

Name
in
Full

Charles R Babylon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Mayberry* ^{County} *Carroll* **MARYLAND**
 Date of death *1910 June 28* Age *56* Months *10* Days *24*
 Sex *Male* Color or Race *White* Birth-place *Carroll Co Md*
 Occupation *Farmer* Where Reading if not at place of death _____
 Married, ~~is~~ ^{was} *married* Name of Wife or Husband *Annie E Musbourn*
 Father's Name *David Babylon* Father's Birthplace *Carroll Co Md*
 Mother's Maiden Name *Mary Zile* Mother's Birthplace *" " "*
 Name of person giving information *Annie E Babylon* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Stroke* How long *4 days*
 Immediate *Cerebral hemorrhage* How long *7 days*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *L. Boring Col*
 Address *Farmington*
 Accident or Suicide? *X*

PHYSICIAN
OR CORONER



Name
is
Full

CERTIFICATE OF DEATH

Mary B. Bishop

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Near Taneytown</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1910</i>	Month <i>June</i>	Day <i>12</i>	Age <i>90</i>	Months <i>6</i> Days <i>21</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Carroll Co Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married Widowed	<i>Widowed</i>	Name of Husband	<i>Henry Bishop</i>		
Father's Name	<i>Thomas Ohler</i>		Father's Birthplace	<i>Putnam</i>	
Mother's Maiden Name	<i>Catherine Baumgardner</i>		Mother's Birthplace	<i>Putnam</i>	
Name of person giving information	<i>Mary A. Harner</i>		How related to Deceased	<i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility</i>	How long	<i>15 Years</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>G. St. John</i>
		Address	<i>Taneytown</i>
Accident or Suicide?	<i>No</i>		



Name in Full

Rachel Catherine Blicher

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Colesia ^{County} Cumell MARYLAND

Date of death 1910 ^{Month} June ^{Day} 1st Age 52 ^{Months} 2 ^{Days} 5

Sex Female Color or Race White Birthplace Bright Cumell Co. Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single Widowed Name of Wife or Husband _____

Father's Name Jackson Abbott Father's Birthplace Cumell Co Md.

Mother's Maiden Name Rebecca Stumberg Mother's Birthplace " " "

Name of person giving information Florence Blocher, Daughter How related to deceased _____

CAUSES OF DEATH

Primary Dropsy 187 How long 3 months

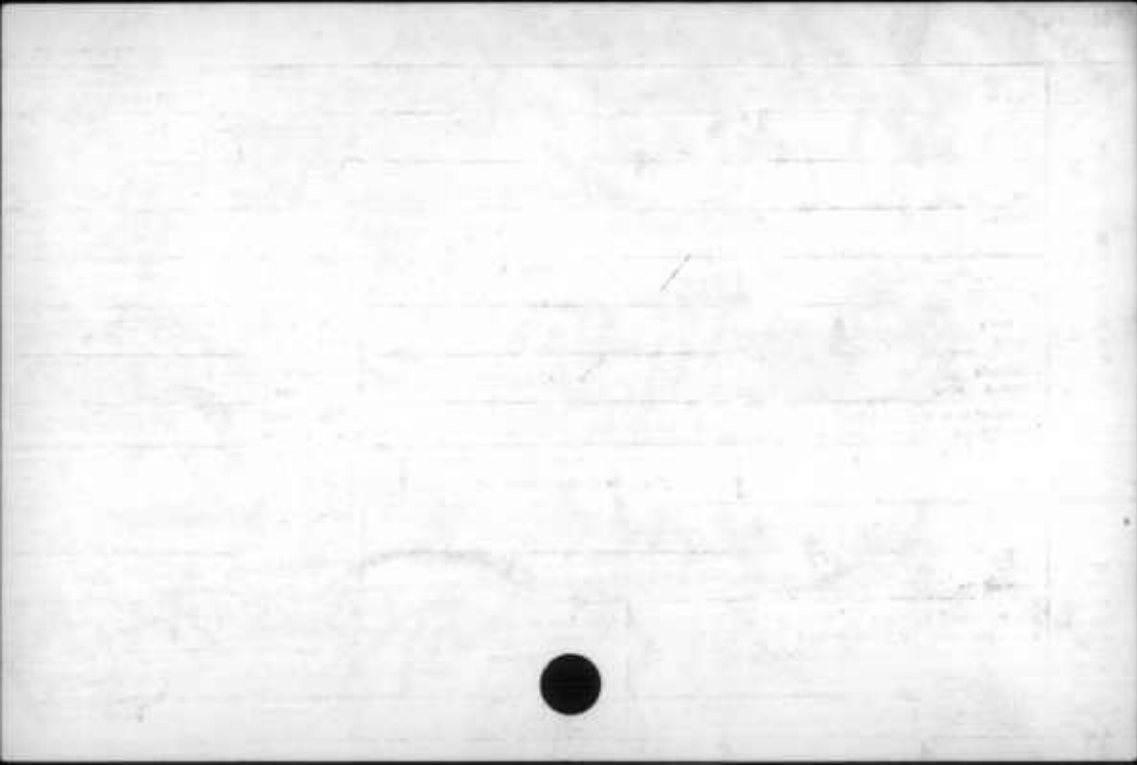
Immediate Paralysis How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John F. B. Deason

Address Manchester Md.

