

Name
in Full

Niles A. Abrecht

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericks</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death 19 <i>60</i>	Month <i>7</i>	Day <i>18</i>	Age <i>58</i>	Years <i>4</i>	Months <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Fredericks</i>			
Occupation <i>Butcher</i>	Where Reading if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Josephine Smith</i>				
Father's Name <i>William Abrecht</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sarah Eichelberger</i>	Mother's Birthplace <i>Fredericks Md</i>				
Name of person giving information <i>Mrs. Josephine Abrecht</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Myocardial Infarction</i>	How long <i>4 years</i>	
	Immediate <i>Cardiac Paralysis</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>H. H. Hedger</i>	
	Address <i>Frederick</i>		
Accident or Suicide? <i>No</i>			

Interment July 20 - 1910

" at Mt. Olivet Cemetery

Thomas F. Rice F. O.

Dr. Hedges

Dr. McCurdy

Name in Full

Laurenia K. Adams

No. 15
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} New Market ^{County} Frederick MARYLAND

Date of death 1900 Month 7 Day 3 Age 49 Years Months 5 Days 17

Sex Female Color or Race White Birth-place New Market

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Thomas Etchison Father's Birthplace Jefferson

Mother's Maiden Name Mary Westerbaker Mother's Birthplace New Market

Name of person giving information Edward Adams How related to deceased Husband

(Burned on chest & back)

CAUSES OF DEATH

Primary Effects of an extensive burn How long 6 weeks

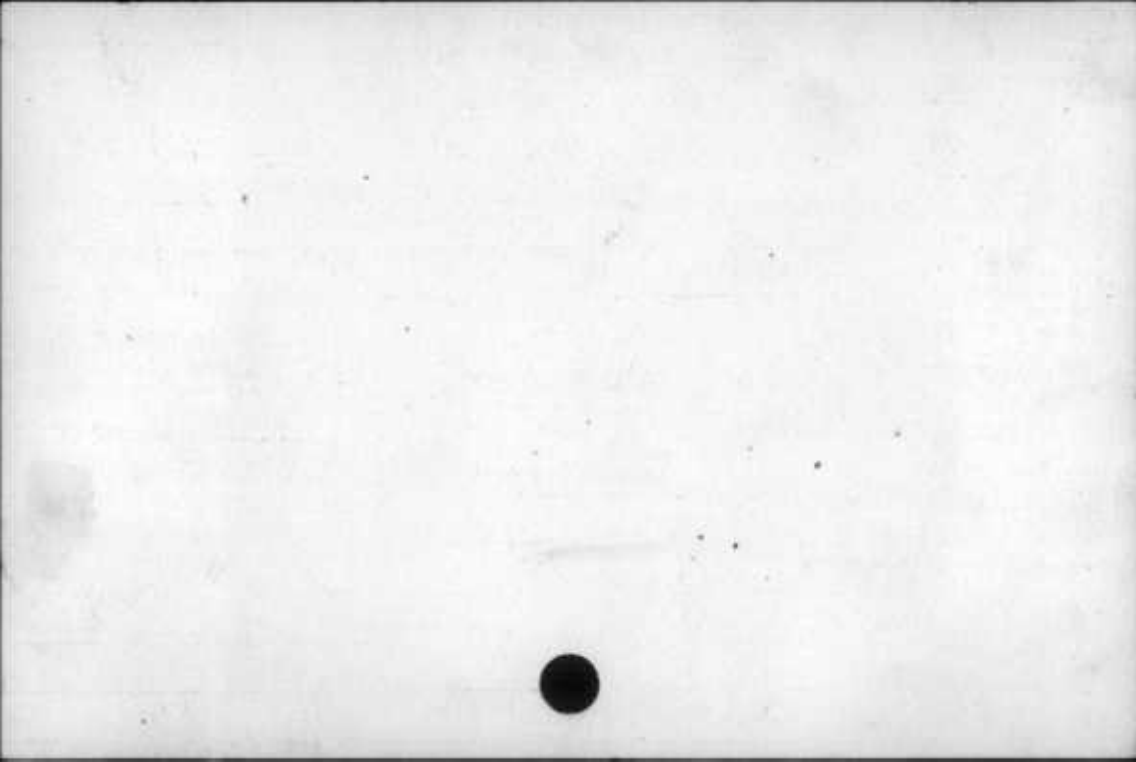
Immediate Exhaustion (167) How long _____

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

Signature of Physician H. H. Hopkins

Address New Market

Accident or Suicide? no



Name
in Full

Mary C. Bidle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Middletown</i>		^{County} <i>Fred. D.</i>		MARYLAND	
Date of death	1900	Month	July	Day	13
Age	53	Years		Months	10
		Days			9
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Middletown Md.</i>
Occupation	<i>Household service</i>		Where Residing if not at place of death		
Married , Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Adam Bidle</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Elizabeth Blair</i>		Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Elizabeth Bidle</i>		How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Carcinoma of Chest</i>	How long	<i>Several yrs.</i>	
	Immediate	<i>Ascites due to pressure of blood vessels</i>	How long	<i>1 wk.</i>	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R. V. Harver</i>	
			Address	<i>Middletown Md.</i>	
Accident or Suicide					



Name
in
Full

Florence R Bond

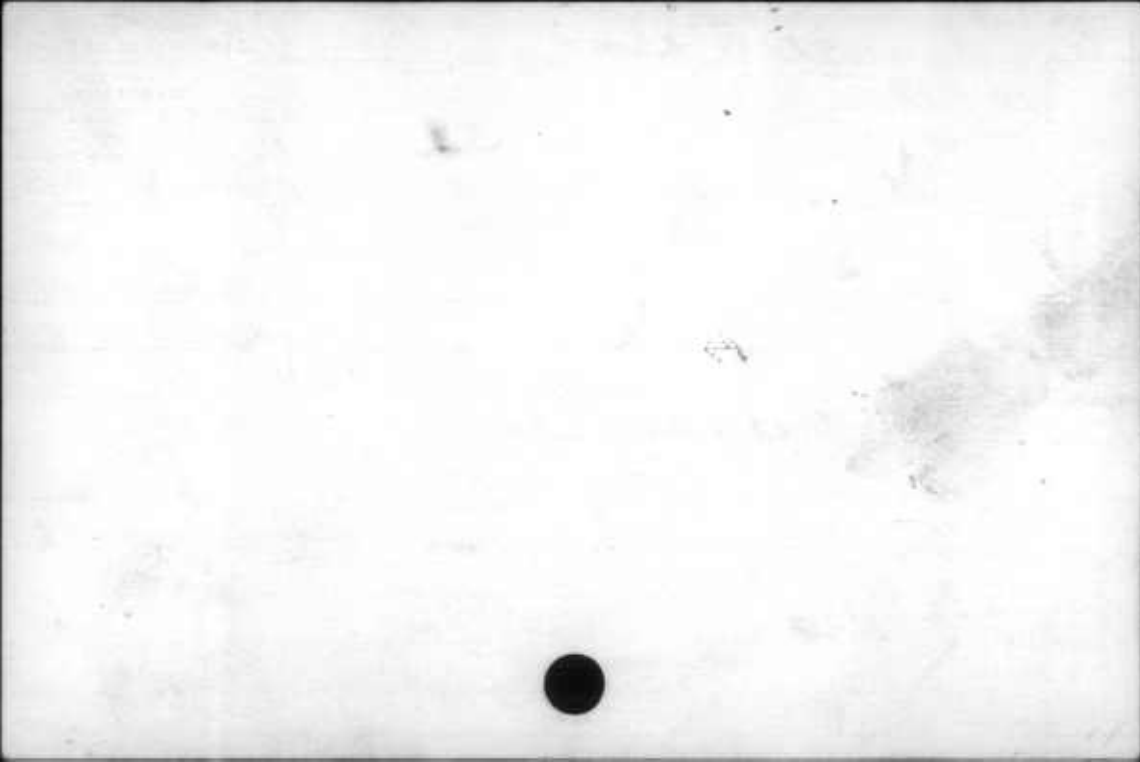
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u> <small>Town</small>		<u>Fredrick</u> <small>County</small>		MARYLAND	
Date of death <u>1940</u>	<u>July</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>32</u> <small>Years</small>	<u>11</u> <small>Months</small>	<u>8</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband			
Father's Name <u>John R Bond</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary O. Bissett</u>			Mother's Birthplace		
Name of person giving Information <u>Miss Jesse Bond</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Delirium tremens</u> <u>56</u>	How long <u>5 days</u>	
	Immediate <u>Exhaustion</u>	How long <u>1 day</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W J Hedge MD</u>	
	Accident or Suicide <u>no</u>	Address <u>Brunswick Md</u>	



Name
in
Full

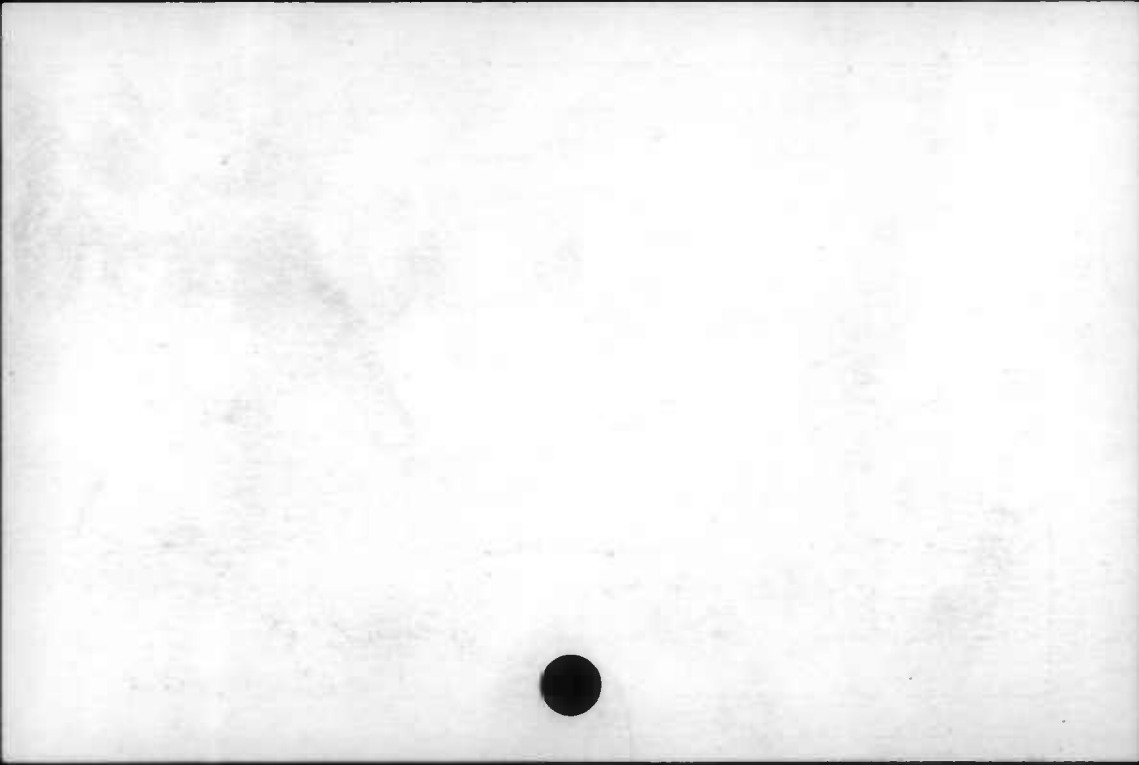
Shelma J. Budette

No 16,
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Monrovia		County Frederick.		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		7	22	Age	11		
Sex	Female	Color or Race	white		Birth-place	Frederick Co., Md	
Occupation	none		Where Residing if not at place of death		at home		
Married, Single or Widowed	single		Name of Wife or Husband	was not married			
Father's Name	Harry Budette			Father's Birthplace	Frederick Co. Md		
Mother's Maiden Name	Margaret Lawson			Mother's Birthplace	" "		
Name of person giving information	Margaret Lawson			How related to deceased	mother		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Enterocolitis	104	How long	9 days
	Immediate	Convulsions		How long	6 hours
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. H. Hopkins M. D	
	Address	New Market, Frederick Co., Md			
Accident or Suicide	no				



Name
in
Full


Ada M. Loanall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mentevos Hospital</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death 19 <i>60</i> <small>Year</small>		<i>July</i> <small>Month</small>	<i>8th</i> <small>Day</small>	Age <i>25</i> <small>Years</small>	<small>Months</small>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Frederick County</i>			
Occupation <i>Servant</i>	Where Residing if not at place of death <i>Hopeland</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ada M. Loanall</i>				
Father's Name <i>George Warden</i>	Father's Birthplace <i>Frederick County</i>				
Mother's Maiden Name	Mother's Birthplace <i>None</i>				
Name of person giving information <i>George W. Peters</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

Primary	<i>Puerperal Eclampsia</i>	<i>138</i> <small>How long</small>	<i>3 Days</i>
Immediate	<i>Shock - Post-operative</i>	<small>How long</small>	<i>4 Hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Henry P. Johnson MD</i>	<i>Frederick Md</i>
Address			
Accident or Suicide	<i>None</i>		

PHYSICIAN
OR CORONER



Name
in Full

George H. Clem

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <i>Lewiston</i>		Town		<i>Frost</i>		County		MARYLAND	
Date of death	<i>1960</i>	Month	<i>7</i>	Day	<i>9</i>	Age	<i>86</i>	Years	<i>9</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					
Married, Single or Widowed				Name of Wife or husband	<i>E. A. J. Eaton</i>				
Father's Name	<i>George Clem</i>			Father's Birthplace	<i>Ind.</i>				
Mother's Maiden Name	<i>Maheta Pearl</i>			Mother's Birthplace	<i>Ind.</i>				
Name of person giving information	<i>Wife</i>			How related to deceased					

CAUSES OF DEATH

Primary		How long	<i>189</i>
Immediate	<i>General debility</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. Spightman</i>		
	Address <i>Lewiston Ind.</i>		
Accident or Suicide			



Name
In Full

Miss Ellen Virginia Collins

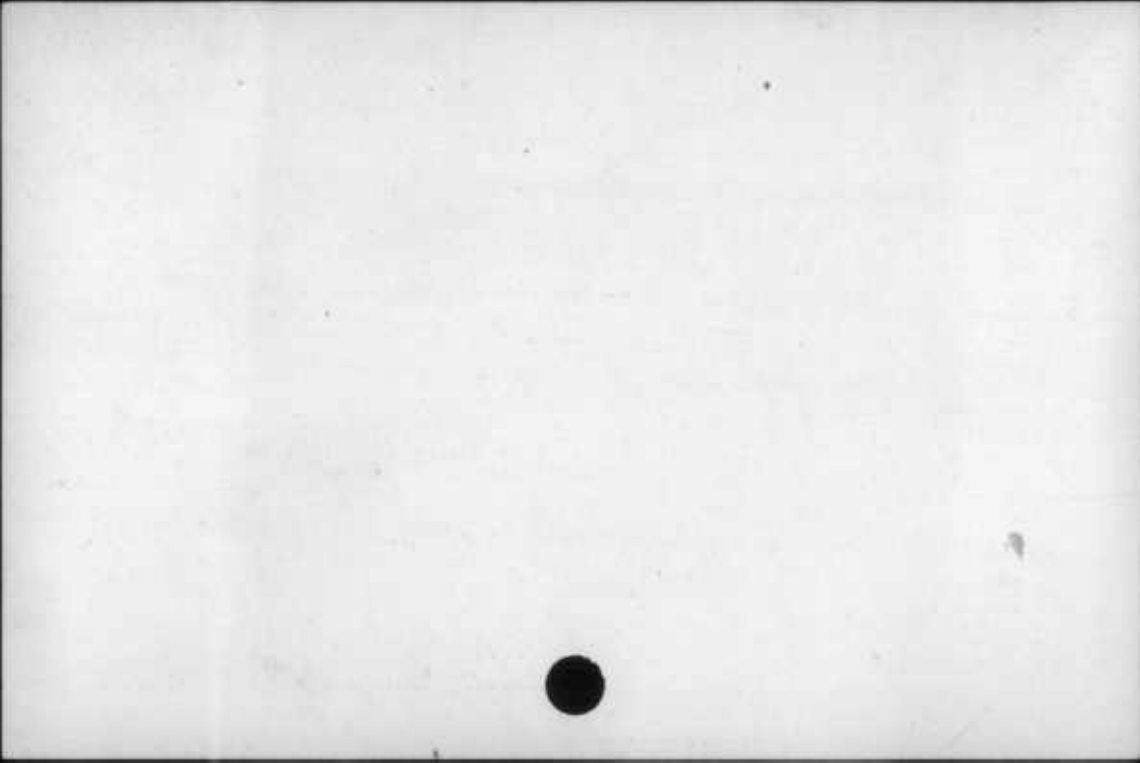
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Balkersville* ^{County} *Fordneck* **MARYLAND**
 Date of death *1940* ^{Month} *July* ^{Day} *7* ^{Age} *83* ^{Years} *4* ^{Months} *15* ^{Days}
 Sex *Female* ^{Color or Race} *White* ^{Birth-place} *Liberty*
 Occupation *Housekeeper* ^{Where residing if not at place of death} *Balkersville*
 Married, Single or Widowed *Single* ^{Name of Wife or Husband} *always single*
 Father's Name *Henry Collins* ^{Father's Birthplace} *Liberty*
 Mother's Maiden Name *Miss E. P. Ebert* ^{Mother's Birthplace} *Liberty*
 Name of person giving information *Mrs. Jennie Cramer* ^{How related to deceased} *Niece*

CAUSES OF DEATH

Primary *Paralysis (66)* ^{How long} *20 years*
 Immediate *more Paralysis* ^{How long} *for last 4 years*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Wm. J. Remsburg*
 Address *Balkersville Maryland.*
 Accident or Suicide?



Name in Full

George E Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *Lyonsville* ^{County} *Frederick* MARYLAND

Date of death **19**/^{Month} *7* ^{Day} *28* Age ^{Years} *65* ^{Months} *4* ^{Days} *27*

Sex *Male* Color or Race *White* Birth-place *Frederick Co*

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

Married; Single or Widowed _____ Name of Wife or Husband *Rachael Boyer*

Father's Name *Otho J Cook* Father's Birthplace *Frederick Co.*

Mother's Maiden Name *Mary A Montgomery* Mother's Birthplace " "

Name of person giving information *Rachael Cook* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Potts Disease of Spine* How long *Several years*

Immediate *acute Indigestion* How long *24 hours*

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

Signature of Physician *H. H. Hopkins M.D.*

Address *New Market*

Frederick Co. *MD*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

Prenton Costley

Town

County

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *1 Mt Pleasant*

Frederick

Date of death *1900*

Month *July*

Day *2*

Age *72*

Months *0*

Days *0*

Sex *Male*

Color or Race *Colours black*

Birth-place *Mt Pleasant*

Occupation *Farm Hand*

Where Residing if not at place of death *" "*

Married, Single or Widowed *Married*

Name of Wife or Husband *Annie Gelf*

Father's Name *Beal Costley*

Father's Birthplace *Maryland*

Mother's Maiden Name *Susan Howard*

Mother's Birthplace *" "*

Name of person giving information *Annie Costley*

How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Heart degenerative*

How long *Six months*

Immediate *Uremic Poisoning*

How long *(120)*

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

Signature of Physician *H. E. Stone*

Address *Mt Pleasant*

Accident or Suicide? *No.*

Maryland

Interment July 5 1910

" at Silver Hill Cemetery
(Not Pleasant.)

