

Name  
in  
Full

Roswell E. Baker

CERTIFICATE OF DEATH

Died at Ches. Beach <sup>Town</sup> Calvert <sup>County</sup> MARYLANDDate of death 1911 <sup>Month</sup> Sept <sup>Day</sup> 18 <sup>Age</sup> 35 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> unknownOccupation Insurance Agent <sup>Where Residing if not at place of death</sup> Washington D.C.Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> unknownFather's Name unknown <sup>Father's Birthplace</sup> unknownMother's Maiden Name unknown <sup>Mother's Birthplace</sup> unknownName of person giving information Stephen G. Bremer <sup>How related to deceased</sup> none.

## CAUSES OF DEATH

Primary Drowning <sup>How long</sup> 169Immediate \_\_\_\_\_ <sup>How long</sup> \_\_\_\_\_Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> W. H. Talbot

Address Ches. Beach

Accident or Suicide? Accident

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

George Washington Catterton

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Cherry Sta* *Calvert* County

MARYLAND

Date of death *1960* *Sept* *5* Age *52* Months *1* Days

Sex *Male* Color or Race *White* Birthplace *Maryland*

Occupation *Farmer* Where Residing if not at place of death *---*

Married, Single or Widowed *Married* Name of Wife or ~~husband~~ *Mary Catterton*

Father's Name *James Catterton* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary Catterton* Mother's Birthplace *Maryland*

Name of person giving Information *Elyia Catterton* How related to deceased *Son*

CAUSES OF DEATH

*79*

PHYSICIAN OR CORONER

Primary *Weakness of Heart* How long *Some years*

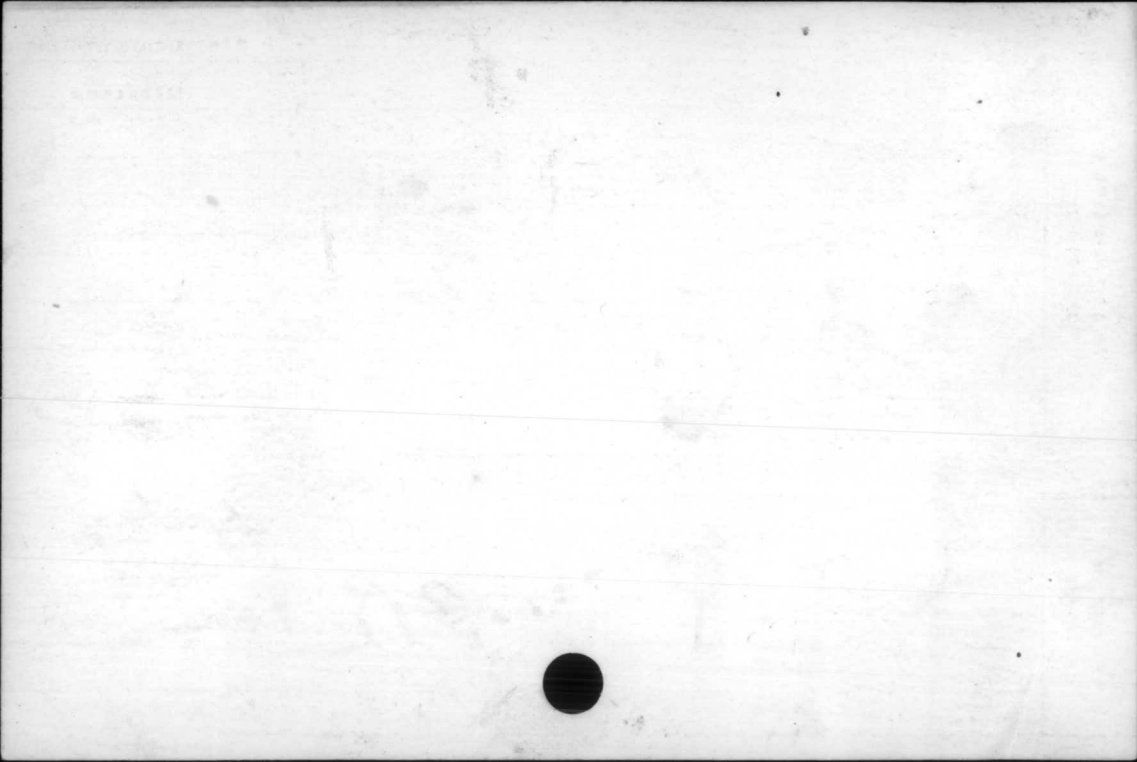
Immediate *Excessive Heat & Exhaustion* How long *3 hours*

