

Name
in
Full

Mary Jane Beatty Beach

CERTIFICATE OF DEATH

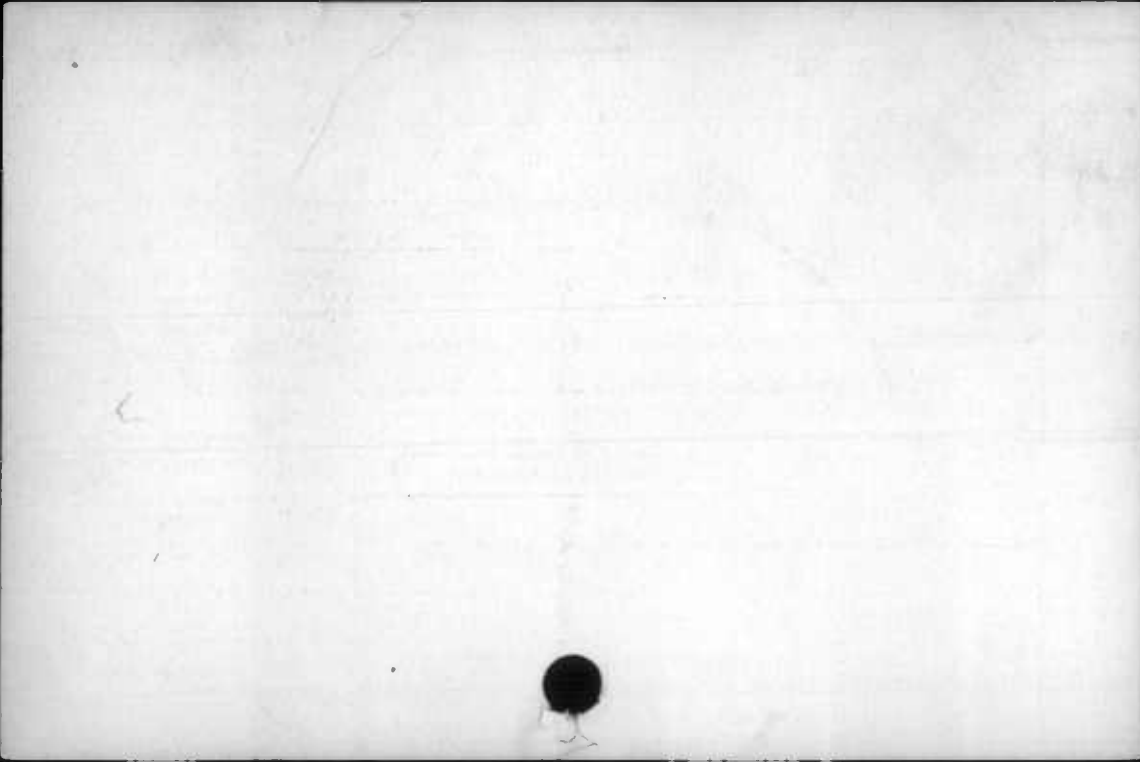
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>P. Waltersville</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1900</i>	Month <i>Aug.</i>	Day <i>24</i>	Age <i>76</i>	Months <i>2</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birthplace <i>Frederick Co. Md.</i>			
Occupation <i>Housewife</i>	Where Reading if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Mrs. H. Beach</i>				
Father's Name <i>Nickham</i>	Father's Birthplace <i>Frederick Co.</i>		Mother's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Mary Vorpusen</i>	Name of person giving information <i>William Beach</i>		How related to deceased <i>son-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart disease, Mitral insufficiency</i>	How long <i>79</i>	How long <i>Seven months</i>
Immediate			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Nicodemus</i>		
	Address <i>Waltersville Md.</i>		
Accident or Suicide?			



Name in Full

Baby Bear Gus O.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Fredrick Town Fredrick County MARYLAND

Date of death 1908 Month 8 Day 24 AGE Years 4 Months 11 Days

Sex male Color or Race white Birth-place Fredrick

Occupation none Where Residing if not at place of death —

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

Father's Name Wm Bear Father's Birthplace Fredrick

Mother's Maiden Name Blanche Knell Mother's Birthplace Fredrick

Name of person giving information Wm Bear How related to deceased father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cholera infantum How long 3 days

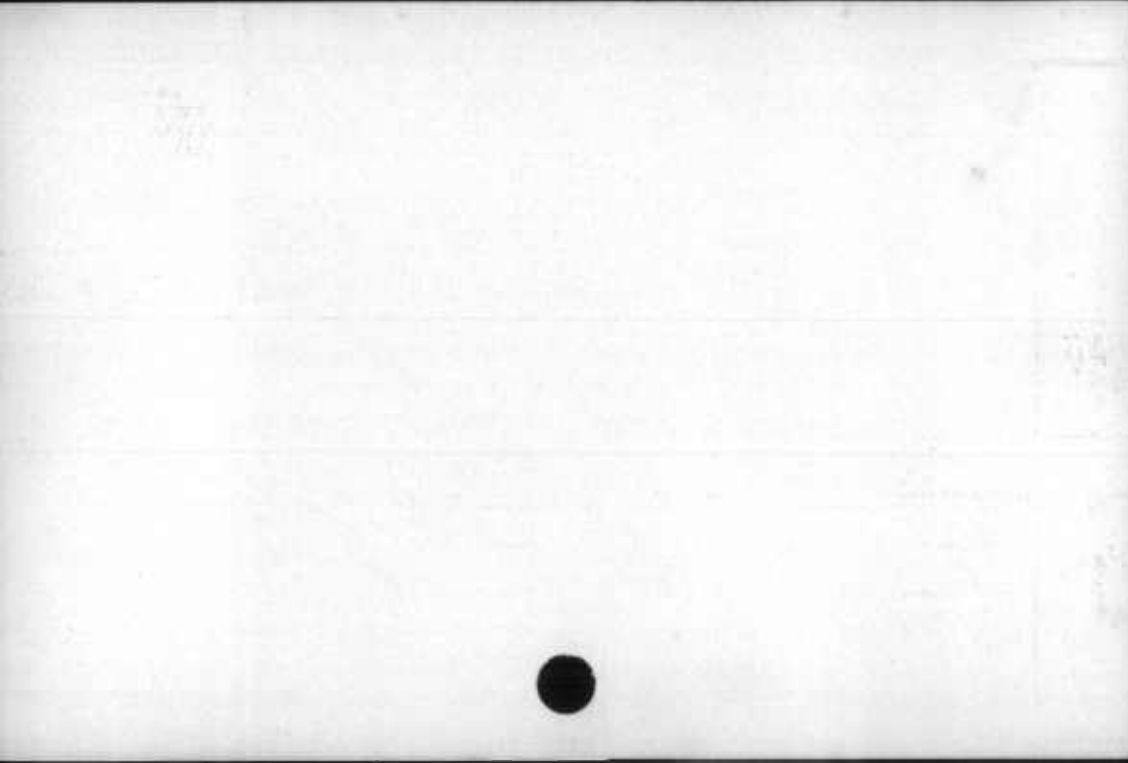
Immediate Exhaustion How long 1 day

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

Signature of Physician J. M. Goodheart M.D.

Address Fredrick Md

Accident or Suicide?



Name in Full

Sarah Teresa Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Emmitsburg ^{County} Frederick MARYLAND

Date of death 1980 ^{Month} Aug ^{Day} 30 ^{Age} 76 ^{Months} 9 ^{Days} 4

Sex Female Color or Race White Birth-place Scotland

Occupation *no touch to religious* Where Residing if not at place of death

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

Father's Name Thomas Bell Father's Birthplace Scotland

Mother's Maiden Name Mary Mellon Mother's Birthplace Scotland

Name of person giving information Sister Bernadine Orendorf How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

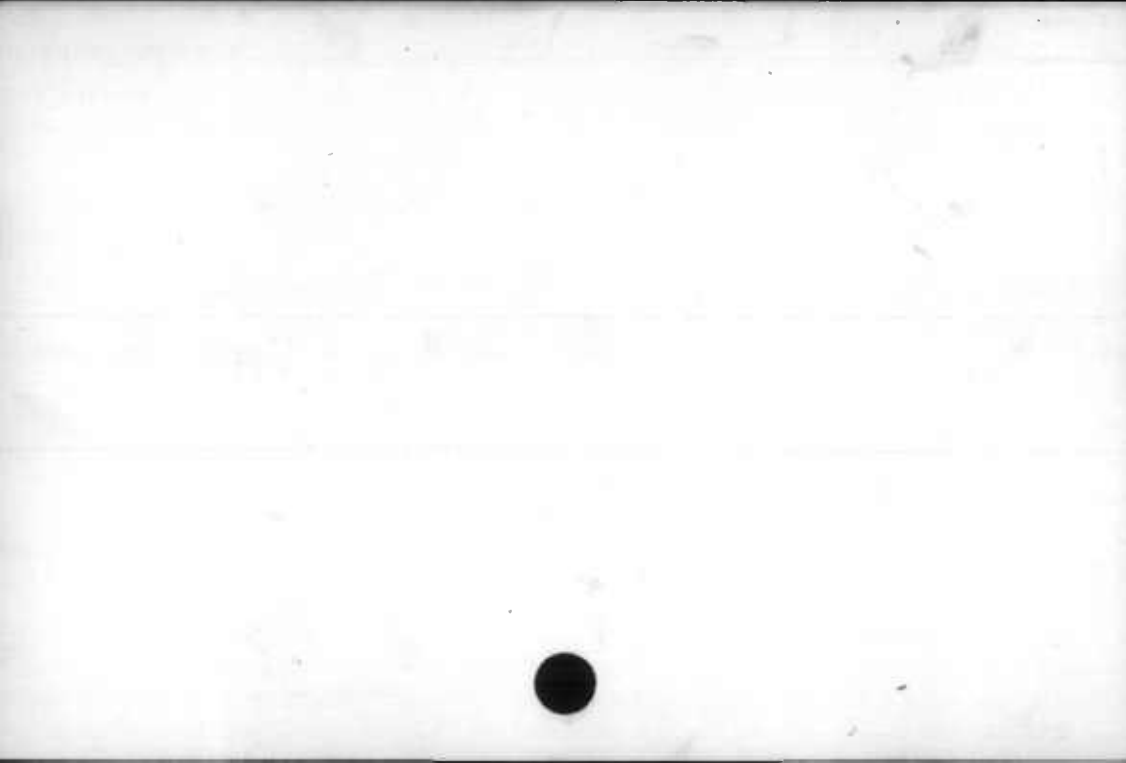
Primary *Senility* How long *15-21* *Three years*

Immediate *Apoplexy of the Brain* How long *1 day -*

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

Signature of Physician *Arthur D. Brannen, MD*
Address *Emmitsburg Md*

Accident or Suicide



Name
in
Full

John G. Bidle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Myersville</i> ^{Town}		<i>Fred. Co.</i> ^{County}		MARYLAND	
Date of death	1900	Month	Aug.	Day	11
Age	59		Years	Months	29
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Harrod, Md.</i>	
Where Residing if not at place of death			<i>Myersville, Md.</i>		
Martial- Single or Widowed	Name of Wife or Husband		<i>Martha Bidley</i>		
Father's Name	<i>Christopher Bidle</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Elizabeth Bidle</i>		Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Nedie Palmer</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks.</i>
	Immediate	<i>Sudden Heart failure</i>	How long	<i>Immediate</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Ralph Bawson</i>
	Address	<i>Myersville, Md.</i>		
Accident or Suicide				



Name
in
Full

Effie C. Brandenburg

CERTIFICATE OF DEATH

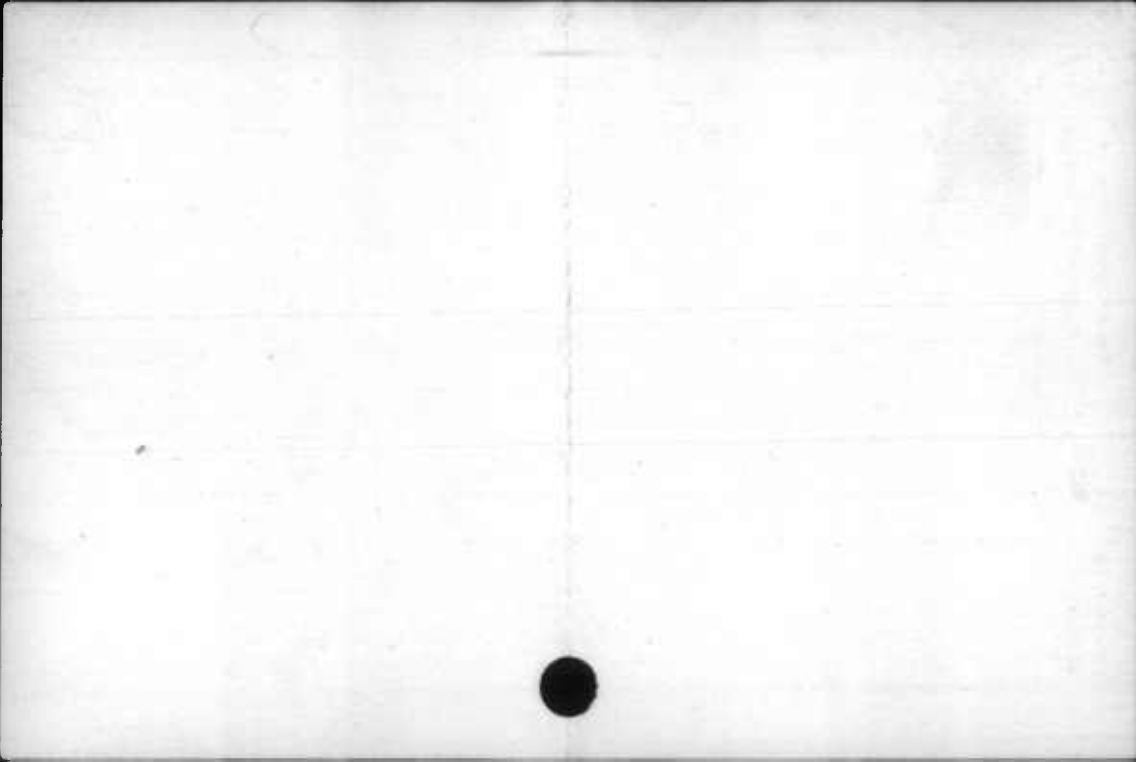
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} <i>Hamptown</i>		^{County} <i>Frederick</i>			
Date of death	1940	Month	<i>Aug</i>	Day	<i>8</i>
Age	<i>33</i>	Years	<i>6</i>	Months	<i>9</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>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>Larrison M. Brandenburg</i>		Father's Birthplace	<i>MD</i>	
Mother's Maiden Name	<i>Mary Forward</i>		Mother's Birthplace	<i>MD</i>	
Name of person giving information	<i>Oscar M. Brandenburg</i>		How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Heart disease</i>	How long	<i>2 years</i>
	Immediate	<i>Heart disease</i>	How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. E. Gaver</i>
	Address	<i>Inf Army Med</i>		
Accident or Suicide?				



Name
Full

David H. Byers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Linganore</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i> <small>Year</small>	<i>aug</i> <small>Month</small>	<i>20</i> <small>Day</small>	Age <i>76</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Farmer</i>		Where residing if not at place of death	<i>Linganore</i>	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband			
Father's Name	<i>David Byers</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>—</i>		Mother's Birthplace	<i>—</i>	
Name of person giving information	<i>Edward Byers</i>		How related to deceased	<i>son</i>	

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	<i>Cirrhosis of liver</i>	How long	<i>about two years</i>
Immediate	<i>Exhaustion</i>	How long	<i>twenty four hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		<i>A. T. Carpenter</i>
	Address		<i>Taylorville Md</i>
Accident or Suicide?			



Name
in
Full

Bertha Clarke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Urbana</i>		Town		<i>Fredrick</i>		County		MARYLAND	
Date of death <i>1900 Aug</i>		Month		<i>8</i>		Day		Age <i>32</i>	
Sex <i>Female</i>		Color or Race <i>White Am</i>		Birth place <i>Fredrick Co.</i>		Where Residing if not at place of death			
Occupation <i>Housewife</i>		Name of Wife or Husband <i>Frank</i>		Name of Birthplace <i>Frederick Co.</i>		Father's Name <i>Nicholas Grunber</i>		Father's Birthplace <i>Frederick Co.</i>	
Married, Single or Widowed <i>Married</i>		Mother's Maiden Name <i>Bertha Howard</i>		Name of Birthplace <i>Frederick Co.</i>		Name of person giving Information <i>Frank Clarke</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

Primary <i>Tuberculosis & Salivary Gland Infection</i>	How long <i>4 yrs.</i>
Immediate <i>Exhaustion</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>R. G. [unclear]</i>
Accident or Suicide <i>No.</i>	Address <i>Reampton Md.</i>

PHYSICIAN
OR CORONER



Name
in
Full

Bradley Lee Clary

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mount Airy, Fredk Co. ~~North~~

MARYLAND

Date of death 1980 - Aug. 19. Age 0 Months 0 Days 1/2

Sex Male. Color or Race White. Birth-place Mount Airy, Md.
Occupation _____ Where Residing if not at place of death _____

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

Father's Name Snethan Lee Clary. Father's Birthplace Md

Mother's Maiden Name Nicci Virginia Jones Mother's Birthplace Md

Name of person giving Information _____ How related to deceased Mother

CAUSES OF DEATH

1571B
How long

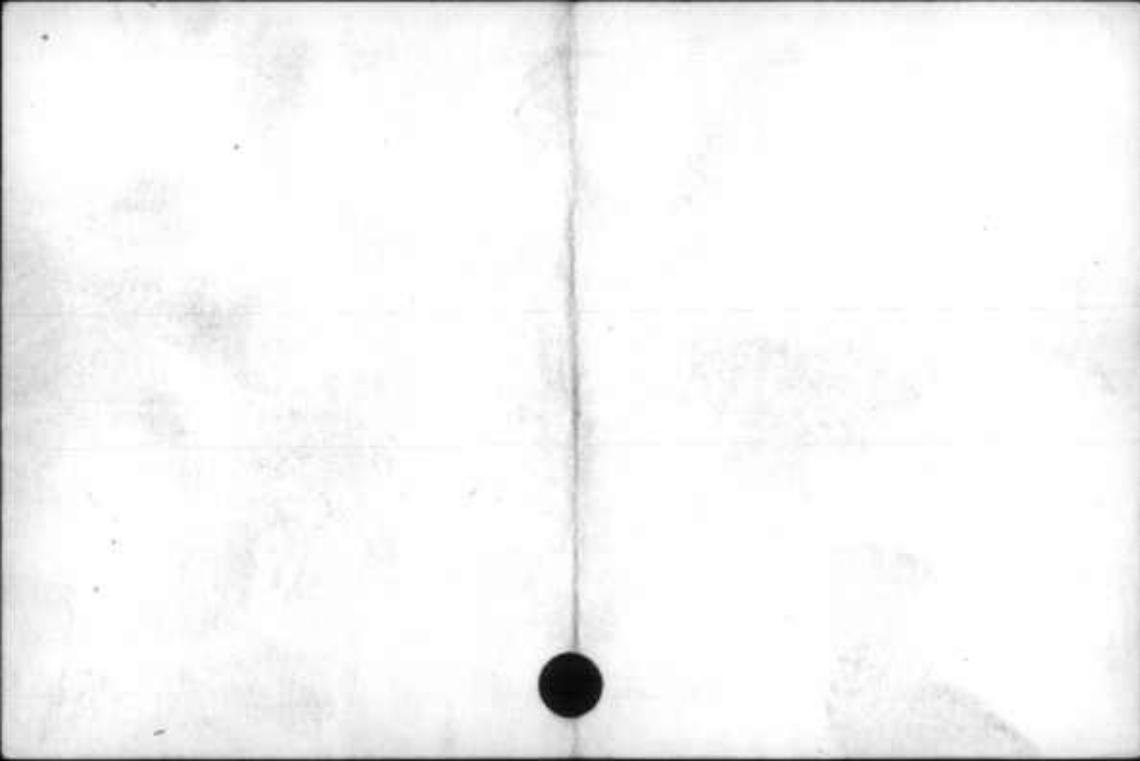
PHYSICIAN
OR CORONER

Primary Immature development How long Since birth.

