

Name
Full

Prison Baynard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i> <u>Freemans</u> Town			<u>Caroline</u> County			MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days		
<i>1910</i>	<i>Sept</i>	<i>15</i>				<i>2</i>		
Sex	Color or Race		Birth-place					
<i>Female</i>	<i>White</i>		<i>Freemans</i>					
Occupation	Where residing if not at place of death							
<i>none</i>								
Married, Single or Widowed	Name of Wife or Husband							
<i>Single</i>	<i>Priger</i>							
Father's Name	Mother's Maiden Name				Father's Birthplace			
<i>James Baynard</i>	<i>Mary E. Evland</i>				<i>Pa</i>		<i>Pa</i>	
Name of person giving information			How related to deceased					
<i>Geo Baynard</i>			<i>Foster</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Imperfect closure of aorta</i>		How long	<i>2 days</i>
Immediate	<i>Imperfect circulation</i>		How long	<i>instant</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>yes</i>		<i>J. R. McAlme</i>		
		Address		
		<i>Freemans</i>		
Accident or Suicide?				
		<i>W.D.</i>		



Levi Carney

TO BE ANSWERED BY
NEAREST FRIEND

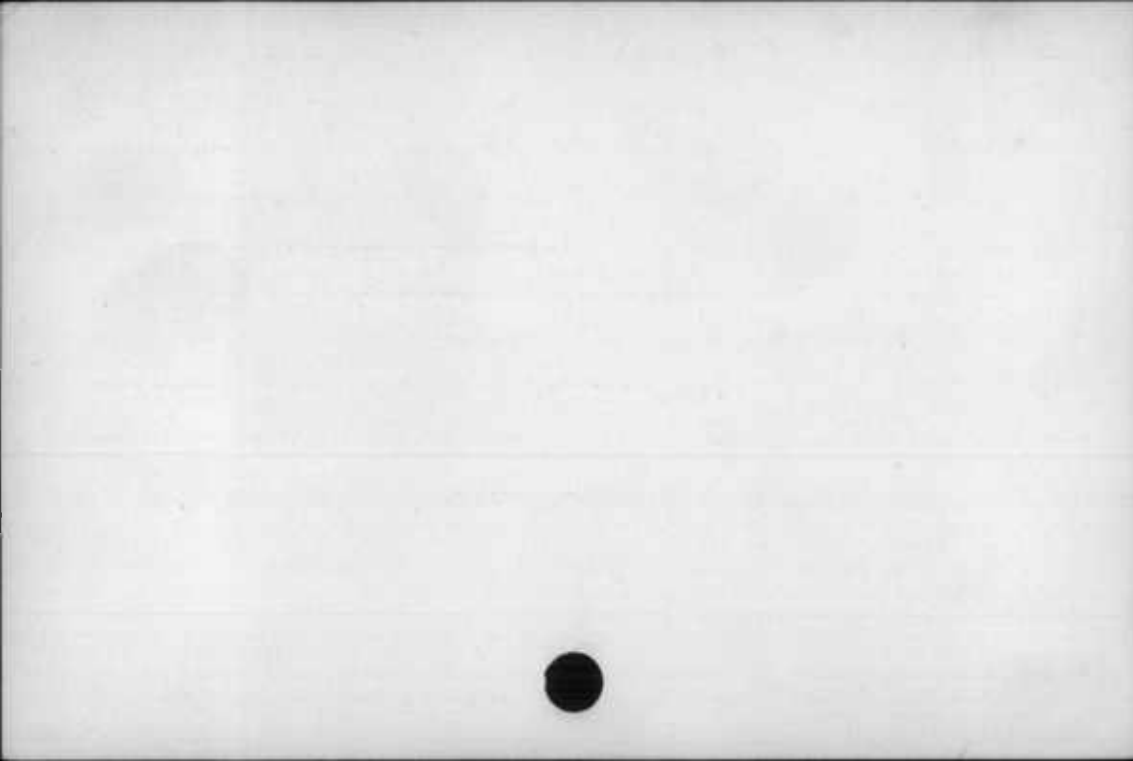
Died at <i>Greensboro</i>		Town <i>Greensboro</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1910	Month	September	Day	13th	Age	73
						Years	11
						Months	12
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Greensboro</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		<i>Greensboro</i>		
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband		<i>Sarah J. Carney</i>		
Father's Name	<i>Henry Carney</i>				Father's Birthplace	<i>Caroline Co.</i>	
Mother's Maiden Name	<i>Anna Winters</i>				Mother's Birthplace	<i>Caroline Co.</i>	
Name of person giving information	<i>William A. Carney</i>				How related to decedent	<i>Son</i>	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility</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>W. L. Peckham</i>
		Address	<i>Greensboro, Md.</i>
Accident or Suicide?			



Name in Full

Annie B. Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Near Federalsburg, ^{County} Caroline MARYLAND

Date of death 1900 ^{Month} Sept. ^{Day} 27 ^{Years} 40 ^{Months} 9 ^{Days} 13

Sex Female Color or Race Black Birthplace Caroline Co. Md.

Occupation House-work. Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband Charles R. Collins.

Father's Name John H. Brummelt. Father's Birthplace Mor. Co. Md.

