

Name
In Full

Florence Baum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Patakes		County Carroll		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1980		7	30	96			
Sex		Color or Race		Birth-place			
Female		White		Carroll Co			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		William Baum					
Father's Name		Father's Birthplace					
Jerris Oberrod		Carroll Co.					
Mother's Maiden Name		Mother's Birthplace					
Lucynda Abbott		Carroll Co.					
Name of person giving information		How related to deceased					
Nurse Forkle		Brother-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Tuberculosis		1 year	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Jae. H. Wilson, M.D.	
		Address	
		Forkburg, Md.	
Accident or Suicide			



Name
in
Full

Thomas E. Buckingham

CERTIFICATE OF DEATH

Died at ^{Town} ~~near~~ *Winfield*

^{County} *Carroll*

MARYLAND

Date of death *1980*

Month *7*

Day *20*

Age *84*

Months *-*

Days *-*

Sex *Male*

Color or Race *White*

Birth-place *Maryland*

Occupation *Laborer*

Where Residing if not at place of death *near Winfield, Md.*

Married, Single or Widowed *Married*

Name of Wife or Husband *Isabella Buckingham*

Father's Name *Lemuel Buckingham (deceased)*

Father's Birthplace *Balto. Co., Md.*

Mother's Maiden Name *Mrs. A. Ford (deceased)*

Mother's Birthplace *" "*

Name of person giving information *Lewis Buckingham*

How related to deceased *Son*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Senile Debility*

How long *one year*

Immediate *Heat exhaustion*

How long *7 days*

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

Signature of Physician *E. O. Crank*

Address *Winfield
Carroll Co,*

PHYSICIAN
OR CORONER

Accident or Suicide

Bettel

Name
in
Full

Abbrilla V. Davidson

CERTIFICATE OF DEATH

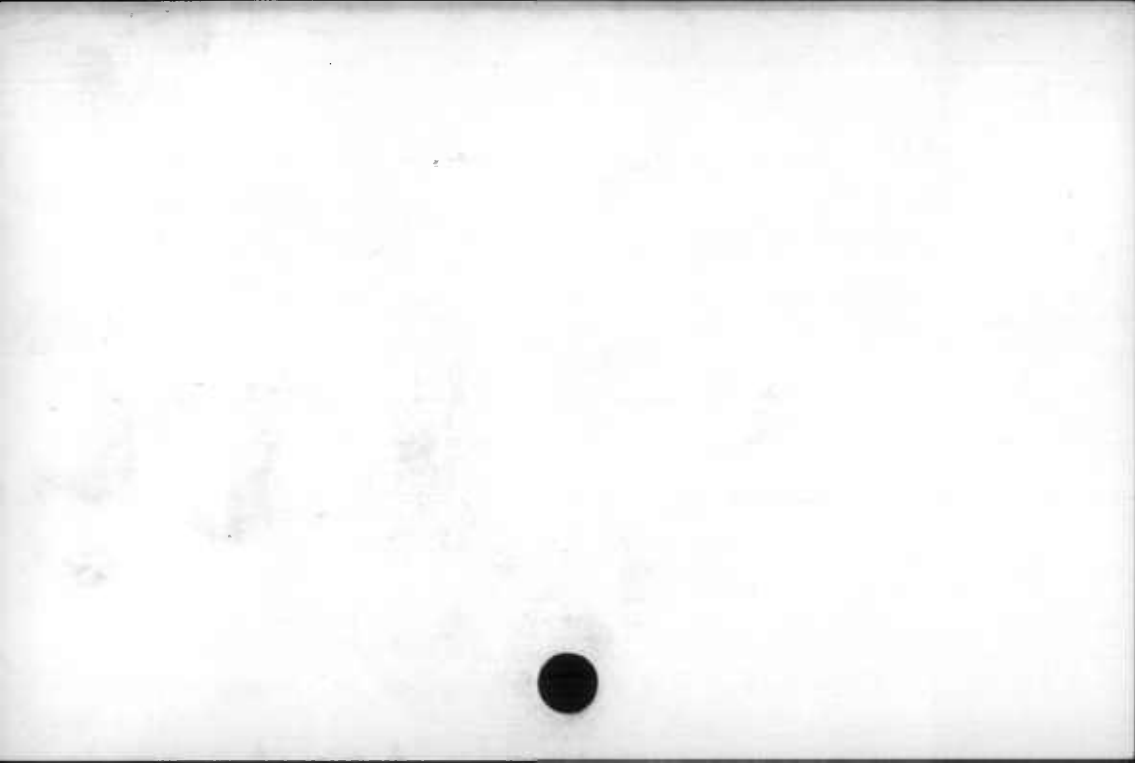
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laneytown</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	19 <u>40</u>	Month	<u>July</u>	Day	<u>23</u>
Age	<u>58</u>	Years		Months	<u>8</u>
				Days	<u>0</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Carroll Co Ind</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death		
Married, single unmarried	<u>married</u>	Name of Wife Husband	<u>John E Davidson</u>		
Father's Name	<u>Hezekiah Bahn</u>		Father's Birthplace	<u>Carroll Co Ind</u>	
Mother's Maiden Name	<u>Sarah Spangler</u>		Mother's Birthplace	<u>Pa.</u>	
Name of person giving Information	<u>John E Davidson</u>		How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>disease nitral valves</u>	How long	<u>15 year</u>
Immediate	<u>trip</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>[Signature]</u>
		Address	<u>Laney town</u>
Accident or Suicide			



Name in Full

Maria Eugenia Duwall

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Town County
 Died at near Woodbine Carroll MARYLAND

Date of death 1940 Month 7 Day 8 Age 60 Years Months X Days X

Sex Female Color or Race White Birth-place Howard Co

Occupation Retired Where Residing if not at place of death At Home

Married, Single or Widowed Widow Name of Wife or Husband Thos. E. Duwall, Dead

Father's Name Axel Warfield Father's Birthplace Howard Co

Mother's Maiden Name Eliza Shipley Mother's Birthplace " " "

Name of person giving information Mrs. Mills How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

