

Name in Full

Stillborn female child of *Abert*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

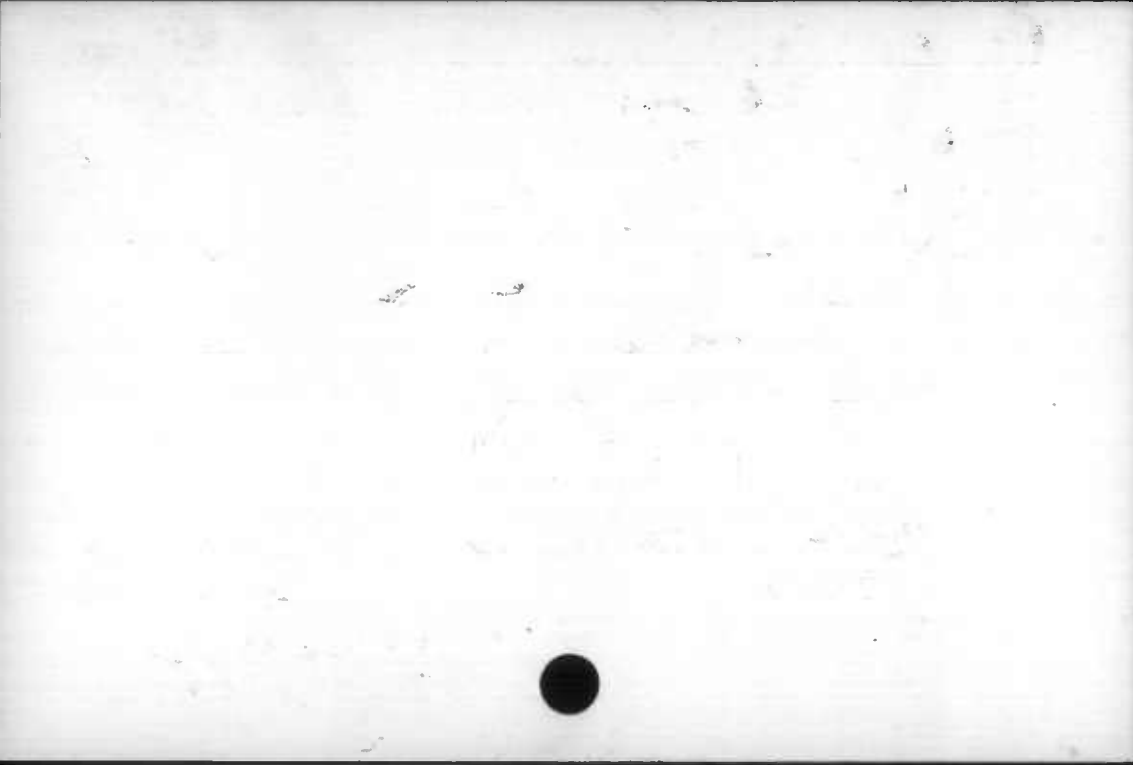
Died at <i>near Middletown</i>		Town <i>Middletown</i>		County <i>Fredemuck</i>		MARYLAND	
Date of death	19 <i>40</i>	Month	<i>June</i>	Day	<i>11</i>	Age	<i>0</i>
						Years	<i>0</i>
						Months	<i>0</i>
						Days	<i>0</i>
Sex	<i>Female</i>		Color of Race	<i>white</i>		Birth-place	<i>Fredemuck Co Md</i>
Occupation	<i>house</i>		Where Residing if not at place of death				<i>—</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				<i>—</i>
Father's Name	<i>Anas Abert</i>				Father's Birthplace	<i>Fredemuck Co Md</i>	
Mother's Maiden Name	<i>Estie de Keyaune</i>				Mother's Birthplace	<i>Fredemuck Co Md</i>	
Name of person giving information	<i>Anas Abert</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>unknown</i>	How long	<i>—</i>
Immediate	<i>Premature birth</i>	How long	<i>4 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E L Beckley</i>
		Address	<i>Middletown Md</i>
Accident or Suicide	<i>—</i>		

(S)



Name
in
Full

Dorothy Virginia Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Thurmont Frederick

MARYLAND

Date

1940 June 4 Age 2 4

Sex

Female Color or Race White Birth-place Emmittsburg

Occupation

Where Residing if not
at place of death~~Married~~, Single
or ~~widowed~~Name of Wife or
HusbandFather's
Name

Charles E. Baker

Father's
Birthplace

Adams, Pa.

Mother's
Maiden Name

Edna Bishop

Mother's
Birthplace

Emmittsburg

Name of person giving
Information

Elijah Baker.

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Broncho-Pneumonia

How long

4 days

Immediate

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

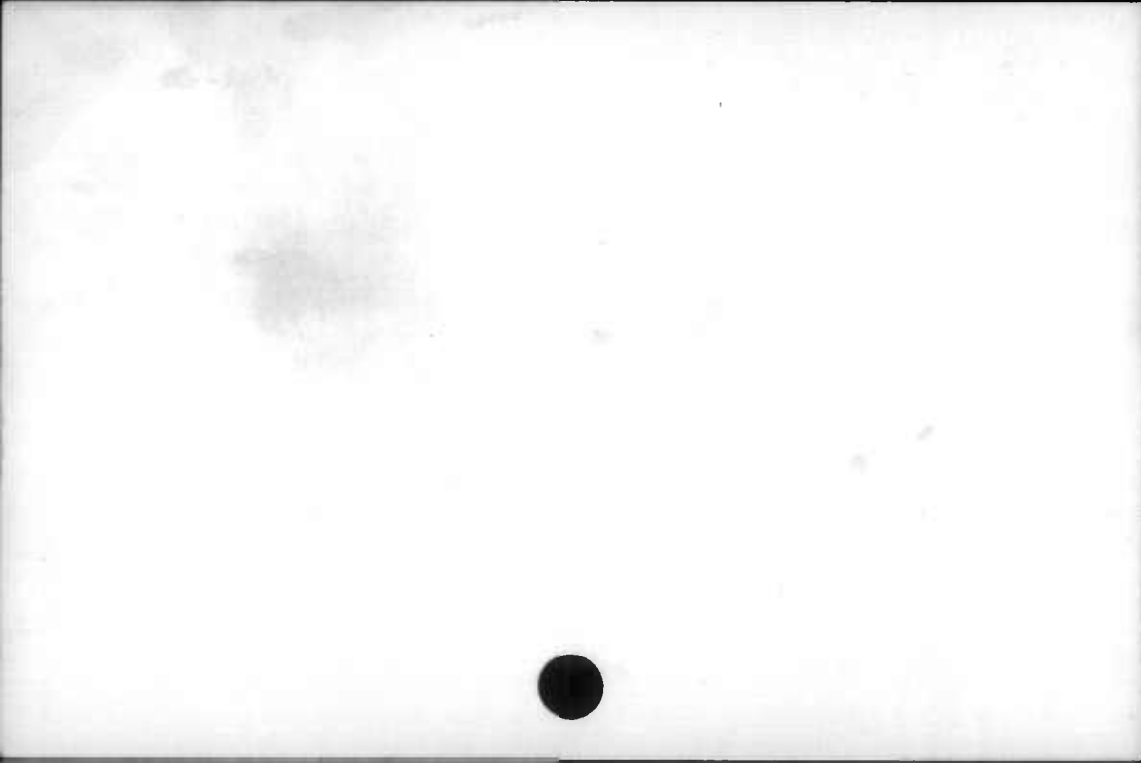
Yes

Signature of
Physician

Address

H. W. Stone
Emmittsburg
Md

Accident or Suicide



Name
in Full

Catherine Bours Beard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Thurmont Frederick MARYLANDDate of death 190 June 19 Age 50 Months 4 Days 17Sex female Color or Race white Birth-place W.D.Occupation housewife Where Residing if not at place of death sameMarried, Single or Widowed married Name of Wife or Husband Rev. M. L. BeardFather's Name Rev Henry G. Bours. Father's Birthplace Va.Mother's Maiden Name Matilda G Field. Mother's Birthplace W.D.Name of person giving Information M. L. Beard How related to deceased husband

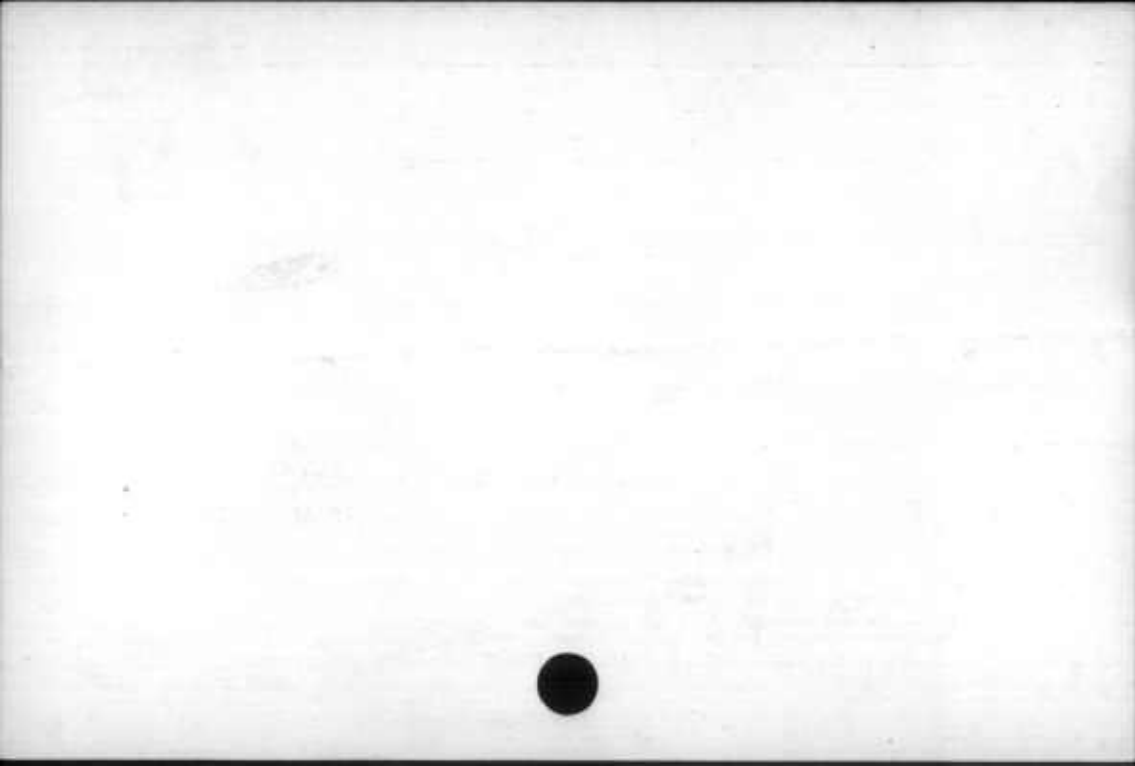
CAUSES OF DEATH

Primary Bright's Disease 89 How long 3 weeks.Immediate Paralysis Heart How long 1 day.Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Marion G. Bailey
Thurmont
W.D.Accident or Suicide no



Name
in
Full

Katharine Maud Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

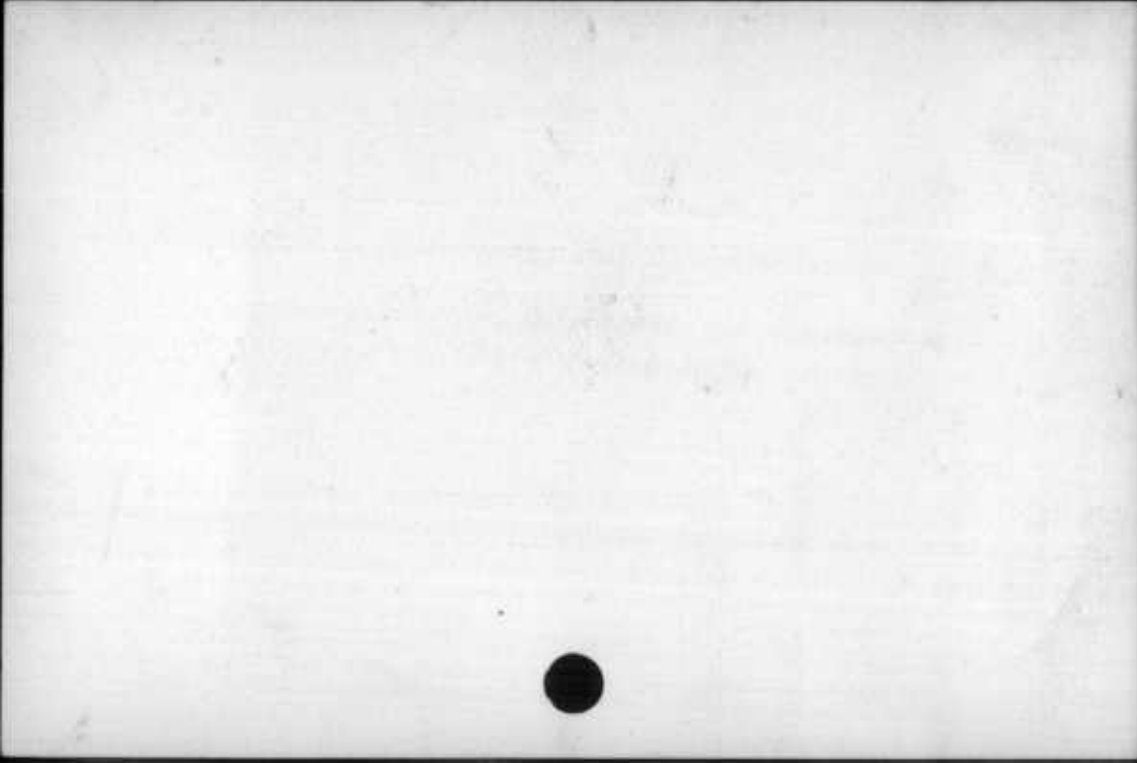
✓

Died at <i>New London</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i>	<i>June</i> <small>Month</small>	<i>25</i> <small>Day</small>	Age <small>Years</small>	<i>6</i> <small>Months</small>	<i>3</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>New London</i>		Where Residing if not at place of death <i>New London</i>	
Occupation	Name of Wife or Husband				
Married, Single or Widowed	Father's Name <i>Robert L Bell</i>				
Mother's Maiden Name <i>Maud Hyder</i>			Father's Birthplace <i>Frederick Co Md</i>		
Name of person giving information <i>R L Bell</i>			Mother's Birthplace <i>va</i>		
			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Abcess of head</i> (60)	How long	<i>1 month</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W E Stone</i>
		Address	<i>Wt Pleasant</i>
Accident or Suicide?			<i>Maryland</i>



Name
in
Full

Rosa May Blank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Near ^{Town} *Shookstown* County *Frederick* MARYLAND
 Died at *Shookstown* *Frederick*
 Date of death 19*40* Month *6* Day *28* Age *42* Months *—* Days *—*
 Sex *Female* Color or Race *White* Birth-place *Fredk Co Md*
 Occupation *House Wife* Where Residing if not at place of death *Same*
 Married, Single or Widowed *Married* Name of ^{Wife or} Husband *William C. Blank*
 Father's Name *George Whipp* Father's Birthplace *Fredk Co Md*
 Mother's Maiden Name *Fannie Harrison* Mother's Birthplace *Virginia*
 Name of person giving Information *Wm. C. Blank* How related to deceased *Husband*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Chronic Interstitial Nephritis* How long *4 years*
 Immediate *hemorrhage* How long *24 hours*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *H. N. Hedger*
 Address *Frederick*
 Accident or Suicide *no*

Interment June 30 - 1910

" at Ouel's Cemetery

Thomas P. Rice F. & O.