Mother's Maiden Name Rachael F. Brewington. Mother's Birthplace Caroline Co. "

Name of person giving Information Rachael F. Brummelt How related to deceased Mother.

CAUSES OF DEATH

①

PHYSICIAN OR CORONER

Primary Dysphoid How long 6 weeks

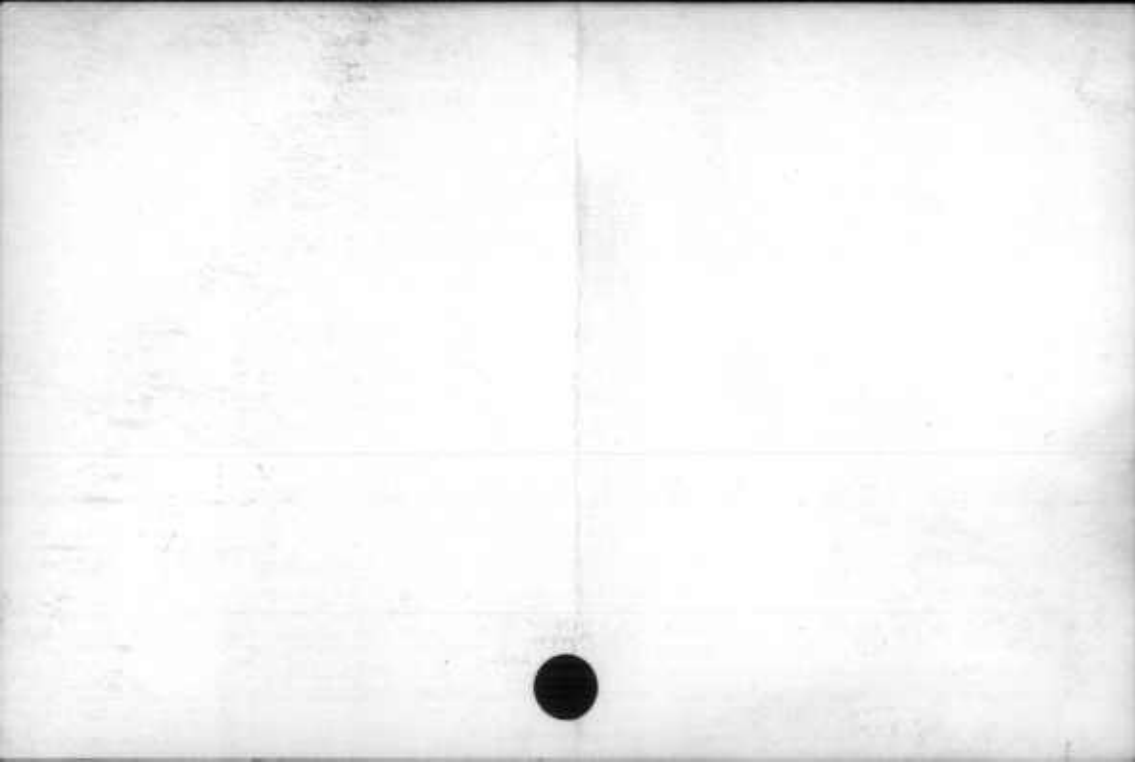
Immediate _____ How long _____

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

Signature of Physician R. H. Jefferson

Address Federalsburg Md

Accident or Suicide _____



Name
in Full

Harrut A. Davis

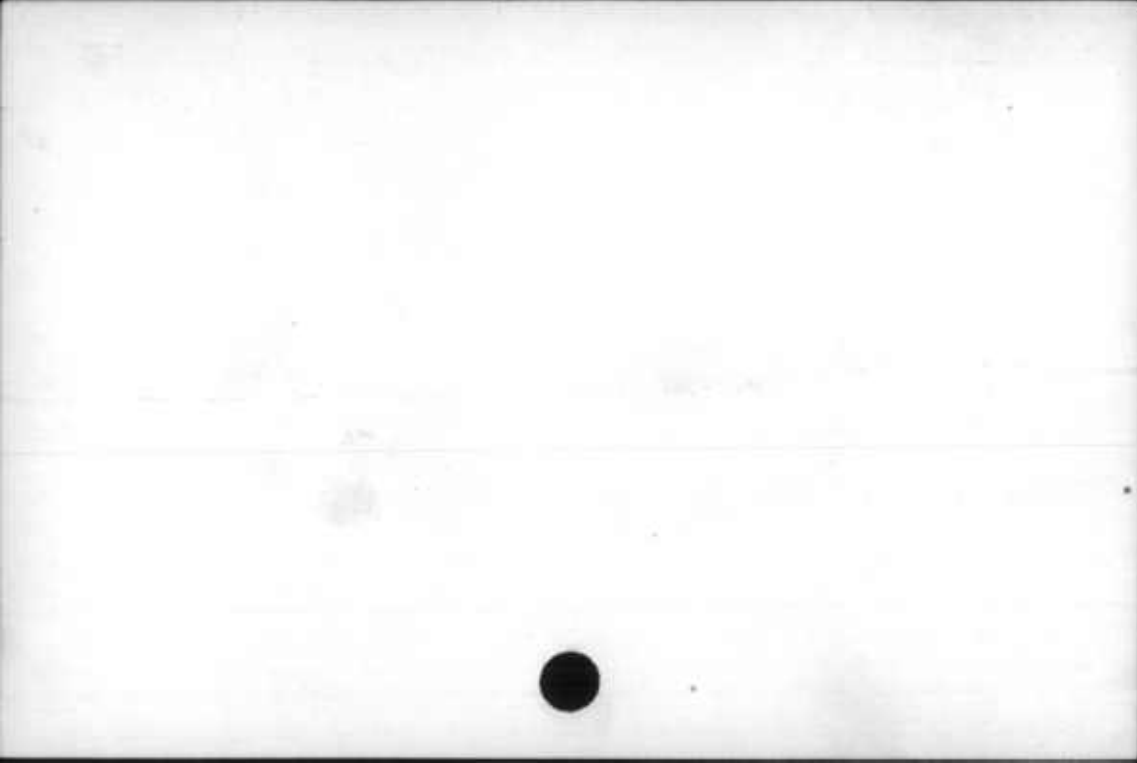
CERTIFICATE OF DEATH

Died at ^{Low} *Halls* County *Carolton* MARYLANDDate of death 1980 ^{Month} *Sept* ^{Day} *5* Age ^{Years} *5* ^{Months} *5* ^{Days} *—*Sex *Female* Color or Race *White* Birthplace *MD*Occupation *Wm* Where Residing if not at place of death *Same*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Wm Davis* Father's Birthplace *MD*Mother's Maiden Name *Ethel Halls* Mother's Birthplace *MD*Name of person giving Information *Wm Davis* How related to decedent *Father*

CAUSES OF DEATH

Primary *Cholera Suspectum* How long *Five days*Immediate *Same* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *P.R. Fisher*Address *Deertr*Accident or Suicide *—* *MD*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

104



Name
in
Full

James A. Edge

CERTIFICATE OF DEATH

MARYLAND

Died at

Denton ^{town}

