

Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Neat Mills* <sup>Twp</sup> *Balto* <sup>County</sup>  
Date of death *1900* Month *July* Day *29* Age *—* Years *—* Months *—* Days *19*Sex *Male* Color or Race *White* Birth-place *Ind.*Occupation *Nurse* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Harvey Etter Allison* Father's Birthplace *Ind.*Mother's Maiden Name *Lillie Jane Masumore* Mother's Birthplace *Ind.*Name of person giving Information *Harvey Allison* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Cholera Infantum* *104* How long *3 days*

Immediate

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

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER

*O. macklini* Horn

Name in Full

Morissau, Ammon

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at <u>Highlandtown</u> <sup>Town</sup>		<u>Paets</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1900</u>	Month	<u>July</u>	Day	<u>19</u>
Age	<u>—</u>	Years	<u>—</u>	Months	<u>6</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Highlandtown</u>
Occupation	<u>None</u>	Where Residing if not at place of death		<u>30 So Center St</u>	
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband			
Father's Name	<u>Henry P Ammon</u>		Father's Birthplace	<u>Paets</u>	
Mother's Maiden Name	<u>Mary K Mierars</u>		Mother's Birthplace	<u>Prussia</u>	
Name of person giving information	<u>Darker</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>14 days</u>
Immediate	<u>Cholera</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>[Signature]</u>
Accident or Suicide?		Address	<u>30 So Center St</u>

Barred Heart Pine.

M. H. Sargent

19th

July.

Name  
in Full

Eldra Appel

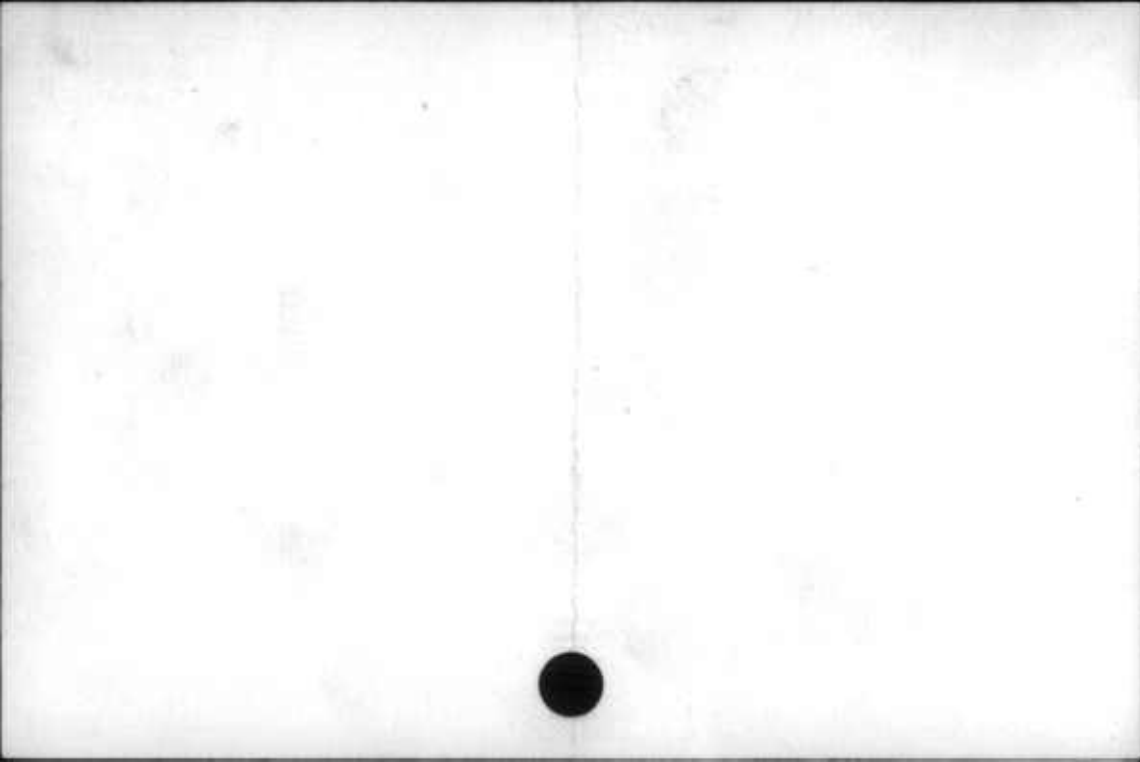
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Record</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death 19 <u>90</u>	<u>July</u> <small>Month</small>	<u>26</u> <small>Day</small>	Age <u>5</u> <small>Years</small>	<u>5</u> <small>Months</small>	<u>7</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>		Occupation _____	
Where Residing if not at place of death <u>Record</u>		<input checked="" type="checkbox"/> Married, Single or Widowed <u>Single</u>			
Name of Wife or Husband _____		<input type="checkbox"/> Name of person giving Information <u>John H Appel</u>			
Father's Name <u>John H Appel</u>		Father's Birthplace <u>Maryland</u>		Mother's Maiden Name <u>Emma Hitchcock</u>	
Mother's Birthplace <u>Maryland</u>		How related to Deceased <u>Father</u>		<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>	

PHYSICIAN  
OR CORONER

Primary <u>Marasmus</u>	How long <u>3 months</u>
Immediate <u>Ileo Colitis</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>Morris B Green M.D.</u>
Accident or Suicide _____	Address <u>Gettysburg Maryland.</u>



Name  
in  
Full

Albert Wendorf

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>En route</u> <sup>Town</sup> <u>of Balls</u> <sup>County</sup> <u>Balls Co</u> <u>MARYLAND</u>	
Date of death <u>1910</u>	Month <u>July</u> Day <u>21</u> Age <u>—</u> Years <u>—</u> Months <u>8</u> Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u> Birth-place <u>Balls md</u>
Occupation <u>—</u>	Where Residing if not at place of death <u>316 N. Truesdell St</u>
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>
Father's Name <u>Do not know initials</u>	Father's Birthplace <u>Do not know</u>
Mother's Maiden Name <u>Do not know</u>	Mother's Birthplace <u>Do not know</u>
Name of person giving information <u>son Brent 594 W. Bechtel St</u>	How related to deceased <u>Do not know</u>

## CAUSES OF DEATH

Primary <u>malnutrition</u>	How long <u>since birth</u>
Immediate <u>Broncho pneumonia</u>	How long <u>one week</u>

PHYSICIAN  
OR CORONER

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

yes

Signature of Physician

Address

Brauch Gage  
mt, army md

Accident or Suicide?

George Bush -

Sturton Falls



Name  
in  
Full

Albert Elsworth Bacon

CERTIFICATE OF DEATH

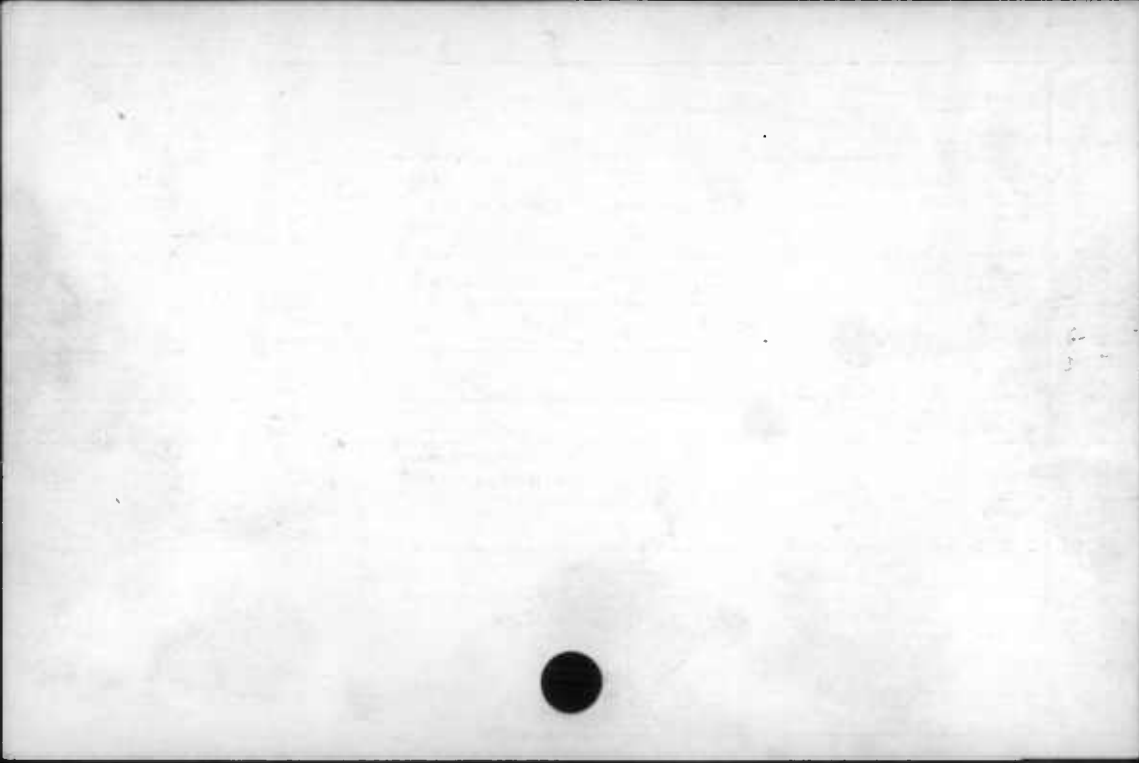
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Catonsville (Winter's Lane)		County Baltimore		MARYLAND	
Date of death	1960	Month July	Day 18	Age years	2	Months	11
Sex	Male	Color or Race	Colored	Birth-place	Catonsville, Md		
Occupation	Infant		Where Residing if not at place of death		_____		
Married, Single or Widowed	Single		Name of Wife or Husband		_____		
Father's Name	Marshall Bacon		Father's Birthplace		Ellicott City, Md		
Mother's Maiden Name	Rita Queen		Mother's Birthplace		Ellicott City, Md		
Name of person giving Information	Marshall Bacon		How related to deceased		Father		

## CAUSES OF DEATH

Primary	Diarrhea	How long	One Month
Immediate	Asthenia	How long	One Month
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. B. Gambrell
		Address	Ellicott City, Md.
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
is  
Full

Charles Warfield Baer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roland Park</i>		<i>Baels Co.</i> County		MARYLAND	
Date of death 19 <i>40</i>	Month <i>July</i>	Day <i>6th</i>	Age <i>73</i>	Years	Months <i>8</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Alexandria, Va</i>		Days <i>29</i>	
Occupation <i>Banker</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Georgine Waters</i>				
Father's Name <i>John Baer</i>	Father's Birthplace <i>Rockingham Co. Va.</i>				
Mother's Maiden Name <i>Elizabeth Kiehl</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>John P. Baer</i>	How related to deceased <i>Nephew.</i>				

## CAUSES OF DEATH

Primary	<i>Carcinoma of Left Kidney</i>	How long <i>3 1/2 months</i>
Immediate	<i>Pneumonia Compens</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>M. Gibson Porter</i>
Accident or Suicide <i>No</i>		Address <i>Roland Park Md.</i>

PHYSICIAN  
OR CORONER

Kindly send Stewart's  
money to Merrill - to bring  
in Green Mt Cemetery  
Thursday afternoon.  
To Dr Messersberg July 6<sup>th</sup> 1910.  
Stewart's money too

Name in Full

Stephen Baranovsky

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at <u>Back River</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1910</u>	Month	<u>July</u>	Day	<u>27</u>
Age	<u>27</u>	Years	<u>27</u>	Months	
Sex	<u>Male</u>	Color or Race	<u>white</u>	Birth-place	<u>Russia</u>
Occupation	<u>Laborer</u>		Where residing if not at place of death <u>927 Hanover st</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Unknown</u>			Father's Birthplace	<u>Unknown</u>
Mother's Maiden Name	<u>ci</u>	Mother's Birthplace		<u>ci</u>	
Name of person giving information	<u>a</u>	How related to deceased		<u>a</u>	

CAUSES OF DEATH

Primary Accidental Drowning How long 169

Immediate How long

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

James Gilmore, D.P.  
 Address Crownsville

Accident or Suicide?

Christian Miller  
2334 Jefferson St

July 29/10  
1st Evangelical Seminary

Name  
in Full

Selbert E. Barnes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Raspsberg <sup>County</sup> BaltDate of death 1940 <sup>Month</sup> July <sup>Day</sup> 16 <sup>Years</sup> 0 <sup>Months</sup> 3 <sup>Days</sup> 15Sex Male Color or Race White Birth-place RaspsbergOccupation Infant Where Residing if not at place of death ✓Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_Father's Name Ernest Barnes Father's Birthplace Chestertown MdMother's Maiden Name Elva Joyner Mother's Birthplace BaltimoreName of person giving Information Elva Joyner Jones How related to deceased mother

## CAUSES OF DEATH

Primary Chronic intestinal indigest How long 104 2 1/2 mos.Immediate malnutrition How long 2 mos.Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician Roy C. Potter  
Address Raspsberg Maryland.Accident or Suicide \_\_\_\_\_PHYSICIAN  
OR CORONER

Reader Bill  
a a to



Name in Full

John T. Barnhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Haywood + Denmark* <sup>Town *Pimlico*</sup> *Baltimore Co* <sup>County</sup> MARYLAND

Date of death *1960 July 15<sup>th</sup>* Age *57* Months *9* Days *23*

Sex *Male* Color or Race *White* Birth-place *Baltimore Md*

Occupation *Stone mason* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Wife or Husband *Sarah J Barnhart*

Father's Name *John M Barnhart* Father's Birthplace *Baltimore Md*

Mother's Maiden Name *Sarah J Warner* Mother's Birthplace *Baltimore Md*

Name of person giving information *Sarah J Barnhart* How related to deceased *Wife*

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary *Metros Regurgitation* How long \_\_\_\_\_

Immediate *Heart Failure* How long \_\_\_\_\_

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

Signature of Physician *C. J. Nees M.D.*

Address *Albany Tenn Ind.*

Accident or Suicide? \_\_\_\_\_

George Schelling & Sons

Funeral Directors

Asquith & Monument St  
Balto Md

Interment at Western Cemetery

July 17th 1910

Name  
in  
Full

Ann Elizabeth Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Sherrwood <sup>Town</sup> Baltimore <sup>County</sup>Date of death 1970 <sup>Year</sup> July <sup>Month</sup> 29 <sup>Day</sup> Age 61 <sup>Year</sup> Months — Days —Sex Female Color or Race white Birth-place MarylandOccupation wife Where Residing if not at place of death SherrwoodMarried, Single or Widowed Married Name of Wife or Husband Warr BellFather's Name John Marsh Father's Birthplace md.Mother's Maiden Name Martha Green Mother's Birthplace md.Name of person giving Information Louis Marsh How related to deceased Brother

## CAUSES OF DEATH

Primary Cancer of Stomach How long 40 Several yearsImmediate Inaminate How long Several yearsAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician H. B. SmithAddress Baltimore, Md.

Accident or Suicide

John Bruce Jones  
Towns

Jerusalem - Ct.

Sister Rachel  
Convent

Name in Full

William Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at Sherwood Town, Baltimore County, MARYLAND

Date of death 1900 July 24 Age 74

Sex Male, Color or Race white, Birthplace Md

Occupation Labourer, Where Residing if not at place of death Sherwood

Married, Single or Widowed Married, Name of Wife or Husband Annie Elizabeth Bell

Father's Name Henry Bell, Father's Birthplace Not Known

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

Name of person giving information Frederick P. Marsh, How related to deceased nephew

CAUSES OF DEATH

Primary Central Nervous System, How long 64 years

Immediate Senility, How long 2 years

Are the name, age, sex, color, date and place correctly given above? yes, Signature of Physician L. S. Burdick, M.D.

Address Redwood

Accident or Suicide

PHYSICIAN OR CORONER

John Burns Sons  
Tenn 011.

Shelburne: Vt.

Salem Baptist  
Church

Name  
in  
Full

Mary C. Bentley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Hillside* Town *Balto.* County *Md.* MARYLAND

Date of death *1910* Month *July* Day *18* Age *30* Months *10* Days *—*

Sex *Female* Color or Race *white* Birth-place *Md.*

Occupation *Housewife* Where Reading if not at place of death *Hillside*

Married, Single or Widowed *Married* Name of Wife or Husband *Esse. S. Hiser*

Father's Name *Frederick Hiser* Father's Birthplace *Md.*

Mother's Maiden Name *Caroline Schinner* Mother's Birthplace *Md.*

Name of person giving information *Frederick Hiser* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Chronic Bright's disease* How long *12.0* *3 years*

Immediate *Nemic Exemia* How long *7 weeks*

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

*yes*

Signature of Physician

Address

*J. Preston Green M.D.  
Lawson Md.*

Assistant or Suicidal?

John Brown  
Towns

Embment - In.

David K. K. K.

Case.



*Louis Black*

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at <i>Ms. Wilson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>July</i>	Day <i>23</i>	Age <i>—</i>	Years <i>6</i> Months <i>16</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Baltimore</i>		
Occupation <i>Infant</i>	Where Reared if not at place of death <i>Baltimore</i>				
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Morrison</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs. Morrison Black</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

Primary <i>Malnutrition</i>	How long <i>3 mos.</i>
Immediate <i>Dyspeptic diarrhoea</i>	How long <i>1 wks.</i>

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

Signature of Physician *J.H. King Jr.*  
Address *—*

Accident or Suicide?



Name Full

Thomas Bloom

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

7

Died at <i>Int Washington</i> <small>Town</small>		<i>Balt</i> <small>County</small>		MARYLAND	
Date of death <i>1940</i>	<i>7</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age <i>1</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Ind</i>			
Occupation <i>None</i>	Where Reading if not at place of death				
Married; Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Millard P. Bloom</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Clara Wheatley</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>M. P. Bloom</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <i>Enterocolitis</i>	How long <i>one week</i>
Immediate <i>Meningitis acute</i>	How long <i>12 hours</i>
Are the name, age, sex, color, etc. and place correctly given above? <i>yes</i>	Signature of Physician <i>E H Beeten MD</i>
	Address <i>Int Washington</i>
Accident or Suicide?	

104

A. S. Maus hall

3539 Fall Road

David Reddy &

July 24 - 1910

Beatrice Blair

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cockeysville</i> <sup>Town</sup>		<i>Batts</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1910</i>	Month <i>July</i>	Day <i>28</i>	Age	Years Months Days <i>35</i>
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Residing in Baltimore</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>George Blair</i>	Father's Birthplace <i>Virginia</i>		Mother's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Roscoe Paulson</i>	Name of person giving information <i>Roscoe Paulson</i>		How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastric enteritis</i>	How long <i>10 1/4</i>
Immediate <i>Inanition</i>	How long <i>3 1/2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. W. R. Burson</i>
	Address <i>Cockeysville Md</i>
Accident or Suicide?	

Hosts Chapel Cemetery

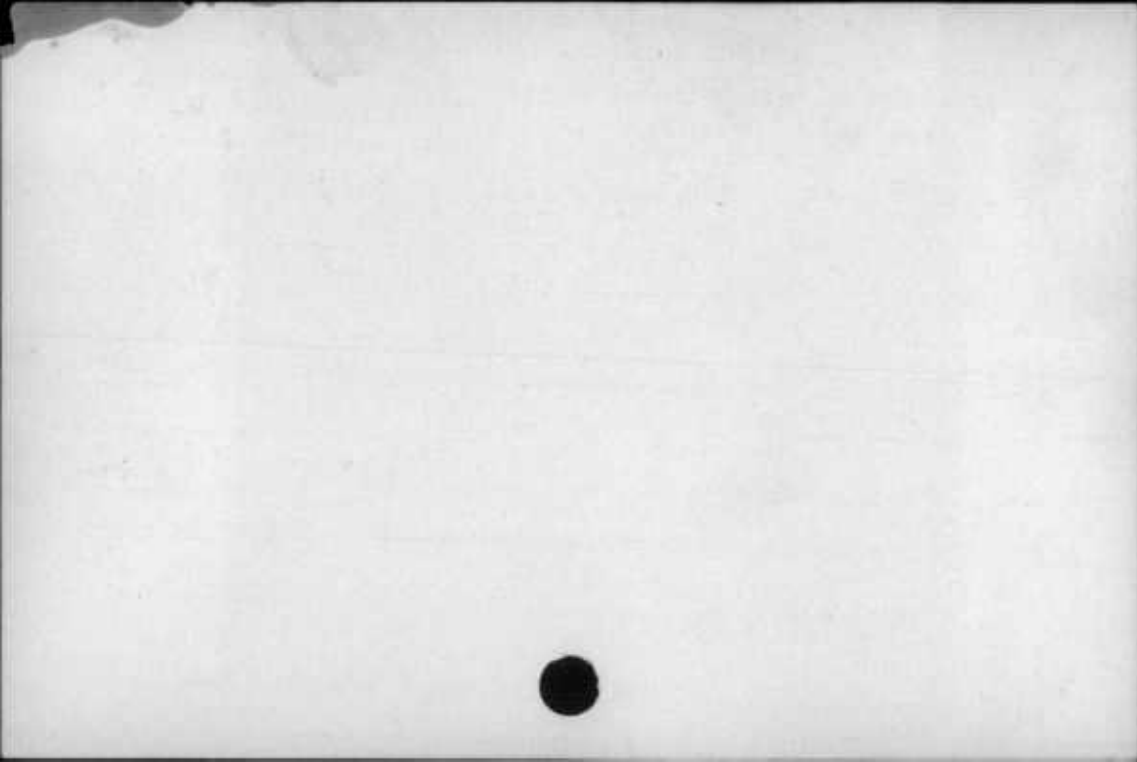
July 30 1812

R. D. Burdick

Name in Full <i>James Chalners Bosley</i>		County <i>Baltimore</i>		CERTIFICATE OF DEATH <b>MARYLAND</b>		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Parthou</i>		Town <i>Parthou</i>		Where Reading if not at place of death	
	Date of death 19 <i>00</i>	Month <i>July</i>	Day <i>26</i>	Age <i>62</i>	Years <i>9</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Moukhou, Md.</i>			
	Occupation <i>Farmer</i>					
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Elizabeth Bosley</i>				
	Father's Name <i>Benjamin Bosley</i>	Father's Birthplace <i>Pa. Co.</i>				
	Mother's Maiden Name <i>Maria Elliott</i>	Mother's Birthplace <i>Balti Co.</i>				
Name of person giving information <i>Dora Bosley</i>		How related to deceased <i>Daughter</i>				

**CAUSES OF DEATH**

PHYSICIAN OR CORONER	Primary <i>Valvular Disease of Heart</i>	How long <i>19-20 Years</i>	
	Immediate <i>Heart Syncope</i>	How long <i>5 Minutes</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. R. Mitchell</i>	
	Accident or Suicide?	Address <i>Moukhou, Md.</i>	





Name  
in  
Full

Charles B. Bowers

CERTIFICATE OF DEATH

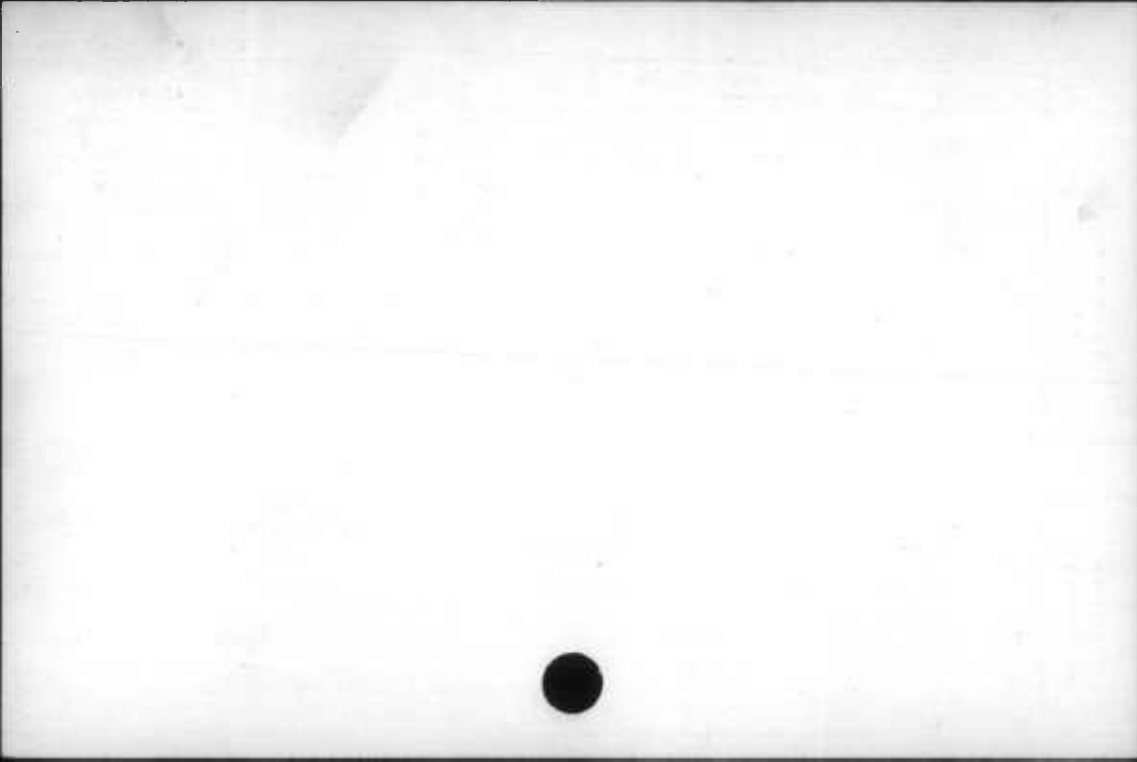
TO BE ANSWERED BY  
NEAREST FRIEND

7

Died at <u>Arlington</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	19 <u>60</u>	Month	<u>July</u>	Day	<u>13</u>
Age	<u>61</u>	Years		Months	<u>1</u>
				Days	<u>29</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Balto. City</u>
Occupation	<u>Printing Teller</u>		Where Residing if not at place of death		
Married, <del>Single</del> <u>Married</u>	Name of Wife or Husband		<u>Elizabeth M. S. Bowers</u>		
Father's Name	<u>Wm Bowers</u>		Father's Birthplace	<u>Balto City</u>	
Mother's Maiden Name	<u>Annie E. Noble</u>		Mother's Birthplace	<u>Balto City</u>	
Name of person giving Information	<u>Frank R. Bowers</u>		How related to deceased	<u>Brother</u>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Chronic Interst. Nephritis -</u>	How long	<u>150</u> <u>3 yrs -</u>	
	Immediate	<u>Acute Dilatation of Heart</u>	How long	<u>4 days -</u>	
	Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. C. Driscoll</u>	
			Address	<u>3053 N. North Ave.</u>	
Accident or Suicide					



Name  
In Full

Milbourne M Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at <u>Yardenville</u> Town		<u>Balti</u> County		MARYLAND	
Date of death	19 <u>10</u>	Month	<u>July</u>	Day	<u>13</u>
Sex	<u>male</u>	Color or Race	<u>white</u>	Age	<u>9</u> Years
Occupation	<u>none</u>	Birth-place	<u>Balti City</u>	Months	<u>9</u>
Where Residing if not at place of death		<u>same</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>none</u>		
Father's Name	<u>Chas M Brooks</u>		Father's Birthplace	<u>Balti City</u>	
Mother's Maiden Name	<u>Alice Russell</u>		Mother's Birthplace	<u>"</u>	
Name of person giving information	<u>Chas M Brooks</u>		How related to deceased	<u>Sister</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>10 1/2</u> Days
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Wm A Corser M.D.</u>
Accident or Suicide?		Address	<u>Yardenville Balti City</u>

Balto Lem.

Henry for  
2008 Orleans St.

7/14/10

Name  
in  
Full

Charles Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Highlandtown</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death <i>1980</i>	<sup>Month</sup> <i>7</i>	<sup>Day</sup> <i>7</i>	Age <sup>Years</sup> <i>62</i>	Months <i>7</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>New Jersey</i>	Occupation <i>Engineer</i>		
Married, Single or Widowed <i>Married.</i>		Name of Wife or Husband <i>Grace Brown</i>	Where Residing if not at place of death <i>3405 Lombard St.</i>		
Father's Name <i>Emrick Brown</i>	Father's Birthplace <i>France</i>		Mother's Maiden Name <i>I don't know</i>		
Mother's Name <i>I don't know</i>	Mother's Birthplace <i>Ireland.</i>		Name of person giving Information <i>Grace Brown</i>		
Name of person giving Information <i>Grace Brown</i>		How related to deceased <i>Wife.</i>			

## CAUSES OF DEATH

Primary <i>Injury to head by fall.</i>	How long <i>4 months.</i>
Immediate <i>Softening of Brain.</i>	How long <i>2 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J.C. Schopell</i>

Address

*148, First St  
Highlandtown*PHYSICIAN  
OR CORONERAccident  Suicide

Andutaker . -

Tilly and Zeiler . -

Shipped to

Harrisburg - Pa. -

July 10 - 1910.

Name is Full

Rosie Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at <sup>Town</sup> <i>M. Ink</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death <i>1910</i>	<sup>Month</sup> <i>July</i>	<sup>Day</sup> <i>15</i>	Age	<sup>Years</sup> <i>4</i>	<sup>Months</sup>
<sup>Sex</sup> <i>Female</i>	<sup>Color or Race</sup> <i>Black</i>	<sup>Birth place</sup> <i>Baltimore</i>			
<sup>Occupation</sup> <i>Infant</i>		<sup>Where Residing if not at place of death</sup> <i>Baltimore</i>			
<sup>Married, Single or Widowed</sup> <i>Infant</i>	<sup>Name of Wife or Husband</sup> <i>—</i>				
<sup>Father's Name</sup> <i>William Brown</i>		<sup>Father's Birth place</sup> <i>Kuburn</i>			
<sup>Mother's Maiden Name</sup> <i>Murkum</i>		<sup>Mother's Birthplace</sup> <i>Kuburn</i>			
<sup>Name of person giving information</sup> <i>Mrs. Wm. Brown</i>		<sup>How related to deceased</sup> <i>Nestey</i>			

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

<sup>Primary</sup> <i>Leucocytis</i>	<sup>How long</sup> <i>4 weeks</i>
<sup>Immediate</sup> <i>"</i>	<sup>How long</sup> <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	<sup>Signature of Physician</sup>
	<sup>Address</sup> <i>J. M. Keut Jr.</i>
<sup>Accident or Suicide?</sup>	

*Handwritten text, possibly a signature or date, is faintly visible in the lower-left quadrant.*





Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Hillsdale <sup>County</sup> BaltimoreDate of death 1960 <sup>Month</sup> 7 <sup>Day</sup> 18 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> 4 <sup>Days</sup> 1

Sex Female Color or Race White Birthplace Hillsdale

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

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name William R. Bryant Father's Birthplace Hillsdale Md

Mother's Maiden Name Cordelia Jackson Mother's Birthplace Baltimore Md

Name of person giving Information W. R. Bryant How related to deceased Father

## CAUSES OF DEATH

Primary Cholera Infantum How long about 2 wks.

Immediate \_\_\_\_\_ How long \_\_\_\_\_

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

Signature of Physician

Address

Forest Park

Baltimore

Accident or Suicide

Ridge Building  
Jos B. Bork  
Merritts.

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Relay</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
	Date of death	<i>1900</i>	Month <i>July</i>	Day <i>18<sup>th</sup></i>	Age <i>71</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	Months <i>5</i>	Days	
	Occupation	Where Reading if not at place of death <i>Relay, Md.</i>				
	Married, Single or Widowed <i>Married</i>	Name of Husband <i>Emory Bulman</i>				
	Father's Name <i>John Chennorth</i>	Father's Birthplace <i>Maryland</i>				
	Mother's Maiden Name <i>Sarah Murray</i>	Mother's Birthplace <i>"</i>				
	Name of person giving information <i>E. Ray Bulman</i>	How related to deceased <i>Daughter</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	<i>Fatty Degeneration of Heart</i>		How long	<i>79</i>	
	Immediate	<i>Exhaustion</i>		How long	<i>Six Months</i>	
	Are the name, age, sex, color, date and place exactly given above?	<i>Yes.</i>		Signature of Physician	<i>E. Ray Bulman</i>	
	Address	<i>Relay</i>				
Accident or Suicide?	<i>_____</i>				<i>Md.</i>	



Name  
in  
Full

Calburn Burley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hullsville <sup>County</sup> Baltimore MARYLAND

Date of death 1980 <sup>Month</sup> July <sup>Day</sup> 15 Age <sup>Years</sup> no <sup>Months</sup> 4 <sup>Days</sup> no

Sex Male Color or Race colored Birth-place Hullsville

Occupation none Where Residing if not at place of death Hullsville

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

Father's Name Westly Burley Father's Birthplace A.A. Co.

Mother's Maiden Name Mary Green Mother's Birthplace Baltimore Co.

Name of person giving information Westly Burley How related to deceased father.

## CAUSES OF DEATH

Primary Choke asphyxiation How long 9 days

Immediate pharyngitis How long 3 days

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

Signature of Physician Dr. [unclear] Address mt wrens md.

Accident or Suicide

PHYSICIAN  
OR CORONER

George Hooper  
Mt Zion Cemetery

Name  
in  
Full

Jane Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Grays <sup>Town</sup> Balto <sup>County</sup> MARYLAND

Date of death 1960 July <sup>Month</sup> 6 <sup>Day</sup> Age 49 <sup>Years</sup> 00 <sup>Months</sup> 20 <sup>Days</sup>

Sex Female Color or Race colored Birthplace Maryland

Occupation House Keeper Where Residing if not at place of death Grays Balto Md

Married, Single or Widowed Married Name of Wife or Husband E Butler

Father's Name John Brown Father's Birthplace Maryland

Mother's Maiden Name Matha Brown Mother's Birthplace Maryland

Name of person giving information Carrie Scott How related to deceased Aunt

## CAUSES OF DEATH

Primary Cholelithiasis + renal Dropsy How long 120 20 years

Immediate Cancer + General Anemia How long 2 1/2 hrs

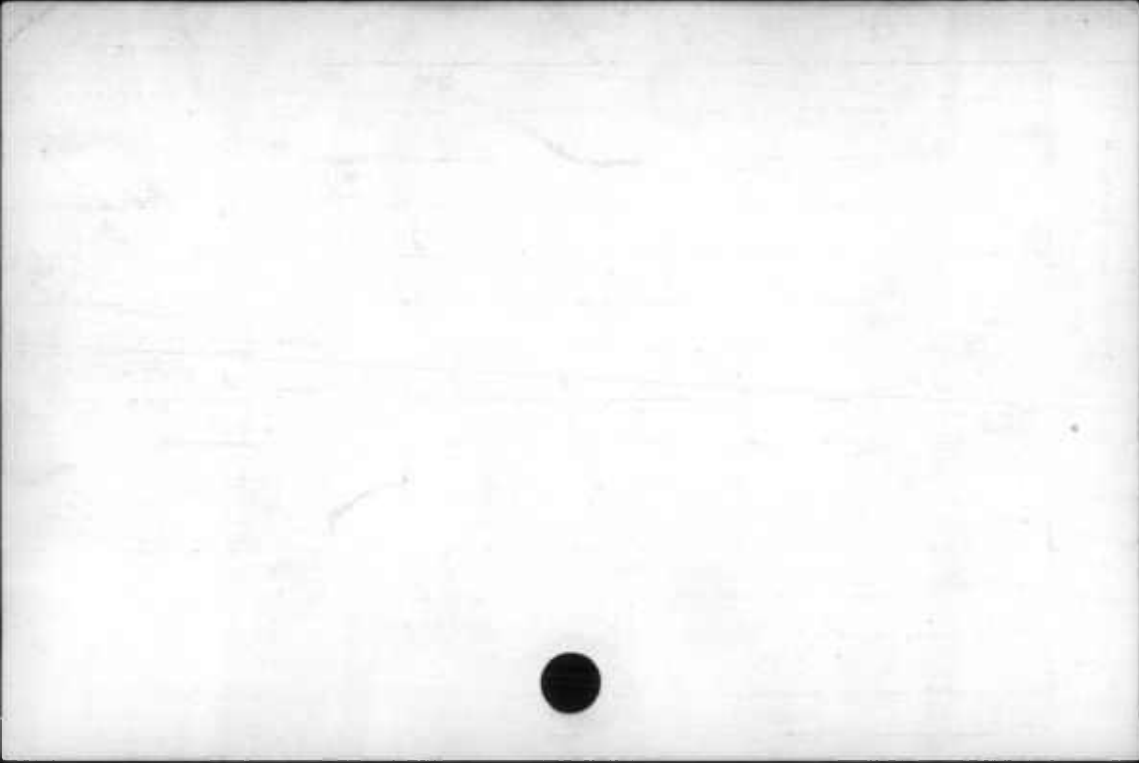
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Frank L. Miller, M.D.  
Elcott City, Md

Accident or Suicide \_\_\_\_\_





Name  
in  
Full

James, C. Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

7

Died at

Pikesville <sup>Town</sup>

Beltino <sup>County</sup>

MARYLAND

Date

of death 1946

Month

7

Day

30

Age

Years

—

Month

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Pikesville Md

Occupation

Where Residing if not  
at place of death

Pikesville, Md

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

John Campbell

Father's  
Birthplace

Belt Co

Mother's  
Maiden Name

Bessie C. Lewis

Mother's  
Birthplace

Belt Co

Name of person giving  
information

Bessie C. Campbell

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Imp. proper feeding

How long

3 wks.?

Immediate

Malnutrition

How long

3 wks.?

