

Name
in
Full

Susanna Addison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

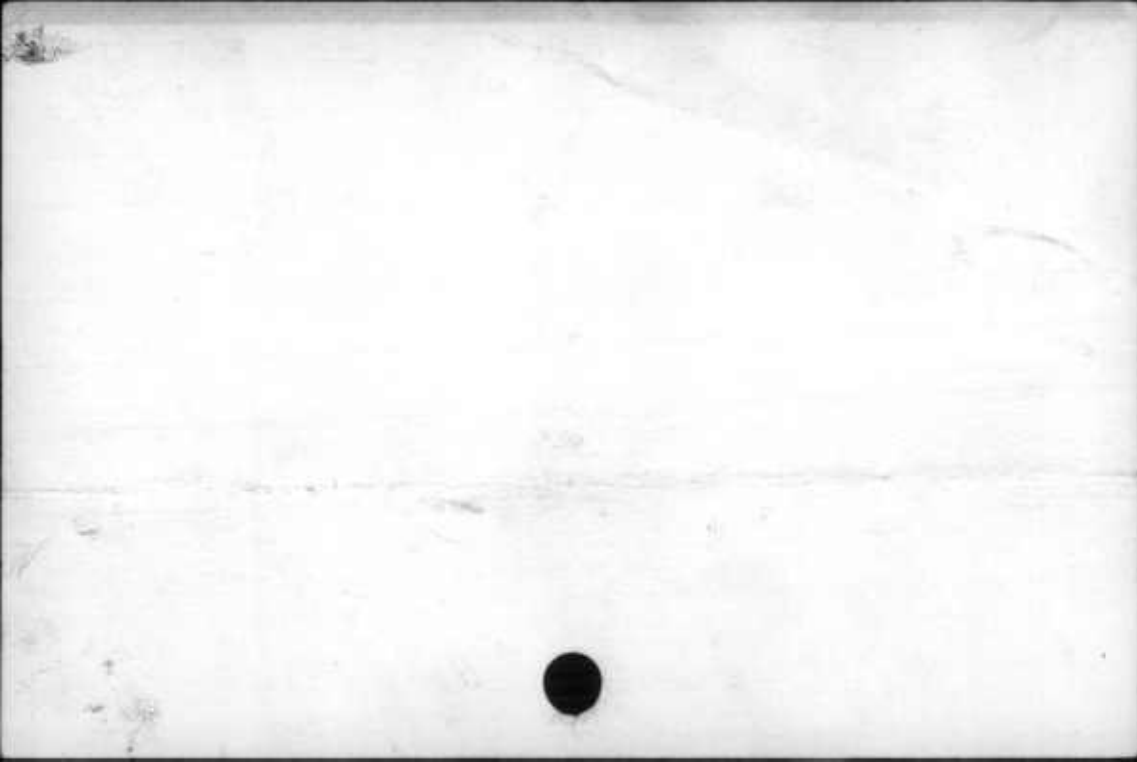
| | | | | | | | |
|-----------------------------------|------------------|-------------------|---|-------------------|-------------------------|-----------------|-----------|
| Died at | | Town Wheel | | County Harford | | MARYLAND | |
| Date of Death | | Month 1940 May | Day 23 | Age 54 | Years | Months 3 | Days 8 |
| Sex | Female | Color or Race | White | | Birth-place | Harford Co. Md. | |
| Occupation | Housewife | | Where Residing if not at place of death | | at place of death | | |
| Married, Single or Widowed | married | | Name of Wife or Husband | J. D. Addison | | | |
| Father's Name | Samuel Cresswell | | | | Father's Birthplace | Harford Co. | |
| Mother's Maiden Name | Mary A. Lee | | | | Mother's Birthplace | Harford Co. | |
| Name of person giving Information | J. D. Addison | | | | How related to deceased | Husband | |

CAUSES OF DEATH

61 ✓

PHYSICIAN
OR CORONER

| | | | |
|--|---------------|----------|--|
| Primary | Wringing it | How long | 2 weeks |
| Immediate | Heart Failure | How long | |
| Are the name, age, sex, color, date and place correctly given above? | yes | | Signature of Physician Charles Root |
| | | Address | Edgewood Md |
| Accident or Suicide | | | |



Name
in
Full

Edwin L Amos

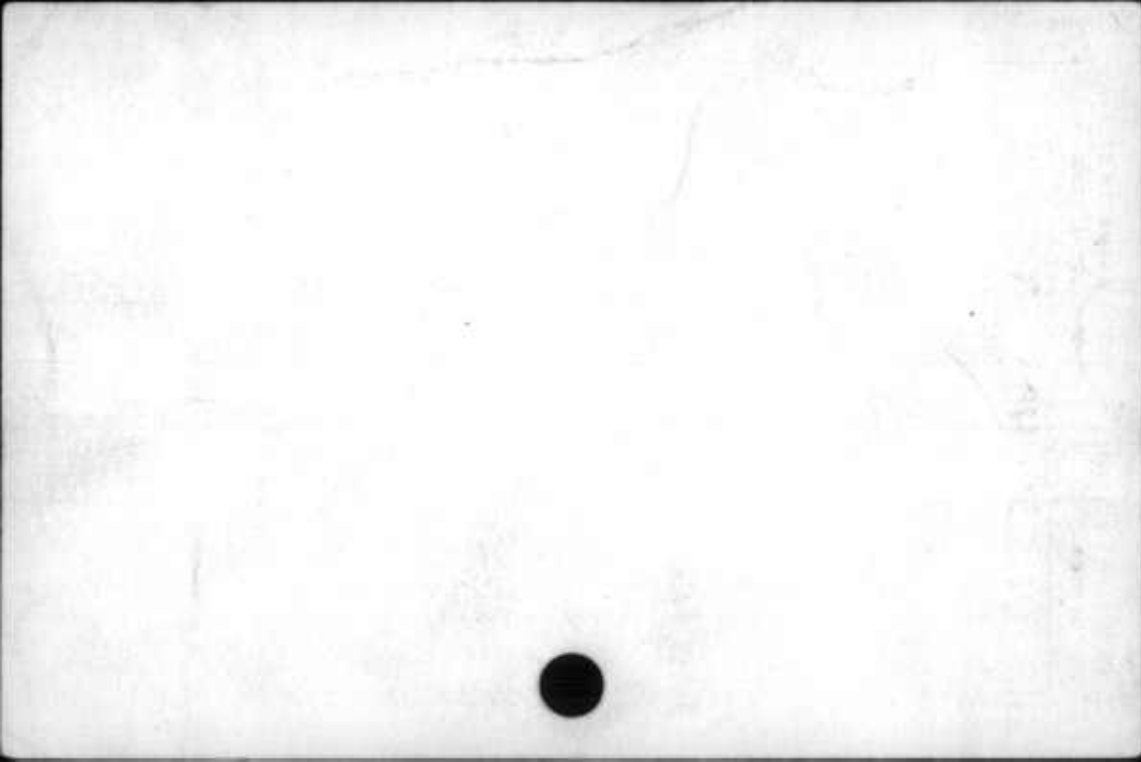
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|---------------------------------------|-----------------------------------|--------------------------------|------------------------------|
| Died at: <u>Shut</u> <small>Town</small> | | <u>Harpford</u> <small>County</small> | | MARYLAND | |
| Date of death: <u>1990</u> <small>Year</small> | <u>May</u> <small>Month</small> | <u>19</u> <small>Day</small> | Age <u>—</u> <small>Years</small> | <u>3</u> <small>Months</small> | <u>—</u> <small>Days</small> |
| Sex: <u>Male</u> | Color or Race: <u>White</u> | Birth-place: <u>Street md.</u> | | | |
| Occupation: <u>None</u> | Where Residing if not at place of death: <u>Street md.</u> | | | | |
| Married, Single or Widowed: <u>Single</u> | Name of Wife or Husband: <u>—</u> | | | | |
| Father's Name: <u>Daniel Amos</u> | Father's Birthplace: <u>md.</u> | | | | |
| Mother's Maiden Name: <u>Bertie Thompson</u> | Mother's Birthplace: <u>md.</u> | | | | |
| Name of person giving information: <u>Daniel</u> | How related to deceased: <u>Father</u> | | | | |

CAUSES OF DEATH

| | | |
|-------------------------------|--|---|
| PHYSICIAN OR CORNER | Primary: <u>Organic Heart disease</u> | How long: <u>3 months</u> |
| | Immediate: <u>—</u> | How long: <u>—</u> |
| | Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician: <u>E. H. Farrow</u> |
| | Address: <u>Street md.</u> | |
| Accident or Suicide: <u>—</u> | | <u>md.</u> |



Name in Full **Franco E. Boorman** CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at **Bel Air** **Harford** County **MARYLAND**
 Date of death **1940 May 19** Age **72** **8** Months **8** Days
 Sex **Female** Color **White** Birthplace **Md.**
 Occupation **House Wife** Where Residing if not at place of death _____
 Married, Single or Widowed **Widow** Name of Wife or Husband **R. Frank Boorman**
 Father's Name **Robt W. Hodson** Father's Birthplace **Md.**
 Mother's Maiden Name **Elysa Bond** Mother's Birthplace **Id.**
 Name of person giving Information **Hessie Boorman** How related deceased **Daughter**

CAUSES OF DEATH (154) ✓

PHYSICIAN OR CORONER

Primary **Senile dementia** How long **3 or 4 years**
 Immediate **Cerebral edema** How long **4 days**
 Are the name, age, sex, color, date and place correctly given above? **Yes**
 Signature of Physician **G. F. Van Bibber**
 Address **Bel Air Md.**
 Accident or Suicide **No**

2 lines
3 copies

Mr. [unclear]

11 of each - Stearns of

West [unclear]

Review of [unclear]

Review of [unclear]

Indication of [unclear]

10/16/81
3/2
0161

Name
in
Full

S. Ann Bush

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Forest Hill Harford County MARYLAND
 Date of death 1990 May Month 11 Day 72 Age 5 Months 4 Days
 Sex Female Color or Race White Birth-place Ind.
 Occupation House Wife Where Residing if not at place of death Forest Hill
 Married, or Widowed Widowed Name of Wife or Husband Wm Bush
 Father's Name Unknown Father's Birthplace Unknown
 Mother's Maiden Name Charlotte Webley Mother's Birthplace Ind
 Name of person giving Information Emory S Bush How related to deceased Son

