

Name
in
Full

Still Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Darlington

Town

Harford

County

MARYLAND

Date
of death

1902

Month

April

Day

13

Age

Years

1

Months

-

Days

-

Sex

Male

Color or
Race

Colored

Birth-
place

Mo

Occupation

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

Granville Aikens

Father's
Birthplace

Mo

Mother's
Maiden Name

Florence Christie

Mother's
Birthplace

Mo

Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Still Born

How long

5

Immediate

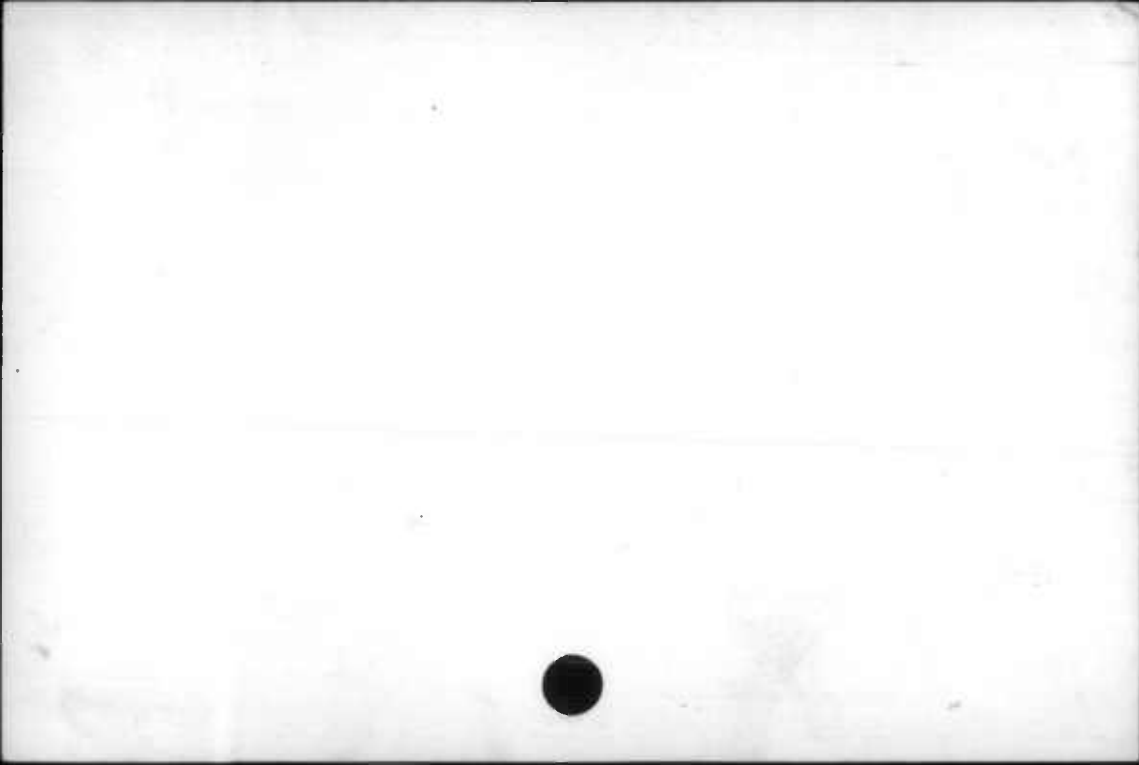
Still Born

How long

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

Address

Accident or Suicide



Name
F 15
51

CERTIFICATE OF DEATH

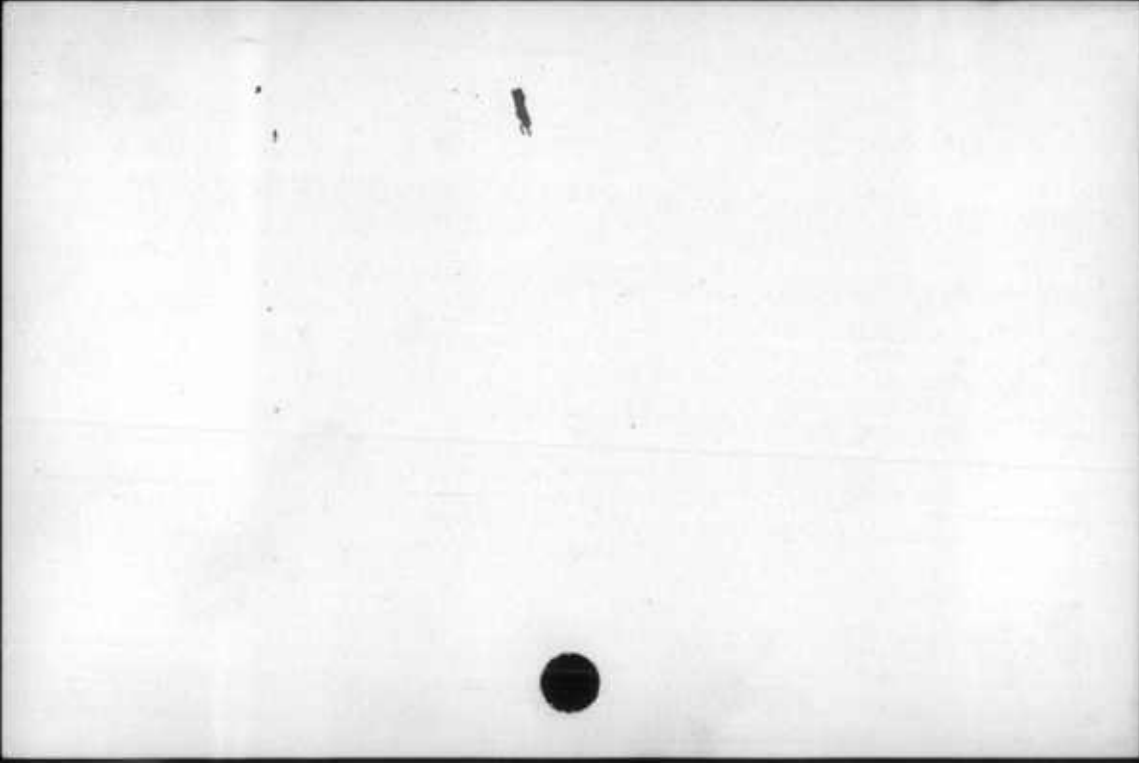
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berkley</u> ^{own} <u>Bird</u> ^{County} <u>Harford</u>		STATE OF <u>MARYLAND</u>	
Date of death: 19 <u>40</u> ^{Month} <u>Aug</u> ^{Day} <u>13</u>	Age <u>Still Born</u> ^{Months}	<u>Days</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Berkley</u>	
Occupation _____		Where Residing if not at place of death _____	
Married, Single or Widowed _____	Name of Wife or Husband _____		
Father's Name <u>Andrew J Bird</u>	Father's Birthplace <u>Harford Co.</u>		
Mother's Maiden Name <u>Malinda Barron</u>	Mother's Birthplace <u>Harford Co.</u>		
Name of person giving information <u>Andrew J Bird</u>	How related to deceased <u>Father.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long <u>(5)</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. J. Pias</u>	Address <u>Darlington, Md.</u>
Accident or Suicide?		



Name
in
Full

William Curtis Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cooptown</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death <u>1970 Aug. 28th</u> <small>Month Day</small>		Age <u>1</u> <small>Years</small>		Months <u>—</u> Days <u>18</u>	
Sex <u>male</u>		Color or Race <u>Colored</u>		Birth-place <u>Cooptown Ind.</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Geo. W. Bond</u>		Father's Birthplace <u>Harford Co.</u>			