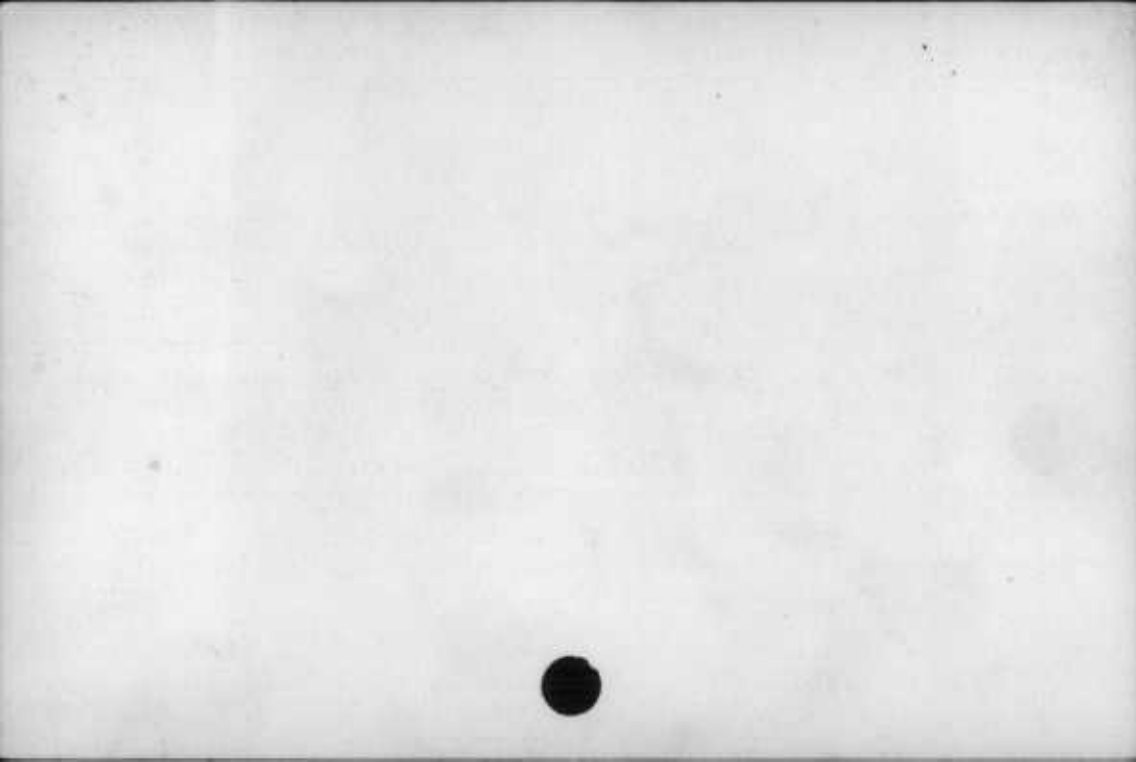
Primary Pulmonary Tuberculosis How long Ten years

Immediate General Exhaustion How long one week

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

Signature of Physician Dr. T. Grant
 Address Taylorsville Md

Accident or Suicide?



Name
In Full

Mary E. Fowler

610
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *near Westminster* County *Carroll* MARYLAND

Date of death 19 *10* Month *July* Day *23* Age Years *52* Months *9* Days *—*

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

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

Married, Single or Widowed *Married* Name of Wife or Husband *Edward C. Fowler*

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

Mother's Maiden Name *Mary Jane Baker* Mother's Birthplace *do*

Name of person giving information *Archie M. Coopersmith* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Paralysis* How long *4 weeks*

Immediate *Apoplexy* How long *6 hours*

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

Signature of Physician

Address

Accident or Suicide?

No

Jas. H. Billingslea

Westminster

Md.

St John Stearns

Name
in
Full

Morris Friedman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at Springfield St. Hospital, Sykesville, Carroll Co.,

Town

County

MARYLAND

Date

of death 1900

Month

July

Day

15

Age

Years

29

Months

Days

Sex

male

Color or
Race

White

Birth-
place

Russia

Occupation

Tailor

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

Single

Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Embolicity

How long

Immediate

Acute Peritonitis

How long

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

yes

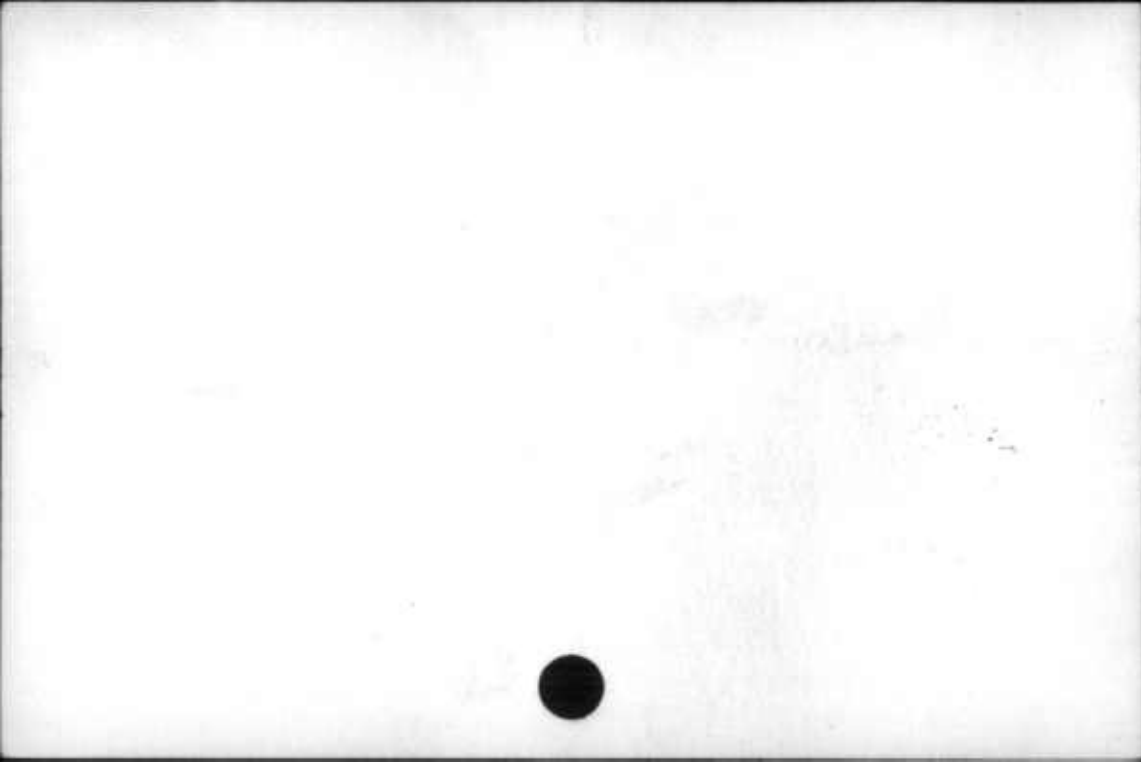
Signature of
Physician

J. T. Pfeiffer

Address

Springfield State Hospital
Sykesville, Md.

