

Name
in
Full

Infant
Town
Westminster

Babylon
County
Carroll

10625
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at _____ County _____
Date of death 1980 Aug 26 Age _____ Months _____ Days _____

Sex male Color or Race white Birth-place Maryland
Occupation _____ Where Residing if not at place of death _____

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

Father's Name George W Babylon Father's Birthplace Maryland

Mother's Maiden Name Alice B Kane Mother's Birthplace do

Name of person giving Information Geo W Babylon How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still born no movements for 4 days before delivery How long (5)
Immediate _____ How long _____

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

Signature of Physician Henry M. Fozmyl
Address Westminster, MD

Accident or Suicide

W. Schmittler
Cincinnati
Ohio

Name
in
Full

Carl Bailey

w 665
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Westminster		County		Carroll		MARYLAND			
Date of death	1940	Month	Aug	Day	8	Age	14	Months	1	Days	10
Sex	Male		Color or Race	Colored		Birth-place	Pennsylvania				
Occupation	Driver		Where Residing if not at place of death			Home					
Married, Single or Widowed	single		Name of Wife or Husband								
Father's Name	Douglas Bailey		Father's Birthplace		Pennsylvania						
Mother's Maiden Name	Sarilla Hill		Mother's Birthplace		Maryland						
Name of person giving Information	Mrs Sarilla Bailey		How related to deceased		Mother						

CAUSES OF DEATH

Primary	Bronchitis & Enteric Catarrh	How long	90	Since	March
Immediate	Brain complications	How long	3 weeks	or	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. D. Shipley, M.D.		
		Address	Westminster Md.		
Accident or Suicide					

PHYSICIAN
OR CORONER

Name
in
Full

Benjamin Baughman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{own} 6th dist. ^{County} Carroll MARYLAND

Date of death 1940 8 1 Age 78 10 27

Sex male Color or Race white Birth-place Maryland

Occupation Miller Where Residing if not at place of death Residence

Married, Single or Widowed Widowed Name of Wife or Husband

Father's Name Jacob Bachman Father's Birthplace Md.

Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving Information Amfrey Baughman How related to deceased Son

CAUSES OF DEATH

Primary Brights disease How long indefinite

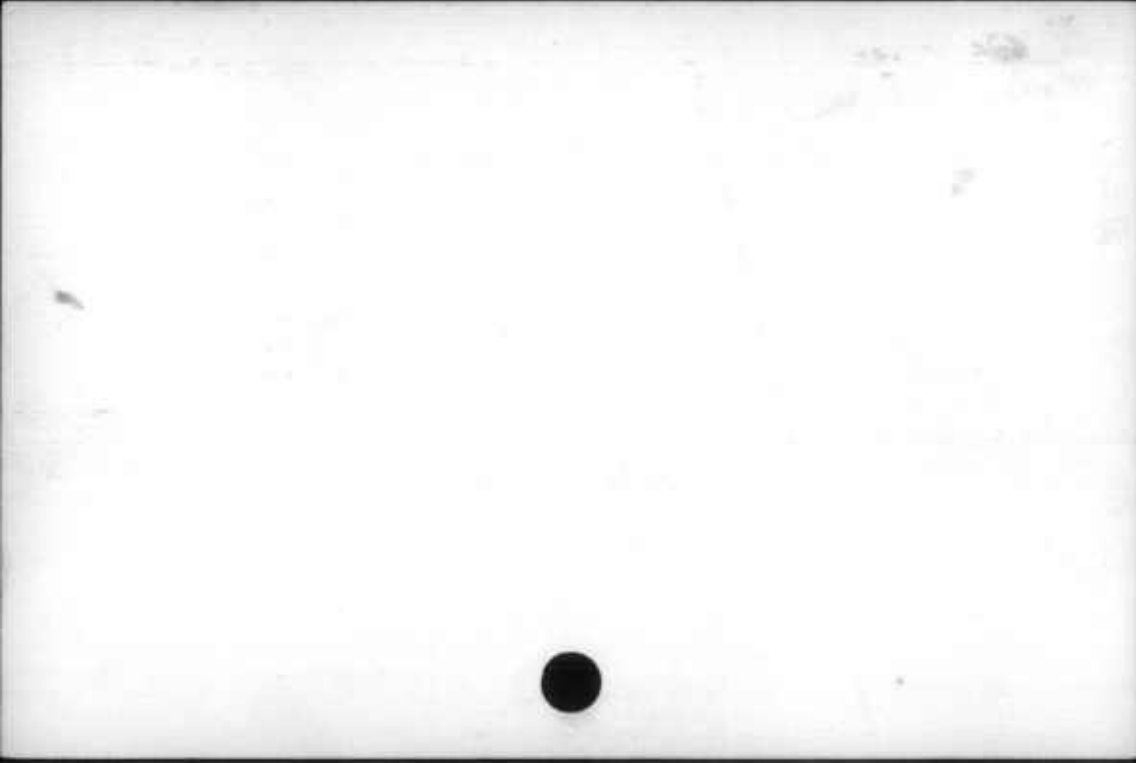
Immediate Anemia How long 9 days

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

Address Melrose

Accident or Suicide Md.

PHYSICIAN
OR CORNER



Name
in
FullBartholomew Baumgardner
Town
Harrisville
County
Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1900
Month 8
Day 16
Age 71
Years
Months 8
Days 25Sex Male
Color or Race White
Birth-place MarylandOccupation Farmer
Where Residing if not at place of death Harrisville, MdMarried, Single or Widowed Married
Name of Wife - Elizabeth StaiboughFather's Name Henry Baumgardner, (deceased)
Father's Birthplace UnknownMother's Maiden Name Annie Lincoln ("")
Mother's Birthplace ""Name of person giving Information Annie Cartrell,
How related to deceased Daughter,

CAUSES OF DEATH

Primary Phthisis, Pulmonalis. (29)
How long About seven monthsImmediate Asthenia
How long a few daysAre the name, age, sex, color, date and place correctly given above? yes
Signature of Physician A. J. Crank.Address
Taylorville

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Rocky-Hill -

Name
in
Full

George G. Bingham

CERTIFICATE OF DEATH

Died at Springfield State Hosp. Carroll MARYLAND
Town County

Date of death 1940 August 7th Age 73
Month Day Years

Sex Male Color or Race White Birth-place Ind.

Occupation Merchant (Retired) Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Robert Bingham Father's Birthplace Pa.

Mother's Maiden Name Mary Brock Mother's Birthplace Pa.

Name of person giving Information Hosp. records How related to deceased

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Senile Dementia How long 15-4 1 year

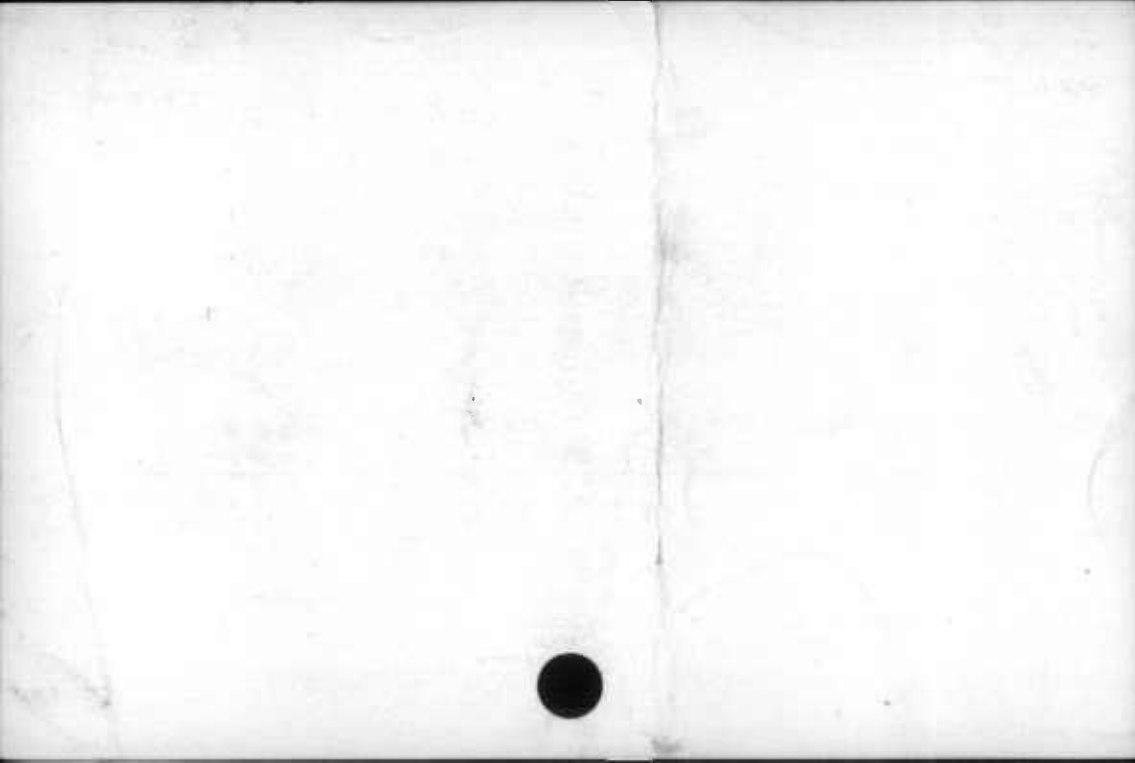
Immediate Exhaustion How long Progressive

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

Signature of Physician E. H. Swartz
 Address Springfield State Hosp.
Lytleville, Ind.

Accident or Suicide No

PHYSICIAN
OR CORONER



Name in Full

Peter A Blizzard

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *Haukeville* ^{County} *Carroll* MARYLAND

Date of death 19*60* ^{Month} *Aug* ^{Day} *27* Age ^{Years} *72* ^{Months} *9* ^{Days} *31*

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

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

Married, Single or Widowed *Widower* Name of Wife or Husband *Eliza J. Blizzard*

Father's Name *Zarow Blizzard* Father's Birthplace *unknown*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving Information *Jeremiah Blizzard* How related to deceased *Son*

CAUSES OF DEATH

Primary *Mitral Regurgitation* How long *3 yrs.*

Immediate *Heart Failure* How long *12 hrs.*

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

Signature of Physician *Edgar M. Bush MD*

Address *Hampstead, Md*

Accident or Suicide *X*



Name
in
Full

William Blizzard

No 624
CERTIFICATE OF DEATHDied at ^{Town} Westminster ^{County} Carroll MARYLANDDate of death 1960 ^{Month} Aug ^{Day} 26 Age ^{Years} 27 ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} MarylandOccupation Laborer ^{Where Residing if not at place of death}Married, Single or Widowed Single ^{Name of Wife or Husband}Father's Name William Blizzard ^{Father's Birthplace} MarylandMother's Maiden Name Mary Magee ^{Mother's Birthplace} MarylandName of person giving information Augustus Humbert ^{How related to deceased} Friend

CAUSES OF DEATH

Primary ^{How long} ⁽¹⁵²¹⁾ Severe DegenerativeImmediate ^{How long} 4 weeks Heart Failure

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

Signature of Physician ^{Address} J. James Stewart
Westminster
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

County - Home Cemetery

Notes

Name
in
Full

Maria Bloom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Springfield State Hosp Carroll County MARYLAND
Date of death 1900 Aug 24 Age 70 Months — Days —

Sex Female Color or Race White Birth-place Ind.