Thomas P. Rice F. D.

Dr Stone

Dr Goodell

Name
is
Full

Clara Cronin

CERTIFICATE OF DEATH

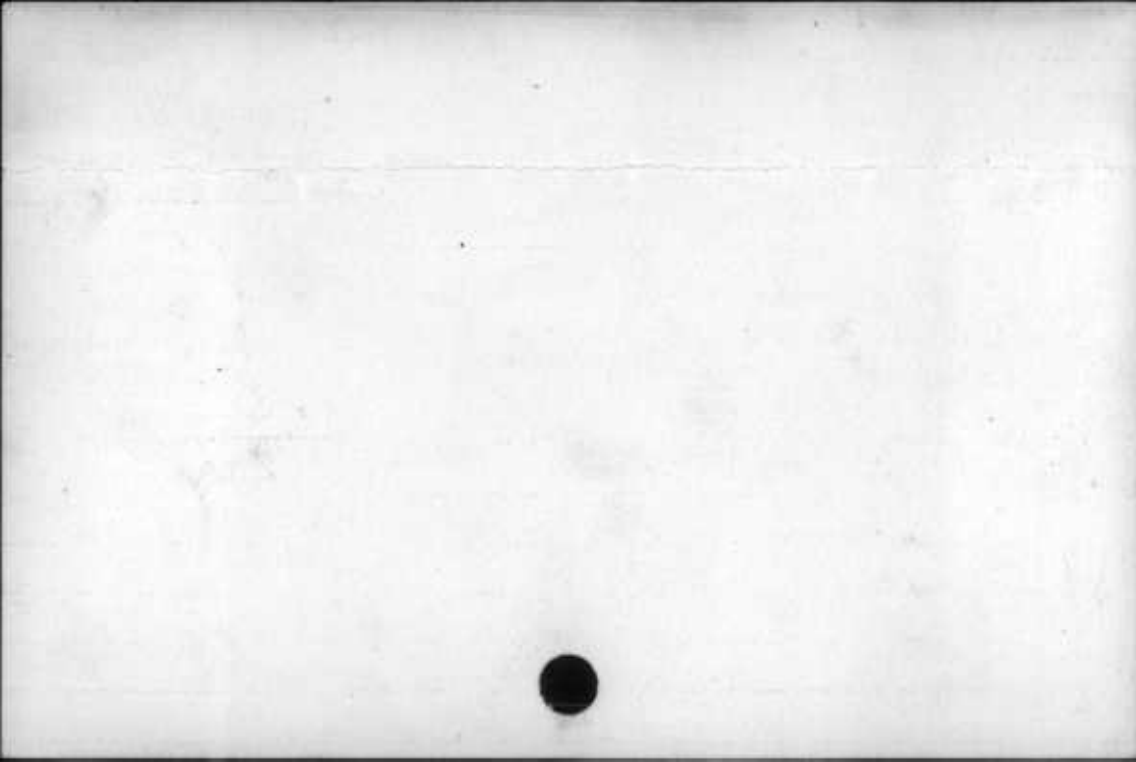
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fountain Mills		County Frederick		MARYLAND	
Date of death	1900	Month	July	Day	7	Age	—
						Years	—
						Months	6
						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	Albert Cronin				Father's Birthplace	Md	
Mother's Maiden Name	Eve Burke				Mother's Birthplace	Md	
Name of person giving information	Albert Cronin				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum		How long	104 48 hours
Immediate				
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	H. H. ... M.D.
			Address	New Market Md.
Accident or Suicide?	no			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: *John Richard Dimmy*

Town: *Fredricks* County: *Fredricks* MARYLAND

Died at: *Fredricks*

Date of death: 19*40* Month: *7* Day: *23* Age: *73* Months: *4* Days: *8*

Sex: *Male* Color or Race: *Black* Birth-place: *W. Va*

Occupation: *Helper to Paper Manger* Where Reading if not at place of death: *Same*

Married, Single or Widowed: *Married* Name of Wife or Husband: *Georgianna Boone*

Father's Name: *John Dimmy* Father's Birthplace: *W. Va*

Mother's Maiden Name: *Emily* Mother's Birthplace: *" "*

Name of person giving information: *Georgianna Dimmy* How related to deceased: *Wife*

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary: *Carcinoma (of Levital organ)* How long: *Several months*

Immediate: *General debility and Exhaustion* How long: *" weeks*

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

Signature of Physician: *W. G. Boone M.D.*

Address: *Fredricks Md*

Accident or Suicide? *No.*

Interment July 23rd 1910
" at Laboring Sons Cemetery

Thomas P. Rice F.O.

Dr Bourne

Dr McCurdy

Name
in Full

Annie Mary Engle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		STATE <i>MARYLAND</i>	
Date of death <i>1900</i>	Month <i>7</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>28</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Frederick Co. Md.</i>				
Occupation <i>—</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>—</i>					
Father's Name <i>John O. Engle</i>				Father's Birthplace <i>Frederick Co. Md.</i>			
Mother's Maiden Name <i>Eola C. Knill</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>John O. Engle</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Acetab. enteritis</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm M Smith</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>no</i>	

Interment July 26, 1910

" at Mt Olivet Cemetery

Thomas P. Rice. R.O.

Dr W. Ma Smith

Dr Goodell

Dr McBurdy

Name
in
Full

Clarence Peter Evans

CERTIFICATE OF DEATH

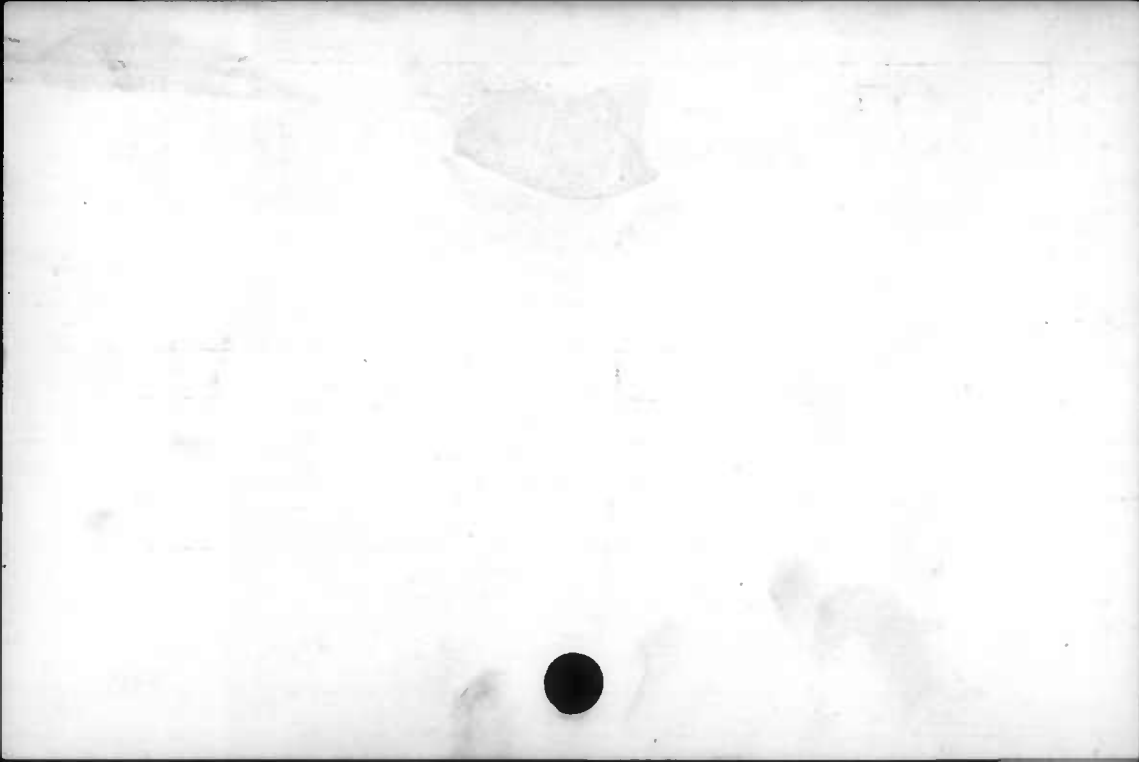
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Burrheadville		County Frederick		MARYLAND	
Date of death 1960		Month July	Day 2nd	Age	Years 23	Months 5	Days 29
Sex Male		Color or Race Colored		Birth-place md			
Occupation Laborer				Where Residing if not at place of death Same			
Married, Single or Widowed Single		Name of Wife or Husband X					
Father's Name James Newton Evans				Father's Birthplace Md			
Mother's Maiden Name Sarah Ellen Costnail				Mother's Birthplace md			
Name of person giving information James Newton Evans				How related to deceased Father			

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	(28) Several yrs
Immediate	Exhaustion	How long	" weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. J. Bourne M.D.	
		Address Frederick, md.	
Accident or Suicide			

PHYSICIAN
OR CORNER



Name
In
Full

Charles Albert Eyer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ladiesburg</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>25</u> <small>Day</small>	Age	<u>2</u> <small>Years</small>
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
<u>Albert Cornelius Eyer</u>			<u>Maryland</u>		
Mother's Maiden Name			Mother's Birthplace		
<u>Annie B. Miller</u>			<u>Maryland</u>		
Name of person giving information			How related to deceased		
<u>Albert Cornelius Eyer</u>			<u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Malnutrition.</u>	How long	<u>From birth</u>
Immediate	<u>Diarrhoea and enteritis</u>	How long	<u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>John S. Liggett, M.D.</u>
		Address	<u>Ladiesburg, Md.</u>
Accident or Suicide?			



Name
in
Full

Chas. M. Eyles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Thurmont</i> ^{County} <i>Piedmont</i>		MARYLAND	
Date of death 19 <i>90</i>	Month <i>July</i>	Day <i>23</i>	Years <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Crescent, Md.</i>	Months <i>3</i> Days <i>28</i>
Occupation <i>Stone Mason</i>	Where Residing if not at place of death <i>←</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Baker</i>		
Father's Name <i>Charles H. M. Eyles</i>	Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Sarah C. Stahl</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Mrs. Mrs. Nancy</i>	How related to deceased <i>Sister</i>		

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <i>Pneumonia, Tuberculosis</i>	How long <i>5 years</i>
Immediate <i>Pulmonary Hemorrhage</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>E. C. Kefauver M.D.</i>
	Address <i>Thurmont, Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full

Christian Thomas Eyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

J

Died at ^{Town} Frederick Hospital ^{County} Frederick

MARYLAND

Date of death 1960 ^{Month} July ^{Day} 23 ^{Age} 60 ^{Years} ^{Months} 2 ^{Days} 9

Sex Male ^{Color or Race} White ^{Birth-place} Frederick Co.

Occupation Farmer ^{Where Residing if not at place of death} near Walkersville

Married, Single or Widowed Married ^{Name of Wife} Louise Eyer

Father's Name Daniel Eyer ^{Father's Birthplace} Frederick Co.

Mother's Maiden Name Sophia Groshonk ^{Mother's Birthplace} Frederick Co.

Name of person giving information Thomas Saylor ^{How related to deceased} Son-in-law

CAUSES OF DEATH

108

Primary Chronic appendicitis ^{How long} about One Year

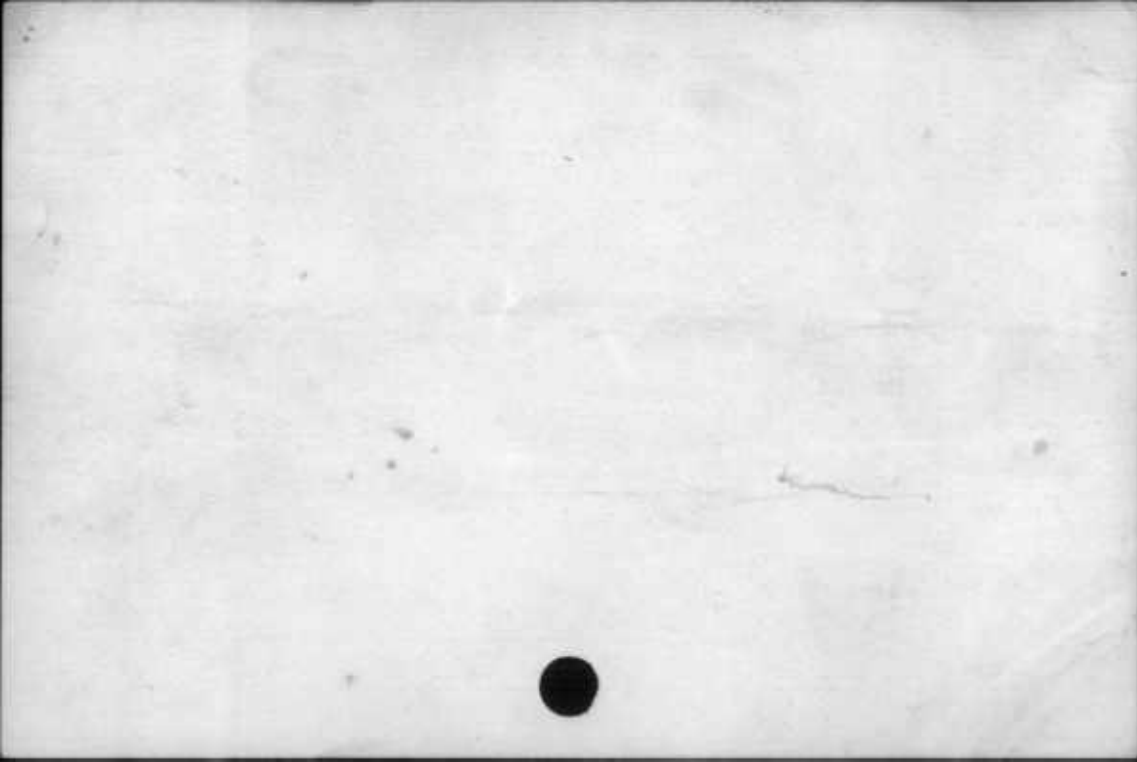
Immediate Intestinal Obstruction ^{How long} 5 days

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

Signature of Physician John J. Remsburg
Address Walkersville Maryland.

PHYSICIAN OR CORONER

Accident or Suicide? —



Name in Full

Wileen Gene Eyles

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} near Oak Hill ^{County} Fred MARYLAND

Date of death 1980 July 18 Age 2 Months 5 Days

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

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Albert - C. Eyles Father's Birthplace Fred Co.

Mother's Maiden Name Anna B. Eyles Mother's Birthplace Fred Co.

Name of person giving information Father How related to deceased Father

CAUSES OF DEATH

Primary _____ how long _____

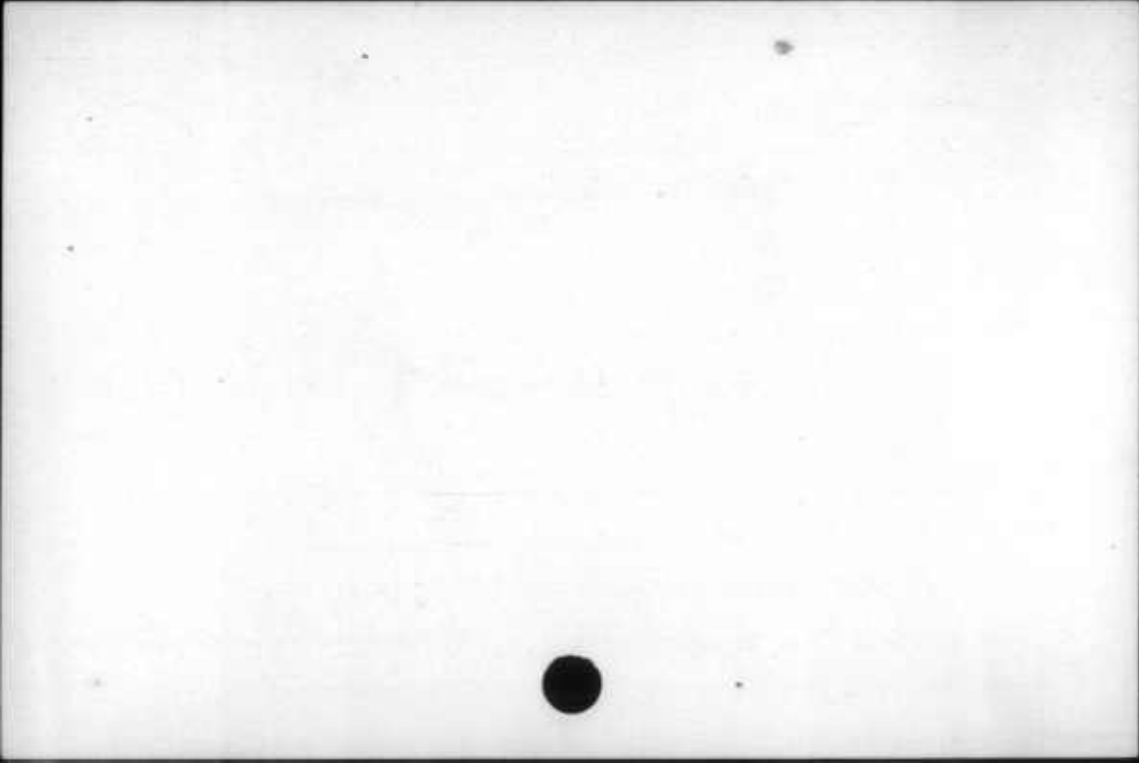
Immediate Enteroc - Colitis 4 days

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

Signature of Physician W. H. Sahle

Address Leesboro, Md.