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

Signature of Physician *Compton Wilson MD*

Address *Jewell Md*

Accident or Suicide *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Hilda Gray* Town *Mt Harmony* County *Calvert* MARYLAND

Died at *Mt Harmony* *Calvert*

Date of death *19/10* Month *Sept* Day *15* Age \_\_\_\_\_ Years \_\_\_\_\_ Months *2* Days \_\_\_\_\_

Sex *Female* Color or Race *Black* Birth-place *Cal. Co.*

Occupation *None* Where Residing if not at place of death \_\_\_\_\_

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

Father's Name *James Gray* Father's Birthplace *Cal. Co.*

Mother's Maiden Name *Mollie Jones* Mother's Birthplace " "

Name of person giving information *James Gray* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Concussion of Brain* How long *4 days*

Immediate *due to fall from cradle* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. W. Litch*

Address *Huntingtown*

Accident or Suicide? *Accident*



Name in Full

Unmanut Chud Events Gross

CERTIFICATE OF DEATH

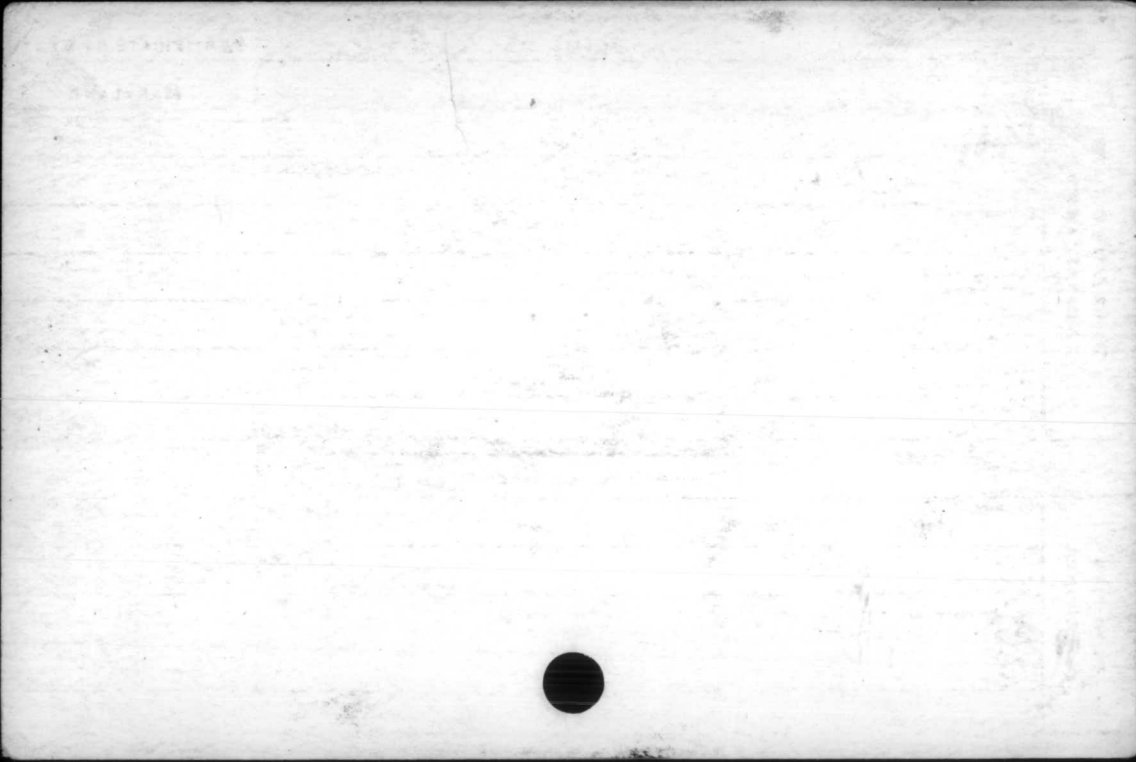
TO BE ANSWERED BY NEAREST FRIEND

Died at		Town Mosealls		County Calver		MARYLAND	
Date of death		Month Sept	Day 18	Age 189		Years	Months Days
Sex	Female		Color or Race	Colored		Birthplace	Calver
