

Name is Full *Virgie Paul, Barwick*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Kitzmiller</i> Town		<i>Galett</i> County		MARYLAND	
Date of death	<i>19</i> Month	<i>18</i> Day	Age	<i>2</i> Years	Months
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Kitzmiller</i>
Occupation			Where feeding if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>H. G. Barwick</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Mattie Mason</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving information			How related to deceased		

(1041)

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Pleo Colitis</i>	How long	<i>2 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Hugh Steachon</i>
		Address	<i>Blaine W. Va.</i>
Accident or Suicide?			

S. R.

TO BE ANSWERED BY
NEAREST FRIEND

Rolly baton

Died at <i>Finzel</i> <small>Town</small>		<i>Garrett</i> <small>County</small>		MARYLAND	
Date of death <i>19 10</i>	<i>July</i> <small>Month</small>	<i>30</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>25</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Finzel, Md.</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>George baton</i>		Father's Birthplace <i>Finzel Md.</i>			
Mother's Maiden Name <i>Mary Albright</i>		Mother's Birthplace <i>Somerset, Co. Pa.</i>			
Name of person giving information <i>Simon baton</i>		How related <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Bronchitis</i>	How long <i>59</i>	<i>46 5 days</i>	
	Immediate <i>Pneumonia</i>	How long <i>Shd know</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. L. Lowrey</i>	Address <i>Frostburg Md</i>	
	Accident or Suicide?			

For J. G. Davis

Name
in Full

Russel baton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} <i>Finszel</i>		^{County} <i>Garritt</i>			
Date of death <i>19 10 July</i>		Day <i>29</i>		Age <i>24</i>	
Sex <i>male</i>		Color of Race <i>white</i>		Birth-place <i>Finszel Md</i>	
Occupation			Where Reading if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>George baton</i>			Father's Birthplace <i>Finszel. Md.</i>		
Mother's Maiden Name <i>Nancy Albright</i>			Mother's Birthplace <i>Comerut. Co. Pa.</i>		
Name of person giving information <i>Simon baton</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pneumonia (89)</i>	How long <i>4 to 5 days</i>	
	Immediate <i>Pneumonia</i>	How long <i>Short time</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Conway</i>	
		Address <i>Frostburg Md.</i>	
Accident or Suicide?			

Ed. C. Moore

Name
in
Full

Alice Culp

CERTIFICATE OF DEATH

Town

County

Garnet

MARYLAND

Died at

Date of death 1900

Month

July

Day

30

Age

Years

—

Months

5

Days

4

Sex
Occupation

F.

Color or
Race

white

Birth-
place

Garnet Co

Where Residing if not
at place of death.

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jno. Culp

Father's
Birthplace

Holden Co Pa

Mother's
Maiden Name

Lula Hill

Mother's
Birthplace

Pennington Co W Va

Name of person giving
information

J W Manning

How related
to deceased

Physician

CAUSES OF DEATH

Primary

Marasmus

How long

Immediate

Acute Enteritis

How long

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

yes

Signature of
Physician

J W Manning

Address

Dobbin W Va

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

R. Latham

Name
in
FullInfant Ferguson
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Baldor

Town

Garrett

County

MARYLAND

Date

of death 1900

Month

July

Day

5

Age

Years

Months

Days

4 Weeks

Sex

male

Color or
Race

white

Birth-
place

Maryland

Occupation

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

Single

Name of Wife or
HusbandFather's
Name

Wm H Ferguson

Father's
Birthplace

Maryland

Mother's
Maiden Name

Gala Friend

Mother's
Birthplace

Maryland

Name of person giving
information

Wm H. Ferguson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature

How long

157 B

Immediate

How long

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

Address

A. J. Mason M.D.
Friendsville
Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Atopsyca emeljanovi

Henry H. Shreve

Name
In
Full

Mable Viola Fike

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Asher Glade</i> ^{Town}		<i>Lanett</i> ^{County}		MARYLAND	
Date of death	19 <i>10</i>	Month	<i>7</i>	Day	<i>22</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place	<i>Asher Glade</i>
Occupation		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 S Fike</i>			Father's Birthplace	<i>W. Va</i>
Mother's Maiden Name	<i>Ida A. France</i>			Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>John S Fike</i>			How related to deceased	<i>Father</i>

Head of Family

CAUSES OF DEATH

*M. J. Myers Undertaker*PHYSICIAN
OR CORONER

Primary	<i>Intestinal Indigestion</i>	How long	<i>One week</i>
Immediate	<i>Inflammation of bowels</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>W. J. Myers M.D.</i>
		Address	<i>Markleysburg Pa.</i>
Accident or Suicide?			

Wm. H. H. H. H.

Name
in
Full

CERTIFICATE OF DEATH

Sarah A. Friend

Town

County

Died at Deer Park

Garrett,

MARYLAND

Date
of death 1960Month
JulyDay
11th, Age 83

Months

8

Days

10

Sex Female

Color or
Race

White

Birth
place

Maryland.

