

Name  
in  
Full

CERTIFICATE OF DEATH

Mary Arvin  
Not Buried

Carroll

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Not Buried

Date of death | 30 May 1928 | Age | 1 | Months | 11 | Days | 22

Sex Female | Color or Race African | Birth-place Carroll Co

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

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

Father's Name Robert Arvin | Father's Birthplace Va

Mother's Maiden Name Carrige Matthews | Mother's Birthplace Carroll Co

Name of person giving information Robert Arvin | How related to deceased Nephew

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary Pylorus | How long 3 wks

Immediate Pneumonia | How long 3 days

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

Signature of Physician

Address

CW Haffinger  
By Keyhole  
Mo.

Accident or Suicide? —



Name in Full **Silas Arvin** CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

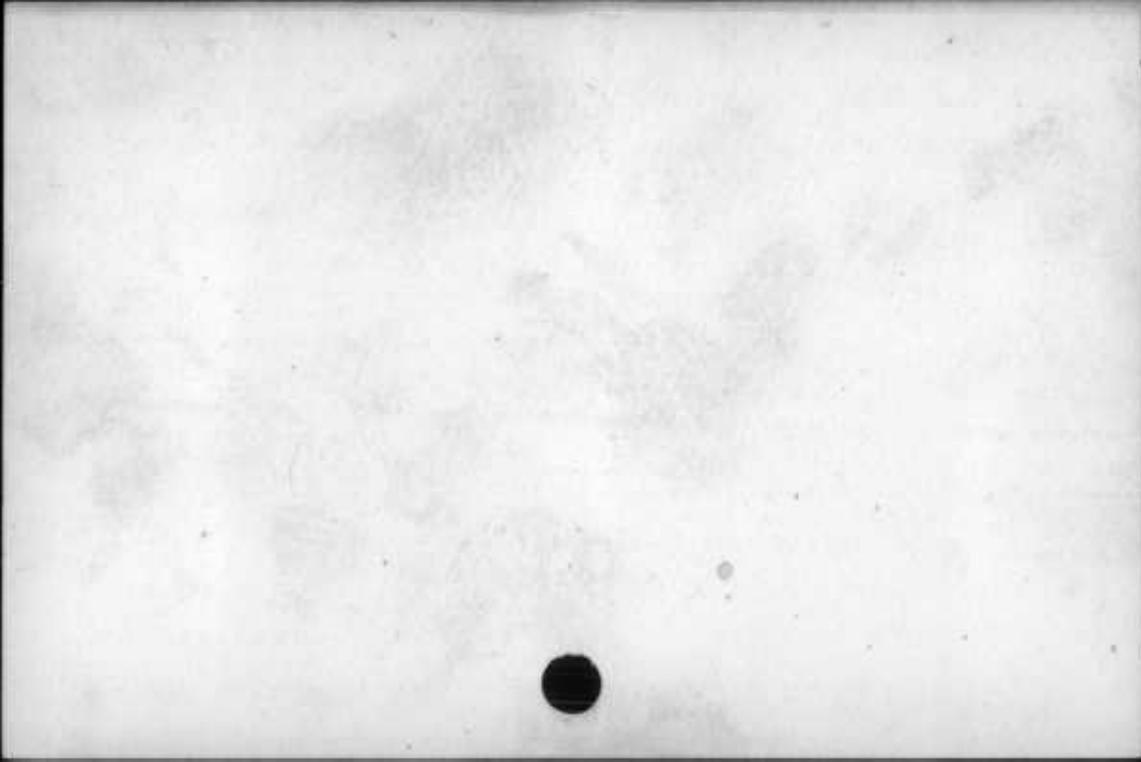
Died at **Marbleton** <sup>Town</sup> **Carroll** <sup>County</sup> **MARYLAND**  
 Date of death **1940** **May** **28** **Age** **3** **Years** **2** **Months** **16** **Days**  
**Male** <sup>Sex</sup> **African** <sup>Color or Race</sup> **Carroll Co** <sup>Birth-place</sup>  
 Occupation **—** <sup>Where residing if not at place of death</sup> **—**  
 Married, Single or Widowed **—** <sup>Name of Wife or Husband</sup> **—**  
 Father's Name **Richard Arvin** <sup>Father's Birthplace</sup> **Va**  
 Mother's Maiden Name **Faithenia Carr Matthews** <sup>Mother's Birthplace</sup> **Carroll Co**  
 Name of person giving information **Richard Arvin** <sup>How related to deceased</sup> **father**

CAUSES OF DEATH

8

PHYSICIAN OR CORONER

Primary **Pertussis** <sup>How long</sup> **3 wks**  
 Immediate **Murmonia** <sup>How long</sup> **3 days**  
 Are the name, age, sex, color, date and place correctly given above? **yes**  
 Signature of Physician **C. W. Hoffmann**  
 Address **By Kenville, Md.**



Name  
in  
Full

Daniel Dawson Ball

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield State Hosp.</i>		Town <i>Springfield</i>		County <i>Carroll</i>		MAYLAND	
Date of death <i>1940</i>		Month <i>May</i>	Day <i>7th</i>	Years <i>68</i>	Months	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Wld.</i>				
Occupation <i>Oyster-man</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Unknown</i>						
Father's Name <i>Daniel Ball</i>		Father's Birthplace <i>Wld.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Hospital Record</i>		How related to deceased					

## CAUSES OF DEATH

Primary	<i>Senile Melancholia</i>	How long	<i>3 1/2 yrs.</i>
Immediate	<i>Acute Cardiac Dilatation</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Alex P. Harrison</i>	
		Address <i>Sykesville Wld.</i>	
Accident or Suicide <i>No.</i>			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Sarah Rebecca Bowers  
Town Winfield County Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at Winfield  
Date of death 1980 5 27 Age 81 Months 3 Days 15

Sex Female Color or Race White Birth-place Maryland

Occupation Domestic Where Residing if not at place of death Winfield - Md -

Married, Single or Widowed Widow Name of Wife or Husband Conrad Bowers (deceased)

Father's Name Luke Wagner (deceased) Father's Birthplace Unknown

Mother's Maiden Name Hannah Triggell ( " ) Mother's Birthplace "

Name of person giving Information Mrs. Bowers How related to deceased Son

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

154 ✓

Primary Senile Debility How long 1 yr.

Immediate Apoplexy How long 1 hour

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. D. Brant

Address Winfield

PHYSICIAN  
OR CORONER

1

Accident or Suicide Carroll Co





Name  
in  
Full

Ruth Ann Elizabeth Conaway

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Berrett <sup>County</sup> Carroll MARYLAND

Date of death 1960 <sup>Month</sup> 5 <sup>Day</sup> 26 <sup>Age</sup> 72 <sup>Months</sup> 7 <sup>Days</sup> 29

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

Occupation Domestic <sup>Where Residing if not at place of death</sup> Berrett, Md -

Married, Single or Widowed Widowed <sup>Name of Wife or Husband</sup> John H. Conaway, deceased

Father's Name Groves Shipley (deceased) <sup>Father's Birthplace</sup> Carroll Co., Md.

Mother's Maiden Name Louisa Conaway <sup>Mother's Birthplace</sup> " " "

Name of person giving Information Columbus H. Conaway <sup>How related to decedent</sup> Son

