

Name
is
Full

John Edward Bestman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Grantonville* Town *Carroll* County **MARYLAND**

Date of death 19*30* *Aug* Month *22* Day Age *45* Years Months *8* Days *20*

Sex *Male* Color or Race *White* Birthplace *Northtown*

Occupation *Lumberman* Where Residing if not at place of death *Grantonville Md*

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

Father's Name *Peter Bestman* Father's Birthplace *Somerset Co. Pa*

Mother's Maiden Name *Elizabeth Zimmerman* Mother's Birthplace *Somerset Co. Pa*

Name of person giving information *Charles Miller* How related to deceased *None*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Bright Disease* How long *140* *one year*

Immediate *Glomerular* How long *2 weeks*

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

Address *Grantonville Md*

Accident or Suicide *No*



Name
in
Full

Henry Beitzel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Battinger</i> ^{Town}		<i>Garret</i> ^{County}		MARYLAND	
Date of death	<i>1910</i>	Month <i>Aug.</i>	Day <i>29</i>	Age <i>73</i>	Years <i>11</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Germany</i>
Occupation	<i>Farmer</i>		Where residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Mary Beitzel</i>			
Father's Name	<i>Beitzel (First name unknown)</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Jonas Schocks</i>			How related to deceased	<i>Not related</i>

CAUSES OF DEATH

(89)

PHYSICIAN
OR CORONER

Primary	<i>cold</i>	How long	<i>about 10 days</i>
Immediate	<i>Bronchitis</i>	How long	<i>about 6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>B. H. Bussie, M.D.</i>
		Address	<i>Accident, Ind.</i>
Accident or Suicide?			



Name
is
Full

CERTIFICATE OF DEATH

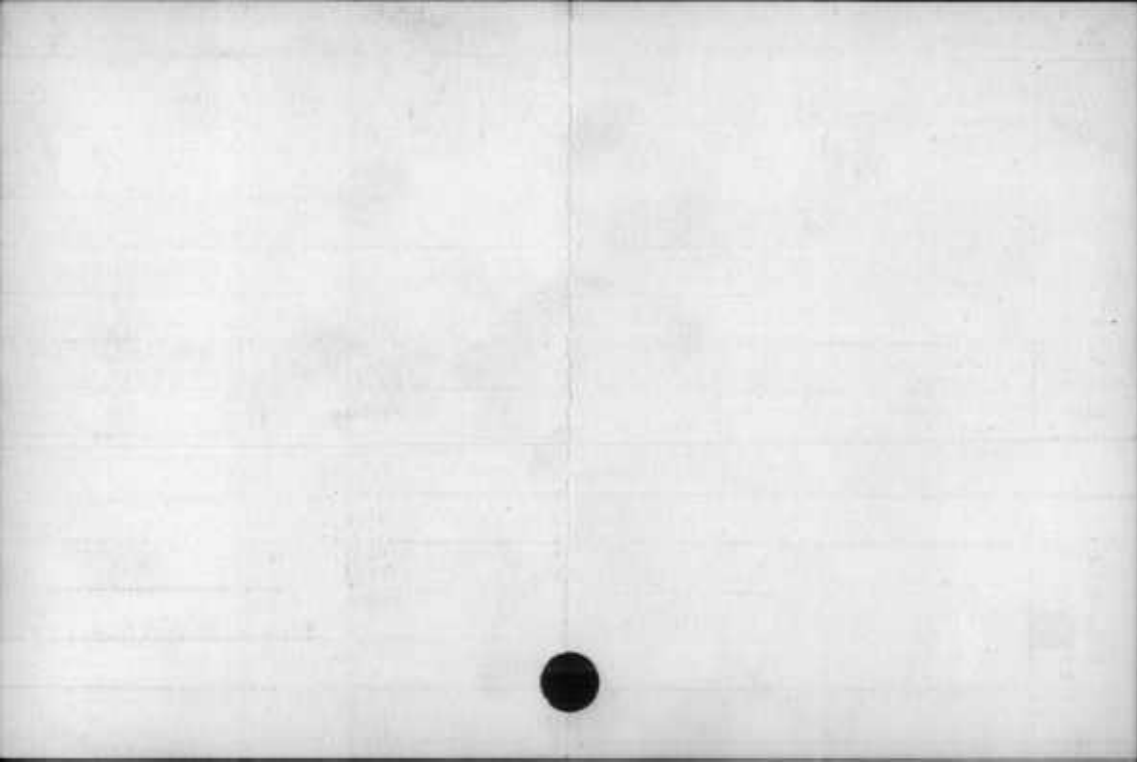
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dodson</u> Town		<u>Garrett</u> County		MARYLAND	
Date of death	19 <u>00</u>	Month	<u>Aug.</u>	Day	<u>19</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Age	<u>—</u> Years
Occupation	<u>—</u>	Birth-place	<u>Dodson</u>	Months	<u>—</u>
Where Reading if not at place of death		<u>Dodson</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>—</u>		
Father's Name	<u>Johnnie Bowers</u>		Father's Birthplace	<u>Garrett Co. Md.</u>	
Mother's Maiden Name	<u>—</u>		Mother's Birthplace	<u>—</u>	
Name of person giving information	<u>Johnnie Bowers</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Malaria</u>	How long	<u>1 day</u>
Immediate	<u>"</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of <u>Lucy P. Laughlin, Registrar</u>	
		Address <u>Fitzmiller, Md.</u>	
Accident or Suicide?			



