

Name
in
Full

William F. Aronson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ardler <small>Town</small>		Harford <small>County</small>		MARYLAND	
Date of death 1900 <small>Month</small> July <small>Day</small> 23		Age 62 <small>Years</small>		6 <small>Months</small> 23 <small>Days</small>	
Sex Male		Color or Race White		Birth-place New Jersey	
Occupation Farmer		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Martney Jane Aronson			
Father's Name Clayton Aronson		Father's Birthplace New Jersey			
Mother's Maiden Name Mary Folwell		Mother's Birthplace New Jersey			
Name of person giving Information		How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Mitral valve disease	How long 2 or 3 yrs	
	Immediate Exhaustion	How long 10 days	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. H. Kennedy	
	Accident or Suicide	Address Ardler Md	

~~Fr~~ As Bureid at

Statistical Cemetery

Monday July 23/70

Name
in
Full

Chilcha E Anderson

CERTIFICATE OF DEATH

4

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Barre de Grace* ^{County} *Harford*

MARYLAND

Date of death *1910 July 11* Age *91* Months *3* Days *-*

Sex *Female* Color or Race *Black* Birth-place *Harford Co.*

Occupation *House work* Where Residing if not at place of death *Barre de Grace*

Married, Single or Widowed *Widow* Name of ~~Wife~~ Husband *Thomas Anderson*

Father's Name *Jacob Knupper* Father's Birthplace *Harford Co.*

Mother's Maiden Name *Sarah White* Mother's Birthplace *Harford Co.*

Name of person giving information *C. White* How related to deceased *Sister*

CAUSES OF DEATH

103
How long *Two days*
How long

Primary *Acute indigestion*

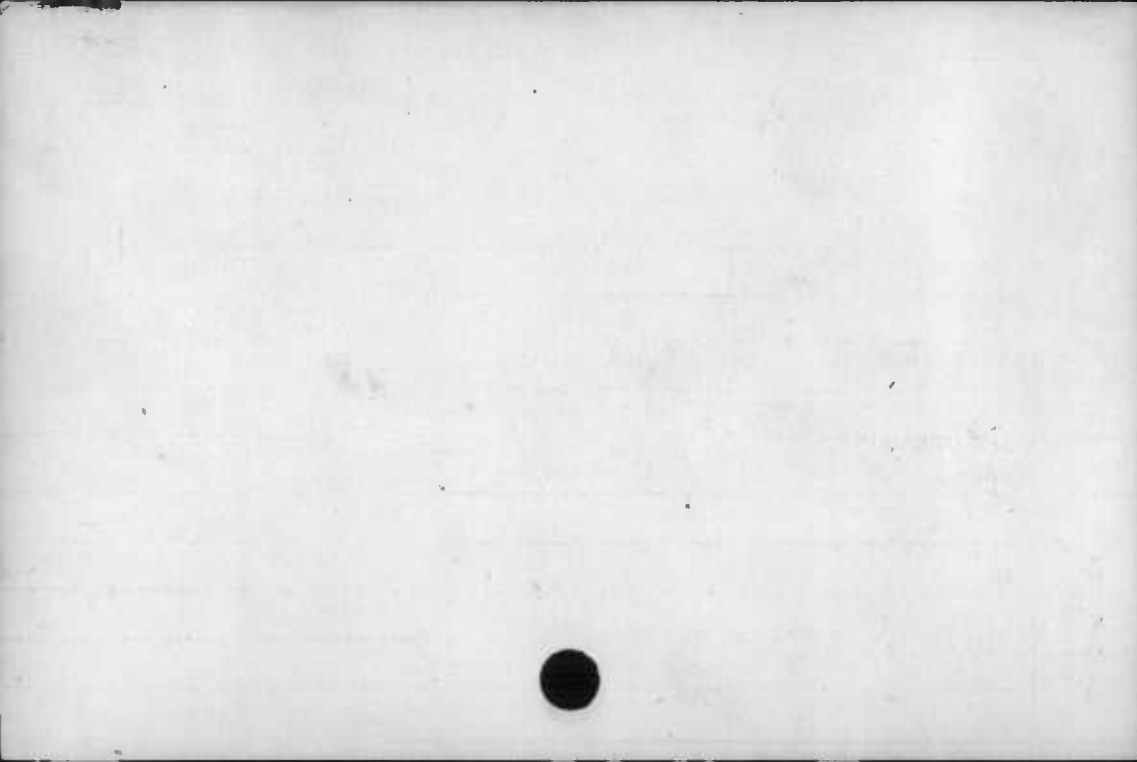
Immediate

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

Signature of Physician *D. W. Copstick M.D.*
Address *Barre de Grace*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Leri Baehetel

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9x

Died at <u>Carsons</u> Town		<u>Harpord</u> County		MARYLAND	
Date of death	19 <u>40</u> Month <u>July</u> Day <u>1</u>	Age <u>59</u> Years	Months <u>11</u>	Days <u>21</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Merchant</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Annie E. McComae</u>				
Father's Name <u>Samuel Baehetel</u>	Father's Birthplace <u>Cushader Md</u>				
Mother's Maiden Name <u>Lousia L Mc Douell</u>	Mother's Birthplace <u>Orford Pa</u>				
Name of person giving Information <u>Mary A Richardson</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

Primary <u>Central Hemorrhage</u>	How long <u>64</u>
Immediate <u>apoplexy</u>	How long <input checked="" type="checkbox"/>

PHYSICIAN OR CORONER

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

Signature of Physician J. W. Wynn
 Address Andler Md

Accident or Suicide

Sunday July, 17/10

15. Received at Robert Cummings

Name
in
Full

Eliza Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mountain ^{County} Harford MARYLAND

Date of death 1910 ^{Month} 7 ^{Day} 3 ^{Age} 38 ^{Years} ^{Months} ^{Days}

Sex Female ^{Color or Race} Black ^{Birth-place} Harford Co.

