

Name  
In  
Full

Frederick L. Bestman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

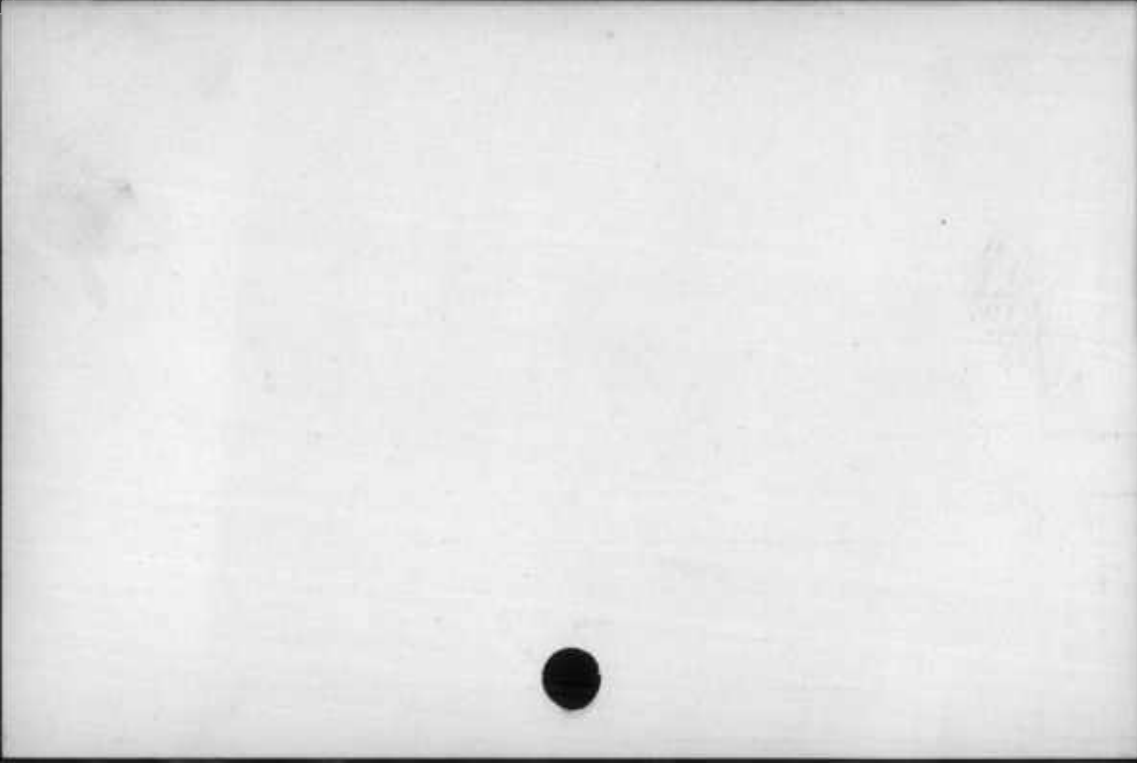
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Died at <sup>Town</sup> <i>Grantville</i>		<sup>County</sup> <i>Garrett</i>		MARYLAND	
Date of death	1910	Month	<i>June</i>	Day	<i>15</i>
Age	<i>4</i>	Years	<i>4</i>	Months	<i>15</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	Where Reading if not at place of death				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Edward Bestman</i>	Father's Birthplace	<i>Pa</i>		
Mother's Maiden Name	<i>Ella N. Swauger</i>	Mother's Birthplace	<i>Md</i>		
Name of person giving information	<i>Ed. Bestman</i>	How related to deceased	<i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Abscess on head (66)</i>	How long	<i>3 mo.</i>
Immediate	<i>Paralysis</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Local Board of Health</i>
	<i>No</i>	Address	<i>J. D. Miller Grantville, Md.</i>
Accident or Suicide?	<i>No</i>		