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary Hemiplegia How long One month
 Immediate

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

Signature of
Physician

F. Lee Hughes

Address

Bel Air
Ind.
 Accident or Suicide

benke

Name
in
Full

Thomas Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|--------------------------------------|--------|----------|------|
| Died at <i>Harre de Grace</i> <small>Town</small> | | <i>Harford</i> <small>County</small> | | MARYLAND | |
| Date of death | Month | Day | Years | Months | Days |
| 1960 | May | 30 | Age 76 | — | — |
| Sex | Color or Race | Birth-place | | | |
| Male | White | Cape May, N.J. | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Merchant | Harre de Grace | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Married | Mary Carroll | | | | |
| Father's Name | Father's Birthplace | | | | |
| Henry Carroll | Balts. | | | | |
| Mother's Maiden Name | Mother's Birthplace | | | | |
| — Johnson | N. J. | | | | |
| Name of person giving Information | How related to deceased | | | | |
| Harry Carroll | Son. | | | | |

CAUSES OF DEATH

| | | | |
|--|---|--------------------------|---------------------|
| Primary | <i>Chronic Bronchitis & Asthma</i> | How long | <i>2 or 3 years</i> |
| Immediate | <i>Heart Complications & General Debility</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician | Address | |
| Yes | <i>R. W. Smith M.D.</i> | <i>Harre de Grace Md</i> | |
| Accident or Suicide | | | |

PHYSICIAN
OR CORONER



Name
is
Full

CERTIFICATE OF DEATH

Jane Durbin

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------------------|------------------------|---|-------------------|-------------------------|-------------|-------------|
| Died at | | Town Harre de Grace | | County Harford | | MARYLAND | |
| Date of death | 1910 | Month May | Day 8 | Age | Years 74 | Months | Days |
| Sex | Female | | Color or Race | Blue | | Birth-place | Harford Co. |
| Occupation | Home work | | Where residing if not at place of death | | H. de Grace | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | None | | |
| Father's Name | Bonaparte Durbin | | | | Father's Birthplace | Unknown | |
| Mother's Maiden Name | Unknown | | | | Mother's Birthplace | Unknown | |
| Name of person giving information | Thomas Durbin | | | | How related to deceased | Son | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------|------------------------|-------------------|
| Primary | Arterio Sclerosis | How long | Several years |
| Immediate | Cardiac Asthenia | How long | Six weeks |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | J. W. Steiner |
| | | Address | Harre de Grace Md |
| Accident or Suicide? | | | |

0170110

Name
in Full

Lurmer Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|-----------------------|-------------------------|---|--------------------|-------------------|
| Died at <i>White Hall</i> | | <i>Hearford</i> County | | MARYLAND | |
| Date of death | 19 <i>40</i> | Month | <i>6</i> | Day | <i>7</i> |
| Age | | Years | <i>5</i> | Months | <i>15</i> |
| Sex | <i>Male</i> | Color or Race | <i>White</i> | Birth-place | <i>White Hall</i> |
| Occupation | <i>none</i> | | Where Residing If not at place of death | <i>White Hall</i> | |
| Married, Single or Widowed | <i>none</i> | Name of Wife or Husband | <i>none</i> | | |
| Father's Name | <i>Smith Fletcher</i> | | Father's Birthplace | <i>White Hall</i> | |
| Mother's Maiden Name | <i>Ada Emfield</i> | | Mother's Birthplace | <i>Popville</i> | |
| Name of person giving Information | <i>John Fletcher</i> | | How related to deceased | <i>Grandfather</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------|------------------------|----------------------------|
| Primary | <i>Unknown</i> | How long | <i>10 hours</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>J. T. Lurmer M.D.</i> |
| | | Address | <i>White Hall Maryland</i> |
| <i>I</i> | Accident or Suicide | | |



Name in Full **James Thos. Gallion** CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

| | | | | | |
|--|---|--------------------------------------|-------------------------------|---------------------------------|------------------------------|
| Died at Level <small>Town</small> | | Harford <small>County</small> | | MARYLAND | |
| Date of death 1940 | May <small>Month</small> | 16 <small>Day</small> | 72 <small>Year</small> | 10 <small>Months</small> | — <small>Days</small> |
| Sex Male | Color or Race White | Birth place Harford Co | | | |
| Occupation Farmer | Where Residing if not at place of death Same | | | | |
| Married, Single or Widowed Widow | Name of Wife or Husband Mary E. Gallion | | | | |
| Father's Name Jos Gallion | Father's Birthplace Harford Co Ind | | | | |
| Mother's Maiden Name Elizabeth Gallion | Mother's Birthplace " " | | | | |
| Name of person giving information J. J. Gallion | How related to deceased Son | | | | |

CAUSES OF DEATH

| | | | |
|----------------------|---|---|------------|
| PHYSICIAN OR CORONER | Primary Valvular heart disease | How long several years | |
| | Immediate Pneumonia | How long 1 week | |
| | Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician J. L. Hopkins | |
| | | Address Harve de Snow | Med |
| I | Accident or Suicide? | | |



Name *Sairie M Harmon*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

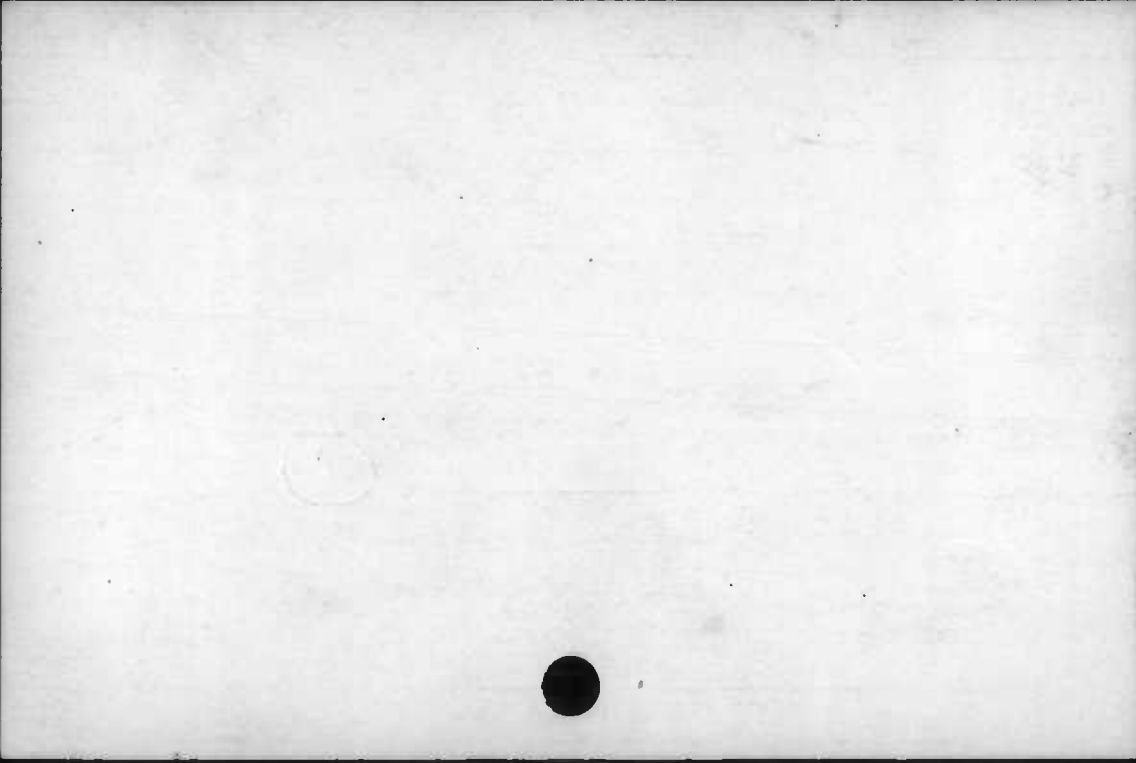
| | | | | | |
|--|---|-----------------------|--------------|-----------------|----------------|
| Died at <i>Dry Branch</i> | | County <i>Hargov</i> | | MARYLAND | |
| Date of death <i>1900</i> | Month <i>May</i> | Day <i>5</i> | Age <i>—</i> | Months <i>2</i> | Days <i>14</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | Birth-place <i>Md</i> | | | |
| Occupation <i>none</i> | Where Reading if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>none</i> | | | | |
| Father's Name <i>Thomas Harmon</i> | Father's Birthplace <i>Maryland</i> | | | | |
| Mother's Maiden Name <i>Sallie Shoats</i> | Mother's Birthplace <i>Maryland</i> | | | | |
| Name of person giving information <i>Thomas Harmon</i> | How related to deceased <i>Father</i> | | | | |

CAUSES OF DEATH

8 ✓

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Whooping Cough</i> | How long <i>10 days</i> |
| Immediate <i>Whooping Cough</i> | How long <i>10 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. Willard Sterling</i> |
| | Address <i>White Hall Md</i> |
| <i>—</i> | <i>—</i> |



Name
in
Full

Charlott A. Hartzell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

| | | | | | | | |
|---|---|---|-------------------------------|-----------------------------|--------|----------|--|
| Died at <i>near Cale P.O.</i> | | Town <i>Harford Co Md</i> | | County <i>Harford Co Md</i> | | MARYLAND | |
| Date of death <i>1990</i> | Month <i>May</i> | Day <i>24</i> | Age <i>66</i> | Years | Months | Days | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Harford Co</i> | | | | |
| Occupation <i>House Wife</i> | | Where Residing if not at place of death <i>Cale P.O. Md</i> | | | | | |
| Married, Single or Widowed <i>widowed</i> | Name of Wife or Husband <i>H. N. S Hartzell</i> | | | | | | |
| Father's Name <i>Th. J. Cullum</i> | | Father's Birthplace <i>Harford Co</i> | | | | | |
| Mother's Maiden Name <i>Sarah J. Greenland</i> | | Mother's Birthplace <i>Harford Co</i> | | | | | |
| Names of person giving Information <i>Th. Walter Hartzell</i> | | How related to deceased <i>Son</i> | | | | | |

