

Name in Full

Certificate of Death

Died at

Samuel Bayles  
Town Trappe County Talbot

MARYLAND

Date 19

1900

Month 5 Day 26

Age 72

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

~~Divorced~~

~~Female~~

~~Colored~~

~~Single~~

~~Widower~~

Number of children living 3

Husband of

Wife

Disharoon

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Richard Lewis

Address

3-29-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Mrs* *May Callahan*

Town

County

Died at

*Near Wye Mills*

*Zalbut*

MARYLAND

Date

*1900*

Month

*3*

Day

*3*

Y.

M.

D.

*63*

Native of

*MD*

Occupation

*Housewife*

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

*Three*

Husband of  
Wife

Father's Name

Mother's Name

Cause of Death

Primary

*Phthisis*

*22a*

How long sick

*One year*

Immediate

*Exhaustion*

Accident, Suicide, Homicide

Reported by

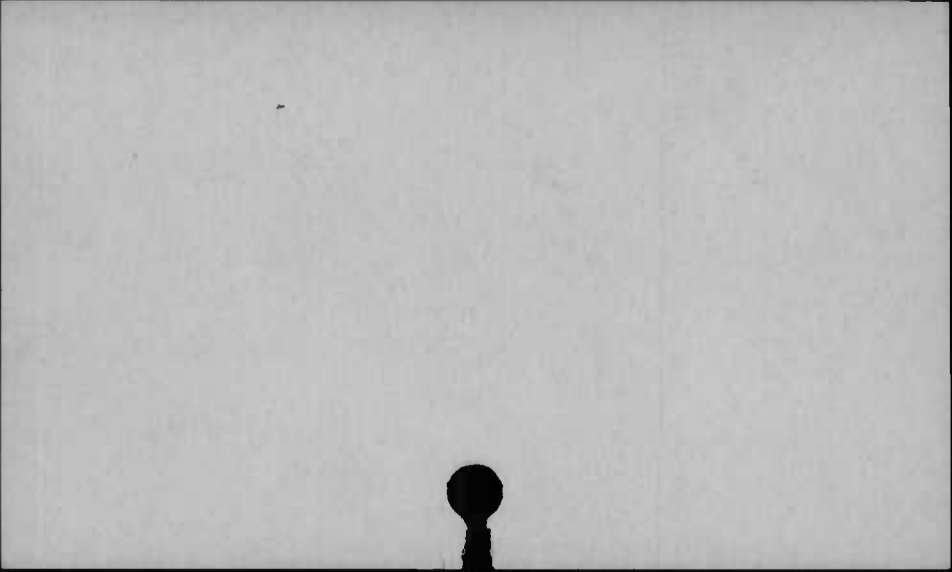
*Howard R. Hopkins*

*Wye Mills*

Address

*Wye Mills MD*

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name In Full

Certificate of Death

Mrs. Mary Jane Galloway  
Town County *Gallatin*

Died at

MARYLAND

Date 19 19 3 18 Age 75  
Month Day Y. M. D. Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~  
Female Colored ~~Single~~ Widower Number of children living 3

Husband

of Capt. Joseph Galloway

Wife

Father's

Name

John D. Gaulk

Mother's

Maidan Nama

Elizabeth Gaulk

Cause of

Primary

Death

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

*Easton Star Democrat*

Address

*3-20-1900*

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or minister.



Sherwood Galt

Town

County

Died at

near Wye Mills Talbot

MARYLAND

1910      Month      Day      Y.      M.      D.      Native of      Occupation

Date 1910      3      10      Age 2      Talbot

Male      White      Married      Widow      Divorced

~~Female~~      ~~Colored~~      ~~Single~~      ~~Widower~~      ~~Number of children living~~

Husband

Wife

Father's  
NameMother's  
Name

Cause of

Primary

Bronchitis 69

How long sick

2 weeks

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Howard R. Hopkins,

Address

Wye Mills,  
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Died at

Mrs. Katie Aileen Harris

Town

County

MARYLAND

Date 19

as 3 22 Age 32

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nathaniel Hopkins

Died near Trappe Town Talbot County MARYLAND  
 Date 1900 Month 3 Day 21 Age 66 Y. 1 M. 3 D. - Native of Talbot Co Occupation laborer  
 Male White Married Widow Divorced \_\_\_\_\_  
 Female Colored Single Widower Number of children living 6

Husband of Caroline - Fisher nee Adams.

Father's Name Madison Hopkins Mother's Name \_\_\_\_\_

Cause of Death { Primary Bright's Disease 97 How long sick 3 yrs -  
 Immediate Dropsy Accident, Suicide, Homicide

Reported by Joseph A. Ross Jr. M.D.

Address Trappe Tal- [redacted] bot Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Deborah C. Kersey

Died at

Town *Bayside*

County

*Talbot*

MARYLAND

Date 19

*1900*

Month

*3*

Day

*8*

Y.