Immediate " How long "

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

as far as I know Address Libon, Md
Accident or Suicide _____



Name
in
Full

Charles Cochrane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Frederick		^{County} Frederick.		MARYLAND	
Date of death 1960 Aug.		Day 4	Age 62	Months	Days +
Sex Male	Color or Race White	Birth-place Jefferson Md.			
Occupation Blacksmith	Where Residing if not at place of death X				
Married, Single or Widowed Widower.	Name of Wife or Husband				
Father's Name Cornelius Cochrane	Father's Birthplace Md & Ca Md.				
Mother's Maiden Name Margaret Hees	Mother's Birthplace Washington Md.				
Name of person giving Information Wiley Elchison	How related to deceased First Cousin				

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary Cellulitis of arm.	How long 10 days
Immediate Exhaustion	How long Medical days.
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician J. B. Johnson.
	Address Frederick, Md.
Accident or Suicide	



Name
in
Full

Theodore Luther Creager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

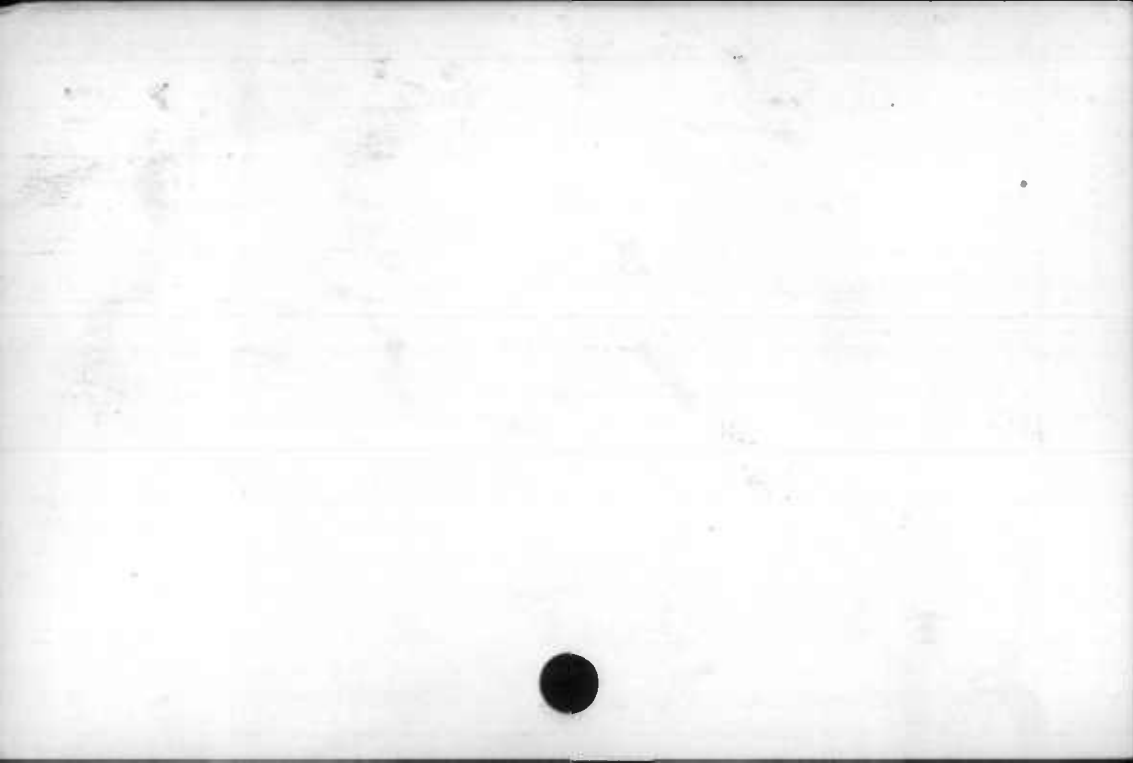
Died at ^{Town} <i>Good extent</i>		^{County} <i>Frederick</i>		MARYLAND	
Date of death	19 <i>40</i>	Month <i>Aug</i>	Day <i>17</i>	Age	<i>65</i>
Sex	<i>Male</i>		Color or Race	<i>white</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Frederick Co</i>	
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband	<i>Margaret C. Creager</i>	
Father's Name	<i>Adam - Creager</i>		Father's Birthplace	<i>Mainland</i>	
Mother's Maiden Name	<i>Eliza Toop</i>		Mother's Birthplace	<i>unknown</i>	
Name of person giving information	<i>Winfield T. Creager</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary	<i>Anemia</i>	How long	<i>Don't know</i>
Immediate	<i>General asthenia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>T. H. Legg</i>
Address	<i>Union Bridge Md</i>		
Accident or Suicide	<i>no</i>		



Name in Full

Jesse Curry

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Unionville ^{County} Frederick MARYLAND

Date of death 1910 Month 8 Day 20 Age 21 Months 2 Days 10

Sex Female Color or Race Black Birthplace Harrisburg Pa

Occupation Chambermaid 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

Mother's Maiden Name Rebecca Curry Mother's Birthplace Md.

Name of person giving Information Mrs H Curry How related to deceased Uncle

CAUSES OF DEATH

Primary Typhoid Fever How long Three weeks

Immediate Intestinal Haemorrhage How long Two days

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

Signature of Physician M. S. Chase Address Unionville Md.

Accident or Suicide

008 Field do 1

Name
in Full

Beatrice Louise Dayhoff

CERTIFICATE OF DEATH

Died at ^{Town} *W. Irving Frost* ^{County} *Frederick* MARYLANDDate of death 19*41* ^{Month} *August* ^{Day} *2* ^{Years} *1941* ^{Months} *3* ^{Days} *13*Sex *girl* 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 _____

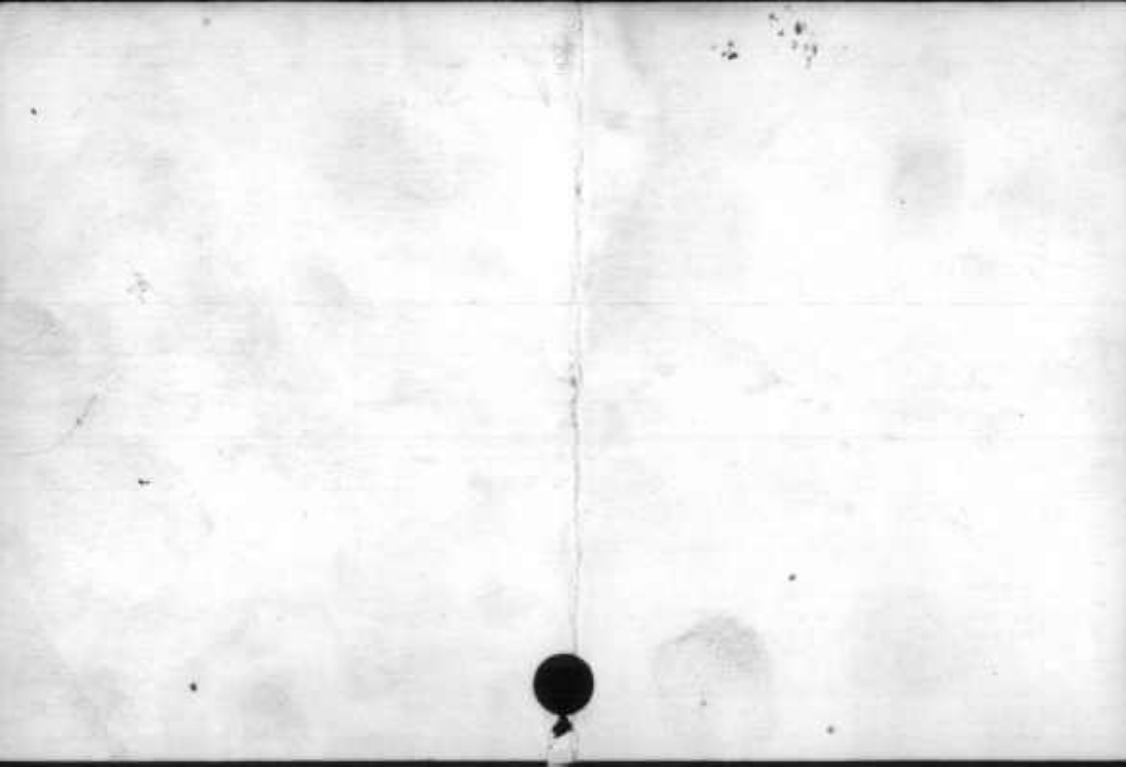
Father's Name *Morgan Dayhoff* Father's Birthplace *MD*Mother's Maiden Name *Rebecca G. Stines* Mother's Birthplace *MD*Name of person giving information *Martha Bart* How related to deceased *Aunt*

CAUSES OF DEATH

Primary *Cholera infantum* How long *1041* *two days*Immediate *convulsions* How long *two hours*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. J. Pearce*Address *Chiroquill*

Accident or Suicide _____

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
is
FullBernie Gray De Grange No. 21,
Frederick County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Mt. Airy</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	1910	Month	<i>Aug</i>	Day	<i>5</i>
Age	<i>one</i>	Years	<i>X</i>	Months	<i>X</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Near Mt. Airy</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>John W. DeGrange</i>			Father's Birthplace	<i>Frederick Co. Md</i>
Mother's Maiden Name	<i>Annie E. DeGrange</i>			Mother's Birthplace	" " "
Name of person giving information	<i>John W. DeGrange</i>			How related to decedent	<i>Father</i>

CAUSES OF DEATH

Primary	<i>Enteric Colitis</i>	How long	<i>1 wk.</i>
Immediate		How long	

PHYSICIAN
OR CORONER

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

yes

Signature of Physician

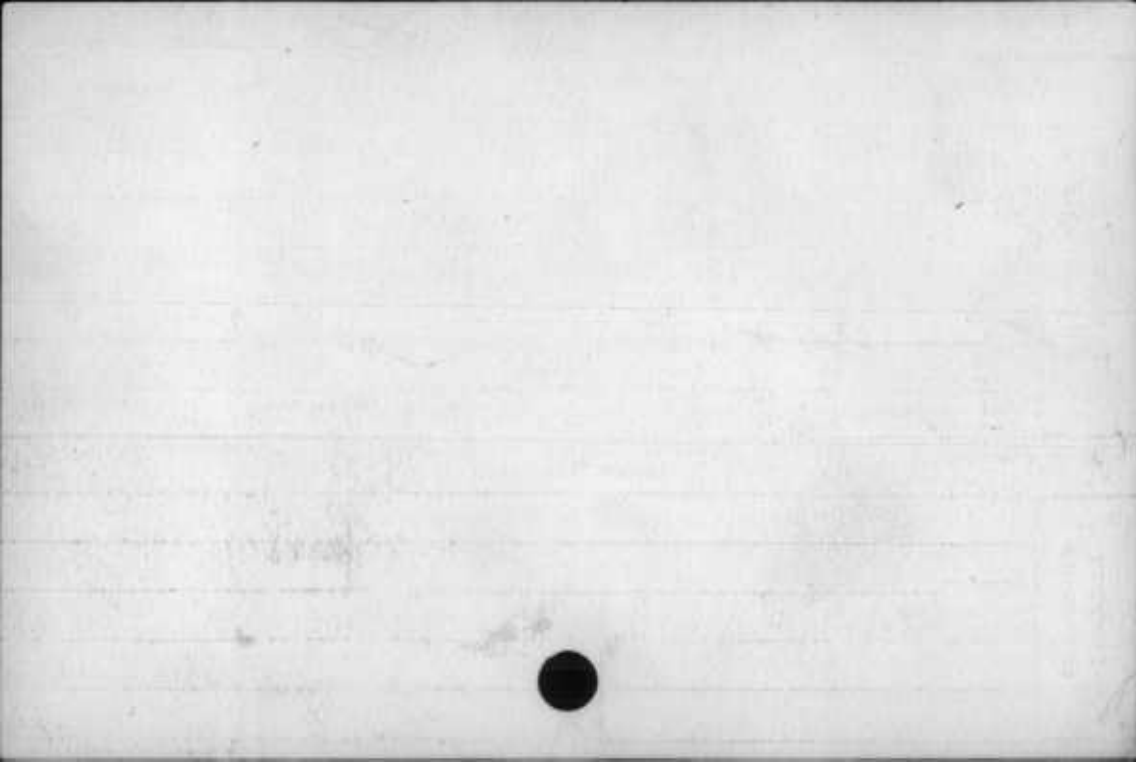
H. H. Hopewell M.D.

Address

*114
New Market*

Accident or Suicide?

no



Name
Title

CERTIFICATE OF DEATH

Alfred G. Dill

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>State Sanatorium</i> ^{Town} <i>Fredrick</i> ^{County}		MARYLAND	
Date of death 1990 Aug 29	Month	Day	Age 66
Sex <i>M</i>	Color or Race <i>White</i>	Months <i>3</i>	Days <i>7</i>
Occupation <i>Retired Remedy Merchant</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>Henry H. Dill</i>	Father's Birthplace <i>Frost Co Md.</i>		
Mother's Maiden Name <i>Sarah Ward</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Newman Myers</i>	How related to decedent <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Cardiac Arrhythmia</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>John D. Miller</i>
	Address <i>State Sanatorium Frost Co Md.</i>
Accident or Suicide?	



Name
in Full

George E. Diven

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Friedrich</i> <small>Town</small>		<i>Friedrich</i> <small>County</small>		MARYLAND	
Date of death <i>1980 Aug 10</i>		Age <i>50</i>		Months <i>4</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Va.</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <input checked="" type="checkbox"/> Married	Name of Wife or Husband <i>Dora Diven</i>				
Father's Name <i>Wm Diven</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information <i>John G. Milbrook</i>	How related to Deceased <i>Son-in-law</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Some Heart lesion, probably</i>	How long <i>Several years.</i>
	<i>central degeneration due to inflammatory Rheumatism</i>	How long
	Immediate <i>fatal as sufficient accompanied</i>	How long <i>About 1 hour.</i>
	<i>by acute indigestion</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. E. Beard M.D.</i>	
	Address <i>Friedrich Md.</i>	
Accident or Suicide <i>I saw this car</i>	<i>hit the man and he died</i>	

Internment Aug 12 & 10

" at Laurel Md.

Thomas G. Rose

7-20

Name
In Full

Leo Smith Dixon

CERTIFICATE OF DEATH

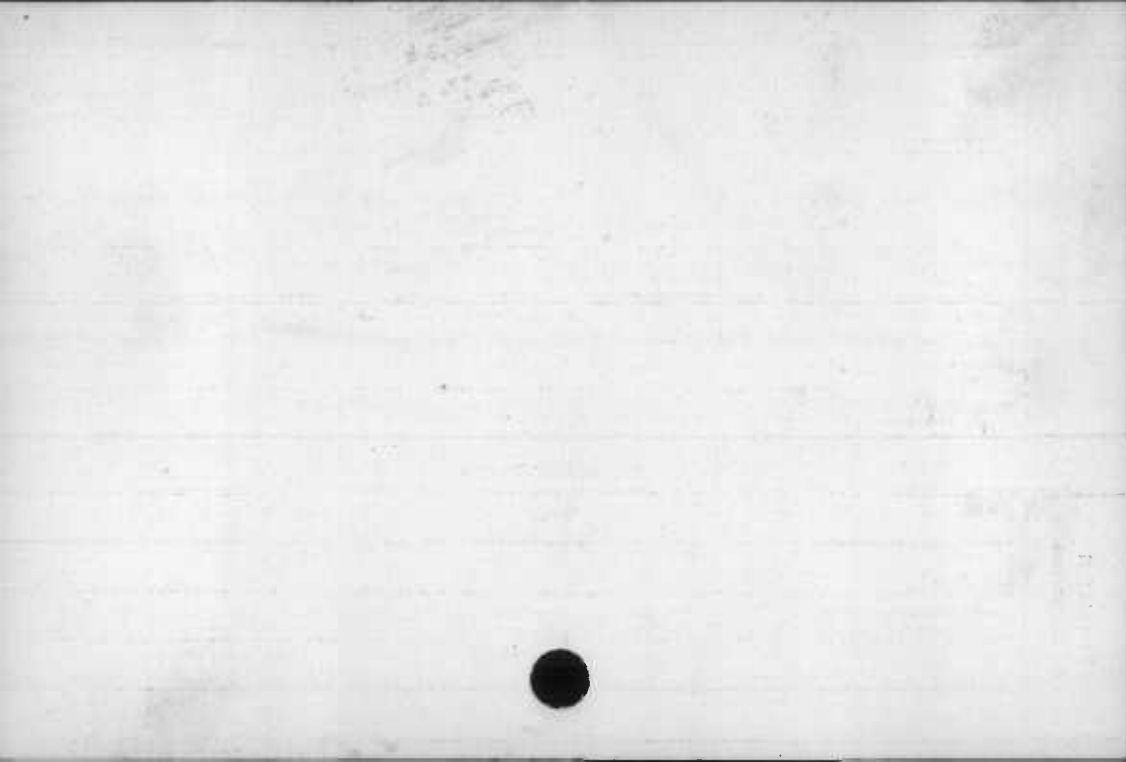
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wor Jefferson</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	<i>8</i> ^{Month}	<i>31</i> ^{Day}	Age ^{Years}	<i>4</i> ^{Months}	<i>25</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wor Jefferson</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Charles H. Dixon</i>			Father's Birthplace <i>Wor Jefferson</i>		
Mother's Maiden Name <i>Lillie May Smith</i>			Mother's Birthplace <i>Wor Jefferson</i>		
Name of person giving information <i>Charles H. Dixon</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantile Paralysis</i>	How long	<i>24 Hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. B. Cross, M.D.</i>	
		Address <i>Jefferson</i>	
Accident or Suicide?			



Name
in
Full

Sarah E. Driscoll

CERTIFICATE OF DEATH

Died at ^{Town} Knoxville		^{County} Frederick		MARYLAND	
Date of death 1900	Month Aug.	Day 11	Age 62	Months 6	Days not shown
Sex Female	Color or Race white	Birthplace Virginia		Knoxville	
Occupation Housewife	Where Residing if not at place of death		Knoxville		
Married, Single or Widowed	Name of Wife or Husband Daniel Driscoll		Knoxville		
Father's Name	Adams		Father's Birthplace	not shown	
Mother's Maiden Name	not shown Dick		Mother's Birthplace	not shown	
Name of person giving Information R. D. Weber	How related to deceased		Son		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Cardiac Hypertrophy	How long	6 months
Immediate	Cerebral Hemorrhage	How long	Two years
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. L. Blessing M.D.
Address	Bromfield Maryland		
Accident or Suicide	no		

PHYSICIAN
OR CORONER



Name in Full

Fannie Elewirth English

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Thurmont Town Frederick County **MARYLAND**
 Date of death 1990 Month 8 Day 23 Age 48 Years Months 4 Days 7
 Sex female Color or Race white Birth-place md.
 Occupation Housewife Where Residing If not at place of death _____
 Married, Single or Widowed _____ Name of Wife or Husband Geo N English
 Father's Name Albert F Ransburg Father's Birthplace md.
 Mother's Maiden Name Mary S Zimmerman Mother's Birthplace " "
 Name of person giving Information Geo N English How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Carcinoma of Cecum How long 1 year
 Immediate Obstruction of Bowels How long 3 days
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. C. Jeffers
 Address Thurmont, md.
 Accident or Suicide _____



Name
Full

Nelson Eves.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

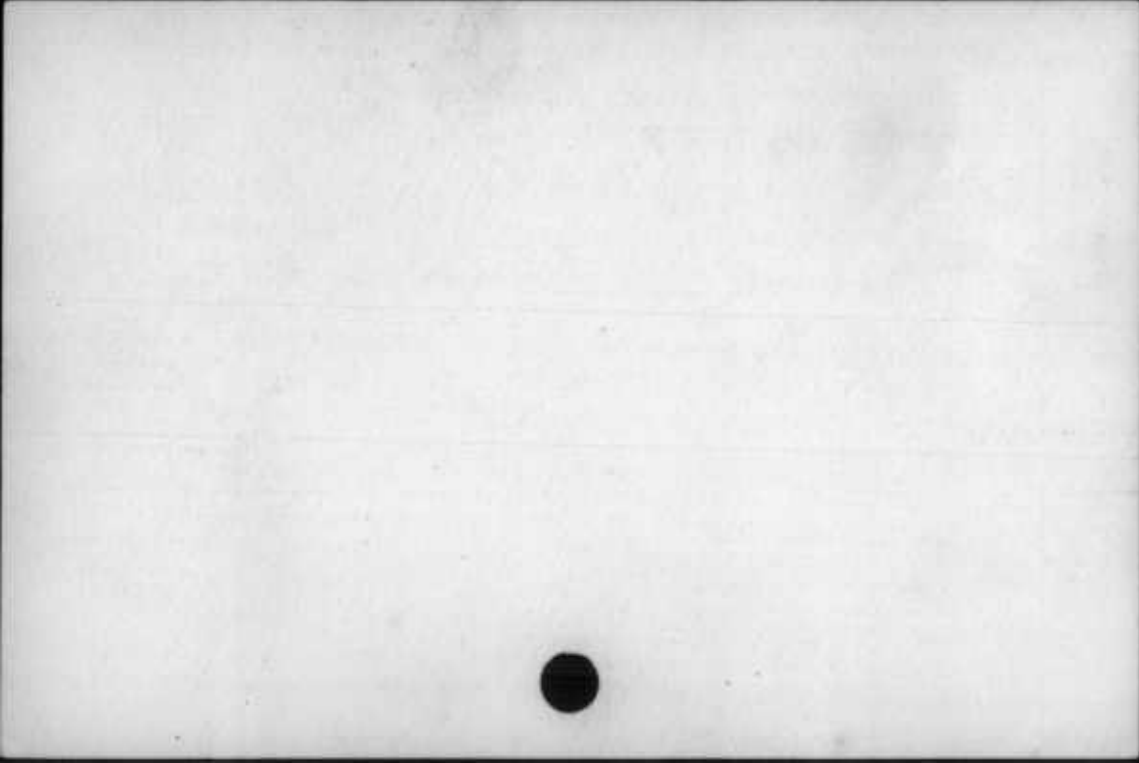
Died at <i>Haltersville</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death 19 <i>80</i>	Month <i>Aug</i>	Day <i>19</i>	Age <i>2</i>	Months <i>6</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Haltersville</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Thomas Eves</i>			Father's Birthplace <i>Haltersville, Md.</i>		
Mother's Maiden Name <i>Flora Biddings</i>			Mother's Birthplace <i>Fredk. Co. Md.</i>		
Name of person giving information <i>Physicians</i>			How related to deceased		

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary <i>Gastro-intestinal irritation</i>	How long
Immediate <i>Complicated with cerebral meningitis.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Nicodemus</i>
	Address <i>Haltersville, Md.</i>
Accident or Suicide?	



