

Name
in Full

CERTIFICATE OF DEATH

infant
Town *Ab* County *Allegh*

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cumberland* *MARYLAND*

Date of death *1910* Month *May* Day *31* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Cumberland*

Occupation *— None* Where residing if not at place of death *—*

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

Father's Name *Daniel Abe.* Father's Birthplace *Md*

Mother's Maiden Name *Mary E Webber* Mother's Birthplace *Md.*

Name of person giving information *Daniel Abe.* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Prematurity* How long *7 mos child*

Immediate *still born* How long *—*

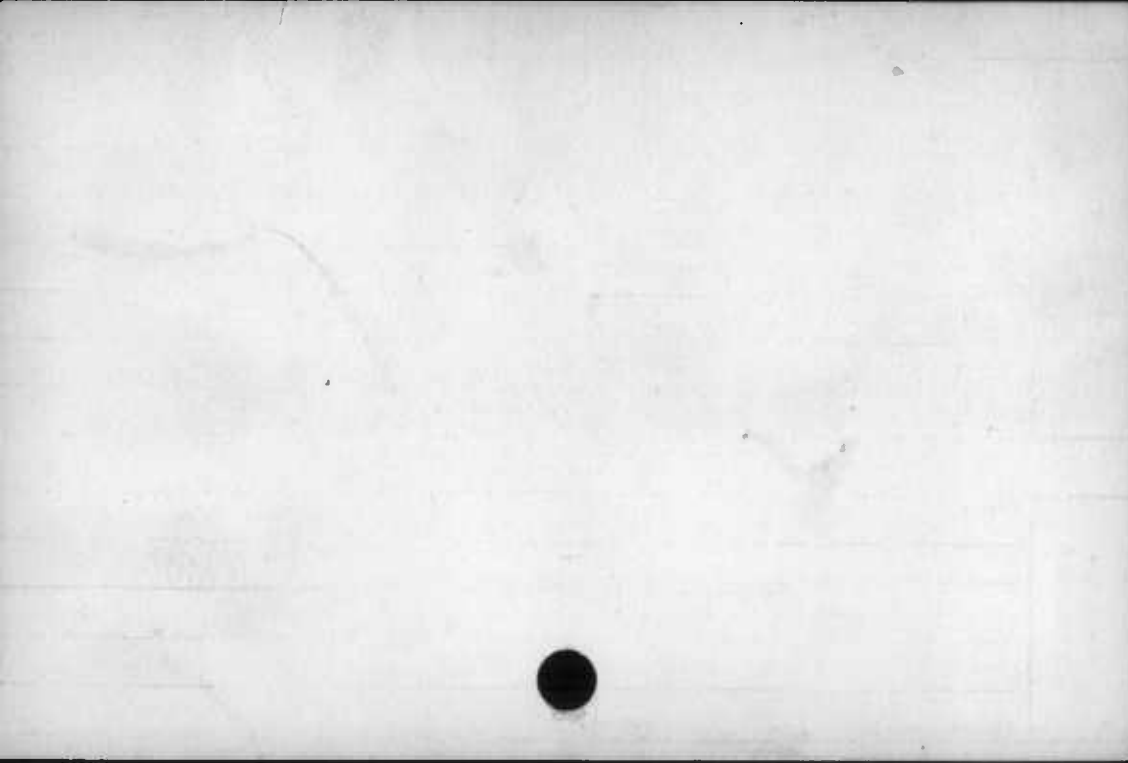
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr C L Oliver*

Address *Cumberland*

Accident or Suicide? *no*

led



Name
In Full

Margaret Barth

CERTIFICATE OF DEATH

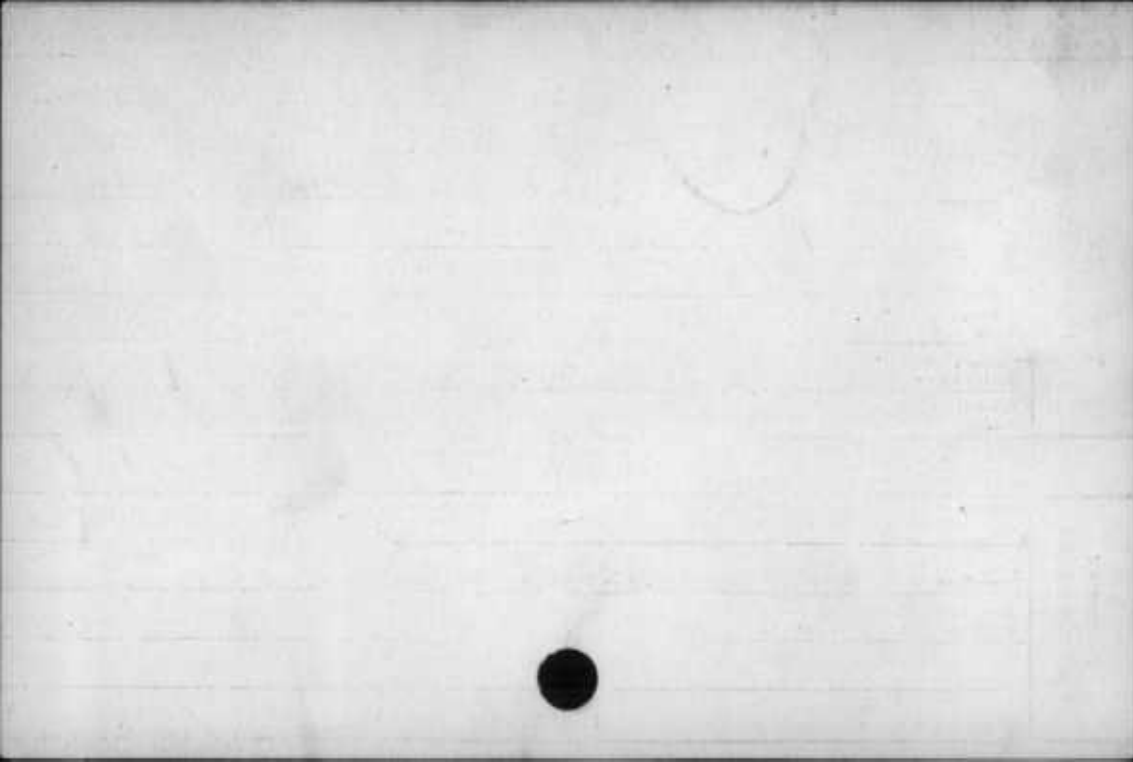
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Alleg		MARYLAND	
Date of death	1940	Month	May
	Day	16	Age
	Years	82	Months
	Days		
Sex	Female	Color or Race	White
Occupation	Home	Birth-place	Altovine
Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Christopher Barth
Father's Name	Jacob Stumpf	Father's Birthplace	md
Mother's Maiden Name	Swille Riley	Mother's Birthplace	Pg
Name of person giving information	Jane Shadwick	How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	3 da
Immediate	Chamber	How long	1 da
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Edw. M. Adams
	Steve Rose Hill	Address	Cumberland
Accident or Suicide?	No		



Name in Full *H. M. Brown*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Cumberland* ^{Town} *Alleghany* County **MARYLAND**
 Date of death *1990* Month *5* Day *12* Age *1* Years Months Days
 Sex *Male* Color or Race *White* Birthplace *Cumberland*
 Occupation _____ Where Residing if not at place of death _____
 Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *H. M. Brown* Father's Birthplace *Fredon Va*
 Mother's Maiden Name *Mary C. Trapp* Mother's Birthplace *Retard, D.*
 Name of person giving information *H. M. Brown* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Stillborn* How long *Stillborn*
 Immediate _____ How long _____
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *W. L. Braden MD*
 Address *Cumberland Md*
 Accident or Suicide *7/29/12*

Brown

#199 Arch St

Name in Full

John W. Cadwaller

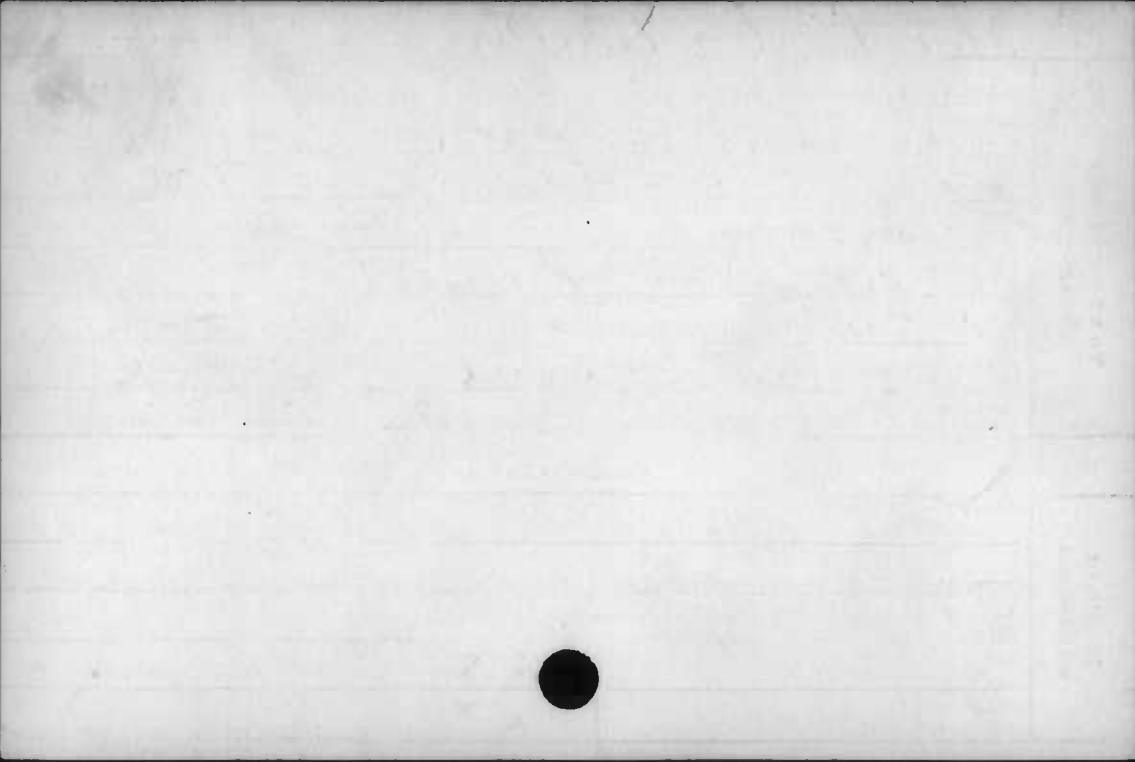
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1910	Month	May	Day	16	Age	Years 56 Months Days
Sex	Male	Color or Race	White	Birth-place	Pa		
Occupation	Laborer		Where Residing if not at place of death		-		
Married, Single or Widowed	Married		Name of Wife or Husband		Francis		
Father's Name	John Cadwaller			Father's Birthplace	D.K.		
Mother's Maiden Name	Baroline Floyd			Mother's Birthplace	D.K.		
Name of person giving information	Francis Cadwaller			How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cardiac	How long 8 hours	
	Immediate	Choked		How long
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Thos. W. Hoar
	Accident or Suicide?	Stream Presaptown	Address	Cumberland Md



