

Name
in
Full

John Fletcher Atwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Churchton County Anne Arundel MARYLAND

Date of death 1940 Sept. 13 Age 59 Months - Days -

Sex Male Color or Race White Birth-place Md

Occupation Farmer Where Reading if not at place of death -

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

Father's Name John Atwell Father's Birthplace Md

Mother's Maiden Name Sarah E. Crandell Mother's Birthplace Md

Name of person giving information W. H. Hulce How related to deceased Bro in Law

CAUSES OF DEATH

50

How long 3 years

How long 2 weeks

PHYSICIAN
OR CORONER

Primary Diabetes

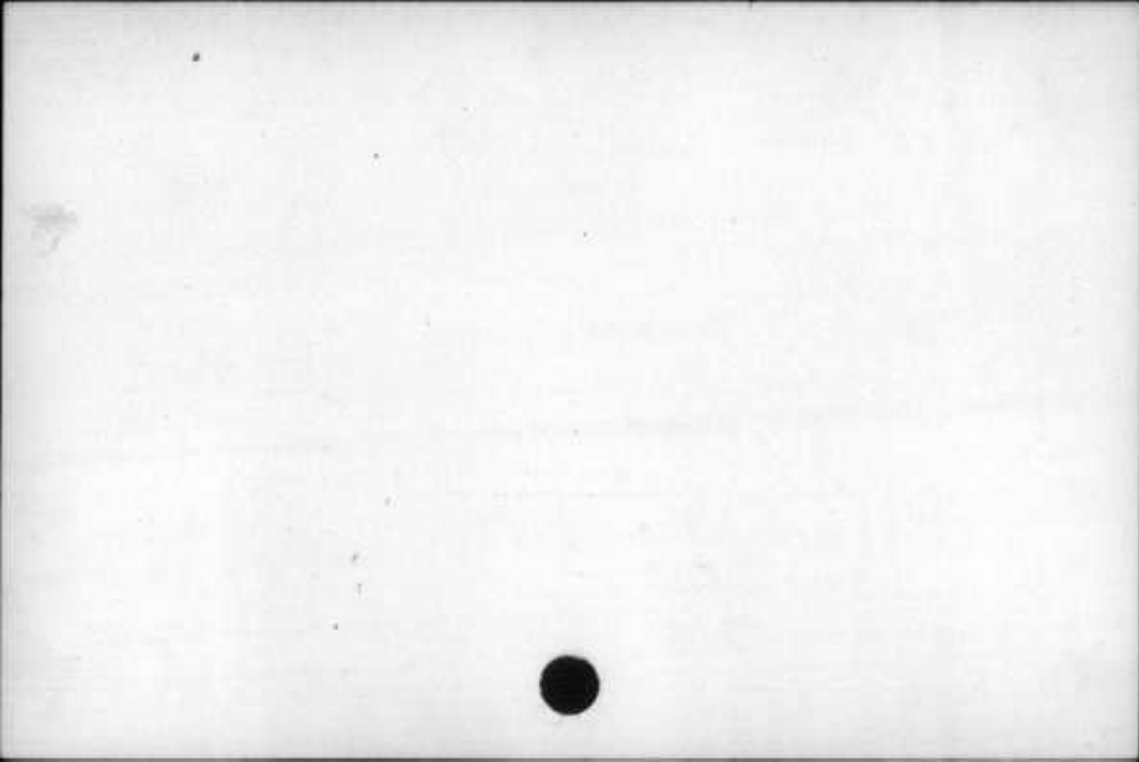
Immediate Exhaustion

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

Signature of Physician Geo. T. Lent

Address Churchton

Accident or Suicide? -



Name
in
Full

Henry Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Marguets</i> Town		County <i>Q.A.</i>		MARYLAND	
Date of death	<i>19 10</i> Month	<i>25</i> Day	Age <i>71</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>md</i>		
Occupation <i>Seaborn</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>Henry Barnes</i>	Father's Birthplace <i>md</i>		Mother's Birthplace <i>md</i>		
Mother's Maiden Name <i>Julia</i>	Name of person giving information <i>Richard Downs</i>		How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Age & Bronchitis</i>	How long <i>3 months</i>	
	Immediate <i>Inanition</i>	How long <i>3 weeks</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John S. Doney</i>	
	Accident or Suicide?	Address <i>Annapolis md</i> <i>R.F. S. No 1</i>	

J. S. Taylor -
Broad neck Bent

Name in Full

Annie S. Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *Davidsonville* ^{County} *a. a.* **MARYLAND**

Date of death ^{Month} *Sept* ^{Day} *25* ^{Years} *6 mo* ^{Months} *0* ^{Days} *0*

Sex *Female* Color or Race *Black* Birthplace *Davidsonville*

Occupation *HI* Where Residing if not at place of death *16*

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

Father's Name *Jas. Bowie* Father's Birthplace *Davidsonville*

Mother's Maiden Name *Sarah Green* Mother's Birthplace *" "*

Name of person giving information *Thomas Green* How related to deceased *Grandfather*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Malaria* How long *5 months*

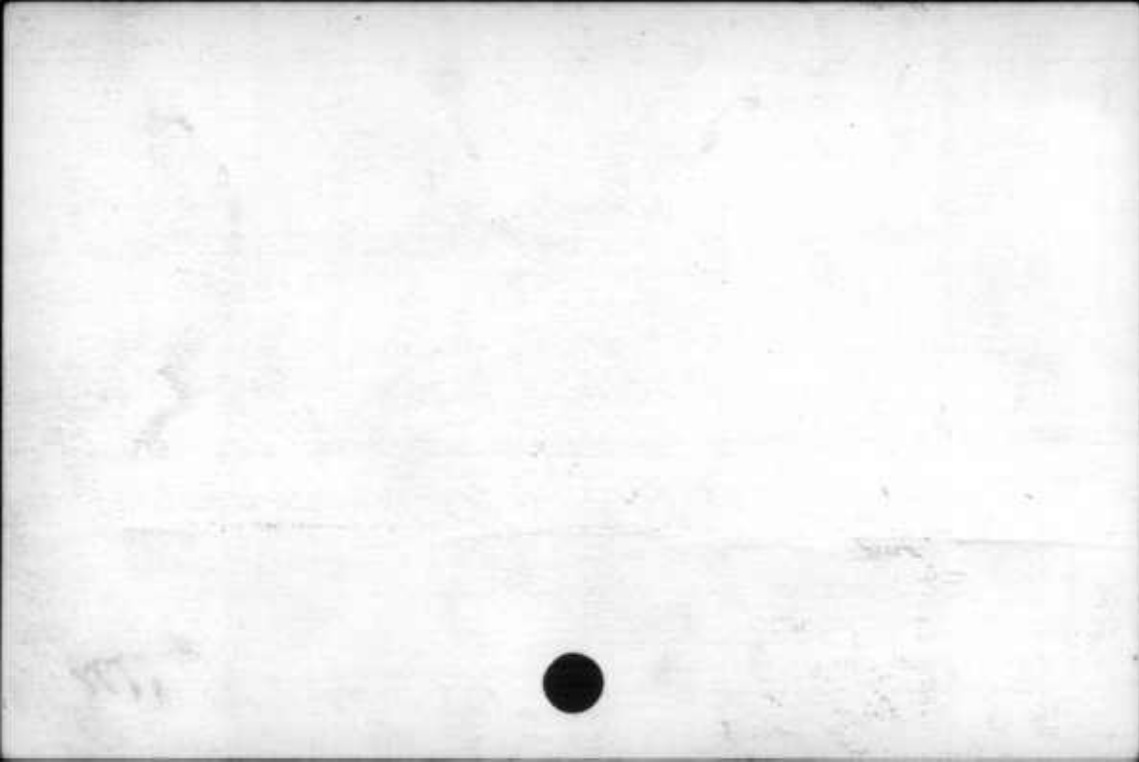
Immediate *Malaria* How long *" "*

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

Signature of Physician *G. A. Zimmerman M.D.*

Address *Davidsonville*
a. a. Co. Md.

Accident or Suicide



Name
In Full

Ferdinand Brauckhoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} So. Balto ^{County} An. MARYLANDDate of death 1910 ^{Month} Sept ^{Day} 5 Age ^{Years} 78 ^{Months} ^{Days}

Sex male Color or Race white Birth-place Germany

Occupation Electrician Where Residing if not at place of death

Widowed Name of Wife or Husband

Father's Name Fred Brauckhoff Father's Birthplace Germany

Mother's Maiden Name Jane Spangenberg Mother's Birthplace Germany

Name of person giving information Clara Brauckhoff How related to Deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Nephritis How long 3 months

Immediate Exhaustion How long 3 days

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

Address So. Balto, Md

Accident or Suicide?



Name
in
Full

Marion Anna Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town West Annapolis		County A-A-		MARYLAND	
Date of death		1910	Month July	Day 7	Age 9	Years 9	Months 10
Sex		Female		Color or Race Colord		Birth place Annapolis	
Occupation Schoolgirl				Where Reading if not at place of death West Annapolis			
Married, Single or Widowed —			Name of Wife or Husband —				
Father's Name Wright Brown			Father's Birthplace Annapolis				
Mother's Maiden Name Robilee Jacobs			Mother's Birthplace Annapolis				
Name of person giving information Robilee Jacobs Brown			How related to deceased Mother				

Asbury Court

CAUSES OF DEATH

Garcia

PHYSICIAN
OR CORONER

Primary		Diphtheria Toxemia		How long		2 weeks	
Immediate		Peritonitis		How long		Immediate	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				Ambrose Garcia M.D.			
				Address			
				34. 2nd St			
Accident or Suicide?							



Name
in
Full

Vermont Barren
Town County

CERTIFICATE OF DEATH

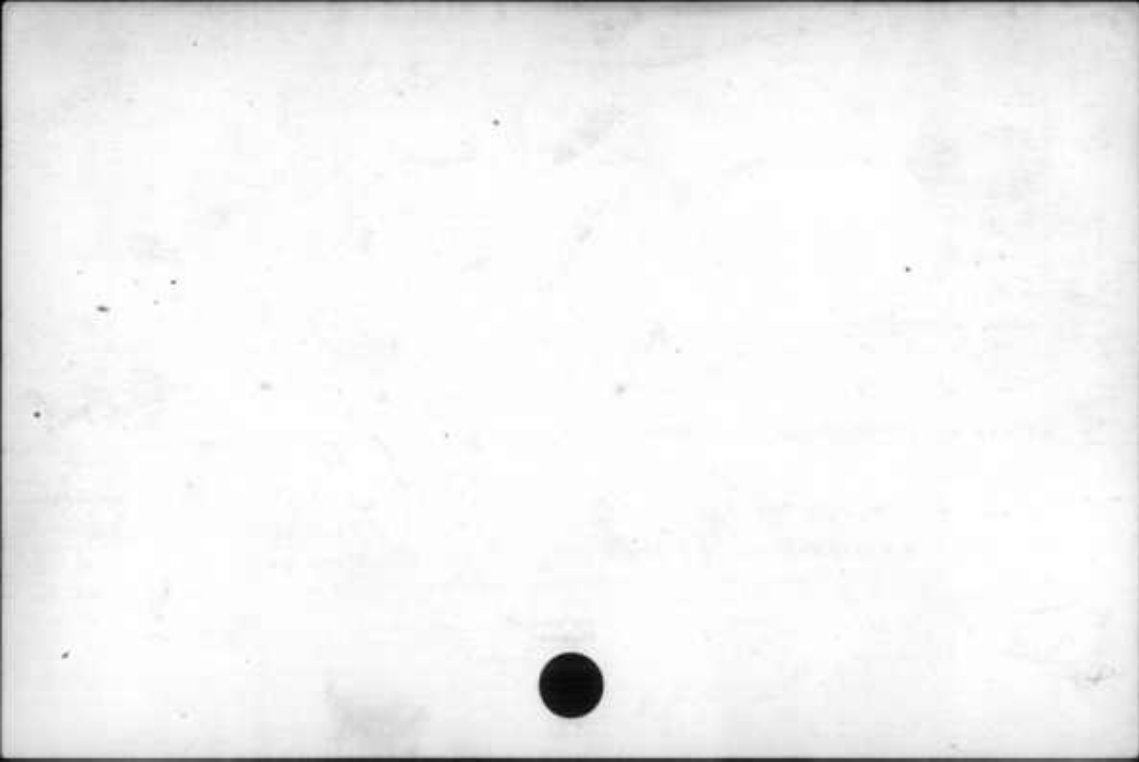
Died at West Annapolis a. a. c. **MARYLAND**
 Date of death 1910 Sept 5th Age 32 yr
 Sex Male Color or Race Colored Birth-place Annapolis Md
 Occupation Laborer Where Residing if not at place of death West Annapolis Md
 Married, Single or Widowed Married Name of Wife or Husband Alice Brown
 Father's Name William W. Brown Father's Birthplace West River
 Mother's Maiden Name Hattie Anderson Mother's Birthplace Annapolis Md
 Name of person giving information William W. Brown How related to deceased Feather

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary 19 Gen days Gradual
Stenocardic Congestion
 Immediate Asthma Heart Failure
 Are the name, age, sex, color, date and place correctly given above?
Yes (115)
 Signature of Physician John R. Denton
 Address Annapolis Md
 Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full

Wm. Edward Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} <i>Camp Parole</i>		^{County} <i>A-A-</i>		MARYLAND	
Date of death 19 <i>10</i>	^{Month} <i>Sept</i>	^{Day} <i>28</i>	Age <i>1</i>	^{Years}	^{Months} <i>—</i>
^{Sex} <i>Male</i>	^{Color or Race} <i>Colord</i>	^{Birth-place} <i>Camp Parole</i>		<i>Camp Parole</i>	
^{Occupation} <i>—</i>		^{Where Residing if not at place of death} <i>Camp Parole</i>			
^{Married, Single or Widowed} <i>Single</i>		^{Name of Wife or Husband} <i>—</i>			
^{Father's Name} <i>Joseph Brown</i>		^{Father's Birthplace} <i>Chesterfield</i>			
^{Mother's Maiden Name} <i>Ella Betters</i>		^{Mother's Birthplace} <i>Chesterfield</i>			
^{Name of person giving information} <i>Ella B Brown</i>		^{How related to deceased} <i>Mother</i>			

Macadonia Cemt.

CAUSES OF DEATH

151

PHYSICIAN OR CORONER

^{Primary} <i>Marasmus</i>	^{Duration} <i>15 Months</i>
^{Immediate} <i>Exhaustion</i>	
^{Are the name, age, sex, color, date and place correctly given above?} <i>Yes</i>	^{Signature of Physician} <i>John Ridout, MD</i>
^{Accident or Suicide}	^{Address} <i>Annapolis Md</i>



Name
in
Full

CERTIFICATE OF DEATH

Stephen Campbell
 Died at ^{Town} Annapolis ^{County} A. A.

MARYLAND

Date of death 1910 ^{Month} Sept ^{Day} 27 ^{Age} 70 ^{Years} ^{Months} ^{Days}

Sex Male ^{Color or Race} Colored ^{Birth-place} West River, Md

Occupation ^{Table Man} ^{Where Residing if not at place of death}

Married, Single or Widowed ^{Widower} ^{Name of Wife or Husband} Matilda Campbell

Father's Name ^{Unknown} ^{Father's Birthplace} Unknown

Mother's Maiden Name ^{Unknown} ^{Mother's Birthplace} Unknown

Name of person giving Information ^{Kate Campbell} ^{How related to deceased} Daughter

CAUSES OF DEATH

Primary ^{Nephritis} ^{How long} Several months

Immediate ^{Memia Exhaustion} ^{Gradual}

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

Yes

Signature of Physician

Address

John Ridout
 Annapolis
 Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J. S. F. & Sons

Revere Heliobent

Name
in
Full

Ralph Carens

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Brooklyn</u>		County <u>S.A. Co.</u>		MARYLAND	
	Date of death	Month <u>Sept</u>	Day <u>26</u>	Age	Months	Days
	Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>New Orleans</u>
	Occupation	<u>Notchman</u>		Where Residing if not at place of death	<u>26 N. First St Brooklyn</u>	
	Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband	—	
	Father's Name	<u>James Carens</u>		Father's Birthplace	<u>Spain</u>	
	Mother's Maiden Name	<u>Julia Maceu</u>		Mother's Birthplace	<u>Mass</u>	
	Name of person giving Information	<u>W.H. Carens</u>		How related to deceased	<u>brother</u>	

PHYSICIAN
OR CORONER

PHYSICIAN OR CORONER	CAUSES OF DEATH	
	Primary	<u>Delayed Heart</u> <u>1 yr</u>
	Immediate	<u>Coronary Failure</u> <u>unimpaired</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>Yrs</u>
	Signature of Physician	<u>[Signature]</u>
Address	<u>1278 S. Clark St Baltimore</u>	
Accident or Suicide		

3
Cedar Hill A.A. Co

Sept. 29 1918

J. J. Falvey & Son
1232 W. 11th St.

Name
in
Full

CERTIFICATE OF DEATH

Henry Coffin

MARYLAND

Died at ^{Town} Eastport ^{County} A. C.