Name
is
Full

Thomas J. Franklin

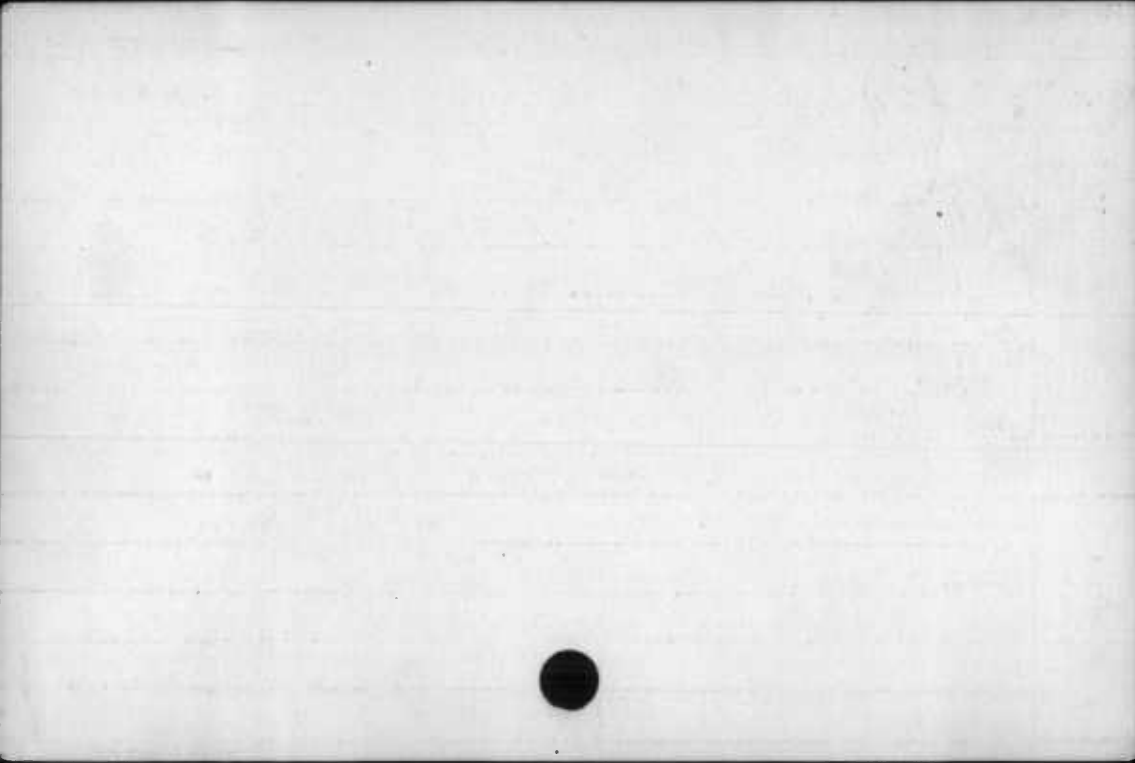
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Weldon</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u>	Month	<u>Aug</u>	Day	<u>29</u>
Age	<u>64</u>	Years	<u>04</u>	Months	<u>3</u>
		Days	<u>13</u>		
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Merchant</u>		Where Reading if not at place of death <u>Weldon</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Susan C. Franklin</u>			
Father's Name	<u>Jessie Franklin</u>		Father's Birthplace	<u>Ma</u>	
Mother's Maiden Name	<u>Ruth Lindsey</u>		Mother's Birthplace	<u>Ma</u>	
Name of person giving in formation	<u>Emory Ecker</u>		How related to deceased	<u>NO</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>one year</u>
	Immediate	<u>Mitral Insufficiency</u>	How long	<u>six months</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>T. Crank</u>
			Address	<u>Taylorville</u>
	Accident or Suicide?			



Name
in
Full

Mary E. Gardner

CERTIFICATE OF DEATH

Died at

Frederick Mills

Town

County

Frederick

MARYLAND

Date

1900 Aug

Month

Day

8

Age

63

Years

Months

1

Days

26

Sex

Female

Color or
Race

White Am.

Birth-
place

Woods Co Md.

Occupation

Invalid

Where Residing if not
at place of death

Washington D.C.

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John W Gardner

Father's
Name

George Pinner

Father's
Birthplace

Woods Co Md.

Mother's
Maiden Name

Mary A Holland

Mother's
Birthplace

Woods Co Md.

Name of person giving
Information

R S Davis

How related
to deceased

Nephew.

CAUSES OF DEATH

Primary

Senile Debility, nephritis & valvular heart disease

How long

15 years

Immediate

Exhaustion

How long

2 days

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

Yes

Signature of
Physician

R. C. Freeston

Address

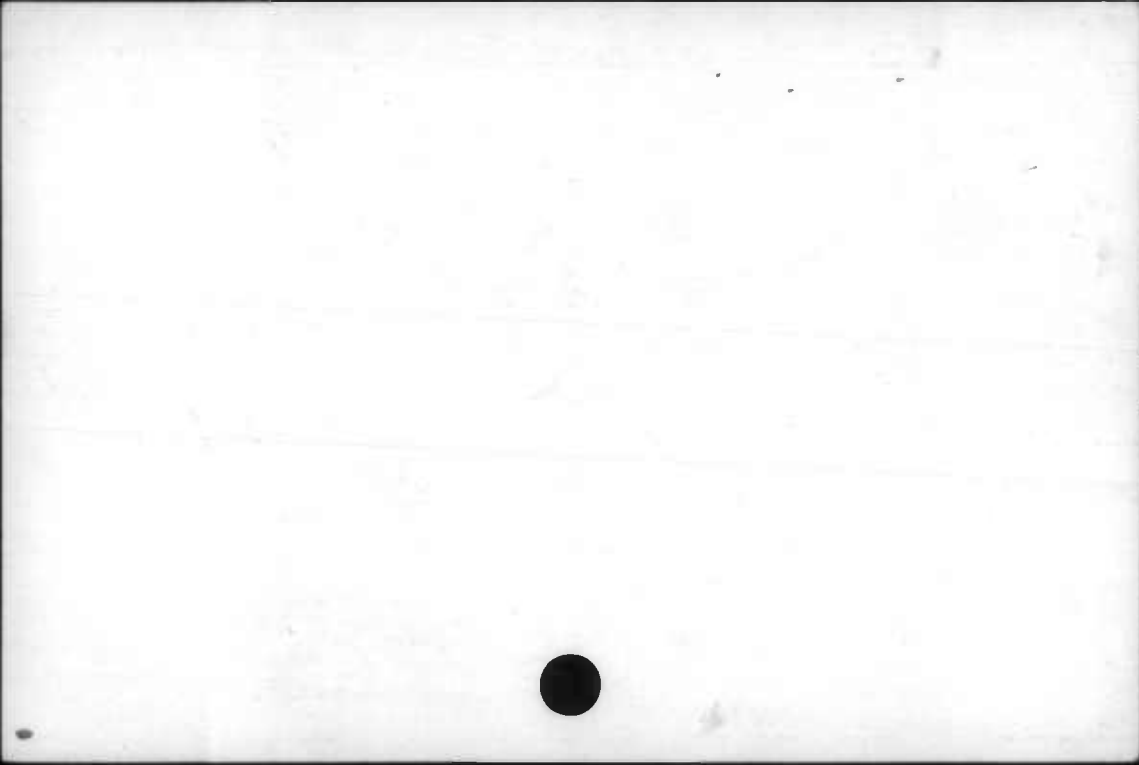
Kemp town

Md

Accident or Suicide

No -

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Haomi Goung

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County "		MARYLAND	
Date of death		19	10	Month	8	Day	5
Age		22		Years	11		Months
Sex		Female		Color or Race	Black		Birth-place
Occupation		H W		Where Residing if not at place of death		X	
Married, Single or Widowed		Name of Wife or Husband James Goung					
Father's Name		Charles O. Britcher				Father's Birthplace	
Mother's Maiden Name		Louisa Williams				Mother's Birthplace	
Name of person giving information		Jos. Goung's				How related to deceased	
						Husband	

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Acute Tuberculosis	How long	7 mos
Immediate	Asthma	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Chas. J. Graves MD	
Address		Frederick	
Accident or Suicide?		No	

Interment Aug 7. 10

" at Bartonsville Cemetery

Thomas P. Rice F.D.

Dr. Goodell

Dr. McCurdy

Name
in
Full

Mildred May Hane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

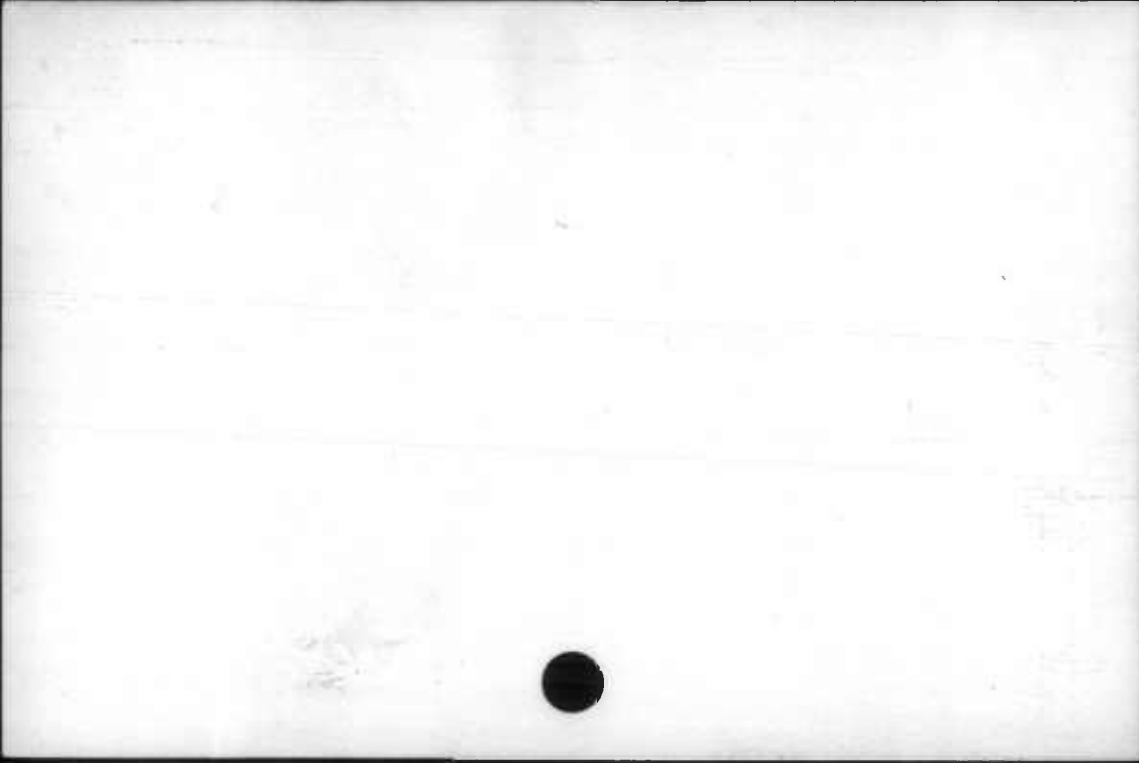
Died at <i>Frederick</i> Town		County <i>Frederick</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>8</i>	Day <i>18</i>	Age <i>5</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick</i>		
Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widawed <i>X</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Jna Hane</i>	Father's Birthplace <i>Frederick County</i>				
Mother's Maiden Name <i>Nettie O'Hara</i>	Mother's Birthplace				
Name of person giving Information <i>Jna Hane</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

How long
28
How long

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of vertebrae</i>	How long <i>2 years.</i>
Immediate <i>Tubercular Meningitis</i>	How long <i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J B Johnson</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide	



Name
In
Full

Catherine Harne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

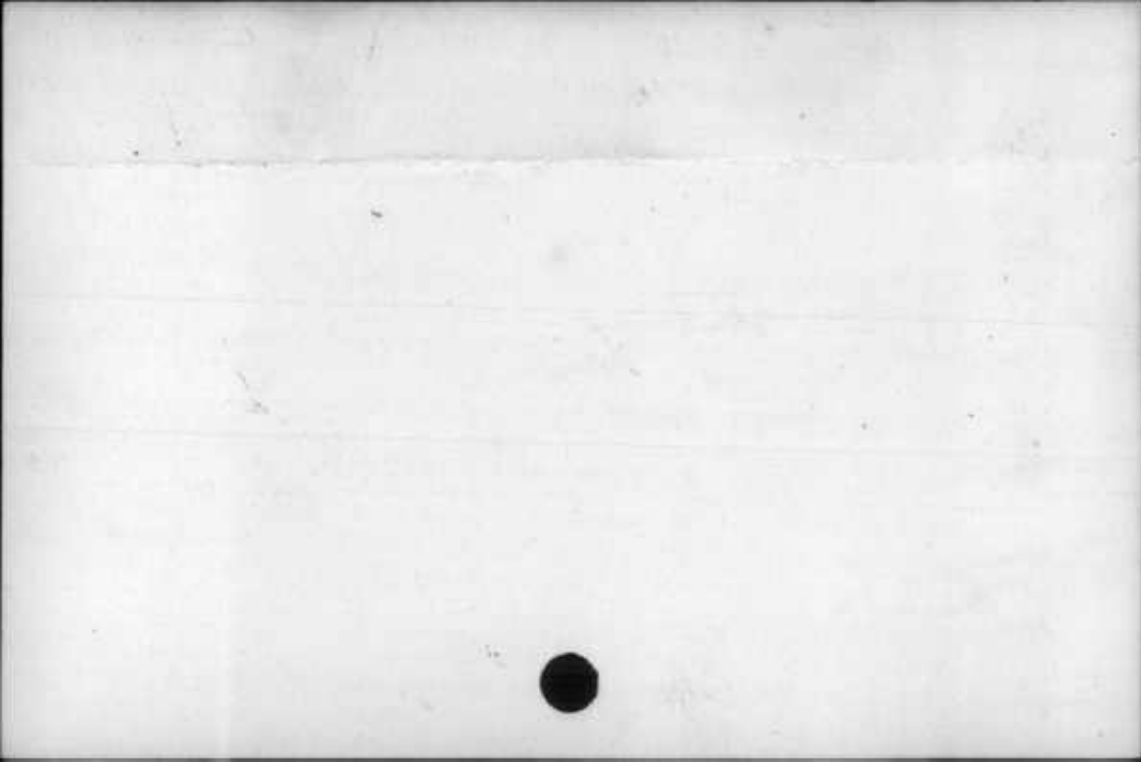
Died at <i>Point of Rocks</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1940</i>	Month	<i>Aug</i>	Day	<i>8</i>
Age	<i>7</i>	Years	<i>2</i>	Months	<i>1</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Point of Rocks</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Infant</i>	Name of Wife or Husband	<i>Infant</i>		
Father's Name	<i>Gideon O. Harne</i>		Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Alta L. Redman</i>		Mother's Birthplace	<i>md</i>	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	<i>Enterocolitis</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>A. J. Smith</i>
		Address	<i>Jefferson md.</i>
Accident or Suicide?			



Name
in
Full

Infect of Anna Harper

CERTIFICATE OF DEATH

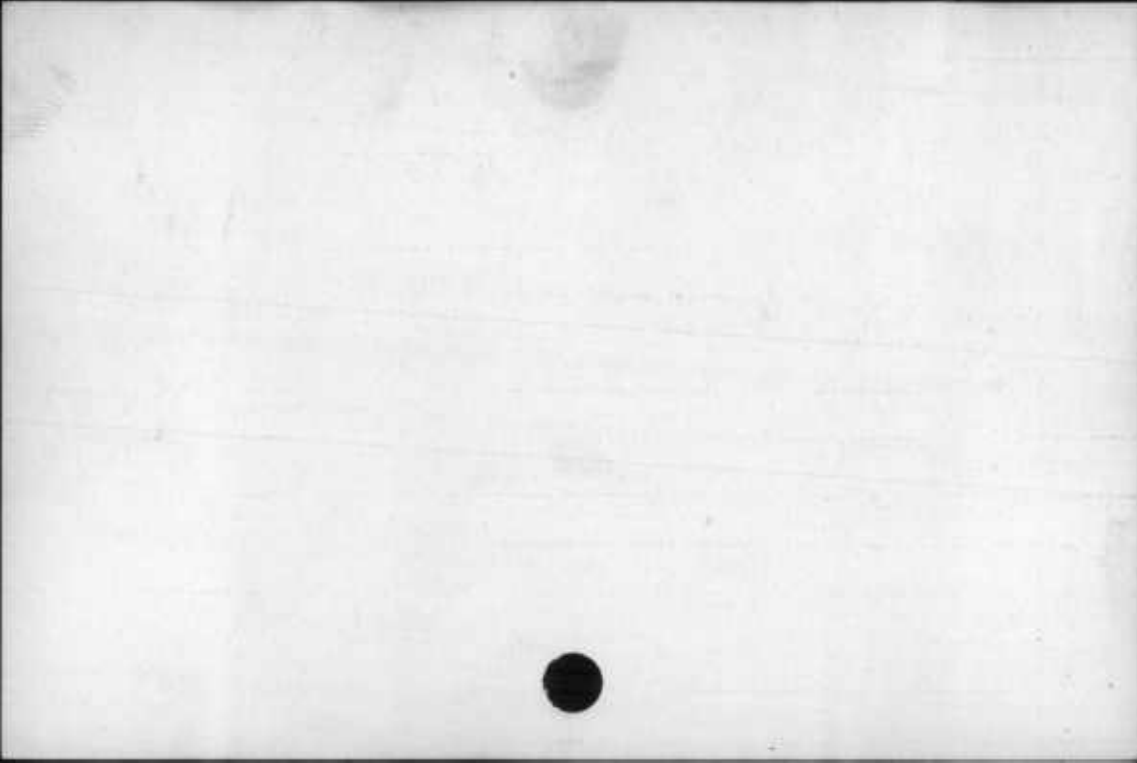
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New England		County Frederick		STATE MARYLAND	
Date of death	1910	Month	Aug	Day	7	Age	—
Sex	male	Color or Race	Black	Birth-place	Ind	Months	7
Occupation	none	Where Residing if not at place of death					
Married, Single or Widowed	Wife	Name of Wife or Husband					
Father's Name	Mr. Helms	(7)	Father's Birthplace		Ind		
Mother's Maiden Name	Anna Helms	Mother's Birthplace					
Name of person giving information	Otis Johnson	How related to deceased		Bro. In Law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsion	How long	2 or 3 hours
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?	js	Signature of Physician	Levin West
		Address	Street Office
Accident or Suicide?			



Name
is
Full

CERTIFICATE OF DEATH

Maggie B. Hayden

Died at <i>Burhittsville</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1900</i> <small>Month</small>	<i>Aug.</i> <small>Day</small>	<i>8</i> <small>Years</small>	<i>43</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Virginia</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>J. Chas. Hayden</i>		
Father's Name	<i>Chas. Newton</i>		Father's Birthplace	<i>Ba.</i>	
Mother's Maiden Name	<i>Virginia May</i>		Mother's Birthplace	<i>D. C.</i>	
Name of person giving information	<i>Chas Hayden</i>		How related to deceased	<i>Husband</i>	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	How long	<i>7 mo.</i>
Immediate	<i>asthma</i>	How long	

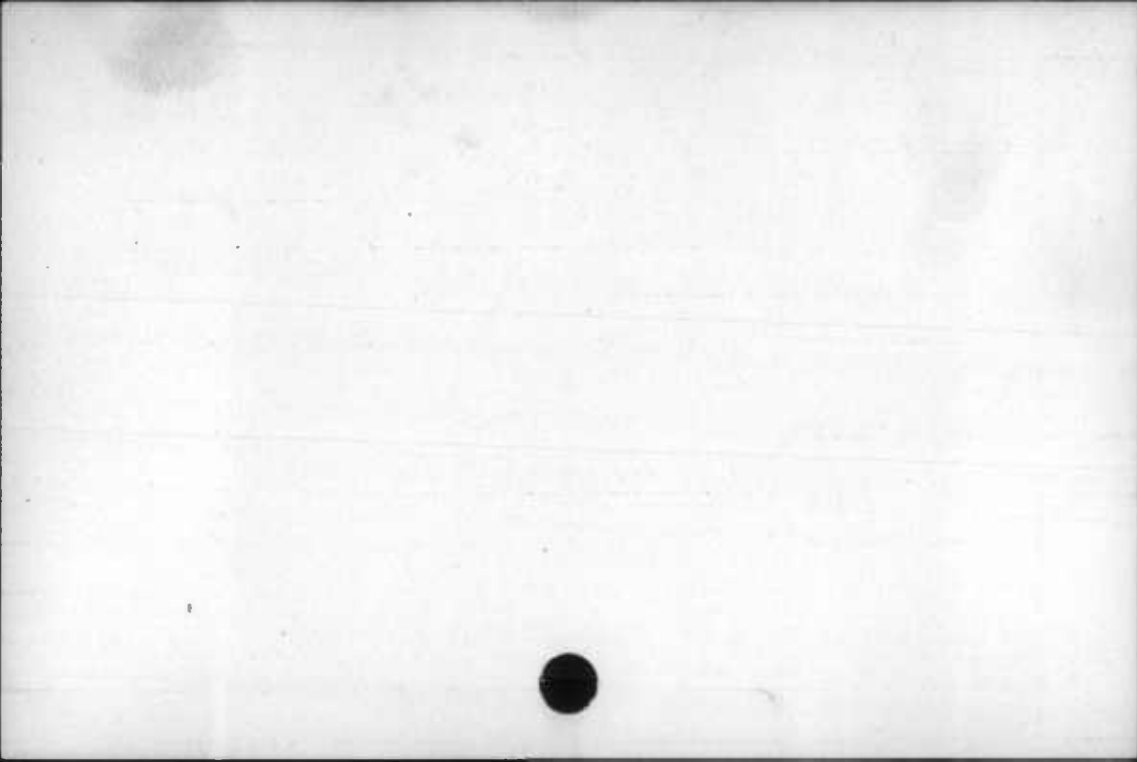
Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

Address

Dr Geo W Youstee
Burhittsville
Md.

Accident or Suicide?



