

Name
in
Full

Dominik Aleksalza (Aleksalza)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Curtis Bay ^{Town}		Baltimore ^{County}		MARYLAND	
Date of death	1910	Month	August	Day	19	Age	0
				Years		Months	11
				Days			8
Sex	Male		Color or Race	White		Birth-place	Curtis Bay
Occupation	None			Where Reading if not at place of death			—
Married, Single or Widowed	Single		Name of Wife or Husband				—
Father's Name	Ludwig Aleksalza				Father's Birthplace	Russia Poland	
Mother's Maiden Name	Cornelia Liewska				Mother's Birthplace	Russia Poland	
Name of person giving information	Ludwig Aleksalza				How related to deceased	Father	

CAUSES OF DEATH

Primary Gastro - Enteritis

How long

10 H

3 weeks -

Immediate Exhaustion

How long

—

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

Yes

Signature of Physician

Charles S. Neer

Address

619 S. Patterson Park Ave
Balti. Md. -

Accident or Suicide?

Mrs. Siatkowski

Holy Rosary Cemetery

Balto Co

Name
in
Full

Bartgis, Ambrose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Leatonville ^{County} Putto **MARYLAND**

Date of death 1960 ^{Month} Aug ^{Day} 30 Age ^{Years} 51 ^{Months} ^{Days}

Sex Male Color or Race white Birth-place Maryland.

Occupation Salesman Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name unk Bartgis Father's Birthplace unk

Mother's Maiden Name unk Mother's Birthplace unk

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary Paranoia (mental disease) How long 15 yrs

Immediate Pulmonary Tuberculosis How long 6 mos

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

Ypk

Signature of Physician

Address

J Percy Wade
Leatonville, Md

Accident or Suicide

no



Name
in
Full

Mary Louisa Amoss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Lutherville ^{County} Baltimore MARYLAND

Date of death 1900 ^{Month} 8 ^{Day} 3 ^{Age} 66 ^{Months} 11 ^{Days} 19

Sex female Color or Race White Birth-place Maryland

Occupation H. C. Where Residing if not at place of death Lutherville

Married, Single or Widowed married Name of Husband Isaac R. Amoss

Father's Name Samuel A. Holt Father's Birthplace Maryland

Mother's Maiden Name Mary J. Williams Mother's Birthplace Maryland

Name of person giving Information J. R. Amoss How related to deceased husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary acute indigestion How long an hour & two

Immediate cardiac failure How long immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician R. C. M. Assembly MD

Sudden death found dead in bed Address Joseph W. Shanklin acting coroner

Geo J. Schilling

in

Greenmount



Name
in
Full

Frances Anderson

CERTIFICATE OF DEATH

Died at		Town Towson	County Baltimore	MARYLAND	
Date of death	1940	Month 8	Day 7	Age 9	Years —
Sex	female	Color or Race	colored	Birth-place	Maryland
Occupation	child	Where Residing if not at place of death		Towson	
Married, Single or Widowed	single	Name of Wife or Husband	X		
Father's Name	Charles Anderson	Father's Birthplace	Virginia		
Mother's Maiden Name	Rose Woods	Mother's Birthplace	Maryland		
Name of person giving Information	Martha Hendon	How related to deceased	Aunt		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	2 years
Immediate	asthenia	How long	152 months

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

Signature of Physician

R. L. Massemburg, M.D.

Address

Joseph M. Shanklin
acting coroner

Accident or Suicide

No

Farmington - Newbury

R St Calliatt
Aug 9. 1910

Sandy Batten benefits

Name
in
Full

Martin Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Parkville <small>Town</small>		Balto <small>County</small>		MARYLAND	
Date of death	10 Aug <small>Month</small>	1 <small>Day</small>	Age 10 <small>Years</small>	10 <small>Months</small>	— <small>Days</small>
Sex	Male	Color or Race	White	Birth-place	Ind.
Occupation	Where Residing if not at place of death		Parkville, Ind		
Married, Single or Widowed	Name of Wife or Husband		—		
Father's Name	Martin Anderson		Father's Birthplace	Ind	
Mother's Maiden Name	Armine Bader		Mother's Birthplace	Ind	
Name of person giving information	Armine Anderson		How related to deceased	Mother	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Ac. Colitis	How long	2 wks
Immediate	I lio colitis	How long	3 wks
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Geary L. Perry M.D.
		Address	Hamilton
Accident or Suicide?	No		14

Frederic Doxson & Son
St. John's Cemetery
Baltimore, Co.

Name
in Full

Kessiah W. Annacost

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Beekleysville ^{own} Balto ^{County}

MARYLAND

Date
of death

1910 Aug

11

Age 80

4

4

Sex

Female

Color or
Race

white

Birth-
place

Balto Co

Occupation

Housewife

Where Residing if not
at place of death~~Married, Single~~
or Widowed

Widow

Name of ~~Widow~~
Husband

John F. Annacost

Father's
Name

Caleb Price

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

"

Name of person giving
information

Caleb Annacost

How related
to deceased

Son,

CAUSES OF DEATH

Primary

Dysentery

How long

10 days

Immediate

General Dehydration

How long

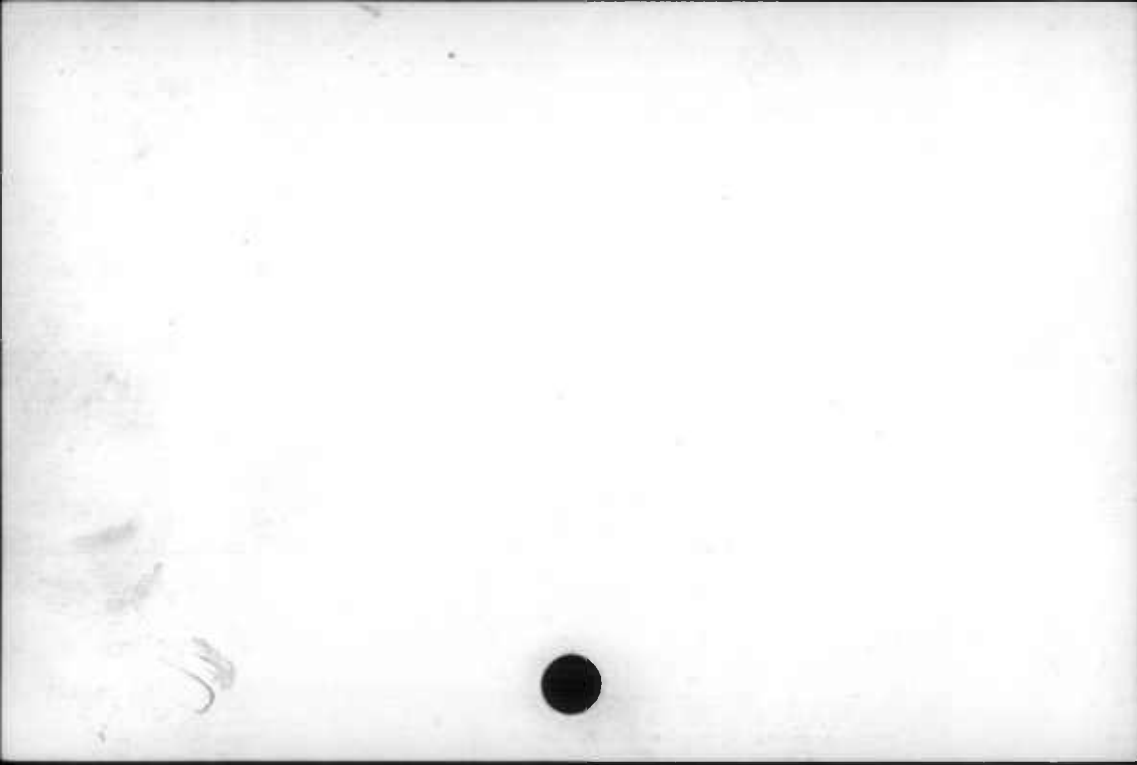
Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
PhysicianL. J. A. [Signature]
Address
Stamper 5

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

John Russell Annacost

CERTIFICATE OF DEATH

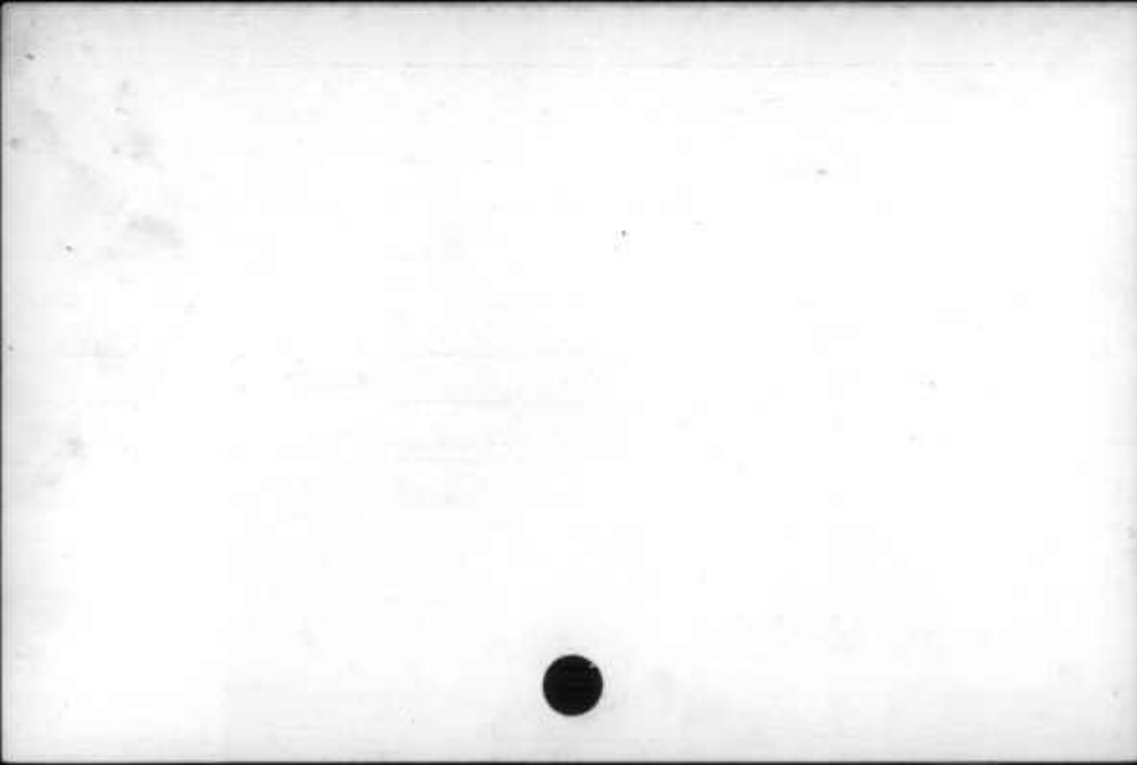
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>MT Carmel</u> <small>Town</small>		<u>Balta</u> <small>County</small>		MARYLAND	
Date of death	<u>1900</u> <small>Year</small>	<u>Aug</u> <small>Month</small>	<u>19</u> <small>Day</small>	Age <u>9</u> <small>Years</small>	<u>9</u> <small>Months</small> <u>22</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birthplace	<u>Balto Co</u>
Occupation	<u>None</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>Edward C. Annacost</u>			Father's Birthplace	<u>Balto Co</u>
Mother's Maiden Name	<u>Joy B. Hale</u>			Mother's Birthplace	<u>" "</u>
Name of person giving Information	<u>Edw C Annacost</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

Primary	<u>Cholera Infantum</u>	How long	<u>5-6 days</u>
Immediate	<u>Meningitis & Convulsions</u>	How long	<u>2 days</u>
Are the name, age, sex, color, data and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A. R. Mitchell</u>
		Address	<u>Mounton Md.</u>
Accident or Suicide			

PHYSICIAN
OR CORONER



Name in Full

Geo Lemuel Barretts

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Died at <u>Warren</u> <small>Town</small>		<u>Booth Co</u> <small>County</small>	
Date of death	<u>1990</u> <small>Year</small>	<u>August</u> <small>Month</small>	<u>19</u> <small>Day</small>
Age	<u>—</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>8</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>
Occupation	<u>—</u>	Birth-place	<u>Warren</u>
Married, Single or Widowed		Where Residing if not at place of death	
<u>—</u>		<u>Warren</u>	
Name of Wife or Husband		<u>—</u>	
Father's Name		<u>Geo. Harris</u>	
Mother's Maiden Name		<u>Essa Elizabeth Barretts</u>	
Name of person giving information		How related to deceased	
<u>Essa Elizabeth Barretts</u>		<u>Daughter</u>	

CAUSES OF DEATH

10411

PHYSICIAN OR CORONER

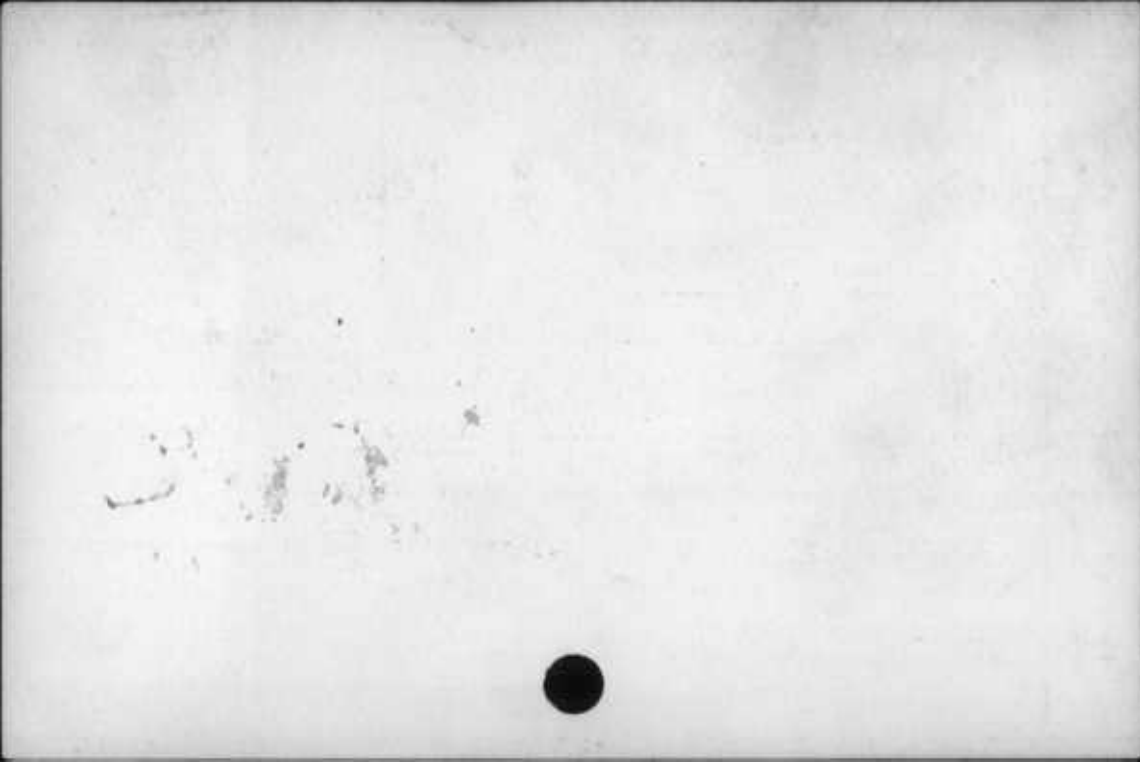
Primary	<u>Scarlet Enteritis</u>	How long	<u>1 month</u>
Immediate	<u>General failure of vital organs</u>	How long	<u>1 week</u>

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

Signature of Physician D. H. Binsman

Address Boekapville Md

Accident or Suicide? No



Name
in
Full

Elizabeth Pearl Baublitz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} 103 Ashland Ave. ^{County} Evergreen, Balto MARYLAND

Date of death 1900 Aug 24 Age — Months 7 Days —

Sex Female Color or Race white Birth-place Maryland

Occupation child Where Residing if not at place of death 103 Ashland Ave

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

Father's Name Elvin J. Baublitz Father's Birthplace Maryland

Mother's Maiden Name Mattie W Ennor Mother's Birthplace " "

Name of person giving Information E. J. Baublitz How related to deceased Father

(104)

CAUSES OF DEATH

Primary Entero-Colitis How long 3 1/2 days

Immediate Convulsions How long one day

Are the name, age, sex, color, data and place correctly given above? yes Signature of Physician A. Shelly M.D.

Address 3845 Roland Ave

PHYSICIAN
OR CORONER

Accident or Suicide

Marce Berque 1861
3131 Falls Road

(St. Mary's Lane, Southampton)

Name
In Full

CERTIFICATE OF DEATH

Joseph C Bauer

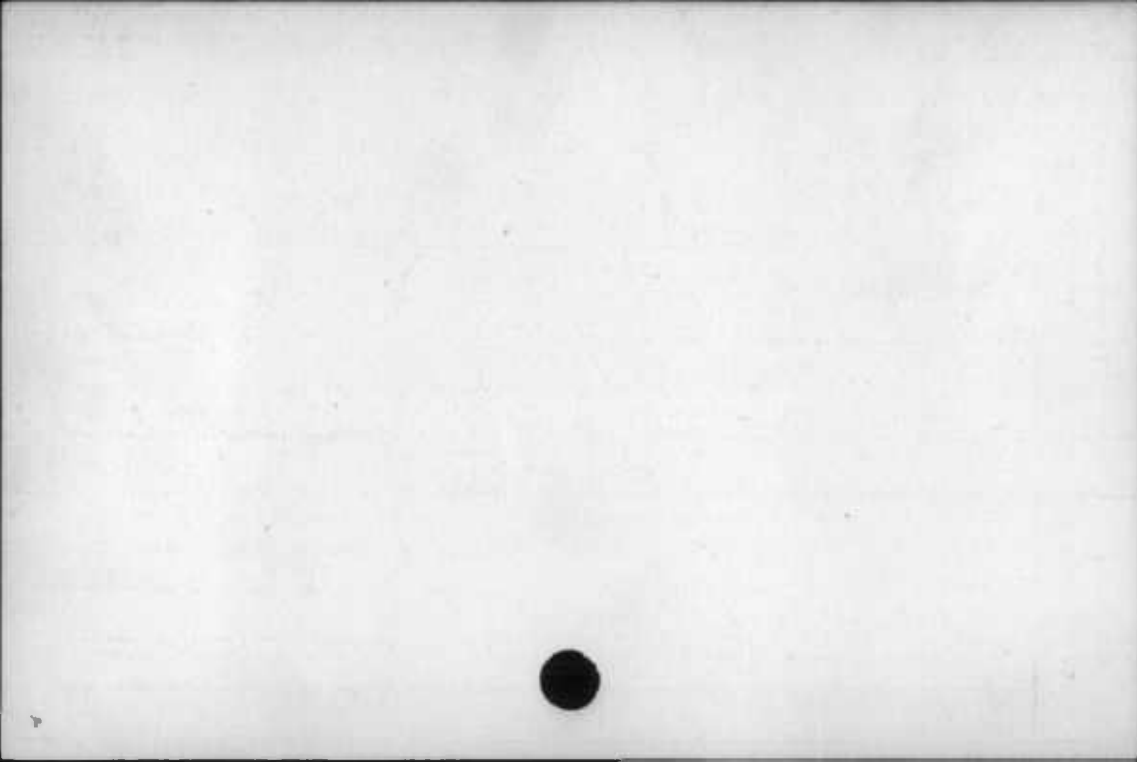
Died at ^{Town} Gardenville ^{County} Batts

MARYLAND

Date of death 1910 ^{Month} 8 ^{Day} 30 ^{Age} 1 ^{Years} ^{Months} 3 ^{Days} 24Sex Male ^{Color or Race} White ^{Birth-place} MarylandOccupation _____ ^{Where residing if not at place of death} GardenvilleMarried, Single or Widowed _____ ^{Name of Wife or Husband} _____Father's Name John P Bauer ^{Father's Birthplace} MarylandMother's Maiden Name Sophia Otto ^{Mother's Birthplace} .1Name of person giving information Sophia Bauer ^{How related to deceased} Mother

CAUSES OF DEATH

Primary Cholelithiasis ^{How long} 104Immediate Coma ^{How long} 1 hourAre the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} W. D. Case_____
^{Address} GardenvilleAccident or Suicide? _____ ^{Initials} MD 14TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Maria L. Beam

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Arlington</i>		^{County} <i>Baltimore Co</i>		MARYLAND	
Date of death <i>1960</i>	^{Month} <i>8</i>	^{Day} <i>13</i>	Age <i>80</i>	^{Months} <i>1</i>	^{Days} <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co Md</i>		
Occupation			Where Residing if not at place of death 1703 W. Fayette St.		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Joseph F. Beam Balto Md</i>				
Father's Name <i>David E. Jean</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Nancy Baker</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Miss Alice K. Beam</i>	How related to deceased <i>daughter</i>			<i>120</i>	

CAUSES OF DEATH

Primary	<i>Bright's Dis. Kidney: 6 mos.</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>G. W. Slated. M.D.</i>		
Address	<i>1703 W. Fayette St.</i>		
Accident or Suicide	<input checked="" type="checkbox"/>		

PHYSICIAN
OR CORONER

Green Mount
Jos. B. Cook

Name
In Full

Still Born Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Parkton ^{County} . Baltimore MARYLAND

Date of death 1940 8 7 Age — Years — Months — Days

Sex Female Color or Race White Birth-place Md

Occupation — Where Residing if not at place of death —

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

Father's Name James B. Becker Father's Birthplace Md

Mother's Maiden Name Mamie C. Bull Mother's Birthplace Md

Name of person giving Information James B. Becker How related to deceased Father

CAUSES OF DEATH

Primary Still Born How long 5

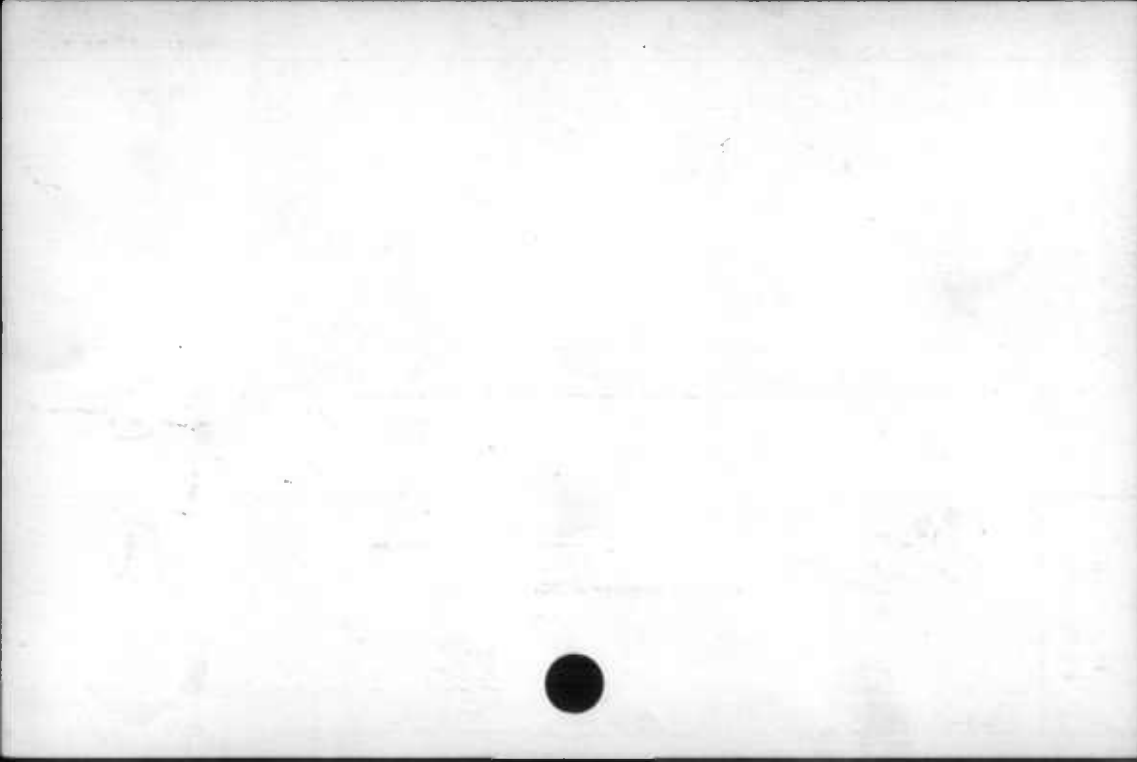
Immediate Instrumental delivery How long —

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

Address Parkton Md

Accident or Intoxication —

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Joshua Lemuel Benson

Town

County

Died at

Brewer Balt. Co. Md Baltimore

MARYLAND

Date

of death 1960 Aug

Month

Day

5

Age

Years

49

Months

7

Days

15

Sex

Male

Color or
Race

White

Birth-
place

Balt. Co. Md

Occupation

Merchant

Where residing if not
at place of death

Brewer Balt. Co. Md

Married, Single
or Widowed?Name of Wife or
Husband

Sallie M. Benson

Father's
Name

Benjamin Benson

Father's
Birthplace

Balt. Co. Md

Mother's
Maiden Name

Hannah Price

Mother's
Birthplace

Balt. Co. Md

Name of person giving
information

J. J. Benson

How related
to decedent

Son

CAUSES OF DEATH

Primary

Acute Indigestion

How long

1 day

Immediate

Heart Failure

How long

6 hr

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

Yes

Signature of
Physician

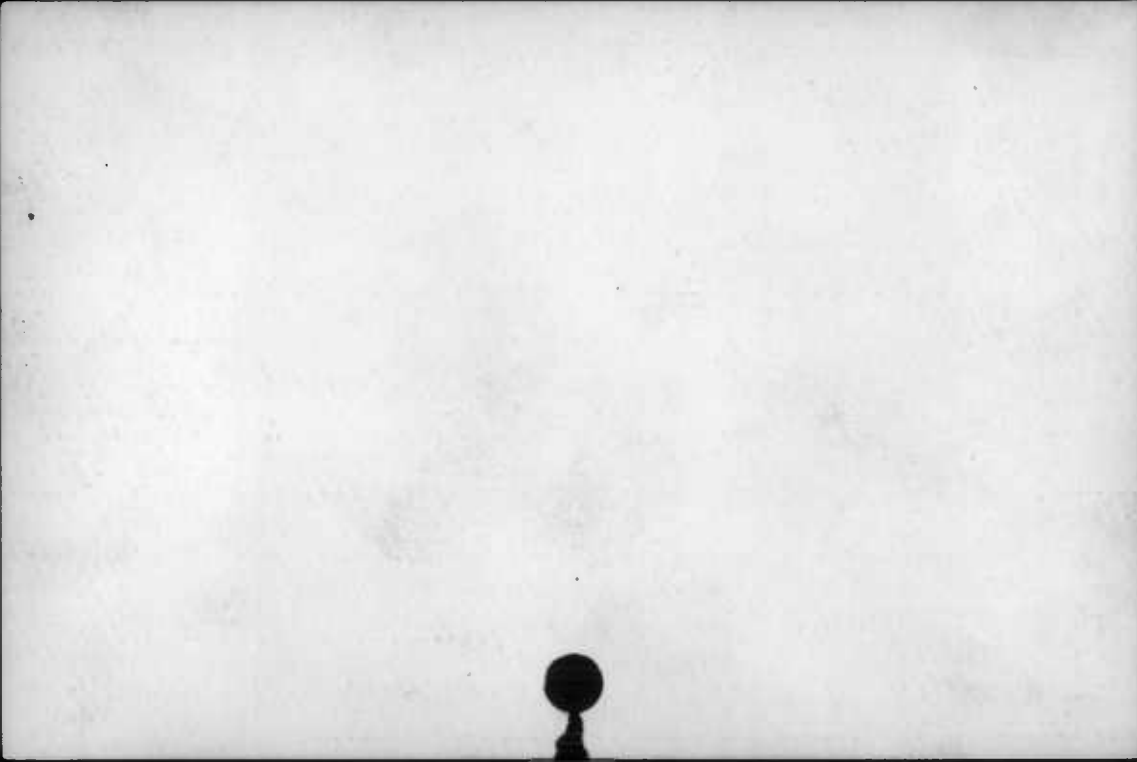
J. J. Benson

Address

Cockayonello 5
Md

Accident or Suicide?

No



Name
in
Full

John Bickerstaff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Govanstown ^{County} Balto, MARYLANDDate of death 1910 ^{Month} aug. ^{Day} 10 ^{Years} Age 50 ^{Months} — ^{Days} —Sex Male Color or Race white Birth-place IrelandOccupation Blacksmith Where Residing if not at place of death Govanus MdMarried, Single or Widowed Single Name of Wife or Husband —Father's Name Don't know Father's Birthplace IrelandMother's Maiden Name Don't know Mother's Birthplace IrelandName of person giving Information John V Wiseman How related to deceased noneNo relatives living

CAUSES OF DEATH

Primary Cardiac dilatation (79) How long 9 yearsImmediate Loss of Compensation How long 3 weeksAre the name, age, sex, color, date and place correctly given above? yes, as best as can be obtainedSignature of Physician James K P Wilkison Coroner H. S. ...Address Govanus MdAccident or Suicide Found DeadPHYSICIAN
OR CORONER

Albert C Fuller

Cathedral Cemetery.

Name
in
Full

Samuel Black

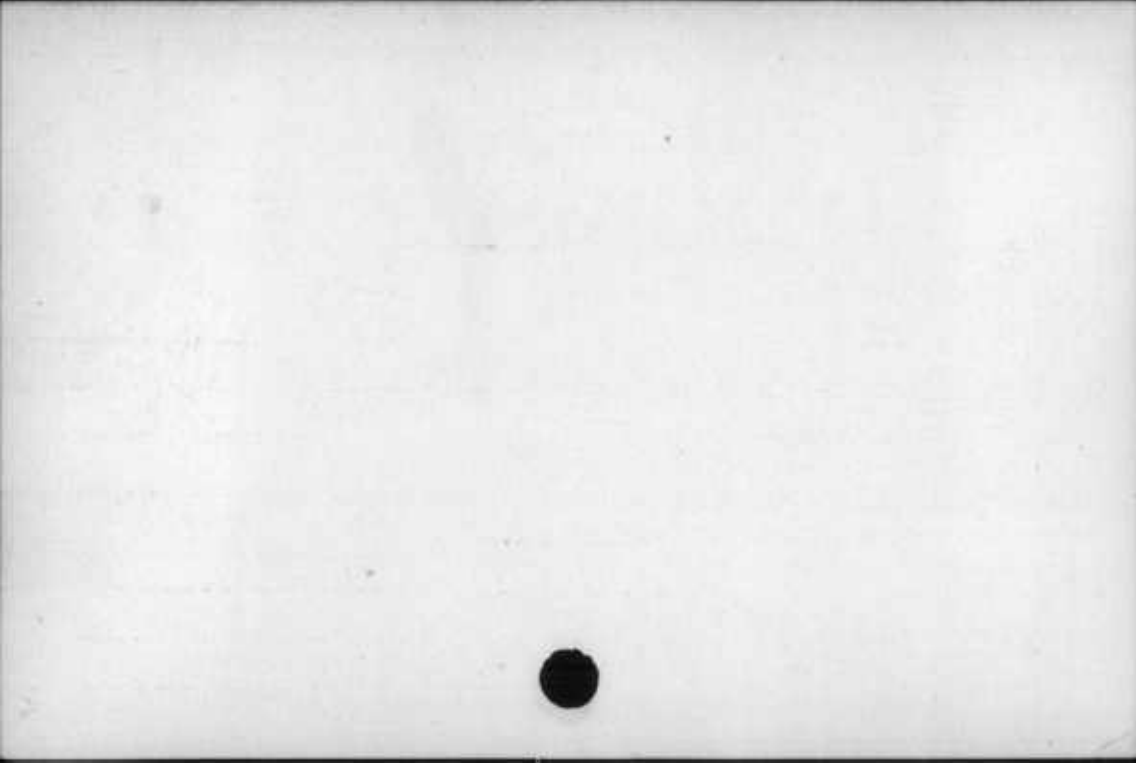
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Glyndon		County Balto		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		Aug	29	86		2	
Sex		Color or Race		Birth-place			
mail		white		Balto			
Occupation				Where Residing if not at place of death			
Builder				Glyndon			
Married, Single or Widowed		Name of Wife or Husband					
widower		Margaret C Black					
Father's Name				Father's Birthplace			
Jno Black				Ireland			
Mother's Maiden Name				Mother's Birthplace			
Elizabeth Millegan				Ireland			
Name of person giving information				How related to deceased			
Ella J. Price				daughter			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary		How long		
	Senile Debility & P.		5 years		
	Immediate		How long		
	Nephritis & Bronchitis		5 or 6 days		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		J. Row Price			
		Address			
		Glyndon			
Accident or Suicide?					



Name
in
Full

Frances E. Blair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harrisonville</u> <small>Town</small>		<u>Balt.</u> <small>County</small>		MARYLAND	
Date of death <u>1990 Aug.</u> <small>Month</small>		<u>15th</u> <small>Day</small>		Age <u>one</u> <small>Months</small>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Harrisonville</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>-</u>		Name of Wife or Husband			
Father's Name <u>Joseph J. Blair</u>		Father's Birthplace <u>Waverly, Ind.</u>			
Mother's Maiden Name <u>Junie C. Brady</u>		Mother's Birthplace <u>Halltown, Ind.</u>			
Name of person giving Information <u>Joseph J. Blair</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary <u>Hemicephalus</u>	How long
Immediate <u>Convulsions</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>W. A. V. Smith M.D.</u>
Accident or Suicide <u>-</u>	Address <u>Harrisonville, Ind.</u>



J. C. Schuch & Son.

Mt. Carmel Cemetery.

Aug 4 - 1910.

Name
in Full

Harrison Bosley

CERTIFICATE OF DEATH

Died at ^{Town} Near Parkton^{County} Balt

MARYLAND

Date of death 1900

Month 8

Day 11

Age 22

Years

Months 5

Days 29

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

Alfred Bosley

Father's Birthplace

Md

Mother's Maiden Name

Luisa Coombs

Mother's Birthplace

Md

Name of person giving information

Plesant Wilson

How related to deceased

Uncle

CAUSES OF DEATH

Primary

Brights disease

How long

120 years

Immediate

Acute Nephritis

How long

4 days

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

yes

Signature of Physician

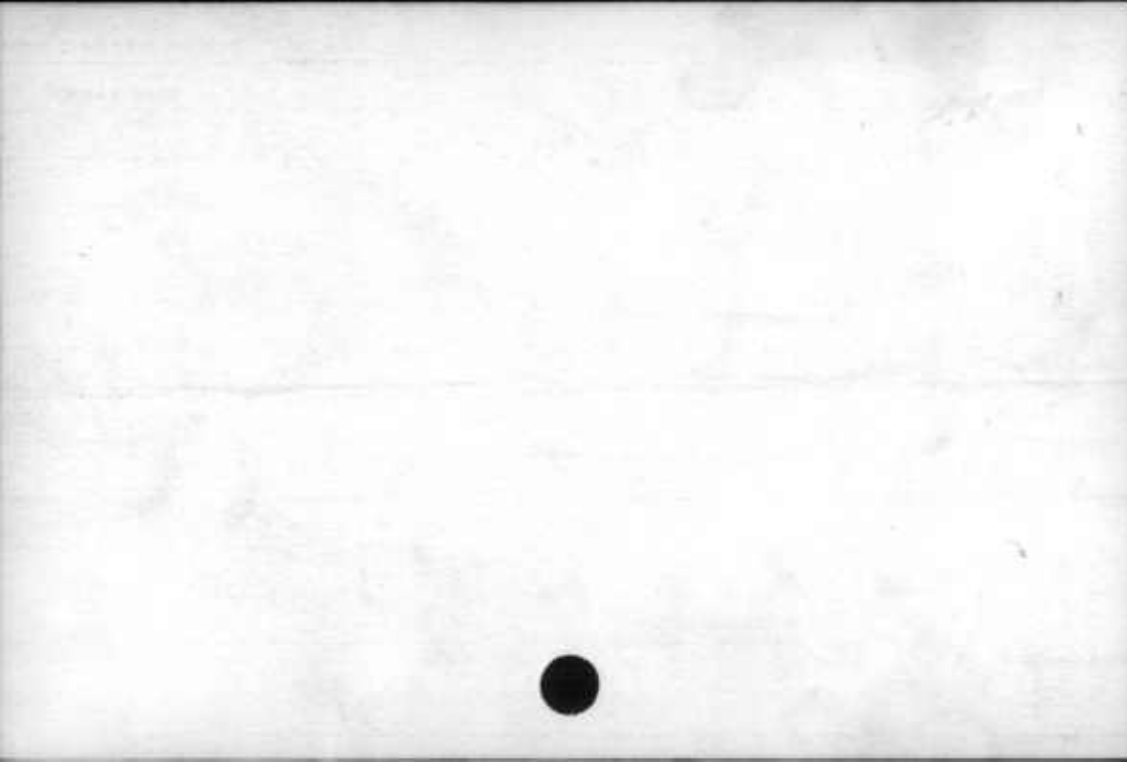
R. B. Morris

Address

Parkton Md 6

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland town</i> ^{Town}		<i>Baltimore</i> County		MARYLAND	
Date of death	19 <i>10</i>	Month	<i>August</i>	Day	<i>15</i>
Age	<i>75</i>	Years		Months	<i>6</i>
		Days	<i>6</i>		
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<input checked="" type="checkbox"/>
Occupation	<i>Iron Moulder -</i>		Where Reading Room at place of death	<i>3219 Eastern Ave</i>	
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband			
Father's Name	<input checked="" type="checkbox"/>	Father's Birthplace	<input checked="" type="checkbox"/>		
Mother's Maiden Name	<input checked="" type="checkbox"/>	Mother's Birthplace	<input checked="" type="checkbox"/>		
Name of person giving information	<i>Miss Emma Batzler</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

Primary	<i>Cerebral Haemorrhage</i>	How long	<i>3 months</i>
Immediate	<i>Coma</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Robt. S. Kirk M.D.</i>
	<i>Keild 1910</i>	Address	<i>100 N. Lakewood Ave</i>
Accident or Suicide?			<i>Balts. Md.</i>

Undertaker. —

H. E. Hughes. —

Mt. Carmel Cemetery.

Aug. 14-1910.