Date of death 19 ^{Month} 10 ^{Day} Sept ^{Year} 24 ^{Age} 89 ^{Months} ^{Days}

Sex ^{Male} ^{Female} ^{Color or Race} White ^{Birth-place} Spain

Occupation ^{Tril Makers Mate U.S.N.} ^{Where Reading if not at place of death}

Married; Single or Widowed ^{Married} ^{Name of Wife or Husband} Catherine Coffin

Father's Name ^{Unknown} ^{Father's Birthplace} Unknown

Mother's Maiden Name ^{Unknown} ^{Mother's Birthplace} Unknown

Name of person giving information ^{Catherine Coffin} ^{How related to decedent} Wife

CAUSES OF DEATH

Primary ^{Chronic Nephritis} ^{How long} 120 ^{6 mos or less}

Immediate ^{Warmie Cause} ^{How long} 2 yrs.

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

Signature of Physician ^{J. H. Lewis}
Address ^{Annapolis Md.}

Accident or Suicide? ^{No}

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Naval Count
Sept 26th 1910

Name
in Full

John Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		Sept	24	Age 28			
Sex	male	Color or Race	colored	Birth-place	dont know		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	_____			
Father's Name	dont know			Father's Birthplace			
Mother's Maiden Name	" "			Mother's Birthplace			
Name of person giving information	Jos. W. Gibson			How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cardiac trouble	(79)	How long	3 hours
	Immediate	_____		How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	W. R. [Signature]
	Address	[Redacted]		[Signature]	[Signature]
Accident or Suicide	No				



Name
In
Full

Rebecca M. Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Waterbury

Town

A. A. Co-

County

MARYLAND

Date

1960

Sept 7

Month

15

Day

Age 76

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Bald. Md

Occupation

Housewife

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

Widow

Name of Wife or
Husband

Lynette Cox

Father's
Name

Jonah White

Father's
Birthplace

A. A. Co. Md

Mother's
Maiden Name

Elsie Marriott

Mother's
Birthplace

A. A. Co. "

Name of person giving
Information

R. Y. Williams

How related
to deceased

Niece

CAUSES OF DEATH

Primary

apoplexy

How long

4 days

Immediate

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

Yes

Signature of
Physician

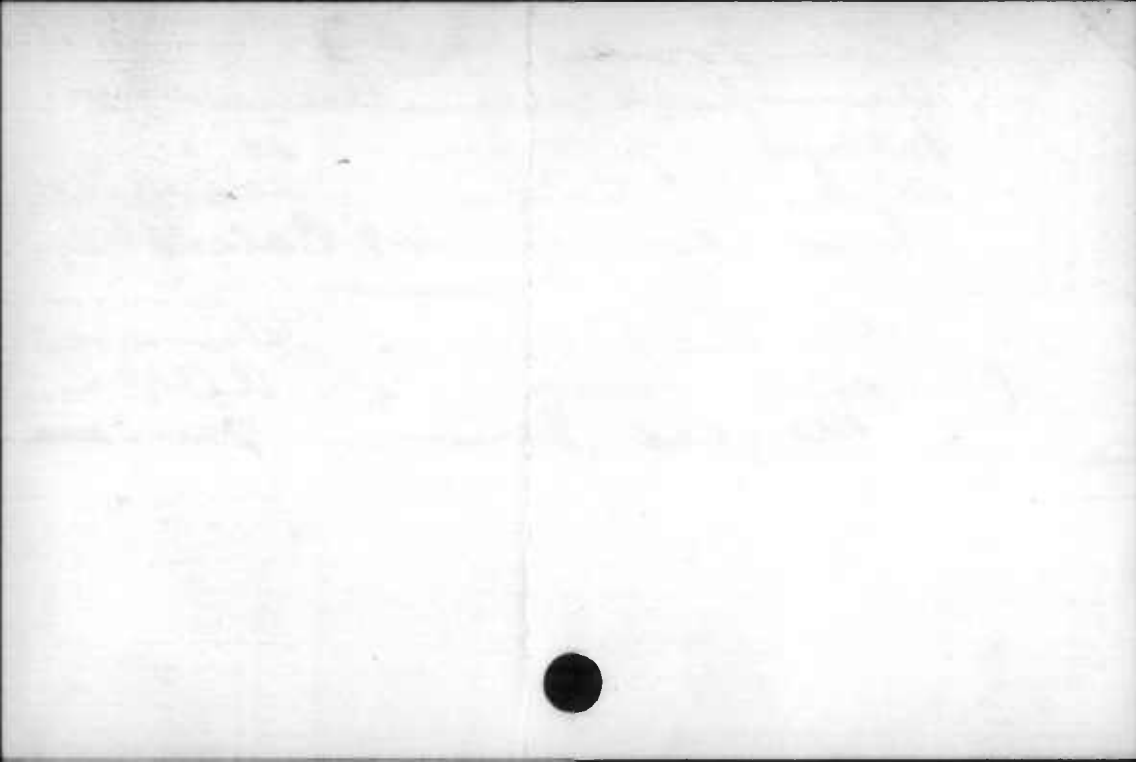
R. P. Hunt

Address

Melrose, Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

John Francis Credit

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis Anne Arundel MARYLAND
 Town County State

Date of death 1970 Sept 27 Age 10
 Month Day Years Months Days

Sex Male Color Colored Birthplace Annapolis
 Race

Occupation Infant Where Residing at place of death 49 Calvert St.

Married, Single
 Widowed " Name of Wife or Husband _____

Father's Name John Credit Father's Birthplace Annapolis
 Mother's Maiden Name Edith Freen Mother's Birthplace D.C. Ind.
 Name of person giving Information Maryann Freen How related to deceased Grandma

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastro Intestitis How long 4 weeks

Immediate _____ How long _____

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

Signature of Physician Ambrose Garcia M.D.
 Address 39. 2nd St.

Accident or Suicide _____



Name
in
Full

Still Borri of John Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lathian ^{Town} Anne Arundel ^{County} MARYLAND

Date of death 19/0 ^{Month} Sept ^{Day} 2 ^{Age} — ^{Years} — ^{Months} — ^{Days} —

Sex Female Color or Race Colored Birth-Place Acco, Md

Occupation — Where Residing if not at place of death —

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

Father's Name John Davis Father's Birthplace Acco, Md

Mother's Maiden Name Maggie Harrod Mother's Birthplace Acco, Md

Name of person giving information John Davis How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Not attended by midwife ^{How long} S

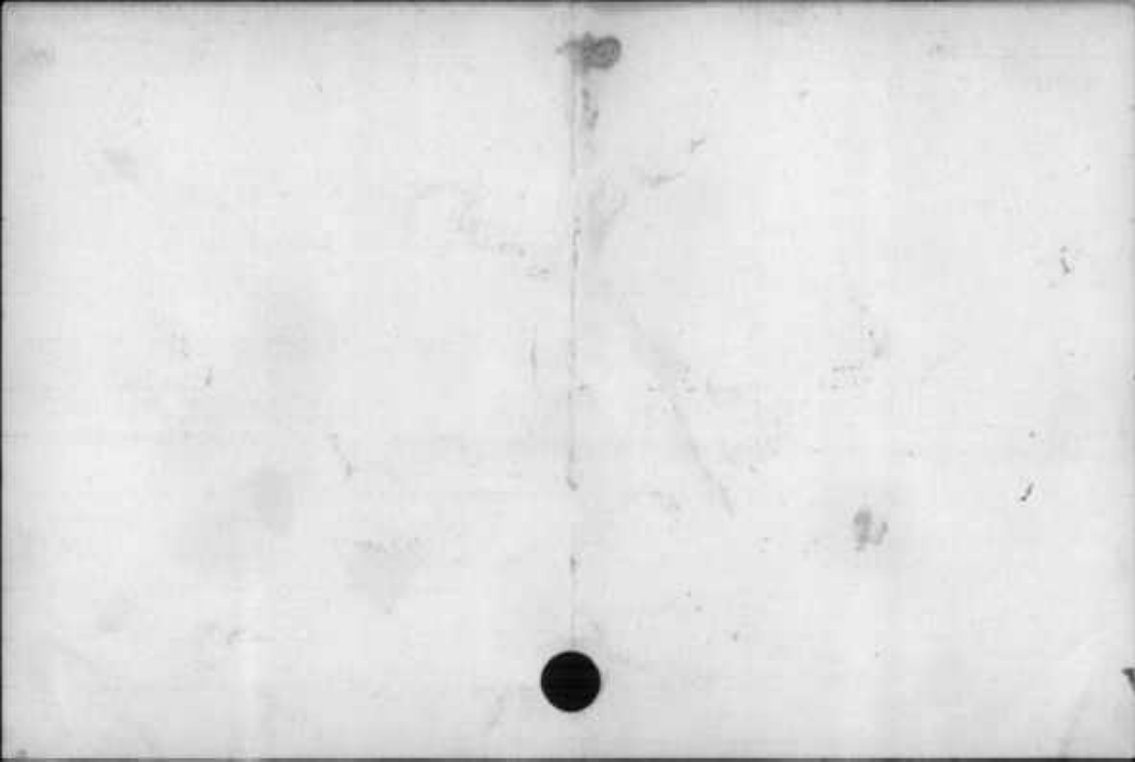
Immediate — ^{How long} —

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

Signature of Physician Maclan Coward, M.D.

Address West River, Md

Accident or Suicide? —



Name
in Full

Millie Agnes Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Maryland</i>		MARYLAND	
Date of death 19 <i>90</i>		Month <i>Sept</i>	Day <i>6</i>	Age <i>37</i>	Years <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>A. A. Co. Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>James H. Davis</i>	Father's Birthplace <i>A. A. Co. Md.</i>				
Mother's Maiden Name <i>Millie Redmond</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving Information <i>Millicent R. McNeil</i>	How related to deceased <i>Aunt</i>				

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>9 months</i>
Immediate <i>Asthma</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	

Signature of
Physician

Address

S. S. Kephner
Annapolis
Md.

A accident or Suicide



Name
In Full

Selvia Emnis

CERTIFICATE OF DEATH

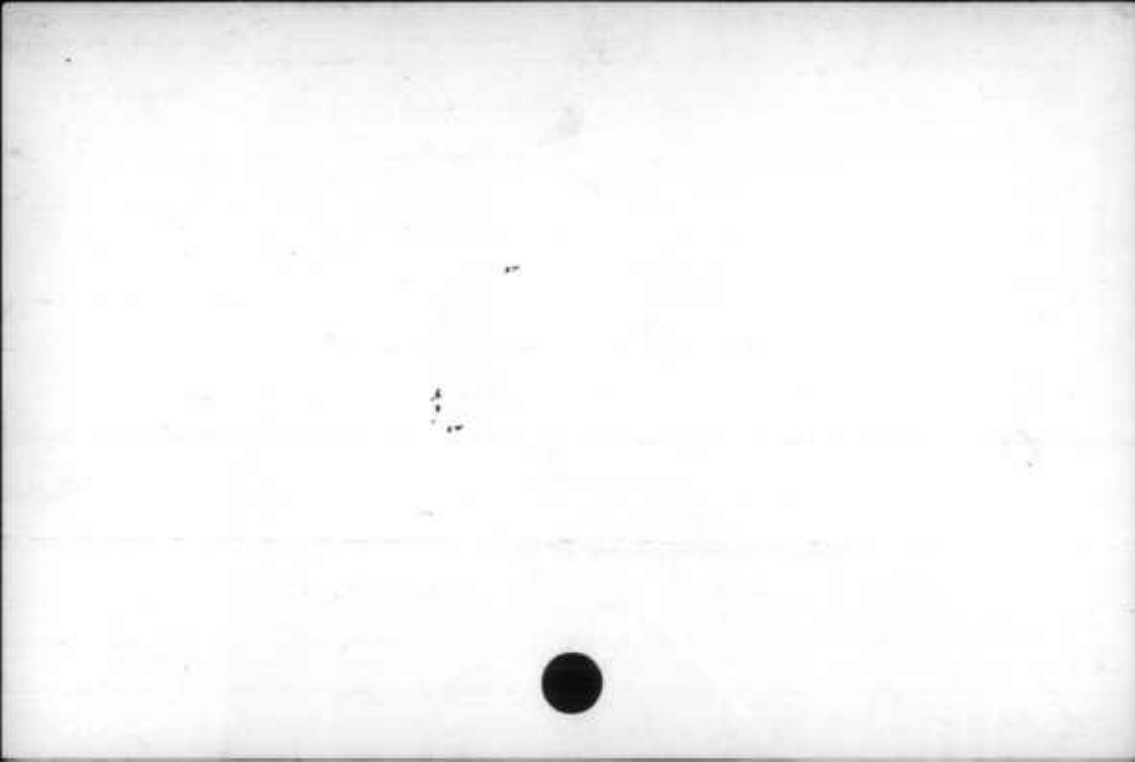
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Lyons Creek</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death 19 <i>60</i>	Month <i>Sept.</i>	Day <i>8</i>	Age <i>21</i>	Years <i>21</i>	Months <i>21</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth place <i>Near Lyons Creek, Md.</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>William Emnis</i>	Father's Birthplace <i>McKendree, Md.</i>				
Mother's Maiden Name <i>Elvina Jones</i>	Mother's Birthplace <i>2</i>				
Name of person giving Information <i>William Emnis</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>92</i>	How long
Immediate Cause <i>Acute Congestive Pneumonia</i>		How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yps.</i>	Signature of Physician <i>J. D. Chaney, M.D.</i>	Address <i>Bristol, Md.</i>
Accident or Suicide		



Name
in
Full

Fischer

CERTIFICATE OF DEATH

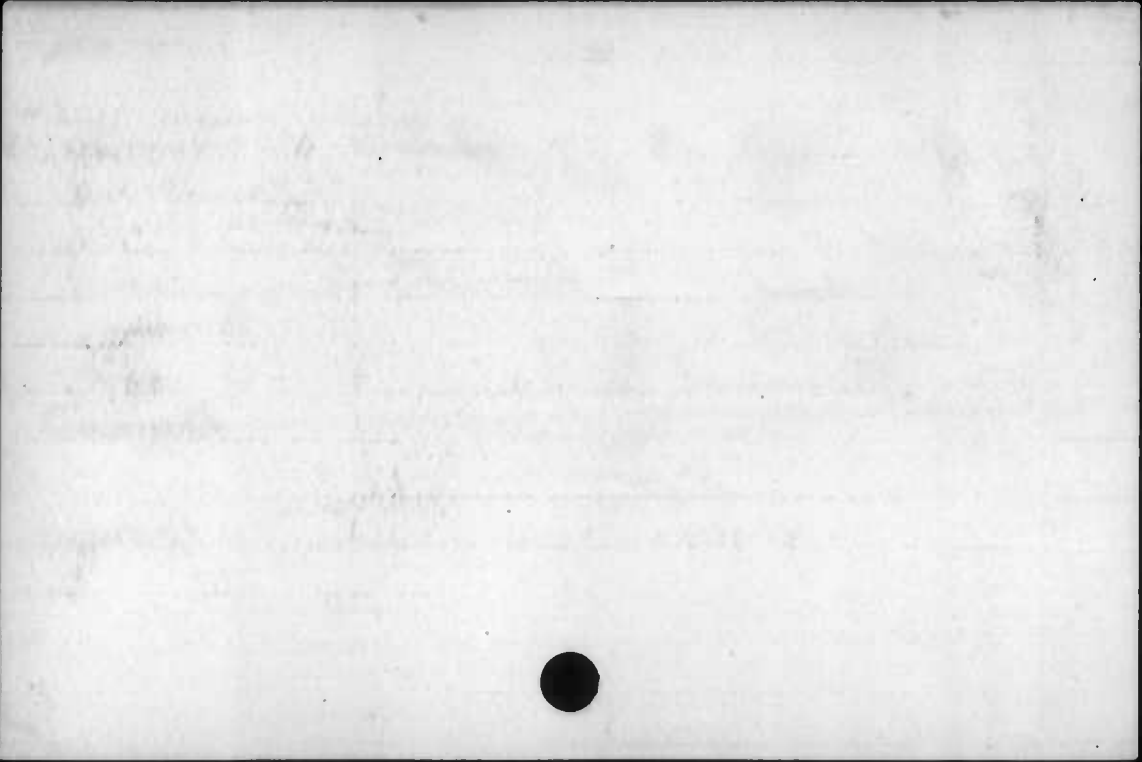
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patterson</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death 19 <i>0</i>	Month <i>9</i>	Day <i>12</i>	Age <i>—</i> Years	Months <i>seven</i> Days <i>hours</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Patterson Ind</i>			
Occupation <i>Infant</i>	Where Reared 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>Carl Fischer</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Friedrika Rinne</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Carl Fischer</i>	How related to decedent <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>seven hours</i>
Immediate <i>Impet heart action</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. H. Hammond</i>
	Address <i>—</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Emily W. Yassaway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>AA</i> ^{County}		MARYLAND	
Date of death	<i>1910</i>	<i>Sept</i> ^{Month}	<i>9</i> ^{Day}	Age <i>73</i> ^{Years}	<i>7</i> ^{Months} <i>6</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Annapolis</i>
Occupation	<i>None</i>	Where Reading if not at place of death		<i>Baltimore Md</i>	
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Augustus Yassaway</i>		
Father's Name	<i>John W. Whittington</i>		Father's Birthplace	<i>Annapolis</i>	
Mother's Maiden Name	<i>Hannah White</i>		Mother's Birthplace	<i>Annapolis</i>	
Name of person giving information	<i>Roma Yassaway Gault</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