Mother's Maiden Name <u>Lucy Jane Jenkins</u>		Mother's Birthplace <u>Harford Co.</u>			
Name of person giving Information <u>Geo. W. Bond</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Inanition</u>	<u>177B</u> <small>How long</small>	<u>18 days.</u>
	Immediate	<u>Cardiac Failure</u>	<u>—</u> <small>How long</small>	<u>—</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>F. E. Rigdon M.D.</u>
			Address	<u>Jarrettsville, Ind.</u>
	Accident or Suicide			

Born at Fairview

Name
In
Full

Frank F Bruce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Near Aberdeen* ^{County} *Harford* MARYLANDDate of death 19*60* ^{Month} *aug* ^{Day} *25* ^{Years} Age *64* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *white* Birth-place *Harford County*Occupation *Carpenter* Where Residing if not at place of death *Near Aberdeen*Married, ~~Single~~ Name of Wife or Husband *—*Father's Name *Robert Bruce* Father's Birthplace *Harford Co*Mother's Maiden Name *Margaret Bonnelly* Mother's Birthplace *not known*Name of person giving Information *Mary E Bruce* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Heart Disease - Mitral* How long *18 months*Immediate *Heart Failure* How long *—*Are the name, age, sex, color, date and place correctly given above? Signature of Physician *J. Kennedy*Address *Aberdeen Md*

APPROPRIATE OFFICIALS

100

Name
in
Full

Mary A. Brewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bel Air ^{Town} Harford ^{County} MARYLAND

Date of death 1908 Month 8 Day 29 Age 83 Years Months Days

Sex Female Color or Race White Birth-place unknown

Occupation House wife Where Residing if not at place of death At Place of Death

Married, Single or Widowed Widow Name of Wife or Husband James Brewell

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving Information B. E. Brewell How related to deceased nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