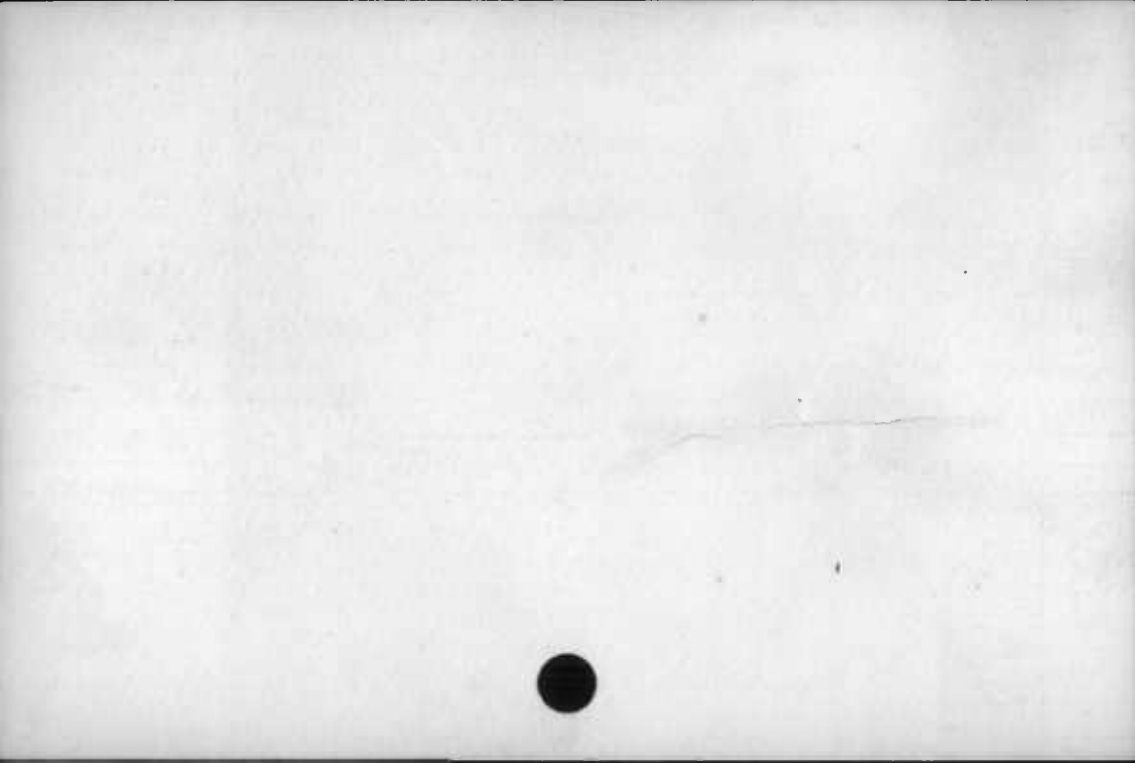
Accident or Suicide? _____



Name *in Full* **Mary Catharine Eyles** CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Haltersville</i> <small>Town</small>		<i>Fredk</i> <small>County</small>		MARYLAND	
	Date of death <i>1900</i>	<i>July</i> <small>Month</small>	<i>25</i> <small>Day</small>	<i>5</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>8</i> <small>Days</small>
	Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Haltersville Md</i>		
	Occupation _____			Where residing if not at place of death _____		
	Married, Single or Widowed _____		Name of Wife or Husband _____			
	Father's Name <i>Harry Eyles</i>			Father's Birthplace <i>Fredk Co. Md</i>		
	Mother's Maiden Name <i>Maria Dromberg</i>			Mother's Birthplace <i>Fredk Co Md</i>		
Name of person giving information <i>J. J. McCode</i>			How related to deceased <i>In law</i>			

PHYSICIAN OR CORONER	CAUSES OF DEATH		104
	Primary <i>Intestinal catarrh</i>	How long _____	
	Immediate <i>Convulsions</i>	How long <i>3 days</i>	
	Are the Name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. McCode</i>	Address <i>Haltersville Md.</i>
	Accident or Suicide?		



Name
in
Full

Joseph C. Fink

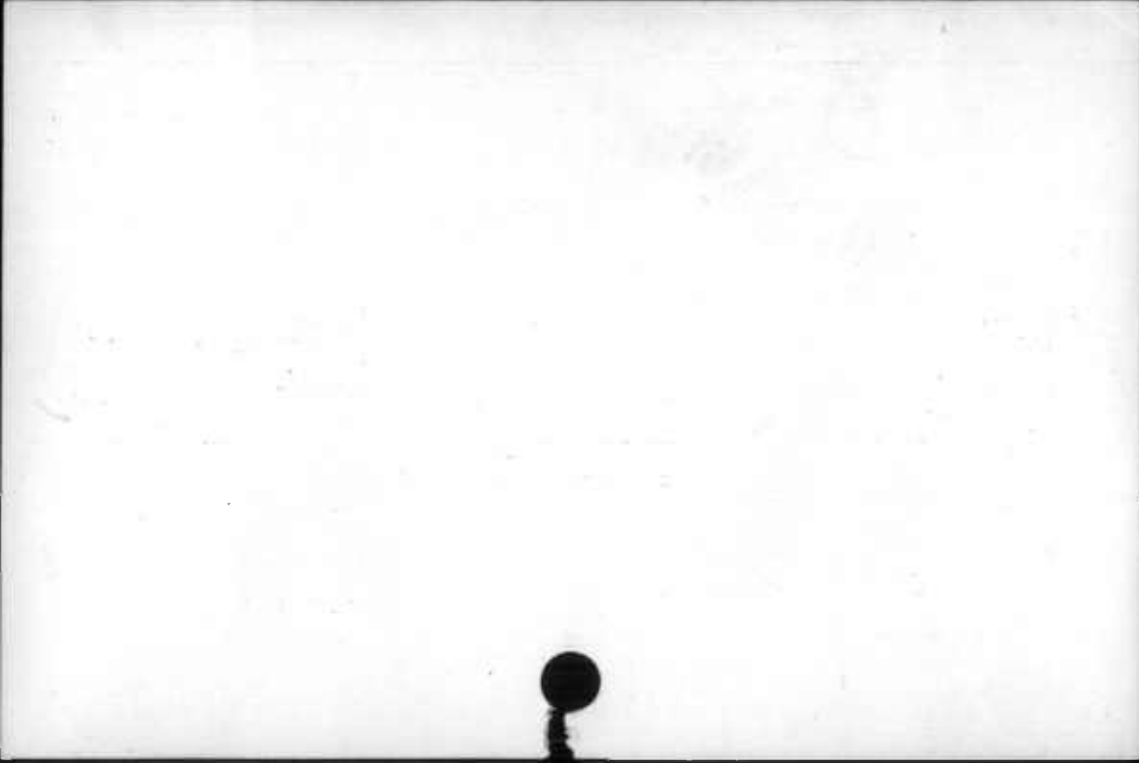
CERTIFICATE OF DEATH

Died at <u>Hyattstown</u>		Town		<u>Frederick</u>		County		MARYLAND	
Date of death <u>1960</u>		Month <u>July</u>		Day <u>13</u>		Age <u>72</u>		Years <u>2</u> Months <u>20</u> Days	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Frederick Md.</u>					
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Mar Hyattstown</u>							
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Sarah Fink</u>							
Father's Name <u>Clayton Fink</u>		Father's Birthplace <u>Md.</u>							
Mother's Maiden Name <u>Mary James</u>		Mother's Birthplace <u>Md.</u>							
Name of person giving Information <u>John Fink</u>		How related to deceased <u>Son</u>							

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>General debility</u>	How long <u>2 years.</u>
	Immediate <u>Heart failure</u>	How long <u>2 days.</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Boyd Perry</u>
	Accident or Suicide	Address <u>Crabys Md.</u>



Name
in Full

Amelia Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

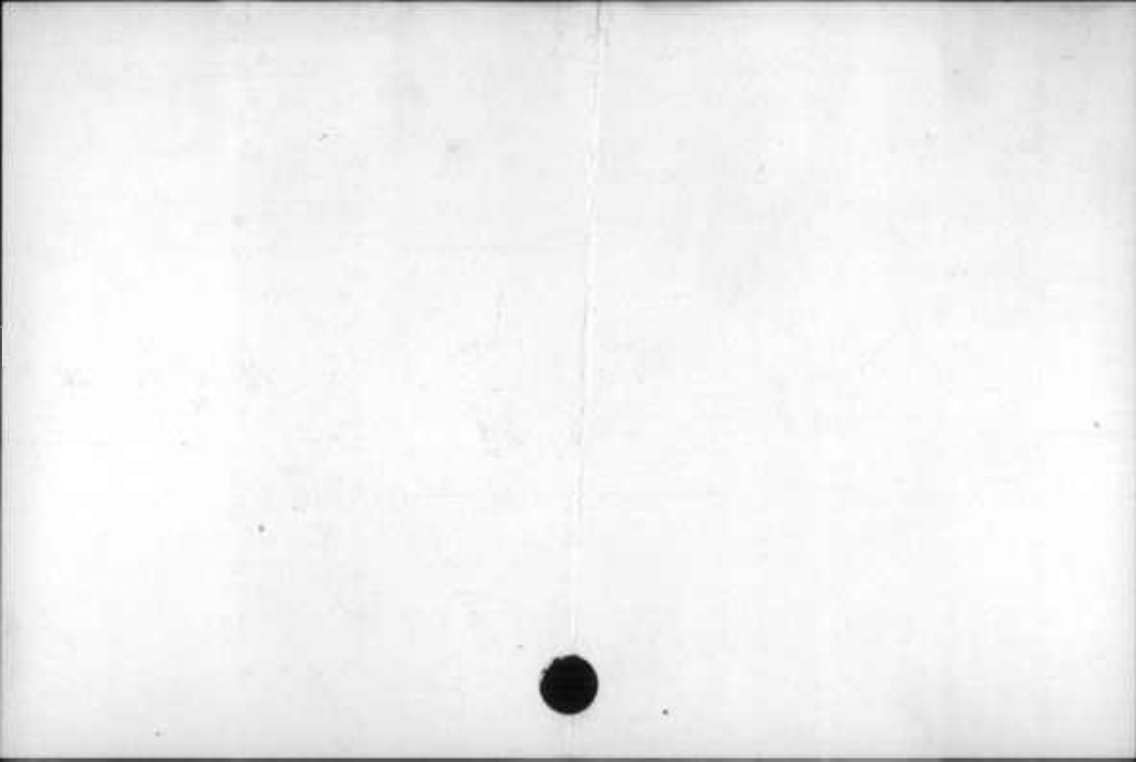
Died at <u>State Sanatorium</u> <small>Town</small>		<u>Fredrick</u> <small>County</small>		MARYLAND	
Date of death 19 <u>19</u> <u>July</u> <small>Month</small>	<u>15</u> <small>Day</small>	Age <u>23</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>2</u> <small>Days</small>	
Sex <u>F</u>	Color or Race <u>W.</u>	Birth-place <u>Berlin Md.</u>			
Occupation <u>None</u>	Where Reading if not at place of death <u>—</u>				
Married, Single or Widowed <u>S</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Howard Fisher</u>	Father's Birthplace <u>Yorkville Co Md</u>				
Mother's Maiden Name <u>Mary Farrer</u>	Mother's Birthplace <u>Wheatfield</u>				
Name of person giving information <u>Arnold Meyers</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>2 yrs.</u>
Immediate <u>Cerebral Degeneration</u>	How long <u>2 & 1/2 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. C. Cullen</u>
	Address <u>State Sanatorium Md</u>
Accident or Suicide? <u></u>	



Name
in
Full

Unnamed Fished

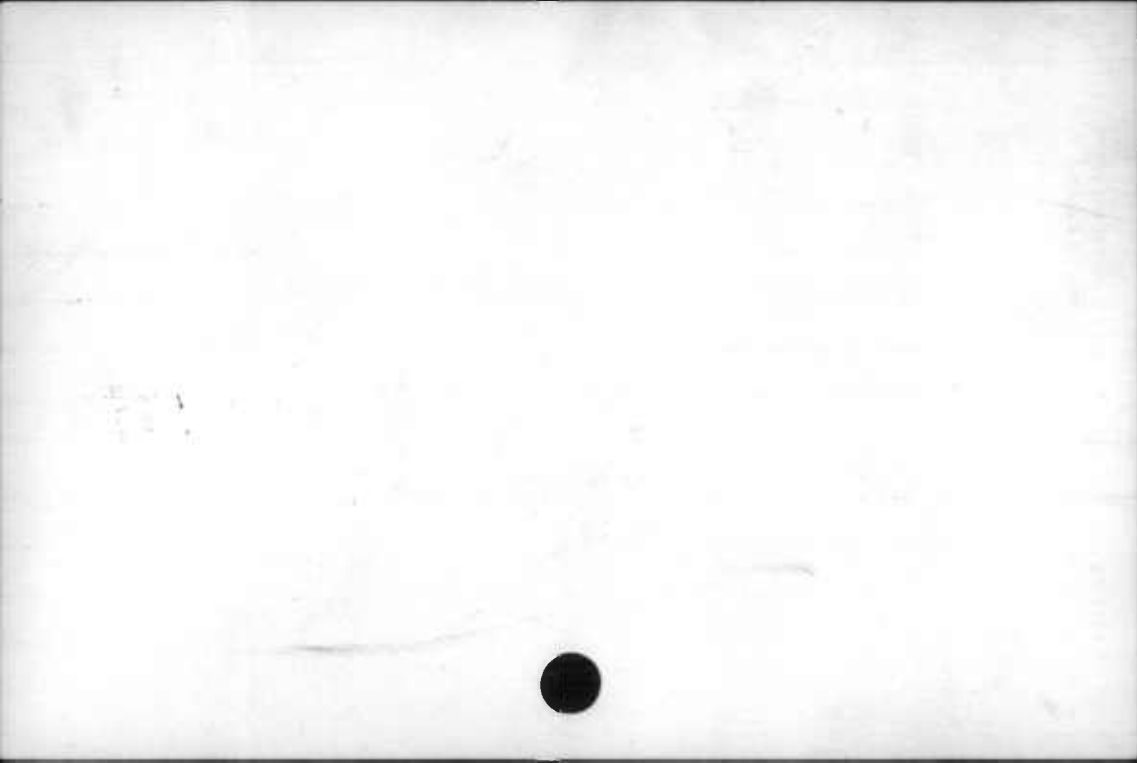
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1980		July	7	0	0	0	0
Sex		Color or Race		Birth-place			
Female		white		Frederick			
Occupation				Where Residing if not at place of death			
None				Frederick			
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name				Father's Birthplace			
Wm. O. Fisher				Frederick			
Mother's Maiden Name				Mother's Birthplace			
Hallie Broakey				Frederick			
Name of person giving Information				How related to deceased			
Wm. O. Fisher				Father			

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?	yes	Signature of Physician
			Address
		Wm. M. Smith	Frederick, Md.
Accident or Suicide			



Name
in Full

CERTIFICATE OF DEATH

Died at <i>Thurmont</i> Town		<i>Prick</i> County		MARYLAND	
Date of death	19 <i>40</i>	Month <i>July</i>	Day <i>10</i>	Age <i>70</i>	Years <i>1</i> Months <i>26</i> Days
Sex <i>female</i>	Color or Face <i>white</i>	Birth-place <i>Germany</i>			
Occupation <i>wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John Flohr</i>				
Father's Name <i>John Maubery</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Selma Kemley</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>John Flohr</i>	How related to deceased <i>husband</i>				

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Pneumonia</i>	<i>92</i>	How long <i>3 weeks</i>
Immediate <i>Paralysis heart</i>		How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Morris A. Daily</i>	Address <i>Thurmont Md.</i>
Accident or Suicide <i>~</i>		

PHYSICIAN
OR CORONER



Name
in Full

Arlington J. Haller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Burrowsville</i> ^{County} <i>Fredrick</i>		MARYLAND	
Date of death 19 <i>40</i>	Month <i>July</i>	Day <i>11</i>	Years <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Months <i>10</i>	Days <i>—</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		
Father's Name <i>Amos Haller</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Annie Wrench</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>C. H. Seeh</i>	How related to deceased <i>None</i>		<i>(20)</i>

CAUSES OF DEATH

Primary	<i>Accident killed</i>	How long
Immediate	<i>by being caught in a wheel</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>H. Hedges</i>
	Address <i>Burrowsville</i>	
Accident	 	

PHYSICIAN
OR CORONER



Name
in
Full

Hanes

No. 18

CERTIFICATE OF DEATH

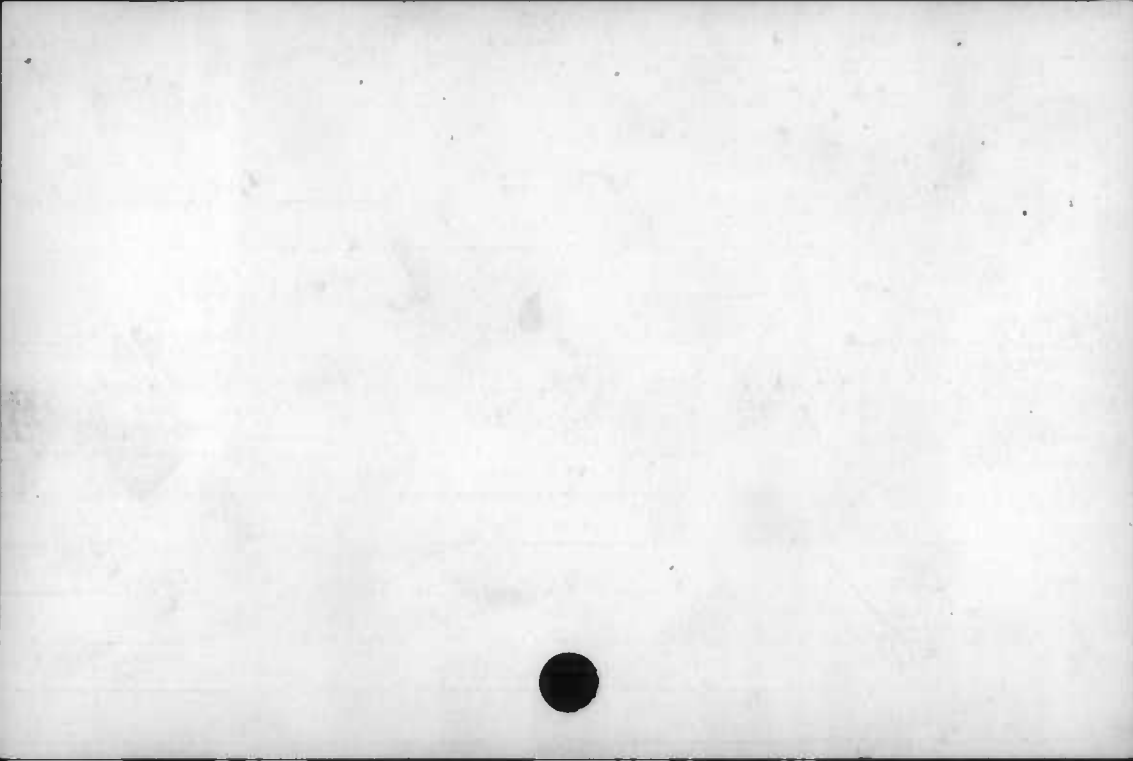
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Momona</i> <small>Town</small>		<i>Fresh</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i>	Month <i>7</i>	Day <i>12</i>	Age	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Momona, Md</i>			
Occupation <i>Had none</i>	Where residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Was not married</i>				
Father's Name <i>John Hanes</i>	Father's Birthplace <i>dont know</i>				
Mother's Maiden Name <i>Frances Burns</i>	Mother's Birthplace <i>dont know</i>				
Name of person giving information <i>W. C. Falconer</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Born dead - Premature Labor</i>	How long	<i>(S)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. H. Hopkins M.D.</i>
		Address	<i>New Market Md</i>
Accident or Suicide?	<i>no</i>		



Name
in Full

Ella M. Harp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

MARYLAND

Died at ^{Town} Myerstown, ^{County} Fred. Co.

Date of death 1960 July 26 Age 38 Months 11 Days 23

Sex Female Color or Race White Birthplace Fred. Co., Md.

Occupation Housewife Where Residing If not at place of death Myerstown

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

Father's Name Martin P. Miller Father's Birthplace Fred. Co., Md.

Mother's Maiden Name Alice Miller Mother's Birthplace Fred. Co., Md.

