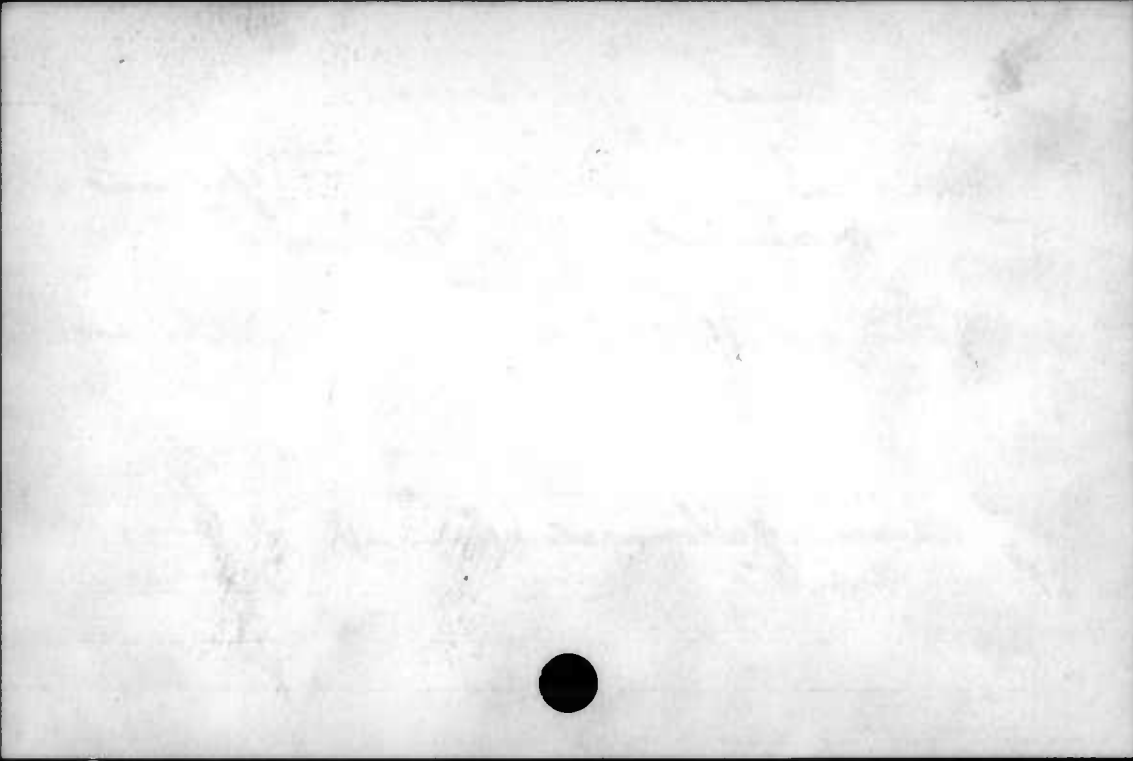


Name in Full		Mary Nancy Alban				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Freeland ^{Town} P.O.		Baltimore ^{County}		MARYLAND	
		Date of death 1903		Month July		Day 16	
		Age 15		Years 13		Month 1	
		Sex Female		Color or Race White		Birth- place Baltimore Co.	
		Married, Single or Widowed Single		Occupation			
		Name of Wife or Husband					
		Father's Name William H. Alban				Father's Birthplace Baltimore Co.	
		Mother's Maiden Name Lena J. Bull				Mother's Birthplace Baltimore Co.	
		Name of person giving information William H. Alban				How related to deceased Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?				Yes	
		Signature of Physician				Joseph C. Baedrow	
		Address				Freeland	
		Accident or Suicide?				Baltimore Co.	



Name in Full		Harvey H. Alexander.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Gardenville		County Balto. Co		MARYLAND	
	Date of death 1903	Month July	Day 29	Age Years	Months 4	Days 28	
	Sex	Male		Color or Race	White		Birth-place Balto. Co.
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name			Father's Birthplace			
	Mother's Maiden Name			Mother's Birthplace			
PHYSICIAN OR CORONER	Name of person giving information			How related to deceased			
	Jas. M. Alexander			Father			
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary			How long			
	Gastro-intestinal irritation followed by Convulsions			24 hrs.			
	Immediate			How long			
	Hemorrhage from Bowels. 105			24 hrs.			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
Yes			Wm. M. Parnellaker				
			Address				
			1209 Madison Ave. Baltimore				
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob Algire

Town

County

Died at

Date

of death 1903

Month

Day

Years

Age x

Months

Days

MARYLAND

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow 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?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name		Charles W Bain		Town		Highland		County		Baltimore		MARYLAND	
Died at		Date		Month		Day		Years		Months		Days	
of death 190		3		7		29		Age				25	
Sex		Male		Color or Race		White		Birth-place		Md.			
Married, Single or Widowed		Single		Occupation									
Name of Wife or Husband													
Father's Name		Wm J. Bain		Father's Birthplace		Md.							
Mother's Maiden Name		Clivia F. Bain		Mother's Birthplace		Md.							
Name of person giving information		Wm J. Bain		How related to deceased									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Indigestion		How long		25 days	
Immediate		Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. Schofield	
				Address			
Accident or Suicide?							

Q. S. Marshall
3539 Falls River
Coastway
Cumm

Name
in
Full

George B. Bair

CERTIFICATE OF DEATH

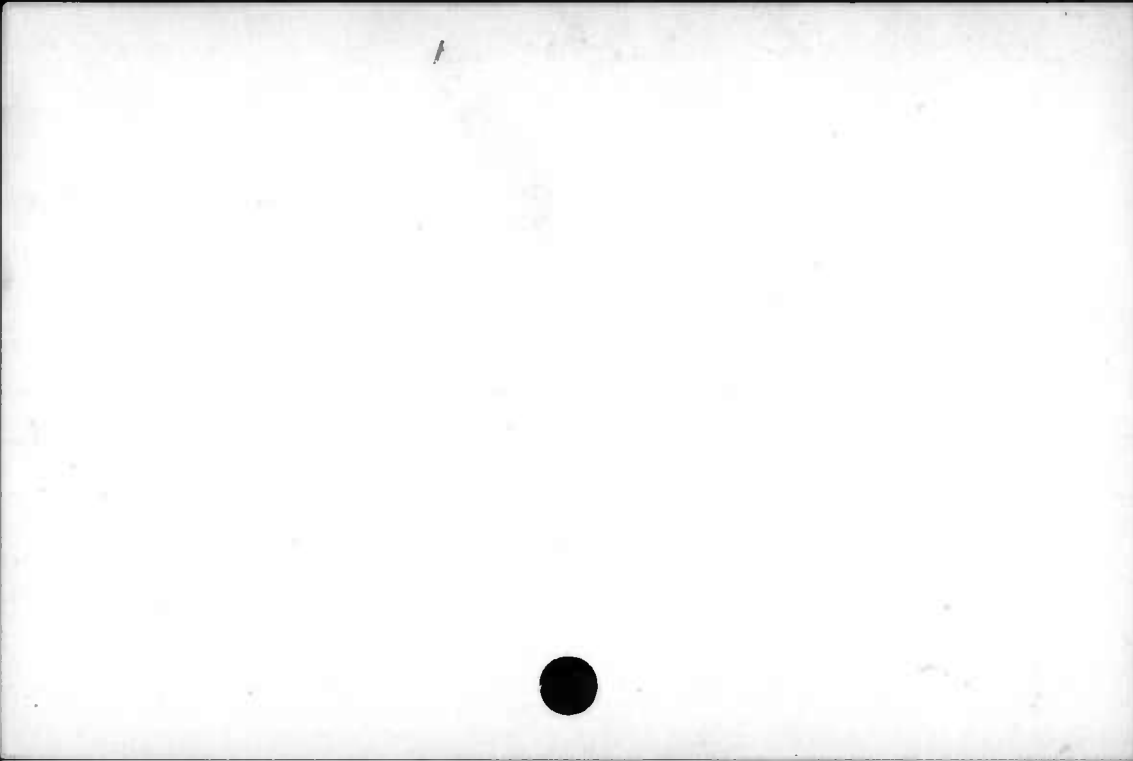
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>July</i>	Day <i>31st</i>	Years <i>60</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>Reeds Mt Hope</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mania Chronic</i>	How long <i>68</i>
Immediate <i>Ex Pul- Tuberculosis</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat</i>
	<i>Baltimore Co. Md.</i>
Accident or Suicide? <i>No</i>	



~~Highland~~ Olivia F Bain

Died at ^{Town} Highland Town ^{County} Baltimore Co MARYLAND

Date 19 ^{City} July 20 Age 26 Y. 10 M. 13 D. Native of U.S. Occupation Housewife

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

Husband of Jm. J. Bain

Wife

Father's Name Edward Bonett Mother's Maiden Name Olivia F Bain

Cause of Death { Primary Phthisis Pulm + Laryngeal How long sick about 6 mos

Immediate Aspheric + Collapse Accident, Suicide, Homicide

Reported by Jm. H. F. Edelman M.D.

Address Cor Chestnut + 1st Ave S 27

Jessup at
Cockfield Hill Md
W C Brooks

Name in Full

Certificate of Death

Joseph F. Baldwin
 Town *Spinnis Point* County *Bald.* MARYLAND

Died at *Spinnis Point* *Bald.*
 Date 1903 *July 15* Y. M. D. *15* Native of *MD* Occupation *None*
 Male *White* *Married* *Widow* *Divorced*
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband
of
Wife

Father's Name *Benj. Baldwin* Mother's Name *Mary Hopkins*
 Maiden Name

Cause of Death *Diminished* *105* How long sick *Two days*
Exhaustion
 Primary Immediate ~~Accident, Suicide, Homicide~~

Reported by *Frank G. Eldred M.D.*

Address *Spinnis Point*

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



Name in Full

Certificate of Death

Ms Elizabeth Barret (Helena Montana)

Died at Sheppard & Enoch Pratt Hosp Town Balto Co MARYLAND

Date 1903 July 17 Age 67 - - Maryland Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of A H Barret Helena Montana

Wife

Father's Name

Mother's Name

Maiden Name

Cause of Death Primary Carcinoma of Liver - Immediate Gastritis & Exhaustion

How long sick In Hospital since Apr 20 1903

Accident, Suicide, Homicide

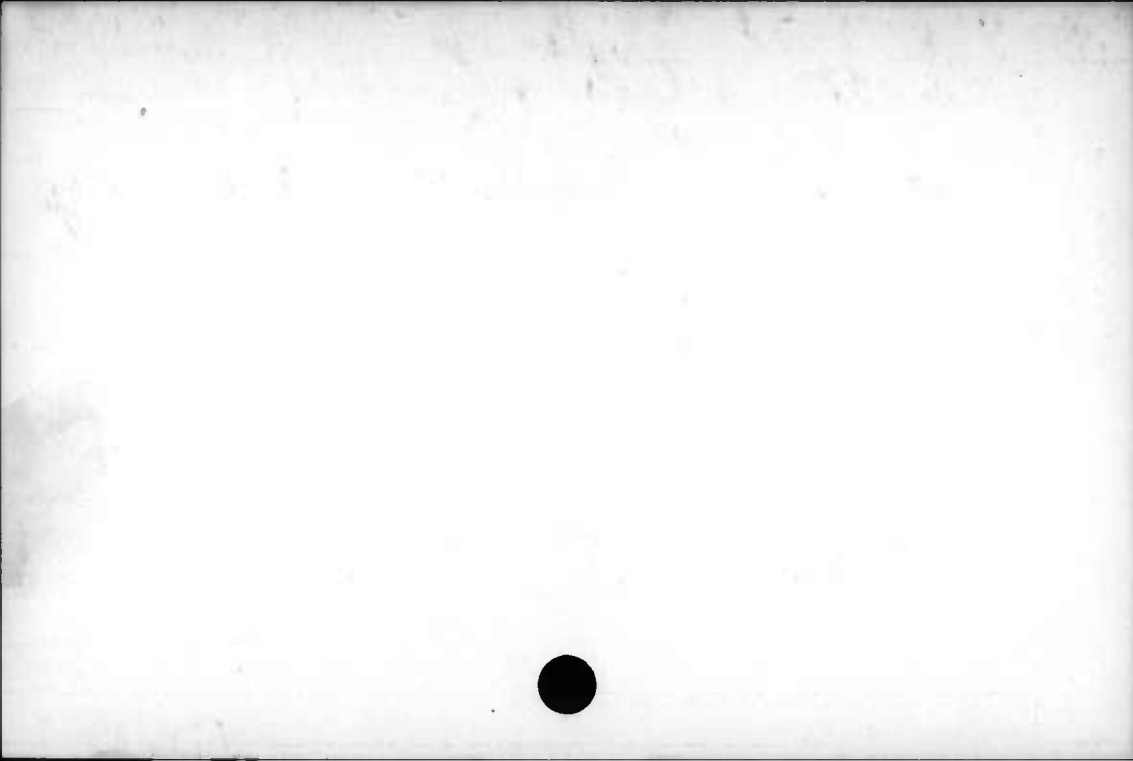
Reported by Edward A. Bruch

Address Sheppard Enoch Pratt Hospital

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



Name in Full		F. Joseph Bauer Sr				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Batonville		County Baltimore		MARYLAND	
	Date of death 190	3	Month July	27	Day	83	Years
	Sex	Male		Color or Race	White		Birth-place Germany
	Married, Single or Widowed	Widowed		Occupation Farmer			
	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		Dr. J. Percy Wade			How related to deceased Physician		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Senile Dementia				How long	1 year
	Immediate	Chronic Bright's Disease				How long	1 year
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. Percy Wade M.D.		
	Accident or Suicide?		Neither		Address Ind. Hosp. for Insane Batonville Ind.		



Name
in
Full

William Bauz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Balto Co Alushouse

MARYLAND

Date

of death 1903

Month

7

Day

4

Age

Years

83

Months

Days

Sex

Male

Color or
Race

White

Birth
place

Germany

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Mitral Regurgitation

How long

Immediate

Pulmonary Edema

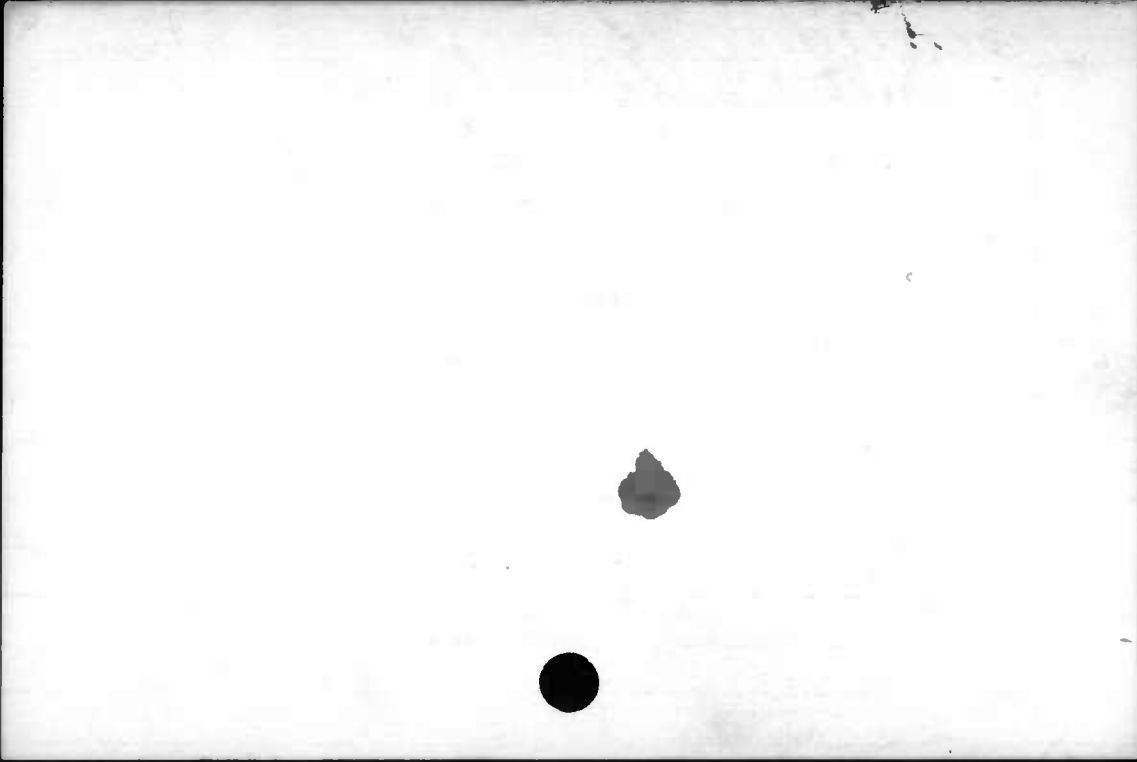
How long

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

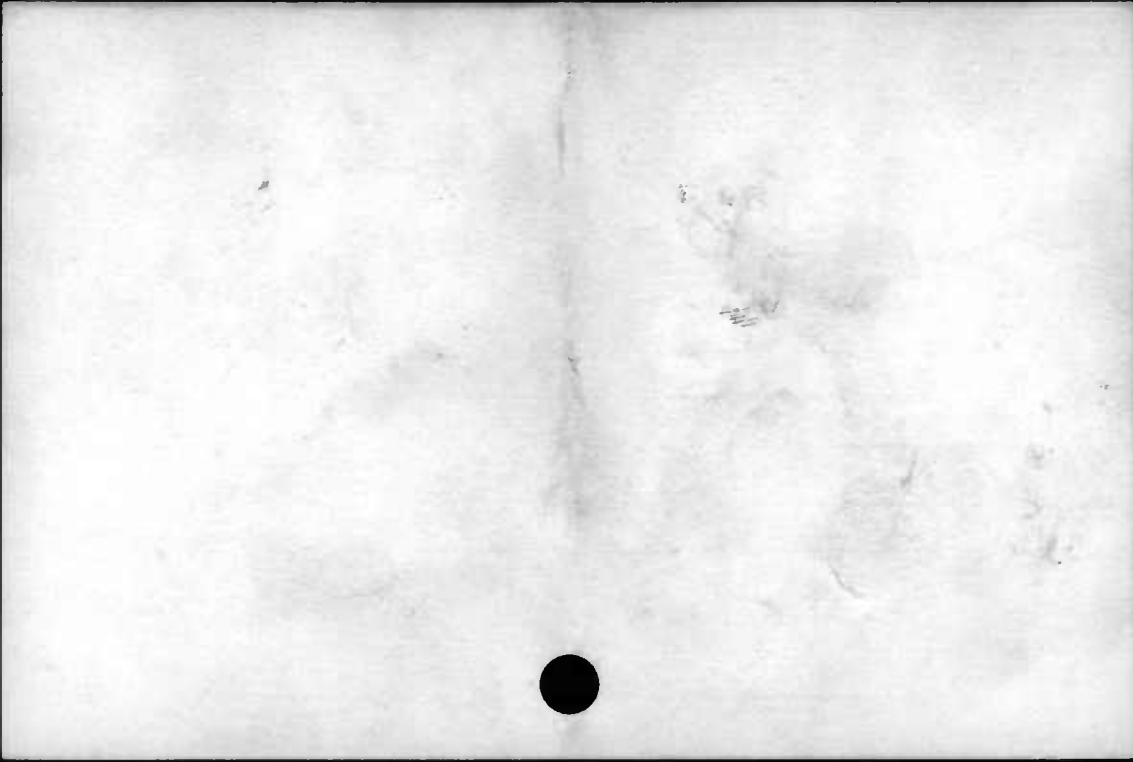
Address

Dr. Thos. E. Bussey
Texas
Md.PHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full		Elizabeth Braler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Powhatan</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND		
	Date of death 190 <u>3</u> <small>Month</small> <u>July</u> <small>Day</small> <u>9</u> <small>Years</small> <u>83</u>		Age <u>83</u>		Months <u>—</u>		Days <u>—</u>
	Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Germany</u>		
	Married, Single or Widowed <u>Widow</u>		Occupation				
	Name of Wife or Husband <u>Charles Braler</u>						
	Father's Name <u>—</u>				Father's Birthplace <u>Germany</u>		
	Mother's Maiden Name <u>—</u>				Mother's Birthplace <u>Germany</u>		
	Name of person giving information <u>Charles Braler</u>				How related to deceased <u>Brother son</u>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Acute Enteritis</u> <u>106</u>				How long <u>1 day</u>		
	Immediate <u>General Debility</u>				How long <u>1 day</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>A. G. Smith</u>		
					Address <u>Powhatan</u>		
Accident or Suicide? <u>No</u>							



Name in Full		Joseph Bentler				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town Highland		County Baltimore		MARYLAND		
		Date of death 1903		Month July	Day 11	Years 72	Months 8	Days 2
		Sex Male		Color or Race White		Birth- place Germany		
		Married, Single or Widowed Widowed		Occupation Blacksmith				
		Name of Wife or Husband Eva Bentler						
		Father's Name Frank Bentler			Father's Birthplace Germany			
		Mother's Maiden Name Unknown			Mother's Birthplace Germany			
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving In formation Johanna Krueger				How related to deceased Daughter.		
		CAUSES OF DEATH						
		Primary Gastric-Enteritis 106				How long 7 days		
		Immediate collapse				How long 6 hours.		
		Are the name, age, sex, color, date and place correctly given above? Yes as				Signature of Physician Dr. J. A. Glantz		
		for as I can judge				Address 41 Eastern Ave. Ext.		
		Accident or Suicide?						

Sacred Heart Cemetery

July 14 th 1903

Germanus Franke

Under the

Name
in
Full

Mrs Margaret Berryman

CERTIFICATE OF DEATH

Died at ^{Town} Reisterstown^{County} Balto

MARYLAND

Date
of death 190 3 July

Day

2

Age

Years

51

Months

2

Days

20

Sex Female

Color or
Race

White

Birth-
place

Balto Co

~~Married, Single
or Widowed~~

Widow

Occupation

House Wife

Name of Wife or
Husband

William Mitchell Berryman

Father's
Name

Edward Wheeler

Father's
BirthplaceMother's
Maiden Name

Hanna Parish

Mother's
BirthplaceName of person giving
in formation

Daughter Liz Gore

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Paralysis

How long

Four months

Immediate

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

H. M. Glader

Address

Reisterstown

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Wm E. Benyman

CERTIFICATE OF DEATH

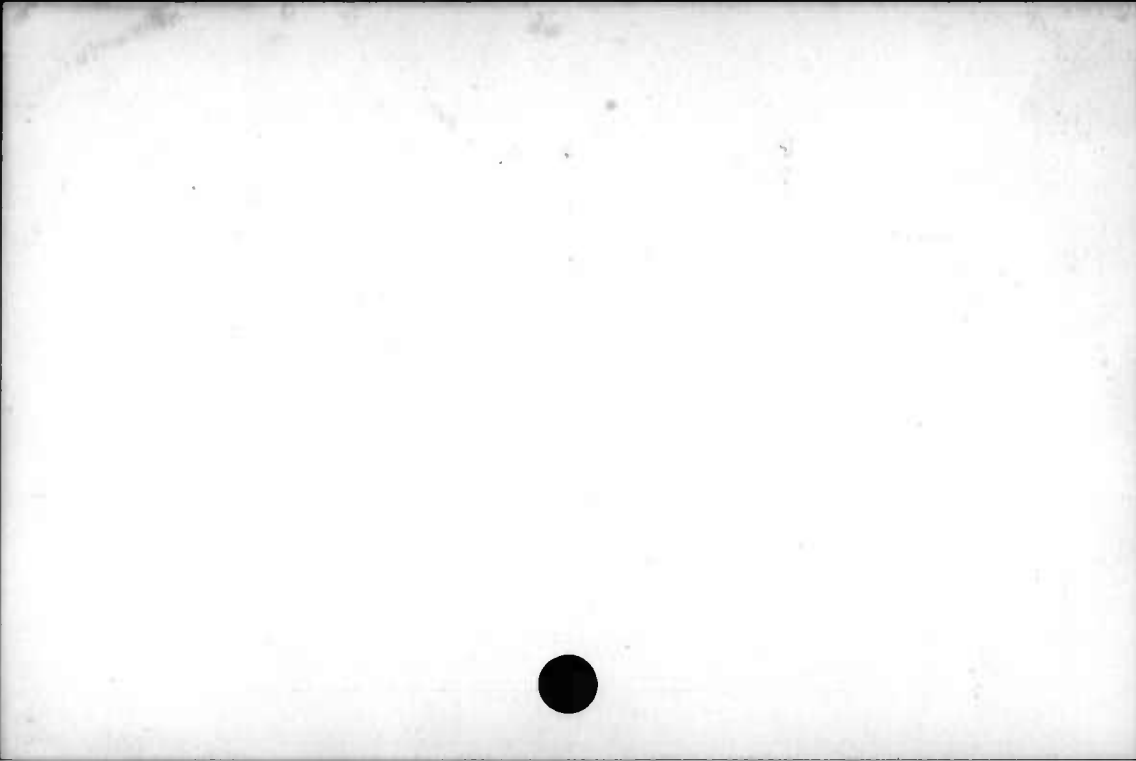
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
3		July	22			7	4
Sex		Color or Race		Birth-place			
male		white		Bolington			
Married, Single or Widowed				Occupation			
Married, Single or Widowed				none			
Name of Wife or Husband							
Wm Benyman							
Father's Name				Father's Birthplace			
Wm Benyman				M d			
Mother's Maiden Name				Mother's Birthplace			
Sadie Benyman				M d			
Name of person giving information				How related to deceased			
Wm Benyman				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	Two weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Edwin E. Jones	
		Address	
		Bolington	
Accident or Suicide?			



Name
in
Full

Francis Josephine Bevon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halethorpe</i>		County <i>Bolton</i>		MARYLAND	
Date of death 190	3	Month	July	Day	12
Age	70	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Bolton Md
Married, Single or Widowed	Widow	Occupation	Housewife		
Name of Wife or Husband	Wm J Bevon				
Father's Name	John Fuss			Father's Birthplace	Germany
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Doughlin Ph A Bevon			How related to deceased	Doughlin

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease	79	How long	Six years
Immediate	Come with debility		How long	Six days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Arthur Williams
			Address	Elk Ridge Md
Accident or Suicide?				

Walther

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph W Bird

Died at ^{Town} ReisterstownCounty ^{County} Baltimore

MARYLAND

Date

of death 1903

Month

July

Day

23

Age

Years

75

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

AACo Md

Married, Single
or Widowed

Married

Occupation

X

Name of Wife or
Husband

Gladys E. Eubank.

Father's
Name

Jacob W Bird

Father's
Birthplace

X

Mother's
Maiden Name

X

Mother's
Birthplace

X

Name of person giving
information

Bland Bird

How related
to deceased

Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Peritonitis

How long

5 days

Immediate

Colic

How long

—

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

Yes

Signature of
Physician

J. Rowland M.D.

Address

Plymouth Md

Accident or Suicide?

5 Da Schale Reisterstoun

Name
in
Full

CERTIFICATE OF DEATH

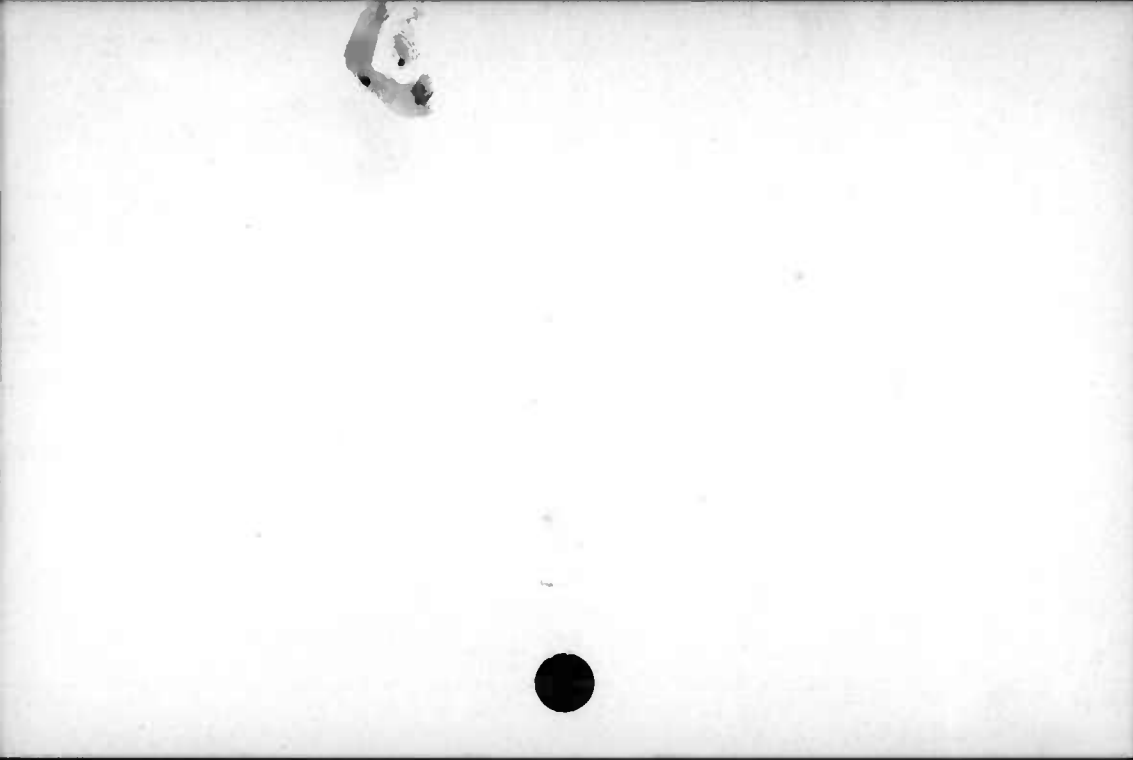
TO BE ANSWERED BY
NEAREST FRIEND



Died at <u>Onnigs Mills</u> ^{Town} <u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> ^{Month} <u>July</u> ^{Day} <u>5</u> ^{Years} <u>50</u> ^{Months} <u>-</u> ^{Days} <u>-</u>	Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Barroll Co Md</u>
Married, Single or Widowed <u>married</u>	Occupation <u>Blacksmith</u>		
Name of Wife or Husband <u>B Alice Black</u>	Father's Birthplace <u>England</u>		
Father's Name <u>David Black</u>	Mother's Birthplace <u>Penn</u>		
Mother's Maiden Name <u>Rachel Heberbrack</u>	How related to deceased <u>wife</u>		
Name of person giving information <u>B Alice Black</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bright's Disease</u> <u>120</u>	How long <u>about one year</u>
Immediate <u>Ischemic Heart Disease</u>	How long <u>about one month</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W A H Campbell</u>
	Address <u>Onnigs Mills Md</u>
Accident or Suicide?	



Name in Full		Augustus Bland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Washington		County Baltimore		MARYLAND
	Date of death 1903		Month 7	Day 16	Years Age 45	Months	Days
	Sex Male		Color Black - Colored		Birth-place		
	Married, single or Widowed				Occupation Waiter		
	Name of Wife or Husband						
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving In formation					How related to deceased	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary Tuberculosis 27					How long	
	Immediate Hemorrhage					How long Ten minutes	
	Are the name, age, sex, color, date end place correctly given above?					Signature of Physician R. F. Hardesty	
	<div style="text-align: center;">  </div>					Address Station 6, E. 6th St.	
<div style="text-align: center;">  </div>							

der Maillen

Name
in
Full

Two Infants not named

CERTIFICATE OF DEATH

Died at <i>Cotonsville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>21</i>	Age Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Cotonsville Ind.</i>		
Married, Single or Widowed —			Occupation —		
Name of Wife or Husband — <i>Bloom</i>					
Father's Name <i>Ambrose Bloom</i>			Father's Birthplace <i>Balto. Ind.</i>		
Mother's Maiden Name <i>Belia Terry</i>			Mother's Birthplace <i>Raleigh, N. C.</i>		
Name of person giving in formation <i>Belia Bloom</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Premature birth</i>	How long	<i>15</i>
	Immediate	<i>Asphyxia</i>	How long	—
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
	Signature of Physician		<i>D. E. Stultz M.D.</i>	
		Address		<i>Cotonsville Ind.</i>
Accident or Suicide?				

St Pauls

Name
in
Full

Mary L. Brown

CERTIFICATE OF DEATH

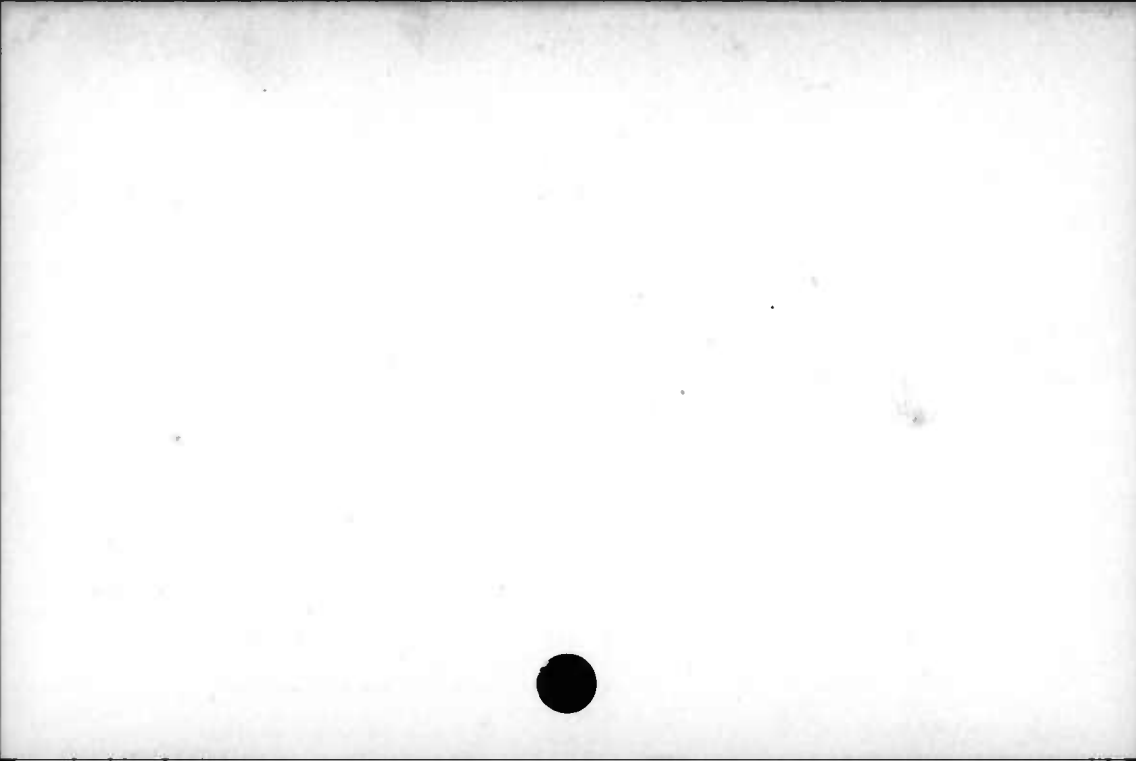
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Tulleston		County Balt		MARYLAND	
Date of death		190	3	July	24	Age	29
Sex		female		Color or Race		Caucasian	
Married, Single or Widowed		Married		Occupation		Beautress	
Name of Wife or Husband							
Father's Name		Paul Barrett				Father's Birthplace	
Mother's Maiden Name		Carrie R. Bowen				Mother's Birthplace	
Name of person giving information		P. B. Pye, 102 E. Mulberry				How related to deceased	
						Friend	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Heat Stroke. 169		How long	
Immediate		Heat Stroke.		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				Address	
				Gardenville	
Accident or Suicide?				inside	



Name
in
Full

CERTIFICATE OF DEATH

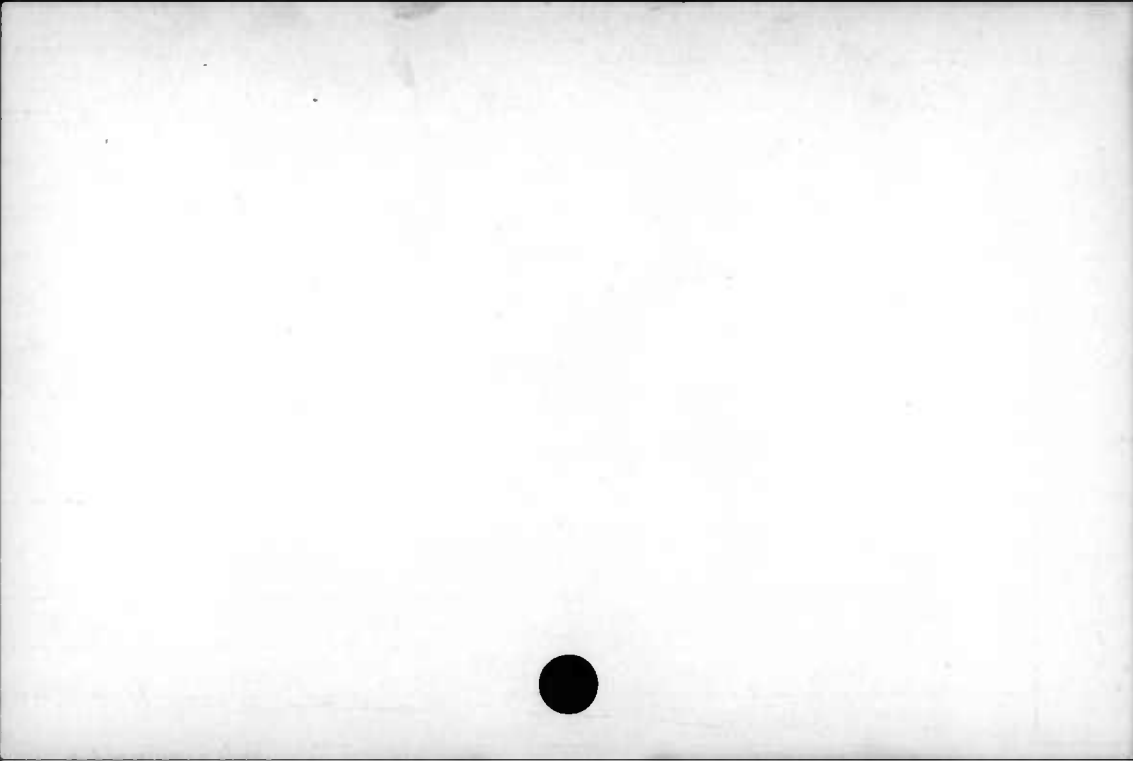
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Ellen Mauleen Caffee</i>		Town <i>Calonsville</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>10th</i>		Age <i>47</i>	
Date of death 190		Months <i>10</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>♀</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
Married, Single or Widowed <i>Single</i>				Occupation			
Name of Wife or Husband <i>L. S. Caffee</i>							
Father's Name <i>Mauleen</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>L. S. Caffee</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>		How long <i>104</i>	
Immediate <i>Exhaustion</i>		How long <i>Lacking 3 Months</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Alfred J. Lumbrey M.D.</i>	
		Address <i>Alhol. Calonsville Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Benjamin Baer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hoffmanville</i>			County <i>Baltimore</i>			MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>29</i>	Age <i>20</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>			Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Martha E. Nace</i>							
Father's Name <i>Lewis Baer</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Lulu Rahbungh</i>				Mother's Birthplace <i>Penn</i>			
Name of person giving Information <i>Robert E. Nace</i>				How related to deceased <i>Brother in Law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>166</i>	How long
Immediate <i>Suffocation, Explosion Rockdale Ponder Mills</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>Joseph D. Baedrows</i>	
	Address <i>Faceland</i>	
Accident or Suicide? <i>Accident</i>	<i>Baltimore B. Md</i>	