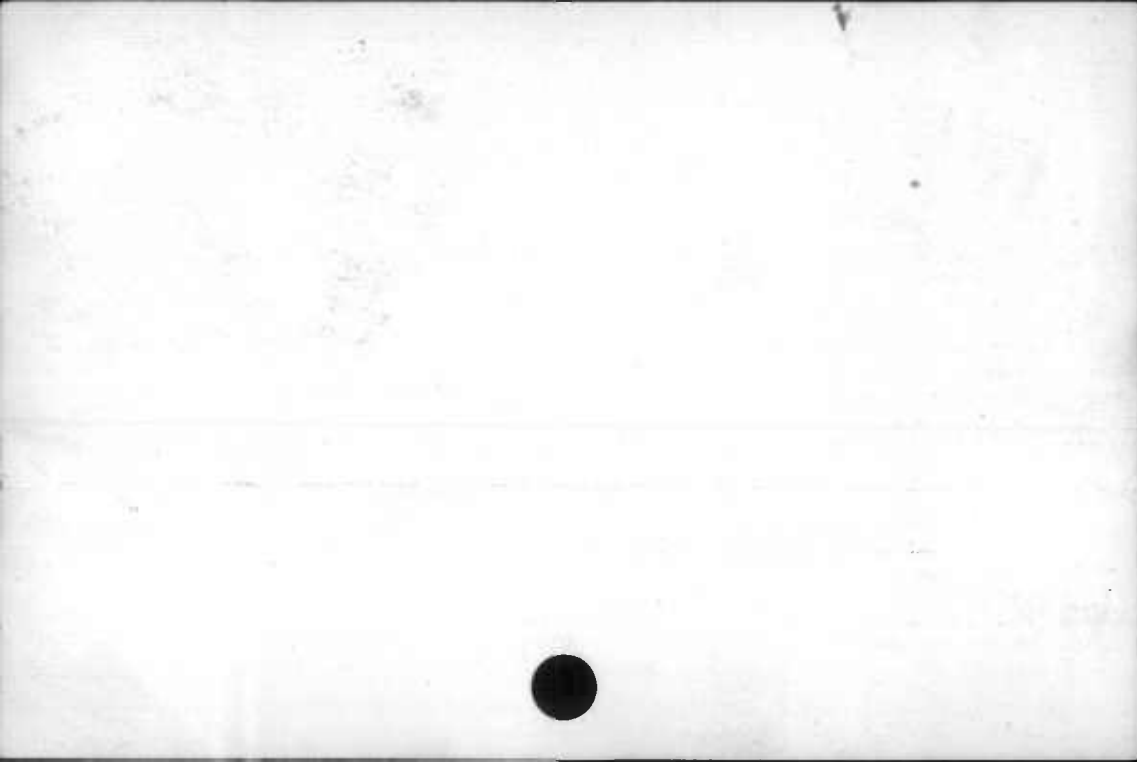
Primary Senile dementia 154 How long several years -

Immediate Exhaustion & malnutrition How long 3 weeks -

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician A. F. Van Bibber M.D.

Address Bel Air Md.

Accident or Suicide No



Name
in
Full

George Dutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		B. Blair ^{town}		Hartford Co., ^{county}		MARYLAND	
Date of death		1900	Month 8	Day 13	Age 65	Years	Months 16
Sex		Male		Color or Race		Colored	
Occupation		Laborer		Where Residing if not at place of death		Belair	
Married, Single or Widowed		Widowed		Name of Wife or Husband		Rebecca Dutton	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		Charles Dutton		How related to deceased		Nephew	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Acute Nephritis	How long	119 ^{days}
	Immediate	Pericarditis	How long	Two weeks
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. Garland Churchill, M.D.
Accident or Suicide		Address	424. East 23 St Balt. Md	

Charles Chapin

Name
in Full

Lida Grafton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hickory</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death 190 <i>10</i> <small>Month</small> <i>Aug</i> <small>Day</small> <i>1</i>		Age <i>1</i> <small>Years</small>		<i>one mo.</i> <small>Months</small> <i></i> <small>Days</small>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co</i>	
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband			
Father's Name <i>Chailey Grafton</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Annice Carr</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving Information <i>Laurie Grafton</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>		How long <i>177 B</i>
Immediate <i>Exhaustion</i>		How long <i>177 B</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. Lee Hughes</i>
		Address <i>Bel Air Md.</i>
Accident or Suicide		

Mount Stern

Name
is
Full

CERTIFICATE OF DEATH

Jacob B. Hollis

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Bush River Neck ^{County} Hanson

MARYLAND

Date of death 1900 Aug 22 Age 75 Months - Days -

Sex Male Color or Race White Birth-place Maryland

Occupation Farmer Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Catharine Hollis

Father's Name Benjamin Hollis Father's Birthplace Maryland

Mother's Maiden Name Jane Mathews Mother's Birthplace Maryland

Name of person giving information Hollis Mathews How related to deceased Nephew

CAUSES OF DEATH

Primary Peritonitis How long 2 yrs

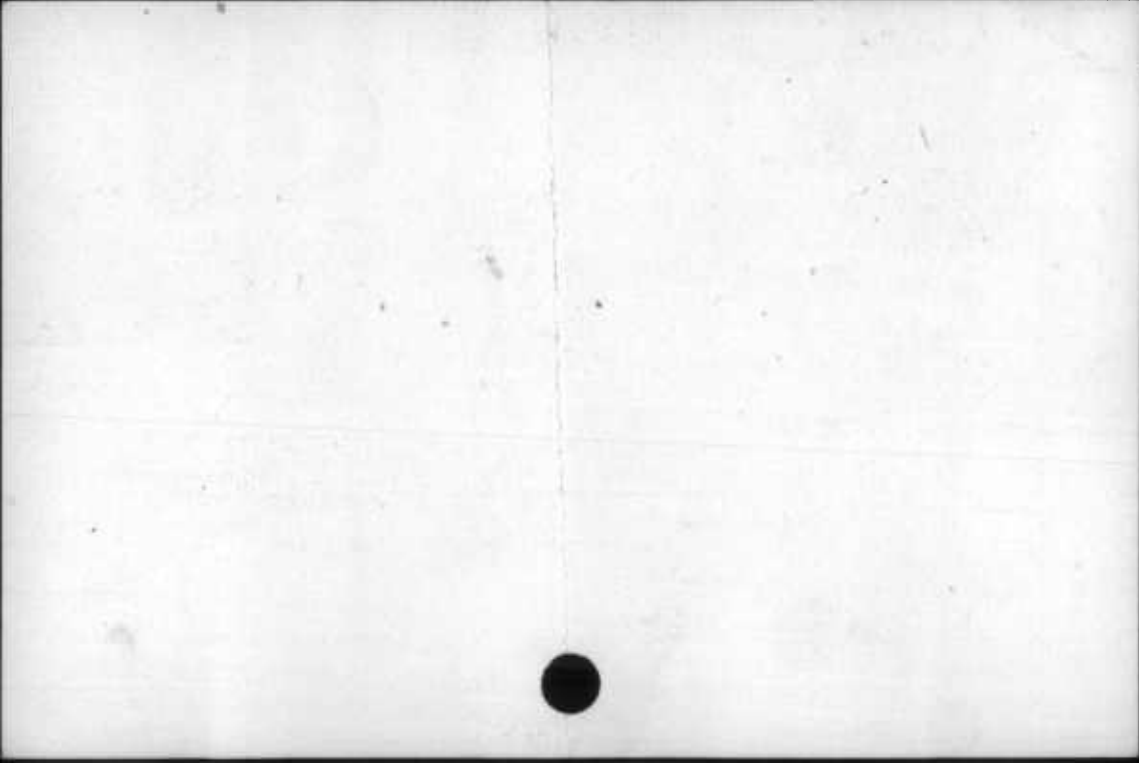
Immediate Paralysis of bowels How long 4 weeks

