

Name in Full

William S. Allen

CERTIFICATE OF DEATH

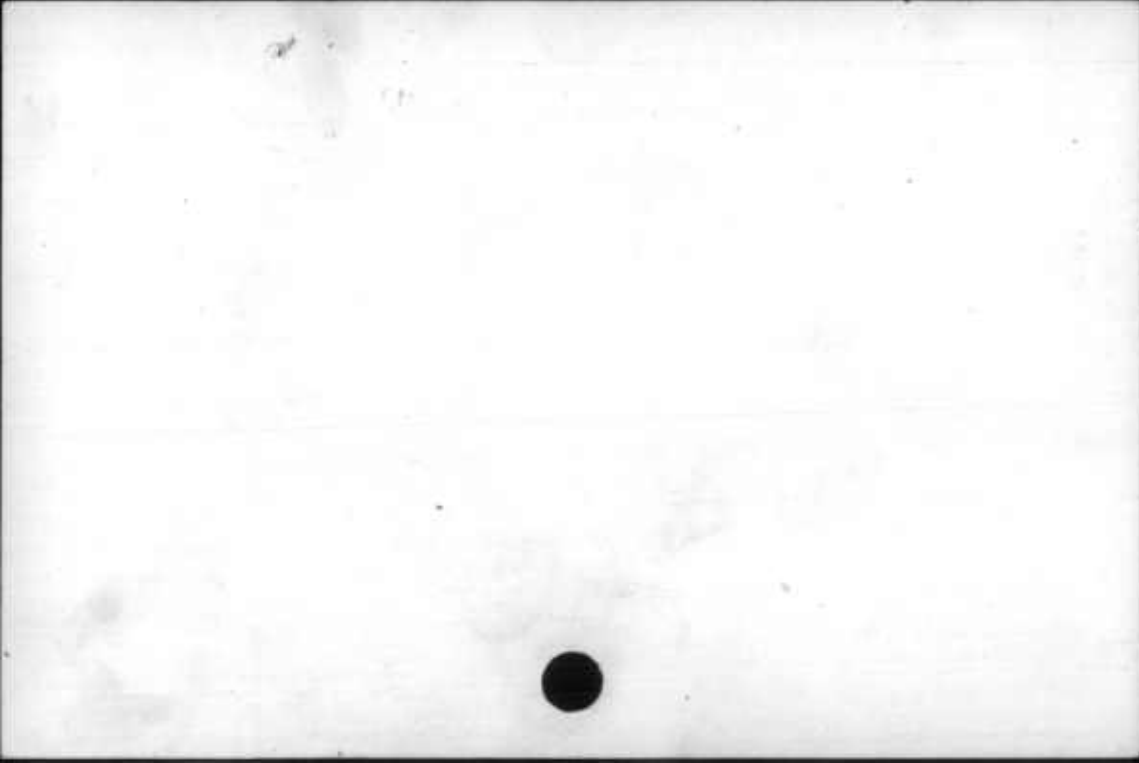
TO BE ANSWERED BY NEAREST FRIEND

Died at Snow Hill ^{Town} Worcester ^{County} MARYLAND
 Date of death 1960 ^{Month} Aug ^{Day} 22 ^{Years} 68 ^{Months} 7 ^{Days} 7
 Sex Male Color or Race Colored. Birth-place Maryland
 Occupation Laborer. Where Residing if not at place of death _____
 Marriad, Single or Widowed Married Name of Wifa or Husband Batherine Allen
 Father's Nama Albert - Allen Father's Birthplace Maryland
 Mothar's Maldan Nama dont - now Mother's Birthplace _____
 Nama of person giving information Albert - Allen How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Chronic Parenchymatous Nephritis ^{How long} One year
 Immediat Uræmic Coma ^{How long} 45 hrs
 Are the name, age, sax, color, date and plac a correctly given above? Yes.
 Signature of Physician Luce Jones Address Snow Hill Md
 Accident or Sulcide no



Name
in
Full

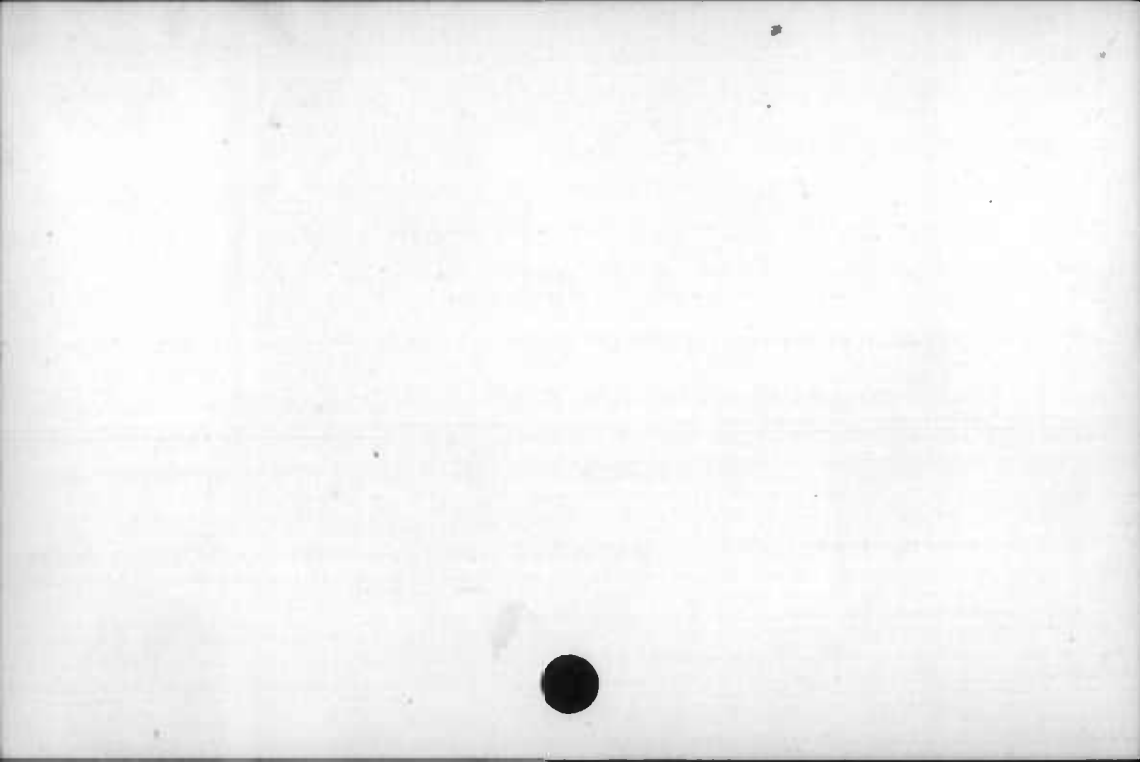
Dennis Barnes Atkinson

277
CERTIFICATE OF DEATH

Died at		Pocomoke City		Pocomoke		MARYLAND	
Date of death		1990	Aug	19	Age	7	Months
Sex		Male		Color or Race		White	
Occupation				Where Reading if not at place of death		Pocomoke City, Md	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Walter Atkinson		Father's Birthplace		Pocomoke Co. Md	
Mother's Maiden Name		Katherine V. Barnes		Mother's Birthplace		Pocomoke Co. Md	
Name of person giving information		Walter Atkinson		How related to decedent		Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Meningeal Tuberculosis	How long	28 months
	Immediate	Result of the above disease	How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. Lee Hae
	Address	Pocomoke City, Md		
Accident or Suicide?	Yes			



Name
in Full

Infant no name Boniville

CERTIFICATE OF DEATH

Died at Snow Hill Worcester MARYLAND

Date of death 1910 Aug 2 Age 4 Months 4 Days

Sex male Color or Race white Birth-place Ind

Occupation _____ Where Residing if not at place of death _____

Married, Single _____ Name of Wife or Husband _____

Father's Name Carl Boniville Father's Birthplace Ind

Mother's Maiden Name Elizabeth H. Bradford Mother's Birthplace Ind

Name of person giving Information Corral Boniville How related to deceased father

CAUSES OF DEATH

Primary Enteric Colitis

Immediate Exhaustion

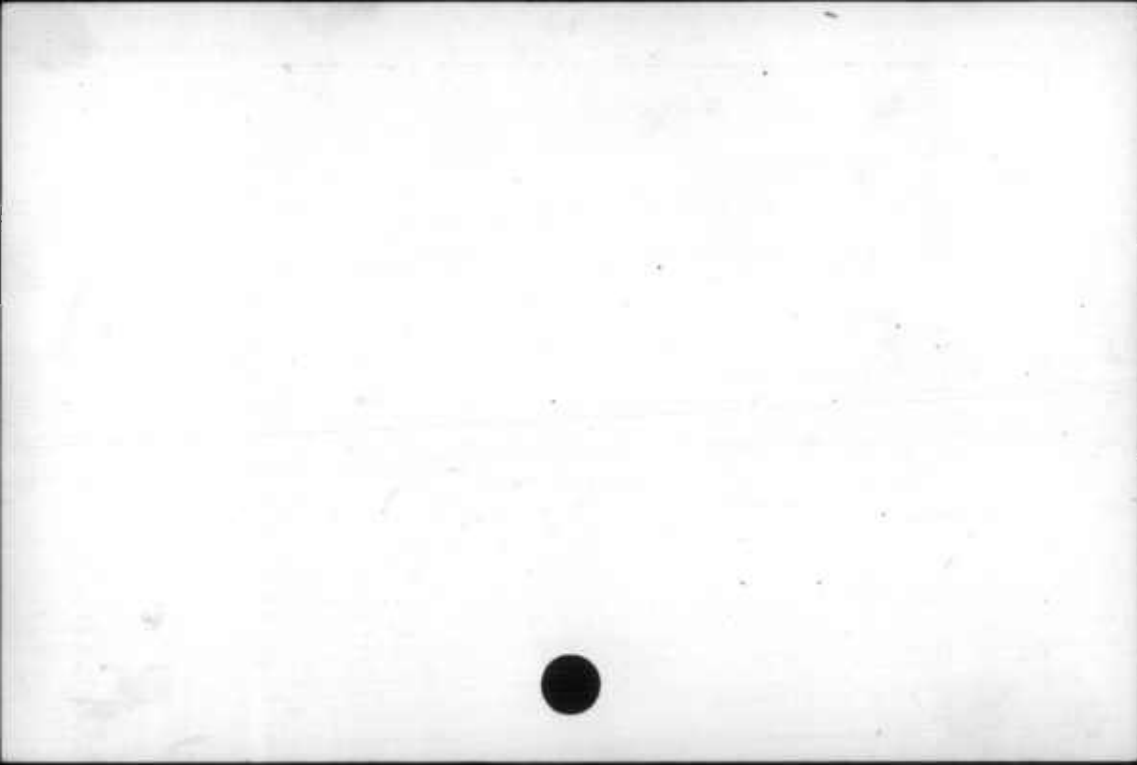
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