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

Signature of  
Physician

Henry A. Taylor

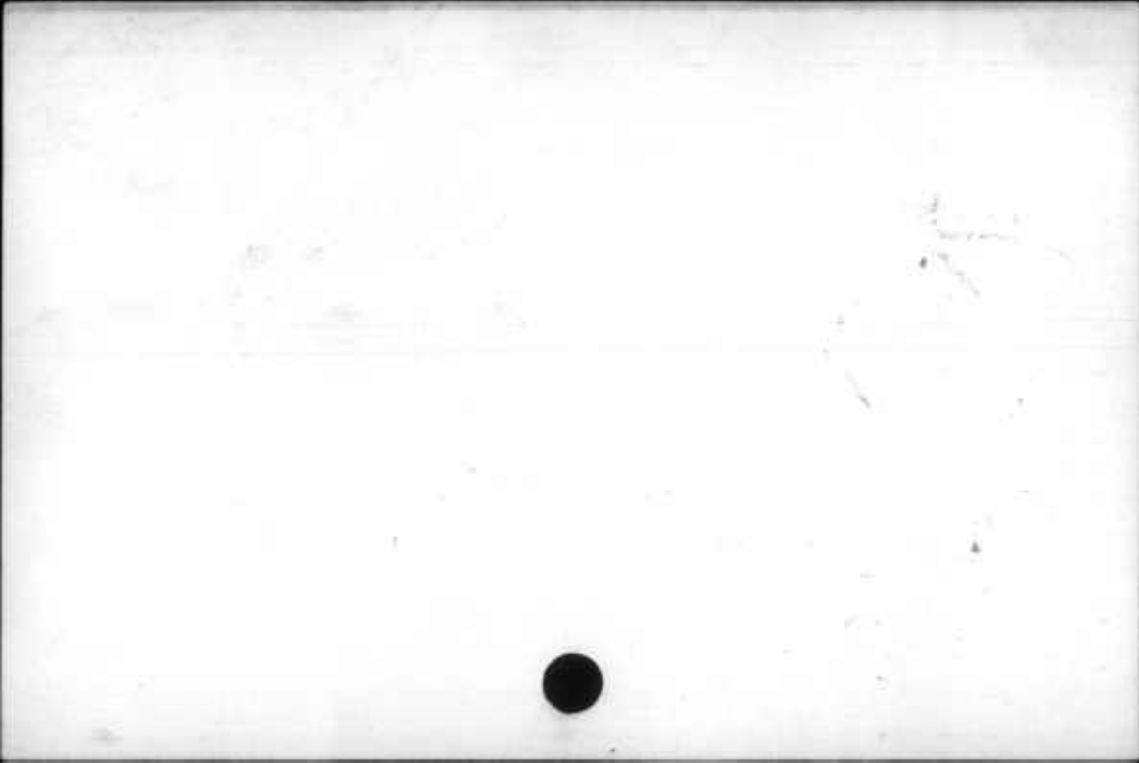
Address

Pikesville

Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
In  
Full

Oliver Jason Carlisle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Reisterstown Town		Baltimore County		MARYLAND	
Date of death	1910	Month	July	Day	14	Age	21
Sex	Male	Color or Race	White	Birth-place	Baltimore		
Occupation	Clerk			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Gertrude M. Carlisle			
Father's Name	Edward G. Carlisle			Father's Birthplace	Baltimore Co		
Mother's Maiden Name	Mary Etta Taylor			Mother's Birthplace	Camell Co., Va		
Name of person giving information	Edward G. Carlisle			How related to deceased	Father		

## CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	2 yrs.
Immediate	Exhaustion	How long	2 wks

PHYSICIAN  
OR CORONER

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

Signature of Physician

Address

Accident or Suicide?



Name in Full

Brunna P. Cathell

CERTIFICATE OF DEATH

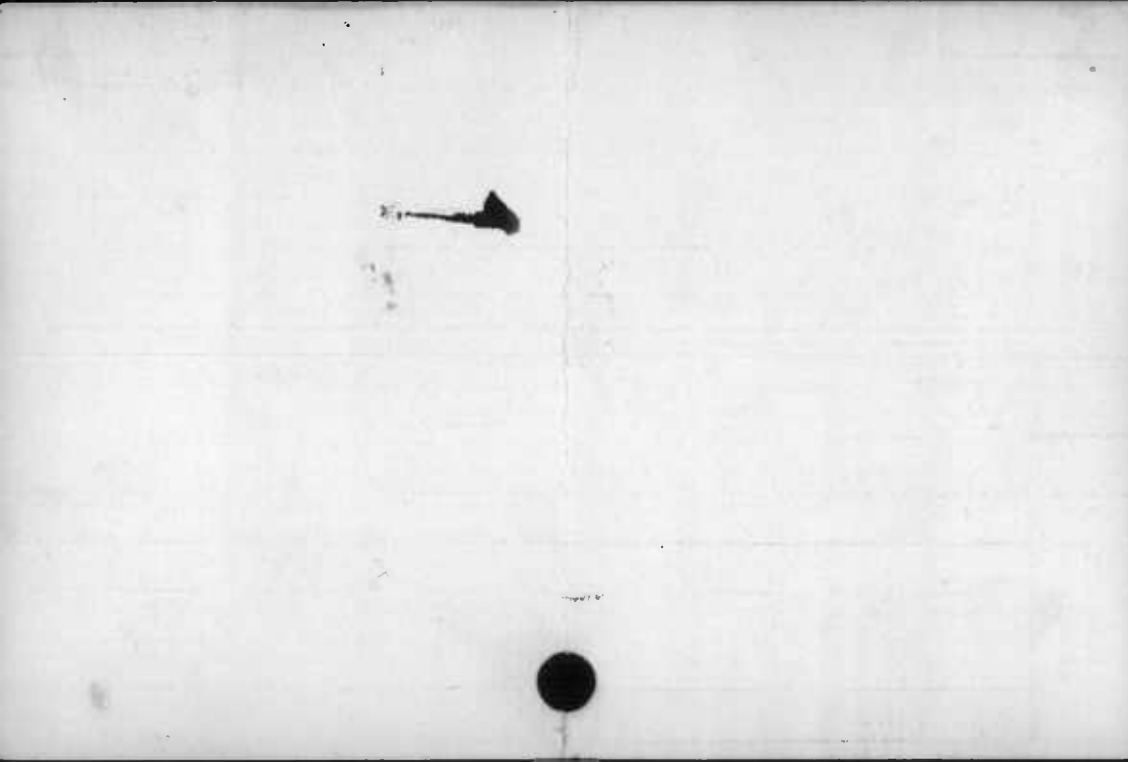
TO BE ANSWERED BY NEAREST FRIEND

Died at Baldwin Town Baltimore County  
 Date of death 1910 July 23 Age 52  
 Sex Female Color or Race White Birth place Balto. Co. Md.  
 Occupation Housemaid Where residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_  
 Father's Name Joseph Cathell Father's Birthplace Worcester Co. Md.  
 Mother's Maiden Name Catherine Clegg Mother's Birthplace Baltimore City Md.  
 Name of person giving information Mary Cathell How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary La's Suffer How long 6 weeks  
 Immediate Tuberculosis How long one year  
 Are the name, age, sex, color, date and place correctly given above? —  
 Signature of Physician John S. Sear  
 Address Gittings Md.  
 Accident or Suicide? —



Name  
is  
Full

Edgar C Carey Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

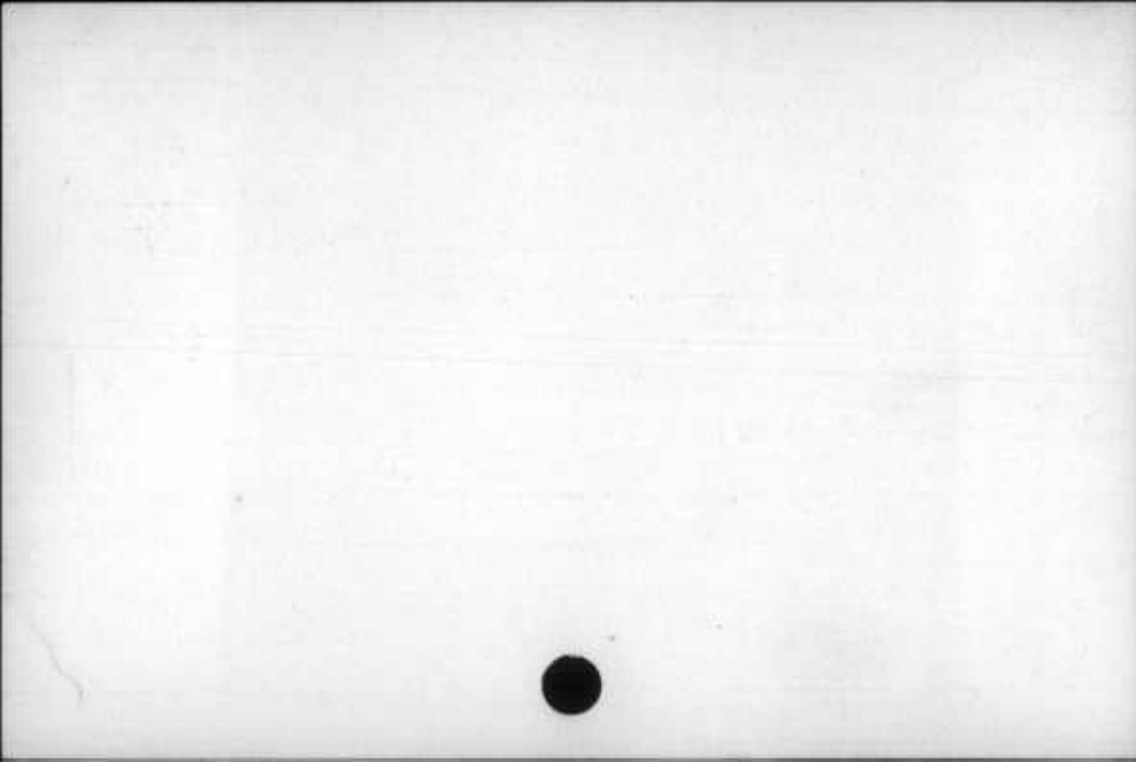
Died at <sup>Town</sup> <u>Elkridge City (near)</u> <sup>County</sup> <u>Baltimore Co</u>		MARYLAND			
Date of death <u>1900</u>	Month <u>July</u>	Day <u>7<sup>th</sup></u>	Age <u>2</u>	Months <u>11</u>	Days <u>29</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Hoboken N.J.</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>at place of birth</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Edgar C Carey</u>	Father's Birthplace <u>Brown Co Wis</u>				
Mother's Maiden Name <u>Louisa G Ellis</u>	Mother's Birthplace <u>Virginia</u>				
Name of person giving information <u>Edgar C Carey</u>	How related to deceased <u>father</u>				

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary <u>meningitis</u>	How long <u>two weeks</u>
Immediate <u>Convulsions &amp; Coma</u>	How long <u>9 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. Chas Macmill</u>
	Address <u>Calumville</u>
Accident or Suicide? <u>no</u>	





Name in Full

Elizabeth Cephas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at		Town <i>Catonsville</i>		County <i>Balto</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>July</i>	Day <i>20</i>	Age	Years <i>1</i>	Months <i>—</i>	Days <i>—</i>
Sex	<i>female</i>		Color or Race	<i>Colored.</i>		Birth-place	<i>Balto City</i>
Occupation	<i>none</i>		Where Residing if not at place of death		<i>Catonsville Md</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>none</i>		
Father's Name	<i>Wm Scott</i>				Father's Birthplace	<i>Balto City</i>	
Mother's Maiden Name	<i>Lilly Cephas.</i>				Mother's Birthplace	<i>Balto City</i>	
Name of person giving information	<i>Lilly Cephas.</i>				How related to deceased	<i>mother!</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>marasmus.</i>	How long	<i>4 mos</i>
Immediate	<i>asthenia</i>	How long	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Marshall B. West.</i>
		Address	<i>Catonsville Md.</i>
Accident or Suicide?			

789A



Name in Full

Atton Emory Chalk

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

7

Died at

Alberton

Baltimore

MARYLAND

Date of death

1960 July

Age

Years

Months

Days

Sex

Male

Color or Race

White

Birth-place

Md

Occupation

None

Where Residing if not at place of death

Alberton

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

Atton Eugene Chalk

Father's Birthplace

Laurel Md

Mother's Maiden Name

Mary Francis Bayless

Mother's Birthplace

Pa

Name of person giving information

Atton Eugene Chalk

How related to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

How long

Since Birth

Immediate

Enterocolitis

How long

3 weeks

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

yes

Signature of Physician

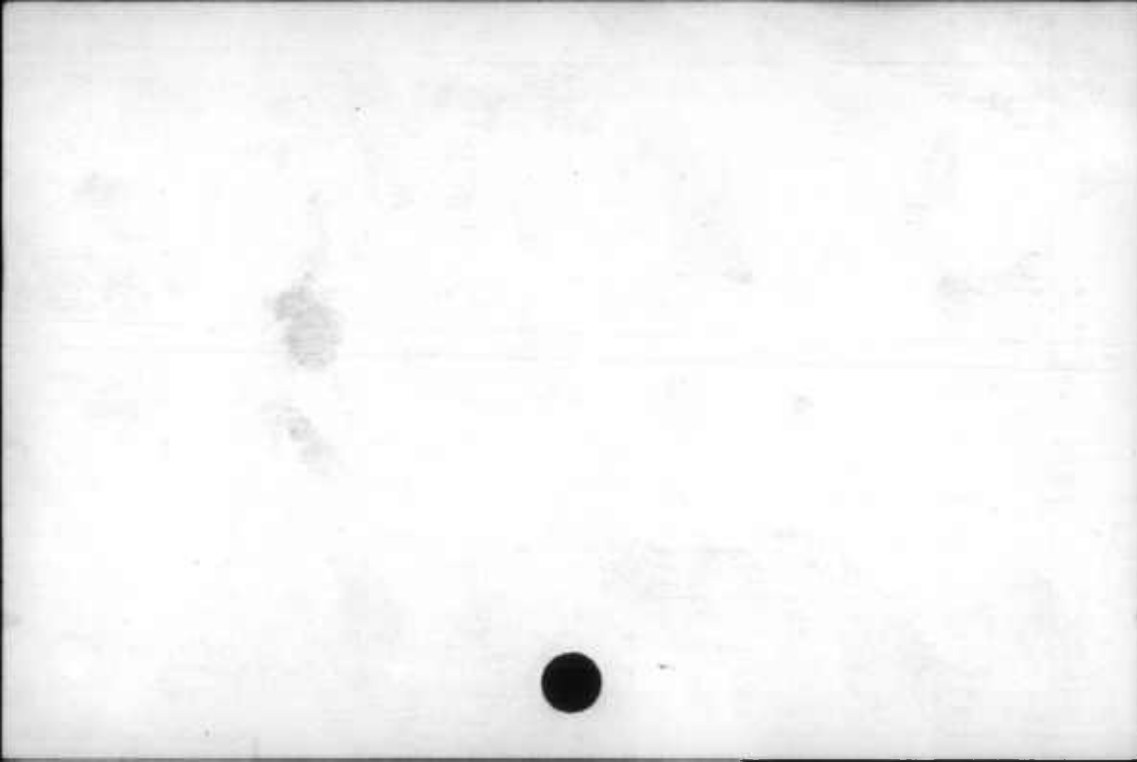
W. P. Gambill

Address

Bellicott City, Md.

Accident or Suicide

PHYSICIAN OR CORONER



Name  
in  
Full

Selena Blaggett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

7

Died at <sup>Town</sup> Reiststown <sup>County</sup> Balto		MARYLAND	
Date of death	1910 July 9	Age	34
Sex	Female	Color or Race	Colored
Occupation	House Gial	Birth-place	Goudin Co Va
Married, Single or Widowed	Single	Where Residing if not at place of death	
Father's Name	Marshal Blaggett	Father's Birthplace	Goudin Co Va
Mother's Maiden Name	Angelina Parker	Mother's Birthplace	Goudin Co Va
Name of person giving information	Lovie Scott	How related to deceased	Sister

## CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	28 yrs
Immediate	Exhaustion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	H. M. Slade	
Intercularosis	Address	H. O. 4 district - Reiststown	
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Claude Clapp

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Turner Station Balto county</i>		Town		County		MARYLAND	
Date of death	19 <i>40</i>	Month	<i>July</i>	Day	<i>16</i>	Age	<i>7</i>
Sex	<i>Male</i>	Color or Race	<i>Blk</i>	Birth-place	<i>Balto co</i>		
Occupation	_____			Where Residing if not at place of death			
Married, Single or Widowed	_____			Name of Wife or Husband <i>Claude Clapp</i>			
Father's Name	<i>Claude Clapp</i>			Father's Birthplace <i>va</i>			
Mother's Maiden Name	_____			Mother's Birthplace <i>va</i>			
Name of person giving Information	<i>Claude Clapp</i>			How related to deceased			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Exhaustion</i>	How long	<i>12 hrs</i>
	Immediate	<i>Lobular Pneumonia</i>	How long	<i>1 week</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Jas. L. Treanor, M.D.</i>
Accident or Suicide	<i>no</i>	Address	<i>B + Gough, High and town rd</i>	

Mr J G Jackson  
#1421 Sullivan St

---

Albany Cem. —

July 17 - 1910

---



Name  
in  
Full

Charles Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died <i>St Agnes Hospital</i> <small>Town</small> <i>Baltimore C.</i> <small>County</small>		MARYLAND	
Date of death <i>1966</i> <small>Year</small> <i>July</i> <small>Month</small> <i>23.</i> <small>Day</small> <i>1st</i> <small>Years</small>	Age <i>7</i> <small>Months</small>		<i>7</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Baltimore</i>	
Occupation <i>School boy at St Marys</i>	Where Residing if not place of death <i>Industrial School</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Thomas Clark dead</i>	Father's Birthplace <i>history unknown</i>		
Mother's Maiden Name <i>Agnes Clark dead</i>	Mother's Birthplace <i>history unknown</i>		
Name of person giving information <i>Record of St Marys Industrial</i>	How related to deceased <i>School</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Catarrhal Pneumonia (2)</i>	How long <i>1st days</i>
Immediate <i>Valv. heart trouble Heart Syncope</i>	How long <i>Conjunctive</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Hurston</i>
	Address <i>432 N. Conyngh</i>
	<i>Physician of School</i>
Accident or Suicide?	

Shari J. Brown  
118 W. Mt. Royal Ave.  
Cathedral Cemetery.

Name In Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Wm. Wilson</i>		County <i>Baltimore</i>		MARYLAND
	Date of death	1910	Month <i>July</i>	Day <i>16</i>	Age
	Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place
	Occupation	<i>Infant</i>		Where Residing if not at place of death	<i>Baltimore</i>
	Married, Single or Widowed	<i>Infant</i>	Name of Wife or Husband	—	
	Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Unknown</i>
	Mother's Maiden Name	<i>Anna J. Clark</i>		Mother's Birthplace	"
Name of person giving information	<i>Anna J. Clark</i>		How related to deceased	<i>Mother</i>	
CAUSES OF DEATH					104
PHYSICIAN OR CORONER	Primary	<i>Acute Gastro-intestinal Intoxication</i>		How long	<i>2 weeks</i>
	Immediate	<i>Malnutrition</i>		How long	<i>1 month</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>J. H. [Signature]</i>
	Address		[Redacted]		
Accident or Suicide?					



Name  
in  
Full

Clatterbuck

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		STATE	
Alpertan		Baltimore		Baltimore		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1980	July	25	1 day				
Sex	Color or Race	Birth-place					
Male	White	MD					
Occupation	Where Residing if not at place of death						
<del>Married</del> Single or Widowed	Name of Wife or Husband						
Father's Name	Father's Birthplace						
Charles Clatterbuck	MD						
Mother's Maiden Name	Mother's Birthplace						
Mattie L. Huggins	MD						
Name of person giving Information	How related to deceased						
Charles Clatterbuck	Father						

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Premature Birth	How long	NTIB
	Immediate	General Asthenia	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Frank Q. Miller MD
			Address	Elliott City MD
Accident or Suicide				



Name  
in  
Full

Even D. Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at		Town Garrison Forest		County Balto		MARYLAND	
Date of death	1910	Month	July	Day	10	Age	35
Sex	Male	Color or Race	White	Birth-place	Balto co Md		
Occupation	Laborer		Where Residing if not at place of death				
Married; Single or Widowed	Married	Name of Wife or Husband	Bessie Cole				
Father's Name	George B Cole		Father's Birthplace	Balto co Md			
Mother's Maiden Name	Kate Brown		Mother's Birthplace	Balto co Md			
Name of person giving information	Bessie Cole		How related to deceased	wife			

CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

8

Primary	Tuberculosis	How long	about one year
Immediate	Tuberculosis	How long	suddenly
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	W. H. Campbell		
Address	Ownings Mills, Md		
Accident or Suicide?	None, injured at hospital		







Name  
in Full

Mary W. Fitzgerald Connor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Texas		County Baltimore		MARYLAND	
Date of death 1970		Month 7	Day 26	Age 55	Years	Months 4	Days 3
Sex Female		Color or Race White		Birth-place Balto, Co. Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Michael Connor					
Father's Name Patrick Fitzgerald		Father's Birthplace Ireland					
Mother's Maiden Name Margaret Horn		Mother's Birthplace Ireland					
Name of person giving information		Michael Connor		How related to deceased		Husband	

PHYSICIAN  
OR CORNER

## CAUSES OF DEATH

Primary	Chronic Nephritis, Dilatation of H. Heart. Severe MI.		How long
Immediate	Uremia & Congestive of lungs. about 3 days.		How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician B. H. Buncy
			Address Texas Md.
Accident or Suicide			

Place of burial, St. Joseph's Cemetery

Texas, Balto., Co., Md.

Undertakers, Henry W. Mears & Son.

Baltimore, Md.

Name  
in  
Full

Laura V. Cooling

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at <i>Hammelton</i>		Town		<i>Baltimore</i>		County		MARYLAND		
Date of death	<i>1910</i>	Month	<i>July</i>	Day	<i>16</i>	Age	Years	Months	<i>8</i>	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Baltimore Md.</i>			
Occupation			Where Reared if not at place of death		<i>Hammelton</i>					
Married; Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>Robert H. Cooling</i>					
Father's Name	<i>Robert H. Cooling</i>				Father's Birthplace	<i>Cecil Cove</i>				
Mother's Maiden Name	<i>Willie B. Cooling</i>				Mother's Birthplace	<i>Lyons Mount</i>				
Name of person giving in formation	<i>Robert H. Cooling</i>				How related to deceased	<i>Son</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

8

Primary	<i>Teething &amp; Pneumonia</i>	How long	<i>several days</i>
Immediate	<i>convulsions</i>	How long	<i>several hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>S. C. E. Yoyle, M.D.</i>
		Address	<i>Hamilton Ave &amp; Harbor Road</i>
Accident or Suicide?	<i>no</i>		

William Cook.  
502 E North an  
Charleston, S.C.

Ms. A. 6. 10. 11. 12.

Name  
Full

Elizabeth A. Cooper

CERTIFICATE OF DEATH

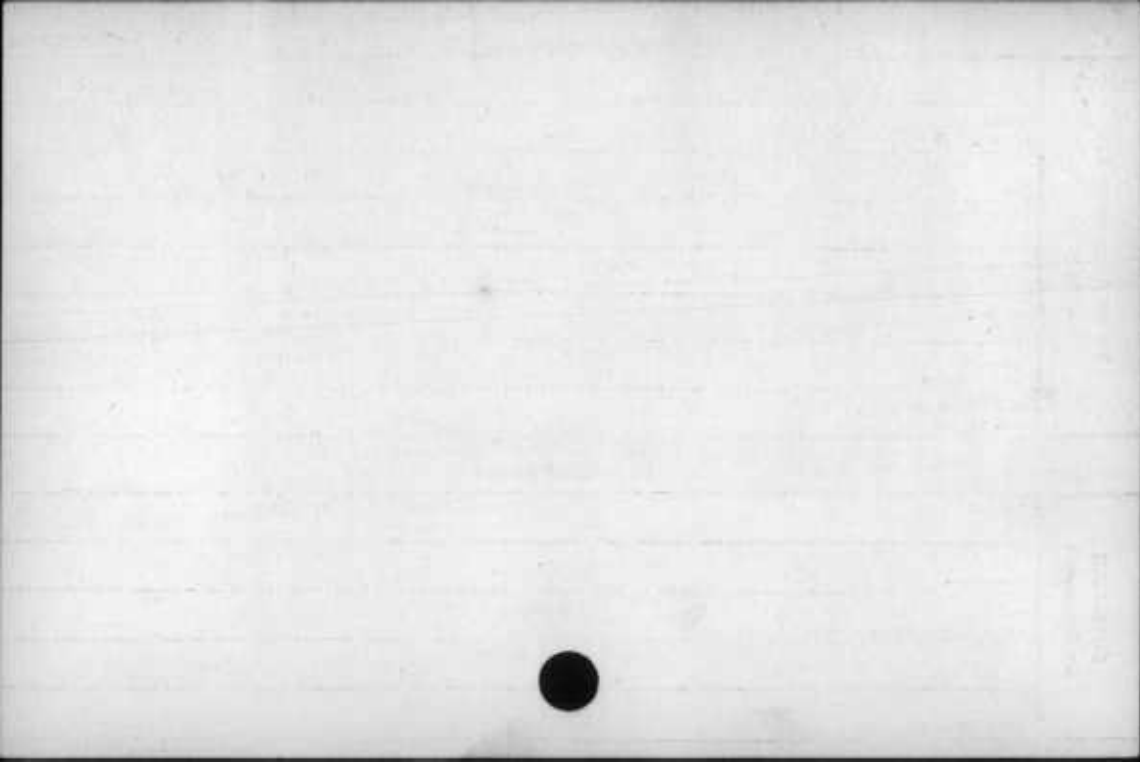
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Riverton</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>July</i>	Day <i>31</i>	Age <i>79</i>	Months <i>29</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of <del>Wife or</del> Husband <i>Freda E. Cooper</i>				
Father's Name <i>Samuel C. Caswell</i>	Mother's Birthplace <i>Baltimore</i>		Mother's Birthplace <i>North Street Md</i>		
Name of person giving information <i>Mrs. Belle Smith</i>		How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

Primary <i>Arterial Sclerosis</i>	How long <i>Several yrs</i>
Immediate <i>Central Sclerosis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Slade</i>
	Address <i>Riverton Md</i>
Accident or Suicide?	

PHYSICIAN  
OR CORONER



Name

In Full

Dora Helen Courtney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Evergreen Farm</i>		Town <i>Evergreen</i>		County <i>Balto</i>		MARYLAND	
Date of death	1910	Month	July	Day	31	Age	Years <i>—</i> Months <i>9</i> Days <i>13</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birthplace	<i>St. Helena</i>
Occupation	<i>none</i>		Where Residing if not at place of death		<i>Evergreen Farm</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>—</i>		
Father's Name	<i>George A. Courtney</i>				Father's Birthplace	<i>Washington DC</i>	
Mother's Maiden Name	<i>Edna Elwell</i>				Mother's Birthplace	<i>Va.</i>	
Name of person giving information	<i>Mrs. Edna Courtney</i>				How related to deceased	<i>mother</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>8 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. H. Pettickian, M.D.</i>
		Address	<i>Sparrow's Pt Md.</i>
Accident or Suicide?	<i>no</i>		





Name  
In Full

Ely Abatta A. Cross

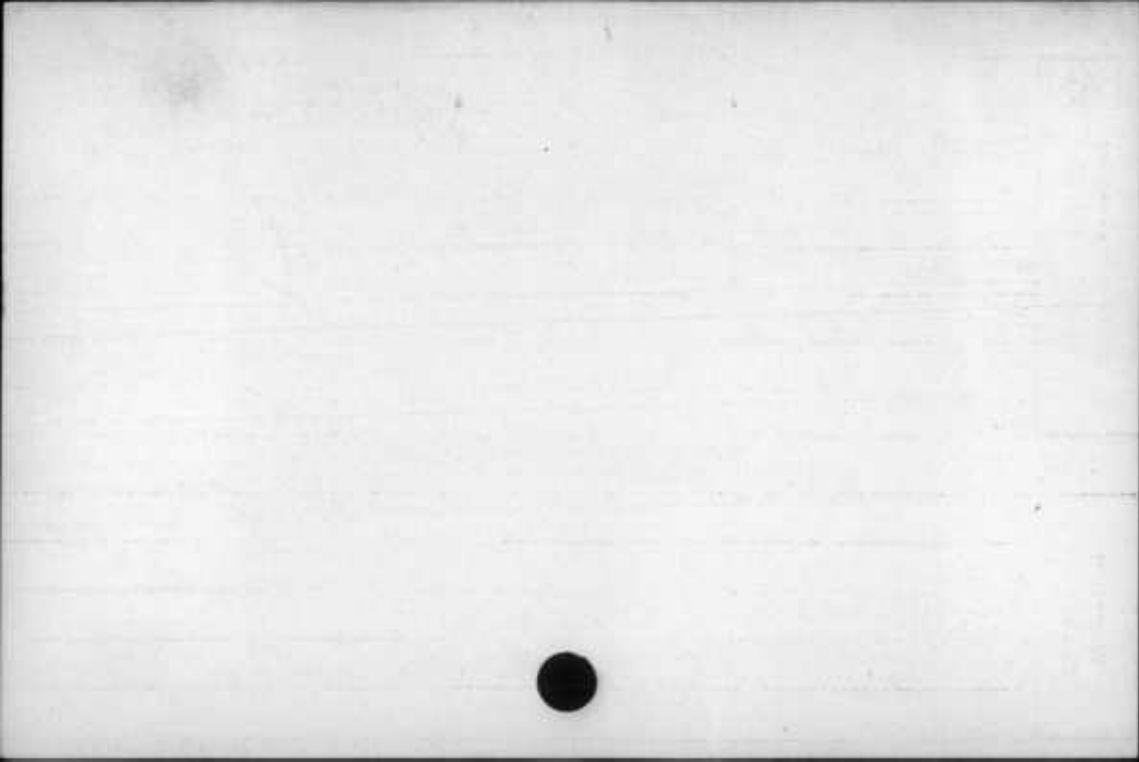
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Orbyat</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1910</i>	Month <i>July</i>	Day <i>30</i>	Age <i>64</i>	Months —
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Charles Co., Md.</i>		
Occupation <i>Styaf</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Harold C. Cross</i>				
Father's Name <i>Nicholas Thomas</i>	Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Ely Abatta Wether</i>	Name of person giving information <i>Mrs. H. E. Waggoner</i>		How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 yr.</i>
	Immediate <i>Pulmonary Hemorrhage</i>	How long <i>Sudden</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. W. [Signature]</i>
		Address <i>P. [Signature]</i>
Accident or Suicide?		



Frances Davis

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Highland</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>July</i>	Day <i>16</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>	Months <i>6</i>	Days <i>—</i>
Occupation <i>None</i>	Where Reading 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>Luther J. Davis</i>	Father's Birth-place <i>New Jersey</i>		Mother's Birth-place <i>Pennsylvania</i>		
Mother's Maiden Name <i>Catherine M. Gorman</i>	Name of person giving information <i>Luther J. Davis</i>		How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Gastro Enteritis</i>	<i>104</i>	How long <i>11 days</i>
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. V. White</i>	
		Address <i>1962 Eastman</i>	
	Accident or Suicide?		

H. Patrick's Corn

July 18/18

J. Sander Jones

Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name in Full: *James Andrew Davis*

Died at: *Cella* Town *Balto* County

Date of death: *1968* Month *July* Day *14* Age *43* Years Months *no* Days *no*

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

Occupation: *Carpenter* Where Residing if not at place of death: *Cella*

Married, Single or Widowed: *Widower* Name of Wife or Husband: *Bead*

Father's Name: *Joshua N. Davis* Father's Birthplace: *Md.*

Mother's Maiden Name: *Rebecca Miller* Mother's Birthplace: *Md.*

Name of person giving information: *Benjamin T. Davis* How related to deceased: *Brother*

## CAUSES OF DEATH

Primary: *Pulmonary Tuberculosis* How long: *3 yrs.*

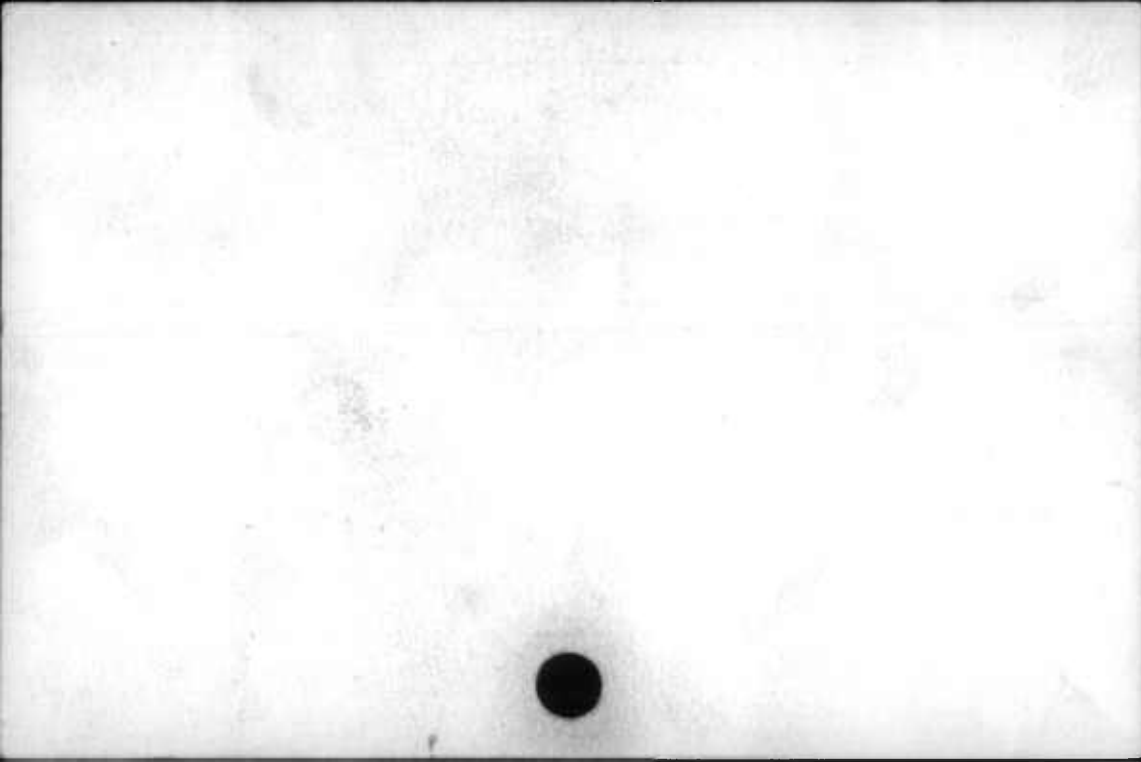
Immediate: *Hemorrhage* How long: *20 minutes*

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

Signature of Physician: *Marshall B. West*

Address: *Catonville Ind.*

PHYSICIAN  
OR CORONER~~Accident or Suicide~~



Name  
is  
Full

Lena Dickenson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Milvale</u> <sup>Town</sup>		<u>Baets</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1910</u>	Month	<u>July</u>	Day	<u>16<sup>th</sup></u>
Age		<u>16</u> years		Months	<u>    </u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>MD</u>
Occupation	<u>School + Housewife</u>		Where Residing if not at place of death	<u>Indust Home</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>    </u>		
Father's Name	<u>Unknown</u>		Father's Birthplace	<u>Unknown</u>	
Mother's Maiden Name	<u>Unknown</u>		Mother's Birthplace	<u>Unknown</u>	
Name of person giving information	<u>Sister Indust Home</u>		How related to deceased	<u>Not at all</u>	

## CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary	<u>Pulm Tuberculosis</u>	How long	<u>3 months</u>
Immediate	<u>Exhaustion</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. Winsey MD</u>
		Address	<u>1220 E. Fayette St</u>
Accident or Suicide?	<u>    </u>		

Melvale Home.

July 16 1911

A. S. Marshall

3539 Fall Road



Name  
in Full

St. Mary Cyrena Worschel.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

F

Died at <u>Blenheim</u>		Town		<u>Baltimore</u>		County		MARYLAND	
Date of death <u>1940</u>		Month <u>July</u>		Day <u>14</u>		Age <u>34</u>		Years Months Days	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Rochester N.Y.</u>					
Occupation <u>General Housework.</u>		Where Residing if not at place of death							
Married, Single or <del>Widowed</del>		Name of Wife or Husband <u>—</u>							
Father's Name <u>Roman Worschel.</u>		Father's Birthplace <u>Europe</u>							
Mother's Maiden Name <u>May M. Fochner.</u>		Mother's Birthplace <u>Not know</u>							
Name of person giving Information <u>Sister Mary Dionede</u>		How related to deceased <u>Not at all.</u>							

## CAUSES OF DEATH

Primary <u>Pulmonary Tuberculosis</u>		How long <u>Two years</u>	
Immediate <u>Peritoneal Tuberculosis</u>		How long <u>Three weeks</u>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John A. Green</u>	
		Address <u>Gittings Maryland</u>	
Accident or Suicide			

PHYSICIAN  
OR CORONER

A. Tenck & Son.

Notch Cliff. Private Cemetery

Name in Full

Gilbert Loney

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

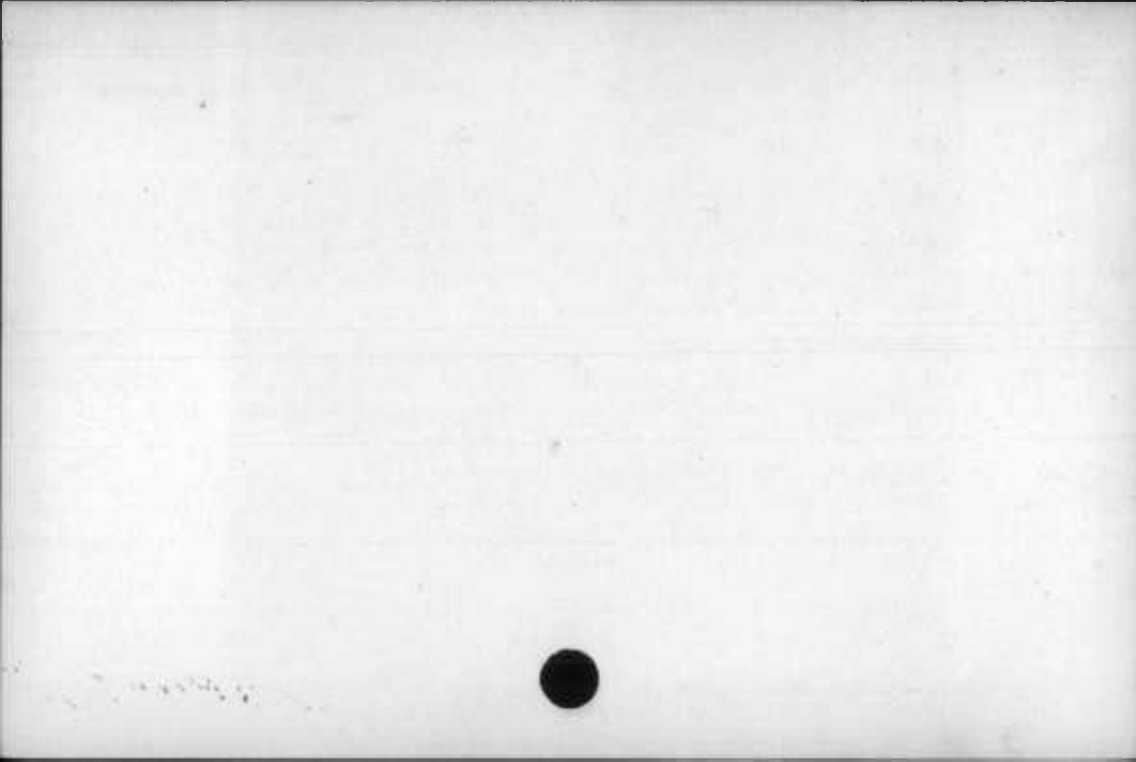
Died at		Town <u>Mt. Pleasant</u>		County <u>Baltimore</u>		MARYLAND	
Date of death 19 <u>10</u>		Month <u>July</u>	Day <u>16</u>	Age	Years <u>—</u>	Months <u>4</u>	Days <u>—</u>
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth place <u>Baltimore</u>			
Occupation <u>Infant</u>			Where Residing if not at place of death <u>Baltimore</u>				
Married, Single or Widowed <u>Infant</u>		Name of Wife or Husband <u>Infant</u>					
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>"</u>					
Name of person giving information <u>Maggie Hunter</u>			How related to deceased <u>Cousin</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<u>Ascocolitis</u>	How long	<u>15 days</u>
Immediate	<u>"</u>	How long	<u>15 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		Address <u>J. M. Kuer Jr.</u>	
Accident or Suicide?			