Occupation None Where Residing if not at place of death Ind.

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 Hosp. Records How related to deceased

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary Senile Melancholia How long 7 years

Immediate Exhaustion from General Debility How long Progressive

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

Signature of Physician E. H. Suavely

Address Springfield State Hosp. Sykesville, Ind.

Accident or Suicide No



Name
in
Full

Charles Edwin Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Winfield</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>Aug</i>	Day <i>20</i>	Age	Years <i>3</i> Months <i>3</i> Days <i>24</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Infant</i>		Where Reared 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>Thomas M Bowers</i>			Father's Birthplace	<i>Carroll Co</i>
Mother's Maiden Name	<i>Eva P Caraway</i>			Mother's Birthplace	<i>Carroll Co</i>
Name of person giving information	<i>Eva P Caraway</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Gastro-enteritis</i>	How long	<i>one month</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E D Brock</i>
		Address	<i>Winfield Carroll Co.</i>
Accident or Suicide?			

Elemeysur,

J. N. Brewer

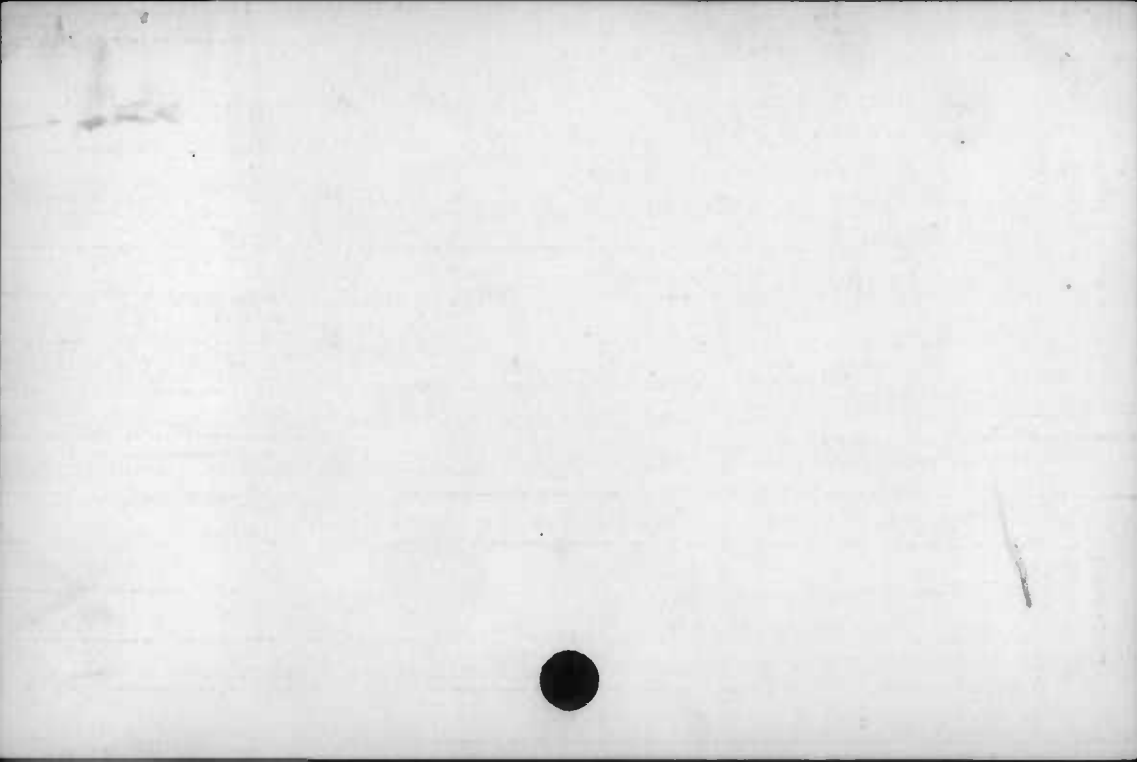
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Airy</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>19/0 August</i>	<i>19</i> <small>Day</small>	<i>21</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>			
Occupation <i>Bricklayer</i>	Where Residing if not at place of death <i>not known</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Chas Brewer</i>	Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Annie Brewer</i>	Mother's Birthplace <i>not known</i>				
Name of person giving information <i>Wm Brewer</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>accident by fall of train.</i>	How long <i>(175)</i>
Immediate <i>accident by fall of train</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of <i>Sam Allen Griffin Jt.</i>
	Address <i>Mt. Airy, N.C.</i>
Accident or Suicide? <i>accident.</i>	



Name
in
Full

Ma E Brown

No 627
CERTIFICATE OF DEATH

Died		Westminster		County		Carroll		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days		
1900		Aug	29	38		8	12		
Sex	Female	Color or Race	White		Birth-place	Maryland			
Occupation	House Wife		Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	William H Brown						
Father's Name	Emanuel Yingling		Father's Birthplace	Maryland					
Mother's Maiden Name	Mary E Ballison		Mother's Birthplace	Geo					
Name of person giving Information	Lidia V Cushing		How related to deceased	Sister					

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Burns (Face, trunk & legs)	How long	10 hours
Immediate	Shock	How long	—

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

Signature of Physician *Thos. J. Coonan*
Address *Westminster*

PHYSICIAN
OR CORONER

Accident or ~~suicide~~

Westminster Secretary

Chairman

Name
is
Full

CERTIFICATE OF DEATH

Clara Bryan
ownCarroll
County

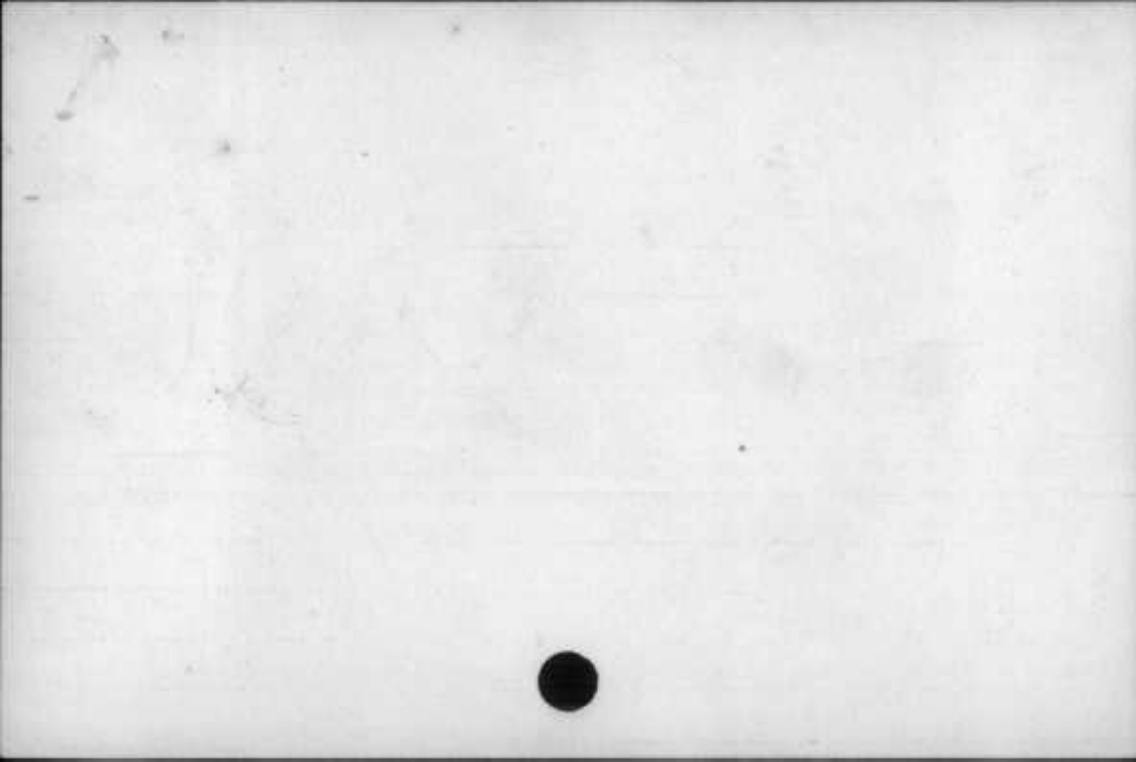
MARYLAND

Died at Mt AiryDate of death 1910 Aug Month 3 Day Age 3 Years Months DaysSex Female Color of Race white Birth-place Balto, mdOccupation _____ Where residing if not at place of death 308 N Green St Balto, mdName of Wife or Husband _____Father's Name Do not know Father's Birthplace Do not knowMother's Maiden Name Do not know Mother's Birthplace Do not knowName of person giving information mother How related to decedent _____

CAUSES OF DEATH

Primary marasmus How long 189 AImmediate Dis Colitis How long three daysAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician B. CroyleAddress Mt Airy, md

Accident or Suicide?



Name
in Full

Clarence B. Cattrides

No 613
CERTIFICATE OF DEATH

Died at

Gambon

Town

Carroll

County

MARYLAND

Date of death

1940 Aug

Month

Day

Age

an

Years

Months

5

Days

7

Sex

M

Color or Race

W

Birth-place

Gambon

Occupation

X

Where Residing if not at place of death

X

Married, Single or Widowed

X

Name of Wife or Husband

X

Father's Name

Andrew J. Cattrides

Father's Birthplace

Hamfstead

Mother's Maiden Name

Ida A. Knight

Mother's Birthplace

Gambon

Name of person giving information

Andrew J. Cattrides

How related to deceased

Father

CAUSES OF DEATH

Primary

Dysentery

How long

13 days

Immediate

How long

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

Signature of Physician

Address

R. F. Delle
Gambon
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Providence
Shaw

Name in Full

Robert R. Clarke

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at near Freedom Town Carroll County MARYLAND

Date of death 1940 Month 8 Day 9 Age 76 Months 5 Days 7

Sex Male Color or Race White Birthplace Scotland

Occupation Miner Where Residing if not at place of death near Freedom - Md.