Accident or Suicide



Name
in
Full

Francis C. Fritz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near New Windsor</i>		Town <i>New Windsor</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1990</i>	Month <i>July</i>	Day <i>5</i>	Age <i>17</i>	Years	Months <i>5</i>	Days <i>8</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Carroll Co.</i>					
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Near Newmarket Md.</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Oscar Phay Fritz</i>						
Father's Name <i>John H. Stone</i>	Father's Birthplace <i>Frd. Co.</i>						
Mother's Maiden Name <i>Susie R. Fritz</i>	Mother's Birthplace <i>Carroll Co.</i>						
Name of person giving Information <i>John H. Stone</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>20</i>	How long <i>4 weeks.</i>
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Lester Kemp</i>	Address <i>Newmarket Md.</i>
Accident or Suicide		

PHYSICIAN
OR CORONER



Name in Full

Ida E. Hahn

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *M. Delton* ^{County} *Cottree* MARYLAND

Date of death 199 ^{Month} *July* ^{Day} *25* Age ^{Year} *57* ^{Months} *0* ^{Days} *13*

Sex *Female* Color or Race *White* Birth-place *Fredrick G.*

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

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

Father's Name *Abraham Shorb* Father's Birthplace *Keeseville, Md*

Mother's Maiden Name *Maria Laker* Mother's Birthplace *Keeseville Md*

Name of person giving Information *Theophilus Hahn* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Progressive paralysis following typhoid* How long *4 yrs*

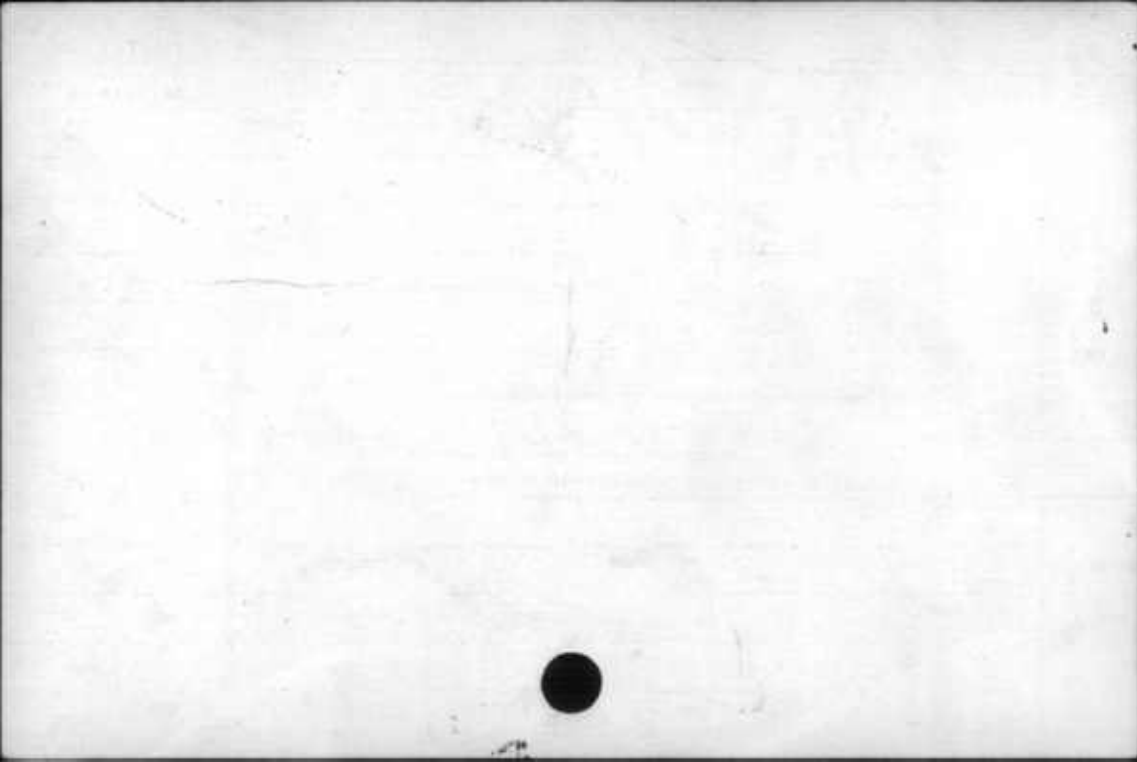
Immediate *General paralysis* How long *1 yr*

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

Signature of Physician *C. S. Miller*

Address *Delton, Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

John A Hainso
 Died at *Finksburg* ^{Town} *Carroll Co.* ^{County}
 Date of death 19*10*. ^{Month} *July* ^{Day} *25* ^{Age} *2* ^{Years} *5* ^{Months} *5* ^{Days} *—*
 Sex *Male* Color or Race *White* Birth-place *Finksburg*
 Occupation *Infant* Where Residing if not at place of death *—*
 Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *John C. Haines* Father's Birthplace *Carroll Co. Md.*
 Mother's Maiden Name *Mary Barnes* Mother's Birthplace *Carroll Co. Md.*
 Name of person giving Information *John C. Haines* How related to deceased *Father*

CAUSES OF DEATH

Primary *Choleraiform Diarrhoea* *10 H* How long *3 days*
 Immediate *Exhaustion* How long *1 day*

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

Signature of Physician

Address

J. Grant Miller M.D.
Reisterstown Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name
in
Full

Susan Haller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Mayberry* Town *Carroll* County *MARYLAND*

Date of death 19*90* Month *July* Day *29* Age *78* Years Months Days

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

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

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

Father's Name *David Martin* Father's Birthplace *Carroll Co.*

Mother's Maiden Name *Mary Rungartnes* Mother's Birthplace *Adams Co. Pa.*

Name of person giving Information *John Haller* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Senile Decumbis* How long *2 yrs*

