

Name  
in  
Full

James E. Banks.

CERTIFICATE OF DEATH

MARYLAND

Died at Perryville Town Cecil County

Date of death 1990 Sept 18 Age 1 Months — Days —

Sex Male Color or Race Colored Birth-place Perryville

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

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameCharles BanksFather's  
BirthplaceCecil CoMother's  
Maiden NameSarah HerodMother's  
Birthplace" "Name of person giving  
InformationChas BanksHow related  
to deceasedFather

## CAUSES OF DEATH

Primary

Diphtheria

How long

184 Hfresh

Immediate

Constitution

How long

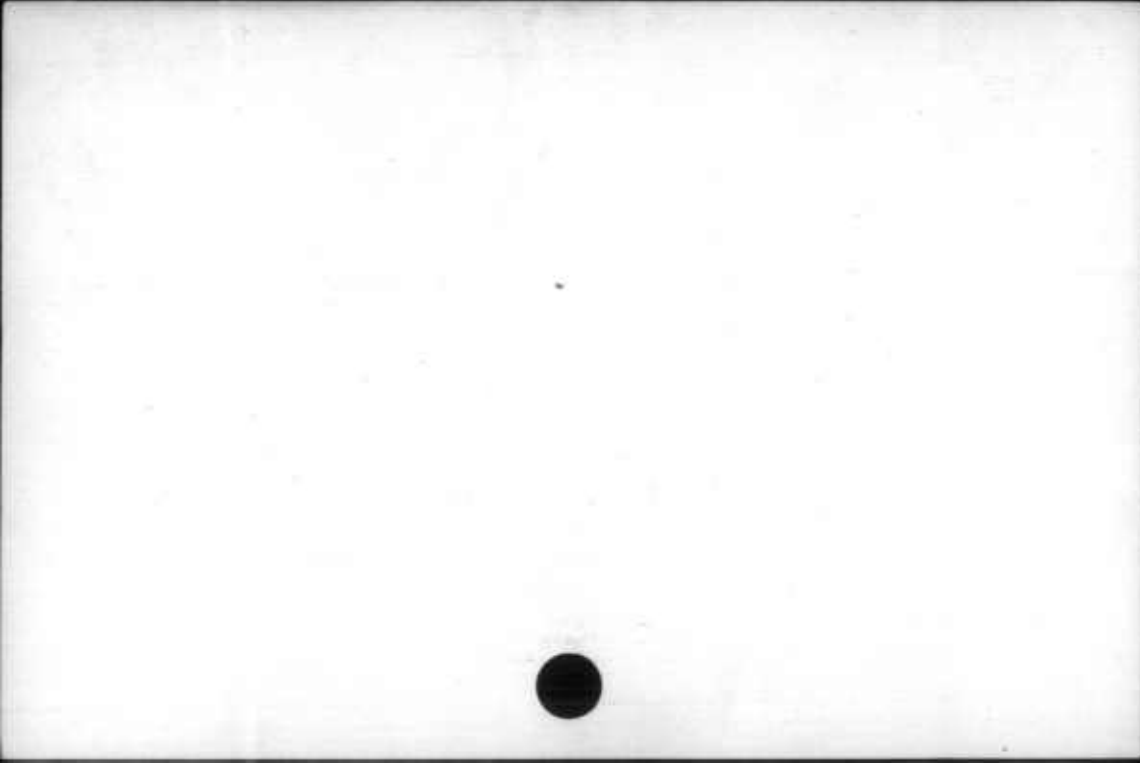
Are the name, age, sex, color, date  
and place correctly given above?YesSignature of  
PhysicianGeo. M. Stoney

Address

Perryville Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER



Name  
in  
Full

Franklin Alonzo Barrow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

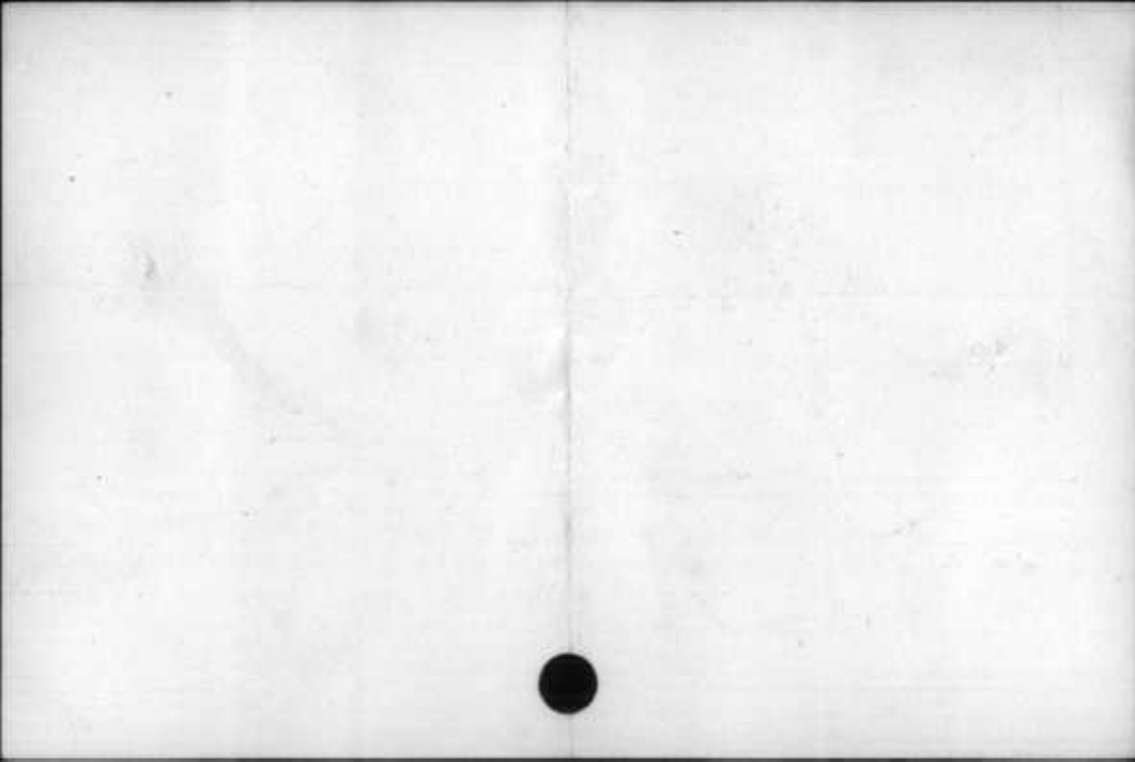
Died at <i>Resurg</i> <sup>Town</sup> <i>Sum R#8</i> <sup>County</sup> <i>Cecil</i>		MARYLAND	
Date of death <i>1946</i>	<i>Sept</i> <sup>Month</sup>	<i>1</i> <sup>Day</sup>	Age <i>4</i> <sup>Years</sup> <i>4</i> <sup>Months</sup> <i>7</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>wh</i>	Birth-place <i>Cecil Co.</i>	
Occupation <i>None</i>	Where feeding if not at place of death		
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>		
Father's Name <i>Walter F Barrow</i>	Father's Birthplace <i>Camawingo Md</i>		
Mother's Maiden Name <i>Sarah Francis Brown</i>	Mother's Birthplace <i>Cecil Co</i>		
Name of person giving information <i>Walter F Brown</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

(104)

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>4 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Peoples</i>
	Address <i>Peters Creek Pa</i>
Accident or Suicide?	



Name  
in  
Full

Katherine Brusco

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Harwick Town Cecil County **MARYLAND**

Date of death 1910 Year September Month 19 Day Age 1 Years Months 6 Months Days

Sex Female Color or Race Colored Birth-place Lassfras Neck Md

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

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

Father's Name Eugene Brusco Father's Birthplace Lassfras Neck

Mother's Maiden Name Mary E Brown Mother's Birthplace " "

Name of person giving Information Eugene Brusco How related to deceased Father

CAUSES OF DEATH

28

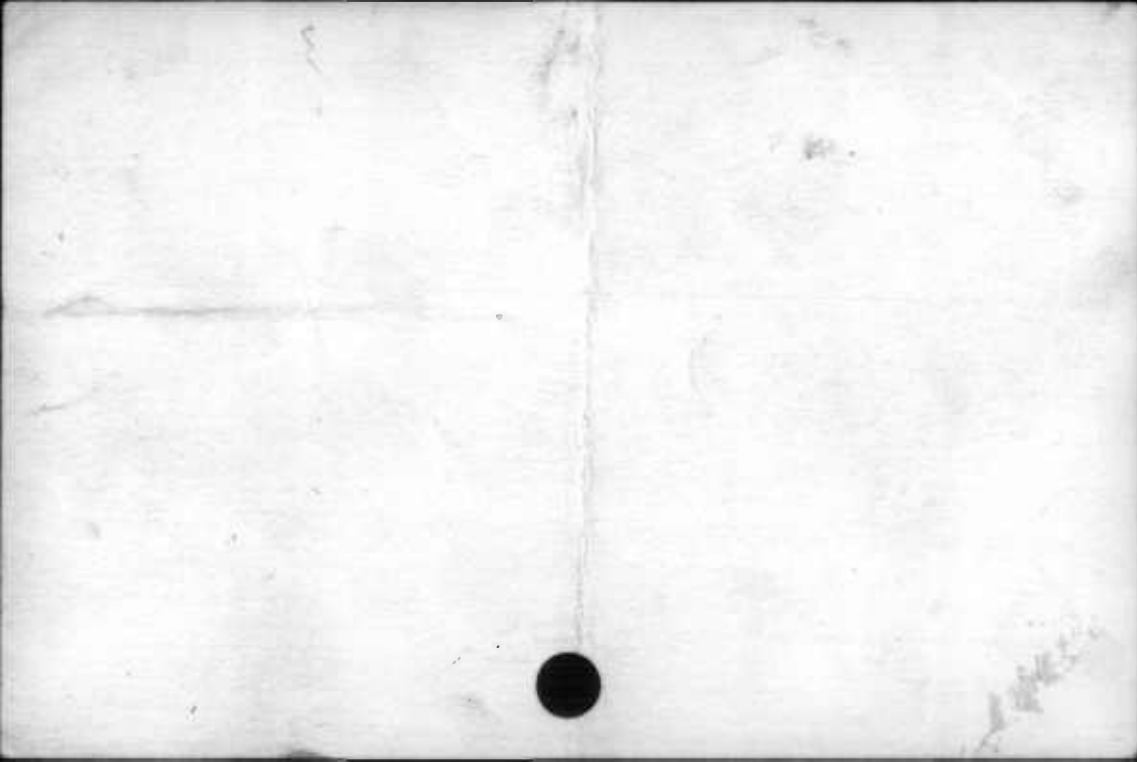
PHYSICIAN  
OR CORONER

Primary Tuberculosis How long about 7 mo

Immediate Typhoid fever How long about 7 days

Are the name, age, sex, color, date and place correctly given above? Best of my knowledge Signature of Physician E. G. Clark Address Middletown Del.

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



Name  
in  
Full

Stewart Broadwater

CERTIFICATE OF DEATH

Died at <i>Town Court</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1910	Month	Sept	Day	3
Age	64	Years		Months	10
		Days	25		
Sex	Female	Color or Race	white	Birth place	Philadelphia
Occupation	House	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	William May one (Deceased)		
Father's Name	Daniel Broadwater		Father's Birthplace	New Jersey	
Mother's Maiden Name	Mary Anne Shepard		Mother's Birthplace	Philadelphia	
Name of person giving information	William Broadwater		How related to deceased	Brother	

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>3 yrs</i>
Immediate	<i>Tuberculosis</i>	How long	<i>—</i>

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

Signature of Physician

Address

*J. Conroy, M.D.*  
*Chesapeake City*

Accident or Suicide?

