

Name  
in  
Full

James A Albert

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Hagerstown* Town *Wash* County **MARYLAND**Date of death 1900 *10* Month *5* Day *13* Age *52* Years Months DaysSex *male* Color or Race *white* Birth-place *md*Occupation *Butcher* Where Residing if not at place of death \_\_\_\_\_Married, Single or Widowed *single* Name of Wife or Husband \_\_\_\_\_Father's Name *Jacob M. Albert* Father's Birthplace *md.*Mother's Maiden Name *Mary Poytes* Mother's Birthplace *md.*Name of person giving Information *Etta Albert* How related to decedent *sister*

## CAUSES OF DEATH

Primary *General Carcinoma* *trachea* *How long 45 1/2 years**started one year before. Due to* *How long*Immediate *Chloroform* *for* Signature of Physician *J. M. Scott*Are the name, age, sex, color, date and place correctly given above?  Address *Hagerstown*Accident or Suicide

L. M. Suter, M.D. Sr.

1900-1901

1901

Name  
in Full

Mrs Margaret Andrews

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>			
Date of death 19 <i>40</i>		Month <i>5</i>	Day <i>2</i>	Age <i>44</i>	Years	Months <i>6</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Ind</i>				
Occupation <i>Washerwoman</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Virgil P. Andrews</i>						
Father's Name <i>Michael Steward</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Isabella Green</i>	Mother's Birthplace <i>N. Va</i>						
Name of person giving information <i>Edith Smith</i>	How related to deceased <i>Daughter</i>						

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Apoplexy (64)</i>	How long <i>16 hours</i>
	Immediate <i>Cerebral hemorrhage</i>	How long <i>11</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
		Address <i>Hagerstown Ind</i>
<i>I</i>	Accident or Suicide?	

J. M. Smith & Son.

Name Full

Frederick A Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington MARYLAND

Date of death 19 10 Month 5 Day 19 Age 81 Years Months 8 Days 16

Sex Male Color or Race White Birth-place Md

Occupation Retired Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Sarah Ann Startzman

Father's Name Frederick Baker Father's Birthplace Md

Mother's Maiden Name Catharine Deaner Mother's Birthplace Md

Name of person giving information Edward Baker How related to deceased Son

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

I

Primary General Atherosclerosis & Fibroid Degeneration of Heart How long 10 yrs

Immediate Cardiac Failure How long 2 weeks

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

Signature of Physician [Signature]

Address Hagerstown, Md

Accident or Suicide? No

Dr. M. M. M. M. M.

Name  
in  
Full

Mrs. Eliza J. Beck.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Wash.</i> <small>County</small>		MARYLAND	
Date of death <i>1960</i> <small>Month</small> <i>5</i> <small>Day</small> <i>4</i>	Age <i>82</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>25</i> <small>Days</small>		
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>H.W.</i>	Where Residing if not at place of death <i>unenumerated</i>				
Married, Single or Widowed <i>widow</i>	Name of <del>Wife</del> Husband <i>William Beck</i>				
Father's Name <i>Samuel Newman</i>	Father's Birthplace <i>Penna.</i>				
Mother's Maiden Name <i>Mary A. Farnum</i>	Mother's Birthplace <i>Penna.</i>				
Name of person giving Information <i>Howard Beck</i>	How related to deceased <i>son</i>				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Senility (15yr)</i>	How long
	Immediate <i>General debility, exhaustion several months</i>	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. W. Pagan</i>
		Address <i>Hagerstown Md</i>
<i>I</i>	Accident or Suicide <i>no</i>	

L.M. Smith and Sons

W. J. [unclear]

our Rayon Palace  
and our Bay House at

1914 2 Kings and Park to  
use your this afternoon



Name  
in  
Full

Goldie Bowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington

MARYLAND

Date of death 1918 <sup>Month</sup> May <sup>Day</sup> 26 <sup>Age</sup> 4 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> Md.Occupation Child <sup>Where Reading if not at place of death</sup>Married, Single or Widowed Single <sup>Name of Wife or Husband</sup>Father's Name Lora Bowman <sup>Father's Birthplace</sup> Md.Mother's Maiden Name Rose Kendall <sup>Mother's Birthplace</sup> Md.Name of person giving information Lora Bowman <sup>Relationship to deceased</sup> Father

CAUSES OF DEATH

189 A

PHYSICIAN  
OR CORONERPrimary <sup>How long</sup> Pro lapse of intestine through operation wound 1 1/2 hours  
Immediate Shock <sup>How long</sup> 3 1/2 hours

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

Signature of Physician Eugene Wood, Jr.  
Address Hagerstown, Md.

Accident or Suicide?

Offman  
Smith's Landing.

A. K. Offman

Name in Full *Charles Edsworth Brown*

CERTIFICATE OF DEATH

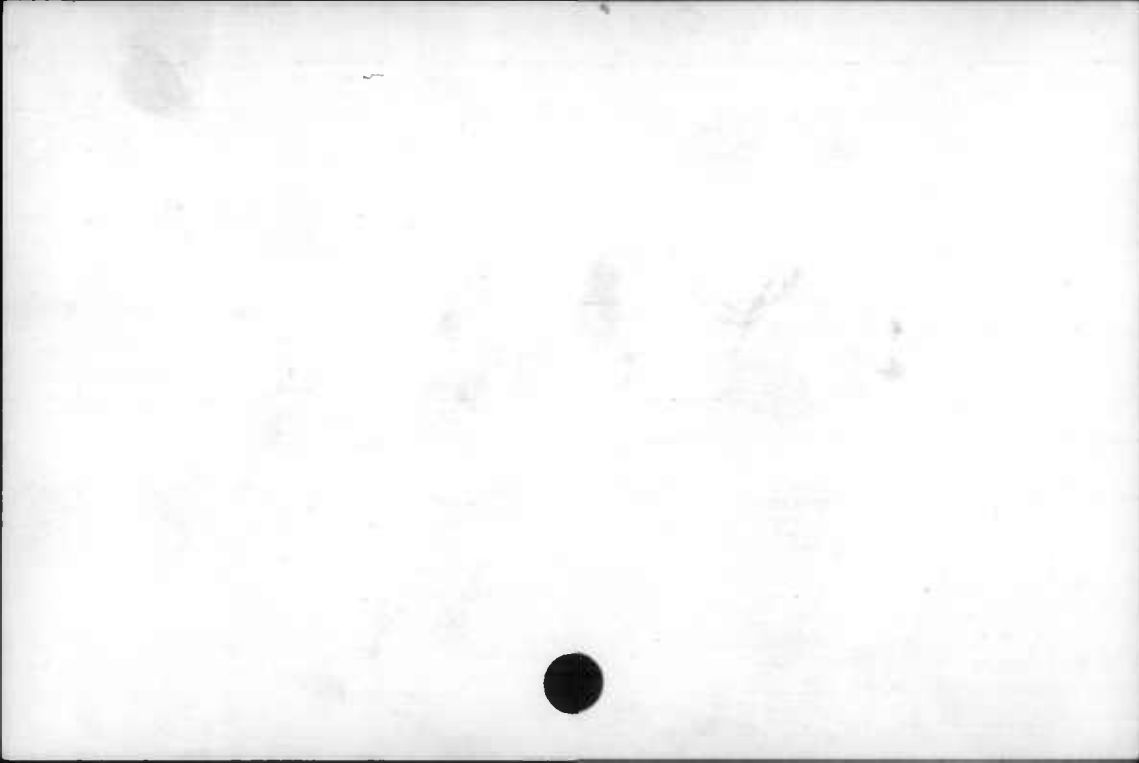
TO BE ANSWERED BY NEAREST FRIEND

Died at *Setersburg* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**  
 Date of death 190 *May* <sup>Month</sup> *3-* <sup>Day</sup> Age <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>  
 Sex *Male* Color or Race *White* Birth-place *Setersburg*  
 Occupation *None* Where Residing if not at place of death *Setersburg*  
~~Married, Single or Widowed~~ Name of Wife or Husband *None*  
 Father's Name *Otho Brown* Father's Birthplace *Smithsburg*  
 Mother's Maiden Name *Lucy L. Masters* Mother's Birthplace  
 Name of person giving information *Otho Brown* How related to deceased *Father*

CAUSES OF DEATH

Primary *Premature Birth* How long *1510*  
 Immediate  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *Dr. M. Kefauver*  
 Address *Smithsburg Maryland*  
 Accident or Suicide

PHYSICIAN OR CORONER



Name in Full

CERTIFICATE OF DEATH

Stillborn <sup>stillborn</sup> <sup>Barry F</sup> <sup>Byrd</sup>  
Unnamed Child of <sup>Derrick</sup> <sup>Byrd</sup>

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Hagerstown</sup> <sup>Washington</sup> <sup>MARYLAND</sup>

Date of death 19 <sup>40</sup> <sup>8</sup> <sup>8</sup> Age <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex <sup>Male</sup> Color or Race <sup>White</sup> Birth-place <sup>MD</sup>

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

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

Father's Name <sup>Derrick F. Byrd</sup> Father's Birthplace <sup>Va</sup>

Mother's Maiden Name <sup>Agnes Ashby</sup> Mother's Birthplace <sup>Va</sup>

Name of person giving information <sup>Derrick F. Byrd</sup> How related to deceased <sup>Father</sup>

CAUSES OF DEATH

Primary <sup>Still born</sup> How long <sup>✓</sup>

Immediate <sup>unknown</sup> How long <sup>✓</sup>

Are the name, age, sex, color, date and place correctly given above? <sup>yes</sup> Signature <sup>Walter D. Quillen, Jr</sup>