CAUSES OF DEATH

Primary Gastric Grief <sup>How long</sup> Two weeks

Immediate Bronchial Pneumonia <sup>How long</sup> one week

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

Signature of Physician

E D Brook

Address

Winfield  
Carroll Co.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
Full

## CERTIFICATE OF DEATH

Leslie Robert Crowl

Town

County

MARYLAND

Died at Int Pleasant

Carroll

Date

of death 1990

Month

May

Day

9

Age

Years

Months

Days

3

Sex

Male

Color or Race

White

Birth-place

Int Pleasant Md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Wm H. Crowl

Father's Birthplace

Carroll Md

Mother's Maiden Name

Eva V. Flickinger

Mother's Birthplace

Carroll Md

Name of person giving information

Wm H. Crowl

How related to deceased

Father

## CAUSES OF DEATH

Primary

Premature Birth

How long

Immediate

Incomplete closure for 3 days

How long

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

Signature of Physician

Address

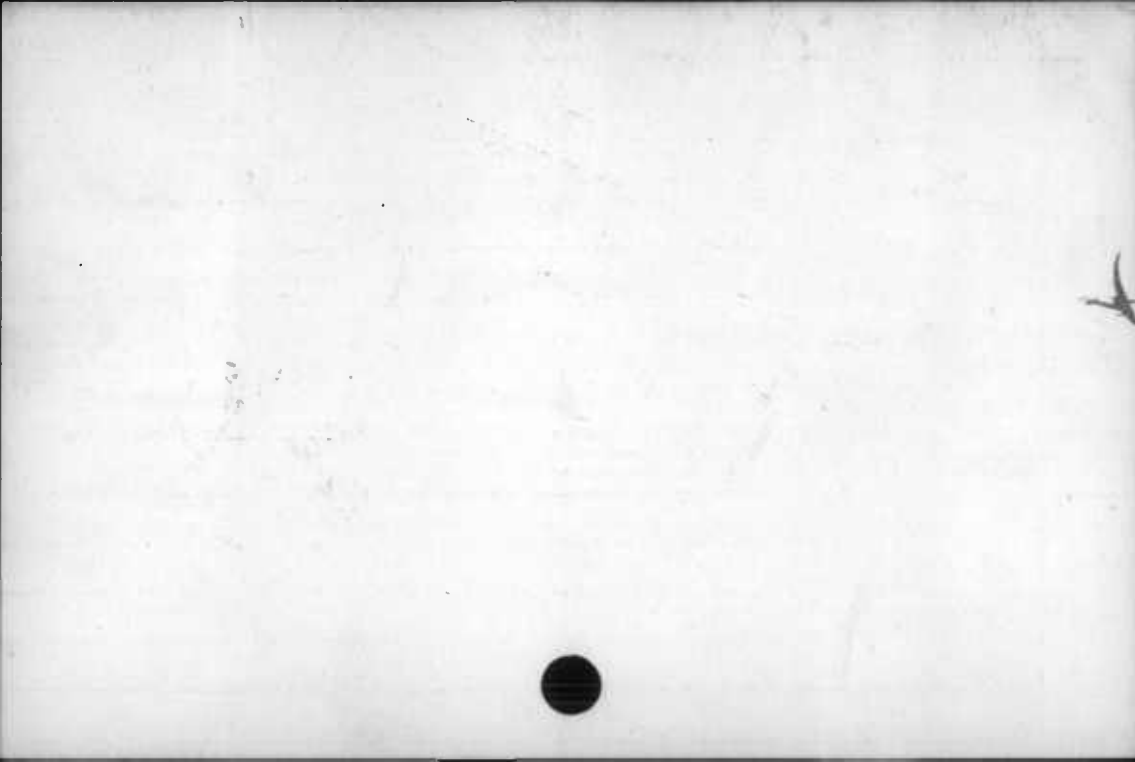
G. Lewis Webber

Union Mills Maryland

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

H



Name  
in  
Full

Marion Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Mountainer <sup>County</sup> Carroll MARYLANDDate of death 1960 <sup>Month</sup> May <sup>Day</sup> 29 <sup>Age</sup> 3.. <sup>Years</sup> <sup>Months</sup> = <sup>Days</sup> =Sex Female <sup>Color</sup> <sup>Race</sup> White <sup>Birth-place</sup> MountainerOccupation <sup>Where Residing if not at place of death</sup> MountainerMarried, Single or Widowed <sup>Name of Wife or Husband</sup> =Father's Name Ashley C Davis <sup>Father's Birthplace</sup> Paris cornerMother's Maiden Name Golden Trippel <sup>Mother's Birthplace</sup> not knownName of person giving Information Jackson Shipley <sup>How related to deceased</sup> Grandfather

## CAUSES OF DEATH

Primary Cerebral Meningitis <sup>How long</sup> Two weeksImmediate cerebral abscess <sup>How long</sup> one weekAre the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> A J Herout<sup>Address</sup> TaylorsvilleAccident or Suicide <sup>Carroll co</sup> <sup>Per E D C</sup>PHYSICIAN  
OR CORONER



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Sykesville <sup>Town</sup> Carroll <sup>Dorsey</sup> County

MARYLAND

Date

30 May

Day

—

Age

Years

—

Months

Days

Sex

Female

Color or  
Race

African

Birth-  
place

Sykesville

Occupation

—

Where residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

John Dorsey

Father's  
Birthplace

Howard Co

Mother's  
Maiden Name

Margaret Johnson

Mother's  
Birthplace

Carroll Co

Name of person giving  
information

Annie Wilkerson

How related  
to deceased

Grand Mother

## CAUSES OF DEATH

Primary

Still born

How long

—

Immediate

Still born

How long

—

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

yes

Signature of  
PhysicianC. W. K. Hanger,  
Sykesville,  
Md.

Address

Accident or Suicide?

—

PHYSICIAN  
OR CORONER





Name  
in  
Full

Columbus Gordon Edmondson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Gamber <sup>Town</sup> Carroll <sup>County</sup> MARYLAND

Date of death 1940 <sup>Month</sup> May <sup>Day</sup> 1 Age 8 <sup>Years</sup> 6 <sup>Months</sup> 6 <sup>Days</sup>

Sex male Color or Race white Birth-place Maryland

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

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

Father's Name Walter Edmondson Father's Birthplace Maryland

Mother's Maiden Name Minnie Wagoner Mother's Birthplace Idaho

Name of person giving Information James B Edmondson How related to deceased Uncle

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Convulsions How long 2 weeks

Immediate Brain trouble How long 3 days

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

Signature of Physician W. L. Batt  
Address Westminster Md

I Accident or Suicide



Name  
in FullMary <sup>Ar</sup> Frite

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Union Bridge <sup>County</sup> Carroll MARYLANDDate of death 1940 <sup>Month</sup> 5 <sup>Day</sup> 9 Age <sup>Years</sup> 72 <sup>Months</sup> 3 <sup>Days</sup> 4Sex Female <sup>Color or Race</sup> White Birth-place Carroll Co

Occupation Servant Where Residing if not at place of death Union Bridge

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Peter Frite, Father's Birthplace Md

Mother's Maiden Name Not Known Mother's Birthplace

Name of person giving Information H. Herbin Brown How related to deceased

## CAUSES OF DEATH

Primary Strangulated Hernia How long 4 days

Immediate Shock (Rupture) How long 2 hrs

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

Signature of Physician H. Herbin Brown

Address Union Bridge Carroll Co.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

James S. Juss

CERTIFICATE OF DEATH

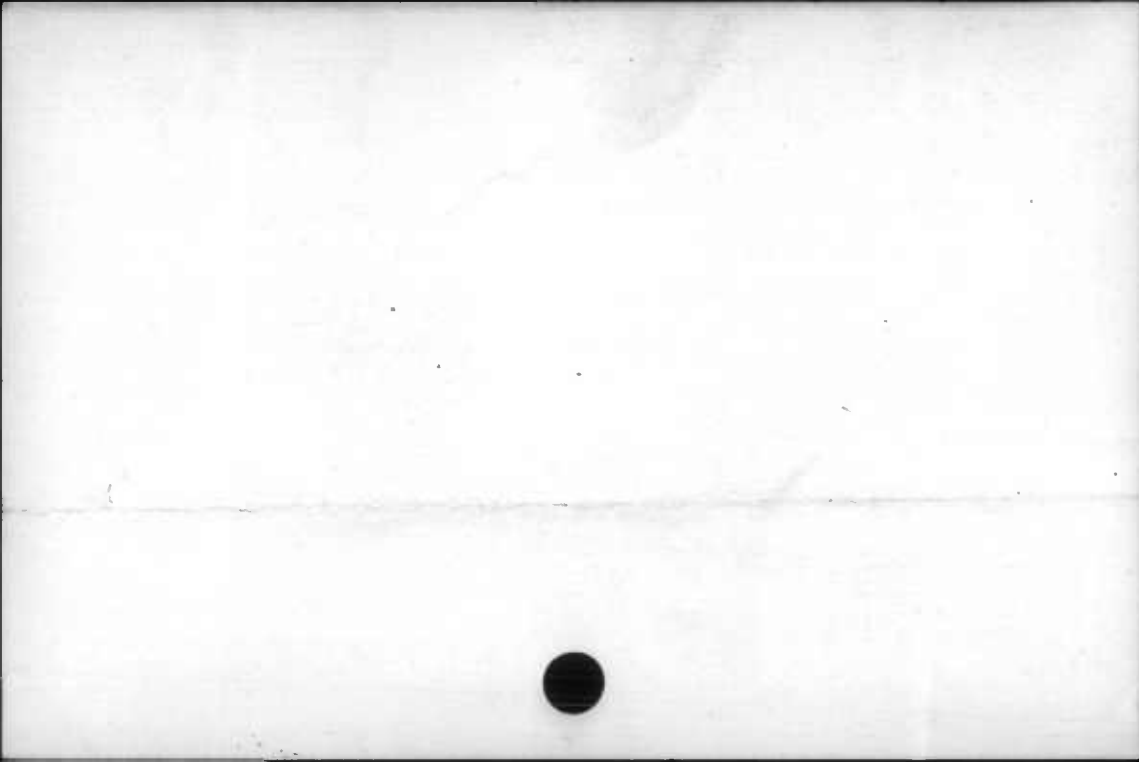
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brewville		County Carroll		MARYLAND	
Date of death		1900	Month May	Day 20	Age 71	Years	Months 7
Sex		Male		Color or Race White		Birth-place Carroll Co. Md.	
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Laura Harbaugh			
Father's Name Phoenix Juss				Father's Birthplace Unknown			
Mother's Maiden Name Lydia A. Angue				Mother's Birthplace Unknown			
Name of person giving Information Susan Fries				Relationship Sister			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Recent high flow bladder (Prostatic)	How long	1 week
Immediate	Heart failure	How long	24 hours
Are the name, age, sex, color, data and place correctly given above?		Yes	
Signature of Physician		L. S. Diller	
Address		Detroit, Mich.	
Accident or Suicide			