Accident or Suicide X

PHYSICIAN OR CORONER



Name in Full

Wm Howard Boose

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Silver Run ^{Town} Garroll ^{County} MARYLAND

Date of death 1960 June ^{Month} 24 ^{Day} Age ^{Years} ^{Months} 10 ^{Days}

Sex male Color or Race White Birth place Silver Run, Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Harvey F. Boose Father's Birthplace Littleton, Pa

Mother's Maiden Name Stella K. Bechtel Mother's Birthplace Myers, Ohio

Name of person giving Information Harvey F. Boose How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Anencephalus How long 15L

Immediate Premature Birth How long 8 1/2 mo

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

Signature of Physician G. Lewis Wetzel
Address Union Mills Maryland

Accident or Suicide



Name

in Full

Still-born infant of Wm. M. Chipley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Sykesville Carroll MARYLAND
Town CountyDate of death 1900 June 7 Age - - -
Month Day Years Months DaysSex Male Color or Race White Birth-place Ind.Occupation none Where Residing if not at place of death same.Married, Single or Widowed single Name of Wife or Husband -Father's Name Wm. M. Chipley Father's Birthplace Ind. Co.Mother's Maiden Name Eunice B. Chaney Mother's Birthplace Ind. Co.Name of person giving Information Wm. M. Chipley How related to deceased Father

CAUSES OF DEATH

Primary Still-born. (S) How long -Immediate - How long -Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician M. D. Morris.Address EldersburgAccident or Suicide - Ind.



Name
in Full

Eunice Belle Chipley

CERTIFICATE OF DEATH

Died at Sykesville, Town

Carroll County

MARYLAND

Date of death 1940 June 12th Age 35 ^{Years} Months 7 Days 17

Sex Female Color or Race white Birthplace Frederick Co Md

Occupation Housewife Where Residing If not at place of death same

Married, Single or Widowed Married Name of Wife or Husband William M. Chipley

Father's Name Nathan E. Chaney Father's Birthplace Frederick Co Md

Mother's Maiden Name Martha Beale Mother's Birthplace Monticery Co Md

Name of person giving Information Wm M. Chipley How related to deceased Husband

CAUSES OF DEATH

Primary Purpural Peritonitis How long 5 days

Immediate Exhaustion of Heart How long Several days

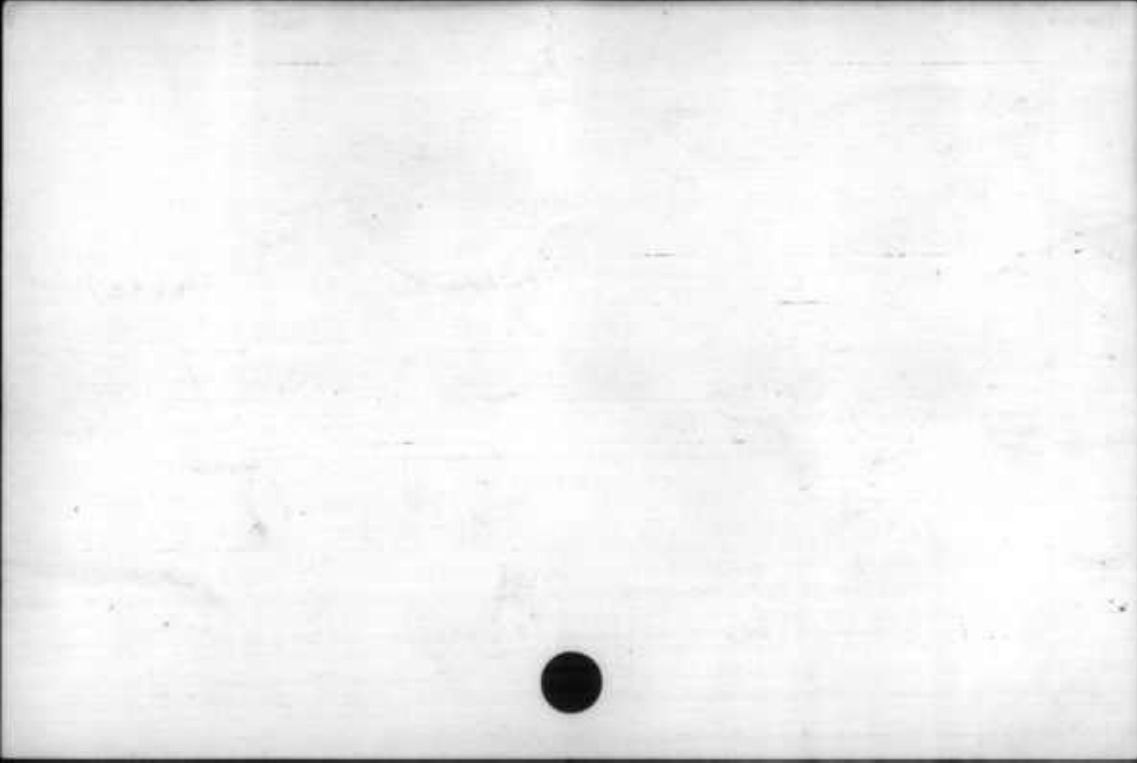
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Daniel B. Sprecher