Address <sup>Hagerstown Md</sup>

Accident or Suicide? <sup>no</sup>

J. M. Harrison

Name in Full

Mrs Louisa Barr

CERTIFICATE OF DEATH

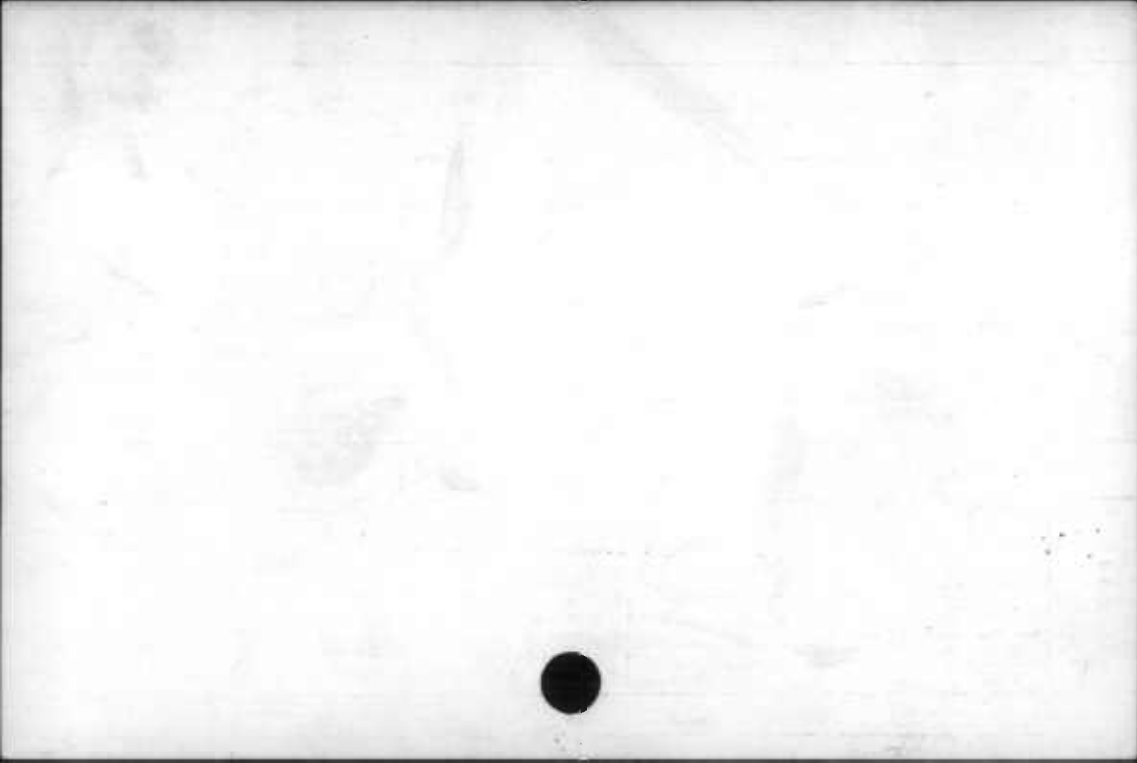
TO BE ANSWERED BY NEAREST FRIEND

Died at Frankstown <sup>Town</sup> Wash <sup>County</sup> **MARYLAND**  
 Date of death 1910 <sup>Month</sup> 5 <sup>Day</sup> 12 <sup>Years</sup> 73 <sup>Months</sup> 2 <sup>Days</sup> 22  
 Sex female Color or Race white Birth-place MD.  
 Occupation H. W. Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed widow Name of ~~Wife~~ <sup>Husband</sup> John T. Barr  
 Father's Name Wm Lavelly Father's Birthplace MD  
 Mother's Maiden Name Susan Phillips Mother's Birthplace Pa.  
 Name of person giving Information J. W. Barr How related to deceased son

CAUSES OF DEATH

Primary Cancer of Glans of Neck & Scalp HS How long 18 years  
 Immediate Exhaustion How long 2 months  
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. Ragan  
 Address Frankstown MD  
 Accident or Suicide No

PHYSICIAN OR CORONER





Name

In Full

Walter Eckert Conrad

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hagerstown</i>		<sup>County</sup> <i>Wash</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>5</i>	Day <i>19</i>	Age <i>—</i>	Years <i>—</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>md.</i>
Occupation	Where residing if not at place of death				
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband			
Father's Name	<i>George Conrad</i>		Father's Birthplace	<i>Penna</i>	
Mother's Maiden Name	<i>Addie Eckert</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Geo. Conrad</i>		How related to deceased	<i>father</i>	

## CAUSES OF DEATH

PHYSICIAN,  
OR CORONER

Primary	<i>concord fever</i>	How long	<i>3 days</i>
Immediate	<i>typhus fever</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>Adel Rager</i>
		Address	<i>Hagerstown Md.</i>
Accident or Suicide?	<i>no</i>		

L.M. Suter & Son

Name in Full

Clinton Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington MARYLAND

Date of death 1980 <sup>Month</sup> 5 <sup>Day</sup> 24 Age <sup>Years</sup> 31 <sup>Months</sup> <sup>Days</sup> 19

Sex male <sup>Color or Race</sup> white <sup>Birth-place</sup> N.J.

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

Married, Single or Widowed <sup>Name of Wife or Husband</sup> married Mrs. Soretha Cook

Father's Name <sup>Father's Birthplace</sup> George Cook N.J.

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

Name of person giving information <sup>How related to deceased</sup> Mrs. Soretha Cook wife

CAUSES OF DEATH

Primary <sup>How long</sup> electric shock - Trolley wires - 181 Instantaneous

Immediate <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? 420

Signature of Physician  Victor Duille

Address Hagerstown Md

Accident or Suicide 1 accident

Blom. Surin by Sm

Name in Full

*J. Wilkes Creager*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Hagerstown* Town *Wash* County **MARYLAND**

Date of death 190*0* Month *5* Day *10* Age *20* Years Months *2* Days *27*

Sex *Male* Color or Race *White* Birth-place *Pa.*

Occupation *R. R. Clerk* Where Residing if not at place of death *Fairfield Pa*

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

Father's Name *Joseph H. Creager* Father's Birthplace *Md.*

Mother's Maiden Name *Susan Musselman* Mother's Birthplace *Pa.*

Name of person giving information *Joe Creager* How related to deceased *father.*

CAUSES OF DEATH

(20)

PHYSICIAN OR CORONER

Primary *Caught between tender of engine & coal car*

*R. R. Injury* How long *Immediate*

Immediate *Septicemia* *Bladder, Kidney* How long *few weeks*

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

Signature of Physician *H. M. Nihiser, M.D.*

Address *Hagerstown Md*

Report of *Accident*

DAY

L.M. Swain  
Myd Sw

1000  
1000  
1000



Name  
in Full

Margaret C. Diffendal

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Smithsburg</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 19 <i>60</i>	Month <i>May</i>	Day <i>23<sup>rd</sup></i>	Age <i>79</i>	Months <i>2</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Paneytown, Md.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Smithsburg Md</i>				
Married, Single or Widowed <i>Married</i>	Name of <del>wife</del> or Husband <i>Sam'l. Diffendal</i>				
Father's Name <i>Paul Haugh</i>	Father's Birthplace <i>Carroll Co.,</i>				
Mother's Maiden Name <i>Elizabeth Haugh</i>	Mother's Birthplace <i>Mont Alto</i>				
Name of person giving Information <i>Geo. F. Diffendal</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>General Debility 15 yr</i>	How long <i>2 Months</i>
	Immediate <i>1</i>	How long <i>2 "</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Dr. M. J. ...</i>
Address <i>Smithsburg Md.</i>		
Accident or Suicide		





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Jacob Downing.**

Died at **Clearspring** Town **Washington** County **MARYLAND**

Date of death **1940** Month **5** Day **29** Age **72** Years Months Days

Sex **Male** Color or Race **Colored** Birthplace **Maryland**

Occupation **farm hand** Where Residing if not at place of death **Clearspring**

Married, Single or Widowed **Single** Name of Wife or Husband **Mary Watts Downing**

Father's Name **James Downing.** Father's Birthplace \_\_\_\_\_

Mother's Maiden Name **Easter Downey.** Mother's Birthplace \_\_\_\_\_

Name of person giving Information **George Briscoe** How related to deceased **Brother in law.**

## CAUSES OF DEATH

Primary **Apoplexy** How long **64** ✓

Immediate **Cerebral Hemorrhage** How long \_\_\_\_\_

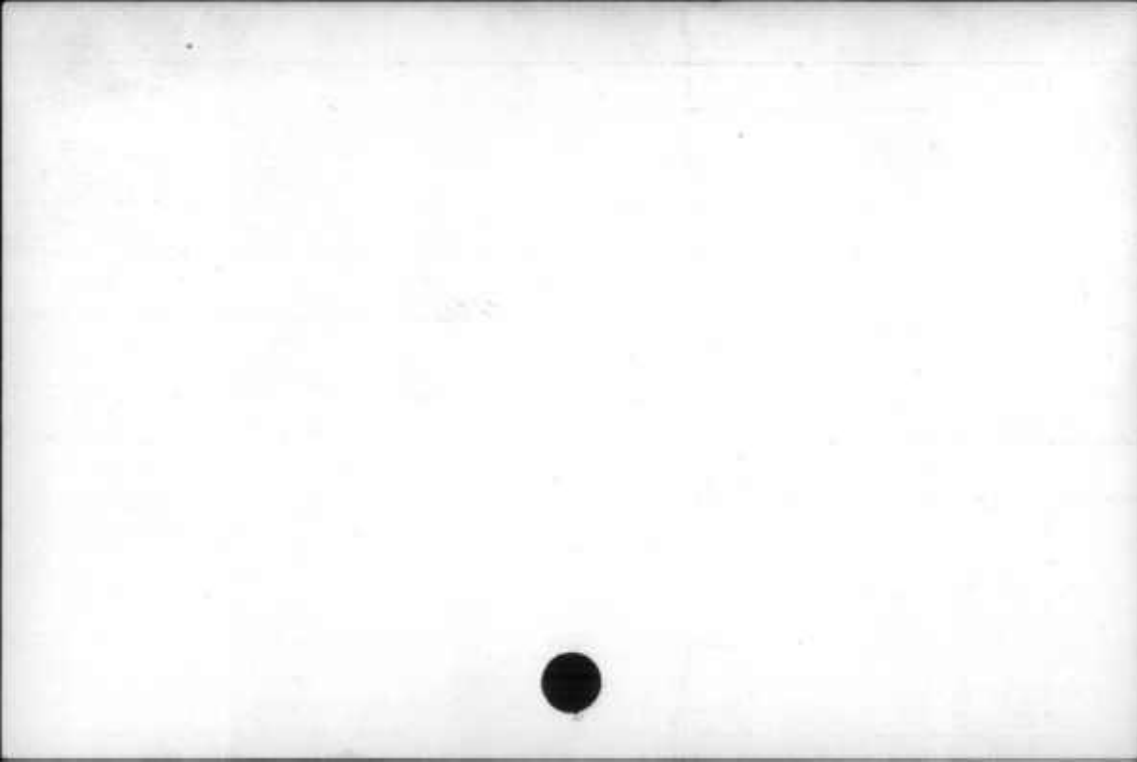
Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **[Signature]**

Address **Clearspring**

Accident or Suicide **No**

PHYSICIAN  
OR CORONER



Name  
in  
FullCharles M<sup>c</sup> Gill Dunahugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mauganville</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	19 <i>10</i>	Month <i>3<sup>d</sup></i>	Day <i>19</i>	Age <i>74</i>	Years	Months <i>7</i>	Days <i>14</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Md</i>
Occupation	<i>Retired</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Martha K. Kromberges</i>				
Father's Name	<i>Mathas Dunahugh</i>			Father's Birthplace <i>don't know</i>			
Mother's Maiden Name	<i>Lydia Souss</i>			Mother's Birthplace <i>don't know</i>			
Name of person giving information	<i>Miss Belle Dunahugh</i>			How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

Primary	<i>a poplexy</i>	How long	<i>2-3 yrs.</i>
Immediate	<i>Endocarditis nephritis</i>	How long	

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

*yes*

Signature of Physician

*DeWinton R. Miller*

Address

*Hagerstown Md*

Accident or Suicide?

