

Name
in
Full

Hay, Alsip

CERTIFICATE OF DEATH

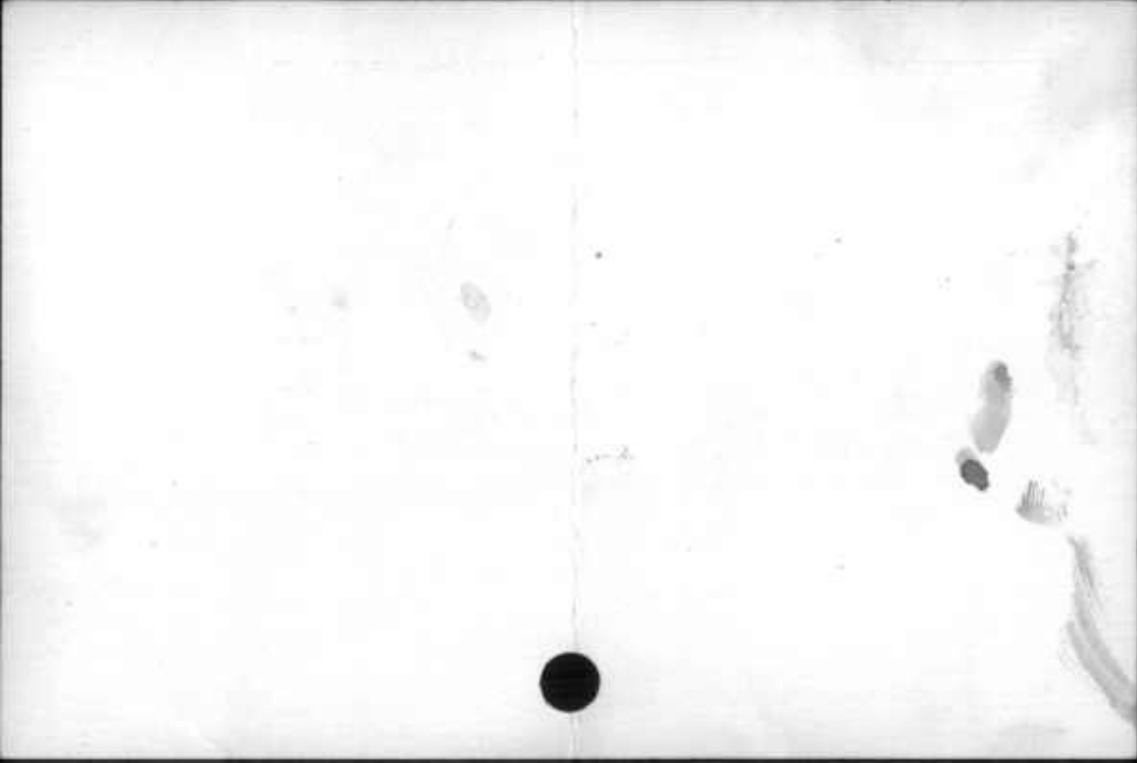
Died at <u>Banetown</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death 19 <u>00</u>	Month <u>8</u>	Day <u>19</u>	Age <u>43</u>	Years	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Poundsville</u>			
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>Banetown.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Martha A. Alsip</u>				
Father's Name <u>John Alsip</u>	Father's Birthplace <u>Poundsville</u>				
Mother's Maiden Name <u>Mary E. Irvine</u>	Mother's Birthplace <u>Poundsville</u>				
Name of person giving information <u>Martha A. Alsip</u>	How related to deceased <u>Wife</u>				

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <u>Typhoid fever</u>	How long <u>3 mos.</u>
Immediate <u>Asthemia et Cardiac failure</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Paul Quinn</u>
	Address <u>Chesville Md.</u>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name in Full

Robert Birnie Auman

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} <i>Fagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	1910	Month	Aug.	Day	30
Age		Years		Months	3
Days					12
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Fagerstown</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>Rogers B. Auman</i>		Father's Birthplace	<i>Emmitsburg Md</i>	
Mother's Maiden Name	<i>Margie B. Herwig</i>		Mother's Birthplace	<i>Westminster Md</i>	
Name of person giving information	<i>Rogers B. Auman</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>hemiplegia</i>	How long	<i>6 days</i>
Immediate	<i>convulsions</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>L. M. Hart</i>
		Address	<i>Fagerstown</i>
Accident or Suicide?			

1
Lippman
Per Hall

A. K. Lippman

Name
in
Full

Edward Bair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Beltovus		County Washington		MARYLAND	
Date of death		1916	Month Aug.	Day 23	Age	70	Months —
Sex		male		Color or Race		White	
Occupation		mail carrier		Where Residing if not at place of death		Millstone, Point Md.	
Married, Single or Widowed		Married		Name of Wife or Husband		Lelia Kirffer	
Father's Name		Isaac Bair		Father's Birthplace		Penna.	
Mother's Maiden Name		Mary Eaton		Mother's Birthplace		Eatonsville, Md.	
Name of person giving information		Mary Mouser		How related to deceased		Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Leishmaniasis	How long	15-4 years
Immediate	Exhaustion	How long	6 mos.
Are the name, age, sex, color, date and place correctly given above?		yrs	
Signature of Physician		J. M. Hart	
Address		Hagerstown	
Accident or Suicide?			

S. R. Forman

Name in Full

John. Henry Bear

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Pinesburg ^{Town} Washington ^{County} MARYLAND

Date of death 1940 August 21 ^{Month} ^{Day} ^{Year} 7 ^{Months} ^{Days}

Sex Male Color or Race white Birth-place Pinesburg

Occupation _____ Where Boarding if not at place of death _____

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

Father's Name Theadors, S. Bear Father's Birthplace Williamsport

Mother's Maiden Name Leona Gruber Mother's Birthplace Williamsport

Name of person giving information Father How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Illness-colitis (104) How long four days

Immediate " " How long " "

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. D. I. Lesher

Address Williamsport Md

Accident or Suicide? _____

Williamspoint, Me. Aug. 23^d 1910.
Inferment in River - wild-duck
Bay J. H. Kays. Underwater

Name
In FullBertha R Shank ~~Shank~~ Berger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Age	Months	Days
1910		8	18	34		2	22
Sex		Color or Race		Birth-place			
Female		white		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Married				Edgar Berger			
Father's Name				Father's Birthplace			
John Shank				Md			
Mother's Maiden Name				Mother's Birthplace			
Margaret Martin				Md			
Name of person giving information				How related to deceased			
John G. Shank				Brother			

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	Neurosthenia's	How long	4 yrs
Immediate	Paralysis	How long	few minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
✓		D. E. Dwyer	
		Address	
		Hagerstown	
Accident or Suicide?			
		md	

J. M. Harrison

Name
in
Full

Mary Annie Boltzhauf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Pinesburg ^{County} Washington

MARYLAND

Date of death 1910 8 10 Age 73 Months 10 Days 11

Sex Female Color or Race White Birth-place Harristown

Occupation House keeper Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband William Frederick Boush af.