Occupation Servant ^{Where Residing if not at place of death} at place of Death

Married, Single or Widowed Divorced ^{Name of Wife or Husband}

Father's Name Daniel Spencer ^{Father's Birthplace} unknown

Mother's Maiden Name Mary Johnson ^{Mother's Birthplace} Harford Co

Name of person giving Information Aaron Johnson ^{How related to deceased} Brother

CAUSES OF DEATH

Primary ^{How long} 186

Immediate Murdered ^{How long}

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

Signature of Physician Chas. E. Creswell (Coroner)

Address Mountain Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full

Etton Calvaresi

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

JX

Died at *Town* *Havre de Grace* *Harford* *County* **MARYLAND**

Date of death **19** *10* *July* **Month** *4* *14* **Day** *22* **Years** **Months** **Days**

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

Occupation *Labour* Where Residing if not at place of death *Havre de Grace*

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

Father's Name *Unknown* Father's Birthplace *Italy*

Mother's Maiden Name *Michael McMillard Unknown* Mother's Birthplace *Italy*

Name of person giving information *Michael McMillard* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN OR CORONER

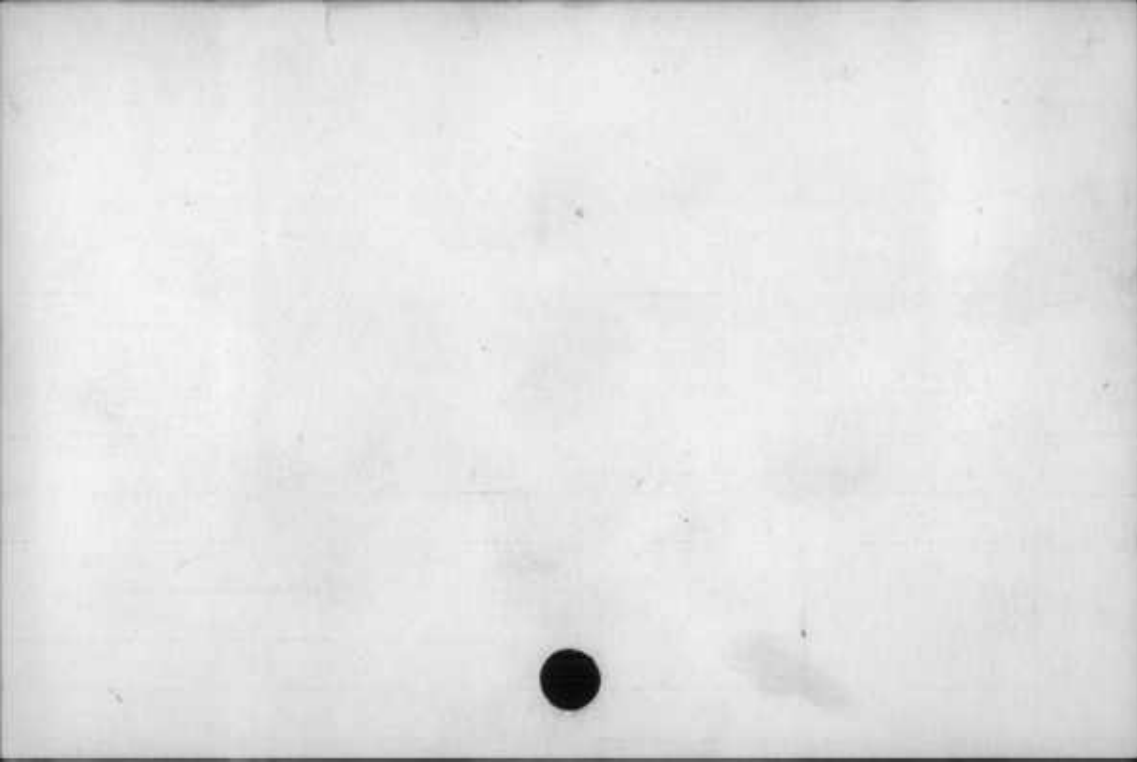
Primary *Drowning in Susquehanna River* How long

Immediate *" " "* How long *(169)*

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

Address *Havre de Grace*

Accident or Suicide? *Accident* *Md*



Name in Full *Mrs Lewis Ghies*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Gibson</i>		County <i>Harford</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
<i>1900</i>	<i>10</i>	<i>7</i>	<i>20</i>	<i>29</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Harford Co. Md</i>			
Occupation <i>Wif.</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lewis Ghies</i>				
Father's Name <i>Jno. G. Wilgis</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Margaret O'Donnell</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Lewis Ghies</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

(28)

PHYSICIAN OR CORONER

Primary <i>Lungary Tuberculosis</i>	How long <i>About one year</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. Lee Hughes</i>
	Address <i>Bel Air Md.</i>
Accident or Suicide	<i>Md.</i>