104



Name in Full

Henry P Dorsey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at <sup>Town</sup> <u>Hillsville</u> <sup>County</sup> <u>Balto</u>		MARYLAND	
Date of death	19 <u>00</u>	Month <u>7</u>	Day <u>23</u>
Age	<u>7</u>	Years	<u>6</u>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>
Occupation	<u>none</u>	Birthplace	<u>Hillsville</u>
Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	<u>Henry P Dorsey</u>	Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Madama Moore</u>	Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>" Dorsey</u>	How related to deceased	<u>Father</u>

## CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary	<u>Cholera infantum</u>	How long	<u>4 weeks</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W B Hall</u>
		Address	<u>W Irwin</u>
Accident or Suicide?			

F.H. Auburn Cemetery

July 25, 1910.

Felix B. Pyle, Sr.  
102 E. Mulberry St  
Baltimore, Md.

Name in Full

William Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

7

Died at <u>Mr. Allen</u>		Town <u>Patuxent</u>		County <u>Patuxent</u>		MARYLAND	
Date of death <u>1980 July 10</u>		Month <u>July</u>		Day <u>10</u>		Age <u>—</u> Years <u>—</u> Months <u>12</u> Days <u>—</u>	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Patuxent</u>			
Occupation <u>Infant</u>		Where Residing if not at place of death <u>Patuxent</u>					
Married, Single or Widowed <u>Infant</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>— Dorsey</u>		Father's Birthplace <u>Patuxent</u>					
Mother's Maiden Name <u>— Unknown</u>		Mother's Birthplace <u>—</u>					
Name of person giving Information <u>Ms. Penny Jane Jackson</u>		How related to deceased <u>Caretaker</u>					

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <u>Malnutrition</u>	How long <u>177 B</u>	<u>10 weeks</u>
Immediate <u>Acute Intestinal Intoxication</u>	How long <u>10 days</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. H. Keene, Jr.</u>	
	Address <u>Patuxent</u>	
Accident or Suicide	<u>red.</u>	





Name  
In Full

CERTIFICATE OF DEATH

Sarah Elizabeth Dowdy

MARYLAND

Died at Sparrows Point

Baltimore

Date of death 1910

July

5<sup>th</sup>

Age —

Months 7

Days —

Sex Female

Color or Race Col

Birthplace Sparrows Point

Occupation none

Where Residing if not at place of death Sparrows Point

Married, Single or Widowed

Name of Wife or Husband none

Father's Name Marshal Dowdy

Father's Birthplace Va

Mother's Maiden Name Virginia Marshal

Mother's Birthplace Va

Name of person giving information Marshal Dowdy

How related to deceased Father

## CAUSES OF DEATH

Primary Broncho Pneumonia

How long 1 week

Immediate Acute Cerebral Meningitis

How long 2 days

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

Yes

Signature of Physician

G. L. Mc Cormick M.D.

Address

Sparrows Point

Accident or Suicide?

no

M.D.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Egan  
 Died at *St. Agnes Hospital Baltimore* Town *Baltimore* County  
 Date of death 1900 *July* Month *3* Day *58* Age *58* Years  
 Sex *Male* Color or Race *White* Birth-place *Ireland*  
 Occupation *Watchman* Where Residing if not at place of death *2106-Bank St.*  
 Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_  
 Father's Name *Martin Egan* Father's Birthplace *Ireland*  
 Mother's Maiden Name *Mary Carroll* Mother's Birthplace \_\_\_\_\_  
 Name of person giving Information *Mrs. B. Egan* How related to deceased *Sister-in-law*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Arterio sclerosis* How long *(81)*  
 Immediate *As heinous collapse* How long *3 days.*  
 Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Dr. H. McLeod*  
 Address *St. Agnes Hospital*  
 Accident or Suicide



Name in Full

Mary C Ekes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at <i>Sheppard &amp; Enoch Pratt Hosp. Towson Balto</i>		Town		County		MARYLAND	
Date of death	19 <i>40</i>	Month	<i>July</i>	Day	<i>31</i>	Age	<i>52</i>
						Years	<i>7</i>
						Months	<i>7</i>
						Days	<i>7</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place	<i>Va.</i>	
Occupation	<i>House-wife</i>		Where Residing if not at place of death		<i>Stottoway Va</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>C. D Ekes</i>				
Father's Name	<i>Matthew Harrison</i>				Father's Birthplace	<i>Va</i>	
Mother's Msiden Name	<i>Martha C Cunningham</i>				Mother's Birthplace	<i>NC</i>	
Name of person giving Information	<i>E N Bruch</i>				How related to deceased	<i>Physic.</i>	

## CAUSES OF DEATH

Primary	<i>Exhaustion - Ch. Brain Disease</i>	How long	<i>4 Mos +</i>
Immedista	<i>Collapse</i>	How long	<i>Immediate -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Edmond N Bruch</i>
		Address	<i>Sheppard &amp; Enoch Pratt Hospital Towson Md.</i>
Accident or Suicide	<i>_____</i>		

PHYSICIAN  
OR CORONER

Wm. H. Fickner & Sons Co.  
W. Fickner & Sons  
New York Va

Name  
in  
Full

John F. Ermoold

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Fullertown		Baltimore		MARYLAND	
Date of death		1960	July	26	Age	51	8
		Month	Day	Years	Months	Days	23
Sex	Male	Color or Race	White		Birth-place	Baltimore City	
Occupation	Bookkeeper		Where Residing if not at place of death		2802 Parkwood Ave		
Married, <del>Single</del> <del>or Widowed</del>	Name of Wife or Husband		Catherine B. Ermoold				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information	John Ermoold					How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Acute Brights	How long	120	4-6 months
	Immediate	Cardiac Dilatation (Heart)	How long		3-4 ...
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. F. A. Neup	
			Address	8 W. 25 <sup>th</sup> St.	
	Accident or Suicide				

Geo. W. Little

531 7<sup>th</sup> Vermont St.

4  
London Park Cemetery



Name  
in  
Full

Margaret Ertl.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <i>St. Agnes Hosp.</i>		Town	County		MARYLAND		
Date of death	19 <i>80</i>	Month	7	Day	29	Age	45
Sex	Female	Color or Race	White		Birth-place	Germany.	
Occupation	Housewife.		Where Residing if not at place of death		4923 Eastern Ave. Ert.		
Married, Single or Widowed	Married		Name of Wife or Husband		Valentine Ertl.		
Father's Name	Michael Hueschler		Father's Birthplace		Germany.		
Mother's Maiden Name	dont. know		Mother's Birthplace		Germany.		
Name of person giving information	Valentine Ertl.		How related to deceased		Husband.		

## CAUSES OF DEATH

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>8 wks.</i>
Immediate	<i>Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	<i>J. F. Nichols</i>		
Address	<i>St. Agnes Hospital.</i>		
Accident or Suicide			

Lilly <sup>3rd</sup> Zsiler  
403 S. Wolfst. (Undertakers')

Sacred Heart. cum.

Balti. Co.

Name  
in Full

Elizabeth Eubanks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Govanstown Town Baltimore County MARYLAND

Date of death 1910 Year July Month 2 Day Age 21 Years 1 Months 0 Days

Sex Female Color or Race Colored Birth-place Virginia

Occupation In school till taken ill Where Residing if not at place of death Govanstown

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

Father's Name Charles Eubanks Father's Birthplace Wichfield Va

Mother's Maiden Name Hannah Daves Mother's Birthplace " Va.

Name of person giving Information Hannah Eubanks How related to deceased Mother

## CAUSES OF DEATH

Primary Tuberculosis How long 2 years

Immediate Exhaustion How long 1 month

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

Signature of Physician

Address

Pearce Knutzing Jr 1600 ...

Baltimore City Govanstown

Accident or Suicide

neither

Felix B. Pyle Sr.

# 102 E. Mulberry St.

Mt. Auburn Cemetery

Hickins Ave #1 -

Funeral Tuesday 1 P.M.

Name  
Full

William C. Euler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

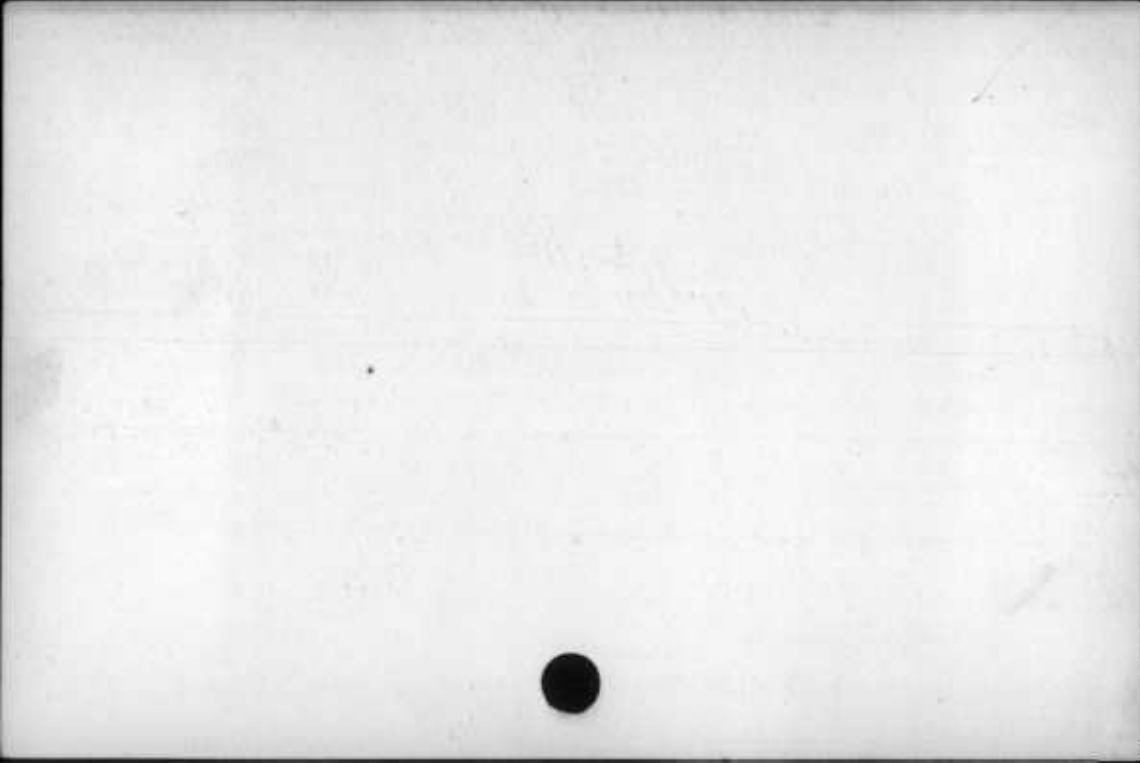
Died at <i>Woodlawn</i>		Town <i>Woodlawn</i>		County <i>Balto</i>		MARYLAND	
Date of death	190	Month <i>July</i>	Day <i>17<sup>th</sup></i>	Age <i>5-7</i>	Years	Months <i>9</i>	Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Woodlawn</i>				
Occupation <i>Fanner</i>	Where residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Euler</i>						
Father's Name <i>John Euler</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Annie Euler</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>George Euler</i>	How related to deceased <i>son</i>						

## CAUSES OF DEATH

24

PHYSICIAN  
OR CORONER

Primary <i>Tetanus</i>	How long <i>2 weeks</i>
Immediate <i>Respiratory Failure</i>	How long <i>Immediately</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Scurby</i>
Accident or Suicide? <i>—</i>	Address <i>West Front Park Md.</i>



Name  
in  
Full

Mary Emma Finerty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at 1306 S. 1st St.		Town		County		BALTO.	
Date of death 1900	Month July	Day 13	Age 45	Years	Months 11	Days	MARYLAND
Sex Female	Color or Race white	Birthplace Md	Occupation Housewife				
Where Residing if not at place of death 1306		Married, Single or Widowed Married					
Name of Wife or Husband Thomas Finerty		Father's Name Geo. W. White					
Father's Birthplace Balto.		Mother's Maiden Name Sarah Peun					
Mother's Birthplace Balto.		Name of person giving information Maggie Siebow		How related to deceased <sup>Wife</sup> <del>Wife</del> <sup>Wife</sup> Relationship			

CAUSES OF DEATH

PHYSICIAN OR CORONER

With Probably }  
Immediate }  
Paul Phthisis?

Cirrhosis of Liver  
Pulmonary Edema

How long 113  
Unknown  
How long

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

Signature of Physician M. J. McAvoy MD  
Address 1839 S. Canton St.

Accident or Suicide?

Society West Gen  
16 July 1891  
N. Park.

Undertaker

507 E North W



Name  
In  
Full

Andrew Finley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Madden's Choice Lane</i>		Town <i>Bath</i>		County <i>Es</i>		STATE <i>MARYLAND</i>	
Date of death <i>1900</i>	Month <i>July</i>	Day <i>3</i>	Age <i>81</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Killbuck</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband <i>Wife dead</i>					
Father's Name <i>unk.</i>		Father's Birthplace <i>Killbuck</i>					
Mother's Maiden Name <i>unk.</i>		Mother's Birthplace <i>Scotland</i>					
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Bowel Obstruction</i>	How long <i>4 days</i>
	Immediate <i>Explosion</i>	How long <i>"</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Lewis H. Gundry M.D.</i>
	Accident or Suicide?	Address <i>Relay, Talbot County, Md.</i>

Wm Cook

Undertaker

Western Conn

Tuesday July 5/1910

Name  
in  
Full

Fredrich Fischer

CERTIFICATE OF DEATH

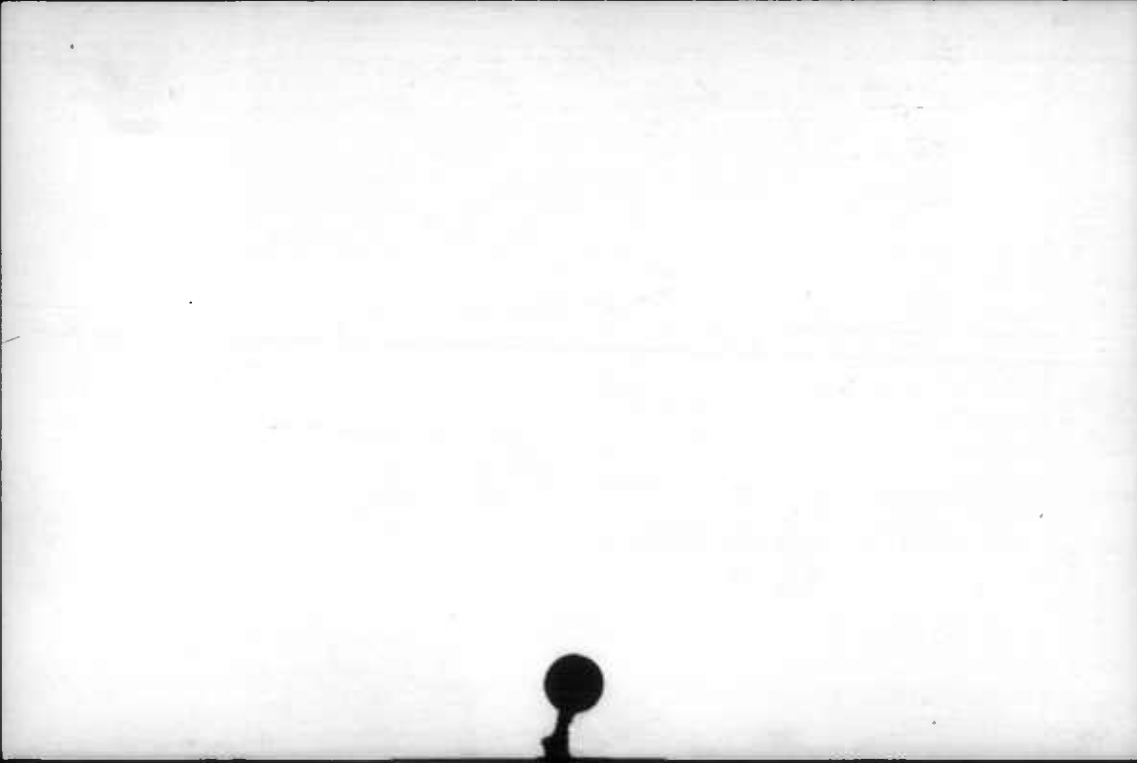
TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at <sup>Town</sup> Middle River		<sup>County</sup> Baltimore		MARYLAND	
Date of death 1960	<sup>Month</sup> July	<sup>Day</sup> 24	Age	<sup>Years</sup> 08	<sup>Months</sup> _____
Sex	male	Color or Race	white	Birth-place	Germany
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband			
Father's Name	unknown		Father's Birthplace	Germany	
Mother's Maiden Name	unknown		Mother's Birthplace	Germany	
Name of person giving Information	Fritz Fischer		How related to deceased	son	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Adm. Poisoning	How long	2 x 1/2 hr	
	Immediate	Asphyxiated	How long	24 hr	
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Philo W. Harrison	
	Address	Middle River			
Accident or Suicide	no				



Name in Full

Elmer C. Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

4

Died at Highlandtown <sup>Town</sup> Balto. <sup>County</sup> MARYLAND

Date of death 1950 <sup>Month</sup> July <sup>Day</sup> 12 <sup>Years</sup> 1 <sup>Months</sup> 0 <sup>Days</sup> 0

Sex Male Color or Race White Birth-place Baltimore

Occupation \_\_\_\_\_ Where Residing <sup>if not at place of death</sup> 3711 E. Lombard St

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name George Fisher Father's Birthplace Balto.

Mother's Maiden Name Elizabeth Edeler Mother's Birthplace "

Name of person giving Information " Fisher How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cholera Infantum Exhaustion 104 How long 1 week

Immediate \_\_\_\_\_ How long 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Jan P. Thomas MD

Address 34 George Highlandtown Md

Accident or Suicide 1/15

Gibbert Gibber  
1739 E. Esqui St,

---

Cakloun Ben

July 14 - 1910

Name  
in  
Full

CERTIFICATE OF DEATH

James Steven Ford.

Town

County

MARYLAND

Died at

Ashland

Batts

Date

of death 196

Month

July

Day

25-

Age

Years

Months

1

Days

25-

Sex

Male

Color or  
Race

White

Birth-  
place

Ind.

Occupation

None

Where Residing if not  
at place of death

Ashland Ind.

Married, Singla  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Marion Ford

Father's  
Birthplace

Ind.

Mother's  
Maiden Name

Sarah Mary Fordington

Mother's  
Birthplace

Ireland.

Name of person giving  
Information

Marion Ford.

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Cholera Inf autumna

How long

4 days -

Immediate

Comulsions

How long

1 day.

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

Yes.

Signature of  
Physician

Wilmer C. Edwards, M.D.

Address

Cockeysville  
Ind.

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Born at Portland  
Maine July 26<sup>th</sup> 1851

W. E. Brewster



Name  
is  
Full

Harry B. French

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pilimico</i>		Town <i>Pilimico</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death <i>1940</i>	Month <i>July</i>	Day <i>15th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>	Days <i>17</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pilimico Md</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <input checked="" type="checkbox"/> <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry B. French</i>				Father's Birthplace <i>Ohio</i>			
Mother's Maiden Name <i>Annie B. McDonald</i>				Mother's Birthplace <i>Penna.</i>			
Name of person giving information <i>Annie B. French</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Pontro-Coletis</i>	How long	<i>3 days</i>
Immediate	<i>Simple Meningitis</i>	How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. Garb M.D.</i>	
		Address <i>507 N. Cutaw street</i>	
Accident or Suicide? <i>No</i>		<i>Ballo. Md.</i>	

Walter Fisher & Son  
St Peter Cemetery

Name

In Full

Annie Marie Friskey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Orangeville* Town *Baltimore* County **MARYLAND**Date of death *1910 July 25* Month Day Age *—* Years *—* Months *14* DaysSex *Female* Color or Race *White* Birth-place *Baltimore*Occupation *None* Where Residing if not at place of death *—*Married, Single or Widowed *S.* Name of Wife or Husband *—*Father's Name *John G. Friskey* Father's Birthplace *Baltimore*Mother's Maiden Name *Minnie Smith* Mother's Birthplace *" "*Name of person giving information *John G. Friskey* How related to deceased *father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Cholera Infantum* *104* How long *2 da.*Immediate *Exhaustion* How long *2 da.*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *John L. Wright*Address *34 Gough High Street Md*Accident or Suicide? *No*

Mt Carmel Cemetery

July 26<sup>th</sup> 1910

Christian Miller St.  
2334 Jefferson St.

Name in Full

Wilhelmina Gail

## CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at		Town Mt. Wilson		County Cattoware		MARYLAND	
Date of death		1910	Month July	Day 27	Age —	Years —	Months 9
Sex	Female	Color or Race	White		Birth-place	Cattoware	
Occupation	Infant		Where Residing if not at place of death		Cattoware		
Married, Single or Widowed	Infant		Name of Wife or Husband		—		
Father's Name	William Gail				Father's Birthplace	Arkum	
Mother's Maiden Name	Mekum				Mother's Birthplace	"	
Name of person giving information	Mrs. Wm. Gail				How related to deceased	Mother	

## CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	gastro-intestinal intoxication	How long	10 1/2 days
Immediate	Pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. Kurt Jr.
Address	[Redacted]		
Accident or Suicide?	—		



Name  
in  
Full

Margaret Gallagher

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Putnamstown</i> <small>Town</small> <i>Balto</i> <small>County</small>		MARYLAND	
Date of death <i>1990</i> <small>Year</small> <i>July</i> <small>Month</small> <i>6</i> <small>Day</small> <i>11</i> <small>Day</small>	Age <i>76</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>21</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Ireland</i>	
Occupation <i>None</i>	Where Reading if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Patrick Gallagher</i>		
Father's Name <i>Michael Cunningham</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Monohan</i>	Mother's Birthplace <i>do</i>		
Name of person giving information <i>JA Bodel</i>	How related to decedent <i>Son in law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arteriosclerosis.</i>	How long <i>2 years</i>
Immediate <i>Sudden death - Possibly hemorrhage.</i>	How long <i>2 minutes.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. H. Hoeking.</i>
	Address <i>Sta St. - City.</i>
Accident or Suicide?	

H. Lowmiffeld.

88 Downing's Street  
London.



Name  
in  
Full

Mrs Mary Jane Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

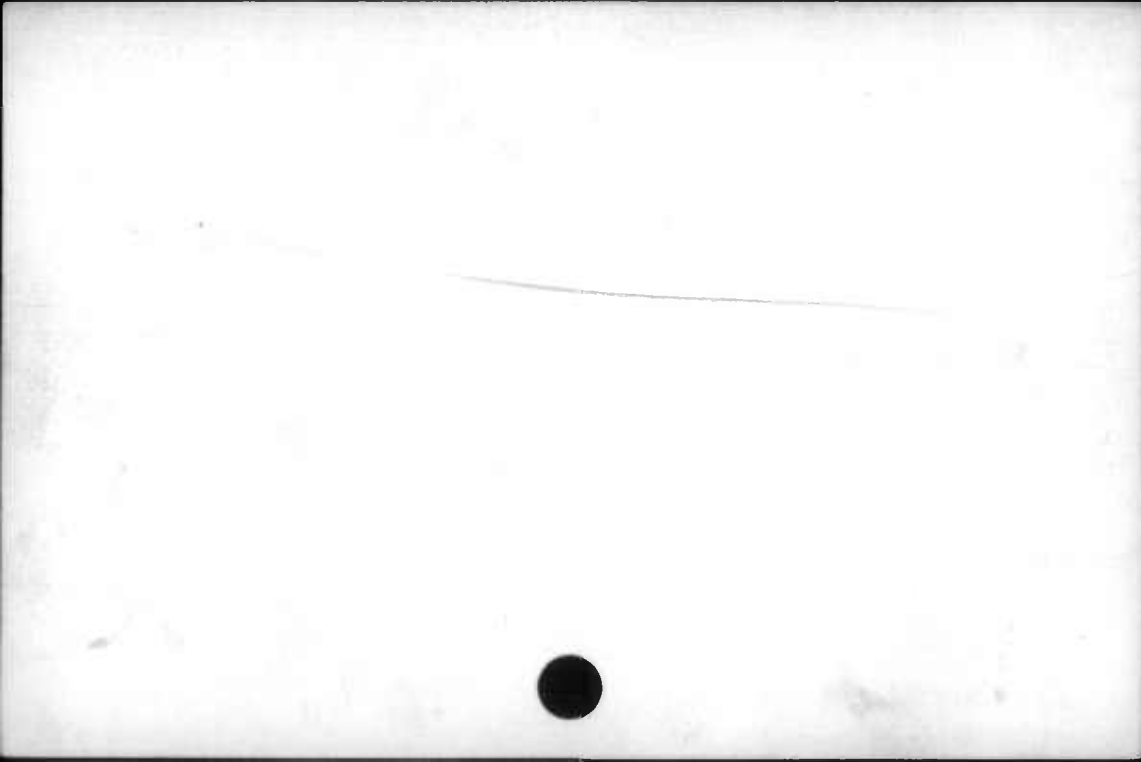
MARYLAND

Died at		Town Reisterstown		County Balto			
Date of death		Month	Day	Age	Years	Months	Days
1900		July	9	86		8	20
Sex	Female	Color or Race		White		Birth-place	
Occupation		Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband		Johnsey Gardner		Place of death	
Father's Name		Gabriel Moran		Father's Birthplace		Md	
Mother's Maiden Name		Marie Webb		Mother's Birthplace		Md	
Name of person giving Information		Mrs H. W. Gilman		How related to deceased		Niece	

## CAUSES OF DEATH

Primary	Acute Indigestion	Angina pectoris	How long	24 hr
Immediate	Heart Failure		How long	Suddenly
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. Rice
		Address		Blynden
				Md.
Accident or Suicide				

PHYSICIAN  
OR CORONER



Name  
by  
Full

CERTIFICATE OF DEATH

Henry Garrett

Died at <sup>Town</sup> Govanstown <sup>County</sup> Baltimore

MARYLAND

Date of death 1940 July 22 Age 24

Sex male Color or Race Dark Birth place Govanstown

Occupation Clerk Where Reading if not at place of death Govanstown

Married Single or Widowed  Single  Married  Widowed

Father's Name George W. Garrett Father's Birthplace Govanstown

Mother's Maiden Name Isabelle Barton Mother's Birthplace Govanstown

Name of person giving information George W. Garrett How related to deceased Brother

## CAUSES OF DEATH

Primary Pulmonary Phthisis How long about 10 months

Immediate

Are the name, age, sex, color, date and place correctly given above? Signature of Physician John Basson, M.D.

Address 4 Frances Ave

Waverly

Accident or Suicide? LIBRARY BUREAU 400110

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Familial Monday July 25.

undertaker

Robert S. Elliott

John Bennett  
Droven Town Md.  
July 24- 1910

Greenwood.  
30 below church.

Name  
in  
Full

Carrie Segner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at Camden <sup>Town</sup> Baltimore <sup>County</sup> MARYLAND

Date of death 1940 Month 7 Day 16 Age 18 <sup>Years</sup> 3 <sup>Months</sup> 3 <sup>Days</sup>

Sex Female Color or Race White Birth-place Baltimore

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

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Wm Segner Father's Birthplace Baltimore

Mother's Maiden Name Lena Rummel Mother's Birthplace Baltimore

Name of person giving information Brother How related to deceased Brother's Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary lung cancer How long 28 1 Year

Immediate Pathosis How long 1 Year

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

Signature of Physician E. V. Ramsey M.D.

\_\_\_\_\_

Address 3522 Baltimore

Accident or Suicide?

Mr. Edward Green

July 19/10

H. Jander Jones

908 J. First St

Place of birth

Name  
In  
Full

*Dr. Nathaniel R. Gerry*

CERTIFICATE OF DEATH

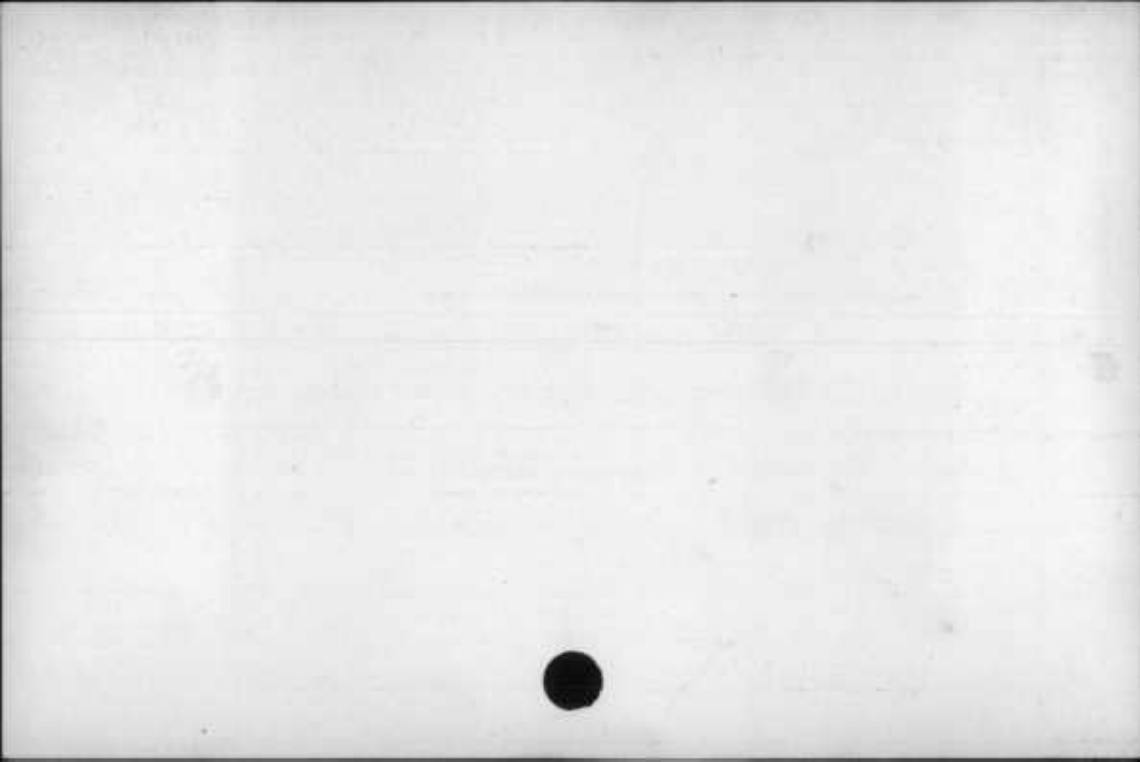
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes' Hospital</i>		Town <i>Baltimore</i>		County		STATE <i>MARYLAND</i>	
Date of death	Month <i>July</i>	Day <i>1</i>	Age <i>80</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>					
Occupation <i>Ret. Physician</i>	Where Residing if not at place of death <i>Catonsville, Md</i>						
Married, Single or Widowed <i>Wid.</i>	Name of Wife or Husband <i>Unknown</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information <i>Hospital Record.</i>	How related to deceased						

CAUSES OF DEATH

Primary <i>Arterio-sclerosis</i>	How long <i>(81)</i>
Immediate <i>Oedema of lungs</i>	How long <i>4 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. H. Nichols M.D.</i>
<i>Yes</i>	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	

PHYSICIAN  
OR CORONER





Name in Full

Conrad Gettig

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> <i>Highlandtown</i> <sup>County</sup> <i>Balto</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>7</i>	Day <i>10</i>
Age <i>77</i>		Years <i>77</i>	Months <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>	
Occupation <i>Retired</i>	Where Residing if not at place of death <i>301 S 2nd St</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Catherine Gettig</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Catherine Gettig</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>6 mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>28</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. Warner M.D.</i>
		Address	<i>370 Highland av</i>
Accident or Suicide?	<i>No</i>		

Trinity term.

J Herwigson

7/12/10

Name  
in  
Full

Mrs. Lennel Gummill

CERTIFICATE OF DEATH

Died at <sup>town</sup> Near Freedoms <sup>County</sup> Balt's MARYLAND

Date of death 1940 July 16 Age 61 Months 2 Days 24

Sex Male Color or Race White Birth-place Maryland

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Namusker.

Father's Name Mrs. Gummill Father's Birthplace Unknown.

Mother's Maiden Name Elizabeth Bosley Mother's Birthplace Md.

Name of person giving information Howard Gummill How related to deceased Son.

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary Fall How long 4 days

Immediate Peritonitis How long 2 days

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

Signature of Physician

Address

117  
Gas. L. Gayle  
near Freedoms, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

*Thunbergia* - *Flora*

Name  
in  
Full

CERTIFICATE OF DEATH

Jacob Guit

Town

Saint Paul

County

Baltimore

MARYLAND

Died at

Date

of death 1960

Month

July

Day

17<sup>th</sup>

Age

Years

74

Months

0

Days

0

Sex

Male

Color or  
Race

White

Birth-  
place

West Germany

Occupation

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

Married

Name of Wife or  
Husband

Elizabeth Guit

Guit

Father's  
Name

Jacob Guit

Father's  
Birthplace

Md

Mother's  
Maiden Name

Margaret Kessler

Mother's  
Birthplace

Md

Name of person giving  
Information

Jacob Guit

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Atherosclerosis

How long

81

1 year

Immediate

Hypertension

How long

Immediate

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

Yes

Signature of  
Physician

Address

A. C. Summit  
West Saint Paul

Accident or Suicide

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

W. H. Fugate  
Under table

Marine Cemetery

Name in Full

Vernon A. Gonce.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Parkville <sup>Town</sup> Baths <sup>County</sup> MARYLAND

Date of death 1910 <sup>Month</sup> July <sup>Day</sup> 14 <sup>Years</sup> 8 <sup>Months</sup>  <sup>Days</sup>

Sex Male Color or Race White Birthplace Parkville

Occupation  Where Residing if not at place of death Parkville

Married, Single or Widowed Single Name of Wife or Husband Bertha E. Gonce

Father's Name George E. Gonce Father's Birthplace Balti Md.

Mother's Maiden Name Bertha E. Chautice Mother's Birthplace Balti Md.

Name of person giving information Catherine Miller How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Whooping Cough How long 3 wks.

Immediate Dyscolitis How long 10 days

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

Signature of Physician George A. Smith, M.D.

Address Hamilton Md

Accident or Suicide? no

Am. Bank.

Summers

Conception

Army

Dwson

Mount-Minia

Townsend

Friday 15-70

2 P.M.

as Proceedings Army  
Chpt



Name  
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Infant, 1749 Leland Dr</i>		County <i>Belts</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>July</i>	Day <i>3</i>	Age	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Belts Co</i>		Days <i>1</i>
Occupation <i>None</i>	Where residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>George Mason</i>	Father's Birthplace <i>Belts Co Md</i>				
Mother's Maiden Name <i>Agnes Fitzpatrick</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>George Mason</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>151 B</i>
Immediate <i>Infection</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. S. Suttle M.D.</i>
	Address <i>352 E Belts Co</i>
Accident or Suicide?	

Mt Carmel Conn

Herwig Jun

7/4/10

Name  
Is  
Full

CERTIFICATE OF DEATH

Infant of Geo. and Agnes Grason

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hq. Landston</i>		County <i>Balls</i>		MARYLAND	
Date of death	19 <i>10</i> <i>July</i>	Day <i>3</i>	Age	Years	Months
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Balls</i>
Occupation	<i>None</i>		Where residing if not at place of death <i>Same</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>None</i>		
Father's Name	<i>George Grason</i>		Father's Birthplace	<i>Mo.</i>	
Mother's Maiden Name	<i>Agnes Fitzpatrick</i>		Mother's Birthplace	<i>Ireland</i>	
Name of person giving information	<i>George Grason</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long	<i>5</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. S. [Signature]</i>
		Address	<i>3523 [Address]</i>
Accident or Suicide?			

Mr. Carmel Lee

Henry Lee

7/4/10

Name  
in  
Full

Bessie R. Gunto

CERTIFICATE OF DEATH

Died at		Roslyn		Baltimore		MARYLAND	
Date of death		1960	7	17	Age	5	
Sex	Female	Color or Race	colored	Birth-place	Roslyn Md.		
Occupation				Where Residing if not at place of death	Roslyn	"	
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Fletcher Gunto			Father's Birthplace	Penn		
Mother's Maiden Name	Bessie Oliver			Mother's Birthplace	Bald. Co.		
Name of person giving information	Fletcher Gunto			How related to deceased	Father		

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary	Dis Colitis & Marasmus	How long	Several weeks
Immediate	Exhaustion	How long	

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

Signature of Physician

Address

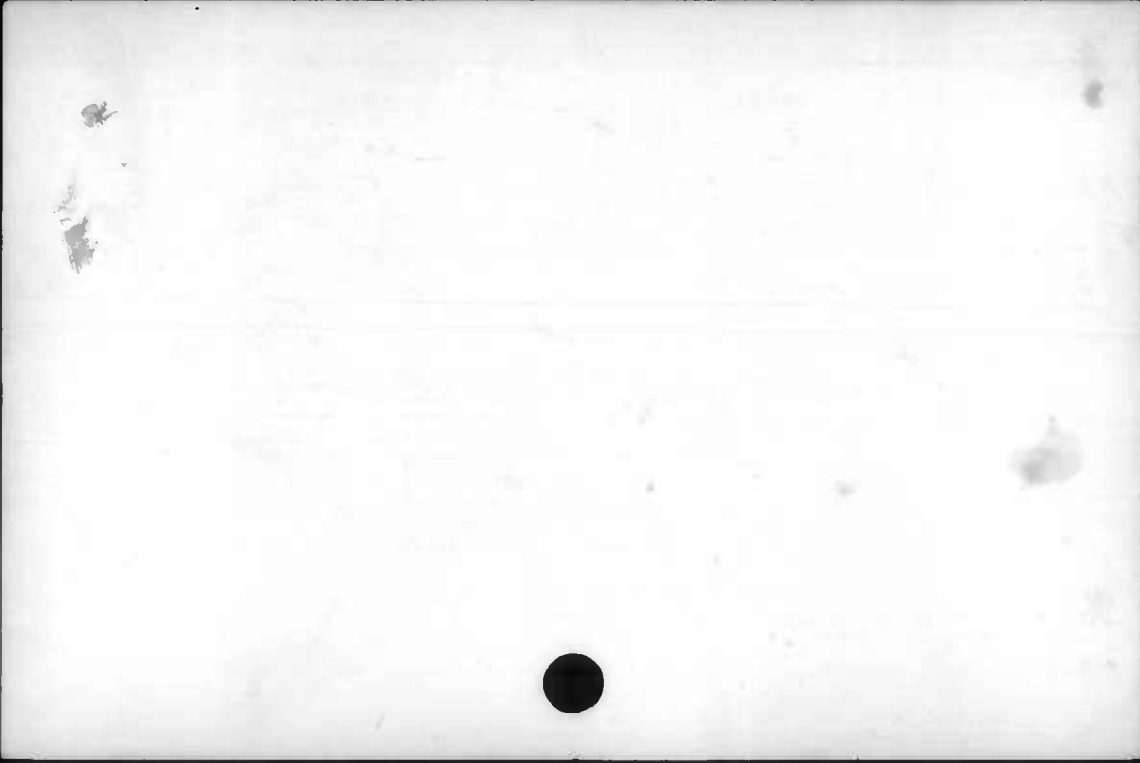
Louis Naylor

Pitersville

Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Mary E. Staas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

MARYLAND

Died at		Town Shes road + 17St		County Balt			
Date of death	1940	Month 7	Day 20	Age 30	Years	Months	Days
Sex	Female	Color or Race	White	Birth- place	Maryland		
Occupation	House wife		Where Residing if not at place of death		Shes road + 17St		
Married, Single or Widowed	Married	Name of Wife or Husband		Henry Staas.			
Father's Name	Henry Staas		Father's Birthplace		Md		
Mother's Maiden Name	Mary Jeffrey		Mother's Birthplace		Md		
Name of person giving Information					How related to deceased		

## CAUSES OF DEATH

Primary	Pulmonary Tuberculosis		How long	7 mo
Immediate	Exhaustion		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	Dr. L. Max
			Address	3 + Gough
Accident or Suicide		No	Highland Md.	