CAUSES OF DEATH

Primary *Nephritis, Gastritis* **120** How long *10 days*

Immediate *Heart failure* How long _____

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

Signature of Physician

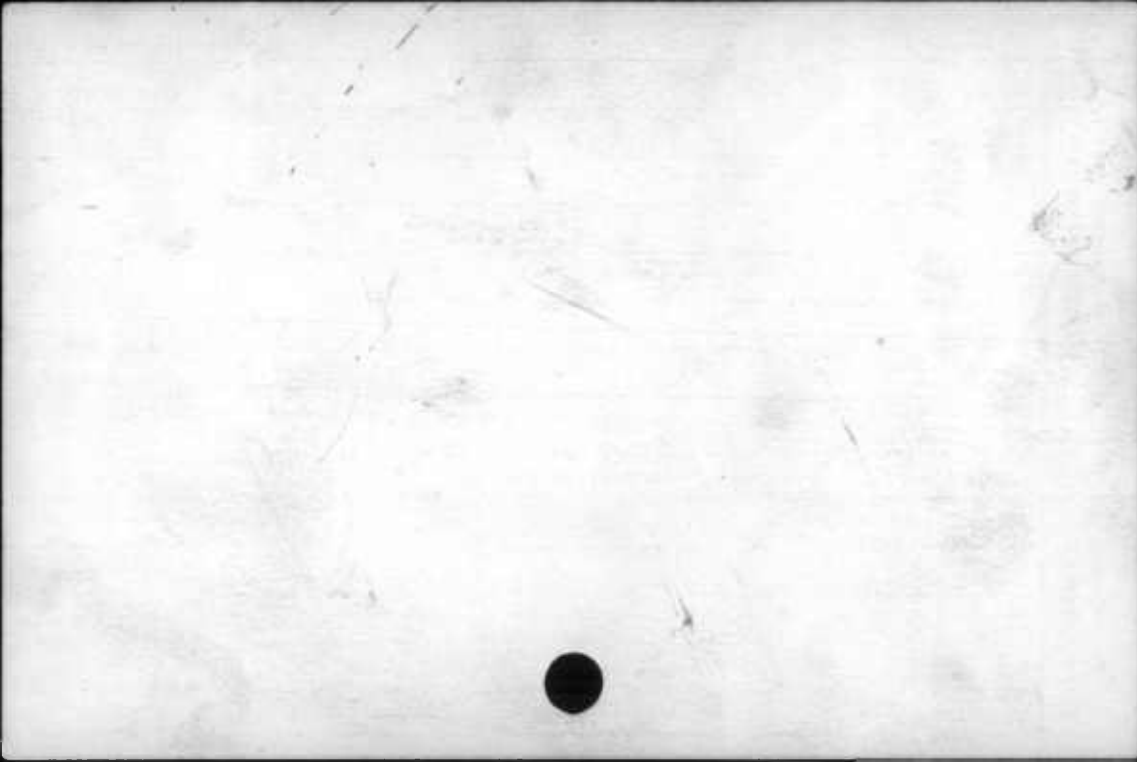
C. H. Kietz

Abundance

Md.

Address

Accident or Suicide



Name
in
Full

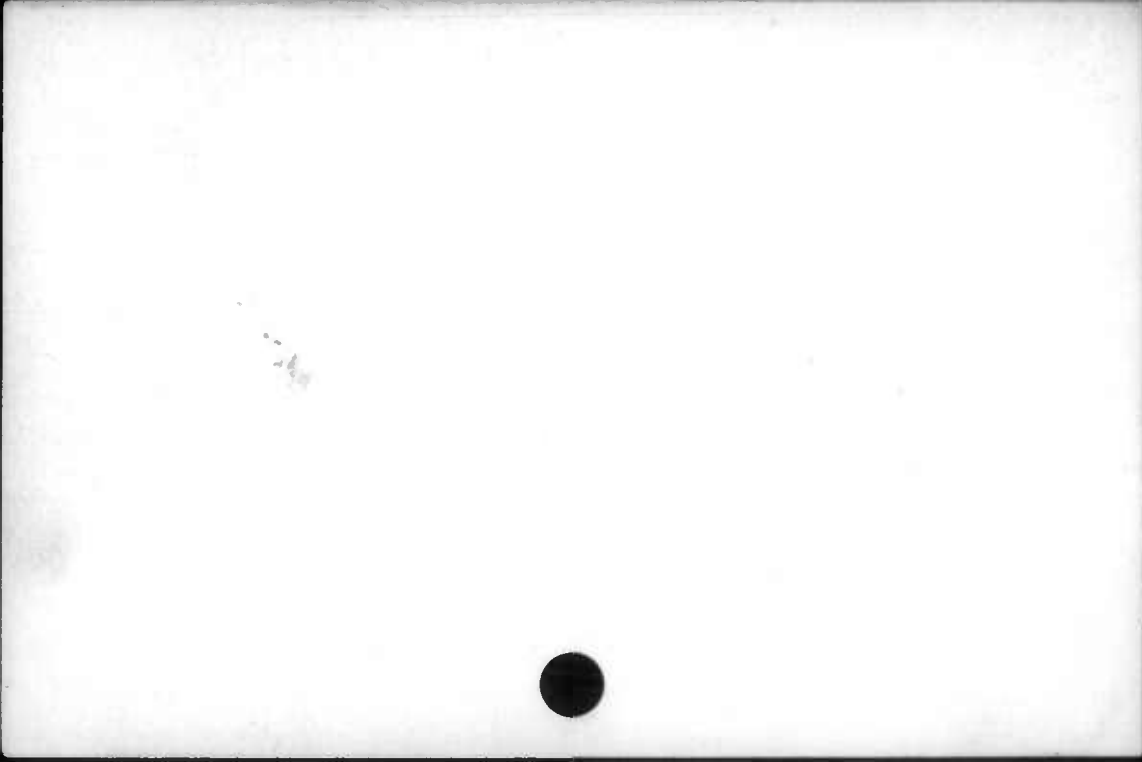
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|---|--|---|--|---|--|---------------|--|-------------------|--|
| Died at <i>Reylsville</i> | | Town | | <i>Harford</i> | | County | | MARYLAND | |
| Date of death 19 <i>88</i> | | Month <i>May</i> | | Day <i>25</i> | | Age <i>52</i> | | Years Months Days | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Ind.</i> | | | | | |
| Occupation <i>Farmer</i> | | | | Where Residing if not at place of death <i>Reylsville</i> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Ellen J. Heaps</i> | | | | | | | |
| Father's Name <i>Robert Heaps</i> | | Father's Birthplace <i>Ind.</i> | | | | | | | |
| Mother's Maiden Name <i>Mary A. Murphy</i> | | Mother's Birthplace <i>Ind.</i> | | | | | | | |
| Name of person giving Information <i>Nick J. Murphy</i> | | How related to deceased <i>Brother in Law</i> | | | | | | | |

CAUSES OF DEATH

| | | | | |
|----------------------|--|------------------|---|-------------------------------|
| PHYSICIAN OR CORONER | Primary | <i>Pneumonia</i> | How long <i>92</i> | <i>2 weeks</i> |
| | Immediate | | How long | |
| I | Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician <i>Charles W. Farmer</i> | Address <i>Stout Po. Ind.</i> |
| | Accident or Suicide | | | |



| | | | | | | |
|---|--|--|---|--|---|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at Castleton <small>Town</small> | | Harford <small>County</small> | | MARYLAND | |
| | Date of death 1990 May 27th | | Age Still Born | | Months Days | |
| | Sex Female | | Color or Race White | | Birth-place | |
| | Occupation | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | | Name of Wife or Husband | | | |
| | Father's Name John Hedrick | | Father's Birthplace Harford Co. | | | |
| | Mother's Maiden Name Mary Lawson | | Mother's Birthplace Harford Co. | | | |
| Name of person giving information John Hedrick | | Hospitalized or deceased Father | | | | |

| | | | |
|--|---|--------------------------------|------------|
| PHYSICIAN OR CORONER | CAUSES OF DEATH | | S ✓ |
| | Primary | | |
| | Immediate Still Born Placental previa | | |
| | Are the name, age, sex, color, date and place correctly given above? yes | | |
| | Signature of Physician J. H. Tobias, | | |
| | | Address Darlington, Md. | |
| Accident or Suicide? | | | |



Name

Grafton Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

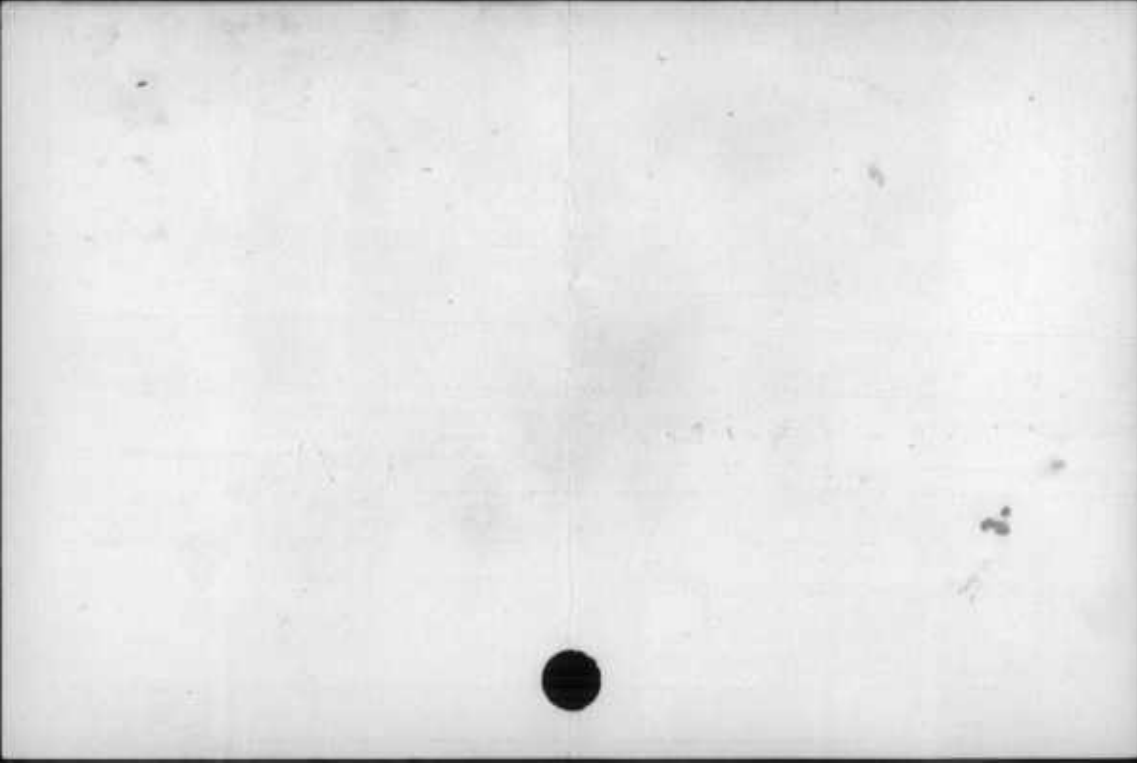
| | | | | | |
|-----------------------------------|-----------------------|-------------------------|--|----------------------|--------------------|
| Died at <i>near Aberdeen</i> Town | | <i>Harford</i> County | | MARYLAND | |
| Date of death | <i>1900</i> | Month | <i>May</i> | Day | <i>19</i> |
| Age | <i>27</i> | Years | | Months | <i>10</i> |
| Sex | <i>Male</i> | Color or Race | <i>Black</i> | Birth-place | <i>Harford Co.</i> |
| Occupation | <i>Laborer</i> | | Where Reading if not at place of death | <i>near Aberdeen</i> | |
| Married, Single or Widowed | <i>Single</i> | Name of Wife or Husband | <i>None</i> | | |
| Father's Name | <i>William Triler</i> | | Father's Birthplace | <i>Virginia</i> | |
| Mother's Maiden Name | <i>Virginia Borne</i> | | Mother's Birthplace | <i>Balto. Co.</i> | |
| Name of person giving information | <i>Virginia Borne</i> | | How related to deceased | <i>Mother</i> | |