(bb)

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>1 week</i>
Immediate	<i>Asthemia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>James Welch</i>
		Address	<i>Annapolis</i>
Accident or Suicide?	<i>—</i>		



Name
Is Full

Amelia Goodman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

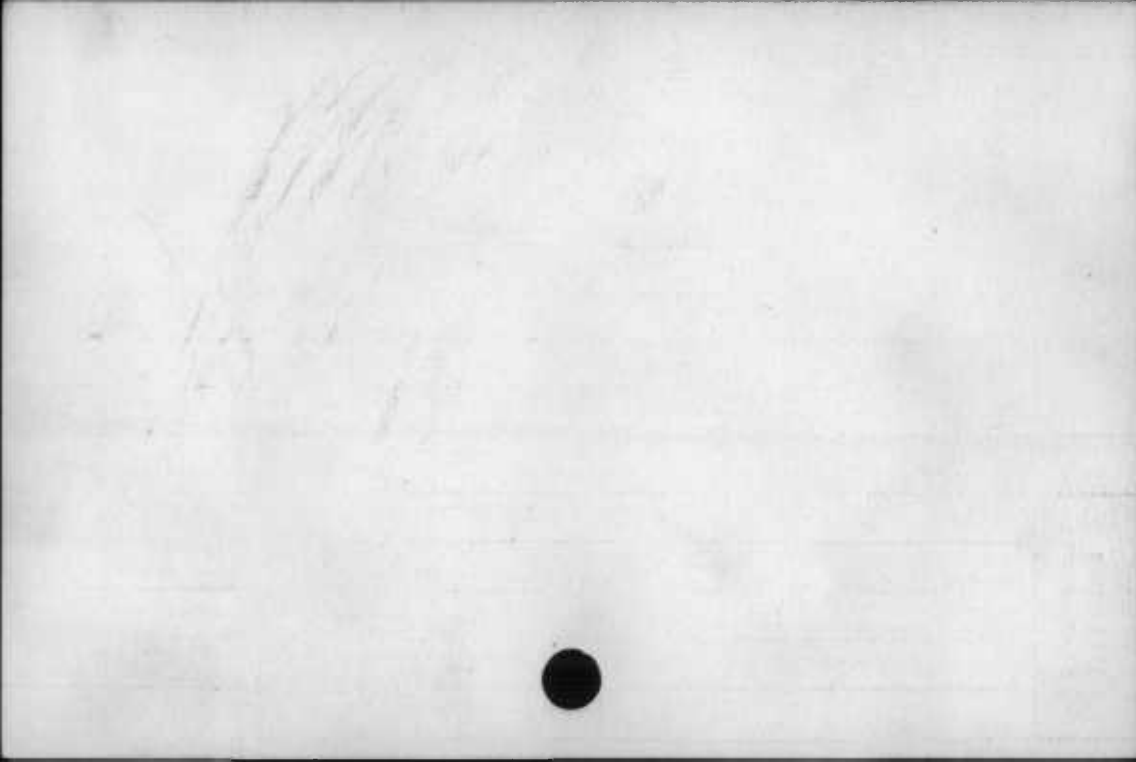
Died at <i>Annapolis</i>		Town		<i>AA</i>		County		MARYLAND	
Date of death <i>1910 Sept 17</i>		Month		Day		Age		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis Md</i>		Months <i>10</i>		Days	
Occupation <i>None</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>							
Father's Name <i>Aaron L. Goodman</i>		Father's Birthplace <i>Europe</i>							
Mother's Maiden Name <i>Jennett b. Isaacson</i>		Mother's Birthplace <i>Europe</i>							
Name of person giving information <i>Aaron L. Goodman</i>		How related to deceased <i>Father</i>							

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Ileo Colitis</i>	How long <i>10 days</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Davis</i>
	Address <i>Annapolis Md</i>
Accident or Suicide? <i>no</i>	



Name
In Full

Lucy Gray.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{town} Annapolis County A-A-
 Date of death 19/0 ^{Month} Sept- ^{Day} 24. Age ^{Years} 75. ^{Months} ^{Days}
 Sex Female Color or Race Colored Birth place Annapolis
 Occupation Housewife Where Reading if not at place of death 93 Clay St.
 Married, Single or Widowed Widow Name of Wife or Husband Thomas Gray.
 Father's Name unknown (103) Father's Birthplace unknown
 Mother's Maiden Name unknown Mother's Birthplace - -
 Name of person giving information Ella Gray Franklin How related to deceased Daughter

Brown hill.

CAUSES OF DEATH

Ridout

PHYSICIAN
OR CORONER

Primary Acute Indigestion How long Twenty four hrs
 Immediate Heart Failure How long
 Are the name, age, sex, color, date and place correctly given above?
 yes
 Signature of Physician John Ridout, M.D.
 Address Annapolis Md
 Accident or Suicide?



Name
in
Full

Michael Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Admiral		County		aa		MARYLAND	
Date of death	1960	Month	Sept	Day	24	Age	—	Months	—
Sex	male	Color or Race	white	Birth-place	Maryland				
Occupation	—			Where Residing if not at place of death		—			
Married, Single or Widowed	—		Name of Wife or Husband			—			
Father's Name	Andrew Green			Father's Birthplace		Germany			
Mother's Maiden Name	Annie Shafer			Mother's Birthplace		Germany			
Name of person giving information	Andrew Green			How related to deceased		father			

CAUSES OF DEATH

Primary	Congenital debility		How long	3 days
Immediate	exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	A. H. M. Green
			Address	Odenton Md.
Accident or Suicide				

PHYSICIAN
OR CORONER



Name
in
Full

Hester Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cumbrstone* ^{Town} *a. d.* ^{County} *MARYLAND*

Date of death *1960* ^{Month} *Sept* ^{Day} *29* ^{Years} *Age 28* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *coloured* Birthplace *a. d. Co. Md*

Occupation *House wife* Where Residing if not at place of death *Cumbrstone*

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

Father's Name *Nelson Ireland* Father's Birthplace *a. d. Co. Md*

Mother's Maiden Name *Mattilda Semmes* Mother's Birthplace *a. d. Co. Md*

Name of person giving Information *John Gross* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

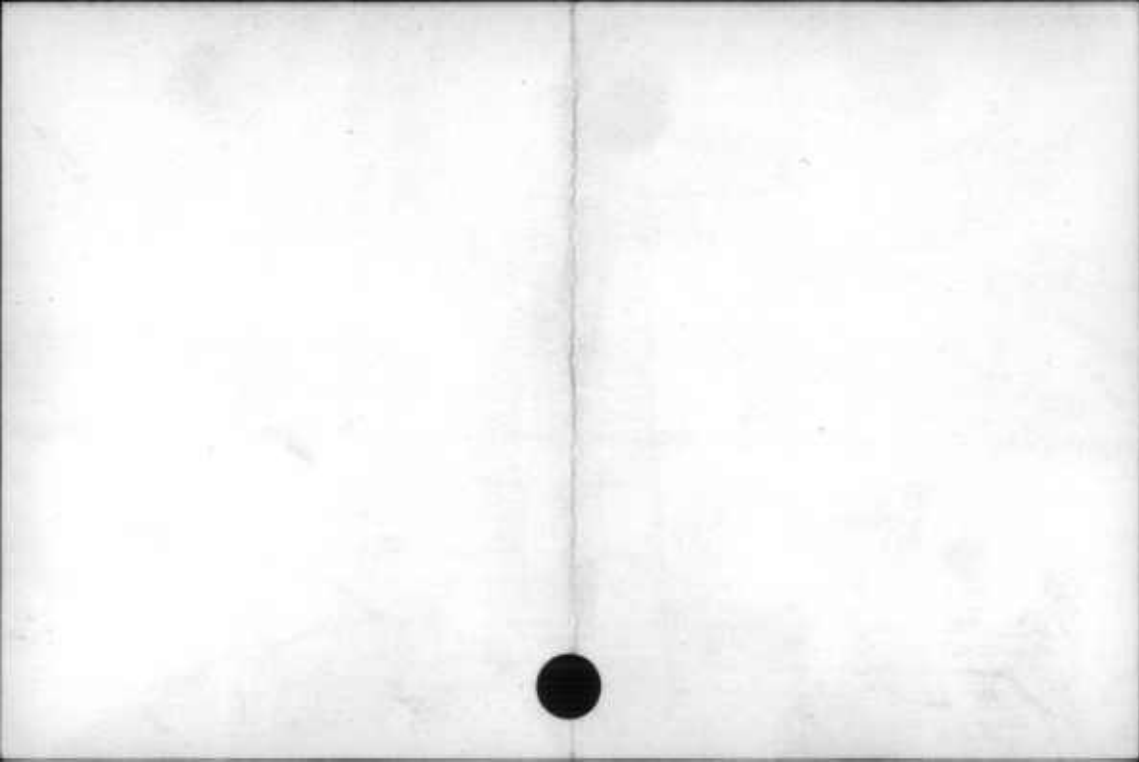
Primary *Supposed cerebral hemorrhage* How long *12 hours*

Immediate *Mya* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Maeline Cannon, M.D.*

Mutter Address *West River Md*

Accident or Suicide *Mutter*



Nigo Sarah Cross.

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis		County		A-A-		MARYLAND	
Date of death	1910	Month	Sept	Day	6	Age	2
Sex	Female	Color or Race	Colored	Birth-place	Annapolis	Months	4
Occupation	—		Where Residing if not at place of death		245 West St.		
Married, Single or Widowed	—		Name of Wife or Husband		—		
Father's Name	Julius Cross		Father's Birthplace		West River Md		
Mother's Maiden Name	Nigo Sarah Hardisty		Mother's Birthplace		West River Md		
Name of person giving information	Nigo S. Cross.		How related to deceased		Mother		

Asbury Cmt.

CAUSES OF DEATH

Ridout

PHYSICIAN
OR CORONER

Primary	Sentition Gashes Enteritis	How long	Three weeks
Immediate	Asthenia	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Ridout MD
Accident or Suicide?		Address	Annapolis Md



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born Harris

MARYLAND

Died at <i>Annapolis</i>		Town		<i>Harris</i>		County	
Date of death <i>1910 Sept 28</i>		Month		Day		Age	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place			
Occupation				Where residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Richard Harris</i>				Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Florence Thomas</i>				Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>Florence Harris</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</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>Wm Swelch M.D.</i>	
		Address <i>Annapolis</i>	
Accident or Suicide?			



Name
in
Full

Edward Hasse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at East Brooklyn ^{Town} D. C. ^{County} MARYLAND

Date of death 1910 ^{Month} Sept ^{Day} 1 Age — ^{Years} — ^{Months} 5 ^{Hours} hours

Sex male Color or Race white Birth-place East Brooklyn

Occupation — Where Residing if not at place of death —

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

Father's Name Rudolph Hasse Father's Birthplace Germany

Mother's Maiden Name Dora Branner Mother's Birthplace Md

Name of person giving Information Rudolph Hasse How related to decedent Father

(15713)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature Birth How long —

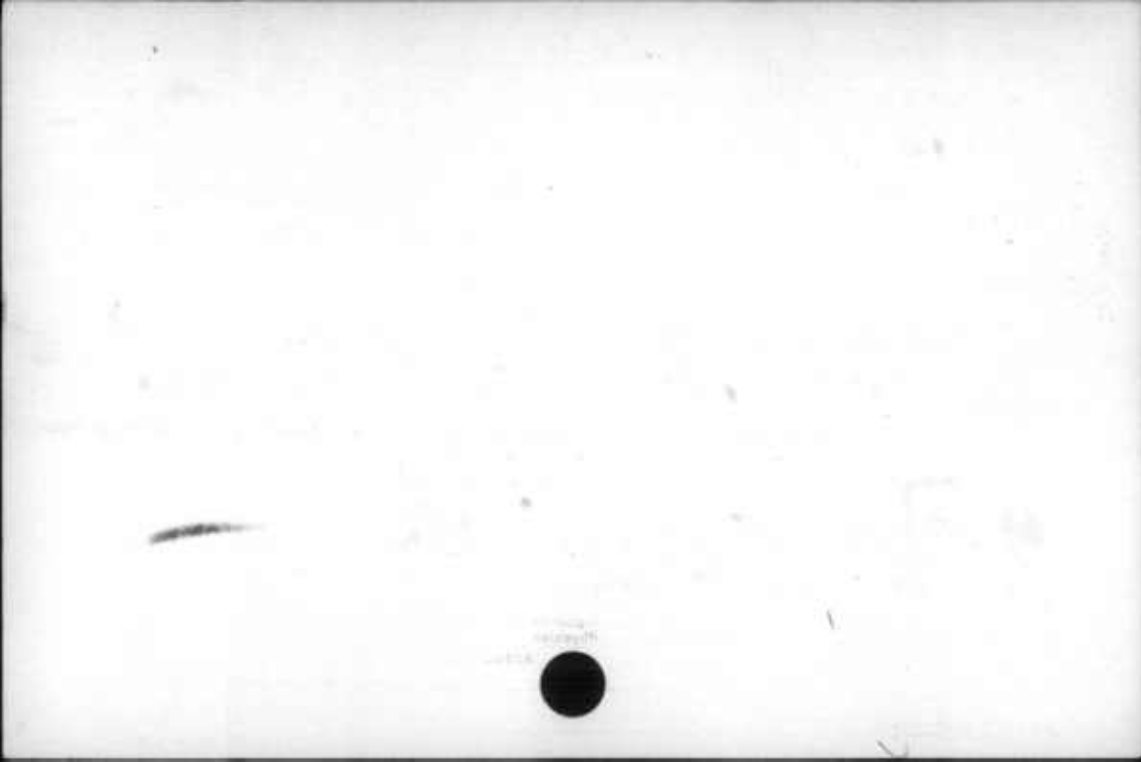
Immediate Exhaustion How long 6 hours

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

Signature of Physician Thos. B. Horton M.D.

Address So. Balty. Md.