Arianna Hill

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>			<i>Frederick</i> <small>County,</small>			MARYLAND		
Date of death <i>1900</i>		<i>8</i> <small>Month</small>	<i>11</i> <small>Day</small>	<i>57</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>21</i> <small>Days</small>		
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Frederick, Md</i>				
Occupation <i>House Wife</i>			Where Rounding if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Augustus Hill</i>						
Father's Name <i>Richard Bridgely</i>		Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Hassiet Ashby</i>		Mother's Birthplace <i>Frederick, Md</i>						
Name of person giving information <i>Mrs. Wm. H. Davis</i>		How related to decedent <i>Sister</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Abdominal Carcinoma</i>	How long	<i>H!</i>
Immediate	<i>Obstruction</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm Crawford Brown</i>
		Address	<i>Frederick Md</i>
Accident or Suicide?	<i>No</i>		

Interment August 13 - 10

" at Silver Hill Cem
Mt Pleasant

Thomas P. Rice F. O.

Dr W. C. Johnson

Dr McCurdy

Name
in
Full

Mabel Hobbs

CERTIFICATE OF DEATH

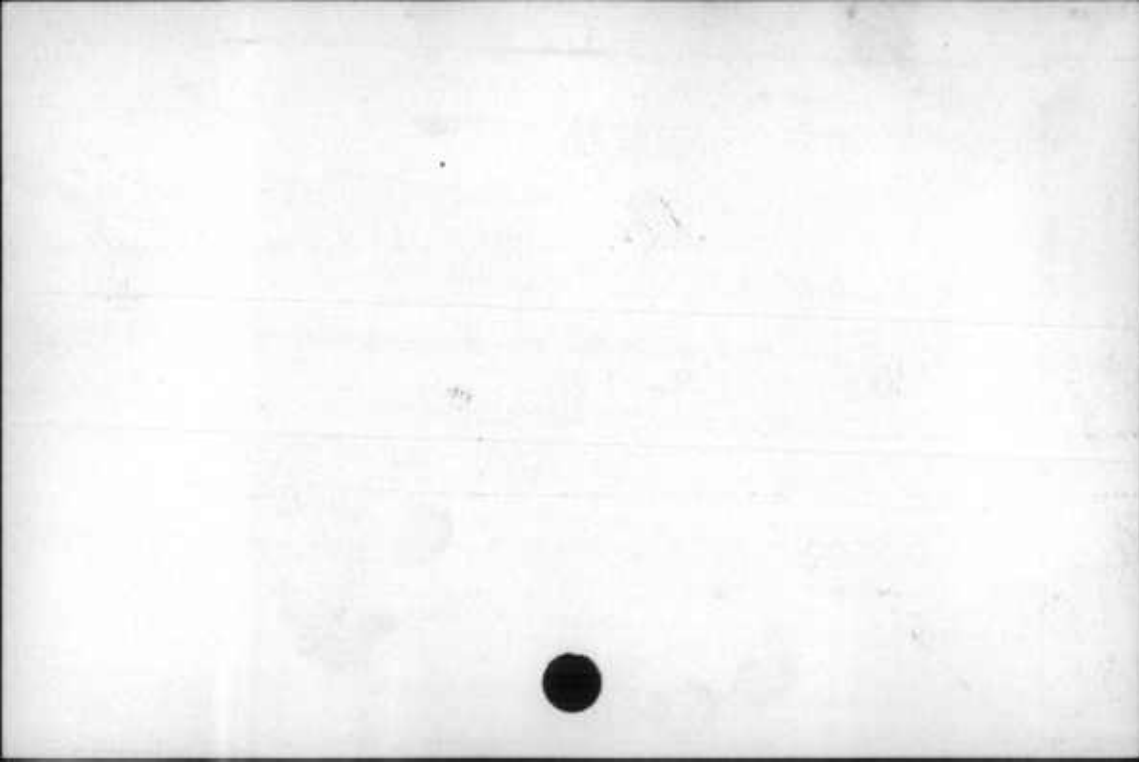
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death 19 <i>08</i> <small>Month</small>		<i>5</i> <small>Day</small>		<i>19</i> <small>Years</small>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth place <i>Frederick Co. Md</i>	
Occupation <i>House work</i>		Where Residing if not at place of death <i>Frederick City, Hospital</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Phillip Hobbs</i>		Father's Birthplace <i>Frederick Co. Md</i>			
Mother's Maiden Name <i>Laura A. Hough</i>		Mother's Birthplace " " "			
Name of person giving information <i>Chas Burdette</i>		How related to deceased <i>no relation</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid</i>	How long <i>1 week</i>
Immediate <i>Heart Failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Groves</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name
in
Full

Evelyn Louise Hoffman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at: <i>Harmony Grove</i>		Town: <i>Harmony Grove</i>		County: <i>Frederick</i>		STATE: MARYLAND	
Date of death: <i>1980</i>	Month: <i>Aug</i>	Day: <i>20</i>	Age: <i>0</i>	Years: <i>0</i>	Months: <i>11</i>	Days: <i>5</i>	
Sex: <i>Female</i>	Color or Race: <i>White</i>	Occupation: <i>None</i>		Where Residing if not at place of death: <i>at place of death.</i>		Birth-place: <i>Harmony Grove</i>	
Married, Single or Widowed: <i>Single</i>	Name of Wife or Husband: <i>X</i>						
Father's Name: <i>Joseph J. Hoffman</i>		Father's Birthplace: <i>Fred. Co.</i>					
Mother's Maiden Name: <i>Helen F. Myers</i>		Mother's Birthplace: <i>Fred. Co.</i>					
Name of person giving information: <i>Joseph J. Hoffman</i>		How related to deceased: <i>Teacher</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: <i>Cholera Infantum</i>	How long: <i>2 weeks</i>	(104)
Immediate: <i>Exhaustion</i>	How long: <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: <i>T B Johnson</i>	Frederick, Md.
	Address: <i>Frederick, Md.</i>	
Accident or Suicide		

mt Olive

Name
in
Full

Edna Lee Hooke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Braddock</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1960	8	27	0	1	14
Sex	Color or Race	Birth-place			
Female	White	Braddock			
Occupation	Where Residing if not at place of death				
	Same				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Father's Birthplace				
Leroy Hooke	Frederick Co Md				
Mother's Maiden Name	Mother's Birthplace				
Olga V. Spurrer	" " "				
Name of person giving Information	How related to deceased				
Leroy Hooke	Father				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Naroximus</u>	How long	<u>1895</u> 4 weeks	
	Immediate	<u>Chaustrin</u>	How long	24 hours	
	Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>H. N. Kuhn</u>	
	Accident or Suicide	<u>No.</u>	Address	<u>Frederick</u>	

Interment Aug 24 1910
" at Mt Olivet Cemetery
Thomas P. Rice F.D.

Dr Hedges

Dr Goodell

Dr McCurdy

Name in Full

Anna Mary Elizabeth Holter

CERTIFICATE OF DEATH

Died at Middletown Frederick County MARYLAND

Date of death 1960 Aug 7 Age 73 5 Months 13 Days

Sex Female Color or Race White Birth-place Md

Occupation Retired Where Residing if not at place of death

Married, Single or Widowed Widom Name of Wife or Husband George B Holter

Father's Name David Coblenz Father's Birthplace Md

Mother's Maiden Name Mary M Bratner Mother's Birthplace Md

Name of person giving Information Maurice R Holter How related to deceased Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

66

Primary Arteriosclerosis How long 6 mos.

Immediate Paralysis How long 3 days

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

Signature of Physician A. C. Laman, M.D. Address Middletown, Md.

PHYSICIAN OR CORONER

Accident or Suicide



Name
in
Full

Lehman S. Howard

CERTIFICATE OF DEATH

Died at <i>Fredrick</i> Town		County		MARYLAND	
Date of death	1910	Month	8	Day	23
Age	49	Years		Months	1
Sex	Male	Color or Race	White	Birth-place	Ma
Occupation	Business Manager		Where Residing if not at place of death		
Married, <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <i>Fannie Dorsey</i>				
Father's Name	<i>Chas E Howard</i>		Father's Birthplace	<i>Fredrick Co</i>	
Mother's Maiden Name	<i>Joan Grov</i>		Mother's Birthplace	"	
Name of person giving information	<i>Wm C. S. Howard</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Angina Pectoris</i>	How long	<i>Sudden</i>
	Immediate	<i>Paralysis of Heart</i>	How long	<i>instantly</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm. J. Gordon MD</i>
	Address	<i>Fredrick</i>		<i>Ma</i>
Accident or Suicide?	<i>No</i>			



Name
In Full

Edgar Hunt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Montrose</i>		County <i>Fredericks</i>		MARYLAND	
Date of death	Year <i>1940</i>	Month <i>8</i>	Day <i>12</i>	Age	Years <i>24</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Virginia</i>
Occupation	<i>Laborer</i>			Where residing if not at place of death	<i>Fredericks</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Henry Hunt.</i>				Father's Birthplace	<i>Va.</i>	
Mother's Maiden Name	<i>Hannah Lee</i>				Mother's Birthplace		
Name of person giving information	<i>Julia Hunt.</i>				How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Allopy</i>	How long	<i>179</i>
Immediate	<i>Heart disease</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>D. H. Fahmy</i>
		Address	<i>Fredrick</i>
Accident or Suicide?	<i>No</i>		

Internment Aug 14. 10

" at Greenmount Cell

Thomas P. Rice F. D.

Dr. H. P. Fahney

Dr. McCurdy

Name in Full

J. Bradley Hyatt

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

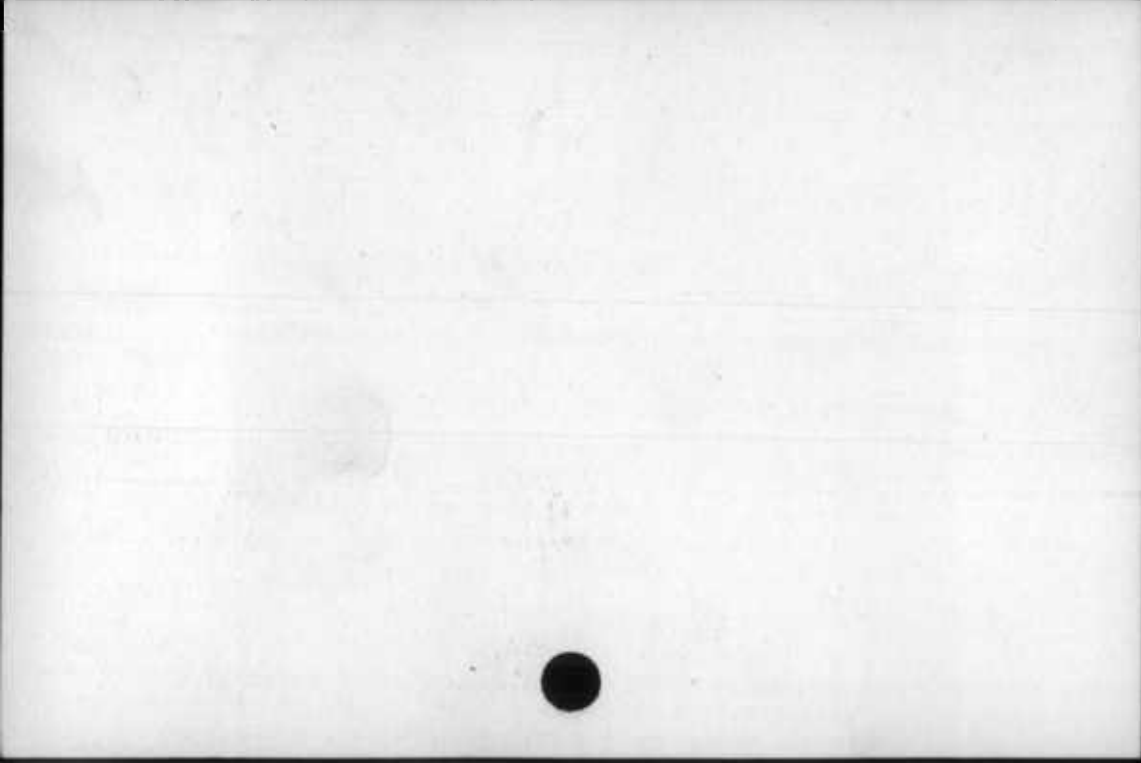
Died at <i>Indues</i> ^{own}		County <i>Indues</i>		MARYLAND	
Date of death	1900	Month	Aug	Day	16
Age	52	Years		Months	X
Sex	male	Color or Race	white	Birth-place	<i>Indues Co Md</i>
Occupation	<i>Teacher</i>		Where Residing if not at place of death	<i>Maryland</i>	
Married, Single or Widowed			Name of Wife or Husband	<i>X</i>	
Father's Name	<i>Henry M Hyatt</i>		Father's Birthplace	<i>Indues Co</i>	
Mother's Maiden Name	<i>Phoebe Walker</i>		Mother's Birthplace	" "	
Name of person giving information	<i>O P Bennett</i>		How related to deceased	<i>Friend</i>	

CAUSES OF DEATH

1

PHYSICIAN OR CORONER

Primary	<i>typhoid fever Comp. tocho Pictal</i>	How long	<i>3 wks.</i>
Immediate	<i>Pulmonary Embolism due to tocho Pictal</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		<i>J. B. Johnson</i>
	Address		<i>Indues Co Md</i>
Accident or Suicide?			



Name
in
Full

Albert Ingle

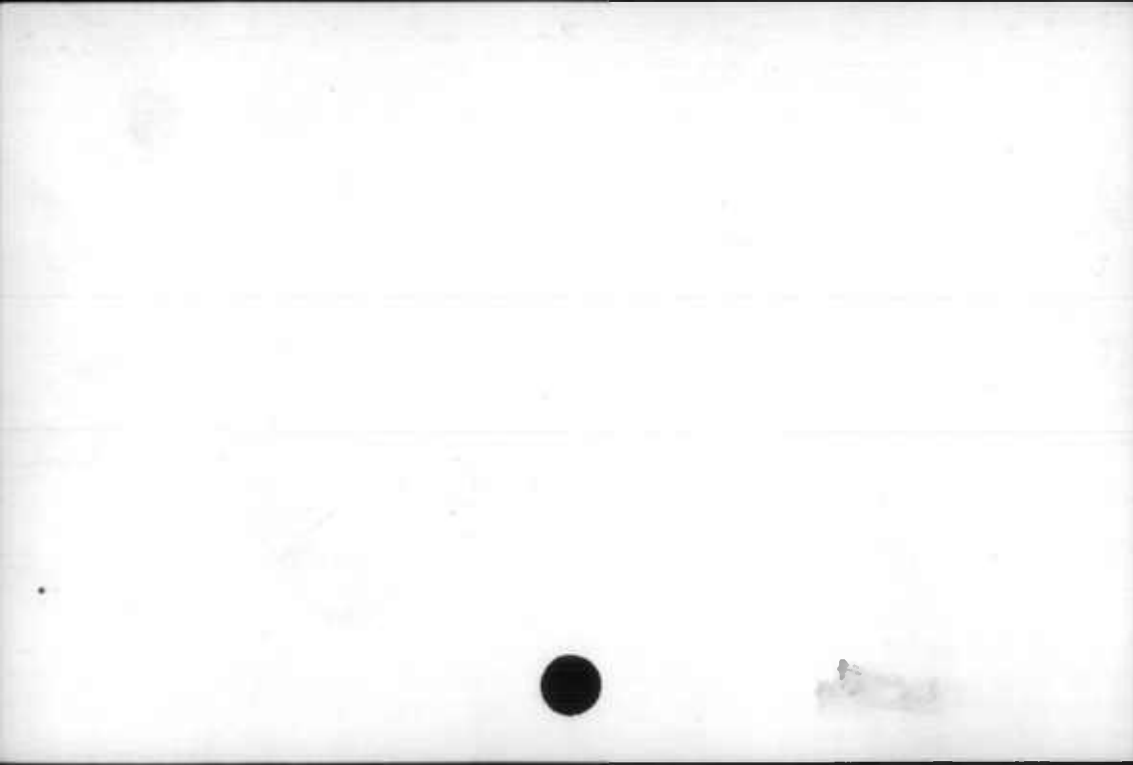
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND		
Date of death		Month 1940 Aug	Day 11	Age	Years 17	Months 4	Days 1	
Sex		Male		Color or Race	Black		Birth-place	Frederick
Occupation				Where Residing if not at place of death		Same		
Married, Single or Widowed		Single		Name of Wife or Husband		. X		
Father's Name		Daniel Ingle				Father's Birthplace		Frederick, Md.
Mother's Maiden Name		Louise Webster				Mother's Birthplace		"
Name of person giving information		Ann Mothers				How related to deceased		Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis		How long	28	Several mo.	
	Immediate	Exhaustion		How long	"	day	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		M. P. Brown, M.D.
	Address		Frederick Md.		Accident or Suicide		No



Name
in
Full

Geo. Wesley Thomas Jewricks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walkersville</i> <small>Town</small>		<i>Jenck.</i> <small>County</small>		MARYLAND	
Date of death <i>1940</i>	<i>Aug</i> <small>Month</small>	<i>7</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>27</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>black</i>	Birth-place <i>Walkersville Md.</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William Jewris</i>		Father's Birthplace <i>Jenck Co. Md</i>			
Mother's Maiden Name <i>Elizabeth (Ann) Hammond</i>		Mother's Birthplace <i>Jenck Co. Md</i>			
Name of person giving Information <i>Physician</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>— don't know</i>	How long <i>MI</i>
Immediate <i>Convulsions</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. Nicodemus</i>
	Address <i>Walkersville, Md.</i>
Accident or Suicide	



Name
in Full

Rose Ritter Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	1940	Month	8	Day	7	Years	Age
						Months	0
						Days	2
Sex	Female		Color or Race	White		Birth-place	Frederick
Occupation	House Wife			Where Residing if not at place of death		Same	
Married, Single or Widowed	Widowed		Name of Wife or Husband	Joseph Jones			
Father's Name	J. Alfred Ritter					Father's Birthplace	Fresh Co. Md
Mother's Maiden Name	Catherine E. Meartin					Mother's Birthplace	Virginia
Name of person giving information	Mrs. C. C. Waters					How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary	Uterine Carcinoma.		How long	6 months
Immediate	Exhaustion		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	L. L. Lusk
Accident or Suicide?	No		Address	Frederick Md.

Interment Aug 10 1910

" at Mt. Olivet Cemetery

Thomas P. Trice F. D.

Dr Burch

Dr M. Curdy

Name
in
Full

Robert Mc Cleben Joy.

CERTIFICATE OF DEATH

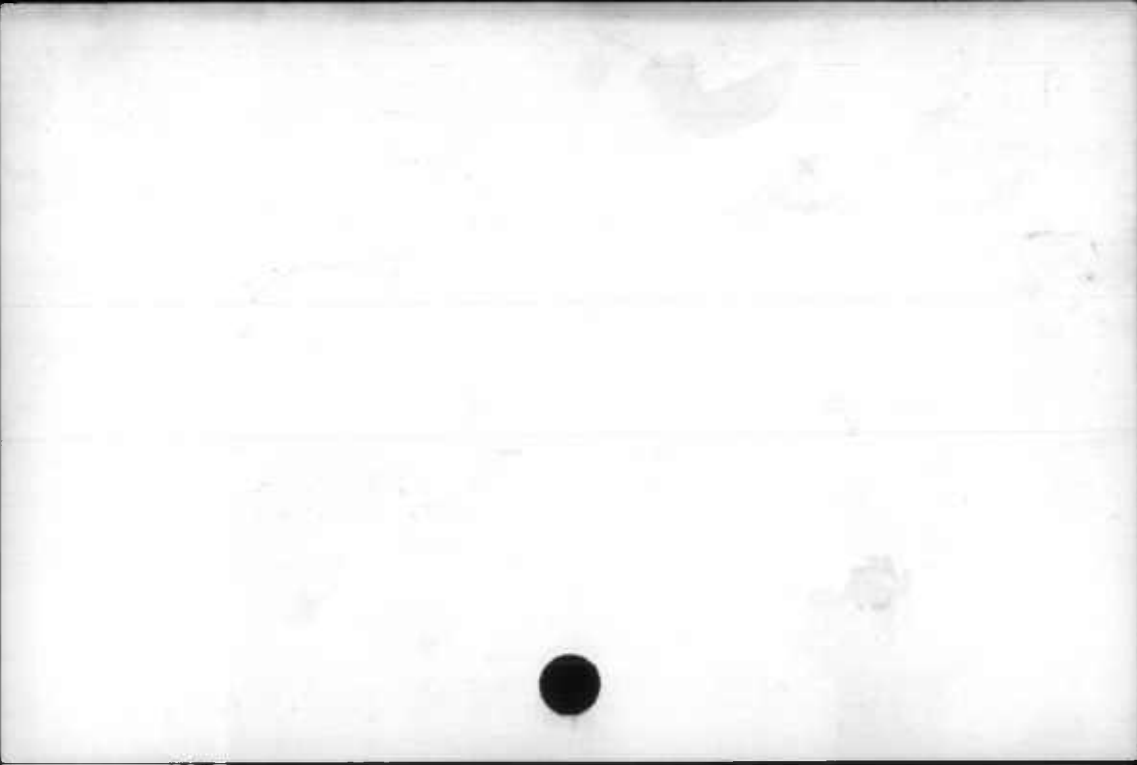
Died at <u>Frederick</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	19 <u>40</u> <small>Year</small>	<u>Aug.</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age	<u>49</u> <small>Years</small>
					<u>5</u> <small>Months</small>
					<u>18</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>white</u>	Birth-place	<u>Barnstable</u>
Occupation	<u>Carpenter</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband	<u>Jessie E. Stockman</u>		
Father's Name	<u>Evade Joy</u>		Father's Birthplace	<u>Woshington Co</u>	
Mother's Maiden Name	<u>Calderine Koffman</u>		Mother's Birthplace	<u>Frank Co</u>	
Name of person giving information	<u>Phillip W Stockman</u>		How related to deceased	<u>Sister in law</u>	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	<u>Chronic Nephritis</u>	How long	<u>6 months</u>
Immediate	<u>Uræmia</u>	How long	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	<input type="checkbox"/>		
Signature of Physician	<u>Wm M Smith</u>		
Address	<u>Frederick, Md</u>		
Accident or Suicide	<input type="checkbox"/>		

PHYSICIAN
OR CORONER



Name
in
Full

Alice V. Keefer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Frederick (south) ^{County} Frederick MARYLAND

Date of death 1980 ^{Month} 8 ^{Day} 16 Age ^{Years} 64. ^{Months} 9 ^{Days} 6

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

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

Married, Single or Widowed Married Name of Wife or Husband W. V. J. Keefer

Father's Name Samuel Trail, Father's Birthplace W. Va

Mother's Maiden Name Unknown, Mother's Birthplace

Name of person giving Information Mrs. O. C. Madary, How related to deceased Daughter

CAUSES OF DEATH

189A

Primary General debility, How long 3 weeks

Immediate Cardiac Asthenia How long 4 days

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

Signature of Physician B. V. Thomas MD

Address Frederick Md

Accident or Suicide No.