Married, Single or Widowed Married Name of Wife Husband Lavinia Clarke

Father's Name John Clarke, (deceased) Father's Birthplace Edinburgh, Scotland

Mother's Maiden Name Ann Rice Mother's Birthplace " "

Name of person giving Information Flornice P. Chenoith How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Progressive Locomotor Ataxia How long 3 yrs (62)

Immediate Progressive Degeneration How long 1 yr.

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

Signature of Physician E D Crook

Address Winfield Carroll Co.

Accident or Suicide

Springfield

Name
Is Full

CERTIFICATE OF DEATH

Joshua H. Clingan
Town *Carroll* County *Carroll*

Died at *Carroll to bed* *Carroll to bed* *Carroll to bed*
Date of death 19 *10* Month *Aug* Day *20* Age *61* Years Months *8* Days *20*

Sex *Male* Color or Race *White* Birth-place *Carroll to bed*

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

Married, *Married* Name of Wife *Harriet V Clingan*

Father's Name *Samuel Clingan* Father's Birthplace *Carroll to bed*

Mother's Maiden Name *Susan M. Deplaine* Mother's Birthplace *" " "*

Name of person giving information *Hannah Shoemaker* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Syphilis* How long *2 weeks*

Immediate *Pythritic Fever* How long *3 weeks*

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

Signature of Physician *S. M. Bunker M.D.*

Address *Carroll to bed Md.*

Accident or Suicide? *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Charles S. Davis

CERTIFICATE OF DEATH

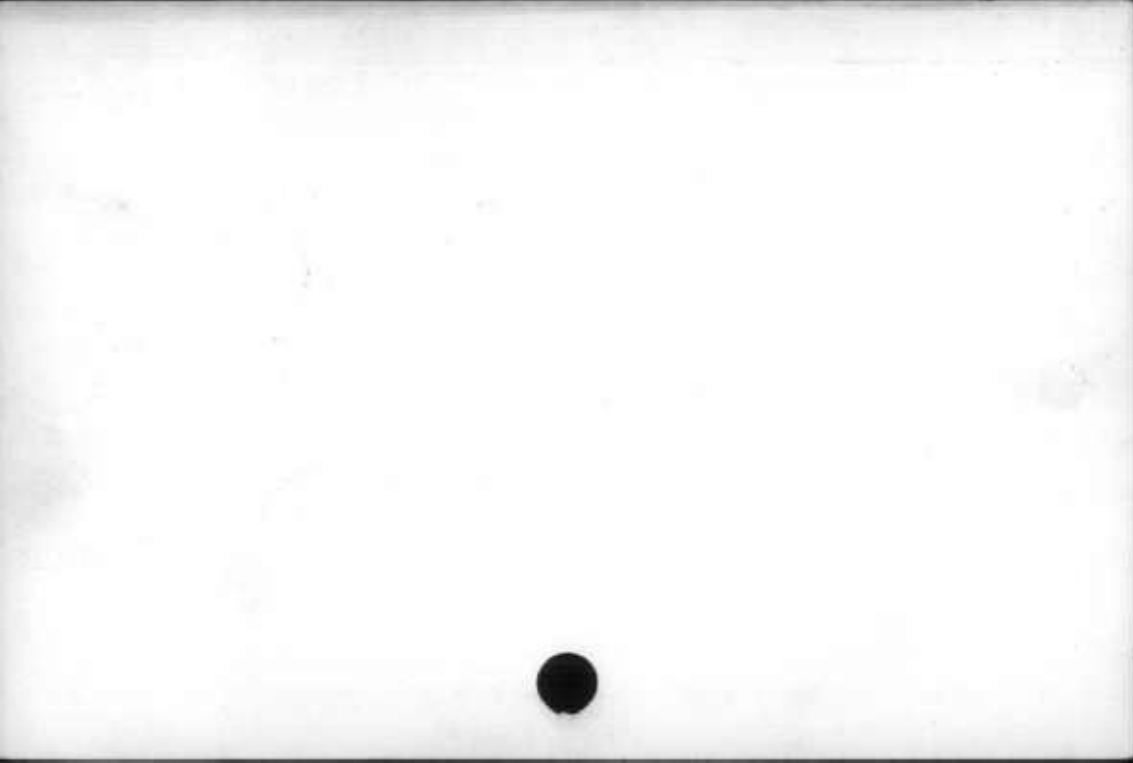
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Greenmount</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	19 <u>00</u> ^{Year}	<u>Aug</u> ^{Month}	<u>5</u> ^{Day}	Age <u>about 77</u> ^{Years}	<u> </u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birthplace	<u>Unknown</u>
Occupation	<u>Physician</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>None</u>		
Father's Name	<u>James Davis</u>		Father's Birthplace	<u>Unknown</u>	
Mother's Maiden Name	<u>Polly Loudermole</u>		Mother's Birthplace	<u>Unknown</u>	
Name of person giving information	<u>J W Murray</u>		How related to deceased	<u>None</u>	

CAUSES OF DEATH

Primary	<u>apoplexy</u>	How long	<u>64</u> <u>18 hours</u>
Immediate	<u>coma</u>	How long	<u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>H. C. Preaton M.D.</u>
		Address	<u>Stampstead</u> <u>md</u>
Accident or Suicide	<u> </u>		

PHYSICIAN
OR CORONER



Name
in
Full

Le Ray Davis

CERTIFICATE OF DEATH

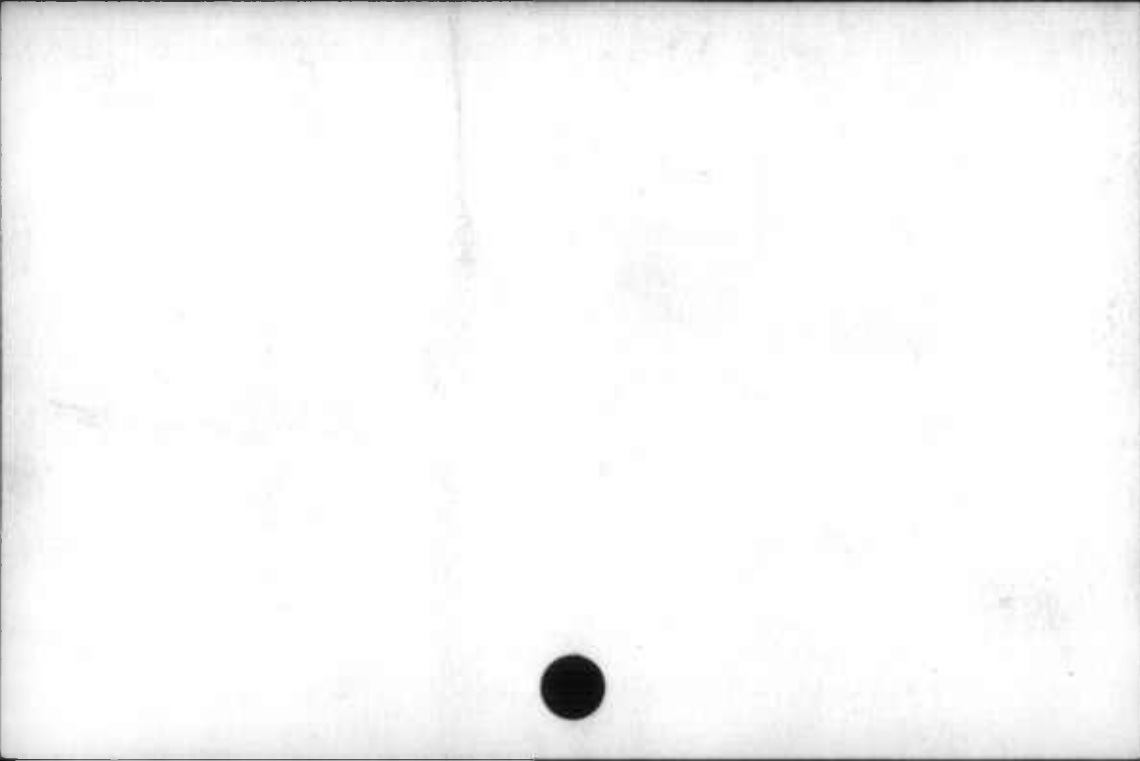
TO BE ANSWERED BY
NEAREST FRIENDDied at *Springfield Hosp.* *Carroll* County
MAYLANDDate of death 1940 *Aug* *27* Age *70*
Month Day Years Months DaysSex *Male* Color or Race *White* Birth-place *Md.*Occupation: *None* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Samuel B. Davis* Father's Birthplace *Md.*Mother's Maiden Name *Mary Leason* Mother's Birthplace *Md.*Name of person giving Information *Hospital record* How related to deceased

CAUSES OF DEATH

Primary *Epileptic Imbecility* How long *29* *19 yrs*Immediate *Pulmonary & Intestinal Tuberculosis* How long *Unknown*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

*Char. J. Curley*Address *Sykesville Md.*Accident or Suicide *No*PHYSICIAN
OR CORONER



Lucinda B. Ebbert

TO BE ANSWERED BY
NEAREST FRIEND

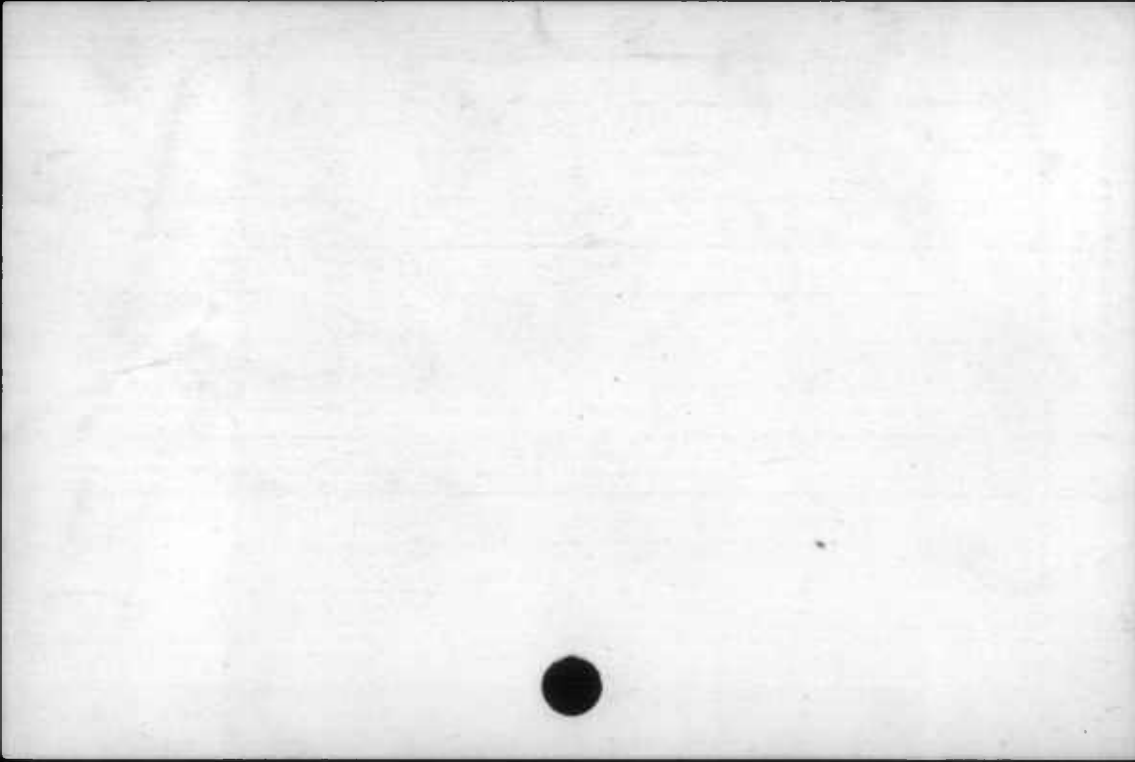
Died at <i>Mt. Airy</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1960	Month	Aug.	Day	4	Age	73
Sex	Female	Color or Race	White American	Birth-place	Carroll Co.	Months	3
Occupation	Housewife		Where Residing if not at place of death		Mt. Airy Md		
Married, Single or Widowed	widowed	Name of Wife or Husband		Charley Ebbert			
Father's Name	Henry Bussard			Father's Birthplace	Ridgewell Carroll Co		
Mother's Maiden Name	Jessie Todd			Mother's Birthplace	Parswell Carroll Co		
Name of person giving information	Jessie D. Bussard			How related to decedent	Sister		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Uraemia	How long	4 weeks
Immediate	Uraemic Convulsions	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. E. Brownell
		Address	Mt. Airy Md.
Accident or Suicide?			