St. Ignace

Name
in Full

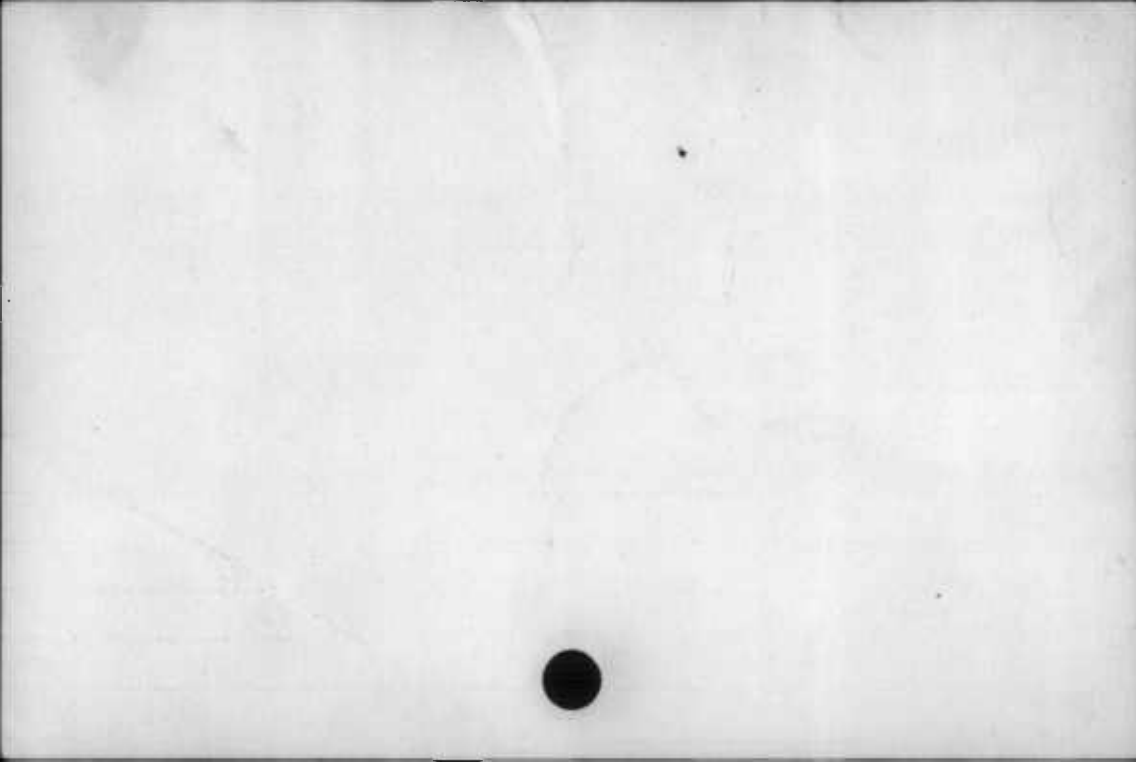
Ella C. Healey

CERTIFICATE OF DEATH

Died at ^{Town} *Barre de Grace* ^{County} *Harford* MARYLANDDate of death 19 *20* ^{Month} *July* ^{Day} *8* ^{Age} *41* ^{Years} *4* ^{Months} *1* ^{Days} *1*Sex *Female* Color or Race *White* Birth-place *Barre de Grace*Occupation *House Wife* Where residing if not at place of death *" "*Married, Single or Widowed *Married* Name of ~~Wife~~ ^{Husband} *Charles Healey*Father's Name *James Poplay* Father's Birthplace *Barre de Grace*Mother's Maiden Name *Betty Peter* Mother's Birthplace *" "*Name of person giving information *Charles Healey* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *about a yr.*Immediate *General debility* How long *-*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R. W. Smith*Address *Barre de Grace**Md*Accident or Suicide? TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Chas F Harry

Died at ^{town} Cardiff ^{County} Howard

MARYLAND

Date of death 1960 ^{Month} July ^{Day} 26 Age ^{Years} 48 ^{Months} ^{Days}

Sex ^{Male} male Color or Race ^{White} white Birth-place ^{Ind} Ind

Occupation ^{Gentleman} Gentleman Where Residing if not at place of death ^{Ind}

Married, ^{Single} ~~single~~ Name of Wife or Husband ^{Heber D. Harry}

Father's Name ^{David Harry} Father's Birthplace ^{Ind.}

Mother's Maiden Name ^{Maria J. Warner} Mother's Birthplace ^{Ind.}

Name of person giving Information ^{Heber D. Harry} How related to deceased ^{Wife}