Address Sykesville Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In Full

William A. Dorsey

CERTIFICATE OF DEATH

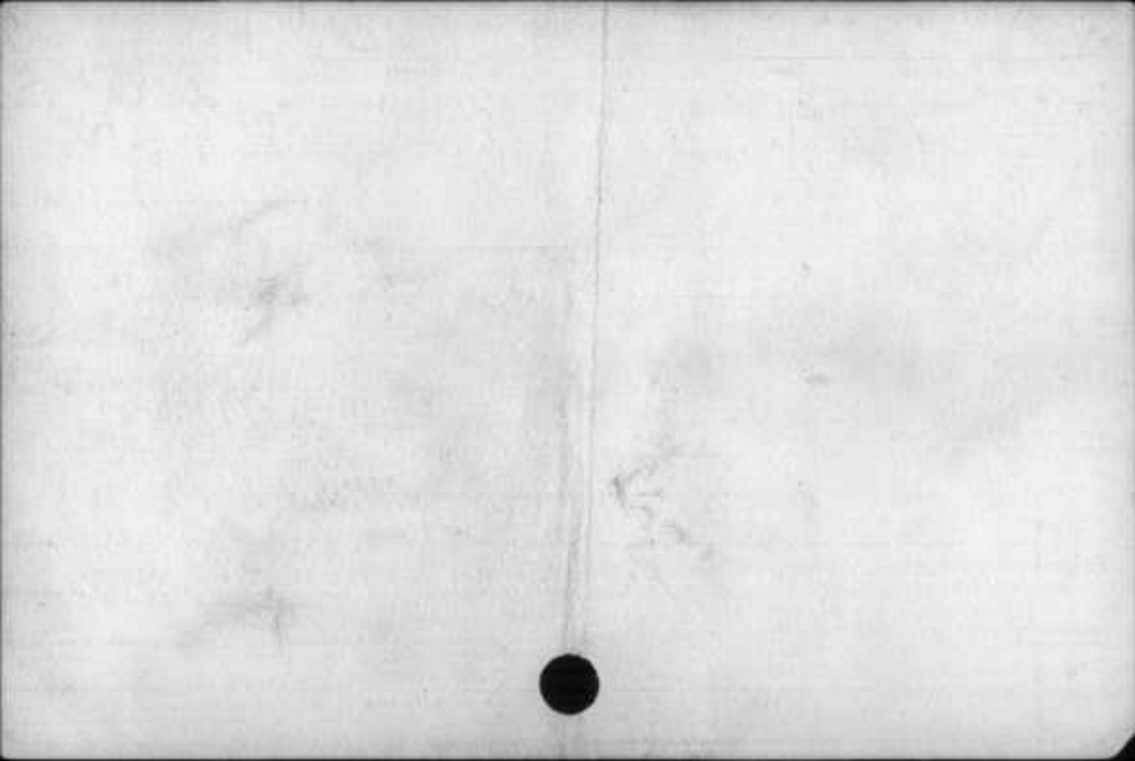
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Berrett		County Carroll		MARYLAND	
Date of death	1940	Month	June	Day	21	Age	63
						Years	63
						Months	-
						Days	9
Sex	Male		Color	White		Birth-place	Maryland.
Occupation	Farmer		Where residing if not at place of death		same		
Married, Single or Widowed	Married		Name of Wife	Mary A. Dorsey			
Father's Name	David A. Dorsey				Father's Birthplace	Md.	
Mother's Maiden Name	Margaret A. Brandenburg				Mother's Birthplace	Md.	
Name of person giving information	Amanda Valmont				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Interstitial Nephritis		How long	1 year
Immediate	asthenia		How long	-
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	M. D. Morris
			Address	Eldersburg Md
Accident or Suicide?	no.			