Father's Name James Mull Father's Birthplace Harristown

Mother's Maiden Name Mary Dugan Mother's Birthplace

Name of person giving information Wm. Frederick Boush af. How related to deceased Husband

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary Acute Labor Pneumonia How long Three weeks

Immediate Onset of Sepsis How long Two days

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

Signature of Physician W. S. Richardson

Address Williamsport Md

Accident or Suicide? No

Williamson, Nov. Aug. 11th 1910.
Interment in Kingston Cemetery
at Williamson Aug. 13th 1910.
Ray J. D. Kays, Undertaker

Name
in
Full

William Brashers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sharpsburg ^{town} Washington ^{County} MARYLAND

Date of death 1940 ^{Month} 8 ^{Day} 13 ^{Year} 1940 Age 88 ^{Month} 4 ^{Days} 6

Sex Male Color or Race White Birthplace Sharpsburg

Occupation Mason & Bricklayer Where Residing if not at place of death Sharpsburg

Married, Single or Widowed Widowed Name of Wife or Husband Elizabeth Brashers

Father's Name Joshua Brashers Father's Birthplace Montg Co

Mother's Maiden Name Mary Duffler Mother's Birthplace Montg

Name of person giving information Thomas Brashers How related to deceased Son

CAUSES OF DEATH

Primary General Debility 1897 ^{How long} Several years

Immediate Exhaustion ^{How long} _____

PHYSICIAN
OR CORONER

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

Signature of Physician D. Howell Gardner

Address Sharpsburg Md

Accident or Suicide

J G Dorman & Son

Name
in
Full

Mrs Susan C Lagett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown wash County MARYLAND

Date of death 1908 Month 8 Day 23 Age 53 Years Months 10 Days 5

Sex Female Color or Race White Birth-place Ind.

Occupation H. W. Where Residing if not at place of death at home

Married, Single or Widowed widow Name of ~~deceased~~ Husband John H. Johnson

Father's Name Henry Lowman Father's Birthplace Ind.

Mother's Maiden Name Mary Poffenberger Mother's Birthplace Ind.

Name of person giving Information W. G. Lagett How related to deceased son

CAUSES OF DEATH

Primary General Debility How long 15-4 some years

Immediate " " " "

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

yes

Signature of Physician

Address

E. J. Wingard
Hunkstown
Ind.

Accident or Suicide

J. M. Sutter & Sons

Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Morgan Henry Clark		Town Hagerstown		County Washington		MARYLAND	
Died at		Date of death		Age		Months	
		1910 98		29 80		6 4	
Sex Male		Color or Race White		Birth-place Md			
Occupation Shoemaker		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband Amanda [unclear]					
Father's Name Matthew Clark		Father's Birthplace Germany					
Mother's Maiden Name No Record		Mother's Birthplace " "					
Name of person giving information Mrs John Highbyer		How related to decedent Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility	How long	about 2 yrs
Immediate	Paralysis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		L. H. Zimmerman	
		Address	
		Hagerstown	
		Md	
Accident or Suicide?			
No			

Episcopus

St. Myriam

St. Michael's

A. K. Hoffman

Name
in
Full

Geraldine Bramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	Month <i>8</i>	Day <i>2</i>	Age <i>9</i>	Years <i>—</i>	Months <i>9</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>—</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>David Bramer</i>	Father's Birthplace <i>Md</i>			Mother's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Susan Bordell</i>	Name of person giving information <i>David Bramer</i>			How related to deceased <i>father</i>	

CAUSES OF DEATH

Primary <i>Heart</i>	How long <i>24 hours</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>

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

Signature of Physician

Address

Chas D. Boyle M.D.
Hagerstown Md

Accident or Suicide?

L.M. Sutton 9/25/50

Name
In Full

CERTIFICATE OF DEATH

unnamed
Infant *Ernie*

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
19 <i>10</i>		<i>8</i>	<i>13</i>	<i>16</i>	<i>hours</i>		
Sex		Color or Race		Birth-place			
<i>male</i>		<i>white</i>		<i>md.</i>			
Occupation				Where Residing if not at place of death			
Marrried, Single or Widowed				Name of Wife or Husband			
<i>single</i>							
Father's Name				Father's Birthplace			
<i>Not Known</i>				<i>Not Known</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Stella Corin</i>				<i>Pa</i>			
Name of person giving information				How related to deceased			
<i>J H Corin</i>				<i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Strangulation</i>	How long	<i>(15-4)</i>
Immediate	<i>Respiratory Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>H. H. [unclear]</i>	
		Address	
		<i>Hagerstown, Md</i>	
Accident or Suicide?			
<i>Accident</i>			

J. M. Smith
J. M. Smith
J. M. Smith

NAME
in
Full

Mary Helen Eavoy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

TOWN: Trago; COUNTY: Washington; MARYLAND; DIED AT: Trago; DATE of death 19 10 18 86; AGE: 20 Years 8 Months 20 Days

Sex: Female; Color or Race: White; Birth-place: Trago; Occupation: none; Where Residing if not at place of death: _____

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

Father's Name: William Eavoy; Father's Birthplace: Keadysville

Mother's Maiden Name: Carrie Mullendore; Mother's Birthplace: Forest-Grove

Name of person giving Information: Carrie Eavoy; How related to deceased: Mother

CAUSES OF DEATH

1041

PHYSICIAN
OR CORONER

Primary: Illness; How long: 1 week

Immediate: Convulsion; How long: 30 minutes

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

Signature of Physician: C. H. Walker

Address: Robinsonville

Accident or Suicide?

J. G. Newman Esq

Name in Full

CERTIFICATE OF DEATH

Catherine L. Eschelman

Died at *Near Litterburg* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death **1960** Month *8* Day *15* Age **2** Years Months *4* Days *18*

Sex *Female* Color or Race *White* Birth-place *Near Litterburg*

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

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Ira Eschelman* Father's Birthplace *Litterburg*

Mother's Maiden Name *Rosa Cardell* ✓ Mother's Birthplace *Marb. of*

Name of person giving information *Ira Eschelman* How related to deceased *Father*

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary *Cholera infantum* How long *10 days*
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. H. Hisked Prof. E. P.*
Address *Litterburg Md*

PHYSICIAN OR CORONER

Accident or Suicide

1950
1951
1952



Name
F.S.
F.S.II

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs. Chlorinda Fleunung*

Died at *Middlebury* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death *1910* Month *8* Day *3* Age *74* Years Months *9* Days *22*

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

Occupation *House work* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *J. K. Fleunung*

Father's Name *Elias Fleunung* Father's Birthplace *Md*

Mother's Maiden Name *Sarah Ann (Eck) Fleunung* Mother's Birthplace *Md*

Name of person giving information *Edward E. Fleunung* How related to deceased *Son*

CAUSES OF DEATH

(78)

PHYSICIAN
OR CORONER

Primary *Endocarditis* How long *many years*

Immediate *" "* How long *1 mo*

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

Signature of Physician *W. Preston Miller*

Address *Washington Md*

Accident or Suicide?