Accident or Suicide —



Name
In Full

Christina R Huber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Brooklyn* County *A. A. Co* MARYLAND

Died at *Brooklyn*

Date of death 1990 *Sept* 4 *4* Age *91* Months *-* Days *-*

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *None* Where Residing if not at place of death *Brooklyn*

Married, Single or Widowed *Widow* Name of Wife or Husband *Fred Huber*

Father's Name *J. Kriel* Father's Birthplace *Germany*

Mother's Maiden Name *Do not know* Mother's Birthplace *Germany*

Name of person giving information *William Huber* How related to deceased *Son*

CAUSES OF DEATH

Primary *Old age* How long *15-4*

Immediate *Exhaustion* How long *1 yr*

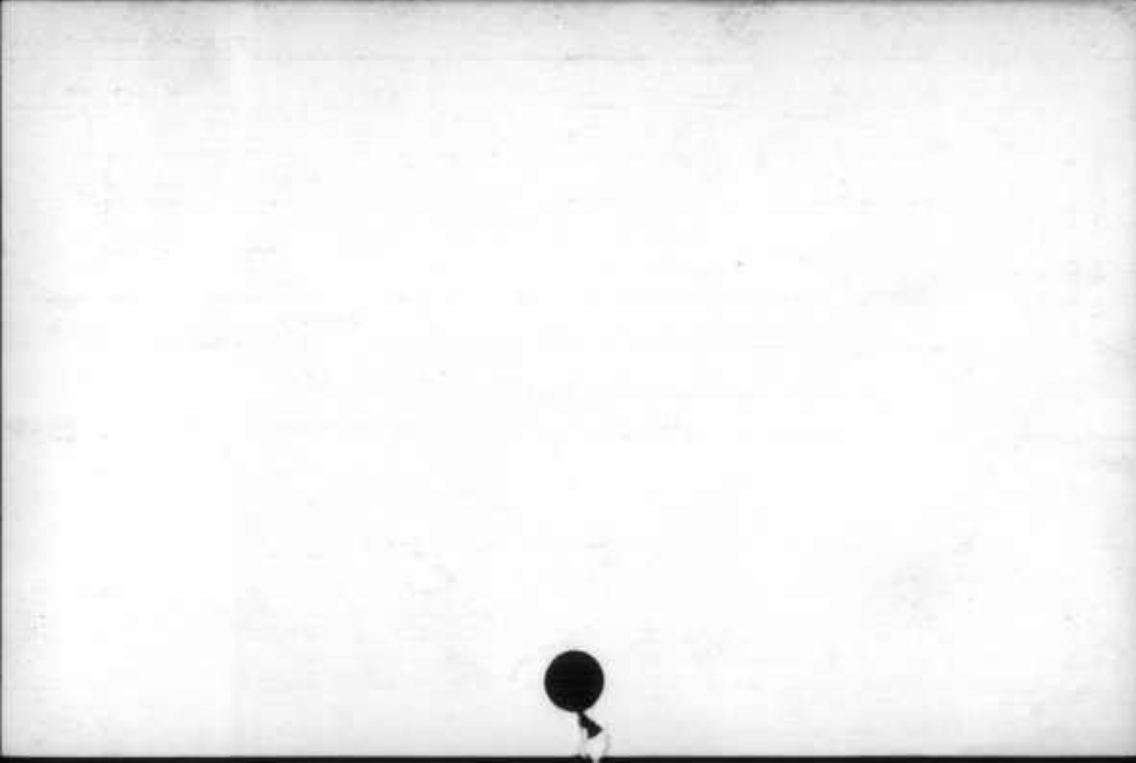
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Chas. H. Broode

Address

*Brooklyn*PHYSICIAN
OR CORONERAccident or Suicide



Name in Full

Blanche Belle Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Solley, A.A. Anne Arundel

MARYLAND

Date of death 1910 Sep 13 Age 3 3/8

Sex Female Color or Race white Birth-place Solley, Md

Occupation — Where Residing if not at place of death —

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

Father's Name Wm E. Johnson Father's Birthplace W.H.G. Md

Mother's Maiden Name Emma D. Henricke Mother's Birthplace Balt., Md

Name of person giving information Emma D. Johnson How related to deceased mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Indigestion How long 2 months

Immediate Exhaustion How long 2 days

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

Signature of Physician Thos. P. Harlow MD

Address E. Balt., Md.

Accident or Suicide?



Name in Full

John Henry Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *New River* Town *Wayne* County

Date of death **1910** *Sept* *20* Age *3* Years *6* Months *-* Days

Sex *male* Color or Race *white* Birth-place *A A Co*

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

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

Father's Name *John Johnson* Father's Birthplace *A A Co*

Mother's Maiden Name *Carrie Mudgett* Mother's Birthplace *Germany*

Name of person giving information *John Watts* How related to deceased *Cousin*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Infantile Convulsions* How long *7 1/2*

Immediate *Infantile Convulsions* How long *3 days*

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

Signature of Physician *Thomas M. Rayburn*

Address *New River*

Accident or Suicide? *—*



Name
in
Full

Eddie Joyce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Mays Town Anne Arundel County MARYLANDDate of death 1960 Sept. Month 23^d Day 7 Years Months Days AgeSex Male Color or Race Colored Birth-place MarylandOccupation Child Where Residing if not at place of deathMarried, Single or Widowed Name of Wife or HusbandFather's Name Eddie Joyce Father's Birthplace not knownMother's Maiden Name Annie Joyce Mother's Birthplace Mays, Md.Name of person giving Information James Anderson How related to deceased no relation

CAUSES OF DEATH

Primary Syphilis (14) How long 13 daysImmediate Exhaustion How long

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

yes

Signature of Physician

Address

John Collinson
South River

Accident or Suicide

Md.PHYSICIAN
OR CORONER



Name
in
Full

Charles Herbert

Jubb
A.A.

CERTIFICATE OF DEATH

Died at ^{Town} So. Betts

MARYLAND

Date of death 1990 ^{Month} Sept ^{Day} 10 Age 55 ^{Years} ^{Months} ^{Days}

Sex Male Color or Race White

Birth place A.A.C. Md

Occupation Laborer Where Residing if not at place of death

~~Married, Single~~ Widowed Name of W.ife or Husband — Unknown

Father's Name John Jubb Father's Birthplace Md

Mother's Maiden Name Annie R. Woods Mother's Birthplace A.A.C. Md

Name of person giving Information Tho. Jubb How related to decedent Brother

CAUSES OF DEATH

175

Primary Run over by Street Car

How long

Immediate Internal Hemorrhage

How long

2 hours

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

Signature of Physician

Address

John P. Potee, Coroner
Brooklyn
A.A.C. Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

PLATE 1
1914



Name is Full

Tierkla Knoche

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} ~~East~~ Brooklyn ^{County} a. a. MARYLAND

Date of death 19 10 Month Sept Day 3 Age 10 Months — Days 12

Sex Female Color or Race white Birth place East Brooklyn

Occupation School girl Where Residing if not at place of death —

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

Father's Name John Knoche Father's Birthplace Germany

Mother's Maiden Name Mary Goresky Mother's Birthplace "

Name of person giving information John Knoche How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Typhoid Fever How long 3 weeks

Immediate Pneumonia How long one week

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

Signature of Physician J. B. Horton, M.D.

Address So. Baltimore, Md.

Accident or Suicide?



Name
in
Full

Still Born Lane

CERTIFICATE OF DEATH

Town

Annapolis

County

Anne Arundel

MARYLAND

Died at

Date

1970 Sept 30

Age

Years

Months

Days

Sex

Male

Color or Race

Colored

Birth-place

Annapolis

Occupation

(blank)

Where Residing if not
at place of death

Offroadly

Married, Single
or Widowed

Single

Name of Wife or
Husband

(blank)

Father's
Name

Prof. Williams

Father's
Birthplace

A.P.C.

Mother's
Maiden Name

Patricia Lane

Mother's
Birthplace

" " "

Name of person giving
Information

May Lane

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Still born

How long

Immediate

How long

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

Yes

Signature of
Physician

Wm S Welch M.D.

Address

Annapolis

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In Full

John Lee

CERTIFICATE OF DEATH

Died at *West Annapolis*

Town

A. A.

County

MARYLAND

Date of death *1910 Sept. 13th*

Month

Day

Age *54*

Years

Months

Days

Sex *Male*

Color or Race

White

Birth-place

Ballo, Md

Occupation

Painter

Where Reading if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Catherine Lee

Father's Name

George Lee

Father's Birthplace

Germany

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving information

Catherine Lee

How related to deceased

Wife

CAUSES OF DEATH

Primary

Cerebral Congestion

How long

2 weeks

Immediate

Apoplexy

How long

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

yes

Signature of Physician

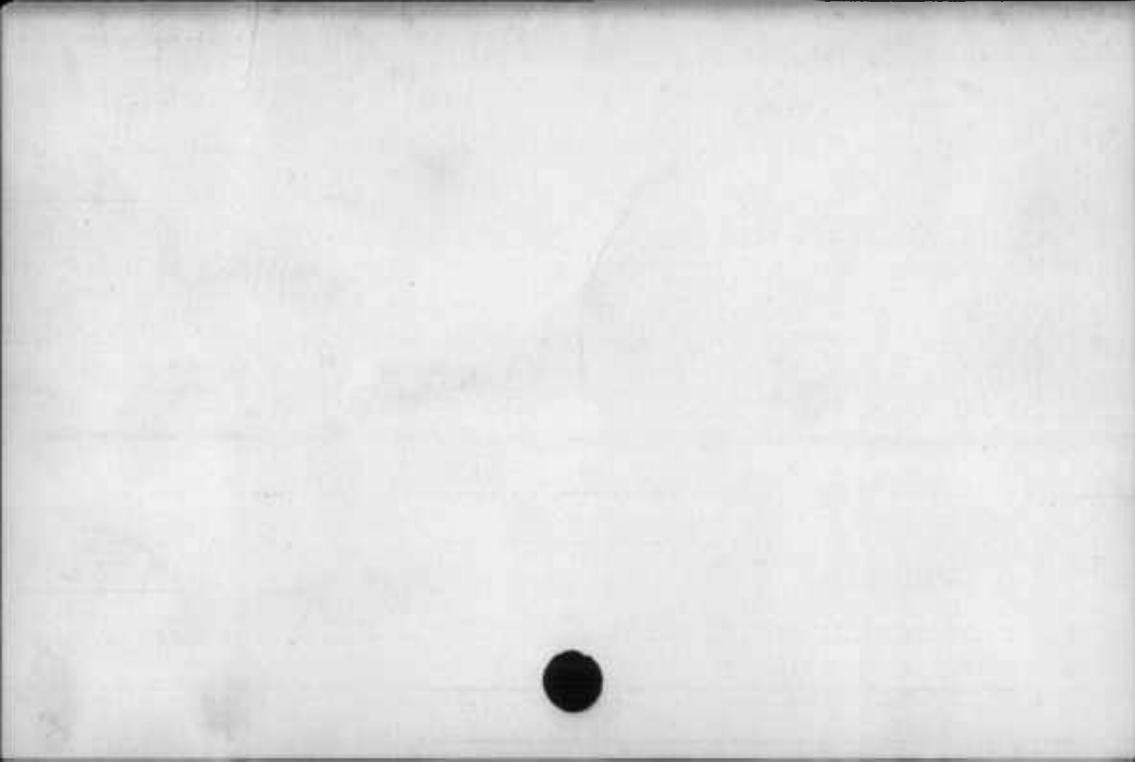
Wm S Welch

Address

Annapolis

Accident or Suicide?

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Harry Lockin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

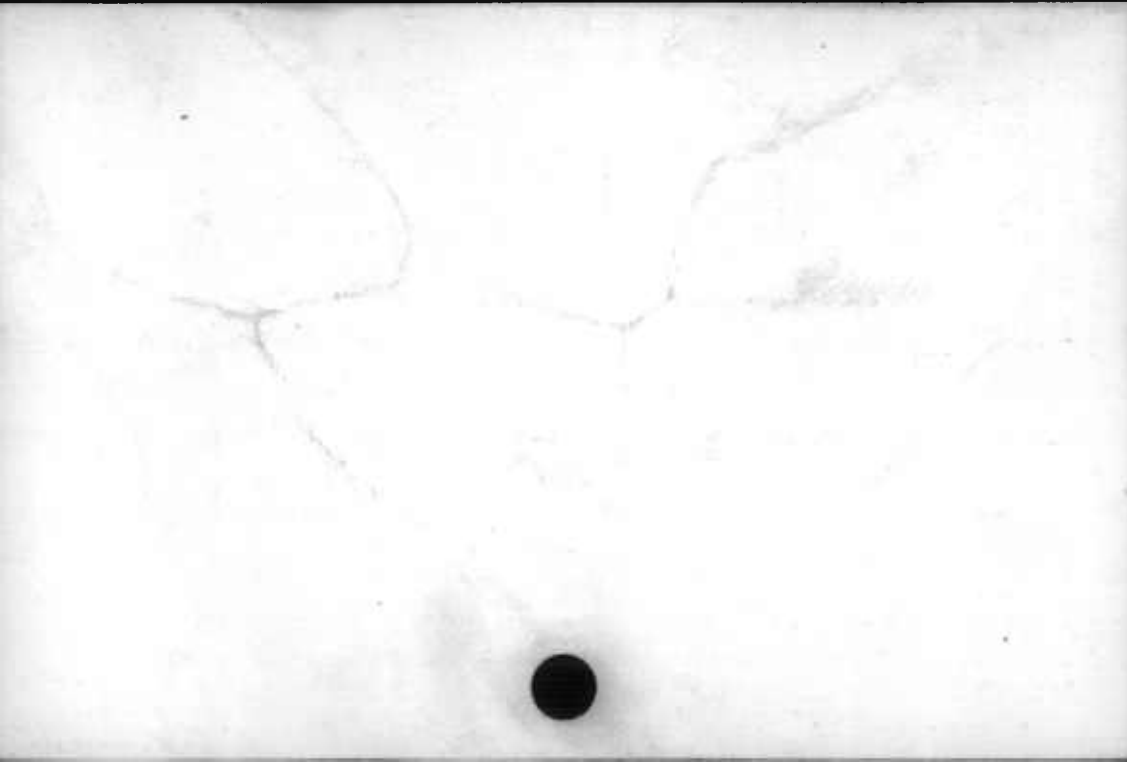
MARYLAND

Died at		Town		County		State	
South River neck		A. A. Co.				MARYLAND	
Date of death	1901	Month	Sept	Day	20	Age	36 yrs
Sex	Female	Color or Race	Colored	Birth place	Washington	Months	
Occupation	House girl	Where Residing if not at place of death		South River Neck			
Married, Single or Widowed	Widowed	Name of Wife or Husband					
Father's Name	Wennis Lockin			Father's Birthplace	Cameronville		
Mother's Maiden Name	Fantine Swaden			Mother's Birthplace	Cameronville		
Name of person giving information	Wennis Lockin			How related to deceased	Father		

CAUSES OF DEATH

Primary	Nephritis	How long	130 Months
Immediate	Memoria & Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Ridout
Accident or Suicide		Address	St. Annes St. Md.

PHYSICIAN
OR CORONER



Name in Full

George Winfield Mc Knew

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Adenton ^{Town} Anne Arundel ^{County} MARYLAND

Date of death 190 ^{Month} 9 ^{Day} 9 ^{Age} — ^{Years} 8 ^{Months} 28 ^{Days}

Sex Male Color or Race White Birth-place Adenton Md.

Occupation Infant Where Residing if not at place of death —

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

Father's Name Charles Huber Mc Knew Father's Birthplace Maryland

Mother's Maiden Name Martha Eleanor Murray Mother's Birthplace Maryland

Name of person giving information Virginia Murray How related to deceased Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cholera-Infantum How long 28 hours

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician R T Hammond

Address Jeerup Md.

