

Name  
In Full

Rosal Arnone

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Shroetburg</i>		<sup>County</sup> <i>Allegheny</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>6</i>	Day <i>15</i>	Age <i>1</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>F.</i>	Color or Race <i>N.</i>	Birth-place <i>Md</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Louis Arnone</i>	Father's Birthplace <i>Italy</i>				
Mother's Maiden Name <i>Catherine Quartari</i>	Mother's Birthplace <i>Italy</i>				
Name of person giving information <i>Catherine Arnone</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia (92)</i>	How long <i>7 days</i>
Immediate		How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. H. G. Malone</i>	
	Address <i>Shroetburg Md</i>	
Accident or Suicide?		

Catholic

Name in Full

CERTIFICATE OF DEATH

James Barnalyne  
Cocke County

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at *Coke* Date of death 19*60* June 23 Age 60 Months 7 Days 24

Sex *M* Color or Race *W* Birthplace *Scotland*

Occupation *Coal Inspector* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Annice Barnalyne*

Father's Name *John Barnalyne* Father's Birthplace *Scotland*

Mother's Maiden Name *Jeannette Wardroe* Mother's Birthplace *Scotland*

Name of person giving Information *John Barnalyne* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cause *Cardiac Hypertension* How long *about 3 yrs*

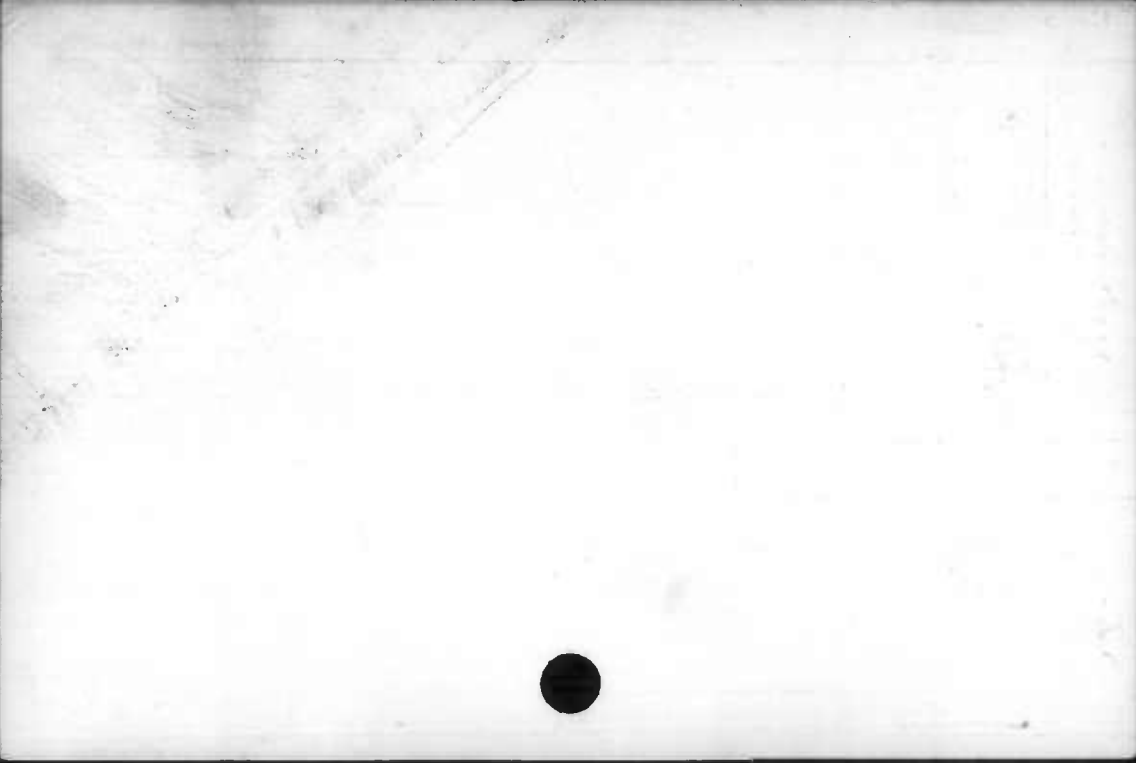
Immediate Cause *Cardiac failure* How long *few minutes*

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

Signature of Physician *[Signature]*

Address *[Redacted]*

Assistant or Guide



Name  
in  
Full

Child, The° Barger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Emberland <sup>County</sup> Allegheny **MARYLAND**

Date of death 1910 <sup>Month</sup> 6- <sup>Day</sup> 25 Age Still born <sup>Months</sup>      <sup>Days</sup>     

Sex Unknown Color or Race White Birth-place Emberland

Occupation      Where Residing if not at place of death     

Married, Single or Widowed      Name of Wife or Husband     

Father's Name The° Barger Father's Birthplace     

Mother's Maiden Name      Mother's Birthplace     

Name of person giving information The° Barger How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

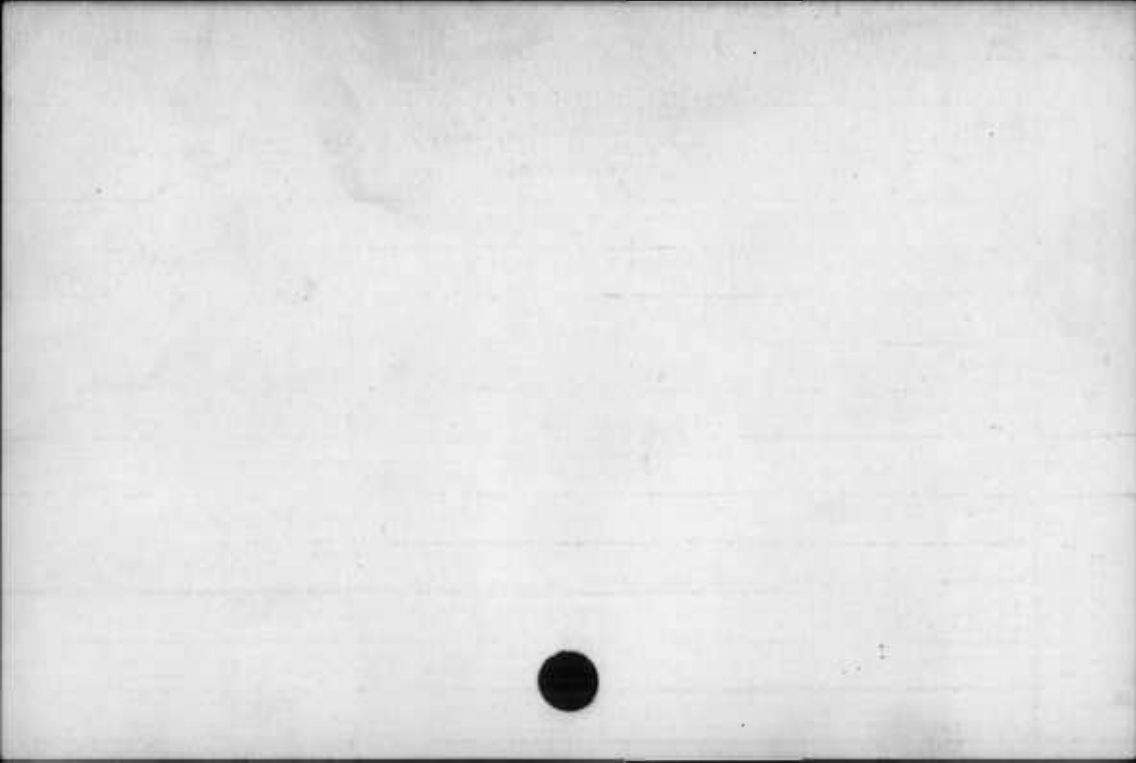
Primary Still born How long     

Immediate Prematurity How long 1 mos bleed

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

Signature of Physician J. S. D. Address Emberland Md

Accident or Suicide?



Name  
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name In Full <i>Grace Barnes</i>		Town <i>Hrostburg</i>		County <i>Alleghany</i>		STATE <b>MARYLAND</b>	
Died at		Date of death <i>1910</i>		Age		Months <i>1</i>	
Month <i>6</i>		Day <i>17</i>		Years <i>—</i>		Days <i>7</i>	
Sex <i>F</i>		Color or Race <i>W.</i>		Birth-place <i>md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married; Single or Widowed				Name of Wife or Husband			
Father's Name <i>Stephens Barnes</i>				Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Miriam Steele</i>				Mother's Birthplace <i>Italy</i>			
Name of person giving information <i>Stephens Barnes</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Convulsions</i>	How long	<i>(71)</i>
Immediate		How long	<i>10 hours.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. W. O. Blane</i>	
		Address <i>Hrostburg Md.</i>	
Accident or Suicide?			

OK





Name  
in  
Full

Louisa Berkley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County Allegheny		STATE MARYLAND	
Date of death	1910	Month June	Day 9	Age Years	73	Months	Days
Sex	Female		Color or Race	White		Birth- place	Cumtld.
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband Geo Berkley				
Father's Name	Geo M Reid					Father's Birthplace	md.
Mother's Maiden Name	Maria Reid					Mother's Birthplace	md.
Name of person giving Information	Anna Reid					How related to deceased	Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Semility	How long	W-4
Immediate	Exhaustion	How long	12 hrs.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J.B. Madman
		Address	Cumtld
Accident or Suicide?			

3 sisters.

Mrs Katie Anderson

Sylvia Harman

Mrs Margaret Corbin.

Mrs Maria Foster

(Mrs Reid  
Mrs Reid)

Funeral 2 Jan.

3 Children.

Mrs L. W. Murdock of

Mrs. J. A. Starnes  
Mrs. Clara  
Mrs. Starnes

Name  
In Full

CERTIFICATE OF DEATH

Mellissie Bromery Bromery

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Cumberland <sup>County</sup> Allegany

MARYLAND

Date of death 1910 <sup>Month</sup> June <sup>Day</sup> 28 Age <sup>Years</sup> 22 <sup>Months</sup> — <sup>Days</sup> —Sex Female <sup>Color or Race</sup> Colored <sup>Birth-place</sup> MdOccupation None <sup>Where Residing if not at place of death</sup> —Married, Single or Widowed Single <sup>Name of Wife or Husband</sup> NoneFather's Name Daniel Bromery <sup>Father's Birthplace</sup> VaMother's Maiden Name Francis Harper <sup>Mother's Birthplace</sup> MdName of person giving information Myrus Bromery <sup>How related to deceased</sup> Brother

## CAUSES OF DEATH

28 ✓

PHYSICIAN  
OR CORONERPrimary Acute miliary tuberculosis <sup>How long</sup> 7 mos.Immediate Emulsion <sup>How long</sup> 1 mos.

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

Signature of Physician Shugrow Sparks

Stew

Address 104 N. Mechanic Sparks

Accident or Suicide? no

Father & Mother

3 Brothers

3 Sisters

Printed 2 at Home

Intendant at Rome Hill

of

30

Name  
In Full

Howard C. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frostburg</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>16</u> <small>Day</small>	Age	<u>13</u> <small>Years</small>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Frostburg</u>
Occupation	<u>none</u>	Where Residing if not at place of death			
Married, Single or Widowed	<u>single</u>	Name of Wife or Husband			
Father's Name	<u>Charles F. Brown</u>			Father's Birthplace	<u>Richester Va</u>
Mother's Maiden Name	<u>Clara Jones</u>			Mother's Birthplace	<u>Morgan Co W Va</u>
Name of person giving information	<u>Charles F. Brown</u>			How related to decedent	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Measles</u>	How long	<u>2 days</u>
Immediate	<u>Bronchitis</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>		
Signature of Physician	<u>G. L. Linniger</u>		
Address	<u>Frostburg, Md.</u>		
Accident or Suicide?	<input type="checkbox"/>		

Percy

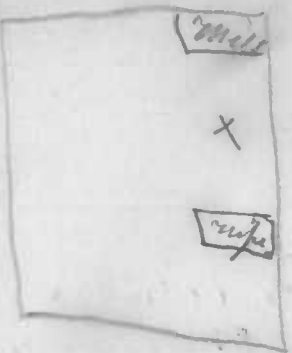
TO BE ANSWERED BY  
 NEAREST FRIEND

Name		Helen Razan Buchanan				CERTIFICATE OF DEATH	
Died at		Town Elerstie		County Alleg		MARYLAND	
Date of death		1910	Month June	Day 11	Age 16	Months —	Days —
Sex		Female		Color or Race White		Birth-place Md	
Occupation		None		Where residing if not at place of death —			
Married, Single or Widowed		Single		Name of Wife or Husband None			
Father's Name		Will J Buchanan				Father's Birthplace Md	
Mother's Maiden Name		Gertrude Worning				Mother's Birthplace Md	
Name of person giving information		Lola Buchanan				How related to deceased Aunt	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis	How long	28 mos	
	Immediate	Cyphosis	How long	3 mos	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Hearl Sweetland		
	Address Elerstie Md		Smith		
Accident or Suicide?		(Accident)			

Thomas Bunker  
Monday morning on  
arrival P & R train  
Hickings  
Higgins





Name in Full

Harry Edward Cain

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Quincy Town Allegheny County

Date of death 19 10 June 7 Day Age 16 16 Years Months 16 Days

Sex male Color or Race White Birth-place MD.

