

Name in Full

Charles B. W. Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Town *Hagerstown* County *wash* MARYLAND

Died at *Hagerstown*

Date of death 19*18* Month *6* Day *29* Age Years *18* Months *9* Days *15*

Sex *male* Color or Race *white* Birth-place *md.*

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

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

Father's Name *Amos H. Adams* Father's Birthplace *md.*

Mother's Maiden Name *Kellen E. Wagner* Mother's Birthplace

Name of person giving information *A. H. Adams* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Bright's Disease* How long *3 mos*

Immediate *Urasmic poisoning* How long *8 hours*

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

Signature of Physician *Stunffe AP*

Address *Hagerstown Md*

Accident or Suicide? *no*

J.M. Smith Esq

Name
in
Full

CERTIFICATE OF DEATH

Homer V. Barrow

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown		^{County} Wash		MARYLAND	
Date of death	1910	Month	6	Day	25
Age		Years	22	Months	—
Sex	male	Color or Race	white	Birth-place	Va.
Occupation	R.R. Employee		Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband		—	
Father's Name	John Barrow			Father's Birthplace	Va.
Mother's Maiden Name	Sallie Swartz			Mother's Birthplace	Va.
Name of person giving information	Hugh Barrow			How related to deceased	uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	R.R. Accident	How long	175
Immediate	Crushed Skull	How long	Instantaneous
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H.H. Orr
		Address	Hagerstown Md.
Accident	unintentional		

C. M. Sutton & Son

Name
In Full

Geo T Breakall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

g

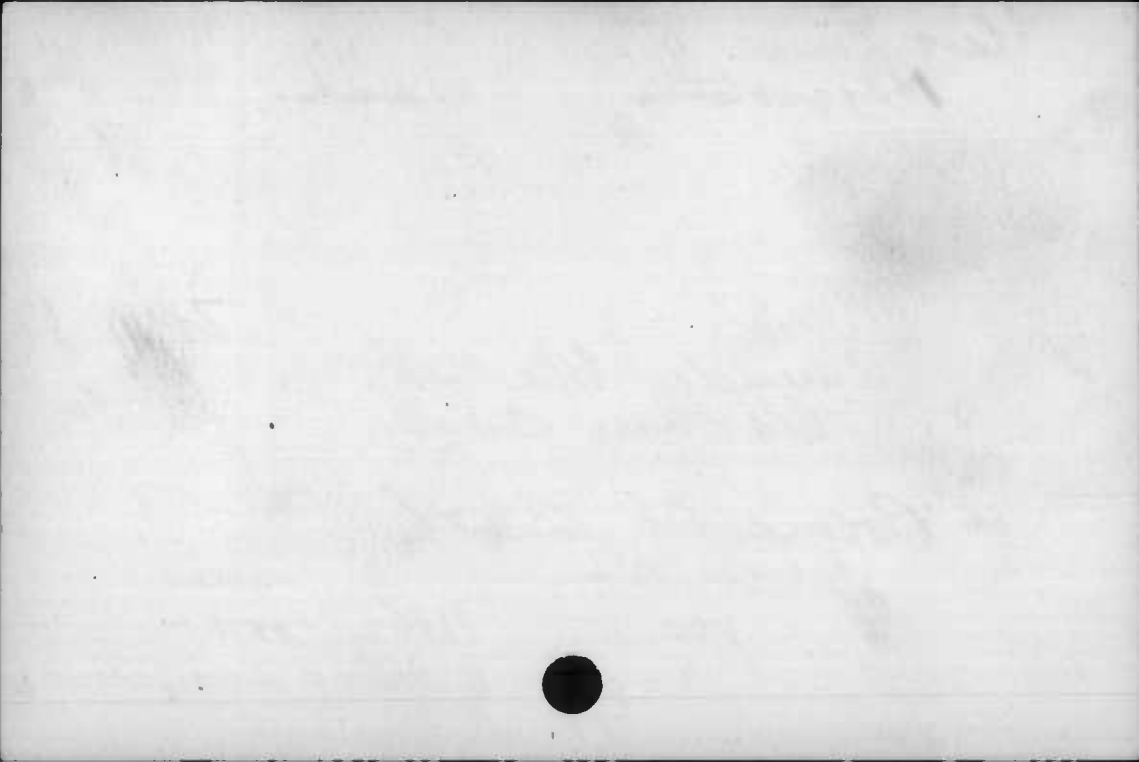
Died at <u>Hancock</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death 19 <u>60</u>	<u>June</u> <small>Month</small>	<u>8</u> <small>Day</small>	Age <u>0</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth place <u>Hancock</u>			
Occupation <u> </u>			Where Reading if not at place of death <u> </u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Sam Breakall</u>	Father's Birthplace <u>Pa</u>		Mother's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Caston</u>	Name of person giving information <u>Sam Breakall</u>		How related to deceased <u>Brother</u>		

CAUSES OF DEATH

89

PHYSICIAN
OR CORONER

Primary <u>Acute Bronchitis</u>	How long <u>7 days</u>
Immediate <u>Aspiration</u>	How long <u>1 Day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. A. West</u>
	Address <u>Hancock Md</u>
Accident or Suicide? <u>No</u>	



Clare Louise Brazler

TO BE ANSWERED BY NEAREST FRIEND

Died at Nagerstown ^{Town} Wash. ^{County} **MARYLAND**
 Date of death 10/06/13 ^{Month} 6 ^{Day} 13 ^{Age} — ^{Years} — ^{Months} — ^{Days} 10
 Sex female Color or Race white Birth place md.
 Occupation — Where Residing if not at place of death —
 Married, Single or Widowed single Name of Wife or Husband —
 Father's Name Clarence Brazler Father's Birthplace md.
 Mother's Maiden Name Amanda Gladhill Mother's Birthplace "
 Name of person giving information Clarence Brazler How related to deceased father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Premature Birth How long 9
 Immediate Insanition How long 10 des 15
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician W. B. Morrison
 Address Nagerstown, md.
 Accident or Suicide? —

