

Name in Full

*Infant Babington*

CERTIFICATE OF DEATH

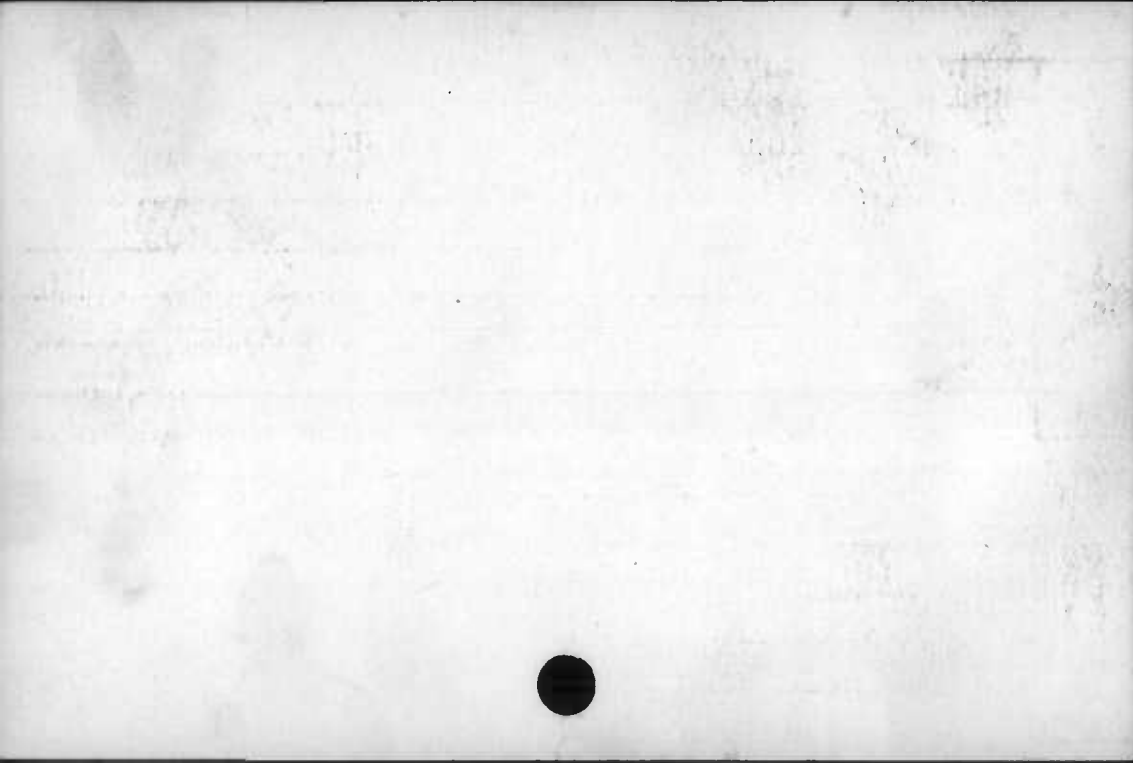
TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Yellow Springs</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month <i>May</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Yellow Springs</i>		Occupation <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Cluining Moss</i>		Mother's Birthplace <i>Great Lakes</i>			
Name of person giving information <i>Mother</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <i>Malposition</i>	How long <i>6 hours</i>
Immediate <i>Asphyxiation</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. N. Goodwin M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>H</i>	



Name in Full

Henry Augustus Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

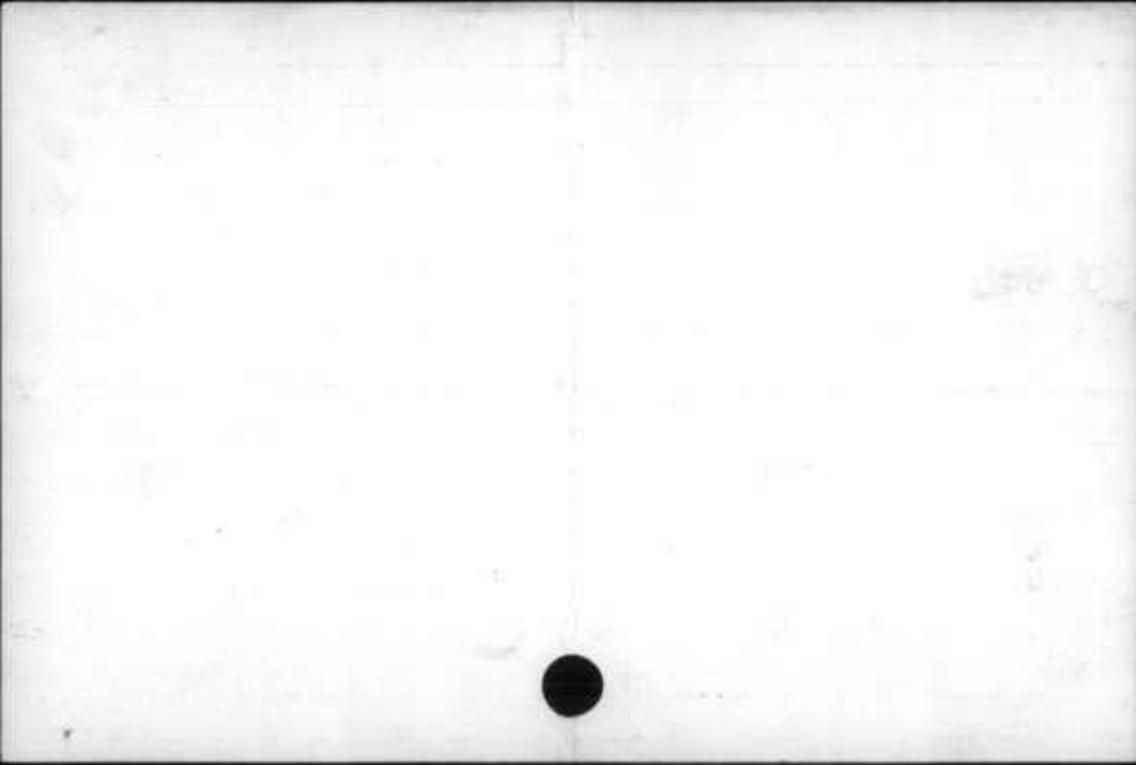
Died at		Town Newbern		County Frederick		MARYLAND	
Date of death	1940	Month	May	Day	18	Age	78
Sex	male	Color or Race	white	Months	7	Days	2
Occupation	day laborer		Where Residing if not at place of death		same		
Married, Single or Widowed	married		Name of Wife or Husband		Mary Elizabeth Brown		
Father's Name	George Baker		Father's Birthplace		Germany		
Mother's Maiden Name	Dorothy Walters		Mother's Birthplace		Germany		
Name of person giving information	Mrs. Mary E. Baker		How related to deceased		wife		

CAUSES OF DEATH

Primary	Chronic Interstitial Nephritis	How long	120 yrs.
Immediate	Acute Gastritis	How long	3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	M. A. Baily
Address			Thermont Md.
Accident or Suicide	no		



Name  
in  
Full

CERTIFICATE OF DEATH

Catherine Bowens

TO BE ANSWERED BY  
NEAREST FRIEND

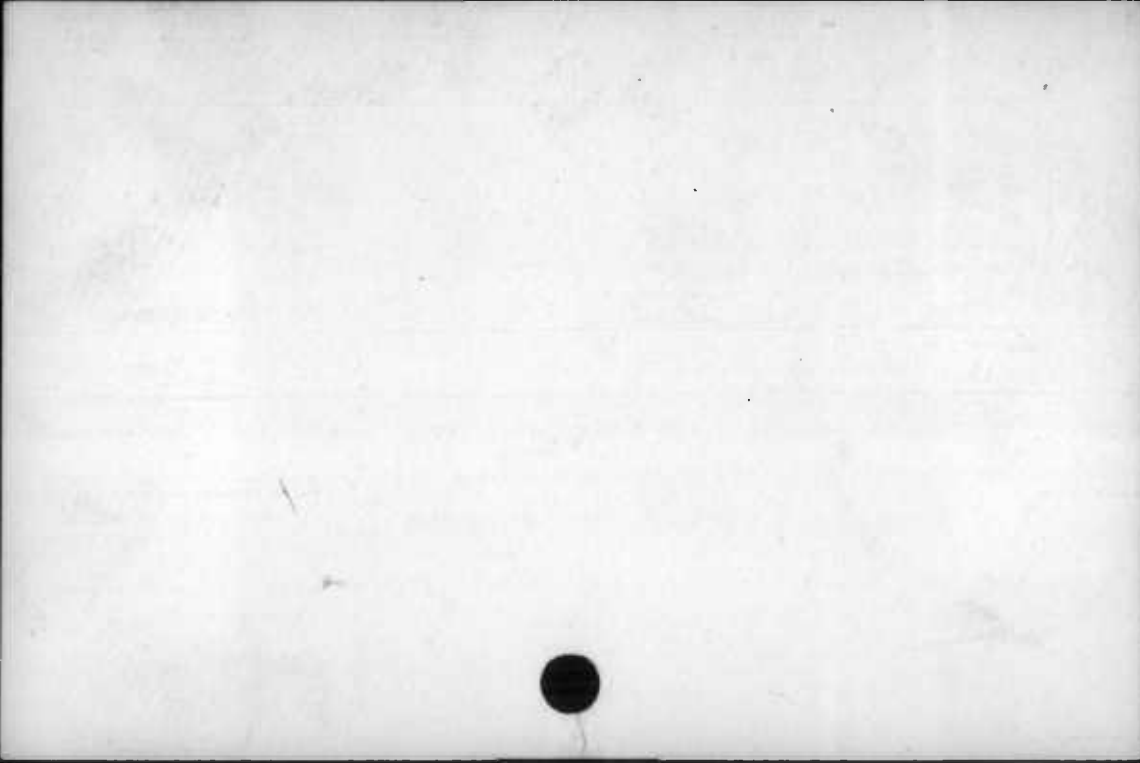
Died at <u>Adamstown</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	19 <u>40</u> <small>Year</small>	<u>May</u> <small>Month</small>	<u>7</u> <small>Day</small>	Age <u>77</u> <small>Years</small>	<u>(about)</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Fred's Co, Md.</u>
Occupation	<u>House-wife</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of <del>Wife</del> or Husband	<u>Charles Bowens</u>		
Father's Name	<u>Otho Calman</u>		Father's Birthplace	<u>Maryland.</u>	
Mother's Maiden Name	<u>Bessie E. Calman</u>		Mother's Birthplace	<u>Maryland</u>	
Name of person giving information	<u>Wm Bowens</u>		How related to deceased	<u>Grand-son</u>	

## CAUSES OF DEATH

120 ✓

PHYSICIAN  
OR CORONER

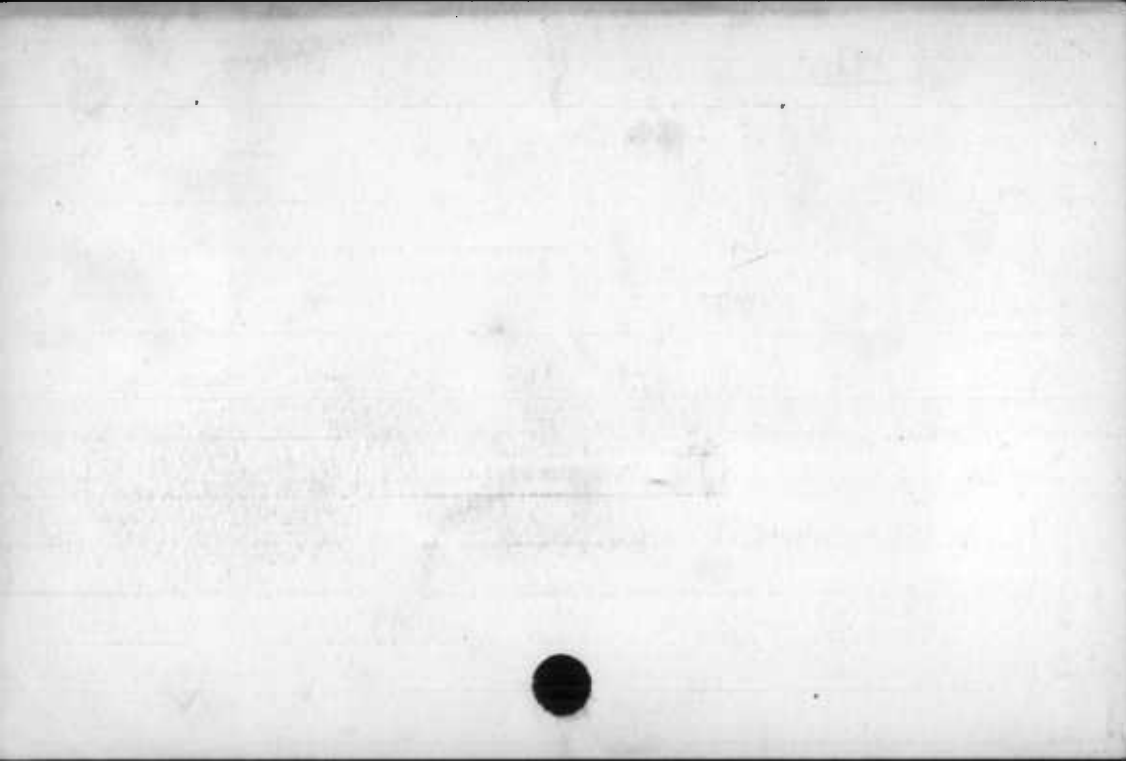
Primary	<u>Chronic Interstitial Nephritis</u>	How long	<u>6 months</u>
Immediate	<u>Chronic Myocarditis</u>	How long	<u>3 minutes</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Joseph Thomas, MD.</u>		
	Address <u>Adamstown</u>		
	<u>Md.</u>		
Accident or Suicide?			



