

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Joe Wm Aldridge*

Died at *Inds Sarsap* Town *Allegheny* County

Date of death *19/10* Month *Aug* Day *11* Age *76* Years Months *11* Days

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

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

Married, Single or Widowed *Married* Name of Wife or Husband *Mary A Aldridge*

Father's Name *John Aldridge* Father's Birthplace *Ind*

Mother's Maiden Name *Catherine Burrell* Mother's Birthplace *Ind*

Name of person giving information *Miriam Baldara* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Intero Colitis* How long *12 days*

Immediate *Exhaustion* How long *24 hours*

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

Signature of Physician

Address

Accident or Suicide?

F. Alan G. Murray

Inds Sarsap

Ind

P. Ernst

Name
in
Full

Clarence Ayers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lonaconing Town Allegheny County MARYLAND

Date of death 1910 Aug 1 10 Age 10 Months — Days —

Sex Male Color or Race White Birth-place Lonaconing

Occupation School boy Where Residing if not at place of death Lonaconing

~~M~~arried, Single or Widowed — Name of Wife or Husband —

Father's Name William L. Ayers Father's Birthplace Boston

Mother's Maiden Name Jeanette D. Peckles Mother's Birthplace Lonaconing

Name of person giving Information Mrs. Wm. L. Ayers How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dysphoid Fever How long Two weeks

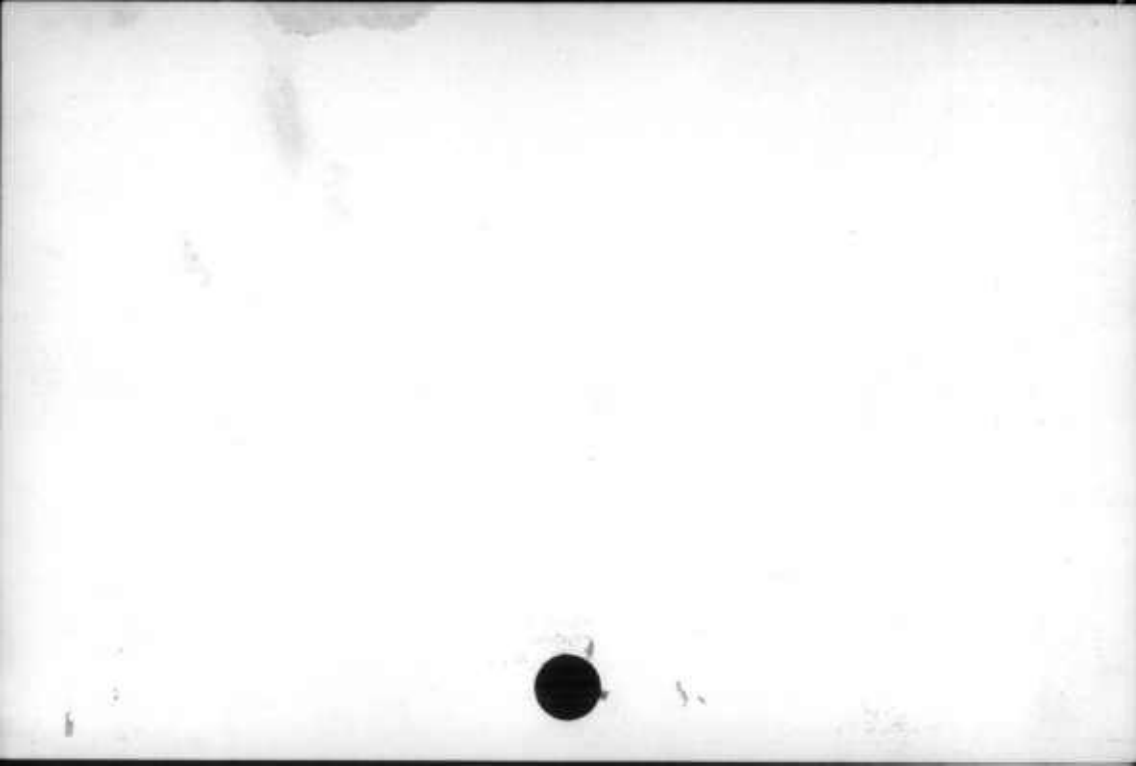
Immediate Perforation of intestine How long Suddenly

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

Signature of Physician W. Skilling M.D.

Address Lonaconing

Accident or Suicide No



Name
in
Full

William L Hayes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Loueconomy Town Allegheny CountyDate of death 1940 Month Aug Day 7 Age 40 Years Months - Days -Sex Male Color or Race White Birth-place BostonOccupation Confector Where Residing if not at place of death -Married, Single or Widowed Married Name of Husband Janeth D. PicklesFather's Name Harry Hayes Father's Birthplace LoueconomyMother's Maiden Name Jessie Mink Mother's Birthplace ScotlandName of person giving information Mrs Wm Hayes How related to deceased Wife

CAUSES OF DEATH

Primary Typhoid Fever How long Three weeksImmediate Cardiac failure How long Two hoursAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician W A SkillingAddress LoueconomyAccident or Suicide noPHYSICIAN
OR CORONER

1950
1951
1952



Name
is Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Matilda Barnes</i>				Town <i>Westport</i>		County <i>Allegheny</i>		STATE MARYLAND	
Died at <i>Westport</i>		Date of death 19 <i>19</i>		Age <i>73</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pennsylv</i>					
Occupation <i>Housewife</i>				Where residing if not at place of death <i>Westport</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>M. B. Barnes</i>							
Father's Name <i>M. B. Barnes</i>				Father's Birthplace <i>"</i>					
Mother's Maiden Name <i>Guffin</i>				Mother's Birthplace <i>"</i>					
Name of person giving information <i>E. J. Shuman</i>				How related to deceased <i>brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Dysentery</i>		How long <i>14</i> <input checked="" type="checkbox"/>	
Immediate <i>apoplexy</i>		How long <i>48 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. L. Wilson</i>	
		Address <i>Piedmont St. 50 1/2</i>	
Accident or Suicide? <i>—</i>			



Yolda Barger

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>allergany</i> County		MARYLAND	
Date of death	19 <i>16</i>	Month <i>8</i>	Day <i>27</i>	Age <i>-</i>	Months <i>-</i> Days <i>21</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>None</i>		Birth-place	<i>Ind</i>	
Where Reading if not at place of death	<i>Ind</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>None</i>	
Father's Name	<i>G. H. Barger</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Beatrice Rabolt</i>		Mother's Birthplace	<i>England</i>	
Name of person giving information	<i>G. H. Barger</i>		How related to deceased	<i>Father</i>	

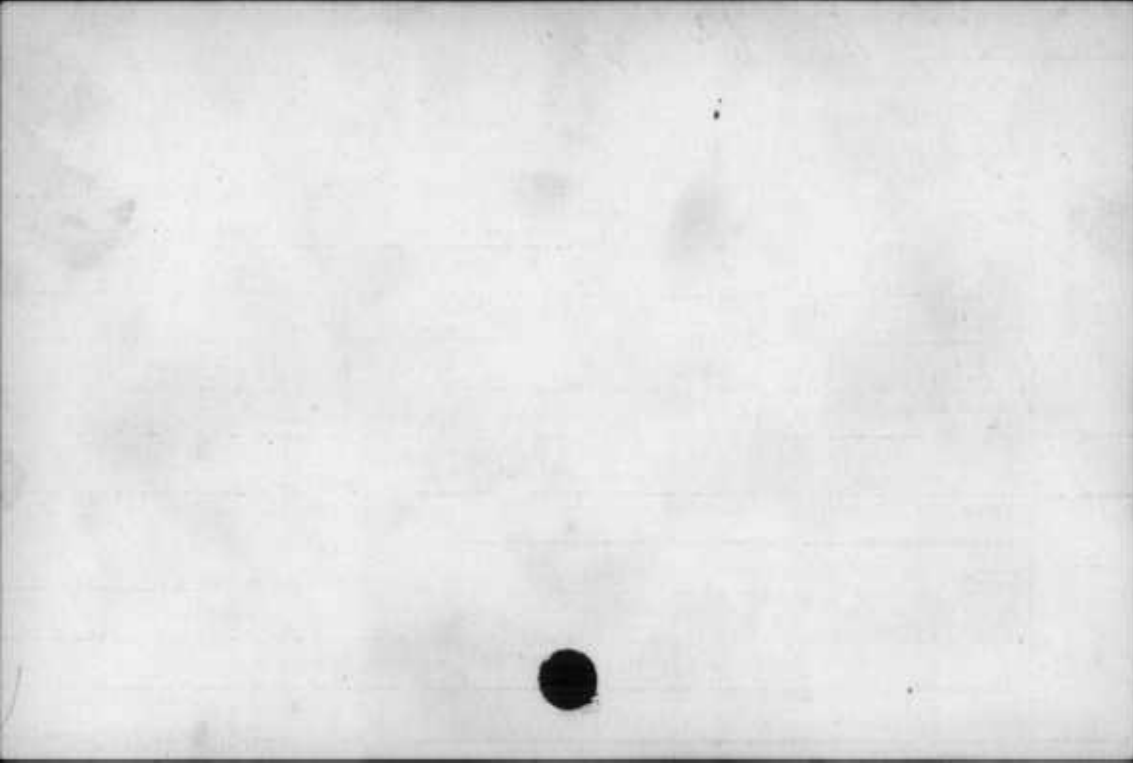
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CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary	<i>Enteritis</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	<i>10</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. L. Broadway MD</i>
		Address	<i>Cumberland Govaan Ind</i>
Accident or Suicide?	<i>No</i>		



Name
is
Full

Hellenas Barnes.

50
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtand</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u>	Month	<u>8</u>	Day	<u>17</u>
Age	<u>9</u>	Months	<u>4</u>	Years	<u>9</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth place	<u>Blair, W. Va.</u>
Occupation	Where Residing if not at place of death				
Married , Single	<u>Single</u>	Name of Wife or Husband	_____		
Father's Name	<u>Eddie C. Barnes</u>		Father's Birthplace	<u>Ruby Gate, Md.</u>	
Mother's Maiden Name	<u>Northa Prince</u>		Mother's Birthplace	<u>W. Va.</u>	
Name of person giving information	<u>Eddie C. Barnes.</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	<u>(6th)</u>
Immediate	How long	<u>14 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	<u>M. J. Simmons</u>
<u>Yes</u>	Address	<u>Cumtand</u>
Accident or Suicide?		<u>no</u>

2 PM.

43 Salem St.

Geo. Conshroo Sr.
Pr Care #.

Central Isl.

~~Dr. Seaman~~

~~No 2025 #~~
#52025#

Name
in
Full

Catherine Barry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Loaconing		County Allegany		MARYLAND	
Date of death		1900	Month Aug	Day 12	Age	Years	Months 6
Sex	Female		Color or Race	White		Birth- place	Loaconing
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Barry		Father's Birthplace		Loaconing		
Mother's Maiden Name	Matilda Rifes		Mother's Birthplace		Midland		
Name of person giving Information	Mary Barry		How related to deceased		sister		

CAUSES OF DEATH

189A

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	Two months
Immediate	Convulsions	How long	Suddenly
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. D. Skilling M.D.
Accident or Suicide	No	Address	Loaconing



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: *Liddy Beall* Town: *Liddy* County: *Allegheny*

Died at: *Exhart Mines* MARYLAND

Date of death: 1900 Aug 13 Age: 81 Months: *January* Days: *23*

Sex: *Female* Color or Race: *White* Birth-place: *Indiana, Pa.*

Occupation: *None* Where Residing if not at place of death: *Exhart Mines Md*

Married, Single or Widowed: *Widow* Name of Wife or Husband: *John Beall*

Father's Name: *Union Emrich* Father's Birthplace: *Pa.*

Mother's Maiden Name: *Betty Sturt* Mother's Birthplace: *Pa.*

Name of person giving information: *John Bishop* How related to deceased: *Nephew*

CAUSES OF DEATH

Primary: *Hemiplegia* How long: *2 Mks*

Immediate: *Asthenia* How long: *immediary*

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

Signature of Physician: *J C Holdsworth*

Address: *Exhart Md*

Accident or Suicide:

PHYSICIAN
OR CORONER

Durst

Name in Full

Annalia Ann Best

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Mount Savage</i> <small>Town</small>		<i>Alleghany</i> <small>County</small>		MARYLAND	
Date of death <i>1900</i>	<i>August</i> <small>Month</small>	<i>63</i> <small>Age</small>	<i>10</i> <small>Months</small>	<i>0</i> <small>Days</small>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore Md.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Mt Savage</i>				
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Name of Wife or Husband <i>Fredrick Best</i>				
Father's Name <i>Benjamin Ellis</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Not known</i>				
Name of person giving information <i>Fredrick Best Jr</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

66

PHYSICIAN OR CORONER

Primary <i>Right Sided Hemiplegia</i>	How long <i>6 weeks</i>
Immediate <i>Syncope</i>	How long <i>3 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. G. Cowherd</i>
	Address <i>Mount Savage, Md.</i>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

Infant Blight

1

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Amthuland ^{Town} County allegh ^{County} MARYLAND

Date of death 1910 ^{Month} Aug ^{Day} 17 ^{Years} — ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place Cumhd.

Occupation None Where Residing if not at place of death —

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

Father's Name James F. Thomas Father's Birthplace Pa

Mother's Maiden Name Honora Blight Mother's Birthplace Pa

Name of person giving information James F. Thomas How related to deceased Father

V.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Miscarriage @ 4 1/2 mo How long 5

Immediate Stillborn

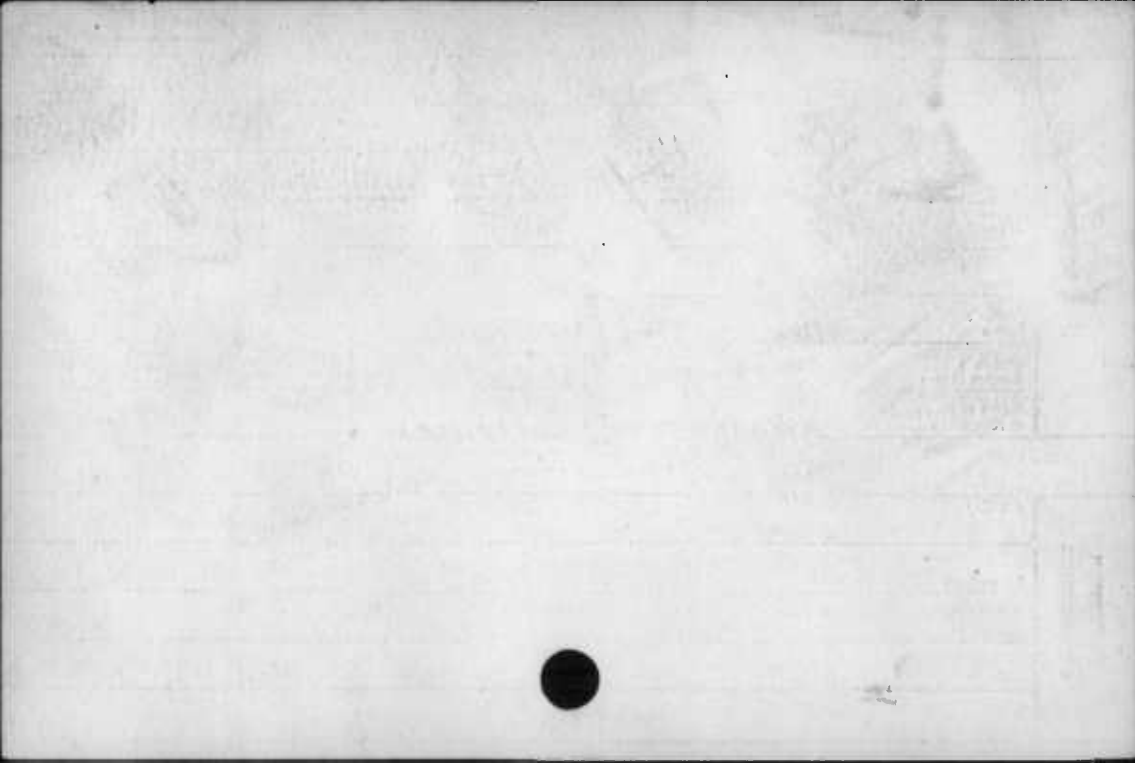
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. L. Broadup Address Broadup, Va.