Name
in
Full

Leroy Bradley

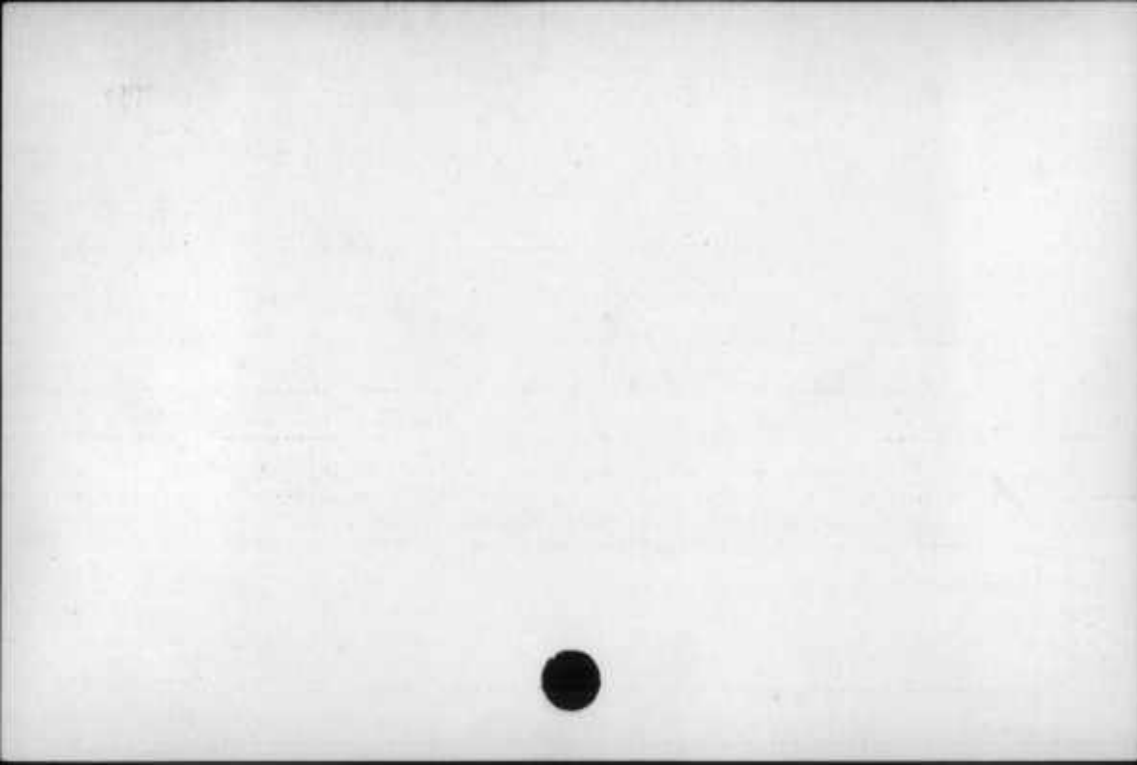
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Glen arin		County Baltimore		MARYLAND	
Date of death		1910	Month Aug	Day 11	Age Years 25	Months 8	Days 25
Sex male		Color or Race white		Birth-place Glen arin Md			
Occupation ✓				Where Reading if not at place of death Same			
Married, Single or Widowed ✓		Name of Wife or Husband ✓					
Father's Name Thomas S. Bradley				Father's Birthplace Md			
Mother's Maiden Name Ida Phillips				Mother's Birthplace Md			
Name of person giving information Thomas S. Bradley				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	hemorrhage of stomach	How long	103
	Immediate	" "	How long	6 weeks
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. P. H. Gersbach.
			Address	Fork Md -
	Accident or Suicide?			



Name
is
Full

Augustus Bremer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Vernon		County Baltimore		MARYLAND	
Date of death	1910	Month August	Day 18	Age —	Years —	Months 6	Days —
Sex	Male		Color or Race	White		Birth-place	Baltimore
Occupation	Deputy		Where Reading if not at place of death		Baltimore		
Married, Single or Widowed	Single		Name of Wife or Husband		Infant		
Father's Name	Augustus Bremer				Father's Birthplace	Baltimore	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information	Mrs. C. Bremer				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Heccolitis	How long	104 4 weeks
	Immediate	"	How long	4 "
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. [Signature]
	Address			Mt. Vernon Md.
	Accident or Suicide?			



Name in Full *Henry R. Brown.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Anton* ^{Town} *Balto.* ^{County} MARYLAND

Date of death *1940 Aug. 17* Age *—* Months *7* Days *4*

Sex *Male* Color or Race *White* Birthplace *Balto.*

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

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

Father's Name *W. S. Brown.* Father's Birthplace *Balto.*

Mother's Maiden Name *Gertrude Arnold.* Mother's Birthplace *Ind.*

Name of person giving information *W. S. Brown* How related to deceased *Father.*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Gastro Enteritis* How long *10 days*

Immediate *Exhaustion* How long *1 day*

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

Signature of Physician *D. Jones* Address *3116 Oil mill st*

Accident or Suicide *—*

W.A. Camel Cemetery

Aug. 19th 1910

W. Bender D.D.M.

Mr. Jones.

Name
in
Full

James W. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

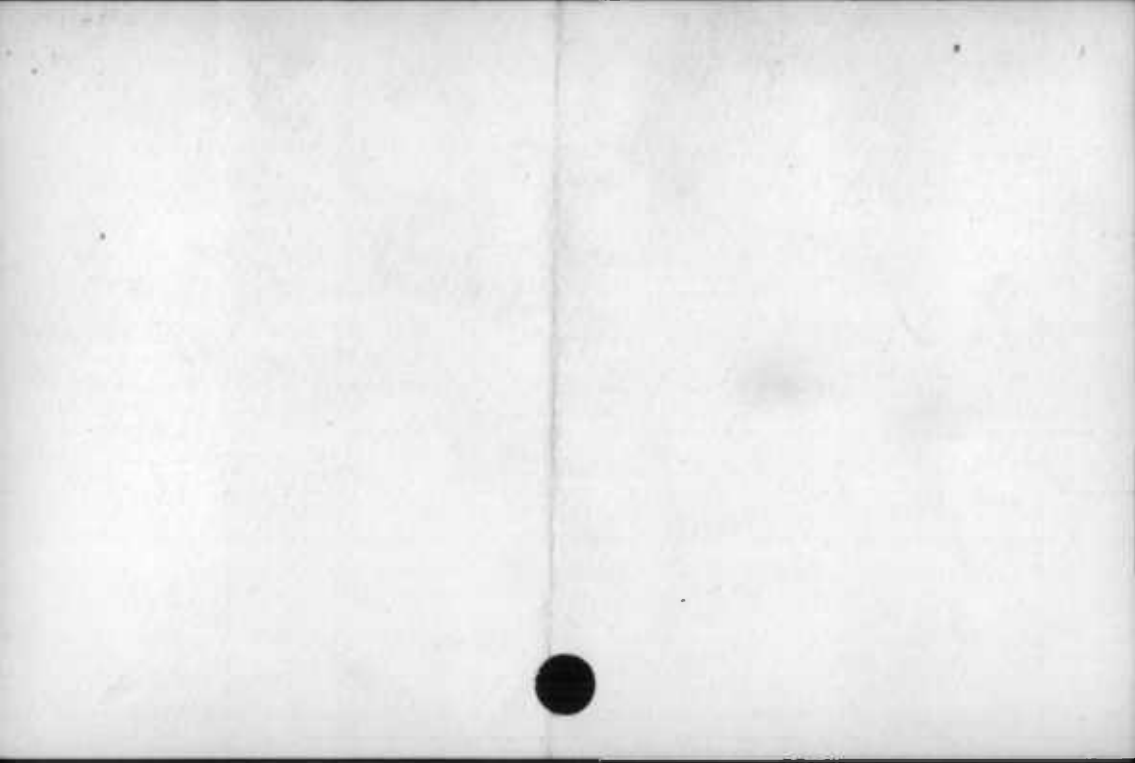
Died at <i>Philokolia</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1900</i>	Month <i>8</i>	Day <i>15</i>	Age <i>67</i>	Months <i>1</i> Days <i>11</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Washingtonally</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Margaret Brown</i>		
Father's Name	<i>William P Brown</i>		Father's Birthplace	<i>Bellview</i>	
Mother's Maiden Name	<i>Aretta Brown</i>		Mother's Birthplace	<i>Bellview</i>	
Name of person giving information	<i>wife</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

457

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma uterine</i>	How long	<i>10 months</i>
Immediate	<i>menic poisoning</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. W. Shuman, M.D.</i>
		Address	<i>Shoreland</i>
Accident or Suicide?			<i>8</i>



Name
is
Full

CERTIFICATE OF DEATH

Samuel N. Brown

Died at ^{Town} Glyndon ^{County} Balto

MARYLAND

Date of death 1910 Aug 14 Age 69 Months — Days —

Sex Male Color or Race white Birth-place Balto Co Md

Occupation Laborer Where Reading if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Sarah A. Brown

Father's Name Dont Know Father's Birthplace Dont Know

Mother's Maiden Name Dont Know Mother's Birthplace Dont Know

Name of person giving information Sarah A. Brown How related to deceased wife

CAUSES OF DEATH

Primary Intestinal Carcinoma How long 9 yrs

Immediate Starvation & Dehydration How long 3 weeks

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

Signature of Physician J. H. [Signature] Address Glyndon Md

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Brown

CERTIFICATE OF DEATH

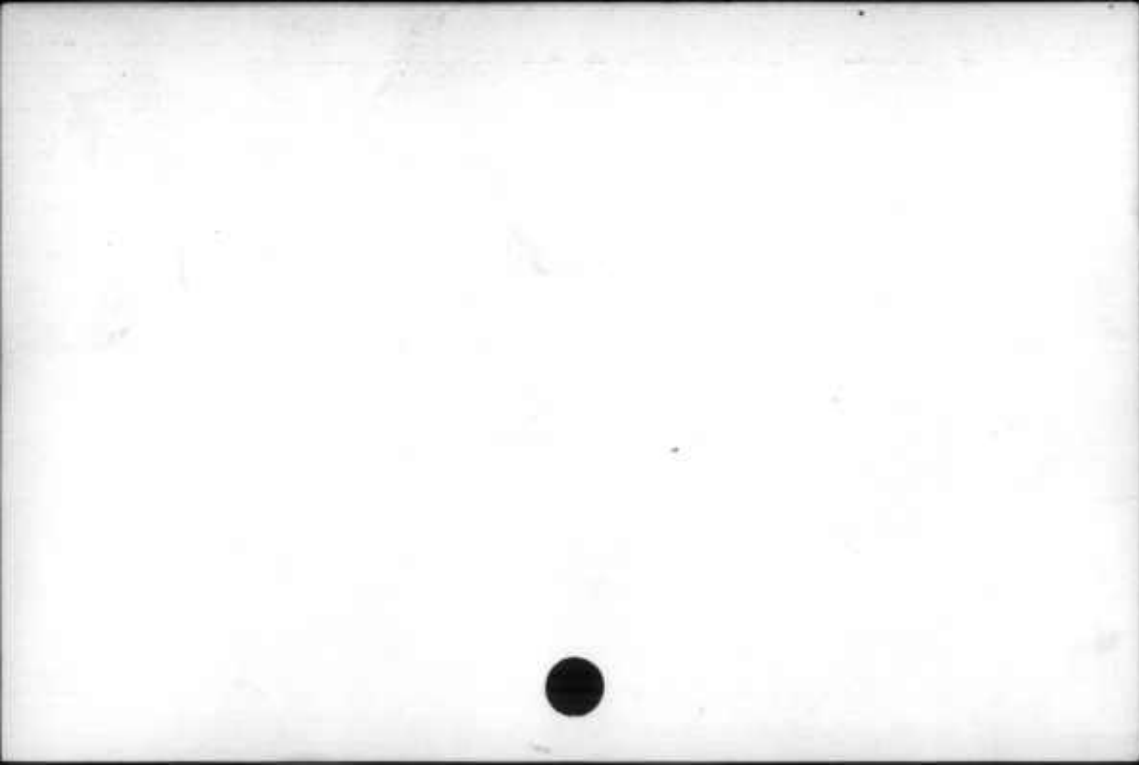
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Wilson		County Baltimore		MARYLAND	
Date of death	1940	Month August	Day 27	Age	—	Months 3	Days —
Sex	Male		Color or Race	Colored		Birth- place	Baltimore
Occupation	Infant		Where Reaiding if not at place of dasth		Baltimore		
Married, Single or Widowed	Infant		Name of Wife or Husband		Infant		
Father's Name	Brown		Father's Birthplace		Brown		
Mother's Maidan Nama	"		Mother's Birthplace		Brown		
Name of person giving Information		Lizzie Brown		How related to deceased		Grandmother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dislocation	How long	17 1/2 hrs
Immediate	Scoliosis	How long	6 mos
Are the name, aga, sex, color, date and place correctly given above?	yes	Signature of Physician	J. H. Kent, Jr.
		Address	Mt Wilson
Accident or Suicide			



Name
in
Full

John F. Browne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Balto		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1980		Aug	25	60			
Sex		Color or Race		Birthplace			
Male		White		Balto			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Catherine Muldoon					
Father's Name		Father's Birthplace					
Samuel Browne		Peru					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
Samuel M. Saunders		Son in Law					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Yes	Address
Accident or Suicide		

Primary: Dementia Paralysis
 Immediate: Cancer (Back) (Neoplasm) (Malignant)
 Signature: C. M. Attey
 How long: 6 weeks

Joe B. Cook
Sacred Heart Cem
August 28, 1910

Name
in
Full

CERTIFICATE OF DEATH

Charles - P. Bruehl

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Reisterstown		County Baltimore		STATE MARYLAND	
Date of death		Month 19/0 Aug	Day 11	Age	Years	Months 4	Days 15
Sex	Male	Color or Race	White		Birth-place	Baltimore Md	
Occupation	None		Where Reading if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Charles Bruehl				Father's Birthplace	Baltimore Md	
Mother's Maiden Name	Rachel Howard				Mother's Birthplace	Baltimore Md	
Name of person giving information	Charles Bruehl				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	1899	Two weeks.
Immediate	Enteric - Colitis	How long		Two weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		J. T. McKeade	
	Address		Reisterstown	
Accident or Suicide?			No	

Rustletown

W. E. Scribner

Name
in
Full

Benjamin Franklin Burns

CERTIFICATE OF DEATH

Town

County

Died at

Sherwood

Baltimore

MARYLAND

Date

Month

Day

Age

Months

Days

of death

1910 August 17

Sex

Male

Color or
Race

White

Birth-
place

Sherwood

Occupation

None

Where Residing if not
at place of death

Sherwood

Married, Single
or Widowed

single

Name of Wife or
Husband

None

Father's
Name

Fairist E. Burns

Father's
Birthplace

Sherwood

Mother's
Maiden Name

Sarah J. Littlefield

Mother's
Birthplace

Canada

Name of person giving
Information

Fairist E. Burns

How related
to deceased

Father

CAUSES OF DEATH

Primary

Acute nephritis

How long

119
Three weeks

Immediate

Uremic Coma

How long

2 days

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

yes

Signature of
Physician

H. Budorff Stinson, M.D.

Address

Richter, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Burns Jones
Tucson

Embarras - a l.

Mary's Chapel.
Tenn.

Chicknits
Kings



Name in Full **Helma Margaret Butler** CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at **Fullerton** ^{Town} **Balto** ^{County} **MARYLAND**

Date of death 19**40** ^{Month} **8** ^{Day} **3** Age **—** ^{Years} **2** ^{Months} **7** ^{Days}

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

Occupation **none** Where Residing if not at place of death **Fullerton Md**

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

Father's Name **Frederick M Butler** Father's Birthplace **Maryland**

Mother's Maiden Name **Alma Simms** Mother's Birthplace **..**

Name of person giving information **Alma Butler** How related to deceased **Mother**

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary **Summer Diarrhoea** How long **10 days.**

Immediate **Toxaemia** How long **2 days.**

Are the name, age, sex, color, date and place correctly given above? **Yes** Signature of Physician **A. L. Wilkinson**

Address **Rospehng.**

Accident or Suicide? **neither**

Holy Beelms

Name
in
Full

Mary Byrne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Vernon		County Baltimore		MARYLAND	
Date of death	190	Month August	Day 2	Age —	Years —	Months 4	Days —
Sex	Female		Color or Race	White		Birth-place	Baltimore
Occupation	Infant			Where Reading if not at place of death		Baltimore	
Married, Single or Widowed	Infant		Name of Wife or Husband		—		
Father's Name	John Byrne				Father's Birthplace	Kentucky	
Mother's Maiden Name	Makewon				Mother's Birthplace	"	
Name of person giving information	Mrs. John Byrne				How related to deceased	Nieces	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Discolitis	How long	1 wks.
	Immediate	Discolitis	How long	1 "
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	
	Address	J. M. Kunk Jr		
Accident or Suicide?				



Name
in
Full

Thomas Cadogan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hillsdale</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1910	Month	Aug.	Day	19
Age	82	Years		Months	3
		Days	2		
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Island</u>
Occupation	<u>None</u>	Where Residing if not at place of death			
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband	<u>Mary Cadogan</u>		
Father's Name	<u>James Cadogan</u>	Father's Birthplace	<u>Island</u>		
Mother's Maiden Name	<u>Ellen Brown</u>	Mother's Birthplace	<u>Island</u>		
Name of person giving Information	<u>Miss W. E. Cadogan</u>	How related to deceased	<u>Daughter</u>		

CAUSES OF DEATH

Primary	<u>Acute Aortic & Bicuspid</u>	How long	<u>Acute Aortic about 1 day</u>
Immediate	<u>Conc</u>	How long	<u>about 2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Leonell Morrison</u>
		Address	<u>Hillsdale, Md.</u>
Accident or Suicide			

PHYSICIAN
OR CORONER

M. Sadogan

to
New Bathurst Lane

Name
in
Full

Willie Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Vernon		County Baltimore		MARYLAND	
Date of death 1960		Month Aug.	Day 16	Age	Years —	Months 3	Days —
Sex	Male	Color or Race	Black	Birth- place	Baltimore		
Occupation	Infant		Where Residing if not at place of death		Baltimore		
Married, Single or Widowed	Infant	Name of Wife or Husband		Infant			
Father's Name	Willie Unknown		Father's Birthplace		Unknown		
Mother's Maiden Name	Helen —		Mother's Birthplace		"		
Name of person giving Information	Helen Carter		How related to deceased		Daughter		

CAUSES OF DEATH

Primary	Isoscoliosis	How long	3 weeks
Immediate	6.	How long	3

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

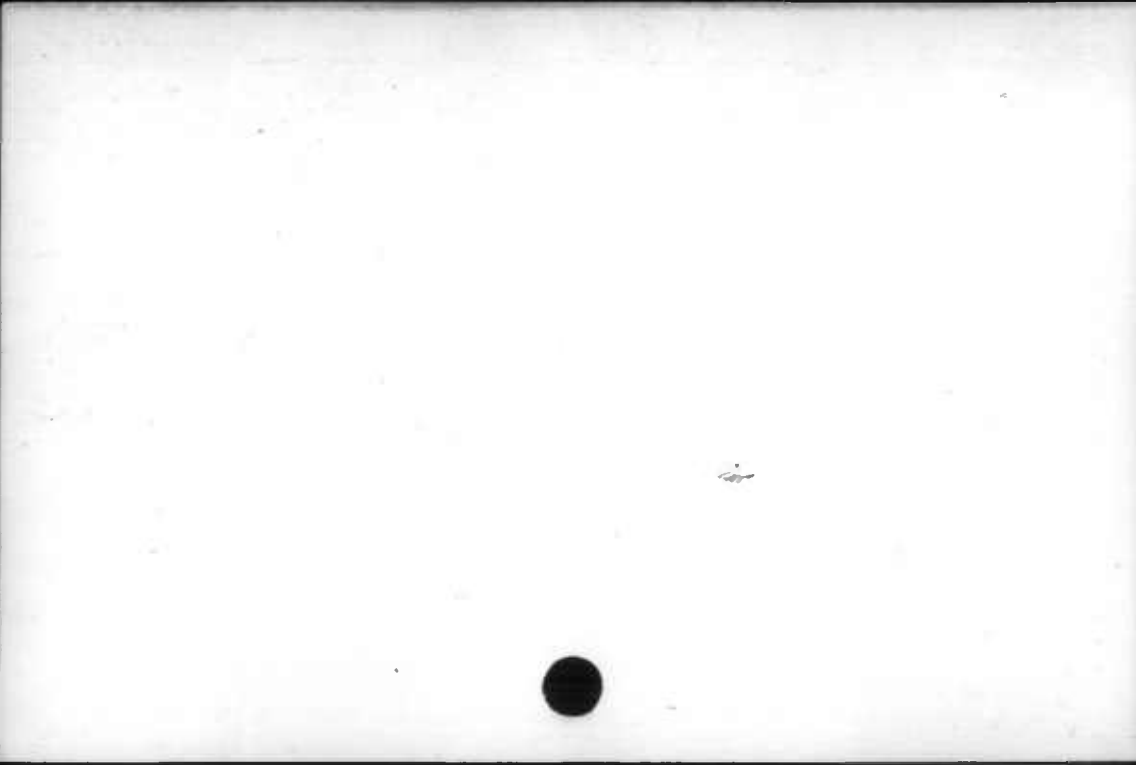
Yes

Signature of
Physician

J. H. K. J.
Mt. Vernon
Md.

Address

Accident or Suicide



Name
in
Full

James G. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Tuxedo		County Baltimore		MARYLAND	
Date of death		Month Aug	Day 22	Age 58	Years	Months 9	Days 18
Sex Male		Color or Race White		Birth- place Baltimore			
Occupation Solicitor		Where Residing if not at place of death 700 Gladstone av.					
Married, Single or Widowed Married		Name of Wife or Husband Annie E. Clark					
Father's Name James G. Clark				Father's Birthplace Mass.			
Mother's Maiden Name Elizabeth Knorr				Mother's Birthplace Baltimore			
Name of person giving In formation Annie E. Clark				How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Heart Disease & Cancer	How long	6 months	
	Immediate	Exhaustion	How long	3 weeks	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. H. Pearce	
			Address	2105 N. Charles st Baltimore Md 9	
Accident or Suicide?					

Girker & Girker

1739 E. Eager St

Druid Ridge Cem

Aug. 25.

Name
in
Full

James L. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 19 <i>60</i>	Month <i>8</i>	Day <i>4</i>	Age <i>89</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pensacola</i>		
Occupation <i>Lawyer</i>	Where Reading if not at place of death <i>Pikesville</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>M. M. Clark</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Ann M. Johnson</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Duncan C. Clark</i>	How related to deceased <i>brother</i>				

CAUSES OF DEATH

Primary <i>Senile Dementia</i>	How long <i>15 1/2</i>
Immediate <i>Menigitis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. C. Moore</i>
	Address <i>Pikesville Md</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
In Full

James W. Cline

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1910</i>	Month	<i>Aug.</i>	Day	<i>30th</i>
Sex		Color or Race		Years	Months
<i>Male</i>		<i>White</i>			<i>1</i>
Occupation		Where flooding if not at place of death		<i>601 S. 15th St.</i>	
Married, Single or Widowed		Name of Wife or Husband			
<i>-</i>					
Father's Name		Father's Birthplace		<i>Maryland</i>	
<i>W. E. Cline</i>					
Mother's Maiden Name		Mother's Birthplace		<i>Maryland</i>	
<i>Marian Shifflett</i>					
Name of person giving information		How related to deceased		<i>Father</i>	
<i>W. E. Cline</i>					

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>convulsions</i>	How long	<i>10 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>C. V. Breyer</i>	
		Address	
		<i>1902 Eastern Ave.</i>	
Accident or Suicide?			
<i>-</i>			

John Henry of
Harrison Va
8/31/08

Name
in
Full

Samuel Cornell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wet Millen</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 19 <u>90</u> <u>Aug.</u> ^{Month}	<u>22</u> ^{Day}	Age <u>—</u> ^{Years}	<u>5</u> ^{Months}	<u>—</u> ^{Days}	
Sex <u>Male</u>	Color or Race <u>Italian</u>	Birth-place <u>Baltimore</u>			
Occupation <u>Insant</u>	Where Residing if not at place of death <u>Baltimore</u>				
Married, Single or Widowed <u>"</u>	Name of Wife or Husband <u>Insant</u>				
Father's Name <u>Joseph Cornell</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>Murphy</u>	Mother's Birthplace <u>"</u>				
Name of person giving Information <u>Mrs. Cornell</u>	How related to deceased <u>Wister</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Stenocarditis</u>	How long <u>104</u> <u>hours</u>
Immediata <u>Pleurisy & Pulmonary Abscess</u>	How long <u>2</u> <u>weeks</u>
Are the name, age, sex, color, data and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. [unclear]</u>
	Address <u>Wet Millen</u>
Accident or Suicida	



Name
In
Full

CERTIFICATE OF DEATH

John Henry Corum (Corum)

Died at 716 East ave Canton ^{County} Baltimore MARYLAND

Date of death 1940 Aug 7 Age 4 27
 Sex M Color or Race W Birth-place Baltimore

Occupation — Where Residing if not at place of death 716 East ave

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

Father's Name Michael Corum Father's Birthplace Balt

Mother's Maiden Name Thekla Anton Mother's Birthplace Balt

Name of person giving information Father Michael Corum How related to deceased Father

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Sastro-Enteritis How long 4 weeks

Immediate Toxicemia How long 2 days

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

Signature of Physician W. L. Burke MD
 Address 304 2 Hudson St

Accident or Suicide?

Lilly + Zuer
Undertakers

Sacred Heart Cemetery

Aug 9th 1910

Name
in
Full

Nicholas Conigan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fork</u> Town		<u>Balto</u>		MARYLAND	
Date of death 1940	Month <u>aug</u>	Day <u>14</u>	Age	Years	Months <u>10</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birthplace <u>Fork, Md</u>			
Occupation		Where residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Joe Conigan</u>		Father's Birthplace <u>Balto Co</u>			
Mother's Maiden Name <u>Catherine Maddox</u>		Mother's Birthplace <u>Balto Co</u>			
Name of person giving information <u>Joe Conigan</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

Primary <u>Influenza Enteritis</u>	How long <u>104</u>
Immediate " "	How long <u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	How long " "

PHYSICIAN
OR CORONER

Signature of Physician <u>John S. Shier</u>	Address <u>Esittsburg Md.</u>
Accident or Suicide?	

John

Name
in
Full

CERTIFICATE OF DEATH

John F. Craig

MARYLAND

Died at <i>Branth</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>			
Date of death	<i>1900</i>	Month	<i>Aug</i>	Day	<i>10</i>
Age	<i>26</i>		Years	<i>26</i>	
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	_____		Where Reading if not at place of death	<i>Same</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	_____	
Father's Name	<i>John F. Craig</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Emma Bartles</i>		Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>John F. Craig</i>		How related to deceased	<i>Father</i>	

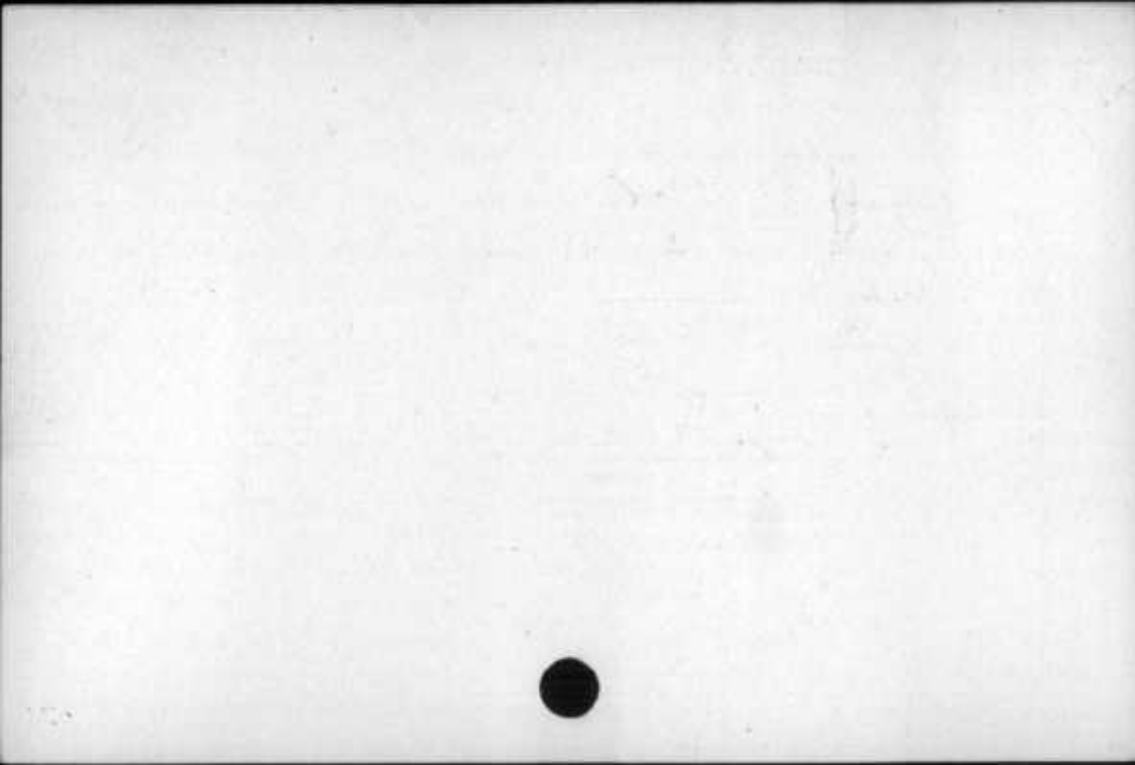
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

(189A)

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>26 days</i>
Immediate	<i>Coma</i>	How long	<i>few hours</i>
Are the Name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. J. [unclear]</i>
		Address	<i>Branth Ind</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

Francis Cunningham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Airy		County Baltimore		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1960		August	12	—	—	6	—
Sex		Color or Race		Birth-place			
Male		White		Baltimore			
Occupation				Where Residing if not at place of death			
Infant				Baltimore			
Married, Single or Widowed		Name of Wife or Husband					
Infant		Infant					
Father's Name				Father's Birthplace			
John Cunningham				Baltimore			
Mother's Maiden Name				Mother's Birthplace			
L. K. Cunningham				4			
Name of person giving Information				How related to deceased			
Mrs. John Cunningham				Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Tuberculosis		2 mos	
Immediate		How long	
"		" "	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. [Signature]	
		Address	
		Mt. Airy	
		Md.	
Accident or Suicide			



Name
in
Full

Herbert F. Czarnowsky

CERTIFICATE OF DEATH

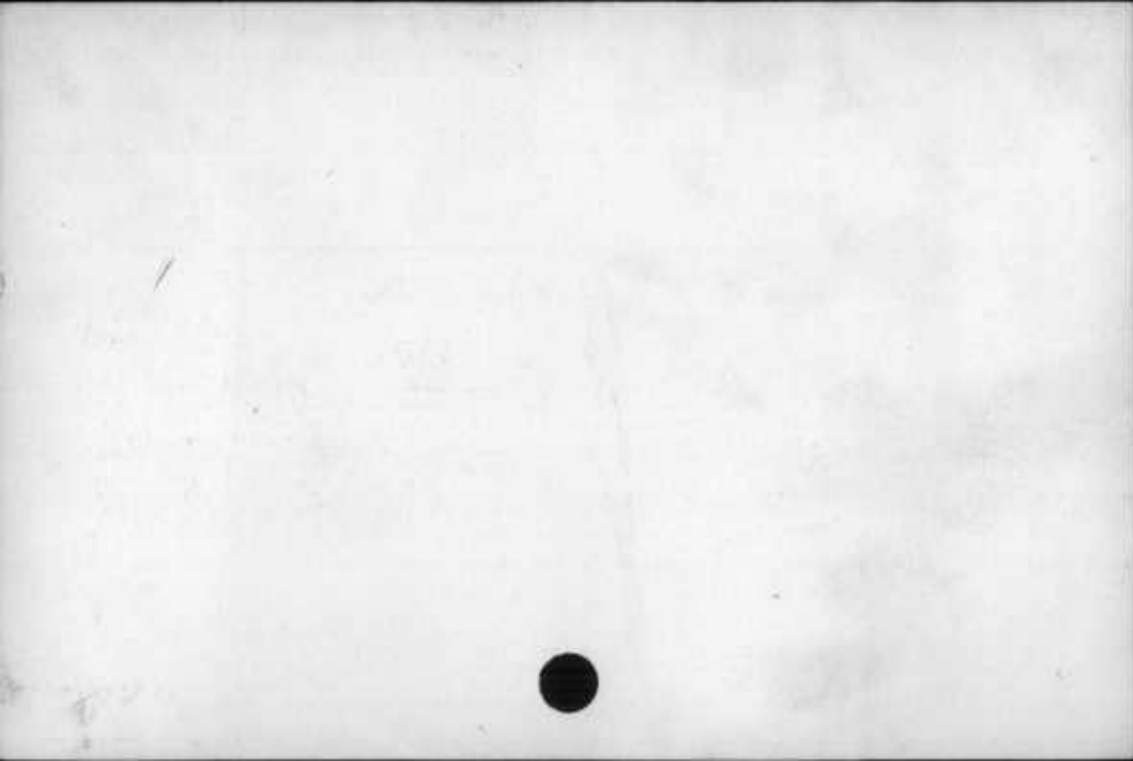
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hamilton Ave		County Baltimore Co.		MARYLAND	
Date of death	1910	Month Aug	Day 11	Age Years	1	Months 2	Days 27
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	_____			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Herbert F. Czarnowsky				Father's Birthplace	Maryland	
Mother's Maiden Name	Drene Loistman				Mother's Birthplace	Maryland	
Name of person giving information	Herbert F. Czarnowsky				How related deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inanition	How long	2 mo 27 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. Thomas Nelson
		Address	1103 N. Fulton Ave.
Accident or Suicide?			



Maerett E Dailey

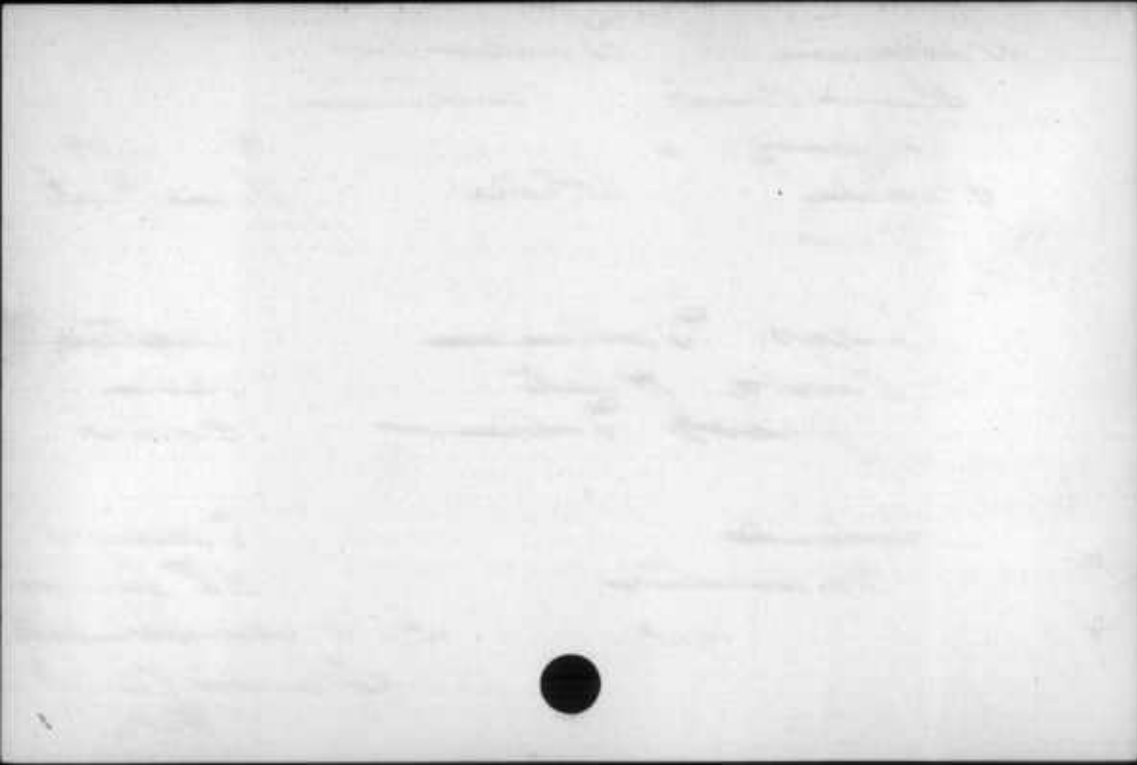
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edmory Grove</i> <small>Town</small>		<i>Batts</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	<i>Aug</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age	<i>4</i> <small>Years</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Batts co Md</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>William Dailey</i>			Father's Birthplace	<i>Batts co Md</i>
Mother's Maiden Name	<i>Annie Snyder</i>			Mother's Birthplace	<i>Batts co Md</i>
Name of person giving information	<i>Annie Dailey</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>189 d</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J M Slade</i>		
	Address <i>Reisterstown</i>		
Accident or Suicide?			



Name
is
Full

Catherine V. Dallenau

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spinn's Point</i>		County <i>Rockingham</i>		MARYLAND	
Date of death	1990	Month	Aug.	Day	4
Age		Years		Months	9
				Days	14
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Spinn's Point</i>
Occupation	<i>Hom.</i>		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>Jacob Dallenau</i>		Father's Birthplace	<i>Bustria</i>	
Mother's Maiden Name	<i>Phoebe Hunt</i>		Mother's Birthplace	<i>Ida</i>	
Name of person giving Information	<i>Jacob Dallenau</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

Primary	<i>Embolic</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>J. C. Eldred M.D.</i>
		Address	<i>Spinn's Point Md</i>
Accident or Suicide			<i>15</i>

A. D. Co
H Joseph Cemetery
Belair Road

Name
In Full

Joseph Danross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fork</u> Town		<u>Balls</u> County		MARYLAND	
Date of death	19 <u>10</u> <u>Aug</u> Month	<u>20</u> Day	Age <u>17</u> Years	<u>17</u> Months	<u>✓</u> Days
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Balls Md</u>		
Occupation <u>✓</u>	Where residing if not at place of death <u>Balls - Md -</u>				
Married, Single or Widowed <u>✓</u>	Name of Wife or Husband <u>✓</u>				
Father's Name <u>Harry Danross</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Bernice Goodwin</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Harry Danross</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Baths enteric</u>	How long <u>(104)</u>	<u>2 weeks</u>
Immediate <u>"</u>	How long <u>"</u>	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J F H Gornish</u>	Address <u>Fork Md</u>
Accident or Suicide? <u>✓</u>		



Name
in
Full

Charles Lewis Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lorton		County Belts		MARYLAND	
Date of death	19/0	Month Aug.	Day 15	Age —	Years —	Months 2	Days —
Sex	male		Color or Race	Col		Birth- place	md.
Occupation	None			Where Residing if not at place of death		Lorton	
Married, Single or Widowed	single		Name of Wife or Husband		single		
Father's Name	Charles W. Davis					Father's Birthplace	md.
Mother's Maiden Name	Lillian Johnson					Mother's Birthplace	md.
Name of person giving in formation	Charles W. Davis					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-Enteritis	How long	16 days
Immediate	Cardiac Asthenia	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. Royden Green
		Address	Lorton md.
Accident or Suicide	→		

Sandy Bottom
Sentry Johnson
undertaken and
Robert A Elliott
508 Rogers Ave
Dares Md

Name
in
Full

Charles E. Deves

CERTIFICATE OF DEATH

Died at ^{Town} West Forest Park ^{County} Baltimore MARYLANDDate of death 1990 ^{Month} Aug ^{Day} 12 ^{Age} 33 ^{Years} 2 ^{Months} 23 ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} Balt B MdOccupation Laborer ^{Where Residing If not at place of death} Hilledale MdMarried, Single or Widowed Married ^{Name of Wife or Husband} Martha E. DevesFather's Name Thomas Deves ^{Father's Birthplace} MdMother's Maiden Name Hannah E. Conant ^{Mother's Birthplace} MdName of person giving Information Martha E. Deves ^{How related to deceased} wife

CAUSES OF DEATH

Primary Acute Indigestion ^{How long} 79Immediate Cardiac Arrest ^{How long} Immediate

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

Signature of Physician

Address

Accident, or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Ridge Cemetery

Jos. B. Cook

Name
in
Full

CERTIFICATE OF DEATH

Isaac H Dixon

Died at Cliffland Road Park Baltimore MARYLAND

Date of death 1960 Aug 28 Age 63 Months 5 Days 20

Sex Male Color or Race white Birth-place Maryland

Occupation Paper Merchant Where Residing if not at place of death 823 Park Ave Baltimore

Married, ~~Single~~ Married Name of Wife or Husband Elizabeth W Dixon

Father's Name James Dixon Father's Birthplace Maryland

Mother's Maiden Name Mary Anna Bartlett Mother's Birthplace do

Name of person giving Information Robert B Dixon How related to deceased Brother

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Carcinoma of fec.