Name in Full Paul Clinton Brandenburg No 8,  
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Monrovia</u> <small>Town</small>		<u>Fredrick</u> <small>County</small>		MARYLAND	
	Date of death <u>1940</u>	<u>5</u> <small>Month</small>	<u>30</u> <small>Day</small>	Age <u>15</u> <small>Years</small>	Months	Days
	Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Fred. Co. Md</u>		
	Occupation <u>Student</u>			Where Residing if not at place of death		
	Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____				
	Father's Name <u>John R. Brandenburg</u>	Father's Birthplace <u>Middletown, Md.</u>		Mother's Birthplace <u>Monrovia, Md.</u>		
	Mother's Maiden Name <u>Laura S. Snellet</u>	Name of person giving information		How related to deceased <u>Parents</u>		

CAUSES OF DEATH		(64) ✓
Primary	<u>Cerebral Hemorrhage</u>	
Immediate		How long <u>36 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. H. Hopkins M.D.</u>
		Address <u>New Market Md</u>
Accident or Suicide? <u>no</u>		





Name  
in Full

Mary Jane Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Harmony Grove <sup>County</sup> Frederick MARYLANDDate of death 1940 <sup>Month</sup> May <sup>Day</sup> 18<sup>th</sup> <sup>Age</sup> 65 <sup>Years</sup> <sup>Months</sup> 9 <sup>Days</sup>

Sex Female Color or Race White Birth-place N. Y.

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

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

Father's Name J. M. Brown Father's Birthplace Ireland

Mother's Maiden Name Mary Lindsay Mother's Birthplace \_\_\_\_\_

Name of person giving Information M<sup>rs</sup> Luekey How related to deceased Cousin

## CAUSES OF DEATH

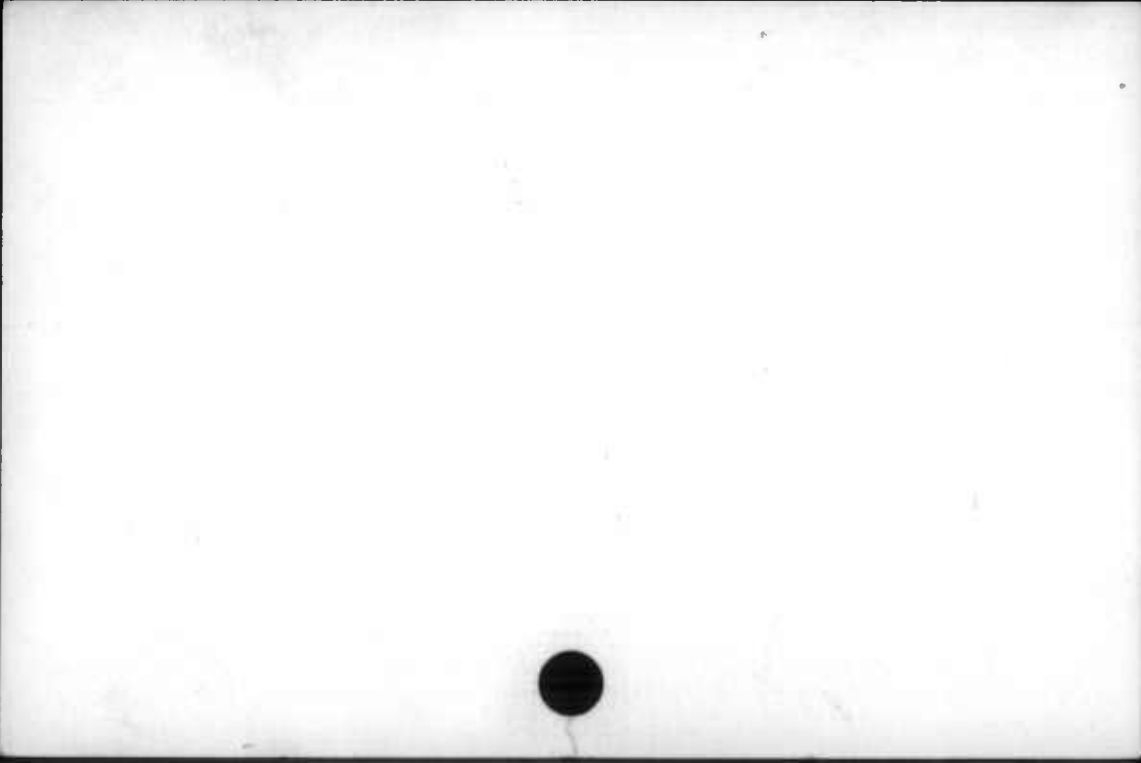
Primary Bright's Disease <sup>(120)</sup> How long Yes

Immediate Uremic Coma How long 48 hours

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

Address Frederick Md

Accident or Suicide



Name  
in  
Full

Roam Rubman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Oxville Town Fredrick County **MARYLAND**  
 Date of death 1900 May Month 11 Day 68 Age 0 Months 9 Days  
 Sex female Color or Race white Birth-place Med  
 Occupation none Where Residing if not at place of death same  
 Married, Single or Widowed widowed Name of Wife or Husband Silas Rubman  
 Father's Name Jacob Pryor Father's Birthplace Med  
 Mother's Maiden Name Margaret-Lewis Mother's Birthplace Med  
 Name of parson giving Information G. W. Diddle How related to deceased none

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pernicious Anemia + Curvature spine How long 5 yrs -  
 Immediate Bronchial Pneumonia How long 4 weeks -  
 Are the name, age, sex, color, data and place correctly given above? yes  
 Signature of Physician Wm. A. Bailey  
 Address Thurmont - Md.  
 Accident or Suicide no



Name  
in  
Full

A. Mace Butts

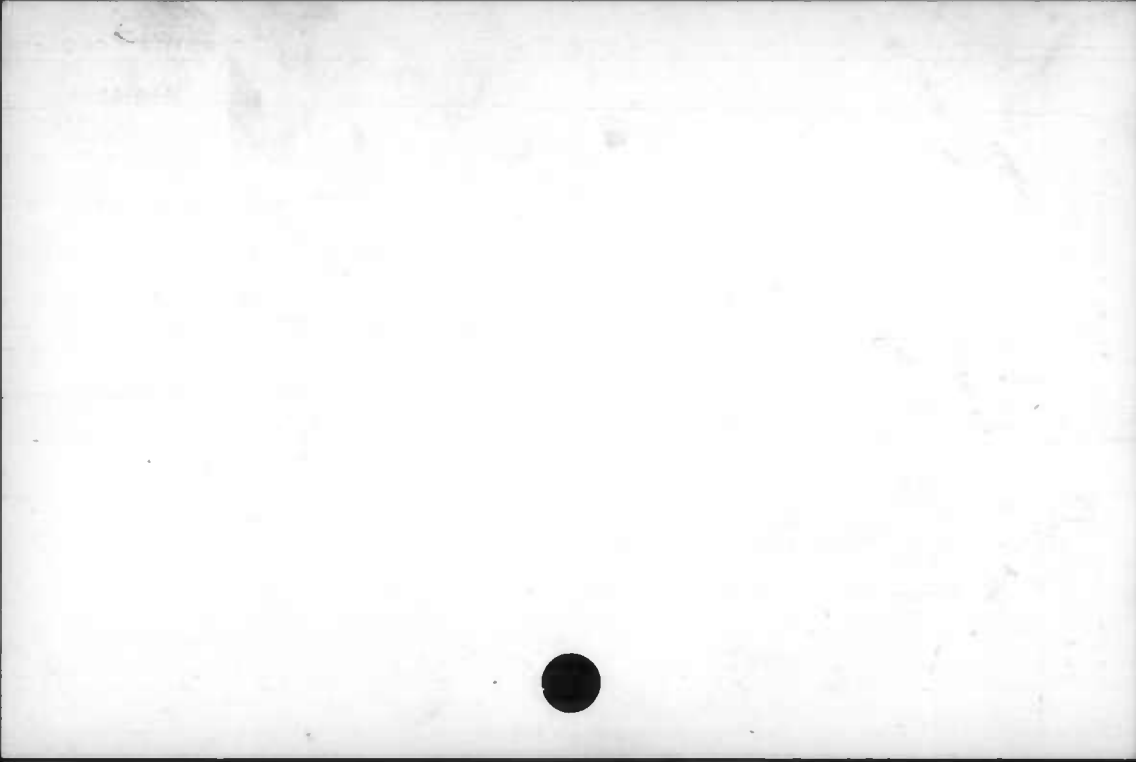
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death		19	Month May	Day 3	Age Years 29	Months 11	Days 16
Sex male		Color or Race white		Birth- place W. Va.			
Occupation Bookman				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Carrie C. Nitzel		Father's Name A. Butts		Father's Birthplace W. Va.	
Mother's Maiden Name Cordelea Strasser		Mother's Birthplace W. Va.		Name of person giving Information A. Butts		How related to deceased Father	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tubercular Heart Disease		How long	50-10 yrs	
	Immediate	Pulmonary Embolus		How long	50-6 hrs	
	Are the name, age, sex, color, data and place correctly given above?		Signature of Physician Leroy West		Address Strat Officer	
	Accident or Suicide					



Name  
in  
Full

Grace Mary Cannon

CERTIFICATE OF DEATH

Died at		Town Yellow Springs		County "		MARYLAND	
Date of death	19010	Month	5	Day	9	Age	79
		Months	10	Years		Days	
Sex	Female	Color or Race	Wh	Birthplace	Md		
Occupation	Retired		Where Residing if not at place of death		X		
<del>Married</del> Widowed	Name of Wife or Husband			Jacob Cannon			
Father's Name	George Wise			Father's Birthplace	Md		
Mother's Maiden Name	Unknown			Mother's Birthplace	—		
Name of person giving information	John Cannon			How related to deceased	Sow		

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

103

Primary	Acute Indigestion	How long	Acute
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. F. Gorden M.D.
		Address	County Health Office
Accident or Suicide	No		

PHYSICIAN  
OR CORONER





Name  
in  
Full

Harry C. Castle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <u>Frederick</u> <sup>town</sup>		County <u>Frederick</u>		MARYLAND	
Date of death <u>1960</u>	Month <u>5</u>	Day <u>28</u>	Age <u>37</u>	Months <u>10</u>	Days <u>15</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Frederick Co Md</u>			
Occupation <u>Brush maker</u>		Where Residing if not at place of death <u>Same</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary C. Hartsock</u>				
Father's Name <u>Daniel Castle</u>	Father's Birthplace <u>Frederick Co Md.</u>				
Mother's Maiden Name <u>Martha Sparrow</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving Information <u>Mary C. Castle</u>	How related to deceased <u>Wife</u>				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Pump on lip</u>	How long <u>8 days</u>
	Immediate <u>septicemia</u>	How long <u>4 days</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. H. Hedrick</u>
Address <u>Frederick</u>		
Accident or Suicide <u>No.</u>		

Interment May 31 10  
" at Mt. Olivet Cemetery  
Thomas P. Rice Ad.

as Hedgie's

as McCurdy

Name in Full

Walter Crawford.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at <sup>Town</sup> *New Park Mills* <sup>County</sup> *Fredricks Co.* MARYLAND

Date of death *1900* <sup>Month</sup> *May* <sup>Day</sup> *12* Age <sup>Years</sup> *0* <sup>Months</sup> *7* <sup>Days</sup> *15*

Sex *Male* Color or Race *White* Birth-place *Fredricks Co.*

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

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

Father's Name *Chas. F Crawford* Father's Birthplace *Maryland*

Mother's Maiden Name *Laura Yingling* Mother's Birthplace *Maryland.*

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

CAUSES OF DEATH

20 ✓

Primary *Deep infection of gluteus muscle* How long *unknown*

Immediate *Septicemia* How long *3 days.*

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

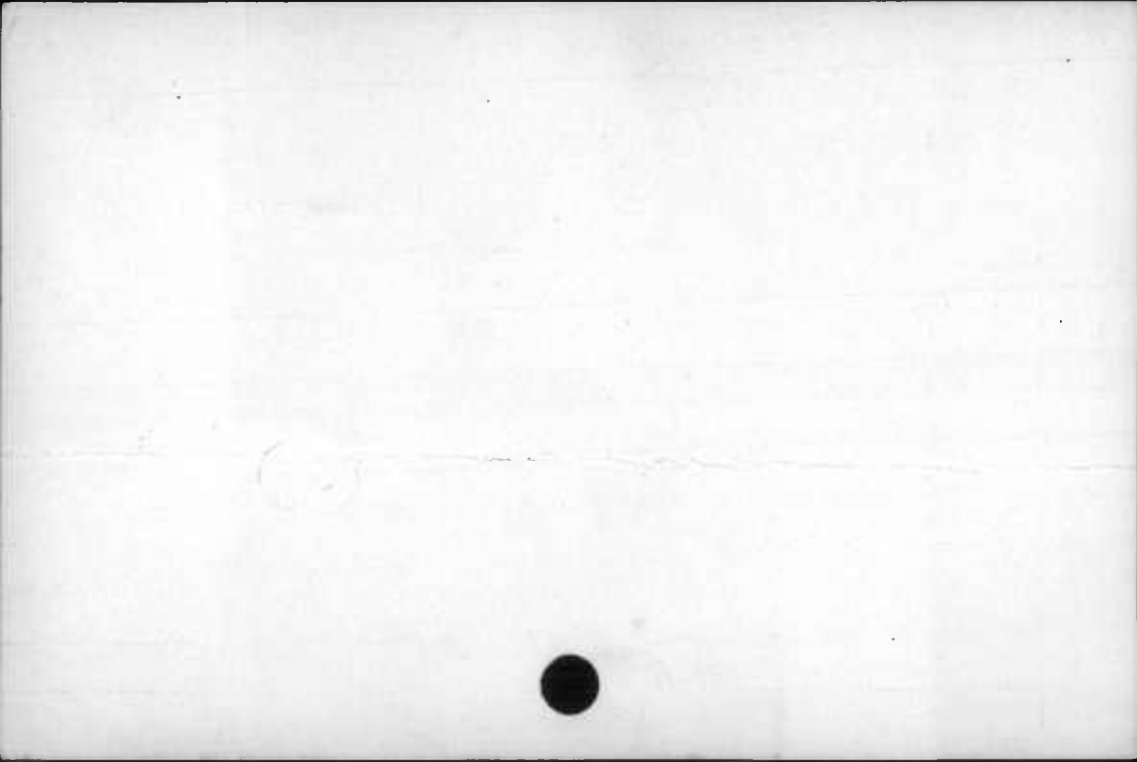
Signature of Physician *R. B. Sullivan*

Address *Adamstown.*

PHYSICIAN OR CORONER

H

Accident or Suicide?