Accident or Suicide? No



Name
in
Full

Marie Annie Meyn

CERTIFICATE OF DEATH

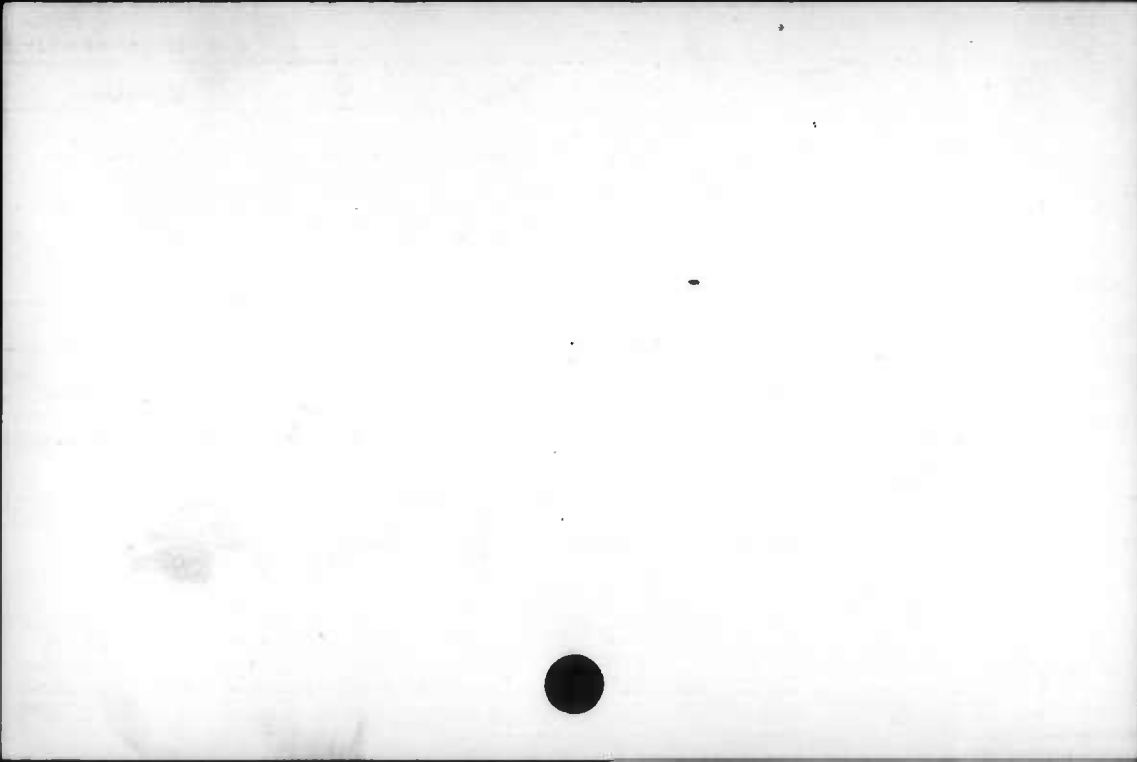
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elraton</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death <u>1946</u>	Month <u>Sept.</u>	Day <u>6</u>	Age	Months <u>6</u>	Days <u>7</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Anne Arundel Co.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Gustave Meyn</u>	Father's Birthplace <u>Prussia</u>		Mother's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Annie Haupt</u>	How related to deceased <u>Brother</u>		151		
Name of person giving information <u>Edward Meyn</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>6 months</u>
Immediate <u>Malnutrition</u>	How long <u>7 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>James P. Billingsha</u>
Accident or Suicide <u>No</u>	Address <u>Sub. registrar 3rd dist. A. A. Co</u> <u>Md.</u>



Name
In
Full

Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brooklyn		County Kings		STATE MARYLAND	
Date of death	1960	Month Sept	Day 14	Age	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	Ind
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Lewis Miller				Father's Birthplace	Ind	
Mother's Maiden Name	Maggie Schlem				Mother's Birthplace	Ind	
Name of person giving information	Lewis Miller				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stroke Born	How long	—
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Charles Brock
		Address	Brooklyn
Accident or Suicide?			



Name
in
Full

Vernon Leroy Moore

CERTIFICATE OF DEATH

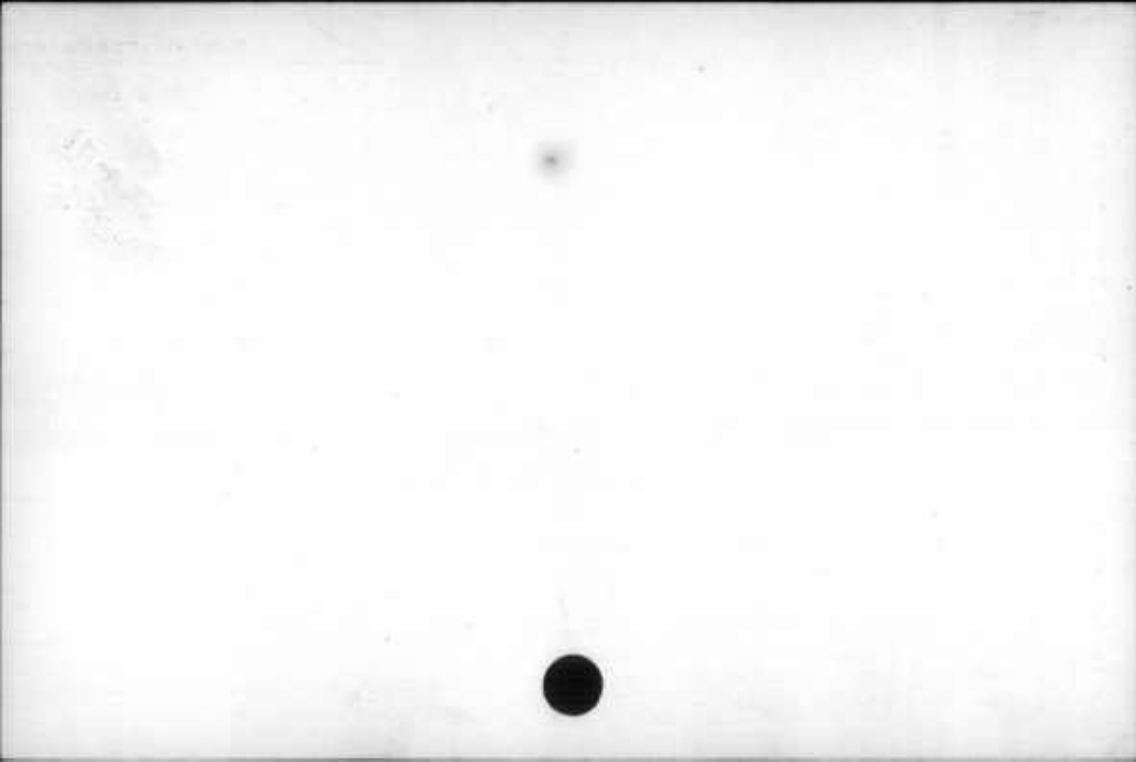
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mc. Artinsville</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death <i>1980</i>	Month <i>Sept.</i>	Day <i>26</i>	Age	Years	Months <i>5</i>	Days <i>14</i>			
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Anne Arundel Co</i>						
Occupation <i>—</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 J. Moore</i>			Father's Birthplace <i>Anne Arundel Co</i>						
Mother's Maiden Name <i>Mary J. King</i>			Mother's Birthplace <i>Anne Arundel Co</i>						
Name of person giving Information <i>William J. Moore</i>			How related to Decedent <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ilia colitis</i>	How long <i>Since 10/16</i>
Immediate <i>Exhaustion</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>James S. Billingslea</i>
	Address <i>Elratan Md.</i>
Accident or Suicide <i>No</i>	



Name
in
Full

Irene Moreland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Greenock* Town *a, a,* County *MD* MARYLAND

Date of death *1900* Month *Sept* Day *24* Age *—* Years *—* Months *8* Days *—*

Sex *Female* Color or Race *colored* Birth-place *a, a, co., md.*

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

Married, Single or Widowed *—* Name of Wife or Husband ~~*Thomas Moreland*~~

Father's Name *Thomas Moreland* Father's Birthplace *a, a, co., md.*

Mother's Maiden Name *Mary Peters* Mother's Birthplace *a, a, co., md.*

Name of person giving Information *Thomas Moreland* How related to deceased *father*

CAUSES OF DEATH

Primary *High Temperature of unknown cause* How long *Don't know*

Immediate *Cardiac & respiratory failure* How long *Don't know*

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

Signature of Physician *Melrose Coward MD* Address *West River Md*

Accident or Suicide *Murder*

PHYSICIAN
OR CORONER

)



Name
in
Full

Ernest Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Annapolis</i>		<i>a-a</i> ^{County}		MARYLAND	
Date of death 1910	^{Month} <i>Sept</i>	^{Day} <i>24</i>	Age	^{Years} <i>-</i>	^{Months} <i>-</i> ^{Days} <i>20</i>
Sex <i>Male</i>	Color or Race <i>Colord</i>		Birth-place	<i>annapolis</i>	
Occupation <i>-</i>	Where Residing if not at place of death		<i>81</i>	<i>North West St</i>	
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>John Murray</i>	Father's Birthplace <i>3. district Md</i>				
Mother's Maiden Name <i>Annie Mathews</i>	Mother's Birthplace <i>annapolis</i>				
Name of person giving information <i>Annie M. Murray</i>	How related to deceased <i>mother</i>				

Asbury Ceme

CAUSES OF DEATH

Dr. Ridout

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>Since Birth</i>
Immediate <i>Asthenia</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Ridout M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

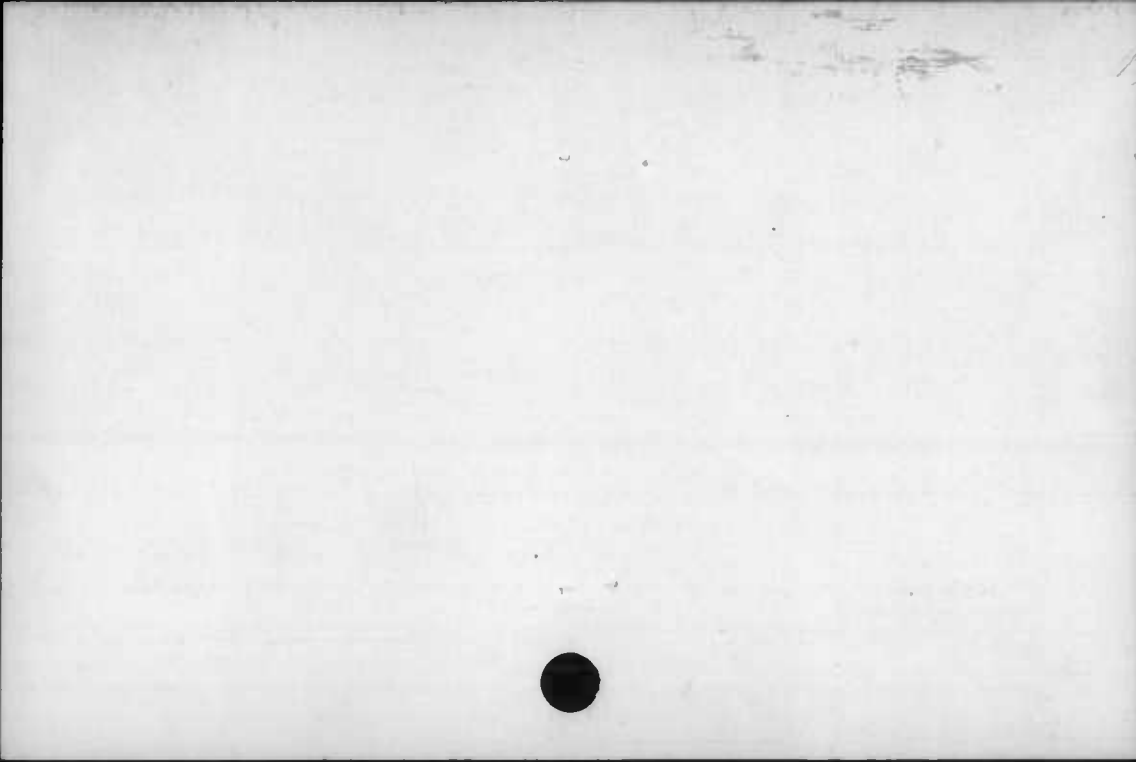
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *St. Aidmore* Town*a-a* CountyDate of death *1910 Sept 29* Month *Sept* Day *29* Age *52* Years Months DaysSex *Male* Color or Race *Colord* Birth place *S. Carolina*Occupation *Farmer* Where Residing if not at place of death *Staidmore*Married, Single or Widowed *Married* Name of Wife or Husband *Hester Nelson*Father's Name *unknown* Father's Birthplace *unknown*Mother's Maiden Name *unknown* Mother's Birthplace *unknown*Name of person giving information *Hester Nelson* How related to deceased *Wife**Bilson Barry ground*

CAUSES OF DEATH

Primary *Mitral Regurgitation* How long *9* MonthsImmediate *Heart Failure* How long *Immediate*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Ambrose Garcia M.D.*Address *34. 2nd St*Accident or Suicide? *no*



Name in Full

Margerate A. Nise.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Jacobsville</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death <u>1900</u>	Month <u>September</u>	Day <u>26</u>	Age <u>85</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore, Md.</u>			
Occupation <u>Housewife</u>	Where Reiding if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Rev. Henry Nise</u>				
Father's Name <u>Capt. Smith</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving Information <u>Rev. Henry Nise</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <u>Mitral Insufficiency</u>	How long <u>79</u>
Immediate <u>Heart Failure</u>	How long <u>70 years</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>James S. Billingsha, Md.</u>
	Address <u>Cleaton Md</u>
Accident or Suicide <u>No</u>	



Name in Full

Mabel Nicholson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} near Bel Air ^{County} A A

MARYLAND

Date of death 1910 ^{Month} Sept ^{Day} 24 ^{Age} 1 ^{Years} / ^{Months} / ^{Days} /

Sex female ^{Color or Race} African ^{Birth-place} A A Co

Occupation Infant ^{Where Residing if not at place of death}

Married, Single or Widowed — ^{Name of Wife or Husband} —

Father's Name Basil Nicholson ^{Father's Birthplace} A A Co

Mother's Maiden Name Martha Duckitt ^{Mother's Birthplace} A A

Name of person giving information Basil Nicholson ^{How related to deceased} father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Do you have a

How long 189

Immediate Physician

How long

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

Signature of Physician

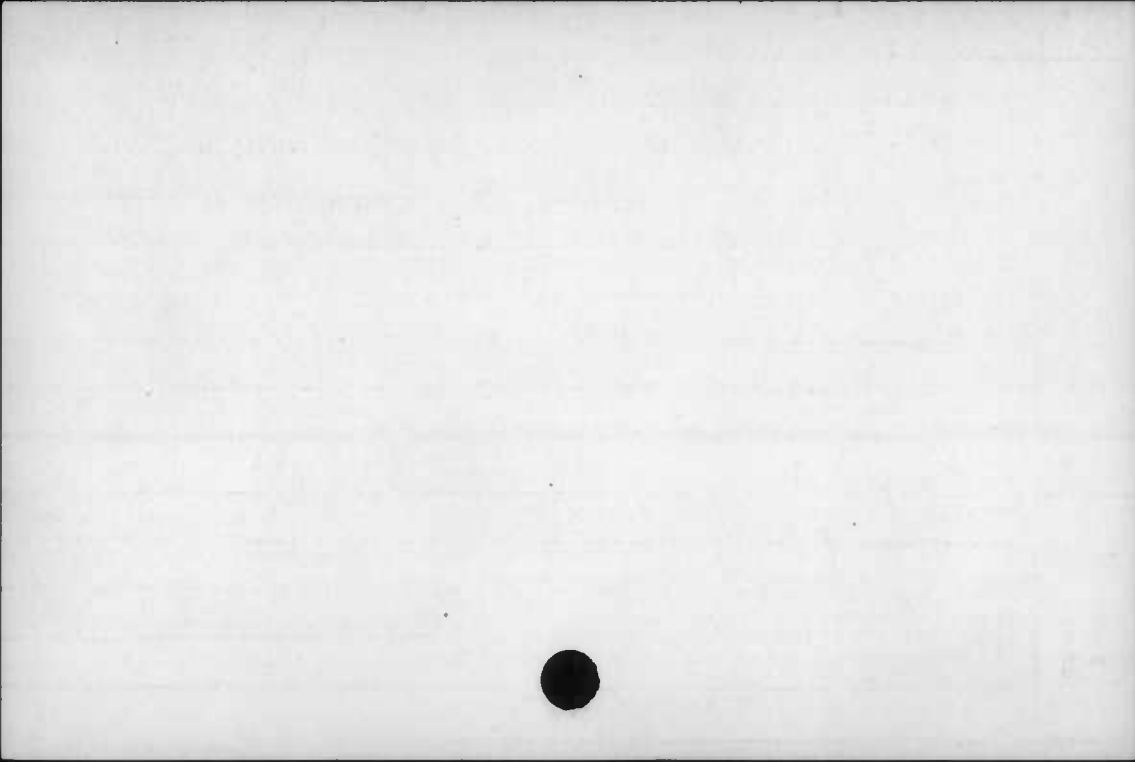
Thos H. Gray

Thos

Address



Accident or Suicide?



Name in Full

Lawrence Nitka

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Willham ^{Town} A. B. Co ^{County} **MARYLAND**

Date of death 1960 ^{Month} Sept ^{Day} 29 ^{Years} 74 ^{Months} ^{Days}

Sex Male Color or Race White Birth place Germany

Occupation No Occupation Where Residing if not at place of death Same place of residence

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

Father's Name Unknown Father's Birthplace Germany

Mother's Maiden Name Unknown Mother's Birthplace Germany

Name of person giving Information Thomas Nitka How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Endocarditis (78) How long 2 months

Immediate Heart Failure Sudden How long Immediate

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician G. R. Winters MD

Address Hanover
lea

Accident or Suicide



Name
in
Full

Ella Pease

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Davidsonville</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death <i>1960</i>		Month <i>Sept.</i>		Day <i>25</i>		Age <i>10</i>		Years	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co.</i>					
Occupation <i>Child</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>							
Mother's Maiden Name <i>Fanny Crampton</i>		Mother's Birthplace <i>Maryland</i>							
Name of person giving Information <i>Loisell John Howes</i>		How related to deceased <i>no relation</i>							

CAUSES OF DEATH

Primary <i>Typhoid fever</i>	How long <i>5 weeks</i>
Immediate <i>Heart failure</i>	How long

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

yes

Signature of Physician

Address

John Callison
South River

Accident or Suicide

Md.



