

Name  
in  
Full

Katharine E. Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <sup>Town</sup> North Branch <sup>County</sup> Balto.

MARYLAND

Date of death 1960 <sup>Month</sup> May <sup>Day</sup> 2<sup>nd</sup> Age <sup>Years</sup> 73. <sup>Months</sup> <sup>Days</sup>

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> North Branch, Md.

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

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

Father's Name Philip Allen <sup>Father's Birthplace</sup> Md.

Mother's Maiden Name Charity Parrish <sup>Mother's Birthplace</sup> Md.

Name of person giving Information Jos. M. Allen <sup>How related to deceased</sup> Brother

CAUSES OF DEATH

Primary <sup>How long</sup> Hung herself. (157)

Immediate <sup>How long</sup> Strangulation

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

Signature of Physician M. A. V. Smith, M.D.  
<sup>Address</sup> Harwoodville

Accident or Suicide <sup>Where</sup> Suicide Md. 7

Ward's Cemetery  
San R. Mer.

Name  
In Full

Tina Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cottage</i> <sup>Town</sup> <i>Town</i>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1970</i>	Month	<i>May</i>	Day	<i>29</i>
Age	<i>3</i>	Years	<i>3</i>	Months	<i>4</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Balto Co</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>None</i>			
Father's Name				Father's Birthplace	
Mother's Maiden Name	<i>Ann's Allen</i>			Mother's Birthplace <i>Id</i>	
Name of person giving information	<i>Ann's Allen</i>			How related to deceased	

## CAUSES OF DEATH

Primary	<i>Concussion</i>	<i>(MI)</i>	How long
Immediate			How long

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

Signature of Physician

Address

*A. S. Seal, M.D. (Physician)*  
*5355 E. Balto St*

Accident or Suicide?

Wren Point entry

Walt Elliott

506 Rogers Ave

Name  
in  
Full

Mary O. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Arlington* <sup>County</sup> *Baltimore* MARYLAND

Date of death <sup>Month</sup> *May* <sup>Day</sup> *21* Age <sup>Years</sup> *35* Months *9* Days *21*

Sex *Female* Color or Race *White* Birth-place *Balto County*

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

Married, Single or Widowed *Married* Name of Wife or Husband *Laurence B. Anderson*

Father's Name *Thomas M. Wilson* Father's Birthplace *Pa*

Mother's Maiden Name *Matilda Bend* Mother's Birthplace *Md*

Name of person giving Information *Laurence B. Anderson* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Pulmonary tuberculosis* How long *6 months*

Immediate *Pulmonary hemorrhage* How long *3 days*

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

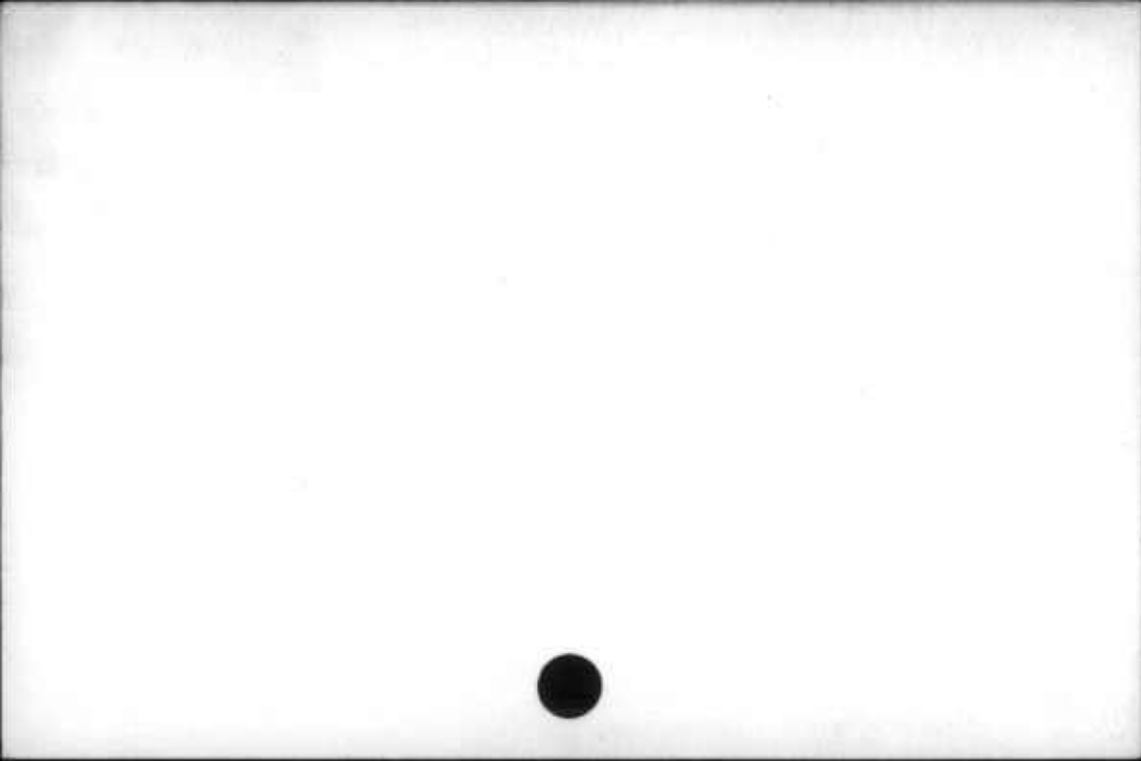
Signature of Physician

Address

*Stebutz M D*  
*714 W. Worthington Heights*  
*4765 W-36th St. Balto*

PHYSICIAN  
OR CORONER

Accident or Suicide *-*



Name  
In  
Full

Elizabeth Bailon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cuba</u> Town			<u>Balto</u> County			MARYLAND		
Date of death	19	Month	Day	Age	Years	Months	Days	
	19	May	24	40	40		4	
Sex	<u>female</u>		Color or Race	<u>colored</u>		Birth-place	<u>Cuba</u>	
Occupation	<u>Housework</u>			Where Residing if not at place of death				
<del>Married</del> Single or Widowed	<u>widowed</u>		Name of Wife or Husband <u>Robert Bailon</u>					
Father's Name	<u>James A. Johnson</u>					Father's Birthplace	<u>Synchburg Va</u>	
Mother's Maiden Name	<u>Jane Howard</u>					Mother's Birthplace	<u>Washington Co. Va</u>	
Name of person giving information	<u>James A. Johnson</u>					How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>10 months</u>
Immediate	<u>Bacterial Meningitis</u>	How long	<u>36 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Dr. B. B. Benson Jr.</u>
		Address	<u>Cockeysville Md</u>
Accident or Suicide?			

Burial at Griffin Chapel

May 27<sup>th</sup> 1910



Name in Full

Edward F Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Sparrow Point* <sup>Town</sup> *Balto.* <sup>County</sup>  
 Date of death *1910* <sup>Month</sup> *May* <sup>Day</sup> *18* <sup>Years</sup> *55* <sup>Months</sup> *—* <sup>Days</sup> *—*  
 Sex *Male* Color or Race *White* Birth-place *Maryland*  
 Occupation *labor* Where Residing if not at place of death *Sparrow Point*  
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Unknown*  
 Father's Name *not known* Father's Birthplace *not known*  
 Mother's Maiden Name *" "* Mother's Birthplace *" "*  
 Name of person giving information *Chief of Police. Paff.* How related to deceased *" "*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Apoplexy* <sup>(6H)</sup> <sup>How long</sup> *1/2 hour*  
 Immediate *Apoplexy* <sup>How long</sup> *1/2 hour*  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *H. C. Petterson M.D.*  
 Address *Sparrow Pt. Md.*  
 Accident or Suicide? *H*



Name  
in  
Full

Henry Bauer Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Leauston

Town

Baltimore

County

MARYLAND

Date  
of death 19

40

Month

May

Day

17

Age

28

Years

Months

2

Days

1

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Upholsterer

Where Residing if not  
at place of death

Germany

Married, Single  
or Widowed

Single

Name, Status or  
HusbandFather's  
Name

Henry Bauer

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Katherine Kilger

Mother's  
Birthplace

Germany

Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Typhoid Fever

How long

14 days.

Immediate

Cardiac Failure

How long

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

Yes.

Signature of  
Physician

Address

Fred Archer M.D.

723. 3<sup>rd</sup> St  
Canton

Accident or Suicide

PHYSICIAN  
OR CORONER

Mt Carmel Conn

May 20<sup>th</sup> 1910

H Sanchez Lome

TO BE ANSWERED BY  
NEAREST FRIEND

Child of John G. & Marie Bauer		TOWN Highlandtown		COUNTY Balt		MARYLAND	
Died at		Date of death		Age		Months	
1910		5 27		—		—	
Sex		Color or Race		Birth-place		Days	
Male		White		Balt Co		—	
Occupation				Where Reading if not at place of death			
—				3402 Mt. Pleasant			
Married, Single or Widowed		Name of Wife or Husband					
—		—					
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
John G. Bauer		Mary Happel		Balt Co		Va.	
Name of person giving information		How related to deceased					
John G. Bauer		Father					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Spill Born	How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Accident or Suicide?	Address	
			2323 E. Balt St.

Mr Cannel  
learn;

Henry Jan

5/28/10

Name  
in  
Full

Arvin Albro Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hamilton</u> <sup>Town</sup>		<u>Balt.</u> <sup>County</sup>		MARYLAND	
Date of death	1900	Month	5	Day	3
Age	1		Years	1	
Sex	<u>M</u>	Color or Race	<u>Wh.</u>	Birth-place	<u>Ind.</u>
Occupation	_____		Where Residing if not at place of death _____		
Married, Single or Widowed	_____		Name of Wife or Husband _____		
Father's Name	<u>Louis Becker</u>		Father's Birthplace	<u>Ind.</u>	
Mother's Maiden Name	<u>Edna Albro</u>		Mother's Birthplace	<u>Michigan</u>	
Name of person giving Information	<u>Edna Becker</u>		How related to deceased	<u>Sister</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tubercular meningitis</u>	How long	<u>4 weeks</u>
Immediate	<u>Pulmonary edema</u>	How long	<u>12 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A. J. Wilkinson</u>
Accident or Suicide	<u>Neither.</u>	Address	<u>Raspensburg Ind.</u>

William Cook.

Undertaker 502 E North Ave.

Baltimore Cemetery

502 E North  
Ave

May 6/1910

Baltimore



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name in Full <i>John Beckwith</i>		Town <i>Fullerton</i>	County <i>Bolton Co</i>	Died at	
Date of death <i>1900</i>	Month <i>May</i>	Day <i>19</i>	Age <i>40</i>	Years	Months
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Europe</i>		Days	
Occupation <i>Tailor</i>	Where Residing if not at place of death <i>Fullerton</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Josephine</i>				
Father's Name <i>J Beckwith</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>C Rohe</i>	How related to deceased <i>Son-in-law</i>				

## CAUSES OF DEATH

Primary <i>Acute Phthisis (Hollowing Consumption)</i>	How long <i>About 5 weeks</i>
Immediate <i>Failure of Vital Forces</i>	How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>To best of my knowledge</i>	Signature of Physician <i>Lingard D. Whiteford</i>
Accident or Suicide <i>—</i>	Address <i>Fullerton, Md.</i>

PHYSICIAN  
OR CORONER

Entertainment

St Joseph Court

Belair Road

Gen W. Brennan  
Washington

Name  
In  
Full

George J. Berlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Middle River		<sup>County</sup> Baltimore		MARYLAND	
Date of death 1900	Month May	Day Eight	Age 24 years	Months	Days
Sex Male	Color or Race White	Birth-place Balto City			
Married, Single or Widowed Married	Occupation Wagon Driver				
Name of Wife or Husband Emma Berlin					
Father's Name Elmer Berlin	Father's Birthplace Balto City				
Mother's Maiden Name Katie Mill	Mother's Birthplace " "				
Name of person giving information Harry Wilkinson	How related to deceased none				

## CAUSES OF DEATH

164 ✓

PHYSICIAN  
OR CORONER

Primary	Accidental drowning	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician William H Haut, J.P.
		Address Middle River Md
Accident or Suicide?		

Baltimore City  
Christian Miller  
233 1/2 Jefferson St.

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Name in Full

Gladys M Boblitz

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Drows Road* Town *Balto* County

MARYLAND

Date of death *1991* Month *May* Day *6* Age *10* Years Months *8* Days

Sex *female* Color or Race *white* Birth-place *Drows Road*

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

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

Father's Name *Clara R. Boblitz* Father's Birthplace *Drows Road*

Mother's Maiden Name *Myra M. Little* Mother's Birthplace *Baltimore*

Name of person giving information *Clara R. Boblitz (92)* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Pneumonia* How long *10 days*

Immediate *Cardiac failure* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *D. P. Busey M.D.*

Address *Texas Ind*

Accident or Suicide? *H*

John Burns Sons  
Towson

Parliament St.  
Canal. Wm. E.

Cannery

Name in Full *Robert W. Brady*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

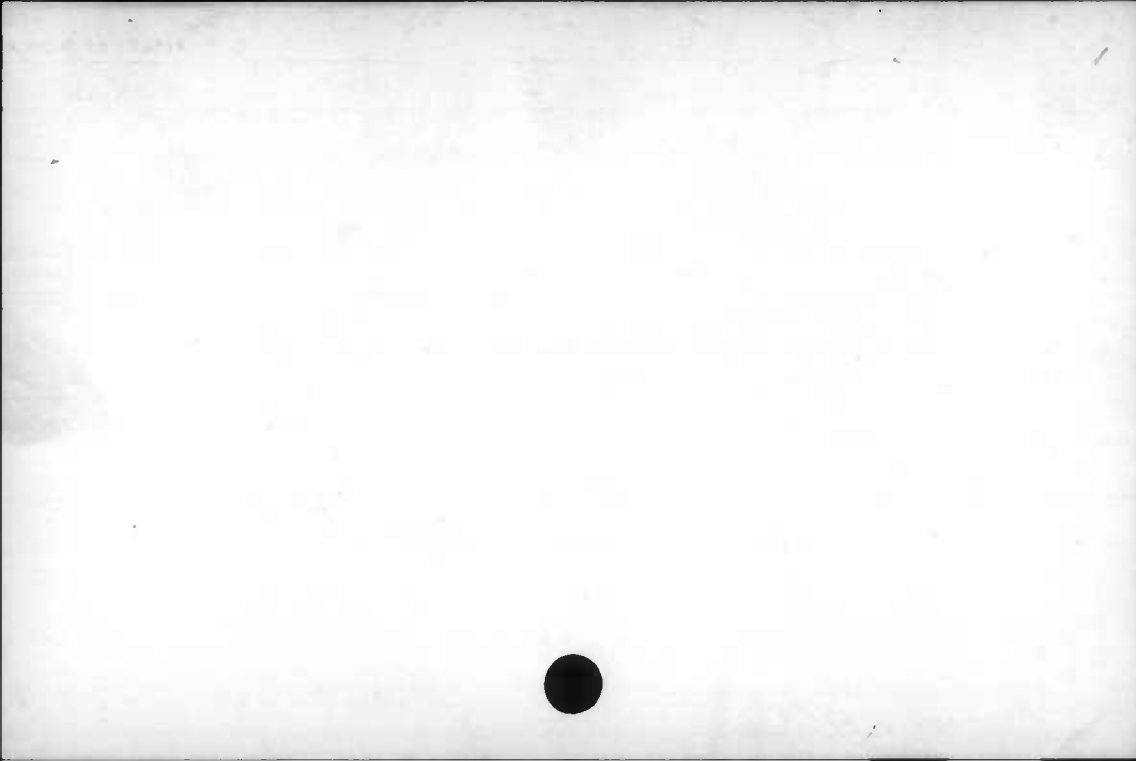
Died at <i>Sparrows Point</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>19010</i>	<i>May</i>	<i>13<sup>th</sup></i>	Age <i>30</i>		
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>md.</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Baltimore</i>			
Married, <del>Single</del> <del>or Widowed</del>		Name of Wife or Husband <i>Louise Brady</i>			
Father's Name <i>Richard Brady</i>		Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Louise Pitts</i>		Mother's Birthplace <i>md.</i>			
Name of person giving information <i>Wm. A. Brady</i>		How related to decedent <i>Brother</i>			

CAUSES OF DEATH

*186* ✓  
How long

PHYSICIAN OR CORONER

Primary	<i>Accident. Fell down</i>	How long
Immediate	<i>hold of spit. <sup>ruptured</sup></i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Lois Blair J.P.</i>	
	Address <i>Sparrows Point md.</i>	
Accident or Suicide		





Name in full

George S. Bramble

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at <sup>Town</sup> Highlandtown		<sup>County</sup> Balto		MARYLAND	
Date of death	1910	Month	5	Day	31
Age	Years		Months		Days
	—		3		23
Sex	Male		Color or Race	White	
Occupation	—		Birth-place	Balto. Co.	
Married, Single or Widowed			Where Residing if not at place of death		
—			34 S. East Ave		
Name of Wife or Husband			—		
Father's Name			Father's Birthplace		
Geo. S. Bramble			Md.		
Mother's Maiden Name			Mother's Birthplace		
Mary Minch			n y		
Name of person giving in formation			How related to deceased		
Geo S. Bramble			Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Furillitis	(100)	How long	6 days
	Immediate	"		How long	6 days
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. J. Valentini M.D.
				Address	160 Brady
	Accident or Suicide?				12

Oak Lawn Lem,

J. Herrington

6/1/10

Name  
in  
Full

Charles Glover Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Reisterstown		<sup>County</sup> Balt		MARYLAND	
Date of death 1900	Month 5	Day 22	Age Years 16	Months 3	Days 12
Sex Male	Color or Race White		Birth-place Reisterstown		
Occupation _____			Where Residing if not at place of death _____		
<del>Married</del> , Single <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>J. F. H. Brown</u>	Father's Birthplace <u>Carroll Co</u>				
Mother's Maiden Name <u>Alice V. Slater</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>J. F. H. Brown</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

① ✓

PHYSICIAN  
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>17 days</u>
Immediate <u>Meningitis</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. M. Slade</u>
	Address <u>Reisterstown</u>
Accident or Suicide?	