Accident or Suicide? No

Stette

98 Va An



Name
in
Full

Infant Blight 7

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Alleg MARYLAND

Date of death 1910 Aug 17 Age Years Months Days

Sex Male Color or Race White Birth-place Cumberland

Occupation Where Reading if not at place of death

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

Father's Name James F. Thomas Father's Birthplace Pa

Mother's Maiden Name Horra Blight Mother's Birthplace Pa

Name of person giving information James F. Thomas How related to deceased Father

CAUSES OF DEATH

Primary Incurable 4 mo How long 5

Immediate Stillborn How long

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

ye

Signature of Physician

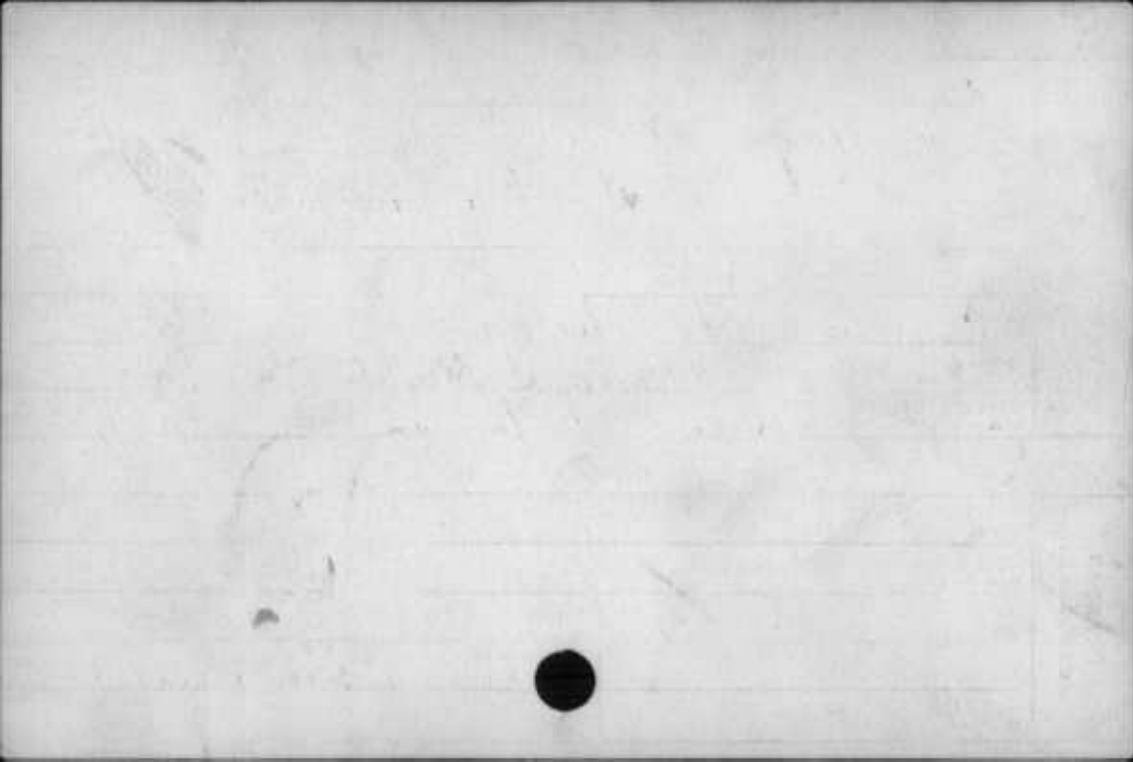
Address

Stew

G. L. Broadup
Broadup

Accident or Suicide?

No



Name
Full

Col. William A. Boyd

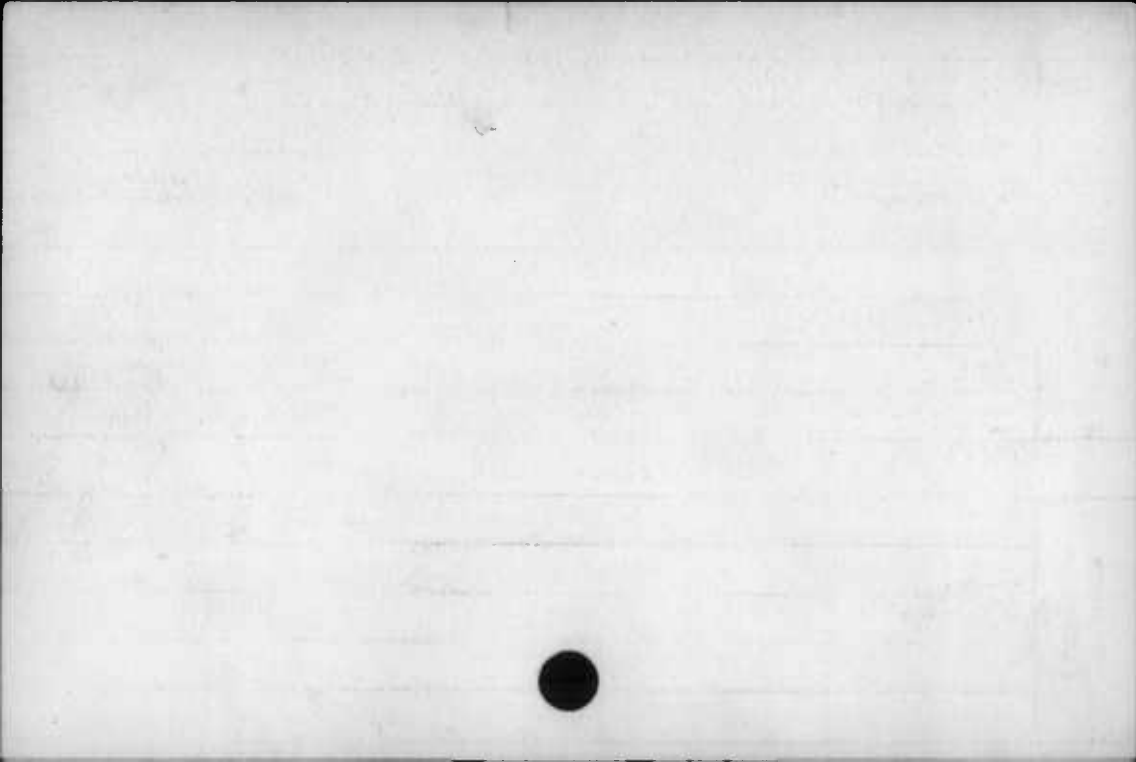
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Calleg		MARYLAND	
Date of death 19		Month Aug	Day 13	Age 72	Years	Months 5	Days —
Sex	Male	Color or Race	White.		Birth-place	Balto Md.	
Occupation	Retired Merchant		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband L. J. Boyd.				
Father's Name	Wm. A. Boyd Sr.		Father's Birthplace	Md.			
Mother's Maiden Name	Do not know		Mother's Birthplace	Dk.			
Name of person giving information	Isaac D. Boyd		How related to deceased	Son.			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Paralysis	How long	1 hour
	Immediate	Syncope	How long	15 min.
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. H. Grace M.D.
		Address	Cumberland Md	
	Accident or Suicide?	no		



Name in Full

Lucy Brown

Allegany

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

dk Died at ^{Town} Cumberland ^{near} near ^{County} Allegany MARYLAND

Date of death 1900 Month Aug Day 24 Age 51 Years Months Days

Sex Female Color or Race Mullatto Birth-place Romney

Occupation Servant Where Residing if not at place of death Stephan alley

Married, Single or Widowed Married Name of Wife or Husband Samuel Brown

Father's Name Edward Kent Father's Birthplace Do not know

Mother's Maiden Name Do not know Mother's Birthplace Do not know

Name of person giving information Peter Wilson (owns home) How related to deceased none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Tuberculosis Pulmonalis How long Two years

Immediate Exhaustion How long Feb hrs.

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

Signature of Physician T. B. McDonald

Address Cumberland Md

Accident or Suicide?



Name
in
Full

Gussie Lee Buchanan

46
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Cambol Allegany MARYLAND

Date of death 1910 Aug 16 Age 21 Months 4 Days -

Sex Female Color or Race White Birth-place Alleg. Co. Md

Occupation Wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband John S. Buchanan

Father's Name Charles Frantz Father's Birthplace Md

Mother's Maiden Name Annie B. Baker Mother's Birthplace Pa

Name of person giving information John S. Buchanan How related to deceased Husband

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary Pulm. Tuberculosis How long 9 mo.

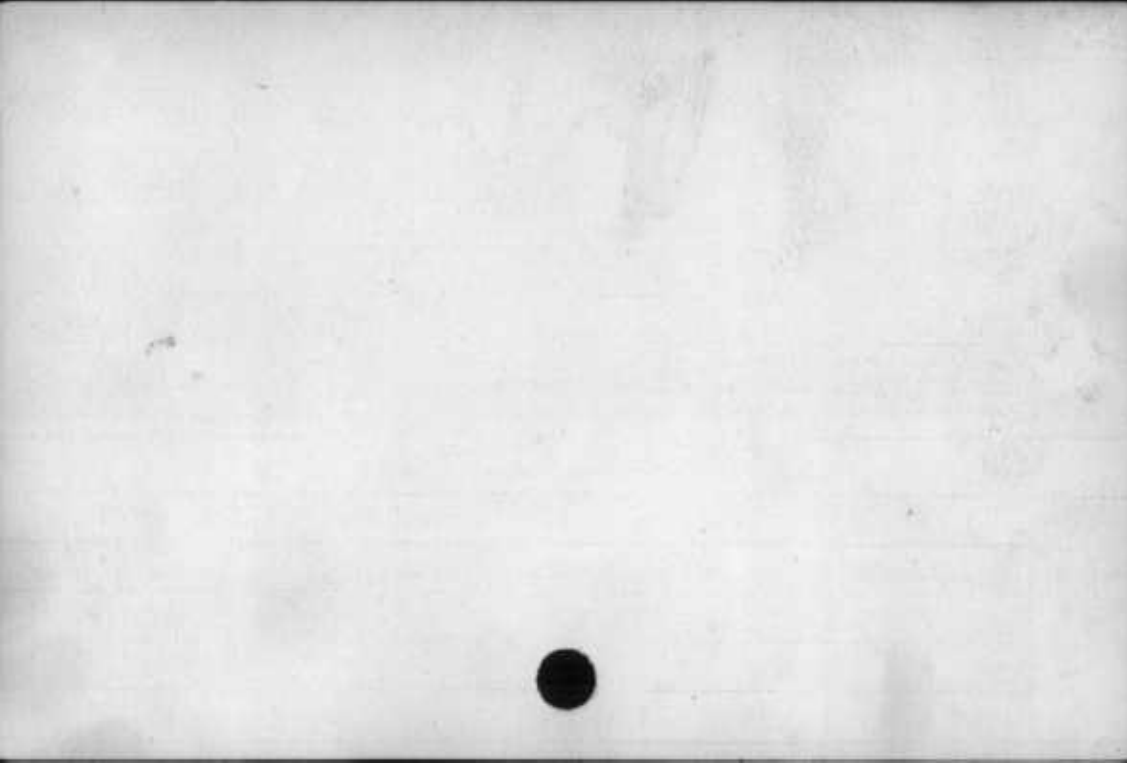
Immediate Exhaustion How long 3 days.

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

Signature of Physician Edward Harris

Address Stem. Harri Md.

Accident or Suicide? no



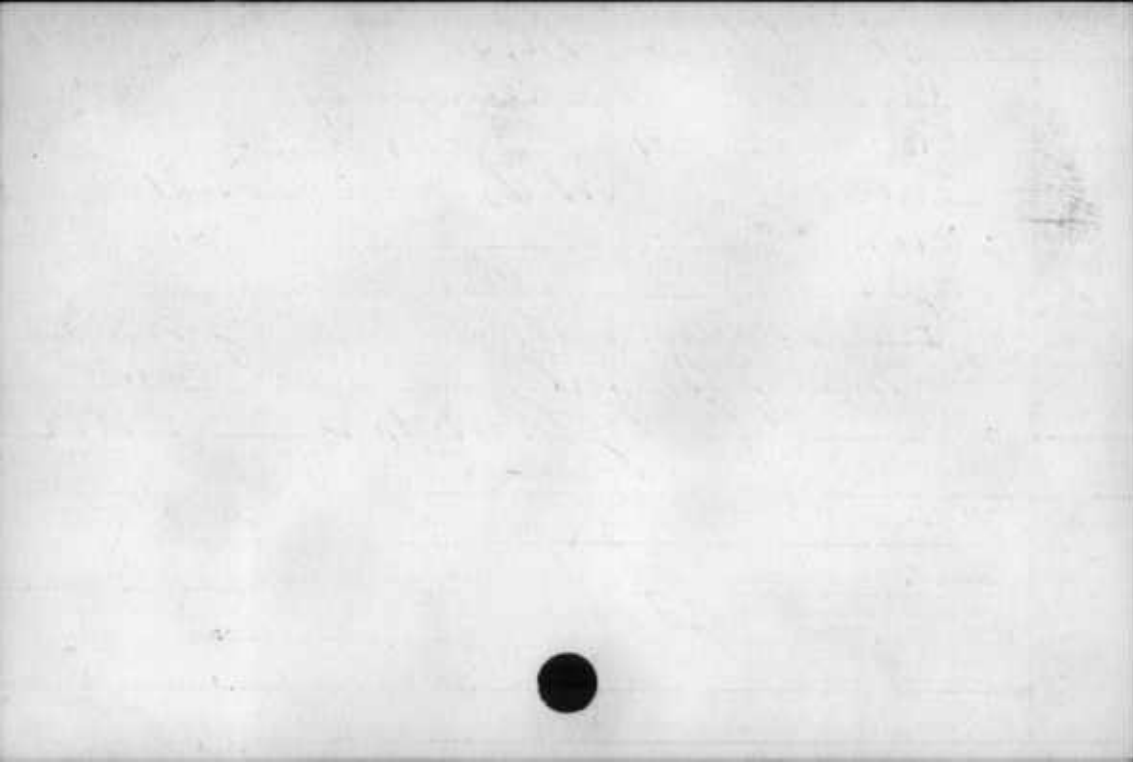
Name
In Full32
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name <i>Just Charushas</i>		Town <i>Cumberland</i>		County <i>Alleghany</i>		STATE MARYLAND	
Date of death <i>1910</i>		Month <i>8</i>	Day <i>4</i>	Age Years <i>2</i>		Months <i>2</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>ind</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>" "</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Peter Charushas</i>				Father's Birthplace <i>gross</i>			
Mother's Maiden Name <i>Margaret Magal</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Charley Charushas</i>				How related to deceased <i>uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro enteritis</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. P. Franklin</i>
	Address <i>Cumberland</i>
Accident or Suicide?	