PHYSICIAN  
OR CORONER

St Augustine,



Name  
in  
Full

George D. Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cuyahoga Corner</i>		Town <i>Cuyahoga</i>		County <i>Cuyahoga</i>		STATE OF <b>MARYLAND</b>	
Date of death	1910	Month	Sept	Day	24	Age	Years 48 Months 6 Days 12
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Washington D.C.</i>
Occupation	<i>not any</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>Augustus S Bryan</i>					Father's Birthplace	<i>Cecil Co</i>
Mother's Maiden Name	<i>Fannie S Darlington</i>					Mother's Birthplace	<i>Pa.</i>
Name of person giving information	<i>Linda Beaton</i>					How related to deceased	<i>not any</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Silent Throat</i>	How long	<i>4 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>D. J. Powers M.D.</i>
Accident or Suicide?		Address	<i>Chester, Pa.</i>



Name  
in  
Full

Lorraine J. W. Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Port Deposit Md<sup>County</sup> CecilDate  
of death 1990Month  
SeptDay  
13

Age

Years

Months

Days

2

7

Sex  
maleColor or  
Race

Colored

Birth-  
place

Port Deposit Md

Occupation

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

Married

Name of Wife or  
Husband

Edith E. Cooper

Father's  
Name

Norman B. Cooper

Father's  
Birthplace

Philadelphia

Mother's  
Maiden Name

Edith E. Hennis

Mother's  
Birthplace

Port Deposit Md

Name of person giving  
Information

Lillie R. Jones

How related  
to deceased

Aunt

## CAUSES OF DEATH

Primary

Ileus - colitis

How long

10 days

Immediate

Pneumonia

How long

24 hrs

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

Yes

Signature of  
Physician

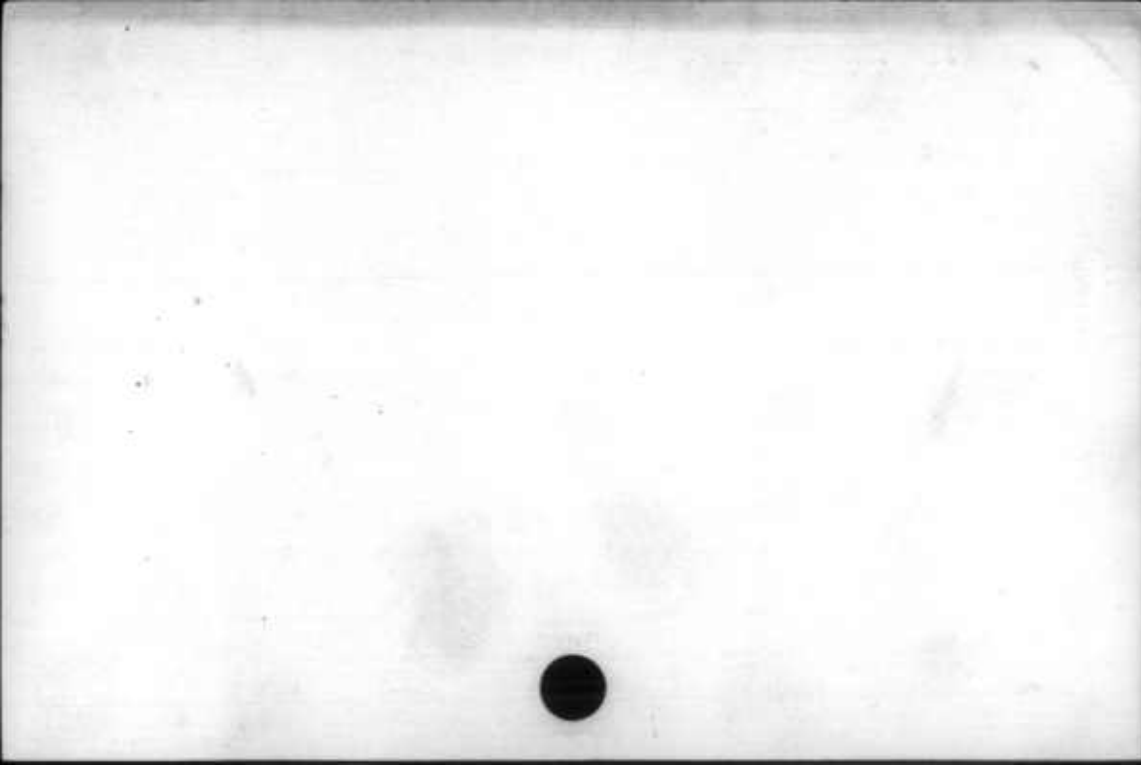
Address

G. H. Richard,  
Port Deposit

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

in Full

Mildred Viola

Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Charleston* Town

*Cecil* County

MARYLAND

Date of death *1910*

Month *Sept*

Day *3-*

Age

Months *4*

Days *3*

Sex *Female*

Color or Race *White*

Birth-place *Charleston*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Cecil C. Cooper*

Father's Birthplace *Charleston*

Mother's Maiden Name *Ella V. French*

Mother's Birthplace *Cecil Co.*

Name of person giving information *Ella V. Cooper*

How related to deceased *Mother*

CAUSES OF DEATH

*153*

PHYSICIAN OR CORONER

Primary *Malnutrition*

*1 week*

Immediate *Acute malnutrition*

How long *1 week*

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

Signature of Physician *W. S. ...*

Address *...*

Accident or Suicide?

Miss

Name  
in  
Full

Rossella Cooper

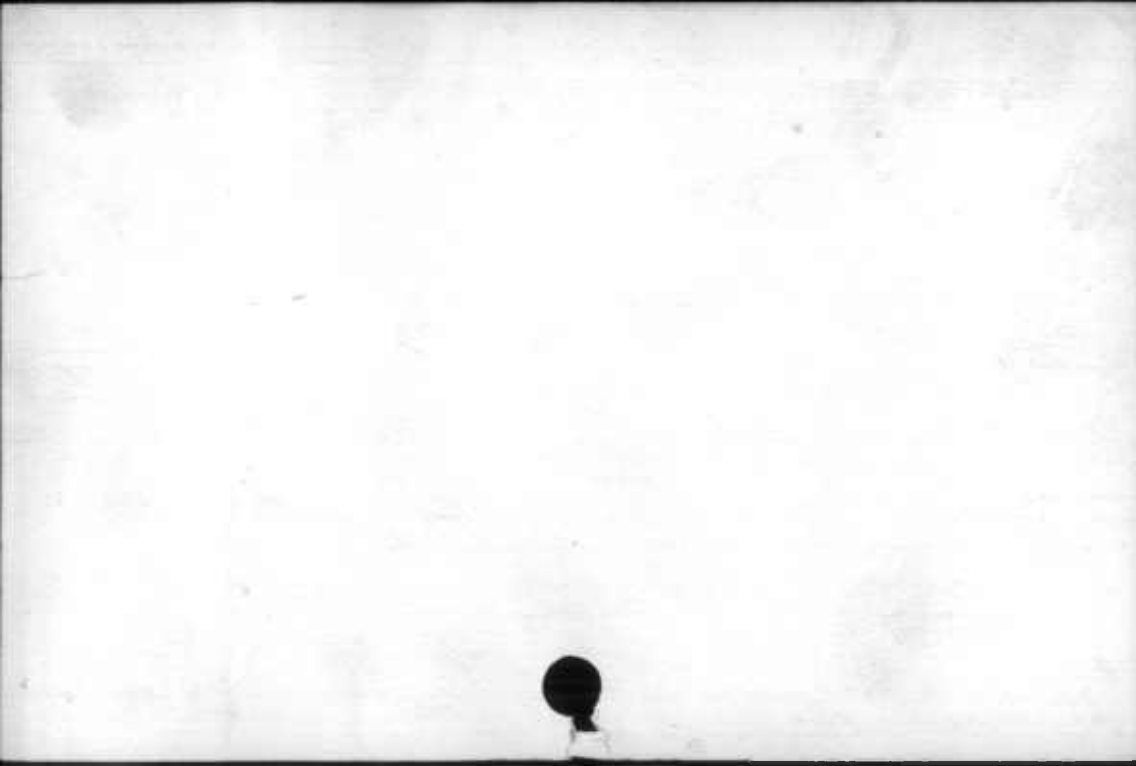
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Charlestown Town Cecil County **MARYLAND**Date of death 1960 Month Sept Day 23 Age 37 Years Months DaysSex Female Color or Race White Birth-place Bt. DepoiteOccupation Housewife Where Residing if not at place of deathMarried, Single or Widowed Married Name of Wife or Husband Charles Penrose CooperFather's Name Robert Tignor Father's Birthplace Cecil Co.Mother's Maiden Name Mary E. Unknown Mother's Birthplace Cecil Co.Name of person giving Information Charles Penrose Cooper How related to deceased Husband

## CAUSES OF DEATH

Primary Pneumonia How long 9 daysImmediate Heart How longAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician L. J. Harnick, M.D.Address North EastMd

Accident or Suicide





Name In Full		E. K. Davis				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near North East Cecil	County		MARYLAND		
	Date of death	1910	Month 9	Day 15	Age 87	Months	Days	
	Sex	male		Color or Race	white		Birth-place	Penna
	Occupation	Farmer		Where Residing if not at place of death				Das
	Married; Single or Widowed	Married		Name of Wife or Husband				Cecilia Davis
	Father's Name	Jonathan Davis				Father's Birthplace	Wales	
	Mother's Maiden Name	Mary Waters				Mother's Birthplace	N. Jersey	
Name of person giving information	E. K. Davis Jr				How related to deceased	Sont		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary						How long	175
	Immediate	Killed by Cars					How long	about
	Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician	Franz Frazer Crowne
	Accident or Suicide?	Accident					Address	E. K. Street Md

Blenny

Name  
in  
Full

CERTIFICATE OF DEATH

Walter J. Demmond  
Town County

MARYLAND

Died ~~at~~ near Gion Cecil  
Date of death 1900 Sept. 15 Age 18 Months 1 Days 3

Sex Male Color or Race White Birth-place near Gion  
Occupation Farming Where Residing if not at place of death near Gion

Married, Single or Widowed single Name of Wife or Husband No

Father's Name George T. Demmond Father's Birthplace Cecil Co. Md.

Mother's Maiden Name Annie E. Hall Mother's Birthplace Cecil Co. Md.

Name of person giving Information George T. Demmond How related to deceased Father

CAUSES OF DEATH

176

Primary Kick in Stomach by horse How long oh once  
Immediate Peritonitis How long 4 days

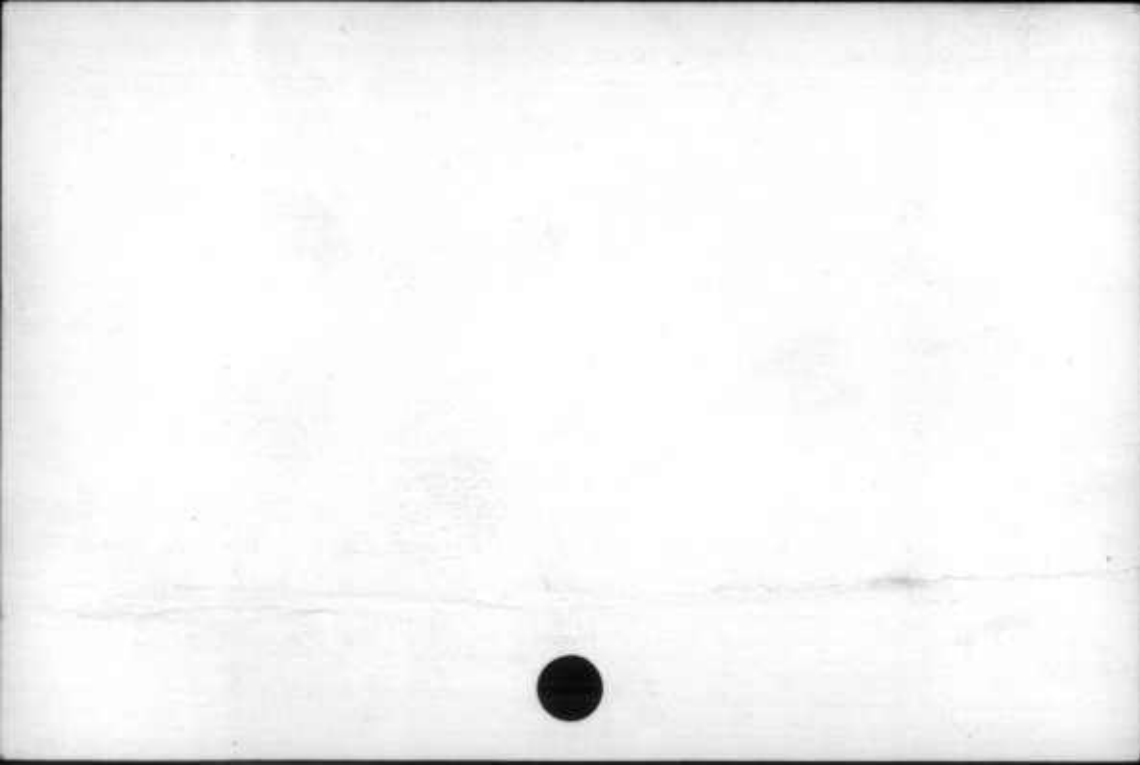
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. H. Richardson  
Address Rising Sun  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Earle H Farr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Port-Deposit <sup>Town</sup> Cecil <sup>County</sup>  
 Date of death 1960 <sup>Month</sup> Sept- <sup>Day</sup> 3 <sup>Years</sup> — <sup>Months</sup> 4 <sup>Days</sup> —  
 Sex Male Color or Race White Birth-place Port-Deposit  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
 Father's Name James Farr Father's Birthplace Cecil Co  
 Mother's Maiden Name Mary Crewell Mother's Birthplace Port-Deposit  
 Name of person giving information James Farr How related to deceased Father

CAUSES OF DEATH

Primary Whooping Cough ~~Measles~~ How long 6 wks  
 Immediate Pneumonia How long 24 hrs

