

Name  
in  
Full

Earl Bishop Bailey

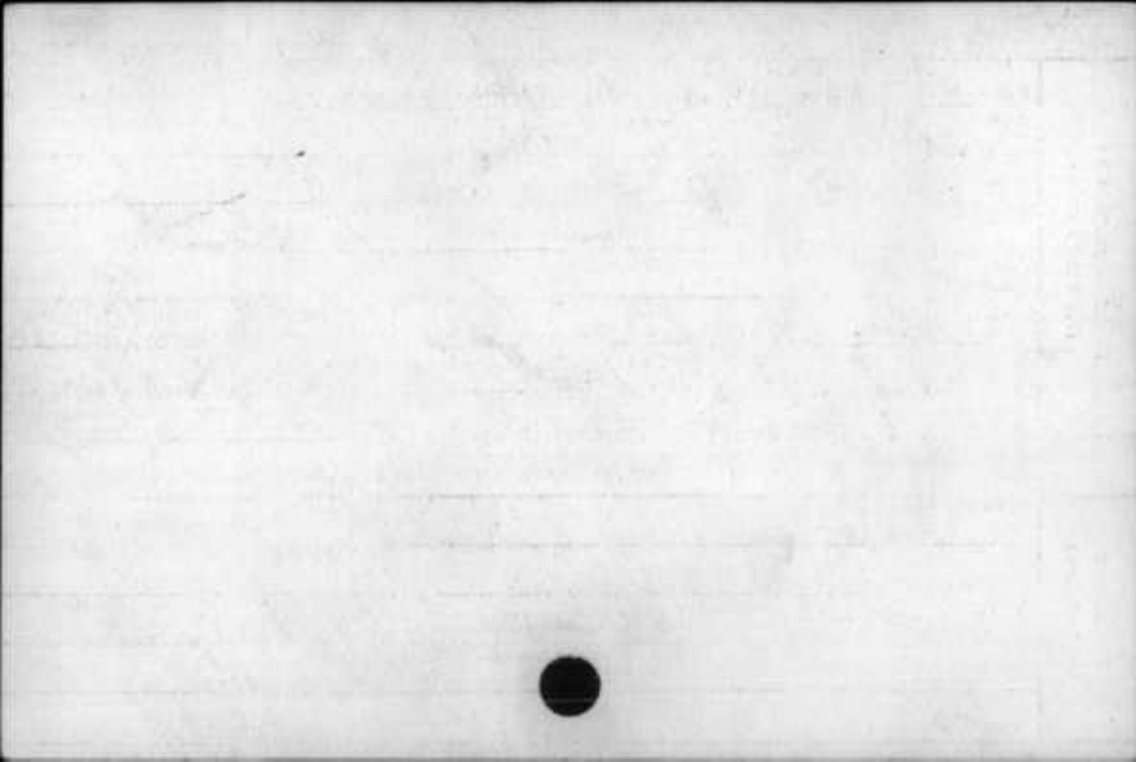
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Funkstown		County Worthing		MARYLAND	
Date of death		19	Month 7	Day 11	Age 7	Years	Months 7
Sex Male		Color or Race White		Birth-place Funkstown			
Occupation no		Where Residing if not at place of death Funkstown					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Lester Bailey		Father's Birthplace Funkstown					
Mother's Maiden Name Rosy Wolf		Mother's Birthplace Funkstown					
Name of person giving information Lester Bailey		How related to deceased Father					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Suffocation (68)	How long	About 1 1/2 hrs	
	Immediate	Heart Failure	How long	1	
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		C. J. Weigand		
		Address Funkstown			
Accident or Suicide?		No			



Name  
In FullMary Jane ~~Robinson~~ Barnes

CERTIFICATE OF DEATH

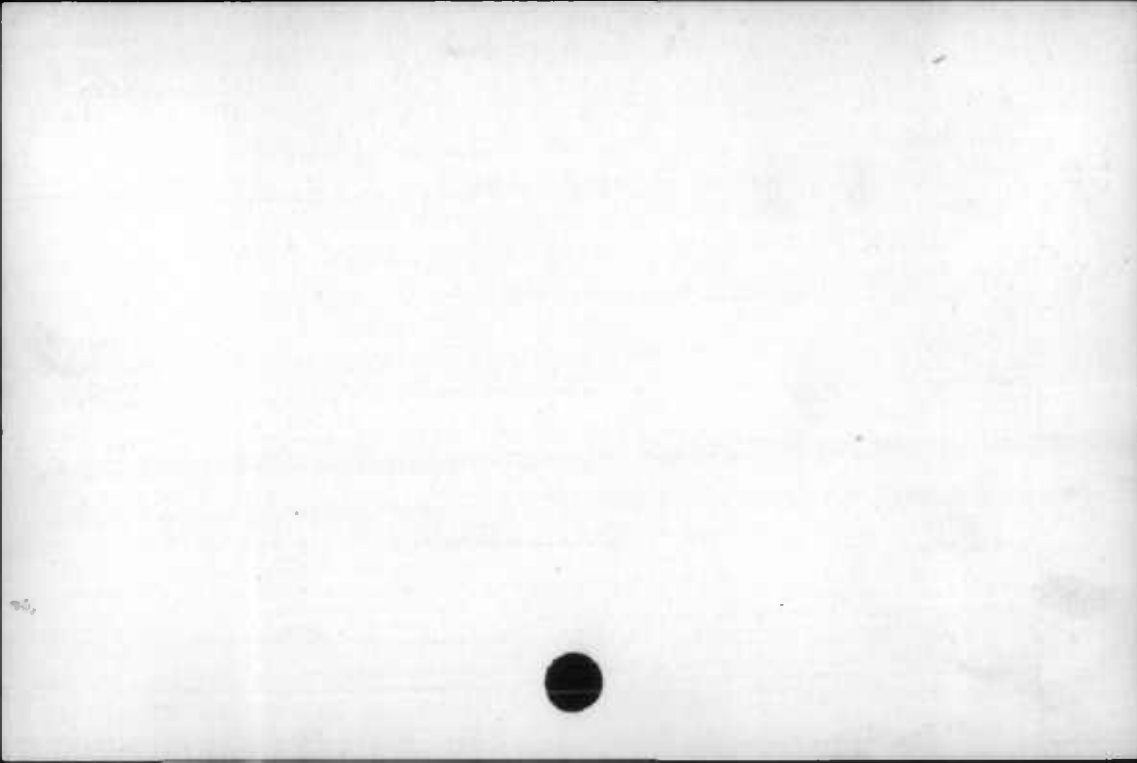
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Clear Spring		Wash		MARYLAND	
Date of death		1960	July	26	Age	80	Months
							Days
Sex		Female		Color or Race		Caucasian	
Occupation		Housewife		Where Residing if not at place of death		—	
Name of Deceased or Widowed				Name of Wife or Husband		William Barnes	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		"	
Name of person giving information		Lizzie Sulavan		How related to deceased		Granddaughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Right Hemiplegia	How long	1 yr.
Immediate	General Debility	How long	1 month.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. L. Paster	
Address		Clear Spring	
Accident or Suicide?			



Name is Full

Mary Gray Benchoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Highfield <sup>County</sup> Washington		MARYLAND	
Date of death 19 <sup>Year</sup> 00 <sup>Month</sup> July <sup>Day</sup> 28	Age <sup>Years</sup> Two <sup>Months</sup> Eight <sup>Days</sup>		
Sex <sup>Female</sup>	Color or Race <sup>White</sup>	Birth-place <sup>Maryland</sup>	
Occupation	Where Residing if not at place of death <sup>Beverly Vista Pa.</sup>		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <sup>Walter Benchoff</sup>	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <sup>Walter Benchoff</sup>	How related to deceased <sup>Father</sup>		

## CAUSES OF DEATH

61 ✓

PHYSICIAN OR CORONER

Primary <sup>Cerebro-spinal meningitis</sup>	How long <sup>11 weeks</sup>
Immediate <sup>Malnutrition + asthenia</sup>	How long <sup>10 weeks</sup>
Are the name, age, sex, color, date and place correctly given above? <sup>yes</sup>	Signature of Physician <sup>P. Truettall Taylor</sup>
Brought to Children's Hospital eight days ago.	Address <sup>Blue Ridge Summit Washington Co. Pa.</sup>
Accident or Suicide?	

Weymouth Pa

13. 3 1/2

Name  
in  
Full

Margaret E. Besore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

8

Died at Smithsburg <sup>Town</sup> Washington <sup>County</sup> MARYLAND

Date of death 1960 <sup>Month</sup> 7 <sup>Day</sup> 21 Age 67 <sup>Year</sup> 3 <sup>Months</sup> 13 <sup>Days</sup>

Sex Female Color or Race White Birth-place Smithsburg Md

Occupation None Where Residing if not at place of death Smithsburg Md

Married, ~~Single~~ Married Name of Wife or Husband Geo. N. Besore

Father's Name Henry Lyday Father's Birthplace New York

Mother's Maiden Name Margaret M. Abrams Mother's Birthplace Cecil Co Md

Name of person giving Information Geo. N. Besore How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Lymphangitis Inanition 34 ✓ How long Several years

Immediate Inanition How long Several months

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

Signature of Physician Dr. Jos. Prohman Address Smithsburg Md.

Accident or Suicide





Name  
In Full

CERTIFICATE OF DEATH

Mrs Annie Elizabeth Bickle.

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hagerstown</i>		<sup>County</sup> <i>Wash.</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>7</i>	Day <i>11</i>	Age	Years <i>72</i> Months <i>—</i> Days <i>15</i>
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Penna.</i>
Occupation	<i>H. W.</i>		Where Reading if not at place of death <i>—</i>		
Married, Single or Widowed	<i>married</i>	Name of Husband	<i>Chas. A. Bickle.</i>		
Father's Name	<i>Samuel Houser</i>		Father's Birthplace	<i>Pa</i>	
Mother's Maiden Name	<i>Mary Scott</i>		Mother's Birthplace	<i>Pa</i>	
Name of person giving information	<i>Chas. A. Bickle</i>		How related to deceased	<i>husband</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Progressive Paralysis</i>	How long	<i>6 months</i>
Immediate	<i>Pneumonia</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. S. Watson</i>
		Address	<i>Hagerstown Md</i>
Accident or Suicide?			