Name of person giving Information Martin Miller How related to deceased Father

CAUSES OF DEATH

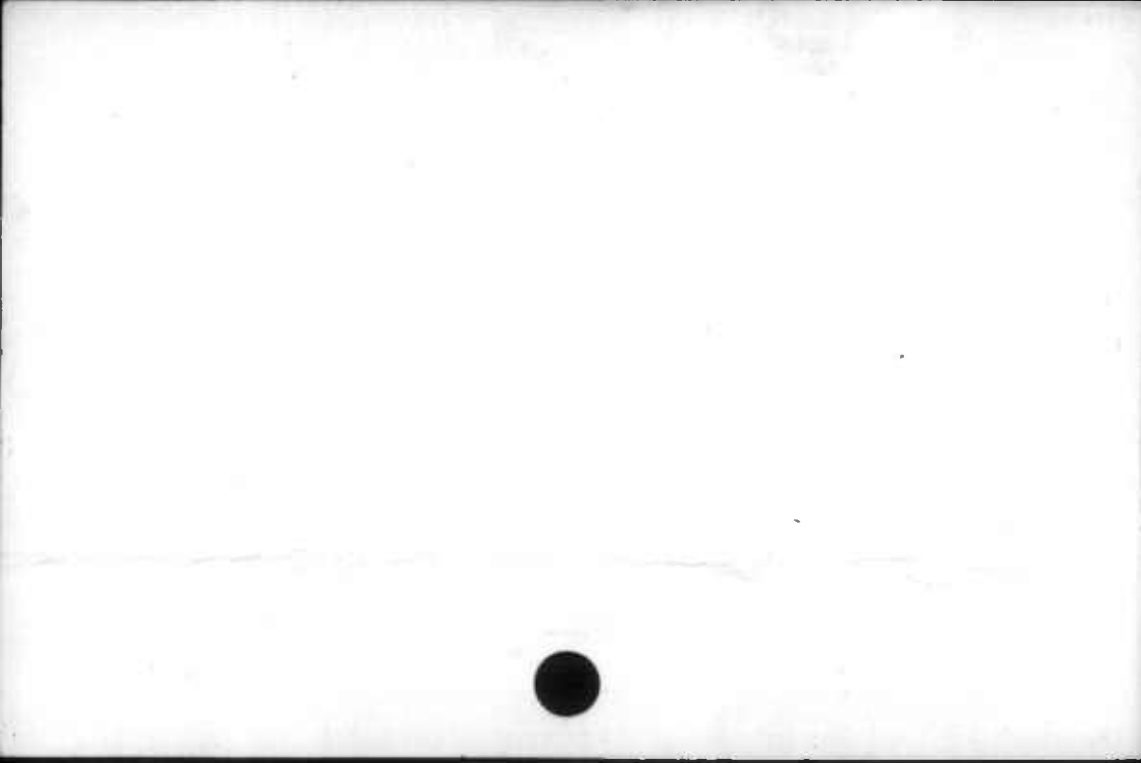
Primary Tuberculosis 28 How long 2 years.

Immediate Exhaustion How long 2 weeks

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

Signature of Physician Ralph Branning
Address Myerstown, Md.

Accident or Suicide



Name
in
Full

Ann Eliza Hartcock

CERTIFICATE OF DEATH

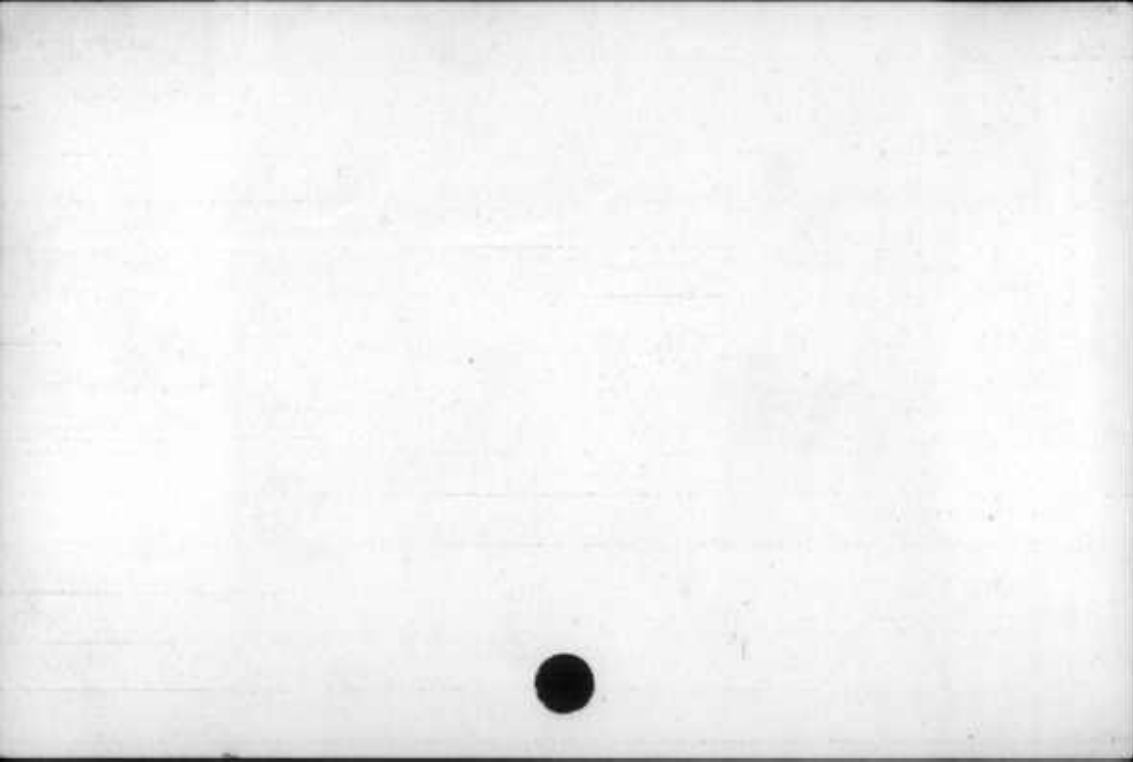
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Johnsville</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1980</i>	Month	<i>July</i>	Day	<i>16</i>
Age	<i>81</i>	Years	<i>5</i>	Months	<i>8</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>				
Married, Single	Name of Wife <i>Letta Hartcock</i>				
Father's Name	<i>Thomas Roach</i>		Father's Birthplace	<i>Don't know.</i>	
Mother's Maiden Name	<i>Margaret Segeforce</i>		Mother's Birthplace	<i>Don't know.</i>	
Name of person giving information	<i>Elizabeth Hartcock</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Softening of Brain + Cystitis</i>	How long	<i>about 9 months</i>
Immediate	<i>Coma</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>F. H. Seidell</i>
		Address	<i>Johnsville, Md.</i>
Accident or Suicide?	<i>No</i>		



Name in Full

George Edward Hayden

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at 1111 Middletown Essex County MARYLAND

Date of death 1900 7 4 Age - Months 4 Days 28

Sex Male Color or Race White Birth-place Middletown

Occupation _____ Where Residing if not at place of death _____

Marr[ie]d, Single or Wid[ow] _____ Name of Wife or Husband _____

Father's Name Charles Hayden Father's Birthplace Va

Mother's Maiden Name Rosa Baker Mother's Birthplace Fredrick

Name of person giving Information Rosa Baker How related to deceased Mother

CAUSES OF DEATH

(103)

PHYSICIAN OR CORONER

Primary Acute Indigestion How long 3 days

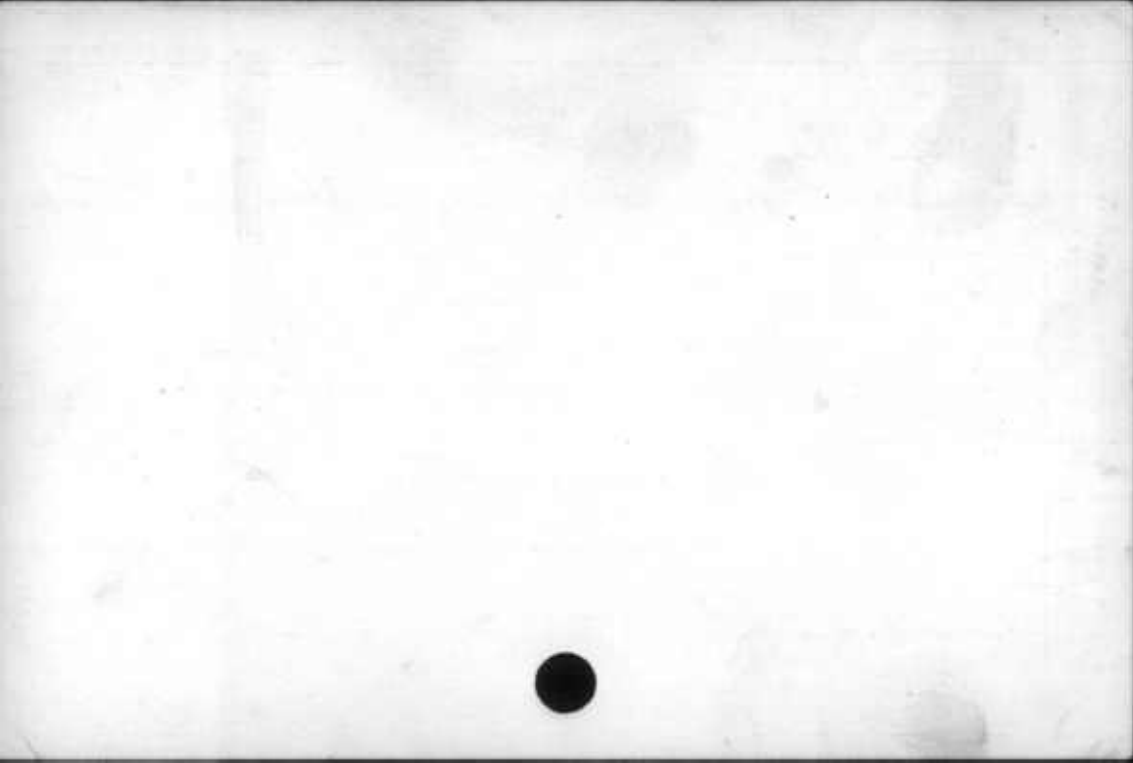
Immediate collapse How long 2 Hours

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

Signature of Physician A. J. Lamas, M.D.

Address Middletown Md.

Accident or Suicide _____



Interment July 19-1910

" at Mt Zion Cemetery

Thomas P. Rice F. 20

W. C. Johnson

Goodell

Name
In Full

Calvin Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mountaineer</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month <i>7</i>	Day <i>23</i>	Age <i>49</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Frederick Md</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Frederick</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ida Parker</i>				
Father's Name <i>—</i>	<i>Johnson</i>		Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>"</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Corvical Dropsy</i> <i>(77)</i>	How long <i>Several Mths. (?)</i>
Immediate <i>Asthma</i>	How long <i>8 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry P. Talbot M.D.</i>
	Address <i>Frederick Md</i>
Accident or Suicide? <i>No.</i>	

Internment July 25 - 1910
" at Greenmount Cemetery

Thomas P. Rice F. & O.

Dr. H. P. Fahney

Dr. Goodell

Dr. M. C. Curtis

Name
in
Full

Anna C. Karn

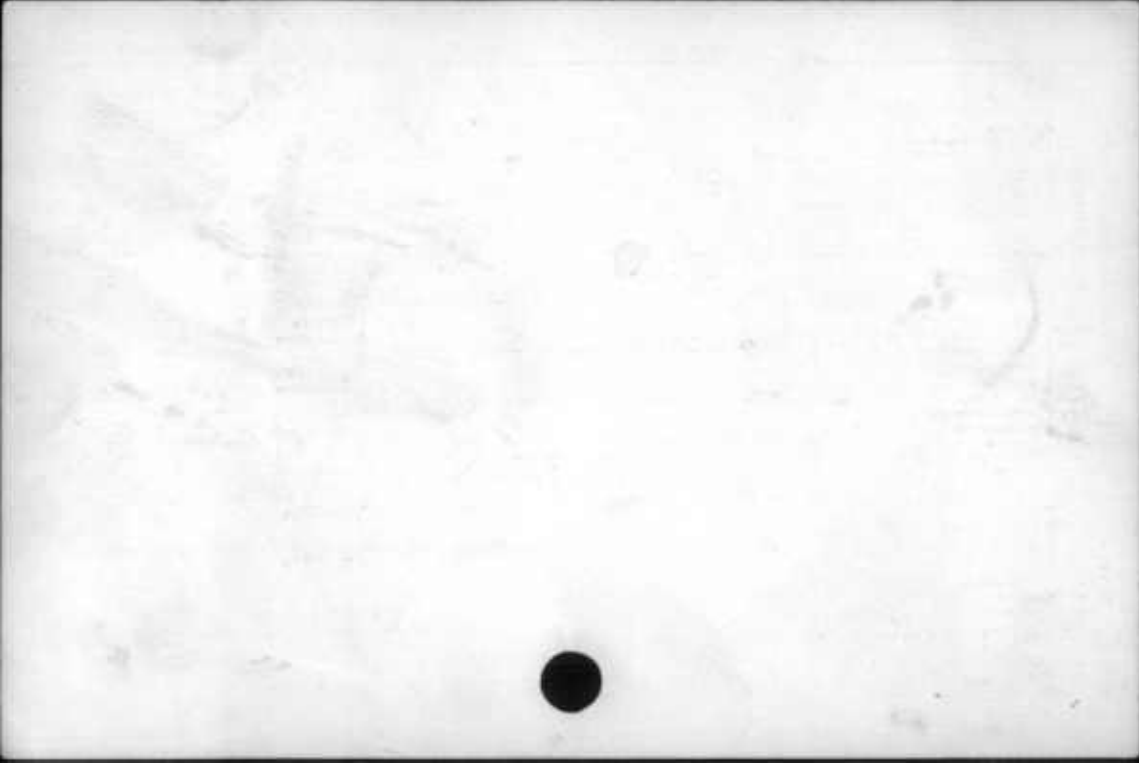
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burkittsville</i> ^{town}		<i>Fred.</i> ^{County}		MARYLAND	
Date of death	1900	Month	<i>July</i>	Day	<i>22</i>
Age	<i>0</i>	Years		Month	<i>2</i>
		Days	<i>0</i>		
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Burkittsville</i>
Occupation	<i>0</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Infant</i>	Name of Wife or Husband	<i>0</i>		
Father's Name	<i>Roy Karn</i>			Father's Birthplace	<i>Burkittsville</i>
Mother's Maiden Name	<i>Elieth Stocklager</i>			Mother's Birthplace	<i>Was. Co.</i>
Name of person giving information	<i>Roy Karn</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Transition</i>	<i>177 B</i>	How long	<i>2 mo</i>	
	Immediate	<i>Transition</i>		How long	<i>2 mo</i>	
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Geo. Justice M.D.</i>		
	Address	<i>Burkittsville</i>	<i>md</i>			
Accident or Suicide						



Name
in
Full

William H. Keeney

CERTIFICATE OF DEATH

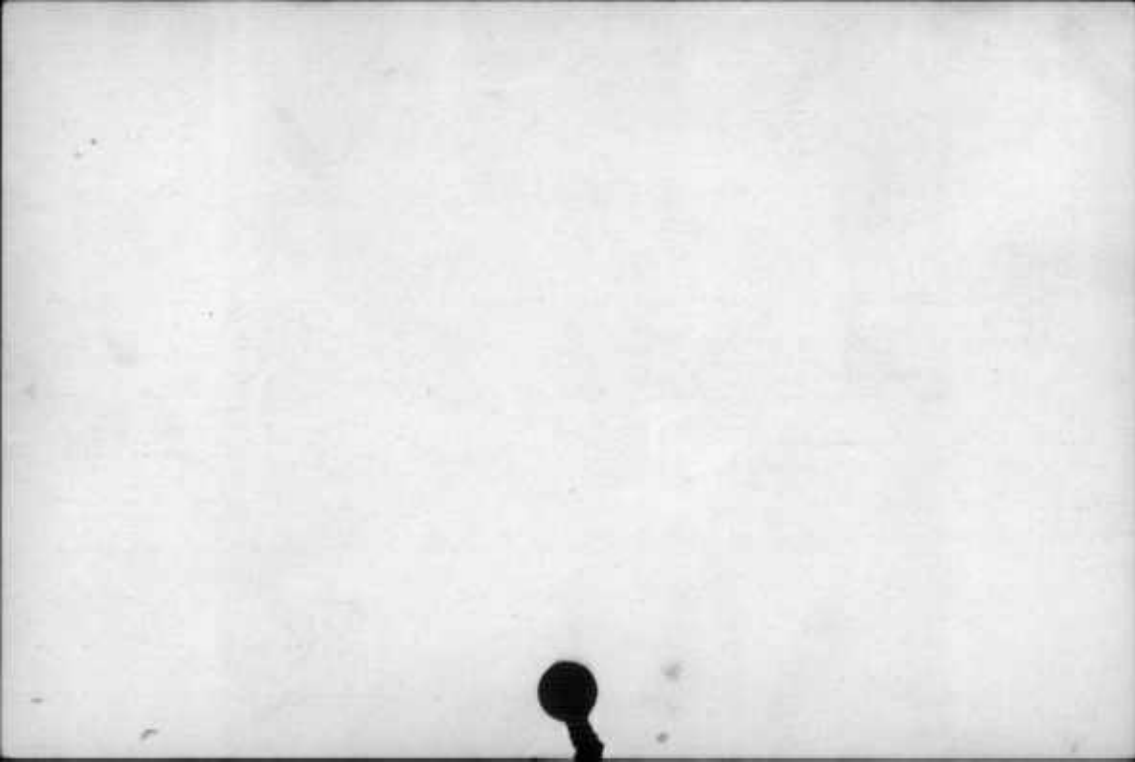
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Woodboro</i> <small>Town</small>		<i>Frederick</i> <small>County</small>			
Date of death 19 <i>10</i>	<i>July</i> <small>Month</small>	<i>10</i> <small>Day</small>	Age <i>70</i>	<i>4</i> <small>Months</small>	<i>25</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co. Md.</i>		
Married, Single or Widowed <i>Widower</i>	Occupation <i>Fence maker.</i>				
Name of Wife or Husband <i>Susan Keeney, sec'd in 1900.</i>					
Father's Name <i>William H. Keeney -</i>			Father's Birthplace <i>Frederick Co., Md.</i>		
Mother's Maiden Name <i>Sarah Keeney -</i>			Mother's Birthplace <i>Frederick Co., Md.</i>		
Name of person giving information <i>Mrs. Gach. Smith</i>			How related to deceased <i>Daughter.</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Cerebral hemorrhage.</i>	<i>64</i>	How long
	Immediate <i>Coma.</i>		How long <i>11 hours.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John J. Liggett, M.D.</i>	
		Address <i>Ladiesburg.</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name
in
Full

Daniel Solomon Kepler

CERTIFICATE OF DEATH

Died at ^{Town} Middletown ^{County} Fredk. MARYLANDDate of death 1960 ^{Month} July ^{Day} 24 Age ^{Years} 73 ^{Months} 8 ^{Days} 9Sex male ^{Color or Race} white ^{Birth-place} Md.Occupation Retired merchant ^{Where Residing if not at place of death}Married, Single or Widowed ^{Name of Wife or Husband} Sarah C. KeplerFather's Name John Kepler ^{Father's Birthplace} Md.Mother's Maiden Name Elizabeth Byer ^{Mother's Birthplace} Md.Name of person giving information Otis Kepler ^{How related to deceased} Son.