Name  
in  
Full

Howard Guyton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Springfield Hospital <sup>County</sup> Carroll

MARYLAND

Date of death 1940 <sup>Month</sup> May <sup>Day</sup> 21 <sup>Years</sup> Age Unknown <sup>Months</sup> <sup>Days</sup>Sex <sup>male</sup> Color or Race <sup>White</sup> Birth-placeOccupation <sup>Unknown</sup> Where Residing if not at place of deathMarried, Single or Widowed <sup>Single</sup> Name of Wife or HusbandFather's Name <sup>Unknown</sup> Father's Birthplace <sup>Unknown</sup>Mother's Maiden Name <sup>"</sup> Mother's Birthplace <sup>"</sup>Name of person giving Information <sup>Hospital record</sup> How related to deceased

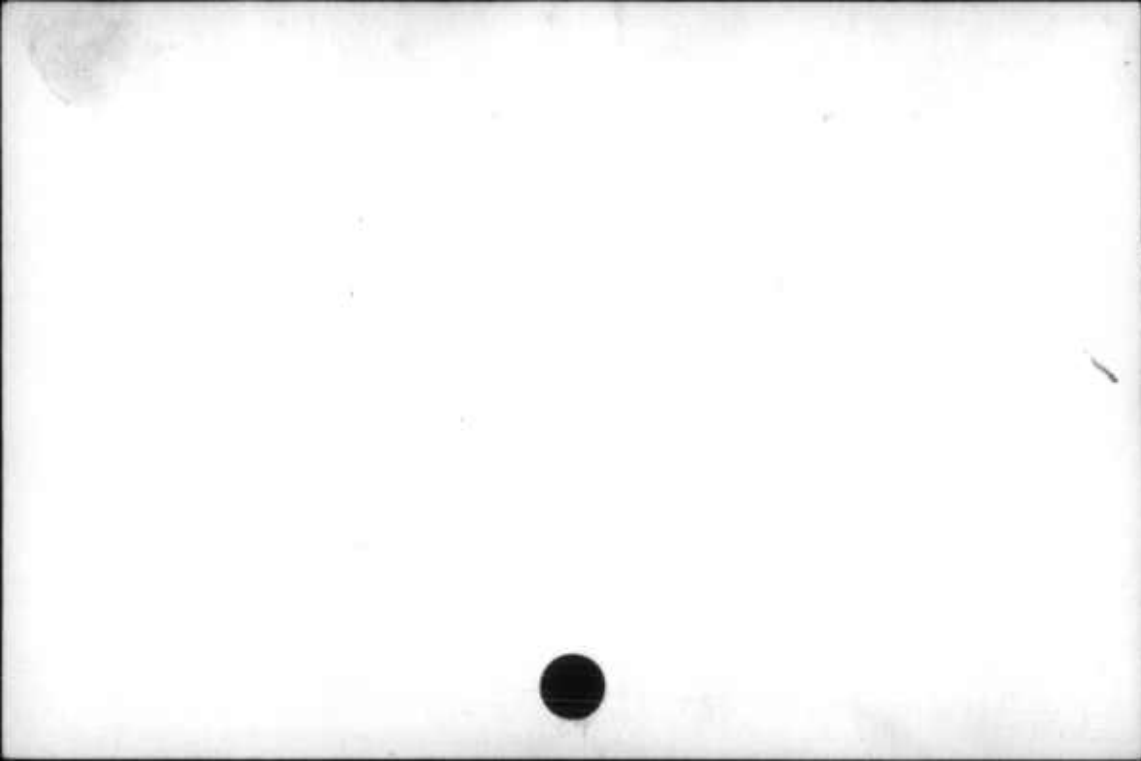
## CAUSES OF DEATH

Primary <sup>Imbecility</sup> How long   
Immediate <sup>Cerebral hemorrhage</sup> How long <sup>36 hours</sup>Are the name, age, sex, color, date and place correctly given above? <sup>To best</sup>

Signature of Physician

Address

<sup>of my knowledge</sup><sup>Chas. J. Conroy</sup>  
<sup>Sylverville Md.</sup>Accident or Suicide <sup>Me</sup>PHYSICIAN  
OR CORONER





Name in Full

Elizabeth J. Haines



CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Linwood Town Carroll County MARYLAND

Date of death 1980 Month May Day 29th Age 72 Years Months 6 Days 19

Sex Female Color or Race White Birth-place Carroll Co. Md.

Occupation Housewife Where Residing if not at place of death ✓

Married, Single or Widowed Widowed Name of Wife or Husband Ivan Haines

Father's Name George Jordan Father's Birthplace Maryland

Mother's Maiden Name Esther Roof Mother's Birthplace Maryland

Name of person giving Information Ann Brown How related to deceased Sister

CAUSES OF DEATH

(10) ✓

PHYSICIAN OR CORONER

Primary Lung cancer How long 3 days

Immediate Pneumonia How long 30 days

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

Signature of Physician Richard [unclear]

Address Mountain Md.

Accident or Suicide

1000 3/10



Name in Full

*Edou Haines*



CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died <i>Mar</i> <sup>Town</sup> <i>Linwood</i> <sup>County</sup> <i>Carroll</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>May</i>	Day <i>20</i>	Age <i>76</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Carroll Co. Md.</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth J. Jordan</i>		
Father's Name <i>Joel Haines</i>	Father's Birthplace <i>Carroll Co. Md.</i>		
Mother's Maiden Name <i>Arsana Engle</i>	Mother's Birthplace <i>Carroll Co. Md.</i>		
Name of person giving Information <i>Ann Brown</i>	How related to deceased <i>Sister-in-law</i>		

CAUSES OF DEATH

*92* ✓

PHYSICIAN OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Pneumonia</i>	How long " "
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Luther Kempwood</i>
	Address <i>Uniontown Md</i>
Accident or Suicide	

Page 10



Name in Full

Jessie Albert Hellebride  
Town Westminster County Carroll

NO 600  
CERTIFICATE OF DEATH

Died at

MARYLAND

Date of death

1940 May 19

Age

67

Months

2

Days

18

Sex

male

Color or Race

white

Birth-place

Maryland

Occupation

Retired

Where Residing if not at place of death

Married, Single or Widowed

married

Name of Wife or Husband

Fietta Heltibridle

Father's Name

John Heltibridle

Father's Birthplace

Maryland

Mother's Maiden Name

Catherine Humbert

Mother's Birthplace

Maryland

Name of person giving Information

Augustus Humbert

How related to deceased

Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary

Dropsy

How long

one year

Immediate

Heart Failure

How long

one week

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

Signature of Physician

Address

John H. Street  
Westminster Md

PHYSICIAN OR CORONER

Accident or Suicide

Silver-Rain Cemetery

Stover

727-410-410-  
27-410-  
27-410-

2370

~~410-410~~

Name  
in Full

Grace Catharine Hoovers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Union Bridge</i>		County <i>Cornwall</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1900	5	12	9		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>California</i>		
Occupation <i>School Girl</i>			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>W. J. T. Hoovers</i>			Father's Birthplace <i>Dayton, O.</i>		
Mother's Maiden Name <i>Carrie May Yundt</i>			Mother's Birthplace <i>Naperville, Ill.</i>		
Name of person giving Information <i>W. J. T. Hoovers</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

**I** V

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>7 days</i>
Immediate	<i>Intestinal Perforation (Rholets)</i>	How long	<i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Legg</i>	
		Address <i>Union Bridge, Md.</i>	
Accident or Suicide <i>No.</i>			

Mountain View





Name in Full

Margaret Hull  
Town

No 601  
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Westminster Carroll County MARYLAND

Date of death 1940 May 25 Age 81 Months 2 Days -

Sex Female Color or Race White Birthplace Maryland

Occupation House Wife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband George Washington Hull

Father's Name Cornelius Baust Father's Birthplace Maryland

Mother's Maiden Name Elizabeth Freeman Mother's Birthplace doo

Name of person giving Information Mary Hull How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Old age How long 81 years

Immediate Heart Failure How long 1 week

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

Signature of Physician Jas. H. Billingslea  
Address Westminster Md.

Accident or Suicide No.

