

Name
in
Full

Theodore C. W. Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

near Cumberland ^{own} ^{County} ^{City} ^{Town} ^{Village} ^{Hamlet} ^{Place} ^{Station} ^{Alley}

MARYLAND

Date

1910 ^{Month} Sept ^{Day} 5 ^{Age} ^{Years} ^{Months} 4 ^{Days} —

Sex

Male ^{Color or Race} Colored ^{Birth-place} W. Va.

Occupation

None ^{Where Residing if not at place of death} —

Married, Single or Widowed

Single ^{Name of Wife or Husband} —

Father's Name

Charles Allen ^{Father's Birthplace} W. Va.

Mother's Maiden Name

Sallie Sales ^{Mother's Birthplace} W. Va.

Name of person giving Information

Chas. Allen ^{How related to deceased} Father

CAUSES OF DEATH

Primary

Meningitis ^{How long} 1 week

Immediate

Exhaustion ^{How long} 24 hours

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

yes ^{Signature of Physician} W. R. Hodges

Address

Cumberland, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Paw Paw, Md.

#40 West main
to Paul Paul Wilson

1101 West Ave.

Name
in
Full

Agnes Armstrong

CERTIFICATE OF DEATH

193

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Wootsburg</u>		^{County} <u>Allegheny</u>		MARYLAND	
Date of death 19 <u>31</u>	Month <u>Sept</u>	Day <u>17</u>	Age <u>79</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>England</u>			
Occupation <u>House wife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>widowed</u>	Name of Wife or Husband				
Father's Name <u>Geo Armstrong</u>	Father's Birthplace <u>England</u>				
Mother's Maiden Name <u>Elizabeth Barber</u>	Mother's Birthplace <u>Scotland</u>				
Name of person giving information <u>Robert Armstrong</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cardiac Hypertrophy</u>	How long <u>Long time</u>
Immediate <u>Exhaustion</u>	How long <u>Some weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Wootsburg</u>
Accident or Suicide?	

Loest Nofor

Chickens

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Leon X. Baumann
Town County

Died at *Lonscoming Allegany* MARYLAND

Date of death 196 *Sept 29* Age *19*
Month Day Year Months Days

Sex *Male* Color or Race *White* Birth place *Lonscoming*

Occupation *Restaurant Clerk* Where Residing if not at place of death *Lonscoming*

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

Father's Name *Joseph Baumann* Father's Birthplace *Germany*

Mother's Maiden Name *Antonia Kimpel* Mother's Birthplace *Pa*

Name of person giving Information *Odella Baumann* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Dysphoid Fever* How long *21 days*

Immediate *Rectal, hemorrhage* How long *3 days*

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

Signature of Physician *J. B. Skiffing MD*

Address *Lonscoming, "*

Accident or Suicide *No*

PHYSICIAN
OR CORONER

PLATE 1
1880-1885



Name
in
Full

Helen Virginia Blacklin
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at *Cash Valley near Embury alley*

Date of death 1906 *Sept 8* Month Day Age *8* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Versailles Pa*

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

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

Father's Name *Thomas S. Blacklin* Father's Birthplace *W. Va.*

Mother's Maiden Name *Eleonora Grimm* Mother's Birthplace *Ma.*

Name of person giving Information *Thomas S. Blacklin* How related to deceased *Father*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Dysentery* How long *2 weeks*
Immediate *Obstruction* How long *3 hrs.*

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

Signature of Physician *J H Wilson M.D.*
Address *Stein*

Accident or Suicide

PHYSICIAN
OR CORONER

Delectamans -

Mitii Hemus

mesos to Bisulph.

Saturday 2 p.m.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jennie Blue*

Town *Cumberland* County *Allegh.*

Died at *Cumberland* MARYLAND

Date of death 1900 *Sept.* 5 Age *43* Months *—* Days *—*

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

Occupation *None* Where Residing if not at place of death *44 Arch St.*

Married, Single or Widowed *Widow.* Name of Wife or Husband *Kirk Blue*

Father's Name *J. M. S. Stickley* Father's Birthplace *W. Va.*

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

Name of person giving Information *J. O. Roby.* How related to deceased *Bro in law.*

CAUSES OF DEATH

Primary *Cholerae typhoid Hepatitis* How long *115* *one year*

Immediate *Exhaustion* How long *—*

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

Springfield W. Va. Address *Cumberland, Md.*

Accident or Suicide

PHYSICIAN
OR CORONER

80 Pctg.

6

Springfield

N. 2a.

Name
in
Full

CERTIFICATE OF DEATH

In Bowers

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Home* Town *Allegheny* County

Date of death 19*40* Month *Sept* Day *19* Age *40* Years Months Days

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

Married, Single or Widowed *Single* Occupation *None*

Name of Wife or Husband

Father's Name *Henry Bowers*

Father's Birthplace *Don't know*

Mother's Maiden Name *Don't know*

Mother's Birthplace *Don't know*

Name of person giving information *Peter Waldman*

How related to decedent *Not Related*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral Hemorrhage* How long *6H*

Immediate *Exhaustion* How long *Free mind*

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

Signature of Physician *J. B. McDaniel*

Steu Address *Cumberland MD*

Accident or Suicide? *B*



Name
In
Full

CERTIFICATE OF DEATH

John H. Boyle

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumby</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death	1916	Month	9	Day	20
Age	50		Year	Months	Days
Sex	Male		Color or Race	White	
Occupation	Engineer		Where Residing if not at place of death	<i>Prossville Pa</i>	
Married, Single or Widowed	Married		Name of Wife or Husband	<i>Sarah J. Boyle</i>	
Father's Name	<i>Frank Boyle</i>		Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Lydia Deaf</i>		Mother's Birthplace	<i>Washington, D.C.</i>	
Name of person giving information	<i>Sarah J. Boyle</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic heart disease</i>	How long	<i>(Don't know)</i>
Immediate	<i>Pulmonary edema</i>	How long	<i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>		
Signature of Physician	<i>James J. Johnson, M.D.</i>		
Address	<i>Cumbyland Md</i>		
Accident or Suicide?	<input type="checkbox"/>		

Dr. J. J. [unclear]

Name
is
Full

Daniel Bromery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland		Allegheny		MARYLAND	
Date of death		1910	Sept	15	Age	53	Months
Sex	Male	Color or Race	Colored		Birthplace	Va.	
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	Do not know		Francis		Bromery		
Mother's Maiden Name	"		"		"		
Name of person giving information	Armon Bromery		How related to deceased		Son		

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Acute miliary tuberculosis		How long	mas-
Immediate	Bright's disease		How long	2 wks
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	James H. Graves, M.D.
	Street		Address	Cumberland
Accident or Suicide?				



Name
is
Full

CERTIFICATE OF DEATH

Genevieve M. Brooks

TO BE ANSWERED BY
NEAREST FRIEND

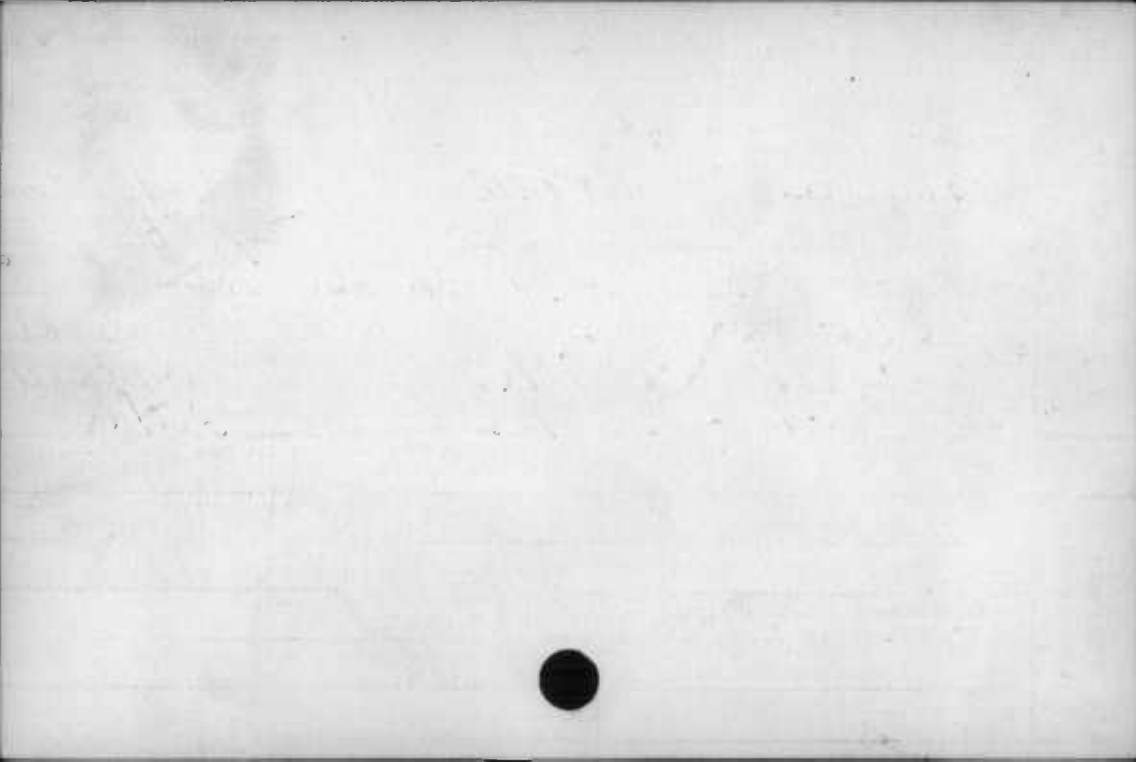
Died at <u>Westernport</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	Month <u>10</u> Day <u>28</u> Year <u>1931</u>	Age	Years <u>3</u> Months <u>—</u> Days <u>—</u>		
Sex <u>Female</u>	Color or Race <u>White</u>	Birth place	<u>Hubbard W. Va.</u>		
Occupation <u>—</u>	Where residing if not at place of death <u>Westernport</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>Sarah E. Brooks</u>				
Father's Name <u>Robert Brooks</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Sarah Warnick</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Robert Brooks</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary <u>Diphtheria</u>	How long <u>3 weeks</u>
Immediate <u>Institution</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. J. Fajenbohn</u>
	Address <u>Westernport Md</u>
Accident or Suicide? <u>—</u>	



Name
in Full

Dennis Comer

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Barton

Allegany

Date of death 1910
~~190~~

Month

Sept.

Day

9.

Years

Age 38.

Months

4.

Days

10.

Sex

male

Color or Race

white.

Birth-place

Maryland

Occupation

Coal miner.

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

none.

Father's Name

Edward Comer

Father's Birthplace

Ireland.

Mother's Maiden Name

Bridget Comers.

Mother's Birthplace

Va.

Name of person giving Information

Michael Comer

How related to deceased

Brother.

CAUSES OF DEATH

Primary

Typhoid Fever.

How long

Three weeks.

Immediate

Cereb' Meningitis.

How long

Five days.

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

Yes.

Signature of Physician

Address

J. H. McEann M.D.
Barton Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In Full

Lawrence Smith Conrad

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Midlothian</i>		^{County} <i>Allegheny</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>9</i>	Day <i>28</i>	Age	Years <i>21</i>	Months <i>19</i>
Sex <i>M.</i>	Color or Race <i>W.</i>	Birth-place <i>MD.</i>			
Occupation <i>Child</i>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>J. Mac Conrad</i>	(15)			Father's Birthplace <i>MD.</i>	
Mother's Maiden Name <i>Anabelle Ray</i>				Mother's Birthplace <i>MD.</i>	
Name of person giving information <i>J. Mac Conrad</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Inanition</i>	How long <i>1 month</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. W. Mc Lane</i>	
	Address <i>Spotsburg Md</i>	
Accident or Suicide?		

Alleyham
Jacob Hager

Name
in
Full

Isaac Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Barton ^{town} Alligany ^{County} MARYLAND

Date of death 1940 ^{Year} Sept ^{Month} 11 ^{Day} Age 60 ^{Years} 1 ^{Months} 1 ^{Days}

Sex Male Color or Race white Birth place Wales

Occupation Miner Where Residing if not at place of death ✓

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

Father's Name Edward Cooper Father's Birthplace Wales

Mother's Maiden Name Anna Lewis Mother's Birthplace Wales

Name of person giving information Henry Creutzberg How related to deceased Brother-in-Law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Miner Asthma 98 How long About 15 years

Immediate Bronchitis How long One week

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

Signature of Physician D. A. Boucher

Address Barton Md

Accident or Suicide ✓



Name
in Full

Theodore W. Dawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Brawlings ^{County} Alleg **MARYLAND**

Date of death 1960 ^{Month} Sept ^{Day} 4 Age ^{Years} 73 ^{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 Susan C Taylor

Father's Name James C Dawson Father's Birthplace MD

Mother's Maiden Name Don't Know Mother's Birthplace W. Va.

Name of person giving Information Susan C Dawson How related to deceased Wife

CAUSES OF DEATH

Primary Dysentery How long 14 48 hours

Immediate exhaustion How long 1 1

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

Steve Dawson

Accident or Suicide Dawson

Signature of Physician

W. G. Birmingham
Address W. G. Birmingham
Creasport MD

PHYSICIAN
OR CORONER

Dunson Ind

53.00 Deposit

Send to Frost

Dunson Telephone

in long run to Foster

4 Daughters

Ms. Ida Nanninga Buley

Ms. Anna Querner 11

Ms. Ethel Hartman Guley

Ms. Martha A. Dunson Rawlings

Jacob Faylor notify

Robert H

Name in Full

CERTIFICATE OF DEATH

Jimmie Duvost
 Town County

Died at *Cumt* *allergary* MARYLAND

Date of death *1910* Month *9* Day *6* Age *43* Years Months Days

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

Occupation *Housewife* Where residing if not at place of death *Band md*

Married, Single or Widowed *married* Name of Wife or Husband *Stephen Duvost*

Father's Name *Frank McRobis* Father's Birthplace *md*

Mother's Maiden Name *Lucie McRobis* Mother's Birthplace *md*

Name of person giving information *William Duvost* How related to deceased *Br. law*

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary *Extensive burn* How long *167*
7 1/2 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?
Wolford Signature of Physician *A. H. Hawkins*

Address *Cumtland md*

Accident or suicide?

