

Name  
in  
Full

Asen Akehurst

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Reisterstown <sup>County</sup> Baltimore MARYLANDDate of death 1940 <sup>Month</sup> Sept <sup>Day</sup> 15 Age <sup>Years</sup> 85 <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race white Birth-place M.D.

Occupation None Where Residing if not at place of death

Married, Single or Widowed widow Name of Wife or ~~husband~~ William Akehurst

Father's Name Isaac Hook Father's Birthplace Don't know

Mother's Maiden Name Marie Ellison Mother's Birthplace Don't know

Name of person giving Information George Akehurst How related to deceased Son

## CAUSES OF DEATH

Primary Paralysis How long For 3 yrs

Immediate How long

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

Address Reisterstown

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Printed by  
J. W. G. & Co.  
London



Name  
In Full

Chas. H. Appler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Highlandtown		<sup>County</sup> Balto		MARYLAND	
Date of death	1910	Month	9	Day	7
Age		Years	1	Months	3
Sex	Male	Color or Race	White	Birth-place	Cambridge Md
Occupation	none		Where residing if not at place of death	3706 E. Lombard	
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	Jacob S. Appler			Father's Birthplace	Md.
Mother's Maiden Name	Ada L. Backlemann			Mother's Birthplace	" "
Name of person giving information	Jacob S. Appler			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Bronch. Pneumonia + Peritonitis	How long	1 wk.
	Immediate	Pulmonary congestion	How long	3 days.
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F. H. Harrison
			Address	3115 E. Baltimore
	Accident or Suicide?			

Oak Linn beam

Hemigdon

~~9/10~~  
9/8/10

Name  
in  
Full

Mary Barakowsha

CERTIFICATE OF DEATH

Died at *3319 Miller St* *Baltimore* *Co* *MARYLAND*Date of death *1990* *Sept* *9* Age *94* Months *—* Days *—*Sex *M* Color or Race *W* Birthplace *Germany*Occupation *Housework* Where Residing if not at place of death *3319 Miller St*Married, Single or Widowed *Widowed* Name of Wife or Husband *Geo*Father's Name *—* Father's BirthplaceMother's Maiden Name *—* Mother's BirthplaceName of person giving Information *Daughter Francis Doubler* How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *Fractured neck of Left Femur* How long *April 14, 1910*Immediate *Senility* How long *Since April 14, 1910*

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

Signature of Physician

Address

*W. L. Burke MD*  
*3042 Hudson St*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

M. P. Sadowski, —

Burial. —  
St. Stanislaus Cem.  
Sept. 12 - 1910

Name  
in  
Full

Blanche O. Beck

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Highlandtown <sup>County</sup> Balto.

Date of death 1900 <sup>Month</sup> 9 <sup>Day</sup> 21 <sup>Age</sup> <sup>Years</sup> 8 <sup>Months</sup> 7 <sup>Days</sup>

Sex <sup>Female</sup> Color or Race <sup>White</sup> Birth-place <sup>Balto</sup>

Occupation <sup>—</sup> Where Residing if not at place of death <sup>390 Blairmont</sup>

Married, Single or Widowed <sup>—</sup> Name of Wife or Husband

Father's Name <sup>Michael Beck</sup> Father's Birthplace <sup>MD</sup>

Mother's Maiden Name <sup>Ada Bunch</sup> Mother's Birthplace <sup>cc g</sup>

Name of person giving Information <sup>Ada Beck</sup> How related to deceased <sup>Mother</sup>

CAUSES OF DEATH

Primary <sup>Diphtheria</sup> How long <sup>one week</sup>

Immediate <sup>Exhaustion, Hypertrophy Left Ventricle</sup> How long <sup>2 hours</sup>

Are the name, age, sex, color, date and place correctly given above? <sup>yes</sup>

Signature of Physician <sup>Jae L. [unclear]</sup>  
Address <sup>31 York  
Highlandtown Md</sup>

Accident or Suicide <sup>no</sup>

PHYSICIAN  
OR CORONER

Oak Lawn Cem.

J. Herwigson

9/22/10



Name  
In  
Full

Beaie Miriam Belt -

CERTIFICATE OF DEATH

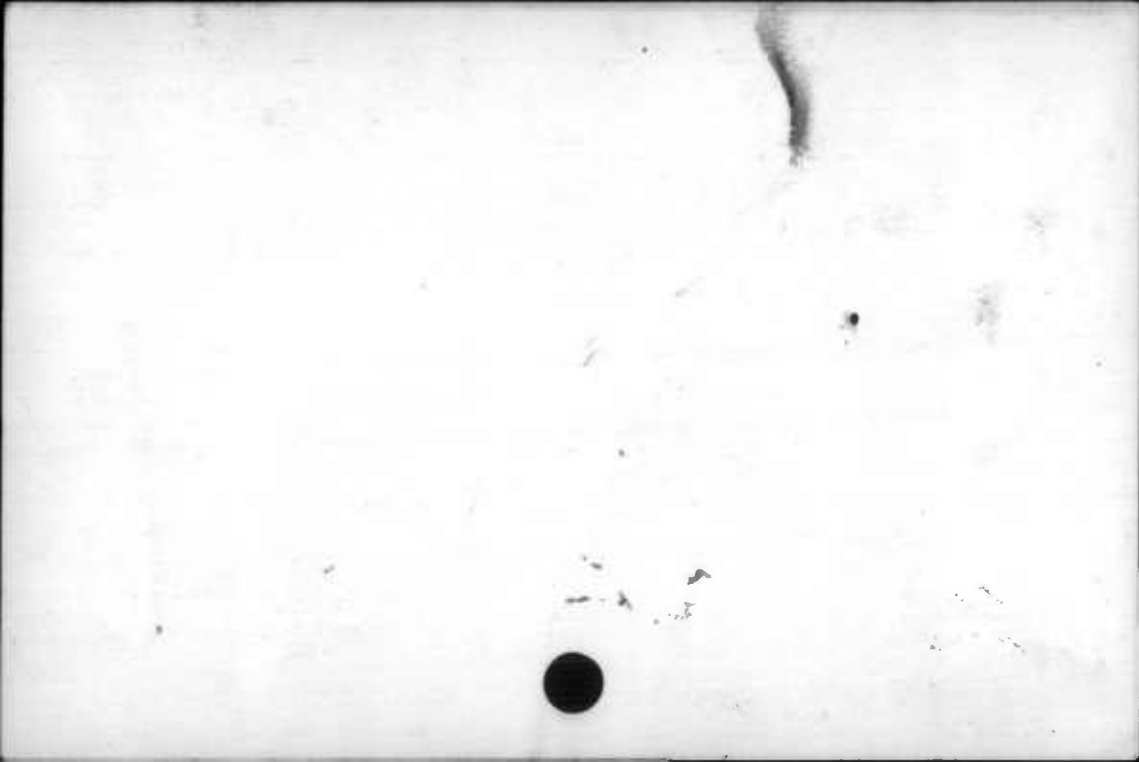
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Boring</i>		County <i>Balt</i>		STATE <i>MARYLAND</i>	
Date of death 19 <i>40</i>		Month <i>9</i>	Day <i>11</i>	Age <i>15</i>	Years	Months <i>2</i>	Days <i>15</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth place <i>md</i>			
Occupation <i>Schoolgirl</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Georg Belt</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Jessie Belt</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Harry C. Osborn</i>				How related to decedent <i>cousin</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>two weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Joatt Hurlam M.D.</i>	
Address		<i>Leoblesberg md</i>	
Accident or Suicide <input type="checkbox"/>			



Name  
in  
Full

Rebecca Gordon Blackford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Pikesville <sup>County</sup> Baltimore MARYLAND

Date of death 1900 <sup>Month</sup> Sept <sup>Day</sup> 8 Age <sup>Years</sup> 68 <sup>Months</sup> no <sup>Days</sup> 5

Sex Female Color or Race White Birth-place Baltimore

Occupation none Where Reading if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Eugene Blackford

Father's Name John M. Gordon Father's Birthplace Virginia

Mother's Maiden Name Emily Chapman Mother's Birthplace Philadelphia

Name of person giving information Eugene Blackford & How related to deceased Son

## CAUSES OF DEATH

70

PHYSICIAN  
OR CORONER

Primary Heart Valvular & Nephritis; Chronic Several years How long

Immediate Exhaustion. How long

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

Signature of Physician

Address

H. Louis Naylor  
Pikesville

Accident or Suicide?

Med



Name in Full

Virginia K. Blackwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Towson Town Balto. County

MARYLAND

Date of death 1910 Month Sept Day 16 Age 42 Years Months — Days —

Sex Female Color or Race white Birth-place Balto

Occupation House wife Where Residing if not at place of death Balto 1534 1/2 Pers St

Married, Single or Widowed Married Name of Wife or Husband Churchill G. Blackwell

Father's Name Thomas A. R. Beech Father's Birthplace Ind

Mother's Maiden Name Virginia Beech Mother's Birthplace Ind

Name of person giving information Wm. S. Beech How related to deceased Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Apoplexy How long 20 hours

Immediate Paralysis How long 20 hours

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

Signature of Physician W A Jarrett Address Towson, Md

Accident or Suicide? no

John Burns Lane

Town on

Indemnity at

Beltville

Prince George

Co  
and.

Name in Full

Marie J. Blakeley

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> *Greenwood Md.* <sup>County</sup> *Balto* **MARYLAND**

Date of death **19**/<sup>Month</sup>*10* <sup>Day</sup>*9* <sup>Year</sup>*22* **Age** *66* **Months** *5* **Days** *20*

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

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

Married ~~single~~ <sup>or Widowed</sup> Name of ~~Wife~~ <sup>Husband</sup> *Richard R. Blakeley*

Father's Name *Wm. Brown* Father's Birthplace *Maryland*

Mother's Maiden Name *Sara Francis* Mother's Birthplace *..*

Name of person giving in formation *Ada Corbin* How related to deceased *daughter*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Lobar Pneumonia* How long *5 days*

Immediate *Lobar Pneumonia* How long *5 days*

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

Signature of Physician *Thomas B. Green M.D.*

Address *Gettings*

*Maryland*

Accident or Suicide?