Lewis Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Bishop Rd #1* ^{Town} *Worchester* ^{County} **MARYLAND**

Date of death **1900** ^{Month} *August* ^{Day} *20* ^{Age} *4* ^{Years} *3* ^{Months} *4* ^{Days} *3*

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

Occupation *None* Where Residing if not at place of death *At Home*

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

Father's Name *Samuel J Collins* Father's Birthplace *Maryland*

Mother's Maiden Name *Annice Darickson* Mother's Birthplace *Delaware*

Name of person giving information *Samuel J Collins* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Malnutrition* How long *3 mos.*

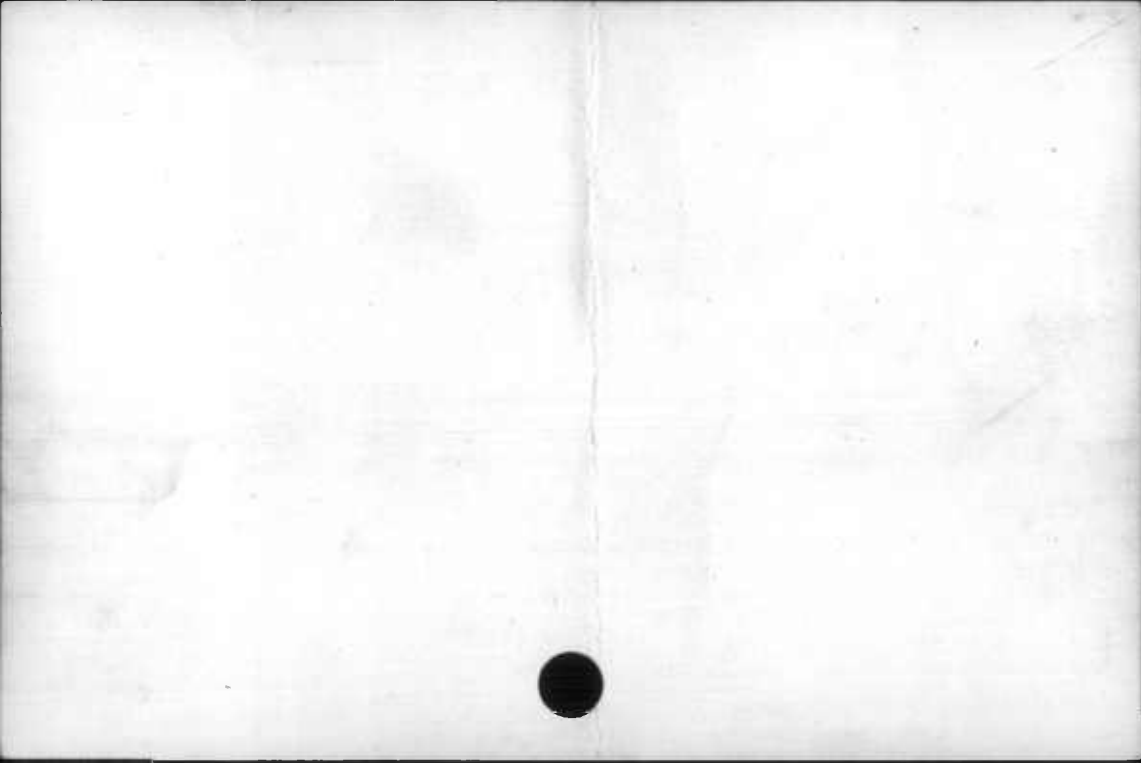
Immediate *ileo-colitis acute* How long *7 da.*

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

Signature of Physician *JRB whp*

Address *Slumier*

Accident or Suicide *9*



Name
in
Full

Robert Corbin Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Snow Hill</i>		Town		<i>Worcester</i>		County		MARYLAND	
Date of death <i>1910</i>		Month <i>Aug</i>		Day <i>18</i>		Age <i>—</i>		Years	
Sex <i>Boy</i>		Color or Race <i>Colored</i>		Birth place <i>Worcester County</i>		Months <i>—</i>		Days <i>6</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>near Snow Hill "</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>Robert Corbin</i>		Father's Birthplace <i>Worcester Co</i>							
Mother's Maiden Name <i>Leula Corbin</i>		Mother's Birthplace <i>"Father also Uncle in-law"</i>							
Name of person giving Information <i>Ambrose Collier</i>		Relationship to deceased <i>brother</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>		How long <i>15-18</i>	
Immediate <i>Premature Birth</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>No Physician</i>	
		Address <i>Paul Jones, O.S.</i>	
Accident or Suicide <i>accident</i>			



Name
in
Full

CERTIFICATE OF DEATH


Selas Crispin

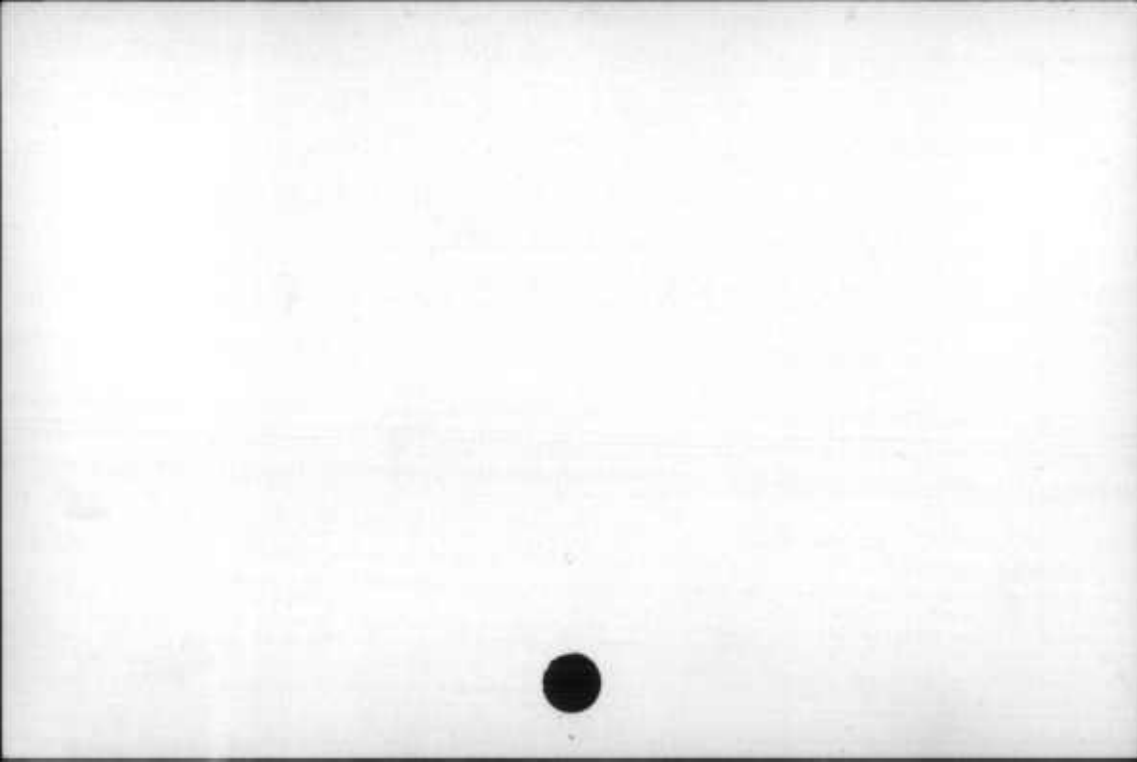
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Stockton</i>		^{County} <i>Norchester</i>		MARYLAND	
Date of death	19 <i>60</i>	Month	<i>6</i>	Day	<i>27</i>
Age		<i>38</i>		Months	
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>md</i>
Occupation	<i>Laborer</i>		Where Reading if not at place of death <i>md</i>		
Married, or	<input checked="" type="checkbox"/>	Name of Wife or Husband	<i>Ada Crispin</i>		
Father's Name	<i>Israel Crispin</i>		Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Martha Crispin</i>		Mother's Birthplace	<i>md</i>	
Name of person giving information	<i>Henry Wright</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Shot by unknown person</i>	How long	<i>182</i>
Immediate	<i>Murdered shot in the temple</i>	How long	<i>at once</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>M. O. Payne</i>
Being investigated by authorities?	<i>Neither</i>	Address	
Accident or Suicide?	<i>Neither</i>		



Name
in Full

No Name

Dicks

275

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke city</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>August</i>	Day <i>13</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Pocomoke</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Fredrick Dicks</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Annie N. Holden</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Nora Easter</i>		How related to deceased <i>(S)</i>			

CAUSES OF DEATH

Primary <i>Still Born</i>	How long <i>(S)</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ephraim Hillman</i>
	Address <i>Local Registrar</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Mary W Dryden