Name
in Full

Mrs. Cornelia L. Garrett

CERTIFICATE OF DEATH

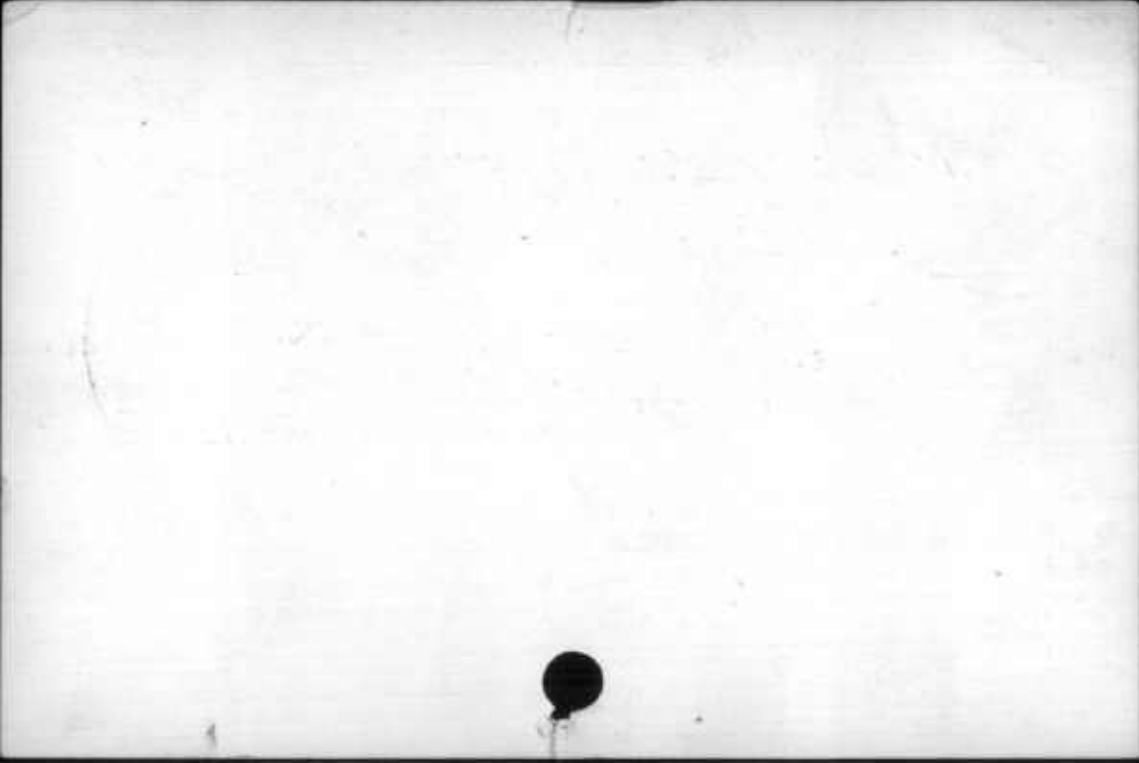
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Manchester		Carroll		MARYLAND	
Date of death		1900	June	20	Age	53	4
Sex		Female		Color or Race		White	
Occupation		House wife		Where Residing if not a place of death		Prachman's valley	
Married, Single or Widowed		Name of Wife or Husband		Ph. W. Garrett		Father's Birthplace	
Father's Name		Hurick S. Palmer		Father's Birthplace		Adams Co. Md.	
Mother's Maiden Name		Mary Weaver		Mother's Birthplace		Carroll Co. Md.	
Name of person giving information		G. J. Palmer		How related to deceased		Brother	

CAUSES OF DEATH

Primary	Heart disease	How long	About one year
Immediate	Anaemia and dizziness	How long	5 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. F. R. Weaver
		Address	Manchester, Md.

SPECIAL AGENTS



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Union Bridge</i>		Town <i>Union</i>		County <i>Carroll</i>		MARYLAND	
Date of death 1900		Month <i>June</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Union Bridge</i>			
Occupation <i>—</i>				Where residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Madison Amos Grooms</i>				Father's Birthplace <i>Smithtown Pa</i>			
Mother's Maiden Name <i>Priscilla Laura Roberts</i>				Mother's Birthplace <i>Union Bridge</i>			
Name of person giving Information <i>Madison G. Grooms</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still birth</i>	How long <i>10 days +</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Leary</i>
	Address <i>Union Bridge, Md</i>
Accident or Suicide <i>No.</i>	

leaf 100000



Name
in
Full

Uriah. M. Heck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at ^{Town} <i>Taneytown</i>		County <i>Carroll</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>June</i>	Day <i>3</i>	Age <i>64</i>	Years <i>5</i> Months <i>19</i> Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Retired Farmer</i>		Birth-place	<i>Carroll Co Md</i>	
Where Reading if not at place of death					
Married Unmarried	<i>Married</i>		Name of Wife	<i>Hannah Heck</i>	
Father's Name	<i>Nicholas Heck</i>		Father's Birthplace	<i>Carroll Co Md</i>	
Mother's Maiden Name	<i>Sophia Hawk</i>		Mother's Birthplace	<i>" " "</i>	
Name of person giving information	<i>Hannah Heck</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Asthma. Tuberculosis</i>	How long	<i>5 years</i>	
	Immediate	<i>Stop pneumonia. Heart failure</i>	How long	<i>6 hours.</i>	
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>G. H. Davis.</i>	
	Address	<i>Taneytown. Md.</i>			
Accident or Suicide?	<i>no</i>				



Name in Full

Lidda Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Union Mills* Town *Camel* County **MARYLAND**
 Date of death 19*00*, *June* Month *11* Day Age *35* Years *10* Months *28* Days
 Sex *Female* Color or Race *white* Birth-place *Maryland*
 Occupation *House wife* Where Residing if not at place of death *Silver Run*
 Married, ~~Single~~ ~~Widowed~~ Name of ~~Wife~~ *Therese James* Husband
 Father's Name *Isaac Stoner* Father's Birthplace *Maryland*
 Mother's Maiden Name *Lidda Lippa* Mother's Birthplace *Maryland*
 Name of person giving Information *Therese James* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary How long *78*
 Immediate *Tuberculosis* How long *one year*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *John H. Stewart*
 Address *Westminster Md*
 Accident or Suicide



Name
in
Full

Lloyd O. Kauffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at *Springfield Hospital* *Curral*