Name in Full *Still born infant. Buklein*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Sparrows Point</i> Town <i>Balto</i> County		MARYLAND	
Date of death <i>1980</i> Month <i>May</i> Day <i>31<sup>st</sup></i> Age <i>—</i> Months <i>—</i> Days <i>—</i>	Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Sparrows Pt.</i>
Occupation <i>none</i>	Where Residing if not at place of death <i>" "</i>		
<input checked="" type="checkbox"/> Married, Single or Widowed	Name of Wife or Husband <i>none</i>		
Father's Name <i>John Buklein</i>	Father's Birthplace <i>Austria</i>		
Mother's Maiden Name <i>Annie Deevon</i>	Mother's Birthplace <i>Austria</i>		
Name of person giving information <i>John Buklein</i>	How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <i>Premature birth</i>	How long <i>(5)</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. J. McCormick, M.D.</i>
Accident or Suicide <i>no</i>	Address <i>Sparrows Point Md.</i>





C. W. Sizer

257 Pauls. Bury. Cemetery  
Fairville, Md.



Name  
in  
Full

CERTIFICATE OF DEATH

Allen La Roy Burk  
Town La Roy County Burk

MARYLAND

Died at

Franklinville

Date  
of death

1901 May 7

Age

11

Months

3

Days

4

Sex

male

Color or  
Race

white

Birth-  
place

Kelvillee

Occupation

School Boy

Where Reiding if not  
at place of death

Franklinville

Married, Single  
or Widowed

Name of Wife or  
Husband

Single

Father's  
Name

Joe A Burk

Father's  
Birthplace

York Co Pa

Mother's  
Meiden Name

Ada Gordon

Mother's  
Birthplace

Chesnut  
Hd Harford

Name of person giving  
Information

Joe A Burk

How related  
to deceased

Father

CAUSES OF DEATH

Primary

acute inflammation of Brain

How long

Two days

Immediete

Convulsions

How long

3 hours

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

Yes

Signature of  
Physician

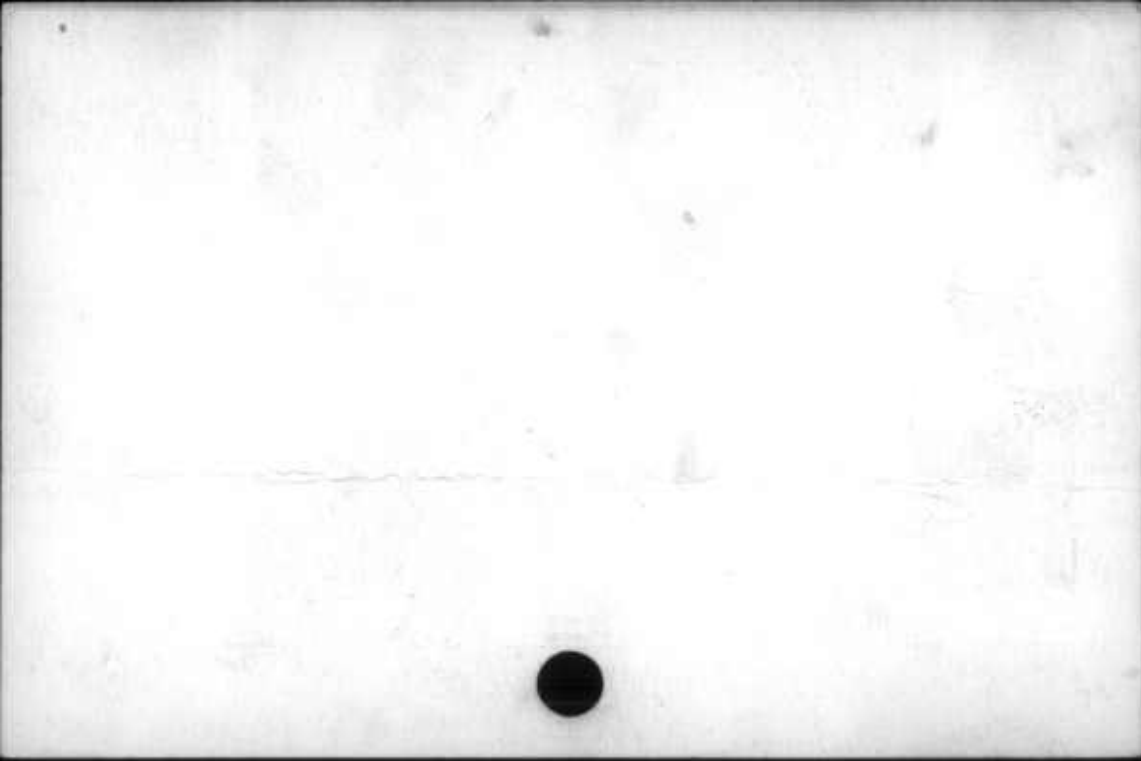
Address

Charles Bagley M.D.  
Bagley,  
Harford Co. Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

*Gordae Lane Burk*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at *Franklinville* *Balto Co.* **MARYLAND**  
Town County  
Date of death *1960* *May* *12* Age *12* Months *11* Days *18*

Sex *Male* Color or Race *white* Birth-place *Kudvick*  
Occupation *School Boy* Where Residing if not at place of death *Franklinville*

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

Father's Name *Jos A Burk* Father's Birthplace *York Co. Pa.*

Mother's Maiden Name *Ada G Gordon* Mother's Birthplace *Forest Hill*

Name of person giving Information *Mother* How related to deceased *Mother*

CAUSES OF DEATH

⑦ ✓

Primary *Scarlet fever* How long *3 days*

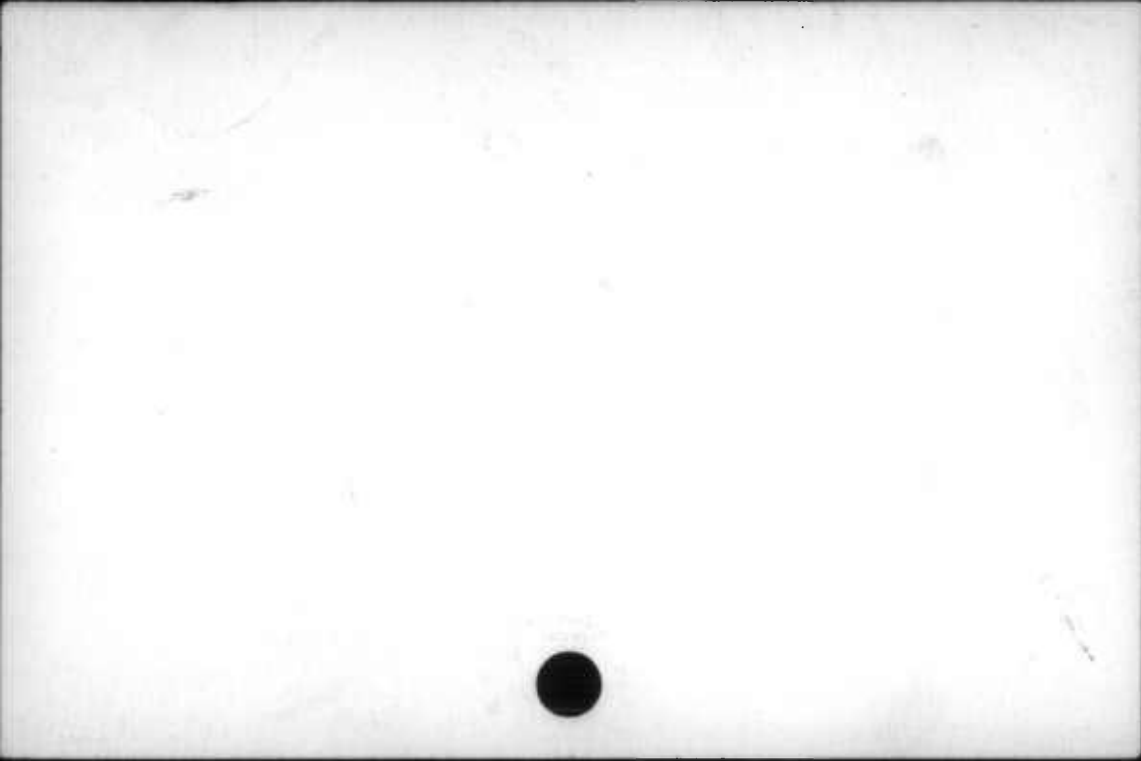
Immediate *Convulsions* How long *Two hours*

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

Signature of Physician *Charles Bagley*  
Address *Bagley, Md. 11*

PHYSICIAN  
OR CORONER

Accident or Suicide



Name in Full

Margaret Ann Burrows.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at <sup>Town</sup> Lansdowne <sup>County</sup> Baltimore - MARYLAND

Date of death 1910 <sup>Month</sup> May <sup>Day</sup> 10 Age <sup>Years</sup> 87 - <sup>Months</sup> - <sup>Days</sup> -

Sex female Color or Race White Birth-place <sup>Blarksburg</sup> Montgomery Co. Md.

Occupation none Where Residing if not at place of death at Lansdowne Md

~~Married~~ or Widowed Widow Name of Husband Hillary J. Burrows.

Father's Name ~~\_\_\_\_\_~~ Picus - Father's Birthplace Maryland,

Mother's Maiden Name ~~\_\_\_\_\_~~ Harper Mother's Birthplace Maryland.

Name of person giving Information Margaret Wade How related to deceased Daughter

CAUSES OF DEATH

Primary Senility - How long 154 ✓

Immediate Senile Exhaustion How long 3 months.

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

Address Lansdowne - Balt Co. Md.

PHYSICIAN OR CORONER

Accident or Suicide

Joseph S. Cook  
Coveys family Bunker  
Set  
Lansdowne. Md.

Name in Full

CERTIFICATE OF DEATH

*John H. Butschky* 2

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Poplar Heights</i> Town <i>Buttums</i> County		MARYLAND	
Date of death <i>1900</i> Month <i>May</i> Day <i>21</i> Age <i>2</i> Years	Month <i>1</i>	Days <i>14</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>North Point</i>	
Occupation <i>None</i>	Where Residing if not at place of death		
Matted, Single or Widowed	Name of Wife or Husband		
Father's Name <i>John Harris Butschky</i>	Father's Birthplace <i>North Point</i>		
Mother's Maiden Name <i>Annie E. Murray</i>	Mother's Birthplace <i>Butts Ind</i>		
Name of person giving Information <i>Annie E. Butschky</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <i>Pericelitis</i>	How long <i>4 1/2 hours</i>
Immediate <i>Meningitis Acute</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>J. C. Eldred M.D.</i>
	Address <i>North Point Ind</i>
Accident or Suicide <input type="checkbox"/>	

Oak Lawn Cemetery

May 23<sup>rd</sup> 1919

J. J. Jander & Sons



Name  
In FullT. J. Campbell<sup>21</sup> Superior<sup>22</sup>

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Back River <sup>Town</sup>		Balls <sup>County</sup>			
Date of death 190		Month	Day	Age	Years	Months	Days
9		May	9	about	50		
Sex		Color or Race		Birth-place			
Male		White		Unknown			
Occupation				Where Reading if not place of death			
Engineer				Baltimore			
Married, Single or Widowed		Name of Wife or Husband					
Unknown		Unknown					
Father's Name				Father's Birthplace			
Unknown				Unknown			
Mother's Maiden Name				Mother's Birthplace			
Unknown				Unknown			
Name of person giving information				How related to deceased			
Unknown				Unknown			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Suicide by Pistol	How long	5
	Immediate	Shot through Temporal Bone	How long	1 hour
	Are the name, age, sex, color, date and place correctly given above?	7 side.	Signature of Physician	T. J. Sullivan
		Address	3323 Baltimore	
Accident or Suicide?				

Christian Miller  
238 1/2 Jefferson St

Name in Full **Jacob. Chandler** CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Monell Park</b> <small>Town</small>		<b>Balto</b> <small>County</small>		MARYLAND	
	Date of death <b>1960</b>	<b>May</b> <small>Month</small>	<b>19</b> <small>Day</small>	Age <b>63</b> <small>Years</small>	<b>6</b> <small>Months</small>	<b>—</b> <small>Days</small>
	Sex <b>male</b>	Color or Race <b>white</b>		Birth-place <b>Balto Md</b>		
	Occupation <b>Boiler Maker</b>	Where Reading if not at place of death <b>7</b>				
	Married, Single or Widowed <b>Widower</b>	Name of Wife or Husband <b>Sarah. Chandler</b>				
	Father's Name <b>Geo. Chandler</b>	Father's Birthplace <b>Balto Md</b>		Mother's Birthplace <b>not known</b>		
	Mother's Maiden Name <b>not known</b>	Name of person giving information <b>Jacob. Chandler, Jr.</b>		How related to deceased <b>son.</b>		

PHYSICIAN OR CORONER	CAUSES OF DEATH					
	Primary <b>8 nights disease</b>	<b>9 wks.</b> <small>How long</small>	<input checked="" type="checkbox"/> <b>V</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/> <b>O</b>			
	Immediate <b>Uremia Coma</b>	<b>3 days.</b> <small>How long</small>				
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Geo. S. M. Kieffer</b>				
	Address <b>Monell Park</b>	<b>Balto Co Md</b>				
Accident or Suicide?						

H. J. Smith (underwriter)  
Mgt Olcott - Bennett

Name  
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

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?

LIBRARY BUREAU 406216

Entertainments at Steventon  
Chapel: Friday May  
21<sup>st</sup>

M. & B. Books

Name

in Full

Mary C. Debelius

CERTIFICATE OF DEATH

Died at <i>Highland</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1980</i>	Month	<i>May</i>	Day	<i>8</i>
Age	<i>66</i>	Years		Months	<i>1</i>
		Days			<i>25</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of <del>Wife</del> or Husband	<i>Peter Debelius</i>		
Father's Name	<i>Noah R. Pierson</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Caroline Kirwin</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving Information	<i>John W. Debelius</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

Primary	<i>Heuriplegia</i>	How long	<i>4 mos</i>
Immediate	<i>Pulmonary Congestion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>		

Signature of Physician

Address

*M. J. McAvoy MD*  
*839 S. Canton St.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

H. Daniels T. Iowa.  
May 11<sup>th</sup> 1918

Miss Samuel Bunt  
P.



Name

in Full

Ferdinand De Boy

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Arbutus Town Baltimore County  
 Date of death 1940 Month May Day 4<sup>th</sup> Years 77 Age 4 Months — Days  
 Sex Male Color or Race White Birth-place Germany  
 Occupation Farmer Where Residing if not at place of death Resided at place of death  
 Married, Single or Widowed Married Name of Wife or Husband Catherine De Boy  
 Father's Name Gunnar De Boy Father's Birthplace Germany  
 Mother's Maiden Name Anna Rosa Brown Mother's Birthplace Germany  
 Name of person giving information Catherine De Boy How related to decedent wife

CAUSES OF DEATH

Primary Heart disease with debility How long 4 years  
 Immediate same How long same

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes  
 Signature of Physician Arthur Williams  
 Address Elk Ridge Ind.  
 Accident or Suicide? no

Crowley Bros  
Muskogee

25 N. Franklin Ave

Comstock

Mem. Cotheal

Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name in Full <i>Henry Demmitt</i>		Town <i>Lanvale</i>		County <i>Baltimore</i>			
Died at <i>Lanvale</i>							
Date of death <i>1910</i>	Month <i>May</i>	Day <i>2</i>	Age <i>77</i>	Years <i>3</i>	Months <i>2</i>	Days <i>2</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth place <i>Maryland</i>				
Occupation <i>Lawyer</i>	Where Residing if not at place of death <i>Lanvale</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Barbara J. Demmitt</i>						
Father's Name <i>Wm Demmitt</i>	Father's Birthplace <i>U.S.</i>						
Mother's Maiden Name <i>Mellic Demmitt</i>	Mother's Birthplace <i>U.S.</i>						
Name of person giving information <i>Chas. C. Demmitt</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Valvular disease of heart</i>	How long <i>1910</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>W. D. Coase</i>
	Address <i>Gardenville</i>	
Accident or Suicide <i>no</i>		

A. Sander & Son  
Winfield Carroll R. 30  
May 4<sup>th</sup> 1910

---

Name  
in  
Full

Frederick Lester Dettmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Rockdale</b> <small>Town</small>		<b>Baltimore</b> <small>County</small>		MARYLAND	
Date of death 19	<b>May</b> <small>Month</small>	<b>4</b> <small>Day</small>	Age	<b>11</b> <small>Months</small>	<b>17</b> <small>Days</small>
Sex <b>Male</b>	Color or Race <b>white</b>		Birth-place	<b>Hellville</b>	
Occupation <b>none</b>	Where Reading if not at place of death <b>Rockdale</b>		<b>Dettmer</b>		
Married, Single or Widowed <b>single</b>	Name of Wife or Husband <b>Parents name</b>		<b>Fred W. Dettmer</b>		
Father's Name <b>Frederick W. Dettmer</b>	Father's Birthplace <b>Hellville</b>		Mother's Birthplace <b>Germany</b>		
Mother's Maiden Name <b>Annie Jank</b>	Name of person giving information <b>Frederick W. Dettmer</b>		How related to decedent <b>Father</b>		

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary <b>Whooping Cough</b>	How long <b>5 weeks</b>
<b>broncho pneumonia</b>	How long <b>2 days</b>
Immediate <b>meningitis</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>A. C. Smith</b>
	Address <b>West Front Street</b>
Accident or Suicide? <b>—</b>	

Mt Olive Cemetery

May 6/110

Miss F. W. P.

may be are

Name  
in  
Full

Sarah Downs

CERTIFICATE OF DEATH

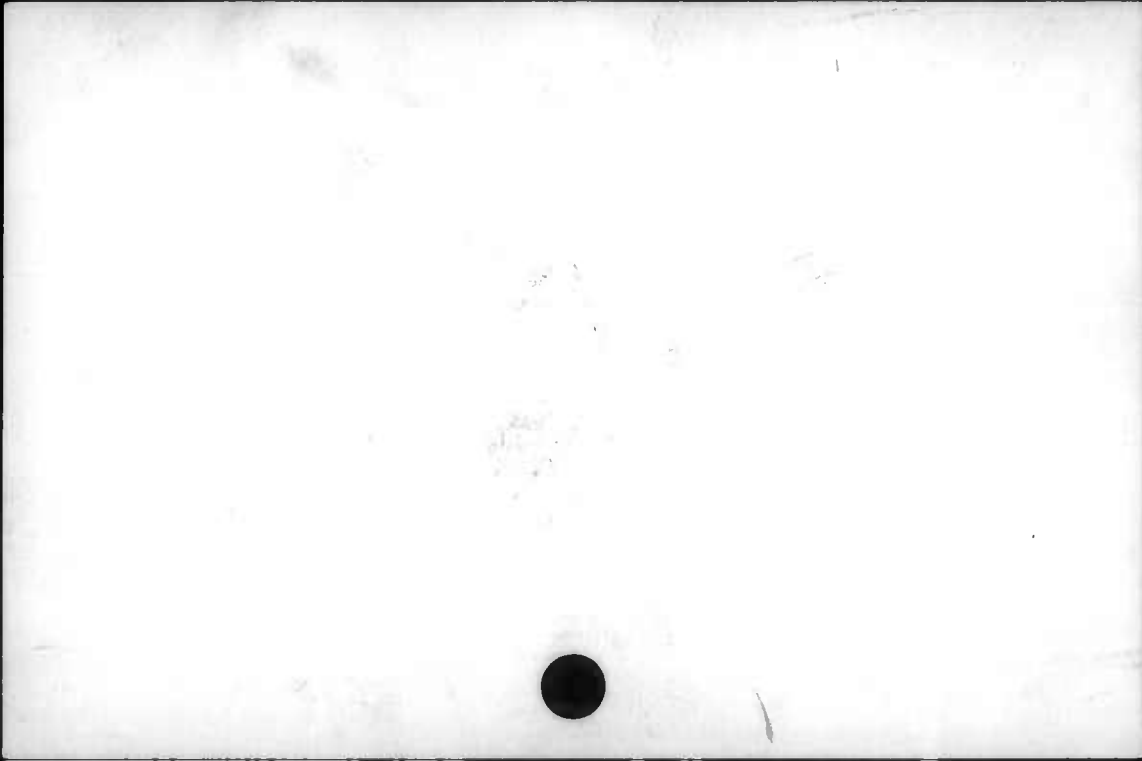
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town # Hillsdale		County Baltimore		MARYLAND	
	Date of death	Month May	Day 21	Years Age 58	Months	Days
Sex	Female		Color or Race	Colored		
Occupation	Housewife		Where Residing if not at place of death		Montgomery Co. Md.	
Married, Single or Widowed	Married		Name of Wife or Husband	Sam Downs		
Father's Name	Williams		Father's Birthplace	Don't know		
Mother's Meiden Name	Don't know		Mother's Birthplace	Don't know		
Name of person giving Information	Sam Downs		How related to deceased	Husband		

## CAUSES OF DEATH

Primary	Chronic Hepatitis	How long	120	How long	3 months to longer
	Immediatc	Syncope	How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Sam M. Moncrieff		
		Address	Hillsdale, Md.		
Accident or Suicide					

PHYSICIAN  
OR CORONER





Name  
in  
Full

Farlow, John S.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <i>Leatsville</i> <small>Town</small>		<i>Putte</i> <small>County</small>		MARYLAND	
Date of death	<i>1960</i> <small>Year</small>	<i>May</i> <small>Month</small>	<i>6</i> <small>Day</small>	Age <i>47</i> <small>Years</small>	<i>0</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Machinist</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed	<i>Married</i>	Name of W.ife or Husband	<i>unk</i>		
Father's Name	<i>unk</i>		Father's Birthplace	<i>unk</i>	
Mother's Maiden Name	<i>unk</i>		Mother's Birthplace	<i>unk</i>	
Name of person giving Information	<i>-</i>		How related to deceased	<i>-</i>	

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary	<i>General Paresis</i>	How long	<i>2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Henry Wade</i>
Accident or Suicida	<i>No.</i>	Address	<i>Leatsville, Md</i>



Name  
In  
Full

William Jacob Flowers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Franklinville <sup>Town</sup> County Baltimore <sup>County</sup> MARYLAND  
 Date of death 1960 Month May Day 17 Age 79 Years Months Days  
 Sex Male Color or Race White Birth-place Longgreen  
 Occupation Carpenter Where Residing if not at place of death  
 Married, Single or Widowed Married Name of Wife or Husband Margaret Flowers  
 Father's Name Robert Flowers Father's Birthplace Harford Co.  
 Mother's Maiden Name Annell Packer Mother's Birthplace Harford Co.  
 Name of person giving information Margaret Flowers How related to decedent Wife

CAUSES OF DEATH

120 ✓

PHYSICIAN  
OR CORONER

Primary Chrom. Nephritis How long Several years  
 Immediate Cardiac Failure to Long. Arteriosclerosis How long  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician C. W. Meyer, M.D.  
 Address Falton Md.  
 Accident or Suicide? No

Henry D.