County

Barlowe

Date

of death 1960

Month

9

Day

5

Age

1

Years

1

Months

1

Days

12

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
~~or Widowed~~Name of W.ife or
HusbandFather's
Name

Zedric Edge

Father's
Birthplace

Dela.

Mother's
Maiden Name

Mauda Parker

Mother's
Birthplace

Dela.

Name of person giving
Information

Zed Edge

How related
to deceased

Father

CAUSES OF DEATH

Primary

Chronic Infantile
Exhaustion

How long

(104)

2 months

Immediate

How long

3 days

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

Yes

Signature of
Physician

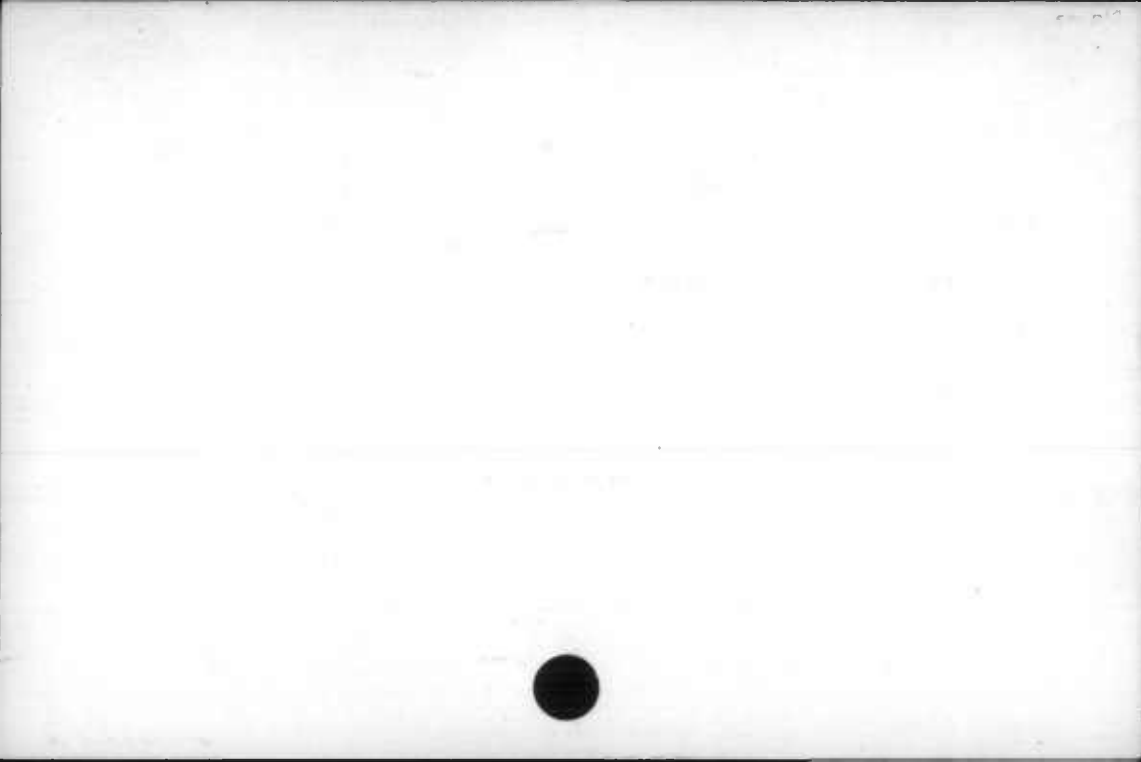
J. A. Nichols

Address

Denton Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *James F. Jennings* *Smithville* *to Abolition* *MARYLAND*Date of death 19*40* *Sept.* *11* Age *61* Months *6* DaysSex *Male* Color or Race *White* Birth place *Philadelphia, Pa.*Occupation *Farmer.* Where Residing if not at place of deathMarried, Single or Widowed *Widowed* Name of Wife or Husband *Matyie Smith*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Alva Jennings* How related to deceased *Son*PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Chronic Phthisis* How long *1 yr.*Immediate *Exhaustion* How long *1 week*Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *F. J. Brooks*Address *Federalburg Md.*Accident or Suicide *Abolition Co.*