Name  
in  
Full

Grace M. DeLauder

CERTIFICATE OF DEATH

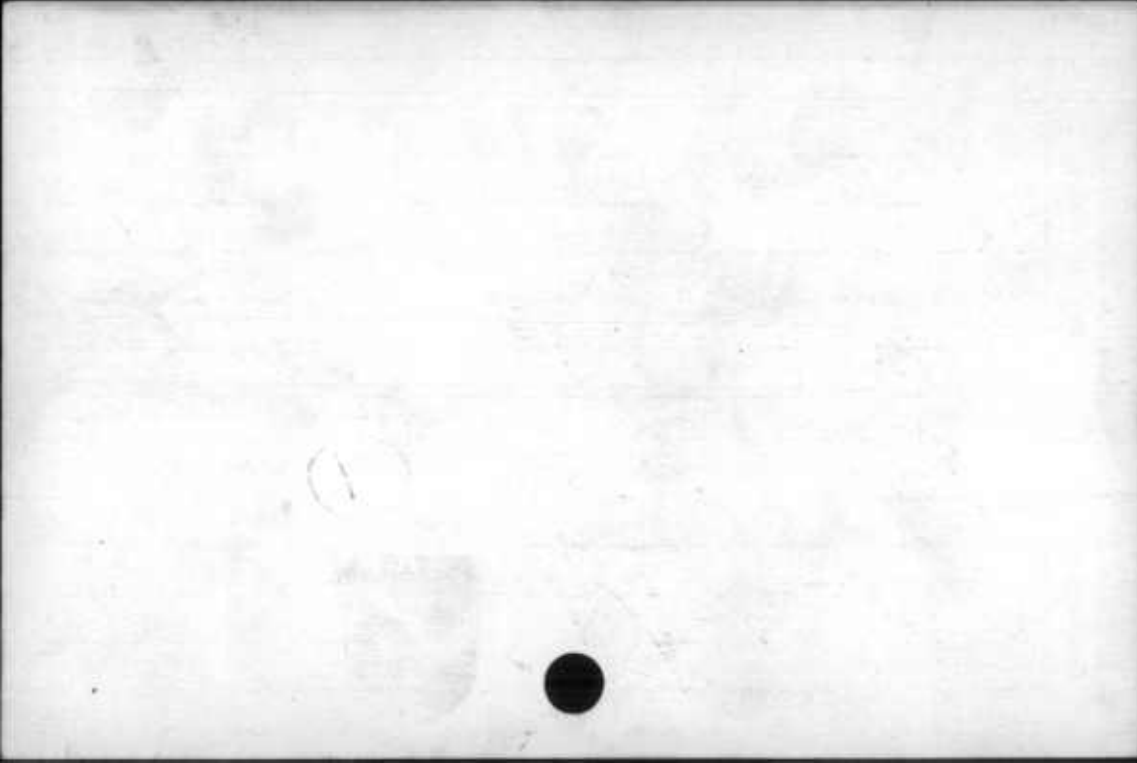
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Petersville		County Frederick		MARYLAND	
Date of Death		Month 1900 May	Day 2	Age 8	Years	Months 11	Days 15
Sex Female		Color or Race White		Birth-place Petersville			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name William D E Lauder		Father's Birthplace Md					
Mother's Maiden Name Anna S. Hoffmann		Mother's Birthplace Md					
Name of person giving Information anna S DeLauder		How related to deceased mother					

## CAUSES OF DEATH

7

PHYSICIAN OR CORONER	Primary	Scarlet-Fever	How long	16 days
	Immediate	Meningitis	How long	18 hrs
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician A. Horine	
	Address	Brunswick Maryland		
Accident or Suicide		no		



Name  
in  
Full

Wm Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Andover</u> Town		County <u>✓</u>		MARYLAND	
Date of death <u>1960</u>	Month <u>5</u>	Day <u>20</u>	Age <u>50</u>	Months <u>✓</u>	Days <u>✓</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Es</u>			
Occupation <u>Farm Hand</u>	Where Residing if not at place of death <u>near Jamesville</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Ma Beck</u>				
Father's Name <u>James Dixon</u>	Father's Birthplace <u>Park Mills</u>				
Mother's Maiden Name <u>Rebecca Dixon</u>	Mother's Birthplace <u>Park Mills</u>				
Name of person giving Information <u>James Studdy Baker</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

(175) ✓

PHYSICIAN  
OR CORONER

Primary <u>Concussion of brain &amp; laceration to chest</u>	How long
<u>Stroke by coronarion</u>	How long
Immediate <u>Shock</u>	<u>8 1/2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Donald Rudman</u>
	Address <u>Andover Ind</u>
Accident or Suicide <u>Ind</u>	





Name  
in  
Full

Abraham Dorsey

100-7,  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

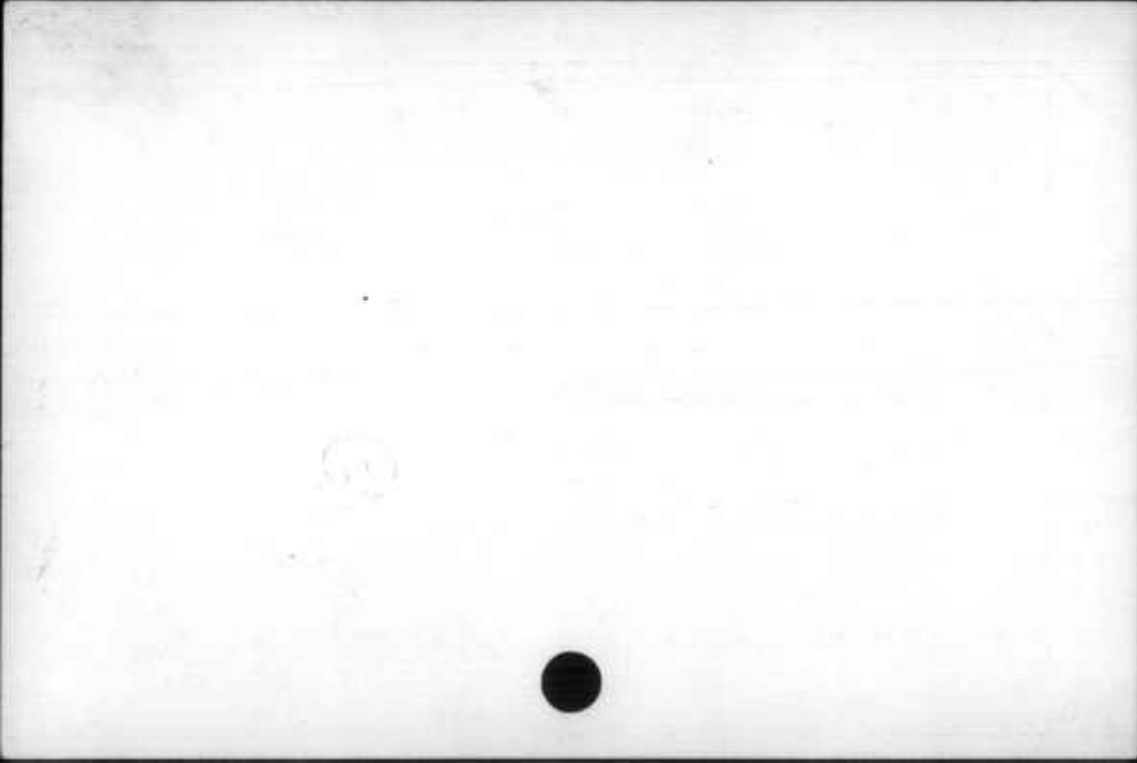
Died at <i>New Market</i> <sup>Town</sup>		<i>Fredrick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1960</i>	Month <i>May</i>	Day <i>16</i>	Age <i>45</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>	Birth-place <i>Montgomery Co. Md</i>			
Occupation <i>Farm Laborer</i>	Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mary Dorsey</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Micie Dorsey</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Mary Dorsey</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

(79) ✓

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>For years</i>
Immediate <i>Heart Disease</i>	How long <i>died suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H H Hopkins M.D</i>
	Address <i>New Market Fredrick Co., Md</i>
Accident or Suicide <i>no</i>	



Name  
in  
Full

Ralph Cramo Duene.

CERTIFICATE OF DEATH

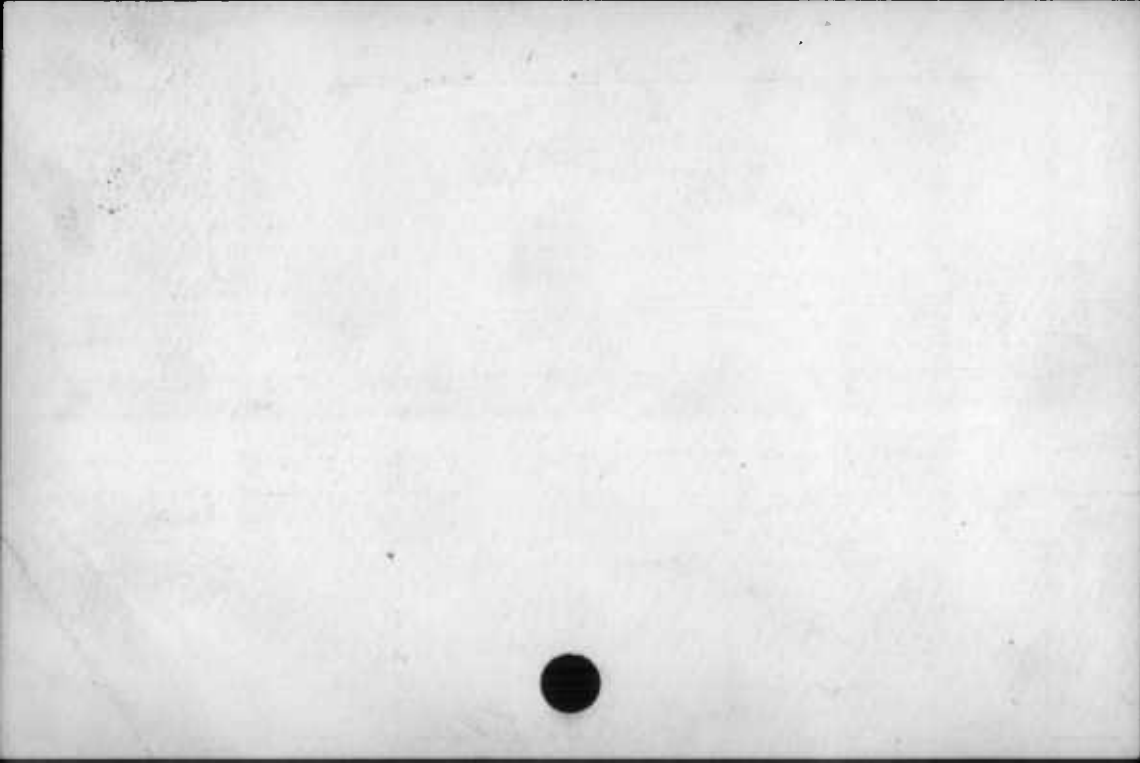
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Midway</i> <sup>Town</sup>		<i>Fredrick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1900</i>	Month <i>May</i>	Day <i>27<sup>th</sup></i>	Years <i>30</i>	Months <i>6</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>New Hardsburg</i>		
Occupation <i>No special</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Minnie B. Duene</i>				
Father's Name <i>David F. Duene</i>	Father's Birthplace <i>New Hardsburg</i>		Mother's Birthplace <i>New Utica</i>		
Mother's Maiden Name <i>Martha Ann Cramo</i>	Name of person giving information <i>Mrs. D. F. Duene</i>				
		How related to deceased <i>His Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Subacute disease of bowels - 11 Mon</i>	How long	<i>11 Mon</i>
Immediate	<i>Intussusception of bowels</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. N. Diller</i>
		Address	<i>Detour</i>
Accident or Suicide?	<i>No</i>		<i>ml-</i>



Name  
in  
Full

William H. Coe Stein

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick City</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 19 <i>60</i>	Month <i>May</i>	Day <i>5</i>	Age <i>56</i>	Months <i>11</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White American</i>	Birth-place <i>Bethesda City</i>		<i>May 18<sup>th</sup> 1853</i>	
Occupation <i>Merchant</i>	Where Residing if not at place of death <i>Frederick City Md.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Christian Coe Stein</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Elizabeth Style</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving Information <i>Christian H. Coe Stein</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