Bruce Camuso

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town} <i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>19/0</i>	Month <i>May</i>	Day <i>9</i>	Age <i>27</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Italy</i>	Months <i>7</i>
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Swanton, Md</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Not known</i>		
Father's Name <i>Not known</i>	Father's Birthplace <i>Not known</i>		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <i>J. B. Peck</i>	How related to deceased <i>Not related</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>Not known</i>
Immediate <i>Exhaustion</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Davis</i>
	Address <i>Cumberland, Md.</i>
<i>L</i> Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Cowden

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtuburn</u> Town			<u>accopy</u> County			MARYLAND		
Date of death	19 <u>00</u>	Month <u>may</u>	Day <u>22</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>Cumtuburn Md</u>				
Occupation <u>—</u>	Where Reading if not at place of death <u>at place of death</u>							
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>							
Father's Name <u>A H Cowden</u>	Father's Birthplace <u>Md</u>							
Mother's Maiden Name <u>Helena Collins</u>	Mother's Birthplace <u>Md</u>							
Name of person giving information <u>Helena Cowden</u>	How related to deceased <u>mother</u>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</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>[Signature]</u>
<u>Stein</u>	Address <u>Cumtuburn Md</u>
Accident or Suicide? <u>—</u>	<u>Md</u>

16
16
16

Name
in
Full

Margaret Shanley

CERTIFICATE OF DEATH

Died at *Pekin* ^{Town} *Adelphi* ^{County} **MARYLAND**Date of death **1900** ^{Month} *May* ^{Day} *(27)* ^{Year} *83* ^{Age} *83* ^{Months} *—* ^{Days} *—*Sex *Female* Color or Race *White* Birth-place *Ireland*Occupation *Housewife* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of ~~Wife~~ ^{Husband} *Mat Shanley*Father's Name *Morris Connors* Father's Birthplace *Ireland*Mother's Maiden Name *Julia Keiff* Mother's Birthplace *Ireland*Name of person giving information *Mary Shanley* How related to deceased *Daughter*

90

CAUSES OF DEATH

Primary *Bronchitis with oedema* How long *10 - weeks*Immediate *Pleurisy* How long *3 days -*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *James O. Bullard M.D.*Address *Louisa Maryland*Accident or Suicide *no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Printed
in
Great
Britain



Name
In
Full

Michael Dickel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Int Savage</i>		County <i>Alleghany</i>		MARYLAND	
Date of death	1910	Month	May	Day	30
Age	86	Years		Months	5
		Days	1		
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Miner		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Elizabeth Dickel		
Father's Name	Nicholas Dickel		Father's Birthplace	Germany	
Mother's Maiden Name	Mary Ann Poppert		Mother's Birthplace	Germany	
Name of person giving information	Nicholas Dickel		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stroke</i>	How long	<i>154</i>
Immediate	<i>Diarrhea</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. Alan G. Murray M.D.</i>
		Address	<i>Int Savage</i>
Accident or Suicide?			<i>no</i>



Name
in
Full

Wifford Dietz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Blundell* ^{Town} *Alleg* ^{County} MARYLAND

Date of death 1910 ^{Month} *May* ^{Day} *18* Age ^{Years} *4* ^{Months} *4* ^{Days} *15*

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

Occupation *none* Where Residing if not at place of death *—*

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

Father's Name *Leahvey Dietz* Father's Birthplace *Md*

Mother's Maiden Name *Phoebe Palmer* Mother's Birthplace *Md*

Name of person giving information *Harvey Dietz* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Broncho Pneumonia* ^{How long} *(91)*

Immediate *Asphyxia* ^{How long} *6 hours*

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

Signature of Physician *John L. Linnfield*

Address *385 Metairie st.,
Bran*

Accident or Suicide?

25

2481
9161



Name
in
Full

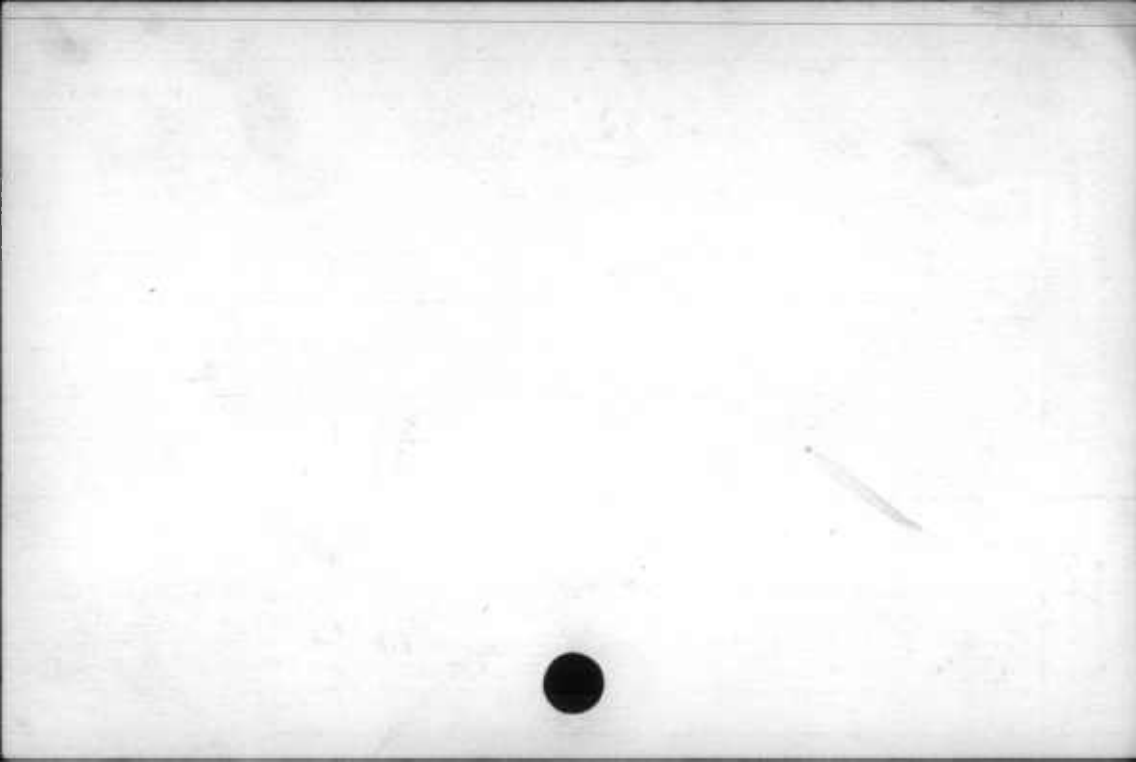
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James Doyle</i>		Town <i>Lonscombing</i>		County <i>Allegheny</i>		State MARYLAND	
Date of death <i>1940 May 17</i>		Month <i>May</i>	Day <i>17</i>	Age <i>72</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bova Scotia</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife Husband <i>Annie F. Croser (deceased)</i>					
Father's Name <i>Robt Doyle</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Annie Fitzpatrick</i>				Mother's Birthplace <i>Ireland</i>			
Name of person giving Information <i>Mrs Jno Russell</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Chronic Endocarditis</i>	How long <i>Some years</i>
	Immediate <i>Acute dysentery</i>	How long <i>4 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Skilling M.D.</i>
	Address <i>Lonscombing</i>	
Accident or Suicide <i>No</i>		



Name
in FullMaria ^{CO} Eisenbroun

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Eckhart ^{Town}

County

Alley

MARYLAND

Date
of death

1940

Month

May

Day

19

Age

Years

67

Months

6

Days

28

Sex

F

Color or
Race

W

Birth-
place

Va

Occupation

Housewife

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

Married

Name of Wife or
Husband

Leopold Eisenbroun

Father's
Name

—

Bowling

Father's
Birthplace

Va

Mother's
Maiden Name

Mama Wallace

Mother's
Birthplace

Va

Name of person giving
Information

Geo Eisenbroun

How related
to Deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

How long

92 one week

Immediate

ll

How long

"

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

Address

J. Griffith
M. S. S. S.

Mol

PHYSICIAN
OR CORONER

Accident or Suicide

Eckhard

J Hoyer

611

Name
in Full

Bridget A. Fahey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at Cumberland Allegheny
 MARYLAND
 Date of death 1910 May 15 Age 67 Months — Days —
 Sex Female Color or Race White Birth-place Virginia
 Occupation retired house keeper Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Thomas
 Father's Name Daniel W. Gennis Father's Birthplace Ireland
 Mother's Maiden Name Mary Hamilton Mother's Birthplace Ireland
 Name of person giving information David Patrick Fahey How related to deceased son

CAUSES OF DEATH

Primary Abdominal disease How long 3 weeks
 Immediate Post operative shock How long 36 hrs

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

Yes

Signature of Physician

Address

Accident or Suicide?

Louis Orleans, MdCumberland

8-30 N. Ma. Med.

Reserve
August 6th.