Name
in
Full

infant Clark

CERTIFICATE OF DEATH

43

TO BE ANSWERED BY
NEAREST FRIEND

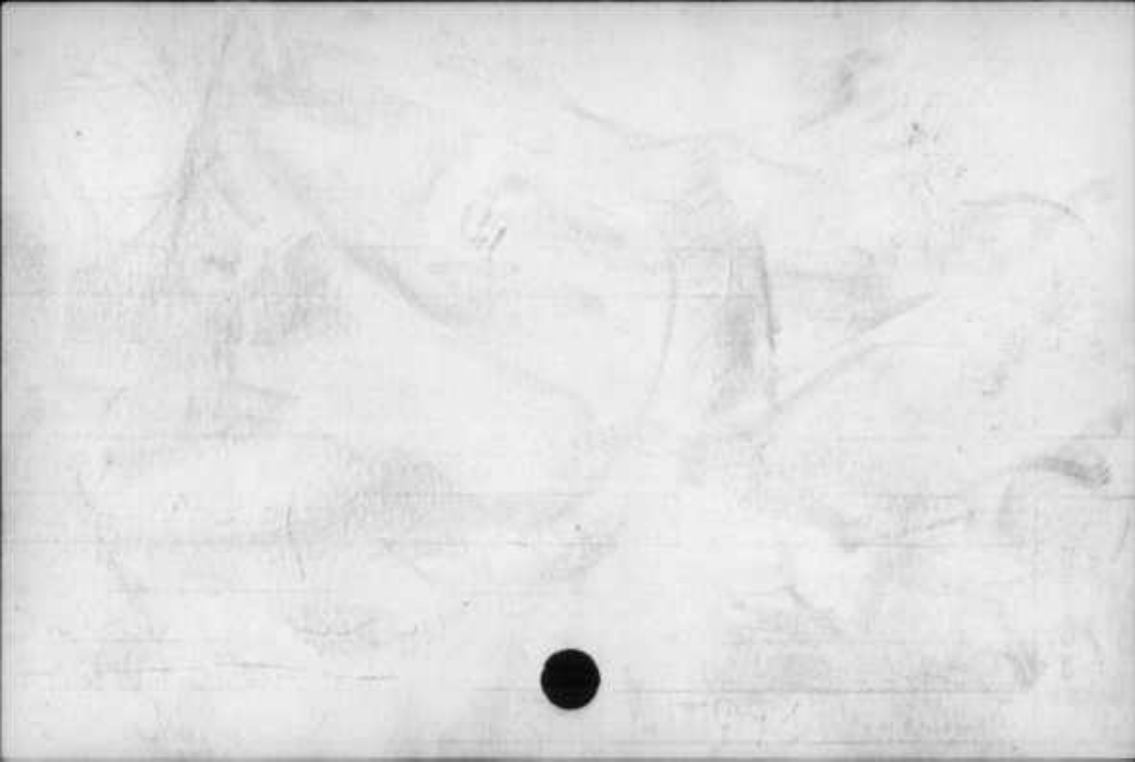
Died at		Town Cumberland		County Allegheny		MARYLAND	
Date of death	1910	Month	Aug	Day	16	Age	Years — Months — Days 1
Sex	Male		Color or Race	White		Birth-place	Cumberland
Occupation	none		Where Residing if not at place of death		—		
Married, Single or Widowed	—		Name of Wife or Husband		—		
Father's Name	Phillip Clark.				Father's Birthplace	Cumberland	
Mother's Maiden Name	Catherine Roman				Mother's Birthplace	Cumberland	
Name of person giving information	Phillip Clark.				How related to deceased	Father	

CAUSES OF DEATH

5

PHYSICIAN
OR CORONER

Primary	Still born	How long	—
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A Leo Lauphin
Address	St Peter	Address	St Peter Cumberland Md
Accident or Suicide?	St Peter		



Name
in
Full

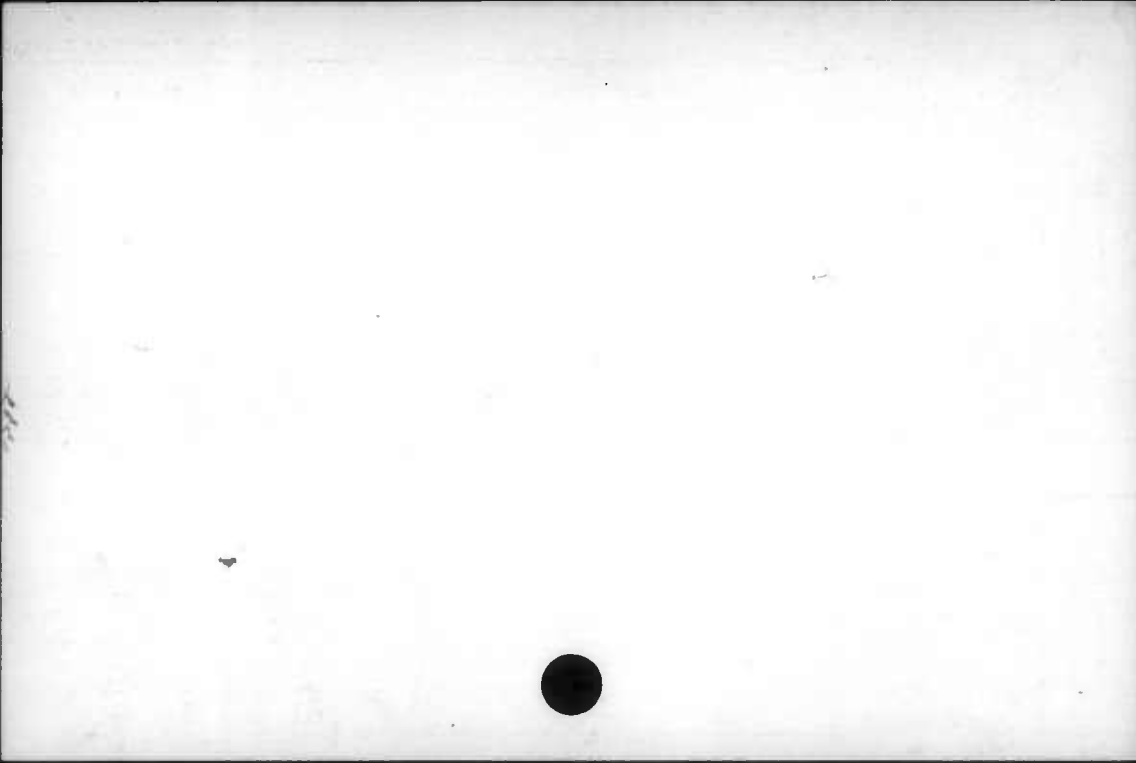
Mrs. Annie Condou

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Tepin Town Allegheny County MARYLANDDate of death 1910 August 6 60 00
Month Day Years Months DaysSex female Color or Race White Birth-place IrelandOccupation housewife Where Residing if not at place of deathMarried, Single or Widowed Married Name of Wife or Husband James CondouFather's Name Patrick Monahan Father's Birthplace IrelandMother's Maiden Name Bridget Nolan Mother's Birthplace IrelandName of person giving information James Condou How related to deceased Husband

CAUSES OF DEATH

Primary Carcinoma Vesiculae How long 1 yearImmediate Cardiac Failure How long 12 hoursAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician J. O. Bullock, M.D.
Address Lawrence, Md.Accident or Suicide No.PHYSICIAN
OR CORONER



Name in Full *With Odella Couraf* CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Town *Middleton* County *Allegheny* MARYLAND

Died at *Middleton*

Date of death *19510 August 10* Age *16* Months *4* Days *4*

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

Occupation *Schoolgirl* Where Residing if not at place of death *Middleton*

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

Father's Name *Charles William Couraf* Father's Birthplace *Allegheny Co.*

Mother's Maiden Name *Margaret-Melissa Smith* Mother's Birthplace *Allegheny Co.*

Name of person giving information *Mrs. Margaret Bone* How related to deceased *mother*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Typhoid Fever,* How long *4 wks*

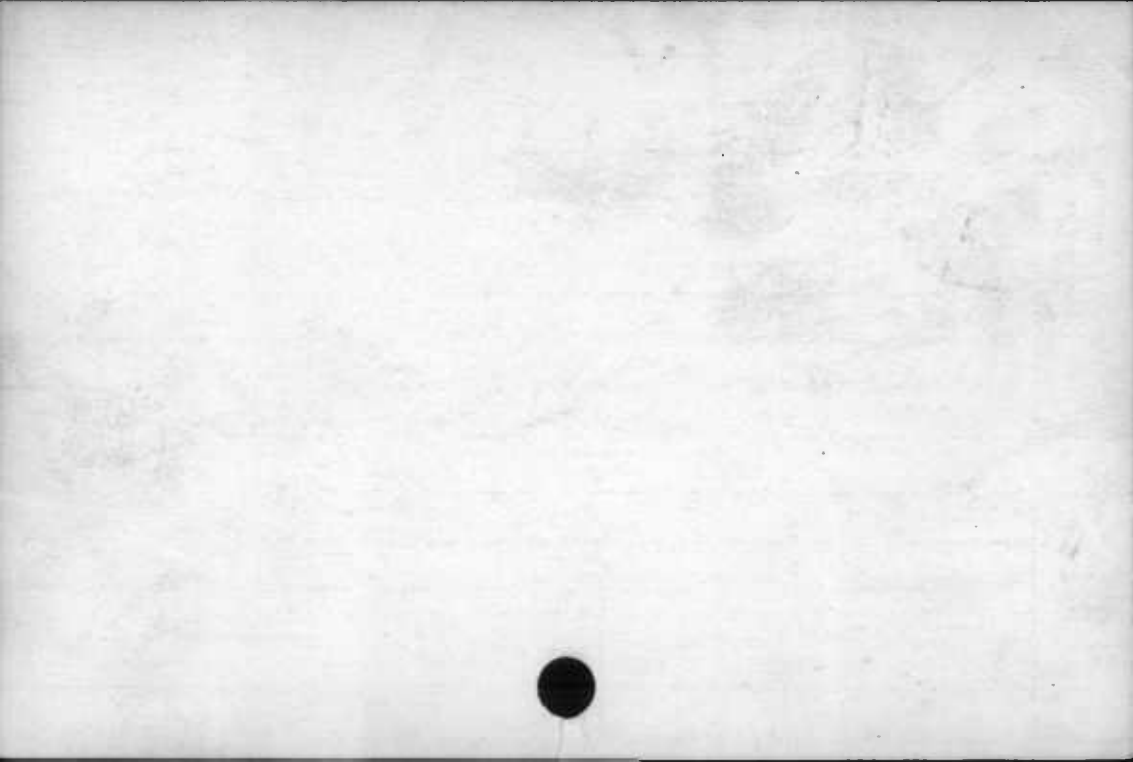
Immediate

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

Signature of Physician *Dr. W. M. Lane*

Address *Frederick Md.*

Accident or Suicide?



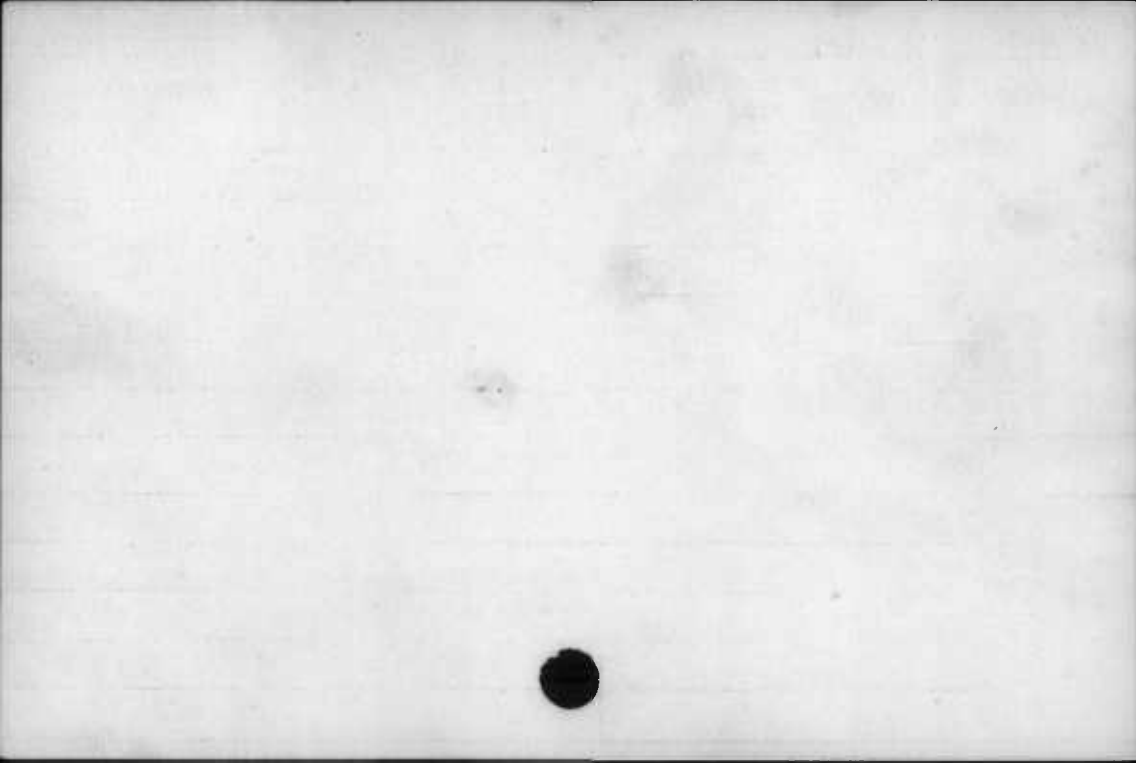
Name
in
Full57
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary S Cradtree</i>		Town <i>Cumberland</i>	County <i>acceryany</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>8</i>	Day <i>23</i>	Years <i>38</i>	Months <i>-</i>	Days <i>-</i>
Date of death <i>1910</i>		Age <i>38</i>		Where Residing if not at place of death <i>md</i>		
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>md</i>				
Occupation <i>Labor</i>		Where Residing if not at place of death <i>md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>					
Father's Name <i>Henry Cradtree</i>	Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Catharine Springsted</i>	Mother's Birthplace <i>md</i>					
Name of person giving information <i>Milfred Cradtree</i>		How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Cardiac Disorder?</i>	How long <i>?</i>
Immediate <i>Angina Pectoris</i>	How long <i>3 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Leonard</i>
Address <i>Cumberland</i>	Address <i>md</i>
Accident or Suicide? <i>-</i>	



Name
in Full

CERTIFICATE OF DEATH

Hannah Cullen

Died at Gilmore Town Allegheny County MARYLANDDate of death 1908 Aug. 8 Day 70 Age 7 Months 21 DaysSex Female Color or Race White Birthplace IrelandOccupation Housewife Where Residing if not at place of death -Married; Single or Widowed Widow Name of Husband John CullenFather's Name Dennis Garcy Father's Birthplace IrelandMother's Maiden Name Unknown Mother's Birthplace IrelandName of person giving Information Richard Cullen How related to deceased SonTO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Stenosis of Mitral Valve of Heart 79 How long Two yearsImmediate Pain came left leg & foot Three days How longAre the name, age, sex, color, date and place correctly given above Yes Signature of Physician W. B. Shilling, M.D.Address LonaconingAccident or Suicide noPHYSICIAN
OR CORONER

Scientific
Equipment



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Name *Henry Cunningham*

Died at *Timberland* ^{Town} *Allegheny* ^{County} **MARYLAND**

Date of death *1910* ^{Month} *8* ^{Day} *8* ^{Age} *45* ^{Years} *—* ^{Months} *—* ^{Days} *—*

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

Occupation *Rock Driller* Where Residing if not at place of death *Morgantown, W. Va.*

Married, Single or Widowed *Don't Know* Name of Wife or Husband *Don't Know*

Father's Name *Don't Know* Father's Birthplace *Don't Know*

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

Name of person giving information *James Spiker* How related to deceased *None*

CAUSES OF DEATH

175

Primary *Crushed and mangled by R.R. Train* How long *Immediate*

Immediate *Exhaustion* How long *"*

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

Signature of Physician *Franklin P. Deall, Coroner*

Address *Cucumberland, Maryland.*

Accident or Suicide? *Accidental*



Name in Full

51
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Name *infant Czapek*

Died at *Hammonds* Town *Alleg.* County *MARYLAND*

Date of death *1910 Aug 17* Age *—* Years *—* Months *—* Days *3*

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

Occupation *none* Where Reading if not at place of death *Western Md Hosp*

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

Father's Name *Augustus Czapek* Father's Birthplace *Germany*

Mother's Maiden Name *Esther Gajlar* Mother's Birthplace *Md*

Name of person giving information *Mr Augustus Czapek* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN OR CORONER

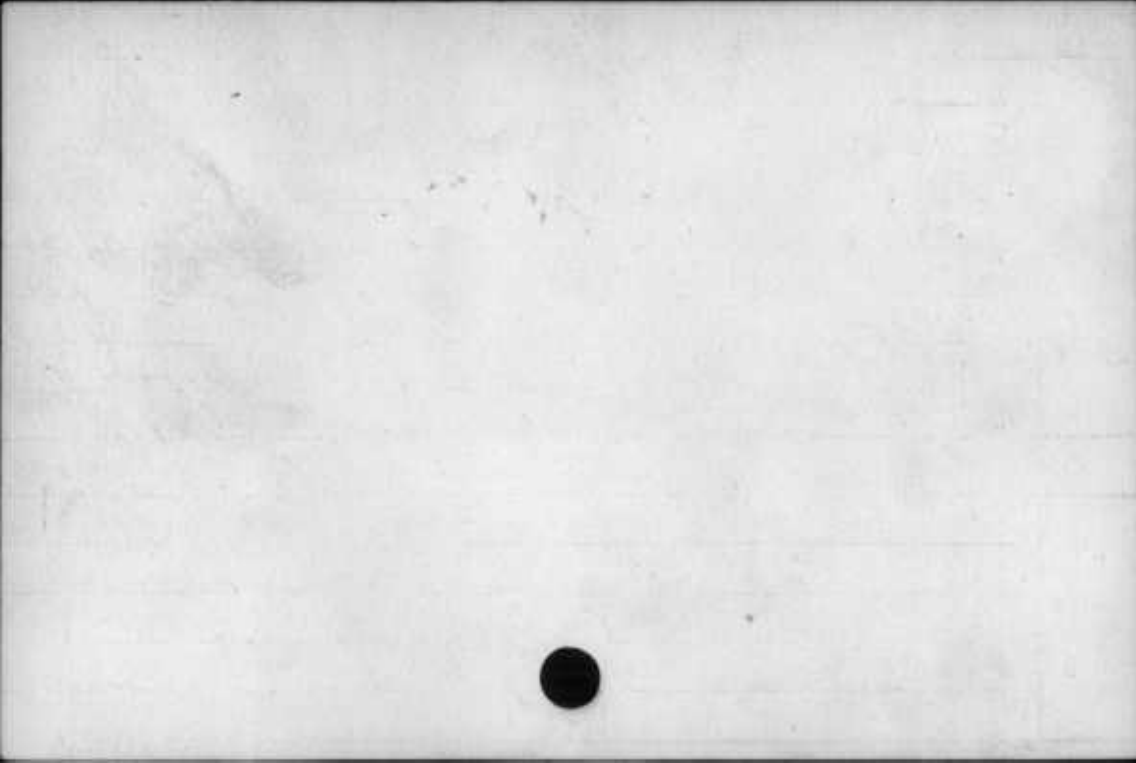
Primary *Eclampsia mother* How long *(M)*

Immediate *Eclampsia* How long *3 days*

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

Signature of Physician *A. DeW. Dublin*
Address *Cumberland Franklin Md*

Accident or Suicide? *—*



Name
in
Full

John George Damm

55
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ~~in~~ Cumberland Alleg County

Date of death 1900 Aug 22 Age 90 Months 5 Days

Sex male Color or Race White Birth-place Germany

Occupation None Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Mary Damm

Father's Name Do Not Know Father's Birthplace

Mother's Maiden Name Elizabeth Lowery Mother's Birthplace

Name of person giving information Elizabeth Lowery How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Secularity - How long 3 yrs

Immediate Exhaustion How long 1 mo.

