Name in Full: Thomas Wilson Abbott.

CERTIFICATE OF DEATH

MARYLAND

Town: Fowblesburg. County: Baltimore.

Died at

Date of death 1910	Month 6.	Day 16.	Years	Months	Days
			Age 40 -	3 -	29

Sex: Male - Color or Race: White. Birthplace: Balto. Co.

Occupation: Bar Tender - Where Residing if not at place of death: Baltimore.

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

Father's Name: Hanson Abbott - Father's Birthplace: Balto. Co.

Mother's Maiden Name: Martha A. Slater. Mother's Birthplace: Carroll Co.

Name of person giving Information: Mrs. Thos. Buckley. How related to deceased: Sister.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(28)

Primary: Tuberculosis of Lungs - How long: 6 Months.

Immediate:

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

Signature of Physician: Jas. H. Wilson -

Address: Fowblesburg Md.

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2384

Henry W. Mears & Son

Green Mount Cemetery

Baltimore

Md

Name in Full: Frank Bauernschub

CERTIFICATE OF DEATH

MARYLAND

Died at: Kirkland Lane | Town | County: Baltimore

Date of death 1907: June 14

Age: Years | Months: (6 Premature) | Days

Sex: Male.

Color or Race: White.

Birthplace: 513 Paulder St.

Occupation:

Where Residing if not at place of death: " "

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Frank Bauernschub.

Father's Birthplace: Balto. Md.

Mother's Maiden Name: Betty Sodring

Mother's Birthplace: Balto. Md.

Name of person giving information: Frank Bauernschub.

How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature birth, (S)

How long:

Immediate: 6 mos,

How long:

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

Signature of Physician: Wm. H. Rau M.D.

Address: 619 S. Clinton St.

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Lilly and Geiler
Undertakers
Sacred Heart Cemetery
June 15th 1910

Name in Full: John Thomas Bennett

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highlandtown — County: Balto

Date of death 1918 — Month: 6 — Day: 20 — Age: Years 7 — Months 11 — Days 14

Sex: Male — Color or Race: White — Birthplace: Balto.

Occupation: None — Where Residing if not at place of death: 3812 Eastern Ave

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

Father's Name: Adam Bennett — Father's Birthplace: Balto

Mother's Maiden Name: Katie Braminger — Mother's Birthplace: " "

Name of person giving information: Adam Bennett — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Tubular disease of kidneys — How long: 10 days

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

Signature of Physician: M. J. Gantry

Address: 111 S. Broadway

Accident or Suicide?

Mt Carmel

J Herwig Son

6/22/10

Name in Full Binder, Rosa M

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Leitersville (County) Bulto

Date of death 1960 Month: June Day: 26 **Age** Years: 54 Months: Days:

Sex: Female Color or Race: white Birthplace: Maryland

Occupation: Domestic Where Residing if not at place of death: X

Married, Single or Widowed: Single Name of Wife or Husband: X

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chorea How long: 10 yrs

Immediate: Exhaustion How long: 2 weeks.

72

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

Signature of Physician: J Perry Wade

Address: Leitersville, Md

Accident or Suicide: no.

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2384

N. J. Pickneystown
Camden & Paca

Name in Full: Blatchley Hampton

CERTIFICATE OF DEATH

MARYLAND

Died at: Mt. Wilson (Town) — Baltimore (County)

Date of death 190: June (Month) 26 (Day) — Age: 3 mos (Years) — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Infant — Where Residing if not at place of death: Baltimore

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

Father's Name: Robert Blatchley — Father's Birthplace: Baltimore

Mother's Maiden Name: Unknown — Mother's Birthplace: Baltimore

Name of person giving Information: Mrs. Robert Blatchley — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

1778

Primary: Malnutrition — How long: 3 mos

Immediate: Malnutrition — How long: 3 mos

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

Signature of Physician: L. H. G. Stump, Jr.

Address: Mt. Wilson, Md.

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-29-08

Name in Full: Ponscoe, Elizabeth D.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cockeysville; County: Balto.

Date of death: Month: June; Day: 17; Year: 1900; Age: Years: 82; Months; Days

Sex: Female; Color or Race: Col'd; Birthplace: Maryland

Occupation: None; Where Residing if not at place of death: X

Married, Single or Widowed: Married; Name of Wife or Husband: unk

Father's Name: unk; Father's Birthplace: unk

Mother's Maiden Name: unk; Mother's Birthplace: unk

Name of person giving information: —; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia; How long: 5 yrs

Immediate: Old age; How long: 1 mo

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

Signature of Physician: J. Percy Nace

Address: Cockeysville, Md.

Accident or Suicide? No.

154

LIBRARY BUREAU R.O.S.C.S.

George H. Holland.
517 Roberts St.

Name in Full: William Cabell Bruce, Jr.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Ruxton (Town) — Baltimore (County)

Date of death: 1910 June (Month) 27 (Day) — Age: 14 Years 8 Months 1 Days

Sex: Male — Color or Race: White — Birthplace: Baltimore Md

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

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

Father's Name: William Cabell Bruce — Father's Birthplace: Virginia

Mother's Maiden Name: Louise Este Fisher Bruce — Mother's Birthplace: Maryland

Name of person giving information: Wm A. Fisher Jr — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis — How long: 4 months

Immediate: Heart failure — How long: 12 hours

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

Signature of Physician: Wm A. Fisher Jr

Address: 715 Park Ave Baltimore Md

Accident or Suicide? —

98

Henry H. Jenkins Esq Cons Co.
Mr Glenlloh and Orchard Sts
Greenmount Ave. Balto. June 29th/10.

Name in Full: Winfield H Bruner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Westport — County: Baltimore

Date of death: Month: June — Day: 1 — Year: 1900 — Age: Years: 80 — Months: 4 — Days: 24

Sex: male — Color or Race: white — Birthplace: Pa.

Occupation: Glass worker — Where Residing if not at place of death: Westport.

Married, Single or Widowed: married — Name of Wife or Husband: Eva C Bruner

Father's Name: Solomon H Bruner — Father's Birthplace: New Jersey

Mother's Maiden Name: Edith E Bowers — Mother's Birthplace: New Jersey

Name of person giving information: Eva C Bruner — How related to deceased: wife

92

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Lobar Pneumonia — How long: 5 days.

Immediate: Pulmonary edema — How long: 6 hours

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

Signature of Physician: R V Slamm

Address: Mt Winans Md

Accident or Suicide?

Elmira N. J.

N. J. Syffer

Name in Full: Elisabeth A Bryan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Govanstown — County: Baltimore

Date of death 1910 — Month: June — Day: 29 — Age: Years 38 — Months 9 — Days

Sex: Female — Color or Race: White — Birthplace: Towson

Occupation: House wife — Where Residing if not at place of death: Govanstown

Married, Single or Widowed: Married — Name of Wife or Husband: David P Bryan

Father's Name: Molyneaux J Fisher — Father's Birthplace: Ireland

Mother's Maiden Name: Elisabeth Fisher — Mother's Birthplace: Ireland

Name of person giving Information: David J Bryan — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(64)

Primary — How long

Immediate: Apoplexy — How long: Immediate

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

Signature of ~~Physician~~ Coroner: James R P Wilkinson

Address: Govanstown Balt Co

Accident or Suicide: Weather

H. L. Hess. M D.
by Phone

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-20--08

Jas J Fahey & Son
1232 William St
Balto Md.
St Marys Govanstown

Tuscarora 320 r

Name in Full: George W Burnside

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hamilton — County: Baltimore

Date of death 1900 — Month: June — Day: 5th — Years: 72 — Months: 10 — Days: 8

Sex: Male — Color or Race: White — Birthplace: Pennsylvania

Occupation: Salesman — Where Residing if not at place of death: —

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

Father's Name: James Burnside — Father's Birthplace: Ireland

Mother's Maiden Name: ~~Jane~~ Jane Johnson — Mother's Birthplace: Ireland

Name of person giving information: Jane P. Dickerson — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Unknown — How long:

Immediate: Acute Cardiac Dilatation — How long: Few Hours

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

Signature of Physician: A. L. Williamson

Address: Rosedale

Accident or Suicide? Neither

PHYSICIAN OR CORONER

George Schilling + Sons
Funeral Directors
N. W. Cor Asquith + Monument sts

Interment in Greenmount Cemetery

June 8th 1910

Name in Full: Bertha Carey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson (Town: Edgewood San.) County: Balto.

Date of death: Month: June 1910 Day: 22 Years: Age 30 Months: Days:

Sex: Female Color or Race: N. Birthplace: Maryland

Occupation: Home wife Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Morris A. Carey

Father's Name: Benjamin F. Lomar Father's Birthplace: Maryland

Mother's Maiden Name: Alice V. Zeigler Mother's Birthplace: " "

Name of person giving information: Morris A. Carey How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis How long: 6 mos.

Immediate: Cachexia How long: 3 wks.

Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician: H. N. Vinton

Address: Edgewood San. Towson Md.

Accident or Suicide: no.

PHYSICIAN OR CORONER

28

OFFICE SUPPLY CO., 2284

Horace Burgee & Son
3631 Falls Road
Druid Ridge
Jan 24 - 190

Name in Full: Effie V. Carey

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Granite County: Balto

Date of death 1900 Month: June Day: 2 Years: 23 Months: 7 Days: 18

Sex: female Color or Race: white Birthplace: Md

Occupation: — Where Residing if not at place of death: Same

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

Father's Name: Beal Carey Father's Birthplace: Md

Mother's Maiden Name: Jennie Redman Mother's Birthplace: Md

Name of person giving information: Earnest Carey How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(28)

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 2 years

Immediate: Cachexia How long: few days

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

Signature of Physician: W. J. Hopkins M.D.

Address: Granite Md

Accident or Suicide? —

LIBRARY BUREAU ARRESTR

Name in Full: Sarah E. Chase

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Mt Hope Retreat — Town; Baltimore — County

Date of death 190 0 — Month: June; Day: 9th; Years: 76; Months: Not Known; Days: not kn

Sex: Female — Color or Race: White — Birth-place: Pa.

Occupation: none — Where Residing if not at place of death: Baltimore Md.

Married, Single or Widowed: Married — Name of Wife or Husband: Not Known

Father's Name: not known — Father's Birthplace: Not Known

Mother's Maiden Name: " " — Mother's Birthplace: " "

Name of person giving Information: Recd. Mt Hope Retreat — How related to deceased: not at all

CAUSES OF DEATH

68

PHYSICIAN OR CORONER

Primary: Melancholia Agitata — How long: abt 5 years

Immediate: Exhaustion — How long:

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

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat

Accident or Suicide

OFFICE SUPPLY CO., 2284

Name in Full: Stephen D. Church

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westport — County: Baltimore

Date of death 1900 — Month: June — Day: 23 — Age: Years 70, Months 1, Days 1

Sex: Male — Color or Race: White — Birthplace: Ohio

Occupation: Locomotive Engineer — Where Residing if not at place of death: —

Married, ~~Single or Widowed~~ — Name of Wife or ~~Husband~~: Jane A. Church

Father's Name: Benjamin F. Church — Father's Birthplace: England

Mother's Maiden Name: Nancy A. Lazure — Mother's Birthplace: France

Name of person giving Information: Jane A. Church — How related to deceased: wife

CAUSES OF DEATH

Primary: Paralytic Stroke. — How long: 3 days.

Immediate: D. Hanstein — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: Ry. Hanstein

Address: not known

Accident or Suicide: not

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

London Park

J. B. Cook

Name in Full: Selurk, Eliza

CERTIFICATE OF DEATH

MARYLAND

Died at: Leatonsville (Town) Baltimore (County)

Date of death 1900: June (Month) 25th (Day) — Age: 80 Years, Months, Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death: X

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

Father's Name: unk — Father's Birthplace: unk

Mother's Maiden Name: unk — Mother's Birthplace: unk

Name of person giving information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(12)

Primary: Dementia — How long: 10 yrs

Immediate: Chronic Bright's Disease — How long: 3 mos.

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

Signature of Physician: J Percy Ware

Address: Leatonsville, Md

Accident or Suicide: No

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: John T. Clark.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Arlington (County): Balto.

Date of death 1910 (Month): June (Day): 12 Age (Years): 67. (Months) (Days)

Sex: Male. Color or Race: White. Birthplace: Georgia

Occupation: Watchmaker. Where Residing if not at place of death: Arlington

Married, Single or Widowed: Married Name of Wife or Husband: Sallie R. Clark.

Father's Name: George W. Clark. Father's Birthplace:

Mother's Maiden Name: Amanda Mother's Birthplace:

Name of person giving information: Jas B. Clark How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of nose. How long: 14 years.

Immediate: Exhaustion How long: 3 weeks.

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

Address: Arlington

Accident or Suicide?

114

Wm G. Tuckner & Son
Pemaquid North Hol

Grand Ridge Cem.