Immediate *Failure of Circulation* How long *6 mos.*

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

Address *mintown, Md.*

Accident or Suicide *no*

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

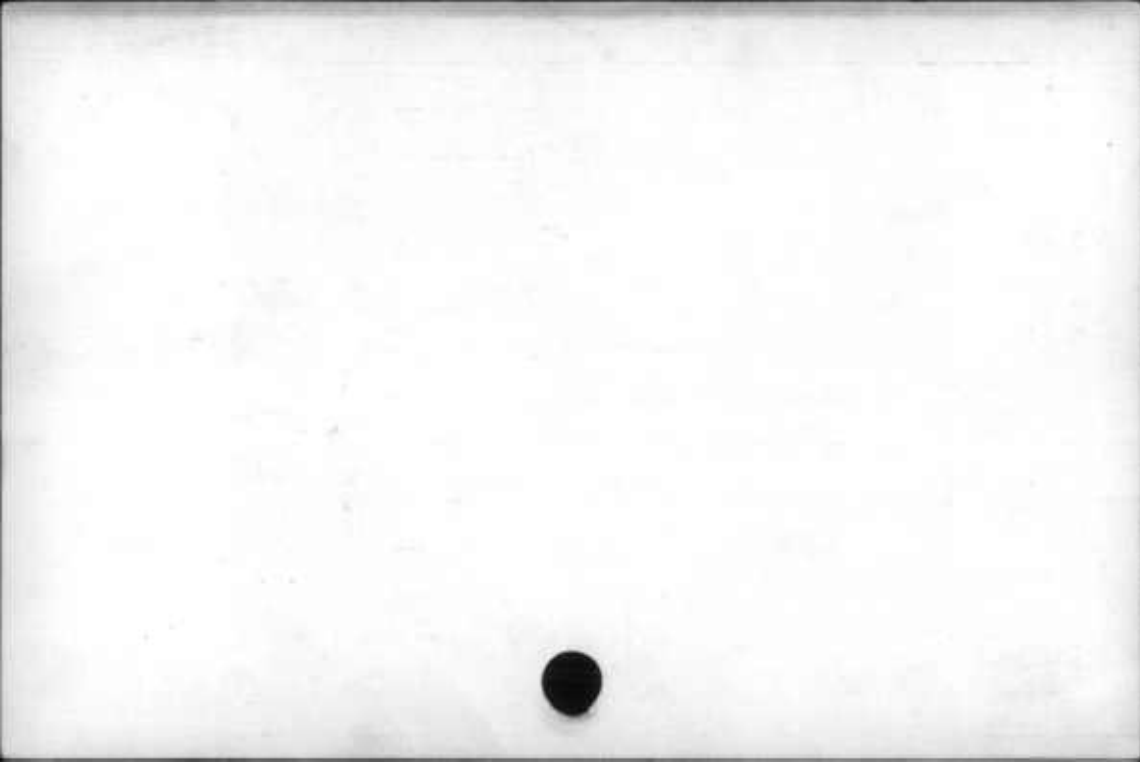
Name in Full <i>Shelman H. Harris</i>		Town <i>Gravertown</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Gravertown</i>		Date of death 190 <i>0</i>		Age <i>37</i>		Months <i>5</i>	
Date of death 190 <i>0</i>		Month <i>July</i>	Day <i>1</i>	Years <i>37</i>	Months <i>5</i>	Days <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Gravertown</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Gravertown</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rosella</i>		Father's Name <i>Galup Harris</i>		Father's Birthplace <i>Carroll Co</i>	
Mother's Maiden Name <i>Catherine Starc</i>		Name of person giving Information <i>Amos B. Harris</i>		How related to deceased <i>Brother</i>			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Tuberculosis</i>		How long <i>78</i>	
Immediate <i>Menorrhage</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. P. Stovine</i>	
Address <i>Hampstead</i>			
Accident or Suicide <i>No</i>			

PHYSICIAN
OR CORONER



Name
in Full

David N. Henning

No 606
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death	1990	Month July	Day 11	Age	67	Years	Months 5
Sex	male	Color or Race	white	Birthplace	Baltimore		
Occupation	Lawyer		Where Residing if not at place of death		Westminster		
Married, Single or Widowed	married	Name of Wife or Husband	Lizzie Wells				
Father's Name	David Henning		Father's Birthplace	France			
Mother's Maiden Name	Mary Hiteelberger		Mother's Birthplace	Baltimore			
Name of person giving Information	J. J. Coonan		How related to deceased	Nephew			

CAUSES OF DEATH

Primary	Pneumonia (General) (66)		How long	3 months
Immediate	Heart & Rept. Failure		How long	—
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Sullivan & Coonan
		Address	Westminster	
Accident or Suicide				

PHYSICIAN
OR CORONER

St John's Catholic Church,
Plover

Name in Full

Mary Elizabeth Henry

M 611
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Westminster* Town *Carroll* County MARYLAND

Date of death 19*90* Month *July* Day *28* Age *53* Years Months *7* Days *18*

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

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

Married, Single or Widowed *Married* Name of ~~Wife~~ or Husband *Samuel Henry*

Father's Name *Samuel Fitz* Father's Birthplace *Maryland*

Mother's Maiden Name *Don't Know* Mother's Birthplace

Name of person giving Information *Samuel Henry* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Carcinoma of stomach* How long *18 mos*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Chas. R. Foutz*