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

Signature of Physician

Address
Cumberland, Md.

Accident or Suicide

10 - 14 - 51

20 - 16 months

Name in Full

Mary Doster

TO BE ANSWERED BY NEAREST FRIEND

Died at Cumberland County MARYLAND

Date of death 1910 8 20 Age 80

Sex Female Color or Race White Birth-place ind

Occupation House Wife Where Residing if not at place of death Cumberland

Married, Single or Widowed Married Name of Wife or Husband Yes W Doster

Father's Name John Logston Father's Birthplace Dont know

Mother's Maiden Name Margaret Arnold Mother's Birthplace " "

Name of person giving information Molly Gunning How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary obstruction of bowels How long 1 week

Immediate aut intoxication How long -

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

Address Cumberland

Accident or Suicide? Yes



Name
in
Full

Louetta Eaton

58
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cumberland* Town *Alle* County **MARYLAND**

Date of death 1910 *Aug* Month *9* Day Age *52* Years Months *-* Days *-*

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

Occupation *Housekeeper* Where residing if not at place of death *Asylum*

Married; Single or Widowed *Married* Name of Wife or Husband *Geo Eaton*

Father's Name *Mrs. W. E. Gray* Father's Birthplace *Pa*

Mother's Maiden Name *Do not know* Mother's Birthplace *Do not know*

Name of person giving information *George Eaton* How related to deceased *Husband*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Cerebral Hemorrhage* How long *Five hrs.*

Immediate *Exhaustion* How long *Five hrs.*

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

Signature of Physician *T. B. McDonald*

Address *Cumberland*

Accident or Suicide? *No*

McDonald



Durst

Name
in
Full

CERTIFICATE OF DEATH

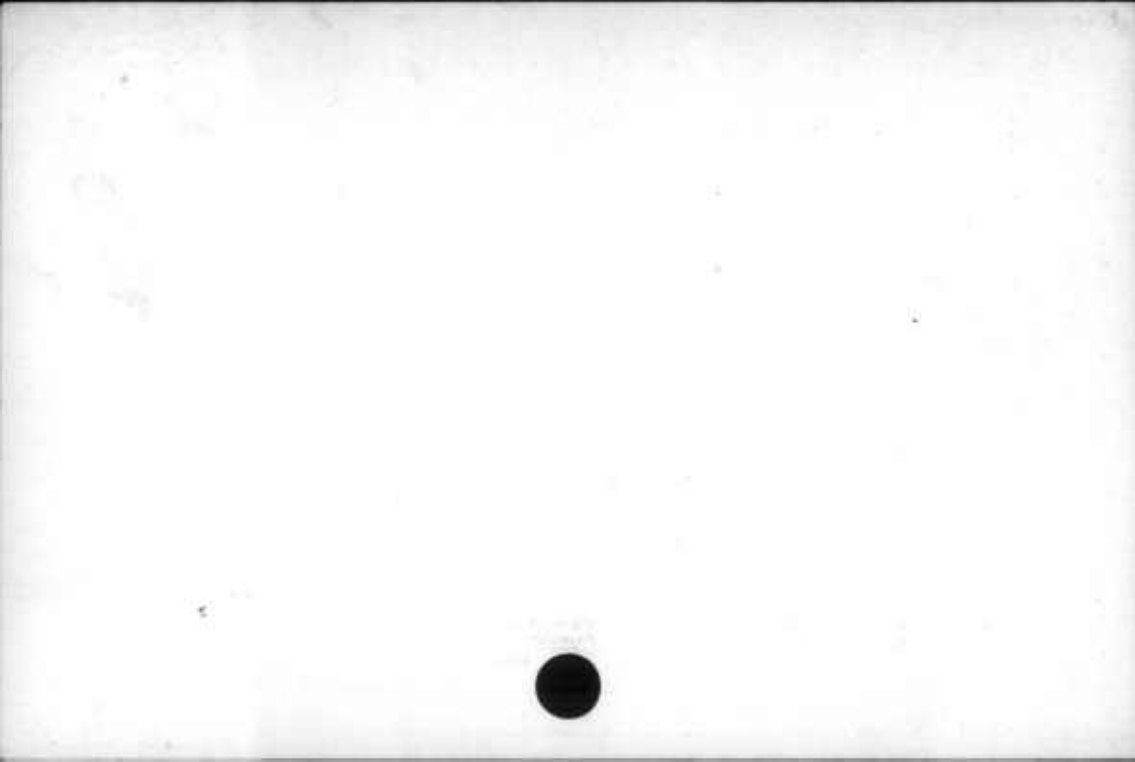
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barton</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death 19 <i>00</i>	<i>Aug</i> <small>Month</small>	<i>9</i> <small>Day</small>	Age	<i>5</i> <small>Months</small>	<i>5</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Allegheny Co</i>			
Occupation <i>L</i>	Where Residing if not at place of death <i>L</i>				
Married, Single or Widowed <i>L</i>	Name of Wife or Husband <i>L</i>				
Father's Name <i>James F. Fovler</i>	Father's Birthplace <i>Allegh. Co</i>				
Mother's Maiden Name <i>Maggie Maghew</i>	Mother's Birthplace <i>Allegh. Co</i>				
Name of person giving Information <i>James F. Fovler</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary <i>Premature birth</i>	How long <i>—</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. G. Boucher</i>
	Address <i>Barton Md</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Almeda Gulbranson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberda		Allegh		MARYLAND	
Date of death		19	10	Aug	9	Age	24
Sex		Female		Color or Race		White	
Occupation		None		Birth-place		Md.	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Wm Gulbranson	
Father's Name		Luke Robertson		Father's Birthplace		Md.	
Mother's Maiden Name		Matilde Middleton		Mother's Birthplace		Md.	
Name of person giving information		Frances Beckley		How related to deceased		Sister	

CAUSES OF DEATH

(128)

PHYSICIAN
OR CORONER

Primary	Uterine Hemorrhage		How long	Five minutes
Immediate	Exhaustion		How long	1/2 hr.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
I		no	Address	
Accident or Suicide?		no	Cumberland	
			Hartwood	

19 Children.

Mrs. Lillie Robertson.

Mrs. Ella Spear Shaver.

" Sarah Thomas

" Clara Hammer

" Susan Reckley.

Mr. Walter

" Care

Elinor

Hilbert

Miss Ann Robertson.

X19

Frank Howard Hammer

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Midway</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		MARYLAND	
Date of death	19 <u>10</u> <small>Year</small>	<u>Aug</u> <small>Month</small>	<u>7</u> <small>Day</small>	Age	<u>4</u> <small>Years</small>
					<u>5</u> <small>Months</small>
					<u>15</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Midway</u>
Occupation	Where residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Richard Coulson</u>			Father's Birthplace	<u>Mid</u>
Mother's Maiden Name	<u>Bertie Hammer</u>			Mother's Birthplace	<u>Mid</u>
Name of person giving information	<u>Mrs Wm Morgan</u>			How related to deceased	<u>son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>36 hrs</u>
Immediate	<u>Exhaustion</u>	How long	<u>8 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>F. Alan G. Murray MD</u>		
	Address <u>Midway</u>		
<u>H</u> Accident or Suicide?			



Name
in
Full

Charles Edward Harper

66
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Allegany MARYLAND

Date of death 1910. ^{Month} August ^{Day} 30th ^{Age} 15 ^{Years} ^{Months} ^{Days}

Sex ^{Male} Color or Race ^{Colored} Birth-place ^{Cumt-d}

Occupation ^{School boy} Where Residing if not at place of death ^{Fayette St.}

Married, Single or Widowed ^{Single} Name of Wife or Husband ^{None}

Father's Name ^{James A. Harper} Father's Birthplace ^{Wash Co Md}

Mother's Maiden Name ^{Fannie R Bates} Mother's Birthplace ^{Cumt-d}

Name of person giving Information ^{James A Harper} How related to deceased ^{Father}

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary ^{Drowning} How long ⁽¹⁶⁹⁾

Immediate ^{Asphyxiation} How long

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

Signature of Physician ^{Franklin P. Beale}

Address ^{Coroner}

Accident or Suicide ^{Accident} ^{Cumt-d, Md.}

Dr 15

Name
in Full

Anna Elizabeth Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Bumbersland all

Date of death 1940 Aug 17 Age 30 Months 0 Days 0

Sex Female Color or Race White Birth-place West Va

Occupation Housekeeper Where Residing if not at place of death 164 South St

Married, Single or Widowed Married Name of Wife or Husband Nelson Hill

Father's Name Frank Welch Father's Birthplace West Va

Mother's Maiden Name Smith Mother's Birthplace West Va

Name of person giving Information James Zombro How related to deceased none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Several attacks of Asthma How long one month

Immediate Exhaustion & Organic Heart Disease How long 10 minutes

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

Signature of Physician

M. E. L. Owens

Address

Bumbersland Md
Owens

Accident or Suicide



Name
in Full57
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIENDDaniel, Edward Hull
Town County

Died at Cumberland alle

MARYLAND

Date of death 1900 Aug 25 Age - Months - Days 6

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 Nelson Hill Father's Birthplace West Va

Mother's Maiden Name Anna E Webb Mother's Birthplace West Va

Name of person giving Information Nelson Hill How related to deceased Father

CAUSES OF DEATH

104

Primary Hepatitis + Gastro-enteritis How long 2 weeks

Immediate Exhaustion How long 2 days

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

Signature of Physician Geo. L. Broadrup, M.D.
Address Cambridge Md.

Accident or Suicide No

PHYSICIAN
OR CORONER



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Howard Hinkle		Town Cumberland		County Alleg		STATE MARYLAND	
Died at		Date of death		Age		Months	
1910		Aug 12		—		1	
Sex Male		Color or Race White		Birth-place Md		Days 21	
Occupation None				Where Reading if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband None		Father's Birthplace W Va		Mother's Birthplace " "	
Father's Name Jessie H. Hinkle		Mother's Maiden Name Minnie's Housa		Name of person giving information Minnie's Hinkle		How related to deceased Mother	

CAUSES OF DEATH

Primary	Marasmus	How long	2 weeks
Immediate	Exhaustion	How long	2 days

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

yes

Signature of Physician

William R Forward M.D.

Address

109 Virginia Ave.
P. Cumberland Md.

Accident or Suicide?



Name is Full

46

CERTIFICATE OF DEATH

Name: John F. Hohing
Died at: Cumberland (Town) Allegany (County) MARYLAND

Date of death: 1910 Aug 15 Age 23- (Years 23, Months, Days)

Sex: male Color or Race: White Birth-place: Cumberland

Occupation: Laborer Brick Layer Where Residing if not at place of death: -

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

Father's Name: Jacob Hohing Father's Birthplace: N. Va.

Mother's Maiden Name: Virginia Batts Mother's Birthplace: N. Va.

Name of person giving information: Jacob Hohing How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis How long: 3 years

Immediate: - How long: -

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

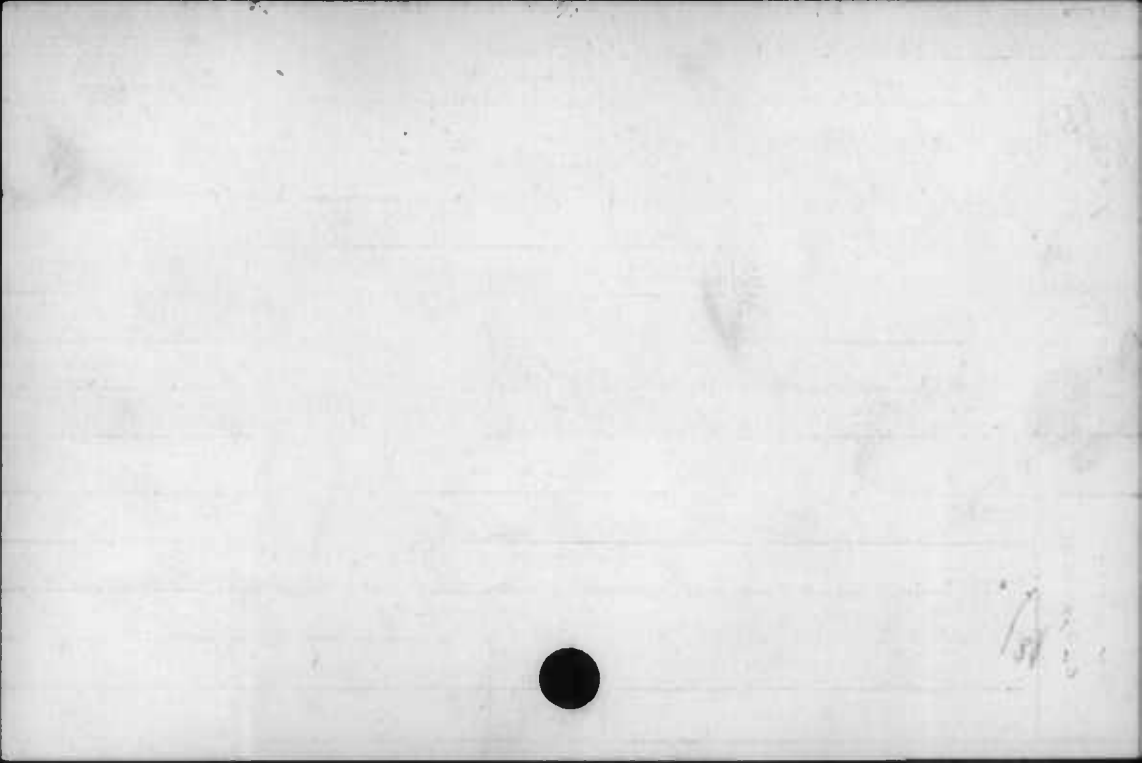
Signature of Physician: W. W. Wiley

Shewn

Address: Oxley, West Va.

Accident or Suicide? Rose Hill

PHYSICIAN OR CORONER



Name
In
Full

Clarence J. Joss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		Aug	29	2		1	19
Sex	Male	Color or Race	White		Birth-place	Bardonia, Md	
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	Chas Joss				Father's Birthplace	Pa	
Mother's Maiden Name	Bertha Holt				Mother's Birthplace	Pa	
Name of person giving information	Jos Holt				How related to deceased	Grandfather	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	10 Hrs
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. Alan G. Murray, M.D.
		Address	W. D. Savage Md
Accident or Suicide?			



Name
in
Full

Sarah Jack

58
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland Alley

MARYLAND

Date of death 1910 Aug 20 Age 53

Sex Female Color or Race White Birthplace W. Va.

Occupation None Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Robert W. Jack

Father's Name Samuel Idoman Father's Birthplace W. Va.

Mother's Maiden Name Do not know Mother's Birthplace Ok

Name of person giving information Katharine Jack How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Myocardial degeneration How long Several years

Immediate Exhaustion How long Few hours

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

Signature of Physician T. B. McDonald

Address Cumberland

Md

Accident or Suicide?