Immediate Septicemia How long 14 years

Are the name, age, sex, color, date and place correctly given above? Yes they are so far as I know. Signature of Physician Sam. J. Earle, M.D.

Address 1431 Linden Ave.

Accident or Suicide

PHYSICIAN
OR CORONER

Please grant Permit
for indentment in
Gum Nut Cemetery and
oblige Stewart & Moursu
Dr. R. L. Magsanburg
Aug 29th 1910

Name
in
Full

Philip A. Daezger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland town</i>		Town		<i>Ballo</i>		County		MARYLAND	
Date of death	<i>1990</i>	Month	<i>Aug.</i>	Day	<i>30</i>	Age	<i>-</i>	Months	<i>10</i>
Sex	<i>M.</i>	Color or Race	<i>W.</i>		Birth-place				
Occupation	<i>None</i>		Where Residing if not at place of death		<i>3404 Jellison St</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>Ess. J. Daezger</i>				
Father's Name	<i>Ess. J. Daezger</i>		Father's Birthplace		<i>Ballo</i>				
Mother's Maiden Name	<i>Auna Wagner</i>		Mother's Birthplace		<i>Pa.</i>				
Name of person giving information	<i>Ess. J. Daezger</i>		How related to deceased		<i>Father</i>				

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>4 weeks</i>
Immediate	<i>Traumatic</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	<input type="checkbox"/>		
Signature of Physician	<i>W. L. Burke M.D.</i>		
Address	<i>3042 Hudson St</i>		
Accident or Suicide?	<input type="checkbox"/>		

Muscle stripes from
29 S. Ann. or.

✓ to Holy Rodemmen
Sept. 1st 1910
2 P.M.

NAME
in
Full

CERTIFICATE OF DEATH

John Doolan

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		Town <i>St Agnes</i>		County <i>Washington</i>		STATE MARYLAND		
DATE of death 19	10	Month	Aug	Day	25 th	Years	Months	Days
AGE	<i>Don't know</i>							
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth place	<i>MD</i>	
Occupation	<i>Saloon Keeper</i>			Where Residing if not at place of death <i>Lonaconing, Md</i>				
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband				
Father's Name	<i>Dennis Doolan</i>				Father's Birthplace	<i>Ireland</i>		
Mother's Maiden Name	<i>Ann Murray</i>				Mother's Birthplace	<i>Ireland</i>		
Name of person giving Information	<i>Brother</i>				How related to deceased	<i>Brother</i>		

CAUSES OF DEATH

445

PHYSICIAN
OR CORONER

Primary	<i>Recurrent carcinoma prostate gland.</i>	How long	<i>6 mos. +</i>
Immediate	<i>Nephritis - uremia following operation</i>	How long	<i>15 days - 15 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Fred Y. Cronk</i>
	<i>no</i>	Address	<i>St Agnes Hospital</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

Carrie Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lutherville Town Baltimore County MARYLAND

Date of death 1900 Month Augst Day 5th Age a few hours. (5) Months Days

Sex Female Color or Race Colored Birth-place Lutherville

Occupation none. Where Residing if not at place of death Lutherville

Married, Single or Widowed Single Name of Wife or Husband Lillian Dorsey.

Father's Name Lillian Dorsey Dr. R. R. Know Father's Birthplace not known

Mother's Maiden Name Lillian Dorsey Mother's Birthplace Col. Md.

Name of person giving Information D. J. C. Peebles How related to deceased Grandmother

CAUSES OF DEATH

Primary Low Vitality How long 147 B

Immediate Fracture How long a few hours

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

Address Lutherville Md

Accident or Suicide No.

PHYSICIAN
OR CORONER

John Burns Sowers.

Towson Md.

Goote Hill cemetery

Cockeysville
Baltimore Co.
Md.

Name
in Full

Comfort W. Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
St. Agnes' Hospital		Baltimore		Baltimore			
Date of death	Month	Day	Age	Years	Months	Days	
19	10	August	17	52			
Sex	Color or Race		Birth-place				
Female	White		Baltimore				
Occupation			Where residing if not at place of death				
			Edlicott City				
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

Primary	Cerebral Hemorrhage	How long	(64)
Immediate		How long	

PHYSICIAN
OR CORONER

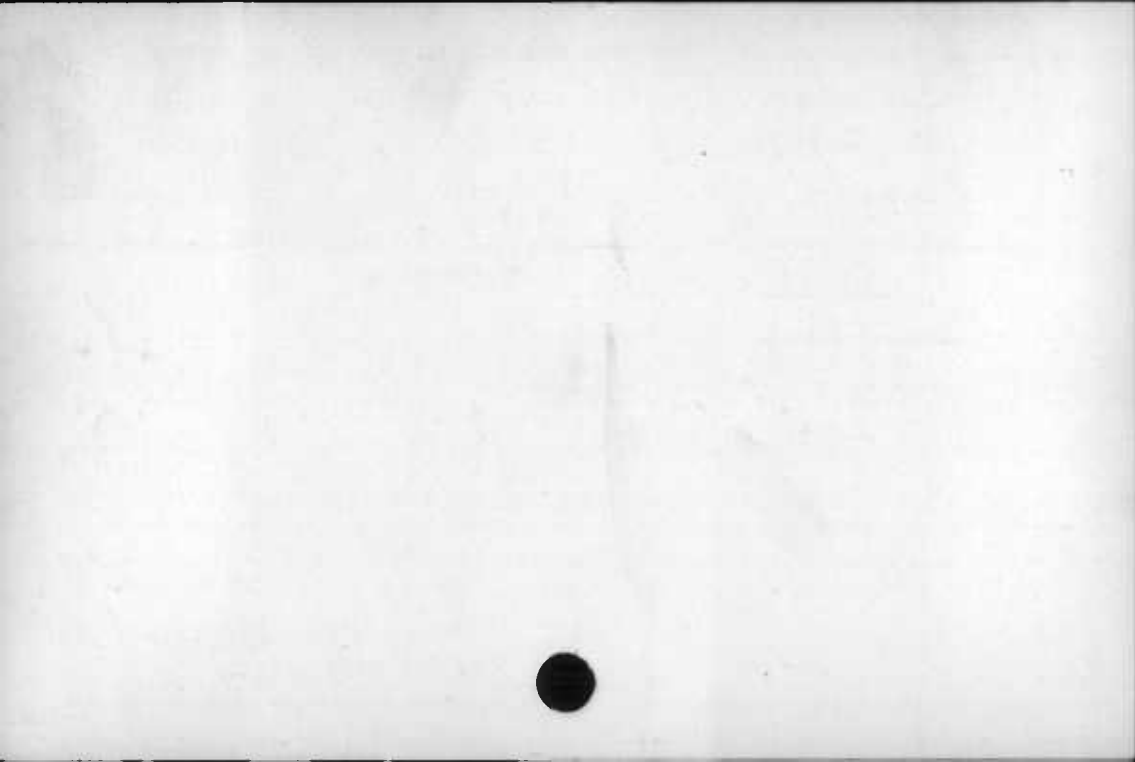
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. F. Crowe, M.D.

Accident or Suicide?



Name
In Full

Ida Virginia Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Publico</i> <small>Town</small>		<i>Maryland</i> <small>County</small>		MARYLAND	
Date of death 19 <i>40</i>	<i>Aug</i> <small>Month</small>	<i>6</i> <small>Day</small>	Age <i>31</i>	<i>8</i> <small>Months</small>	<i>4</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Calvert Co Md</i>			
Occupation <i>Umbrella finisher</i>	Where Residing if not at place of death <i>S. E Haywood Ave</i>				
Married, Single (or Widowed) <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Ben Young Dorsey</i>	Father's Birthplace <i>Calvert Co Md</i>				
Mother's Maiden Name <i>Eliza Estelle Wilson</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>John Dorsey</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

(28)

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Pulmonary Tuberculosis</i>	<i>1 year 6 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Maunce Lazenby</i>
	Address <i>124 W North Ave 7</i>
Accident or Suicide? <i>no</i>	

Robt J Turner

Broadway & Oliver

Calvert Co Md

Aug 8-1910

Name
in
Full

Henry C. Llewellyn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i> ^{County} <i>Balto</i>		MARYLAND	
Date of death	19 <i>18</i>	Month <i>8</i>	Day <i>4</i>
Age	<i>—</i>	Years	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto</i>	Days <i>—</i>
Occupation <i>—</i>	Where Residing if not at place of death <i>107 S 4 St</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Richard H. Llewellyn</i>	Father's Birthplace <i>city</i>		
Mother's Maiden Name <i>Edith M. Linton</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Richard H. Llewellyn</i>	How related to decedent <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus weak heart</i>	How long <i>2 months</i>
Immediate <i>to bility</i>	How long <i>as</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. W. Lantry MD</i>
	Address <i>3502 Boney</i>
Accident or Suicide?	

Trinity Conn.

Herwigson

8/4/10

Name
in
Full

Albert Ecker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Howard Park		County Baltimore		MARYLAND	
Date of death		Month Aug	Day 23	Age 68	Years	Months —	Days —
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Retired Engineer				Where Residing if not at place of death			
Married, Single or Widowed Widower		Name of Wife or Husband					
Father's Name Saml. Ecker				Father's Birthplace Md.			
Mother's Maiden Name Susan Gorn Harris				Mother's Birthplace			
Name of person giving information Mrs G. L. Mering				How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Indigestion		How long 2 hours
Immediate Acute Cardiac Arithmia		How long Immediate
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. C. Smith
		Address West Front Park
Accident or Suicide? —		

97 Warren
723 W 7th of. ave.

New Windsor Ind.

Name
in
Full

John Emkey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Balt		MARYLAND	
Date of death 190		Month Aug	Day 2	Age	Years —	Months —	Days —
Sex male	Color or Race white		Birth-place 52 25 O'Donnell St Canton				
Occupation none		Where Residing if not at place of death					
Married Single		Name of Wife or Husband none					
Father's Name John M. Emkey		Father's Birthplace Md.					
Mother's Maiden Name Ida Nora Milke		Mother's Birthplace Md.					
Name of person giving Information J.M. Emkey		How related to deceased father					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Probably detached placenta from a fall	How long	5	
	Immediate	Premature birth (7th month pregnancy)	How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Wright		
			Address Canton O'Donnell St. Balt Md.		
Accident or Suicide					

Schmuck's Com.
Jelly and Juice
1403 S. Myrtle St.
August - 1910

Name
in
Full

Barbara C. Cress.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lanmanville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	19 <u>40</u> ^{Year}	<u>Aug.</u> ^{Month}	<u>7</u> ^{Day}	Age <u>79</u> ^{Years}	<u>2</u> ^{Months} <u>7</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Germany</u>
Occupation	<u>Housewife</u>		Where Reading if not at place of death		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband			
Father's Name				Father's Birthplace	<u>Germany</u>
Mother's Maiden Name				Mother's Birthplace	<u>Germany</u>
Name of person giving information	<u>Mrs. Louise Moore</u>			How related to deceased	<u>Daughter</u>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Chronic Interstitial Nephritis</u>	How long	<u>?</u>
	Immediate	<u>Apoplexy</u>	How long	<u>Two weeks</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician	<u>J. LeRoy Wright</u>
	Address	<u>Lanmanville</u>		<u>14</u> <u>mq.</u>
Accident or Suicide?				

Wally. Cross. Cemetery.

Aug. 1991/19

Wm Cross

Wm Cross

Name
in
Full

William E. Treehley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Curton ^{Town} Balto. ^{County} MARYLAND

Date of death 1940 Aug. ^{Month} 4th ^{Day} Age 1 ^{Years} — ^{Months} 3 ^{Days}

Sex Male Color or Race White Birth-place Balto. Md.

Occupation None Where Residing if not at place of death 3311 Foone St.

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

Father's Name William E. Treehley Father's Birthplace Balto. Co.

Mother's Maiden Name Rose King Mother's Birthplace Balto. Md.

Name of person giving information William E. Treehley How related to deceased Father

CAUSES OF DEATH

Primary meningitis How long 61

Immediate meningitis How long 15 days

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

Address [Signature]

Accident or Suicide

PHYSICIAN
OR CORONER

Lilly & Zeller *auditors*

St. Patrick's Cemetery

Aug. 6th 1960

Name
In
Full

Buelah Edna Fitzgerald

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Zealand</i>		Town		<i>Balto</i>		County		MARYLAND	
Date of death <i>19/10</i>		Month <i>8</i>		Day <i>28</i>		Age <i>27</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hoffmanville Ind</i>		Months <i>11</i>		Days <i>27</i>	
Occupation <i>Housewife</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Bery E Fitzgerald</i>							
Father's Name <i>William S Hoffman</i>				Father's Birthplace <i>Hoffmanville Ind</i>					
Mother's Maiden Name <i>Fane Sherman</i>				Mother's Birthplace <i>Middle town Ind</i>					
Name of person giving information <i>William S. Hoffman</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever Otitis, Deafity</i>		How long <i>Seven weeks</i>	
Immediate <i>Heart Failure</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>Dr D. M. Rees</i>	
		Address <i>Champion</i>	
Accident or Suicide?		<i>no</i>	

2



Name
in
Full

Rosie May Fetgater

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Freeland</i>		Town <i>Freeland</i>		County <i>Ballo-</i>		MARYLAND	
Date of death	19 <i>10</i>	Month	<i>8</i>	Day	<i>14</i>	Age	<i>2</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Freeland, Md</i>		Months	<i>3</i>
Occupation <i>None</i>		Where Residing if not at place of death		Days		<i>5-</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Name <i>Henry G. Fetgater</i>		Father's Birthplace <i>Hoffmanville Md</i>	
Mother's Maiden Name <i>Berulah Edna Hoffman</i>		Name of person giving in formation <i>Henry G. Fetgater</i>		Mother's Birthplace <i>Aloria Md</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>entero colitis, bacillary meningitis</i>	How long	<i>3 weeks</i>
Immediate	<i>Heart Failure</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. D. M. Resh</i>
		Address	<i>Hampstead</i>
Accident or Suicide?			<i>Md 6</i>



Name
in
Full

Gertrude Finney

CERTIFICATE OF DEATH

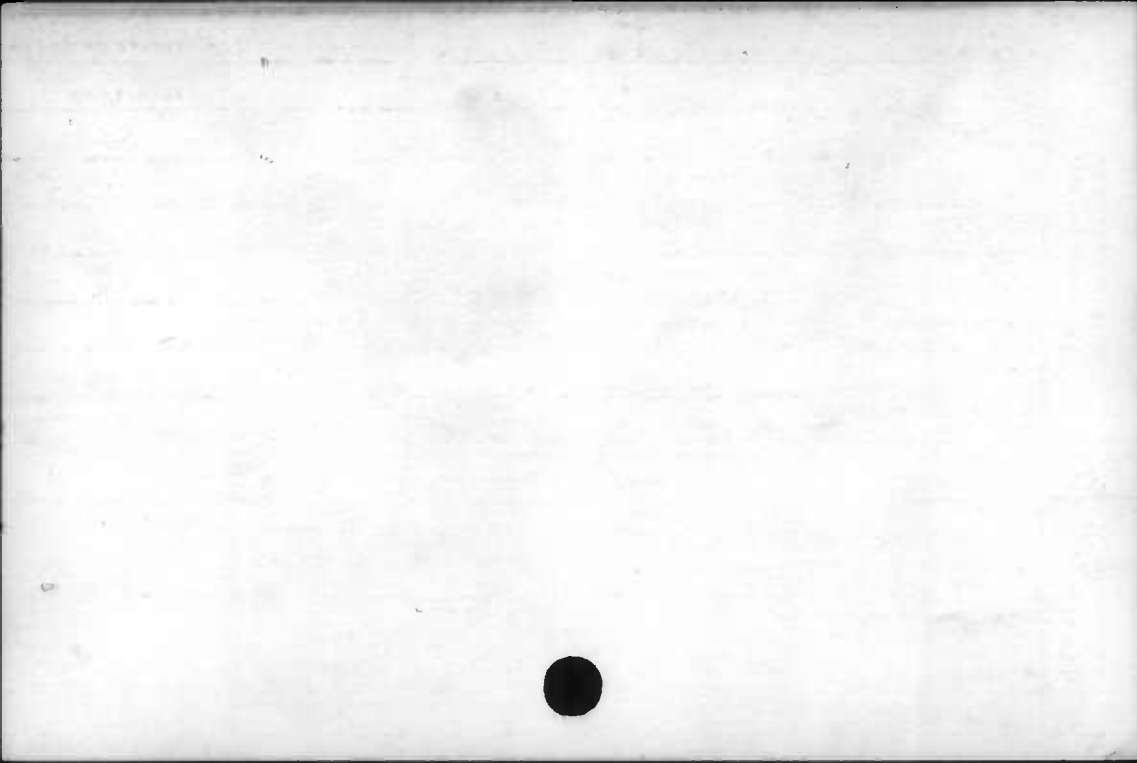
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Wilson		County Baltimore		MARYLAND	
Date of death		Month August	Day 26	Age —	Years —	Months 7	Days —
Sex	Female	Color or Race	Colored	Birth-place	Baltimore		
Occupation	Infant		Where Residing if not at place of death		Baltimore		
Married, Single or Widowed	Infant		Name of Wife or Husband		Infant		
Father's Name	Unknown		Father's Birthplace		Unknown		
Mother's Maiden Name	Florence Sewell		Mother's Birthplace		Unknown		
Name of person giving Information	Florence Sewell		How related to deceased		Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	dyspeptic diarrhea	How long	10 1/2 weeks
Immediate	Malnutrition	How long	4 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. H. Hunt, Jr.
		Address	Mt. Wilson
Accident or Suicide			



Name in Full **Christian Gottlieb Hermann Foetzsch**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Laundowne <small>Town</small>		Baltimore <small>County</small>		MARYLAND	
Date of death	1910	Month August	Day 6	Age 64	Years 6 Months 6 Days 11
Sex	male		Color or Race White	Birth-place Germany	
Occupation	Piano Maker		Where Residing if not at place of death at home		
Married, Single or Widowed	Married		Name of Wife Maria Augusta Foetzsch		
Father's Name	Christian G. Foetzsch		Father's Birthplace Germany		
Mother's Maiden Name	unknown		Mother's Birthplace unknown		
Name of person giving information	Maria Augusta Foetzsch		How related to deceased wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac Asthma	How long 29 5 weeks
Immediate	Heart Failure	How long 30 minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Frank H. Kuhl
		Address Laundowne - Md
Accident or Suicide?		12

Geo. Thwell
Lancaster Pa

Name
in
Full

William Thomas Forward

CERTIFICATE OF DEATH

Died at <u>Cockeysville</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1960 Aug</u> ^{Month}		<u>31st</u> ^{Day}		<u>46</u> ^{Years}	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>	
Occupation <u>Salesman</u>		Where Residing if not at place of death <u>-</u>			
Married, Single <input checked="" type="checkbox"/> / Widowed <input type="checkbox"/>		Name of Wife or Husband <u>Mrs Annie Mary Mc Cleary</u>			
Father's Name <u>John T Forward</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Elizabeth Hara</u>		Mother's Birthplace <u>Hereford Md</u>			
Name of person giving Information <u>Mrs A. M. Forward</u>		How related to deceased <u>Wife</u>			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Injury Accident & Strokes</u>	How long <u>4 months</u>
	Immediate <u>Meningitis</u>	How long <u>4 days</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr B. J. Brunson</u>
<u>(over)</u>		Address <u>Cockeysville Md</u>
Accident or Suicide <u>8</u>		

Trolley car accident at Atlantic City followed by
alcoholism, headache and pains in the limbs, also
sitophobia Death by coma and terminal convulsions

M.D.P.

Green Stinch
Sept 4 -

Name
in Full

Catherine Elizabeth Fowler

CERTIFICATE OF DEATH

Died at ^{Town} Woodlawn ^{County} Balto MARYLANDDate of death 1940 Aug 15th Age 63-
Month Day Years Months Days

Sex Female Color or Race White Birth-place Md

Occupation Lady Where Residing if not at place of death Md

~~Married Status~~ or Widowed Name of Wife or Husband Mrs H. Fowler

Father's Name John Hunter Father's Birthplace Md

Mother's Maiden Name Dont know Mother's Birthplace -

Name of person giving Information Frank George How related to deceased Son-in-law

CAUSES OF DEATH

Primary Diabetic Mellitus Hemiplegia How long 50 3-4 years

Immediate Coma How long 1 day

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

Address West Point Park

Accident or Suicide -

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mrs. A. Rohde Son
738 Pennsylvania Ave.

Washington Md.

Name in Full

Elwood Le Roy Foy

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *Highlandtown* ^{County} *Baltimore* MARYLAND

Date of death 19*10* Month *8* Day *28* Age *—* Months *—* Days *23*

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

Occupation *—* Where Residing if not at place of death *3813 Gough East*

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

Father's Name *John W. Foy* Father's Birthplace *Pa*

Mother's Maiden Name *Gertrude E. McCracken* Mother's Birthplace *Pa*

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

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Cholera Infantum* How long *104*

Immediate *Exhaustion* How long *12 hrs*

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

Signature of Physician *Jas. L. Truax M.D.*

Address *34 Gough*

Md.

Accident or Suicide *No*

Wm M. Moreck

Captain Emory
Aug 30 - 1910

Name
in
Full

Rosa Fratta

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highstown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 19 <i>60</i>	Month <i>Aug</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hopland, Wis.</i>		Days <i>5</i>	
Married, Single or Widowed <i>Single</i>	Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>	Father's Name <i>Theo. Fratta</i>		Father's Birthplace <i>Italy</i>		
Father's Name <i>Theo. Fratta</i>	Mother's Maiden Name <i>Edmunda Toskes</i>		Mother's Birthplace <i>Italy</i>		
Name of person giving information <i>Theo Fratta</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>premature birth 7^{1/2} mo.</i>	How long <i>5 days</i>	
	Immediate <i>asthenias</i>	How long <i>5 days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Palmisano M.D.</i>	
		Address <i>316 S. Euter St.</i>	
	Accident or Suicide? <i>no</i>	<i>Balts. Med.</i>	

The Baltimore
Fire Insurance Co
Per A. H. Adams Esq
St Vincent Cemetery
Aug 29 "1910

Name
in
Full

Gus. Fuss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Baltimore		MARYLAND	
Date of death		Month 1900 Aug	Day 6	Age	Years —	Months 9	Days —
Sex male		Color or Race White		Birth- place Balto Co			
Occupation None				Where Residing if not at place of death 3812 Mt Pleasant Ave			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Otis A. Fuss				Father's Birthplace Balto			
Mother's Maiden Name Jessy E Lynn				Mother's Birthplace Wash. D.C.			
Name of person giving Information Otis A. Fuss				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cholera Infantum	How long	104 6 days
	Immediate	Exhaustion	How long	—
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		A. Warner M.D.	
Address		320 Highland av. South		
Accident or Suicide		no		

Mount Carmel

Aug 9th 1910

W^m Nicolaus & Son
1820 Canton Ave

Name in Full

Patrick Garrett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Texas. Town Batts. County MARYLAND

Date of death 196 Aug. Month 15 Day 72 Age Unknown Months Unknown Days

Sex Male Color or Race White Birth-place Ireland

Occupation Urmate Batts. Co. Alushouse Where Residing if not at place of death Batts. Co. Alushouse

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

Father's Name Michael Garrett. Father's Birthplace Ireland

Mother's Maiden Name Mary Clark. Mother's Birthplace Ireland.

Name of person giving information House Register How related to deceased none

78

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pulmonary Tuberculosis How long 3 yrs.

Immediate Intestinal Tuberculosis How long 1 month.

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

Signature of Physician Wilmer C. Eason M.D.

Address Cockeysville Ind.

Accident or Suicide? No.

John Burns Jones
Tucson.

Subsidiary - at

John Hopkins

Aspirator

Name
is
Full

CERTIFICATE OF DEATH

Paul Gay

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Baltimore		MARYLAND	
Date of death	1910	Month	8	Day	12	Age	Years - Months - Days
Sex	Male		Color or Race	White		Birth-place	Md.
Occupation	—			Where Residing at place of death	3421 O'Donnell St.		
Married, Single or Widowed	Single		Name of Wife or Husband	—			
Father's Name	Paul Gay				Father's Birthplace	Germany	
Mother's Maiden Name	Hattel Giese				Mother's Birthplace	"	
Name of person giving information	Paul Gay				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long	7th Month
Immediate	Asthma	How long	7 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W. J. McAvoy		
	Address 839 S. Ellwood Ave.		
Accident or Suicide?			

Zirkler + Zirkler
1739 E. Cagwell St.

Mt Carmel Conn.

Aug. 13-1910.

Name
in
FullRose Francis Gilbert
Town Ball
County

CERTIFICATE OF DEATH

MARYLAND

Died at

Towson

Date

of death 1900

Month

Aug

Day

20

Age

Years

49

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Harford Co

Occupation

House Hold Work

Where Residing if not
at place of death

Towson

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Charles Gilbert

Father's
Birthplace

Md

Mother's
Maiden Name

Rose Francis Gilbert

Mother's
Birthplace

Md

Name of person giving
Information

Mrs Mary Weiss

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Apoplexy

How long

3 days

Immediate

General Paralysis

How long

2 days

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

yes

Signature of
Physician

J. H. Barnett

Address

Towson

Permit No. 11111

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Burns Senr
Towner

Mt Marie Senr
Towner

Physician
in Residence



Name
In Full

Isabelle F. Gill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Roslyn		^{County} Baltimore		MARYLAND	
Date of death	1980	Month	Aug	Day	26
Age	—	Years	—	Months	4
Sex	Female	Color or Race	White	Birth place	Baltimore Md
Occupation	Where Residing if not at place of death		—		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John G. Gill		Father's Birthplace		
Mother's Maiden Name	Eva A. Gibson		Mother's Birthplace		
Name of person giving Information	John G. Gill		How related to deceased		
			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Transmiss	How long	189A 2 months
Immediate	Cardiac Insufficiency	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. J. Cupper
		Address	Roslyn Baltimore Md
Accident or Suicide			

Mt Olive Cemetery
Jas B Cook

Name in Full

Francis B. Secklein

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Ardena Town Balt County MARYLAND

Date of death 1900 Month 5 Day 22 Age 1 Years Months 0 Days 3

Sex M Color or Race W Birth-place Balt.

Occupation — Where Residing if not at place of death 1438 E Pratt St.

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

Father's Name John B. Secklein Father's Birthplace Balt.

Mother's Maiden Name Catherine Franz Mother's Birthplace "

Name of person giving Information John B. Secklein How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Intestinal Indigestion How long 5 weeks.

Immediate Inanition How long 5 weeks.

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

Signature of Physician A. L. Wilkinson

Address Rosburg.

Accident or Suicide neither



Julanda Goggiolani

Died at ^{Town} Highlandtown ^{County} Balto

MARYLAND

Date of death 1910 ^{Month} 8 ^{Day} 2 ^{Age} ^{Years} ^{Months} ^{Days}Sex Female ^{Color or Race} White ^{Birth-place} Balto Co.Occupation none ^{Where residing if not at place of death} 124 S. 8th St.Married, Single or Widowed ^{Name of Wife or Husband}Father's Name Arkillio Goggiolani ^{Father's Birthplace} ItalyMother's Maiden Name Giudita Gatto ^{Mother's Birthplace}Name of person living in formation Arkillio Goggiolani ^{How related to decedent} Father

CAUSES OF DEATH

Primary ~~Ins~~ Merasmus ^{How long} 189 H
6 weeksImmediate Exhaustion ^{How long} 4 daysAre the name, age, sex, color, date and place correctly given above? Signature of Physician Arch L. Petalio MD

Address 827 Annapolis St

Accident or Suicide? TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

St. Vincent born.

Herrigson

8/3/10

Name in Full

Emmett R. Gosnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at St. Agnes Hospital ^{Town} Baltimore ^{County} MARYLAND

Date of death 1910 ^{Month} Aug ^{Day} 21 ^{Age} 18 ^{Years} 7 ^{Months} 6 ^{Days}

Sex Male Color or Race White Birth-place Maryland

Occupation Huckster Where Residing if not at place of death

Married; Single or Widowed Single Name of Wife or Husband

Father's Name Emmett H W. Gosnell Father's Birthplace Maryland

Mother's Maiden Name Agnes Riggsby Mother's Birthplace Maryland

Name of person giving information Sarah J. Munnick How related to deceased Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Typhoid How long 4 weeks

Immediate Peritonitis - Typhoid How long 3 days

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

Signature of Physician Dr. F. Munnick

Address St. Agnes Hospital

Accident or Suicide?

London Park Cemetery

Name in Full

Maria Anna Grebner

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} 3720 Claramant ave ^{County} Baltimore ^{State} Maryland

Date of death 1910 August 25-1/2 Age 49 yrs 6 Months 8 Days

Sex Female Color or Race White Birth-place Germany

Occupation Hauswife Where Residing if not at place of death

Married, Single or Widowed Married Name of ~~Wife~~ Husband John Grebner

Father's Name George Scherbel Father's Birthplace Germany

Mother's Maiden Name Barbara Miss Mother's Birthplace Germany

Name of person giving information John Grebner How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Typhoid fever How long 33 days

Immediate Cardiac asthma How long 7 days

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

Signature of Physician Henry C. Chiles

Address 1203 W. Fayette St
Baltimore, Md

Accident or Suicide?

Holy Redeemer Cemetery

Aug 29 - 1910

Lilly & Guiler

Undertakers

Name in Full

Plato Henry Greene

CERTIFICATE OF DEATH

Died at Catonville ^{Town} Balto ^{County} MARYLAND

Date of death 1940 ^{Month} aug ^{Day} 24 ^{Years} Age 35 ^{Months} — ^{Days} —

Sex male ^{Color or Race} Col orid ^{Birth-place} Washington DC

Occupation Barber ^{Where Residing if not at place of death} Catonville Md

Married, Single or Widowed married ^{Name of Wife or Husband} Mette Greene

Father's Name Plato H. Greene ^{Father's Birthplace} Washington DC

Mother's Maiden Name Emilina Williams ^{Mother's Birthplace} Pa

Name of person giving Information Mette Greene ^{How related to decedent} wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

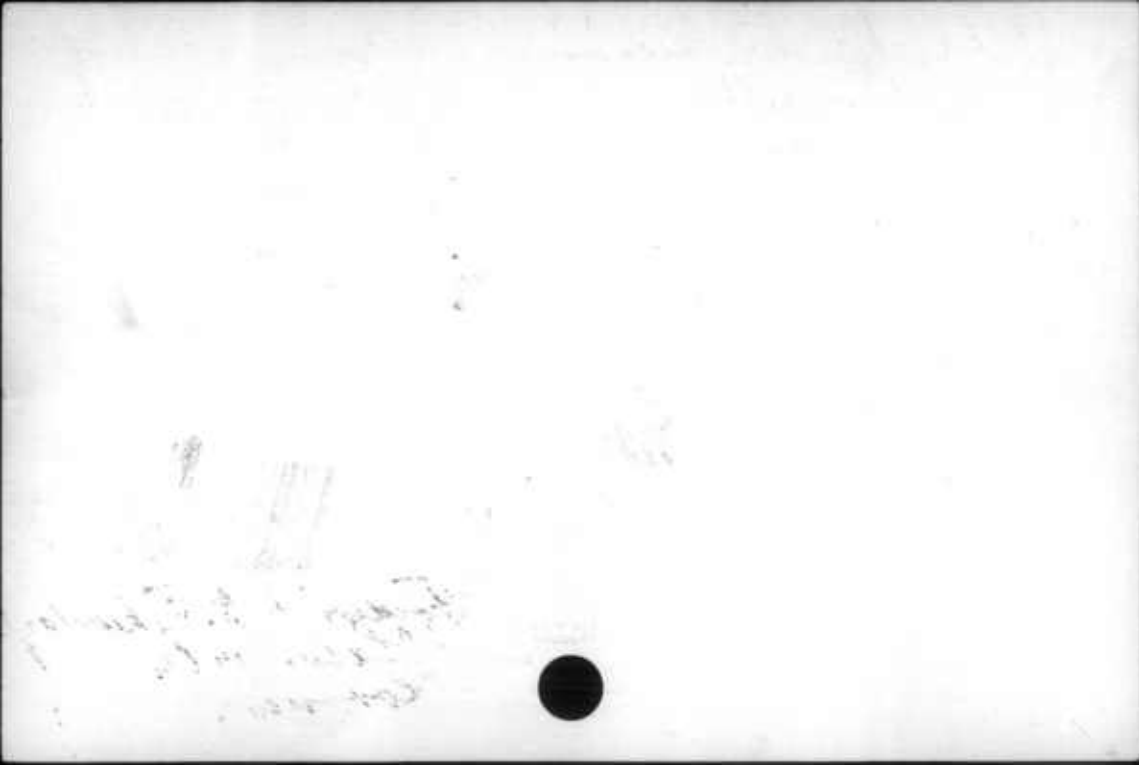
Primary Heart + Kidney trouble ^{How long} 4 weeks

Immediate cardiac asthma ^{How long} 1 hr

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

Signature of Physician Fredrick S. Pukendorf
Address Catonville
Coroner

PHYSICIAN OR CORONER



Name
in
Full

Frank Gretlein Jr.

CERTIFICATE OF DEATH

Died at ^{Town} Highlandtown ^{County} Baltimore MARYLANDDate of death 19 ^{Month} No ^{Day} Aug 23 Age ^{Months} 1 ^{Days} Hour

Sex Male Color or Race White Birth-place Balto County

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Frank Gretlein Sr Father's Birthplace Germany

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

Name of person giving Information Frank Gretlein How related to deceased father

CAUSES OF DEATH

Primary Inanition How long 177 B

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician H J Hedler M.D. Cropper

Address 3323 E Balto St

Accident or Suicide? _____

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Christian Miller
2334 Jefferson St

Aug 24/10

Saved Heart Cemetery

Name
in
Full

Ethel Hammen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i> <small>Year</small>	<i>8</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age	<i>3</i> <small>Years</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>none</i>		Where Residing if not at place of death	<i>236 S. 3rd St.</i>	
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband	<i>—</i>		
Father's Name	<i>Harry Hammen</i>		Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>Alice Glass</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Harry Hammen</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

Primary	<i>Whooping Cough</i> <i>(8)</i>	How long	<i>9 weeks</i>
Immediate	<i>meningitis</i>	How long	<i>4</i>

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

Y

Signature of Physician

A. T. Rice

Address

213 S. Bond St.

Accident or Suicide?

Oak Lawn

Herwigson

8/13/16

Name
in
Full

Francis L. Hardesty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town		<i>Balto</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>Aug</i>		Day <i>31</i>		Age <i>—</i>		Years <i>6</i>	
Sex <i>M.</i>		Color or Race <i>W.</i>		Birth-place <i>Balto Co.</i>		Months <i>6</i>		Days <i>6</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>Highlandtown</i>					
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>					
Father's Name <i>Thos. L. Hardesty</i>				Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Marg. Power</i>				Mother's Birthplace <i>Pa.</i>					
Name of person giving Information <i>Thos. L. Hardesty</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>Several weeks</i>
Immediate <i>Acute Enteritis</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>Fred J. Wilbur</i>
	Address <i>250/8. Harmon Ave</i>
Accident or Suicide	

Shudell & Tippel Son
330 S. Bond St.

John Redeman Conn.

Sep. 1st 1910

Name
In Full

Elizabeth Harold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lansdowne		County Balt-		MARYLAND	
Date of death	1910	Month August	Day 11	Age 68	Years	Months	Days
Sex	female		Color or Race	white		Birth-place	Germany
Occupation	Home		Where Residing if not at place of death		—		
Married or Widowed	—		Name of Wife or Husband	John Harold			
Father's Name	Grasso -		Father's Birthplace	Germany			
Mother's Maiden Name	unknown		Mother's Birthplace	Germany			
Name of person giving information	John Harold		How related to deceased	Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes -	How long	17 years
Immediate	Diabetic Gangrene	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Frank H. Kubel
		Address	Lansdowne - Md.
Accident or Suicide?			

Geo. Knell -

Eichelman

Home Burial Ground

Name
in
Full

August Hartman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westport Baltimore County MARYLAND

Date of death 1930 July 13 Age 32 Months Days

Sex male Color or Race white Birth-place Westport

Occupation mechanic Where Residing if not at place of death

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

Father's Name Geo Hartman Father's Birthplace Germany

Mother's Maiden Name Elizabeth Debas Mother's Birthplace Germany

Name of person giving information Elizabeth Hartman How related to deceased mother

CAUSES OF DEATH

Primary Tuberculosis of lower lobe of lungs How long 4 months 9 days
Immediate

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Reynolds
Address Westport Md.

Accident or Suicide 13

PHYSICIAN
OR CORNER

Trinity Cemetery.

Aug 16/910

Wm. B. B. R.

Name
in
Full

Kulston Edward Hartman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Wilson		County Baltimore		MARYLAND	
Date of death		190	10	Aug	Age	—	6 Mos
Sex		Male		Color or Race		White	
Occupation		Infant		Where Residing if not at place of death		Baltimore	
Married, Single or Widowed		Infant		Name of Wife or Husband		Infant	
Father's Name		Kulston		Father's Birthplace		Kulston	
Mother's Maiden Name		Mary Hartman		Mother's Birthplace		K	
Name of person giving information		Mother Mary Hartman		How related to deceased		Kistley	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diocletis	How long	1021 1 week.
Immediate	pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Keep, Jr.
		Address	Mt. Wilson Md.
Accident or Suicide			



Name
In
Full

Annie Mary Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fullerton</i>		Town		<i>Balt.</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>8</i>		Day <i>15</i>		Age <i>0</i>		Years	
Sex <i>F</i>		Color or Race <i>Wh.</i>		Birth-place <i>Balt. Co.</i>		Months <i>5</i>		Days <i>10</i>	
Occupation _____				Where Residing if not at place of death _____					
Married, Single or Widowed _____				Name of Wife or Husband _____					
Father's Name <i>Howard Harvey</i>				Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Annie Henry</i>				Mother's Birthplace <i>Ind.</i>					
Name of person giving Information <i>Annie Harvey</i>				How related to deceased <i>Mother</i>					

CAUSES OF DEATH

Primary <i>Euteritis</i>		How long <i>About 4 weeks</i>	
Immediate <i>Autointoxication</i>		How long <i>judging from history of case</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. L. Wilkinson</i>	
Accident or Suicide <i>Neither</i>		Address <i>Raspburg</i>	

PHYSICIAN
OR CORONER

Entomment

St Joseph Cant

Baldwin Rd

Geo W. Grammer

under table

Name
In
Full

William Heath

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown		^{County} Balto		MARYLAND	
Date of death	19 ^{Month} 8	^{Day} 28	Age ^{Years} 57	^{Months} —	^{Days} —
Sex	Male	Color or Race	White	Birth-place	Alexander
Occupation	—		Where Residing if not at place of death	432 S. 1 st St.	
Married, Single or Widowed	Widower	Name of Wife or Husband	Emeline Heath		
Father's Name	Unknown		Father's Birthplace	Va.	
Mother's Maiden Name	Unknown		Mother's Birthplace	Va.	
Name of person giving information	Arthur E. Heath		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia Tuberculosis	How long	(28) Unknown
Immediate	Exhaustion & Dementia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Dr. F. A. Glantz
		Address	2244 East Ave
Accident or Suicide?			