Primary *Interstitial Nephritis* How long *4 mos*

Immediate *Uremic Coma* How long *24 hours*

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

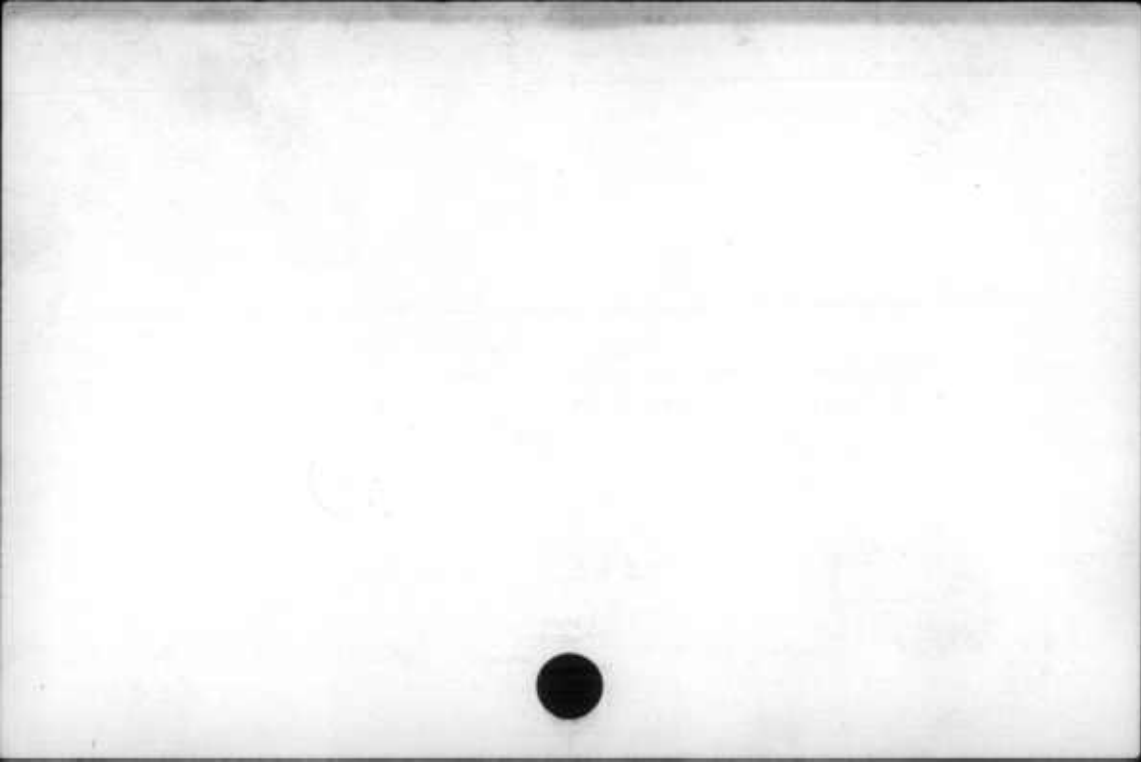
Signature of Physician

Address

*F. H. Keder*  
*Frederick*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Florence Esworthy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Reels Mill* <sup>Town</sup> *Frederick* <sup>County</sup> MARYLANDDate of death 19*80* <sup>Month</sup> *May* <sup>Day</sup> *10<sup>th</sup>* <sup>Years</sup> Age *30* <sup>Months</sup> *2* <sup>Days</sup> *20*Sex *Female* Color or Race *White* Birth-place *Reels Mill*Occupation *Domestic* Where Residing if not at place of death *Reels Mill*Married, Single or Widowed *Married* Name of Wife or Husband *James A. Esworthy*Father's Name *Nichols Perkins* Father's Birthplace *Reels Mill*Mother's Maiden Name *Annie Bailey* Mother's Birthplace *Md.*Name of person giving Information *John Esworthy* How related to deceased *None*

## CAUSES OF DEATH

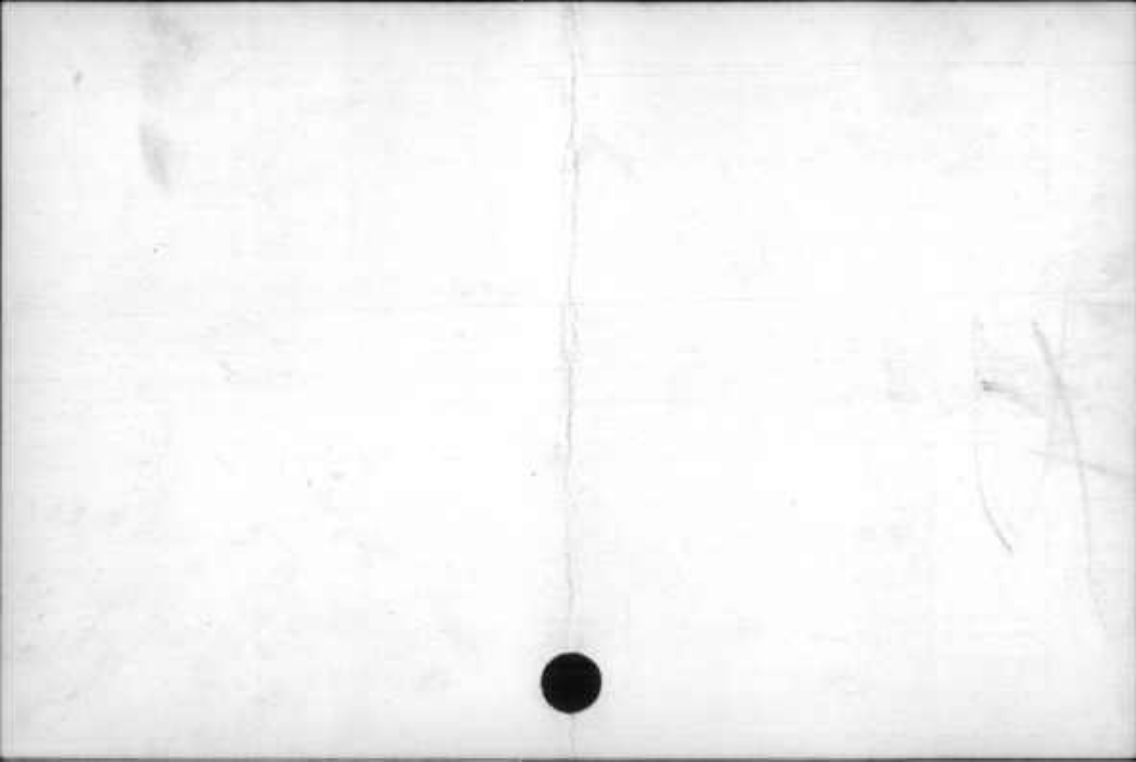
Primary *Tuberculosis* How long *Six Mo.*Immediate *Heart failure* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Benj. D. King*  
*Araby*  
*Md.*

Accident or Suicide





Name in Full

Rachel Esworthy

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Near Woodville <sup>County</sup> Frederick

MARYLAND

Date of death 1940 <sup>Month</sup> May <sup>Day</sup> 23 <sup>Years</sup> Age 49 <sup>Months</sup> 11 <sup>Days</sup> -

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Frederick Co.

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

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

Father's Name <sup>Wm. Duwall</sup> <sup>Father's Birthplace</sup> Montgomery Co.

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

Name of person giving Information <sup>Granville Dayhoff</sup> <sup>How related to deceased</sup> son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

94 ✓

Primary <sup>Cerebral Haemorrhage</sup> <sup>How long</sup> 4 days before death

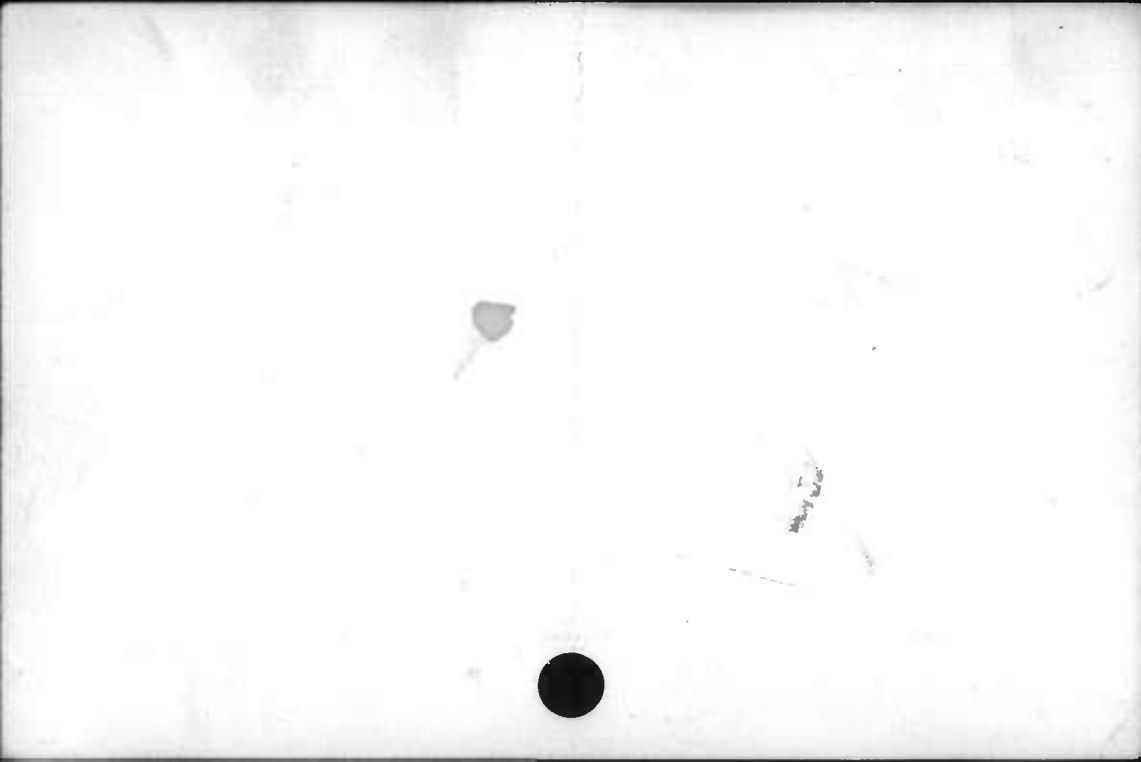
Immediate <sup>oedema of Lungs</sup> <sup>How long</sup> 48 hours

Are the name, age, sex, color, date and place correctly given above? <sup>yes</sup>

Signature of Physician <sup>J. Albert Nee,</sup> <sup>Address</sup> Mt. Airy, Md.

PHYSICIAN OR CORONER

Accident or Suicide



Name  
in  
Full

Arlen Hays Fogle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at Frederick City Hospital Town Frederick County MARYLAND

Date of death 1940 May 18<sup>th</sup> Month 18<sup>th</sup> Day - 1 Year 6 Months 26 Days

Sex Female Color or Race White Birth-place Brunswick

Occupation ↗ Where Residing if not at place of death Brunswick

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

Father's Name Oscar M. Fogle Father's Birthplace Woodsboro

Mother's Maiden Name Clara Lina Davis Mother's Birthplace Hagerstown

Name of person giving Information Robert Oscar M. Fogle How related to deceased Father

CAUSES OF DEATH

9

Primary Meningitis Comp. How long ✓ six days.

Immediate Strangulation How long a few hours.

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

Signature of Physician J. B. Johnson Address Frederick Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

✓



Name in Full

Harry L. Gaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

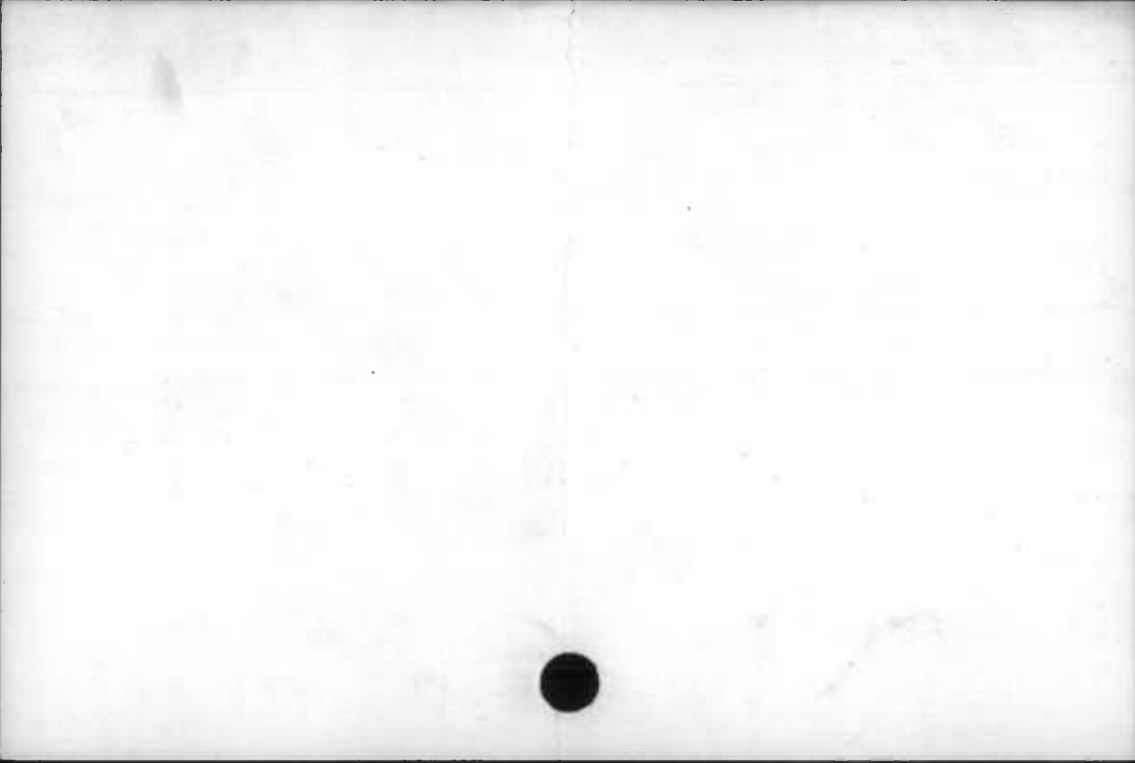
Died at <u>Frederick</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	<u>1940</u>	Month	<u>May</u>	Day	<u>10</u>
Age	<u>25</u>	Years		Months	<u>3</u>
		Days	<u>1</u>		
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>md.</u>
Occupation	<u>Rail Road Employee</u>		Where Residing if not at place of death	<u>Thurmont Md.</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>—</u>		
Father's Name	<u>Marshall A. Gaugh</u>			Father's Birthplace	<u>md.</u>
Mother's Maiden Name	<u>Mary C. Lydie</u>			Mother's Birthplace	<u>md.</u>
Name of person giving information	<u>Mrs. Gaugh</u>			How related to deceased	<u>sister</u>

CAUSES OF DEATH

175 ✓

PHYSICIAN OR CORONER

Primary	<u>Rail Road injury Body crushed by cars.</u>	How long	<u>—</u>
Immediate	<u>Shock &amp; hemorrhage</u>	How long	<u>1 1/2 hr.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes-</u>	Signature of Physician	<u>Morris A. Bieley</u>
		Address	<u>Thurmont Md.</u>
Accident or Suicide	<u>Accident-</u>		



Name in Full

Elizabeth M. Gordon

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

6x

Disd <sup>Town</sup> *Petersville* <sup>County</sup> *Fred.* MARYLAND

Date of death 19*90* <sup>Month</sup> *May* <sup>Day</sup> *12* Age <sup>Years</sup> *87* <sup>Months</sup> *0* <sup>Days</sup> *0*