L.M. Suter
Phy Sum

Name
in Full

Katie Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Clear Spring		Wash		MARYLAND	
Date of death		1920	June	30	Age	23	2 Months 26 Days
Sex	Female	Color or Race	negro	Birth-place	Md		
Occupation	Washing		Where Residing if not at place of death		Clear Spring		
Married Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Nathan Brooks		Father's Birthplace		Md		
Mother's Maiden Name	Matilda Poney		Mother's Birthplace		Md		
Name of person giving information	Matilda Brooks		How related to deceased		mother		

CAUSES OF DEATH

Primary	Acute Myelitis (63)	How long	6 1/2 on 21
Immediate	Exhaustion	How long	

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

Signature of Physician

Address

Accident or Suicide?

E. P. Mason
Clear Spring Md



100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100



100-1000

Name
in
Full

Henry Behrman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Smithsburg Washington

MARYLAND

Date
of death

1980

Month

June

Day

2

Age

Years

Months

Days

2 days

Sex

Male

Color or
Race

White

Birth-
place

Smithsburg Md

Occupation

none

Where Residing if not
at place of death

Smithsburg

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

none

Father's
Name

Emory B. Behrman

Father's
Birthplace

Foxville, W. Va.

Mother's
Maiden Name

Eld K. Kendle

Mother's
Birthplace

Foxville, W. Va.

Name of person giving
information

John Masters

How related
to deceased

Not at all

CAUSES OF DEATH

Primary

Meningitis

How long

2 days

Immediate

11

How long

2 days

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

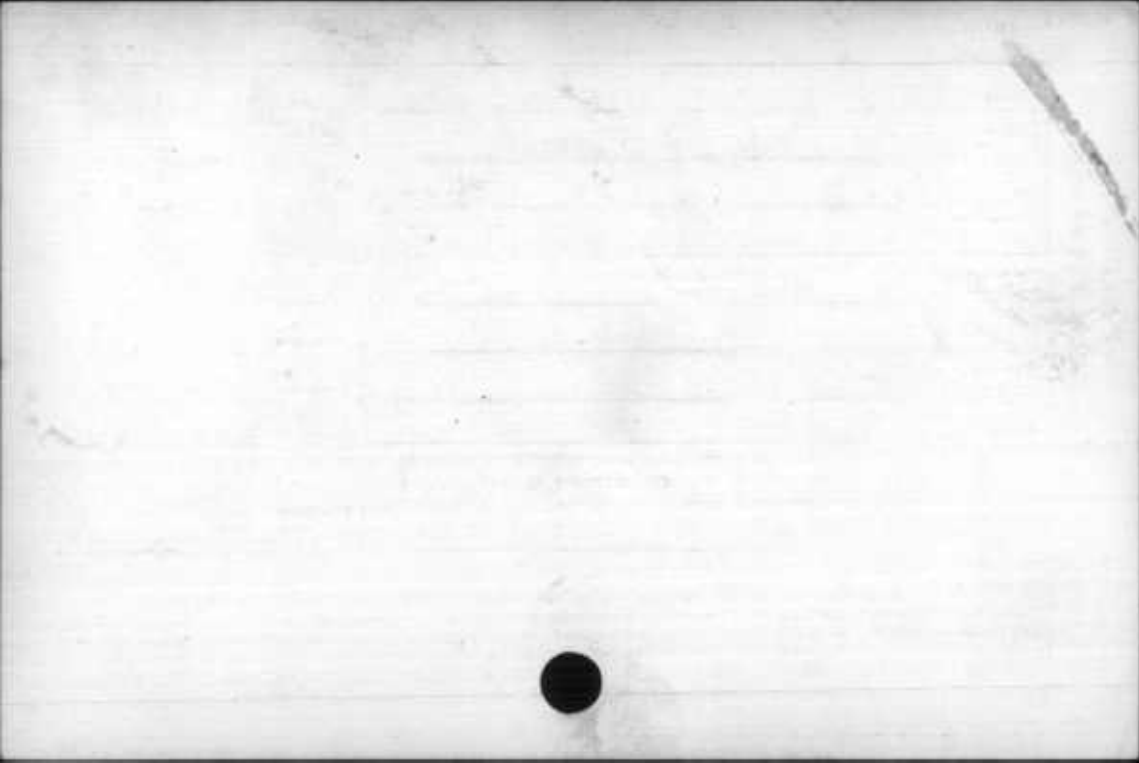
yes

Signature of
Physician

Dr. M. Kefauver

Address

Smithsburg,
Md.~~Accident~~ or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Wentzville</i> <small>Town</small>		<i>Washington</i> <small>County</small>			
Date of death	<i>1910</i>	Month	<i>6</i>	Day	<i>25</i>
Age	<i>32</i>	Years	<i>32</i>	Months	<i>10</i>
		Days	<i>2</i>		
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>M.d</i>
Occupation	<i>Carpenter</i>		Where Residing if not at place of death		
Married, Single or Widowed	<input checked="" type="checkbox"/>	Name of Wife or Husband <i>Grace Eaton</i>			
Father's Name	<i>John A. Leampbell</i>		Father's Birthplace	<i>Va</i>	
Mother's Maiden Name	<i>Martha A. Eastman</i>		Mother's Birthplace	<i>M.d</i>	
Name of person giving information	<i>Grace Leampbell</i>		How related to deceased	<i>Widow</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Chronic Nephritis</i>	How long	<i>2 Yrs</i>
	Immediate	<i>cardiac Asthma</i>	How long	<i>3 months</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. J. Yourtie</i>
			Address	<i>Brownsville</i>
	Accident or Suicide?	<input checked="" type="checkbox"/>		<i>M.d</i>