274

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

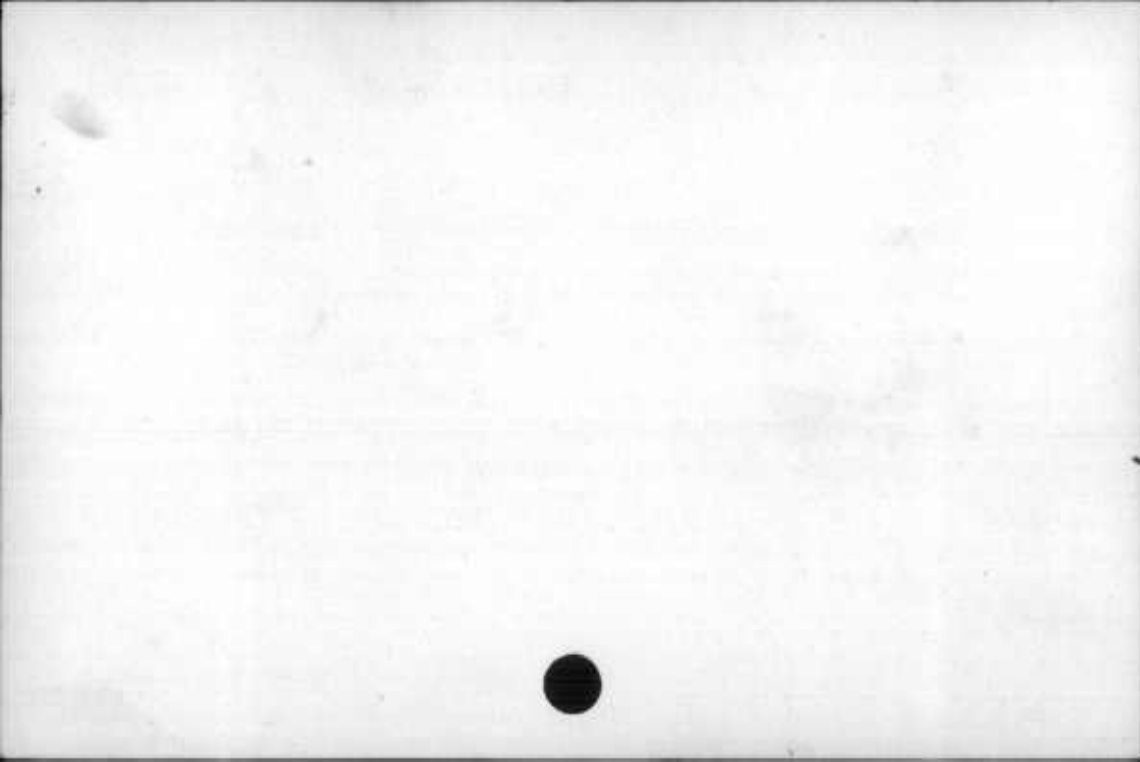
Died at <u>Pocomoke</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		Worcester		MARYLAND	
Date of death	<u>10</u> <small>Month</small>	<u>Aug.</u> <small>Day</small>	Age	<u>86</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u>0</u> <small>Days</small>	
Sex	<u>Female</u>		Color or Race	<u>White</u>		Birth-place	<u>Somerset Co Md</u>
Occupation	<u>House wife</u>		Where Reading if not at place of death		<u>At place of death</u>		
Married <small>Single or Widowed</small>	Name of Wife or Husband		<u>Isaac H Dryden</u>				
Father's Name	<u>Whittington King</u>			Father's Birthplace	<u>Somerset Co Md</u>		
Mother's Maiden Name	<u>Mary Ross</u>			Mother's Birthplace	<u>Somerset Co Md</u>		
Name of person giving information	<u>Mary E. Landing</u>			How related to decedent	<u>Daughter</u>		

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	<u>Acute Indigestion</u>	How long	<u>2 days</u>
Immediate	<u>Infirmities of age</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Isaac I. Boston</u>
		Address	<u>Pocomoke City Md</u>
Accident or Suicide?			



Name
in
Full

Adeline Fausell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> .Town		<u>Worcester</u> County		MARYLAND	
Date of death	<u>19</u> / <u>10</u> / <u>Aug</u>	Month	<u>15</u> Day	Age	<u>80</u> Years
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Maryland</u>
Occupation			Where Reading if not at place of death		
Marr'd, Single or Widowed	Name of Wife or Husband <u>Don't know</u>				
Father's Name	<u>Jacob Fausell</u>		Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Sarah Ayers</u>		Mother's Birthplace	<u>Maryland</u>	
Name of person giving information	<u>James Fausell</u>		How related to deceased	<u>Therbin</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Mitral disease of heart</u>	How long	<u>1 year</u>
	Immediate	<u>-</u>	How long	<u>-</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>E. E. Holland</u>
		Address	<u>Berlin</u>	



Name
in Full

Bertha - Fassitt -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u>	Month	<u>Aug</u>	Day	<u>24</u>
Age		Years		Months	<u>6</u>
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Maryland</u>
Occupation			Where Reading if not at place of death		
MARRIED, Single or Widowed			Name of Wife or Husband		
Father's Name	<u>Dean Fassitt</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Minnie Taylor</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving in formation	<u>Dean Fassitt -</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

177 B

PHYSICIAN
OR CORONER

Primary	<u>Lack of nutrition</u>	How long	<u>Months</u>
Immediate	<u>Heart failure</u>	How long	<u>short time</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>C. C. Beece</u>
		Address	<u>Berlin Md</u>
Accident or Suicide?	<u>—</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>19</i> <small>Year</small>	<i>8</i> <small>Month</small>	<i>23</i> <small>Day</small>	Age	<i>—</i> <small>Years</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>md</i>
Occupation	<i>Child</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>William C. Fish</i>		Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Minnie Starnum</i>		Mother's Birthplace	<i>Pa</i>	
Name of person giving information	<i>William C. Fish</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Cervical Hyperplasia</i>	How long	<i>13013</i> <i>10 1/2 years</i>
	Immediate	<i>Congestion of Cervical nerves</i>	How long	<i>6 hours</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		<i>H. M. Hibiser</i>
		Address		<i>Hagerstown</i> <i>md</i>
	Accident or Suicide?			

Apprentice
Rene Heil

A. K. Hoffmann.

Name
in
Full

Mary Fleming

276
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brownock</i>		Town		<i>Worcester</i>		County		MARYLAND	
Date of death <i>1960 Aug 15</i>		Month		Day		Age		Years	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Pocomoke City</i>		Months <i>12</i>		Days	
Occupation <i>Infant</i>				Where Residing if not at place of death <i>..</i>					
Married, Single or Widowed <i>I</i>				Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry Fleming</i>				Father's Birthplace <i>Worcester Co</i>					
Mother's Maiden Name <i>Marie West</i>				Mother's Birthplace <i>.. ..</i>					
Name of person giving information <i>E J Harris</i>				How related to deceased <i>Neighbor</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Indigestion</i>	How long <i>103</i>
	Immediate <i>Exhaustion</i>	How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Accident or Suicide	Address <i>Samuel Fleming Pocomoke City, Md</i>



Name
in
Full

CERTIFICATE OF DEATH

Christopher D. Davidson
 Died at Bishop Rd #1 Worcester County MARYLAND
 Date of death 1940 August 20th Age 4 Months 3 Days
 Sex Male Color or Race White Birth-place Maryland
 Occupation None Where Residing if not at place of death at None
 Married, Single or Widowed Single Name of Wife or Husband None
 Father's Name George M. Davidson Father's Birthplace Delaware
 Mother's Maiden Name Mary C. Baustling Mother's Birthplace Delaware
 Name of person giving information Marcie Baustling How related to deceased uncle

CAUSES OF DEATH

Primary How long 104
 Immediate How long 3 weeks
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician R. O. Corbin
 Address Bishopville Md.
 Accident or Suicide T. Rayner

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Carlhone mammel

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Stockton ^{Town} Worcester ^{County} MARYLAND

Date of death 1910 ^{Year} 8 ^{Month} 12 ^{Day} Age 58 ^{Years} — ^{Months} — ^{Days}

Sex Female Color or Race colored Birth-place Stockton

Occupation Labor Where Residing if not at place of death —

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

Father's Name Thomas Spruce Father's Birthplace Stockton

Mother's Maiden Name Vina Rowley Mother's Birthplace "

Name of person giving information E H Allen How related to deceased Son in law

CAUSES OF DEATH

Primary Cerebral Hemorrhage How long 6 1/2 4 Months

Immediate Coma How long 3 Days

PHYSICIAN OR CORONER

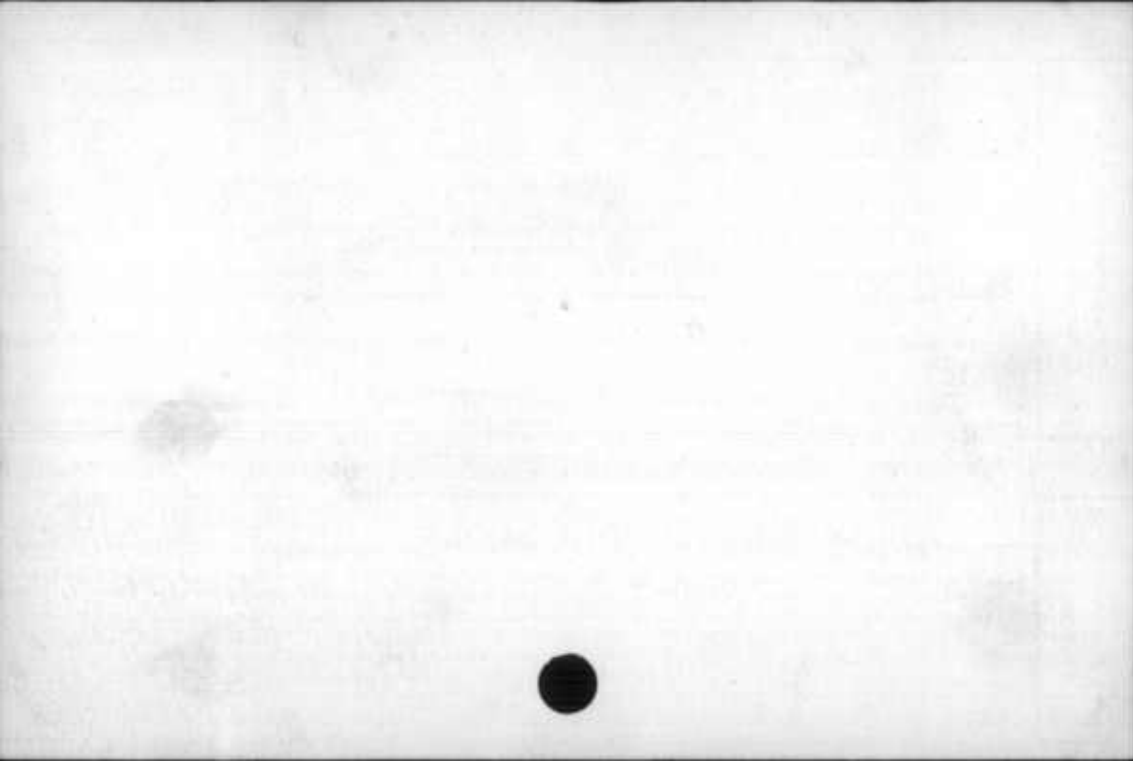
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J D Dickerson M.D.