J. M. Sinden Esq  
Sms.

Name in Full

CERTIFICATE OF DEATH

Unmarried child of Beef Bond

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Wash MARYLAND

Date of death | 9 <sup>Month</sup> 10 <sup>Day</sup> 7 <sup>Age</sup> 13 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> 1

Sex <sup>Male</sup> Color or Race <sup>white</sup> Birth-place <sup>Ind.</sup>

Occupation <sup>—</sup> Where residing if not at place of death <sup>—</sup>

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

Father's Name <sup>Benji F. Bond</sup> Father's Birthplace <sup>~~Ind.~~</sup>

Mother's Maiden Name <sup>Edna Johnson</sup> Mother's Birthplace <sup>~~Ind.~~</sup>

Name of person giving information <sup>Mrs. Geo Bond</sup> How related to deceased <sup>grandmother</sup>

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <sup>Premature Birth</sup> How long <sup>8 months</sup>

Immediate <sup>Exhaustion</sup> How long <sup>2 hrs</sup>

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

Signature of Physician <sup>J. E. Pitsenogle</sup>

Address <sup>Hagerstown</sup>

Address <sup>Hagerstown</sup>

Accident or Suicide? <sup>—</sup> <sup>Ind.</sup>



Name  
in  
Full

CERTIFICATE OF DEATH

Jacob E. Bowers

Town

County

Died at *near Hagerstown**Washington*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1910**7**19*

Age

*43**10**27*

Sex

*male*Color or  
Race*white*Birth-  
place*Md.*

Occupation

*Farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*married*Name of Wife or  
Husband*Annie E. Bowers*Father's  
Name*Samuel H. Bowers*Father's  
Birthplace*Md.*Mother's  
Maiden Name*Susan B. Lechman*Mother's  
Birthplace*"*Name of person giving  
Information*Mrs Annie Bowers*How related  
to deceased*wife*

## CAUSES OF DEATH

Primary

*Pneumonia, Impetigo*

How long

*3 weeks*

Immediate

*Cholera Modus, Exhaustion*

How long

*2 1/2 hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*W. O. Payne**Hagerstown Md*

Accident or Suicide?

*No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

L.M. Sanderby Sm

Name  
Full

George Beerishing

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death 19 <i>11</i>	<i>7</i> <small>Month</small>	<i>2</i> <small>Day</small>	Age <i>74</i>	<i>6</i> <small>Months</small>	<i>2</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Amanda C. Gettyscher</i>				
Father's Name <i>John Beerishing</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Mary Clappet</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Thos Beerishing</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cardiac Insufficiency</i>	How long <i>8 or 10 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Pittsogle M.D.</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? _____	

Northwin

Rose Hill

J. M. Maximo



Name  
in  
Full

Philip Carty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

4

Died at <i>Bellevue</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>23</i> <small>Age</small>	<i>57</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>son</i>		Where Residing if not at place of death	<i>Bellevue</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>son</i>		
Father's Name	<i>Samuel Carty</i>			Father's Birthplace	<i>Frederick Md</i>
Mother's Maiden Name	<i>Rosana Banner</i>			Mother's Birthplace	<i>Not known</i>
Name of person giving information	<i>Mary Bond</i>			How related to deceased	<i>Cousin</i>

## CAUSES OF DEATH

Primary *Heart Exhaustion*

Immediate *—*

How long

How long

179 ✓

PHYSICIAN  
OR CORONER

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

*yes.*

Signature of Physician

*J. M. W. City*

Address

*Asquith*

Accident or Suicide?

J. K. Gorman  
Madison, Tex.

Name  
in  
Full

## CERTIFICATE OF DEATH

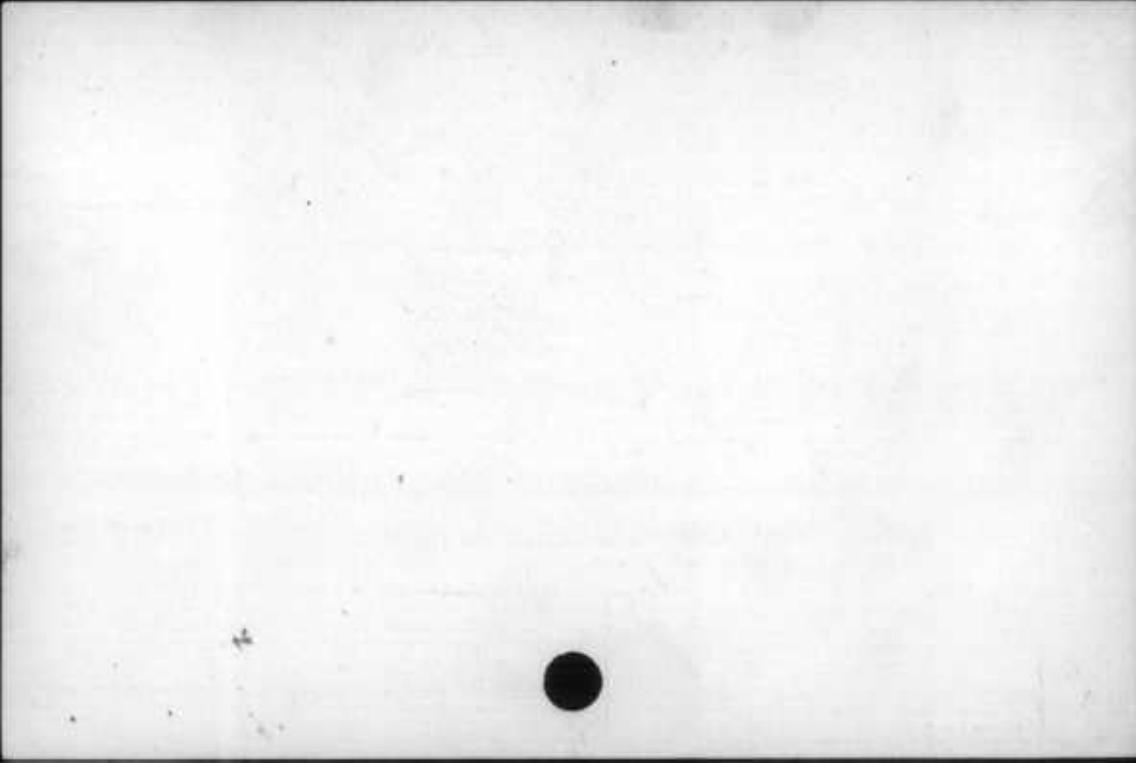
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Julia S. Clopper</i>		Town <i>Blairs Valley</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Blairs Valley</i>		Date of death 19 <i>40</i>		Age <i>21</i>		Months <i>3</i>	
Month <i>July</i>		Day <i>3rd</i>		Years <i>21</i>		Days <i>29</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of <del>Wife</del> Husband <i>David Clopper</i>					
Father's Name <i>Wesley Suffacool</i>		Father's Birthplace <i>Penna</i>					
Mother's Maiden Name <i>Mary Rupp</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>David Clopper</i>		How related to deceased <i>husband</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Child-birth -</i>	<i>1</i>	<i>135</i> ✓ How long
	Immediate	<i>Shock - Postpartum Hemorrhage</i>	<i>3 hours</i>	How long
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Charles T. Mason, M.D.</i>	
	Address	<i>Clearspring</i>		<i>Maryland</i>

Accident or Suicide?



Name  
in  
Full

Mrs. Susan F. Corson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hagerstown</i> <sup>County</sup> <i>Washington</i>		MARYLAND			
Date of death	19 <i>10</i>	Month <i>7</i>	Day <i>30</i>	Age <i>74</i>	Months <i>1</i> Days <i>23</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Domestic</i>		Where Residing if not at place of death	<i>Ind</i>	
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Joseph Corson</i>	
Father's Name	<i>Jacob Ridenour</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Esther Myers</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Mary Ridenour</i>		How related to deceased	<i>Sister</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Dyspnoea</i>	How long	<i>89</i>
Immediate	<i>Pneumonia</i>	How long	<i>7 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. P. Stauffer</i>
Accident or Suicide?		Address	<i>Hagerstown Ind</i>

Jefferson, Assessor  
Pasadena

A. K. Johnson

Name  
In Full

CERTIFICATE OF DEATH

James Freeman Dellinger  
 Died at <sup>Town</sup> *Capostone* <sup>County</sup> *Washington* **MARYLAND**  
 Date of death **19** <sup>Month</sup> *July* <sup>Day</sup> *31* <sup>Years</sup> *1* <sup>Months</sup> *1* <sup>Days</sup> *2*  
 Sex *Male* Color or Race *White* Birth-place *MD*  
 Occupation \_\_\_\_\_ Where Reading if not at place of death \_\_\_\_\_

TO BE ANSWERED BY  
NEAREST FRIEND

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_  
 Father's Name *N. B. Blair Dellinger* Father's Birthplace *MD*  
 Mother's Maiden Name *Sarah Hammond* Mother's Birthplace *MD*  
 Name of person giving information *Blair Dellinger* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Thrombosis.* How long *1890* *1 month.*  
 Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Victor D. Miller, Jr.*  
 Address *Cap. MD.*  
 Accident or Suicide? *no*

PHYSICIAN  
OR CORONER

A. K. Johnson



Name  
in  
Full

William U Fisher

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Eakles Mills <sup>County</sup> Washington MARYLAND

Date of death 1940 <sup>Month</sup> 7 <sup>Day</sup> 16 <sup>Years</sup> 35 <sup>Months</sup> 0 <sup>Days</sup> 0

Sex Male Color or Race Colored Birth-place Eakles Mills

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

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

Father's Name George Fisher Father's Birthplace Eakles Mills

Mother's Maiden Name Mary Kants Mother's Birthplace Eakles Mills

Name of person giving Information George Fisher How related to deceased Father

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CAUSES OF DEATH

Primary Injuries from Railroad accident How long     

Immediate Fracture of skull How long Immediate

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Richard H Rice MD

Address Neelysville

Accident or Suicide (Accident) MD

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

R. E. Simmen & Son

Name  
is  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death 19 <i>11</i>	Month <i>7</i>	Day <i>14</i>	Age	Years <i>11</i>	Months <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <input checked="" type="radio"/>		Name of Wife or Husband			
Father's Name <i>J. Samuel Meagle</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Mrs. M. Lushbaugh</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>B. Frank Lushbaugh</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

Primary <i>Chol Infarctum</i>	How long <i>104</i>
Immediate	How long <i>9 days</i>

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Wm. P. Miller*Address *1007 ...*Accident or Suicide?

J. M. Harrison

Name  
in  
Full

Cyrus Eby Flook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Boonsboro</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	1900	Month	July	Day	24
Age	1	Years		Months	2
				Days	15
Sex	Male	Color or Race	White	Birth-place	Boonsboro
Occupation	None		Where Residing if not at place of death		
<del>Married</del> , Single or <del>Widowed</del>	Name of Wife or Husband				
Father's Name	Elmer S Flook			Father's Birthplace	Fred. Co.
Mother's Maiden Name	Addie Hought			Mother's Birthplace	Fred. Co.
Name of person giving information	Addie Flook			How related to deceased	Mother

## CAUSES OF DEATH

Primary		How long	
Immediate	Myocardium	How long	1892
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Since Birth
		Address	E. J. Smith
Accident or Suicide			Boonsboro
			md.