PHYSICIAN OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Caroline Evans
Towm County

MARYLAND

Date
of death 1999 months
10 Sep 18

Age

89

Months

Days

9
Wales

Sex

F

Color or
Race

W

Birth-
place

Occupation

None

Where Residing if not
at place of death~~Married Single~~
or WidowedName of Wife or
Husband

David Evans

Father's
Name

John Jones

Father's
Birthplace

Wales

Mother's
Maiden Name

Mary Jones

Mother's
Birthplace

Wales

Name of person giving
Information

John Evans

How related
to deceased

Son

CAUSES OF DEATH

Primary

Old age

How long

154

Immediate

"

How long

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

F

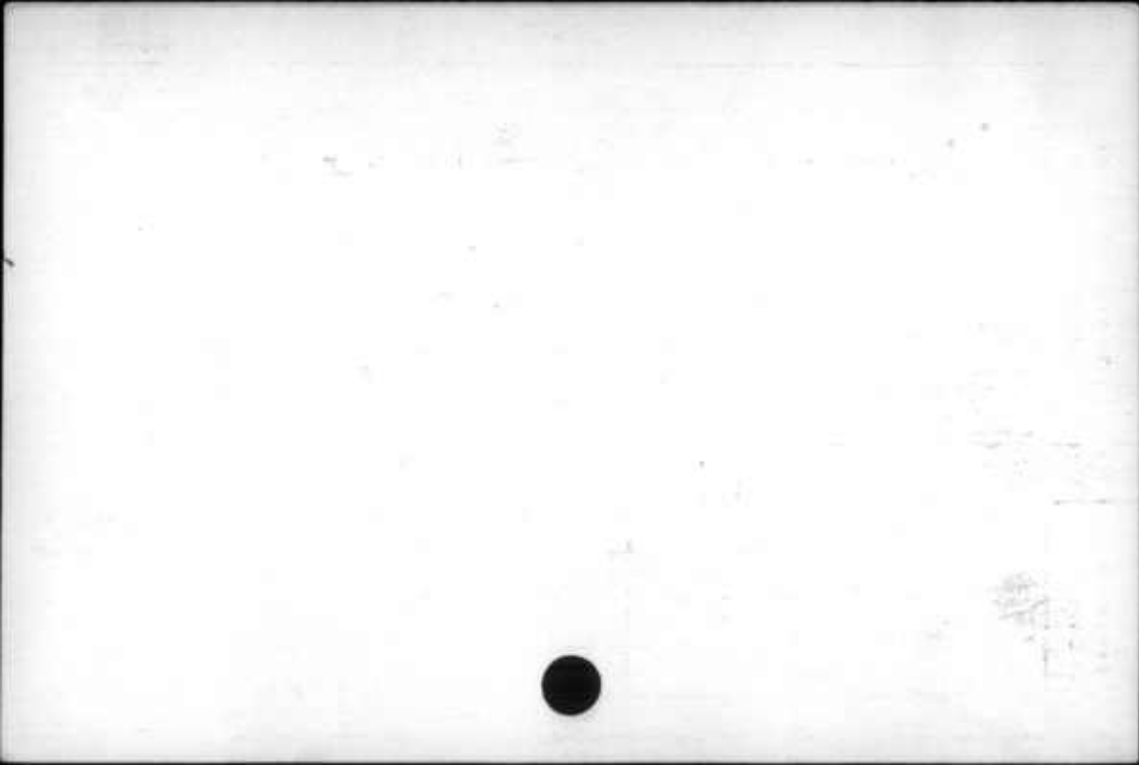
Signature of
Physician

Address

[Signature]
Brooklyn

Accident or Suicide

No



Name
In
Full

Gladis Mae Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Frothingham ^{County} Allegany		MARYLAND	
Date of death	1916	Month	Sept
		Day	15
Age	76	Months	76
		Days	30
Sex	Female	Color or Race	White
Occupation	None	Birth-place	Frothingham
		Where residing if not at place of death	None
Married, Single or Widowed	Child	Name of Wife or Husband	
Father's Name	Daniel Evans	Father's Birthplace	Wales
Mother's Maiden Name	Mary Thomas	Mother's Birthplace	Frothingham
Name of person giving information	Mrs Richard Thomas	How related to deceased	Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	diarrhea	How long	3 weeks
	Immediate	diarrhea	How long	3 weeks
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. L. Lumsden,
			Address	Frothingham, Md.
	Accident or Suicide?			

Alghany

Jacob Haper

Name in Full

Mary Ferguson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *Timberland* County *Accoquin* MARYLAND

Date of death 1910 Month *9* Day *1* Age Years *21* Months _____ Days _____

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

Occupation _____ Where Reading (list at place of death) _____

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

Father's Name *Harry D. Ferguson* Father's Birthplace *Timberland*

Mother's Maiden Name *Estella Magruder* Mother's Birthplace " " "

Name of person giving information *Estella Magruder* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *General Tuberculosis* How long *35* *don't know*

Immediate *Cardiac failure* How long *One week.*

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

Signature of Physician *C. B. Gardner*

Address *Timberland Md.*

Accident or Suicide? _____



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death	Month	Day	Age	Months	Days
<i>10</i>	<i>75</i>	<i>9</i>	<i>25</i>	<i>16</i>	
Sex	Color or Race	Birth-place			
<i>male</i>	<i>White</i>	<i>Maryland</i>			
Occupation	Where Residing if not at place of death				
	<i>Westport</i>				
Married - Single or Widowed	Name of Wife or Husband				
	<i>Raymond Burr</i>				
Father's Name	Father's Birthplace				
<i>Raymond Burr</i>	<i>West Virginia</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Mellie Mansberry</i>	<i>Maryland</i>				
Name of person giving information	How related to deceased				
<i>Mellie Burr</i>	<i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Meningeal cramp</i>	How long	<i>4 days</i>
Immediate	<i>Suffocation</i>	How long	<i>one hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. G. Abbott</i>
		Address	<i>Piedmont W. Va.</i>
Accident or Suicide?			



Name in Full

Gerald J. M. Gaffney

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Cumberland</i> <small>Town</small>		<i>Alleghany</i> <small>County</small>		MARYLAND	
Date of death <i>1910</i>	<i>September</i> <small>Month</small>	<i>21</i> <small>Day</small>	<i>15</i> <small>Years</small>	<i>8</i> <small>Months</small>	<i>17</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumberland, Md</i>		
Occupation <i>Student</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>James P. Gaffney</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Agnes Virginia Coulchan</i>	Mother's Birthplace <i>Cumberland, Md</i>				
Name of person giving information <i>James P. Gaffney</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <i>Dysphoid Fever</i>	How long <i>18 days.</i>
Immediate <i>Coma</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Est. Brace</i>
	Address <i>Cumled Md</i>
Accident or Suicide? <i>no</i>	

Grace

Name
in
Full

CERTIFICATE OF DEATH

George E. Goetz
Town: Cumuld County: Allegheny

MARYLAND

Died at Cumuld Allegheny
Date of death 1940 Month Sept Day 2 Age 2 Years Months 7 Days 12

Sex male Color or Race White Birth-place md

Occupation None Where Residing if not at place of death md

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

Father's Name Casper F Goetz Father's Birthplace Cumuld

Mother's Maiden Name Elizabeth C. Briglen Mother's Birthplace "

Name of person giving information Casper Francis Goetz How related to deceased Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Inanition How long 151 months
Immediate Exhaustion How long 1 week

Are the name, age, sex, color, date and place correctly given above?
True Signature of Physician W. H. Brace

Address Cumuld

Accident or Suicide md

PHYSICIAN
OR CORONER

Prepared

10

one

Name
in
Full

CERTIFICATE OF DEATH

Bernard Wm Brinniger

Town

County

Died at Cumberland Allegany MARYLAND

Date of death 1900 Sept. 9 Age 9 Months 9 Days

Sex male Color or Race White Birth-place Cumberland

Occupation - Where Residing if not at place of death -

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

Father's Name Bernard F. Brinniger Father's Birthplace Granton

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

Name of person giving information Wm James Brinniger How related to deceased Uncle.

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Cholera infantum How long 2 months

Immediate Exhaustion How long 1 week

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

Signature of Physician C. H. Brace

Address [Redacted] Cumberland Md

PHYSICIAN
OR CORONER

Accident or Suicide [Redacted]



Name
in
Full

George P. Hast.

CERTIFICATE OF DEATH

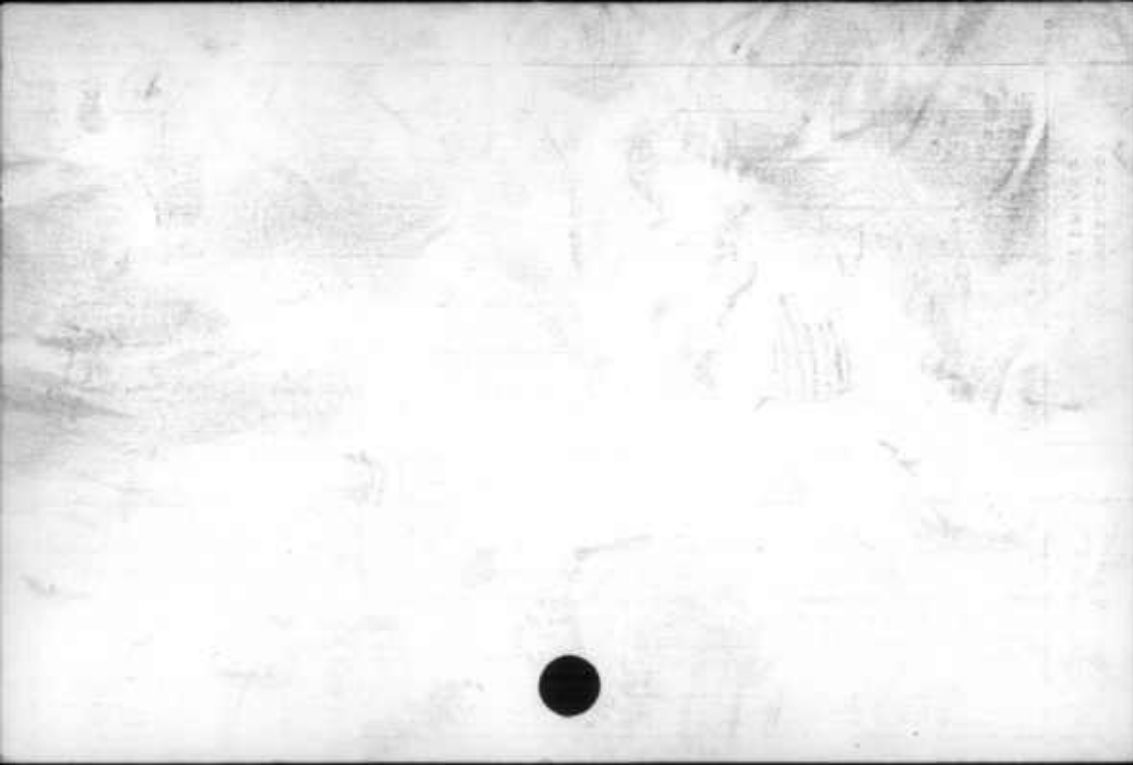
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County alleg		MARYLAND	
Date of death		Month 1940 Sept	Day 25	Age 57	Years	Months	Days
Sex	male	Color or Race	White	Birth place	Cumberland		
Occupation	Fruit Grower		Where Residing if not at place of death		—		
Married, Single or Widowed	married	Name of Wife or Husband		Elizabeth Hast			
Father's Name	George Hast		Father's Birthplace		Germany		
Mother's Maiden Name	Henrietta Plunk		Mother's Birthplace		Germany		
Name of person giving information	Elizabeth Hast		How related to deceased		Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	causes of liver	How long	40	How long	several mos	
Immediate	—	How long	—	How long	—	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician M. W. Wiley			
Address		Cumberland Md				
Accident or Suicide						



Name
In
Full

CERTIFICATE OF DEATH

Arthur Hendrickson

Town

County

Died at Cumberland

allergany

MARYLAND

Date
of death 1910Month
7Day
18

Age

Years

Months
5Days
10

Sex Male

Color or
Race

white

Birth-
place

Cumberland

Occupation

None

Where residing if not
at place of death

..

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Geo Hendrickson

Father's
Birthplace

Pa

Mother's
Maiden Name

Grace Wigfield

Mother's
Birthplace

..