Name
in
Full

Ralph Castel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Sand Spring</i>		County <i>Garrett</i>		MARYLAND	
Date of death	19 <i>60</i>	Month <i>Aug</i>	Day <i>4</i>	Age <i>-</i>	Months <i>-</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</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>Wm A. Castel</i>		Father's Birthplace <i>West Virginia</i>			
Mother's Maiden Name <i>Allis. A. Van Sickle</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Wm A Castel</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

1302

PHYSICIAN
OR CORONER

Primary	<i>Uterine Inertia</i>	How long	<i>2 days</i>
Immediate	<i>Trauma of delivery</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. J. Myers M.D.</i>	
		Address <i>Marketysburg, Pa</i>	
Accident or Suicide			

Sands Spring Cemetery

Wm H Franklin

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

dk Name: *Chaaderton* Town: *Chaaderton* County: *Garrett* MARYLAND

Died at: *Near Deer Park* Date of death: 190 *August* 15 - Age *10*

Sex: *Male* Color or Race: *White* Birth-place: *Deer Park*

Occupation: _____ Where Residing if not at place of death: _____

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

Father's Name: *Wesley Chaaderton* Father's Birthplace: _____

Mother's Maiden Name: *Jennie Gilpin* Mother's Birthplace: _____

Name of person giving information: _____ How related to deceased: _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: _____ How long: *117* ✓