Dr Hedgic

Dr Goodell

Name
in
Full

Nancy Burgess

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Frederick*^{town} *Frederick* County MARYLAND

Date of death *1980* Month *6* Day *15* Age *53* Years Months *8* Days *15*

Sex *Female* Color or Race *Black* Birth-place *Frederick Co Md*

Occupation *House Wife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widowed* Name of ~~Wife~~ Husband *Thomas T. Burgess*

Father's Name *John Carroll* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary Jackson* Mother's Birthplace

Name of person giving Information *Luby Bowie* How related to deceased *Adopted Daughter*

CAUSES OF DEATH

Primary *Gangrene of left foot* *14 1/2* How long *6 mos*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Lenus. F. Gooden md*

Address *Frederick*

Accident or Suicide *No*

PHYSICIAN
OR CORONER

Interment June 17 1910

" at Greenmount Cemetery.

Thomas P. Rice, F. O.

Dr. Goodell

Dr. McBurdy.

Name
in
Full

Martin VanBuren Comfort

CERTIFICATE OF DEATH

Town

County

Died at Frederick

Fredericks

MARYLAND

Date
of death 1900

Month

6

Day

13

Years

Age 68

Months

6

Days

27

Sex Male

Color or
Race

White

Birth-
place

Frederick Co Md

Occupation

Farmer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mahala Kuhn

Father's
Name

Abraham Comfort

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Brown

Mother's
BirthplaceName of person giving
Information

Mrs. Mahala Comfort

How related
to decedent

Wife

CAUSES OF DEATH

Primary

Valvular Heart disease 5 years.

How long

Immediate

Acute myocarditis 3 weeks.

How long

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

yes

Signature of
Physician

W. M. Smith

Address

Frederick, Md

Accident or Suicide

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment June 14 1910,
" at Ooub's cemetery,
Thomas P. Rice - F.O.,

Dr. W. M. Smith

Dr. M. Curdy.

Name
in Full

Charles Addison Damuth

CERTIFICATE OF DEATH

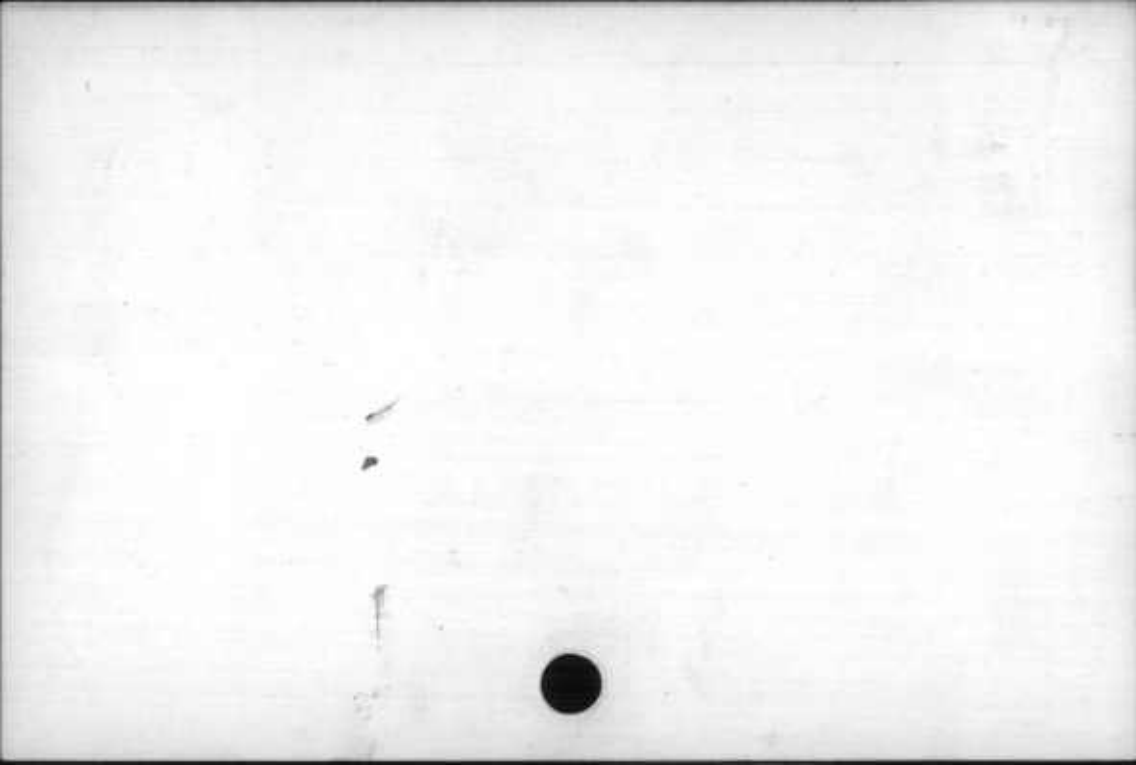
TO BE ANSWERED BY
NEAREST FRIEND

Died at Thurmont Town Frederick County **MARYLAND**
 Date of death 1940 June 12 Month Day Age 68 Years 8 Months 15 Days
 Sex male Color or Race white Birth-place Md.
 Occupation Retired farmer Where Reiding if not at place of death same
 Married, Single or Widowed married Name of Wife or Husband Henrietta Damuth
 Father's Name David Damuth Father's Birthplace Md
 Mother's Maiden Name Catherine Scatter Mother's Birthplace Md
 Name of person giving Information Stanly R. Damuth How related to decedent son

CAUSES OF DEATH

Primary Progressive Paralysis 142 How long 5-7 yrs
 Immediate Severe bacterial foot 3 weeks How long
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician Morris A. Biech
 Address Thurmont - Md.
 Accident or Suicide no

PHYSICIAN
OR CORONER



Name in Full

Elizabeth Ellen Darnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Diad at Middletown Frederick MARYLAND

Date of death 1940 June 12 Age 72 8 21-

Sex Female Color or Race White Birth-place Mayland

Occupation Housewife Where Residing if not at place of death Mayland

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

Father's Name John Darnes Father's Birthplace Mayland

Mother's Maiden Name Elizabeth Routhalun Mother's Birthplace Mayland

Name of person giving Information Samuel Darnes How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Organic Heart disease How long unknown

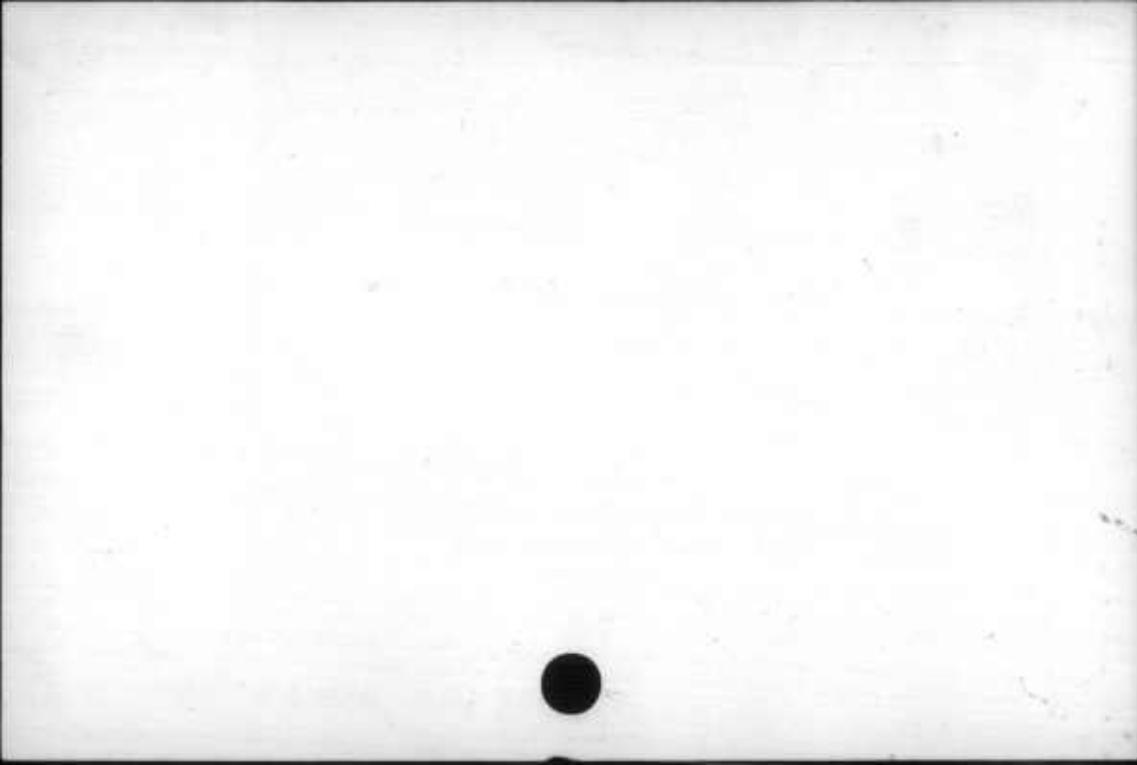
Immediate "dropsey" How long 4 wks

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

Signature of Physician E L Beckley

Address Middletown

Accident or Suicide X Mayland



Name
in Full

Sarah Frances Deek

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brimmink		County Frederick		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1940	June	6	73		1	7	
Sex	Female	Color or Race	white	Birth-place	Frederick City		
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband John Deek				
Father's Name	Zacharias McAbee			Father's Birthplace	Frederick (?)		
Mother's Maiden Name	Christina Butler			Mother's Birthplace	Frederick (?)		
Name of person giving information	Mrs. Josephine F. Gleason			How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Do not know 1894	How long	11 Complaint for 2 years
Immediate	Sudden Death (found dead in bed)	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. W. C. [Signature]
Accident or Suicide	I have not been consulted in this case	Address	Brimmink Md.



12

Name
in
Full

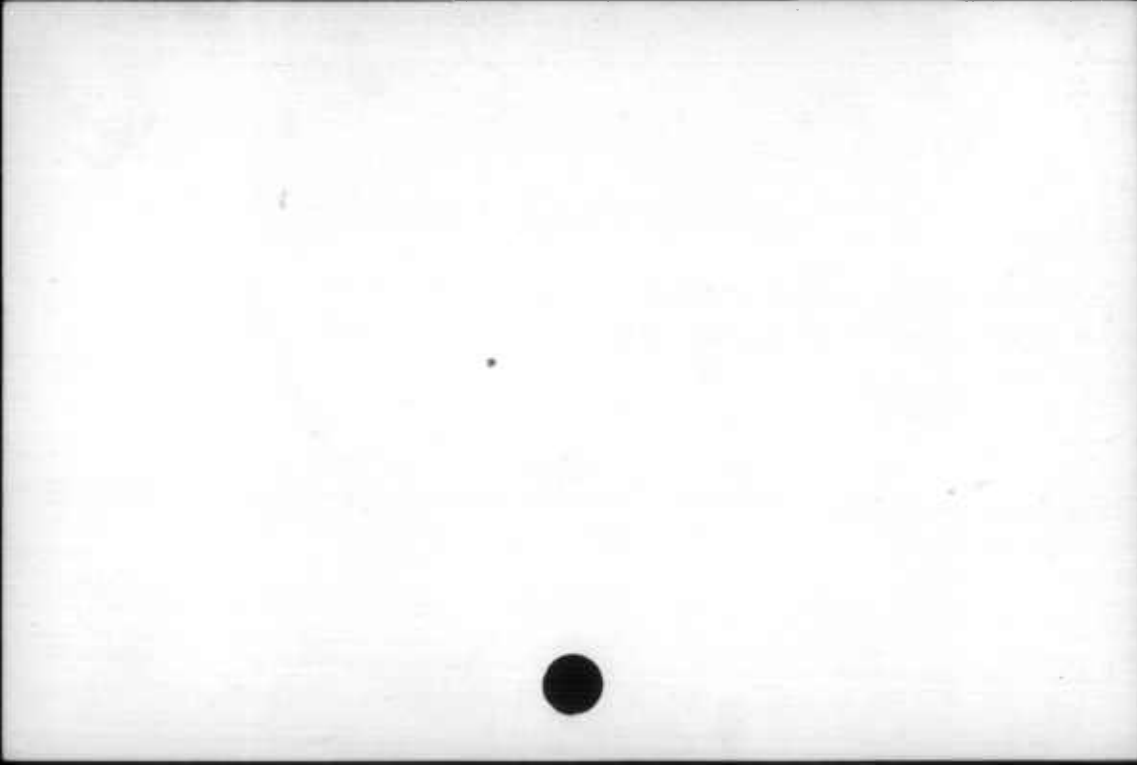
Jesse W. Downey

No. 12
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at	Town New London		County Frederick		MARYLAND	
	Date of death 1900	Month June	Day 25	Age 62	Months 3	Days 1
Sex male	Color or Race white		Birth-place New Market, Md			
Occupation Physician	Where Residing if not at place of death New Market, Md					
Married, Single or Widowed married	Name of Wife or Husband Mary H. Hammond					
Father's Name Wm. Downey	Father's Birthplace Ft. Det. Co. Md					
Mother's Maiden Name Margaret Wright	Mother's Birthplace " "					
Name of person giving information H. H. Hopkins	How related to deceased nephew					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Arterio-Sclerosis	How long	70 years
	Immediate	Apoplexy	How long	6 hours
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. H. Hopkins M.D.
	Address	New Market		Md
Accident or Suicide	no			



Name
in Full

Eva Marie Dietrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{town} near Frederick		^{County} Frederick		MARYLAND	
Date of death	1980	Month	June	Day	4
Age	—		Years	Months	10
Sex	Female	Color or Race	white	Birth-place	Fredk. Co., Md.
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	Grayson D. Dietrow		Father's Birthplace	Fredk. Co., Md.	
Mother's Maiden Name	Lula Anglerberger		Mother's Birthplace	Fredk. Co., Md.	
Name of person giving information	Grayson D. Dietrow		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Injury to Spinal Cord	How long	—
Immediate	acute anterior poliomyelitis	How long	—
Are the name, age, sex, color, date and place correctly given above?	—		
Signature of Physician	J. J. Needham, M.D.		
Address	Frederick, Md.		
Accident or Suicide	—		

Mr. Dennis Buckley
Carey, Wis.