Miss  
Beventry



NAME  
in  
Full

Mabel D. Bloom

CERTIFICATE OF DEATH

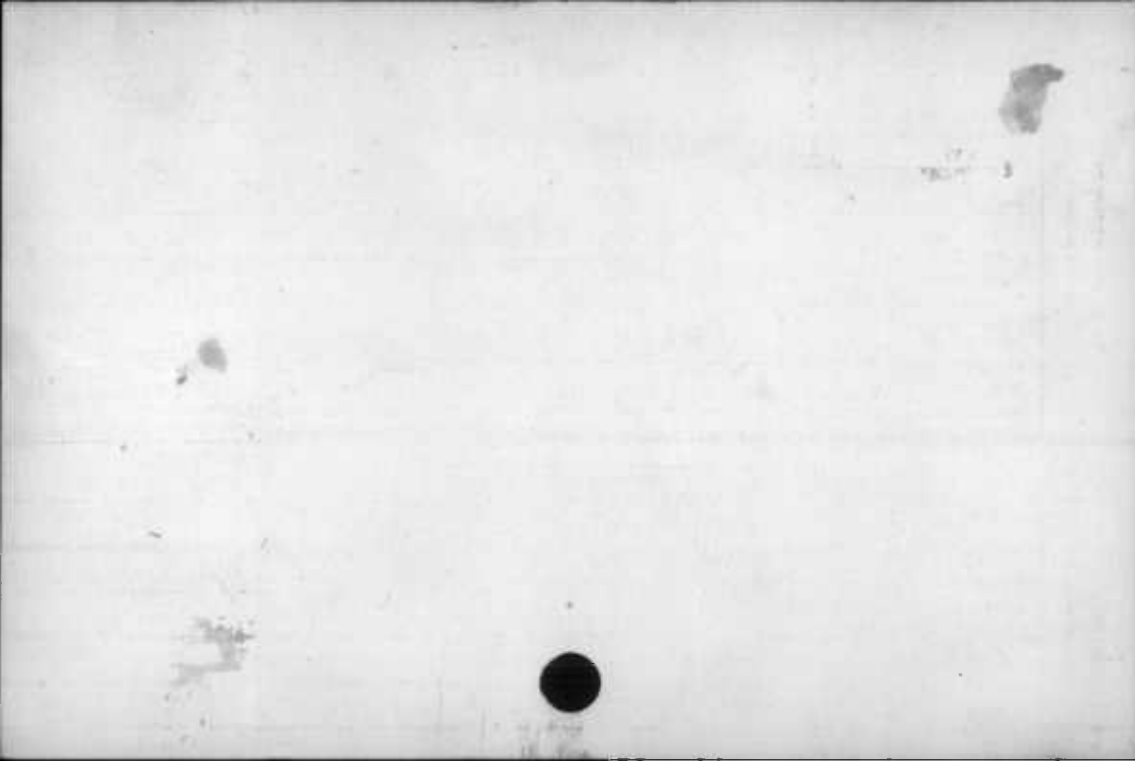
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Saint Ignace Hospital</i>		<i>Baltimore</i>		MARYLAND	
DATE of death 1910	Month <i>Sept</i>	Day <i>16</i>	AGE <i>22.</i>	Months <i>2</i>	Days <i>18</i>
Sex <i>female</i>	Color or Race <i>White</i>		Birth- place <i>Harpard. Co Md</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Morgan Carroll Co Md</i>				
Married <input checked="" type="checkbox"/>	Name of <del>wife</del> or Husband <i>Lottie Bloom</i>				
Father's Name <i>Walter P Malboin</i>	Father's Birthplace <i>Harpard. Co. Md</i>		Mother's Birthplace <i>Carroll Co. Md</i>		
Mother's Maiden Name <i>Anna E. Mills</i>	Name of person giving Information <i>Akinie B Mills</i>				
		How related to deceased <i>Daunt</i>			

## CAUSES OF DEATH

Primary <i>Typhoid fever</i>	How long <i>3 weeks.</i>
Immediate <i>feverish days &amp; asthma</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Timothy Kingfield</i>
	Address <i>St. Ignace Hospital Baltimore Md</i>
Accident or suicide? <i>no</i>	

PHYSICIAN  
OR CORNER



Name  
In  
Full

Webster Bolte

CERTIFICATE OF DEATH

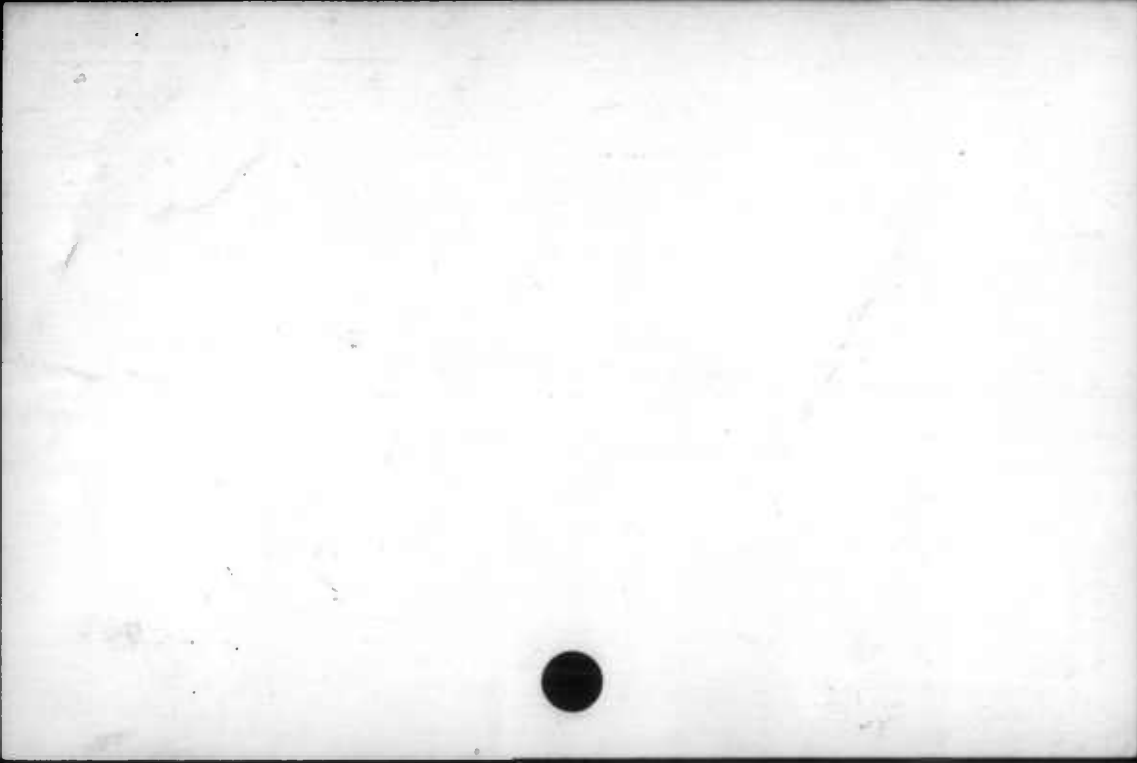
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Boring		County Bach		MARYLAND	
Date of death 1940		Month 9	Day 12	Age	Years 14	Months	Days
Sex male		Color or Race white		Birth-place		Md	
Occupation none				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name William Bolte				Father's Birthplace Md			
Mother's Maiden Name Elizabeth Hardesty				Mother's Birthplace Md			
Name of person giving Information George Bolte				How related to deceased Cousin			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	3 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Jesse Wilson	
Address		Fowblersburg Md	
Signature of Swearer			



Name  
in  
Full

Serena E. Bortner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Evergreen <sup>Town</sup> Baltimore <sup>County</sup> MARYLAND

Date of death 1940 <sup>Month</sup> Sept. <sup>Day</sup> 22 <sup>Years</sup> 69 <sup>Months</sup> 5- <sup>Days</sup> 6

Sex Female Color or Race Whit- Birth-place Pa.

Occupation Housewife Where Residing if not at place of death Evergreen Md

Married, Single or Widowed Married Name of Wife or Husband Lewis S. Bortner

Father's Name Daniel Miller Father's Birthplace Pa

Mother's Maiden Name Polly Krause Mother's Birthplace Pa.

Name of person giving information John M. Bortner (Son) How related to deceased Son

## CAUSES OF DEATH

Primary Carcinoma of Bowels How long Six months

Immediate Cardiac Paralysis How long —

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

Signature of Physician J. M. Litwinger, M.D.

Address 127 E. North Ave

Accident or Suicide? —

Baltimore Md

E. Le Roy Stupper  
St James Cemetery  
Sunday - Sept - 25<sup>th</sup>  
87 James Cemetery  
York Cemetery

① *inner*

Name  
in  
Full

Charles Franklin Bosley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Foreland</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	19 <u>60</u> <small>Year</small>	<u>Sept.</u> <small>Month</small>	<u>24</u> <small>Day</small>	Age <u>2</u> <small>Years</small>	<u>0</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Baltimore Co.</u>
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	<u>Harvey Herbert Bosley</u>		Father's Birthplace	<u>Baltimore</u>	
Mother's Maiden Name	<u>Carrie Salome Still</u>		Mother's Birthplace	<u>Pennsylvania</u>	
Name of person giving information	<u>Harvey Herbert Bosley</u>		How related to deceased	<u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Whooping cough</u>	How long	<u>2 weeks</u>
Immediate	<u>Pneumonia Lob.</u>	How long	<u>4 days.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Joseph Baedeker</u>
		Address	<u>Foreland</u> <u>Baltimore County</u>
Accident or Suicide			





Name  
in  
Full

Andrew F. Bowers

CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> near Glyndine <sup>County</sup> BaltoDate of death 1940 <sup>Month</sup> Sept <sup>Day</sup> 18 Age <sup>Years</sup> 69 <sup>Months</sup> <sup>Days</sup>Sex <sup>Male</sup> Color or Race <sup>white</sup> Birth place <sup>M.D.</sup>Occupation <sup>Laborer</sup> Where Residing if not at place of deathMarried, Single or Widowed <sup>Married</sup> Name of <sup>Wife or</sup> Husband <sup>Annie Bowers</sup>Father's Name <sup>Abender Brown</sup> Father's Birthplace <sup>Scotland</sup>Mother's Maiden Name <sup>Elizabeth Gonnell</sup> Mother's Birthplace <sup>Ireland</sup>Name of person giving Information <sup>John Bowers</sup> How related to deceased <sup>Son</sup>