CAUSES OF DEATH

27A *28* ✓

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------|------------------------|----------------------|
| Primary | <i>Erysipelas</i> | How long | <i>some weeks</i> |
| Immediate | <i>Consumption</i> | How long | <i>1 month</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>J. H. Kennedy</i> |
| | | Address | <i>Aberdeen Md</i> |
| Accident or Suicide? | | | |



Name in Full

Robert Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at ^{Town} Sandban ^{County} Starford MARYLAND

Date of death 1940 ^{Month} May ^{Day} 1 Age ^{Years} 52 ^{Months} - ^{Days} -

Sex Male Color or Race Negro Birth-place Virginia

Occupation Laborer Where Residing if not at place of death Sandban

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

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving Information Geo. T. Pennington How related to deceased none

CAUSES OF DEATH

Primary *Accidentally drowned*

How long

How long

Immediete

19 ✓

PHYSICIAN OR CORONER

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

Signature of Physician

Address

Pres. Mattingly Jr
Acting Coroner
Sandban Md

Accident or Suicide



Name
in
Full

Hugh A Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|--------------------------------------|-----------------|-------------------|-----------------|
| Died at <i>Carlleton</i> <small>Town</small> | | <i>Harford</i> <small>County</small> | | MARYLAND | |
| Date of death <i>1980</i> | Month <i>May</i> | Day <i>21st</i> | Years <i>68</i> | Months <i>---</i> | Days <i>---</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | Birth-place <i>Harford Co., Md</i> | | | |
| Occupation <i>Farmer</i> | Where Residing if not at place of death <i>as above</i> | | | | |
| Married, Single or Widowed <i>Widower</i> | Name of Wife or Husband <i>Ms Georgia Anne (Widow) nee Miss Gwynn</i> | | | | |
| Father's Name <i>Hugh Jones</i> | Father's Birthplace <i>Harford Co., Md</i> | | | | |
| Mother's Maiden Name <i>Annie Kidd</i> | Mother's Birthplace <i>Cecil Co., Md</i> | | | | |
| Name of person giving Information <i>Son Fred</i> | How related to deceased <i>Son</i> | | | | |

CAUSES OF DEATH

| | | | |
|---|-----------|--|---------------------------|
| PHYSICIAN OR CORONER | Primary | <i>Valvular heart disease, fatty</i> | How long <i>79</i> |
| | Immediate | <i>Angina, Rupture of ventricle</i> | How long <i>1 year</i> |
| | | | How long <i>20 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Ephw Hopkins</i> | Address <i>Darlington</i> |
| <input checked="" type="checkbox"/> Accident or Suicide | | | |



Name
in
Full

Annie D. Kirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|--|--|---|--|---|--|--|--|-------------------|--|
| Died at <i>near Fallston</i> | | Town | | <i>Hearford</i> | | County | | MARYLAND | |
| Date of death <i>1900</i> | | Month <i>May</i> | | Day <i>30</i> | | Age <i>38</i> | | Years Months Days | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Md.</i> | | | | | |
| Occupation <i>Housekeeping</i> | | | | Where Residing if not at place of death <i>Md</i> | | | | | |
| Married, Single or Widowed <input checked="" type="checkbox"/> | | Name of Wife or Husband <i>Henry Kirk</i> | | Father's Name <i>William Bailey</i> | | Father's Birthplace <i>Md</i> | | | |
| Mother's Maiden Name <i>Priscilla Bowman</i> | | Name of person giving information <i>Henry Kirk</i> | | Mother's Birthplace <i>Md</i> | | How related to deceased <i>Husband</i> | | | |

CAUSES OF DEATH

| | | | |
|--|--|--|--|
| Primary <i>Child birth</i> | | How long <i>13 1/2</i> | |
| Immediate <i>Peritonitis</i> | | How long <i>two days</i> | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Geo. W. Davis M.D.</i> | |
| <i>So far as I know</i> | | Address <i>Pleasantville</i> | |
| Accident or Suicide | | <i>Md.</i> | |

PHYSICIAN
OR CORONER



Name in Full

Samuel A. Kirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

| | | | | | | | |
|---------------------------------------|--|---|------------|-------------------------|-------------|-----------------|-----------|
| Died at | | Town Hallston | | County Harford | | MARYLAND | |
| Date of death | | Month 1980 | Day May | Age | Years 21 | Months — | Days — |
| Sex | | Male | | Color or Race | | White | |
| Occupation | | Blacksmith | | Birth-place | | Harford Co. Md. | |
| Married, Single or Widowed | | Where Residing if not at place of death Hallston Md. | | | | | |
| Name of Wife or Husband | | Susan J. Kirk | | | | | |
| Father's Name | | Geo. W. Kirk | | Father's Birthplace | | Balto City | |
| Mother's Maiden Name | | Melinda Amos | | Mother's Birthplace | | Hallston Md. | |
| Name of person giving information | | D. Olivia, Kirk | | How related to deceased | | Sister | |

CAUSES OF DEATH

PHYSICIAN OR CORONER

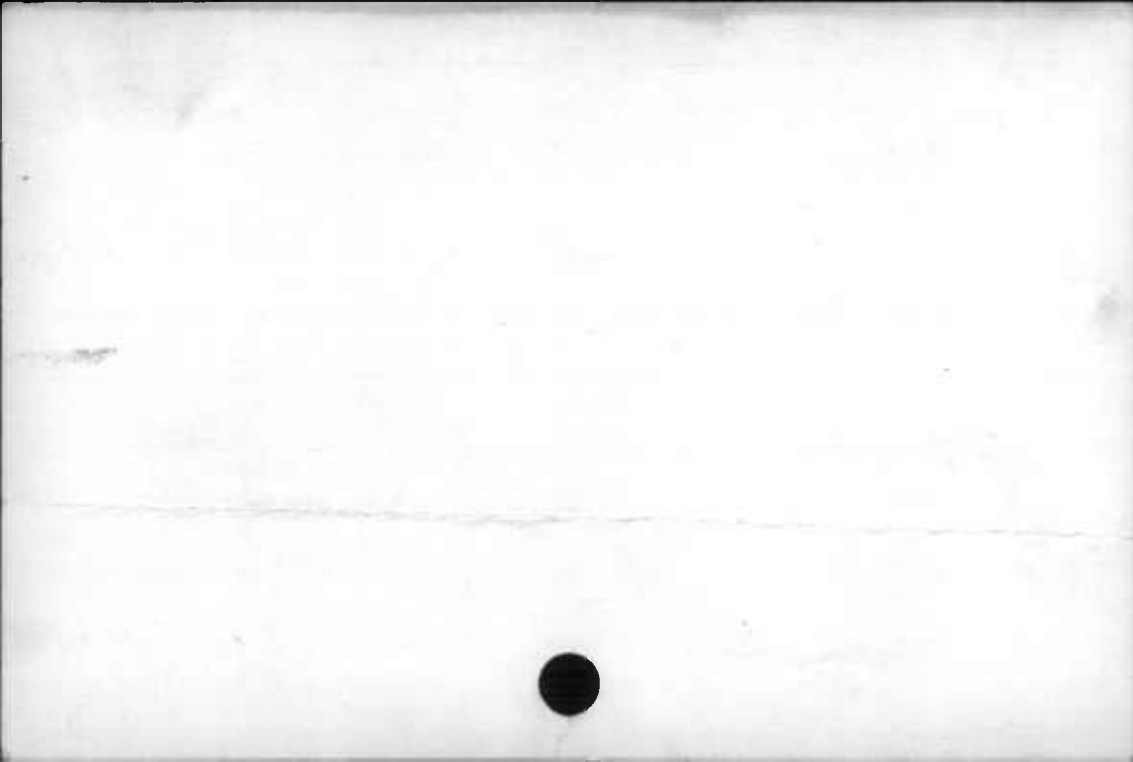
I

| | | | |
|-----------|----------------------------|----------|-----------------|
| Primary | Tuberculosis of lungs (V8) | How long | About 1 1/2 yrs |
| Immediate | Exhaustion | How long | — |

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

Signature of Physician *H.F. Bradley*
Address *Garrettsville Md*

Accident or Suicide



Name
in Full

August Knofler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Belair Town Harford County MARYLAND

Date of death 1940 Year May Month 6 Day Age 76 Years — Months — Days

Sex Male Color or Race White Birth-place Saxony, Germany
Amstedberg

Occupation Shoe Maker Where Residing if not at place of death Belair, Md.