The Secours Heaters & Builders
Maynard Jack Schaffer
Dutton " Emoryville
Robert " Cleveland
Mrs Blyde Burkhardt Dan Dan
Miss Buthwin at
" Green
General Walker
New time to get
contaminated Ross

Name
in
Full

Cecil M. Jackson

CERTIFICATE OF DEATH

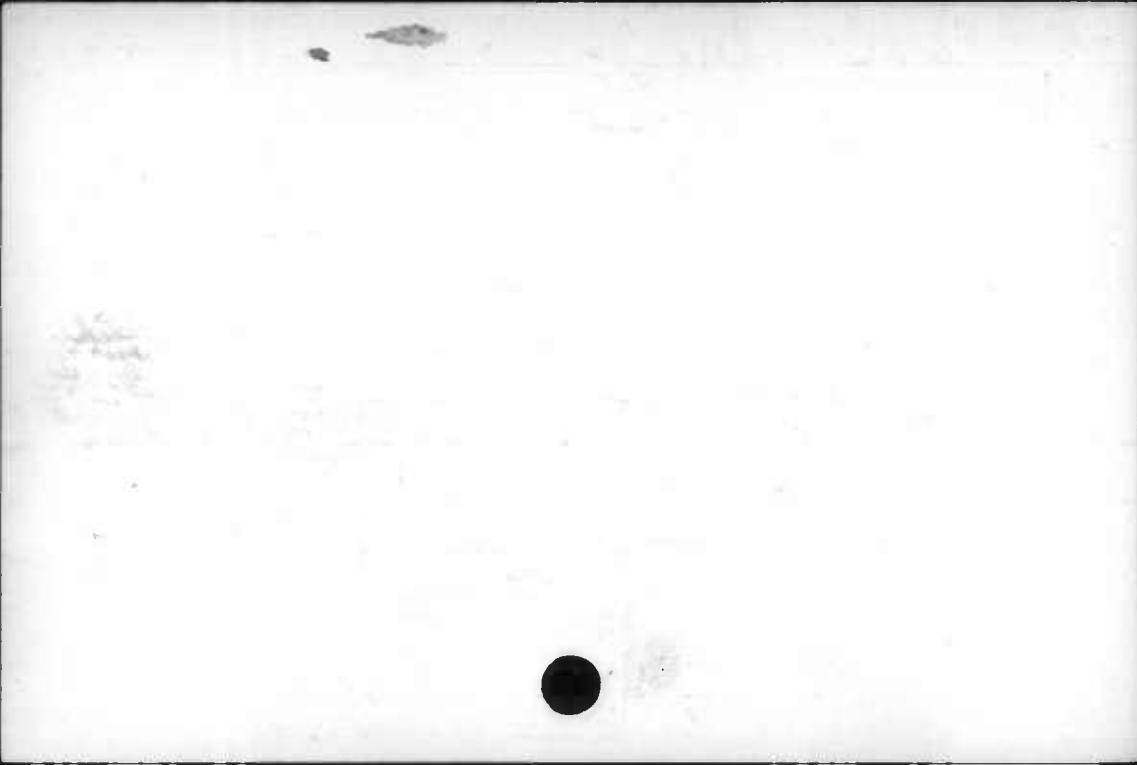
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg	County Allegany		MARYLAND
Date of death		Month 10	Day 20	Years 30	Age 6
Sex	male	Color or Race	colored	Birth-place	Frostburg
Occupation	_____		Where Residing if not at place of death _____		
Married, Single or Widowed	Name of Wife or Husband		_____		
Father's Name	Henry Jackson		Father's Birthplace	Frostburg	
Mother's Maiden Name	Fanny Jones		Mother's Birthplace	Frostburg	
Name of person giving information	W. J. Jackson		How related to deceased	Uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	4 wk's enteritis	How long	(104) 4 mo
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. C. Colby
		Address	Frostburg
Accident or Suicide	_____		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: *Jane Jackson*

Town: *Chamberland* County: *Alleg*

Died at: *Chamberland Alleg*

Date of death: *1910 Aug 14* Age: *66* Months: *—* Days: *—*

Sex: *Female* Color or Race: *White* Birth place: *Ind*

Occupation: *None* Wrote Reading if not at place of death: *—*

Married, Single or Widowed: *Married* Name of Wife or Husband: *James W. Jackson*

Father's Name: *James W. Furlow* Father's Birthplace: *Ind*

Mother's Maiden Name: *Mary Huff* Mother's Birthplace: *Ind*

Name of person giving information: *James W. Jackson* How related to deceased: *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: *Cerebral Hemorrhage* How long: *6 H* *2 weeks*

Immediate: *Respiratory involvement* How long: *—*

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

Signature of Physician: *W B Claybrook*

Address: *Chamberland Claybrook Ind*

Accident or Suicide? *None*

John Lewis Howard 9

Phil Chen

Lawrence Jackson

Mary A Gittle

Mathew R Beck

Edgar W Jackson

Thasput J Gittle

James E Jackson

Katie J Birchard

Sarah E Jackson

Daisy G —

General Wmms 2 P m

Kingsey Edmunds Rev. B. L. L. L.

Rose Seale

Name in Full

James H. Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Lord Town Allegheny County MARYLAND

Date of death 1940 August 24th Age 30 Months Days

Sex Male Color or Race White Birth-place Eckhart

Occupation Assistant Mine Foreman Where Residing if not at place of death Frostburg

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

Father's Name James Jacobs Father's Birthplace Walla, Indiana, Ohio

Mother's Maiden Name Mary A. [unclear] Mother's Birthplace Frostburg, Maryland

Name of person giving information John H. Donahue How related to deceased None

CAUSES OF DEATH

175

PHYSICIAN OR CORONER

Primary Crushed under mine Cars on slope How long Immediate

Immediate Exhaustion How long 30 minutes instantaneous

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

Signature of Physician Franklin D. Deale, Coroner

Address Cumberland, Md.

Accident or Suicide? Accident

Lunst

Name
in Full

Albert Jones

20
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Alleg MARYLAND

Date of death 1910 ^{Month} Aug ^{Day} 1 Age ^{Years} 8 ^{Months} ^{Days}

Sex male ^{Color or Race} Colored ^{Birth-place} Brimmsville Pa

Occupation: None ^{Where Residing if not at place of death} 131 Fredrick St.

Married, Single or Widowed Single ^{Name of Wife or Husband} None

Father's Name Albert Jones Sr ^{Father's Birthplace} W. Va.

Mother's Maiden Name Netter Jones ^{Mother's Birthplace} W. Va.

Name of person giving information John Woodson ^{How related to deceased} none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Nephritis ^{How long} 119, 4 days

Immediate Uremia ^{How long} 17 hours

Are the name, age, sex, color, date and place correctly given above? ^{Signature of Physician} John P. Dineford, ^{Address} Cumberland, Md.

Accident or Suicide?

Frederick St.

131



Name
in Full

Charles Kenneth Right

CERTIFICATE OF DEATH

Died at ^{Town} Freetburg ^{County} Allegany MARYLANDDate of death 1900 ^{Month} Aug ^{Day} 23 ^{Year} Age - ^{Months} 2 ^{Days} -Sex Male ^{Color or Race} White ^{Birth-place} Freetburg, Md.Occupation _____ ^{Where Residing if not at place of death} _____Married, Single or Widowed - ^{Name of Wife or Husband} _____Father's Name James A. Right ^{Father's Birthplace} MarylandMother's Maiden Name Mary Sands ^{Mother's Birthplace} MarylandName of person giving Information James A. Right ^{How related to deceased} Father

CAUSES OF DEATH

Primary Acute enteritis ^{How long} Several daysImmediate " " ^{How long} "

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

^{Signature of Physician} Dr. A. R. Walker^{Address} Freetburg

Accident or Suicide -

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Durst

Name
in Full

Mollie Krimm

68
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at

Cumberland

Town

County

Alle

MARYLAND

Date of death

1950 Aug

Month

Day

31

Age

43

Years

Months

Days

Sex

Female

Color or Race

White

Birth-place

West Va

Occupation

Housekeeper

Where residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

William B Krimm

Father's Name

Don't know

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

William B Krimm

How related to deceased

Husband

CAUSES OF DEATH

Primary

Angiot Disease

120

How long

6 months

Immediate

Dropsey Coma

How long

3 months

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

Signature of Physician

Address

H. L. Hodgson
Cumberland Md
Hodgson

Accident or Suicide

PHYSICIAN
OR CORONER



Name
In
Full

Wilhelmina Lehman

CERTIFICATE OF DEATH #

TO BE ANSWERED BY
NEAREST FRIEND

Town Baltimore County Alle MARYLAND

Died at Baltimore Alle

Date of Death: 19 10 Aug 12 Age 80 Months — Days —

Sex Female Color or Race White Birth-place Germany

Occupation Housekeeper Where Residing if not at place of death —

Married, Single or Widowed Widowed Name of Wife or Husband William Lehman

Father's Name Wm. Lehman Father's Birthplace Germany

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

Name of person giving information Harmon G. Lehman How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cerebral Hemorrhage How long 1,000 weeks

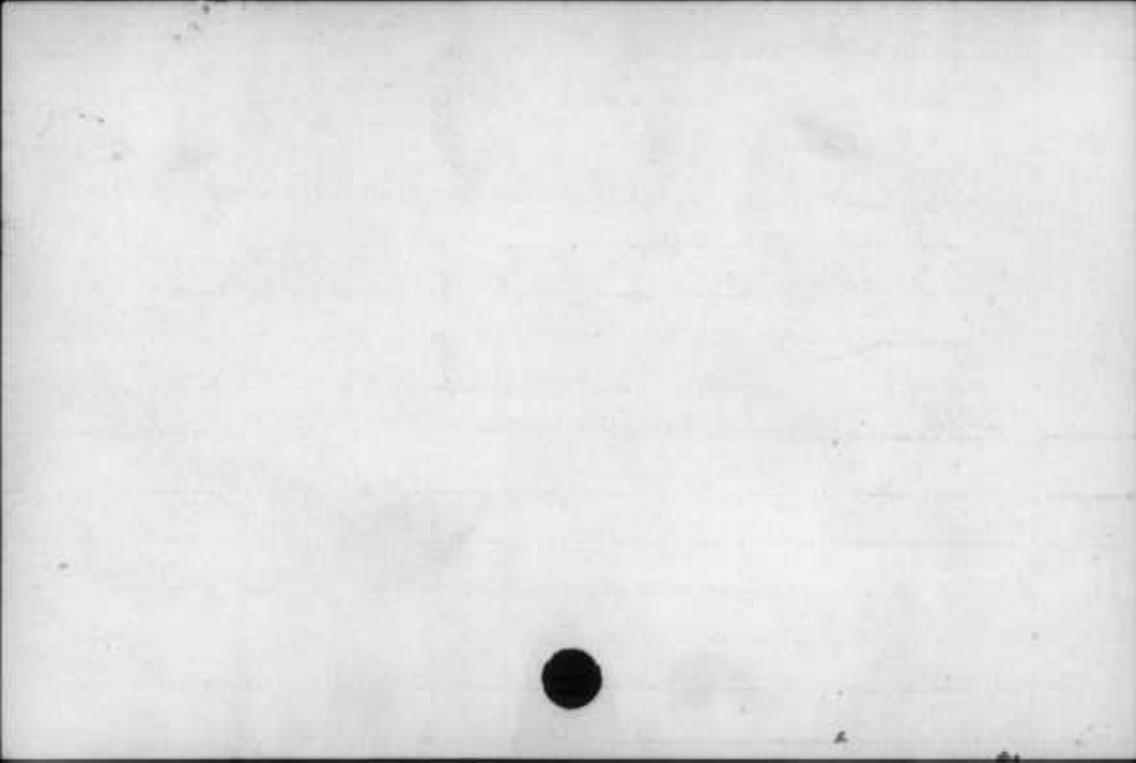
Immediate Ethacetic How long Free for

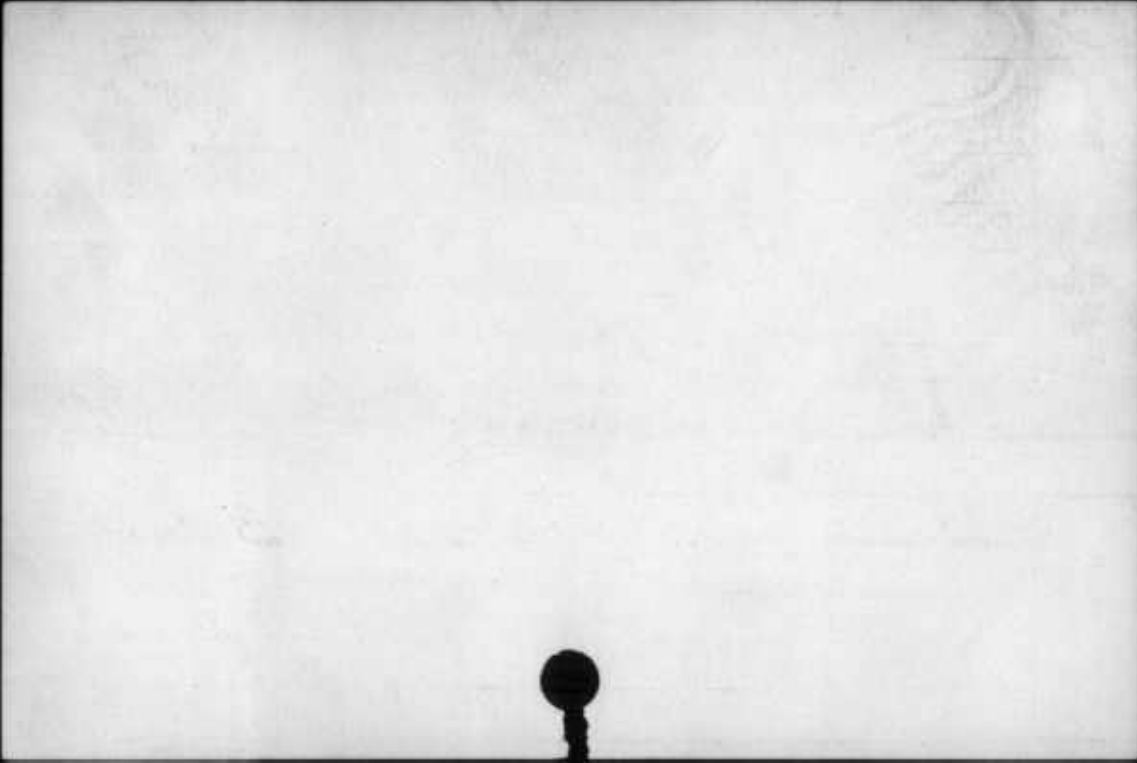
Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician B. W. Macd

Address Baltimore, Md

Accident or Suicide? Possible





Name
In Full

CERTIFICATE OF DEATH

Lloyd Joseph Logue
Died at ^{Town} Cumberland ^{County} Alleg

MARYLAND

Date of death 1910 ^{Month} Aug ^{Day} 12 ^{Age} 9 ^{Year} 5 ^{Month} 5 ^{Day} 5Sex male ^{Color or Race} White ^{Birth-place} PaOccupation None ^{Where Residing if not at place of death} —Married, Single or Widowed Single ^{Name of Wife or Husband} NoneFather's Name Enoch Logue ^{Father's Birthplace} PaMother's Maiden Name Martha Lowery ^{Mother's Birthplace} MdName of person giving information Enoch Logue ^{How related to deceased} Father

CAUSES OF DEATH

Primary Strangulation ^{How long} 15 min. 10 minutesImmediate Suffocation ^{How long} 5 minutes

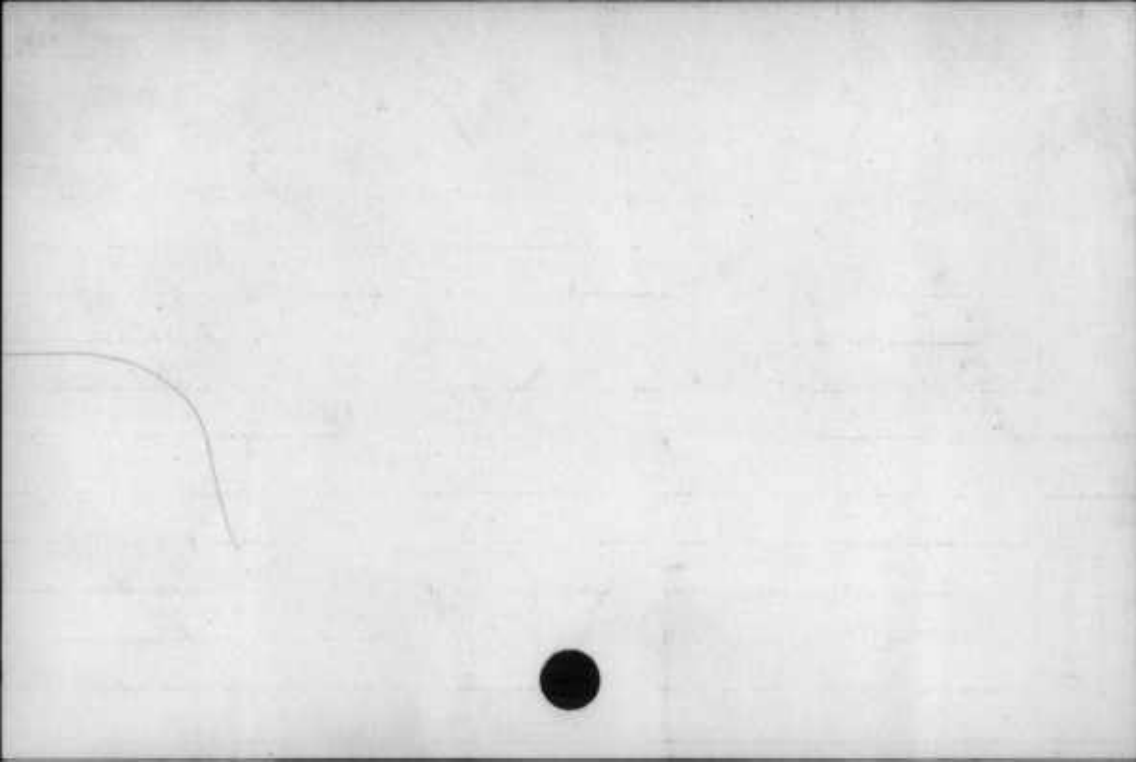
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician William R. Boardman

Address 109 Va - Ave.