## CAUSES OF DEATH

Primary <sup>Bronchitis & Bar sinu Infection</sup> How long <sup>1 year</sup>Immediate <sup>cardiac failure</sup> How long <sup>1 week</sup>Are the name, age, sex, color, date and place correctly given above? <sup>yes</sup> Signature of Physician <sup>Therese P. [unclear]</sup>Address <sup>Glyndine</sup>Accident or Suicide <sup>No</sup>TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Printed  
on  
recycled paper

Name  
In Full

CERTIFICATE OF DEATH

James H. Bowen

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Catonsville</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1940</u>	<u>8</u> <small>Month</small>	<u>15</u> <small>Day</small>	<u>7</u> <small>Years</small>	<u>12</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Catonsville</u>
Occupation	<u>None</u>	Where Residing if not at place of death		<u>Place of death</u>	
Married, Single or Widowed	<u>-</u>	Name of Wife or Husband		<u>-</u>	
Father's Name	<u>Ben. B. Bowen</u>			Father's Birthplace	<u>Baltimore</u>
Mother's Maiden Name	<u>Miss May Bowen</u>			Mother's Birthplace	<u>Baltimore</u>
Name of person giving information	<u>Mrs. Maudie C. Sulecki</u>			How related to deceased	<u>Grandmother</u>

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<u>Non Infectious of Pneumonia (Bacterial) (Hemorrhage of Cor)</u>	How long	<u>7-12 Days</u>
Immediate	<u>Marasmus. Inanition</u>	How long	<u>6 months</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. Chas. Macgill</u>		
	Address <u>Catonsville Md</u>		
Accident or Suicide?	<u>No</u>		



Name  
In  
Full

Stephen L. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highlandtown		County		MARYLAND	
Date of death		19	10	Month	Sept	Day	25
Age		67		Years	Months		Days
Sex	Male	Color or Race	White		Birth-place	Baltimore	
Occupation	Engineer		Where Residing if not at place of death		Highlandtown		
Married, Single or Widowed	Widowed		Name of Wife or Husband		None		
Father's Name	Unknown		Father's Birthplace		Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace		Unknown		
Name of person giving information	George Brown		How related to deceased		Son		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Heart Failure		How long	189	
	Immediate			How long	Former	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		M. S. Sadler M.D.	
			Address		3533 E. Baltimore	
Accident or Suicide?						

1820 Canton Mass

of Massachusetts

Sept 28<sup>th</sup> 1810

Mt Carmel

Name in Full

Louisa Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Poplar Heights <sup>Town</sup> Balto. <sup>County</sup> MARYLAND

Date of death 1910 <sup>Month</sup> Sept. <sup>Day</sup> 6th <sup>Years</sup> 45 <sup>Months</sup> — <sup>Days</sup> —

Sex female Color or Race colored Birth-place M.d.

Occupation Housewife Where residing if not at place of death Poplar Heights

Married — Name of Wife or Husband Edward Brown

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name Louisa Cooper. Mother's Birthplace M.d.

Name of person giving information Edward Brown How related to deceased husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pleuro-pneumonia How long 10 days

Immediate exhaustion How long 1 day

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

Signature of Physician G. L. McCormick MD

Address Spanners Point M.d.

Accident or Suicide? no





J. Allen Brown

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Roseville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>Sept.</i>	Day <i>Sunday</i>	Years <i>21</i>	Months <i>10</i>	Days	
Sex	<i>Male</i>	Color or Race	<i>White</i>		Birth place	<i>Baltimore</i>	
Occupation	<i>Electrician</i>		Where Reading if not at place of death		<i>1717 Barclay St -</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>W. Edward Brown</i>				Father's Birthplace	<i>Baltimore</i>	
Mother's Maiden Name	<i>Mary Brown</i>				Mother's Birthplace	<i>Baltimore</i>	
Name of person giving information					How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Drowning</i>	How long	<i>16h</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>James Gibbon, Coroner</i>	
Address		<i>Colgate, Md</i>	
Accident or Suicide?	<i>Accident</i>		

W. C. Hedgefeld

914 Greenmount Ave

Name  
in  
Full

David Caldwell Bruce

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cavings Mills</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	19 <i>10</i> <sup>Month</sup> <i>Sept</i> <sup>Day</sup> <i>25</i> <sup>Year</sup> <i>3</i>	Age	<i>16</i>	Months	<i>one</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>None</i>	Where Reading if not at place of death <i>Cavings Mills, Md</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>James D. Bruce</i>		Father's Birthplace	<i>Baltimore</i>	
Mother's Maiden Name	<i>Etta Crosey</i>		Mother's Birthplace	<i>New York</i>	
Name of person giving information	<i>Mrs. Etta Bruce</i>		How related to deceased	<i>Mother</i>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Intestinal Obstruction</i>	How long	<i>one week</i>
	Immediate	<i>Loyacemia</i>	How long	<i>36 hours</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Frank W. Kesting</i>
	Accident or Suicide?	<i>Neither</i>	Address	<i>M.D. Cavings Mills, Md</i>



Name  
in  
Full

Alice Loretta Burns

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> St. Agnes Hospital <sup>County</sup> Baltimore MARYLAND

Date of death 1910 Sep. 10 Age 16 Years 7 Months - Days

Sex Female Color or Race White Birth-place Baltimore

Occupation School girl Where Residing if not at place of death 1314 W. Saratoga St.

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Robert A. Burns Father's Birthplace Ireland

Mother's Maiden Name Mary A. Reiley Mother's Birthplace Baltimore

Name of person giving information Robert A. Burns How related to deceased Father

CAUSES OF DEATH

17

PHYSICIAN  
OR CORONER

Primary Typhoid fever How long 3 weeks

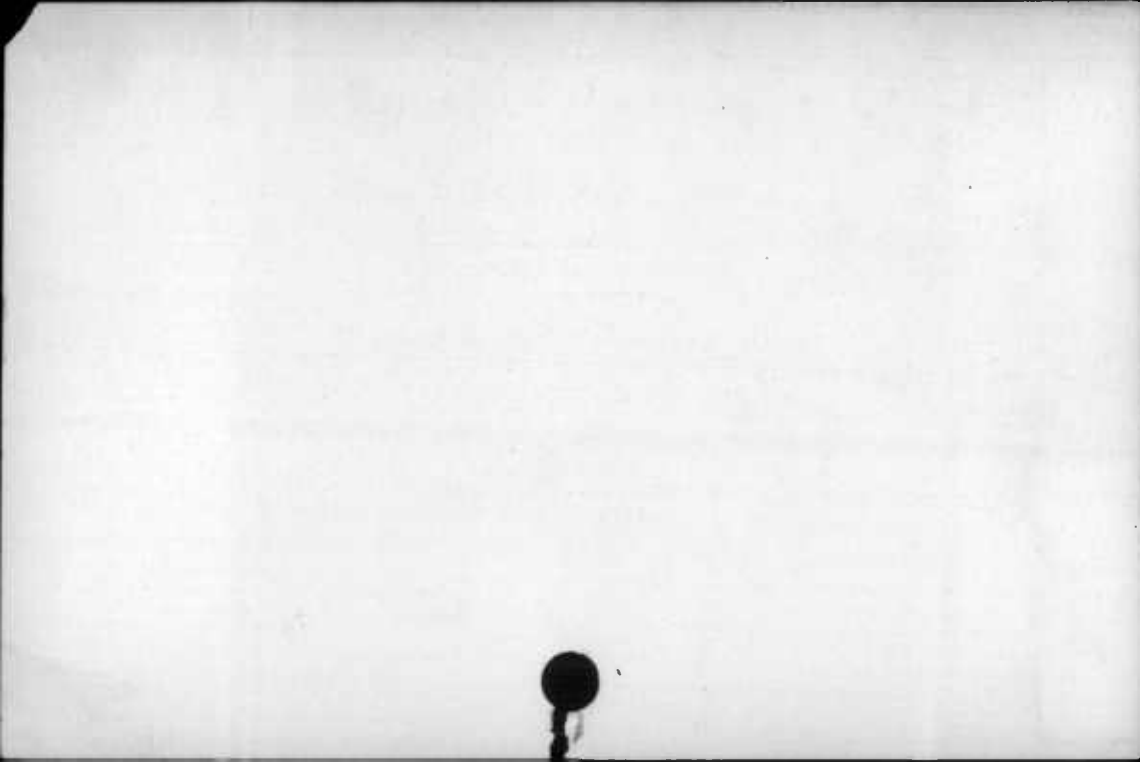
Immediate Hemorrhage How long 2 1/2 hrs.

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

Signature of Physician Dr. Frank Henry Nichols

Address St. Agnes Hospital

Accident or Suicide? No



Name  
in  
Full

Ucko Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1916</u> <small>Year</small>		<u>Sept</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age <u>about 35</u> <small>Years</small>	<u></u> <small>Months</small>
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Unknown</u>	
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>Taylor's Court</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Unknown</u>			
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Mr. Lingluff</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

169

PHYSICIAN  
OR CORONER

Primary <u>Accidental Drowning</u>	How long <u></u>
Immediate <u></u>	How long <u>Coroner</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. J. Underhill</u>
	Address <u>333 E. Balto</u>
Accident or Suicide?	