Address Stockton

Worcester Co.

Accident or Suicide? —



Name
in
Full273
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Palomokeat</i>		Town <i>Palomokeat</i>		County <i>Worcester</i>		STATE MARYLAND	
Date of death <i>1900 Aug</i>		Month <i>Aug</i>	Day <i>8</i>	Years <i>66</i>	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Worcester Co</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>near Palomokeat</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm P Mason</i>					
Father's Name <i>Peter Halland</i>		Father's Birthplace <i>Worcester Co</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Worcester Co</i>					
Name of person giving Information <i>Augustus Mason</i>		How related to decedent <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart</i>	How long <i>29</i> yrs
Immediate <i>Dropsy Indigestion Collapse</i>	How long <i>8 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Amel S. Quinn</i>
	Address <i>Palomokeat City, Md</i>
Accident or Suicide	



Name
in
Full

Margaret Radcliff Mathews

278
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pocomoke City Worcester
Town County

MARYLAND

Date of death 1940 Aug 21st 90 Age 90
Month Day Years Months Days

Sex Female Color or Race White Birth-place Virginia

Occupation Housewife Where Residing if not at place of death Pocomoke City Md

Married, Single or Widowed Widowed Name of Wife or Husband William H Mathews

Father's Name William Euell Father's Birthplace Virginia

Mother's Maiden Name Sally Dickerson Mother's Birthplace Virginia

Name of person giving Information Emma W Busas How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Infirmities of Age (15 H) How long gradual failure

Immediate Paralysis How long four days

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

Signature of Physician Rae J Costen
Address Pocomoke City Md

Accident or Suicide



Name in Full

Barrie Porter Metz

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Snow Hill Worcester MARYLAND

Date of death 1950 Aug 15 Age 20 Months 2 Days 10

Sex female Color or Race White Birth-place Ind

Occupation Where Residing if not at place of death

Married, ~~yes~~ Name of Husband Emil Metz

Father's Name Willard S. Porter Father's Birthplace Ind

Mother's Maiden Name Elizabeth B. Briggs Mother's Birthplace Ind

Name of person giving information Berfil Metz How related to deceased Husband

CAUSES OF DEATH

+134 134

PHYSICIAN OR CORONER

Primary Chorea and Pregnancy How long 1 1/2 yrs. 2 mos.

Immediate Tetany & Exhaustion How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? So far Signature of Physician W.D. Strang, M.D.

as I know. Address Snow Hill, Ind.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Vincent E. Mansford

Town

County

MARYLAND

Died at Bishop B. H. S. #2

Worcester

Date

of death 1900

Month

July

Day

6th

Age

18

Years

Months

5

Days

6

Sex

Male

Color or
Race

Caucasian

Birth-
place

Maryland

Occupation

Homemaker

Where Residing if not
at place of death

at Home

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Isaac Mansford

Father's
Birthplace

Maryland

Mother's
Maiden Name

Joris Hollard

Mother's
Birthplace

Maryland

Name of person giving
Information

Isaac Mansford

How related
to deceased

Father

CAUSES OF DEATH

Primary

Acute Tuberculosis

Immediate

Pneumonia

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

Yes

Signature of
Physician

Address

J. M.

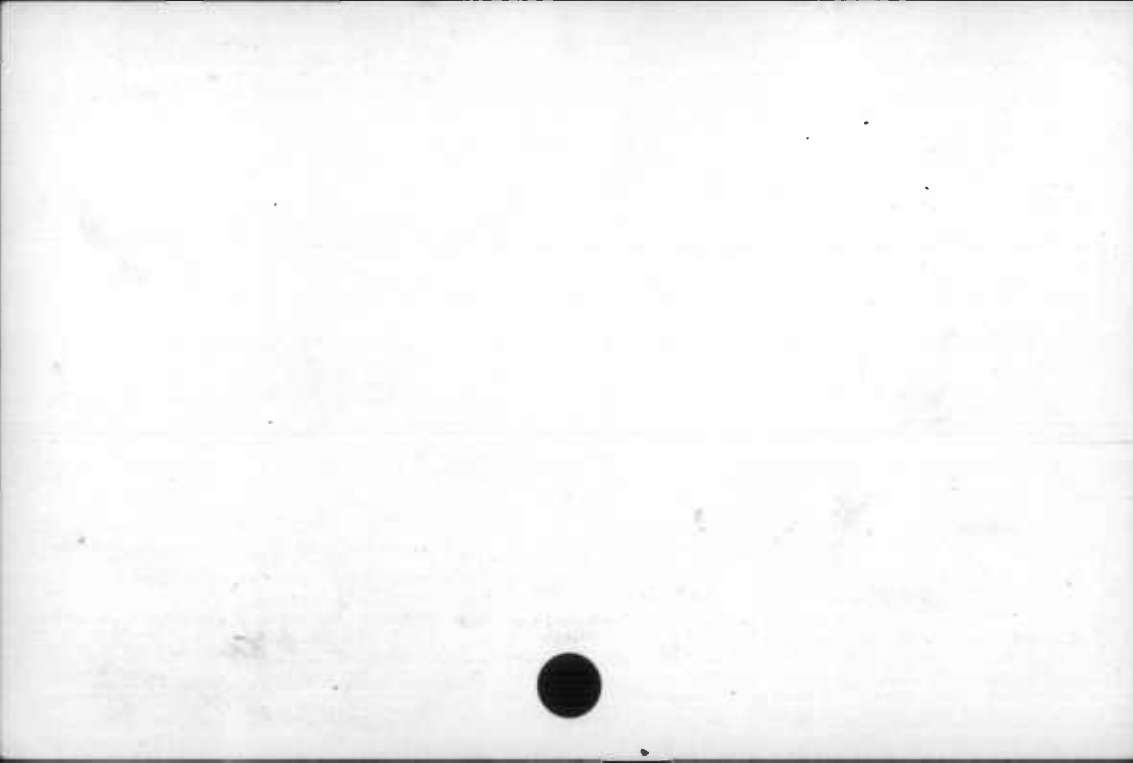


2.8
1 week
Dr. J. M. [unclear]
Bishop B. H. S. #2

Accident or Suicide

Or Prayon to

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

280

CERTIFICATE OF DEATH

Nova Payne
near *Frederick* Town

Rowles County

MARYLAND

Date of death 1980 *Aug.* *26* Day, Age *50* Years, Months, Days

Sex *female*, Color or Race *white*, Birth-place ~~Frederick~~ *VA*

Occupation *Housewife*, Where Residing if not at place of death

Married, Single or Widowed *Married*, Name of Husband *Mrs. S. Payne*

Father's Name *J. H. Documb*, Father's Birthplace *Md.*

Mother's Name *Jane Mason*, Mother's Birthplace *Md.*

Name of person giving Information *R. V. Payne*, How related to deceased *Son*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Hypertensive Rheumatism + Myocardium* How long *20 days*

Immediate *Cerebral* How long *1 week*

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

Signature of Physician *G. M. Wilson*, Address *Frederick City*

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Elizabeth Pitts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

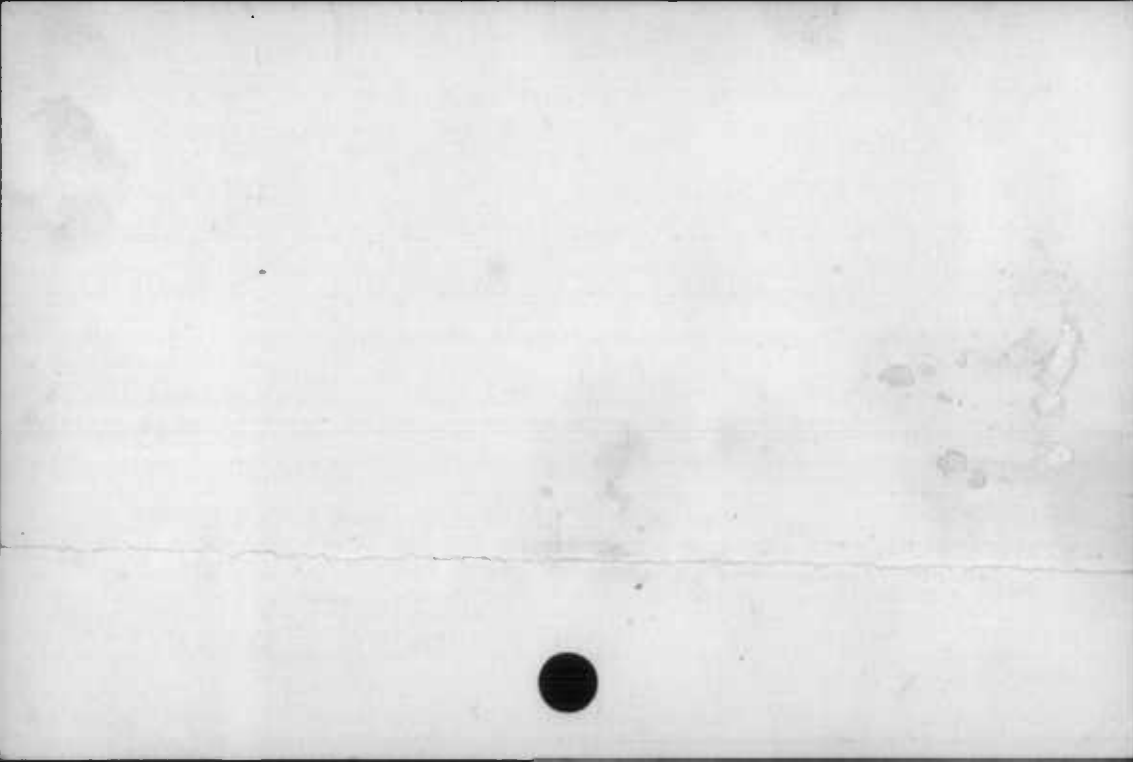
Died at <i>Briett's Store</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month <i>Aug</i>	Day <i>31</i>	Age <i>48</i>	Months <i>7</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Worcester Co.</i>			
Occupation <i>House Keeper</i>	Where Reading if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Benj. Pitts</i>				
Father's Name <i>Wendy, Bridgman</i>	Father's Birthplace <i>Worcester Co.</i>				
Mother's Maiden Name <i>Mary Jane Duncan</i>	Mother's Birthplace <i>Berlin</i>				
Name of person giving information <i>Benj. Pitts</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary <i>Carcinoma (bladder)</i>	How long <i>7 yrs.</i>
Immediate <i>Toxic blood poisoning</i>	How long <i>7 da.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address <i>J. R. Bishop Blissville, Ind.</i>
Accident or Suicide? <i>No</i>	