Name  
in  
Full

Claude R Coddington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Friendsville</i> <small>Town</small>		<i>Garrett</i> <small>County</small>		MARYLAND			
Date of death	<i>1900</i>	Month	<i>June</i>	Day	<i>20th</i>	Age	<i>10</i>
Sex	<i>male</i>		Color or Race	<i>White</i>		Months	<i>9</i>
Occupation	<i>Farm work</i>		Birth-place	<i>Maryland</i>			
Married, Single or Widowed	<i>Single</i>		Where Residing if not at place of death				
Father's Name	<i>E. M. Coddington</i>		Name of Wife or Husband				
Mother's Maiden Name	<i>Addie Friend</i>		Father's Birthplace	<i>Md</i>			
Name of person giving Information	<i>E. M. Coddington</i>		Mother's Birthplace	<i>W. Va</i>			
			How related to deceased	<i>Father</i>			

## CAUSES OF DEATH

169

PHYSICIAN  
OR CORONER

Primary	<i>Fell in Bear creek and drowned no person present except a</i>	How long	
Immediate	<i>small boy, who gave the alarm. Body recovered next day</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. H. Friend. Local Board Health</i>
		Address	<i>Friendsville Md</i>
Accident or Suicide	<i>Accident</i>		

Swindell's cemetery

No. 3

Dear Mr. V. F. Fenn

Name  
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

by *Bilbert Gulp* Town *near Red Oak* County *Garrett* MARYLAND

Died at *near Red Oak* *Garrett*

Date of death 1902 Month *June* Day *20* Age *—* Years *—* Months *3* Days *24*

Sex *Male* Color or Race *White* Birth-place *Garrett Md.*

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

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

Father's Name *John Gulp* Father's Birthplace *Elk hart Md.*

Mother's Maiden Name *Luella Hill* Mother's Birthplace *W Va*

Name of person giving information *John Gulp* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Congenital weakness* How long *Since birth*

Immediate *Exhaustion* How long *Same*

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

Address *[Redacted]*

Accident or Suicide *X*

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Name in Full		Morgaret Yutzey						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND			
	Date of death		Month	Day	Age	Years	Months	Days		
	Sex		Color or Race		Birth-place		Blk't Lyona			
	Occupation				Where Reading if not at place of death					
	Married, Single or Widowed			Name of Wife or Husband						
	Father's Name				Father's Birthplace		Land to rd			
	Mother's Maiden Name				Mother's Birthplace		Mt. P. Md			
Name of person giving information				How related to deceased		Father				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary				How long		6 mo			
	Immediate				How long		month			
	Are the name, age, sex, color, date and place correctly given?				Signature of Physician		M. C. Duval			
					Address		Lond			
Accident or Suicide?										





Name  
in  
Full

Bessie Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Jennings		County Garrett		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
18	June	18	Novel.		1	16	
Sex	Color or Race	Birth-place					
Girl	White	Jennings					
Occupation	Where Reading if not at place of death						
Infant	Jennings						
Married, Single or Widowed	Name of Wife or Husband						
Infant	Infant						
Father's Name	Father's Birthplace						
Wm. Mason	Jennings						
Mother's Maiden Name	Mother's Birthplace						
Jane Backhauler	Blowing Rock						
Name of person giving in formation	How related to deceased						
Sol. Huntwork	None						

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Branchitis Acute Neck.	How long	7 days	
	Immediate	Branchio-Pneumonia	How long	24 hours.	
	Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	H. J. Robinson	
			Address	Grantville	
	Accident or Suicide?	no		Md.	



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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Margaret E. Mason*

Town *Oakland* County *Yerrett* MARYLAND

Died at *Oakland*

Date of death *1910* Month *June* Day *14* Age Years *65* Months *6* Days *29*

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

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

Married, Single or Widowed *Married* Name of Wife or Husband *George M. Mason*

Father's Name *James Longbridge* Father's Birthplace *Ireland*

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

Name of person giving information *Lee Mason* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Carcinoma (previously) (secondary) bladder 14 years* How long

*Carcinoma faucis, liver*

Immediate *Atherosclerosis*

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

Signature of Physician *J. J. Seagrave*

Address *Oakland*

Accident or Suicide?