PHYSICIAN  
OR CORONER

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

Signature of Physician

Address

G. H. [Signature]

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

Name in Full <i>Bertha Mayne Frederick</i>		Town <i>Charleston</i>		County <i>Cecil</i>		State <b>MARYLAND</b>	
Died at <i>Charleston</i>		Month <i>Sept</i>		Day <i>13</i>		Age <i>12</i>	
Date of death <i>1960</i>		Years <i>12</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Employee</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>Henry W. Frederick</i>		Father's Birthplace <i>Cecil Co.,</i>					
Mother's Maiden Name <i>Susanna Graham</i>		Mother's Birthplace <i>Charleston</i>					
Name of person giving Information <i>Susanna Frederick</i>		How related to deceased <i>Mother</i>					

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Typhoid Fever</i>	How long <i>1</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 <i>H. Cantwell</i>
		Address <i>North East.</i>
Accident or Suicide		

Charleston



Name  
in  
Full

Samuel L Gatchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> New Brudenoe <sup>County</sup> Cecil MARYLAND

Date of death 1910 <sup>Month</sup> Sept <sup>Day</sup> 15 Age <sup>Years</sup> 73 <sup>Months</sup> <sup>Days</sup>

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Md

Occupation Farmer <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Louisia Gatchell

Father's Name Henry Gatchell <sup>Father's Birthplace</sup> Md

Mother's Maiden Name Elizabeth Simpson <sup>Mother's Birthplace</sup> Md

Name of person giving information Chas Gatchell <sup>How related to deceased</sup> Son

CAUSES OF DEATH

Primary Bright's disease <sup>How long</sup> 120

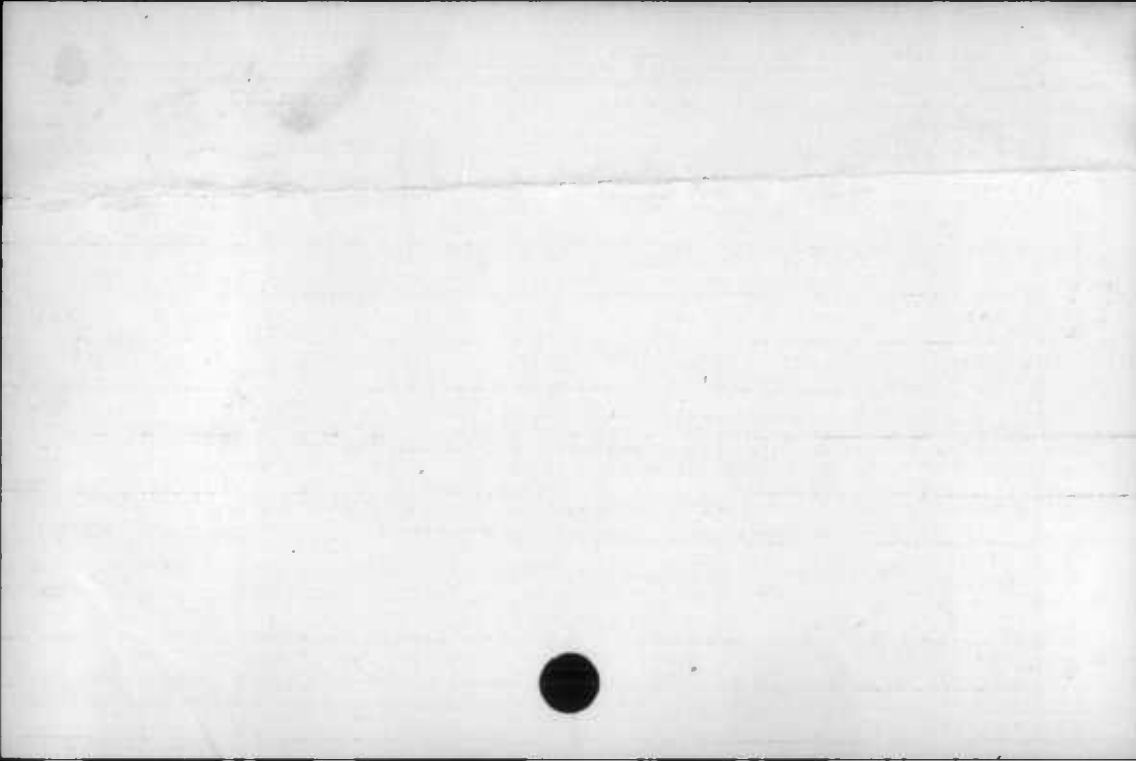
Immediate Insomnia <sup>How long</sup> 5 weeks

Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> D. F. Gifford

<sup>Address</sup> 3000

Accident or Suicide? <sup>ma</sup>

PHYSICIAN  
OR CORONER



Name  
In Full

Charlotte A Hessey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Near Earleville <sup>County</sup> Cecil

MARYLAND

Date of death 19 10 9 8<sup>Day</sup> Age 33<sup>Years</sup>

Months — Days —

Sex Female Color or Race White Birthplace Cecil Co. Md

Occupation Housewife Where residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Frank Hessey

Father's Name Daniel Hustfelt Birthplace Cecil Co. Md

Mother's Maiden Name Martha Yimmus Birthplace Cecil Co. Md

Name of person giving information Effa Hustfelt How related to decedent Sister

## CAUSES OF DEATH

(38)

PHYSICIAN  
OR CORONER

Primary Puerperal Eclampsia How long 36 Hours

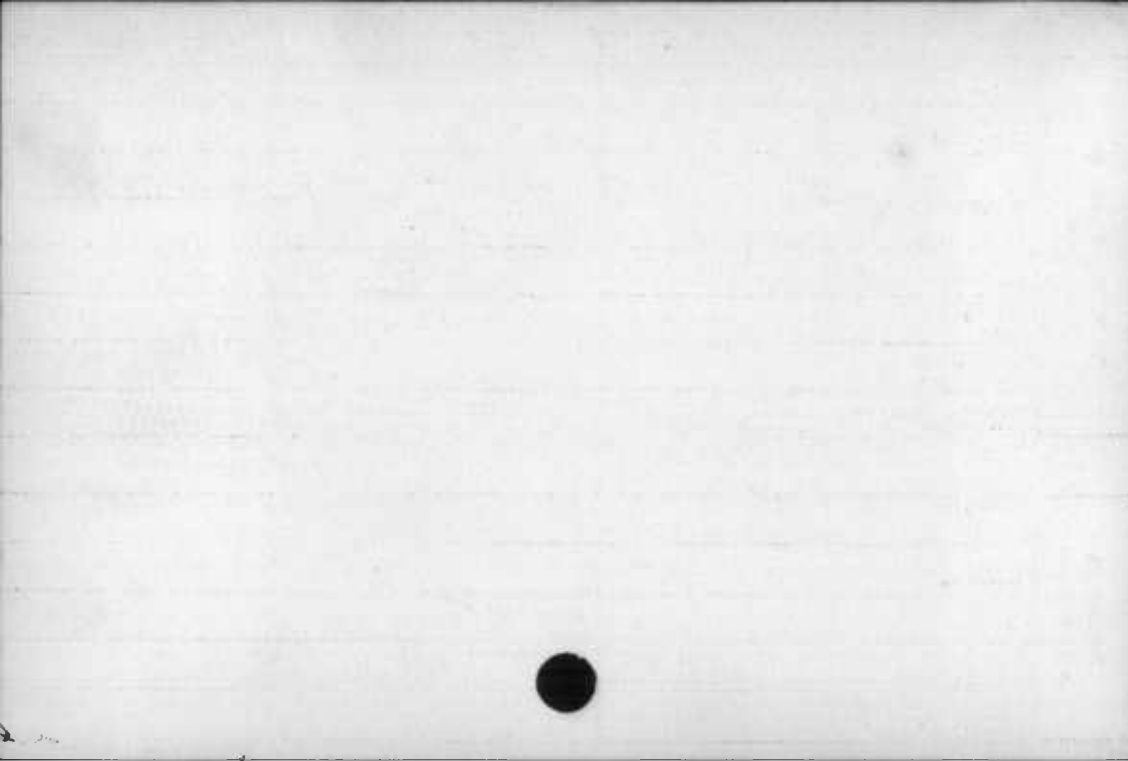
Immediate Uremia How long 20

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

Signature of Physician E. W. Crawford

Address Cecil Co. Md

Accident or Suicide?



Name  
in  
Full

Wm. S. Hollingsworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Marwarie* Town *Cecil* County

MARYLAND

Date of death 1910 *9* Month *1* Day Age *18* Years Months Days

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

Occupation *Labourer* Where Residing If not at place of death

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

Father's Name *Thos Hollingsworth*

Father's Birthplace *Maryland*

Mother's Maiden Name *Laura Bruce*

Mother's Birthplace *Maryland*

Name of person giving information *Laura Hollingsworth*

How related to deceased *Mother*

CAUSES OF DEATH

170

PHYSICIAN  
OR CORONER

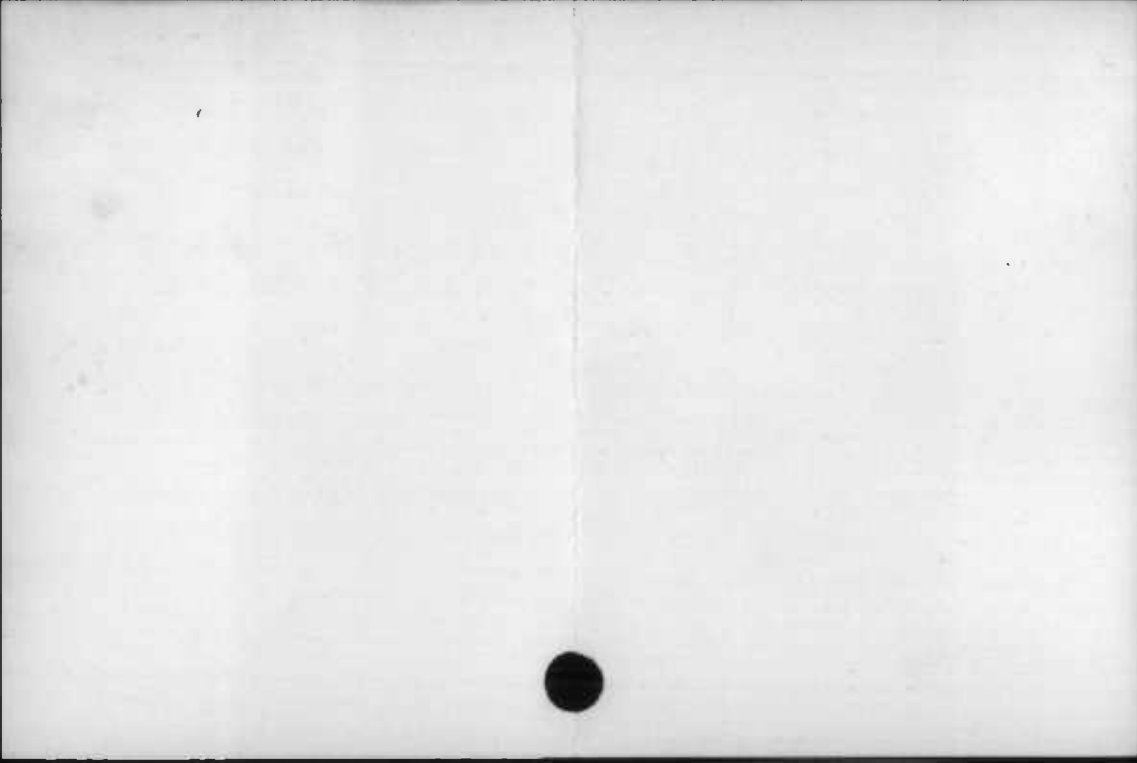
Primary *Gun shot over the heart*

How long *Instantly*

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

Signature of Physician *Frank J. Crow*  
Address *Easton Md*

Accident or Suicide? *Accident*



TO BE ANSWERED BY  
NEAREST FRIEND

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

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhoid fever		How long	3 weeks
	Immediate	Exhaustion		How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	H. Arthur Mitchell
				Address	Elkton Md. Sec. Cecil Board of Health





Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

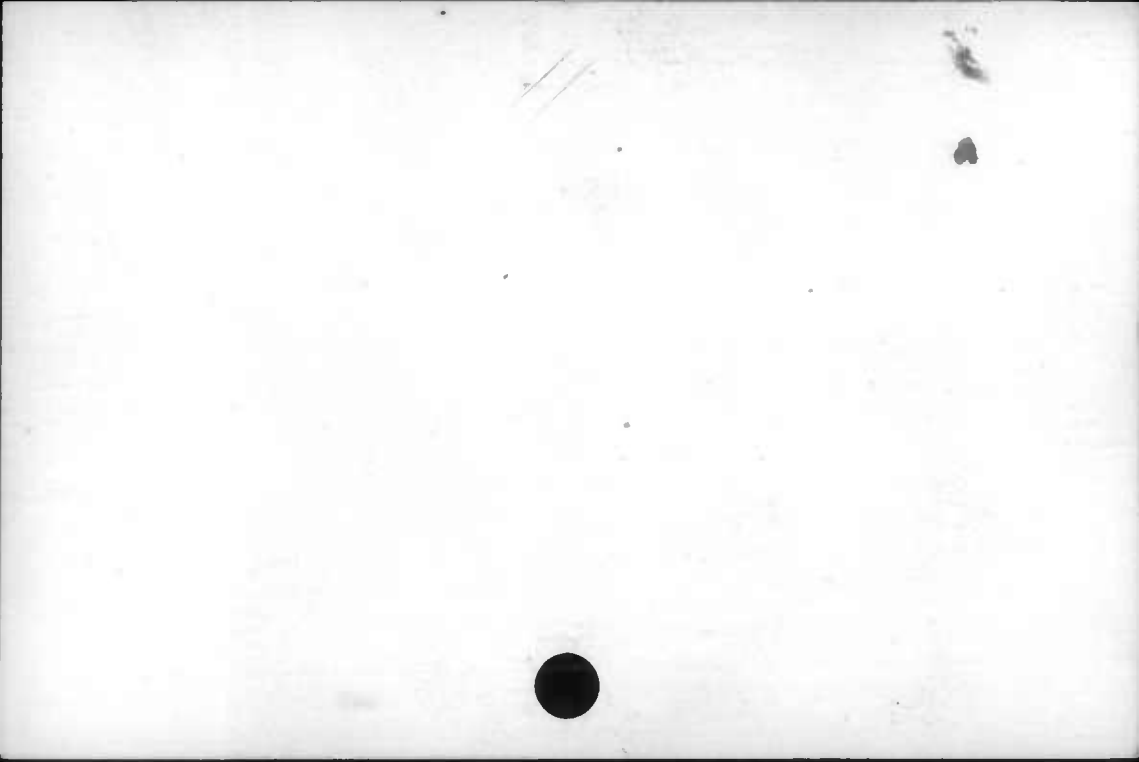
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Elizabeth Jackson</i>		Town <i>Blythedale</i>		County <i>Cecil</i>	
Date of death <i>1900 Sept- 20</i>		Age <i>65-</i>		Months <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White-</i>		Birth-place <i>Blythedale Ind</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband's <i>Francis M Jackson</i>			
Father's Name <i>John Ryan</i>		Father's Birthplace <i>Blythedale Ind</i>			
Mother's Maiden Name <i>Elizabeth Carnathan</i>		Mother's Birthplace <i>Cecil Co</i>			
Name of person giving Information <i>Almeda Currier</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

Primary <i>Cancer</i>	How long <i>4 1/2</i>	How long <i>Years</i>
Immediate <i>Inanition</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. M. Stewart</i>	
	Address <i>Princeton, Md</i>	
Accident or Suicide		

PHYSICIAN  
OR CORONER



Name  
In  
Full

Thomas Arnold Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Cecilton</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death 1910	<i>Sep.</i> <small>Month</small>	<i>8th</i> <small>Day</small>	Age <i>77</i> <small>Years</small>	<i>7</i> <small>Months</small>	<i>5</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Queen Anne Co. Md.</i>			
Occupation <i>Farmer</i>	Where Reading if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>Arnold Jacobs</i>	Father's Birthplace <i>Queen Anne Co. Md.</i>				
Mother's Maiden Name <i>Armita Welch</i>	Mother's Birthplace <i>Queen Anne Co. Md.</i>				
Name of person giving information <i>Mrs Dixon</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

Primary <i>Chronic Anemia</i>	How long <i>120</i>	<i>21 weeks</i>
Immediate <i>Pulmonary Congestion</i>	How long	<i>2 or 3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. R. Wright</i>	
	Address <i>Harwick.</i>	

PHYSICIAN  
OR CORONER

Accident or Suicide?

Maryland -  
LIBRARY BUREAU SERIES

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Name  
in  
Full

CERTIFICATE OF DEATH

James W Johnson

Died at *Chesapeake City* Town *Sevier* County

MARYLAND

Date of death 1900 Month 9 Day 8 Age 61 Years Months Days

Sex *Male* Color or Race *White* Birth-place *Del*Occupation *Fireman* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Maria Johnson*Father's Name *John W Johnson* Father's Birthplace *MD*Mother's Maiden Name *Margaret Reshaw* Mother's Birthplace *Eng*Name of person giving Information *Maria Johnson* How related to deceased *Wife*

## CAUSES OF DEATH

Primary *Cancer of Stomach* How long *One Year*Immediate *Cancer of Stomach*

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

*Yes*

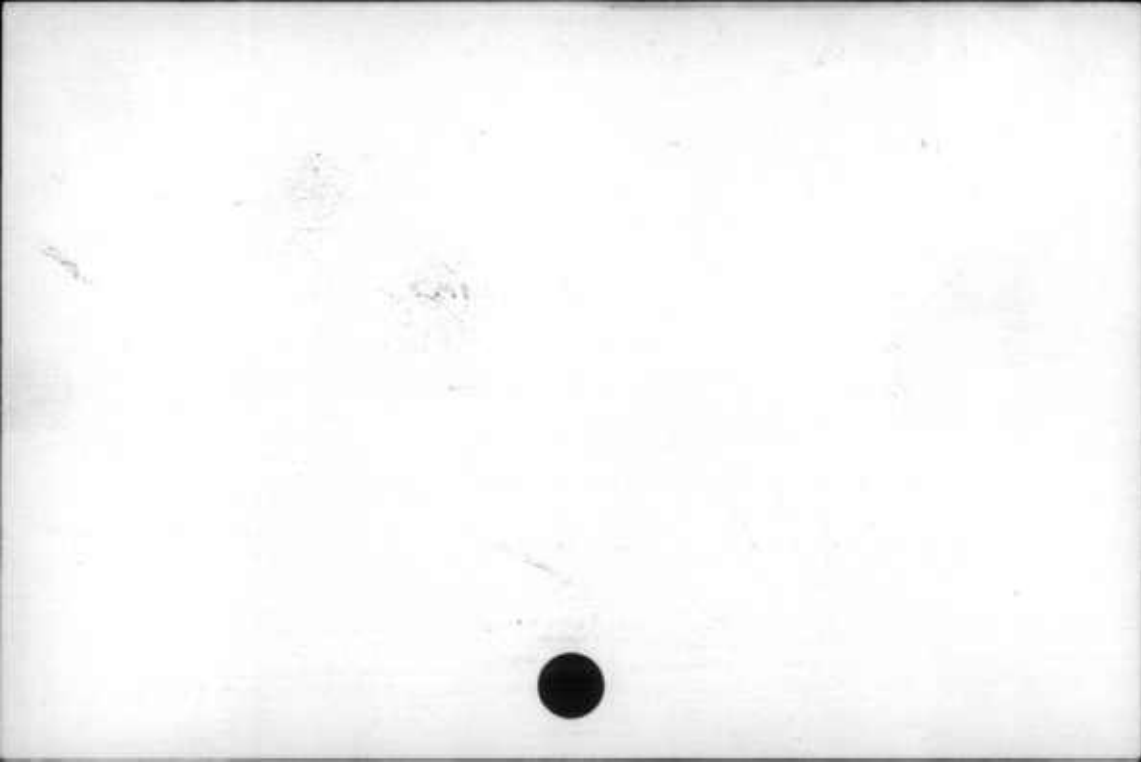
Signature of Physician

Address

*W C Stevenson MD  
Chesapeake City, Md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Marie E Gamar

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> North East <sup>County</sup> Cecil

MARYLAND

Date of death 1990 <sup>Month</sup> sept <sup>Day</sup> 10 <sup>Age</sup> 9 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex <sup>Female</sup> Color or Race <sup>White</sup> Birth-place <sup>Ches Jawn</sup>

Occupation <sup>---</sup> Where Residing if not at place of death <sup>North East</sup>

Married, Single or Widowed <sup>---</sup> Name of Wife or Husband <sup>---</sup>

Father's Name <sup>O B Gamar</sup> Father's Birthplace <sup>Cecil county</sup>

Mother's Maiden Name <sup>Mattie Minker</sup> Mother's Birthplace <sup>North East</sup>

Name of person giving Information <sup>O B Gamar</sup> How related to deceased <sup>Mother</sup>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

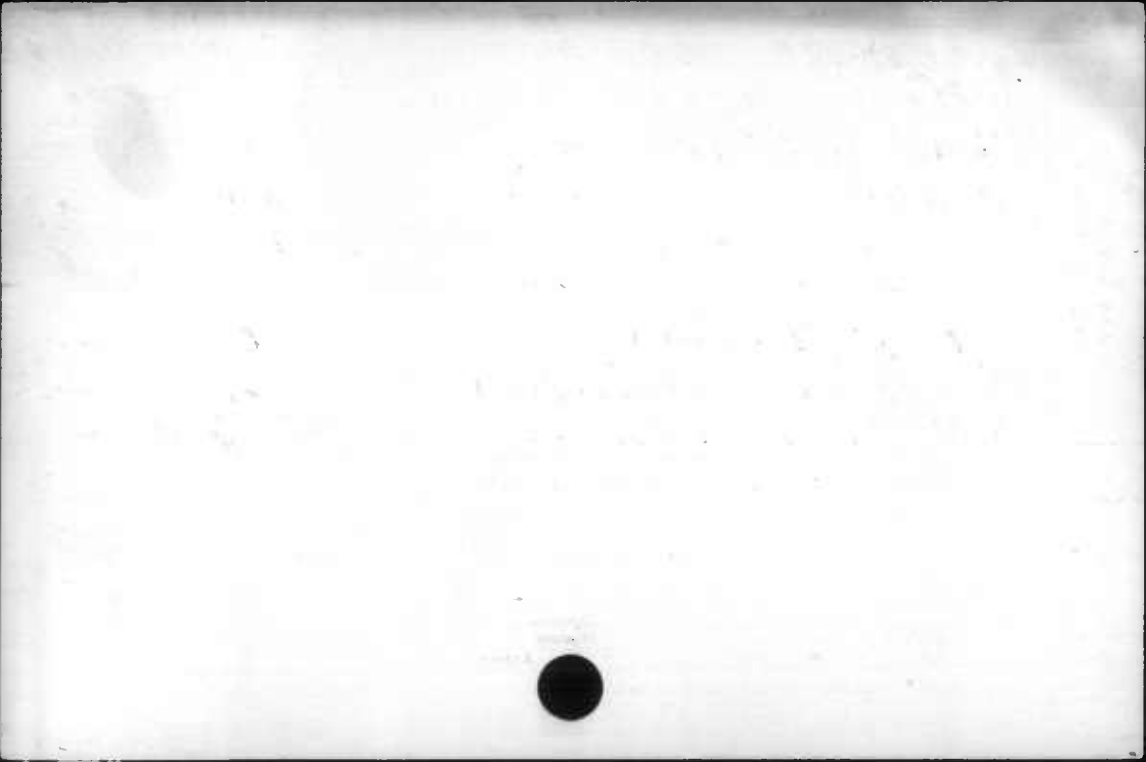
Primary <sup>Diphtheria</sup> How long <sup>14 days</sup>

Immediate <sup>Pneumococcal Paratyphoid</sup> How long <sup>2 days</sup>

Are the name, age, sex, color, date and place correctly given above? <sup>yes</sup>

Signature of Physician <sup>H. H. [unclear]</sup>  
Address <sup>[unclear]</sup>

Accident or Suicide





Name in Full

Thomas Clinton Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Harwick <sup>Town</sup> Becie <sup>County</sup> MARYLAND

Date of death 1990 <sup>Month</sup> Sep <sup>Day</sup> 18 <sup>Years</sup> Age 61 <sup>Months</sup> 5 <sup>Days</sup> 13

Sex male Color or Race White Birthplace near Harwick, Md

Occupation Painter Where Residing if not at place of death -

Married, Single or Widowed married Name of Wife or Husband Rebecca Catherine

Father's Name John W. Father's Birthplace Maryland

Mother's Maiden Name Martha M. Hyrono Mother's Birthplace Maryland

Name of person giving information E. G. Lynch How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pulmonary tuberculosis - How long 25 One year

Immediate Yno. How long 25

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

Address Harwick Md.