Name
in
Full

Elizabeth Key Fink

No 617
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	19 <u>60</u>	Month <u>aug</u>	Day <u>13</u>	Age <u>53</u>	Months <u>8</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>House Wife</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Charles E Fink</u>		
Father's Name	<u>John Brook Boyle</u>		Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Elizabeth M Scott</u>		Mother's Birthplace	<u>Ido</u>	
Name of person giving Information	<u>Chas E Fink</u>		How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

Primary	<u>Chronic Bronchitis</u>	How long	<u>(90) many years</u>
Immediate	<u>Heart failure</u>	How long	<u>1 week</u>

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

Signature of Physician E. M. Sullivan
Address Westminster Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Shaver
at Johns Hopkins University

Name
in
Full

Edward C. Fowler

NO 616
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster ^{County} Carroll MARYLAND

Date of death 1910 ^{Month} Aug ^{Day} 10 ^{Age} 66 ^{Years} ^{Months} 5 ^{Days} 9

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

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

Married, Single or Widowed Widower ^{Name of Wife or Husband} Mary C. Brown

Father's Name Edward Fowler ^{Father's Birthplace} Maryland

Mother's Maiden Name Lucinda Weaver ^{Mother's Birthplace} Md

Name of person giving Information Mary C. Coffersmith ^{How related to deceased} daughter

CAUSES OF DEATH

(29)

PHYSICIAN
OR CORONER

Primary ^{How long} Consumption Two years

Immediate ^{How long} Apoplexy One day

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Jas. H. Bittigle

^{Address} Westminster Md

Accident or Suicide No

St. John
Shannon

Name in Full

Lydia Fitzgibbon

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at mt airy ^{town} Carroll ^{County} MARYLAND

Date of death 1910 ^{Month} August ^{Day} 11 ^{Age} 3 ^{Years} — ^{Months} — ^{Days} —

Sex Female Color or Race white Birth-place Baltimore

Occupation — Where Residing if not at place of death 2747 Prospect St Baltimore Md

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

Father's Name do not know Father's Birthplace —

Mother's Maiden Name do not know Mother's Birthplace —

Name of person giving information mother (Hospital records) How related to deceased mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary meninges How long one month

Immediate Dis Colitis How long ten days

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

Signature of Physician Branch Craig

Address mt airy md

Accident or Suicide? —



Name
in
Full

Lavinia Fuss

No 614
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Frizzleburg Town Carroll County MARYLAND

Date of death 1900 Aug 3 3 80 Age 7 18 Months 18 Days

Sex Female Color or Race White Birth-place Maryland

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband

Father's Name Jacob Bittle Father's Birthplace Maryland

Mother's Maiden Name Susan Smith Mother's Birthplace Maryland

Name of person giving Information Harry Bittle How related to deceased Nephew

CAUSES OF DEATH

Primary Causes of Lungs How long Unknown

Immediate General Paralysis How long One

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

Yes.

Signature of Physician

Luther Kemp
Uniontown Pa.

Address

Accident or Suicide

PHYSICIAN
OR CORONER

St Benfann
Stones

Name
in
Full

No 669
CERTIFICATE OF DEATH

Abraham Isaac Geiman

Died at ^{town} Westminster ^{County} Carroll MARYLAND

Date of death 1940 ^{Month} Aug ^{Day} 13 ^{Age} 68 ^{Years} ^{Months} 3 ^{Days} 22

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

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

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

Father's Name ^{David Geiman} Father's Birthplace ^{Maryland}

Mother's Maiden Name ^{Belinda Cassell} Mother's Birthplace ^{Maryland}

Name of person giving Information ^{Nesley Geiman} How related to deceased ^{Son}

CAUSES OF DEATH

Primary ^{Arthritis Deformans} How long ^{14 years}

Immediate ^{Gastritis} How long ^{Five months}

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

Signature of Physician

Address

John J. Stewart
Westminster
MD

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Brother Councils
Mount

Name
in Full

Hardenia Virginia Gibson

CERTIFICATE OF DEATH

Died at Eldersburg ^{Town} Carroll ^{County} MARYLAND

Date of death 1940 Aug 4 Age 81

Sex Female Color or Race White Birth-place South Spring
Touisa Co Va

Occupation Housewife Where Residing if not at place of death at Place of death

Married, Single or Widowed Married Name of Wife or Husband Jackson Gibson

Father's Name Geo Gibson Father's Birthplace Touisa Co Va

Mother's Maiden Name Sylvania Dorton Mother's Birthplace Touisa Co Va

Name of person giving Information John A Myers How related to deceased Son in Law

CAUSES OF DEATH

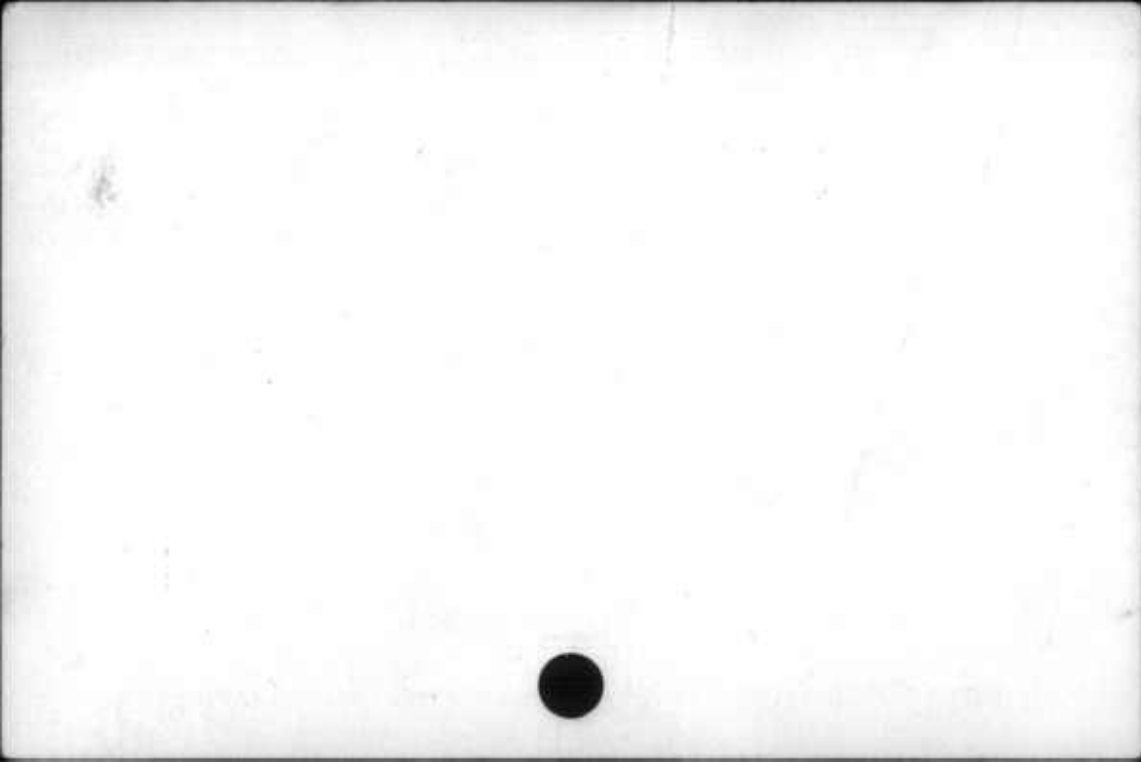
(54)