Name
in
Full

George Carback

CERTIFICATE OF DEATH

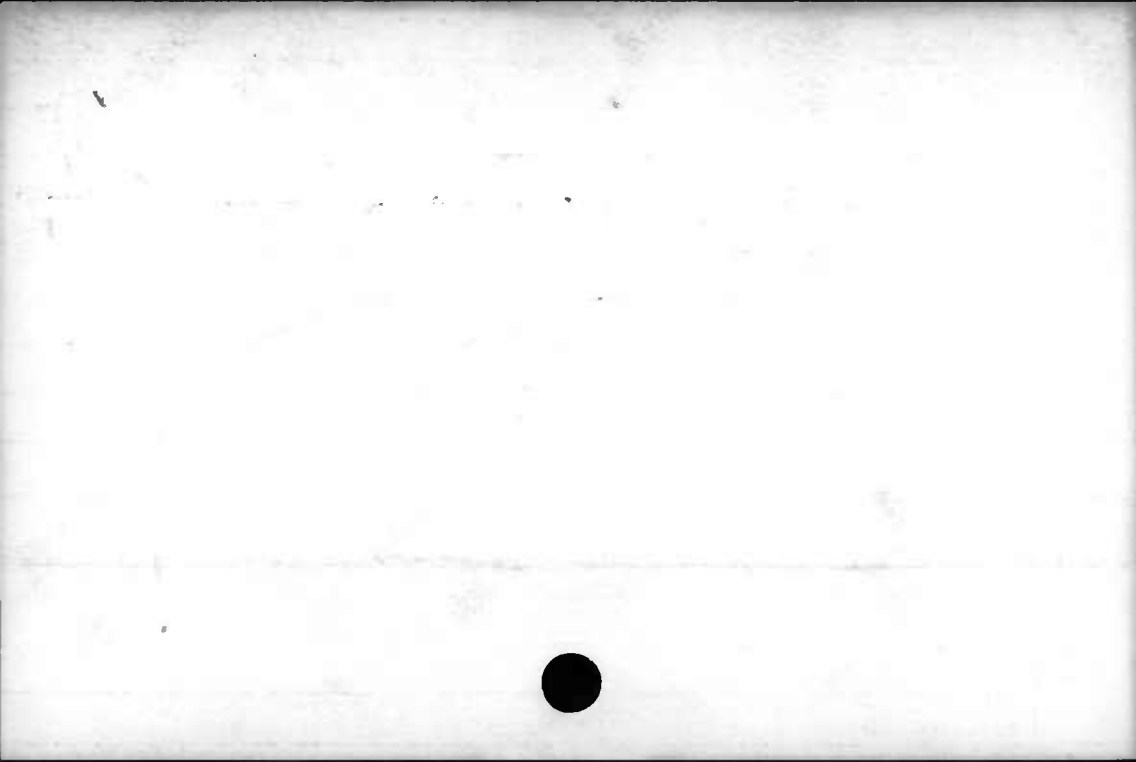
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1903	July	25		—	11	19	
Sex	Male		Color or Race	white		Birth-place	md
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name			Geo H Carback			Father's Birthplace	
Mother's Maiden Name			Annie R Carback			Mother's Birthplace	
Name of person giving information			Geo H Carback			How related to deceased	
						7 yrs	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

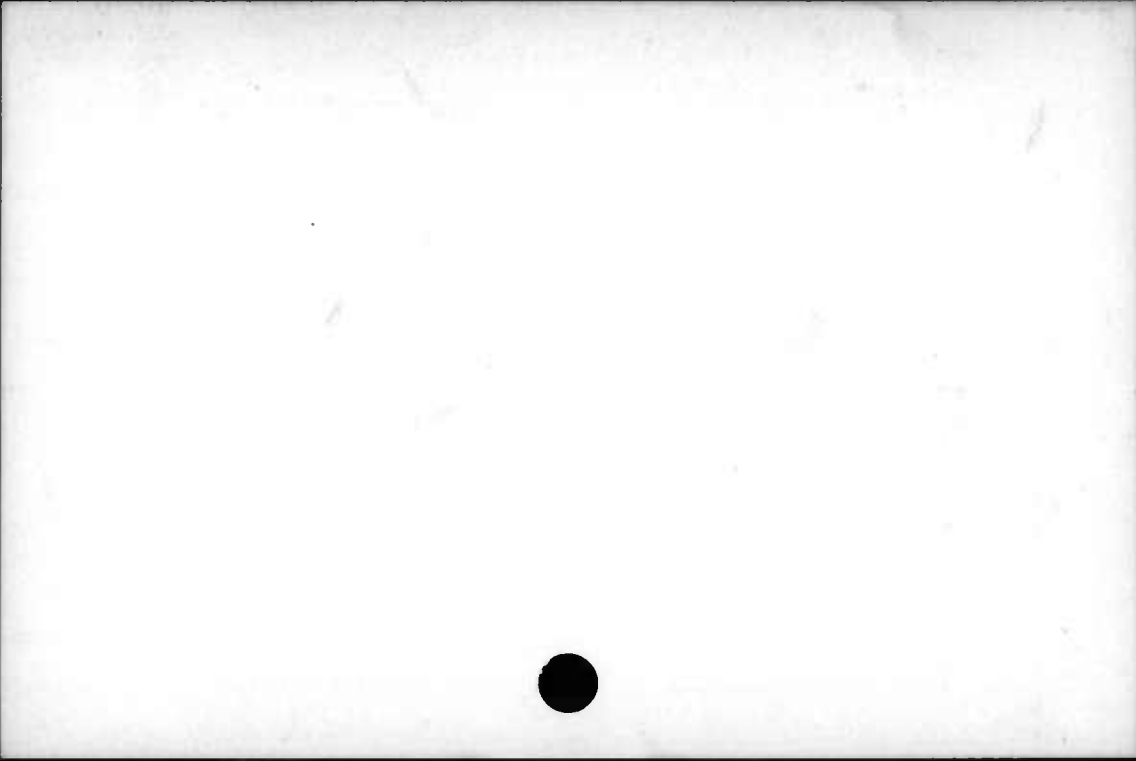
Primary	Mucronous Cramp	How long	2 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
94		John W Harrison	
		Address	
		Middle River	
		md	
Accident or Suicide?			



Name in Full Edna Carlton		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Carlton ^{Town}		County Balt
	Date of death 190 3 Month 7 Day 30		Age — Years Months 8 Days 30
	Sex Female	Color or Race White	Birth-place Carlton
	Married, Single or Widowed		Occupation None
	Name of Wife or Husband		
	Father's Name Arthur Carlton		Father's Birthplace England
	Mother's Maiden Name Mary Jones ¹⁰⁵		Mother's Birthplace England
	Name of person giving information Mrs Arthur Carlton		How related to deceased mother
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Cholera Infantum		How long 4 days
	Immediate Acute spinal meningitis		How long 10 days
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician David W. Jones
			Address 3118 O'Donnell St.
	Accident or Suicide? —		

John D. Dipple
930 Asquith
St Pauls Church

Name in Full Rachel Carter		CERTIFICATE OF DEATH	
Died at Lacramore		County Baltimore	
Date of death 190 3		Month July	Day 21
Age 74		Years 74	Months 3
Sex Female		Color or Race White	Birth-place Baltimore Co
Married, Single or Widowed Widow		Occupation Retired	
Name of Wife or Husband John Carter			
Father's Name John M. Donald		Father's Birthplace Ireland	
Mother's Maiden Name Rachel M. Donald		Mother's Birthplace Balt., County	
Name of person giving information Wm. C. Carter		How related to deceased Son	
CAUSES OF DEATH			
Primary Cancer of Stomach		How long 3 months	
Immediate Heart Exhaustion		How long 12 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Geo. F. Corcoran M.D.	
		Address Gardenville Md	
Accident or Suicide? No			



Name
in
Full

John Casey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Catonsville		County		Baltimore		MARYLAND	
Date	Month	Day	Age	Years	Months	Days			
of death 1903	July	23		78					
Sex	male		Color or Race	White		Birth-place	Ireland		
Married, Single or Widowed	married			Occupation	Gardener				
Name of Wife or Husband	Annie Clark								
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information	Mrs Casey			20		How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	chronic Bright's disease		How long	about a year	
Immediate	Uremia		How long	about an hour	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	L. Rushmer White M.D.	
yes			Address	Catonsville, Md	
Accident or Suicide?			—		

Dr. Matzfeldt

Erw. Mitchell
to New Cathedral Bay

Name
in
Full

William C. C. C. C.

CERTIFICATE OF DEATH

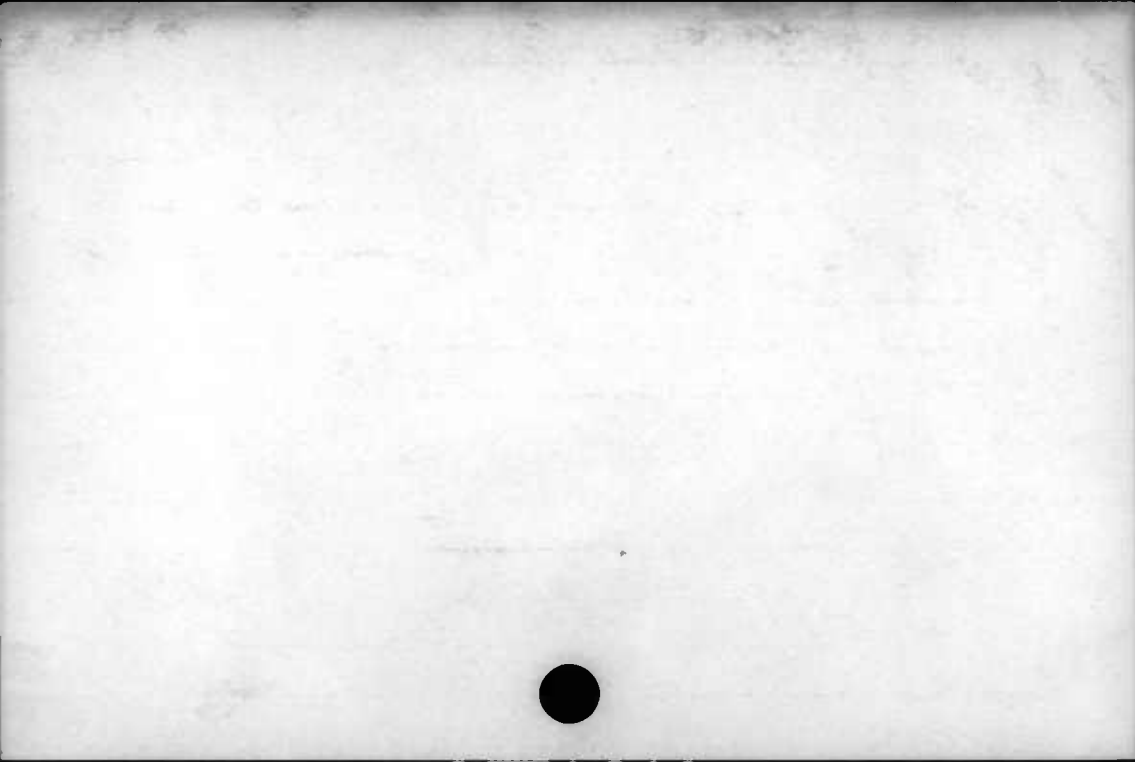
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>5</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>—</i>		Birth-place <i>—</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph C. C. C.</i>			Father's Birthplace <i>A. A. Co.</i>		
Mother's Maiden Name <i>Katherine C. C. C.</i>			Mother's Birthplace <i>Willsboro</i>		
Name of person giving Information <i>Joseph C. C. C.</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>—</i>	How long <i>79</i>
Immediate <i>Valvular Insufficiency</i>	How long <i>11 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. K. R. R. R.</i>
	Address <i>9 Lyndon</i>
Accident or Suicide? <i>—</i>	<i>Med</i>



Name

in
Full

CERTIFICATE OF DEATH

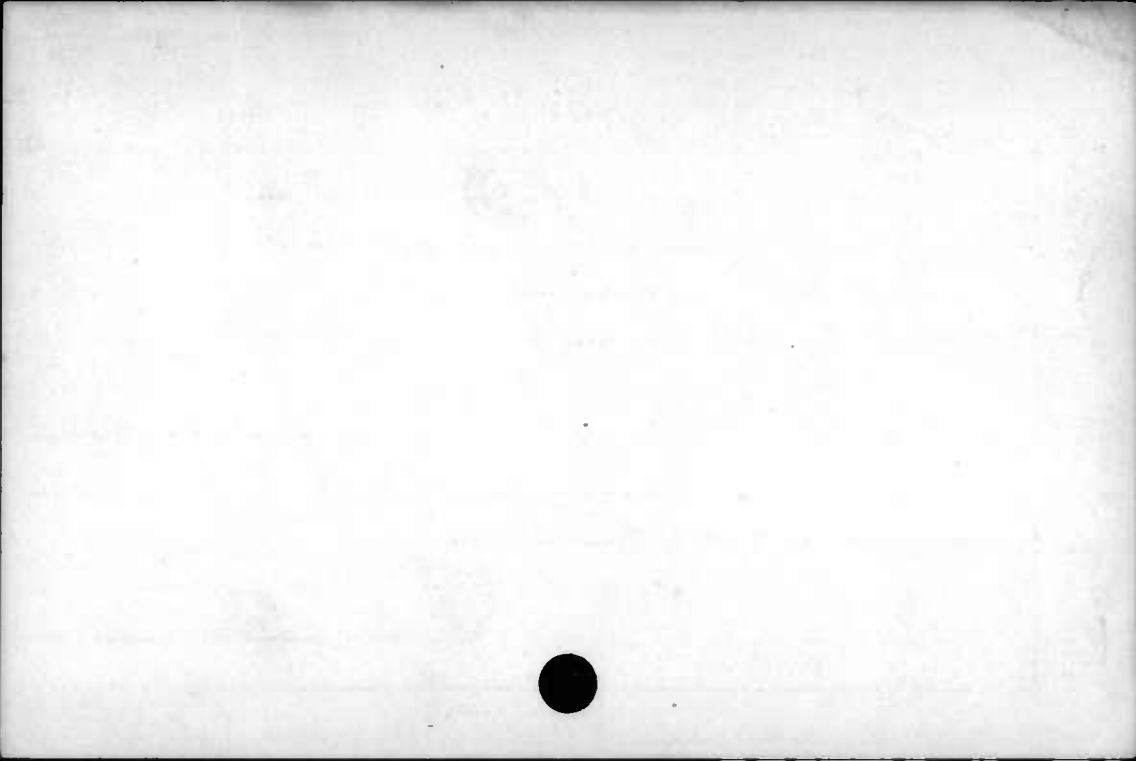
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Sophia Gertrude Clazett</i>		Town <i>Randallstown</i>		County <i>Balto</i>		MARYLAND	
Died at		Date of death 1903		Age 0		Months 4	
Month <i>July</i>		Day <i>28</i>		Years		Days <i>8</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balto Co Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>					
Name of Wife or Husband		Name of Wife or Husband					
Father's Name <i>George Clazett</i>		Father's Birthplace <i>Balto Co Md</i>					
Mother's Maiden Name <i>Sophia Walters (Wierand)</i>		Mother's Birthplace <i>Balto Co Md</i>					
Name of person giving information <i>Charles Clazett</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>	How long <i>two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. Tripley M.D.</i>
	Address <i>Granville Md</i>
Accident or Suicide? <i>no</i>	



Name in Full

Certificate of Death

S. Howard Cole

Town

County

Died at

Butler

Baltimore

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

7 15

Age

43

Maryland

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

5

Husband of

Wife

Father's

Name

Cause of

Primary

Heart Disease

Death

Immediate

Maiden Name

Lena R. Cole

Mother's

How long sick

2 months

Accident, Suicide, Homicide

Reported by

Address

Wm L. Brooks

Philopolis Baltimore

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



Name
in
Full

Minnie Collins

CERTIFICATE OF DEATH

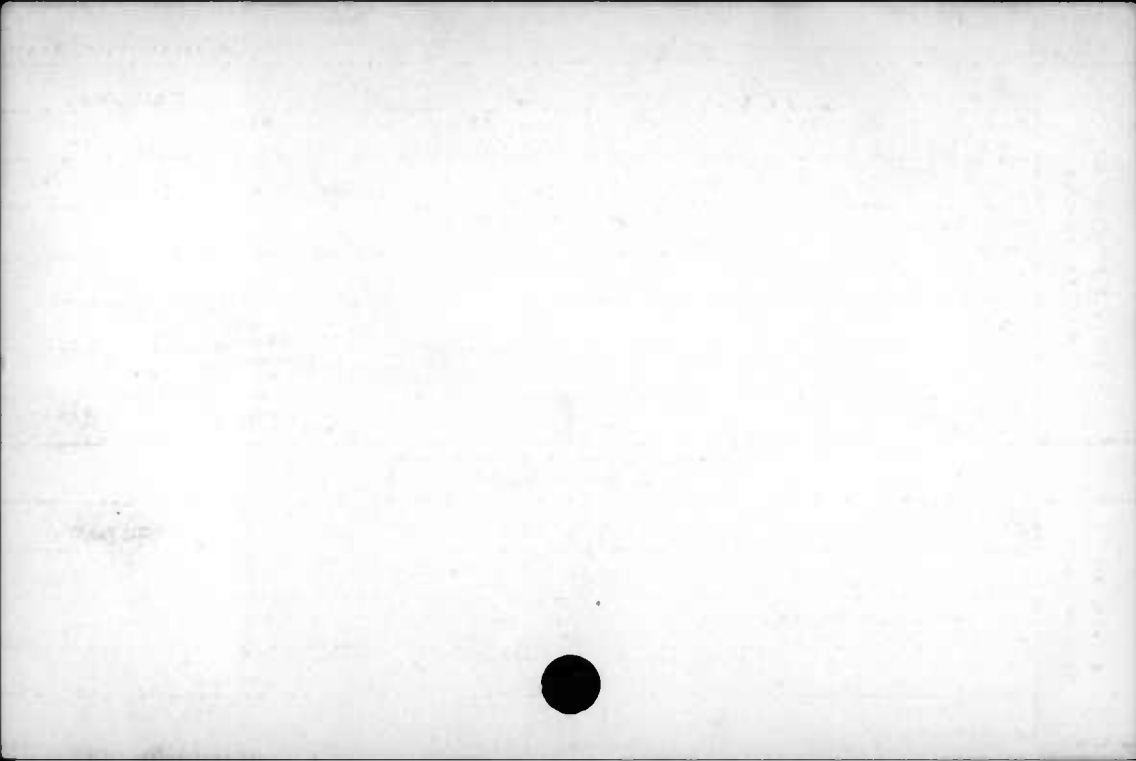
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baton Rouge</u> ^{Town}		<u>Baldwin</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>July</u>	Day <u>6</u>	Years <u>94</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Virginia</u>		
Married, Single <input checked="" type="checkbox"/> Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>-</u>			Father's Birthplace <u>Virginia</u>		
Mother's Maiden Name <u>-</u>			Mother's Birthplace <u>Virginia</u>		
Name of person giving information <u>Walter Raveling</u>			How related to deceased <u>Grandson</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Carcinoma of Stomach</u>	How long	<u>2 yrs</u>
Immediate	<u>Exhaustion</u>	How long	<u>-</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. G. S. Mattfield</u>	
		Address <u>Baton Rouge</u> <u>MA</u>	
Accident or Suicide?			



Name
in
Full

Mary Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore Co</i>		County		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>5th</i>	Age <i>42</i>	Years <i>Yrs</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore City</i>				
Married, Single or Widowed <i>Single</i>	Occupation <i>Children's Nurse</i>						
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Neds of Mt Hope Retreat</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Melancholia (Climacteric)</i>	How long <i>18</i>
Immediate <i>Ex-Pul-Convuls - Hemiplegia (R.)</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat</i> <i>Baltimore Co Md.</i>
Accident or Suicide?	



Name
in
Full

Ferdinand de Boy

CERTIFICATE OF DEATH

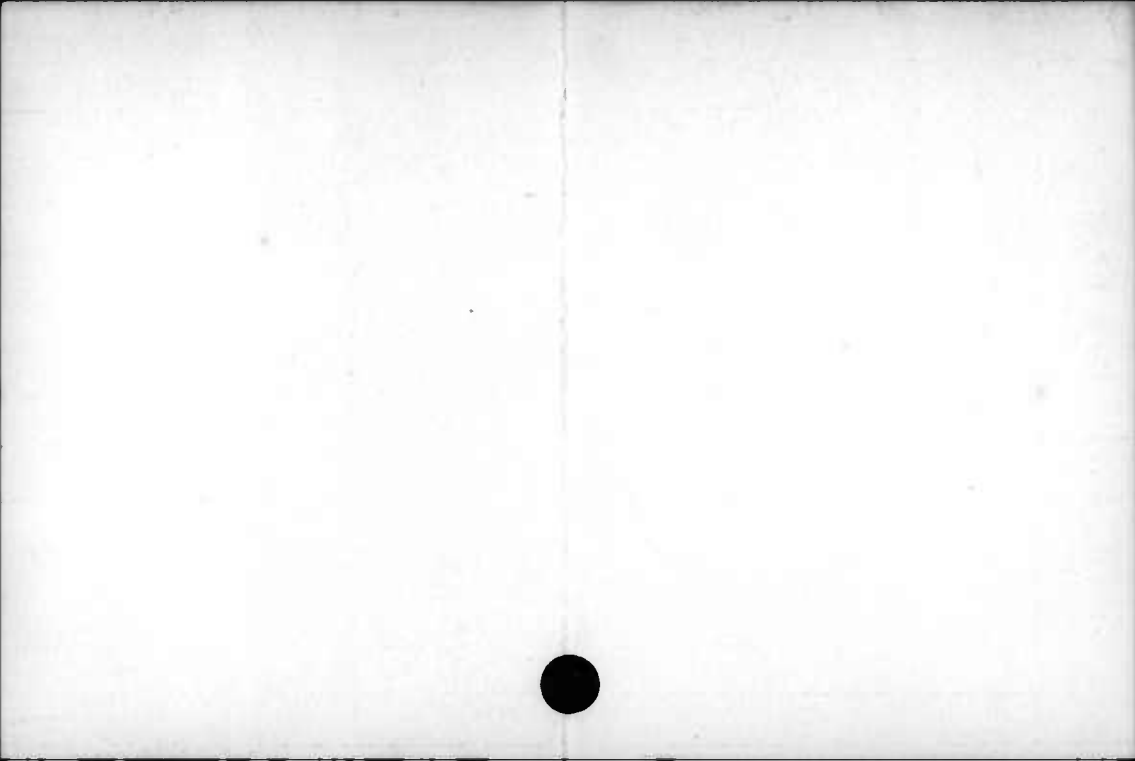
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Arbutus		^{County} Bolto-		MARYLAND	
Date of death 190	3	Month	July	Day	29
Age	1	Years	1	Months	1
Sex	male	Color or Race	White	Birth-place	Maryland
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			John A de Boy		
Father's Birthplace			Maryland		
Mother's Maiden Name			Ella Agnes Farrell		
Mother's Birthplace			Maryland		
Name of person giving information			John A de Boy		
How related to deceased			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro. entero-Colitis	How long	one week
Immediate	Convulsions	How long	_____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Arthur Williams	
		Address	
		Ck Ridge Ind	
Accident or Suicide?		No	



Name
in
Full

Mary Louise Dietz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Fulton ^{Town}Baltimore ^{County}

MARYLAND

Date
of death 190 3 ^{Month} July18 ^{Day}Age 7 ^{Years}7 ^{Months}25 ^{Days}Sex femaleColor or
Race whiteBirth-
place BaltoMarried Single
or Widowed SingleOccupation —Name of Wife or
Husband —Father's
Name Geo DietzFather's
Birthplace Balto.Mother's
Maiden Name Louisa SpilmanMother's
Birthplace "Name of person giving
In formation Geo DietzHow related
to deceased neph

CAUSES OF DEATH

Primary

6/18

How long

Immediate Acute meningitisHow long 1 weekAre the name, age, sex, color, date
and place correctly given above? yesSignature of
Physician

Address

Wm D Force

Accident or Suicide?

PHYSICIAN
OR CORONER

St Petri
Secretary

Name
in
Full

CERTIFICATE OF DEATH

William C Donnelly

Died at **206 Fair Ave** ^{Town} **Balt** ^{County} **MARYLAND**

Date of death 190 **3** ^{Month} **7** ^{Day} **30** ^{Age} **—** ^{Years} **7** ^{Months} **—** ^{Days} **—**

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

Married, Single or Widowed **—** Occupation **—**

Name of Wife or Husband **—**

Father's Name **Daniel P. Donnelly** Father's Birthplace **Ma**

Mother's Maiden Name **Miss Maggie Downes** Mother's Birthplace **Ma**

Name of person giving information **Daniel P. Donnelly** How related to deceased **Frather**

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary **Cholera Infantum** **105** How long **3 weeks.**

Immediate **Exhaustion** How long **2 days**

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

Signature of Physician **Jas. L. Truax M.D.**

Address **344 Gough St. Highlandtown.**

Accident or Suicide? **—**

PHYSICIAN
OR CORONER

Joan. Studbeck

MK Capital Bank

Name
in
Full

George Howard Elder

CERTIFICATE OF DEATH

Died at *Garrison* Town*Baltimore* County

MARYLAND

Date

of death 190

3

Month

July

Day

11th

Years

Age *25*

Months

5

Days

8

Sex

*Male*Color or
Race*White*Birth-
place*Robinson Wood
Baltimore Co. Md*Married, Single
or Widowed*Single
Married*

Occupation

*---*Name of Wife or
HusbandFather's
Name*Robert Nath Elder*Father's
Birthplace*Garrison Md*Mother's
Maiden Name*Susan Noy Elder*Mother's
Birthplace*Virginia*Name of person giving
information*William Elder*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Organic Heart Disease

How long

*about one
year*

Immediate

Bright Disease

How long

*about ten
months*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W H Campbell*

Address

Cummings Mills. Md

* Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 190		3	July	11	Age	56	—
Sex		male		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Laborer	
Name of Wife or Husband		Mary A. Evans					
Father's Name		Thomas J. Evans				Father's Birthplace	
Mother's Maiden Name		—				Mother's Birthplace	
Name of person giving information		Thomas J. Evans				How related to deceased	
						Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Dysentery	How long	About 10 days
Immediate	Asthenia 14	How long	" " "
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		M. J. McCahey	
Address		839 S. Canton St. Balto. Md	
Accident or Suicide?		—	

St. Patricks Cemetery

July 14th 1903

Germanus France

Undertaker

Name In Full

Certificate of Death

Charles C. Ewing

Died at Mt Vernon Balts. Co. MARYLANDDate 189 July 13th 1903 Age 19 years Male White Single Widow Number of children living

Husband of

Wife

Father's Name Chas. C. EwingMother's Name Ellen EwingCause of Primary Phthisis Pulmonalis about eight monthsDeath Immediate Exhaustion Accident, Suicide, HomicideReported by Prof. G. Holliday M.D.Address 714 Frederick Ave

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

New Cathedral Cemetery

Attended by Dr.

of

H. Carter

Seen by Coroner

of

Information contained in this certificate received from

of

Name
in
Full

Robert Rogers Felts

CERTIFICATE OF DEATH

Died at

Ellephester

Baltimore

County

MARYLAND

Date

of death 1903

Month

July

Day

27

Years

Age 8 weeks

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Little Felts

Father's
Birthplace

Maryland

Mother's
Maiden Name

Lizza Felts

Mother's
Birthplace

"

Name of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Marasmus

How long

3 weeks

Immediate

asthenia

105

How long

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

yes

Signature of
Physician

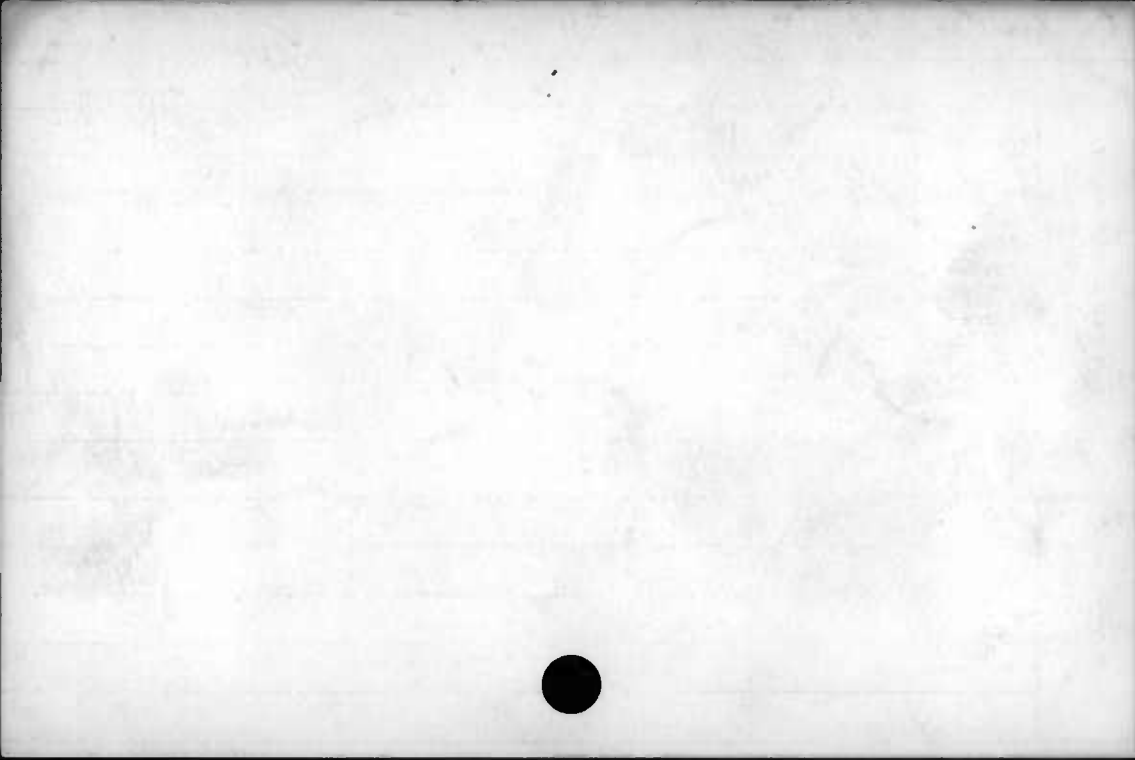
J. M. B. Rogers MD

Address

Ellicott City Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Emory Fishpaw

Town

County

Died at

Hann

Baltimore

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 11

Age 25 4 1

Maryland

Labour

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Levi Fishpaw

Maria Shuler

Cause of

Primary

acute softening of the brain six months

How long sick

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

W. E. Binson

Address

Lockeysville Maryland

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

Jessie Mae E
Cemetery Aug 13

W. C. Brooks

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highland</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>July</u>	Day <u>22</u>	Age <u>72</u>	Months <u>10</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Married, Single or Widowed <u>Widowed</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Conrad Gladung</u>					
Father's Name <u>John Wendick</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Anna Mary Goldbeck</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Hepatitis</u>	How long <u>2 weeks</u>
Immediate <u>Heart failure</u>	How long <u>few hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. A. Glantz</u>
	Address <u>41 Eastern Ave. E.</u>
Accident or Suicide? <u>—</u>	



Name

in
Full

Leona Toehrkolb

CERTIFICATE OF DEATH

Died at *Canton* TownCounty *Baltimore*

MARYLAND

Date

of death 1903

Month

July

Day

23rd

Age

Years

—

Months

one

Days

18

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed*single*

Occupation

*none*Name of Wife or
Husband*—*Father's
Name*John Toehrkolb*Father's
Birthplace*md*Mother's
Maiden Name*Anna Kügel*Mother's
Birthplace*md*Name of person giving
information*John Toehrkolb*How related
to deceased*Father*

CAUSES OF DEATH

Primary

*Indigestion**151*

How long

18 days.

Immediate

Exhaustion

How long

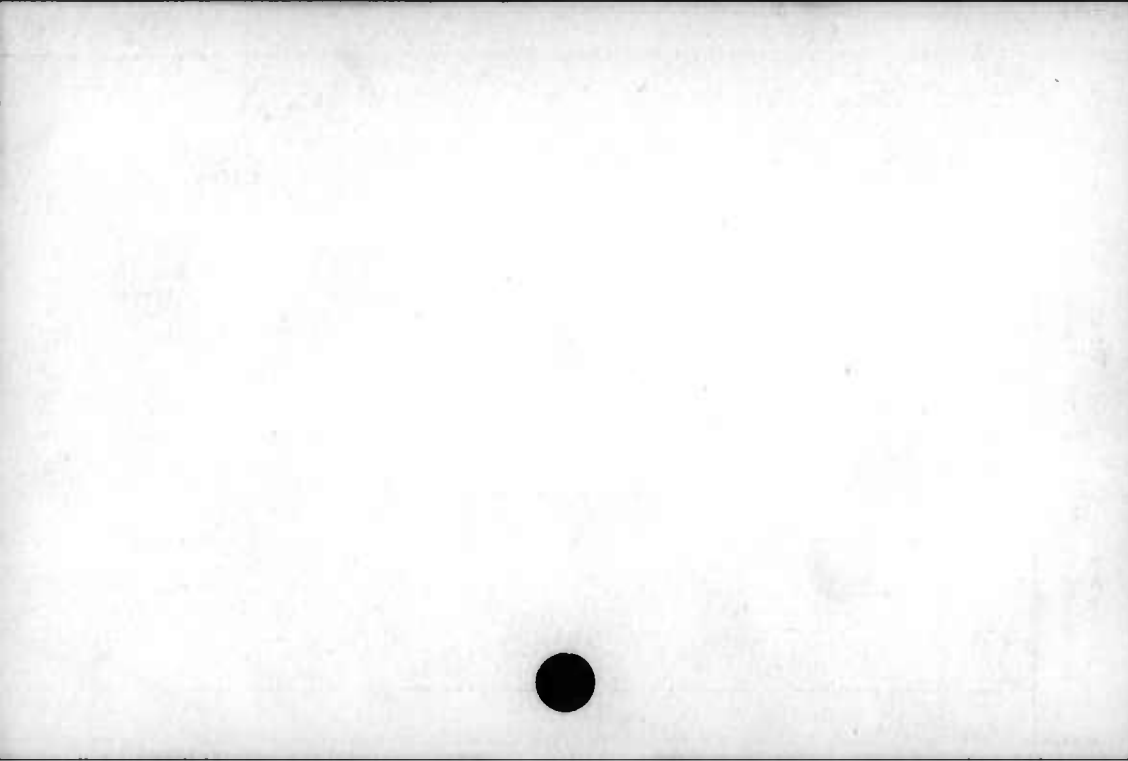
*18 days.*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. Scholida

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna Cornelia Ford

Died at *Grange, P.O., Baltimore*

MARYLAND

Date of death *1903* Month *July* Day *31* Age *54* Years Months Days

Sex *Female* Color or Race *White Amer.* Birth-place *Baltimore*

Occupation *Housewife* Where Residing if not at place of death *at home..*

Married, Single or Widowed *Married* Name of ~~Wife~~ Husband *Samuel C. Ford.*

Father's Name *Joseph Redner* Father's Birthplace *Balto.*

Mother's Maiden Name *Anna Mary K.* Mother's Birthplace *Balto -*

Name of person giving Information *Samuel C. Ford.* How related to deceased *Husband*

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Principal Cause *Carcinoma of Breast* How long *Four years*

Immediate Cause *Diarrhoea - Probably due to* How long *Two weeks*

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

Signature of Physician *J. J. Martenech MD*

Address *1701 N. Caroline St - Baltimore*

Accident or Suicide? *~~~~~*

Old Methodist Cemetery
Philadelphia Road
East Fayette St.

Heretofore adjoining St. Patrick's
on the West.

Name
in
Full

CERTIFICATE OF DEATH

Margaret Fortsch

Town

County

MARYLAND

Died at

Canton

Baltimore

Date

Month

Day

Years

Months

Days

of death 1903

July

24

Age

2 months

Sex

Female

Color or
Race

White

Birth-
place

Balto. Co. Md

Married, Single
or Widowed

single

Occupation

None

Name of Wife or
HusbandFather's
Name

George Fortsch

Father's
Birthplace

Germany

Mother's
Maiden Name

Dorothea Schum

Mother's
Birthplace

Germany

Name of person giving
In formation

George Fortsch

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Inanition

How long

since birth

Immediate

Exhaustion

How long

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

Yes

Signature of
Physician

Pierre G. Dausch

Address

121- Jackson Square
Balto. Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sacred Heart Cemetery

July 25th 1903

Germanus France

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George E. Fully or Fowler

Town

County

Died at

Sparrows Point

Md.