Occupation None Where Residing if not at place of death None

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

Father's Name Clarence B. Cain. Father's Birthplace N. Va.

Mother's Maiden Name Edith Thompson Mother's Birthplace N. Va.

Name of person giving information E. B. Cain How related to deceased Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Failure of Closure of Foramen Ovale How long 16 hrs

Immediate Same How long 15

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

Signature of Physician E. B. [unclear]

Address Castroville

Accident or Suicide? Berkeley Spgs MD

3 Howard St.

Name in Full

CERTIFICATE OF DEATH

Fannie Cessna

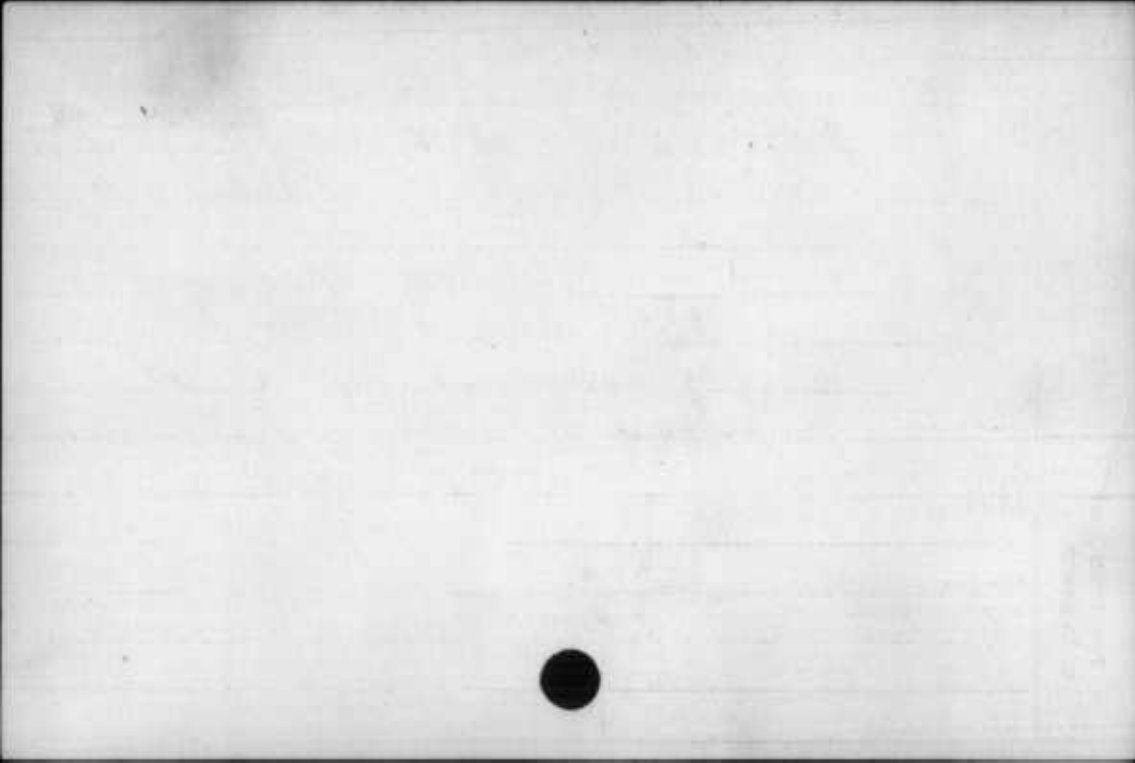
TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Cumberland <sup>County</sup> Alleg **MARYLAND**  
 Date of death 1910 <sup>Month</sup> June <sup>Day</sup> 2 <sup>Age</sup> 57 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>  
 Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Pa  
 Occupation Housekeeper <sup>Where residing if not at place of death</sup>  
 Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Jonathon Cessna  
 Father's Name Henry Wood <sup>Father's Birthplace</sup> Pa  
 Mother's Maiden Name Sharlett Beiler <sup>Mother's Birthplace</sup> Pa  
 Name of person giving information Jonathon Cessna <sup>How related to deceased</sup> Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cancer of Stomach <sup>How long</sup> 9 months  
 Immediate Exhaustion following Pylorotomy <sup>How long</sup> 9 days  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician Lewis J. Johnson, M.D.  
 Address Cumberland Md.  
 Accident or Suicide? No Savage



Name  
In  
Full

Roland G. Chapman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

V

Died at <sup>Town</sup> <i>Hrostburg</i>		<sup>County</sup> <i>Attleyan</i>		MARYLAND	
Date of death <i>1910</i> <i>1 90</i>	Month <i>6</i>	Day <i>2</i>	Age	Years	Months <i>18</i>
Sex <i>M.</i>	Color or Race <i>W.</i>	Birth-place <i>md</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Joseph H. Chapman</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Lily Sampson</i>		Mother's Birthplace <i>England</i>			
Name of person giving information <i>Joseph H. Chapman</i>		How related to deceased <i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Convulsion</i>	How long <i>71</i>	<i>9 Days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>		
	Address <i>Hrostburg md</i>		
Accident or Suicide?			

W K

Name  
In Full

Anna Clauson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town <i>Keas</i>		County <i>Alleg</i>	
Date of death	1910	Month	<i>June</i>	Day	<i>28</i>
Age	<i>80</i>	Years	<i>80</i>	Months	<i>1</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Wellsburg Pa</i>
Occupation	<i>None</i>		Where Reading if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband <i>George Clauson</i>			
Father's Name	<i>Gittenen Shaffer</i>		Father's Birthplace	<i>D.K.</i>	
Mother's Maiden Name	<i>Do not know</i>		Mother's Birthplace	<i>D.K.</i>	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	How long	<i>15 1/2</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 1/2 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. M. Jones</i>
		Address	<i>Camferland Md</i>
Accident or Suicide?	<i>1</i>		





Name  
Is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Helen Carol Virginia Conway*

Died at *Crumbsburg* <sup>Town</sup> *Alleg* <sup>County</sup> **MARYLAND**

Date of death *1910* <sup>Month</sup> *June* <sup>Day</sup> *7* Age <sup>Years</sup> *—* <sup>Months</sup> *1* <sup>Days</sup> *7*

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

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

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

Father's Name *William C. Conway* Father's Birthplace *md.*

Mother's Maiden Name *Jena Virginia Edwards* Mother's Birthplace *West Va*

Name of person giving information *William C Conway* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

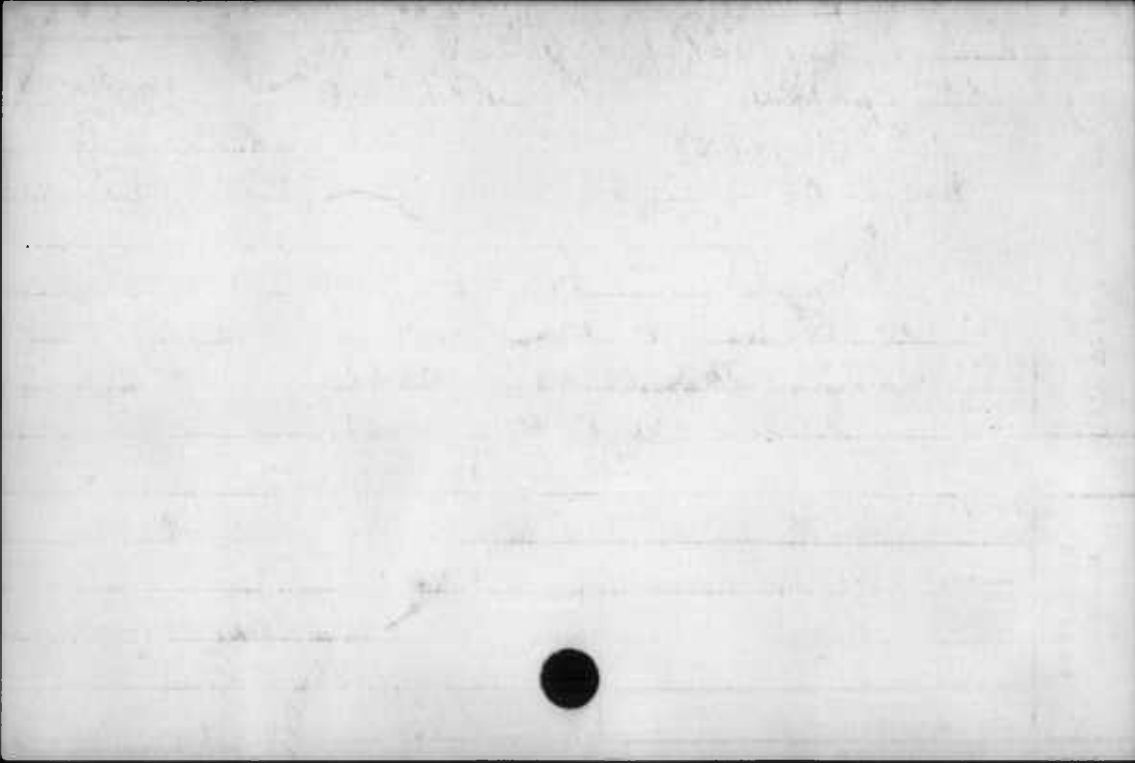
Primary *Gastric Intestinal Anemia* How long *104*

Immediate *Convulsions* How long *1 wch.*

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

Signature of Physician *J. V. Deming M.D.*  
Address *1344 Center St  
Crumbsburg, Md*

Accident or Suicide? *X*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Mary Cunningham

Tinsbury

Allegheny

MARYLAND

Date

of death

1900 June 19

Age

W

Years

Months

3

Days

Sex

F

Color or  
Race

W

Birth-  
place

Tinsbury

Occupation

\_\_\_\_\_

Where Residing if not  
at place of death

\_\_\_\_\_

Married, Single  
or Widowed

\_\_\_\_\_

Name of Wife or  
Husband

\_\_\_\_\_

Father's  
Name

John Cunningham

Father's  
Birthplace

Md

Mother's  
Maiden Name

Sophron Thomas

Mother's  
Birthplace

Va

Name of person giving  
Information

Mrs Cunningham

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Malnutrition

How long

4 mos

Immediate

Exhaustion

How long

2 weeks

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

Address

L. S. ...  
Tinsbury MdPHYSICIAN  
OR CORNER

Accident or Suicide

OK

Name  
in  
Full

John F. Dawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County Allegheny		MARYLAND	
Date of death	1910	Month	June	Day	12	Age	69
Sex	male	Color or Race	White	Birth-place	Md		
Occupation	constabler			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband Sarah Dawson				
Father's Name	Do not know					Father's Birthplace	Do not know
Mother's Maiden Name	Do not know					Mother's Birthplace	" " "
Name of person giving information	Mollie Webber					How related to deceased	daughter

PHYSICIAN  
OR CORONER

CAUSES OF DEATH	
Primary	(Not by BHO) Fracture of skull 8 hrs.
Immediate	Exhaustion 85
Are the name, age, sex, color, date and place correctly given above?	Yes.
Signature of Physician	J. V. Downing Md
Address	134 W. Centre Cumberland Md
Accident or Suicide?	



Name  
In Full

Antonia J Ditzek

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cum gratia Germany County Germany  
 Date of death 1910 June 30 Month June Day 30 Age - Years 10 Months - Days -  
 Sex male Color or Race White Polish Birth-place Germany  
 Occupation - Where residing if not at place of death -

MARYLAND

Married, Single or Widowed Single Name of Wife or Husband None  
 Father's Name Joseph Ditzek Father's Birthplace Poland  
 Mother's Maiden Name Annie Pristula Mother's Birthplace Poland  
 Name of person giving information Joseph Ditzek How related to deceased Father

## CAUSES OF DEATH

Primary Cholera Infantum How long Two days  
 Immediate Coma How long 104 a few hours  
 Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide? -