PHYSICIAN
OR CORONER

Interment Aug 18 - 1910

" at Prospect Cemetery Fredk. Co

Thomas P. Rice F. O.

vs B. O. Thomas

vs M. Quady

Name
in
Full

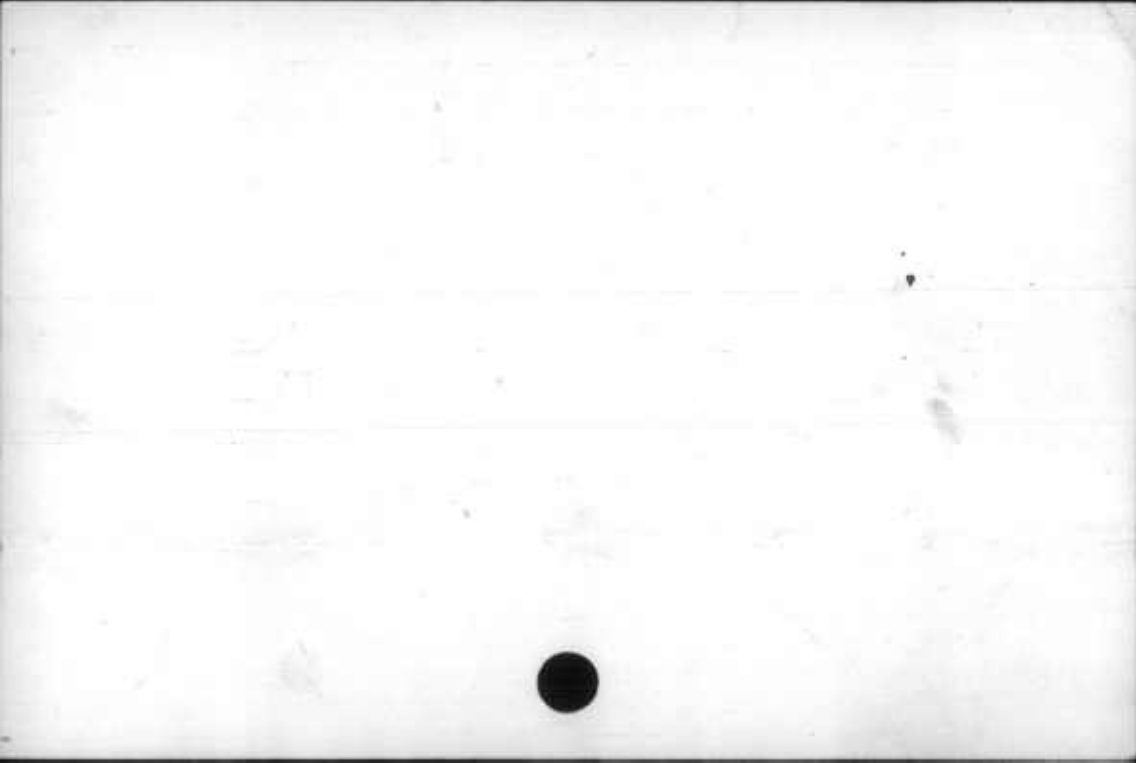
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Plane No. 4</i>		Town <i>Frederick</i>		County <i>Frederick</i>		STATE <i>MARYLAND</i>	
Date of death	19 <i>40</i>	Month	<i>8</i>	Day	<i>18</i>	Age	<i>30</i>
				Years		Months	<i>6</i>
Sex	<i>male</i>	Color or Race	<i>white</i>		Birth-place	<i>Frederick Co. Md</i>	
Occupation	<i>Labourer</i>		Where Residing if not at place of death		<i>at home</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Emma J. Keefer</i>				
Father's Name	<i>Bright Keefer</i>		Father's Birthplace	<i>Frederick Co. Md</i>			
Mother's Maiden Name	<i>Alice Trill</i>		Mother's Birthplace	<i>" "</i>			
Name of person giving information	<i>Emma J. Keefer</i>		How related to deceased	<i>wife</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks</i>
	Immediate	<i>Pneumonia</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>H. H. Hopkins M.D.</i>
	Address	<i>New Market</i>		<i>Md</i>
Accident or Suicide	<i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

Salmon P. Keeney

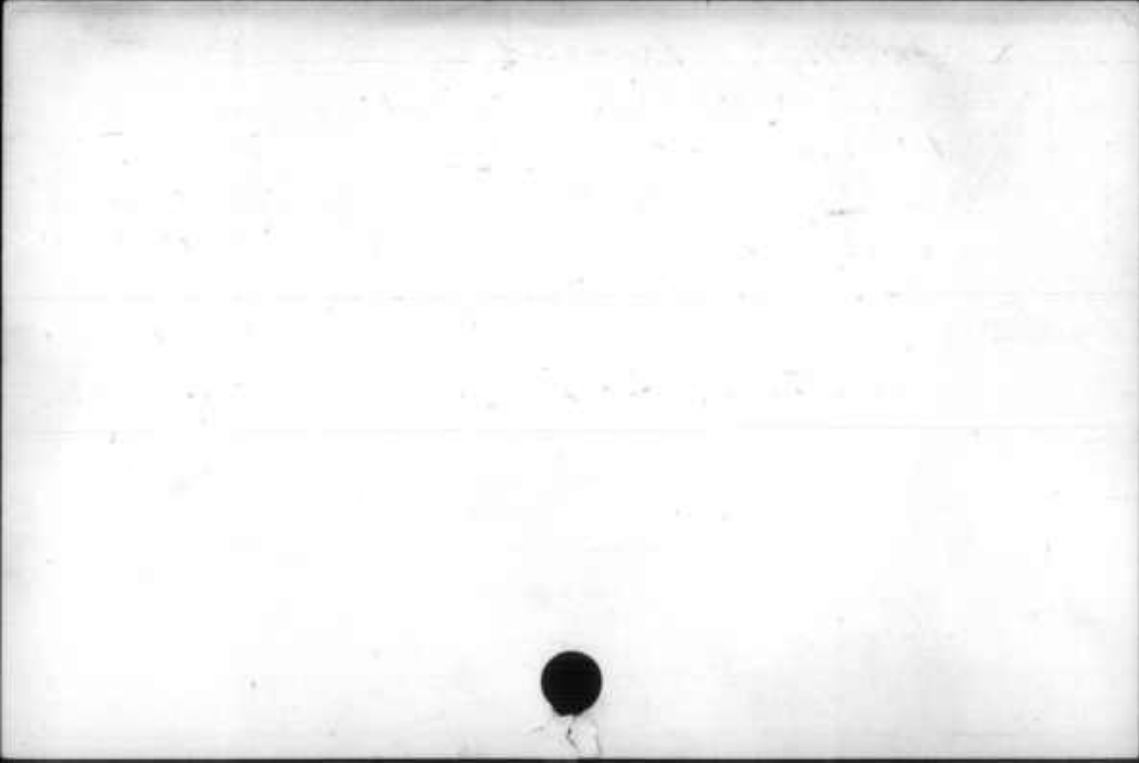
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Walkersville</i>		County <i>Fred.</i>		MARYLAND	
Date of death	Month <i>Aug</i>	Day <i>23</i>	Age <i>71</i>	Years	Months <i>3</i> & Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Fredrick Co</i>			
Occupation <i>retired</i>	Where Residing if not at place of death <i>near Walkersville</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Mary Jane Keeney</i>				
Father's Name <i>Eli Keeney</i>	Father's Birthplace <i>Fred Co</i>				
Mother's Maiden Name <i>Catharine Fogule</i>	Mother's Birthplace <i>Fred</i>				
Name of person giving information <i>Salvin Keeney</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho pneumonia</i>	How long <i>91</i> <i>6 days</i>
Immediate <i>General arteria</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. C. St. Long</i>
	Address <i>Walkersville Md.</i>
Accident or Suicide <i>Filed 1910</i>	



Name
In Full

Henrietta E Kemp, Brangle

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Near Frederick

Frederick

Date

Month

Day

Age

Years

Months

Days

of death 1960

8

31

75

Sex Female

Color or Race

White

Birth-place

Frederick Co

Occupation

Where Reading if not at place of death

Frederick City

~~Married~~
or WidowedName of ~~Wife~~
Husband

Wm Kemp

Father's Name

Peter Kemp

Father's Birthplace

Frederick Co

Mother's Maiden Name

Louisa Brangle

Mother's Birthplace

" "

Name of person giving information

Mrs Calvin B M Swomley

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Carcinoma of Pancreas & Pylorus

How long

Indefinite

Immediate

Edema of Lungs

How long

One day

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

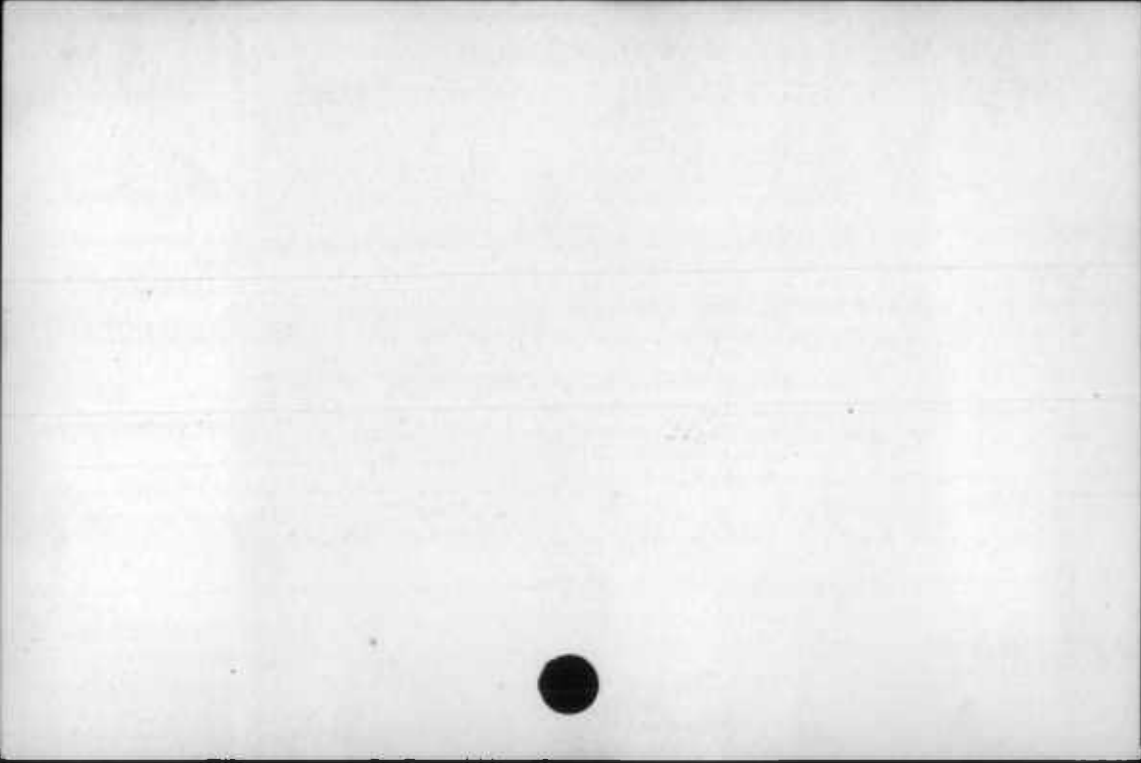
Signature of Physician

Address

J. S. Neudix, M.D.
Frederick,
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
Is Full

CERTIFICATE OF DEATH

Lester Richard Frank Lamb

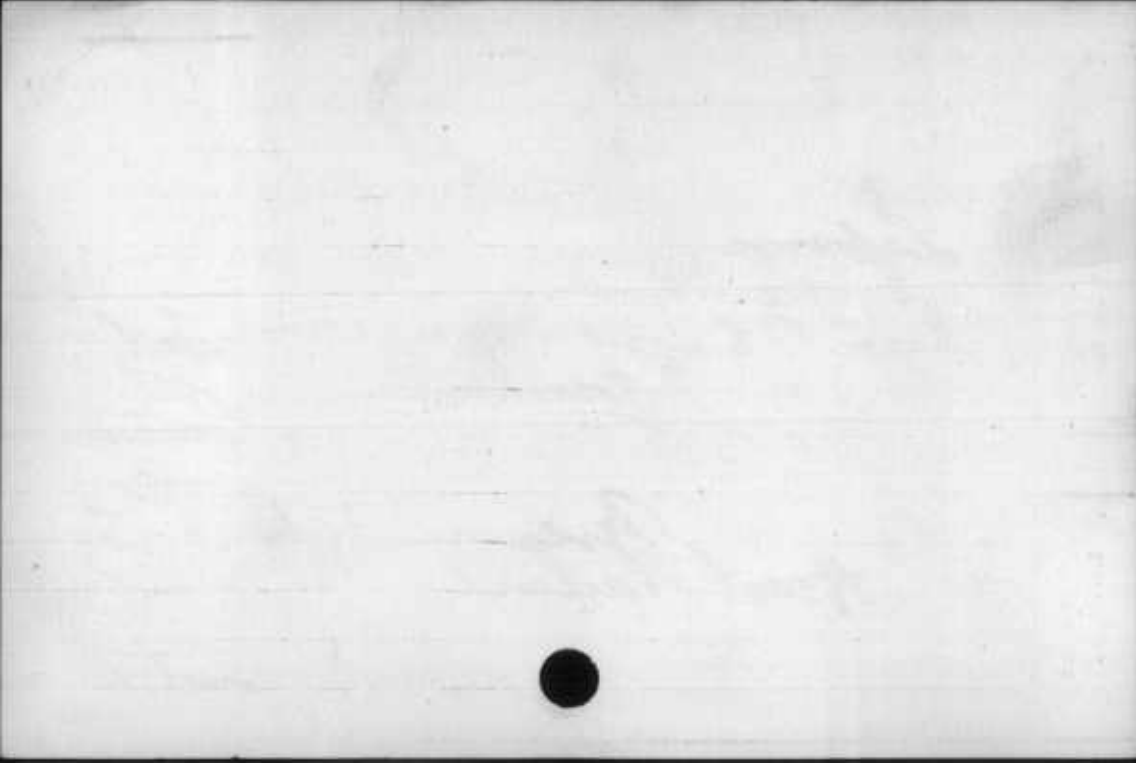
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mountville		^{County} Greck		MARYLAND	
Date of death	1910	Month	8	Day	24
Age		Years	—	Months	4
Sex	Male	Color or Race	White	Birth-place	Mountville
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		William Lamb		Father's Birthplace	
Mother's Maiden Name		Susan Jenkins		Mother's Birthplace	
Name of person giving information		William Lamb		How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	6 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		R. C. Hurd	
		Address	
		Hamstown	
		Md.	
Accident or Suicide?			



Name
in
Full

Elmer Roy Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Township *Middleton* County *Fredenich* MARYLAND

Date of death *1960 Aug 23* Age *17* Months *5* Days *21*

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

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

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

Father's Name *Isaac T. B. Long* Father's Birthplace *Ind*

Mother's Maiden Name *Claretta L. Hornkin* Mother's Birthplace *Ind*

Name of person giving Information *Isaac T. B. Long* How related to Deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *3 wks*

Immediate *Heart Failure* How long *3 hrs*

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

Signature of Physician

Address

Geo Joutier

Accident or Suicide



Name
in Full

George W. McGeoch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Frederick ^{Town} Frederick ^{County} MARYLANDDate of death 1980 ^{Month} 8 ^{Day} 17 ^{Years} 1 ^{Months} 1 ^{Days} 13Sex Male Color or Race White Birth-place BaltimoreOccupation None Where Residing if not at place of deathMarried, Single or Widowed Single Name of Wife or Husband NoneFather's Name Harry McGeoch Father's Birthplace Bald. Md.Mother's Maiden Name Jemima Bell Mother's Birthplace " "Name of person giving Information Harry McGeoch How related to decedent Father

CAUSES OF DEATH

104

PHYSICIAN
OR CORONERPrimary Enterocolitis How long One weekImmediate Enterocolitis How long One week

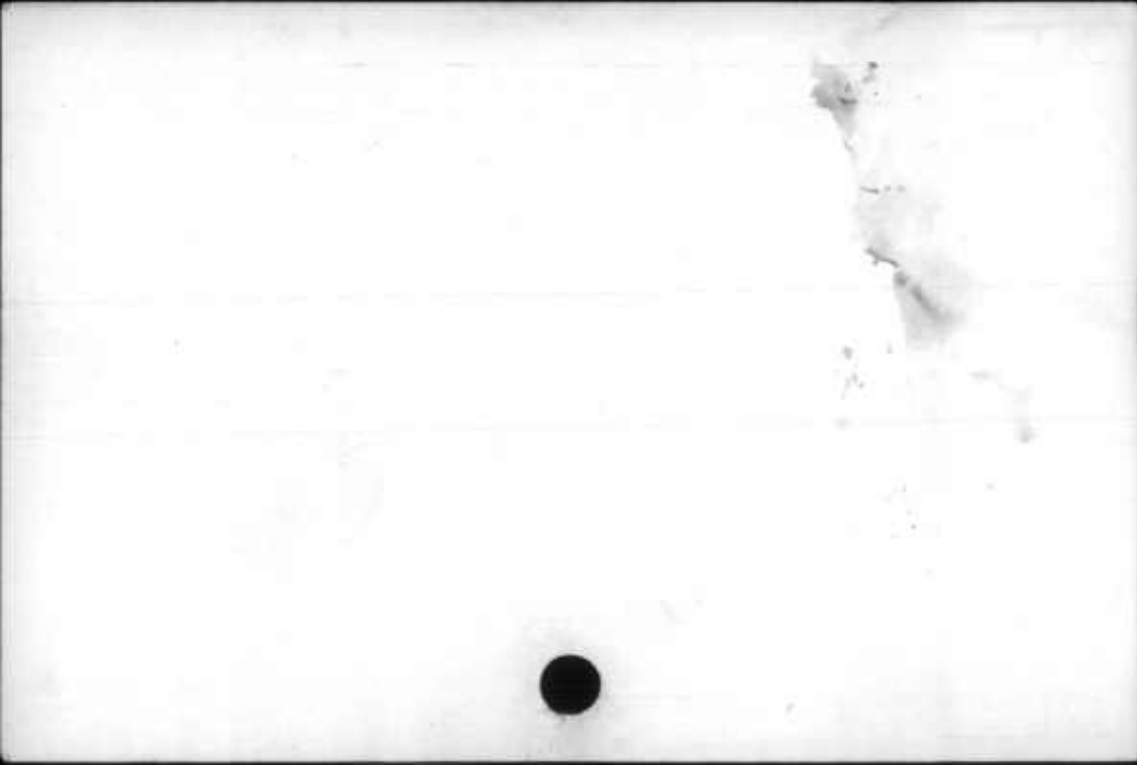
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. O. Thomaasud
Frederick
Md

Accident or Suicide



Name
In Full

Mary Jane Martin

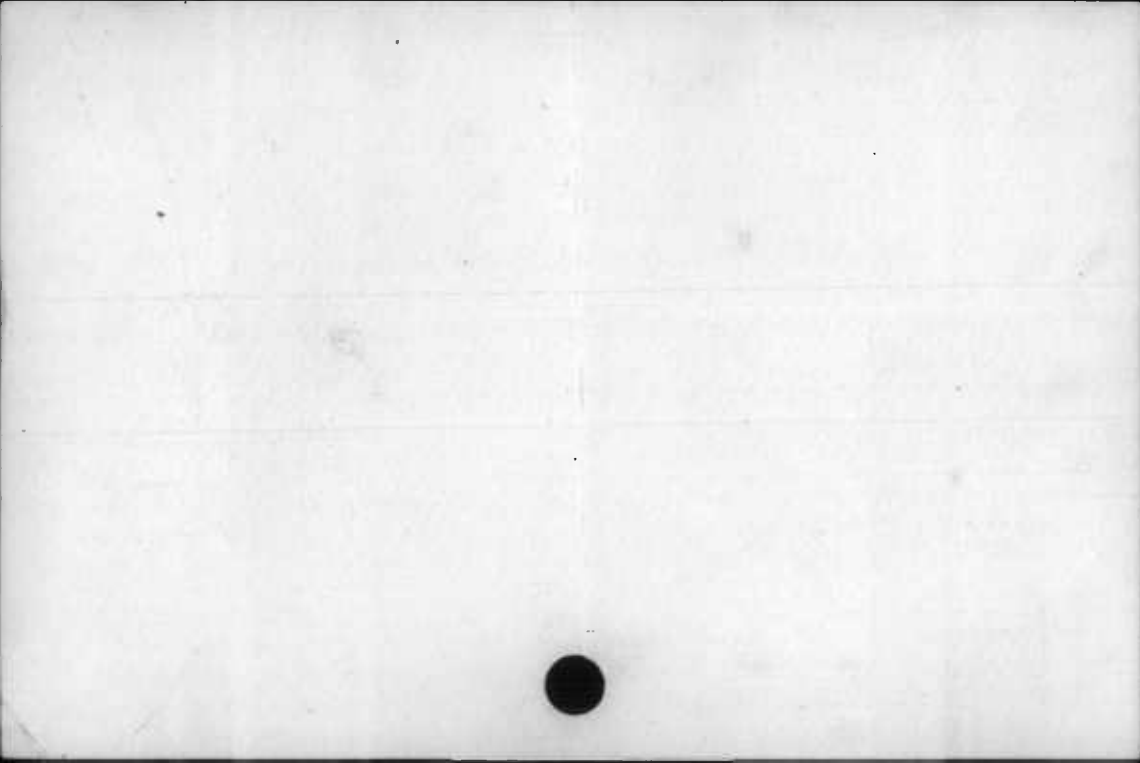
CERTIFICATE OF DEATH

Died at		TOWN Seaboard		COUNTY Wicomico		MARYLAND			
Date of death		1940	Month Aug	Day 30	Age	Years 2	Months 1	Days 8	
Sex		female		Color or Race		white		Birth-place	same
Occupation		Child		Where Residing if not at place of death		same			
Married, Single or Widowed		Single		Name of Wife or Husband		~			
Father's Name		Jacob Martin				Father's Birthplace		U.S.	
Mother's Maiden Name		Mabel Martin				Mother's Birthplace		U.S.	
Name of person giving information		Jacob Martin				How related to deceased		father	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Erysipelas	How long	2 weeks	
	Immediate	Malignant Endocarditis	How long	3 days	
	Are the name, age, sex, color, date and place correctly given above?		yes		
	Signature of Physician		Morris A. Buel		
Address		Thurmond Md.			
Accident or Suicide?		No			



Name
in Full

Infant Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middletown</i>		Town		<i>Fredk.</i>		County		MARYLAND	
Date of death <i>1900 Aug. 12</i>		Month		Day		Age		Years	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Middletown</i>		Months		Days	
Occupation <i>x</i>		Where Residing if not at place of death <i>x</i>		Married, Single or Widowed <i>x</i>		Name of Wife or Husband <i>v</i>			
Father's Name <i>Louisa Miller</i>		Father's Birthplace <i>Md</i>		Mother's Maiden Name <i>Ellen F. Clipp</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Louisa Miller</i>		How related to deceased <i>father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long	<i>S</i>
Immediate <i>Prolapsed Cord</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address <i>R.V. Hauney, Md</i>	
Accident or Suicide		



Name
in
Full

Ellen Virginia Mobberty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1960</i>	Month <i>8</i>	Day <i>25</i>	Age <i>46</i>	Months <i>9</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Frederick</i>			
Occupation <i>House Wife</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>Charles E. Mobberty</i>				
Father's Name <i>Frederick W. Schleigh</i>	Father's Birthplace <i>Frederick</i>				
Mother's Maiden Name <i>Mary Miller</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving Information <i>Chas E. Mobberty</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

Primary <i>Interstitial Nephritis</i>	How long <i>3 mos</i>
Immediate <i>Uremic Coma</i>	How long <i>12 Hours</i>

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

Signature of Physician

Address

F. H. Hedger
Frederick

Accident or Suicide

*No.*PHYSICIAN
OR CORONER

Interment Aug 28 - 1910

" at Mt Olivet Cemetery

Thomas P. Rice F. O.