MARYLAND

Date of death

1903

Month

7

Day

31

Age

Years

35

Months

Days

Sex

Male

Color or
Race

Black

Birth-
placeMarried, Single
or Widowed

Married

Occupation

Laborer

Name of Wife or
HusbandFather's
Name

162

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Jos Blain

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

Accident

How long

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

Yes

Signature of
Physician

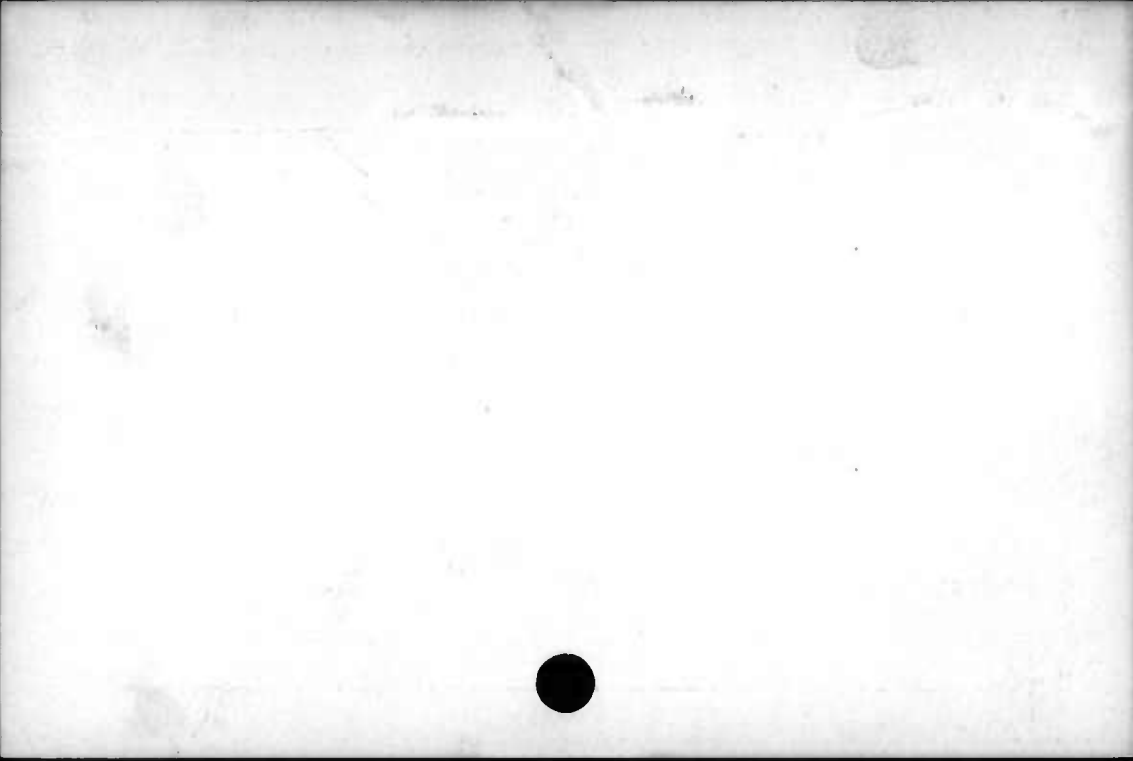
Address

Jos Blain J.P.
Sparrows Point
Md.

Accident or Suicide?

Accident

PHYSICIAN
OR CORONER



Name
in
Full

Stephen Taylor Freeland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>The Caves</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190	3	Month	July	Day	3	Age	54
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co</i>		Months	7
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>				Days	1
Name of Wife or Husband <i>May L</i>							
Father's Name <i>S. T. Freeland</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Matilda Bosley</i>				Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Ernesta Hurron</i>				How related to deceased <i>son in law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hot weather</i>	How long <i>one day</i>
Immediate <i>Heart Failure</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Campbell</i>
	Address <i>Cummings Mills Md</i>
Accident or Suicide?	



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>William H. Frisby</i>		Col		County <i>Baltimore</i>		MARYLAND	
Died at <i>North Point</i>		Town <i>North Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>26</i>	Age <i>38</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>			Birth-place <i>North Point</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Emma Frisby</i>							
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 <i>Accidental drowning</i>	How long
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Mueller, Coroner</i>
	Address <i>216 O'Donnell St</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

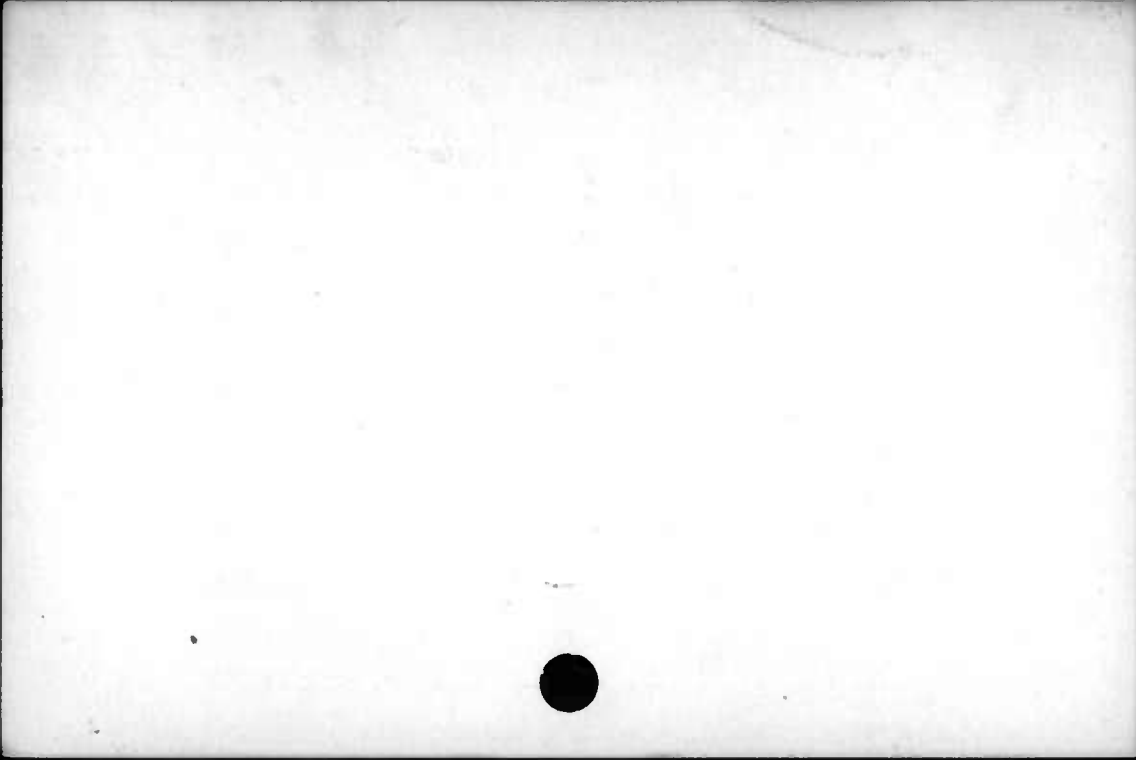
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Georges</i>		Town <i>Washington</i>		County <i>Gore</i>		MARYLAND	
Date of death 1903		Month <i>July</i>		Day <i>17</i>		Age <i>76</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Batts co Md</i>		Months	
Married, Single or Widowed <i>widower</i>		Occupation <i>Farmer</i>		Days			
Name of Wife or Husband							
Father's Name <i>Edigoo Gore</i>				Father's Birthplace <i>Batts co Md</i>			
Mother's Maiden Name <i>Darthea Beckley</i>				Mother's Birthplace <i>LI LI</i>			
Name of person giving information <i>Hugh Gore</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intermittent Nephritis</i>	How long	<i>Two Years</i>
Immediate	<i>Uremia</i>	How long	<i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James Gore M.D.</i>	
		Address <i>Beardstown Md.</i>	
Accident or Suicide?			



Name
in
Full

James Woodbury Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>8</i>	Day <i>29</i>	Age <i>61</i>	Years	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>North Carolina</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Salesman</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving In formation <i>H. H. Mathews</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>Several years</i>
Immediate <i>Miner's</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. P. E. Nym</i>
	Address <i>Pikesville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

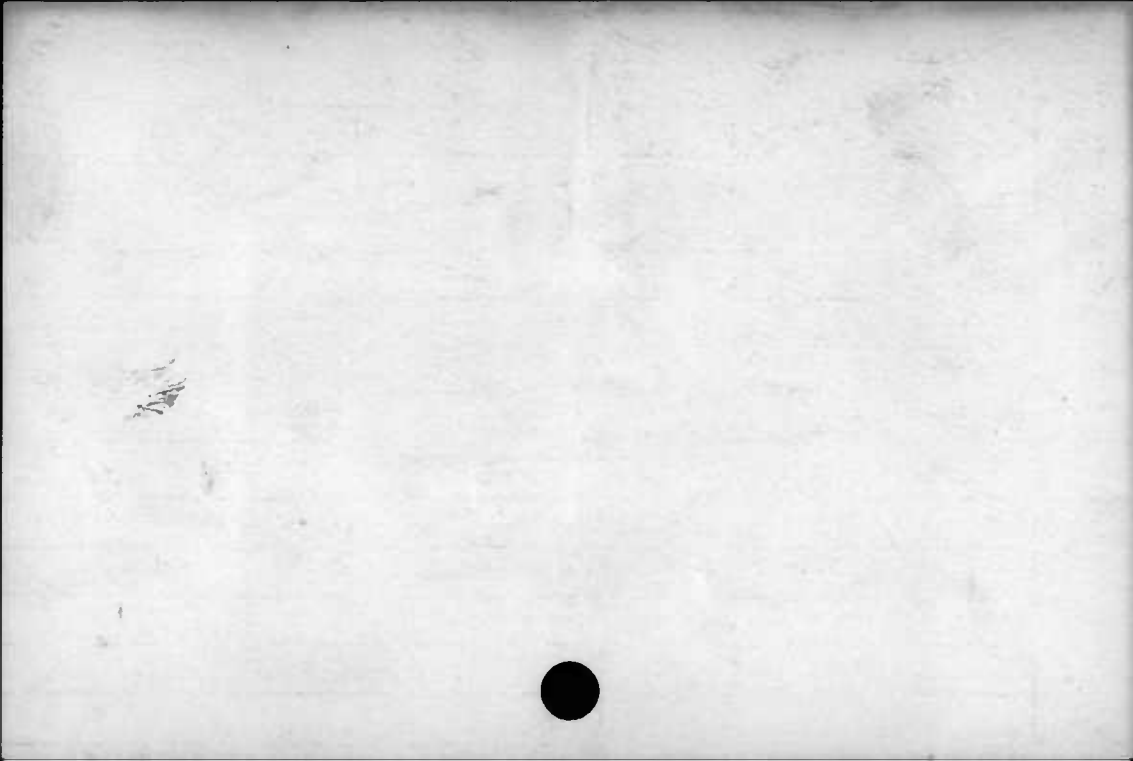
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James Green.		Town Windsor Heights		County Balto		MARYLAND	
Died at		Date of death 190 3		Month July		Day 25th	
Sex Male		Color or Race Colored.		Age 7		Years 7	
Married, Single or Widowed _____		Birth-place Balto Co.		Occupation _____		Months 7	
Name of Wife or Husband _____		Father's Name James Green.		Father's Birthplace _____		Days 7	
Mother's Maiden Name Mamie Buckner.		Mother's Birthplace Balto Co. Md.		Name of person giving information Charles Crawford		How related to deceased Uncle.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long 105
Immediate	ye	How long about 2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician George F. Trichant.
		Address Dickeyville
		Balto Co. Md.
Accident or Suicide?		



Name in Full		Browek Guacik				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Humboldtville		County Balt		MARYLAND			
	Date of death 190	2	Month July	2	Day 9	Age 1	Years	Months	Days
	Sex	Male		Color or Race	White		Birth-place	Sparrow Point	
	Married, Single or Widowed	—		Occupation	—				
	Name of Wife or Husband								
	Father's Name	John Guacik					Father's Birthplace	Austria	
	Mother's Maiden Name	Anita Daniel					Mother's Birthplace	Austria	
Name of person giving information	Anita Daniel					How related to deceased	Mother		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	5 days		
	Immediate	Exhaustion				How long	One day		
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	J. L. Schofield		
						Address	1400 First St Highland town Md		
	Accident or Suicide?								



Funeral

JUL 30 1903

St. Stanislaus Cemetery

Name
in
Full*a Bastard Child*

CERTIFICATE OF DEATH

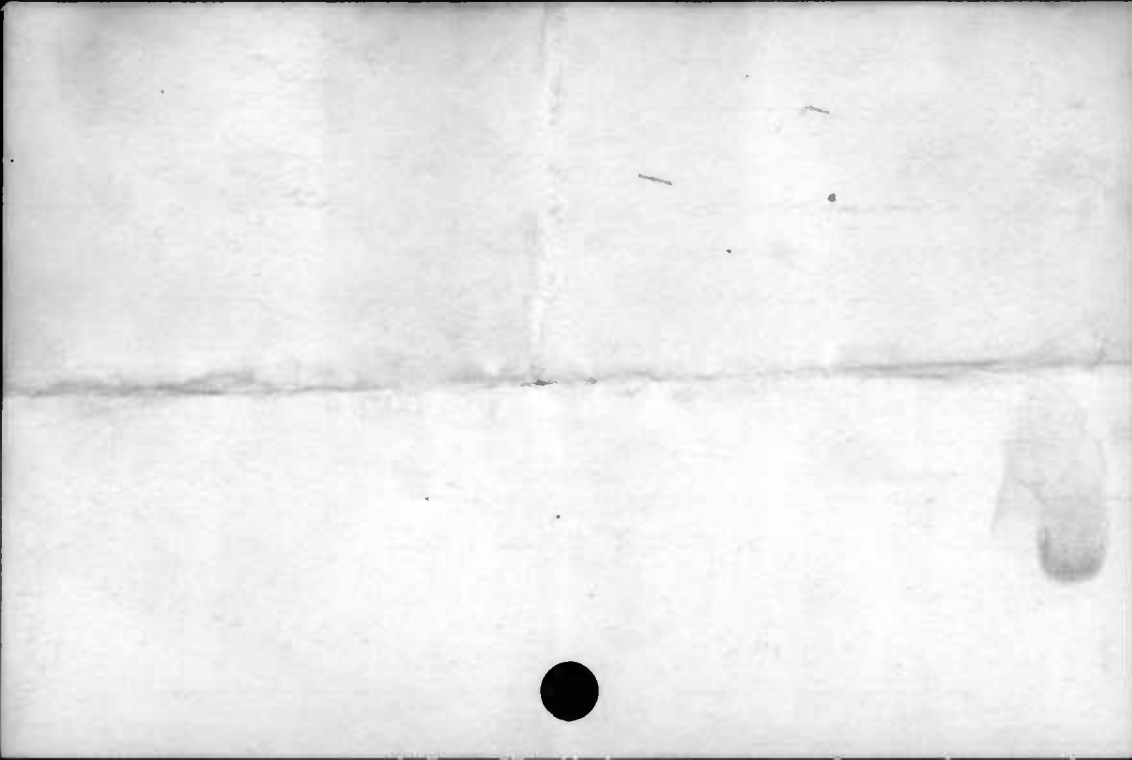
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Born dead of Chase</i>		Town <i>Chase</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903		Month <i>July</i>	Day <i>3</i>	Age	Years	Months	Days <i>1</i>
Sex <i>Boy</i>		Color or Race <i>Colored</i>		Birth-place <i>Chase</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name <i>Mary Louisa Griffin</i>				Mother's Birthplace <i>Baltimore Md</i>			
Name of person giving Information <i>Rachel Brown</i>				How related to deceased <i>No way</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?		Signature of Physician <i>James F. Gibson D.D.</i>
		Address <i>Chase Md</i>
Accident or Suicide?		



Name in Full

Certificate of Death

Sadi Harding

Town

County

Died at

Leas

Baltimore

MARYLAND

Date

1903 July 28

Y.

M.

D.

Native of

Occupation

Age

9

Married

Widow

Divorced

Number of children living

Male
Female

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Husband
of

Wife

Father's

Name

Z. Harding

Mother's

Name

Harris Harding

Cause of

Primary

Typhoid Fever

How long sick

10 weeks

Death

Immediate

Peritonitis

Accident, Suicide, Homicide

Reported by

O. T. Bunn M.D.

Address

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

LIBRARY BUREAU, 79898

Highland Cemetery

TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Samuel Brown Haines</i>		Town <i>North Potomato</i>		County <i>Balto</i>		State <i>Md</i>	
	Died at <i>Balto</i>		Month <i>July</i>		Day <i>10</i>		Years <i>18</i>	
	Date of death 190 <i>3</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Balto, Md</i>	
	Married, Single or Widowed <i>child</i>		Occupation <i>none</i>					
	Name of Wife or Husband							
	Father's Name <i>Samuel D Haines</i>				Father's Birthplace <i>Md</i>			
	Mother's Maiden Name <i>Emma May Tawney</i>				Mother's Birthplace <i>Md</i>			
	Name of person giving information <i>Tawney</i>				How related to deceased <i>Brother</i>			

PHYSICIAN OR CORONER	CAUSES OF DEATH	
	Primary <i>Cholera Infantum</i>	How long <i>1 week</i>
	Immediate <i>105</i>	How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Emink</i>
	Accident or Suicide? <i>—</i>	Address <i>North Potomato Md</i>

~~John Smith's~~
~~place~~
~~back of Rockdale~~
J

Name
in
Full

Elmer O. Hank

CERTIFICATE OF DEATH

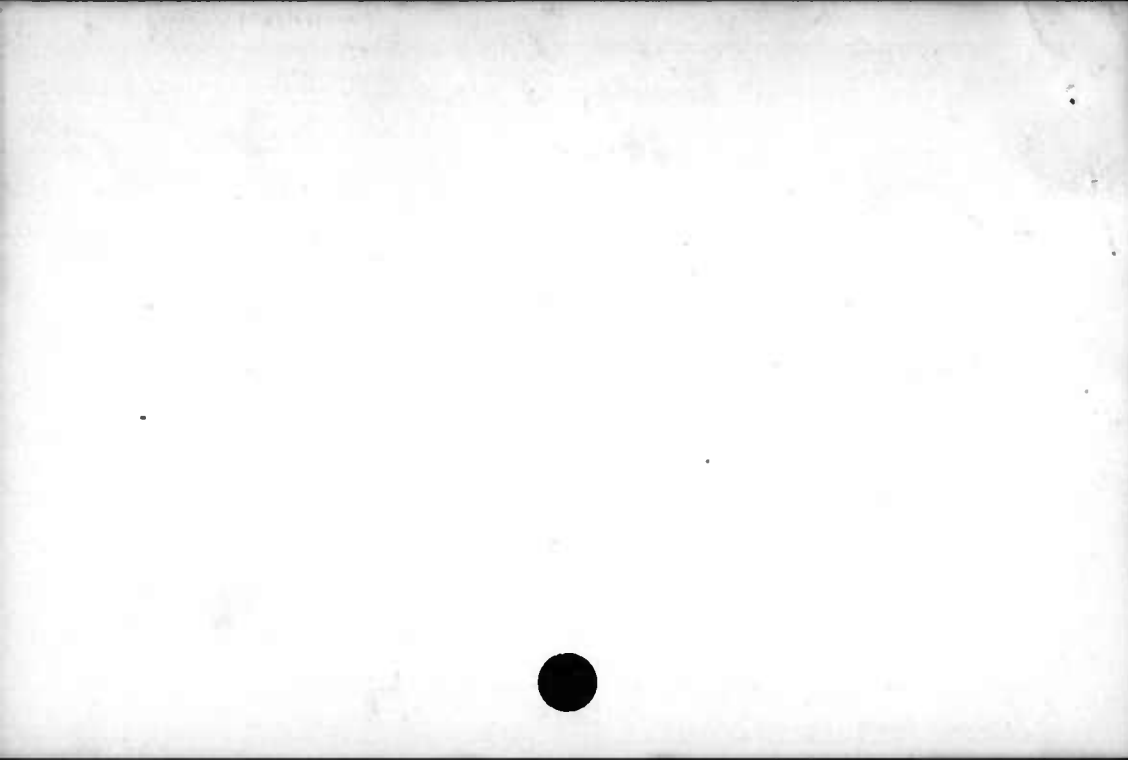
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wilkins ave. ext. St. Denis</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>18</i>	Age <i>5</i>	Years <i>5</i>	Months <i>9</i>	Days <i>21</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore City</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Child</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Michael Hank</i>				Father's Birthplace <i>Baltimore City</i>			
Mother's Maiden Name <i>Hannah Atkinson</i>				Mother's Birthplace <i>Baltimore city</i>			
Name of person giving information <i>Michael Hank</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarlet fever</i>	How long <i>5 days</i>
Immediate <i>Cardiac Paralysis</i>	How long
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>E. A. Knowlton M.D.</i>
	Address <i>63 S. Monroe. St., Balt., Md.</i>
Accident or Suicide?	



Name
in
Full

Johanna E. Hess

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton ^{Town} Balto. ^{County} MARYLAND

Date of death 190 3 ^{Month} July ^{Day} 11. ^{Years} 81 y. 6 m. ^{Months} 6 ^{Days} —

Sex Female Color or Race White Birth-place Germany

~~Married, Single or Widowed~~ Widowed Occupation none

Name of Wife or Husband John Hess

Father's Name — 79 Father's Birthplace Germany

Mother's Maiden Name — Mother's Birthplace Germany

Name of person giving information Mrs. Elizabeth Wachner How related to deceased daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Myocardial Insufficiency How long one year

Immediate Collapse How long " "

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

Signature of Physician J. W. Schaefer M.D.

Address 1013 Canton St.

Accident or Suicide? —

J Herwig & Son

2008 Orleans St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Fannie Hicks</i>		Town <i>Towson</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Towson</i>		Date of death 190 <i>3</i>		Month <i>7</i>		Day <i>11</i>	
Age <i>28</i>		Years <i>28</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Beyanue Hicks</i>							
Father's Name <i>Peter Daniel</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Harriet Williams</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Philip Daniel</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright Disease + Endocarditis</i>		How long <i>7 Months</i>	
Immediate <i>Cardiac Asthenia</i>		How long <i>2 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Roy Smith M.D.</i>	
		Address <i>Towson Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Clara Eugenia Kochrun.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Club Hill</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>2nd</i>	Age <i>47</i>	Years	Months <i>2</i>	Days <i>28</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Co.</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>George F. Kochrun.</i>							
Father's Name <i>Owen Donovan.</i>			Father's Birthplace <i>Maryland.</i>				
Mother's Maiden Name <i>Miranda Shearman</i>			Mother's Birthplace <i>Maryland.</i>				
Name of person giving information <i>George Kochrun</i>			How related to deceased <i>Husband.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancers.</i>	How long	<i>5 years.</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. J. Harrison.</i>	
		Address <i>Loch Raven.</i>	
Accident or Suicide? <i>No</i>			

13

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Frank Hoffman County Baltimore

Died at 219 Dillen St. Canton Md Town Canton State MARYLAND

Date of death 1905 Month July Day 6 Age 5 Years Months 10 Days 21

Sex male Color or Race white Birth-place Bouldin St.

Married, Single Single Occupation

Name of Wife or Husband

Father's Name Frank Hoffman Father's Birthplace Baltic

Mother's Maiden Name Annie Hoffman Mother's Birthplace Balt Co

Name of person giving information Mother How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Post scarletina nephritis How long about 4 weeks

Immediate Exhaustion How long

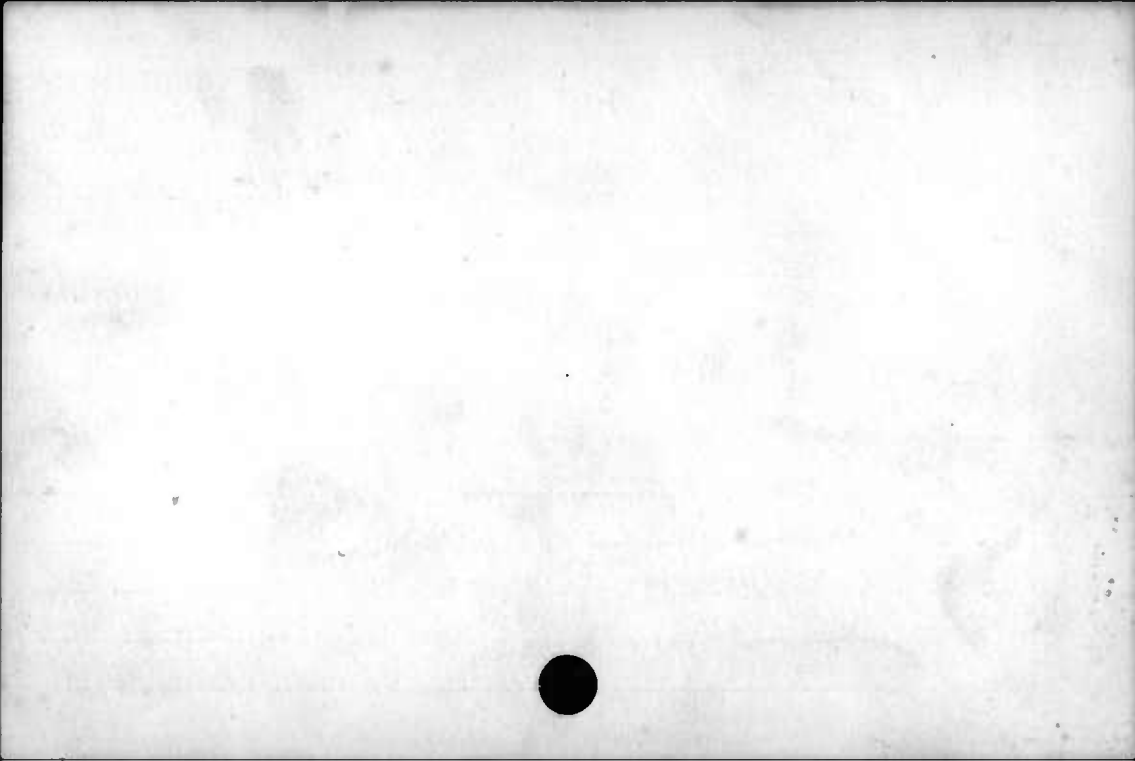
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. W. W. Wright M.D.

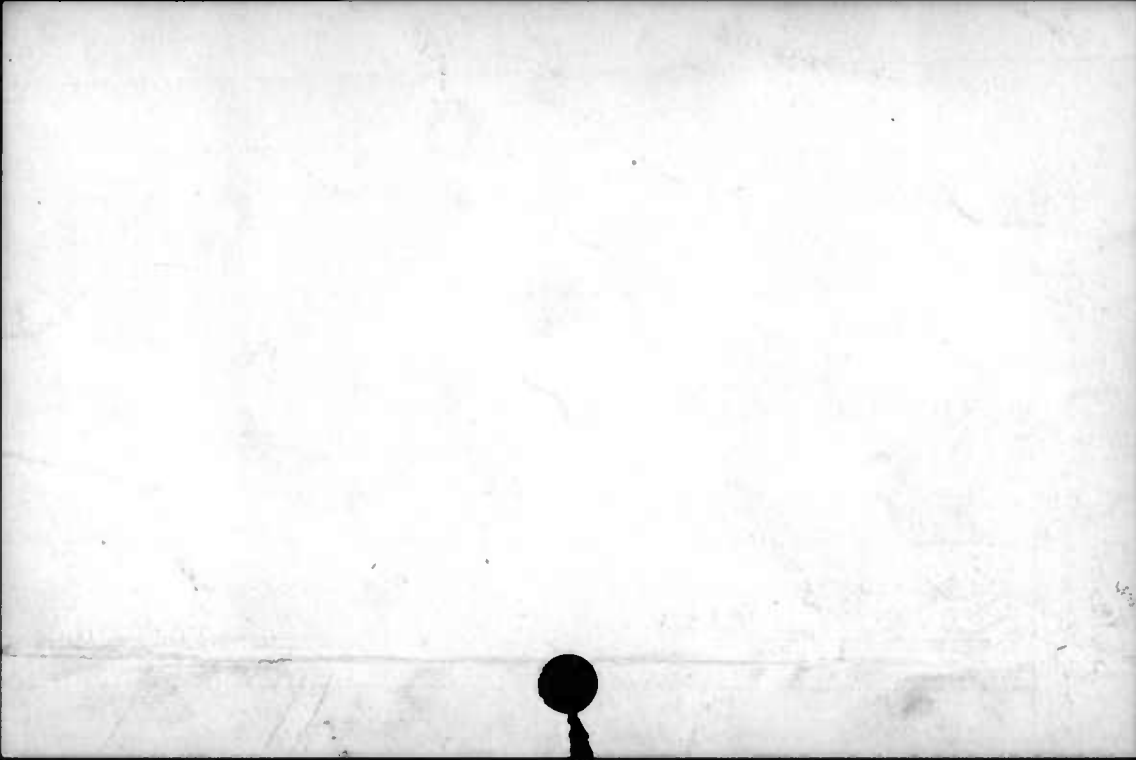
Address 1023 Canton St

Baltimore

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
Mary Jane Holland.		MARYLAND			
Died at ^{Town} Camp Chapel.		^{County} Baltimore.			
Date of death 1903.		Month July	Day 21 st	Age Years 75	Months 8 Days 21.
Sex Female		Color or Race White		Birth-place	
Married, Single or Widowed		Widow		Occupation	
Name of Wife or Husband		Isaac Holland			
Father's Name		Thomas Addison.		Father's Birthplace	
Mother's Maiden Name		Charlotte Sitsley.		Mother's Birthplace	
Name of person giving information		Mrs. Jas. Francis		How related to deceased Daughter.	
		CAUSES OF DEATH		65	
Primary		Softening of brain		How long About 2 mos.	
Immediate		Fracture of femur		How long 12 days.	
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician W. J. Harrison.	
				Address Lock Raven.	
Accident or Suicide?					



Name in Full

Certificate of Death

Margaret E. Haller

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Spumans Point

Balls.

July 25

Age 35-21

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Mitral Insufficiency

How long sick

Death

Immediate

Acute Endocarditis

~~Accident, Suicide, Homicide~~

Reported by

Frank C. Eldred M.D.

Address

Spumans Point

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



Name
in
Full

Anne M. Hopper.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sherwood</i> ^{Town}		<i>Baltimore</i> ^{County} Co.		MARYLAND	
Date of death 1903	Month <i>7</i>	Day <i>3</i>	Age <i>52</i>	Months <i>6</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Philad'a.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>D. H. Hopper</i>					
Father's Name <i>Augustine Willcox</i>			Father's Birthplace <i>Southington Conn.</i>		
Mother's Maiden Name <i>Sarah Edgerly Minshall</i>			Mother's Birthplace <i>London Eng.</i>		
Name of person giving information <i>Mrs. D. M. Hopper</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic bronchitis</i>	How long <i>Many years</i>
Immediate <i>Heart failure, Myocarditis</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. Thomas</i>
	Address <i>1228 Madison Ave.</i>
Accident or Suicide? <i>No.</i>	<i>Bo. L. Brown</i>

Stewart & Mowen
215 Park Ave.
Balto Md.

Undertakers

Name
in
FullMerrymau Howard
Baltimore Co. Elms house

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1903

Month

7

Day

4

Age

34

Years

Months

Days

Sex

male

Color or
Race

white

Birth-
place~~Married~~, Single
or ~~Widowed~~

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Epilepsy

Immediate

" Convulsion

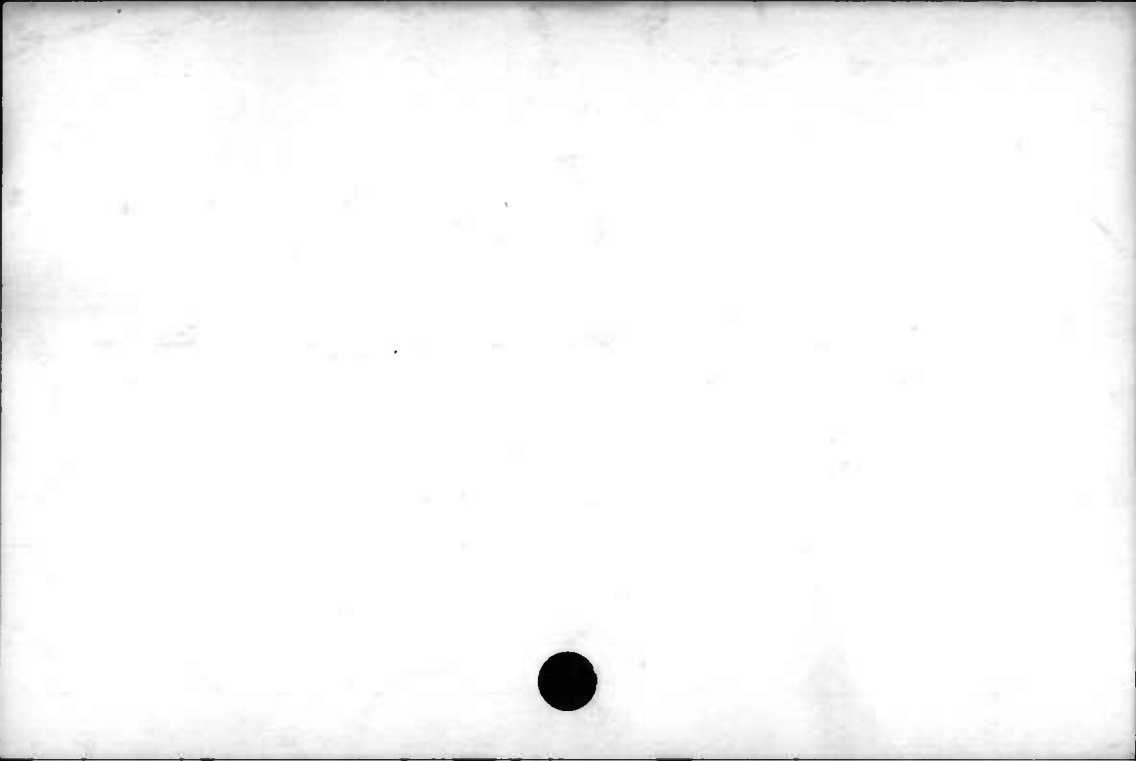
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

years ago as chronic case
Came to the Institution
How long
How long
Dr. Phoo. O. Bussey
Texas
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Michael Hughes

Town

Monroe

County

Balto

MARYLAND

Died at

Date

of death 1903

Month

7

Day

9

Age

Years

33

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Balto

Married, Single
or Widowed

Occupation

Laborer

Name of Wife or
Husband

Mary Hughes

Father's
Name

James Hughes

Father's
Birthplace

Ireland

Mother's
Maiden Name

Ellen

Mother's
Birthplace

"

Name of person giving
In formation

Anthony Auble

How related
to deceased

None

CAUSES OF DEATH

Primary

Sunstroke

169

How long

Immediate

benign tumor of Brain

How long

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

Yes

Signature of
Physician

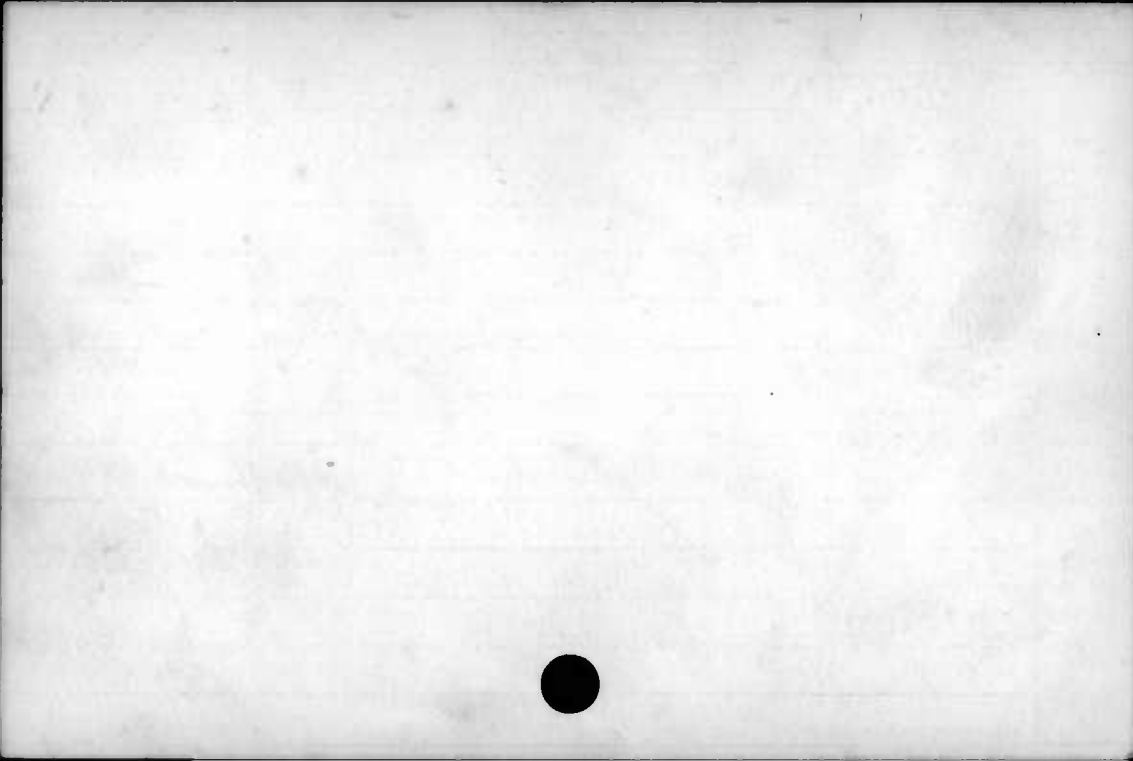
Address

August W. Mills, M.D.
Mr. Winans
Md

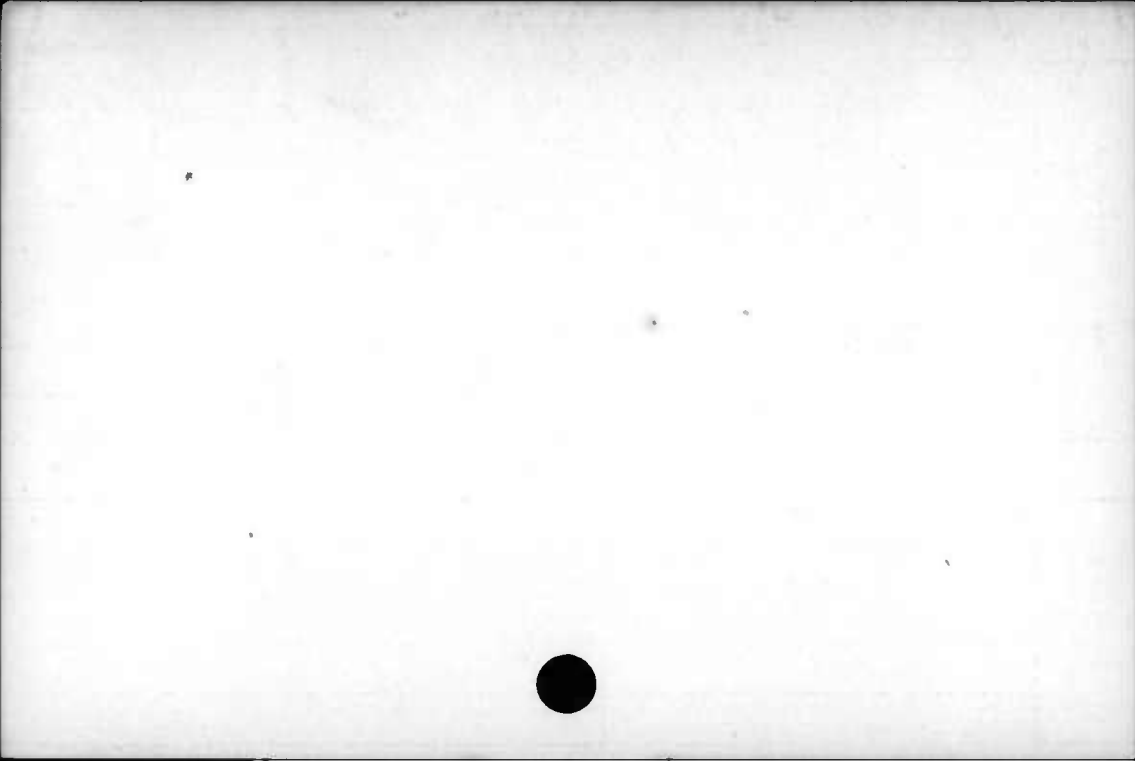
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Leadsville		Balto		MARYLAND		
	Date of death 190	3	Month	July	Day	31	Age	30	
	Sex	Male		Color or Race	white		Birth-place	Maryland	
	Married, Single or Widowed	Single		Occupation					Bricklayer
	Name of Wife or Husband							X	
	Father's Name	Henry James					Father's Birthplace	X Balto	
	Mother's Maiden Name	Laura J. James					Mother's Birthplace	Balto	
	Name of person giving information	Laura J. James					How related to deceased	Mother	
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Cerebral Syphilis					How long	6 mos	
	Immediate	Cerebral Effusion					How long	7 hour.	
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician	Wm. H. Wade		
						Address	Leadsville		
	Accident or Suicide?		No.						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lauraville</u> Town		<u>13</u> <u>Balt</u> County		MARYLAND	
Date of death 19 <u>33</u> <u>July</u> Month	<u>5</u> Day	Age <u>13</u> Years	Months	Days <u>1</u>	
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth place <u>Lauraville</u>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband		<u>JONES</u>			
Father's Name <u>Mr W Jones</u>		Father's Birthplace <u>Balt Co</u>			
Mother's Maiden Name <u>Ellen Thomas</u>		Mother's Birthplace <u>" / "</u>			
Name of person giving information <u>Mr W Jones</u>		How related to deceased <u>father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still born</u>	How long
Immediate	<u>yes</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W D Jones</u>
		Address <u>Gardenville Md</u>
Accident or Suicide?		

h /



Name
in
Full

Edna May, Kaiser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown ^{County} Balto MARYLAND

Date of death 190 ^{Month} 3 ^{Day} 7 ^{Age} 22 ^{Years} 2 ^{Months} 5 ^{Days}

Sex Female Color or Race White Birth-place Maryland

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name Henry J. Kaiser Father's Birthplace Maryland

Mother's Maiden Name Gertrude B. Johnson Mother's Birthplace Maryland

Name of person giving information Father Henry J. Kaiser How related to deceased Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Infantile Diarrhoea. 105 How long 2 weeks -

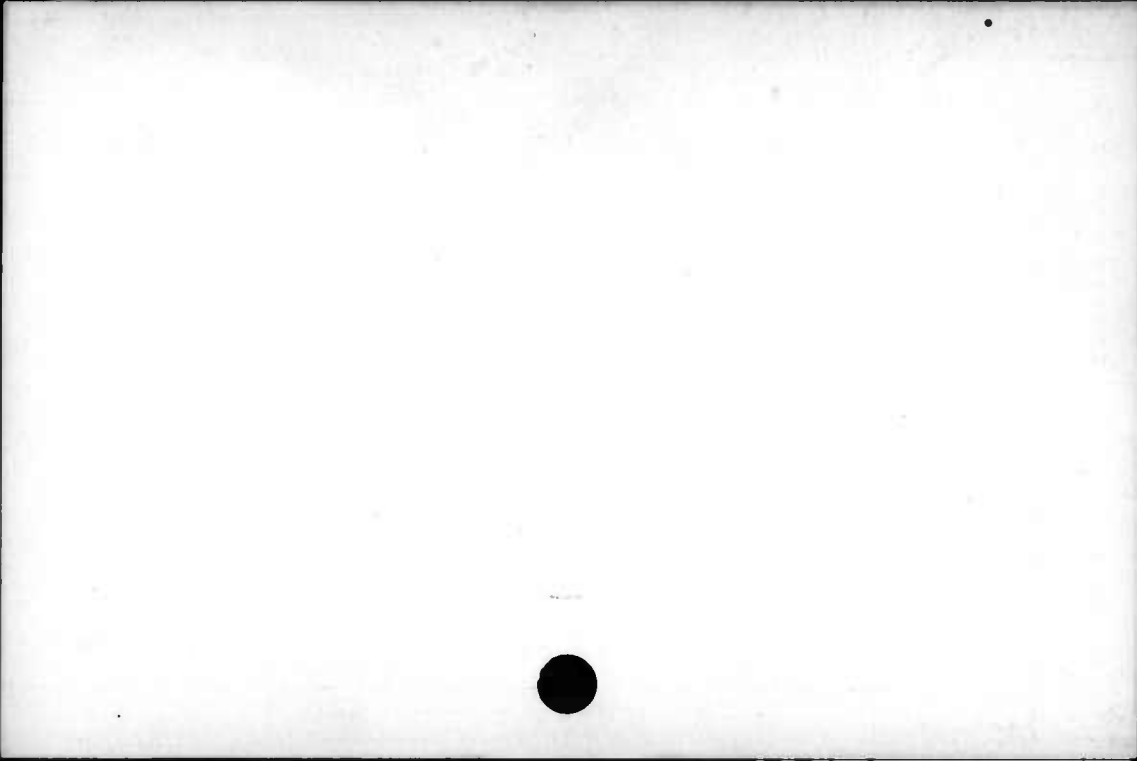
Immediate Exhaustion How long 3 days -

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

Signature of Physician Jas. L. Inman.