Name in Full

William Dochoney

CERTIFICATE OF DEATH

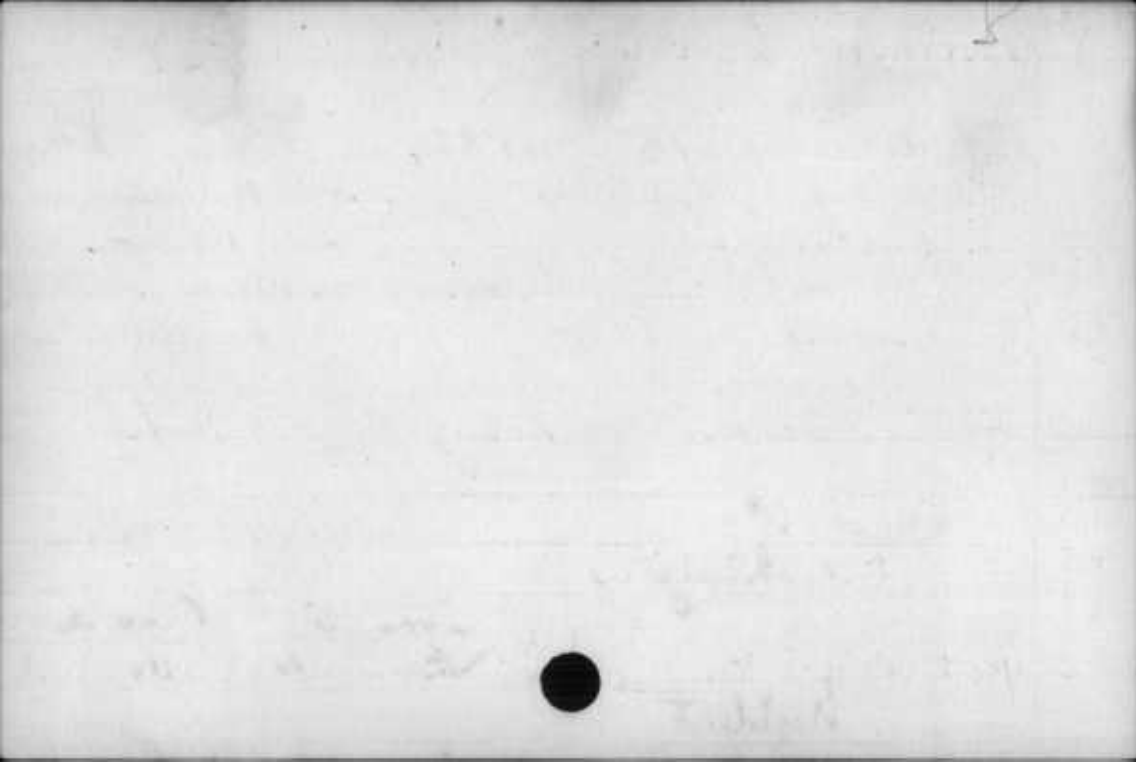
TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Cumberland <sup>County</sup> Alleg  
**MARYLAND**  
 Date of death 1910 June 30 Age 44  
 Sex Male Color or Race White Birth-place Md  
 Occupation Boatman Where residing if not at place of death Basin Wharf  
 Married, Single or Widowed Married Name of Wife or Husband Anna Jackson  
 Father's Name Patrick Dochoney Father's Birthplace Md  
 Mother's Maiden Name Do not know Mother's Birthplace Dk  
 Name of person giving information Anna Dochoney How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Drowning How long —  
 Immediate Suffocation 169 How long —  
 Are the name, age, sex, color, date and place correctly given above?  
 Yes, to best of my knowledge  
 Accident or Suicide? Accident  
 Signature of Physician Franklin B. Beall  
 Address Cumberland, Maryland



Name  
In Full

Margaret - E. Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frostburg</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i> <small>Year</small>	<i>June</i> <small>Month</small>	<i>15</i> <small>Day</small>	Age	<i>82</i> <small>Years</small>
					<i>7</i> <small>Months</small>
					<i>24</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth place	<i>Cekhart Mines</i>
Occupation	<i>House-wife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>widowed</i>	Name of Wife or Husband	<i>John Ford (Deceased)</i>		
Father's Name	<i>Josiah Porter</i>		Father's Birthplace	<i>Allegheny Co Md</i>	
Mother's Maiden Name	<i>Margaret Coombs</i>		Mother's Birthplace	<i>Allegheny Co Md</i>	
Name of person giving information	<i>Josiah Ford</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Senility</i>	How long	<i>12 years</i>	
	Immediate	<i>Apoplexy</i>	How long	<i>26 hours</i>	
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>G. L. Timinger</i>	
			Address	<i>Frostburg Md</i>	
	Accident or Suicide?				

Posters

Name  
in  
Full

CERTIFICATE OF DEATH

Mary Frost

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Near Cumuld <sup>County</sup> Allegh MARYLAND

Date of death 19 10 <sup>Month</sup> June <sup>Day</sup> 26 <sup>Years</sup> 63 <sup>Months</sup> 7 <sup>Days</sup> —

Sex Female Color or Race White Birth-place Germany

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Fredrick Frost

Father's Name Michael Drauskey Father's Birthplace Prussia

Mother's Maiden Name Elizabete Hohenschein Mother's Birthplace Germany

Name of person giving information Fredrick Frost How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Endocarditis How long 9 months

Immediate Oedema of lungs How long 12 hours

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

Signature of Physician W. R. Hodges

See

Address Cumberland, Md.

Accident or Suicide? —

Shuman

|||||



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtulaud</i> <sup>Town</sup> <i>Alley</i> <sup>County</sup>		MARYLAND	
Date of death 19 <i>10</i> <sup>Month</sup> <i>June</i> <sup>Day</sup> <i>8</i> <sup>Year</sup> <i>73</i>	Age <i>73</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>	
Occupation <i>Laborer</i>	Where Reading if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Marie</i>		
Father's Name <i>Do not know</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>" " " "</i>	Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Joseph Berdemann</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Lungs</i>	How long <i>6 mos</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. W. Fochman</i>
<i>Sten</i>	Address <i>Chamberlain</i>
Accident or Suicide? <i>—</i>	<i>W. A. LeFranklin</i> <i>MD</i>





Name  
In Full

Laura Frances Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <sup>Town</sup> Cumberland <sup>County</sup> Allegany MARYLAND

Date of death 1910 June 27 Age 56 Months — Days —

Sex Female Color or Race White Birth-place Md

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Robert Green

Father's Name Henry Ross Father's Birthplace Md

Mother's Maiden Name Lulu Miller Mother's Birthplace Md

Name of person giving information Henry A Miller How related to deceased Son

✓

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Typhoid fever How long 3 weeks?

Immediate acute meningitis How long 5 days

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

Stew Address [Signature]

Accident or Suicide? — [Signature]

Howland

3 Jan

# 5 in

Butter and

Name in Full

Henry Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Chumblands <sup>County</sup> Allegh **MARYLAND**  
 Date of death 1910 <sup>Month</sup> June <sup>Day</sup> 2 Age <sup>Years</sup> 77 <sup>Months</sup> 9 <sup>Days</sup> —  
 Sex Male Color or Race Colored Birth-place md.  
 Occupation Laborer Where Residing if not at place of death —  
 Married, Single or Widowed Married Name of Wife or Husband Ellen Scott  
 Father's Name Tobias Hall Father's Birthplace md.  
 Mother's Maiden Name Martha D.H. Mother's Birthplace D.H.  
 Name of person giving information Martha Mitchell How related to deceased Daughter

CAUSES OF DEATH

H8

PHYSICIAN OR CORONER

Primary Causes of stomach How long 7 weeks  
exhaustion How long 2 weeks  
 immediate  
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Ferguson Sparks  
Stem. Address Town Mechanic Sparks  
 Accident or Suicide? no

Joseph Keall  
Mrs. Susan Mitchell  
" " " " " " " "  
all of this City

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Hardy

MARYLAND

Died at *So. Centurband* Town*Allegany* CountyDate of death *1960 June 19*

Month

Day

Age

Years

Months

Days

Sex *Male*

Color or Race

*White*

Birth-place

*S. Centurband*

Occupation

*Her Wife*

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Charles P. Hardy*

Father's Birthplace

*MD*

Mother's Maiden Name

*Sumner G. Brinkman*

Mother's Birthplace

*MD*

Name of person giving information

*Mother*

How related to deceased

*Mother*

## CAUSES OF DEATH

Primary

*Premature Birth 8 1/2 Mo*

How long

*1 1/2*

Immediate

*Exhaustion*

How long

*1 1/2*

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

*yes*

Signature of Physician

Address

*Geo. K. Broadbent**Centurband*

Accident or Suicide?

*No*



Name  
in  
Full

Samuel L. Hayes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frostburg</u> <small>City</small> <u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death 19 <u>40</u>	Month <u>June</u>	Day <u>1</u>	Age <u>76</u>
Sex <u>M</u>	Color or Race <u>W</u>	Birth-place <u>md</u>	Months <u>10</u>
Occupation <u>Miner</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Eleza Hayes</u>		
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>		
Name of person giving Information	How related to deceased <u>99</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Coronary Hypertrophy &amp; Dil</u>	How long <u>Not known</u>
Immediate <u>Arterio Insufficiency</u>	How long <u>3 mo</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>[Signature]</u>
	Address <u>[Signature]</u>

Accident or Suicide

OK



Name in Full

No Name  
Montells

Hobel,  
Alleg

CERTIFICATE OF DEATH

MARYLAND

Died at

Date of death 1901

Month June

Day 26

Age

Years

Months

Days

Sex

Female

Color or Race

White

Birth-place

Montells Md

Occupation

Where Residing if not at place of death

Montells Md

Married, Single or Widowed

Single

Name of Wife or Husband

Single

Father's Name

Robert Hobel

Father's Birthplace

Lona coming Mo

Mother's Maiden Name

Annie Harris

Mother's Birthplace

New Zealand

Name of person giving information

Aliza Harris

How related to deceased

Grandmother

CAUSES OF DEATH

Primary

Still born

How long

Immediate

Imperson (seen to be dead) 10-12 hrs

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

Signature of Physician

Address

J. C. Holdsworth  
Eastport Md  
Md

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Vale Summit

Jacob Cooper

Name  
in  
Full

Stanley Reed Houser

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		County		MARYLAND	
Date of death	<i>1960</i>	Month	<i>June</i>	Day	<i>20</i>	Age	Years
							Months
							<i>6</i>
							Days
							<i>18</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			Name of Wife or Husband				
—			—				
Father's Name	<i>Timothy L. Houser</i>				Father's Birthplace	<i>MD</i>	
Mother's Maiden Name	<i>Ann Elizabeth</i>				Mother's Birthplace	<i>W. Va</i>	
Name of person giving information	<i>Father</i>				How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Respiratory Acute</i>	How long	<i>2 days</i>
Immediate	<i>Aspiration</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>W</i>	Signature of Physician	<i>John Bradbury</i>
		Address	<i>Cumberland</i>
Accident or Suicide?	<i>W</i>		<i>W</i>



Name  
in  
Full

Cyril Jennings Howells

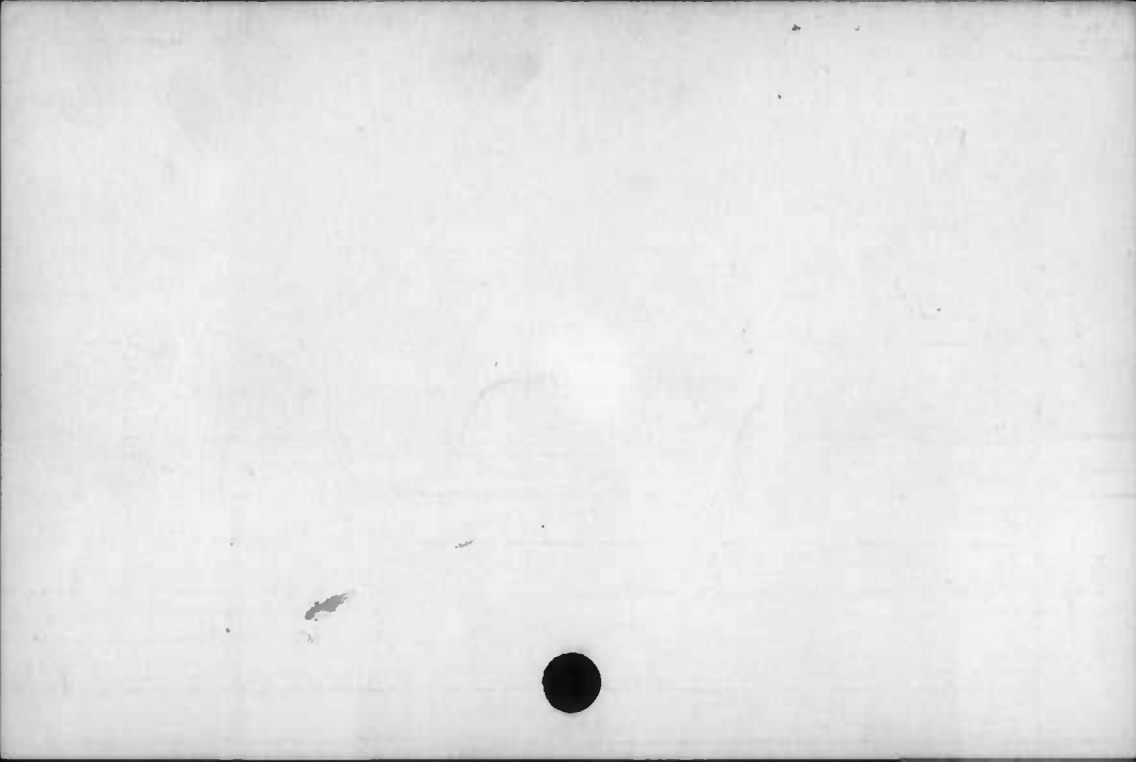
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Alleghany</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>30</u> <small>Day</small>	Age	<u>1</u> <small>Years</small>
					<u>9</u> <small>Months</small>
					<u>2</u> <small>Days</small>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Cumberland Ind</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Clinton P. Howells</u>		Father's Birthplace	<u>W Va</u>	
Mother's Maiden Name	<u>Minnie E. Nixon</u>		Mother's Birthplace	<u>W Va</u>	
Name of person giving information	<u>Mrs P &amp; Howells</u>		How related to deceased	<u>mother</u>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Gastro Enteritis</u> <u>1041</u>	How long	<u>2 mos</u>
	Immediate	<u>convulsions &amp; toxemia</u>	How long	<u>3 hrs</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>P. R. Owens M.D.</u>
	<u>Heard</u>	Address	<u>Cumberland Ind</u>	
Accident or Suicide?	<u>no</u>			