J. E. Newman & Son

Name
Full

Infant son of J. W. Craig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Indian Spring ^{Town} Washington ^{County} MARYLAND

Date of death 1900 ^{Month} June ^{Day} 18 ^{Age} — ^{Years} — ^{Months} — ^{Days} —

Sex Male Color or Race White Birth-place Indian Spring

Occupation — Where Reading if not at place of death

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

Father's Name J. W. Craig Father's Birthplace Pa

Mother's Maiden Name Ella Margaret Mother's Birthplace Pa

Name of person giving information J. W. Craig How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Congenital enlargement thyroid gland. How long 48

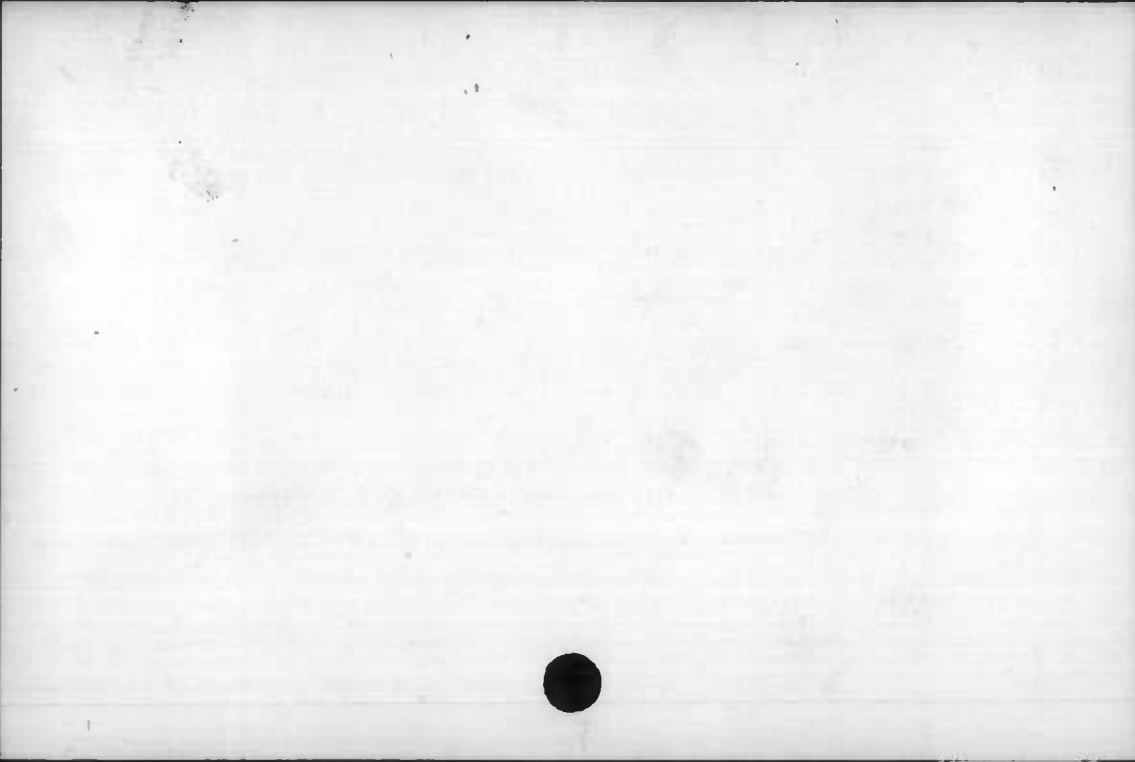
Immediate asphyxia How long —

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

Signature of Physician Theo. Bouse

Address Clear Spring, Md.

Accident or Suicide? —



Name
in
Full

Sarah Catharine Craig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	<u>1916</u>	Month	<u>6</u>	Day	<u>6</u>
Age	<u>52</u>	Years	<u>52</u>	Months	<u>-</u>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth place	<u>MD</u>
Occupation	<u>House work</u>		Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>Jacob Craig</u>		
Father's Name	<u>Henry Henderson</u>		Father's Birthplace	<u>Pa</u>	
Mother's Maiden Name	<u>unknown</u>		Mother's Birthplace	<u>-</u>	
Name of person giving information	<u>Martha King</u>		How related to deceased	<u>sister</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>66</u>	<u>4 days</u>
Immediate	<u>Cardiac failure</u>	How long	<u>4</u>	<u>hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>A. B. Wilson</u>	
Accident or Suicide?	<u>no.</u>	Address	<u>247-N. Jonathan St Hagerstown Md.</u>	

Dr Messrs
Essex
Row Hill

J. R. L. F. M.



Name
In Full

Ruby May Linder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i> <small>Month</small>		<i>June</i> <small>Day</small>	<i>2</i> <small>Age</small>	<i>3</i> <small>Years</small>	<i>1</i> <small>Months</small>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>	
Occupation <i>Child</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Harvey Linder</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Ida W Chapman</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Ida Linder</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i> <i>89</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>B. B. Williams</i>	
		Address <i>164 1/2 mt road</i>	
Absent or Suicide? <input type="checkbox"/>			

257 Kewham

Kew Hill
AK-6

J. K. Effman

Name in Full

Mary Elizabeth Cross

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *Hancock* ^{County} *Washington*

MARYLAND

Date of death 190 ^{Month} *June* ^{Day} *24* Age ^{Years} *37* ^{Months} *2* ^{Days} *—*

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

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

Married, Single or Widowed *Married* Name of Wife or Husband *John Cross*

Father's Name *Stephen L. Gost* Father's Birthplace *W Va*

Mother's Maiden Name *Rebecca Barker* Mother's Birthplace *Pa 1880*

Name of person giving information *Elizabeth Gost* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Tuberculosis* How long *1 yr 6 mo*

Immediate *Asphyxia* How long *2 days*

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

Signature of Physician *Edward J. ...*
Address *Hancock, Md.*

Accident or Suicide?