Dr Hedges

Dr McCurdy

Name
in
Full

Mary A. G. Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Point of Rocks Frederick County

MARYLAND

Date of death 1960 Aug 31 Age 66

Months 8 Days 14

Sex Female Color or Race White

Birth-place Loudoun Co Va

Occupation Housewife Where Residing if not at place of death

~~Married~~ Single Name of Wife or Husband

Father's Name John Hemler

Father's Birthplace Loudoun Co Va

Mother's Maiden Name Cassia Fisher

Mother's Birthplace Frederick Co Md

Name of person giving Information Wm F. Nichols

How related to deceased son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic interstitial nephritis

How long Fifteen months

Immediate Apoplexy

How long Instantly

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

Signature of Physician R. Walker Trappell

Address

Accident or Suicide



Name
in Full

Helen May Thebus.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>8</i>	Day <i>15</i>	Age <i>7</i>	Years <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Frederick</i>	Months <i>2</i>	Days <i>29</i>	
Occupation <i>_____</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>Benjamin E. Thebus</i>	Father's Birthplace <i>Frederick</i>				
Mother's Maiden Name <i>Clara G. Burgess</i>	Mother's Birthplace <i>Frederick Md</i>				
Name of person giving Information <i>B. E. Thebus</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid</i>	How long <i>10 days</i>
Immediate <i>Sabean of Liver</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>H. H. Huger</i>
	Address <i>Frederick</i>
Accident or Suicide <i>no.</i>	

Interment Aug 17 - 1910

" at Mt. Olivet Cemetery

Thomas P. Rice F. D.

Dr. Hedges

Dr. McBurdy

Name in Full

H. Gilmer

Ramothburg

CERTIFICATE OF DEATH

Died at Walkersville Town Fredrick County MARYLAND

Date of death 1900 aug 19 Age — Months 7 Days 19

Sex Male Color or Race White Birthplace Walkersville

Occupation — Where Residing if not at place of death —

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

Father's Name Hyman Ramothburg Father's Birthplace Smith Co

Mother's Maiden Name Maudie Rodovich Mother's Birthplace Fredrick Co

Name of person giving Information Isaac G. Boston How related to deceased nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

104

Primary Gastro-enteritis How long 3 days

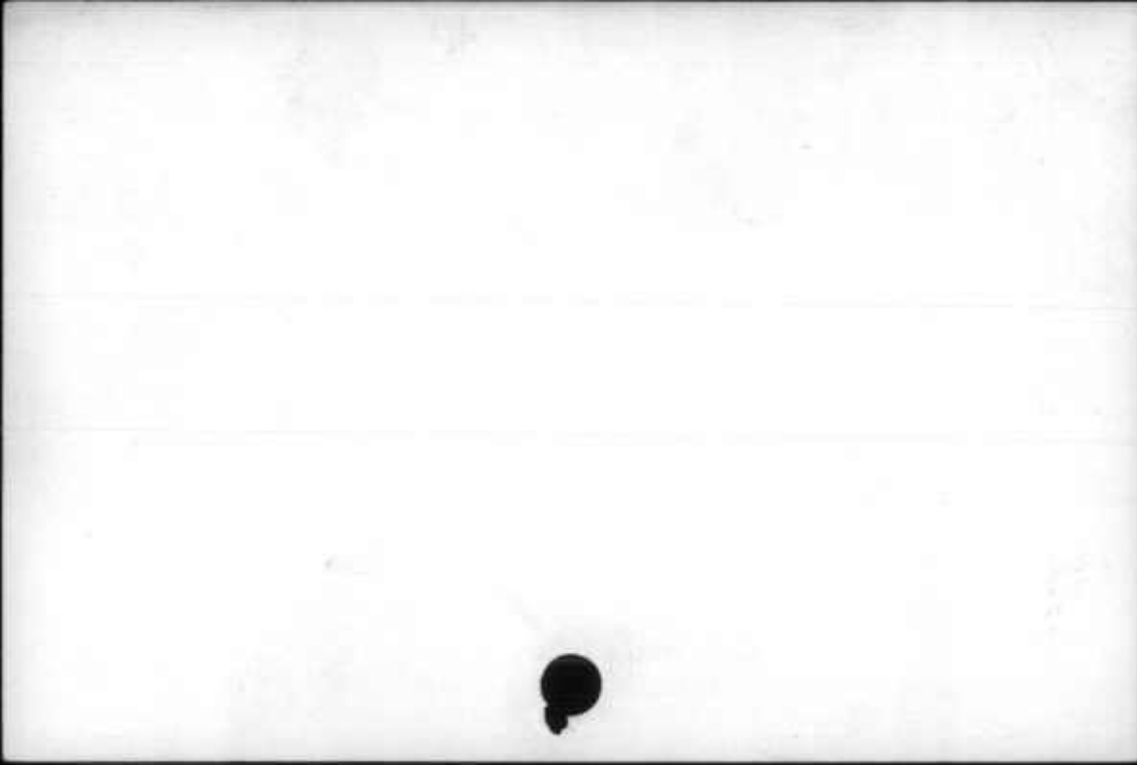
Immediate Asthma How long 6 yrs.

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

Signature of Physician Dr. Jos. H. Long
Address Walkersville Md.

PHYSICIAN OR CORONER

Accident or Suicide



Name in Full

Catherine Russell

CERTIFICATE OF DEATH

Died at ^{Town} Emmitsburg ^{County} Frederick

MARYLAND

Date of death 1980 Aug 4 Age 65 Months 7 Days 14

Sex Female Color or Race White Birth-place St. Louis, Missouri

Occupation Sister church members Where Residing if not at place of death =

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Timothy Russell Father's Birthplace Missouri

Mother's Maiden Name Elizabeth Little Mother's Birthplace "

Name of person giving information Arlene Marie Overdorf How related to deceased None

CAUSES OF DEATH

410

Primary Cancer of the liver How long 18 Months

Immediate Intestinal Hemorrhage How long 2 Days

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

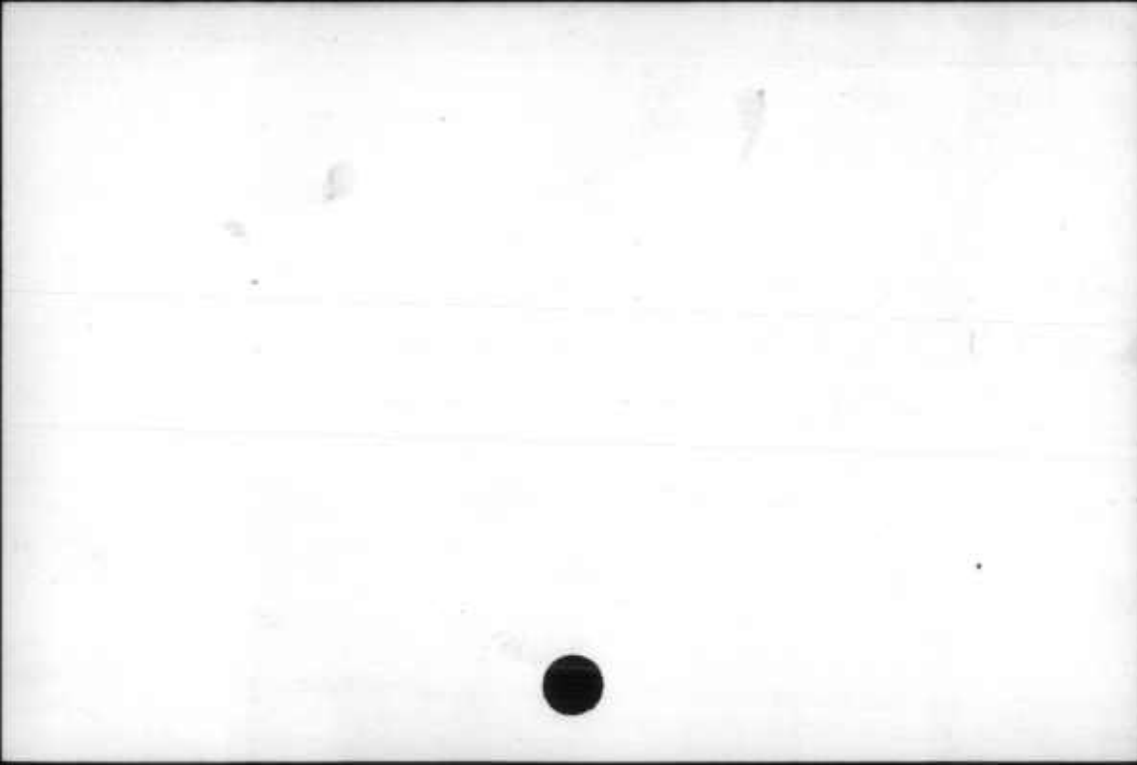
Signature of Physician J. B. Brown

Address [Redacted] Emmitsburg Md

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

Stella Sebald

CERTIFICATE OF DEATH

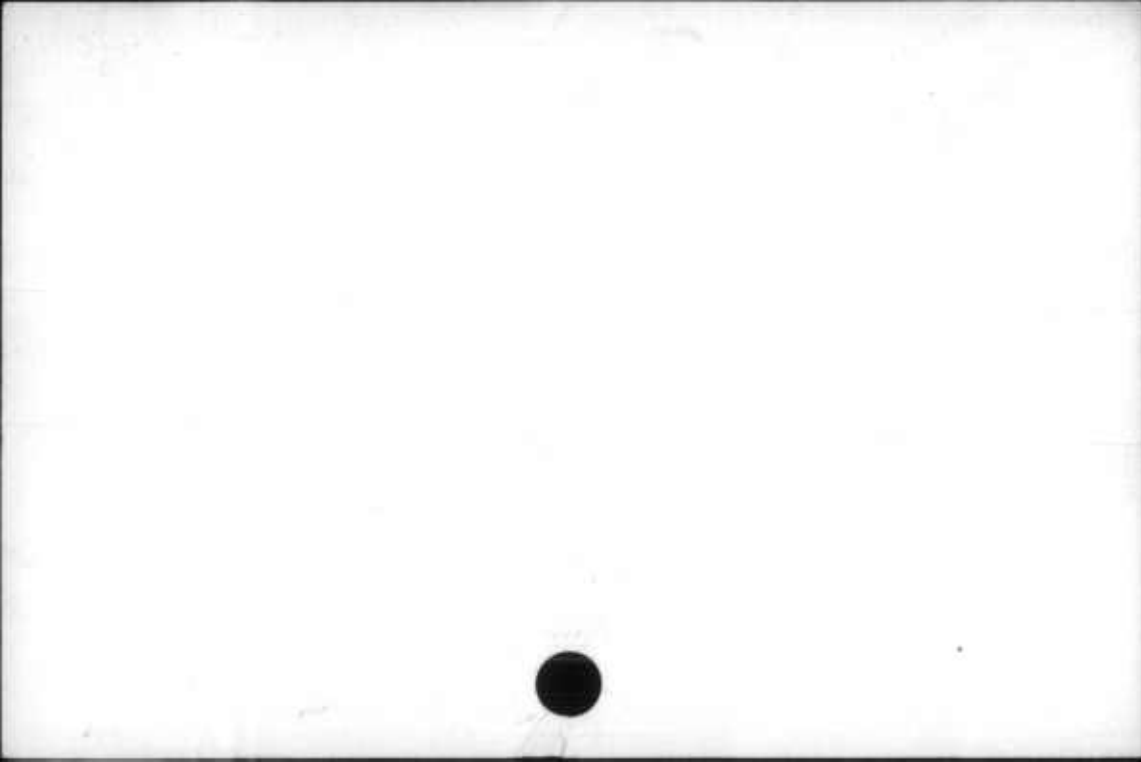
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Emmitsburg		County Frederick		MARYLAND	
Date of death		Month July	Day 12	Age 47	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	Emmitsburg
Occupation	Home-wives		Where Residing (not at place of death)				
Married, Single or Widowed	Married		Name of Husband	John S. Sebald			
Father's Name	James Fowler		Father's Birthplace	Md.			
Mother's Maiden Name	Lidia Felicit.		Mother's Birthplace	Md.			
Name of person giving information	Daniel Sweeney		How related to deceased	Undertaker			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of Breast		How long	8 mo.
Immediate	General Atherosclerosis		How long	3 wks.
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	B. J. Lamin.
			Address	Emmitsburg, Md.
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

Lilly M. Shaff

Died at ^{Town} Near Leagaville ^{County} Frederick MARYLANDDate of death 1910 ^{Month} 8 ^{Day} 2 Age 48 ^{Years} 11 ^{Months} 25 ^{Days}Sex Female Color or Race White Birth-place Petersville

Occupation _____ Where Reading if not at place of death _____

Married, ~~Single~~ ^{or Widowed} _____ Name of Wife or Husband Geo. F. V. ShaffFather's Name David Delander Father's Birthplace MdMother's Maiden Name Martha Kemp Mother's Birthplace MdName of person giving information Geo. F. V. Shaff How related to deceased Husband

CAUSES OF DEATH

Primary Abscess of the Ailla How long 10 daysImmediate Septicemia How long 24 hoursAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician Frank HedgesAddress Frederick, Md.

Accident or Suicide? _____

LIBRARY BUREAU 483212

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Susan Sophia Shepley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Churchill Town Frederick County MARYLAND

Date of death 1900 Aug; Month 25th Day 49 Age 49 Months 22 Days

Sex Female Color or Race White Birth-place Near Johnsville

Occupation Housekeeping Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband John C. Shepley

Father's Name Martin Grossnickle Father's Birthplace Highland

Mother's Maiden Name Celina Warner Mother's Birthplace Washington Co.

Name of person giving Information Martin Grossnickle How related to deceased Father

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

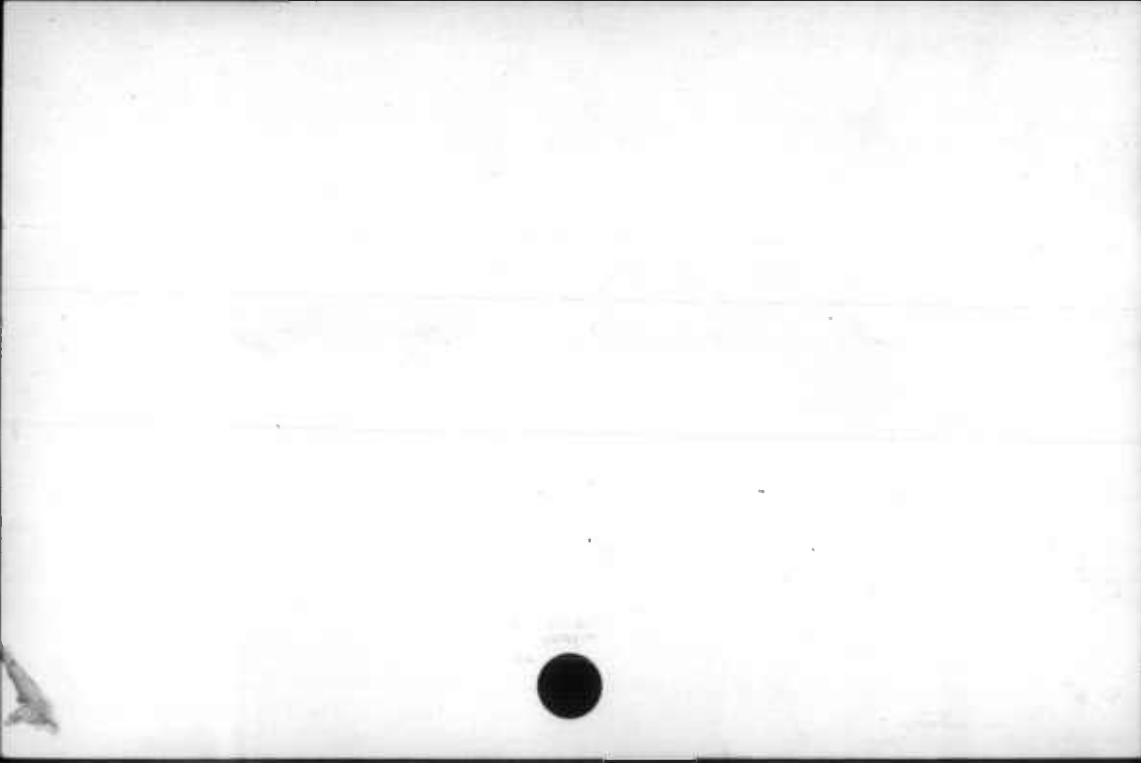
Primary Acabites How long Several years

Immediate Abscesses & Exhaustion How long 2 or 3 months

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

Signature of Physician Ralph B. ... Address Myersville, Md.