Accident? Fatal? ^{Signature of Coroner} SteveTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H



J. R. McKenzie

Town

County

Died at

Cumbd

Alleghany

MARYLAND

Date

of death

1910

Month

Aug

Day

7

Age

Years

29

Months

8

Days

23

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Prop. Star Dye Works

Where Residing if not
at place of death

-

Married, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

H. A. McKenzie

Father's
Birthplace

Md

Mother's
Maiden Name

Marian Miller

Mother's
Birthplace

Md

Name of person giving
information

J. C. McKenzie

How related
to decedent

Brother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

9 mos

Immediate

Exhaustion

How long

Gradual

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

Yes

Signature of
Physician

W. B. Celaybrook

Address

Cumbd Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H

30 October
30 p.m.

Name
in
Full

Margaret Mc Kinley Marshall

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Lodwainy

Allegheny

Months

Days

Date

1900

Month

Aug.

Day

30

Age

Years

63

Sex

Female

Color or Race

White

Birth-place

Scotland

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Robert Marshall

Father's Name

Peter McKinley

Father's Birthplace

Scotland

Mother's Maiden Name

Unknown

Mother's Birthplace

Scotland

Name of person giving Information

James Marshall

How related to deceased

Son

CAUSES OF DEATH

Primary

Permeious Anemia

How long

2 months.

Immediate

Exhaustion

How long

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

Yes

Signature of Physician

Henry M. Hodgson

Address

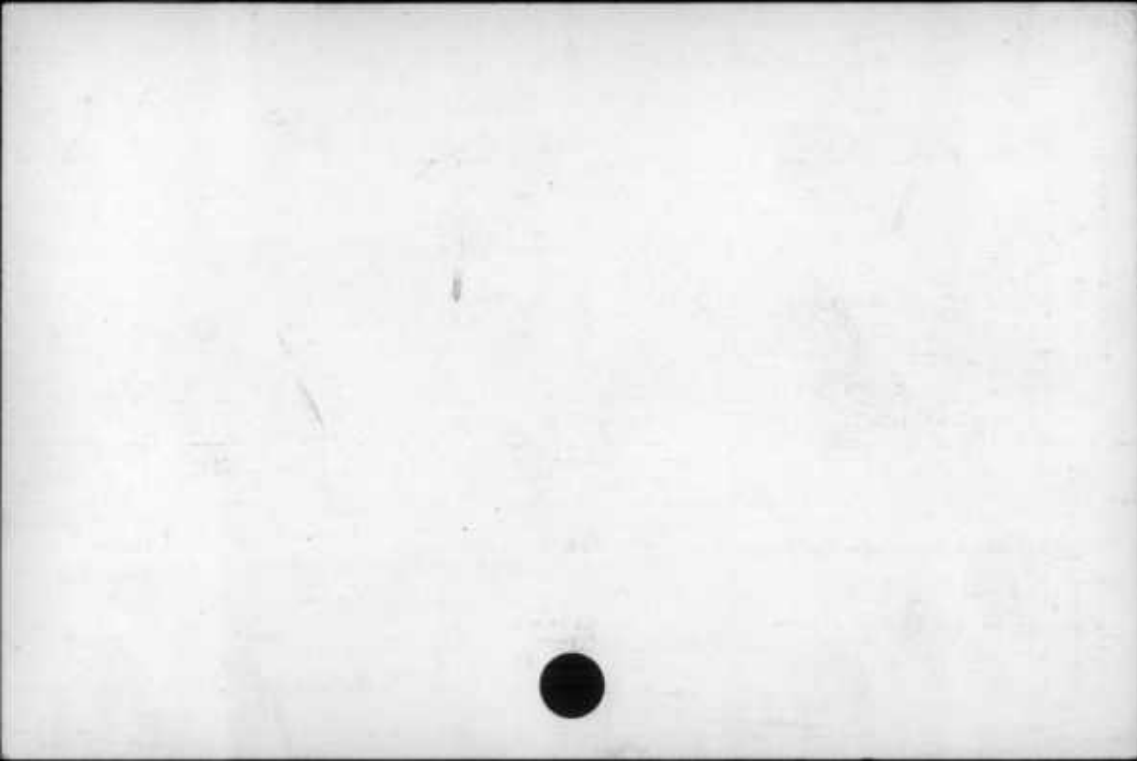
Lodwainy Md.

Accident or Suicide

Yes

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Richard Andrew Miller

52
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Camteland Allegheny County MARYLAND

Date of death 1960 Month Aug Day 18 Age 1 Years Months 2 Days 1

Sex male Color or Race White Birth-place Cumld

Occupation None Where Residing if not at place of death —

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

Father's Name Charles Miller Father's Birthplace Pa

Mother's Maiden Name Elizabeth Richard Mother's Birthplace Pa

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

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

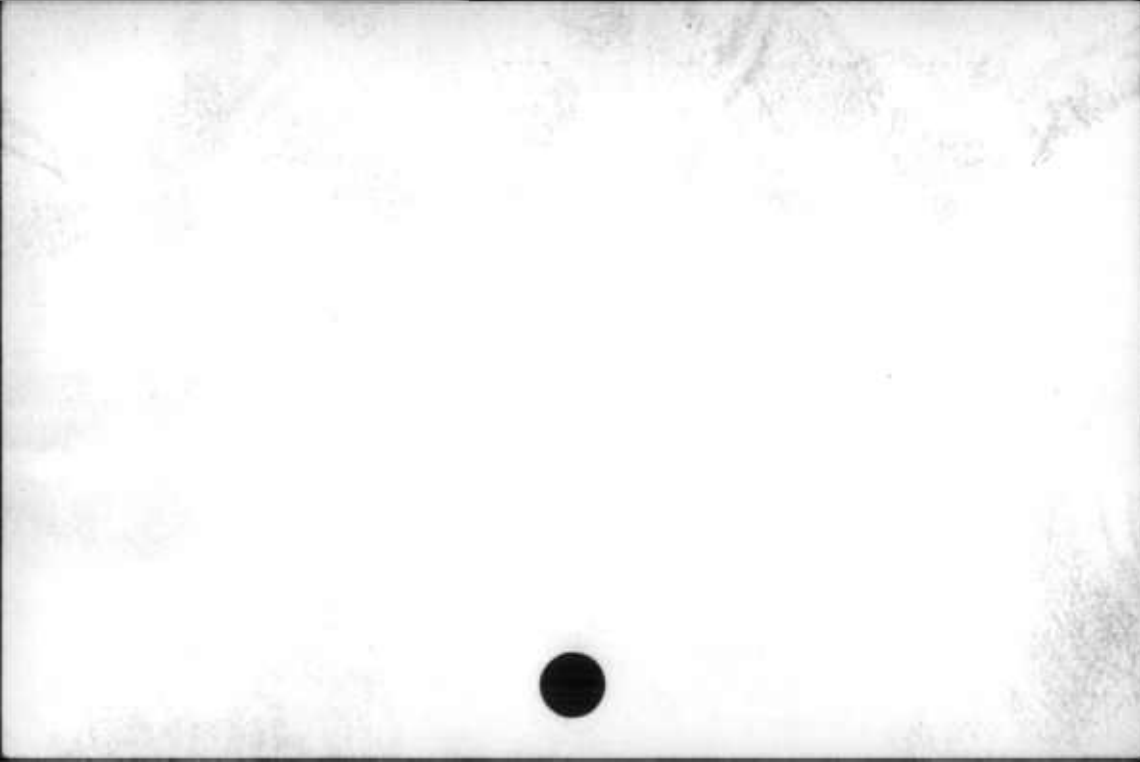
Primary Dis-Colitis How long 1 mo.

Immediate Exhaustion How long —

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

Signature of Physician A. D. Rankin
Address Cumteland, Md

Accident or Suicide —



Name
in Full

Robert Cutler Mudge

67
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland Md. MARYLAND

Date of death 1940 Aug 31 1 6 6

Sex male Color or Race White Birth-place W. Va.

Occupation None Where Residing if not at place of death —

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

Father's Name George Mudge Father's Birthplace Quaker

Mother's Maiden Name Lottie R. Cutler Mother's Birthplace W. Va.

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

CAUSES OF DEATH

Primary Enterocolitis 10H How long 6 weeks

Immediate Exhaustion How long

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

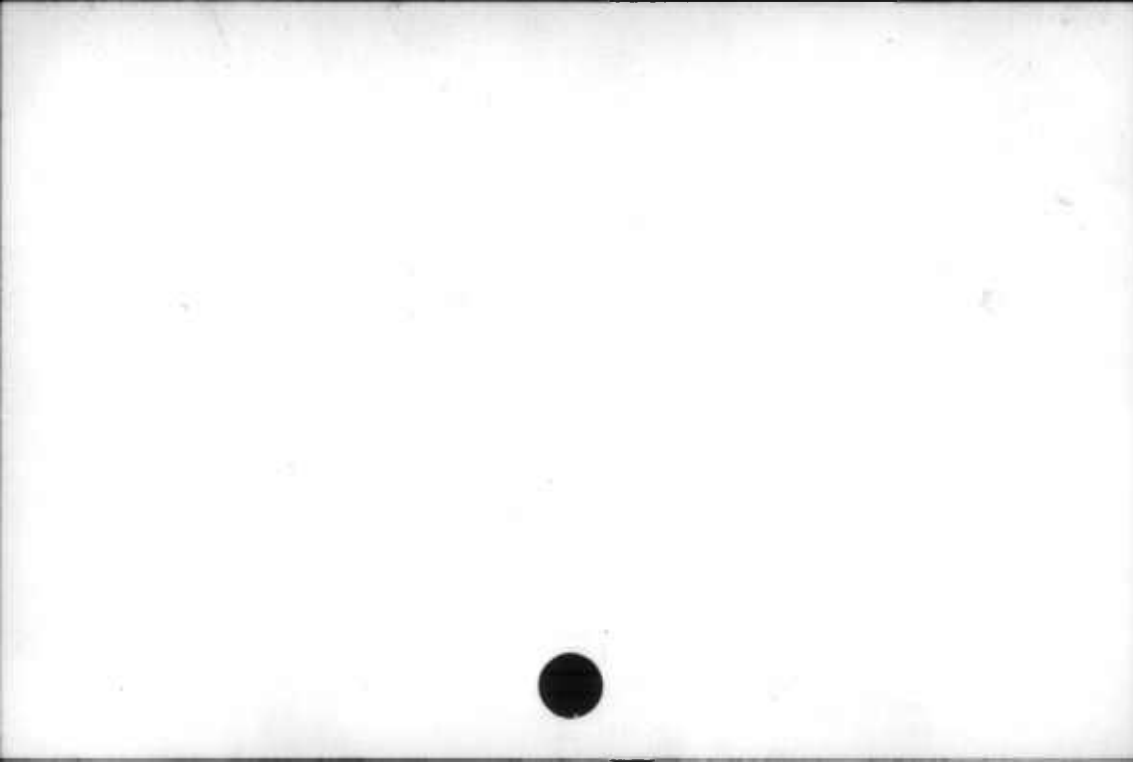
Stew

Signature of Physician

Address

Thos. A. Howard
Cumberland
Md.

Assistant or Swine



Name in Full

Anna Nelson

37
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

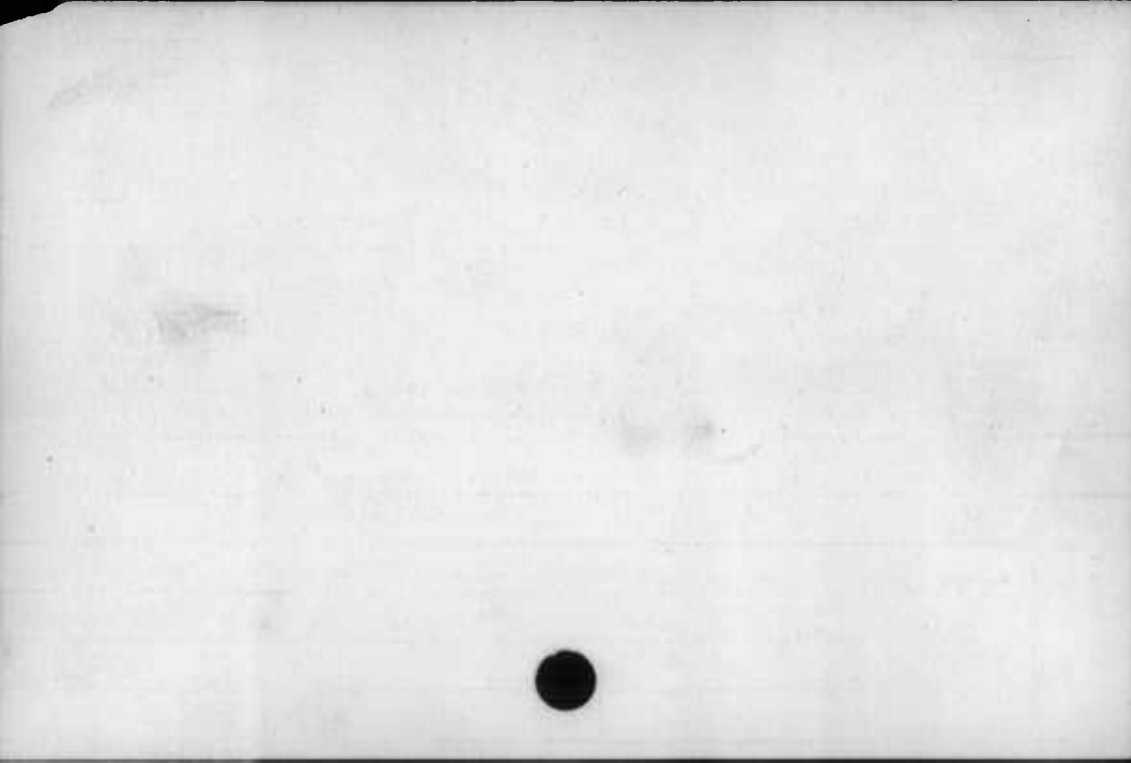
Died at <u>Cumt-d</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u> <small>Year</small>	<u>Aug</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>38</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>		Occupation <u>Wife</u>	
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Ann Nelson</u>		Where Reading if not at place of death <u>Frostburg Md</u>	
Father's Name <u>Daniel Beavans</u>	Father's Birthplace <u>Kales</u>		Mother's Maiden Name <u>Do not know</u>		
Mother's Maiden Name <u>Do not know</u>		Mother's Birthplace <u>D.K.</u>		Name of person giving information <u>Jonas Dorst</u>	
Name of person giving information <u>Jonas Dorst</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

55

PHYSICIAN OR CORONER

Primary	<u>Suppuration Pectoritis large suppurated focus</u>	How long	<u>Several weeks</u>
Immediate	<u>abscess - Septic absorption (Toxemia)</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>[Redacted]</u>
	<u>Jonas Dorst</u>	Address	<u>A. H. Hesterius</u> <u>Cumt-d, Md.</u>
Accident or Suicide?	<u>Frostburg</u>		



Name
In Full

CERTIFICATE OF DEATH

Elizabeth Ann Nelson

MARYLAND

Died at ^{Town} Cumberland ^{County} Allegany

Date of death 1900 Aug 9 Age 76 Months 6 Days

Sex Female Color or Race White Birth-place Ohio

Occupation Housewife Where residing if not at place of death Frattingford

Married, Single or Widowed Married Name of Wife or Husband James W. Nelson

Father's Name Daniel Benans Father's Birthplace Wales

Mother's Maiden Name Unknown Mother's Birthplace Wales

Name of person giving information W. Nelson How related to deceased Husband

CAUSES OF DEATH

173

Primary Renal colic How long Several years

Immediate Abscess How long One week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. C. Colver

Address Frattingford

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Dr. J. J. Hunt

Name in Full

James Pague

39
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Died at Cumberland alley County

Date of death 1910 Aug 9 Age 39 Months 5 Days 7

Sex male Color or Race White Birth-place Cumbrld

Occupation — Where Residing if not at place of death —

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

Father's Name James Pague Father's Birthplace Pa

Mother's Maiden Name Georgina Mc Kinney Mother's Birthplace Pa

Name of person giving information James Pague How related to deceased Father

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary Phnom's Nucleus Enterocolis How long One month

Immediate Exhaustion How long 1 wk

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

Signature of Physician E L Stevens M.D.