Melville H. O. Howser

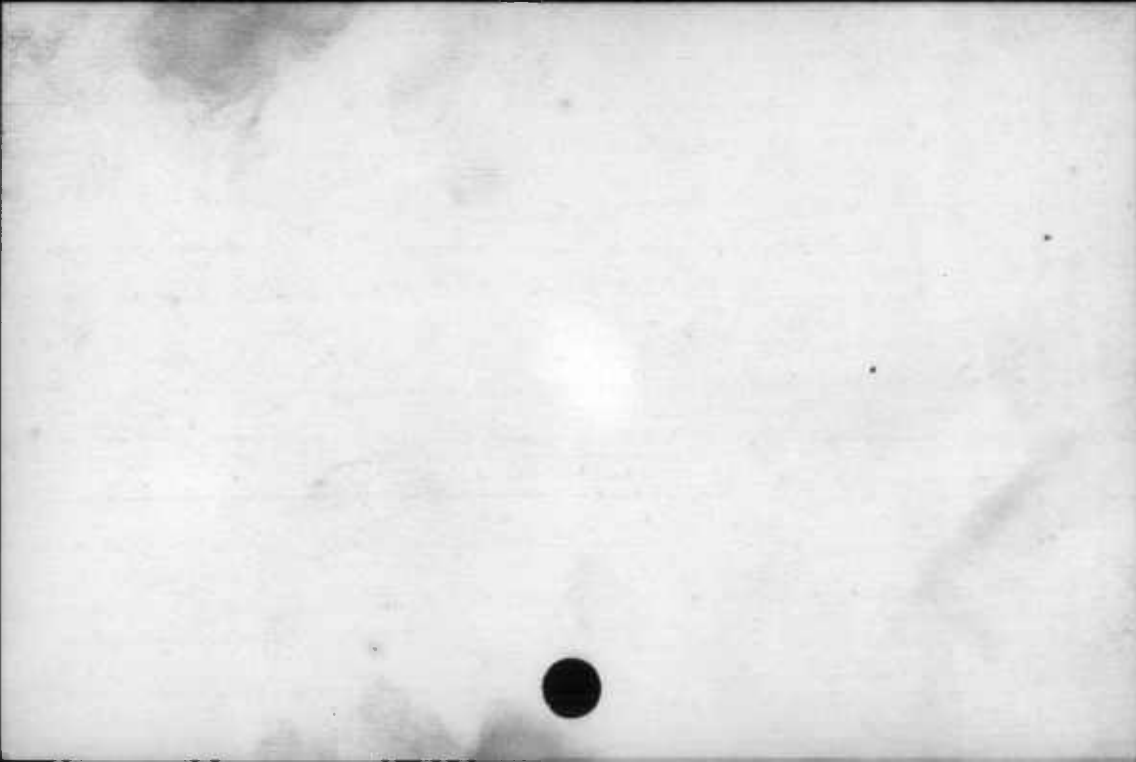
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Allegany			County Allegany			MARYLAND		
	Date of death	1910	Month 06	Day 28	Age Years	—	Months	2	Days
Sex	M.		Color or Race	W.		Birth- place	Md		
Occupation	—			Where Reading if not at place of death			—		
Married, Single or Widowed.	—		Name of Wife or Husband			—			
Father's Name	Alonso Howser					Father's Birthplace	Md		
Mother's Maiden Name	Archie Porter					Mother's Birthplace	Md		
Name of person giving in formation	A. Howser					How related to deceased	Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Capillary Bronchitis	How long	5 days
Immediate		How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W. M. Lane		
	Address Hoselburg Md		
Accident or Suicide?			





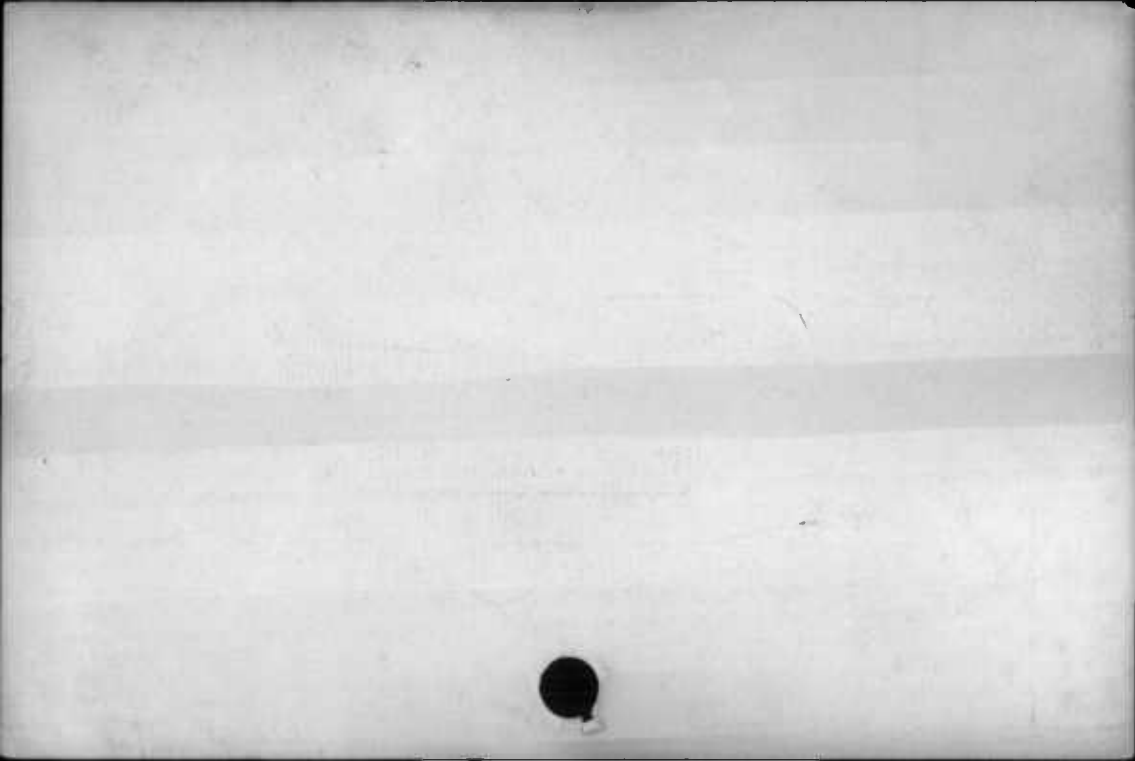
Name in Full *Owen Stephen Jackson* *Wes* CERTIFICATE OF DEATH

TO BE ANSWERED BY  
 NEAREST FRIEND OR NEAREST  
 RELATIVE  
*Max Offel*

Died at *Norfolk Va* Town *Wes* County **MARYLAND**  
 Date of death **1900** *June* Month *11* Day *8* Years *4* Months  Days  
 Sex *Male* Color or Race *White* Birth-Place *Troutburg*  
 Occupation *Base Ball Player* Where Residing if not at place of death *Troutburg*  
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Clara Hartman*  
 Father's Name *Samuel Jackson* Father's Birthplace *Ireland*  
 Mother's Maiden Name *Sarah Carroughy* Mother's Birthplace *Ireland*  
 Name of person giving information *John Jackson* How related to deceased *Brother*

**CAUSES OF DEATH**

Primary *Typhoid Fever* How long *two Weeks*  
 Immediate *Two Weeks* How long *'' ''*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Died in*  
 Address *Newport News.*  
 Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

Infant of Thos Kenny

Town

County

MARYLAND

Died at

Cumberland

Allegheny

Date

of death

1960

Month

June

Day

4

Age

Years

2

Months

1

Days

1

Sex

Female

Color or  
Race

W

Birth-  
place

Cumberland Md

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

S

Name of Wife or  
Husband

—

Father's  
Name

Thos. J. Kenny

Father's  
Birthplace

Md

Mother's  
Maiden Name

Annie E. Blake

Mother's  
Birthplace

Md

Name of person giving  
Information

"

How related  
to deceased

Wife's

## CAUSES OF DEATH

Primary

How long

Immediate

How long

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

yes

Signature of  
Physician

Address

Accident or Suicide

Break Voes

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cumberland <sup>Co.</sup> Alleg		MARYLAND	
Date of death	1910 June 4	Age	62
Sex	Female	Color or Race	White
Occupation	None	Birth-place	West Va
Where residing if not at place of death	—		
Married, Single or Widowed	Married	Name of Wife or Husband	David N Liem
Father's Name	James Kiyson	Father's Birthplace	W. Va
Mother's Maiden Name	Maliuda Stump	Mother's Birthplace	W. Va.
Name of person giving information	David N Liem	How related to deceased	Husband

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary	Carcinoma of Breast	How long	6 mos
Immediate	Exhaustion	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	P. L. Owens, M.D.
Address	Stell	Address	Cumberland Md.
Accident or Suicide?	no	Keener	

David & Ginn Ed  
John W " "  
Evelle Clayton "  
Ada Lee Ginn "

Wm

Name  
In Full

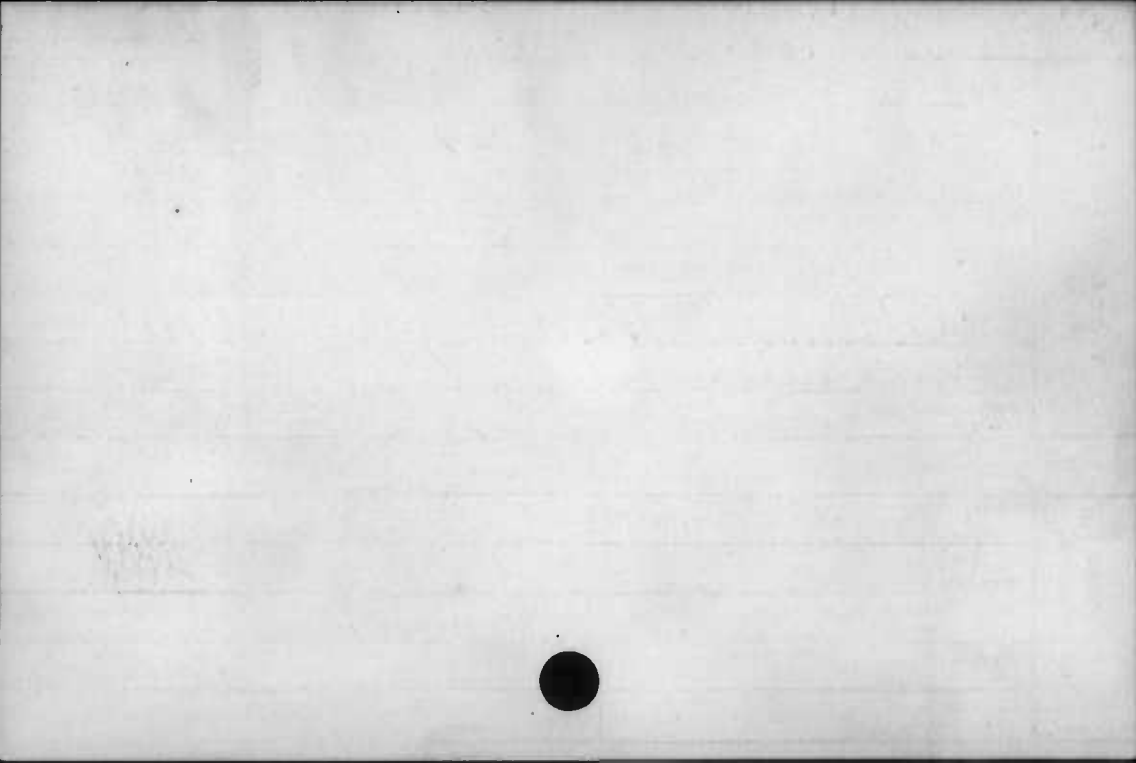
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Md</i> County		MARYLAND	
Date of death <b>19</b>	Month <i>June</i>	Day <i>2</i>	Age <i>59</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ohio</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Western Md Hospital</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Geo W Little</i>				
Father's Name <i>Painter Matthmeyer</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Adillia Boyer</i>	Mother's Birthplace				
Name of person giving information <i>Geo W Little</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Hypertrophic Cirrhosis of Liver</i>	How long <i>Several years</i>	
	Immediate <i>Exhaustion following exploration of abdomen</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>James T. Johnson, M.D.</i>	
	Address <i>Cumberland Md.</i>	<i>Johnson</i>	
Accident or Suicide? <i>No</i>			





Name  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Alice Brown Litter* Town *Cumberland* County *Cecropia*

MARYLAND

Date of death 1910 *6-22* Age *16-* Months *1* Days *1*

Sex *Female* Color or Race *White* Birth place *Trust*

Occupation *Housekeeper* Where Residing if not at place of death *"*

Married, Single or Widowed *Married* Name of Wife or Husband *Frank Litter*

Father's Name *John L. Brown* Father's Birthplace *Pa.*

Mother's Maiden Name *Margaret Kline* Mother's Birthplace *Va.*

Name of person giving information *Ellie Brown Michaels* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