Thames  
Nuclear Society

Name  
in  
Full

Margaret Leonard

CERTIFICATE OF DEATH

Died at *Springfield State Hosp* *Carroll* County  
Town

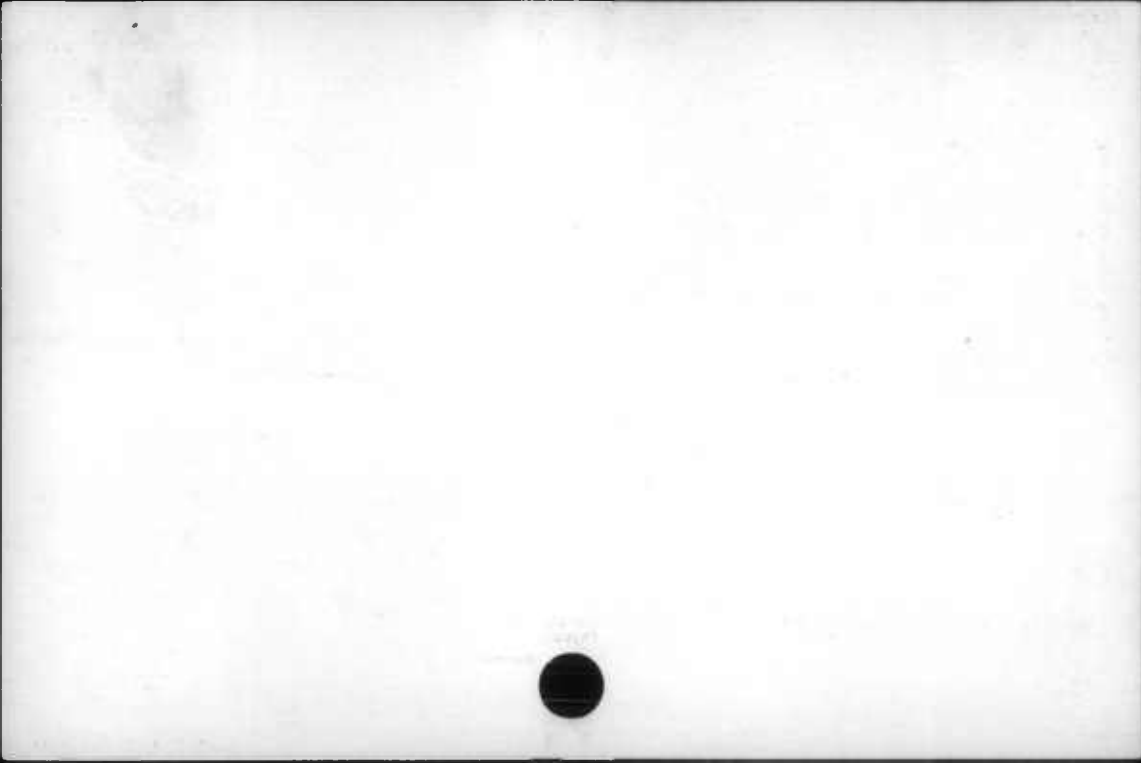
MARYLAND

Date of death 19*60* *May* *16* Age *about 90 yrs*  
Month Day Years Months DaysSex *Female* Color or Race *White* Birth-place *Unknown*Occupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Unknown* Name of Wife or HusbandFather's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *Unknown*Mother's Birthplace *Unknown*Name of person giving Information *Hosp. records*

How related to deceased

## CAUSES OF DEATH

Primary *Senile Dementia* How long *42 yrs.*Immediate *Exhaustion* How long *Gradual*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *S. H. Snavely*  
Address *Springfield State Hosp  
Sykesville, Md.*Accident or Suicide *No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER



Name  
in Full

Louis N. J. Leutenen

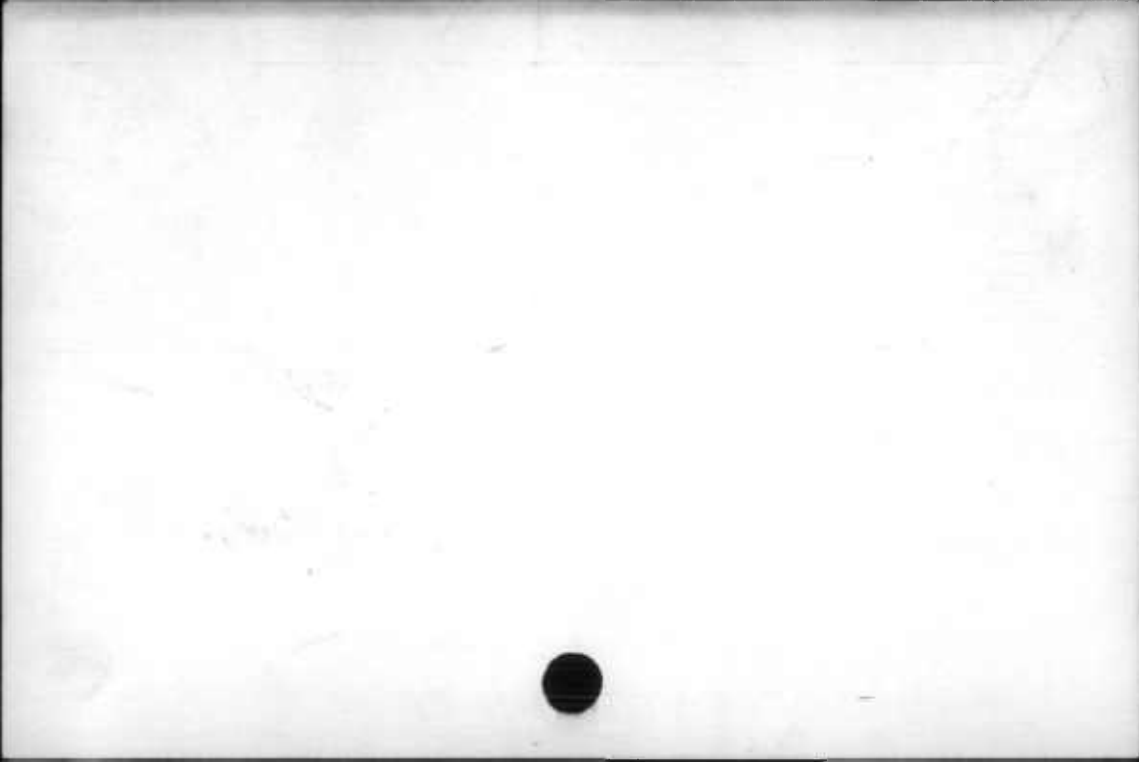
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1960</i>		Month <i>May</i>	Day <i>11</i>	Age <i>32</i>	Years
Sex <i>M</i>	Color or Race <i>W</i>	Birthplace <i>MD</i>		Months	Days
Occupation <i>Hardware Clerk</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Henry Leutenen</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Hospital records</i>		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Lobar Pneumonia</i>	How long	<i>3 days</i>
	Immediate	<i>Exhaustion</i>	How long	<i>progressive</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Chas. J. Canary</i>	
	Address	<i>Sykesville</i>	<i>MD</i>	
Accident or Suicide		<i>No</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*Leander Lookenbill* County *Carroll* MARYLAND

Died at *Union Mills* Month *May* Day *2* Age *68* Months *5* Days *20*

Date of death *1940 May 2*

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

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

Married, ~~Single~~  Name of Wife *Mary Lookenbill*  
or Widowed ~~Widowed~~  Husband

Father's Name *Samuel Lookenbill* Father's Birthplace *Rowell*

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

Name of person giving Information *Mary Lookenbill* How related to deceased *Wife*