Address *Westminster Md.*

Accident or Suicide *No*

PHYSICIAN OR CORONER

Mr. Benjamin C. Sewell
Mayor

Name
in
Full

James Irwin Hill

CERTIFICATE OF DEATH

MARYLAND

Died at Aster mill

County
CassellDate
of death 1966Month
7Day
15Age
2Months
6

Days

Sex
MaleColor of
Race

White

Birth-
place

Maryland

Occupation

Infant

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

James Hill

Father's
Birthplace

Maryland

Mother's
Maiden Name

Nana Babylon

Mother's
Birthplace

Maryland

Name of person giving
Information

Charles R. Roof

How related
to deceased

None

CAUSES OF DEATH

Primary

Measles & Bronchitis

How long

3 months

Immediate

Meningitis Tubercular

How long

5 days

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

Yes

Signature of
Physician

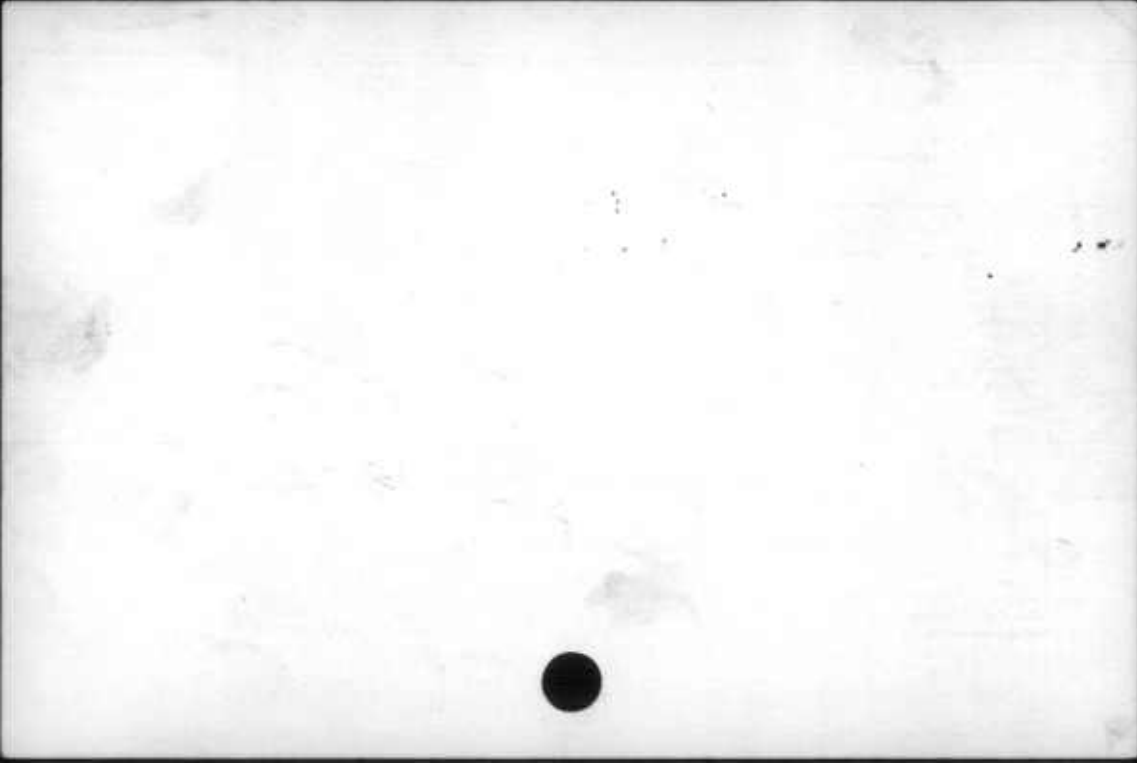
Charles R. Roof

Address

Fannytown
md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Mary Hoff ✓

609
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Sandysville		County Carroll		MARYLAND	
Date of death	19 10	Month July	Day 23	Age Years 83	Months 11
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	House Wife		Where Residing If not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Jacob M Hoff		
Father's Name	John Uhler		Father's Birthplace	Maryland	
Mother's Maiden Name	Sarah Kelley		Mother's Birthplace	do	
Name of person giving information	Albert Hoff		How related to deceased	son	

CAUSES OF DEATH

(40)

PHYSICIAN OR CORONER

Primary	Carcinoma of the Stomach	How long	2 years
Immediate	Inanition	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. M. Sullivan
		Address	Westminster, Md.
Accident or Suicide?	no		

Sandybrook
Harris

Name in Full

Frederick Hoffman

no 608
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at		Town Tammery		County Carroll		MARYLAND	
Date of death	1960	Month	July	Day	16	Age	57
						Years	6
						Months	15
Sex	male	Color or Race	white	Birthplace	Maryland		
Occupation	Farmer		Where Residing if not at place of death		Home		
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Hoffman			
Father's Name	John Hoffman		Father's Birthplace	Maryland			
Mother's Maiden Name	Do not know		Mother's Birthplace				
Name of person giving Information	William Hoffman		How related to deceased	Son			

CAUSES OF DEATH

Primary	Chronic Nephritis	How long	one week
Immediate	Same	How long	one week

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

Signature of Physician *M. L. Batts*
 Address *Wetmore, Md*

PHYSICIAN OR CORONER

~~Assisted Suicide~~

Mr Johns Leichts Beau
Alton

Name in Full

CERTIFICATE OF DEATH

John J. Kirby
Town: Springfield State Hoops County: Carroll

MARYLAND

Died at Springfield State Hoops Carroll
Date of death 1900 July 30th Age 54
Month: July Day: 30th Years: 54 Months: Days:

Sex: Male Color or Race: White Birthplace: Md.

Occupation: Insurance Agent Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Kate V. Kirby

Father's Name: Dennis S. Kirby Father's Birthplace: Md.

Mother's Maiden Name: Anne Traverser Mother's Birthplace: Md.

Name of person giving Information: Hospital record How related to deceased:

CAUSES OF DEATH

Primary: Diabetes Mellitus How long: 10 years.
Immediate: Exhaustion from Iopemia How long: 2 weeks.

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

Signature of Physician: E. H. Shavelly
Address: Springfield State Hoops, Lylesville, Md.

yes
Accident or Suicide: No.

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

Clarence Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1960 July 16</i>		Age <i>42</i>		Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>md</i>			
Occupation <i>R.R. Employee</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emma Lewis</i>				
Father's Name <i>James Lewis</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Schoon</i>	Mother's Birthplace <i>md.</i>				
Name of person giving Information <i>Hospital record</i>		How related to deceased			

CAUSES OF DEATH

Primary <i>General Paralysis</i>	How long <i>(2) 13 1/2 months</i>
Immediate <i>Cerebral congestion</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. J. Conry</i>
	Address <i>Lyfessville md</i>
Accident or Suicide <i>No</i>	

PHYSICIAN
OR CORONER



Name
FullNo 605
CERTIFICATE OF DEATH

Addie Jane Lynch

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Westminster		Carroll		MARYLAND	
Date of death		1910	July	7	Age	55	3 Months 14 Days
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	House Wife			Where Reading if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband John J. Lynch				
Father's Name	Asariah Cussler		Father's Birthplace Maryland				
Mother's Maiden Name	Julia A. Bynne		Mother's Birthplace do				
Name of person giving information	Aunt Louisa Yingling		How related to deceased Sister				

CAUSES OF DEATH

(73 B)

PHYSICIAN
OR CORONER

Primary	Progressive Neuritis	How long	One year.
Immediate	Exhaustion	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. R. Koutz
		Address	Westminster Md.