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

Signature of Physician J. H. [Signature]

Address [Redacted] P. M. [Signature]

Accident or Suicide?



Name
in Full

Margaret Leech

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hess</u> Town		<u>Hargord</u> County		MARYLAND	
Date of death	Month	Day	Age	Years	Months
19 <u>40</u>	<u>Aug.</u>	<u>23</u>	<u>53</u>	<u>9</u>	<u>23</u>
Sex	Color or Race	Birth-place			
<u>Female</u>	<u>white</u>	<u>Rock Island, Ill.</u>			
Occupation	Where Residing if not at place of death				
<u>housewife</u>					
Married, Single or Widowed	Name of Wife Husband				
<u>married</u>	<u>Wm. H. Leech</u>				
Father's Name	Father's Birthplace				
<u>Morris Cochran</u>	<u>Ireland</u>				
Mother's Maiden Name	Mother's Birthplace				
<u>Bridget Kelly</u>	<u>Ireland</u>				
Name of person giving Information	How related to deceased				
<u>Maurice Leech</u>	<u>son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Phthisis</u>	How long	<u>28</u> ✓
Immediate		How long	<u>1 1/2 years</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Thos. H. Emory Jr. D.</u>
Accident or Suicide	<u>no</u>	Address	<u>Monteton Md.</u>



Name
In
Full

David Lewis

CERTIFICATE OF DEATH

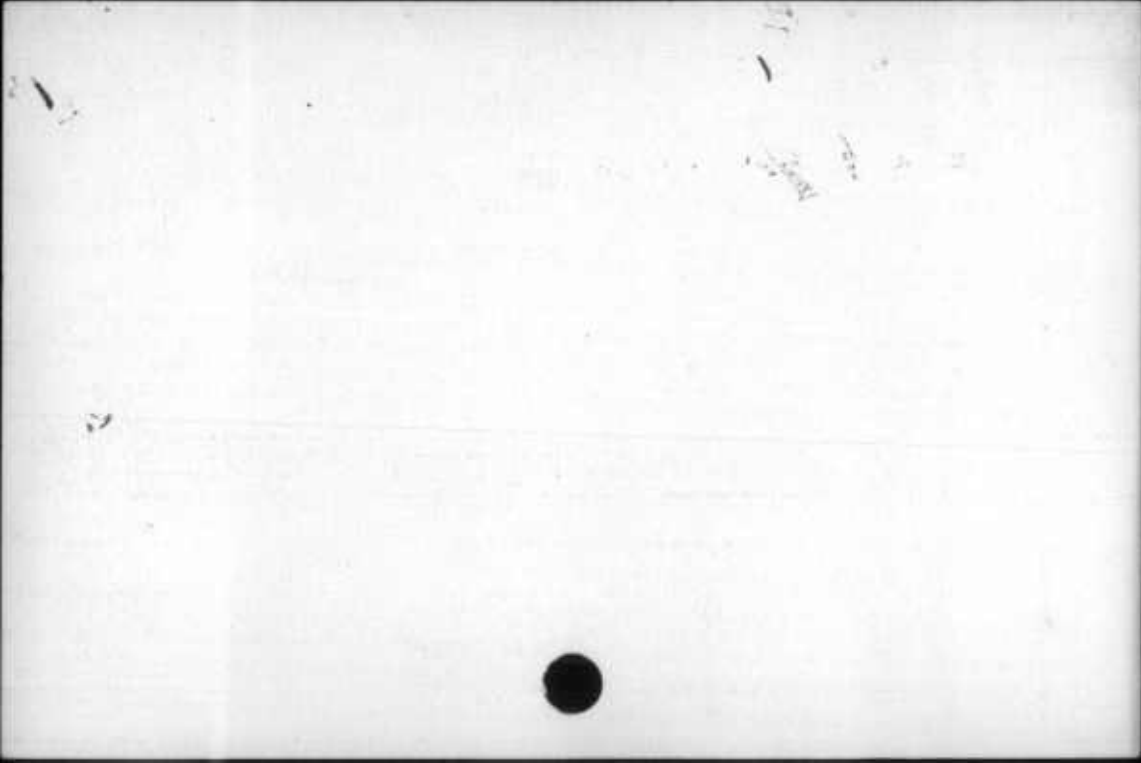
Died at ^{Town} Calvary		^{County} Harford		MARYLAND	
Date of death 19 th 19 th 19 th	19 th 19 th 19 th	15 th 15 th 15 th	Age 55	Months	Days
Sex Male	Color or Race White	Birth-place		Tales	
Occupation Farmer	Where Reading if not at place of death		Calvary		
Married, Single or Widowed Widowed	Name of Wife or Husband		Not Known		
Father's Name	Not Known		Father's Birthplace	Not Known	
Mother's Maiden Name	Not Known		Mother's Birthplace	Not Known	
Name of person giving information	Duck Magness		How related to deceased	None	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Heart Failure	How long	79 ✓
Immediate	Immediate	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Layne L. Brown
		Address	Coroner Sewell Md.
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Sara Susan Loflin