CAUSES OF DEATH

*39* ✓

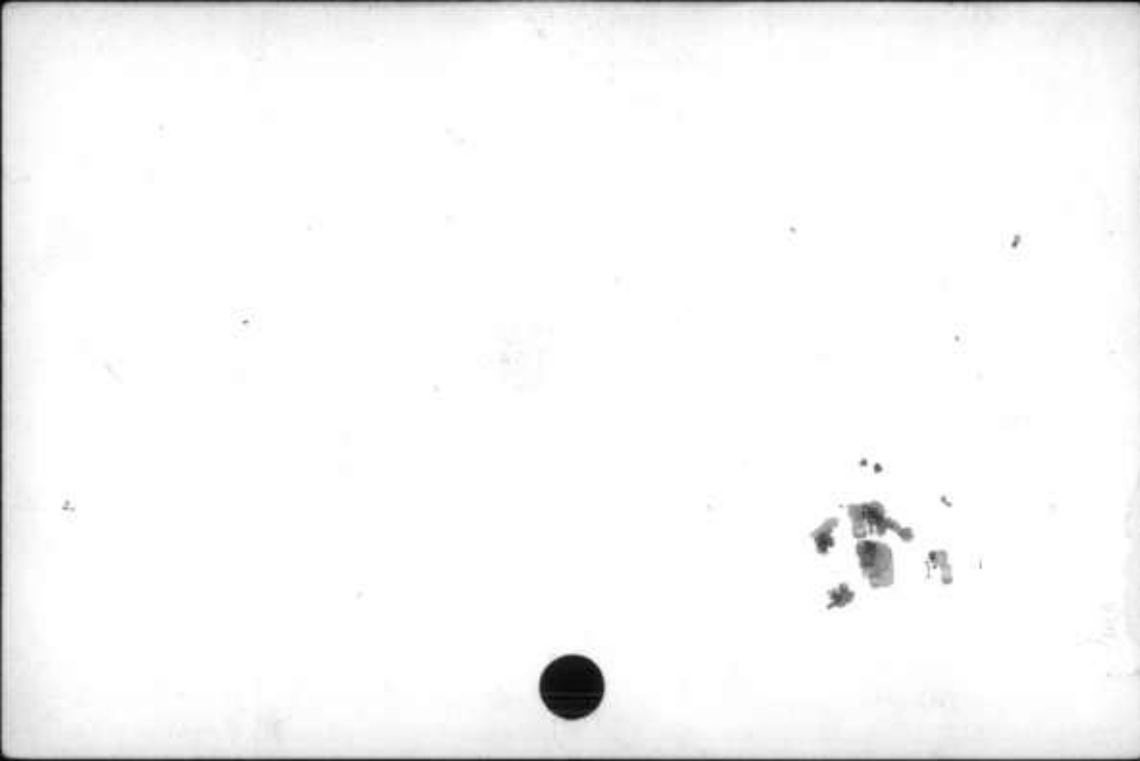
Primary *Cancer Mouth & Esophagus* How long *18 months*

Immediate *Cancer mouth* How long

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

Signature of Physician *James J. Starnes*  
Address *Westminster Md*

Accident or Suicide





Name  
in Full

Margaret A Maryman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Hight <sup>County</sup> Carroll MARYLANDDate of death 1940 <sup>Month</sup> May <sup>Day</sup> 29 <sup>Age</sup> 41 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex <sup>Female</sup> Color or Race <sup>White</sup> Birth-place <sup>Near Fincastle</sup>Occupation <sup>Housewife</sup> Where Residing if not at place of deathMarried, ~~Single~~ <sup>or Widowed</sup> Name of Wife or Husband <sup>Joshua Maryman</sup>Father's Name <sup>John Boon</sup> Father's Birthplace <sup>Don't know</sup>Mother's Maiden Name <sup>Ann Turnbill</sup> Mother's Birthplace <sup>Mary N. B</sup>Name of person giving Information <sup>Joshua H James</sup> How related to deceased <sup>Brother-in-law</sup>

## CAUSES OF DEATH

18 ✓

PHYSICIAN  
OR CORNERPrimary <sup>Erysipelas</sup> How long <sup>8 days</sup>Immediate <sup>Convulsion</sup> How long

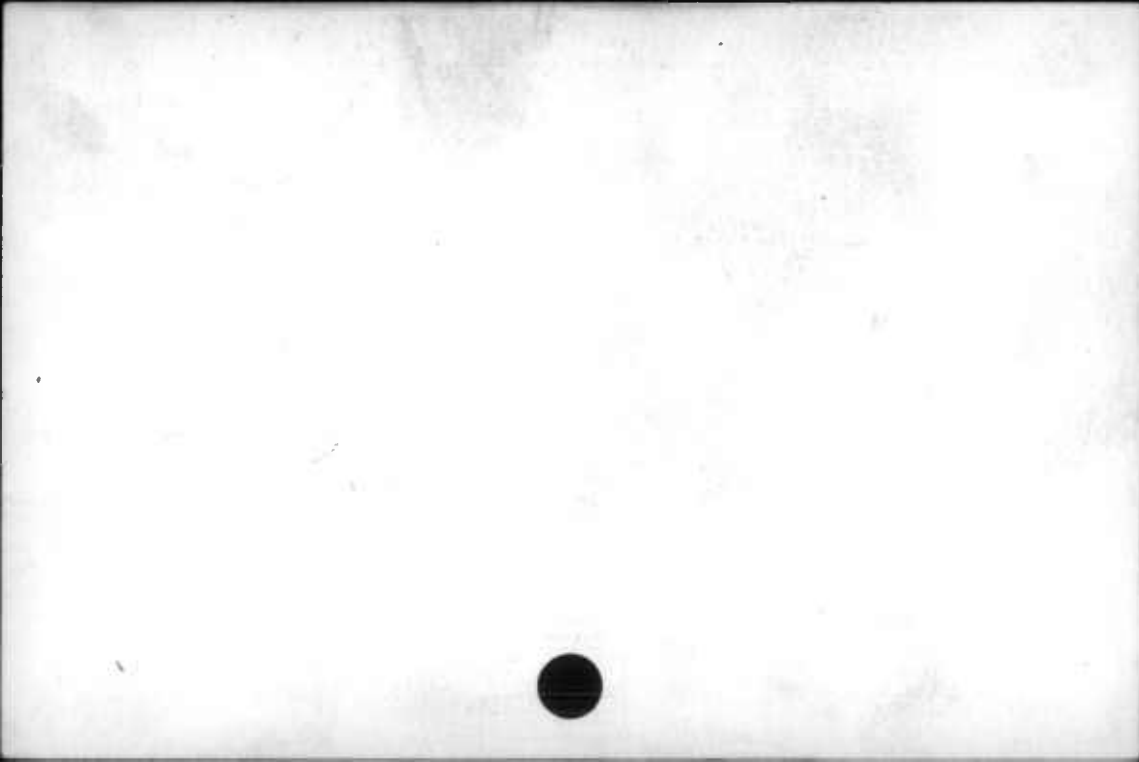
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. H. H. H. H.  
Gambler  
Ind

Accident or Suicide



Name  
in Full

Infant of David &amp; Gertrude Meyer

## CERTIFICATE OF DEATH

Died at Manchester <sup>Town</sup> Carroll <sup>County</sup> MARYLANDDate of death 1900 <sup>Month</sup> May <sup>Day</sup> 9 <sup>Age</sup> Years Months DaysSex Male Color or Race White Birth-place Manchester

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

~~Married~~ <sup>Single</sup> ~~Widowed~~ Name of Wife or Husband \_\_\_\_\_Father's Name David C. Meyer Father's Birthplace Manchester, Md.Mother's Maiden Name Gertrude Sullivan Mother's Birthplace Manchester, Md.Name of person giving information David C. Meyer How related to Deceased Father

## CAUSES OF DEATH

Primary Premature Birth How long \_\_\_\_\_

Immediate \_\_\_\_\_ How long \_\_\_\_\_

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

Signature of Physician J. H. Sherman, M.D.Address ManchesterMd.

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

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

15195



Name  
in  
Full

Mary Elizabeth Noel

599  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Westminster <sup>County</sup> Carroll MARYLAND

Date of death 1910 <sup>Month</sup> May <sup>Day</sup> 6 Age <sup>Years</sup> 59 <sup>Months</sup> 6 <sup>Days</sup> —

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

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

Married, Single or Widowed <sup>Name of Wife or Husband</sup> Married George J. Noel

Father's Name <sup>Father's Birthplace</sup> Perry G. Barnes Maryland

Mother's Maiden Name <sup>Mother's Birthplace</sup> Elizabeth Shipley <sup>Did</sup>

Name of person giving Information <sup>How related to deceased</sup> George J. Noel Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <sup>How long</sup> Dropsy 14 hrs -

Immediate <sup>How long</sup> Heart 7 days

Are the name, age, sex, color, date and place correctly given above? <sup>Signature of Physician</sup> Geo J. [Signature]

<sup>Address</sup> Westminster Md

Accident or Suicide

St Johns  
Steam

Name in Full

Emma O. Stokes ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Union Bridge Town Carroll County MARYLAND  
 Date of death 1900 Month May Day 7<sup>th</sup> Age        Months        Days 21  
 Sex Female Color or Race Black Birth-place Union Bridge  
 Occupation None Where Residing if not at place of death         
 Married, Single or Widowed        Name of Wife or Husband         
 Father's Name Illegitimate Father's Birthplace         
 Mother's Maiden Name Minnie Stokes Mother's Birthplace Mo.  
 Name of person giving Information Minnie Stokes How related to deceased Mother  
 How long (151) ✓

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Premature birth. How long         
 Immediate        How long         
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician James Matt.  
 Address Union Bridge Md.  
 Accident or Suicide