Name
in Full

CERTIFICATE OF DEATH

Jane Porter

Town

County

MARYLAND

Died at

30th St

D. D.

Date of death

1950

Month

Sept

Day

5

Age

Years

22

Months

Days

Sex

Female

Color or Race

Colored

Birth-place

D. D. Co. Md

Occupation

House Wife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Charles Porter

Father's Name

Charles Harrison

Father's Birthplace

Virginia

Mother's Maiden Name

Lizzie Carr

Mother's Birthplace

D. D. Co. Md

Name of person giving information

John Casey

How related to deceased

Neighbor

CAUSES OF DEATH

Primary

Pneumonia

How long

3 days

Immediate

CMA

How long

4 hours

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

Yes

Signature of Physician



Address

3121 Sidant
Annapolis Md
R. F. D. No 1

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

York Town Court.

J. S. Taylor, Clerk.

Name
is
Full

Daniel Pratt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis Harbor ^{County} A A		MARYLAND	
Date of death 19 ^{Month} 10 ^{Day} Spt 9	Age ^{Years} about 39		Months _____ Days _____
Sex Male	Color or Race Colored	Birth-place Unknown	
Occupation Unknown	Where Residing if not at place of death _____		
Married, Single or Widowed Unknown	Name of Wife or Husband Unknown		
Father's Name Unknown	Father's Birthplace Unknown		
Mother's Maiden Name Unknown	Mother's Birthplace Unknown		
Name of person giving information _____	How related to deceased _____		

CAUSES OF DEATH

Primary Drowned

How long

How long

Immediate

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

Signature of Physician

Address

Accident or suicide?

Ino. B. Wells L. P.
Annapolis Md.
Act. coroner



Name
in
Full

Infant Duren.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Camp Parole		a-a- County		MARYLAND	
Date of death	1910	Month	Sept.	Day	28	Age	Years — Months 15 Days
Sex	Female	Color or Race	Colored	Birth-place	Camp Parole		
Occupation	←			Where residing if not at place of death	Camp Parole		
Married, Single or Widowed	←		Name of Wife or Husband	←			
Father's Name	William Duren			Father's Birthplace	Annapolis		
Mother's Maiden Name	Bertha Spriggs			Mother's Birthplace	Camp Parole		
Name of person giving information	William Duren			How related to deceased	Father		

Macedonia Court

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Parasitis	(151)	How long	one month
Immediate				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Ambrose Garcia	
	Address		34 1/2nd St.	
Accident or Suicide?				



Name
in
Full

Catherine Randall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Friendship		a		a		MARYLAND	
Date of death		1900	Sept	16	Age	78	Months		Days
Sex	Female		Color or Race	Colored		Birth-place	Md		
Occupation	Housewife		Where Residing if not at place of death						
Married, Single or Widowed	Widow		Name of Wife or Husband	David		Randall			
Father's Name	Frank		Watkins		Father's Birthplace	Md			
Mother's Maiden Name	Unknown				Mother's Birthplace	Md			
Name of person giving information	William Randall				How related to deceased	Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular disease of heart		How long	Several yrs
Immediate	Heart exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	J. D. Prayshaw
			Address	Friendship
Accident or Suicide				

01/70/10/16



Sarah Ready

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis		a-a		County		MARYLAND	
Date of death	1900	Month	Sept.	Day	19	Age	79
Sex	Female	Color or Race	Colored	Birth-place	Davidsonville	Months	
Occupation	House Wife	Where residing if not at place of death		36. Washington St.			
Married, Single or Widowed	Widow	Name of Wife or Husband		Peter Ready			
Father's Name	Nathaniel Davis	Father's Birthplace		Davidsonville			
Mother's Maiden Name	Caroline Davis	Mother's Birthplace		Davidsonville			
Name of person giving in formation	Jessie R. Kirby	How related to deceased		Daughter			

Asbury

CAUSES OF DEATH

Dr Garcia

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation	How long	months
Immediate	Heart Failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	ye	Signature of Physician	Ambrose Garcia, M.D.
		Address	34. 2nd St
Accident or Suicide?	—		



Name
in
Full

Shelma Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis ^{Town} Anne Arundel ^{County} MARYLAND

Date of death 1940 ^{Month} Sept ^{Day} 16 Age ^{Years} 3 ^{Months} 1 ^{Days}

Sex Female Color or Race Colored Birth-place Annapolis

Occupation Infant Where Residing if not at place of death 110 West St.

Married, Single or Widowed Widowed Name of Wife or Husband

Father's Name Thomas Richardson Father's Birthplace Annapolis

Mother's Maiden Name Mary Badye Mother's Birthplace

Name of person giving Information Father Thos Richardson How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Meningitis How long one week

Immediate Exhaustion Heart Failure How long Gradual

Are the name, age, sex, color, date and place correctly given above? Signature of Physician John Ridout MD

Yes Address Annapolis Md

Accident or Suicide



Name
in
Full

Chas. P. Schlie

CERTIFICATE OF DEATH

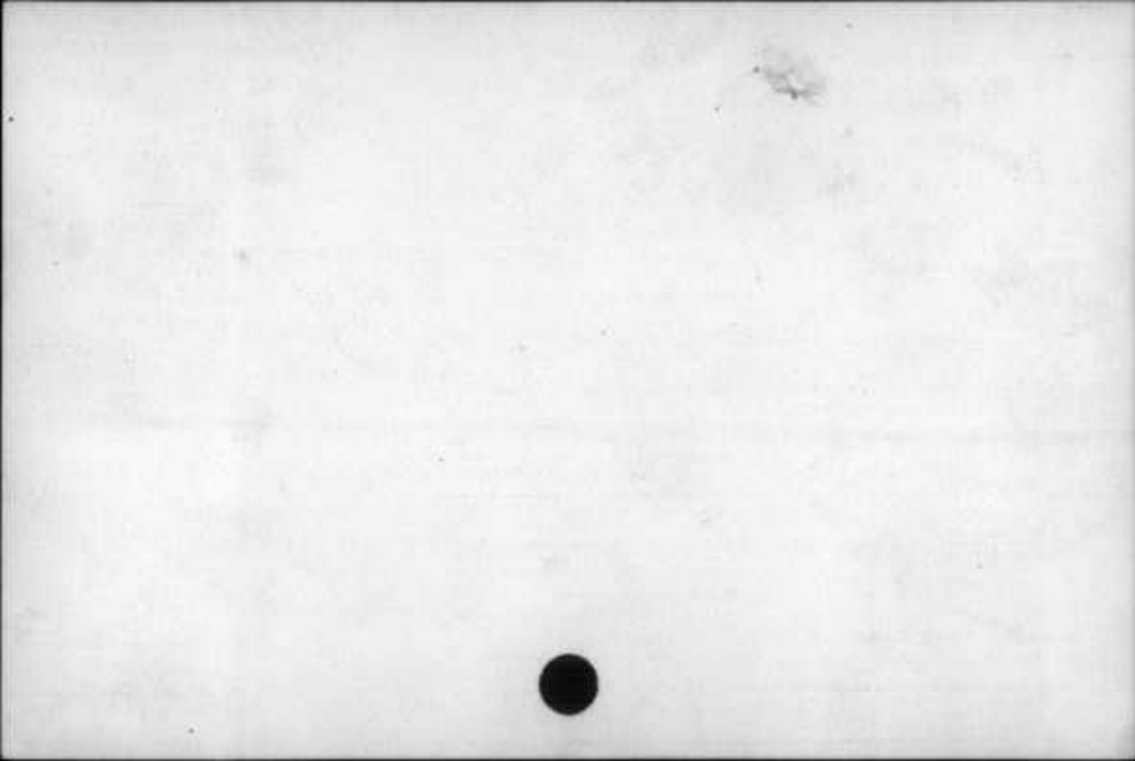
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Brooklyn ^{County} Ad.		MARYLAND	
Date of death 190	Month Oct	Day 3	Years 1886
Sex Male	Color or Race White	Birthplace Brooklyn Ad.	Months
Occupation Brick Moulder	Where Reading if not at place of death		Days
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name Aug Schlie	Father's Birthplace Jersey		
Mother's Maiden Name Margaret Apple	Mother's Birthplace Jersey		
Name of person giving information Chas Schlie	How related to deceased Brother		

CAUSES OF DEATH

Primary	Accompanied by asphyxia	How long 27 yrs
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician J. H. P. [Signature]
Accident or Suicide?	X	Address 1278 A Chesapeake Batts W

PHYSICIAN
OR CORONER



Name
In
Full

Augustus Simms

CERTIFICATE OF DEATH

Died at ^{Town} Shady Side ^{County} Anne Arundel MARYLANDDate of death 1910 ^{Month} Sept ^{Day} 9th ^{Years} Age 20 ^{Months} ~~20~~ ^{Days} 20Sex male ^{Color or Race} Colored ^{Birth-place} Shady SideOccupation Sailor ^{Where Residing if not at place of death} —Married, Single or Widowed Single ^{Name of Wife or Husband} —Father's Name Unknown ^{Father's Birthplace} UnknownMother's Maiden Name Eliza Simms ^{Mother's Birthplace} A. A. Co.Name of person giving Information R. P. W. Scott ^{How related to Deceased} none.

CAUSES OF DEATH

Primary Pulmonary Tuberculosis ^{How long} about 2 yrsImmediate Asphyxia ^{How long} 3 hours

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

^{Signature of Physician} R. P. W. Wilson^{Address} Burchtons, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullSarah E. Simpkins
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis A. D.

Date of death 1906 Sept 6th Age 44 Months + Days -

Sex Female Color or Race Colored Birth-place MD

Occupation Luncheon Where Residing if not at place of death +

Married, Single or Widowed Widow Name of Wife or Husband Jessie Simpkins

Father's Name Charles Blackstone Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace +

Name of person giving information Charles Simpkins How related to deceased Son

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Progressive Paralysis How long Several months

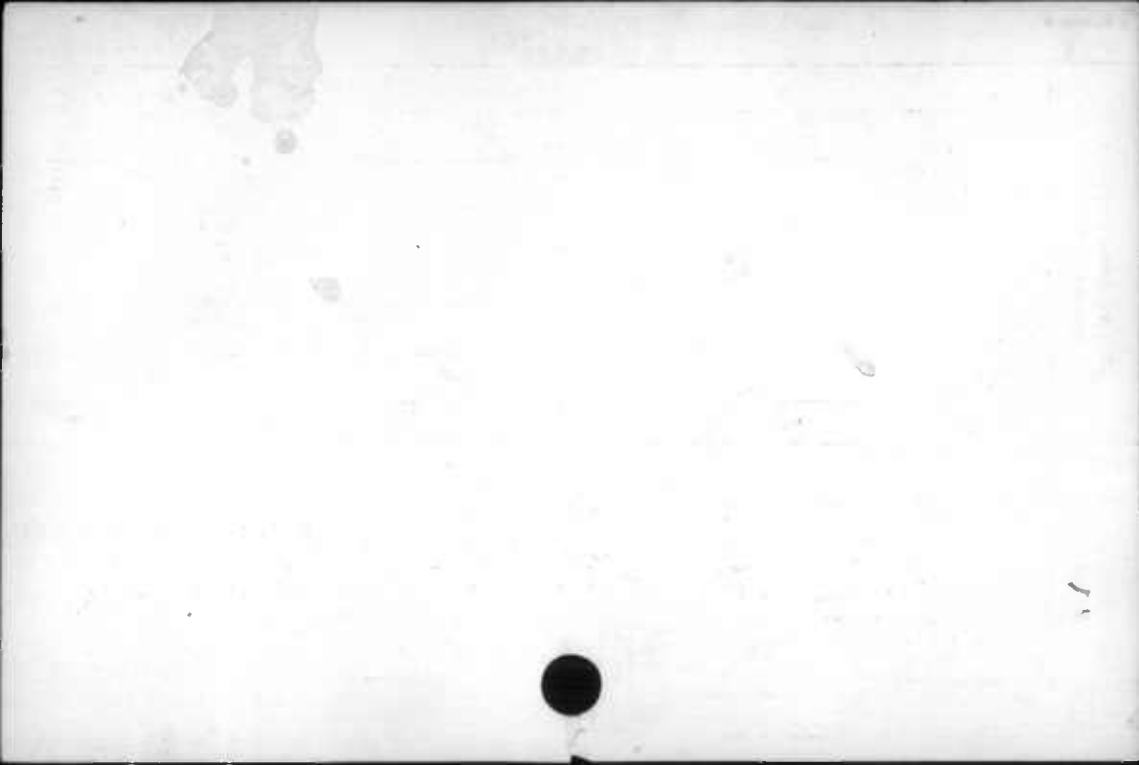
Immediate Exhaustion & Heart Failure How long Gradual

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

Signature of Physician John Ridout, M.D.
Address Annapolis MD

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Smith

CERTIFICATE OF DEATH

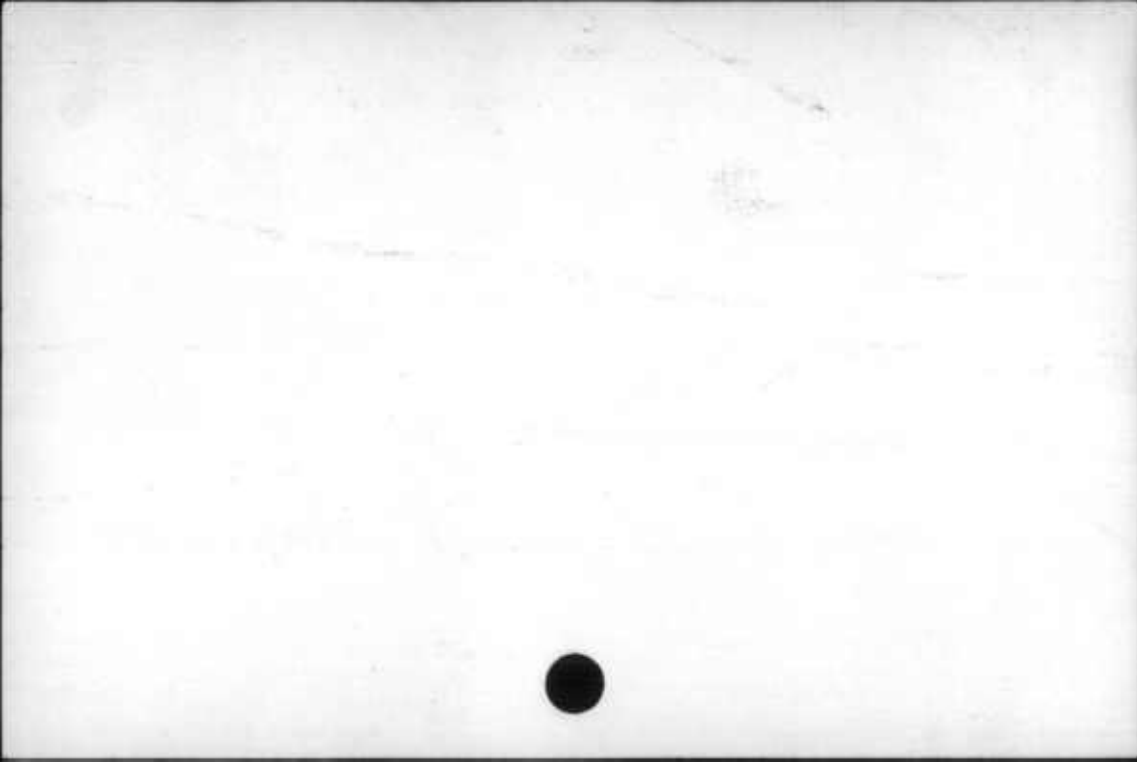
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Churchton		County Anne Arundel		State MARYLAND	
Date of death 19	Month 20 Sept.	Day 26th	Age 73	Years	Months 2	Days 26	
Sex	Female		Color or Race	African		Birth-place	A. A. Co. Md.
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband	James Smith			
Father's Name	Titus Blunt		Father's Birthplace	Unknown			
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown			
Name of person giving Information	Charles Smith		How related to deceased	Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy		How long	3 days
Immediate	Paralysis - Progressive		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. P. W. Wilson M.D.
			Address	Churchton, Md.
Accident or Suicide				