Name in Full: Jas P. Cox

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chestnut Ridge | County: Balto

Date of death 1940 | Month: June | Day: 2 | Years: 60 | Months | Days

Sex: Male | Color or Race: white | Birthplace: Unknown

Occupation: Farmer | Where Residing if not at place of death: Chestnut Ridge

Married, Single or Widowed: Single | Name of Wife or Husband: nn

Father's Name: Wm Cox | Father's Birthplace: Balto Co

Mother's Maiden Name: Eliza Badders | Mother's Birthplace: Balto Co

Name of person giving Information: Andrew Keough | How related to deceased: None

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Enteritis | How long: 7 days

Immediate: same | How long:

(105)

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

Signature of Physician: B. H. Burry M.D.

Address: Tempe Md.

Accident or Suicide

OFFICE SUPPLY CO... 2284

Funeral at Mays Chapple
Friday June 4th.

W. C. Brooks

Name in Full: Andrew Cole

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Sparrows Point County: Balto.

Date of death: Month 6 Day 26 Years 30 Months Days

Sex: Male Color or Race: Negro Birthplace: Va.

Occupation: Laborer Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed: Married Name of Wife or Husband: Preston Cole

Father's Name: John W. Cole Father's Birthplace: Va.

Mother's Maiden Name: Ann Ford Mother's Birthplace: Va

Name of person giving information: John W. Cole How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accident — run over How long: 175

Immediate: by travelling crane. How long:

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

Signature of Physician: Jos Blair J.P.

Address: Sparrows Point Md.

Accident or Suicide?

LIBRARY BUREAU ABBEIR

Name in Full: Laura Cole

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Alberton (County): Balto

Date of death 1910: Month: June Day: 5

Age: Years: 42 Months: no Days: no

Sex: Female Color or Race: Colored Birthplace: Maryland

Occupation: House Keeper Where Residing if not at place of death: Alberton

Married, Single or Widowed: married Name of Wife or Husband: John Cole

Father's Name: Stephen Brown Father's Birthplace: Maryland

Mother's Maiden Name: Annie Platter Mother's Birthplace: Maryland

Name of person giving information: Anna Tuohy How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: carcinoma of uterus How long: 42

Immediate: How long:

PHYSICIAN OR CORONER

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

Address: St Joseph's Hospital Baltimore Md.

Accident or Suicide:

OFFICE SUPPLY CO., 11-15-08

Name in Full: Annie Roslie Compbrie

CERTIFICATE OF DEATH

MARYLAND

Died at: Frostburg (Town) Allegany (County)

Date of death 190 10 June (Month) 12 (Day)

Age: 40 Years 2 Months 13 Days

Sex: Female

Color or Race: White

Birthplace: Bel Air

Occupation: House wife

Where Residing if not at place of death: Frostburg

Married, Single ~~or Widowed~~

~~Name of Wife or Husband~~: Jno Compbrie

Father's Name: Jno Wesley Avirlon

Father's Birthplace: Forest Hill

Mother's Maiden Name: Rola Galloway

Mother's Birthplace: Chester Co, Pa

Name of person giving Information: mother

How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

89

Primary: Bronchitis — How long: 3 years

Immediate: Exhaustion — How long: Two hours

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

Signature of Physician: Charles Bragley M.D.

Address: Bragley, Md

PHYSICIAN OR ~~CORONER~~

~~Accident or Suicide~~

L. Dilworth
John Rich
Elmer Remington
Fred Carroll
R. T. Chenoweth
Walter Rich

Name in Full: John Wesley Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hanover County: Baltimore

Date of death 1960 Month: June Day: 27 Age Years: 56 Months: 11 Days: 22

Sex: Male Color or Race: White Birthplace: Pa -

Occupation: Carpenter - Where Residing if not at place of death: Hanover Baltimore Md

Married, Single or ~~Widowed~~: Name of Wife or ~~Husband~~: Ruth Ann. Cooper

Father's Name: Emmanuel Cooper Father's Birthplace: Md

Mother's Maiden Name: Eliza Gant - Mother's Birthplace: Pa

Name of person giving Information: Ruth Ann. Cooper How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79 +

Primary: Mitral Stenosis How long: 4 months

Immediate: Hypostatic congestive failure How long: 3 days

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

Address: Cockeysville Md

Accident or Suicide: No

PHYSICIAN OR CORONER

1

Buried at Poplar Cemetery on
Monday -
N. J. Sla. Brooks
Undertaker

Name in Full: Dr William C. Comstock

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Pudbrook Park (Town) — Baltimore (County)

Date of death: 1900 — Month: 6 — Day: 5 — Age: 38 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: New York

Occupation: Physician — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: May Dillehunt

Father's Name: Comstock — Father's Birthplace:

Mother's Maiden Name: Mrs Brown — Mother's Birthplace:

Name of person giving information: N.B. Dillehunt — How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Probably Organic Disease — How long: ?

Immediate: Acute Indigestion — How long: 15 minutes

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

Signature of Physician: Henry C. Naylor

Address: Pikesville

Accident or Suicide: no

103

OFFICE SUPPLY CO., 11-18-08

Name in Full: Teresa Elsie Curran

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Goranstown

County: Baltimore

Date of death: 1900 — Month: June — Day: 5

Age: Years 2 — Months 11 — Days

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: Infant

Where Residing if not at place of death: Goranstown Md

Married, Single or Widowed: Infant

Name of Wife or Husband:

Father's Name: Saul. J. Curran

Father's Birthplace: Va

Mother's Maiden Name: Teresa M. Gleason

Mother's Birthplace: Md

Name of person giving In formation: Saul. J. Curran

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 1 week

Immediate: Exhaustion — How long: 2 days

92

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

Signature of Physician: E. U. Duncan

Address: Goranstown Md

Accident or Suicide?

LIBRARY BUREAU A88616

MARTIN FAHEY & SONS,

Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

St. Mary's Cemetery

Gorans

Name in Full: Rebecca Darsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Baltimore (Town: Baltimore Highlands; County: Baltimore)

Date of death: 1900 June 8 (Month: June; Day: 8)

Age: 52 Years; Months; Days

Sex: Female

Color or Race: Black

Birthplace: Maryland

Occupation: Housewife

Where Residing if not at place of death:

~~Married, Single~~ or Widowed:

Name of Wife or Husband: Unknown

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving information: Charles B. Jones

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Mitral Insufficiency

How long: Months

Immediate: Exhaustion

How long: A few days.

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

Signature of Physician: J. C. Eldred M.D.

Address: Spring Point Md.

PHYSICIAN OR CORONER

~~Accident or Suicide~~

OFFICE SUPPLY CO. 6-30-08

A. M. Elliott

Asbury Lenerts

June 10. 1910

Name in Full: Edna Davis

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Poplar Heights (County): Baltimore

Date of death: Month: June Day: 6 Years: — Months: 2 Days: —

Age

Sex: Female Color or Race: Negro Birthplace: Poplar Heights

Occupation: none Where Residing if not at place of death: —

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

Father's Name: Joseph Davis Father's Birthplace: Va

Mother's Maiden Name: Edna Jackson Mother's Birthplace: Va

Name of person giving information: Joseph Davis How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchopneumonia (91) How long: 1 wks 2 weeks

Immediate: Exhaustion How long: 24 hours

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

Signature of Physician: H. K. Pettitian M.D.

Address: Sparrows Pt. Md.

PHYSICIAN OR CORONER

~~Accident or Suicide?~~

LIBRARY BUREAU A88610

Name in Full: Snowden James Desney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pleasant Hill; County: Balto

Date of death: Month: June; Day: 14; Year: 1910; Age: Years: 78; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Balto Co Md

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

Married, Single or Widowed: Married; Name of Wife or Husband: Sarah M. Desney

Father's Name: Snowden Desney; Father's Birthplace: Balto Co Md

Mother's Maiden Name: Eliza Rutter; Mother's Birthplace: Balto Co Md

Name of person giving information: Sarah M. Desney; How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Bladder; How long: 8 mos.

Immediate: Exhaustion; How long: 10 days

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

Signature of Physician: [illegible]

Address: Reisterstown Md

Accident or Suicide?

To be Buried at
Pleasant Hill

Name in Full: Benjamin W. Downing

CERTIFICATE OF DEATH

MARYLAND

Died at: Jones Falls, Lake Lane — Town: Mt. Washington — County: Baltimore

Date of death 1900 — Month: June — Day: 4th — Years: — Months: — Days:

Age:

Sex: Male — Color or Race: Negro — Birthplace: unknown

Occupation: Porter — Where Residing if not at place of death: Baltimore

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

Father's Name: unknown — Father's Birthplace: unknown

Mother's Maiden Name: unknown — Mother's Birthplace: unknown

Name of person giving Information: William Stonefighter, Harold Trudwell — How related to deceased: Correlation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

169

Primary: Accidental, Caused by drowning — How long: immediate

Immediate: Drowned — How long: immediate

PHYSICIAN OR CORONER

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

~~Signature of Physician~~ Andrew Emer, Coroner

Address: Mt Washington, Md.

Accident or Suicide: Accident

OFFICE SUPPLY CO. 8-20--08

Coroners. Jury.

Andrew Ensor Coroner
Herbert Bloom
Thomas G. Bloom
Benjamin Crue
Wm G Johnson
L. G Staines
Clarence Ensor
John Kerns
F. E. Finn
Edward. C. Payne
John Slimbaker
Wm. Naylor
C. E. Murzyman

undertaker

R St Elliot

June 7. 1910

Mt Auburn

Cemetery

Name in Full: Howard Elbourn

CERTIFICATE OF DEATH

MARYLAND

Died at: Mt. Wilson (Town) — Baltimore Co. (County)

Date of death: 1910 June 20

Age: ~~1 mos~~ 0 — Months: 1 mos — Days: —

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Infant — Where Residing if not at place of death: Baltimore

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

Father's Name: Nakumura — Father's Birthplace: Baltimore

Mother's Maiden Name: " — Mother's Birthplace: ~~Balt~~ Kent Co.

Name of person giving information: Mrs Houghton — How related to deceased: Caretaker

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Malnutrition — How long: 1 mo.

Immediate: " — How long: 1 "

NTB

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

Signature of Physician: F. H. M. Krop, Jr

Address: Mrs. Wilson Sanitarium, Mt. Wilson, Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Samuel Ether Ellis.

CERTIFICATE OF DEATH

MARYLAND

Died at 202 Falls Road, Town; Baltimore Co. County

Date of death 19 10 Month: June Day: 13

Age: Years — Months: 7 Days: 8

Sex: Male

Color or Race: Colored

Birthplace: Maryland.

Occupation: None

Where Residing if not at place of death: 202 Falls Rd. N. Roland Pk.

Married, Single or Widowed: Infant

Name of Wife or Husband: —

Father's Name: William Howard Ellis

Father's Birthplace: Virginia

Mother's Maiden Name: Lillian Hope Ellis

Mother's Birthplace: Virginia

Name of person giving information: William Howard Ellis

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Catarrhal Enteritis — How long: 10 days

Immediate: Infantile Eclampsia — How long: 24 hrs

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

Signature of Physician: Echs Shortlidge

Address: Baltimore; 535 Robert St.

Accident or Suicide?

PHYSICIAN OR CORONER

Jun. 14-1910 —
Laurel Cemetery,
N. P. Marshall
3539 Fall. Road —

Name (Full) ~~[illegible]~~ Mary E Lovoich — CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Mt Winans (County) Balto — MARYLAND

Date of death 1911 — Month 6 — Day 23 — Years 70 — Months — — Days —

Sex Female — Color or Race White — Birthplace Unknown

Occupation — Where Residing if not at place of death

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

Father's Name Unknown — Father's Birthplace Unknown

Mother's Maiden Name Unknown — Mother's Birthplace Unknown

Name of person giving information J. H. Dominis — How related to deceased None

175

CAUSES OF DEATH

~~PHYSICIAN~~ OR CORONER

Primary Struck by B & O. train of Cars — How long Immediate

Immediate Fractured Ribs + spine Broken — How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician August W. Miller, Coroner

Address Mt Winans Balto Md

Accident or Suicide Accident

OFFICE SUPPLY CO. 6-20--06

Max Levinson
1620 Mc Elderry.

Mt Carmel
Cemetery

Name in Full: Wm H. Elsewood

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Arlington (Town) Balto (County)

Date of death 1910 June 25 (Month, Day)

Age: 37 Years 7 Months 10 Days

Sex: Male

Color or Race: white

Birthplace: Baltimore Md

Occupation: Plumber

Where Residing if not at place of death: 4900 block Park Heights ave.

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Louis M. Elsewood

Father's Birthplace: Balto Md

Mother's Maiden Name: Caroline Hofing

Mother's Birthplace: Balto Md.

Name of person giving In formation: Caroline Nibbals

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary tuberculosis

How long about 2 yrs

Immediate: General tuberculosis

How long about 1 yr

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

Signature of Physician: H. E. Knipp MD.

Address: 1002 W. Lanvale Balto Md.

Accident or Suicide?