*no*

J. M. Watkins

Name  
in  
Full

Herman Everitt

CERTIFICATE OF DEATH

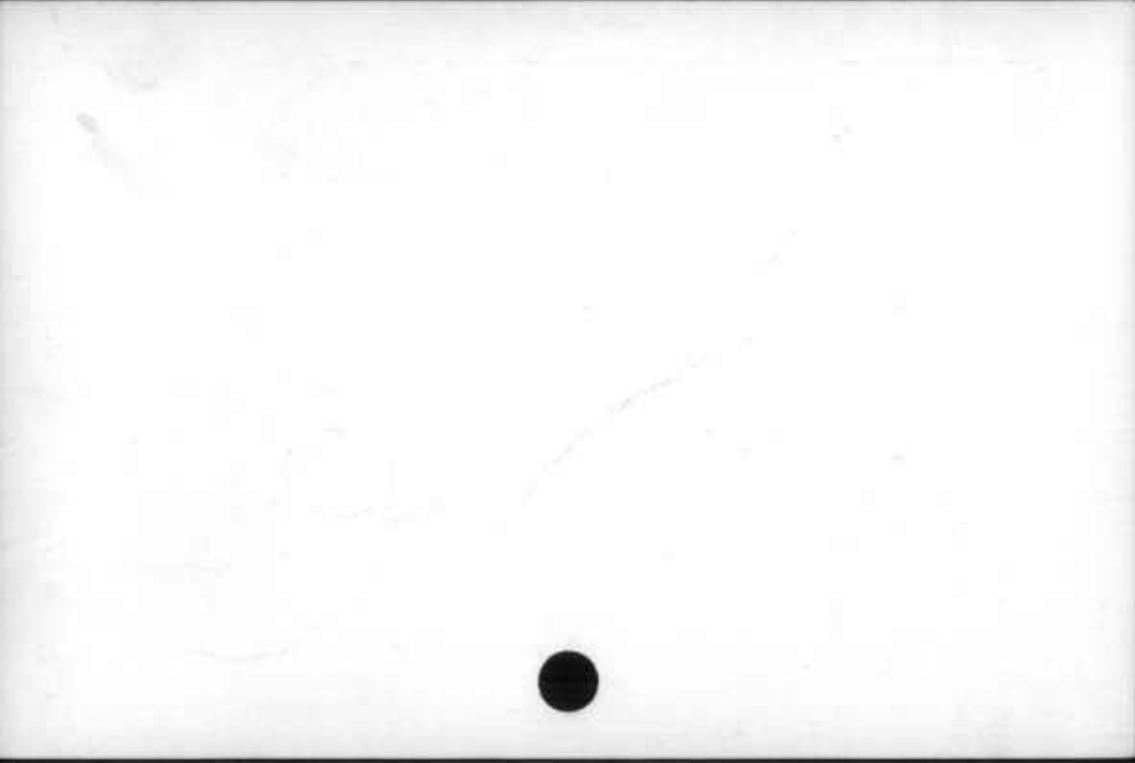
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Mc Coy's Ferry		County Washington		MARYLAND	
	Date of death	1900	Month May	Day 6	Age	Years 1
Sex	Male		Color or Race	White		Birth-place
Occupation	None		Where Residing if not at place of death		Mc Coy's Ferry	
Married or Widowed	Single		Name of Wife or Husband		None	
Father's Name	Amos Everitt		Father's Birthplace		Md	
Mother's Maiden Name	Ida L. Armstrong		Mother's Birthplace		Pa	
Name of person giving information	Mattie Everitt		How related to deceased		Father	

## CAUSES OF DEATH

Primary	Whooping-Cough	How long	8	✓	12 Weeks
	Immediate	Convulsions	How long		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		J. P. Perry
			Address		Clearspring Md.
Accident or Suicide					

PHYSICIAN  
OR CORONER



Name  
Is Full

Still born child of E. B. &amp; Willie Fiedler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	19 <i>40</i>	Month <i>May</i>	Day <i>8</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Place of death <i>Near Hagerstown</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Child</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>E. B. Fiedler</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Willie G. Price</i>			Mother's Birthplace <i>VA</i>		
Name of person giving information <i>E. B. Fiedler</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Difficult Birth</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. M. Moman</i>	
<i>Yes</i>		Address <i>Hagerstown MD</i>	
Accident or Suicide?		<i>No</i>	

J. M. S. in the sun



Name  
in  
Full

Franklin Gloss

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Sharpsburg <sup>Town</sup> Washington <sup>County</sup> MARYLAND

Date of death 1910 Month 5 Day 11 Age 73 Years Months 26 Days

Sex Male Color or Race White Birthplace Sharpsburg

Occupation Shoe Maker Where Residing if not at place of death Sharpsburg Md

~~Married~~ Single or Widowed Name of Wife or Husband Catharina Gloss

Father's Name Wm Gloss Father's Birthplace Adamsville

Mother's Maiden Name Elizabeth Smith Mother's Birthplace Sharpsburg

Name of person giving Information Sarah Gloss How related to deceased Sister in Law

CAUSES OF DEATH

Primary Heart Disease How long Several yrs.

Immediate Paralysis How long 1 day

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

79



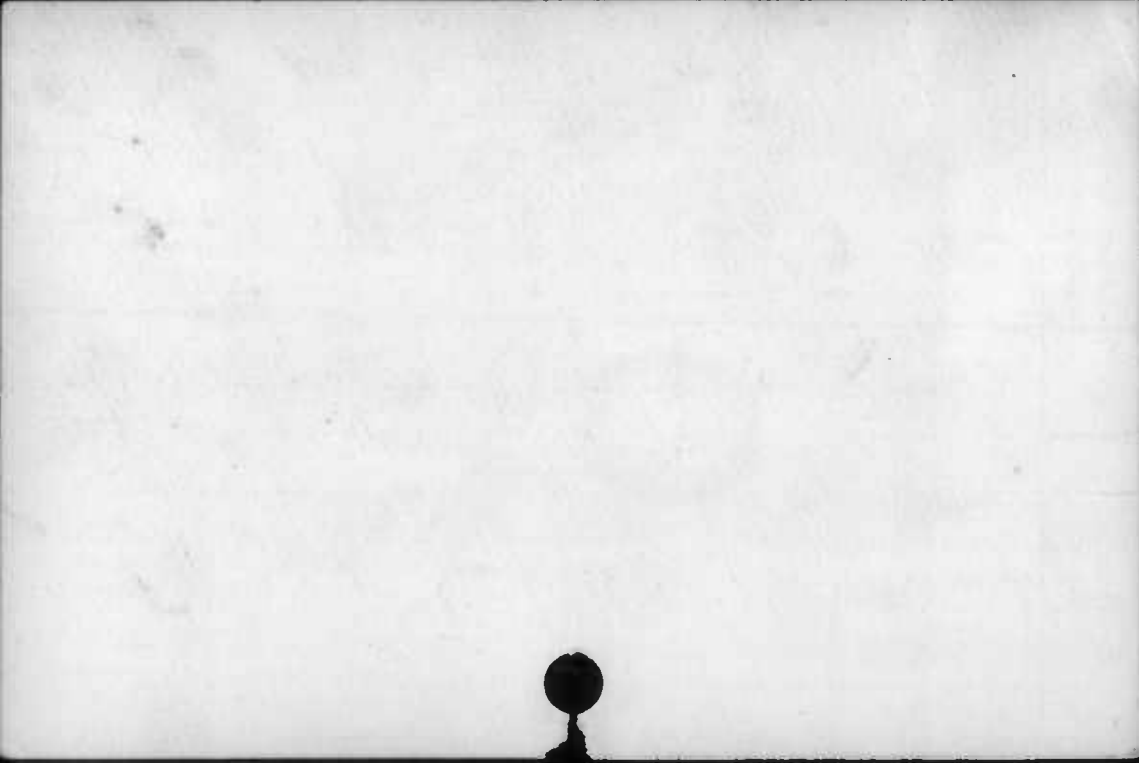
Sharpsburg, Md

PHYSICIAN  
OR CORONER

Accident or Suicide

22 Summer House

Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND		Name <i>Belle E Grimm</i>		County <i>Washington</i>				
		Died at <i>Rohrer ville</i>		Town <i>Washington</i>				
		Date of death <i>1910</i>	Month <i>May</i>	Day <i>15</i>	Age <i>58</i>	Years <i>58</i>	Months <i>—</i>	Days <i>—</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>		
		Occupation <i>House wife</i>			Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jos. Grimm</i>				
		Father's Name <i>Josiah Thomas</i>			Father's Birthplace <i>Md.</i>			
		Mother's Maiden Name <i>Mary E Deaner</i>			Mother's Birthplace <i>Md.</i>			
		Name of person giving information <i>Mrs Chas. Hammond</i>			How related to deceased <i>Daughter</i>			
		<b>CAUSES OF DEATH</b>						
PHYSICIAN OR CORONER		Primary <i>Pleurisy</i>		How long <i>6 days</i>				
		Immediate <i>Pericarditis</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>Richard H. Rice</i>				
				Address <i>Needy'sville Md.</i>				
		Accident or Suicide? <i>—</i>						



Name  
in Full

Anna Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hagerstown</i>		<sup>County</sup> <i>Wash.</i>		MARYLAND	
Date of death 19 <i>00</i>	<sup>Month</sup> <i>May</i>	<sup>Day</sup> <i>22</i>	Age <sup>Years</sup> _____	<sup>Months</sup> _____	<sup>Days</sup> <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hagerstown</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Ed. Gross.</i>			Father's Birthplace <i>Hagerstown</i>		
Mother's - Maiden Name <i>Nona Boone</i>			Mother's Birthplace <i>Hagerstown</i>		
Name of person giving information <i>E. Gross.</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>2 days</i>
Immediate	<i>As thernia</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>Mary A Laughlin M.D.</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide? <i>I</i>			

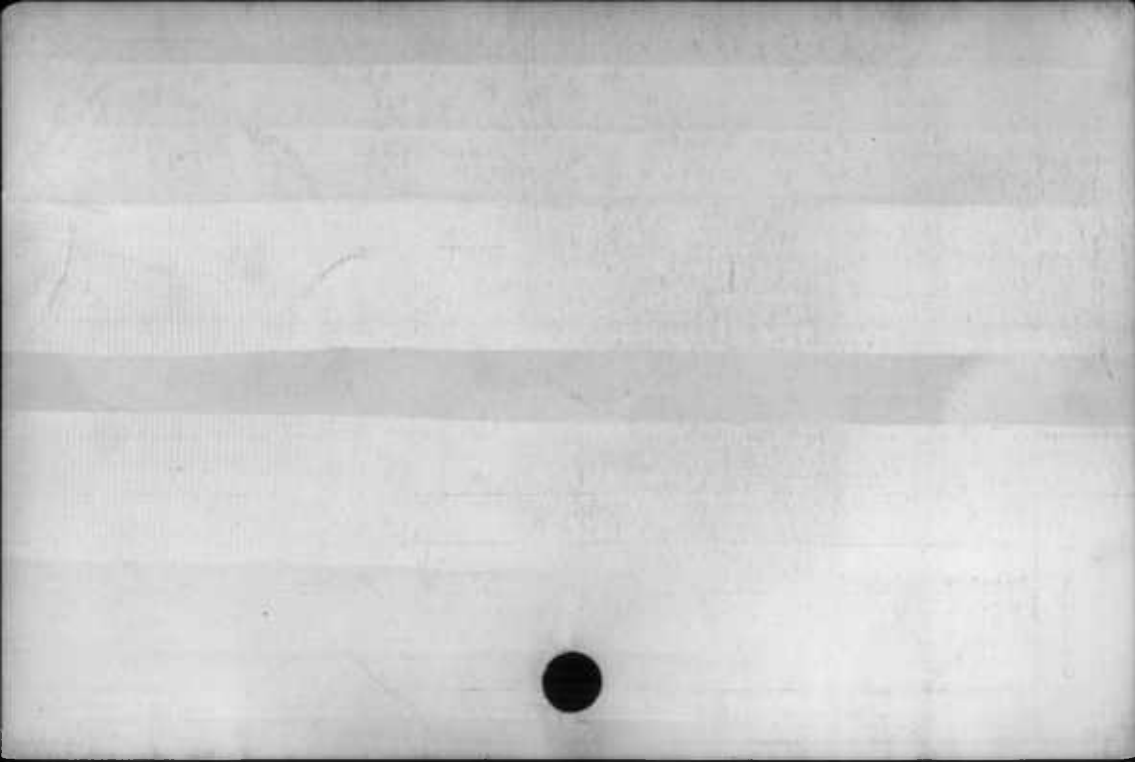
Anna Cross

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Montgomery Township		County Franklin		MARYLAND	
Date of death 1910		Month May	Day 7	Age	Years	Months 4	Days
Sex	Male	Color or Race	White	Birth place	Hancock, Md.		
Occupation				Where residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Chas Grove			Father's Birthplace	Hancock		
Mother's Maiden Name	Lottie Keefer			Mother's Birthplace	Hancock		
Name of person giving in formation	W.L. Morgenthall			How related to deceased	Bro. - in-law		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pulmonary Oedema	How long	1 wk	
	Immediate	Coma	How long	2 hrs.	
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. V. Tables	
			Address	Hancock, Md.	
	Accident or Suicide?				