Express
A. K. Luffman

A. K. Luffman

CERTIFICATE OF DEATH

NAME
in
Full

Aloysius M. Flynn
Died at *Big Spring* ^{Town} *Washington* ^{County} *MARYLAND*

TO BE ANSWERED BY
NEAREST FRIEND

DATE of death 19*10* ^{Month} *Aug* ^{Day} *24* ^{Year} *48* ^{Months} *4* ^{Days} *8*

Sex *Male* Color or Race *White* Birth-place *Four Locks*

Occupation *Shoemaker and* *Shoe Repairer* Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *James A. Flynn* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary E. Doehnen* Mother's Birthplace *Maryland*

Name of person giving Information *Margaret Flynn* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Accident* How long *175*

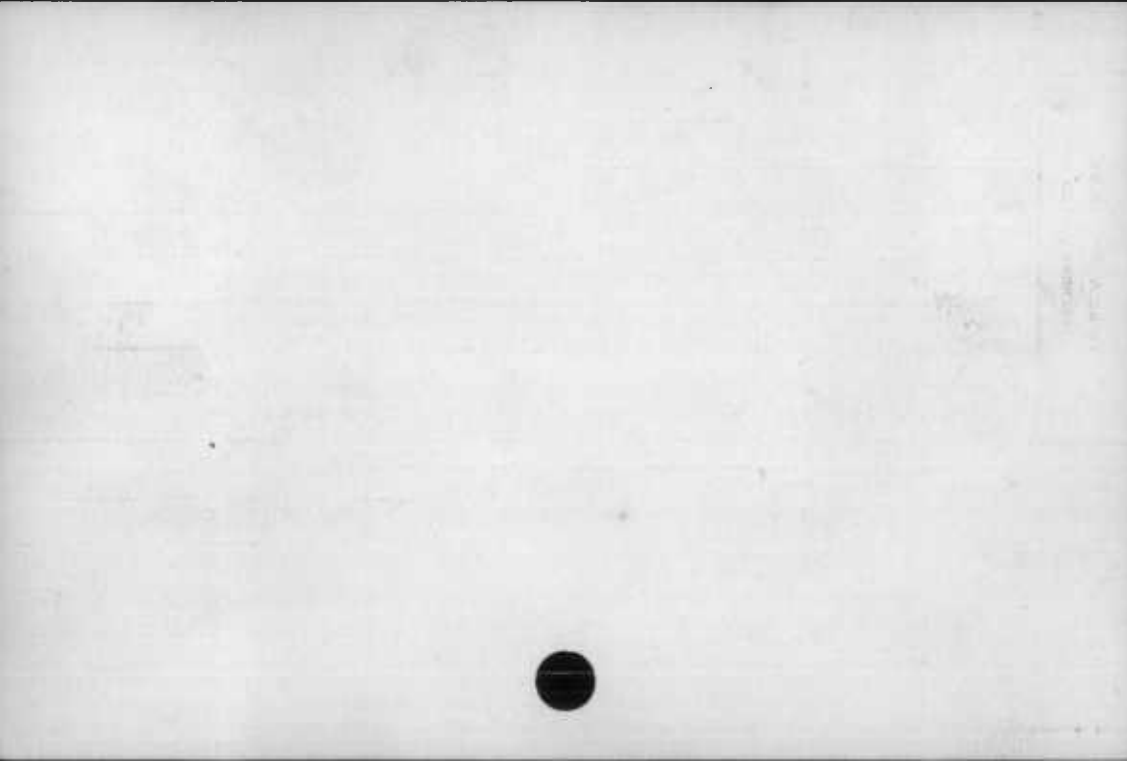
Immediate *Struck by P.H. Carriage* How long

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

Signature of Physician *Theo. Boose*
Address *Clear Spring, Md*

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mrs. Annie

Foltz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Agrestown Town Wash. County **MARYLAND**

Date of death 1906 Month 8 Day 24 Age 63 Years Months 10 Days 10

Sex female Color or Race white Birth-place Ind.
Occupation H. W. Where residing if not at place of death —

Married, Single or Widowed married Name of Wife Annie Foltz
Husband Henry J. Foltz

Father's Name Wm. Crager Father's Birthplace Pa.

Mother's Maiden Name Clara Miller Mother's Birthplace Ind.

Name of person giving Information H. C. Foltz How related to deceased husband

CAUSES OF DEATH

Primary Chronic Gastritis How long Several Months

Immediate — How long —

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

Signature of Physician J. M. Scott
Address Agrestown

PHYSICIAN
OR CORONER

Q

Was there any suicide? —

L.M. Sutton Esq
Sav

Name in Full

David E. Foulke

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at near ^{Town} Smithsburg ^{County} Wash

MARYLAND

Date of death 19 10 8 22 Age 24 Months 7 Days 4

Sex male Color or Race white Birth place Md.

Occupation R.R. Brakeman Where Residing if not at place of death Hagerstown

Married, Single or Widowed single Name of Wife or Husband

Father's Name James H. Foulke Father's Birthplace W. Va

Mother's Maiden Name ~~James~~ Ina H. Lyddy Mother's Birthplace Md.

Name of person giving information James H. Foulke How related to deceased father.

CAUSES OF DEATH

18570

PHYSICIAN OR CORONER

Primary Fractured Cervical Vertebra How long at once

Immediate Shock How long at once

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

Signature of Physician J. M. Daganan

Address Hagerstown Md

6

Accident or Suicide? Accident

L. M. Suter
R. S. Suter

Name
in
Full

CERTIFICATE OF DEATH

John Edwin Fox

Died at ^{Town} Hagerstown

County Wash

MARYLAND

Date of death 1916 8 25 - Age 26 11 21
Month Day Years Months Days

Sex male Color or Race white Birth-place Md.

Occupation R.R. Fireman Where Residing if not at place of death

Married, Single or Widowed married Name of Wife ~~husband~~ Daisy M. Fox

Father's Name Lewis F. Fox Father's Birthplace Md.

Mother's Maiden Name Margaret E. Hunsicker Mother's Birthplace Md.

Name of person giving information Daisy Fox How related to deceased wife

CAUSES OF DEATH

Primary Concussion of Brain & Swelling of lungs How long 3 days
Immediate Shock How long 3 days

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

Signature of Physician

Address

Accident ~~Yes~~ YesTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

E. M. Senter & Son

Name in Full

Harry Gigous

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{town} near Smithsburg ^{County} Wash MARYLAND

Date of death 1960 8 22 Age 22 8 15

Sex male Color or Race white Birthplace Md.

Occupation R.R. Fireman Where Residing if not at place of death Hagerstown, Md.

Married, Single or Widowed single Name of Wife or Husband

Father's Name Jasper N. Gigous Father's Birthplace Md.

Mother's Maiden Name Flora Sulist Mother's Birthplace Md.