Name
in
Full

Lester Segales

CERTIFICATE OF DEATH

Died at - ^{Town} Queensboro ^{County} Caroline MARYLANDDate of death 1940 ^{Month} Sept ^{Day} 14 ^{Years} 4 ^{Months} — ^{Days} 28Sex male Color or Race White Birthplace MarylandOccupation — Where Residing if not at place of death —Married, Single or Widowed — Name of Wife or Husband —Father's Name John R. Segales Father's Birthplace DelawareMother's Maiden Name Ida L. Scott Mother's Birthplace DelawareName of person giving information John R. Segales How related to deceased Father

CAUSES OF DEATH

Primary Inhalation of peanut How long 186 Light weeks agoImmediate Pneumonia How long Four weeksAre the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. H. WestbrookAddress Queensboro, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Loren

Died at *Mr Groves* ^{town} *Leesville* County **MARYLAND**

Date of death 19 *10* ^{Month} *Sept* ^{Day} *4* Age ^{Years} *Still Born* ^{Months} *None* ^{Days} *None*

Sex *man* Color or Race *White* Birth-place *Ind*

Occupation *Not any* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *Not any*

Father's Name *Howard & Loren* Father's Birthplace *Ind*

Mother's Maiden Name *Martha Cox* Mother's Birthplace *Ind*

Name of person giving information *Howard & Loren* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* How long

Immediate How long

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

Signature of
Physician

Address

Accident or Suicide?





Name in Full **Edwin Knotts Lynch** CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Bowens <small>Town</small>		Caroline <small>County</small>		MARYLAND	
Date of death 1990 Sept 15 <small>Month Day</small>		Age 30 <small>Years</small>		Months <small>Days</small>	
Sex Female		Color or Race White		Birth place Md.	
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed married		Name of Wife or Husband Eugene Lynch			
Father's Name Gas. Knotts		Father's Birthplace ind.			
Mother's Maiden Name Louise Eaton		Mother's Birthplace Ind			
Name of person giving information Robt Knotts		How related to deceased Brother			

CAUSES OF DEATH

68

PHYSICIAN OR CORONER

Primary acute mania		How long one week
Immediate Carbolic acid poisoning		How long 4 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician D. S. Stoner
		Address Ridgely Ind
<input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide		