Name in Full


William H. Crowl

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Sharpsburg ^{County} Washington MARYLAND
 Date of death 1900 June 30 Age 81 Months 8 Days 16
 Sex male Color or Race white Birth-place ^{Near} Shepherdstown W. Va.
 Occupation Farmer Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband Eliza Crowl
 Father's Name Peter Crowl Father's Birthplace Frederick Co. Md.
 Mother's Maiden Name Mary Sharp Mother's Birthplace ^{Near} Martinsburg W. Va.
 Name of person giving Information Eliza Crowl ^{related to deceased} Wife

PHYSICIAN OR CORONER

CAUSES OF DEATH
 Primary Epithelioma (Cancer) How long 15 yrs.
 Immediata
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician G. W. Garrett
 Address  Sharpshury Ind.
 Accident or Suicide

Rev. S. Mearns
undertaker

Name
in Full

Alexis Donnelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Wash.</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i> <small>Year</small>	<i>6</i> <small>Month</small>	<i>21</i> <small>Day</small>	Age <i>66</i> <small>Years</small>	Months <i>5</i> <small>Months</small>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Ireland</i>			
Occupation <i>farmer</i>	Where Residing if not at place of death <i>Rouzerville, Pa.</i>				
Married, Single or Widowed <i>married</i>	Name of Wife <i>Mary Donnelly</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>F. E. Groves</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i> <i>Probably carcinoma of int.</i>	How long <i>?</i>
Immediate	<i>Intestinal obstruction</i>	How long <i>5 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>189A</i>	Signature of Physician <i>Begonia Wash, Jr.</i>
		Address <i>Hagerstown Md.</i>
Accident or Suicide?	<i>X</i>	

Rouzevie

Madame
L'Abbesse

F. E. Grou

Name
in
Full

Martha Doyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hancock Town Washington County **MARYLAND**
 Date of death 1900 Month June Day 21 Age 68 Years Months 7 Days 26
 Sex Female Color or Race White Birth-place Wash Co Md
 Occupation Wife Where Residing if not at place of death Died at Home
 Married, Single or Widowed Married Name of Wife or Husband J. J. Doyle
 Father's Name John H. Mosier Father's Birthplace Fred Co Md
 Mother's Maiden Name Catherine Penner Mother's Birthplace " " "
 Name of person giving Information J. J. Doyle How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis How long 9 days
heart-fail 66
 Immediate 66 How long 9 hours
 Age the name, age, sex, color, date and place correctly given above?
 Signature of Physician A. J. Remsburg MD
 Address Worferdsburg Pa
 Accident or Suicide

1941

1941



Name
is
Full

Unnamed child of Lola Fox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

X

Died at ^{Town} Hagerstown ^{County} Wash MARYLAND

Date of death 19/0 Month 6 Day 21 Age Years Months Days 10 hrs

Sex male Color or Race white Birth-place Md.

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Wm Hoovermill Father's Birthplace Md.

Mother's Maiden Name Lola Fox Mother's Birthplace W. Va.

Name of person giving information Lola Fox How related to decedent mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Inanition 17713 How long

Immediate Inanition How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W.D. Campbell,

Address Hagerstown,

Accident or Suicide? No, X Md.

J.M. Suter
H.A. Suter

Name
in
Full

Louisia J. Gower

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at <i>near</i> <i>Downsville</i>		County <i>Washington</i>		MARYLAND	
Date of death	Month <i>6</i>	Day <i>21</i>	Age <i>79</i>	Years <i>10</i>	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Washington Co.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Michael Gower</i>				
Father's Name <i>Richard Rowe</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Mrs. M. Gower</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Richard Gower</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>15-4</i>	<i>one year.</i>
Immediate <i>Exhaustion</i>	How long <i>3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. S. Richardson</i>	
	Address <i>Williamsport Md</i>	
Accident or Suicide <i>No.</i>		



Name
in
Full

Eda Florine Harbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagerstown* ^{Town} *Washington* ^{County} **MARYLAND**
 Date of death *1910* ^{Month} *6* ^{Day} *1* ^{Years} *50* ^{Months} *5* ^{Days} *11*
 Sex *Female* Color or Race *White* Birth place *MD*
 Occupation *Housewife* Where residing if not at place of death _____
 Married, Single or Widowed *Married* Name of Wife or Husband *Wm. W. Harbaugh*
 Father's Name *John Warner* Father's Birthplace *don't know*
 Mother's Maiden Name *don't know* Mother's Birthplace _____
 Name of person giving information *Wm. W. Harbaugh* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Acute Indigestion* How long *1 1/2 Hours*
 Immediate *Heart failure* How long *2 Hours*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *A. J. Mizeal*
 Address *Fruitstown Maryland*
 Accident or Suicide? *X*



Name
in
FullKnow Name ^{First} *Jonas Hill*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hagerstown* ^{Town} *Washington* ^{County} MARYLANDDate of death 1908 *June* ^{Month} *3* ^{Day} Age *—* ^{Years} *—* ^{Months} *—* ^{Days} *6*Sex *Female* Color or Race *Colored* Birth place *Hagerstown Md.*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Jonas Hill* Father's Birthplace *Jefferson Co*Mother's Maiden Name *Fatma Wesley* Mother's Birthplace *Morganstown Va*Name of person giving information *Jonas Hill* How related to deceased *Father*

CAUSES OF DEATH

Primary *myocardium* *189 A* How long *at Birth*Immediate *"* How long *"*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *A. P. Wilson*Address *2437 - Jonassville
Hagerstown Md.*Accident or Suicide *—*PHYSICIAN
OR CORONER