Baltimore Sun

Monday 2 Pm

William Cook

502 E North ave

Undertaker

Name in Full Epstein

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Jed Park County: Betts

Date of death 1900 Month: June Day: 7

Age Years: Still Birth Months: — Days: —

Sex: Male Color or Race: White Birthplace: Md

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

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

Father's Name: Morris Epstein Father's Birthplace: Germany

Mother's Maiden Name: Mary Epstein Mother's Birthplace: "

Name of person giving information: David Katzen How related to deceased: Ks relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Birth How long: —

Immediate: — How long: —

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

Signature of Physician: Frank C. Miller M.D.

Address: Elliott City Md.

Accident or Suicide: —

S

Hectner. Herring Run Cemetery.

Name in Full: Jeraldine Fritz.

CERTIFICATE OF DEATH

MARYLAND

Died at: Arlington (Town) — Balto (County)

Date of death: Month Jun — Day 20 — 190

Age: Years 78 (78) — Months 5 — Days 4

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: None — Where Residing if not at place of death: 4752 Park Heights

~~Married, Single or Widowed~~: Widow — Name of Wife or Husband: Henry R. Fritz

Father's Name: Bernhard-Ackerman — Father's Birthplace: Germany

Mother's Maiden Name: Unknown — Mother's Birthplace: Germany

Name of person giving Information: Mrs Harry Fields — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis — How long: about year

Immediate: Heart Failure — How long:

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

Signature of Physician: J. D. Feldhart

Address: 211 W. Lanvale St. Balto.

~~Accident or Suicide~~?

PHYSICIAN OR CORONER

(120)

To

Baltimore Cemetery

G.F. Walker

723 N. Lafayette Ave

Name in Full: Simon W. Frank

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Windsor Hills. (County) Baltimore

Date of death 1900 (Month) June (Day) 2d (Years) Age 31 (Months) (Days)

Sex: Male | Color or Race: White | Birthplace: Baltimore

Occupation: Banking | Where Residing if not at place of death:

Married, Single or Widowed: married | Name of Wife or Husband: Rose Ellen Frank

Father's Name: Alexander Frank | Father's Birthplace: Germany

Mother's Maiden Name: Henrietta Walter | Mother's Birthplace: Baltimore

Name of person giving information: Louis P Hamburger, M.D. | How related to deceased: not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia (92) | How long: Eleven (11) days

Immediate: Myocarditis. | How long: —

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

Signature of Physician: Louis P Hamburger

Address: 1207 Eutaw Place

Baltimore

Accident or Suicide? No

David Sondheim
Balto Hebrew Cemy.

Name in Full: Tessa Frank

CERTIFICATE OF DEATH

Died at — Town: Rossville — County: Balto — MARYLAND

Date of death 1900 — Month: June — Day: 24 — Age — Years: 26 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: House wife — Where Residing if not at place of death: —

Married, Single, or Widowed: Married — Name of Wife or Husband: Oscar Frank

Father's Name: Robert Kastner — Father's Birthplace: Md

Mother's Maiden Name: Unknown — Mother's Birthplace: Md

Name of person giving Information: Oscar Frank — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Puerperal Sepsis (135) — How long: 4 days

Immediate: Poor P. - Hemorrhage — How long:

PHYSICIAN OR CORONER

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

Signature of Physician: C V Mace

Address: Rossville Md

Accident or Suicide: —

OFFICE SUPPLY CO. 2284

Name in Full: Fischer Philip Leopold Charles

CERTIFICATE OF DEATH

MARYLAND

9

TO BE ANSWERED BY NEAREST FRIEND

Died at: Towson, Md. (Town) Balto. (County)

Date of death: 1910 Month: June Day: 20

Age: Years 38 Months ___ Days ___

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: Broker

Where Residing if not at place of death: Balto. County

Married, Single or Widowed: Married

Name of Wife or Huebend: Grace Brown Fischer

Father's Name: Louis C. Fischer

Father's Birthplace: Balto.

Mother's Maiden Name: Anne Franklin Gill

Mother's Birthplace: Balto.

Name of person giving Information: B. Connell.

How related to deceased: None.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paresis — How long: 5 yrs.

66

Immediate: Exhaustion — How long: 6 mos.

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

Signature of Physician: W B Connell

Address: Towson, Md.

Accident or Suicide

OFFICE SUPPLY CO., 2284

H. W. Jenkins v Sons &c.
Mr Cullok + Orchard St
Funeral Director

To. Greenmount Cemetery

Name in Full: William Alexander ~~Falck~~ - Falck

CERTIFICATE OF DEATH

Died at: Town: Roland Park — County: Balto Co — MARYLAND

Date of death: Month 6 — Day 20 — Year 1910 — Age: Years 37 — Months — — Days —

Sex: M — Color or Race: White — Birthplace: U. S. A.

Occupation: Journalist — Where Residing if not at place of death: Roland Pk, Md.

Married, Single or Widowed: Married — Name of Wife or Husband: Hattie McGinley Falck

Father's Name: John B. Falck — Father's Birthplace: U. S. A.

Mother's Maiden Name: Cath C. Stinson — Mother's Birthplace: U. S. A.

Name of person giving information: Father — How related to deceased: J. B. Falck

TO BE ANSWERED BY NEAREST FRIEND

92

CAUSES OF DEATH

Primary: Lobo-pneumonia — How long: 10 days

Immediate: Embolic apoplexy from Phlebitis — How long: 4 days

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

Signature of Physician: Henry T. Cowing MD

Address: Roland Pk. Md.

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Place of Burial, Cathedral Cemetery, Baltimore.

Undertakers, Henry W. Mears & Son.

Name in Full: Jenie C Forsythe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Delight County: Balto

Date of death: Month: June Day: 19 1910

Age: Years: [illegible] Months: Days:

Sex: Female

Color or Race: white

Birthplace: Maryland

Occupation: House wife

Where Residing if not at place of death: near Harrisonville Balto Co Md

Married, Single or Widowed: Married

Name of Wife or Husband: James R Forsythe

Father's Name: Samuel Frantz

Father's Birthplace: Ohio

Mother's Maiden Name: Sallie Murray

Mother's Birthplace: Maryland

Name of person giving information: James R Forsythe

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage

How long: 8 days

Immediate: Exhaustion

How long: 1 day

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

Signature of Physician: Franklin R Erb.

Address: Reisterstown Md.

Accident or Suicide?

To be Buried at

Wards Chapel

Name in Full: Emma May Fossett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fowland — County: Baltimore

Date of death 1910 — Month: June — Day: 20 — Age: Years: 26 — Months: 6 — Days: 3

Sex: Female — Color or Race: White — Birthplace: Baltimore, Md.

Occupation: Public School Teacher — Where Residing if not at place of death:

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

Father's Name: Jas. Elwood Fossett — Father's Birthplace: Chester, Penna

Mother's Maiden Name: Emma G. Getter — Mother's Birthplace: Baltimore, Md.

Name of person giving Information: Emma G. Fossett — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Laryngeal Tuberculosis — How long: 6 months

Immediate: Exhaustion & Asthenia — How long:

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

Signature of Physician: Jas. M. Delevett MD

Address: 623 Columbia ave Balt. Md.

~~Accident or Suicide~~

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full (Infant) Fowble

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Dulaneys Valley (County) Baltimore

Date of death 1910 (Month) June (Day) 30

Age (Years) — (Months) — (Days) —

Sex Male

Color or Race White

Birthplace Dulaneys Valley Md

Occupation —

Where Residing if not at place of death —

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name Joshua Fowble

Father's Birthplace Balto. Co. Md.

Mother's Maiden Name Maude Parks

Mother's Birthplace " " "

Name of person giving information Joshua Fowble

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Still Born

How long —

Immediate " "

How long —

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

Signature of Physician John S. Green

Address Gittings, Md.

Accident or Suicide?

S

Name in Full: Ruth Ellen Fox

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Mrs Franklintown (Town) — Baltimore (County)

Date of death: 1910 ~~190~~ — Month: June — Day: 14 — Years: 57 — Months: 11 — Days: —

Sex: Female — Color or Race: White — Birthplace: Winchester Va.

Occupation: Maid — Where Residing if not at place of death: —

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

Father's Name: Jno Fox (Fox) — Father's Birthplace: Loudon Co Va.

Mother's Maiden Name: Isabela Welsh — Mother's Birthplace: Winchester Va

Name of person giving Information: Mrs Hudson — How related to deceased: Sister

CAUSES OF DEATH

10

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: about 6 weeks

Grip — How long: 1 wk

Immediate: Cardiac Asthenia

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

Signature of Physician: Henry M Mommaux

Address: Hillsdale, Md.

Accident or Suicide

K 1

St Peters Cem

Jos. B Cook

Name in Full: Joseph T. Frazier

CERTIFICATE OF DEATH

MARYLAND

Died at: Woodlawn (Town) Balto (County)

Date of death 1940: June (Month) 22 (Day)

Age: Years 80, Months 11, Days 14

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Carpenter

Where Residing if not at place of death: Woodlawn

Married, Single or Widowed: Married

Name of Wife or Husband: Susan Frazier

Father's Name: Dont Know

Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know

Mother's Birthplace: Dont Know

Name of person giving Information: Jedier Frazier

How related or deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

Primary: Chronic Cystitis & Pyelitis — How long: 2 months

Immediate: Uremia & Cardiac Cystitis — How long: Immediate

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

Signature of Physician: C. C. Smith

Address: West Forest Park Md

Accident or Suicide: —

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 11-13-38

Name in Full: Mrs Louise Gallery

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Summit Station; County: Balto

Date of death 19 42: Month: Jun; Day: 18; Years: 73; Months: ; Days:

Sex: Female; Color or Race: White; Birthplace: Germany

Occupation: Housewife; Where Reading if not at place of death: Dayton

Married, Single or Widowed: Widow; Name of Wife or Husband: Mr George Gallery

Father's Name: Frank Long; Father's Birthplace: Germany

Mother's Maiden Name: Josephine Lighting; Mother's Birthplace: Germany

Name of person giving information: Mrs Elizabeth Long; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis (6); How long:

Immediate: How long:

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

Signature of Physician: H. S. Sedler M.D. Coroner

Address: 3325 E. Baltimore

Accident or Suicide?

PHYSICIAN OR CORONER

Mt. Carmel Ia.
June 20. 1910
Sandy Sam

Name in Full: Frederick Gamble

CERTIFICATE OF DEATH

MARYLAND

Died at: Plannys Heights (Town) — Balto (County)

Date of death 1910: Month 6 — Day 15 — Age: Years — Months nine — Days —

Sex: Male — Color or Race: Colored — Birthplace: Balto Md

Occupation: Infant — Where Residing if not at place of death: —

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

Father's Name: unknown — Father's Birthplace: unknown

Mother's Maiden Name: Janie Gamble — Mother's Birthplace: Md.

Name of person giving Information: George P. Gamble — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Whooping Cough (8) — How long: Above week

Immediate: Bronchio Pneumonia — How long: Four days

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

Signature of Physician: August W. Mille (Coroner)

Address: 911 Williams Balto Md

PHYSICIAN OR CORONER

Accident or Suicide

OFFICE SUPPLY CO. 6-29--08

Nicholas Smith
Home Burial
Cemetery

Name in Full: Cora Gardner

CERTIFICATE OF DEATH

MARYLAND

Died at: Stevensville (Town) Balto. (County)

Date of death: 1900 June 3

Age: Years 30 Months — Days —

Sex: Female

Color or Race: white

Birthplace: Kent Co. Md

Occupation: House wife

Where Residing if not at place of death: Stevensville

Married, Single or Widowed: Married

Name of Wife or Husband: Earnest. B. Gardner

Father's Name: John. W. Neals

Father's Birthplace: Delaware

Mother's Maiden Name: Roda. A. Carter

Mother's Birthplace: Delaware

Name of person giving Information: Earnest. B. Gardner

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

28

Primary: Pulmonalis

How long: Several years

Immediate: Exhaustion

How long: —

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

Signature of Physician: H Louis Naylor

Address: Pikesville

Accident or Suicide

PHYSICIAN OR CORONER

John Burns Sons
Towson.
Interment at
Sater's Cemetery

Name in Full: Lemuria Olynda Gay

CERTIFICATE OF DEATH

MARYLAND

Died at: Blanton Hosp. Towson — County: Balto.

Date of death 1940 — Month: June — Day: 20 — Age: Years 40 — Months 10 — Days –

Sex: F — Color or Race: N. — Birthplace: Germany

Occupation: H. W. — Where Residing if not at place of death: 1604 E Hoffman st

Married, Single or Widowed: Married — Name of Wife or Husband: Hermage G. Gay

Father's Name: Henry Schwartzwald — Father's Birthplace: Germany

Mother's Maiden Name: ? — Mother's Birthplace: Germany

Name of person giving information: Hermage Gay — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(28)

Primary: Pulmonary Tuberculosis — How long: 2 1/2 yr.

Immediate: Asthenia — How long: 1 wk.

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

Signature of Physician: G. H. Turner M.D.

Address: Blanton Hosp. Towson. Md.