James H. Belcher

Name  
In Full

Maudie F. Moor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stitzmiller</i> Town		<i>Garrett</i> County		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1910</i>	<i>6</i>	<i>3</i>	<i>53</i>	<i>1</i>	<i>23</i>
Sex	Color or Race	Birth-place			
<i>Female</i>	<i>White</i>	<i>Virginia</i>			
Occupation	Where Residing if not at place of death				
<i>House Wife</i>	<i>Stitzmiller Md</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>married</i>	<i>Eugene Moore</i>				
Father's Name	Father's Birthplace				
<i>Thomas Johnson</i>	<i>VA</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Marie</i>	<i>VA</i>				
Name of person giving information	How related to deceased				
<i>Eugene Moore</i>	<i>Husband</i>				

CAUSES OF DEATH

*189 A*

PHYSICIAN  
OR CORONER

Primary	<i>unknown</i>	How long	<i>4 days</i>
Immediate	<i>Heart failure</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. P. Copleand M.D.</i>
		Address	<i>Stitzmiller Md</i>
			<i>Ch. L. Lee Sub Reg.</i>
Accident or Suicide?			



Name

In Full

Daniel J. Raley

CERTIFICATE OF DEATH

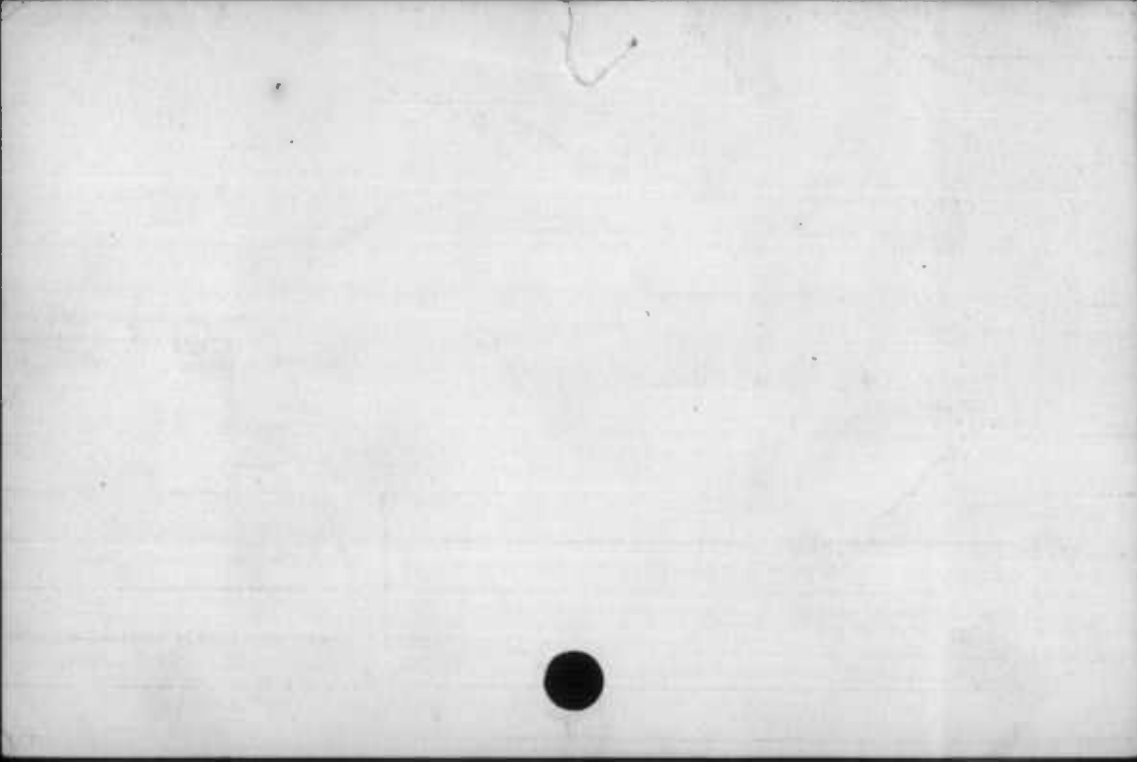
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kitzmiller</i> Twpn <i>Garrett</i> County		MARYLAND	
Date of death	19 <i>10</i> June	Age	<i>2</i>
Sex	<i>male</i>	Color or Race	<i>white native</i>
Occupation		Birth-place	<i>Kitzmiller</i>
Married; Single or Widowed	<i>single</i>	Name of Wife or Husband	
Father's Name	<i>Daniel J. Raley</i>	Father's Birthplace	<i>Pa.</i>
Mother's Maiden Name	<i>Nelva Sullivan</i>	Mother's Birthplace	<i>Pa.</i>
Name of person giving information	<i>Dan. J. Raley</i>	How related to deceased	<i>father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheritic croup</i>	How long	<i>4 days</i>
Immediate	<i>Asphyxia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. P. Copelan</i>
Accident or Suicide?		Address	<i>Kitzmiller Md</i> <i>P. O. Lee Sub. Reg.</i>