S. E. Fork

Name
In Full

Cliza A Hexon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hancock		County Washington		MARYLAND	
Date of death	1980	Month June	Day 16	Age	83	Years	Months —
Sex	Female		Color or Race	White		Birth-place	Wash Co
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	John Hexon			
Father's Name	Wm Craggen		Father's Birthplace	Wash Co			
Mother's Maiden Name	Mary Houtz		Mother's Birthplace	Wash Co			
Name of person giving information	Jerril Corn		How related to deceased	Daughter			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Valvular Heart Disease	How long	10 years
	Immediate	Abdominal Dropsy	How long	1 mo
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. A. West
			Address	Hancock
	Accident or Suicide?	No		MD



Name
in
Full

Catherine E. Hooser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bellever ^{Town} Washington ^{County} MARYLAND

Date of death 1960 June 4 ^{Month} ^{Day} ^{Years} 64 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Germany

Occupation House Keeper Where Residing if not at place of death Hagerstown

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

Father's Name Mr. Hooser Father's Birthplace Germany

Mother's Maiden Name Not known Mother's Birthplace "

Name of person giving Information Mrs Emma N. Baker How related to deceased Son

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Nephritis How long 2 yrs

Immediate Toxaemia How long 2 mos

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

Signature of Physician [Signature]

Address [Address]

Accident or Sulfida _____

J. K. Gorman
To Nichols & Co.

Name
in Full

Edgar Albert Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mapleville

County

Washington

MARYLAND

Date

of death 1930

Month

June

Day

15

Age

Years

—

Months

8

Days

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of death~~Married~~ Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Charles Jackson

Father's
Birthplace

Maryland

Mother's
Maiden Name

Corza M. Griffin

Mother's
Birthplace

Maryland

Name of person giving
Information

Charles Jackson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bacterial Pneumonia

How long

2 days.

Immediate

Collapse, Heart Failure

How long

Sudden

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

yes

Signature of
Physician

Address

J. Hulest Wade, M.D.
Poolesboro, Md.

Accident or Suicide

No

Bummy & Boat
Under the stars

Name
in
Full

Noah Francis Lawrence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown		^{County} Washington		MARYLAND							
Date of death	1910	Month	6	Day	8	Years	Age 63	Months	11	Days	5
Sex	Male		Color or Race	White			Birth-place	Pa			
Occupation	Carpenter			Where Reading if not at place of death			—				
Married, Single or Widowed	Married		Name of Wife or Husband	Florence Lawrence							
Father's Name	Michael Lawrence					Father's Birthplace	Pa				
Mother's Maiden Name	Mary Wilt					Mother's Birthplace	Pa				
Name of person giving information	Florence Lawrence					How related to deceased	Wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Ludi		How long	4 hours.		
Immediate	apoplexy		How long		
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Victor Miller, Jr		
			Address	Hagerstown, Md		
Accident or Suicide?	no					

Shuler

Coffman
Rose Hill

A. K. Coffman

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

John W. Lee

Died at ^{Town} Sharpsburg ^{County} Washington MARYLANDDate of death 1960 ^{Month} June ^{Day} 24 Age ^{Years} 75 ^{Months} 1 ^{Days} 27

Sex Male Color or Race Colored Birth-place Sharpsburg

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife - Eliza Lee Dec'd

Father's Name Levi Lee Father's Birthplace unknown

Mother's Maiden Name Miss Calaman Mother's Birthplace "

Name of person giving information Mrs. Ellen Malone How related to deceased Niece

CAUSES OF DEATH

Primary Paralysis How long Two days

Immediate

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. M. Gurott

Address Sharpsburg, Md.

Accident or Suicide? X

Chas. S. Nash
President

Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name is Full		Effie R Mason				CERTIFICATE OF DEATH	
Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death		19	Month 10	Day 6	Age	Years 46	Months 4 Days 24
Sex		Female		Color or Race		White	
Occupation		House work		Birth- place		Md.	
Married, Single or Widowed		Married		Name of Wife or Husband		William O Mason	
Father's Name		George Sargman		Father's Birthplace		Md.	
Mother's Maiden Name		Sarah Needy		Mother's Birthplace		Pa.	
Name of person giving in formation		William O Mason		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis (28)	How long	6 months	
	Immediate	Heart Failure	How long	1 week	
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
				Address Hagerstown, Md.	
Accident or Suicide?		✓			

Wagon
Rout Hill

New York

A. K. Hoffman

Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: *Audie E. Miller*

Died at *Hagerstown* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death: *10* ^{Month} *June* ^{Day} *2* ^{Years} *33* ^{Months} *9* ^{Days} *3-*

Sex: *Female* Color or Race: *White* Birth place: *MD*

Occupation: *House work* Where Residing if not at place of death: *C*

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

Father's Name: *John Miller* Father's Birthplace: *Pa*

Mother's Maiden Name: *Audie E. Young* Mother's Birthplace: *Pa*

Name of person giving information: *Mrs. Marten Bear* How related to deceased: *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: *Bright's Disease* ^{How long} *12w* *3 or 4 years*

Immediate: *Exhaustion* ^{How long} *2 days*

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

Signature of Physician: *A. P. Stauffer*

Address: *Hagerstown, Md*

Accident or Suicide? *No*

AK 6
Melakymu Pa

A. K. Hoffman

Name in Full

Edward Maxley

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Diad at ^{Town} Hancock ^{County} Washington MARYLAND

Date of death 1960 June 22 Age 61 Months 8 Days 14

Sex Male Color or Race colored Birth-place Wash Co. Md.

Occupation Laborer. Where Residing if not at place of death died at Home.

Married, Single or Widowed Widowed Name of Wife or Husband

Father's Name Not known Father's Birthplace No known

Mother's Maiden Name Delia Last Past not known Mother's Birthplace Unknown

Name of person giving Information Nora Maxley How related to deceased Daughter

PHYSICIAN OR CORONER

Dr. West

CAUSES OF DEATH

Primary Disease of Heart (79) How long 1 year

Immediate Dropsy How long 2 mo.