Accident or Suicide: no.

PHYSICIAN OR CORONER

DEFICE SUPPLY CO., 7284

O K
Wm R C M

Knell & Paulus
Undertakers
Frederick Md
Western Cemetery

Name in Full: Louisa Anna Stabicht

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Canton (County): Balto

Date of death 1910 Month: June Day: 16 Years: 22 Months: Days:

Sex: Female Color or Race: White Birthplace: Baltimore

Occupation: Housewife Where Residing if not at place of death: Same

Married, Single or Widowed: Married Name of Wife or Husband: Oscar Stabicht

Father's Name: Charles Fosters Father's Birthplace: Baltimore

Mother's Maiden Name: Louisa Romosper Mother's Birthplace: Baltimore

Name of person giving information: Oscar Stabicht How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever (1) How long: 3 Weeks

Immediate: Myocarditis How long: 4 days

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

Signature of Physician: F. J. Ludlum M.D.

Address: 3623 Fait Ave

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU ABSSIS

Louis Heermann
32 S Broadway

Cemetary
Trinitas

Name in Full: John Henry Albert Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Calverton

County: Balto

Date of death 1920 | Month: June | Day: 6 | Age: Years 22 | Months 3 | Days 8

Sex: Male | Color or Race: Colored | Birthplace: Calverton Md

Occupation: Laborer | Where Residing if not at place of death:

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

Father's Name: John Henry Hall | Father's Birthplace: Virginia

Mother's Maiden Name: Caroline Jackson | Mother's Birthplace: Balto Co Md

Name of person giving information: Caroline Hall | How related to deceased: Mother

63

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Acute Ascending Paralysis | How long: 14 weeks

Immediate: Exhaustion | How long: " "

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

Signature of Physician: Charles L Mcclelland M D

Address: Calverton Md

Accident or Suicide? —

LIBRARY BUREAU A6861.6

Name in Full: Mary V. Hauck

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Westport — Town; Baltimore — County

Date of death 1910: Month: June; Day: 14; Age: Years: 28; Months; Days

Sex: Female; Color or Race: White; Birthplace: Baltimore Co Md

Occupation: No occupation; Where Residing if not at place of death: Resided at place of death

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Joseph P. Hauck; Father's Birthplace: Baltimore Md

Mother's Maiden Name: Louisa Miller; Mother's Birthplace: Baltimore City Md

Name of person giving Information: Joseph P Hauck; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis 28; How long: One Year

Immediate: Heart Failure; How long: Immediate

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

Signature of Physician: C. R. Wilkerson MD

Address: Hanover Md

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 11-15-08

Armstrong Jenny Co
715 Light St
Balti

Burrell on Farm

Name in Full: Robert Newton Hawley

CERTIFICATE OF DEATH

MARYLAND

Died at: Sheppard & Enoch Pratt Hosp. Town: Towson County: Balto

Date of death 1910 Month: June Day: 14 Years: Age 52 Months: 11 Days: 10

Sex: Male Color or Race: White Birthplace: N.Y.

Occupation: Physician Where Residing if not at place of death: Milwaukee Wis

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

Father's Name: C Wm Hawley Father's Birthplace: N.Y.

Mother's Maiden Name: Helen A Stark Mother's Birthplace: Phila Pa

Name of person giving Information: E N Brush How related to deceased: Physn

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

66

Primary: Paresis How long: 4½ Yrs

Immediate: Exhaustion How long: Several weeks

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

Signature of Physician: E N Brush

Address: Sheppard & Enoch Pratt Hosp Towson Md

Accident or Suicide

PHYSICIAN OR CORONER

Henry W. Jenkins and Sons Co.

Milwaukee

Wis

Name in Full: Charles J. Hayes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington Md. County: Balto Co.

Date of death 1910 Month: June Day: 7 Years: Age 24 Months: 4 Days: 7.

Sex: Male Color or Race: white Birthplace: Balto City.

Occupation: Laborer Where Residing if not at place of death: —

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

Father's Name: Charles Hayes Father's Birthplace: Balto City

Mother's Maiden Name: Lucy Howard Mother's Birthplace: Va.

Name of person giving information: Charles Hayes How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pernicious Anemia How long: 2 years.

Immediate: Exhaustion How long: 2 mo.

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

Signature of Physician: Thomas J. Talbott

Address: 642 W. North Ave Balto.

Accident or Suicide? —

54

LIBRARY BUREAU A68616

Loudon Park
June 9/1910
Mrs Cook

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Lucy Hoes

Died at: Town: Chaffee Road — County: Balto

Date of death 19: Month: June — Day: 21 — Years: 97 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: Retired — Where Residing if not at place of death: Chaffee Road

Married, Single or Widowed: Widow — Name of Wife or Husband: John Hoes

Father's Name: Richard Myers — Father's Birthplace: Md

Mother's Maiden Name: Lucy Myers — Mother's Birthplace: Md

Name of person giving In formation: Emma Shickel — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Nephritis — How long: 6 months

Immediate: Collapse — How long: 1 day

120

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

Signature of Physician: R. B. Vernhet

Address: 3547 Chestnut St

Accident or Suicide? No

Balto. Md

PHYSICIAN OR CORONER

Wm & Marshall
3339 Falls Road

Mt Zion - Gwynnstown

Name in Full: Louise Jackson

CERTIFICATE OF DEATH

MARYLAND

Town: Mt. Wilson | County:

Died at: Mt. Wilson

Date of death 190: Month: June | Day: 26

Age: Years: — | Months: — | Days: 3 wks.

Sex: Female | Color or Race: Black | Birthplace: Baltimore

Occupation: Infant | Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Infant | Name of Wife or Husband:

Father's Name: — Jackson | Father's Birthplace: Unknown

Mother's Maiden Name: unknown | Mother's Birthplace:

Name of person giving Information: Mrs. Marie Jackson | How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

1513

Primary: Prematurity | How long: 3 wks

Immediate: " | How long: wks

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

Signature of Physician: J. H. M. Clark, Jr.

Address: Mt. Wilson, Md.

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 6-20--08

Name in Full: Clara Jarman

CERTIFICATE OF DEATH

MARYLAND

Town: Mt Hope Retreat | County: Balto

Died at

Date of death 1910 | Month: June | Day: 12th | Years: 45 | Months: Not Known | Days: Not Known

Sex: Female | Color or Race: White | Birthplace: Baltimore

Occupation | 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: Not Known

Mother's Maiden Name: " " | Mother's Birthplace: "

Name of person giving Information: Recds Mt Hope Retreat | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis | How long: over 25 yrs

Immediate: Ex Toxaemia due to Fibrocystic Degen. of Uterus | How long: 3 or 4 yrs

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

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat

Accident or Suicide

PHYSICIAN OR CORONER

Mt Hope M.D.

OFFICE SUPPLY CO., 2284

Name in Full: Frances Mae Jeffries

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown (Town) Balto (County)

Date of death 1910 Month: June Day: 30

Age: Years 13 Months — Days —

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: None

Where Residing if not at place of death: Same

Married, Single or Widowed: Single

Name of Wife or Husband: None

Father's Name: Granville D. Jeffries

Father's Birthplace: Pa.

Mother's Maiden Name: Georgia A. Krell

Mother's Birthplace: Md

Name of person giving information: Philip Strowig

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary (28)

How long

Immediate

How long

PHYSICIAN OR CORONER

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

Signature of Physician: W. S. Sudler M.D. Coroner

Address: 3323 E. Baltimore St.

Accident or Suicide?

LIBRARY BUREAU 4888-10

Oak Lawn Cem.

J. Henry Son

7/3/10

Name in Full: Bernice Jordan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Mt. Wilson — Town; Baltimore — County

Date of death: 1900 — Month: June — Day: 29 — Age: Years: — Months: 11 mos — Days:

Sex: Male — Color or Race: White — Birthplace:

Occupation: Infant — Where Residing if not at place of death: Baltimore

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

Father's Name: William Jordan — Father's Birthplace: Baltimore

Mother's Maiden Name: Robinson — Mother's Birthplace: Baltimore

Name of person giving information: Mrs. Wm. Jordan — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infectious diarrhoea — How long: 1 wo.

Immediate: Acute nephritis — How long: 1 wo.

(120)

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

Signature of Physician: J. A. Mackey Jr.

Address: Mt. Wilson, Md.

Accident or Suicide?

Name in Full: Thomas Judy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sparrow's Pt. — County: Balto.

Date of death 1910 — Month: June — Day: 25 — Years: Age — Months: — — Days: 5 hours

Sex: Male — Color or Race: White — Birthplace: Sparrow's Pt.

Occupation: None — Where Residing if not at place of death: Sparrow's Pt.

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

Father's Name: William Judy — Father's Birthplace: Pa

Mother's Maiden Name: Lillie Clark — Mother's Birthplace: Md.

Name of person giving information: Wm. Judy — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: mitral insufficiency — How long: 5 hours

Immediate: Mitral insufficiency — How long: 5 hours

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

Signature of Physician: A. K. Pettelian M.D.

Address: Sparrow's Pt. Md.

~~Accident or Suicide?~~

79

LIBRARY BUREAU A6081B

Name in Full: Isabella Kauffman.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Catonsville — County: Balto

Date of death 1910 — Month: June — Day: 4 — Years: 86 — Months: — — Days: —

Sex: female — Color or Race: White — Birthplace: Baltimore

Occupation: Housewife — Where Residing if not at place of death: Catonsville

Married, Single or Widowed: widow — Name of ~~Wife or~~ Husband: John C Kauffman.

Father's Name: Unknown. — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown. — Mother's Birthplace: Unknown.

Name of person giving Information: Louis Kauffman. — How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age. — How long: 10 yrs

Immediate: asthenia — How long: 3 mos.

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

Signature of Physician: Marshall B. West.

Address: Catonsville Md.

~~Accident or Suicide~~?

E. W. Mitchell
Undertaker
London Park Cem
on June 6/10

Name in Full: Catherine Monica Kehoe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown; County: Baltimore

Date of death 1910: Month: June; Day: 20; Age: Years: 7; Months: 4; Days: 23.

Sex: Female; Color or Race: White; Birthplace: Govans Md.

Occupation: Child; Where Residing if not at place of death: Govans Md

Married, Single or Widowed: Child; Name of Wife or Husband: Child

Father's Name: Michael P Kehoe; Father's Birthplace: County Carlow Ireland

Mother's Maiden Name: Catherine Byrne; Mother's Birthplace: County Wicklow Ireland

Name of person giving Information: Michael P Kehoe; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mitral Insufficiency; How long: 6 Months

Immediate: Loss of Compensation; How long: 4 weeks.

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

Signature of Physician: H C Hess M.D.

Address: Govans. Md.

Accident or Suicide: Neither

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 12-19-08

Martin Fahey Sons
Undertakers
St Mary's Cem-
Urana

Name in Full: Esther Joseph Kehoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Govans | County: Baltimore | MARYLAND

Date of death 1910 | Month: June | Day: 5 | Years: 5 | Months: 3 | Days: 20

Sex: Female | Color or Race: White | Birthplace: Govans Md

Occupation: Child | Where Residing if not at place of death: Govans Md

Married, Single or Widowed: Child | Name of Wife or Husband: Child

Father's Name: Michael P Kehoe | Father's Birthplace: Carlow Co Ireland

Mother's Maiden Name: Catherine Byrne | Mother's Birthplace: Wicklow Co Ireland

Name of person giving Information: Michael P Kehoe. | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency | How long: 6 months

Immediate: Loss of Compensation | How long: 3 weeks.

79

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

Signature of Physician: H C Hess MD

Address: Govans Md

Accident or Suicide: neither

OFFICE SUPPLY CO., 11-15-08

MARTIN FAHEY & SONS,

Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

St Mary's Cemetery
Gowanus

Name in Full: Thomas Kline

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Canton | Town | County: Balto

Date of death: Month: June | Day: 21 | 1910 | Age: Years: 32 | Months | Days

Sex: Male | Color or Race: White | Birthplace: N.Y.

Occupation: Sailor | Where Residing if not at place of death: Unknown

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

Father's Name: Unknown | Father's Birthplace: Unknown

Mother's Maiden Name: Unknown | Mother's Birthplace: Unknown

Name of person giving information: Capt W. W. Davis | How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental Drowning | How long: 1 hr

Immediate | How long: Former

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

Signature of Physician: F. A. Miller M.D.

Address: 2323 E Baltimore

Accident or Suicide?

LIBRARY BUREAU ABBETS

Christian Miller
2334 Jefferson St

City morgue -

Name in Full: Ada Kosh

CERTIFICATE OF DEATH

6x

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Catonsville (County): Balto. MARYLAND

Date of death: 1910 Month: June Day: 4 Years: 26 Months: 10 Days: 11

Sex: Female Color or Race: Colored Birthplace: Maryland

Occupation: House Keeper Where Residing if not at place of death: Catonsville

Married, Single or Widowed: Married Name of Wife or Husband: Charley Kosh

Father's Name: Frank Wilson (dead) Father's Birthplace: Maryland

Mother's Maiden Name: Jane Lynn Mother's Birthplace: Maryland

Name of person giving information: Charley Kosh Relationship to deceased: Husband

CAUSES OF DEATH

(28)

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 3 mos

Immediate: Pulmonary Hemorrhage How long: 24 hours

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

Signature of Physician: Marshall B. West

Address: Catonsville Md.