~~Accident or Suicide~~



Name in Full

Gacharia Edward Shitenhelm

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>McKays</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1960</i>	Month	<i>8</i>	Day	<i>13</i>
Age	<i>55</i>		Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Frederick County</i>	
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>Ella Star</i>		
Father's Name <i>Ruben Shitenhelm</i>			Father's Birthplace <i>Frederick County</i>		
Mother's Maiden Name <i>Elizabeth Grace</i>			Mother's Birthplace " "		
Name of person giving Information <i>Slyde Shitenhelm</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

28

PHYSICIAN OR CORONER

Primary	<i>Tubercular adenitis</i>	How long	<i>3 yrs.</i>
Immediate	<i>General asthenia</i>	How long	<i>3 mo.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>L. E. Brown M.D.</i>
		Address	<i>Frederick Md.</i>
Accident or Suicide	<i>No.</i>		

Funeral McKaig

Aug 1st 1910

~~W. L. Lark~~

Name in Full

Infant Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Fredericks Town Fredericks County MARYLAND

Date of death 1910 Month Aug Day 22 Age — Years — Months — Days —

Sex Male Color or Race Colored Birth-place Fredericks

Occupation — Where Residing if not at place of death —

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

Father's Name Unknown (illegitimate) Father's Birthplace —

Mother's Maiden Name Josephine Smith Mother's Birthplace Fredericks

Name of person giving information Kate Brown How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

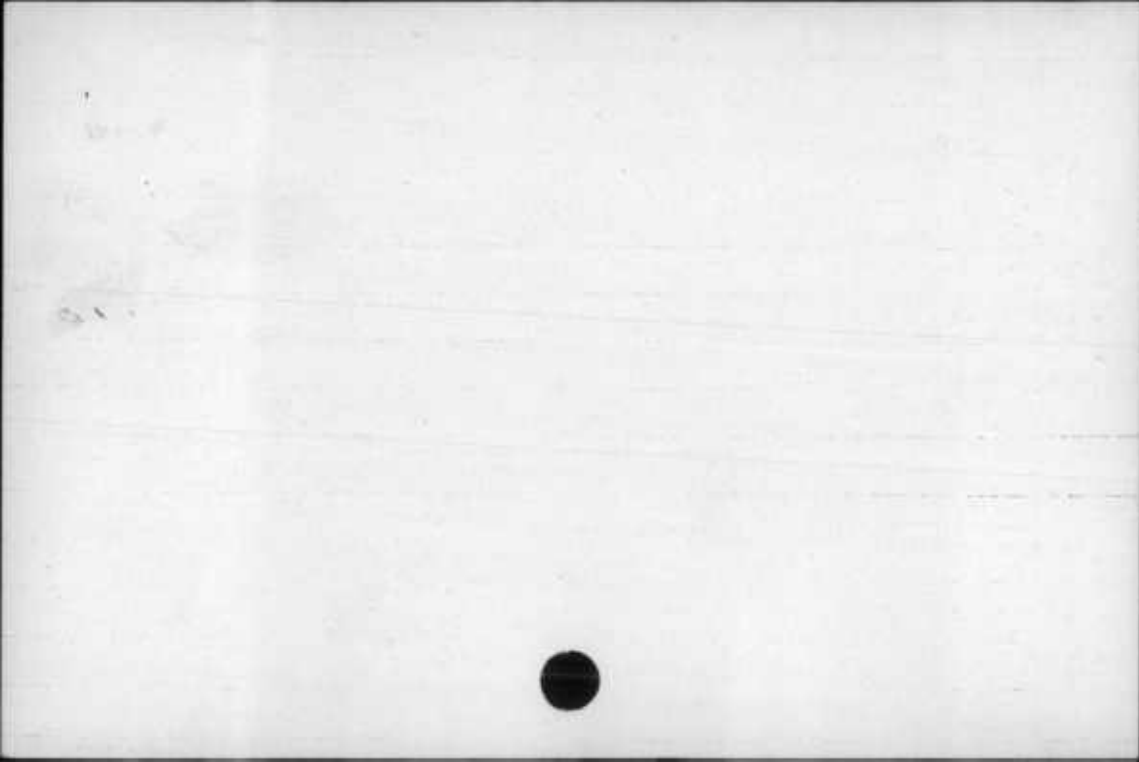
Primary Still Born How long —

Immadiata — How long —

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

Signature of Physician [Signature] Address Fredericks

Accident or Suicide? —



Name
in
Full

Herbert Carroll Smith

No. 23
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} *near Mt Airy,* ^{County} *Frederick Co.* **MARYLAND**

Date of death 19*00.* ^{Month} *Aug.* ^{Day} *18.* Age ^{Years} *3.* ^{Months} *4.* ^{Days} *1*

Sex *Male.* Color or Race *Colored.* Birth-place *Maryland*

Occupation _____ Where residing if not at place of death _____

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

Father's Name *Montanion Smith* Father's Birthplace *Ind*

Mother's Maiden Name *Laura Holton* Mother's Birthplace *Ind*

Name of person giving Information *Laura Holton* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

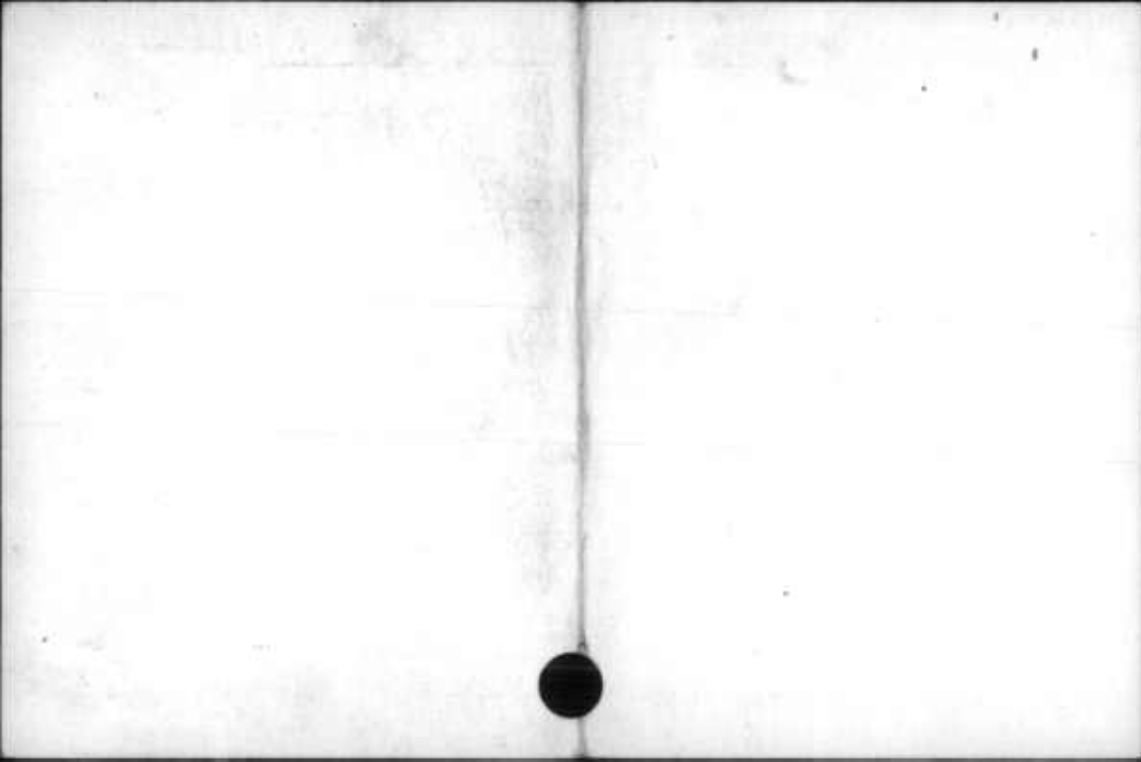
Primary *Congestion of Lungs* How long *8 hours.*

Immediate *The same. (no doctor in attendance)* How long _____

Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician *J. W. Lacy, M. D.*

Address *Lisbo, Md.*

Accident or Suicide *As far as I know.*



Name
In
FullWillie C. ^{Esther} Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Fredericks</i>		^{County} <i>Fredericks</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1960</i>	<i>8</i>	<i>10</i>	<i>0</i>	<i>0</i>	<i>4</i>
Sex	Color or Race	Birthplace			
<i>Female</i>	<i>Black</i>	<i>Fredericks</i>			
Occupation	Where residing if not at place of death				
	<i>Same</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>Single</i>					
Father's Name	Father's Birthplace				
<i>Clayton E. Smith</i>	<i>Fredericks</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Mary Green</i>	<i>Fredericks</i>				
Name of person giving information	How related to decedent				
<i>Clayton E. Smith</i>	<i>Father</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>Several</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. J. Rosemond M.D.</i>
		Address	<i>Fredericks md.</i>
Accident or Suicide?	<i>No.</i>		

Interment Aug 11, 10

" at Greenmount Cem.

Thomas P. Rice F. I. D.

Dr Bourne

Dr McCurdy,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Francis Staley</i>		Town <i>Emmitsburg</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Emmitsburg</i>		Month <i>July</i>		Day <i>1</i>		Age <i>9</i>	
Date of death 19 <i>40</i>		Year <i>1940</i>		Months <i>0</i>		Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Emmitsburg</i>			
Occupation <i>✓</i>		Where Residing if not at place of death <i>✓</i>					
Married , Single or Widowed		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Jackie Ray Staley</i>		Father's Birthplace <i>Emmitsburg</i>					
Mother's Maiden Name <i>Annie Hunt</i>		Mother's Birthplace <i>Emmitsburg</i>					
Name of person giving Information <i>Jackie Ray Staley</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Congenital Anomalies of Heart</i>		How long <i>150</i>	
Immediate <i>✓</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>h. W. Staley</i>	
Accident or Suicide		Address <i>Emmitsburg Md.</i>	



Name
in
Full

Nellie E. Staley

CERTIFICATE OF DEATH

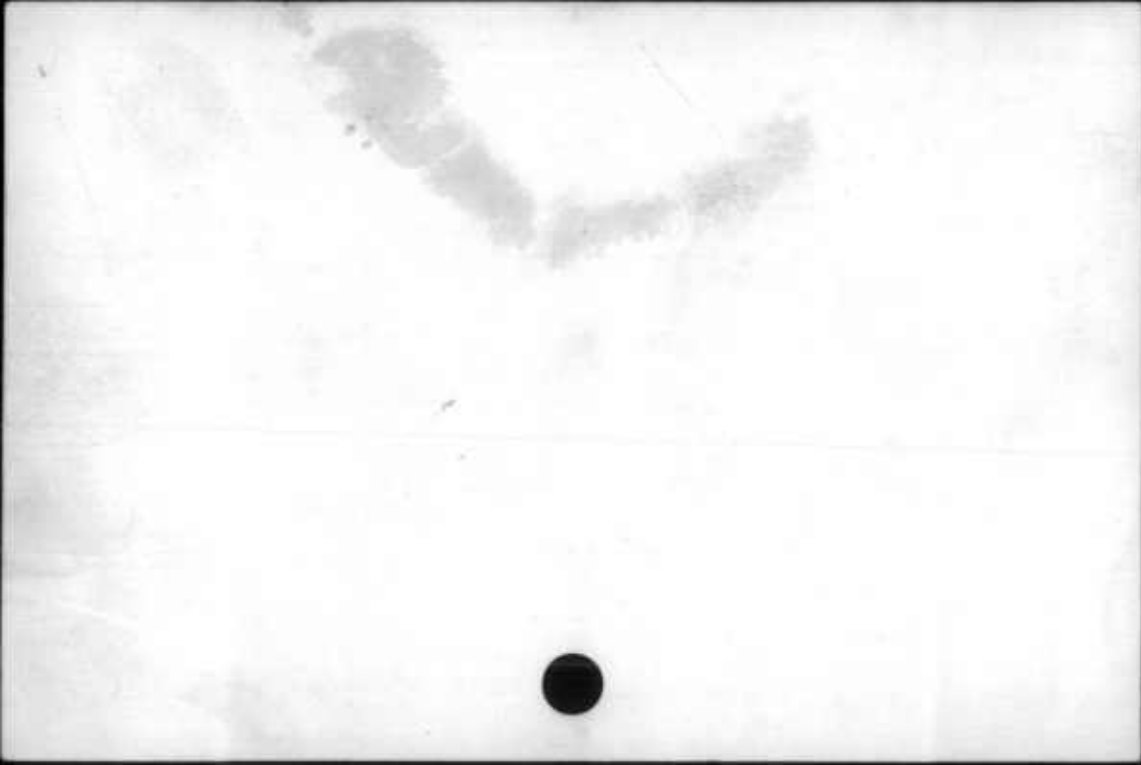
Died at ^{Town} Dayville ^{County} Frederick MARYLANDDate of death 1900 ^{Month} Aug ^{Day} 16 ^{Age} — ^{Years} — ^{Months} 7 ^{Days} 6Sex Female ^{Color or Race} White ^{Birth-place} Frederick coOccupation None ^{Where Residing if not at place of death} —^{Married, Single or Widowed} Single ^{Name of Wife or Husband} —^{Father's Name} Harry Staley ^{Father's Birthplace} Frederick Co^{Mother's Maiden Name} Virginia Michael ^{Mother's Birthplace} Frederick Co^{Name of person giving Information} Harry Staley ^{How related to deceased} Father

CAUSES OF DEATH

^{Primary} Gastro-enteritis ^{How long} 36 hrs.^{Immediate} Heart Failure ^{How long} 3 hrs.^{Are the name, age, sex, color, date and place correctly given above?} Yes^{Signature of Physician} Otis B. Howe, M.D.^{Address} Liberty Town
Frederick Co.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rosie Stallings

CERTIFICATE OF DEATH

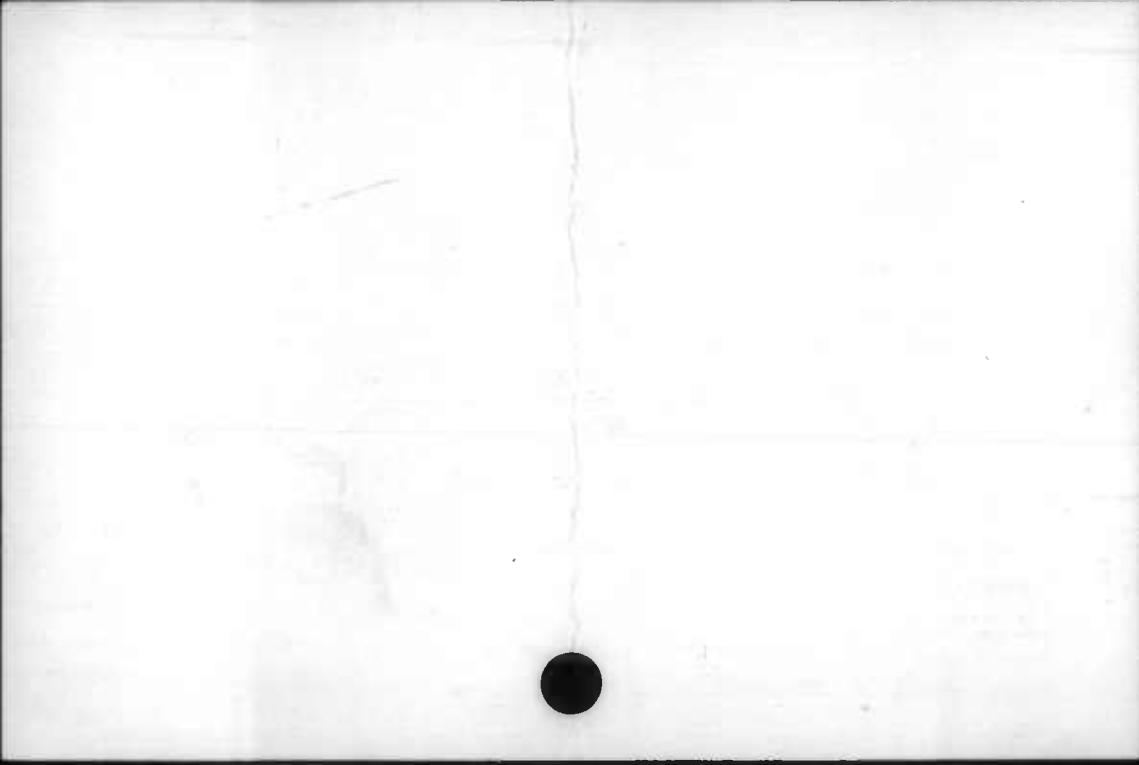
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Mt. Airy</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1940</i>	Month <i>Aug.</i>	Day <i>10</i>	Age <i>26</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Frederick Co. Md.</i>			
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>Near Mt. Airy</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Oliver Stallings</i>	Father's Birthplace <i>Sidney</i>				
Mother's Maiden Name <i>Catharine Lugenbeel</i>	Mother's Birthplace <i>Franklinville</i>				
Name of person giving Information <i>Mrs. Geo. Rumbles</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

Primary <i>Typhoid</i>	How long <i>18 days</i>
Immediate <i>Septic Atheria</i>	How long <i>Four days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. O. Thomas M.D.</i>
	Address <i>Frederick Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in Full

Ida Colton Steiner

CERTIFICATE OF DEATH

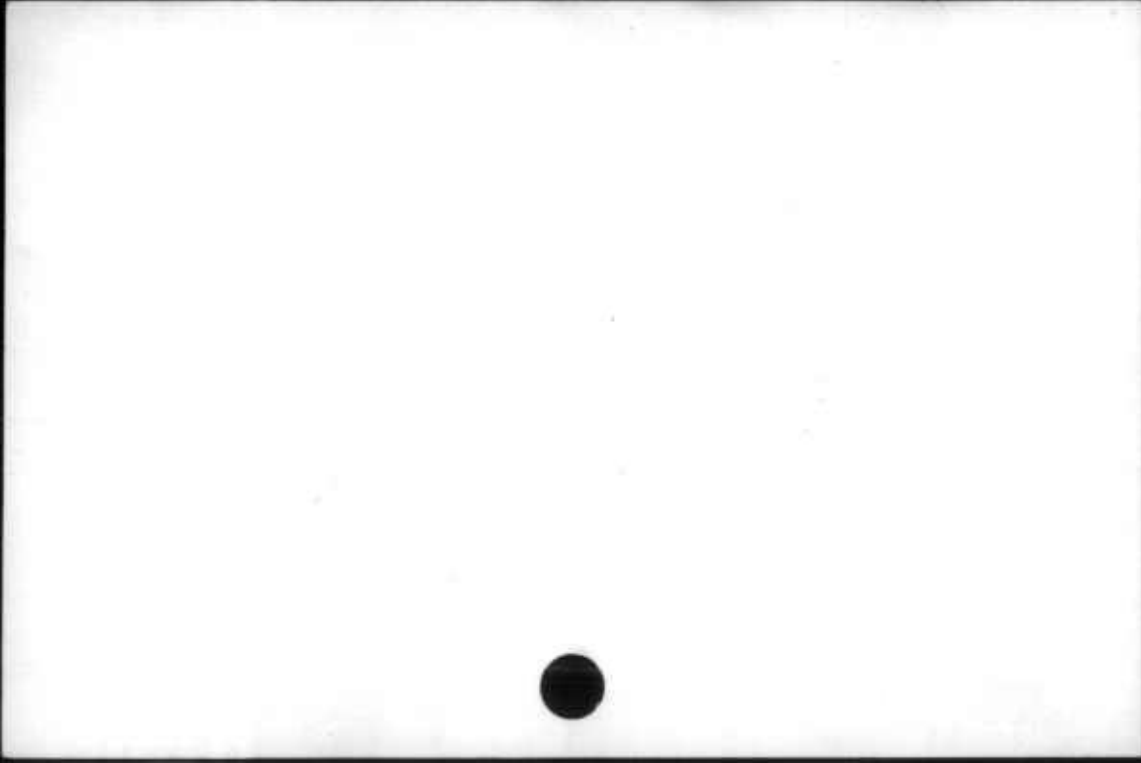
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1910	Month Aug	Day 11	Age 59	Years	Months Days
Sex Female		Color or Race white		Birth-place Md			
Occupation none		Where Residing if not at place of death		Belington Md			
Married, Single or Widow		Name of Husband Wm Steiner					
Father's Name Wm Colton		Father's Birthplace England					
Mother's Maiden Name Emma M. Blumfeldt		Mother's Birthplace Prussia					
Name of person giving Information Maud Steiner		How related to deceased sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Bright's disease		How long 10 yrs	
Immediate Chronic Coma		How long 4 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Wm. Crawford Address Frederick Md	
Accident or Suicide no			



Name in Full

Milton Melvin Stewart Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Highfield ^{Town} Frederick ^{County} ~~Washington~~ Maryland

Date of death 1940 August 1 Age 1 Months Days

Sex male Color or Race white Birth-place Baltimore

Occupation — Where Residing if not at place of death Hospital for Cripples Child St. Highfield Md.

Married, Single or Widowed Name of Wife or Husband

Father's Name Milton Melvin Stewart Father's Birthplace

Mother's Maiden Name Ida Itzre (deceased) Mother's Birthplace

Name of person giving information P. Frustall Taylor M.D. Has deceased

CAUSES OF DEATH

Primary Enterocolitis How long two weeks

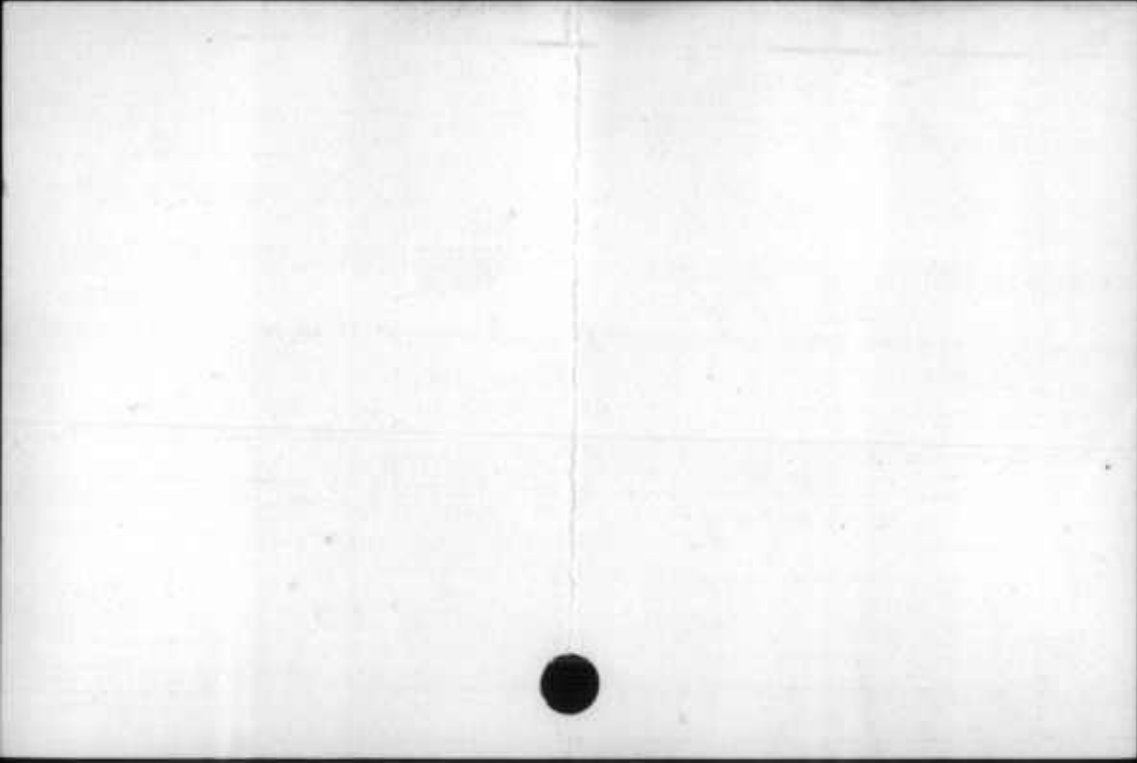
Immediate Anemia How long one day

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

Signature of Physician P. Frustall Taylor

Address Blue Ridge Summit Md.