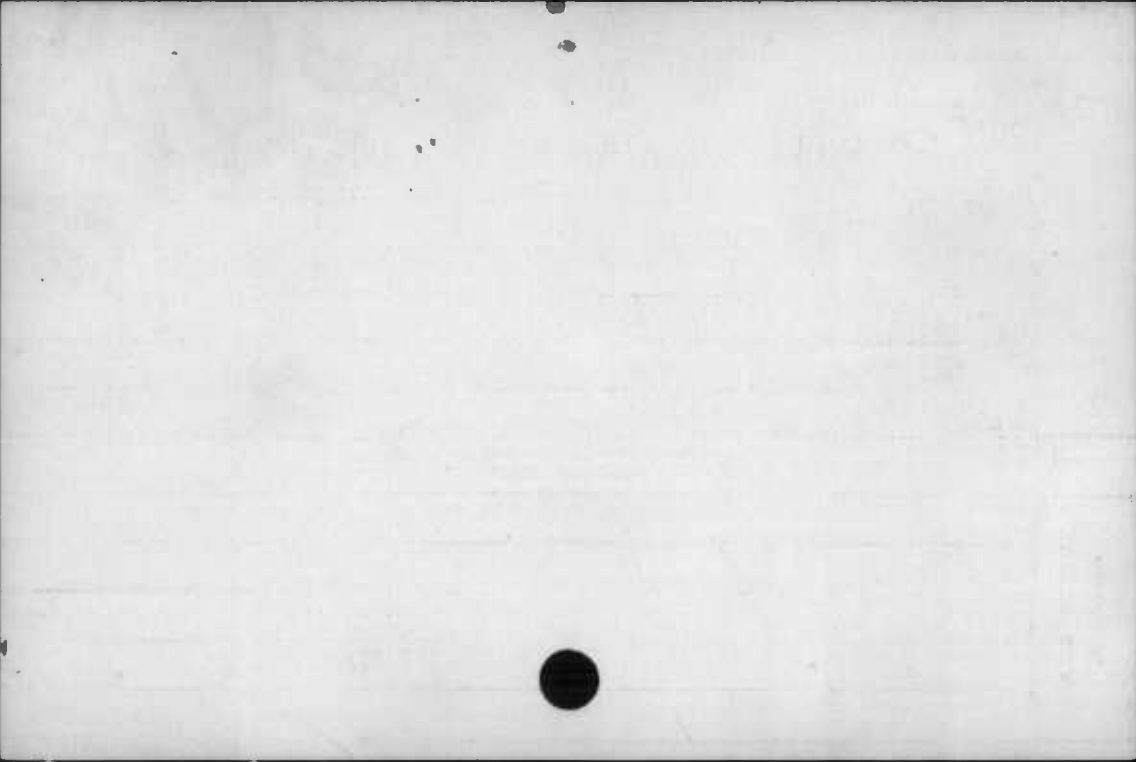
Primary *Knife wound in the throat* How long *1 1/2* *two* inches

Immediate *Exhaustion from loss of blood* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. P. Deane, Coroner*

Address *Cumberland, Md.*

Accident or Suicide? *Murder*



Name  
Full

CERTIFICATE OF DEATH

Bessie Long

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Cumtland</b> <sup>Town</sup> <b>Allegheny</b> <sup>County</sup>		MARYLAND	
Date of death <b>1910</b>	<b>June</b> <sup>Month</sup>	<b>4</b> <sup>Day</sup>	Age <b>—</b> <sup>Years</sup>
Sex <b>Female</b>		Color or Race <b>White</b>	Birth-place <b>Ind</b>
Occupation <b>None</b>	Where Residing if not at place of death <b>—</b>		
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>None</b>		
Father's Name <b>Richard Long</b>	Father's Birthplace <b>Ind</b>		
Mother's Maiden Name <b>Elizabeth Darr</b>	Mother's Birthplace <b>W. Va.</b>		
Name of person giving information <b>Richard Long</b>	How related to deceased <b>Father</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Whooping Cough</b>	How long <b>2 weeks</b>
Immediate <b>Pulmonary Infection</b>	How long <b>1 day</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>William R. [unclear]</b>
<b>Steele</b>	Address <b>109 [unclear] Ave</b>
Accident or Suicide? <b>Ordinary [unclear]</b>	<b>Good</b>

Newbandier

John Witt -

Stacie Waldenham Somerset Co

Ida Gony -

John Moser

Wille " -

Granville " -

19 Grandchildren

1 Great " "

• Tuesday 2 P.m.

Performed at which

Rev. Myliger Thorsby

2\*

<u>1883</u>	
- 5881	
820	
<u>2465</u>	
1895	
- 968	

Name  
In  
Full

George L Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chumberland</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death <u>1910</u>	<u>June</u> <small>Month</small>	<u>8</u> <small>Day</small>	Age <u>1</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Chumberland Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>None</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Chas Long</u>	Father's Birthplace <u>Chumberland Md</u>				
Mother's Maiden Name <u>Ida Nager</u>	Mother's Birthplace <u>Chumberland Md</u>				
Name of person giving information <u>Mrs Chas Long</u>	How related to deceased <u>Walter</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Whooping Cough</u>	How long <u>1 wk</u>
Immediate <u>Convulsions</u>	How long <u>3 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. L. Owens M.D.</u>
<u>Stillb.</u>	Address <u>Chumberland Md.</u>
Accident or Suicide? <u>no</u>	



Name in Full

Anna Belle Shuwalter McCornell

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Barton Town Allegany County

Date of death 1900 Month June Day 17 Age 52 Years Months 4 Days 12

Sex Female Color or Race white Birth-place Farmington W. Va.

Occupation H.W. Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband James McCornell

Father's Name Elihu Shuwalter Father's Birthplace Pa

Mother's Maiden Name Sarah Gibson Mother's Birthplace Clarksburg W. Va.

Name of person giving Information Mrs Geo M. Muller How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Tumor of Brain How long Two years

Immediate Convulsions & Coma How long 3 weeks

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

Signature of Physician J. H. Buncher

Address Barton, Md

Accident or Suicide —





Name  
in  
Full

CERTIFICATE OF DEATH

Wilbur M. Comack

Town

County

MARYLAND

Died at Gilman Alligumy

Date of death 1940 June 3- Age — Seven Months — Days

Sex Male Color or Race White Birthplace Gilman

Occupation none Where Residing if not at place of death Chamberland

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

Father's Name John M. Comack Father's Birthplace Lonaconing

Mother's Maiden Name Elizabeth Robertson Mother's Birthplace Gilman

Name of person giving information Ans. Geo. Robertson How related to decedent Grand mother

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary Whooping Cough How long Two months

Immediate Capillary Bronchitis How long Two weeks

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

Signature of Physician W. Skilling M.D.  
Address Lonaconing

Accident or Suicide no

PHYSICIAN  
OR CORNER



Name  
in  
Full

Daniel McManis

CERTIFICATE OF DEATH

Died at		Town Carroll		County Allegheny		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1940		June	1	75			
Sex	Male	Color or Race	White	Birth-place	Ireland		
Occupation	Retired		Where Residing if not at place of death		Mrs. John O'Neill		
Married, Single or Widowed	S.		Name of Wife or Husband		_____		
Father's Name	Don't know			Father's Birthplace	Ireland		
Mother's Maiden Name	Don't know			Mother's Birthplace	Ireland		
Name of person giving Information	Michael O'Neill			How related to deceased	Nephew		

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary	Gastric ulcer	How long	103 3 weeks
	Immediate	Asthenia	How long	3 weeks
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Shannon Blossberg
			Address	Froctbury, Md.
	Accident or Suicide			

Pafer.

St. Michaels Beer.

44

Name  
in Full

Catherine Meadows

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westburg</u> <sup>Town</sup>		<u>Alleghany</u> <sup>County</sup>		MARYLAND	
Date of death	19 <u>00</u>	Month	<u>6</u>	Day	<u>6</u>
Age	<u>65</u>	Years	<u>6</u>	Months	<u>5</u>
		Days	<u>27</u>		
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Bath W. Va.</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband	<u>John Meadows</u>		
Father's Name	<u>Thomas Malone</u>		Father's Birthplace	<u>Ireland</u>	
Mother's Maiden Name	<u>Bridget Flynn</u>		Mother's Birthplace	<u>Ireland</u>	
Name of person giving Information	<u>Her Meadows</u>		How related to deceased	<u>son</u>	

## CAUSES OF DEATH

Primary	<u>Epilepsy</u>	How long	<u>10 yrs</u>
Immediate	<u>Bronchosthma</u>	How long	<u>2 Days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. W. M. Lane</u>		
	Address <u>Westburg Md</u>		
Accident or Suicide			

PHYSICIAN  
OR CORONER

Martenburg  
J. Hofer

all

Name  
in  
Full

Rebecca Johns Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cumberland and <sup>County</sup> Allegany		MARYLAND										
Date of death	19 10	Month	June	Day	27	Age	Years	3	Months	3	Days	26
Sex	female	Color or Race	white	Birth-place	Cumberland Md							
Occupation	—			Where Residing if not at place of death	— 105							
Married; Single or Widowed	single	Name of Wife or Husband	—									
Father's Name	Harry A. Mills					Father's Birthplace	Jersey City N. J.					
Mother's Maiden Name	Lottie H. Anderson					Mother's Birthplace	near Cumberland Md					
Name of person giving information	Thomas J. Anderson					How related to deceased	Uncle					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Gastritis	How long	10 days
	Immediate	Exhaustion	How long	1 day
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. Spear
	Address	Cumberland	Md.	
Resident or Suicide?	No.			

W. H. C. W.



Name  
In  
Full

Eleanor Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Widlotheta</u> <small>Town</small> <u>Allegheny</u> <small>County</small>		MARYLAND			
Date of death	<u>1916</u> <small>Year</small> <u>June</u> <small>Month</small> <u>9</u> <small>Day</small>	Age	<u>55</u> <small>Years</small>	<u>5</u> <small>Months</small>	<u>10</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Allegheny Co</u>
Occupation	<u>House wife</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>Bernard Murphy</u>		
Father's Name	<u>Ambrose Bevans</u>	Father's Birthplace	<u>Little Orleans Md</u>		
Mother's Maiden Name	<u>Mary McDonald</u>	Mother's Birthplace	<u>Little Orleans</u>		
Name of person giving information	<u>Ambrose Murphy</u>	How related to deceased	<u>Son</u>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Heart &amp; Kidney trouble</u>	How long	<u>6 months</u>
	Immediate	<u>Heart Failure</u>	How long	<u>6 days</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>G. L. Livingston</u>
			Address	<u>Frederick Md</u>
	Accident or Suicide?			

Walth. Bennett

Walter

Name  
in  
Full

Robert Nurse

## CERTIFICATE OF DEATH

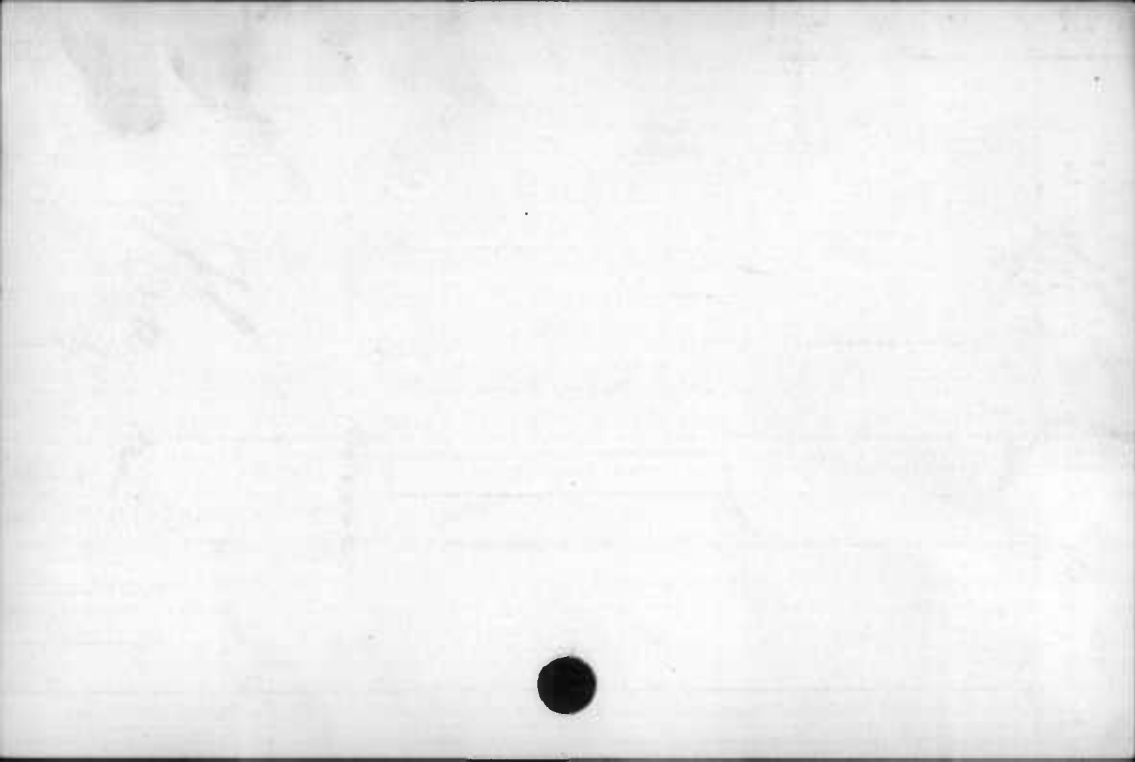
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Cumbland</i>		<sup>County</sup> <i>Allegheny</i>		MARYLAND	
Date of death	<i>1910</i>	Month <i>June</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>
		Months <i>4</i>	Days <i>25</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John F. Nurse</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Susie M. Twigg</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Father</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough &amp; Pneumonia</i>	How long <i>2 wks</i>
Immediate <i>Exhaustion</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>W. H. Bradburn</i>
	Address <i>Cumbland Ind.</i>
Accident or Suicide? <i>No</i>	