Primary Paralysis of the Bowels How long 10 days
Immediate

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

Signature of Physician R. H. Wells
Address Lumberton Md

Accident or Suicide



Name
in Full

Ethel Louise Giggard

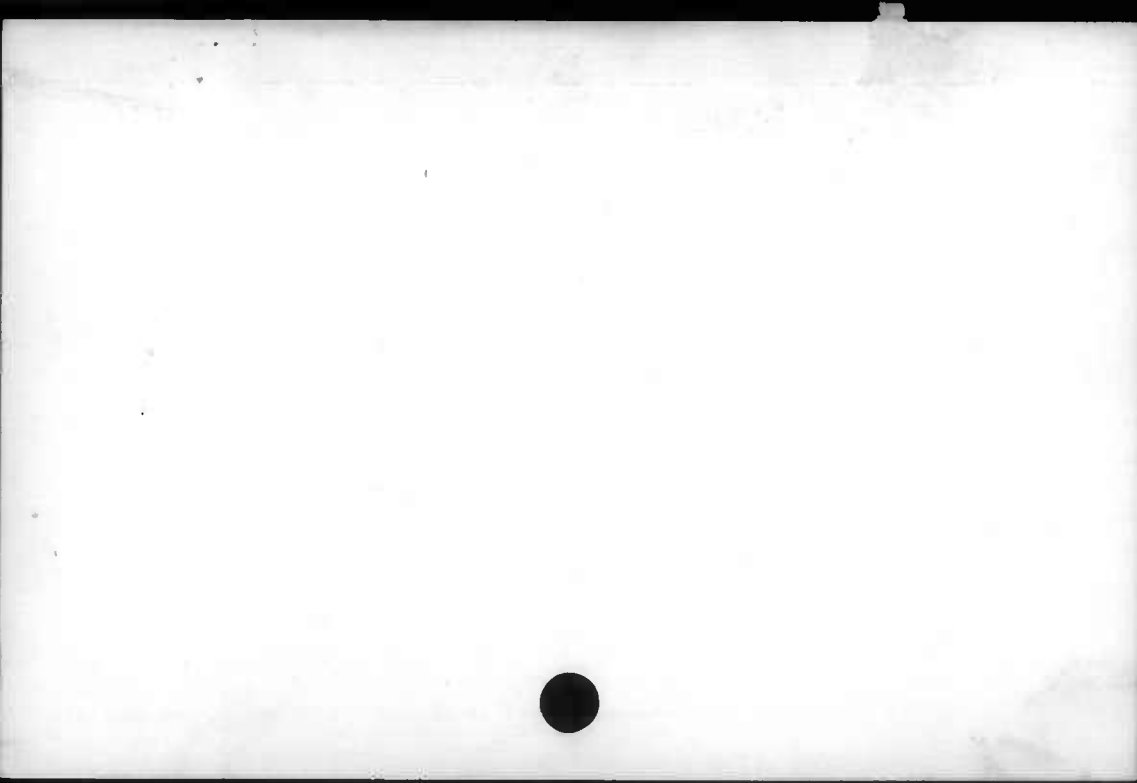
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cranberry		County		MARYLAND	
Date of death 1960		Month Aug	Day 25	Age 4	Years	Months 2	Days 15
Sex	Female	Color or Race	White		Birthplace	Carroll Co Md	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	-		Name of Wife or Husband				
Father's Name	Simon Giggard				Father's Birthplace		
Mother's Maiden Name	Susie R. Hosfeldt				Mother's Birthplace		
Name of person giving information	Simon Giggard				How related to deceased		
				Father			

CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary	Dysentery	How long	3 weeks
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
			J. H. Sherman M.D.	
Address		Manchester		
		Md		
Accident or Suicide				



Name
in
Full

George Melvin Higggard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Cranberry ^{County} Carroll MARYLANDDate of death 1900 ^{Month} Aug ^{Day} 8 Age ^{Years} 4 ^{Months} 1 ^{Days} 27

Sex Male Color or Race White Birth-place Cranberry

Occupation — Where Residing if not at place of death —

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

Father's Name Simon Higggard Father's Birthplace Carroll Co Md

Mother's Maiden Name Susie R Honfeldt Mother's Birthplace Carroll Co Md

Name of person giving Information Simon Higggard How related to deceased Father

CAUSES OF DEATH

Primary Dysentery How long 6 Days

Immediate — How long —

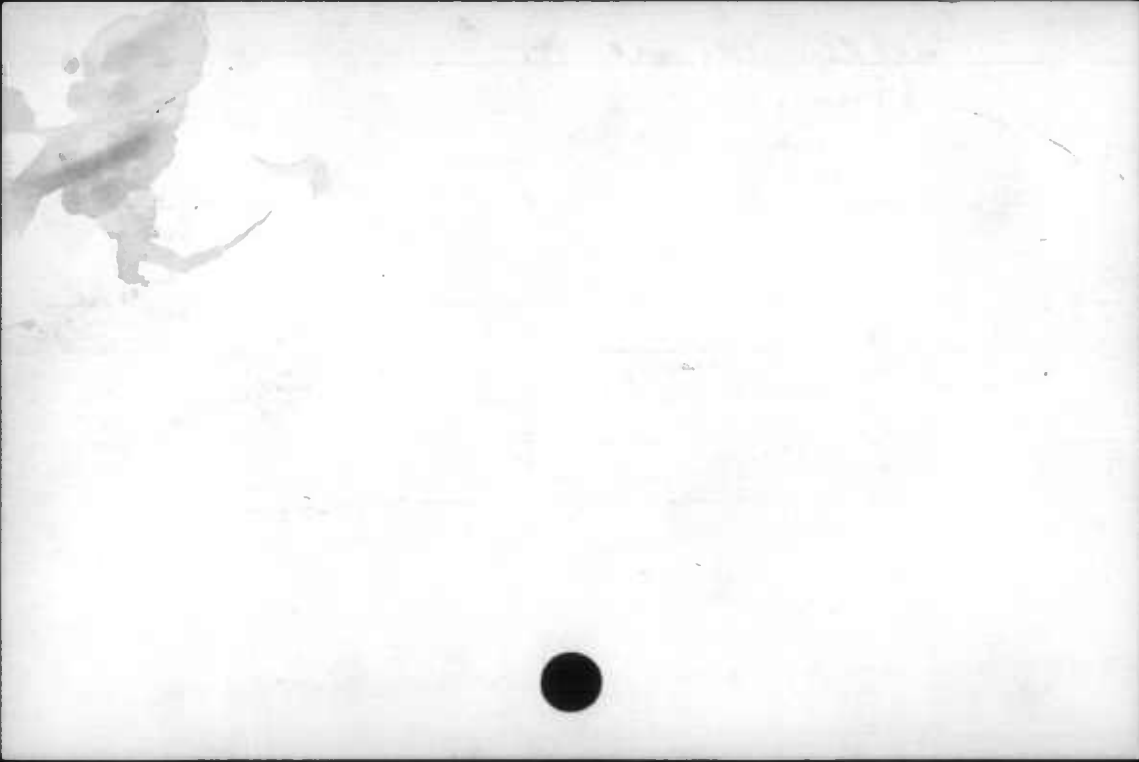
Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician J. H. Sherman M.D.

Address Manchester Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full

Cathrine Marie Harman

No 622
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *Trizellburg* ^{County} *Carroll Co.* **MARYLAND**

Date of death 1900 ^{Month} *aug* ^{Day} *25* Age ^{Years} ~~50~~ ^{Months} *5* ^{Days} *15*

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

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

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

Father's Name *J. Wilbur Harman* Father's Birthplace *Carroll Co. Md*

Mother's Maiden Name *Mary B. Hewons* Mother's Birthplace *Carroll Co. Md*

Name of person giving Information *J Wilbur Harman* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Capillary Bronchitis* How long *16 Days*

Immediate *hemorrhages* How long *—*

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

Signature of Physician *J. Stewart*

Address *—*

Accident or Suicide

Meadow Branch Cemetery
Movers

Name
in Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Suburban "Sh. H" Carroll* County

Date of death 1940 *Aug* Month *31* Day Age *79* Years *November* Months *November* Days

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

Occupation *Commissioner Ind.* Where Residing if not at place of death

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

Father's Name *Giles Hawkins* Father's Birthplace *Pa.*

Mother's Maiden Name *Rosanna Lane* Mother's Birthplace *Balto*

Name of person giving information *Mont J. Summers* How related to deceased *Nephew*

CAUSES OF DEATH

Primary *Senile Dementia* How long *10 years*

Immediate *Exhaustion - After body fix* How long *Three weeks*

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

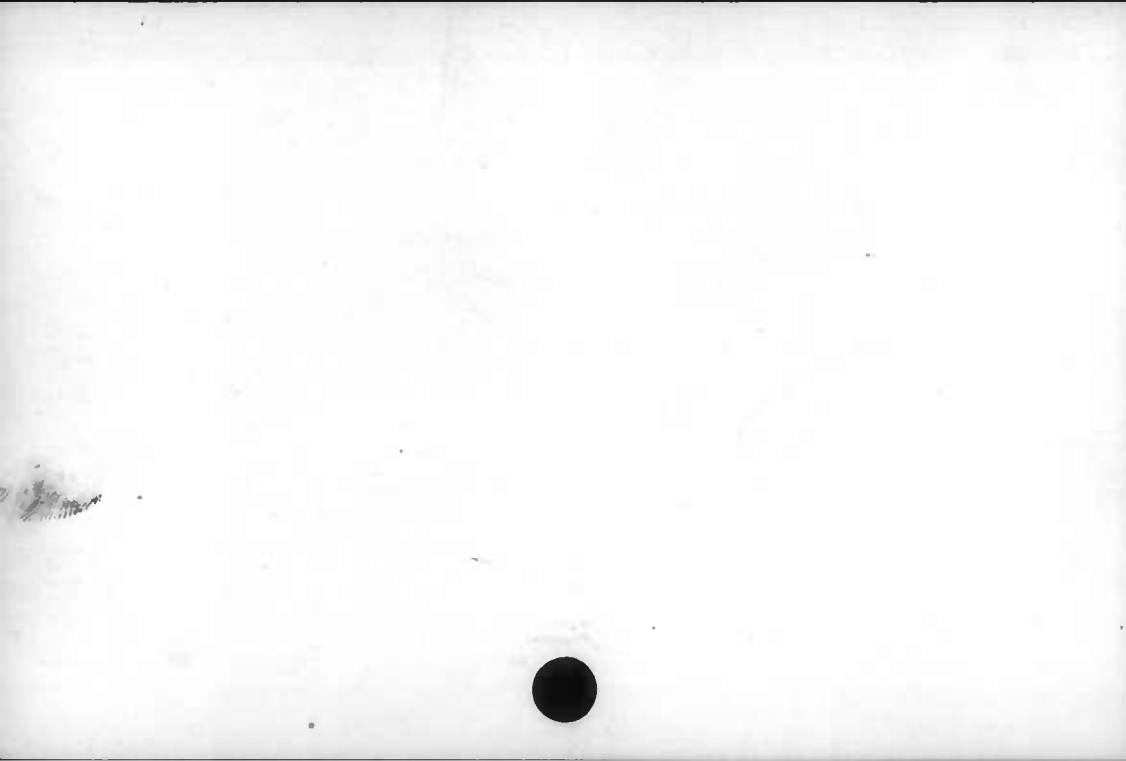
Signature of Physician

Address

Accident or Suicide

OFFICE SUPPLY CO. 2364

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Nausie Hawkins

No 623
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster ^{Town} County Carroll MARYLAND

Date of death 1940 ^{Month} Aug ^{Day} 26 Age 72 ^{Years} 3 ^{Months} 9 ^{Days}

Sex Female Color or Race Colored Birthplace Maryland

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Widow Name of Wife or Husband Joseph Hawkins

Father's Name Charles Barnes Father's Birthplace Maryland

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

Name of person giving information Mrs Mary Bamforth How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary _____ How long _____

Immediate Paralysis How long 3 Days

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

Signature of Physician [Signature]

Address Westminster Md

Accident or Suicide

Wm. H. C. Secretary
M. H. H.