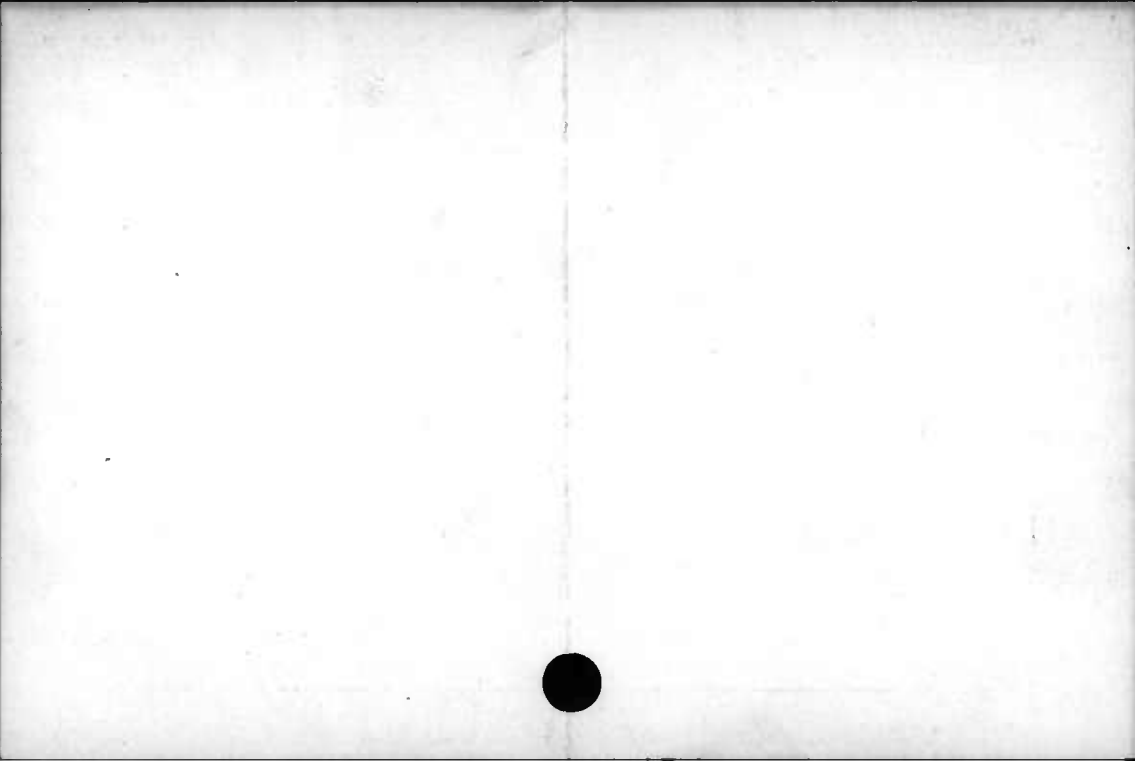
Address 345 1/2 South Highlandtown

Accident or Suicide?



TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Mary Kelbaugh</i>				CERTIFICATE OF DEATH			
	Died at <i>Forreston</i> ^{Town}				<i>Baltimore</i> ^{County}			
	Date of death 1903		<i>7</i> ^{Month}	<i>12</i> ^{Day}	Age <i>33</i> ^{Years}		<i></i> ^{Months}	<i></i> ^{Days}
	Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
	Married, Single or Widowed <i>Married</i>			Occupation <i>House keeper</i>				
	Name of Wife or Husband <i>Lewis Kelbaugh</i>							
	Father's Name <i>Thomas Stiffler</i>				Father's Birthplace <i>Md</i>			
	Mother's Maiden Name <i>Jane Castle</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Lewis Kelbaugh</i>				How related to deceased <i>Husband</i>				

CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Pulmonary Consumption</i>		How long	<i>6 months</i>
		<i>and Cardiac Drapery</i>		How long	<i>Four hours</i>
	Immediate	<i>Heart Syncope</i>			
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>A. R. Mitchell,</i>	
				Address <i>Hereford, Md.</i>	
Accident or Suicide? <i>No</i>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Month

Day

Years

Age

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

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

Address

PHYSICIAN
OR CORONER

Accident or Suicide?

Somers Church
Cemetery Mills Road
9

M. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		July	3	71			
Sex	male	Color or Race	white	Birth-place	Germany		
Married, Single or Widowed	Married		Occupation	Saloon			
Name of Wife or Husband	Dora Kilchenstein						
Father's Name	Geo. Kilchenstein				Father's Birthplace	Germany	
Mother's Maiden Name	Margt. - Karyman				Mother's Birthplace	"	
Name of person giving information	Rose Kilchenstein				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Brights	How long	2 or 3 yrs
Immediate	Coma	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
YES		Edw D Gore MD	
		Address	
		Gardenville Md.	
Accident or Suicide?			

12



Name
in
Full

Murray Goebel King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harvathome</i> ^{Town} <i>St. Dennis</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>July</i>	Day <i>22</i>	Age <i>0</i>
Sex <i>male</i>		Color or Race <i>white</i>	Birth-place <i>St. Dennis</i>
Occupation _____		Where Residing if not at place of death _____	
Married, Single or Widowed		Name of Wife or Husband _____	
Father's Name <i>Wm. Jackson King</i>		Father's Birthplace <i>Montgomery Co. Md.</i>	
Mother's Maiden Name <i>Florence May Bonnant</i>		Mother's Birthplace <i>Baltimore city</i>	
Name of person giving Information <i>Wm. J. King</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>151</i>
Immediate <i>Fracture</i>	How long <i>Since birth</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. A. Knorr</i>
	Address <i>63 S. Monroe St.</i>
	<i>Baltimore City.</i>
Accident or Suicide? _____	

C. W. Dill

Name
in
Full

Rachel King

CERTIFICATE OF DEATH

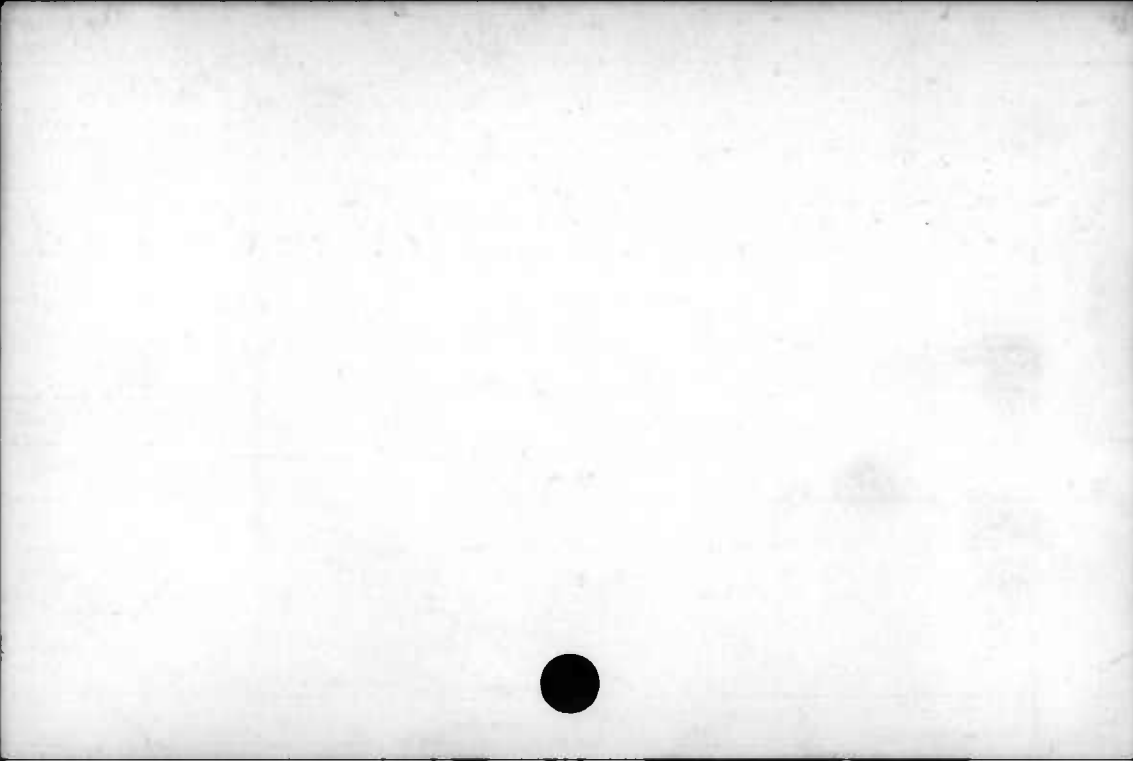
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ottoo</u> ^{Town}		<u>Baltimore</u> ^{County}		<u>Single</u> <u>MARYLAND</u>	
Date of death 190 <u>3</u>	<u>July</u> ^{Month}	<u>30</u> ^{Day}	Age <u>20</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>female</u>		Color or Race <u>White</u>		Birth-place	
Married, Single or Widowed <u>Single</u>		Occupation <u>Weaver</u>			
Name of Wife or Husband					
Father's Name <u>Andrew Jackson King</u>			Father's Birthplace <u>Howard Co</u>		
Mother's Maiden Name <u>Catherine Thompson</u>			Mother's Birthplace <u>Howard Co</u>		
Name of person giving information <u>Andrew Jackson King</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

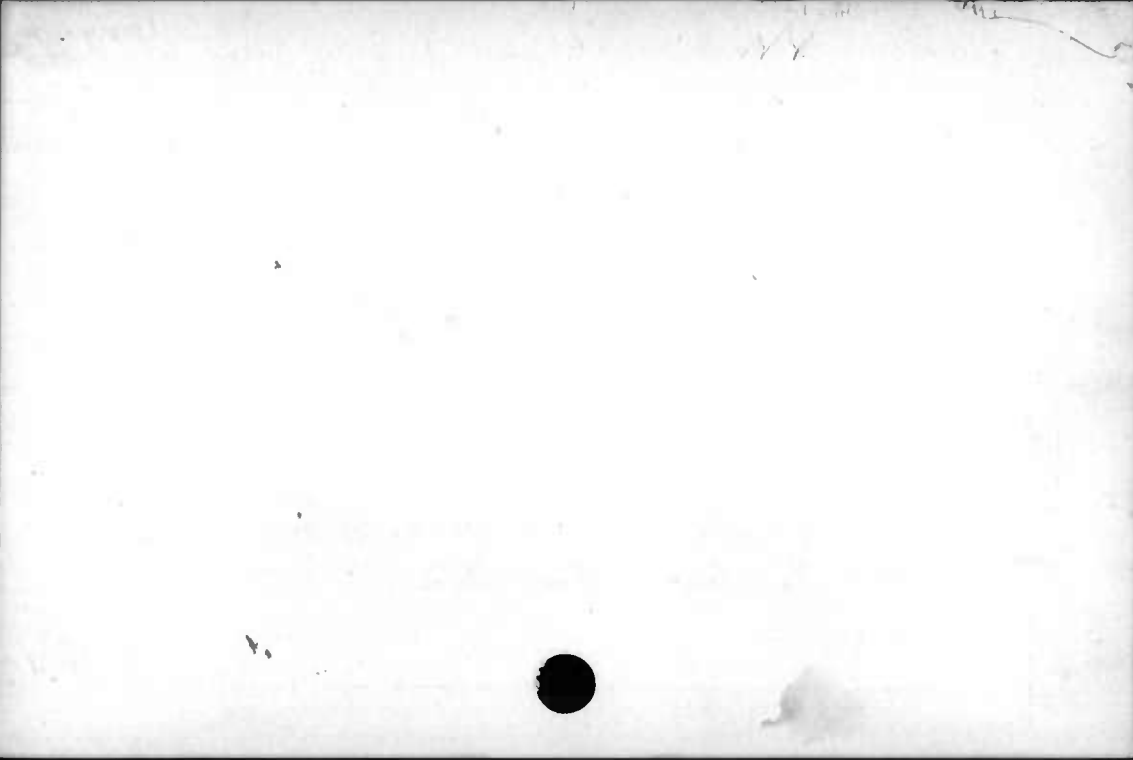
Primary <u>Tuberculosis</u>	How long <u>8 months</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. B. Boring</u>
	Address <u>Ellicott City</u>
Accident or Suicide? <u>—</u>	



Name in Full		Baby Klein				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Canton		County		Baltimore		MARYLAND		
	Date of death 190		3	Month	July	Day	10	Age	Years	Months	Days
	Sex		Female		Color or Race		white		Birth-place		Canton
	Married, Single or Widowed		Single		Occupation		—				
	Name of Wife or Husband		—								
	Father's Name		August Klein					Father's Birthplace		—	
	Mother's Maiden Name		Barbara Walsh					Mother's Birthplace		—	
Name of person giving information		Parents					How related to deceased		—		
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Mrs Burdett Boulton St 1011					How long		1011	
	Immediate		Mrs Burdett Boulton St 1011					How long		1011	
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician					
						Address 1011 Boulton St Canton					
	Accident or Suicide?					—					

Mrs Burkhardt
1011 Bouldin St

Name in Full		Barbara Klein				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Panton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
		Date of death 190 <u>3</u> <small>Month</small> <u>July</u> <small>Day</small> <u>10</u> <small>Age</small> <u>—</u> <small>Years</small> <u>—</u> <small>Months</small> <u>—</u> <u>1/2</u> <small>Days</small> <u>hour</u>					
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Panton Balto Co</u>	
		Married, Single or Widowed <u>Single</u>		Occupation <u>—</u>			
		Name of Wife or Husband <u>—</u>					
		Father's Name <u>August Klein</u>		Father's Birthplace			
		Mother's Maiden Name <u>Barbara Walsh</u>		Mother's Birthplace			
Name of person giving information <u>Parents</u>		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Mrs Burkart Bouldin St 1011</u>		How long			
		Immediate <u>Mrs Burkart Bouldin St 1011</u>		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
				Address <u>1011 Bouldin St</u>			
				<u>Panton</u>			
Accident or Suicide?							



Name in Full *George Harrison Klump*

CERTIFICATE OF DEATH

MARYLAND

Died at *Mt Hope Retreat* Town *Baltimore* County

Date of death 1903 *July* Month *12* Day Age *21* Years Months Days

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

Married, Single or Widowed *Single* Occupation

Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Rects of Mt Hope* How related to deceased

CAUSES OF DEATH

Primary *Melancholia -* *66* How long *70 years*

Immediate *Ex Cardiac Atteruina -* How long *4 yrs -*

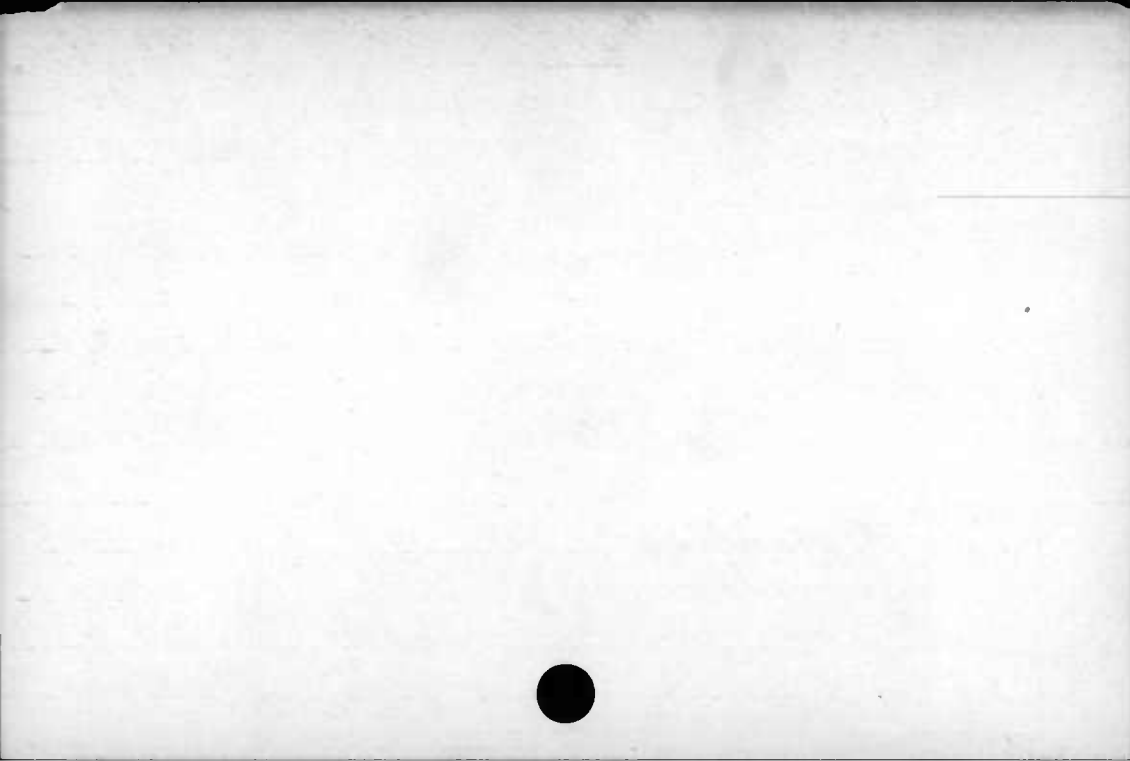
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank J. Flannery*

Address *Mt Hope Retreat*

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

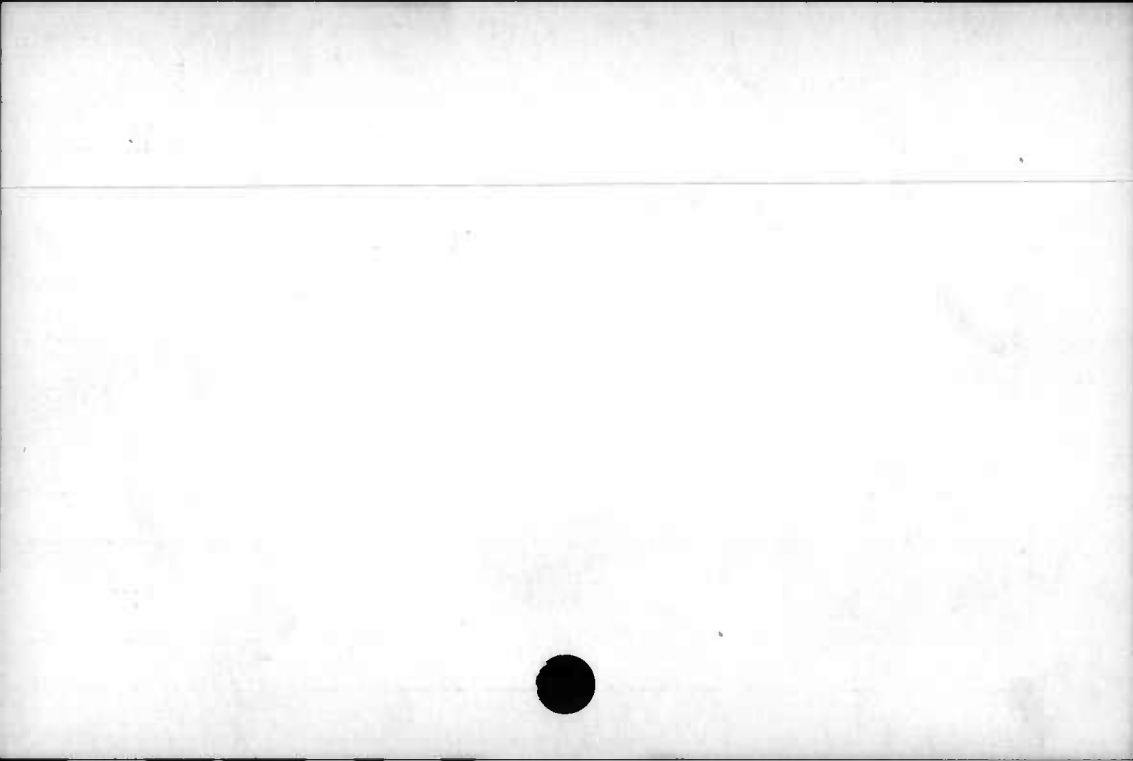
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Edna Marie Knobel</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>2nd</i>		Years <i>—</i>	
Date of death 190 <i>3</i>		Age <i>white</i>		Months <i>2</i>		Days <i>23</i>	
Sex <i>Female</i>		Color or Race		Birth- place <i>Highlandtown</i>			
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>Henry Knobel</i>		Father's Birthplace <i>Baltd City</i>					
Mother's Maiden Name <i>Mary C. Miller</i>		Mother's Birthplace <i>Baltd. City</i>					
Name of person giving information <i>Mary C Miller</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute Dysentary</i>	How long <i>Monday 23rd</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Schofield,</i>
	Address <i>1400 Lark St.</i>
Accident or Suicide?	



Name
in
Full

Annie Kreutzer

CERTIFICATE OF DEATH

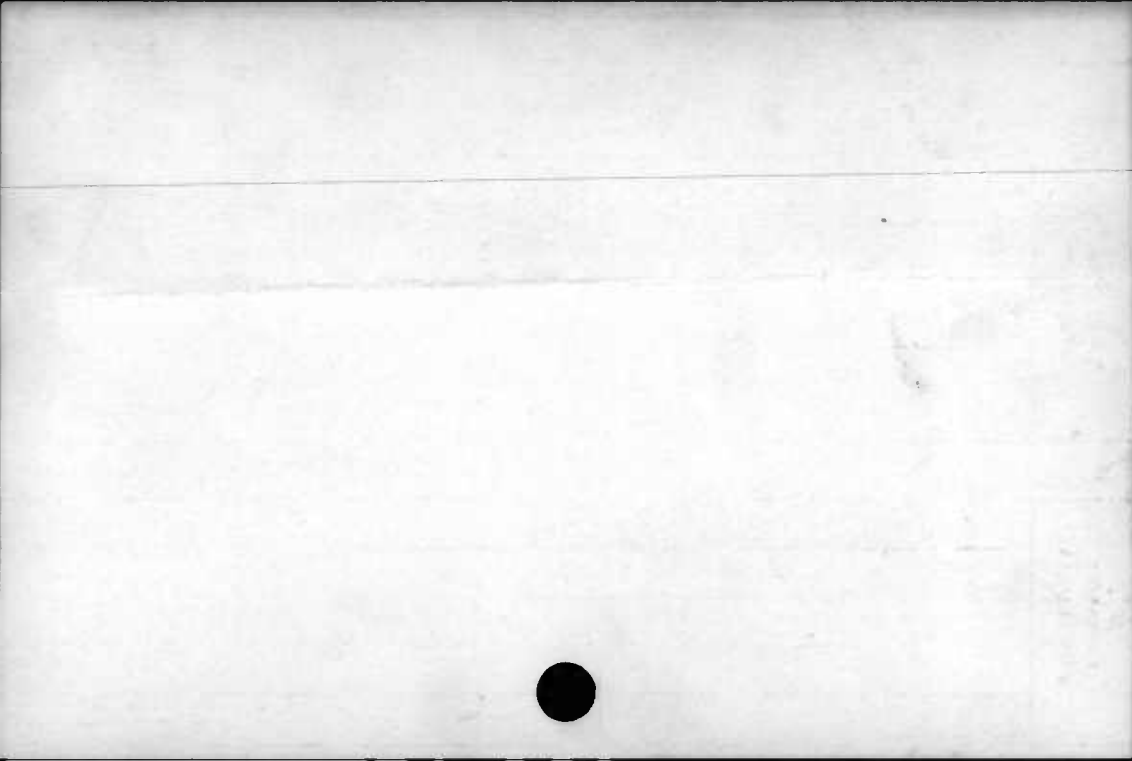
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Silver Spring Road Baltimore</i>		County		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>26th</i>	Years <i>—</i>	Months <i>8</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore City</i>		
Married, Single or Widowed	<i>Single</i>		Occupation <i>None</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph Kreutzer</i>			Father's Birthplace <i>Austria</i>		
Mother's Maiden Name <i>Maggie Kreutzer</i>			Mother's Birthplace <i>Baltimore Md</i>		
Name of person giving information <i>Joseph Kreutzer</i>			How related to deceased <i>Father of child</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>8 days</i>
Immediate	<i>Convulsion</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Robert Sachs M. D.</i>
		Address	<i>1418 E. Baltimore St</i>
Accident or Suicide?			



Name
in
Full

Perryman B. Lawder.

CERTIFICATE OF DEATH

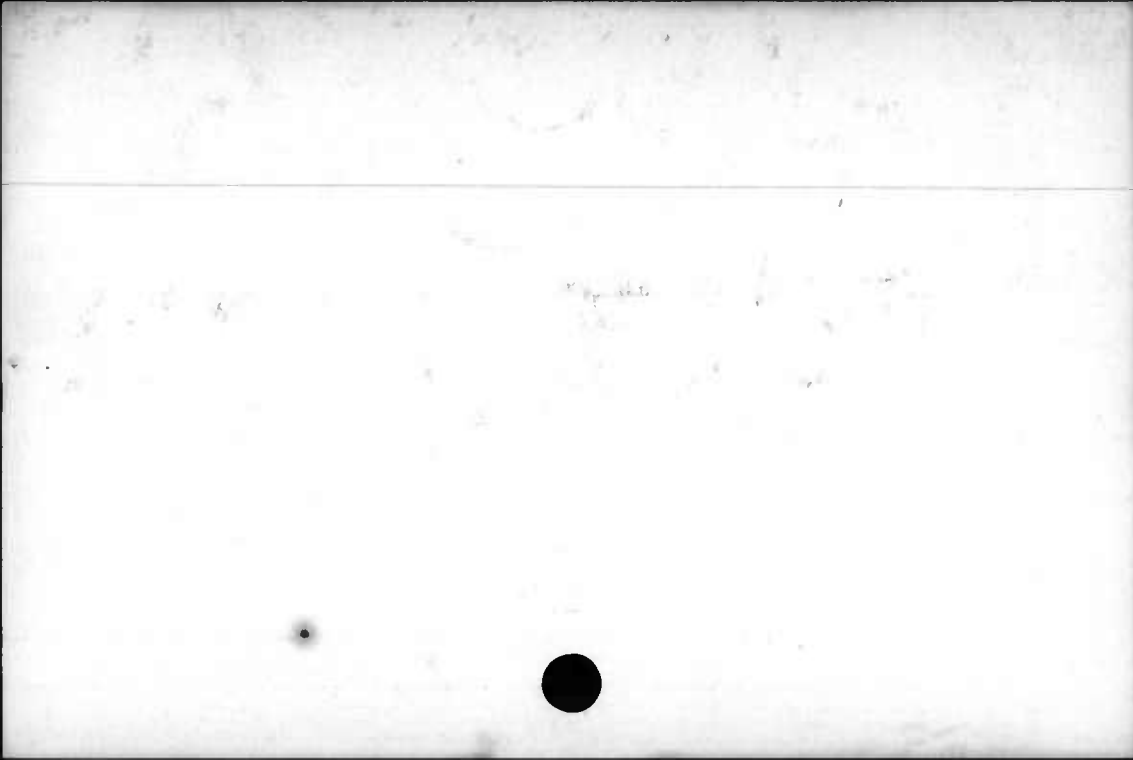
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Halethorpe</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	3	Month <i>July</i>	Day <i>29</i>	Age Years	1	Months	8
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Balt Co. Md.</i>
Married, Single or Widowed		<i>Infant</i>					
Name of Wife or Husband							
Father's Name				<i>Ward W. Lawder</i>			
Mother's Maiden Name				<i>Mary A. Stewart</i>			
Name of person giving In formation				<i>Ward W. Lawder</i>			
Father's Birthplace				<i>Balt. Md.</i>			
Mother's Birthplace				<i>England</i>			
How related to deceased				<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enter. Colitis</i>	How long	<i>10 days</i>
Immediate	<i>Extreme Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Frank H. Rulph</i>	
		Address	
		<i>Landowne Md</i>	
Accident or Suicide?			



Name in Full *Clarence F. Lowrey*

CERTIFICATE OF DEATH

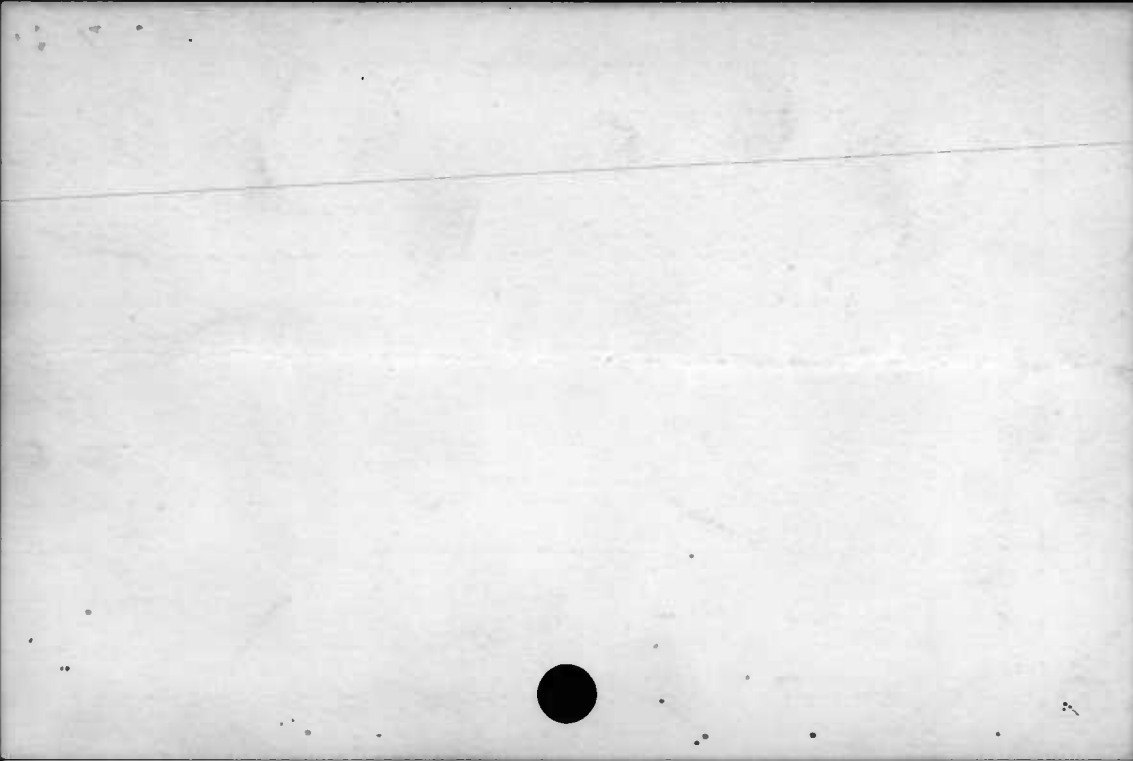
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockdale</i> <small>Town</small>		<i>Bullo</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>7</i>	Day <i>8</i>	Age <i>1</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Rockdale</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Mrs M. Lowrey</i>			Father's Birthplace <i>Rockdale</i>		
Mother's Maiden Name <i>Mary Ellen Teresian</i>			Mother's Birthplace <i>Prohater</i>		
Name of person giving information <i>Mrs M. Lowrey</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infusion</i>	How long <i>1 day</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Prohater</i>
Accident or Suicide? <i>...</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William H Lilly</i>		Town <i>Santon</i>		County <i>Balto-</i>		MARYLAND	
Died at		Date of death 190		Age		Months	
		<i>3 July</i>		<i>58</i>		<i>5</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Ma</i>		Days <i>2</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband <i>Ann R Lilly</i>							
Father's Name <i>—</i>		Father's Birthplace					
Mother's Maiden Name <i>—</i>		Mother's Birthplace					
Name of person giving information <i>Ann R Lilly</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Nephritis</i>	How long	
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C. V. Hiley</i>	
		Address	
		<i>211 Madison St</i>	
Accident or Suicide?			
<i>—</i>			

Dr Athey

Mt. Carmel Conn.

Kan du Lou.

Name in Full

Certificate of Death

Infant.

Lindeman

Died at

Cockeysville

Town

County

Balto. Co.

MARYLAND

Date 1903

Month

Day

7

4

Age

Y. M. D.

18 hrs.

Native of

Occupation

Male ?

White

Married

Widow

Divorced

Female ?

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

James Lindeman

Jennie Sutton.

Cause of

Primary

Abnormality, amorphodite.

How long sick

from birth

Death

Immediate

Cyanosis Neonatorum

Accident, Suicide, Homicide

Reported by

Wilmer C. Ensov, M.D.