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

Father's Name Godfrey Knofler Father's Birthplace Saxony, Germany

Mother's Maiden Name Mary Helmer Mother's Birthplace Saxony, Germany

Name of person giving information Amelia H. Osheim How related to deceased Daughter

CAUSES OF DEATH

(40) ✓

Primary Cancer on a of the Stomach How long about a year or less

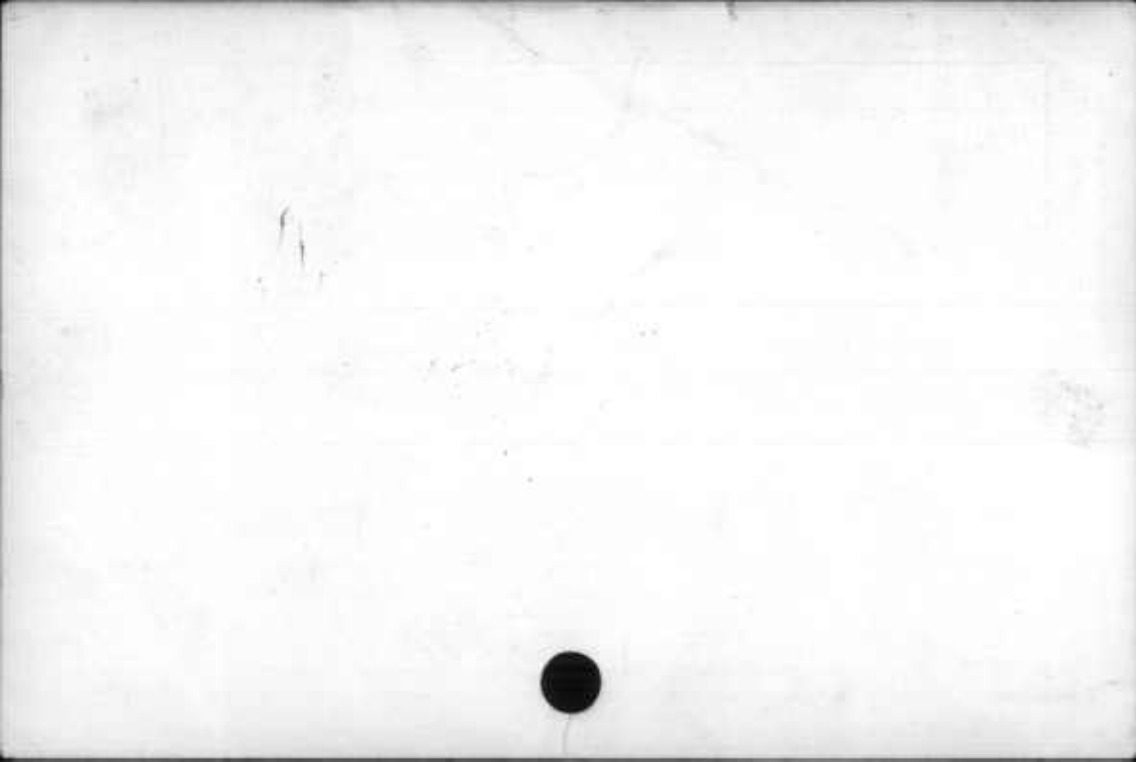
Immediate — How long —

PHYSICIAN
OR CORONER

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

Signature of Physician William J. Archer

Address Bel Air - Md



Name
in
Full

Maria Louisa Lyon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|----------------------|-----------------------|--|-------------------|-----------------|----------|------|
| Died at | | Town Hare de Grace | | County Harford | | MARYLAND | |
| Date of death | 190 | Month May | Day 21 | Age 75 | Years | Months | Days |
| Sex | Female | Color or Race | White | | Birth- place | | |
| Occupation | House work | | Where Residing if not at place of death | | | | |
| Marr'd, Single or Widowed | Widowed | | Name of Wife or Husband G. Taylor Lyon | | | | |
| Father's Name | Wm. Carly Pennington | | Father's Birthplace | | England. | | |
| Mother's Maiden Name | Elija Ann Coale | | Mother's Birthplace | | Md. | | |
| Name of person giving Information | W. T. Pennington | | How related to deceased | | Nephew | | |

CAUSES OF DEATH

| | | | |
|---|--------------------|---------------------------|---------------------|
| Primary | Chronic Bronchitis | How long | 2 yrs |
| Immediate | Heart Weakness | How long | short time |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician | R. W. Smith |
| Accident or Suicide | | Address | Hare de Grace Md |

PHYSICIAN
OR CORONER

U.S. GOVERNMENT
PRINTING OFFICE
1964





Name in Full

Sallie Peaco

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|--------------------------------------|------------------------------------|--------------------------------|------------------------------|
| Died at <u>Garland</u> <small>Town</small> | | <u>Harford</u> <small>County</small> | | MARYLAND | |
| Date of death <u>1980</u> | <u>May</u> <small>Month</small> | <u>6</u> <small>Day</small> | Age <u>37</u> <small>Years</small> | <u>—</u> <small>Months</small> | <u>—</u> <small>Days</small> |
| Sex <u>Female</u> | Color or Race <u>Col</u> | Birthplace <u>Harford Co Md</u> | | | |
| Occupation <u>Housework</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 Peaco</u> | | | | |
| Father's Name <u>Wm J Smith</u> | Father's Birthplace <u>Harford Co Md</u> | | | | |
| Mother's Maiden Name <u>Matilda Dorsey</u> | Mother's Birthplace <u>" "</u> | | | | |
| Name of person giving information <u>—</u> | How related to deceased <u>—</u> | | | | |

CAUSES OF DEATH

| | |
|--|---|
| Primary <u>Pleurisy</u> | How long <u>6 days</u> |
| Immediate <u>Pericarditis</u> | How long <u>2 days</u> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>J. L. Hopkins</u> |
| | Address <u>Harve de Grace Md</u> |
| Accident or Suicide | |

PHYSICIAN
OR CORONER



Name
in
Full

Elijah Piper = Piper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|---|--|--|--|---|--|-------------------------------------|--|-------------------------|--|
| Died at <i>Emmorton</i> | | Town | | <i>Harford</i> | | County | | MARYLAND | |
| Date of death <i>1960</i> | | Month <i>May</i> | | Day <i>26</i> | | Age <i>84</i> | | Years | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birthplace <i>Germany</i> | | Months <i>2</i> | | Days | |
| Occupation <i>Wife</i> | | Where Residing if not at place of death <i>Emmorton Ind.</i> | | Married, Single or Widowed <i>Widowed</i> | | Name of Wife or Husband | | | |
| Father's Name <i>Unknown</i> | | Father's Birthplace <i>Unknown</i> | | Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>Unknown</i> | | | |
| Name of person giving information <i>Bertha Piper</i> | | How related to deceased <i>Daughter-in-law</i> | | CAUSES OF DEATH | | Primary <i>Coronial haemorrhage</i> | | How long <i>6 weeks</i> | |
| | | | | | | Immediate <i>Exhaustion</i> | | How long | |

64

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Robert S. Poy</i> | |
| | | Address <i>Bel Air</i> | |
| Accident or Suicide | | | |



Name
in
Full

Patrick, J. Shanahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|---|--|--|--|---|--|---------------|--|----------|--|
| Died at <i>Fallston</i> | | Town | | <i>Harford</i> | | County | | MARYLAND | |
| Date of death <i>1900</i> | | Month <i>May</i> | | Day <i>28</i> | | Age <i>53</i> | | Years | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Harford Co.,</i> | | Months | | Day | |
| 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>Anne, E. Shanahan</i> | | | | | | | |
| Father's Name <i>John, M. Shanahan</i> | | | | Father's Birthplace <i>Ireland</i> | | | | | |
| Mother's Maiden Name <i>Catherine Kennedy</i> | | | | Mother's Birthplace <i>Ireland</i> | | | | | |
| Name of person giving Information <i>D. J. Shanahan</i> | | | | How related to deceased <i>Brother</i> | | | | | |

CAUSES OF DEATH

| | |
|----------------------------------|---------------------------------|
| Primary <i>Cancer of Stomach</i> | How long <i>about 18 months</i> |
| Immediate | How long |

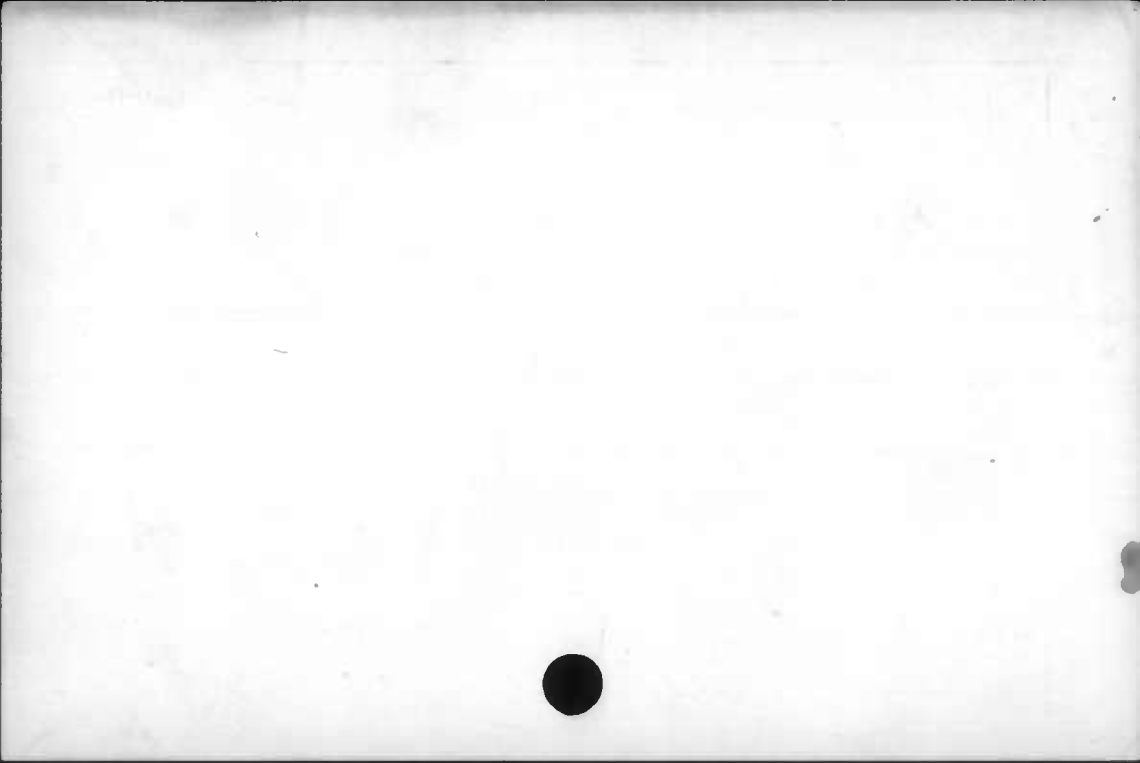
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