910 out - 1st





Name  
in  
Full

E. B. Ritter

CERTIFICATE OF DEATH

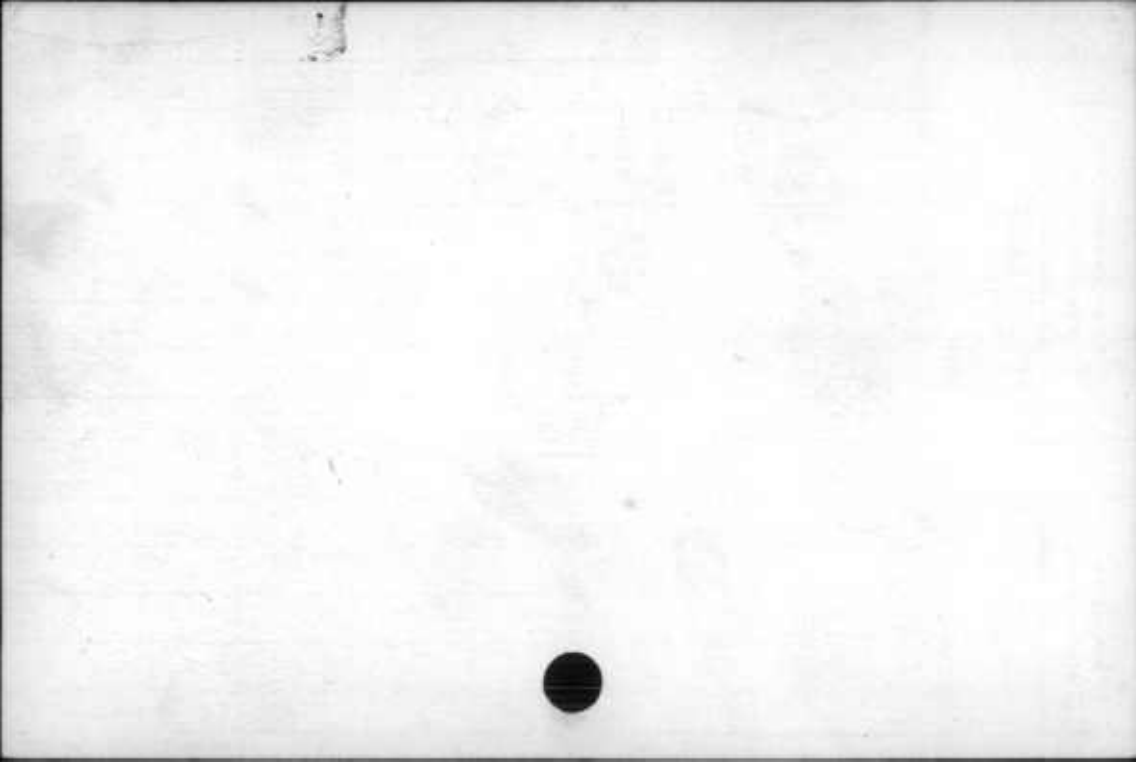
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Middleburg</i>		<sup>County</sup> <i>Carroll</i>		MARYLAND	
Date of death	19 <i>00</i>	Month	<i>May</i>	Day	<i>11</i>
Age	<i>41</i>	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Carroll Co Md</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>Carroll Co Md</i>		
Married, <del>Single</del> <del>or Widowed</del>	<i>Married</i>	Name of Wife	<i>Ruth Ritter</i>		
Father's Name	<i>Peater L Ritter</i>		Father's Birthplace	<i>Carroll Co Md</i>	
Mother's Maiden Name	<i>Beranda Lippy</i>		Mother's Birthplace	<i>" " "</i>	
Name of person giving Information	<i>George Ritter</i>		How related to deceased	<i>Brother</i>	

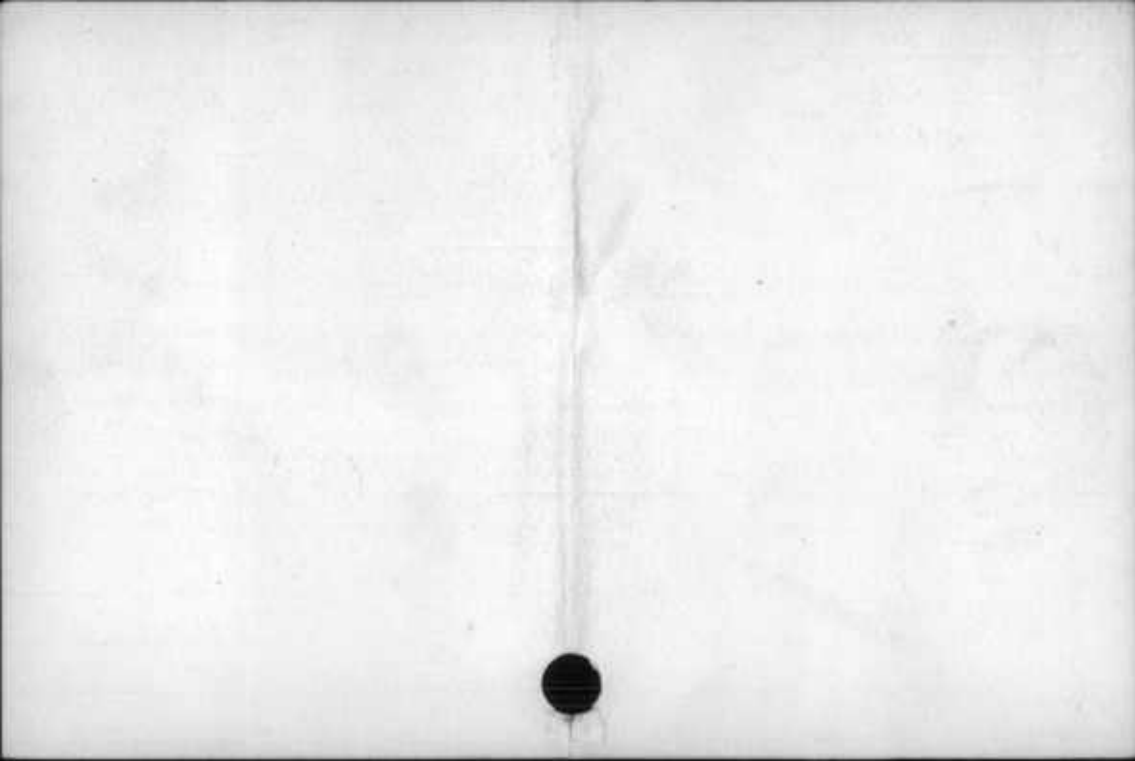
## CAUSES OF DEATH

①

PHYSICIAN OR CORONER	Primary	<i>Typhoid fever, Inflamm. rheumatism</i>	How long	<i>4 weeks</i>
	Immediate	<i>General debility</i>	How long	<i>1 week</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>G. H. Legg</i>
	Accident or Suicide	<i>no</i>	Address	<i>Union Bridge, Md</i>



Name in Full		Betha Savoy					CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> Sykesville			County Carroll			MARYLAND	
	Date of death	1990	Month May	Day 21	Age	Years -	Months 9	Days -
	Sex	Female		Color or Race	Black		Birth-place	Carroll Co
	Occupation	none			Where Reading if not at place of death		same	
	Married, Single or Widowed	single		Name of Wife or Husband		-		
	Father's Name	Joshua Savoy				Father's Birthplace	Howard Co	
	Mother's Maiden Name	Emma Minard				Mother's Birthplace	Howard Co	
Name of person giving information	Josh. Savoy				How related to deceased		Father	
CAUSES OF DEATH								
PHYSICIAN OR CORNER	Primary	Whooping-cough					How long 1 week	
	Immediate	Too much "Polar Star" cough cure					How long	
	Are the name, age, sex, color, d'te and place correctly given above?	yes.			Signature of Physician	M.D. Morris		
					Address	Eldersburg		
	Accident or Suicide?	-						



Name in Full

Saralia C. Sellman

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Westminster <sup>County</sup> Carroll

MARYLAND

Date of death 1910 <sup>Month</sup> May <sup>Day</sup> 11 <sup>Years</sup> Age 72 <sup>Months</sup> <sup>Days</sup>

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

Occupation Housewife <sup>Where residing if not at place of death</sup> Warfieldburg

Married, Single or Widowed Widowed <sup>Name of Wife or Husband</sup> John B. J. Sellman

Father's Name Henry Hattick <sup>Father's Birthplace</sup> Md

Mother's Maiden Name Mary Rupp <sup>Mother's Birthplace</sup> Md

Name of person giving information Charles Sellman <sup>How related to deceased</sup> Son