Name
in
Full

George E Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

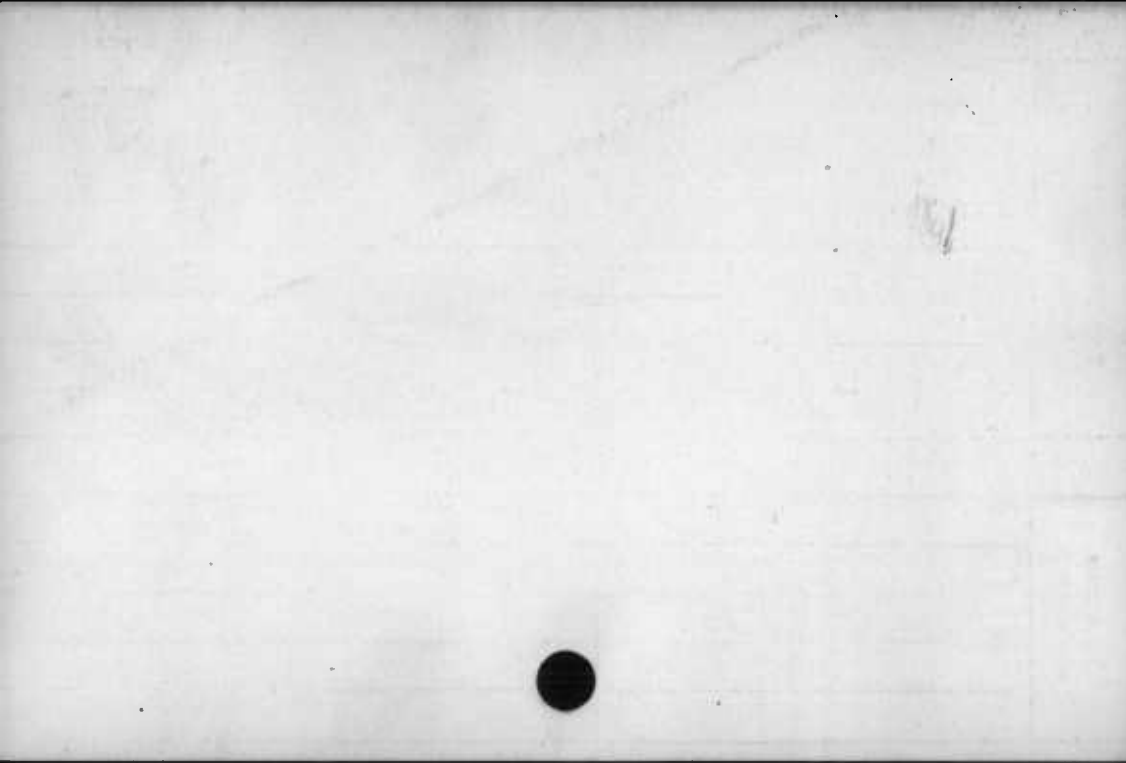
Died at		Town <i>Cumuld</i>		County <i>Allegh</i>		STATE MARYLAND	
Date of death	1910	Month	<i>May</i>	Day	<i>9</i>	Years	<i>51</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Pa.</i>
Occupation	<i>Restaurant Keeper</i>		Where residing if not at place of death		<i>Hay St.</i>		
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband		<i>Unknown</i>		
Father's Name	<i>Amrad Fisher</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Margaret</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Charles Fisher</i>				How related to deceased	<i>Bro.</i>	

113

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Corrhosis of Liver.</i>	How long	<i>6 mo.</i>
Immediate	<i>Starvation + exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>F. B. Boddle</i>
<i>True</i>		Address	<i>Cumuld</i>
Accident or Suicide?		<i>No</i>	



Elizabeth Flickinger

Town

County

MARYLAND

Died at Cumberland

Allegany

Date

Month

Day

Years

Months

Days

of death 1910

May

24

Age

76

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

retired housekeeper

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

Widow

Name of ~~Wife~~
Husband

George Flickinger

Father's
Name

Wm.

Snyder

Father's
Birthplace

Pa

Mother's
Maiden Name

Do not know

Mother's
Birthplace

D. K.

Name of person giving
in formation

Jacob S Flickinger

How related
to deceased

Son

Fairhope Pa

CAUSES OF DEATH

10

Primary

La grippe Orbits face

How long

1 mo

Immediate

Exhaustion

How long

2 days

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

yes

Signature of
Physician

W. J. Broadus M.D.

Address

Baltimore

Accident or Suicide?

No

Cumberland Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

21 Race St.

3 sons 2 daughters.

Faintly remembered to be
Thursday.

Name in Full

Robert Herbert Gordon

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cumberland Alleg County MARYLAND

Date of death 1960 May 10 Age 58 Months Days

Sex Male Color or Race White Birth place Maryland

Occupation Lawyer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary Gordon

Father's Name Josiah H Gordon Father's Birthplace Pa

Mother's Maiden Name Katharine Unlaugh Mother's Birthplace Md

Name of person giving information Mary Gordon How related to deceased Wife

CAUSES OF DEATH

Primary Pulmonary Embolism How long 94

Immediate Pulmonary Embolism How long 94

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

Stein

Signature of Physician

Address

W. W. Wiley
Cumberland, Md.

Accident or Suicide

March 19 -

1010

1852

2862

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Kenneth W. Griffith		County		MARYLAND	
Died at <u>Freshwater</u>		Age		25 days	
Date of death 19 <u>40</u> <u>May</u> <u>11</u>		Where Residing if not at place of death		Freshwater	
Sex <u>M</u>		Color or Race <u>W</u>		Birth place <u>Freshwater</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>David Griffith</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Corie Richardson</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

Primary	<u>Phemina</u>	How long	<u>3 days</u>
Immediate	<u>—</u>	How long	<u>—</u>

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

Signature of Physician

Address

Accident or Suicide

OK

Name
in Full

CERTIFICATE OF DEATH

Louis Francis Harbaugh
Town Cumberland County

Died at Cumberland Maryland

Date of death 1900 May 6 Age 31 8 Months 3 Days

Sex male Color or Race white Birth-place Cumberland

Occupation Merchant Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Martha Ellen (Kistner)

Father's Name Simon Peter Father's Birthplace Cumberland

Mother's Maiden Name Ellen Callahan (20) Mother's Birthplace Cumberland

Name of person giving information Ellen Harbaugh How related to deceased Daughter

CAUSES OF DEATH

Primary Bright's Disease How long 2 yrs

Immediate Arterio Sclerosis, Paralysis How long 3 days

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

Signature of Physician A. P. L. L. L.

Address Cumberland MD

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Dr. Braithwaite.

Name in Full

Margaret Hausel

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at		Tow ⁿ <i>Cumtulaud</i>		County <i>Allegh</i>		MARYLAND	
Date of death	191 <i>0</i>	Month <i>May</i>	Day <i>17</i>	Age <i>42</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>W. Va</i>
Occupation	<i>None</i>			Where Reading if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Josephus Hausel</i>				
Father's Name	<i>James Lisk</i>				Father's Birthplace <i>W. Va</i>		
Mother's Maiden Name	<i>Harriett Getters</i>				Mother's Birthplace <i>W. Va.</i>		
Name of person giving information	<i>Anna Williams</i>				How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Uterine Fibromata</i>	How long	<i>1 yr or less</i>
Immediate	<i>Ephemia following Removal</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>Geo. Bradus M.</i>
	<i>Steve Rose Hill</i>	Address	<i>Cumtulaud W. Va</i>
Accident or Suicide?	<i>No</i>		

Leaves 4

4 Brothers 3 sisters

Name
In Full

Edward F. Harris

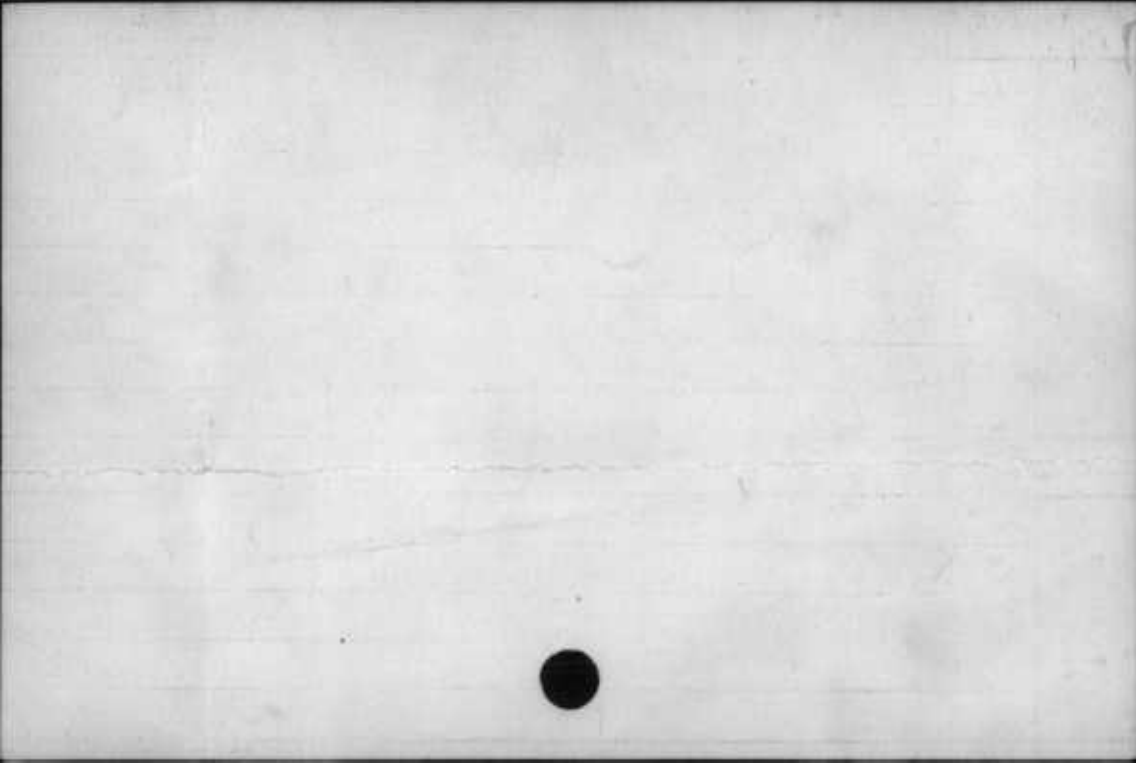
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Divided ^{Town} <i>New Cumberland</i> ^{County} <i>Allegheny</i>		State <i>MARYLAND</i>	
Date of death 19 <i>10</i>	Month <i>May</i>	Day <i>10</i>	Age <i>2 weeks</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>	
Occupation <i>None</i>	Where Reading if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>		
Father's Name <i>Geo Harris</i>	Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Frances H. Lynch</i>	Mother's Birthplace <i>W Va</i>		
Name of person giving information <i>" " "</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Broncho Pneumonia</i>	How long <i>4 days</i>
	Immediate <i>Heart failure</i>	How long <i>4 days</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M J Simmons</i>
	<i>Stem</i>	Address <i>Leeds MD</i>
Accident or Suicide?		