Name in Full

Daniel Fortescue

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Woodstock</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1900</i>	Month <i>May</i>	Day <i>15</i>	Age <i>77</i>	Months <i>3</i> Days <i>10</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>England</i>			
Occupation <i>Barber in S.J.</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Patrick Fortescue</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>Gas Hagerdy</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <i>Arteriosclerosis</i>	How long <i>2 weeks</i>
Immediate <i>Coma</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. J. Triple</i>
Address <i>Grant</i>	
Accident or Suicide? _____	



Name in Full

Belle Estelle Foy

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

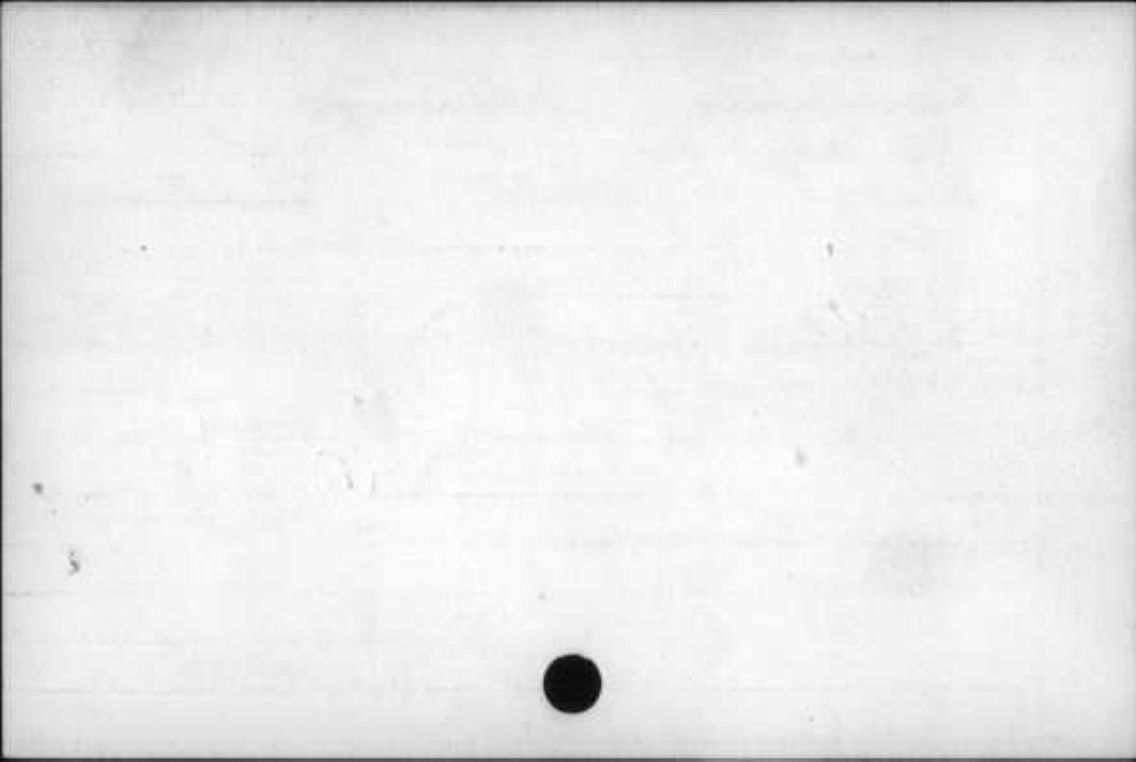
Died at <i>Baltimore</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900</i>	Month <i>May</i>	Day <i>9</i>	Age <i>40</i>	Years <i>7</i>	Months <i>12</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Seamstress</i>		Where Residing if not at place of death <i>109 1/2 Suffolk St.</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>John B Foy</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Sarah A Michael</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Sarah A. Carr</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

①

PHYSICIAN OR CORONER

Primary <i>Typhoid fever (ambulatory)</i>	How long <i>2 weeks</i>
Immediate <i>Perforation ileum &amp; Gon. Proctitis</i>	How long <i>36 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Yes. <i>Yes.</i>
Signature of Physician <i>Fred G Cook</i>	Address <i>St Agnes Hospital</i>
Accident or Suicide?	<i>No.</i>





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name in Full <i>John Frank</i>		Town <i>Lutherville</i>		County <i>Baltimore</i>			
Date of death 19 <i>10</i>		Month <i>May</i>	Day <i>16</i>	Age <i>—</i>	Months <i>—</i>	Days <i>3 days</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Lutherville</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>Charles Frank</i>			Father's Birthplace <i>Balto. Co Md</i>				
Mother's Maiden Name <i>Margaret Brown</i>			Mother's Birthplace <i>Balto Co Md</i>				
Name of person giving information <i>Charles Frank</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Not known</i>	How long <i>—</i>
	Immediate <i>Convulsions</i>	How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. South</i>
		Address <i>Rider</i>
Accident or Suicide <i>—</i>		<i>Med 9</i>

John Burns & Co  
Treasurers  
Embroidery - etc.

St. Mary's  
Garment

Name  
in  
Full

Emily V. Galaher

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Relay Town Baltimore County MARYLAND

Date of death 1960 Month May Day 16 Age 41 Years Months 5 Days 14

Sex Female Color or Race White Birth-place Hancock Md

Occupation none Where Residing if not at place of death Bolton City Md

Married, ~~single~~ Name of ~~wife~~ or Husband Rev. E. C. Galaher

Father's Name George H. Widmeyer Father's Birthplace Va

Mother's Maiden Name Mary E. Smith Mother's Birthplace Va

Name of person giving Information Miss Regina L. Widmeyer How related to deceased sister

## CAUSES OF DEATH

Primary Tuberculosis How long 27 (28)<sup>v</sup> 18 months

Immediate same How long same

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

Signature of Physician

Address

Arthur Williams  
Elk Ridge Ind

Accident or Suicide no

Woodlawn Ave  
San B. Oak

(105)

Name  
in  
Full

George Washington Gardiner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Gorsuch Mills <sup>County</sup> Balto Co MARYLAND

Date of death 1904 <sup>Month</sup> May <sup>Day</sup> 2 <sup>Age</sup> 73 <sup>Years</sup> 10 <sup>Months</sup> 17 <sup>Days</sup>

Sex Male <sup>Color or Race</sup> colored <sup>Birth-place</sup> Carol Co.

Occupation Laborer <sup>Where Residing if not place of death</sup> Gorsuch Mills

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

Father's Name Eliza Gardiner <sup>Father's Birthplace</sup> Carol Co.

Mother's Maiden Name Priscilla Gard <sup>Mother's Birthplace</sup> Carol Co

Name of person giving information Roy H Gardiner <sup>How related to deceased</sup> son

CAUSES OF DEATH

Primary Ulcer of Stomach <sup>How long</sup> 2-3 years

Immediate Hemorrhage <sup>How long</sup> 2 hours

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

Signature of Physician E. M. Free MD  
Address Stewartstown Pa

PHYSICIAN  
OR CORONER

H

Accident or Suicide?



Name  
in  
Full

Easter May Gortling

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at: <i>Christus Ridge</i>		Town	County		MARYLAND	
Date of death: <i>1900</i>	Month: <i>May</i>	Day: <i>1</i>	Age: <i>X</i>	Years: <i>X</i>	Months: <i>3</i>	Days: <i>3</i>
Sex: <i>Female</i>	Color or Race: <i>White</i>	Birth place: <i>Baltimore Md</i>		Occupation: <i>X</i>		
Married, Single or Widowed: <i>X</i>		Name of Wife or Husband: <i>X</i>				
Father's Name: <i>Franklin Gortling</i>			Father's Birthplace: <i>Baltimore Md</i>			
Mother's Maiden Name: <i>Adeline Wittkopf</i>			Mother's Birthplace: <i>Detroit Mich</i>			
Name of person giving information: <i>Adeline Wittkopf</i>			How related to deceased: <i>Mother</i>			

## CAUSES OF DEATH

Primary: *Ltanic Anemia* 24 How long: *36 hrs*

Immediate: *General failure of vital organs* How long: *6 hrs*

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

*Yes*

Signature of Physician

Address

*Dr J E Bensen*  
*6 Chesapeake*  
*Md*

Accident or Suicide

*No*

Melbourne a. Green  
M.M.P. May 2-1910

~~W. L. B. Parks~~  
C. M. L. Parks



Name  
in  
Full

## CERTIFICATE OF DEATH

Donald Benjamin Gorman

MARYLAND

Died at Hillsdale <sup>Town</sup>Baltimore <sup>County</sup>Date of death 1910 <sup>Month</sup> May <sup>Day</sup> 28 <sup>Age</sup> 2 <sup>Years</sup> 7 <sup>Months</sup> 8 <sup>Days</sup>Sex Male <sup>Color or Race</sup> White <sup>Birthplace</sup> Hillsdale, Md.

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

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

Father's Name William Henry Gorman <sup>Father's Birthplace</sup> Anne Arundel Co.Mother's Maiden Name Mary Virginia Sines <sup>Mother's Birthplace</sup> BaltimoreName of person giving information William H. Gorman <sup>How related to deceased</sup> Father

## CAUSES OF DEATH

Primary Tuberculous Meningitis <sup>How long</sup> 30 <sup>days</sup> About 17 daysImmediate Coma <sup>How long</sup> About 5 daysAre the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> Samuel W. Morrison

Address Hillsdale, Md.

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

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

ROBERT BROOKS SON CO., INC.

M. EDHEL BROOKS, ~~SECRETARY~~

PER

Robert Brooks 2020

17.8. Calhoun St

Baltimore Md

Ridge County

Murdock May 30

1916

Name  
In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Report of Henry & Estlin Gettig,  
 1414 Howard Ave., Baltimore, Md.

Died at 1414 Howard Ave., Baltimore, Md. County Baltimore MARYLAND

Date of death 1940 May 11 Age      Months      Days     

Sex Male Color or Race White Birthplace Balto. Co.

Occupation      Where Residing if not at place of death 408 S. Clinton St.

Married, Single or Widowed      Name of Wife or Husband     

Father's Name Henry Gettig Father's Birthplace Balto. Co.

Mother's Maiden Name Estlin Dick Mother's Birthplace " "

Name of person giving Information Henry Gettig How related to deceased Father

## CAUSES OF DEATH

Primary Trombosis built How long     

     How long     

Immediate     

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

Signature of Physician W. E. McClaughry, D. O.

Address 619 S. Clinton St.

Accident or Suicide

Undertaker,  
Chas. McVey & Son.

---

Burial Oak Lawn Cemetery.  
May 12 - 1910.

---

Name  
In  
Full

Hall, Giles

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Patapsco River		Baltimore		MARYLAND	
Date of death	1960	Month	May	Day	14	Age	22
Sex	Male		Color or Race	Colored		Birth-place	Md
Occupation	Driver		Where Residing if not at place of death		Baltimore		
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Unknown				Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information	J. V. K. Hall				How related to deceased	None	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Accidental Drowning		How long	(169) ✓
Immediate			How long	169 ✓
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		H. S. Sudler, M.D.	
	Address		3323th Baltimore St	
Accident or Suicide?				

Laurel Antruy  
Robt Calliott (Funeral  
Director)  
506 Rogers Ave

Name  
in  
Full

Ida J. Goode

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death	1960	Month May	Day 2	Age 23	Years 2	Months 1	Days 1
Sex	Female		Color or Race	White		Birth-place	Kentucky
Occupation	Saleslady		Where Reading if not at place of death		320 Hanover St		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	David C. Goode				Father's Birthplace	Kentucky	
Mother's Maiden Name	Ellen Cummings				Mother's Birthplace	Kentucky	
Name of person giving information	Mrs. M. Coulbourn				How related to deceased	Sister	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Empysemic	How long	3 weeks.
	Immediate	Pulmonary Edema	How long	2 days
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Fred H. Crault
		Address	St after Hospital	
	Accident or Suicide?	No		





Name in Full *Laura Jane Gray* CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Arlington</i> <small>Town</small> <i>Balto.</i> <small>County</small>		MARYLAND			
	Date of death <i>1900</i>	<i>May</i> <small>Month</small>	<i>1</i> <small>Day</small>	Age <i>66</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>md.</i>			
	Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Arlington</i>				
	Married; Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
	Father's Name <i>Frank Gray</i>	Father's Birthplace <i>md.</i>				
	Mother's Maiden Name <i>Mary unknown</i>	Mother's Birthplace <i>md.</i>				
Name of person giving information <i>Sarah H Porter</i>	How related to deceased <i>none.</i>					

**CAUSES OF DEATH**

PHYSICIAN OR CORONER	Primary <i>Tuberculosis lungs.</i>	How long <i>about year.</i>	
	Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>[Signature]</i>	
		Address <i>Arlington Md</i>	
Accident or Suicide? <i></i>			

G. F. Walker  
713 W. 4th. ave

to

London Park Bldg.

Languit Ave

Enola Heights

Perlin

Name  
in  
Full

Emily Griffith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>May</i>	Day <i>26</i>	Age <i>33</i>	Years <i>11</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>2515 Barclay St</i>				
<del>Married</del> Single <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Mortimer C Griffith</i>	Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Cassell</i>	How related to deceased <i>Mother</i>				
Name of person giving information <i>Mary Griffith</i>					

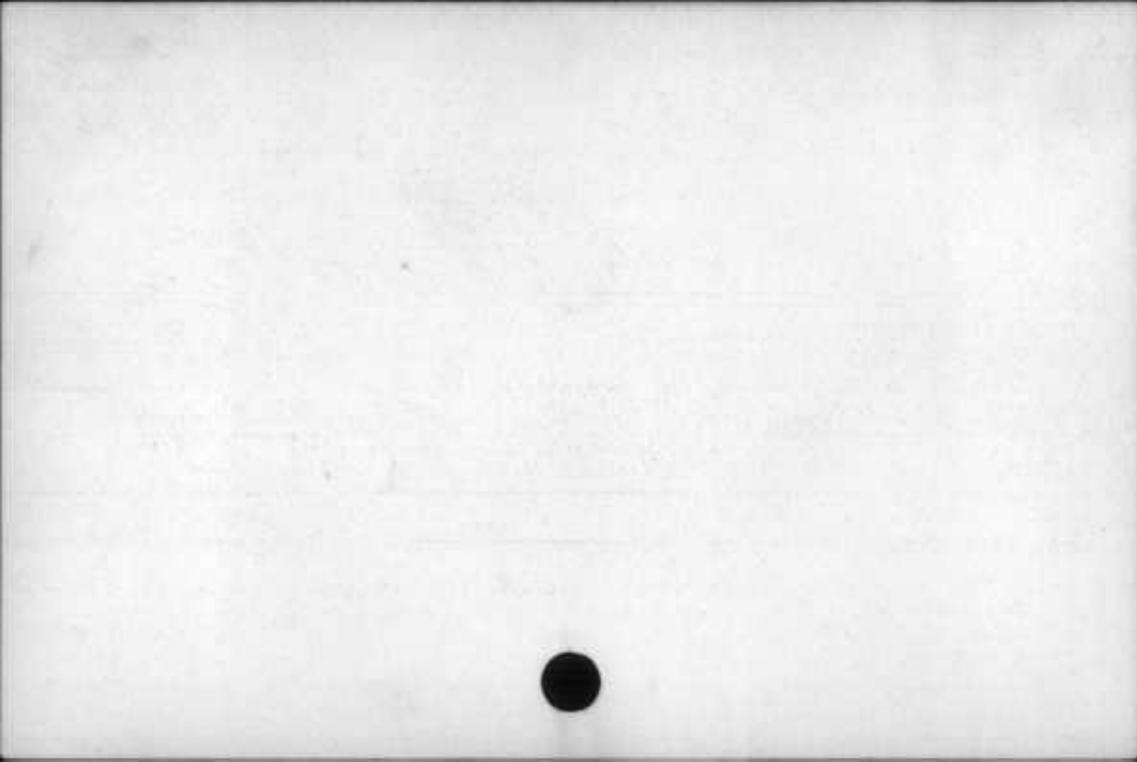
## CAUSES OF DEATH

31

28

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i> Morris B. Green M.D.</i>
	Address <i>Gettysburg</i>
Accident or Suicide? <i>F</i>	<i>Maryland</i>



Name  
in Full

Joseph Haid

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Arlington</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1960</u> <small>Year</small>	<u>May</u> <small>Month</small>	<u>23</u> <small>Day</small>	Age <u>65</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>23</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Austria, Germany</u>			
Occupation <u>Piano Tuner</u>	Where Residing if not at place of death <u>1576 E. Eager St. Baltimore City.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wilhelmina A. Knoke</u>				
Father's Name <u>Fidalis Haid</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>J. Von Mosanna</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving Information <u>Josephine Hermann</u>	How related to deceased <u>daughter</u>				

## CAUSES OF DEATH

Primary <u>Apoplexy</u>	How long <u>on the moment</u>
Immediates <u>acute cardiac dilatation</u>	How long <u>instantly</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Registrar <u>H. Holliday Emich</u>
	Address <u>Arlington, Md.</u>
Accident or Suicide <u>Natural</u>	

PHYSICIAN  
OR CORONER

H

James West Jr

11/1/18

James West Jr  
Country

Name  
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Resdale</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	1910	Month	May	Day	6
Age	56	Years		Months	May
Sex	Female	Color or Race	White	Birth-place	Austria
Occupation	House Wife	Where Reading if not at place of death	2307 Ashland Ave		
Married <del>Single</del>	Married	Name of Wife or Husband	Louis Hanzlik		
Father's Name	H. Schaeck	Father's Birthplace	Austria		
Mother's Maiden Name	<del>W. Fischer</del>	Mother's Birthplace	Austria		
Name of person giving information	Louis Hanzlik	How related to deceased	Husband.		

## CAUSES OF DEATH

Primary	<i>Haemorrhage from Lung</i>	How long	<i>(9)</i>
Immediate		How long	<i>90 min</i>
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>		
Signature of Physician	<i>W. S. Sadler M.D.</i>		
Address	<i>3323 E. Baltimore St.</i>		
Accident or Suicide?	<input type="checkbox"/>		

PHYSICIAN  
OR CORONER

William Cook.

302 Elworth Undertakes

Cak Lawn Cem.

May 9, 1910



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDJames Harris  
Died at <sup>Town</sup> Mt Vernon <sup>County</sup> Baltimore

MARYLAND

Date of death 1900 May 26 Age 57 Months 00 Days unknown

Sex Male Color or Race colored Birth-place Baltimore

Occupation Laborer Where Residing if not at place of death Mt Vernon.

Married, Single or Widowed married Name of Wife or Husband James Harris

Father's Name Alexander Harris Father's Birthplace Baltimore

Mother's Maiden Name Sargenna Harris Mother's Birthplace Baltimore

Name of person giving Information James Harris How related to deceased wife -

## CAUSES OF DEATH

Primary Cancer of Stomach (H) How long 6 months.

Immediate Wholesome How long 24 days.