Accident or Suicide

OFFICE SUPPLY CO., 11-15-08

Eastern Sons.
Hopkins's Chapel H. Co.

Name in Full: Jennie Conn Kroot Baltimore County

CERTIFICATE OF DEATH

MARYLAND

Died at: Gorsuch Mills (Town) — Baltimore (County)

Date of death: 1940 June (Month) 10 (Day) — Age: 53 Years 4 Months 6 Days

Sex: Female — Color or Race: White — Birthplace: Gorsuch Mills

Occupation: House Wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Benj F Kroot

Father's Name: Joseph Sietz — Father's Birthplace: Gorsuch Md

Mother's Maiden Name: Jane Bell — Mother's Birthplace: Sharpstown

Name of person giving information: Alice Hendrix — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 28 Several years

Immediate: Syncope — How long:

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

Signature of Physician: C. M. Lee MD

Address: Sharpstown Md

Accident or Suicide?

PHYSICIAN OR CORONER

Hopewell Grove
monday Afternoon
1 Oclock

Name in Full: John. N Kunkel.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Hamilton | County

Date of death 1900 | Month June. | Day 29 | Years 78 | Months — | Days —

Sex: Male | Color or Race: White | Birthplace: Germany.

Occupation: Wagon Builder | Where Residing if not at place of death:

Married, Single or Widowed: Widowed | Name of Wife or Husband: Rosina Kunkel.

Father's Name: Adam. Kunkel. | Father's Birthplace: Germany

Mother's Maiden Name: not known. | Mother's Birthplace: Germany

Name of person giving information: Frederick Kunkel (son) | How related to deceased: son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Endocarditis Aortic | How long: 8 mos ?

Immediate: M. Valvularis | How long:

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician: F J Kirby

Address: 110 E Northwood

Accident or Suicide?

PHYSICIAN OR CORONER

81

14

Name in Full: Charles Kubyner

CERTIFICATE OF DEATH

MARYLAND

Ox

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Rossville	County	Baltimore		
Date of death 1900	Month: June	Day: 12	Years: 50	Months: 3	Days: 28
Sex	Male	Color or Race	White	Birthplace	Germany
Occupation	Farmer	Where Residing if not at place of death	—		
Married, Single or Widowed	Married	Name of Wife or Husband	Frances Kubyner		
Father's Name	Unknown			Father's Birthplace	Germany
Mother's Maiden Name	Unknown			Mother's Birthplace	"
Name of person giving Information	Adam Kubyner			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Pul Tuberculosis 28	How long	6 mos
Immediate	Asthenia	How long	2 wks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John W. Hannan M.D.
		Address	Middle River,
Accident or Suicide	No		

X

OFFICE SUPPLY CO. 8-20-08

Name in Full: Jacob F Lamley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lauraville; County: Balto

Date of death 1930: Month: June; Day: 27; Age: Years: 78; Months: 11; Days: 12

Sex: Male; Color or Race: White; Birthplace: Balto Co

Occupation: Retired; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or ~~Husband~~: Sarah E Lamley

Father's Name: John Lamley; Father's Birthplace: Germany

Mother's Maiden Name: Dont Know; Mother's Birthplace: Germany

Name of person giving information: John M. Lamley; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastritis; How long: 12 days

Immediate: Asthenia and old age; How long:

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

Signature of Physician: A Young Westbrook M.D.

Address: 237 Gorsuch ave Baltimore

Accident or Suicide?

PHYSICIAN OR CORONER

103

George Schilling & Sons

Funeral Directors

N. W Cor Aisquith & Monument st

Interment at Erdmans Family Cemetery

Belto Rd

on Wednesday June 29th 1910

Name in Full: Frank Lang

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Highlandtown

County: Balto

Date of death: 1918 Month: 6 Day: 11

Age: Years — Months — Days 7

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: none

Where Residing if not at place of death: 406 - S 5th St.

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: John Lang ~~Long~~

Father's Birthplace: German

Mother's Maiden Name: Magdelena Ruff

Mother's Birthplace: " "

Name of person giving In formation: John Lang

How related to deceased: Father

1571

CAUSES OF DEATH

Primary: Premature Birth

How long: 7 Mos

Immediate: Inanition

How long: —

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

Signature of Physician: Dr. F. A. Glautz

Address: 3244 Eastern Av

Accident or Suicide? X

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Sacred Heart Cem.,

J. Herwig Son

6/10/10

Name in Full: LeBrun

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chesterwood. County: Colgate Post Office Baltimore — MARYLAND

Date of death 1901 — Month: June — Day: 5 — Years: — Months: 6 mts Foetus — Days:

Age

Sex: M — Color or Race: W — Birthplace: Chesterwood

Occupation: — Where Residing if not at place of death: Chesterwood

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

Father's Name: Wm A. LeBrun — Father's Birthplace: Balto Co

Mother's Maiden Name: Mellie Smith — Mother's Birthplace: Carroll Co

Name of person giving information: Father — How related to deceased:

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Premature Birth — How long: —

Immediate: Internal Haemorrhage — How long: 3 hrs

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

Signature of Physician: W. L. Burke MD

Address: 302 Hudson St

Accident or Suicide

Mt. Carmel Cemy.

June 7-10

John A. Moran.

Bank & Ann St.

Name in Full: Walter Davis Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Rodgers Pimlico (County): Baltimore

Date of death: 1910 Month: June Day: 11th Years: Age 31 Months: Days:

Sex: Male Color or Race: White Birthplace: Baltimore Md

Occupation: Spoke finisher Where Residing if not at place of death: Lombard & Highland town

Married, Single or Widowed: Married Name of Wife or Husband: Caroline Lewis

Father's Name: Charles W. Lewis Father's Birthplace: Md

Mother's Maiden Name: Ada Bland Mother's Birthplace: Md

Name of person giving information: Charles W. Lewis How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

Primary: Bights Disease How long: One year

Immediate: Exhaustion How long:

PHYSICIAN OR CORONER

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

Signature of Physician: Edwin E. Jones

Address: Arlington

Accident or Suicide?

LIBRARY BUREAU ABBETS

Wm Cook

Friends Cemetery -
on Hartford rd.

Name in Full: Augusta Lutz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown County: Balto.

Date of death: Month: June 1910 Day: 25th

Age: Years: — Months: 13 Days: —

Sex: Female Color or Race: White Birthplace: Balto. Co.

Occupation: None Where Residing at place of death: 729 S. Third St.

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

Father's Name: Firany J. Lutz Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Bittner Mother's Birthplace: Germany

Name of person giving information: Firany J. Lutz How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enteritis Colitis (104) How long: 2 weeks

Immediate: Toxemia & hyperpyrexia How long: 2 days

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

Signature of Physician: [illegible]

Address: Cambridge & O'Donnell St

Accident or Suicide: X

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 2244

Sacred Heart Cemetery.

June 27th 1910.

Lilly & Geiler

Undertakers.

Name in Full: Wm. Mc Dougall.

CERTIFICATE OF DEATH

MARYLAND

Town: West Arlington | County: Balto.

Died at: West Arlington

Date of death: 1960 June 19 | Age: Years 50 yrs. | Months + | Days

Sex: Male | Color or Race: White. | Birthplace: Balto. Md.

Occupation: Clerk. | Where Residing if not at place of death: —

Married, Single or Widowed: Widower. | Name of Wife or Husband: —

Father's Name: James Mc Dougall | Father's Birthplace: Ireland.

Mother's Maiden Name: Francis Clark | Mother's Birthplace: N. Jersey.

Name of person giving information: Mrs. Chas. Bowers | How related to deceased: Sister.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(20)

Primary: Chronic Inter. Nephritis | How long: 2 yrs.

Immediate: Uremic Coma | How long: 5 days.

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

Signature of Physician: J. C. Dickson

Address: 3053 N. Mont Ave Balto. Md.

Accident or Suicide? X

PHYSICIAN OR CORONER

George Bentz,

Gettysburg, Penna.

Name in Full: Nettie McKann

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Glen Arm — County: Balto

Date of death: 1900 — Month: June — Day: 1

Age — Years: 28 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Lucas Ann's Co

Occupation: House wife — Where Residing if not at place of death: Same

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: George McKann

Father's Name: John Hegwell — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Hegwell — Mother's Birthplace: Md

Name of person giving Information: Geo. McKann — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular heart disease — How long: died instantly

Immediate: " — How long: "

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

Signature of Physician: L. F. H. Forsch

Address: Fork Md

Accident or Suicide:

PHYSICIAN OR CORONER

79

OFFICE SUPPLY CO. 8-20-08

Name in Full: Ida Mallonee

CERTIFICATE OF DEATH

MARYLAND

Died at: Endowood Sanatorium, Town; Baltimore, County

Date of death 1930: June (Month) 10 (Day)

Age: 46 Years, 11 Months, 16 Days

Sex: Female

Color or Race: White

Birthplace: Baltimore Md.

Occupation: School Teacher

Where Residing if not at place of death: 2703 York Road.

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband: ——

Father's Name: Louis Mallonee

Father's Birthplace: Baltimore Md.

Mother's Maiden Name: Ellen Jane Tavelle.

Mother's Birthplace: Baltimore

Name of person giving Information: Marjorie Mallonee

How related to deceased: Sister

CAUSES OF DEATH

Primary: Tuberculosis

How long: 1 yr. and 1 mo.

Immediate: Respiratory failure.

How long: Few hours.

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

Signature of Physician: Josephine A. Wright,

Address: Endowood Sanatorium Towson Md.

Accident or Suicide: X

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

28

OFFICE SUPPLY CO. 2364

John Burns Sons
Jowson
Interment in
St Johns
Waverly

Name in Full: Catarino Marino

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Texas (Town) Balto (County)

Date of death 1910 Month: Jun Day: 19

Age: Years — Months — Days 4

Sex: Female Color or Race: white Birthplace: Texas Md

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

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

Father's Name: Vingenzo Marino Father's Birthplace: Italy

Mother's Maiden Name: Rosa Catarino Marino Mother's Birthplace: Italy

Name of person giving information: Jas Marino How related to deceased: Brother

15-13

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Premature Birth How long

Immediate: How long

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

Signature of Physician: B. F. Bussey M.D.

Address: Texas Md

Accident or Suicide

OFFICE SUPPLY CO., 2284

Name in Full: Louis Matthu

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Middle River — County: Baltimore

Date of death 1900 — Month: June — Day: 27th — Years: — Months: — Days: 8 days

Age

Sex: Male — Color or Race: white — Birthplace: Middle River

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

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

Father's Name: Frank Matthu — Father's Birthplace: Austria

Mother's Maiden Name: Mary Stalka — Mother's Birthplace: Maryland

Name of person giving Information: Frank Matthu — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Spasms — How long: 1 day

71

Immediate — How long:

PHYSICIAN OR CORONER

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

Signature of Physician: William H Haut

Address: Middle River X Balto Co Md

Accident or Suicide: —

OFFICE SUPPLY CO. 8-20--08

Name in Full: Guy Lydell Meekins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — City: Balto

Date of death 1940: Month: June — Day: 14 — Years: — Months: — Days:

Age: 54

Sex: Male — Color or Race: Afro Amer — Birthplace: Va

Occupation: Laborer — Where Residing if not at place of death: Balto City

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

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: Albert Birans — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(163)

Primary: Suffocation by fall — How long:

Immediate: Fertilizer — How long: Coroner

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

Signature of Physician: W. S. Sudler M.D.

Address: 3333 E. Baltimore St

PHYSICIAN OR CORONER

Accident or Suicide

OFFICE SUPPLY CO. 5-20-08

R A Elliott

June 14 1910

Mt Auburn Cemetery

Name in Full Katherina Rossina Mehl,

CERTIFICATE OF DEATH

9

TO BE ANSWERED BY NEAREST FRIEND

Died at Fullerton (Town) Balto. (County) MARYLAND

Date of death 1960 Month June Day 12 Years 12 Months 3 Days 5

Sex Female Color or Race White Birthplace As above

Occupation — Where Residing if not at place of death As above

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

Father's Name George Mehl Father's Birthplace Balto. Co.

Mother's Maiden Name Schneider Mother's Birthplace Germany

Name of person giving Information Father How related to deceased

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary General Nervous Breakdown How long Several Months

Immediate Uraemic Convulsions (Staunton) How long about 8 Hours

Are the name, age, sex, color, date and place correctly given above? To the best of my knowledge

Signature of Physician Leonard DeWitt Jr.

Address Fullerton, Md.