Accident or Suicide?



Name
in Full

Luther C Stouffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near* ^{Town} *Summerville* ^{County} *Frederick* **MARYLAND**

Date of death **1960** ^{Month} *8* ^{Day} *23* **Age** *69* ^{Years} *8* ^{Months} *8* ^{Days} *—*

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

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

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

Father's Name *Jacob Stouffer* Father's Birthplace *md*

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

Name of person giving Information *Chas Stouffer* How related to deceased *Son*

CAUSES OF DEATH

Primary *Concussion of brain* How long *12 hours*

Immediate *"* How long *"*

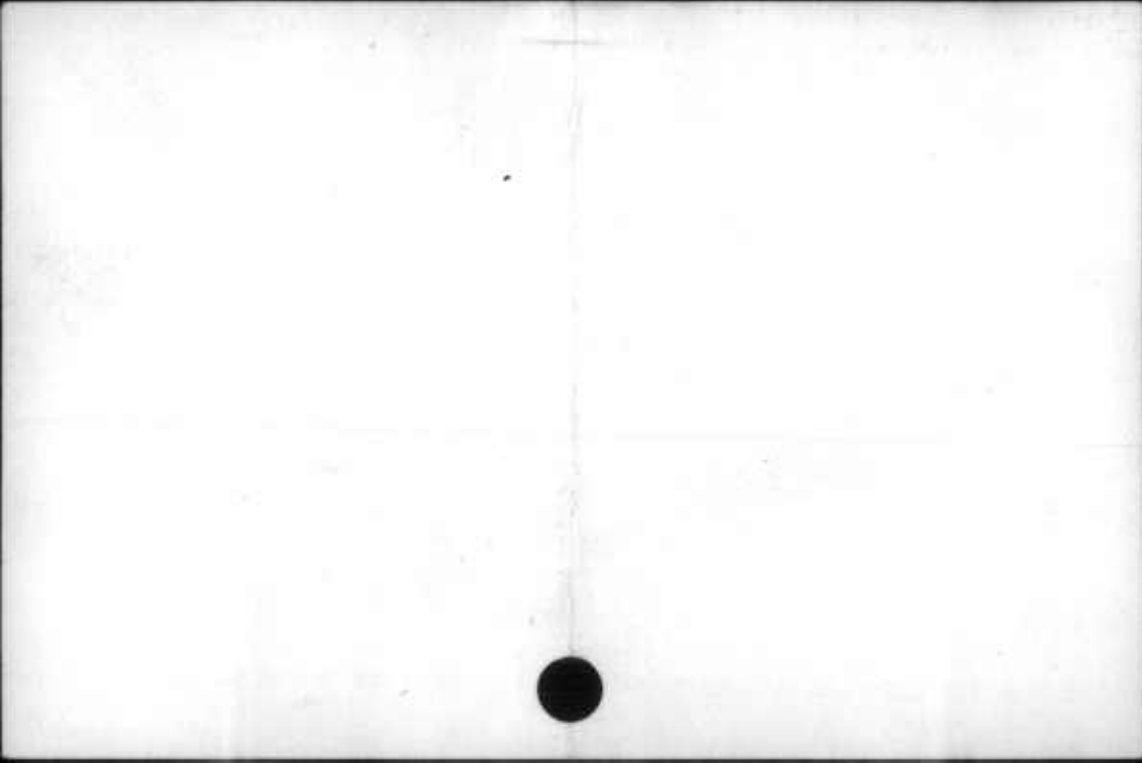
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address *C. L. Wachter
Sabillasville Md.*

PHYSICIAN
OR CORONER

Accident ~~in~~ *in* ~~Car~~ *Car*



Name
in
Full

Calvin G. Swanley

CERTIFICATE OF DEATH

Died at ^{Town} near Frederick ^{County} Frederick MARYLAND

Date of death 1910 Aug. 25 Age 43 Months — Days —

Sex Male Color or Race white Birth-place Md.

Occupation Farmer Where residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Kate Keuff

Father's Name David Swanley Father's Birthplace Frederick County

Mother's Maiden Name Elyse Essel Mother's Birthplace " "

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary Typhoid fever How long 4 weeks

Immediate General Asthenia, Cardiac syncope How long —

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

Address Frederick, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
is
Full

Amy G. Trail

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

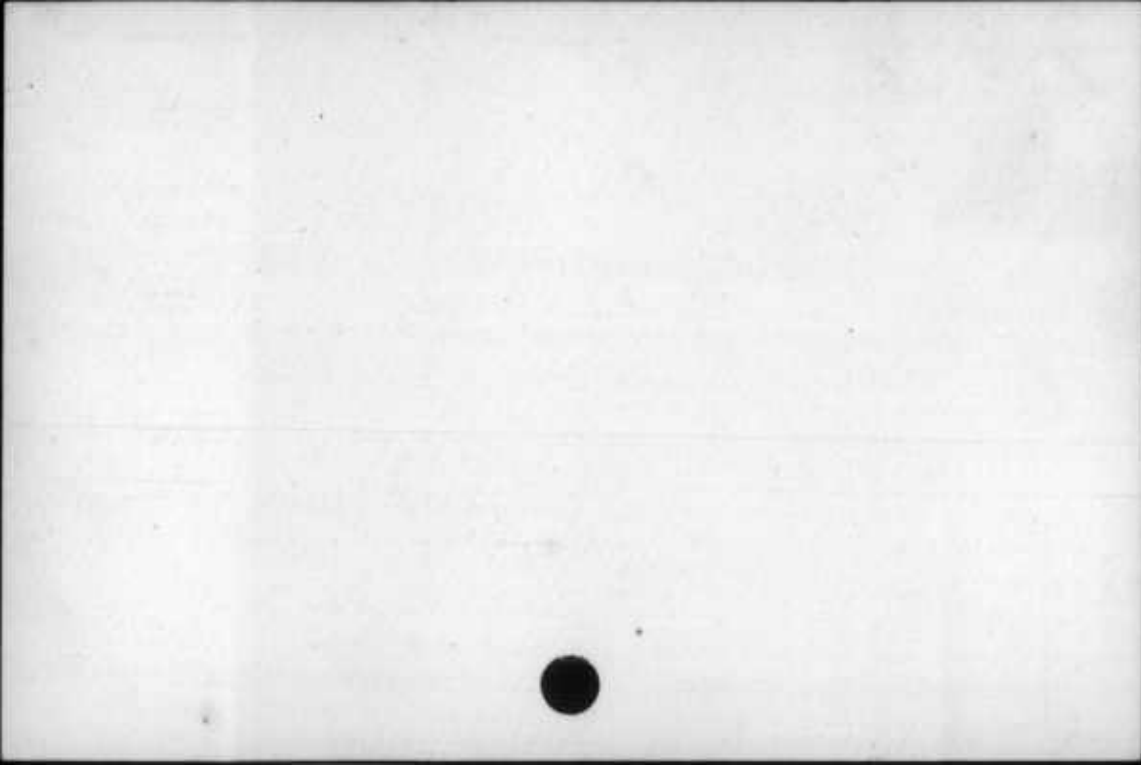
MARYLAND

Died at		Town Della		County Frederick			
Date of death	1940	Month Aug	Day 8	Age 13	Years	Months	Days 6
Sex	Female		Color or Race	White		Birth- place	Frederick
Occupation	—			Where Residing if not at place of death		Same	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Hanson Trail				Father's Birthplace	Frederick	
Mother's Maiden Name	Ida Anders				Mother's Birthplace	Frederick	
Name of person giving information	Geo W. Peters				How related to decedent	Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	61	1 wk
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	T. Clyde Routson	
		Address	Buckeystown	
Accident or Suicide?				



Name
Full

Alicia Weinberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fredrick</u> Town		County		MARYLAND	
Date of death	1901	Month	Aug	Day	3
Age	66	Years		Months	9
Sex	Female	Color of Race	White	Birth-place	Germany
Occupation	House	Where residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Jas. Weinberg		
Father's Name	Marques Lomstein			Father's Birthplace	Germany
Mother's Maiden Name	Lavinia Kater			Mother's Birthplace	"
Name of person giving information	Leo Weinberg			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Cervix	How long	6 mos. 1 1/2
Immediate	Toxemia	How long	6 " "
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. S. Hayward
		Address	17 Broad St. West
Accident or Suicide?			



Name
in
Full

Clifford C. Weller

CERTIFICATE OF DEATH

Died at

Frederick

County

Frederick

MARYLAND

Date
of death

1900

Month

8

Day

13

Age

8 Weeks

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

A

Father's
Name

Mr Charles Weller

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Miss Edna Sherald

Mother's
Birthplace

Frederick

Name of person giving
Information

Mrs Katie Sherald

How related
to deceased

CAUSES OF DEATH

Primary

Meningitis

How long

6 weeks

Immediate

Convulsion

How long

2 hours

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

F. A. Heder

Address

Frederick

Accident or Suicide



Name
In
Full

Philip White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Currytown</i>		^{County} <i>Frederick</i>		MARYLAND	
Date of death 1910	^{Month} <i>Aug.</i>	^{Day} <i>4</i>	Age	^{Years} <i>75</i>	^{Months} <i>4</i> ^{Days} <i>19</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Unknown</i>			
Occupation <i>Labourer</i>	Where Reading if not at place of death _____				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Fannie White</i>				
Father's Name <i>Philip White</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Terry</i>	Name of person giving information <i>John White</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

15H

PHYSICIAN
OR CORONER

Primary	<i>Senile decay</i>	How long <i>4 months</i>
Immediate	_____	How long _____
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. H. Legg</i>
	<i>no</i>	Address <i>Union Bridge Md.</i>
Accident or Suicide?	<i>no</i>	



Name
in
FullJames William's
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fredericks Fredericks MARYLAND
 Date of death 1980 Month 8 Day 19 Age 82 Years Months — Days —
 Sex Male Color or Race Black Birth-place Virginia
 Occupation Laborer Where Residing if not at place of death Same
 Married, Single or Widowed Married Name of Wife or Husband Laura Maxwell
 Father's Name Unknown Father's Birthplace —
 Mother's Maiden Name " " Mother's Birthplace —
 Name of person giving Information Mrs. Laura William's How related to deceased Wife

CAUSES OF DEATH

28

Primary Pulmonary Tuberculosis How long Several months
 Immediate Exhaustion How long " days
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician U. G. Bourne, M.D.
 Address Frederick, Md.
 Accident or Suicide No.

PHYSICIAN
OR CORONER

Interment Aug 21. 1910

" at Greenmount Cemetery

Thomas P. Rice F. A.

or

Dr McErdy

Name
In Full

Marvin Phillip Williar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

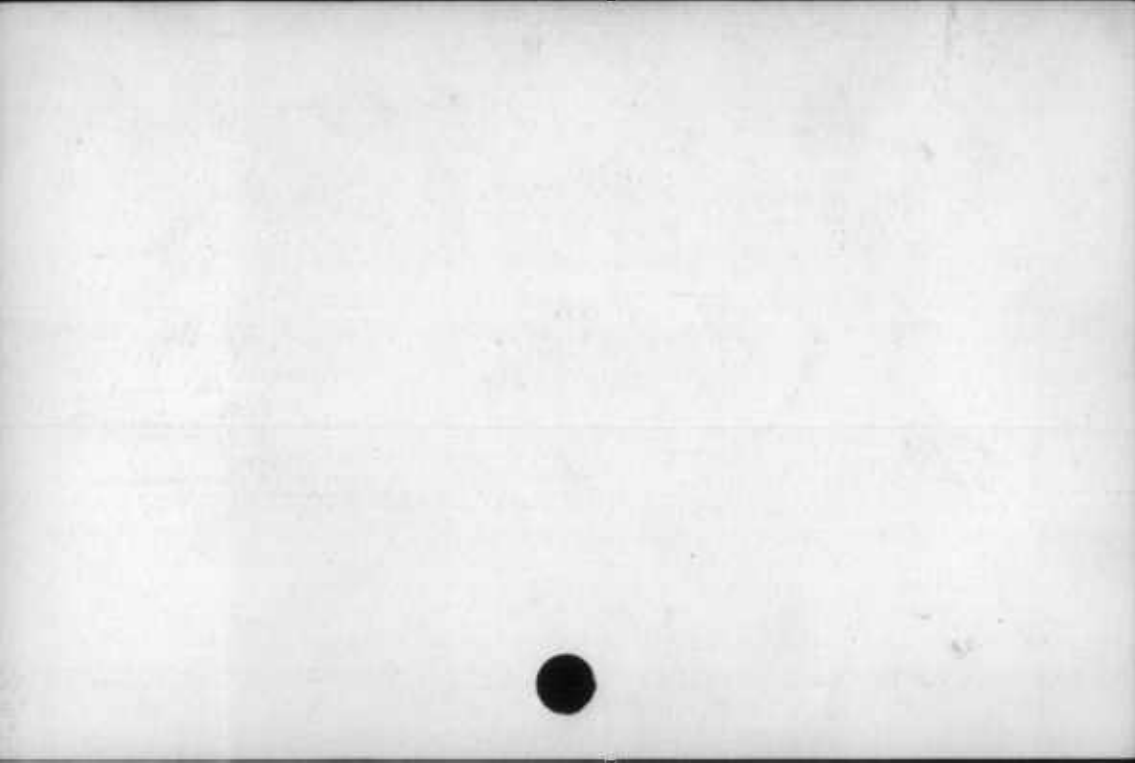
Died at <i>Mt. Airy</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1900	Month	6	Day	27	Age	3 Dec 9 da
Sex	Male	Color or Race	White	Birthplace	Maryland		
Occupation	Where Reading if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Jacob A. Williar				Father's Birthplace	Maryland	
Mother's Maiden Name	Bertha C. Beber				Mother's Birthplace	Maryland	
Name of person giving information	Frank C. Williar				How related to decedent	Bro. Dec.	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Cholera infantum</i>	How long	<i>Weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>M. S. Seave</i>
		Address	<i>Wilmington Md.</i>
Accident or Suicide?			



Name
in
Full

James Newton Willis

NO 22

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

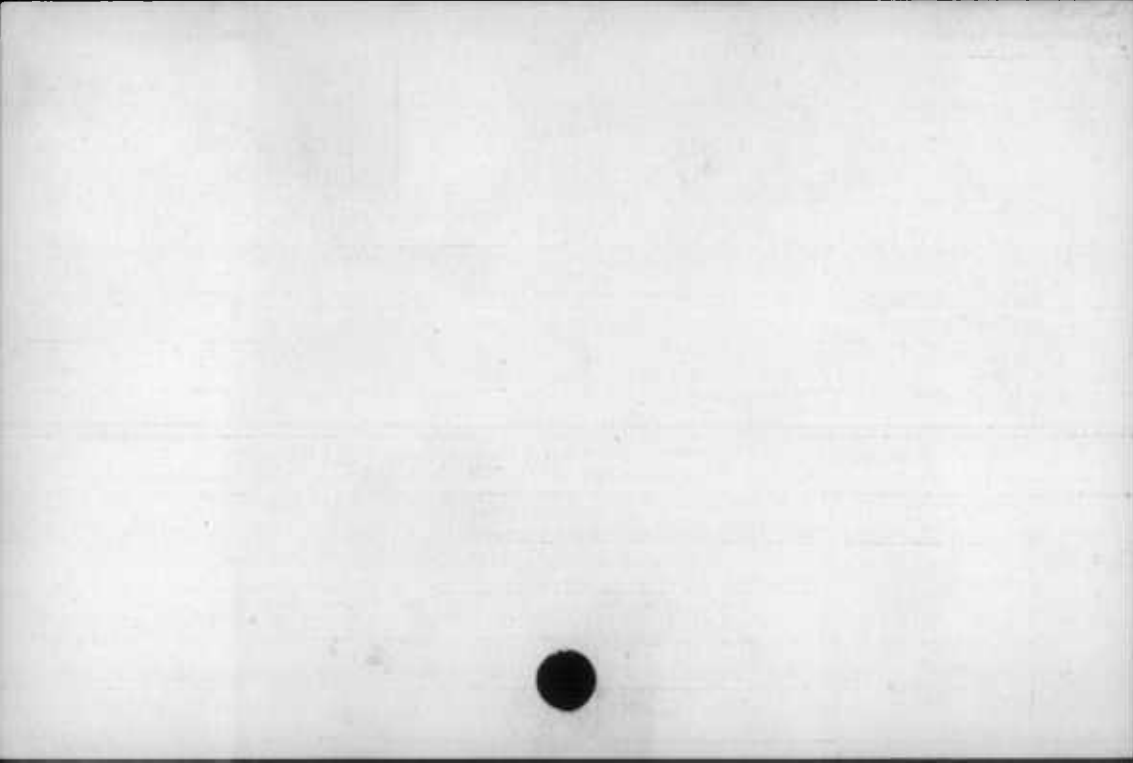
Died at <i>New Market</i> <small>Town</small>		<i>Stark</i> <small>County</small>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>8</i>	Day <i>4</i>	Age <i>0</i>	Years <i>0</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>New Market, Md</i>	
Occupation <i>none</i>			Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>was not married</i>			
Father's Name <i>Louis O. Willis</i>			Father's Birthplace <i>New Market Md</i>		
Mother's Maiden Name <i>Mary Newton</i>			Mother's Birthplace <i>P. Va</i>		
Name of person giving information <i>L. O. Willis</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

(104)

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>10 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>H. H. Hopkins Md</i>	
Address		<i>New Market Md</i>	
Accident or Suicide?		<i>no</i>	



Name
In
Full

Frederick L. Wisitzky

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Thurmont ^{County} Frederick MARYLAND

Date of death 1940 ^{Month} Aug ^{Day} 9 Age ^{Years} 77 ^{Months} 6 ^{Days} 29

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

Occupation ^{Retired Baker} Where Reading if not at place of death _____

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

Father's Name ^{Wm Wisitzky} Father's Birthplace ^{Warsaw Russia}

Mother's Maiden Name ^{Catherine Bradley} Mother's Birthplace ^{Pa}

Name of person giving information ^{Emily Wisitzky} How related to deceased ^{Son}

CAUSES OF DEATH

154

Primary ^{Genl Debility} How long ^{2 yrs}

Immediate ^{Pernicious Anemia} How long _____

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

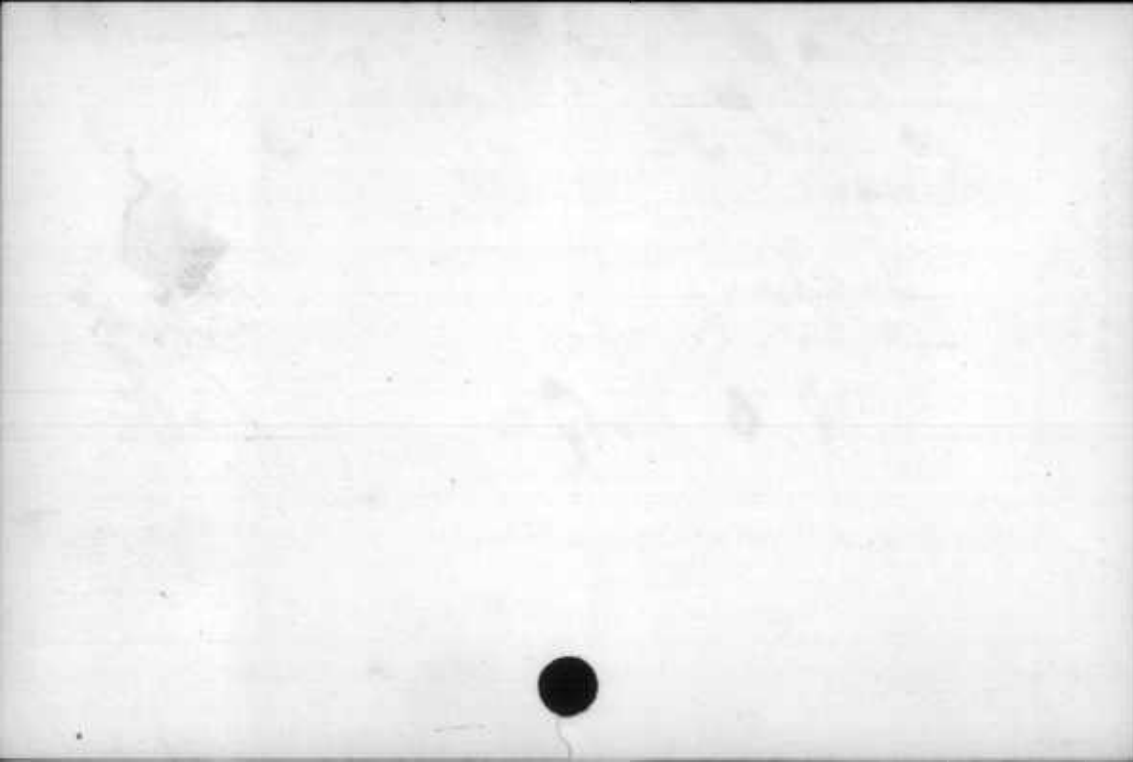
Yes

Signature of Physician ^{James K. Maler's}

Address ^{Thurmont Md}

Accident or Suicide?

PHYSICIAN OR CORONER



Name
in
Full

Francis Elizabeth Wolfe

CERTIFICATE OF DEATH

Died at

Middletown Frederick

MARYLAND

Date

1940 Aug 31

Age

5-15

Months

Days

Sex

Female

Color or Race

White

Birthplace

Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Ralph S Wolfe

Father's Birthplace

Md

Mother's Maiden Name

Laura H Bateman

Mother's Birthplace

Md

Name of person giving Information

R S Wolfe

How related to deceased

Father

CAUSES OF DEATH

Primary

Cholera dysenteriae

How long

5 days

Immediate

Collapse

How long

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

Signature of Physician

A. C. Lacey M.D.
Middletown Md.

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