Name is Full

Harold A. Noble

CERTIFICATE OF DEATH

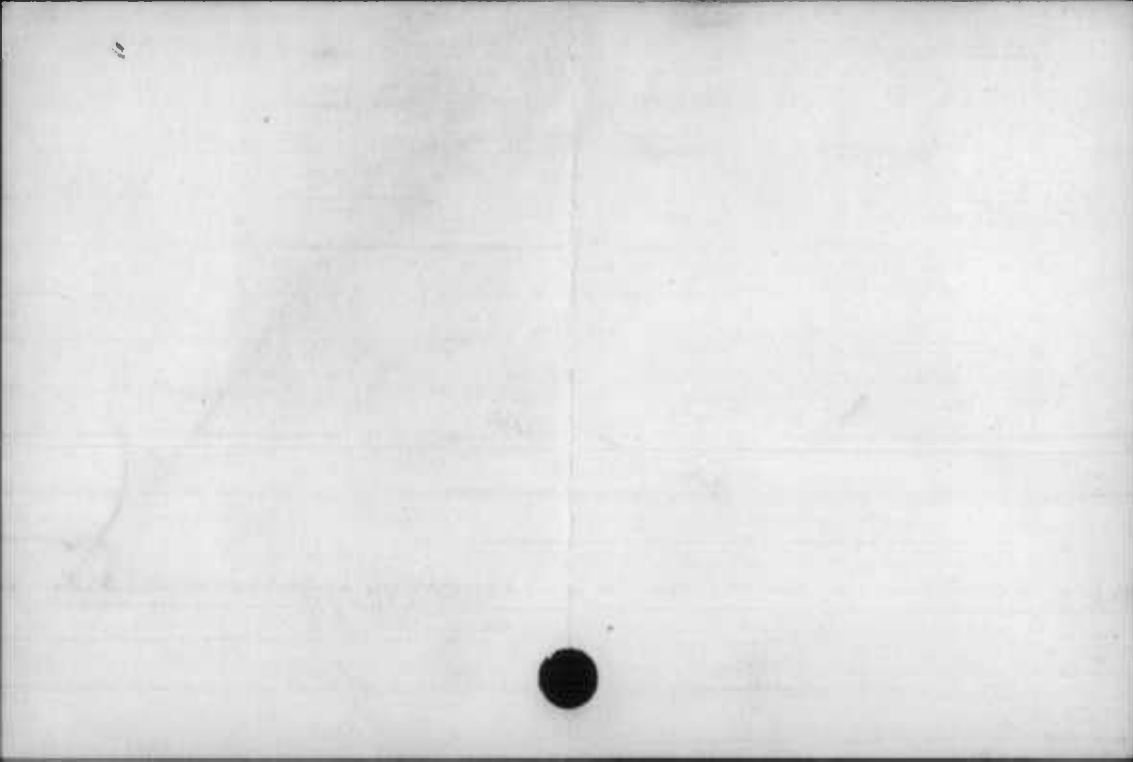
TO BE ANSWERED BY NEAREST FRIEND

Died at Hynson <small>Town</small>		Caroline <small>County</small>		MARYLAND	
Date of death 1910	Sept. <small>Month</small>	18 <small>Day</small>	Age 8 <small>Years</small>	4 <small>Months</small>	<small>Days</small>
Sex male	Color or Race white		Birth-place Tioga Co. Pa.		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name Ferdinand F. Noble	Father's Birthplace Tioga Co. Pa.				
Mother's Maiden Name Elida R. Boyden.	Mother's Birthplace New London, Wis.				
Name of person giving information Elida R. Noble.	How related to deceased mother				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Dysphoid	How long 4 weeks
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician R R Jefferson
_____	Address Federalburg Md
Accident or Suicide? no	



Name
in
Full

CERTIFICATE OF DEATH

Margaret George Owens

Died at *Denton*, *Caroline* County, **MARYLAND**

Date of death 1900 *Sept* *23* Age *69* Months *—* Days *—*

Sex *Female* Color or Race *White* Birthplace *Del.*

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

Married, Single or Widowed *Widow* Name of Wife or Husband *Dr. F. J. Owens*

Father's Name *Nathaniel Powell* Father's Birthplace *Md.*

Mother's Maiden Name *Matilda Russell* Mother's Birthplace *Del.*

Name of person giving Information *Sallie M. Jester* How related to deceased *Friend*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Feloid Tumor of Uterus* How long *Long year*

Immediate *Same* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *P. R. Fisher*

Address *—*

Accident or Suicide *No* *Number 149*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

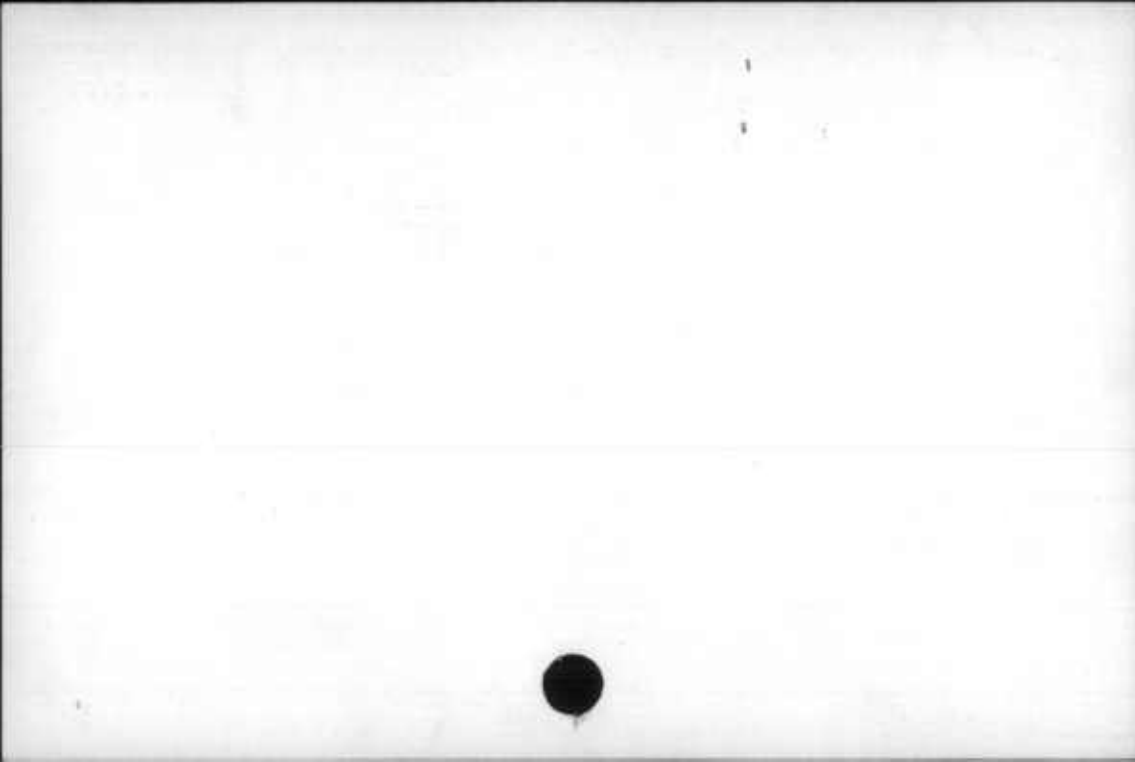
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hobbs</i>		County <i>Caroline</i>		MARYLAND	
Date of death 19 <i>60</i>		Month <i>Sept</i>	Day <i>17</i>	Age <i>1</i>	Months <i>9</i>
Sex <i>Female</i>	Color Race <i>Black</i>	Birth-place <i>MD</i>			
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Herbert Prather</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Lizzie Barnes</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Herbert Prather</i>		How related to decedent <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Burned accidentally (Burned over entire body)</i>	How long	
Immediate	<i>Same</i>	How long	<i>Four hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. R. Fisher</i>
		Address	<i>Dunkin MD.</i>
Accident or Suicide			