Accident or Suicide



Name  
is  
Full

Margaret-M McNeill

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

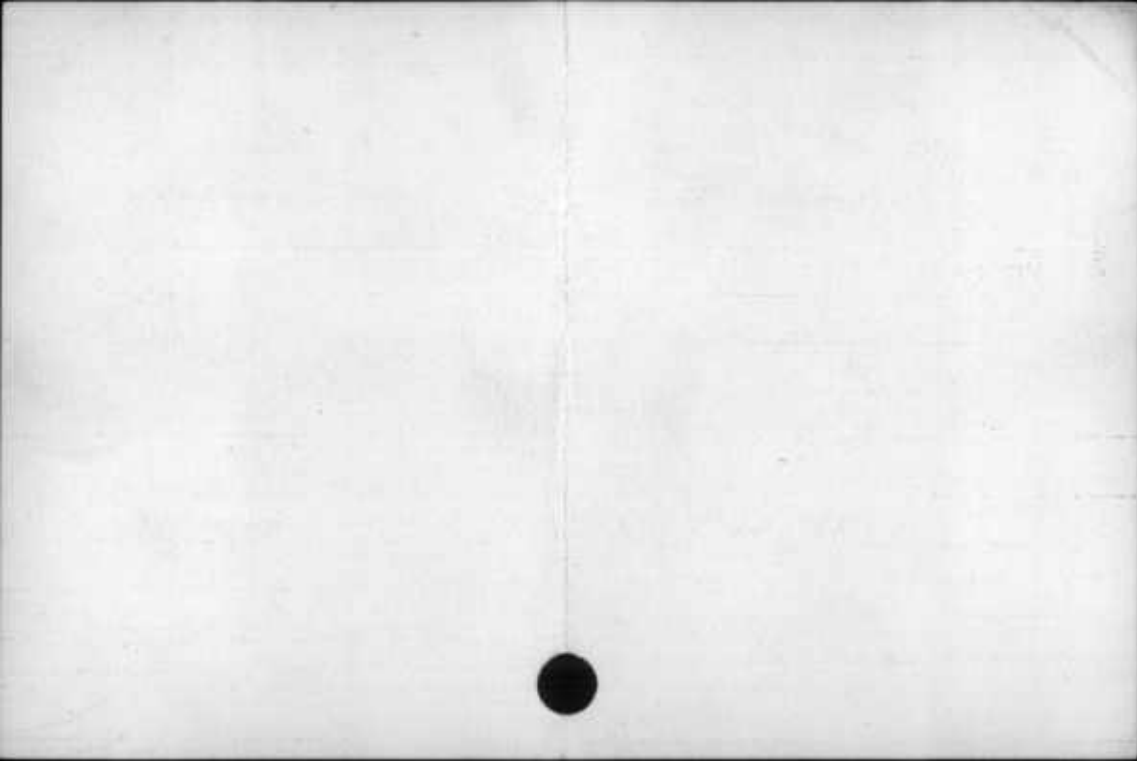
Died at <u>Elkton</u> Town		<u>local</u> County		MARYLAND	
Date of death	<u>1910</u>	Month	<u>Sept-</u>	Day	<u>19</u>
Age	<u>18</u>	Years	<u>18</u>	Months	
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>local of Md</u>
Occupation	<u>House maid</u>		Where residing if not at place of death	<u>Rising Sun</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>None</u>		
Father's Name	<u>James A McNeill</u>			Father's Birthplace	<u>Pennsylvania</u>
Mother's Maiden Name	<u>Annie Phillip</u>			Mother's Birthplace	<u>local of Md</u>
Name of person giving information	<u>James A McNeill</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

51

PHYSICIAN  
OR CORONER

Primary	<u>Exophthalmic Goitre</u>	How long	<u>2 yrs.</u>
Immediate	<u>Acute Thyroidism</u>	How long	<u>10 days about</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. H. Richards</u>
		Address	<u>Post Deposit</u>
Accident or Suicide?	<u>No</u>		<u>Md.</u>



Name in Full

Matilda Marie Meek

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> *near Blythedale* <sup>County</sup> *Cecil* MARYLAND

Date of death *1980* <sup>Month</sup> *Sept-* <sup>Day</sup> *8* Age *—* <sup>Years</sup> *—* <sup>Months</sup> *4* <sup>Days</sup> *—*

Sex *Female* Color or Race *White* Birth-place *Blythedale Ind*

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

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

Father's Name *John Meek* Father's Birthplace *Philadelphia Pa*

Mother's Maiden Name *Annie Stoddard* Mother's Birthplace *" "*

Name of person giving Information *John Meek* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Cholera infantum* <sup>How long</sup> *3 days*

Immediate *resuscitation* <sup>How long</sup> *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *H. L. Brown*

Address *Blythedale*

Accident or Suicide *—* *M.D.*



Name  
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Dr George E Morrison*

Died at *Elkton* Town *Cecil* County **MARYLAND**

Date of death *1910* Month *Sept* Day *14* Age *51* Years Months *—* Days *—*

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

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

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

Father's Name *John Morrison* Father's Birthplace *Ind*

Mother's Maiden Name *No Information* Mother's Birthplace *—*

Name of person giving information *Jennie Morrison* How related to deceased *Wife*

CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary *Appendicitis* How long *—*

Immediate *Peritonitis* How long *4 days*

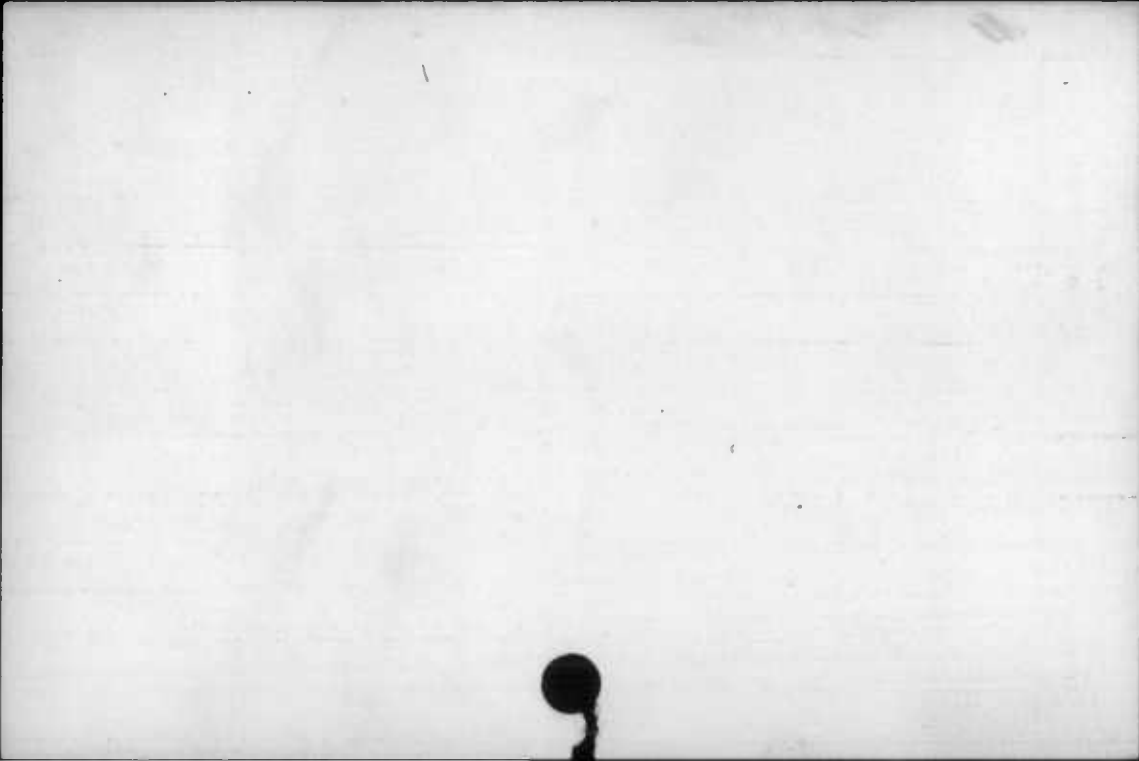
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Walter Mitchell MD*

Address *Elkton Md*

Accident or Suicide? *—*

*Selected by Board of Health*





Name  
in  
Full

*Samuel Maxwell*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cowartown</i>		Town		<i>Cecil</i>		County		MARYLAND	
Date of death	<i>1940</i>	Month	<i>9</i>	Day	<i>1</i>	Age	<i>73</i>	Years	Months
Sex	<i>Male</i>	Color or Race	<i>White</i>		Birth-place	<i>md</i>			
Occupation	<i>Retired</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>Samuel Maxwell</i>		Father's Birthplace		<i>md</i>				
Mother's Maiden Name	<i>Elysa Russell</i>		Mother's Birthplace		<i>md</i>				
Name of person giving Information	<i>Janice O. Maxwell</i>		How related to deceased		<i>Niece</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>1 month</i>
Immediates	<i>Coma</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>O.P. Corrieo MD</i>
Accident or Suicide		Address	<i>Cherry Hill md.</i>

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Name  
in Full

Helen B Murphy

CERTIFICATE OF DEATH

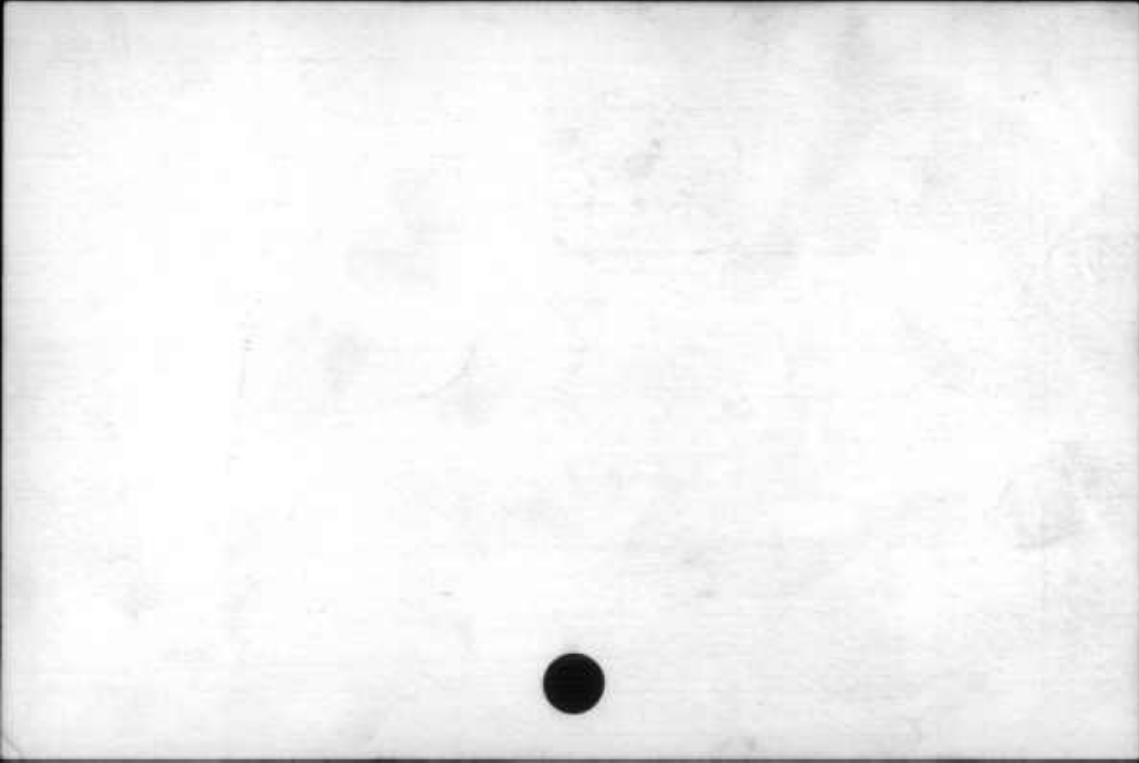
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Charlestown</i>		County <i>Cecil</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1900	Sept	12		8	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Charlestown</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>C. H. Murphy</i>			Father's Birthplace <i>Cecil Co.</i>		
Mother's Maiden Name <i>Betha McQuirk</i>			Mother's Birthplace <i>Perryville</i>		
Name of person giving Information <i>Betha Murphy</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>5 days</i>
Immediate <i>Acidosis</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
Address <i>L. J. Hamrick North East</i>	
Accident or Suicide	



Name  
in  
Full

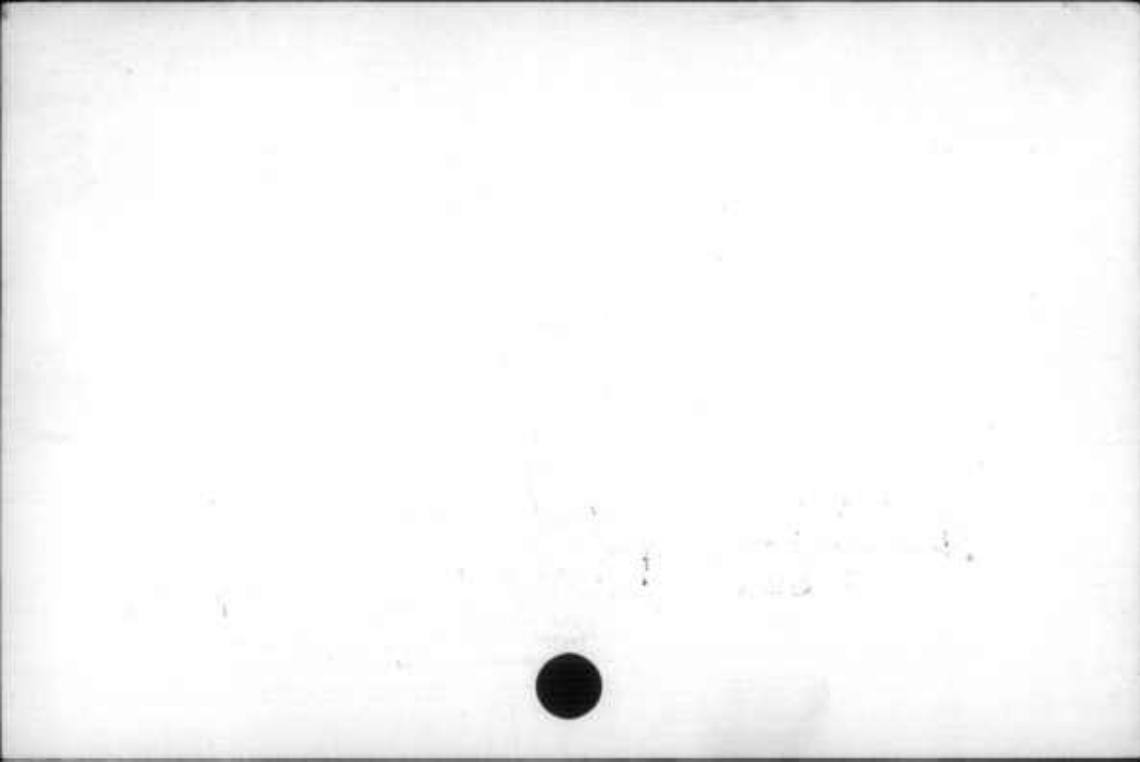
Mary E Oldham

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>town</sup> *Post-Deposit* <sup>County</sup> *Cecil* MARYLANDDate of death 1990 <sup>Month</sup> *Sept-* <sup>Day</sup> *2* Age <sup>Years</sup> *85-* <sup>Months</sup> *4* <sup>Days</sup> *-*Sex *Female* Color or Race *White-* Birth-place *John Cecil Co*Occupation *not any* Where Residing if not at place of deathMarried, Single or Widowed *Widowed* Name of Wife or Husband *Yes W Oldham*Father's Name *John C Cameron* Father's Birthplace *John Cecil Co*Mother's Maiden Name *Fancy Means* Mother's Birthplace *" " "*Name of person giving information *Elba Watters* How related to decedent *Daughter*