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

Signature of Physician

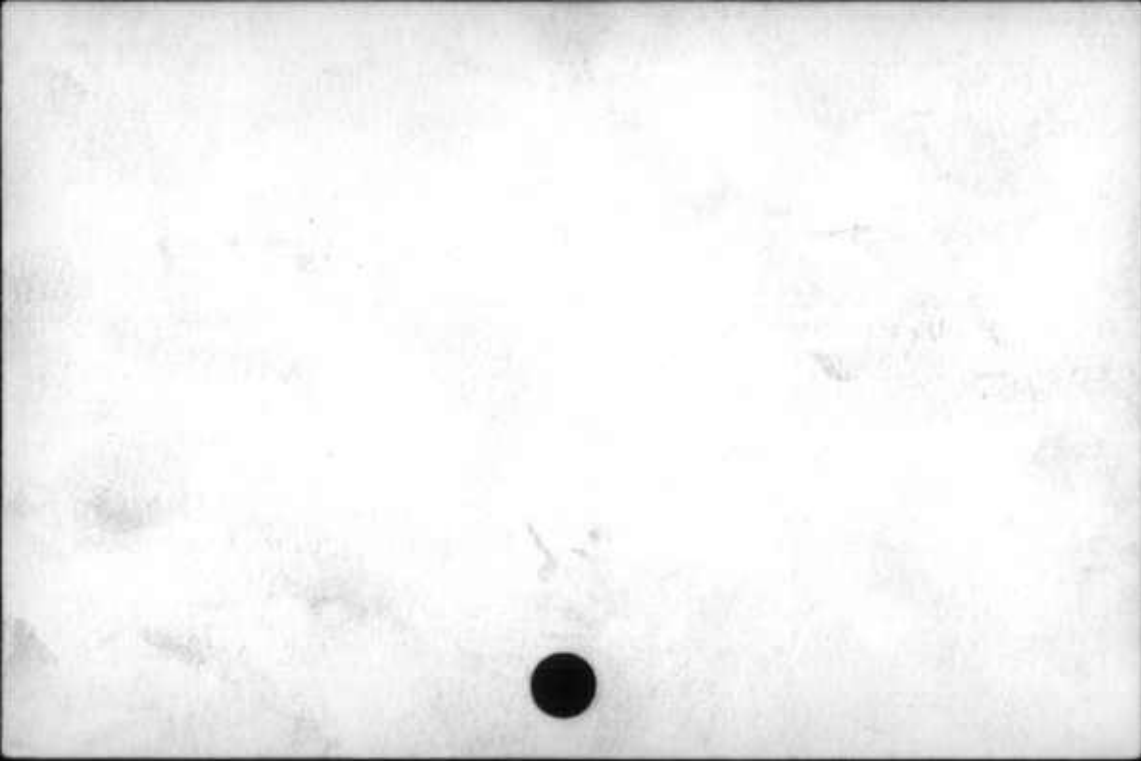
Address

R. E. Plummer  
Mt Vernon.

Accident or Suicide

not

PHYSICIAN  
OR CORONER



Name in Full

Mrs. Jennie Kugan Hatke

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *St. Agnes Hospital Baltimore*

MARYLAND

Date of death *1990 May 19* Age *34*

Months Days

Sex *Female* Color or Race *White* Birth-place *Va.*

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

Married, Single or Widowed *Married* Name of Wife or Husband *Louis B. Hatke*

Father's Name *John M. Kugan* Father's Birthplace *Ireland*

Mother's Maiden Name *Jennie M. O'Dwyer* Mother's Birthplace *"*

Name of person giving Information *Louis B. Hatke* How related to deceased *Husband*

CAUSES OF DEATH

*143* ✓

Primary *Carcinoma Breast - Op. assthenia* How long *18 mos.*

Immediate *Recurrent Metastatic Carcinoma* How long *4 mos. 1 mo.*

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

Signature of Physician *Fred M. Cronk* Address *St Agnes Hospital*

Yes *Yes* No *No*

Accident or Suicide

PHYSICIAN OR CORONER

*H*



Name  
in  
Full

Katarina M Haug

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <u>Overlea</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	<u>19</u> <u>00</u>	<u>5</u> <small>Month</small>	<u>18</u> <small>Day</small>	<u>13</u> <small>Years</small>	<u>2</u> <small>Months</small> <u>5</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Wife</u>		Where Residing if not at place of death <u>Overlea</u>		
<del>Married</del> <u>Single</u>	Name of Wife or Husband _____				
Father's Name	<u>Charles Haug</u>			Father's Birthplace	<u>Europe</u>
Mother's Maiden Name	<u>Katarina Hammer</u>			Mother's Birthplace	<u>u</u>
Name of person giving information	<u>Charles Haug</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

119 ✓  
How long  
How longPHYSICIAN  
OR CORONER

H

Primary	} <u>Valvular Disease</u> <u>of the heart</u>	How long	} <u>6 mks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. H. ...</u>
	<u>No</u>	Address	<u>1303 Light St</u>
Accident or Suicide?	<u>No</u>		

Trinity

Country

Name  
in  
Full

CERTIFICATE OF DEATH

Anna Mary Staesner

Town

County

MARYLAND

Died at Highlandtown

Baltimore

Date

of death 1900

Month

May

Day

9

Age

Years

76

Months

1

Days

9

Sex  
Occupation

Female

Color or  
Race

White

Birth-  
place

Germany

None

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

Widowed

Name of Wfs or  
Husband

John Staesner

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Francis Staesner

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Carcinoma of Stomach

How long

Unknown

Immediate

Exhaustion

How long

2 Mos.

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

Yes

Signature of  
Physician

Dr. J. A. Glantz

Address

3244 Eastern Ave.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

F

10  
10

12

Holy Redeemer

Cemetery

Henry J. Fox

5/11/10



Name in Full

CERTIFICATE OF DEATH

*Kelley, Martha A*  
Died at *Seatonsville* <sup>Town</sup> *Putto* <sup>County</sup>

MARYLAND

Date of death *1900* <sup>Month</sup> *May* <sup>Day</sup> *31<sup>st</sup>* Age *76* <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex *Female* <sup>Color or Race</sup> *White* <sup>Birth-place</sup> *Virginia*

Occupation *None* <sup>Where Residing if not at place of death</sup>

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

Father's Name *unk* <sup>Father's Birthplace</sup> *unk*

Mother's Maiden Name *unk* <sup>Mother's Birthplace</sup> *unk*

Name of person giving Information *unk* <sup>How related to deceased</sup> *unk*

154

CAUSES OF DEATH

Primary *Senile Dementia* <sup>How long</sup> *5yr*

Immediate *Old age* <sup>How long</sup> *2 years*

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

Signature of Physician *Gray Wade*  
Address *Seatonsville, Md*

Accident or Suicide *no*

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

H

H. E. Hughes.

17 S Broadway # 320 E. 25<sup>th</sup>

Name  
in  
Full30 District  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wm Washington -</i>		Town <i>Wm Washington</i>		County <i>Baltimore Co.</i>		MARYLAND	
Date of death 19 <i>46</i>		Month <i>May</i>	Day <i>7th</i>	Age <i>69</i>	Years	Months <i>3</i>	Days <i>7</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>same.</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>H. H. Hentzschel</i>					
Father's Name <i>Fredrick Schumacher</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Mary Sellers</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Mrs A. C. Kirk Jr.</i>		How related to deceased <i>Daughter.</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Senile Precipitation with general infarction</i>	How long <i>9 weeks</i>
	Immediate <i>Asthma</i>	How long <i>2 weeks</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William J. Ford</i>
Address <i>Wm Washington Md</i>		
Accident or Suicide		

Henry W. Jenkins & Sons Co  
Orchard & McCulloch.

Place of burial Druid Ridge Cemetery,

Name  
in  
Full

Blondine Henry.

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Mt Wicomas <sup>County</sup> Baltimore MARYLANDDate of death 1900 <sup>Month</sup> May <sup>Day</sup> 24 Age <sup>Years</sup> 19 <sup>Months</sup> 7 <sup>Days</sup> 9Sex female <sup>Color or Race</sup> Colored <sup>Birth-place</sup> BaltimoreOccupation Domestic <sup>Where Residing if not at place of death</sup> Mt WicomasMarried, Single or Widowed Single <sup>Name of Wife or Husband</sup> SingleFather's Name John J. Henry <sup>Father's Birthplace</sup> CambridgeMother's Maiden Name Ida Kelley <sup>Mother's Birthplace</sup> BaltimoreName of person giving information Ida Kelley <sup>How related to deceased</sup> Mother

## CAUSES OF DEATH

Primary Chronic Bronchitis <sup>How long</sup> 12 years.Immediate Broncho Pneumonia <sup>How long</sup> 10 days.Are the name, age, sex, color, date and place correctly given above? yes <sup>Signature of Physician</sup> Reglamm<sup>Address</sup> Mt WicomasAccident or Suicide? <sup>md.</sup>TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Livingood  
G.M. Austin

Name in Full

Charles T. Hess

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Lauraville <sup>Town</sup> Baltimore <sup>County</sup> MARYLAND

Date of death 1910 <sup>Month</sup> May <sup>Day</sup> 6 Age 42 <sup>Years</sup> 7 <sup>Months</sup> 28 <sup>Days</sup>

Sex Male Color or Race White Birth-place Washington

Occupation Inspector of Bridges and Buildings Where Residing if not at place of death Lauraville

Married, Single or Widowed Married Name of Wife or Husband Mary E. Hess

Father's Name Isaac Hess Father's Birthplace Baltimore

Mother's Maiden Name Mary C. Hess Mother's Birthplace New York

Name of person giving information Mary E. Hess How related to deceased Wife

CAUSES OF DEATH

27 28

PHYSICIAN OR CORONER

Primary Pulmonary Tuberculosis How long 2 yrs

Immediate Meningitis How long one week

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

Signature of Physician [Signature] Address 1524 Bay St. Balt. City

Accident or Suicide?

Firkler & Firkler

1239 E. Eager at

May 10, 1910.

Bonnie Brae County.



Name  
In Full

Patrick P. Hayes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Sherwood <sup>County</sup> Balto. MARYLAND  
 Date of death 1940 <sup>Month</sup> May <sup>Day</sup> 20 <sup>Years</sup> Age 51 <sup>Months</sup> <sup>Days</sup>  
 Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Ireland  
 Occupation Farm Laborer <sup>Where Residing if not at place of death</sup>  
 Married, Single or Widowed Widowed <sup>Name of Wife or Husband</sup> None  
 Father's Name Michael Hayes <sup>Father's Birthplace</sup> Ireland  
 Mother's Maiden Name M. J. Johnson <sup>Mother's Birthplace</sup> Ireland  
 Name of person giving Information Mrs. James Boyd <sup>How related to deceased</sup> Cousin

## CAUSES OF DEATH

Primary Alcohol Excess <sup>How long</sup> Six days  
 Immediate Alcoholic Toxicemia <sup>How long</sup> Fifty hours  
 Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. K. Smith  
 Ridgely, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

John, James Sons  
Towers

Yorkment - is

M. Marie  
Cous

Name  
in Full

Wallace Bernard Hinkhaus

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at		Arlington		Baltimore		MARYLAND	
Date of death		1940	May	9	Age	—	2
Sex		Male		Color or Race		White	
Occupation		None		Birth-place		Baltimore Md.	
Married, Single or Widowed		Single		Where Residing if not at place of death		—	
Father's Name		Wm T. Hinkhaus		Father's Birthplace		Baltimore Md.	
Mother's Maiden Name		Rose J. Hinkhaus		Mother's Birthplace		Baltimore Md.	
Name of person giving Information		Wm T. Hinkhaus		How related to deceased		Father	

## CAUSES OF DEATH

Primary	Acute Milk Intoxication	How long	6 weeks.
Immediate	Enterocolitis	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	(104) [Signature]
Accident or Suicide		Address	Arlington.

PHYSICIAN  
OR CORONER

H

Wm. M. Guntthrop.

M<sup>e</sup>. Sandree. Counciling

Spelling Book.

Name

Full

Still Born  
 Infant of Andrew & Laura Hoffman

CERTIFICATE OF DEATH

 TO BE ANSWERED BY  
 NEAREST FRIEND

Died at <u>Overlea</u> <small>Town</small>		<u>Belts.</u>		MARYLAND	
Date of death	<u>19<sup>th</sup></u> <small>Month</small>	<u>31</u> <small>Day</small>	Age <u>          </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>Md.</u>
Occupation	<u>Home wife</u>		Where Residing if not at place of death <u>          </u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>          </u>			
Father's Name	<u>Andrew Hoffman</u>		Father's Birthplace	<u>Md.</u>	
Mother's Maiden Name	<u>Laura Kilty</u>		Mother's Birthplace	<u>Md.</u>	
Name of person giving information	<u>Andrew Hoffman</u>		How related to deceased	<u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Miscarriage</u>		How long	<u>4<sup>th</sup></u> <small>Month</small>
	Immediate	<u>Miscarriage</u>		How long	<u>4<sup>th</sup></u> <small>Month</small>
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>		Signature of Physician	<u>A. L. McKusick</u>
	Accident or Suicide?	<u>Neither</u>		Address	<u>Roseburg</u>

Baltimore  
County

Margaretta Hoffman

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 4849 Port Chilton		Baltimore		Maryland	
Date of death 1940	Month May	Day 23	Age 75 yrs	Months 7	Days 21
Sex Female	Color or Race White		Birth-place Germany		
Occupation none	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband Geo Hoffman				
Father's Name Nicholas Croner	Father's Birthplace Germany				
Mother's Maiden Name Annie M. Cottick	Mother's Birthplace Germany				
Name of person giving information Arthur B. Harris	How related to deceased		Son in law		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Leitral Respiratory	How long	2 years
Immediate	Stomach	How long	1 Month
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Struck
		Address	6476 Lofgrenville dr Baltimore Md
Accident or Suicide?			

George Bush -

Bonnie Bree



Name  
in  
Full

Mary Hoppe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wt Washington</i>			Town <i>Wt Washington</i>			County <i>Balt.</i>			MARYLAND		
Date of death		Month	Day	Age	Years	Months	Days				
19 <i>00</i>		<i>5</i>	<i>30</i>	<i>28</i>	<i>6</i>	<i>6</i>					
Sex <i>Female</i>			Color or Race <i>White</i>			Birth-place <i>Ind</i>					
Occupation <i>Home</i>					Where Residing if not at place of death _____						
Married, Single or Widowed <i>Married</i>			Name of <del>Wife</del> or Husband <i>Fred. Hoppe</i>								
Father's Name <i>Charles Kuchner</i>						Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Mary Sittig</i>						Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Augustus Sittig</i>						How related to deceased <i>Uncle</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Typhoid fever</i>		How long <i>3 weeks</i>	
	Immediate <i>Pneumonia Lobes</i>		How long <i>18 hours</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>C. H. Beeton</i>
				Address <i>Wt Washington</i>
Accident or Suicide? _____				

Cedar Hill

Name in Full

Mollie Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Lowson</u> Town			County <u>Bates</u>			MARYLAND	
Date of death	19 <u>10</u>	Month <u>May</u>	Day <u>21</u>	Age	Years <u>71</u>	Months <u>—</u>	Days <u>—</u>
Sex	<u>Female</u>		Color or Race	<u>(col)</u>		Birth-place	<u>md.</u>
Occupation	<u>Housework</u>			Where Residing if not at place of death			<u>Lowson</u>
Married, Single or Widowed	<u>widow</u>		Name of <del>Wife</del> Husband	<u>Mrs. Howard</u>			
Father's Name	<u>Thos. Preston</u>					Father's Birthplace	<u>md.</u>
Mother's Maiden Name	<u>Mellie Johnson</u>					Mother's Birthplace	<u>md.</u>
Name of person giving information	<u>Rebecca Preston</u>					How related to deceased	<u>Grand daughter</u>

## CAUSES OF DEATH

Primary	<u>Haemafysia</u>	How long	<u>2 wks.</u>
Immediate	<u>Coronac Arteriosclerosis</u>	How long	<u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. Royden Green W.D.</u>
		Address	<u>Lowson md.</u>

PHYSICIAN OR CORONER

Baltimore - Guide

Comedy Bottom entry  
May 28, 1918

Visit a Elliott maintenance  
506 Reg Moore

Name  
in  
Full

Chas F. Jackson

CERTIFICATE OF DEATH

Town

Pikesville

County

Baltimore

MARYLAND

Died at

Date

of death 190

Month

May

Day

21<sup>st</sup>

Age

30

Months

8

Days

Sex

male

Color or  
Race

white

Birth-  
place

Baltimore

Occupation

Retired

Where Residing if not  
et place of death

Endwell on Pikesville

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Christopher J Jackson

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Kate C. Leasider

Mother's  
Birthplace

Va

Name of person giving  
Information

Martin L Jackson

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Chronic Endocarditis

How long

25 years

Immediate

Acute Tuberculosis (Meningeal)

How long

60 days

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

yes

Signature of  
Physician

Address

H. H. Jackson  
18 W. Franklin St Baltimore Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

H

James B. Spencer

901 W. 5th Ave.

Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

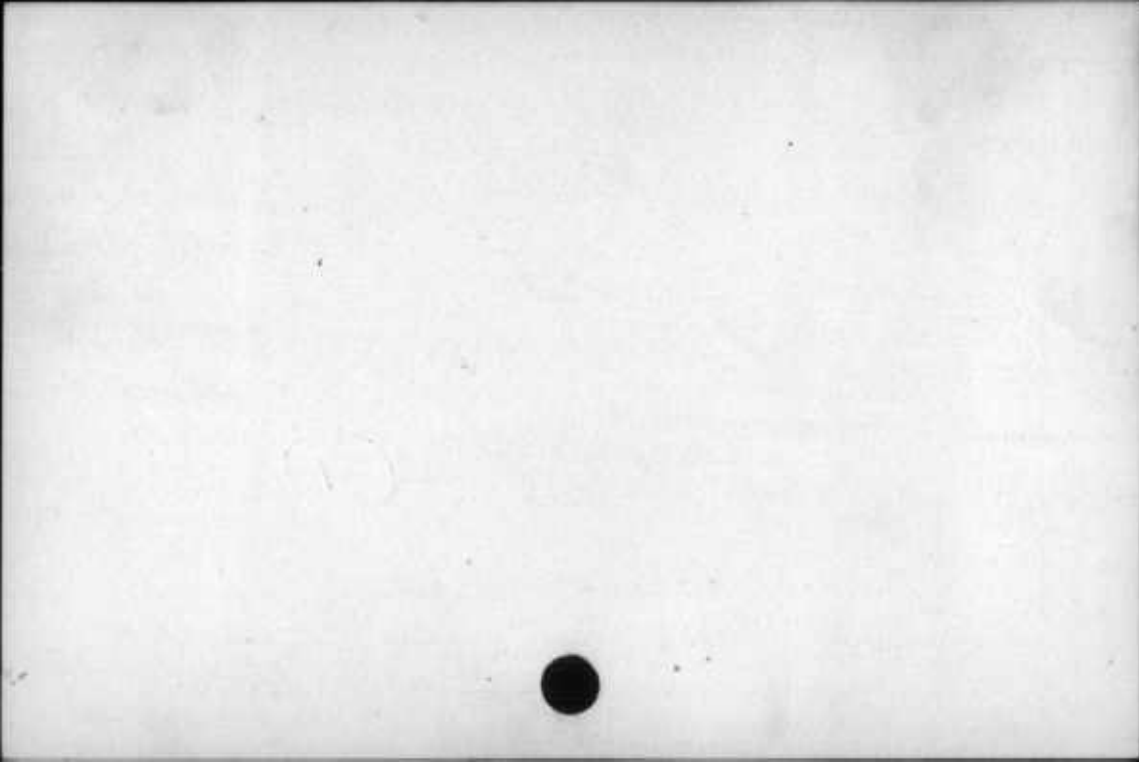
Died at <i>Seawitts</i> Town <i>Johnson</i> County <i>Baltimore</i>		Date of death 1990 <i>May</i> Month <i>18</i> Day <i>2</i> Ago <i>10</i> Months <i>10</i> Days	
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Ind</i>	
Occupation _____	Where Residing if not at place of death <i>Danm</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____		
Father's Name <i>Robert Johnson</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Emma Isach</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Robert Johnson</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>2 day</i>
Immediate <i>Exhaustion &amp; Coma</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>[Address]</i>
Accident or Suicide? _____	





Name

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Banton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death 19 <u>00</u>	<u>May</u> <small>Month</small>	<u>23</u> <small>Day</small>	Age <u>18</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>3</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Banton Md</u>		Occupation <u>-</u>	
Married, Single or Widowed <u>X</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>David F Jones</u>		Father's Birthplace <u>Maryland</u>		Mother's Maiden Name <u>Mary E Sullivan</u>	
Mother's Birthplace <u>Maryland</u>		Name of person giving information <u>David F Jones</u>		How related to deceased <u>Father</u>	

## CAUSES OF DEATH

Primary	<u>While drinking from a bottle, became suddenly choked up and died before physician reached</u>	How long	<u>189</u>
Immediate	<u>Strangulation</u>	How long	<u>189</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Joe Hamilton</u>
Accident or Suicide		Address	<u>913 S. First St Banton Md</u>

PHYSICIAN  
OR CORONER

Trinity Cemetery

5/24. 1910.