150

Address

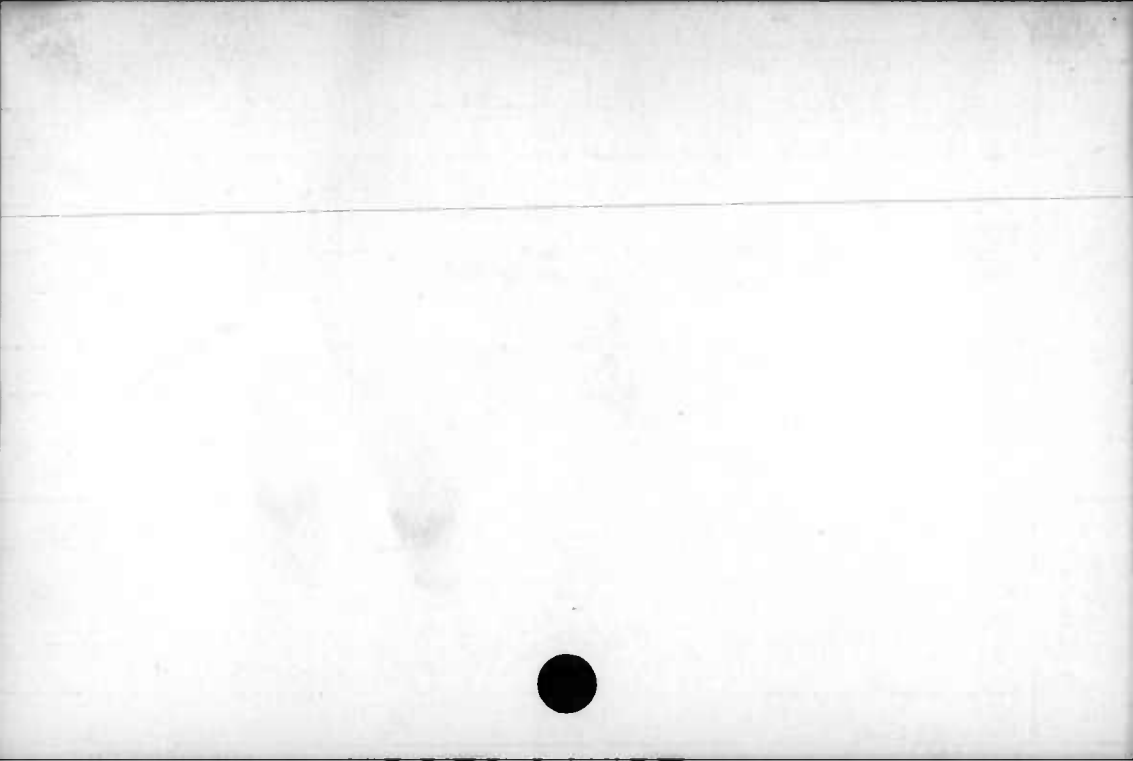
Cockeysville Ind.

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

LIBRARY BUREAU. 79898

to be buried as
Jessofo. on the 5;

Name in Full		Thomas Lushy				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Lanson		County		Baltimore		MARYLAND	
		Date of death 190		Month		Day		Age		Years	
		3		7		5		35		2	
		Sex		male		Color or Race		White		Birth- place	
		Married, Single or Widowed		Single		Occupation		Store Keeper		Mid	
		Name of Wife or Husband				Father's Name		Thomas Lushy		Father's Birthplace	
		Mother's Maiden Name		Mary L. Stevens		Mother's Birthplace		Mid		How related to deceased	
Name of person giving In formation		Frank R. Rich						Mid			
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>											
PHYSICIAN OR CORONER		Primary		Tuberculosis		How long		For past 5 yrs			
		Immediate		Asbestosis		How long		2 days			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Frank R. Rich			
		Address		Lanson							
Accident or Suicide?											



Name
in
Full

CERTIFICATE OF DEATH

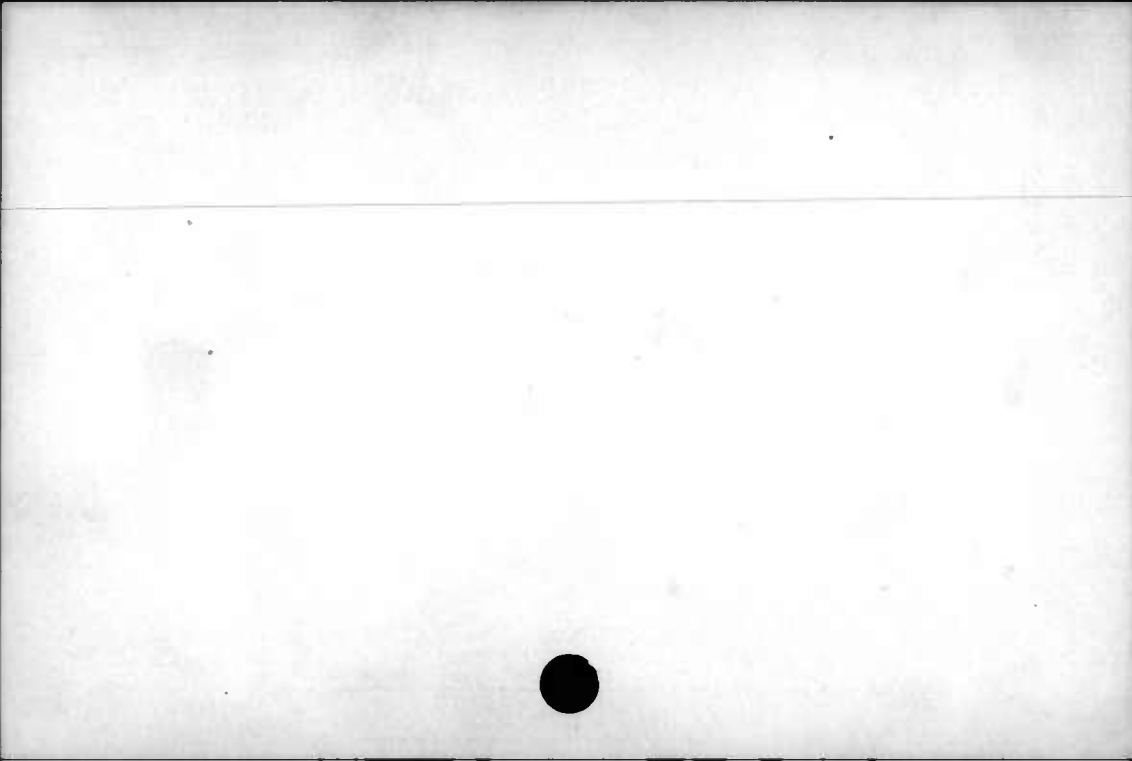
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>White Hall</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death 1903	^{Month} <i>July</i>	^{Day} <i>18</i>	^{Years} <i>70</i>	^{Months} <i>3</i>	^{Days} <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Co.</i>		
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife or Husband <i>Ellen Hoffman Lytle</i>					
Father's Name <i>Daniel Thaddeus</i>			Father's Birthplace <i>Harford Co.</i>		
Mother's Maiden Name <i>Elizabeth Bosley</i>			Mother's Birthplace <i>Baltimore Co.</i>		
Name of person giving information <i>Thos. Lytle</i>			How related to deceased <i>Husband</i>		

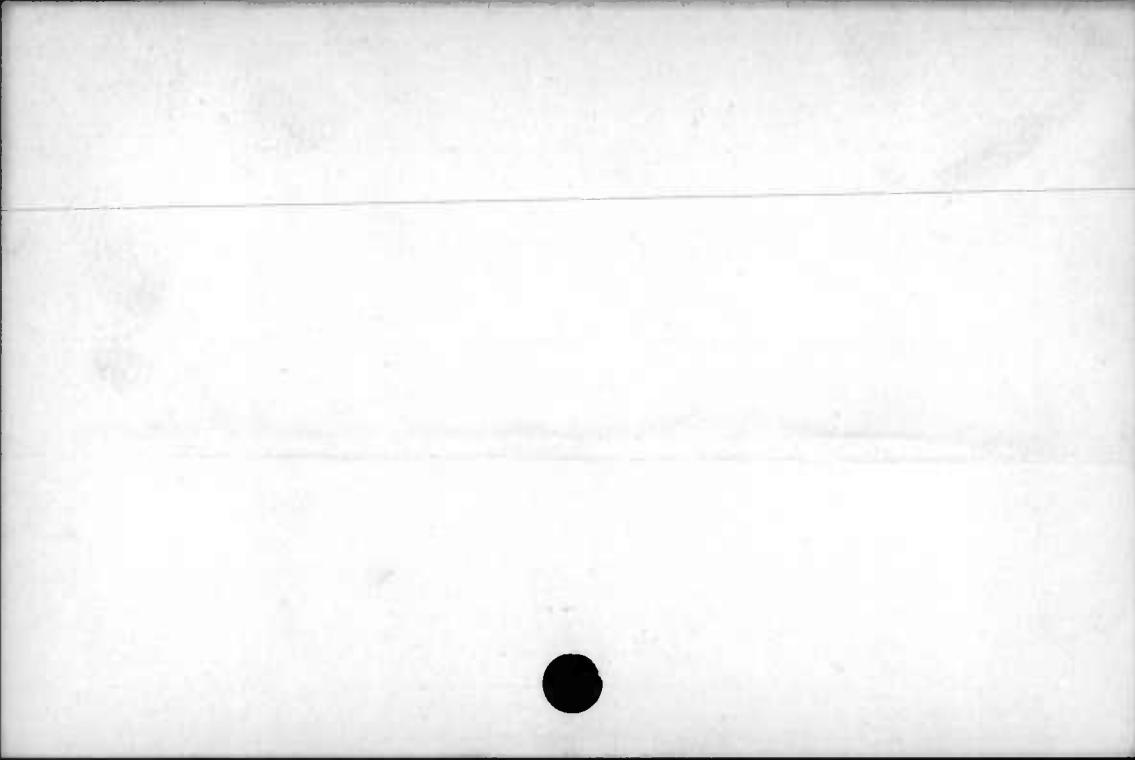
CAUSES OF DEATH

PHYSICIAN
OR CORONER

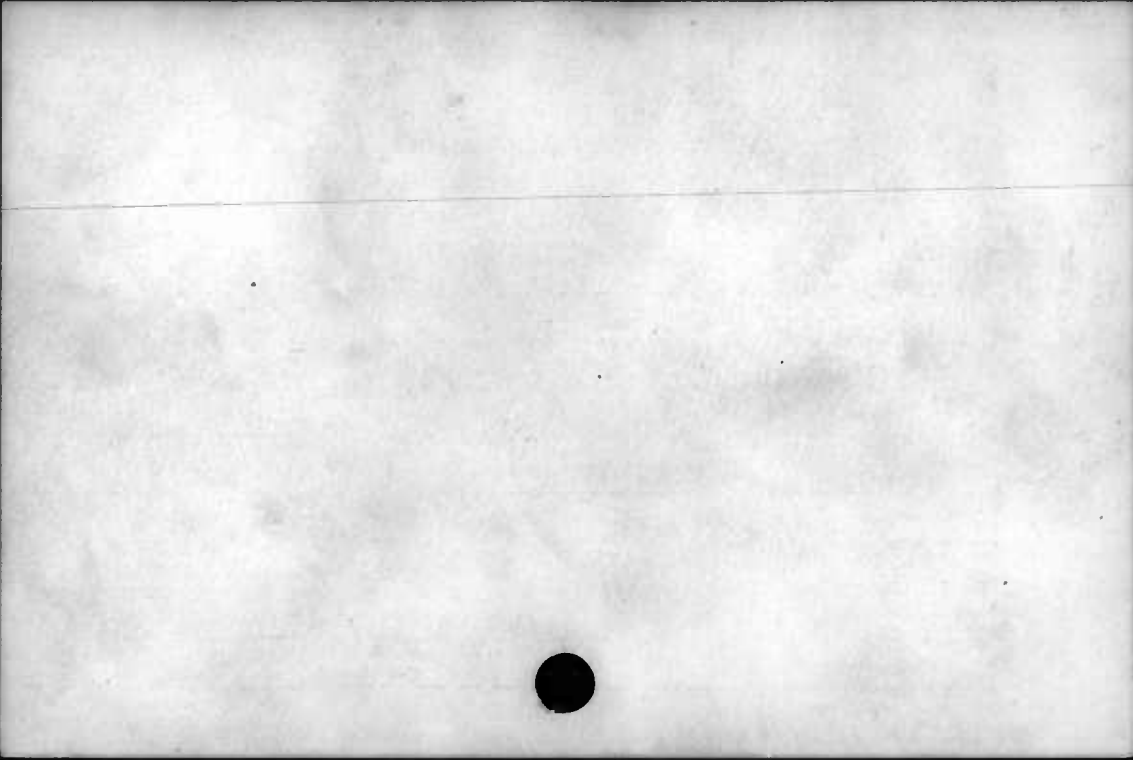
Primary <i>Bright's Disease</i>	How long <i>9 months</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>120</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. T. Payne M.D.</i>
<i>Yes</i>	Address <i>Corbett Ball</i>
Accident or Suicide?	<i>Co. Md</i>



Name in Full		Gerald Liverpool M. ^c Loean.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND		
		Died at		Baltimore.				
		Date of death 1903	Month	Day	Age	Years	Months	Days
			July	9 th			1	9
		Sex	Male	Color or Race	White	Birth-place	Carney.	
		Married, Single or Widowed				Occupation		
		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		
		Wm. Baxter M. ^c Loean				Baltimore.		
		Reborah A. Crosby.				New York.		
		Wm. B. M. ^c Loean.				Father.		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Gastro-enteritis.				10 days.		
		Immediate				How long		
		105						
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
		yes.				M. J. Harrison.		
						Address		
						Loock Raven.		
		Accident or Suicide?						



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>St. Agnes' Hospital</i>		Town <i>Baltimore</i>		County <i>MARYLAND</i>
	Date of death 1903	Month <i>VII</i>	Day <i>19</i>	Age <i>55</i>	Years <i>Months</i> <i>Days</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
	Married, Single or Widowed		Occupation <i>None</i>		
	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 <i>Uremic Coma.</i>			How long	
	Immediate <i>Coma.</i>			How long <i>120</i>	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	
				Address <i>L. H. Brown M.D.</i>	
	Accident or Suicide?			<i>1738 Linden Ave.</i>	



Name
in
Full

Matter Virginia McPherson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lorson</u> ^{Town}		County <u>Balto</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>7</u>	Day <u>5</u>	Age <u>45</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>female</u>	Color or Race <u>White</u>		Birth-place <u>—</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>John McPherson</u>			Father's Birthplace <u>Baltimore</u>		
Mother's Maiden Name <u>Margaret McPherson</u>			Mother's Birthplace <u>Baltimore</u>		
Name of person giving information <u>J. W. McPherson</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Burned to death in 1907</u>	How long	<u>—</u>
Immediate	<u>Living House</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. G. Gosselin</u>	
		Address <u>Lorson, Md.</u>	
Accident or Suicide? <u>Accident</u>		<u>Joseph B. Herbert</u> Coroner	



Name in Full

Certificate of Death

Charlotte Macey. MACELY

Town

County

Died at

MARYLAND

Date 19

1913

Month

Day

Y.

M.

D.

Native of

Occupation

July 9.

Age 30

4 9

Va

Housework

~~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

Death

Immediate

Cholera
Cholera

How long sick

A few hours.

~~Accident, Suicide, Homicide~~

Reported by

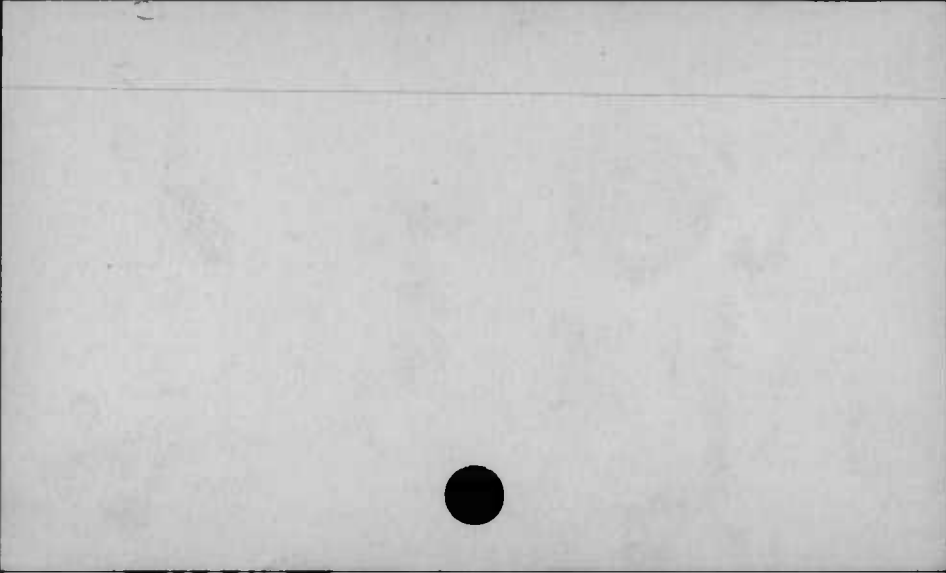
Frank C. Stedman, M.D.

Address

Spencer Point.

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

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

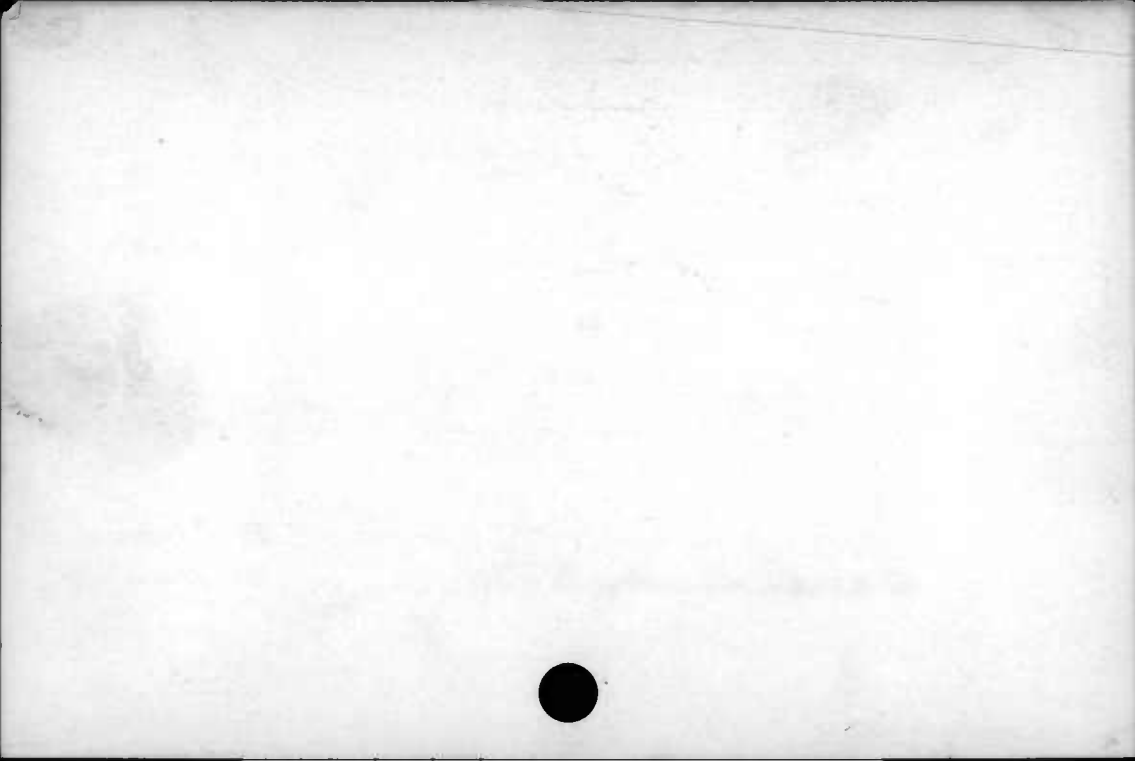
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Myrtle Elton Marsden</i>		Twpn <i>Crown's Mills</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Crown's Mills</i>		Date of death 1903 Month <i>July</i> Day <i>21</i>		Age Years <i>1</i> Months <i>1</i> Days <i>4</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Crown's Mills</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Harry Walter Marsden</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Ella Matilda Marshall</i>				Mother's Birthplace <i>Crown's Mills</i>			
Name of person giving information <i>Ella M. Marsden</i>				How related to deceased <i>Mother.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>		How long <i>8</i>	
Immediate <i>Convulsions</i>		How long <i>6 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W H Hearn</i>	
		Address <i>Crown's Mills Md</i>	
Accident or Suicide? <i>—</i>			



Name in Full		CERTIFICATE OF DEATH			
Eliza Jane Martin		Town Parkton		County Balt	
Died at		Maryland			
Date of death 1903		Month 7	Day 19	Age 58	Months 7
Sex Female		Color or Race White		Birth- place Balt co md	
Married, Single or Widowed		Married		Occupation Housewife	
Name of Wife or Husband		Eli. Martin			
Father's Name		Jacob Stiffler		Father's Birthplace Balt co md	
Mother's Maiden Name		Margaret Baublitz		Mother's Birthplace " " md	
Name of person giving In formation		Emma A. Tracy		How related to deceased Sister	
CAUSES OF DEATH					
Primary		Rheumatism Chronic		How long 6 months	
Immediate		Cardiac Asthenia		How long 9 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician R. R. Norris	
				Address Parkton	
Accident or Suicide?				md	



Name
in
Full

Edward Mauler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>7</i>	Day <i>17</i>	Age Years	Months <i>2</i>	Days
Sex <i>Boy</i>	Color or Race <i>White</i>		Birth- place <i>Baltimore</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Frank Sullivan</i>			Father's Birthplace		
Mother's Maiden Name <i>Lula</i>			Mother's Birthplace		
Name of person giving In formation			<i>105</i>		How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Life time</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. J. Lanner, M.D.</i>
	Address <i>304 Banker's Bldg</i>
Accident or Suicide?	

Derwig & Son

Mt Carmel

Name
in
Full

Cornelia Mayer

CERTIFICATE OF DEATH

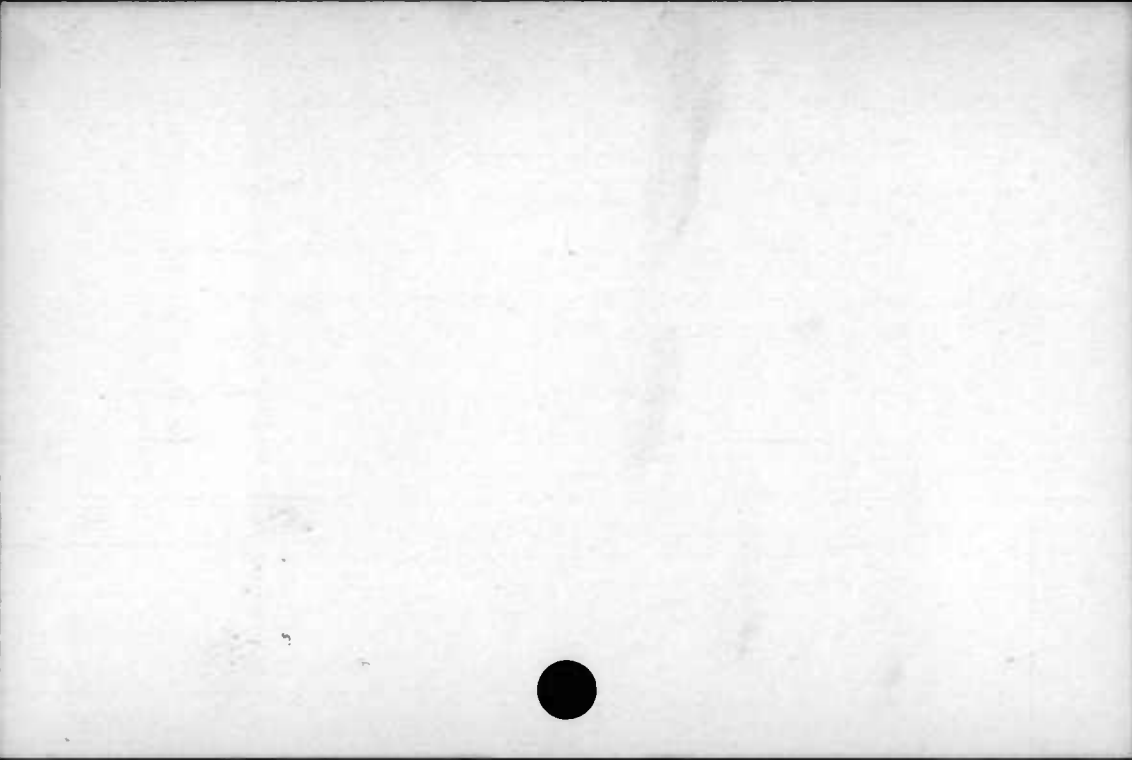
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Home Retreat</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>July</i> <small>Month</small>	<i>10th</i> <small>Day</small>	Age <i>21</i> <small>Years</small>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Single</i>			Occupation <i>Saleslady -</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Reds of Mt Home</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mania Chronic (Epileptic)</i>	How long <i>68</i>
Immediate <i>Ex Cerebral Congestion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Home Retreat Baltimore Co Md</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hermon Meyers</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MAYLAND	
Date of death 190 <i>3</i>		Month <i>July</i>		Day <i>9</i>		Age <i>17</i>	
Sex <i>Male</i>		Color or Race <i>White American</i>		Birth-place <i>Baltimore Md</i>		Months <i>3</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Clerk</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Hermon Meyers</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Gege J. J. J. J.</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accidental Drowning 177</i>		How long <i>Suddenly</i>	
Immediate <i>—</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. H. Rorer J.P.</i>	
		Address <i>Eastern Ave</i>	
Accident or Suicide? <i>Accident</i>			

Wertes Cemetery

July 12 1903

Gas. Frederick, Son
Cemeter, Paean st

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Josefa Herrera de Mickle*

Town *Mt Hope Retreat* County *Baltimore* MARYLAND

Died at *Mt Hope Retreat*

Date of death 1903 *July* Month *22nd* Day *Age 77* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Santiago Chile*

~~Married, Single or Widowed~~ *Widowed* Occupation *Wife of Merchant*

Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *Recd. of Mt Hope Retreat* How related to deceased *68*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute* *Mania Chron - Post Chron - Nephritis* How long _____

Immediate *Ex - Uræmia & R - Hemiplegia* How long _____

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

Signature of Physician *Frank J. Flannery*

Address *Mt Hope Retreat - Baltimore Md -*

Accident or Suicide? _____

Place of Burial

Emmitsburg

Fredereck Co. Md.

Stewart & Mowen

Name
in
Full

Clara May Miller.

CERTIFICATE OF DEATH

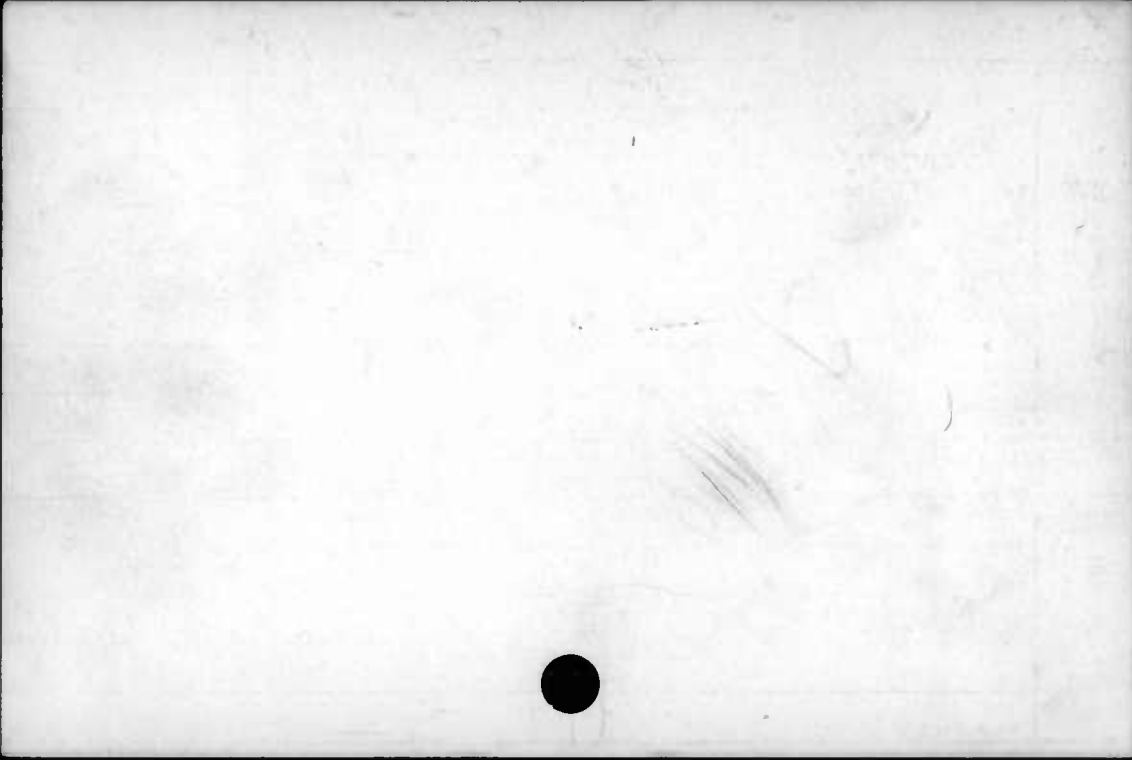
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Relay</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>July</i> <small>Month</small>	<i>28</i> <small>Day</small>	Age <i>27</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White.</i>	Birth-place <i>Howard Co. Md.</i>			
Married, Single or Widowed <i>Married</i>	Occupation				
Name of Wife or Husband <i>William A Miller</i>					
Father's Name <i>Richard B. Warfield</i>			Father's Birthplace <i>A. A. Co.</i>		
Mother's Maiden Name <i>Emma Sumner Haze.</i>			Mother's Birthplace <i>England</i>		
Name of person giving information <i>Mrs. A. Miller,</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis.</i>	How long <i>3 Mo.</i>
Immediate <i>Tuberculosis.</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>Elkridge, Howard Co Md</i>
Accident or Suicide?	



Name
in
Full

Frederick August Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Parkville</i>		Town <i>Parkville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>10</i>	Age	Years	Months <i>3</i>	Days <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Parkville</i>			
Married , Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name <i>Frederick H. Miller</i>				Father's Birthplace <i>Parkville</i>			
Mother's Maiden Name <i>Hlice H. Liegenheim</i>				Mother's Birthplace <i>Highlandtown</i>			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>14 days</i>
Immediate	<i>Prostration</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. F. Graetz M.D.</i>	
		Address <i>No. 2234 E. Biddle st.</i>	
Accident or Suicide?		<i>Baltimore Md.</i>	

Millers Family Lot

Carkville Ind

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George E. Miller</i>		Town <i>Gardenville</i>		County <i>Buelo</i>		STATE <i>MARYLAND</i>	
Died at		Date of death 190 <i>3</i>		Month <i>July</i>		Day <i>14</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Age <i>105</i>		Years <i>14</i> Months <i>14</i> Days	
Married, Single or Widowed <i>Single</i>		Occupation <i></i>		Birth-place <i>Gardenville</i>			
Name of Wife or Husband <i></i>		Father's Name <i>Rudolph Miller</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Elsie Strauba</i>		Mother's Birthplace <i>"</i>		How related to deceased <i>father</i>			
Name of person giving information <i>Rudolph Miller</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Mal-nutrition, Exhaustion</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm D. Corcoran</i>	
		Address <i>Gardenville Md.</i>	
Accident or Suicide?			



Name
in
Full

Joseph William

CERTIFICATE OF DEATH

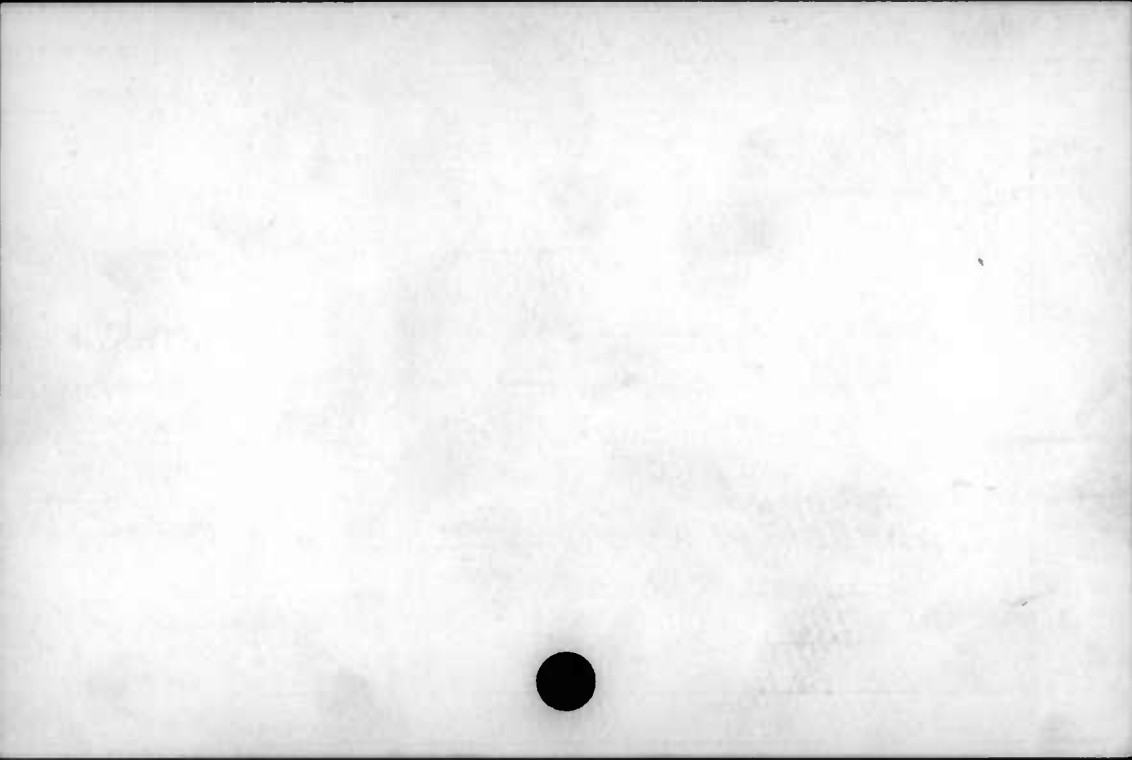
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Canton		County		Baltimore		MARYLAND	
Date	Month	Day	Year	Age	Months	Days			
of death 1903	7	9	3 days						
Sex	Male	Color or Race	White	Birth-place	Baltimore				
Married, Single or Widowed	Single			Occupation					
Name of Wife or Husband									
Father's Name									
James William									
Father's Birthplace									
U.S.									
Mother's Maiden Name									
Mary									
Mother's Birthplace									
U.S.									
Name of person giving information									
Father									
How related to deceased									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	
Immediate	151	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	E. J. Williams	
	Address	
	1114 Chesapeake	
Accident or Suicide?		



Name
in
Full

Jane Millington

CERTIFICATE OF DEATH

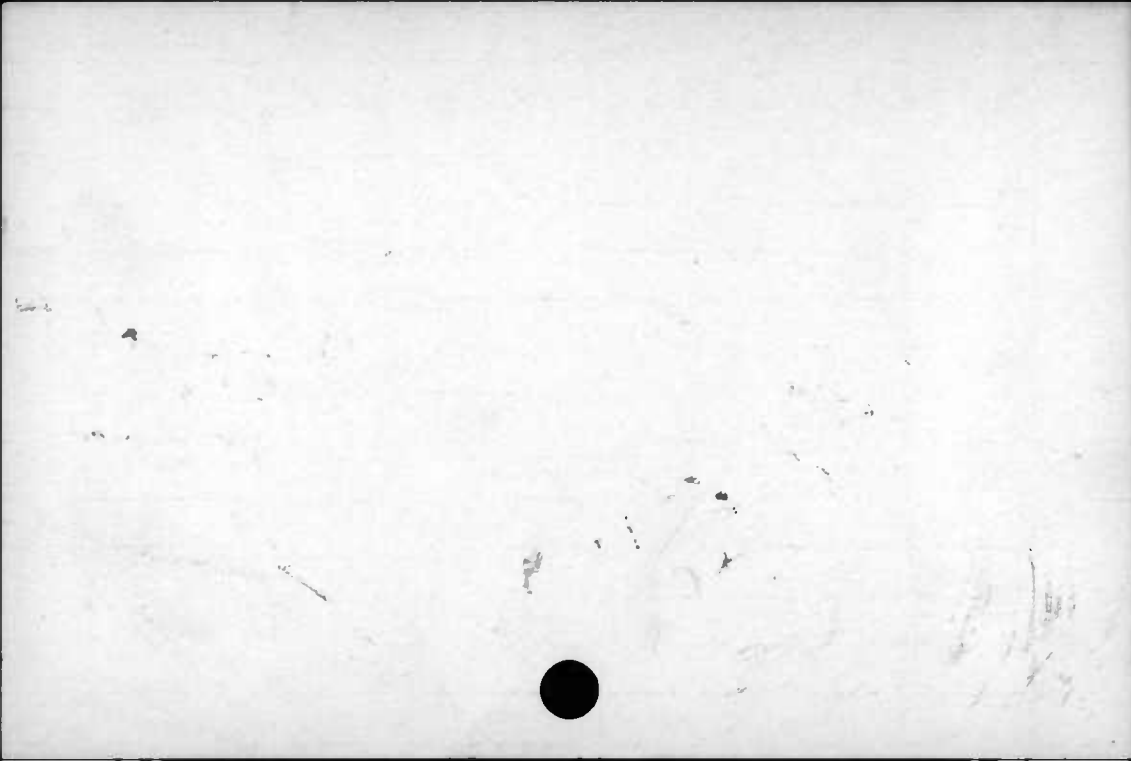
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		County <i>Baltimore Co</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>8th</i>	Years <i>72</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Reeds Mt Hope</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Main Chronic -</i>	How long <i>68</i>
Immediate <i>Ex R. Hemiplegia Status Epilepticus</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
<i>yes</i>	Address <i>Mt Hope Retreat Baltimore Co -</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Robt. Mayfield

Town

County

Died at

Warren

Bach.

MARYLAND

Date

1913

Month

Day

July 26

Y.

M.

D.

Native of

Occupation

Date

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

81

Cause of

Primary

Arterio Sclerosis

Death

Immediate

How long sick

2 mos.