MARYLAND

Date of death *1940* *June* *21* Age *26*

Months Days

Sex *Male* Color or Race *White* Birth-place *Va.*Occupation *R. R. Clerk* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or HusbandFather's Name *Peter Kauffman* Father's Birthplace *Va.*Mother's Maiden Name *Susan Furston* Mother's Birthplace *Va.*

Name of person giving Information

How related to decedent

CAUSES OF DEATH

68

Primary *Organic dementia* How long *4 mths*Immediate *Cerebral congestion* How long *2 wks.*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Chas. J. Carey
*Sykesville Md.*Accident or Suicidal? *no*



Name
in
Full

No - 604

CERTIFICATE OF DEATH

Jacob Lockard

Town

County

MARYLAND

Died at Westminster

Carroll

Date of death 1910

Month

June

Day

24

Age

Years

68

Months

10

Days

Sex Male

Color or Race

White

Birth-place

Maryland

Occupation

Farmer

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Margaret A E Arbanga

Father's Name

William Lockard

Father's Birthplace

Maryland

Mother's Maiden Name

Sarah Trine

Mother's Birthplace

do

Name of person giving information

Sarah K Arnold

How related to deceased

daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary

Bright's Disease (120)

How long

about 2 years

Immediate

Heart Failure

How long

PHYSICIAN OR CORONER

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

yes

Signature of Physician

T. J. Bonner

Address

Westminster

Accident or Suicide?

X

Westminster Cemetery
Denver

Name
in Full

William J. Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at <i>Springfield State Hospital</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	19 <i>80</i>	Month	<i>June</i>	Day	<i>14</i>	Age	<i>—</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Unknown</i>	Months	<i>—</i>
Occupation	<i>unknown</i>	Where Residing if not at place of death					
Married, Single or Widowed	<i>unknown</i>	Name of Wife or Husband		<i>unknown</i>			
Father's Name	<i>unknown</i>	Father's Birthplace		<i>unknown</i>			
Mother's Maiden Name	<i>unknown</i>	Mother's Birthplace		<i>unknown</i>			
Name of person giving information		<i>BB</i>		How related to deceased		<i>unknown</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Terminal & Scurvitic</i>	How long	<i>—</i>
Immediate	<i>Chronic Gastritis</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. F. Pfeiffer, M.D.</i>		
Accident or Suicide	Address <i>Springfield State Hospital Sykesville, Md.</i>		



Name
in Full

Mary A Nelson

603
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

✓

Died at ^{Town} Westminster		County Carroll		MARYLAND	
Date of death	1910	Month	June	Day	20
Age	66	Years	4	Months	20
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	House wife		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband John W. Nelson			
Father's Name	John. Brinkingham		Father's Birthplace	Maryland	
Mother's Maiden Name	Eliza Logie		Mother's Birthplace	Ib	
Name of person giving information	John Nelson		How related to deceased	Son	

CAUSES OF DEATH

98

PHYSICIAN
OR CORONER

Primary	Chronic Pneumonia.	How long	9 years
Immediate	Sephalic Empoli	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. H. Shipley M.D.
		Address	Westminster Maryland
Accident or Suicide?			

Senior Park

Name
in Full

Mary Gram

CERTIFICATE OF DEATH

Town

Sylkesville

County

Carroll

MARYLAND

Died at

Date of death

1940

Month

June

Day

5

Age

Years

70

Months

-

Days

Sex

Female

Color or Race

White

Birth-place

Ireland

Occupation

None

Where Residing if not at place of death

-

Married, Single or Widowed

Widow

Name of ~~Wife~~ or Husband

(Unknown) Gram

Father's Name

Thomas Diverse

Father's Birthplace

Ireland

Mother's Maiden Name

Nellie Brant

Mother's Birthplace

Ireland

Name of person giving Information

Hospital Records

How related to deceased

-

CAUSES OF DEATH

Primary

Senile Dementia

68

How long

3 yrs.

Immediate

Nephritis & Exhaustion

How long

over 1 year

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

yes

Signature of Physician

John Norfolk Morris M.D.

Address

Springfield Hosp. Sylkesville
Carroll Co. Md.

Accident or Suicide

-

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Emmanuel Overholzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Walnut Grove ^{County} Carroll MARYLAND

Date of death 1910 June 10 Age 83 Years 1 Months 22 Days

Sex Male Color or Race White Birth place Adams Co Pa

Occupation Farmer Where Residing if not at place of death

Married, ~~Single~~ Married Name of Wife or (widow) Sarah S. Overholzer

Father's Name Christian Overholzer Birthplace Lancaster Co Pa

Mother's Maiden Name Elizabeth Schingeldecker Birthplace Frederick Co Md

Name of person giving information George C Overholzer How related to deceased Son

CAUSES OF DEATH

Primary Cerebral Hemorrhage How long 7 weeks

Immediate Exhaustion Heart failure How long " "

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

Signature of Physician F. H. Davis, M.D.

Address Paunoytown, Md.

