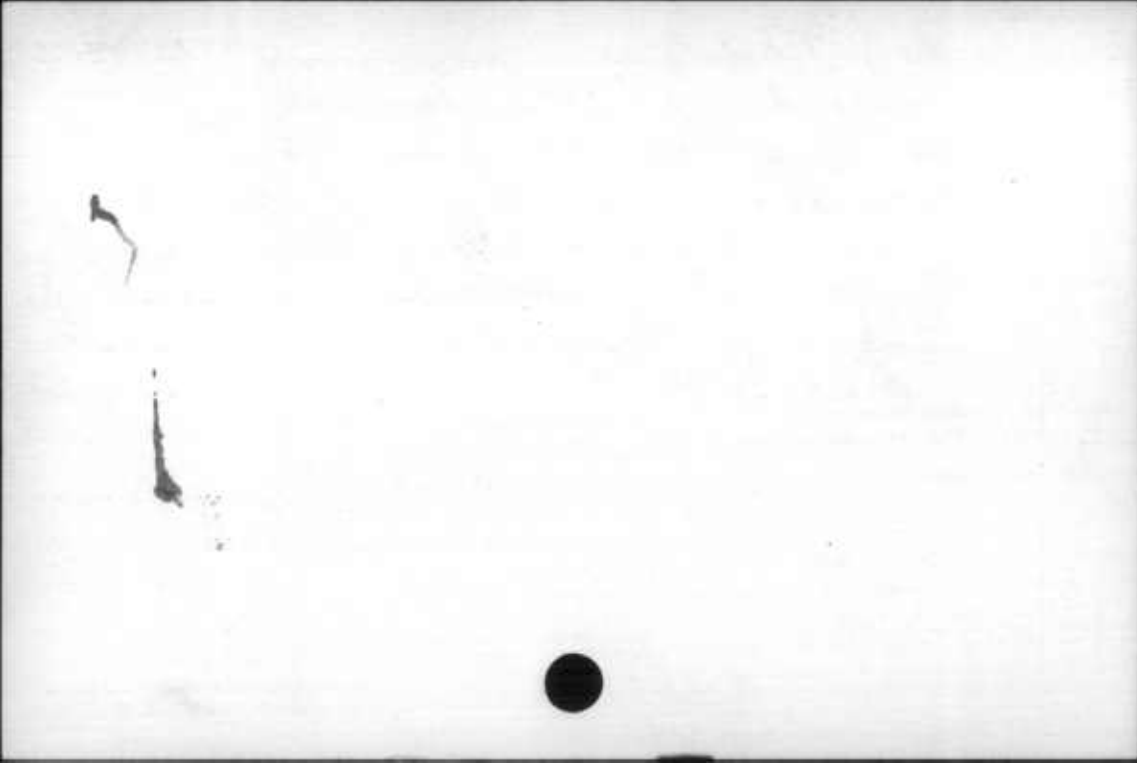
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Allen</u> Town		<u>micomico</u> County		MARYLAND	
Date of death 19 <u>0</u>	Month <u>Aug</u>	Day <u>5th</u>	Age <u>73</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Salisbury</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>at home</u>				
<input type="checkbox"/> Married, <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed	Name of <del>Wife</del> or Husband <u>Levin B. Price</u>				
Father's Name <u>Peter Turner</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Lou Fred</u>	Mother's Birthplace <u>not known</u>				
Name of person giving Information <u>Levin B. Price</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Arterio-sclerosis, chronic cardiac disease</u>	How long <u>811</u>
	Immediate	<u>Gradual heart failure</u>	How long <u>several weeks</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Louise M. Davis M.D.</u>
			Address <u>Salisbury Md.</u>
Accident or Suicide			





Name in Full

Festus Redden

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Salisbury Town Wilkes County MARYLAND

Date of death 1980 Aug 12 Age 6 1/2 Years 6 Months 7 Days

Sex male Color or Race white Birth-place Salisbury

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Edward Redden Father's Birthplace Worcester Co

Mother's Maiden Name Evelyn Robinson Mother's Birthplace Sumner Co

Name of person giving information Edward Redden How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORNER

Primary Chronic Celitis How long 3 weeks

Immediate Exhaustion How long gradual

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

Signature of Physician E. B. Potts

Address Salisbury md.