Name
in
Full

George Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		County		MARYLAND	
Date of death 1940		Month	Day	Age	Years
1940		5	23	93	4
Sex	Color or Race	Birth-place		Days	
Male	White	Ireland		16	
Occupation	Where Residing if not at place of death				
Soap-maker					
Married, Single or Widowed	Name of Wife or Husband				
Widowed	Agnes Magness				
Father's Name	Father's Birthplace				
Thomas Hill	Ireland				
Mother's Maiden Name	Mother's Birthplace				
Rebecca Malone	Ireland				
Name of person giving Information	How related to deceased				
Robert M. Hill	Son				

CAUSES OF DEATH

Primary	Intra-capsular fracture of femur	How long	1 week
Immediate	Exhaustion (Senile)	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		J. Osby	
		Frostburg Md	
Accident or Suicide			

Allegany

ak

Name in Full

Sara Hoffmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓ Near

Cumberland Allegany

Town

County

MARYLAND

Date of death 1900 5 15 Age 72

Sex Female Color or Race white Birthplace md Occupation Housewife Where Residing if not at place of death Cumberland

Married, Single or Widowed Married Name of Wife or Husband Geo Hoffmann

Father's Name Thomas Rice Father's Birthplace md

Mother's Maiden Name Harriett Rice Mother's Birthplace md

Name of person giving Information Thomas Hoffmann How related to deceased Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

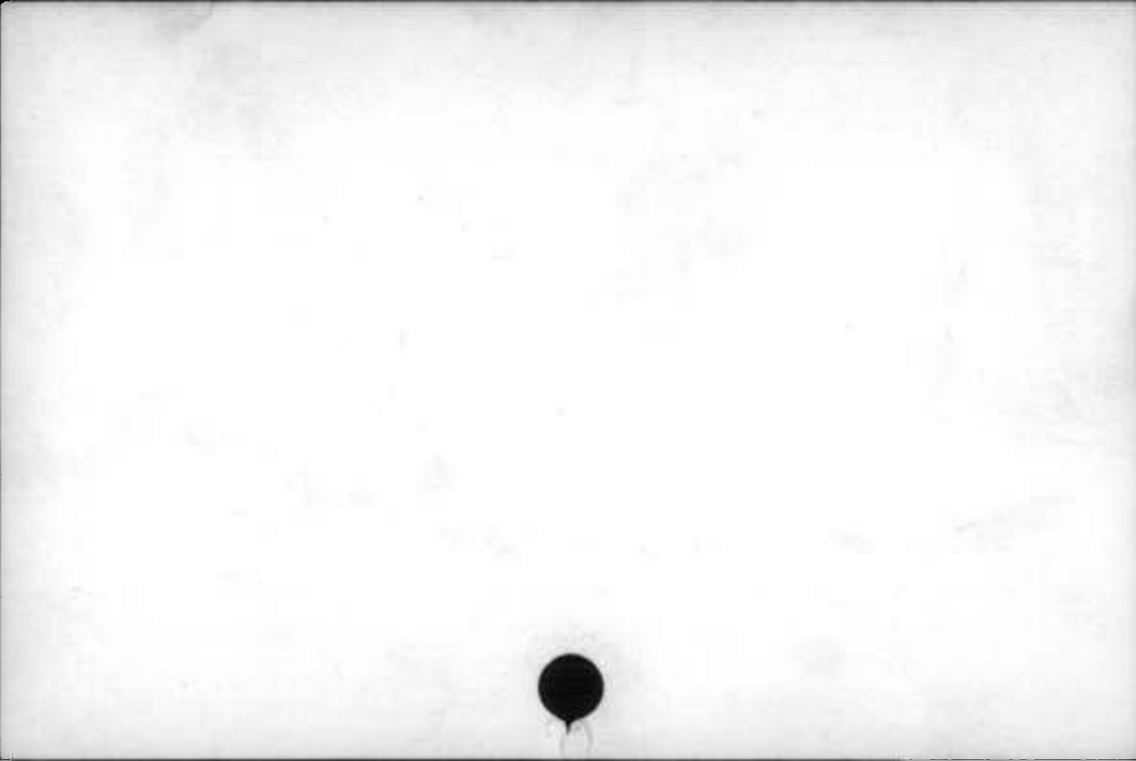
Primary Organic disease of heart How long Several years

Immediate Heart failure & Dropsy How long Several days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H.W. Hodgson

Address Cumberland Md.

Accident or Suicide No J.C.W. M.H. Assistant.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Hosken*

Town *Lord* **County** *Alleghany* **STATE** *MARYLAND*

Died at *Lord* **County** *Alleghany*

Date of death *1960* **Month** *May* **Day** *13* **Age** *58* **Years** *58* **Months** *—* **Days** *—*

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

Occupation *Miner* **Where Residing if not at place of death** *"*

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

Father's Name *John Hosken* **Father's Birthplace** *England*

Mother's Maiden Name *Elisa Lybaugher* **Mother's Birthplace** *"*

Name of person giving information *Jacob Crosby* **How related to deceased** *Nephew*

CAUSES OF DEATH

173

PHYSICIAN
OR CORONER

Primary *Hall of roof coal* **How long** *Immediate*

Immediate *Interfal hemorrhage* **How long** *"*

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

Signature of Physician *Coroner (for them)*

Address *John Dressman*

Accident or Suicide? *Accident* *Robert D. D.*

al



Name is Full

Winfield Scott Jordan

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Alleg MARYLAND

Date of death 1910 ^{Month} May ^{Day} 15 ^{Years} Age, 61 ^{Months} ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place} Cumberland

Occupation Plasterer ^{Where Residing if not at place of death}

Married; Single or Widowed ^{Name of Wife or Husband} Harriet

Father's Name Joseph R. Jordan ^{Father's Birthplace} Cumberland

Mother's Maiden Name Catherine Scott ^{Mother's Birthplace} Alleg. Co.

Name of person giving information George E. Jordan ^{How related to deceased} Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Carcinoma of Stomach ^{How long} 6 months

Immediate Exhaustion ^{How long}

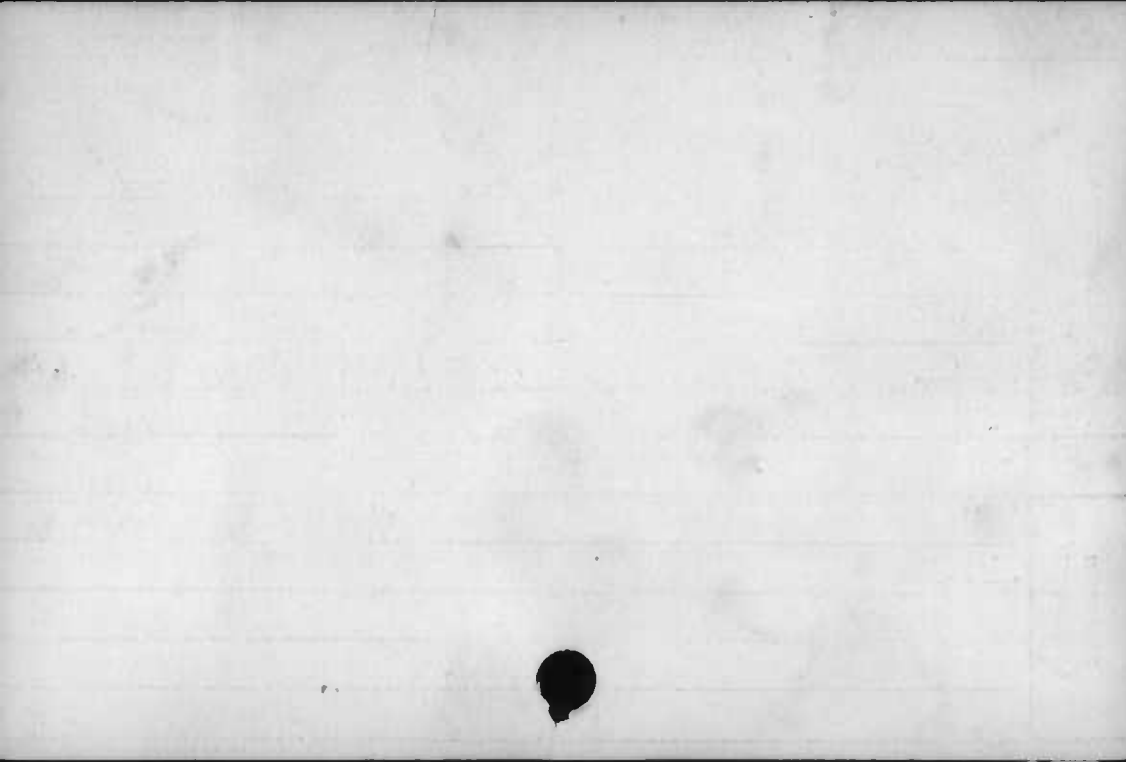
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician F. W. Fichtman

Stain

Address Logansport

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Anton Hastner

Town

County

MARYLAND

Died at

Cumberland Alleg.