CAUSES OF DEATH

Primary Angina Pectoris <sup>How long</sup> 1 month

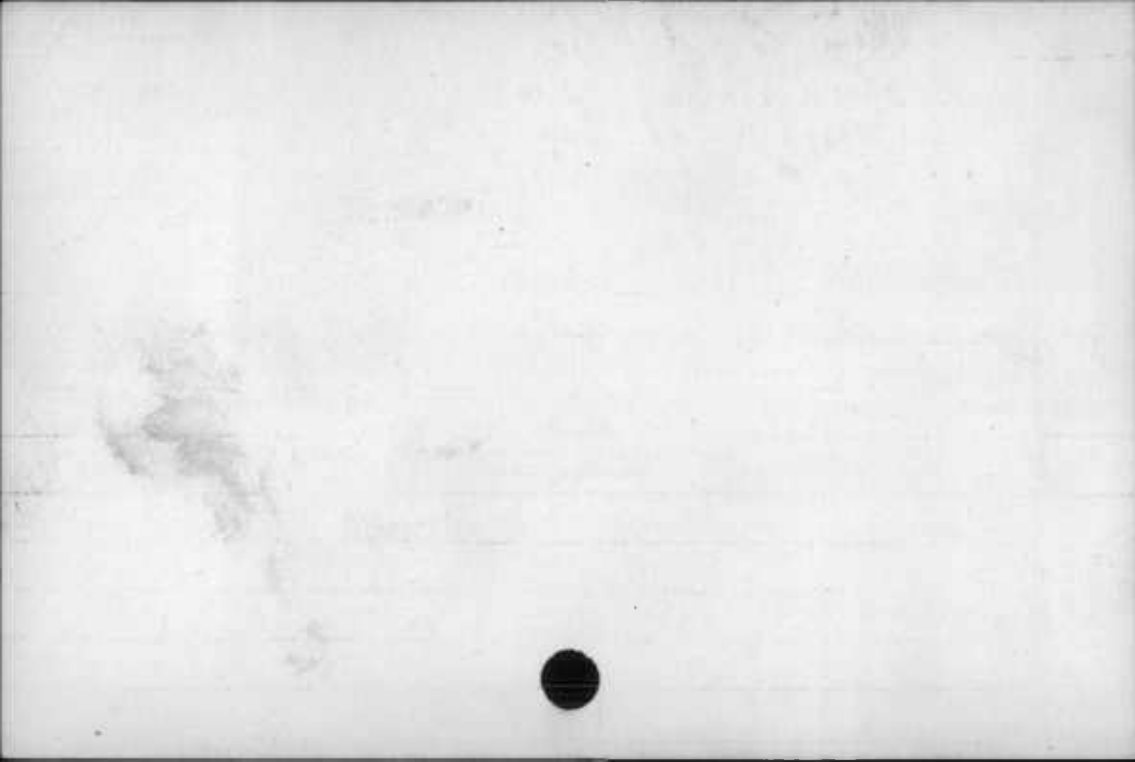
Immediate Angina Pectoris <sup>How long</sup> 1 "

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

Signature of Physician L. K. Woodward

Address Westminster Md

Accident or Suicide? No.



Name  
In Full

William H Shoemaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hampstead		County Carroll		MARYLAND	
Date of death	1910	Month May	Day 23	Age	32	Years	10
						Months	19
Sex	Male		Color or Race	White		Birth-place	Pittsburg Pa
Occupation	Sigmaker		Where Residing if not at place of death				
Married, or <del>widowed</del>	Married		Name of Wife or Husband	Annie B. Shoemaker			
Father's Name	Henry A Shoemaker			Father's Birthplace	Unknown		
Mother's Maiden Name	Mary J. McClure			Mother's Birthplace	Unknown		
Name of person giving information	Annie B. Shoemaker			How related to decedent	Wife		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis		How long	78
	Immediate	Collapse		How long	2 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	R. C. Wells
			Address	Hampstead, Md	
	Accident or Suicide?				





Name in Full

Howard Smith

No 602  
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Westminster <sup>Town</sup> Carroll <sup>County</sup> MARYLAND

Date of death 1940 <sup>Month</sup> May <sup>Day</sup> 31 Age 80 <sup>Years</sup> 3 <sup>Months</sup> 4 <sup>Days</sup>

Sex Male Color or Race White Birthplace Maryland

Occupation Retired Where Residing if not at place of death regd.

Married, Single or Widowed Widower Name of Wife or Husband Elizabeth Smith

Father's Name Louis Know Father's Birthplace Carroll Co. Md.

Mother's Maiden Name Lois Know Mother's Birthplace Carroll Co. Md.

Name of person giving information John Reeds How related deceased Son-in-law

CAUSES OF DEATH

Primary Heart & Liver Looseness & dropping of one jaw. How long 24 hours -

Immediate Heart How long 24 hours -

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

Signature of Physician John S. Mathews

Address Westminster Md.

Accident or Suicide H

Smallwood Emily  
Stones

Name  
in Full

## CERTIFICATE OF DEATH

George Washington Stamer

Died at Pleasant Valley Ind. Carroll

MARYLAND

Date of death 1900 May 26 Age 48 Months Days

Sex Male Color or Race White Birth-place Carroll Co. Md.

Occupation Farmer Where Residing if not at place of death At home

Married, Single or Widowed Married Name of Wife or Husband Anna Mary Gess

Father's Name Jeremiah Stamer Father's Birthplace Carroll Co. Md.

Mother's Maiden Name Sarah Stonesifer Mother's Birthplace Carroll Co. Md.

Name of person giving information Anna Mary Stamer How related to deceased Wife

## CAUSES OF DEATH

Primary How long 157 ✓

Immediate How long

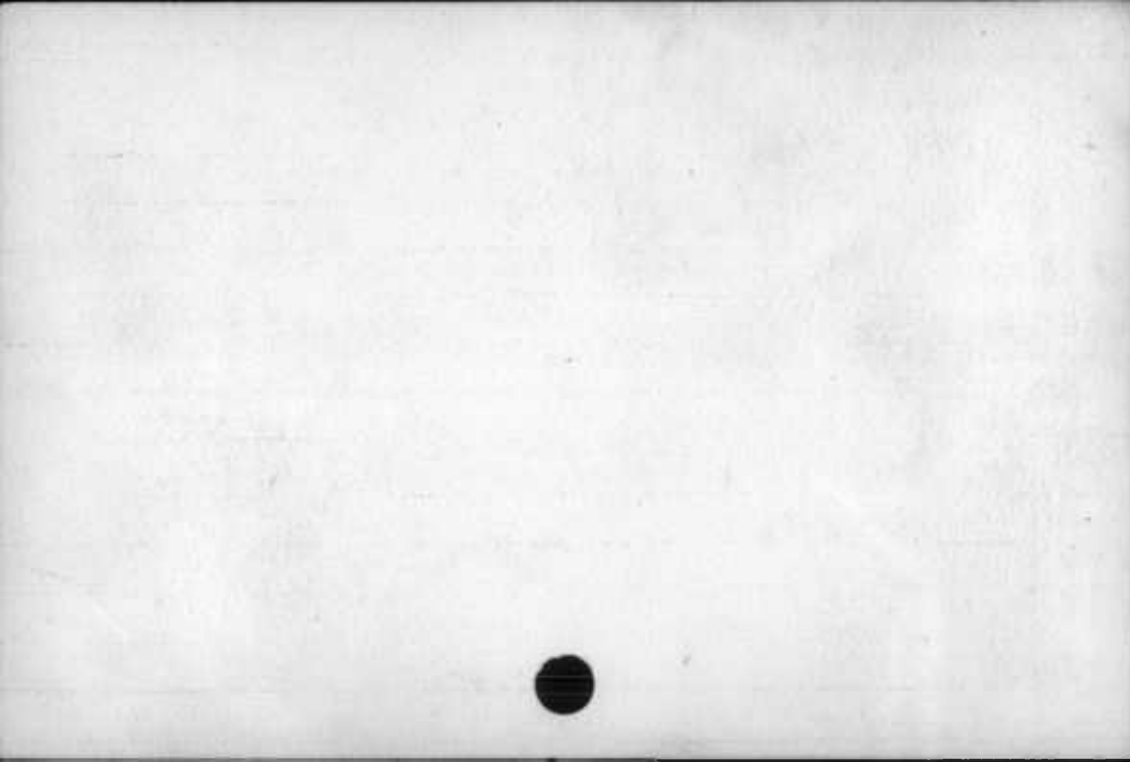
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. Lewis Wetzel, D.