Name in Full *Alonza Pritchett*

CERTIFICATE OF DEATH

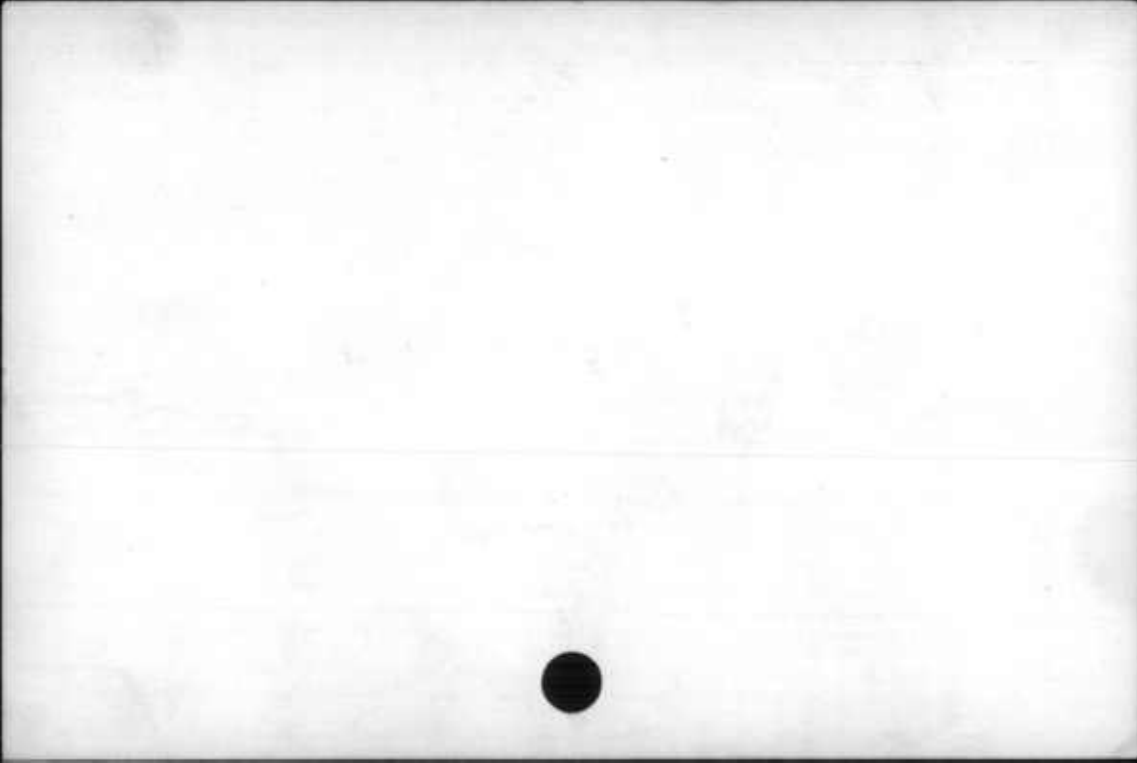
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Ridgely</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death <i>1960</i>	<i>9</i> <small>Month</small>	<i>8</i> <small>Day</small>	Age <i>51</i>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>Mulatto</i>	Birthplace <i>Ind.</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nannah Swiggitt</i>				
Father's Name <i>Foster Green</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Louisa Pritchett</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Medford Pritchett</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral regurgitation</i>	How long <i>79</i>	<i>34 years</i>
Immediate <i>Exhaustion</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>A. J. Stone</i>	
	Address <i>Ridgely Ind.</i>	
Accident or Suicide		