Name  
in  
Full

Sarah M. Shank

CERTIFICATE OF DEATH

Died near <u>Egdon</u> <sup>Town</sup>		<u>Preston</u> <sup>County</sup>		<u>W. Va.</u> MARSH	
Date of death	<u>1900</u>	Month	<u>June</u>	Day	<u>19</u>
Age	<u>42</u>	Years	<u>8</u>	Months	<u>18</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Larrett, Ind.</u>
Occupation	<u>Farmer</u>		Where Reared if not at place of death		
Married, Single or Widowed	<u>married</u>	Husband	<u>C. F. Shank</u>		
Father's Name	<u>Samuel Conaway</u>		Father's Birthplace	<u>Ind.</u>	
Mother's Maiden Name	<u>Jane Hitzmiller</u>		Mother's Birthplace	<u>Ind.</u>	
Name of person giving information	<u>C. F. Shank</u>		How related to deceased	<u>Husband</u>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Typhoid Fever</u>	How long	<u>21 days</u>
	Immediate	<u>Intestinal Hemorrhages</u>	How long	<u>5 times</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. W. Bucklew</u>
	Address	<u>Egdon W. Va.</u>	<u>Preston Co.</u>	
Accident or Suicide?				

Post Falltown,

Name  
in  
Full

Pearl Lacta Singer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

7

Died at <u>Henry</u> <small>Town</small>		<u>Barrett</u> <small>County</small>		MARYLAND	
Date of death	<u>1960</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>5</u> <small>Day</small>	Age <u>          </u> <small>Years</small>	<u>          </u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Henry</u>
Occupation			Where Reading if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<u>W. M. Singer</u>		Father's Birthplace	<u>Barrett Md</u>	
Mother's Maiden Name	<u>Hina M. Simms</u>		Mother's Birthplace	<u>Barrett Md</u>	
Name of person giving information	<u>W. M. Singer</u>		How related to deceased	<u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Causes known</u>	How long	<u>(189 ft)</u>	
	Immediate	<u>" "</u>	How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>(No physician)</u>	
			Address	●	
Accident or Suicide? <u>X</u>					