Name  
Is Full

Hartman O'Neal

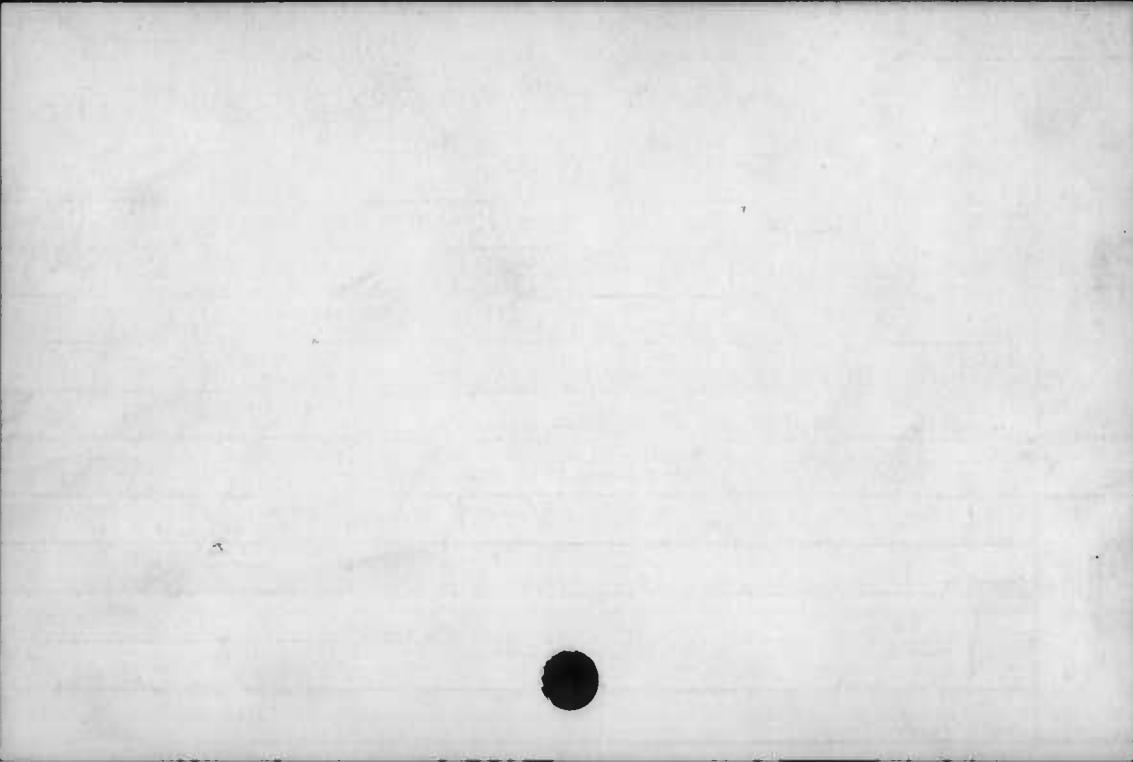
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Cumberland		County		alleg.		MARYLAND				
Date of death	1910	Month	June	Day	2	Age	Years	26	Months	0	Days	0
Sex	Male		Color or Race	White		Birth-place	Pa.					
Occupation	Farmer		Where Reading if not at place of death		6 Mile Run Pa.							
Married, Single or Widowed	Married		Name of Wife or Husband		Doll O'Neal.							
Father's Name	Cambridge O'Neal					Father's Birthplace		Pa.				
Mother's Maiden Name	Elsie Parks.					Mother's Birthplace						
Name of person giving information	Mrs. J. O'Neal					How related to deceased		Aunt.				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Carcinoma of Stomach		How long	10 years	
	Immediate	Exhaustion & sepsis		How long	1 week	
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	W. R. Hodges	
		Address	Cumberland, Md.			
Accident or Suicide?	Riddubury Pa					X



Name in Full *William Lewis Oss*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: *Ellerslie* <sup>Town</sup> *Alleg* <sup>County</sup> **MARYLAND**

Date of death: *1910* <sup>Year</sup> *June* <sup>Month</sup> *16* <sup>Day</sup> Age *71* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup>

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

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

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

Father's Name *Will Oss* Father's Birthplace *Germany*

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

Name of person giving information *Sarah Black* How related to deceased *Cousin*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Dementia* <sup>15</sup> *yr* How long *15 yr*

Immediate *Exhaustion* How long *1 hr*

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

Signature of Physician *Harl Smith*

Address *Ellerslie*

Accident or Suicide? *(GWS) Smith*





Name in Full

Carrie May Oster

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at <sup>Town</sup> *Cumtuck* <sup>County</sup> *Alley* MARYLAND

Date of death 19 *10* <sup>Month</sup> *June* <sup>Day</sup> *3* Age <sup>Years</sup> *—* <sup>Months</sup> *1* <sup>Days</sup> *7*

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

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

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

Father's Name *Charles Oster* Father's Birthplace *MD.*

Mother's Maiden Name *Leura Boo* Mother's Birthplace *Pa.*

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

✓

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Transition 189 A* How long *1 mo*

Immediate *Exhaustion* How long *1 wk*

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *C. P. Grace*

*Steno* Address *Cumtuck Alley*

Accident or Suicide? *Beetle Bm.* *MD*



Name in Full *Mrs. Martha Phillips* CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Lonsomring</i> <small>Town</small> <i>Allifamy</i> <small>County</small>		MARYLAND	
Date of death <i>1960</i>	<i>June</i> <small>Month</small>	<i>1</i> <small>Day</small>	Age <i>61</i> <small>Years</small>
Sex <i>Female</i>		Color of Race <i>White</i>	Birth-place <i>Bath England</i>
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Samuel Phillips deceased</i>		
Father's Name <i>Samuel Bishop</i>	Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Anna Franke's</i>	Mother's Birthplace <i>England</i>		
Name of person giving information <i>Jesse Phillips</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

Primary <i>Carcinoma of Stomach</i>	How long <i>Four months</i>
Immediate <i>Inanition</i>	How long <i>Some weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Skelling M.D.</i>
	Address <i>Lonsomring</i>
Accident or Suicide <i>No</i>	

PHYSICIAN OR CORONER



Name  
Full

CERTIFICATE OF DEATH

*Otto Taylor Phillipsey*

Town

County

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

✓ Died at *Cumtola* *Arroyo*  
 Date of death *19/0* Month *June* Day *19* Age *—* Years *—* Months *4* Days *—*  
 Sex *Male* Color or Race *White* Birth-place *Cumtola*  
 Occupation *man* Where Reading if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*  
 Father's Name *H. L. Phillipsey* Father's Birthplace *Marlow H. Va.*  
 Mother's Maiden Name *Daisy C. Dardham* Mother's Birthplace *H. Va.*  
 Name of person giving in formation *H. L. Phillipsey* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Gastritis & Malaria* 104 *Week*  
 Immediate *Constriction of Brain* *1 day*  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *W. H. Woodruff*  
 Address *Cumtola Md*  
 Accident or Suicide? *No*

Mortwaling

W. Va.

# 14

1380

Name  
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name In Full <i>Grace Pough</i>		Town <i>Burrhead</i>		County <i>Alle</i>		STATE <b>MARYLAND</b>	
Died at <i>Burrhead</i>		Date of death <i>1910 June 19</i>		Age <i>16</i>		Months <i>11</i>	
Date of death <i>1910 June 19</i>		Age <i>16</i>		Months <i>11</i>		Days <i>27</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>		Occupation <i>none</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Where residing if not at place of death <i>—</i>			
Father's Name <i>George Pough</i>		Father's Birthplace <i>md</i>		Mother's Maiden Name <i>Hattie Wilson</i>		Mother's Birthplace <i>md</i>	
Name of person giving information <i>Geo Pough</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever (1)</i>	How long <i>3 wks.</i>
Immediate <i>Exhaustion</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>Surgeon Sparks</i>
<i>Seen</i>	Address <i>Burrhead, md</i>
Accident or Suicide? <i>no</i>	<i>Sparks</i>

128 Fayette





Name  
in  
Full

Anna J Russell

CERTIFICATE OF DEATH

Town

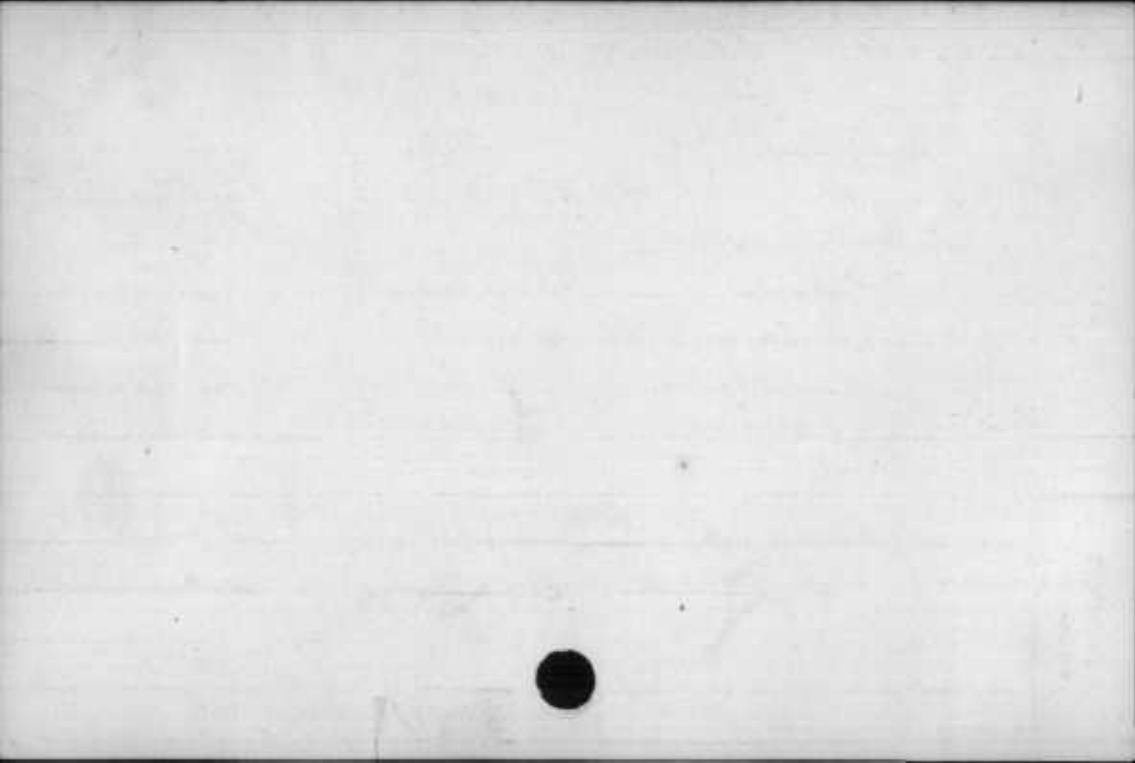
County

MARYLAND

Died at Brown AlleDate of death 1910 June 6 Age 35 Months  Days Sex Female Color or Race Caucas Birth-place MD.Occupation Housekeeper Where Reading if not at place of death Col. Ave.Married, Single or Widowed Married Name of Wife or Husband William E RussellFather's Name Isaac Hawkins Father's Birthplace MDMother's Maiden Name Emma DK Mother's Birthplace DKName of person giving Information Wm. E. Russell How related to deceased HusbandTO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary Severe Burns of head How long 16 1/2 daysImmediate Exhaustion How long 2 "Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician Surgeon Shaw M.D.Address Charles and N. SparksAccident or Suicide? NoPHYSICIAN  
OR CORONER



Name  
in  
Full

Anna Bedars (Sothe)