Date of death

1980

Month

May

Day

10

Age

Years

67

Months

16

Days

—

Sex

Male

Color or Race

White

Birth-place

Germany

Occupation

Watchman

Where Residing if not at place of death

—

Married, Single or Widowed

Married

Name of Wife or Husband

Mary Gross

Father's Name

Do not know

Father's Birthplace

DK

Mother's Maiden Name

"

"

Mother's Birthplace

(40)

Name of person giving information

Anthony Hastner

How related to deceased

Son

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Carcinoma Stomach

How long

One year

Immediate

Exhaustion

How long

says

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

yes

Signature of Physician

J. N. Sochman

Address

Cumberland Md

PHYSICIAN
OR CORONER

Accident or Suicide

James C. DeJohn
at Boston
February 9 1846

Name in Full

Harry V. Ketzner

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cambridge Academy County MARYLAND

Date of death 1900 Month 5 Day 3 Age 23 Years Months Days

Sex Male Color or Face White Birthplace Harpers Ferry

Occupation General Where Residing if not at place of death Cambridge

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

Father's Name John. Ketzner Father's Birthplace Harpers Ferry

Mother's Maiden Name Georgina J. Gorney Mother's Birthplace Wheaton Va

Name of person giving information John. Ketzner How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Gun shot wound How long

Immediate Exhaustion How long

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

Signature of Physician Coroner John J. Dressman

Address Com'd Old

Accident or Suicide Suicide

159

Dr. Proctor

Name
In Full

Mrs. Agnes Koronchan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Alleg</u> <small>County</small>		MARYLAND	
Date of death <u>1910</u>	<u>May</u> <small>Month</small>	<u>210</u> <small>Day</small>	Age <u>49</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Austria</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>Somerville</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Anthony</u>				
Father's Name <u>J. Levec</u>	Father's Birthplace <u>Austria</u>				
Mother's Maiden Name <u>I do not know</u>	Mother's Birthplace <u>Austria</u>				
Name of person giving information <u>Antonia Koronchan</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

Primary

Tuberculosis28

How long

6 mos

Immediate

Chancrosis

How long

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

Yes

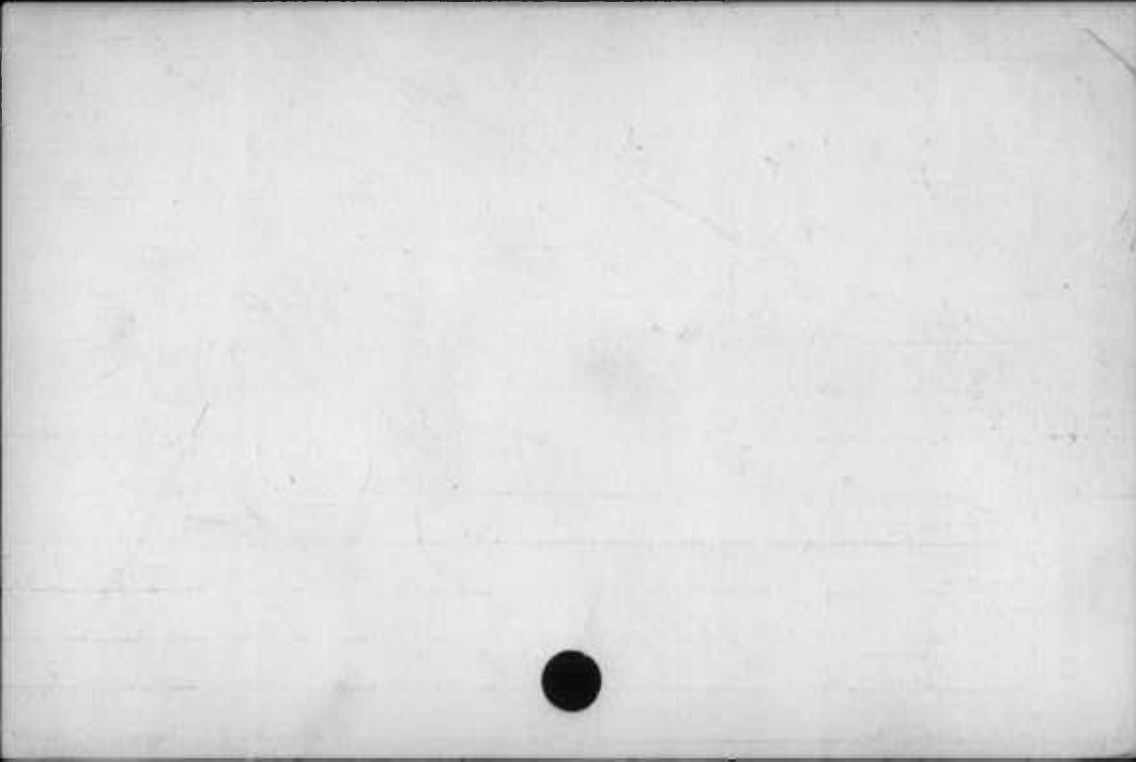
Signature of Physician

Thos. M. Lauer

Address

Brookside, Md.
1 per

Accident or Suicide?



Name in Full

Conrad Philip Rapp

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Protestburg ^{Town} Alleghany ^{County} MARYLAND

Date of death 1980 ^{Month} 5 ^{Day} 4 Age 5 ^{Years} — ^{Months} — ^{Days} 4

Sex Male Color or Race white Birth-place Protestburg

Occupation — Where Residing if not at place of death —

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

Father's Name John Rapp Father's Birthplace Cargonsville

Mother's Maiden Name Lizzie Knoff Mother's Birthplace Protestburg

Name of person giving information John Rapp How related to deceased Father

CAUSES OF DEATH

Primary Cyanosis (152) How long 12 hours

Immediate — How long —

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

— Address Protestburg

H Accident or Suicide —

Jacob Hafers
Allinghaus

WR

Name
In Full

CERTIFICATE OF DEATH

Kurt Saylor

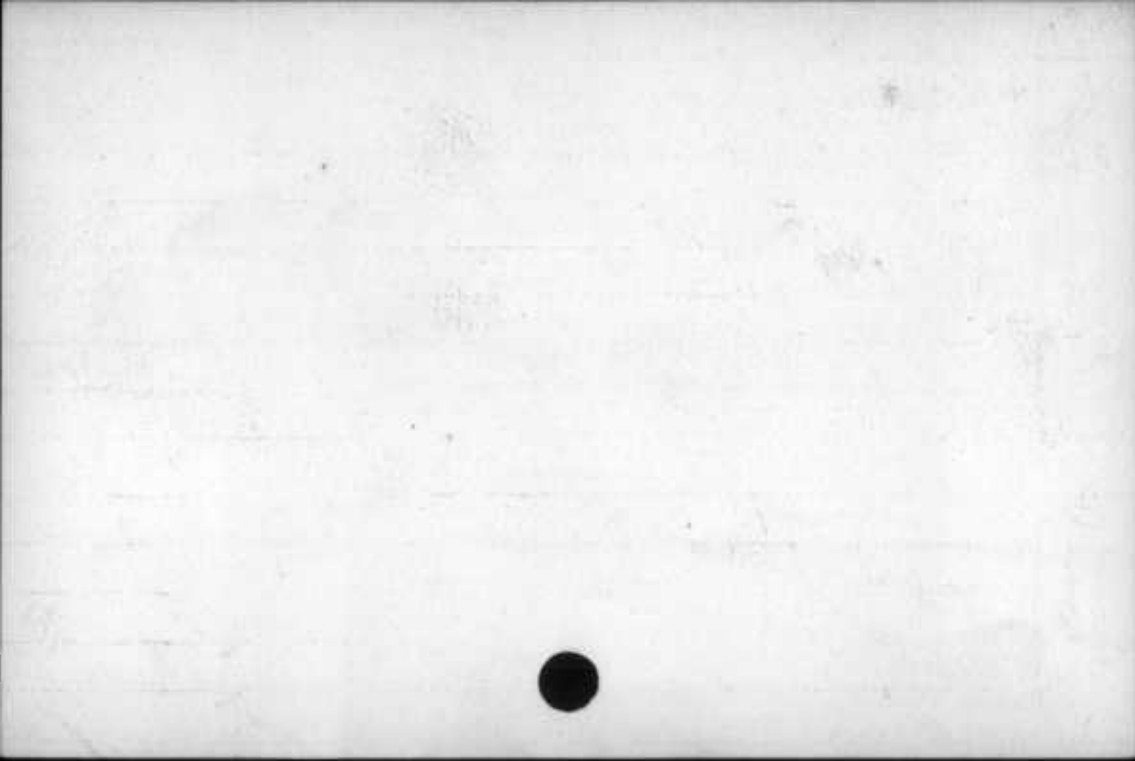
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chamberland</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	<i>1990</i>	Month <i>5</i>	Day <i>14</i>	Age	<i>26</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex	<i>Male</i>	Color or Race	<i>Caucasian</i>	Birthplace	<i>Unknown</i>
Occupation	<i>Unknown</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Unknown</i>	Name of Wife or Husband	<i>Unknown</i>		
Father's Name	<i>" "</i>	Father's Birthplace	<i>Unknown</i>		
Mother's Maiden Name	<i>" "</i>	Mother's Birthplace	<i>" " "</i>		
Name of person giving information	<i>G. S. Putter</i>		How related to deceased	<i>None</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Cardiac Failure</i>	How long	<i>15 minutes</i>
Immediate	<i>Exhaustion</i>	How long	<i>.5 "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Surgeon [Signature]</i>
		Address	<i>Chamberland, Md.</i>
Accident or Suicide?	<i>Farmout [Signature]</i>		



Name in Full

Clifton A. Lowther

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Near Cumberland Allegany County MARYLAND

Date of death 1940 May 6 Age — Months — Days 19

Sex Male Color or Race White Birth-place Pa

Occupation None Where Residing if not at place of death —

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

Father's Name Okey Lowther Father's Birthplace W. Va.

Mother's Maiden Name Emma Willeson Mother's Birthplace Pa

Name of person giving information Okey Lowther How related to deceased Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Broncho-pneumonia How long 8 days.

Immediate Infection How long 3 days.

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

Signature of Physician William R. Leonard

Address 109 Va-ave, Cumberland, Md.

Accident or Suicide —



Name

John Mc Culley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} So Cumberland ^{County} Alleg **MARYLAND**

Date of death 1910 ^{Month} May ^{Day} 24 Age ^{Years} 59 Months _____ Days _____

Sex male Color or Race White Birth-place Md

Occupation Tin worker Where Residing if not at place of death _____

Married, Single or Widowed married Name of Wife or Husband Susan Nordland

Father's Name Will Mc Culley ✓ Father's Birthplace Ireland

Mother's Maiden Name Sarah Helper Mother's Birthplace Dk.

Name of person giving information Wm Mc Culley (19) How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Valvular Heart trouble How long 3 years

Immediate Bright's disease How long 1 year

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

Signature of Physician P. H. Backwell

Steu

Address Cumberland;

F

Accident or Suicide?

Wicks & Childs

15 May —

President

Name
In Full

George Edwini Maydwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
FrostburgCounty
Allegany

MARYLAND

Date of death

1910

190

Month

5

Day

8

Age

Years

59

Months

5

Days

9

Sex

M.

Color or Race

W.