See

Address Cumberland Md

Accident or Suicide?

2 Name Jr.

Name
in
Full

Thomas Percy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lanacoring Town Alligany County MARYLAND

Date of death 1910 Aug 18 Age 30 Months 0 Days 21

Sex Male Color White Birth place Lanacoring

Occupation Clack James Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Clara Edith Mapony

Father's Name David Percy Father's Birthplace W. Va

Mother's Maiden Name Louis Davis Mother's Birthplace Pennsylvania

Name of person giving Information Mrs. David Percy How related to deceased Mother

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary Cerebral spasm How long About Seven Months

Immediate Convulsions & Exhaustion How long two months

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

Signature of Physician J. B. Skilling, M.D.

Address Lanacoring

Accident or Suicide No

PHYSICAL
SCIENCE



Name
in
Full

Catherine E Rank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Tomacung Town Allegheny County **MARYLAND**

Date of death 1910 Aug Month 26 Day Age 43 Years Months Days

Sex Female Color or Race White Birth-place Frostburg
Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Husband George Rank

Father's Name Andrew Lapp Father's Birthplace Germany

Mother's Maiden Name Lizzie Wagner Mother's Birthplace W

Name of person giving information George Rank How related to deceased Husband

CAUSES OF DEATH

Primary Chronic Interstitial Nephritis How long two years

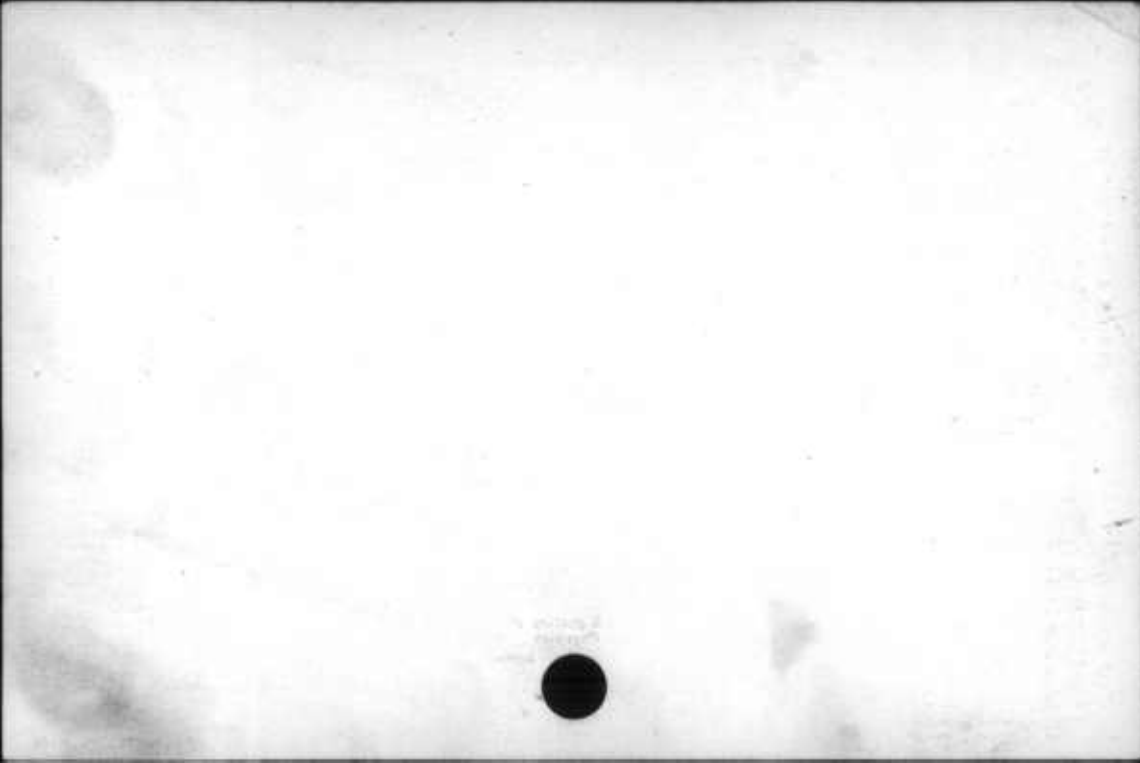
Immediate Pulmonary Edema How long two days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician C. S. Skilling

Address Tomacung

Accident or Suicide no

PHYSICIAN
OR CORONER



Name **is Full** *Robert Rankin* **CERTIFICATE OF DEATH**

TO BE ANSWERED BY NEAREST FRIEND

Ed Died at *Allegany* Town *Allegany* County **MARYLAND**

Date of death *1910* 190- *8* Month *8* Day Age *37* Years Months Days

Sex *M* Color or Race *W.* Birth-place *md*

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

Married, Single or Widowed Name of Wife or Husband

Father's Name *Andrew J. Rankin* Father's Birthplace *Scotland*

Mother's Maiden Name *Lizzie Porter* Mother's Birthplace *md*

Name of person giving information *Archibald Lemox* How related to deceased *Brother-in-law*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Carcinoma results of structure of throat* How long *2 yrs*

Immediate How long

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

Signature of Physician *M. O. Hane*

Address *Spotsburg Md*

Accident or Suicide?

J. G. Brown

Name in Full *infant Read*

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Cumtoga</i> Town		County <i>Accugary</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>Aug</i>	Day <i>2</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Cumtoga</i>	
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>John Read.</i>			Father's Birthplace <i>va.</i>		
Mother's Maiden Name <i>Lulu Turner.</i>			Mother's Birthplace <i>W. va.</i>		
Name of person giving information <i>John Read.</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

157 B

PHYSICIAN OR CORONER

Primary <i>Pneumonia Bitch</i>	How long <i>6 days.</i>
Immediate <i>Exhaustion</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>Francis A. [unclear]</i>
<i>Stein</i>	Address <i>Cumtoga, W. Va.</i>
Accident or Suicide?	

37 Ash St

Name
In Full

Robert Lerwood Reid

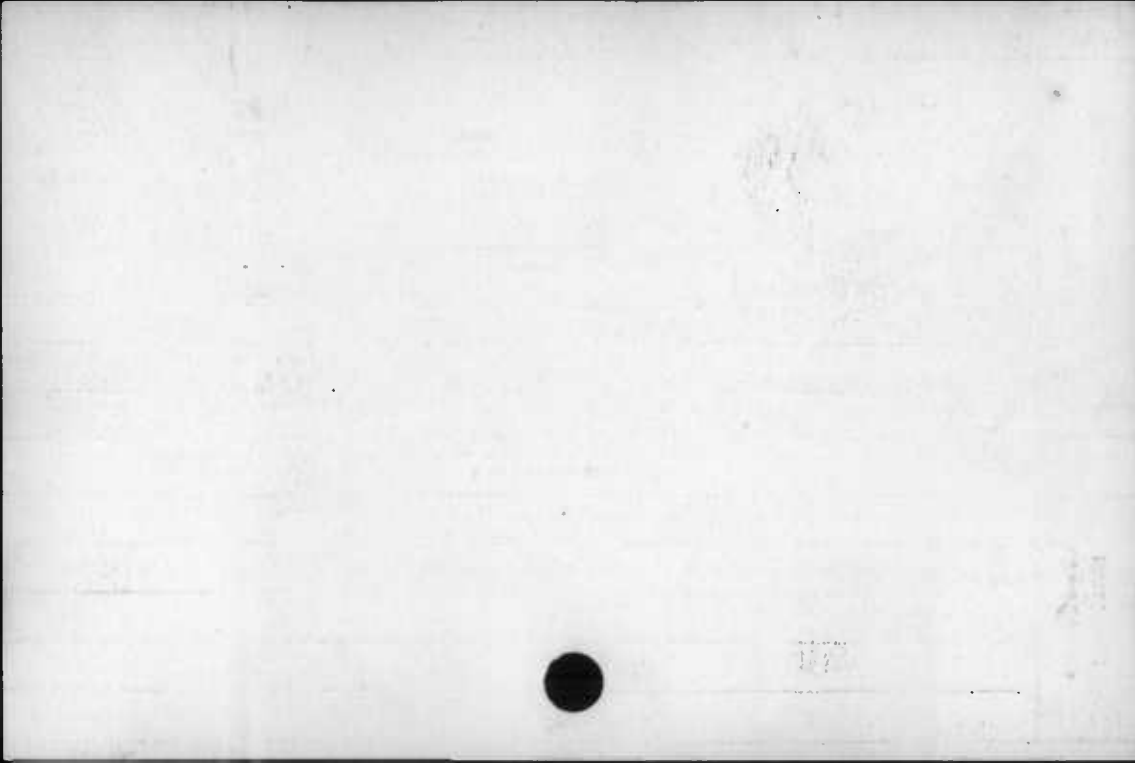
444
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Cecery</u> <small>County</small>		MARYLAND	
Date of death	1910	Month	8	Day	15
Age	16	Year		Month	
Sex	Male	Color or Race	White	Birth-place	Cumberland
Occupation	Apprentice RR		Where Residing if not at place of death		
Maided, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	Geo. W. Reid		Father's Birthplace	Cumberland	
Mother's Maiden Name	Ellie Fargel		Mother's Birthplace	" " "	
Name of person giving information	Geo. W. Reid		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Head crushed by car wheels	How long	(175) Instantaneous
Immediate	Exhaustion	How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Franklin B. Beall, Coroner
		Address	Cumberland, Md
Accident or Suicide?	Accident		



Name
in
Full

infant Robberson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u>	Month	<u>Aug</u>	Day	<u>15</u>
Age		Years	<u>—</u>	Months	<u>1</u>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Cumtd</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>None</u>		
Father's Name	<u>Charles B. Bates</u>		Father's Birthplace	<u>md</u>	
Mother's Maiden Name	<u>x Anna Robberson</u>		Mother's Birthplace	<u>md</u>	
Name of person giving information	<u>x Mrs Robberson</u>		How related to deceased	<u>Grand mother</u>	

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary	<u>Hemorrhage from cord</u>	How long	<u>a few hours</u>
Immediate	<u>loss of blood</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>ye</u>	Signature of Physician	<u>H. W. Hodgson</u>
	<u>Satin</u>	Address	<u>Hadgson Cumberland Md.</u>
Accident or Suicide?			

Bates

Cherry Hill
Roxbury
Mass

Name
In
Full

Daniel Robinson

34
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland alleg County MARYLAND

Date of death 1910 Aug Month 5 Day Age 63 Years Months 8 Days

Sex Male Color or Race White Birth-place Pa

Occupation Janitor Where Reading if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Abirona Lingo

Father's Name Eliza Robinson Father's Birthplace Pa

Mother's Maiden Name Sarah Burrell Mother's Birthplace Pa

Name of person giving information How related to deceased

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary Complete Stricture of Urethra How long 25 yrs

Immediate Post-operative uremia How long 3 days

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

Signature of Physician E. B. Lelay from

Address Cumberland Md
Blaybrook

Accident or Suicide? No

Char Gong

Name
in Full

O. Wellington Schaeffer Jr.

CERTIFICATE OF DEATH

Died at

Cumberland

County

Allegheny

MARYLAND

Date of death

1900

Month

Aug

Day

18

Age

24

Months

Days

Sex

male

Color or Race

White

Birth-place

Md.

Occupation

Civil Eng.

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

O. W. Schaeffer Sr.

Father's Birthplace

W. Va.

Mother's Maiden Name

Katherine Lupton

Mother's Birthplace

W. Va.

Name of person giving Information

Walter Schaeffer

How related to deceased

Bro

CAUSES OF DEATH

Primary

Tuberculosis

How long

14 years

Immediate

Exhaustion

How long

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

Signature of Physician

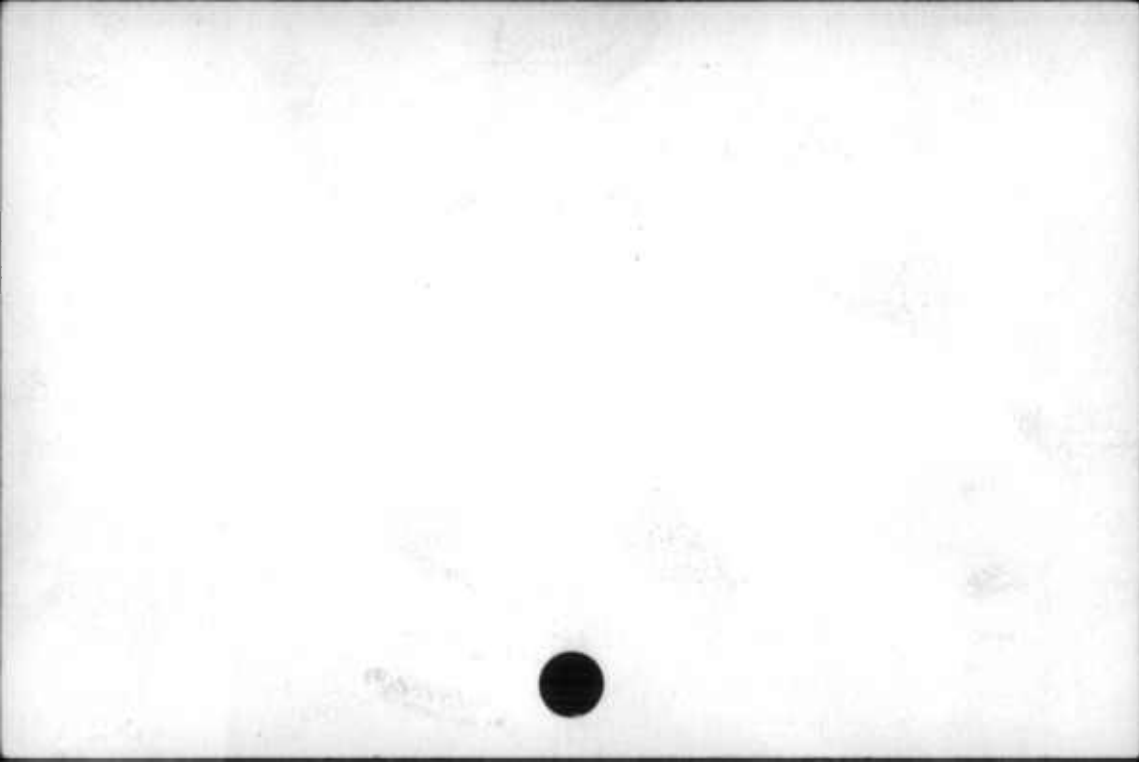
Address

Accident or Suicide



Thos. W. Howard
 Cumberland
 Room 3rd

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Eugene Schreil

56.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Chamberland alleg County MARYLAND

Date of death 1900 Month Aug Day 22 Age 28 Years Months Days

Sex Male Color or Race White Birthplace Germany

Occupation Brewmaster Where Residing if not at place of death K. Truck St

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

Father's Name Eugene Schreil Father's Birthplace Germany

Mother's Maiden Name Mary Rail Mother's Birthplace Germany

Name of person giving information Michael Schreil How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Typhoid How long 3 weeks

Immediate Septicemia How long 5 days

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

Signature of Physician A. D. ...