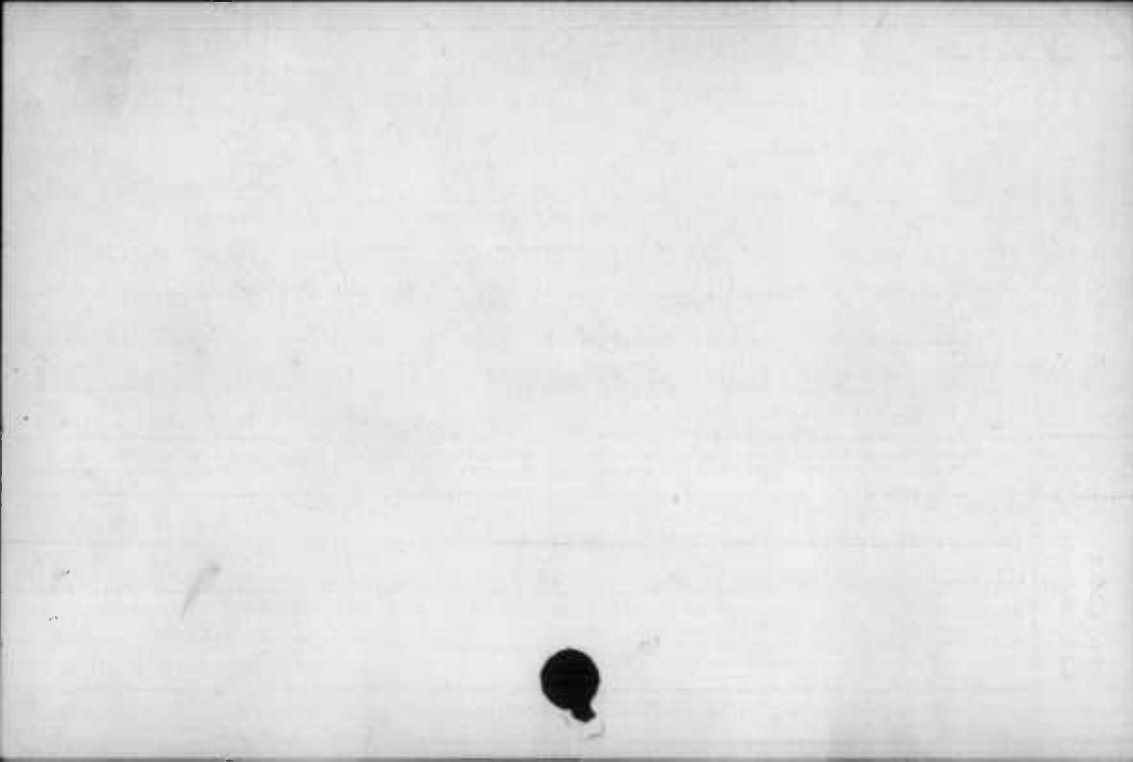
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Bumbard <sup>15th</sup> alley				MARYLAND	
Date of death	1910	Month	June	Day	12	Age	65
Sex	Female	Color or Race	White	Birth place	Germany		
Occupation	Housekeeper		Where Reading if not at place of death		—		
Married, Single or Widowed	Married	Name of Wife or Husband	Frederick Bedars (Sothe)				
Father's Name	Karl Lutze		Father's Birthplace	Germany			
Mother's Maiden Name	Theresa Klant		Mother's Birthplace	Germany			
Name of person giving in formation	Frederick Bedars		How related to deceased	Kinsman			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Softening of Brain 66		How long	6 years	
	Immediate	Exhaustion		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Thos. Howard [Signature]	
	[Signature]		Address		[Redacted]	
	Accident or Suicide?		None		X	



Name  
in Full

Mary Kear Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Frostburg <sup>County</sup> Allegany **MARYLAND**  
 Date of death 1900 <sup>Month</sup> June <sup>Day</sup> 24 <sup>Age</sup> 69 <sup>Years</sup> <sup>Months</sup> — <sup>Days</sup> —  
 Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> England  
 Occupation Housewife <sup>Where Residing if not at place of death</sup> —  
 Married, Single or Widowed Widowed <sup>Name of Wife or Husband</sup> Frederick Stevens  
 Father's Name George Kear <sup>Father's Birthplace</sup> England  
 Mother's Maiden Name <sup>Mother's Birthplace</sup> England  
 Name of person giving information Eugene Stevens <sup>How related to deceased</sup> Son

## CAUSES OF DEATH

Primary Cancer of throat <sup>How long</sup> 5 months  
 Immediate Obstructed respiration <sup>How long</sup> Several hours  
 Are the name, age, sex, color, date and place correctly given above? yes <sup>Signature of Physician</sup> Dr. A. R. Walker  
 Address Frostburg  
 Accident or Suicide —

PHYSICIAN  
OR CORONER



Name  
in Full

Margaret Stitches

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Cumberland		alleg		MARYLAND	
Date of death		1910	June	28	Age	57	
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Andrew Stitches			
Father's Name	William Berchess.			Father's Birthplace	Germany		
Mother's Maiden Name	Waltberger Stark			Mother's Birthplace	Germany		
Name of person giving information	Christina Hart			How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Chronic Bright's Dis.	How long	120 days
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. F. [unclear]
	Stem	Address	Cumberland Md
Accident or Suicide?			

Kaustand

John - City

Minnie Neph Pittsburg

Emma Gander Pittsburg

2 Sister

Mrs Heart

Mrs Mubbert

● 1 Brother

Geo Starks



Name  
in  
Full

CERTIFICATE OF DEATH

Hermann Stuber

Town

County

MARYLAND

Died at

Cumberland Allegany

Date

1900 June 10 Age 40

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Tailor

Where Residing if not  
at place of death

Cumberland

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Ada Myers

Father's  
Name

Geo Stuber

Father's  
Birthplace

Germ.

Mother's  
Maiden Name

Wilhelmine Gisscke

Mother's  
Birthplace

"

Name of person giving  
Information

Carl Stuber

How related  
to decedent

Brother

## CAUSES OF DEATH

Primary

Tuberculosis

28

How long

Disease History 2 yrs

Immediate

Exhaustion

How long

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

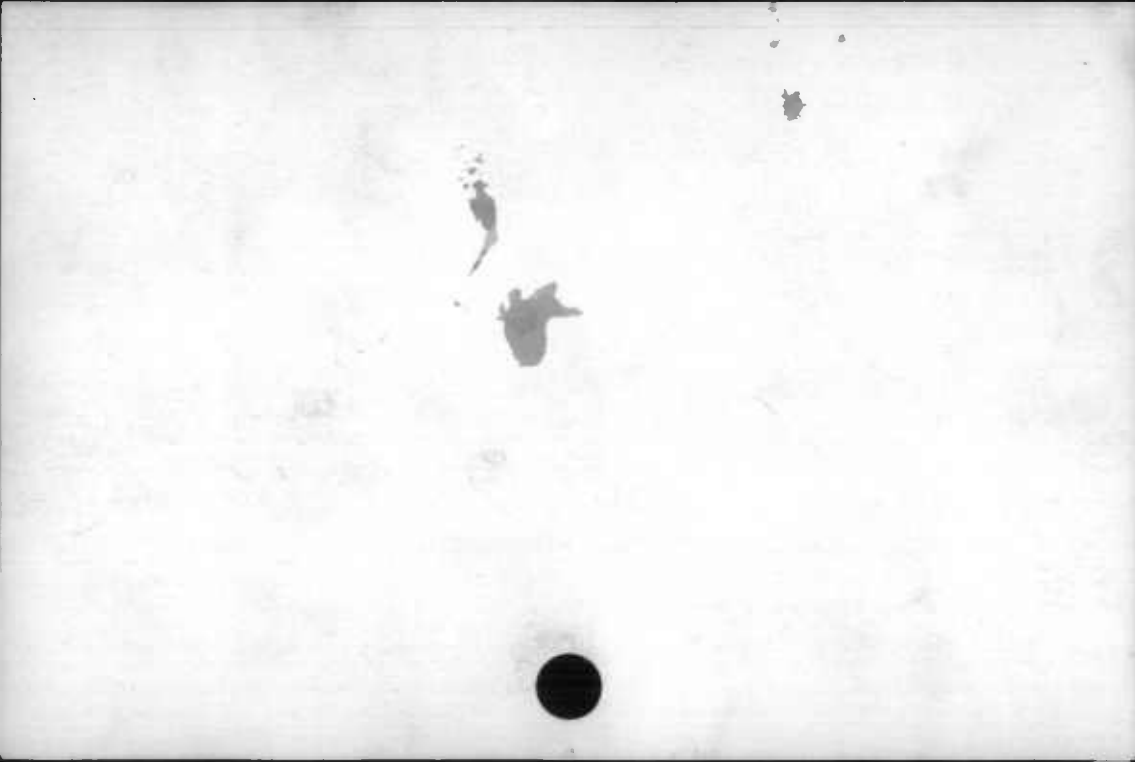
Thos. W. Evans

Address

Cumberland

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In Full

Kellie A. Swarner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Anundland</i> <sup>County</sup> <i>allegh</i>		MARYLAND	
Date of death 19 <i>10</i>	Month <i>June</i>	Day <i>14</i>	Age Years <i>54</i> Months <i>6</i> Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Anund.</i>	
Occupation <i>None</i>	Where Residing 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>D.A. Swarner</i>	Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Agnes Irvin</i>	Mother's Birthplace <i>Pa.</i>		
Name of person giving information <i>D.A. Swarner</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Rheumatic Endocarditis</i>	How long <i>47 3/4</i> days
Immediate <i>syncope</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. H. Grace</i>
	Address <i>P. Currier Md</i>
Accident or Suicide?	



Name  
In Full

Lucinda Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Carbo</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death	<u>1990</u>	Month	<u>June</u>	Day	<u>17</u>
Age	<u>45</u>	Years		Months	<u>4</u>
				Days	<u>3</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>pa.</u>
Occupation	<u>House wife</u>		Where Residing if not at place of death <u>Carbo</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Fred Taylor</u>		
Father's Name	<u>Jacob Rector</u>		Father's Birthplace	<u>pa.</u>	
Mother's Maiden Name	<u>Sarah Cunningham</u>		Mother's Birthplace	<u>Pa.</u>	
Name of person giving Information	<u>Mrs Emma Britts</u>		How related to deceased	<u>Sister</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<u>Bright's Disease</u>	How long	<u>1 year</u>
Immediate	<u>Septislaemia</u>	How long	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Dr. F. L. Phymes</u>
Accident or Suicide?		Address	<u>Midlothian</u>
			<u>Mal</u>

Jacob Hafert  
M<sup>o</sup> Puckin

Name  
In Full

Samuel B Taylor -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Frederick <sup>own</sup> County MARYLANDDate of death 1901 6 <sup>Month</sup> 9 <sup>Day</sup> Age 19 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup>Sex Male Color or Race White Birth-place Etowah Pa.Occupation Miner Where Residing if not at place of deathMarried, Single or Widowed Single Name of Wife or HusbandFather's Name Jesse K. Taylor Father's Birthplace Frankstown Pa.Mother's Maiden Name Alameda Grove Mother's Birthplace Altoona Pa.Name of person giving Information Jesse K. Taylor How related to deceased Father

## CAUSES OF DEATH

Primary Strangulate Hernia (Obturator Foramen) 109 How long 3 daysImmediate Exhaustion following Operation How long 3 daysAre the name, age, sex, color, date and place correctly given above? 

Signature of Physician

Address

J. B. Harrison M.D.  
Frederick, Md.Accident or Suicide

Dr Johnson





Name  
in Full

Margaret Lema Thomas

CERTIFICATE OF DEATH

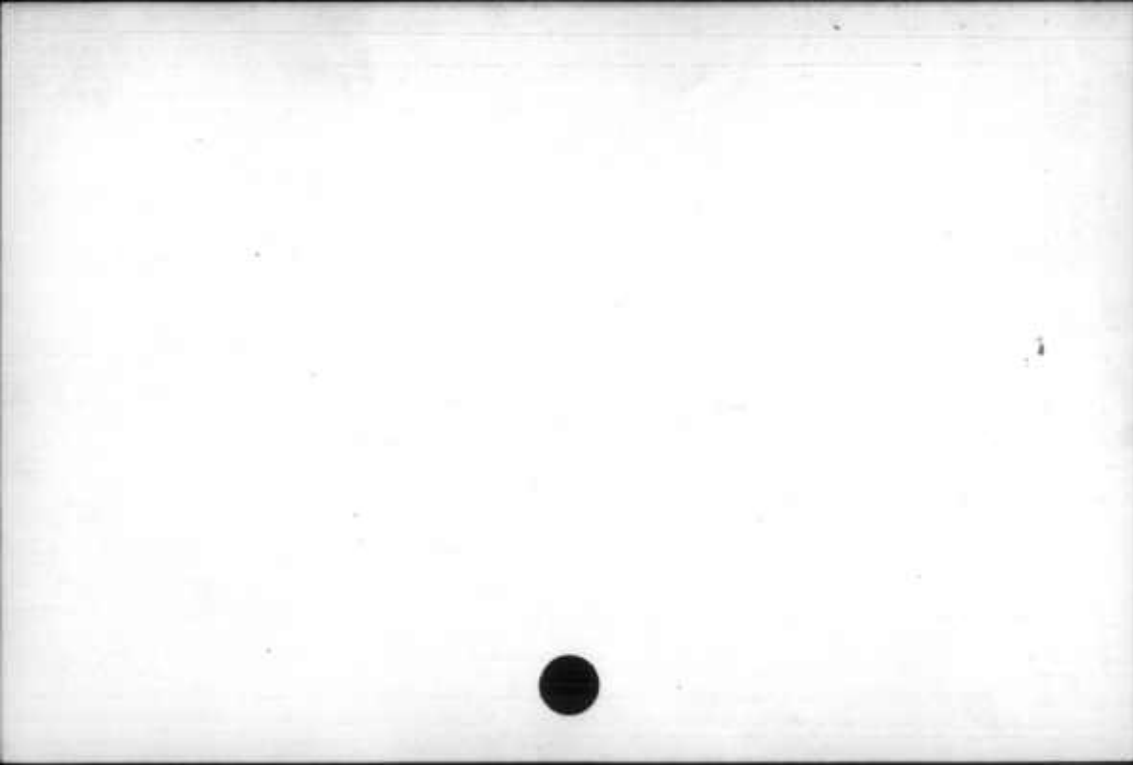
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death	19 <u>00</u> <u>June</u>	Month	Day	Age	Months
			<u>4</u>	<u>—</u>	<u>1</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Cumberland</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>Elsworth Thomas</u>		Father's Birthplace	<u>Allegheny Md</u>	
Mother's Maiden Name	<u>Jennie Stewart</u>		Mother's Birthplace	<u>Muscow Md</u>	
Name of person giving Information	<u>Elsworth Thomas</u>		How related to deceased	<u>Father</u>	

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary	<u>Doe-mature.</u>	How long	<u>—</u>
Immediate	<u>Heart failure.</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>M. Catherine Buell</u>
		Address	<u>Cumberland. Md.</u>
Accident or Suicide	<u>—</u>		



Name Full

CERTIFICATE OF DEATH

Margaret Thon-

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Cumberland		County Allegany		MARYLAND	
Date of death 1910	Month 6	Day 24	Age 39	Months	Days
Sex Female	Color or Race White	Birth place Louisiana			
Occupation Housekeeper	Where residing if not at place of death		Cumberland		
Married, Single or Widowed Married	Name of Wife or Husband Robert Thon				
Father's Name Thomas McDavid	Father's Birthplace Ireland				
Mother's Maiden Name Rachel McMasters	Mother's Birthplace Ireland				
Name of person giving information Robt. Thon	How related to deceased		Husband		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Puffing's Fracture	How long 2 weeks
Immediate Exhaustion	How long 2 hrs.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E. B. McDonald
Address Coney	Address Cumberland
Accident or Suicide? Coney	

Dr. J. E. Jones Ltd.