PHYSICIAN  
OR CORONER

Brimmings + Boat  
Mendota 1880

Name

in Full

Mrs Mammie M. Flook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hagerstown</i>		<sup>County</sup> <i>Wash</i>		MARYLAND	
Date of death 19	<sup>Month</sup> <i>10</i>	<sup>Day</sup> <i>7</i>	Age	<sup>Years</sup> <i>37</i>	<sup>Months</sup> <i>6</i> <sup>Days</sup> <i>20</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>N. W.</i>		Where Residing if not at place of death <i>Robersville</i>		
Married, Single or Widowed	<i>Married</i>	Name of Husband	<i>Wm H. Flook</i>		
Father's Name	<i>Jacob F. Whitson</i>		Father's Birthplace	<i>Not Known</i>	
Mother's Maiden Name	<i>Not Known</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>W. C. Flook</i>		How related to deceased	<i>husband</i>	

## CAUSES OF DEATH

108 ✓

PHYSICIAN  
OR CORONER

Primary	<i>Appendicitis Chronic</i>	How long	<i>not known</i>
Immediate	<i>Heart Crochone</i>	How long	<i>7 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. D. Baker M.D.</i>
		Address	<i>Robersville Md.</i>
Accident or Suicide?			<i>Med</i>

L.M. Sutton  
M.A. Sams



Name In Full *Infant Son of J. E. Frantz* CERTIFICATE OF DEATH

**TO BE ANSWERED BY NEAREST FRIEND**

Died at *Clear Spring* <sup>Town</sup> *Wash* <sup>County</sup> MARYLAND

Date of death *1900* <sup>Month</sup> *July* <sup>Day</sup> *7* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Male* Color or Race *White* Birth-place *Clear Spring*

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

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

Father's Name *J. Edward Frantz* Father's Birthplace *Clear Spring*

Mother's Maiden Name *Lillian M. Reed* Mother's Birthplace *Pa.*

Name of person giving information *J. E. Frantz* How related to deceased *Father*

CAUSES OF DEATH *(S)*

**PHYSICIAN OR CORONER**

Primary *Still born Premature* <sup>How long</sup> *One week*

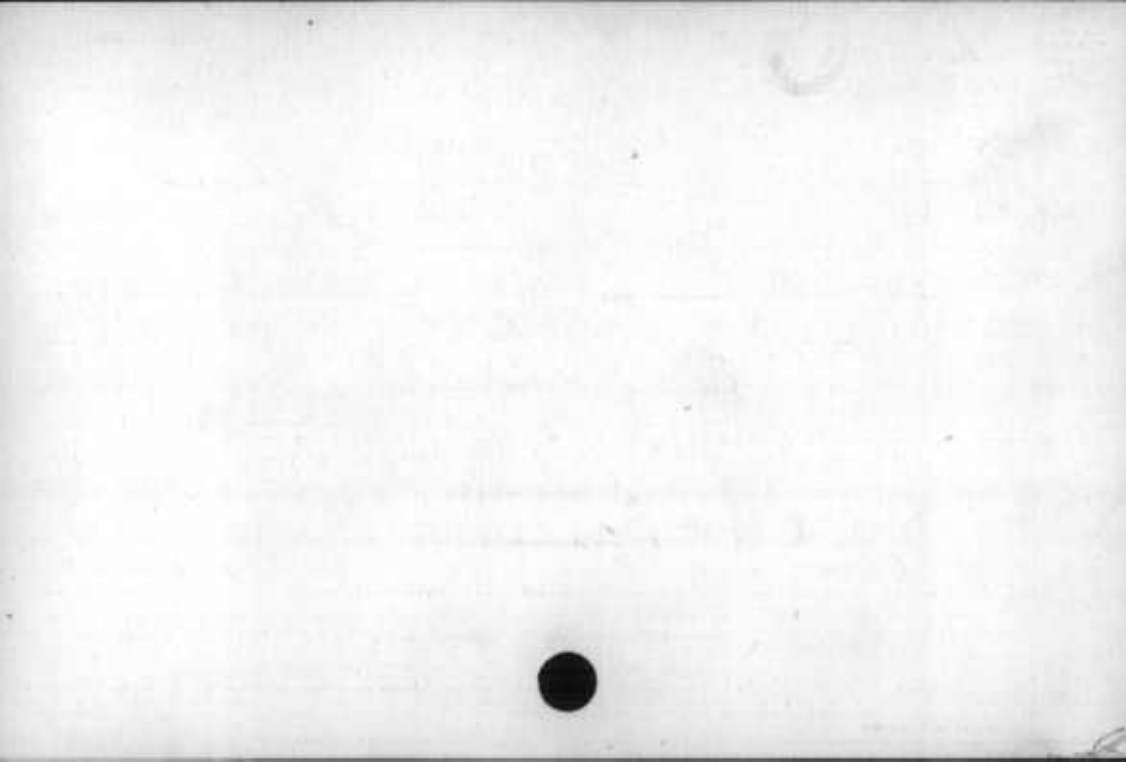
Immediate *Unknown* <sup>How long</sup> *18 hours*

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

Signature of Physician *Abraham Shank*

Address *Clear Spring Washington Co.*

*Abraham Shank*



Name  
is  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death 19 <i>10</i> <small>Month</small>	<i>7</i> <small>Day</small>	19 <i>19</i> <small>Year</small>	Age <i>3</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>12</i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Va.</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 Gordon</i>	Father's Birthplace <i>Pa.</i>				
Mother's Maiden Name <i>Sarah Edmondson</i>	Mother's Birthplace <i>Va.</i>				
Name of person giving information <i>Samuel Gordon</i>	How related to deceased <i>father</i>				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>acute Indigestion</i>	How long <i>3-4 hours</i>	
	Immediate <i>convulsions. (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>Peter D. Miller, Jr.</i>	
	Accident or Suicide? <i>No</i>	Address <i>Hagerstown Md</i>	

Middleton, Va.  
Frederick Co

J. M. Sutton Jr  
Snr

Name  
In Full

CERTIFICATE OF DEATH

Mrs Camilla H. Hamill

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND					
Date of death	1916	Month	7	Day	10	Age	Years 25	Months 6	Days 3
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Md.</i>		
Occupation	<i>H. W.</i>		Where Reading if not at place of death			<i>Harold Mt</i>			
Married, Single or Widowed	<i>married</i>		Name of Husband	<i>Gail W. Hamill</i>					
Father's Name	<i>S. Milford Schindel</i>					Father's Birthplace	<i>Md.</i>		
Mother's Maiden Name	<i>Annie E. Brendel</i>					Mother's Birthplace	<i>Penna.</i>		
Name of person giving information	<i>Gail Hamill</i>					How related to deceased	<i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Cardiogenic Pulse</i>	How long	<i>about 2 yrs</i>	
	Immediate	<i>Exhaustion</i>	How long	<i>2 months</i>	
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. W. [unclear]</i>	
	Address	<i>Hagerstown Md</i>			

J. M. Swenson  
J. M. Swenson

Name  
in  
Full

O. Elliott. Harrietta Heist

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hagers town</i>		<sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death	19 <i>00</i> <sup>Month</sup> <i>July</i>	<sup>Day</sup> <i>9</i>	Age <i>"</i>	<sup>Months</sup> <i>5</i>	<sup>Days</sup> <i>"</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hagers town</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Henry Heist</i>		Father's Birthplace <i>Hagers town</i>			
Mother's Maiden Name <i>Leta K. Barber</i>		Mother's Birthplace <i>Wash. Co Md.</i>			
Name of person giving information <i>Mary L. Barber</i>		How related to deceased <i>Grandmother</i>			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Cholera Infantum</i>	How long	<i>2-3 days.</i>
	Immediate	<i>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>John Swiller</i>
	Accident or Suicide?	<i>No</i>	Address	<i>Hager. Md.</i>

S. K. Looman



Name  
in  
Full

Adel M Hutzel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bovonsboro Town Washington County MARYLAND

Date of death 1900 July Month 18 Day 1 Age 1 Years 11 Months 13 Days

Sex Female Color or Race White Birth-place Bovonsboro

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

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

Father's Name Vernon Hutzel Father's Birthplace Bovonsboro

Mother's Maiden Name Annie Wagg Mother's Birthplace Illinois

Name of person giving information Engene Summers How related to deceased Grandfather

## CAUSES OF DEATH

Primary \_\_\_\_\_ How long \_\_\_\_\_

Immediate Acute Gastro-Enteric Infection How long 2 days

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

Signature of  
PhysicianE. J. Smith

Address

Bovonsboromd

Accident or Suicida \_\_\_\_\_

PHYSICIAN  
OR CORNER

Bringing A Boat  
Under The Lens

Name  
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name: *Effie P Johnson*

Town: *Hagerstown* County: *Wash.* MARYLAND

Died at: *Hagerstown*

Date of death 19*18* Month *7* Day *8* Age *26* Months *1* Days *8*

Sex: *female* Color or Race: *colored* Birth-place: *Ohio*

Occupation: *N. W.* Where Residing if not at place of death: \_\_\_\_\_

Married, Single or Widowed: *married* Name of Husband: *Walter S Johnson*

Father's Name: *Sterling Austin* Father's Birthplace: *Ohio*

Mother's Maiden Name: *Lucy F. Fowler* Mother's Birthplace: *Ohio*

Name of person giving information: *W. S. Johnson* How related to deceased: *husband*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary: *Tubercular Arthritis - (29)* How long: *3 mos*

Immediate: *General Tuberculosis with atelectasis* How long: *2 weeks*

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

Signature of Physician: *[Signature]* Address: *Hagerstown Md*

Accident or Suicide? *No*

J. M. Sutton  
J. M. Sutton  
J. M. Sutton

Name  
in Full

Unusual child of Frank &amp; Edith Huntington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at near Middleburg Wood **MARYLAND**Date of death 1966 Month 7 Day 18 Age        Years        Months        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 Frank L. Johnston Father's Birthplace Pa.Mother's Maiden Name Wanda Stuyve Mother's Birthplace md.Name of person giving Information F. L. Johnston How related to deceased father

## CAUSES OF DEATH

Primary difficult labor. 136 How long 3-4 hoursImmediate Shock How long .....Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician V. St. GuillierAddress Hay HillAccident or Suicide noPHYSICIAN  
OR CORONER

J. M. Smithey & Son

Name  
In Full

Anna Juntiff

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highfield</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death 190	<i>July</i> <small>Month</small>	<i>27</i> <small>Day</small>	Age	<i>9</i> <small>Years</small>	<i>9</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>		Occupation	
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <i>Highfield</i>			
Father's Name <i>Simon Juntiff</i>		Father's Birthplace		Mother's Maiden Name	
Mother's Maiden Name		Mother's Birthplace		Name of person giving information <i>Russell Taylor M.D.</i>	
Name of person giving information		How related to deceased		Where Residing if not at place of death <i>Highfield</i>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Hip Disease</i>	How long <i>5 months</i>
	Immediate <i>Enteritis &amp; Aethema</i>	How long <i>Two weeks</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Russell Taylor M.D.</i>
	Accident or Suicide?	Address <i>Blue Ridge Summit Washington Co. Md.</i>