## CAUSES OF DEATH

Primary *Acute Nephritis* How long *48 hrs*Immediate *Emilia of brain* How long *3 hrs*Are the name, age, sex, color, date and place correctly given above? Signature of Physician *G. H. Richard*  
Address *Post-Deposit*PHYSICIAN  
OR CORONERAccident or Suicide



Name in Full

Tony Pergina

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Port Deposit

<sup>County</sup> Cecil

MARYLAND

Date of death 1910 <sup>Month</sup> Sept <sup>Day</sup> 10 Age <sup>Years</sup> <sup>Months</sup> 11 <sup>Days</sup>

Sex male Color or Race white Birth-place Port Deposit

Occupation None Where residing if not at place of death

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

Father's Name Frank Pergina Birthplace Italy

Mother's Maiden Name Annie Johnson Birthplace Charles md

Name of person giving to formation Mrs Annie Pergina How related to decedent Mother

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary Convulsions following Diarrhea How long 2 days

Immediate Heart Failure How long 8 hrs

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

Yes No

Signature of Physician W G Jack 7/11/10  
Address Liberty Grove md

Accident or Suicide?





Name  
in  
Full

Edna Pearl Pierce

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Rescue, Tenn*<sup>Town</sup>County *Greene*

MARYLAND

Date  
of death *1916*Month  
*Sept*Day  
*24*

Age

Years

Months  
*3*Days  
*27*Sex  
*female*Color or  
Race*white*Birth-  
place*Rescue, Tenn*Occupation  
*—*Where Residing if not  
at place of death  
*" "*~~Married, Single~~  
~~Widow~~Name of Wife or  
Husband  
*—*Father's  
Name*Marshall Pierce*Father's  
Birthplace*Greene Co*Mother's  
Maiden Name*Mary Shade*Mother's  
Birthplace*" "*Name of person giving  
In formation*Mary Shade*How related  
to deceased*Mother*

## CAUSES OF DEATH

Primary

*Laryngitis*

How long

*two days*

Immediate

*atelectasis*

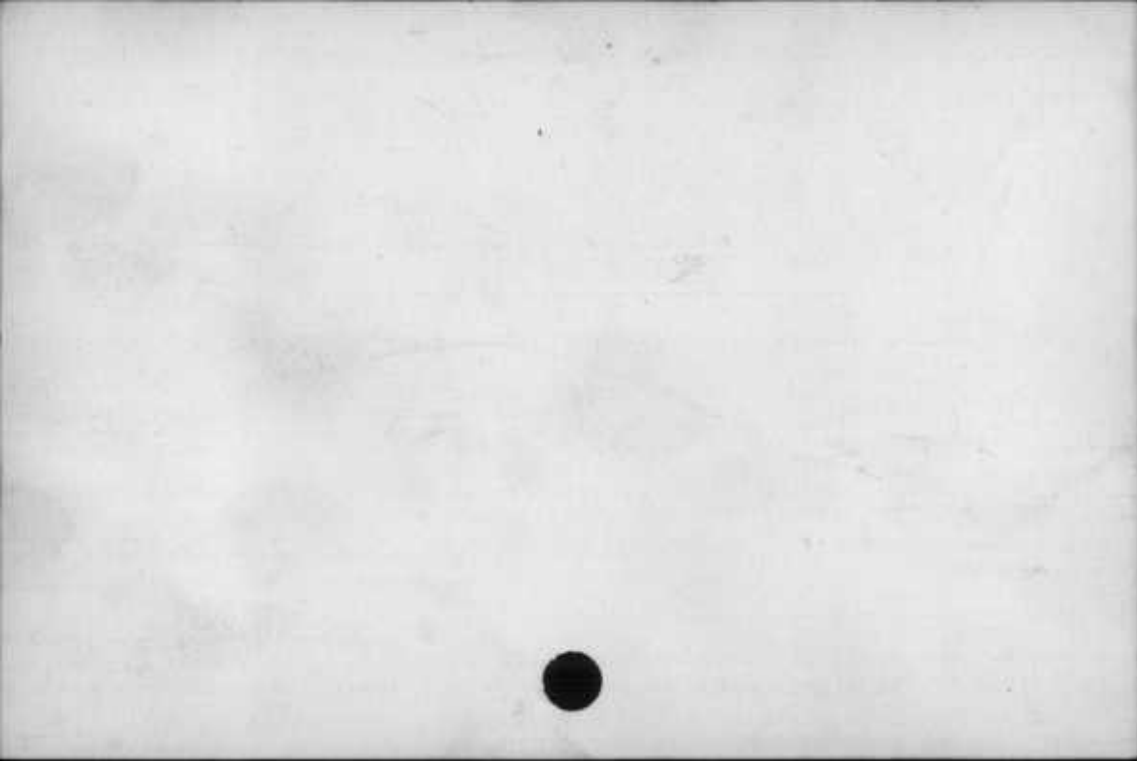
How long

*12 hours*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*John L. James*  
*Rescue, Tenn*

Accident or Suicide?



Name in Full

Granielle Mead Pierce.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Liberty Groove* <sup>Town</sup> *Lucile* <sup>County</sup> *100* MARYLAND

Date of death **19** *10* <sup>Month</sup> *September* <sup>Day</sup> *9th* <sup>Years</sup> *47* <sup>Months</sup> *8* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Nottingham Pa*

Occupation *Farmers* Where Reading if not at place of death *at home*

Married, Single or Widowed *married* Name of Wife or Husband *Mary J. Pierce*

Father's Name *J. Andrew Pierce* Father's Birthplace *Pennsylvania*

Mother's Maiden Name *Elizabeth Scottow* Mother's Birthplace *Maryland*

Name of person giving information *Mary J. Pierce* How related to deceased *wife*

CAUSES OF DEATH

Primary *Typhoid - fever* How long *29 days*

Immediate *Exhaustion* How long *3 days*

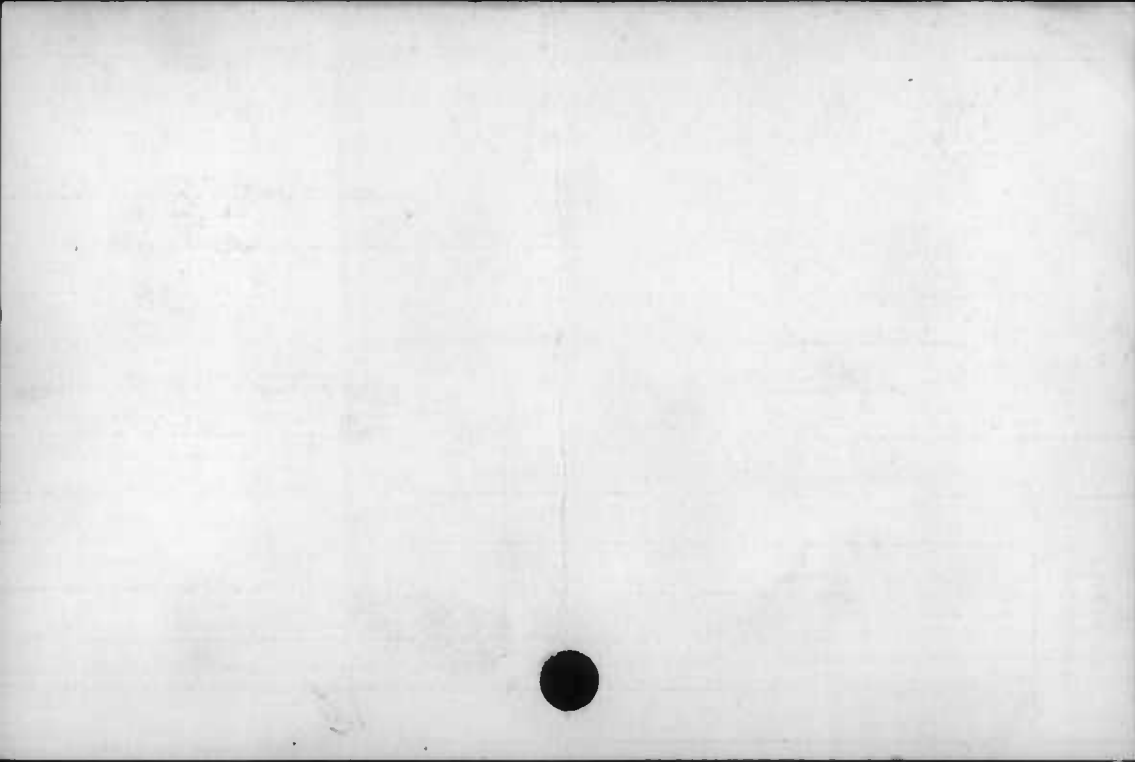
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Ernest Rowland*

Address *Liberty Groove Md.*

Actual or Suside? *Actual*

PHYSICIAN OR CORONER



Name  
in  
Full

Richard H Plummer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Eeston		County Cecil		MARYLAND	
Date of death		Month 9	Day 17	Age	Years 71	Months	Days
Sex	Male	Color of Hair	White		Birth-place	Maryland	
Occupation	Laborer			Where Reading if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Thomas Plummer				Father's Birthplace	Maryland	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information	Edgar R. Plummer				How related to deceased	Nephew	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Trouble	How long	12 years
Immediate	Heart Disease	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. Frank Frayer Coroner
		Address	Eeston Md
Accident or Suicide?			



Name  
in  
Full

George W Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cherry Hill</i>		County <i>Cecil</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>Sept</i>	Day <i>29</i>	Age <i>79</i>	Months <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>John Roberts</i>	Father's Birthplace <i>Maryland</i>			Mother's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Harriet Bowen</i>	How related to deceased <i>None</i>				
Name of person giving Information <i>L J R Ward</i>					

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary	<i>Asthma</i>	How long <i>5 mos</i>
Immediate	<i>Dilated Heart</i>	How long <i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>P. J. Corrie M.D.</i>
		Address <i>Cherry Hill, Md.</i>
Accident or Suicide		

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Name  
in  
Full

Rachel A Robinson

CERTIFICATE OF DEATH

Died at <sup>Town</sup> near Port Deposit - <sup>County</sup> Cecil MARYLANDDate of death 1980 <sup>Month</sup> Sept - <sup>Day</sup> 30 Age <sup>Years</sup> 42 <sup>Months</sup> - <sup>Days</sup> -Sex Female <sup>Color or Race</sup> Colored <sup>Birth-place</sup> Cecil CoOccupation Housewife <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Widowed <sup>Name of Wife or Husband</sup> Philip RobinsonFather's Name James Johnson <sup>Father's Birthplace</sup> Cecil CoMother's Maiden Name Annie Gibson <sup>Mother's Birthplace</sup> " "<sup>Name of person giving Information</sup> Bunkah Robinson <sup>How related to deceased</sup> Daughter

## CAUSES OF DEATH

<sup>Primary</sup> Intermittent Fever <sup>How long</sup> 2 Weeks<sup>Immediate</sup> Inanition <sup>How long</sup> -Are the name, age, sex, color, date and place correctly given above? yes <sup>Signature of Physician</sup> H. E. Brown, Jr., M.D.<sup>Address</sup> Blythe Dale Md.