Name
in Full

Nolland Mc Tyre Smith -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sumapolis* ^{Town} *Anne Arundel* ^{County} - MARYLAND

Date of death *1900* ^{Month} *Sept* ^{Day} *8* Age *-* ^{Years} *-* ^{Months} *5* ^{Days} *31*

Sex *Male* - Color or Race *Caucasian* Birth place *Phoenixville, Pa.*

Occupation *-* Where flooding if not at place of death *-*

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

Father's Name *Nolland M. Smith -* Father's Birthplace *Altoona.*

Mother's Maiden Name *Ada Wilkinson* Mother's Birthplace *Phoenixville, Pa.*

Name of person giving information *Nolland M. Smith.* How related to deceased *Father.*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Me coliis -* How long *5 weeks -*

Immediate *Same -* How long *Same -*

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

Signature of Physician *J. M. Bristor*

Address *Surgeon, U.S. Army.*

Accident or Suicide? *Neither.*

Phoenixville

Pa

Name
in
Full

Ezzer Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mary ^{Town} Ann arund ^{County} **MARYLAND**

Date of death 1900 Sept ^{Month} 2 ^{Day} Age 17 ^{Years} 4 ^{Months} — ^{Days}

Sex Female Color or Race Color Birth-place Mary

Occupation Student Where Residing if not at place of death Mary

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

Father's Name William Spencer Father's Birthplace Mary

Mother's Maiden Name Charlotte Spencer Mother's Birthplace Mary

Name of person giving Information William Spencer How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronchitis How long 5 months

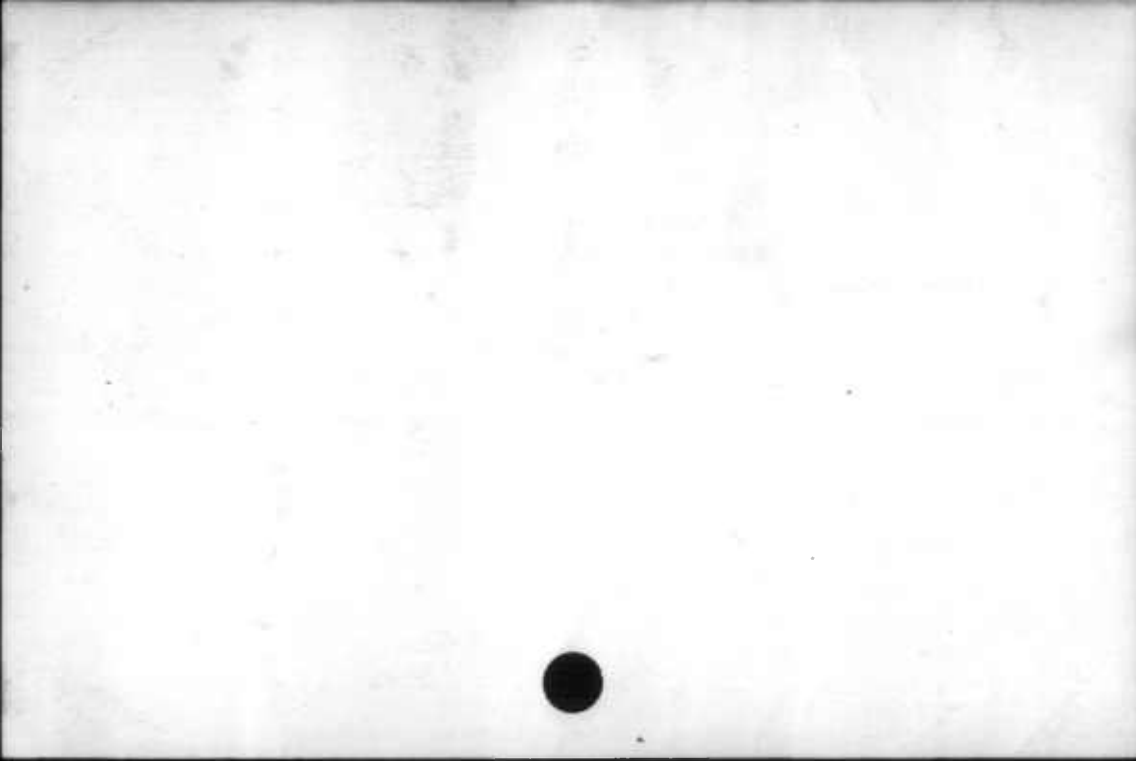
Immediate Phtisis How long 24. Hours

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

Signature of Physician Thomas H. Brown

Address Mary a a land

Accident or Suicide No



Name in Full

CERTIFICATE OF DEATH

James R. Stallings

Died at So. Baltg Md. County

MARYLAND

Date of death 1910 Sept 12 Age 62

Sex Male Color or Race white Birth-place Calvert Co, Md

Occupation Farmer Where Residing if not at place of death Denmark Ave, Arlington Md

Married, Single or Widowed Name of Wife or Husband Caroline Stallings

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace "

Name of person giving Information John E. Stallings How related to deceased Son

CAUSES OF DEATH

Primary Paralysis of Heart How long Immediate

Immediate

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

Signature of Physician John P. Potee Corner Brooklyn A. A. C. Md

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name in Full

Stanley James B.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Amesbury, Mass Harbor County ALD MARYLAND

Date of death 1960 Sept 1 Age 25 Months Days

Sex Male Color or Race wh Birthplace Mississippi

Occupation Seaman US Navy Where Residing if not at place of death US Navy

Married, Single Name of Wife or Husband 7

Father's Name J. S. Stanley, M.D. Father's Birthplace Arkness

Mother's Maiden Name Arkness Mother's Birthplace Arkness

Name of person giving information CP Purcell, Phone How related to deceased -

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Drowning - fall from USS Iowa How long USS Iowa

Immediate (164) How long -

Are the name, age, sex, color, date and place correctly given above? Signature of Physician L. S. W. ...

Address Naval Hosp Amesbury, Mass.

Accident -



Name
in
Full

Frank Swireko.

CERTIFICATE OF DEATH

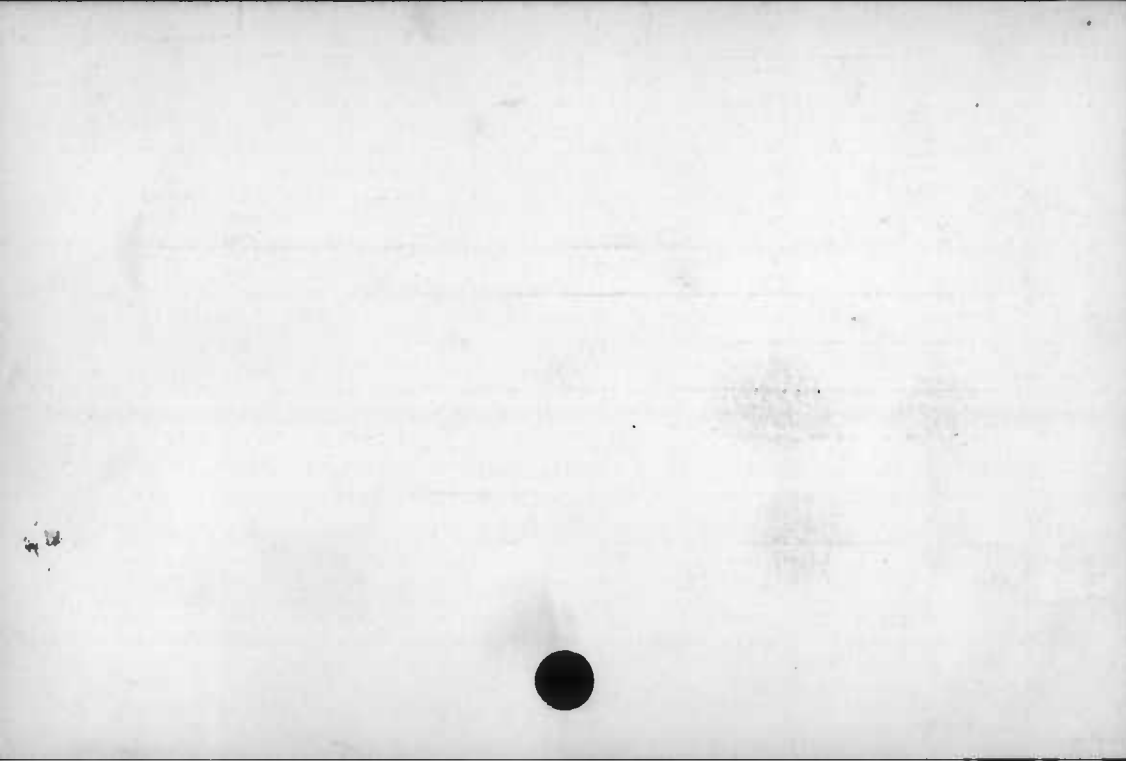
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>So Balt</u> <small>Town</small>		<u>a. a.</u> <small>County</small>		MARYLAND	
Date of death	<u>19</u> <small>Year</small>	<u>10</u> <small>Month</small>	<u>Sept</u> <small>Month</small>	<u>16</u> <small>Day</small>	<u>4</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>So Balt.</u>
Occupation	—		Where Residing if not at place of death		
Marrried, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Blaze Swireko.</u>			Father's Birthplace	<u>Austria</u>
Mother's Maiden Name	<u>Anelozia Dorock</u>			Mother's Birthplace	<u>Austria</u>
Name of person giving information	<u>Blaze Swireko</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Indigestion</u>	How long	<u>16 hours</u>
Immediate	<u>Convulsions</u>	How long	<u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Thos. B. Horton M.D.</u>
		Address	<u>So. Balt., Md.</u>
Accident or Suicide?	<u>—</u>		



Name
Full

John Emory Sudder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

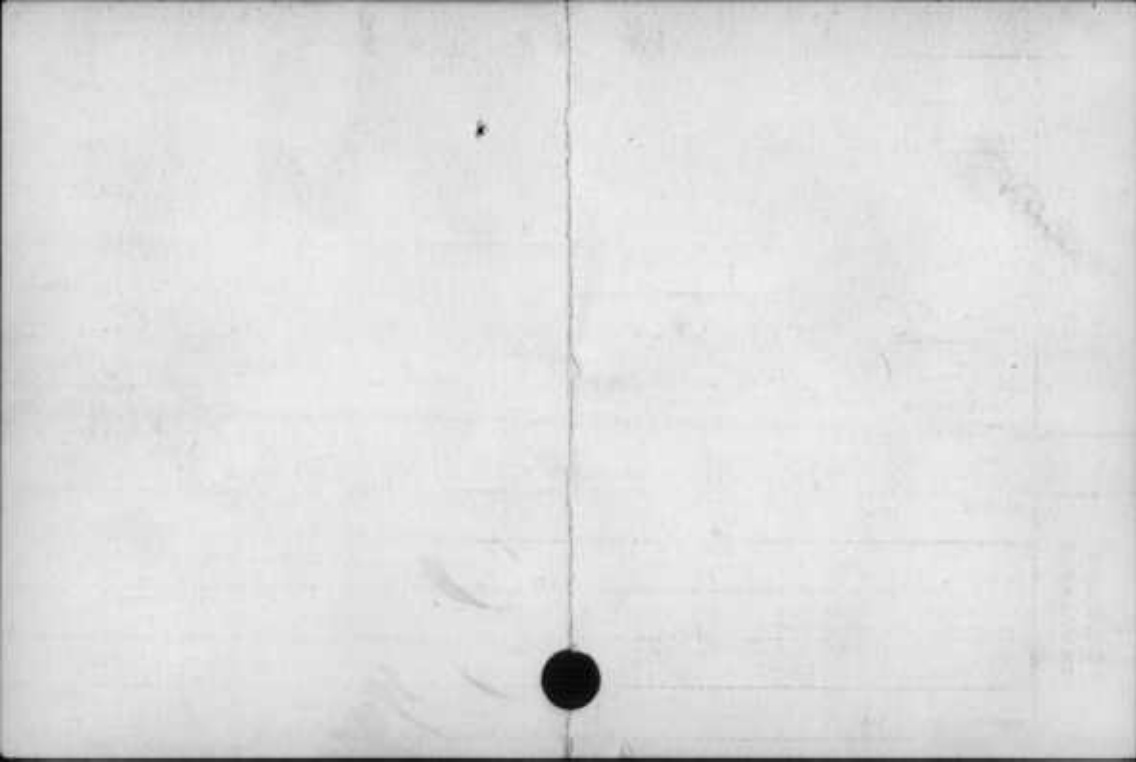
Died at <u>Lothian</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death 19 <u>10</u> <small>Year</small>	<u>Sept.</u> <small>Month</small>	<u>10</u> <small>Day</small>	Age <u>106</u> <small>Years</small>	<u>10</u> <small>Months</small>	<u>10</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Caucasian</u>		Birth place <u>Kent Co., Md</u>		
Occupation <u>Civil Engineer</u>	Where Reaching if not at place of death <u>Lothian, Md</u>				
Married, <u>Yes</u> <small>or Widowed</small>	Name of Wife or Husband <u>Sarah Anne Sudder</u>				
Father's Name <u>Emory Sudder</u>	Father's Birthplace <u>Kent Co. Md</u>				
Mother's Maiden Name <u>Elizabeth Jordan Worrell</u>	Mother's Birthplace <u>Kent Co. Md</u>				
Name of person giving information <u>Emory Sudder</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

(41)

PHYSICIAN
OR CORONER

Primary <u>Carcinoma of rectum.</u>	How long <u>12 months</u>
Immediate <u>Gradual Asthenia</u>	How long <u>Hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Maclain Caswood, M.D.</u>
	Address <u>West River Maryland</u>
Accident or Suicide?	



Name
Full

Henry Tolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death 19 *10* *Sept.* *13* Age *73* Months *-* Days *-*

Sex *Male* Color or Race *White* Birth-place *Anne Arundel Co. Md*

Occupation *Chairman* Where Residing if not at place of death *3rd Dept A A C Md*

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

Father's Name *Unknown* Father's Birthplace *Eng*

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

Name of person giving information *Chas. T. Tolson* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Strangulated Femoral Hernia* How long *5- days*

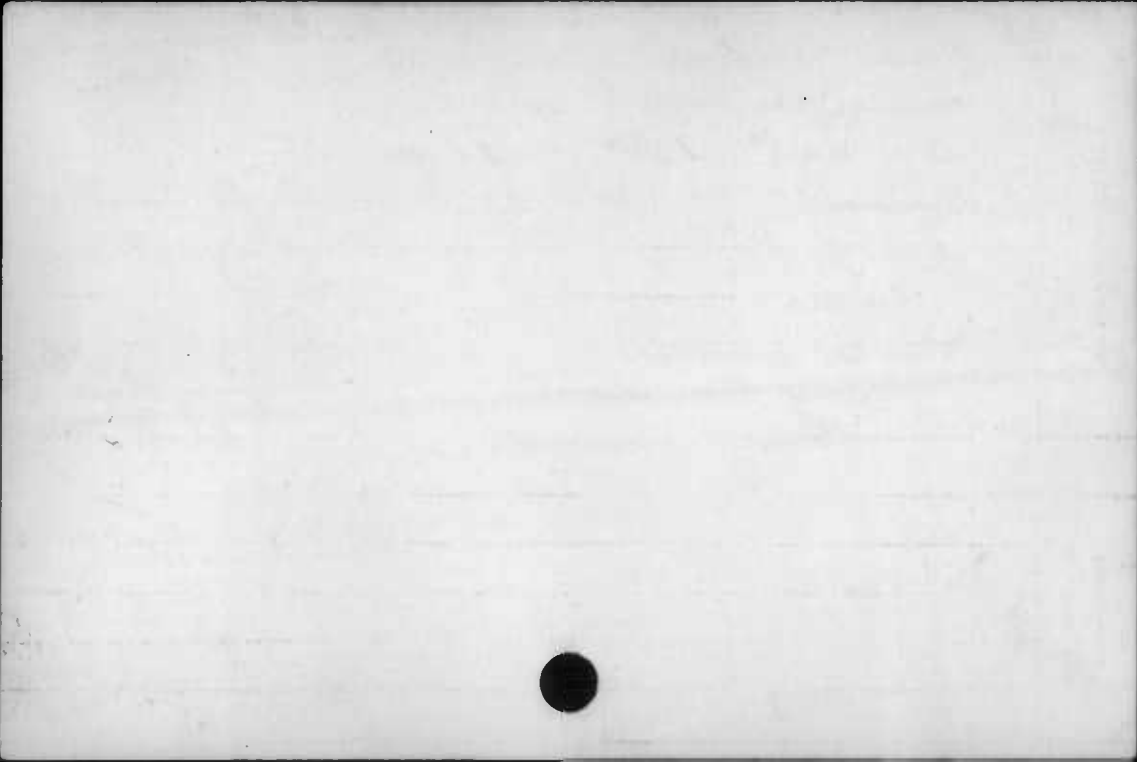
Immediate *Delirium Tremens* How long *5- days*