Sex *Female* Color or Race *colored* Birth-place *Petersville Ind.*

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

Married, Single or Widowed *Married* Name of Wife or Husband *Michael Gordon*

Father's Name *Peter Jackson* Father's Birthplace *Fred. Co.*

Mother's Maiden Name *Polly Fletcher* Mother's Birthplace

Name of person giving information *Michael Gordon* How related to deceased *Husband.*

CAUSES OF DEATH

PHYSICIAN OR CORONER

H

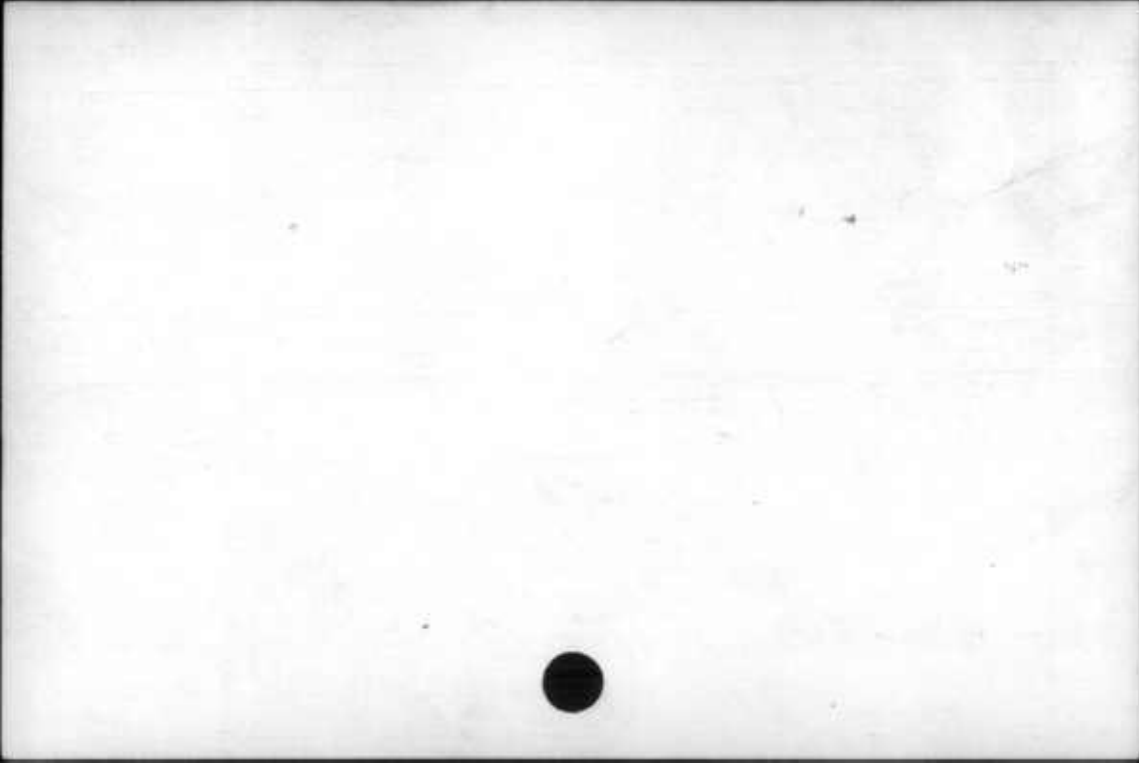
Primary *Cancer of liver & nephritis* <sup>How long</sup> *8 months*

Immediate *Hemiplegia & Oedema* <sup>How long</sup> *2 days*

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

Signature of Physician *C. W. R. Crane*  
Address *Brunswick Md.*

Accident or Suicide





Name  
in Full

Annie E. Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death	Month	Day	Age	Months	Days
19 <u>60</u>	<u>5</u>	<u>4</u>	<u>73</u>	—	—
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Frederick Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jacob Gross</u>				
Father's Name <u>Jamie Mobley</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>—</u>				
Name of person giving Information <u>Jacob Gross</u>	How related to deceased <u>Husband</u>				

## CAUSES OF DEATH

(40) ✓

PHYSICIAN  
OR CORONER

Primary <u>Carcinoma of Stomach &amp; Bowls</u>	How long <u>3 mos</u>
Immediate <u>Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. F. Gooden md</u>
	Address <u>Frederick, Md</u>
Accident or Suicide <u>—</u>	

Interment May 6, 10

at Greenmount Cem.

Thomas P Rice F. D.

vs Goodell

vs M. Curdy

Name  
in FullSamuel E. Haffner  
Town Fredericks County Fredericks

CERTIFICATE OF DEATH

MARYLAND

Died at Fredericks Fredericks  
Date of death 1940 Month 5 Day 6 Age 61 Month 5 Day 16

Sex Male Color or Race White Birthplace Fredk Co Md

Occupation Physician Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Susan R. Whitmore

Father's Name William W. Haffner Father's Birthplace Fredk Co Md

Mother's Maiden Name Catherine Fraga Mother's Birthplace " " "

Name of person giving Information Mrs. Susan R. Haffner How related to deceased Wife

## CAUSES OF DEATH

Primary Dilatation of aorta How long Gradual (3 years)

Immediate Angina Pectoris How long 4 hours

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

Signature of Physician

Address

W. M. Smith.  
Fredericks, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment May 8. 1910

" at Mt Olivet Cemetery

Thomas P. Rice F.O.

dr. S. B. Johnson

dr. M. C. Cuddy

Name  
in  
Full

Paul Harp

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Church Hill</u> <small>Town</small>		County		MARYLAND	
Date of death 190	Month <u>May</u>	Day <u>30</u>	Age <u>1</u>	Years <u>1</u>	Months <u>4</u> Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Churchill</u>			
Occupation	Where Residing if not at place of death <u>Churchill</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Chas M. Harp</u>	Father's Birthplace <u>Ellerton</u>				
Mother's Maiden Name <u>Mollie Inay Routjohn</u>	Mother's Birthplace <u>Ellerton</u>				
Name of person giving information <u>Chas M. Harp</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

(91) ✓

Primary <u>Broncho Pneumonia</u>	How long: <u>11 ds.</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>P. H. Hoke M.D.</u>
	Address <u>Merville Md.</u>
Accident or Suicide	

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

David S Hoffman

Mars Town Frederick

MARYLAND

Died at Myersville Frederick

Date of death 1980 May 2 Age 64

Sex Male Color or Race white Birth-place Maryland

Occupation Farmer Where Residing if not at place of death

Married Single or Widowed widowed Name of Wife or Husband Sarah Hoffman

Father's Name Randolph Hoffman Father's Birthplace Maryland

Mother's Maiden Name Margaret Eline Mother's Birthplace " "

Name of person giving Information George E Hoffman How related to deceased Brother

## CAUSES OF DEATH

Primary Malariae Fever How long 10 days

Immediate General Prostration How long 2 days

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

Signature of Physician J. W. Gendron, M.D.

Address Myersville, Md.

Accident or Suicide

Buning + Bant  
Undertaker



Name  
in  
Full

William Kuhu

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1960	May	18	71		10		
Sex	Color or Race		Birth-place				
Male	white						
Occupation	Where Residing if not at place of death						
Butcher							
Married, Single or Widowed	Name of Wife or Husband						
Married	Elizabeth Fraley						
Father's Name	Father's Birthplace						
John Kuhu	Frederick						
Mother's Maiden Name	Mother's Birthplace						
Elizabeth Butler	"						
Name of person giving information	How related to deceased						
Elizabeth Kuhu	Wife						

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Carcinosis of Liver	How long	Several years
	Immediate	Pulmonary Oedema	How long	Several days
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. O. Hudnutt, M.D. Address Frederick, Md.		
Accident or Suicide	no			



Name  
in  
Full

Mary Ann Main

CERTIFICATE OF DEATH

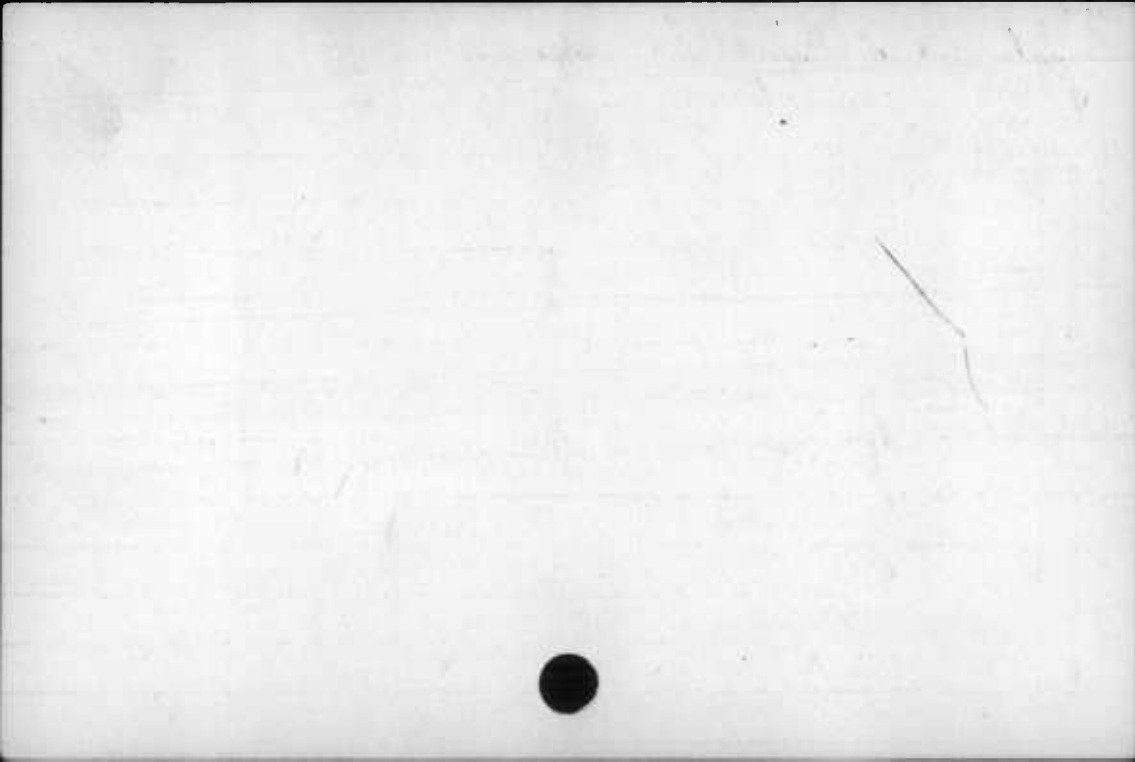
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Middletown		<sup>County</sup> Fred K.			
Date of death	1900	Month	May	Day	17
Age	72	Years		Months	1
				Days	4
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, <del>Single</del> <del>Widowed</del>	Name of Wife or Husband		F. Tobias Main		
Father's Name	Joseph Shaper		Father's Birthplace	Md.	
Mother's Maiden Name	Mk		Mother's Birthplace	-	
Name of person giving information	Husband		How related to deceased		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia	How long	3 wks.
	Immediate	Heart failure due to pneumonia	How long	2 days
	Are the name, age, sex, color, race and place correctly given above?	Yes	Signature of Physician	P. V. Hawley
	Accident or Suicide?		Address	Middletown Md.



Name  
in  
Full

Colaud Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

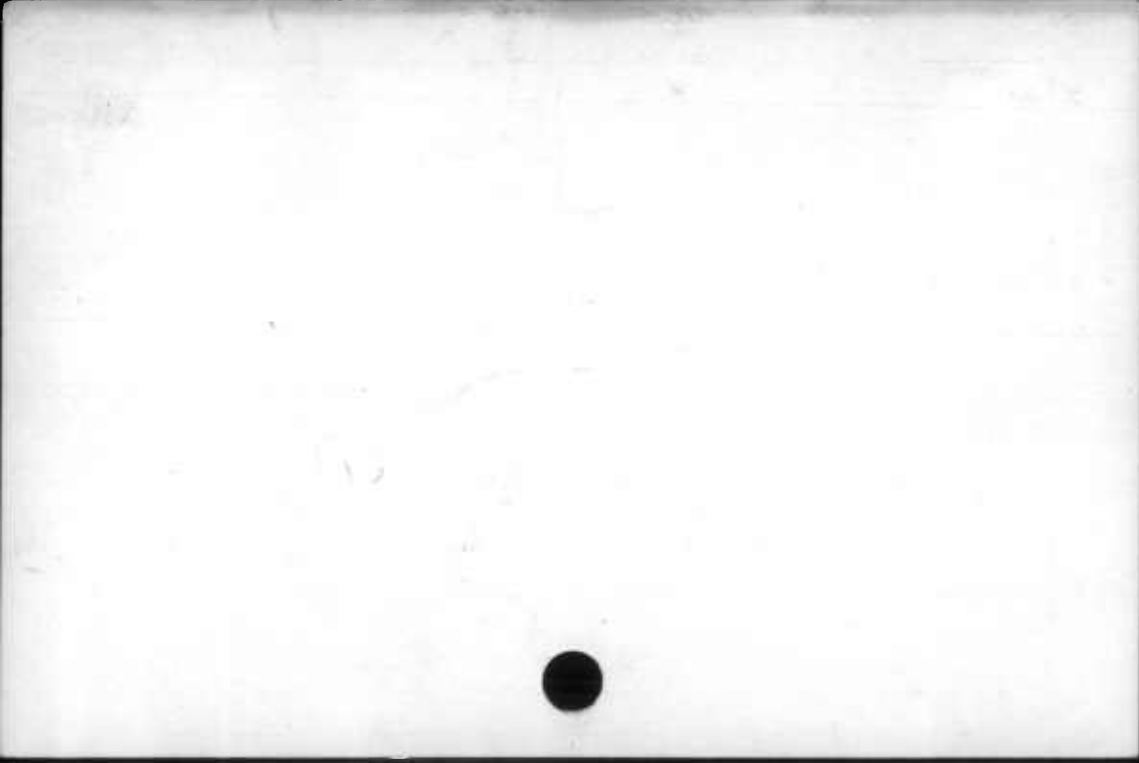
Died at <i>Hopehill</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1900</i>	Month	<i>May</i>	Day	<i>20</i>
Age		Years		Months	Days
Sex	<i>male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Frederick Co</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death	<i>Same</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>X</i>		
Father's Name	<i>Jacob Marshall</i>		Father's Birthplace	<i>Frederick Co</i>	
Mother's Maiden Name	<i>Alice Lyles</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Jacob Marshall</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