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup> <i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 19 <i>18</i>	Month <i>7</i>	Day <i>3</i>	Age <i>59</i> <sup>Years</sup>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Pa</i>	Months <i>10</i> Days <i>15</i>
Occupation <i>Housewife</i>	Where Reading if not at place of death _____		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Joseph Kershner</i>		
Father's Name <i>Joseph Hooper</i>	Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Lucinda Motter</i>	Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Harry Kershner</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Ashtic's + Mitral Regurgitation</i>	How long <i>Five weeks</i>	
	Immediate <i>Heart Failure</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>S W Mustat M.D.</i>	
	Address <i>Hagerstown, Md</i>	Accident or Suicide? _____	

Watson  
Rock Hill

J. M. Grassino.

Name  
in  
Full

Doris B. Kline

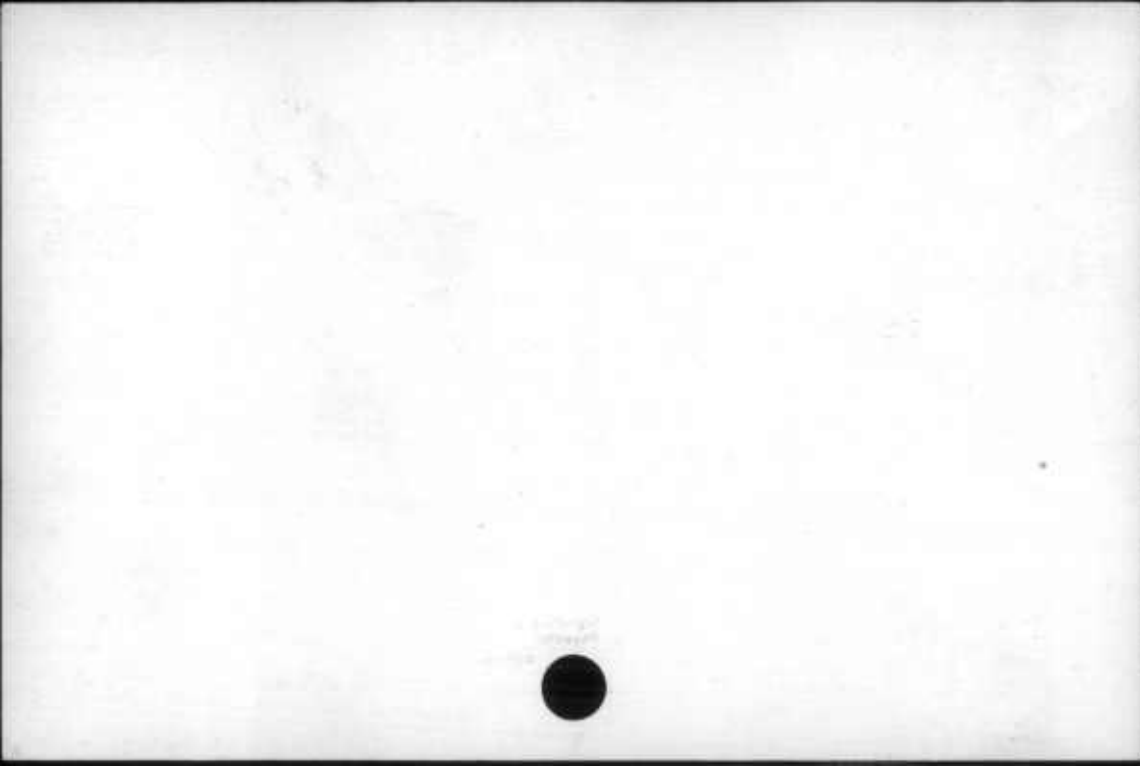
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leitersburg</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>7</i>		Day <i>8</i>		Age <i>1</i>		Years <i>2</i> Months <i>27</i> Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Leitersburg</i>					
Occupation <i>None</i>				Where Residing if not at place of death <i>Leitersburg</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>							
Father's Name <i>Geo. C. Kline</i>				Father's Birthplace <i>Hollywood, Md.</i>					
Mother's Maiden Name <i>Flora G. Foltz</i>				Mother's Birthplace <i>Bevercreek</i>					
Name of person giving Information <i>Geo. C. Kline</i>				How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Cholera infantum</i>	How long	<i>10 days</i>
	Immediate	<i>Spasms</i>	How long	<i>one day</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Wishard</i>		
Address		<i>Leitersburg Md.</i>		
Accident or Suicide				



NAME  
is  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Kuhn

Place of death <sup>Town</sup> *Big Spring* <sup>County</sup> *Washington* <sup>State</sup> *MARYLAND*

DATE of death 19 *18* Month *7* Day *16* AGE *68* Years Months *8* Days *24*

Sex *Male* Color or Race *White* Birthplace *Big Spring*

Occupation *Miller* Where Residing if not at place of death *Big Spring all his life*

Married, ~~was~~  Name of Wife or Husband *Mahala Brewer*

Father's Name *Jacob Kuhn* Father's Birthplace *Ind*

Mother's Maiden Name *Nancy Lutz* Mother's Birthplace *Pa*

Name of person giving Information *Edward Kuhn* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Hepatitis* How long *Three weeks*

Immediate *Heart failure* How long *Ten days*

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

Signature of Physician *Abraham Shank*

Address *Clearspring Washington County*

Accident or suicide

PHYSICIAN  
OR CORNER



Name  
in Full

George Legg

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown		County Wash.		MARYLAND	
Date of death	1910	Month	7	Day	12
Age	Years		—	Months	10
Sex	male	Color or Race	white	Birth-place	md.
Occupation	—		Where Reading if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Harry Legg			Father's Birthplace	Va.
Mother's Maiden Name	Hortense Von Weiser			Mother's Birthplace	md.
Name of person giving information	Harry Legg			How related to deceased	father

## CAUSES OF DEATH

Primary	Meningitis	How long	7 days
Immediate	Exhaustion	How long	3 hours

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

Signature of Physician  
A. P. Stauffer

Address  
Hagerstown, Md.

Accident or Suicide? No

J. M. Suter & Son



Name  
in  
Full

Jamie Alta Lowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

9

Died at Antietam Washington County MARYLAND

Date of death 1900 7 7 Age 7 3 Days

Sex Female Color or Race White Birth-place Antietam

Occupation None Where Residing if not at place of death Antietam

Single Name of Wife or Husband

Father's Name Harry L Lowman Father's Birthplace Sharpsburg

Mother's Maiden Name Ada Baker Mother's Birthplace Antietam

Name of person giving Information William Baker How related to deceased Uncle

CAUSES OF DEATH

Primary Premature child How long 15 1/2

Immediate

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

Signature of Physician E. W. Garrett, Sharpsburg, Md. Address

Accident or Suicide

PHYSICIAN  
OR CORONER

Signature of Physician/Coroner

L E Duman & Son

Name  
in Full

CERTIFICATE OF DEATH

JOS S M DOWELL

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Washington Co		MARYLAND	
Date of death		Month 10	Day 7	Age 26	Years 74	Months	Days
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Retired		Where Reading if not at place of death		Indianapolis Ind			
Married, Single or Widowed Married		Name of Wife or Husband Lurichia McCardell					
Father's Name Nathan McDowell		Father's Birthplace Not known					
Mother's Maiden Name Emily Gubby		Mother's Birthplace					
Name of person giving information Chas E Baughert		How related to deceased		Brother in law			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Gastritis	How long 103	How long Don't know
	Immediate	Exhaustion		How long
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician J. M. Scott	Address Hagerstown
	Accident or Suicide			

J. M. Watkins

Name  
in  
Full

Thomas S. Malone

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Sharpsburg</i> <sup>County</sup> <i>Washington</i> <b>MARYLAND</b>	
Date of death <i>1980</i>	Age <i>63</i>
Month <i>7</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>
Occupation <i>Labourer</i>	Birth-place <i>Lestown Jct. Co. Va.</i>
Where Residing if not at place of death	
Married, <del>Single</del> <i>Married</i>	Name of Wife or Husband <i>Ella D. Malone</i>
Father's Name <i>Benjamin F. Malone</i>	Father's Birthplace <i>Virginia.</i>
Mother's Name <i>Margrett Kicher</i>	Mother's Birthplace <i>Virginia.</i>
Name of person giving information <i>John B. Malone</i>	How related to deceased <i>brother.</i>

## CAUSES OF DEATH

Primary *disseminated* How long *Several years*  
*a complication of non-contagious*  
 Immediate *Exhaustion* How long \_\_\_\_\_

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

*Yes*

Signature of Physician

*S. H. Goodman*

Address

*Sharpsburg  
Md.*

Accident or Suicide

PHYSICIAN  
OR CORNER

Chas. J. Tuley  
Underwriter

Name  
in  
Full

Christian S Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death	1910	Month 7	Day 23	Age	83	Months 7	Days 4
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	Retired Farmer			Where Reading if not at place of death	→		
Married, Single or Widowed	Married	Name of Wife or Husband	Annie E. Daugherty				
Father's Name	Daniel Miller			Father's Birthplace	Md		
Mother's Maiden Name	Rachel Houser			Mother's Birthplace	Md		
Name of person giving information	Annie E Miller			How related to deceased	Wife		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Principal	Epithelioma of face		How long	4 Yrs
Immediate	Exhaustion		How long	3. months
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	J. P. Pitman
			Address	Hagerstown Md
Accident or Suicide?				

J. M. Watkins



Name in Full

Joseph Edwin Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> near Smithsburg <sup>County</sup> Washington

MARYLAND

Date of death 1960 Month 7 Day 14 Age Years 9 Months 9 Days

Sex Male Color or Race White Birth-place Smithsburg

Occupation none Where Residing if not at place of death Smithsburg

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

Father's Name Charlie Miller Father's Birthplace Smithsburg

Mother's Maiden Name Annie E. Loyell Mother's Birthplace Baltimore Co.

Name of person giving Information May. D. Spurdall How related to deceased Aunt.