OFFICE SUPPLY CO. 2364

Robt T. Turner

Broadway & Oliver

Fort Carmel Conn

July 23/1910



Name  
in  
Full

Ada Louise Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at North Point Rd Town Balto. County MARYLAND

Date of death 1900 Month 7 Day 14 Age — Years Months 6 Days 5

Sex Female Color or Race white Birth-place md.

Occupation none Where Residing if not at place of death —

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

Father's Name Edwin Hackett Father's Birthplace md.

Mother's Maiden Name Louise Hillmer Mother's Birthplace md.

Name of person giving Information Edwin Hackett How related to decedent Father.

CAUSES OF DEATH

Primary Cholera Infantum How long 104  
Immediate 5 days.

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

Address 3244 Eastern Ave.

Accident or Suicide

PHYSICIAN  
OR CORNER

K. Broun Down  
July 15<sup>th</sup> 1910  
Oaks Lawn Party

---

Name  
in  
Full

Mrs Eliza Haes

Copy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

MARYLAND

Died at *Roland Park* Town

County *Balto*

Date of death *1960*

Month *7*

Day *22*

Age *105* Years

Months *—*

Days *—*

Sex *female*

Color or Race *Black*

Birth-place *Mo*

Occupation *housewife*

Where Residing if not at place of death *Roland Park*

Married, Single or Widowed *widow*

Name of Wife or Husband *William Haes*

Father's Name *Richard Myers*

Father's Birthplace *Mo*

Mother's Maiden Name *Myers*

Mother's Birthplace *Mo*

Name of person giving Information *—*

How related to deceased *—*

CAUSES OF DEATH

Primary *Arteriosclerosis*

How long *1 year*

Immediate *inaction*

How long *—*

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

Signature of Physician *H. G. Cassidy M.D.*

Address *Roland Park*

Accident or Suicida *No*

PHYSICIAN  
OR CORONER

*Handwritten scribble*

2000  
1000



Name  
in Full

Gertude Haerslik

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONERDied at <sup>Town</sup> Rosedale <sup>County</sup> Balto

MARYLAND

Date of death: 1960 July 26 Age 1 Months 0 Days

Sex: Female Color or Race: white Birth-place: Md

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

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

Father's Name: Joseph Haerslik Father's Birthplace: Md

Mother's Maiden Name: Maggie Klein Mother's Birthplace: Md

Name of person giving Information: Jos Haerslik How related to deceased: Father

## CAUSES OF DEATH

Primary: Cholera Infantum How long: 2 weeks

Immediate: — How long: —

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

Signature of Physician: C. V. ...

Address: Crossville Md

Accident or Suicide: —



Name  
in  
Full

Ireval Hester Hare

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Near Hampstead</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1900</i>	<i>July</i>	<i>4</i>	<i>—</i>	<i>—</i>	<i>7</i>
Sex	Color or Race	Birth-place		<i>Near Hampstead</i>	
<i>Female</i>	<i>White</i>	Occupation		Where Residing if not at place of death	
<i>non</i>	Married, Single or Widowed		Name of Wife or Husband		
<i>single</i>					
Father's Name	<i>Samuel M Hare</i>			Father's Birthplace	<i>Gravemen</i>
Mother's Maiden Name	<i>Lilley Martin</i>			Mother's Birthplace	<i>Near Hampstead</i>
Name of person giving information	<i>Father</i>			How related to deceased	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long	<i>7 1/2</i>
	Immediate	How long	<i>2 hours</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
	Accident or Suicide		Address

*Convulsions*

*J. A. Presley*  
*Hampstead*





Name  
in  
Full

Joe. E. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Fort Washington</i>		Town <i>Fort Washington</i>		County <i>Balt.</i>			
Date of death <i>1900</i>		Month <i>7</i>	Day <i>11</i>	Age Years		Months <i>8</i>	Days <i>11</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth place <i>Ind</i>			
Occupation <i>none</i>				Where Reading if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Edw. Harris</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mollie Yingling</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Edw. Harris</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>acute Gastroenteritis</i>		How long <i>10 H</i>	<i>4 days</i>
Immediate <i>Convulsions</i>		How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C H Beeten</i>	
		Address <i>Fort Washington</i>	
Accident or Suicide?			

St. Marys Hampton

July 12 1910

A. S. Marshall  
3537 Falls Road

Name  
In  
Full

## CERTIFICATE OF DEATH

Levy S. Harris

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Raspeburg</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death	<u>1940</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>22</u> <small>Day</small>	Age	<u>1</u> <small>Years</small>
					<u>19</u> <small>Months</small>
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Raspeburg, Md.</u>
Occupation	_____		Where residing if not at place of death <u>Raspeburg, Md.</u>		
Married, Single or Widowed	_____		Name of Wife or Husband _____		
Father's Name	<u>John F. Harris</u>		Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Margaretta Brining</u>		Mother's Birthplace	<u>Md</u>	
Name of person giving information	<u>John F. Harris</u>		How related to deceased	<u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Lobar Pneumonia</u>	How long	<u>4 days</u>
	Immediate	<u>Lobar Pneumonia</u>	How long	<u>4 days</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Geary A. Longson, D.</u>
			Address	<u>Hamilton,</u>
	Accident or Suicide?	<u>No</u>		<u>Md</u>

Fred. Leach & Sons.  
Balto. Cemetery

Name  
in Full

Francis Heasoch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Franklin Road</i>		Town <i>Franklin</i>		County <i>Baltimore Co.</i>		MARYLAND	
Date of death	<i>190</i>	Month <i>July</i>	Day <i>19</i>	Age	Years	Months <i>4</i>	Days <i>13</i>
Sex <i>boy</i>	Color or Race <i>White</i>		Birth-place <i>Balti. Co</i>				
Occupation <i>L</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>Charles L. Heasoch</i>	Father's Birthplace <i>Balti. Co</i>						
Mother's Maiden Name <i>Lillie T. Butler</i>	Mother's Birthplace <i>Balti. Co</i>						
Name of person giving information <i>Charles L. Heasoch</i>	How related to deceased <i>Father</i>						

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Marasmus.</i>	How long <i>4 months</i>
	Immediate <i>Cardiac asthma</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>H. E. Gupke M. D.</i>
	Accident or Suicide?	Address <i>3058 N. North Ave Baltimore Md.</i>

Brewster Bros  
Manufacturers  
25 N Fulton Ave

Brewster  
St Agnes Church  
)

Name

Geo. Addison Headley

CERTIFICATE OF DEATH

Died at

Canton

Town

County

Balto

MARYLAND

Date

of death 1910

Month

July

Day

13

Age

Years

-

Months

9

Days

-

Sex

Male

Color

White

Birth

place

Md.

Occupation

Where Residing  
at place of death

3229 Elliott St.

Married Single

~~Widow~~Name of Wife or  
Husband

Father's

Name

Geo. Arthur Headley

Father's

Birthplace

Va.

Mother's

Maiden Name

Annie Meeks

Mother's

Birthplace

Md.

Name of person giving  
information

"

"

Headley

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Gastro-Enteritis

How long

10 days

Immediate

Exhaustion

How long

2 days

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

Yes

Signature of  
Physician

D.W. Jones M.D.

Address

3116 Chomwell St.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Gibler & Gibler  
1739 E. Eager St.

---

Mr. Carnel Com.

July 15-1910



Name  
in  
Full

Abesta Catherine Helldorfer

CERTIFICATE OF DEATH

Town

County

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at Highlandtown

Balto.

Date of death

1900

Month

July

Day

15

Age

1

Months

2

Days

10

Sex

Female

Color or Race

White

Birthplace

Balto. Co.

Occupation

None

Where Residing if not et place of death

3242 Trait Ave

Married, Single or Widowed

Single

Name of Wife or Husband

—

Father's Name

John P. Helldorfer

Father's Birthplace

Balto. dld.

Mother's Maiden Name

Catharine Banz

Mother's Birthplace

Balto, dld.

Name of person giving Information

John P. Helldorfer

How related to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia 92

How long

10 days

Immediate

Cardiac failure

How long

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

yes

Signature of Physician

Charles S. Meier

Address

219 Nat Park Ave

PHYSICIAN OR CORONER

Accident or Suicide

St. Alphonsus Cemetery.

July 16<sup>th</sup> 1910.

Lilly & Geiler.

Undertakers.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant of Eugene and Maggie Henry

Died at not windows Baltimore MARYLAND

Date of death 1900 July 21 Age no no 8

Sex female Color or Race white Birth-place not windows

Occupation none Where Residing if not at place of death not windows

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

Father's Name Eugene Henry Father's Birthplace Baltimore

Mother's Maiden Name Maggie Kirk Mother's Birthplace Baltimore

Name of person giving Information Eugene Henry How related to deceased of father.

## CAUSES OF DEATH

Primary Premature Birth 17/03 How long 8 days

Immediate

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

Signature of Physician

Address

Accident or Suicide

Nicholas & Smith  
Undertaker

---

Watson Cemetery

Name  
in  
FullInfant 6 1/2 (Henry)  
months (June)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hulls ville</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 19 <u>10</u>	Month <u>July</u>	Day <u>11</u>	Age <u>no</u>	Months <u>no</u>	Days <u>6 hours</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth place <u>Hulls ville</u>		Where Residing if not at place of death <u>Hulls ville</u>	
Occupation <u>none</u>	Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>154</u>		Father's Birthplace <u>Cambridge</u>	
Father's Name <u>Engine B. Henry</u>	Mother's Maiden Name <u>Maggie Kisch</u>		Mother's Birthplace <u>Baltimore</u>		How related to deceased <u>father</u>
Name of person giving Information <u>Engine B. Henry</u>					

## CAUSES OF DEATH

Primary <u>Still born</u>	How long <u>hours</u>
Immediate <u>Still Born</u>	How long <u>6 hours</u>

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

Signature of Physician

Address

Reynolds  
not living

Accident or Suicide

PHYSICIAN  
OR CORONER

G. J. Smith  
Undersäter

Proton Bemerkung

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Ernest Heeping

Town

County

Died at St. Agnes Hospital

Baltimore

MARYLAND

Date of death 1910 July 26

Age 68

Months

Days

Sex Male

Color or Race

White

Birth-place

Germany

Occupation

Labour

Where Residing if not at place of death

1932 - W. Pratt St.

Married, Single or Widowed

Mar

Name of Wife or Husband

Unknown

Father's Name

Unknown

Father's Birthplace

Unknown

Mother's Maiden Name

"

Mother's Birthplace

"

Name of person giving information

Hospital Record

How related to deceased

20

## CAUSES OF DEATH

Primary

Alveolar Abscess

How long

10 days.

Immediate

Septicemia

How long

2 days +

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

Yes

Signature of Physician

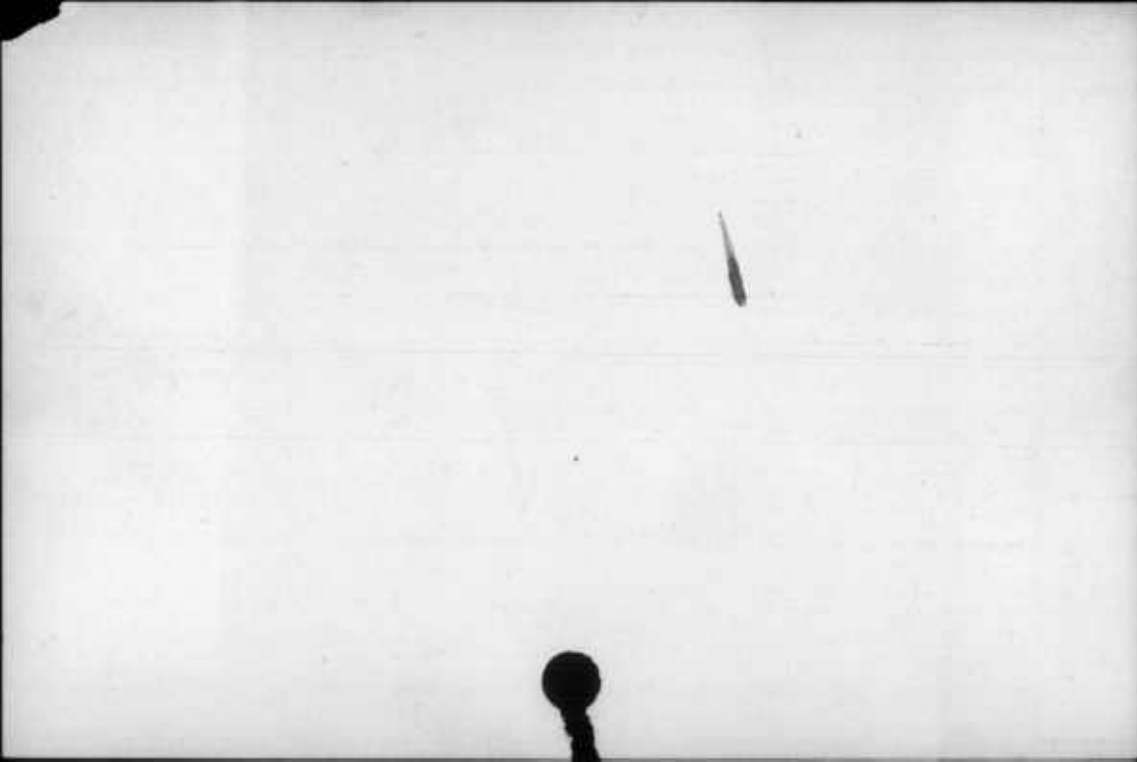
Address

Fred G. Cronk  
St. Agnes Hospital

Accident or Suicide?

No

PHYSICIAN  
OR CORONER





Name  
in  
Full

Abraham Hill

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at <i>North point</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup> <i>County</i>		MARYLAND	
Date of death	<i>1900</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>16</i>	Age	<i>26</i> <sup>Years</sup>	Months	Days
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Baltimore Co</i>
Occupation	<i>Brick worker</i>	Where Residing if not at place of death	<i>1526 Mulliken St</i>		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband			
Father's Name	<i>David Hill</i>	Father's Birthplace	<i>Baltimore Co</i>		
Mother's Maiden Name	<i>Georgiana Smith</i>	Mother's Birthplace	<i>Baltimore Co</i>		
Name of person giving information	<i>Mayme Hill</i>	How related to deceased	<i>Sister</i>		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>acute Lobar Pneumonia</i>	How long	<i>one day</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>A. E. Eisenberg M.D.</i>
		Address	<i>2213 Orleans St - Baltimore</i>
Accident or Suicide?			

R St Elliott

July 18. 1910

Greenwillow berries

Stark's Parrot

Name  
in  
Full

Pryles Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mt Wiggins <sup>County</sup> Baltimore MARYLAND

Date of death 1940 <sup>Month</sup> July <sup>Day</sup> 24 <sup>Age</sup> 20 <sup>Years</sup> <sup>Months</sup> 4 <sup>Days</sup> 6

Sex female <sup>Color or Race</sup> colored <sup>Birth-place</sup> Mt Wiggins

Occupation none <sup>Where Residing if not at place of death</sup> Mt Wiggins

Married, Single or Widowed Single <sup>Name of Wife or Husband</sup> —

Father's Name Robert C Hill <sup>Father's Birthplace</sup> Hopwood

Mother's Maiden Name Suzale C. Camper <sup>Mother's Birthplace</sup> Cambridge

Name of person giving Information Robert Hill <sup>How related to deceased</sup> Father

## CAUSES OF DEATH

Primary Cholera Infantum <sup>How long</sup> 10 1/4 days

Immediate <sup>How long</sup> 2 days

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

Signature of Physician

Address

Pryles  
Mt Wiggins

Accident or Suicide

Md.

PHYSICIAN  
OR CORONER

Geo. J. Kays  
Mt Auburn

Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Still born of John & Louisa Beech

Died at <sup>Town</sup> Grange		<sup>County</sup> Balto.		MARYLAND	
Date of death	1910	Month	July	Day	21
Age	Years		Months		Days
Sex	Male		Color or Race	Dane	
Occupation	None		Birth-place	Ma	
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Born	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

Memorandum  
July 22, 1915  
H. S. G. S. S.

Name in Full

David E. Hiser

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at <i>Hillendale</i> <small>Town</small>		<i>Ballo.</i> <small>County</small>		<b>MARYLAND</b>	
Date of death <b>19</b> <i>10</i>	<i>July</i> <small>Month</small>	<i>19</i> <small>Day</small>	Age <i>18</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Mo.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Hillendale</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>is one</i>				
Father's Name <i>Frederick Hiser</i>	Father's Birthplace <i>Mo.</i>				
Mother's Maiden Name <i>Caroline Schreiner</i>	Mother's Birthplace <i>Mo.</i>				
Name of person giving information <i>Frederick Hiser</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <i>Chronic Brights disease</i>	How long <i>(150)</i> <i>2 years</i>
Immediate <i>Uremic Exemia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Boynton Green M.D.</i>
	Address <i>Lawson Md.</i>
Accident or Suicide? <i>no</i>	

John Burns & son  
Towns

Embarkment in  
Dund Ridge  
Cave



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jefferson Hisey*

Died at *North Point Road* County *Baltimore* MARYLAND

Date of death *1940* Month *July* Day *21* Age *49* Years Months Days

Sex *male* Color or Race *white* Birth-place *Balto. Co.*

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

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

Father's Name *Henry Hisey* Father's Birthplace *Balto. Co.*

Mother's Maiden Name Mother's Birthplace *Balto. Co.*

Name of person giving information How related to deceased

## CAUSES OF DEATH

Primary *Tuberculosis Pulmonalis* How long *Six months*

Immediate *Exhaustion* How long

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

Address *2017 E. Balto. St., Baltimore Md.*

Accident or Suicide *No.*

PHYSICIAN  
OR CORONER

Robt J. Turner

Mt Carmel Conn

July - 24 - 1910

Name  
in  
Full

John P. Hoarty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1900</i>	Month <i>7</i>	Day <i>9</i>	Age	Years	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Co.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>3308 Hudson St.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John J. Hoarty</i>	Father's Birthplace <i>Rem.</i>				
Mother's Maiden Name <i>Senora Barnes.</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving Information <i>John J. Hoarty</i>	How related to deceased <i>Father.</i>				

## CAUSES OF DEATH

Primary *Acute Gastro-Enteritis* How long *17 days.*

Immediate *& Cholera.* How long *4 1/2 hrs.*

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

Signature of Physician

Address

*W. E. J. [Signature]*  
*619 S. Clinton St.*

Accident or Suicide

PHYSICIAN  
OR CORONER

Lilly + Jilda  
Sacred Heart Cemetery  
July 11 -

Name  
in  
Full

*Olivia Powell Hopkins*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Philopolis</i> <small>Town</small>		<i>Balto Co</i> <small>County</small>			
Date of death <i>1990</i>	<i>July</i> <small>Month</small>	<i>29</i> <small>Day</small>	<i>43</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Balto Co.</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Lee Hopkins</i>				
Father's Name <i>Henry Powell</i>	Father's Birthplace <i>Balto Co</i>				
Mother's Maiden Name <i>Luffy Powell</i>	Mother's Birthplace <i>Balto Co</i>				
Name of person giving information <i>Spellie Caution</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

*79*

PHYSICIAN  
OR CORONER

Primary <i>Initial resuscitation</i>	How long <i>6 mo</i>
Immediate <i>Acute dilatation</i>	How long <i>suddenly</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. H. Sherman</i>
	Address <i>Glencoe Md.</i>
Accident or Suicide?	

Funeral at Steventon

Chapple Sunday May 31<sup>st</sup>

M. C. Brooks

Name  
In Full

Edgar Horn

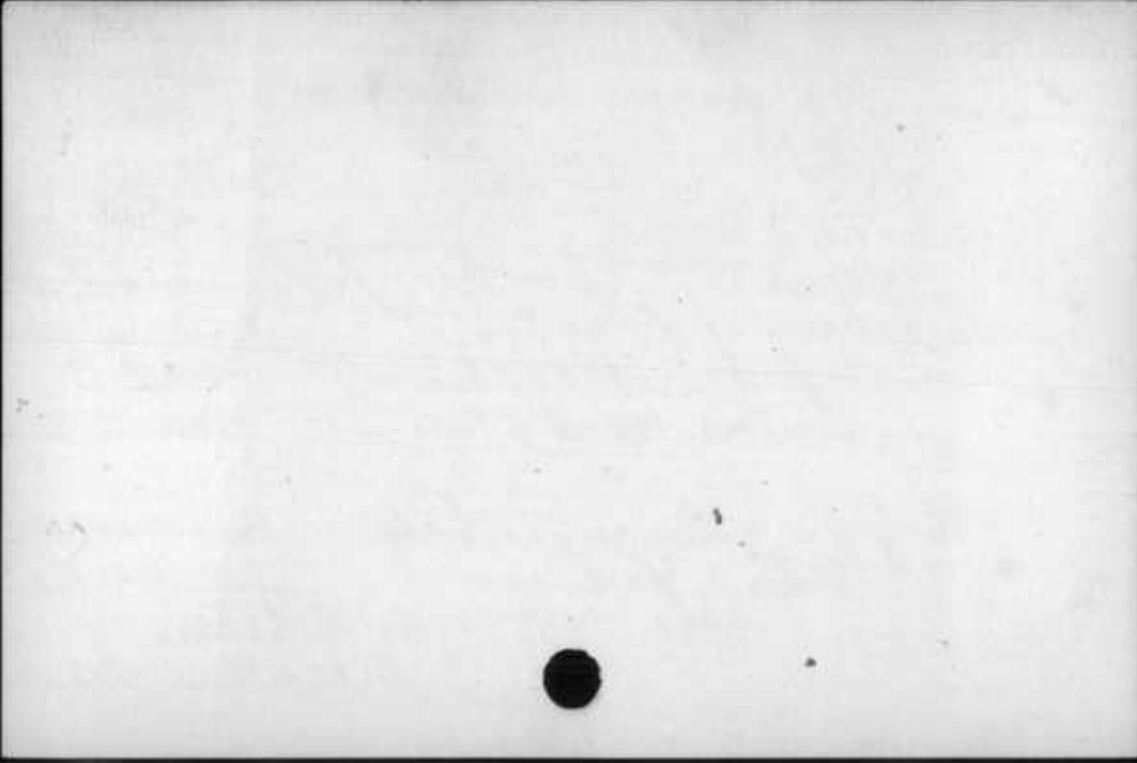
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt. Wilson		County Baltimore		MARYLAND	
Date of death 1910		Month July	Day 10	Age <del>10</del>	Years 2	Months —	Days —
Sex Male		Color of Race Black		Birth place Baltimore			
Occupation Infant				Where Residing if not at place of death Baltimore			
Married, Single or Widowed Single		Name of Wife or Husband <del>Edgar Horn</del> Infant					
Father's Name Unknown				Father's Birthplace Unknown			
Mother's Maiden Name Theresa Horn				Mother's Birthplace "			
Name of person giving information Theresa Horn				How related to deceased Mother			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Malnutrition	(177 B)	How long	1 mo.	
	Immediate	Dysentery		How long	10 days	
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		
				Address J. W. / [unclear] / [unclear]		
Accident or Suicide?						





Name  
in  
Full

George W. Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

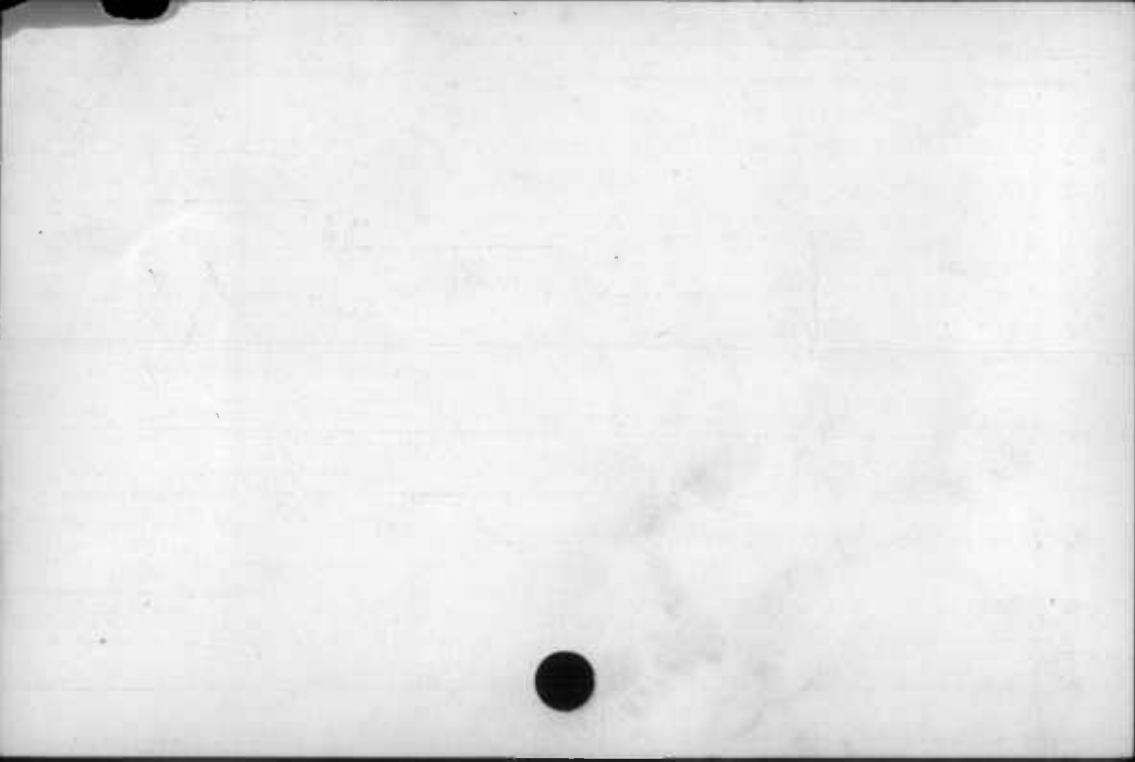
Died at Town <i>Hereford</i>		County <i>Baltimore</i>		MARYLAND			
Date of death 19 <i>40</i>	Month <i>July</i>	Day <i>2</i>	Age Years <i>58</i>	Months <i>6</i>	Days <i>3</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Balto, Md.</i>					
Occupation <i>Contractor &amp; Undertaker</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ester J. Howard</i>						
Father's Name <i>Johnsey Howard</i>	Father's Birthplace <i>Balto, Co.</i>						
Mother's Maiden Name <i>Ellen Michelle</i>	Mother's Birthplace <i>Balto Co.</i>						
Name of person giving information <i>Dixon M. Sipton</i>	How related to decedent <i>Brother-in-law</i>						

CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary <i>Laryngeal &amp; Pulmonary Phthisis</i>	How long <i>Four years</i>
Immediate <i>General failure</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. B. Mitchell</i>
	Address <i>Moukton, Md.</i>
Accident or Suicide?	



Name in Full

Elias Hoy

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

7

Died at <sup>Town</sup> Timonium <sup>County</sup> Baltimore

MARYLAND

Date of death 1910 July 5 Age 60 Months 4 Days

Sex male Color or Race Colored Birth-place Balto. Co. Md.

Occupation Laborer Where Residing if not at place of death Timonium

Married, Single or Widowed married Name of Wife or Husband Lydia Hoy

Father's Name Elias Hoy Father's Birthplace unknown

Mother's Maiden Name Cecelia Grey Mother's Birthplace Virginia

Name of person giving information Lydia Hoy How related to deceased wife

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary Chronic Infectious Polyuria How long 10 months

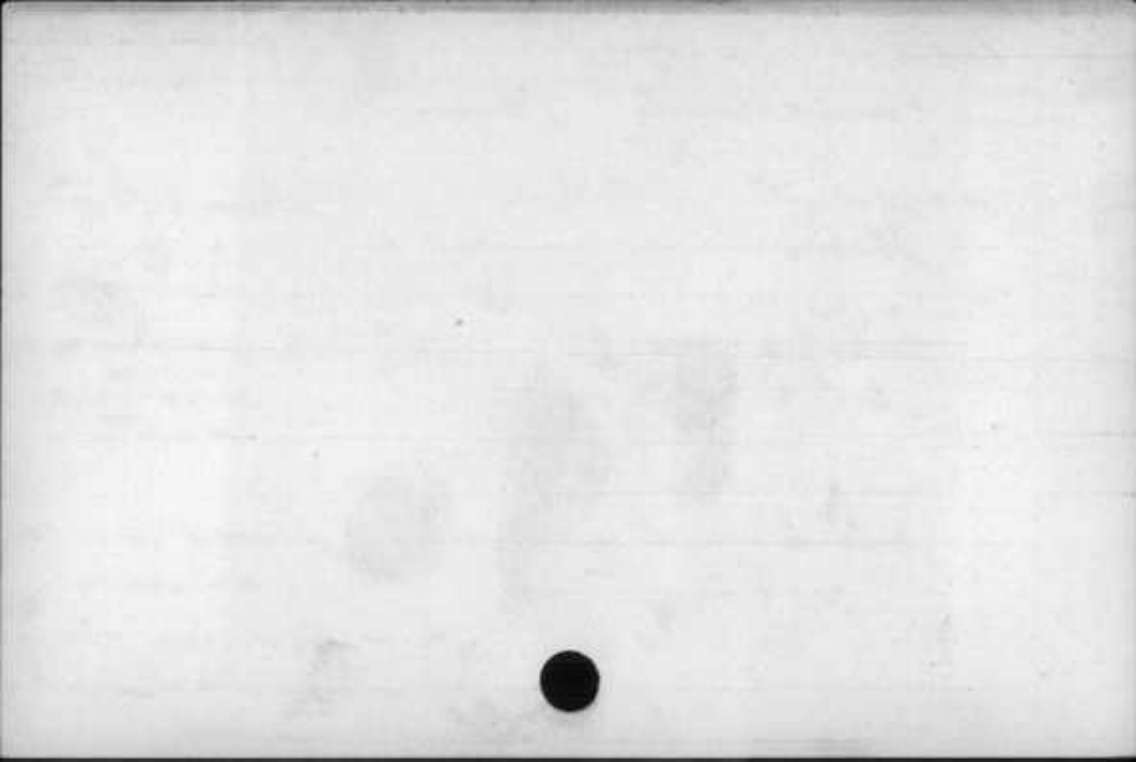
Immediate Fatty Degeneration of the Heart How long about 1 yr

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

Signature of Physician B. F. Bursky M.D.

Address Lemas Md

Accident or Suicide?



Name  
In Full

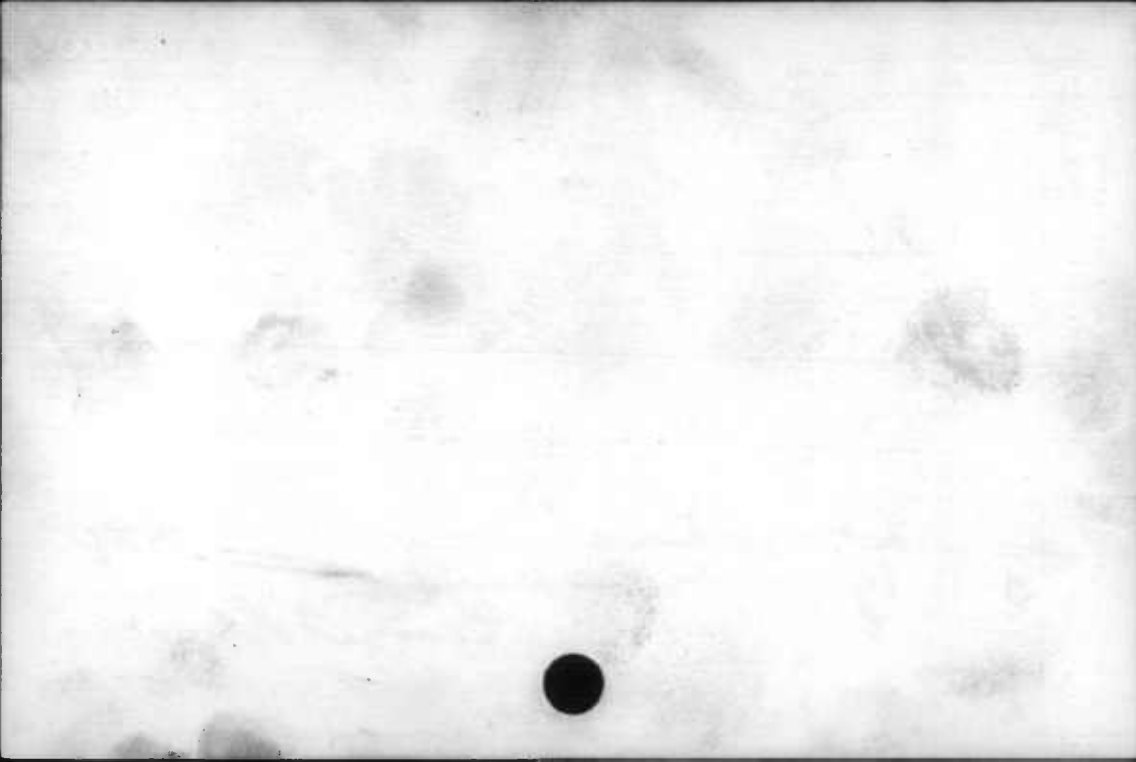
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Spinn's Point</i>		Town <i>Harris</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 19 <i>00</i>	Month <i>July</i>	Day <i>25</i>	Age	Years	Months	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Spinn's Point</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Joseph Hurg</i>		Father's Birthplace <i>Austria</i>					
Mother's Maiden Name <i>Katie Slaves</i>		Mother's Birthplace <i>Austria</i>					
Name of person giving information <i>Joseph Hurg</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Measles</i>	How long	<i>45 hours</i>
	Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. C. Gledhill, M.D.</i>	
Address		<i>Spinn's Point</i>		
Accident or Suicide		<i>Med</i>		



Name in Full

Ferdinand William Huth

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Hamilton* <sup>Town</sup> *Baltimore* <sup>County</sup> **MARYLAND**

Date of death *1960 July 25* Age *69* Months *7* Days *22*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Weight Master* Where Residing if not at place of death *—*

~~Married~~ *Widowed* Name of Wife or Husband *Wilhelmina A. Huth*

Father's Name *—* Father's Birthplace *Germany*

Mother's Maiden Name *Wilhelmina Reuschard* Mother's Birthplace *Germany*

Name of person giving information *Frank R. Huth* How related to deceased *son*

CAUSES OF DEATH

Primary *Dementia* 14 How long *10 days.*

Immediate *Apoplexy (Puro Hemiplegia)* How long *2 days.*

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

Signature of Physician *Larry A. Long, M.D.* Address *Hamilton, Md*

Accident or Suicide *No*

PHYSICIAN OR CORONER

Jas B Cook  
of  
Landon Park Cemetery

Massachusetts



Name  
in  
Full

Elizabeth R. Hynes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Not known <sup>County</sup> Baltimore MARYLAND

Date of death 1960 July 25 Age no Year no Months 2 Days no

Sex female Color or Race white Birth-place Not known

Occupation None Where Residing if not at place of death Not known

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

Father's Name Edward Hynes Father's Birthplace Not known

Mother's Maiden Name Margaret Mingle Mother's Birthplace Baltimore

Name of person giving Information Edward Hynes How related to deceased Father

## CAUSES OF DEATH

Primary Cholera Infantum How long 16 days

Immediate

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

Signature of Physician R. H. Hynes Address Not known Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

Nicholas V. Smith

and estate

London part. Cemetery

Name  
in  
Full

CERTIFICATE OF DEATH

Pauline Margaret Ihle,

Town

County

MARYLAND

Died at Fullerton

Baltimore

Date  
of death 1900

Month

July

Day

31

Age

Years

—

Months

4

Days

5

Sex  
Occupation

Female

Color or  
Race

white

Birth  
Place

Above

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

J. Fredrick Ihle

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Augusta Hancock

Mother's  
Birthplace

Germany

Name of person giving  
InformationHow related  
to deceased

Father

## CAUSES OF DEATH

Primary

Etero-Cystitis

How long

Several weeks

Immediate

Convulsions (Ephraim)

How long

Several hours

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

Address

Lingard & Whitford,  
Fullerton, Md.

To best of my knowledge

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

20  
The next Mt Crow

Geo W. Brewer

Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> 1415 S. Clinton St. <sup>County</sup> Canton Baltimore		MARYLAND	
Date of death 1900	Month July	Day 9 <sup>th</sup>	Age 32
Sex Male	Color or Race Colored	Birthplace Baltimore Md	Months
Occupation Labourer	Where Residing if not at place of death		
<del>Married</del> or Widowed	Name of Wife or Husband		
Father's Name John Isaacs	Father's Birthplace Md		
Mother's Maiden Name Nettie Hill	Mother's Birthplace Md		
Name of person giving information Annie Hill	How related to deceased		Sister

## CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long 29
Immediate	"	How long About One Year
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician	H. L. Reckard (M.D.)	
Address	2643 Eastern Ave, Balt	
Accident or Suicide?	No	

PHYSICIAN  
OR CORONER

Undertaker. -

Alex. Hemmley.