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

Signature of Physician *Walton Hopkins MD*

Address *Annapolis Md*

Accident or Suicide? *Neither.*



Name
in
Full

Eva Turner
Town

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis md a - and
Date of death 1900 Sept 13th Age 11 yrs
Month Day Years Months Days

Sex Female Color or Race Colored Birth-place ~~Eight District~~ ^{md}

Occupation School Girl Where Residing if not at place of death 98 play st

Married, Single or Widowed single Name of Wife or Husband

Father's Name James Turner Father's Birthplace St Mary Co. ^{md}

Mother's Maiden Name Mary Randon Mother's Birthplace Fair Haven ^{md}

Name of person giving Information Mary Turner How related to deceased Mother

CAUSES OF DEATH

Primary Typho. Malarial Fever How long Two weeks

Immediate Exhaustion & Severe Failure Gradual

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

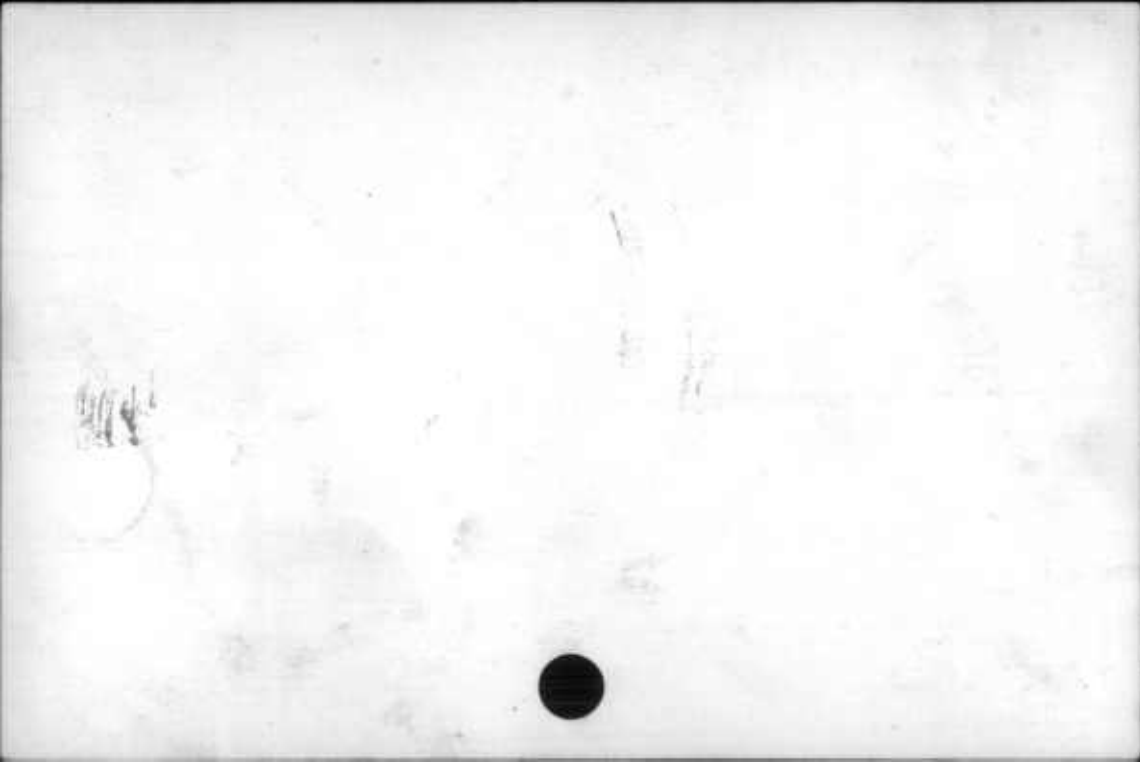
yes

Signature of Physician John R. Doughty
Address Annapolis Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Richard H. Sydings

CERTIFICATE OF DEATH

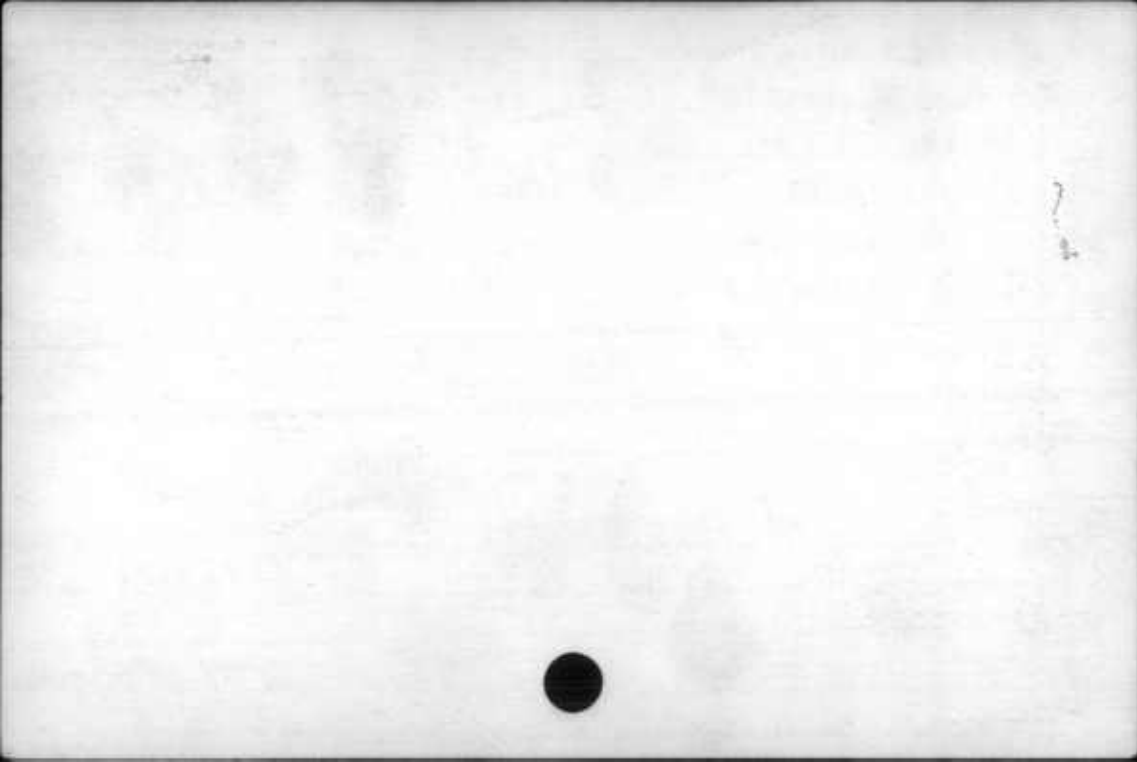
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Gov. Bridge		County A. A.		MARYLAND	
Date of death		1960	Month Sep.	Day 18	Age	Years 58	Months Days
Sex		male		Color or Race		White	
Occupation		Farmer		Where Residing if not at place of death		Gov. Bridge	
Married, Single or Widowed		Single		Name of Wife or Husband		-	
Father's Name		Richard Sydings		Father's Birthplace		Mt. Zion	
Mother's Maiden Name		Inez Taylor Harwood		Mother's Birthplace		Davidsonville	
Name of person giving Information		Sadie E. Hopkins		How related to deceased		Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Stomach	How long	About 2 years.
Immediate	Exhaustion.	How long	A few hours.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		J. F. R. Dufour.	
Address		Green Anne Prince George Co	
Accident or Suicida			



Name is Full

Alice Durall Wade

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

g

Died at <i>Mar Bumpell</i> Town		<i>A a</i> County		MARYLAND	
Date of death	<i>1910</i>	Month	<i>Sept</i>	Day	<i>10</i>
Age		<i>28</i>		Years	
Sex	<i>female</i>	Color or Race	<i>white</i>		Birth-place
Occupation		<i>housewife</i>		Where Residing If not at place of death	
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband <i>Ira Wade</i>			
Father's Name	<i>Thomas Durall</i>			Father's Birthplace	<i>A a Co</i>
Mother's Maiden Name	<i>Patience Durall</i>			Mother's Birthplace	<i>A a Co</i>
Name of person giving information	<i>William Wade</i>			How related to deceased	<i>Father in law</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>(1)</i>
Immediate	<i>shock</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		Address <i>Thomas H Brayshaw</i>	
Accident or Suicide?		<i>Sen Bernie</i>	



Name
in
Full

David Watts ~~Boaty~~

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Arnolds near Arnolds MARYLAND

Date of death 1901 9 16 Age 4 5

Sex Girl Color or Race Colored Birth-place near Arnolds

Occupation _____ Where Residing if not at place of death _____

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

Father's Name David Watts Father's Birthplace near Arnolds

Mother's Maiden Name Annie Day Mother's Birthplace near Arnolds

Name of person giving Information David Watts How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

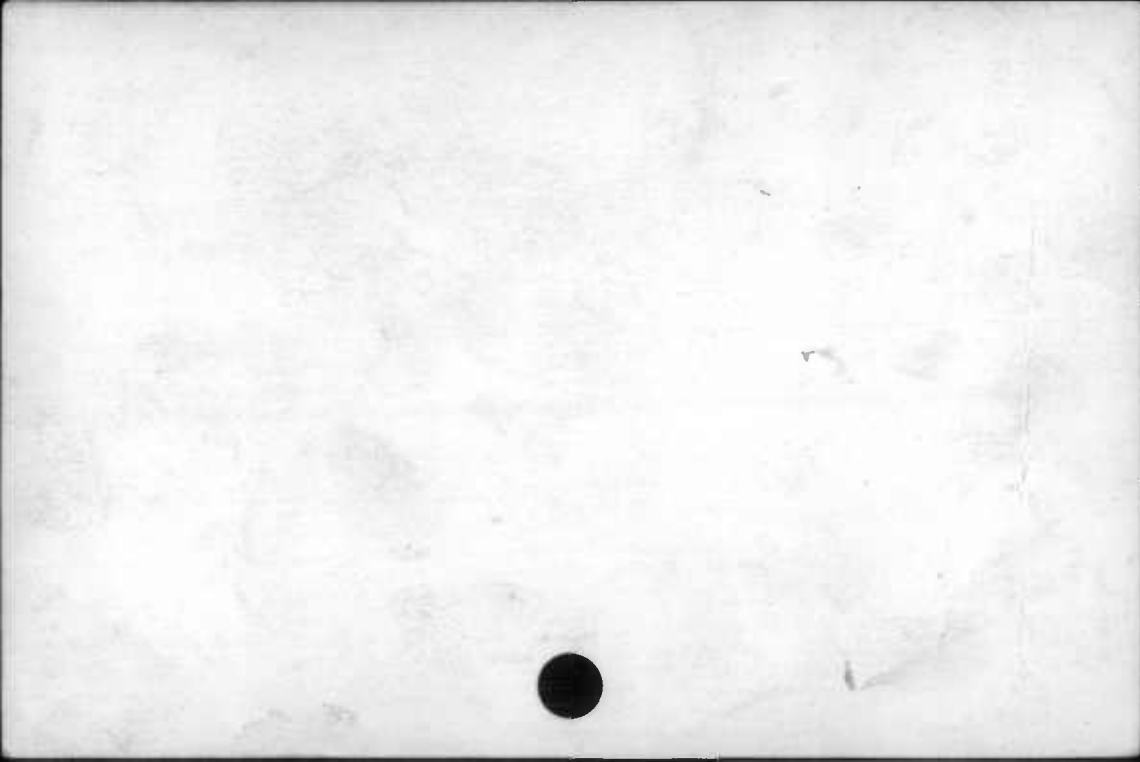
Primary Acute Inflammation How long two days

Immediate Heart failure How long one hour

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

Signature of Physician Dr. C. Joyce Address Arnolds Md.

Accident or Suicide



Name
in
Full

Victoria Butler West

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} East Port - A-A - County

Date of death 1910 Sept 7 Age 7 Months Days

Sex Female Color or Race Colored Birthplace East Port

Occupation School girl Where Residing if not at place of death Chesapeake Ave -

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

Father's Name Charles West Father's Birthplace Annapolis

Mother's Maiden Name Bertha Butler Mother's Birthplace Annapolis

Name of person giving in formation Matilda Butler How related to deceased Grandmother

TO BE ANSWERED BY
NEAREST FRIENDAnnapolis Neck
Baltimore

CAUSES OF DEATH

Ridout

Primary Epilepsy How long 69

Immediate Convulsions How long

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

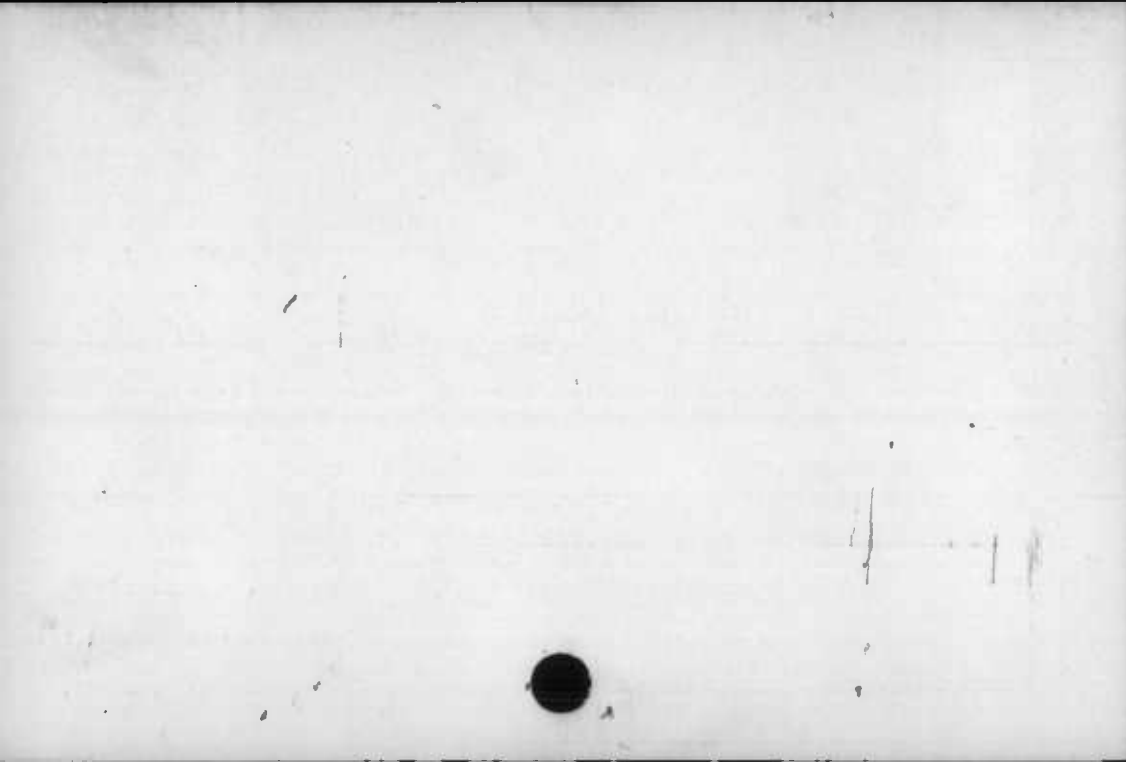
Yes

Signature of Physician John Ridout

Address Annapolis Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mary Allen Wills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Friendship		County A A		MARYLAND	
Date of death		1960	Month Sept	Day 30	Age	Years 2	Months 2
Sex		Female		Color or Race		Colored	
Occupation				Birth- place		Friendship	
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Compton Wills		Father's Birthplace		A. A. Co	
Mother's Maiden Name		Susan Maynard		Mother's Birthplace		A. A. Co	
Name of person giving Information		Compton Wills		How related to deceased		Father	

CAUSES OF DEATH

Primary	Marasmus	How long	Whole life
Immediate	Heart Failure	How long	

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

Yes

Signature of
Physician

Address

J. L. Brayshaw
Friendship
Md

Accident or Suicide

PHYSICIAN
OR CORONER