CAUSES OF DEATH

Primary Abdominal Tumor ^{How long} Several yrs.Immediate Inanition ^{How long} 3 wks.Are the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} R. V. Hauners^{Address} Middletown

Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Clare Kimmel.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1940</i>	<i>July</i> <small>Month</small>	<i>13</i> <small>Day</small>	Age <i>26</i> <small>Years</small>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Occupation <i>Nothing</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>John Kimmel</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Regina Kelley</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Mrs Frances Lambert</i>	How related to deceased <i>Joint</i>				

CAUSES OF DEATH

Primary <i>Typhoid Fever</i> 1	How long <i>2 weeks.</i>
Immediate <i>Typhemia</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. L. E. Stone</i>
	Address <i>Emmitsburg</i>
Accident or Suicide	<i>the!</i>

PHYSICIAN
OR CORONER



Name
In Full

William Osie Linthicum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fountain Mills		County Frederick		MARYLAND	
Date of death	1990	Month July	Day 18 th	Age —	Years —	Months 4	Days —
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	Charles Linthicum				Father's Birthplace	Md	
Mother's Maiden Name	Osie Burgee				Mother's Birthplace	Md	
Name of person giving information	Charles Linthicum				How related to deceased	Father	

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary	Congenital Debility		How long	(151)
Immediate	Pertussis		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	H H Hopkins M D
			Address	New Market
				Md
Accident or Suicide?	no			



Name
in Full

William Henry Loy

CERTIFICATE OF DEATH

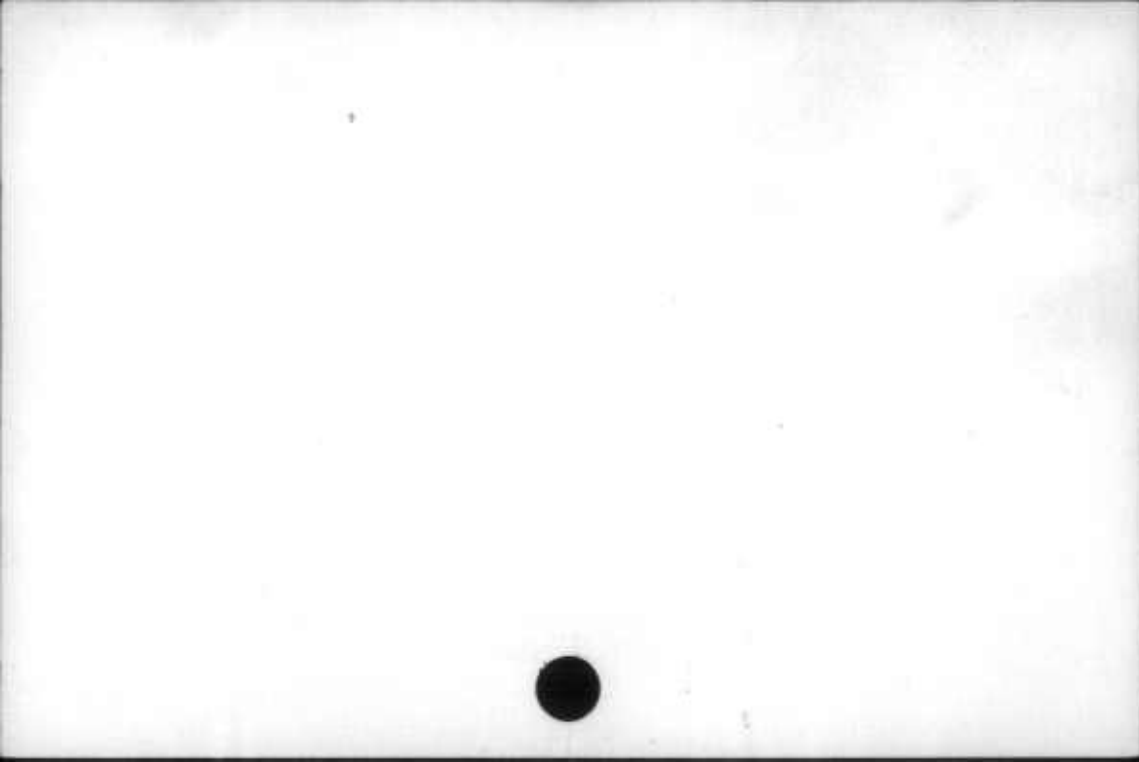
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Thurmont		County Frederick		MARYLAND	
Date of death		1900	Month 7	Day 28	Age 71	Months 8	Days
Sex Male		Color or Race white		Birth-place Maryland			
Occupation Blacksmith		Where residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Emily Jane Loy					
Father's Name Daniel S Loy		Father's Birthplace Md					
Mother's Maiden Name Mary Yonson		Mother's Birthplace "					
Name of person giving information Ada Gaugh		How related to deceased sister in law					

CAUSES OF DEATH

Primary	Bright disease	How long	one year
Immediate	Leukemia	How long	one month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician James K Gates	
Yes		Address Thurmont Md	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Mrs. Joshua Mann (Mary Ellen)

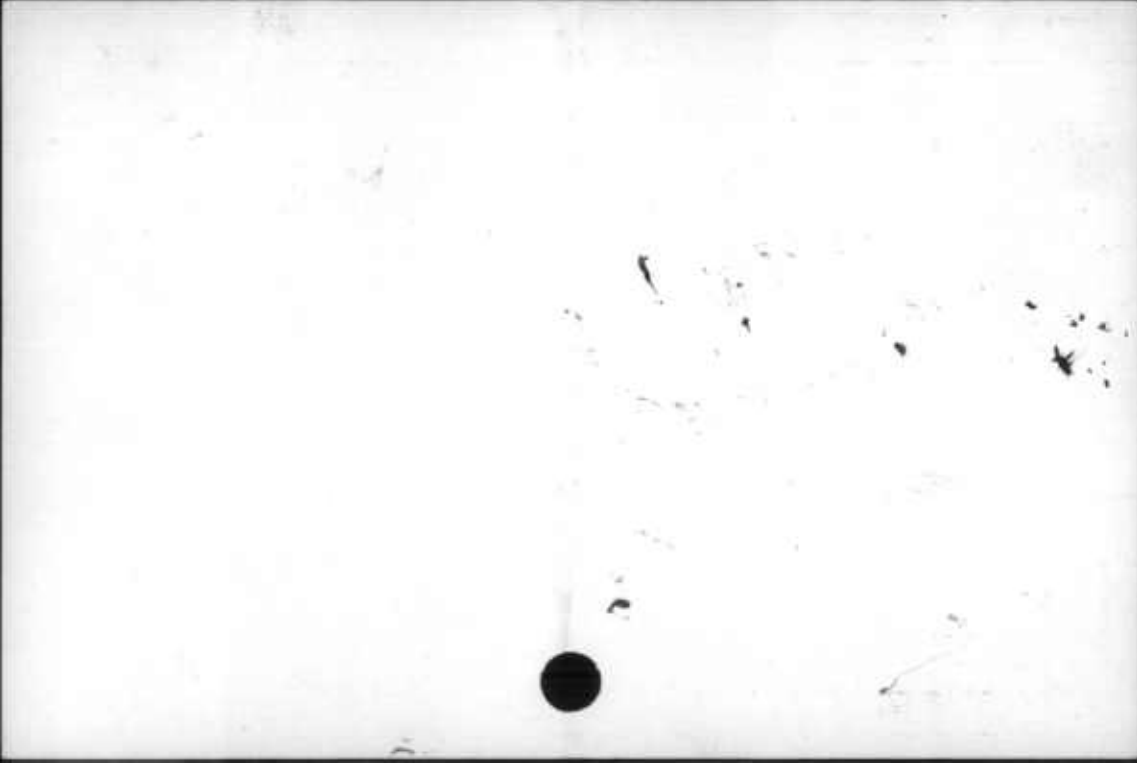
CERTIFICATE OF DEATH

MARYLAND

Died at Indevut doDate of death 1900 Month 7 Day 14 Age 68 Years Months 7 Days xSex Female Color or Race white Birth-place lesOccupation H' wife Where Residing if not at place of death Middletown MdMarried, Single or Widowed Married Name of Wife or Husband Joshua MannFather's Name Jonathan H. accept Father's Birthplace lesMother's Maiden Name Mary Elyson Mother's Birthplace xName of person giving Information Jos Mann How related to deceased Sm

CAUSES OF DEATH

Primary Operation for tumor (cancer) of How longImmediate Exhaustion Stomach How longAre the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. Hamilton BuchananAddress Indevut, Md.Accident or Suicide xTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

Henry A. Miller

CERTIFICATE OF DEATH

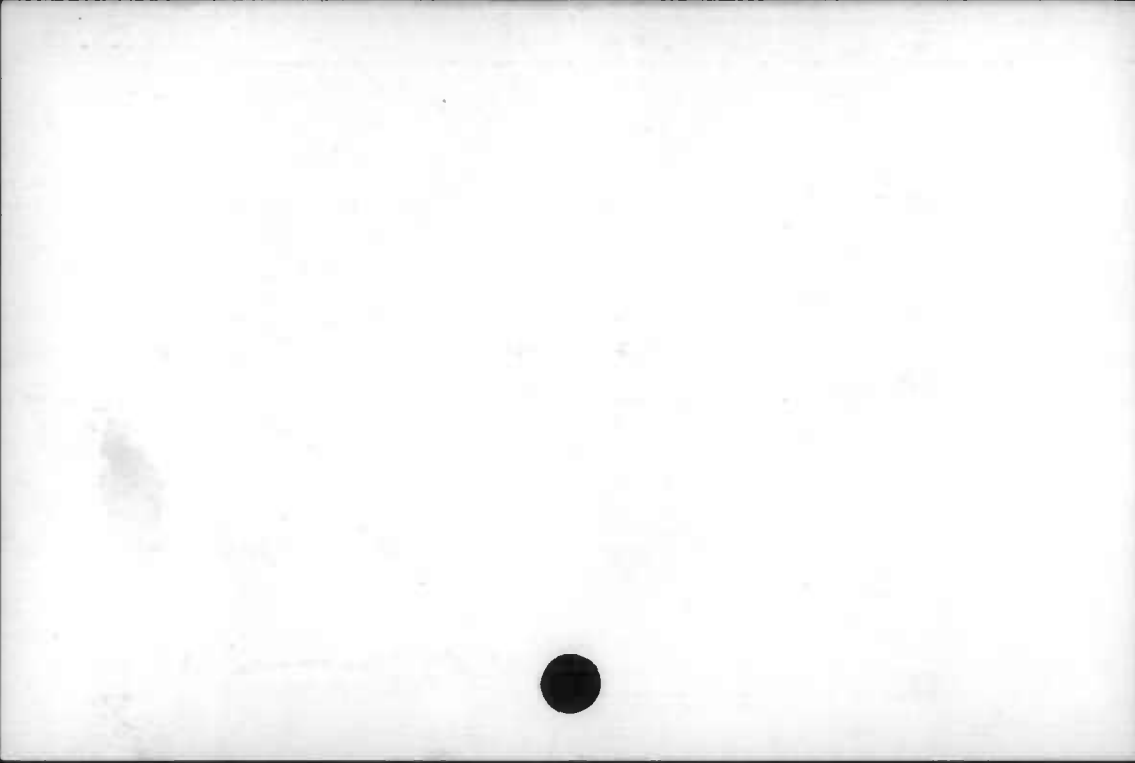
Died at ^{Town} *Brookhaven* ^{County} *Ford* MARYLANDDate of death 190 ^{Month} *July* ^{Day} *9* Age ^{Years} *52* ^{Months} *3* ^{Days} *1*Sex *male* Color or Race *white* Birth-place *Pa.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *single* Name of Wife or Husband _____Father's Name *James Miller* Father's Birthplace *Pa.*Mother's Maiden Name *Mary Stormfelt* Mother's Birthplace *Pa.*Name of person giving information *Bella Miller* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Arterio sclerosis* ^{How long} *10 yrs.*Immediate *Acute Apoplexy* ^{How long} *2 hrs.*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Margaret Bailey*Address *Thurmont Md.*Accident or Suicide *no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
is
Full

CERTIFICATE OF DEATH

John Lee Moore

TO BE ANSWERED BY
NEAREST FRIEND

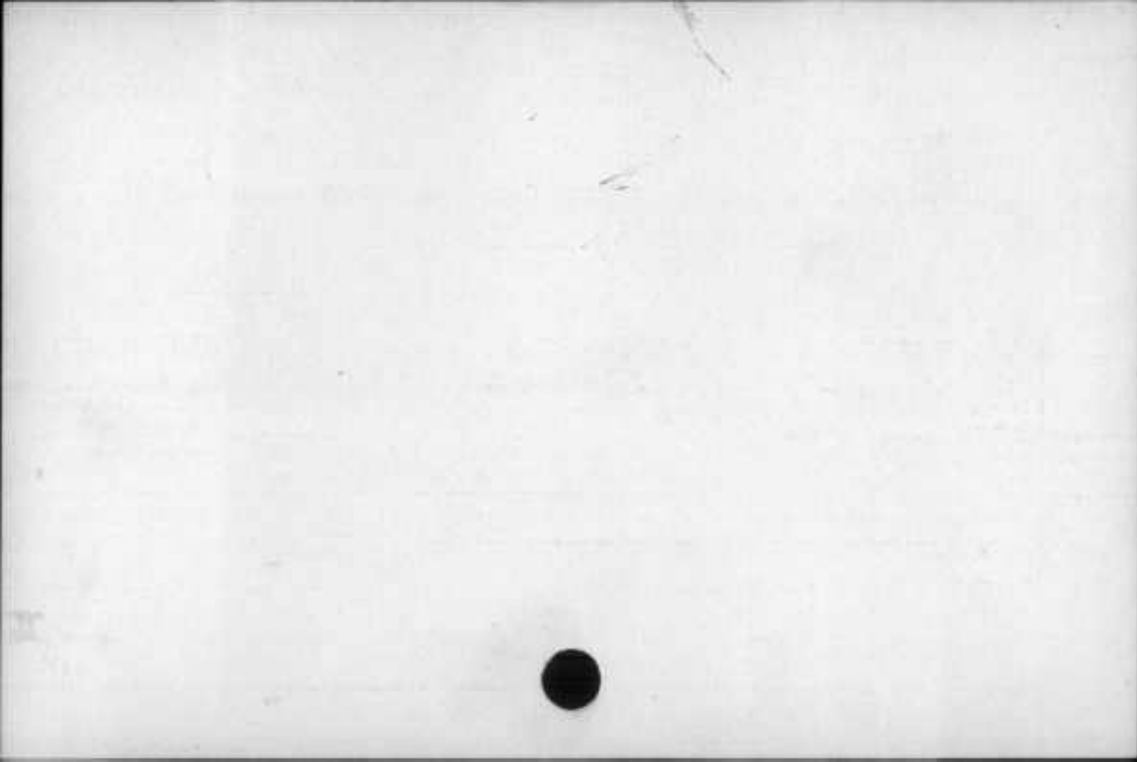
Died at		Town 13 runnuck		County Frederick		MARYLAND	
Date of death		1910	Month July	Day 17	Age —	Years —	Months 8
Sex		male		Color or Race white		Birth-place md	
Occupation none				Where Reading if not at place of death			
Married, Single or Widowed		single		Name of Wife or Husband —			
Father's Name Ed. Moore				Father's Birthplace md			
Mother's Maiden Name Lavinia Fauble				Mother's Birthplace md			
Name of person giving information Lavin Moore				How related to decedent mother			

CAUSES OF DEATH

30

PHYSICIAN
OR CORONER

Primary	Tubercular meningitis	How long	1 month
Immediate	Convulsions	How long	6 hrs
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Leon West	
Address		Bennsville Frederick Co	
Accident or Suicide?			



Name
in
Full

Margaret Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

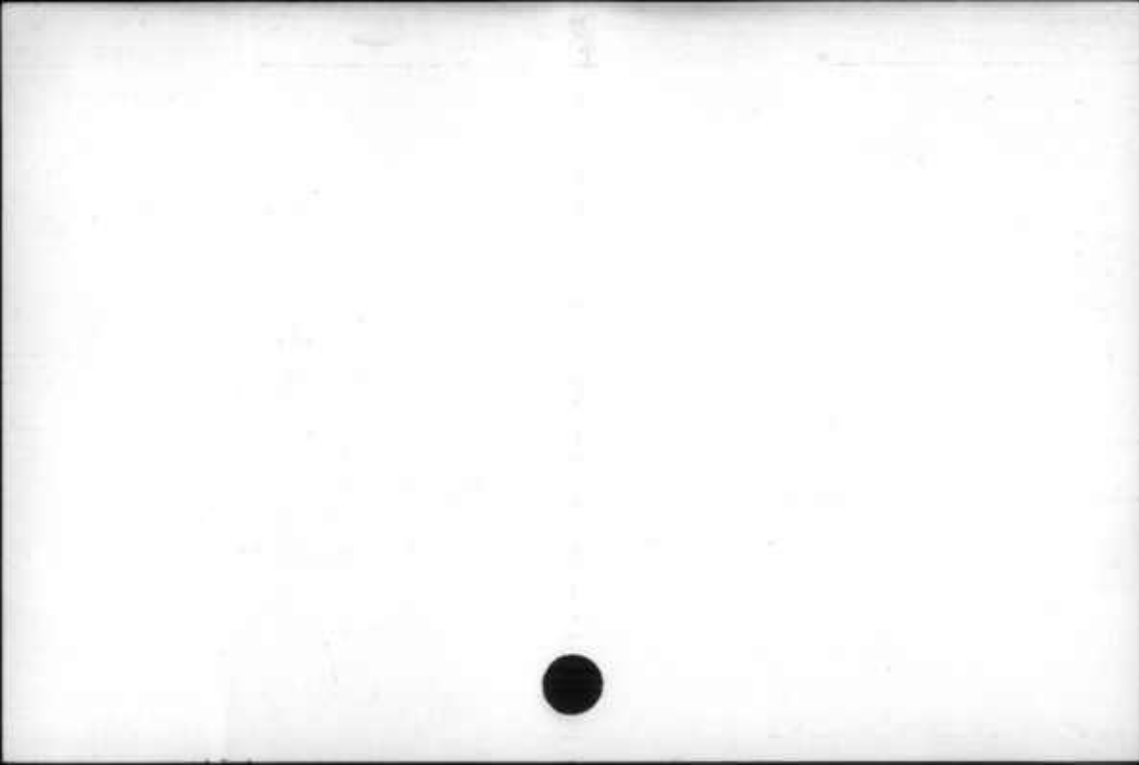
4

Died at <i>near Frederick City</i>		County <i>Frederick</i>		MARYLAND	
Date of death	10 190	Month	7	Day	15
Age	10	Years		Months	
Sex	<i>Female</i>	Color of Face	<i>white</i>	Birth-place	<i>Frederick</i>
Occupation	<i>None</i>		Where Residing if not at place of death	<i>X</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>X</i>		
Father's Name	<i>John Murray</i>		Father's Birthplace	<i>Co</i>	
Mother's Maiden Name	<i>Mrs. Annie Donald</i>		Mother's Birthplace		
Name of person giving information	<i>Mr. B. F. Zimmerman</i>		How related to deceased	<i>Uncle</i>	

CAUSES OF DEATH

Primary	<i>Acute Indigestion</i>	How long	<i>3 days</i>
Immediate	<i>Collapse</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Franklin Buchanan, M.D.</i>
		Address	<i>Frederick Md</i>
Accident or Suicide	<i>X</i>		

PHYSICIAN
OR CORONER



Name
In
Full

George T. Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1960</i>	Month	<i>7</i>	Day	<i>25</i>
Age	<i>0</i>	Years	<i>0</i>	Months	<i>0</i>
		Days	<i>13</i>		
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Frederick</i>
Occupation	_____		Where Reading if not at place of death	<i>Same</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	_____		
Father's Name	<i>George Nelson</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Blauche Claggett</i>		Mother's Birthplace	..	
Name of person giving information	<i>Geo. Nelson</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

Primary *Macamus*

Immediate *Asthma*

How long *189 A*

How long *Since birth*

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

Signature of Physician

Address

Accident or Suicide?