---

Burial. -

Asbury Cemetery. -

Sunday - July 11 - 1910 -

Name in Full *Benjamin R Clennings*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Pikesville* <sup>town</sup> *Baltimore* <sup>county</sup> **MARYLAND**

Date of death *1960* Month *7* Day *2* Age *70* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Balt. City*

Occupation *Dentist* Where Residing if not at place of death *Pikesville*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Do not know* Father's Birthplace *Do not know*

Mother's Maiden Name *Do not know* Mother's Birthplace *Do not know*

Name of person giving information *John Dunning* How related to decedent *None*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Arterio Sclerosis* How long *Some yrs*

Immediate *Heart failure* How long *12 hours*

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

Signature of Physician *W. J. M.*

Address *Pikesville Md*

Accident or Suicide

J. H. Wright,  
Pikeville,

London Park Cemetery



Name  
in  
Full

Daniel Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Towson		County Baltimore		MARYLAND	
Date of death	1910	Month July	Day 11 <sup>th</sup>	Age	69	Years	Months
Sex	Male	Color or Race	Black	Birth-place	Maryland		
Occupation	Laborer		Where Residing if not at place of death		Towson		
Married, Single or Widowed	Married		Name of Wife or Husband	Sarah Jones			
Father's Name	Daniel Jones		Father's Birthplace	do not know			
Mother's Maiden Name	do not know		Mother's Birthplace	do not know			
Name of person giving information	John W Smith		How related to deceased	Sister			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Wound of right hand by nail	How long	18	Ten days
	Immediate	Malignant Erythema	How long	Three days	Three days
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		James H. Garrett	
		Address		Towson	
	Accident or Suicide?				

undertaker

R St Elliott

July 13. 1910

Sandy Walton  
owner

Name  
in  
Full

Phlander Jones

CERTIFICATE OF DEATH

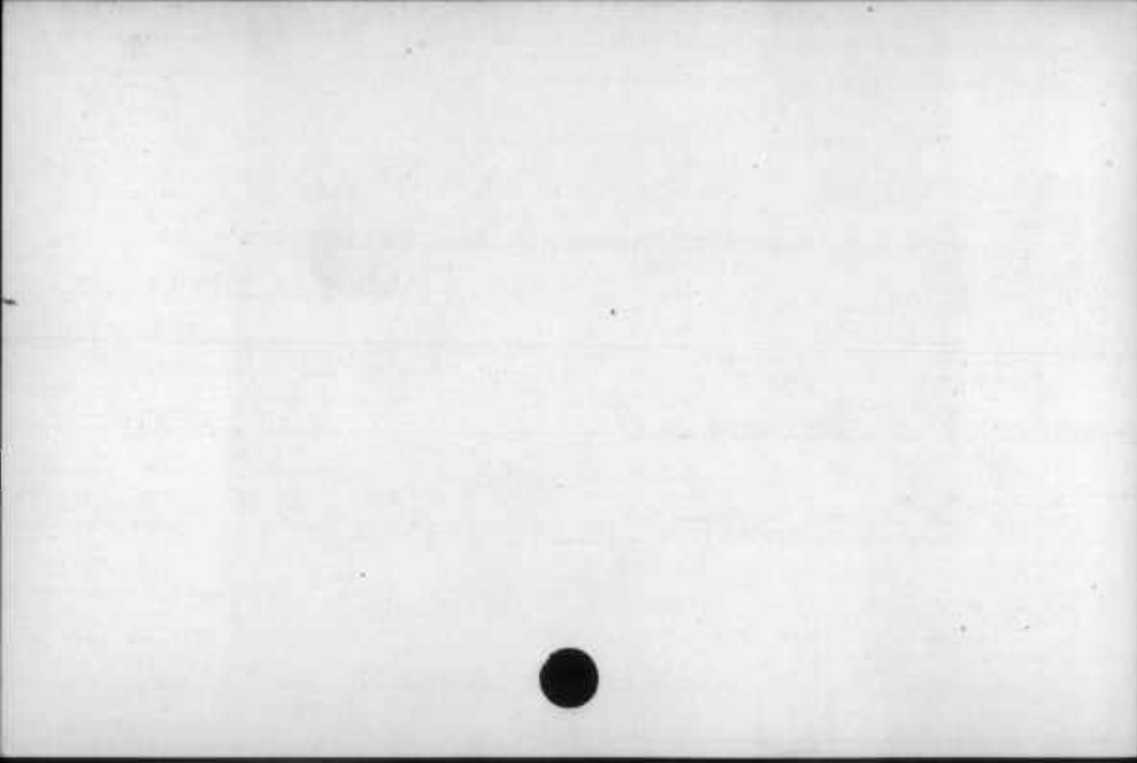
TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at		Town M. Wilson		County Baltimore		MARYLAND	
Date of death	1910	Month July	Day 2	Age	Years —	Months 4	Days —
Sex	Male		Color or Race	Black		Birth-place	Baltimore
Occupation	Injurer		Where Reading if not at place of death		Baltimore		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Ingram		Father's Birthplace		M. Wilson		
Mother's Maiden Name	Beatrice Jones		Mother's Birthplace		—		
Name of person giving in formation	Beatrice Jones		How related to deceased		Mother		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	malnutrition	(17213)	How long	4 wks
	Immediate	ulcerated colitis	peritonitis	How long	22 days
	Are the name, age, sex, color, date and place correctly given above?	yes.		Signature of Physician	J. M. K. [Signature]
	Address	[Redacted]			
Accident or Suicide?					



Name  
in  
Full

Frederick Juliana

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at <sup>Town</sup> <i>Highlandtown,</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death 19 <i>70</i>	Month <i>7</i>	Day <i>11</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto Co</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>201 S. 7<sup>th</sup> St.</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Thos. Juliana</i>	Father's Birthplace <i>Italy</i>				
Mother's Maiden Name <i>Amelia Bokony</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>Thos Juliana</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

(10 H)

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>One week</i>
Immediate <i>Spasmodic</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. Selofield</i>
	Address <i>148 Forest St.</i>
Accident or Suicide? <i>—</i>	

St. Patrick

J. Henryson

7/12/10

Name  
in  
Full

Haurad Jungerick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at <u>Arbutus</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup>		MARYLAND	
Date of death	19 <u>00</u>	Month <u>July</u>	Day <u>29</u>	Age <u>1</u> Years	<u>2</u> Months
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Bryn Athyn, Pa.</u>		
Occupation <u>—</u>			Where Reading if not at place of death <u>Arbutus Md</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Eldrid Jungerick</u>	Father's Birthplace <u>Europe</u>			Mother's Maiden Name <u>Elizabeth Simons</u>	
Mother's Name <u>Elizabeth Simons</u>	Mother's Birthplace <u>Pilades, Pa.</u>			Name of person giving information <u>Eldrid Jungerick</u>	
			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

10 41

PHYSICIAN  
OR CORONER

Primary <u>Enterocolitis</u>	How long <u>2 weeks</u>
Immediate <u>Compulsions</u>	How long <u>24 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Stutz, M.D.</u>
	Address <u>Calverville Md.</u>
Accident or Suicide?	<u>h.d.</u>

Bryn Athyn

Mountgomery

Pa

John D. Coarner



Name  
in  
Full

Fannie D. Keeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death	<u>1940</u>	Month	<u>July</u>	Day	<u>17</u>
Age	<u>-</u>	Years	<u>-</u>	Months	<u>1</u>
Sex	<u>Female</u>	Color	<u>White</u>	Birth-place	<u>Md.</u>
Occupation	<u>-</u>	Where Residing at place of death <u>1019 Boulder St.</u>			
Marital Status	<u>Single</u>	Name of Wife or Husband <u>-</u>			
Father's Name	<u>Frank Keeler</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Ada Keeler</u>			Mother's Birthplace	<u>-</u>
Name of person giving information	<u>Fannie S. Keeler</u>			How related to deceased	<u>Aunt.</u>

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Exhaustion</u>	How long	<u>2 weeks</u>
	Immediate	<u>Mal Nutrition</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>Dr. L. Trapp, M.D.</u>
			Address	<u>34 Gough Highlandtown Md.</u>
	Accident or Suicide?	<u>No</u>		

Guibela + Guibela  
1739 E. Capa St,

---

Mr. Samuel Berni,

July 19 - 1910

Name  
Full

CERTIFICATE OF DEATH

*John Kelly*  
Town *Ms. Hillem*

County *Baltimore*

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

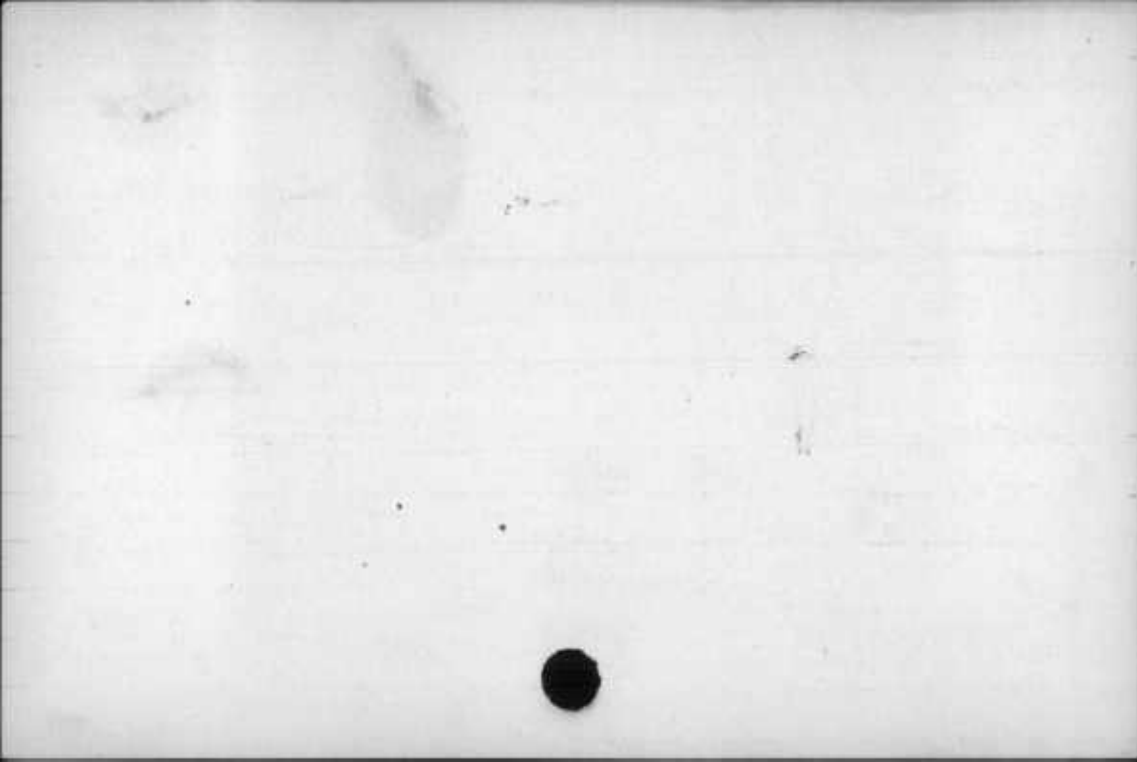
Died at *Ms. Hillem* Date of death *1910 July 15* Age *1* Years *3* Months *-* Days *-*  
 Sex *Male* Color or Race *White* Birth-place *Baltimore*  
 Occupation *Infant* Where residing if not at place of death *Baltimore*  
 Married, Single or Widowed *Infant* Name of Wife or Husband \_\_\_\_\_  
 Father's Name *Thomas Kelly* Father's Birthplace *unknown*  
 Mother's Maiden Name *unknown* Mother's Birthplace *"*  
 Name of person giving information *Mrs. Kelly* How related to deceased *Grandmother*

CAUSES OF DEATH

*100*

PHYSICIAN  
OR CORONER

Primary *Gastro-intest. Intoxication* How long *1 week*  
 Immediate *" " " "* How long *1 "*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician \_\_\_\_\_  
 Address *J.H. McKee Jr.*  
 Accident or Suicide? \_\_\_\_\_



Name  
In  
Full

John W. Krauss

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Violets<sup>Town</sup>ville</b>		<b>Balto<sup>County</sup> Co</b>		MARYLAND	
Date of death 190	<b>July</b> Month	<b>25</b> Day	Age	Months	<b>1 Day</b> Days
Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Violetsville</b>		Where Reading if not at place of death <b>Violetsville</b>	
Occupation	Name of Wife or Husband				
Married, Single or Widowed	Name of Father <b>John W. Krauss Jr.</b>				
Father's Name	Father's Birthplace <b>Baltimore</b>		Mother's Name <b>Hamie A. Shipley</b>		
Mother's Maiden Name	Mother's Birthplace <b>Baltimore</b>		Name of person giving information <b>J. W. Krauss Jr.</b>		
Name of person giving information	How related to deceased <b>Father</b>				

CAUSES OF DEATH

157 B

PHYSICIAN  
OR CORONER

Primary	<b>Premature Birth</b>	How long <b>Eight Month Birth</b>
Immediate	<b>General Asthenia</b>	How long <b>1 day</b>
Are the name, age, sex, color, date and place correctly given above?	<b>Yes</b>	Signature of Physician <b>H. W. Jones</b>
		Address <b>Douglas Tenn</b>
Accident or Suicide?	<b>No</b>	

C. W. Hill  
Abund Chapel.

Name  
in  
Full

CERTIFICATE OF DEATH

Adolph Erich Kruger

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Highland</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death	19 <i>16</i>	Month <i>July</i>	Day <i>10</i>	Age	Years <i>1</i> Months <i>9</i> Days <i>9</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>None</i>		Where Reading if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Adolph Kruger</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Anna Ochster</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>Adolph Kruger</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Cholera Infantum</i>	How long	<i>1 Week</i>
	Immediate	<i>g. haematem</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>Dr. L. Antz</i>
			Address	<i>3241 East a</i>
	Accident or Suicide?			

1st Evangelical Conv.

July 17/10

H. Sander Son



Name is Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Beir Creek</i> Town <i>Beir</i> County <i>Baths</i>		State <i>MARYLAND</i>	
Date of death <i>1910</i>	Month <i>July</i>	Day <i>31</i>	Age <i>about 33</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baths City, Md.</i>	
Occupation <i>Steam fitter</i>	Where Residing if not at place of death <i>Baths City</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Katie Kuss</i>		
Father's Name <i>Frederick Kuss</i>	Father's Birthplace <i>Baths, Md.</i>		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <i>John Harrod</i>	How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Accidental Drowning</i>	<i>169</i>	How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. S. Sadler, M.D. Coroner</i>	
		Address <i>332 3/4 E. Bath St.</i>	
	Accident or Suicide?		

Gibbs & Gibbs  
1739 E. Cass

Name  
in  
Full

Clarence E. Rath

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Cliffords</i>		<sup>County</sup> <i>Balto</i>		MARYLAND	
Date of death 190	Month <i>7</i>	Day <i>20</i>	Age <i>38</i>	Months <i>2</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Lakeland</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Jane Rath</i>				
Father's Name <i>Thomas B Rath</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Rarah Zupp</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Thomas B Rath</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Gun shot wound</i>	How long <i>Immediate</i>
	Immediate <i>Internal Hemorrhage</i>	How long <i>Five Minutes</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>August W. Miller</i> <i>Coroner</i>
	Accident or Suicide <i>Homicide</i>	Address <i>W Union</i> <i>Balto to Ind</i>

Wm J. Fitcher & Sons  
Mt Olivet Amey

Name in Full

Mary Laubach

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Eastern Ave Road Balto County MARYLAND

Date of death 1940 Month 7 Day 11 Age 3 Years 6 Months Days

Sex Female Color or Race White Birth-place Balto Co Md

Occupation Where Residing if not at place of death 33+ Eastern Ave Road

Married, Single or Widowed Name of Wife or Husband

Father's Name Conrad Laubach Father's Birthplace Balto Co Md

Mother's Maiden Name Geneva Minnett Mother's Birthplace Brooklyn NY

Name of person giving information Conrad Laubach How related to deceased Father

CAUSES OF DEATH

30

Primary Fall on spine How long 2 weeks

Immediate Tubercular meningitis How long Several days

Are the name, age, sex, color, date and place correctly given? Yes Signature of Physician Jas P. Trust Md.

Address 3+ Gough Highgate Ave Md

Accident or Suicide No

PHYSICIAN OR CORONER

A. Gordon Don  
Mt. Carmel Cemetery  
July 13<sup>th</sup> 1910

---

Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Le Compte Henrietta*

Died at *Leostonville* <sup>Town</sup> *Datto* <sup>County</sup>

Date of death 19*60* <sup>Month</sup> *July* <sup>Day</sup> *3* Age <sup>Years</sup> *75* <sup>Months</sup> *0* <sup>Days</sup> *0*

Sex *Female* Color or Race *white* Birthplace *Maryland.*

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

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

Father's Name *unk* Father's Birthplace *unk*

Mother's Maiden Name *unk* Mother's Birthplace *unk*

Name of person giving information *-* How related to deceased *-*

## CAUSES OF DEATH

Primary *Chronic Bright's Disease* How long *2 yrs.*

Immediate *Uraemic Coma* How long *19 hours*

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

Address *Leostonville, Md*

Accident or Suicide *No*

PHYSICIAN  
OR CORONER





Name  
is  
Full

## CERTIFICATE OF DEATH

Frances Lewis

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt. Wilson		County Baltimore		MARYLAND	
Date of death	1910	Month July	Day 24	Age	—	Years	Months 4
Sex	Female		Color or Race	White		Birth-place	Baltimore
Occupation	Infant		Where Residing if not at place of death		Baltimore		
Married, Single or Widowed	Infant		Name of Wife or Husband		—		
Father's Name	Henry Lewis				Father's Birthplace	Maryland	
Mother's Maiden Name	Ridgeman				Mother's Birthplace	"	
Name of person giving information	Mrs. Henry Lewis				How related to deceased	Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malnutrition	How long	2 mos
Immediate	discolitis	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	
		Address	J. H. M. Keary Jr
Accident or Suicide?			



Name  
in Full

Lewis Mary A

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

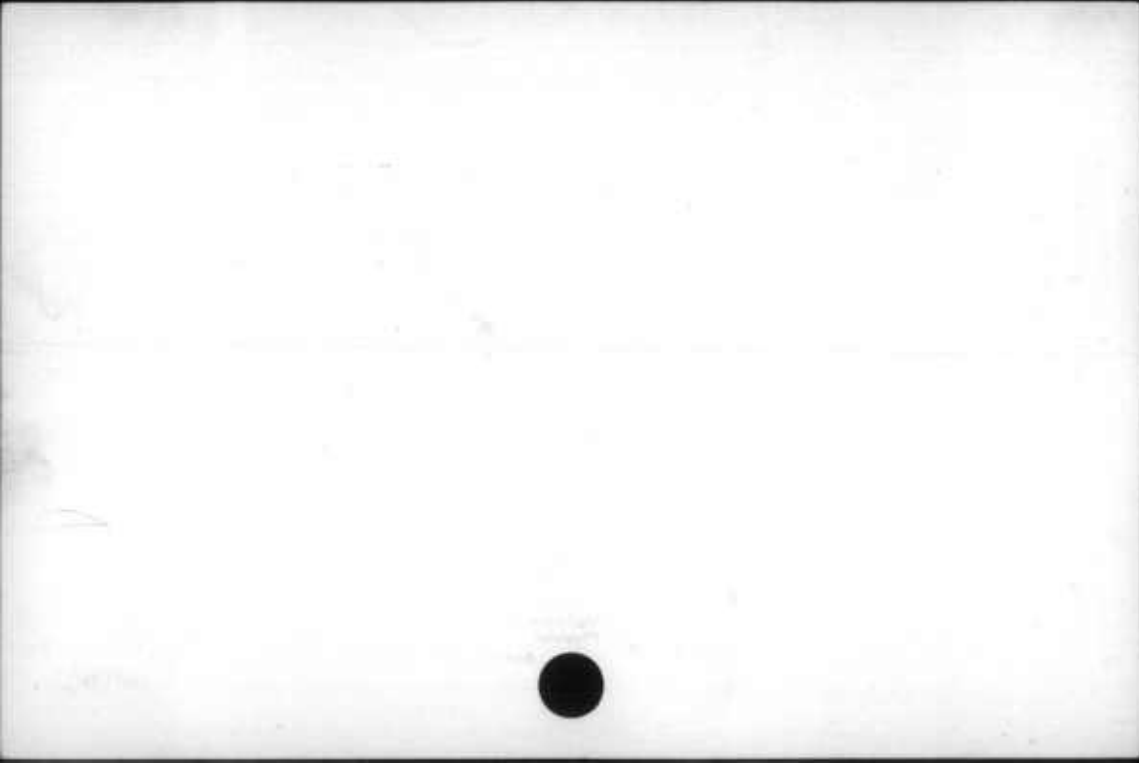
MARYLAND

Died at <i>Leutonsville</i>		<i>Pratts</i>		Counties		Months		Days	
Date of death 19 <i>40</i>		Month <i>July</i>	Day <i>28</i>	Age <i>81</i>	Years				
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Keokuk</i>		When Residing if not at place of death <input checked="" type="checkbox"/>					
Occupation <i>None</i>	Name of Wife or Husband <i>Single</i>		Name of Wife or Husband <i>X</i>						
Father's Name <i>John M. Lewis</i>	Father's Birthplace <i>Iowa</i>								
Mother's Maiden Name <i>Sarah C. Brown</i>	Mother's Birthplace <i>Ind</i>								
Name of person giving information <i>Sydney W. Goddsmith</i>	How related to deceased <i>Nephew</i>								

## CAUSES OF DEATH

Primary <i>Senile Dementia</i>	How long <i>15-24</i>		
Immediate <i>Chronic Bronchitis Disease</i>	How long <i>9 mos</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry Wade</i>	Address <i>Leutonsville, Md</i>	
Accident or Suicide <i>No</i>			

PHYSICIAN  
OR CORONER



Name in Full

*Jo Smerick*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Wilson* Town *Baltimore* County **MARYLAND**

Date of death *1990 July 11* Age *—* Months *—* Days *15*

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

Occupation *Infant* Where Residing if not et place of death *Baltimore*

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

Father's Name *Wukorn Smerick* Father's Birthplace *Baltimore*

Mother's Maiden Name *Wukorn* Mother's Birthplace *"*

Name of person giving Information *Ms. Etta Bruner* How related to deceased *Aunt*

CAUSES OF DEATH

Primary *Sepsis* How long *15 days*

Immediate *Mastitis, gastro-intestinal, & urinary system* How long *15*

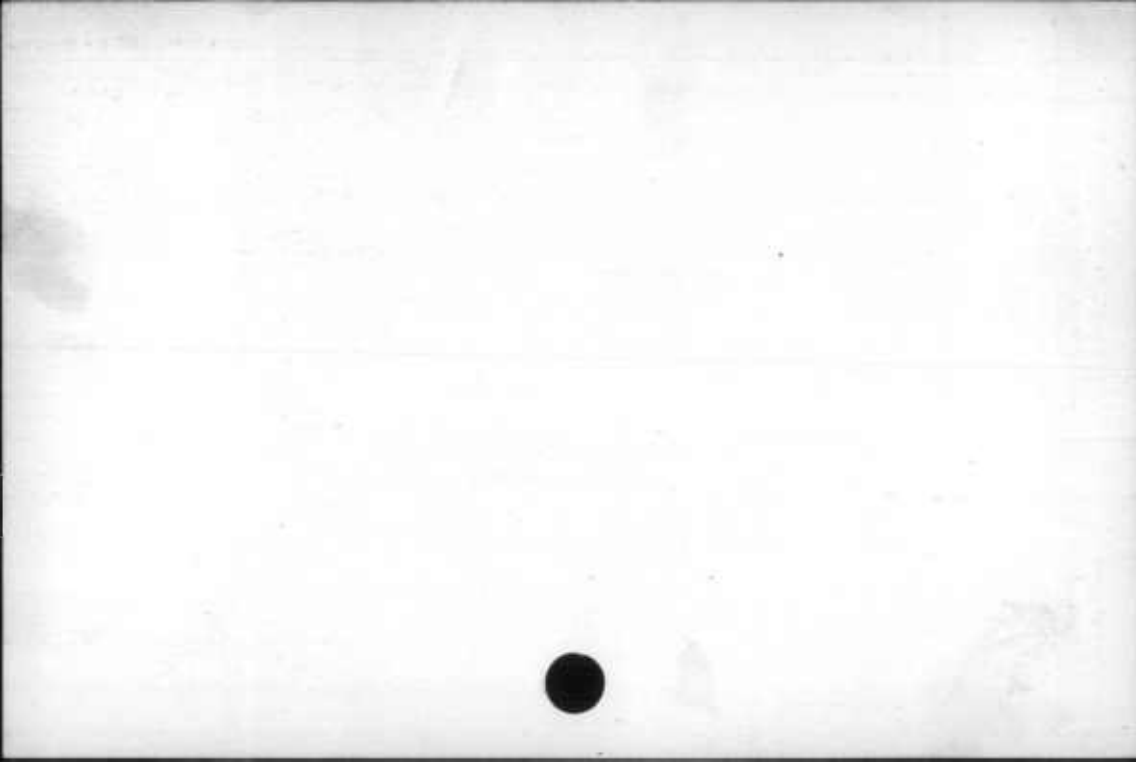
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Knox Jr.*

Address *111 Wilson St*

Accident or Suicide *—*

PHYSICIAN OR CORONER



Name in Full

Leslie Limerick

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at West. Belton Town Baltimore County MARYLAND

Date of death 1910 Month July Day 16 Age 1 Years 3 Months — Days —

Sex Male Color or Race White Birth place Baltimore

Occupation Infant Where Residing if not at place of death Baltimore

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

Father's Name Limerick Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace VI

Name of person giving information Mrs. Etha Bruner How related to deceased Quint

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Gastro-Intestinal Intoxication How long 10 H

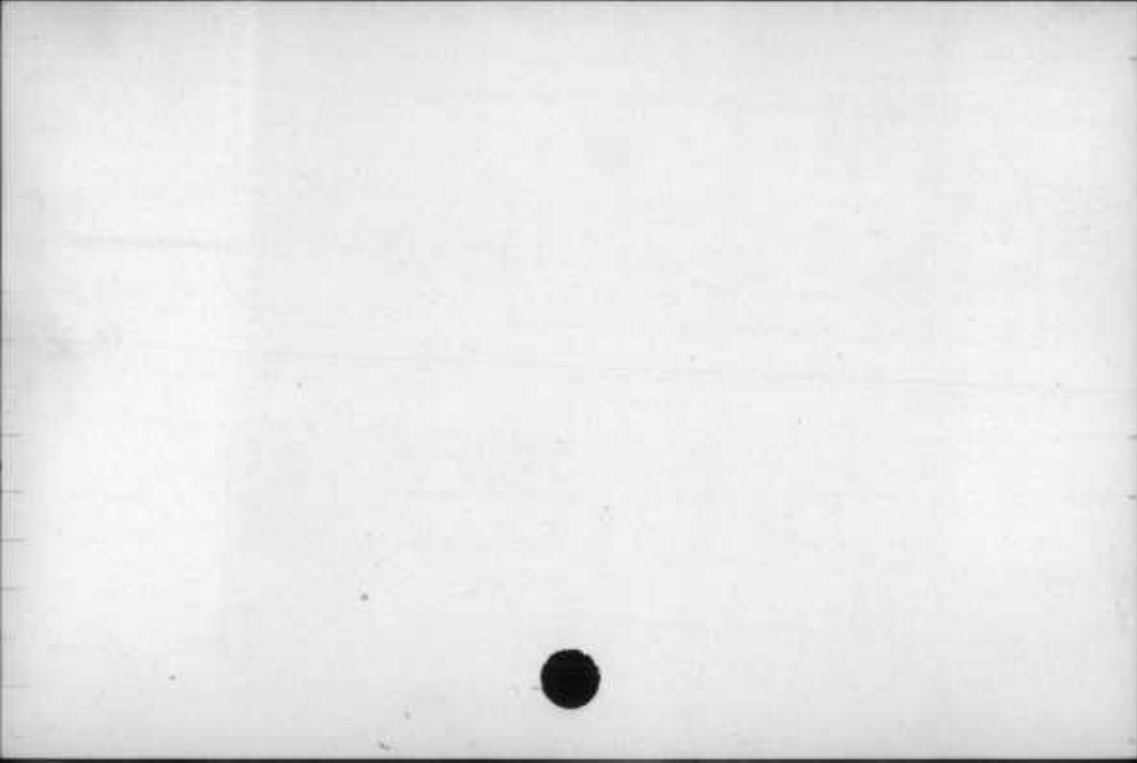
Immediate fully degenerated liver, hepatitis How long 15 days

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

Signature of Physician J. H. M. [Signature]

Address [Redacted]

Accident or Suicide? —





Name  
in  
Full

Edward J. Limmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Highlandtown <sup>County</sup> Baltimore MARYLAND

Date of death 1900 <sup>Month</sup> July <sup>Day</sup> 20 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> 3 <sup>Days</sup> 9

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 Joseph Limmer Father's Birthplace Md.

Mother's Maiden Name Cath. Barnackel Mother's Birthplace Ger.

Name of person giving Information Mr. Joe Limmer How related to deceased Father

## CAUSES OF DEATH

Primary Cholera Infantum (104) How long 2 weeks

Immediate Exhaustion How long 3 days

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

Signature of Physician

Address

Helmut Loewen  
2179 E. Baets St.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in Full

Peter Lipsky

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Back River</i> <i>Baltimore</i> County		MARYLAND	
Date of death	19 <i>10</i> <i>July</i> <i>27</i>	Age	<i>About 27</i>
Sex	<i>Male</i>	Color or Race	<i>white</i>
Occupation	<i>Labourer</i>	Birth place	<i>Russia</i>
Married, Single or Widowed	<i>Married</i>	Where Residing if not at place of death <i>927 Hanover St</i>	
Father's Name	<i>Unknown</i>	Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>u</i>	Mother's Birthplace	<i>u</i>
Name of person giving information	<i>u</i>	How related to deceased	<i>u</i>

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Accidental Drowning</i>	How long	
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>169</i>	Signature of Physician	<i>James Gilmore</i>
	Accident or Suicide?		Address	<i>Brown, J.P.</i>

Christain Miller

2334 Jefferson St

July 29/10

1st Evangelical Cemetery

Name  
in  
Full

Bertha Loeblein

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

G

Died at		Town Canton		County Balto.		MARYLAND	
Date of death	1940	Month	July	Day	21 <sup>st</sup>	Age	5
Sex	Female		Color or Race	White		Birth-place	Balto. Md.
Occupation	None		Where Residing if not at place of death		Ellett - 22 <sup>nd</sup> St.		
Married, Single or Widowed	Single		Name of Wife or Husband		-		
Father's Name	George Loeblein		Father's Birthplace		Germany		
Mother's Maiden Name	Catharine Betty		Mother's Birthplace		Balto Co.		
Name of person giving information	George Loeblein		How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastro-Enteritis	How long	12 days
Immediate	Exhaustion	How long	1
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Jones
Accident or Suicide	No	Address	3116 Edmond St

104

Andutops. —

Jilly and Zeiler.

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Bachmans Cemetery.

July 22/1910.

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Name in Full

Clarence Lowrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Pimlico</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1900</u>	Month <u>7</u>	Day <u>26</u>	Age <u>48</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>Carroll Co</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Pimlico</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or husband <u>Martha Lowrey</u>				
Father's Name <u>Henry Lowrey</u>	Father's Birthplace <u>Do not know</u>				
Mother's Maiden Name <u>Do not know</u>	Mother's Birthplace <u>Do not know</u>				
Name of person giving Information <u>Martha Lowrey</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <u>Bright's Disease</u>	How long <u>120</u>
Immediate <u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. J. Treese M.D.</u>
	Address <u>Akron, Tenn. Md.</u>
Accident or Suicide	





Name  
in  
Full

Herman Luttmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Woodlawn</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1990 July</u> <small>Month</small>	<u>2nd</u> <small>Day</small>	Age <u>67</u> <small>Years</small>	<u>Not Known</u> <small>Months</small>	<u>Not Known</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Germany</u>
Occupation	<u>Farmer</u>	Where Residing if not at place of death		<u>Woodlawn Md.</u>	
Married, Single & Widowed	<u>Widowed</u>	Name of Wife or Husband	<u>Not Known</u>		
Father's Name	<u>Not Known</u>	Father's Birthplace	<u>Holland</u>		
Mother's Maiden Name	<u>" "</u>	Mother's Birthplace	<u>" "</u>		
Name of person giving Information	<u>Harry Luttmer</u>		How related to deceased	<u>son -</u>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Chrou. Dilatation of Heart</u> <u>&amp; Chr. Exema</u>	How long <u>over a year</u>	
	Immediate	<u>Ex Cardiac Paralysis</u>		
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Frank J. Flannery MD</u>
	Address	<u>5th E - Baltó Md.</u>		
Accident or Suicide				

MARTIN FAHEY & SONS,  
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993:

*St. Charles Cemetery*  
*Pikesville*  
*Md*

Name in Full

Alma H Mc Commons

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cella <sup>Town</sup> Balto <sup>County</sup> MARYLAND

Date of death 1910 <sup>Month</sup> July <sup>Day</sup> 9 <sup>Age</sup> 32 <sup>Years</sup> 4 <sup>Months</sup> no <sup>Days</sup>

Sex Female Color or Race White Birth-place Maryland

Occupation none Where Residing if not at place of death Cella Balto Md

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

Father's Name Walton H Mc Commons Father's Birthplace Maryland

Mother's Maiden Name Lulu B Agerton Mother's Birthplace North Carolina

Name of person giving Information Walton H Mc Commons How related to deceased Father

CAUSES OF DEATH

Primary Iles Colitis 104 How long 3 days

Immediate Asthma Heart protaline How long ---

PHYSICIAN OR CORONER

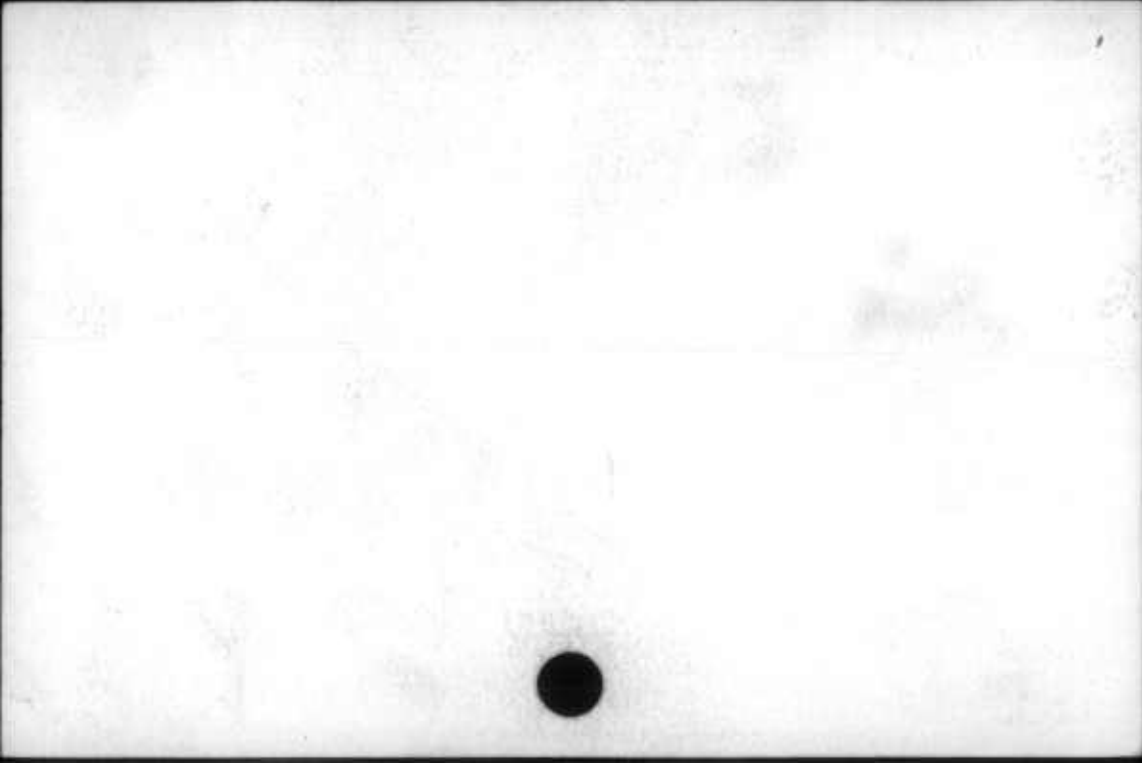
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Jno W B Rogers MD

Address Ullcocks Ct

Accident or Suicide

Med



Name  
in Full

Elisabeth G McDaniel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cotonsville <sup>town</sup> Wallo <sup>County</sup> MARYLAND

Date of death 1960 <sup>Month</sup> July <sup>Day</sup> 6 Age 42 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race White Birth-place Wallo, Ind

Occupation Housewife Where Residing if not at place of death Cotonsville Ind

Married, Single or Widowed Married Name of ~~Wife~~ <sup>Husband</sup> Harvard B McDaniel

Father's Name John Greer Father's Birthplace Scotland

Mother's Maiden Name Amanda Russell Mother's Birthplace Wallo Ind.

Name of person giving information Harvard McDaniel How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pulmonary Consumption How long 4 years

Immediate General Asthma How long 4 weeks

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

Signature of Physician D W Stutz Ind.

Address Cotonsville Ind.

Accident or Suicide

Miss F. Burrell  
London W.Ck.

25<sup>th</sup> Cooks.           
Kendalshaw

502 E. Montany

Name  
is  
Full

## CERTIFICATE OF DEATH

Catherine McEvoy

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brunswick Park, Cotonsville</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MAYLAND	
Date of death	<i>1990</i>	Month <i>July</i>	Day <i>8<sup>th</sup></i>	Year <i>78</i>	Age	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Ireland</i>				
Occupation	Where Reading if not at place of death <i>Brunswick Park</i>						
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband						
Father's Name <i>Thos Doyle</i>	Father's Birthplace <i>Ir</i>						
Mother's Maiden Name <i>dont know</i>	Mother's Birthplace <i>Ir</i>						
Name of person giving information	How related to deceased						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>chronic nephritis</i>	How long <i>120</i>	<i>One year</i>
Immediate <i>hemipia</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W.H. Nicholls</i>	Address <i>307. Kuttan Ave.</i>
Accident or Suicide?		

Walter please make  
this to me to night so  
I will get in to morning and  
oblige  
W. C. Medefeld.

914 Greenmount Ave



Name  
In Full

CERTIFICATE OF DEATH

Charles A. McGeeney

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>Chesico Park</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month	<i>July</i>	Day	<i>21</i>
Age	<i>—</i>		Years	Months	<i>1</i>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Baltimore County</i>
Occupation	<i>None</i>		Where Residing if not at place of death	<i>Chesico Park</i>	
Married; Single	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>Charles A. McGeeney</i>			Father's Birthplace	<i>Baltimore City</i>
Mother's Maiden Name	<i>Annie Hagent</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Charles A. McGeeney</i>			How related to deceased	<i>father</i>

## CAUSES OF DEATH

Primary *Cholera Infantum* *(104)* How long *104*  
 Immediate How long

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

Signature of Physician

Address

*J. K. Kelle, M.D., Coroner*  
*335 E. Baltimore*

Accident or Suicide?