Name of person giving
information

Emma Prato

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

Cholera Infantum

How long

104
6 weeks

Immediate

Cholera Infantum

How long

1 "

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

A. P. Prato

Address

Cumber
md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Agnes C. Heusröte

CERTIFICATE OF DEATH

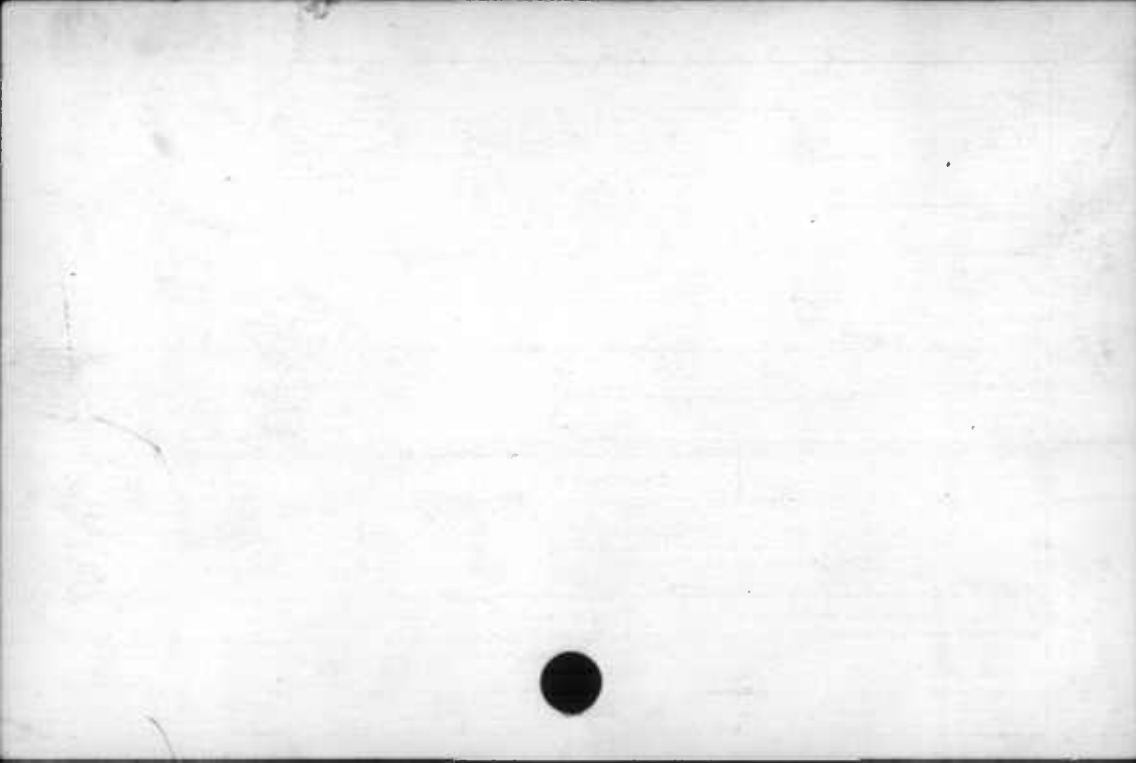
TO BE ANSWERED BY
NEAREST FRIEND

Died at Cookery Sts Alleg MARYLAND
 Date of death 1969 Sept. 23 Age 62 8 15
 Sex Female Color or Race White Birthplace Germany
 Occupation None Where residing if not at place of death —
 Married, Single or Widowed Widow Name of Wife or Husband John Heusröte
 Father's Name Thomas Buzzard Father's Birthplace France
 Mother's Maiden Name Margaret Hamilton Mother's Birthplace Ireland
 Name of person giving information John Cookery How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer of Stomach How long 6 mo
 Immediate Exhaustion How long 2 wks
 Are the name, age, sex, color, date and place correctly given above? Signature of Physician M. F. Twigg
 Address Cumbyland, Md.
 Accidental or Suicide? Accidental Cookery Sts.



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

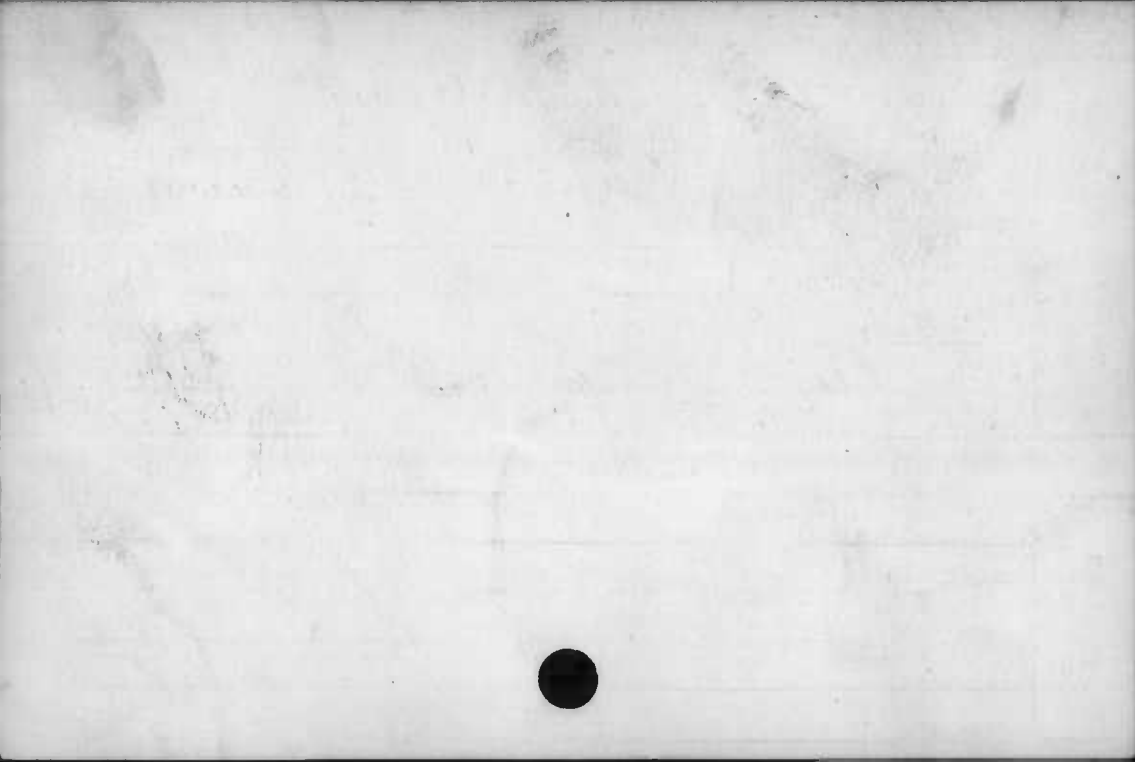
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Kaiser</i>		Town <i>Cumtola (Asylum)</i>		County <i>Allegheny</i>	
Died at <i>Cumtola (Asylum)</i>					
Date of death	1910	Month <i>Sept</i>	Day <i>19</i>	Age <i>48</i>	Years <i>48</i>
Sex <i>male</i>	Color of Race <i>White</i>		Birth- place <i>Cumtola</i>		Months <i>-</i>
Occupation <i>Labourer</i>		Where residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>John S Kaiser</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Elizabeth Long</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Sophia Kaiser</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>3 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. McJannet</i>
<i>Seen</i>	Address <i>me Duncan</i>
Accident or Suicide?	



Name
in
Full

Humman Kampf

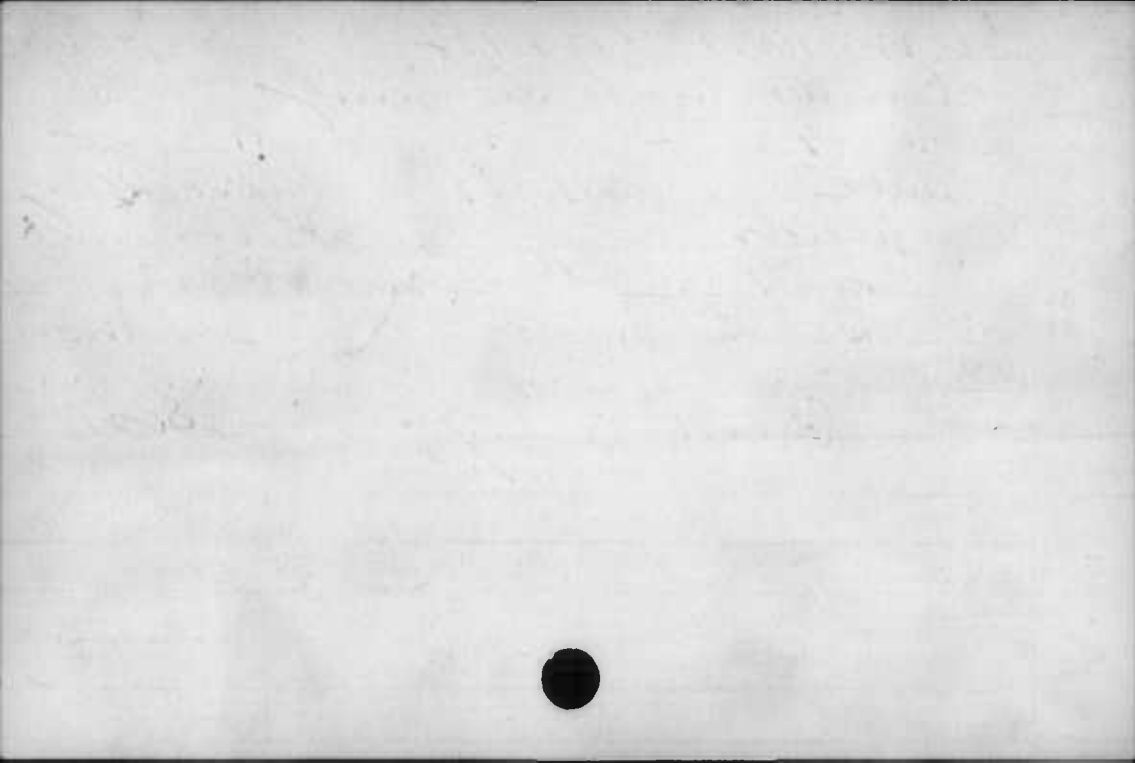
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Adams		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1910		9	2	60	11	28	
Sex		Color or Race		Birth-place			
Male		White		Germany			
Occupation			Where Reading if not at place of death				
Taylor			Cumberland				
Married, Single or Widowed		Name of Wife or Husband					
Married		Catherine Glies					
Father's Name		Father's Birthplace					
Don't Know		Don't Know					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
Paul Rumpf		Son					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cirrhosis of Liver	How long	113 2 yrs	
	Immediate	Exhaustion	How long	1 week	
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician E. H. White	
				Address Cumberland Md	
Accident or Suicide?		No			



Name
in
Full

Kauffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

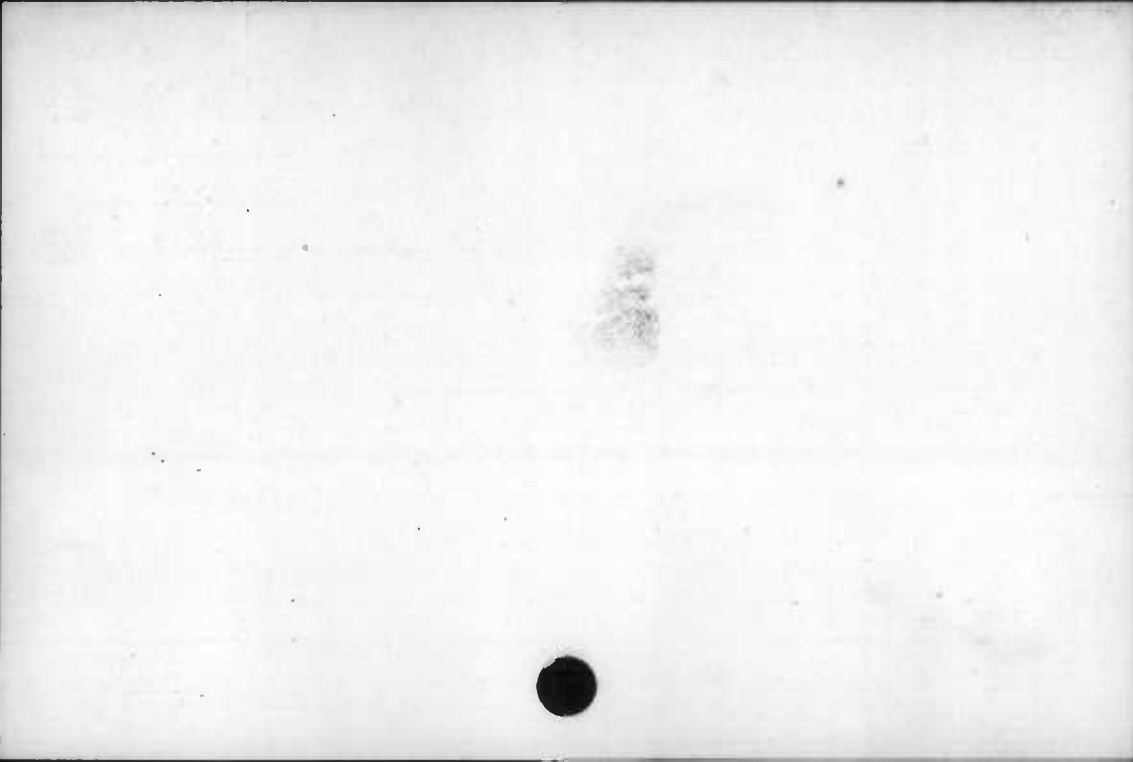
Died at <i>Lumberton</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	<i>1900</i>	Month <i>Sept</i>	Day <i>15</i>	Age <i>1 1/2 yrs</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD.</i>		
Occupation <i>—</i>			Where Reeling if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Elmer W C Kauffman</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Alice C Hunsel</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Elmer W C Kauffman</i>			How related to deceased <i>Self</i>		

CAUSES OF DEATH

1511

PHYSICIAN
OR CORONER.