Date of Burial

St Johns Councils
Harris

Name
in
FullNo 607
CERTIFICATE OF DEATH

Lewis P. Manning

Town

County

MARYLAND

Died at

Westminster

Carroll

Date

1940

Month

July

Day

19

Age

Years

68

Months

3

Days

2

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Retired

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

Married

Name of Wife or
Husband

Emaline Barnes

Father's
Name

Nelson Manning

Father's
Birthplace

Maryland

Mother's
Maiden Name

Julia Powder

Mother's
Birthplace

do

Name of person giving
information

Emaline Manning

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Debility

How long

1 Year

Immediate

Apoplexy

How long

1 hour

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

Yes

Signature of
Physician

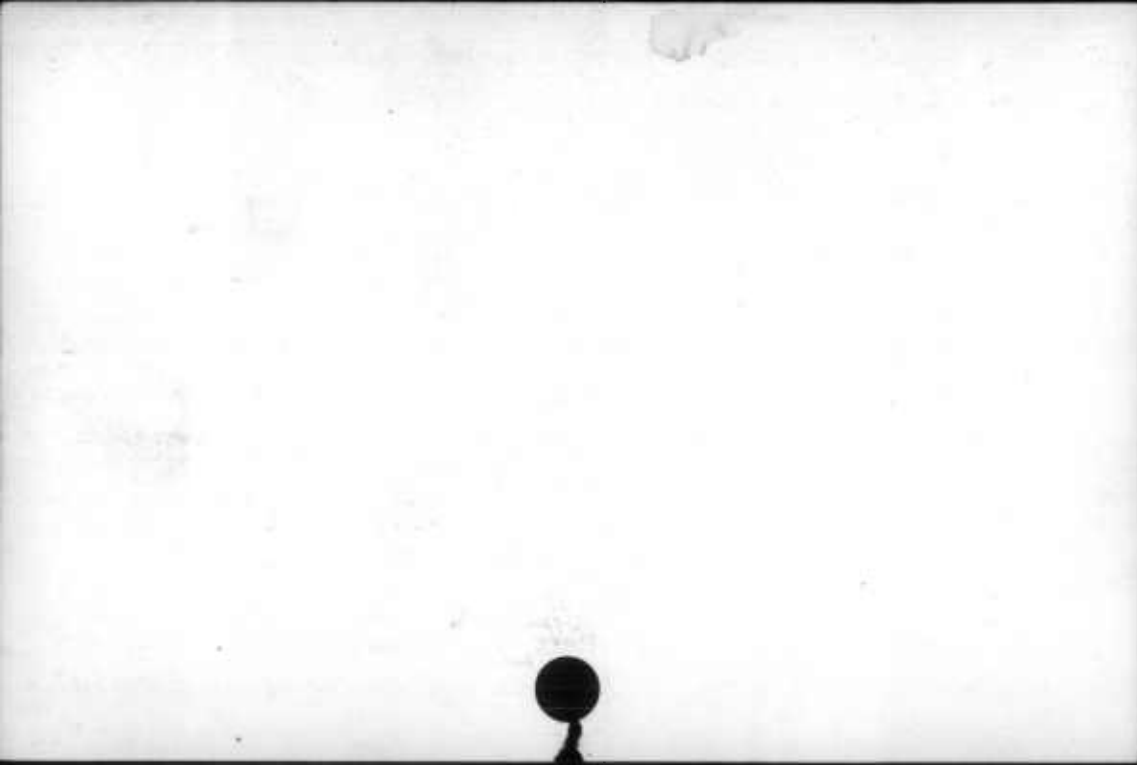
Address

Jas. H. Bellinghew
Westminster

Accident or Suicide

No

Mae
OFFICE SUPPLY CO. 2384TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Catherine Masenhimer*

Town *Silver Run* County *Garrett* MARYLAND

Died at *Silver Run*

Date of death *1900 July 19* Age *45* Months *1* Days *19*

Sex *Female* Color or Race *White* Birth-place *Silver Run, Md.*

Occupation _____ Where Residing if not at place of death _____

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

Father's Name *Paul B. Masenhimer* Father's Birthplace *Westminster, Md.*

Mother's Maiden Name *Molly K. Rider* Mother's Birthplace *Iron Mills, Md.*

Name of person giving Information *Paul H. Masenhimer* How related to deceased *Father*

CAUSES OF DEATH

(15)

PHYSICIAN
OR CORONER

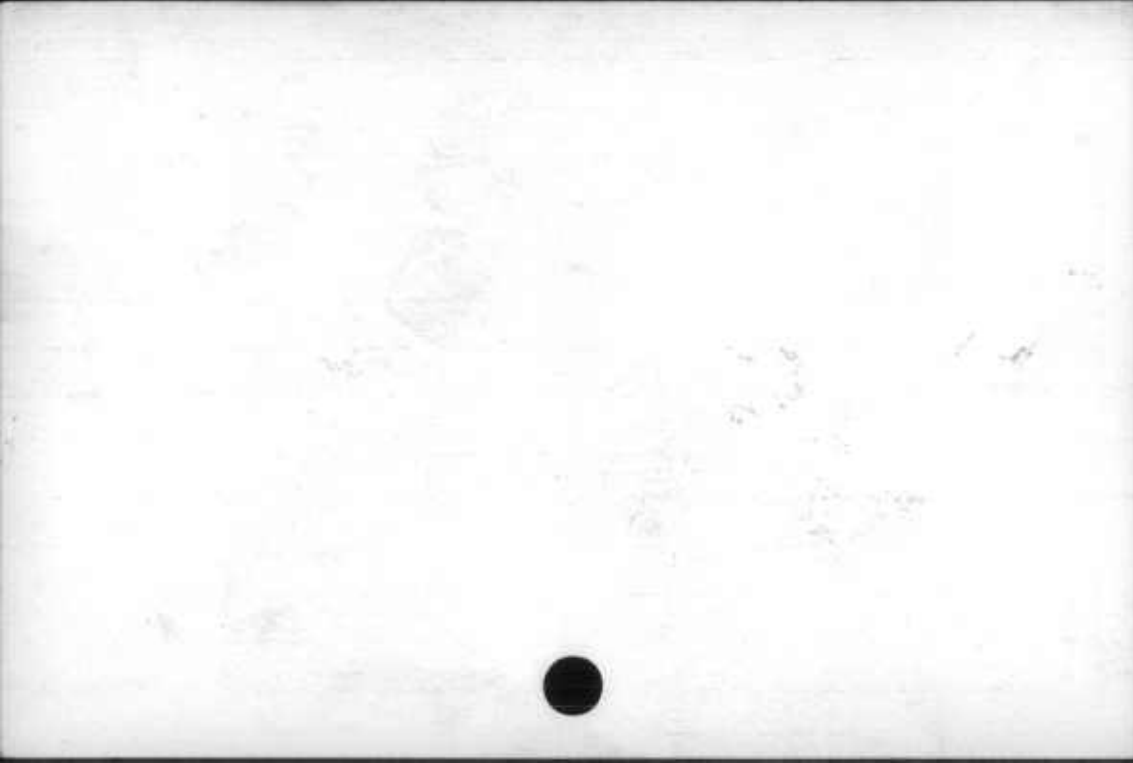
Primary *Emerecephalus* How long _____

Immediate _____ How long _____

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

Signature of Physician *G. Lewis Votel*
Address *Union Mills Maryland*

Accident or Suicide



Name in Full

mildred milbourn

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} mt airy ^{County} Carroll MARYLAND

Date of death 1910 ^{Month} July ^{Day} 9 ^{Age} two ^{Years} — ^{Months} — ^{Days} —

Sex female Color or Race white Birth-place Baels md.