Birth-place

Baltimore Md

Occupation

Minister

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Mary S. Maydwell

Father's Name

William Maydwell

Father's Birthplace

Maryland

Mother's Maiden Name

Mary A. Herring (28)

Mother's Birthplace

Maryland

Name of person giving Information

Grace E. Maydwell

How related to deceased

Daughter.

CAUSES OF DEATH

Primary

Tuberculosis.

How long

3 yrs.

Immediate

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

Yes

Signature of Physician

Dr. W. M. Lane

Address

Frostburg Md

Accident or Suicide

PHYSICIAN
OR CORONER

OK



Name
In
Full

Infant Thomas Middletown

CERTIFICATE OF DEATH

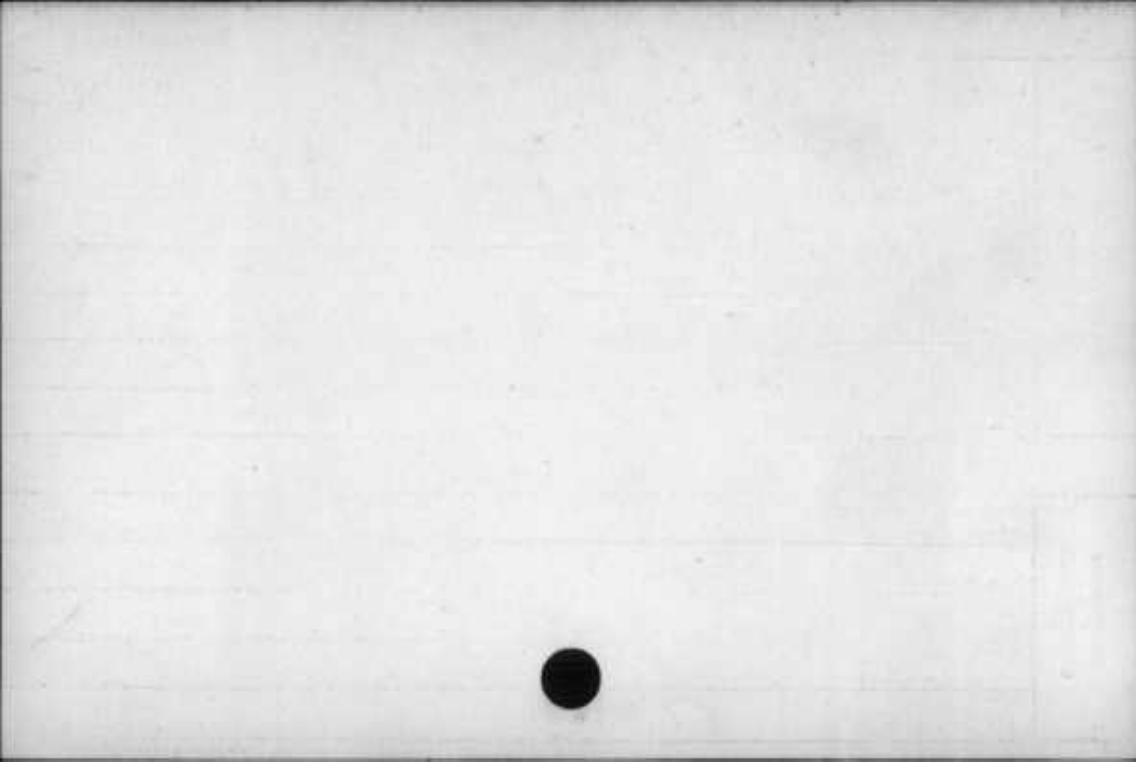
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Spring Gap</i>		County <i>Allegh</i>		STATE <i>MARYLAND</i>	
Date of death	19 <i>10</i>	Month <i>May</i>	Day <i>1</i>	Age	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Spring Gap</i>
Occupation	<i>None</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				<i>None</i>
Father's Name	<i>Thomas Middletown</i>				Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>Laura Swigg</i>				Mother's Birthplace	<i>Md.</i>	
Name of person giving Information	<i>C. J. Fisher</i>				How related to deceased	<i>none</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Stillborn</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>Sarah Cogell</i>
		Address	<i>Spring Gap</i>
Accident or Suicide?	<i>SP 104</i>		



Name
In Full

Arthur S. Mikewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		STATE	
	Frostburg		Allegany		MARYLAND	
Date of death	Year	Month	Day	Age	Years	Months
	1910	5	25	-	-	10
Sex	Color or Race		Birth-place			
	M.		W.		Md.	
Occupation			Where Reading if not at place of death			
Ches.			✓			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name			Father's Birthplace			
John Mikewell			Penna.			
Mother's Maiden Name			Mother's Birthplace			
Alice Lynch			Penna.			
Name of person giving information			How related to deceased			
Mrs. Alice Mikewell			Wife			

CAUSES OF DEATH

Primary

Pneumonia

How long

How long

11 Days

Immediate

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

Signature of Physician

Address

Dr. J. O. McPhee
Frostburg, Md.

Accident or Suicide?

ack

W. J. G. S. M.

Name
in
Full

Alta-Beatrude Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
	Forestburg	Alley				
Date of death	Month	Day	Age	Years	Months	Days
	1950	May	28	24	3	21
Sex	F	Color or Race	W	Birthplace	Valonia, Ohio.	
Occupation	Housewife		Where Residing if not at place of death		—	
Married, Single or Widowed	Single		Name of Wife or Husband		Ara Morgan	
Father's Name	James B. McGuire		Father's Birthplace		Dillies Bottom, Ohio	
Mother's Maiden Name	E. E. Jones		Mother's Birthplace		Cumberland, Ohio	
Name of person giving Information	John Myers		How related to deceased		Brother in Law	

CAUSES OF DEATH

Primary	Pneumonia	How long	4 days
Immediate	Cardiac failure	How long	—

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

Signature of Physician

Address

Griffitt
Forestburg Md

Accident or Suicide

OK

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Leary Myers Leary County MARYLANDDate of death 1900 May 20 20 20 20
Month Year Days Months DaysSex Male Color or Race W Birth-place Frostburg

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____Father's Name Joseph W. Myers Father's Birthplace FrostburgMother's Maiden Name Catherine Thomas Mother's Birthplace FrostburgName of person giving Information Family How related to deceased _____

CAUSES OF DEATH

Primary Appendicitis and typhoid fever 2 and 6 weeks
How longImmediate Pancreatitis and Peritonitis 2 weeks
How longAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician J. C. CoberAddress FrostburgAccident or Suicide No

100

Allegory

Democracy

Name
in
Full

Robert Oss.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brasport</i> <small>Town</small>		<i>alleg.</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i> <small>Year</small>	<i>May</i> <small>Month</small>	<i>28</i> <small>Day</small>	Age	<i>65</i> <small>Years</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Martha Oss</i>		
Father's Name	<i>Do not know</i>		Father's Birthplace	<i>Dk</i>	
Mother's Maiden Name	<i>"</i>	<i>"</i>	Mother's Birthplace	<i>Dk.</i>	
Name of person giving information	<i>Kimmie McKenzie</i>		How related to decedent	<i>Daughter</i>	

CAUSES OF DEATH

Primary *Bright's Disease Renal Arteriosclerosis* 170 *3 years*

Immediate *Hemorrhage* 170 *One to 24 hours.*

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

Yes

Signature of Physician

Address

C. L. Cunningham

Brasport

Md.

Accident or Suicide?

Wife -

7 children -

Name in Full

Wm Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at ^{Town} Edkhart Mines ^{County} Allegany		MARYLAND	
Date of death	1900	Month	May
		Day	6
Age	54	Years	✓
Sex	Male	Color or Race	white
		Birth-place	Cumbr. Md
Occupation	Merchant		
	Where Residing if not at place of death		
	X	X	X
Married, Single or Widowed	Name of Wife or Husband		
	Eleanor Parker		
Father's Name	Wm Parker	Father's Birthplace	England
Mother's Maiden Name	Orusilla Parker	Mother's Birthplace	Pa
Name of person giving information	Newton Parker	How related to deceased	son

CAUSES OF DEATH

PHYSICIAN OR CORONER

H

Primary	Infirmity from age	How long	
Immediate	Influenza	How long	2 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	D. L. Cromwell
		Address	Edkhart Mines
Accident or Suicide?			7115

Porter Cemetery

1012

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full J. B. Patton		Town Cumulus		County Alleg		State MARYLAND	
Died at Cumulus		Date of death 1910 May 14		Age 69		Months	Days
Sex Male	Color or Race White	Occupation Car Repairer		Where Residing if not at place of death		Birth-place Pa.	
Married, Single or Widowed Married	Name of Wife or Husband Cuyahoga Patton		Father's Name Jas. Patton		Father's Birthplace D.K.		
Mother's Maiden Name Tracy Kicker		Name of person giving information Cuyahoga Patton		Mother's Birthplace D.K.		How related to deceased Wife.	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Arterio-Sclerosis (6H)	How long	
	Immediate Cerebral Hem.	How long 3 Days	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John R. Timm	
	Stew J.	Address 385 Madison	
Accident or Suicide? Rock Hill			

12 living

Name
in
Full

Mary Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <i>W. Saraga</i> <small>Town</small>		County		MARYLAND	
Date of death <i>1990</i>	Month <i>May</i>	Day <i>11</i>	Year <i>1990</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>		
Occupation <i>Housewife</i>		Where Residing if not et place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jacob Porter</i>				
Father's Name <i>Chas Mc Progan</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Ellen Barry</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving Information <i>John B. Porter</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

Primary <i>Cerebral Hemorrhage</i>	How long <i>3 weeks</i>
Immediate <i>Spinal Paralysis</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>F. Alan G. Kinnear</i>

Address

W. Saraga

Accident or Suicide



Name
in
Full

Elizabeth Radcliffe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Vale Summit ^{County} Allegany MARYLANDDate of death 1900 ^{Month} 5 ^{Day} 28 Age ^{Years} 80 ^{Months} ^{Days}

Sex female Color or Race white Birth-place England

Occupation N.C.O. Where Residing if not at place of death

Married, Single or Widowed widowed Name of Wife or Husband Jonathan Radcliffe

Father's Name John Wilton Father's Birthplace England

Mother's Maiden Name Elizabeth Wilton Mother's Birthplace England

Name of person giving Information Jos. Radcliffe - How related to deceased son.