Primary <i>Primate Birth 8" No</i>	How long <i>—</i>
Immediate <i>Weakness + Exhaustion</i>	How long <i>1/2 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. L. Broadbent</i>
	Address <i>Lumberton MD</i>
Accident or Suicide? <i>No</i>	



Name
in Full

Adam Kayler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Amberland</u> ^{town}		County <u>Allegheny</u>		MARYLAND	
Date of death	19 <u>00</u>	Month	<u>Sept</u>	Day	<u>24</u>
Age		<u>79</u>		Years	
Sex	<u>M</u>	Color or Race	<u>White</u>	Birth place	<u>W. Va.</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death	<u>Otonoko, W. Va.</u>	
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband			
Father's Name	<u>Josiah Kayler</u>			Father's Birthplace	<u>W. Va.</u>
Mother's Maiden Name	<u>Kattie Schade</u>			Mother's Birthplace	<u>va</u>
Name of person giving Information	<u>Mrs Ed Arnold</u>			How related to deceased	<u>Distant</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Fractured skull</u>	How long	<u>8 hours</u>
Immediate	<u>skull</u>	How long	<u>8 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. M. Spear</u>
<u>Spear</u>	Address	<u>Amberland, Md</u>	
Accident	<u>body shipped to Little canyon wa</u>		



Name
in
Full

Tony Koffa

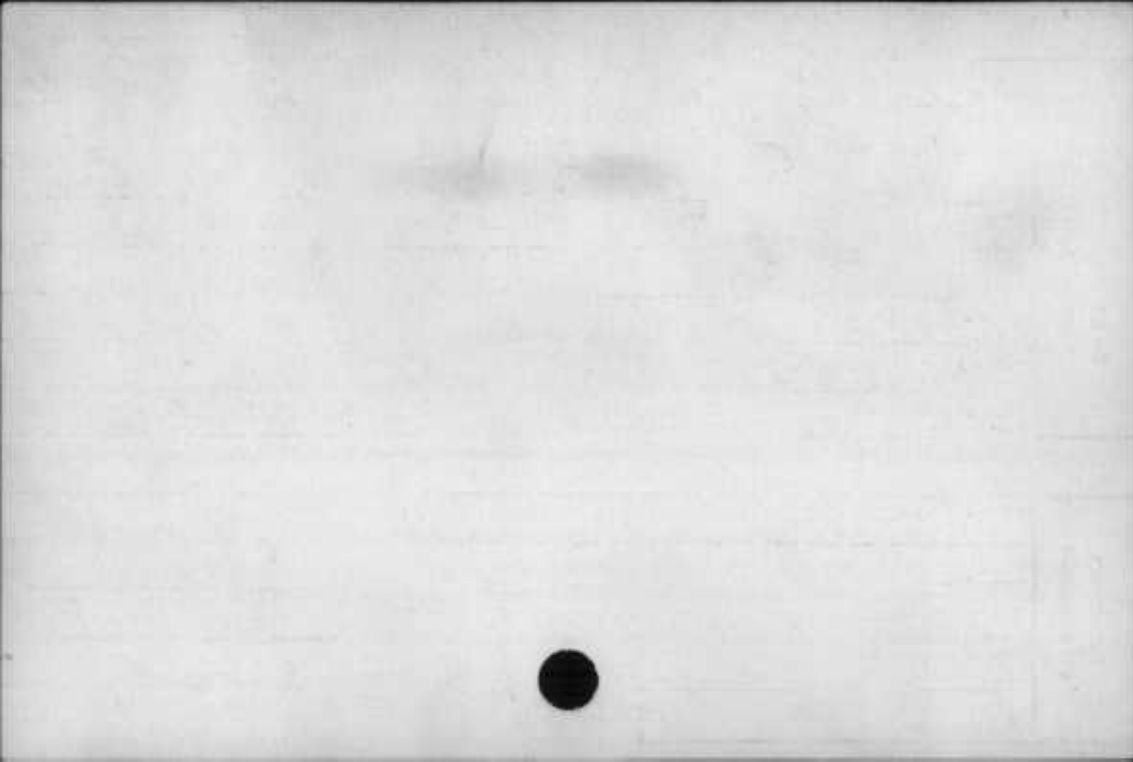
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegheny		MARYLAND	
Date of death		Month Sept.	Day 16.	Years Age about 56	Months	Days	
Sex	Male	Color or Race	Russian		Birth-place	Do Not Know	
Occupation	D.H.		Where Reading if not at place of death				
Married, Single or Widowed	D.H.		Name of Wife or Husband Do Not Know				
Father's Name	Do Not Know					Father's Birthplace	DK
Mother's Maiden Name	"	"	"	"	"	Mother's Birthplace	"
Name of person giving information	Nurse W. M. [unclear]					How related to deceased	None

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Organic Heart Disease	How long	1 year	
	Immediate	Coronary Disease	How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes			
	Signature of Physician	Thas [unclear]			
	Address	[unclear]			
Accident or Suicide?	Patent 7				



Name
in
Full

Ella Leidinger

CERTIFICATE OF DEATH

Died at

Cumberland

Town

County

Alleg

MARYLAND

Date
of death

1900

Month

Sept

Day

28

Age

Years

61

Months

Days

Sex

Female

Color or
Race

White.

Birth-
place

Alleg Co.

Occupation

None

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

Married

Name of Wife or
Husband

Wm Leidinger

Father's
Name

Patrick Rooney

Father's
Birthplace

Ireland.

Mother's
Maiden Name

D.K.

Mother's
Birthplace

D.K.

Name of person giving
information

Frank W Leidinger

How related
to deceased

Son

CAUSES OF DEATH

Primary

Organic heart disease

How long

Some years

Immediate

Acute dilatation of heart.

How long

Instant.

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

Yes

Signature of
Physician

James J. Johnson, M.D.

Address

Cumberland, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

68

Mission

Haudiebs

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Anna McAllister
Frostburg Allegany

MARYLAND

Date
of death

1900

Sept

9

Age

22

Sex

Female

Color or
Race

White

Birth
place

Frostburg

Occupation

School teacher

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

John McAllister

Father's
Birthplace

Frostburg Md

Mother's
Maiden Name

Elizabeth Scally

Mother's
Birthplace

Frostburg Md

Name of person giving
Information

Patrick Cosgrove

How related
to deceased

Nephew by marriage

CAUSES OF DEATH

Primary

Typhoid fever

How long

4 weeks

Immediate

Perforation

How long

7 hours

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

Yes

Signature of
Physician

Address

J. Coburn
Frostburg Md

Accident or Suicide

No

Knostburg Farm Road Co

Catholic Cemetery

Name
in
Full

CERTIFICATE OF DEATH

Buna M. Kirtosh

TO BE ANSWERED BY
NEAREST FRIEND

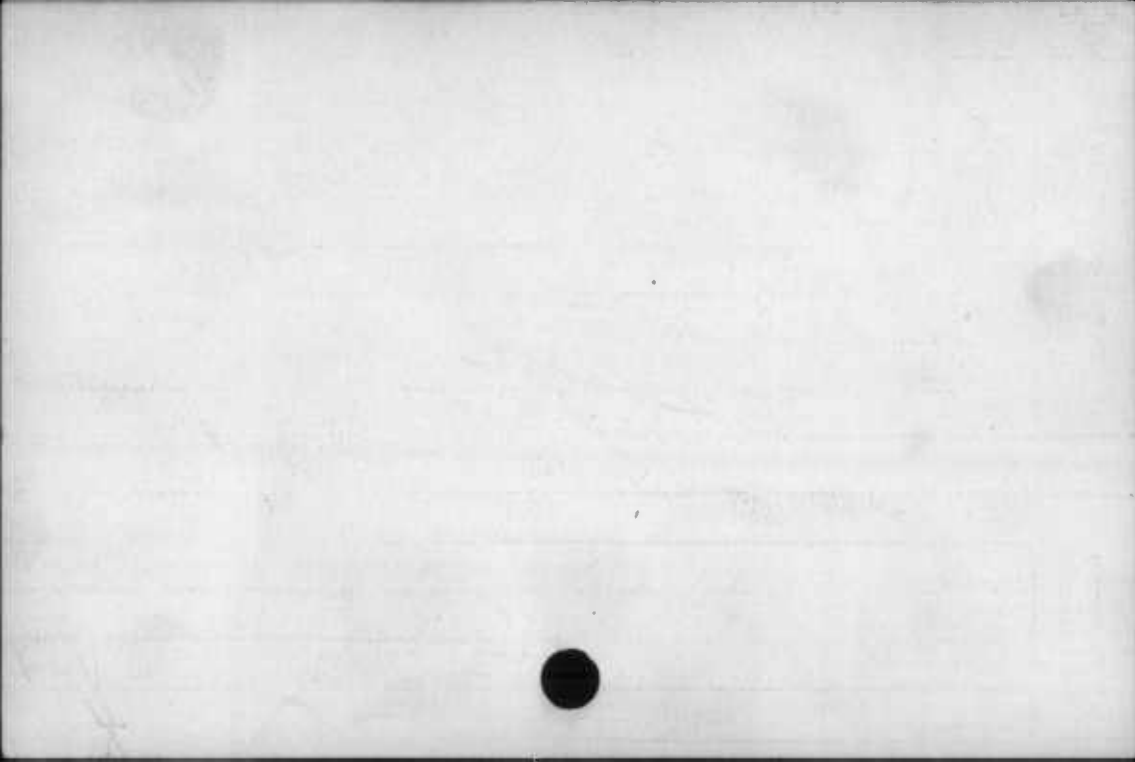
Died at <i>Westport</i>		Town		<i>Allegheny</i>		County		STATE OF MARYLAND	
Date of death	<i>1910</i>	Month	<i>9</i>	Day	<i>21</i>	Age	<i>—</i>	Years	<i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-Place	<i>Westport</i>		
Occupation	<i>—</i>		Where Residing if not at place of death		<i>Westport</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>L. S. Kirtosh</i>				
Father's Name	<i>L. S. Kirtosh</i>				Father's Birthplace	<i>West Virginia</i>			
Mother's Maiden Name	<i>Jessy Bucklew</i>				Mother's Birthplace	<i>West Virginia</i>			
Name of person giving information	<i>Father</i>				How related to deceased	<i>Father</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>4 h.</i>
Immediate	<i>Heart Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>T. L. Hibon</i>
		Address	<i>Piedmont W. Va.</i>
Accident or Suicide?	<i>✓</i>		



Name
in
Full

Bernard J. W. Kenzie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland Allegh MARYLAND
 Date of death 1960 Month Sept. Day 12 Age — Years — Months 2 Days —
 Sex man Color or Race White Birth-place md.
 Occupation None Where Residing if not at place of death —
 Married, Single or Widowed Single Name of Wife or Husband Kate
 Father's Name Milnor J. W. Kenzie Father's Birthplace md.
 Mother's Maiden Name Francis Maloney Mother's Birthplace W. Va.
 Name of person giving information Milnor J. W. Kenzie How related to deceased Father

CAUSES OF DEATH

Primary Marasmus 1891 How long 6 weeks
 Immediate Exhaustion How long 6 weeks
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician F. M. Fochstman
 Address Do. Fochstman
 Accident or Suicide

PHYSICIAN
OR CORONER

2 3 4 - + 3 1

27. reception dt.

dt. otrio.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ms Sarah McKeen
 Died at *Farmville* *Alligany* County **MARYLAND**
 Date of death 19*90* Month *Sept* Day *18* Age *83* Years Months Days
 Sex *Female* Color or Race *White* Birth-place *Scotland*
 Occupation *none* Where Residing if not at place of death
 Married, Single or Widowed *Widowed* Name of Husband *Henry McKeen*
 Father's Name *Julius McKeen* Father's Birthplace *Scotland*
 Mother's Maiden Name *McKeen* Mother's Birthplace *"*
 Name of person giving information *Henry McKeen* How related to decedent *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Empipelas followed by gangrene of leg* How long *1 or 2 days*
 Immediate *Coronal Hemorrhage* How long *Suddenly*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *M. Skilling M.D.*
 Address
 Accident or Suicide *No*



Name
in
Full

Nora Major

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Barton Town Allegheny County MARYLAND

Date of death 1940 Sept Month 13 Day Age 14 Years 10 Months 2 Days

Sex Female Color or Race White Birth-place Alleg. Co.

Occupation School girl Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Dan Major *girl's real name was Dunitz* Father's Birthplace Alleg. Co.