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

Primary ^{Chronic Nephritis} How long ^{Three years}

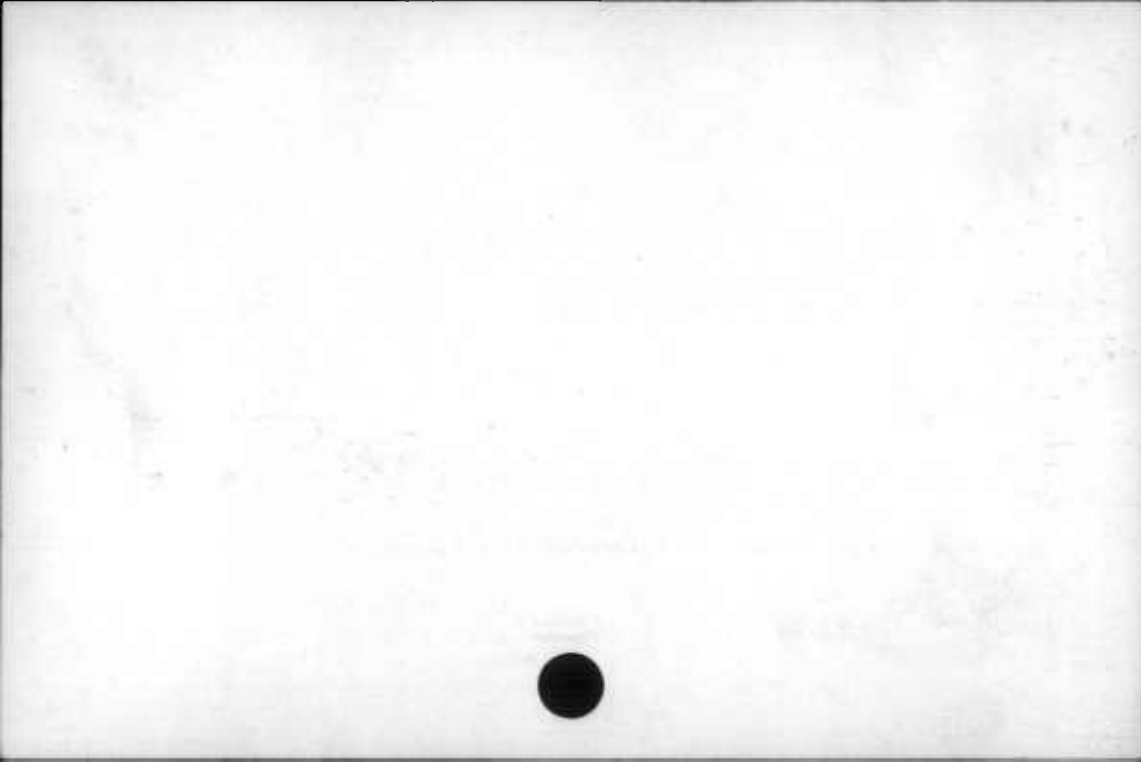
Immediate ^{" "}

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

Signature of Physician ^{Dr J. E. Arthur}
Address ^{Cardiff Md}

PHYSICIAN OR CORONER

Accident or Suicide ^{No}



Name
in
Full

Sarah Francis Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bel Air		County Harford		MARYLAND	
Date of death 190	Month July	Day 29	Age	Years 63	Months	Days	
Sex Female	Color or Race White		Birth- place Harford				
Married, Single or Widowed	Married		Occupation Homemaker				
Name of Wife or Husband Benjamin Jones							
Father's Name Harry Jones				Father's Birthplace Harford			
Mother's Maiden Name Pulceca Rogers				Mother's Birthplace Harford			
Name of person giving Information Mrs. Colton				How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Heart failure	How long	Immediate	
	Immediate	Same	How long	2	
	Are the name, age, sex, color, date and place correctly given above?		YES	Signature of Physician C. Hollingsworth	
	Address		Bel Air Md		
Accident or Suicida?		No			



Name
In Full

Caminda Lockary

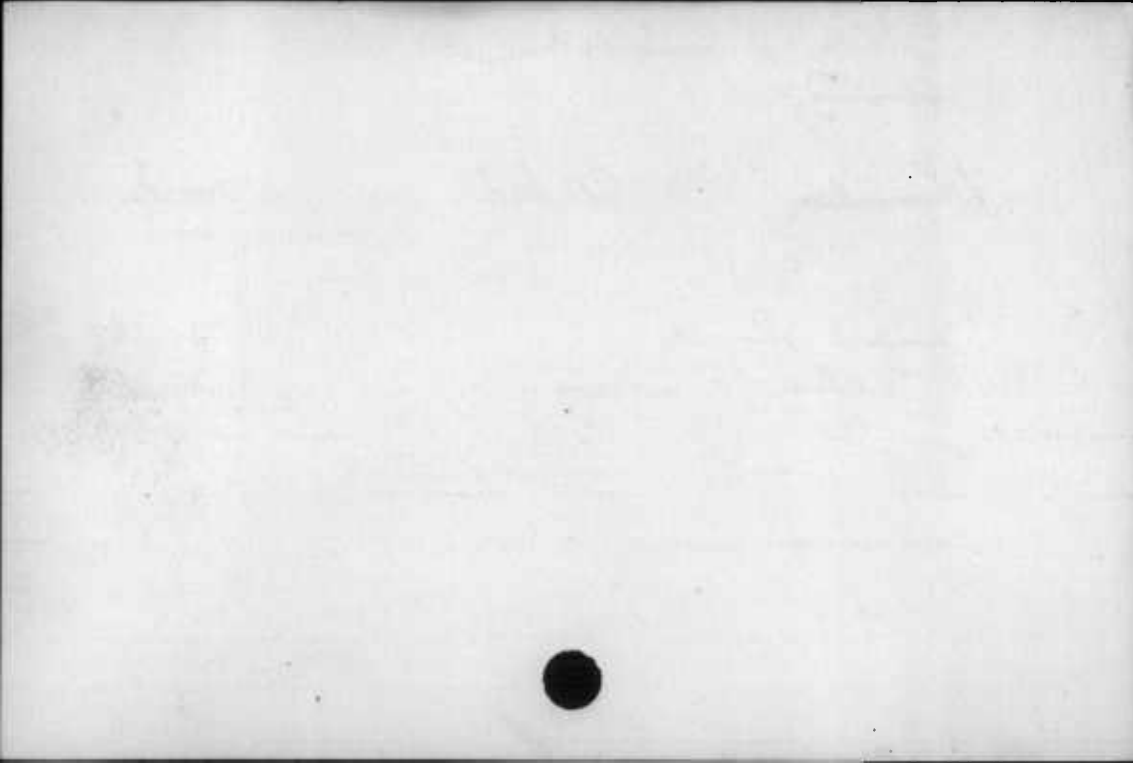
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kalmar</i> <small>Town</small>		<i>Hayford</i> <small>County</small>		MARYLAND	
Date of death	<i>1910 July</i> <small>Month</small>	<i>5</i> <small>Day</small>	Age <i>66</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind.</i>
Occupation	<i>Housewife</i>	Where Residing if not at place of death		<i>Kalmar</i>	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Thomas Lockary</i>			
Father's Name	<i>Josiah Wilson</i>		Father's Birthplace	<i>Ind.</i>	
Mother's Maiden Name	<i>Mary Wheeler</i>		Mother's Birthplace	<i>Ind.</i>	
Name of person giving information	<i>Elizabeth Lockary</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Stomach</i>	How long	<i>Two weeks</i>
	Immediate	<i>Exhaustion</i>	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>F. Lee Hughes</i>
			Address	<i>Bel Air.</i> <i>Ind.</i>
	Accident or Suicide?			