*D*

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>Two (2) weeks</i>
Immediate	<i>Exhaustion-Cardiac</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. G. Bourne M.D.</i>
		Address	<i>Frederick Md.</i>
Accident or Suicide	<i>—</i>		



Name  
in Full

Amelia Schley Markell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Fredrick Town County MARYLANDDate of death 1940 Month May 7<sup>th</sup> Day 7 Age 77 Years Months DaysSex Female Color or Race White Birth-place FredrickOccupation Home Where Residing if not at place of death +Married, Single or Widowed Single Name of Wife or Husband +Father's Name Samuel Markell Father's Birthplace FredrickMother's Maiden Name Amelia Schley Mother's Birthplace "Name of person giving Information Elysieth Markell How related to deceased Cousin

## CAUSES OF DEATH

Primary Herpes Zoster How long 2 weeks duration of symptomsImmediate Chronic Intercostal Neuralgia Terribly How long 2 monthsAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician S.S. MaynardAddress 17 Queen St - N - Fredrick Md.Accident or Suicide





Name  
in  
Full

Infant Martin.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		Month 1960 May	Day 8	Age	Years	Months	Days
Sex Female		Color or Race Colored		Birth-place Frederick			
Occupation —				Where Residing if not at place of death Same			
Married, Single or Widowed X		Name of Wife or Husband X					
Father's Name Illegitimate Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Hallie Martin		Mother's Birthplace Frederick Co					
Name of person giving information Hallie Martin		How related to deceased Mother					

## CAUSES OF DEATH

Primary	?	How long	15/13
Immediate	Premature Birth	How long	9
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W.G. Bourne M.D.
		Address	Frederick Md
Accident or Suicide			

PHYSICIAN  
OR CORONER

Internment May 12-10

" at Government Camp,

Thomas P. Rice F.S.D.

as McCreedy

Name  
in  
Full

Elzey Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montenne Hotel</i>		County <i>Fredericks</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>5</i>	Day <i>21</i>	Age <i>32</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Maryland</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Princess Anne Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving Information <i>S. M. Gregg, Supt</i>	How related to deceased <i>Not at all</i>				

## CAUSES OF DEATH

Primary <i>Mania Depressive</i>	<i>68</i> <sup>v</sup>	How long <i>4 days</i>
Immediate <i>Cerebral</i>		How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>	Address <i>Fredericks Md</i>
Accident or Suicide <i>No,</i>		

PHYSICIAN  
OR CORONER

Interment May 24 - 10

" at Princess Anne Md, Co.

Thomas P. Rice F. O.

Dr. W. P. Kahrbeey

Dr Goodell

Dr McLeary

Name  
In  
Full

Nicholas N. Mummy

CERTIFICATE OF DEATH

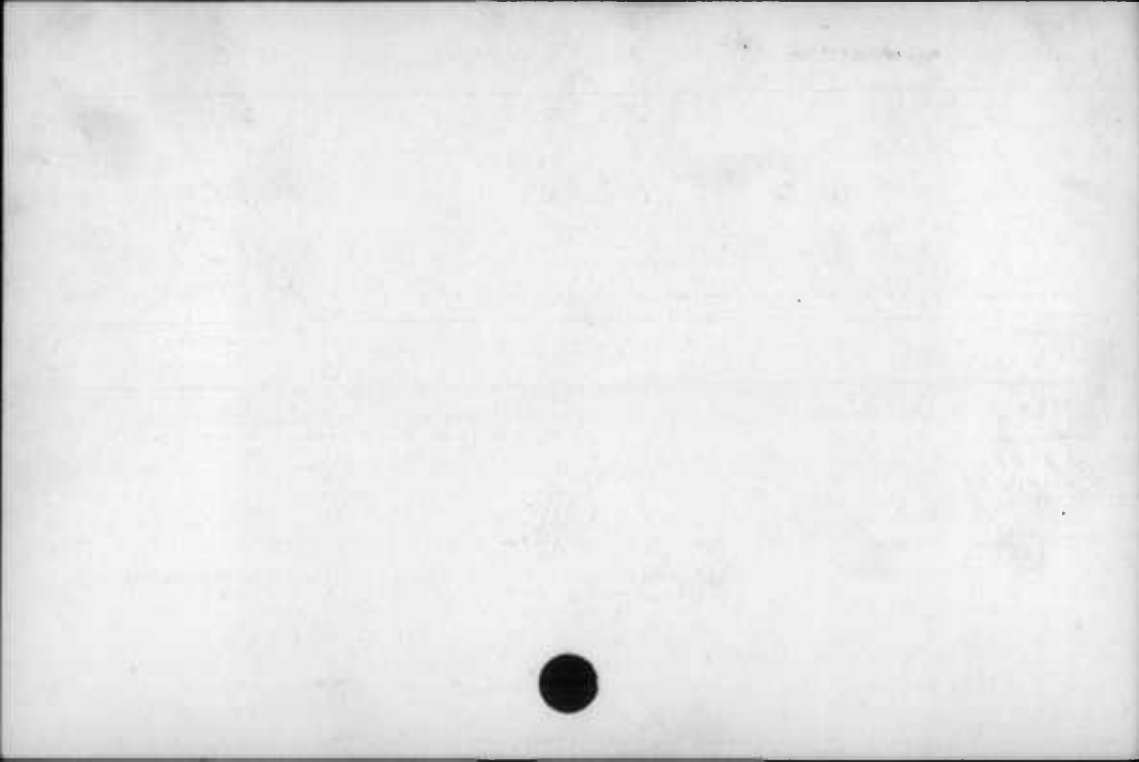
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Cumtisbury Dist</i> <i>Frederick</i> County			
Date of death 19 <i>10</i>	Month <i>5</i>	Day <i>22</i>	Age <i>78</i>
Sex <i>male</i>		Color or Race <i>White</i>	Birth-place <i>Baltimore 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>Susan E. Mummy</i>		
Father's Name <i>William Mummy</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Ann Joyce</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Ida B. Robinson</i>	How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>General Break down</i> <i>154</i> How long <i>several years</i>
	Immediate <i>Results of the decline</i> How long <i>3 months or more</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>
H	Signature of Physician <i>W. Eichelberger</i>
	Address <i>Essington Maryland</i>
Accident or Suicide?	



Name  
In Full

Ruth C. Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

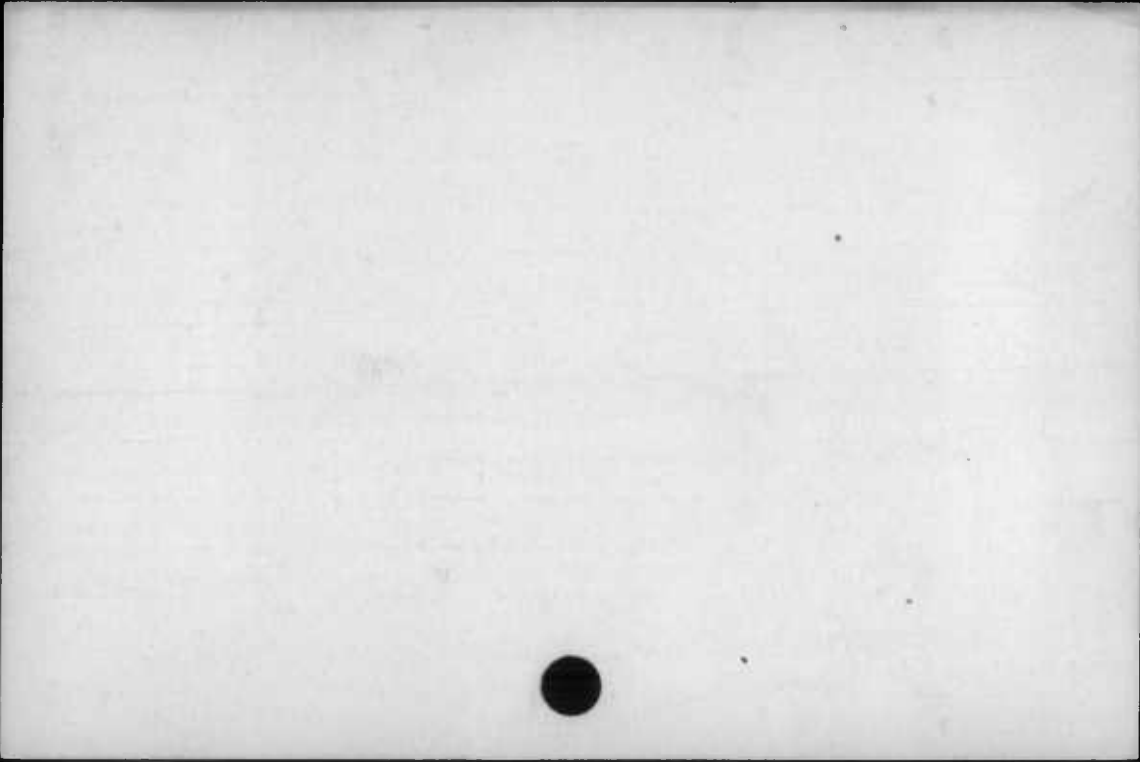
Died at <u>Myersville</u> <small>Town</small>		<u>Fredrick</u> <small>County</small>		MARYLAND	
Date of death 19 <u>00</u> <small>Year</small>	<u>May</u> <small>Month</small>	<u>28</u> <small>Day</small>	Age <u>1</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u>10</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Myersville</u>			
Occupation <u>Nurse</u>	Where Residing if not at place of death <u>Myersville</u>				
Married, Single or Widowed	Name of Wife or Husband <u>—</u>				
Father's Name <u>Charles Myers</u>	Father's Birthplace <u>Myersville</u>				
Mother's Maiden Name <u>Manda Maber</u>	Mother's Birthplace <u>Myersville</u>				
Name of person giving information <u>Manda Myers</u>	How related to deceased <u>Mother</u>				

## CAUSES OF DEATH

91 ✓

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>A few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Ralph Downing</u>
	Address <u>Myersville, Md.</u>
Accident or Suicide <input type="checkbox"/>	





Name  
in Full

Nimes (Robert)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Frederick City

County

Frederick

MARYLAND

Date of death

1950

Month

5

Day

26

Age

65

Months

Days

Sex

Male

Color or Race

White

Birth-place

Wash Co

Occupation

Lumber

Where Residing if not at place of death

Bowie, Bowieville

Married, Single or Widowed

Yes

Name of Wife or Husband

Alicia E. Friedman

Father's Name

Joseph Nimes

Father's Birthplace

East River

Mother's Maiden Name

East River

Mother's Birthplace

East River

Name of person giving Information

Mrs Robert Nimes

How related to deceased

Wife

## CAUSES OF DEATH

(68) ✓

Primary

Dementia (Primary)

How long

Years

Immediate

Exhaustion

How long

6 weeks

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

Yes

Signature of Physician

Nancy P. Fabrey MD  
Frederick MDPHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Alta M. Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wolfville</i> <small>Town</small>		<i>of Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1900</i>		Month <i>5</i>	Day <i>14</i>	Age <i>25</i>	Years <i>7</i> Months <i>12</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Where Residing if not at place of death		Birth-place <i>Pleasant Walk</i>	
Occupation <i>Housewife</i>		Name of Wife or Husband <i>Harry K. Palmer</i>			
Married, Single or Widowed <i>Married</i>		Father's Name <i>George Dusing</i>		Father's Birthplace <i>Pleasant-Walk Md</i>	
Mother's Maiden Name <i>Lydian Hoffman</i>		Mother's Birthplace <i>Do Md</i>		How related to deceased <i>in no way</i>	
Name of person giving information <i>Emma Frey</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis &amp; Pleuritis</i>	How long <i>10 days</i>
Immediate <i>Miscarriage</i>	How long <i>Death in 18 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. W. Davison</i>
	Address <i>Wolfville</i>
Accident or Suicide	





Internment May 28-10

" at Laboring Son's Cemetery

Thomas P. Rice F. D.

Dr Long

Dr McCurdy

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDMarilyn Ray  
TownCounty  
Frederick

MARYLAND

Died - Mrs. Pearl

Date of death 1981/0

Month  
MayDay  
22Age  
10

Months

Days

Sex  
FemaleColor or  
RaceBirth-  
place  
PearlOccupation  
SchoolWhere Residing if not  
at place of death  
+Married, Single  
or WidowedName of Wife or  
Husband  
xFather's  
Name  
Wm S RayFather's  
Birthplace  
Frederick CountyMother's  
Maiden Name  
Alice HaughMother's  
Birthplace  
"Name of person giving  
Information  
Alice S RayHow related  
to deceased  
Mother

## CAUSES OF DEATH

Primary  
Rheumatism Acute SepticemiaHow long  
10 daysImmediate  
EndocarditisHow long  
6 daysAre the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

S. Hayward  
17 Queen St - West  
Frederick, Md.PHYSICIAN  
OR CORONER

At test of Coroner

mt Olivet C.



Name  
in  
Full

Carrie Mildred Rodgers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Blue Mountain

<sup>County</sup> Frederick

MARYLAND

Date of death 1940

<sup>Month</sup> May

<sup>Day</sup> 31

<sup>Age</sup> ———

<sup>Years</sup> ———

<sup>Months</sup> ———

<sup>Days</sup> 21

Sex Female

Color or Race White

Birth-place Blue Mountain

Occupation \_\_\_\_\_

Where Reading if not at place of death At place of death

Married, Single or Widowed Single

Name of Wife or Husband \_\_\_\_\_

Father's Name Harry Joseph Rodgers

Father's Birthplace Gettysburg

Mother's Maiden Name Carrie B. Baker

Mother's Birthplace Lewis town Md

Name of person giving information \_\_\_\_\_

How related to deceased

CAUSES OF DEATH

152

Primary Congenital Atelectasis

How long 3 weeks

Immediate Collapse

How long 2 hours

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

Signature of Physician J. D. S. Young

Address Breagertown Frederick Co.