Mother's Maiden Name Holly Major *was husband's name* Mother's Birthplace Alleg Co

Name of person giving Information Holly Major How related to decedent Mother

CAUSES OF DEATH

1895
How long

PHYSICIAN
OR CORONER

Primary Not definitely known How long

Immediate Probably Cerebral Hemorrhage How long 5 hours

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

Address Barton Md

Accident or Suicide



Name
in
Full

John Ross Carr Merribaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Silsmon</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	19 <u>00</u>	Month	<u>Sept</u>	Day	<u>7</u>
Age	<u>7</u>	Years	<u>—</u>	Months	<u>3</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Silsmon</u>
Occupation	<u>none</u>	Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Emory W. Merribaugh</u>			Father's Birthplace	<u>Footburg Md.</u>
Mother's Maiden Name	<u>Maryfertha Nolan</u>			Mother's Birthplace	<u>Barton Md.</u>
Name of person giving Information	<u>Mrs Price</u>			How related to deceased	<u>Grandmother</u>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Enterocolitis</u>	How long	<u>14 days.</u>
	Immediate	<u>Inanition</u>	How long	<u>Several days</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>James O Bullock M.D.</u>
	Accident or Suicide	<u>No</u>	Address	<u>Seneca Md.</u>



Name
in
Full

John W. Monahan

CERTIFICATE OF DEATH

Died at		Town Frostburg		County Allegany		MARYLAND	
Date of death		Month 9	Day 28	Age	Years 1	Months 7	Days 28
Sex	M	Color or Race	W.	Birth-place	Md		
Occupation	Child		Where Residing if not at place of death				
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	Thomas Monahan				Father's Birthplace	Md	
Mother's Maiden Name	Maggie Grimes				Mother's Birthplace	Md	
Name of person giving information	Thomas Monahan				How related to deceased	Father	

CAUSES OF DEATH

Primary

Infectious Diarrhoea

How long

How long

One week

Immediate

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

Signature of Physician

Address

Dr. J. O. Lane

Frostburg Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John Norman
County
Accy

MARYLAND

Died at
Town
County
Date of death 1981
Month
Day
Age
Years
Month
Days

1981
4
19
2
6

Sex
Color of Race
Birth-place

Male
W

Occupation
Where Residing if not at place of death

Married, Single or Widowed
Name of Wife or Husband

Father's Name
Father's Birthplace

Hugh Norman
Maryland

Mother's Maiden Name
Mother's Birthplace

Lillian Sperry
Maryland

Name of person giving Information
How related to deceased

John Norman
Uncle

CAUSES OF DEATH

Primary
How long

Bronchitis
89
one day

Immediate
How long

Acute pneumonia
one week

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

Yes

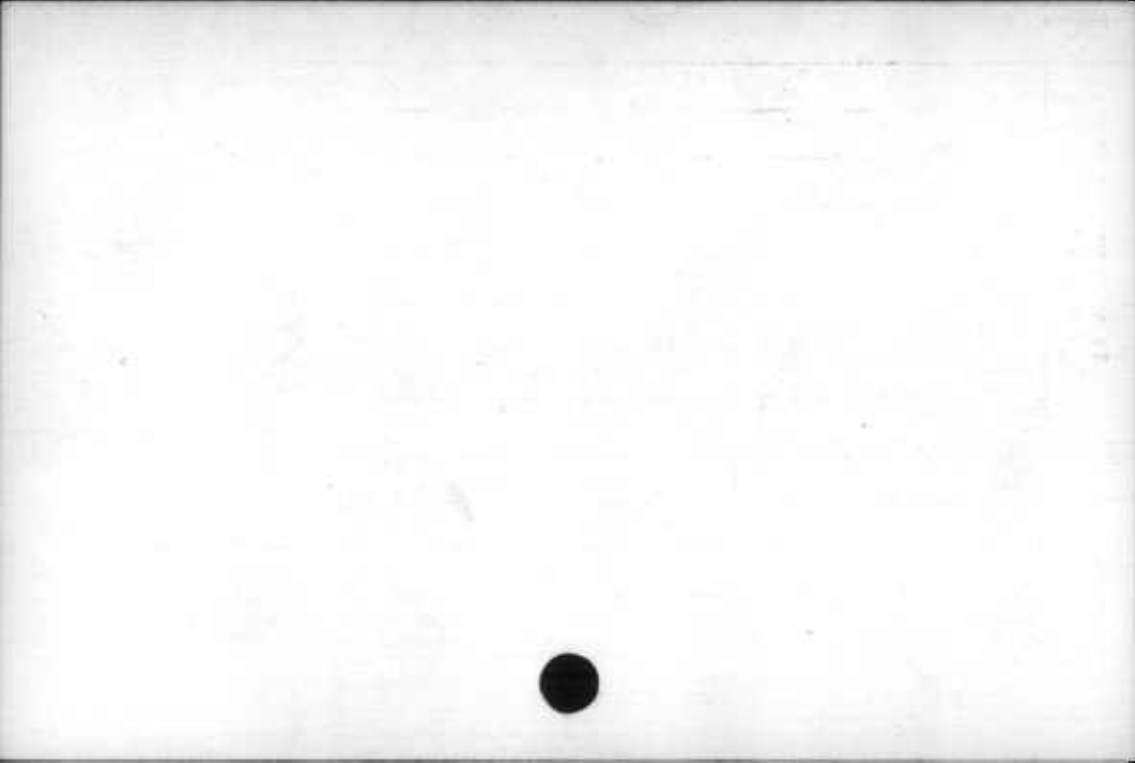
Signature of Physician
Address

[Signature]
[Address]

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

Mary Morgan

Town

County

MARYLAND

Died at Cumberland

Alle

Date

Month

Day

Age

Years

Months

Days

of death 1910

Sept

18

57

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housekeeper

Where Residing if
not at place of death

West Md Hospital

Married, Single
or Widowed

Married

Name of Wife or
Husband

Jonah Morgan

Father's
Name

James Nichols

Father's
Birthplace

Maryland

Mother's
Maiden Name

Doris Kwan

Mother's
Birthplace

Md

Name of person giving
information

Raphael Puthes

How related
to deceased

Sister-in-law

CAUSES OF DEATH

Primary

Diabetes

How long

50 Some years

Immediate

Gangrene, right hip

How long

one week

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

Yes

Signature of
Physician

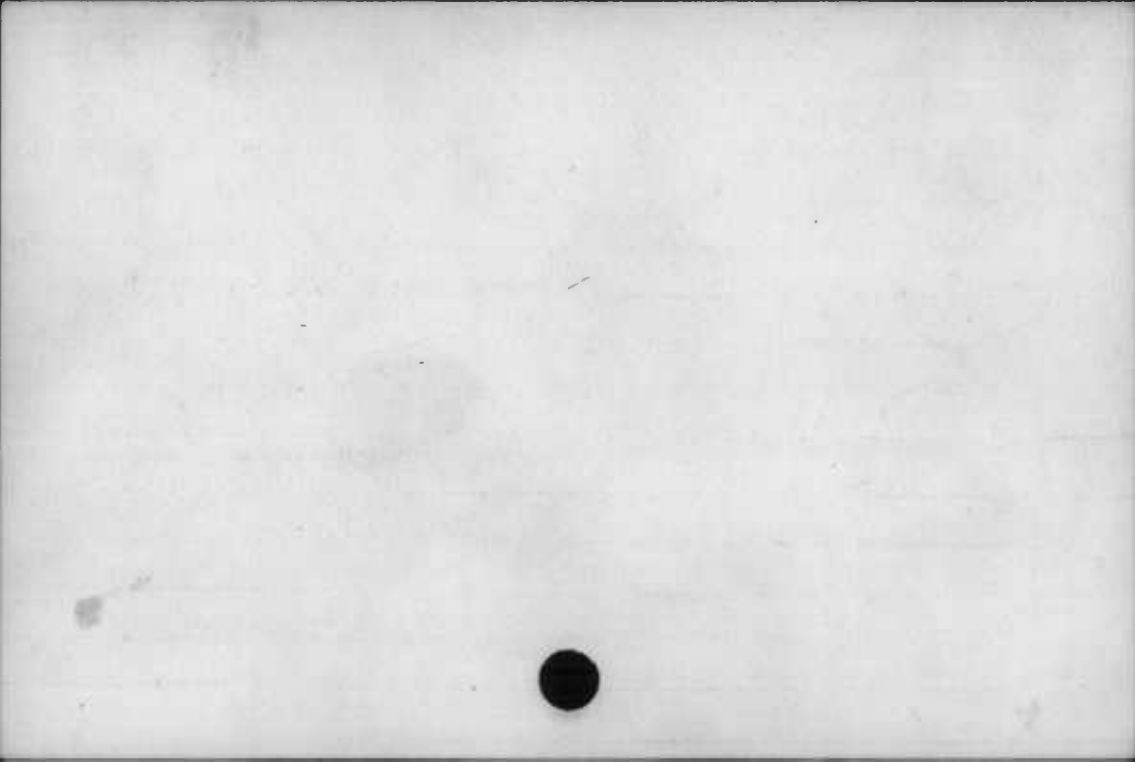
James J. Johnson, M.D.

Address

Cumberland Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Louis A. Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland ^{Town} Alleg. ^{County} **MARYLAND**

Date of death 1900 ^{Month} Sept ^{Day} 7 ^{Age} ^{Years} ^{Months} ^{Days}

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 None

Father's Name Peter Morris Father's Birthplace Alleg. Co. Md.

Mother's Maiden Name Agnes McKenzie Mother's Birthplace " "

Name of person giving Information Peter Morris How related to deceased Father

CAUSES OF DEATH

Primary Inanition How long 2 mo

Immediate Exhaustion How long 4 days

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

Signature of Physician [Signature] Address [Redacted]

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

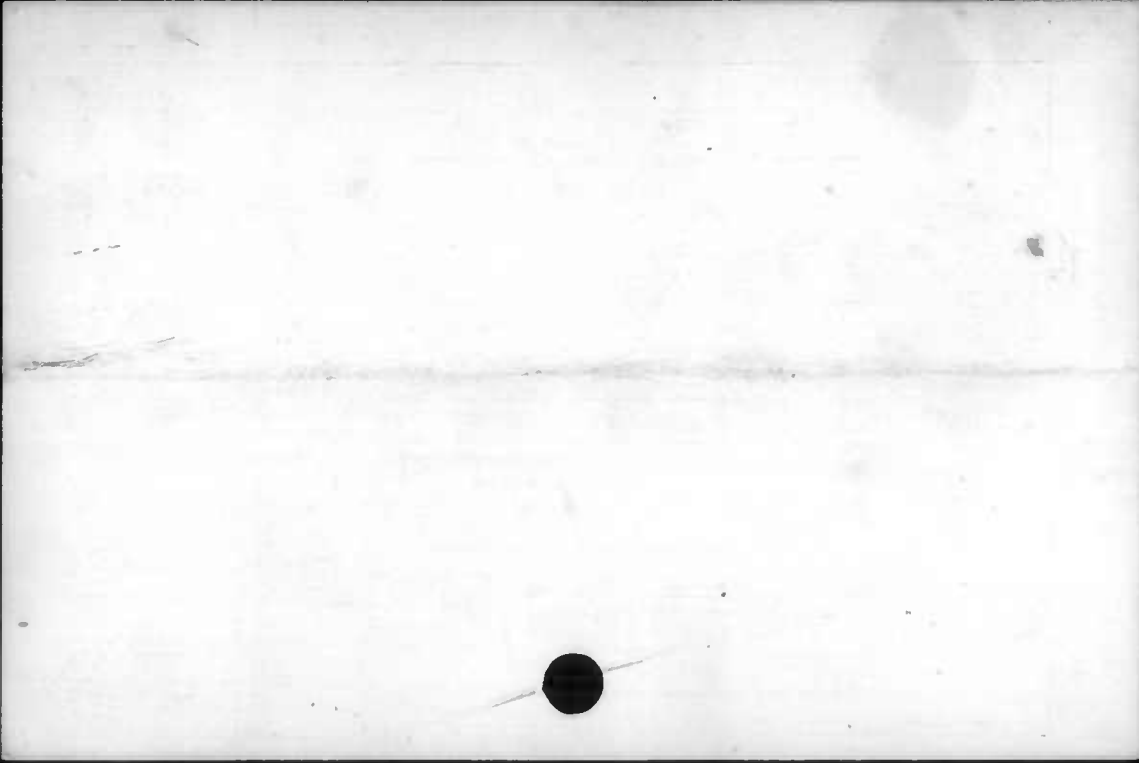
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Allegany</i>		MARYLAND	
Date of death 19 <i>40</i>		Month <i>Sept</i>	Day <i>2</i>	Age <i>21</i>	Years <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Frederick Md</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>Ralph Neal</i>				
Father's Name <i>Theodore Gurnett</i>	Father's Birthplace <i>Frederick Md</i>				
Mother's Maiden Name <i>Sarah W. Franklin</i>	Mother's Birthplace <i>Washington D.C.</i>				
Name of person giving information <i>Family</i>		How related to decedent <i>Family</i>			

CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary <i>Bright's disease of 6 yrs</i>	How long <i>6 yrs</i>
	Immediate <i>Cardiac exhaustion</i>	How long <i>short time</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. E. [Signature]</i>
Address <i>Frederick Md</i>		Accident or Suicide <i>No</i>

(170)



Name
in
Full

CERTIFICATE OF DEATH

Johanna Nolan
 Died at *Louisa* Town *Alligany* County **MARYLAND**

Date of death 19*60* Month *Sept* Day *1st* Age *10* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Louisa*

Occupation *none* Where Residing if not at place of death *—*

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

Father's Name *Samuel Nolan* Father's Birthplace *Louisa*

Mother's Maiden Name *Elizabeth Dorsey* Mother's Birthplace *Louisa*

Name of person giving Information *Mrs. David Nolan* How related to deceased *Mother*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Whooping Cough* How long *Four weeks*

Immediate *Acute Hepatitis* How long *One week*

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

Signature of Physician *C. Skilling M.D.*

Address *Louisa*

Accident or Suicide *No*

PHYSICIAN
OR CORONER

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TEL: 734 763 7800
FAX: 734 763 7800



Name in Full

Estella Perris

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Cumberland* Town *allergany* County MARYLAND

Date of death 1910 Month 9 Day 23 Age 17 Months + Days +

Sex *Female* Color or Race *white* Birth-place *Pa*

Occupation *In School* Where Residing if not at place of death *Cumberland*

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

Father's Name *Frank Perris* Father's Birthplace *Pa*

Mother's Maiden Name *Elizbeth Feltus* Mother's Birthplace *Pa*

Name of person giving information *Frank Perris* How related to deceased *Father*