Name
in
Full

CERTIFICATE OF DEATH

John D. Eader

Town
Frederick

County
Frederick

MARYLAND

Died at
Date of death 1960
Month 6
Day 8
Age 44
Years
Months
Days

Sex Male
Color or Race White
Birth-place Mt Pleasant Md

Occupation Farmer
Where Residing if not at place of death Near New Market Md

Married, Single or Widowed Married
Name of Wife or Husband Sophronia Eader

Father's Name Manassa Eader
Father's Birthplace

Mother's Maiden Name Mary
Mother's Birthplace

Name of person giving Information Mrs John D. Eader
How related to deceased Wife

CAUSES OF DEATH

Primary Chronic Pancreatitis
How long 4 1/2 6 months

Immediate Exhaustion
How long 6 weeks

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

Signature of Physician J B Johnson
Address Frederick, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

To Full

Margaret Ann Elizabeth Eaton

CERTIFICATE OF DEATH

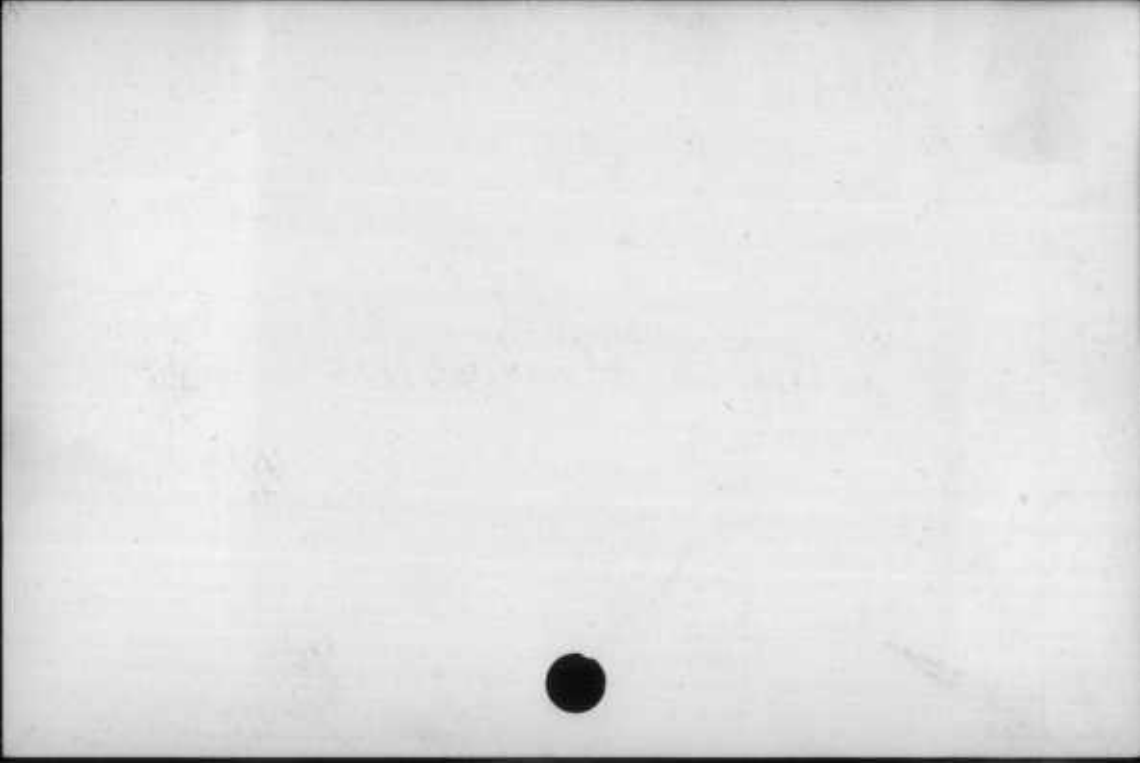
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lewisport</u> <small>Town</small>		<u>Delk</u> <small>County</small>		MARYLAND			
Date of death	<u>1990</u>	Month	<u>June</u>	Day	<u>11</u>	Age	<u>60</u> Years <u>0</u> Months <u>5</u> Days
Sex	<u>Female</u>	Color or Race	<u>White</u>		Birth-place	<u> Md.</u>	
Occupation	<u>Housewife</u>		Where residing if not at place of death				
Married, Single or Widowed	<u>Widowed</u>		Name of Wife or Husband <u>Joseph Eaton</u>				
Father's Name	<u>Jacob Clem</u>			Father's Birthplace <u>Md.</u>			
Mother's Maiden Name	<u>Matilda S. Hitcher</u>			Mother's Birthplace <u>Md.</u>			
Name of person giving information	<u>Husband</u>			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Valvular lesion of heart</u>	How long	<u>79</u>
Immediate	<u>Heart Failure</u>	How long	<u>Half hour</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. S. Higbourn</u>		
	Address <u>Lewisport Md.</u>		
Accident or Suicide?			



Name
in
Full

No name Eyles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

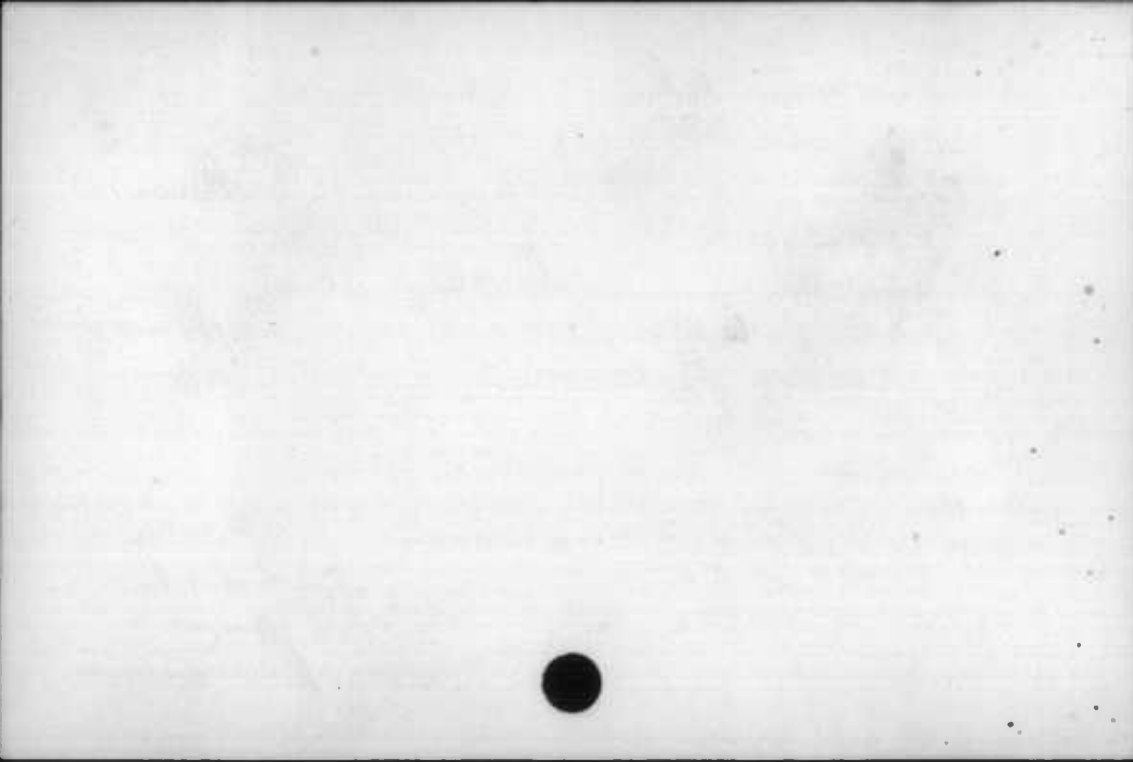
Died at <i>Stalkersville</i> Town <i>Stalkersville</i> County <i>Fredrick</i>			
Date of death <i>1960</i>	Month <i>June</i> Day <i>24</i>	Age <i>not</i>	Months <i>not</i> Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Fredrick, Co</i>	
Occupation		Where residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Robert Eyles</i>	Father's Birthplace <i>Fredrick Co</i>		
Mother's Maiden Name <i>Nethie Brisinger</i>	Mother's Birthplace <i>Fredrick Co</i>		
Name of person giving information <i>Father</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

137

PHYSICIAN
OR CORNER

Primary <i>Septic Infection</i>	How long <i>5 days</i>
Immediate <i>Convulsions</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John J. Rensburg</i>
	Address <i>Stalkersville</i>
Accident or Suicide?	<i>X Maryland</i>



Name *Mary S. Fraley* CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Galocin Furnace</i> <i>Frederick</i> <small>Town</small> <small>County</small>		MARYLAND		
	Date of death <i>1990</i> <small>Month</small> <i>June</i> <small>Day</small> <i>1</i> <small>Years</small> <i>45</i> <small>Months</small> <i>2</i> <small>Days</small> <i>2</i>	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Unknown</i>	
	Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at place of death</i>			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles Fraley</i>			
	Father's Name <i>Jacob Garty</i>	Father's Birthplace <i>Unknown</i>			
	Mother's Maiden Name <i>Nancy Ensworth</i>	Mother's Birthplace <i>Unknown</i>			
	Name of person giving information		How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Valvular disease of heart</i>	How long <i>10 days</i>
	Immediate <i>collapse</i>	How long <i>2 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. D. S. Young</i>
	Accident or Suicide?	Address <i>Greagertown Frederick Co</i>



Name
in
Full

CERTIFICATE OF DEATH

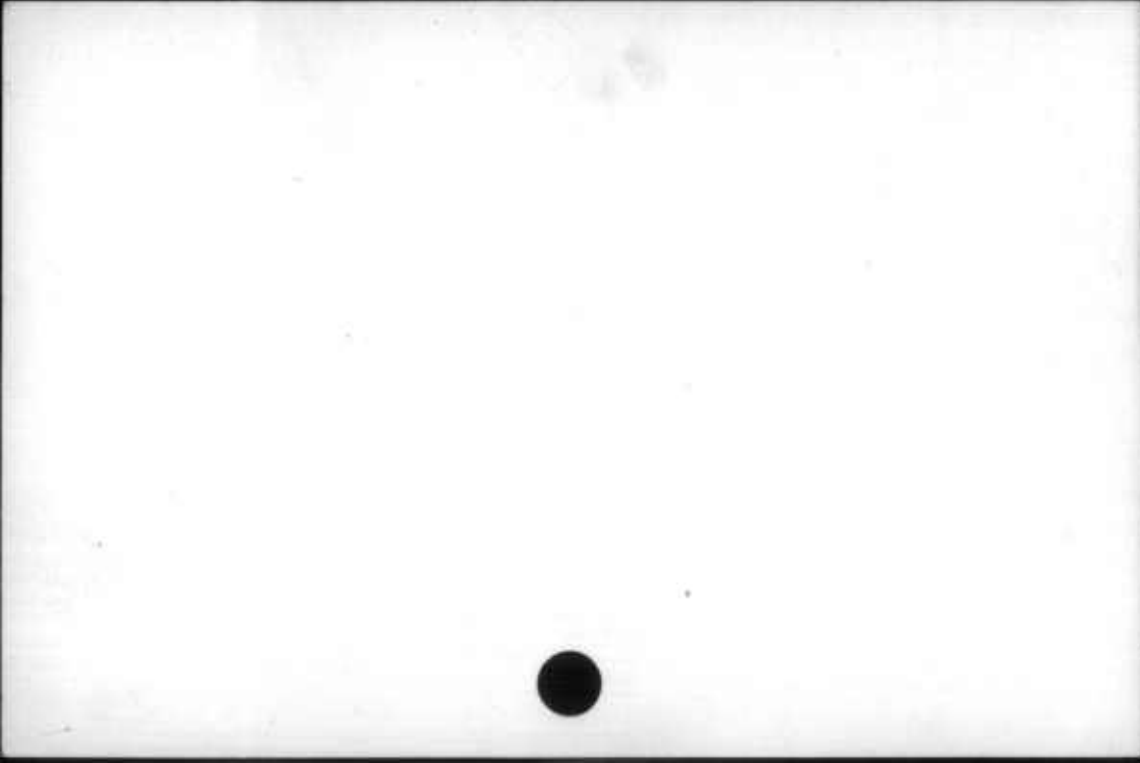
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Samuel Gamble		County Frederick		MARYLAND	
Died at Emmitsburg		Month June		Days 14	
Date of death 19 10		Age 76		Months 4	
Sex Male		Color or Race White		Birth-place Tennessee	
Occupation Farmer		Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband Emma Gamble			
Father's Name William Gamble		Father's Birthplace Ireland			
Mother's Maiden Name Coffe		Mother's Birthplace Louisiana			
Name of person giving Information Joseph Gamble		How related to deceased? Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Distention of Heart	How long	one year
Immediate	Pulmonary Congestion	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B. J. Jamison
		Address	Emmitsburg, Md.
Accident or Suicide	X		



Name
in
Full

Keeley V. Goins (East - 17)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Fredericks Fredericks MARYLANDDate of death 1990 Month 6 Day 12 Age — Years Months 6 Days 12Sex Female Color or Race Black Birth-place FredericksOccupation — Where Residing if not at place of death SameMarried, Single or Widowed Single Name of Wife or Husband —Father's Name James G. Goins Father's Birthplace Fredericks, Co. Md.Mother's Maiden Name Naomi Butcher Mother's Birthplace " " "Name of person giving Information Jas. G. Goins How related to deceased Father

CAUSES OF DEATH

Primary Cholera Infantum 10 How long 3 daysImmediate Exhaustion How longAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. M. GoodmanAddress Fredericks Md.Accident or Suicide No.