William A. Arche
Bel Air
Md

Accident or Suicide



Name
in
Full

Amber C. Bills

CERTIFICATE OF DEATH

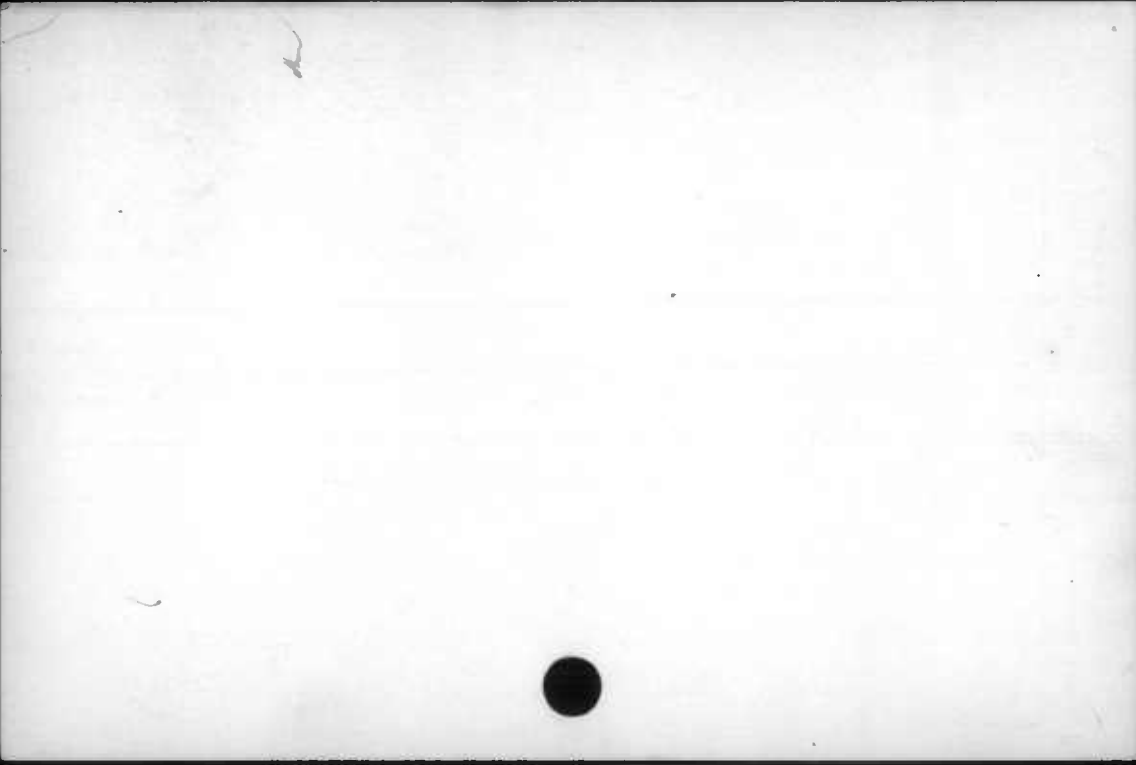
TO BE ANSWERED BY
NEAREST FRIEND

✓

| | | | | | | | |
|-----------------------------------|----------------|-----------------------|---|-------------------------|---------------|----------|------|
| Died at | | Town Harreds Grace | | County Harford. | | MARYLAND | |
| Date of death | 196 | Month May | Day 21 | Age | 28 | Months | Days |
| Sex | Female | Color or Race | White | Birth-place | Harreds Grace | | |
| Occupation | House work | | Where Residing if not at place of death | | — | | |
| Married, Single or Widowed | Married | | Name of Wife Husband | Jacob Sills | | | |
| Father's Name | Samuel Batts | | | Father's Birthplace | Harford Co. | | |
| Mother's Maiden Name | Mary C. Taylor | | | Mother's Birthplace | Harford Co. | | |
| Name of person giving information | Jacob Sills | | | How related to deceased | Husband. | | |

CAUSES OF DEATH

| | | | | |
|-------------------------|--|------------------|------------------------|---------------|
| PHYSICIAN OR CORONER | Primary | Eclampsia | How long | 20 days |
| | Immediate | Cardiac ailment | How long | 7 hours |
| | Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | J. N. Steiner |
| Address | | Harreds Grace Md | | |
| I Accident or Suicide | | | | |



Name in Full

No name (Still Born)

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND



Died at Har de Gure ^{Town} Harford ^{County} MARYLAND

Date of death 1940 ^{Month} May ^{Day} 21 ^{Years} foetus ^{Months} ^{Days}

Sex Male Color or Race white Birth-place Har de Gure

Occupation None Where Residing if not at place of death at place of death

~~Married~~ Single Name of Wife or Husband None

Father's Name Jacob Pills Father's Birthplace md

Mother's Maiden Name Alvina Botts Mother's Birthplace md

Name of person giving Information Jacob Pills How related to deceased Father

CAUSES OF DEATH



Primary Cause unknown How long not know

Immediate urmic autotoxication How long not know

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. W. Steiner

Address Har de Gure

Accident or Suicide

PHYSICIAN OR CORNER



Name in Full

Mary L. Simpson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Died at *Harve de Grace* ^{Town} *Harford* ^{County}

Date of death *190* ^{Month} *May* ^{Day} *30th* ^{Years} *69* ^{Months} *4* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Cecil Co.*

Occupation *Housework* Where Residing if not at place of death *Harve de Grace.*

Married—Single or Widowed *Widowed* Name of ~~Wife~~ Husband *John J. Simpson.*

Father's Name *Edward Hyland.* Father's Birthplace *Cecil Co.*

Mother's Maiden Name *Mary L. Clarke.* Mother's Birthplace *Ireland.*

Name of person giving Information *Bertie Simpson* How related to deceased *Daughter.*

CAUSES OF DEATH

79

Primary *Valvular Heart d* ^{How long} *1 year*

Immediate *a* ^{How long} *'*

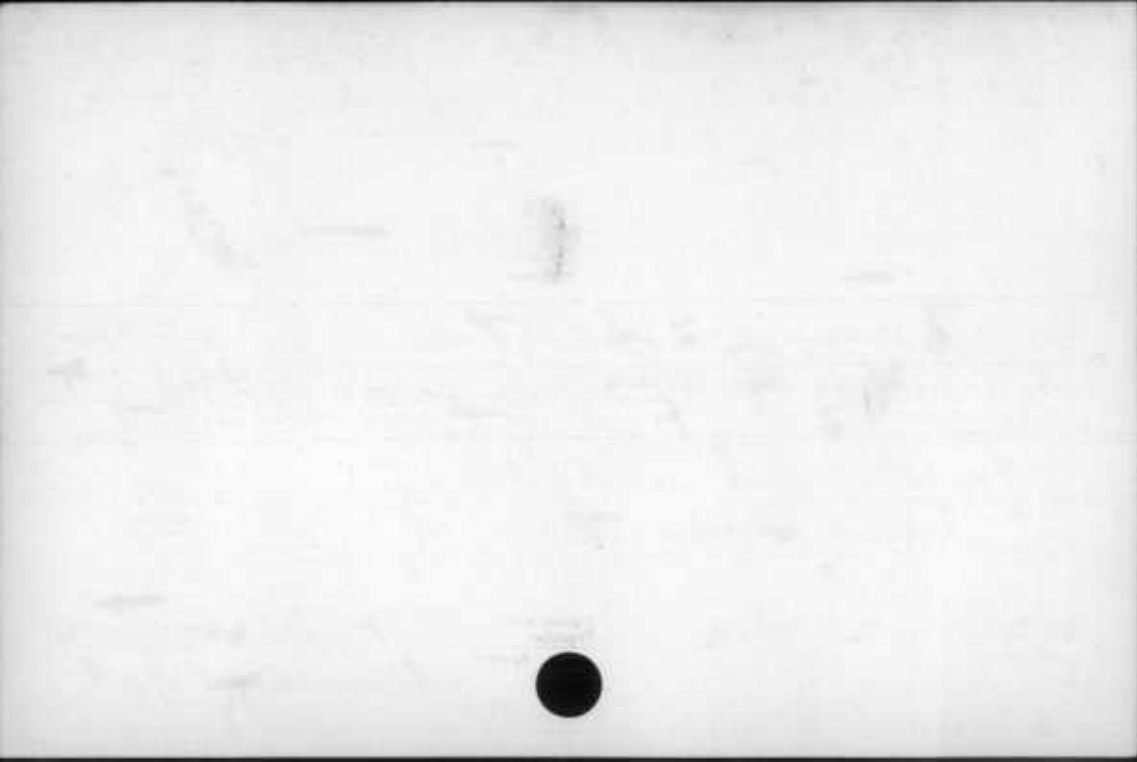
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. C. Goheen* Address *Harve de Grace*