CERTIFICATE OF DEATH

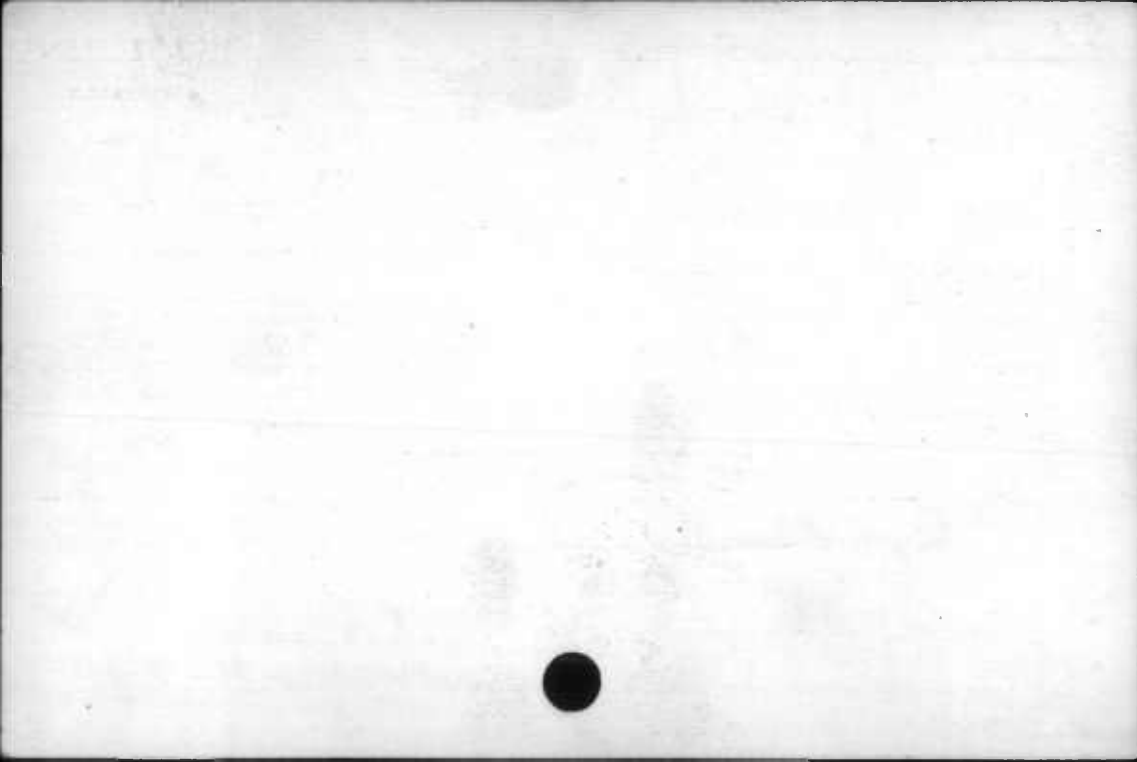
TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Aberdeen* ^{County} *Stearns* **MARYLAND**Date of death 19*60* ^{Month} *Aug* ^{Day} *3* ^{Years} *29* ^{Months} *10* ^{Days} *26*Sex *Female* Color or Race *White* Birth-place *Maryland*Occupation *None* Where Residing if not at place of death _____Married, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *Wm. D. Loflin* Father's Birthplace *Aldino Md.*Mother's Maiden Name *Sophia J. Loflin* Mother's Birthplace *Churchville Md.*Name of person giving Information *Linwood Loflin* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Nephritis* How long *120* ✓Immediate *Exhaustion* How long *3 Wks.*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. H. Kuit*Address *Aberdeen Md.*

Accident or Suicide _____

PHYSICIAN
OR CORONER



Name
in
Full

William K Lytle

CERTIFICATE OF DEATH

Died at ^{Town} Federal Hill ^{County} Harford MARYLANDDate of death 1910 ^{Month} Aug ^{Day} 26 ^{Year} 1910 Age 80 ^{Months} 10 ^{Days} —

Sex Male Color or Race White Birth-place Harford Co Md

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Margaret A Clark

Father's Name James Lytle Father's Birthplace Maryland

Mother's Maiden Name Mary McMath Mother's Birthplace " "