Accident or Suicide -

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
F is  
Full

George E. Stashung

CERTIFICATE OF DEATH

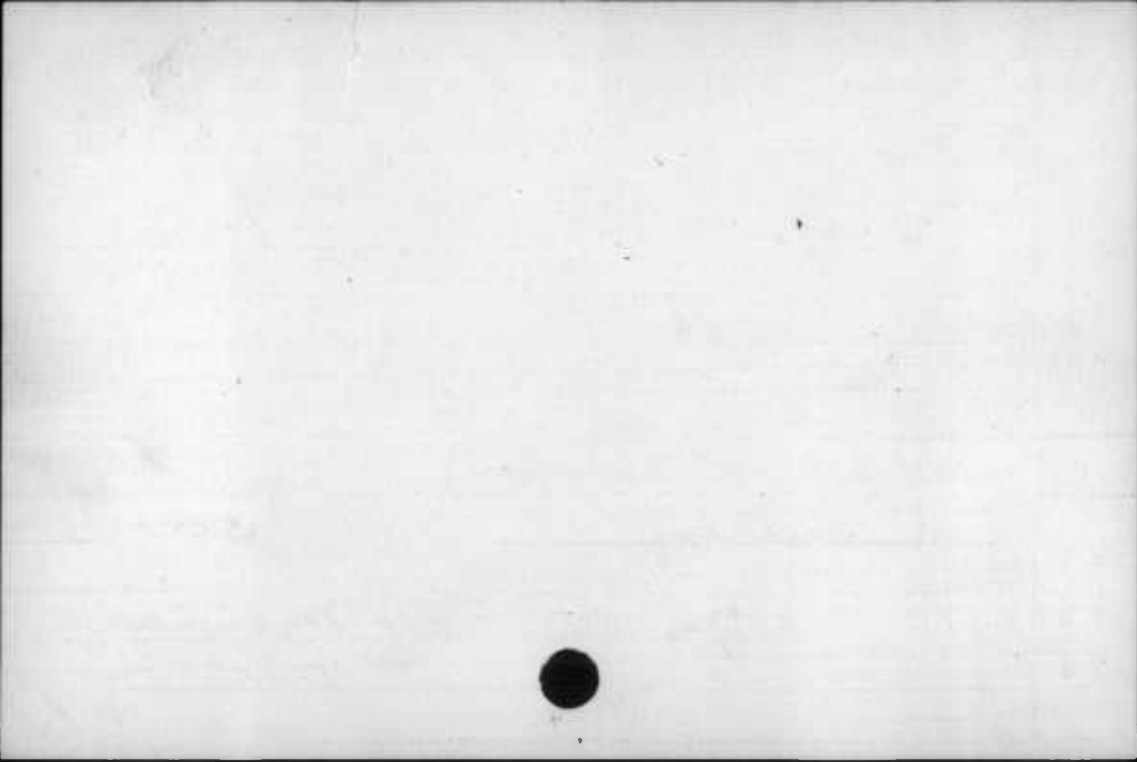
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Exton</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		<b>MARYLAND</b>	
Date of death <u>1910</u>	Month <u>Sept</u>	Day <u>13</u>	Age <u>64</u>	Months	Days
Sex <u>male</u>	Color or Race <u>W</u>		Birth place <u>Ind</u>		
Occupation <u>Day Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Harriet Stashung</u>				
Father's Name <u>Chas Stashung</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Harriet Abel</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Harris Miller</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Heart, dis. of heart</u>	(74)	How long <u>12 hrs</u>
Immediate <u>stroke</u>		How long <u>6 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician	
	Address <u>Smiths Manor</u>	
Accident or Suicide?		



Name  
in  
Full

Edna R. Stroops

CERTIFICATE OF DEATH

Died at <sup>Town</sup> near Earleville <sup>County</sup> Cecil

MARYLAND

Date of death 19 10 9  
Month 9 Day 5 Age 5  
Years 10 Months 22 Days

Sex Female Color or Race White Birth-place Cecil Co, Ind

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

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

Father's Name John B Stroops Father's Birthplace Cecil Co, Ind

Mother's Maiden Name Mary A. Meinaw Mother's Birthplace Chicago Ill

Name of person giving information Mary A Meinaw How related to deceased Mother

## CAUSES OF DEATH

Primary Dysentery How long 5 days

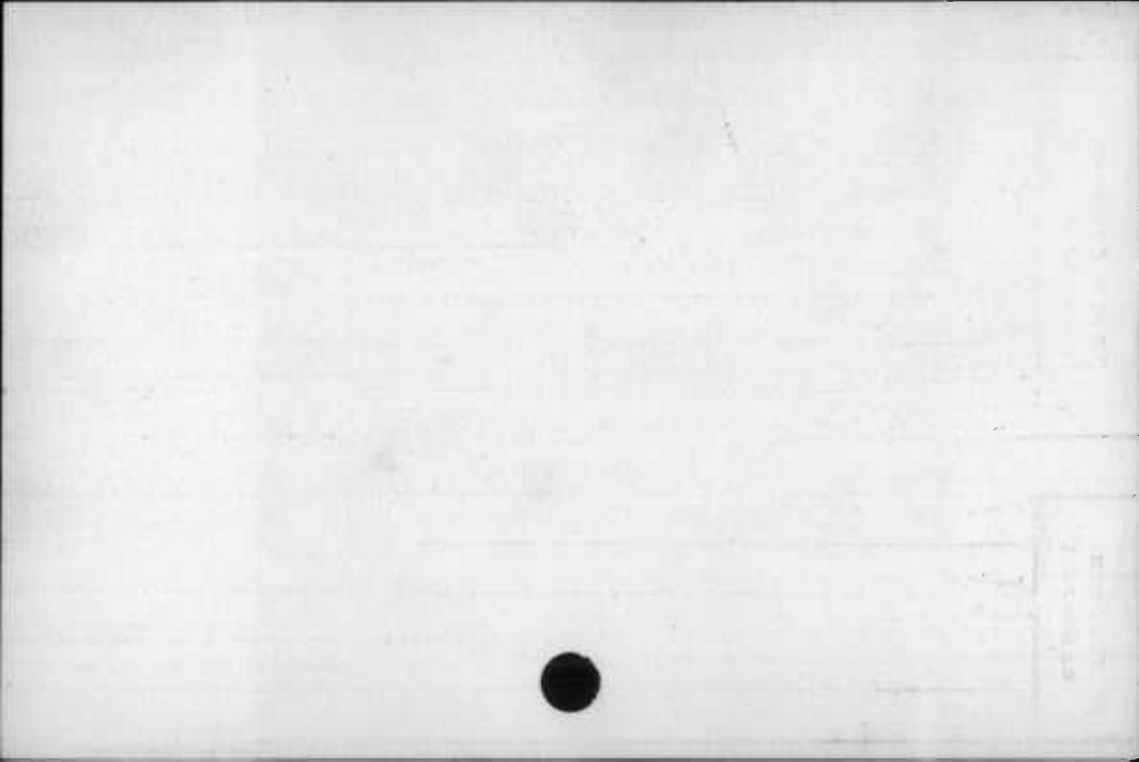
Immediate

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

Signature of Physician R. M. Beach

Address Bechtown Ind

Accident or Suicide?  No



Name  
in  
Full

Wm H Jamney

CERTIFICATE OF DEATH

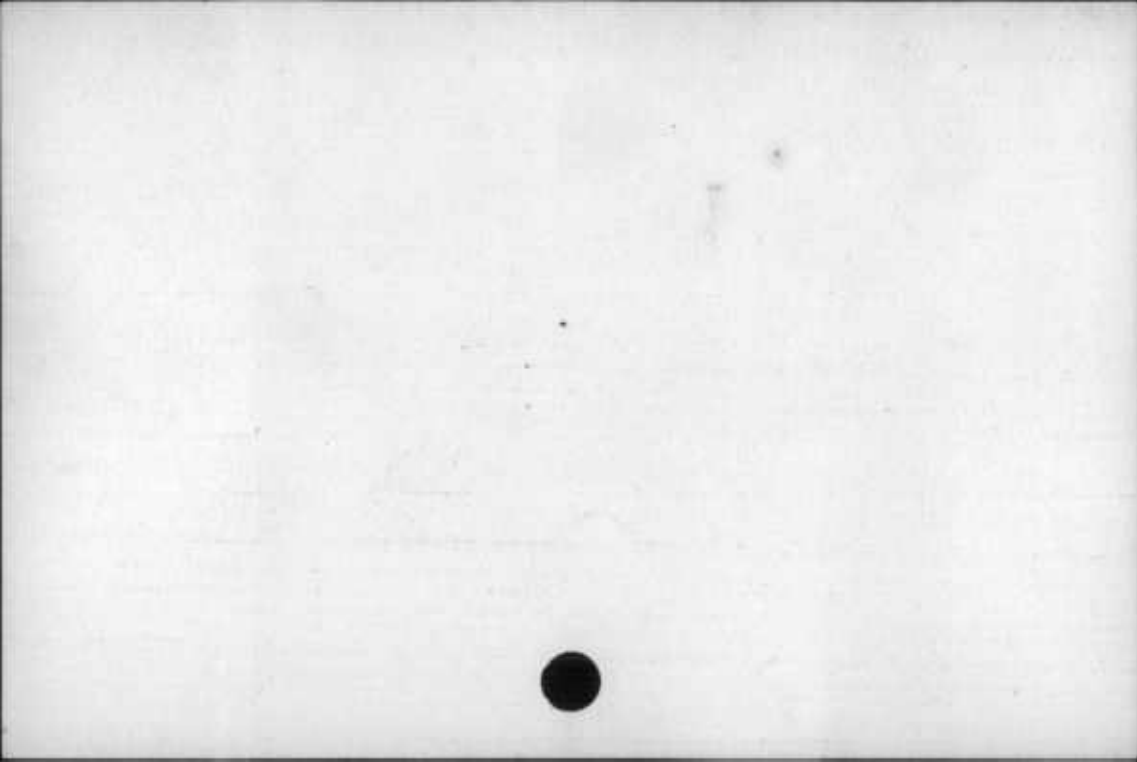
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town New Eketon		County Cecil		MARYLAND	
Date of death	1910	Month Sept	Day 13	Age	Years 71	Months	Days
Sex	male		Color or Race	white		Birth-place	md
Occupation	Salesman			Where Reading if not at place of death			
Married, Single or Widowed	widowed		Name of Wife or Husband	Jane E Jamney			
Father's Name	Wm Jamney				Father's Birthplace	md	
Mother's Maiden Name	Jane E Nash				Mother's Birthplace	ny	
Name of person giving information					How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old Age	How long	71 yrs
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. P. Morrison
		Address	Eketon, Md.
Accident or Suicide?			





Name  
in  
Full

Dora Loke Tomlinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

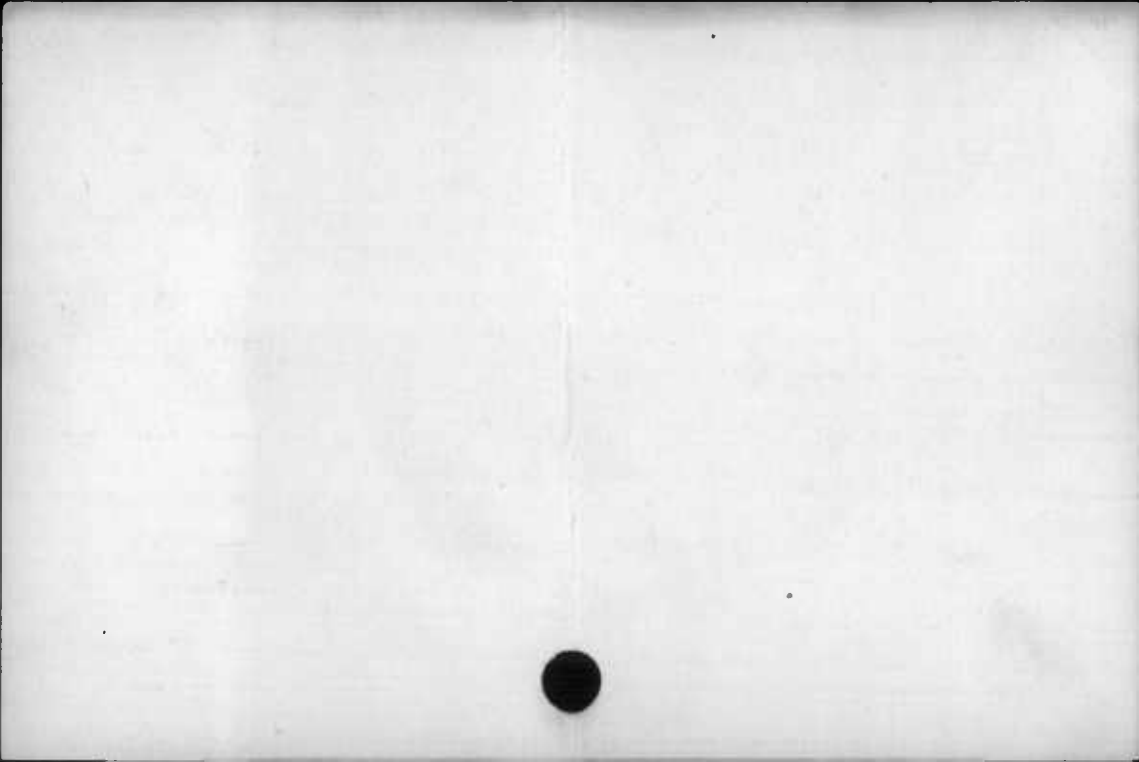
Died at		Liberty Grove		Sevit		MARYLAND	
Date of death		1910	Sept	13	Age	1	27
Sex		Female		Color or Race		white	
Occupation		none (Infant)		Where residing if not at place of death		at home	
Married, Single or Widowed		single		Name of Wife or Husband		none	
Father's Name		Samuel H Tomlinson		Father's Birthplace		Begal Co Md	
Mother's Maiden Name		Marion Marler		Mother's Birthplace		Penna	
Name of person giving information		Miriam Tomlinson		How related to deceased		Mother	