Name
in
Full

Ella J Loue

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Abingdon* ^{Town} *Harford* ^{County} **MARYLAND**

Date of death 190 *July* ^{Month} *24* ^{Day} Age *7* ^{Years} *7* ^{Months} *md* ^{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 *Alex Loue* Father's Birthplace *md*

Mother's Maiden Name *Ella Swartz* Mother's Birthplace *md*

Name of person giving information *Ella Swartz* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Chorea Infantum* ^{How long} *104* *12 hours*

Immediate *—*

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

Signature of Physician *Chas Rook*
Address *Edgewood md*

Accident or Suicide *—*

PHYSICIAN
OR CORONER



Name
is
Full

b. Larence A. Mannus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at Pool ^{Town} Starford ^{County} **MARYLAND**

Date of death 19/0 ^{Month} July ^{Day} 3 Age 22 ^{Years} 6 ^{Months} 16 ^{Days}

Sex Male Color or Race Colored Birth-place Pool Md.

Occupation Laborer Where Reading if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Edward Waters Father's Birthplace Starford Co. Md.

Mother's Maiden Name Ella Mannus Mother's Birthplace Starford Co. Md.

Name of person giving information Millie Horsey How related to deceased Aunt

CAUSES OF DEATH

Primary Peritonitis How long 117

Immediate Peritonitis How long 6 days.

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

Signature of Physician J. W. Dorias

Address Darlington, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John Mitchell

Town

County

MARYLAND

Died at

North Bend

Harford

Date

of death 1998

Month

July

Day

21

Age

32

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Laborer

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

Married

Name of Wife or
HusbandFather's
Name

John M Mitchell

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Mrs Barrett

How related
to deceased

Related by marriage

CAUSES OF DEATH

Primary

Hit by falling derrick

How long

186

Immediate

Shock & Internal Hemorrhage

How long

10 minutes

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

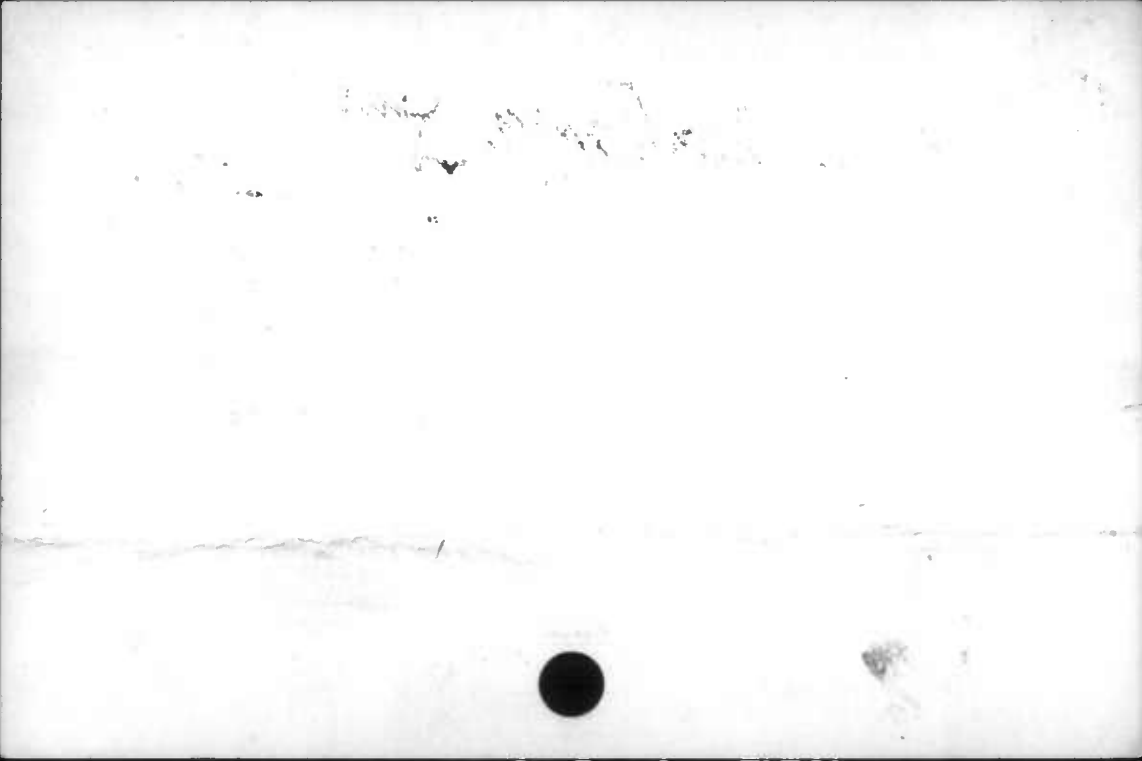
Address

H. F. Bradley
Garrettsville
Ind

Accident or Suicide

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In Full

Kellie Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Harrods de Grace* *Harford*
Town County