Name of person giving Information Emma Lytle How related to deceased Daughter

CAUSES OF DEATH

Primary Dysentery 14 How long 2 weeks

Immediate Exhaustion How long —

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

Signature of Physician

Address

Filed 1910 H. F. Bradley
garrettsville Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Crow Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Darling ton</i>		^{County} <i>Harford</i>		MARYLAND	
Date of death	^{Month} <i>Aug</i>	^{Day} <i>16</i>	^{Years} <i>79</i>	^{Months} <i>5</i>	^{Days} <i>15</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth place <i>Ireland</i>			
Occupation <i>Domestic</i>		Where Reading if not at place of death _____			
Married, Single or Widowed <i>Widow</i>	Name of ^{Husband} <i>John Murphy</i>				
Father's Name <i>John Crow</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary Crow</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Oliver Murphy</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

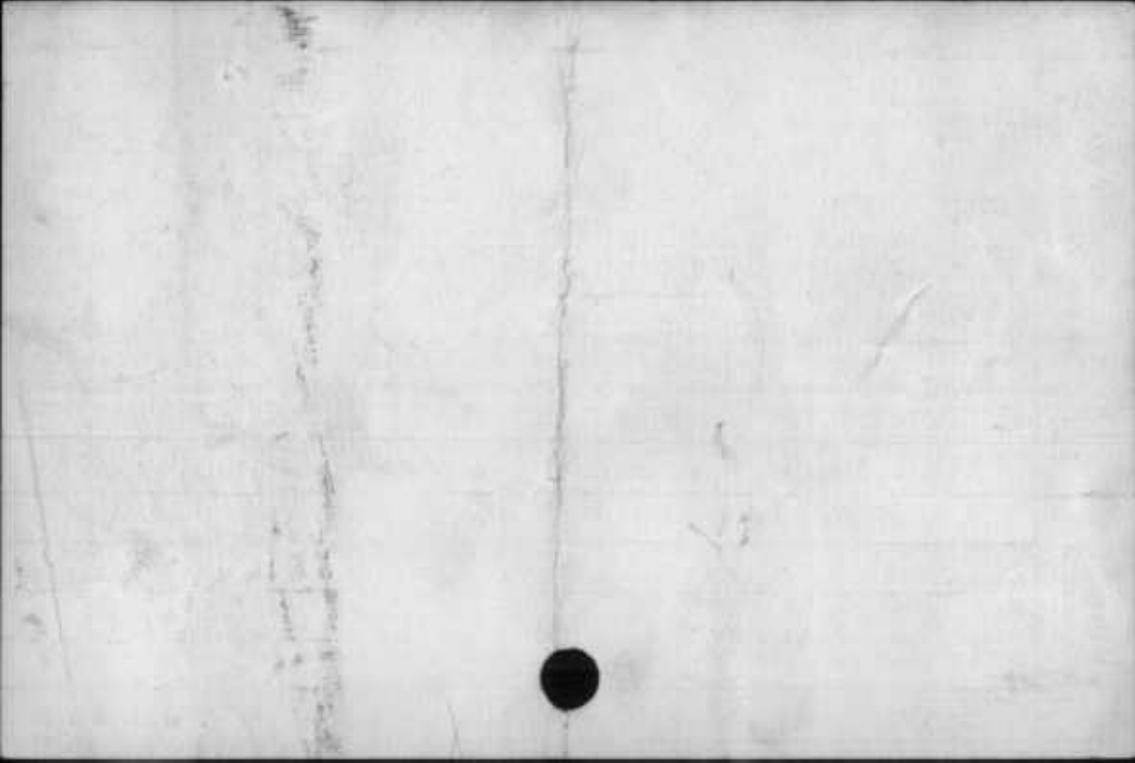
Primary <i>Stroke by</i>	<i>15th</i>	How long <i>2 mo</i>
Immediate <i>Exhaustion</i>		How long <i>2 wks</i>

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

Signature of Physician

Address

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

Bertha Thompson Piper

Died at ^{Town} Barnorton^{County} Yadford

MARYLAND

Date
of death 1910Month AugDay 26Age 44 ^{Years}

Months

Days

Sex FColor or
Race WhiteBirth-
place YadfordOccupation HousewifeWhere Residing if not
at place of death~~Married, Single
or Widowed~~Name of Wife or
Husband Henry PiperFather's
Name Evan ThompsonFather's
Birthplace —Mother's
Maiden NameMother's
BirthplaceName of person giving
in formation Leonard PiperHow related
to deceased Son

CAUSES OF DEATH

Primary Dysphoid FeverHow long 3 weeksImmediate Pulmonary ThrombosisHow long ImmediateAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician Robert S. PageAddress Bel Air

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

8/18 - Males

Name
in
Full

Mladystawa Poremska

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Bel Air* ^{County} *Harford* MARYLAND

Date of death 190 ^{Month} *Aug* ^{Day} *21* Age ^{Years} *23* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Poland.*

Occupation *Housewife* Where Residing if not at place of death *Baltimore Md*

Married, Single or Widowed *Married* Name of Wife or Husband *Grans. Poremski*

Father's Name *Unknown* Father's Birthplace

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

Name of person giving Information *Grans. Poremski* How related to deceased *Husband.*