Accident or Suicide X

16

OFFICE SUPPLY CO., 2284

Enterment
St Peters cemt
Belair Road
Geo. W. Grammer
undertaker

Name in Full: Grace Milk

CERTIFICATE OF DEATH

MARYLAND

Died at: Hillsdale (Town) — Baltimore (County)

Date of death: 1900 June 19th

Age: Years 4 Months 7 Days 16

Sex: Female

Color or Race: White

Birthplace: Virginia

Occupation: Child

Where Residing if not at place of death: Hillsdale

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Alonza R Milk

Father's Birthplace: Virginia

Mother's Maiden Name: Elizabeth Stodelmeyer

Mother's Birthplace: Virginia

Name of person giving information: Alonza Milk

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Spinal Meningitis — How long: 61 — How long: 3 weeks

Immediate: Convulsions — How long: 3 hours

PHYSICIAN OR CORONER

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

Signature of Physician: A. C. Smith

Address: West Forest Park

Accident or Suicide: —

Power Brooks v Ley

The Ridge

Name in Full: Frank Muhl

2.

CERTIFICATE OF DEATH

MARYLAND

Q

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Lansdowne	County	Balto		
Date of death 1910	Month: 6	Day: 15	Years: 46	Months: —	Days: —
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Painter	Where Residing if not at place of death	Clifton place Md		
Married, Single or Widowed	Married	Name of Wife or ~~Husband~~	Ella Muhl		
Father's Name	Conrad Muhl.	Father's Birthplace	Germany		
Mother's Maiden Name	Unknown	Mother's Birthplace	Germany		
Name of person giving Information	Conrad Muhl	How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Indigestion	How long	Three Months
Immediate	acute Indigestion	How long	1/2 Hour
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	August W. Mella Comm
		Address	Wm Williams Balto Md
Accident ~~or Suicide~~			

103

X

W. J. Tickner

London Park.

Name in Full: Peter Mullan

CERTIFICATE OF DEATH

MARYLAND

Town: Mt Hope Retreat — County: Mt Hope

Died at

Date of death 1900 — Month: June — Day: 18th — Years: Age 62 — Months: not known — Days: not —

Sex: Mull — Color or Race: White — Birthplace: Ireland

Occupation: Coach driver — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: not given —

Father's Name: not known — Father's Birthplace: not known

Mother's Maiden Name: " " — Mother's Birthplace: "

Name of person giving Information: Records Mt Hope Retreat — How related to deceased: not at all

(120)

CAUSES OF DEATH

Primary: Acute Mania — Post Septicemia — How long: 3 wks —

Immediate: Ex. Mania — How long: gradual —

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

Signature of Physician: Frank J Flannery

Address: Mt Hope Retreat Mt Hope Md

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: Frederick E. Munte

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town 3900 Philadelphia Road; County Balto

Date of death: Day 10; Month June; Day 4; Years Age 45; Months; Days

Sex: Male; Color or Race: white; Birthplace: Germany

Occupation: Store keeper; Where Residing if not at place of death: 3900 Philadelphia Road

Married, Single or Widowed: Married; Name of Wife: Ida Munte

Father's Name: Unknown; Father's Birthplace: Unknown

Mother's Maiden Name: "; Mother's Birthplace: "

Name of person giving information: Ida Munte; How related to deceased: wife

CAUSES OF DEATH

(31)

PHYSICIAN OR CORONER

Primary: Intestinal Tuberculosis; How long: 6 Months

Immediate: Exhaustion; How long: 10 days

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

Signature of Physician: Frederick G. Hoenes M.D.

Address: 112 S. Broadway

Accident or Suicide?

Christian Mieler
2334 Jefferson st
Western Cemetery
June 7/1910

Name in Full: Edwin Thomas Murray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lowson; County: Balto.

Date of death: Month: June; Day: 6; 1910

Age: Years: 1; Months: —; Days: 1

Sex: Male; Color or Race: White; Birthplace: Md.

Occupation: Infant; Where Residing if not at place of death: Lowson

Married, Single or Widowed: Single; Name of Wife or Husband: Not Married

Father's Name: Joseph B. Murray; Father's Birthplace: Md.

Mother's Maiden Name: Helen T. Warfield; Mother's Birthplace: Md.

Name of person giving information: Joseph B. Murray; How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastro-Enteritis; How long: 10 days

Immediate: Cardiac Asthenia; How long: 12 hours

PHYSICIAN OR CORONER

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

Signature of Physician: J. Rogers Green M.D.

Address: Lowson Md.

Accident or Suicide?

104

LIBRARY BUREAU A 888 14

Wm. Corts.
Undertaker
502 E. 12th Ave.

to Green Mount Cemetery

Name in Full: Alice Alberta Naylor

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hereford — County: Baltimore

Date of death 1900 — Month: June — Day: 21 — Age: Years 29 — Months — Days —

Sex: Female — Color or Race: White — Birthplace: Mt Washington, Md.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: William Naylor

Father's Name: Levi Haines — Father's Birthplace: —

Mother's Maiden Name: Emma Emson — Mother's Birthplace: Hereford, Md.

Name of person giving information: William Naylor — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(28)

Primary: Pulmonary Tuberculosis — How long: 3 yrs

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: J. R. Payne

Address: Cockeysville Md.

PHYSICIAN OR CORONER

~~Accident or Suicide~~

X

OFFICE SUPPLY CO. 2364

Name in Full: Thomas R. Nichols -

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Loveless — County: Baltimore

Date of death 1910 — Month: June — Day: 15 — Age: Years 72 — Months 6 — Days X

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Minister — Where Residing if not at place of death: Same

Married, Single or Widowed: Married — Name of Wife or Husband: Reziah Nichols -

Father's Name: Aquilla Nichols — Father's Birthplace: Md

Mother's Maiden Name: Not known — Mother's Birthplace: Md

Name of person giving information: Thos. J. Nichols — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: accident - Killed by the cars — How long: instantly

Immediate: as above — How long: " "

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

Signature of Physician: J. F. H. Gossard

Address: Forks Md

Accident — Suicide: X

11

LIBRARY BUREAU ADDETS

The written certificate issued by the Health officer of Ballé Co. is correct & true

Coroner

Patrick Bradley J.P.

Name in Full: Fanny Amansky

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Riderstown (County): Balto

Date of death: 1910 Month: June Day: 29 Years: Age 32 Months: — Days: —

Sex: Female Color or Race: White Birth-place: Russia

Occupation: Housewife Where Residing if not at place of death: 611 S. Payson St, Baltimore

Married, ~~Single~~ or Widowed: Married Name of Wife or Husband: Mendel Amansky

Father's Name: Moses Polisky Father's Birthplace: Russia

Mother's Maiden Name: Sarah Polisky Mother's Birthplace: Russia

Name of person giving In formation: Mendel Amansky How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(28)

Primary: Pulmonary & Enteric Tuberculosis How long:

Immediate: Ex Haustion How long:

PHYSICIAN OR CORONER

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

Signature of Physician: Joseph E. Gilchrist

Address: 1546 Madison Ave., Balt.

Accident or Suicide?

Name in Full: Felix Leo Owens.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Arlington. County: Balto.

Date of death 1910: Month: June. Day: 28. Years: 40. Months: . Days: .

Sex: Male. Color or Race: White. Birthplace: Md.

Occupation: Laborer. Where Residing if not at place of death: Arlington.

Married, Single or Widowed: Married. Name of Wife or Husband: Frateline C Kruger (Owens)

Father's Name: Frank Owens. Father's Birthplace: Ireland

Mother's Maiden Name: Bridget Curran. Mother's Birthplace: "

Name of person giving In formation: Bertie Owens. How related to deceased: Sister.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis (28). How long: 10 years.

Immediate: Exhaustion. How long: 2 months

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

Signature of Physician: M D Lexmus

Address: Arlington

Accident or Suicide?

MARTIN FAHEY & SONS,

Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

Druid Ridge Cemetery

Name in Full: Susan Elizabeth Owings

CERTIFICATE OF DEATH

MARYLAND

Died at: Reisterstown (Town) Balto (County)

Date of death 1940: June (Month) 20 (Day)

Age: 68 Years, 6 Months, 7 Days

Sex: Female

Color or Race: White

Birthplace: Newark Del

Occupation: House Wife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: P. R. Owings (deceased)

Father's Name: Thomas Hallon

Father's Birthplace: Pa

Mother's Maiden Name: Mary Alexander

Mother's Birthplace: Md

Name of person giving Information: Mary, H. Hallon

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of Stomach — How long: 6 mos

Immediate: Exhaustion — How long: 3 wks

PHYSICIAN OR CORONER

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

Signature of Physician: N. W. Slade

Address: Reisterstown Md

Accident or Suicide

40

Name in Full: Victoria Page

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Melvale (County): Balto

Date of death: Month: June Day: 10th 1900

Age: Years: 11 Months: — Days:

Sex: Female

Color or Race: Black

Birthplace: Howard Co Md

Occupation: Servant

Where Residing if not at place of death: Mount Hope Coll. Girls

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: "

Mother's Birthplace: "

Name of person giving In formation: Mrs Maude Moore

How related to deceased: not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Malnutrition

How long: Five months

Immediate: Slow Asthenia

How long: Six months

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

Signature of Physician: W. Winsey MD

Address: 1225 E. Fayette St

Accident or Suicide? X

PHYSICIAN OR CORONER

177 B

Meloak - Sonne June 13

A. S. Marshall
3539 Fall Road

Name in Full: John C. Perrigo

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: West Arlington (Town) — Baltimore (County)

Date of death 1910: Month: June — Day: 5 — Age: 46 Years — Months — Days

Sex: Male — Color or Race: White — Birthplace

Occupation: Contractor + builder — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Julia Perrigo

Father's Name: J. J. Perrigo — Father's Birthplace: Unknown

Mother's Maiden Name: Arabella Tollinger — Mother's Birthplace: Harford Co Md

Name of person giving information: Mrs. Julia Perrigo — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Colon Sphincter Ani — How long: 5 months

Immediate: Inanition - Cardiac Asthenia — How long: Immediate

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

Signature of Physician: A. C. Sunrise

Address: West Forest Park

Accident or Suicide? —

411

LIBRARY BUREAU A8881B

Burial at
Woodlawn Cem

June 8/1910

Jim Cook.
502 E. Northter

Name in Full: Max Pollak

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Reisterstown; County: Balto.

Date of death: Month: June; Day: 20; Years: 1910; Age: 23; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Russia

Occupation: Bricklayer; Where Residing if not at place of death: 220 N. High St.

Married, Single, Widow, Widower: Single; Name of Wife or Husband: —

Father's Name: Not known; Father's Birthplace: Not known

Mother's Maiden Name: Not known; Mother's Birthplace: Not known

Name of person giving information: From Deceased History; How related to deceased: —

28

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary & Laryngeal Tuberculosis; How long: —

Immediate: Exhaustion; How long: —

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

Signature of Physician: Joseph E. Gischner

Address: 1516 Madison Ave. Balto.

Accident or Suicide?

Name in Full: John Purvis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton County: Balto.

Date of death 1900 Month: June Day: 14 Age Years: 52 Months: 5 Days: 14

Sex: Male Color ~~Race~~: White Birthplace: New York

Occupation: Yeast-maker Where Residing ~~if not~~ at place of death: 1445 S. Clinton St.

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

Father's Name: James Purvis Father's Birthplace: Scotland.

Mother's Maiden Name: Not known Mother's Birthplace: —

Name of person giving Information: Daniel Powell How related to deceased: Bro in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteritis How long: Four weeks

Immediate: Cardiac Syncope How long: one day

105

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

Signature of Physician: David W. Jones

Address: 116 O'Donnell St

~~Accident or Suicide~~?

Zirkler + Zirkler
1739 E. Eager St.

Mt Carmel Penn
June 17-1910

Name in Full: Sister Mary Anastasia Quinn

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Mt Washington (County): Baltimore

Date of death: 1900 June 23 (Month, Day) Age: Years 75 Months — Days —

Sex: female Color or Race: white Birthplace: Ireland

Occupation: Religious Where Residing if not at place of death: same

Married, Single or Widowed: single Name of Wife or Husband: none

Father's Name: James Quinn Father's Birthplace: Ireland

Mother's Maiden Name: Mary (?) Mother's Birthplace: Ireland

Name of person giving information: Mother Superior How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Arterio sclerosis How long: ?

Immediate: Organic Heart Disease How long: suddenly

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

Signature of Physician: William J Todd

Address: Mt Washington Maryland

Accident or Suicide? X

PHYSICIAN OR CORONER

Place of burial Mt St Agnes Convent
Cemetery
{Mt Washington Md.}

Henry W. Jenkins & Sons Co
Orchard & McCulloh sts
Baltimore Md.

Name in Full: John L. Rauh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Highlandtown (County): Balto.

Date of death 1910 | Month: June | Day: 26 | Years: 39 | Months: 9 | Days: 12

Sex: Male | Color or Race: White | Birthplace: Germany

Occupation: Wheelright | Where Residing if not at place of death: 3917 Mt. Pleasant Ave.