Name of person giving information Edward Gigous How related to deceased misc.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Fractured Cervical Vertebra How long at once

Immediate Shock How long at once

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

Address Hagerstown

Accident or Suicide Accident Md

L.M. Senter Aug 20

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Calvin Good</i>		Town <i>Hayestown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hayestown</i>		Month <i>8</i>		Day <i>13</i>		Age Years <i>7</i> Months <i>4</i> Days <i>14</i>	
Date of death <i>1901</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>	
Occupation <i>Child</i>				Where Residing if not at place of death <i>C</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Herbert Good</i>		Father's Birthplace <i>W Va</i>					
Mother's Maiden Name <i>Ida Gallant</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Herbert Good</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Macumias</i>		How long <i>Since birth</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>George J. Everhart</i>
		Address <i>27 W. Franklin St Hagerstown</i>
Accident or Suicide? <i>No</i>		

Expenses
for hire

H. K. Coffman

Name
In Full

Peter F. Gray.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death		Month Aug	Day 6	Years 77	Months 9	Days 06	
Sex Male		Color or Race White		Birth-place Hagerstown			
Occupation Carpenter				Where Residing if not at place of death Hagerstown			
Married, Single or Widowed Married		Name of Wife or Husband Annie P. Gray					
Father's Name Isaac Gray				Father's Birthplace Hagerstown			
Mother's Maiden Name Susan Traylor				Mother's Birthplace Hagerstown			
Name of person giving information Annie N. Lutz				How related to deceased Sister			

CAUSES OF DEATH

126

PHYSICIAN
OR CORONER

Primary Senile debility and hypertrophic prostate gland		How long	
Immediate Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. A. Hoff	
		Address Hagerstown	
Accident or Suicide?		By	

J. K. Johnson
Mrs. J. K. Johnson

Name
is Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roxeys Lane</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	19 <i>10</i>	Month <i>7</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>—</i>		Birth-place	<i>Ind</i>	
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>		
Father's Name	<i>Vernon K Higgs</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Rosa Lee Meyer</i>		Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Vernon K Higgs</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

(14)

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>Ten days</i>
Immediate		How long	<i>Five days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. D. Boyle</i>
		Address	<i>Washington Ind</i>
Accident or Suicide?	<i>—</i>		

Essex
Road Hill

A. R. Coffman

Name
In Full

Rachael L. Hoffmaster.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brownsville		County Washington		MARYLAND	
Date of death		Month 8	Day 17	Age 77	Years	Months 1	Days 12
Sex Female		Color or Race White		Birth place Port Deposit Md			
Occupation None				Where Reading if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband George W. Hoffmaster					
Father's Name James Carr		Father's Birthplace Md					
Mother's Maiden Name Frances Seagars		Mother's Birthplace Md					
Name of person giving information Mary Carter		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Senility	How long	3 years
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. J. Yountee
	Accident or Suicide?		Address	Brownsville Md



Name
in
Full

Annie Mary Hollingworth

CERTIFICATE OF DEATH

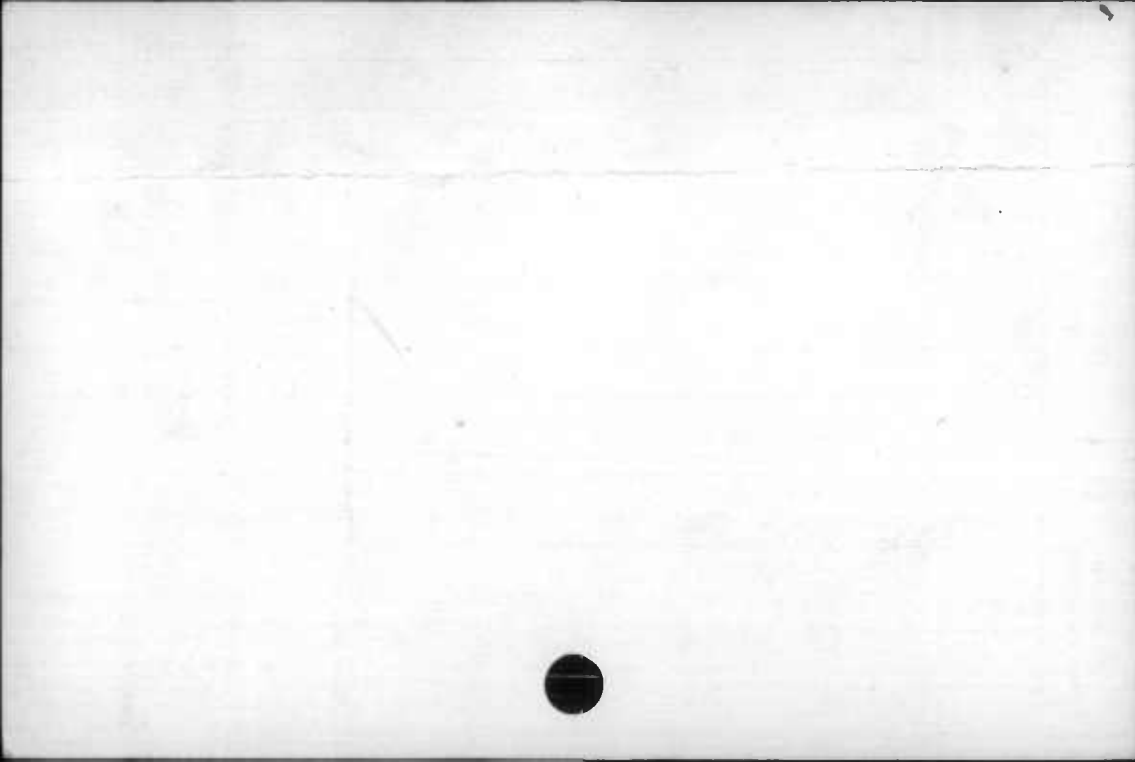
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smithsburg</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death <u>1900</u>	<u>Aug.</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age	<u>7</u> <small>Months</small>	<u>20</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Smithsburg</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Charles Hollingworth</u>	Father's Birthplace <u>Smithsburg</u>				
Mother's Maiden Name <u>Bertha K Greener</u>	Mother's Birthplace <u>Berrygold</u>				
Name of person giving information <u>Mother</u>	How related to deceased <u>mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum & enteric</u>	How long <u>3 days</u>
Immediate <u>Exhaustion & spasms</u>	How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J L Messie MD</u>
	Address <u>Smithsburg</u>
Accident or Suicidal	



Name
in
Full

Samuel E Horst

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bearfoss</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1980</u>	Month <u>8</u>	Day <u>1</u>	Age <u>62</u>	Months <u>6</u>	Days <u>28</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Elizabeth Weaver</u>				
Father's Name <u>Abraham Horst</u>	Father's Birthplace <u>Pennsylvania</u>				
Mother's Maiden Name <u>Barbara Eshleman</u>	Mother's Birthplace <u>Pennsylvania</u>				
Name of person giving Information <u>David H Eshleman</u>	How related to deceased <u>Son-in-law</u>				