CAUSES OF DEATH

Primary *Septicemia* How long *20* ^{days} *4 weeks.*

Immediate

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

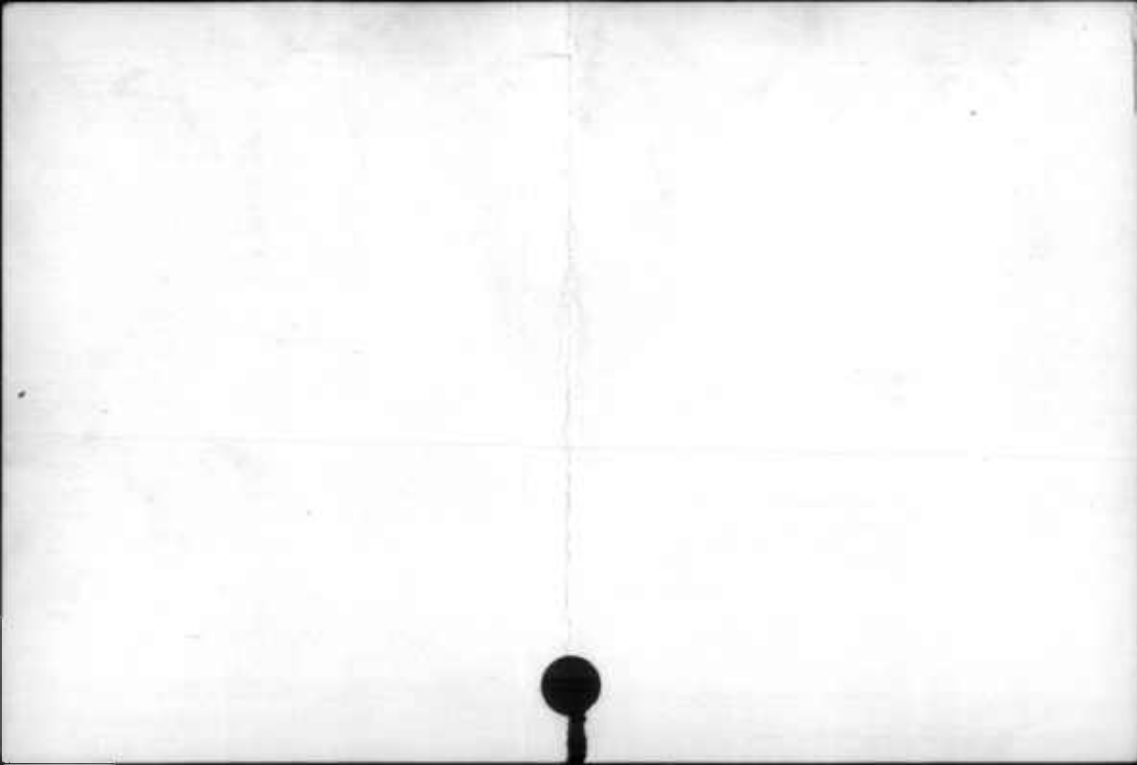
Yes.

Signature of Physician

Address

Chas. Rehadon
Bel Air
Md.

Accident or Suicide



Name
in
Full

William Mc Laughlin Ristean

CERTIFICATE OF DEATH

Died at ^{Town} *Croftown* ^{County} *Harford* MARYLAND

Date of death 19*00* ^{Month} *Aug* ^{Day} *16* Age ^{Years} *65* ^{Months} *6* ^{Days} *16*

Sex *male* Color or Race *white* Birth-place *Baltimore County*

Occupation *Auctioneer* Where Residing if not at place of death *Lawson, Md*

Married, Single or Widowed *married* Name of Wife or Husband *Mary E. Amoss*

Father's Name *Carlton J. Brown* Father's Birthplace *Balts. Co.*

Mother's Maiden Name *Elizabeth Ristean* Mother's Birthplace *Balts. Co.*

Name of person giving Information *Mary E. Ristean* How related to deceased *wife*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Dysentery* 14 How long *4 weeks*

Immediate *Exhaustion* How long _____

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

Signature of Physician *A. F. Bradley*
Address *Garrettsville Md.*

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in Full

Willard Raymond Runan

CERTIFICATE OF DEATH

Town

County

Died at

Casson Run

Harford

MARYLAND

Date

1900

Month

aug

Day

12

Age

Years

7

Months

11

Days

Sex

male

Color or Race

white

Birthplace

Casson Run

Occupation

School boy

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

John Runan

Father's Birthplace

Haverbe, Md.

Mother's Maiden Name

Rachel Bailey

Mother's Birthplace

Hopewell

Name of person giving Information

John Runan

How related to deceased

Father

CAUSES OF DEATH

Primary

Diabetes Mellitus

How long

50 ✓
6 Weeks

Immediate

Exhaustion

How long

2 days -

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

yes

Signature of Physician

Chas. H. Krite

Address

Abundee
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

14

Smiths

Name
in
Full

Sarah, Rebecca, Wann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Benson Md.</i>		Town <i>Benson</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1900</i>		Month <i>aug.</i>	Day <i>29</i>	Age <i>82</i>	Years <i>82</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co.,</i>			
Occupation				Where Residing if not at place of death <i>near Benson Md.</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Benjamin Wann</i>					
Father's Name <i>Bradford Chepworth</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Rebecca Pierce</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Mr. W. E. Hopkins</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>General Debility</i>	How long	<i>1574 V</i>
	Immediate	<i>Cardiac Failure</i>	How long	<i>About 3 weeks</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. Richardson</i>
	Address	<i>Bellair</i>	<i>Md</i>	
Accident or Suicide				