Christian Miller

2334 Jefferson St

Sept. 3-1910



Name  
in  
Full

Mrs Emily Tyson Capleb

CERTIFICATE OF DEATH

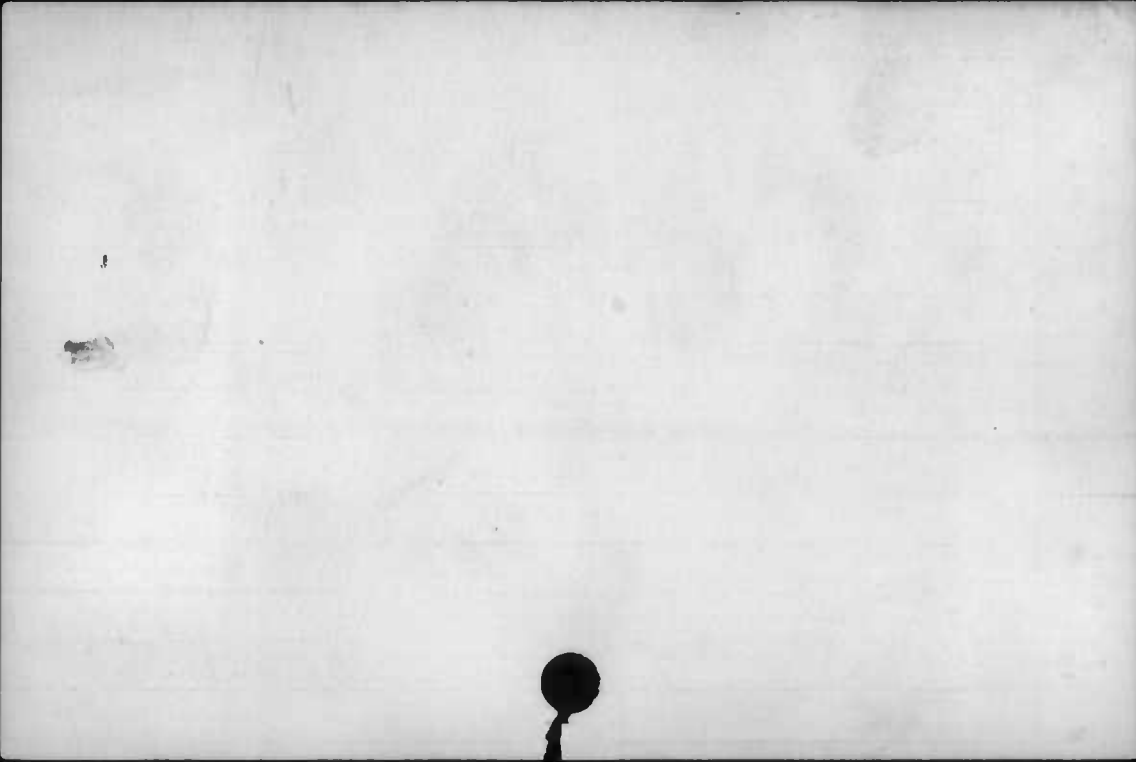
TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Buttery* <sup>County</sup> *Baltimore* **MARYLAND**Date of death **1910** <sup>Month</sup> *Sept* <sup>Day</sup> *11* <sup>Years</sup> *82* <sup>Months</sup> *4* <sup>Days</sup> *7*Sex *Female* Color or Race *White* Birth-place *Butter*Occupation *Housewife* Where Residing if not at place of death~~Widowed~~ Name of Wife or Husband *Jacob. L. Capleb*Father's Name *B. F. Simpers* Father's Birthplace *England*Mother's Maiden Name *Sophia Smith Ensor* Mother's Birthplace *Butter*Name of person giving information *Chas. L. Capleb* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Senile Debility & Malignant Disease of Stomach* How long *2 years*Immediate *Intestinal Carcinoma* How long *4 mo.*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. Reubrice*Address *Blynden*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*George Clark* County *Balto.* MARYLAND

Died at *Baltimore*

Date of death *1940* Month *Sept* Day *16* Age *6-1* Months *-* Days *-*

Sex *M* Color or Race *W.* Birth place *Balto*

Occupation *Operator* Where Residing if not at place of death *X 717 E. 20th St.*

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

Father's Name *Geo W Clark* Father's Birthplace *Balto*

Mother's Maiden Name *Rosa Rumm* Mother's Birthplace *Prisole*

Name of person giving Information *(Signature)* How related to decedent *(Signature)*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *3 yrs.*

Immediate *Aschemia* How long *3 m or.*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *G. N. [Signature]*

Address *Baltimore, Md.*

Accident or Suicide *no.*

Concord

See also Bank.

2113 Government Ave.

B. A. Whipple Jr.

NAME  
in Full

Wm. H. Cleary

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Arlington		County Balt.		MARYLAND	
DATE of death 1910	Month Sept	Day 3	AGE 47	Years	Months	Days	
Sex M.	Color or Race W.		Birthplace Balt.				
Occupation Hotel Proprietor	Where Residing if not at place of death Arlington						
Married, Single or Widowed Married	Name of Wife or Husband Barbara Cleary		Arlington				
Father's Name James P. Cleary	Father's Birthplace Ireland						
Mother's Maiden Name	Mother's Birthplace "						
Name of person giving Information Barbara Cleary	How related to deceased Wife						

## CAUSES OF DEATH

Primary Diabetes	How long 8 yrs
Immediate Diabetic Coma & Paralysis	How long 48 hrs
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W. D. Wells M.D.
	Address Arlington Md.
Accident or Suicide?	

PHYSICIAN  
OR CORONER

Murdell Shipperden  
Holy Redeemer Con.

Sept. 6<sup>th</sup> 190

Name in Full

Edwin R Cleveland

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cuning Mills <sup>Town</sup> Balto <sup>County</sup> MARYLAND

Date of death 1910 Sept <sup>Month</sup> 3 <sup>Day</sup> Age 41 <sup>Years</sup> 7 <sup>Months</sup> 1 <sup>Days</sup>

Sex Male Color or Race white Birth place Baltimore

Occupation Bank Clerk Where Reading if not at place of death Cuning Mills

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

Father's Name Edwin R Cleveland Father's Birthplace Fredrick Mill

Mother's Maiden Name Margaretta H Donneron Mother's Birthplace Baltimore

Name of person giving information Margaretta H Cleveland How related to deceased Mother

CAUSES OF DEATH

78

PHYSICIAN OR CORONER

Primary Tuberculosis How long about ten years

Immediate Heart failure How long 24 hours

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

Signature of Physician Dr. H. Campbell Address Cuning Mills, Md

Accident or Suicide?





NAME  
In Full

Geo. Washington Coarts.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Catonville</i>		County <i>Balto Co</i>		STATE <i>MARYLAND</i>	
DATE of death	1910	Month <i>Sept.</i>	Day <i>9th</i>	AGE	Years <i>65</i>	Months <i>2</i>	Days <i>5</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Richmond Va.</i>
Occupation	<i>None</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Sarah E. Coarts.</i>			
Father's Name	<i>Wm Coarts</i>				Father's Birthplace	<i>Ind.</i>	
Mother's Maiden Name	<i>Ann Holme</i>				Mother's Birthplace	<i>England</i>	
Name of person giving Information	<i>Georgia E. Ballerlin</i>				How related to deceased	<i>Daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORNER

Primary	<i>Arteriosclerosis of the Coronary Arteries</i>	How long	<i>About 2 years</i>
Immediate	<i>Peptic ulcer of the stomach</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. Macpico</i>
Accident or suicide?		Address	<i>Catonville Md</i>



Name  
is  
Full

## CERTIFICATE OF DEATH

Not named. (Still born) Cole

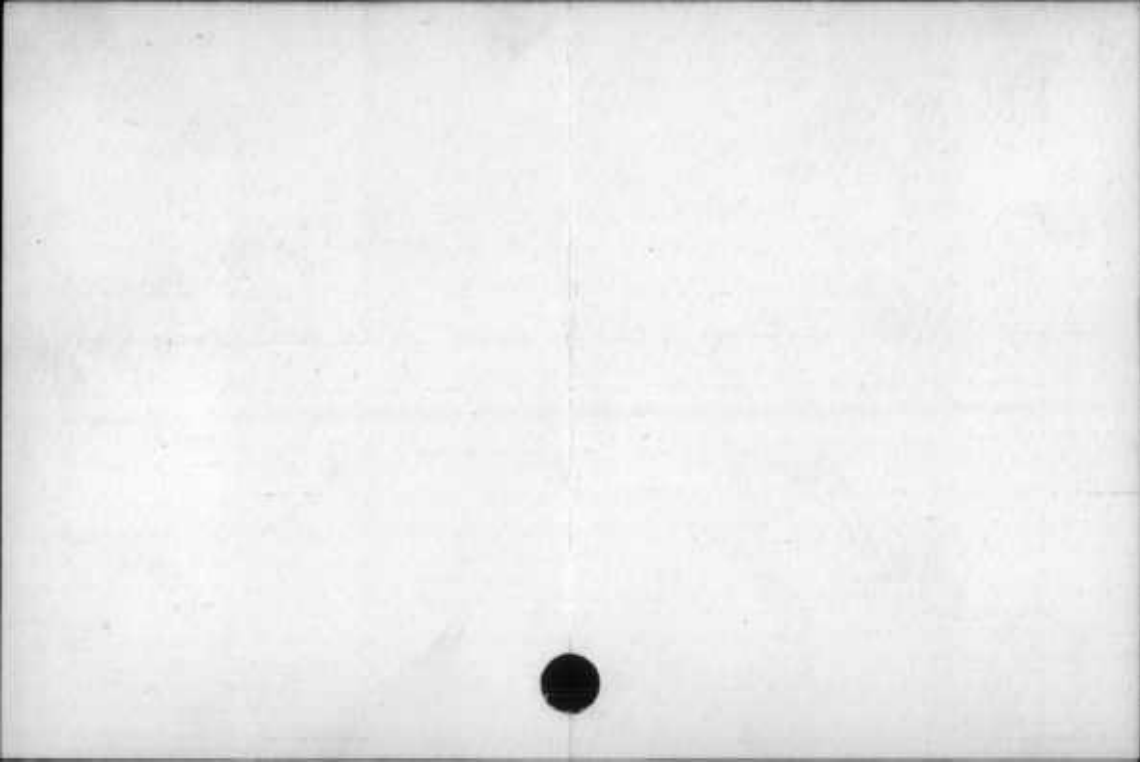
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Butter</u> <small>Town</small>		<u>Beale</u> <small>County</small>		MARYLAND	
Date of death <u>1980</u>	Month <u>9</u>	Day <u>10</u>	Age _____	Years _____	Months _____
Sex <u>Female</u>	Color or Race <u>White</u>		Birth place <u>Butter Md</u>		
Occupation _____		Where residing if not at place of death <u>" "</u>			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>Erasmus J. Cole</u>		Father's Birthplace <u>Boring P.O. Md</u>			
Mother's Maiden Name <u>Etta M. Brown</u>		Mother's Birthplace <u>Beckleysville</u>			
Name of person giving information <u>Erasmus J. Cole</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Accidental Hemorrhage</u>	How long _____
Immediate <u>Still Born</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. Drach</u>
	Address <u>Beckleysville Md,</u>
Accident or Suicide? _____	



Name  
in  
Full

Howard R. Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Butler</i>		County <i>Baltimore</i>		STATE <i>MARYLAND</i>	
Date of death	19 <i>10</i>	Month <i>Sept</i>	Day <i>15</i>	Age	Years	Months <i>9</i>	Days
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>Md</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>2</i>			Name of Wife or Husband				
Father's Name		<i>Howard Cole</i>				Father's Birthplace <i>Md</i>	
Mother's Maiden Name		<i>Mozie Sommers</i>				Mother's Birthplace <i>"</i>	
Name of person giving information		<i>Gordon Cole</i>				How related to deceased <i>Grandfather</i>	

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>		How long	<i>1 Mo</i>
Immediate				
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>Jas. H. Wilson</i>
			Address	<i>Frederickburg Md</i>
Accident or Suicide?				