Accident, Suicide, Homicide

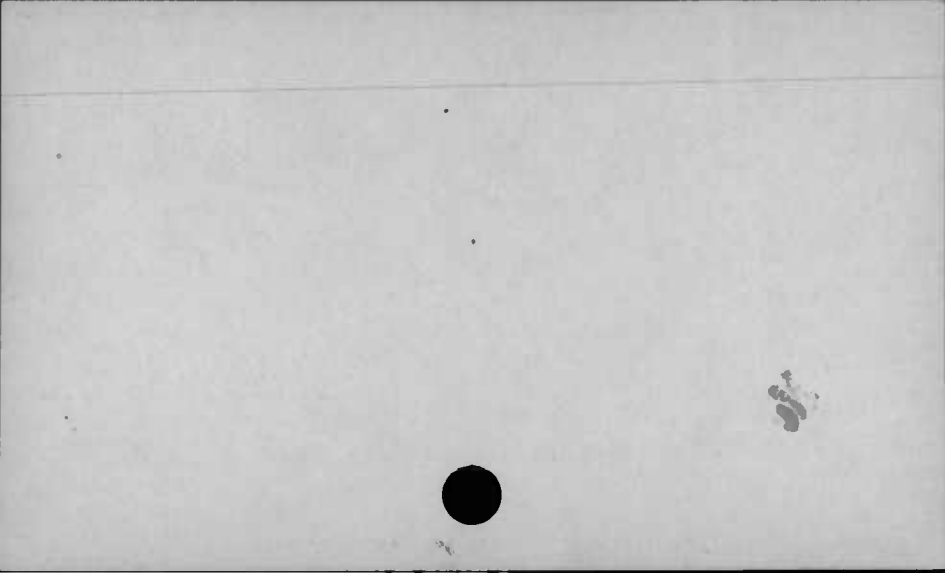
Reported by

B. H. Bury M. D.

Address

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

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name **John Mitchell**

Town **Sparrows Point** County **Baltimore** MARYLAND

Died at **Sparrows Point**

Date of death 190 **July** Month **4** Day **21** Years **21** Age **21** Months **—** Days **—**

Sex **Male** Color or Race **Black** Birth-place **X**

~~Married, Single~~ **Occupation** **Laborer**
~~or Widowed~~

Name of Wife or Husband **X**

Father's Name **X** Father's Birthplace **X**

Mother's Maiden Name **X** Mother's Birthplace **X**

Name of person giving information **Jos Blair** How related to deceased **X**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **172** How long

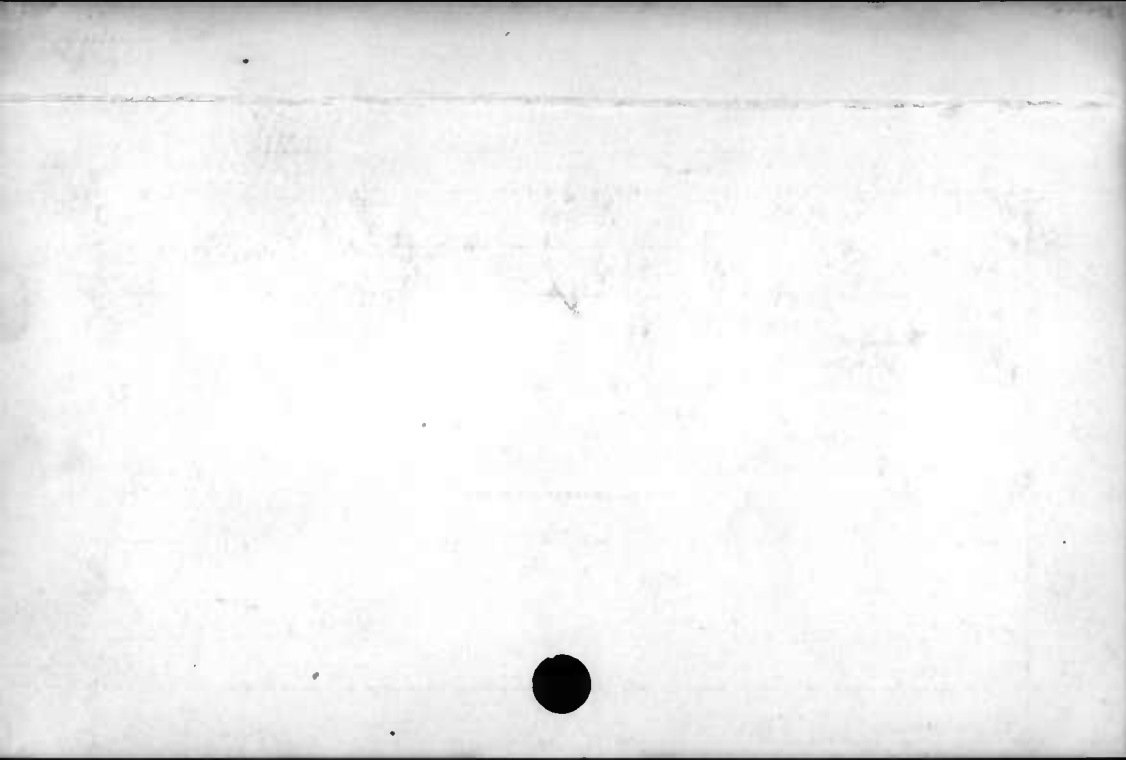
Immediate **Drowning Accident** How long

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

Signature of Physician **Jos Blair J.P.**

Address **Sparrows Point Md.**

Accident or ~~Self~~ **Accident**



Name
in
Full

George T. Mitchell

CERTIFICATE OF DEATH

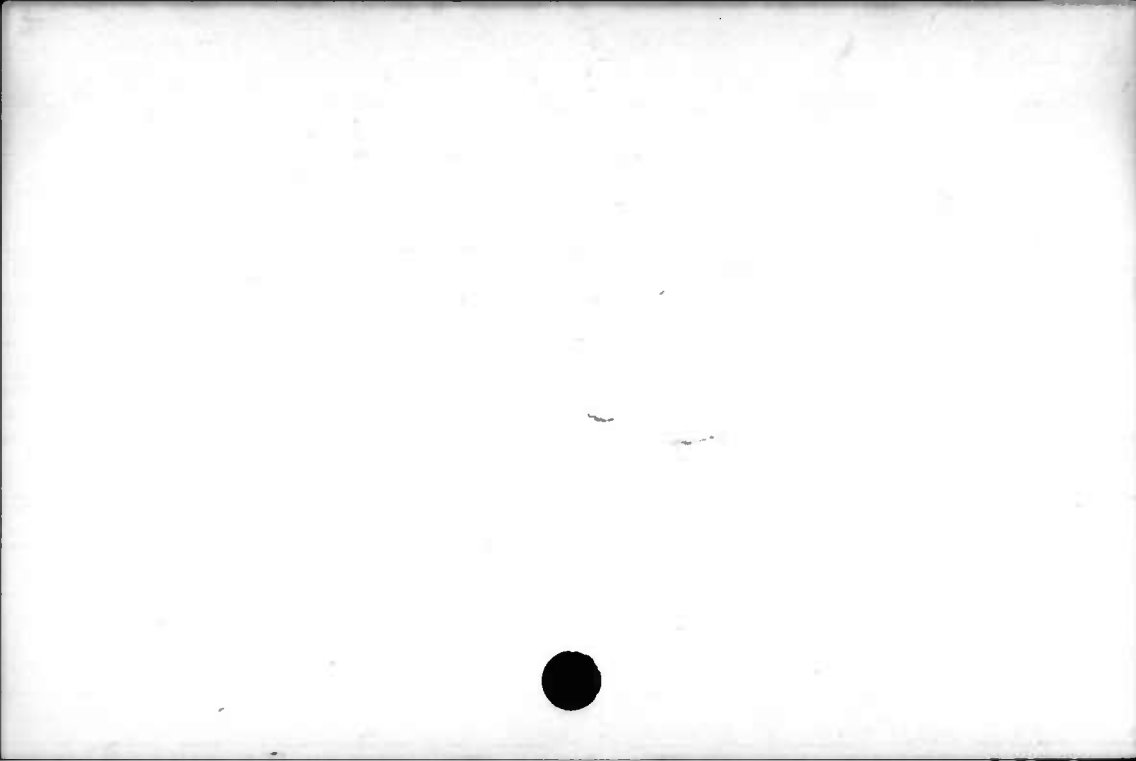
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Hope Retreat		County Baltimore		MARYLAND	
Date of death 190	3	Month July	Day 22nd	Age 75	Years	Months	Days
Sex Male		Color or Race white		Birth- place			
Married, Single or Widowed Widowed -				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information Reeds Mt Hope Retreat				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mania Strive - 68	How long	
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above? <i>y/s</i>		Signature of Physician Frank J. Flannery	
		Address Mt Hope Retreat	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

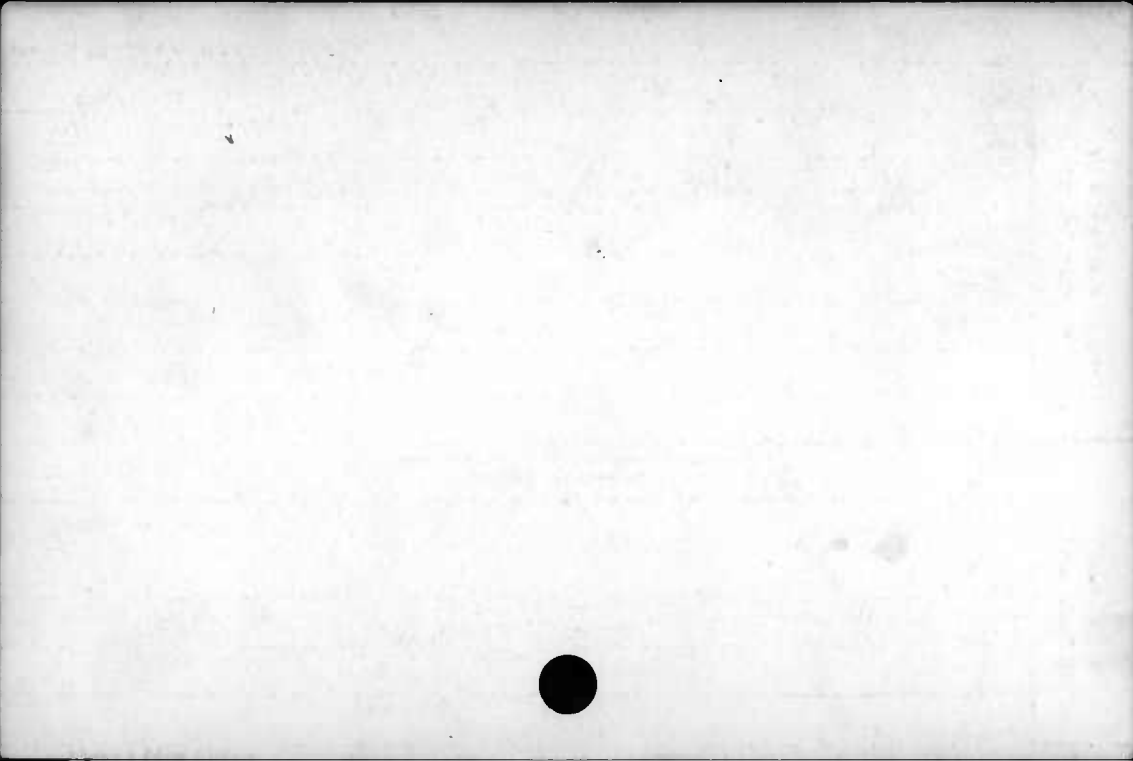
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>11</i>	Age <i>44</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed			Occupation <i>clerk</i>		
Name of Wife or Husband					
Father's Name <i>August H Metz</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary E Metz</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Louis Seewary</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</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>D. J. Whiteley</i>
		Address	<i>Catonsville Md</i>
Accident or Suicide?			



Name
in
Full

Oliver Perry Morrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt Hope Retreat</u> ^{Town}		<u>Baltimore</u> ^{County} <u>Co</u>		MARYLAND	
Date of death 1903	Month <u>July</u>	Day <u>19</u>	Years <u>67</u>	Months —	Days —
Sex <u>Male</u>	Color or Race <u>White</u>		Birth- place		
Married, Single or Widowed <u>Married</u>			Occupation <u>Farmer</u>		
Name of Wife or Husband —					
Father's Name —				Father's Birthplace —	
Mother's Maiden Name —				Mother's Birthplace —	
Name of person giving information <u>Recto of Mt Hope Retreat</u>				How related to deceased —	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Urtaucholia -</u>	How long <u>abt 9 mos -</u>
Immediate <u>Ex. Hypostatic Congestion</u>	How long <u>only a few hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Frank J. Flannery M.D.</u>
	Address <u>Mt Hope Retreat Balto Co Md</u>
Accident or Suicide?	

Please grant Permit to ship
to New Paris
Pebble Co
Ohio

Stewart & Mowen
Undertakers

Name in Full <i>Am brose Mueller</i>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Highlandtown</i> Town		<i>Baltimore</i> County		MARYLAND
	Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>6</i>	Age <i>—</i> Years	Months <i>11</i> Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co Md</i>	
	Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>		
	Name of Wife or Husband <i>—</i>				
	Father's Name <i>Anton Mueller</i>		Father's Birthplace <i>Germany</i>		
	Mother's Maiden Name <i>Maggie Burger</i>		Mother's Birthplace <i>Germany</i>		
	Name of person giving information <i>Anton Mueller</i>		How related to deceased <i>Father</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Cholera Infantum</i>		How long <i>about 5 days</i>		
	Immediate <i>Coma</i>		How long <i>2 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Allenberg</i>		
			Address <i>1870 2nd Baltimore St</i>		
	Accident or Suicide? <i>No</i>				

Sacred Heart Cemetery

July 8th 1903

Germanus France

Banz & Wolf Sts

Undertaker

Name in Full

Certificate of Death

Died at

Date 19

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

03

7 12

Age

24 yr

Maryland

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Accident

166

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Wm L Brooks

Address

Philadelph Baltimore

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

Intermedio Texas July
15th

W. C. Brooks

Name
in
Full

Elenora Marie Myer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calomville</i> ^{Town}		<i>Balls</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>July</i>	Day <i>3</i>	Age <i>—</i>	Months <i>4</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Calomville</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>Harry Francis Myer</i>			Father's Birthplace <i>Wash. D.C.</i>		
Mother's Maiden Name <i>Caroline Christine Hoel</i>			Mother's Birthplace <i>Calomville</i>		
Name of person giving Information <i>" " "</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>10 5 1 week</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. J. H. Kelly</i>
	Address <i>Calomville Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Stephen ~~Dorton~~ Naratoritch

Town

County

Died at

MARYLAND

Died at Sparrows Point Bacto.
 Date, 1913 July 12th 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 John Naratoritch

Mother's Name Annie Naratoritch

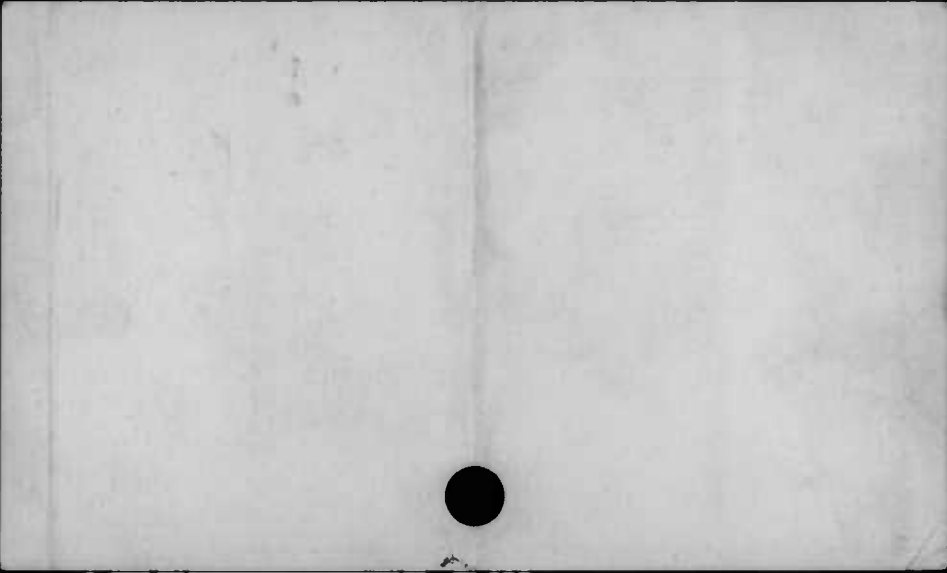
Cause of { Primary Cholera Infantum How long sick 1 day
 Death { Immediate Convulsions 105 Accident, Suicide, Homicide

Reported by G. C. McCormick M.D.

Address

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

LIBRARY BUREAU, 79708



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

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

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Female

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

MARYLAND

of

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU. 79898



Name in Full

Certificate of Death

Alex. W. Nelson

Town

County

Died at

Date

Male

~~Female~~

Husband
of
Wife

Father's
Name

Mother's
Name

Cause of

Death

Reported by

Address

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Single

Widow

Widower

Divorced

Number of children living

MARYLAND

Primary

Immediate

How long sick

Accident, Suicide, Homicide

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

LIBRARY BUREAU, 65966



Name
in
Full

Allan Turnbull Norris

CERTIFICATE OF DEATH

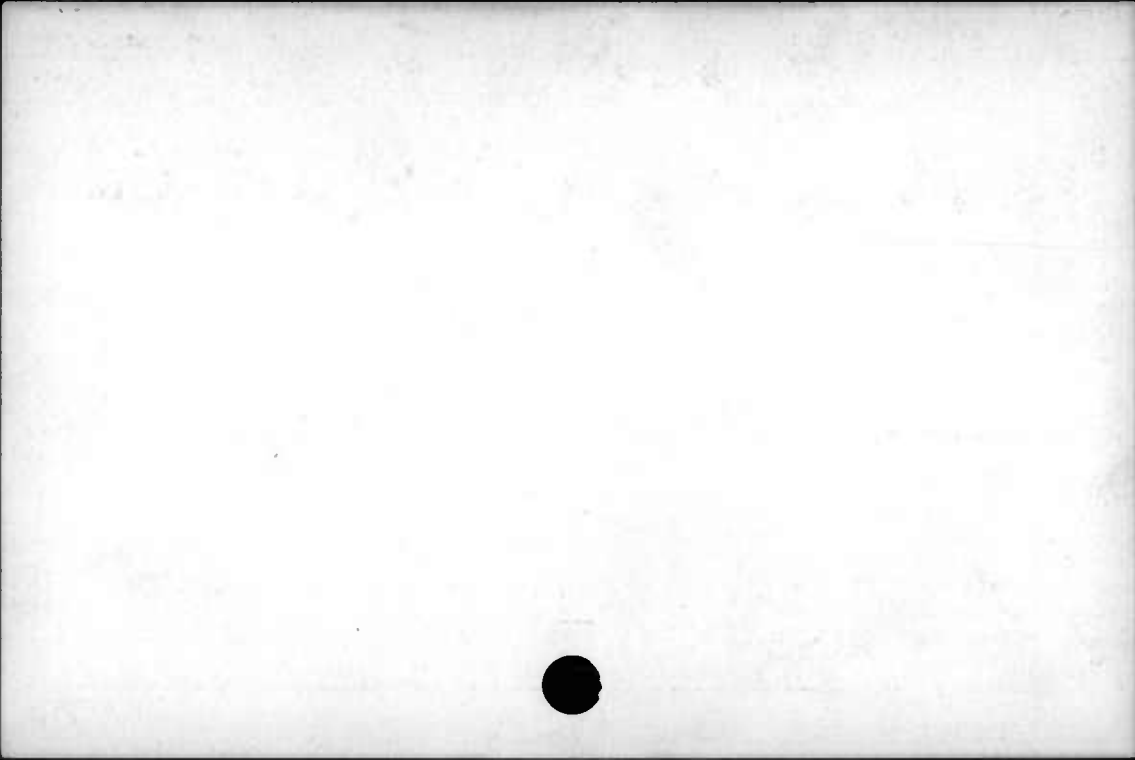
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pikesville</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u> <small>Month</small> <u>July</u> <small>Day</small> <u>30</u>		Age <u>10</u> <small>Years</small>		Months <u>4</u> Days <u>—</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
Married, Single or Widowed <u>—</u>		Occupation			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Edw. P. Norris</u>				Father's Birthplace <u>Ind</u>	
Mother's Maiden Name <u>Mary Murdoch</u>				Mother's Birthplace <u>Ind</u>	
Name of person giving information <u>Mr. Edw. P. Norris</u>				How related to deceased <u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Summers of Brain</u>	How long <u>3 yrs</u>
Immediate <u>Exhaustion</u>	How long <u>8 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Samuel J. Bennett</u>
	Address <u>1802 N. Charles</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Matthew O'Shea

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *St. Agnes' Sanitarium* Town *Baltimore* County *MARYLAND*

Date of death 1903 *3* Month *VII* Day *11* Age *60* Years Months Days

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

Married, Single or Widowed ☒ Married, ☐ Single, ☐ Widowed Occupation

Name of Wife or Husband

Father's Name

Mother's Maiden Name

Name of person giving information *Mrs. Annie O'Shea* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Coronary Arteriosclerosis* How long

Immediate *Acute Dilatation* How long *79*

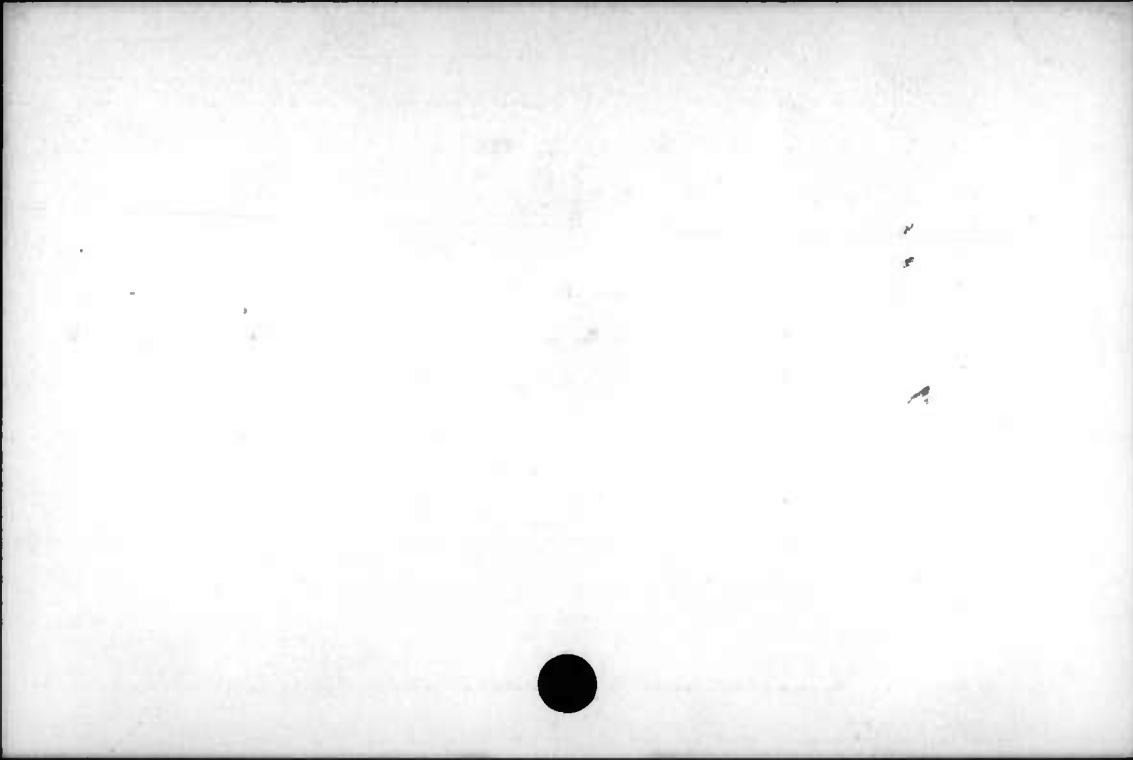
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address *L. M. Krumm M.D.*

1938 Andrew Ave

Accident or Suicide?



Name
in
Full

Minnie Pahl

CERTIFICATE OF DEATH

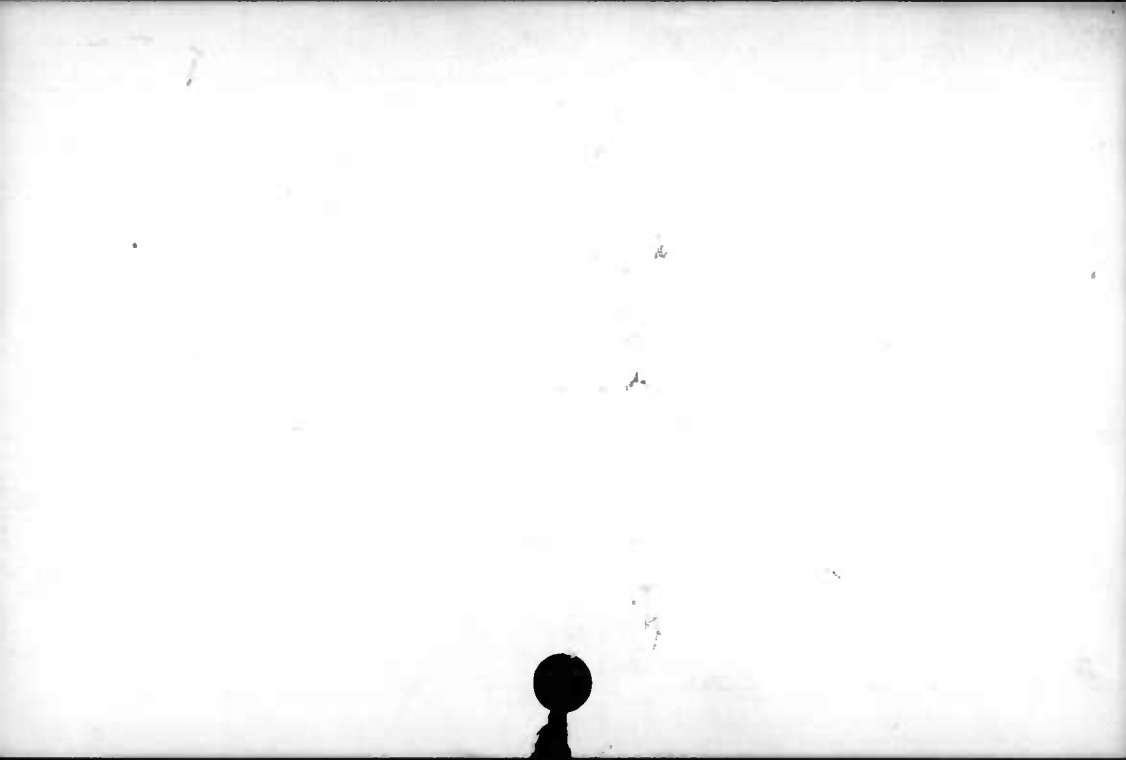
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Maryland</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1903	Month	7 th	Day	11
		Age	14	Years	
		Months		Days	
Sex	Female	Color or Race	White	Birth-place	Place of death
Occupation	— — — —		Where Residing if not at place of death — — — —		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	William Pahl			Father's Birthplace	Germany
Mother's Maiden Name	Minnie Pahl			Mother's Birthplace	" "
Name of person giving Information	H. J. Stebb			How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Indigestion	How long	104
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. J. Stebb	
		Address	
		Randallstown	
		Baltimore	
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Baltimore

Town

Baltimore

County

MARYLAND

Date

of death 1903

Month

July

Day

12

Age

Years

24

Months

9

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Charles J. Peterson

Father's
Birthplace

Md

Mother's
Maiden Name

Anna Peterson

Mother's
Birthplace

Md

Name of person giving
information

Mrs H. P. Stens

How related
to deceased

27

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

14 years

Immediate

Exhaustion

How long

8 months

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

Yes

Signature of
Physician

Address

J. Charles Macfarlane
Baltimore

In C

Accident or Suicide?

PHYSICIAN
OR CORONER

6000 1213 4.5

Name in Full Catherine Pohlman		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Canton Town		Baltimore County
	Date of death 1903		Month July Day 13 Age 24 Years Months Days
	Sex Female	Color or Race White	Birth-place Germany
	Married, Single or Widowed Widow		Occupation None
	Name of Wife or Husband Gerhardt Pohlman		
	Father's Name don't know	Father's Birthplace Germany	
	Mother's Maiden Name don't know	Mother's Birthplace Germany	
	Name of person giving information Annie Schenck	How related to deceased daughter.	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary chronic Nephritis		How long 2 years
	Immediate Hypostatic Pneumonia		How long 4 days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician M. J. McCarty M.D.
			Address 839 S. Gunter St.
	Accident or Suicide?		

St. Alphonsus Cemetery

July 16th 1903

Germanus France

Undertaker

Name in Full

Certificate of Death

Elizabeth Rebecca Powers

Town

County

Died at

MARYLAND

Date 1903 July 18 1903 July 18 1903 July 18 1903 July 18
 Month Day Y. M. D. Native of Occupation
 Male White Married Widow Divorced Md. Housewife
 Female Colored Single Widower Number of children living 5

Husband of Philip Powers
 Wife
 Father's Name John L. Starn Mother's Name Elizabeth Sayrs

Cause of Primary Chr. Int. nephritis How long sick 6 mos.
 Death Immediate Hepatitis & Cardiac dilatation Accident, Suicide, Homicide

Reported by M. R. Eareckson

Address Elk Ridge

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

Information contained in this certificate received
from _____
of _____

Attended by Dr. _____
of _____
Seen by Coroner _____
of _____
Cove & Hill
London Park

Name In Full

Certificate of Death

Elizabeth Rebecca Powers

Died at

St Denis Baltimore Co

MARYLAND

Date 1893

Month Day July 18

Age

65 years 1/2

Occupation

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

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

Attended by Dr.

Dr R E Jackson

of

Elk Ridge Md

Seen by Coroner

of

Information contained in this certificate received

from

Husband & Dr

of

Name
in
Full

Chas. H. Pyle

CERTIFICATE OF DEATH

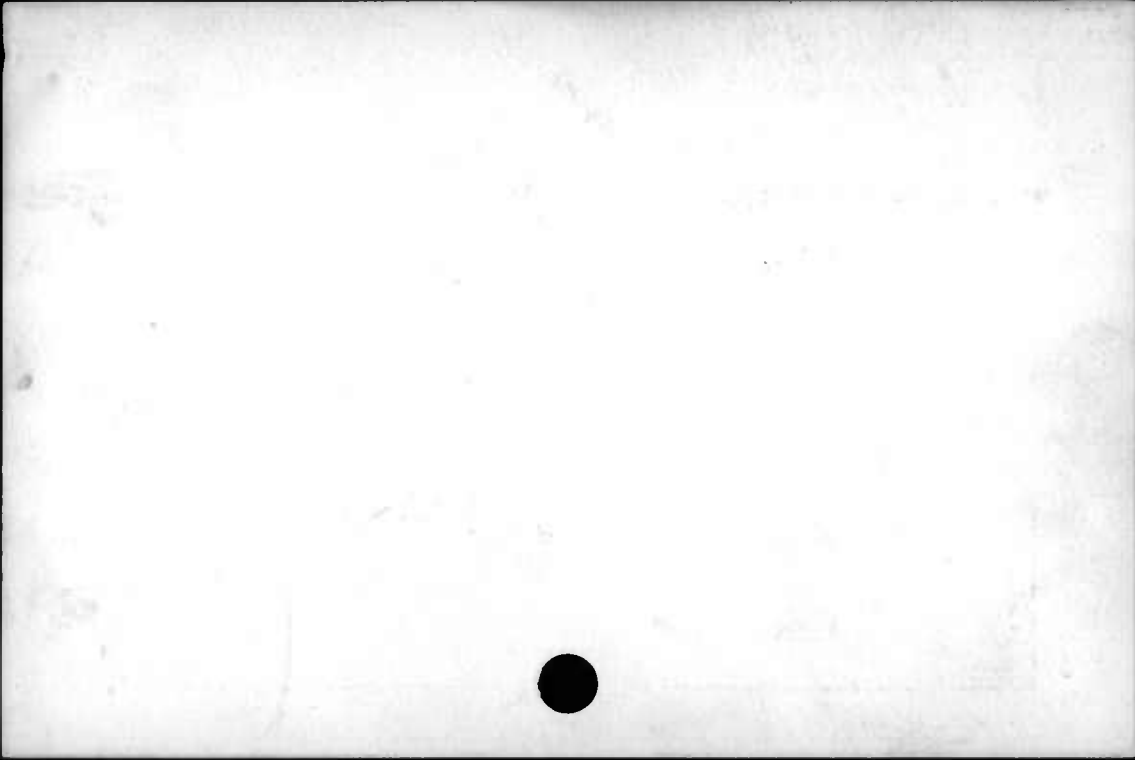
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>July 19-1903</i> ^{Town} <i>Hoglandtown</i> ^{County} <i>Balto Co Md</i> <i>MARYLAND</i>	
Date of death 190 <i>3</i> ^{Month} <i>July</i> ^{Day} <i>18th</i> ^{Years} <i>✓</i>	^{Months} <i>3 months</i> ^{Days} <i>✓</i>
Sex <i>Male</i> ^{Color or Race} <i>White</i>	Birth-place <i>Hoglandtown</i>
Married <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> or Widowed <input checked="" type="checkbox"/>	
Name of Wife or Husband <i>✓</i>	
Father's Name <i>Robey M. Pyle</i>	Father's Birthplace <i>Belair Md</i>
Mother's Maiden Name <i>Miss M. Pugh</i>	Mother's Birthplace <i>Balto Co</i>
Name of person giving information <i>Robey M Pyle</i>	How related to deceased <i>✓</i>

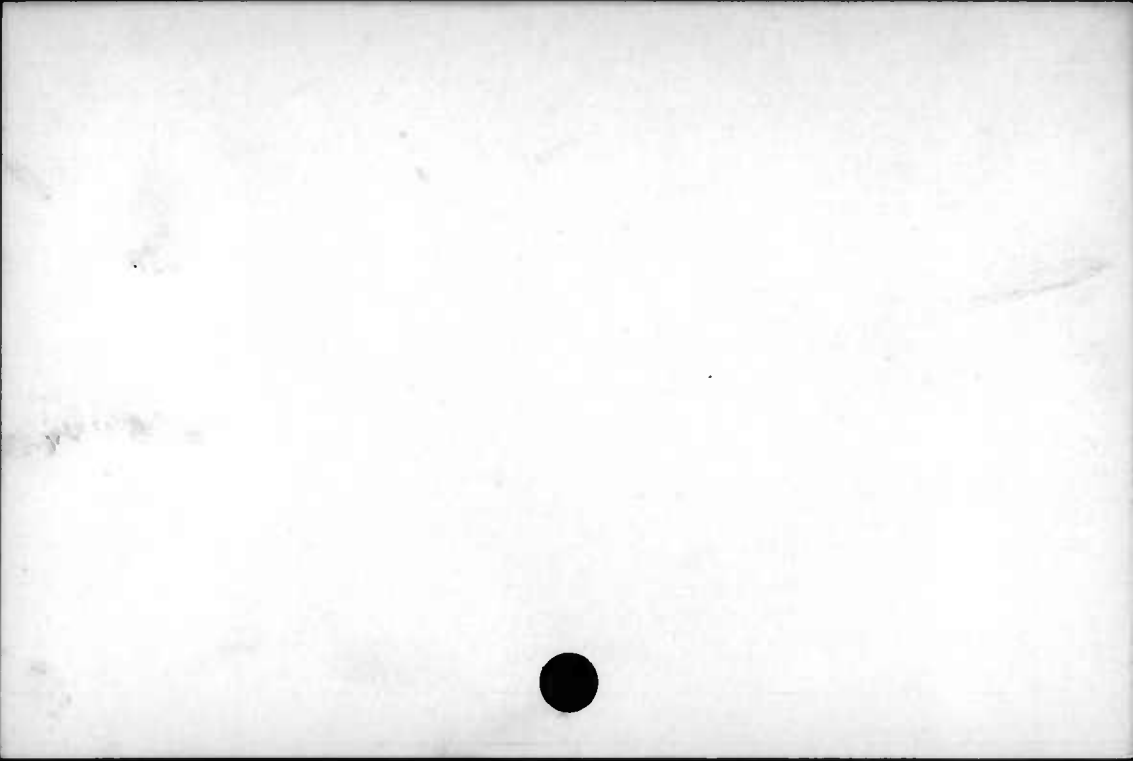
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric Colitis</i> <i>105</i>	How long <i>8 weeks</i>
Immediate <i>Prostration</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. F. Graciel M.D.</i>
	Address <i>2204 E. Biddle St</i>
	<i>Baltimore Md</i>
Accident or Suicide? <i>✓</i>	



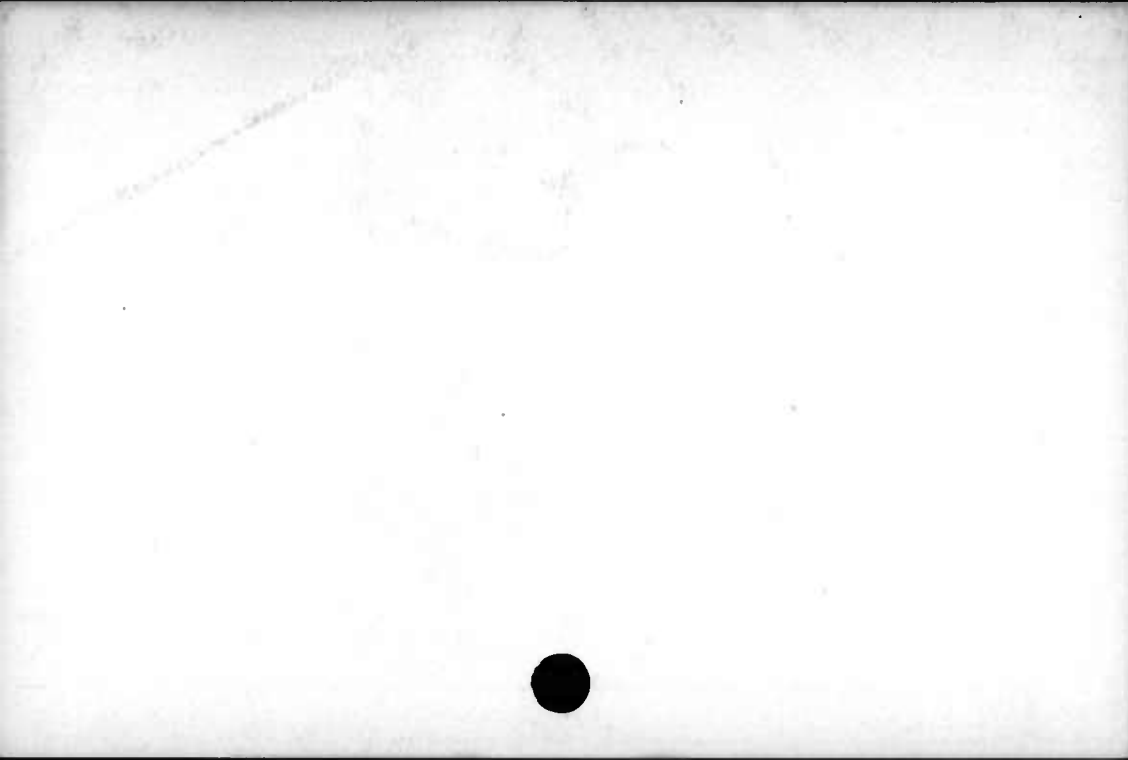
Name in Full		Charles Alphonus Raab				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Perry Hill ^{Town}		Baltimore ^{County}		MARYLAND
	Date of death 190		3	Month	July	Day	12
	Age		1	Years	-	Months	7
	Sex		Male		Color or Race		White.
	Birth-place		above		Occupation		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name		Peter Raab		Father's Birthplace		
Mother's Maiden Name		Anna Brockmeyer		Mother's Birthplace			
Name of person giving information				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Cerebro-Colitis		How long		about 1 week
	Immediate		Exhaustion		How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Lingard D. Whitford
	Accident or Suicide?		No		Address		Parkville, Balt. Co.