Age

*62*

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

*66*

How long sick

Death

Immediate

*Heart complication*

Accident, Suicide, Homicide

Reported by

*Coaston Ledger*

Address

*3-10-1900*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

J. Bartlett Leonard  
Town: *Gilghman Island* County: *Salbot*

MARYLAND

Date 19

Month: *3* Day: *3*

Age *65*

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

*44*

How long sick

Death

Immediate

*Paralysis*

Accident, Suicide, Homicide

Reported by

*Easton Ledger,*

Address

*3-8-1900*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Mrs. Sarah Matilda Leonard

Died at

Town *Caston*

County

*Calbot*

MARYLAND

Date 19

*00*

Month *3* Day *26*

Y. *55* M. D.

Native of

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living *2*

Husband

of *Capt. Clement R. Leonard*

Wife

Father's

Name

*Rathell*

Mother's Maiden Name

Cause of

Death

Primary

Immediate

*Rheumatism 26*

How long sick

Accident, Suicide, Homicide

Reported by

*Caston Star Democrat*

Address

*4-3-1900*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Messick  
County Talbot

Died at *Caston* Town

MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
<i>22</i>	<i>8</i>	<i>1</i>	<i>4</i>	<i>4</i>	<i>X</i>			
Male	White	<del>Married</del>	Widow	Divorced	Number of children living			
Female	<del>Colored</del>	Single	<del>Widower</del>					

Husband of

Wife

Father's Name *W. H. Messick*

Mother's Maiden Name

Cause of Death	Primary	<i>Diphtheria</i>	<i>8a</i>	How long sick
	Immediate			Accident, Suicide, Homicide

Reported by *Caston Ledger*

Address *3-5-1922*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mrs. Alice Moody

Died at

Royal Oak

County

Salbot

MARYLAND

Date 1900

Month

Day

Y.

M.

D.

Native of

Occupation

3

24

Age

42

Ind.

~~Male~~

White

Married

~~Widow~~

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living 1

Husband of

William G. Moody

Wife

Father's Name

Philip I. Pastorfield

Mother's

Maiden Name

Cause of

Primary

161

How long sick

2 wks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Easton Ledger

Address

3-29-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Abram Corhees Nevins  
Town County

Died at

Bordova Talbat

MARYLAND

Date 19

ad

Month Day  
3 29

Age 67

Y. M. D.

Native of N. J.

Occupation

Male

White

Married

Widow

Divorced

~~Female~~

~~Colored~~

~~Single~~

~~Widower~~

Number of children living 3

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Death

Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

Easton Star-Democrat

Address

4-3-19 ad

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Died at <sup>Town</sup> *Princeville -* <sup>County</sup> *Talbot* MARYLAND

Date *1900 -* <sup>Month</sup> *3.* <sup>Day</sup> *18* <sup>Y.</sup> *1* <sup>M.</sup> *14* <sup>D.</sup> *14* <sup>Native of</sup> *Talbot* <sup>Occupation</sup> *\_\_\_\_\_*

<sup>Male</sup> *Male* <sup>White</sup> *White* <sup>Married</sup> *Married* <sup>Widow</sup> *Widow* <sup>Divorced</sup> *Divorced*

<sup>Female</sup> *Female* <sup>Colored</sup> *Colored* <sup>Single</sup> *Single* <sup>Widower</sup> *Widower* <sup>Number of children living</sup> *Number of children living*

Husband of

~~Wife~~

Father's Name *William Nicholas Parot* Mother's Name *Sallie Chambers Parot*

Cause of Death { <sup>Primary</sup> *Acute Bronchitis* <sup>69</sup> <sup>How long sick</sup> *69*

<sup>Immediate</sup> *Asphyxia* <sup>Accident, Suicide, Homicide</sup> *Accident, Suicide, Homicide*

Reported by

Address

Reported by *Joseph A. Poe M.D.*

Address *Grapple Talbot Co, Ind -*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Benjamin S. Reynolds*

Died at *Opford* Town

County *Talbot*

MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
<i>1900</i>	<i>3</i>	<i>6</i>	<i>76</i>					
Male	White	Married	Widow	Divorced				
<del>Female</del>	<del>Colored</del>	Single	Widower	Number of children living				

Husband of  
Wife

Father's Name  
Mother's Maiden Name

Cause of Death	Primary	<i>161</i>	How long sick
	Immediate		Accident, Suicide, Homicide

Reported by *Cecil Co. News*

Address *3-14-1900*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Gertrude Wilson

Town

Tripple

County

Talbot

MARYLAND

Died near

Date 1902

Month

3

Day

16

Y.

14

M.

10

D.

26

Native of

Talbot

Occupation

\_\_\_\_\_

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

John Wesley Wilson

Mother's

Name

Margaret Ann Nichols

Cause of

Primary

Pulmonary Tuberculosis

How long sick

4 weeks -

Death

Immediate

Diphtheria

Accident, Suicide, Homicide

Reported by

Joseph A. Ross, M.D.

Address

Tripple Talbot Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James A. Wilson

Town

County

Died at

Cordova

Talbot

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
00	Mar	13	65	2	13	New York	Farmer
	Male	White	Married		Widow	Divorced	
	Female	Colored	Single		Widower		Number of children living
							Three

Husband of Tabitha Wilson

Wife

Father's Name	Mother's Maiden Name
John Wilson	Betsy Saunders

Cause of Death	Primary	How long sick
	Chronic Diarrhea & Piles	4 mo's

Death	Immediate	Accident, Suicide, Homicide
	Heart Weakness	

Reported by C. M. Stettin M. D.

Address Cordova Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Mrs. Elma Key Woodall

Died at

Town *Royal Oak* County *Galveston*

MARYLAND

Date 19

*00*

Month

Day

Y.

M.

D.

Native of

Occupation

*3*

*3*

Age *22*

~~Male~~

White

Married

~~Widow~~

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living *1*

~~Husband~~

of

*William Woodall*

Wife

Father's

Name

*James F. Burns*

Mother's

Maiden Name

Cause of

Primary

*123*

How long sick

Death

Immediate

*Child birth*

Accident, Suicide, Homicide

Reported by

*Easton Ledger*

Address

*3-8-1900*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