Name  
in  
Full

No Name Haish

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamport</i> Town		<i>Washington</i> County		MARYLAND	
Date of Death	19 <i>60</i>	Month <i>5</i>	Day <i>6</i>	Age <i>—</i>	Years <i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Williamport Del.</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>14 11</i>		
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>		
Father's Name	<i>Alog Haish</i>		Father's Birthplace	<i>Washington Del.</i>	
Mother's Maiden Name	<i>Hattie Rice</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving Information	<i>Alog Haish</i>		How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

Primary *Valvular disease of heart* *79* *live birth*  
 how long  
 Immediate *Ext. laceration* *suicide*  
 how long

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

Signature of Physician

*W. Richardson*

Address

*Williamport Md.*

Accident or Suicide

*No.*PHYSICIAN  
OR CORONER

of the Miller  
Newspaper Ma

Name in Full

Henry G. Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Bear Creek <sup>County</sup> Washington MARYLAND

Date of death 1940 <sup>Month</sup> May <sup>Day</sup> 5<sup>th</sup> Age <sup>Years</sup> 80 <sup>Months</sup> <sup>Days</sup> 10

Sex Male Color or Race White Birthplace Maryland

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Uphemia Hill

Father's Name George Hill Father's Birthplace Maryland

Mother's Maiden Name Margaret Hoffman Mother's Birthplace Maryland

Name of person giving information Uphemia Hill How related to deceased Wife

CAUSES OF DEATH

Primary Chronic Nephritis & Arterio Sclerosis How long 64 years

Immediate Cerebral Hemorrhage How long 4 days

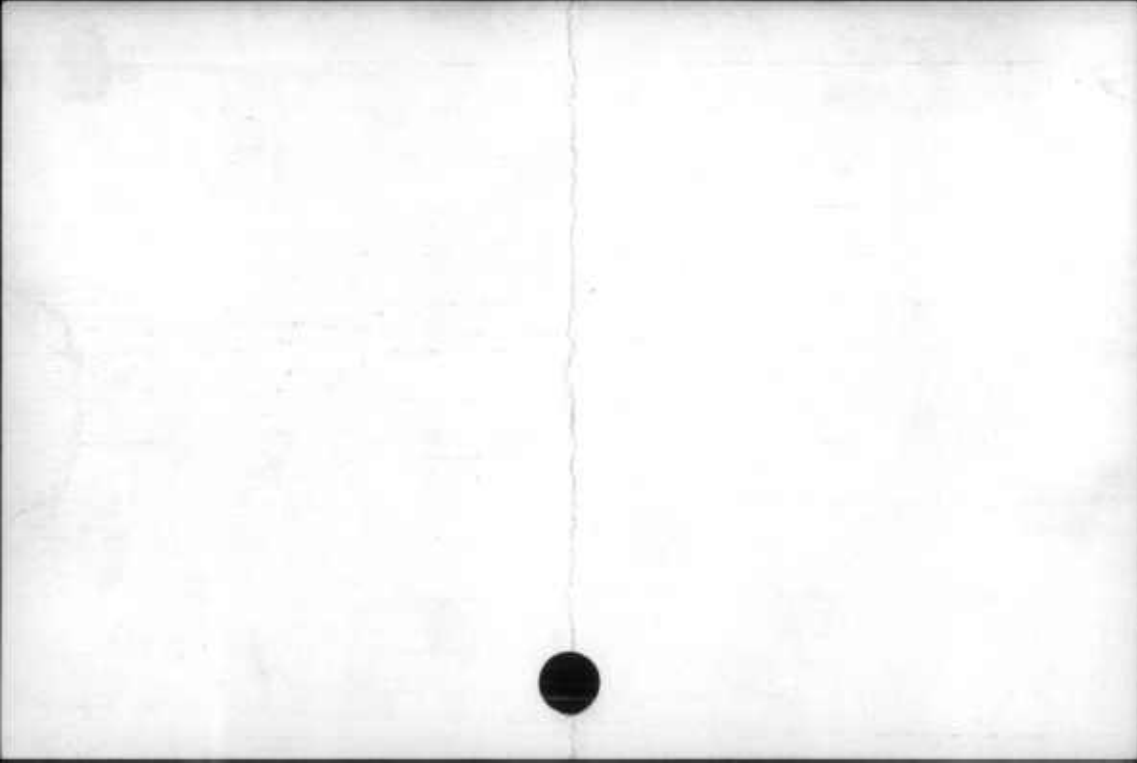
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. A. Quinn M.D.

Address Chewers Md.

PHYSICIAN OR CORONER

Accident or Suicide



Name in Full

Joseph S Horst

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *near Hagerstown* Town *Wash* County

Date of death 1910 *5* Month *30* Day Age *58* Years Months *8* Days *9*

Sex *male* Color or Race *white* Birth-place *Md.*

Occupation *Retired Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Susan Horst*

Father's Name *Christian Horst* Father's Birthplace *Pennas*

Mother's Maiden Name *Leah Smith* Mother's Birthplace *Md.*

Name of person giving information *Mrs Joe Horst* How related to deceased *wife.*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Dysuria* How long *about 4 months*

Immediate *Emaciation* How long *several days*

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

Signature of Physician *E. C. Williams*

Address *Hagerstown Md*

Accident or Suicide? *—*

Books for  
Bible at  
Bible Church  
L.M. Smith  
Sm

Name  
in Full

Spec. Huff.

CERTIFICATE OF DEATH

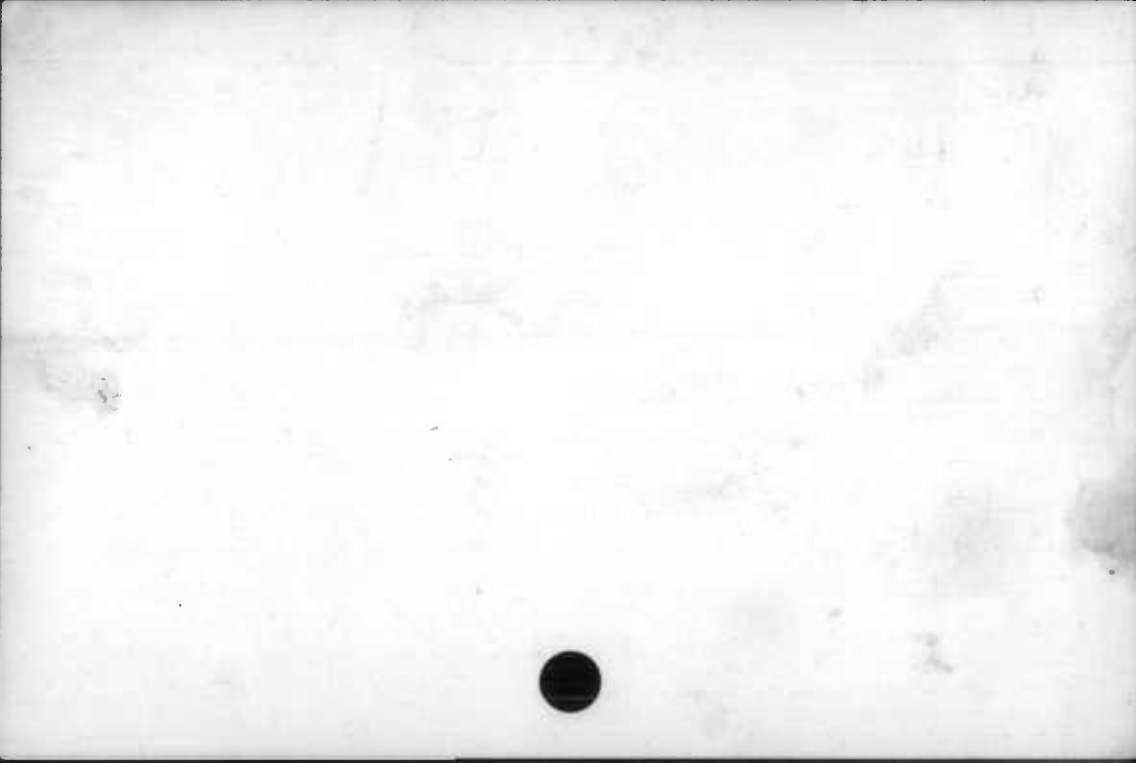
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
	Ringgold		Washington			
Date of death	Month	Day	Age	Years	Months	Days
	1900	5	24	75	7	22
Sex	male	Color or Race	White	Birth-place	Virginia	
Occupation	Carpenter		Where Residing if not at place of death		Ringgold Md.	
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Huff.			
Father's Name	Theodoris Huff.			Father's Birthplace	Virginia	
Mother's Maiden Name	M. Krumpholtz			Mother's Birthplace	Mts. Krumpholtz	
Name of person giving information	Mary Huff.			How related to deceased	Wife	

## CAUSES OF DEATH

Primary	Age, & Cerebral softening		How long	5 years
	apoplexy		How long	one week
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. H. Koons, M.D.
			Address	Waynesboro Pa
Accident or Suicide				