Interment June 13 - 1910

" at Bartonville Cemetery

Thomas P. Rice F. O.

Dr Goodman

Dr McCurdy

Name
in
Full

Anna Rebecca Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Stalkersville* ^{County} *Fredrick* **MARYLAND**
 Date of death 19 *10* ^{Month} *June* ^{Day} *25* ^{Years} *Age dont know* ^{Months} ^{Days}
 Sex *Female* ^{Color or Race} *Colored* ^{Birth-place} *Fredrick, Md.*
 Married, Single or Widowed *Married* ^{Occupation} *Housewife*
 Name of Wife or Husband *Isiah Hamilton*
 Father's Name *Ezra Waters* ^{Father's Birthplace} *Fredrick Co.*
 Mother's Maiden Name *Anna M. Diggs* ^{Mother's Birthplace} *Fredrick Co.*
 Name of person giving in formation *Emma Collins* ^{How related to deceased} *Sister*

CAUSES OF DEATH

Primary *Heart Disease* ^{How long} *19*
 Immediate *I only saw deceased twice, yesterday & today* ^{How long} *Yestday & today*
 Are the name, age, sex, color, date and place correctly given above?
 Signature of Physician *J. J. Remsburg M.D.*
 Address *Stalkersville Md.*
 Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

Infant of Henry H. Harvis

Town

County

MARYLAND

Died at

Indines

Indines

Date

1900

Month

June

Day

20

Age

Years

Months

Days

1

Sex

Female

Color or
Race

white

Birth
place

Indines Md.

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Henry H. Harvis

Father's
Birthplace

Montgo Cald

Mother's
Maiden Name

Grace Emma Hufts

Mother's
Birthplace

Maryland

Name of person giving
Information

Henry H. Harvis

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia Bact

How long

7 Months

Immediate

Exhaustion

How long

1 day

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

Yes

Signature of
Physician

Address

J. M. Johnson

Indines
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Kiser.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at		Fredericks		Fredericks	
Date of death	Month	Day	Age	Years	Months
1900	6	4	69		
Sex	Color or Race	Birthplace			
Male	White	Fredericks Co Md			
Occupation	Where Residing if not at place of death				
Farmer (Retired)	Same				
Married, Single or Widowed	Name of Wife or Husband				
Married	Maria Woods				
Father's Name	Father's Birthplace				
John Kiser.	Maryland				
Mother's Maiden Name	Mother's Birthplace				
Wachter	"				
Name of person giving Information	How related to deceased				
Chas W. Kiser	Son				

PHYSICIAN
OR CORONER

CAUSES OF DEATH			
Primary	How long		
Mitral Regurgitation	4 mos		
Immediate	How long		
Cardiac Paralysis	Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
yes	H. H. Hedger		
	Address		
	Fredericks		
Accident or Suicide			
No			

Interment. June 6 - 1910
" at Mt Olivet Cemetery
Thomas P. Rice F. O.

Dr Hedges

Dr McCurdy

Name
in
Full

Elmer B. Hooper

15

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death	<u>1940</u>	Month	<u>June</u>	Day	<u>25</u>
Age	<u>41</u>	Years	<u>41</u>	Months	<u>9</u>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>Frederick Md</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>James Hooper</u>		Father's Birthplace	<u>Frederick</u>	
Mother's Maiden Name	<u>Mary Elizabeth Davis</u>		Mother's Birthplace	<u>Frederick</u>	
Name of person giving information	<u>Mrs. Thos. Chew</u>		How related to deceased	<u>Sister</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Myocardial Regurgitation</u>	How long	<u>79</u> <u>years.</u>
Immediate	<u>Cardiac Asthma</u>	How long	<u>48 hours.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>D. L. E. Brown</u>
		Address	<u>Frederick Md</u>
Accident or Suicide?	<u>Neither.</u>		



NAME
in Full

CERTIFICATE OF DEATH

Jessie Howard

Town

County

Died at *Green* *Bostonville*

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDate of death *1970* *June* *13* *Age* *31* *11* Months DaysSex *male* Color or Race *Caucas* Birth-place *MD*Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Jett Howard* Father's Birthplace *MD*Mother's Maiden Name *Louisa Mahell* Mother's Birthplace *MD*Name of person giving information *Jett Howard* How related to deceased *Father*

CAUSES OF DEATH

Primary *Consumption* *28* How long *about 1 year*
Immediate

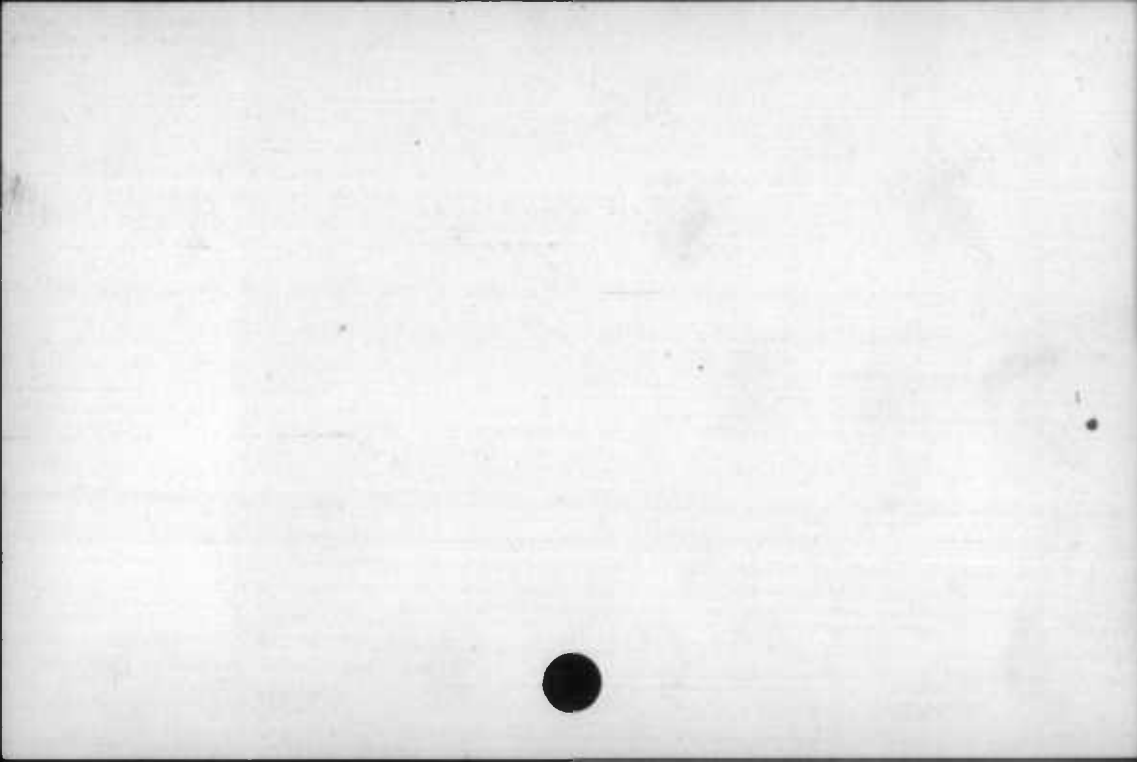
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. E. F. Goodell
Frederick City MD

Accident or Suicide?



Name in Full

Marta Susna Kumbury,

CERTIFICATE OF DEATH

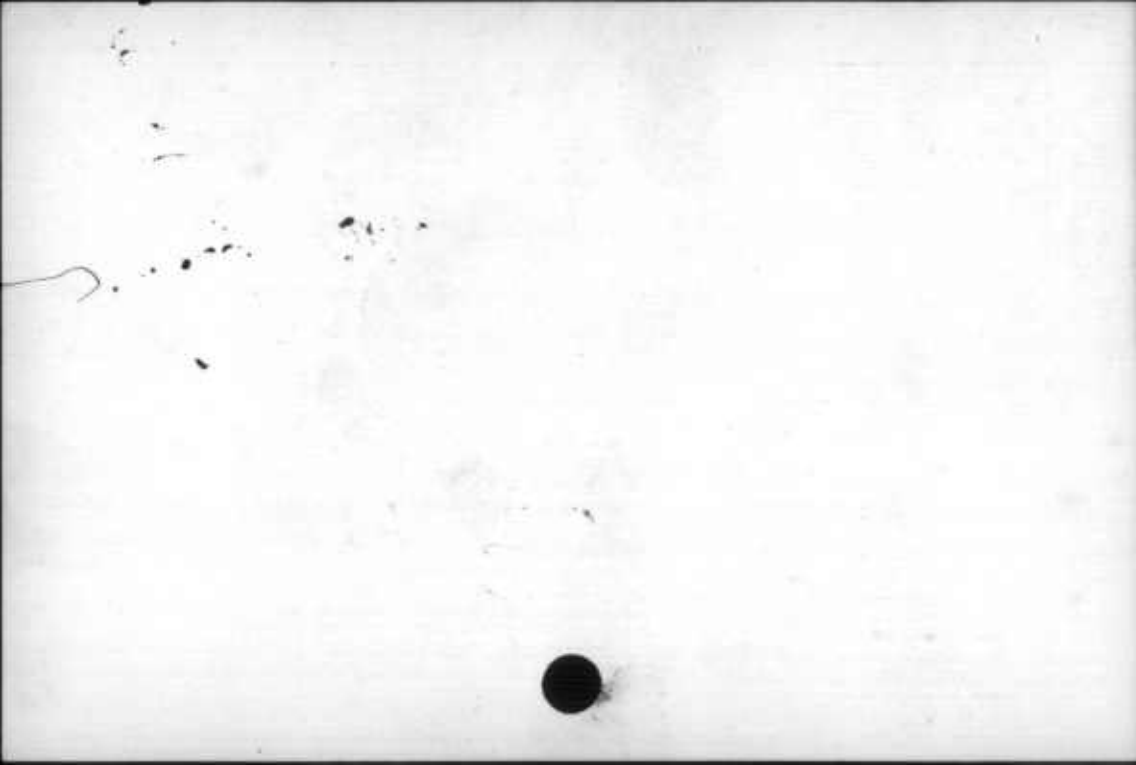
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Indues ^{Town}		Indues ^{County}		MARYLAND	
Date of death	1900	Month	June	Day	30	Age	36
						Months	6.
						Days	21.
Sex	Female	Color or Race	white	Birth-place	Indues Md		
Occupation	Housewife		Where Residing if not at place of death		X		
Married, Single or Widowed	Married		Name of Wife or Husband	J. William Kumbury			
Father's Name	Abraham Gontz		Father's Birthplace	Indues Calley			
Mother's Maiden Name	Catherine Kumbury		Mother's Birthplace	Catherine Kumbury			
Name of person giving Information	J. William Kumbury		How related to deceased	Wife			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Sub acute endo - Carditis	How long	(78) 1/2 or 2 days
Immediate	Acute Myocardia	How long	36 hours.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	J. B. Johnson
		Address	Indues Md.
Accident or Suicide			



Name in Full

William E Hyatt

no. 89
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{town} *Harrods* ^{County} *Garrisonville* MARYLAND

Date of death 19*00* Month *6* Day *7* Age *61* Months *11* Days

Sex *male* Color or Race *white* Birthplace *Frank. Co Md*

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

Married, Single or Widowed *married* Name of Wife ^{Husband} *Emma C. Hyatt*

Father's Name *Henry M. Hyatt* Father's Birthplace *Frank. Co Md*

Mother's Maiden Name *Rose A. Walker* Mother's Birthplace *" "*

Name of person giving Information *Jas. W. Hyatt* How related to deceased *Son*

CAUSES OF DEATH

Primary *Arterio Sclerosis* How long *66* years

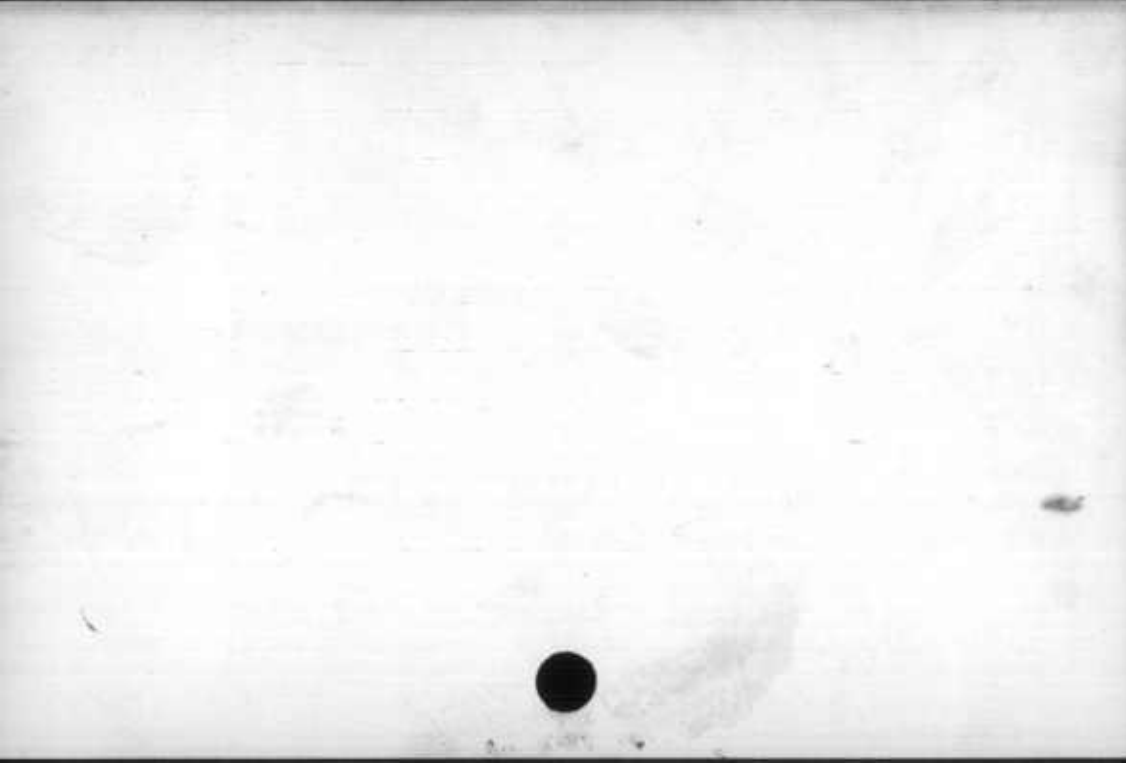
Immediate *Hemiplegia* How long *5* years