*Post factum*

Name  
in  
Full

Eli Stanton

CERTIFICATE OF DEATH

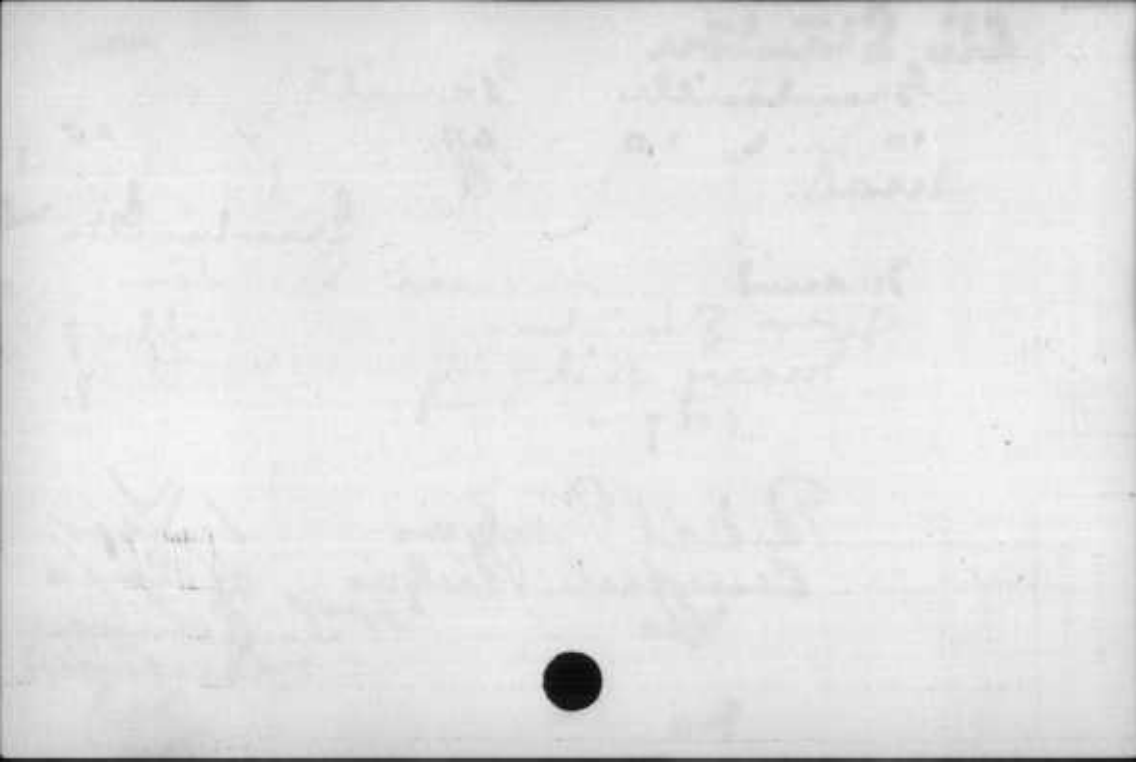
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Grantville		County Garrett		MARYLAND	
Date of death	1910	Month June	Day 20	Age	69	Years	Months 4
				Days	23		
Sex	male	Color or Race	white	Birth-place	Bettinger		
Occupation	Miller		Where Residing if not at place of death		Grantville		
Married, Single or Widowed	married	Name of Wife or Husband		Harriet Stanton			
Father's Name	Wm Stanton			Father's Birthplace	Bettinger		
Mother's Maiden Name	Mary Ridgely			Mother's Birthplace	Bettinger		
Name of person giving information	Edgar Stanton			How related to deceased	son		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	66 Partial Paralysis	How long	1 Year
	Immediate	Complile Paralysis	How long	4 day's
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. J. Robinson
			Address	Grantville Md
	Accident or Suicide?	no		

LIBRARY BUREAU 48319



Name in Full

Elizabeth Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>near</sup> <sup>Town</sup> Friendsville <sup>County</sup> Carroll MARYLAND

Date of death 1960 June 17 Age 79 Months 9 Days 9

Sex Female Color or Race White Birth-place W Va.

Occupation House work Where Residing if not at place of death

Married, Single or Widowed widow Name of Wife or Husband Robert Sterling

Father's Name Jacob Sisler Father's Birthplace W Va.

Mother's Maiden Name Margaret Beats Mother's Birthplace W Va.

Name of person giving Information John H Sterling How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Heart Dropsy How long 3 mo

Immediate Heart Failure How long

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

Signature of Physician A. Mason MD

Address Friendsville Md

Accident or Suicide

Blooming, Ross

Wm. H. Friend