CAUSES OF DEATH

Primary Ileocolitis 104A 181A How long 5 days

Immediate 115 How long 5 days

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

Signature of Physician Dr. M. K. Jaccard Address Smithsburg Maryland

PHYSICIAN OR CORONER

Accident or Suicide



Name  
in  
Full

Mary Ann Manzella Montgomery

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Frederick Town Washington County MARYLAND

Date of death 1900 7 Month 30 Day 5 Years 4 Months 4 Days

Sex Female Color or Race White Birth-place Kearneysville

Occupation None Where Residing if not at place of death —

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

Father's Name Daniel E Montgomery Father's Birthplace Ford Co

Mother's Maiden Name Myrtle Abbott Mother's Birthplace W Va

Name of person giving information Daniel Montgomery How related to decedent Father

CAUSES OF DEATH

Primary Inanition How long 189 a 4 1/2 months

Immediate Heart failure How long 1 hour

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

Signature of Physician C. D. Baker

Address Parkersville

Accident or Suicide — MD

PHYSICIAN  
OR CORONER

H. Edman Jr.

Name in Full

James T. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington MARYLAND

Date of death 1910 <sup>Month</sup> July <sup>Day</sup> 22 <sup>Age</sup> 65 <sup>Years</sup> <sup>Months</sup> 2 <sup>Days</sup>

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Pennsylvania Lancaster Co

Occupation R.R. Telegraphman <sup>Where Residing if not at place of death</sup> Hagerstown

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Sarah M. Moore

Father's Name John Moore <sup>Father's Birthplace</sup> Lancaster Co Pa

Mother's Maiden Name Catherine Milkollen <sup>Mother's Birthplace</sup> 1. 19 11

Name of person giving information Sarah M. Moore <sup>How related to deceased</sup> Wife

CAUSES OF DEATH

44 ✓

PHYSICIAN OR CORONER

Primary Cause of death Cancer of face <sup>How long</sup> 11 years

Immediate Exhaustion <sup>How long</sup> several months

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

Signature of Physician [Signature] <sup>Address</sup> Hagerstown Md

Accident or Suicide? No

J. K. Gowman  
Bridgeton

Name  
In Full

Mrs. Katherine Eliz. Mose

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Hagerstown

Town

Wash.

County

MARYLAND

Date

1910

Month

7

Day

30

Age

Years

65

Months

9

Days

1

Sex

Female

Color or Race

white

Birth-place

Md

Occupation

D. W.

Where Residing if not at place of death

Married, Single or Widowed

married

Name of Husband

Peter Mose

Father's Name

Uriah Zellers

Father's Birthplace

Md

Mother's Maiden Name

Mary C. Smith

Mother's Birthplace

Va

Name of person giving information

Peter Mose

How related to deceased

husband

## CAUSES OF DEATH

120

Primary

Bright's Disease

How long

1 year

Immediate

Uræmic Poisoning

How long

2 days

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

yes

Signature of Physician

J. P. Rauffer  
Hagerstown, Md

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER

E.M. Sullivan Sr



Name  
in  
Full

*Nellie Louise Mumford*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Williamsport* Town *Washington* County

MARYLAND

Date of death 19*10* Month *July* Day *18* Age *1* Years Months *10* Days *7*

Sex *Female* Color or Race *White* Birth-place *Williamsport* Md.

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

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

Father's Name *Daniel G. Mumford.*

Father's Birthplace *Williamsport* Md.

Mother's Maiden Name *Therese Zimmerly.*

Mother's Birthplace *Cumberland* Md.

Name of person giving information *Therese Mumford*

How related to deceased *Mother*

*Drowning was partly accidental and partly from viewing the body. Concluded on inquest.*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Drowned.*

How long *169* ✓

Immediate *In C. & O. Canal.*

How long

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

Signature of Physician *J. C. Hershberger, J. P.*

Address *Acting Coroner*

Accident or Suicide? *Accident.*

*Williamsport, Md.*

July 18 1910  
Sept 11 - 1908

---

William Lloyd: Mt. July 20<sup>th</sup> 1910.  
Inscribed in Wisconsin Cemetery  
By J. G. Ketch. Manchester

Name in Full *Still Born child of Ed. S. & Edith Munson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Wash</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i>	<i>7</i> <small>Month</small>	<i>26</i> <small>Day</small>	Age <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>male</i>		Color or Race <i>white</i>	Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward S. Munson</i>		Father's Birthplace <i>W. Va</i>			
Mother's Maiden Name <i>Edith Reynolds</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>E. S. Munson</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Still born (S)</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>[Signature]</i>
		Address <i>Hagerstown, Md</i>
Accident or Suicide?	<i>No</i>	

L.M. Smith Esq Son

Name

In Full

CERTIFICATE OF DEATH

Alexander Neill Sr.  
 Died at <sup>Town</sup> Blue Ridge Summit <sup>County</sup> Wash

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1910 <sup>Month</sup> 7 <sup>Day</sup> 14 <sup>Age</sup> 65 <sup>Years</sup> <sup>Months</sup> 11 <sup>Days</sup> 9

Sex *male* Color or Race *white* Birth-place \_\_\_\_\_  
 Occupation *Lawyer* Where Residing if not at place of death *Hagerstown, Md.*

Married, Single or Widowed *married* Name of Wife or Husband *Ellen Louplidge Neill*

Father's Name *Alexander Neill* Father's Birthplace *Md.*

Mother's Maiden Name *Mary S. Nelson* Mother's Birthplace *Md.*

Name of person giving information *Alex Neill Jr.* How related to deceased *son*

CAUSES OF DEATH

66

PHYSICIAN OR CORONER

Primary *hemiplegia* How long *six months*

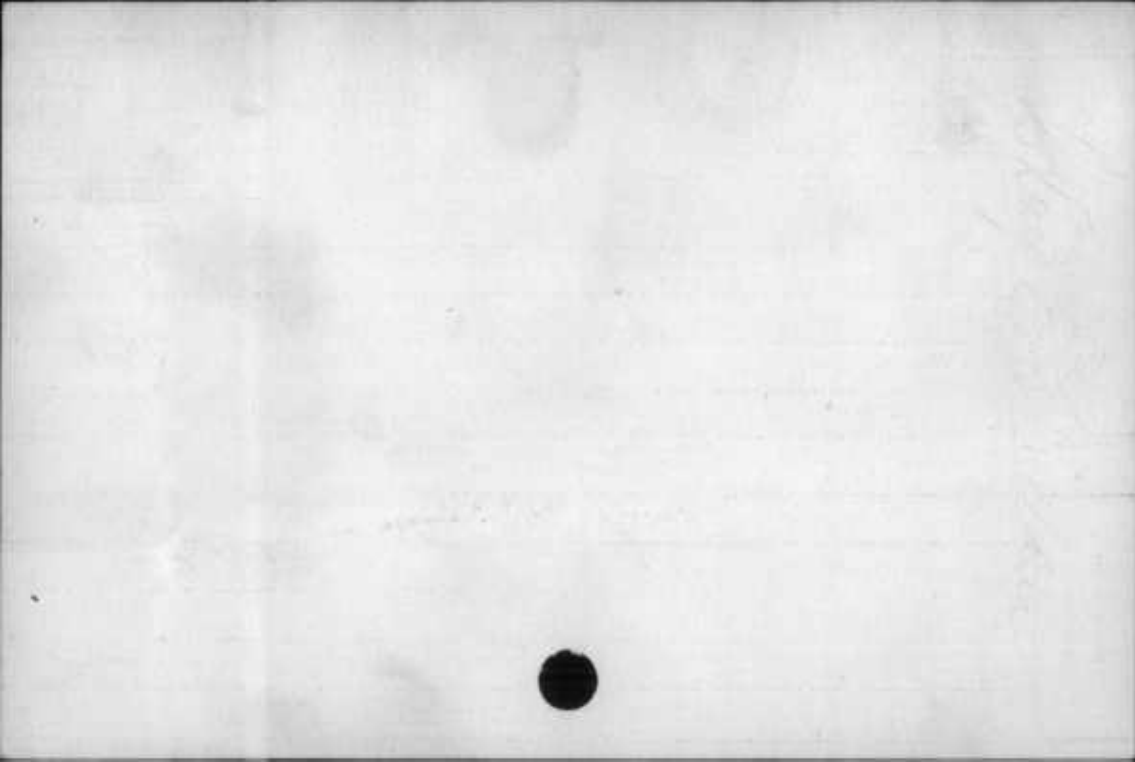
Immediate *Heart exhaustion* How long *one week*

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

Signature of Physician *Henry B. ...*

Address *Blue Ridge Summit Md*

Accident or Suicide? *No*



Name  
in  
Full

Mrs. *Clivia Emma Ordway*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Flagston</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1918</i>	Month <i>7</i>	Day <i>22</i>	Age <i>5'2</i>	Months <i>3</i> Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Pa</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>A. M. Ordway</i>				
Father's Name <i>Israel B. Sechrist</i>	Father's Birthplace <i>Pa</i>			Mother's Birthplace <i>Pa</i>	
Mother's Maiden Name <i>Mary J. Solomon</i>	Name of person giving information <i>Ella Sechrist</i>			How related to deceased <i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>Half hour</i>
<i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>E. G. ...</i>
	Address <i>184 ...</i>
Accident or Suicide?	

J. M. Perkins



Name in Full

Earl Leon Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Elmwood Farm* <sup>Town</sup> *Worthington* <sup>County</sup> **MARYLAND**

Date of death *19 10 July* *19* <sup>Year</sup> *3* <sup>Months</sup> *19* <sup>Days</sup>

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

Occupation \_\_\_\_\_ Where Residing if not at place of death *Haverstown Md*

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

Father's Name *Charles Thomas Palmer* Father's Birthplace *Poulo River*

Mother's Maiden Name *Isabella Hall* Mother's Birthplace *Oldtown, Md*

Name of person giving information *Nathan Palmer* How related to deceased *Grandfather*

CAUSES OF DEATH

*189 N*

PHYSICIAN OR CORONER

Primary *Malnutrition* How long *Four weeks*

Immediate *Exhaustion* How long *One week*

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

Signature of Physician *W. S. Richardson*

Address *Williamport Md*

Accident or Suicide? *No.*

Willingboro. N. J. July 21<sup>st</sup> 1910.  
In testimony in Riverine Cemetery  
By J. J. Ketch. Minister.