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

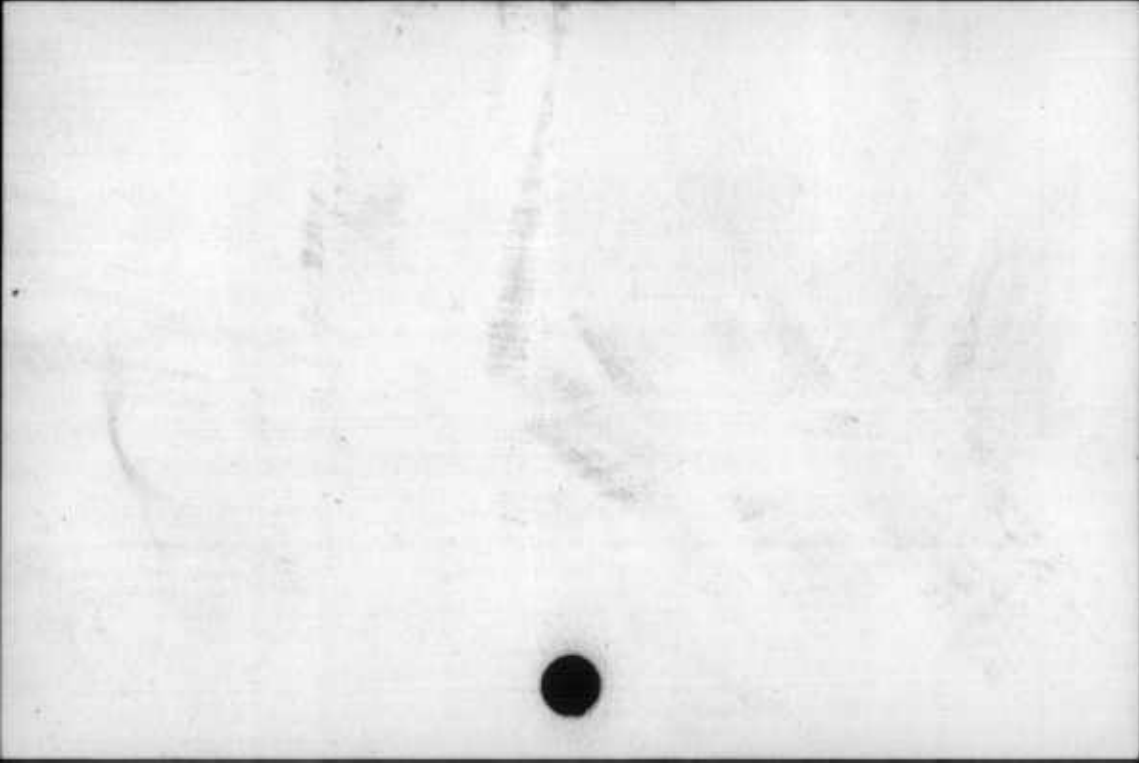
Died at <i>Ocean City</i>		Town <i>Ocean City</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1900	Month	8	Day	4	Age	Years 1
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Ocean City - Md.</i>
Occupation	<i>X X X</i>		Where Residing if not at place of death		<i>Ocean City - Md.</i>		
Married Single			Name of Wife or Husband	<i>X X X X X</i>			
Father's Name	<i>Joshua Pitts</i>				Father's Birthplace	<i>Del</i>	
Mother's Maiden Name	<i>Mary Whigley</i>				Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>Joshua Pitts</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

157B

PHYSICIAN
OR CORONER

Primary	<i>It was a twin & premature.</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. B. Baggett M.D.</i>
		Address	<i>Ocean City, Md.</i>
Accident or Suicide?			



Name
in
Full

Lippi Pitts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Berlin Town Worcester County **MARYLAND**

Date of death 1900 Aug Month 14 Day 14 Age — Years — Months — Days 14

Sex Female Color or Race Black Birthplace Maryland

Occupation _____ Where Residing if not at place of death _____

Married, Single
 Widowed

Name of Wife or Husband

Father's Name

Thomas L. Pitts

Father's Birthplace

Maryland

Mother's Maiden Name

Rachel Purnell

Mother's Birthplace

Maryland

Name of person giving Information

Thomas L. Pitts

How related to deceased

Father

CAUSES OF DEATH

Primary

How long

1890

Immediate

How long

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

Signature of Physician

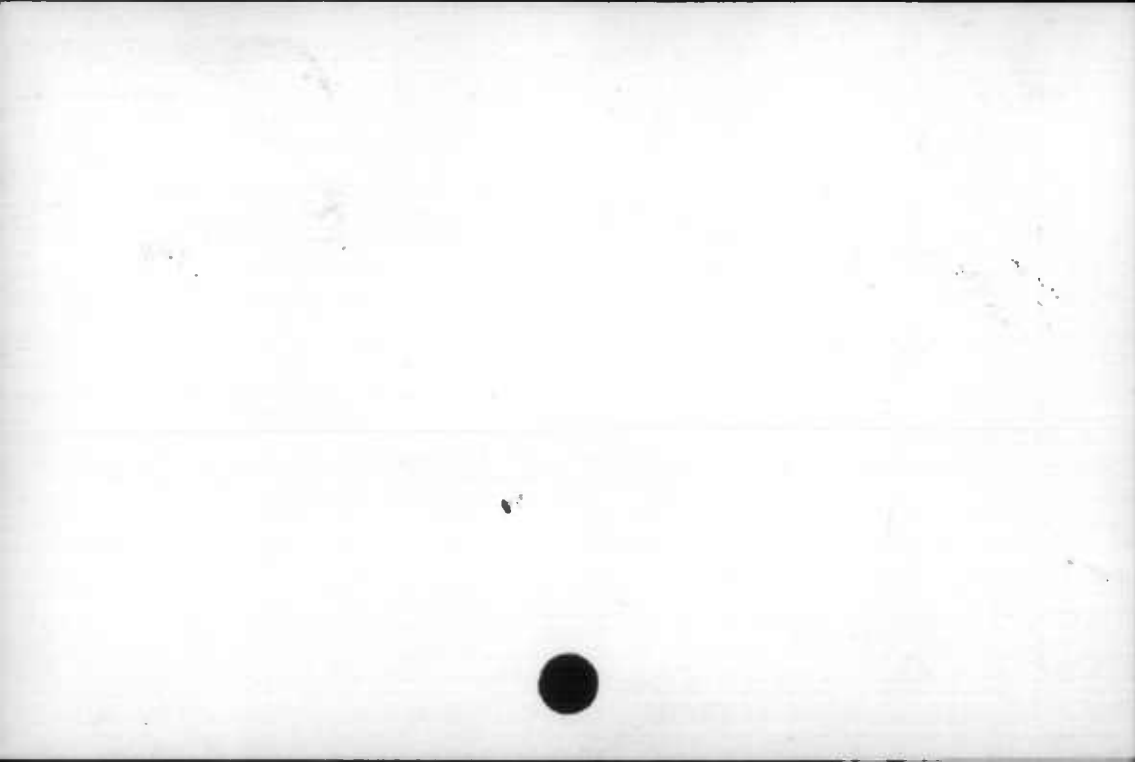
O.K.