Name
in
Full

Mary F. Rumbold

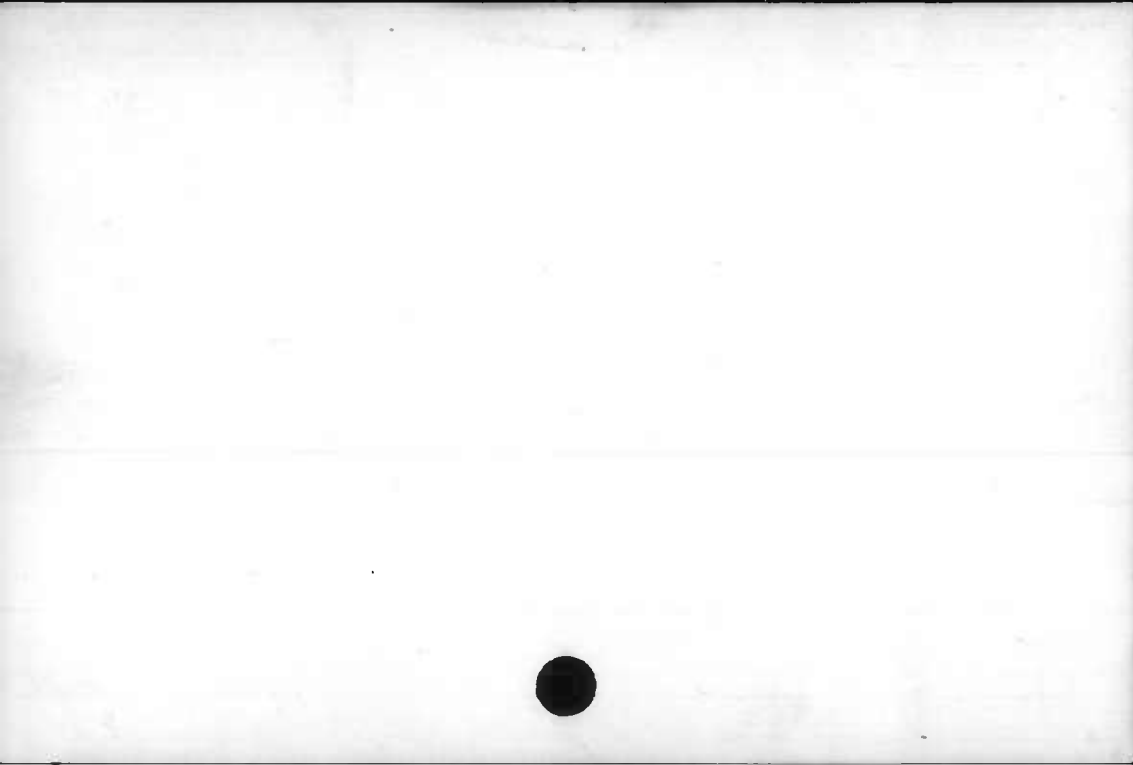
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Choptank</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death 19 <u>40</u> ^{Month} <u>Sept</u> ^{Day} <u>27</u>		Age <u>1</u> ^{Years}		<u>16</u> ^{Months} <u>16</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth place <u>Choptank Md</u>	
Occupation <u>-</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>-</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>Wade Rumbold</u>		Father's Birthplace <u>Preston Md,</u>			
Mother's Maiden Name <u>Nora Lee Colburne</u>		Mother's Birthplace <u>Dor. Co Md</u>			
Name of person giving information <u>Wade Rumbold</u>		How related to deceased <u>Father</u>			

PHYSICIAN
OR CORONER

CAUSES OF DEATH		⑧	
Primary	<u>Whooping Cough</u>	How long	<u>4 weeks</u>
Immediate	<u>Pneumonia</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. L. Nover</u>	
		Address <u>Preston Md.</u>	
Accident or Suicide			



Name
in
Full

Katie Ethel Marriam Seward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Near Greensboro* ^{County} *Caroline* **MARYLAND**Date of death 19*90* ^{Month} *Sept* ^{Day} *15th* ^{Years} *1* ^{Months} *2* ^{Days}Sex *Girl* Color or Race *White* Birth-place *Maryland*

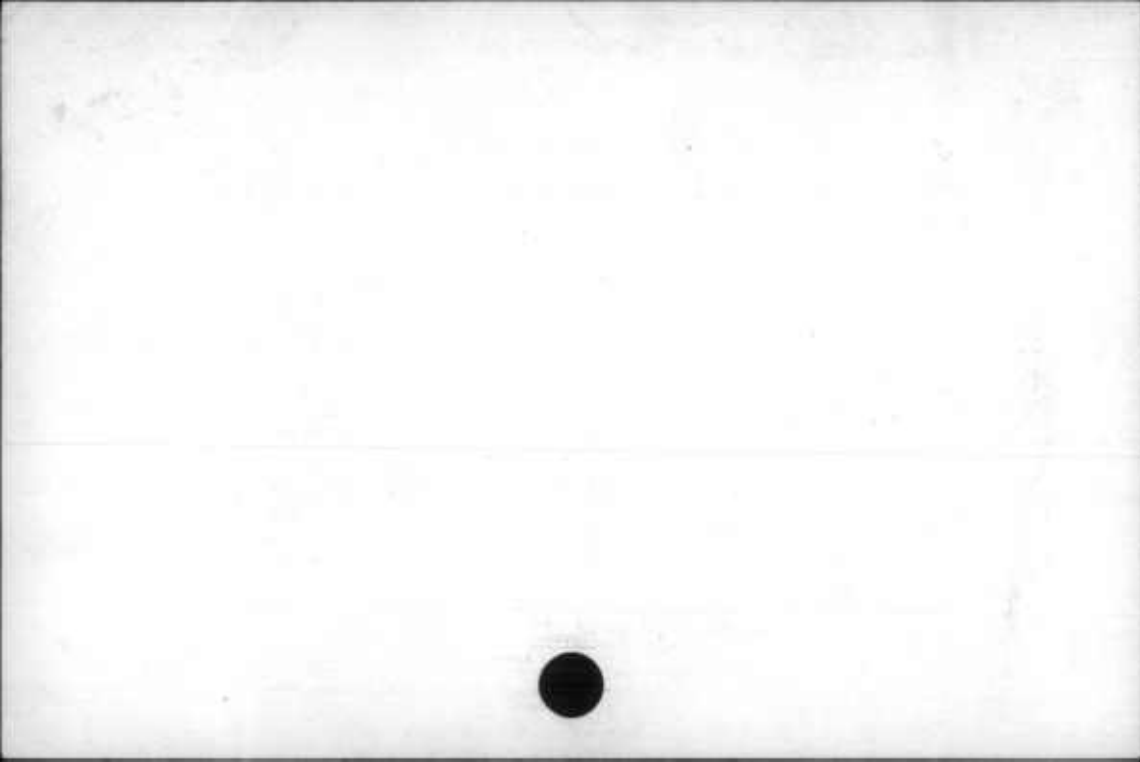
Occupation _____ Where Residing if not at place of death _____