Name
In
Full

Eliza Webb

CERTIFICATE OF DEATH

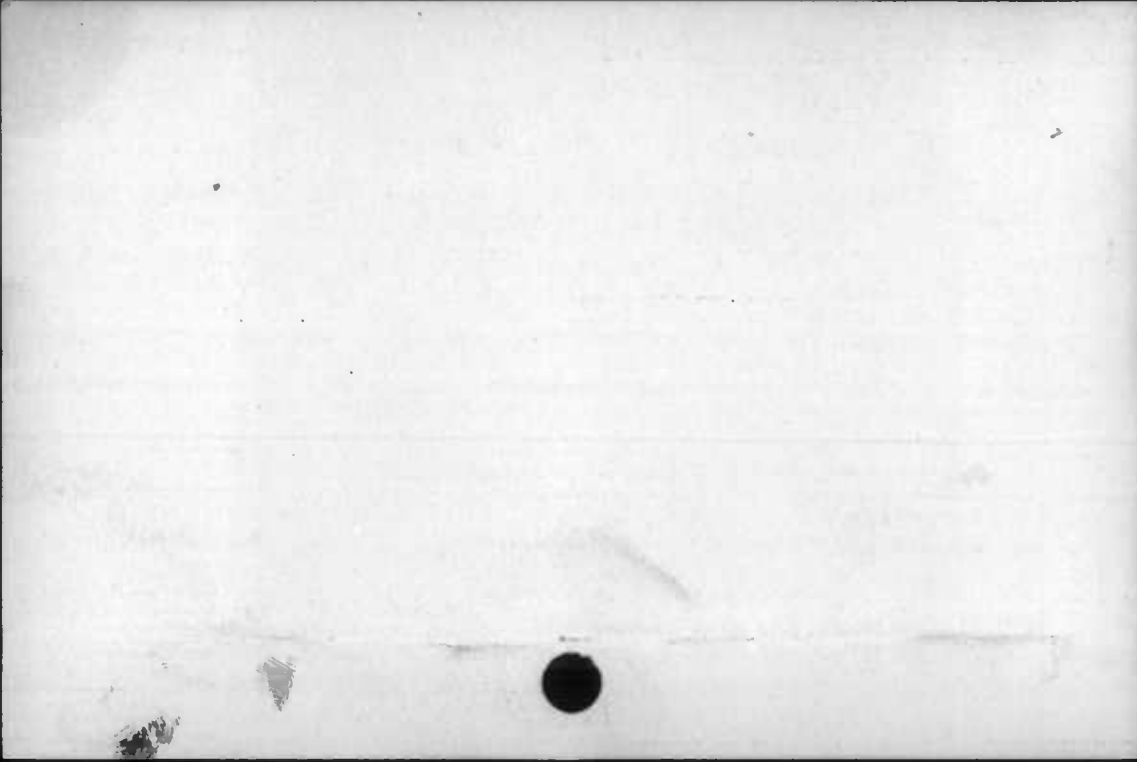
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Black Horse		Harford		MARYLAND	
Date of death		1900	Aug.	31	AGE	84	4 15
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		Ind.	
Married, Single or Widowed		Widow		Name of Wife or Husband		Samuel H Webb	
Father's Name		Thomas Vise		Father's Birthplace		England.	
Mother's Maiden Name		Hannah Vise		Mother's Birthplace		Ind.	
Name of person giving information		Fannie Henderson		How related to deceased		Daughter	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Senile Debility	152	How long	2 yrs.	
	Immediate	Cardiac Failure		How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		
	Accident or Suicide?			Address		

F. E. Rigdon M.D.
Jarrettsville Ind.



Name
in
Full

Lucy Williamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Thalnia</i>		County <i>Harford</i>		MARYLAND	
Date of death	1910	Month	Aug	Day	24	Age	85
						Years	10
						Months	10
						Days	10
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Ind</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death		<i>Thalnia Md</i>	
Married, Single or Widowed	Name of Wife or Husband			<i>Henry Williamson</i>			
Father's Name	<i>Nathaniel Tasker</i>				Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Mary Brown</i>				Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Charlotte L. Williamson</i>				How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

99 ✓

PHYSICIAN
OR CORONER

Primary	<i>Cardiac asthma</i>	How long	<i>6 months</i>
Immediate	<i>Syncope</i>	How long	<i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. F. van Bibber M.D.</i>
		Address	<i>Bel Air Md.</i>
Accident or Suicide?	<i>No</i>		

Clarks Chapel

Name in Full

William H. Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Perryman Town Harford County

Date of death 19/0 Aug 2 Age 70 Months - Days -

Sex Male Color or Race Black Birth-place Harford Co.

Occupation Labor Where Residing if not at place of death Perryman

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

Father's Name Robert Nelson Father's Birthplace Harford Co.

Mother's Maiden Name Cassie Butler Mother's Birthplace Harford Co.

Name of person giving information Jae. Kernore How related to deceased None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Paralysis 66 ✓

Immediate Exhaustion How long 3 days

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

Signature of Physician [Signature]

Address [Address]

Accident or Suicide?