Accident or Suicide \_\_\_\_\_

1912



Name in Full

Richard Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *R.R. Hospital Salisbury* <sup>Town</sup> *Wicomico* <sup>County</sup> *MARYLAND*

Date of death *1910* <sup>Year</sup> *Aug.* <sup>Month</sup> *30<sup>th</sup>* <sup>Day</sup> Age *68* <sup>Years</sup> *0* <sup>Months</sup> *0* <sup>Days</sup>

Sex *Male* Color or Race *Colored* Birth-place *Virginia*

Occupation *Water man* Where Residing if not at place of death *Eastville Va.*

Married,  *Married* Name of Wife or Husband *Annie Reed*

Father's Name *Solomon Reed* Father's Birthplace *Virginia*

Mother's Maiden Name *Not known* Mother's Birthplace *Dont know*

Name of person giving Information *Edward Brown* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Strangulated hernia* How long *5 days*

Immediate *Peritonitis* How long *2 day*

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

Signature of Physician *J. M. ...* Address *Salisbury Md*

*as obtainable*

Accident or Suicide *220*

109



Name  
in  
Full

CERTIFICATE OF DEATH

*Katharine Finison*

Died at *P. G. Hospital* <sup>Town</sup> *Salisbury* <sup>County</sup> *Wicomico* **MARYLAND**

Date of death *1940* <sup>Month</sup> *Aug* <sup>Day</sup> *28* <sup>Years</sup> *73* <sup>Months</sup> *-* <sup>Days</sup> *-*

Sex *Female* Color or Race *White* Birth place *Unknown*

Occupation *None* Where Residing if not at place of death *Not known*

Married, Single or Widowed *Widow(?)* Name of Wife or Husband *Not known*

Father's Name *Not known* Father's Birthplace *Unknown*

Mother's Maiden Name *Not known* Mother's Birthplace *Unknown*

Name of person giving Information *P. G. Hospital* How related to deceased *None*

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary *Dementia paralytica* How long *1 year*

Immediate *Exhaustion because lack of rest* How long *7 or 8 days*

Are the name, age, sex, color, date and place correctly given above? *So far as known* Signature of Physician *J. J. Curran*

Address *Salisbury, Md*

Accident or Suicide *No*

PHYSICIAN  
OR CORONER



Name  
Full

Letha C. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Shopton</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1901</u>	Month <u>8</u>	Day <u>25</u>	Age <u>3</u> Years	Months <u>4</u> Days <u>5</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth place <u>Shopton</u>		
Occupation <u>—</u>	Where Residing 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>John P. Smith</u>	Father's Birthplace <u>Maryland</u>			Mother's Birthplace <u>Delaware</u>	
Mother's Maiden Name <u>Nora Melvin</u>	Name of person giving information <u>John Smith</u>				
Name of person giving information <u>John Smith</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Prisoning</u>	How long <u>20</u>	
	Immediate <u>Septicemia</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>W. H. G. Grewer</u>	
		Address <u>Shopton Md</u>	
	Accident or Suicide? <u>—</u>		