Name in Full

Harvey S. Hoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Highfield <sup>Town</sup> Washington <sup>County</sup> MARYLAND

Date of death 1940 <sup>Year</sup> July <sup>Month</sup> Twenty <sup>Day</sup> 29 <sup>Year</sup> 2 <sup>Months</sup> 1 <sup>Days</sup>

Sex Male Color or Race White Birth-place \_\_\_\_\_

Occupation Mechanic Where Residing if not at place of death Highfield

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

Father's Name xxx Father's Birthplace xxx

Mother's Maiden Name xxx Mother's Birthplace xxx

Name of person giving information John Wenty How related deceased \_\_\_\_\_

CAUSES OF DEATH

28 ✓

PHYSICIAN OR CORONER

Primary Tuberculosis Hemorrhage xxx

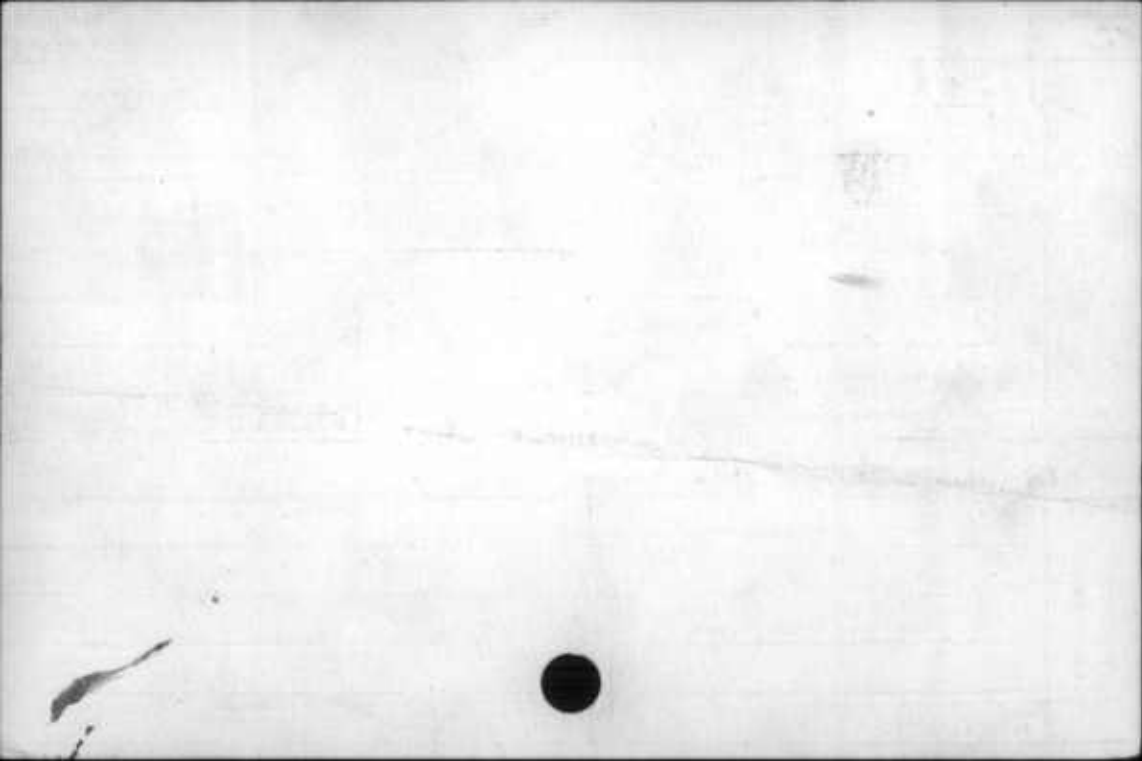
Immediate \_\_\_\_\_

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

Signature of Physician B. L. Wachter

Address Sabillasville

Accident or Suicide? Med



Name  
in  
Full

CERTIFICATE OF DEATH

Charles W Plum

Died at <sup>Town</sup> Sharpsburg<sup>County</sup> Washington

MARYLAND

Date

of death 1900

Month

7

Day

23

Age

32

Years

1

Months

2

Days

6

Sex

Male

Color or  
Race

White

Birth-  
place

Virginia

Occupation

Teamster

Where Residing if not  
at place of deathMarried, Single  
~~or Widowed~~Name of Wife or  
Husband

Estella Plum

Father's  
Name

Lawrie P Plum

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Mary R Haysman

Mother's  
Birthplace

Virginia

Name of person giving  
information

Joseph Plum

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Tuberculosis

28

How long

5 or 6 months from  
History of low

Immediate

Exhaustion

How long

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

yes

Signature of  
Physician

S. Howell Gardner

Address

Sharpsburg Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Howard Allen Raff				County		MARYLAND	
Died at <i>Daytonville</i>		Town		Washington		County	
Date of death	19/0	Month	7	Day	24	Age	3
				Years		Months	7
				Days			20
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>md</i>
Occupation	<i>Child</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>Adam R Raff</i>					Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Hester W Safford</i>					Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Adam R Raff</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia Broncho</i>	How long	<i>3-4 weeks</i>
Immediate	<i>Empyema</i>	How long	<i>1-2 "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Vinton Swiller Jr.</i>
		Address	<i>Daytonville</i>
Accident or Suicide?	<i>No</i>		

Dr Miller  
Capraia Rio Tira

M. S. Johnson.



Name  
in  
Full

Alice Newport Ricketts

CERTIFICATE OF DEATH

Died at Highfield <sup>Town</sup>Washington <sup>County</sup>

MARYLAND

Date  
of death 190Month  
JulyDay  
27

Age

Years  
2Months  
8

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Derwood Md

Occupation

Where Residing if not  
at place of death

Highfield Md

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

William F. Ricketts

Father's  
Birthplace

Derwood Md

Mother's  
Maiden Name

Emily Potts

Mother's  
Birthplace

Baltimore

Name of person giving  
information

P. Trustall Taylor M.D.

How related  
to decedent

105

## CAUSES OF DEATH

Primary

Malnutrition

How long

Since birth

Immediate

Enteritis &amp; Asthenia

How long

3 weeks

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

Yes

Signature of  
Physician

P. Trustall Taylor M.D.

Address

Blue Ridge Summit  
Washington Co Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Funksston</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1990	Month	July	Day	
Age	30	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Smithsburg
Occupation	Blacksmith	Where Residing if not at place of death			
Married, Single or Widowed.		Name of Wife or Husband			
Father's Name	John Rudisill	Father's Birthplace			
Mother's Maiden Name	Patricia Hindel	Mother's Birthplace			
Name of person giving information	Rudisill	How related to deceased			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Drum</i>	<i>169</i>	How long	
	Immediate	<i>Suffocation by water</i>		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>C. G. Meigs</i>	
			Address	<i>Funksston</i>	
	Accident or Suicide?				<i>No</i>

$$\frac{75}{26} \frac{1}{2}$$

$$\frac{28}{278} \frac{1}{2}$$

$$287$$

$$\frac{2187}{10000}$$

$$\frac{105}{10.5} \frac{1}{2}$$

$$287$$

Name  
in Full

George Arthur Saum,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Wash Edgmont Wash* <sup>County</sup>

MARYLAND

Date of death 19 *10* <sup>Month</sup> *7* <sup>Day</sup> *31* Age *19* <sup>Years</sup> <sup>Months</sup> *5* <sup>Days</sup> *11*Sex *male* Color or Race *White* Birth-place *Md.*Occupation *Laborer* Where Residing if not at place of death \_\_\_\_\_Married, Single or Widowed *single* Name of Wife or Husband \_\_\_\_\_Father's Name *George C Saum* Father's Birthplace *Va.*Mother's Maiden Name *Anna Worden* Mother's Birthplace *Md.*Name of person giving information *Geo C. Saum* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Railroad accident. -* How long *17<sup>5</sup>* ✓

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

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Alex V. M. ...*Address *State Attorney*Accident on *Excise?* \_\_\_\_\_PHYSICIAN  
OR CORONER

J. M. Swinburn

Name  
in  
Full

CERTIFICATE OF DEATH

Mrs. Eugenia Seaman

Town

County

Died at *Mercesville**Washington*

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1990

*July**25*

Age

*63**5**21*

Sex

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

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Widow*Name of Wife or  
Husband*John Seaman*Father's  
Name*Thomas Shipley*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Caroline Mc Coy*Mother's  
Birthplace*Maryland*Name of person giving  
information*Mrs. Frisky Dorjo*How related  
to deceased*Sister*

## CAUSES OF DEATH

115

Primary

*Cholecystitis, Impacted*

How long

Immediate

*4all Stone, jaundice, Exhaustion 10 Weeks*

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*N.M. Reichard  
Fair Play.*

Address





Name in Full *Barbara Amy Shank*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Died at *Big Pool* <sup>town</sup> *Wash* <sup>County</sup>

Date of death 19*65* <sup>Month</sup> *July* <sup>Day</sup> *2* <sup>Years</sup> *Age 67* <sup>Months</sup> *2* <sup>Days</sup> *29*

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

Occupation *Housewife* Where Raising if not at place of death *—*

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

Father's Name *Christian Shank* Father's Birthplace *Pa*

Mother's Maiden Name *Rachel Beaman* Mother's Birthplace *Pa*

Name of person giving information *Mrs Emma Gearhart* How related to deceased *Niece*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Apoplexy* *(6H)* How long *Six weeks*

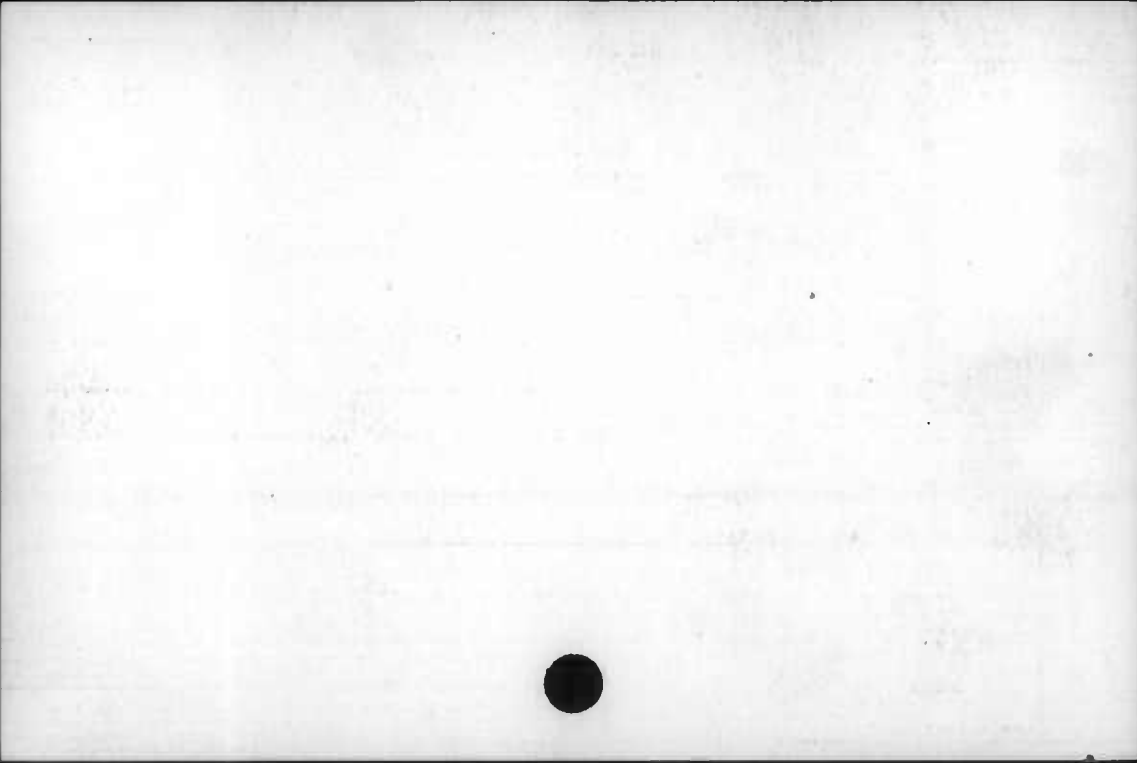
Immediate *Heart failure* How long *One week*