CAUSES OF DEATH

108

PHYSICIAN OR CORONER

Primary *Appendicitis with rupture* How long *2 days*

Immediate *Perforated* How long *-*

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

Signature of Physician *Thos. W. Lued*

J. G. H.

Address *Cumberland Md*

Accident or Suicide? *Pleasant - Gony Pa*

1912



Name
is
Full

Anna Rosa Elizabeth Porter

CERTIFICATE OF DEATH

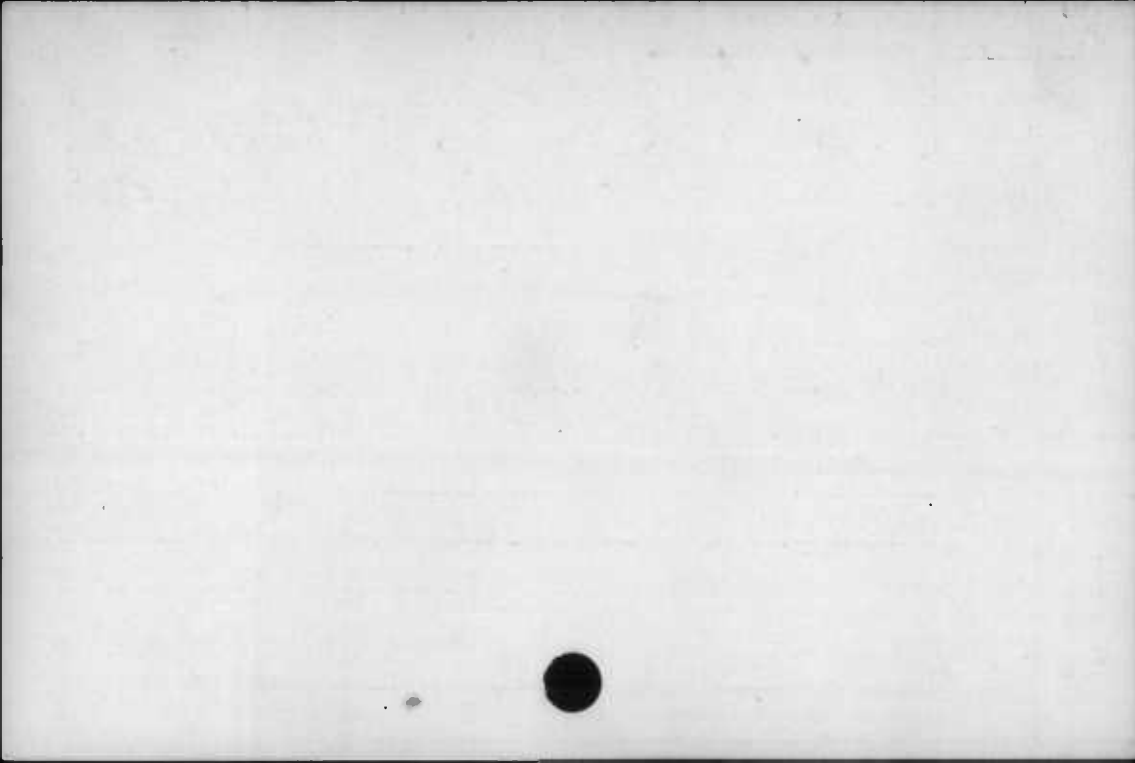
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Put Sarafin</i>		Town <i>Put Sarafin</i>		County <i>Allegheny</i>		STATE OF MARYLAND	
Date of death	<i>1910</i>	Month <i>Sept</i>	Day <i>1</i>	Age	<i>27</i>	Years	Months <i>4</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>House Wife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Harry A. Porter</i>			
Father's Name	<i>John A. Sweeney</i>				Father's Birthplace	<i>Penna</i>	
Mother's Maiden Name	<i>Christina Hergot</i>				Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>John Sweeney Jr</i>				How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute on Chronic Appendicitis</i>	How long	<i>4 days</i>
Immediate	<i>Septic Intoxication</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>y</i>	Signature of Physician	<i>F. Alan G. Kummsted</i>
		Address	<i>Put Sarafin</i>
Accident or Suicide?			<i>no</i>



Name
in
Full

Amos A. Lashley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Md Savage		County Allibany		MARYLAND	
Date of death		Month 10	Day Sept 21	Age 28	Years	Months	Days
Sex	Male	Color or Race	W. white	Birth- place	Pa		
Occupation	Laborer		Where Residing & not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband Annie Lashley				
Father's Name	Robert Lashley				Father's Birthplace	Pa	
Mother's Maiden Name	Drees Robineth				Mother's Birthplace	Pa	
Name of person giving in formation	Robt Lashley				How related to deceased	Father	

CAUSES OF DEATH

Primary	Pulmonary Tubercle	How long	8 mos
Immediate	Exhaustion	How long	3 days

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

yes

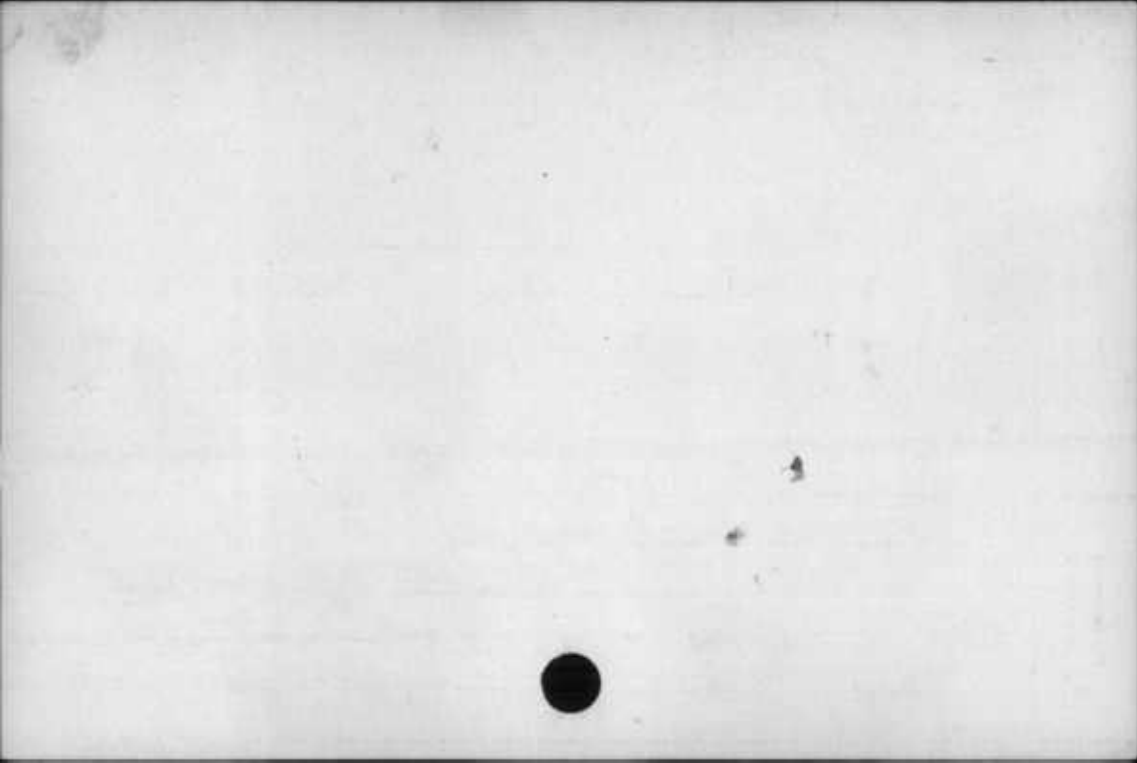
Signature of
Physician

F. Alan S. Murray, M.D.

Address

Md Savage
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Rebecca Randall's
Town

County

MARYLAND

Died at Westernport

Allegheny

Date of death 1900

Month 11

Day 12

Age 63

Months

Days

Sex Female

Color or Race

White

Birth place

Pockingham N.C.

Occupation house wife

Where Residing if not at place of death

Westernport

Married, Single or Widowed

Married

Name of Wife or Husband

David Randall

Father's Name

John Carver

Father's Birthplace

Pockingham N.C.

Mother's Maiden Name

Mary Carver

Mother's Birthplace

Pockingham N.C.

Name of person giving information

David Randall

How related to deceased

Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary

Diabetes

How long

50
about one year

Immediate

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

yes

Signature of Physician

Address

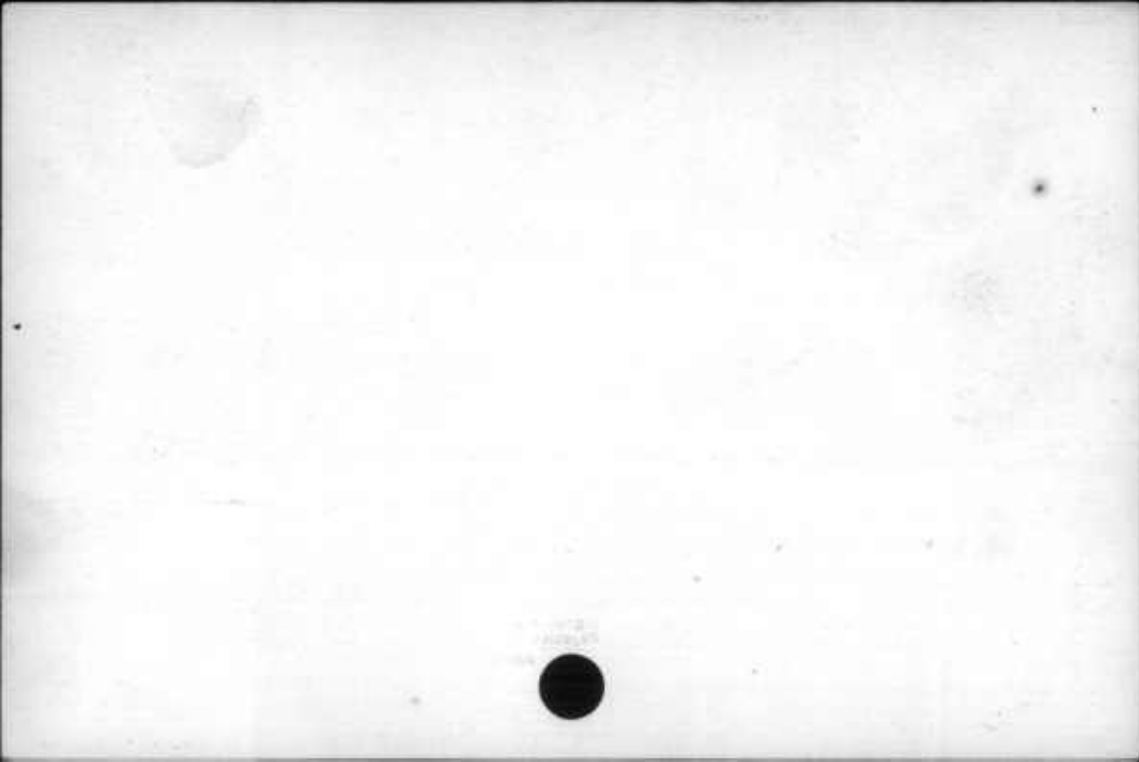


J. J. Kalbary
Piedmont N.C.

Accident or Suicide

no

PHYSICIAN OR CORONER



Name
is
Full

CERTIFICATE OF DEATH

Lee Rice

Died at ^{Town} *Cumtuck* - ^{County} *Allegheny* MARYLANDDate of death 1910 ^{Month} *9* ^{Day} *29* ^{Years} *28* - ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Ind*Occupation *Dyer* Where Reading if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Lillie*Father's Name *Jacob Rice* Father's Birthplace *Cumberland Md*Mother's Maiden Name *Anna Rice* Mother's Birthplace *Ind*Name of person giving information *John R. Haller* How related to deceased *Father in Law*

CAUSES OF DEATH

Primary *Pulm. Tub.* How long *28* *About 1 yr*Immediate *Dilated heart & Exuberant* How long *48 hrs.*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Edward Harris*Accident or Suicide? *X* Address *Cumberland Ind.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

James
J



Name
in
Full

Frank L Schell

CERTIFICATE OF DEATH

Died at

Cumberland

Alleg.

MARYLAND

Date

1900

Month

Sept.

Day

6

Age

23

Months

Days

Sex

male

Color or
Race

White

Birth-
place

F.C.

Occupation

Dinky Engineer.

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

Single

Name of Wife or
Husband

None.

Father's
Name

G P Schell

Father's
Birthplace

N.C.

Mother's
Maiden Name

D.K.

Mother's
Birthplace

D.K.

Name of person giving
information

A C Seagle

How related
to decedent

None.

CAUSES OF DEATH

Primary

Scalded in wreck of Dinky Engine

How long

174

Immediate

Exhaustion

How long

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

Yes

Signature of
Physician

Franklin B. Reese

Address

Coronet
Cumberland,
Maryland.

Accident or Suicide

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

to Washington

① Salisbury
N.C.

Answer No.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Shaw</i>		Town <i>Moscow Mills</i>		County <i>Allegany</i>		STATE MARYLAND	
Died at		Date of death 19 <i>50</i>		Age <i>47</i>		Months <i>5</i> Days <i>20</i>	
Date of death		Month <i>Sept</i> Day <i>8</i>		Years		Months Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Boston</i>			
Occupation <i>Farmer</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>John Shaw</i>				Father's Birthplace <i>Boston, Me.</i>			
Mother's Maiden Name <i>Raney C. Michael</i>				Mother's Birthplace <i>Farmrock, Me.</i>			
Name of person giving Information <i>Mrs George Andrews</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis - Hydrothorax</i>		How long <i>16 days</i>
Immediate <i>Cardiac Failure</i>		How long <i>Acute</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James O. Bullock</i>
		Address <i>Tonaconing Maryland</i>
Accident or Suicide <i>no</i>		



Name
in
Full

Amer W. Shuck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cumberland alley

County

MARYLAND

Date
of death

1960

Sept.

26

Age

62

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Car Repairer

Where Residing if not
at place of death

174 Arch St.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Ellen Bittner

Father's
Name

Will Shuck

Father's
Birthplace

D.K.

Mother's
Maiden Name

Do not know

Mother's
Birthplace

D.K.

Name of person giving
Information

Ellen Shuck

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Crushed between car bumpers.

How long

Instantaneous

Immediate

Exhaustion

How long

Immediate

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

Yes

Signature of
Physician

Franklin Deall

Address

Cumberland, Coronet

Md.