CAUSES OF DEATH

Primary <u>Chronic Valvular Heart Disease</u>	How long <u>74</u> <u>54 yr</u>
Immediate <u>Drop</u>	How long <u>142</u>
Are the name, age, sex, color, date and place correctly given above? <u>4/80</u>	Signature of Physician <u>D. C. Williams</u>
	Address <u>7114 001 2 W 4000</u> <u>Pc.</u>
Accident or Suicide <u>_____</u>	

PHYSICIAN
OR CORONER



Name in Full

George R. Kee

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Hagerstown ^{Town} Washington ^{County} **MARYLAND**

Date of death 1960 ^{Month} August ^{Day} 29 Age ^{Years} 45 ^{Months} - ^{Days} -

Sex male Color or Race colored Birth-place Md

Occupation laborer Where Residing if not at place of death -

Married, ~~Singl~~ married Name of Wife or Husband Stonice Kee

Father's Name Yes. A. Kee Father's Birthplace Not known

Mother's Maiden Name Washin's Curtis Mother's Birthplace Md

Name of person giving information Stonice Kee How related to deceased wife

CAUSES OF DEATH

(62)

PHYSICIAN OR CORONER

Primary Loconotor A taxis How long 3 years

Immediate cardiac failure How long 10 hours

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

Signature of Physician Allen B. Wilson

Address 243 - N. Jonathan St
Hagerstown Md.

Accident or Suicide no

S. E. Fork

Name
in Full

Annie D. Koons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	<i>1940</i>	Month	<i>aug</i>	Day	<i>16</i>
Age	<i>49</i>	Years	<i>1</i>	Months	<i>6</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Greencastle</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>Hagerstown</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>W. Wesley A. Koons</i>		
Father's Name	<i>Edward Shillito</i>		Father's Birthplace	<i>unknown</i>	
Mother's Maiden Name	<i>Elizabeth Tobias</i>		Mother's Birthplace	<i>unknown</i>	
Name of person giving information	<i>W. J. Shillito</i>		How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Arterial & multiple mints</i>	How long	<i>6 months</i>	
	Immediate	<i>Exhaustion</i>	How long	<i>—</i>	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. E. Hoff</i>			
	Address	<i>Hagerstown</i>			
Accident or Suicide?	<i>no</i>				

A. K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

Clayton K Koontz

Town

County

MARYLAND

Died at Smithsburg Washington
Date of death 1900 8 22 Age 23 — —

Sex Male Color or Race White Birth-place Not Known

Occupation Hooper Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband None

Father's Name Not Known Father's Birthplace Not Known

Mother's Maiden Name Not Known Mother's Birthplace —

Name of person giving information George Smith How related to deceased None

CAUSES OF DEATH

175

Primary How long
Immediate How long

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

Signature of Physician J. B. Ferguson Sub
Address Request
Smithsburg Md

Killed in Rail
Accident — Road Run

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Earl Leroy Martini

CERTIFICATE OF DEATH

Died at ^{Town} Reid ^{County} Wash.

MARYLAND

Date of death 1940 ^{Month} 8 ^{Day} 10 ^{Age} — ^{Years} — ^{Months} 6 ^{Days} 12

Sex ^{male} Color or Race ^{white} Birth-place ^{Ind.}

Occupation — Where Residing if not at place of death —

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

Father's Name ^{Joyas M. Martini} Father's Birthplace ^{Ind.}

Mother's Maiden Name ^{Fannie Miller} Mother's Birthplace ^{Ind.}

Name of person giving information ^{Jm Martini} How related to deceased ^{father.}

CAUSES OF DEATH

Primary ^{Cholera Sepsis} How long ^{18 hours}

Immediate ^{Exhaustion} How long

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

Signature of Physician ^{Helen Drullman} Address ^{Stager road}

Accident or Suicide ^m

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. M. Sutherland & Son

Name
in
Full

John Martin Sr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Smithsburg ^{Town} Washington ^{County} MARYLAND

Date of death 1990 August 4 ^{Month} ^{Day} Age 66 ^{Years} 11 ^{Months} 4 ^{Days}

Sex Male Color or Race White Birth-place Adams Co. Penna

Occupation Retired Where Residing if not at place of death Smithsburg

~~Marr~~ Married, Single or Widowed Widowed Name of Wife or Husband None

Father's Name John Martin Father's Birthplace Adams Co. Pa.

Mother's Maiden Name Mary Musser Mother's Birthplace Lanc. Co. Pa.

Name of person giving Information Miss Alice Barkdole How related to decedent niece

CAUSES OF DEATH

62

PHYSICIAN
OR CORONER

Primary Locomotor Ataxia How long 5-6 yrs

Immediate " How long 5 yrs

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

Signature of Physician Dr. M. S. Kefauver

Address Smithsburg
Maryland.

Accident ~~or~~ no



Name in Full

Chester Messner

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Wash MARYLAND

Date of death 1910 ^{Month} 8 ^{Day} 24 Age ^{Years} 16 ^{Months} 4 ^{Days}

Sex male Color or Race white Birth-place Md.

Occupation _____ Where Residing if not at place of death Thurmont Md.

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

Father's Name Geo. W. Messner Father's Birthplace Md.

Mother's Maiden Name Sadie Rodgers Mother's Birthplace Md.

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

CAUSES OF DEATH

Primary Abdominal Trauma Central Hemorrhage long 24 hours (186)