3.30. P.M.

John Herwig & Son

Name  
In Full

Kallier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

V

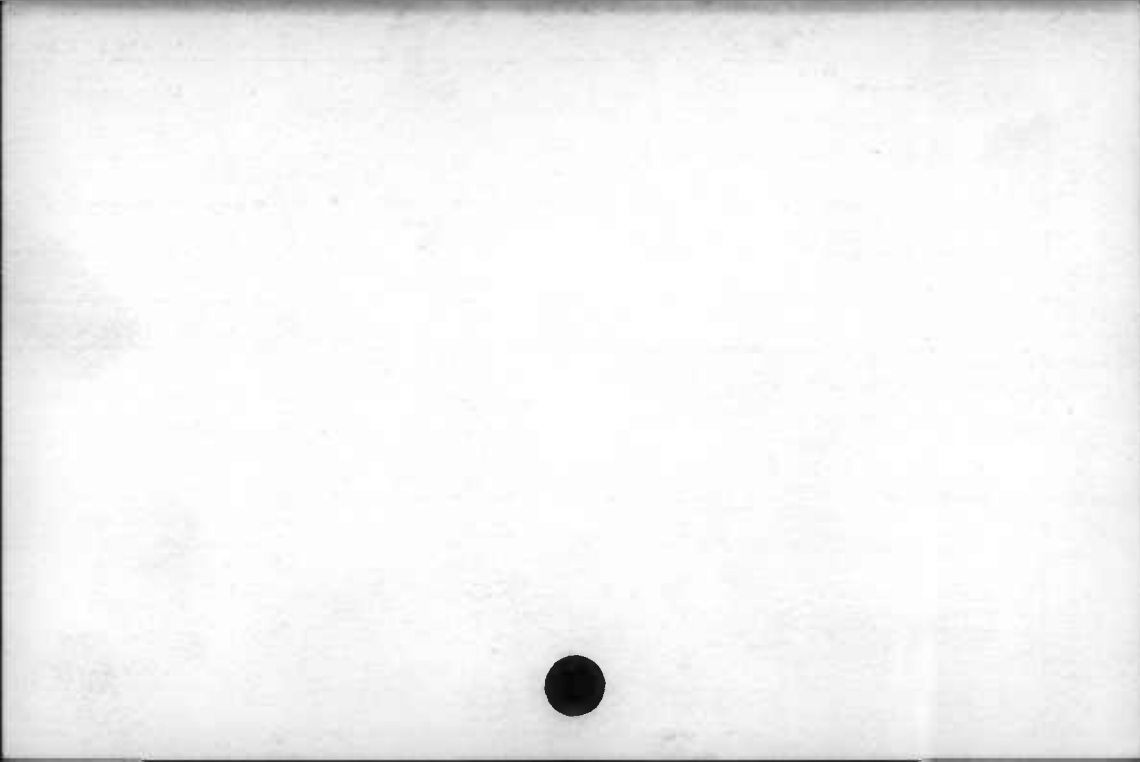
Died at		Town Rose Dale	County Baltimore	MARYLAND	
Date of death	1900	Month May	Day 23	Age -	Months 7
Sex		Color or Race White	Birth-place Md		
Occupation	-		Where Residing if not at place of death	-	
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	John Kallier		Father's Birthplace	Md	
Mother's Maiden Name	Maggie Schacht		Mother's Birthplace	Md	
Name of person giving Information	John Kallier		How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

H

Primary		How long	
Immediate	Exsanguis	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. V. Mac...
		Address	Baltimore Md
Accident or Suicide	-		



Name  
in  
Full

*Geo W. Klingler*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <i>Banton</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1900</i>	Month <i>May</i>	Day <i>18</i>	Age <i>—</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto Co</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>3516 Henklein Court</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Ben Klingler</i>	Father's Birthplace <i>Balto Co</i>				
Mother's Maiden Name <i>Amelia Diedeman</i>	Mother's Birthplace				
Name of person giving Information <i>Ben Klingler</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

H

Primary <i>(Bottlefed) Gastro enteritis</i>	How long <i>10</i>	How long <i>since birth</i>
Immediate <i>Exhaust</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>	
	Address <i>Canton + O'Donnell St</i>	
Accident or Suicide		

1<sup>st</sup> German Cem

May 19<sup>th</sup> 1910

St Nicolaus & Son  
1820 Canton Ave

Name in Full

Nicoli Koweko

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Sparrows Point <sup>County</sup> Baltimore MARYLAND

Date of death 19 <sup>Month</sup> 10 <sup>Day</sup> May <sup>Age</sup> 16 <sup>Years</sup> 38 <sup>Months</sup> <sup>Days</sup>

Sex <sup>Color or Race</sup> male <sup>White</sup> <sup>Birth-place</sup> Russia

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

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

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

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

Name of person giving information <sup>How related to deceased</sup> Jos. Blair

CAUSES OF DEATH

166

PHYSICIAN OR CORONER

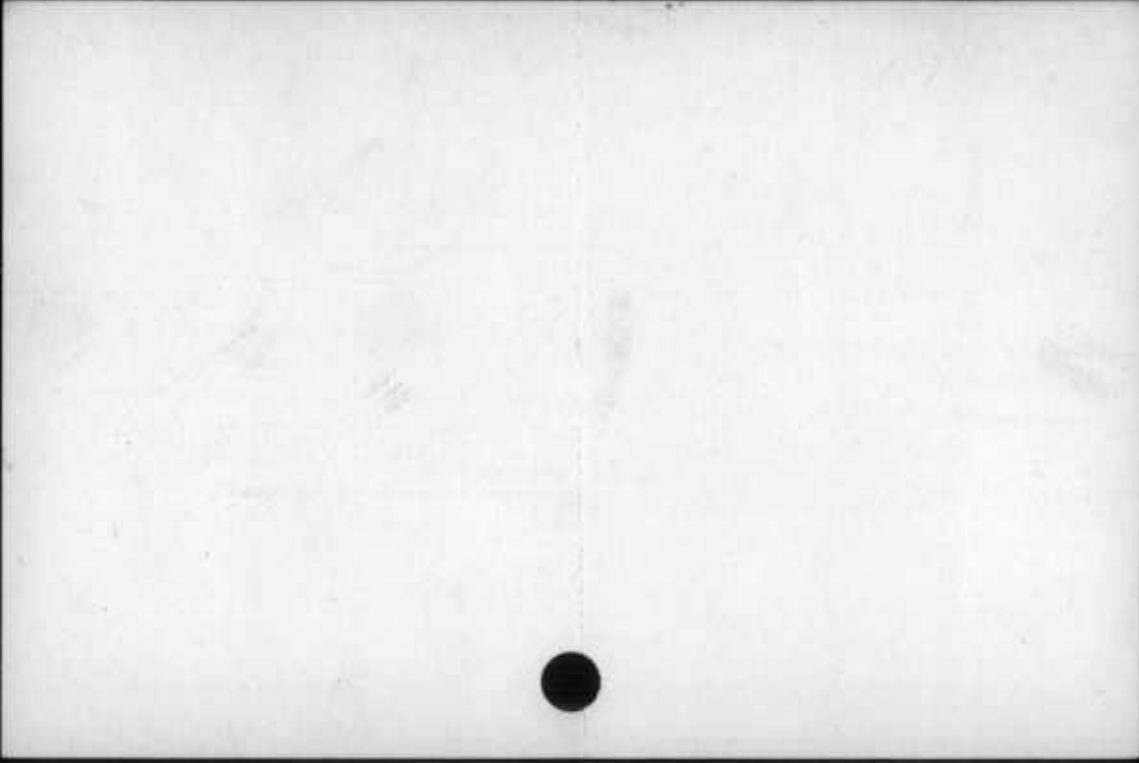
Primary <sup>How long</sup> Accidentally burned by explosion

Immediate <sup>How long</sup> of gas at Blast Furnace of Md. Steel Co.

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

Signature of Physician <sup>Address</sup> Jos Blair Sparrows Point Md.

Accident or Suicide?





Name is Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Norman L. Kravick

Died at Highlandtown Baltimore

MARYLAND

Date of death 19'0 May 30 Age Years Months Days

Sex Male Color or Race White Birth-place Baltimore

Occupation None Where Reading if not at place of death Same

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

Father's Name Louis A. Kravick Father's Birthplace Wisconsin

Mother's Maiden Name Emma W. Schmid Mother's Birthplace England

Name of person giving information Louis A. Kravick How related to deceased Father

CAUSES OF DEATH

Primary Cholera Infantum (10) How long

Immediate

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

Signature H. S. Sudler M.D.

Address 3525 A Baltimore

Accident or Suicide?

Christian Miller

2334 Jefferson St

Western Cemetery June 1/10

Name  
in Full

Eliza Krauss.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>342</b> <sup>own</sup> <b>Wyndhursts in</b> <b>Baltimore</b> <sup>County</sup>		MARYLAND	
Date of death <b>1900</b> <b>May</b> <b>24</b>	Age <b>74</b>	Months <b>2</b>	Days <b>25</b>
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Penna</b>	
Occupation <b>Home work</b>	Where Residing if not at place of death		
Married, Single or Widowed <b>widow</b>	Name of Wife or Husband		
Father's Name <b>Jonathan Long</b>	Father's Birthplace <b>Penna</b>		
Mother's Maiden Name <b>Susan Hare</b>	Mother's Birthplace <b>Penna</b>		
Name of person giving Information <b>Mrs JH Wendcker</b>	How related to deceased <b>Daughter</b>		

## CAUSES OF DEATH

Primary <b>Subacutal Haemorrhage</b>	How long <b>11 days</b>
Immediate <b>Coma</b>	How long <b>4 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Rob Norment M.D.</b>
	Address <b>364 Chesnut St. Baltimore Md</b>
Accident or Suicide	<b>9</b>

PHYSICIAN  
OR CORONER

Undertaker E. J. Manning  
1938, E Lafayette a  
Baltimore City

Interment at Holy Redeemer  
Cemetery Belair Road.

Name  
In Full

(Infant) Larkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 1910 Greenwood Balto

Town

County

MARYLAND

Date of death 1910 May 22 Age ← Months ← Days ←

Sex Female Color or Race Colored Birth-place Greenwood Md.

Occupation ← Where Residing if not at place of death ←

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

Father's Name James Larkins Father's Birthplace Annapolis Md.

Mother's Maiden Name Mary Forrester Mother's Birthplace Talbot Co. Md.

Name of person giving information James Larkins How related to deceased Father

## CAUSES OF DEATH

Primary "Still Born" How long ———

Immediate " " How long ———

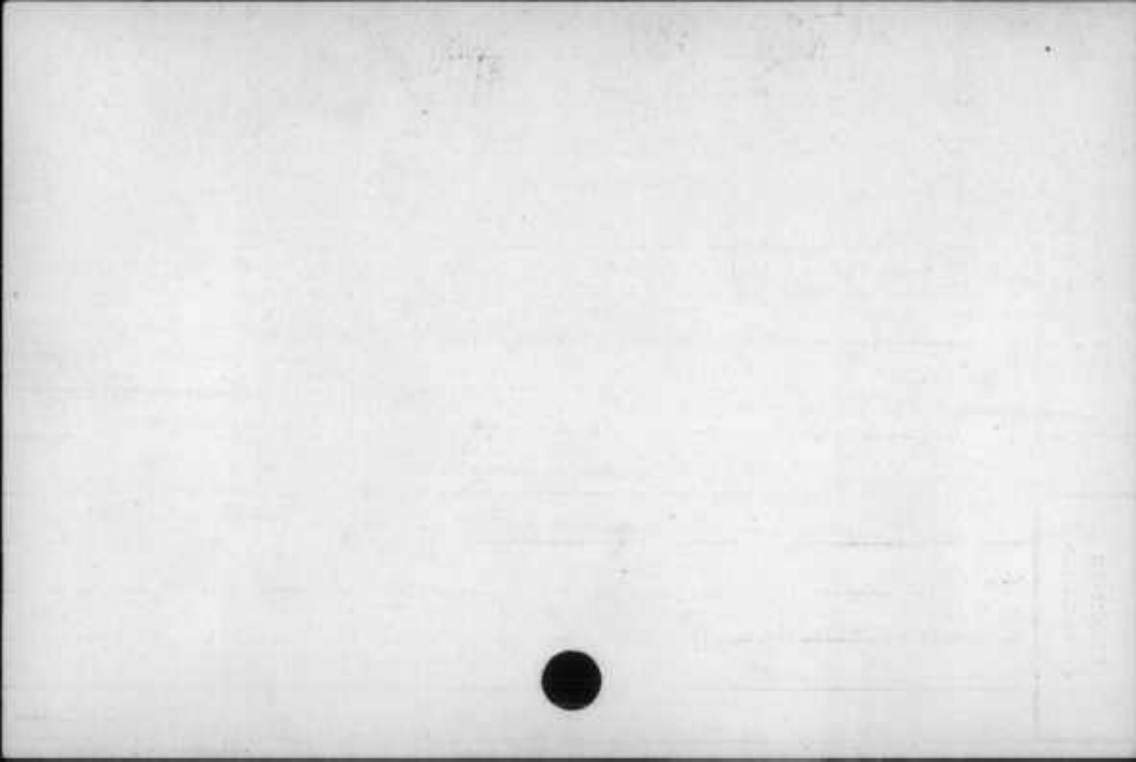
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Morris B. Yarn M.D.

Address Gettings

Maryland. "

Accident or Suicide?



Name  
In  
Full

Williams H Sarkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <i>near Guyton Park</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	<i>1910</i>	Month <i>May</i>	Day <i>13</i>	Age	<i>68</i>	Months <i>—</i>	Days <i>—</i>
Sex	<i>Male</i>	Color or Race	<i>white</i>		Birth-place	<i>Balto City Md</i>	
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband	<i>Sarah A Sarkins</i>				
Father's Name	<i>Don't know</i>				Father's Birthplace	<i>—</i>	
Mother's Maiden Name	<i>Don't know</i>				Mother's Birthplace	<i>—</i>	
Name of person giving in formation	<i>Charles Sarkins</i>				How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Barrenness &amp; glaucoma</i>	How long	<i>1 year</i>
	Immediate	<i>Paralysis</i>	How long	<i>14 hours</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>[Signature]</i>
	Address	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Accident or Suicide?	<i>No</i>			

To be Buried at Chestnut Ridge church



Name in Full

Clara B LeCompte

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at <sup>City</sup> *Arlington* <sup>County</sup> *Balto* MARYLAND

Date of death 190 <sup>Month</sup> *May* <sup>Day</sup> *7* Age <sup>Years</sup> *26* <sup>Months</sup> *10* <sup>Days</sup> \_\_\_\_\_

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

Occupation *Housewife* Where Residing if not at place of death *Arlington*

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

Father's Name *Jay Little* Father's Birthplace *Baltimore*

Mother's Maiden Name *Mary Scap* Mother's Birthplace *Baltimore*

Name of person giving Information *Howard LeCompte* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN OR CORONER

H

Primary *Tubercular Peritonitis* How long *About 6 mos.*

Immediate *collapse* How long *Few minutes*

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

Signature of Physician *J. LaRose Ewalt M.D.*

Address *905 W. Gettys St. Balto Md.*

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

Wm J Tucker & Sons  
Camden + Paoli  
Mt Albert Cemetery

Name  
In Full

Mrs E. A. Jesser ob. Mrs Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Brownstown</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death	1910	Month	5	Day	22
Age	30	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>None</i>	Where Residing if not at place of death		<i>Edgewood Sanitarium</i>	
Married, Single or Widowed	<i>Married</i>	Name of <del>Wife</del> Husband	<i>E. A. Jesser</i>		
Father's Name	<i>Simpson</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>Mrs Carter</i>		How related to deceased	<i>None</i>	

## CAUSES OF DEATH

Primary	<i>Domestic Trouble</i>	How long	<i>5 month</i>
Immediate	<i>Suicide by drinking</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>A. G. Macmillan</i>

PHYSICIAN  
OR CORONER

Address

*acting Joseph H. Shanklin  
acting coroner*

-Accident or Suicide?

J. Ahrens & Co  
1607 Madison Ave

Hebrew Friendship  
Sues. 10 a.m. Cemetery

Name  
in Full

Cassie Hensley Brooke Loring

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Catonsville		Baltimore		MARYLAND	
Date of death		1900	May	9	Age	56	3
Sex		Female		Color or Race		white	
Occupation		House		Where Residing if not at place of death		Baltimore	
Married, Single or Widowed		widow		Name of Wife or Husband		Wm T. Loring	
Father's Name		Roger Brooke		Father's Birthplace		Maryland	
Mother's Maiden Name		Arnette Sophia Hensley		Mother's Birthplace		Maryland	
Name of person giving information		Jno. J. Davies		How related to deceased		none	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Diabetes Mellitus	How long	about a year
	Immediate	Diabetic Coma	How long	Two days
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Sadley Williams
		Address	847 Park Ave.	
Accident or Suicide				

Leicester Mason Co.  
Funeral Directors  
215 Park St.  
for Bulwer in  
Green Mount Cemetery  
May 12<sup>th</sup> / 10.

Name in Full

William Thomas Levering

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> St Agnes Hospital - Baltimore <sup>County</sup> Baltimore

MARYLAND

Date of death 1900 May 5 Age 67 Months 10 Days 28

Sex Male Color or Race White Birth-place Baltimore

Occupation Coffee Import Trade Estab Where Residing if not at place of death Catonsville

Married, Single or Widowed Married Name of Wife or Husband Cassie B. Levering

Father's Name Eugene Levering Father's Birthplace Maryland

Mother's Maiden Name Ann S. Warner Mother's Birthplace Maryland

Name of person giving information John F. Davies How related to deceased Son in Law

CAUSES OF DEATH

50

PHYSICIAN OR CORONER

Primary Myocarditis & Diabetes Mellitus How long 1 1/2 + 3 mo +

Immediate Diabetic Coma How long 24 hours

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

Signature of Physician Allen Graham M.D.

Address St Agnes Hospital

Accident or Suicide? No





Name  
in  
Full

John — Lilliestrom

CERTIFICATE OF DEATH

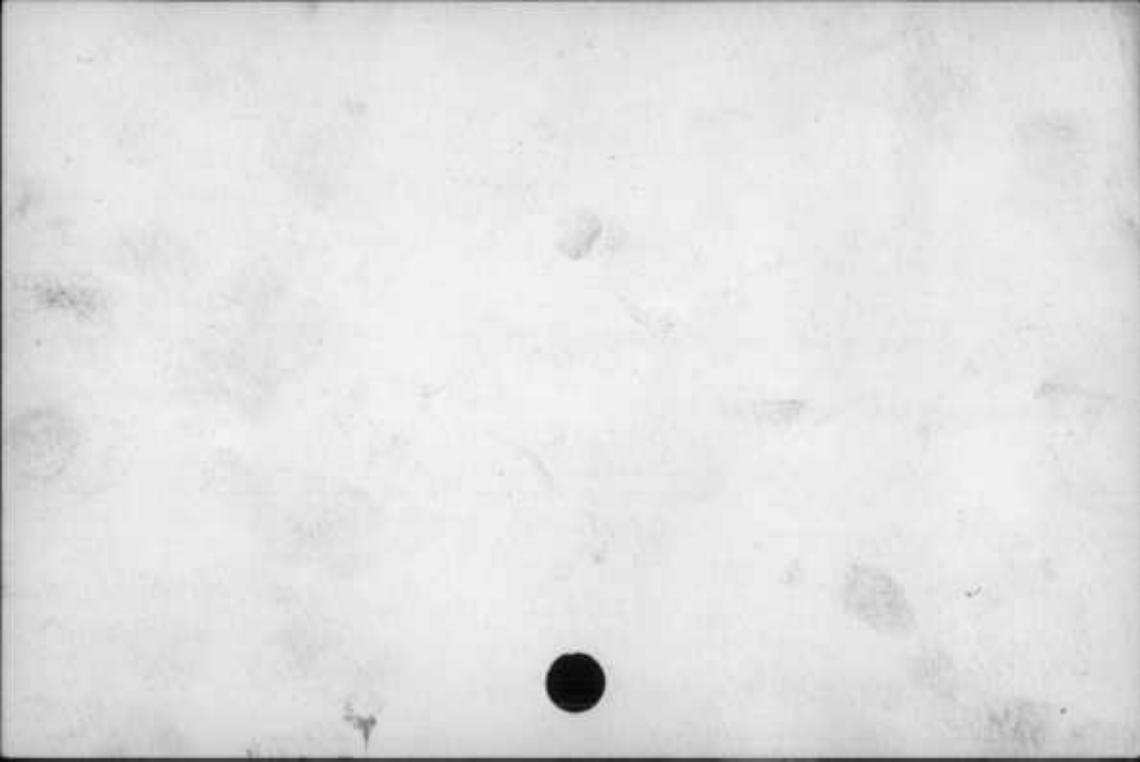
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pohland	County Baltimore		MARYLAND	
Date of death	1900	Month May	Day 11 <sup>th</sup>	Age 80	Years	Months —
Sex	Man	Color or Race	White		Birth-place	Sweden
Occupation	Gardener		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Annie Lilliestrom			
Father's Name	John Lilliestrom			Father's Birthplace	Sweden	
Mother's Maiden Name	unknown			Mother's Birthplace	Sweden	
Name of person giving information	Mr. Lewis W. Kriger			How related to deceased	Employer	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Run over by train on N.C.R.R. & horribly mutilated	How long	175
Immediate	Killed by train	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes—		Signature of Physician John L. Lilliestrom
Accident or Suicide?	Accident	Address	Pockyville, Md.