Name in Full

Benneth B Knott

CERTIFICATE OF DEATH

Died at *Bruceville* Town *Carroll* County **MARYLAND**

Date of death *1960 Aug 26* Age *6* Years *6* Months *2* Days

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

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

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

Father's Name *Boy J Knott* Father's Birthplace *Carroll Co Md*

Mother's Maiden Name *Bronce Duke* Mother's Birthplace *Fredricks Co*

Name of person giving information *Benedict Knott* How related to deceased *Grandfather*

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary *Chronic Hydrocephalus* How long *3 mos*

Immediate *Meningitis* How long *2 days*

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

Signature of Physician *C. H. Diller*

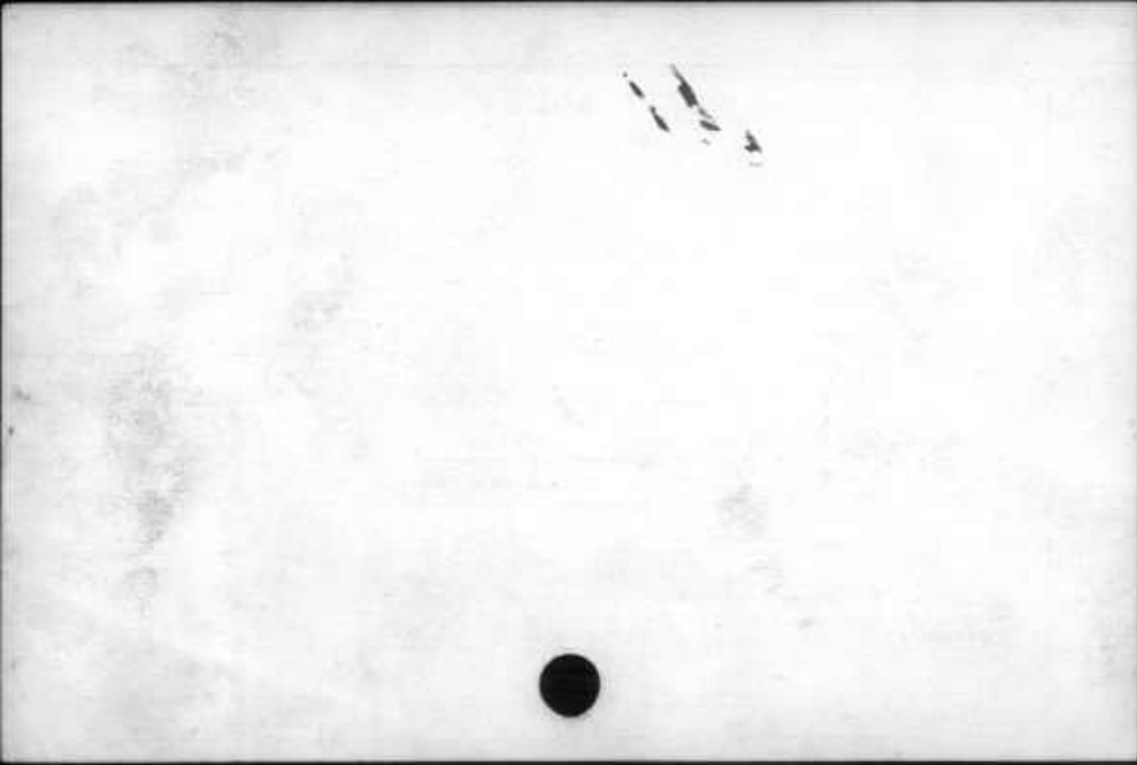
Address *Ditons Md*

No

Accident or Suicide *No*

PHYSICIAN OR CORONER

150



Name
in
Full

Marian Estella Little

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Uniontown</i>		Town <i>Uniontown</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1900 Aug 8th</i>		Month <i>Aug</i>		Day <i>8th</i>		Age <i>15</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co.</i>		Months <i>6</i> Days <i>19</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 <input checked="" type="checkbox"/>					
Father's Name <i>William E. Little</i>		Father's Birthplace <i>Carroll Co.</i>					
Mother's Maiden Name <i>Maggie J. Myers</i>		Mother's Birthplace <i>Carroll Co.</i>					
Name of person giving Information <i>William E. Little</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inflammatory Rheumatism</i>		How long <i>47</i> <i>6 wks</i>	
Immediate <i>Endocarditis, Mitral Insuff. & Ch. Nephritis</i>		How long <i>5 mos.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Luther Kemp</i>	
		Address <i>Uniontown, Md.</i>	
Accident or Suicide			



Name
in
Full

William H. McQuay

CERTIFICATE OF DEATH

Died at ^{Town} *Winfield* ^{City} *Carroll* **MARYLAND**

Date of death 19*40* Month *8* Day *12* Age *65* Months *3* Days *27*

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

Occupation *Farming* Where Residing if not at place of death *near Winfield, Md.*

Married, Single or Widowed *Married* Name of Wife or Husband *Julia A. V. Kaufman*

Father's Name *James H. McQuay (deceased)* Father's Birthplace *Carroll Co., Md.*

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

Name of person giving Information *Julia A. V. McQuay* How related to deceased *Wife.*

CAUSES OF DEATH

Primary *Spinal Neuritis* How long *2 1/2 yrs.*

Immediate *Degenerative Progressive Paralysis* How long *9 months*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *E D Crook*

Address *Winfield*

Accident or Suicide *Carroll Co.*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Blumeyer

Name
in
Full

Eliza Matthias

10620
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town *Tammy* County *Carroll* **MARYLAND**

Date of death 1910 Month *Aug* Day *18* Age *72* Years *4* Months *14* Days

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

Occupation _____ When Residing if not at place of death _____

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

Father's Name *Leont Know* Father's Birthplace _____

Mother's Maiden Name *Leont Know* Mother's Birthplace _____

Name of person giving Information *Harry Matthias* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *several*

Immediate *Dysentery & Nephritis* How long *4 days - 2 weeks*

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

Signature of Physician *Chas R. Foutz*

Address *Washington*

Accident or Suicide *—*

Sister's Secretary,
Sharon.

Name
in
Full

Sarah Millender

CERTIFICATE OF DEATH

Died at

Hampstead Carroll

MARYLAND

Date
of death

1910 Aug 18

Age 63

Sex

Female

Color or
Race

White

Birth-
place

Virginia

Occupation

Housewife

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

Married

Name of Wife or
Husband

Caspar Millender

Father's
Name

Thomas McLaughlin

Father's
Birthplace

Unknown

Mother's
Maiden Name

Eliza A Robison

Mother's
Birthplace

Unknown

Name of person giving
Information

Caspar Millender

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Acute Dysentery

How long

36 hrs.

Immediate

Heart Failure

How long

12 "

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

Yes.

Signature of
Physician

Edgar M. Bush, M.D.

Address

Hampstead Md

Accident or Suicide

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Joseph C. Nee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sykesville</u> Town		County		MARYLAND	
Date of death 19 <u>10</u> Month <u>Aug</u> Day <u>15</u>	Age <u>38</u> Years	Months <u>2</u>	Days <u>15</u>		
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Carroll Co. Md</u>			
Occupation <u>Telegraph Laborer</u>	Where Residing if not at place of death <u>_____</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>_____</u>				
Father's Name <u>Conner Nee</u>	Father's Birthplace <u>Carroll Co. Md.</u>				
Mother's Maiden Name <u>Bridget Faithy</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving Information <u>Mary B. Myers</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>Don't Know</u>
Immediate <u>Exhaustion</u>	How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Samuel D. Brecher</u>
	Address <u>Sykesville Md.</u>
Accident or Suicide <u>_____</u>	



Name
In
Full

CERTIFICATE OF DEATH

William Newrot

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sykesville* Town *Carroll* County **MARYLAND**

Date of death *1900 Aug.* Month *Aug.* Day *24th* Age *6.* Years Months Days

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

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Simon Newrot

Father's Birthplace

Md.

Mother's Maiden Name

Emma Green

Mother's Birthplace

Md.

Name of person giving information

Simon Newrot

How related to deceased

Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

Icterus Neovatorum

How long

1 day

Immediate

How long

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

Signature of Physician

Address

M. A. V. Smith M.D.

Stansville

Md.

Accident or Suicide



Name
In Full

James Monroe Otto

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Maidensville		County Calloway		MARYLAND	
Date of death	1910	Month	Aug	Day	31	Age	2
Sex	Male	Color or Race	White	Birth-place	md	Months	
Occupation				Where Residing if not at place of death	Maidensville		
Married, Single or Widowed	—		Name of Wife or Husband	—			
Father's Name	Samuel Otto			Father's Birthplace	md		
Mother's Maiden Name	Lillie M. Fritz			Mother's Birthplace	md		
Name of person giving information	Samuel Otto			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Gastrointestinal Tuberculosis	How long	28	1 month
Immediate	Severe	How long		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Luther Kemp	
	Address		Uniontown Md	
Accident or Suicide?				



Name in Full *Margaret Reese.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Dist. *West* *Dennings* Town County *Carroll* MARYLAND

Date of death 1960 Month *8* Day *22* Age *—* Years Months *1* Days *7*

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

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

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

Father's Name *Reamus Reese* Father's Birthplace *Carroll Co., Md.*

Mother's Maiden Name *Goldie J. Cushing* Mother's Birthplace *" " "*

Name of person giving Information *George H. Cushing* How related to deceased *Grand father,*

(104)

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Gastro-enteritis* How long *2 weeks*