Address Chamberland

Accident or Suicide —

150th Anniversary
1876-1926
Baltimore

Name in Full

Fredrick Seitz.

65

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cumberland ^{Town} Alleg ^{County} MARYLAND

Date of death 1900 ^{Month} Aug ^{Day} 29 Age ^{Years} 74 ^{Months} 21 ^{Days}

Sex male Color or Race White Birth-place Germany

Occupation Labour Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Josephine Mouchart

Father's Name Fredrick Seitz Father's Birthplace Germany

Mother's Maiden Name Kate Mother's Birthplace D.K.

Name of person giving information Josephine Seitz How related to deceased Wife

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary Organic Heart disease How long about one year

Immediate Heart failure How long half hour

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

Signature of Physician J. J. [unclear] Address [unclear]

Accident or Suicide — med

Frederick Elkins

Frank " "

Charles at Home

6

Name
in
Full

John W. Small

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Borden</i> <small>Town</small>		<i>Allegany</i> <small>County</small>		MARYLAND	
Date of death	19 <i>60</i>	Month	<i>8</i>	Day	<i>12</i>
Age		Years	<i>1</i>	Months	<i>5</i>
Sex	<i>M</i>	Color or Race	<i>W.</i>	Birth-place	<i>Ind</i>
Occupation	<i>Ches</i>		Where Residing if not at place of death <i>Cumberland Md</i>		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>William Small</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Clara Bryson</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>William Small</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Chorea Infantum</i>	How long	<i>48 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. W. M. Lane</i>		
	Address <i>Shoebury</i>		
Accident or Suicide?			

Lurst

Name
In Full

CERTIFICATE OF DEATH

Barbara Smith

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland		County		Alleg		MARYLAND	
Date of death		190	Aug	15	Age	59	Months		Days
Sex		Female		Color or Race		White		Birth-place	
Occupation		None		Where Residing if not at place of death					
Married, Single or Widowed		Widow		Name of Wife or Husband					
Father's Name		John Cavenear				Father's Birthplace		Pa	
Mother's Maiden Name		Margret Mills				Mother's Birthplace		Pa	
Name of person giving information		A V Twigg				How related to deceased		Sons-in-law	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pulmonary edema	How long	94	About 1 hr.
	Immediate	Exhaustion	How long		Few minutes
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician		
		Address	Cumberland		
	Accident or Suicide?	no	Md.		



Name
in
Full

Hanson Edw Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barton</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death	19 <u>10</u>	Month	<u>Aug</u>	Day	<u>22</u>
Age	<u>14</u>	Years	<u>6</u>	Months	<u>4</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Allegh. Co Md</u>
Occupation	<u>✓</u>	Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>✓</u>			
Father's Name	<u>Hanson G. Smith</u>			Father's Birthplace	<u>Allegh. Co Md</u>
Mother's Maiden Name	<u>Jessam Poland</u>			Mother's Birthplace	<u>Chambers Co. Pa</u>
Name of person giving Information	<u>Mrs. Jessam Smith</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Spinal Paralysis</u>	How long	<u>63</u> <u>About 12 years</u>
	Immediate	<u>Pericarditis from rheumatism</u>	How long	<u>3 months</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>D. A. Brucher</u>
			Address	<u>Barton Md</u>
	Accident or Suicide			



Name
in
Full

Thomas Edward Stickley

63

CERTIFICATE OF DEATH

Died at Cumtland ^{Town} Allegheny ^{County} MARYLAND

Date of death 1910 ^{Month} Aug ^{Day} 29 Age ^{Years} ^{Months} 1 ^{Days} 12

Sex male Color or Race White Birth-place Cumtland

Occupation None Where Residing if not at place of death

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

Father's Name Wm. F. Stickley Father's Birthplace Springfield Va

Mother's Maiden Name Elliot Shaw Smith Mother's Birthplace Md.

Name of person giving information Mrs Mollie Smith How related to deceased Grand mother

CAUSES OF DEATH

Primary Congenital Les How long 37 6 weeks

Immediate Malnutrition How long 5 weeks

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. B. Leary M.D.

St. Steiner Address Cumtland

Accident or Suicide Glybrook

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

110 arch St.

Name
in
Full

Grayson G. Hubblefield

42
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Accygan		MARYLAND	
Date of death	1910	Month	Aug	Day	14	Age	10
				Years		Months	9
				Days			15
Sex	male		Color or Race	White		Birth-place	Md
Occupation	Student		Where Residing if not at place of death		—		
Married, Single or Widowed	single		Name of Wife or Husband		—		
Father's Name	Samuel Hubblefield				Father's Birthplace	Va	
Mother's Maiden Name	Hollie Jackson				Mother's Birthplace	Va	
Name of person giving information	Samuel Hubblefield				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(Greenmount) Drowning	How long	169
Immediate	Suffocation	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Franklin B. Beall, Coroner
	Address	Cumberland, Md - Corner	
Accident or Suicide?	Accident		



Name
in
Full

Hilda C Thuss

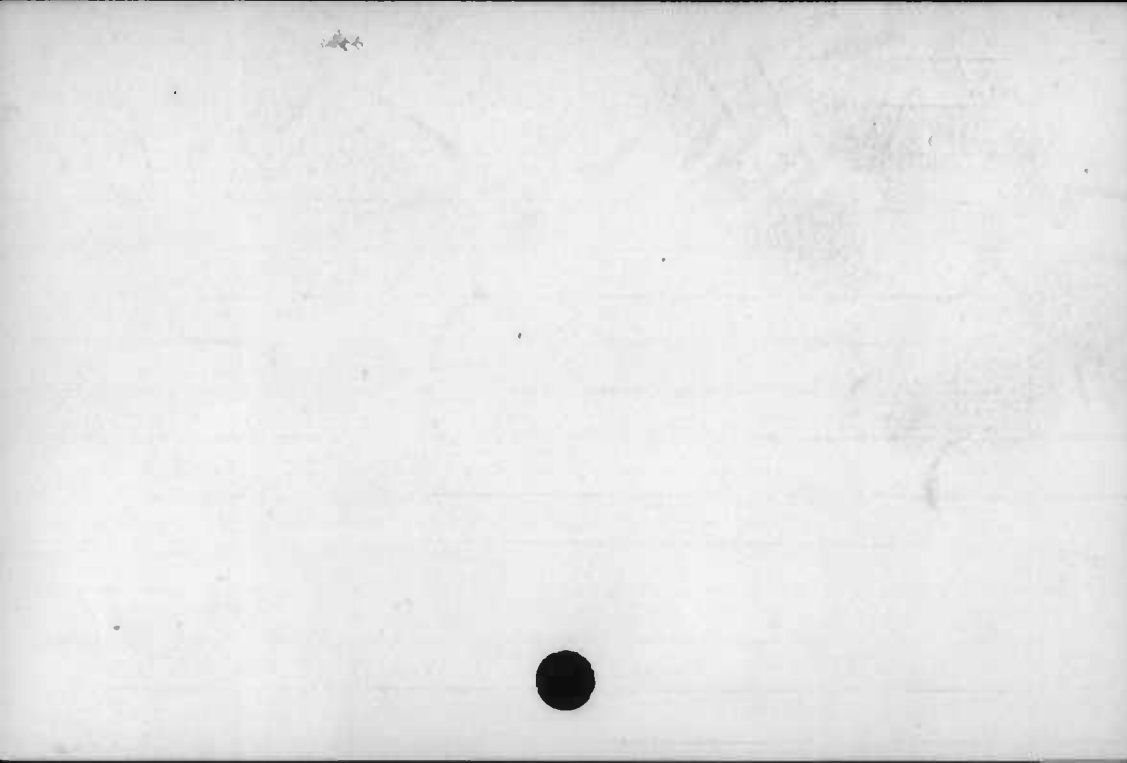
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Cumberland</i>		^{County} <i>Allegh</i>		MARYLAND	
Date of death 19 ^{Month} <i>Aug</i>		^{Day} <i>16</i>		Age ^{Years} <i>-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumld</i>	
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>August Thuss</i>		Father's Birthplace <i>Cumberland</i>			
Mother's Maiden Name <i>Rose McDermott</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>August Thuss</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Gastro Enteritis</i>	How long <i>One month</i>
	Immediate <i>meningitis</i>	How long <i>2 hrs</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr C L Owens</i>
	Address <i>Cumberland Md</i>	<i>Owens</i>
Accident or Suicide?		



Name
in
Full

Pauline Lepping

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Township County

Died at Frederick Allegany MARYLAND

Date of death 1946 Aug 21 Age 3 28 Months 3 Days 28

Sex F Color or Race W Birth-place Frederick

Occupation — Where Residing if not at place of death —

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

Father's Name Frank Lepping Father's Birthplace Ind

Mother's Maiden Name Mary E. Curley Mother's Birthplace Pa

Name of person giving information Frank Lepping How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronchitis-Neumonia How long 9 weeks

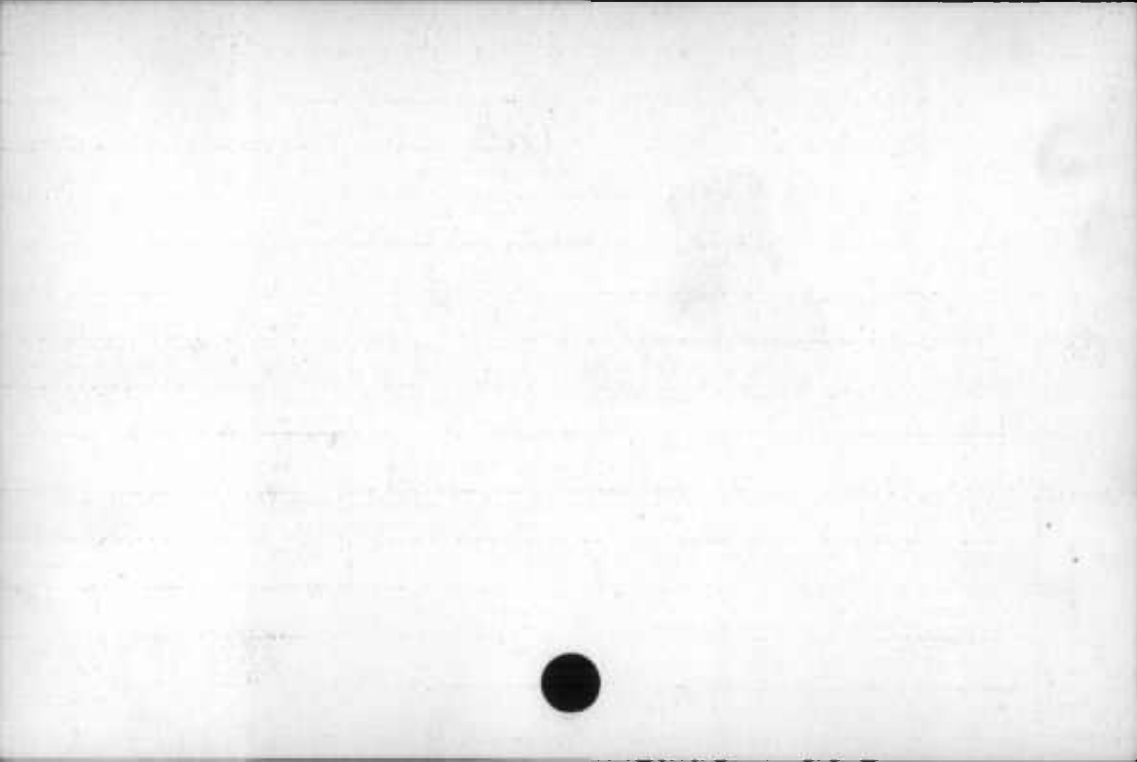
Immediate Explosion How long few days

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

Signature of Physician [Signature]

Address Frederick

Accident or Suicide? X



Name in Full

Hattie Treulich

3
CERTIFICATE OF DEATH

Died at Cumberland ^{Town} Allegany ^{County} **MARYLAND**

Date of death 1910 ^{Month} Aug. ^{Day} 30 Age — ^{Years} — ^{Months} 9 ^{Days} —

Sex Female Color or Race White Birth-place Baltimore

Occupation Child Where Residing if not at place of death Home

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

Father's Name George Treulich Father's Birthplace Balt. Md.

Mother's Maiden Name Ella Uhlfelder Mother's Birthplace Balt. Md.

Name of person giving Information George Treulich How related to deceased father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Cholera-infantum How long 3 weeks

Immediate Exhaustion How long 1 week

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

Signature of Physician W. R. Hodges
Address Cumberland, Md.

PHYSICIAN OR CORONER

Stemi

Accident or Suicide

95 1/2 Humboldt St.

Name
in
Full

Solomon Tropell

64
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland		alleg		MARYLAND	
Date of death		1910	Aug	28	Age	64	Months — Days —
Sex	Male	Color or Race	White		Birth-place	Md	
Occupation	Bookkeeper		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Wife or Husband	Katharine Wetty			
Father's Name	John Tropell				Father's Birthplace	Md	
Mother's Maiden Name	Christina Spangler				Mother's Birthplace	Md	
Name of person giving information	W. J. Tropell				How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Organic Heart disease	How long	79 about one year
	Immediate	Heart failure	How long	about one minute
	Are the name, age, sex, color, date and place correctly given above?	yes		
Signature of Physician		J. J. J. J.		
Address		Cumberland		
Accident or Suicide?		no		

~~Page 10~~

Reems with 2 children

J. W. Truett

Miss Minnie at Reems

#11 Inotfurnest

born at 2000 Fines

born at Reems in town

Octagon 115

3 Months 1 1/2

17 1/2

7 1/2

TO BE ANSWERED BY NEAREST FRIEND

Died at **Frederick** Town **Allegany** County **MARYLAND**

Date of death 19**20** **July** **13** Age **9** Years **9** Months **9** Days

Sex **F** Color or Race **W** Birth place **Frederick Md**

Occupation _____ Where residing if not at place of death _____

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

Father's Name **Charles F Walker** Father's Birthplace **Md**

Mother's Maiden Name **Israh Davis** Mother's Birthplace **Md**

Name of person giving information **Chas F Walker** How related to decedent **father**

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary **Gun wound** How long **one day**

Immediate **Explosion** How long _____

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

Signature of Physician **G. Bruff**

Address **Frederick Md**

Accident or Suicide? _____

Lurist

Name
in
Full

Infant Williams

45
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alleg.		MARYLAND	
Date of death		Month Aug	Day 16	Age	Years —	Months —	Days 3
Sex		Color or Race		Birth-place			
male		White		Cumberland			
Occupation				Where residing if not at place of death			
None				None			
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name				Father's Birthplace			
I + B. Williams				Md.			
Mother's Maiden Name				Mother's Birthplace			
M. D. Schilling				Md.			
Name of person giving information				How related to deceased			
I + B Williams				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsions	How long	6 hrs.
Immediate	Heart failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		(71)	
Address		M. Catherine Buell	
Accident or Suicide?		Cumberland, Md.	
Rose Hill			

136 Green St.

Name
In
Full

Elizabeth Wilson

6
CERTIFICATE OF DEATH

DR. BEAVER

Died at <u>Cumby</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		MARYLAND	
Date of death 19 <u>10</u>	Month <u>8</u>	Day <u>27</u>	Age <u>7</u>	Months <u>—</u>	Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Cumby</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Frank Wilson</u>	Father's Birthplace <u>Cumby</u>				
Mother's Maiden Name <u>Cora Kaysie</u>	Mother's Birthplace <u>Cumby</u>				
Name of person giving information <u>Frank Wilson</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Gastro enteritis</u>	How long <u>10 Hrs</u>	
	Immediate <u>Cardiac failure</u>	How long <u>5 days</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. S. Gordon</u>	
	Accident or Suicide? <u>—</u>	Address <u>Cumby, Maryland, Md</u>	



Name
in
Full

CERTIFICATE OF DEATH

Howard, Yost -

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Allegany MARYLAND

Date of death 1910 8 - 1 Age Years Months Days

Sex Male - Color or Race White Birth place Great Cacapon

Occupation _____ Where Residing if not at place of death Cumberland

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

Father's Name J. P. Yost Father's Birth place Berkeley Springs

Mother's Maiden Name Mary Bruce Mother's Birthplace Va.

Name of person giving information J. P. Yost How related to deceased Father

CAUSES OF DEATH

177 B

PHYSICIAN
OR CORONER

Primary Exhaustion How long 3 days

Immediate Inauition How long 2 months

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

Address _____

Accident or Suicide?

Putwell Spurr

Dr. J. J. Spurr