Address

D. A. MasseyNo doctor attendance

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Frank T Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Stonawaters ^{Town} Worcester ^{County} **MARYLAND**

Date of death 1940 ^{Month} Aug ^{Day} 23 ^{Years} 65 ^{Months} ^{Days}

Sex Male Color or Race White Birthplace Maryland

Occupation Hammer Where Residing if not at place of death at home

Married, Single or Widowed Married Name of Wife or Husband Zillie Parsons

Father's Name John Powell Father's Birthplace Maryland

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

Name of person giving Information John J Powell How related to deceased son

CAUSES OF DEATH

Primary Consumption & Cancer ^(of liver) 29 How long about 6 years

Immediate How long

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

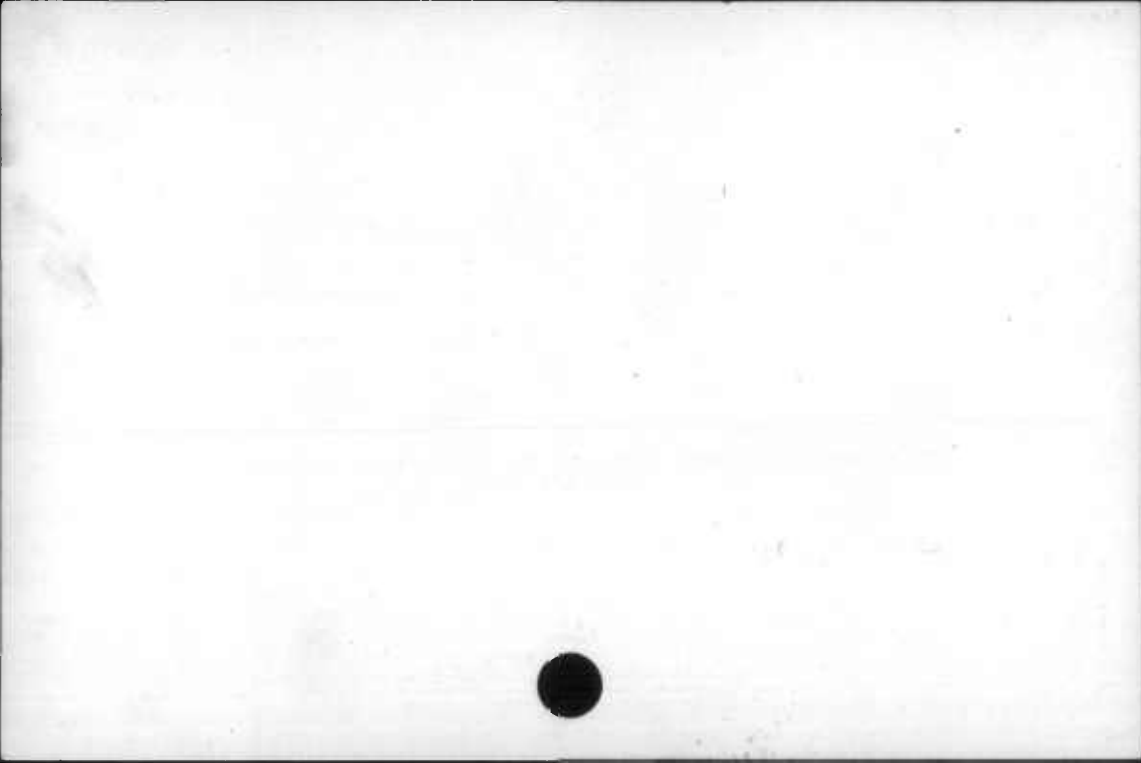
Yes

Signature of Physician W Collins

Address Brittonville, Md.

Accident or Suicide T Rayner Sr

PHYSICIAN
OR CORONER



Name
in
Full

Mary J. Purcell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Snow Hill		Worcester		MARYLAND	
Date of death		1910	Aug	5	Age	32	0
Sex		Female		Color or Race		negro	
Occupation		Housewife		Where Residing if not at place of death		Snow Hill, Md	
Married, Single or Widowed		Married		Name of Wife or Husband		Norris Purcell	
Father's Name		Henry Dickerson		Father's Birthplace		Unknown	
Mother's Maiden Name		Sarah Robins		Mother's Birthplace		"	
Name of person giving Information		George H. Purcell		How related to deceased		Nephew	

CAUSES OF DEATH

Primary Pulmonary tuberculosis (29) How long 8 mos

Immediate

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

" Yes "

Signature of Physician

Address

John L. Riley
Snow Hill

Accident or Suicide

Maryland



Name
Full

Paul J. Purcell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bethesda</u> <small>Town</small>		<u>Wor</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u>	<u>Aug</u> <small>Month</small>	<u>1</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>7</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>Col.</u>	Birth-place	<u>Bethesda</u>
Occupation	_____		Where Reading if not at place of death _____		
Married, Single or Widowed	_____		Name of Wife or Husband _____		
Father's Name	<u>John H. Purcell</u>		Father's Birthplace	<u>Md. Co</u>	
Mother's Maiden Name	<u>Florence Purcell</u>		Mother's Birthplace	_____	
Name of person giving information	<u>John H. Purcell</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Marasmus</u>	How long	<u>189 A</u> <u>since birth</u>
	Immediate	<u>Marasmus</u>	How long	<u>since birth</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>James Pitts</u>
	Accident or Suicide?		Address	<u>Bethesda, Md</u>

5



Name
in Full

Otis Luning

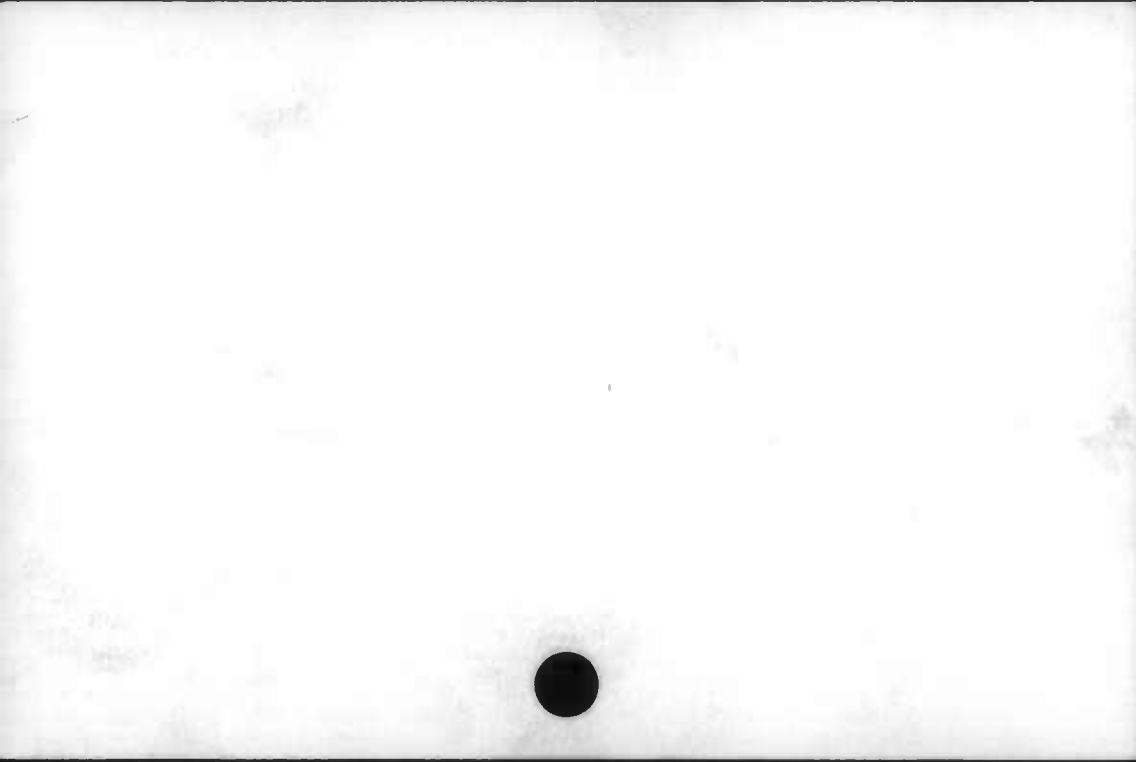
272
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Pocomoke city			Worcester		MARYLAND	
Date of death		1900	Aug	3	Age	3	Months	Days
Sex	Male	Color or Race	colored		Birth-place	Pocomoke city		
Occupation	infant		Where Residing if not at place of death		"			
Married, Single or Widowed	"		Name of Wife or Husband		"			
Father's Name	Howard Luning		Father's Birthplace		" "			
Mother's Maiden Name	Hattie Brumwell		Mother's Birthplace		Pocomoke			
Name of person giving information	Howard Luning		How related to deceased		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles + Pneumonia	How long	3 months
Immediate	exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Saml Luning
		Address	Pocomoke city
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

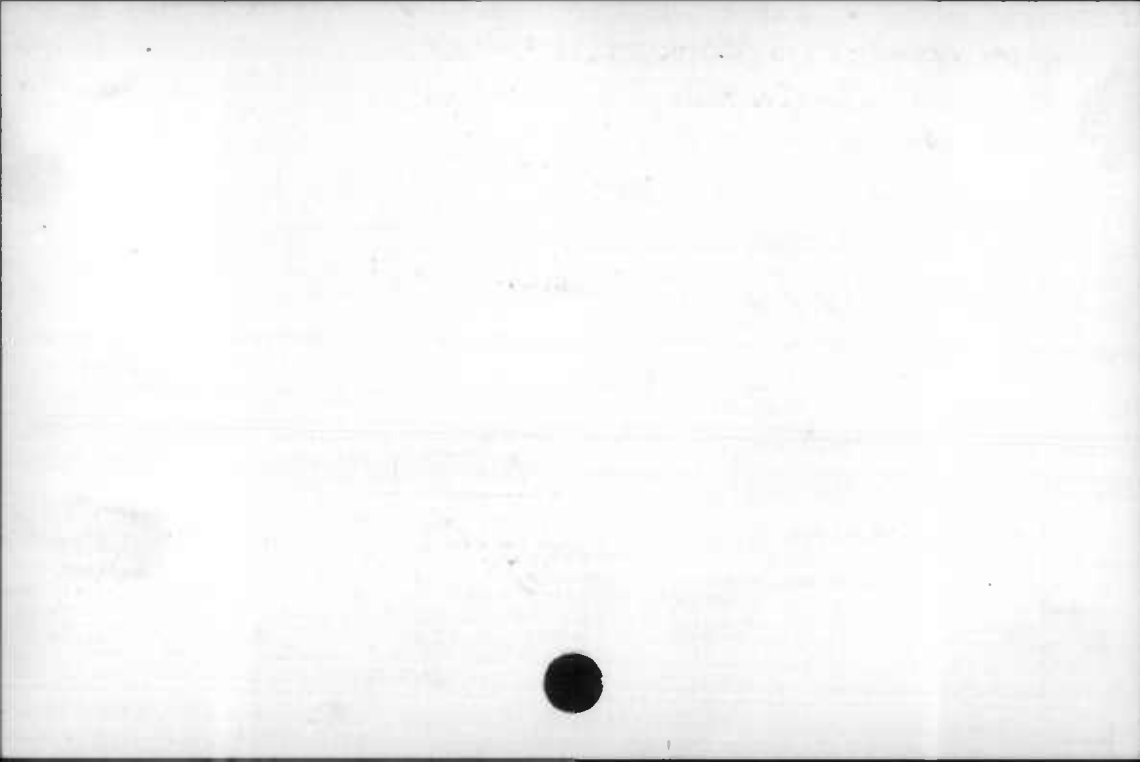
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>W. O. Bayne</i>		Town <i>Stockton</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Died at <i>Stockton</i>		Date of death 19 <i>10</i>		Age <i>—</i>		Days <i>3</i>	
Month <i>8</i>		Day <i>16</i>		Years <i>—</i>		Months <i>2</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>			
Occupation <i>Man</i>		Where Reading if not at place of death <i>md</i>					
<input type="checkbox"/> Single		<input type="checkbox"/> Married or Civil or Married					
Father's Name <i>Billy. Ray</i>		Father's Birthplace <i>va</i>					
Mother's Maiden Name <i>Mary E Bayne</i>		Mother's Birthplace <i>va</i>					
Name of person giving information <i>Wah Bayne</i>		How related to deceased <i>Grandfather</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't know W. Physician</i>		How long <i>1 week</i>	
Immediate <i>Weakness</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. O. Bayne</i>	
		Address <i>Stockton md</i>	
Accident or Suicide?			