Washington D. C.

Herrington

8/29/10

Name
in
Full

Noah F. Hedrick Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Towson Town Balto County

Date of death 1990 Month Aug Day 9 Age 29 Years Months 1 Days 12

Sex Male Color or Race white Birth-place md.

Occupation Bar. Tender Where Residing if not at place of death Towson

Married, Single or Widowed married Name of Wife or Husband Bertha Hedrick

Father's Name Noah F. Hedrick sr. Father's Birthplace md.

Mother's Maiden Name Caroline Christy Mother's Birthplace md.

Name of person giving Information See Hedrick How related to deceased Brother

CAUSES OF DEATH

Primary Typhoid Fever How long 20 days

Immediate Hemorrhage of the intestines How long 7 days

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

Signature of Physician D. H. Jarrett

Address Towson

Accident or Suicide

PHYSICIAN
OR CORONER

John Burns Lane
Toronto

Interment. at-

Angela M. P. Church
Baltimore and

Name
in Full

Charles Helbing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Roseburg</u> Town		<u>Bolt</u> County		MARYLAND	
Date of death	19 <u>40</u>	Month	<u>8</u>	Day	<u>3</u>
Age		<u>59</u>		Months	<u>-</u>
Sex	<u>m</u>	Color or Race	<u>White</u>	Birth-place	<u>Germany</u>
Occupation	<u>Baker</u>		Where Residing if not at place of death		
Married - Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>Sora Helbing</u>		
Father's Name	<u>Unknown</u>		Father's Birthplace	<u>Germany</u>	
Mother's Maiden Name			Mother's Birthplace	<u>" "</u>	
Name of person giving Information	<u>Mrs. Kuntz</u>		How related to decedent	<u>Sister-in-Law</u>	

CAUSES OF DEATH

Primary	<u>Diabetes Mellitus</u>	How long	<u>3 yrs.</u>
Immediate	<u>Cardiac Dilatation</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A. L. Wilkison</u>
Accident or Suicide	<u>Neither</u>	Address	<u>Roseburg.</u>

PHYSICIAN
OR CORONER

M. Carmel ben

Hernigson

8/5/0

Name
in
Full

Mary B. Hennicks.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Woodlawn</i>		County <i>Balto.</i>		STATE <i>MARYLAND</i>	
Date of death	<i>1910</i>	Month <i>Aug.</i>	Day <i>24</i>	Age	<i>65</i>	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>House duties</i>			Where Reading if not at place of death			
Married, Single or Widowed	<i>Widow</i>		Name of woman Husband	<i>Ashel T. Hennicks.</i>			
Father's Name	<i>Ezekiel Lickett.</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Charlotte Stockstill</i>					Mother's Birthplace	<i>Maryland</i>
Name of person giving in formation	<i>Louisa R Hennick</i>					How related to deceased	<i>Daughter.</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old Age & Pulmonary Tuberculosis</i>	How long	<i>79</i>
Immediate	<i>Cardiac and General Anemia</i>	How long	<i>2 1/2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Frank O. Millard.</i>
		Address	<i>Ellicott City Md</i>
Accident or Suicide?	<i>No</i>		



Name
In
Full

Dora Heizer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Wilhelm Park* ^{County} *Baltimore* **MARYLAND**Date of death 19*40* ^{Month} *Aug* ^{Day} *28* Age ^{Years} *30* ^{Months} *10* ^{Days} *2*Sex *Female* Color or Race *White* Birth-place *Balto Md*Occupation *Housewife* Where Residing if not at place of deathMarried, ~~Single~~ *Married* Name of ~~Wife~~ or Husband *Charles F Heizer*Father's Name *George A Mills* Father's Birthplace *Balto Md*Mother's Maiden Name *Etha Parks* Mother's Birthplace *Balto Md*Name of person giving Information *Charles F Heizer* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Cancer of Bladder* How long *3 months*Immediate *Cyanation* How long *one month*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Edwin... ..*Address *517*

Accident or Suicide

London Park
Jos B. Cook

Name
in
Full

Abe Hillman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Wilson		County Baltimore		MARYLAND		
Date of death		1990	Month August	Day 31	Age	Years —	Months 3	Days —
Sex		Male		Color or Race Hebrew		Birth-place Baltimore		
Occupation Infant				Where Residing if not at place of death Baltimore				
Married, Single or Widowed		Infant		Name of Wife or Husband Infant				
Father's Name		Hillman		Father's Birthplace		Baltimore		
Mother's Maiden Name		Eaton (?)		Mother's Birthplace		"		
Name of person giving information		Mrs. Hillman		How related to deceased		Widow		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Discolitis	How long	104 1 mos.
Immediate	Nephritis	How long	15 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide		J. H. M. Cook Jr. Mt. Wilson	



Name
In Full

Malcolm H. Hodges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Pragerville* Town *Bath* County

Date of death 1990 *Aug* Month *11* Day Age *3* Years Months *3* Days

Sex *Male* Color or Race *white* Birth-place *Bath County*

Occupation *None* Where residing if not at place of death _____

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

Father's Name *Edward W. Hodges* Father's Birthplace *Bath Md*

Mother's Maiden Name *Cornelius Martha Cornelius* Mother's Birthplace *Bath Md*

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

189A

PHYSICIAN
OR CORONER

Primary *Marasmus* How long _____

Immediate _____ How long _____

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

Signature of Physician *W. S. Galum*

Address *3325 E. Bath St*

Accident or Suicide?

St Mary Cemetery
Harpden
Christain Miller
2334 Jefferson St.

Name
in
Full

George Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Wilson		County Baltimore		MARYLAND	
Date of death 1940		Month Aug.	Day 13	Age	Years —	Months 4	Days —
Sex Male	Color or Race White		Birth-place Baltimore				
Occupation Infant		Where Residing if not at place of death Baltimore					
Married, Single or Widowed Infant	Name of Wife or Husband Infant						
Father's Name George Howard		Father's Birthplace Baltimore					
Mother's Maiden Name Wilson		Mother's Birthplace "					
Name of person giving Information Mrs. Geo. Howard		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Osteomyelitis	How long 104
Immediate Pyelitis	How long 5 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. H. [Signature]
	Address Mt. Wilson Md.
Accident or Suicide	



Name
In Full

Emory Leroy Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Bainessville		Balto.		MARYLAND	
Date of death		19	20	August	15	Age	7
		Month	Day	Years	Months	3	Days
Sex		male		Color or Race		White	
Occupation		+		Where Residing if not at place of death		+	
Married, Single or Widowed		+		Name of Wife or Husband		X	
Father's Name		Norman E. Jackson		Father's Birthplace		Franklinville	
Mother's Maiden Name		Etta Marie League		Mother's Birthplace		Rehoboth	
Name of person giving information		Lixie L. Howard		How related to decedent		Aunt	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Iles colitis	How long	2 mos
Immediate	Iles colitis	How long	2 mos
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Georgi Long, M.D.
Accident or Suicide?	no	Address	Hamilton, Md

Entomnet

Frank Christien ^{caus}

Frank Harford ^{Re}

Geo. W. Greenman ^r

Amelia Lohr

Name
In
Full

CERTIFICATE OF DEATH

Clarence W. Jones

Died at ^{Town} Highlandtown^{County} Balto.

MARYLAND

Date of death 1910 Aug. 13 Age — Months — Days 16

Sex Male Color or Race White Birth-place Baltimore

Occupation — Where Residing if not at place of death 725 S. Third St.

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

Father's Name Clarence W. Jones Father's Birthplace Virginia

Mother's Maiden Name Eliza Gray Mother's Birthplace Penn.

Name of person giving information Clarence W. Jones How related to deceased Father

CAUSES OF DEATH

Primary Infantile Paralysis How long 13 Days.

Immediate Exhaustion How long

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

Signature of Physician W. Fred Weber M.D.

Address 3501 Foster Ave

Highlandtown

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Trinity Cemetery.
Bur. 7/4th 1910.
H. J. Jernicki Bur.

W. C. Weber.

Name
in
Full

Harry Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ashland</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death <i>1980</i>		Month <i>Aug</i>		Day <i>12</i>		Age <i>X</i>		Years <i>X</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ashland, Md</i>		Months <i>X</i>		Days <i>13</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Home</i>							
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>							
Father's Name <i>John M. Jones</i>		Father's Birthplace <i>Balti. Co. Md</i>							
Mother's Maiden Name <i>Mary Elizabeth Miller</i>		Mother's Birthplace <i>Balti. Co. Md</i>							
Name of person giving Information <i>Mary Elizabeth Miller</i>		How related to deceased <i>Mother</i>							

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long	<i>2 day</i>
Immediate	<i>General Failure of ^{organs} organs</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr JH Benson</i>
		Address	<i>Lockyersville Md</i>
Accident or Suicide	<i>No</i>		

PHYSICIAN
OR CORONER



Name
in
Full

Herminie Jordan

CERTIFICATE OF DEATH

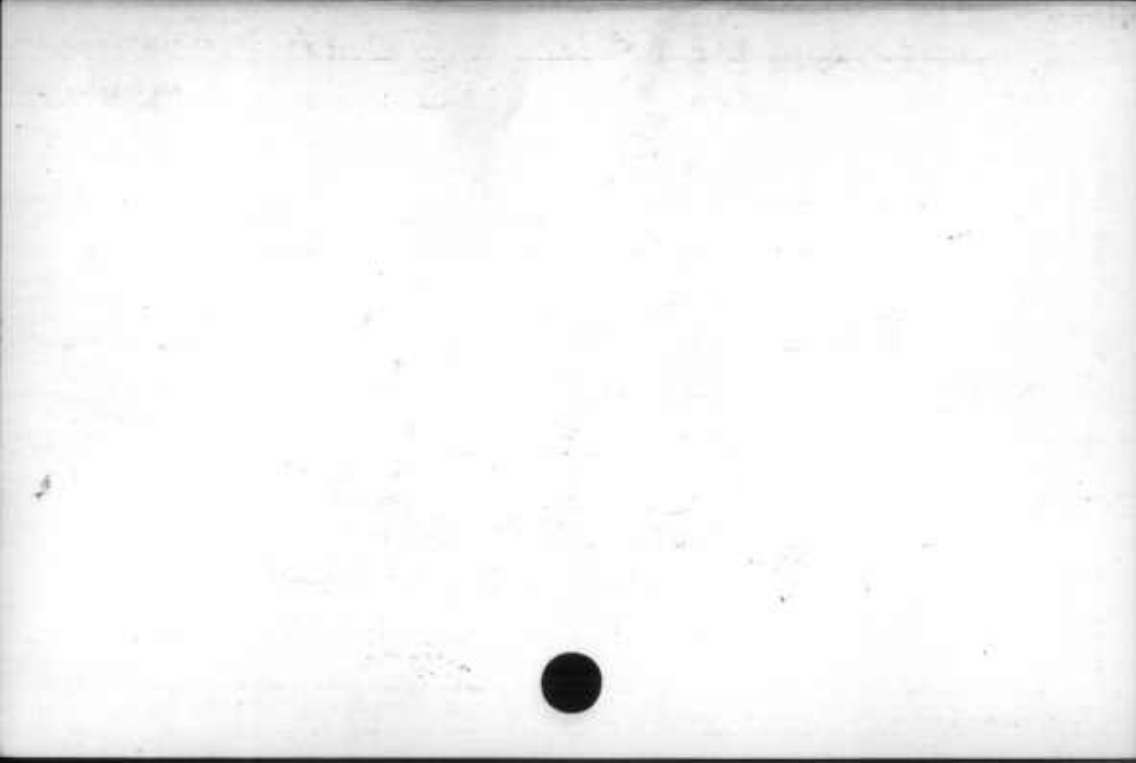
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
1960		August		17		Age	
Date of death		Month		Day		Years	
1960		August		17		9	
Date		Month		Day		Years	
1960		August		17		9	
Sex		Color or Race		Birth-place			
Female		White		Baltimore			
Occupation				Where Residing if not at place of death			
Infant				Baltimore			
Married, Single or Widowed		Name of Wife or Husband		Name of Wife or Husband			
Infant		Infant		Infant			
Father's Name		Father's Birthplace		Father's Name		Father's Birthplace	
Herminie		Gus Jordan		Herminie		Baltimore	
Mother's Maiden Name		Mother's Birthplace		Mother's Name		Mother's Birthplace	
Herminie		Baltimore		Herminie		Baltimore	
Name of person giving Information				How Related to deceased			
Mrs. Jordan				Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Gastro-intestinal infection		10 1/2 hrs.	
Immediate		How long	
Infectious diarrhoea		7 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. [Signature]	
		Address	
		Baltimore	
Accident or Suicide			



Name in Full

Infant daughter, of Mr + Mrs James Kadan

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Hullville ^{Town} Balto ^{County} MARYLAND

Date of death 1910 Month 8 - Day 12 Age Years Months Days

Sex Female Color or Race white Birth-place Balto Md

Occupation None Where Residing if not at place of death

Married, Single or Widowed Infant Name of Wife or Husband

Father's Name James Kadan Father's Birthplace Austria

Mother's Maiden Name Mary Singer Mother's Birthplace Md

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

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Unknown How long Unknown

Immediate Unknown How long Unknown

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician August W. Mills (Coroner)

Address M Wiman Balto Md

Accident or Suicide Still birth Balto Md 13

Boat-Bill Cemetery -
E. 21 R. 2

P. Brack + Son

Superintendent

Name
in
Full

Robert E. Kastner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pasadena, Md		County Baltimore		MARYLAND	
Date of death		Month Aug	Day 14 th	Year 1907	Age 37	Months	Days
Sex Male		Color or Race White		Birth-place Germany			
Occupation Car Inspector		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Katharine Kastner					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

Primary	Accidental Drowning	How long	169
Immediate		How long	

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

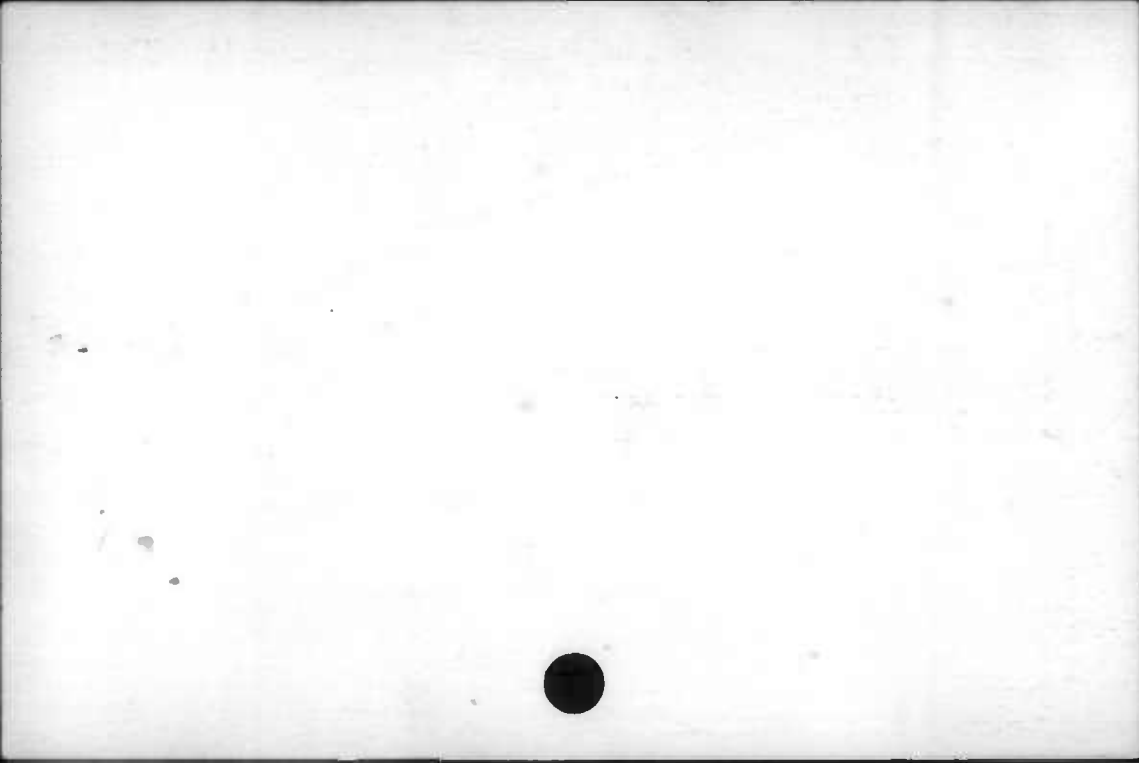
Signature of Physician

Address

Accident or Suicide

Accident

J. M. Thompson, M.D.
 Colgate, Md.
 15th St. - Baltimore, Md.



Name in Full **Edward A. Kearney** *John Risk* CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at Mt Washington <small>Town</small>		Baltimore <small>County</small>		MARYLAND	
	Date of death 1910 Aug. 10.	Age 57	Months 5	Days (?)		
	Sex male	Color or Race white	Birth-place Ireland			
	Occupation Driver Co. Fire Dept.	Where Residing if not at place of death _____				
	Married, Single or Widowed single	Name of Wife or Husband _____				
	Father's Name Patrick Kearney	Father's Birthplace Ireland				
	Mother's Maiden Name Mary Martin	Mother's Birthplace Ireland				
Name of person giving information Miss Mary Kearney	How related to deceased sister					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Arterio-sclerosis	How long (?)	
	Immediate Exhaustion	How long 40 weeks	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician William J. Ford	
		Address Mt Washington Md	
	Accident or Suicide? _____		

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1998.

970 Madison

St. Mary's Aug 13-1910
Govans

Name
in
Full

Julia Brown King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lawson		County Baltimore		MARYLAND	
Date of death		Month Aug	Day 22	Age	Years 40	Months 2	Days 2
Sex		Female		Color or Race White		Birth-place Baltimore Co.	
Occupation Housewife				Where Residing if not at place of death Lawson Md.			
Married, Single or Widowed		Name of Wife or Husband William King		Father's Name John T Morgan		Father's Birthplace Md	
Mother's Maiden Name Ellen W. Fife		Name of person giving Information May Wells		Mother's Birthplace Ireland		How related to deceased Sister	

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long 2 years
Immediate	Asthenia	How long 3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Martin F. Sloan
		Address Lawson, Md
Accident or Suicide		

PHYSICIAN
OR CORONER

TELEPHONE 1983

606 & 608 W. Lafayette Ave.

Funeral Directors & Embalmers

MARTIN FAHEY & SONS

*Printed by
The College Cemetery*

Name
is
Full

Samuel Kirch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown ^{County} Baltimore MARYLAND

Date of death 1900 8 13 Age 73 Months 2 Days 3

Sex Male Color or Race White Birth-place Buffalo

Occupation Carpenter Where Residing if not at place of death 609 So. Clinton

Married, Single or Widowed ~~Single~~ married Name of Wife or Husband Amalie Kirch

Father's Name Peter Kirch Father's Birthplace Germany

Mother's Maiden Name Catherine Kirch Mother's Birthplace Germany

Name of person giving Information Miss Kirch How related to deceased wife

CAUSES OF DEATH

Primary Chronic Anemias, Mitral Regurgitation How long 9 months

Immediate Acute Dehydration How long

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

Signature of Physician M. Johnson M.D.

Address 3314 E. Baltimore St

Accident or Suicide?

PHYSICIAN
OR CORONER

Wendell Toppel & Sons

Sacred Heart Cem.

Wed. Aug 14th / 1910

Aug.

Name
in
Full

Alexander Knight

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt. Wilson</u>		County <u>Baltimore</u>		MARYLAND	
Date of death 19 <u>90</u>		Month <u>August</u>	Day <u>10</u>	Age <u>—</u>	Months <u>3</u>
Sex <u>male</u>	Color or Race <u>black</u>		Birth-place <u>Baltimore</u>		
Occupation <u>Infant</u>		Where Residing if not at place of death <u>Baltimore</u>			
Married, Single or Widowed <u>Infant</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Hubert Knight</u>		Father's Birthplace <u>Hubert</u>			
Mother's Maiden Name <u>Hubert</u>		Mother's Birthplace <u>"</u>			
Name of person giving Information <u>Mother Mrs. Knight</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

Primary <u>Discolitis</u>	How long <u>104</u>
Immediate <u>"</u>	How long <u>"</u>

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

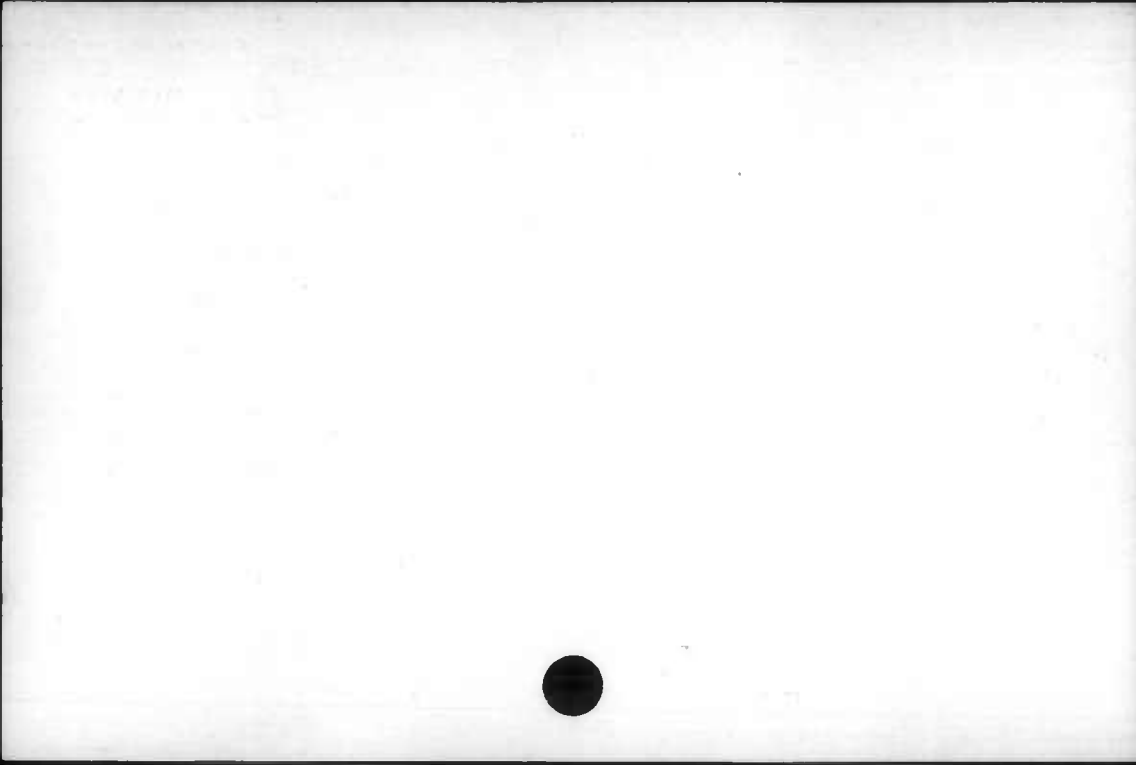
Signature of Physician

Address

J. M. Knight, Jr.
Mt. Wilson, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Louis Knock
Town

Baltimore County

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at TowsonDate of death 1900 Aug 29 29Age — — —

Months

Days

3 months 13 daysSex maleColor or Race negroBirth-place Towson

Occupation

Where Reading if not
at place of deathMarried, Single or Widowed —Name of Wife or
HusbandFather's Name Isaac KnockFather's
Birthplace PaMother's Maiden Name May FisherMother's
Birthplace WdName of person giving
information Isaac KnockHow related
to deceasedFather

CAUSES OF DEATH

Primary

menstruo

How long

189A
3 monthsImmediate Syphilitic

How long

one weekAre the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician

Address

247 Fayette
Towson, Md

Accident or Suicide?

no

John Burns Sons

Towson

Interment at

Sandy Bottoms

Cemetery

Name
Full

CERTIFICATE OF DEATH

Josephus Kuhl

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Wilson	County Cattaraugus		MARYLAND		
Date of death	1910	Month August	Day 6	Age	Years —	Months 3	Days —
Sex	Male	Color or Race	White		Birth-place	Cattaraugus	
Occupation	Infant		Where residing if not at place of death		Cattaraugus		
Married, Single or Widowed	Infant		Name of Wife or Husband		—		
Father's Name	John Kuhl				Father's Birthplace	Madison	
Mother's Maiden Name	Mason				Mother's Birthplace	"	
Name of person giving information	Mrs. John Kuhl				How related to decedent	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition	How long	177 B
Immediate	diarrhoea	How long	2 mos.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	J. M. Kuhl Jr.
Accident or Suicide?		Address	



Name
in
Full

Matilda Kohu

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>MT Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1900 Aug 9th</i>		Month	Day	Age <i>73</i>	Years	Months <i>not known</i>	Days <i>not known</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>Baltimore</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>not known</i>					
Father's Name <i>not known</i>				Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>" "</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Recds Mt Hope Retreat</i>				How related to deceased <i>not at all</i>			

CAUSES OF DEATH

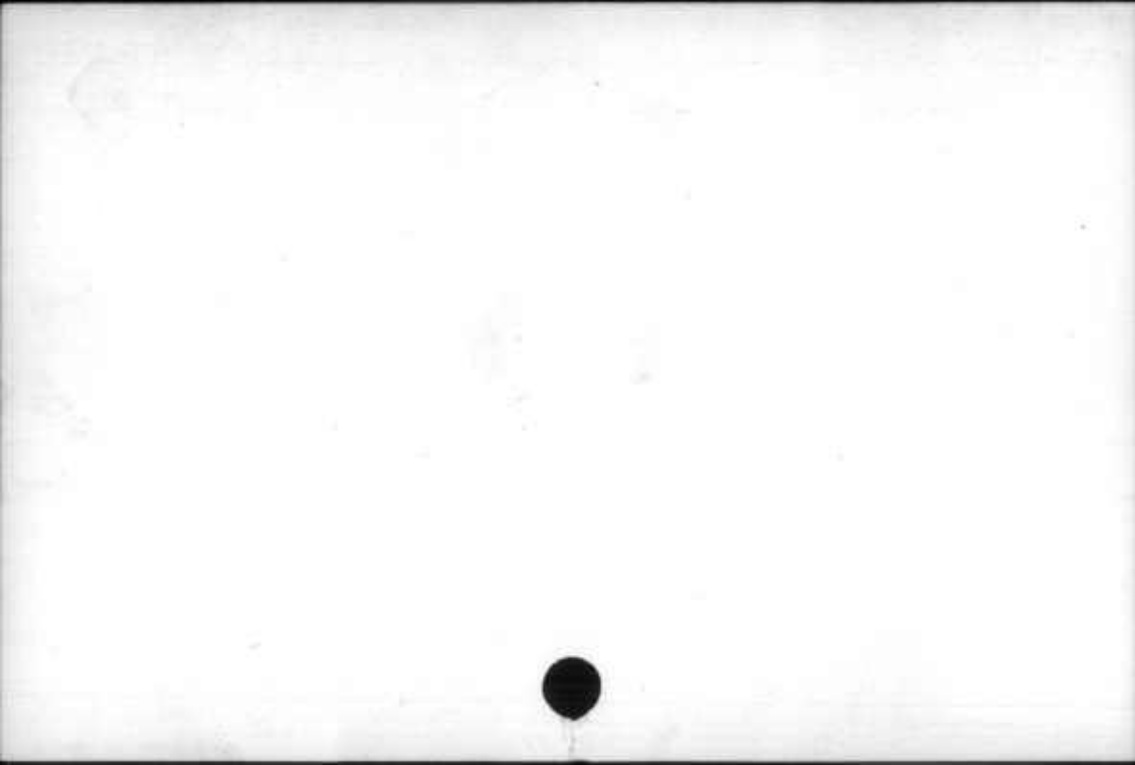
Primary *Mania Chronic* - How long *(68) abt 25 yrs*

Immediate *Cardiac Syncope - Fully Organ -* - How long *Immediate* -

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of
Physician*Chas J. Lawrence M.D.*Address
*Mt Hope Retreat
Mt Hope Md.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Edwin Kostelak

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mrs. Wilson		County Baltimore		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1960		Aug.	11	5	5		
Sex		Color or Race		Birth-place			
Male		White		Baltimore			
Occupation				Where Residing if not at place of death			
Sergeant				Baltimore			
Married, Single or Widowed		Name of Wife or Husband					
Sergeant		Sergeant					
Father's Name				Father's Birthplace			
Anthony Kostelak				Belgium			
Mother's Maiden Name				Mother's Birthplace			
Unknown				" "			
Name of person giving Information				How related to deceased			
Mrs. Anthony Kostelak				Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Shovhitso		1 hr	
Immediate		How long	
" "		1 "	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. H. K... M.D.	
		Address	
		Mt. Vernon Md.	
Accident or Suicide			



Name
in
Full

Eveline M. Krieger

CERTIFICATE OF DEATH

Died at

Westport Baltimore

MARYLAND

Date
of death

1960

Month

July

Day

9

Age

Years

no

Months

no

Days

2

Sex

female

Color or
Race

white

Birth-
place

Westport

Occupation

none

Where Residing if not
at place of death

Westport

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Otto Krieger

Father's
Birthplace

Germany

Mother's
Maiden Name

Anna Vetter

Mother's
Birthplace

Baltimore

Name of person giving
Information

Otto Krieger

How related
to decedent

Father

CAUSES OF DEATH

Primary

Congenital Debility

How long

2 days

Immediate

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

yes

Signature of
Physician

R. J. Glauert

Address

127 Romanus
mch 13

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

James Hignan & Son
Holy Cross.
J. & C.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>August Kriesement</i>		Town		County		MARYLAND	
Died at <i>Dundock Junction Balt Co</i>		Town		County		MARYLAND	
Date of death	19 <i>60</i>	Month	<i>Aug</i>	Day	<i>6</i>	Age	<i>5</i>
Sex	<i>male</i>	Color or Race	<i>white</i>		Birth-place	<i>Dundock Junction</i>	
Occupation	<i>not any</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>William Kriesement</i>				Father's Birthplace	<i>Balt. Md.</i>	
Mother's Maiden Name	<i>Minnie Lee Smith</i>				Mother's Birthplace	<i>Balt. Md.</i>	
Name of person giving information	<i>Wm. Kriesement</i>				How related to deceased	<i>father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Congenital Anomalous</i>	How long	<i>17 7 13</i> <i>life</i>
Immediate	<i>spasms</i>	How long	<i>quite hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Edith A. Comrade M.D.</i>
Accident or Suicide		Address	<i>Balt. Md. 2221 E. Balt. St.</i>

Wm. Nicolaus & Son
1820 Canton Ave.

1st German Cem.
Aug 14, 1910

Name
in
Full

Beulah Estella Krout

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied ^{Town} Near White Hall ^{County} Balt MARYLANDDate of death 1901 ^{Month} Aug ^{Day} 6 ^{Age} 8 ^{Years} 8 ^{Months} 8 ^{Days} 21Sex Female ^{Color or Race} white ^{Birth-place} MdOccupation _____ ^{Where Residing if not at place of death} _____Married, Single or Widowed Single ^{Name of Wife or Husband} _____Father's Name Wesley Krout ^{Father's Birthplace} PaMother's Maiden Name Sadie Jones ^{Mother's Birthplace} PaName of person giving Information Sadie Krout ^{How related to deceased} Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Traumatic ^{How long} 186 2 weeksImmediate Meningitis ^{How long} 10 daysAre the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} B B Norris^{Address} Parkton MdAccident or Suicide _____ ⁷



Name
In Full

Marian Lakmyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Delight</i> <small>To</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death	<i>10</i> <small>Month</small>	<i>Aug.</i> <small>Day</small>	<i>12</i> <small>Age</small>	<i>1</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Balto Co Md</i>
Occupation	<i>None</i>		Where Reading if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Henry Schmyer</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Carolette Beck</i>			Mother's Birthplace	<i>Balto Co Md</i>
Name of person giving information	<i>Henry Schmyer</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malaria</i>	How long	<i>189 A</i>
Immediate	<i>Exp. m. t. m.</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>		
Signature of Physician	<i>J. W. ...</i>		
Address	<i>Beeton ...</i>		
Accident or Suicide?	<i>None</i>		

all saints

Name
in
Full

Ruth H Lowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1919</i> <small>Year</small>	<i>Aug</i> <small>Month</small>	<i>3</i> <small>Day</small>	Age	<i>79</i> <small>Years</small>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Balto co Md</i>
Occupation	<i>None</i>	Where Reading if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Edward H Lowe</i>			Father's Birthplace	<i>Balto co Md</i>
Mother's Maiden Name	<i>Rebecca Gosnell</i>			Mother's Birthplace	<i>Balto co Md</i>
Name of person giving in formation	<i>Martha E Williams</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fracture of Femur</i>	How long	<i>10 5</i>
Immediate	<i>Gastro-enteritis</i>	How long	<i>Four weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. M. Slade</i>		
Accident or Suicide?	Address <i>H. C. 4 - West</i>		



Name
in
Full

Lilliana Light

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

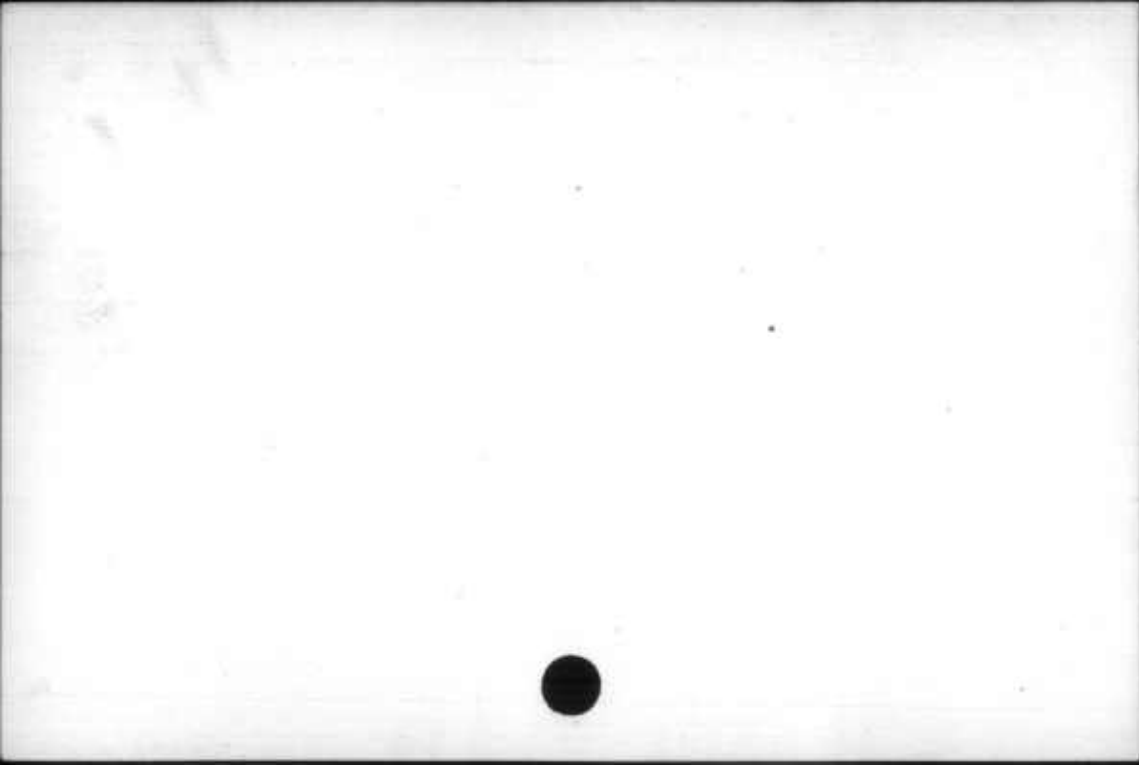
Died at		Town <i>Mt. Airy</i>		County <i>Catawba</i>		MARYLAND	
Date of death	19 <i>40</i>	Month	<i>August</i>	Day	<i>28</i>	Age	<i>—</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Catawba</i>
Occupation	<i>Supprt</i>		Where Residing if not at place of death		<i>Catawba</i>		
Married, Single or Widowed	<i>"</i>		Name of Wife or Husband	<i>Supprt</i>			
Father's Name	<i>W. K. Krum</i>				Father's Birthplace	<i>W. K. Krum</i>	
Mother's Maiden Name	<i>Mary Ward</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Mary Ward</i>				How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Suppntis</i>	How long	<i>W. K. Krum</i>
Immediate	<i>Scoliosis</i>	How long	<i>1 wks.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. Krum Jr.</i>
		Address	<i>Mt. Airy</i>
Accident or Suicide			



Name
in
Full

Henry A Lohr

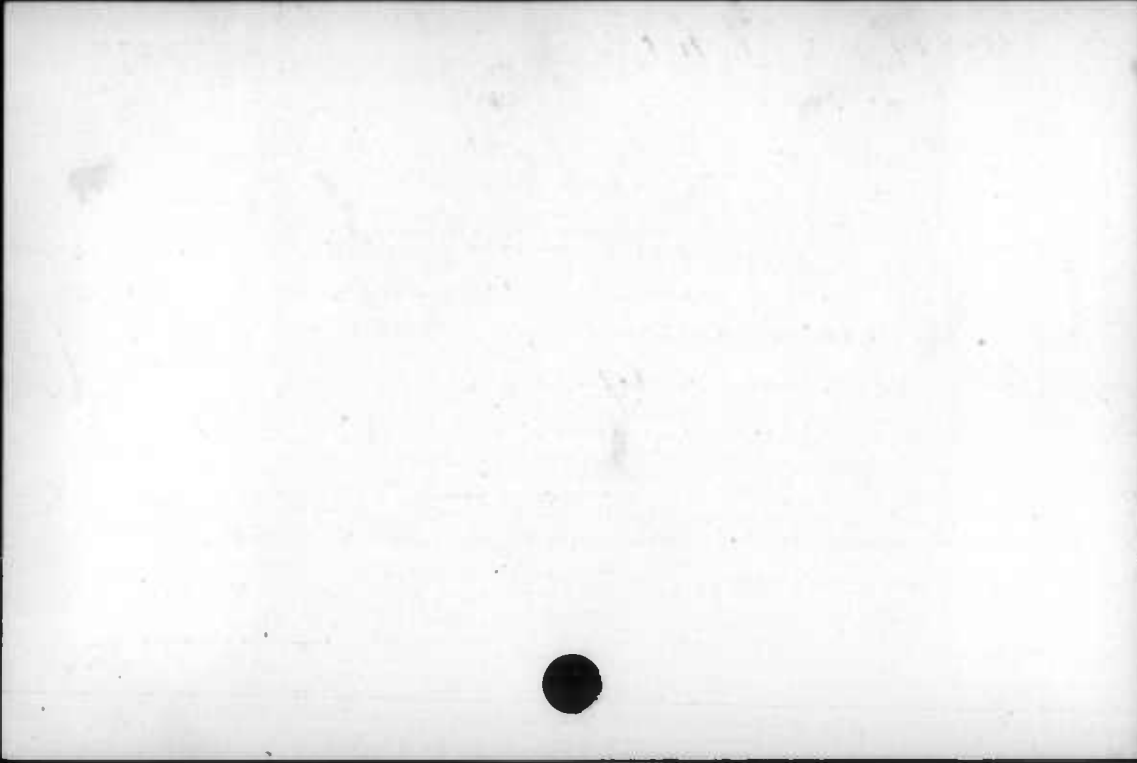
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fullerton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1900</u>	Month	<u>Aug.</u>	Day	<u>14th.</u>
Age	<u>28</u>	Years		Months	<u>10</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>Fullerton Maryland</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Anna E Kesselring</u>		
Father's Name	<u>Andrew Lohr</u>		Father's Birthplace	<u>Europe</u>	
Mother's Maiden Name	<u>Katharine Glatzel</u>		Mother's Birthplace	<u>LI</u>	
Name of person giving information	<u>Anna E Lohr</u>		How related to deceased	<u>Wife</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Carcinoma of Stomach</u>	How long	<u>8 Wks.</u>	
	Immediate	<u>Myocarditis + Embolism</u>	How long	<u>1 month.</u>	
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Albert A Singmaster</u>	
	Address	<u>1503 E North Ave. Baltimore Md.</u>			
Accident or Suicide?					