Married, Single or Widowed: Married | Name of Wife or Husband: Margaret Rauh

Father's Name: Gabriel Rauh | Father's Birthplace: Germany

Mother's Maiden Name: Not Known | Mother's Birthplace: Germany

Name of person giving In formation: Margaret Rauh | How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Varicose Ulcers | How long: 1½ month

Immediate: Thrombosis | How long: 2 days

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

Signature of Physician: J. J. Sebald M. D.

Address: 1001 Arlington Ave.

Accident or Suicide? No

83

LIBRARY BUREAU A88616

Mt. Carmel Cemetery
June 28th 1910
W. Sunder Dow.

Name in Full: Ann Reddington

CERTIFICATE OF DEATH

MARYLAND

Died at: Mt Hope Retreat (Town) Baltimore (County)

Date of death 1910: June (Month) 22nd (Day) Age: abt 80 (Years) not known (Months) not k (Days)

Sex: Female

Color or Race: White

Birth-place: Ireland

Occupation:

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: not known

Mother's Maiden Name: " "

Mother's Birthplace: " "

Name of person giving Information: Recds Mt Hope Retreat

How related to deceased: not at all.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Mania

How long: 3 1/2 yrs.

Immediate: Cerebral Paralysis

How long: 3 wks.

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

Signature of Physicisn: Frank J. Flannery

Address: Mt Hope Retreat

Accident or Suicide:

PHYSICIAN OR CORONER

66

OFFICE SUPPLY CO., 2284

Name in Full: Susan B Robinson

CERTIFICATE OF DEATH

MARYLAND

Town: Govanstown | County: Baltimore

Date of death 1910: Month: June | Day: 21 | Years: 63 | Months: | Days:

Sex: Female | Color or Race: White American | Birthplace: Virginia

Married, Single or Widowed: widow | Occupation: none

Name of Wife or Husband: "

Father's Name: Thomas Smith | Father's Birthplace: England

Mother's Maiden Name: Mary Dean | Mother's Birthplace: Virginia

Name of person giving information: Geo. R. Cleaver | How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

J-4

Primary: Pneumonia. | How long: 5 mo

Immediate: Exhaustion. | How long: 3 days.

PHYSICIAN OR CORONER

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

Signature of Physician: Geo. N. Hoating.

Address: Govans, Md. Baltimore.

Accident or Suicide?

Stewart & Owen Co.
Funeral Directors
215 Park Av.

for Interment in
Green Mount Cemetery
June 23rd/10.

Name in Full: Charles M. Rowe.

CERTIFICATE OF DEATH

MARYLAND

Died at: Cockeysville (Town) Baltimore (County)

Date of death 1960: June (Month) 2 (Day)

Age: 65 (Years) 4 (Months) 14 (Days)

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: Jeweler

Where Residing if not at place of death: Cockeysville Md.

~~Married, Single~~ or Widowed: Widowed

Name of Wife or Husband: None.

Father's Name: Joseph Rowe

Father's Birthplace: Md

Mother's Maiden Name: Sarah Clondesley

Mother's Birthplace: Md

Name of person giving information: Chas R. Rowe

How related to deceased: Nephew.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma (Hepatic) (40) — How long: 4 mos.

Immediate: Acute Nephritis - Coma. — How long: 2 days.

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

Signature of Physician: Wilmer C. Ensor M.D.

Address: Cockeysville Md.

Accident or Suicide: No

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

To be buried at Baptist
Cemetry - Hereford, Baltimore
Md on June 5/15 - by
Wm C. Brooks -
Philopolis. Md.

Name in Full: Catherine Estelle Ryan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt. Washington — County: Baltimore

Date of death 1910 — Month: June — Day: 17 — Age — Years: 19 — Months: 10 — Days: 17

Sex: Female — Color or Race: White — Birthplace: Mt. Washington,

Occupation: Telephone Operator — Where Residing if not at place of death:

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

Father's Name: William M. Ryan — Father's Birthplace: Balto. Md.

Mother's Maiden Name: Mamie A. Ryan — Mother's Birthplace: Ireland

Name of person giving information: Mrs. Mamie A. Fallon — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: six week & five days.

Immediate: Cardiac Asthenia — How long: twenty-six min.

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

Signature of Physician: Dr. Josiah S. Powers

Address: Mt. Washington, Md.

Accident or Suicide:

PHYSICIAN OR CORONER

1

St. Marys Cemetery
June 30/1910.
Mrs Cook
502 E. North Ave

Name in Full: Robert Schaal

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto

Date of death 1918: Month: 6; Day: 18

Age: Years: 63; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Germany

Occupation: Draftsman; Where Residing if not at place of death: 300 S 6th St.

Married, Single or Widowed: Married; Name of Wife or ~~Husband~~: Emma Schaal

Father's Name: —; Father's Birthplace: Germany

Mother's Maiden Name: —; Mother's Birthplace: " "

Name of person giving information: Emma Schaal; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Arthritis Deformans; How long: 6 months

Immediate: Bright's Disease; How long: 2½ months

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

Signature of Physician: Dr. J. J. Sebab M. D.

Address: 1001 Bisquith St.

Accident or Suicide? No

PHYSICIAN OR CORONER

120

LIBRARY BUREAU ABB118

Oak Lawn

J Hennig + Son

6/21/10

Name in Full: Annie Mary Scharf

CERTIFICATE OF DEATH

MARYLAND

Died at: Hallethorpe (Town) — Balto (County)

Date of death 1940: Month 6, Day 20

Age: Years 92, Months 6, Days —

Sex: Female

Color or Race: White

Birthplace: Germany

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: Scharf

Father's Name: Unknown

Father's Birthplace: Germany

Mother's Maiden Name: Anna Shuck

Mother's Birthplace: Germany

Name of person giving Information: Mary Eichelman

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

179

Primary: Heart Complications — How long: Unknown

Immediate: Heat Stroke — How long: 1/2 hour

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

Signature and Address: August W. Miller (Coroner) 1111 Winans Balto Md.

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

James Digman
Bowen Bray.
New Cathedral Cem

Name in Full: Charles Henry Schroeman Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown (Town) Md (County)

Date of death: 1910 June 5

Age: Years — Months 3 — Days 4

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: None

Where Residing if not at place of death: Same

Married, Single or Widowed: Single

Name of Wife or Husband: None

Father's Name: Charles Henry Schroeman

Father's Birthplace: Baltimore City

Mother's Maiden Name: Elizabeth Rouegg

Mother's Birthplace: Baltimore City

Name of person giving information: Chas. H. Schroeman

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Convulsions — How long: 1

Immediate: Gonorrhea — How long: 9 mos.

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

Signature of Physician: A. S. Sudler M.D.

Address: 3383 E. Baltimore St.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU ASSEN

Wrudell Dippel & Son

330 S. Bond St

To Holy Redeemer Cem

June 6th / 10

Name in Full: John Lawrence Schneider

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown (Town) — Baltimore (County)

Date of death 1900 — Month: June — Day: 14th — Age: Years — Months: 14 — Days:

Sex: Male — Color or Race: White — Birthplace: Balto City

Occupation: — Where Residing if not at place of death: 302 East Pre

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

Father's Name: John E Schneider — Father's Birthplace: Carroll Co

Mother's Maiden Name: Annie Grimes — Mother's Birthplace: Balto.

Name of person giving information: John Schneider — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Lobular Pneumonia (92) — How long: 5 days

Immediate: Exhaustion — How long: 2 hrs

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

Signature of Physician: Jas L Tuck M.D.

Address: 3 & Bough Highlandtown Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

H E Stughes

Oak Lawn

June 16/40

Name in Full: Elinor Forrer Schulz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

9

Died at — Town: Hamilton — County: Balto

Date of death 1900 — Month: June — Day: 26th — Years: — Months: 10 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Belvidere Ill

Occupation: none — Where Residing if not at place of death: —

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

Father's Name: William B Schulz — Father's Birthplace: Germany

Mother's Maiden Name: Blanchard Forrer — Mother's Birthplace: Tipton Ind.

Name of person giving Information: William B Schulz — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis — How long: 6 weeks.

Immediate: inanition — How long: 6 weeks

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

Signature of Physician: M. L. Gaff

Address: 1202 E. Monument St.

Accident or Suicide? X

14

Geo Schilling & Sons
Belvidere Illinois

Name in Full: Geo Edward Schwabland

CERTIFICATE OF DEATH

MARYLAND

Died at: Mt Winans (Town) Baltimore (County)

Date of death 1900: Month June; Day 6; Years Age 8; Months 10; Days 29

Sex: Male; Color or Race: White; Birthplace: Mt Winans

Occupation: none; Where Residing if not at place of death: Mt Winans

Married, Single or Widowed: Single; Name of Wife or Husband: Single

Father's Name: Geo W. Schwabland; Father's Birthplace: Baltimore

Mother's Maiden Name: Mary L. Michaels; Mother's Birthplace: Baltimore

Name of person giving information: Geo W. Schwabland; How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Broncho Pneumonia; How long: 4 weeks.

and Immediate: Bronchitis Exhaustion; How long: 10 days

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

Signature of Physician: R. Y. Flann

Address: Mt Winans

Accident or Suicide? No

PHYSICIAN OR CORONER

Mr. & Mrs John H. Teufel

801 N. Fayette St

Mt Olivet.

Name in Full: Chas. H. Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Poplar Heights — County: Baltimore

Date of death 1900: Month: June — Day: 18 — Age: Years: 0 — Months: — Days: 21

Sex: Male — Color or Race: Black — Birthplace: Poplar Heights

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

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

Father's Name: Chas. H. Smith — Father's Birthplace: Va

Mother's Maiden Name: Mary Gaskins — Mother's Birthplace: Va.

Name of person giving information: Chas. H. Smith — How related to deceased: Father

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Pertussis — How long: 5 weeks.

Immediate: Bronchopneumonia. — How long: 24 hours

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

Signature of Physician: F. C. Eldred M.D.

Address: Spring Point. Md

~~Accident or Suicide~~

OFFICE SUPPLY CO., 11-15-08

Name in Full: Marguerite A. Snyder

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Overlea — County: Balt

Date of death 1908 — Month: 6 — Day: 6 — Age — Years: 29 — Months: 11 — Days: 22

Sex: F — Color or Race: Wh. — Birthplace: Md.

Occupation: Hse — Where Residing if not at place of death: Balt City

Married, Single or Widowed: M — Name of Wife or Husband: J. D. P. Snyder

Father's Name: August L. Tefke — Father's Birthplace: Germany

Mother's Maiden Name: Mary H. Foerster — Mother's Birthplace: Germany

Name of person giving Information: Mary H. Reese (sister) — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

28

Primary: Pulmonary Tuberculosis — How long: 1 year

Immediate: Cardiac Dilatation — How long: 1 hours

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: A. L. Wilkinson

Address: Rosedale

Accident or Suicide: neither.

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-20-08

Name in Full Mrs Sadie M Smyser

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Catonsville — Town; Baltimore — County

Date of death 1906 — Month: June; Day: 23; Age — Years: 33; Months; Days

Sex: F; Color or Race: White; Birthplace: Pa

Occupation: None; Where Residing if not at place of death: York Pa

Married, Single or Widowed: Married; Name of Wife or Husband: Joseph Smyser

Father's Name: Clay Lewis; Father's Birthplace: Pa

Mother's Maiden Name: Anna M Smyser; Mother's Birthplace: Pa

Name of person giving information; How related to deceased: No

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Anemia (Manic Depressive Insanity) — How long: 9 weeks

Immediate: Acute Anemia — How long: 12 hours

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

Signature of Physician: Richard F Mudge M.D.

Address: Catonsville Md

Accident or Suicide? No

120

LIBRARY BUREAU ABBETS

Chas. G. Evans.
118 W. Mt Royal.
York. Pa.

Name in Full: Alexander Spencer

CERTIFICATE OF DEATH

MARYLAND

Died at: Sudbrooville (Town) Baltimore (County)

Date of death: 1910 June (Month) 15 (Day) Age: 90 (Years) — (Months) — (Days)

Sex: Male

Color or Race: Black

Birthplace: Queens Annis

Occupation: Gardener

Where Residing if not at place of death: Sudbrooville

Married, Single or Widowed: Married

Name of Wife or Husband: Georgie Spencer

Father's Name: Do not Know

Father's Birthplace: Do not Know

Mother's Maiden Name: Do not Know

Mother's Birthplace: Do not Know

Name of person giving Information: Perry Hall

How related to deceased: Nor Relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility — How long: Six months

Immediate: Prostration — How long: Five months

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

Signature of Physician: W. H. Smith

Address: Rider Md.

Accident or Suicide

PHYSICIAN OR CORONER

154

OFFICE SUPPLY CO., 2284

Alex H Emsley
Lancaster

Name in Full: Steele, James W.