Are the name, age, sex, color, date end piece correctly given above? Yes

Signature of Physician J. A. West

Address Hancock Md

Accident or Suicide No



Name
in Full

David Franklin Nichols

CERTIFICATE OF DEATH

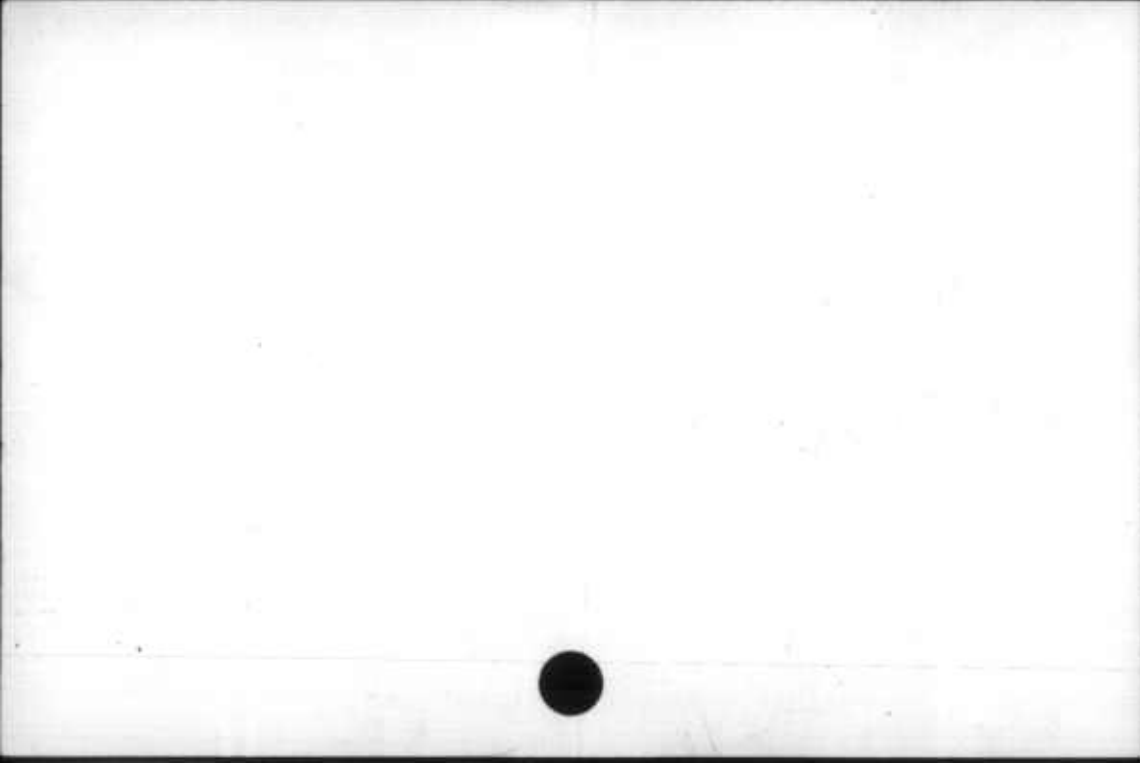
TO BE ANSWERED BY
NEAREST FRIENDDied at Brownsville Washington MARYLANDDate of death 190 6 6 Age 67 6 17Sex Male Color or Race White Birth-place W. VaOccupation Farmer Where Residing if not at place of death W. VaMarried, Single or Widowed Widowed Name of Wife or Husband Mary NicholsFather's Name George Nichols Father's Birthplace W. VaMother's Maiden Name Ellen Lancaster Mother's Birthplace W. VaName of person giving Information Lucil. J. Nichols How related to deceased Son

CAUSES OF DEATH

Primary Rheumatism, chronic How long 66 YearsImmediate Hemiplegia, L. Side How long 10 daysAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. J. YountewAddress BrownsvilleM. D.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
is
Full

Cora Pendleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 19 10 6 2 Age 40 Months — Days —

Sex Female Color or Race Colored Birth-place Va

Occupation Housework Where Reading if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Anthony Pendleton

Father's Name Andrew Davis Father's Birthplace Va

Mother's Maiden Name unknown Mother's Birthplace Va

Name of person giving information Laura Rosemary How related to deceased Sister

CAUSES OF DEATH

Primary Filimonous Bronchitis How long about 2 years

Immediate Suffocation How long about 2 hours

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

Signature of Physician A. B. Wilson

Address 243 - N. Jonathan St
Hagerstown Md.

Accident or Suicide? no

Colpococcus
Pine tree

A. K. Johnson

Name Full

CERTIFICATE OF DEATH

Mary Gillian Reeder

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} <i>Hoyettes</i>		County <i>Washington</i>		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
<i>1910</i>	<i>6</i>	<i>14</i>	<i>—</i>	<i>—</i>	<i>1</i>	<i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Child</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>Jacob Reeder</i>			Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Mollie Gouvancker</i>			Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Mollie Reeder</i>			How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Obvial Meningitis</i>	How long	<i>4 days</i>
Immediate	<i>Respiratory Failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
No		Signature of Physician <i>Dr. Magowan</i>	
Accident or Suicide? <i>No</i>		Address <i>Queenstown MD</i>	

Dr. McQuinn

Essex

Boston

A. K. Johnson

Name
in
Full

Esper - Shoop.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagers town* Town *Washington* County MARYLAND
Date of death 19*40* Month *June* Day *10* Age *2* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Hagers town*

Occupation _____ Where Residing if not at place of death *Hagers town*

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

Father's Name *Clifford H. Shoop* Father's Birthplace *Mt. Elna Md.*

Mother's Maiden Name *L. Lorraine A. Mowers* Mother's Birthplace *Esma.*

Name of person giving Information *Clifford H. Shoop* How related to deceased *Father*