Occupation

Retired

Where Residing if not
at place of death

Deer Park, Md,

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Samuel W. Friend

Father's
Name

Josiah G. Friend.

Father's
Birthplace

Maryland

Mother's
Maiden Name

Evelyn Kemp,

Mother's
Birthplace

Pennsylvania

Name of person giving
Information

Samuel W. Friend, Jr,

How related
to deceased

Son

CAUSES OF DEATH

Primary

Senility.

How long

5 years

Immediate

Paralysis

How long

Few moments

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

Yes

Signature of
Physician

Address

J. W. S. H. M. D.
Deer Park, Md,TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Accident or Suicide



Name

in Full

Elizabeth Menhorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Accident ^{Town}		Garret ^{County}		MARYLAND	
Date of death	1910	Month	July	Day	3
Age		72		Years	9
Sex Female		Color or Race White		Birth-place	Germany
Occupation House Work			Where Residing if not at place of death -----		
Married, Single or Widowed Widowed		Name of Wife or Husband George Michael Menhorn			
Father's Name Balthaser Diehl			Father's Birthplace Germany		
Mother's Maiden Name Catherine Elizabeth Sein			Mother's Birthplace Germany		
Name of person giving information Frederick Menhorn			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Tuberculosis	How long	30 years about
Immediate	Heart Failure (Natural Weakening)	How long	20 Years about
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician B. W. Briscoe	
		Address Accident, Garret Co., Md.	
Accident or Suicide?			

28

July 1866

Name
in
Full

Clever, H. Pool,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kitzmiller</i> <small>Town</small>		<i>Garrett</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month	<i>July</i>	Day	<i>13</i>
Age	<i>33</i>	Years	<i>33</i>	Months	<i>-</i>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Kitzmiller</i>
Occupation	<i>Coal Miner</i>		Where Residing if not at place of death <i>Kitzmiller</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Gertrude Lang</i>			
Father's Name	<i>William H. Pool</i>			Father's Birthplace	<i>Mineral Co</i>
Mother's Maiden Name	<i>Olga Janner</i>			Mother's Birthplace	<i>Mineral Co W. Va</i>
Name of person giving information	<i>Wm H Pool</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary

How long

(186)

Immediate

How long

Killed at mine

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

yes

Signature of Physician

Address

Hugh Strachan
Blaine West Va

Accident or Suicide?

L.C. B.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at *Joe Rabitz Jr.*
Jennings ^{Town} *Garrett* ^{County}Date of death 19 *10* ^{Month} *July* ^{Day} *23* Age *1* ^{Years} Months *4* Days *0*Sex *Male* Color or Race *Slavish* Birth-place *Md.*

Occupation _____ Where residing if not at place of death _____

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

Father's Name *Joe Rabitz* Father's Birthplace *Foreign*Mother's Maiden Name *Mary Guse* Mother's Birthplace *Foreign*Name of person giving information *W. J. Bowers* How related to deceased *None*

CAUSES OF DEATH

Primary *Dysentery* 14 How long *12 days*Immediate *Malaria & Pneumonia* How long *5 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *R. C. Bowers M.D.*Address *Grantville*Accident or Suicide? *No* *Md.*PHYSICIAN
OR CORONER



Name
in
Full

Mattie M. Savage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Trap Run</i>		Town		<i>Garrett</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>July</i>		Day <i>21</i>		Age		Years <i>7</i> Months <i>19</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>					
Occupation				Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name <i>Samuel J. Savage</i>				Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Jane Uphold</i>				Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Samuel J. Savage</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary <i>Cholera infantum or bad</i>		How long <i>10 1/2</i>	
Immediate <i>Dysentery, is what the parents claimed</i>		How long <i>Just a few days</i>	
Are the name, age, sex, color, data and place correctly given above? <i>Killed the child. No doctor in attendance</i>		Signature of Physician <i>Chas. W. Friend, Local Board of Health</i>	
Address <i>Friendsville Md</i>			
Accident or Suicide			

PHYSICIAN
OR CORNER

John Franklin's Cemetery

Wm. H. Brewer

Name in Full

Mrs M. D. West

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *West - No. 10* Town *Garrett* County *MARYLAND*

Date of death *1990 July 2* Month *July* Day *2* Age *63* Years *63* Months *-* Days *-*

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

Occupation *House wife* Where Residing If not at place of death *at place of death.*

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

Father's Name *Hagens* Father's Birthplace *Don't know*

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

Name of person giving Information *Zelman B. West* How related to deceased *Son*

CAUSES OF DEATH

Primary *Chronic Hepatitis* How long *120*

Immediate *Asthma* How long *6 mo*

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

Signature of Physician *H. W. M. Corns* Address *Oakland Md*

Accident or Suicide

PHYSICIAN OR CORONER

James A. Deland