CERTIFICATE OF DEATH

MARYLAND

Died at: Centreville (Town) Queen Anne's (County)

Date of death 1900 — Month: June — Day: 12 — Age: Years: 85 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Virginia

Occupation: Shoe dealer — Where Residing if not at place of death: X

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

Father's Name: Thomas Steele — Father's Birthplace: Virginia

Mother's Maiden Name: Mary Graham — Mother's Birthplace: Virginia

Name of person giving information: — — How related to decedent: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Dementia — How long: 2 yrs.

Immediate: Chronic Brights Disease — How long: 1 yr.

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

Signature of Physician: J. Perry Rude

Address: Centreville, Md.

Accident or Suicide: No

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Carroll E Stevenson

CERTIFICATE OF DEATH

MARYLAND

Died at 301 Woodlawn Road (Town) Baltimore (County) Co

Date of death 1940	Month	Day	Years	Months	Days
	June	18	Age 22	6	1

Sex: Male

Color or Race: White

Birthplace: Baltimore City

Occupation:

Where Residing if not at place of death: 301 Woodlawn Road

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband:

Father's Name: Mr H H. Stevenson

Father's Birthplace: Baltimore City

Mother's Maiden Name: Katie E Burton

Mother's Birthplace: Baltimore City

Name of person giving information: Father

How related to deceased: Father

28

CAUSES OF DEATH

Primary: Pulmonary tuberculosis — How long: 3 yrs

Immediate: Haemorrhage — How long: 3 days

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

Signature of Physician: Ken E Burton MD

Address: 762 Dolphin St Balto Md

Accident or Suicide:

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Armstrong Henry Lee
715 Lightst
for London Park Cultury

Name in Full Margaret Sullivan (Sullivan)

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rockdale — County: Balto Co

Date of death 1900 — Month: June — Day: 2 — **Age** — Years: 57 — Months: 6 — Days: 18

Sex: Female — Color or Race: white — Birthplace: Balto Co Md

Occupation: Housewife — Where Residing if not at place of death: Rockdale

Married, Single or Widowed: Married — Name of Wife or Husband: Wm T Sullivan

Father's Name: James A Heaps — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Margaret Wright — Mother's Birthplace: Ireland

Name of person giving Information: Emma Sullivan — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Psychosis (Insanity) — How long: 1 year

Immediate: Dementia Insanity — How long: 1 week

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

Signature of Physician: Wm A Poppert

Address: Rockdale

Accident or Suicide: —

PHYSICIAN OR CORONER

Balto Co

Name in Full: William Thomas Sykes

CERTIFICATE OF DEATH

MARYLAND

Died at: Maryland Line (Town) Balto. (County)

Date of death: 1906 (Month) 6 (Day) 29

Age: Years 1 Months 2 Days 12

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: William Sykes

Father's Birthplace: Md.

Mother's Maiden Name: Ella Wilson

Mother's Birthplace: Md. Pa.

Name of person giving information: Ella B. Sykes

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Ptomain Poisoning — How long: 10 days

Immediate: Cerebral Hemorrhage — How long: 7 days

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

Signature of Physician: Milton Earl Dickinson M.D.

Address: Shrewsbury Pa.

Accident or Suicide? X

PHYSICIAN OR CORONER

53

LIBRARY BUREAU A8D815

Name in Full: Mrs Julia Barclay Coleman Thayer

CERTIFICATE OF DEATH

MARYLAND

Died at: Sheppard + E P Hosp | Town: Towson | County: Balto

Date of death 1940: Month: June | Day: 3 | Age: Years: 59 | Months: 10 | Days: 26

TO BE ANSWERED BY NEAREST FRIEND

Sex: Fem | Color or Race: White | Birthplace: Virginia

Occupation: None | Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Widow | Name ~~of Wife or~~ Husband: Russell Thayer

Father's Name: Rev Lindsay R Coleman | Father's Birthplace: Va

Mother's Maiden Name: Elizabeth Hart | Mother's Birthplace: Va

Name of person giving Information: E N Brunk | How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio-Sclerosis | How long: Several Years

Immediate: Mental Disease Exhaustion | How long: 1 yr +

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

Signature of Physician: Edward N Brunk

Address: Sheppard + Enoch Pratt Hosp

Accident or Suicide: X

Henry W. Jenkins and Sons Co

Philadelphia Pa

Name in Full: Casper H. Zimmerman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Mt Hope Retreat — Town: Baltimore — County: ~~County~~

Date of death 1940: Month: June — Day: 11th — Years: 74 — Months: not known — Days: not k

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Merchant — Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Widower — Name of Wife or Husband: not known

Father's Name: not known — Father's Birthplace: not known

Mother's Maiden Name: " " — Mother's Birthplace: " "

Name of person giving information: — How related to deceased: not at all

79

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Mania Senile — How long: 7 mos.

Immediate: Ex. Cardiac Asthenia — How long:

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

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat, Balto Md.

Accident or Suicide

Name in Full: Henry T. Lapman

CERTIFICATE OF DEATH

MARYLAND

Town: Catonsville | County: Baltimore

TO BE ANSWERED BY NEAREST FRIEND

Date of death 190: June | Month | Day: 24 | Age: Years 69 | Months 11 | Days 1

Sex: Male | Color or Race: White | Birthplace: Baltimore Md

Occupation: Lawyer | Where Residing if not at place of death: Catonsville, Md

Married, Single or Widowed | Name of Wife or Husband: Agnes E. Lapman

Father's Name: Samuel Lapman | Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Gillett | Mother's Birthplace: Md

Name of person giving information: Mrs. Harner | How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis | How long: 3 yrs

Immediate: Heart Depression | How long:

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

Signature of Physician: Dr E Miles Wheeler

Address: 2129 N Mott Ave

Accident or Suicide?

66

LIBRARY BUREAU A6581B

Louis J Richards
Lafayette Co
Mo

Name in Full: Mary Tucker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Reisterstown — County: Balto

Date of death 1910 — Month: June — Day: 3 — Age: Years 62 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Gilford Balto Co Md

Occupation: House work — Where Residing if not at place of death: —

Married, Single or Widowed: widow — Name of Wife or Husband: Eligh Tucker

Father's Name: Robert Thomas — Father's Birthplace: Balto Co Md

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

Name of person giving information: Martha Sutter — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral hemorrhage — How long: Three days

Immediate — How long:

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

Signature of Physician: H. M. Slade

Address: Reisterstown Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Turner, Charles Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Leatonsville (Town) Baltimore (County)

Date of death 1900: June (Month) 11 (Day)

Age: 34 Years

Months

Days

Sex: Male

Color or Race: white

Birthplace: Virginia

Occupation: Bookkeeper

Where Residing if not at place of death: X

Married, Single or Widowed: Married

Name of Wife or Husband: unk.

Father's Name: C. L. Turner

Father's Birthplace: Va

Mother's Maiden Name: Alice Brown

Mother's Birthplace: Va

Name of person giving Information: Wife.

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Syphilis 37 — How long: 1 yr

Immediate: Exhaustion — How long: 2 weeks

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

Signature of Physician: J. Percy Wade

Address: Leatonsville, Md.

Accident or Suicide: No

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: John Vogh.

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlands Town — Baltor County

Date of death: Month 6, Day 27, Year 1910 — Age: Years —, Months 2, Days 14

Sex: male. — Color or Race: White — Birthplace: Baltor Co.

Occupation: — Where Residing if not at place of death: 3602 Frich Ave

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

Father's Name: Leonard Vogh — Father's Birthplace: Germany

Mother's Maiden Name: Maggie Krause. — Mother's Birthplace: "

Name of person giving information: Leonard Vogh — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum (10 D) — How long: 4 days

Immediate: Exhaustion — How long:

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

Signature of Physician: Fred Hirst M.D.

Address: 3501 Foster Ave Highlands

Accident or Suicide? X

PHYSICIAN OR CORONER

Mt Carmel Cem.

J Herwig & Son

6/27/10

Name in Full: Leonard Vogt

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Highlandtown (County): Balto

Date of death 1918 Month 6 Day 20 Age — Years — Months 2 Days 7

Sex: Male Color or Race: White Birthplace: Md.

Occupation: None Where Residing if not at place of death: 3602 Fait Ave

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

Father's Name: Leonard Vogt Father's Birthplace: Germany

Mother's Maiden Name: Maggie Krause Mother's Birthplace: Germany

Name of person giving information: Maggie Vogt How related to deceased: Mother

104

CAUSES OF DEATH

Primary: Cholera Infantum How long: June 19-20

Immediate: Collapse Hours long:

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

Signature of Physician: Fred Parker M.D.

Address: 3501 Hooker Ave. Highlandtown.

Accident or Suicide? X

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU ARGETA

Mt. Carmel Cem.

J Herwig Son

6/20/10

Name in Full: J Herbert Wallis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Mt Washington (Town) Balto. (County)

Date of death: 1910 Month: June Day: 15 Years: 1 Months: — Days: 16

Age: 1.5

Sex: male Color or Race: white Birthplace: Balto Co

Occupation: Scholar. Where Residing if not at place of death: Mt Washington

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

Father's Name: Geo. T. Wallis Father's Birthplace: Balto Co

Mother's Maiden Name: Carrie Jackins Mother's Birthplace: " "

Name of person giving information: Carrie Wallis How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aortic insufficiency How long: unknown

Immediate: Asthenia, General anasarca, gangrene (Terminal) How long: 3 months.

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

Signature of Physician: Irving Miller

Address: 108 E. North Ave Baltimore.

Accident or Suicide?

79

LIBRARY BUREAU ABBEIR

A. S. Marshall
3539 Fall Road
St. Marys. Hampden
June 17-1910

Dr. Milley
108 E. North Ave

Name in Full: George W. Wann, Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govans, County: Balto.

Date of death 1910: Month: June, Day: 22

Age: Years: —, Months: 2, Days: 5

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: George W. Wann

Father's Birthplace: Md.

Mother's Maiden Name: Viola Foster

Mother's Birthplace: Md.

Name of person giving information: George W. Wann

How related to deceased: Father

CAUSES OF DEATH

Primary: Hes. colitis — How long: 2 weeks

Immediate: Adynamia — How long: "

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

Signature of Physician: C D Steuart

Address: 613 East 41st St. Baltimore, Md.

Accident or Suicide: X

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

104

OFFICE SUPPLY CO. 2384

St Mary's Hampden
June 22 1910
Wm E Chinnowth Sec

Name in Full: Peter Frez Wilhelm

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Freeland — County: Baltimore

Date of death 1910 — Month: 6 — Day: 5 — Years: 77 — Months: 7 — Days: 18

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Plasterer — Where Residing if not at place of death:

Married, ~~Single or Widowed~~ — Name of Wife or ~~Husband~~: Mary Morrow

Father's Name: Jacob B Wilhelm — Father's Birthplace: Maryland

Mother's Maiden Name: Frez — Mother's Birthplace: Pennsylvania

Name of person giving information: George W Wilhelm — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inguinal Hernia — How long: Years

Immediate: Internal Strangulation — How long: 48 hours

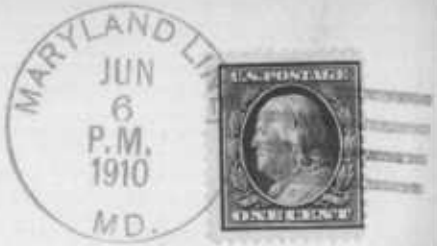
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel V Moyer MD

Address: Maryland Line X Maryland

~~Accident or Suicide?~~

109



Mr Wm B. Wilhelm
Freeland
Md

Name in Full: Leo Wolinska

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: German Hill; County: Balto.

Date of death 1920: Month: June; Day: 8; Age: Years: 1; Months: 6; Days:

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: none; Where Residing if not at place of death: —

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

Father's Name: Alexander Wolinska; Father's Birthplace: Russia

Mother's Maiden Name: Frances Korwalski; Mother's Birthplace:

Name of person giving information: Alex. Wolinska; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Whooping Cough?; How long: 7 weeks

Immediate: Bronchio Pneumonia; How long: 1 week

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

Signature of Physician: M. J. McAvoy M.D.

Address: 839 S. Canton St.

Accident or Suicide?

PHYSICIAN OR CORONER

Wm Fiałkowski

Holy Rosary

June. 10/910.

Name in Full: Sam Zeskie

CERTIFICATE OF DEATH

MARYLAND

Town: Mt. Wilson | County: Baltimore

Date of death 1910 | Month: June | Day: ~~Fourth~~ 3 | Years: 1 yr | Months: — | Days: —

Sex: Male | Color or Race: White | Birthplace: ~~Baltimore~~

Occupation: Infant | Where Residing if not at place of death: Baltimore

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

Father's Name: Sam | Father's Birthplace: Baltimore

Mother's Maiden Name: Unknown | Mother's Birthplace: Baltimore

Name of person giving information: Mrs. Sam Zeskie | How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Congenital heart | How long: 1 yr.

Immediate: Incubation | How long: 6 days.

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

Signature of Physician: H. M. Peck, Jr.

Address: Mt. Wilson Md.

Accident or Suicide? X

PHYSICIAN OR CORONER

LIBRARY BUREAU A8051R