Accident or Suicide

Accident

Daisy & Margut

Name
In
Full

CERTIFICATE OF DEATH

Kenah Smith

TOWN

COUNTY

MARYLAND

Died at Cumberland

alleg

Date

Month

Day

Age

Years

Months

Days

of death 1910

Sept

16

Age

1

9

-

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

none

Where residing if not
at place of death

53 Oak St

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Louis G Smith

Father's
Birthplace

Md

Mother's
Maiden Name

Grace Sibley

Mother's
Birthplace

Md

Name of person giving
Information

Charles Sibley

How related
to deceased

Grandfather

CAUSES OF DEATH

63

Primary

Anterior Polio myelitis

How long

10 days

Immediate

Respiratory Paralysis

How long

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

Yes

Signature of
Physician

E B Claybrook

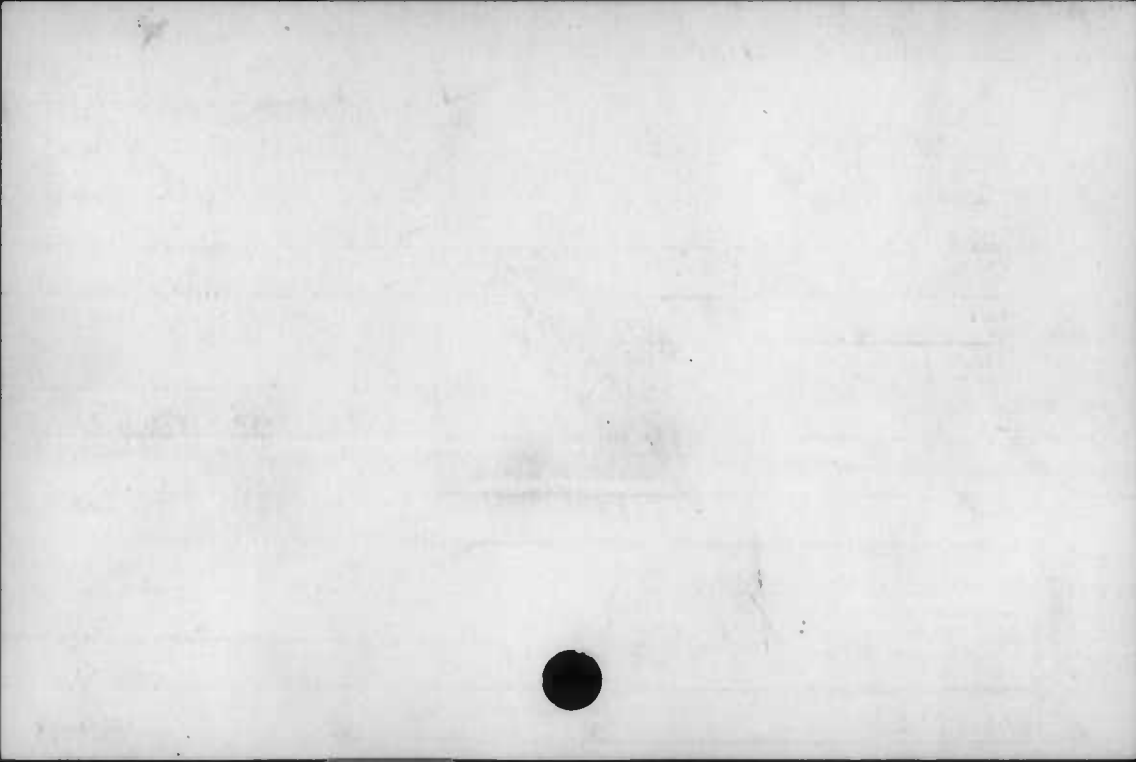
Address

Cumberland

Accident or Suicide?

Claybrook

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Katherine V. Stiller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cumbarland* *Seaway*
Town County

MARYLAND

Date of death *1916* *9* *22* - *70* -
Month Day Years Months Days

Sex *Female* Color or Race *White* Birth-place *Keokuk Ia*

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

Married, Single or Widowed *Widowed* Name of Wife or Husband *Alfred Stiller*

Father's Name *David C. Blackston* Father's Birthplace *Keokuk Ia*

Mother's Maiden Name *Rachel Hogston* Mother's Birthplace *Ia*

Name of person giving information *D. T. Blackston* How related to deceased *Mother*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary *Carcinoma of Stomach* How long *2 yrs*

Immediate *Intestinal Obstruction* How long *3 weeks*

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

Signature of Physician *E. S. Selaybrook*

Address *Cumbarland Md*

Accident or Suicide?

Kennedyville,
Kent Co
Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm. A. Streets</i>		County <i>Alleghany</i>		MARYLAND	
Died at <i>Frostburg</i>		State <i>Alleghany</i>		Date of death	
Date of death		Month <i>Sept</i>	Day <i>16</i>	Age <i>67</i>	Months <i>5-</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Alleghany Co. Pa.</i>			
Occupation <i>Shoemaker</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ellen Streets</i>				
Father's Name <i>Ross Streets</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Mary Garrett</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Fredrick Streets</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. C. C. C.</i>
Accident or Suicide? <i>No</i>	Address <i>Frostburg, Pa.</i>

Alleghany

Jacob Vaper

Name
in Full

Lawrence Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 19 <u>00</u>	Month <u>9</u>	Day <u>20</u>	Age <u>—</u>	Years <u>—</u>	Months <u>One</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>U.S.</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>William P. Sullivan</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Katherine Feldman</u>	Mother's Birthplace <u>U.S.</u>				
Name of person giving Information <u>Father</u>	How related to deceased <u>—</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Self - Cerebritis</u>	How long <u>one month</u>
Immediate <u>Exhaustion</u>	How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Thomas H. Blouck</u>
	Address <u>Frostburg, Md.</u>
Accident or Suicide	

104



Name in Full

John Thomas Thrasher

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

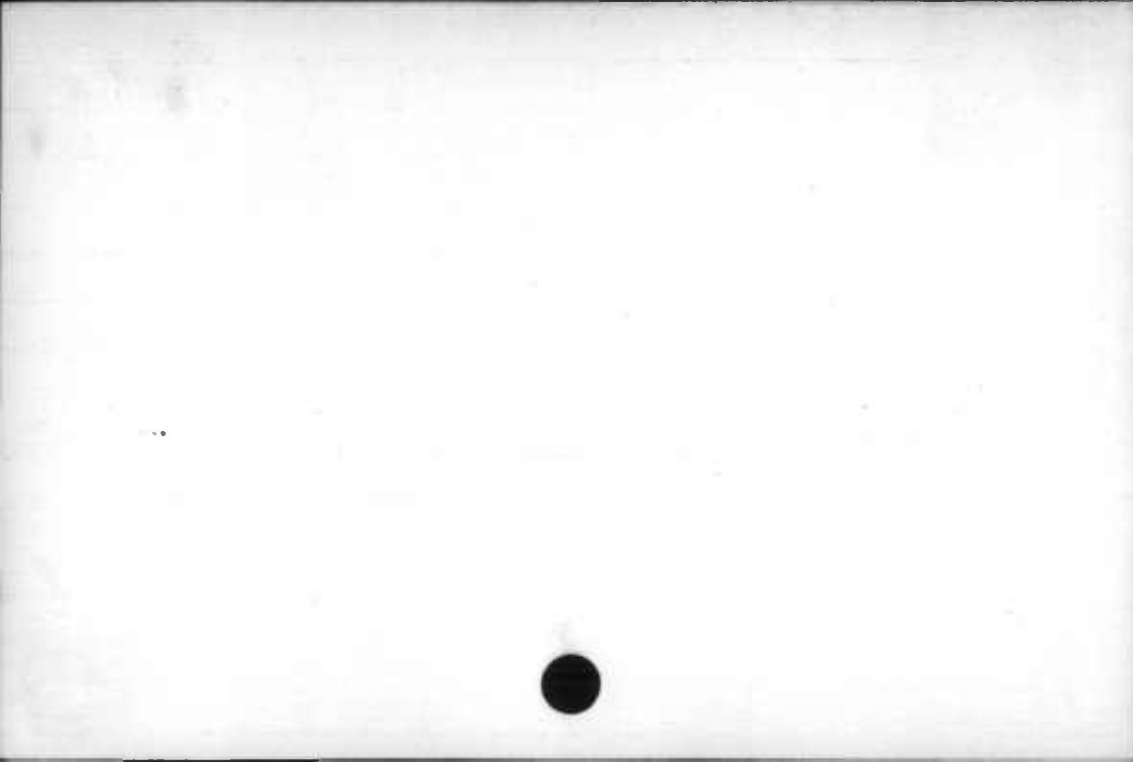
Died at <u>Silmors</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	19 <u>60</u>	Month <u>Sept</u>	Day <u>12</u>	Age <u>—</u> Years	Months <u>3</u> Days <u>17</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Silmors, W. Va.</u>		
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Nelson Thrasher</u>	Father's Birthplace <u>Rawlins Station</u>		Mother's Birthplace <u>Bondconing</u>		
Mother's Maiden Name <u>Mary P. Feyenbaker</u>	How related to decedent <u>Mother</u>		Name of person giving Information <u>Mr. Thrasher</u>		

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary <u>Enterocolitis</u>	How long <u>3 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>James A. Bullock M.D.</u>
	Address <u>Smacconing, W. Va.</u>
Accident or Suicide <u>No</u>	



Name
in
Full

Infant Mrs Mrs G. P. Ways

CERTIFICATE OF DEATH

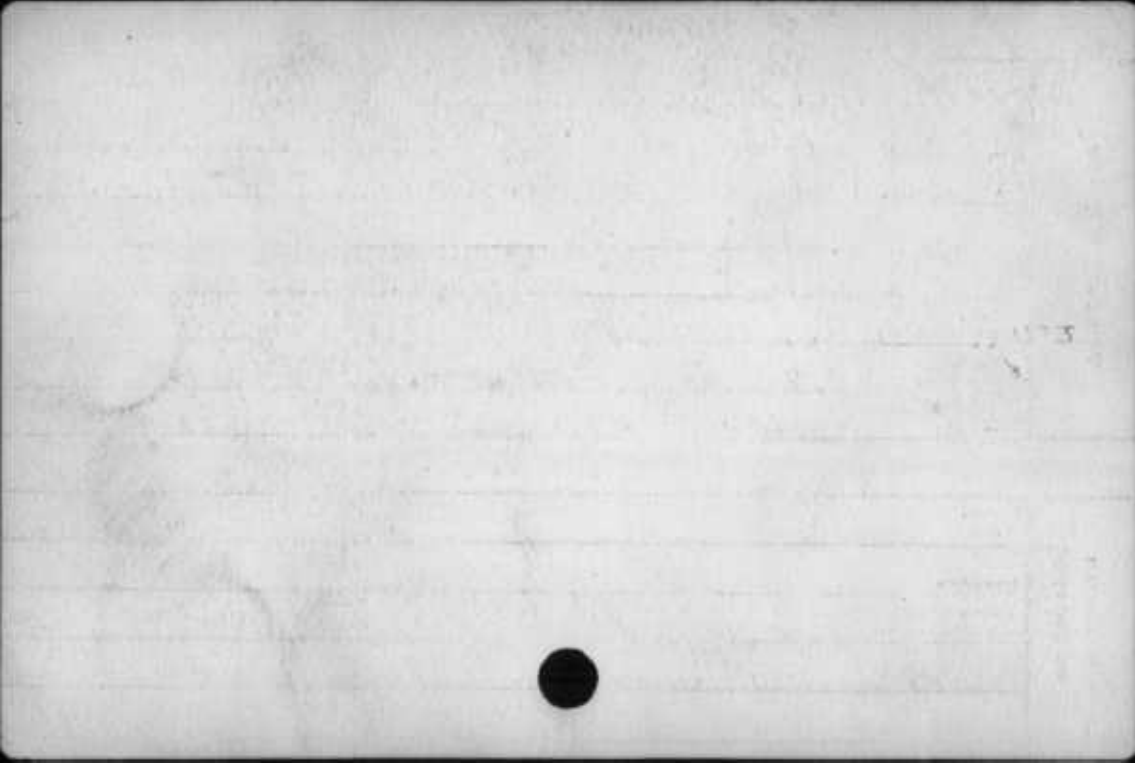
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegheny		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
190	Sept	11					
Sex	Color or Race		Birthplace				
Female	White		Ma				
Occupation	Where Residing if not at place of death						
None	None						
Married, Single or Widowed	Name of Wife or Husband						
Single	None						
Father's Name	Father's Birthplace						
Geo. P. Ways	Pa						
Mother's Maiden Name	Mother's Birthplace						
Florence W. Dowden	Ma						
Name of person giving information	How related to deceased						
Geo. P. Ways	Father						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Steel Bone	
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	
Address	
	C. H. Brace
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Infant. Mr & Mrs G. P. Wray

Town

County

MARYLAND

Died at

Cumberland Alleg.

Date of death

1900 Sept 11 Age - 0 Months - 0 Days

Sex

male

Color or Race

White

Birth-place

Cumberland Md.

Occupation

none

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

George P Wray

Father's Birthplace

Pa

Mother's Maiden Name

Helen W Doudner

Mother's Birthplace

Md

Name of person giving information

Geo. P. Wray

How related to deceased

Father.