PHYSICIAN  
OR CORONER

July 22/10  
Mt Carmel Cemetery

2334 Johnson St  
Flushing Mich

Name  
in  
Full

Leo McHoney

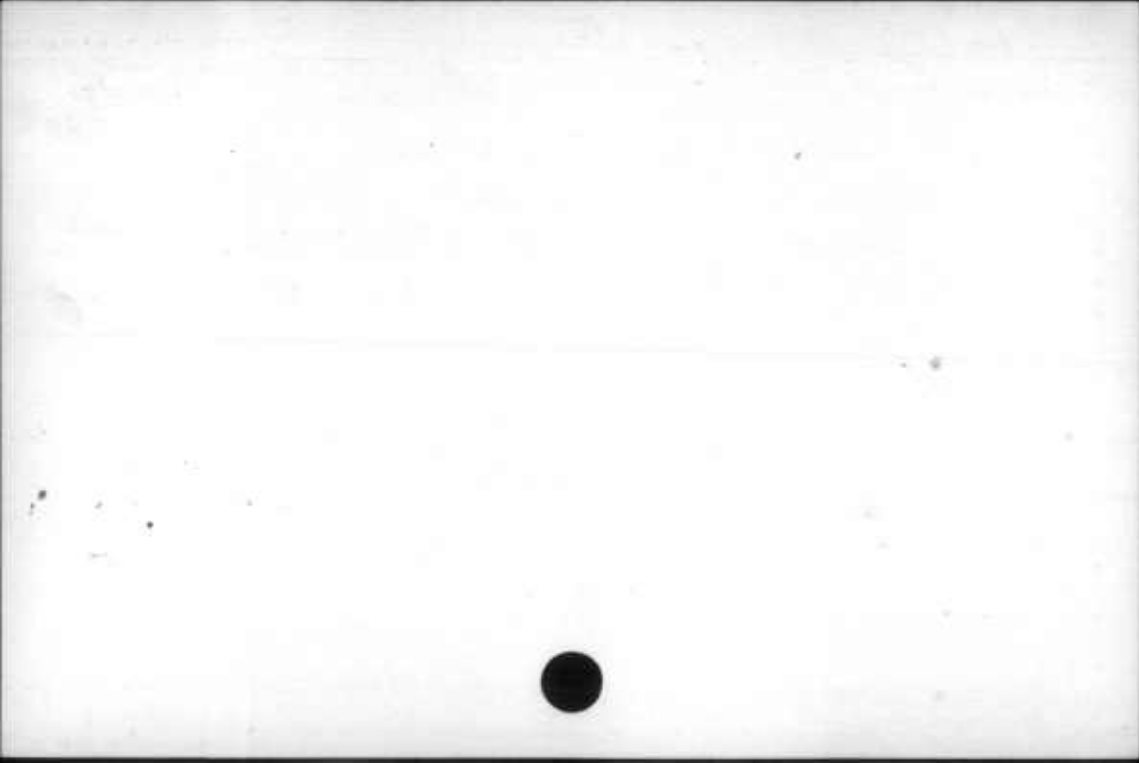
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt. Helen	County Baltimore		MARYLAND	
Date of death	1980	Month July	Day 8	Age <del>4 mos</del>	Months 4 mos	Days —
	Sex Male		Color or Race White	Birth- place Baltimore		
Occupation Infant			Where Residing if not at place of death Baltimore			
Married, Single or Widowed		Infant	Name of Wife or Husband —			
Father's Name Ernest McHoney			Father's Birthplace Baltimore			
Mother's Maiden Name — unknown —			Mother's Birthplace			
Name of person giving Information Mrs. Ernest McHoney			How related to deceased Mother			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Malnutrition	How long	4 mos.	
	Immediate	Intestinal hemorrhage	How long	1 day	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Keary, Jr.		
	Accident or Suicida		Address Mt. Helen Md.		



Name  
In Full

John Maddox

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Place at <u>100</u> <sup>Town</sup> <u>Bombayville</u> <sup>County</sup> <u>Bullo</u>		State <u>MARYLAND</u>	
Date of death <u>1910</u> <sup>Month</sup> <u>July</u> <sup>Day</sup> <u>19</u> <sup>Years</sup> <u>3</u> <sup>Months</sup> <u>about</u> <sup>Days</sup>	Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>Same</u>		
<del>Married, Single or Widowed</del>	Name of Wife or <del>Husband</del> <u>Mary Maddox</u>		
Father's Name <u>Not known</u>	Father's Birthplace <u>Not known</u>		
Mother's Maiden Name	Mother's Birthplace <u>Not known</u>		
Name of person giving information <u>Robert Campbell</u>	How related to deceased <u>None</u>		

## CAUSES OF DEATH

Primary Cardiac SyncopeHow long 189 A

Immediate

How long

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

Signature of Physician J. S. Dudley, M.D.Address 33 1/2 W. 2nd St

Accident or Suicide?

Joseph B. Cook . -  
1003 W. Baltimore St. -

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Burial.

St. Mary's Cemetery

July 21 - 1910

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Name  
in  
Full

Philipp Malkus

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

4x

Died at <sup>Town</sup> *Hightlandtown* <sup>County</sup> *Baltimore* **MARYLAND**

Date of death 19 *19* <sup>Month</sup> *7* <sup>Day</sup> *18* Age *62* <sup>Years</sup> *ys* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Wood dealer* Where Residing if not at place of death *3720 Eastern*

Married, Single or Widowed *Widow* Name of Wife or ~~Husband~~ *L. Rosa Malkus*

Father's Name *Unknown* Father's Birthplace *Germany*

Mother's Maiden Name *—* Mother's Birthplace *Germany*

Name of person giving information *Catherine Ketchen* How related to deceased *Slaughter*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Gastric carcinoma* How long *Unknown*

Immediate *Inanition* How long *Several days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *F. Warner, M.D.*

Address *1133 Valley 'N*

Accident or Suicide? *—*

5<sup>th</sup> German Reformed  
Cemetery

Herwigson

7/20/10



Name  
In Full

David E. Mas Kell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Roland Park</i> <small>Town</small>		<i>Baets</i> <small>County</small>			
Date of death <i>1940</i>	<i>July</i> <small>Month</small>	<i>31</i> <small>Day</small>	Age <small>Years</small>	<i>2</i> <small>Months</small>	<i>2</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>141 N. Conkey St. Baets</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>David A. Mas Kell</i>	Father's Birthplace <i>Baets Md</i>				
Mother's Maiden Name <i>Blanche Gould</i>	Mother's Birthplace <i>Baets Md</i>				
Name of person giving information <i>David A. Mas Kell</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Indigestion</i>	How long <i>9 wks</i>
Immediate <i>Inanition</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. H. K. ... MD</i>
	Address <i>Sta H. Baets Md</i>
Accident or Suicide? <i>—</i>	

To Messrs Ogilvie & Son  
330 & 331 Bond St  
Baltimore

Reader Hill Cemetery

Brooklyn - New Avenue E

Name  
in Full

John T. Matthews

CERTIFICATE OF DEATH

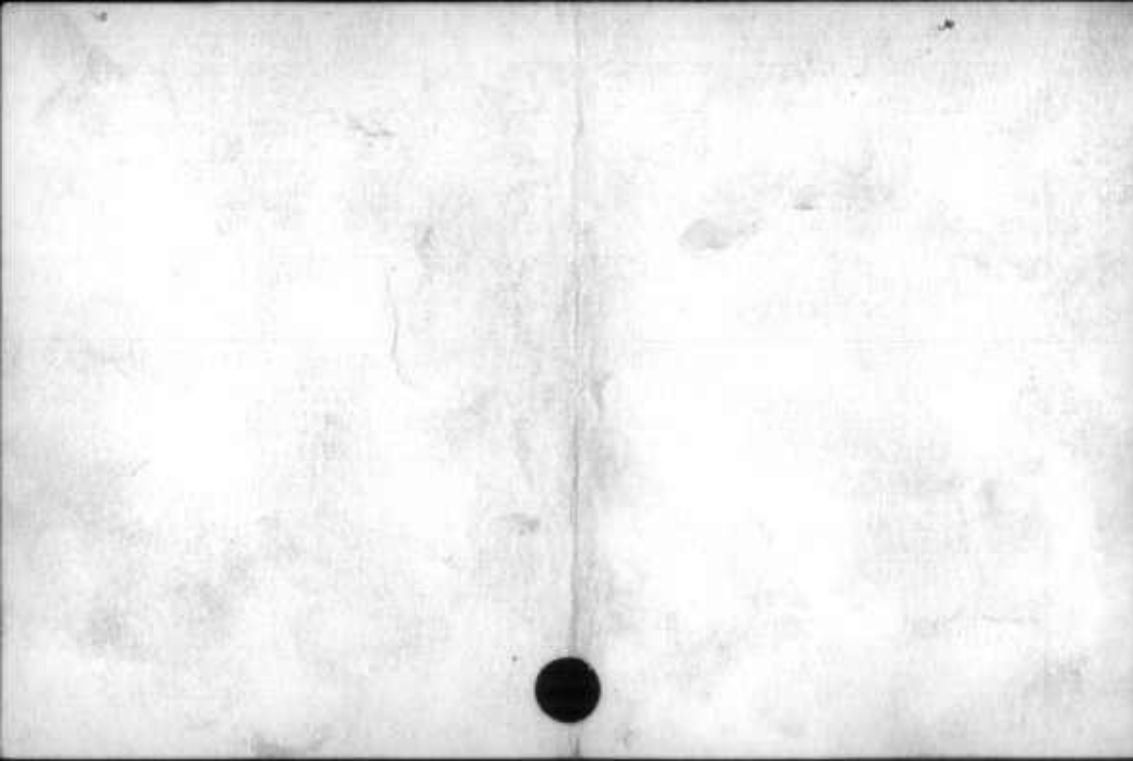
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Texas		Md					
Date of death	1900	Month	July	Day	4	Age	46 23
Sex	male	Color or Race	white	Birth-place	Baltimore		
Occupation	min			Where Residing if not at place of death	Texas Md		
Married, Single or Widowed	—			Name of Wife or Husband	—		
Father's Name	James Matthew			Father's Birthplace	Indiana		
Mother's Maiden Name	Kate Terney			Mother's Birthplace	Ireland		
Name of person giving Information	James Matthew			How related to deceased	Father		

## CAUSES OF DEATH

Primary	Whooping Cough	How long	Two months
Immediate	Enterocolitis	How long	3 weeks, about 3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	from personal knowledge.
		Address	D. F. Boney Md. Texas Md.
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>David A. Maize</u>		County <u>South</u>		MARYLAND	
Town <u>Salisbury</u>		City <u>Salisbury</u>		State <u>MARYLAND</u>	
Date of death	190 <u>1</u>	Month <u>May</u>	Day <u>17</u>	Age <u>34</u>	Years <u>9</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Salisbury</u>	Month <u>9</u>	Days <u>—</u>	
Occupation <u>none</u>	Where residing if not at place of death <u>Salisbury</u>				
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> or Widowed	Name of Wife or Husband <u>not known</u>				
Father's Name <u>Louise Maize</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Babette Green</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Louise Maize</u>	How related to deceased <u>father</u>				

## CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary <u>Cholera Asiatica</u>	How long <u>10-11</u>		
	Immediate <u>same</u>	How long <u>10-11</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm D. Love</u>		
		Address <u>Salisbury, Md</u>		
Accident or Suicide <u>None</u>				

Greenwich County,

Name  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Westport

Town

Baltimore

County

Date  
of death

1900 July

Month

22

Day

Age no

Years

Months

no

Days

21

Sex

male

Color or  
Race

white

Birth-  
place

Westport

Occupation

none

Where Residing if not  
at place of death

Westport

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Infant

Father's  
Name

Jacob Miller

Father's  
Birthplace

net humans

Mother's  
Maiden Name

Fannie Robinson

Mother's  
Birthplace

net humans

Name of person giving  
information

Fannie Miller

How related  
to deceased

mother

## CAUSES OF DEATH

Primary

Congenital Debility

How long

21 days

Immediate

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

yes

Signature of  
Physician

P. J. Thomas

Address

net humans

md.

Accident or Suicide

J. J. Fildes

St Peters Cemetery



Name  
In Full

Morris, Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Leatonville</u> <small>Town</small>		<u>Putto</u> <small>County</small>		MARYLAND	
Date of death	19 <u>90</u>	Month	<u>July</u>	Day	<u>6</u>
Age	<u>31</u>	Years		Months	
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birthplace	<u>Maryland</u>
Occupation	<u>Fireman</u>	Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name	<u>Melvin Morris</u>	Father's Birthplace		<u>Maryland</u>	
Mother's Maiden Name	<u>unk</u>	Mother's Birthplace		<u>unk</u>	
Name of person giving information			<u>—</u>		
			How related to deceased		

## CAUSES OF DEATH

Primary Compound fracture femur & internal organs How long Inst.

Immediate Shock How long 36 hours -

Are the name, age, sex, color, date and place correctly given above? No

Signature of Physician

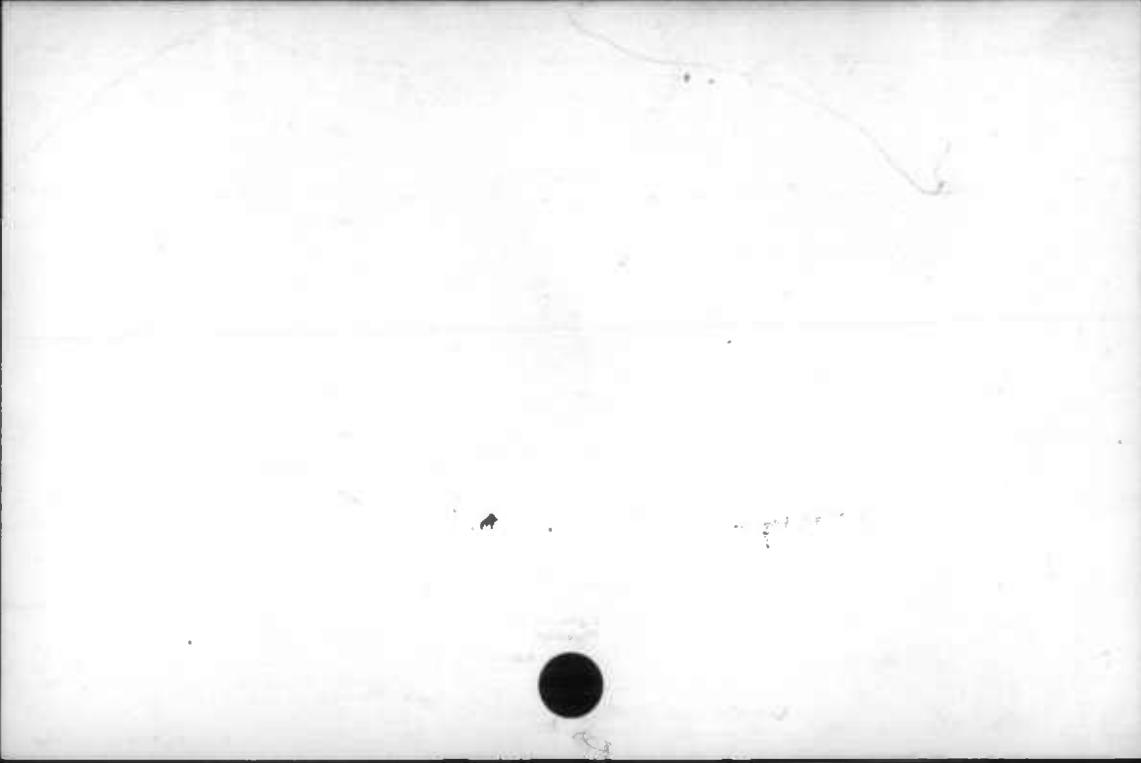
Address

J. Percy Wade  
Leatonville, Md

Accident or Suicide

accident  
fall from tree.

175



Name  
in  
Full

Frederick Muller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Middlebrook Heights</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1901</i>		Month <i>July</i>	Day <i>30</i>	Age <i>79</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Fordham, Ill.</i>			
Occupation <i>Tobaccanist</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Bertha</i>				
Father's Name <i>Ludwig Muller</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mollie</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Miss Muller</i>		How related to deceased			

## CAUSES OF DEATH

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>One week</i>
Immediate <i>Uremic Coma</i>	How long <i>2 days</i>

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

Signature of Physician

*William G. Queen*

Address

*Greenland Ave.*

Accident or Suicide

*Neither.**Arlington Md.*

Geo J. Smith

Undertaker 1000 W. Fayette St

Funeral to London Park

Aug 2/1910

Name  
In  
Full

Charles R Vorley-Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Haldorpen <sup>County</sup> Balto MARYLAND

Date of death 19 <sup>Year</sup> 10 <sup>Month</sup> 7 <sup>Day</sup> 15 Age <sup>Years</sup> 5 <sup>Months</sup> 3 <sup>Days</sup>

Sex <sup>Male</sup> <sup>Color or Race</sup> White <sup>Birth-place</sup> Illinois

Occupation <sup>Merchant</sup> Where Residing if not at place of death

Married, Single or Widowed <sup>Married</sup> Name of Wife or Husband <sup>Annie E Vorley Myers</sup>

Father's Name <sup>Thomas Barley</sup> Father's Birthplace <sup>England</sup>

Mother's Maiden Name <sup>Annie Russell</sup> Mother's Birthplace <sup>England</sup>

Name of person giving information <sup>Annie E Vorley</sup> How related to deceased <sup>Wife</sup>

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <sup>Bright's diabetes</sup> How long <sup>7 weeks</sup>

Immediate <sup>x unexpected foot</sup> How long <sup>2 weeks</sup>

Are the name, age, sex, color, date and place correctly given above? <sup>yes</sup>

Physician <sup>Dr. Hall</sup> Address <sup>Mt Wmms</sup>

Accident or Suicide?

William J. Tucker  
Cedar Hill

Name in Full

Lester Emmitt Neese

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		10	17	20		2	
Sex		Color or Race		Birthplace			
male		white		Philadelphia			
Occupation				Where Residing if not at place of death			
none				none			
Married, Single or Widowed		Name of Wife or Husband					
single		had none					
Father's Name				Father's Birthplace			
W. H. Neese				Md			
Mother's Maiden Name				Mother's Birthplace			
Katie Mack				Md			
Name of person giving Information				How related to deceased			
Kathleen M. Neese				mother			

CAUSES OF DEATH

Primary	Malnutrition	How long	1 month
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. M. [Signature]	
		Address	
		County T. O. [Signature] Co. Balt Md.	
Accident or Suicide			

171B

St Mathias Cem

July 21<sup>st</sup> 1918

A Nicolaus & Son

1820 Canton Ave



Name in Full *Infant of Joseph & Minnie Newman.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *H. Arlington* <sup>Town</sup> *Balto* <sup>County</sup> MARYLAND

Date of death 19*60* <sup>Month</sup> *July* <sup>Day</sup> *28* Age <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *1*

Sex *male* Color or Race *white* Birth-place *Balto Co*

Occupation *none* Where Residing if not at place of death

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

Father's Name *Joseph Newman* Father's Birthplace *Balto*

Mother's Maiden Name *Minnie* Mother's Birthplace *"*

Name of person giving Information *Joseph Newman* How related to deceased *parent*

*151 B*

CAUSES OF DEATH

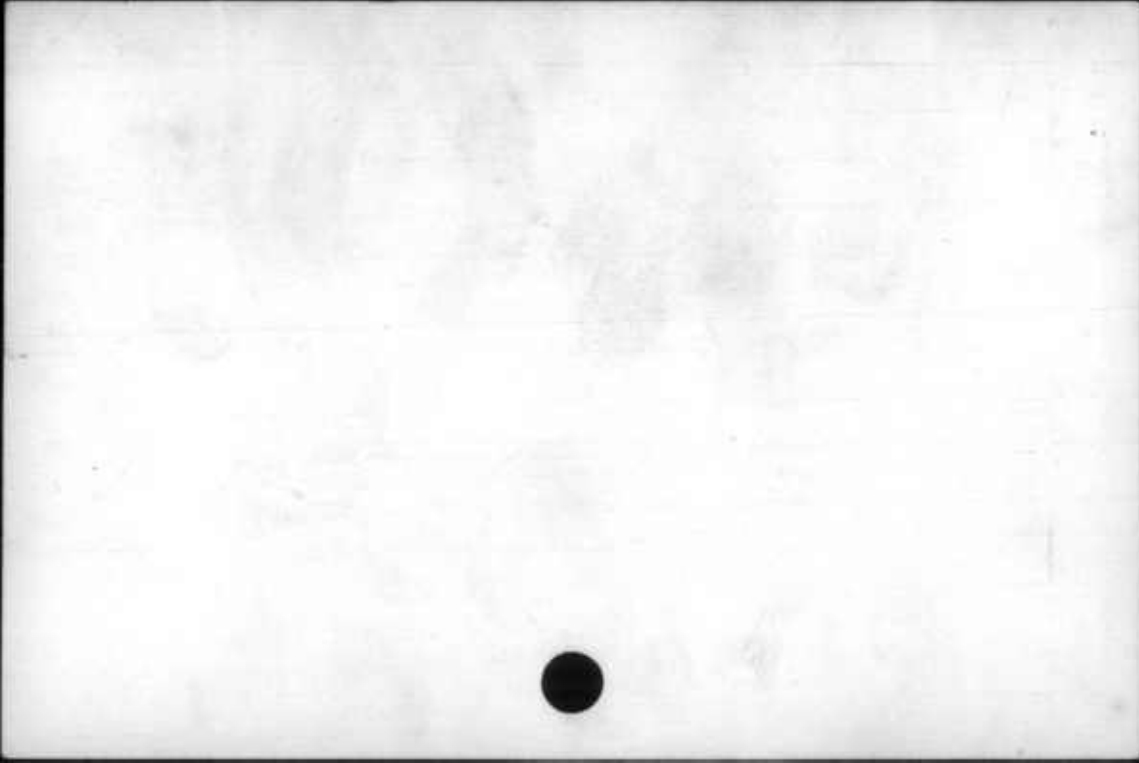
Primary *asphyxia during birth.* How long *lived 30 minutes*  
Immediate *Heart failure.* How long *after birth*

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

Signature of Physician

*Arthur DeGast*  
*Eulaw North or*

Accident or Suicide



Name  
in  
Full

Aletia Nolen

CERTIFICATE OF DEATH

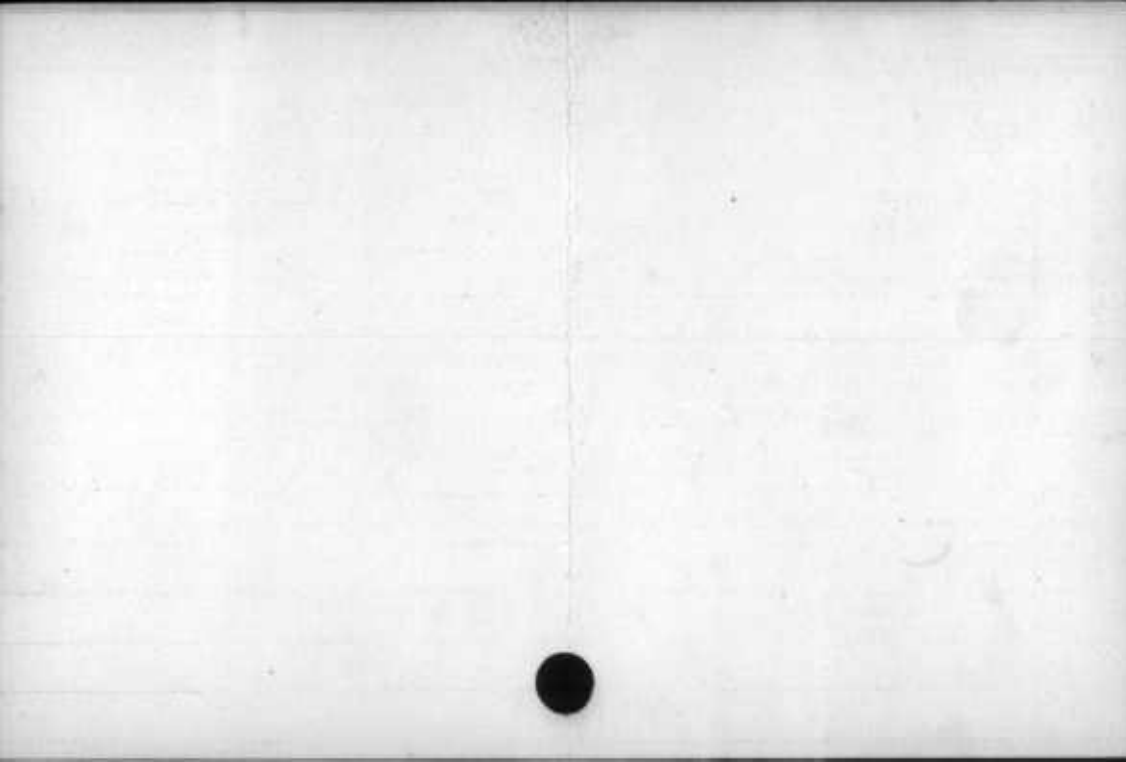
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baldwin</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1990</u>	Month	<u>7</u>	Day	<u>1</u>
Age	<u>Years</u>		Months	<u>6</u>	Days
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Maryland</u>
Occupation	<u>_____</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>Israel Nolen</u>		Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Dollie Gustus</u>		Mother's Birthplace	<u>Maryland</u>	
Name of person giving information	<u>Israel Nolen</u>		How related to deceased	<u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>6 mos</u>
Immediate	<u>"</u>	How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Monis B. Grew M.D.</u>
Accident or Suicide?		Address	<u>Gettysburg Maryland !!</u>



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name in Full <i>John O'Neil</i>		Town <i>Blades Hoop</i>	County <i>Baltimore</i>	MAYLAND	
Died at <i>Towson</i>		Month <i>July</i>	Day <i>21</i>	Years <i>18</i>	Months <i>—</i>
Date of death <i>1960 July 21</i>		Age <i>18</i>		Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>School boy</i>		Where Residing if not at place of death			
Married; Single <del>or Widowed</del>		Name of Wife or Husband <i>unknown</i>			
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving Information <i>—</i>		How related to deceased <i>—</i>			

## CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>28</i>	<i>3 1/2 yrs</i>
Immediate <i>Asphyxia</i>	How long	

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

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER

New Bedford Monday July 26/10

Wm A. Francis  
103 Haverhill St  
New Bedford

Name in Full

Solomon Orttinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

♀

Died at <sup>Town</sup> Edmonston <sup>Area</sup> & Walnut <sup>County</sup> Balto

MARYLAND

Date of death 1900 July 26 Age 140 Months Days

Sex male Color or Race white Birth-place Baltimore

Occupation merchant Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Henry Orttinger

Father's Birthplace Germany

Mother's Maiden Name

Mother's Birthplace Germany

Name of person giving information Joseph Blinn

How related to deceased 79

CAUSES OF DEATH

Primary Posterior Spinal Sclerosis How long 2 yrs

Immediate

How long

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

Signature of Physician Joseph Blinn

Address 1809 Linden Ave Balto.

PHYSICIAN OR CORONER

Accident or Suicide?

David Sondheim  
118 W. Mt. Royal Ave.

Chet Shalom Levin



Name  
in  
Full

CERTIFICATE OF DEATH

Catherine Elizabeth Page

MARYLAND

Died at *Lutherville* - Town*Baltimore* CountyDate  
of death *1900*Month  
*July*Day  
*28<sup>th</sup>*Age *3 months*Months  
*3*Days  
*14*Sex *Female*Color or  
Race *Colored*Birth-  
place *Hamden Va*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed *—*Name of Wife or  
Husband *—*Father's  
Name *Thos H. Page*Father's  
Birthplace *Wetford Va*Mother's  
Maiden Name *Mary C Cole*Mother's  
Birthplace *Hamden Va*Name of person giving  
Information *D. J. C. Peebles*How related  
to deceased *—*

## CAUSES OF DEATH

Primary *non-development - 3<sup>rd</sup> to 4<sup>th</sup> birth*How long *Since birth*Immediate *Cholera Infantum*How long *3 days*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *J. Chalmer Peebles*Address  
*Lutherville Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Atty. General  
Attn: ~~Mr.~~  
Trinity Co. Va

Name  
In  
Full

John Pausch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at <u>Lausaville</u> <sup>Town</sup> <u>Dist</u> <sup>County</sup> <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	<u>July</u> <sup>Month</sup>	<u>30</u> <sup>Day</sup>	<u>44</u> <sup>Years</sup> <u>4</u> <sup>Months</sup> <u>0</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Dist</u>	
Occupation <u>Fish Dealer</u>	Where residing if not at place of death <u>Lausaville Dist</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Olevia Pausch</u>		
Father's Name <u>John Pausch</u>	Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>C</u>	Mother's Birthplace <u>C</u>		
Name of person giving information <u>Mary Olevia Pausch</u>	How related to deceased <u>Wife</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pulmonary</u>	<u>28</u>	How long
Immediate	<u>Tuberculosis</u>		How long <u>6 mo</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>J H Gershman M.D.</u>	Address <u>1303 Light St</u>
Accident or Suicide?	<u>No</u>		

233<sup>rd</sup> N. Quilston av

H. C. Hughes

Industrials

17 S. Broadway -

Baltimore

Md

Oak Lawn

Bemetery.

Name  
in  
Full

*Hattie Peace*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

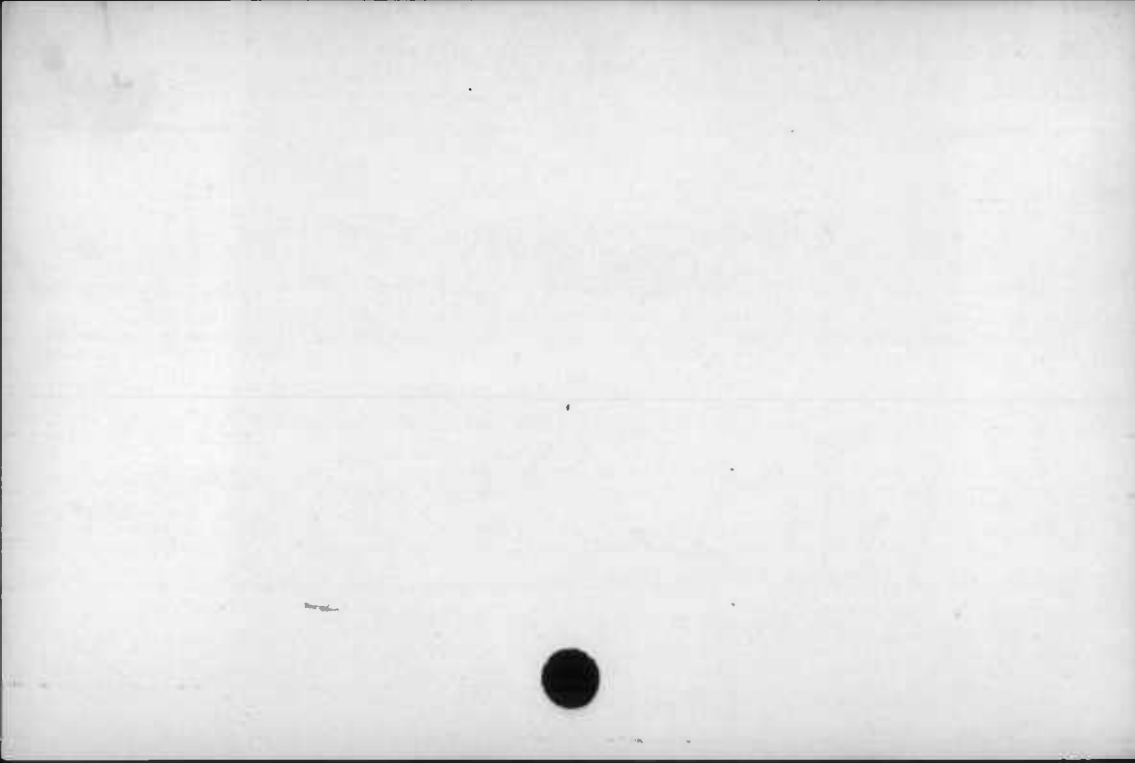
*04*

Died at <i>Ms. Wilson</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 19 <i>40</i>	<i>July</i> <small>Month</small>	<i>11</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex <i>Female</i>	<i>Black</i> <small>Color or Race</small>	<i>Black</i> <small>Color or Race</small>	Birth-place <i>Baltimore</i>		
Occupation <i>Infant</i>	Where Reared if not at place of death <i>Baltimore</i>				
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>Infant</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Ananda Peace</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Ananda Peace</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>nephritis, gastritis</i>	How long <i>1 mo</i>
Immediate <i>"</i>	How long <i>1 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. [Signature]</i>
	Address <i>[Signature]</i>
Accident or Suicide?	



Name  
in  
Full

Mary Pearce

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Garrison</i> <sup>town</sup>		County <i>Balto</i>		MARYLAND	
Date of death 19 <i>00</i>	Month <i>July</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Balto Co Md</i>			
Occupation <i>Infant</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>George L Pearce</i>	Father's Birthplace <i>Leannett Co Md</i>				
Mother's Maiden Name <i>Blanch Chenoweth</i>	Mother's Birthplace <i>Balto Co Md</i>				
Name of person giving Information <i>George L Pearce</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

Primary <i>Trachoma</i>	<i>189A</i>	How long
Immediate <i>Syphilis</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Horis Naylor</i>	Address <i>Pikeville Md</i>
Accident or Suicide		

PHYSICIAN  
OR CORONER

100-100000  
100-100000





Name in Full

Christian B Penn

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at <sup>Town</sup> Hamilton		<sup>County</sup> Balto		MARYLAND	
Date of death	1900	Month	7	Day	20
Age	2	Years		Months	4
				Days	20
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	none	Where Resulting if not at place of death		Maryland	
Married <del>or Widowed</del> Single	Name of Wife or Husband				
Father's Name	David W Penn			Father's Birthplace	Maryland
Mother's Maiden Name	Agatha B Amendt			Mother's Birthplace	..
Name of person giving information	C C Amendt			How related to deceased	Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Iles Colitis	How long	6 days
Immediate	Iles Colitis	How long	6 days
Are the name, age, sex, color, date and place correctly given above		Signature of Physician	
yjs		Mary G. Long MD	
Address		Hamilton Md	
Accident or Suicide?		No	

Paule Bennett

Name  
in Full

Agnes Thompson Perkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Towson <sup>County</sup> Balto. MARYLAND

Date of death 1910 Month 7 Day 28 Age 75 Months 2 Days 1

Sex Female Color or Race White Birth-place Scotland

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

Married, Single or Widowed Widow Name of Wife or Husband James Perkins

Father's Name William Thompson Father's Birthplace Scotland

Mother's Maiden Name Rose Williams Mother's Birthplace " "

Name of person giving Information John C. Perkins How related to deceased Son.

## CAUSES OF DEATH

Primary Paralysis &amp; old age How long 66 Several years

Immediate Exhaustion How long 2 months

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

Address Goanston

Accident or Suicide

PHYSICIAN  
OR CORONER

Place of burial, Cathedral Cemetery, Baltimore  
Undertakers, Henry W. Mears & Son, Baltimore.

*R. M. D. Mears*

Name in Full

Rosetta Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

G

Died at <i>Heathbrook</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month <i>July</i>	Day <i>8</i>	Age <i>67</i>	Years
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>MD</i>		Months	Days
Occupation <i>None</i>	Where Residing if not at place of death <i>same</i>				
<del>Married, Single or Widowed</del>	Name of Wife or Husband <i>Isaac Peters</i>				
Father's Name	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Mary Jones</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Albert Peters</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

14

PHYSICIAN OR CORONER

X

Primary <i>Dysentery</i>	How long <i>2 weeks</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 A Pearce M.D.</i>
	Address <i>2105 N. Charles St Baltimore Md</i>
Accident or Suicide?	

Prof. Finkbeiner & Co  
New York

July 18/73

Name  
in  
Full

Francis B Pflager

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Westport <sup>Town</sup> Balto <sup>County</sup> MARYLAND

Date of death 1940 Month 7 Day 8 AGE 48 Years Months 3 Days 12

Sex female Color or Race White Birth-place Balto

Occupation House work Where Residing if not at place of death

~~Married~~ or Widowed Name of Wife or Husband Louis Pflager

Father's Name Wm Simmering Father's Birthplace Balto

Mother's Maiden Name unknown Mother's Birthplace Balto

Name of person giving information Dorance B. Pflager How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Dropsy 187 How long 6 mo

Immediate Eyhaustion How long

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

Signature of Physician W B Hall

Address Wt Wmms

Accident or Suicide? no

E. Schloman & Son  
London Park Lane



Name  
in Full

Harvey Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death	1910	Month July	Day 31	Age —	Years —	Months 2	Days 7
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 Husband				
Father's Name	Edward Phillips					Father's Birthplace	Maryland
Mother's Maiden Name	Elizabeth Peters					Mother's Birthplace	Germany
Name of person giving information	Edward Phillips					How related to deceased	Father

## CAUSES OF DEATH

1571 B

PHYSICIAN  
OR CORONER

Primary	Congenital Debility		How long	2 mo
Immediate	Asphyxia		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?				

M. J. McAvoy MD  
239 S. Canton St.

Mt Carmel  
Aug: 1<sup>st</sup> 1916  
H. Sander & Sons

Dr. McCreary

Name in Full

Mary Elizabeth Purper

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>9x</sup> Mt Winaus <sup>Town</sup> Baltimore <sup>County</sup> MARYLAND

Date of death 1970 July 22 Age no Months no Days 12

Sex female Color or Race white Birthplace Mt Winaus

Occupation none Where Residing if not at place of death Mt Winaus

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

Father's Name William Purper Father's Birthplace Baltimore MD

Mother's Maiden Name Mary Williams Mother's Birthplace Baltimore

Name of person giving Information William Purper How related to deceased Father

CAUSES OF DEATH

24

Primary Tetanus How long 4 days

Immediate Exhaustion How long 2 days

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

Signature of Physician R. Glanville Address Mt Winaus Md

Accident or Suicide

PHYSICIAN OR CORONER

Swartz's Cemetery  
William J. Ticker.

Name  
in Full

Wilmer Randal

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Pleasant Hill <sup>County</sup> Balto MARYLAND

Date of Death 1910 <sup>Month</sup> July <sup>Day</sup> 11 <sup>Age</sup> 3 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Balto city

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

Married, Single or Widowed Single <sup>Name of Wife or Husband</sup> \_\_\_\_\_

Father's Name John Rufert <sup>Father's Birthplace</sup> Balto Co Md

Mother's Maiden Name Maggie Randall <sup>Mother's Birthplace</sup> Balto Co Md

Name of person giving information Maggie Randal <sup>How related to deceased</sup> Mother

## CAUSES OF DEATH

Primary Cerebral Meningitis <sup>How long</sup> 61 and longer

Immediate Barbitals <sup>How long</sup> 2 days

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

Signature of Physician

Address

J. R. Price  
Blyden  
Md

Accident or Suicide?