Immediate *"* How long *"*

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

Signature of Physician *E D Brant*

Address *Winfield Carroll Co*

Accident or Suicide

A. James

Name
in Full

George N. Beid

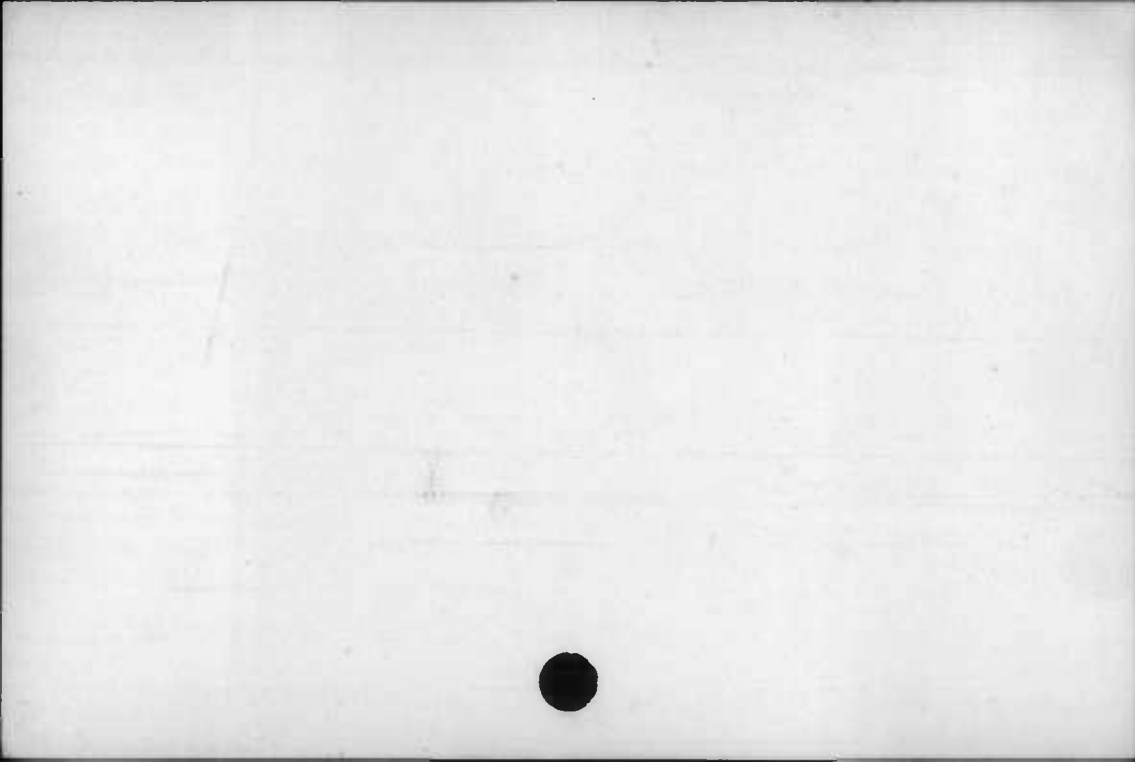
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Lancetown</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1910	Month	Aug	Day	17
Age	73	Years		Months	7
		Days	20		
Sex	Male	Color or Race	White	Birth place	Carroll Co Md
Occupation	Carpenter		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Jacob. Beid			Father's Birthplace	Carroll Co Md
Mother's Maiden Name	Elizabeth Sless			Mother's Birthplace	" " "
Name of person giving information	David L Beid			How related to decedent	Brother

PHYSICIAN
OR CORONER

CAUSES OF DEATH		
Primary	<i>with Cardiac asthma</i> Organic Heart Trouble	How long <i>79</i>
Immediate	Attack Cardiac asthma	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician <i>C. M. Brenner M.D.</i>
		Address <i>Lancetown Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Dothia Shilk*
Miller ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death **190** ^{Month} *August* ^{Day} *29* ^{Years} *78* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *W* Birthplace *Germany*

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

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

Father's Name *Donch Knorr* Father's Birthplace *Germany*

Mother's Maiden Name *Sophia Lavasia* Mother's Birthplace *Germany*

Name of person giving Information *Mary Shilk* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* ^{How long} *2 years*

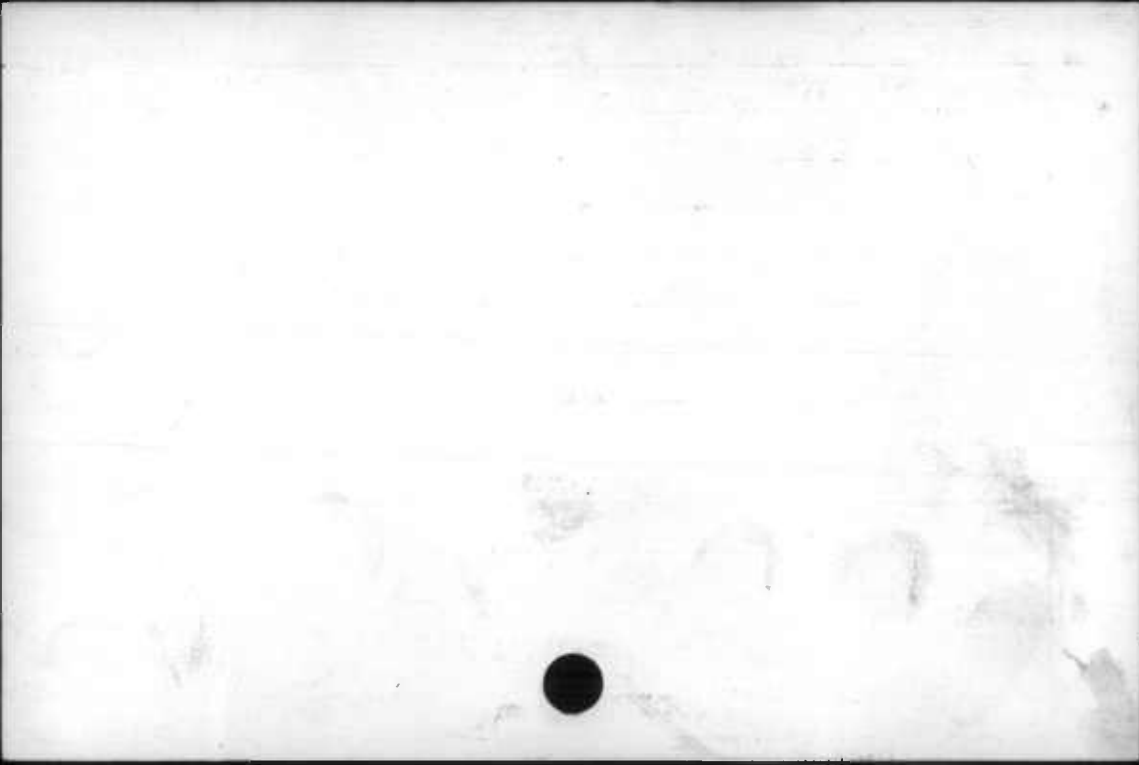
Immediate *Hemorrhage* ^{How long} *5 minutes*

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

Signature of Physician *J. P. Prestowitz*

Address *Hampstead*

Accident or Suicide *—*



Name
in
Full

Hellen Marie Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Lumberton

Town

Carroll

County

MARYLAND

Date
of death

1900

Month

Aug

Day

12

Age

Years

Months

Days

9

Sex
Occupation

Female

Color or
Race

White

Birth-
place

Lumberton

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John H Snyder

Father's
Birthplace

Carroll Co Md

Mother's
Maiden Name

Cora V. Folke

Mother's
Birthplace

Carroll Co Md

Name of person giving
Information

John H Snyder

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Open Foramen Ovale

How long

8 hours

Immediate

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

Address

J H Sherman M.D.
Manchester
Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jane Snyder</i>		Town <i>Daniel</i>		County <i>Carroll</i>		STATE MARYLAND	
Date of death <i>1940</i>		Month <i>8</i>	Day <i>22</i>	Age <i>68</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John A. Snyder</i>						
Father's Name <i>William Jonesville (deceased)</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Jessie M. Kingie</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Rebecca Underwood</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	How long <i>8 yrs</i>
Immediate	<i>Uremic Coma</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>E. D. Crank</i>
	Address <i>Winfield Carroll Co</i>	
Accident or Suicide		

Ebenezer

Name
in
Full

Robert Harlow Siniott

No 626
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminister ^{County} Carroll MARYLAND

Date of death 1910 ^{Month} Aug ^{Day} 27 ^{Age} 1 ^{Years} ^{Months} X ^{Days} 14

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 *John S. Siniott* Father's Birthplace *Maryland*

Mother's Maiden Name *Rulah M Anders* Mother's Birthplace *Maryland*

Name of person giving Information *Mrs Rulah M Siniott* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Obs-Calitis* How long *3 weeks*

Immediate *Meningitis* How long *1 week*

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

Yes

Signature of Physician

Address

L. Woodward
Westminister Md

Accident or Suicide

PHYSICIAN
OR CORNER

St. Johns Catholic Church
Monterey

Name
in
Full

John H. Trisler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Springfield State Hosp. Carroll County

MARYLAND

Date of death 1980 Aug 10th Age 31 Months — Days —

Sex Male Color or Race White Birth-place Ind.

Occupation Clerk Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Ernest H. Trisler Father's Birthplace Germany

Mother's Maiden Name unknown Mother's Birthplace Germany

Name of person giving information Hospital records How related to decedent

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

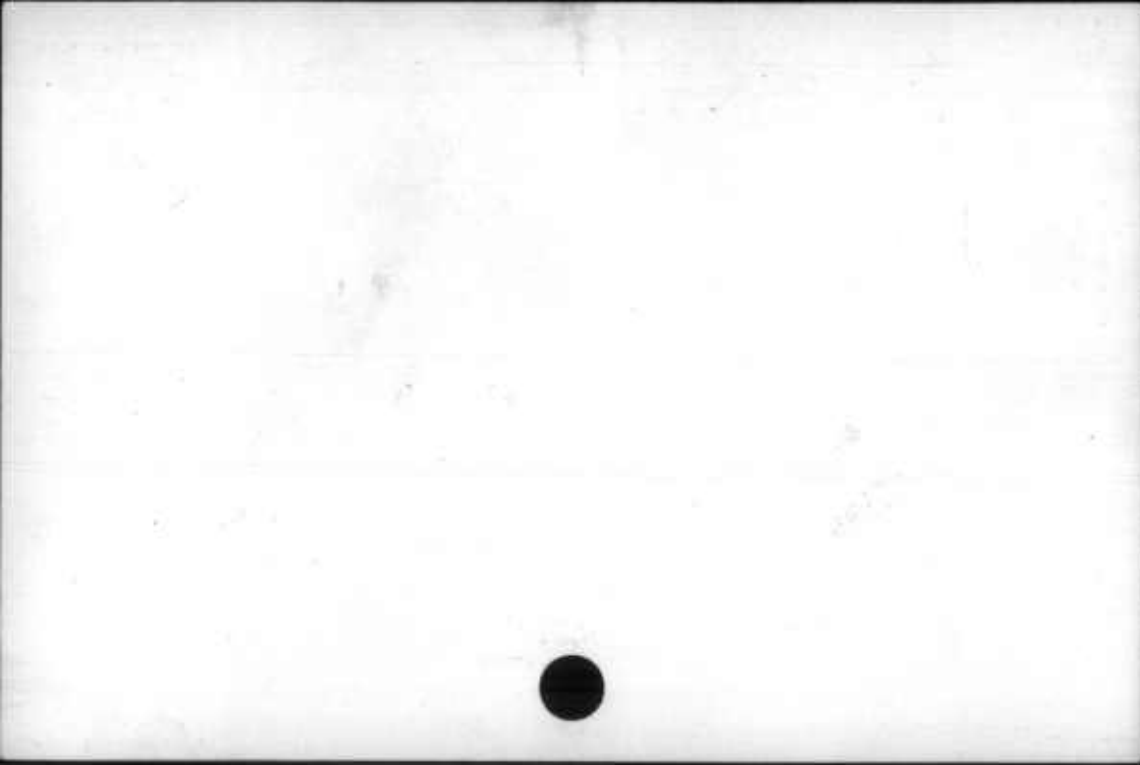
Primary Tuberculosis (acute) How long 1 month

Immediate Exhaustion How long Progressive

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

Signature of Physician S. H. Snavely
Address Springfield State Hosp
Sykesville, Md.