Name
in
Full

Mary Ann Lowrdes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Towson ^{Town} Baltimore ^{County} MARYLAND

Date of death 1960 ^{Month} Aug ^{Day} 2nd Age 88 ^{Years} 0 ^{Months} 6 ^{Days}

Sex Female Color or Race White Birth-place Maryland

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Widowed Name of Wife or Husband Andrew Lowrdes

Father's Name Benjamin Bucknall Father's Birthplace England

Mother's Maiden Name Mary Merriman Mother's Birthplace Maryland

Name of person giving Information Ann C. Lowrdes How related to deceased Son

CAUSES OF DEATH

Primary Senile debility = 15-4 ^{How long}

Immediate _____ ^{How long}

PHYSICIAN
OR CORONER

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

Signature of Physician H. G. Prentiss M.D.

Address 809 Gouch Ave
Baltimore, Md.

Accident or Suicide _____

Interment in
The Unionist Cemetery
Baltimore Md
Aug 4 1910

Stewart Thomas Co
215 Park Ave.

Baltimore Md

Name
in
Full

Floney Mc Fatridge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Gouvisers		County Batts		MARYLAND	
Date of death	1910	Month	Aug	Day	21	Age	Years —
						Months	10
						Days	—
Sex	male		Color or Race	white		Birth-place	Batts co Md
Occupation	—		Where Reading if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Machred Shargo				Father's Birthplace		
					Pont Know		
Mother's Maiden Name	Mary Mc Fatridge				Mother's Birthplace		
					Batts co Md		
Name of person giving information	Mary Mc Fatridge				How related to deceased		
					Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	I saw body once at office about week ago had bad bowel.	How long	104 Doubtless
Immediate		How long	Doubtless
Are the name, age, sex, color, date and place correctly given above?	1 doubtless	Signature of Physician	J Rumbryce
		Address	J Rumbryce Glyndon Md
Accident or Suicide?			



Name in Full

Thomas Mc Gibney

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Brighton ^{County} Baltimore MARYLAND

Date of death 1980 ^{Month} Aug ^{Day} 23rd ^{Years} Age 35 ^{Months} Not Known ^{Days} Not Known

Sex Male ^{Color or Race} White ^{Birth-place} Baltimore

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

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

Father's Name Not Known ^{Father's Birthplace} Ireland

Mother's Maiden Name Mrs. Mc Gibney ^{Mother's Birthplace} Ireland

Name of person giving Information Mrs. Jas. Roberts ^{How related to deceased} Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Locomotor Ataxia ^{How long} 70 months

Immediate Cardiac Paralysis - ^{How long} Sudden

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

Signature of Physician Frank Flannery MD

Address Mt Hope Station

Accident or Suicide

Mr Vincent Combs
Boston City
H. C. Mitchell
914 Summit Ave
Aug 26/10

the number

NAME
in Full

Elizabeth M. Nalley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Franklinstown ^{County} Baltimore MARYLAND

DATE of death 19 ^{Month} 10 ^{Day} aug ^{Year} 1 ^{AGE} ^{Months} 5 ^{Days}

Sex ^{Female} Color or Race ^{white} Birth place ^{Bafts Co}

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

Marrind, Single or Widowed ^{Single} Name of Wife or Husband _____

Father's Name ^{James M. Nalley} Father's Birthplace ^{Ireland}

Mother's Maiden Name ^{Mary G. Lewis} Mother's Birthplace ^{Bafts Co}

Name of person giving Information ^{James M. Nalley} How related to deceased ^{Father}

CAUSES OF DEATH

Primary ^{Cholera Infantum} How long ^{10 1/2} ^{4 days}

Immediate ^{Convulsion} How long ^{Immediately}

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

Signature of Physician ^{A. C. Surrub}

Address ^{West - Front St. Bal.}

Accident or Suicide? _____

PHYSICIAN
OR
CORNER

For Entertainment of
of Agnes Grace Park
Franklin town Balt Co
Aug 2 1910
Sweet Home Co
2150 Park Ave
Baltimore Md

14 cents.

Name
In Full

Mionia Mack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Gorans Town Balto County MARYLAND

Date of death 1910 aug 14 Age 1 14 Months 1 14 Days

Sex female Color or Race white Birth-place Balto

Occupation _____ Where Raising if not at place of death Gorans

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

Father's Name _____ unknown Father's Birthplace unknown

Mother's Maiden Name _____ unknown Mother's Birthplace unknown

Name of person giving information Mrs McCarrier How related to decedent friend

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary congenital debility How long 6 weeks

Immediate _____ How long _____

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

Signature of Physician

Address

John Evans MD
507 Franklin Street
City - Md

Accident or Suicide?

Government Bond

Aug. 16/91

Wm. C. C. P.
552 E. 1st St.
St. Louis

Dr Evans

601. Cator Ave.

Name

in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Mackert</i>		Town <i>Blodgett</i>		County <i>Baltimore</i>	
Date of death <i>1980 Aug 8</i>		Age <i>38</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>W.</i>	Birth-place <i>Md.</i>			
Occupation <i>Partner</i>		Where Residing if not at place of death <i>2010 Bank St</i>			
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband				
Father's Name <i>Conrad Mackert</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Louisa Leil</i>	Mother's Birthplace				
Name of person giving Information <i>Conrad Mackert</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>28</i>
Immediate <i>Atherosclerosis</i>	How long <i>2 1/2 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. N. Vincent</i>
Address <i>Blodgett St Towson Md.</i>	
Accident or Suicide	

PHYSICIAN
OR CORONER

To Baltimore Cemetery

Zirkle → Zirkle
1739 E. Eager St.

Name
in
Full

Laura Elaine Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Upperco		County Baltimore		MARYLAND			
Date of death		1960	Month 8	Day 22	Age	Years 32	Months 7	Days 7	
Sex		Female		Color or Race		white		Birth-place	Ind
Occupation				Where Residing if not at place of death					
Housewife									
Married, Single or Widowed		married		Name of Wife or Husband		J. Kinsey Marshall			
Father's Name		Geo R. Cullison				Father's Birthplace		Ind	
Mother's Maiden Name		Rachel Martin				Mother's Birthplace		Ind	
Name of person giving Information		J. Kinsey Marshall				How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Placenta Praevia	How long	135
Immediate	Heart failure -	How long	suddenly
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Wilson	
Address		Fruitbearing	
Accident or Suicide		Ind 5	



Name
in
Full

Geo. J. Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> Town <i>co</i> <i>Morrell</i> County		MARYLAND			
Date of death	<i>1910</i>	Month <i>Aug</i>	Day <i>7</i>	Age <i>2</i>	Months <i>2</i> Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Balti?</i>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Geo. W. Mason</i>	Father's Birthplace <i>Balti?</i>				
Mother's Maiden Name <i>Bertha S. Blake</i>	Mother's Birthplace				
Name of person giving information <i>Bertha S. Blake</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Burned by accident</i>	How long <i>4 wks</i>
Immediate <i>Toxemia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. S. M. Keiffer</i>
	Address <i>Morrell Park 13</i>
	<i>Balti Co. Md.</i>
Accident or Suicide?	

Washington's Annals
read)

William Beck

Mt Orest Society

Mt Orest Society

Name
in
Full

Mathews, Edward Le

CERTIFICATE OF DEATH

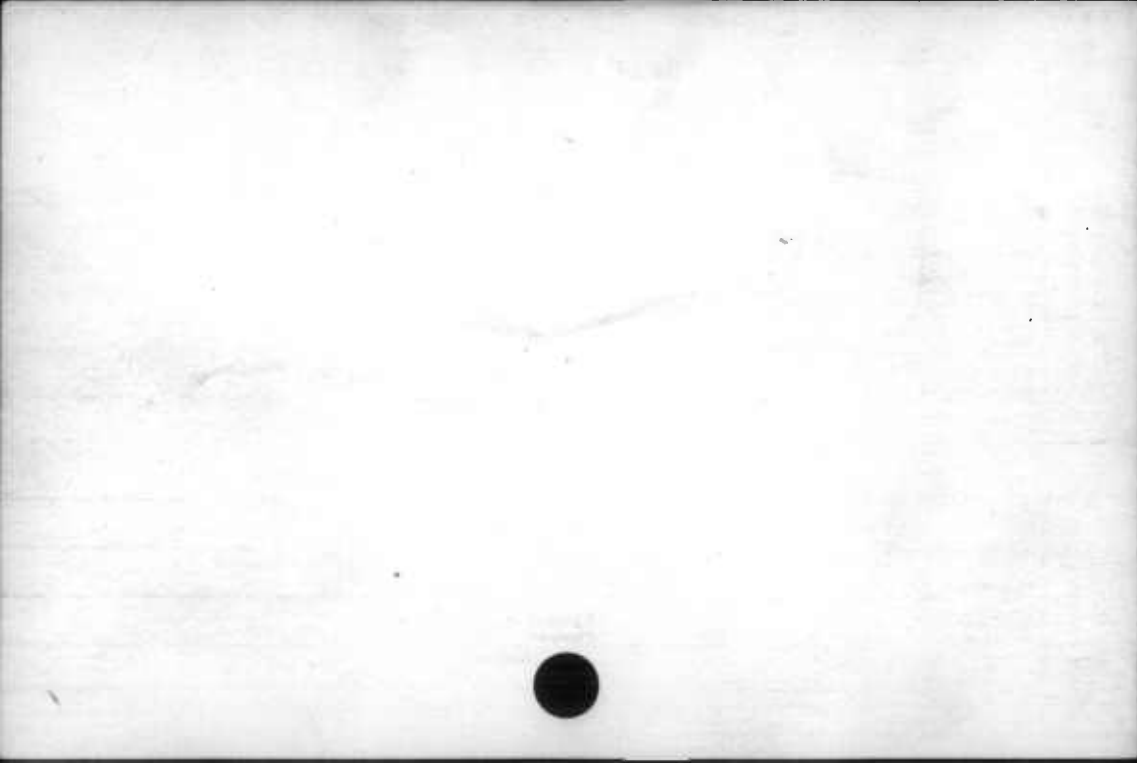
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leatonville</u> ^{Town}		<u>Putto</u> ^{County}		MARYLAND	
Date of death	19 <u>00</u>	Month	<u>Aug</u>	Day	<u>5</u>
Age	<u>67</u>	Year		Months	
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birthplace	<u>Maryland</u>
Occupation	<u>Shoemaker</u>		Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband			
Father's Name	<u>Mellie S. Mathews</u>			Father's Birthplace	<u>Ma</u>
Mother's Maiden Name	<u>Mary Free</u>			Mother's Birthplace	<u>Penn</u>
Name of person giving Information	<u>Miss A. B. Mathews</u>			How related to deceased	<u>Daughter</u>

CAUSES OF DEATH

Primary	<u>Senile Dementia</u>	How long	<u>2 yrs</u>
Immediate	<u>Chronic Bright's Disease</u>	How long	<u>1 mo.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Jerry Nade</u>
		Address	<u>Leatonville, Md</u>
Accident or Suicide	<u>No</u>		

PHYSICIAN
OR CORONER



Name
in
Full

Vernon L. Matter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Highlandtown* ^{County} *Baltimore* MARYLAND

Date of death 1990 ^{Month} 8 ^{Day} 1 Age ^{Years} — ^{Months} 11 ^{Days} —

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

Occupation *—* Where Residing if not at place of death *220 - Fifth St.*

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

Father's Name *Herman Matter* Father's Birthplace *Germany*

Mother's Maiden Name *Katie Nolte* Mother's Birthplace *Baltimore City*

Name of person giving Information *Herman Matter* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *2 1/2 hours*

Immediate *Exhaustion* How long *12 hrs.*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Jar. L. Traxler*

Address *37 South Highlandtown Md.*

Accident or Suicide *110*

Trinity Cem

Aug 2nd 1910

W^m Nicolaus & son
1820 Canton Ave

Name
in
Full

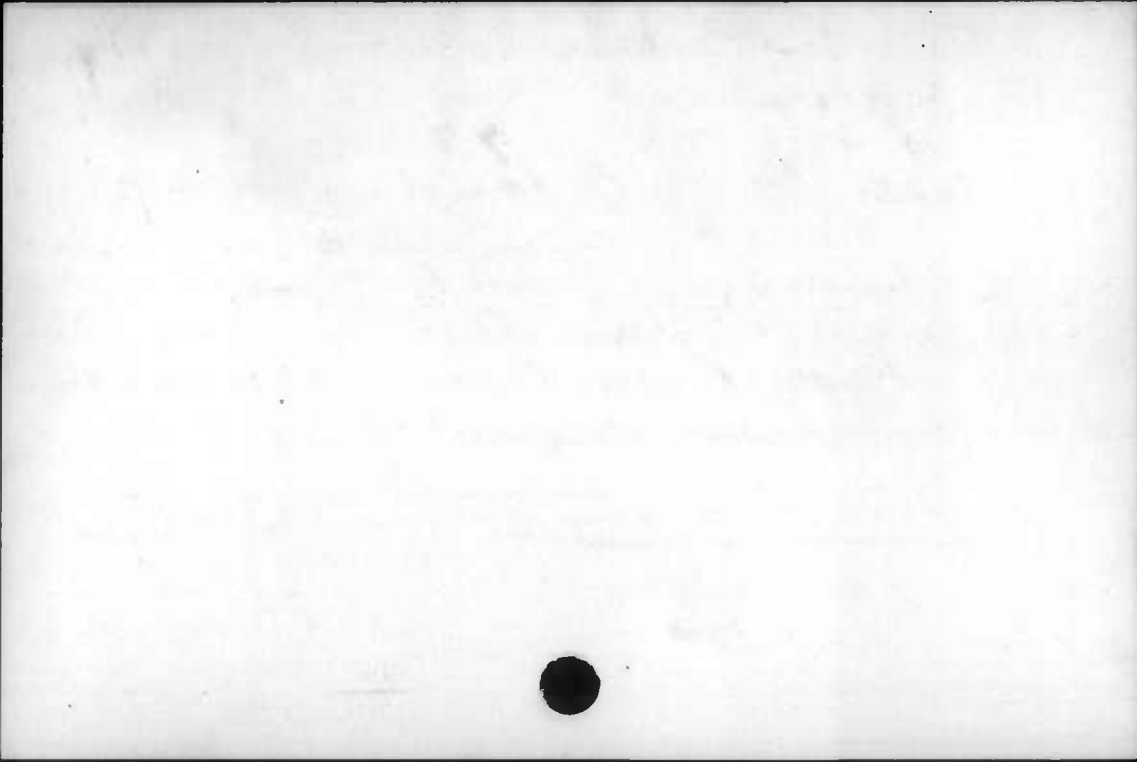
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Henry Matthews</i>		Town <i>Catonsville</i>		County <i>Walton</i>		STATE MARYLAND	
Died at <i>Catonsville</i>		Date of death 1960 <i>Aug</i>		Age <i>77</i>		Months Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Hawaii Co. Ind.</i>			
Occupation <i>barber</i>		Where Residing if not at place of death <i>Catonsville Ind.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emily Matthews</i>					
Father's Name <i>John Henry Matthews</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Rachel Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Frank Matthews</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Subal Nephritis</i>	How long	<i>120</i>
	Immediate	<i>Coma</i>	How long	<i>4 hrs.</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. Stult Ind.</i>
	Address	<i>Catonsville Ind.</i>		
	Accident or Suicide?			



Name
in
Full

Aurice M. Mayer

CERTIFICATE OF DEATH

Died at		Town Mounton		County Baltimore		MARYLAND	
Date of death		Month aug	Day 18	Age 38	Years	Months 3	Days 8
Sex	Female	Color or Race	Colored		Birth-place	Butler, Md.	
Occupation	Housewife		Where Residing if not place of death				
Married, Single or Widowed	Married		Name of Wife or Husband James H Mayer				
Father's Name	Alfred Mayer				Father's Birthplace	Balt. Co.	
Mother's Maiden Name	Mary E. Price				Mother's Birthplace	Balt. Co.	
Name of person giving Information	Sarah E. Damon				How related to decedent	Sister	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Dilatation of Heart & Prophy		How long	18 Months
Immediate	General Failure		How long	2-3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	A. C. Mitchell
			Address	Mounton, Md.
Accident or Suicide				

PHYSICIAN
OR CORONER



Name
in
Full

Frederick Meisel

CERTIFICATE OF DEATH

Town

County

Died at

Highlandtown

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1906 Aug 25th

Age

56

6

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Steward

Where Residing
at place of death

3206 Easton Ave

Married, Single
or Widowed

Married

Name of Wife or
Husband

Anna M. Meisel

Father's
Name

Don't Know

Father's
Birthplace

Germany

Mother's
Maiden Name

Don't Know

Mother's
BirthplaceName of person giving
information

Anna M. Meisel

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Atherosclerosis of Ch. Arteries

How long

1 year.

Immediate

Cardiac syncope

How long

2 days

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

Yes

Signature of
Physician

W. E. J. [Signature]

Address

419 S. Chiles St.

Accident or Suicide

[Signature]

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sacred Heart Cemetery

Aug 29th 1910

Lilly & Ziesler

Undertakers

Name
In
Full

CERTIFICATE OF DEATH

David W. Merriken

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Ruststown ^{County} Baltimore

Date of death 1910 Aug 18 Age 44 Months Days

Sex Male Color or Race white Birthplace Chestertown Md

Occupation Carpenter Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Lottie Merriken

Father's Name Joseph Merriken Father's Birthplace Chestertown Md

Mother's Maiden Name Alfonso Hall Mother's Birthplace " "

Name of person giving Information C. J. Merriken How related to deceased Son

CAUSES OF DEATH

~~154~~ 105
How long Several yrs

PHYSICIAN
OR CORONER

Primary Suicide Wound How long Several yrs

Immediate Gastric Enteritis How long 10 days

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

Signature of Physician H. W. [Signature]

Address Rustown

Accident or Suicide?



Name
in
Full

Robert Amatus Miller

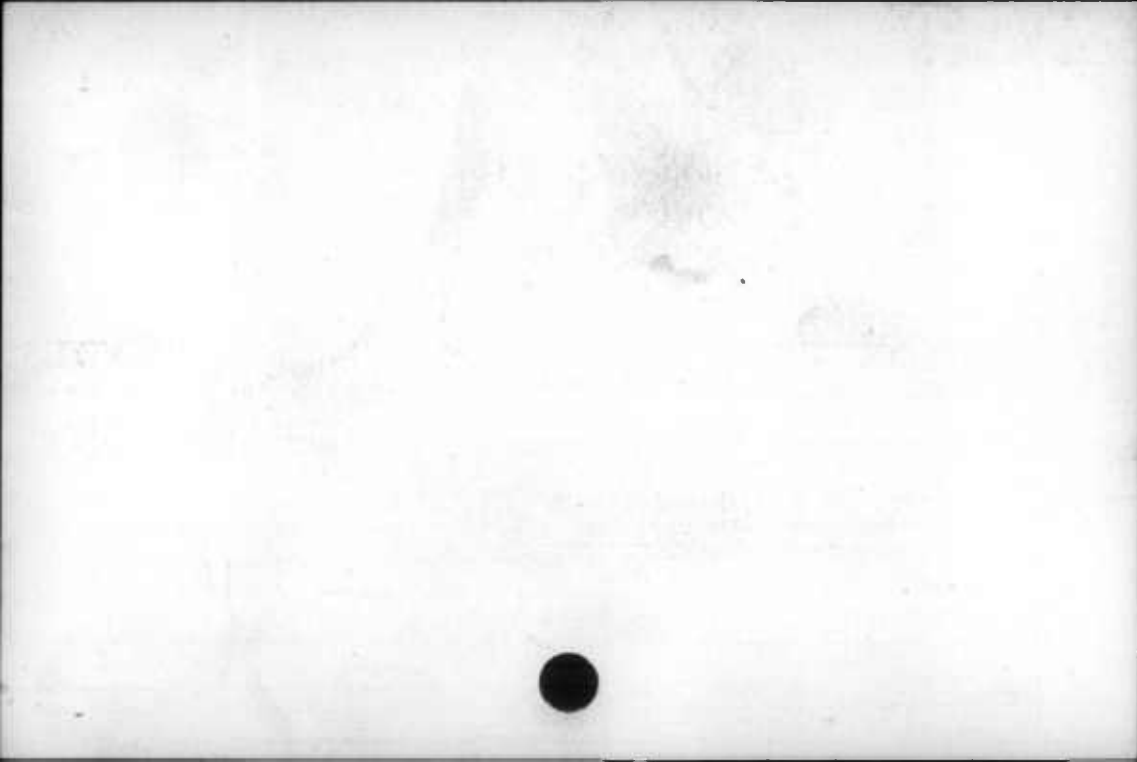
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Whitcomb</u> ^{County} <u>Balto</u>		MARYLAND	
Date of death 19 <u>90</u>	Month <u>8</u>	Day <u>2</u>	Age <u> </u> Years
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Whitcomb</u>	Months <u> </u> Days <u>7</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>Elmer M. Miller</u>	Father's Birthplace <u>Balto Co</u>		
Mother's Maiden Name <u>Era M. Amatus</u>	Mother's Birthplace <u>Balto Co</u>		
Name of person giving information <u>Era M. Amatus Miller</u>	How related to deceased <u>brother</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Congenital Atelelectasis</u>	How long <u>152</u>	
	Immediate <u> </u>	How long <u>2 days</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. J. Sherman</u>	
		Address <u>Blonere Ind.</u>	
	Accident or Suicide? <u> </u>		



Name
in
Full

William A Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ellicott City</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death <u>1990</u> <small>Month</small> <u>Aug</u> <small>Day</small> <u>7</u>		Age <u>60</u> <small>Years</small>		Months <u>6</u> Days <u>20</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
Occupation <u>Ironer</u>		Where Residing if not at place of death <u>Westchester Ave</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>			
Father's Name <u>Albert S Miller</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Mary H. Mass.</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving Information <u>Mary H. Mass.</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

Primary	<u>Pertussis - diarrhea -</u>	How long	<u>4 weeks</u>
Immediate	<u>Pulmonary Hemorrhage, Asthenia</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. B. Sambill</u>	
		Address <u>Ellicott City, Md</u>	
Accident or Suicide <input type="checkbox"/>			

PHYSICIAN
OR CORONER

St. Marys County
in the County of Howard.

NAME
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Westport, ^{Town}

County

Baltimore

MARYLAND

DATE

of death 19

Month

10 Aug

Day

22

AGE

Years

36

Months

7

Days

22

Sex

male

Color of
Race

white

Birth-
place

Baltimore

Occupation

Police officer

Where Residing if not
at place of death

Westport,

Married, Single
or Widowed

Married

Name of Wife or
Husband

Christine Maeller

Father's
Name

Geo H Maeller

Father's
Birthplace

Germany

Mother's
Maiden Name

Caroline Curb

Mother's
Birthplace

Germany

Name of person giving
Information

Christine Maeller

How related
to deceased

Wife.

CAUSES OF DEATH

Primary

Deferovis of Liver.

How long

113 months.

Immediate

Hepatic necrosis.

How long

3 weeks

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

yes

Signature of
Physician

R. Williams

Address

Mt Airy

Accident or Suicide?

md. 7

Wm Dickner & Sons

Loudon Park

Name
in
Full

David Moore

CERTIFICATE OF DEATH

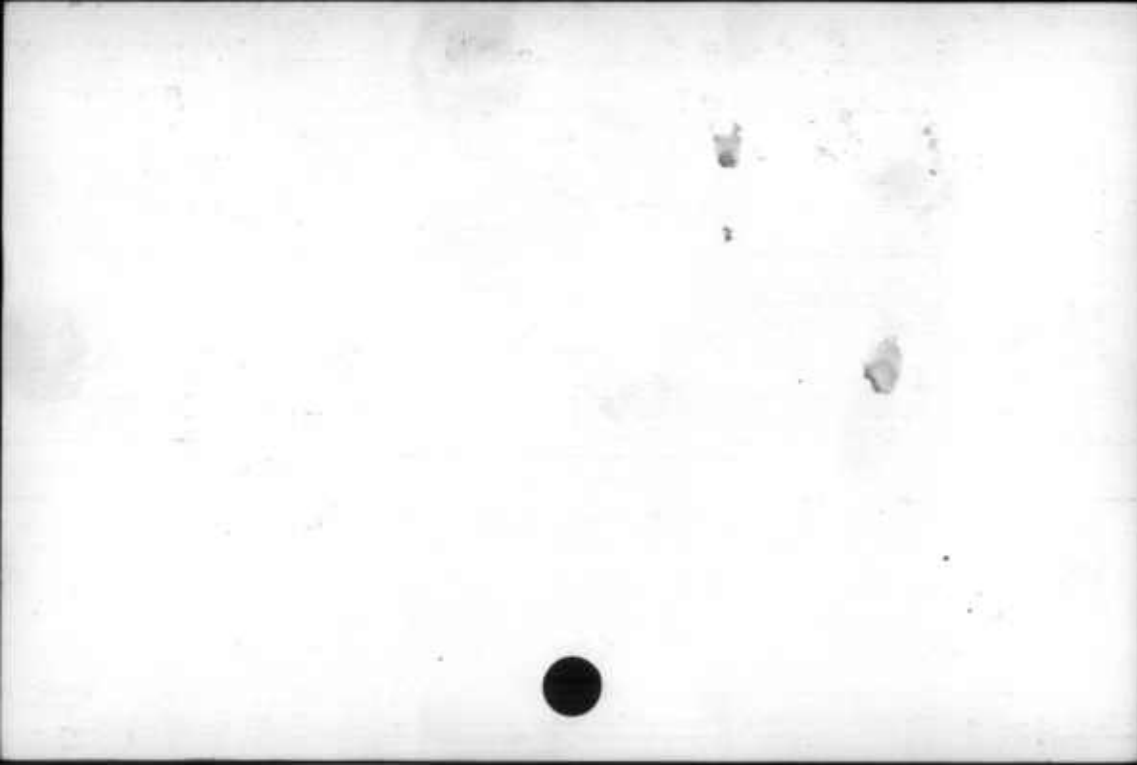
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Vernon		County Baltimore		MARYLAND	
Date of death		Month August	Day 10	Age	Years —	Months 4 mos	Days
Sex Male		Color or Race White		Birth-place Baltimore			
Occupation Supt				Where Residing if not at place of death Baltimore			
Married, Single or Widowed Supt		Name of Wife or Husband Supt					
Father's Name Kulsum				Father's Birthplace Kulsum			
Mother's Maiden Name Mrs Moore				Mother's Birthplace Kulsum			
Name of person giving Information Miss Moore				How related to deceased Nieces			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Electrolysis	How long	10 d
Immediate	"	How long	1 mo
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. H. Moore, Jr.	
Address		Mt. Vernon	
Accident or Suicide		No	



Name
In Full

Robert Daniel Moore

CERTIFICATE OF DEATH

Died at ^{Town} Highlandtown ^{County} Baltimore MARYLANDDate of death 1910 August 1st Age 4^{Years} Months Days

Sex Male Color or Race White Birth-place Highlandtown Md

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Samuel A. Moore Father's Birthplace Baltimore Md

Mother's Maiden Name Elvena Woolfe Mother's Birthplace France

Name of person giving information Samuel A Moore How related to decedent Father

CAUSES OF DEATH

Primary Cholera Infantum ¹⁰⁴ How long 10 days

Immediate Exhaustion How long 4 days

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

Signature of Physician A. Warner

Address 320 Highland

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mr Cook.
502 5th North a

Cahoon Elm.

Tuesday August 2/1910

Dr Callahan

Clinton St near Taylor

Name
in
Full

Annie Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Hope Reman		County Baltimore		MARYLAND	
Date of death		1900	Month Aug	Day 18 th	Age 47	Months Not Known	Days Not Known
Sex Female		Color or Race White		Birth-place Ireland			
Occupation None				Where Residing if not at place of death Baltimore Md			
Married, Single or Widowed Widow		Name of Wife or Husband Not Known					
Father's Name Not Known				Father's Birthplace Not Known			
Mother's Maiden Name " "				Mother's Birthplace " "			
Name of person giving Information Reed Mt Hope Reman				How related to deceased Not at all			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Main acute (Recurrent)		How long Abr 8 mos -
Immediate Ex-Cardiac Paralysis -		How long Immediate -
Are the name, age, sex, color, date and place correctly given? Yes		Signature of Physician Frank Flannery
Accident or Suicide		Address Mt Hope Reman - Mt Hope Md -



Name
in
FullFredk W. Mueller (Baltimore)
Town County

CERTIFICATE OF DEATH

Died at Arlington - Proctor's Tom Pike at 6000 Baltimore
MARYLAND

Date of death 1960 Aug. 15th Age 31 Months 3 Days 17

Sex Male Color or Race white Birth-place Balt'o.

Occupation Clerk (Jewelry) Where Residing if not at place of death 515 S. Broadway

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

Father's Name Andrew Mueller Father's Birthplace Germany

Mother's Maiden Name Mary A. Muller Mother's Birthplace Md.

Name of person giving Information Frederika Sommerman How related to deceased Cousin.

CAUSES OF DEATH 28

Primary Pulmonary Tuberculosis How long ? years.

Immediate General Asthenia How long

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

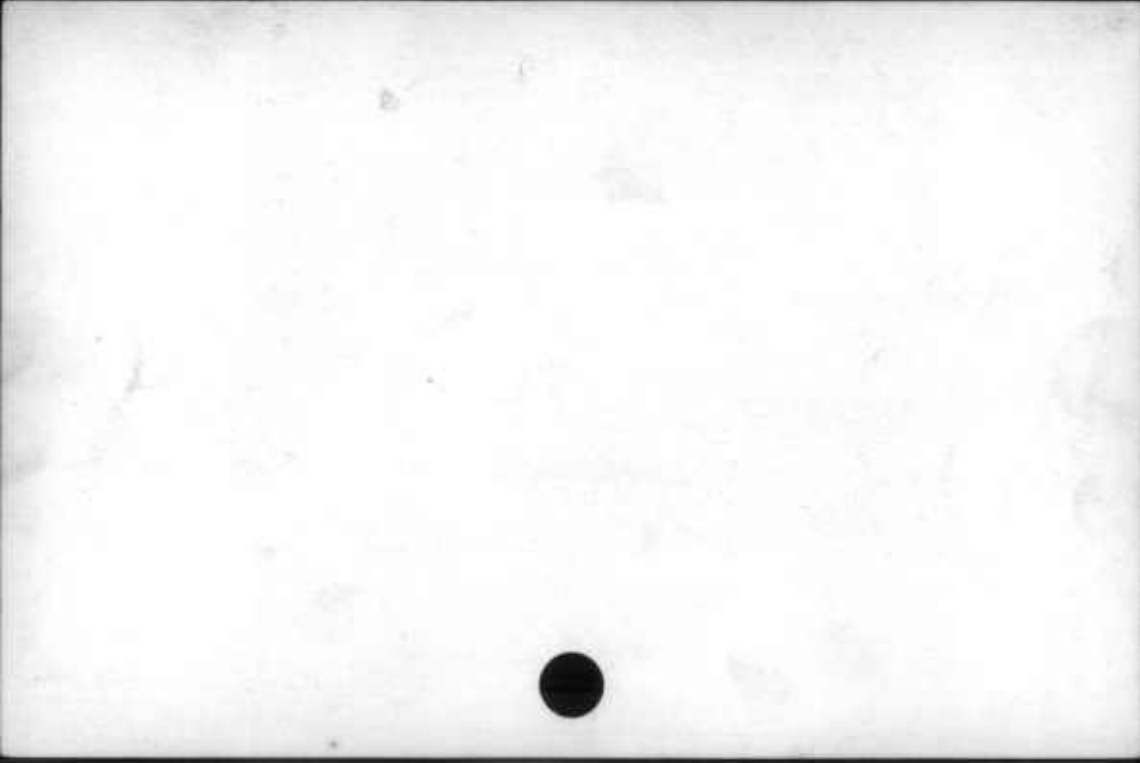
Signature of Physician

Address

Shesley Calc Md.
2202 Garrison Ave

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mrs. Gilla Munroe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Phillipo* ^{Town} *Baltimore* ^{County}

Date of death *1990* ^{Month} *Aug* ^{Day} *30* ^{Years} *74* ^{Months} *5* ^{Days} *18*

Sex *Female* Color or Race *white* Birth-place *Balto Md*

Occupation _____ Where Residing if not at place of death *14 Milton Heights ave* ^{Phillipo}

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

Father's Name *Abraham Medcalf* Father's Birthplace _____

Mother's Maiden Name *Hannit D. Randolph* Mother's Birthplace _____

Name of person giving information *Edud K Munroe* How related to decedent *son*

CAUSES OF DEATH

79

Primary *Heart Disease* How long *2003 years*

Immediate *Dyspnea* How long _____

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

Signature of Physician *E. H. Duncan*
Address *Gorantown Md 7*

Accident or Suicide? _____

PHYSICIAN
OR CORONER

E. Maxson Whitebell
1201 N. Fayette St.
Baltimore

For instrument at
Friend Bridge Run
Pikeville
Baltimore

Name
in Full

Horace Murdock Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Sumner Station* ^{County} *Balto*

MARYLAND

Date of death *1910 August 17* Age *19* Months _____ Days _____Sex *Male* Color or Race *Colored* Birth-place *Penn*Occupation *Labourer* Where Residing if not at place of death *Same*Married, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *Horace Murdock* Father's Birthplace *Penn*Mother's Maiden Name *Angela Williams* Mother's Birthplace *Penn*Name of person giving information *Horace Murdock* How related to deceased *Father*

CAUSES OF DEATH

*175*PHYSICIAN
OR CORONERPrimary *Fracture of Skull by being*

How long

Immediate *struck by P.R. Train*

How long

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

Signature of Physician

Address

H. S. Ludley M.D.
3323 E. Balto St

Accident or Suicide?

Product
Wm. G. B. Jackson
Sept 20 -
Williamsport - Pa.