Immediate: *Peritonitis* How long: *2 days*

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

Signature of Physician: *J. W. Laughlin* Address: *Deer Park Md*

Accident or Suicide: _____

Hubby

James A. Belcher

Name in Full

CERTIFICATE OF DEATH

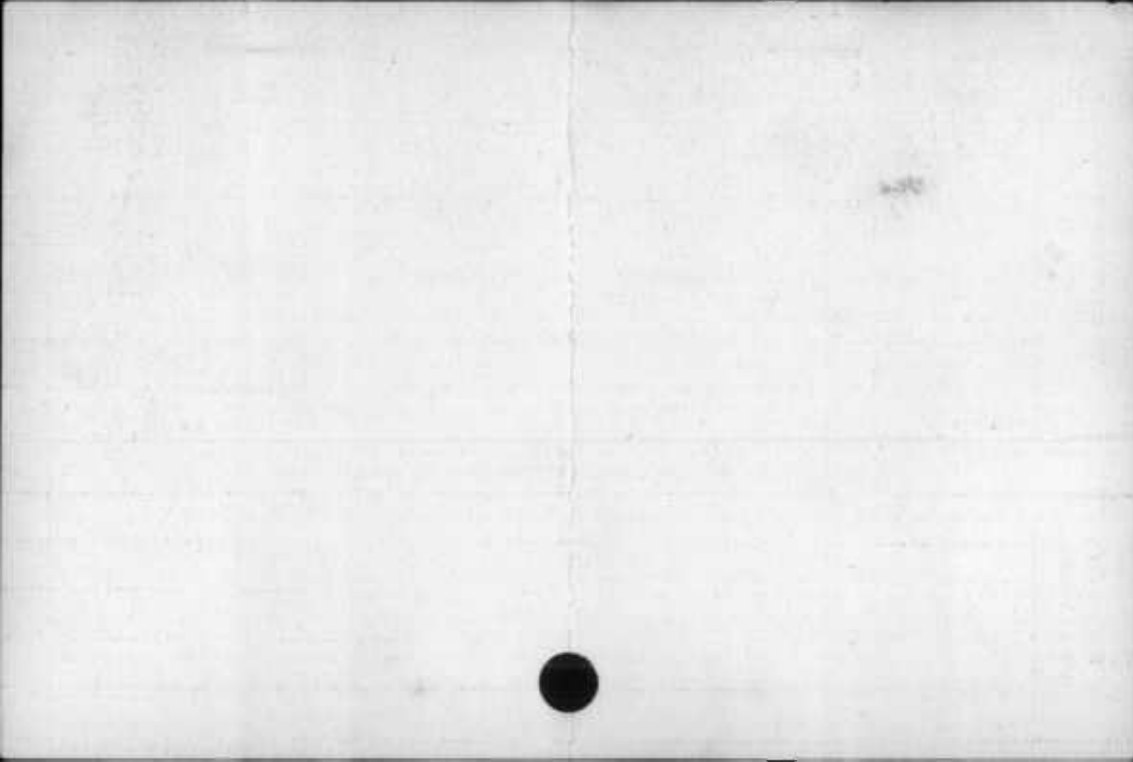
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kitzmillerville</u> Town		<u>Garrett</u> County		MARYLAND	
Date of death	19 <u>10</u> <u>Aug</u> Month	<u>25</u> Day	Age <u>34</u> Years	Months <u>3</u>	Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>—</u>			
Occupation <u>Housewife</u>	Where Reared if not at place of death <u>Kitzmillerville</u>				
Married, Single or Widowed <u>Married</u>	Name of Husband <u>J. W. Dawson</u>				
Father's Name <u>Wm. Lancaster</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Salie McHenry</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>J. W. Dawson</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>2 weeks</u>
Immediate <u>Remission</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Lee P. Laughlin Sub. reg. etc.</u>
	Address <u>Kitzmillerville, Md.</u>
Accident or Suicide?	



Name
In
Full

Velva Felix

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fitzmills	County Garrett.		MARYLAND	
Date of death	1910	Month Aug	Day 5 th	Age	Years 20	Months 14
Sex	Female		Color or Race	White		Birth-place
Occupation			Where Reading if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	John A. Felix				Father's Birthplace	Montgomery
Mother's Maiden Name	Isabell M. Krebs				Mother's Birthplace	Demopolis, Md.
Name of person giving information	J. A. Felix				How related to deceased	Father