Accident or Suicide? No



Name
in
Full

Celeste Peck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at <u>mt Airy</u> Town <u>Carroll</u> County		MARYLAND	
Date of death <u>1900</u> <u>June</u> <u>10</u>	Month	Day	Age <u>Two</u> <u>Do not know</u> Months <u>Do not know</u> Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Balto. Md</u>	
Occupation <u>none</u>	Where Residing if not at place of death <u>1448 Wisconsin St Balt Md.</u>		
Married, Single or Widowed	Name of Wife or Husband <u>none</u>		
Father's Name <u>Do not know</u>	Father's Birthplace <u>Do not know</u>		
Mother's Maiden Name <u>Do not know</u>	Mother's Birthplace <u>Do not know</u>		
Name of person giving Information <u>Mrs Peck (mother)</u>	How related to decedent <u>Do not know</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diphtheria</u>	How long <u>Eight days</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Branch Craig</u>
Address <u>The Robert Garrett Landon for children mt airy md</u>	
Accident or Suicide	

Mass. Bay



Name
in
Full

Isaac Luther Reem

CERTIFICATE OF DEATH

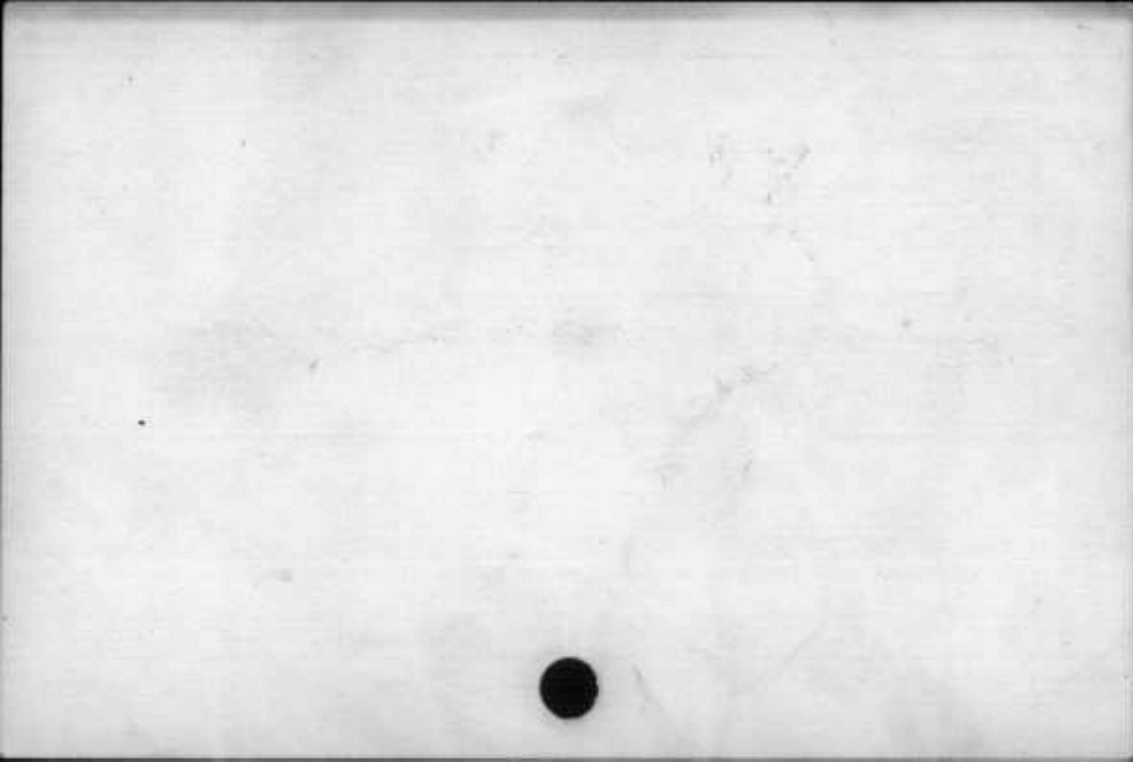
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>not ainy</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death 19 <i>40</i>	<i>June</i> ^{Month}	<i>17</i> ^{Day}	<i>70</i> ^{Years}	<i>3</i> ^{Months}	<i>11</i> ^{Days}
Sex <i>male</i>	Color or Race <i>White American</i>		Birth-place <i>Fredrick Co Md</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Annie Cook Reem</i>				
Father's Name <i>Isaac L. Reem</i>				Father's Birthplace <i>Fredk. Co</i>	
Mother's Maiden Name <i>Rice</i>				Mother's Birthplace <i>Fredk. Co</i>	
Name of person giving information <i>Bro Roy Smith</i>				How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	<i>79</i>	How long <i>6 mos.</i>
Immediate <i>Heart disease</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. E. Gaves</i>	
	Address <i>not ainy Md</i>	
Accident or Suicide?	<i>X</i>	



Name *Albert H. Runkles* CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Int Army* Town *Carroll* County **MARYLAND**
 Date of death *1910* Year *June* Month *16* Day *52* Age *Int Army* Birth place
 Sex *Male* Sex Color or Race *white* Color or Race
 Occupation *Merchant* Occupation Where Reading if not at place of death
 Married, Single or Widowed *Married* Married, Single or Widowed Name of Wife or Husband *Ira A. Hall*
 Father's Name *John B. Runkles* Father's Name Father's Birthplace *Ind. Mich. Co.*
 Mother's Maiden Name *E. Virginia Vansant* Mother's Maiden Name Mother's Birthplace
 Name of person giving information *Robert L. Runkles* Name of person giving information How related to deceased *brother*

CAUSES OF DEATH

120
How long

PHYSICIAN OR CORONER

Primary *Acute Brights Disease* Primary *5 days* How long
 Immediate *"* Immediate *"* " *"* "
 Are the name, age, sex, color, date and place correctly given above? *yes* Are the name, age, sex, color, date and place correctly given above?
 Signature of Physician *W. E. Gaves* Signature of Physician
 Address *Int Army Ind* Address
 Accident or Suicide? Accident or Suicide?