No

W. J. Johnson MD

Frederick

Interment July 27 1910

" at Greenmount Cemetery

Thomas P. Rice F.S.

Dr. Goodell,

Dr. McCurdy

Name in Full

Harley Franklin Odum

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

MARYLAND

Died at ^{Town} Point of Rocks

^{County} *Frederick*

Date of death 1910

^{Month} July ^{Day} 18

Age

^{Years} ^{Months} 5 ^{Days} 7

Sex *Boy*

Color or Race *White*

Birth-place *Point of Rocks*

Occupation _____

Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name

Father's Birthplace

Mother's Maiden Name *Nora Odum*

Mother's Birthplace *Point of Rocks Md*

Name of person giving information *Nora Odum*

How related to deceased *Mother*

CAUSES OF DEATH

Primary *Cholera Infantum*

16H

How long *3 days*

Immediate *convulsions*

How long *1 hour*

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

Signature of Physician *Walter Zappell*

Address *Point of Rocks Md*

PHYSICIAN OR CORONER

Accident or Suicide



Name
In Full

Not named Phelps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pearce</u> <small>Town</small>		<u>Ford</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Pearce</u>		<u>one</u> <small>Days</small>	
Occupation <u>—</u>	Where Reading if not at place of death <u>Home</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Jesse Phelps</u>	Father's Birthplace <u>Pearce</u>				
Mother's Maiden Name <u>Lulu Long</u>	Mother's Birthplace <u>New London</u>				
Name of person giving information <u>(Father)</u>	How related to deceased <u>—</u>				

CAUSES OF DEATH

15-113

PHYSICIAN
OR CORONER

Primary <u>Premature birth (6 1/2 months)</u>	How long <u>24 hrs</u>
Immediate <u>Insufficient heart</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Williams</u>
	Address <u>Ford</u>
	<u>MD</u>
Accident or Suicide? <u>—</u>	

707 Carmel,

Name
in
Full

Clarence W. Roback

CERTIFICATE OF DEATH

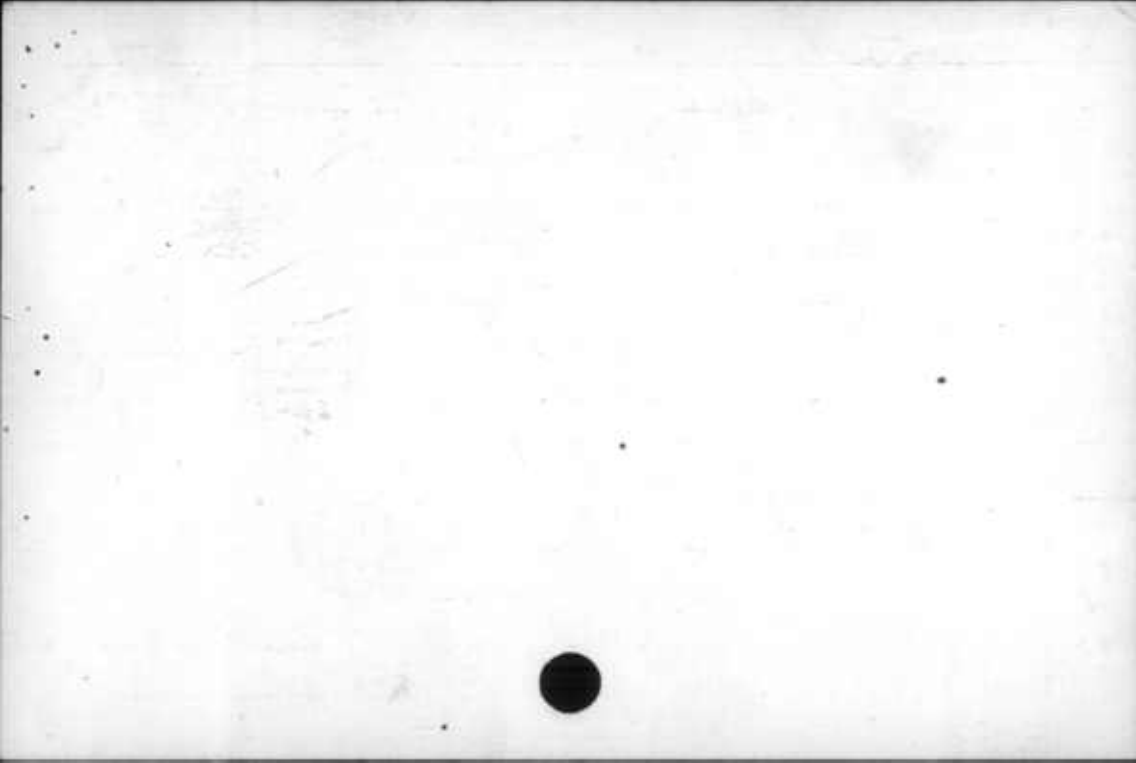
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burkittsville</u> ^{town}		<u>Fred.</u> County		MARYLAND	
Date of death 190 <u>0</u> <u>July</u> Month		<u>19</u> Day	<u>11</u> Age	<u>8</u> Months	<u>6</u> Days
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Burkittsville</u>	
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <u>0</u>			
Father's Name <u>Benjamin Roback</u>		Father's Birthplace <u>Fred. Co.</u>			
Mother's Maiden Name <u>Ludia Cochran</u>		Mother's Birthplace			
Name of person giving Information <u>Ada Roback</u>		How related to deceased <u>Sister</u>			

CAUSES OF DEATH

Primary	<u>Accidental fall</u>	How long	<u>186</u>
Immediate	<u>Internal hemorrhage</u>	How long	<u>6 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Geo. W. [unclear]</u>
		Address	<u>Burkittsville, Md</u>
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
In Full

Noellie Jones Roberson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at *Mountaine Hotel* *Frederick* *MARYLAND*
Town County

Date of death *1960* *7* *21* Age *64*
Month Day Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Washington W. Co. Md.*

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

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

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

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

Name of person giving information *Buy Roberson* How related to deceased *Husband*

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary *Abdominal carcinoma* How long *Years*

Immediate *asthenia (depressible)* How long *6 mos.*

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

Signature of Physician *Harry Habring MD*

Address *Frederick Md*

Accident or Suicide? *No*

Interment July 22 1910
" at Greenmount Cemetery
Thomas P. Rice F.D.

Dr H. P. Fahney.

Dr Goodell.

Dr McCurdy.

Name
in Full

Grace May Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Frederick* ^{Town} *(See Street)* ^{County} *Frederick* **MARYLAND**

Date of death **1980** Month **7** Day **29** Age **14** Years Months **5** Days **20**

Sex *Female* Color or Race *Colored* Birth-place *Frederick*

Occupation *Child* Where residing if not at place of death *Sauce*

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

Father's Name *William W. Roberts* Father's Birthplace *Frederick*

Mother's Maiden Name *Laura C. Murdock* Mother's Birthplace _____

Name of person giving information *Wm. W. Roberts* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *Several yrs*

Immediate *" Hemorrhage* How long *" days*

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

Signature of Physician *A. E. Lawrence M.D.*

Address *Frederick, Md.*

Accident or Suicide? *No*

PHYSICIAN
OR CORONER

Interment July 31 1910

" at Greenmount Cemetery

Thomas P. Rice F.R.C.

Dr Bourne

Dr McCurdy

Name
in
Full

James Sewell

No. 1814
CERTIFICATE OF DEATH

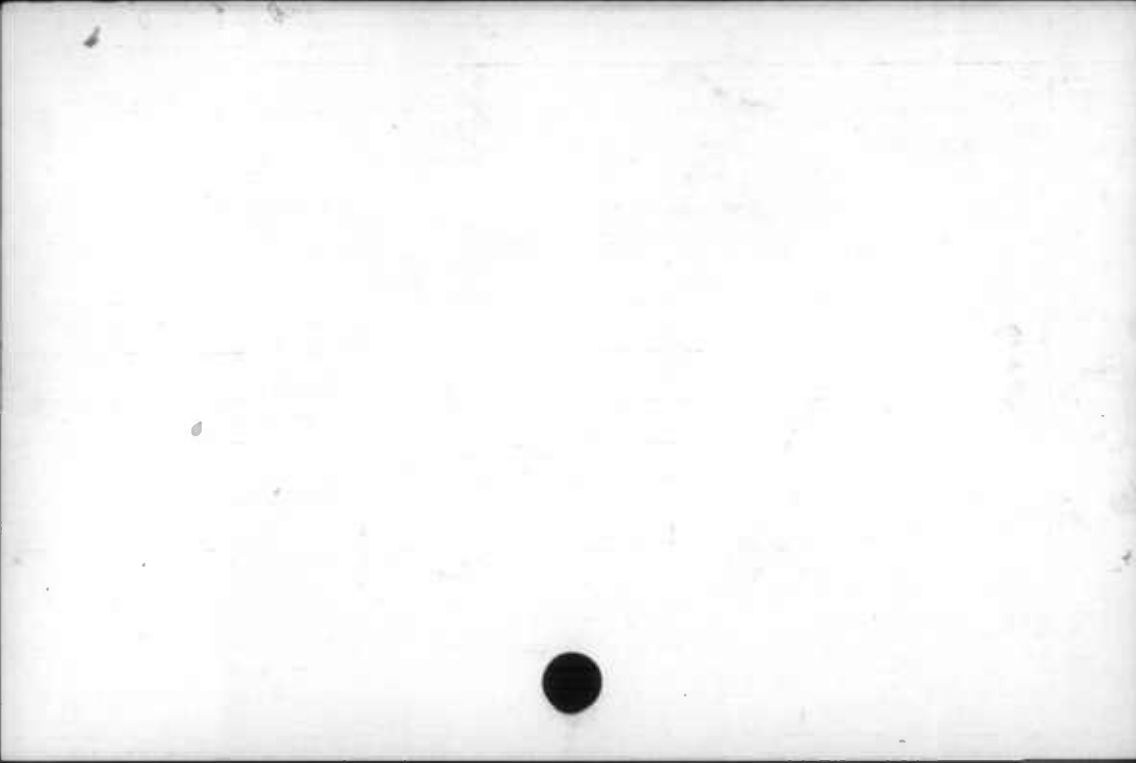
Died at <i>New Market</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1900</i>		Month <i>7</i>	Day <i>12</i>	Age <i>34</i>	Months <i>6</i> Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>New Market</i>		
Occupation <i>Leaborer</i>			Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Basil Sewell</i>			Father's Birthplace <i>New Market</i>		
Mother's Maiden Name <i>Harriet Kees</i>			Mother's Birthplace <i>New Market</i>		
Name of person giving Information <i>" "</i>			How related to deceased <i>Mother</i>		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Cirrhosis of Liver</i>	How long <i>one year</i>
Immediate <i>Dropsy</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. Hopkins M.D.</i>
	Address <i>New Market Md</i>
Accident or Suicide <i>no</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Daniel F. Sherfey
Town County

MARYLAND

Died at *Harmony Grove Frederick*

Date of death **1900** Month *7* Day *7* Age *1* Months *4* Days *14*

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

Occupation _____ Where Residing if not at place of death *Same*

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

Father's Name *Samuel Sherfey* Father's Birthplace *Fredt Co Md.*

Mother's Maiden Name *Kettle Lightner* Mother's Birthplace _____

Name of person giving Information *Samuel Sherfey* How related to deceased *Father*

CAUSES OF DEATH

Primary *Carbyspinal Meningitis* How long *612* *2 weeks*
Immediate *Coma* How long *24 hours*

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

Signature of Physician *F. H. Hedgcock*
Address *Fredt Co Md.*

Accident or Suicide *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment July 9 1910

" at Coeagerstown Cemetery

Thomas T. Rice F. A. D.

Dr. Hedge's

Dr. Goodell

Name
in
Full

CERTIFICATE OF DEATH

Gerald J. Shuff

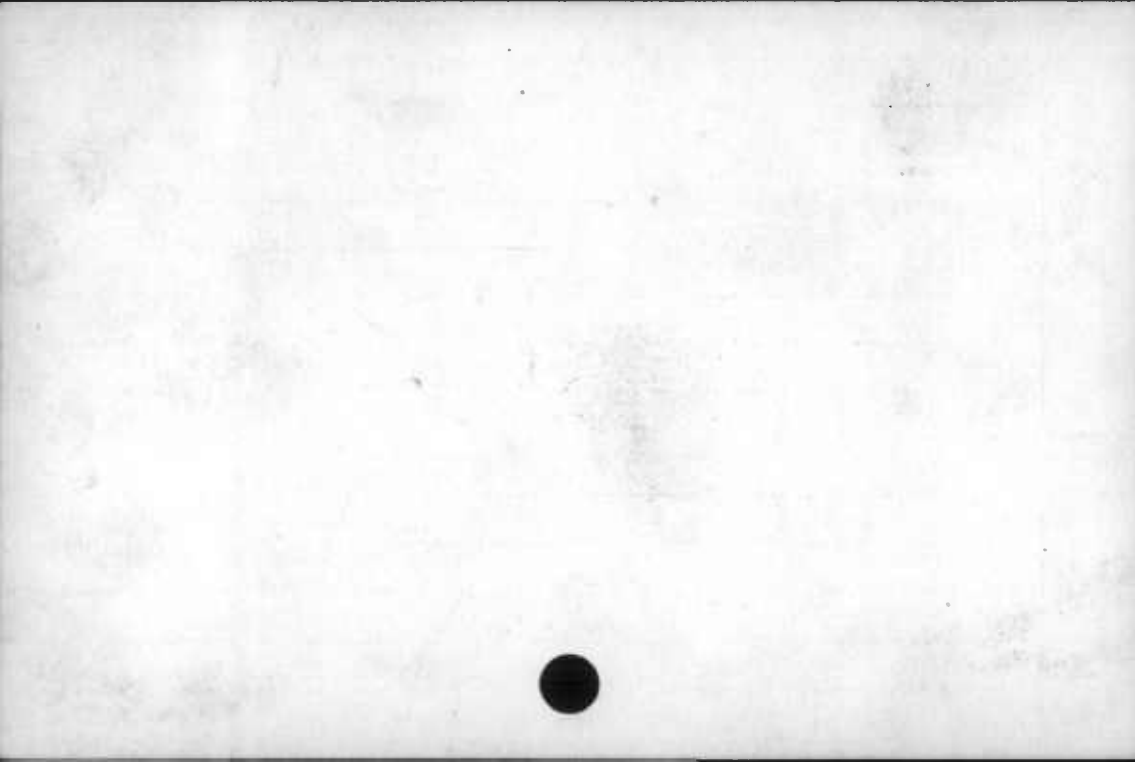
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middlepoint</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1940</i>	Month <i>7th</i>	Day <i>14</i>	Age <i>6</i>	Years <i>6</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Middlepoint Md</i>	
Where Rented if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>William H. Shuff</i>		Father's Birthplace	<i>Middlepoint Md</i>	
Mother's Maiden Name	<i>Linnie E. Berkman</i>		Mother's Birthplace	<i>near Garfield</i>	
Name of person giving information	<i>James A. Grove</i>		How related to deceased	<i>no relation</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 days</i>
Immediate	<i>Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?			
Signature of Physician	<i>F. W. Davison</i>		
Address	<i>Wolfville</i>		
Accident or Suicide?			



Name in Full

Bessie Irene Smith

CERTIFICATE OF DEATH

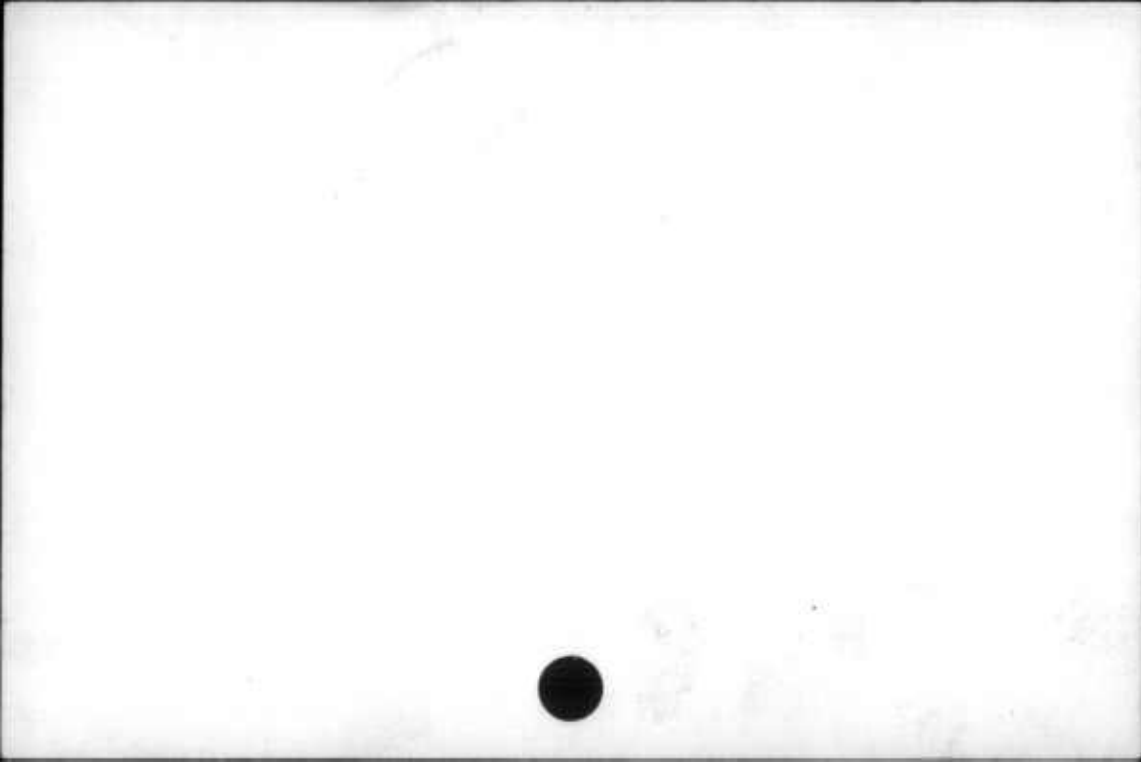
TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Near} Woodboro ^{Town} Frederick ^{County} MARYLAND
 Date of death 1940 ^{Month} July ^{Day} 14 ^{Years} Age 100 ^{Months} 9 ^{Days} 2
 Sex Female Color or Race White Birth-place Fred. Co. Md.
 Occupation None Where Residing if not at place of death Same place
 Married, Single or Widowed Single Name of Wife or Husband _____
 Father's Name James Lee Smith Father's Birthplace Fred. Co. Md.
 Mother's Maiden Name Celestia M.V. Baugher Mother's Birthplace Fred. Co. Md.
 Name of person giving Information Celestia M.V. Baugher How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cholera Infantum ^{How long} 3 days
 Immediate convulsions ^{How long} 10 hours
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician C. A. Stultz M.D.
 Address Woodboro Md.
 Accident or Suicide no



Name
in
Full

Helen Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at: <i>Fredk</i> Town		<i>Fredk</i> County		MARYLAND	
Date of death 19 <i>10</i>	Month <i>July</i>	Day <i>25</i>	Age <i>0</i>	Years <i>0</i>	Months <i>8</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>MD</i>		Days <i>0</i>	
Occupation <i>none</i>	Where residing if not at place of death				
Married, Single or Widowed <input checked="" type="checkbox"/>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Arthur Smith</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Minnie Thompson</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Albert Thompson</i>	How related to deceased <i>8 father</i>				

CAUSES OF DEATH

Primary <i>Cholera Infantum</i>	How long <i>2 weeks</i>
Immediate <i>rehearsal</i>	How long <i>slight</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Campbell</i>
Address <i>Fredk MD</i>	
Accident or Suicide <i>no</i>	

PHYSICIAN
OR CORONER

Interment. July 27 - 1910

" at ~~Evermount~~ Evermount Cemetery

Thomas P. Rice. F. O.