Name in Full John H. Raspe		Town Rospebery		County Balti		CERTIFICATE OF DEATH	
Died at Rospebery		Date of death 1903		Month July		Day 10th	
Age 62		Years 62		Months 6		Days 26	
Sex Male		Color or Race white		Birth-place Balti Co			
Married, Single or Widowed Married		Occupation Stone Keeper					
Name of Wife or Husband Eliiz Raspe		Father's Name Edm. H. Raspe		Father's Birthplace Germany (Baden)			
Mother's Maiden Name Rose. Krauthwirth		Mother's Birthplace					
Name of person giving information Eliiz Raspe		How related to deceased Wife					
CAUSES OF DEATH							
Primary Cancer of Stomach		How long 8 months					
Immediate Heat Prostration		How long 1 day					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm. D. Corser M.D.		Address Gardenville Md			
Accident or Suicide?							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pimlico</i>		County <i>Balto</i>		MARYLAND	
Date of death	1903	Month <i>July</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Baltimore</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>1326 Myrtle Ave. Baltimore</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles B. Raynor</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Ella Blanche Adams</i>		Mother's Birthplace <i>Cumberland Md</i>					
Name of person giving Information <i>Chas. B. Raynor</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Nec-Colitis</i>	How long <i>15 days.</i>
Immediate <i>Exhaustion</i>	How long <i>105</i> <i>8 days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Leonard M. C. Parker,</i>
	Address <i>1037 Riquith St. Balto.</i>
Accident or Suicide?	



Name
in
FullAndrew J Ruch
Calonsville

CERTIFICATE OF DEATH

MARYLAND

Died at

Baltimore

Date

of death 190

3 July

Day

10

Age 54

Years

Months

11

Days

17

Sex

Male

Color or
Race

White

Birth-
place

Md

Married, Single
or Widowed

Occupation

Bardner

Name of Wife or
HusbandFather's
Name

Henry Ruch

Father's
Birthplace

Md

Mother's
Maiden Name

Anne H Ruch

Mother's
Birthplace

Md

Name of person giving
Information

Henry Ruch

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Purpur Cerebral Congestion

How long

6 months

Immediate

Inflammation

How long

3 weeks

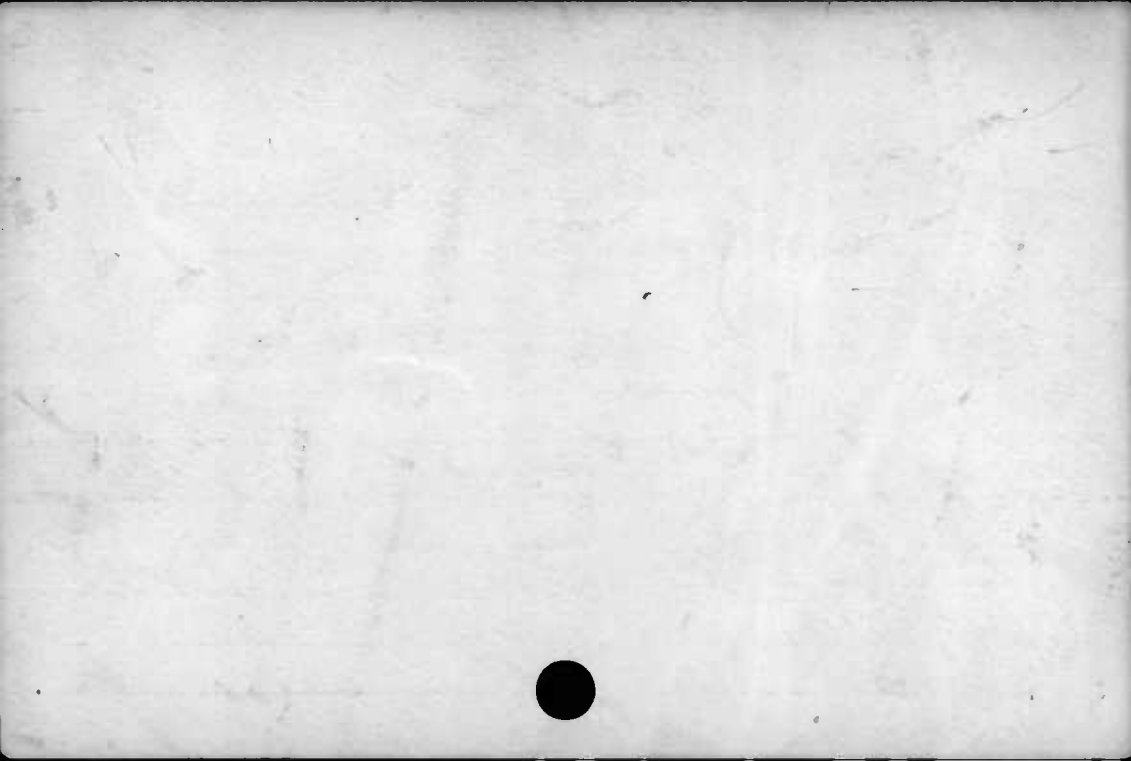
Are the name, age, sex, color, date
and place correctly given above?yes
[initials]Signature of
Physician

Address

J. H. Thompson
Calonsville,
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Andrew Reich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville		County Balto.		MAYLAND	
Date of death	1903	Month 7	Day 10	Age 54	Years	Months	Days
Sex	Male		Color or Race	White		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		

Md. Journal 7/18/03

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Complication of Diseases	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
	179
Accident or Suicide?	



Name
in
Full

Louis Reischneider

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Balto</i>		STATE <i>MARYLAND</i>	
Date of death 190	<i>3</i>	Month <i>July</i>	Day <i>12</i>	Age <i>2</i>	Years <i>2</i>	Months <i>11</i>	Days <i>16</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ma.</i>
Married, Single or Widowed	<i>Single</i>			Occupation <i>none</i>			
Name of Wife or Husband							
Father's Name <i>Benny Reischneider</i>				Father's Birthplace <i>Ma</i>			
Mother's Maiden Name <i>Catherine Bens</i>				Mother's Birthplace <i>Ma</i>			
Name of person giving information <i>Benny Reischneider</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Scarlet Fever</i>	How long	<i>One week</i>
Immediate	<i>Septicemia</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>David W. Jones</i>	
		Address <i>3118 O'Donnell St.</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			

Mr. Garret Lem.
Sander Dora

Name in Full		Rich, James.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Leakinsville		Batts.		MARYLAND	
	Date of death 190	3	Month	July	Day	21	Age
					Years	42	Months
							Days
	Sex	Male		Color or Race	Colored		Birth-place
							Maryland.
	Married, Single or Widowed	Married		Occupation	Laborer.		
	Name of Wife or Husband	Alice Rich					
PHYSICIAN OR CORONER	Father's Name	X				Father's Birthplace	X
	Mother's Maiden Name	X				Mother's Birthplace	X
	Name of person giving information	X				How related to deceased	V
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Sub-acute Malaria				How long	Unknown.
	Immediate	Pulmonary Tuberculosis				How long	Unknown.
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Ferry Wade
						Address	Leakinsville Ind.
	Accident or Suicide?	No					



Name
in
Full

CERTIFICATE OF DEATH

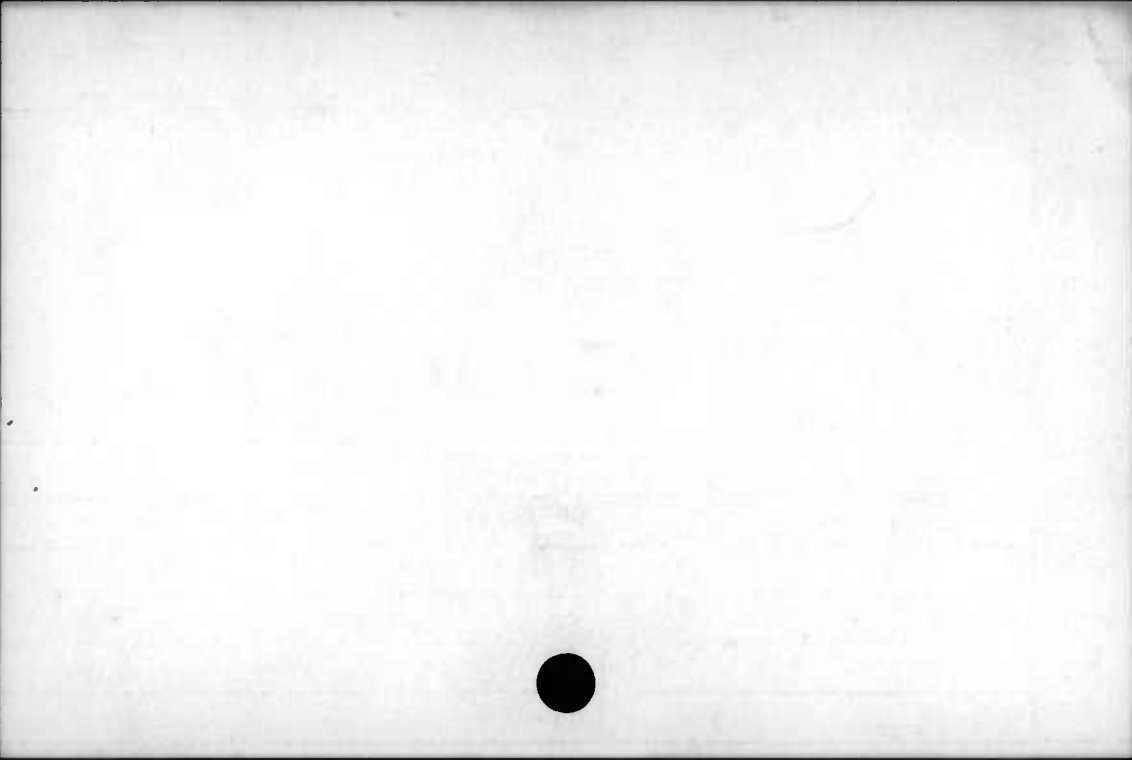
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>7</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>902.3d St</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Rider</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Catharine Kearney</i>			Mother's Birthplace <i>Ida</i>		
Name of person giving information <i>Mary Collins</i>			How related to deceased <i>Aunt?</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>12 days</i>
Immediate <i>Exhaustion</i> <i>105</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Jac. L. Truax M.D.</i>
	Address <i>3rd South Highlandtown</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

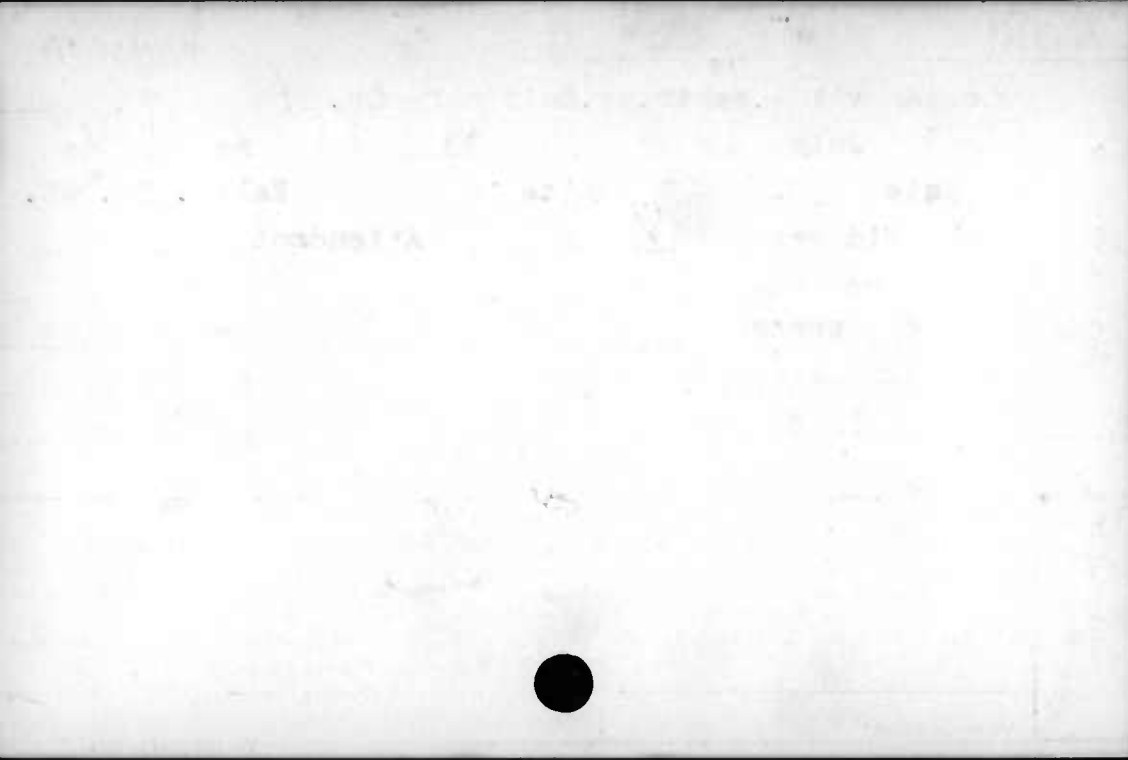
TO BE ANSWERED BY
NEAREST FRIEND

Died at catonsville, Baltimore, Baltimore Co.		Town		County		MARYLAND	
Date of death 190	Month July	Day 17	Age	Years 78	Months **	Days **	
Sex Male	Color or Race White		Birth-place Balto. Co. MD.				
Married, Single or Widowed Widower			Occupation Attendant				
Name of Wife or Husband ** ****							
Father's Name G** CCCCCC				Father's Birthplace *****			
Mother's Maiden Name *****				Mother's Birthplace ** **** *			
Name of person giving information DAUGHTER				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart	How long	14 years
Immediate	Ascites	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician [Signature]	
		Address Catonsville, Md.	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Isaac Rodberg* Town *St. Agnes' Hospital* County *Baltimore* MARYLAND

Died at *St. Agnes' Hospital*

Date of death 190 *3* Month *VII* Day *1* Age *42* Years Months Days

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

Married, Single or Widowed *Single* Occupation *Jewelry*

Name of Wife or Husband

Father's Name *Simon* Father's Birthplace

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

Name of person giving information *Abram Rodberg* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long

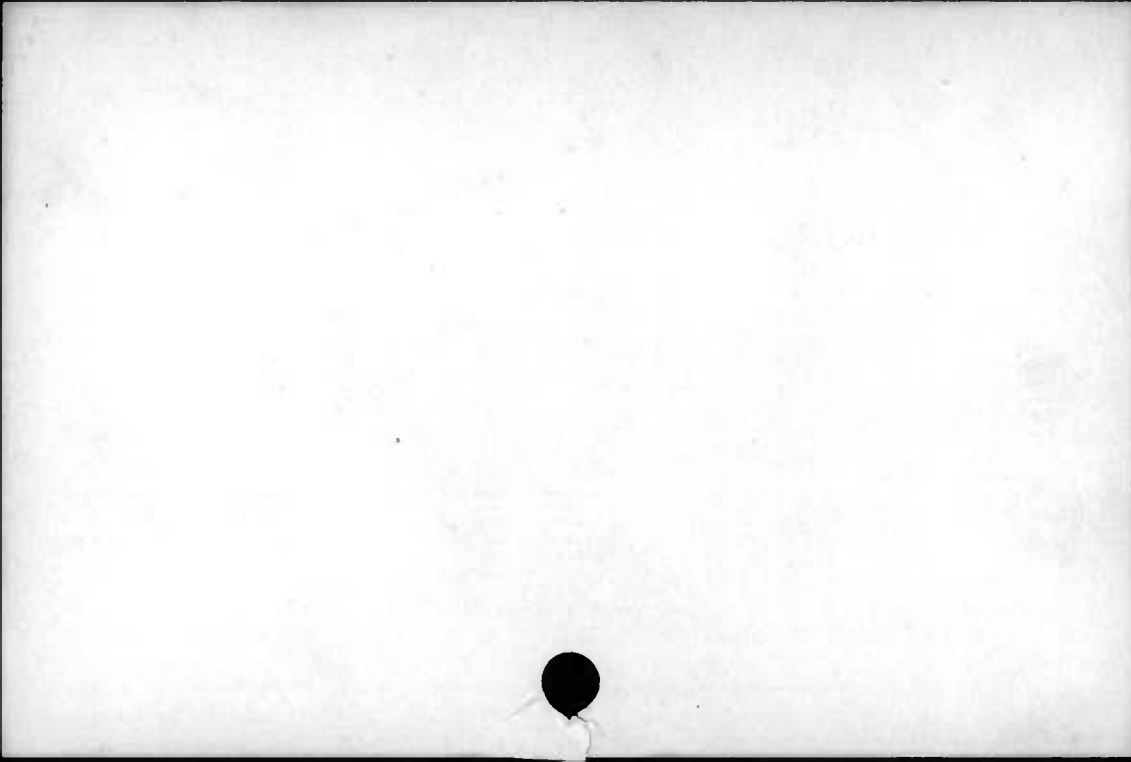
Immediate *exhaustion 93* How long

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

Signature of Physician *Thomas H. Brown*

Address *1928 Linden Ave*

Accident or Suicide?



Name
in
Full

Lewis Roemer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Warsaw		County Balt		MARYLAND	
Date of death 190	0	Month July	Day 9	Age 0	Years 0	Months 4	Days -
Sex male	Color or Race white		Birth- place md				
Married, Single or Widowed -				Occupation -			
Name of Wife or Husband -							
Father's Name Lewis Roemer				Father's Birthplace Germany			
Mother's Maiden Name Davis				Mother's Birthplace Baltimore			
Name of person giving In formation -				How related to deceased -			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	one day
Immediate	meningitis	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician G. E. Rusk	
		Address Wood. Balt. Md.	
Accident or Suicide?			



Name
in
Full

Harry Ross.

CERTIFICATE OF DEATH

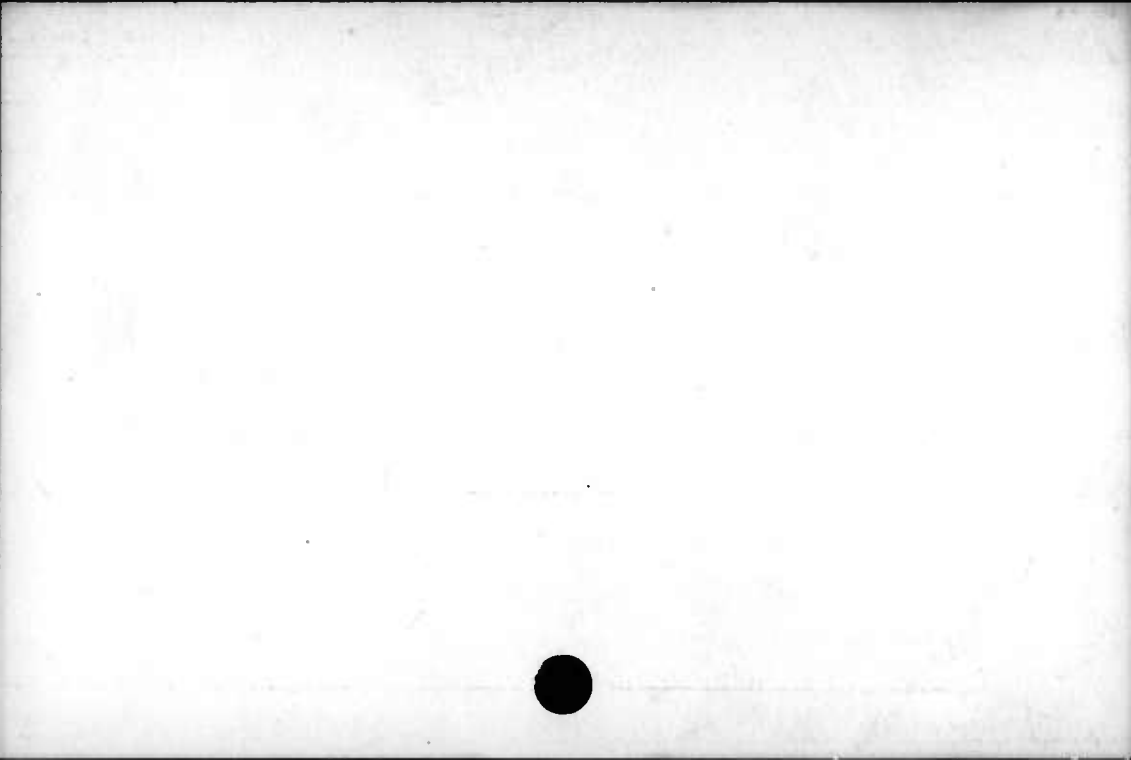
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carlton</i> Town		<i>1 Balto</i> County		MARYLAND	
Date of death 190 <i>3</i> .	Month <i>7</i> .	Day <i>11</i>	Age <i>23</i> .	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i> .	Color or Race <i>Black</i>	Birth-place <i>Ind</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Theo White</i>			How related to deceased <i>Indelicates</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accidental Drowning 172</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. C. Schofield Jr.</i>
		Address <i>—</i>
Accident or Suicide?		



Name In Full

Certificate of Death

Anna Schmidt

54

Died at Blenheim Town Baltimore County MARYLAND

Date 19 03 Month July Day 5 Age 67-1 Y. M. D. Native of Penn. Occupation Housewife

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

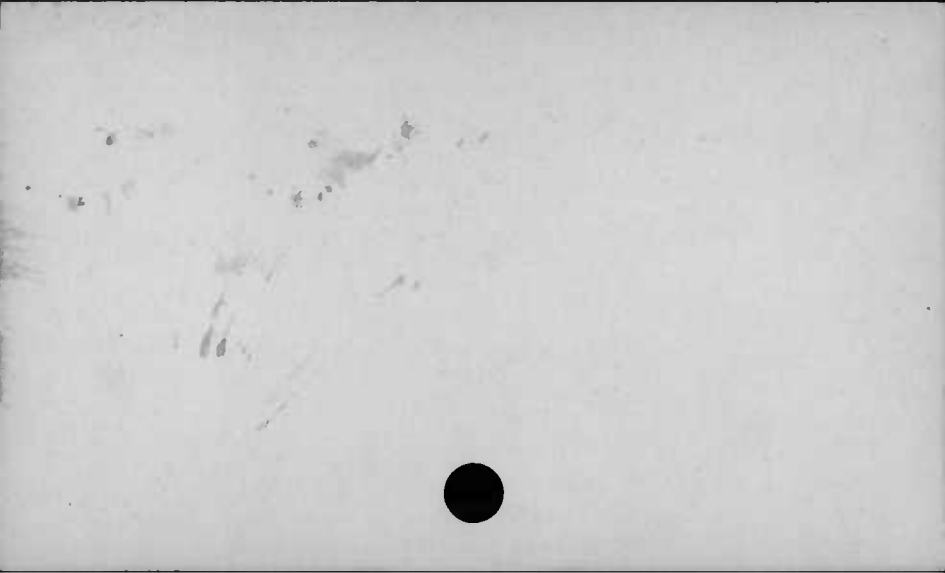
Husband of John Schmidt
 Wife of John Kahle
 Father's Name John Kahle Mother's Maiden Name Roseana Kahle

Cause of Death { Primary Diabetes Immediate 50

How long sick 3 years
 Accident, Suicide, Homicide

Reported by Mr. S. Sheew, M.D.
 Address Sittinge, Md.

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



Name
in
Full5-3-
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name *John Schmidt*

Died at *Long Green* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death 190 *3* ^{Month} *July* ^{Day} *23* ^{Years} *78* ^{Months} *—* ^{Days} *—*

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

Married, Single or Widowed *Married* Occupation *Farmer*

Name of Wife *Regina ~~Seemiller~~ Seemiller*

Father's Name *Unknown* Father's Birthplace *—*

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

Name of person giving information *Geo. H. Schmidt* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Diabetes* How long *Two years*

Immediate *—* How long *—*

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

Signature of Physician *Dr. S. Green*

Address *Gettysburg, Md.*

Accident or Suicide? *—*



Name
in
Full

Gertrude L. Scott

CERTIFICATE OF DEATH

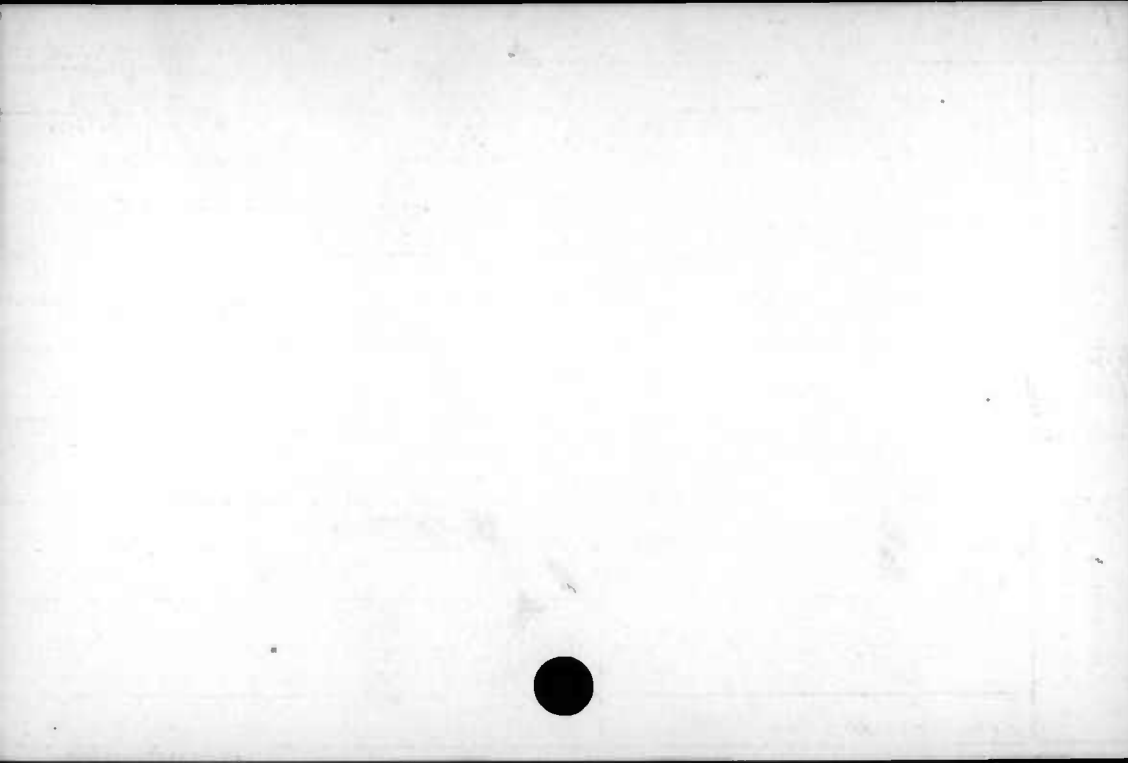
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>7</u>	Day <u>12</u>	Age <u>29</u> ^{Years}	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Va</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>Wife</u>			
Name of Wife or Husband <u>Hugh W. Scott</u>					
Father's Name <u>George Hawkes</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Virginia Hardy</u>			Mother's Birthplace <u>Va</u>		
Name of person giving information <u>Hugh W. Scott</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Milary Tuberculosis</u>	How long <u>5 mos.</u>
Immediate <u>Exhaustion</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Jas. L. Truax M.D.</u>
	Address <u>349 Gough St.</u>
	<u>Highlandtown.</u>
Accident or Suicide? <u>—</u>	



Name in Full

Wilfred T. Shaffer

Town

Rossview

County

Baets

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

July 17

Age

21

Md

Farmer

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Calvin T. Shaffer

Mother's

Maiden Name

Elizabeth Johnson

Cause of

Primary

Typhoid fever

How long sick

3 weeks

Death

Immediate

Heart failure

Accident, Suicide, Homicide

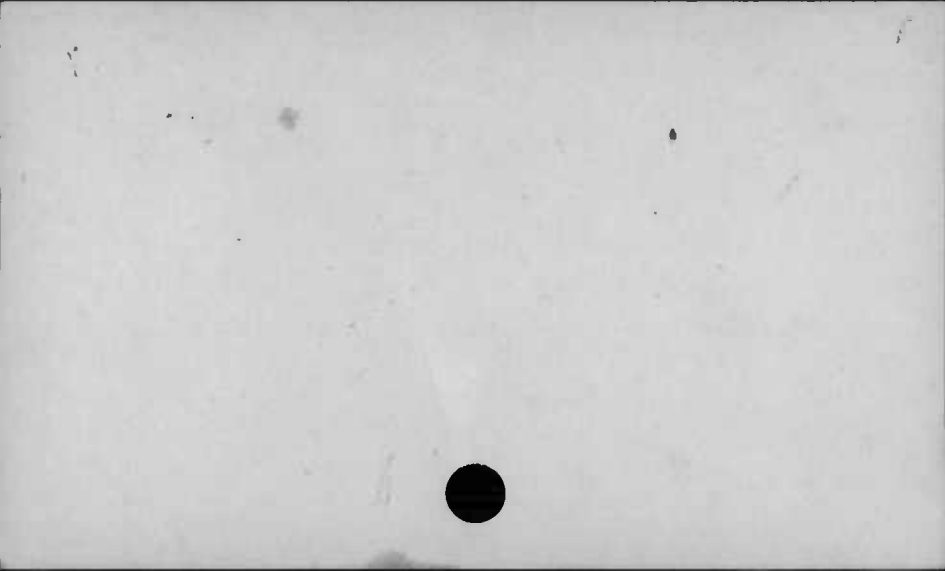
Reported by

C. B. Meacham M.D.

Address

Rossview Md

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



Poplar Church - Warren,
Baltō Co.

H Sander & Sons

Name
in
Full

Mary E M Squerell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>44 Winkler ave</i>		Town <i>Catonsville</i>		County <i>co</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>27</i>	Age <i>27</i>	Years <i>6</i>	Months <i>26</i>	Days	
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Catonsville</i>				
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>James Synerell</i>				Father's Birthplace <i>Carroll co</i>			
Mother's Maiden Name <i>Sadie E Pratt</i>				Mother's Birthplace <i>Essex co va</i>			
Name of person giving Information <i>Lessa Synerell</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>105</i>	<i>2 weeks</i>
Immediate <i>Convulsion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Rhabriae</i>	
	Address <i>Catonsville</i>	
Accident or Suicide?		



Name
in
Full

Frederick Franklin Sterner.

CERTIFICATE OF DEATH

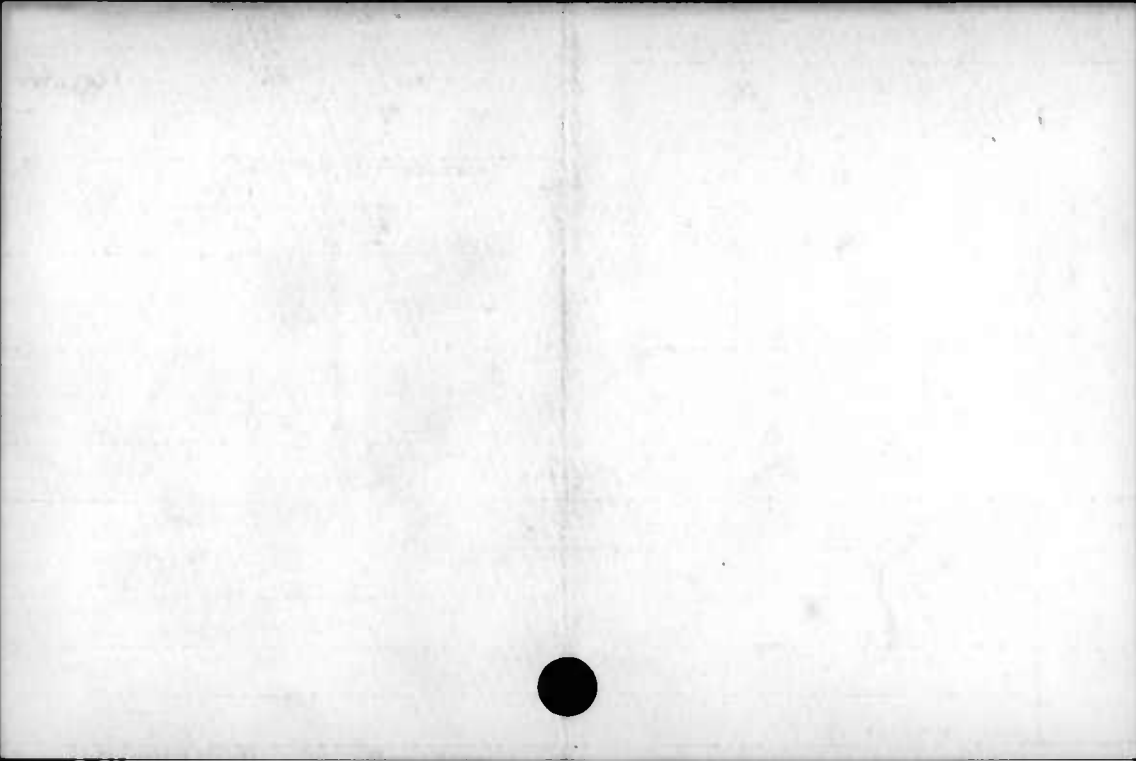
TO BE ANSWERED BY
NEAREST FRIEND


Died at		Town Fowblestons		County Baltimore		MARYLAND	
Date of death 1903		Month 7	Day 13	Age Years		Months 14	Days
Sex Male		Color or Race White		Birth- place Baltimore			
Married, Single or Widowed		Single		Occupation			
Name of Wife or Husband							
Father's Name Frederick J. Sterner.				Father's Birthplace Baltimore			
Mother's Maiden Name Edw. Sterner Harris.				Mother's Birthplace Fowblestons			
Name of person giving In formation Mrs. Emma L. Harris.				How related to deceased Step-mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Spice trouble.		How long 3 months.
Immediate Spasms.		How long 10 hours.
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician J. F. Wilson.
		Address Fowblestons Maryland.
Accident or Suicide?		



Name in Full		Barney Sullivan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Avon Beach</i>		County <i>Balto</i>		MARYLAND
	Date of death 190 <i>3</i>		Month <i>July</i>		Day <i>11</i>		Age <i>47</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>England</i>		Months _____ Days _____
	Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>				
	Name of Wife or Husband _____						
	Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>		
	Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>John O'Neill</i>				How related to deceased <i>Unknown</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Drowned</i>				How long <i>172</i>		
	Immediate _____				How long _____		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>J. Schofield</i>		
					Address 		
Accident or Suicide?							

Armstrong Denny & Co

Name
in
Full

CERTIFICATE OF DEATH

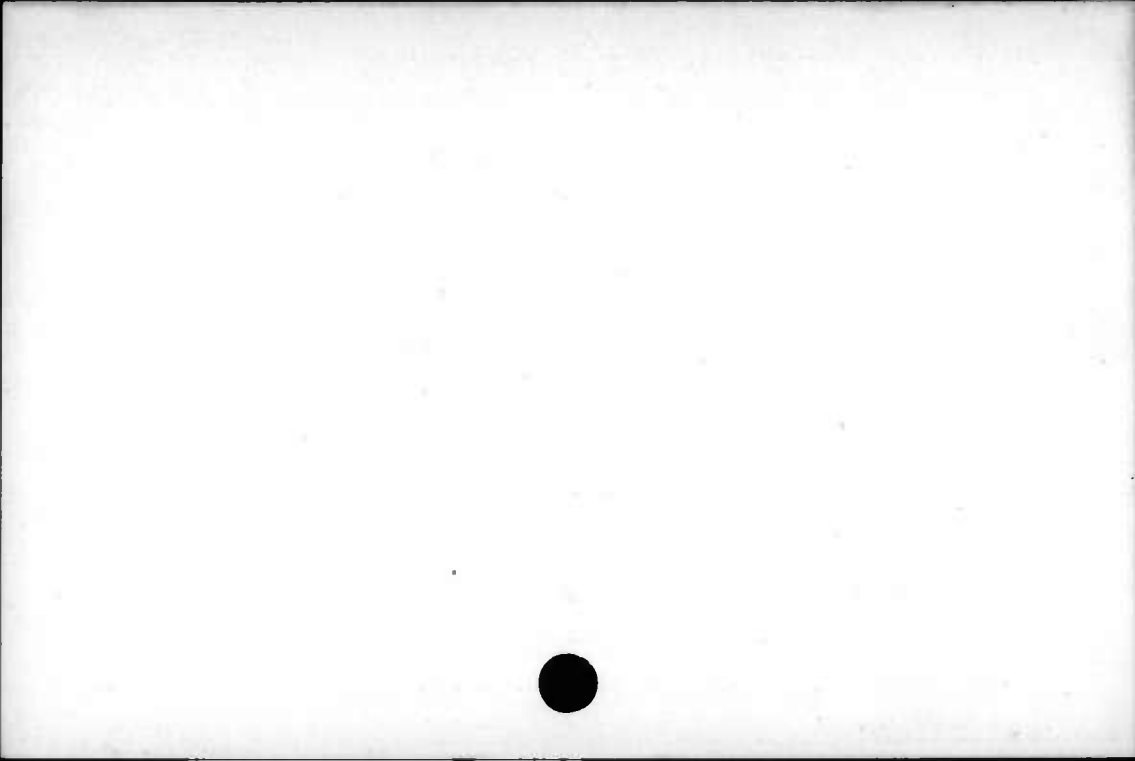
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George E. Switzer</i>		Town <i>Glyndon</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Glyndon</i>		Date of death 190 <i>3</i>		Age <i>30</i>		Months <i>9</i>	
Month <i>July</i>		Day <i>30</i>		Years <i>30</i>		Days <i>3</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Batts co Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i></i>					
Name of Wife or Husband <i></i>		Father's Name <i>Charles E Switzer</i>		Father's Birthplace <i>Carroll co Md</i>			
Mother's Maiden Name <i>Mary C Smith</i>		Mother's Birthplace <i>Batts co Md</i>		How related to deceased <i>Father</i>			
Name of person giving information <i>Charles E Switzer</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Enteritis</i>		How long <i>3 weeks</i>	
Immediate <i>Prostration</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. Herbert Beckley</i>	
		Address <i>Reisterstown</i>	
Accident or Suicide? <i></i>			



Name
in
Full

Amanda Tallaksen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>July</u>	Day <u>16</u> th	Age <u>3</u> Years	Months <u>6</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>None</u>				
Name of Wife or Husband <u>—</u>					
Father's Name <u>Charles Tallaksen</u>			Father's Birthplace <u>Norway</u>		
Mother's Maiden Name <u>Anna Smith</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving Information <u>Charles Tallaksen</u>			How related to deceased <u>Father.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gastro Enteritis</u>	How long <u>2 weeks</u>
Immediate <u>Convulsions</u> 106	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. A. Pether</u>
	Address <u>2. Hudson St Apt</u>
Accident or Suicide? <u>—</u>	

Bachman's Cemetery

July 18th 1903

Germanus France

Undertaker

Name

in
Full

Edgar Talbott

CERTIFICATE OF DEATH

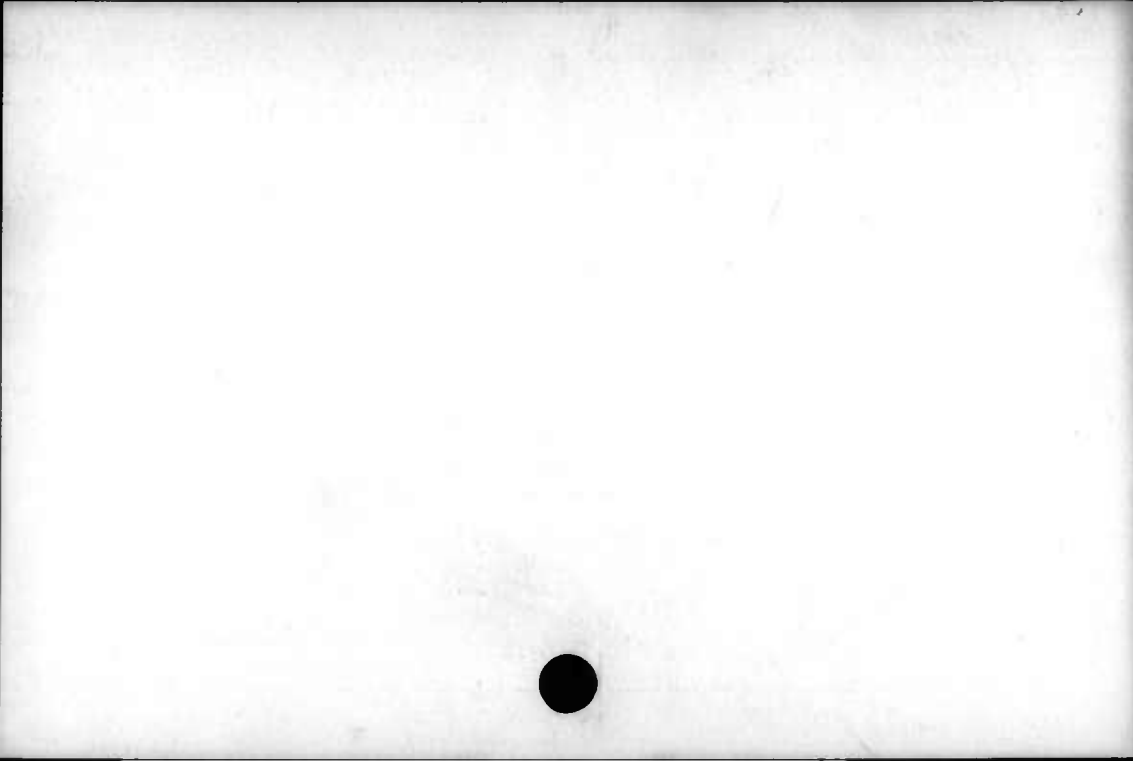
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Rustertown</u> <u>Balto</u>		County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>July</u>	Day <u>14</u>	Age	Months <u>4</u>	Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Balto co Md</u>			
Married, Single or Widowed <u>Single</u>		Occupation			
Name of Wife or Husband					
Father's Name <u>Jefferson Talbott</u>			Father's Birthplace <u>Balto co Md</u>		
Mother's Maiden Name <u>Sissy Samosky</u>			Mother's Birthplace <u>Balto city</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>cholera infantum</u>	How long <u>36 hours</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>James Gore M.D.</u>
	Address <u>Rustertown Md.</u>
Accident or Suicide?	