PHYSICIAN OR CORONER

H

Accident or Suicide



Infant Smithson

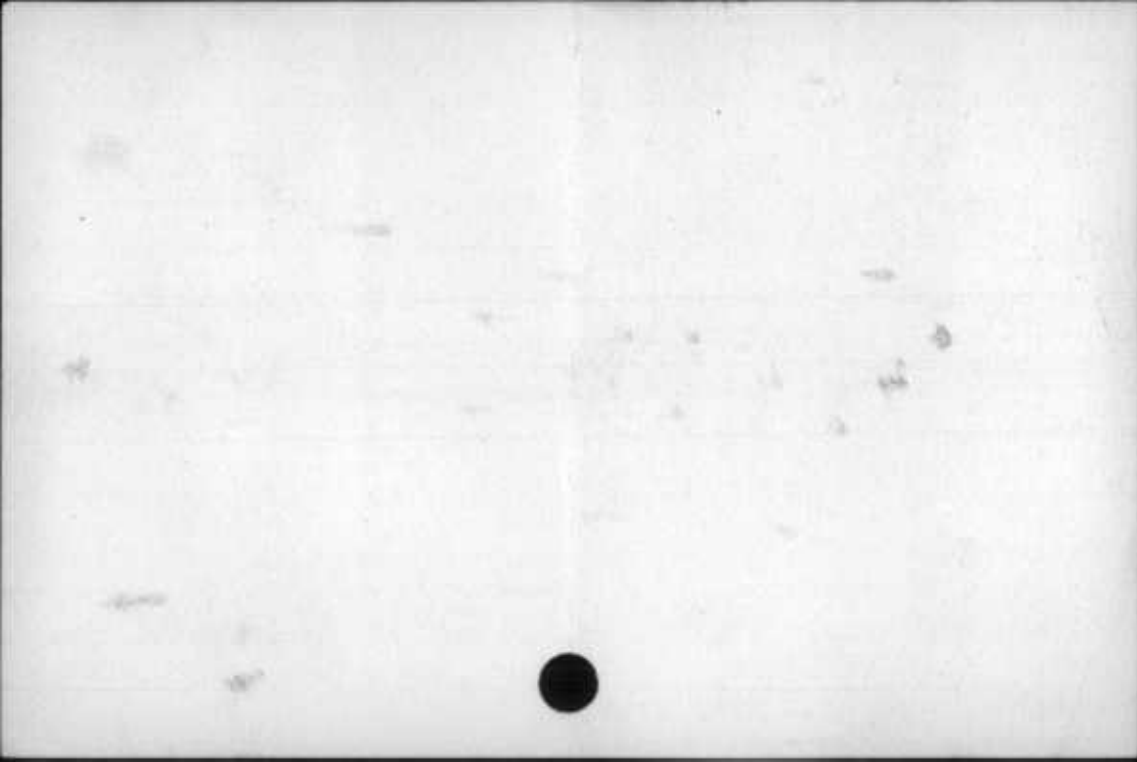
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--------------------------|----------------------------------|-------------------------|-------------------|--------|
| Died at <u>Whiteford</u> ^{Town} | | <u>Harford</u> ^{County} | | MARYLAND | |
| Date of death | 1900 | Month | May | Day | 24 |
| Age | — | | Years | — | Months |
| Sex | <u>Female</u> | | Color or Race | <u>white</u> | |
| Occupation | — | | Birthplace | <u>Whiteford</u> | |
| Where Reared if not at place of death | | | — | | |
| Married, Single or Widowed | — | | Name of Wife or Husband | — | |
| Father's Name | <u>Emory Z. Smithson</u> | | Father's Birthplace | <u>Betta Pa</u> | |
| Mother's Maiden Name | <u>Miss Hooper</u> | | Mother's Birthplace | <u>Harford Co</u> | |
| Name of person giving information | <u>Emory H. Smithson</u> | | How related to deceased | <u>Father</u> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|------------------------|
| Primary | <u>born at birth</u> | How long | — |
| Immediate | " " | How long | — |
| Are the name, age, sex, color, date and place correctly given above? | <u>Yes</u> | Signature of Physician | <u>D. W. E. Arthur</u> |
| Accident or Suicide? | <u>No</u> | Address | <u>Seardoff Md</u> |



Name in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

James B. Snodgrass

Town *Harreds Grace* County *Harford*

MARYLAND

Date of death 19*60* Month *May* Day *29th* Age *60* - Months - Days -

Sex *Male* Color or Race *White* Birthplace *Lancaster Co. Pa.*

Occupation *Slater* Where Residing if not at place of death *Harreds Grace*

Married, Single or Widowed *Married* Name of Wife or ~~husband~~ *Emma Snodgrass*

Father's Name *Robert Snodgrass* Father's Birthplace *Lancaster Co. Pa.*

Mother's Maiden Name *Rachel Blackburn* Mother's Birthplace *Chester Co. Pa.*

Name of person giving information *Emma Snodgrass* How related to deceased *Wife*

CAUSES OF DEATH

(143) ✓

Primary *Carcinoma of Bladder* How long *6 mo*

Immediate *Hemorrhages* How long *3 or 4 weeks*

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

Signature of Physician *J. L. Hopkins*
Address *Harreds Grace Md*

PHYSICIAN OR CORONER

Accident or Suicide



Name
in
Full

John O. Stearns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Whitford County Harford. MARYLAND

Date of death 1960 May 26 Age 71 Years 5 Months Days

Sex Male. Color or Race White Birth-place Ind

Occupation Justice of Peace Where Residing if not at place of death

Married Yes Name of Wife or Husband Ellen Stearns

Father's Name John S. Stearns Father's Birthplace Not Known

Mother's Maiden Name Mary A. Gibbons Mother's Birthplace " "

Name of person giving information W. G. Stearns How related to deceased Son

CAUSES OF DEATH

Primary Mixed degeneration How long 2 yr

Immediate Paralysis How long 10 days

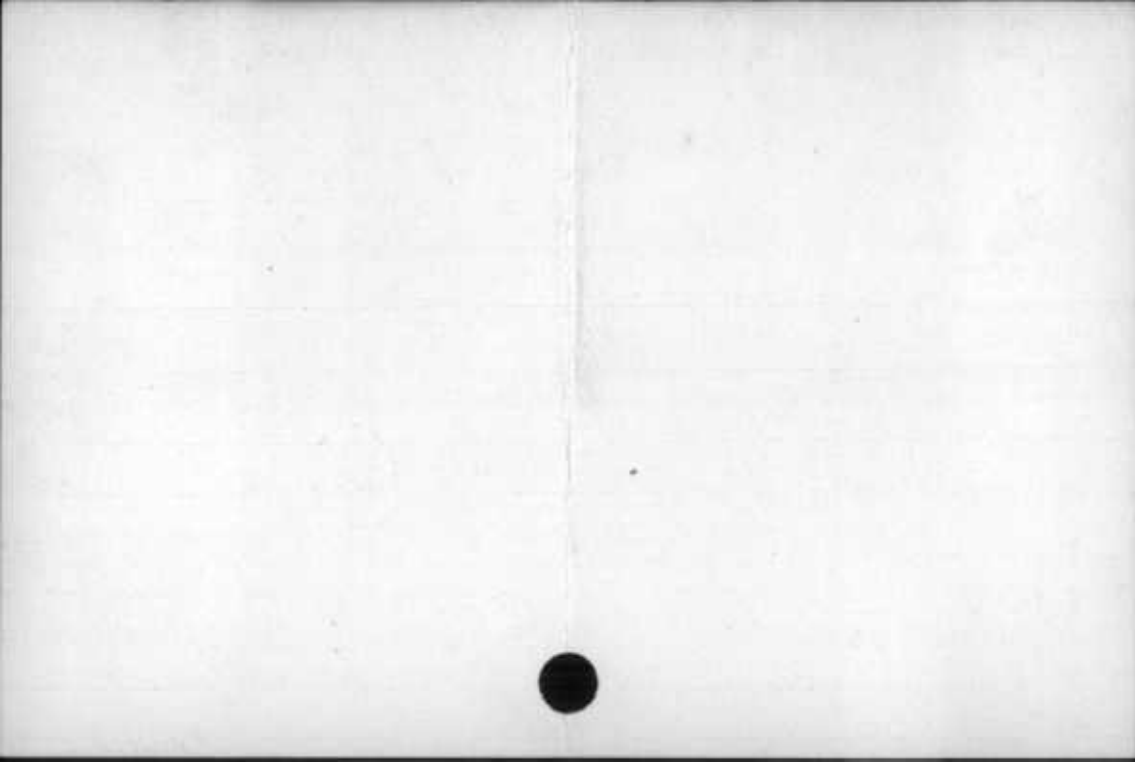
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Rudener Ranney

Address Delia Penna

Accident or Suicide?

PHYSICIAN
OR CORONER



Name *Adda W. Stephens*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|--|--|------------------------------------|--------------------------------|
| Died at <i>Whitford</i> <small>Town</small> | | <i>Hopford</i> <small>County</small> | | MARYLAND | |
| Date of death | <i>1910</i> | <i>May</i> <small>Month</small> | <i>22</i> <small>Day</small> | Age <i>28</i> <small>Years</small> | <i>2</i> <small>Months</small> |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Pa</i> | | Occupation <i>House wife</i> | |
| Married or Widowed <input checked="" type="checkbox"/> | Name of Wife or Husband <i>Archie Stephens</i> | | | | |
| Father's Name <i>W. Fantom</i> | Father's Birthplace <i>Not known</i> | | Mother's Maiden Name <i>Catherine Wise</i> | | |
| Mother's Birthplace <i>Pa</i> | | Name of person giving information <i>Archie Stephens</i> | | | |
| How related to deceased <i>Husband</i> | | Where Residing if not at place of death _____ | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Coronary Arteriosclerosis</i> | How long <i>137</i> <input checked="" type="checkbox"/> |
| Immediate <i>" "</i> | How long <i>Long days</i> |
| Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/> | Signature of Physician <i>D. H. E. Arthur</i> |
| Address <i>Cardiff Md</i> | Accident or Suicide? <input checked="" type="checkbox"/> |

Guthrie

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: John O Sullivan
Town: Bel Camp

County: Harford Co.