Dr. W. C. Johnson

Dr. W. Cusdy

Name
In Full

Russell Snodden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at New Jamesville Ind Ind County

Date of death 1990 July 13 Age 3 Months 12 Days

Sex male Color or Race Colored Birth-place Ind

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Greenbury Snodden Father's Birthplace Ind

Mother's Maiden Name Jessie Smith Mother's Birthplace Ind

Name of person giving information Greenbury Snodden How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Overcome by heart 179 How long 3 months

Immediate Heart Failure How long _____

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

Signature of Physician or Coroner Thomas Brunwell, Sub Registrar
Address Araby, R.F.D. 1, Ind.

Accident or Suicide? _____



Name
in
Full

Russell Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Jawsville</i>		Town <i>Jawsville</i>		County <i>Fredrick</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>7</i>	Day <i>16</i>	Age	Years <i>3</i>	Months	Days <i>15</i>	
Sex <i>male</i>	Color or Race <i>negro</i>		Birth-place <i>Jawsville Md.</i>				
Occupation _____	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed _____	Name of Wife or Husband _____						
Father's Name <i>Greenberg Snowden</i>	Father's Birthplace <i>Montgomery Co.</i>						
Mother's Maiden Name <i>Jennie Smith</i>	Mother's Birthplace <i>Fredrick Co.</i>						
Name of person giving Information <i>Greenberg Snowden</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

Primary <i>Cholera Infantum</i>	How long <i>3 days</i>
Immediate <i>Stomach wash & convulsions</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>George N. Riggs MD</i>
	Address <i>Jawsville Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

Mrs Betty Spielman

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stet Sandtown</u> <small>Town</small>		<u>Fredenside</u> <small>County</small>		MARYLAND	
Date of death <u>1960</u>	<u>July</u> <small>Month</small>	<u>13</u> <small>Day</small>	Age <u>45</u>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>Cook</u>	Where Residing if not at place of death <u>—</u>				
Married <u>Single</u> or Widowed	Name of Wife or Husband <u>—</u>				
Father's Name <u>Henry Festig</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Katherine Bus</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Belmont</u>	How related to deceased <u>—</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary tuberculosis</u> <u>(28)</u>	How long <u>7 mos +</u>
Immediate <u>Asthma (acute) Glaucoma</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>Wm. J. Garrison M.D.</u>
	Address <u>Stet Sandtown</u>
Accident or Suicide? <u>—</u>	



Name
in Full

Annie M. Summers

CERTIFICATE OF DEATH

Town

Fredesock

County

Fredesock

MARYLAND

Died at

Date

of death 1900

Month

7

Day

18

Age

Years

—

Months

5

Days

14

Sex

Female

Color or Race

Black

Birthplace

Fredesock

Occupation

Where Residing if not at place of death

Same

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

John W. Summers

Father's Birthplace

Fredesock

Mother's Maiden Name

Mary Cartnail

Mother's Birthplace

F. Geo. Ned

Name of person giving information

J. W. Summers

How related to deceased

Father

CAUSES OF DEATH

Primary

Enterocolitis

How long

7 days

Immediate

Exhaustion

How long

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

yes

Signature of Physician

R. H. Lyman
Fredesock
Md.

Address

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment July 19 - 1910

" at Greenmount Cemetery

Thomas P. Rice, F. D.

Dr. Tyson

Dr. M. Curdy

Name
In Full

Walter Calvin Swansbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	19 <i>40</i>	Month	<i>July</i>	Day	<i>13</i>	Age	<i>18</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>		Birth-place	<i>Frederick County</i>	
Occupation	<i>X</i>		Where Residing if not at place of death		<i>X</i>		
Married, Single or Widowed	<i>X</i>		Name of Wife or Husband		<i>X</i>		
Father's Name	<i>Calvin G. Swansbury</i>				Father's Birthplace	<i>Frederick County</i>	
Mother's Maiden Name	<i>Annie Kate Kessell</i>				Mother's Birthplace	<i>Frederick County</i>	
Name of person giving Information	<i>Calvin G. Swansbury</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Typhoid fever</i>	How long	<i>25 days</i>
	Immediate	<i>Intestinal Hemorrhage - Cardiac syncope</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide				

J. H. Heddix, M.D.
Frederick, Md.



Name
in
Full

George F. Tall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		STATE <i>MARYLAND</i>	
Date of death <i>1960</i>	Month <i>7</i>	Day <i>17</i>	Age <i>75</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birthplace <i>Fredr Co Md</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Same</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Harriet White</i>						
Father's Name <i>John Tall</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Maria Dorsey</i>	Mother's Birthplace						
Name of person giving information <i>Harriet Tall</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

Primary <i>Cardiovascular Lesion</i>	How long <i>Several yrs</i>
Immediate <i>Debility & Exhaustion</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. G. Dume MD</i>
Accident or Suicide <i>No</i>	Address <i>Frederick, Md</i>

PHYSICIAN
OR CORONER

Interment July 19 - 1910

" at Greenmount Cemetery

Thomas P. Rice F.R.S.

Dr Bourne

Dr McCurdy

Name in Full

Daisy Elizabeth Thompson

no. 18
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *Near New Market* ^{County} *Frederick* **MARYLAND**

Date of death 1900 ^{Month} *7* ^{Day} *27* Age ^{Years} *1* ^{Months} *1* ^{Days} *22*

Sex *Female* Color or Race *White* Birthplace *Near New Market*

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

Married, Single or Widowed *Single* Name of Wife or Husband *was not married*

Father's Name *Filder Thompson* Father's Birthplace *Monrovia*

Mother's Maiden Name *Daisy Umberger* Mother's Birthplace *Monrovia*

Name of person giving Information *W. E. Falconer* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Enterocolitis* *104* How long *2 weeks*

Immediate

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

Signature of Physician *H. H. Hopkins M.D.*

Address *New Market*

Frederick Co., Md.

Accident or Suicide *no*



Name in Full


Emmaline Tomms

CERTIFICATE OF DEATH

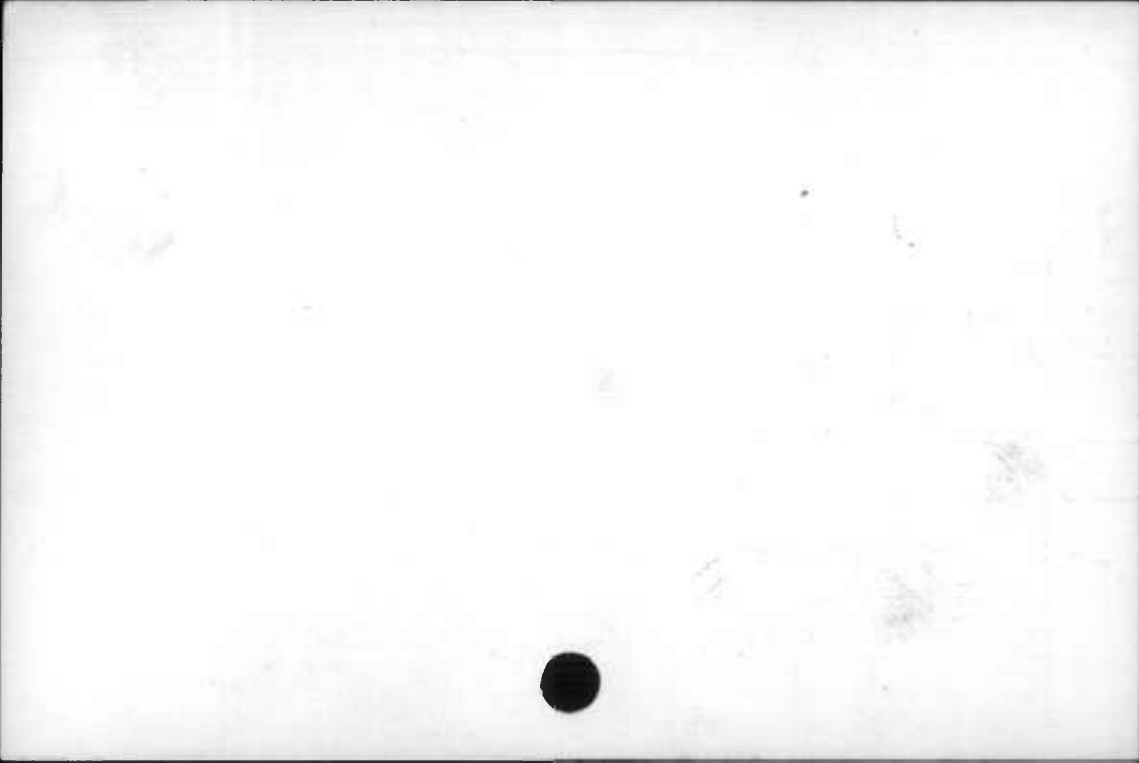
TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Foxville</u> <small>Town</small>		<u>Fredricks</u> <small>County</small>		MARYLAND	
Date of death <u>1920 July 27</u>		Age <u>70</u>		Months <u>4</u>	Days <u>7</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Fredricks Co</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Foxville Fredricks Co</u>				
Married, <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed	Name of Wife or Husband <u>David W Tomms</u>				
Father's Name <u>Jonathan Smith</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Christiana Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving Information <u>Olyses Tomms</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary <u>Paralysis</u>		How long <u>one day</u>
Immediate <u>1, 1</u>		How long <u>1, 1</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. [unclear]</u> <u>Smithsburg</u> <u>Maryland</u>	
<u>Accident or Suicide</u>		

PHYSICIAN OR CORONER



Name in Full

Margarette E. Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9x

Died at ^{Town} *Burkittsville* ^{County} *Fred.* **MARYLAND**

Date of death 19*60* ^{Month} *July* ^{Day} *11* Age ^{Years} *0* ^{Months} *9* ^{Days} *15*

Sex *Female* Color or Race *colored* Birth-place *Burkittsville*

Occupation *0* Where Residing if not at place of death *0*

Married, Single or Widowed *Infant* Name of Wife or Husband *0*

Father's Name *John Walker* Father's Birthplace *Fred Co.*

Mother's Maiden Name *Bessie Speakes* Mother's Birthplace *" "*

Name of person giving Information *John Walker* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Cholera infantum* How long *Ten days*

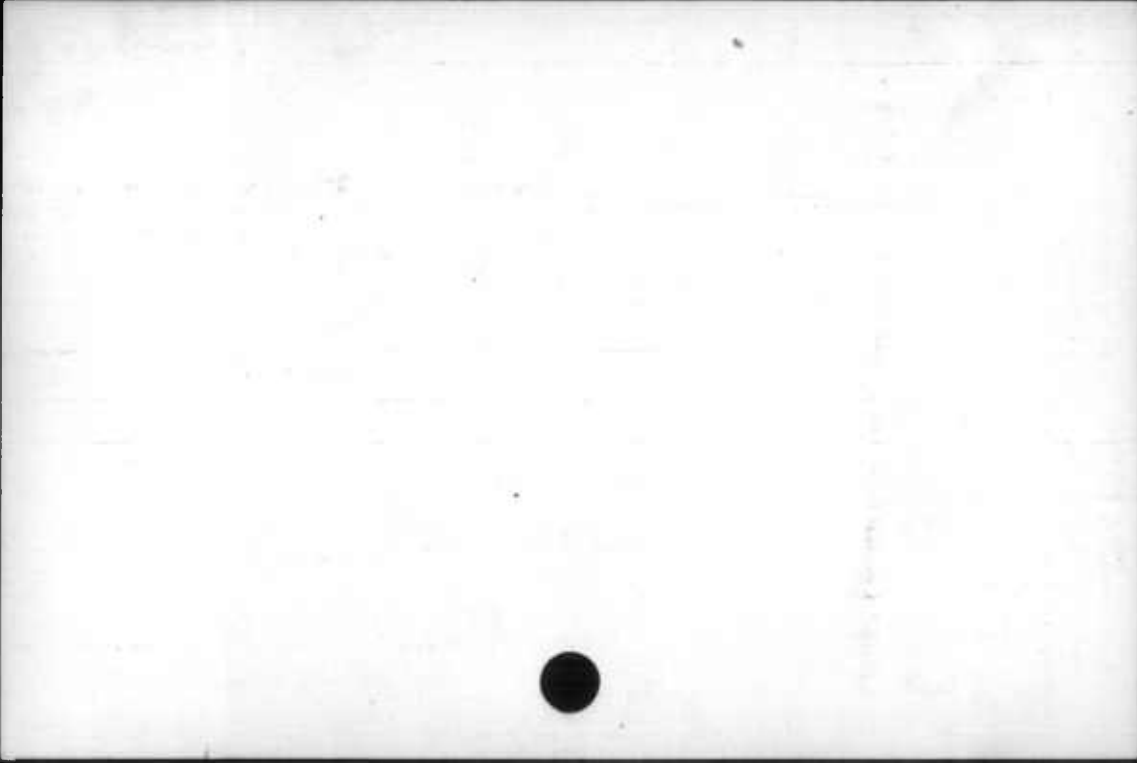
Immediate *collapse* How long *Two days*

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

Signature of Physician *Dr. J. A. Samar* Address *Middletown Ind.*

Accident or Suicide *0*

104



Name
in Full

Child of Samuel Webb not married

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} near Foxville ^{County} Fredenck
Date of death 1910 Month July Day 9 Age — Years — Months — Days 17Sex female Color or Race white Birth-place FoxvilleOccupation none Where Residing if not at place of death —Married, Single or Widowed single Name of Wife or Husband —Father's Name Samuel WebbFather's Birthplace Fredenck CountyMother's Maiden Name Jennie BrownMother's Birthplace " "Name of person giving information Walter BrownHow and where deceased uncle

CAUSES OF DEATH

Primary Multiple TuberclesHow long 2 weeksImmediate " "How long " "Are the name, age, sex, color, date and place correctly given above? yes

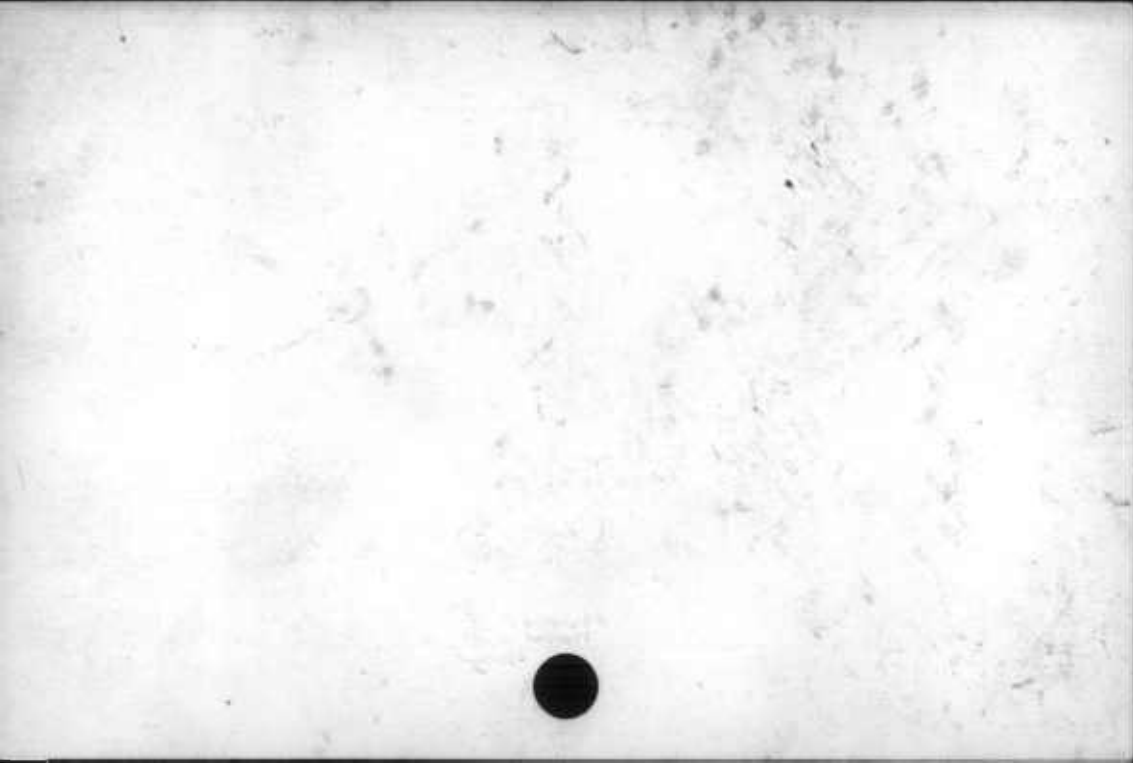
Signature of Physician

Address

Dr. C. D. Defauver
Smithsburg
md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Stylen Julia Weeden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Flamstown ^{Town} Fredrick ^{County} MARYLAND

Date of death 1900 ^{Month} July ^{Day} 3 Age 0 ^{Months} 7 ^{Days} 8

Sex Female ^{Color or Race} negro. Birth-place md.

Occupation — Where Residing if not at place of death Home

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

Father's Name Howard Weeden Father's Birthplace md.

Mother's Maiden Name Mary Layton Mother's Birthplace md.