MARYLAND

Date of death: 19 *10* Month *July* Day *27* Age Years Months DaysSex *Female* Color or Race *White* Birth-place *Harrods de Grace*Occupation *None* Where Reading if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *Lee Murphy* Father's Birthplace *Harrods de Grace*Mother's Maiden Name *Kellie Zimmerman* Mother's Birthplace *Hatteras*Name of person giving information *Lee Murphy* How related to deceased *Father*

CAUSES OF DEATH

*90*PHYSICIAN
OR CORONERPrimary *Chronic Bronchitis* How long *4 weeks*Immediate *Broncho Pneumonia* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *F. W. Steiner*Address *Harrods de Grace*

Accident or Suicide?

med



Name
in
Full

Charles E. Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Whitford ^{County} Harford. MARYLAND
 Date of death 1900 July 20 Age 66-5 Months Days
 Sex Male. Color or Race White Birth-place Md
 Occupation Farmer. Where Residing if not at place of death
 Married, ~~Single~~ or Widowed Name of Wife or Husband Eliza Nelson
 Father's Name Nathan Nelson Father's Birthplace Md
 Mother's Maiden Name Penophy Shade Mother's Birthplace Md
 Name of person giving Information Eliza Nelson How related to deceased Wife

CAUSES OF DEATH

Primary Apoplexy How long 5-hrs
 Immediate Coronary artery How long 2 yrs

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

Signature of Physician

Address

Wm. C. Cundy
 1001
 Pa

Accident or Suicide



Name
in
Full

Sarah Oliver

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Harford Furnace ^{County} Harford

Date of death 1900 ^{Month} July ^{Day} Monday ^{Age} 72 ^{Years} 6 ^{Months} 18 ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Scotland

Occupation ^{Where Residing if not at place of death} Housewife

Married, Single or Widowed Married ^{Name of Wife or Husband} Mrs Oliver

Father's Name ^{Father's Birthplace} Franklin Mc Coy Ireland

Mother's Maiden Name ^{Mother's Birthplace} Sarah Mc Coy Scotland

Name of person giving information ^{How related to decedent} Isabella Oliver Daughter

CAUSES OF DEATH

Primary ^{How long} Gastric Ulcer 7 months

Immediate ^{How long} Intestinal Hemorrhage 5 days

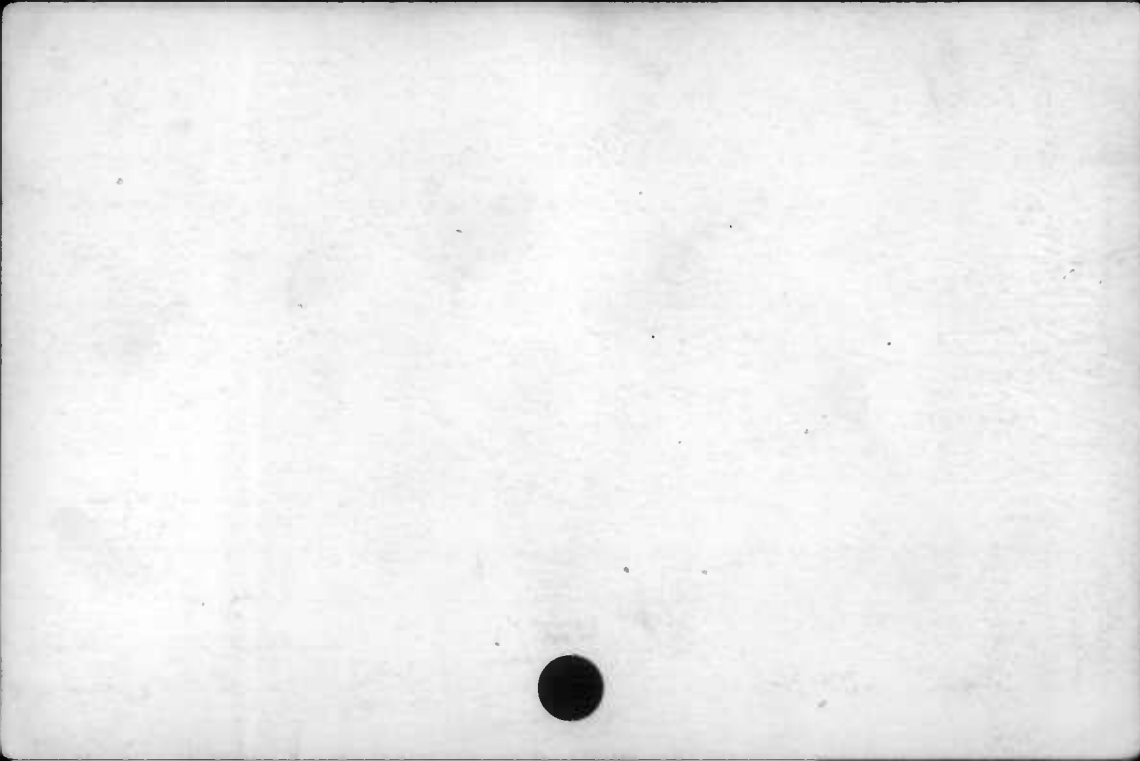
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician T. A. Callahan