CAUSES OF DEATH

1898

PHYSICIAN
OR CORONER

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

Moosem

Signature of Physician: D. H. Stecher
 Address: Blair West Va

L. C. Perry

Name
is
Full

CERTIFICATE OF DEATH

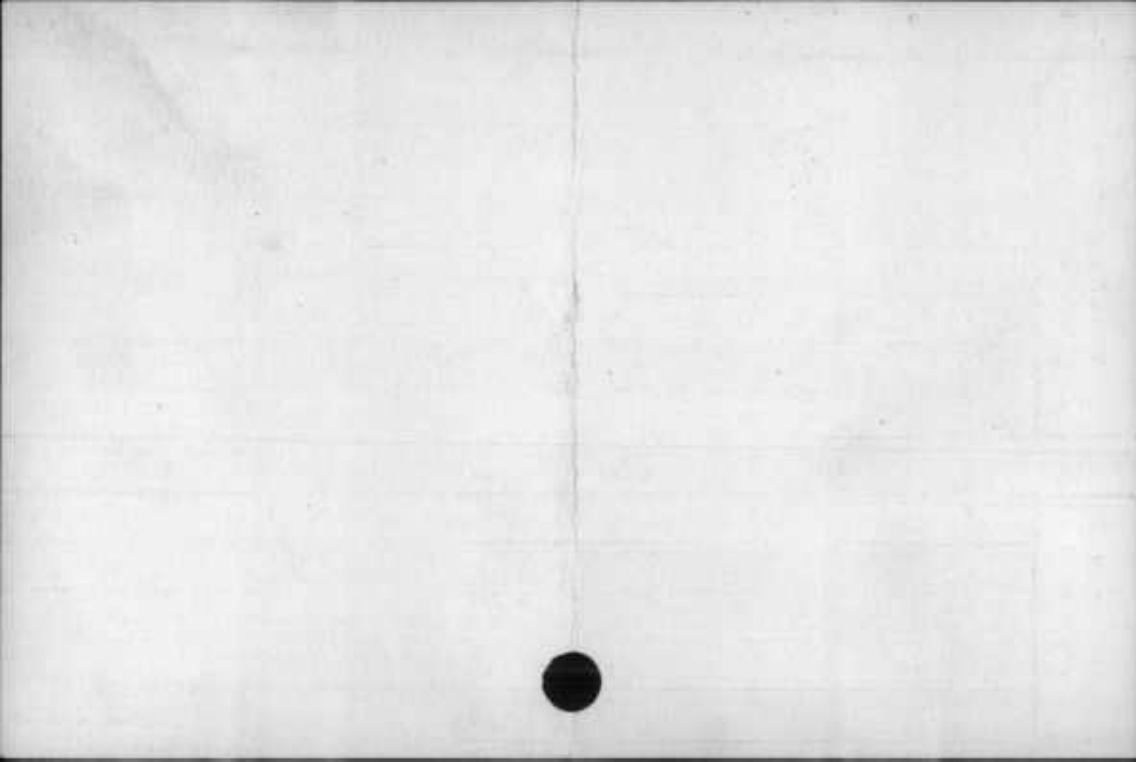
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kitzmillerville</i>		Town <i>Kitzmillerville</i>		County <i>Garrett</i>		STATE <i>MARYLAND</i>	
Date of death	<i>1910</i>	Month <i>Aug.</i>	Day <i>17</i>	Age <i>48</i>	Years <i>48</i>	Months <i>7</i>	Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Preston Co. W. Va.</i>				
Occupation <i>Housewife</i>	Where residing if not at place of death <i>Kitzmillerville</i>						
Married, Single or Widowed <i>Married</i>	Name of wife or Husband <i>D. S. Denton</i>						
Father's Name <i>Joseph Denton</i>	Father's Birthplace <i>Preston Co. W. Va.</i>						
Mother's Maiden Name <i>Ella J. Green</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>D. S. Denton</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis</i>	How long <i>1 year</i>
Immediate <i>Heart failure</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Hugh [unclear]</i>
	Address <i>[unclear] W. Va.</i>
Accident or Suicide? <i>no</i>	<i>See R. Longline sub. records</i>



Name
in Full

Cora Belle Langfman

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Queen

Garret

Date

1910

Month

Aug

Day

12

Age

Years

Months

11

Days

Sex

Female

Color or
Race

white

Birth-
place

Pa

Occupation

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

not known to me

Father's
Birthplace

Unknown

Mother's
Maiden Name

Bessie Langfman

Mother's
Birthplace

Pa

Name of person giving
Information

Grandmother of Ches

How related
to deceased

Pa

CAUSES OF DEATH

Primary

Cerebral Colic

How long

104 V
2 weeks

Immediate

Meningitis

How long

2 weeks

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

Address

M. J. Hinebaugh
Ocean
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mr. K. McNamee
from James H. Lee
near
James a. Delaney