Name  
in  
Full

William Edwin Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pikesville</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	19 <u>40</u>	Month	<u>5</u>	Day	<u>30</u>
Age	<u>27</u>	Years		Months	<u>8</u>
		Days			<u>29</u>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Baltimore City</u>
Occupation	<u>Electrical Foreman</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Mrs Annie O. Long</u>		
Father's Name	<u>William Long</u>		Father's Birthplace	<u>Howard Co. Md</u>	
Mother's Maiden Name	<u>Mary Katherine Auead</u>		Mother's Birthplace	<u>Howard Co. Md</u>	
Name of person giving Information	<u>Mrs William Edwin Long</u>		How related to deceased	<u>wif</u>	

## CAUSES OF DEATH

Primary	<u>Nephritis -</u>	How long	<u>about one year?</u>
Immediate	<u>Acute Indigestion with Coma</u>	How long	<u>28 hours -</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Henry A. Naylor</u>
		Address	<u>Pikesville</u> <u>Md, 20</u>
Accident or Suicide	<u>no.</u>		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Florine Gilbert McCabe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Relay</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1940</u> <small>Year</small>	<u>May</u> <small>Month</small>	<u>25</u> <small>Day</small>	Age <u>7</u> <small>Years</small>	<u>6</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Relay</u>
Occupation	<u>School girl</u>		Where Residing if not at place of death	<u>Relay</u>	
<del>Married</del> , Single or <del>Widowed</del>	Name of Wife or Husband		<u>None</u>		
Father's Name	<u>Chas. Griffith McCabe</u>		Father's Birthplace	<u>Baltimore, Md.</u>	
Mother's Maiden Name	<u>Florine Gilbert</u>		Mother's Birthplace	<u>Relay, Md.</u>	
Name of person giving Information	<u>Mrs. McCabe</u>		How related to deceased	<u>Grandmother</u>	

## CAUSES OF DEATH

Primary	<u>Acute Articular Rheumatism</u> <input checked="" type="checkbox"/>	How long	<u>22 days.</u>
Immediate	<u>Pericarditis. Chorea</u>	How long	<u>8 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W.R. Eason</u>
		Address	<u>Ex Ridge Md.</u>

PHYSICIAN  
OR CORONER

Assembled by 501010

See J. Smith  
1008. W. Fayette St

Name  
In  
FullJames M<sup>c</sup> Carrar

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <del>Baltimore</del> <sup>Town</sup> <i>Govanus</i> <sup>County</sup> <i>Baltimore</i>		MARYLAND			
Date of death	1910	Month	May	Day	22
Age	71	Years	8	Months	24
Sex	male	Color or Race	white	Birth-place	Baltimore Md
Occupation	Bookkeeper		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Mary L McCarrar		
Father's Name	James McCarrar		Father's Birthplace	Ireland	
Mother's Maiden Name	Mary Davidson		Mother's Birthplace	Ireland	
Name of person giving information	Thomas B. McCarrar		How related to deceased	Son	

## CAUSES OF DEATH

Primary	<i>Infirmities of age</i>	How long	<i>4 years</i>
Immediate		How long	<i>(154)</i>

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

Signature of Physician

*Francis D. McCarrar M.D.*

Address

*416 E. North ave*

Accident or Suicide?

Worcester Loan Co

May 20/910

Yunbooy

Wm G. Patton

Massachusetts Drug Store



Name  
Full

Martha McCreary

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> 25 Renwood <sup>County</sup> Towson Baltimore

MARYLAND

Date of death 1910 <sup>Month</sup> May <sup>Day</sup> 25 <sup>Years</sup> Age 74 <sup>Months</sup> <sup>Days</sup>

Sex Female <sup>Color or Race</sup> White <sup>Birth place</sup> Hosford Co

Occupation Nurse <sup>Where Reading if not at place of death</sup> 25 Renwood & Towson

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

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

<sup>Mother's Maiden Name</sup> Hanna Garrison <sup>Mother's Birthplace</sup> Hosford Co

<sup>Name of person giving information</sup> Mrs. Wm Snyder <sup>How related to deceased</sup> Daughter

CAUSES OF DEATH

<sup>Primary</sup> Senility <sup>How long</sup> One year. (154) ✓

<sup>Immediate</sup>

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

Signature of Physician

Address

John Evans MD  
#1602 Cator Ave  
Baltimore, Md. 9

Accident or Suicide?

Swiss Ridge

Dec. 7<sup>th</sup> May 27<sup>th</sup>/65

W. C. C. C.

585 E. Jackson

Name in Full

Martha M<sup>c</sup> Colloh

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at <sup>Town</sup> ~~Heathbrook St~~ <sup>County</sup> Roland Park MARYLAND

Date of death 1910 <sup>Month</sup> May <sup>Day</sup> 1 <sup>Age</sup> 69 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

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

Occupation Housewife <sup>Where Residing if not at place of death</sup> Heathbrook St Roland Park

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> John M<sup>c</sup> Colloh

Father's Name Sam. Ryncharatt <sup>Father's Birthplace</sup> Ireland

Mother's Maiden Name Susan Moran <sup>Mother's Birthplace</sup> "

Name of person giving information <sup>How related to deceased</sup> John H Ryncharatt Bro

CAUSES OF DEATH

20 ✓

PHYSICIAN OR CORONER

Primary Blood Poison from Cutting at <sup>How long</sup> 10 days

Immediate on Right foot <sup>How long</sup>

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

Signature of Physician J. L. Jglehart

Address 211 W. Lawrence St 87210

Accident or Suicide? #

Mr Cook

502 E North Ave

London Park Conn

Name  
in  
Full

Mary Jane McDonnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <i>Gowans</i> <sup>Town</sup>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1980</i>	Month <i>May</i>	Day <i>9<sup>th</sup></i>	Age <i>78</i>	Years <i>7</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of <del>wife</del> or Husband <i>James McDonnell</i>				
Father's Name <i>John B Lamy</i>	Father's Birthplace <i>France</i>		Mother's Birthplace <i>Balto Md</i>		
Mother's Maiden Name <i>Mary Freeman</i>	Name of person giving information <i>Mrs. Katie Hottes</i>		How related to deceased <i>daughter</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

✓

Primary <i>Arterio-sclerosis</i>	<i>(81)</i>	How long <i>Two years</i>
Immediate <i>Aethnobia alcohol</i>		How long <i>1/2 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo W. Bucking</i>	
	Address <i>Sta St. Baltimore</i>	
Accident or Suicide?		

Geo Schelling & Sons  
Funeral Directors  
Aisquith & Monument Lts  
May 12th 1918 at London Park

Name  
in  
Full

Lauchlin Archibald M Leau

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hillsdale</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i>	Month <i>May</i>	Day <i>8</i>	Age <i>60</i>	Years <i>5</i>	Months <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore, Md.</i>			
Occupation <i>Minister</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alice Ashby M Leau</i>				
Father's Name <i>August M Leau</i>	Father's Birthplace <i>Baltimore, Md.</i>				
Mother's Maiden Name <i>Lavinia Honeycutt</i>	Mother's Birthplace <i>Baltimore, Md.</i>				
Name of person giving Information <i>Mrs M Leau</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

10

Primary <i>Croup, Bilateral Lobar Pneumonia</i>	How long <i>11 Days</i>
Immediate <i>Squamous Pr</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Frank M. Morrison.</i>
	Address <i>Hillsdale, Ind.</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER

Fordon Park

May 11 - 1916

W. Mitchell

1281 N. Fayette



Name  
in  
Full

Harry E. Mann

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at

Hamilton

County

Balto.

MARYLAND

Date  
of death

1960

Month

May

Day

2<sup>nd</sup>

Age

Years

59

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Balto. Md.

Occupation

Attorney

Where Residing If not  
at place of death

Hamilton

Married, Single  
or Widowed

Married

Name of Wife or

Caroline Mann

Father's  
Name

Ernest Mann

Father's  
Birthplace

Penna

Mother's  
Maiden Name

Sophia Eiserbrandt

Mother's  
Birthplace

Balto. Md.

Name of person giving  
Information

Caroline J. Mann

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Organic Heart

How long

19 yrs.

Immediate

Organic Heart

How long

3 mo

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

Yes

Signature of  
Physician

George C. Long

Address

Hamilton

Accident or Suicide

No

Chapman

Lorraine Cemetery  
May 4<sup>th</sup> 1910

Lilly and Guiler,  
Undertakers

Name  
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name: *Kiser Mason*  
 Died at: *Kottage Lane, Balto* Town: *Balto* County: *Balto*  
 Date of death: *1960* Month: *May* Day: *5<sup>th</sup>* Age: *67* Months: \_\_\_\_\_ Days: \_\_\_\_\_  
 Sex: *Female* Color or Race: *Colored* Birth-place: *Balto Md*  
 Occupation: *Housewife* Where Reading if not at place of death: *Sanis*  
 Married, Single or Widowed: *Widowed* Name of Wife or Husband: *John R. Mason*  
 Father's Name: *George Sheridan* Father's Birthplace: *Balto*  
 Mother's Maiden Name: *Julia Wicks* Mother's Birthplace: *Balto*  
 Name of person in formation: *Mary J. Allen* How related to deceased: *Daughter*

## CAUSES OF DEATH

Primary: *Senility* How long: *(154)*  
 Immediate: \_\_\_\_\_ How long: \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above?   
 Signature of Physician: *J. J. [unclear]*  
 Address: *3553 N. Balto*  
 Accident or Suicide?

Robert C Elliott  
506 Refers are

located at Ashbury Entry

Name  
In Full

Margaret O. Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Halethorp		County Balto		MARYLAND	
Date of death	1900	Month 5	Day 2	Age	Years 3	Months 3	Days
Sex	Female		Color or Race	Colored		Birth-place	Halethorp
Occupation	None		Where Reading if not at place of death		_____		
Married, Single or Widowed	_____		Name of Wife or Husband		_____		
Father's Name	Rhos Matthews				Father's Birthplace	Unknown	
Mother's Maiden Name	Lutie Hawkins				Mother's Birthplace	Unknown	
Name of person giving information	Chas Matthews				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tertiary Syphilis		How long	9 mos -
Immediate	_____		How long	_____
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Fredrick I. Butler
			Address	Halethorp, Md.
Accident or Suicide?	_____			

Geo. Hooper,  
Crowder Court

Name  
in  
Full

John Meyers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *St. Agnes Hospital* *Baltimore* County *Baltimore* MARYLANDDate of death 19*00* *May* *22* Age *41* Months DaysSex *Male* Color or Race *White* Birth-place *Baltimore*Occupation *Driver* Where Residing if not at place of death *379-Inthill Ave.*Married, Single or Widowed *Married* Name of Wife or Husband *Lizzie K. Meyers*Father's Name *Henry J. Meyers* Father's Birthplace *Germany*Mother's Maiden Name *Elizabeth Weaver* Mother's Birthplace *Germany*Name of person giving Information *Mrs. L. K. Meyers* How related to deceased *Wife*

## CAUSES OF DEATH

Primary *Carcinoma of Spine* How long *Six months*Immediate *asthenia* How long *3 weeks +*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Stewart D. Brown*Address *St Agnes Hospital*Accident or Suicide *no.*PHYSICIAN  
OR CORONER





Infant) Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Manor <sup>County</sup> Balto

Date of death 1910 <sup>Month</sup> May <sup>Day</sup> 16 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex *male* Color or Race *colored* Birth-place *Manor Md.*

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

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

Father's Name *Carroll Miller* Father's Birthplace *Balto. Co. Md.*

Mother's Maiden Name *Mary Nolan* Mother's Birthplace *Harford " "*

Name of person giving information *Carroll Miller* How related to deceased *Father*

CAUSES OF DEATH

Primary *still born* (5) How long *---*

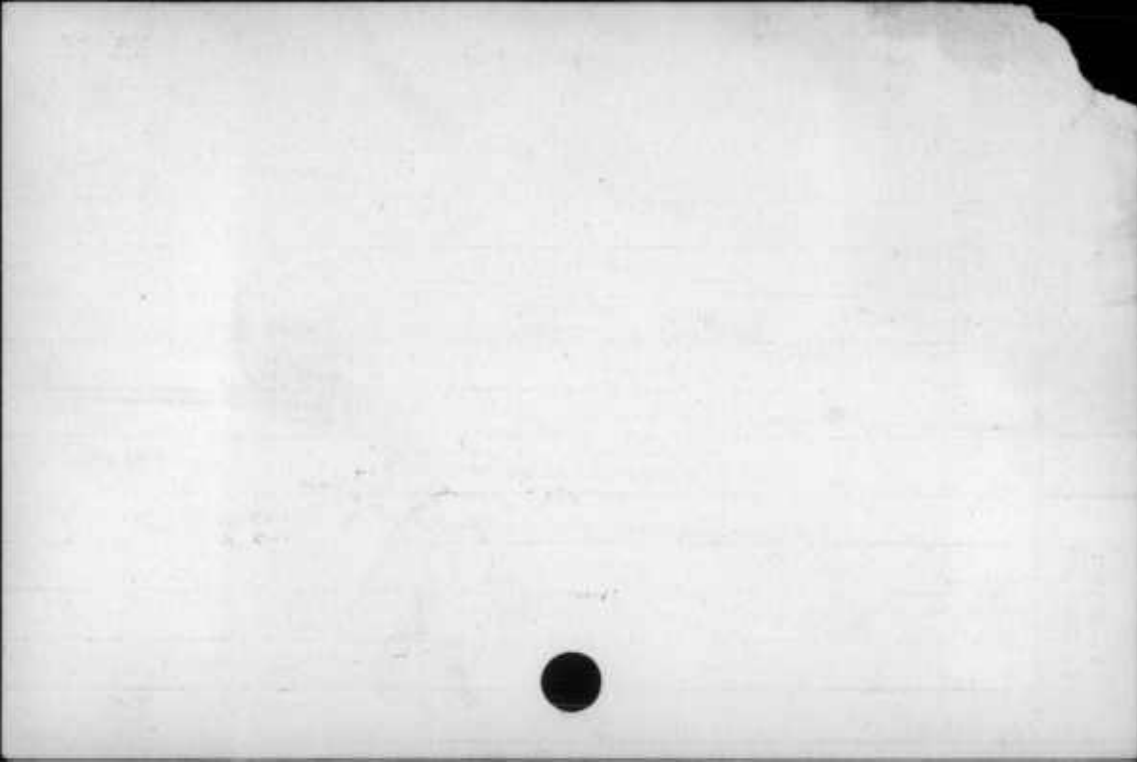
Immediate *" "* How long

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

Signature of Physician *Thos. H. Emory, Jr.*

Address *Monkton, Md.*

Accident or Suicide? *no*



Name  
is  
Full

CERTIFICATE OF DEATH

Baby. Dorsey Morgan,

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <u>Catonsville</u> <sup>County</sup> <u>Balto</u>		MARYLAND	
Date of death <u>1910</u>	Month <u>May</u>	Day <u>22</u>	Age <u>9 mos</u> in <u>Utta</u> Months <u>in</u> Days
Sex <u>female</u>	Color or Race <u>Colored</u>	Birth-place <u>Catonsville</u>	
Occupation <u>none</u>	Where residing if not at place of death <u>Catonsville</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>		
Father's Name <u>Refus Morgan</u>	Father's Birthplace <u>N.C.</u>		
Mother's Maiden Name <u>Susie Dorsey</u>	Mother's Birthplace <u>Balto City</u>		
Name of person giving information <u>Refus Morgan</u>	How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>9 mos in Utta</u>	How long
Immediate	<u>Still Born</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Marshall B. Wist</u>
		Address <u>Catonsville Md.</u>
Accident or suicide?		



Name  
in Full

Helen Nash

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Manor</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1910</u>	<u>May</u> <small>Month</small>	<u>11</u> <small>Day</small>	Age <u>30</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>18</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>Baltimore, Md.</u>		
Occupation <u>wash-woman</u>	Where Residing if not at place of death <u>yes.</u>				
Married, Single or Widowed <u>married</u>	Name of <del>Wife</del> Husband <u>Wm. G. Nash</u>				
Father's Name <u>Thomas Miller</u>	Father's Birthplace <u>not known</u>				
Mother's Maiden Name <u>Martha Swan</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>Wm. G. Nash</u>	How related to deceased <u>husband</u>				

## CAUSES OF DEATH

29 ✓

PHYSICIAN  
OR CORNER

Primary <u>Nephritis</u>	How long <u>1 month</u>
Immediate <u>Nephritis &amp; Phthisis</u>	How long <u>about 6 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos. H. Emory, D.</u>
	Address <u>Monkton, Md.</u>
Accident or Suicide <u>no</u>	



Name  
in  
Full

Henry Nordhoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Gardenville <sup>County</sup> 13<sup>alt</sup> - MARYLANDDate of death 1900 <sup>Month</sup> May <sup>Day</sup> 24 <sup>Age</sup> 76 <sup>Years</sup> - <sup>Months</sup> - <sup>Days</sup> -Sex male <sup>Color or Race</sup> white <sup>Birth-place</sup> GermanyOccupation Gardener <sup>Where residing if not at place of death</sup> GardenvilleMarried, Single or Widowed widowed <sup>Name of Wife or Husband</sup> Mary NordhoffFather's Name not known <sup>Father's Birthplace</sup>Mother's Maiden Name not known <sup>Mother's Birthplace</sup>Name of person giving Information Annie Middlecamp <sup>How related to deceased</sup> Daughter

## CAUSED OF DEATH

Primary <sup>How long</sup> Asthma 179 ~~189A~~ 20yrsImmediate <sup>How long</sup> Heart weakness - 1 hour

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

Signature of Physician

Address

Wm D Case  
Gardenville Md 14

Accident or Suicide

Jerusalem  
Bethlehem



Name in Full

William Papst.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at Texas Town Batts. County MARYLAND

Date of death 1960 Month May Day 3 Age 43 Years Months 3 Days 26

Sex Male Color or Race White Birth-place Germany-

Occupation Carpenter Where Residing if not at place of death Batts. Co. Alchurch.

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

Father's Name John Papst Father's Birthplace Germany

Mother's Maiden Name Elizabeth Frank Mother's Birthplace Germany-

Name of person giving information House Registered How related to deceased None

CAUSES OF DEATH

28 ✓

PHYSICIAN OR CORONER

Primary Pulmonary Tuberculosis How long nine months

Immediate Exhaustion How long 2 days

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

Signature of Physician Wilmer C. Over M.D. Address Cockeysville, Md.

Accident or Suicide No.

Buried at Trinity  
Country, Batts Co. Vird.  
May 6/10 by  
H. Sander & Sons.

Name  
in  
Full

Amelia Peltzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Boring Town Balt County

Date of death 1966 Month 5 Day 21 Age 67 Years Months 1 Days —

Sex female Color or Race white Birth-place unknown

Occupation House-wife Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Frank Peltzer

Father's Name unknown Pether's Birthplace Germany

Mother's Maiden Name unknown Mother's Birthplace Germany

Name of person giving Information Harry Peltzer How related to deceased son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute Indigestion How long 10<sup>30</sup>

Immediate Paralysis of Brain How long two days

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

Signature of Physician Jeff Wilen M.D.  
Address Jacobusburg

Accident or Suicide +



Name  
in Full

Charley H. Firdelle,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>Highlandtown, Baltimore</i> County		MARYLAND	
Date of death 19 <i>40</i>	Month <i>May</i>	Day <i>5</i>	Age <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore, Md.</i>	Months <i>4</i>
Occupation <i>none</i>	Where Residing if not at place of death <i>240 S. Clinton St.</i>		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>John T. Firdelle</i>	Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Mary Guebert</i>	Mother's Birthplace <i>"</i>		
Name of person giving Information <i>Mrs. John T. Firdell</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

Primary <i>Acute Articular Rheumatism</i>	How long <i>4</i> months
Immediate <i>Mitral Regurgitation</i>	How long <i>6</i> months
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. Hermann, M.D.</i>
	Address <i>3115 E. Baltimore St.</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER

Funerals, Leonard Pelt Jr.  
4 2336 E. Park St. —

Burial.

St. Matthews Cemetery.

Sunday - May 8 - 1910

Name  
In Full

*Lio Queney*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Govanus</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>9<sup>th</sup></i> Month	<i>May</i>	Day	<i>10</i>	Age
					<i>10</i> Years
					Months
					<i>1</i> Days
Sex	<i>Male</i>		Color or Race	<i>white</i>	
Occupation			Birth-place	<i>Maryland</i>	
Married, Single or Widowed			Where Residing if not at place of death		
<i>Child</i>			<i>_____</i>		
Name of Wife or Husband					
Father's Name	<i>James Queney</i>		Father's Birthplace	<i>Govanus</i>	
Mother's Maiden Name	<i>Mary Kerr</i>		Mother's Birthplace	<i>Ireland</i>	
Name of person giving information	<i>Margaret McCully</i>		How related to deceased	<i>Cousin</i>	

CAUSES OF DEATH

*89*

PHYSICIAN  
OR CORONER

Primary	<i>diphtheria</i>	How long	<i>24 hours.</i>
Immediate	<i>Heart failure</i>	How long	<i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. M. Duncan</i>
		Address	<i>Govanus town Md.</i>
Accident or Suicide?	<i>H</i>		

St Marys Seavans

May 11/10

H. C. Mitchell



Name  
in  
Full

CERTIFICATE OF DEATH

Patrick Reilly

Town

County

MARYLAND

Died at St. Agnes Hospital

Baltimore

Date

of death 1940

Month

May

Day

23

Age

Years

70

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Occupation

Where Residing if not  
at place of death

15-31-W. Baltimore.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Rebecca J. Reilly

Father's  
Name

Bernard Reilly

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

"

Name of person giving  
Information

Annie Brady

How related  
to deceased

## CAUSES OF DEATH

Primary

Carcinoma of Sigmoid

How long

Six months?