Address Belcamp Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charles Benjamin Osborn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Burn</i>		Town		County <i>Harford</i>		MARYLAND	
Date of death	<i>19 10</i>	Month	<i>July</i>	Day	<i>6</i>	Age	<i>48</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>		
Occupation	<i>Blacksmith</i>		Where Residing if not at place of death		<i>Lurab to Osborn</i>		
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband		<i>Lurab to Osborn</i>			
Father's Name	<i>Robert A Osborn</i>			Father's Birthplace	<i>Maryland</i>		
Mother's Maiden Name	<i>Mary M Silver</i>			Mother's Birthplace	<i>Maryland</i>		
Name of person giving information	<i>Harry Osborn</i>			How related to deceased	<i>Brother</i>		

CAUSES OF DEATH

(34)

PHYSICIAN
OR CORONER

Primary	<i>Epilepsy</i>	How long	<i>2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 mks</i>
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>		
Signature of Physician	<i>W. A. Kirk</i>		
Address	<i>Darlington Md</i>		
Accident or Suicide?	<input type="checkbox"/>		



Name
is
Full

CERTIFICATE OF DEATH

Charles Henry Pinkney

Died at *Beltsford* ^{Town}*Harford* ^{County}

MARYLAND

Date of death *1910* ^{Month} *July* ^{Day} *11*Age *—* ^{Years}*11* ^{Months}*—* ^{Days}Sex *Male*Color or Race *Black*Birth-place *md*Occupation *Infant*Where Residing if not at place of death *—*Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *Wm Pinkney*Father's Birthplace *md*Mother's Maiden Name *Harrist. Chambers*Mother's Birthplace *md*Name of person giving information *W Pinkney*How related to deceased *Father*

CAUSES OF DEATH

Primary *Pertussis* *(5)*How long *5 weeks*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *William V. Archer*Address *Bel Air Md*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Wesleyan Chapel

Name
in Full

Rebecca Corbrow Silver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

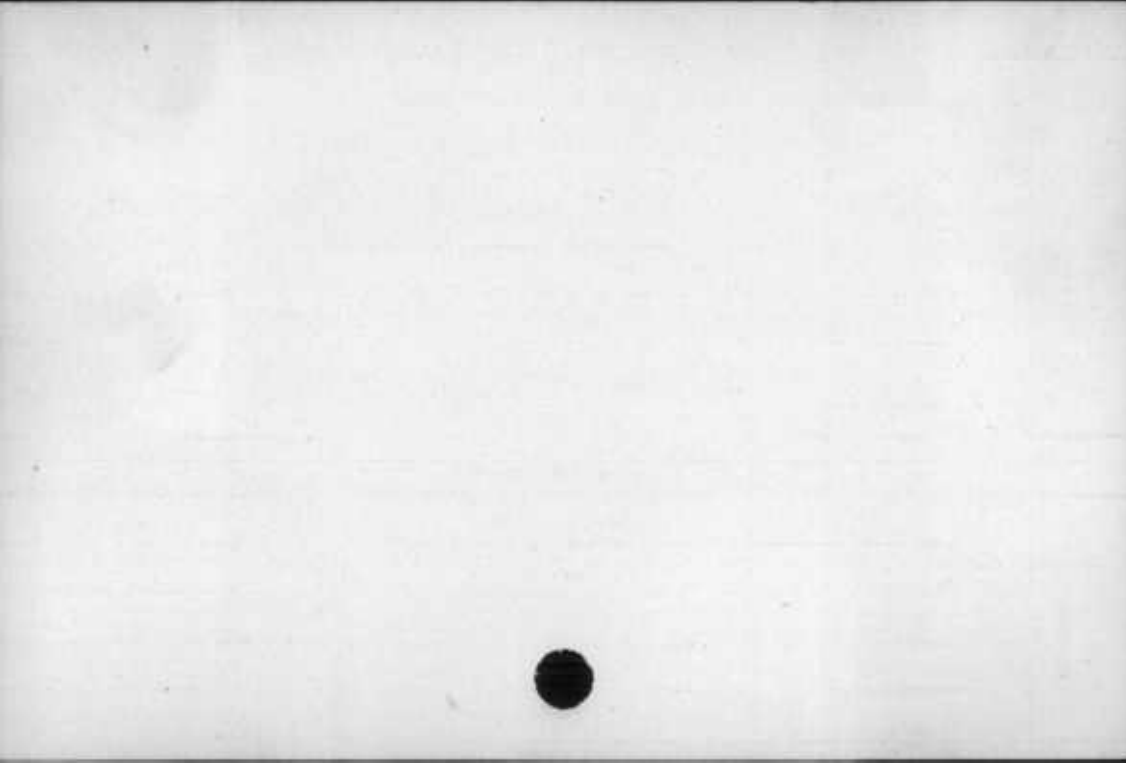
Died at ^{Town} near <i>Darlington</i>		^{County} <i>Harford</i>		MARYLAND	
Date of death	1910	Month	7	Day	19
Age	66	Years	4	Months	22
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	<i>House wife</i>		Where Residing if not at place of death		
Married, <input checked="" type="checkbox"/>	Name of Wife or Husband <i>Sydney Silver</i>				
Father's Name	<i>Moses Corbrow</i>			Father's Birthplace	<i>Va</i>
Mother's Maiden Name	<i>Rebecca Christopher</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information				How related to deceased	