Name  
in  
Full

Joseph Triuble

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mt Savage		<sup>County</sup> Alleghany		MARYLAND	
Date of death	1980	Month	June	Day	26
Age	5	Years		Months	7
Sex	Male	Color or Race	White	Birth-place	Mt. Savage
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Walter Triuble		Father's Birthplace	Mt. Savage	
Mother's Maiden Name	Mollie Triuble		Mother's Birthplace	Mt. Savage	
Name of person giving Information	Father		How related to deceased	Father	

## CAUSES OF DEATH

Primary	Syncope	How long	10-14	10 or 12 hours
Immediate	Cholera Morbus	How long	8	8 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. G. Cowherd	
		Address	Mt Savage, Md.	
Accident or Suicide				



Name  
Full

Infant Mr & Mrs A C Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cumberland <sup>County</sup> Alleg  
**MARYLAND**  
 Date of death 1910 <sup>Month</sup> June <sup>Day</sup> 13 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>  
 Sex male <sup>Color or Race</sup> balond <sup>Birth-place</sup> Cumberland  
 Occupation None <sup>Where residing if not at place of death</sup>  
 Married, Single or Widowed Single <sup>Name of Wife or Husband</sup> None  
 Father's Name A C Watson <sup>Father's Birthplace</sup> Cumberland  
 Mother's Maiden Name Lucy Covington <sup>Mother's Birthplace</sup> Va  
 Name of person giving information A C Watson <sup>How related to deceased</sup> Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary still born <sup>How long</sup> 9 weeks  
 Immediate deficient circulation <sup>How long</sup>  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Stein  
 Signature of Physician Spurgely, Sparks  
 Address Cumberland, Md.  
 Accident or Suicide?

# 29. Chase St.



Name  
In Full

CERTIFICATE OF DEATH

Louise Williams  
Town County

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDDied at Cumberland AllDate of death 1910 June 19 Age 59 Months — Days —Sex Female Color or Race Colead Birth-place VaOccupation Housekeeper Where Reading if not at place of deathMarried, Single or Widowed Widowed Name of Wife or Husband Geo W WilliamsFather's Name Elsworth Marshall Father's Birthplace VaMother's Maiden Name Louise Marshall Mother's Birthplace VaName of person giving information William H Williams How related to deceased SonWash. D.C.

## CAUSES OF DEATH

120PHYSICIAN  
OR CORONERPrimary Bright's disease How long 1 yr.Immediate Cardiac failure How long six mosAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician George S SparksSeeAddress CumberlandAccident or Suicide? noSparks

26-10-1919

Mill of City

Alberta March 22

159 Green St

Name in Full

Bessie Wilson

CERTIFICATE OF DEATH

Town

County

Died at Cumberland allergany MARYLAND

Date of death 1900 Month 6 Day 25 Age 25 Years Months 8 Days 7

Sex Female Color or Race White Birth-place md

Occupation Worked in Laundry Where Residing if not at place of death md

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

Father's Name Asids Wilson Father's Birthplace md

Mother's Maiden Name Annis Troral Mother's Birthplace md

Name of person giving information Hanna Hardman How related to deceased Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Tuberculosis How long 6 mos

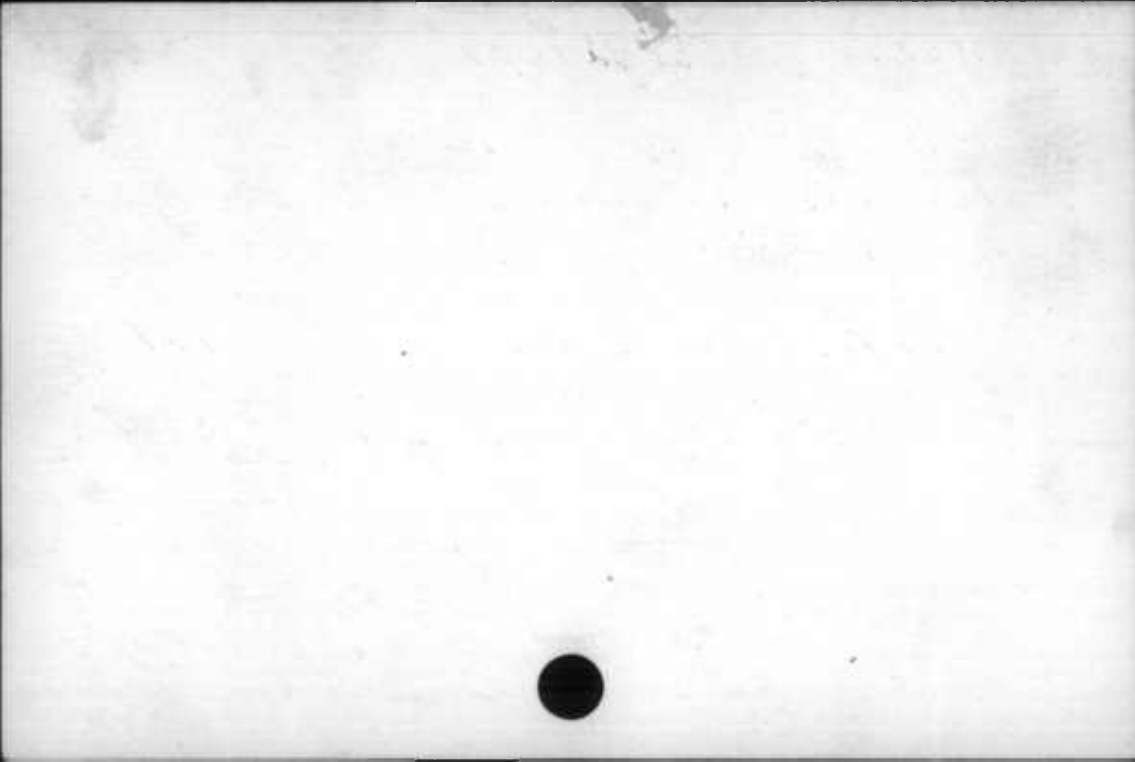
Immediate Exhaustion How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. F. Jwigg

J. B. H. Address Cumberland, Md.

Accident or Suicide

PHYSICIAN OR CORONER



None  
Full

Wm. M. C. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frost Mine		County Allegany		STATE MARYLAND	
Date of death	1910	Month 6	Day 29	Age 1	Years	Months 3	Days 4
Sex	M.	Color or Race	W.	Birth-place	Md		
Occupation	—			Where Residing if not at place of death	—		
Married, Single or Widowed	—			Name of Wife or Husband	—		
Father's Name	Wm. M. C. Wilson			Father's Birthplace	Md		
Mother's Maiden Name	Nannie Dean			Mother's Birthplace	Md.		
Name of person giving information	Wm M C Wilson			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	6 Days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician D. W. O. Lane		
	Address Frostburg Md		
Accident or Suicide?	X		

Aug Buchhorn

Old Conny

Cemetery

Name  
is  
Full

William O. Wooly

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Died at <sup>Town</sup> Cumberland <sup>County</sup> Allegheny

MARYLAND

Date of death 1910 <sup>Month</sup> June <sup>Day</sup> 4 <sup>Years</sup> 34 <sup>Months</sup> 7 <sup>Days</sup> 17

Sex male Color or Race white Birth-place md

Occupation Sheet Metal Worker & Musician Where Residing if not at place of death Recheester, N.Y.

Married, Single or Widowed married Name of Wife or Husband Clara May Barnes

Father's Name John Wooly Father's Birthplace md

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

Name of person giving information Clara May Wooly How related to deceased wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis 28 How long sev. yrs  
Immediate hemorrhage How long 15 minutes

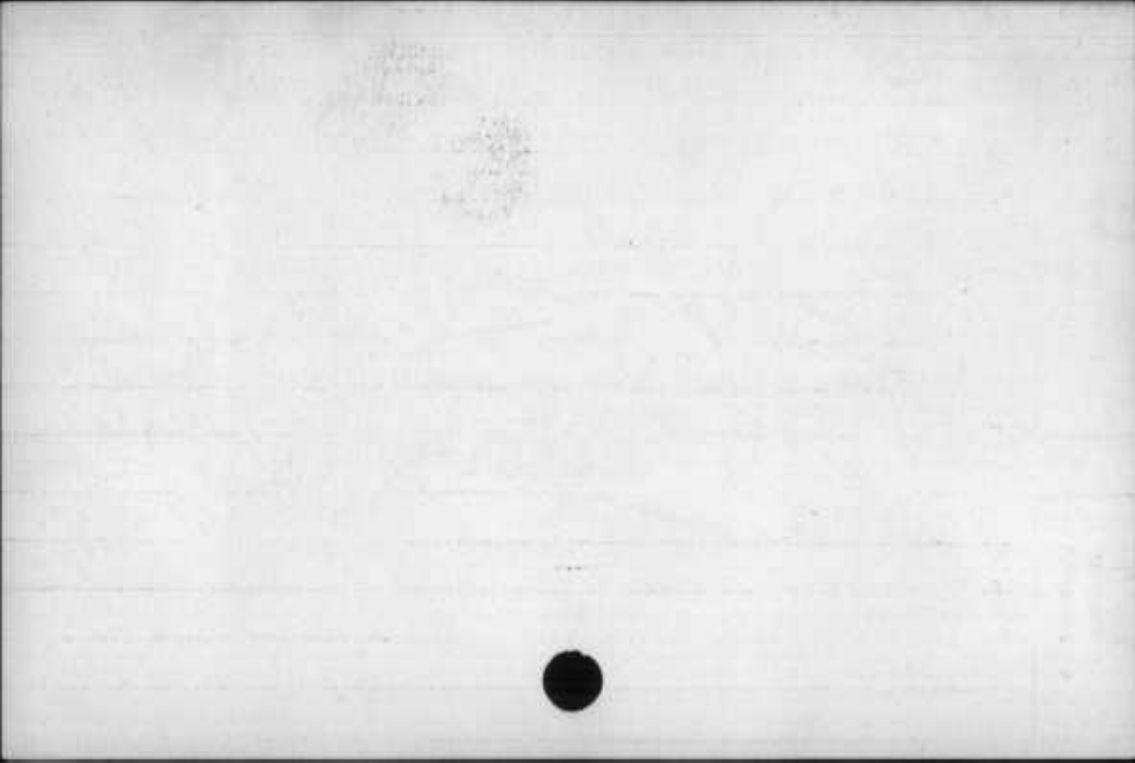
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician C. H. Brace, M. D.

Address H. O., Allg. Co., Cumberland, Md.

Accident or Suicide? -

C. H. Brace, M. D.





Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *infant Young*

City *Cumberland* County *Alleg* STATE *MARYLAND*

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

Date of death *1916* Month *June* Day *30* Age *—* Years *—* Months *—* Days *—*

Occupation *none* Where residing if not at place of death *—*

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

Father's Name *Robert P Young* Father's Birthplace *Md*

Mother's Maiden Name *Agusta Turner* Mother's Birthplace *Md*

Name of person giving information *Robert P Young* How related to decedent *Father*

## CAUSES OF DEATH

5

PHYSICIAN  
OR CORONER

Primary *Dead in utero & Thrombosis* How long *—*

Immediate *Placenta Previa* How long *had been dead 3 days*

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

Signature of Physician *E B Clayton*

Address *Cumberland Md*  
*E. Helanbrooke*

Accident or Suicide? *Stew*