Name In Full Richard Davis Reeves CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Franklin ^{Town} Garnett ^{County} MARYLAND

Date of death 1918 ^{Month} Aug ^{Day} 24 ^{Years} 25 ^{Months} 0 ^{Days} 0

Sex Male Color or Race White Birth-place Franklin

Occupation _____ Where residing if not at place of death _____

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

Father's Name Arthur Reeves Father's Birthplace West Va

Mother's Maiden Name Eva C. Linkswiler Mother's Birthplace Allegheny Co.

Name of person giving information Mother How related to deceased _____

CAUSES OF DEATH

Primary Indigestion ^{How long} 104 ✓
From birth

Immediate _____ ^{How long} _____

PHYSICIAN OR CORONER

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

Signature of Physician L. H. Hazenbaker
Address Westonport
Allegheny Co.

Accident or Suicide? _____

Gen L. Michaux

Name
in
Full

Minnie Gertrude Reynolds

CERTIFICATE OF DEATH

Died at <i>Loch Lynn</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death <i>1900 Aug</i> ^{Month}		<i>15</i> ^{Day}	Age <i>40</i> ^{Years}	<i>4</i> ^{Months}	<i>✓</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>N. C.</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Ballo Md</i>				
Married, Single <i>Single</i>	Name of Wife or Husband <i>Capt. W. E. Reynolds</i>				
Father's Name <i>Joseph E. Coe</i>	Father's Birthplace <i>N. C.</i>				
Mother's Maiden Name <i>May Amelia Huddle</i>	Mother's Birthplace <i>N. C.</i>				
Name of person giving information <i>"</i>	<i>"</i>	<i>"</i>	How related to deceased <i>Mother</i>		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	<i>Myx adenoma</i>	How long <i>?</i>
Immediate	<i>nephritis ?</i>	How long <i>?</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	
Signature of Physician	<i>Henry W. McComas</i>	
Address	<i>Oakland Md</i>	
Accident or Suicide	<i>✓</i>	

PHYSICIAN
OR CORONER

S. E. Freund

Name
In
Full

S. B. Sandor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hitzmiller</u>		County <u>Darrell</u>		MARYLAND	
Date of death	19 <u>18</u> Aug.	Age	about 40	Months	Days
Sex	Male	Color or Race	German	Birth-place	Penn.
Occupation	miner	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name				Father's Birthplace	Germany
Mother's Maiden Name				Mother's Birthplace	Germany
Name of person giving information	A. G. Parrick			How related to deceased	No relation

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	fracture of Base of skull.	How long	4 hours
Immediate	Cerebral Hemorrhage	How long	few minutes
Are the name, age, sex, color, date and place correctly given above?	(yes)	Signature of Physician	A. A. Boheland M.D.
		Address	Hitzmiller, Md.
Accident or Suicide?	Accident		

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J. C. Brown

Name
In Full

Regal Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dodson</u> Town		<u>Garrett</u> County		MARYLAND	
Date of Death	19 <u>10</u> Aug.	Day	<u>31</u>	Age	<u>—</u> Years
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Dodson</u>
Occupation	Where residing if not at place of death				
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>—</u>		
Father's Name	<u>N. B. Watson</u>	Father's Birthplace	<u>West Virginia</u>		
Mother's Maiden Name	<u>Marjorie Seltzer</u>	Mother's Birthplace	<u>" "</u>		
Name of person giving information	<u>N. B. Watson</u>	How related to Deceased	<u>Father</u>		

CAUSES OF DEATH

1898

PHYSICIAN
OR CORONER

Primary	<u>Unknown</u>	How long	<u>—</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of <u>Dr. B. Laurylin</u>	
		Address <u>Sub. repository Kitzmiller, Md.</u>	
Accident or Suicide?			