Occupation — Where Residing if not at place of death Baels md.

Married, Single or Widowed — 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 — How related to deceased — Do not know

CAUSES OF DEATH

1891

PHYSICIAN OR CORONER

Primary meninges How long Since birth.

Immediate Exhaustion How long gradual since birth.

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

Signature of Physician Branch Gayle md

Address mt airy md

Accident or Suicide? —



Name in Full

Kellie M. Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Day</u> Town		<u>Barroll</u> County		MARYLAND	
Date of death 19 <u>40</u>	Month <u>July</u>	Day <u>12</u>	Age <u>1</u>	Months <u>—</u>	Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>Day</u>		Birth-place <u>Day</u>	
Occupation <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Chris M. Miles</u>	Father's Birthplace <u>Watersville</u>				
Mother's Maiden Name <u>Kellie Mary Gaskell</u>	Mother's Birthplace <u>Day</u>				
Name of person giving information <u>Kellie Mary Miles</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <u>Gastric Enteritis</u>	How long <u>6 Day</u>
Immediate <u>fructose intolerance</u>	How long <u>6 Hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. W. J. Cronk</u>
	Address <u>Taylor'sville Md</u>
Accident or Suicide	



Name
In Full

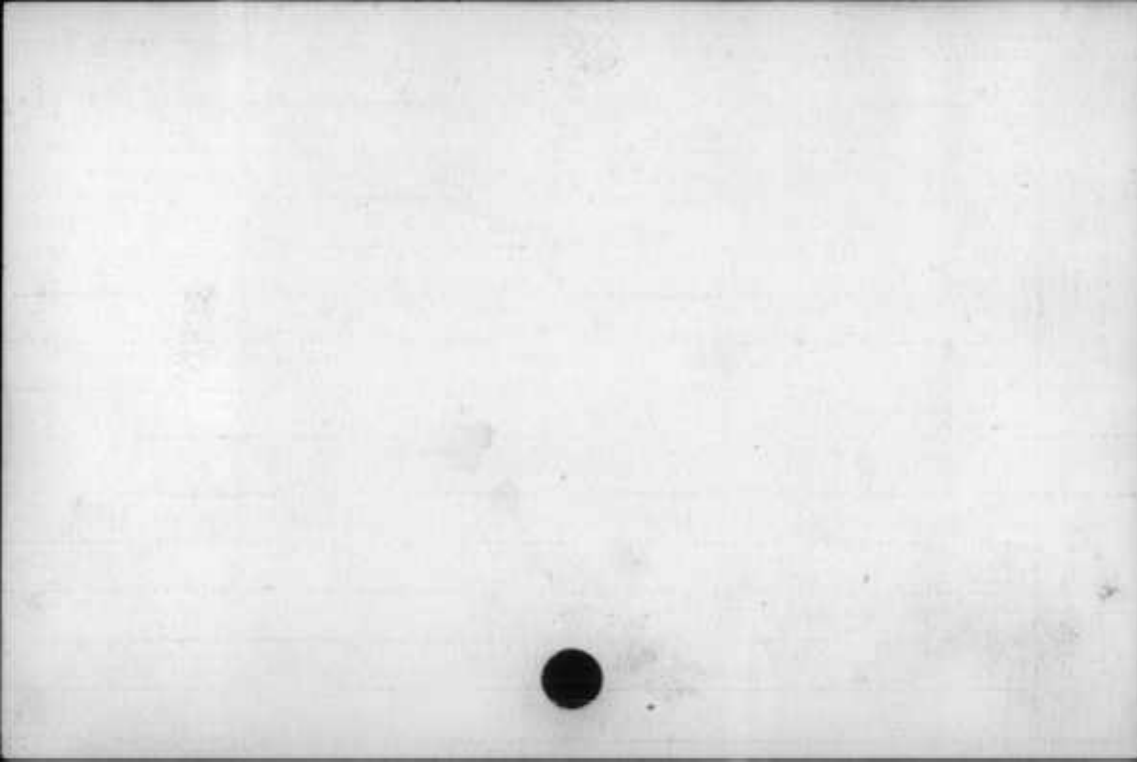
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McKinstry Mill</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1910	Month	7	Day	3	Age	80
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>McKinstry Mill</i>		
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband		<i>Richard Parish</i>		
Father's Name	<i>Peter Sweeney</i>				Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Kathart Sweeney</i>				Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Dayton Sweeney</i>				How related to deceased	<i>Grand son</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Unknown</i>	How long	<i>1895</i>	
	Immediate	<i>Debility</i>	How long		
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. H. Brown</i>	
	Accident or Suicide?		Address	<i>New Windsor Md.</i>	



Name
in
Full

George L. Peterman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at Allesia Town Corroll County **MARYLAND**

Date of death 1900 Month 7 Day 19 Years 79 Months 3 Days 29

Sex Male Color or Race White Birth-place Hesse Darmstadt

Occupation Farmer Where Residing if not at place of death

Married, ~~Single~~ Married Name of Wife or Husband Catherine Peterman

Father's Name Conrad Peterman Father's Birthplace Hetta Germ.

Mother's Maiden Name Catherine Becker Mother's Birthplace unknown

Name of person giving Information Catherine Peterman How related to deceased Wife

CAUSES OF DEATH

Primary Brights disease How long 9 months

Immediate Pneumonia How long 4 days

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

Signature of Physician E. R. Albaugh

Address Glen Rock Pa.
R. D. 1.

Accident or Suicide No.

PHYSICIAN
OR CORONER

1



Jacob B. Balthouse
Manchester
Md

Name
in Full

Frederick H. Joney

CERTIFICATE OF DEATH

Died at Uniontown Carroll MARYLAND

Date of death 1900 July 11th Age 86 Months 1 Days 8

Sex Male Color or Race White Birthplace Carroll Co.

Occupation Carpenter Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Sarah E. Joney

Father's Name David Joney Father's Birthplace Carroll Co.

Mother's Maiden Name Annie Johnson Mother's Birthplace Maryland

Name of person giving Information Edward Plunkett How related to deceased Daughter

CAUSES OF DEATH

Primary Cancer of Liver How long 6 mos.