Immediate Shock 24 hours

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

Address Hagerstown Md

Accident or Suicide Accident

PHYSICIAN OR CORONER

Thomson

J. M. Smith Esq

Name
FD-10
1-11

Richard H. Metz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

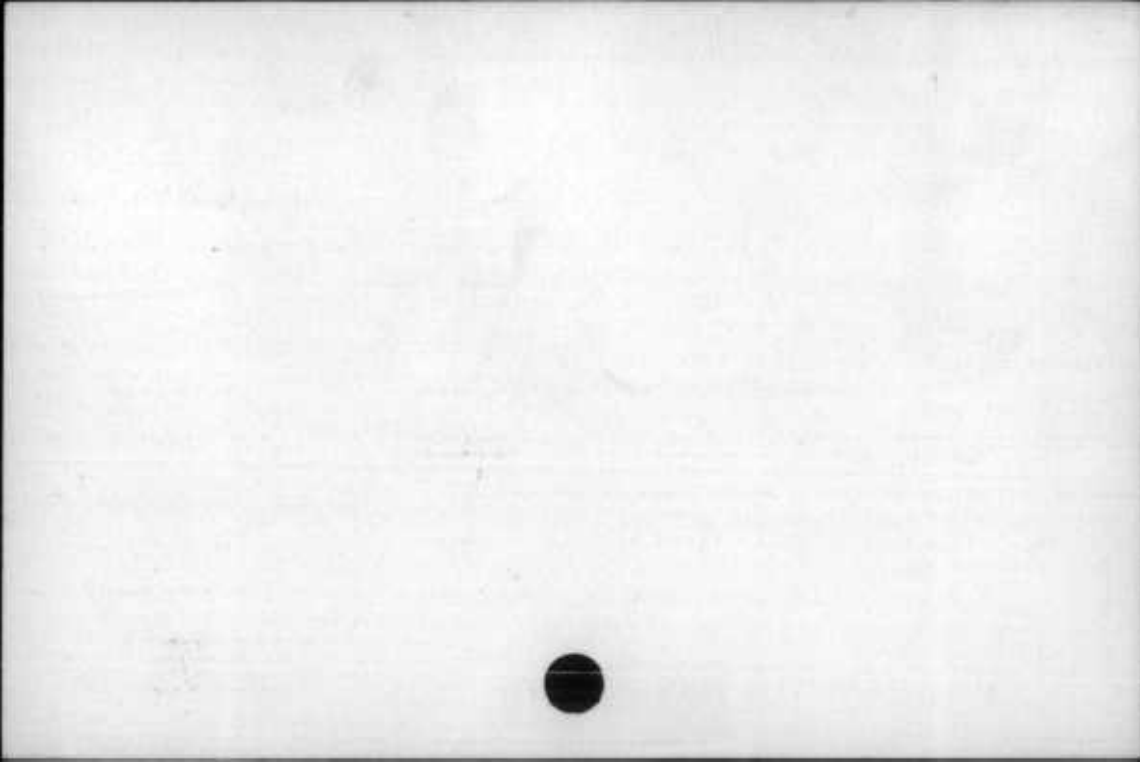
Died at ^{Town} Fairplay		^{County} Washington		MARYLAND	
Date of death	1960	Month	8	Day	1
Age	Years		4	Months	28
Sex	Male	Color or Race	White	Birth-place	Keedysville
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Victor Metz		Father's Birthplace	Maryland	
Mother's Maiden Name	Ada Miller		Mother's Birthplace	Maryland	
Name of person giving information	Mrs. Nancy Moore		How related to deceased	Aunt	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	10 1/4	about 2 weeks
Immediate	"	How long	—	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. N. Gardner	
		Address	Sharpsburg, Md.	

(Accident or Suicide)



Name
In Full

Joseph C Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Bellevue ^{County} Wash. **MARYLAND**

Date of death 1910 ^{Month} 8 ^{Day} 16 ^{Age} 18 ^{Years} 6 ^{Months} 5 ^{Days}

Sex male ^{Color or Race} white ^{Birth-place} Md.

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

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

Father's Name Alton C Moore ^{Father's Birthplace} Md.

Mother's Maiden Name Annie V Tedrick ^{Mother's Birthplace} _____

Name of person giving information W. C. Moore ^{How related to deceased} father.

CAUSES OF DEATH

Primary Exhaustion 741 ^{How long} 3 runs

Immediate Idiosyncrasy ^{How long} Life time

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

Signature of Physician J. M. Walsh

Address Hagerstown

Accident or Suicide?

PHYSICIAN
OR CORONER

J. M. Smith & Son

Name
in
Full

John H. Newcome

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ringgold Town Washington County MARYLAND

Date of death 1900 Month Aug Day 13 Age 78 Years Months 11 Days

Sex Male Color or Race White Birth-place Ringgold

Occupation Farmer Where Residing if not at place of death "

Married, Single or Widowed Married Name of Wife or Husband Catharin Newcome

Father's Name John Newcome Father's Birthplace Leetisbury

Mother's Maiden Name Catharin Newcome Mother's Birthplace Ringgold

Name of person giving information Joseph M. Newcome How related to deceased Son

CAUSES OF DEATH

Primary Cerebral degeneration How long 2 years (65)

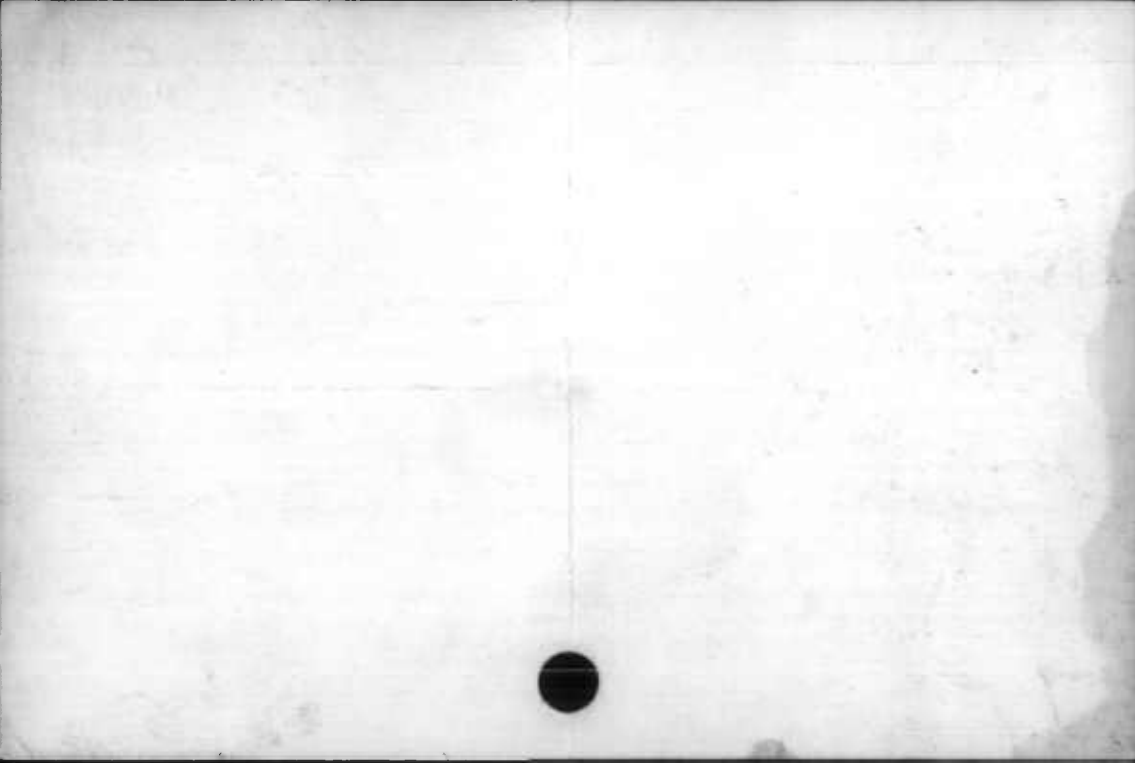
Immediate " J. complications How long "

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

Signature of Physician P. D. Hoover

Address Haynesboro Pa.

Accident or Suicide



Name
in
Full

Frederick B. C. Nokes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Yanowssburg		County Washington		MARYLAND		
Date of death		19	Month	Day	Age	Years	Months	Days
19		10	8	15	21	2	6	
Sex		Male		Color or Race		White		Birth-place
		Md		Occupation		Laborer		Where residing if not at place of death
Married, Single or Widowed		Married		Name of Wife or Husband		Catherine A. Smith		
Father's Name		James Nokes		Father's Birthplace		Va		
Mother's Maiden Name		Peri Lee Gordon		Mother's Birthplace		Va		
Name of person giving information		Arthur Nokes		How related to deceased		Brother		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhoid Fever		How long	10 days
	Immediate	Hemorrhage		How long	1 day
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	J. J. Youarta
	Address	Brownsville		Maryland	
Accident or Suicide?					