To be Buried at  
Wards Chapel

Name  
in  
Full

CERTIFICATE OF DEATH

*Johanna Reif*  
 Town *Highlandtown* County *Balto.*

MARYLAND

Died at *Highlandtown* *Balto.*  
 Date of death 19*40* Month *July* Day *24* Age *—* Months *—* Days *5* Minutes *—*

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

Occupation *None* Where Residing if not at place of death *3502 Fruit Ave*

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

Father's Name *George L. Reif* Father's Birthplace *Germany*

Mother's Maiden Name *Mary Burger* Mother's Birthplace *Germany*

Name of person giving Information *Mary Reif* How related to deceased *Mother*

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary *Premature Death (N/A)* How long *—*

Immediate *—* How long *—*

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

Signature of Physician *W. E. McLaughlin, D.O.*

Address *7619 S. Clarks St.*

PHYSICIAN  
OR CORONER

Accident or Suicide

Undertaker. Lilly and Zeller.

Burial ~~of~~ Holy Redeemer Cemetery.

July 25 - 1910.

---



Name  
in  
Full

CERTIFICATE OF DEATH

Dorothy Agnes Reischneider

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Highland		County Baltimore		MARYLAND	
Date of death	1910	Month July	Day 28	Age —	Years —
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	None		Where Reading if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Adam Reischneider			Father's Birthplace	Maryland
Mother's Maiden Name	Agnes M. Mohrfeld			Mother's Birthplace	Maryland
Name of person giving information	John Adam Reischneider			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Gastro Enteritis	104	How long	2 weeks	
	Immediate			How long		
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		
				Address		
Accident or Suicide?			1902 Eastern Ave			

Mount Carmel

July 30<sup>th</sup> 1910

J. Sander rdms

Dr Athey

Name  
in  
Full

Catharine R. Rest

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at Highlandtown Town Balto. County MARYLAND

Date of death 1980 July Month 3 Day Age 10 Years 25 Months 25 Days

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

Occupation None Where Residing  at place of death 705 S. First St.

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

Father's Name Frederick W. Rest, Father's Birthplace Balto. Md.

Mother's Maiden Name Helena Hofmann, Mother's Birthplace Balto. Co.

Name of person giving Information Helena C. Rest, How related to deceased Mother.

CAUSES OF DEATH

1041

PHYSICIAN  
OR CORONER

Primary Cholera infantum How long 2 days.

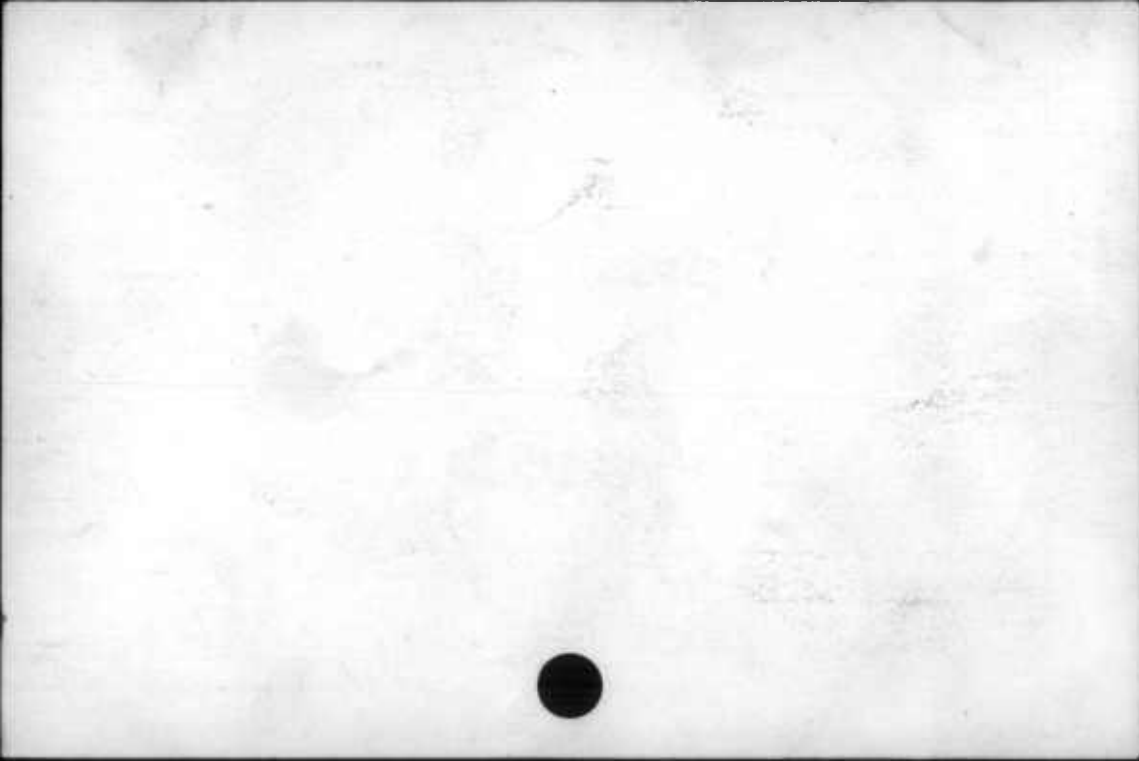
Immediate Exhaustion. How long

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

Signature of Physician Frederick W. Rest

Address 350 S. Foresters Highlandtown

Accident or Suicide



Name  
in  
Full

Jennie Rice

CERTIFICATE OF DEATH

Town

Mt. Airy

County

Baltimore

MARYLAND

Died at

Date

1900

Month

July

Day

3

Age

Years

—

Months

4 1/2

Days

—

Sex

Female

Color or  
Race

Black

Birth-  
place

Baltimore

Occupation

Infant

Where residing if not  
at place of death

Baltimore

Married, Single  
or Widowed

Infant

Name of Wife or  
Husband

—

Father's  
Name

— Rice

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

unknown

Mother's  
Birthplace

"

Name of person giving  
Information

Mrs. Mary Jane Dolan

How related  
to deceased

Caretaker

## CAUSES OF DEATH

Primary

Inanition

How long

4 wks

Immediate

"

How long

4 wks.

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

Yes

Signature of  
Physician

J. H. Moore, Jr.

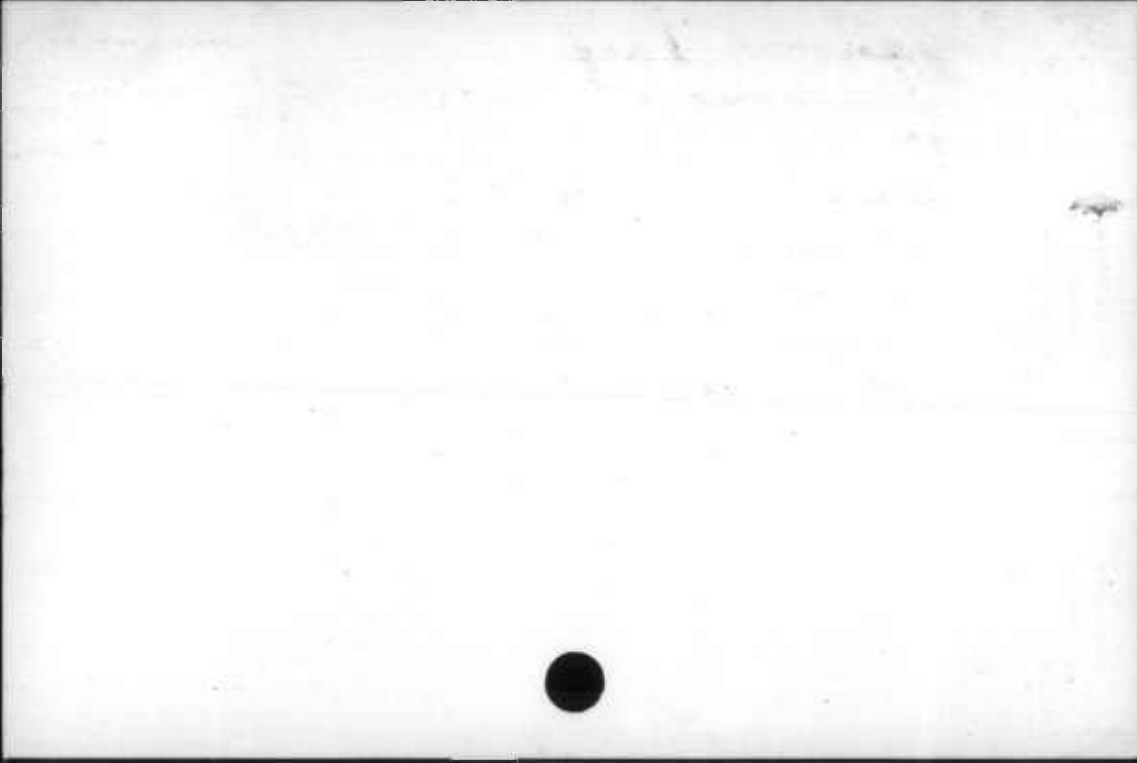
Address

Mt. Airy

Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mamie Birwan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> W. Arlington <sup>County</sup> Balto MARYLAND

Date of death 1910 <sup>Month</sup> July <sup>Day</sup> 30 <sup>Age</sup> 29 <sup>Years</sup> <sup>Months</sup> 8 <sup>Days</sup> 8

Sex female <sup>Color of Race</sup> white <sup>Birth-place</sup> Baltimore

Married, Single or Widowed <sup>married</sup> <sup>Occupation</sup>

Name of Wife or Husband Harry E Birwan

Father's Name Wm Schielwachter <sup>Father's Birthplace</sup> Germany

Mother's Maiden Name Emma P. Miller <sup>Mother's Birthplace</sup> Baltimore

Name of person giving information Mrs Schielwachter <sup>How related to deceased</sup> mother

CAUSES OF DEATH

Primary Gastric ulcer & nephritis <sup>How long</sup> 102 3 years

Immediate hemorrhages from ulcer <sup>How long</sup> three days

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

Signature of Physician John Vasalli

Address 649 1/2 Fulton av

Accident or Suicide?

PHYSICIAN  
OR CORONER

William J. Schilling  
9. S. Poppleton St.

Western Cemetery  
July 6-1910



Name  
in  
Full

CERTIFICATE OF DEATH

Robelins, Emma

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Leatonville		Dulles		MARYLAND	
Date of death 1940		Month	Day	Age	Years	Months	Days
Sex Female		Color or Race white		Birthplace Germany			
Occupation Housewife		Where Residing if not at place of death		x			
Married, Single or Widowed Married		Name of Wife or Husband		none			
Father's Name		none		Father's Birthplace		none	
Mother's Maiden Name		none		Mother's Birthplace		none	
Name of person giving Information		—		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Terminal Dementia	How long	7 yrs
Immediate	Pneumo-chlo-Pneumonia	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Henry Wade
	no	Address	Leatonville, Md
Accident or Suicide			



Name  
Full

Chas. H. Roppelt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Beary Creek</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>July</i>	Day <i>17</i>	Age <i>14</i>	Years <i>14</i>
Sex <i>Male</i>	Color <i>White</i>	Race <i>White</i>		Birth-place <i>Balto City</i>	
Occupation <i>Picture frame factory</i>	Where Residing if not at place of death <i>2329 Mc Elder St</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Wm Roppelt</i>	Father's Birthplace <i>Balto City</i>				
Mother's Maiden Name <i>Mary Smith</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Wm Roppelt</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Accidental Drowning</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W S Luder with license</i>
Address <i>2329 E. Baltimore</i>	<i>Highland Town, Md.</i>
Accident or Suicide?	

Most Holy Pulemen Secretary  
July 20<sup>th</sup> 1970

Christian Miller  
2334 Jefferson St

Name  
Full

Martin Rose

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1910</u>	Month	<u>July</u>	Day	<u>10</u>
Age	<u>85</u>	Years	<u>10</u>	Months	<u>10</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Maine</u>
Occupation	<u>Labourer</u>		Where residing if not at place of death <u>1029 S. Bouldin St</u>		
Married, Single or Widowed	<u>Widower</u>	Name of Wife or Husband <u>Not known</u>			
Father's Name	<u>Not known</u>			Father's Birthplace	<u>Not known</u>
Mother's Maiden Name	<u>Not known</u>			Mother's Birthplace	<u>Not known</u>
Name of person giving information	<u>Mrs. Swearingen</u>			How related to deceased	<u>Sister</u>

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Senility &amp; hemiplegia</u>	How long	<u>3 mos</u>
	Immediate	<u>Enteric Obstruction</u>	How long	<u>3 days</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>[Signature]</u>
	Address	<u>40 [Address]</u>		
Accident or Suicide?				

H. Smith Jones.

Post Office County

July 12<sup>th</sup> 1910

Ms. Wright

Name

in Full

Nestor Satchuk

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9x

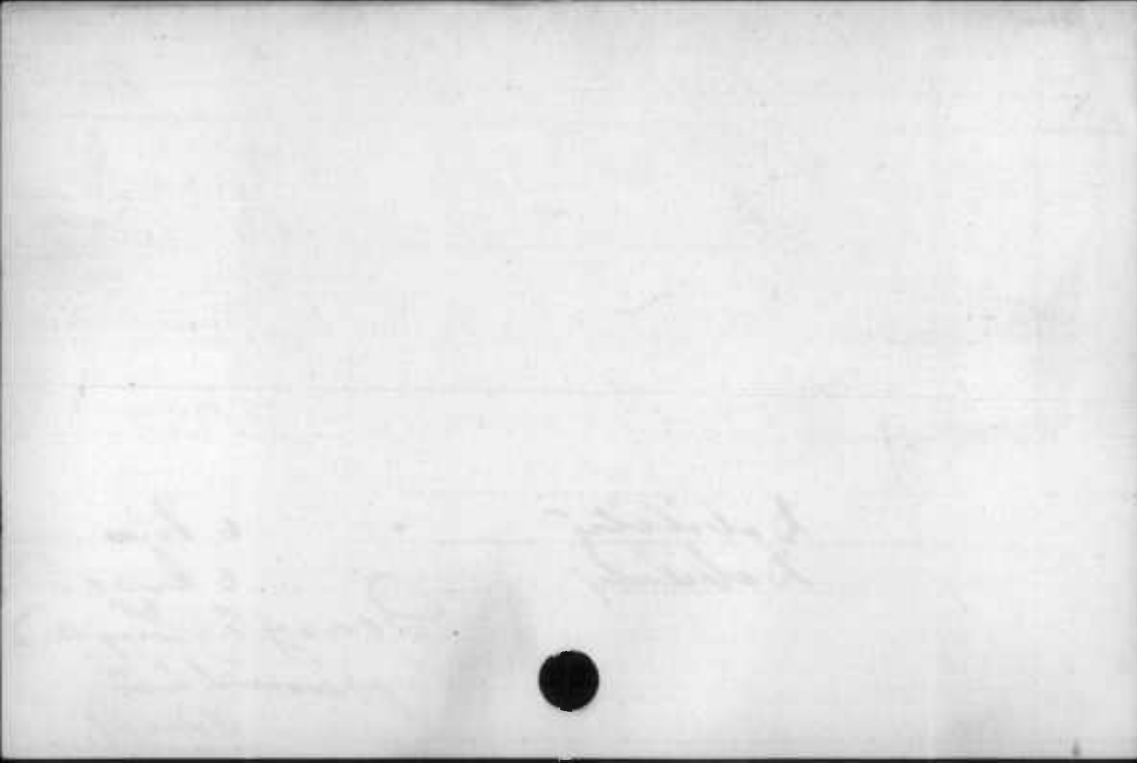
Died at		Town Sparrows Point		County Balto.		MARYLAND	
Date of death	1910	Month July	Day 1	Age 38	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Russia		
Occupation	Laborer		Where residing if not at place of death		Sparrows Point		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Unknown		Father's Birthplace		Russia		
Mother's Maiden Name	Unknown		Mother's Birthplace		"		
Name of person giving information	Joe Blair		How related to deceased		None		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

L

Primary	How long	56
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Joe Blair J.P.
		Address Sparrows Point Md.
Accident or Suicide?		





Name  
in  
Full

George Saunders

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

MARYLAND

Died at <sup>Town</sup> Mt. Hilsom<sup>County</sup> Baltimore

Date of death 19 10

Month July

Day 23

Age

Years —

Months 7

Days —

Sex

Male

Color or Race

Black

Birth-place

Baltimore

Occupation

Inpatient

Where Reading if not at place of death

Baltimore

Married, Single or Widowed

Inpatient

Name of Wife or Husband

Father's Name

George Saunders

Father's Birthplace

Baltimore

Mother's Maiden Name

Hickman

Mother's Birthplace

Name of person giving in formation

Mrs. Young

How related to deceased

Granddaughter

## CAUSES OF DEATH

Primary

Malnutrition

How long

7 mos

Immediate

Colitis

How long

1 mo.

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

yes

Signature of Physician

Address

J. H. M. Kuo, M.D.

Accident or Suicide?



Name in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Name: John Kasper Sgerim  
Town: <sup>Farm</sup> Hoffmansville  
County: <sup>Sim</sup> Balto

MARYLAND

Died at: Hoffmansville  
Date of death: 1910 July 17  
Age: 57  
Months: 6  
Days: 15

Sex: Male  
Color or Race: White  
Birthplace: Germany

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

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

Father's Name: Jost Saem  
Father's Birthplace: Germany

Mother's Maiden Name: Katherin Kael  
Mother's Birthplace: Germany

Name of person giving Information: Mary Spaengler  
How related to deceased: Daughter

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary: Organic Heart Trouble  
How long: 2 yrs

Immediate: Heart Failure  
How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician: Dr. D. W. Resh

Address: [Redacted] Hampstead Md

Accident or Suicide

Willip Implee See.  
Implee See

Name  
in Full

William Mayard Schab.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt Wiggins		County Baltimore		MARYLAND	
Date of death		1900	Month July	Day 02	Age no	Months 3	Days 6
Sex male		Color or Race white		Birth-place Baltimore			
Occupation none				Where Residing if not at place of death Mt Wiggins			
Married, Single or Widowed single		Names of Wife or Husband Infant.					
Father's Name Harry Schab		Father's Birthplace unknown.					
Mother's Maiden Name Lula Carroll		Mother's Birthplace Baltimore					
Name of person giving Information Lula Carroll		How related to deceased mother.					

## CAUSES OF DEATH

Primary	Cholera Infantum (104)	How long	9 days
Immediate	24 hours	How long	3 days
Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/> yes		Signature of Physician Raylanne	
		Address Mt Wiggins / 3 rd.	
Accident or Suicide			

PHYSICIAN  
OR CORONER

G. J. Smith  
funeral director

Western Cemetery

Name  
Full

Oliver Schaefer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pleasant Hill</u> Town		<u>Balto</u> County		MARYLAND	
Date of death 19 <u>40</u>	Month <u>July</u>	Day <u>31</u>	Age <u>—</u>	Years <u>—</u>	Months <u>4</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Balto Co MD</u>		Days <u>—</u>	
Occupation <u>—</u>			Where Residing 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>Harry A. Schaefer</u>	Father's Birthplace <u>Balto Co MD</u>		Mother's Birthplace <u>Balto Co MD</u>		
Mother's Maiden Name <u>Bertha E Long</u>	How related to deceased <u>Father</u>		Name of person giving information <u>Harry A Schaefer</u>		

## CAUSES OF DEATH

Primary <u>Cholera Infauntem</u>	How long <u>104</u>
Immediate <u>Enteric Coelitis</u>	How long <u>3 or 4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. R. Wallace</u>
Address <u>Blyndora</u>	
Accident or Suicide <u>—</u>	

PHYSICIAN  
OR CORONER

Al Saino





Name  
in  
Full

Geo W Schult

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Septomsville</u> <sup>10</sup> <u>Balto</u> <sup>County</sup>		MARYLAND	
Date of death 19 <u>00</u>	Month <u>7</u>	Day <u>28</u>	Age <u>3</u> <sup>Months</sup> <u>18</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Septomsville</u>	
Occupation <u>none</u>	Where Residing if not at place of death <u>X</u>		
<del>Married</del> , Single or <del>Widowed</del>	Name of Wife or Husband		
Father's Name <u>Antoine Schult</u>	Father's Birthplace <u>Balto</u>		
Mother's Maiden Name <u>Catherine Wiser</u>	Mother's Birthplace <u>Balto Co</u>		
Name of person giving Information <u>Catherine Schult</u>	How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

Primary <u>anoxia</u>	How long <u>3 hrs</u>
Immediate <u>Cholera infantum</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>JWR Wmms -</u>

Address

763 Wall

Accident or Suicide

C. F. McCormick

~~Western~~ Cemetery:  
Louden Park

Name in Full

Mary Schwabland

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at		Town <i>Ny. Milan</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1910	Month	<i>July</i>	Day	<i>20</i>	Age	Years <i>—</i> Months <i>5</i> Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth place	<i>Baltimore</i>
Occupation	<i>Infant</i>			Where Residing if not at place of death		<i>Baltimore</i>	
Married, Single or Widowed	<i>Infant</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>John</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	<i>—</i>
Name of person giving information		<i>Mrs. John Schwabland</i>				How related to deceased <i>Wife</i>	

CAUSES OF DEATH

Primary	<i>Influenza Colitis</i>	How long	<i>3 wks</i>
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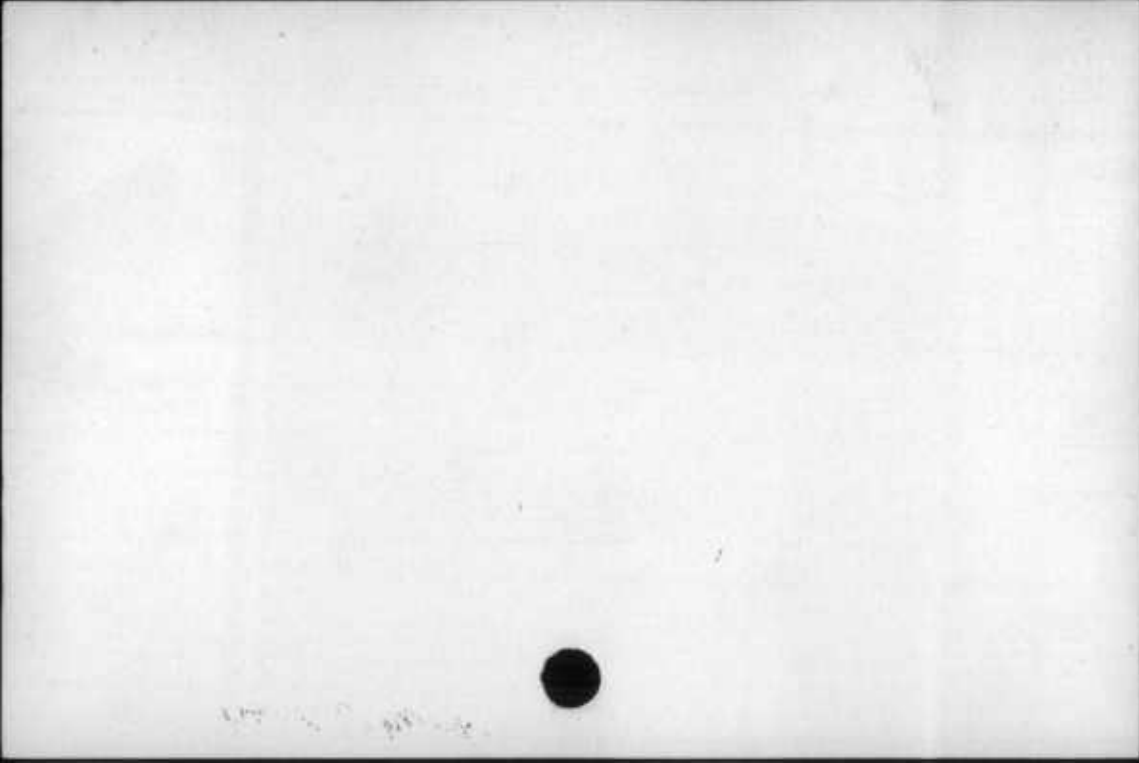
*(1021)*

Immediate	<i>Pulmonary edema</i>	How long	<i>1 day</i>
-----------	------------------------	----------	--------------

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

Signature of Physician *—*  
 Address *—*

Accident or Suicide?



Name  
in  
Full

In name child of Samuel Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

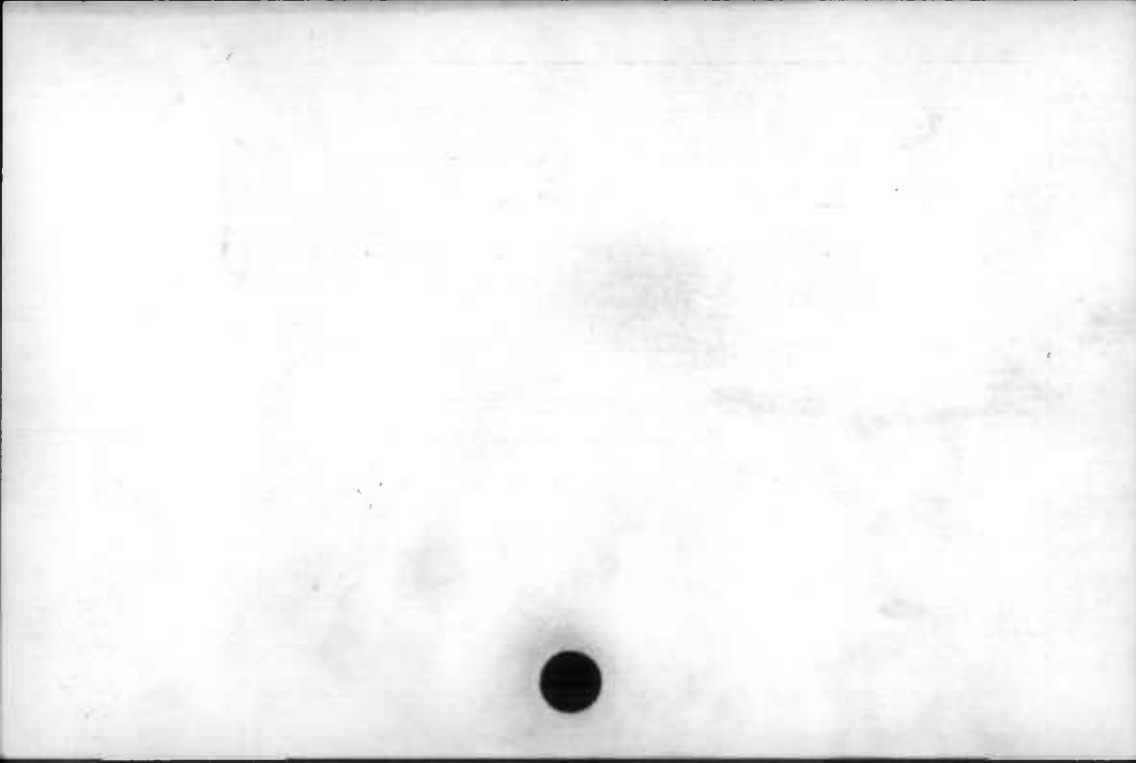
Died at <b>Grays</b> <small>Town</small>		<b>Balto</b> <small>County</small>		MARYLAND	
Date of death 19 <b>20</b> <small>Year</small>	<b>July</b> <small>Month</small>	<b>25</b> <small>Day</small>	Age <b>90</b> <small>Years</small>	<b>90</b> <small>Months</small>	<b>4</b> <small>Days</small>
Sex <b>Female</b>	Color or Race <b>colored</b>	Birth-place <b>Maryland</b>		Where Residing if not at place of death <b>Grays Balto Md</b>	
Occupation <b>none</b>	Married, Single or Widowed <b>single</b>		Name of Wife or Husband <b>none</b>		
Father's Name <b>Samuel Scott</b>	Father's Birthplace <b>Maryland</b>		Mother's Birthplace <b>Maryland</b>		
Mother's Maiden Name <b>Ida Hemerson</b>	How related to deceased <b>Father</b>		Name of person giving Information <b>Samuel Scott</b>		

CAUSES OF DEATH

1571B

PHYSICIAN  
OR CORONER

Primary <b>7 months child</b>	How long
Immediate <b>Hot weather - inaction</b>	How long
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>J. P. Payne</b>
Address	<b>Ellicott City</b>
Accident or Suicide	



Name  
in Full

CERTIFICATE OF DEATH

Katherine Seitz

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month	<i>July</i>	Day	<i>1<sup>st</sup></i>
Age	<i>4</i>	Years	<i>4</i>	Months	<i>1</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>None</i>		Where Reading if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>John C. Seitz</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Katie Holster</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>John C. Seitz</i>		How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

*1041*

How long *10 days*

How long

PHYSICIAN  
OR CORONER

Primary	<i>Gastro Enteritis</i>	Signature of Physician	<i>C. W. Shey</i>
Immediate		Address	<i>1902 Eastern Ave.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Accident or Suicide?			

1st Evangelical Rev  
July. 3rd 1910  
G. Hunter Jones



Name  
In Full

CERTIFICATE OF DEATH

William C. Shipley

TO BE ANSWERED BY  
NEAREST FRIEND

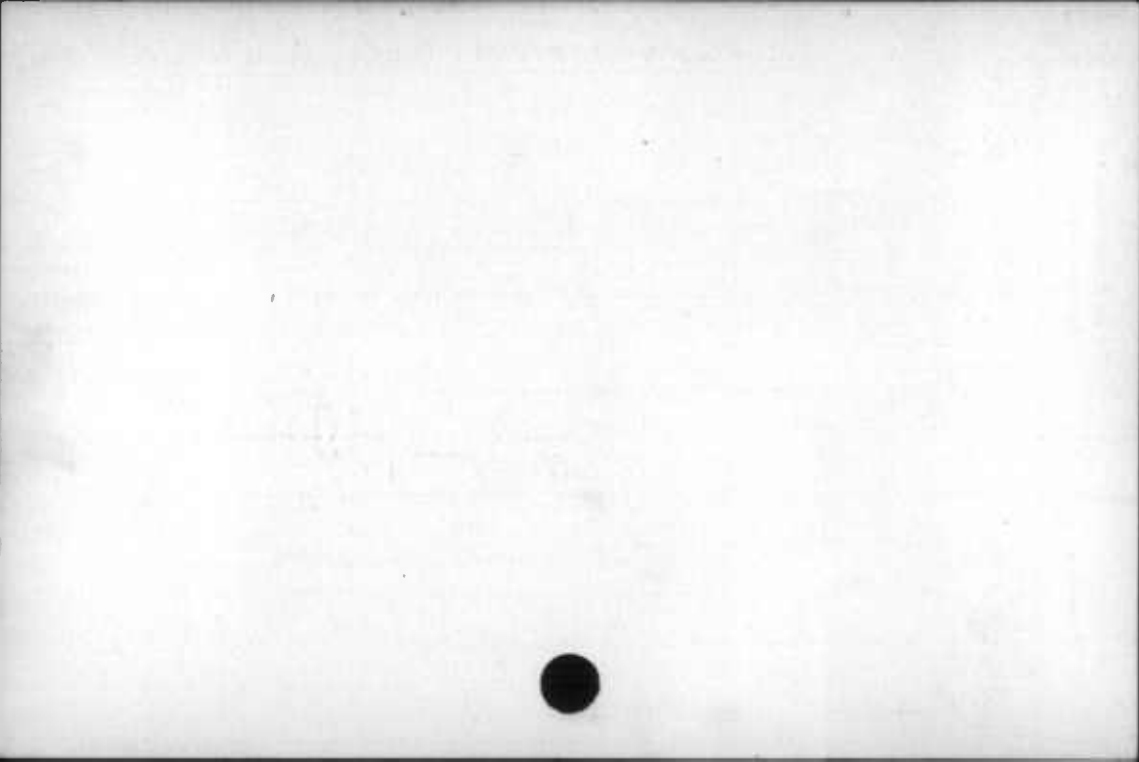
Died at <i>Pikesville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	19 <i>66</i>	Month <i>7</i>	Day <i>2</i>	Age <i>—</i> Years	Months <i>4</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Pikesville</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>Pikesville</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Wm. L. Shipley</i>	Father's Birthplace <i>Bald. City</i>		Mother's Birthplace <i>Bald. Co</i>		
Mother's Maiden Name <i>Lillie M. Peck</i>	Name of person giving information <i>Wm. L. Shipley</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Death with infection</i>	How long <i>months.</i>
Immediate <i>Echov. Colitis</i>	How long <i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. B. Cox</i>
	Address <i>Certington</i>
Accident or Suicide?	



Name  
In  
Full

CERTIFICATE OF DEATH

Theresa Simon

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Parkville</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death 19 <u>60</u>	<u>7</u> <small>Month</small>	<u>27</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>1/2</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Parkville Md</u>			
Occupation <u>None</u>	Where Reading if not at place of death				
Married, Single or Widowed <u>None</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Peter Simon</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Mary Reese</u>	Mother's Birthplace <u>..</u>				
Name of person giving information <u>Peter Simon</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<u>Debility</u>	<u>1513</u> <small>How long</small>	<u>6 hrs</u>
Immediate	<u>Debility</u>	<u>—</u> <small>How long</small>	<u>6 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Leary G. Long M.D.</u>		
	Address <u>Hamilton</u>		
	<u>Md.</u>		
Accident or Suicide?			

F. Yare about.

St Joseph's

Name in Full *Infant* *Simms* CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *not known* *Baltimore* *MARYLAND*

Date of death 19*00* *July* *2* Age *no* *no* *no*

Sex *female* Color or Race *colored* Birth-place *not known*

Occupation *none* Where Residing if not at place of death *not known*

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

Father's Name *Christopher Simms* Father's Birthplace *Ind. a. c. e. o*

Mother's Maiden Name *Jephine C. Smalls* Mother's Birthplace *Baltimore*

Name of person giving information *Christopher Simms* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still Birth* *(S)* How long *—*

Immediate *Still Birth* How long *—*

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

Signature of Physician *R. G. ...*

Address *not known*

Accident or Suicide *no*

Geo Harper

Wm Auburn

Name  
in Full

Edmund Sipes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Center Town

County

Balto

Date

of death 1900

Month

July

Day

7

Age

Years

—

Months

Days

2

Sex

male

Color or  
Race

white

Birth-  
place3217 Belvidere St  
Balto Co. Md.

Occupation

none

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

had none

Father's  
Name

Harry J Sipes

Father's  
Birthplace

Balto Md

Mother's  
Maiden Name

May M. Selig

Mother's  
Birthplace

Md.

Name of person giving  
Information

H. J. Sipes

How related  
to deceased

father

## CAUSES OF DEATH

Primary

non closure of foramen Ovale

How long

How long

Immediate

Syncope

1 day

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

Address

Center 30 Dorell St  
Balto Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

Zickler + Zickler  
1739 E. Eager St.

---

July - 7 - 1910

Wk. Laurel Cemetery



Name  
in  
Full

Theodore Slunt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *St Agnes Hospital* <sup>Town</sup> *Baltimore* <sup>County</sup>

MARYLAND

Date of death 19*00* <sup>Month</sup> *7* <sup>Day</sup> *19* <sup>Years</sup> *15* <sup>Months</sup> *0* <sup>Days</sup> *0*

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

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

Single  ~~Widowed~~ Name of Wife or Husband *Howard Leo, Md*

Father's Name *John Thomas Slunt* Father's Birthplace *Md*

Mother's Maiden Name *Etta Dietrich* Mother's Birthplace *Md*

Name of person giving Information *John Slunt* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Syphilitic fever* <sup>(1)</sup> How long *3 weeks*

Immediate *peritonitis local & perforation ileum* How long *5 Days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Fred W. Crook*

Address *St Agnes Hospital*

Accident or Suicide *No*

PHYSICIAN  
OR CORONER



Name in Full

Charles Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *M. Wilson* <sup>Town</sup> *Baltimore* <sup>County</sup> **MARYLAND**

Date of death **1900** <sup>Month</sup> *July* <sup>Day</sup> *1* <sup>Age</sup> *10 mos* <sup>Years</sup> *13 mos* <sup>Months</sup> *13 mos* <sup>Days</sup> *—*

Sex *male* Color or Race *white* Birth-place *Baltimore*

Occupation *Infant* Where Residing if not at place of death *Baltimore*

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

Father's Name *Charles Smith* Father's Birthplace *Baltimore*

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

Name of person giving information *Mrs. Chas. Smith* How related to deceased *mother*

CAUSES OF DEATH

Primary *Malnutrition* **177B** How long *10 mos*

Immediate *"* How long *10 "*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. H. Keefe, Jr.*

Address *Mrs. Mary Keefe*

Accident or Suicide? *—*

PHYSICIAN OR CORONER



Name  
in  
Full

Samuel E. Smith.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

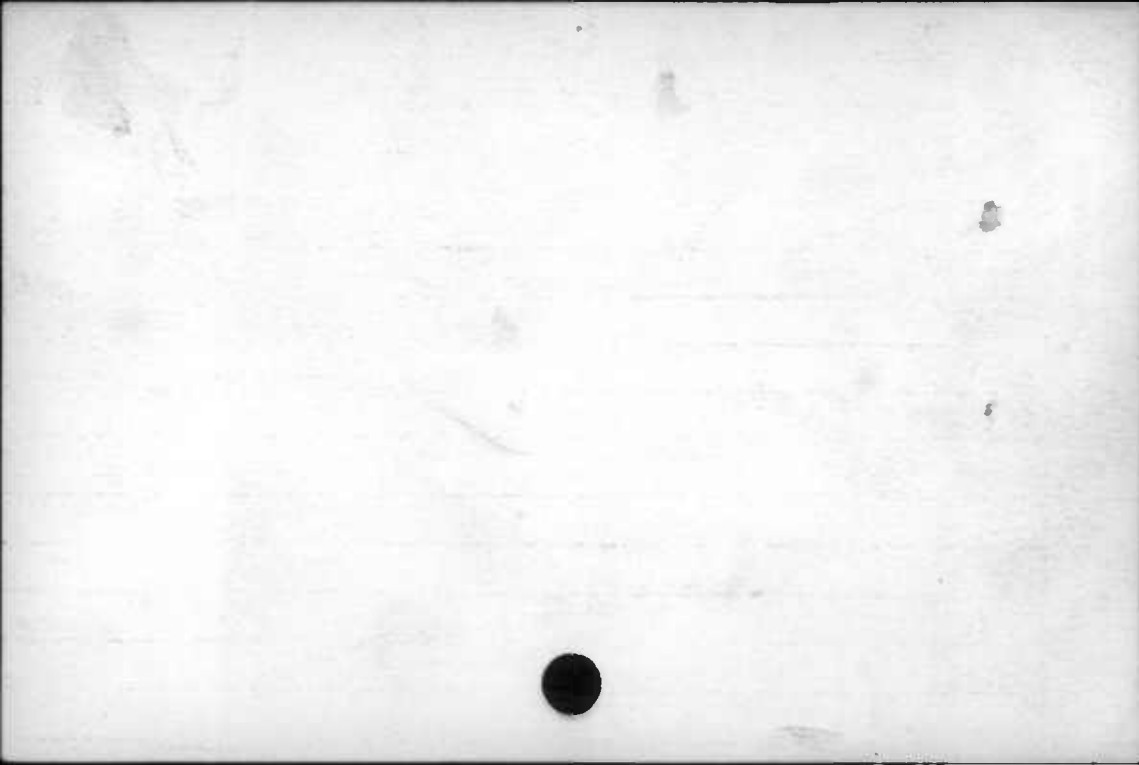
Died at <sup>Town</sup> <i>Cub Hill</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1910</i>	<i>July</i>	<i>12<sup>th</sup></i>	<i>31</i>	<i>9</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balt. Co.</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Jacob B. Smith</i>	Father's Birthplace <i>Balt. Co.</i>				
Mother's Maiden Name <i>Joanna Smith</i>	Mother's Birthplace <i>Balt. Co.</i>				
Name of person giving information <i>Robt. Stanton</i>	How related to deceased <i>Brother-in-law</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Bright's disease</i>	How long <i>About 6 months</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician <i>H. J. Harrison</i>
		Address <i>Look Raven</i>
Accident or Suicide?		