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *H H Hopkins M.D*

Address *New Market Md*

Accident or Suicide *no*

PHYSICIAN OR CORONER



Name in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Brunswick</u> <small>Town</small>		<u>Jacobs</u> <small>County</small>		MARYLAND	
Date of death <u>1900 June</u>		<u>2</u> <small>Day</small>	<u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>1</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Brunswick</u>			
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband				
Father's Name <u>James Jacobs</u>	Father's Birthplace <u>va</u>				
Mother's Maiden Name <u>Clara Crowell</u>	Mother's Birthplace <u>W va</u>				
Name of person giving Information <u>Chas Crowell</u>	How related to deceased <u>Grandfather</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<u>Premature birth</u>	How long <u>15 1/2 hours</u>
Immediate	<u>" "</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>A. Horine</u>
		Address <u>Brunswick</u>
		<u>MD</u>
Accident or Suicide	<u>no</u>	

Putnamville Ind

Name
in
Full

Mary Elizabeth Johnson

CERTIFICATE OF DEATH

Town

County

Died at *Frederick**Frederick*

MARYLAND

Date
of death 19*60*

Month

6

Day

19

Age

65

Years

Months

0

Days

*0*Sex
Occupation*Female*Color or
Race*Black*Birth-
place*Frederick Co Md**House Servant*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Widowed*Name of Wife or
Husband*Alex Johnson*Father's
Name*Moses Boone*Father's
Birthplace*Maryland*Mother's
Maiden Name*Mary Maritt*Mother's
Birthplace*"*Name of person giving
Information*Geo. Johnson*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Gastric carcinoma

How long

Several months

Immediate

Exhaustion

How long

*Several weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W.G. Bourne M.D.*

Address

Frederick, Md

Accident or Suicide

*No.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment June 21 1910

" at Greenmount Cemetery

Thomas T. Rice F.S.

Dr. Bourne

Dr. McCurdy

Name in Full

Infant of ^{Mrs} John H. Hoffmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Lewisport ^{County} Frederick MARYLAND

Date of death 190 ^{Month} June ^{Day} 4 Age ^{Years} 0 ^{Months} 0 ^{Days} 0

Sex Female Color or Race White Birth-place Lewisport

Occupation _____ Where Residing if not at place of death _____

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

Father's Name John H. Hoffmann Father's Birthplace Adams Co Pa

Mother's Maiden Name Zayinda Nauck Mother's Birthplace Frank Co Pa

Name of person giving information John H. Hoffmann How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

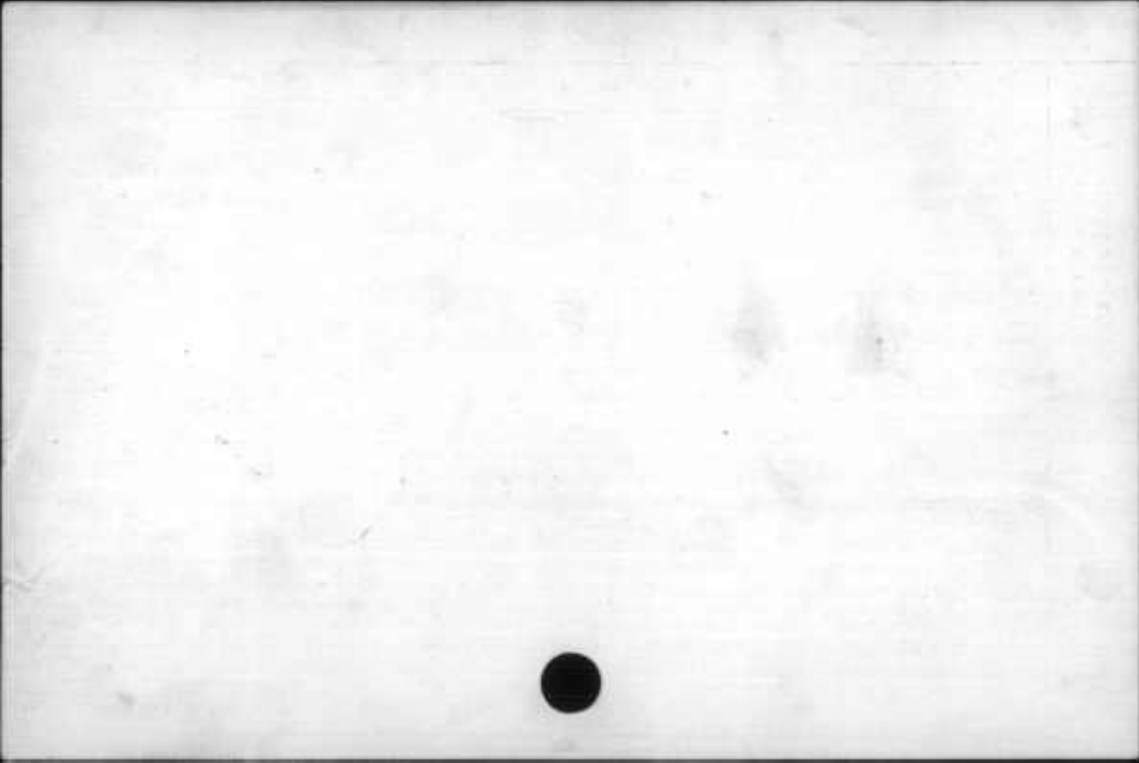
Primary Premature Birth How long _____

Immediate Dead Born How long _____

Are the name, age, sex, color, date and place correctly given above? Signature of Physician Elizabeth X Hoffmann (Child Wife)

Witness John H Hoffmann Address Lewisport Md

Accident or Suicide _____



Name
in
Full

Mary Luby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Haltersville</i> <small>Town</small>		<i>Fredrick</i> <small>County</small>		MARYLAND	
Date of death	<i>1946</i>	Month	<i>8</i>	Day	<i>June</i>
Age	<i>—</i>		Years	<i>—</i>	
Sex	<i>female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Haltersville</i>
Occupation	<i>—</i>		Where Residing if not at place of death	<i>—</i>	
Martied, Single or Widowed	<i>—</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>Hays Luby</i>		Father's Birthplace	<i>Hoodsboro</i>	
Mother's Maiden Name	<i>Vannie Luby</i>		Mother's Birthplace	<i>Haltersville</i>	
Name of person giving information	<i>J. H. Recorder</i>		How related to deceased	<i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Interstient trouble.</i>	How long	<i>10 days</i>
Immediate	<i>—</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>		
Signature of Physician	<i>J. H. Recorder</i>		
Address	<i>Haltersville</i>		
Accident or Suicide?	<input checked="" type="checkbox"/>		



Name
in
Full

David Main

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edgewood</i>		County <i>Frederick</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1960</i>	<i>6</i>	<i>11</i>	<i>88</i>	<i>6</i>	<i>26</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Frederick Co Md</i>		
Occupation <i>Farmer Retired</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Annie Engle</i>				
Father's Name <i>John J. Main</i>	Father's Birthplace <i>Frederick Co Md</i>				
Mother's Maiden Name <i>Sarah Popst.</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>D. F. Main</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Senility</i>	How long	<i>8 yrs</i>
	Immediate	<i>acute indigestion</i>	How long	<i>3 hours</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. H. Hedger</i>
	Address	<i>Frederick</i>		
Accident or Suicide	<i>No.</i>			

Interment June 13. 1910

" at Oaub's Cemetery

Thomas P. Rice F.D.

Dr Hedges

at Goodell

Name
In Full

CERTIFICATE OF DEATH

George B Makel

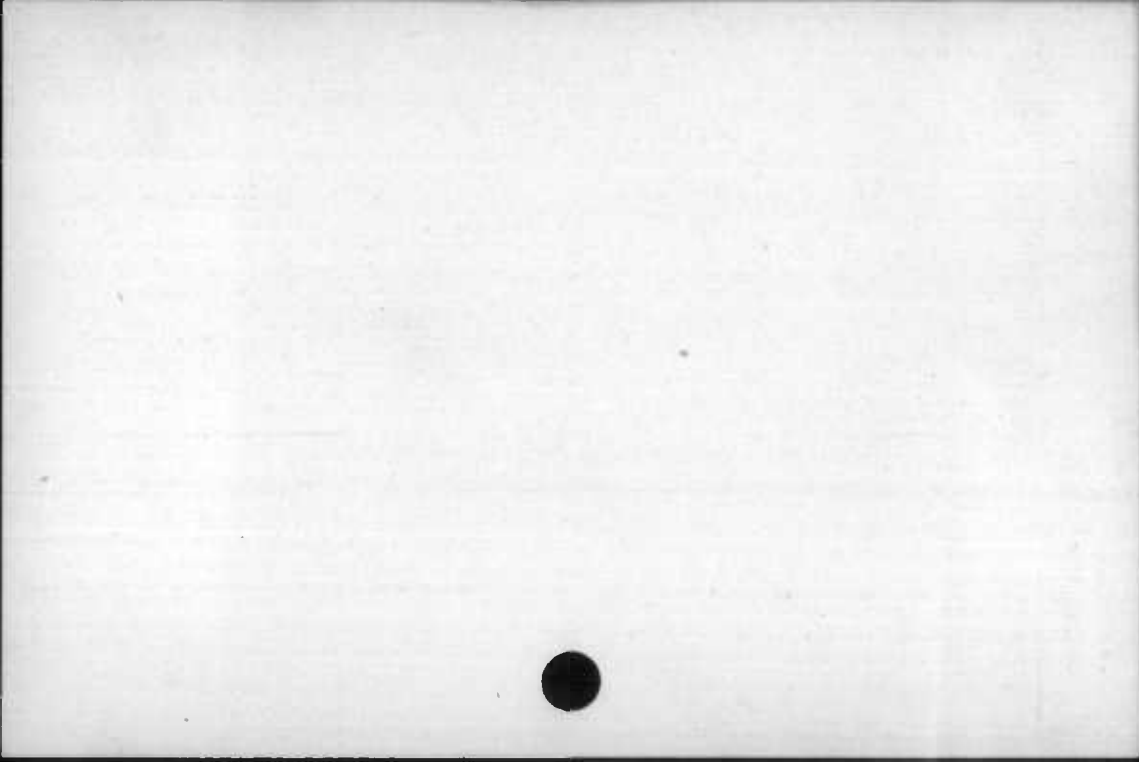
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Hopeland</i> ^{Town}		<i>Fredk</i> ^{County}		MARYLAND	
Date of death 19 <i>00</i>	Month <i>June</i>	Day <i>13</i>	Age <i>25</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Caucas</i>	Birth-place <i>Md</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married Single	Name of Wife or Husband				
Father's Name <i>Jacob Makel</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Slice Lyles</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Jacob Makel</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spinal trouble</i>	How long <i>2 years</i>
Immediate <i>From waiting away of spine</i>	How long <i>(63)</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes as far as could be learned</i>	Signature of Physician <i>W. B. Bennett, Sub Registrar</i>
	Address <i>Araby, Md.</i>
Accident or Suicide?	<i>X</i>



Name
in
Full

Mary Lillie Mathews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 19 <i>40</i>	Month <i>6</i>	Day <i>1</i>	Age <i>25</i> ^{Years}	Months _____	Days _____
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Frederick</i>			
Occupation <i>Maids</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>John Mathews</i>	Father's Birthplace <i>Frederick, Co. Md.</i>				
Mother's Maiden Name <i>Emma Murdock</i>	Mother's Birthplace <i>Frederick</i>				
Name of person giving Information <i>Catherine Murdock</i>	How related to deceased <i>Grandmother</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>	How long <i>28</i> <i>about 1 yr</i>
	Immediate <i>Exhaustion</i>	How long <i>Several days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>U. G. Rowne, M.D.</i>
		Address <i>Frederick, Md.</i>
Accident or Suicide <i>No.</i>		

Interment June 4 1910
" at Greenmount Cemetery

Thomas P. Rice F.D.

dr. Bourne

dr. McLusky

Name in Full *Mayer Rose Gertrude*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