Name  
in  
Full

Elkton, Sturgis

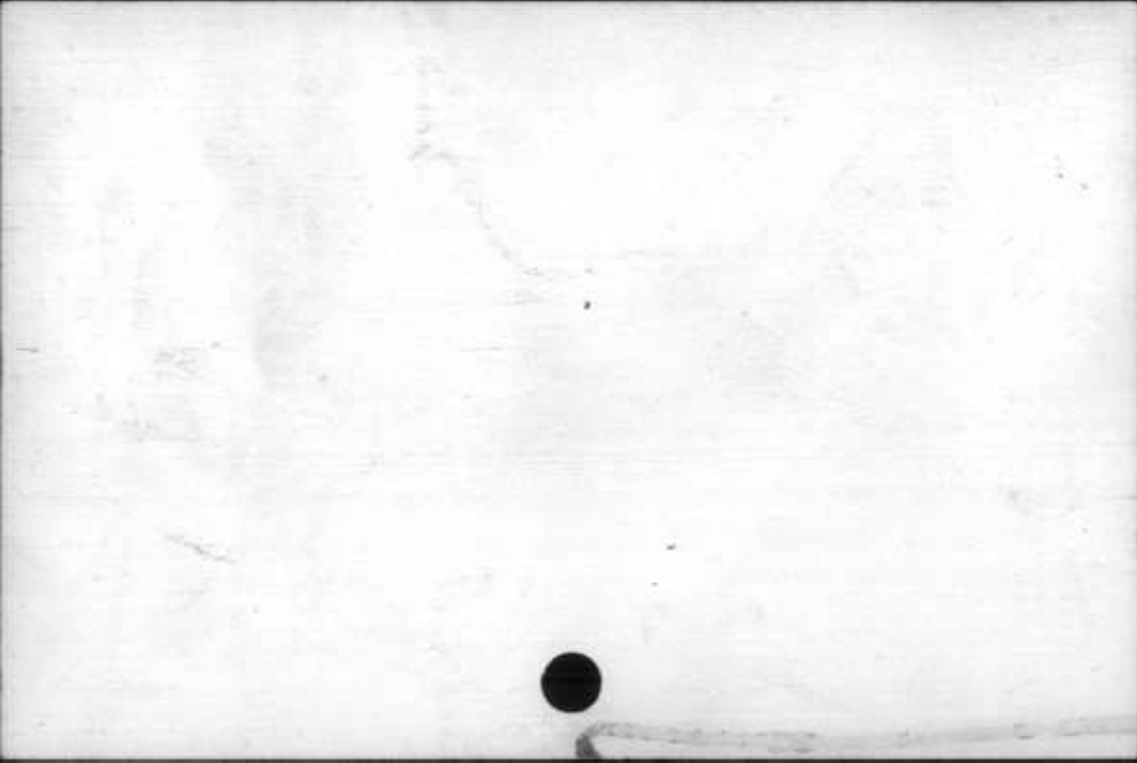
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Delmar Town Picnic County **MARYLAND**  
 Date of death 1900 Month Aug Day 31 Age 4 Years 21 Months 4 Days 21  
 Sex Male Color or Race White Birthplace Delmar  
 Occupation Infant Where Residing if not at place of death  
 Married, Single or Widowed Infant Name of Wife or Husband Infant  
 Father's Name Charlie Sturgis Father's Birthplace Del  
 Mother's Maiden Name Pucilla Coker Mother's Birthplace Del  
 Name of person giving information Charlie Sturgis How related to deceased Father

## CAUSES OF DEATH

Primary Marasmus 189A How long 2 months  
 Immediate Marasmus How long 2 months  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician Robert Ellwood  
 Address Delmar Del.  
 Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	19 <i>10</i> Aug	Month	Day	Age	Years
			<i>22</i>	<i>46</i>	Months
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>MD</i>
Occupation	<i>Housework</i>		Where Reading if not at place of death		
Married, <del>Single</del> <del>Widowed</del>	Name of Wife or Husband <i>Henry G. Trickey</i>				
Father's Name	<i>Benjamin Harsay</i>		Father's Birthplace <i>MD</i>		
Mother's Maiden Name	<i>Abigail Smith</i>		Mother's Birthplace <i>MD</i>		
Name of person giving information	<i>Henry G. Trickey</i>		How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Nephritis</i>	How long	<i>120</i> ?
	Immediate	<i>"</i>	How long	<i>4 weeks</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J.W. Roberts</i>
	Accident or Suicide?		Address	<i>328 Church St. Salisbury Md.</i>