CAUSES OF DEATH

Primary Ischaemic Cardiac Failure ^{How long} 15 1/2 years ^{How long} Frothy

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

Signature of Physician

Address

J. M. Price
Frostburg Md

Accident or Suicide

OK

at Pole Summit

Name
in
Full

Infant Mr & Mrs J. F. Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland		County		MARYLAND	
Date of death	1910	Month	May	Day	26	Age	Years
Sex	male	Color or Race	White	Birthplace	Cumberland		
Occupation	None		Where Reared if not at place of death		—		
Married, Single or Widowed	Single		Name of Wife or Husband		none		
Father's Name	Jermiah F Reynolds		Father's Birthplace		W. Va.		
Mother's Maiden Name	Anna C Rowe		Mother's Birthplace		Md.		
Name of person giving in formation	Jermiah F Reynolds		How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	S		How long	
	Immediate	Steebrow		How long	
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	C. H. Brace, M. D.
		Steeb		Address	H. O. Allz. Co., Cumberland, Md.
	Accident or Suicide?				

35 Hanover St.

Name
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: Charley Rice
 Died at: Cumberland County Seegary MARYLAND
 Date of death: 1905 Month 5 Day 22 Age 43 Months _____ Days _____
 Sex: Male Color or Race: White Birth-place: Pa
 Occupation: Farmer Where Residing if not at place of death: Seegary Road Pa Cumberland
 Married, Single or Widowed: Single Name of Wife or Husband: don
 Father's Name: Francis Rice Father's Birthplace: Pa
 Mother's Maiden Name: Ruth Dickson Mother's Birthplace: Pa
 Name of person giving information: Morris Rice How related to deceased: bro

CAUSES OF DEATH

Primary: Appendicitis How long: 10 days
 Immediate: Obstruction of intestine How long: 36 hours
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician: W. R. Hodges
 Address: Cumberland, Md
 Accident or Suicide: no

PHYSICIAN
OR CORONER

Centenary

Name
is
Full

CERTIFICATE OF DEATH

Sylvain Robey

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland		alleg		MARYLAND	
Date of death		1910	May	22	Age	66	Months — Days —
Sex	Male	Color or Race	White		Birth-place	Md	
Occupation	Laborer		Where Reading if not at place of death —				
Married, Single or Widowed	Widowed		Name of Wife or Husband Mary Doyle				
Father's Name	John Robey		Father's Birthplace		Md		
Mother's Maiden Name	Dot Knowlton		Mother's Birthplace		D.K.		
Name of person giving information	Anna Stamp		How related to deceased		Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular lesions of aortic and mitral valves		How long	Not known
Immediate	Heart disease		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
I		H. V. Deming M.D.		
Steu		Address		
		134 N. Center St		
Accident or Suicide?				

41 Chick

Anna Mary

Mary's Mother all in bits

Boyle's Book

Gray "

Tuesday am at 27 Potomac

Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George H Robinson

Town **Burrhead** County **Alleg** MARYLAND

Died at **Burrhead**

Date of death **1910** Month **May** Day **1** Age **5** Years Months Days

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

Occupation **none** Where Residing if not at place of death

Married, Single or Widowed **Single** Name of Wife or Husband **none**

Father's Name **Alex Robinson** Father's Birthplace **Va**

Mother's Maiden Name **Georgiana Adams** Mother's Birthplace **Va**

Name of person giving information **Alex Robinson** How related to deceased **Father**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Gastrointestinal Intoxication** How long **2 days**

Immediate **Convulsions** How long **10 hours**

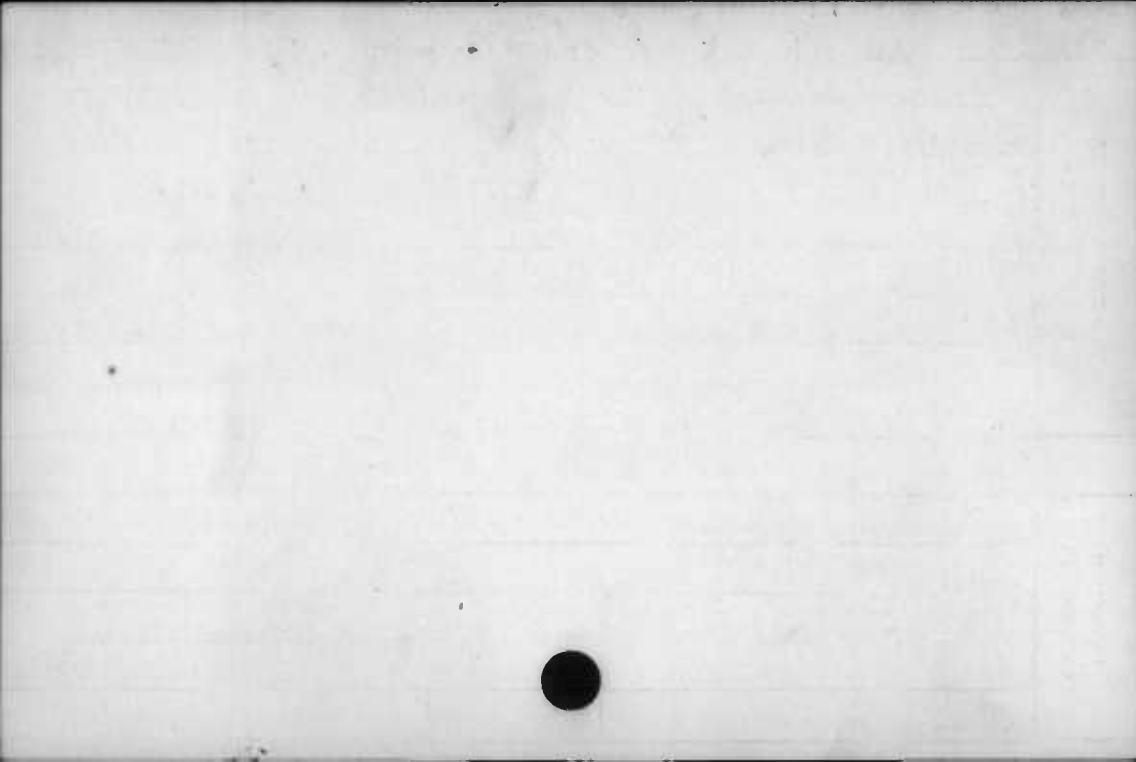
Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **E B Daybook MD**

Address **Cumberland Md**

Daybook etc

Accident or Suicide?



Name
is
Full

John Rush

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Cumbotane</u>		^{County} <u>Allegheny</u>		MARYLAND	
Date of death	<u>1990</u>	Month <u>May</u>	Day <u>8</u>	Age	Years <u>72</u> Months <u>—</u> Days <u>—</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Germany</u>
Occupation	<u>Shoemaker</u>		Where Residing if not at place of death <u>—</u>		
Married: Single or Widowed	<u>Widowed</u>	Name of Wife or Husband	<u>Barbara Rush</u>		
Father's Name	<u>Donnae Knorr</u>		Father's Birthplace	<u>Germany</u>	
Mother's Maiden Name	<u>Donnae Knorr</u>		Mother's Birthplace	<u>Germany</u>	
Name of person giving information	<u>Mrs. Chas. Quinn</u>		How related to deceased	<u>Daughter</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Advanced age</u>	How long	<u>6 H</u>
Immediate	<u>Cerebral Hemorrhage</u>	How long	<u>few moments</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. W. Jackson</u>
	<u>Stead</u>	Address	<u>Cumbotane Md</u>
Accident or Suicide?	<u>Stead</u>		



Name in Full

Mary Spies

CERTIFICATE OF DEATH

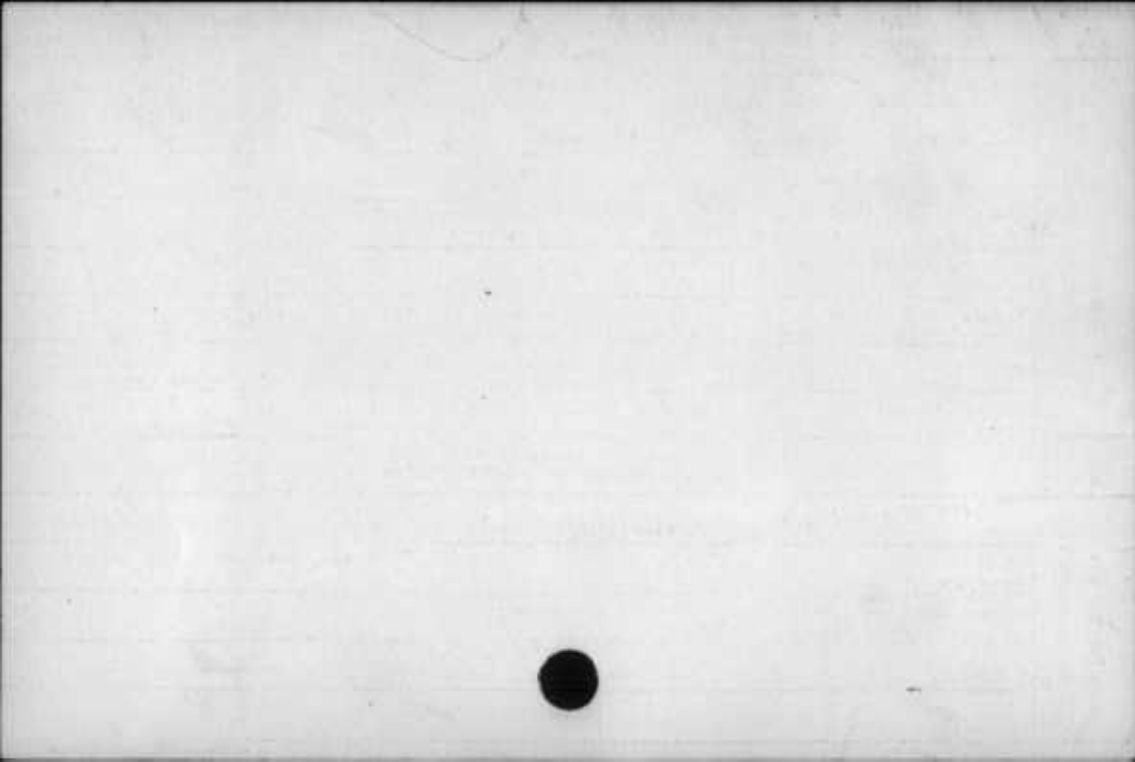
TO BE ANSWERED BY NEAREST FRIEND

Died at Cambrid ^{Town} Allegheny ^{County} **MARYLAND**
 Date of death 1914 ^{Month} May ^{Day} 14 ^{Years} 52 ^{Months} 4 ^{Days}
 Sex Female Color or Race White Birth-place Camberland
 Occupation Home Keeper Where Residing if not at place of death
 Married, Single or Widowed married Name of Wife or Husband Peter Spies
 Father's Name John Geier Father's Birthplace Germany
 Mother's Maiden Name Cathrine Geier Mother's Birthplace Germany
 Name of person giving information Peter Spies How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Lobar Pneumonia 92 How long 7 days
 Immediate Exhaustion How long
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. W. Jackson
Sister Address Foghtman
 Accident or Suicide?