Immediate Exhaustion How long

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

Signature of Physician

Address

Luther Kemp
Uniontown Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

John Wagner

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Town: Springfield State Hosp. County: Carroll MARYLAND

Died at: Springfield State Hosp. Age: 72

Date of death: 1910 July 22

Sex: Male Color or Race: White Birthplace: Switzerland

Occupation: Laborer Where Residing if not at place of death: [Blank]

Married, Single or Widowed: Unknown Name of Wife or Husband: [Blank]

Father's Name: Unknown Father's Birthplace: Unknown

Mother's Maiden Name: Unknown Mother's Birthplace: Unknown

Name of person giving Information: Hospital records How related to deceased: [Blank]

CAUSES OF DEATH

Primary: Senile Dementia How long: 15 yrs

Immediate: General Pyloritis from strangled intestines How long: 1 day

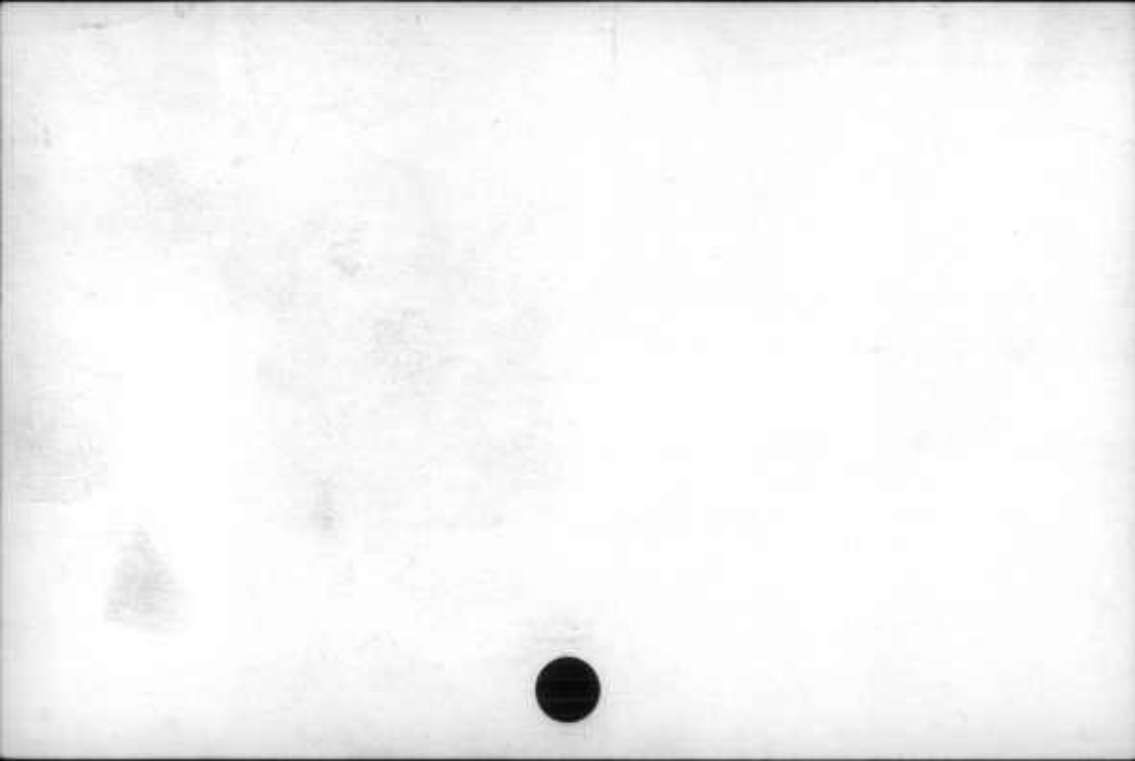
PHYSICIAN OR CORNER

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

Signature of Physician: S. H. Smavelly

Address: Springfield State Hosp. Sylesville, Md.

Accident or Suicide: No.



Name
in FullNo 612
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <i>Gist</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1910</i>	Month	<i>July</i>	Day	<i>29</i>
Age	<i>45</i>	Years	<i>45</i>	Months	<i>8</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Carroll Co</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>Oakland</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband _____			
Father's Name	<i>Wesley Whalen</i>			Father Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Louisa Haines</i>			Mother's Birthplace	<i>Carroll Co</i>
Name of person giving information	<i>William</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

Primary	<i>Rupture of Cardiac Valves</i>	How long	<i>about 6 weeks</i>
Immediate	<i>Cardiac 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>E D Brant</i>
		Address	<i>Wrightfield Carroll Co,</i>
Accident or Suicide?			

Shaw

Providence Church Society
Providence

Name in Full

Vincent Wilson

CERTIFICATE OF DEATH

Died at ^{Town} Mt Airy ^{County} Carroll MARYLAND

Date of death 1900 ^{Month} July ^{Day} 16 ^{Age} 5 weeks ^{Years} ^{Months} ^{Days}

Sex female ^{Color or Race} white ^{Birth-place}

Occupation _____ ^{Where Residing if not at place of death} Balt. md

^{Marrd, Single or Widowed} _____ ^{Name of Wife or Husband} _____

^{Father's Name} Do not know ^{Father's Birthplace} Do not know

^{Mother's Maiden Name} _____ ^{Mother's Birthplace} Do not know

^{Name of person giving Information} Do not know (Hospital records) ^{How related to deceased} Do not know

CAUSES OF DEATH

^{Primary} Malnutrition ^{How long} 5 weeks

^{Immediate} Exhaustion ^{How long} One day

^{Are the name, age, sex, color, date and place correctly given above?} y/s

^{Signature of Physician} Branch Craig

^{Address} Gorrett Sanitarium
Mt Airy md

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN



Name
in Full

Hattie Belle Wolfe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Union Bridge</i>		Town <i>Carroll</i>		County	
Date of death	19 <i>40</i>	Month <i>July</i>	Day <i>30</i>	Age <i>21</i>	Years
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Woodsboro</i>		Months	Days <i>17</i>
Occupation <i>Housewife</i>	Where Reading if not at place of death				
Married, Single and Widowed <i>Married</i>	Name of <i>Wife</i> <i>Blow S. Wolfe</i>		Husband		
Father's Name <i>Samuel D. Young</i>	Father's Birthplace <i>Woodsboro</i>				
Mother's Maiden Name <i>Harriet F. Goldberg</i>	Mother's Birthplace <i>Fred City</i>				
Name of person giving information <i>Blow S. Wolfe</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

135

PHYSICIAN
OR CORONER

Primary <i>Compensation</i>	How long
Immediate <i>Hemorrhage</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John W. H. D.</i>
	Address <i>Union Bridge Md</i>
Accident or Suicide?	