MARYLAND

Died at: Bel Camp

Date of death: 1960 May 17

Day: 17

Age: 73

Months

Days

Sex: Male

Color or Race: White

Birth place: Kerry Co. Ireland

Occupation: Farmer

Where Residing if not at place of death

Married, Single or Widowed: Widowed

Name of Wife or Husband: Mary Sullivan

Father's Name: Michael Sullivan

Father's Birthplace: Kerry Ireland

Mother's Maiden Name: Johannah Lynch

Mother's Birthplace: Kerry Ireland

Name of person giving information: Jerry J. Sullivan

How related to deceased: Son

CAUSES OF DEATH

120

Primary: Chronic Bright's disease

How long: 3 years

Immediate: exhaustion

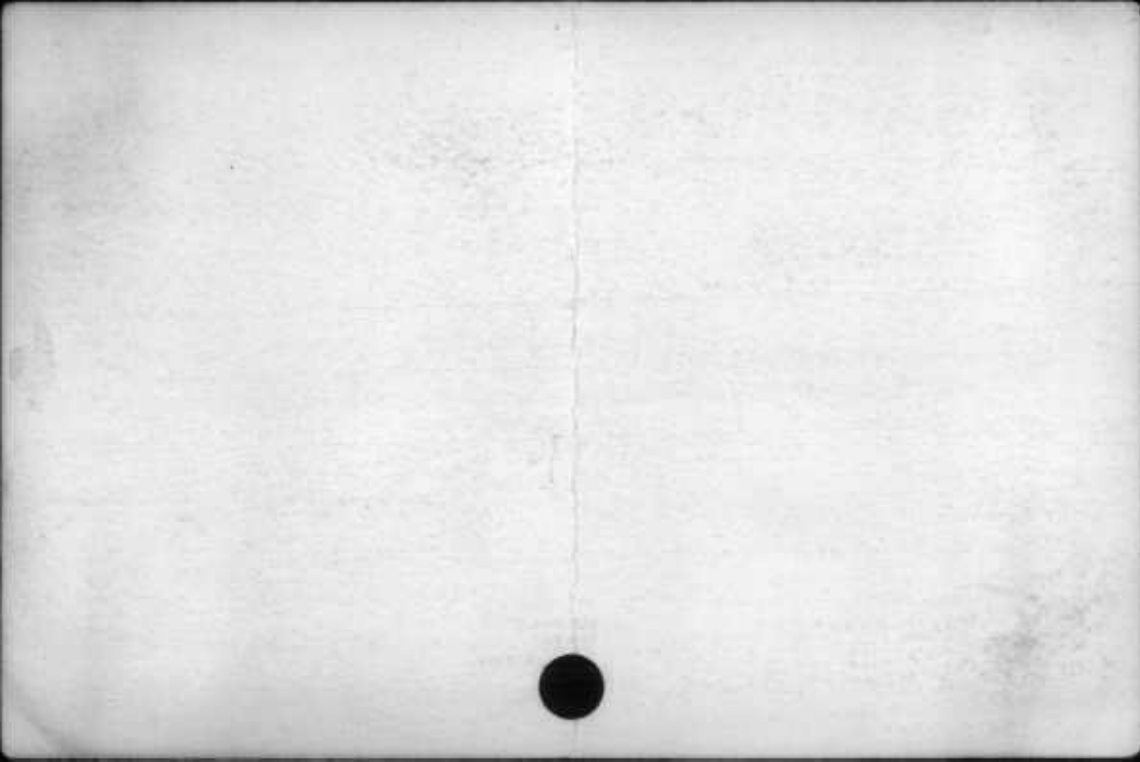
How long: 3 weeks

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

Signature of Physician: J.A. Callahan
Address: Belcamp, R.F.D. #1 Maryland

PHYSICIAN OR CORONER

Accident or Suicide: No



Name
In Full

Amos Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|-------------------------|-----------------------|---|-------------------------|------------------|
| Died at <i>Robin Hood</i> Town | | <i>Herford</i> County | | MARYLAND | |
| Date of death | 19 <i>60</i> | Month | <i>May</i> | Day | <i>8</i> |
| Age | <i>62</i> | Years | | Months | |
| Sex | <i>male</i> | Color or Face | <i>White</i> | Birthplace | <i>Robinhood</i> |
| Occupation | <i>Canner</i> | | Where Residing if not at place of death | <i>Robinhood</i> | |
| Married, Single | Name of Wife or Husband | | | | |
| Father's Name | <i>Oliver Thompson</i> | | | Father's Birthplace | |
| Mother's Maiden Name | <i>Martha Horcyak</i> | | | Mother's Birthplace | |
| Name of person giving Information | | | | How related to deceased | <i>Wife</i> |

CAUSES OF DEATH

| | | | |
|-----------|---------------------------|----------|-------------------|
| Primary | <i>Angina Pectoris</i> | How long | <i>About 1 yr</i> |
| Immediate | <i>Heart Complication</i> | How long | |

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

Yes

Signature of Physician

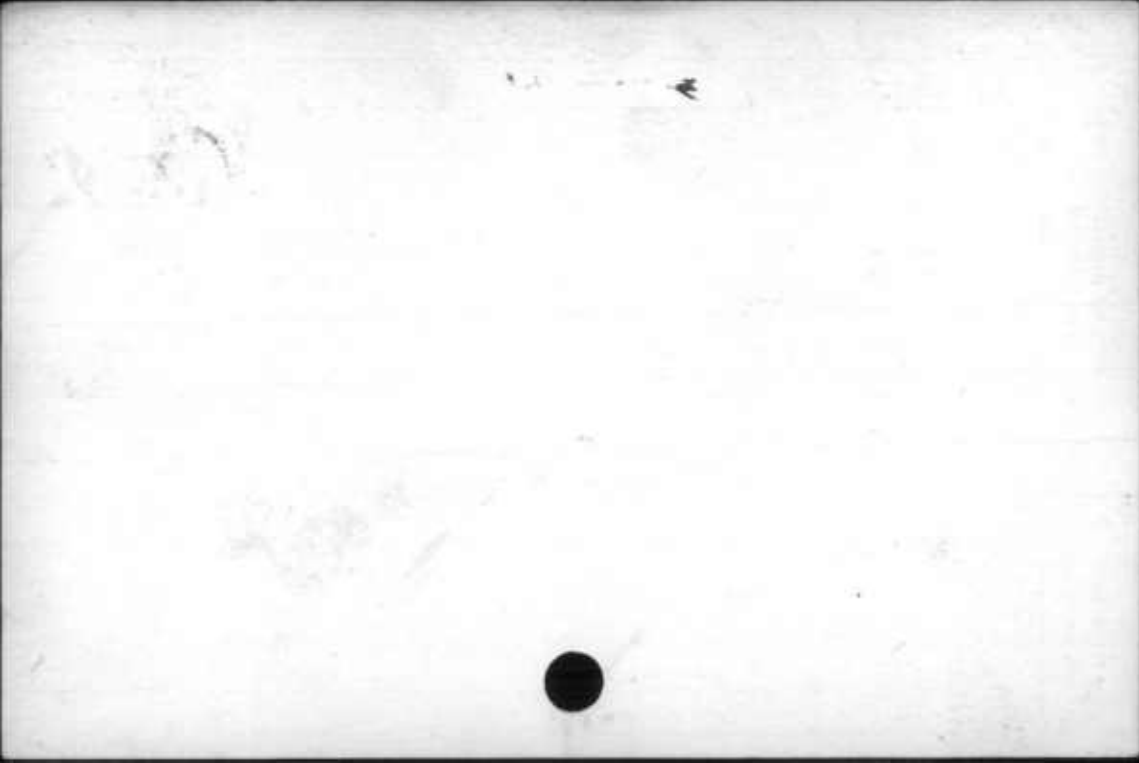
R. W. Truitt

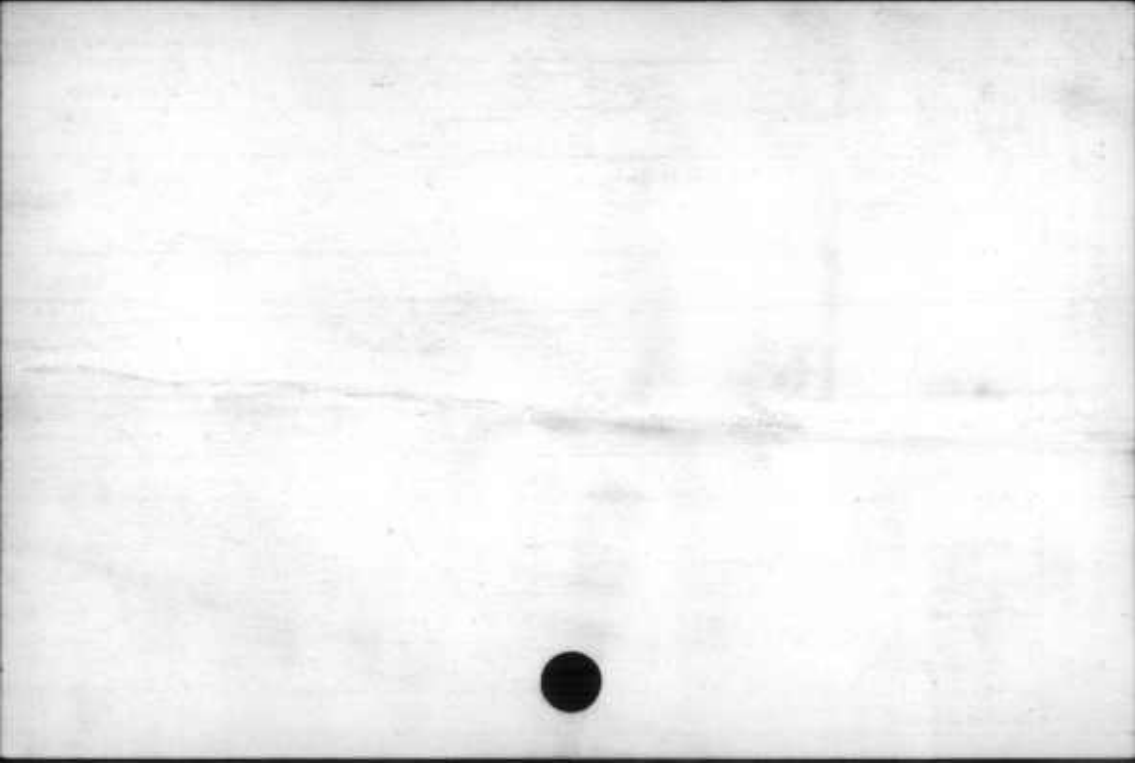
Address

*Yeaman de Good
wood*

Accident or Suicide

PHYSICIAN
OR CORONER





Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|------------------------------------|-----------------------------|-----------------|----------------------------------|
| Died at Sevel <small>Town</small> | | Young <small>County</small> | | MARYLAND | |
| Date of death | 1910 | Month May | Day 27 | Age None | Months none Days 1 |
| Sex Female | Color or Race White | | Birth place Sevel Md | | |
| Occupation None | Where Residing if not at place of death at Place of Death | | | | |
| Married, Single or Widowed Single | Name of Wife or Husband None | | | | |
| Father's Name William A Young | Father's Birthplace Hamdrum Md | | | | |
| Mother's Maiden Name Gertrude S Sheridan | Mother's Birthplace Stepney Md | | | | |
| Name of person giving in formation William A Young | How related to deceased Father | | | | |

CAUSES OF DEATH

| | | | |
|-------------------------------|---|---|--|
| PHYSICIAN OR CORONER | Primary Atelactis | How long 1 day | |
| | Immediate Asphyxia | How long 4 hours | |
| | Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician F. H. Steiner | |
| | | Address Hamdrum Md | |
| Accident or Suicide? H | | | |