PHYSICIAN  
OR CORONER





Name  
in FullMedia  
Stull

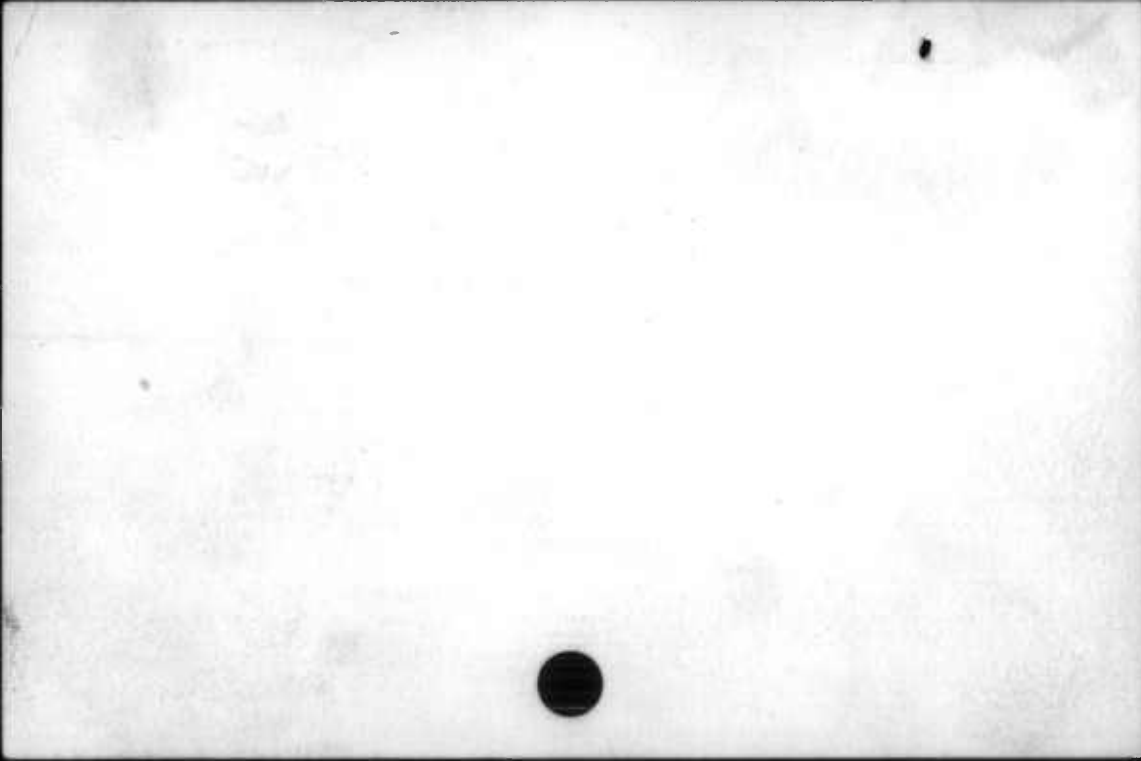
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at  home  *home* *Morsvill* *Washington* County *Washington* MARYLANDDate of death 1901 *Nov* *29* Age *4* *20* Months *4* Days *20*Sex *Female* Color or Race *White* Birth-place *Morsvill*Occupation  *keeper* Where Residing if not at place of death *Morsvill*Married, Single or Widowed *Single* Name of Wife or Husband *Minnie Stull* Father's Name *John P Stull* Father's Birthplace *P A Little Cove*Mother's Maiden Name *keeper (Minnie)* Mother's Birthplace *Pct*Name of person giving Information *Franklin Murray* How related to deceased *mine*

## CAUSES OF DEATH

61 Primary *meningitis* How long *2 weeks*Immediate *Convulsions* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Thea Boose M.D.*Address *Clear Spring, Md*PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Earl Johnson  
Town  
Williamsport

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Williamsport Washington County

Date

1989 May 9

Age

Years

Months

Days

Sex

male

Color or  
Race

Colored

Birth-  
place

Williamsport

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

Cha A Johnson

Father's  
Birthplace

McAlester Mo  
Wagoner Mo

Mother's  
Maiden Name

Lula Barrett

Mother's  
Birthplace

Father

Name of person giving  
Information

C H Johnson

How related  
to deceased

CAUSES OF DEATH

Primary

Difficult Labor.

How long

Three hours

Immediate

Strangulation

How long

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

yes.

Signature of  
Physician

W S Richardson

Address

Williamsport

Accident or Suicide

no.

Washington, Md. May 9<sup>th</sup> 1910  
Interment in Riverside Cemetery  
By J. D. Cook, Undertaker

TO BE ANSWERED BY  
NEAREST FRIEND

Name Mrs. Florence V. Keiser

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Wash.

MARYLAND

Date of death 1910 <sup>Month</sup> 5 <sup>Day</sup> 18 Age <sup>Years</sup> 39 <sup>Months</sup> <sup>Days</sup>

Sex female <sup>Color or Race</sup> white <sup>Birth-place</sup> W. Va

Occupation N. W. <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed married <sup>Name of Wife or Husband</sup> James B. Keiser

Father's Name George Miller <sup>Father's Birthplace</sup> W. Va

Mother's Maiden Name Elizabeth Dick <sup>Mother's Birthplace</sup> Md

Name of person giving information J. B. Keiser <sup>How related to deceased</sup> husband

CAUSES OF DEATH

Primary Lymphatic Anemia <sup>How long</sup> 54 yrs <sup>How long</sup> 2 yrs  
Immediate As haematuria <sup>How long</sup> 6 wks

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

Signature of Physician J. M. W. [Signature]  
Address Hagerstown - Md

Accident or Suicide?

L. M. Suter and son

Name in Full

Asbury King

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Hagerstown <sup>John</sup> County Washington <sup>County</sup> MARYLAND  
 Date of death 1901 May <sup>Month</sup> 16 <sup>Day</sup> Age 58 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup>  
 Sex male Color or Race W. slave Birthplace Kudysville Md  
 Occupation labourer Where Residing if not at place of death —  
 Married, Single or Widowed single Name of Wife or Husband —  
 Father's Name Not known Father's Birthplace —  
 Mother's Maiden Name " " Mother's Birthplace —  
 Name of person giving information Cornelius Staley King How related to deceased Nephew

CAUSES OF DEATH

1897

PHYSICIAN OR CORONER

Primary Does know suppose Heart failure  
 Immediate " " " "

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

So far as I know

Signature of Physician

Address

Wesley Hoffman M.D.  
acting coroner

Accident or Suicide

S. E. Fork.



Name  
in  
Full

John Dewellus King

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *WilliamSPORT* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death *190* <sup>Month</sup> *May* <sup>Day</sup> *24* Age <sup>Years</sup> *22* <sup>Months</sup> *4* <sup>Days</sup> *24*

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

Occupation *Stock Broker* Where Reading if not at place of death \_\_\_\_\_

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

Father's Name *Wm. H. King* Father's Birthplace *WilliamSPORT*

Mother's Maiden Name *Catherine Saffey* Mother's Birthplace \_\_\_\_\_

Name of person giving information *May Saffey* How related to deceased *Aunt*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Tuberculosis* <sup>How long</sup> *two years*

Immediate *Exhaustion* <sup>How long</sup> *three weeks*

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

Signature of Physician *W. Richardson*

Address *WilliamSPORT*

Accident or Suicide? *No.*

Wilkesboro, N.C. May 27<sup>th</sup> 1910  
Instrument in Rinehart's Cemetery  
Ray J. O. Hoops, Undertaker.

Name  
in  
Full

George A. Lannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Hagerstown* <sup>County</sup> *Wash.* MARYLANDDate of death 190*0* <sup>Month</sup> *5* <sup>Day</sup> *13* Age <sup>Years</sup> *18* <sup>Months</sup> *11* <sup>Days</sup> *13*Sex *male* Color or Race *white* Birth-place *W. Va.*Occupation *Iron Worker* Where Residing if not at place of deathMarried, Single or Widowed *single* Name of Wife or HusbandFather's Name *Peter Lannon* Father's Birthplace *Md.*Mother's Maiden Name *Margaret J. Thompson* Mother's Birthplace *"*Name of person giving Information *Margaret Lannon* How related to deceased *mother*

## CAUSES OF DEATH

Primary *Fracture of knee* *Caused by contact with piece of falling metal while working on machinery* How long *4 days*Immediate *Purulent meningitis* How long *2 "*

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

Signature of Physician *Perognon Wood, M.D.*Address *Hagerstown, Md.*PHYSICIAN  
OR CORNER

Accident or Suicide

L.M. Sullivan Sr

Name in Full

Mary E. Largent

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Hagers town <sup>County</sup> Washington MARYLAND  
 Date of death 1980 <sup>Month</sup> May <sup>Day</sup> 19 Age <sup>Years</sup> 67 <sup>Months</sup> 1 <sup>Days</sup> 26  
 Sex Female Color or Race White Birth-place Franklin Co. Pa  
 Occupation H. M. Where Residing if not at place of death Hagerstown  
 Married, Single or Widowed Married Name of Wife or Husband Frank. Largent  
 Father's Name Henry Slitch Father's Birthplace Not known  
 Mother's Maiden Name ~~Henry~~ Lorrina Loy Mother's Birthplace Penna.  
 Name of person giving Information Frank Largent How related to deceased Husband

PHYSICIAN FOR CORONER

Causes of Death: *Explosion of Coal Oil* **CAUSES OF DEATH** *Explosion of Coal Oil*  
 Primary: *Burn - Arterial* How long: *2 mo*  
 Immediate: *Explosion* How long: *2 weeks*  
 Are the name, age, sex, color, date and place correctly given above? *yo*  
 Signature of Physician: *[Signature]*  
 Address: *Hagerstown*  
 Accident or Suicide

J. K. Bowman

Name  
In  
Full

Eveline Marybeth Leatherman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

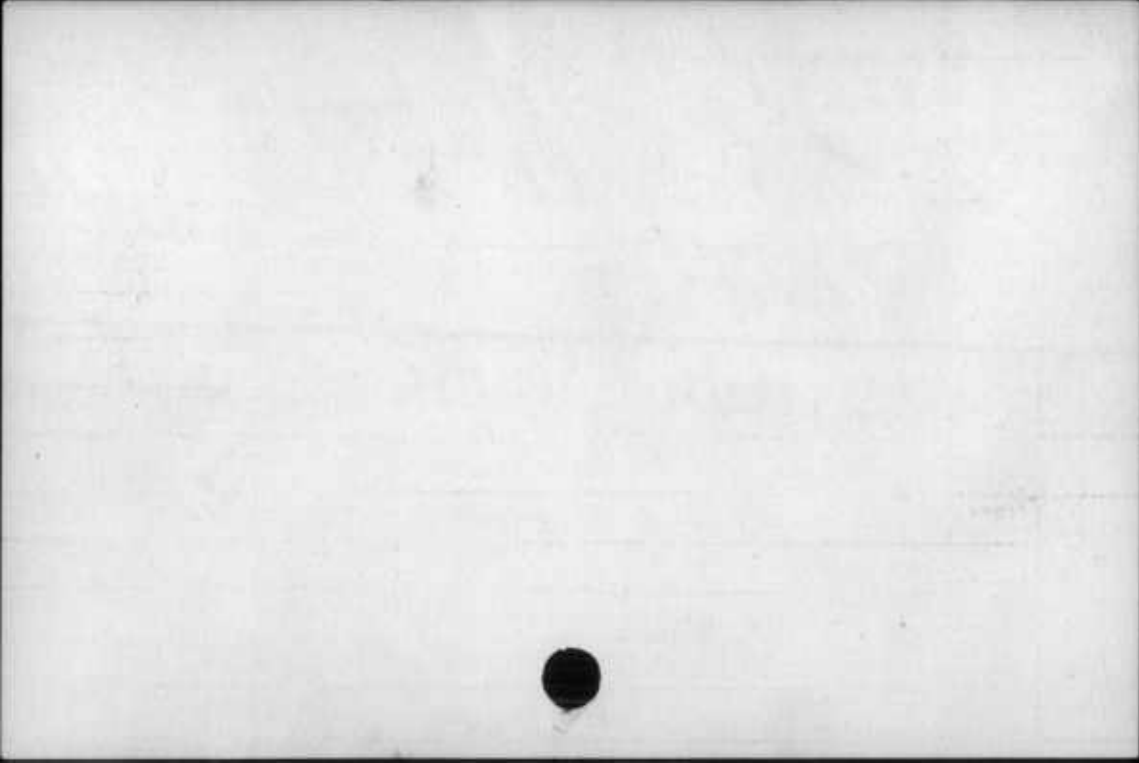
Died at <sup>Town</sup> <i>Reston</i>			<sup>County</sup> <i>Warrenton</i>			MARYLAND							
Date of death	19	10	Month	5	Day	18	Age	79	Years	7	Months	18	Days
Sex	<i>Female</i>			Color or Race	<i>White</i>			Birth-place	<i>MD</i>				
Occupation	<i>House work</i>						Where Reading if not at place of death						
Married, Single or Widowed	<i>Widow</i>			Name of Wife or Husband <i>Jack W Leatherman</i>									
Father's Name	<i>John Cross</i>						Father's Birthplace <i>MD</i>						
Mother's Maiden Name	<i>No record</i>						Mother's Birthplace <i>unknown</i>						
Name of person giving information	<i>Luther Leatherman</i>						How related to decedent <i>Son</i>						