Aug 20/1910

#1421 *Quellidius* St. -

Name
in
Full

Patrick J. Murphy

CERTIFICATE OF DEATH

Died at ^{Town} Mt Hope Reformatory ^{County} Baltimore		MARYLAND	
Date of death	1900	Month	Aug
		Day	16 th
		Years	Age 43
		Months	Not Known
		Days	Not Known
Sex	Male	Color or Race	White
Occupation	Bookkeeper	Birth-place	MD
Married, Single or Widowed	Single	Where Residing if not at place of death	Westminster Md.
Name of Wife or Husband			
Father's Name	Not Known	Father's Birthplace	Not Known
Mother's Maiden Name	" "	Mother's Birthplace	" "
Name of person giving information	Recd. Mt Hope Reformatory	How related to deceased	Not a/ all

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Chr. Nephritis	How long	abt 2 yrs -
Immediate	Ex. Cerebral Effusion	How long	abt 4 wk -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank J. Harney MD
		Address	Mt Hope Reformatory Mount Hope Md.
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in Full

Edna May Nelson

CERTIFICATE OF DEATH

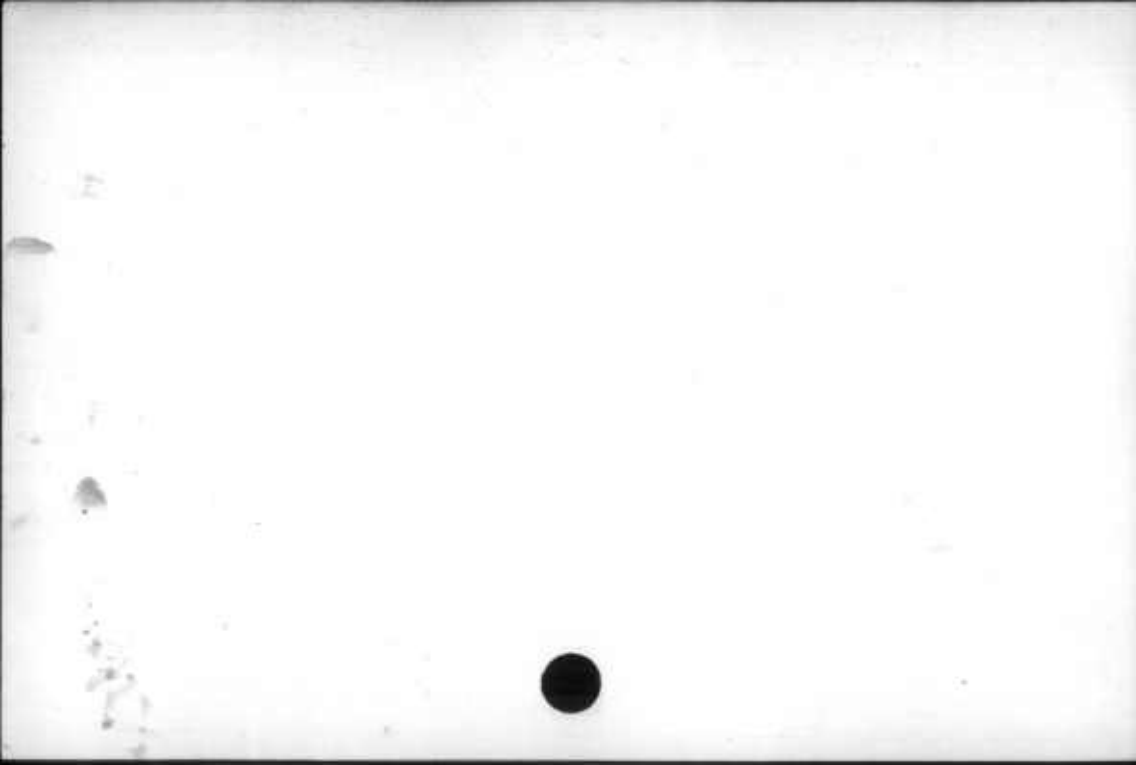
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Moukton		County		Baltimore		MARYLAND	
Date of death		1900	Aug	16	Age	4	Months	20	Days
Sex		Female		Color or Race		White		Birthplace	
Occupation		—		Where Residing if not at place of death		Moukton			
MARRIED, Single or Widowed		Name of Wife or Husband							
Father's Name		Elihu Nelson				Father's Birthplace		Moukton	
Mother's Maiden Name		Bertha Hajen				Mother's Birthplace		Moukton	
Name of person giving Information		Father				How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Enteritis		How long		1041		6 weeks	
Immediate									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		F. J. Greene, M.D.			
		White Hall		M.D.					
Accident or Suicide									



Name
in
Full

Emma Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

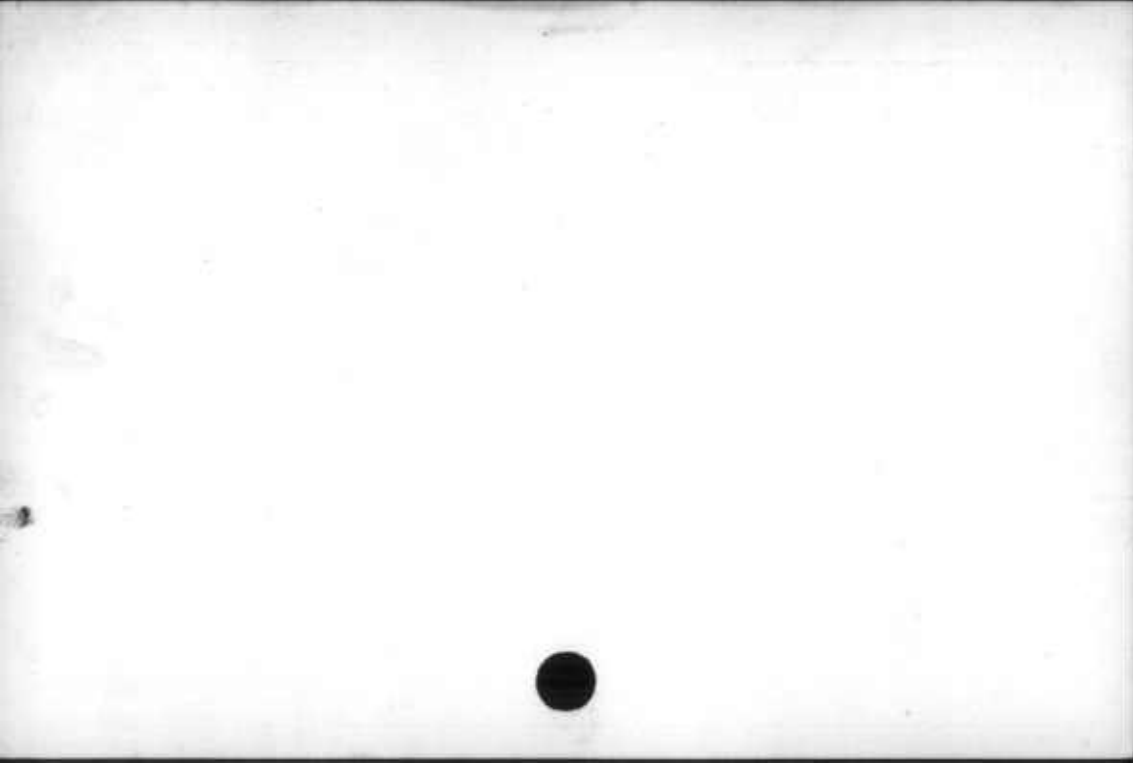
Died at <u>Monkton</u> <small>Town</small>		<u>Pacton</u> <small>County</small>		MARYLAND	
Date of death	19 <u>40</u>	Month	<u>Aug</u>	Day	<u>15</u>
Age	<u>4</u>	Months	<u>4</u>	Days	<u>20</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Monkton</u>
Occupation				Where Residing if not at place of death <u>Monkton</u>	
Married, Single or Widowed	<u>Widowed</u>				
Name of Wife or Husband					
Father's Name	<u>Edgus Nelson</u>		Father's Birthplace	<u>Franklin</u>	
Mother's Maiden Name	<u>Bertha Hagen</u>		Mother's Birthplace	<u>Monkton</u>	
Name of person giving information	<u>Father</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<u>Enteritis</u>	How long	<u>6 weeks</u>
Immediate	<u>11</u>	How long	<u>11</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>F. T. Turner</u>
Accident or Suicide		Address	<u>White Hall</u> <u>Ind</u>



Name
in
Full

Margaret A. Nicewaner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

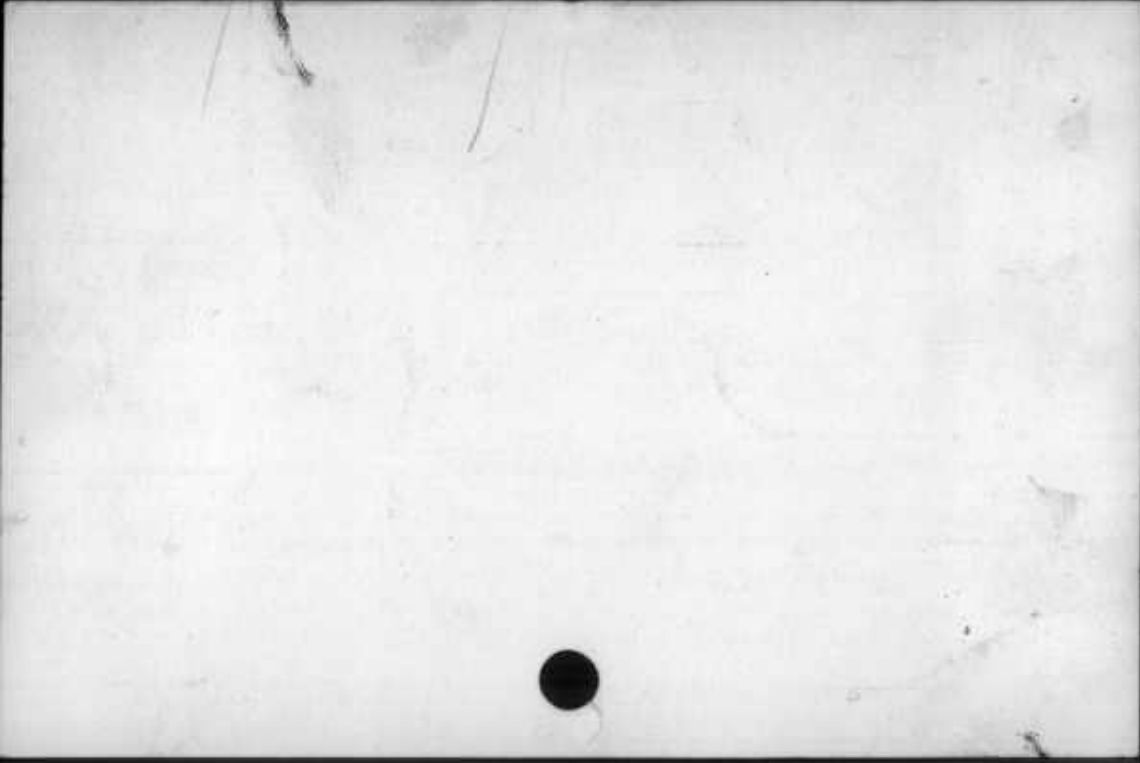
Died at <i>Baltimore</i>		Town <i>St. Ann's/Keop</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1910	Month	August	Day	5	Age	74
		Years	7	Months	7	Days	—
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death <i>1624 Harlem Ave</i>			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>5 days</i>
Immediate	<i>Acute Bacillary</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>F. F. Cronk, M.D.</i>
		Address	
Accident or Suicide?			



Name
in
Full

Mrs. W. Nedlich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital, Baltimore</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		STATE <i>MARYLAND</i>	
Date of death	1910	Month	August	Day	10	Age	Years 42
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Germany</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death		<i>153 Wilkens St.</i>	
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband				
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Unknown</i>					How related to deceased	<i>Unknown</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pyonephritis & Cystitis</i>	How long	<i>24 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. F. Cronk, M.D.</i>		
	Address		
Accident or Suicide?			

129



Name
In Full

M. J. Volley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Washington</i> <small>Town</small>		<i>Balt.</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i>	Month <i>8</i>	Day <i>8</i>	Age <i>1</i>	Years <i>5</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>None</i>	Where Reading 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>Elliott Volley</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Mrs. E. Burch</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Elliott Volley</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Intestinal Indigestion</i>	How long <i>10 Hrs</i>	
	Immediate <i>Convulsions</i>	How long <i>1 hr work</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. H. Beeton</i>	<i>1910</i>
	Address <i>Wt Washington</i>		
Accident or Suicide? <i>3</i>			

A. S. Marshall

Aug. 9-1910 3539 Fall Road

near Cathedral

Name
in
Full

James M. Oechler

CERTIFICATE OF DEATH

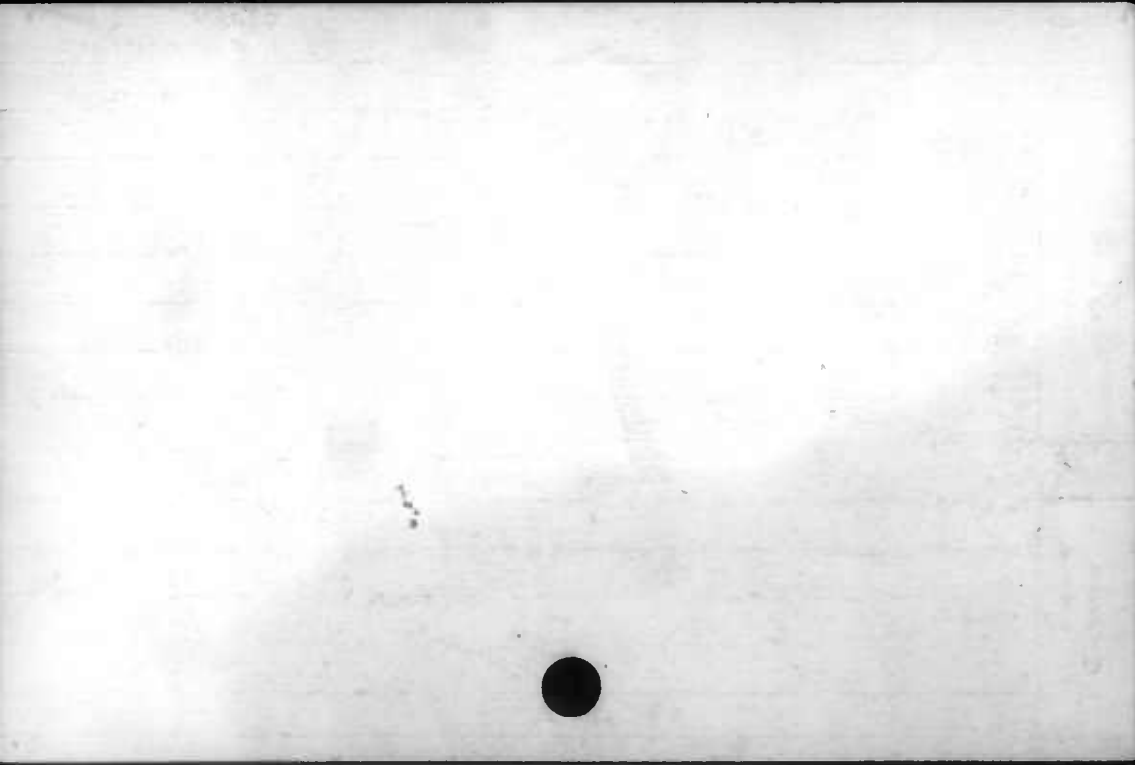
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharrow Point</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1940	Month	Aug	Day	1
Age			Years	Months	9
			Days		20
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>Sharrow Pt</i>	
Married, Single or Widowed			Where Residing if not at place of death		
<i>Single</i>					
Name of Wife or Husband					
Father's Name			Father's Birthplace		
<i>John M Oechler</i>			<i>Germany</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Lizzie Hanna</i>			<i>Easton Pa</i>		
Name of person giving Information			How related to deceased		
<i>John M Oechler</i>			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Corollis</i>	How long	<i>10 H</i>
Immediate	<i>Infection</i>	How long	<i>14 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>		<i>45 hours.</i>
Signature of Physician	<i>J. L. Gladys M.D.</i>		
Address	<i>Sharrow Point Md.</i>		
Accident or Suicide			



Name in Full

John Richard Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Catonsville</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u>	Month	<u>Aug</u>	Day	<u>10</u>
Age	<u>63</u>	Years		Months	<u>—</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Md.</u>
Occupation	<u>Engineer</u>		Where Residing if not at place of death <u>Catonsville Md</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Clara J Owens</u>		
Father's Name	<u>Robert Owens</u>		Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Susan Owens</u>		Mother's Birthplace	<u>Md</u>	
Name of person giving information	<u>R E Owens</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

(28)

PHYSICIAN OR CORONER

Primary	<u>Nephritis - "also had" Pulmonary Tuberculosis</u>	How long	<u>Don't know</u>
Immediate	<u>Uremic Convulsions</u>	How long	<u>Uremic Convulsions</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Chas Macgill</u>		
	Address <u>Catonsville</u>		
Accident or Suicide?	<u>No</u>		



Name
Full

John Paly

CERTIFICATE OF DEATH

Died at *Eudowood Sanatorium, Balt. Co.* County *Balt. Co.* MARYLANDDate of death *1910 August 15* Age *21* Months *—* Days *—*Sex *male* Color or Race *Polish* Birth-place *Poland*Occupation *Tailor* Where Residing if not at place of death *Poland, been in this country 7 days.*~~Married~~ Single Name of Wife or Husband *—*Father's Name *Unknown* Father's Birthplace *Poland*Mother's Maiden Name *Unknown* Mother's Birthplace *Poland*Name of person giving Information *Ida Paly* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Tuberculosis* How long *28* *6 mos.*Immediate *Hemorrhage* How long *10 minutes*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Josephus A. Wright*Address *Eudowood Sanatorium*Accident or Suicide *Towson Md.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Frank Adams & Co
Monte Bay

Name
is
Full

John Palz.

CERTIFICATE OF DEATH

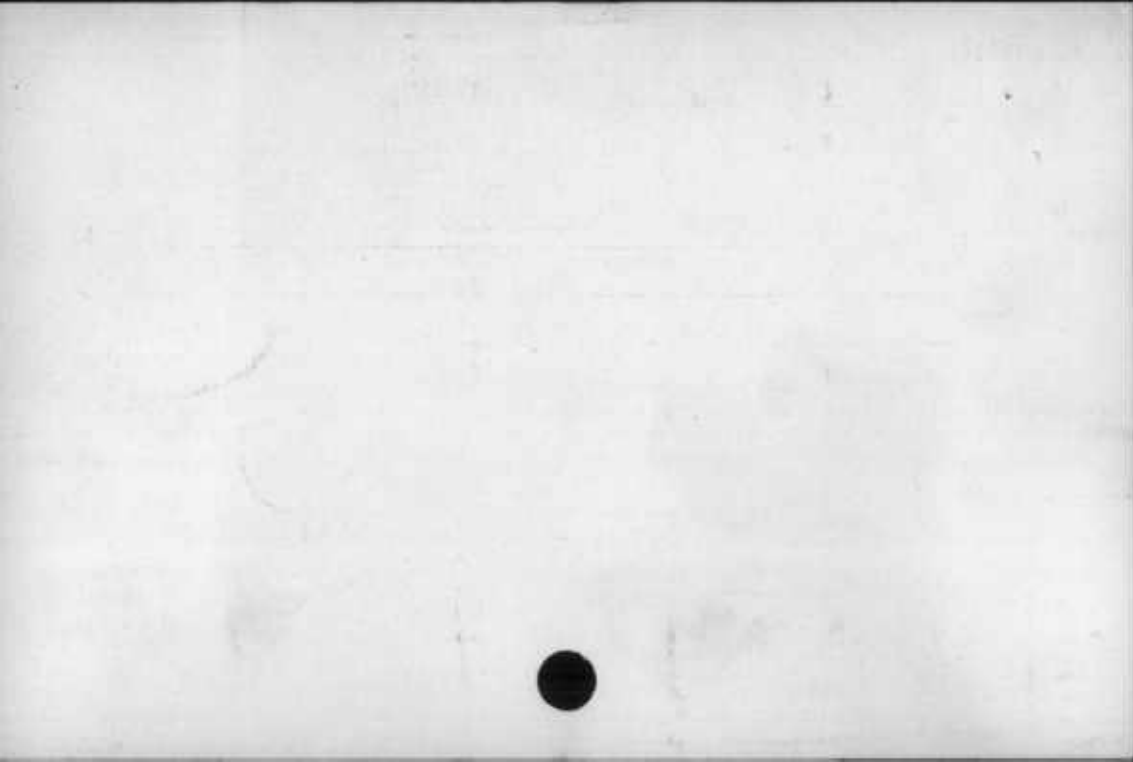
TO BE ANSWERED BY
NEAREST FRIEND

Died at Eudowood		Town		County		Baltimore		State		MARYLAND	
Date of death	1910	Month	Aug.	Day	15	Age	21	Years	Months	Days	*****
Sex	Male		Color or Race	White.			Birth-place	Europe			
Occupation	Tailor			Where Residing if not at place of death		12 Cypress St. So. Balt					
Married, Single or Widowed				Name of Wife or Husband		Foreigner					
Father's Name	Could not speak English. Died						Father's Birthplace				
Mother's Maiden Name	too suddenly to give information.						Mother's Birthplace				
Name of person giving information							How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	?
Immediate	" Haemorrhage	How long	5 min.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Martin J. Jansen.		
	Address "Eudowood"		
Accident or Suicide?	X Jansen, M.		



Name
In
Full

Charles E. Penn

CERTIFICATE OF DEATH

Died at ^{Town} <i>Hamilton</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	19 <i>40</i>	Month <i>Aug</i>	Day <i>26th</i>	Age	Years <i>—</i> Months <i>2</i> Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Hamilton Balt Co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Hamilton Balt Co</i>		
Married, Single or Widowed	Name of Wife or Husband <i>Emma E. Penn</i>		<i>Chas. E. Penn</i>		
Father's Name <i>Chas. E. Penn</i>	Father's Birthplace <i>Balt. Co.</i>		Mother's Birthplace <i>Balt. Co.</i>		
Mother's Maiden Name <i>Emma E. Erhardt</i>	Name of person giving information <i>Chas. E. Penn</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

104

Primary	<i>Ulc colici</i>	How long	<i>4 wks</i>
Immediate	<i>Ulc colici</i>	How long	<i>4 wks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Gary A. Long M.D.</i>
		Address	<i>Hamilton Md</i>
Accident or Suicide?	<i>No</i>		

EnTernment

Atis cent

Harford

Road

Geo: W. Brown

Murder Lotter

Name
in
Full

Mary Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mt. Vernon ^{Town} Baltimore ^{County} MARYLAND

Date of death 1910 ^{Month} May ^{Day} 11 ^{Age} 10 ^{Years} 0 ^{Months} 0 ^{Days} 0

Sex Female Color or Race White Birth-place Baltimore

Occupation Infant Where Residing if not at place of death Infant

Married, Single or Widowed " Name of Wife or Husband Infant

Father's Name George Phillips Father's Birthplace Baltimore

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Mrs. Phillips How related to deceased Sister

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Osteomyelitis How long 4 weeks

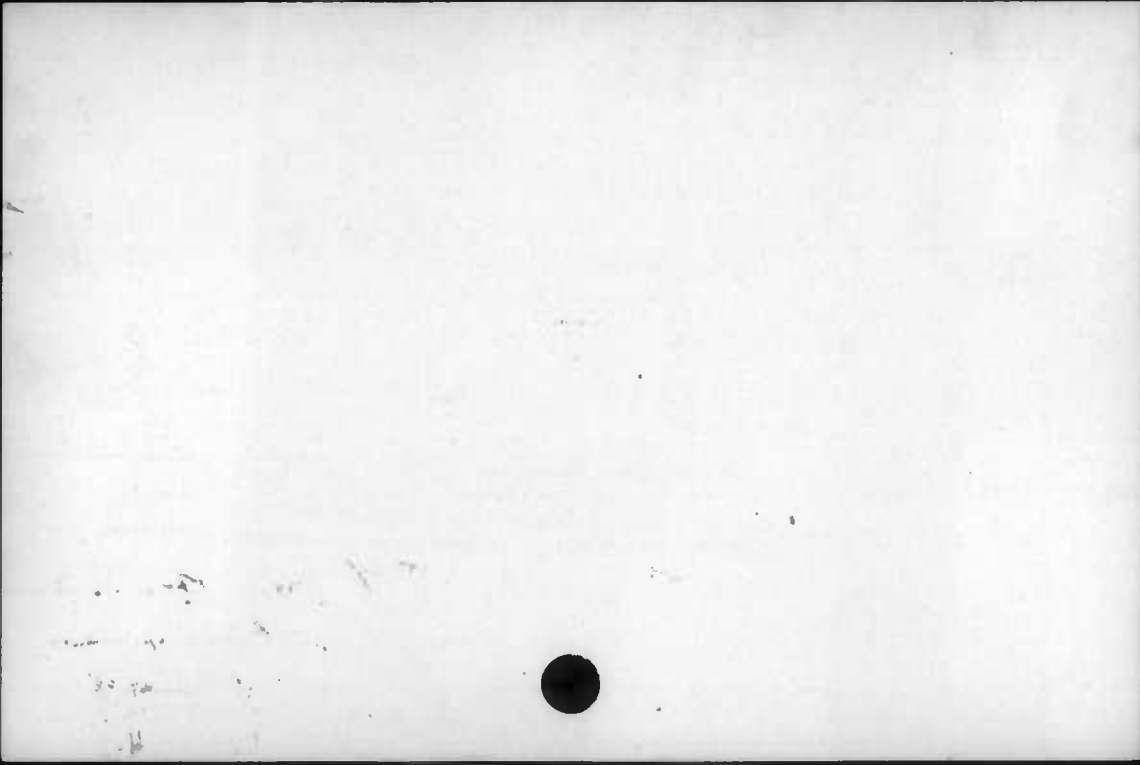
Immediate " How long " "

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

Signature of Physician Howe

Address Mt. Vernon

Accident or Suicide?



Name
in
Full

Wm J Pierpont

CERTIFICATE OF DEATH

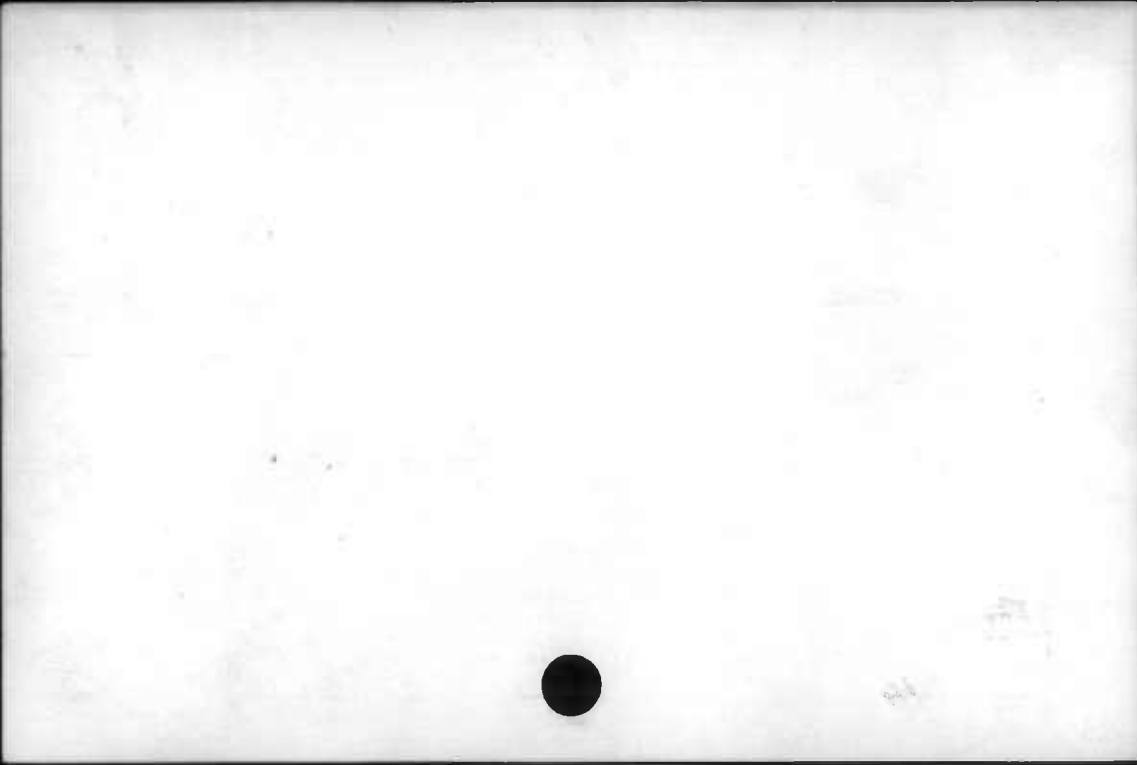
Died at <u>Grays</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1990</u> <small>Month</small> <u>Aug</u> <small>Day</small> <u>23</u> <small>Years</small> <u>87</u> <small>Months</small> <u>2</u> <small>Days</small> <u>5</u>		Age <u>87</u>			
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
Occupation <u>retired</u>		Where Residing if not at place of death <u>Grays Balto Co Phila Hill</u>			
Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband <u>none</u>			
Father's Name <u>Charles Pierpont</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Jane Schair</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Emma Rhodes</u>		How related to deceased <u>Daughter</u>			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	<u>Senile degeneration</u>	<u>154</u> How long
Immediate	<u>cardiac asthma</u>	How long <u>never</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. M. B. Rogers M.D.</u>
		Address <u>Chute City Md</u>
Accident or Suicide <u> </u>		

PHYSICIAN
OR CORONER



Name
in
Full

Lucy Piper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Net Hope Retreat</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death ^{Month} <i>August</i> ^{Day} <i>11</i>		Age ^{Years} <i>1910</i>		^{Months} <i>Not Known</i> ^{Days} <i>Not Known</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>N. C.</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Greenboro St. C.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>[Signature]</i>			
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Reeds, Net Hope Retreat</i>		How related to deceased <i>[Signature]</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Epilepsy - Dementia -</i>	How long <i>For many yrs -</i>
	Immediate <i>Ex. Stat. Epileptic</i>	How long <i>abt 5-26 days -</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Net Hope Retreat Net Hope Md.</i>	
Accident or Suicide <i>[Signature]</i>		



Name in Full		Emma Gertrude Plant				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Oderlea</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		- MARYLAND	
	Date of death <i>1910 Aug 15</i>		Month <i>Aug</i>		Day <i>15</i>		Age <i>44</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		Months <i>10</i>	
	Occupation <i>Housewife</i>		Where residing if not at place of death					
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles F. Plant</i>					
	Father's Name <i>William Marsh</i>		Father's Birthplace <i>Md</i>					
	Mother's Maiden Name <i>Margaret Ann Thatcher</i>		Mother's Birthplace <i>Md</i>					
	Name of person giving information <i>Charles F. Plant</i>		How related to deceased <i>Husband</i>					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Dermoid Cysts of Ovaries (Carc. Degener.)</i>		How long <i>5 yrs</i>		(<i>42</i>)			
	Immediate <i>Splenectomy</i>		How long <i>3 moe.</i>					
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. L. Wilkerson</i>					
			Address <i>Roseburg.</i>					
Accident or Suicide? <i>Neither</i>								

Wm Cook

502 E. North ave

Bury in London Park cem

Name
in Full

William Bobletts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Owings Mills ^{County} Baltimore MARYLAND

Date of death 1900 Aug 14 Age 56 Months 4 Days 4

Sex Male Color or Race White Birth-place Washington Valley

Occupation Laborer Where Residing if not at place of death At his home

Married, Single or Widowed married Name of Wife or Husband Ella Simmons

Father's Name John Bobletts Father's Birthplace Pennsylvania

Mother's Maiden Name Unknown Mother's Birthplace Pennsylvania

Name of person giving Information Webster Bobletts How related to deceased Son

CAUSES OF DEATH

Primary Cancer of rectum. How long one year

Immediate Heart failure How long about 24 hours

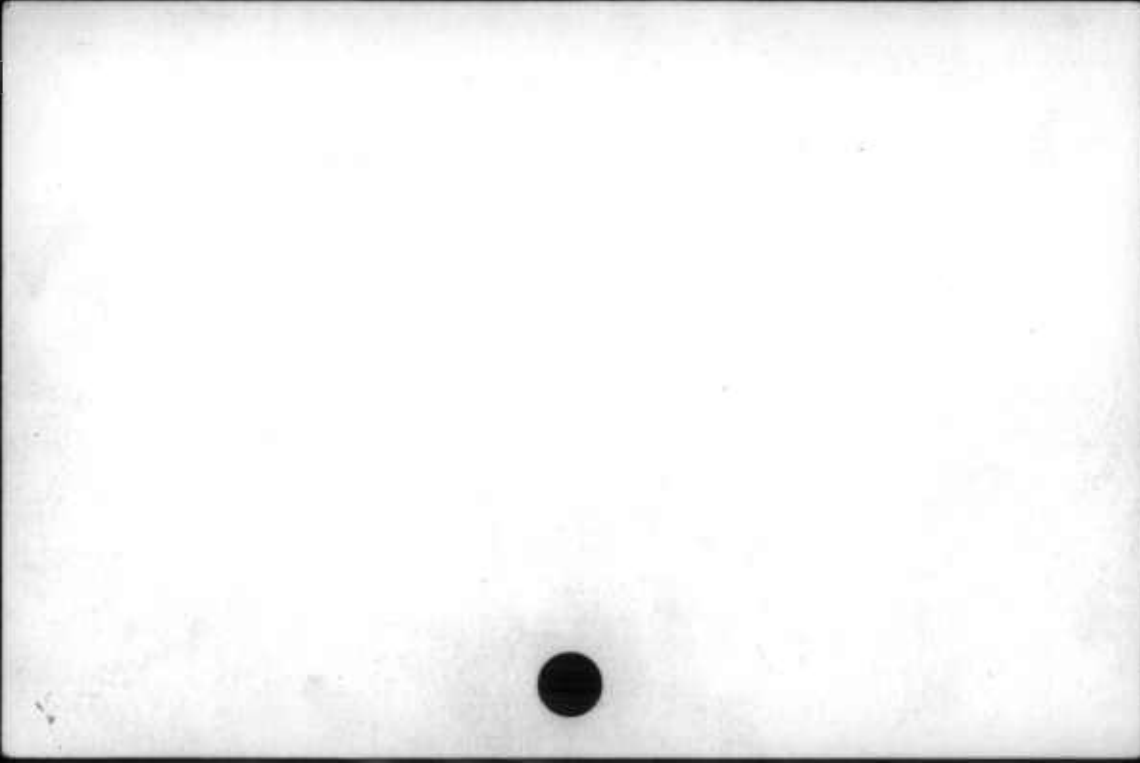
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

W. H. Campbell
Address Owings Mills, Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Bagel Palk, Known as ~~Nicholson~~

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Catonsville ^{County} Balto MARYLAND

Date of death 1990 Month Aug Day 13 Age 69 Months — Days —

Sex Male Color or Race Cold Birthplace Md

Occupation Laborer Where Residing if not at place of death Catonsville Md

Married, Single or Widowed Married Name of Wife or Husband Sarah Palk.

Father's Name Samuel Palk. Father's Birthplace Unknown

Mother's Maiden Name Mary Alexandria Mother's Birthplace Unknown

Name of person giving Information Sarah Palk. How related to deceased wife

CAUSES OF DEATH

Primary Old age How long 15-21
asthenia 10 yrs
Immediate 3 weeks

Are the name, age, sex, color, data and place correctly given above? yes Signature of Physician Frederick L. Pakendorf

Address Lutausville
Coroner.

Accident or Suicide

Name
in
Full.

Edward Pollek

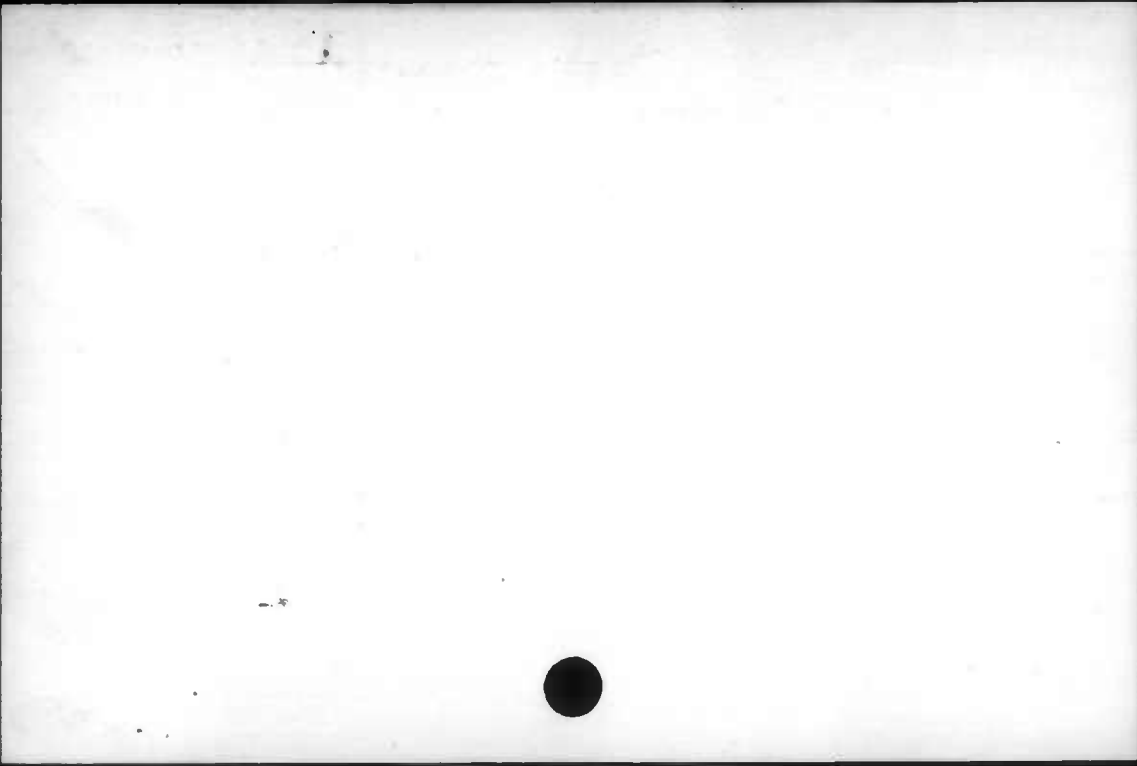
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mr. Wilson		County Baltimore		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1980		August	10	—	—	1	—
Sex		Color or Race		Birth-place			
Male		White		Baltimore			
Occupation		Where Residing if not at place of death					
Infant		Baltimore					
Married, Single or Widowed		Name of Wife or Husband					
Single		—					
Father's Name		Father's Birthplace					
Samuel Pollek		Baltimore					
Mother's Maiden Name		Mother's Birthplace					
Wilson		Baltimore					
Name of person giving Information		How related to deceased					
Mr. Samuel Pollek		Mother					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Ileocolitis	How long	10 yr 2 mos
	Immediate	pneumonia	How long	3 days
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. H. Kurtz Jr.
	Accident or Suicide		Address	Mr. Wilson Md.



Name
in
Full

Edna B. Funnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Benghis		County Baltimore		MARYLAND	
Date of death	190	Month Aug	Day 10	Age Years	13	Months	11
Sex	Fem		Color or Race	Col		Birth- place	Ind
Occupation	School girl		Where Reading if not at place of death				
Married, Single or divorced	Single		Name of Wife or Husband				
Father's Name	John Funnell					Father's Birthplace	Ind
Mother Maiden Name	Ella Johns					Mother's Birthplace	Ind
Name of person giving Information	Ella Funnell					How related to deceased	mother

CAUSES OF DEATH

Primary

Syncope

How long

108
3 days

Immediate

Appendicitis

How long

2 mon

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

yes

Signature of
Physician

Address

W. S. Harris
1344 Dunsmuir Ave
Baltimore 15

Accident or Suicide?

Sharp S. M. E. Co

Bergies

Am. N. Chase. How

1400 Market St

Name

Full

CERTIFICATE OF DEATH

Stephen J. Reda
 Town Hammonton County Jerry Road

MARYLAND

Died at Hammonton Jerry Road
 Date of death 1940 Month August Day 28 Age 1 Years Months 3 Days —

Sex male Color or Race White Birth-place Washington D.C.

Occupation Infant Where Residing if not at place of death —

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

Father's Name Stephen Reda Father's Birthplace Prussia

Mother's Maiden Name Frances Jankevic Mother's Birthplace Balt. Md.

Name of person giving Information Stephen Reda How related to deceased father

CAUSES OF DEATH

Primary Enterocolitis How long 10 Hrs

Immediate Convulsions & Exsanguination How long 2 weeks

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

Signature of Physician Frank H. Ralhe

Address Lanodowne - Md.

Accident or Suicide

OFFICE SUPPLY CO. 2364

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Mr. F. A. Axtor

100 Broadway
New York

Margaret Regert

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Raspensburg		Balts.		MARYLAND		
Date of death		19	10	Aug	26	Age	7	17
Sex	Female	Color or Race	White		Birth-place	Raspensburg, Md.		
Occupation	None		Where Residing if not at place of death		Raspensburg, Md.			
Married, Single or Widowed	Single		Name of Wife or Husband					
Father's Name	Nicholas Regert				Father's Birthplace	Germany		
Mother's Maiden Name	Eva Henning				Mother's Birthplace	Germany		
Name of person giving information	Eva Regert				How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infantile Diarrhoea	How long	2 months
Immediate	Inanition	How long	2 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. F. Wilkinson
		Address	Raspensburg.
Accident or Suicide?	Neither		

Wesley Dickinson Esq.

Waltham, Es.

Yours &c
Frederic M. Johnson

Name
in
Full

James Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grovers		County Baltimore		MARYLAND	
Date of death		19	Month Aug	Day 28	Age 83	Months 11	Days 17
Sex	male	Color or Race	white		Birth-place	Ireland	
Occupation	Gardener		Where Residing if not at place of death		Grovers Md		
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Rice			
Father's Name	Patrick Rice			Father's Birthplace	Ireland		
Mother's Maiden Name	Don't know			Mother's Birthplace	Ireland		
Name of person giving Information	Mr. Jas. Rice			How related to deceased	son.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility	How long	1 yr.
Immediate	Hypostatic Pneumonia	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. B. Hessel
Accident or Suicide	Dr. M. M. H.	Address	Grovers Md.

E. St Woodfield Jr
2113 Greenwood St
Windsor
St Marys Cemetery
Barrow

Name
in
Full

Rebecca A. Rider

CERTIFICATE OF DEATH

MARYLAND

Died at Pleasant Hill Batts.

Date of death 1900 Aug. 15 Age 81 Months 2 Days -

Sex Female Color or Race white Birth-place Balt. Co.