CAUSES OF DEATH

Primary

Prematurity

How long

(S)

Immediate

Still born

How long

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

True

Signature of Physician

Address

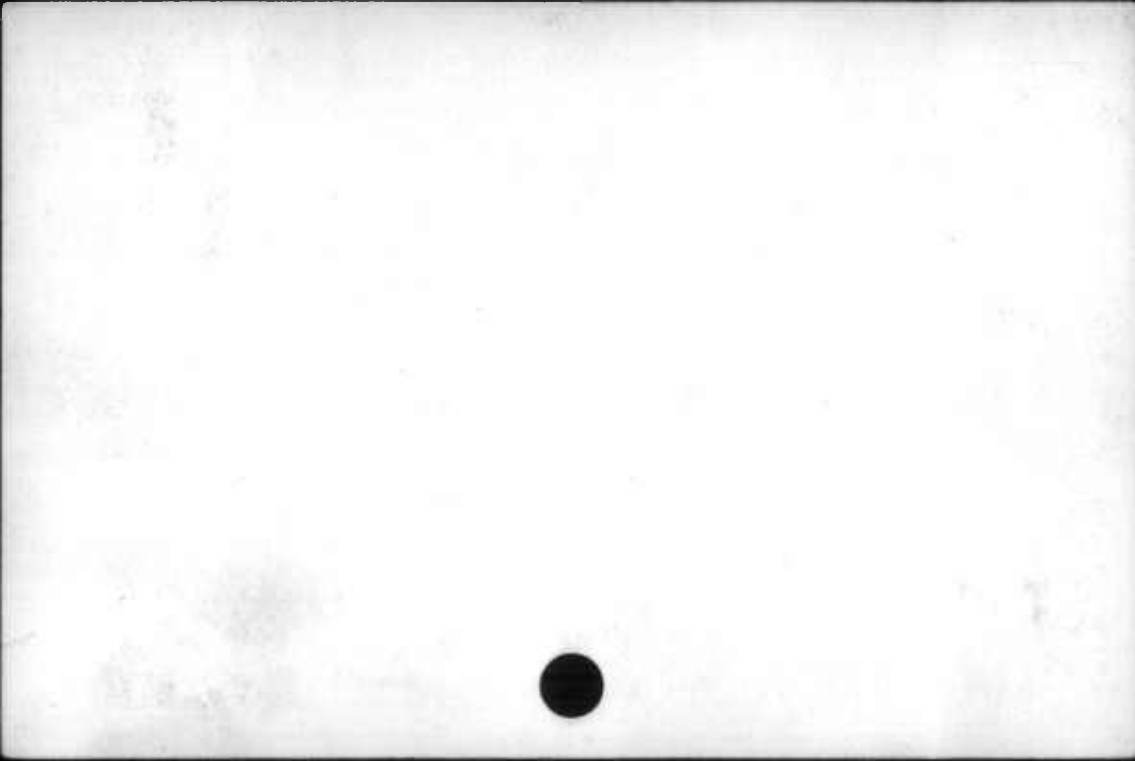


C. H. Brace per S

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *infant Weaver*
 Town *Cambridge* County *Alle*
 Died at *Cambridge* *Alle* **MARYLAND**

Date of death 1950 *Sept 8* Age *—* Months *—* Days *—*

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

Occupation *none* Where Residing if not at place of death *—*

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

Father's Name *Gardner Weaver* Father's Birthplace *West Va*

Mother's Maiden Name *Fizzie Banner* Mother's Birthplace *Ind*

Name of person giving information *Fizzie Banner* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Premature Birth* How long *8 months*

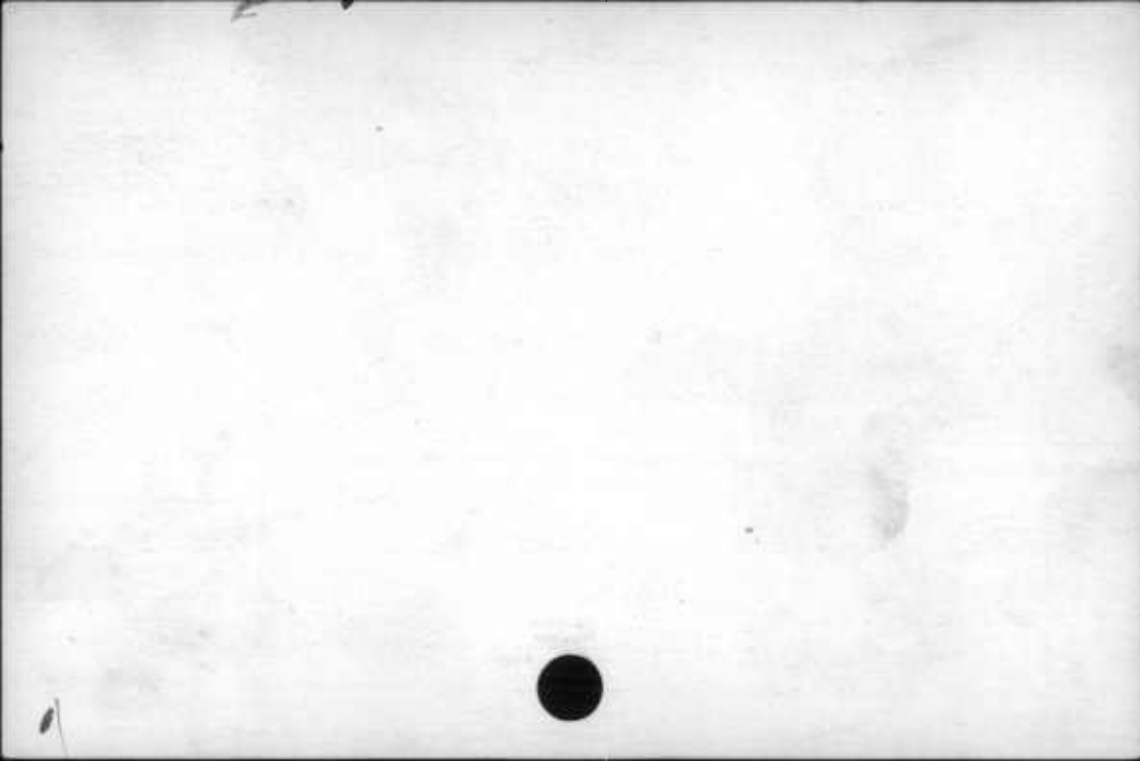
Immediate *Hereditary Syphilis* How long *—*

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

Signature of Physician *Dr B G Owens* Address *Cambridge Md*

Accident or Suicide *Specimen* *93 Va av*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mary Augusta Wieble

Died at

Amberland Alleg

MARYLAND

Date of death

1900 Sept 11

Age

23

Months

8

Days

Sex
Occupation

Female
Clerk

Color or Race

White

Birthplace

Germany

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

John Wieble

Father's Birthplace

Germany

Mother's Maiden Name

Elizabeth Snyder

Mother's Birthplace

Germany

Name of person giving information

John Wieble

How related to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis of Lungs

How long

2 1/2 yrs

Immediate

Exhaustion

How long

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

yes.

Signature of Physician

John W. Swan

Address

Baltimore

Accident or Suicide

Stem.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

- 20 Lsk

Name in Full

John Wigfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Maryland

Date of death 19 10 Month 9 Day 24 Age Years Months 1 Days 12

Sex Males Color or Race White Birth-place Pa

Occupation None Where Residing if not at place of death ind

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

Father's Name Emory Wigfield Birth-place Pa

Mother's Maiden Name Ann My Johnson Birth-place ind

Name of person giving information Geo Wendmeyer How related to deceased ind

CAUSES OF DEATH

PHYSICIAN OR CORONER

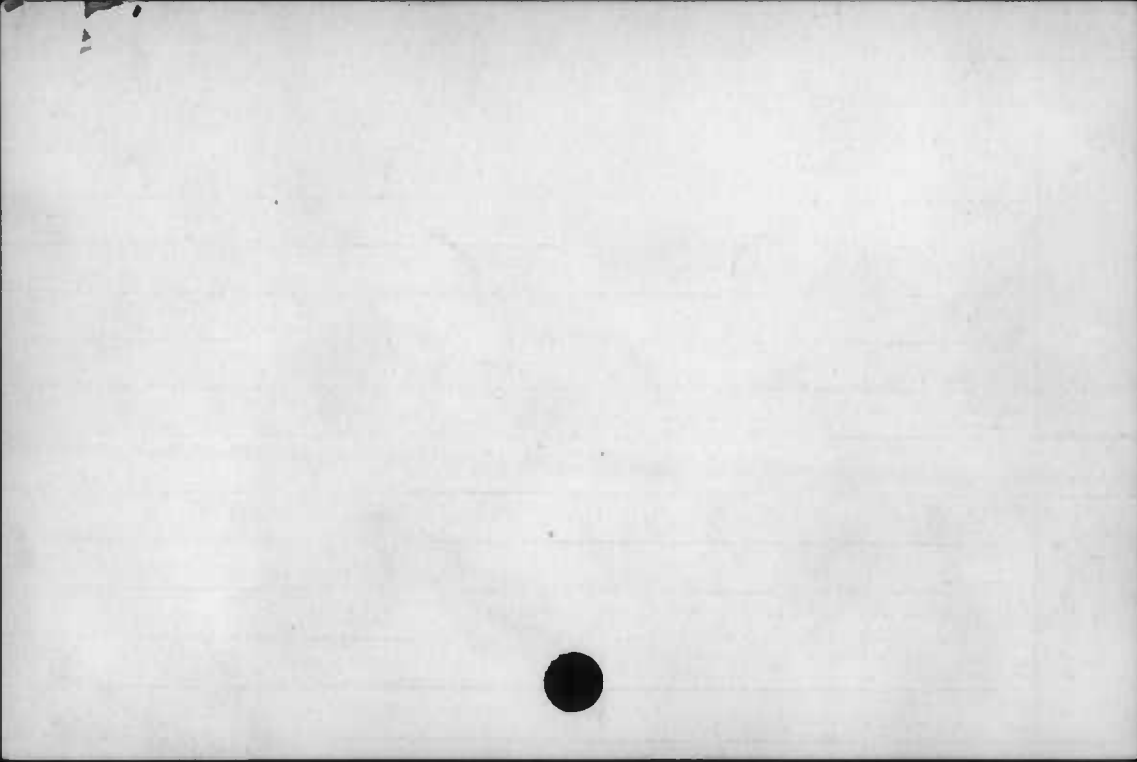
Primary Dys-eolitis How long 2 weeks

Immediate Exhaustion How long 1 week

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

Signature of Physician [Signature] Address Cumberland ind

Accident or Suicide? No



Name Full

CERTIFICATE OF DEATH

Evilise Wilkins

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Cumuld</i>		County <i>Allegh</i>		MARYLAND	
Date of death	1910	Month	<i>sept</i>	Day	<i>18</i>
Age	<i>1</i>	Years		Months	<i>10</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>md</i>
Occupation	<i>name</i>	Where Reading if not at place of death		<i>in upper extd</i>	
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband		<i>None</i>	
Father's Name	<i>Richard Wilkins</i>			Father's Birthplace	<i>Wales</i>
Mother's Maiden Name	<i>Emma Punham</i>			Mother's Birthplace	<i>Wales</i>
Name of person giving information	<i>Emma Wilkins</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Byrns</i>	How long	<i>10w</i>
Immediate	<i>exhaustion</i>	How long	<i>7d</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. H. Bradup</i>
	<i>Stem.</i>	Address	<i>Cumuld, Md</i>
Accident or Suicide?	<i>Accidnt</i>		



Name
in
Full

Elizabeth Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middlethian</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	<i>1940</i>	Month <i>Sept</i>	Day <i>29</i>	Age <i>23</i>	Years <i>3</i> Months <i>4</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Shaft</i>		
Occupation <i>House-wife</i>	Where Residing if not at place of death <i>Middlethian</i>				
Married, or Widowed <i>married</i>	Name of Husband <i>John Wilson</i>				
Father's Name <i>John D. Brinlow</i>	Father's Birthplace <i>Scotland</i>		Mother's Birthplace <i>Trales</i>		
Mother's Maiden Name <i>Elizabeth Evans</i>	How related to deceased <i>Brother</i>				
Name of person giving information <i>Charles Brinlow</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long <i>9 weeks</i>
Immediate	<i>Heart-weakness</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>H. L. Linniger,</i>		Address <i>Frostburg,</i>
Accident or Suicide?		<i>no</i>



Juan N. Wilson

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death	<u>1910</u> ^{Year}	<u>September</u> ^{Month}	<u>23</u> ^{Day}	Age <u>16</u> ^{Years}	<u>0</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Green Spring, W. Va.</u>
Occupation	<u>Trackman on B. & O. R. R.</u>		Where Reading if not at place of death	<u>Green Spring, W. Va.</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>William R. Wilson</u>		Father's Birthplace	<u>W. Va.</u>	
Mother's Maiden Name	<u>Effie Bennington</u>		Mother's Birthplace	<u>Pa.</u>	
Name of person giving information	<u>E. W. Brantner</u>		How related to deceased	<u>none</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Struck by N. R. Locomotive and thrown against ties and right temple crushed</u>	How long	<u>175</u>
Immediate	<u>Exhaustion</u>	How long	<u>two hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature	<u>Franklin B. Reall, Coroner,</u>
	<u>Stein</u>	Address	<u>Cumberland,</u>
Accident or suicide?	<u>Accident</u>		<u>Md.</u>



Name
in
Full

Klaudy Grace Wolfe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cumberland Alleg

MARYLAND

Date

of death 1960

Month
Sept.

Day
25

Age

Years
28

Months
7

Days

Sex

Female

Color or
Race

White

Birth-
place

Child

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Richard Wolfe

Father's
Name

Joseph M. Furstenberg

Father's
Birthplace

Germany

Mother's
Name

Caroline M. Brant

Mother's
Birthplace

Alleg Co

Name of person giving
Information

Joseph M Furstenberg

How related
to deceased

Father

CAUSES OF DEATH

Primary

Acute Cholecystitis

How long

2 weeks

Immediate

Acute Mitral Heart

How long

1 hr

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

Stem

Signature of
Physician

Address

Dr. W. L. Burns
175 Ball N

Accident or Suicide

PHYSICIAN
OR CORONER

Rose Hill.

Tuesday