Immediate

Peritonitis

How long

Two days.

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

yes

Signature of  
Physician

Stewart D. Brewer

Address

St Agnes Hospital.

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
Full

Annie S. Richards

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> 202 Prospect Ave. <sup>County</sup> Roland Park		MARYLAND			
Date of death	1910	Month	May	Day	15
Age	51	Years	6	Months	15
Sex	Female	Color or Race	White	Birth-place	MD
Occupation	House Wife		Where Reading if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name	John Harris		Father's Birthplace		
Mother's Maiden Name	Jane Green.		Mother's Birthplace		
Name of person giving information	Geo. T. Richards.		How related to deceased		
			Husband.		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Regularity	Chr. Myocardial Degeneration		How long	19 yrs
	Immediate	Cocaine from Ch. Wright		How long	2 yrs
	Are there any other color dates	complicating		Signature of Physician	Henry J. Eide
	Accident or Suicide?	No		Address	Roland Park Md

A. S. Mans Hall Baltimore City -  
May 17 - 1910 to Balt. Circuit

Name  
in  
Full

William C. Riddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <sup>Town</sup> <i>Woodlawn</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death	19 <i>10</i>	Month	<i>May</i>	Day	<i>15</i>
Age	<i>53</i>	Years		Months	<i>6</i>
		Days			<i>3</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore Co Md</i>
Occupation	<i>Blacksmith</i>		Where Residing if not at place of death		
Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or <del>Husband</del>		<i>Mrs Lydia C. Riddle</i>		
Father's Name	<i>Elisha Riddle</i>		Father's Birthplace	<i>Balto Co Md</i>	
Mother's Maiden Name	<i>Emily C. Cole</i>		Mother's Birthplace	<i>Harford Ct Md</i>	
Name of person giving Information	<i>Mrs Lydia C. Riddle</i>		How related to deceased	<i>wife</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

H

Primary	<i>Intestinal Hepatitis - Initial</i>	<i>Reorganization</i>	How long	<i>7 months</i>
Immediate	<i>Cardiac Anemia - Uremia</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>A. C. Smith</i>
		Address	<i>West Point Park</i>	
			<i>Md</i>	
Accident or Suicide	<i>—</i>			

Mt Olive Linn, Balt Co,  
Jos. T. Cook.

Name  
in  
Full

Goldie May Rhoten

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied <sup>new</sup> Hampstead <sup>Town</sup> Bullo <sup>County</sup> MARYLANDDate of death 1910 <sup>Month</sup> May <sup>Day</sup> 10 <sup>Age</sup> 17 <sup>Years</sup> 6 <sup>Months</sup> 4 <sup>Days</sup>Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Maryland<sup>Married, Single or Widowed</sup> Single <sup>Occupation</sup> School girl

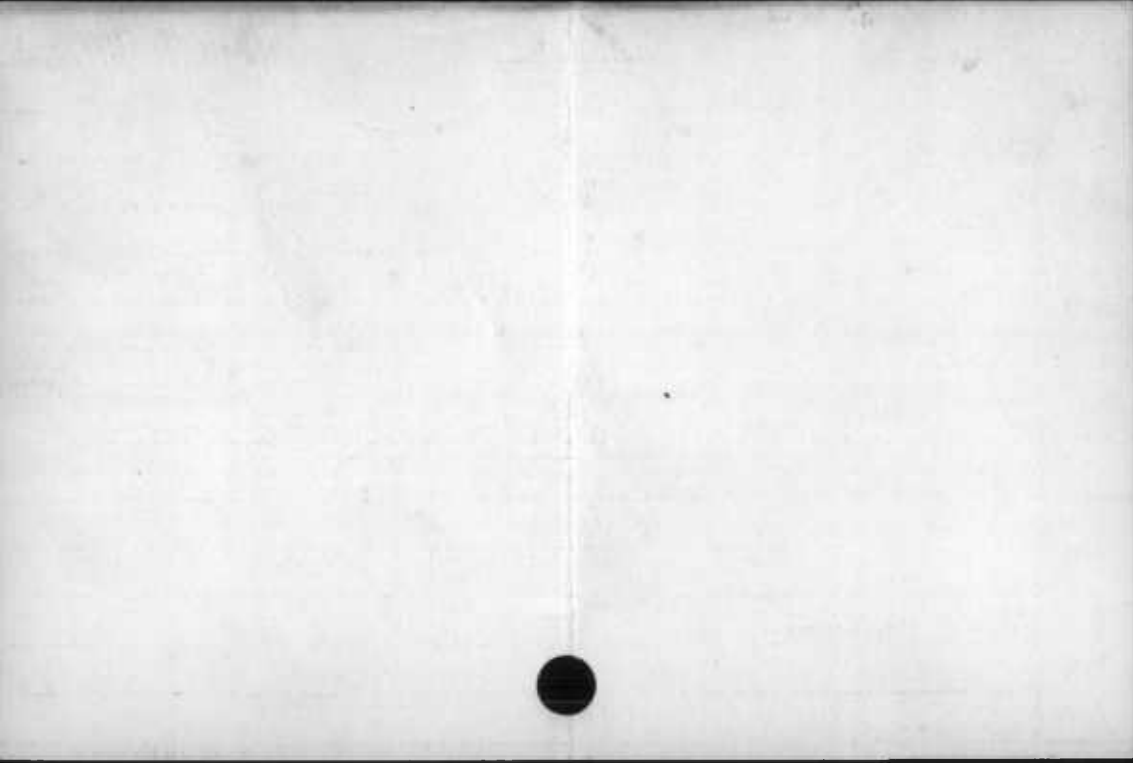
Name of Wife or Husband

<sup>Father's Name</sup> David Rhoten <sup>Father's Birthplace</sup> Maryland<sup>Mother's Maiden Name</sup> Lucy Halymer <sup>Mother's Birthplace</sup> Maryland<sup>Name of person giving information</sup> David Rhoten <sup>How related to deceased</sup> Father<sup>Gastro-Intestinal</sup> CAUSES OF DEATH<sup>Primary</sup> Liver & Stomach trouble <sup>How long</sup> 2 weeks<sup>Immediate</sup> Heart failure <sup>How long</sup> 10 hours

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

<sup>Signature of Physician</sup> R. C. Wells<sup>Address</sup> Hampstead  
Md

Accident or Suicide?





Name in Full

Springy Rubie

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Reisterstown Baltimore MARYLAND

Date of death 1960 May 7 Age 35

Sex Female Color or Race White Birthplace Russia

Occupation Machine Hand Where Residing if not at place of death 253 Baylorsden Ct.

Married, Single or Widowed Widow Name of Wife or Husband Not known

Father's Name Not known Father's Birthplace Not known

Mother's Maiden Name Not known Mother's Birthplace Not known

Name of person giving information How related to deceased

CAUSES OF DEATH

28

Primary Pulmonary Tuberculosis How long

Immediate Exhaustive How long

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

Signature of Physician Joseph E. Gieckler Address 1516 Madison Ave. Balt. City.

PHYSICIAN OR CORONER

H

Accident or Suicide



Name in Full

Aerrie Virginia Ruff

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at <sup>Town</sup> Mt. Washington <sup>County</sup> Balto. MARYLAND

Date of death 1980 <sup>Month</sup> May <sup>Day</sup> 10 <sup>Age</sup> — <sup>Years</sup> — <sup>Months</sup> 6 <sup>Days</sup> 11

Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> Md.

Occupation none <sup>Where Residing if not at place of death</sup> out Washington

Married, Single or Widowed Single <sup>Name of Wife or Husband</sup> none

Father's Name Washington Ruff. <sup>Father's Birthplace</sup> Balto. Co.

Mother's Maiden Name Laura Lee <sup>Mother's Birthplace</sup> Balto. Co.

Name of person giving Information Washington Ruff. <sup>How related to deceased</sup> Father

CAUSES OF DEATH

8 ✓

Primary Whooping Cough <sup>How long</sup> Three weeks

Immediate Pneumonia <sup>How long</sup> Three days

Are the name, age, sex, color, date and place correctly given above? <sup>Signature of Physician</sup> Walter Smith <sup>Address</sup> Ridge, Md.

PHYSICIAN OR CORONER

H

Accident or Suicide

John Burns Sons  
Towers

Instrumentis

Satoro Connelly's

Rolls: Co  
and

Name  
In  
Full

Still Born Sander

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hygum Brook</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month	<i>May</i>	Day	<i>14</i>
Age	Years		Months		Days
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	<i>Still Born</i>	Name of Wife or Husband			
Father's Name	<i>Samuel W. Sanders</i>		Father's Birthplace	<i>Baltimore Co</i>	
Mother's Maiden Name	<i>Leonora Batson</i>		Mother's Birthplace	<i>Washington D.C.</i>	
Name of person giving information	<i>Samuel Sanders</i>		How related to deceased	<i>Father</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>J. P. McShane</i>
			Address	<i>N. W. 4th Street</i>
Accident or Suicide?				



Name  
in  
Full

Daniel Schaeffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Halethorpe</i> <sup>County</sup> <i>Baltimore</i>		MARYLAND				
Date of death	<i>1960</i>	<sup>Month</sup> <i>May</i>	<sup>Day</sup> <i>26</i>	<sup>Years</sup> Age <i>82</i>	<sup>Months</sup> <i>7</i>	<sup>Days</sup> <i>22</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto., Md</i>	
Occupation	<i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Rosetta Schaeffer</i>			
Father's Name	<i>John Schaeffer</i>			Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Elizabeth Gibson</i>			Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Rosetta Schaeffer</i>			How related to deceased	<i>Wife</i>	

CAUSES OF DEATH:

(19)

PHYSICIAN  
OR CORONER

Primary	<i>Chronic valvular heart disease</i>	How long	<i>2 mos. 26 ds.</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>John D. Quinn, M.D.</i>
		Address	<i>1521 N. Fulton Ave. Baltimore, Md.</i>
Accident or Suicide?			<i>18</i>

To London Park Cemetery

G. F. Walker

723. 50 Lafayette St. W.



Name  
in  
Full

Charles L. Schillingen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Catonsville <sup>Town</sup>		Baltimore <sup>County</sup>		MARYLAND	
Date of death	1910	Month	May	Day	6th	Age	57
Sex	male	Color or Race	white	Birth-place	Baltimore	Months	x
Occupation	Cigarmaker	Where Residing if not at place of death	x				
Married, Single or Widowed	Name of Wife or Husband x						
Father's Name	George A. Schillingen				Father's Birthplace	Maryland	
Mother's Maiden Name	Friedericka Koff				Mother's Birthplace	Maryland	
Name of person giving Information	Hospital records				How related to deceased		

## CAUSES OF DEATH

28

How long

Congenital

How long

6 months

PHYSICIAN  
OR CORONER

Primary	Imbecility	
Immediate	Pulmonary Tuberculosis	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide	no	Md. Hospital for Insane Catonsville, Md.

Robert Gurnee.

Name  
in  
Full

Edna C. Schluderberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Highlandtown <sup>County</sup> Balto		MARYLAND			
Date of death	19 <sup>Month</sup> 10 <sup>Day</sup> 5 <sup>Year</sup> 20 <sup>Age</sup> 8	Months	8	Days	11
Sex	Female	Color or Race	White	Birth-place	Balto Co.
Occupation	None	Where Residing if not at place of death 241 S 3 <sup>rd</sup> St.			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm Schluderberg	Father's Birthplace	Balto		
Mother's Maiden Name	Carrie Kurtz	Mother's Birthplace	" "		
Name of person giving information	Wm Schluderberg	How related to deceased	Father		

## CAUSES OF DEATH

Primary	Rheumatism (Acute)	How long	60 days
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Immediate	Aortic Insufficiency	How long	20 "
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Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E B Britton M.D.

Address

1711 E Baltimore St.

Accident or Suicide?

Oak Lawn Farm,

Henry J. M.

5/23/10

Name  
in  
Full

Maria Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <sup>Town</sup> Highlandtown <sup>County</sup> Balto. MARYLAND

Date of death 1960 <sup>Month</sup> May <sup>Day</sup> 29 Age <sup>Years</sup> 33 <sup>Months</sup> 4 <sup>Days</sup>

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

Occupation Housewife <sup>Where Residing if not at place of death</sup> 1023 Third St

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

Father's Name Franz Rebacher <sup>Father's Birthplace</sup> Hungary

Mother's Maiden Name Margret Kopp <sup>Mother's Birthplace</sup> "

Name of person giving Information Ette Schmidt. <sup>How related to decedent</sup> Husband.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <sup>and terminal</sup> Pulmonary Tuberculosis <sup>How long</sup> 6 mos.

Immediate Failure of Respiration & Circulation <sup>How long</sup> 5 days

Are the name, age, sex, color, date and place correctly given above? yes. <sup>Signature of Physician</sup> Leo Karlusky, M.D.

<sup>Address</sup> 1114 Chesapeake St  
Balto md

Accident or Suicide

Lilly and Geiler

403 S. Wolfe St

Undertakers

Cemetery of Sacred Heart

MAY 31 1910

Name  
in  
Full

Thomas E. Shanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at		14 Evan's Chapel Road		Baltimore Co		MARYLAND	
Date of death		1970	May	16	Age	68	26
Sex	Male	Color or Race	White		Birth-place	Baltimore	
Occupation	Justice of the Peace		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband		Mary E. Shanley		
Father's Name	Thomas Shanley			Father's Birthplace	Md		
Mother's Maiden Name	Catherine Allison			Mother's Birthplace	Md		
Name of person giving Information	Mary E. Shanley			How related to deceased	Wife		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

H

Primary	Pneumonia	How long	6 days
Immediate	Cardiac paralysis	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. L. Shower, M.D.
Accident or Suicide	No	Address	431 Roland Ave. Balt.

*Green Mount Elmery*  
*on May 15 1910*

~~W. E.~~ CHENOWETH & SON,  
E. 3617 CHESTNUT AVE.



Name  
in  
Full

Annie Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Hood Lacer Sta* <sup>County</sup> *Baltimore*

MARYLAND

Date of death 1910 <sup>Month</sup> *May* <sup>Day</sup> *27* Age <sup>Years</sup> *60* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *Female* Color of Race *White* Birth-place *Md*Occupation *House work* Where Reading if not at place of death *at place of death*Married, Single or Widowed *Married* Name of Wife or Husband *Thomas Simmons*Father's Name *Scott* *Known* Father's Birthplace *Do not know*Mother's Maiden Name *Do not know* Mother's Birthplace *Do not know*Name of person giving in formation *Charlie Klesie* How related to deceased *Son in law*

CAUSES OF DEATH

92 ✓

PHYSICIAN  
OR CORONERPrimary *Acute Pneumonia* How long *10 days*Immediate *Sore* How long *10 days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *L. F. Fitzgerald M.D.*Address *Hood Lacer Sta**Baltimore Md*

Accident or Suicide?



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James Smith</i>		Town <i>Highland</i>		County <i>Balto.</i>		STATE <b>MARYLAND</b>	
Died at <i>3606 E. Lombard St</i>		Date of death 19 <i>10</i>		Month <i>May</i>	Day <i>1<sup>st</sup></i>	Age Years <i>20</i>	Months <i>10</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Balto.</i>			
Occupation <i>Teamster</i>		Where Residing if not at place of death <i>3606 E. Lombard St</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>→</i>					
Father's Name <i>Albert - P. Smith</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Catherine Downey</i>		Mother's Birthplace <i>Canada</i>					
Name of person giving information <i>Albert - P. Smith</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Pneumonia Pulmonalis acuta</i>	How long <i>4 months</i>
	Immediate	<i>Same</i>	<i>Same</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>John J. [illegible] M.D.</i>
	Address	<i>936 E. Monument St</i>	
Accident or Suicide?	<i>No</i>		

Dr. Heck.

Monmouth near Coos

Worcester

Mass.

May 11/1910.

Friend of Oak Farm.

Name  
In Full

Elizabeth Spauce

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>3402</u> <sup>Town</sup> <u>Donnell st</u> <sup>County</sup> <u>Balts.</u>		MARYLAND	
Date of death <u>1910</u> <sup>Month</sup> <u>May</u> <sup>Day</sup> <u>23</u> <sup>Years</sup> <u>47</u>	Months		Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>md</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death _____		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Spauce</u>		
Father's Name <u>Charles Geiss</u>	Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>		
Name of person giving information <u>Dr. John Ermer</u>	How related to deceased <u>Daughter</u>		

## CAUSES OF DEATH

19 ✓

PHYSICIAN  
OR CORONER

Primary <u>Dilatation of heart</u>	How long <u>unknown</u>
Immediate <u>Exhaustion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Mc J. McAvoy M.D.</u>
	Address <u>839 S. Canton St.</u>
Accident or Suicide?	

W. Cooke

undertaker

Back Lane

St Mary 25/9/0.

Name in Full

Charles C. Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> *Catonville* <sup>County</sup> *Balto* **MARYLAND**  
 Date of death *1910* Month *May* Day *6* Age Years *34* Months *-* Days *-*  
 Sex *male* Color or Race *Colored* Birth-place *Balto Co*  
 Occupation *Laborer.* Where Residing if not at place of death *Catonville*  
 Married, Single or Widowed *Married* Name of Wife or Husband *Florence Stewart*  
 Father's Name *Christopher C Stewart* Father's Birthplace *Eastern Shore*  
 Mother's Maiden Name *Mary A New.* Mother's Birthplace *Eastern Shore*  
 Name of person giving information *Arthur Stewart* How related to deceased *Brother*

CAUSES OF DEATH

189A  
How long

PHYSICIAN OR CORONER

Primary *Acute Indigestion* How long *36 hours*  
 Immediate *Heart-failure* How long *12 hours.*  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *Marshall B West*  
 Address *Catonville Md.*  
 Accident or Suicide?

Edward W. Pyle  
61 Winter Ave  
Catskill  
N.Y.



Name  
in  
Full

CERTIFICATE OF DEATH

Gavin H Stewart

Town

County

Died at Howard Park

Balto

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1960

May

12

Age

85-

7

3

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Retirist

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

Widowed

Name of Wife or  
Husband

Mary Stewart

Father's  
Name

John J Stewart

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary Traeger

Mother's  
Birthplace

Md

Name of person giving  
Information

Mr Gavin

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Insufficiency of Age

How long

1 year

Immediate

Apoplexy

How long

Immediate

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

Yes

Signature of  
Physician

A. C. Smith

Address

West Point Park

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Chamberlain & Smith Co.  
London Park.

Name  
in  
Full

Richard T. Swann

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Canton <sup>Town</sup> Balto. <sup>County</sup> MARYLAND  
 Date of death 1940 <sup>Month</sup> May <sup>Day</sup> 7<sup>th</sup> <sup>Years</sup> 68 <sup>Months</sup> 8 <sup>Days</sup> 19  
 Sex Male Color or Race White Birth-place Balto. Md.  
 Occupation Brick Layer Where Residing <sup>if not</sup> 3216 Hudson St.  
 at place of death  
 Married, Single or Widowed Married Name of Wife or Husband Isabella Swann  
 Father's Name Don't Know Father's Birthplace Balto. Md.  
 Mother's Maiden Name Don't Know Mother's Birthplace Balto. Md.  
 Name of person giving Information Isabella Swann How related to deceased Wife

## CAUSES OF DEATH

Primary Syncope apoplexy <sup>How long</sup> a few hours  
 Immediate 64 <sup>How long</sup>

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

Signature of Physician

Address

A. Warner  
320 Highland Ave

Accident or Suicida noPHYSICIAN  
OR CORONER

London Park Cemetery,

May 10<sup>th</sup> 1910.