Occupation - Where Residing if not at place of death Baltimore City

Married, Single or Widowed Widow Name of Wife or Husband Edward Rider

Father's Name Geo. W. M. Conkey Father's Birthplace Balt. Co.

Mother's Maiden Name Eliza Conkey Mother's Birthplace Balt. Co.

Name of person giving Information J. W. B. Rider How related to deceased Son

CAUSES OF DEATH

Primary Angina Pectoris How long One day

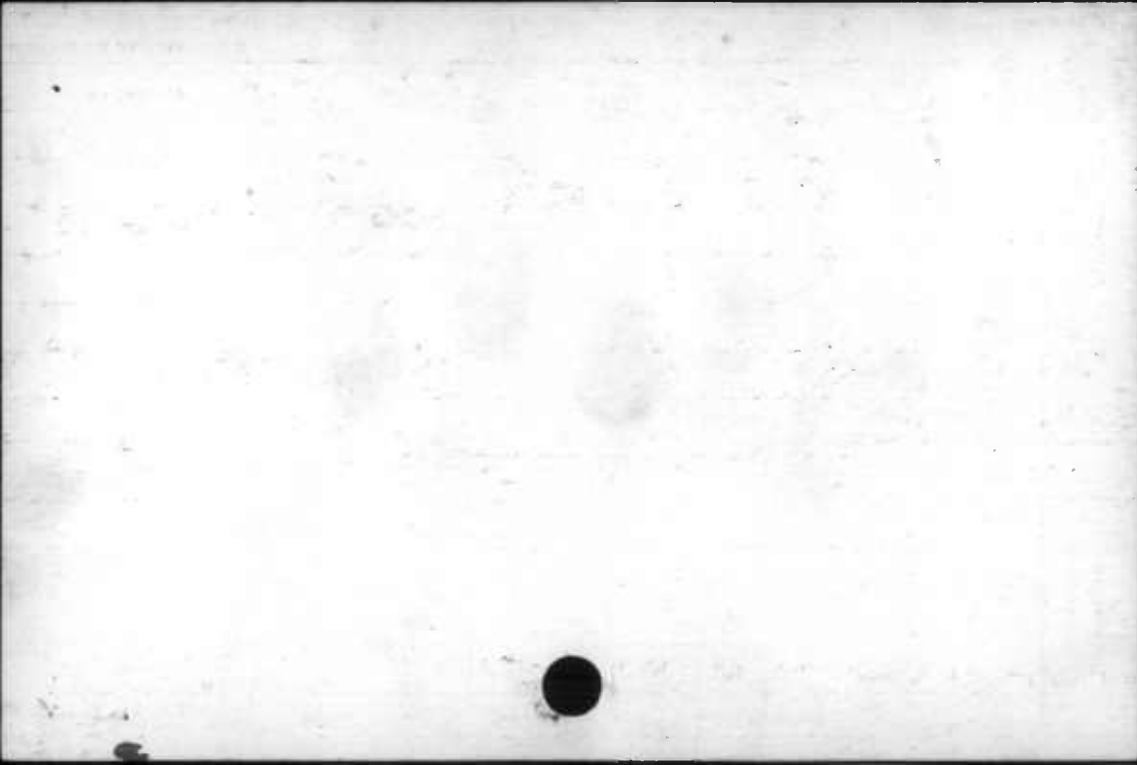
Immediate - How long -

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. W. B. Rider

Address 867 Harlem Ave Balt. Md.

Accident or Suicide -

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
Full

Raymond Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Phoenix Town Balto. County MARYLAND

Date of death 1960 Year Aug. Month 14 Day Age 9 Years 9 Months 2 Days

Sex male Color or Race white Birthplace Phoenix

Occupation [redacted] Where Residing if not at place of death [redacted]

Married, Single or Widowed [redacted] Name of Wife or Husband [redacted]

Father's Name Andrew Riley Father's Birthplace Balto Md

Mother's Maiden Name Annie B. Humphrey Mother's Birthplace Balto Md

Name of person giving Information Andrew Riley How related to deceased Father

CAUSES OF DEATH

Primary Gastric Eptentis How long 2 weeks

Immediate Exhausting How long

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

yes

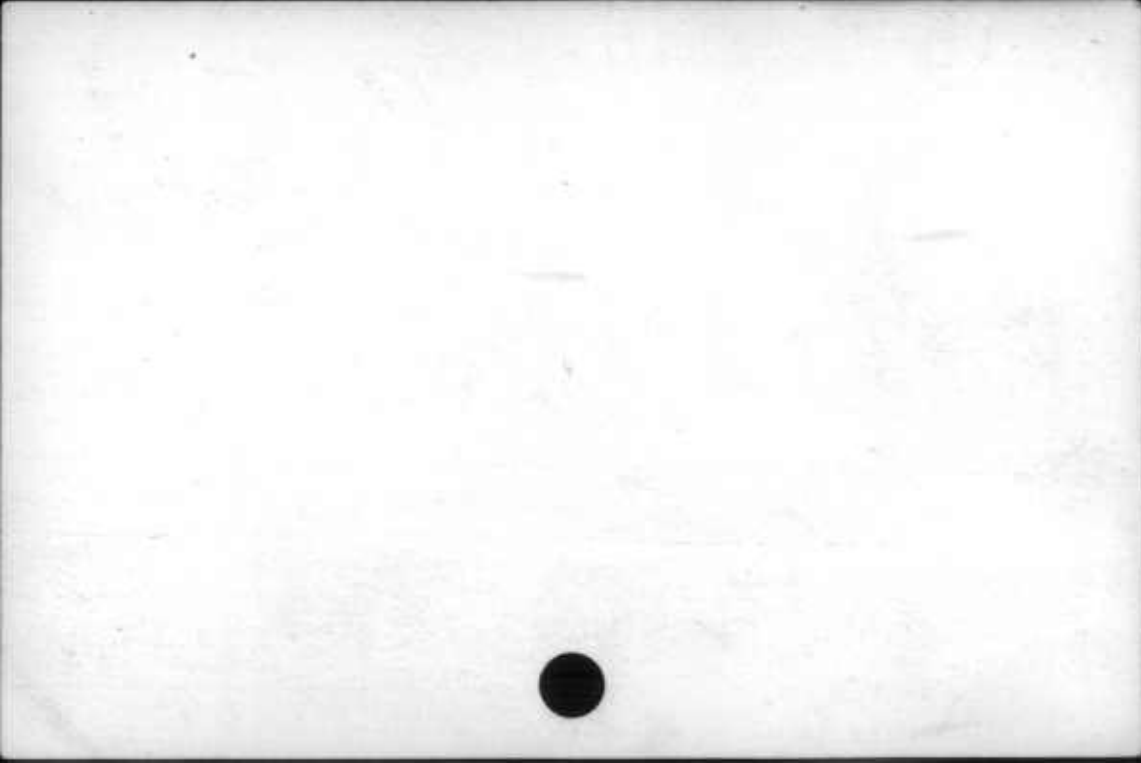
Signature of Physician

T. Ross Payne

Address

Crabell
Md 10

Assistant Surgeon



Name
in Full

Stice Borne Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gwynn</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1900 Aug 9</u>		Age <u>Stice Borne</u>		Months <u>9</u> Days <u>0</u>	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Gwynn</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>William H Riley</u>		Father's Birthplace <u>Baltimore</u>			
Mother's Maiden Name <u>Mary Dentate</u>		Mother's Birthplace <u>Baltimore City</u>			
Name of person giving Information <u>Walter M Riley</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Stice Borne</u>		How long	S
Immediates		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. C. Hess M.D.</u>	
		Address <u>Gwynn Maryland</u>	
Accident or Suicide			

Methodist Cemetery-

Aug. 10/910

Wm Cross

502 S. Market

May Maryland Ritter

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Sparrows Point ^{County} Balto.		MARYLAND	
Date of death	19 ^{Year} 10 ^{Month} Aug ^{Day} 31 st ^{Age} ^{Years} — ^{Months} 3 ^{Days} 15	Sex	female
Color or Race	white	Birth-place	N.D.
Occupation	none	Where residing if not at place of death	Sparrows Point
Married Single	Name of Wife or Husband	none	
Father's Name	Max Ritter	Father's Birthplace	Pa.
Mother's Maiden Name	Margaret Moore	Mother's Birthplace	Pa.
Name of person giving information	Max Ritter	How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	3 weeks
Immediate	Meningitis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. McCormick, MD
		Address	Sparrows Point Md 615
Accident or Suicide?	no		



Name
in
Full

Clara May Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glencoe</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death	<i>1900 Aug</i> <small>Month</small>	<i>17</i> <small>Day</small>	Age <i>17</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>1</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Ind</i>
Occupation	<i>Housework</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>Chas Robinson</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Emma Why</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Chas Robinson</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary	<i>General Salmonella</i>	How long	<i>3 weeks</i>
Immediate	<i>General peritonitis</i>	How long	<i>5 days</i>

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

Yes

Signature of Physician

Address

*B. M. Shumanthie, M.D.**Glencoe Ind*

Accident or Suicide?

Shirley

Name
in
Full

Emory Jones Robinson

CERTIFICATE OF DEATH

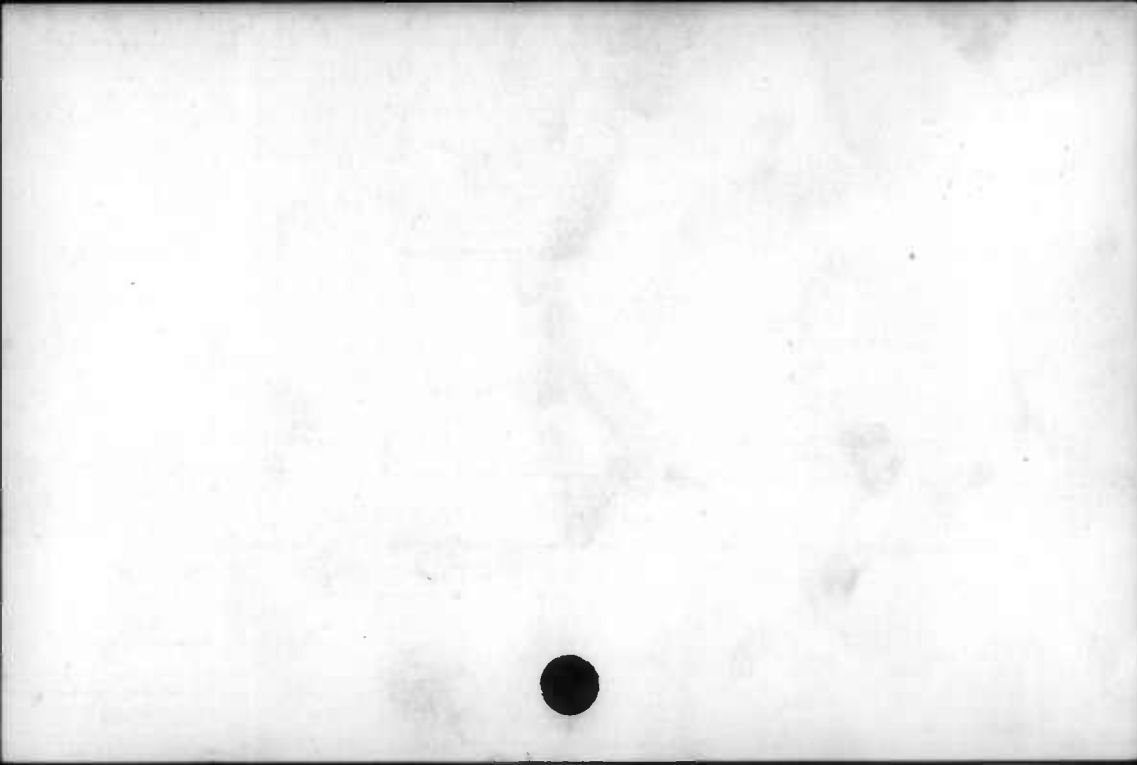
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pleasant		County Baltimore		MARYLAND	
Date of death		190	10	Month	7	Year	Days
Sex	Male	Color or Race	Black		Birthplace	Baltimore Co	
Occupation	_____		Where Reading if not at place of death		_____		
Married, Single or Widowed	_____		Name of Wife or Husband		_____		
Father's Name	Emory Jones		Father's Birthplace		Baltimore Co		
Mother's Maiden Name	Clara Robinson		Mother's Birthplace		Baltimore Co		
Name of person giving information	Emory Robinson		How related to deceased		Grand mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born		How long	(5)
Immediate			How long	(5)
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	W. H. Martine
			Address	Glencoe Rd.
Accident or Suicide?				



Name
in
Full

Pauline Rogers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Mt. Vernon</i>	County <i>Baltimore</i>		MARYLAND	
Date of death 19 <i>40</i>		Month <i>August</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>Wht</i>	Birth-place <i>Balto</i>		Days <i>—</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Baltimore</i>					
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband					
Father's Name <i>Rogers</i>	Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Muskunon</i>	Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Nurs Rogers</i>	How related to deceased <i>Mother</i>					

CAUSES OF DEATH

Primary

Dyspeptic diarrhoea

How long

1 mo

Immediate

Malnutrition

How long

2 mos.

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

Yes

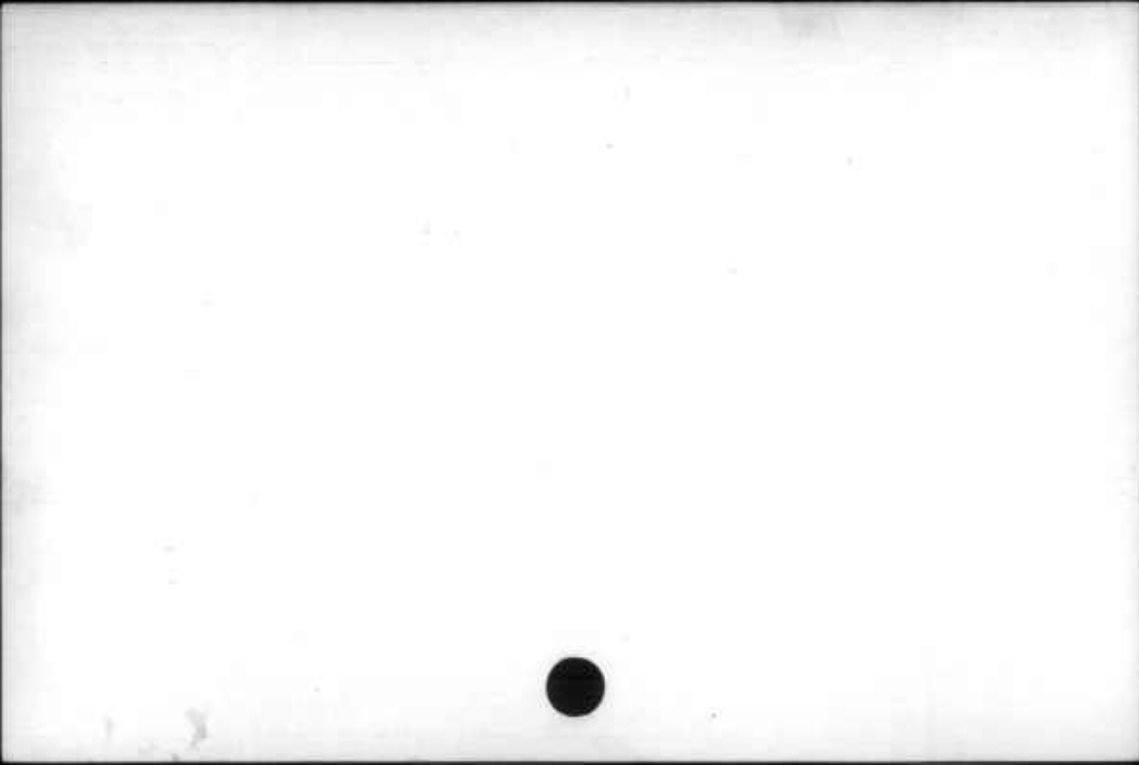
Signature of Physician

Address

*J. H. K. Jr.
Mt. Vernon*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

William L. Rutherford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Catonsville		Balto		MARYLAND	
Date of death 1950		Month	Day	Years	Months	Days	
1950		Aug	21st	Age 38	-	-	
Sex	male	Color or Race	white		Birth-place	Virginia	
Occupation	Fireman		Where Residing if not at place of death		x		
Married, Single in widowed	Name of Wife or Husband		Mattie Rutherford				
Father's Name	not known				Father's birthplace	not known	
Mother's Maiden Name	not known				Mother's Birthplace	not known	
Name of person giving Information	P. M. Rudd.				How related to deceased	Undertaker	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epileptic Insanity	How long	3-4 years
Immediate	Status Epilepticus	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Robt P. Winters
Accident or Suicide	no	Address	Mt. Hospital Catonsville, Md

H. Sander & Sons,
Aug. 22" - 1910
Cuthbertland, N.J.

Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{City} <u>Highlandtown</u> ^{County} <u>Balto</u>		MARYLAND	
Date of death	19 <u>10</u> ^{Month} <u>8</u> ^{Day} <u>18</u> ^{Age} <u>—</u> ^{Years} <u>—</u> ^{Months} <u>—</u> ^{Days} <u>1/2 Hour</u>		
Sex	<u>Male</u>	Color or Race	<u>White</u>
Occupation	Where Residing if not at place of death <u>929 S. 2nd St</u>		
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband	<u>—</u>
Father's Name	<u>John Sanders</u>	Father's Birthplace	<u>MD</u>
Mother's Maiden Name	<u>Kate Kaufman</u>	Mother's Birthplace	<u>" "</u>
Name of person giving information	<u>John Sanders</u>	How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Strabismic</u>	How long	<u>(177 B)</u>
	Immediate		How long	<u>—</u>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W. S. Miller M.D.</u>
			Address	<u>3325 41st Baltimore</u>
Accident or Suicide? <u>—</u>				

Sacred Heart Sem

Merwig Jr

8/19/68

Name
in
Full

Isaac Schaefer

CERTIFICATE OF DEATH

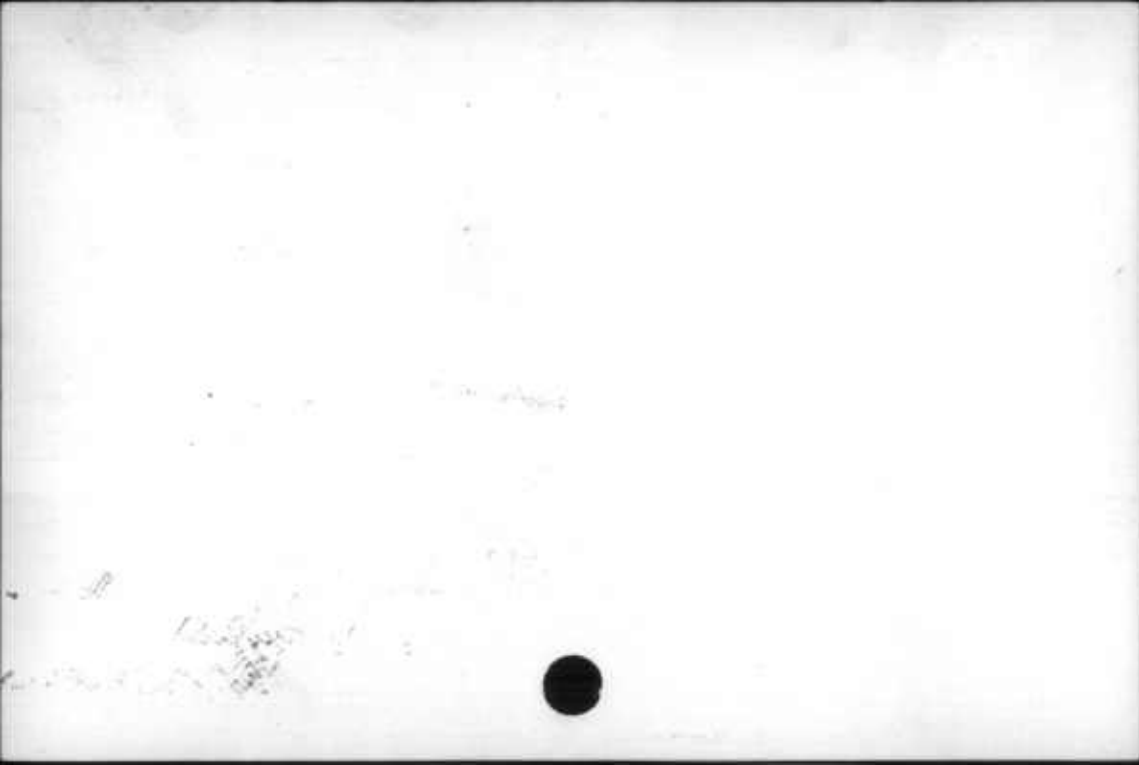
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mr. Wilson</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1940 August 22</u>		Age <u>—</u>		Months <u>4</u> Days <u>—</u>	
Sex <u>Male</u>		Color or Race <u>Hebrew</u>		Birth-place <u>Baltimore</u>	
Occupation <u>Infant</u>		Where Residing if not at place of death <u>Baltimore</u>			
Married, Single or Widowed <u>"</u>		Name of Wife or Husband <u>Dejarvette</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>"</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Mrs. Dejarvette</u>		How related to deceased <u>Caretaker</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Congenital Heart Disease</u>	How long	<u>4 mos -</u>
Immediate	<u>Dyspeptic diarrhoea</u>	How long	<u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. H. Kuntz, Jr.</u>
		Address	<u>Mr. Wilson</u> <u>Med.</u>
Accident or Suicide			



Name
in
Full

Margaret Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mrs. Wilson		County Baltimore		MARYLAND	
Date of death 1980		Month August	Day 27	Age —	Years —	Months 8	Days —
Sex Female		Color or Race German		Birth-place Baltimore			
Occupation Infant		Where Residing if not at place of death Baltimore					
Married, Single or Widowed Infant		Name of Wife or Husband Infant					
Father's Name Conrad Schmidt		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace "					
Name of person giving Information Mrs. Conrad Schmidt		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Dyspeptic diarrhea		How long	8 weeks	
	Immediate	Pleurisy & pneumonia		How long	7 days	
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. H. [Signature]	
				Address	Mrs. Wilson	
Accident or Suicide						



Name
in
Full

Anna M. Schneider

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Highlandtown		^{County} Balto		MARYLAND	
	Date of death	1900	Month	8	Day	1
	Age	6		Years	Months	Days
	Sex	Female		Color or Race	White	
	Occupation	None		Where Residing if not at place of death	3710 E. Lombard	
	Married, Single or Widowed	—		Name of Wife or Husband	—	
	Father's Name	Louis Schneider		Father's Birthplace	Md.	
	Mother's Maiden Name	Emma Maguire		Mother's Birthplace	" "	
Name of person giving information	Louis Schneider		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	"Suicide death"	How long	(67)
	Immediate		How long	Coroner
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		J. S. Sadler M.D.
		Address		3323 E. Balto St
	Accident or Suicide	Accident		17

St. Peter's cemetery

Herrington

8/3/10

Name is Full

Stillborn infant Schriever

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Sparrow Point		^{County} Balto		MARYLAND	
Date of death	9 th 10	Month	Aug	Day	7 th
Sex	Male	Color or Race	White	Age	—
Occupation	none	Birth-place	Sparrow Point	Where Residing if not at place of death	Sparrow Point
Married, Single or Widowed	Single	Name of Wife or Husband	none		
Father's Name	Albert Schriever	Father's Birthplace	M.d.		
Mother's Maiden Name	Anna Brown	Mother's Birthplace	M.d.		
Name of person giving information	Anna Schriever	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Syphilis	How long	5
Immediate	Premature birth	How long	5
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. L. McCormick
	no	Address	Sparrow Point
Accident or Suicide?	no		M. d. 15



Name
in Full

CERTIFICATE OF DEATH

Kellen E Schroeder

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Army Hall</u>		County <u>Balto</u>		MARYLAND	
Date of death 19 <u>40</u>	Month <u>8</u>	Day <u>9</u>	Age	Months <u>1</u>	Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Mrs Schroeder</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Mamie Knapp</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Mamie Schroeder</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>marasmus</u>	How long <u>6 weeks</u>
Immediate <u>decumbent</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>ye</u>	Signature of Physician <u>John A. Shear</u>
	Address <u>Esitting, Md.</u>
Accident or Suicide? <u>—</u>	

Frederick Lawton
Town

St. Michael's

Name
is
Full

Frederick Scovin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Loch Raven		County Baltus		MARYLAND	
Date of death	1910	Month	Aug.	Day	20	Age	Years 22 Months — Days —
Sex	Male	Color or Race	Col	Birth-place	Md.		
Occupation	Laborer		Where Residing if not at place of death		Loch Raven		
Married, Single or Widowed	Single		Name of Wife or Husband		not married		
Father's Name	Charlie Scovins				Father's Birthplace	Md.	
Mother's Maiden Name	Lyda Gray				Mother's Birthplace	Md.	
Name of person giving information	Charlie Scovins				How related to deceased	father	

CAUSES OF DEATH

Primary	Gastro-Enteritis	How long	105
Immediate	Peritonitis	How long	5 days 36 hours

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

Signature of Physician

Address

J. Peyton Green M.D.
Louson Md.Accident or Suicide? No.

John Burns Sons
Toronto

Scovill Lane by

Lock Raven

Balti:
C1

Name
in
Full

Henry Joseph Sealover

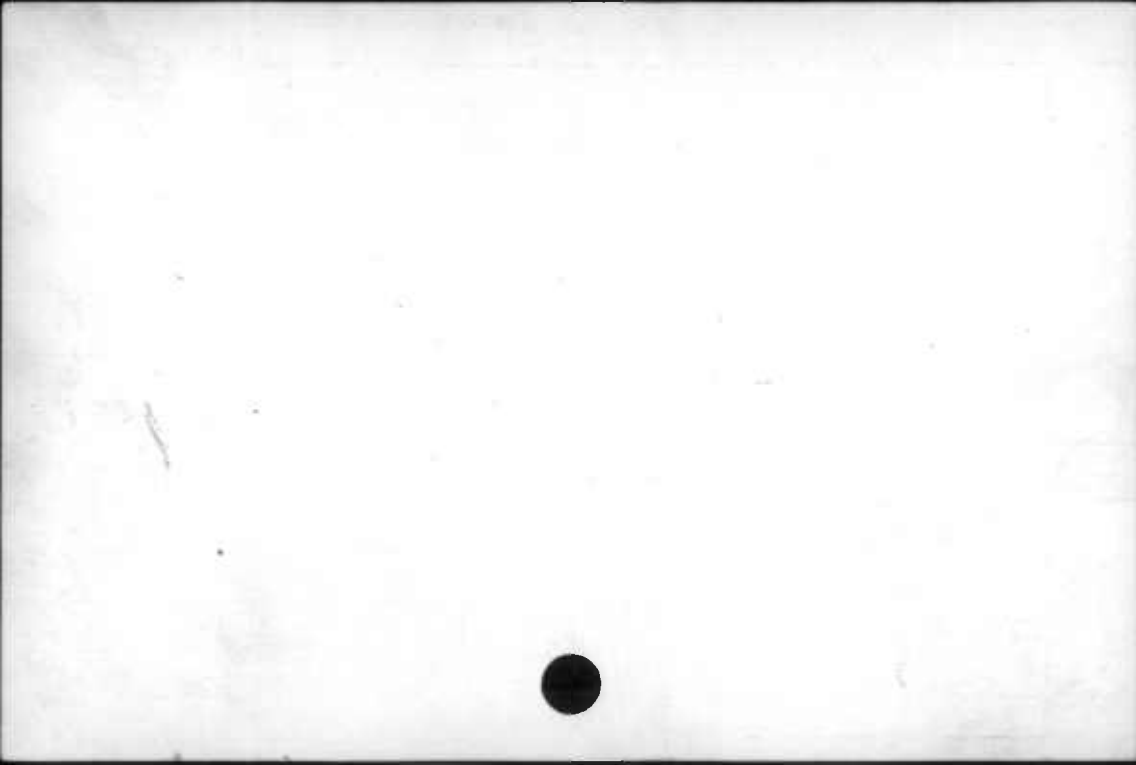
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Spinnin Court		Baltimore		MARYLAND	
Date of death 1940		Month	Day	Age	Years	Months	Days
Sex		Male		Color or Race		White	
Occupation		None		Where Residing if not at place of death		Highlandtown	
Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace	
Father's Name		Charles Sealover		Mother's Name		Annie Hellemann	
Mother's Maiden Name		Annie Hellemann		How related to deceased		Widowed	
Name of person giving Information		Mrs. Elmus Sealover		Signature of Physician		F. C. Eldredge, M.D.	

CAUSES OF DEATH

Primary	Dyspepsia	How long	Two
Immediate	Asphyxia	How long	Two
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	
Address		Spinnin Court	



Name
in
Full

Grace E. Shafer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>24 Pine Heights av</u>		Town <u>Balto</u>		County		MARYLAND	
Date of death <u>1960</u>		Month <u>aug</u>	Day <u>23rd</u>	Years <u>16</u>	Months	Days	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>			
Occupation <u>none</u>				Where Residing if not at place of death <u>24 Pine Heights av</u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband					
Father's Name <u>Harry J. Shafer</u>				Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Edith Coleman</u>				Mother's Birthplace <u>md</u>			
Name of person giving Information <u>Harry J. Shafer</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary <u>Typhoid Fever</u>	How long <u>3 weeks</u>
Immediate <u>Toxemia</u>	How long <u>2 weeks</u>

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

Yes

Signature of Physician

Howard W Jones
Living at 13

Address

Accident or Suicide

No

John K. Bowen

~~London~~ Park

Name
In
Full

Eather M. Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis Mills ^{County} Balto

Date of death 1910 ^{Month} Aug ^{Day} 21 ^{Age} 1 ^{Years} ^{Month} 9 ^{Days}

Sex Female ^{Color or Race} white ^{Birth-place} Balto co Md

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

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

Father's Name William Simmons ^{Father's Birthplace} Carroll co Md

Mother's Maiden Name Florence Wisner ^{Mother's Birthplace} Carroll co Md

Name of person giving information William Simmons ^{How related to deceased} Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Enterocolitis ^{How long} 4 weeks

Immediate _____ ^{How long} _____

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

Signature of Physician J. M. Stollard

Address 1624 Linden Ave.
Baltimore Md

Accident or Suicide? _____

To the Honourable
St Thomas

Name
in
Full

Mary Blinda Slade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

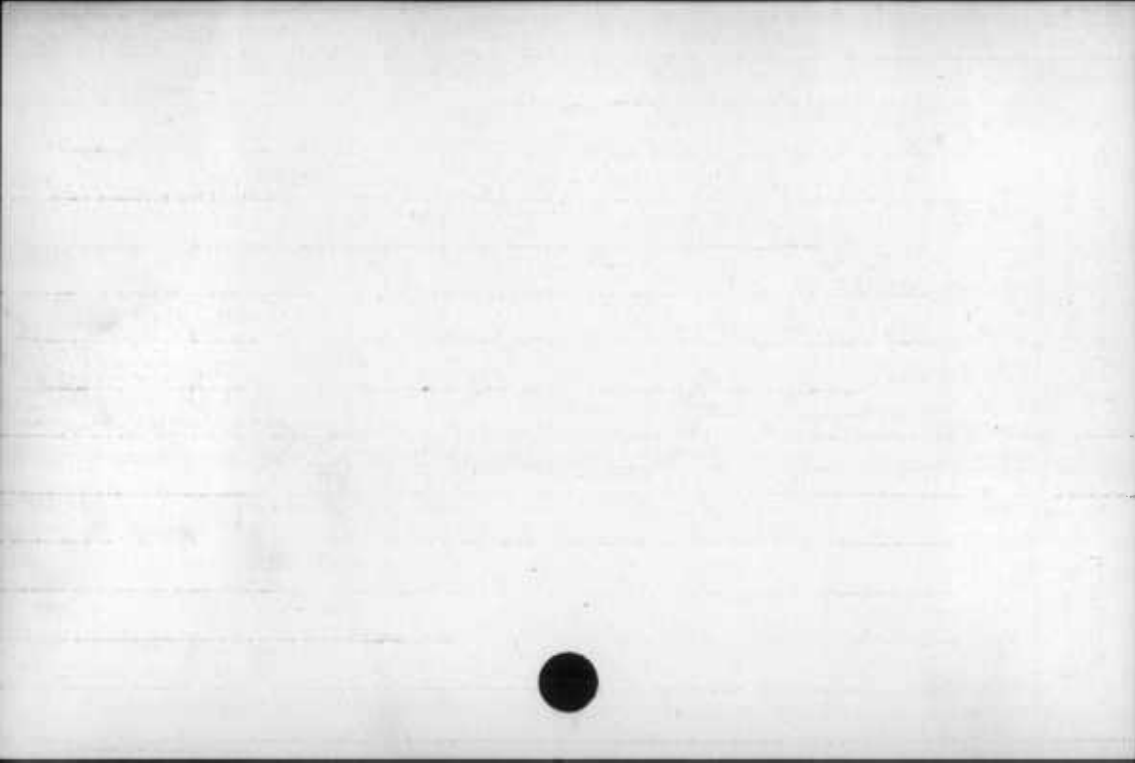
Died at		Town Rivestertown		County Baltimore		MARYLAND	
Date of death	1910	Month Aug	Day 4	Age Years	—	Months 6	Days 2
Sex	Female		Color or Race	White		Birth- place	Md.
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	Infant		Name of Wife or Husband —				
Father's Name	Harry M. Slade					Father's Birthplace	Md.
Mother's Maiden Name	Elizabeth A. Lory					Mother's Birthplace	Md.
Name of person giving in formation	W. T. M. Slade					How related to deceased	Father

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	2 weeks
Immediate	Meningitis	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W. T. M. Slade		
	Address Rivestertown Md.		
Accident or Suicide?			



Name
Full

Chera Smith

CERTIFICATE OF DEATH

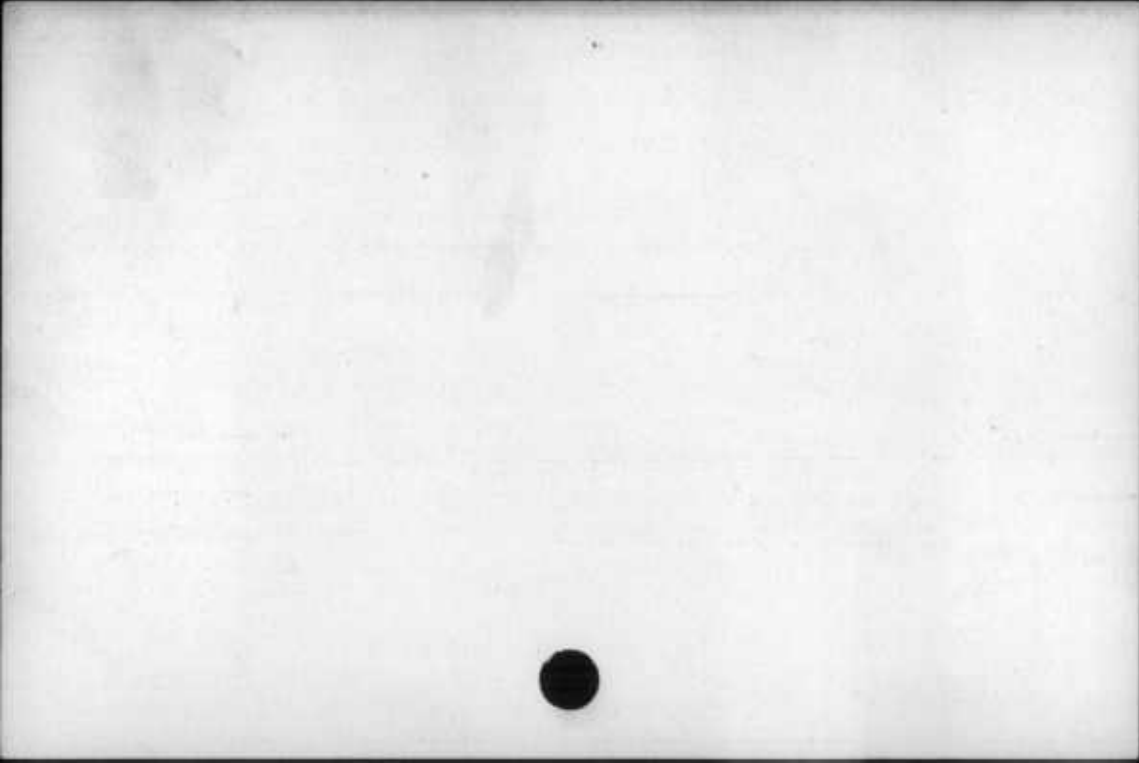
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>W. Wilson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>August</i>	Day <i>3</i>	Age	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Infant</i>		Where residing if not at place of death <i>Baltimore</i>					
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James Smith</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mulsum</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs. James Smith</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fluocolitis</i>	How long <i>104 mos.</i>
Immediate <i>Nephritis</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. Kurt Jr.</i>
	Address <i>J. M. Kurt Jr.</i>
Accident or Suicide?	