Name of person giving information Father, Howard Weeden How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Septicemia ^{How long} 20 days

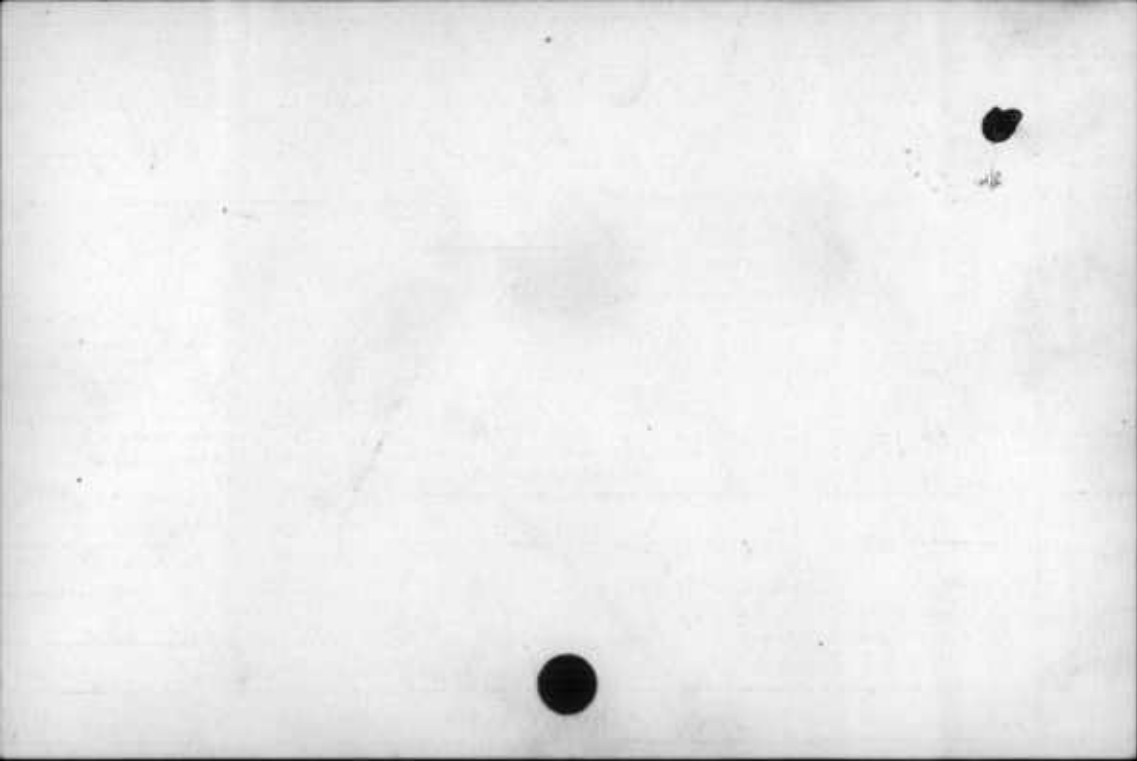
Immediate Convulsions ^{How long} 6 hours

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

Signature of Physician R. Balowrd Thome

Address Flamstown

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

Roscoe Couklar White

Town

County

Died at

Fredericks

Fredericks

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1960

7

2

Age

36

10

18

Sex

Male

Color or
Race

White

Birth-
place

Frederick

Occupation

Attorney at Law

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John J White

Father's
Birthplace

Frederick Md

Mother's
Maiden Name

Margaret Jacobs

Mother's
BirthplaceName of person giving
information

Nov. White

How related
to decedent

Mother

CAUSES OF DEATH

Primary

Tuberculosis Pulmonary

How long

?

Immediate

Posttrauma Asthma

How long

1 mo

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

yes

Signature of
Physician

Address

J. M. Cuddy
FrederickTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER~~Accident or Suicide~~

No

Interment July 5 - 1910

" at Mt. Olivet Cemetery

Thomas P. Rice F. O.

W. M. Curdy -

Name
in
Full

CERTIFICATE OF DEATH

Rufus B. White

Town

County

Died at FredericksFredericks

MARYLAND

Date
of death 1940

Month

7

Day

7

Age

63

Months

Days

Sex

MaleColor or
RaceWhiteBirth-
placeMaryland

Occupation

Baggage ManWhere Residing if not
at place of deathPort-Deposit MdMarried, Single
or WidowedName of Wife or
HusbandFather's
NameClinton WhiteFather's
BirthplaceVirginiaMother's
Maiden NameJemisonMother's
Birthplace"Name of person giving
InformationH. L. WhiteHow related
to deceasedSon

CAUSES OF DEATH

Primary

Paralysis

How long

Six weeks

Immediate

Cardiac Arrest

How long

3 daysAre the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianB. O. Thompson

Address

Frederick

Accident or Suicide

NoTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment July 10 1910

" at Hope-Well Cemetery
Near Port-Deposit Md.

Thomas P. Rice F.O.

Dr B. C. Thomas

Dr McCurdy

Name
in
Full

Amelia Wood

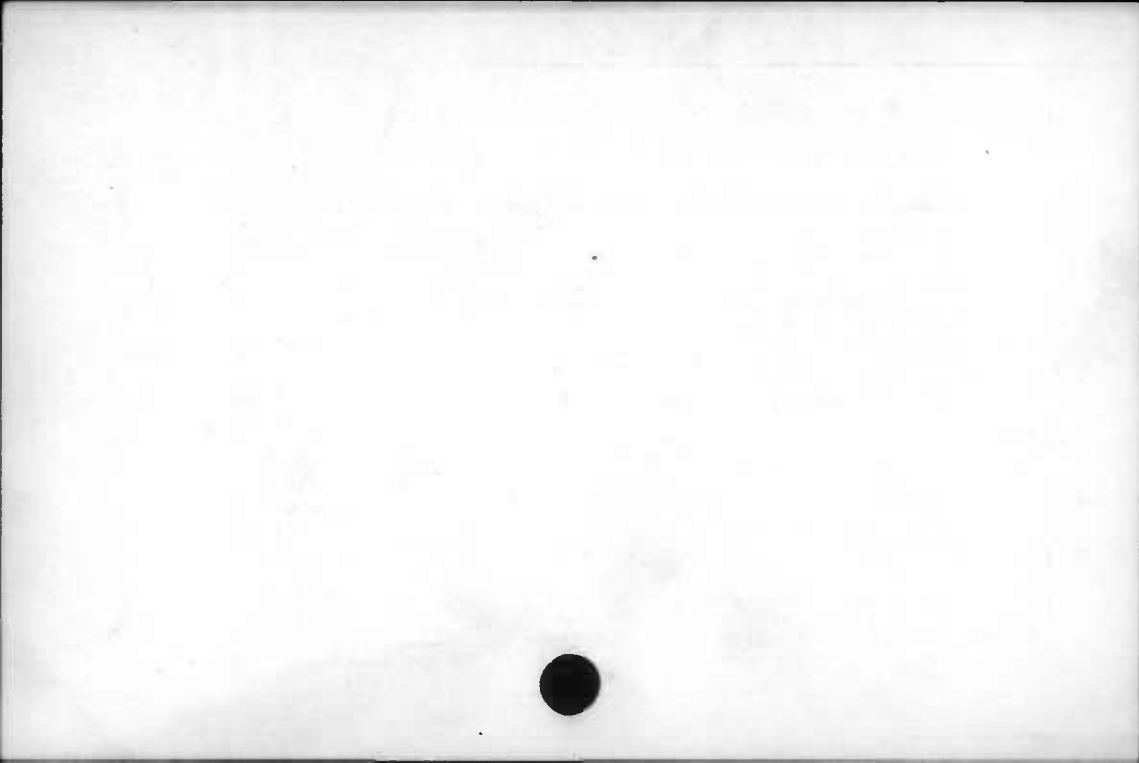
17.
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Near New Market ^{town}		Frederick ^{County}		MARYLAND	
Date of death		Month	Day	Age	Months	Days	
1998		7	24		1	8	
Sex	Female	Color or Race	White		Birthplace	Near New Market	
Occupation	Now		Where Residing if not at place of death		At home		
Married, Single or Widowed	Single	Name of Wife or Husband	was not married				
Father's Name	Harry Wood			Father's Birthplace	New Market		
Mother's Maiden Name	Easie Trayer			Mother's Birthplace	"	"	
Name of person giving Information	W. E. Falconer			How related to deceased	None		

CAUSES OF DEATH

Primary	Inanition	How long	Two weeks
Immediate	Inanition	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	B. O. Thomas
		Address	Frederick
Accident or Suicide			md

PHYSICIAN
OR CORNER



Name
in
Full

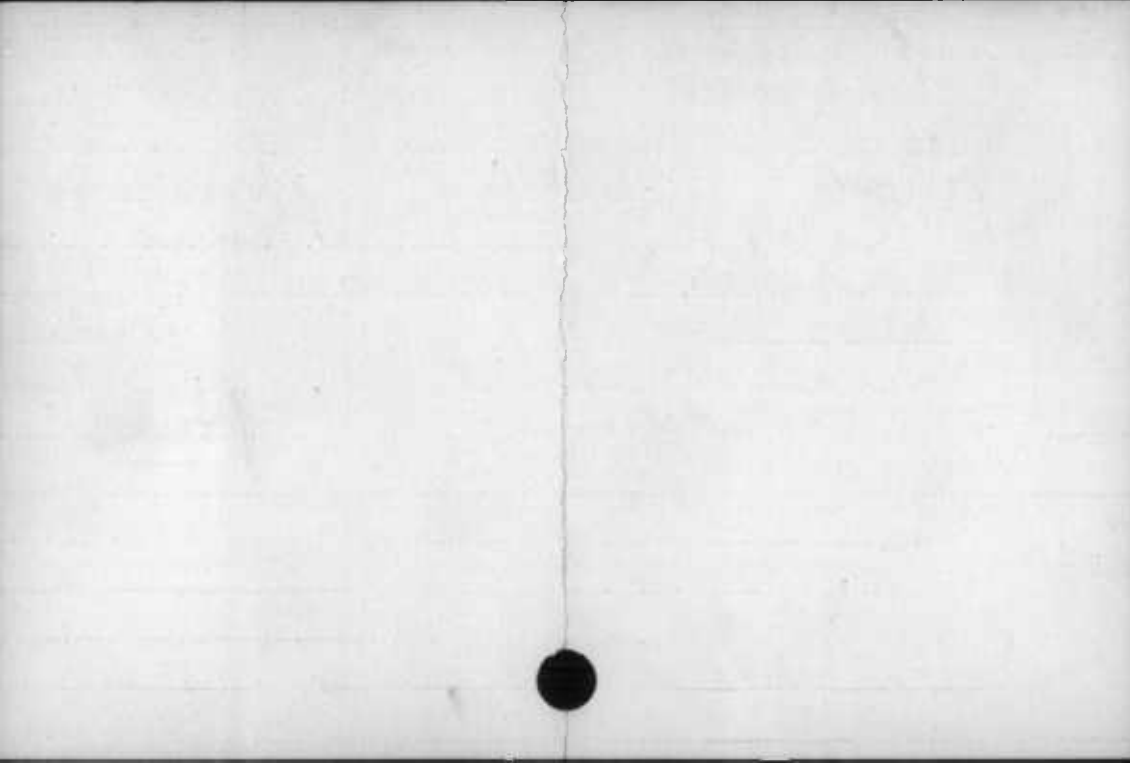
Charles Trood

No. 19
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>New Market</i>		^{County} <i>Fredrick</i>		MARYLAND	
Date of death	1910	Month	7	Day	27
Age	83	Years		Months	6
		Days	1		
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Fred. Co. Md</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Katherine Trood</i>		
Father's Name	<i>John Trood</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Ruth Burgess</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Jessie Trood</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Adenoma of Rectum</i>	How long	<i>3 years</i>
	Immediate	<i>Diarrhoea</i>	How long	<i>2 days</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. H. Hopkins M.D</i>
	Address	<i>New Market</i>	<i>Md</i>	
Accident or Suicide?	<i>no</i>			



Name
in
Full

Peter Whudders

CERTIFICATE OF DEATH

Died at

Oak Orchard

Frederick

MARYLAND

Date

of death 1950

Month

July

Day

31

Age

84

Months

10

Days

11

Sex

~~Male~~Color or
Race

White

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, single
or WidowedName of Wife or
Husband

Josephine Whudders

Father's
Name

William Whudders

Father's
Birthplace

Md

Mother's
Maiden NameMother's
Birthplace

Md

Name of person giving
Information

Westwood Whudders

How related
to deceased

Son

CAUSES OF DEATH

Primary

Senility

How long

9 week

Immediate

Infection

How long

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

Yes

Signature of
Physician

M. S. Carr

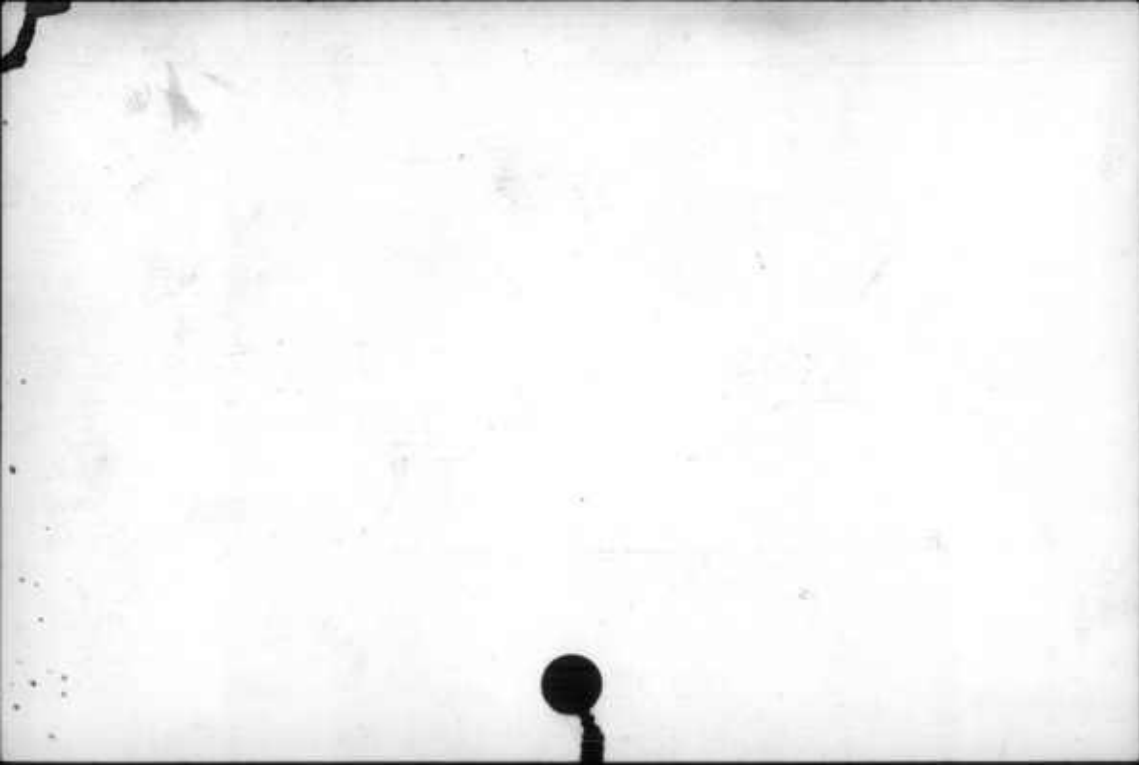
Address

Chippinville
Md.

Accident or Suicide

Filed 1910

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

John Walter Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Mt Zion ^{County} Fredk MARYLAND

Date of death 1910 7 20 Age 60 9 Months 3 Days

Sex Male Color or Race White Birth-place Md

Occupation Mason Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Annie A. Young

Father's Name Frederick Young Father's Birthplace Md.

Mother's Maiden Name Jane Brownet Mother's Birthplace Md.

Name of person giving information Annie A. Young How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Sarcoma of the neck How long 8 mo

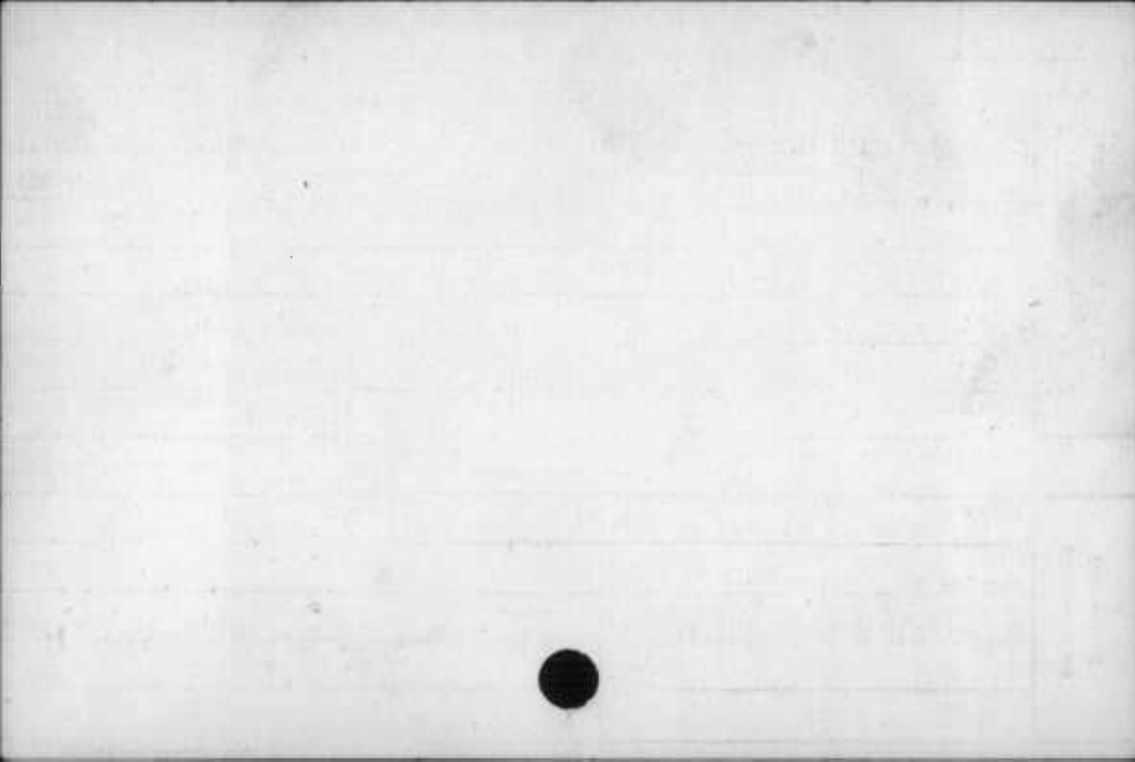
Immediate Hemorrhage How long 3 Hours

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

Signature of Physician Franklin Hedge

Address Fredrick.

Accident or Suicide? Md.



Name
in
Full

Henry O. Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shakensville</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death	<i>1940</i>	Month <i>July</i>	Day <i>26</i>	Age <i>73</i>	Months <i>6</i> Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Fredrick Co</i>			
Occupation <i>Farmer</i>	Where residing if not at place of death <i>at Home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha Ellen Zimmerman</i>				
Father's Name <i>Solomon Zimmerman</i>	Father's Birthplace <i>Fredrick Co</i>				
Mother's Maiden Name <i>Susiana Shank</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Wm O. Zimmerman</i>	How related to deceased <i>SON</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Shaking Palsy</i>	How long <i>9 months</i>
Immediate	<i>several strokes of Paralysis</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	
Signature of Physician	<i>Wm L. Remsburg</i>	
Address	<i>Shakensville Maryland</i>	
Accident or Suicide?	<i>_____</i>	