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

PHYSICIAN  
OR CORONER

H



Name  
in  
Full

Miss Sarah Ellen Rudy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Middletown <sup>Town</sup> Frederick <sup>County</sup> MARYLAND

Date of death 1940 <sup>Month</sup> May <sup>Day</sup> 26 <sup>Age</sup> 61 <sup>Years</sup> 5 <sup>Months</sup> 28 <sup>Days</sup>

Sex Female Color or Race White Birth-place Middletown

Occupation None Where Residing if not at place of death —

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

Father's Name Jacob Rudy Father's Birthplace MD.

Mother's Maiden Name Eliza Roubaker Mother's Birthplace MD.

Name of person giving information Miss Kate Rudy How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

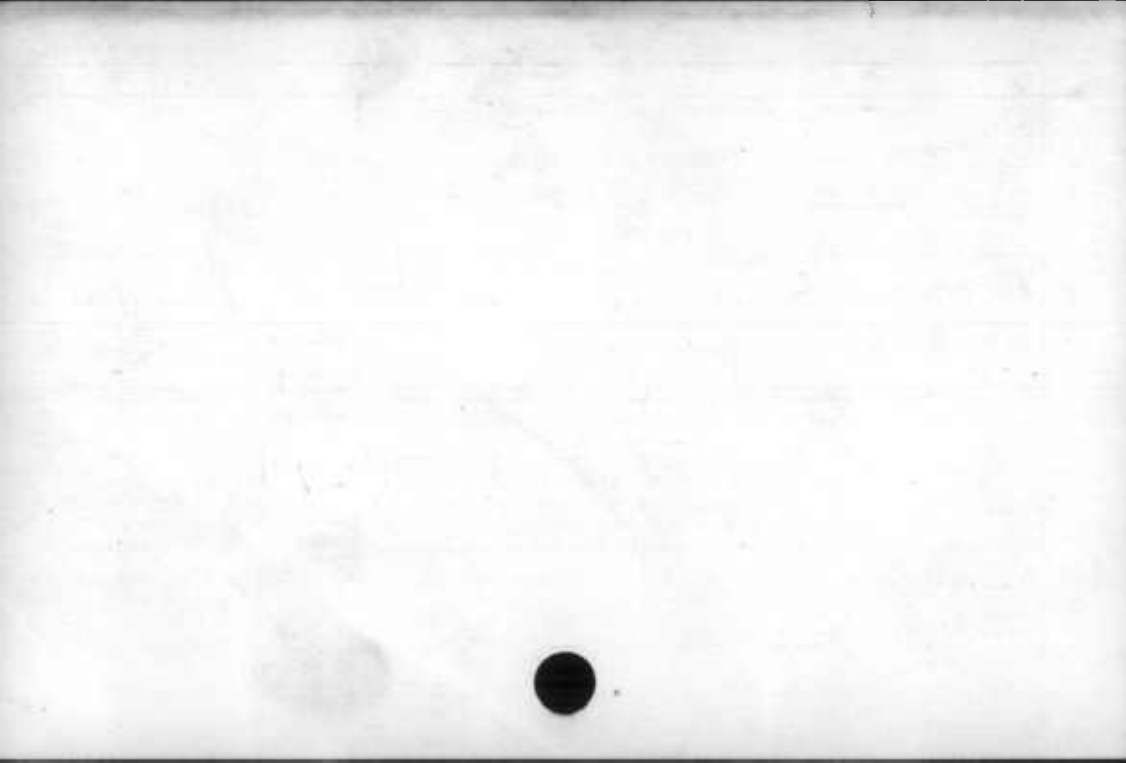
Primary Tuberculosis 27 <sup>How long</sup> 30 1/2 yrs 28 ✓

Immediate Cardiac Failure <sup>How long</sup> —

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

Address Middletown

Accident or Suicide MD.



Name  
In Full

Mary Frances Schaeffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Bethesda</u> <small>Town</small>		<u>Fred</u> <small>County</small>			
Date of death <u>1900</u>	<u>May</u> <small>Month</small>	<u>12</u> <small>Day</small>	Age <u>66</u>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>Housewife</u>	Where residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John T. Schaeffer</u>				
Father's Name <u>Jacob Waskey</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Ellen E. Seltzer</u>	Mother's Birthplace <u>Ind</u>				
Name of person living in formation <u>Melba W Waskey</u>	How related to deceased <u>Sister</u>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORNER

Primary <u>Acute + Mitral</u>	How long <u>Same</u>
Immediate <u>Incompetency</u>	How long <u>month</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>T. Clyde Rantson</u>
	Address <u>Bethesda</u>
Accident or Suicide? <u>No</u>	

1870



Name *W. J. L. Scherer*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burkittsville</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>12</i>	Age <i>58</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>M. D.</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>Mary Scherer</i>				
Father's Name <i>Rev. Simeon Scherer</i>	Father's Birthplace <i>M. D.</i>				
Mother's Maiden Name <i>Sara Roseman</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Mrs. Mary Scherer</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 wks</i>
Immediate <i>Hypostasis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. Youree</i>
	Address <i>Burkittsville Md</i>
Accident or Suicide	





Name  
in  
Full

Martin Luther Shank Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Middletown		County Frederick		MARYLAND	
Date of death		Month 1960	Day May	Age	Years 0	Months 0	Days 4
Sex		Color or Face		Birth-place			
male		white		Fredk Co Md			
Occupation				Where Residing if not at place of death			
none							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Martin L Shank				Frederick Co			
Mother's Maiden Name				Mother's Birthplace			
Alta S Carson				Frederick Co			
Name of person giving information				How related to deceased			
Martin L Shank				Father			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Injury during birth	How long	4 days
	Immediate	Convulsions	How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E L Buckley
			Address	Middletown
Accident or Suicide				and



Name in Full

Edward Sheridan

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

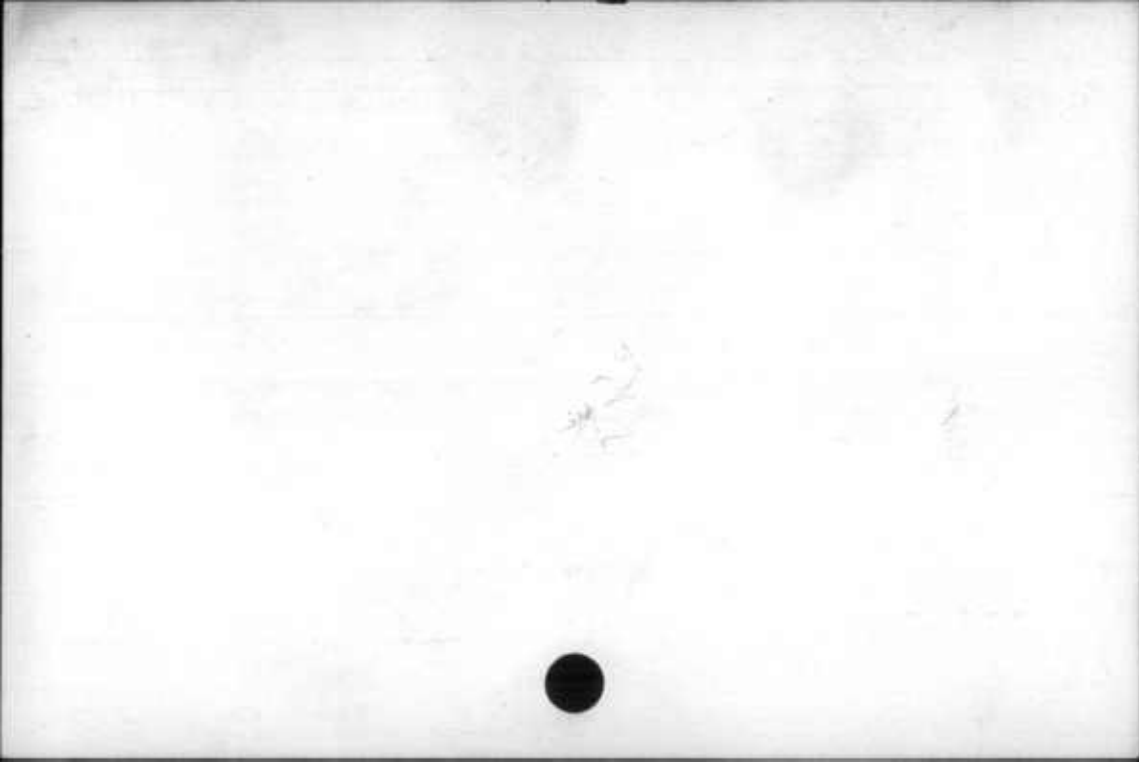
Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death	1946	Month May	Day 28	Age 43	Years	Months 10	Days 25
Sex	Male		Color or face	white		Birth-place	N. Va.
Occupation	Conductor			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Gertude Fleming			
Father's Name	John Sheridan				Father's Birthplace	N. Va.	
Mother's Maiden Name	Mary McNameara				Mother's Birthplace	N. Va.	
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER

H

Primary	Double Pneumonia		How long	(92) ✓ 10 days
Immediate	Epidemic Heart-Strain & Toxaemia			
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	A. Horvath
			Address	Brunswick, Maryland
Accident or Suicide	no			



Name  
in  
Full

Charles Peter Sliper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at		Town Knoxville		County Frederick		MARYLAND	
Date of death	1940	Month	May	Day	31	Age	38
				Months	2	Days	4
Sex	Male		Color or Race	White		Birth-place	Broad Run.
Occupation	Carpenter			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Leila B Thomas			
Father's Name	George C. Sliper				Father's Birthplace	Md	
Mother's Maiden Name	Emma Korns				Mother's Birthplace	Md	
Name of person giving information	Leila B Sliper				How related to deceased	Wife	

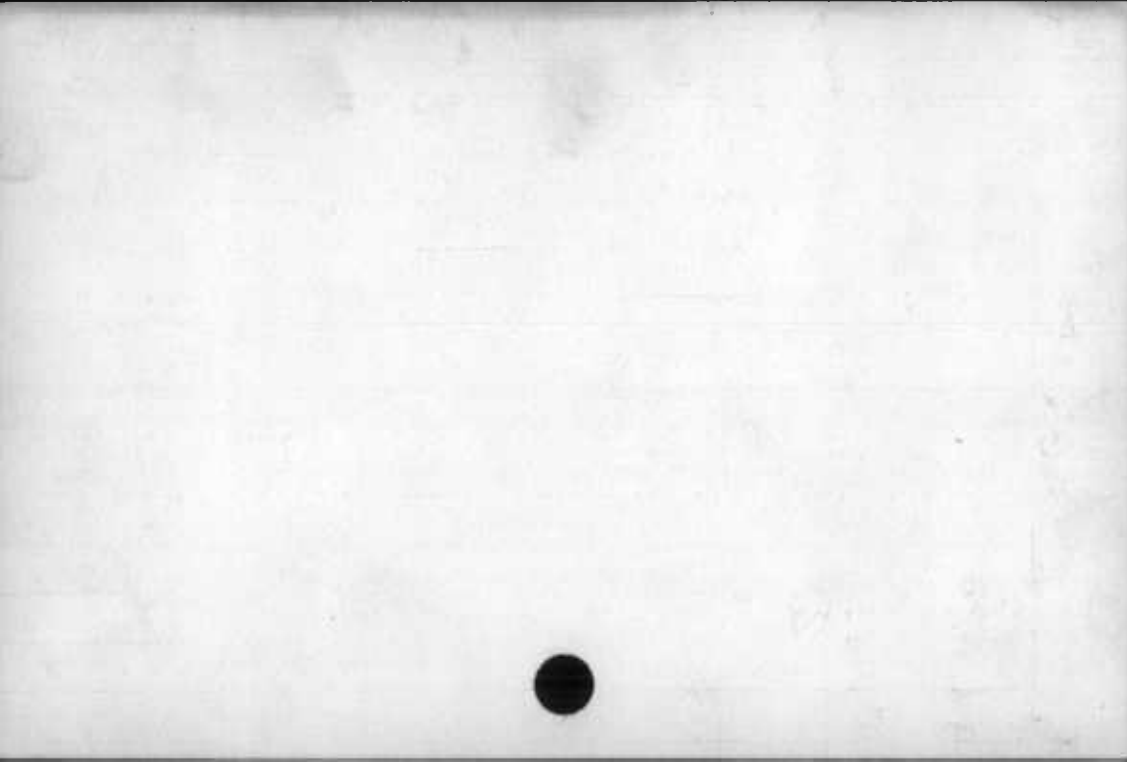
## CAUSES OF DEATH

103 ✓

PHYSICIAN  
OR CORONER

H

Primary	Acute Indigestion		How long	6 hours		
Immediate			How long			
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Samuel Clayton		
			Address	Petersville		
				Md.		
Accident or Suicide?						



Name  
in  
Full

May Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Dyamsville</i>		Town <i>Dyamsville</i>		County <i>1</i>		FREDERICK		MARYLAND	
Date of death <i>1980</i>		Month <i>5</i>	Day <i>30</i>	Age		Years <i>2</i>	Months	Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>near Dyamsville</i>					
Occupation _____				Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed _____		Name of Wife or Husband _____							
Father's Name <i>Greenberry Snowden</i>				Father's Birthplace <i>Montgomery Co.</i>					
Mother's Maiden Name <i>Jessie Smith</i>				Mother's Birthplace <i>Fredrick Co.</i>					
Name of person giving information <i>Greenberry Snowden</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>meningeal hemorrhage</i>	How long	<i>8 weeks</i>
Immediate	<i>convulsions</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. H. Riggs MD</i>	
		Address <i>Dyamsville, Md.</i>	
Accident or Suicide			





Name  
in Full

William A. Stone

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bloomfield</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>5</i>	Day <i>11</i>	Age <i>83</i>	Years	Months	Days		
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bloomfield</i>					
Occupation <i>Laborer</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>John L. Stone</i>				Father's Birthplace <i>Brookwood Md</i>					
Mother's Maiden Name <i>Elizabeth Stull</i>				Mother's Birthplace " " "					
Name of person giving Information <i>David F. Stone</i>				How related to deceased <i>Nephew</i>					

## CAUSES OF DEATH

189 ✓

Primary <i>Paralysis</i>	How long <i>Four days</i>
Immediate <i>Coronary atherosclerosis</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. O. Thormaehlen</i>
	Address <i>Frederick, Md</i>
Accident or Suicide <i>_____</i>	

PHYSICIAN  
OR CORONER

Interment May 13 - 10

" at Zion Cemetery, Charlesville,

Thomas P. Rice F. D.