Name  
in  
Full

Alfred Smothers

CERTIFICATE OF DEATH

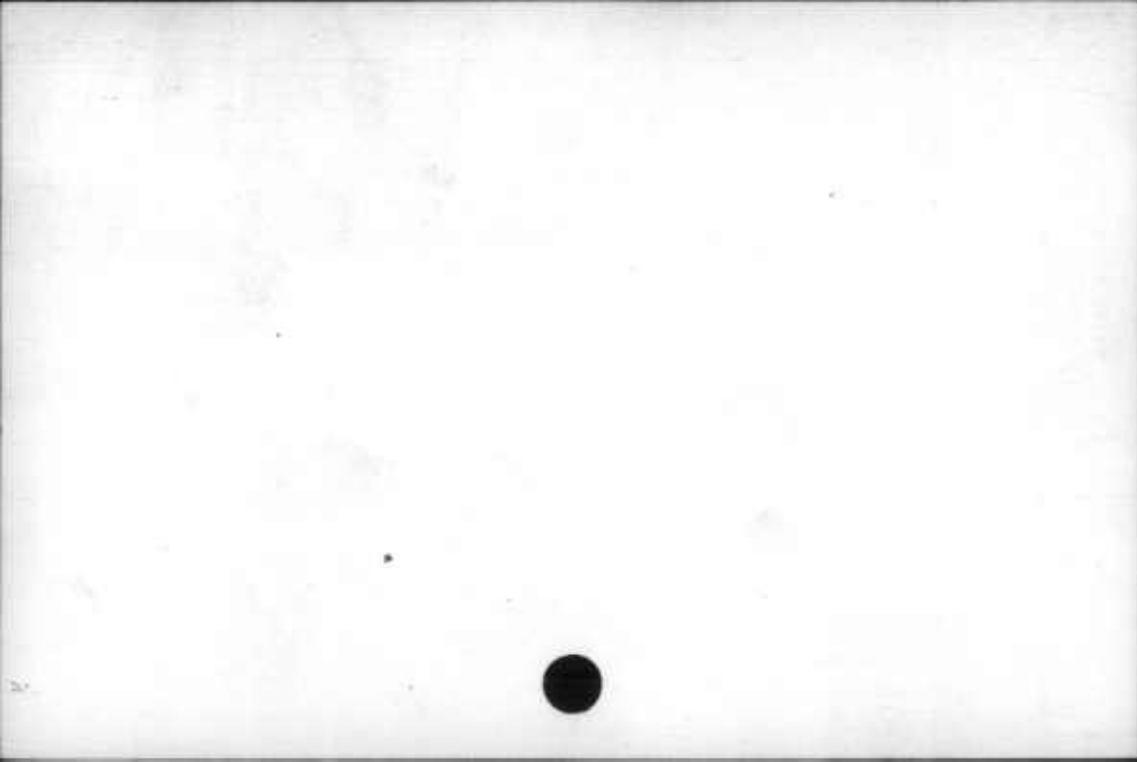
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt. Pleasant		County Baltimore		MARYLAND	
Date of death	1940	Month	July	Day	1st	Age	8 mos.
Sex	Male	Color or Race	Colored	Birthplace	Baltimore		
Occupation	Infant		Where Residing if not at place of death		Baltimore		
Married, Single or Widowed	Infant		Name of Wife or Husband		—		
Father's Name	William Smothers			Father's Birthplace	Baltimore		
Mother's Maiden Name	Kubson			Mother's Birthplace	Baltimore		
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastro-intestinal intoxication	How long	10 d
Immediate	Muscular rigidity	How long	1 wks.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Kuntz Jr.
		Address	Mt. Pleasant
Accident or Suicide			





Name  
In Full

*Sarah Stiffler*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

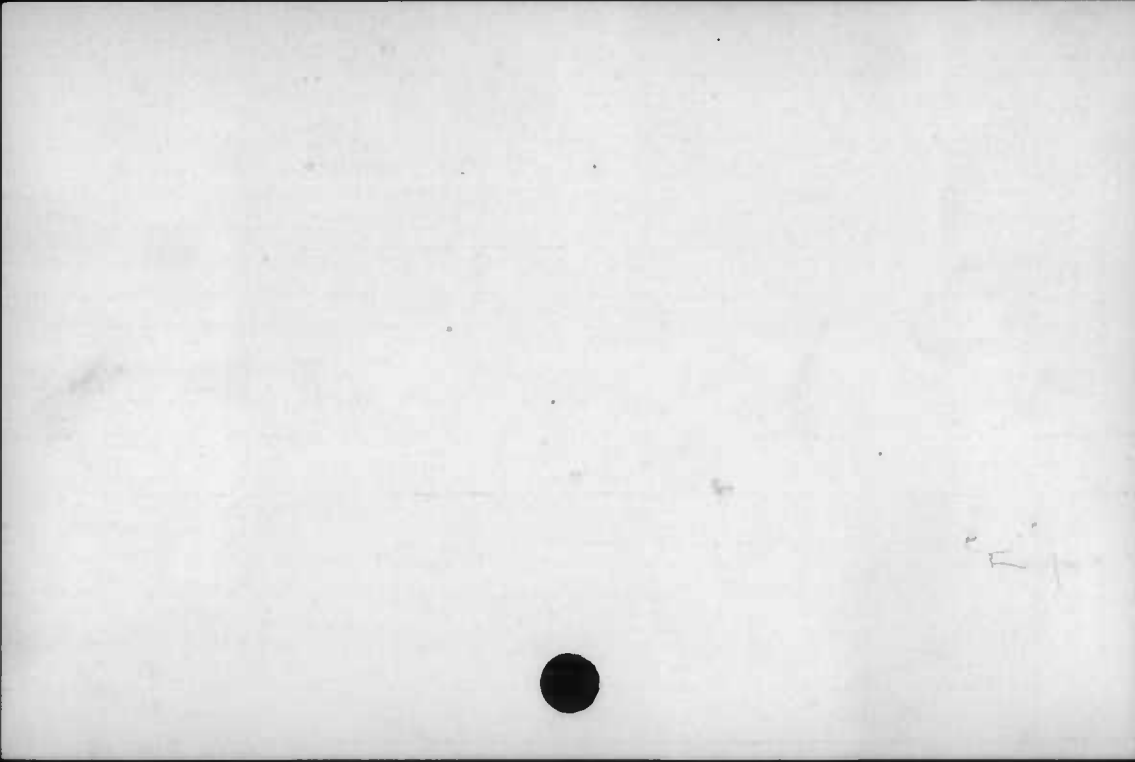
Died at <i>Beckleysville</i> <small>TOWN</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i> <small>Year</small>	<i>7</i> <small>Month</small>	<i>26</i> <small>Day</small>	Age	<i>85</i> <small>Years</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto. Co.</i>
Occupation	<i>House-wife</i>		Where Residing if not at place of death	<i>Beckleysville</i>	
Married, Single or Widowed	Name of Wife or Husband		<i>Henry Stiffler</i>		
Father's Name	<i>Jacob Grimm</i>		Father's Birthplace	<i>Balto. Co.</i>	
Mother's Maiden Name	<i>Mary Bollinger</i>		Mother's Birthplace	<i>Don't know</i>	
Name of person giving information	<i>John Stiffler</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

*154*

PHYSICIAN  
OR CORONER

Primary	<i>Senile dropsy and decay</i>	How long	<i>Two or three</i>
Immediate	<i>General paralysis</i>	How long	<i>Almost constant</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. B. Harris</i>
		Address	<i>Spoutan, Md</i>
Accident or Suicide?			<i>No</i>



Name  
in  
Full

Elmer J. Stull (Lawrence J. N. Stull)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>W. Arlington</i>		County <i>Bath Co</i>		MARYLAND	
Date of death 19 <i>10</i>	Month <i>July</i>	Day <i>11</i>	Age	Years	Months <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Occupation	Where residing if not at place of death <i>W. Arlington</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Geo W Stull</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Mary E Mathew</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Geo W Stull</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 mos.?</i>
Immediate <i>Convulsions</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. L. Cox</i>
	Address <i>Arlington</i>
Accident or Suicide?	

Chenoweth Son

3617 Chestnut Ave

St Marys Hampden

July 13 1910

Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

*Merrell J. M. Stull*  
 Town *Summerville* County *Northampton*

Died at *Summerville* *Northampton*

Date of death 1900 *July* *11* Age *2*  
 Months *2* Days

Sex *Male* Color or Race *White* Birth-place *Northampton*

Occupation *✓* Where Residing if not at place of death *Summerville*

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

Father's Name *George W. Stull* Father's Birthplace *Pa*

Mother's Maiden Name *Mary H. Mather* Mother's Birthplace *Md*

Name of person giving Information *George W. Stull* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Marasmus* How long *2 wks.*

Immediate *Convulsions* How long *3 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *H. H. [unclear]*

Address *Summerville*

Accident or Suicide

W. E. Chenoweth & Son  
#3617 Chestnut Ave

St Marys Hamfiden

July 12<sup>th</sup> 1910

Name  
in  
Full

Bessie Stueckland

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Pelee Town Pelee County MARYLAND

Date of death 1910 Month 7 Day 27 Age — Years Months 8 Days —

Sex Female Color or Race Wh Birth-place Ind.

Occupation — Where Residing if not at — of death

— Single Name of Wife or Husband —

Father's Name John Stueckland Father's Birthplace Ind.

Mother's Maiden Name Grace Kerr Mother's Birthplace Ind.

Name of person giving Information John Stueckland How related to deceased Father

CAUSES OF DEATH

Primary Intero Leukia How long 10 H don't know.

Immediate meningitis How long 72 hours

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

Signature of Physician W. E. Myer  
Address Pelee Ind.

PHYSICIAN  
OR CORONER

Accident or Suicide

W. S. Brown & Son  
3615 Chestnut Ave  
At Missys's Emporium  
July 28 1910



Name  
in  
Full

Bertrude Anreisser

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Magnus Town Balto County MARYLAND

Date of death 1960 Month 7 Day 11 Age 42 Years 8 Months 5 Days

Sex Female Color or Race White Birthplace Germany

Occupation Housewife Where Residing if not at place of death 702 S. Rose St

Married, Single or Widowed Married Name of Wife or Husband John Anreisser

Father's Name Unknown Father's Birthplace Germany

Mother's Maiden Name Unknown Mother's Birthplace Germany

Name of person giving Information John Anreisser How related to deceased Husband

## CAUSES OF DEATH

Primary Falling from tier (163) How long Immediate

Immediate Concussion of Brain + Edema of lungs How long 8-10 hours

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

Address Mr. Weinman

At suicide or Suicide Balto Co. Md.

PHYSICIAN  
OR CORONER

Trinity Cemetery

Name  
in  
Full

Margaret A. Smith

CERTIFICATE OF DEATH

Town

Towson

County

Baltimore

MARYLAND

Died at

Date

of death 190

Month

July

Day

8

Years

Age 77

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Balto. City

Occupation

Wife

Where Residing if not  
at place of death

Towson

~~Married Single~~  
or Widowed

Widow

Name of ~~Wife or~~  
Husband

Geo. T. Smith

Father's  
Name

John Green

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Mary Walsh

Mother's  
Birthplace

Ireland

Name of person giving  
Information

J. Newton Smith

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Chronic Dearrhoea, Acute Bacterias

How long

70 years or more

Immediate

Inauition. Asthenia

How long

5 days

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

Yes

Signature of  
Physician

R. C. Muesenburg

Address

Towson

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

John Burns' Sons

Town

Interment

Mary & Maria

Town

Name  
In  
Full

Charles Wesley Sanner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Groves town</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	19 <i>10</i>	Month	<i>July</i>	Day	<i>29</i>
AGE <i>62</i>			Years	Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Boat maker</i>		Where Residing if not at place of death	<i>Groves town Md</i>	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband			
Father's Name	<i>Able Sanner</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Serena Sanner</i>			Mother's Birthplace	
Name of person giving information	<i>Cora W. Sanner</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i> (1)	How long	<i>5 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. H. Deenear</i>
		Address	<i>Groves town Md</i>
Accident or Suicide?			

Wm Cook  
Millston St Marys co

NAME  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Arlington* <sup>Town</sup> *Balto* <sup>County</sup> **MARYLAND**  
 DATE of death 19 *19* <sup>Month</sup> *July* <sup>Day</sup> *25* AGE <sup>Years</sup> *30* <sup>Months</sup>  <sup>Days</sup>   
 Sex *Female* Color or Race *White* Birth-place *Balto*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death *Arlington*  
 Married, Single or Widowed *Married* Name of Wife or Husband *Carroll Thomas*  
 Father's Name *Frank Patton* Father's Birthplace *Balto City*  
 Mother's Maiden Name *Louise Depler* Mother's Birthplace *Balto City*  
 Name of person giving Information *Carroll H. Thomas* How related to deceased *Husband*

## CAUSES OF DEATH

Primary *Tuberculosis of Lungs.* How long *28* *9 mos.*  
 Immediate *Exhaustion* How long *2 weeks.*

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

Signature of Physician

Address

*W. H. [Signature]*  
*Arlington*

Accident or Suicide?

Grand Ridge Cemetery

Wm J. Trickett & Sons



Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full: *Elijah J. Tracey*

Died at: *Warren* Town *Batts* County

Date of death: *1970* Month *July* Day *21* Age *82* Years Months *7* Days *None*

Sex: *Male* Color or Race: *White* Birth-place: *Batts Co Md.*

Occupation: *Laborer.* Where Residing if not at place of death: *Warren Md.*

Married, Single or Widowed: *Widowed.* Name of Wife or Husband: *Harriet Tracey*

Father's Name: *John Tracey* Father's Birthplace: *Md.*

Mother's Maiden Name: *Sarah Ann Hinchman* Mother's Birthplace: *England*

Name of person giving Information: *Sam'l Tracey* How related to deceased: *Son.*

## CAUSES OF DEATH

Primary: *(Cerebral Hemorrhage) Paralysis* How long: *4 yrs.*

Immediate: *Senility - Exhaustion* How long: *1 week.*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician: *Wilmer C. Quora M.D.*

Address: *Cockeysville Md.*

Accident or Suicide: *No*

PHYSICIAN  
OR CORONER

To be buried at Poplar  
Cemetery, Warren, Ind. on  
July 22/10 by

A. C. Brooks -

undertaker -

Name  
in Full

William L. Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Ashland</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1960</u> <small>Year</small>		<u>July</u> <small>Month</small>	<u>4</u> <small>Day</small>	Age <u>84</u> <small>Years</small>	<u>4</u> <small>Months</small>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Balti. Co. Md</u>	
Occupation <u>Farmer</u>		Where residing if not at place of death <u>Ashland Baltimore</u>			
Married <input checked="" type="checkbox"/> Single or Widowed		Name of Wife or Husband <u>Mustin Gray</u>			
Father's Name <u>Joshua Gray</u>		Father's Birthplace <u>Balti. Co. Md</u>			
Mother's Maiden Name <u>Mustin Gray</u>		Mother's Birthplace <u>Balti. Co. Md</u>			
Name of person giving Information <u>Thomas Gray</u>		How related to deceased <u>Son</u>			

## CAUSES OF DEATH

Primary	<u>General debility</u>	How long	<u>189</u>
Immediate	<u>Softening of the brain</u>	How long	<u>4 months</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Dr. H. Benson</u>
		Address	<u>Eschapsville Md</u>
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Bernard Fucholka

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Highlandtown <sup>Town</sup> Balto. Co. <sup>County</sup> MARYLAND

Date of death 1960 <sup>Month</sup> July <sup>Day</sup> 23<sup>rd</sup> Age — <sup>Years</sup> — <sup>Months</sup> 7 <sup>Days</sup> —

Sex Male Color or Race White Birthplace Balto. Co.

Occupation None Where Residing if not at place of death 3428 Eastern Ave

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

Father's Name Gustave Fucholka Father's Birthplace Germany

Mother's Maiden Name Barbara Baumer Mother's Birthplace Balto. Co.

Name of person giving information Gustave Fucholka How related to deceased Father

CAUSES OF DEATH

Primary Gastro Enteric 104 <sup>How long</sup>

Immediate — <sup>How long</sup>

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

Signature of Physician W. S. Siedler M.D. <sup>Coroner</sup>

Address 3323 E. Ball St

Accident or Suicide

Undertakers  
Lilly & Guler  
Holy Redeemer Cemetery  
July 25<sup>th</sup> 1910

Name in Full

Catharine B. Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at <i>Roland Park</i> <small>Town</small>		<i>Baltimore Co.</i> <small>County</small>		MARYLAND	
Date of death <i>1940</i>	<i>July</i> <small>Month</small>	<i>26</i> <small>Day</small>	<i>11</i> <small>Year</small>	Age <i>92</i>	<i>2</i> <small>Months</small> <i>18</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>		Where Residing if not at place of death <i>here</i>	
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Joshua J. Turner</i>				
Father's Name <i>Ignatius Kertel</i>	Father's Birthplace <i>France</i>				
Mother's Maiden Name <i>Mary Ann Arthur</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Louis J. Turner</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <i>colombus Heart Disease</i>	How long <i>79</i>	How long <i>1 1/2 yrs</i>
Immediate <i>Coma</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry F. Cassidy</i> Address <i>Roland Park.</i>	

A W Jenkins Sons Co

Inter New Cathedral. Bim  
Baltio  
City



Name  
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Highlandtown</i> <sup>County</sup> <i>Balto</i>		MARYLAND	
Date of death 19 <i>19</i>	Month <i>7</i>	Day <i>12</i>	Age Years Months Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto Md</i>	
Occupation _____	Where Reading if not at place of death <i>415 East Ave</i>		
Married, Single or Widowed _____	Name of Wife or Husband _____		
Father's Name <i>Edward W. Triford</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary Schonholl</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mary Triford</i>	How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Congenital debility</i>	How long <i>during life</i>	
	Immediate <i>Exhaustion</i>	How long <i>during life</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Chas. W. Reynolds M.D.</i>	
	Accident or Suicide? _____	Address <i>2021 E. Baltimore St. Baltimore, Md.</i>	

Western Conn

J. Herwig & Son

7/12/60

Name  
in  
Full

Richard Morton Venable


CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Beland Park</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 19 <i>10</i>	Month <i>July</i>	Day <i>10</i>	Age <i>71</i>	Months <i>5</i>	Days <i>2</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Charlotte Court, Va</i>			
Occupation <i>Lawyer</i>	Where Residing if not at place of death <i>300 Goodwood Road Beland Park</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Richard A. Venable</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Magdalen McCampbell</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>W. Venable</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio-Sclerosis.</i>	<b>113</b>	How long <i>Several years.</i>
Immediate <i>Cirrhosis of the liver</i>		How long <i>a few months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thomas B. Dutcher</i>	Address <i>23 W. Franklin St</i>
<i>Yes</i>		<i>Baltimore.</i>
Accident or Suicide? <i>Neither</i>		

Henry H. Jenkins and Sons Co

W<sup>e</sup> 1000 1/2<sup>nd</sup> Orchard St.

= London Paris Loan

July 12<sup>th</sup> 1910

Name  
in  
Full

CERTIFICATE OF DEATH

Joseph Voskell

Died at Sutherville Town Balto County MARYLAND

Date of death 1920 July Month 8 Day Age 83 Years Months Days

Sex male Color or Race white Birthplace Kent Co Delaware

Occupation Farmer Where Residing if not at place of death Sutherville

Married, Single or Widowed Single Name of Wife or Husband Savinia Voskell

Father's Name Samuel Voskell Father's Birthplace Kent Co Delaware

Mother's Maiden Name Mary Kersey Mother's Birthplace Kent Co Delaware

Name of person giving Information J. K. Voskell How related to deceased Son

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary Carcinoma How long Three years

Immediate Exhaustion How long Two months

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

Signature of Physician Wm. Smith  
Address Rider, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

John Brown Sons  
Touson

Instrumental  
My comico West Co.  
Dance

Name  
in  
Full

Nettie May Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <sup>Town</sup> Near Freeland <sup>County</sup> Balto **MARYLAND**

Date of death 1900 <sup>Month</sup> July <sup>Day</sup> 4 Age <sup>Years</sup> 33 <sup>Months</sup> 8 <sup>Days</sup> 5

Sex Female Color or Race White Birth-place Ind.

Occupation Housewife Where Residing if not at place of death Ind.

Married, Single or Widowed Married Name of Wife or Husband Graft. Edw. Walker

Father's Name Zach. Albay Father's Birthplace Ind.

Mother's Maiden Name Mary Clure Mother's Birthplace Ind.

Name of person giving Information D. C. Walker How related to deceased Husband

CAUSES OF DEATH

Primary Tominitis + Abdominal Dreysey How long 3 weeks

Immediate Heart Failure How long 24 hrs

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

Signature of Physician Dr. D. M. Resh  
Address Champstead Ind

Accident or Suicide Subide





Name  
in  
Full

Harold Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt. Nelson		County Baltimore		MARYLAND	
Date of death		Month July	Day 3	Age	Years —	Months 4	Days —
Sex Male		Color or Race Black		Birth-place Baltimore			
Occupation Supt				Where Residing if not at place of death Baltimore			
Married, Single or Widowed Infant		Name of Wife or Husband —					
Father's Name Unknown Watkins				Father's Birthplace Baltimore			
Mother's Maiden Name Unknown				Mother's Birthplace "			
Name of person giving Information Mrs. Narcissus Watkins				How related to deceased Wife			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Miliary tuberculosis	How long	4 mos
	Immediate	Pneumonia	How long	2 "
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Kent Jr.
	Address	Mt. Nelson,		
Accident or Suicide				M.D.



Name  
in  
Full

John Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

64

Died at		Town Towson		County Baltimore		MARYLAND	
Date of death	1940	Month July	Day 2nd	Age	63	Months 11	Days 26
Sex	Male		Color or Race	White		Birth-place	Ireland
Occupation	Florist			Where Residing if not at place of death Towson			
Married or Widowed	Widowed		Name of Wife or Husband Elizabeth Watson				
Father's Name	John P. Watson					Father's Birthplace	Ireland
Mother's Maiden Name	Not Known					Mother's Birthplace	Ireland
Name of person giving information	Wilson W. Watson					How related to deceased	Son

## CAUSES OF DEATH

Primary	Kidney disease	How long	Five months
Immediate	Paralysis	How long	Three hours

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

Signature of Physician

Address

Accident or Suicide?

L. F. Saretto

Towson

John Brown & Co  
Towns.

Settlement in  
Prospect Hill  
Canaan

Name in Full

Hattie Jane Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at Owings Mills Baltimore County MARYLAND

Date of death 19 July 5th Age 66 Months 26 Days

Sex Female Color or Race White Birthplace Harper Ferry

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

Married, Single or Widowed Married Name of Wife or Husband Samuel L Welsh

Father's Name James Paton English Father's Birthplace Harper Ferry

Mother's Maiden Name Margarett Snider Mother's Birthplace Martinsburg

Name of person giving information John Buckman Jr How related to deceased Son-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Asthma & Heart disease How long about seven six years

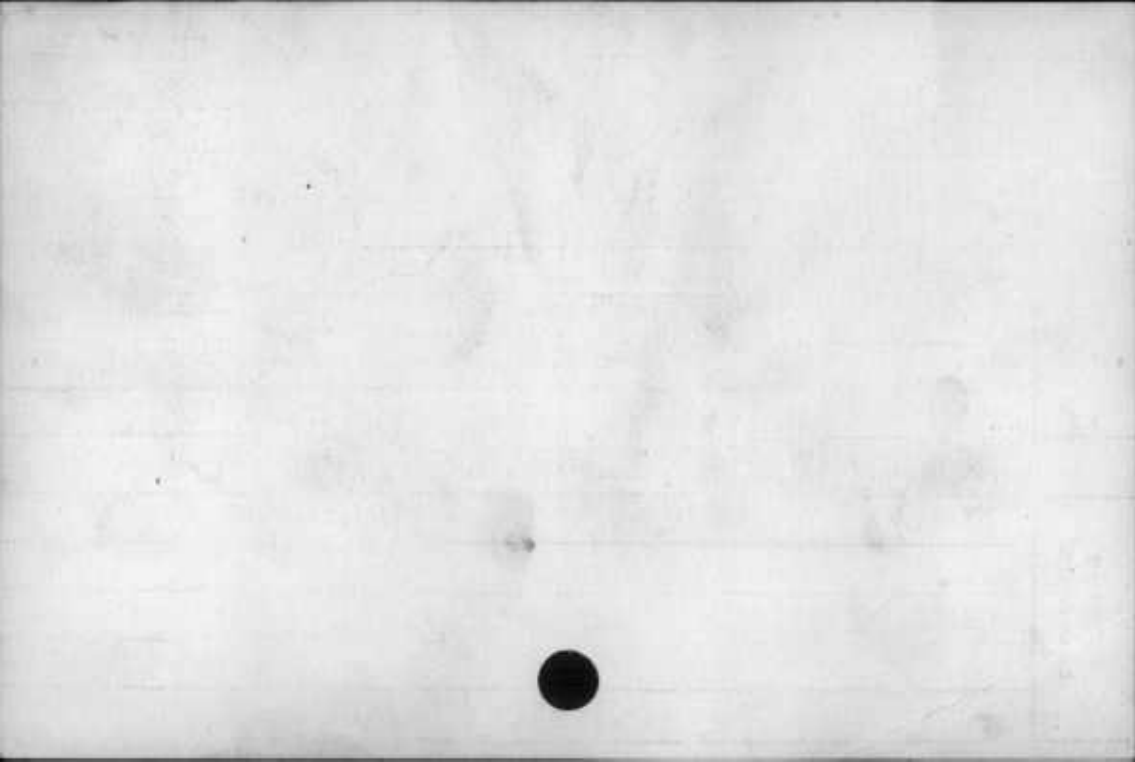
Immediate Bright's disease How long about six months (120)

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

Signature of Physician W H Campbell

Address Owings Mills, Md

Accident or Suicide?



Name in Full *Robert Augustus Lee Wiles*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

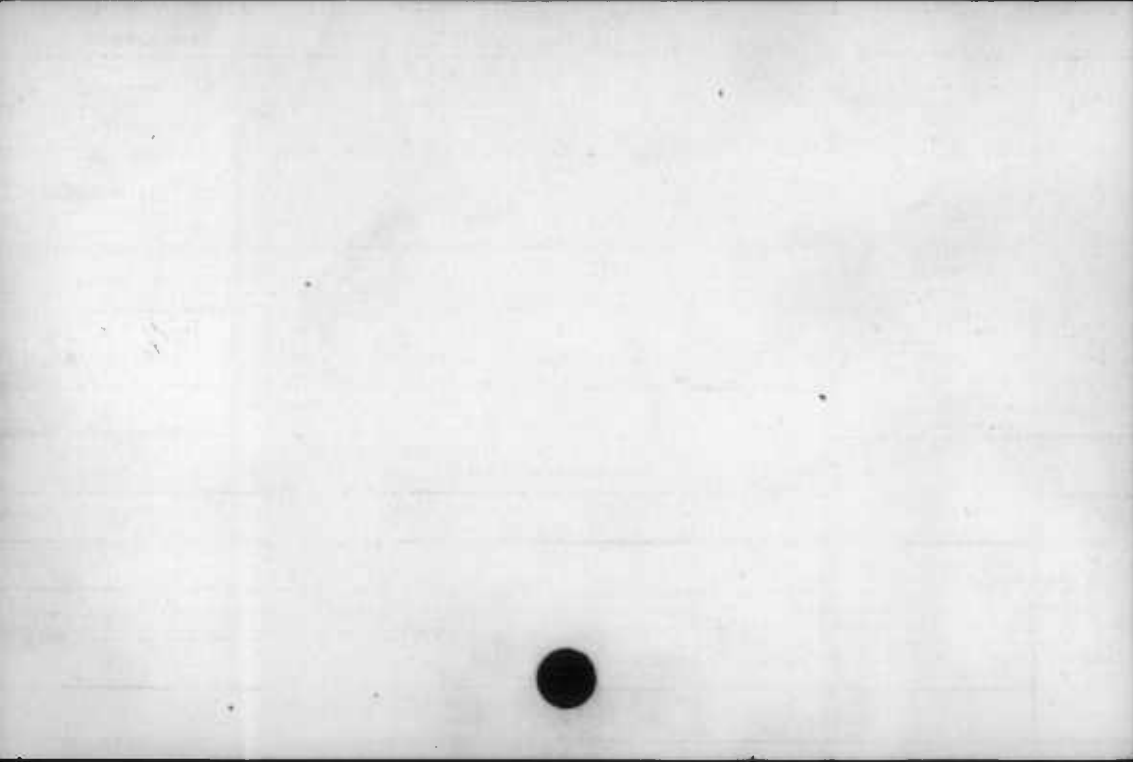
Died at <i>Ellicott City</i>		<i>Balto</i> County		MARYLAND	
Date of death	<i>1910</i>	Month <i>July</i>	Day <i>20</i>	Age <i>1</i> Years	Months <i>1</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married; Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Daniel A. Wiles</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Eliza Ellen Jones</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving in Interment <i>Daniel A. Wiles</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

*104*

PHYSICIAN OR CORONER

Primary <i>Colera Infantum</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>Progression</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W.C. Shinn</i>
	Address <i>Ellicott City</i>
Accident or Suicide? <i>—</i>	





Name  
in Full

Williams, Beta Ann

CERTIFICATE OF DEATH

MARYLAND

Died at

Leatonville <sup>Town</sup> Potts <sup>County</sup>

Date

of death 1960

Month

July

Day

25

Age

Years

44

Months

Days

Sex

Female

Color or  
Race

Cauc

Birth-  
place

Maryland

Occupation

None

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

Single

Name of Wife or  
HusbandFather's  
Name

John Williams

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

unk

Mother's  
Birthplace

unk

Name of person giving  
Information

-

How related  
to deceased

-

## CAUSES OF DEATH

Primary

Imbecility

How long

Life

Immediate

Several Hemorrhages

How long

48 hours

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

yes

Signature of  
Physician

Address

J. Perry Wade  
Leatonville, Md

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in Full

Flax. R. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Sparrows Point		Balto.		MARYLAND	
Date of death	1910	Month	July	Day	12	Age	18
						Years	11
Sex	Male		Color or Race	Negro		Birth-place	Va.
Occupation	Labourer		Where Residing if not at place of death		Sparrows Point		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Luther Wilson				Father's Birthplace	Va.	
Mother's Maiden Name	Jemie Lavenport				Mother's Birthplace	Va.	
Name of person giving information	Edw. H. Wilson				How related to deceased	Uncle	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Accident, Puncture	How long	186
Immediate	Plunge by iron bar	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		W. H. Blair, M.D.
	Address		Sparrows Point Md
Accident or Suicide?			



Name  
In  
Full

Fellon Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt. Wilson		County Baltimore		MARYLAND	
Date of death 1910		Month July	Day 23	Age 1	Years	Months	Days
Sex Female	Color or Race Black		Birth-place Baltimore		Occupation Infant		
Where residing if not at place of death Baltimore		Name of Wife or Husband —		Married, Single or Widowed Infant			
Father's Name Unknown		Father's Birthplace Unknown		Mother's Maiden Name Annie Wilson			
Mother's Birthplace 6		Name of person giving information Annie Wilson		How related to deceased Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dysentery	How long	104	How long	20 days
Immediate	Pneumonia	How long		How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician J. M. Kuntz Jr.			
Address		Accident or Suicide?			

*[Faint, illegible handwriting throughout the page]*



Name in Full

Henry E. Winkler

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Randolvs <sup>County</sup> Balt MARYLAND

Date of death 1940 <sup>Month</sup> 7 <sup>Day</sup> 16 <sup>Age</sup> 68 <sup>Years</sup> 68 <sup>Months</sup> - <sup>Days</sup> -

Sex Male Color or Race White Birth-place Germany

Occupation Blacksmith Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Johanna S. Winkler

Father's Name Unknown Father's Birthplace Germany

Mother's Maiden Name Johanna Andrea Mother's Birthplace Germany

Name of person giving information Johanna Winkler How related to deceased Wife

CAUSES OF DEATH

159

PHYSICIAN OR CORONER

Primary Shooting with shot gun How long Time of death

Immediate Brain blown out by shot How long Time of death

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

Signature Physician August W. Miller (Coroner)

Address 121 W. W. Williams

Accident or Suicide? Suicide

Balt. Co. Md.

N. S. Fink

Mt Carmel. Cemetery.



Jacob Wolfe

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>W. Wilson</u>		County <u>Patterson</u>		STATE <u>MARYLAND</u>	
Date of death	19 <u>10</u>	Month <u>July</u>	Day <u>30</u>	Age	<u>—</u>	Years	Months <u>8</u>
Sex	<u>Male</u>		Color or Race	<u>Jew white</u>		Birth-place	<u>Patterson</u>
Occupation	<u>Infant</u>		Where residing if not at place of death		<u>Patterson</u>		
Married, Single or Widowed	<u>Infant</u>		Name of Wife or Husband		<u>[Signature]</u>		
Father's Name	<u>Abraham Wolfe</u>				Father's Birthplace	<u>[Signature]</u>	
Mother's Maiden Name	<u>[Signature]</u>				Mother's Birthplace	<u>[Signature]</u>	
Name of person giving in formation	<u>Mrs. Abraham Wolfe</u>				Relationship to deceased	<u>Mother</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Intestinal Polyp Colon</u>	How long	<u>104</u>
Immediate	<u>Diarrhea</u>	How long	<u>15 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>[Signature]</u>
		Address	<u>[Signature]</u>
Accident or Suicide?			



Name  
in  
Full

*Frank E. Woodhead*

CERTIFICATE OF DEATH

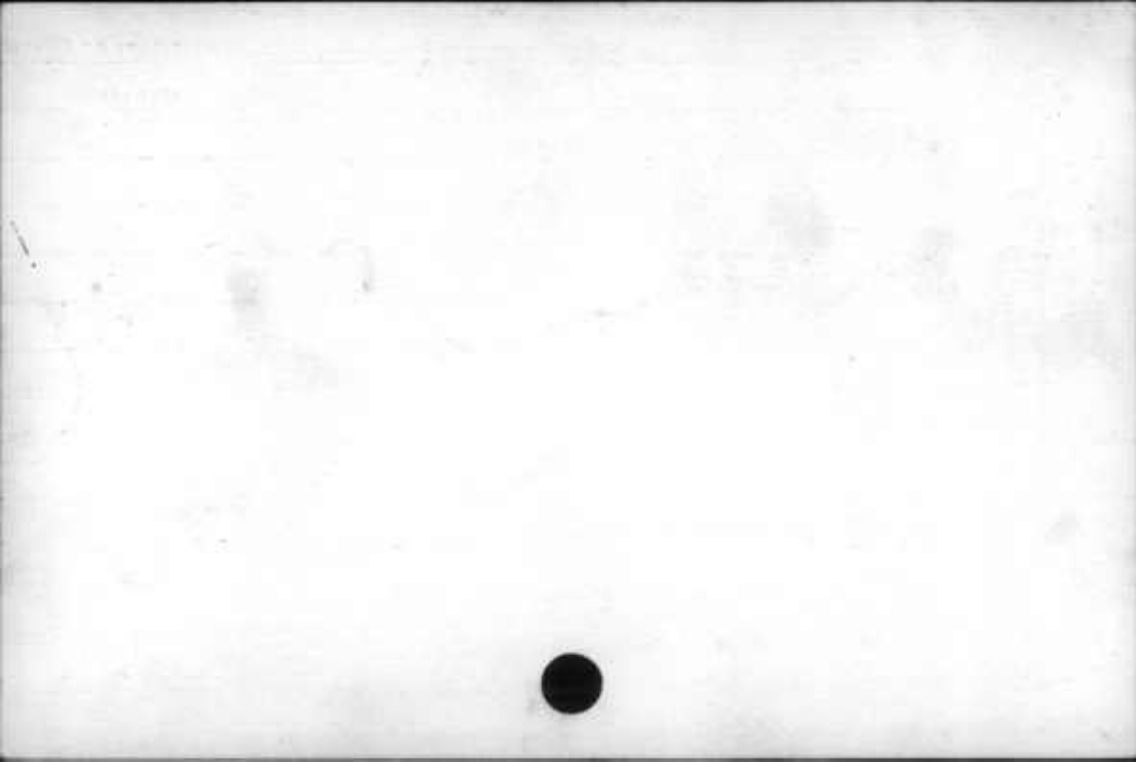
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Spanish Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
<i>1900</i>	<i>July</i>	<i>29</i>		<i>7</i>	<i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Spanish Point</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Garrow Point</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>James Woodhead</i>		Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Eizabeth Burley</i>		Mother's Birthplace <i>England</i>			
Name of person giving Information <i>Albert Woodhead</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

Primary	<i>Enteric Colitis</i>	How long	<i>7 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. C. Eldred M.D.</i>
		Address	<i>Spanish Point Md</i>
Accused, Coroner			

104



Name  
in  
Full

*Crescentia Zivosta*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*♀*

MARYLAND

Died at *Highlandtown* <sup>Town</sup> *Balto.* <sup>County</sup>

Date of death 19*40* <sup>Month</sup> *July* <sup>Day</sup> *14<sup>th</sup>* <sup>Years</sup> Age *47* <sup>Months</sup> <sup>Days</sup>

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

Occupation *Housewife* Where Residing if not at place of death *3811 Canton Ave*

Married, Single or Widowed *Married* Name of Husband *Peter Zivosta*

Father's Name *Joseph Madl* Father's Birthplace *Germany*

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

Name of person giving Information *Peter Zivosta* How related to deceased *Husband*

CAUSES OF DEATH

*28*

Primary *Pulmonary Tuberculosis* How long *3 mos*

Immediate *Strenuous Exhaustion* How long *1 week*

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

Signature of Physician *Dr. F. A. Glantz*

Address *3244 East Ave.*

Accident or Suicide

PHYSICIAN  
OR CORONER

Sacred Heart Cemetery

July 18<sup>th</sup> 1910

Lilly & Guiler,

Undertakers,