Name in Full

John Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Butter <sup>Town</sup> Baltimore <sup>County</sup> MARYLAND

Date of death 1940 Sept. <sup>Month</sup> 30 <sup>Day</sup> Age 81 <sup>Years</sup> 3 <sup>Months</sup> 24 <sup>Days</sup>

Sex male Color or Race White Birth-place Butter Md

Occupation Farmer Where residing if not at place of death " "

~~Married~~, Single  Name of Wife or Husband \_\_\_\_\_

Father's Name Vachel Cole Father's Birthplace near Butter Md

Mother's Maiden Name Jemima Euser Mother's Birthplace near Butter Md

Name of person giving information Wesley Royston How related to deceased Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Heart disease - infarctus How long 154 ten years

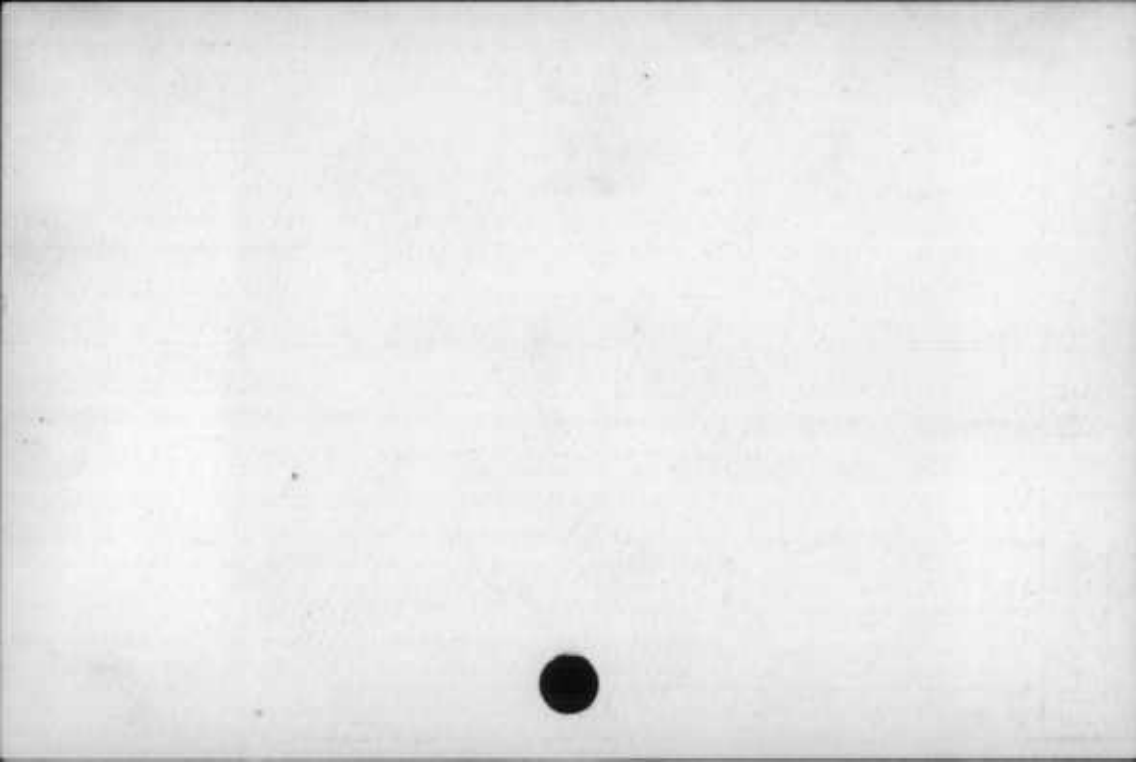
Immediate Old age How long \_\_\_\_\_

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

Signature of Physician J. H. Drach

Address Coopersville Md.

Accident or Suicide?





Name  
in Full

Rene Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lodge Farm</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	19 <i>10</i> <sup>Month</sup> <i>Sept.</i> <sup>Day</sup> <i>2d</i>	Age	<i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>23</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>colored</i>	Birth-place	<i>North Point</i>
Occupation	<i>none</i>	Where Reading if not at place of death		<i>North Point</i>	
<del>Married</del> Single	Name of Wife or Husband		<i>none</i>		
Father's Name	<i>John Coleman</i>		Father's Birthplace	<i>N.C.</i>	
Mother's Maiden Name	<i>Bariah Thornton</i>		Mother's Birthplace	<i>Va</i>	
Name of person giving information	<i>John Coleman</i>		How related to decedent	<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</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>J. H. McNeill MD</i>
Accident or Suicide?	<i>no</i>	Address	<i>Parrows Point</i>



Name

Deaf of Charly + Emma Collier,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Highland Town		County		MARYLAND	
Date of death	1910	Month	9	Day	22	Age	Years
							Months
							Days
Sex	Female	Color or Race	White	Birth-place			
Occupation	No	Where Residing if not at place of death		218 Highland av			
Married, Single or Widowed		Name of Wife or Husband		Charles Collier			
Father's Name	Charles Collier		Father's Birthplace		Baltimore		
Mother's Maiden Name	Emma Marshall		Mother's Birthplace		Baltimore		
Name of person giving information	Charles Collier		How related to deceased				

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Cyanosis	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. S. Wampler
		Address	320 Highland av
Accident or Suicide?			

J. H. Herwig & Son.

9/23/1910

St. Paul Conn.

Name

Infant of Charly and Emma Collier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highland town</i>		Town		County		MARYLAND	
Date of death	1910	Month	9	Day	22	Age	Years
							Months
							Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Highland town</i>
Occupation				Where residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband	<i>Emma Collier</i>		
Father's Name	<i>Charles Collier</i>			Father's Birthplace	<i>Patto</i>		
Mother's Maiden Name	<i>Emma Marshal</i>			Mother's Birthplace	<i>Patto</i>		
Name of person giving information	<i>Charles Collier</i>			How related to decedent	<i>Brother</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Cyanosis</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. S. Warner</i>
		Address	<i>320 Highland</i>
Accident or Suicide?			

J. H. Herwig & Son.

9/23/1910.

St. Paul Cemetery.

Name  
in  
Full

Mary Estella Conroy

CERTIFICATE OF DEATH

Died at Spinnier Point Baltimore MARYLANDDate of death 1908 Sept. 4 Age 13 Months 7 Days 26Sex Female Color or Race White Birth-place Blowing Rock, N.C.Occupation School-girl Where Residing if not at place of deathMarried, Single or Widowed Single Name of Wife or HusbandFather's Name George Oscar Conroy Father's Birthplace IndMother's Maiden Name Estella Viola Sitt Mother's Birthplace IndName of person giving Information George Oscar Conroy How related to deceased Father

## CAUSES OF DEATH

Primary Typhoid Fever How long 22 days.Immediate Bitestinal Anemia How long 24 hoursAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician F. C. Eldred, M.D.Address Spinnier PointAccident or Suicide TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

W.C. Brooks

Philopolis  
Md.

Glencoe, Md



Name  
in Full

Matilda B. Cortese

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mt. Hope <sup>County</sup> Baltimore MARYLAND

Date of death 1940 <sup>Month</sup> Sept <sup>Day</sup> 25 Age 29 <sup>Months</sup> 0 <sup>Days</sup> 0

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Italy

Occupation <sup>Where Residing if not at place of death</sup> wife of fruit dealer Mt. Hope Retreat

<sup>Marrd, Single or Widowed</sup> married <sup>Name of Wife or Husband</sup> Antonio Cortese

<sup>Father's Name</sup> don't know <sup>Father's Birthplace</sup> don't know

<sup>Mother's Maiden Name</sup> don't know <sup>Mother's Birthplace</sup> don't know

<sup>Name of person giving Information</sup> Dr. Frank Blannery <sup>How related to deceased</sup> none

157

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

<sup>Primary</sup> Melancholia <sup>How long</sup> about 3 mos.

<sup>Immediate</sup> Suicide by strangulation <sup>How long</sup> suddenly

<sup>Are the name, age, sex, color, date and place correctly given above?</sup> yes <sup>Signature of Physician or Coroner</sup> H. Holliday Eulich <sup>Address</sup> Arlington, Md.

<sup>Accident or Suicide</sup> Suicide

PLATE 1  
: 1911



Name is Full

CERTIFICATE OF DEATH

Wilfred Anna, Davis

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Westport <sup>County</sup> Baltimore MARYLAND

Date of death 190 <sup>Month</sup> Sept <sup>Day</sup> 27 Age <sup>Years</sup> 2 <sup>Months</sup> 10 <sup>Days</sup> 6

Sex Female Color or Race White Birth-place New Jersey

Married, Single or Widowed Single Occupation none

Name of Wife or Husband

Father's Name Rudolph Davis Father's Birthplace N. J.

Mother's Maiden Name Helen Ashburne Mother's Birthplace N. J.

Name of person giving information Rudolph Davis How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pneumonia How long 2 days

Immediate Exhaustion How long 1 1/2

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

Signature of Physician S. M. Lempster

Address 602 S. Paca St.

Accident or Suicide?

Joe Sayer

Millville Cemetery  
New Jersey.

Name  
in  
Full

Harry L. De Vaughn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Highlandtown

Town

Belts

County

Date

1940

Month

9

Day

29

Age

Years

Months

4

Days

12

Sex

Mdn

Color or  
Race

White

Birth-  
place

Belts Co Md

Occupation

Where Residing if not  
at place of death

107 So Third St

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John A. De Vaughn

Father's  
Birthplace

Belts Co

Mother's  
Maiden NameMother's  
Birthplace

Belts Co

Name of person giving  
information

John A. De Vaughn

How related  
to deceased

Father

## CAUSES OF DEATH

151

Primary

Marasmus

How long

Several weeks

Immediate

Exhaustion

How long

2 1/2 hours

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

Yes

Signature of  
Physician

Jas. L. Truax

Address

34 Gough  
Highlandtown Md

Accident or Suicide

No

PHYSICIAN  
OR CORONER

Gen. David Pennington  
Sept. 30 - 1910  
H. S. S. S. S. S.