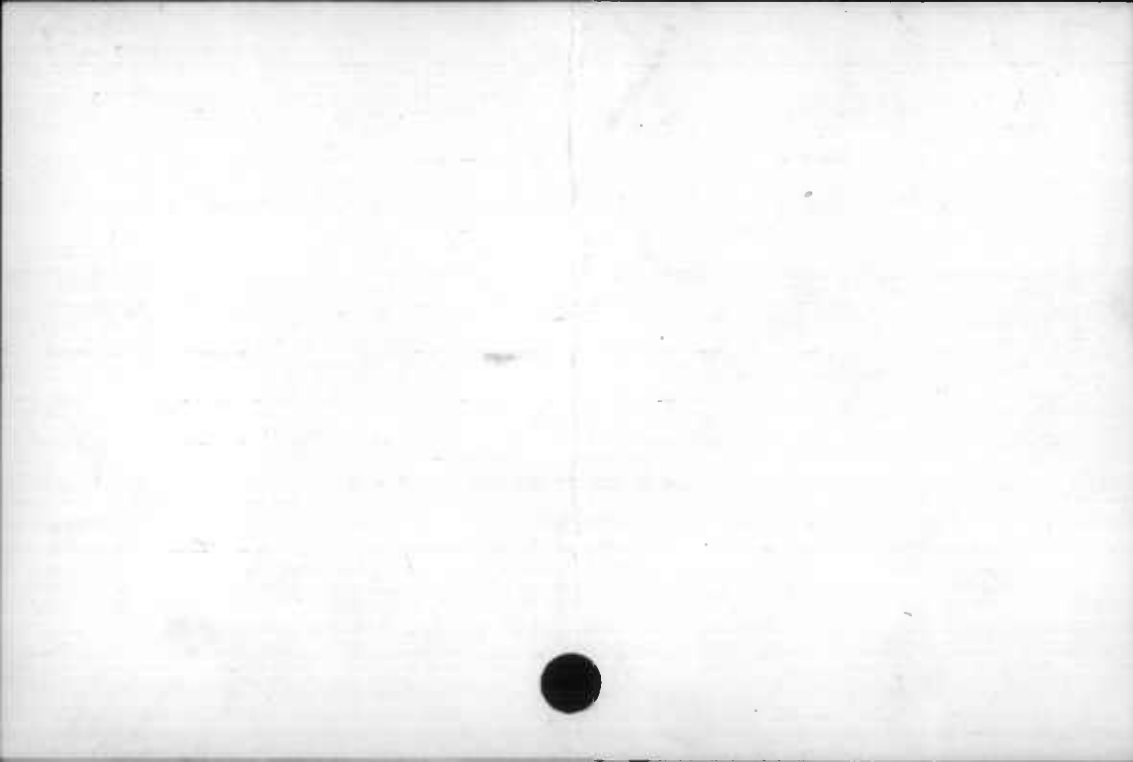
9

Died at <i>Bradder</i>		Town		<i>Fredrick</i>		County		MARYLAND	
Date of death	<i>1940</i>	Month	<i>6</i>	Day	<i>28</i>	Age	<i>22</i>	Months	<i>10</i>
Sex	<i>Female</i>		Color or Race	<i>American Irish</i>		Birth-place	<i>D. H. Kern</i>		
Occupation	<i>School Girl</i>			Where Residing if not at place of death		<i>Washington DC</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>[Signature]</i>				
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving Information	<i>Pauline J. Mayer</i>				How related to deceased	<i>Sister</i>			

CAUSES OF DEATH

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>24</i>	<i>Some times</i>
Immediate	<i>Neurolysis</i>	How long	<i>24</i>	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>Henry P. Johnson M.D.</i>
		Address	<i>Fredrick Md</i>	
<i>[Redacted]</i>				

PHYSICIAN OR CORONER



Name
in
Full

Harry Lewis Mehrling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

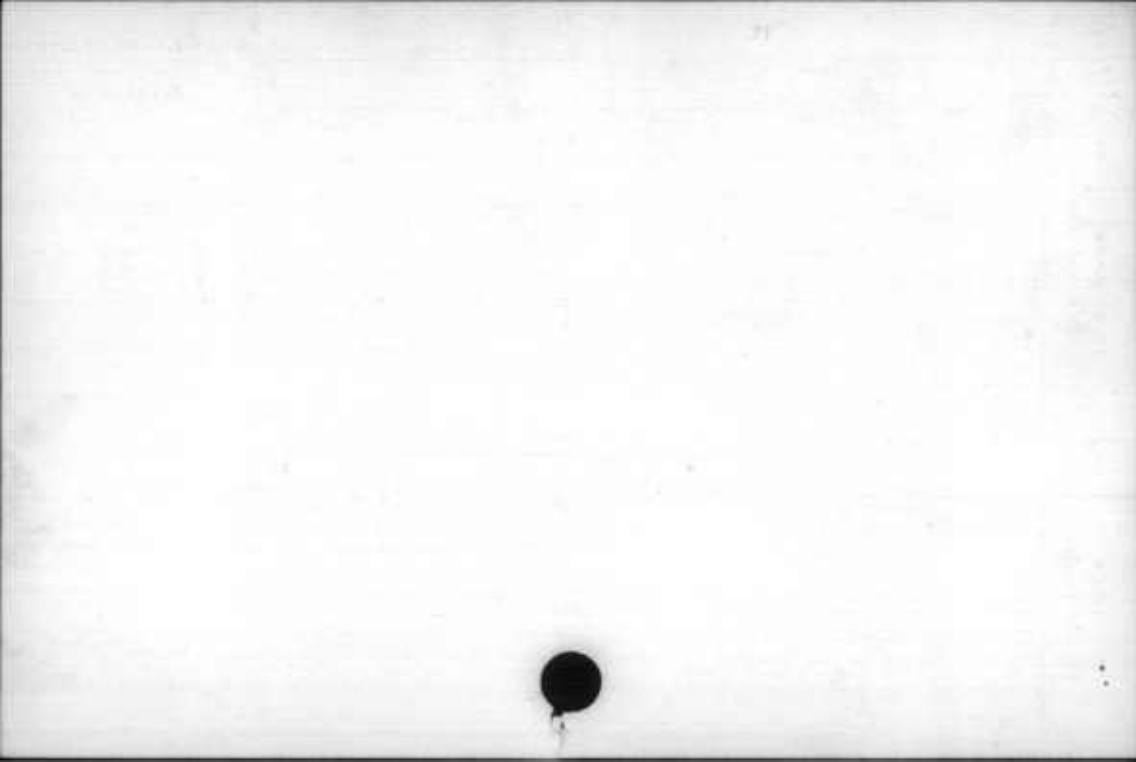
Died at <u>Brunswick</u>		County <u>Brunswick</u>			
Date of death	Month	Day	Age	Years	Months
19 <u>40</u>	<u>June</u>	<u>11</u>	<u>38</u>	<u>0</u>	<u>10</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Brunswick, Md.</u>		
Occupation <u>none (formerly butcher)</u>	Where residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sadie L. Wise</u>				
Father's Name <u>John Mehrling</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Elizabeth Hahn</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Mrs. Sadie L. Mehrling</u>	How related to deceased <u>wife</u>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Nephritis (Chronic Alcoholism)</u>	How long <u>Do not know</u>
Immediate <u>Chronic Constriction of Cerebral Arteries</u>	How long <u>5 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. W. P. P. P.</u>
	Address <u>Brunswick Md.</u>
Accident or Suicide <u>—</u>	



Name
in Full

Anne Virginia Mumford

CERTIFICATE OF DEATH

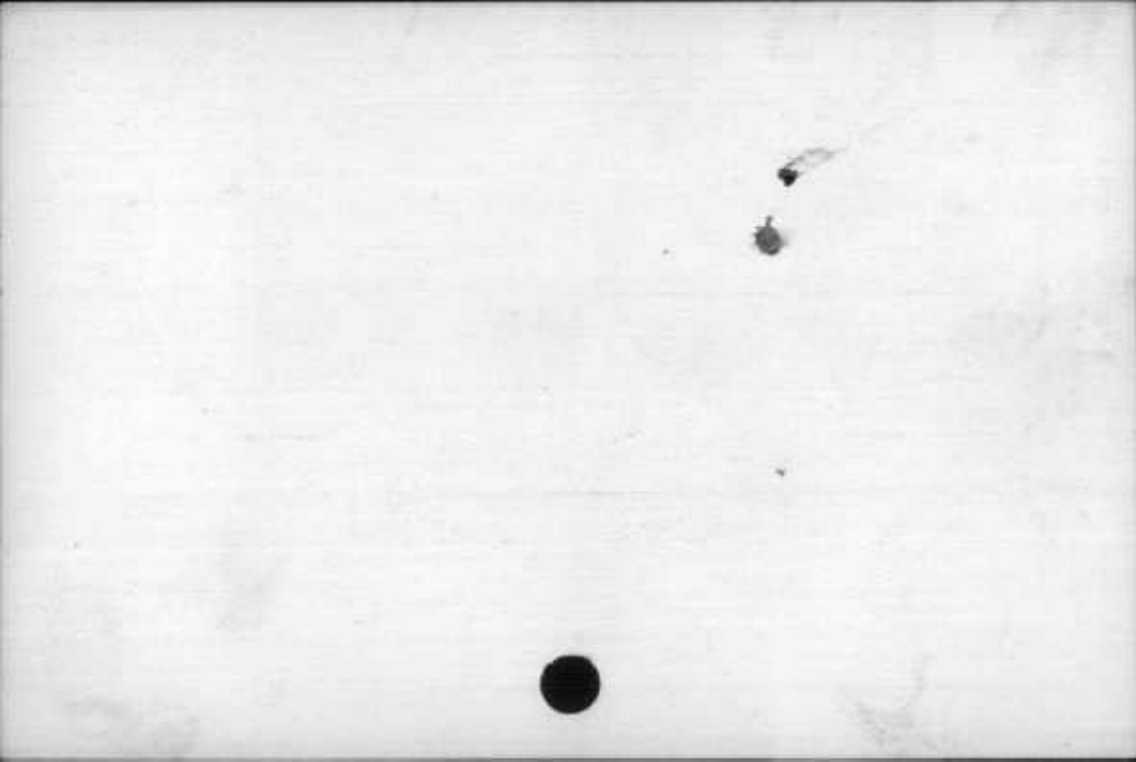
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Jefferson</i>		Town <i>Frederick</i>		County		MAYLAND	
Date of death	19 <i>90</i>	Month <i>June</i>	Day <i>6</i>	Age	Years <i>67</i>	Months <i>11</i>	Days <i>19</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>md</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>widowed</i>		Name of Wife or Husband				
Father's Name	<i>David Hale</i>				Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Elizabeth A. Miller</i>				Mother's Birthplace	<i>md</i>	
Name of person giving information	<i>Mrs. Fannie Sulzer</i>				How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

*NO*PHYSICIAN
OR CORONER

Primary	<i>Chronic Bright's Disease</i>		How long	<i>for years</i>
Immediate	<i>General Dropsy</i>		How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>A. J. Smith</i>
			Address	<i>Jefferson</i>
				<i>md</i>
Accident or Suicide?	<i>X</i>			



Name
in
Full

Henry M. Norris

CERTIFICATE OF DEATH

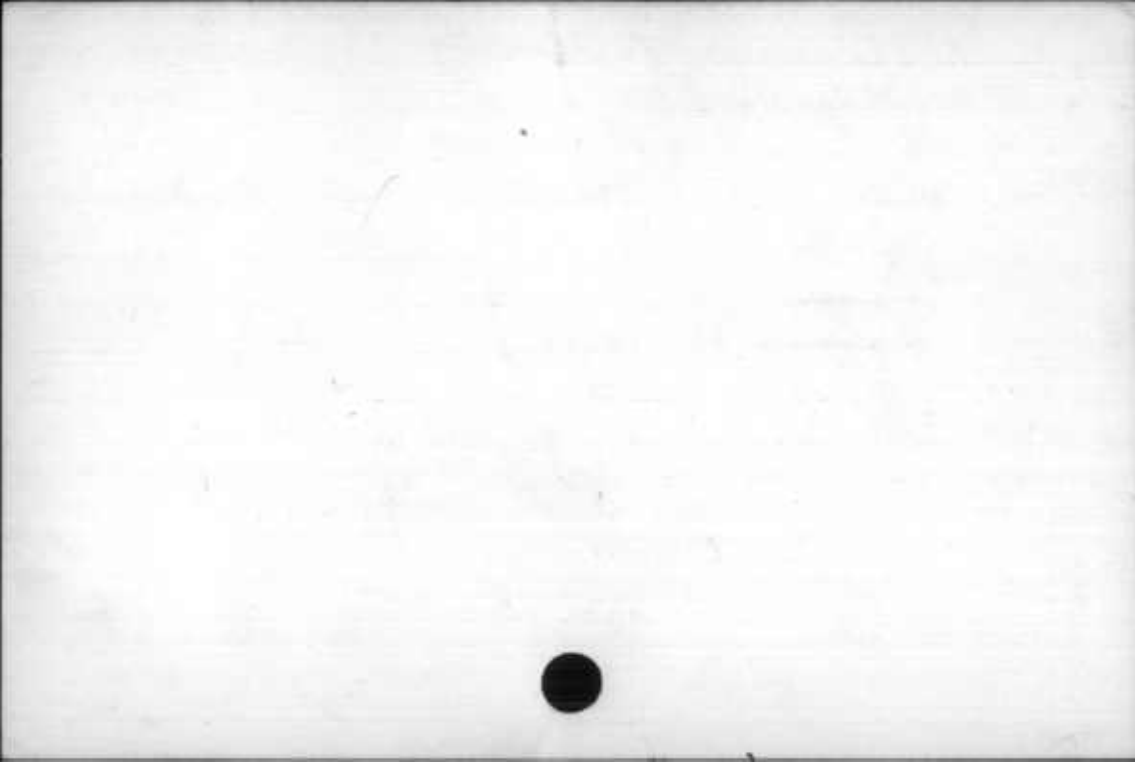
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Pleasant ^{County} Frederick MARYLAND
 Date of death 1900 June 30 Age 76 Months 5 Days 23
 Sex Male Color or Race White Birth place Frederick Co.
 Occupation _____ Where Residing if not at place of death _____
 Married, Single or Widowed Single Name of Wife or Husband _____
 Father's Name John Norris Father's Birthplace Frederick Co.
 Mother's Maiden Name Ann McElfresh Mother's Birthplace Frederick Co.
 Name of person giving Information Mrs. Barrick How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Catarrhal Gastritis How long 79 days
 Immediate Cardiac Insufficiency How long 38 hours
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician E. P. Hillard M.D.
 Address [Redacted] Mt. Pleasant Frederick Co. Md.
 Accident or Suicide



Name
in
Full

William H. Nusz

CERTIFICATE OF DEATH

Town

County

Died at *Mountain Hospital, Frederick*

MARYLAND

Date
of death

19*60*

Month

June

Day

3rd

Age

Years

48

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Frederick

Occupation

Painter

Where Residing if not
at place of death

"

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

James H. Nusz

Father's
Birthplace

Frederick Co

Mother's
Maiden Name

Rochel Richards

Mother's
Birthplace

Shookston

Name of person giving
Information

Mr. Jas. H. Nusz

How related
to deceased

CAUSES OF DEATH

(64)