Name
in
Full

William L. Kiddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Springfield State Hospital ^{Town} Carroll ^{County}

Date of death 1960 ^{Month} June ^{Day} 10 Age ^{Years} 53

Months _____ Days _____

Sex male Color or Race white Birthplace Baltimore

Occupation Huckster Where Residing if not at place of death _____

Married, Single or Widowed Widower 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 _____ How related to deceased Widow

68

CAUSES OF DEATH

Primary Terminal Dementia

How long 8 yrs.

Immediate Exhaustion

How long _____

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

Signature of Physician Lt. Pfeiffer, MD
Address Springfield State Hospital
Spencerville, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
is
Full

CERTIFICATE OF DEATH

John William Edward F. Roberts

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New Windsor		County Carroll		MARYLAND	
Date of death	1910	Month June	Day 5	Age 3	Years	Months 8	Days 23-
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	_____			Where Residing if not at place of death New Windsor			
Married, Single or Widowed	_____		Name of Wife or Husband _____				
Father's Name	John Robertson					Father's Birthplace	Md
Mother's Maiden Name	Mary Mcclendon					Mother's Birthplace	Md
Name of person giving information	Carroll Gile					How related to deceased	No

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ascariis lumbricoides		How long	107	How long	the month
Immediate	Peritonitis (supposed perforation)		How long	4 yrs.	How long	_____
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	D. Ira J. Whitehill		
			Address	New Windsor Md.		
Accident or Suicide?	_____					



Name
in
Full

Lydia A. Roddey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Iyrone</i> Town			<i>Carroll</i> County			MARYLAND		
Date of death <i>1900</i>		Month <i>June</i>	Day <i>30</i>	Age <i>52</i>	Years	Months <i>4</i>	Days <i>27</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co.</i>					
Occupation <i>Housewife</i>			Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jacob M. Roddey</i>							
Father's Name <i>Henry Sell</i>	Father's Birthplace <i>Carroll Co.</i>							
Mother's Maiden Name <i>Eliza J. Daudard</i>	Mother's Birthplace <i>Carroll Co.</i>							
Name of person giving Information <i>Jacob M. Roddey</i>			How related to deceased <i>Husband</i>					

CAUSES OF DEATH

Primary <i>Chronic Nephritis</i>	How long <i>120</i>	How long <i>Unknown</i>
Immediate <i>Uremic Coma</i>	How long <i>12 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Lucas Kemp</i>	
	Address <i>Uniontown Md.</i>	
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in Full

Albert Study

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died - ^{town} Near Kumpf ^{County} Carroll MARYLAND
 Date of death 1901 June 26 Age 66 Months 8 Days 1
 Sex Male Color or Race White Birth place Carroll Co Md
 Occupation Farmer Where Residing if not at place of death
 Married, Single or Widowed Widower Name of Wife or Husband Anna Mary Study
 Father's Name John Study Father's Birthplace Unknown
 Mother's Maiden Name Unknown Name Mother's Birthplace "
 Name of person giving information Joseph Study How related to deceased Son

CAUSES OF DEATH

Primary apoplexy How long about 3 weeks
 Immediate myocarditis How long 3 months

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

Signature of Physician H.S. Crown

Address Littlestown

Accident or Suicide

Alam Reu Cemetery

Name
in
Full

CERTIFICATE OF DEATH

Allen Zoops

Town

County

MARYLAND

Died at

Hood's Mills Carroll

Date

Month

Day

Years

Months

Days

of death

1900 June 2 Age Unknown Unknown Unknown

Sex

Male

Color or
Race

Black

Birth-
place

Unknown

Occupation

Unknown

Where Residing if not
at place of death

Unknown

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

B & C. R. R.