Name
In Full

William Parker Sharples

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

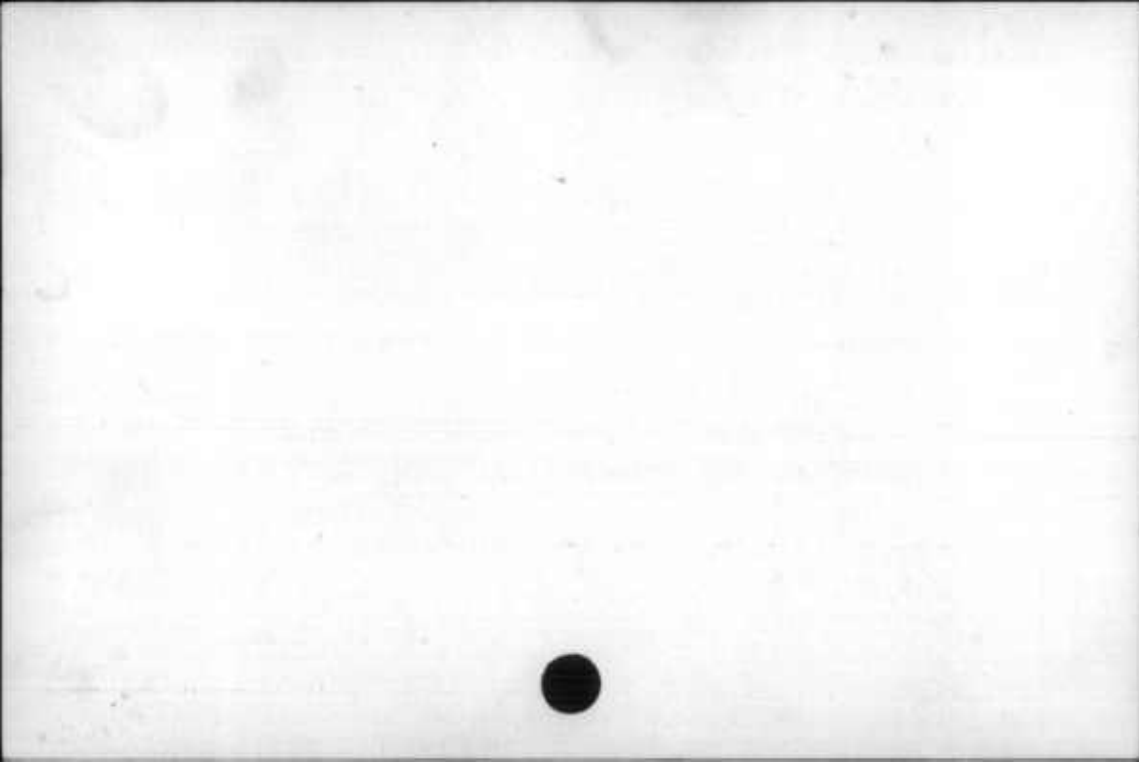
Died at ^{Town} <i>Near Suddleton</i> ^{County} <i>Worcesters</i>		MARYLAND	
Date of death	1900 Aug 11	Age	50
Sex	Male	Color or Race	white
Occupation	Farmer	Birth-place	Stockton Md.
Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Esther Tull
Father's Name	Martin Sharples	Father's Birthplace	Wilmington Md.
Mother's Maiden Name	Sallie Ration	Mother's Birthplace	Pocomoke City Md.
Name of person giving information	Arthur Sharples	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>6 Months</i>
Immediate	<i>Apoplexy</i>	How long	<i>1 Hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John Dickerson M.D.</i>
Address	<i>Stockton</i>	County	<i>Worcesters</i>
Accident or Suicide			

120



Name in Full

Forrnigo Shockley

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Baltimore, P.O., County Harister MARYLAND

Date of death 1900 Aug 20th Month Aug Day 20th Age 75-76 Years Months - Days -

Sex Male Color or Race White Birth-place Worcester, Md

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Elizabeth J. Eavis

Father's Name Isaac Shockley Father's Birthplace Wor. Co. Md

Mother's Maiden Name Don't know Mother's Birthplace Don't know

Name of person giving information Chas. H. Spockley How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cerebral Softening (Chronic) How long 6 mo.

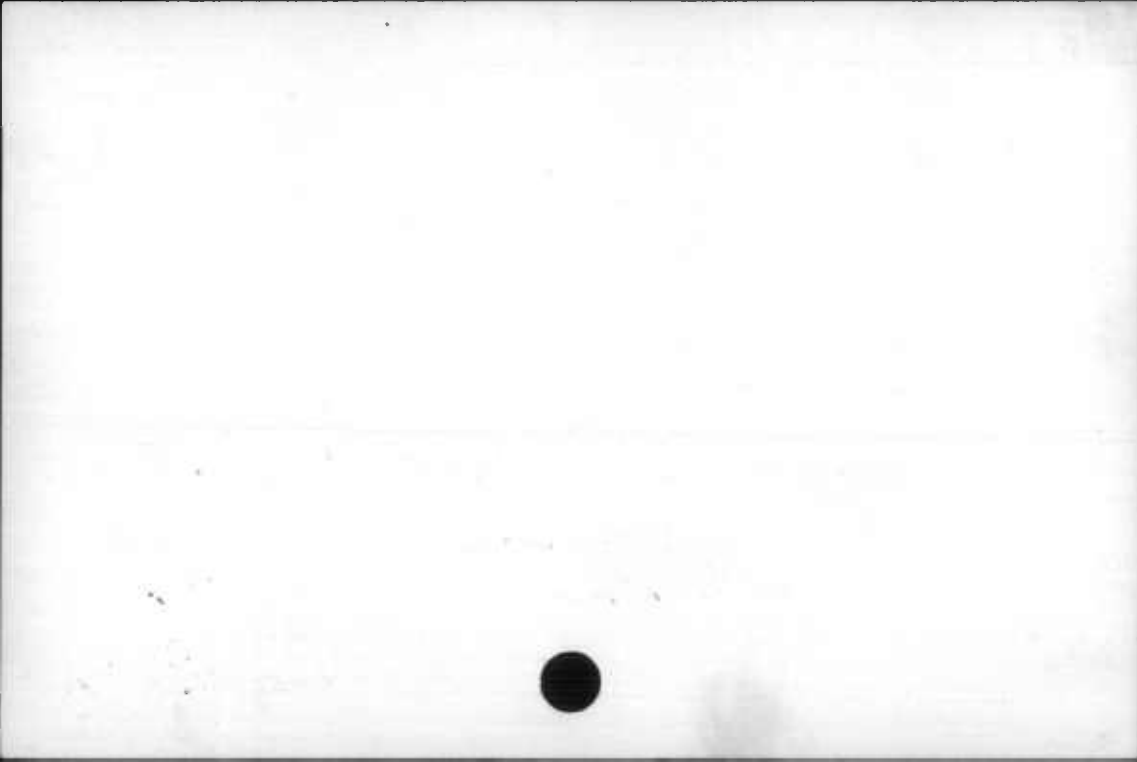
Immediate Paralysis How long 3 weeks

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

Signature of Physician Paul Jones

Address Snowfields, Md.

Accident or Suicide



Name in Full

Ann C. Snack

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Grays Corner* *Nov* County *MARYLAND*

Date of death *1910* Month *Aug* Day *3* Years *4.2* Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Nov. Co.*

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

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

Father's Name *Chas. Dudley* Father's Birthplace *Wor Co.*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Lemuel Snack* How related to decedent *Husband*

CAUSES OF DEATH

42

PHYSICIAN OR CORONER

Primary *Carcinoma of uterus, if you*

Immediate *—*

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

Signature of Physician *E. H. Hollard*

Address *Berlin Md*

Accident or Suicide?