Lilly and Guiler,

Undertakers.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

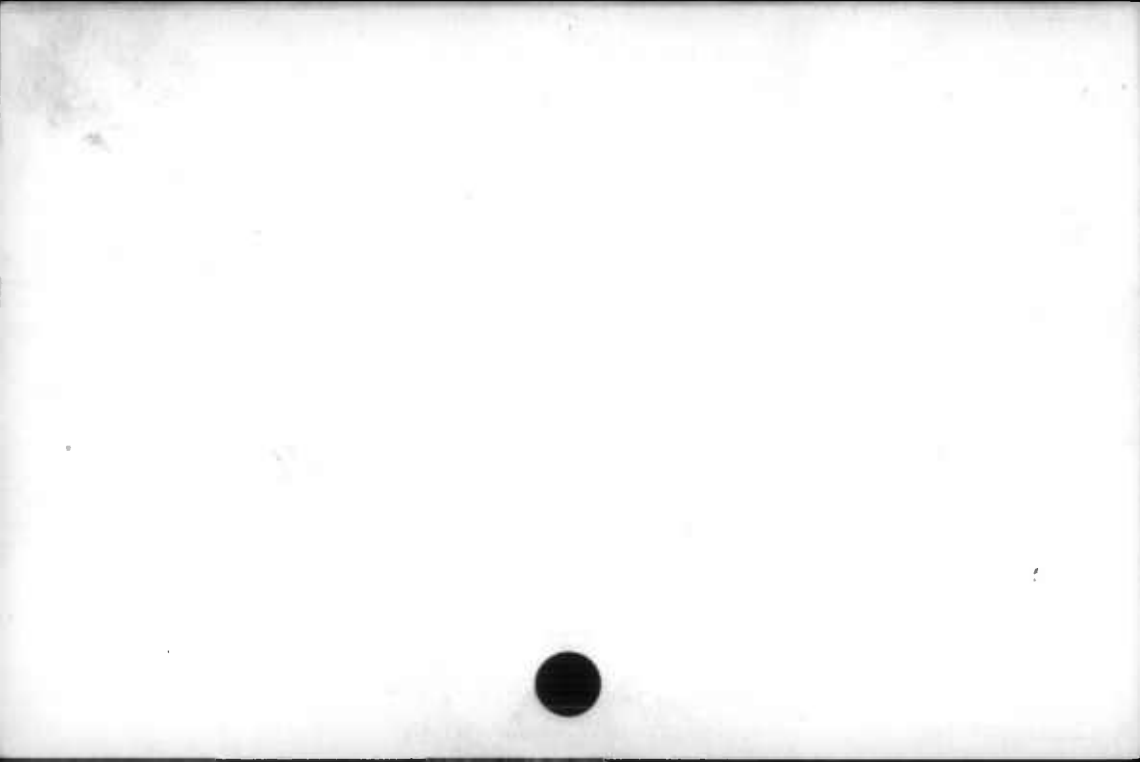
Name in Full <i>John Wesley Thomas</i>		Town <i>Bokeysville</i>		County <i>Balton</i>		STATE <b>MARYLAND</b>	
Died at <i>Bokeysville</i>		Month <i>May</i>		Day <i>31</i>		Years <i>18</i>	
Date of death <i>1980</i>		Age <i>18</i>		Months <i>8</i>		Days <i>10</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>MD</i>			
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Bokeysville MD</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Henry Thomas</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Judy Fickelson</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>Henry Thomas</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

28 ✓

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia Tuberculosis</i>	How long <i>6 months</i>
Immediate <i>General Failure of Vital Processes</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J.E. Benson</i>
Accident or Suicide	Address <i>Bokeysville MD</i>



Name

In Full

Dorby F. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cattomville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1940</i>	Month <i>May</i>	Day <i>15<sup>th</sup></i>	Age <i>37</i>	Months <i>10</i>
Sex <i>male</i>		Color or Race <i>White, American</i>		Birth-place <i>Baltimore, Md.</i>	
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>10 E. 21<sup>st</sup> Baltimore, Md.</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>C. Agnes Thompson</i>				
Father's Name <i>Dorby Thompson</i>	Father's Birthplace <i>W. Va.</i>		Mother's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Ann O'Neal</i>	Name of person giving information <i>C. Agnes Thompson</i>		How related to deceased <i>wife</i>		

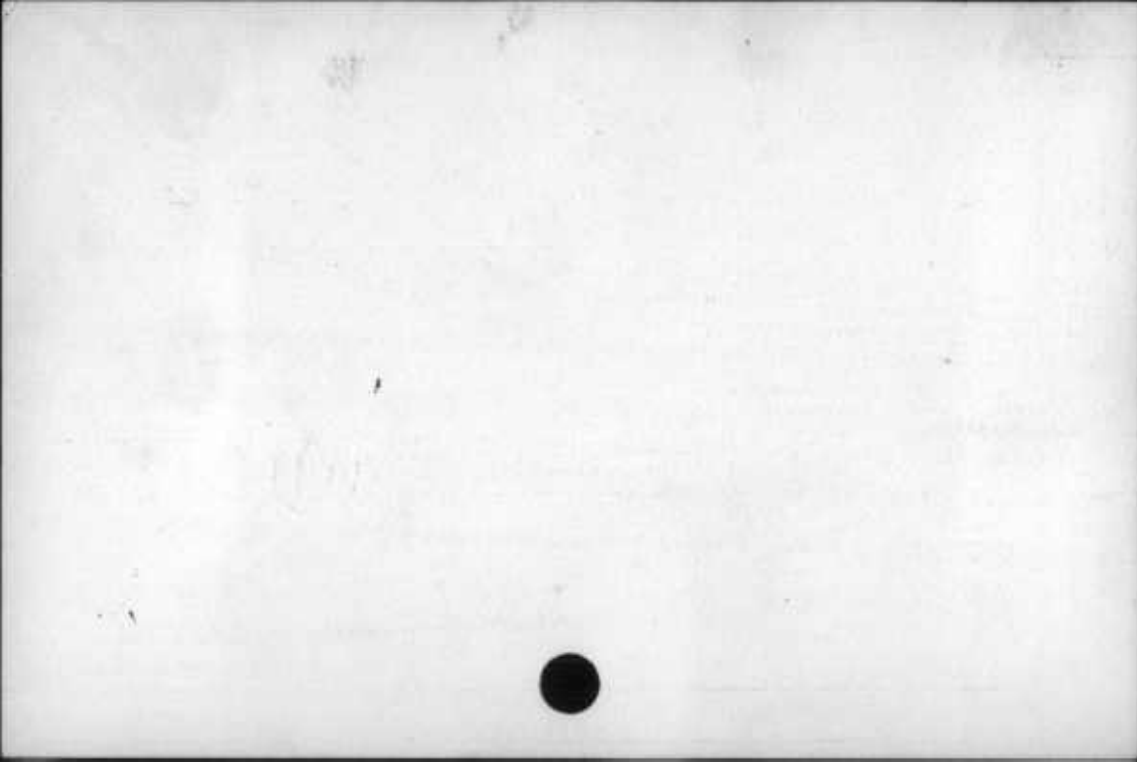
## CAUSES OF DEATH

How long

How long

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of Uterus</i>	<i>Eight months</i>
Immediate <i>Acute myeloid leukemia of myeloid type</i>	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Charles F. [unclear] M.D.</i>
	Address <i>Cattomville, Md.</i>
Accident or Suicide?	





Name  
in  
Full

Topfer, Anna K.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Leatonsville <sup>Town</sup> Balto <sup>County</sup> **MARYLAND**

Date of death 1900 <sup>Month</sup> May <sup>Day</sup> 23 Age 66 <sup>Years</sup> 66 <sup>Months</sup> 0 <sup>Days</sup> 0

Sex Female Color or Race white Birthplace Germany

Occupation Housewife Where Residing if not at place of death X

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

Father's Name unk Father's Birthplace unk

Mother's Maiden Name unk Mother's Birthplace unk

Name of person giving Information — How related to deceased —

CAUSES OF DEATH

(87) ✓

PHYSICIAN  
OR CORONER

Primary Chronic Bright's Disease How long 1 yr

Immediate Pulmonary edema How long 6 hours.

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

Signature of Physician J Percy Nade

Address Leatonsville, Md

Accident or Suicide No



Name  
in  
Full

Mary Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at *Highlandtown* Town *Balls.* County **MARYLAND**

Date of death *1960* Month *May* Day *6* Age *—* Years Months *4* Days *—*

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

Occupation *None* Where Residing if not at place of death *3714 Grav St*

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

Father's Name *Frank B. Turner* Father's Birthplace *MD*

Mother's Maiden Name *May B. Brown* Mother's Birthplace *MD*

Name of person giving information *Frank B. Turner* How related to deceased *Father*

## CAUSES OF DEATH

8 ✓

PHYSICIAN  
OR CORONER

Primary *Whooping Cough* How long *3 days*

Immediate *Aspirin overdose* How long *3 days*

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

Signature of Physician *Dr. W. Pennerd*

Address *708 Ennis St*

Accident or Suicide

May 8<sup>th</sup> 1910

Starr de Grace  
J. Sander Adams

Name  
in Full

Vaughn, Florence

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Leutonsville

County

Baltimore

MARYLAND

Date

of death 1900

Month

May

Day

13

Age

Year

39

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Maryland

Occupation

None

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

X

Father's  
Name

unk

Father's  
Birthplace

unk

Mother's  
Maiden Name

unk

Mother's  
Birthplace

unk

Name of person giving  
Information

—

How related  
to deceased

—

## CAUSES OF DEATH

Primary

Epileptic Insanity

How long

20 yrs

Immediate

Status Epilepticus

How long

24 hrs.

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

Yes

Signature of  
Physician

Address

J. Perry Wade  
Leutonsville, Md

Accident or Suicide

No



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Nicholas J. Walsh*  
 Died at *St. Ignis' Hospital* *Baltimore* County  
 Date of death *1980* Month *May* Day *8* Age *57* Years  
 Months Days

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

Occupation *Carrriage Finisher* Where Residing if not at place of death

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

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

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

Name of person giving Information *Hospital Records* How long related to deceased *7 da.*

## CAUSES OF DEATH

Primary *Acute Lobar Pneumonia* How long *7 da.*  
 Immediate *Pulmonary Edema* How long *6 h.*

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

Signature of Physician

*Abraham M. H.*  
*St. Ignis Hospital*

Address

*I* Accident or Suicide *No.*





Name  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Wm S Washington*

Died at *Aradstook* <sup>Town</sup> *Baltimore* <sup>County</sup>

Date of death *1940* <sup>Month</sup> *May* <sup>Day</sup> *6* <sup>Age</sup> *1* <sup>Years</sup> *1* <sup>Months</sup> *1* <sup>Days</sup>

Sex *male* Color or Race *black* Birth-place *Ind*

Occupation *—* Where residing if not at place of death *Same*

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

Father's Name *Geo Washington* Father's Birthplace *Ind*

Mother's Maiden Name *Ruzema Butler* Mother's Birthplace *Ind*

Name of person giving information *Wm S Washington* How related to deceased *Father*

CAUSES OF DEATH

*189A*

Primary *Marasmus* How long *1 month*

Immediate *—* How long *—*

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

Signature of Physician *H J Shipley*  
Address *Grant Ind*

Accident or Suicide? *—*



Name  
in  
Full

Otto F. Webler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <sup>Town</sup> Highlandtown <sup>County</sup> Balto. MARYLAND

Date of death 1900 Month 5 Day 17 Age 39 Years Months 1 Days

Sex Male Color or Race White Birth-place Balto. Ind.

Occupation Cabinet Worker Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary L. Webler

Father's Name Henry Webler Father's Birthplace Germany

Mother's Maiden Name Elizabeth Busch Mother's Birthplace "

Name of person giving Information Mary L. Webler How related to deceased Wife.

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary Appt. suppling? touch <sup>189A</sup> How long 48 hours

Immediate Shock from operation in dentistry How long

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

Signature of Physician Address 148 Forest St

Accident  Suicide

John A Moran  
Bank & Ann St

Holy Redeemer Church

May 20-10

Name  
in  
Full

Louis Weiner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <u>Reisterstown</u> Town		<u>Balto.</u> County		MARYLAND	
Date of death	19 <u>40</u>	Month	<u>May</u>	Day	<u>3</u>
Age	<u>36</u>	Years		Months	<u>—</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Baltimore City</u>
Occupation	<u>Clerk</u>		Where Residing if not at place of death <u>1110 N. Washington St. Balt.</u>		
Married, <del>Widowed</del>	<u>Married</u>	Name of Wife or Husband	<u>Rosie</u>		
Father's Name	<u>Joseph Weiner</u>		Father's Birthplace	<u>unknown</u>	
Mother's Maiden Name	<u>unknown</u>		Mother's Birthplace	<u>unknown</u>	
Name of person giving information	<u>Informant on Admission Card</u>			How related to deceased	<u>—</u>

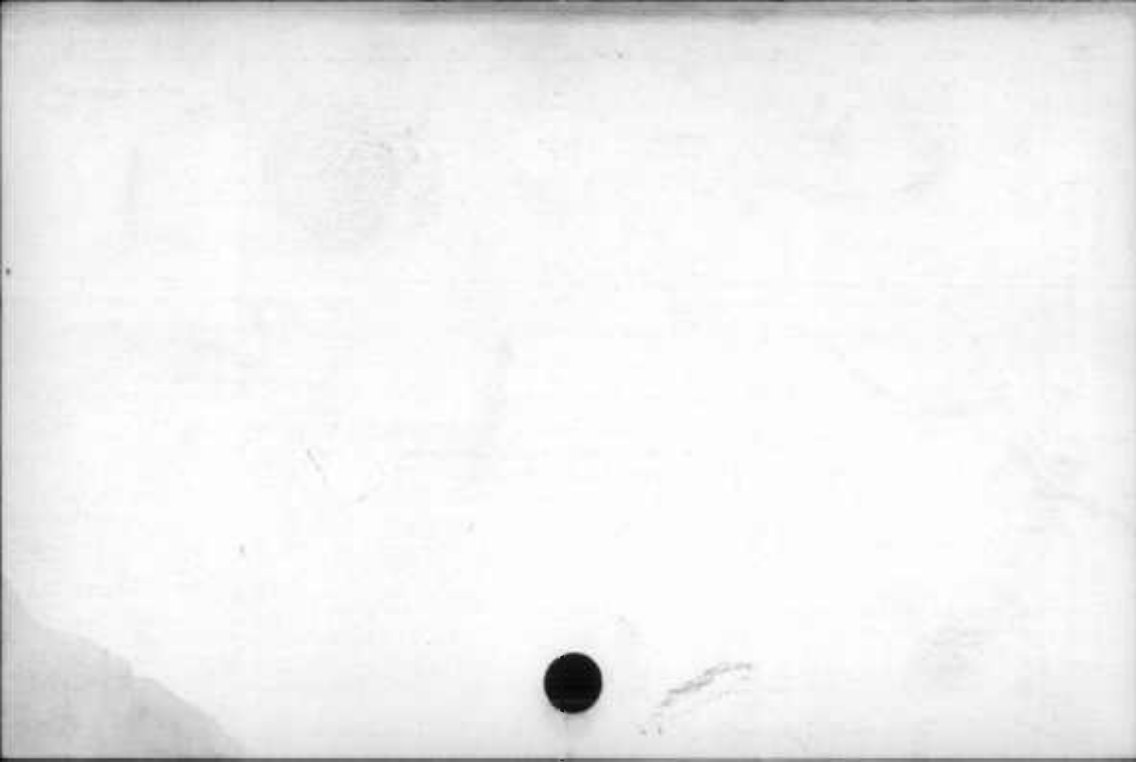
## CAUSES OF DEATH

28 ✓

PHYSICIAN  
OR CORONER

H

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>—</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>Joseph E. Gishner</u>
		Address	<u>11516 W. Sherman Ave. Balti.</u>
Accident or Suicide			



Name  
in  
Full

Rev Addison Theller.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <sup>Town</sup> Govanus. <sup>County</sup> Baltimore MARYLAND

Date of death 1940 <sup>Month</sup> May <sup>Day</sup> 15 <sup>Years</sup> 73. <sup>Months</sup> 4 <sup>Days</sup> 17

Sex Male Color or Race White Birth-place Virginia

Occupation Minister Where Residing if not at place of death Govanus Md

Married, Single or Widowed Married Name of Wife or Husband S Elizabeth Theller

Father's Name Benjamin Theller Father's Birthplace Mechanicstown Pa.

Mother's Maiden Name Catherine Bisch Mother's Birthplace Virginia

Name of person giving Information S Elizabeth Theller. How related to deceased Wife

CAUSES OF DEATH

(154) ✓

PHYSICIAN  
OR CORONER

H

Primary Senility How long 5 months

Immediate Exhaustion How long 1 month.

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

Signature of Physician J.C. Hess, M.D.

Address Govanus, Md.

Accident or Suicide Neither

Spence  
502 B.

Brook  
North Ave

10 mid Ridge Conn

May 18-1910



Name in Full

Conrad Welty

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Highlandtown <sup>County</sup> Balto.

Date of death 1960 <sup>Month</sup> May <sup>Day</sup> 22 <sup>Age</sup> 76 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex Male <sup>Color or Race</sup> White <sup>Birthplace</sup> Germany

Occupation Shoemaker <sup>Where Residing if not at place of death</sup> 29 S. Baltimore Ave.

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Mary A. Welty

Father's Name Not Known <sup>Father's Birthplace</sup> Germany

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

Name of person giving information Mary A. Welty <sup>How related to deceased</sup> Wife

CAUSES OF DEATH

94

PHYSICIAN OR CORONER

Primary Chronic Nephritis <sup>How long</sup> few years

Immediate Pulmonary Congestion <sup>How long</sup> 6 hours

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

Signature Physician T. Herrmann <sup>Address</sup> 3115 E. Baltimore St.

Accident or Suicide

W. J. Savelle, Dan  
Calk, Jackson County  
May 24<sup>th</sup> 1918

---

Name  
in  
Full

George Wilson

CERTIFICATE OF DEATH

Town

Canton

County

Balto.

MARYLAND

Died at

Date

of death

1980

May

Day

21<sup>st</sup>

Age

Years

Months

Days

11

Sex  
OccupationMale  
NoneColor or  
Race

White

Birth-  
place

Balto. Co.

Where Residing ~~if not~~  
at place of death

1009 S. East Ave

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Frank Wilson

Father's  
Birthplace

Balto. Md.

Mother's  
Maiden Name

Frances Kukul

Mother's  
Birthplace

" "

Name of person giving  
Information

Frances Kukul

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Premature Birth

How long

Immediate

Asphyxia

How long

7 days

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

Address

M. J. McAvoy M.D.  
839 S. Canton St.  
17

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Sacred Heart Cemetery

May 22<sup>nd</sup> 1910

Lilly and Geiler

Undertaker's

Name in Full

Mustead, Frank

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Leatonsville <sup>County</sup> Balto.

MARYLAND

Date of death 1960 <sup>Month</sup> May <sup>Day</sup> 12 <sup>Age</sup> <sup>Years</sup> 43 <sup>Months</sup> <sup>Days</sup>

Sex Male <sup>Color or Race</sup> white <sup>Birth-place</sup> Virginia

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

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

Father's Name <sup>Father's Birthplace</sup> James Winstead Va

Mother's Maiden Name <sup>Mother's Birthplace</sup> Mahala Lewis Va

Name of person giving Information <sup>How related to deceased</sup> Rosa A Hudson Sister

CAUSES OF DEATH

(67) ✓

Primary <sup>How long</sup> General Paralysis 3 years  
Immediate <sup>How long</sup> Exhaustion 2 weeks

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

Signature of Physician <sup>Address</sup> Percy Kade Leatonsville, Md

Accident or Suicide No

PHYSICIAN OR CORONER

Fr A. Klemm M.B.



Name  
in  
Full

Roland Wilson Nye

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Corbett <sup>Town</sup> Baltimore <sup>County</sup> MARYLANDDate of death 1900 <sup>Month</sup> May <sup>Day</sup> 9 Age 0 <sup>Years</sup> 8 <sup>Months</sup> 20 <sup>Days</sup>Sex male Color or Race Col. Birth-place Corbett

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

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

Father's Name William Nye Father's Birthplace Baltimore MdMother's Maiden Name Cassetta Leaf Mother's Birthplace HagerstownName of person giving Information J. Nye How related to deceased Father

## CAUSES OF DEATH

Primary Marasmus <sup>How long</sup> 6 moImmediate Asthma <sup>How long</sup> \_\_\_\_\_Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. R. PayneAddress CorbettAccident or suicide \_\_\_\_\_ 10





Name  
In Full

Antonia Zelentka

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sparrow's Pt.</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1910</i>	Month	<i>May</i>	Day	<i>28</i>
Age		<i>53</i>	Years	<i>—</i>	Months
Days		<i>—</i>			
Sex	<i>male</i>	Color or Race	<i>white</i>	Birthplace	<i>Austria</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>Sparrow's Pt.</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>none</i>		
Father's Name	<i>unknown</i>		Father's Birthplace	<i>Austria</i>	
Mother's Maiden Name	<i>unknown</i>		Mother's Birthplace	<i>Austria</i>	
Name of person giving information	<i>Jutonis C. Wabler</i>		How related to deceased	<i>not related</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>mitral Stenosis</i>	How long	<i>1/2 hour</i>
Immediate	<i>mitral Stenosis</i>	How long	<i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>		
Signature of Physician	<i>H.C. Bellman MD</i>		
Address	<i>Sparrow's Pt., Md.</i>		
Accident or Suicide?	<input type="checkbox"/>		