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

Signature of Physician *Abraham Shank*

Address *Clearyspring Washington Co*

*Health Officer*



Name in Full

Beeta Bell Shivers

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Millstone <sup>County</sup> Washington MARYLAND  
 Date of death 1980 July 30 Age 22 Months 2 Days 2  
 Sex Female Color or Race White Birthplace Wash Co Md  
 Occupation Domestic Where Residing if not at place of death Died at Home  
 Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_  
 Father's Name W. H. Shivers Father's Birthplace Wash Co Md  
 Mother's Maiden Name Dorothy Trumbower Mother's Birthplace " " "  
 Name of person giving Information Dorothy Trumbower How related to deceased Mother

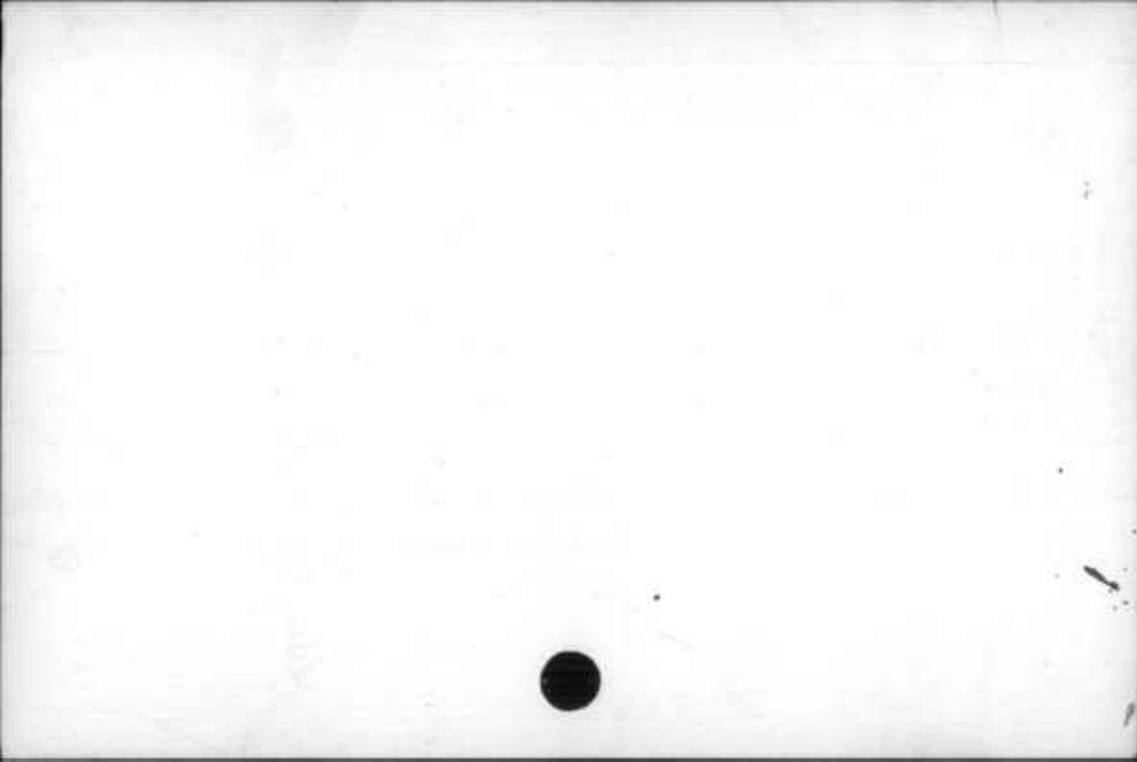
Dr. Hunt

## CAUSES OF DEATH

128 V

PHYSICIAN OR CORONER

Primary Pulmonary Tuberculosis How long Several Years  
 Immediate Asthenia How long Indefinite  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician J. A. West  
 Address Hancock Md  
 Accident or Suicide No



Name  
in  
Full

George W. Slawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> Town		<u>Wash</u> County		MARYLAND	
Date of death	19 <u>10</u> Month	<u>7</u> Day	Age <u>44</u> Years	<u>8</u> Months	<u>28</u> Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Wis.</u>			
Occupation <u>Insurance agent</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Katherine E. Slawson</u>				
Father's Name <u>Geo W Slawson</u>	Father's Birthplace <u>N.Y.</u>				
Mother's Maiden Name <u>Emily Scribner</u>	Mother's Birthplace <u>N.Y.</u>				
Name of person giving information <u>Mrs. Underhill</u>	How related to deceased <u>sister</u>				

CAUSES OF DEATH

56 ✓  
How long many years  
How long two days

PHYSICIAN  
OR CORONER

Primary <u>Alcoholism</u>	How long <u>many years</u>
Immediate <u>Heart failure</u>	How long <u>two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. Peter Miller</u>
	Address <u>Hagerstown</u>
	<u>Wis</u>
Accident or Suicide? <u>_____</u>	

Racine, Wis.

Suter.

J. M. Suter & Son

Name  
in  
Full

CERTIFICATE OF DEATH

Joseph R. Smith  
 Died at Fairplay <sup>Town</sup> Washington <sup>County</sup> MARYLAND  
 Date of death 1900 <sup>Month</sup> July <sup>Day</sup> 21 <sup>Age</sup> 3 <sup>Years</sup> 20 <sup>Months</sup> 20 <sup>Days</sup>  
 Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Fairplay  
 Occupation \_\_\_\_\_  
 Where Residing if not at place of death \_\_\_\_\_

TO BE ANSWERED BY  
NEAREST FRIEND

Married, Single or Widowed Single <sup>Name of Wife or Husband</sup> \_\_\_\_\_  
 Father's Name Clifton Smith <sup>Father's Birthplace</sup> Maryland  
 Mother's Maiden Name Florence Fockler <sup>Mother's Birthplace</sup> Maryland  
 Name of person giving information Mrs. Clifton Smith <sup>How related to deceased</sup> Sister

## CAUSES OF DEATH

Primary Gastro Enteritis <sup>How long</sup> 3 weeks  
 Exhaustion <sup>How long</sup> \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Signature of Physician N. M. Reichard  
 Address Fair Play,

PHYSICIAN  
OR CORONER





Name Full

CERTIFICATE OF DEATH

Leonard W. Smith

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> *Hagerstown* <sup>County</sup> *Washington* MARYLAND

Date of death **19** <sup>Month</sup> *10* <sup>Day</sup> *7* <sup>Year</sup> *22* Age *—* Months *6* Days *22*

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

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

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

Father's Name *Charles H. Smith* Father's Birthplace *W Va*

Mother's Maiden Name *Annanda Moore* Mother's Birthplace *Ind*

Name of person giving information *Charles Smith* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Gastric Enteritis (104)* How long *3 wks*

Immediate *Exhaustion* How long *2 days*

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

Signature of Physician *J. M. West*

Address *Hagerstown*

Accident or Suicide?

Erasmus  
Pius Heil

A. K. Johnson

Name  
in Full

Buddie M Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Potosiville <sup>County</sup> Wash.

MARYLAND

Date of death 1940 July 7 Age ~~Years~~ 1 Months Days

Sex Male Color or Race white Birth-place Md

Occupation Defunct Where Reading if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Myron Snyder Father's Birthplace Md

Mother's Maiden Name Elsie Snyder Mother's Birthplace Md

Name of person giving information Harry Byers How related to deceased Friend

## CAUSES OF DEATH

Primary Marasmus 1841 How long 1 year

Immediate Exhaustion How long 1 year

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

Signature of Physician J. J. [Signature]

Address [Address]

Accident or Suicide? No Md



Name  
in  
Full

George Lynn Solomon

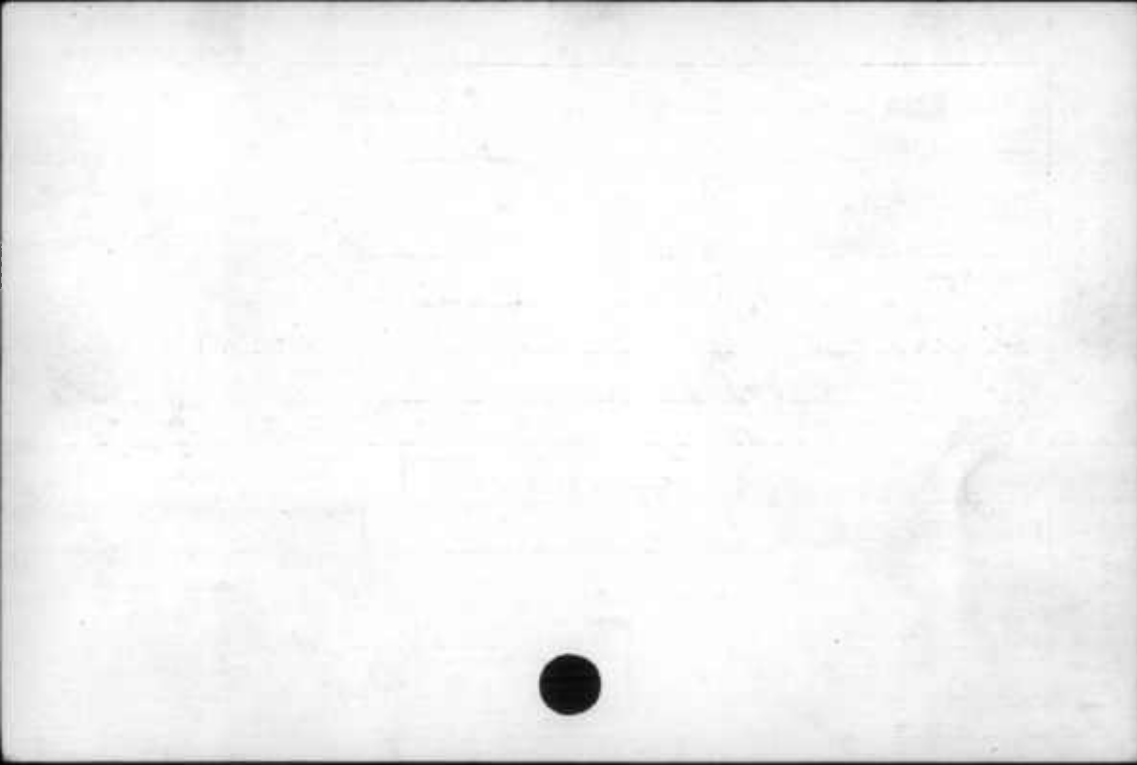
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kuh Truste</i>		Town		County <i>Washington</i>		MARYLAND	
Date of death <i>1940</i>		Month <i>July</i>	Day <i>23</i>	Age <i>1</i>	Years	Months	Days <i>20</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>West Va.</i>			
Occupation <i>Infant</i>				Where Residing if not at place of death <i>Grafton W. Va.</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>L. K. Bolomon</i>				Father's Birthplace <i>W. Va.</i>			
Mother's Maiden Name <i>Lora P. Beard</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>L. K. Bolomon</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Whooping Cough</i>	How long <i>two weeks</i>
	Immediate <i>Pneumonia</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>B. B. Ranson</i>
Address <i>Harpers Ferry</i>		<i>W. Va.</i>
Accident or Suicide		



Name  
in  
Full

CERTIFICATE OF DEATH

Martha f Spracher

Town *Lilington* County *Washington* MARYLAND

Died at *Lilington* *Washington* MARYLAND  
Date of death 19*40* Month *7* Day *19* Age *75* Months *15* Days

Sex *Female* Color or Race *White* Birth-place *Sharpsburg Md*

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

~~Mated~~, Single or Widowed Name of Wife or Husband *Philip Spracher*

Father's Name *Eli Eckman* Father's Birthplace *Doubt Know*

Mother's Maiden Name *Mary Brown* Mother's Birthplace *Fredricks Co*

Name of person giving Information *Alexandria Spracher* How related to deceased *Son*

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary *cardiac Dilatation* How long *92* ?