Name
in
FullAlvir W. Smith
Town County

CERTIFICATE OF DEATH

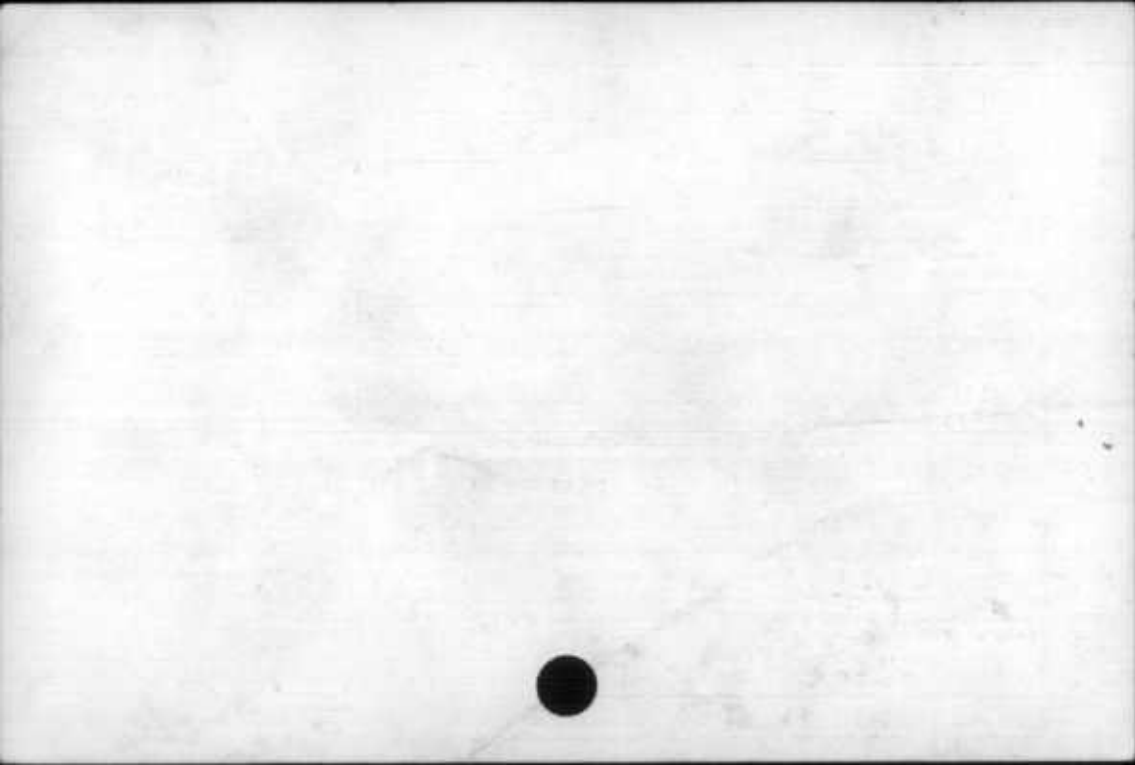
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u>		<u>Worcester</u>		MARYLAND	
Date of death 19 <u>10</u> <u>Aug</u>		Month	Day <u>6</u>	Age <u>71</u>	Years <u>11</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Pa.</u>			
Occupation		Where Residing If not at place of death <u>Snow Hill</u>			
Married, single	Name of Wife <u>Emma Smith</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>Emma Smith</u>	How related to deceased <u>wife</u>				

CAUSES OF DEATH

Primary <u>Rheumatism</u>	How long <u>Unknown</u>
Immediate <u>Chronic Progressive Bulbar Paralysis</u>	How long <u>Two years</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>(Paralysis)</u>
	Address <u>W. D. Stranghu</u> <u>Snow Hill. Md.</u>
<u>Accident or Suicide</u>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Jane Gray Sturgis
 Died at Snow Hill Wor. Co MARYLAND

Date of death 1940 Aug 21 Age 86 Months ✓ Days ✓

Sex Female Color or Race white Birth-place Wor. Co. Md

Occupation none Where Residing if not at place of death ✓

Married, Single or Widowed Widow Name of Wife or husband Mrs. Sturgis

Father's Name Truman Gray Father's Birthplace Wor. Co. Md

Mother's Maiden Name Nestie Gray Mother's Birthplace Wor. Co. Md

Name of person giving Information Eueline Gray How related to deceased Sister

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

66

Primary Chronic Cerebral Softening How long one year

Immediate Paralysis, Exhaustion How long one month

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

Address Snow Hill Md

Accident or Suicide No

PHYSICIAN
OR CORONER



Name
No. in
Family

Main C. Townsend

279
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Pocomoke City</i>		^{County} <i>Worcester</i>		MARYLAND	
Date of death 1910	Month <i>Aug</i>	Day <i>24</i>	Age <i>68</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Worcester Co., Md</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housework</i>				
Name of Wife or Husband <i>Levin Townsend</i>					
Father's Name <i>Robert Fayman</i>			Father's Birthplace <i>Worcester Co., Md</i>		
Mother's Maiden Name <i>Maina Redwich</i>			Mother's Birthplace <i>Worcester Co., Md</i>		
Name of person giving information <i>Amy Townsend</i>			Relationship to deceased <i>Son</i>		

CAUSES OF DEATH

100

PHYSICIAN
OR CORONER

Primary	<i>Chronic Diarrhoea</i>	How long	<i>9 months</i>
Immediate	<i>Exhaustion (Gastric & Nephritic)</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>		
Signature of Physician	<i>R. Leitch</i>		
Address	<i>Pocomoke City, Md</i>		
Accident or Suicide?			

6



Name
in
Full

William Turner

287
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Doonoke City Town Accotink County **MARYLAND**

Date of death 1960 Month Aug Day 23 Years Age 75 Months Days

Sex Male Color or Race White Birth-place Ireland

Occupation Chamber Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Leticia Augusta Woods.

Father's Name William Father's Birthplace Ireland

Mother's Maiden Name Caroline Baker Mother's Birthplace Ireland

Name of person giving information Wife How related to deceased

CAUSES OF DEATH

Primary Chronic Articular Rheumatism How long 15 to 20 yrs.

Immediate Exhaustion How long 3 wks months

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

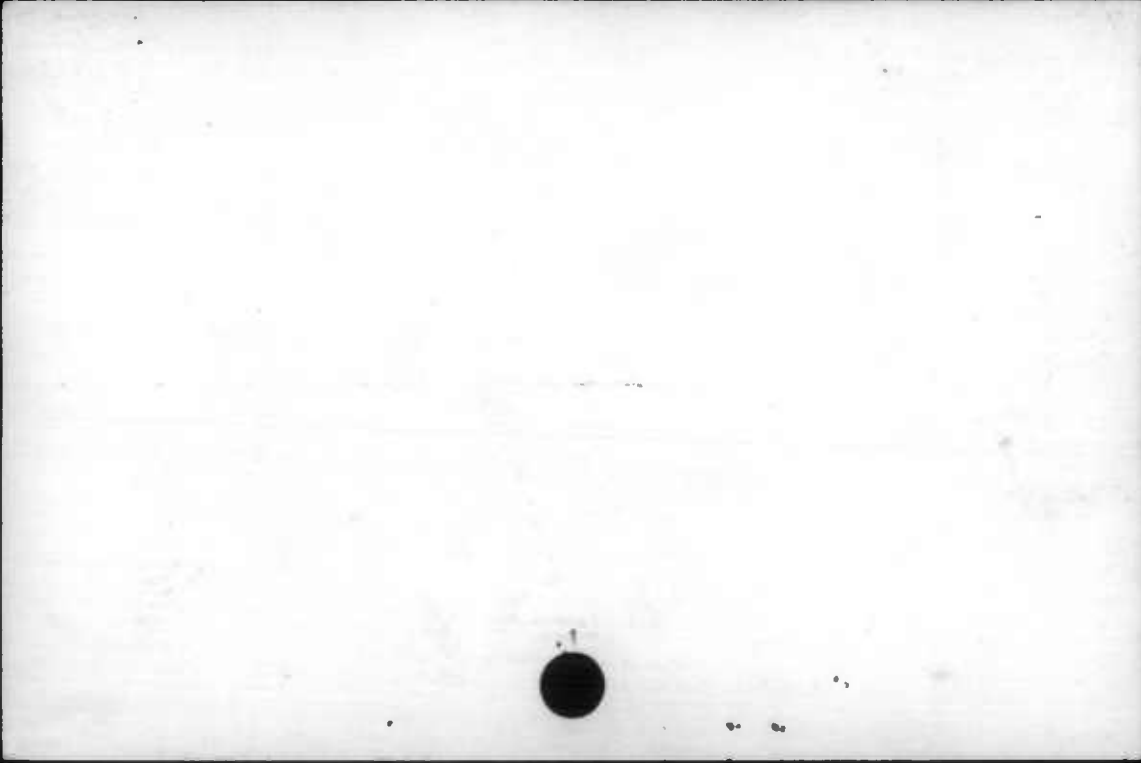
Signature of
Physician

Address

J. M. Wilson
Doonoke City

PHYSICIAN
OR CORONER

Accident or Suicide



Name in Full

CERTIFICATE OF DEATH

My Hazel Gray Halston
Town *Bishop* County *Worcester*

MARYLAND

Died at *Bishop* *W.D. #2*
Date of death *1960 August 26* Age *3* Months *10* Days *26*

Sex *Female* Color or Race *White* Birthplace *Maryland*
Occupation *None* Where Residing if not at place of death *At Home*

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

Father's Name *Thomas G. Halston* Father's Birthplace *Maryland*

Mother's Maiden Name *Priscilla A. Griffin* Mother's Birthplace *Maryland*

Name of person giving Information *Thomas G. Halston* Has related to deceased *father*

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary *Infantile Paralysis* How long *3 weeks*
Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *Dr. Leonard*
Address *Bishopville, Md.*

PHYSICIAN OR CORONER

Accident or Suicide *To Rayne for*



Name
in
Full

William L Walston

CERTIFICATE OF DEATH

MARYLAND

Died at Bishop Bk #2

Worcester

Date of death 1940 August 31

Age 56

Months 1

Days 5

Sex Male

Color or Race

White

Birthplace

Maryland

Occupation

Miller

Where Residing if not at place of death

Brothers

Married, Single or Widowed

Widower

Name of Wife or Husband

Elizabeth Jane Godfrey

Father's Name

Riley L Walston

Father's Birthplace

Maryland

Mother's Maiden Name

Wanda H Kambler

Mother's Birthplace

Maryland

Name of person giving information

George B Walston

How related to deceased

Brother

CAUSES OF DEATH

120

Primary

How long

Immediate

Bright-

How long

2 years

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

Yes

Signature of Physician

Address

P. S. Lyman
Bishopville
Md.

Accident or Suicide

D. Brown

OFFICE SUPPLY CO. 2384

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