Name in Full

Isabel A. DeVouges

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Relay <sup>Town</sup> St Denis <sup>County</sup> Baltimore

MARYLAND

Date of death 1910 <sup>Month</sup> Sept. <sup>Day</sup> 26 <sup>Age</sup> 0 <sup>Years</sup> 0 <sup>Months</sup> 3 <sup>Days</sup> 5

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> St Denis (Relay)

Occupation None <sup>Where Residing If not at place of death</sup> Relay-

~~Married~~, Single <sup>Name of Wife or Husband</sup> none

Father's Name Victor J. DeVouges <sup>Father's Birthplace</sup> Baltimore

Mother's Maiden Name Isabel A. Gill <sup>Mother's Birthplace</sup> Elk Ridge

Name of person giving information Fredk. Gill <sup>How related to deceased</sup> ~~Elk Ridge~~ <sup>single</sup> Elk Ridge

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary Manition <sup>How long</sup> 2 mos.

Immediate Enterocolitis <sup>How long</sup> 4 days

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

Signature of Physician Wm R. Everslow

Address Elk Ridge.

Accident or Suicide?

Frederick Gill

St Augustine



*Hanna Dorsey*  
Town *Cowdensville* County *Balto Co*

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cowdensville* *Balto Co*  
 Date of death *1910 Sept 7* Age *24*  
 Sex *Female* Color or Race *Col* Birth-place *Balto Co*  
 Occupation *Teacher* Where Reading if not at place of death *Clarksville Howard Co*  
 Married, Single or Widowed *Married* Name of Wife or Husband *Chas. H. Dorsey*  
 Father's Name *Mr H. Garrett* Father's Birthplace *md*  
 Mother's Maiden Name *Sophia Weeks* Mother's Birthplace *md*  
 Name of person giving information *Maattie E. Brown* How related to deceased *Sister*

CAUSES OF DEATH

19

PHYSICIAN  
OR-CORONER

Primary *Cardiac Dilatation* How long *several months*  
 Immediate *Exhaustion* How long *Two minutes*  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *Hubert C. Blakely*  
 Address *1014 W La Fayette*  
 Accident or Suicide?

Saml. H. Chase Hon

Blacksville  
Howard Co

Name  
in  
Full

Joseph H. Dotterweich

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Highlandtown* <sup>County</sup> *Baltimore Co.* **MARYLAND**

Date of death 19*60*    Month *9*    Day *23*    Age *20*    Years *20*    Months *5*    Days *11*

Sex *Male*    Color or Race *White*    Birth-place *Baltimore Co.*

Occupation *Clerk*    Where Residing if not at place of death *3301 Foster Ave.*

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

Father's Name *Andrew Dotterweich*    Father's Birthplace *Germany*

Mother's Maiden Name *Mary K. Gebhardt*    Mother's Birthplace *—*

Name of person giving Information *Mary K. Dotterweich*    How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever*    How long *5 weeks*

Immediate *Hemorrhage*    *Perforation*    How long *—*

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

Signature of Physician *C. H. They*

Address *—*

Accident or Suicide

Silly, Ed Heiler

403 S. Wolfe St.

Sacred Heart con.

Sept. 24/10

Name  
is  
Full

Edward H. Caster

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Overlea <sup>County</sup> Baltimore MARYLAND

Date of death 19 10 <sup>Month</sup> Sept <sup>Days</sup> 2 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> 20

Sex male Color or Race white Birth-place above

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Geo. H. Caster Mother's Birthplace Baltimore

Mother's Maiden Name ~~Pauline St...~~ Mother's Birthplace Germany

Name of person giving information G. W. E. How related to deceased Father!

CAUSES OF DEATH

(151)

PHYSICIAN  
OR CORONER

Primary Anoxia - Insufficiency of blood How long Since Birth

Immediate Failure of the heart How long Since 10/2

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

Address \_\_\_\_\_

Accident or Suicide?



Name  
in  
Full

Morris Elmer Eason

CERTIFICATE OF DEATH

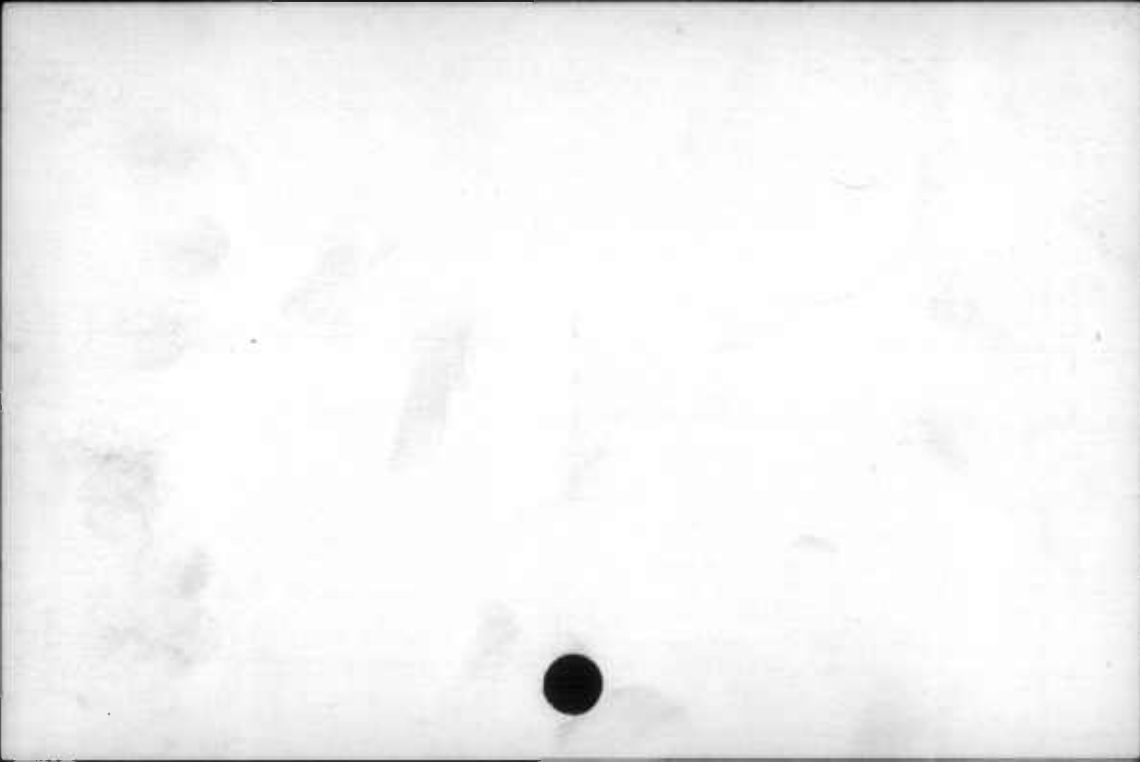
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Lutherville</i>		<sup>County</sup> <i>Balto.</i>		MARYLAND	
Date of death <i>196</i>	<sup>Month</sup> <i>Sept.</i>	<sup>Day</sup> <i>25</i>	<sup>Years</sup> Age <i>24</i>	<sup>Months</sup> <i>No</i>	<sup>Days</sup> <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Ind.</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>2502 Fruit Ave. Baltor.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sophia Frederick</i>				
Father's Name <i>Luke G. Eason</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Elizabeth A. Eason</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving Information <i>Luke G. Eason</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 months</i>
Immediate <i>Endocarditis</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wilmer C. Eason M.D.</i>
	Address <i>Cockeysville Ind.</i>
Accident or Suicide <i>No.</i>	





Name  
in  
Full

CERTIFICATE OF DEATH

Bridget Feehey  
TOWN CountyDied at Lexa Balto. MARYLAND

Date of death 1990 Sept 18 Age 68 yr

Sex Female Color or Race White Birth-place IrelandOccupation Domestic Where Residing if not at place of death Lexa MdMarried, Single or Widowed Widow Name of Wife or Husband Martin FeeheyFather's Name Andrew Martin Father's Birthplace IrelandMother's Maiden Name Ann Lynn Mother's Birthplace IrelandName of person giving Information Andrew Kough How related to deceased Neighbor

## CAUSES OF DEATH

Primary Malignant Disease of Uterus How long 1 1/2 Some Months

Immediate

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

Yes

Signature of Physician

Address

D. F. Burrey  
Lexa Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Invoice at Dept's  
Tuesday 20<sup>th</sup> "

W. B. Brewster

Name  
in  
Full

Mary B. Fishpaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pheasing		County Baltimore		MARYLAND	
Date of death		1940	Month Sept	Day 29	Age 56	Years	Months 8
Sex Female		Color or Race White		Birth-place Balti. Co. Md		Days 5	
Occupation Home				Where Residing if not at place of death Pheasing Balt. Co. Md			
Married, <del>Single</del> <del>or Widowed</del>		Name of <del>Wife</del> Husband Robert C. Fishpaw					
Father's Name Williams Berry		Father's Birthplace Balti. Co. Md					
Mother's Maiden Name Elizabeth Williams		Mother's Birthplace Balti. Co. Md					
Name of person giving Information Robert C. Fishpaw		How related to deceased Husband					

## CAUSES OF DEATH

Primary Pulmonary Tuberculosis		How long 16 months	
Immediate Asthma		How long 1 month	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr. J. E. Benson	
Accident or Suicide no		Address Cockeysville Md	

PHYSICIAN  
OR CORONER



Name  
Full

Charles Florey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mount Park		County Balto		MARYLAND	
Date of death	1940	Month Sept	Day 6	Age	80	Months 1	Days 4
Sex	male		Color or Race	white		Birth-place	Germany
Occupation	Retired		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband	Not known			
Father's Name	unknown					Father's Birthplace	Not known
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Charles Florey					How related to deceased	son

## CAUSES OF DEATH

Primary	Bright's disease	How long	1 yrs
Immediate	Meluria	How long	3 days

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

yes

Signature of Physician

Address

Carl M. Kuffer  
Mount Park  
Balto Co. Md

Accident or Suicide?