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	3 weeks
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Ernest Rowland	
Address		Liberty Grove Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

*Oliver O Neal*  
 Died at *Cookshury* <sup>Town</sup> *Beecil* <sup>County</sup> **MARYLAND**  
 Date of death 19*60* Month *9* Day *21* Age *40* Years Months *-* Days *-*  
 Sex *Male* Color or Race *colored* Birthplace *Cookshury*  
 Occupation *Labourer* Where Residing if not at place of death *-*  
 Married, Single or Widowed *Married* Name of Wife or Husband *Lula Neal*  
 Father's Name *Josiah Neal* Father's Birthplace *Cookshury*  
 Mother's Maiden Name *Married to Taylor* Mother's Birthplace *Beecil*  
 Name of person giving Information *Lula Neal* How related to deceased *Wife*

TO BE ANSWERED BY  
NEAREST FRIEND

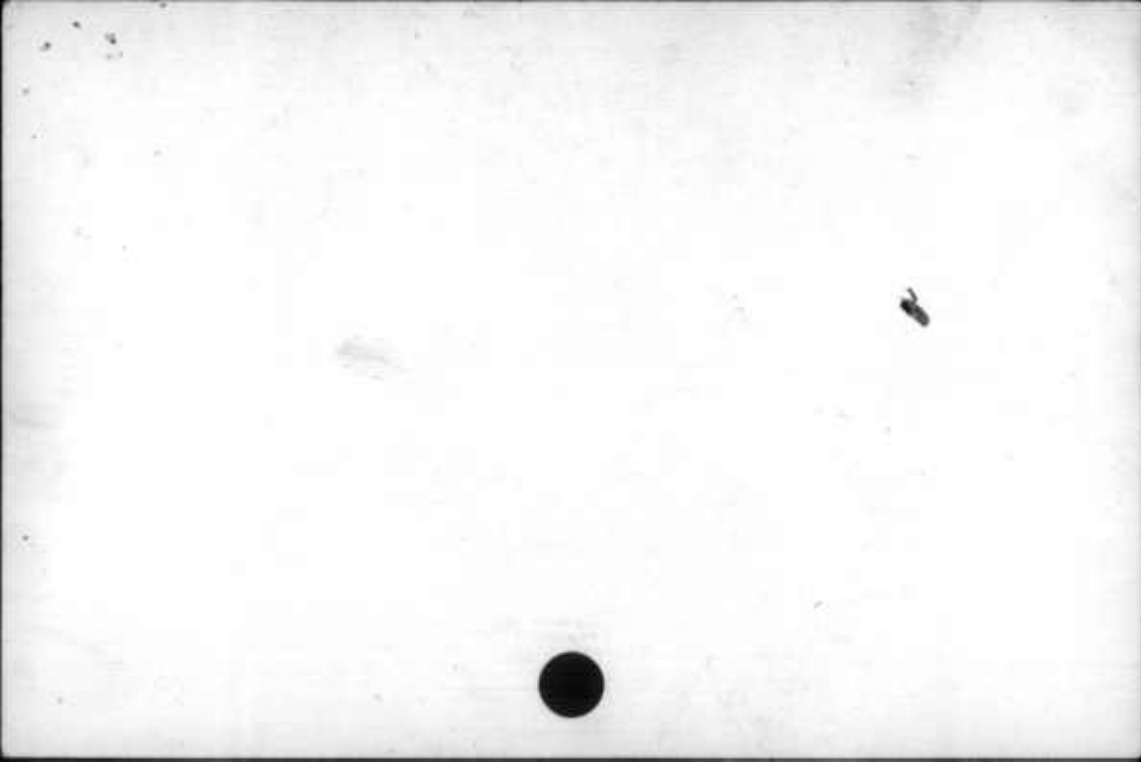
## CAUSES OF DEATH

Primary *Apoplexy* How long *Immediate*  
 Immediate *Inadition* How long *" "*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. E. Brown*

PHYSICIAN  
OR CORNER

Address

*Blythedale  
Ind.*Accident or Suicide *-*



Name  
in  
Full

Samuel Whitaker

CERTIFICATE OF DEATH

Died at <sup>Town</sup> near Port Deposit - <sup>County</sup> Cecil

MARYLAND

Date of death 1990 <sup>Month</sup> Sept - <sup>Day</sup> 3 <sup>Years</sup> Age 86 <sup>Months</sup> - <sup>Days</sup> 14Sex <sup>Male</sup> Color or Race <sup>White</sup> Birth-place <sup>Cecil Co.</sup>Occupation <sup>Farmer</sup> Where Residing if not at place of deathMarried, Single or Widowed <sup>Widowed</sup> Name of Wife or Husband <sup>Margaret</sup>Father's Name <sup>Able Whitaker</sup> Father's Birthplace <sup>Cecil Co.</sup>Mother's Maiden Name <sup>Sarah Orr</sup> Mother's Birthplace <sup>" "</sup>Name of person giving Information <sup>Sarah Craig</sup> How related to deceased <sup>Daughter</sup>

## CAUSES OF DEATH

Primary <sup>Chronic nephritis</sup> How long <sup>?</sup>Immediate <sup>Acute dilatation of heart</sup> How long <sup>1 hr</sup>

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

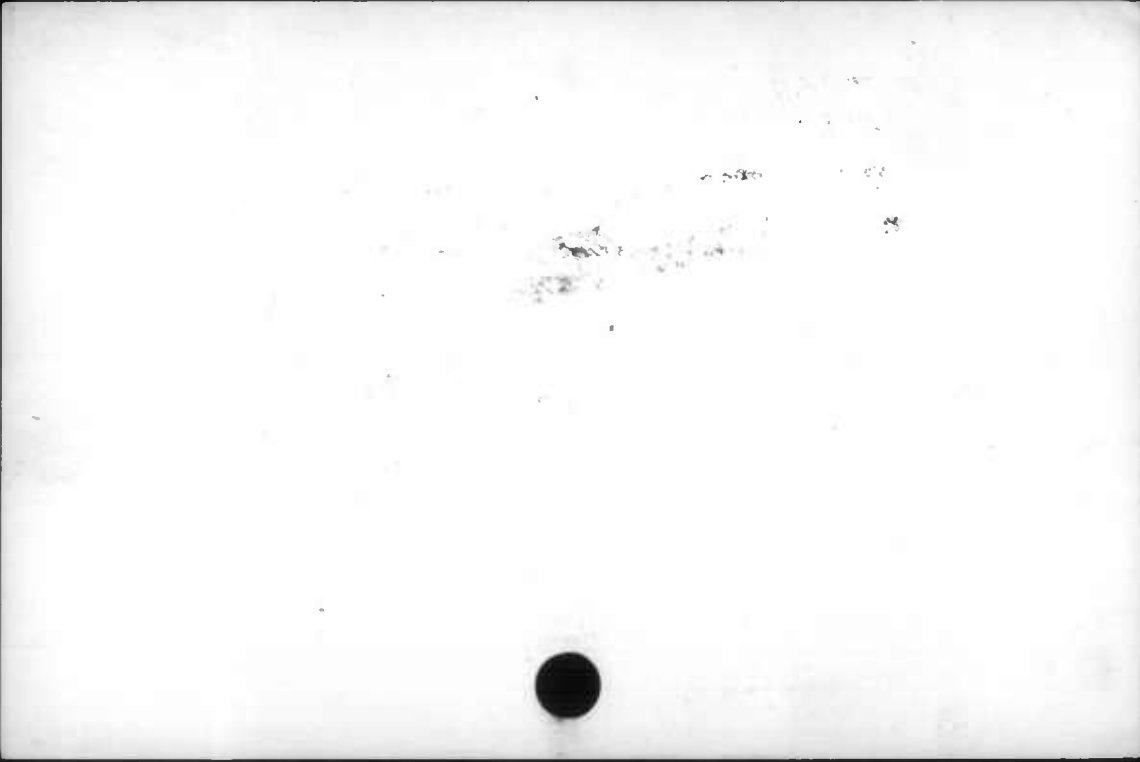
Signature of Physician

Address

<sup>W. R. Reeves</sup>  
<sup>Port Deposit</sup>

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In Full

Still Born Child of Saml. &amp; Sarah Wilson

CERTIFICATE OF DEATH

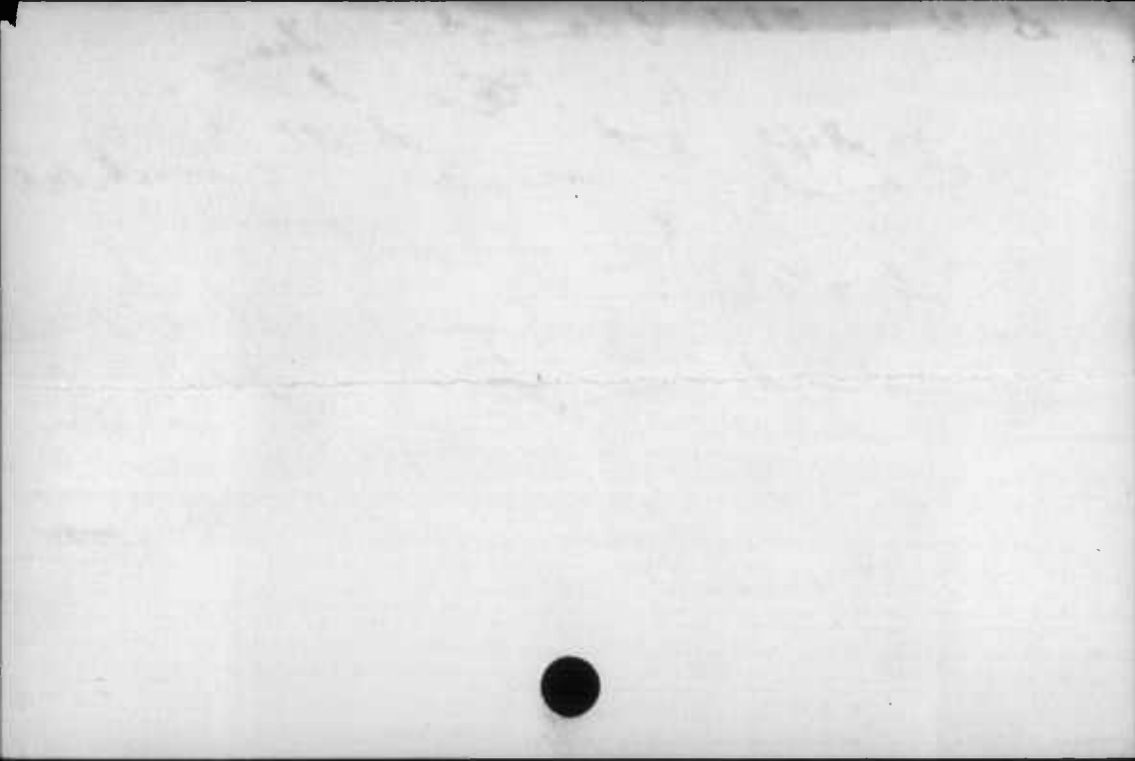
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hannwich		County Cecil		MARYLAND	
Date of death	1960	Month	Sept.	Day	2nd	Age	Still Born
Sex	Female		Color or Race	White		Birth-place	Hannwich, Md
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Saml. H. Wilson					Father's Birthplace	Hannwich Md
Mother's Maiden Name	Sarah R. Spear					Mother's Birthplace	Cecil Co Md
Name of person giving information	Saml. H. Wilson					How related to deceased	Father.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long		S
Immediate	Craniotomy, due to face presentation.		
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Char. A. Ritchie, M.D.
		Address	Middletown, Cal.
Accident or Suicide?	_____		





Name  
in  
Full

Robert E Woodall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Elkton Town  Cecil  County  MARYLAND

Date of death 1900 Sept Month 30 Day Age 6 Years Months - Days

Sex male Color or Race white Birth-place  Md

Occupation - Where Residing if not at place of death

Married, Single or Widowed S Name of Wife or Husband

Father's Name Maxwell Woodall Father's Birthplace  Md

Mother's Maiden Name Ella Register Mother's Birthplace  Md

Name of person giving Information Ella Register Has patient been deceased mother

CAUSES OF DEATH

Primary Epidemic Infantile Paralysis How long 10 days

Immediate Paralyzed Throat (Exhaustion) How long 5 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Harrison Mitchell MD

Address Elkton Md.

Accident no

PHYSICIAN  
OR CORONER