Name
in
Full

Thomas Tate.

CERTIFICATE OF DEATH

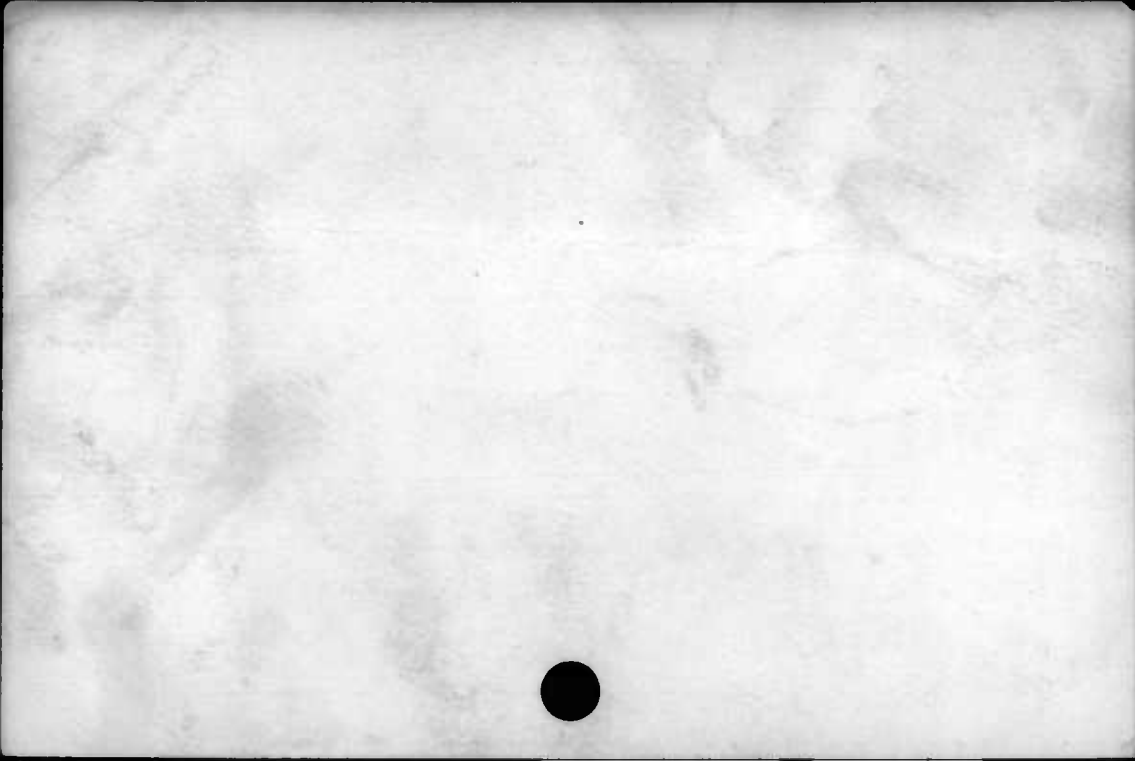
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1903.		July		19th		Age One.	
Sex		Color or Race		Months		Days	
Female.		Black.		Six		4.	
Married, Single or Widowed		Occupation		Birth-place		St. Marys County	
Name of Wife or Husband							
Father's Name		Arthur Tate.		Father's Birthplace		St. Marys Co.	
Mother's Maiden Name		Betty Johnson.		Mother's Birthplace		St. Marys Co.	
Name of person giving information		Arthur Tate		How related to deceased		Father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gutric Catarrh + Enteritis.	How long	Three weeks.
Immediate	Emaciation.	How long	48 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		J. W. Ward, M.D.	
Place		Address	
Granite.		Balto Co. Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Thomas

Town

County

Died at

Towson

Baltimore

MARYLAND

Date

of death 1903

Month

7

Day

24

Age

Years

—

Months

1

Days

3

Sex

Male

Color or
Race

Black

Birth-
place

Maryland

Married, Single
or Widowed

Occupation

Infant

Name of Wife or
HusbandFather's
Name

John Thomas

Father's
Birthplace

Maryland

Mother's
Maiden Name

Amanda Miller

Mother's
Birthplace

Maryland

Name of person giving
Information

John Thomas

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature birth

How long

1 month

Immediate

Convulsions

How long

1 hour

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

Yes

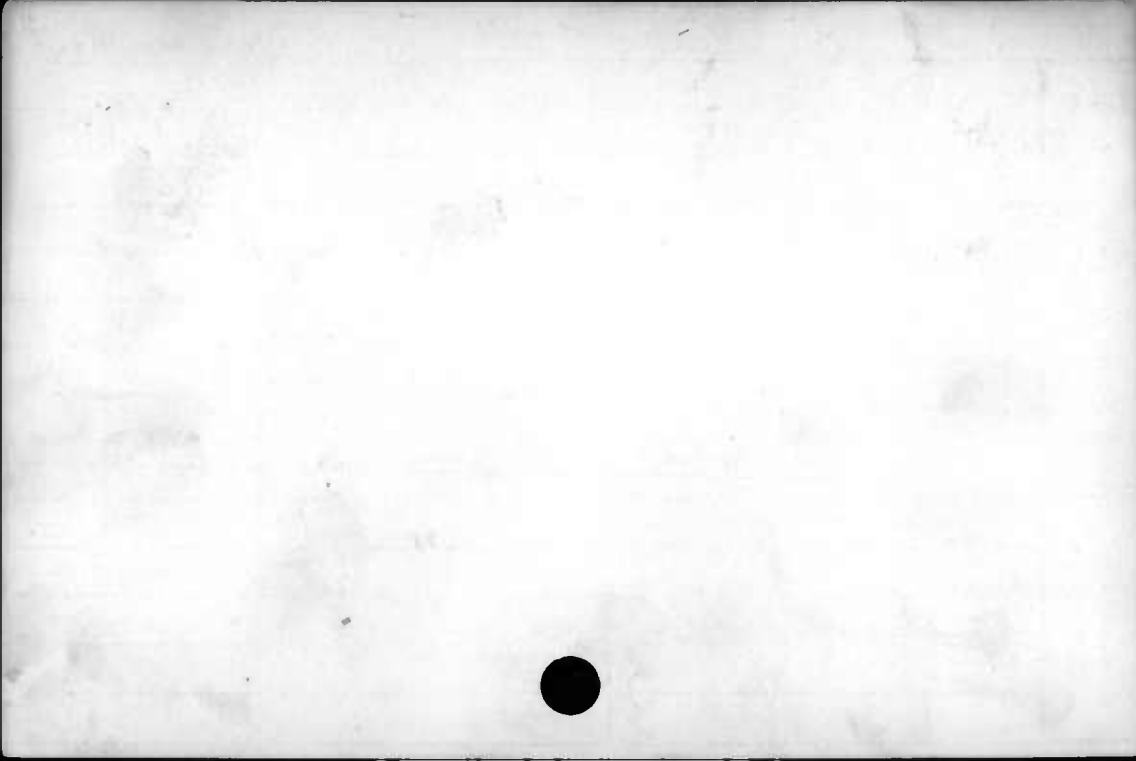
Signature of
Physician

Address

J. Bayless Drew M.D.
Towson Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Rebecca Poms

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> ^{Month}	<u>July</u>	Day <u>25</u>	Age <u>3</u> ^{Years} <u>months</u>	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Balt Co</u>			
Married, Single or Widowed <u> </u>		Occupation <u> </u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Wm Poms</u>				Father's Birthplace <u>md</u>	
Mother's Maiden Name <u> </u>				Mother's Birthplace <u> </u>	
Name of person giving information <u> </u>				How related to deceased <u> </u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Spasm</u>	How long <u> </u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Coroner John H Mueller</u>
	Address <u>216 O'Donnell st</u>
Accident or Suicide? <u> </u>	



Name in Full		7 months foetus. Live Born Female										CERTIFICATE OF DEATH									
TO BE ANSWERED BY NEAREST FRIEND	Died at		Liberty Road ^{Town} West ^{East} Liberty ^{Baltimore} Co. ^{Baltimore} Co. ^{County}				MARYLAND														
	Date of death 190		3		July		Day		10		Age		Years		Months		Days				
	Sex		Male				Color or Race		White				Birth-place		Liberty Road West ^{East} Liberty ^{Baltimore} Co. ^{Baltimore} Co. ^{County}						
	Married, Single or Widowed		—										Occupation		—						
	Name of Wife or Husband																				
	Father's Name		Charles Towell								Father's Birthplace		Baltimore Co.								
	Mother's Maiden Name		Carrie Miller								Mother's Birthplace		Carroll Co.								
Name of person giving information		Harry C. Alys M.D.								How related to deceased		—									
														CAUSES OF DEATH				151			
PHYSICIAN OR CORONER	Primary												How long								
	Immediate		7 months foetus										How long								
	Are the name, age, sex, color, date and place correctly given above?		Yes										Signature of Physician		Harry C. Alys M.D.						
													Address		10 12 - 5th ave.						
	Accident or Suicide?																				

A. Marshall
3539 Fall Road

St Mary. Nampkew

Name
in
Full

Emory Tracey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hoffmanville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>29</i>	Age <i>29</i> Years	Months <i>—</i>	Days <i>27</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co</i>	
Married, Single or Widowed <i>Married</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>Daisy Mays</i>					
Father's Name <i>James Westley Tracey</i>			Father's Birthplace <i>Baltimore Co</i>		
Mother's Maiden Name <i>Sarah Barham</i>			Mother's Birthplace <i>Balto. Co.</i>		
Name of person giving information <i>James Spences Tracey</i>			How related to deceased <i>1 Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>166</i>	How long
Immediate	<i>Suffocation Explosion Rock Dale Powder Mills</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>Joseph D. Baedwin</i>
		Address <i>Faceland</i>
Accident or Suicide?	<i>Accident</i>	<i>Baltimore Co. Md</i>



Name
in
Full

CERTIFICATE OF DEATH

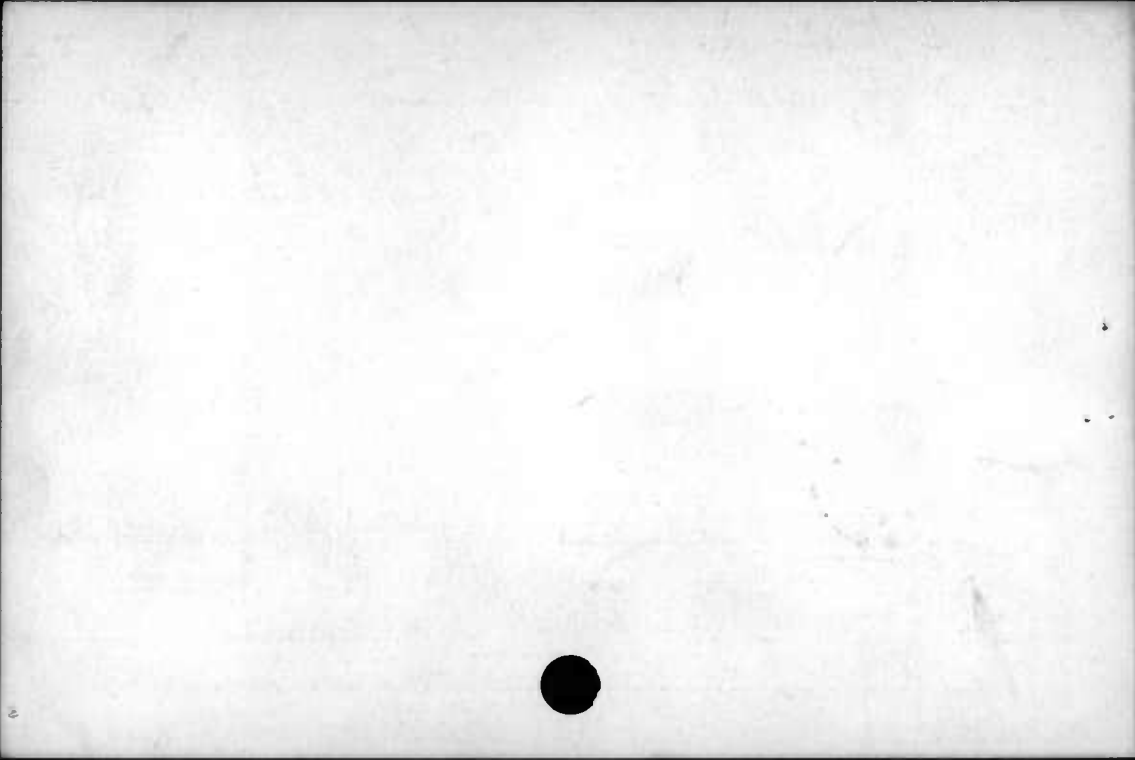
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catoonsville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i> ^{Month} <i>July</i> ^{Day} <i>1</i>		Age <i>50</i> ^{Years}		Months <i>0</i> Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Charleston S.C.</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Storer Holmes Treukolm</i>					
Father's Name <i>John Julian Clissolm</i>				Father's Birthplace <i>Charleston S.C.</i>	
Mother's Maiden Name <i>Mary E. Clissolm</i>				Mother's Birthplace <i>" "</i>	
Name of person giving information <i>May C. Treukolm</i>				How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Uterine Cancer</i>	How long	<i>18 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Shattuck</i>	
		Address <i>Catoonsville</i>	
Accident or Suicide?		<i>Inc</i>	



Name
In
Full

Eva Uhlhorst

CERTIFICATE OF DEATH

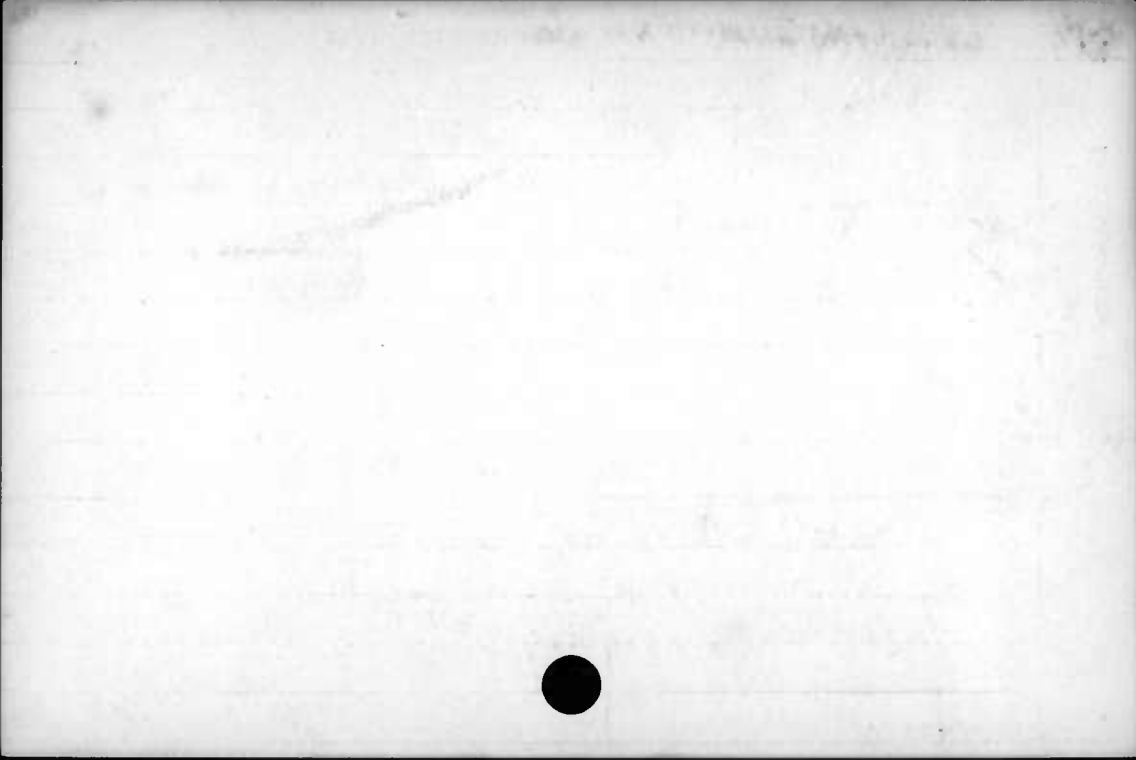
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wilhelm ave</i> ^{Town} <i>15th</i>		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>July</i> ^{Month}	<i>3</i> ^{Day}	Age <i>23</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore City</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Clement, A.</i>			Father's Birthplace <i>America</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>America</i>		
Name of person giving information <i>Brother</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>about 18 mos</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. C. McDowell</i>
	Address <i>1521 W. Fayette St</i>
Accident or Suicide? <i>—</i>	<i>Baltimore Md</i>



Mary Grace Vincent

CERTIFICATE OF DEATH

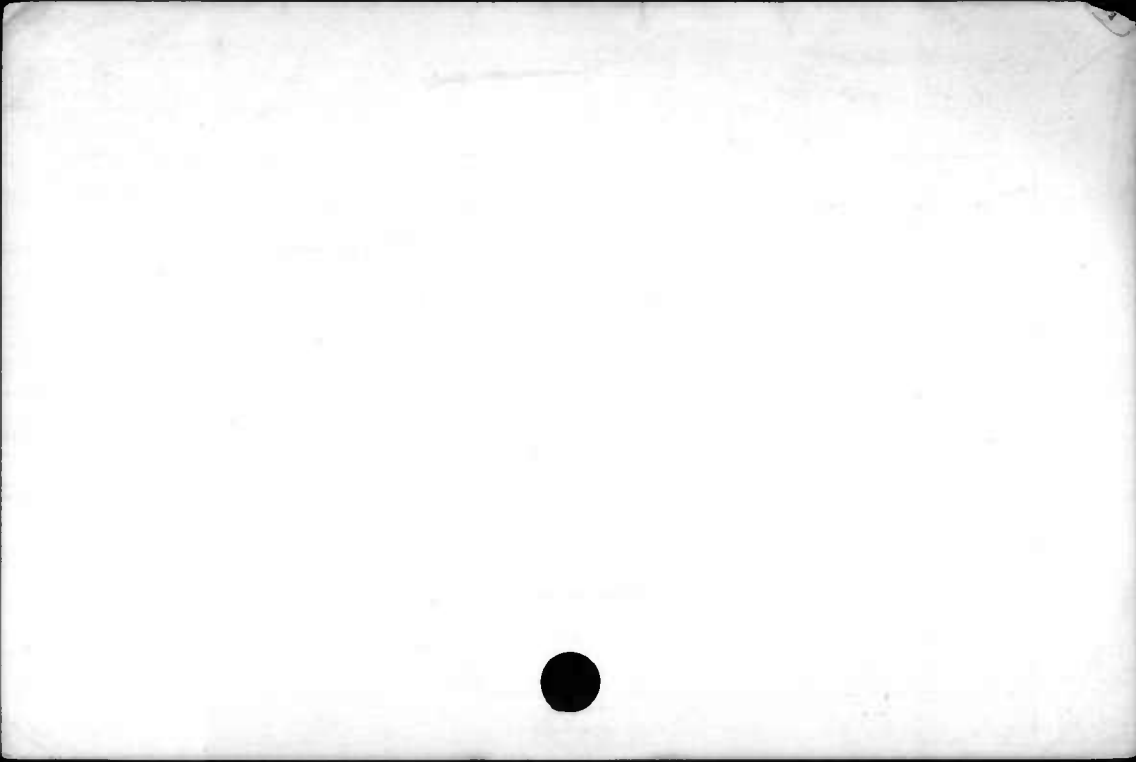
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cowington</i>		County <i>Baile</i>		MARYLAND	
Date of death 190	3	Month <i>July</i>	Day <i>18</i>	Age <i>88</i>	Years <i>88</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>England</i>				
Married, Single or Widowed <i>widow</i>		Occupation <i>serv.</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>— Grace</i>				Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Sarah Roudall</i>				Mother's Birthplace <i>England</i>			
Name of person giving In formation <i>Mary Vincent</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	<i>14</i>	How long <i>3 wks</i>
Immediate <i>Exhaustion</i>		How long <i>over week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Starnes</i>	
	Address <i>Middle River MS</i>	
Accident or Suicide? <i>—</i>		



Name in Full

Certificate of Death

Vansant

Died at *Hamilton Ave* Town *Baltimore Co* County *MARYLAND*
 Date *1903* Month *July* Day *21* Age *8 Hours* Native of *Balto* Occupation *Co*
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name *Willie Belle Vansant* Mother's Name *Annabelle Vansant*

Cause of Death { Primary *Premature Birth* How long sick *8 hours*
 Immediate *Congenital debility* Accident, Suicide, Homicide

Reported by

Address

John Powell M.D.
2122 St. Paul St.

151

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

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name in Full John Waldhauser		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Highlandtown Town		Baltimore County
	Date of death 1903 July Month		30 Day
	Age — Years		4 Months
	Sex Male		4 Days
	Color or Race White		Birth-place Ind
	Married, Single or Widowed single		Occupation None
	Name of Wife or Husband —		
PHYSICIAN OR CORONER	Father's Name John A. Waldhauser		Father's Birthplace Ind
	Mother's Maiden Name Clara Funke		Mother's Birthplace Ind
	Name of person giving information John A. Waldhauser		How related to deceased Father
	CAUSES OF DEATH		
PHYSICIAN OR CORONER	Primary Indigestion 105		How long 4 mo.
	Immediate 4 hours		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. C. Schinfeld
			Address —
Accident or Suicide?			

Sacred Heart Cemetery

July 31st 1903

Germanus France

Vander Laker

Name
in
Full

Laura Wamaling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mr Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1903	<i>July</i> ^{Month}	<i>21st</i> ^{Day}	Age <i>63</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Teacher</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Records Mr Hope Retreat</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mania Chronic-Dementia Sec + 68</i>	How long <i>16 yrs at Mr Hope -</i>
Immediate <i>Cardiac Paralysis -</i>	How long <i>Instantaneous -</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mr Hope Retreat</i>
Accident or Suicide?	

E. Madison Mitchell

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name *John L. Warfield*

Town *Mt Hope Retreat* County *Baltimore Co* MARYLAND

Died at *Mt Hope Retreat*

Date of death 1903 *July* Month *15th* Day *1903* Years *73* Months *—* Days *—*

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

Married, Single or Widowed *Widower* Occupation *None*

Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Recd. of Mt. Hope Retreat* How related deceased *—*

CAUSES OF DEATH

Primary *Senile Mania (acute) 68* How long *abt month -*

Immediate *Ex - Cerebral Congestion and Hypostatic Congest - lungs -* How long *—*

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

Signature of Physician *Frank J. Flannery*

Address *Mt Hope Retreat*

Baltimore Md -

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

James White
Mt Silboa ^{Town} Balto ^{County}

MARYLAND

Date

of death 1903

Month

July

Day

28

Age

Years

49

Months

Days

Sex

Male

Color or
Race

Celtic

Birth-
place

Baltimore

Occupation

Buckmaker

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

Married

Name of Wife or
Husband

Eliza White

Father's
Name

Baylord White

Father's
Birthplace

Balto

Mother's
Maiden Name

Eliza Mayberry

Mother's
Birthplace

"

Name of person giving
Information

Eliza White

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Chronic Parenchymatous Nephritis

How long

7 mos

Immediate

Exhaustion 120

How long

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

yes

Signature of
Physician

Dr C. L. Waufield

Address

Baltimore

Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Carl Albert Williamson
Hardenville ^{Town} Baltimore ^{County}

MARYLAND

Died at
Date of death 1903 July 5
Sex Male
Married, Single or Widowed Single
Age White
Years 9
Months
Days
Color or Race
Birth-place City
Occupation

Name of Wife or Husband
Father's Name William C Williamson
Mother's Maiden Name Frances Krall
Name of person giving information Father
Father's Birthplace Baltimore
Mother's Birthplace Prague
How related to deceased Father

CAUSES OF DEATH

Primary Enteric Colitis
Immediate Asthenia
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician William France
Address 1407 N. Ray
How long 105
How long 24 Hours
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

51



Name
in
Full

CERTIFICATE OF DEATH

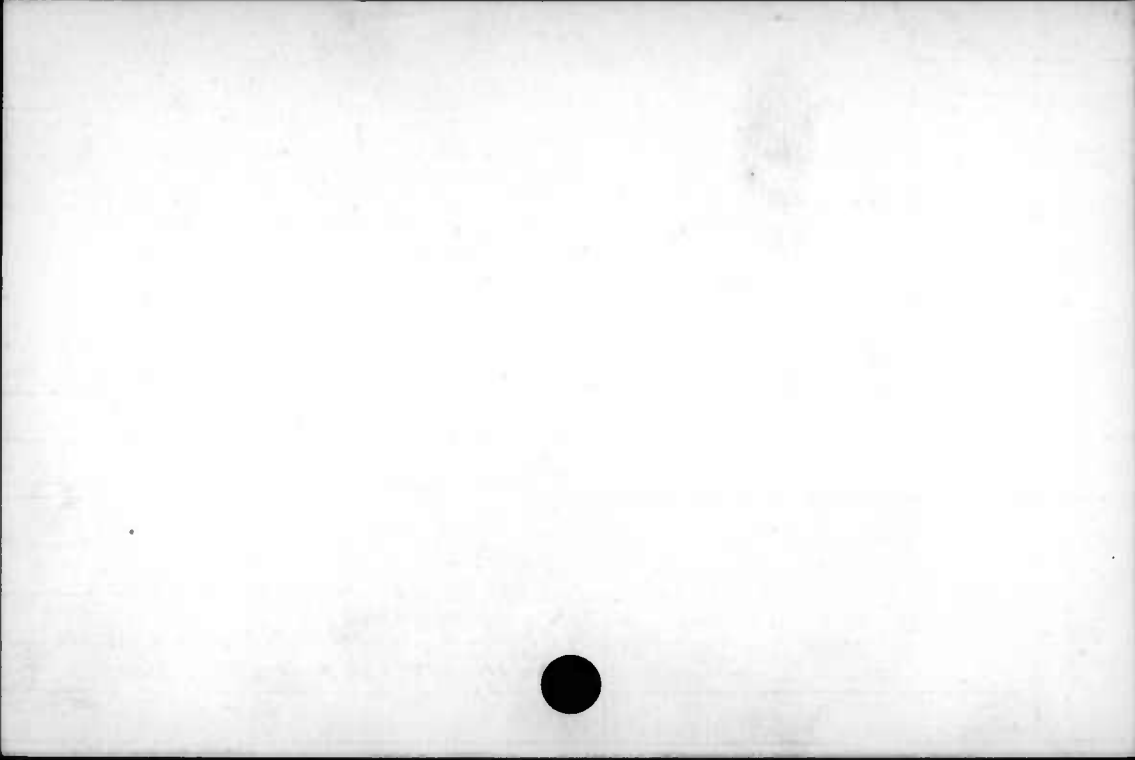
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grays</i> Town <i>Baltimore</i> County		MARYLAND			
Date of death 1903	Month <i>July</i>	Day <i>30</i>	Age <i>38</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Chief Engineer</i>				
Name of Wife or Husband <i>Martha P Willis</i>					
Father's Name <i>Frank Willis</i>		Father's Birthplace <i>— —</i>			
Mother's Maiden Name <i>Margaret Willis</i>		Mother's Birthplace <i>— —</i>			
Name of person giving information <i>Thos B Orning</i>		How related to deceased <i>not at all</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accidents</i>	How long <i>1166</i>	How long <i>2 minutes</i>
Immediate <i>Electric shock</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos B Orning</i>	
	Address <i>Ellicott City Md</i>	
Accident or Suicide? <i>Accident</i>		



Name
in
Full

Adam Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown		^{County} Balto		MARYLAND	
Date of death 190	Month 7	Day 8	Age	Years	Months 2 Days
Sex Male	Color or Race White		Birth-place 211 Pratt St Highlandtown		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name John R. Wilson			Father's Birthplace Maryland		
Mother's Maiden Name Mary Krouce			Mother's Birthplace Prussia		
Name of person giving information Father John R. Wilson			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Gastritis	How long	1 day - 1/2
Immediate	Exhaustion	How long	1/2 day -
Are the name, age, sex, color, date and place correctly given above? yla		Signature of Physician Jas. L. Truax M.D.	
		Address 3 and 4th Sts. Highlandtown Md.	
Accident or Suicide?			

To St Stanislaus.

M. F. Sadowicki,
703 S. Ann St
Undertaker.

Name
in
Full

Frank Carroll Wilson

CERTIFICATE OF DEATH

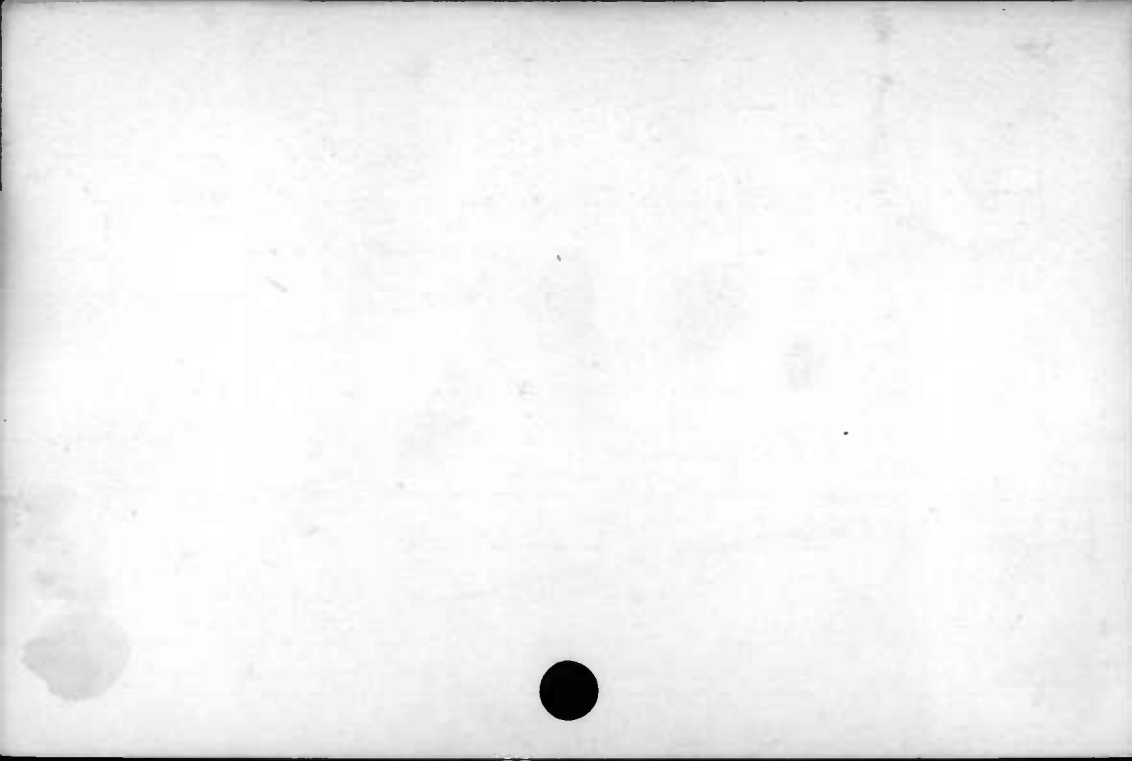
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Granite.</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190	3	Month <i>July.</i>	Day <i>25th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>8.</i>	Days <i>1.</i>
Sex <i>Male.</i>		Color or Race <i>White.</i>		Birth- place <i>Granite.</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>John N. Wilson.</i>				Father's Birthplace <i>Carroll Co.</i>			
Mother's Maiden Name <i>Jessie M. Elliott.</i>				Mother's Birthplace <i>Carroll Co.</i>			
Name of person giving Information <i>John N. Wilson.</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum.</i>	How long	<i>Three days</i>
Immediate	<i>Collapse + Exhaustion.</i>	How long	<i>Twelve hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	
Signature of Physician		<i>Wm. N. Ward, M.D.</i>	
Address		<i>Granite Balto Co. Md.</i>	
Accident or Suicide?			



Name
in
Full

George W. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taworn</i> ^{Town}		<i>Buets</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>7</i>	Day	<i>15</i>
Age		Years		Months	Days
<i>45</i>					
Sex	<i>Male</i>		Color or Race	<i>Negro</i>	
Married, Single or Widowed			Occupation		
			<i>Night watchman</i>		
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	<i>Kick by a mule on abdomen</i>	How long	<i>2 days</i>
Immediate	<i>Internal injury</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>R. C. Massenburg M.D.</i>	
		Address	
		<i>Taworn</i>	
Accident or Suicide?		Joseph B. Herbert M.D. Coroner.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Winond</i> ^{Town} <i>md</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>Sept 25</i> ^{Month} <i>July</i> ^{Day} <i>25</i> - <i>ago 3 days</i> ^{Years} <i>3</i> ^{Months} <i>3</i> ^{Days}			
Sex <i>Female</i> ^M <i>Female</i> ^{Color or Race} <i>Colored</i>	Birth-place <i>Mt Winond md</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>—</i>		
Name of Wife or Husband <i>Perry Knight</i>			
Father's Name <i>Perry Knight</i>		Father's Birthplace <i>md</i>	
Mother's Maiden Name <i>Rebecca Knight</i>		Mother's Birthplace <i>md</i>	
Name of person giving information <i>Perry Knight</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

Primary <i>Spasms due to constipation</i>	How long <i>3 days</i>
Immediate <i>Spasms</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. S. Frozier</i>
	Address <i>1655 N Fullon ave</i>
Accident or Suicide? <i>?</i>	



Name in Full

Certificate of Death

Edna M. Youngling

Town

County

MARYLAND

Died at

Cockeysville

Balto.

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

7 3

Age

10

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Charles Youngling

Cause of

Primary

Cholera Infantum

How long sick

2 days.

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

Wilmer C. Emerson M.D.

Address

Cockeysville Md.

105

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

To be buried at
Poplar Tomorrow 5th

Name in Full

Certificate of Death

Died at

Date 1903

Male

Female

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

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

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Married~~

Single

~~Widow~~~~Widower~~~~Divorced~~

Number of children living

Mother's

Maiden Name

How long sick

Primary

Immediate

Accident, ~~Suicide~~, Homicide



Name in Full		Moriz Karl Gorn				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Ehanton		Baltimore		MARYLAND	
		Date of death 1903		Month		Day	
		July		30		Age 8	
		Sex		Color or Race		Birth-place	
		Male		White		Balto. Co. Md	
		Married, Single or Widowed		Occupation			
Single		None					
Name of Wife or Husband							
Father's Name		Karl Gorn				Father's Birthplace	
Germany		Mother's Maiden Name		Kunigunda Heertel		Mother's Birthplace	
Germany		Name of person giving information		Karl Gorn		How related to deceased	
Father							
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Bunch. Pneumonia				92	
		Immediate				How long	
		Edema of lungs					
		Are the name, age, sex, color, date and place correctly given above?					
				Signature of Physician		Albertus Cotton	
				Address		1828 E. Balto St	
Accident or Suicide?							

Sacred Heart Cemetery

August 1st 1903

Germanus Thane

Undertaker