Name
In Full

Carl H. Potterfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown		^{County} Washington		MARYLAND	
Date of death	19 ^{Year} 70	^{Month} 8	^{Day} 8	Age	-
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Child	Where Residing if not at place of death		C	
Married, Single or Widowed	Single	Name of Wife or Husband		C	
Father's Name	Nellysis & Potterfield		Father's Birthplace	Md	
Mother's Maiden Name	Alice May Humberstone		Mother's Birthplace	Pa	
Name of person giving information	Nellysis & Potterfield		How related to deceased	Father	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	14 Days
Immediate	& Exhaustion	How long	5
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. E. Pillsbury
		Address	Hagerstown Md
Accident or Suicide?			

Johnson
Pore No 112

B. K. Johnson

Name
is
Full

Earl H. Potterfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Washington
 Date of death 1910 ^{Month} 8 ^{Day} 6 ^{Age} ^{Years} ^{Months} 5 ^{Days} 16
 Sex Male ^{Color or Race} White ^{Birth-place} Md
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single ^{Name of Wife or Husband} _____
 Father's Name Marysis Potterfield ^{Father's Birthplace} Md
 Mother's Maiden Name Jessie McLaughlin ^{Mother's Birthplace} Pa
 Name of person giving information Charles H. Hunsicker ^{How related to deceased} Niece

CAUSES OF DEATH

Primary Cholera Infusion ^{How long} 10 H
 Immediate Exhaustion ^{How long} 10 days

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

Signature of Physician

Address

Accident or Suicide?

Effingham

Roe Hill

A. H. Coffman

Name
In Full

Mrs. Eliza Reyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Wash</i>		* MARYLAND	
Date of death <i>1910</i>	Month <i>8</i>	Day <i>3</i>	Age	Years <i>77</i>	Months	Days <i>18</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Penna</i>				
Occupation <i>Toll gate keeper</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Wm R Reyer</i>						
Father's Name <i>Geo. Smith</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Hannah Krichbaum</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Sarah Reyer</i>	How related to deceased <i>daughter</i>						

CAUSES OF DEATH

(40)

PHYSICIAN
OR CORONER

Primary <i>Gastric carcinoma</i>	How long <i>about 1 year</i>
Immediate <i>..</i>	How long <i>gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. P. Miller</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>..</i>	

D.M. Sutter & Son

NAME
in
Full

Carlton P. Routzahn

CERTIFICATE OF DEATH

Died at ^{Town} Breathedeville

County Washington

MARYLAND

DATE
of death 1910 Aug 6

Day

AGE

Year 64

Months

Days

Sex

Male

Color or
Race

white

Birth
place

Maryland

Occupation

Farmer

Where residing if not
at place of death.

Mill Point

Married,
or Widowed

Married

Name of Wife or
Husband

Charlotte E. Routzahn

Father's
Name

Enos Routzahn

Father's
Birthplace

Maryland

Mother's
Maiden Name

Lydia Schlosser

Mother's
Birthplace

Maryland

Name of person giving
Information

Charlotte E. Routzahn

How related
to decedent

wife

CAUSES OF DEATH

Primary

R.R. Accident

How long

Immediate

Immediate

Crush of Right Chest

How long

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

yes

Signature of
Physician

D.M. Reichard

Address

Fair Play

Accident or Suicide?

Local Health Officer:

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER

Banning & Best
Undertakers

Name in Full

CERTIFICATE OF DEATH

J. W. Scott

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Blue Mountain</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>19</i> Day	<i>10</i> Month	<i>August</i> Month	<i>19</i> Year	<i>40</i> Months
Sex	<i>Male</i>	Color or Race	<i>Negro</i>	Birth-place	<i>Not known</i>
Occupation	<i>Welder</i>		Where Residing if not at place of death	<i>Baltimore, Md</i>	
Married, Single or Widowed	Name of Wife or Husband		<i>[Redacted]</i>		
Father's Name	<i>Not known</i>		Father's Birthplace	<i>Not known</i>	
Mother's Maiden Name	<i>Not known</i>		Mother's Birthplace	<i>Not known</i>	
Name of person giving information			How related to decedent		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Not known</i>
Immediate	<i>Pulmonary Hemorrhage</i>	How long	<i>20 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Herbert Lorne Rich</i>
		Address	<i>Blue Mountain, Md</i>
Accident or Suicide?			

L.M. Swisher & Son

Name
in
Full

Not named - (Premature)

Shack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Heapsville ^{Town} Wash. ^{County} MARYLAND

Date of death 1910 Aug. ^{Month} 3 ^{Day} Age 3 ^{Years} 1 ^{Months} 1 ^{Days}

Sex female Color or Race White Birth-place Wash. D.C.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Infant Name of wife or Husband _____

Father's Name Mrs. V. Shack Father's Birthplace Wash. D.C.

Mother's Maiden Name Nettie Cackaugh Mother's Birthplace Mt. Airy Pa

Name of person giving Information W. V. Shack, father How related to deceased _____

CAUSES OF DEATH

15-113

PHYSICIAN
OR CORONER

Primary Premature birth (to mother) How long _____

Immediate Syphilis How long _____

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

Signature of Physician Ed. Pagan

Address Heapsville Md

Accident or Suicide No

J.M. Sullivan Esq

Name
in
Full

Mrs. Clara E. Stroyfer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hagerstown Wash. County
Date of death 1940 Month 8 Day 24 Age 45 Months 9 Days 16

Sex Female Color or Race White Birth-place md.
Occupation H. W. Where Residing if not at place of death

Married, Single or Widowed widow Name of Husband Harvey J. Stroyfer

Father's Name John H. Johnson Father's Birthplace md.

Mother's Maiden Name Susan Stollenmeyer Mother's Birthplace md.

Name of person giving Information Mrs. Wm. South How related to deceased sister

117

CAUSES OF DEATH

Primary Complete Prolapse of uterus How long 3 days
Immediate Peritonitis How long 3 days

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

Signature of Physician S. W. Unstut Address Hagerstown, md.

PHYSICIAN
OR CORONER

Accident or Suicide ---

L.M. Swinburn

NAME
in
Full

Donald Slouffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Smokelown		County Wash.		MARYLAND	
DATE of death 19	10	Month Aug.	Day 28	AGE	Years 8	Months	Days
Sex	male		Color or Race	white		Birth- place	Smokelown
Occupation	none		Where Residing if not at place of death		Smokelown		
Married, Single or Widowed	single		Name of Wife or Husband		none		
Father's Name	Elmer Slouffer				Father's Birthplace	Smokelown	
Mother's Maiden Name	Selia Brown				Mother's Birthplace	Smokelown	
Name of person giving Information	Elmer Slouffer				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhoid Fever		How long	14 Days
	Immediate	Heart-Paralysis		How long	Instant-
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	S.S. David
	Address	Bornsboro		Md	
Accident or Suicide?					