Western Bee  
Jan B. Book.

Name  
in  
Full

Ellen Fondelheit

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Morse Park <sup>Town</sup> Baltimore <sup>County</sup>

Date of death 1980 <sup>Month</sup> 9 <sup>Day</sup> 2 <sup>Years</sup> 8 <sup>Months</sup> 1 <sup>Days</sup> 1

Sex Female Color or Race White Birthplace Morse Park

Occupation woman Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Fredrick Fondelheit Father's Birthplace Germany

Mother's Maiden Name Mary E Gort Mother's Birthplace Baltimore

Name of person giving information Fredrick Fondelheit How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Marasmus How long 3 hrs

Immediate Exhaustion How long

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

Signature of Physician ZB Wall  
Address 1217 Wincennes

Accident or Suicide

Joe Stuntbeck  
Redar Hill



Name  
in Full

John Fultz

CERTIFICATE OF DEATH

Died at Hoffmansville

Town

Baltimore

County

MARYLAND

Date of death 1900

Month  
Sept-Day  
5-

Age 71

Years

Months  
2Days  
3

Sex

Male

Color or Race

White

Birth-place

Spring Grove Pa

Occupation

Farmer

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Mary Love

Father's Name

John Fultz

Father's Birthplace

Spring Grove Pa

Mother's Maiden Name

Nancy Myers

Mother's Birthplace

Spring Grove Pa

Name of person giving Information

W. J. Fultz

How related to deceased

Son

## CAUSES OF DEATH

Primary

Hypertrophy of Heart - &amp;

How long

3 months

Immediate

Mitral Regurgitation

How long

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

Signature of Physician

Address

J. H. Sherman, M.D.  
Manchester

Accident or Suicide

Md

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

W. P. King

Name  
in  
Full

Anna Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Philopolis Md</i>		Town <i>Philopolis Md</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>9</i>	Day <i>-10</i>	Age	Years <i>18</i>	Months <i>6</i>	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth place <i>Phoenix Md</i>				
Occupation <i>None</i>	Where Reading if not at place of death <i>Philopolis Md</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Single</i>						
Father's Name <i>John Gardner</i>	Father's Birthplace <i>Philopolis Md</i>						
Mother's Maiden Name <i>Ery Whinnery</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving information <i>Charles Gardner</i>	How related to deceased <i>Brother</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis -</i>	How long <i>28</i>	<i>28</i>
Immediate <i>Epilepsy</i>	How long <i>from childhood</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. Orach Md</i>	
	Address <i>Cockeysville Md</i>	
Accident or Suicide?		

Forward at

Forwarded to

March 12th

W. G. Woods

Name  
In Full

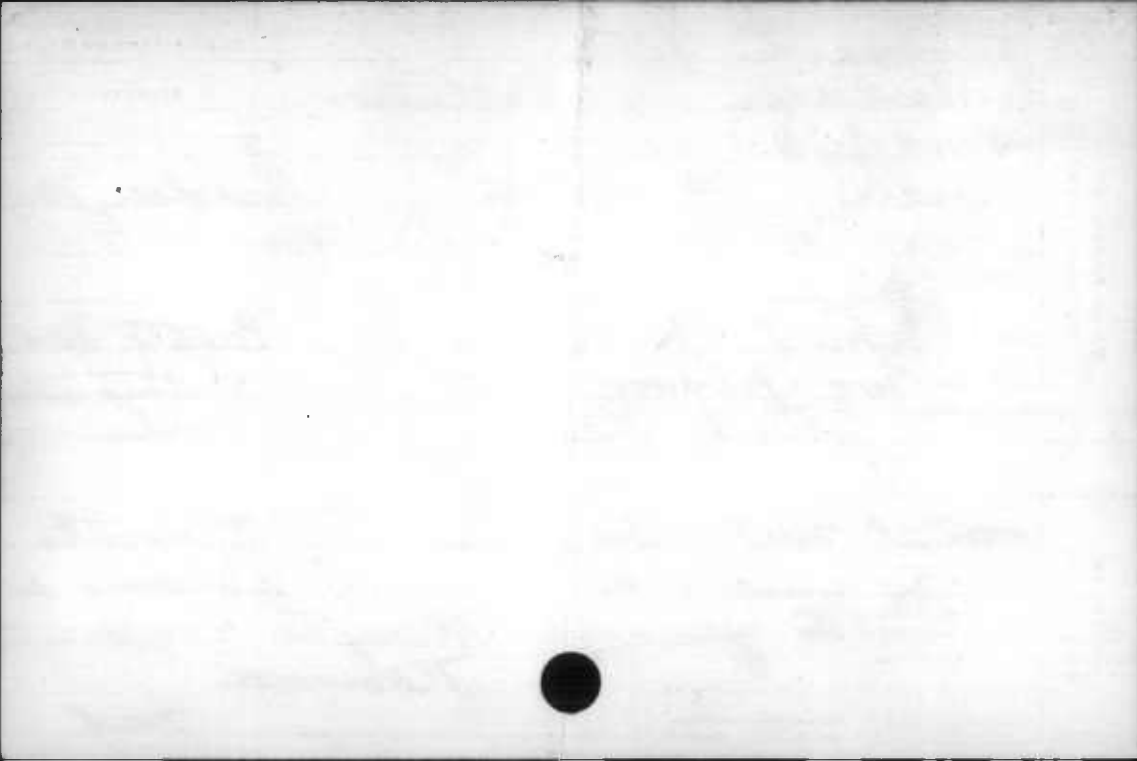
Stephen Garanas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Edgemere* Town *Balto.* County **MARYLAND**Date of death *19013* Month *Sept.* Day *17<sup>th</sup>* Age *—* Years Months DaysSex *Male* Color or Race *white* Birthplace *Edgemere*Occupation *none* Where Residing if not at place of death *Edgemere*Married, Single or Widowed Name of Wife or Husband *none*Father's Name *Alexander Garanas* Father's Birthplace *Russia*Mother's Maiden Name *Mary Bartoshka* Mother's Birthplace *Russia*Name of person giving Information *Alexander Garanas* How related to deceased *father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Tetanus from umbilical cord* How long *3 days*Immediate *exhaustion, attended by "friend"* How long *1 day*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *G. H. McCombes M.D.*Address *Sparrow Point*Accident or Suicide *no*



Name  
In  
Full

CERTIFICATE OF DEATH

Christiana Licht

Town

County

MARYLAND

Died at, *Fredericks Station**Balto.*Date of death *1960*Month *Sept.*Day *12*Age *67*Years *known*Months *unknown*

Days

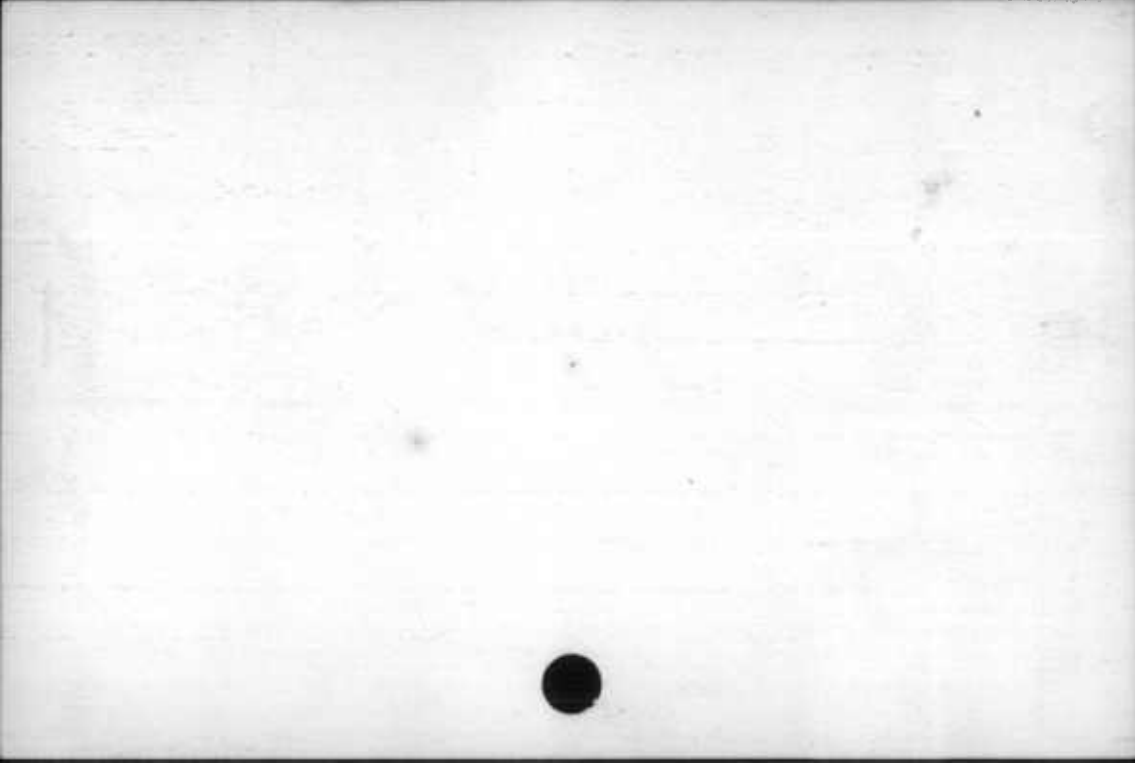
Sex *Female*Color or Race *white*Birth-place *Germany*Occupation *(domestic) House-works*Where Residing if not at place of death *In Pennsylvania*Married, Single or Widowed *widowed*Name of Wife or Husband *Mrs George Licht*Father's Name *Nichel Kups*Father's Birthplace *Germany*Mother's Maiden Name *Caroline Baker*Mother's Birthplace *Germany*Name of person giving information *David F. Hamrigan*How related to decedent *Son-in-law*

## CAUSES OF DEATH

Primary *Carcinoma of bowels*How long *about 2 1/2 yrs*Immediate *.. ..*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Millon C. Drummond MD*Address *Shrewsbury Pa.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in Full