Primary

Cerebral Hemorrhage

How long

6 hours

Immediate

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

Signature of
Physician

J. P. Fahmy MD

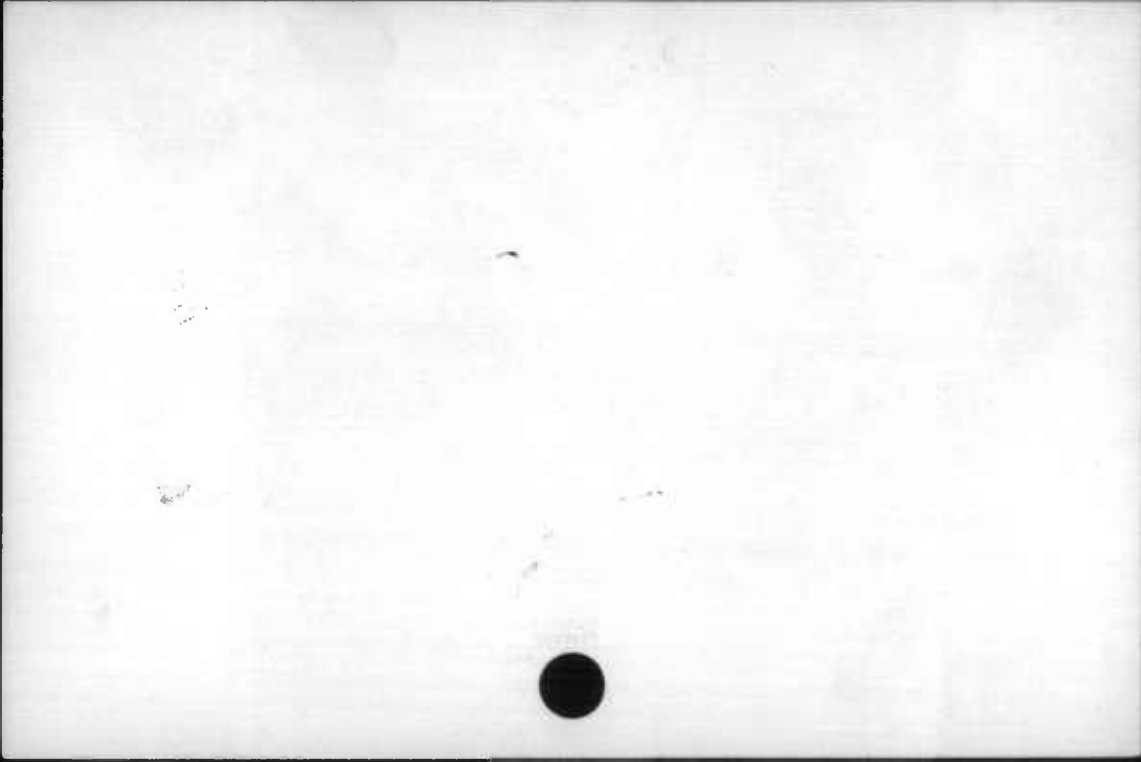
Address

per F. A. (Charles) ...

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full

Mary Briggs Iron Bridge

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Iron Bridge Town Iron Bridge County " MARYLAND

Date of death 1910 June Month 23 Day Age 77 Years Months 3 Days 10

Sex Female Color or Race White Birth-place MD

Occupation Retired Where Residing if not at place of death X

Married, Single or Widowed Widow Name of ~~Wife~~ Husband Phemous S. Briggs

Father's Name Charles Wood Father's Birthplace Frisco Tex. Md.

Mother's Maiden Name Mary Dayton Mother's Birthplace " " "

Name of person giving information S. S. Briggs - M.D. How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Apoplexy How long 24 hours

Immediate Spontaneous Thrombosis How long —

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

Signature of Physician S. S. Maynard

Address 17 Queen St W

Frisco Tex. Md.

Accident or Suicide —



Name
in
Full

Ellen Runkles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

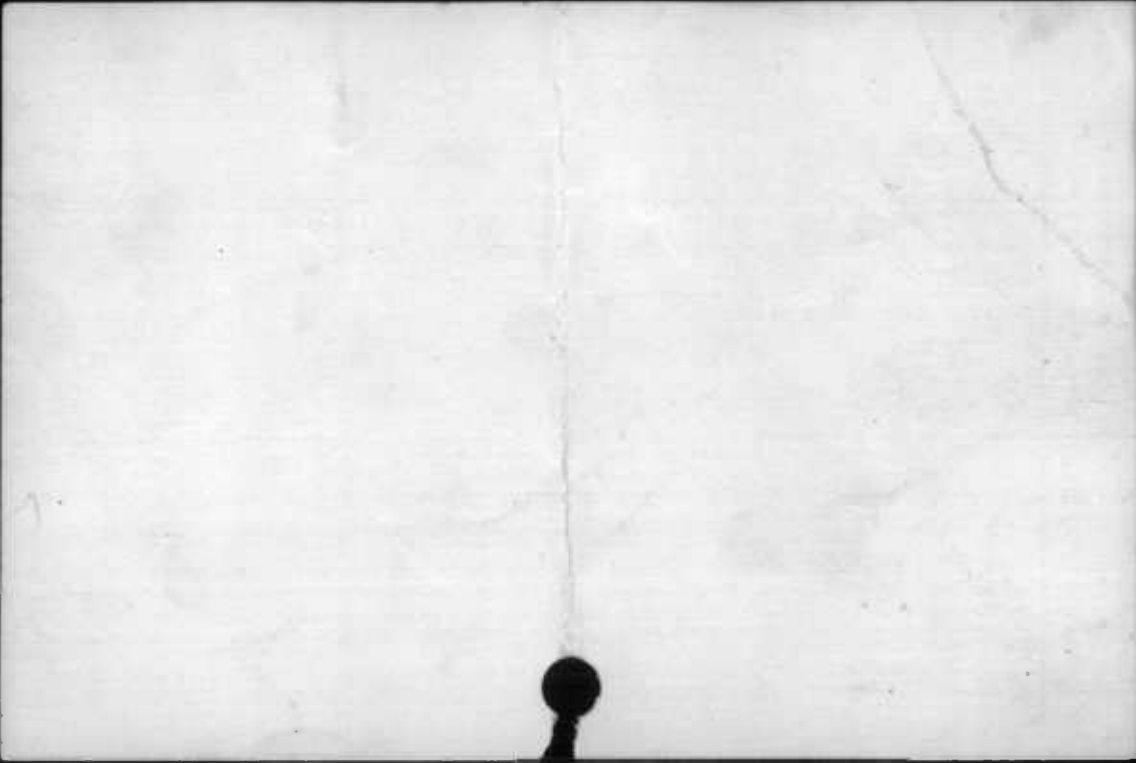
U

Died ^{Town} near Mt Airy		County Frederick		MARYLAND	
Date of death 1940	Month June	Day 5	Age 74	Months	Days
Sex Female	Color or Race White American		Birth-place Frederick Co.		
Occupation Retired			Where Residing if not at place of death		
Married, Single or Widowed Widowed	Name of Wife or Husband Basil Runkles				
Father's Name - Mutter	Father's Birthplace Fredk Co.				
Mother's Maiden Name Unknown	Mother's Birthplace				
Name of person giving information Geo Runkles	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart disease	How long 79	How long 3 months
Immediate Heart disease		How long Sudden
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Wm E. Javer	
	Address Mt Airy Md	
Accident or Suicide?		



Name
in
Full

Suzi Louts Shivers

CERTIFICATE OF DEATH

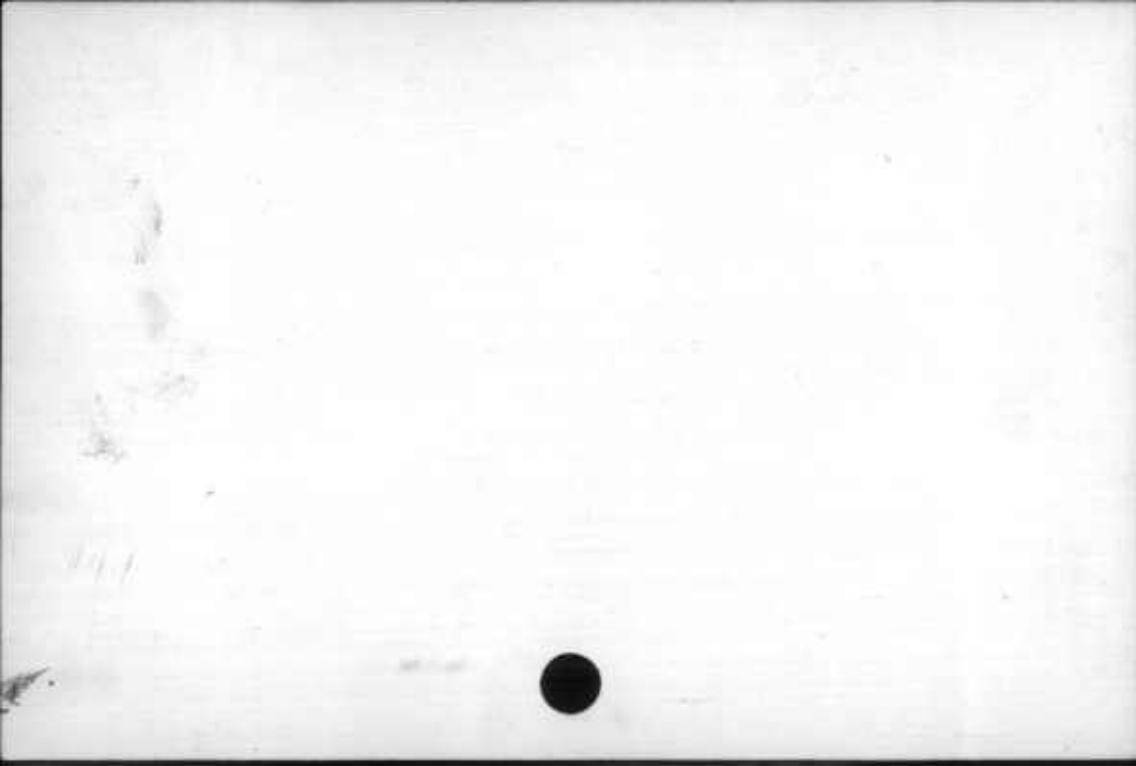
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princetonville</i> <small>Town</small>		<i>Fredrick</i> <small>County</small>		MARYLAND	
Date of death 19 <i>60</i>	<i>June</i> <small>Month</small>	<i>21</i> <small>Day</small>	Age <i>65</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>10</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>Isaac Louts</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Cathryn Egaves</i>	Mother's Birthplace				
Name of person giving Information <i>Albie Shivers</i>	How related to deceased <i>Daughter.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infermitis of eye</i>	How long <i>10</i>
Immediate <i>Influenza & Pneumonia with exhaustion</i>	How long <i>Eight weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. S. Peare M.D.</i>
	Address <i>Princetonville Md.</i>
Accident or Suicide	<i>X</i>



Name
in
Full

Emma R. Shull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fredrick ^{Town} Hartwood ^{County} **MARYLAND**

Date of death 1940 Month 6 Day 22 Age 31 Years Months 11 Days 28

Sex Female Color or Race White Birth-place Fred Co.

Occupation Housewife Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband David A Shull

Father's Name Bing F. Binton Father's Birthplace Fred Co.

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving Information David Shull How related to deceased Husband

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Thrown from buggy How long June 19th

Immediate fall on head Concussion of Brain and Shock How long 30 days

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

Signature of Physician F. H. Hedger

Address Fredrick

Accident or Suicide



Name in Full

Simmons Robert

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Place of Birth ^{town} Frederick ^{County} Frederick MARYLAND

Died at ^{Monterey Hospital} Frederick
Date of death 1980 6 29 Age 80 + Months + Days +

Sex Male Color or Race White Birth-place Frederick

Occupation Plasterer Where Residing if not at place of death Burkittsville Md

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

Father's Name Don't know Father's Birthplace

Mother's Maiden Name Don't know Mother's Birthplace

Name of person giving Information J.R. Rorley How related to deceased None

CAUSES OF DEATH

Primary General Exhaustion 189 How long

Immediate Asthma How long Some days

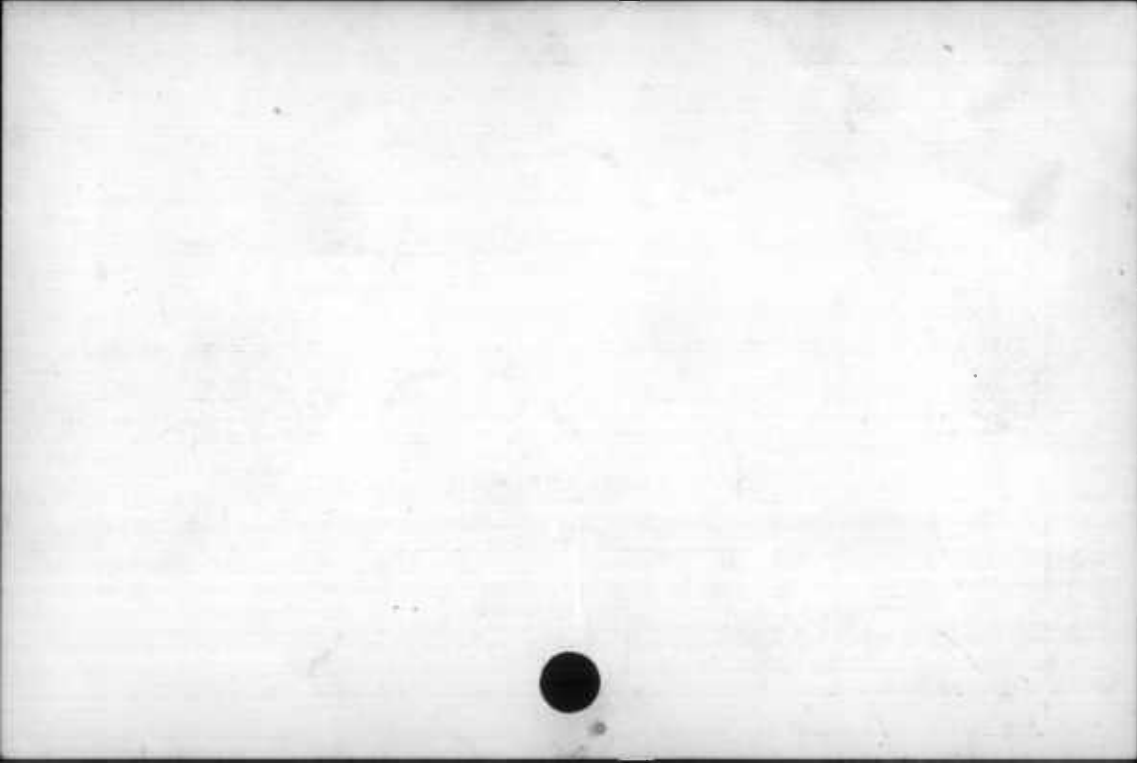
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Harry P. Fabrey, M.D.