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Events Gross				Father's Birthplace	Calver	
Mother's Maiden Name	Elixa Jenkins				Mother's Birthplace	Calver	
Name of person giving Information	Ed + Gross				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Influenza	How long	4 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. P. Brown, M.D.	
Accident or Suicide		Address	
		Mylnut Calver & Md	





Name  
in  
Full

Jennie Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *olive* <sup>County</sup> *beulvert* **MARYLAND**

Date of death **1900** <sup>Month</sup> *Sept.* <sup>Day</sup> *19<sup>th</sup>* <sup>Age</sup> *1* <sup>Years</sup> *2* <sup>Months</sup> *17* <sup>Days</sup>

Sex *Female* Color or Race *negro* Birth-place *Maryland.*

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

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

Father's Name *Charles Johnson* Father's Birthplace *Maryland.*

Mother's Maiden Name *Estella Johnson* Mother's Birthplace *Maryland.*

Name of person giving Information *Charles Johnson* How related to deceased *Father.*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Rachitis* How long *36* *four months*

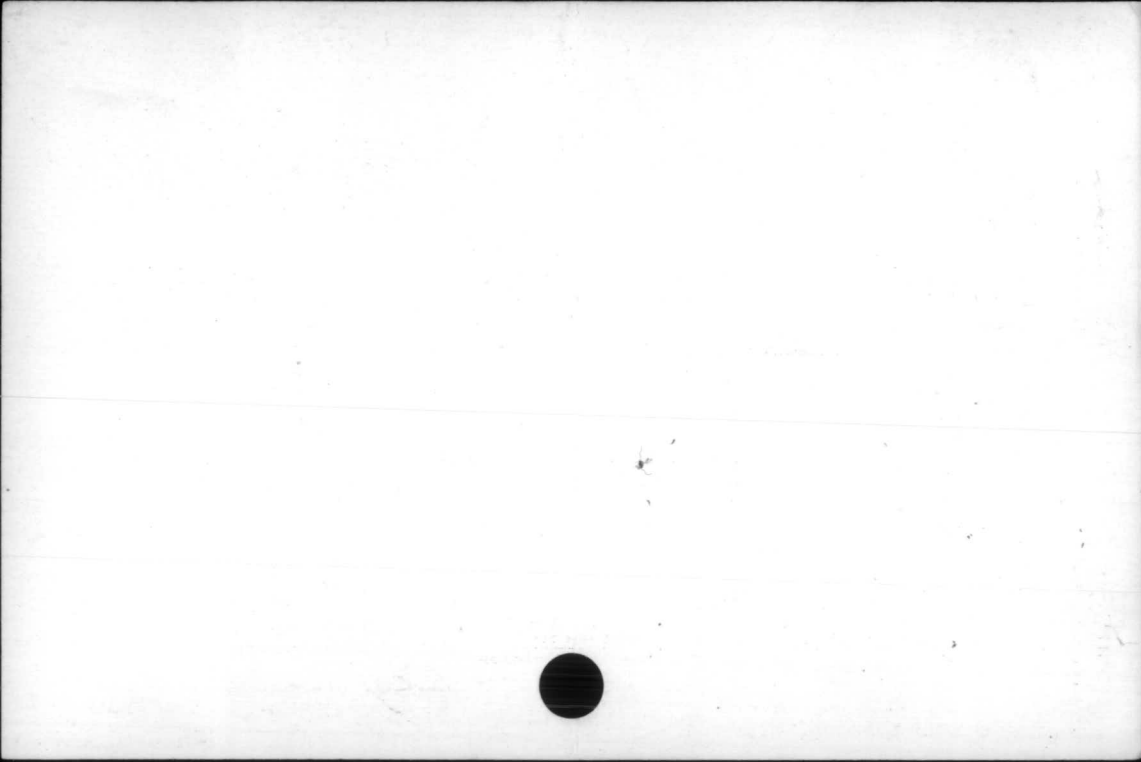
Immediate *Intestinal Toxemia* How long *one week.*