Accident or Suicide No



Name in Full

Catharine Marie Troxell -

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *Mr. Seton* ^{County} *Carnool* **MARYLAND**
 Date of death 19*40* ^{Month} *Aug* ^{Day} *22* ^{Age} *—* ^{Years} *—* ^{Months} *5* ^{Days} *11*
 Sex *Female* Color or Race *White* Birth place *Mr. Seton Md.*
 Occupation *none* Where Residing at place of *at home*
 Married, Single or Widowed *single* Name of Wife or Husband *—*
 Father's Name *Lester Troxell* Father's Birthplace *Fredesin Co.*
 Mother's Maiden Name *Lorena Loretta Fox* Mother's Birthplace *Rocky Ridge Md.*
 Name of person giving Information *Lester Troxell* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Enteric Colitis* How long *5 days*
 Immediate *Convulsions* How long *3 hours*
 Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *Chas. W. Dellen*
 Address *Seton Md*
 Accident or Suicide *No*



Name
in
Full

William Howard Wheatley
Town: Sykesville County: Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at Sykesville
Date of death 1900 Aug 9
Age 9
Sex Male Color or Race White Birth-place Sykesville.
Occupation _____ Where Residing if not at place of death _____

TO BE ANSWERED BY
NEAREST FRIEND

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name Benj F. Wheatley Father's Birthplace Howard Co Md
Mother's Maiden Name Amanda Orcutt Mother's Birthplace Howard Co Md
Name of person giving Information Benj F. Wheatley How related to deceased Father

CAUSES OF DEATH

Primary Gastro-Enteritis How long 48 hours
Immediate Exhaustion How long _____

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician James B. Sprecher
Address Sykesville, Md.
Accident or Suicide _____



Name in Full

George D. Willett

CERTIFICATE OF DEATH

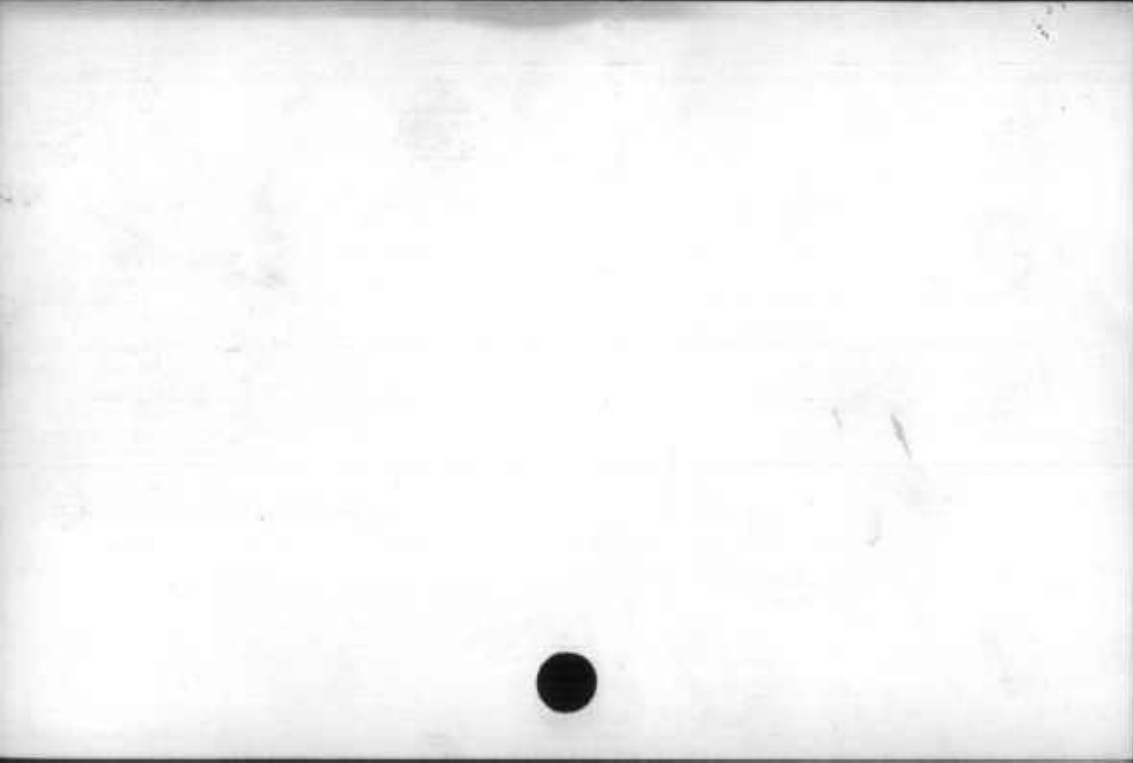
TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Springfield</i>		County <i>Carrall</i>		State <i>MARYLAND</i>	
Date of death	<i>1960</i>	Month <i>Aug</i>	Day <i>16</i>	Age <i>51</i>	Years	Months	Days
Sex	<i>male</i>	Color or Race	<i>White</i>		Birth-place	<i>Penn.</i>	
Occupation	<i>Labourer</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband		<i>Unknown</i>			
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>Hospital record</i>				How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Epileptic dementia</i>	How long	<i>69</i> <i>14 yrs.</i>
Immediate	<i>Acute Gastritis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, data and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas. J. Curly</i>
		Address	<i>Sykesville Md.</i>
Accident or Suicide	<i>no</i>		



Name
in Full

Ammanda L Williams

CERTIFICATE OF DEATH

Died at ^{Town} Kenns ^{County} Carroll MARYLANDDate of death ^{Month} 1960 Aug ^{Day} 21 ^{Years} Age 68 ^{Months} No ^{Days} NoSex Female Color or Face White Birth-place Jork Co PaOccupation Housewife Where Residing if not at place of deathMarried, ~~Single~~ Married Name of ~~Wife~~ Henry T. Williams HusbandFather's Name Jacob Hummer Father's Birthplace Jork Co PaMother's Maiden Name Catherine Bremer Mother's Birthplace " " "Name of person giving Information Henry T Williams How related to deceased HusbandTO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Organic Heart disease with chronic nephritis How long Several yearsImmediate Chronic nephritis with dropsy How long 10 daysAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician S. M. Bremer M.D.Address Daneyton MdAccident or Suicide _____PHYSICIAN
OR CORONER



Name
in
Full

Peter J. Wisner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Putapsico* Town *Carroll* County **MARYLAND**

Date of death 19*40* Month *8* Day *3* Age *70* Years Months *7* Days *3*

Sex *male* Color or Race *white* Birth-place *md*

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

Married, Single or Widowed *married* Name of Wife or Husband *Sophie M. Beckly*

Father's Name *unknown* Father's Birthplace *unk known*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving Information *Carroll J. Wisner* How related to deceased *son*

CAUSES OF DEATH

113

PHYSICIAN
OR CORONER

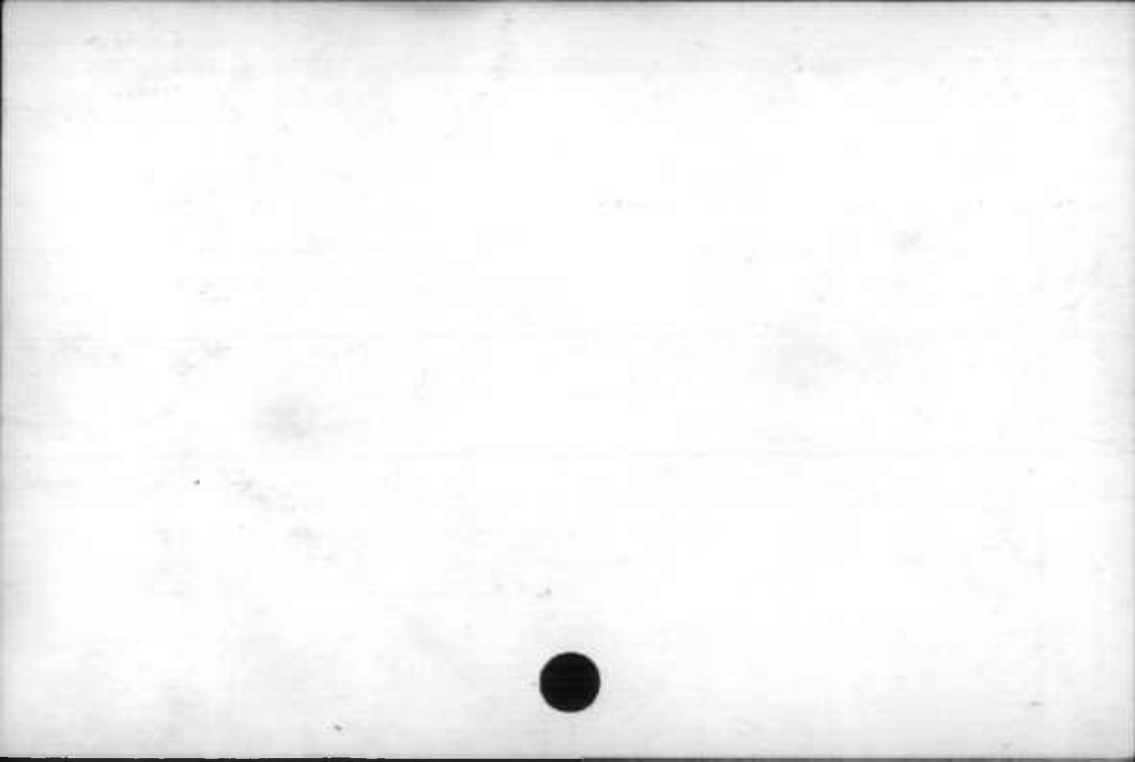
Primary *Carcinosis of Liver* How long *3 yr*

Immediate

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

Signature of Physician *Joel Wilson* Address *Fablesby md*

Accident or Suicide



Name in Full

William Rogers Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Union Bridge Carroll MARYLAND

Date of death 1960 Aug. 12 Age 2 Months 4 Days 22

Sex Male Color or Race White Birth-place Middleburg Md

Occupation _____ Where Residing if not at place of death _____

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

Father's Name Leslie A. Wood Father's Birthplace Union Bridge

Mother's Maiden Name Rebecca E. Bowers Mother's Birthplace Middleburg

Name of person giving Information Leslie A. Wood How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Ploumain poison (milk) How long 10 hours

Immediate Exhaustion How long 3 hrs.

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

Signature of Physician T. H. Legg

Address Union Bridge, Md.

Accident or Suicida No.

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