Address Frederick Md

Abandon or Suicide

PHYSICIAN OR CORONER



Name
in
Full

Barbara Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at Essexfield Town Fred. 2nd County MARYLAND

Date of death 1900 0 06 Month 18 Day 69 Age 69 Year 6 Months — Days —

Sex Female Color or Race White Birth-place Foxville

Occupation none Where Residing if not at place of death Essexfield

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

Father's Name William Jones Father's Birthplace Foxville

Mother's Maiden Name Not Known Mother's Birthplace Not Known

Name of person giving Information Frank Smith How related to deceased Son

CAUSES OF DEATH

Primary Chronic Brights 120 How long 2 yrs

Immediate 1 How long 2 yrs

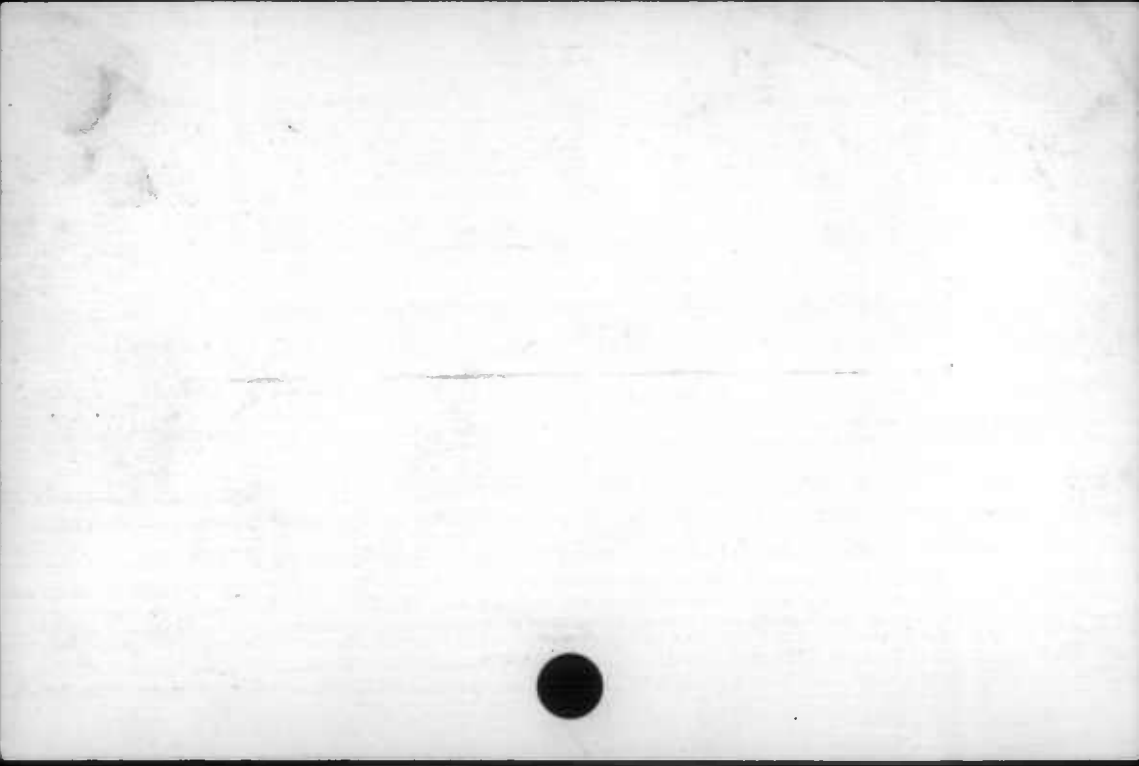
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. W. H. Jones
Smithsburg
Maryland



Name
in
Full

Oliver Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

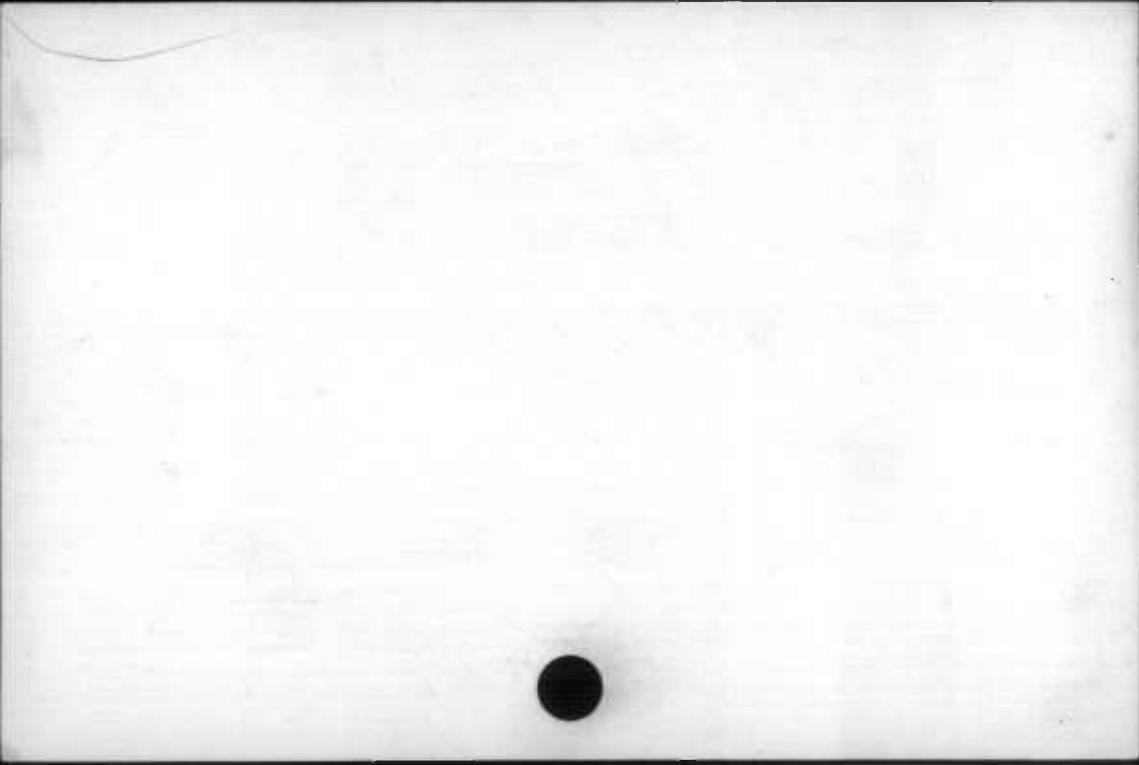
✓

Died at <u>Montevue</u>		County <u>Frederick</u>		MARYLAND	
Date of death <u>19010</u>	Month <u>6</u>	Day <u>2</u>	Age <u>65</u>	Years <u>—</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>MD</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Rebecca Weesh</u>				
Father's Name <u>Wm</u>	Father's Birthplace <u>Wm</u>				
Mother's Maiden Name <u>Wm</u>	Mother's Birthplace <u>Wm</u>				
Name of person giving information <u>Supr Montevue Hospital</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

Primary <u>Coronary Arteriosclerosis</u>	How long <u>years</u>
Immediate <u>General weakness</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>N. P. Fulmer M.D.</u>
	Address <u>Frederick Md</u>
Accident or Suicide	<u>X</u>

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John F. Wickless

Town

County

MARYLAND

Died at Frederick

Fredericks

Date

of death

1960

Month

6

Day

11

Age

Years

0

Months

2

Days

12

Sex

Male

Color or
Race

White

Birth-
place

Fredericks

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Anthony F. Wickless

Father's
Birthplace

F. Co. Md

Mother's
Maiden Name

Lillian Ohman

Mother's
Birthplace

Conn.

Name of person giving
Information

A. F. Wickless

How related
to deceased

Father

CAUSES OF DEATH

Primary

Congenital Syphilis

How long

6 months

Immediate

Enterocolitis

How long

48 hours

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

yes

Signature of
Physician

Address

H. H. Hager
Frederick

Accident or Suicide

No,

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment June 12 - 1910

" at St. John's Cemetery

Thomas P. Rice F. D.

Dr Hedges

Dr McCarthy

Name
in
Full

Easia Trayer Wood

No. 11
CERTIFICATE OF DEATHDied at ^{Near.} New Market Frederick County

MARYLAND

Date
of death 190

Month

6

Day

24

Years

Age 40

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

New Market

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Harry Wood

Father's
Name

Mortimore P. Trayer

Father's
Birthplace

New Market

Mother's
Maiden Name

Annie A. Folly

Mother's
Birthplace

Mc. Keg

Name of person giving
Information

Harry Wood

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Peritonitis

How long

48 hrs.

Immediate

Cardiac Arteriosclerosis

How long

24 hrs.

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

B. O. Thomas M.D.

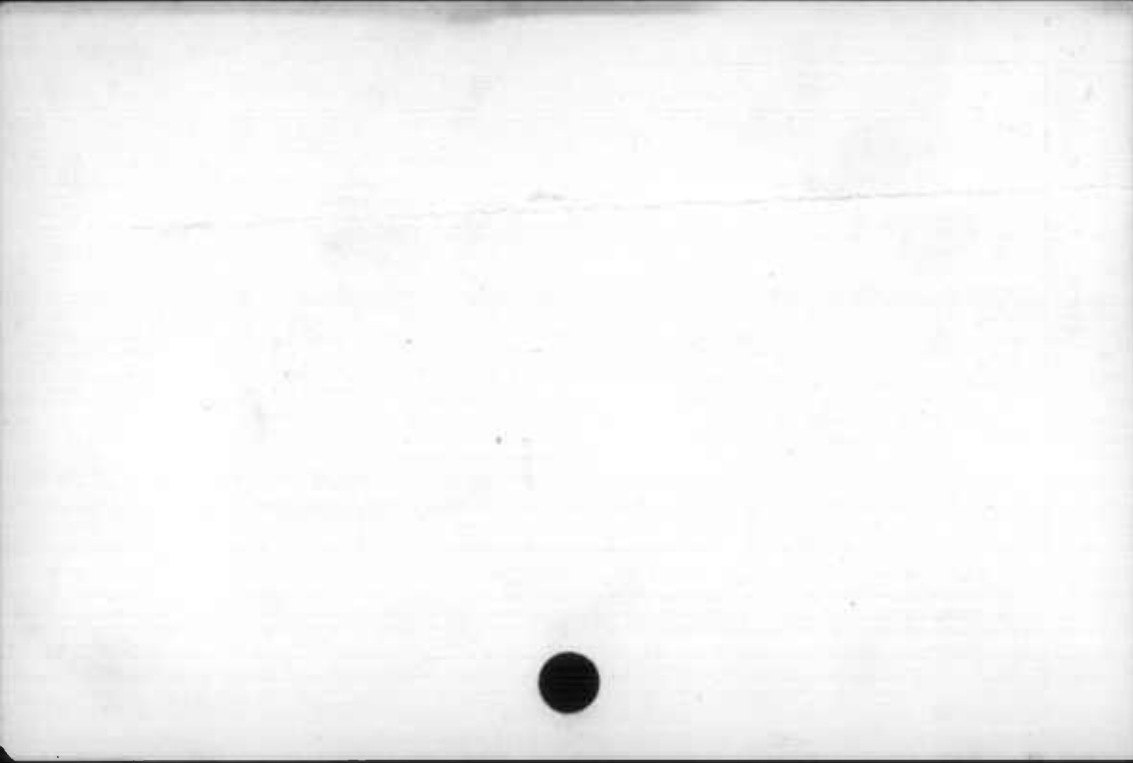
Address

Frederick

Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

An unnamed infant Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Diad at ^{Town} Frederick ^{County} Frederick MARYLAND

Date of death 1900 ^{Month} June ^{Day} 6 Age ^{Years} 0 ^{Months} 0 ^{Days} 10

Sex Male Color or Race White Birth-place Frederick, Md.

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

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

Father's Name Ernest Young Father's Birthplace Frederick

Mother's Maiden Name Edith Hale Mother's Birthplace Frederick

Name of person giving information Ernest Young How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Premature Birth How long

Immediate Premature Birth (at 7 months) How long

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

Signature of Physician T. B. Johnson Address Frederick, Md.

Accident or Suicide

Handwritten marks: a large 'S' in a circle, 'H', and 'B'.



Name
in
Full

Catharine Susanna Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Man Park Hills</u> ^{Town}		<u>Frederick Co.</u> ^{County}		MARYLAND	
Date of death <u>1901</u>	Month <u>June</u>	Day <u>2</u>	Age <u>57</u>	Months <u>6</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Frederick Co.</u>		
Occupation			Where Residing if not at place of death <u>Frederick Co.</u>		
Married, Single or Widowed <u>Widowed</u>	Name of Wife Husband <u>William Frank</u>				
Father's Name <u>Henry Zimmerman</u>			Father's Birthplace <u>Frederick Co.</u>		
Mother's Maiden Name <u>Susanna B. Whitmore</u>			Mother's Birthplace <u>Frederick Co.</u>		
Name of person giving information <u>Son. W.H. Frels</u>			How related to deceased <u>Son.</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Senility</u>	How long <u>Unknown</u>	
	Immediate <u>Valv. Heart Disease</u>	How long <u>Unknown</u>	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Robert W. Stone</u>	
		Address <u>Admeton</u>	
Accident or Suicide			<u>no.</u>