Name in Full

CERTIFICATE OF DEATH

Name *Mr. E. Smith*
Died at *Hillsdale* Town *Baltimore* County

MARYLAND

Date of death *1940* Year *Aug.* Month *16th* Day Age *53* Years *—* Months *—* Days

Sex *Male* Color or Race *White* Birth-place *md.*

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

Married, Single or Widowed *Married* Name of Wife or Husband *Mary P. Smith*

Father's Name *Mr. Smith* Father's Birthplace *Germany*

Mother's Maiden Name *Katherine Schairerly* Mother's Birthplace *Germany*

Name of person giving information *—* How related to deceased *—*

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

140

Primary *Cancer of stomach* How long *about 1 yr*

Immediate *Inanition* How long *—*

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

Signature of Physician *J. R. Ridgely*
Address *Forest Park Baltimore Md.*

PHYSICIAN OR CORONER

Accident or Suicide? *—*

Mrs. A. Rohde Son

730 Penna Ave.

H. Mordlawson

100

Name
in
Full

John Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mrs. Wilson</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MAYLAND	
Date of death <u>1900</u>		Month <u>August</u>	Day <u>10</u>	Age <u>—</u>	Years <u>—</u>	Months <u>4</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birthplace <u>Baltimore</u>				
Occupation <u>Infant</u>		Where Residing if not at place of death <u>Baltimore</u>					
Married, Single or Widowed <u>Infant</u>	Name of Wife or Husband <u>Infant</u>						
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>"</u>					
Name of person giving Information <u>Mrs. Smith</u>		How related to deceased <u>mother</u>					

CAUSES OF DEATH

Primary <u>malnutrition</u>	How long <u>177 B</u>
Immediate <u>"</u>	How long <u>2 wks.</u>
	How long <u>2 "</u>

PHYSICIAN
OR CORONER

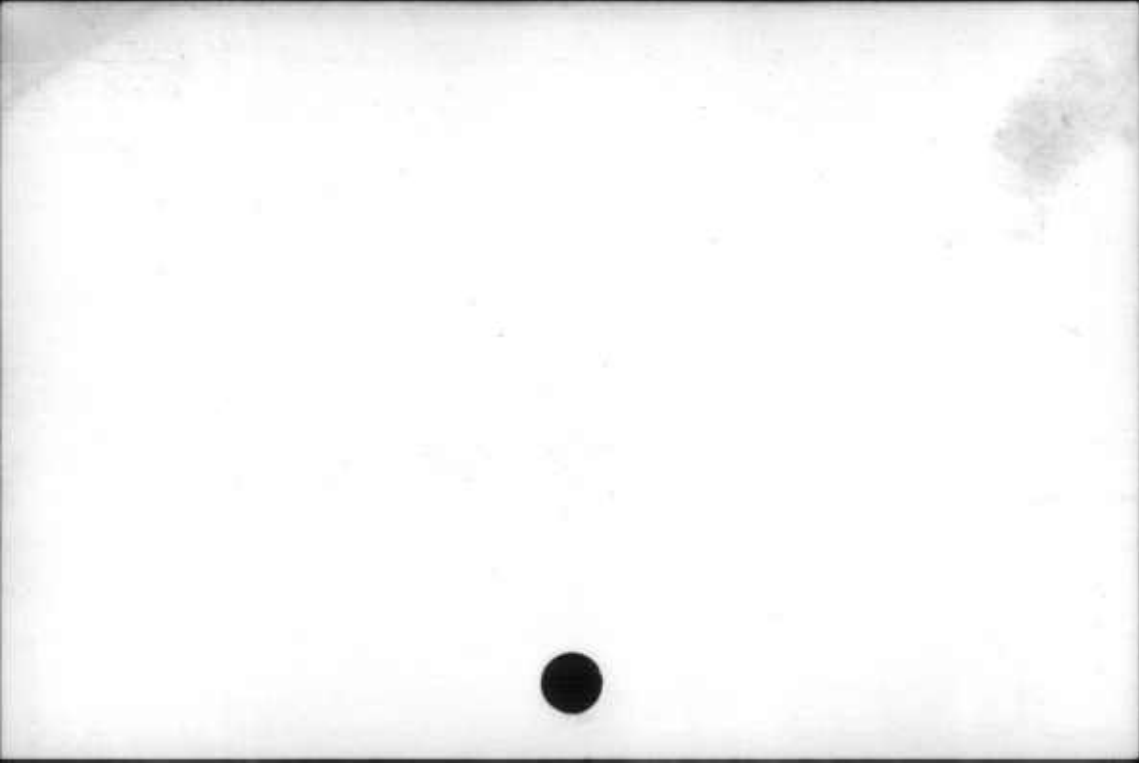
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John King Jr M.D.
121 William St.

Accident or Suicide



Name
in
FullGeorge Washington Staunfield
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Hannouville Balto. MARYLANDDate of death 1960 Aug 22nd Age 82 Months 3 Days 13Sex male Color or Race White Birth-place Balto. Co. Md.Occupation Farmer Where Residing if not at place of deathMarried, ~~Single~~ Single Name of Wife or Husband Amelia Elizabeth StaunfieldFather's Name Benjamin Staunfield Father's Birthplace EnglandMother's Maiden Name Elizabeth Dutton Mother's Birthplace Md.Name of person giving Information Amelia Elizabeth Staunfield How related to deceased wife

CAUSES OF DEATH

154

Primary Senility How long
Immediate Dilatation of Heart How long Four days

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

Yes

Signature of Physician

Wm. E. Martin

Address

Rosby, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Allen Jackson Stevens

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sherwood</u> <small>Town</small>		County <u>Balto</u>		MARYLAND <u>Md.</u>	
Date of death	<u>19 10.</u>	Month <u>August</u>	Day <u>8</u>	Age <u>—</u>	Years <u>—</u>
Sex <u>Male</u>		Color or Race <u>white</u>		Months <u>2 mths</u>	
Occupation <u>none</u>		Where residing if not at place of death <u>Sherwood</u>		Days <u>4 days</u>	
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Allen J Stevens</u>		Father's Birthplace <u>Virginia</u>			
Mother's Maiden Name <u>Mary H Mobbaster</u>		Mother's Birthplace <u>Balto Co.</u>			
Name of person giving information <u>Allen J. Stevens</u>		How related to deceased <u>Further</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Infantile nutrition</u>	How long	<u>177 B</u>
Immediate	<u>Meningitis</u>	How long	<u>Four weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. L. Smith</u>
		Address	<u>Rider, Md.</u>
Accident or Suicide?	<input checked="" type="checkbox"/>		

John Burrows

Town

Greenwich

Canal W. E. County

Chesnut Ridge

Name
In
Full

Joseph Sabach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Vernon		County Baltimore		MARYLAND	
Date of death		1910	Month August	Day 13	Age	Years —	Months 3
Sex		Male		Color or Race White		Birth-place Baltimore	
Occupation		Superst		Where Reading if not at place of death		Baltimore	
Married, Single or Widowed		Single		Name of Wife or Husband		Superst	
Father's Name		Miss Sabach		Father's Birthplace		Kuligam	
Mother's Maiden Name		Ankum		Mother's Birthplace		4	
Name of person giving information		Mrs. Miss Sabach		How related to deceased		Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Throcolitis	How long	104	21 days
Immediate	"	How long		27 "
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician J. H. Curry Jr.	
			Address Mt. Vernon	
Accident or Suicide?				



Name
is Full

Olga M. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hyde Md		County Batts		MARYLAND	
Date of death	10	Month Aug	Day 27	Age 20	Years ✓	Months 20	Day ✓
Sex	Female		Color or Race	White		Birth-place	Med-
Occupation	✓		Where Reading if not at place of death		Same		
Married, Single or Widowed	✓		Name of Wife or Husband		✓		
Father's Name	Walter Thompson				Father's Birthplace	Med.	
Mother's Maiden Name	Emma Cole				Mother's Birthplace	Med.	
Name of person giving information	Emma Cole				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Disseminated tubercular		How long	2 months
Immediate	Pneumonia tubercularis		How long	2 months
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. F. Gorman
			Address	Folk Md
Accident or Suicide?	✓			



Name
in
Full

Thomas Good

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Warren</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i>	<i>Aug</i> <small>Month</small>	<i>25</i> <small>Day</small>	<i>70</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>21</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Warren Md</i>		
Occupation <i>Farmer</i>	Where Reading if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Eryanna Smith</i>				
Father's Name <i>Joshua Good</i>	Father's Birthplace <i>Warren Md</i>				
Mother's Maiden Name <i>Catherine Lobbett</i>	Mother's Birthplace <i>Warren Md</i>				
Name of person giving Information <i>Eryanna Good</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral valvular disease</i>	How long <i>3 years</i>
Immediate <i>Paralysis Respiratory Center</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. W. B. Dawson</i>
	Address <i>Cockeysville 2115</i>
Accident or Suicide? <input type="checkbox"/>	

Miss C. Brooks & Son
Brook's Building
Boston Consulting -

Name
in
Full

Marie Dorothy Tribbe

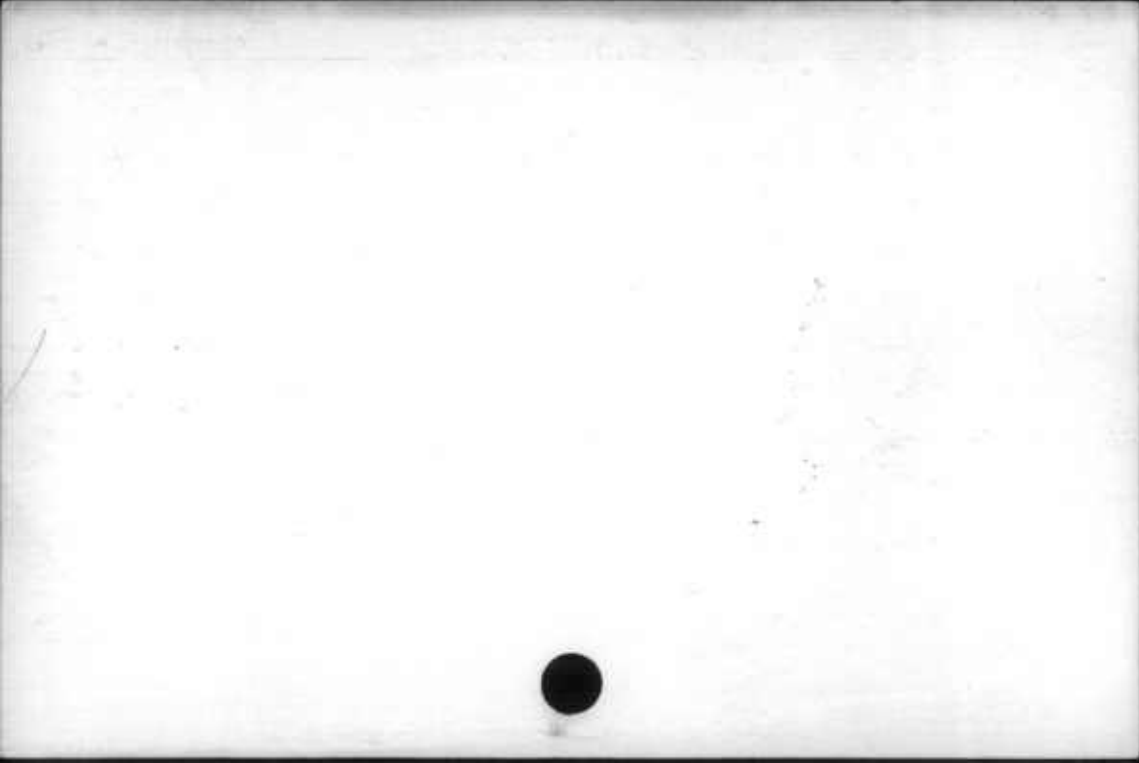
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Rosedale		Baltimore		MARYLAND						
Date of Death		1980	Month	July	Day	2	Age	87	Months	2	Days	7
Sex	Female	Color or Race	White		Birthplace	Germany						
Occupation	Housewife		Where Residing if not at place of death		Rosedale Md							
Married, Single or Widowed	Widow		Name of Wife or Husband		John Tribbe							
Father's Name	Unknown		Father's Birthplace		Germany							
Mother's Maiden Name	Beauregard		Mother's Birthplace		Germany							
Name of person giving Information	Fred Moter		How related to deceased		Son in law							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Insufficiency of age		How long	15-4
	Immediate			How long	2 mo
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	B. V. Moore
	Accident or Suicide			Address	Rossville 15 Md



Name
in
Full

Ester, Clis Triplett

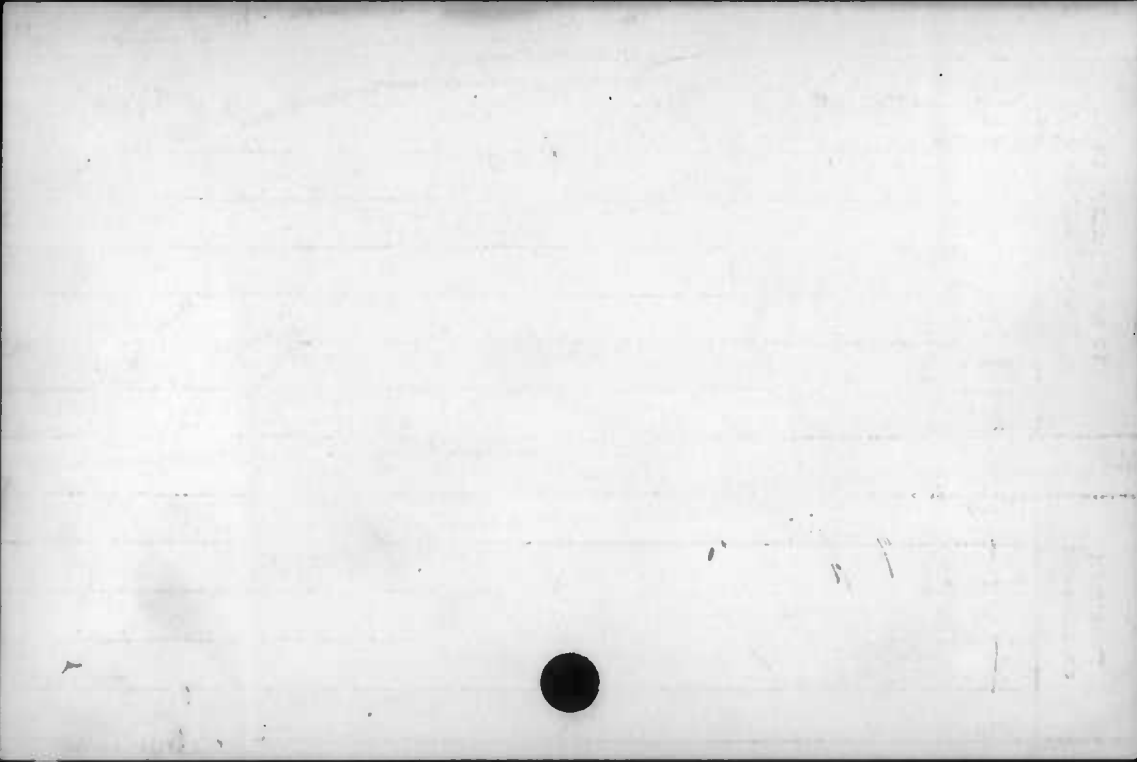
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tyler</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	19 <u>10</u> <small>Year</small>	Month <u>Aug.</u>	Day <u>27.</u>	Age <u>23</u> <small>Years</small>	Months <u>1</u> Days <u>23</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Tyler</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death <u>Tyler</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Robert W. Triplett</u>	Father's Birthplace <u>Tyler's Row</u>				
Mother's Maiden Name <u>Rosa Opieka Young</u>	Mother's Birthplace <u>Tyler</u>				
Name of person giving information <u>Robert W. Tyler</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Cholera and Paratyphoid</u>	How long <u>4 days</u>	
	Immediate <u>Exhaustion</u>	How long <u>14 days</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. Frank Miller M.D.</u>	
		Address <u>Reisterstown, Md. 4</u>	
	Accident or Suicide?		



Name
in
Full

Narolina Trzeciak

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Benjes* Town *Balto* County **MARYLAND**

Date of death 190 *Aug* Month *22* Day Age *8* Months *8* Days

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

Occupation *Infant* Where Residing if not at place of death *Benjes*

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

Father's Name *Peter Trzeciak* Father's Birthplace *Galicia, Aust*

Mother's Maiden Name *Magdalena Jendrychka* Mother's Birthplace *Galicia, Aust*

Name of person giving Information *Peter Trzeciak* How related to deceased *Father*

CAUSES OF DEATH

Primary *Euler's Colitis* How long *104* *four weeks*

Immediate *As above* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *John W. Hauer*

Address *Middle River*

Accident or Suicide *no*

PHYSICIAN
OR CORONER

Undertaker:

William Galkowski

Holy Rosary Cemetery

Balti., Md.

NAME
in
Full

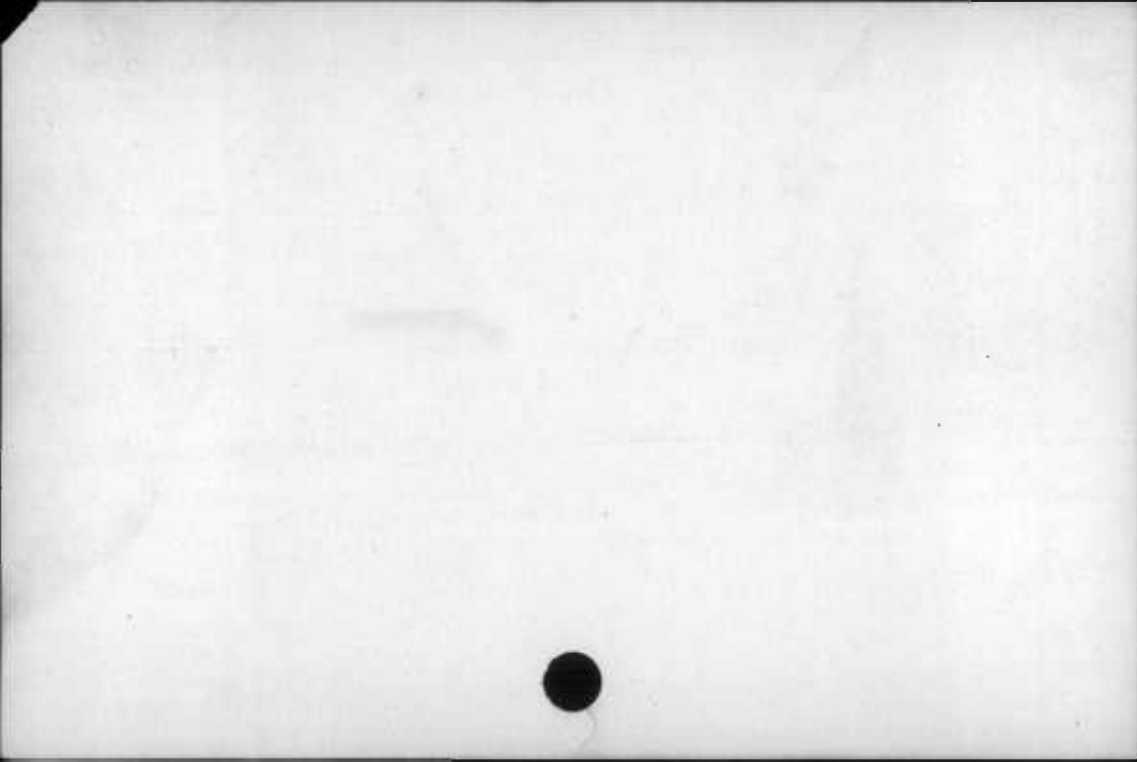
CERTIFICATE OF DEATH

George Vernation

Died at *St. Agnes Hospital Baltimore* Town *Baltimore* County MARYLANDDATE of death 19 *10* Month *8* Day *23* AGE *67* Years Months *-* Days *-*Sex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Retired Merchant* Where Residing if not at place of death *915 N. P. Street*Married, Single or Widowed *Single* Name of Wife or Husband *-*Father's Name *William Vernation* Father's Birthplace *Not known*Mother's Maiden Name *Hannah Calabro* Mother's Birthplace *Ind.*Name of person giving Information *Mrs. Henry H. Fess* How related to deceased *-*

CAUSES OF DEATH

Primary *Chr. nephritis* How long *120*Immediate *Myocarditis* How long *-*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Therese M. McLeod, M.D.*Address *St. Agnes Hospital*Accident or Suicide? *No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charles F. Wagner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Wilson		County Baltimore		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910 August		10	10	—	—	2	15
Sex	Male	Color or Race	White		Birth-place	Baltimore	
Occupation	Infant		Where Residing if not at place of death		Baltimore		
Married, Single or Widowed	"		Name of Wife or Husband		Infant		
Father's Name	Charles F. Wagner				Father's Birthplace	Baltimore	
Mother's Maiden Name	Unknown				Mother's Birthplace	"	
Name of person giving Information	— Mrs. Chas. Wagner				How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-intestinal intoxication	How long	1 mo.
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. McKewen Jr.
		Address	Mt. Wilson
Accident or Suicide			



Name
in
Full

William Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Farrows Point* ^{County} *Balto.* MARYLAND

Date of death *1910* ^{Month} *Aug.* ^{Day} *15* ^{Years} *35* ^{Months} ^{Days}

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

Occupation *Labourer* Where Residing if not at place of death *Farrows Point*

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

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

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

Name of person giving information *Jos Blain* How related to decedent *None*

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary How long

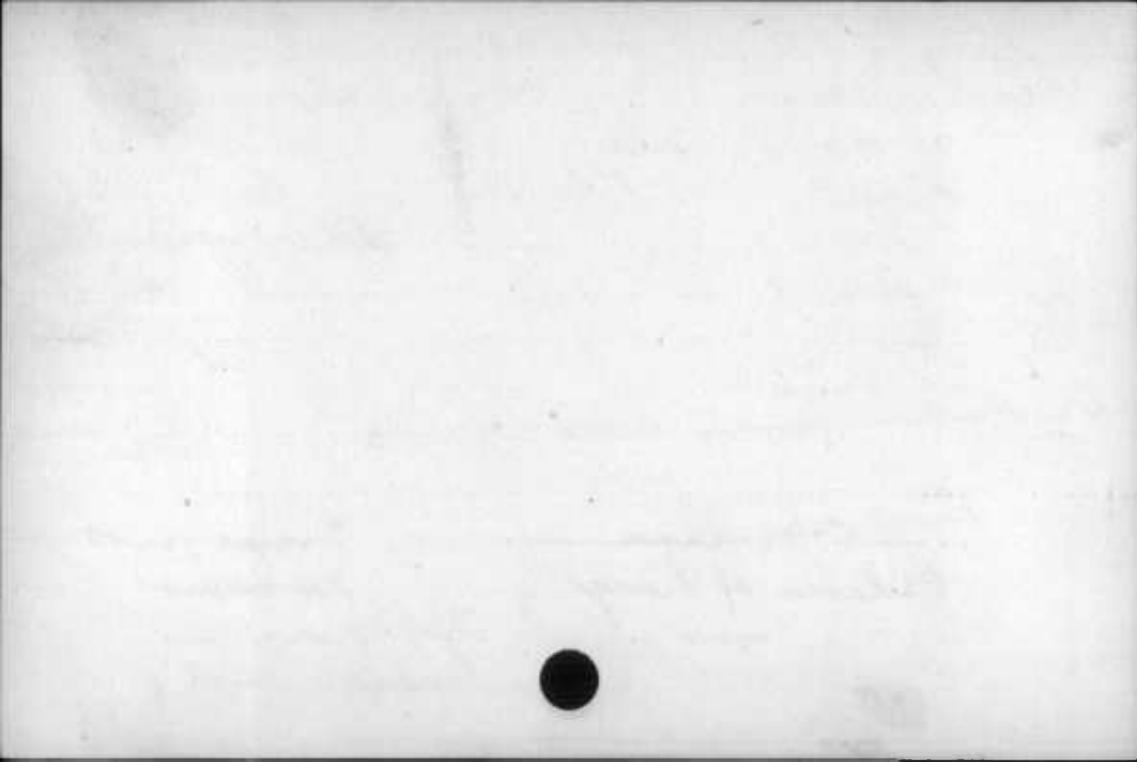
Immediate *Acute Alcoholism* How long

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

Signature of Physician *Jos Blain J.T.*

Address *Farrows Point*

Accident or Suicide?



Name
in
Full

Mary Louisa Williams

CERTIFICATE OF DEATH

Died at ^{Town} Towson ^{County} Balto County MARYLANDDate of death 1960 ^{Month} August ^{Day} Tuesday ^{Age} 58 ^{Years} ^{Months} 4 ^{Days} 21Sex Female ^{Color or Race} White ^{Birth-place} Balto MdOccupation Wife ^{Where Residing if not at place of death} Place of DeathMarried, Single or Widowed Married ^{Name of Wife or Husband} Maurice Edward WilliamsFather's Name John Magness Keyser ^{Father's Birthplace} GermanyMother's Maiden Name Unknown ^{Mother's Birthplace}Name of person giving Information Maurice Edward Williams ^{How related deceased} Husband

CAUSES OF DEATH

Primary Bright's disease ^{How long} Several yearsImmediate Edema of Lung ^{How long} 24 hoursAre the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} H. Jarrett^{Address} Towson, Md.

Accident or Suicide No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Burns Sons
Towson.

Government in

Wm. Clivett Crenshaw
Baltimore

Name
In Full

Thomas Williams

CERTIFICATE OF DEATH

Died at Texas Town

Balto. County

MARYLAND

Date of death 1906 Aug. 9 Age 62 Months Unknown Days Unknown

Sex Male Color or Race White Birth-place Ind.

Occupation None - Pauper. Where Residing if not at place of death Balto. Co. Almshouse

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

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Register of Home - How related to decedent None

CAUSES OF DEATH

179

Primary Heat & Exposure How long 3 days -

Immediate Exhaustion How long 1 day -

Are the name, age, sex, color, date and place correctly given above? Yes, Signature of Physician Wilmer C. Owen, M.D.

Address Cockeysville Md.

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Posta Burmanniana
Ternorum.

Indicament. a. -

Posta Hoopbein
Hoopbein

Name
in Full

William Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow Pt.</i>		Town		County <i>Balto</i>		MARYLAND	
Date of death	<i>1910 Aug</i>	Month	<i>2</i>	Day	Age	<i>2</i>	Years
							Months
							Days
Sex	<i>Male</i>	Color or Race	<i>Col.</i>		Birth-place	<i>Sparrow Pt. Md.</i>	
Occupation	Where Reading if not at place of death						
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	—				
Father's Name	<i>Nathaniel Williams</i>				Father's Birthplace	<i>Va.</i>	
Mother's Maiden Name	<i>Melvinia Thornton</i>				Mother's Birthplace	<i>Va.</i>	
Name of person giving information	<i>Nathaniel Williams</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

Primary	<i>Pertussis</i>	How long	<i>2 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>18 hours</i>

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

yes

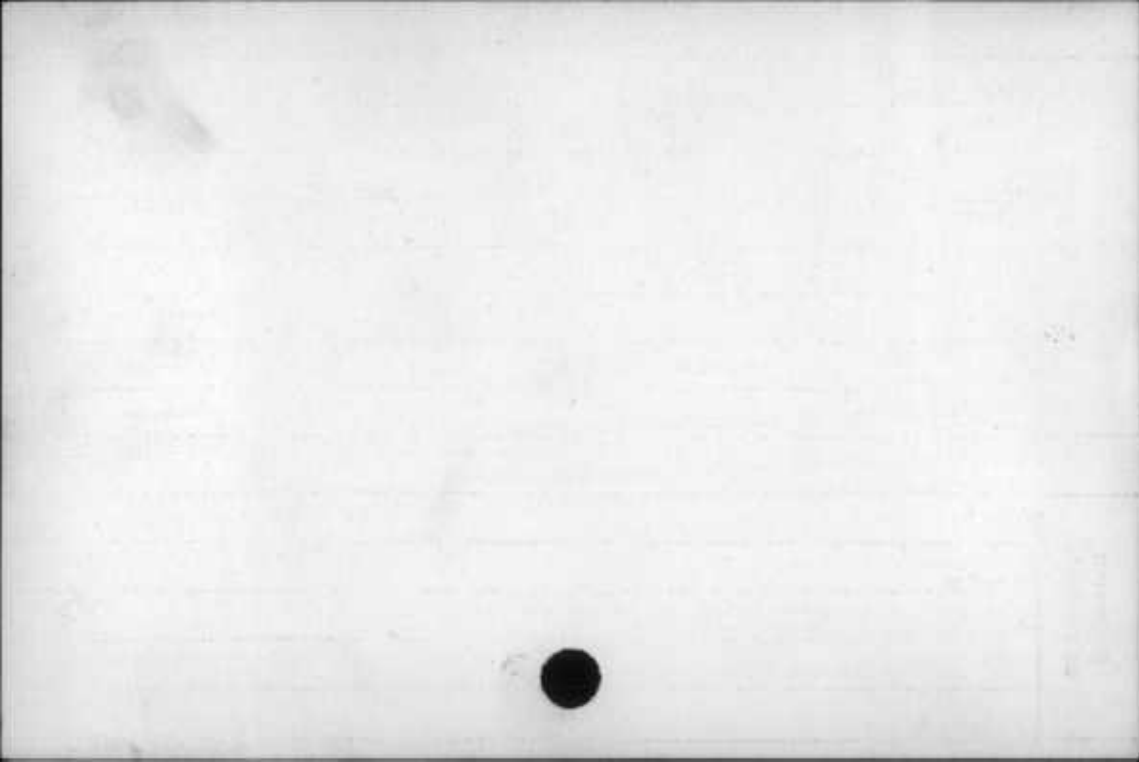
Signature of Physician

H. K. Pettelian M.D.

Address

*Sparrow Pt. Md.**15*

Accident or Suicide?



Ellie Milkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Mt. Vernon</i>		County <i>Cattom</i>		MARYLAND	
Date of death 19 <i>10</i>		Month <i>August</i>	Day <i>1</i>	Age	Years <i>—</i>	Months <i>10</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cattom</i>		Occupation <i>Infant</i>		
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Milkins</i>				Father's Birthplace <i>Muskum</i>			
Mother's Maiden Name <i>Muskum</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs. Chas. Milkins</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

(104)
How long *4 weeks*
How long *4 "*

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>4 weeks</i>
Immediate <i>"</i>	How long <i>4 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Clark Jr.</i>
Accident or Suicide?	Address <i>J. M. Clark Jr.</i>



Name
in
Full

Still born infant Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrows Point</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	1910	Month	Aug	Day	30
Age	—		Years	—	Months
Sex	Male		Color or Race	Col.	
Occupation	none		Where residing if not at place of death	<i>Sparrows Point</i>	
Married , Single	Name of Wife or Husband		none		
Father's Name	<i>Andrew Wilson</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Annie Johnson</i>			Mother's Birthplace	<i>Va</i>
Name of person giving information	<i>Annie J. Wilson</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Probably Syphilis (7 mo)</i>	How long	<i>(S)</i>
Immediate	<i>Premature birth</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. McCormick M.D.</i>
Accident or Suicide?	<i>no</i>	Address	<i>Sparrows Point Md.</i>



Name
in
Full

Catherine Wisner

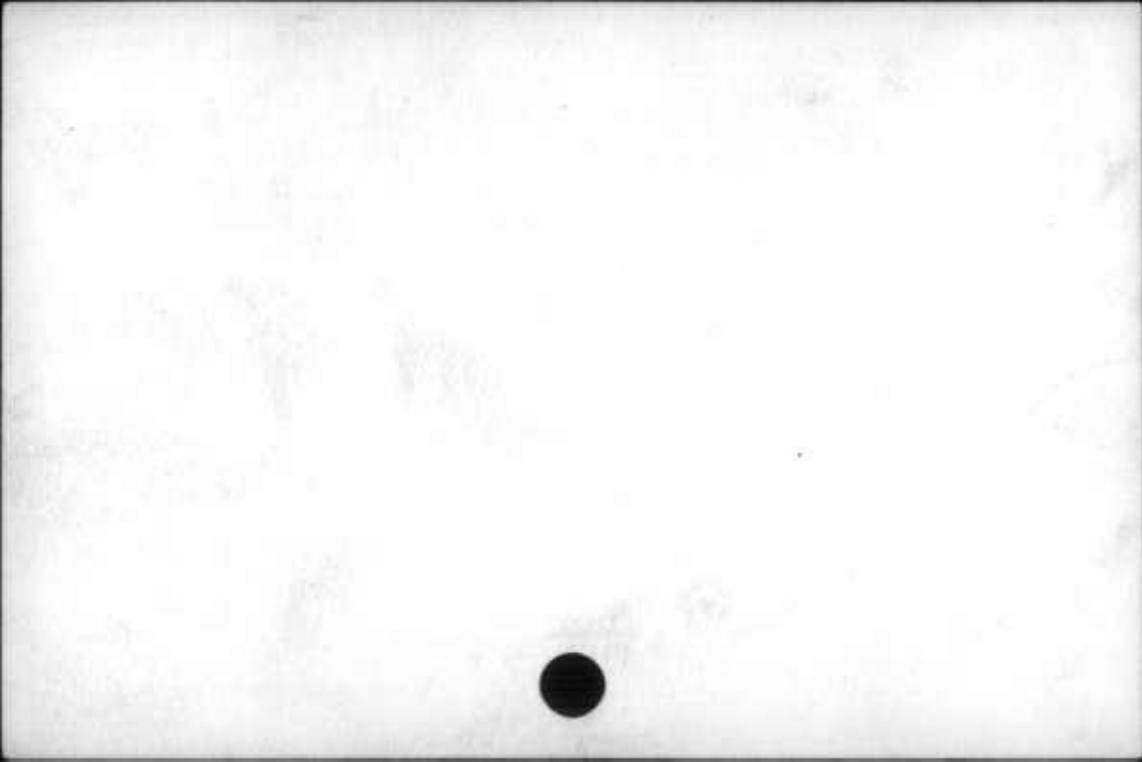
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mountbain		County Baltimore		MARYLAND			
Date of death		1940	Month Aug	Day 5	Age	Years 56	Months 9	Days —	
Sex		Female		Color or Race		White		Birth-place	Baltimore Co
Occupation		Housewife		Where Residing if not at place of death					
Married, Single or Widowed		Widowed		Name of Wife or Husband James Wisner					
Father's Name		John Stichele			Father's Birthplace Baltimore Co				
Mother's Maiden Name		Mary Wisner			Mother's Birthplace Baltimore Co				
Name of person giving Information		Clara Stichele			How related to deceased Sister-in-law				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Chronic disease of Liver	How long	Two year
	Immediate	Acute Indigestion & Peritonitis	How long	3 days
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. R. Mitchell
Accident or Suicide				



Name
in
Full

Elsie Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Wilson		County Baltimore		MARYLAND	
Date of death 1960		Month August	Day 9	Age Years	Months 4		Days -
Sex Female		Color or Race Black		Birth- place Baltimore			
Occupation Infant		Where Residing if not at place of death Baltimore					
Married, Single or Widowed Infant		Name of Wife or Husband Infant					
Father's Name James Wright		Father's Birthplace Baltimore					
Mother's Maiden Name Unknown		Mother's Birthplace "					
Name of person giving Information Mrs. Jas. Wright		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Miliary tuberculosis	How long	9 mos.
Immediate	"	How long	2 "
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. M. Kury, Jr.	
Address		Mt. Wilson Md.	
Accident or Suicide			



Name
in
Full

Zephaniah Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Crofters</i>		County <i>Baltimore Co</i>		MARYLAND	
Date of death 19/0		Month <i>May</i>	Day <i>31</i>	Age <i>78</i>		Months	Days
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Baltimore Md</i>			
Occupation <i>Farming</i>				Where Residing if not at place of death <i>17</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Henry Wright</i>				Father's Birthplace <i>Baltimore Md</i>			
Mother's Maiden Name <i>Rosa Custon</i>				Mother's Birthplace <i>Baltimore Md</i>			
Name of person giving information <i>Sidney Marshall</i>				How related to deceased <i>Brother in law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intarous</i>	How long	<i>2 H</i>
Immediate	<i>Heart Failure</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas E Roth</i>	
		Address <i>Edgewood Md</i>	
Accident or Suicide? <i>_____</i>			



Name
in
Full

Mrs Jennie E. Geager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Sumner Point* Town *Baltimore* County **MARYLAND**Date of death 19*20* *Aug.* Month *21* Day Age *38* Years Months *11* Days *7.5*Sex *Female* Color or Race *White* Birth-place *Md.*Occupation *Housewife* Where Residing if not at place of deathMarried, Single or Widowed Married Name of Wife or Husband *Charles E. Geager*Father's Name *Saml. Dick.* Father's Birthplace *Md.*Mother's Maiden Name *Catherine Pugh.* Mother's Birthplace *Md.*Name of person giving Information *Charles E. Geager* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *One year*Immediate *Exhaustion.* How long *2 weeks*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *F. C. Elmer M. D.*Address *Sumner Point Md.*Accident or Suicide

H. Burger & Son.
Oak Lawn Cemetery
Aug. 24th - 1910
Aug. —

Name
in
Full

Wm. H. Yealy

CERTIFICATE OF DEATH

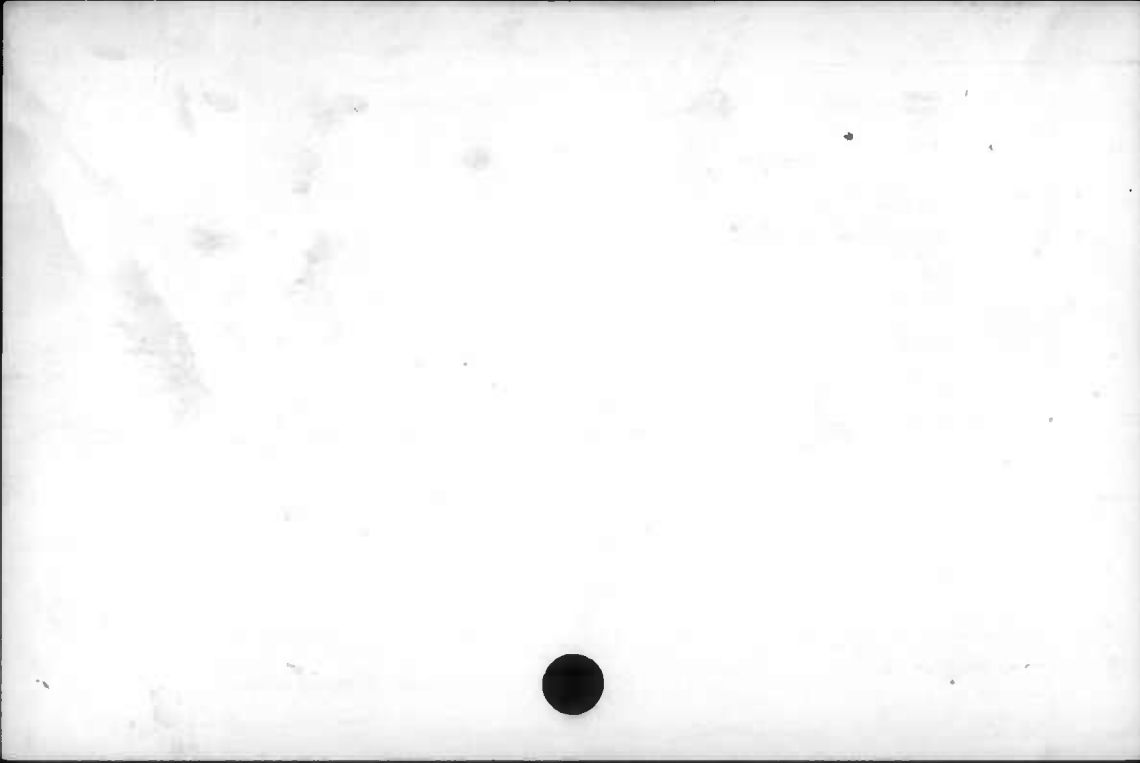
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pikesville</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death 19 <u>00</u>	Month <u>8</u>	Day <u>4</u>	Age <u>67</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Virginia</u>			
Occupation <u>Clerk</u>	Where Residing if not at place of death <u>Pikesville</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Do Not Know</u>				
Father's Name <u>Do Not Know</u>	Father's Birthplace <u>Do Not Know</u>				
Mother's Maiden Name <u>Do Not Know</u>	Mother's Birthplace <u>Do Not Know</u>				
Name of person giving Information <u>W. A. Corboe</u>	How related to decedent <u>None</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Unknown</u>	How long <u>189 A</u>	How long <u>Do Not Know</u>
Immediate <u>Natural Cause, Probably Organic Brain</u>	How long <u>Immediate</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry A. Rayton</u>	Address <u>Pikesville</u>
Accident or Suicide <u>No</u>		<u>med</u>



Name
In
Full

Mary Young

CERTIFICATE OF DEATH

Died at		Town Moukton		County Baltimore		MARYLAND	
Date of death		1940	Month aug	Day 3	Age 73	Months	Days 26
Sex Female		Color or Race white		Birth-place England			
Occupation Housewife		Where Reading if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband George H. Young					
Father's Name Joseph Hallands		Father's Birthplace England					
Mother's Maiden Name Mary Delors		Mother's Birthplace England					
Name of person giving information M. D. Young		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Paresis	How long	4 Years
	Immediate	Enteritis & Paralysis	How long	Two weeks
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. R. Mitchell
	Address	Moukton		Md.
Accident or Suicide?				