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

Signature of Physician *Dr. E. S. Foster.*

Address *Solomons, Md.*

Accident or Suicide



Name in Full

CERTIFICATE OF DEATH

James Jones  
Town Chesapeake Beach County Calvert

MARYLAND

Died at Chesapeake Beach Calvert  
Date of death 1910 Sept 27 Age 98  
Month Day Years Months Days

Sex Male Color or Race Negro Birth-place Turkicum

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband

Father's Name Turkicum Father's Birthplace Turkicum

Mother's Maiden Name Turkicum Mother's Birthplace Turkicum

Name of person giving information Jos Jones How related to deceased Son

CAUSES OF DEATH

154

Primary Old age How long  
Immediate Exhaustion How long 40 days

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

Signature of Physician W. H. Talbot  
Address Chesapeake Beach Md.

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name in Full

Robt McSheaney

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Willow <sup>County</sup> Talbot MARYLAND

Date of death 1910 <sup>Month</sup> Sept <sup>Day</sup> 30 <sup>Age</sup> 18 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

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

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

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

Father's Name Unknown <sup>Father's Birthplace</sup> Unknown

Mother's Maiden Name Unknown <sup>Mother's Birthplace</sup> Unknown

Name of person giving information John King <sup>How related to deceased</sup> None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Chronic Anemia <sup>How long</sup> 3 Months

Immediate Dysphagia <sup>How long</sup> 48 hours

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

Signature of Physician W. H. Talbot

Address Willow

Accident or Suicide?



Name  
in  
Full

Earle Millid

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Olivet <sup>Town</sup> Calvert <sup>County</sup> **MARYLAND**

Date of death 1910 <sup>Month</sup> Sept <sup>Day</sup> 3 <sup>Years</sup> — <sup>Months</sup> 3 <sup>Days</sup> 3

Sex male Color or Race Colored Birth-place Calvert Co md

Occupation none Where Residing if not at place of death —

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

Father's Name Geo Millid Father's Birthplace St Marys Co md

Mother's Maiden Name Nellie Goff Mother's Birthplace Calvert Co md

Name of person giving information Jon Goff How related to deceased Uncle

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Marasmus How long from birth

Immediate

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

Signature of Physician Geo F Chambers

Address Sub. Aquinas L B & H. Susby Calvert Co Md

Accident or Suicide? —





Name in Full

Owen Benette Railey

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Solomon's Town Sealvert County MARYLAND

Date of death 1900 Sept. Month 12<sup>th</sup> Day 1 Age 1 Years 1 Months 4 Days

Sex Female 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 Charles Alexander Railey - Father's Birthplace Maryland.

Mother's Maiden Name Owen Edna Brooks, Mother's Birthplace Maryland.

Name of person giving Information Chas. G. Railey. How related to deceased Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cerebro. Spinal Meningitis How long Six days.

Immediate Broncho-Pneumonia How long Two days

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician E. S. Foster, M. D.

Address Solomon's, Md.

Accident or Suicide

1914  
1915  
1916



Name  
in  
Full

Muntz Rowsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Mount Airy <sup>Town</sup> Calvert <sup>County</sup> **MARYLAND**Date of death 1900 <sup>Month</sup> Sept <sup>Day</sup> 18 <sup>Years</sup> 57 <sup>Months</sup>      <sup>Days</sup>      AgeSex Female Color or Race Colored Birth-place CalvertOccupation Housewife Where Residing if not at place of deathMarried, Single or Widowed Widowed Name of Wife or Husband Albert RowseyFather's Name S. Mosson Father's Birthplace CalvertMother's Maiden Name Annie Mosson Mother's Birthplace "Name of person giving Information Ed Rowsey How related to deceased Son

## CAUSES OF DEATH

189

PHYSICIAN  
OR CORONERPrimary Found dead How longImmediate      How longAre the name, age, sex, color, date and place correctly given above?  Signature of Physician P. Brown SmithAddress     Accident or Suicide