## CAUSES OF DEATH

Primary	<i>Chronic Valvular Heart Disease</i>	How long	<i>14 year</i>
Immediate	<i>—</i>	How long	<i>—</i>

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	<i>4/10</i>	Signature of Physician	<i>D. C. Miller</i>
Accident or Suicide? <i>—</i>		Address	<i>7110 1/2 W. 4th St. Rec.</i>





Name  
in  
Full

Sarah Ann Lehman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Reid		County Washington		MARYLAND	
Date of death 1900		Month May	Day 9	Age 78	Years 3	Months 15	Days
Sex	Female		Color or Race	White		Birth-place	Ringgold
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name	William Stewart				Father's Birthplace	Maryland	
Mother's Maiden Name	Elizabeth S. Watts				Mother's Birthplace	Maryland	
Name of person giving information	William B. Lehman				How related to deceased	Son	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Locomotor ataxia	How long	two years
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?	(62)	Signature of Physician	J. H. Richard
	Accident or Suicide		Address	Leitensburg Md.



Name  
in Full

CERTIFICATE OF DEATH

Newton W. Lemen

Town

County

Died at

Hagerstown

Wash.

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1918

5

18

Age

25

5

21

Sex

male

Color or Race

white

Birth-place

W. Va

Occupation

clerk

Where Residing if not at place of death

Married, Single or Widowed

single

Name of Wife or Husband

\_\_\_\_\_

Father's Name

Jacob F. Lemen

Father's Birthplace

Md.

Mother's Maiden Name

Mary V. Light

Mother's Birthplace

W. Va.

Name of person giving information

J. F. Lemen

How related to deceased

father

CAUSES OF DEATH

(27)

(28) ✓

Primary

Pulmonary Tuberculosis

How long

2 1/2 years

Immediate

Tubercular Meningitis

How long

2 weeks

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

Yes

Signature of Physician

A. S. Mason

Address

Hagerstown Md

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

H



Name  
In Full

CERTIFICATE OF DEATH

Mary Maloue

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>TOWN</sup> Capertown Washington County

MARYLAND

Date of death 1910 Month 5 Day 17 Age 78 Years Months - Days -Sex Female Color or Race White Birth-place IrelandOccupation House work Where residing if not at place of death -Married, Single or Widowed Widow Name of Wife or Husband James MaloueFather's Name No Record of Father's Birthplace No Record ofMother's Maiden Name No Record of Mother's Birthplace No Record ofName of person giving information Sallie Cuskeraw How related to deceased None

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Myocarditis 78 How long One yearImmediate Swatts Exhaustion How long 2 weeksAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician J. M. WelchAddress Maguston

H

Accident or Suicide?

Rev. W. L. Hill  
Mr. B. J. D. D. D.  
St. Mary's

A. R. Johnson

Name  
In Full

CERTIFICATE OF DEATH

Unmarried Child of William Miley

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small> <i>Washington</i> <small>County</small>		STATE OF <b>MARYLAND</b>	
Date of death <b>1910</b> <small>Month</small> <i>May</i> <small>Day</small> <i>14</i> <small>Age</small> <i>—</i> <small>Years</small> <i>—</i> <small>Months</small> <i>—</i> <small>Days</small> <i>—</i>	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>William Miley</i>	Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Ellie Pyram</i>	Mother's Birthplace <i>MD</i>		
Name of person giving information <i>William Miley</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dystocia</i>	<b>S</b>	How long <i>4 hours</i>
Immediate <i>Syncopa</i>		How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Mary A. Laughlin, D.O.</i>	Address <i>Hagerstown</i>
Accident or Suicide?		

A. K. Hoffman



Name in Full

Chas F Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

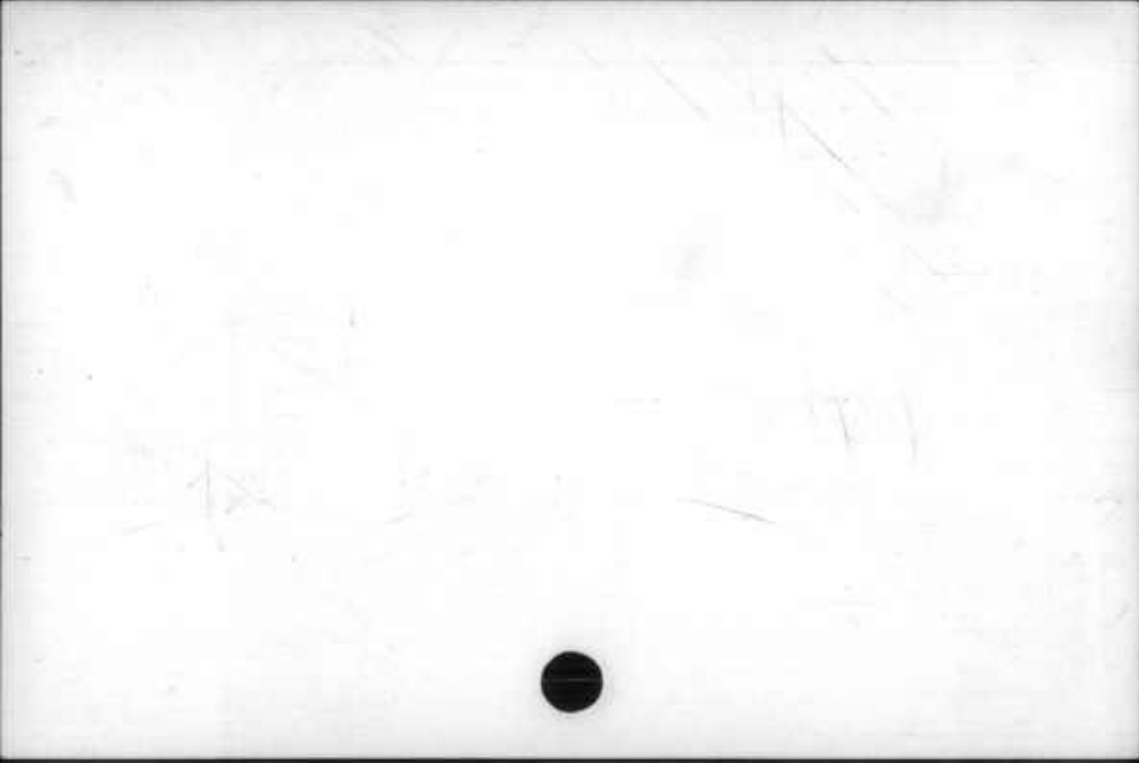
Died at Smethsburg <sup>County</sup> Washington MARYLAND  
 Date of death 1900 <sup>Month</sup> May <sup>Day</sup> 15 <sup>Years</sup> 40 <sup>Months</sup> 1 <sup>Days</sup> 12  
 Sex Male Color or Race White Birth-place Smethsburg  
 Occupation Iron Worker Where Residing if not at place of death Smethsburg  
 Married - Single  Widowed Name of Wife or Husband \_\_\_\_\_  
 Father's Name Fredrick Miller Father's Birthplace Germany  
 Mother's Maiden Name Elizabeth Sager Mother's Birthplace Cherryville Md  
 Name of person giving information Mrs Mary Dufford How related to deceased Sister

CAUSES OF DEATH

157

PHYSICIAN OR CORONER

Primary \_\_\_\_\_ How long \_\_\_\_\_  
 Immediate \_\_\_\_\_ How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Signature of Physician J. B. Ferguson Sub  
 Address Resident  
Smethsburg Md  
 Accidental or Suicidal By hanging



Name  
in Full

Elias E. Mondel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

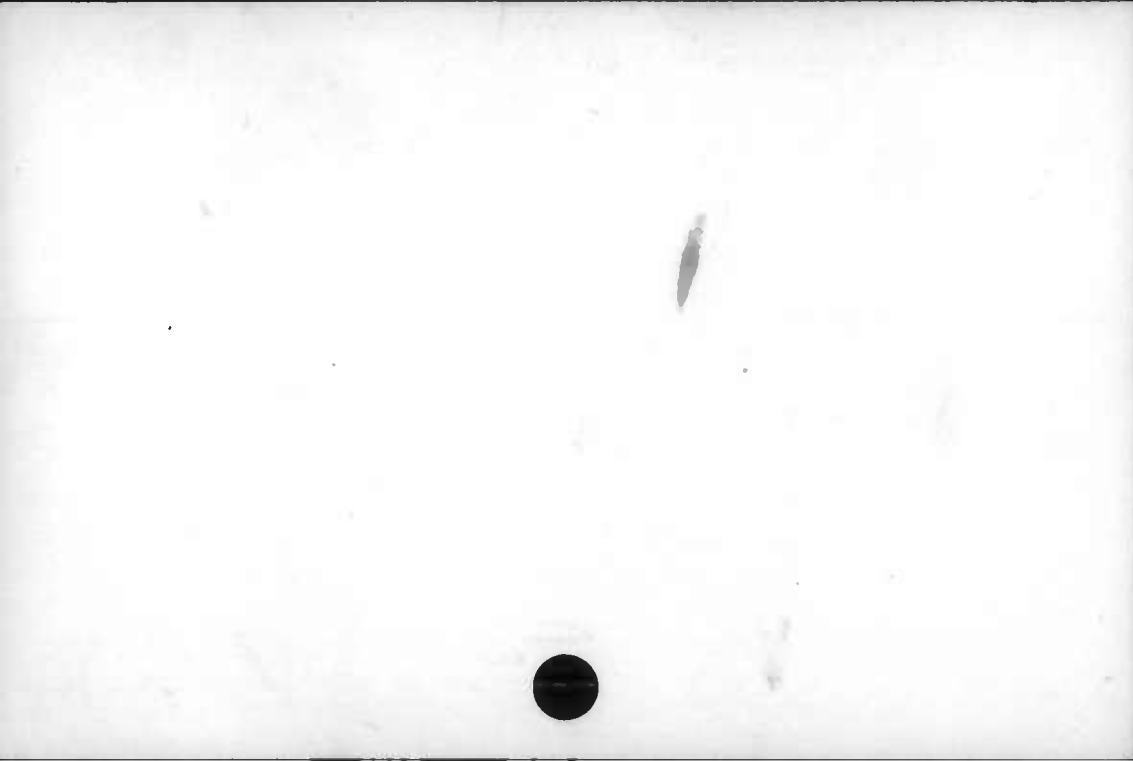
Died at <u>Mondel</u> Town		<u>Washington</u> County		MARYLAND	
Date of death 19 <u>40</u>	Month <u>May</u>	Day <u>6</u>	Age <u>61</u>	Years <u>7</u>	Months <u>16</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Bethsville, Ind.</u>			
Occupation <u>Merchant</u>	Where Residing if not at place of death _____				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Susan Downberger</u>				
Father's Name <u>John Mondel</u>	Father's Birthplace <u>Germany</u>			Mother's Birthplace <u>Germany</u>	
Mother's Maiden Name <u>Elizabeth Brinkley</u>	How related to deceased <u>Wife</u>				
Name of person giving information <u>Mrs. Susan Mondel</u>					