CAUSES OF DEATH

Primary *Premature Birth*

151B
How long

Immediate *Free Burn*

How long

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

Signature of Physician *H. L. Linnley, M.D.*
Address *Hagers town, Md.*

PHYSICIAN
OR CORONER

Accident or Suicide

S.K. Johnson

Name
in
Full

Jeremiah Shuck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

G

Died at		State ^{Town} <i>Line</i>		County <i>Washington</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>June</i>	Day <i>11</i>	Age	Years <i>83</i>	Months <i>7</i>	Days <i>16</i>
Sex	<i>M</i>		Color or Race	<i>W</i>		Birth-place	<i>Pa</i>
Occupation	<i>retired farmer</i>		Where Residing if not at place of death		<i>at Samuel Shuck's</i>		
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband		<i>Elizabeth Shuck</i>		
Father's Name	<i>Joseph Shuck</i>		Father's Birthplace		<i>unknown</i>		
Mother's Maiden Name	<i>Susan Youse</i>		Mother's Birthplace		<i>Pa</i>		
Name of person giving information	<i>Samuel Shuck</i>		How related to deceased		<i>son</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Debility of old age</i>	How long	<i>15 1/2</i>
	Immediate	<i>heart failure</i>	How long	<i>3 days</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Franklin A. Bushley</i>
			Address	<i>Greencastle Pa</i>
	Accident or Suicide?	<i>no</i>		

Dr. Bombaker

P.O. No. 13 Cemetery

Middletown.

(Care Mother)

A. Bowerman

Name in Full

Mary E Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Robinsonville ^{County} Washington MARYLAND

Date of death 1910 ^{Month} 6 ^{Day} 29 Age ^{Years} 56 ^{Months} 5 ^{Days} 8

Sex Female Color or Race White Birth-place Loudon Brook

Occupation None Where Residing if not at place of death Robinsonville

Married, Single or Widowed Name of Wife or Husband David F Smith

Father's Name Daniel H Smith Father's Birthplace Sharpsburg

Mother's Maiden Name Matilda Galtmasher Mother's Birthplace Loudon Brook

Name of person giving Information John Smith How related to Deceased Brother

CAUSES OF DEATH

103

PHYSICIAN OR CORONER

Primary Acute Indigestion How long 5 days

Immediate Syncope How long

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

Signature of Physician C. D. Baker M.D.

Address Robinsonville

Accident or Suicide

23
J. E. Johnson

Name
in
Full

CERTIFICATE OF DEATH

Raymond. Floyd. Smith

Town

County

MARYLAND

Died at Near Smithsburg Washington

Date of death 1900 Month 6 Day 27 Age — Years — Months 7 Days 20

Sex Male. Color or Race White Birth-place Near Smithsburg

Occupation none Where Residing if not at place of death Near Smithsburg

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

Father's Name Martin Luther Smith Father's Birthplace Pleasant Valley

Mother's Maiden Name Alice Brown. Mother's Birthplace Fred. Co. Md.

Name of person giving Information Martin L. Smith How related to deceased Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Marasmus 189 d. How long 3 weeks

Immediate .. How long 3 weeks

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

Signature of Physician

Address

D. D. Kefauver
Smithsburg
Md.

Accompanying Certificate

PHYSICIAN
OR CORNER



Name
in
Full

Laura Susan Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>9/10</i> <small>Month</small>	<i>27</i> <small>Day</small>	Age <i>30</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>22</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 <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Christian N. Snyder</i>				
Father's Name <i>Jacob Spiess</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Lucinda Thomas</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Mrs. D. H. Eades</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 wks.</i>
Immediate <i>Cardiac Failure</i>	How long <i>3 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. P. Stauffer</i>
	Address <i>Hagerstown, Md</i>
Accident or Suicide? <i>No</i>	

J. M. Grassie

Name
In Full

CERTIFICATE OF DEATH

Mrs Mary C Snyder

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Wash</i>		County		MARYLAND	
Date of death <i>19 10 6</i>		Month	Day	Age	Years	Months	Days		
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md.</i>					
Occupation <i>A.W.</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>widow</i>		Name of Husband <i>Ges J Snyder</i>							
Father's Name <i>Abram Luter</i>		Father's Birthplace <i>md.</i>							
Mother's Maiden Name <i>Anna R. Miller</i>		Mother's Birthplace <i>"</i>							
Name of person giving information <i>John Snyder</i>		How related to deceased <i>son</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma</i>	How long	<i>4 1/2</i> years
Immediate	<i>Wasmic Poisoning</i>	How long	<i>3</i> days
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A.P. Stauffer</i>	
		Address <i>Hagerstown, Md</i>	
Accident or Suicide?			