CAUSES OF DEATH

1544

PHYSICIAN
OR CORONER

Primary	<i>General breakdown (Senility)</i>	How long	<i>4 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>		
Signature of Physician	<i>W. S. Kirk M.D.</i>		
Address	<i>Darlington Md.</i>		
Accident or Suicide?	<input checked="" type="checkbox"/>		



~~As Name~~

Whitford

Died at

Whitford

County

Harford

MARYLAND

Date 1918

Month Day July 29

Age

M D

Native of

Occupation

Male

~~Female~~

~~Married~~

Widow

Divorced

~~Widow~~

~~Single~~

Single

Widower

Number of children living

—

Husband

Wife

Father's

Name

Hugh D. Whitford

Mother's

Name

Felix Whitford

Cause of

Primary ~~or~~ ~~and~~ ~~and~~ ~~birth~~

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. H. E. Arthur

Address

Cardiff Md

(S)

Must be signed by physician, if any attendance, otherwise by coroner, undertaker or minister.

1903

1904-1905

W

W

S

W

W

W

W

W

W

W

W



Name
in
Full

Lewis O. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Harrod ^{County} Harford

MARYLAND

Date of death 19/0 ^{Month} July ^{Day} 23 ^{Year} 55 ^{Months} — ^{Days} —Sex Male ^{Color or Race} White ^{Birth-place} Cecil Co.Occupation Waterman ^{Where Residing if not at place of death} H. Old HouseMarried, Single or Widowed Married ^{Name of Wife or Husband} Mary C. WilsonFather's Name William L. Wilson ^{Father's Birthplace} Cecil Co.Mother's Maiden Name Elizabeth Murphy ^{Mother's Birthplace} Cecil Co.Name of person giving information Mary C. Wilson ^{How related to deceased} Wife

CAUSES OF DEATH

41

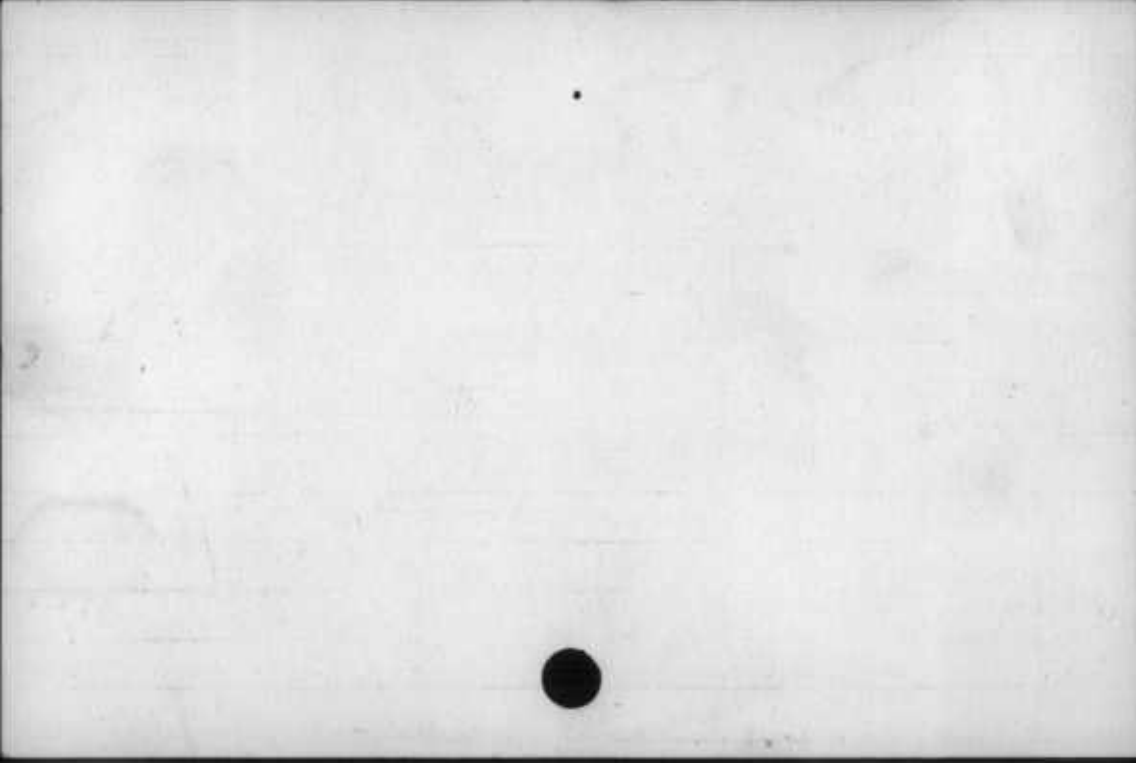
PHYSICIAN
OR CORONERPrimary Carcinoma in Abdominal Cavity about 1 yr. ^{How long}

Immediate General Debility

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

Signature of Physician R. W. Truesch
Address Harrod Harford Md

Accident or Suicide?



Name
in Full

Chas. August Wolfe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Carsons Run		County Harford		MARYLAND	
Date of death 19		Month July	Day 3	Age 74	Months	Days	
Sex Male		Color or Race White		Birth-place Germany			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Mary Wolfe					
Father's Name August Wolfe				Father's Birthplace Germany			
Mother's Maiden Name Unknown				Mother's Birthplace Unknown			
Name of person giving Information Mary Wolfe				How related to deceased Wf.			

110

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer Stomach	How long	8 Mos.
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. H. Kriete	
Address		Aberdeen, Md.	
Accidental or Suicide			