Immediate *acute Heart Failure* How long *30 minutes*

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

Address *Hair Play.*

PHYSICIAN  
OR CORONER

Accident or Suicide

Dr E. J. Johnson  
St. Louis



Name  
in  
Full

Still Born Child of W. a. Startzman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	<u>19</u> <u>0</u>	<u>7</u> <small>Month</small>	<u>23</u> <small>Day</small>	<u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Md</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>W. a. Startzman</u>		Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Charlott E. Hoover</u>		Mother's Birthplace	<u>Md</u>	
Name of person giving information	<u>W. a. Startzman</u>		How related to deceased	<u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Premature</u>	How long	<u>157</u>
Immediate	<u>atelectases</u>	How long	<u>15 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Clara J. Eidey</u>
		Address	<u>Hagerstown Md.</u>
Accident or Suicide?	<u>—</u>		

J. M. Perkins

Name  
in  
Full

Mary E. Sterling.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Williamsport <sup>County</sup> Washington

MARYLAND

Date of death 1910 July 9 Age 45- Months 9 Days 14

Sex ~~Male~~ Female Color or Race White Birth place Pa.

Occupation Housework Where Residing if not at place of death Williamsport

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

Father's Name Daniel Carbaugh. Father's Birthplace Pa.

Mother's Maiden Name Susan Foy. Mother's Birthplace Shippensburg

Name of person giving information Willie Sterling How related to deceased Son.

## CAUSES OF DEATH

Primary Paralysis How long Three days

Immediate Exhaustion How long " "

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

Signature of Physician L. O. Richardson  
Address Williamsport Md

Accident or Suicide? No

Williamport, Md. July 12<sup>th</sup> 1910.  
Interment at Roseview Cemetery  
By J. F. Kress, Undertaker.

Name  
in  
Full

Ada Stigel Steuward

CERTIFICATE OF DEATH

Died at <u>Keokuk</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death 19 <u>40</u>	Month <u>July</u>	Day <u>20</u>	Age <u>22</u>	Years <u>22</u>	Months <u></u> Days <u></u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Baltimore</u>			
Occupation <u>Teacher</u>	Where Residing if not at place of death <u>1102. 25<sup>th</sup> St</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Melrose Steuward</u>				
Father's Name <u>Adams Stigel</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary <u>Pulmonary Tuberculosis</u>	How long <u>one year</u>
Immediate <u>General exhaustion</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Henry B. Kucera</u>
	Address <u>Blue Ridge Summit, W.D.</u>
Accident or Suicide	

PHYSICIAN  
OR CORONER

H. W. Means & Son

Balto, Md.

Name in Full **John J. Sweitzer** CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at **Clear Spring** Town **Washington** County **MARYLAND**

Date of death **1910** Month **7** Day **3** Age **66** Years **3** Months **—** Days

Sex **male** Color or Race **white** Birth-place **Penna.**

Occupation **Laborer** Where residing if not at place of death **—**

Married, Single or Widowed **married** Name of Wife or Husband **Kate Ray**

Father's Name **John Sweitzer** Father's Birthplace **Pa.**

Mother's Maiden Name **M. TR. Seese** Mother's Birthplace **Pa.**

Name of person giving information **Mrs. Kate Sweitzer** How related to deceased **wife**

**CAUSES OF DEATH**

PHYSICIAN OR CORONER

Primary **Tuberculosis (28)** How long **5 yrs.**

Immediate **Exhaustion** How long **—**

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

Signature of Physician **Thos. Boose**

Address **Clear Spring, Md.**

Accident or Suicide? **—**





Name in Full

Mrs Susan M. West.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <b>Hagerstown</b> Town		<b>Wash</b> County		<b>MARYLAND</b>			
Date of death <b>1910</b>	Month <b>7</b>	Day <b>1</b>	Age <b>94</b>	Years	Months <b>6</b>	Days <b>2</b>	
Sex <b>female</b>	Color or Race <b>white</b>	Birth-place <b>md.</b>					
Occupation <b>Lady of Leisure</b>	Where Residing if not at place of death <b>—</b>						
Married, Single or Widowed <b>widow</b>	Name of <del>Wife</del> Husband <b>Hiram West.</b>						
Father's Name <b>John Horne</b>	Father's Birthplace <b>md.</b>						
Mother's Maiden Name <b>Barbara Schroeder</b>	Mother's Birthplace <b>md.</b>						
Name of person giving information <b>Mrs Susan Sims</b>	How related to deceased <b>daughter.</b>						

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <b>old age</b>	<b>(154) V</b>	How long <b>few minutes</b>
Immediate <b>neuralgia of heart</b>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>Geo B Belmont</b>	
<b>yes</b>	Address <b>Hagerstown Md</b>	
Accident or Suicide?		

J.M. Sinton  
By S.M.

Name  
In Full

Samuel E. Wentling

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death	1940	Month 7	Day 24	Age 31	Years	Months 10	Days 9
Sex	Male		Color or Race	White		Birth-place	Pa
Occupation	Rail Road Flagman			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Annie Wentling			
Father's Name	Jacob Wentling				Father's Birthplace	Pa	
Mother's Maiden Name	Mary Garrison				Mother's Birthplace	Pa	
Name of person giving information	Annie Wentling				How related to deceased	Wife	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Hemorrhage from Stomach		How long	4 days
	Immediate	Exhaustion (Esaugmentation)		How long	-
	Are the name, age, sex, color, date and place correctly given above?	yy		Signature of Physician	W B Monson
	Accident or Suicide?	No		Address	Hagerstown Md

(Probably traumatic originally)

de Monrovia

Per Hill

Caprice

A. K. Robinson

Name  
in  
Full

Leslie C. Whittington

CERTIFICATE OF DEATH

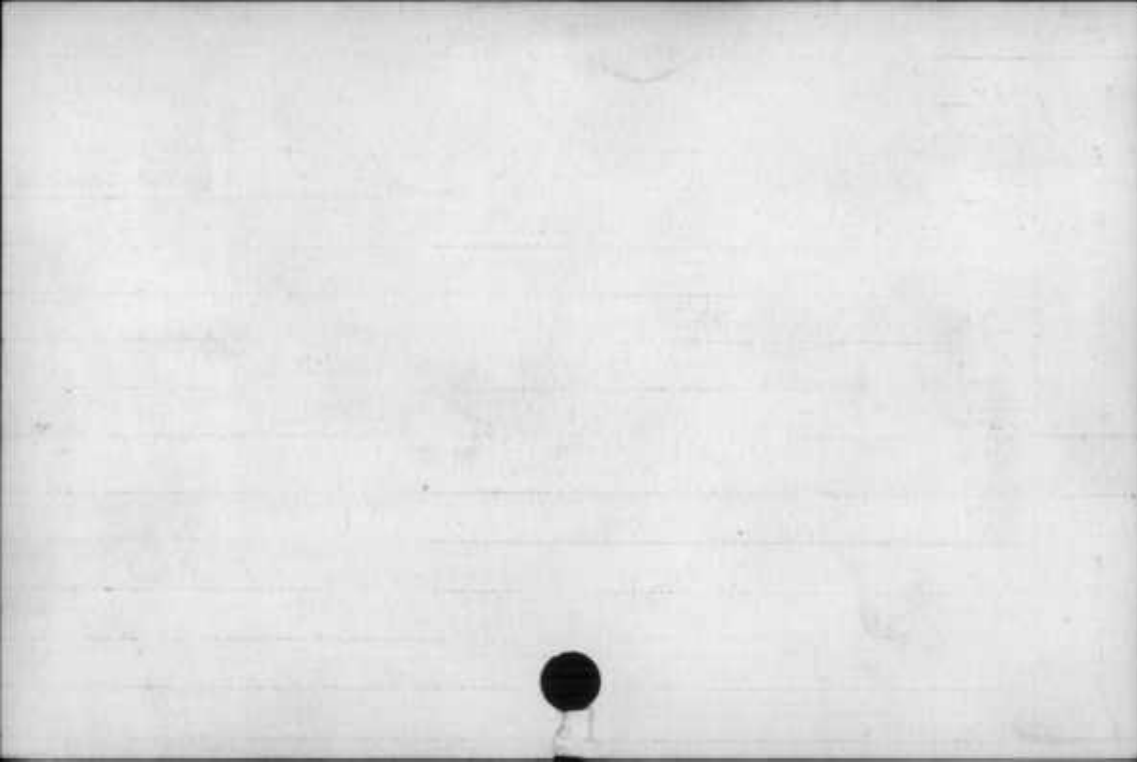
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Agrestown</i> <small>Town</small>		<i>Wash.</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month <i>7</i>	Day <i>17</i>	Age <i>12</i>	Years <i>2</i> Months <i>14</i> Days
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Va.</i>
Occupation	<i>Child</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>-</i>			
Father's Name	<i>Chas. H. Whittington</i>			Father's Birthplace	<i>Va.</i>
Mother's Maiden Name	<i>Nannie McFarland</i>			Mother's Birthplace	<i>Va.</i>
Name of person giving information	<i>Chas. H. Whittington</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cardiac Hyp. et Mitral Regurgitation</i>	How long	<i>2 7/8</i>
Immediate	<i>Dropsy et Cardiac Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>Wm. A. Quinn</i>
		Address	<i>Chewsville Md.</i>
Accident or Suicide?			



Name  
In  
Full

Henry Wilde

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bellvue</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i> <small>Year</small>	<i>July</i> <small>Month</small>	<i>20</i> <small>Day</small>	<i>83</i> <small>Age</small>	<i>1</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Harford Co Md</i>
Occupation	<i>Laborer</i>		Where residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Do not know</i>			Father's Birthplace	<i>Do not know</i>
Mother's Maiden Name	<i>Do not know</i>			Mother's Birthplace	<i>Do not know</i>
Name of person giving information	<i>Solomon Summers</i>			How related to deceased	<i>son</i>

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Dementia</i>	How long	<i>3 yrs -</i>
	Immediate	<i>Exhaustion</i>	How long	<i>2 wks</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. M. Wertz</i>
	Address	<i>Hagerstown</i>		
Accident or Suicide?				

J. H. Gorman  
Windsor Terrace