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

Father's Name *Edward Clarence Seward* Father's Birthplace *Maryland*Mother's Maiden Name *Mary Keating* Mother's Birthplace *Penna*Name of person giving Information *E. C. Seward* How related to deceased *Father*

CAUSES OF DEATH

Primary *Bowel trouble* How long *Since birth*Immediate *"* How long *"*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Edward H. Maloy Jr.*Address *Greensboro (Counier*Accident or Suicide _____ *Caroline Co - Maryland*



Name in Full

Rachiel Tyler

CERTIFICATE OF DEATH

Died at Denton ^{Town} Corahie ^{County}

MARYLAND

Date of death 1940 ^{Month} 9 ^{Day} 30 Age ^{Years} 35 ^{Months} ^{Days}

Sex Female ^{Color or Race} Negro ^{Birth-place} Ind.

Occupation Laborer & housewife ^{Where Residing if not at place of death}

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

Father's Name Kinnamon ^{Father's Birthplace} Colorado

Mother's Maiden Name Ligon ^{Mother's Birthplace} Winkerson

Name of person giving Information Marshall Tyler ^{How related to deceased} Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

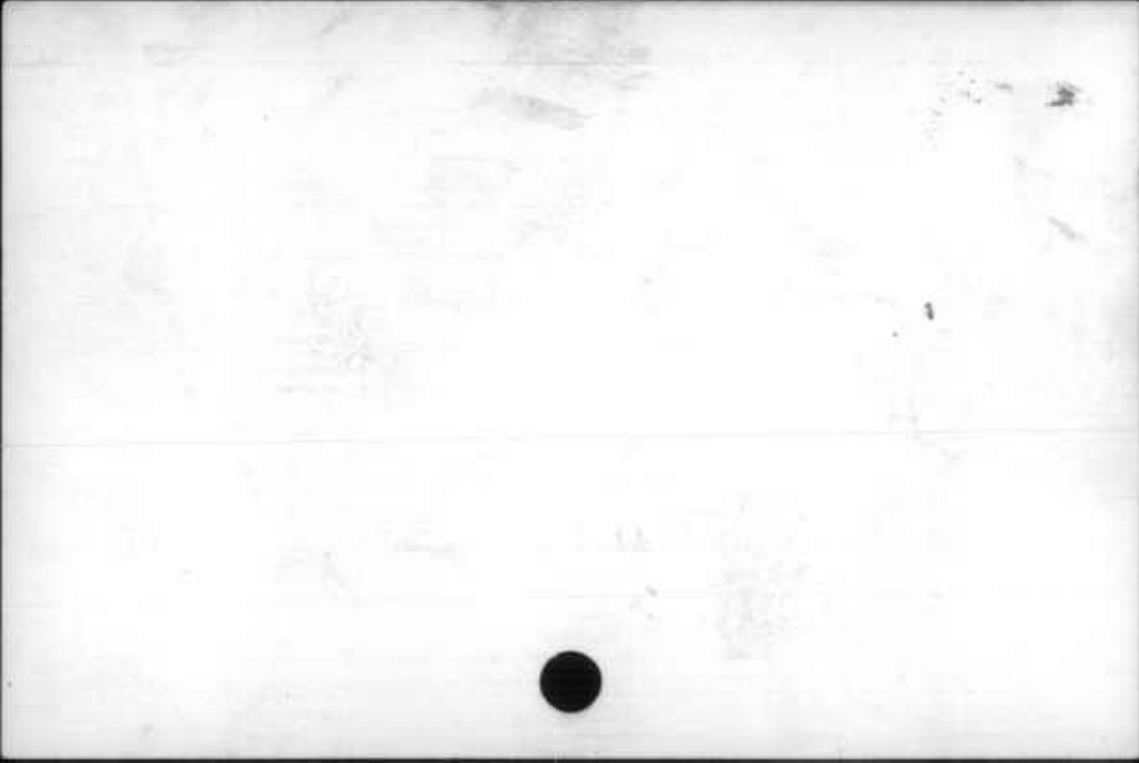
Primary Abscess of lungs ^{How long} 99 ^{How long} Four weeks

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

Signature of Physician Robley Hackett
Address Suez, Anne Ind.

Accident or Suicide No

PHYSICIAN OR CORONER



Name
In
Full

Baby Worley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		County		MARYLAND	
Date of death 190		Month	Day	Age	Years
Sex		Color or Race		Birth-place	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

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