PHYSICIAN  
OR CORONER

I

## CAUSES OF DEATH

Primary <u>Apoplexy</u>	64	How long <u>2 days</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. M. Grewitt</u>	Address <u>Shenandoah, Ind.</u>
Accident or Suicide		



Name  
in  
Full

Ida Straley Munnery

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <i>Hayestown</i>		Town of <i>Hayestown</i>		County <i>Washington</i>		STATE OF <b>MARYLAND</b>	
Date of death <i>1901</i>		Month <i>5</i>	Day <i>31</i>	Age <i>38</i>	Years <i>38</i>	Months <i>1</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>				
Occupation <i>House work</i>		Where residing if not at place of death <i>md</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel Munnery</i>						
Father's Name <i>John N Straley</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Sarah Hays</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>John N Straley</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

H

Primary <i>Cancer</i>	<i>45</i> ✓	How long <i>Indefinite</i>
Immediate <i>Exhaustion</i>		How long <i>Four months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. O. Ragan</i>	
	Address <i>Washington md</i>	
Accident or Suicide? <i>No</i>		

Edgewood  
Huntington

A. K. Coffman

Name  
in  
Full

CERTIFICATE OF DEATH

John, H. Kenffer.

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Lutersburg Town Washington County

Date of death 1900 Month 5 Day 12 Age 3 Years Months 3 Days 9

Sex male Color or Race White Birthplace Lutersburg

Occupation None Where Residing if not at place of death Lutersburg

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

Father's Name Michael Kenffer Father's Birthplace Lutersburg

Mother's Maiden Name Effie A. Kenffer Mother's Birthplace Biversock

Name of person giving Information Effie A. Kenffer How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia (92) How long 8 days

Immediate

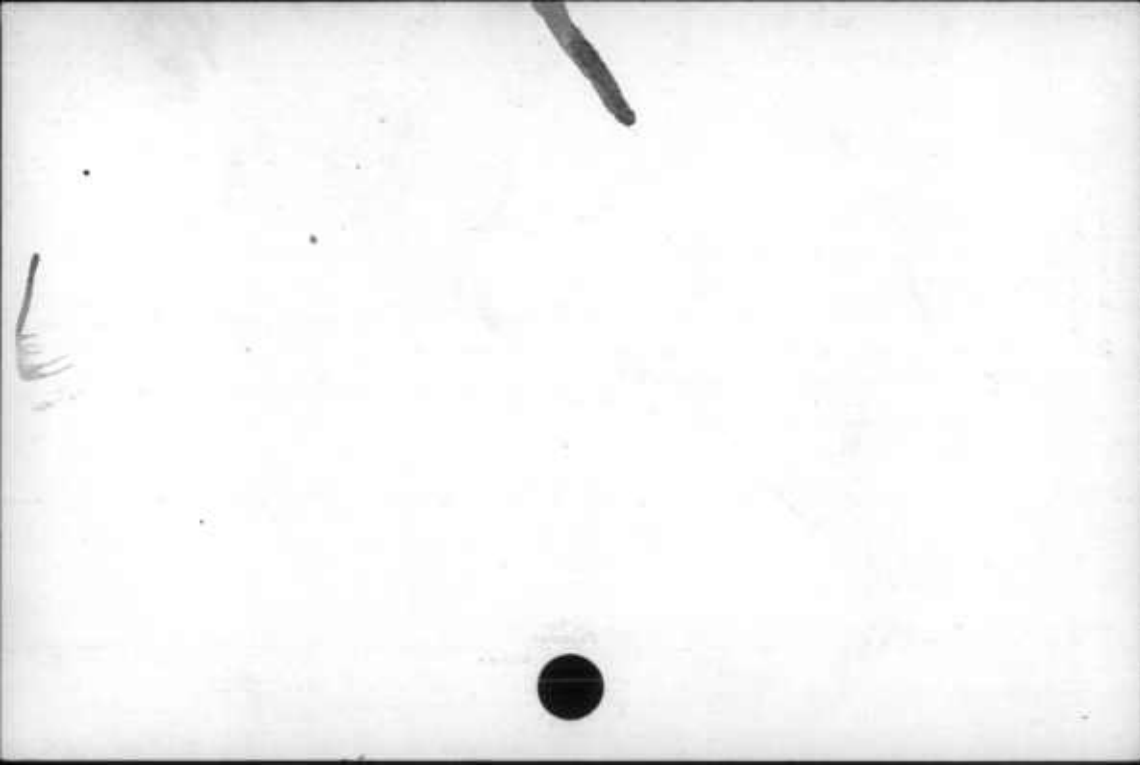
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. D. Wishard  
Lutersburg  
W.D.

Accident or Suicide





Name  
in  
Full

David W. Mumaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND



Died at Brimes Town Washington County, MARYLAND

Date of death 1990 Month May Day 12 Age 57 Years Months 3 Days 2

Sex Male Color or Race White Birth-place Adams Co. Pa

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

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

Father's Name Jesse Mumaker Father's Birthplace Pennsylvania

Mother's Maiden Name Catherine Rhodes Mother's Birthplace Pennsylvania

Name of person giving Information Miss Nettie Mumaker How related to deceased Sister

CAUSES OF DEATH

(27) Hearting (28) Uncertain

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

PHYSICIAN  
OR CORONER



Primary Pulmonary Tuberculosis

Immediate \_\_\_\_\_

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

Signature of Physician E. M. Garrett.

Address Sharpsburg, Md.

Accident or Suicide

(14)



Name in Full

Elizabeth Porolus

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at <sup>Town</sup> Mapleville <sup>County</sup> Wash. MARYLAND

Date of death 1960 <sup>Month</sup> May <sup>Day</sup> 8 Age <sup>Years</sup> 89 <sup>Months</sup> 8 <sup>Days</sup> 11

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

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

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

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

Mother's Maiden Name Not-Known <sup>Mother's Birthplace</sup> "

Name of person giving information Mrs. J. E. Fahoney <sup>How related to deceased</sup> None

CAUSES OF DEATH

✓

Primary Old Age <sup>How long</sup> 127

Immediate General debility -> Dropsy <sup>How long</sup>

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

Signature of Physician

S. S. Davis

Address

Brownwood

Md

PHYSICIAN OR CORONER

H

Accident or Suicide

Briming & Past

Underwater

Name  
in  
Full

CERTIFICATE OF DEATH

*Sub-Roman*

Died at *Martinsburg* <sup>Town</sup> *Berkeley* <sup>County</sup> **MARYLAND**

Date of death | 190 <sup>Month</sup> *May* <sup>Day</sup> *31* Age <sup>Years</sup> *29* <sup>Months</sup> *11* <sup>Days</sup> *10*

Sex *Male* Color or Race *white* Birth-place *West Co*

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

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

Father's Name *Richard Roman* Father's Birthplace *md*

Mother's Maiden Name Mother's Birthplace *md*

Name of person giving information *Mrs Richard Roman* How related to deceased *Mother*

CAUSES OF DEATH

*Died outside of State*

Primary How long

Immediate *Sun Shot-wound* How long

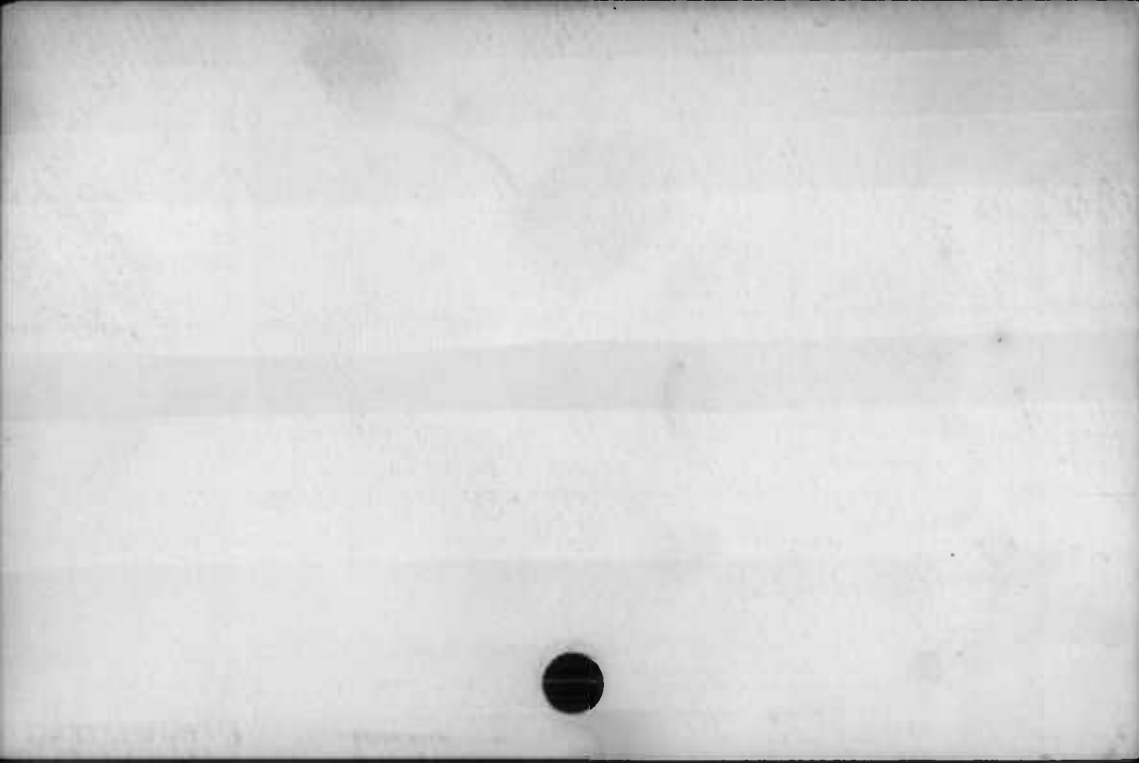
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. J. Westfall undertaker*