How related
to deceased

Unknown

CAUSES OF DEATH

Primary

How long

175

How long

Immediate

Struck by R. R. Train

instant

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

Yes

Signature of
Physician

Harry F. Lewisley

Address

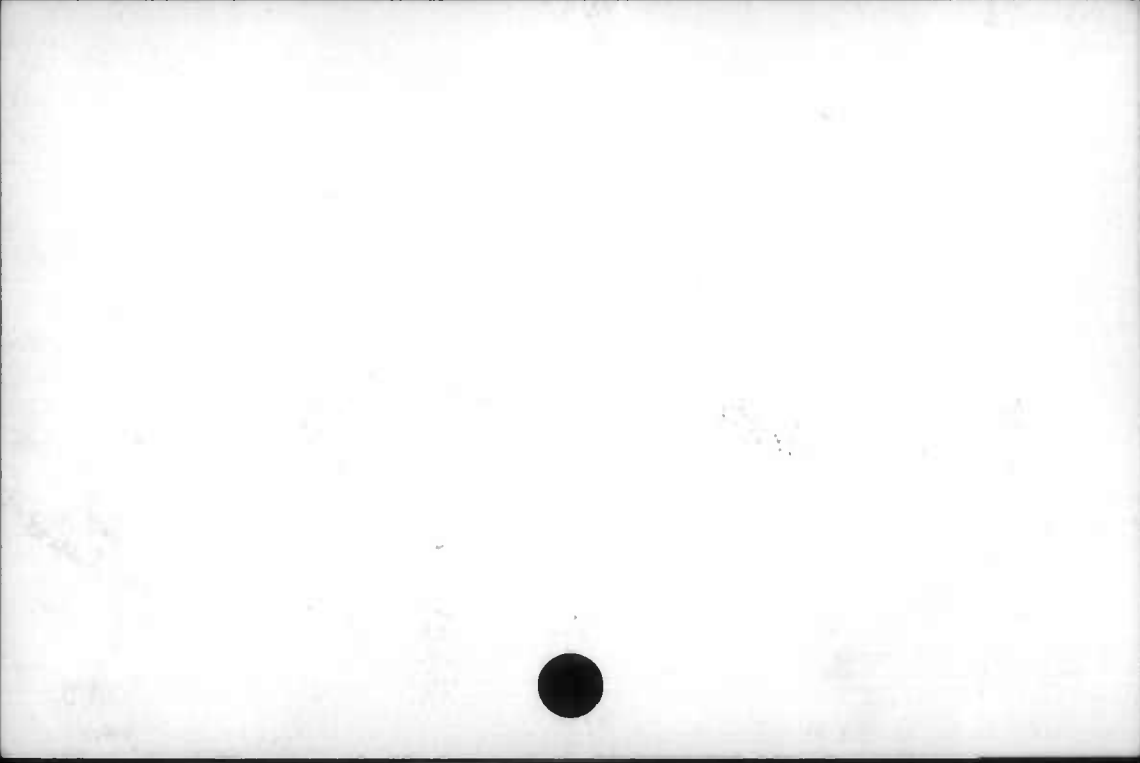
Accident or Suicide

Accident

X

Coroner

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William T. Vandever

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hampstead ^{Town} Carroll ^{County} MARYLAND

Date of death 1990 ^{Month} June ^{Day} 27 Age ^{Years} 77 ^{Months} 5 ^{Days} 10

Sex Male Color or Race White Birth-place Phila, Pa.

Occupation None Where Residing if not at place of death —

~~Married, Single or Widowed~~ Widower Name of Wife or ~~Husband~~ Emma Vandever.

Father's Name James Vandever Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information J. H. Vandever. How related to deceased Son.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paraplegia How long 3 mos.

Immediate Heart Failure How long 24 hrs.

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

Signature of Physician Edgar M. Bush, M.D.

Address Hampstead, Md.

Accident or Suicide X

103



Name
is
Full

Mary Catherine Whittaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Eldersburg		^{County} Carroll		MARYLAND	
Date of death	1940	Month	June	Day	29
Age	—		Years	—	Months
Sex	Female	Color or Race	Black	Birth-place	Carroll Co. Md
Occupation	none		Where Residing if not at place of death	same	
Married, Single or Widowed	single	Name of Wife or Husband	—		
Father's Name	Ermon Thomas		Father's Birthplace	Md	
Mother's Maiden Name	Margie Whittaker		Mother's Birthplace	Md.	
Name of person giving information	Martha Whittaker		How related to decedent	Grandmother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	2 weeks
Immediate	Pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	M. D. Howell's
		Address	Eldersburg
Accident or Suicide?	—		+



Name in Full

Haraget-Retacca Wink

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Manchester Carroll MARYLAND

Date of death 1960 June 30 Age 90 8 10

Sex Female Color or Race White Birth-place Baltimore Co

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife-as Husband John Wink

Father's Name John Wilhelm Father's Birthplace Unknown

Mother's Maiden Name Elizabeth Miller Mother's Birthplace Unknown

Name of person giving Information Jacob Wink How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Hemorrhage of Gungs How long 1 hour

Immediate

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

Signature of Physician J. H. Sherman M.D.

Address Manchester Ind

Accident or Suicide



Name in Full

Breast, F. G. Zepp

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{town} Inelrose ^{County} Curdle MARYLAND

Date of death 1900 June 8 Age 10 Months 9 Days 21

Sex Male Color or Race white Birth-place Inelrose

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of wife or Husband _____

Father's Name J. Albert Zepp. Father's Birthplace Inelrose

Mother's Maiden Name Mary G. Rhodes. Mother's Birthplace Va.

Name of person giving information J. Albert Zepp. How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Injury Chest Crushed by wagon How long 4 1/2 hours. Immediate wagon How long _____

Are the name, age, sex, color, date and place correctly given above? (186)

Signature of Physician John D. Siegler Address Inelrose Md.

Accident or Suicide