L. M. Sinton & Son

Name
Is
Full

Lucy Corbett Steen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

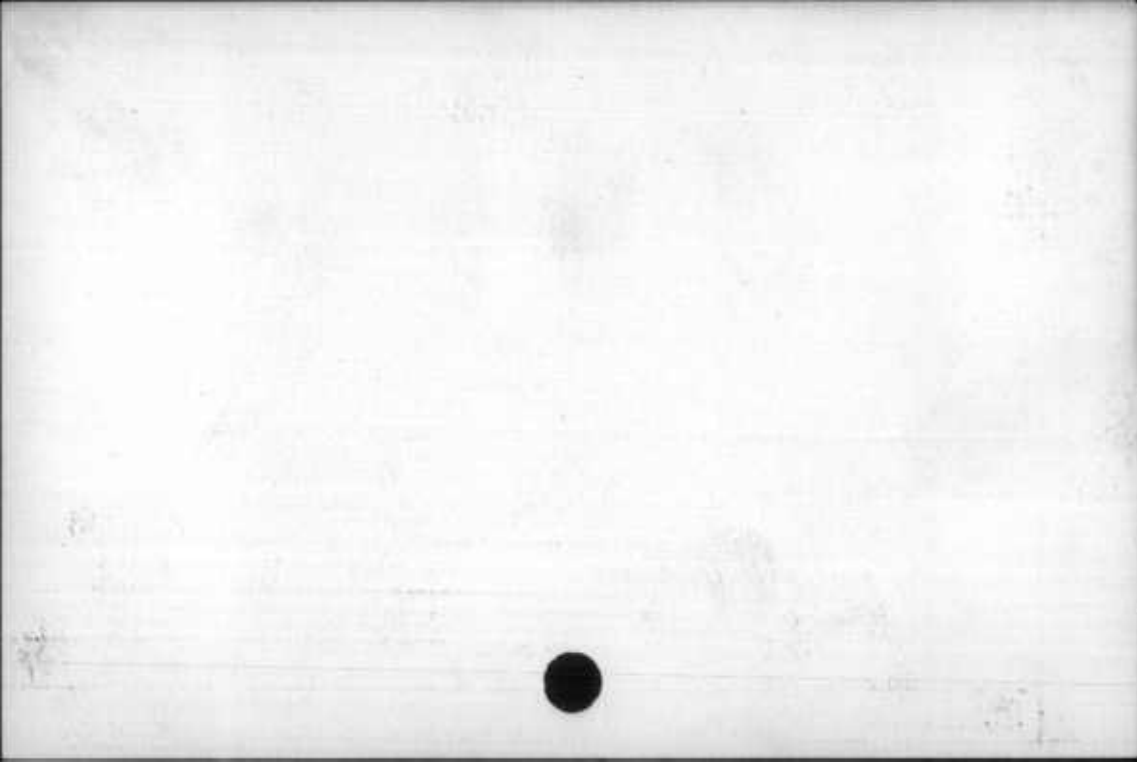
Gx

Died at ^{Town} <i>Wilson Dist-</i> ^{County} <i>Washington</i>		MARYLAND	
Date of death 19 <i>40</i>	Month <i>June</i>	Day <i>24</i>	Age <i>72</i>
	Years <i>3</i>	Months <i>16</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Single or Widowed	Name of Wife or Husband <i>Alex Steen</i>		
Father's Name <i>Peter Corbett</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Ann Eva Bragunier</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Walter Steen</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>Twelve days</i>
Immediate <i>Heart failure</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shalek</i>
	Address <i>6 Clear Spring Washington County</i>



Name
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death	<i>1940</i>	Month	<i>6</i>	Day	<i>20</i>
Age	<i>✓</i>	Years	<i>✓</i>	Months	<i>✓</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>✓</i>	Where Residing if not at place of death		<i>✓</i>	
Married, Single or Widowed	<i>✓</i>	Name of Wife or Husband		<i>✓</i>	
Father's Name	<i>Victor Leroy Spessard</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Maud Leferon</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Victor Leroy Spessard</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born -</i>	How long	<i>-</i>
Immediate	<i>Premature Birth.</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Victor D. Miller</i>
		Address	<i>Hagerstown, Ind</i>
Accident or Suicide?	<i>No</i>		

Index of Specimens

Name
in Full

Solomon V. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Boonsboro</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	190 <u>June</u> <small>Month</small>	<u>18</u> <small>Day</small>	Age <u>79</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Retired Farmer</u>		Where Residing if not at place of death	<u>Boonsboro, Md.</u>	
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Elizabeth Thomas</u>		
Father's Name	<u>George Thomas</u>		Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Sarah Schlessler</u>		Mother's Birthplace	<u>Maryland</u>	
Name of person giving information	<u>Elizabeth Thomas</u>		How related to deceased	<u>Wife</u>	

CAUSES OF DEATH

Primary	<u>Valvular Disease Heart</u>	How long	<u>79</u> <u>2 yrs.</u>
Immediate	<u>General Oedema</u>	How long	<u>6 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. E. Wheeler M. D.</u>
Accident or Suicide		Address	<u>Boonsboro Washington Co</u>

Binnig + Bast

Unterstaube

Name
is
Full

CERTIFICATE OF DEATH

Margaret Ann Gurner

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown		^{County} Washington		MARYLAND	
Date of death	19 18 6	Day	19	Age	87
Sex	Female	Color or Race	white	Months	1
Occupation	_____		Birth-place	Md	
Where Residing if not at place of death			_____		
Married, Single or Widowed	Widowed	Name of Wife or Husband	John R. Gurner		
Father's Name	John Pop	Father's Birthplace	don't know		
Mother's Maiden Name	don't know	Mother's Birthplace	"		
Name of person giving information	John D Gurner		How related to deceased	son	

CAUSES OF DEATH

Primary	old age	How long	Few days
Immediate	debility	How long	

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

Signature of Physician

Address

Chas B Peple M.D.
Hagerstown Md

Accident or Suicide?

J. M. Perkins

Name
in
Full

Harry Williard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury ^{Town}		County Washington		MARYLAND	
Date of death	1900	Month June	Day 23	Age 64	Years Months Days
Sex	Male	Color or Race	White	Birth- place	Maryland
Occupation	Laborer		Where Residing if not at place of death Smithsburg		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Alfred Williard			Father's Birthplace	Phosant Valley Maryland
Mother's Maiden Name	Sophia Bowman			Mother's Birthplace	Maryland
Name of person giving Information	Catherine P. Swope			How related to deceased	Sister

CAUSES OF DEATH

Primary	analysis	How long	4 wks
Immediate	Exhaustion	How long	3 wks
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Dr. W. W. W. W.
		Address	Washington
Accident or Suicide			

PHYSICIAN
OR CORONER

S. R. Johnson