Address *Shr oaks Martinsburg wa*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel Rummel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Maugansville W</i>		County		MARYLAND	
Date of death 19 <i>40</i>	Month <i>May</i>	Day <i>3</i>	Age <i>68</i>	Years	Months <i>10</i>	Days <i>23</i>	
Sex <i>M</i>	Color or Race <i>W</i>		Birth-place <i>Was Co Md</i>				
Occupation <i>carpenter</i>	Where residing if not at place of death <i>Maugansville</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Peter Rummel</i>	Father's Birthplace <i>Pa</i>						
Mother's Maiden Name <i>Margaret Herrew</i>	Mother's Birthplace <i>i</i>						
Name of person giving information <i>Kate Rummel</i>	How related to deceased <i>Brother</i>						

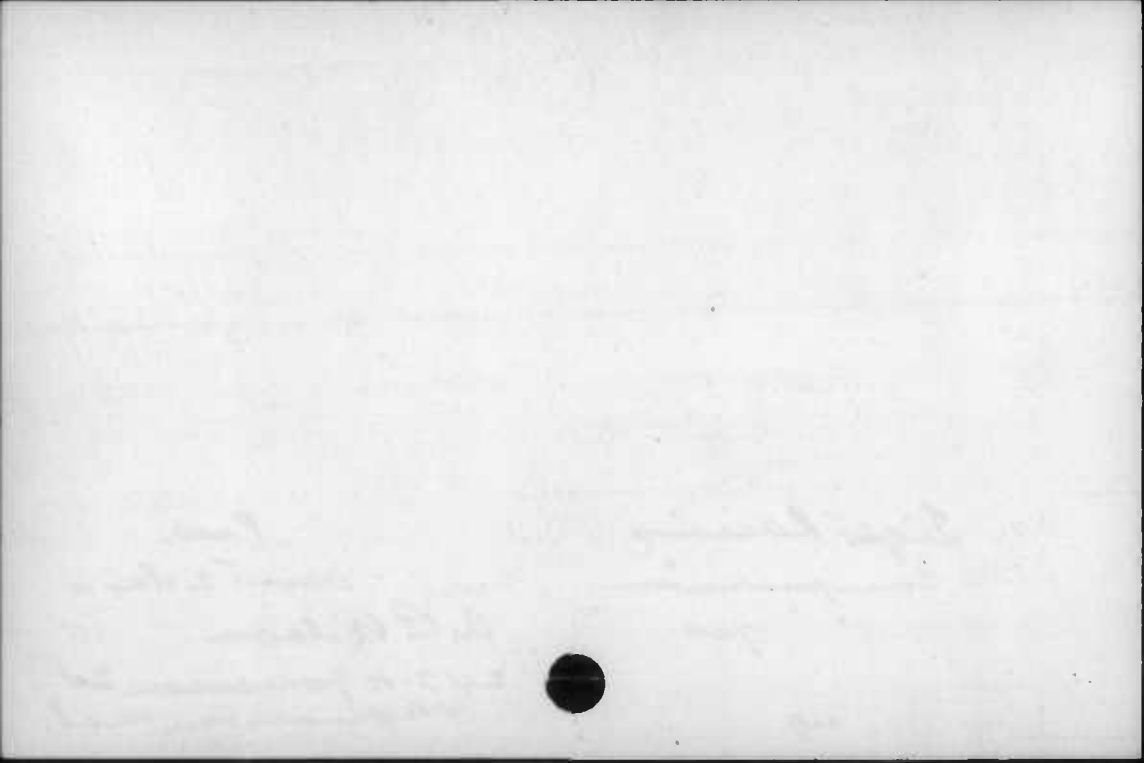
A R Brewbaker

## CAUSES OF DEATH

(6)

PHYSICIAN  
OR CORONER

Primary <i>Mad nor Doctor</i>	How long <i>3 hours</i>
Immediate <i>Paralyzed</i>	How long <i>3 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>no physician</i>
	Address <i>J. E. Pitonoglo H.O. Hayestown Md</i>
Accident or Suicide? <i>Paralytic</i>	





Name  
in Full

Still Born Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Hagerstown Washington County MARYLANDDate of death 1900 May 18 Age — Months — Days —Sex Female Color or Race Colored Birth-place Hagerstown MdOccupation — Where Residing if not at place of death —Married, Single or Widowed — Name of Wife or Husband —Father's Name Edward Scott Father's Birthplace Hagerstown MdMother's Maiden Name Melba Page Mother's Birthplace PaName of person giving Information Edward Scott How related to deceased Father

## CAUSES OF DEATH

Primary Light Lacing How long 9 mos.Immediate Compression How long about 2 daysAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician A. B. WilsonAddress 247 N. Jonesman St  
Hagerstown Md.Accident or Suicide no

S. E. Ford

Name  
Full

Isabella J. Shervin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown <sup>Town</sup> Wash <sup>County</sup> **MARYLAND**  
 Date of death 1900 <sup>Month</sup> 5 <sup>Day</sup> 13 Age <sup>Years</sup> 82 <sup>Months</sup> 3 <sup>Days</sup> —  
 Sex Female Color or Race White Birth-place Md.  
 Occupation Seamstress Where Residing if not at place of death —  
 Married, Single or Widowed single Name of Wife or Husband —  
 Father's Name Thomas Shervin Father's Birthplace Ireland  
 Mother's Maiden Name Isabella McLean Mother's Birthplace Ireland  
 Name of person giving Information Margaret Shervin How related to deceased sister

## CAUSES OF DEATH

Primary Paralysis 66 How long Fifteen months  
 Immediate — How long —  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician J. M. Bevin  
 Address Hagerstown  
 Accident or Suicide —

PHYSICIAN  
OR CORONER

Kim Susan H. Sun

Name  
In Full

Nicholas Shrader

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Hagerstown <sup>County</sup> Washington MARYLANDDate of death 19 <sup>Year</sup> 10 <sup>Month</sup> 5 <sup>Day</sup> 2 Age <sup>Years</sup> 72 <sup>Months</sup> 1 <sup>Days</sup> —

Sex Male Color or Race White Birth-place Pa

Occupation Retired Farmer Where Residing if not at place of death —

Married, Single or Widowed Widower Name of Wife or Husband Susan Hildebrand

Father's Name Wm Shrader Father's Birthplace Pa

Mother's Maiden Name Lydia Myers Mother's Birthplace Pa

Name of person giving information Clara A Haines Hospitalized to deceased Daughter

## CAUSES OF DEATH

79 ✓

PHYSICIAN  
OR CORONER

Primary Valvular insufficiency of several years How long

Immediate Aneurysm of lungs 5 days How long

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

Signature of Physician O. H. Rague

Address Hagerstown Md

Accident or Suicide? No

J. M. Krishna

Name  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Harry Edward Suttle</i>					County <i>Washington</i>		State <i>MARYLAND</i>				
Died at <i>Hagerstown</i>		Month <i>5</i>		Day <i>26</i>		Years <i>29</i>		Months <i>7</i>		Days <i>13</i>	
Date of death <i>1910</i>		Age <i>29</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Laborer</i>		Where Reading if not at place of death <i>Stokes town</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Pauline Arnold</i>		Father's Name <i>Lewis Suttle</i>		Father's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Unknown</i>		Name of person giving information <i>William M. Moore</i>		How related to deceased <i>Brother in Law</i>							

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Scald Steam (AH)</i>	How long <i>One day</i>
	Immediate <i>Pneumonia Hypertensive</i>	How long <i>8 hrs</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Warty</i>
	Address <i>Stokes town -</i>	
Accident or Suicide? <input type="checkbox"/>		

offman  
Jablonec, Emanuel

A. K. Hoffman



Name in Full

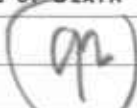
Louise Ruth Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Hagerstown Town Wash. County **MARYLAND**  
 Date of death 1980 Month 5 Day 9 Age 6 Years 7 Months 11 Days  
 Sex female Color or Race white Birth-place md.  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed single Name of Wife or Husband \_\_\_\_\_  
 Father's Name John Smith Father's Birthplace md. Puma  
 Mother's Maiden Name Margaret Boward Mother's Birthplace md.  
 Name of person giving information Edith Smith How related to deceased sister

CAUSES OF DEATH

Primary Pneumonia  How long 10 days  
 Immediate \_\_\_\_\_ How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician D. A. Meriman  
 Address Hagerstown md.  
 Accident or Suicide no.

PHYSICIAN OR CORONER

J. M. Suter & Son

Name  
in  
Full

John H. C. Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hogestown</u> <small>Town</small>			<u>Washington</u> <small>County</small>			MARYLAND		
Date of death	19 <u>10</u>	Month <u>5</u>	Day <u>11</u>	Age <u>7</u>	Years <u>7</u>	Months <u>—</u>	Days <u>12</u>	
Sex	<u>Male</u>		Color or Race	<u>Blk</u>		Birth-place	<u>md</u>	
Occupation				Where residing if not at place of death				

<input type="checkbox"/> Married, Single or Widowed	Name of Wife or Husband			
Father's Name	<u>John G. Snowden</u>		Father's Birthplace	<u>D.C.</u>
Mother's Maiden Name	<u>Gertie Hill</u>		Mother's Birthplace	<u>md</u>
Name of person giving information	<u>John G. Snowden</u>		How related to deceased	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Broncho Pneumonia</u>		How long	<u>Nine days</u>
	Immediate	<u>&amp; exhaustion</u>		How long	
	Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>		Signature of Physician	<u>J. P. Ditsworth</u>
	Accident or Suicide?	<u>No</u>		Address	<u>Hogestown md</u>

Call your  
Secretary.

A. K. Johnson

Name

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

V

*Geo W. Stinebaugh*

Town *Hagerstown* County *Wash*

Died at *Hagerstown*

Date of death 19 *19* Month *5* Day *13* Age Years *34* Months *2* Days *—*

Sex *male* Color or Race *white* Birth-place *Ind.*

Occupation *R.R. Mechanic* Where residing if not at place of death

Married, Single or Widowed *married* Name of Wife or (Partner) *Bertha Smith Stinebaugh*

Father's Name *Fredrick Stinebaugh* Father's Birthplace *Germany*

Mother's Maiden Name *Jarah Phillips* Mother's Birthplace *Penn*

Name of person giving information *Bessie Stinebaugh* How related to deceased *sister*

## CAUSES OF DEATH

27

28

PHYSICIAN  
OR CORONER

H

Primary *Tuberculosis*

How long

*1 yr*Immediate *Emphysema*

How long

*1 week*

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

*yes*

Signature of Physician

Address

*E. A. Warbler**Hagerstown**Ind*

Accident or Suicide?



Name in Full

Samuel L. Stouffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Town: Cheneyville County: Washington MARYLAND

Died at Cheneyville Washington

Date of death: 1900 Month: 5 Day: 3 Age: 54 Years Months Days

Sex: Male Color or Race: White Birthplace: Hagerstown

Occupation: Farmer Where Residing if not at place of death: Cheneyville

Married, Single or Widowed: Married Name of Wife or Husband: Emma L. Stouffer

Father's Name: Christian Stouffer Father's Birthplace: Hagerstown

Mother's Maiden Name: Rosana Thomas Mother's Birthplace: Hagerstown

Name of person giving information: Emma L. Stouffer How related to deceased: Wife

CAUSES OF DEATH

Primary: \_\_\_\_\_ How long: \_\_\_\_\_

Immediate: Hanging How long: \_\_\_\_\_

15M ✓

PHYSICIAN OR CORONER

+

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

Signature of Physician: J. H. Bergerson

Address: Register  
Leicester Md

Accident or Suicide: By hanging