Name
In
Full

Henry Spitznas Sr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Hrostburg

Maryland

MARYLAND

Date
of death

1910

Month

3

Day

28

Age

Years

35

Months

7

Days

2

Sex

M.

Color or
Race

W.

Birth-
place

Germany

Occupation

Miner

Where-Reading if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Catherine Spitznas

Father's
Name

Dont know

Father's
Birthplace

Germany

Mother's
Maiden Name

Dont know

Mother's
Birthplace

Germany

Name of person giving
information

Henry Spitznas Jr.

How related
to decedent

son

CAUSES OF DEATH

Primary

Carcinoma of face

How long

30 yrs.

Immediate

Whelanston

How long

3 months

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

Yes

Signature of
Physician

D. W. M. Lane

Address

Hrostburg Md

Accident or Suicide?

Alleghany

J. Hofer

012

Name
in Full

Mrs Elizabeth Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Lansdowne		County		Allgomery		MARYLAND	
Date of death		1960	Month	May	Day	9	Age	63	Years
Sex		Female		Color or Race		White		Birth-place	
Occupation		Housewife		Where Residing if not at place of death		—		—	
Married, Single or Widowed		Married		Name of Wife Husband		Joseph Stewart Sr		—	
Father's Name		Tom Gunter		Father's Birthplace		Calais		—	
Mother's Maiden Name		Margaret Morgan		Mother's Birthplace		Calais		—	
Name of person giving Information		Mrs Ezekiel Shokworth		How related to deceased		Daughter		—	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Chronic Endocarditis	How long	3 yrs.
	Immediate	apoplexy	How long	Suddenly
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. B. Shelling, M.D.
	Address	Lansdowne		
Accident or Suicide	No			



Name in Full

Carrie Elizabeth White

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Alleg

MARYLAND

Date of death 1910 ^{Month} May ^{Day} 16 ^{Age} 39 ^{Years} ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Md

Occupation None ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} Charles White

Father's Name Wm Albright ^{Father's Birthplace} W Va

Mother's Maiden Name Mary Stoll ^{Mother's Birthplace} Md

Name of person giving information Chris White ^{How related to deceased} Husband

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary Burned (Lamp Exp) ^{How long} 1 week

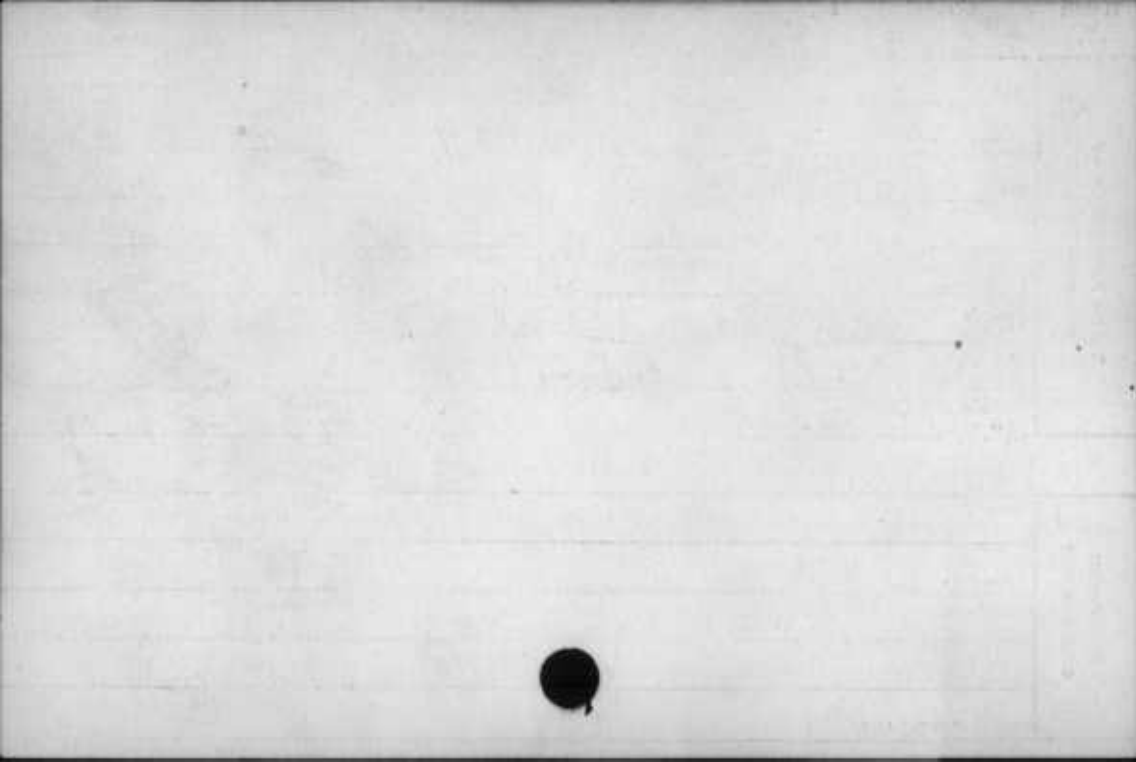
Immediate Peritonitis ^{How long} 24 hours

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

Signature of Physician J. F. ...

Accident Recipient

Address Cumberland, Md.



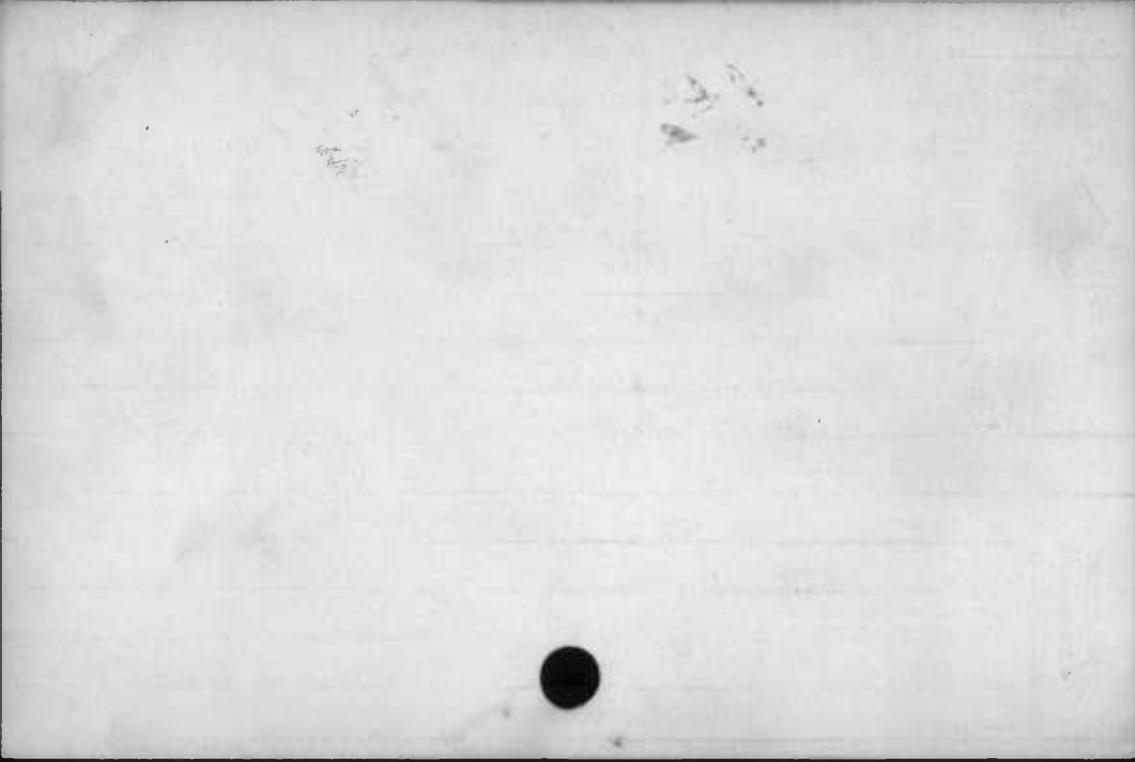
John Francis Willison

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New Cumberland		County Allegany		MARYLAND	
Date of death	1910	Month May	Day 1	Age	Years 3	Months	Days
Sex	male		Color or Race	White		Birth-place	Cumberland
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	John Willison				Father's Birthplace	Pilsborton Md	
Mother's Maiden Name	Francis Harden				Mother's Birthplace	Pa.	
Name of person giving information	John Willison				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Whooping Cough + Pneumonia	How long	5-days
	Immediate	Asphyxiation Convulsions	How long	a few hours
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H.D. Hodgson
	Stein	Address	Cumberland Md	
	Accident or Suicide?			



Name
in
Full

George Zitowski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Baltimore* ^{County} *allgey* **MARYLAND**

Date of death *1900* Month *May* Day *2* Age *8* Months *8* Days *8*

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

Occupation _____ Where Residing if not at place of death _____

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

Father's Name *Nicola Zitowski*

Father's Birthplace *Hungary*

Mother's Maiden Name *Annie Zimm*

Mother's Birthplace *Hungary*

Name of person giving Information *Annie Zitowski*

How related to deceased *mother*

CAUSES OF DEATH

Primary *Premature Birth 15 1/2* How long *1 mo*

Immediate *Exhaustion* How long *2 days*

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

Signature of Physician *F. Alan E. Humphreys*

Address *Ind Perry*

PHYSICIAN
OR CORONER

Accident or Suicide _____