Dr. B. S. Thomas

Dr. Goodell

Name  
in Full

Rodge William Streams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

V

Died at <u>Petersville</u> Town		<u>Fredricks</u> County		MARYLAND	
Date of death 19 <u>00</u>	Month <u>5</u>	Day <u>12</u>	Age <u>—</u>	Years <u>—</u>	Months <u>5</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Brookville</u>	<u>Md</u>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>John H Streams</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Lizzie Goum</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Lizzie Streams</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

103

V

Primary	<u>Acute Indigestion</u>	How long	<u>2 days</u>
Immediate		How long	

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

yes

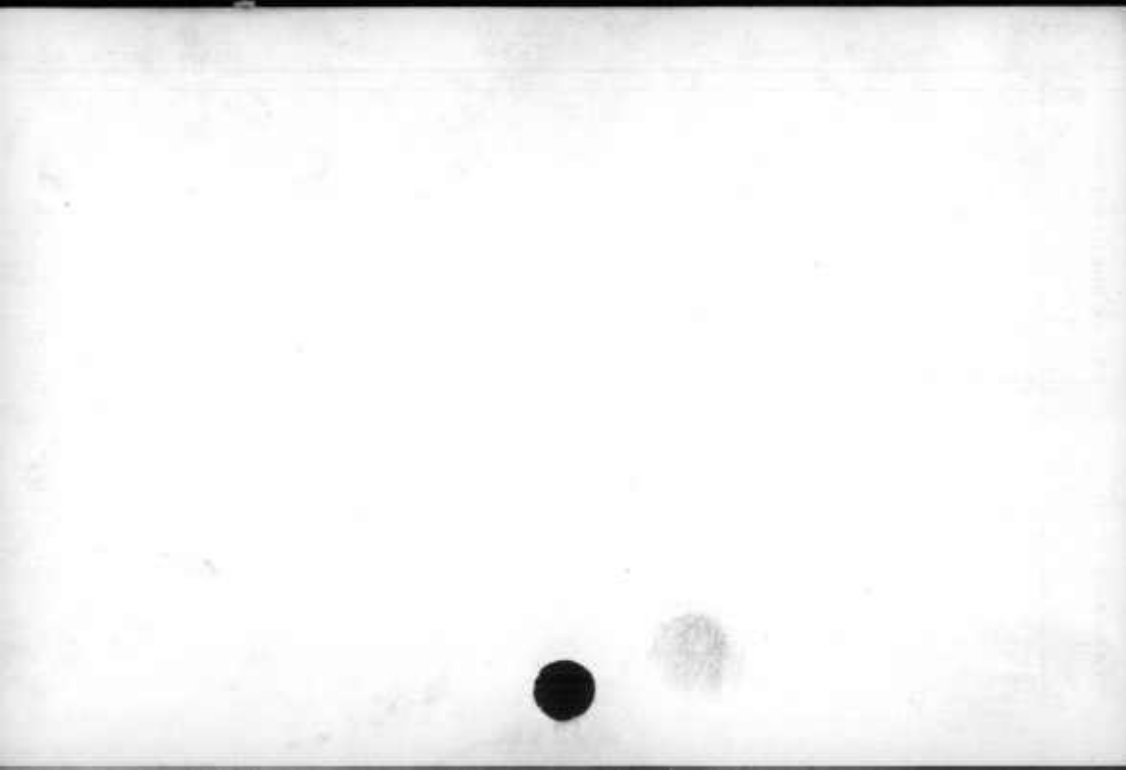
Signature of Physician

Samuel Clayson  
Address Petersville  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER

H



Name  
in Full

Rallie W. Stueb

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Frederick Town Frederick County MARYLAND  
 Date of death 1940 May Month 14 Day Age — Years — Months — Days 12 hours  
 Sex Male Color or Race White Birth-place Frederick  
 Occupation none Where Residing if not at place of death —  
 Married, Single or Widowed Single Name of Wife or Husband none  
 Father's Name Harvey Stueb Father's Birthplace Frederick Co  
 Mother's Maiden Name Essie Cook Mother's Birthplace Frederick Co  
 Name of person giving Information Harvey Stueb How related to deceased Father

## CAUSES OF DEATH

Primary Congenital Cardiac lesion How long 12 hrs  
 Immediate Same How long 12 hrs

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

Signature of Physician

B. O. Thomas MD

Address

Frederick MD

Accident or Suicide



Name  
in  
Full

Ida F. Swann

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Braddock</i> <small>Town</small>		<i>Fredrick</i> <small>County</small>		MARYLAND	
Date of death <i>1940</i>	Month <i>5</i>	Day <i>20</i>	Age <i>45</i>	Months <i>—</i>	Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Fredk Co Md</i>			
Occupation <i>House Wife</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>Samuel Swann</i>				
Father's Name <i>Eli Smith</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Ann Smothers</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Lewis Smith</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Hepatic Cirrhosis</i>	How long <i>One year or more</i>
	Immediate <i>Exhaustion</i>	How long <i>Several days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. G. Bourne MD</i>
	Address <i>Fredrick md</i>	
Accident or Suicide <i>---</i>		

Interment May 22, 1910

" at Colored Cemetery at  
Middletown Md

Thomas P. Rice J. D.

Dr Bourne

Dr Goodell,



Name  
in  
Full

Daisy M. Thompson

No. 10

CERTIFICATE OF DEATH

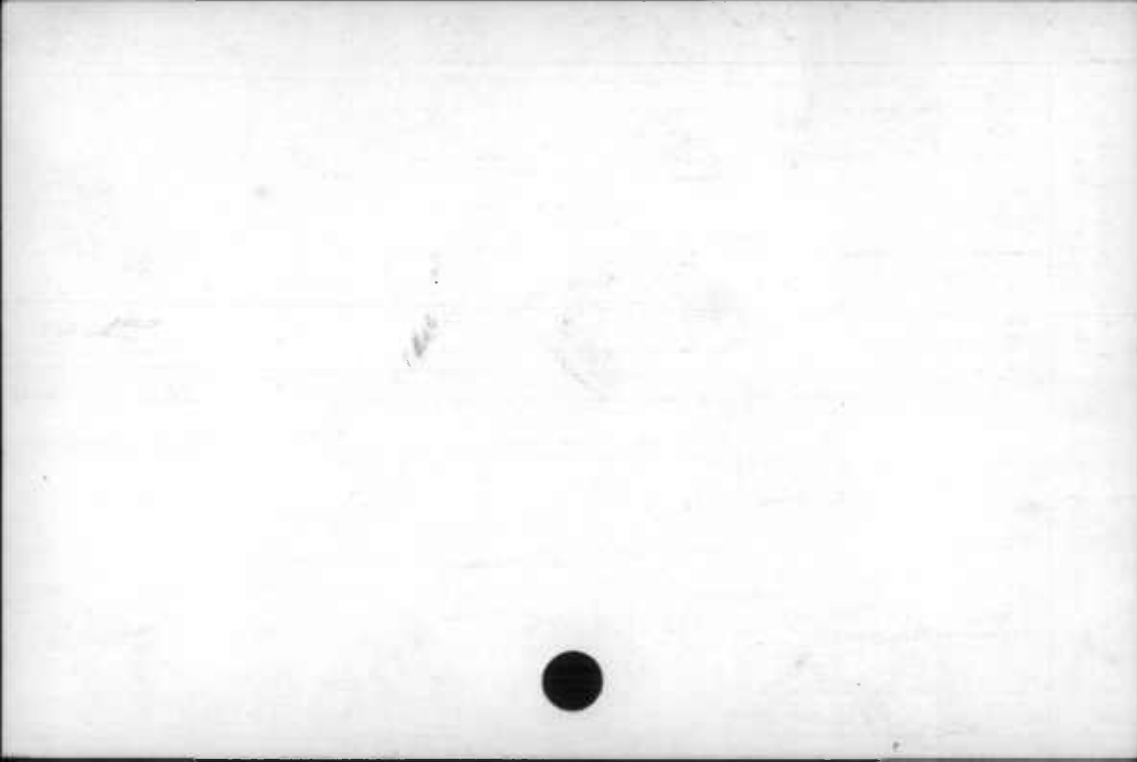
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Market</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1980</i>	Month <i>5</i>	Day <i>18</i>	Age <i>32</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Near Monrovia</i>			
Occupation <i>James' Housewife</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Married</i>	Name of <del>Wife</del> Husband <i>Cether F. Thompson</i>				
Father's Name <i>William J Umberger</i>	Father's Birthplace <i>Monrovia</i>				
Mother's Maiden Name <i>Maggie Webb</i>	Mother's Birthplace <i>don't know</i>				
Name of person giving information <i>Cether F. Thompson</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

Primary	<i>Oversepsis From</i> <span style="border: 1px solid black; border-radius: 50%; padding: 5px;">137</span>	How long
Immediate	<i>Oversepsis From</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>A. H. Hopkins M.D.</i>
		Address <i>New Market</i>
Accident or Suicide <i>no</i>		<i>Judex Co. Md</i>

PHYSICIAN  
OR CORONER



Name in Full

Elmer J. Tomms

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORNER

Died at *Myersville* <sup>Town</sup> *Fredrick* <sup>County</sup> MARYLAND

Date of death 19*40* <sup>Month</sup> *May* <sup>Day</sup> *15* Age *46* <sup>Years</sup> *7* <sup>Months</sup> *4* <sup>Days</sup>

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

Occupation *Farmer* Where Residing if not at place of death *Wingston Pa*

Married, Single or Widowed *Married* Name of Wife or Husband *Nellie H. Tomms*

Father's Name *John H. Tomms* Father's Birthplace *Myersville Md*

Mother's Maiden Name *Maryida Seymour* Mother's Birthplace *Holtsville Md*

Name of person giving information *Claude E. Tomms* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Diabetes* *50* <sup>How long</sup> *Several months*

Immediate *Loma* <sup>How long</sup> *2 days*

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

Signature of Physician *Ralph [Signature]*  
Address *Myersville, Md.*

Accident or Suicide



Name  
in  
Full

Donothy E. Wausel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
19 <u>10</u>	<u>5</u>	<u>20</u>	<u>4</u>		<u>5</u>
Sex	Color or Race	Birthplace			
<u>Female</u>	<u>Black</u>	<u>Frederick</u>			
Occupation	Where Residing if not at place of death				
	<u>Same</u>				
Married, Single or Widowed	Name of Wife or Husband				
<u>Single</u>					
Father's Name	Father's Birthplace				
<u>Williams T. Wausel</u>	<u>Frederick</u>				
Mother's Maiden Name	Mother's Birthplace				
<u>Airie Roberts</u>	<u>"</u>				
Name of person giving Information	How related to deceased				
<u>Mrs. Wm T. Roberts</u>	<u>Mother</u>				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Acute Nephritis</u>	How long	<u>Several weeks</u>
	Immediate	<u>Uremia - Exhau tion</u>	How long	<u>Days</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. G. Bourne M.D.</u>
	Address	<u>Frederick, Md</u>		
Accident or Suicide	<u>_____</u>			

Interment May 22 1910

" at Greenwood Cemetery

Thomas T. Rice F. D.

Dr Bourne

Dr Mcurdy

Name  
In Full

CERTIFICATE OF DEATH

Calvin L. Weller.

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Thurmont</i>		County <i>Fredesick</i>		MARYLAND	
Date of death	1940	Month <i>May</i>	Day <i>5</i>	Age <i>75</i>	Years <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>		Months	Days <i>27</i>
Occupation <i>Carpenter</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Essie Favorite (deceased)</i>				
Father's Name <i>John Weller</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Debora Cresser</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Frank Weller</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of face and throat</i>	How long <i>2 years</i>
Immediate <i>Nephritis and Bronchitis pneumonia</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. C. Kefauver</i>
	Address <i>Thurmont, Md.</i>
Accident or Suicide? <i></i>	





Name  
in  
Full

Mary Elizabeth - Hetzler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at

Emmitsburg

Town

County

Frederick

MARYLAND

Date

1960

Month

May

Day

1

Age

Years

Months

Days

3

Sex

Female

Color or  
RaceBirth-  
place

Occupation

Where Residing If not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Clayton Hordman

Father's  
Birthplace

Emmitsburg

Mother's  
Maiden Name

Iona May Hetzler

Mother's  
Birthplace

Emmitsburg

Name of person giving  
Information

Robert Hetzler

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pneumonia

How long

2 days

Immediate

asthma

How long

3 days

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

yes

Signature of  
Physician

Address

B. J. Jernigan  
Emmitsburg  
MDPHYSICIAN  
OR CORONER

✓

Accident or Suicide



Name  
in  
Full

Mrs Anna Maria Zimmermann

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Church Hill <sup>County</sup> Frederick MARYLANDDate of death 1908 <sup>Month</sup> May <sup>Day</sup> Saturday <sup>Years</sup> Age 87 <sup>Months</sup> <sup>Days</sup> 6Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> LewistownOccupation Retired <sup>Where Residing if not at place of death</sup> CountyMarried, Single or Widowed Widowed <sup>Name of Wife or Husband</sup> Peter T. ZimmermannFather's Name Frederick Cronise <sup>Father's Birthplace</sup> LewistownMother's Maiden Name Anna Nicodimus <sup>Mother's Birthplace</sup> WestministerName of person giving information Isabelle Zimmermann <sup>How related to deceased</sup> Daughter

## CAUSES OF DEATH

182

Primary Senility <sup>How long</sup>Immediate Embolism - <sup>How long</sup> one weekAre the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> Franklin Bedawan<sup>Address</sup> Frederick Co, Md

Accident or Suicide,

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