Address Union Mills Maryland

Suicide? by hanging

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

H



Name  
in Full

Margie E Stoffer

CERTIFICATE OF DEATH

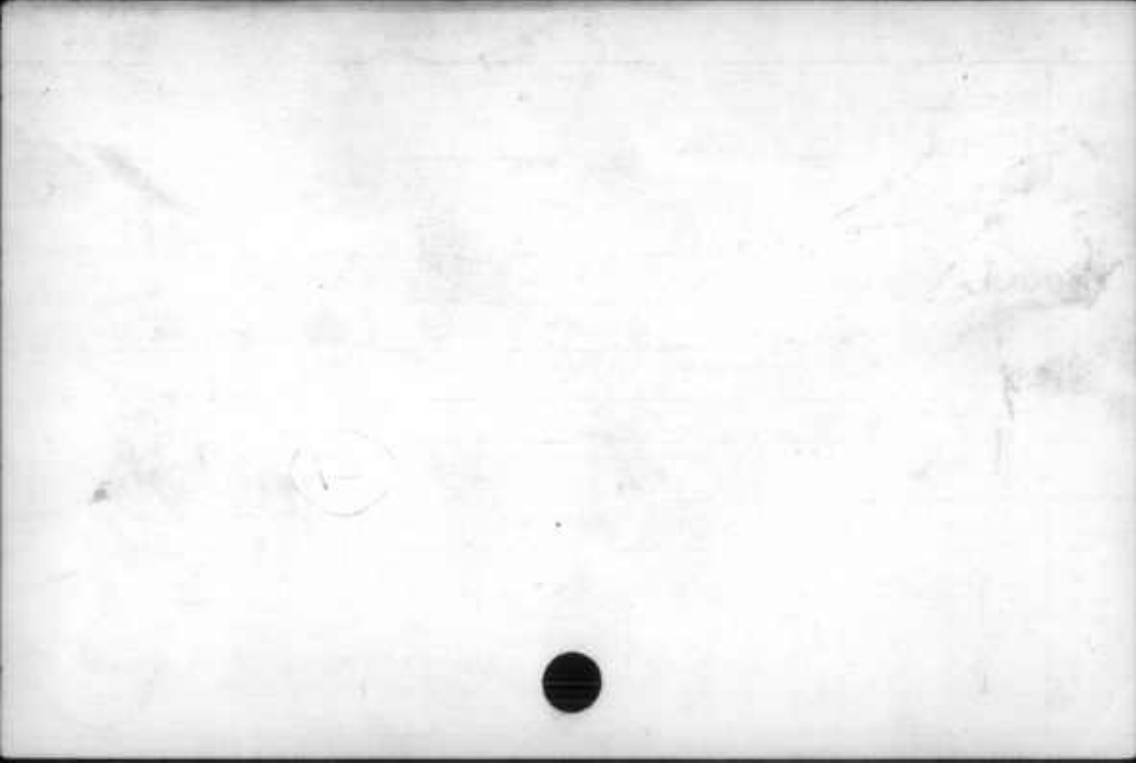
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Taneytown		County Carroll		MARYLAND	
Date of death		1960	Month May	Day 10	Age	19	Years
		Months 7		Days 24			
Sex	Female		Color or Race	White		Birth-place	Taneytown Ind
Occupation	None		Where Residing if not at place of death				
<del>Married</del> , Single	Single		Name of Wife or Husband				
Father's Name	William E Stoffer				Father's Birthplace	Carroll by Ind	
Mother's Maiden Name	Harriet M. Ohler				Mother's Birthplace	Federick Co "	
Name of person giving Information	Wm E Stoffer				How related to deceased	Father	

## CAUSES OF DEATH

Primary	Tuberculosis		How long	(71) (28) ✓ 1 year
Immediate	Exhaustion		How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. N. Davis
			Address	Taneytown, Ind.
Accident or Suicide	No			

PHYSICIAN  
OR CORONER



Name in Full

Ellen Stonesifer

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Houskerville <sup>County</sup> Carroll

MARYLAND

Date of death 1940 5 1 Age 46

Sex Female Color or Race White Birthplace Pennsylvania

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of ~~Wife~~ or Husband Thomas Stonesifer

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Minnie Lefman Mother's Birthplace Unknown

Name of person giving Information Thomas Stonesifer How related to deceased Husband

CAUSES OF DEATH

Primary Fibroid Tumor How long 5 yrs.

Immediate Heart Failure How long 48 hrs.

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

Signature of Physician Edgar M. Bush

Address Hampstead Md

Accident or Suicide X

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

H





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Joe H Hillis</i>		Town <i>Gambon</i>		County <i>Carroll</i>		MARYLAND	
Date of death 19 <i>40</i>		Month <i>May</i>	Day <i>4</i>	Age <i>68</i>	Years	Months	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Near Westminster</i>				
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Gambon</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ida B Hillis</i>						
Father's Name <i>J. H. Hillis</i>		Father's Birthplace <i>Near Westminster</i>					
Mother's Maiden Name <i>Rose a Parish</i>		Mother's Birthplace <i>Near Hindsburg</i>					
Name of person giving Information <i>C. C. Bellison</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

Primary *Chronic Gastritis* 10<sup>3</sup> How long *10<sup>3</sup> years*

Immediate *Chronic Gastritis* How long *10<sup>3</sup> years*

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

Signature of Physician

Address

*P. H. Wells**Gambon*PHYSICIAN  
OR CORONER

Accident or Suicide



Name in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

*Wilson*

Died at *Near Sykesville* *Correll* County

Date of death 19*50* *May* *22* Age *days* Months *—* Days *2 days*

Sex *Male* Color or Race *African* Birth-place *Correll Co*

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

~~Single~~ Name of Wife or Husband *—*

Father's Name *Wm Wilson* Father's Birthplace *Howard Co*

Mother's Maiden Name *Ella Tyler* Mother's Birthplace *Howard Co*

Name of person giving information *Wm Wilson* How related to deceased *father*



CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Umbilical Hemorrhage* How long *About 1 day*

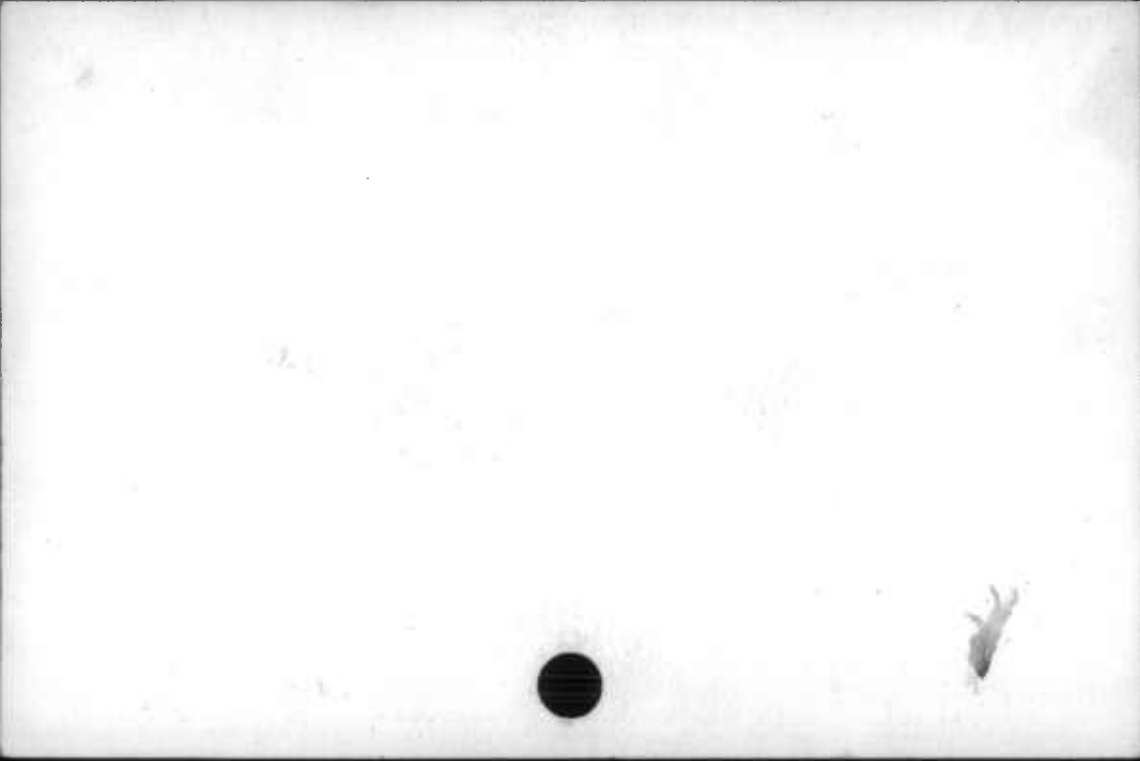
Immediate *Effort same* How long *—*

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

Address *Sykesville*

Accident or Suicide *— "No medical attendant at birth" Md.*

17



Name  
in Full

Caroline's Zepf

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Hampstead <sup>County</sup> Carroll MARYLANDDate of death 1960 <sup>Month</sup> May <sup>Day</sup> 8 <sup>Years</sup> Age 62 <sup>Months</sup> 5 <sup>Days</sup> 7Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> MarylandOccupation <sup>Where Residing if not at place of death</sup> Housewife —Married, Single or Widowed <sup>Name of Wife or Husband</sup> Widow William Zepf.Father's Name <sup>Father's Birthplace</sup> Balsam Hinistera UnknownMother's Maiden Name <sup>Mother's Birthplace</sup> Julia Frankforter UnknownName of person giving information <sup>How related to deceased</sup> David Zepf (142) Son

## CAUSES OF DEATH

Primary <sup>How long</sup> Gangrene 3 months ✓Immediate <sup>How long</sup> Constriction of R.H. heart 24 hoursAre the name, age, sex, color, date and place correctly given above? <sup>Signature of Physician</sup> J. H. Reston, M.D.<sup>Address</sup> Hampstead Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

21