Burns & Root
Cleveland Ohio

NAME
in
Full

Iola Florence Stride

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Shadesburg ^{Town} Washington ^{County} MARYLAND

DATE of death 19 10 ^{Month} 8 ^{Day} 20 ^{Year} 1945 ^{Month} 6 ^{Days} 22

Sex Female Color or Race White Birth place Shadesburg

Occupation House Wife Where Residing if not at place of death

Married, single or Widowed Married Name of Wife or Husband Samuel H Stride

Father's Name John Swain Father's Birthplace Ind

Mother's Maiden Name Helen Anderson Mother's Birthplace Ind

Name of person giving Information Samuel H Stride How related to deceased Husband

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Cancer of Stomach How long About a year

Immediate

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

Signature of Physician E. W. Everett,
Address Shadesburg, Ind.

Accident or Suicide?

Wm Dinnon & Son

Name
in Full

Solomon. Toms.

CERTIFICATE OF DEATH

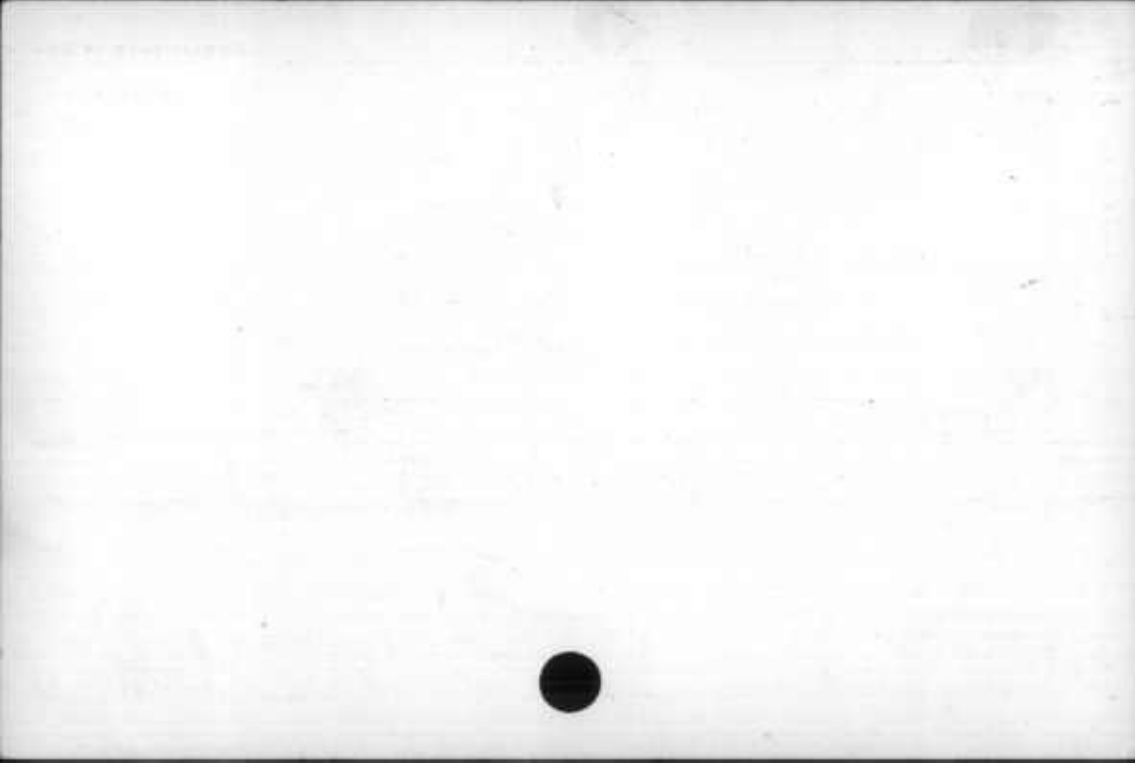
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Pleasant Valley		Washington		MARYLAND	
Date of death		1900	Month 8	Day 19	Age	82	Months 7
Sex		Male		Color or Race		White	
Occupation		Farmer		Where residing if not at place of death		Pleasant Valley	
Married, Single or Widowed		Single		Name of Wife or Husband		None.	
Father's Name		William Toms		Father's Birthplace		Foxville Fred	
Mother's Maiden Name		Not Known		Mother's Birthplace		Not Known.	
Name of person giving Information		Clayton Toms		How related to deceased		Son	

CAUSES OF DEATH

Primary	How long	Sick 10 days
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	J. B. Ferguson
Paralysis	Address	Sub Registrar Smithsburg Md
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

Edward J. Wades Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Queen Victoria* ^{County} *Washington Co* MARYLAND

Date of death 1990 Month *8* Day *23* Age *64* Years Months *1* Days *1*

Sex *Male* Color or Race *white* Birth-place *Penna*

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

Married, Single or Widowed *Married* Name of Wife or Husband *Edward James Wades Sr.*

Father's Name *Charles E Wades* Father's Birthplace *Penna*

Mother's Maiden Name Mother's Birthplace

Name of person giving Information *Mrs. E J Wades* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Emphysema of foot following Chronic Interstitial Nephritis* How long *Some years* *Don't know*

Immediate *Coma* How long *48 Hours*

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

Address *Waynesboro Pa*

Accident or Suicide

PHYSICIAN
OR CORONER



NAME
In Full

CERTIFICATE OF DEATH

Murrel. Veltz Weddle

Died at ^{Town} Edgemont^{County} Washington

MARYLAND

DATE
of death 1918Month
8Day
27

AGE

Years
13Months
8Days
9

Sex

Male

Color or
Race

White

Birth-
place

Edgemont

Occupation

none

Where Residing if not
at place of death

Edgemont

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Daniel Weddle

Father's
Birthplace

Edgemont

Mother's
Maiden Name

Jessie Alice Wolf

Mother's
Birthplace

Friedley, Md

Name of person giving
Information

Daniel Weddle

How related
to deceased

Father

CAUSES OF DEATH

Primary

Paralysis

How long

2 days

Immediate

"

How long

2 days

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

yes

Signature of
Physician

Dr. W. S. Kefauver

Address

Smithsburg
MarylandTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
Is Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Unnamed Child W. Miller County Washington MARYLAND

Died at Hoyers Lane ^{Taken} Washington ^{County} Washington

Date of death 19 ^{Year} 9 ^{Month} 8 ^{Day} Age — ^{Years} — ^{Months} — ^{Days}

Sex Female Color or Race White Birth-place Ind.

Occupation — Where Residing if not at place of death —

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

Father's Name Charles L. Bayler Father's Birthplace Ind.

Mother's Maiden Name Jessie G. Brookholtz Mother's Birthplace Kansas

Name of person giving information Charles L. Bayler How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still born

Immediate Prolonged labor

How long 5How long 1Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician W. MillerAddress WashingtonAccident or Suicide? —

De melder
Leontine
M. E. J. J. J.

A. K. Lefman