Thomas E. Gill

CERTIFICATE OF DEATH

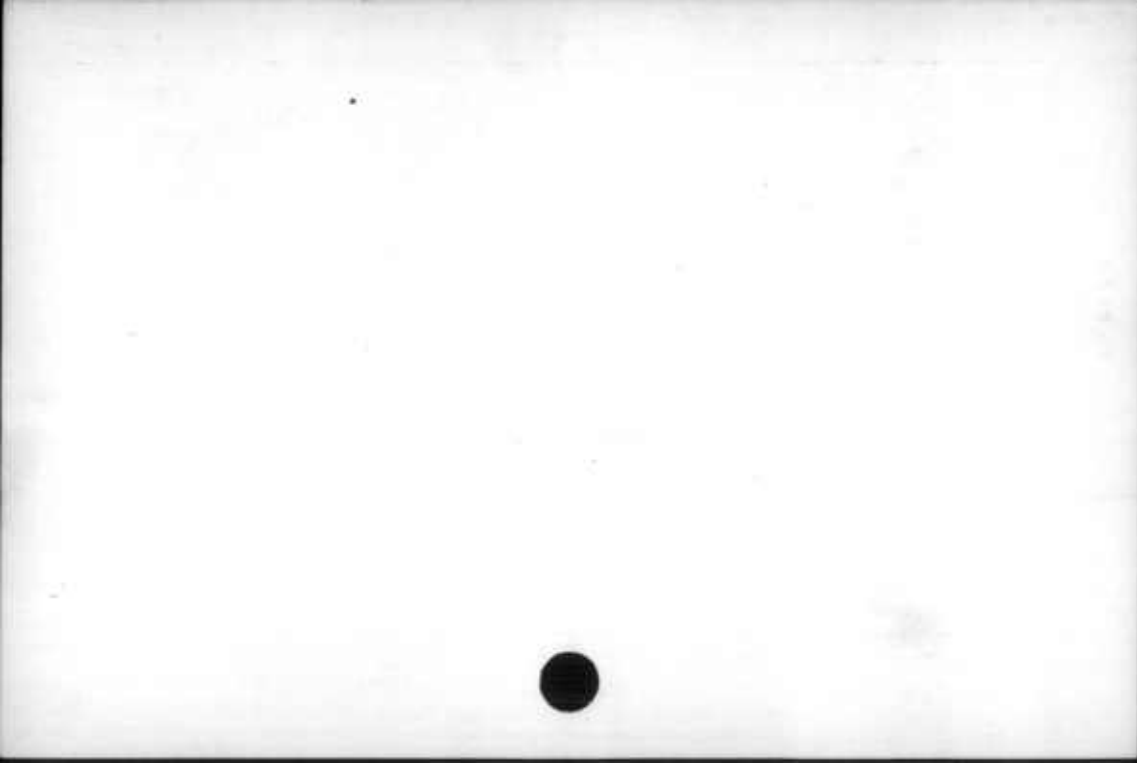
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Rockdale</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1900</u> <small>Year</small>	<u>Sept.</u> <small>Month</small>	<u>21</u> <small>Day</small>	Age	<u>—</u> <small>Years</small>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birthplace	<u>Rockdale Md</u>
Occupation	_____		Where Residing if not at place of death		
Married, Single or Widowed	<u>single</u>	Name of Wife or Husband			
Father's Name	<u>John T. Gill</u>		Father's Birthplace	<u>Balto. Md.</u>	
Mother's Maiden Name	<u>Eva Gibson</u>		Mother's Birthplace	<u>Balto Md</u>	
Name of person giving information	<u>John T. Gill</u>		How related to deceased	<u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Mal nutrition</u>	How long	<u>7 months</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Henry A. Naylor</u>
Accident or Suicide	_____	Address	<u>Pikesville Md</u>



Name  
in  
Full

C. Edu. Gilland

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Gorans <sup>County</sup> Balto MARYLAND

Date of death <sup>Month</sup> Sept <sup>Day</sup> 9 Age 37 <sup>Months</sup> 2 <sup>Days</sup> 5

Sex Male Color or Race White Birth-place Balto

Occupation Hot Blocker Where Residing if not at place of death Gorans

Married, Single or Widowed Married Name of Wife or Husband Lillian A. Gilland

Father's Name Chas S. Gilland Father's Birthplace Md

Mother's Maiden Name Eugene Wilson Mother's Birthplace Del

Name of person giving information Lillian Gilland How related to deceased Wife

CAUSES OF DEATH

Primary Mitral Regurgitation How long Unknown

Immediate

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

Signature of Physician

Address

John Evans M.D.  
501 Franklin Terrace

Accident or Suicide?

My Olivet Sept 12<sup>th</sup>  
From Leese's 502 & 110th and

Name  
is  
Full

CERTIFICATE OF DEATH

Rose Goldberg  
Town

County

Baltimore

MARYLAND

Died at Reisterstown

Date  
of death 19/0

Month

Sept.

Day

29

Years

19

Age

Months

3

Days

20

Sex Female

Color or  
Race

White Hebrew

Birth-  
place

Baltimore

Occupation

Domestic

Where Residing if not  
at place of death

1204 Jackson St. Baltimore

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Israel Goldberg

Father's  
Birthplace

Russia

Mother's  
Maiden Name

Rebecca Denovitch

Mother's  
Birthplace

Russia

Name of person giving  
information

Israel Goldberg

How related  
to decedent

Father.

## CAUSES OF DEATH

Primary

Tuberculosis

How long

13 months

Immediate

Anemia

How long

4 months.

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

Yes.

Signature of  
Physician

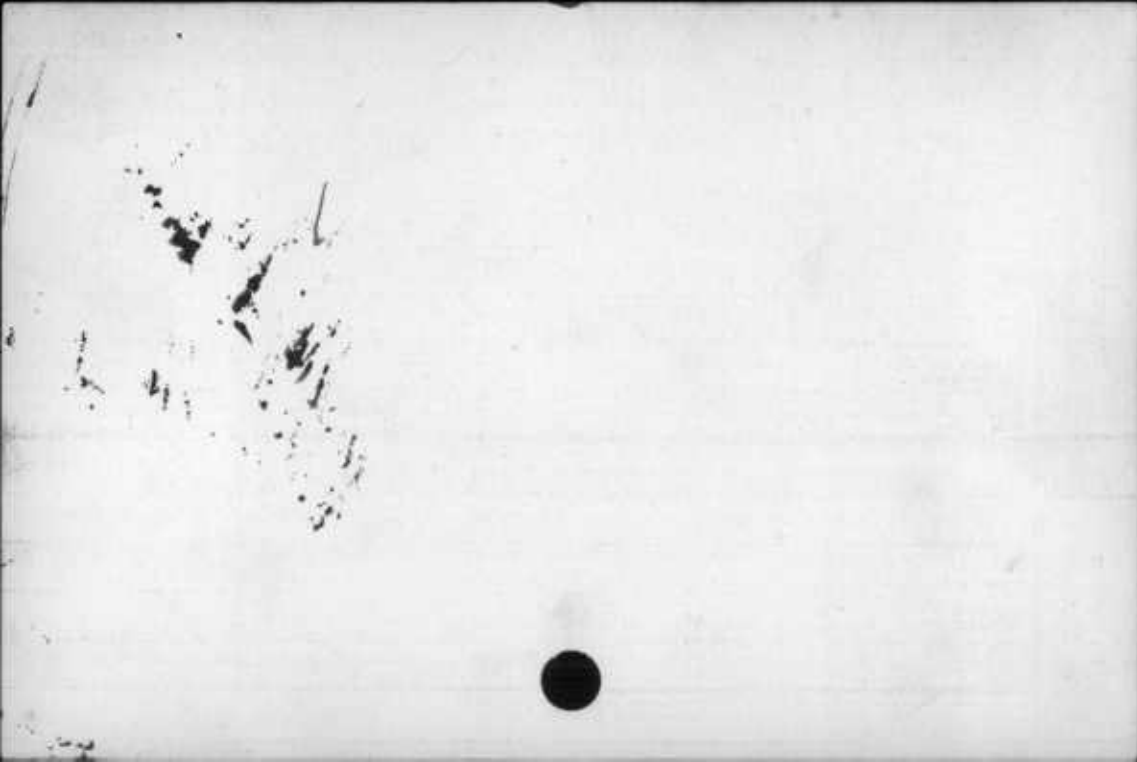
Address

Joseph G. Grant M.D.

Jewish Home for  
Reisterstown Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Gilmore L. Graham

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <sup>Town</sup> Arlington <sup>County</sup> Balto **MARYLAND**

Date of death 1910 <sup>Month</sup> 9th <sup>Day</sup> 5 <sup>Years</sup> 14 <sup>Months</sup> 4 <sup>Days</sup> 7

Sex Male Color or Race White Birth-place MD

Occupation Driver Where Residing if not at place of death Arlington

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

Father's Name Samuel E. Graham Father's Birthplace MD

Mother's Maiden Name Eva Lightner Mother's Birthplace MD

Name of person giving information Samuel Graham How related to deceased Father

CAUSES OF DEATH

Primary Typhoid fever How long four weeks

Immediate Exhaustion How long

PHYSICIAN OR CORONER

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

Signature of Physician Edwin E. Jones

Address Arlington Maryland

Accident or Suicide? \_\_\_\_\_

Just at Bureau Office  
Sept 8/910

Yours best  
Wm. E. Hunter



Name  
in  
Full

Margaret Boyd Graham

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Relay</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u>	Month	<u>Sept.</u>	Day	<u>19</u>
Age	<u>56</u>	Years	<u>56</u>	Months	<u>0</u>
		Days	<u>2</u>		
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Baltimore, Md.</u>
Occupation	<u>Housewife</u>		Where Reading if not at place of death	<u>Relay, Md.</u>	
Married, Single or Widowed	Name of <del>Wife</del> Husband		<u>Robert Graham</u>		
Father's Name	<u>John Connolly</u>			Father's Birthplace	<u>Baltimore</u>
Mother's Maiden Name	<u>Sarah Selam</u>			Mother's Birthplace	<u>Baltimore</u>
Name of person giving information	<u>Mrs. Lillian Connolly</u>			How related to deceased	<u>Niece</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Chr. Int. Nephritis. Cerebral hyperaemia</u>	How long	<u>5 weeks</u>
Immediate	<u>Pulmonary Oedema</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Wm. R. Eareckson</u>
		Address	<u>Elk Ridge, Md.</u>
Accident or Suicide?			

London Park Sept 21-1910

Name  
in  
Full

Gray, William F.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Leatonville* <sup>County</sup> *Balt.* **MARYLAND**

Date of death 19*00* <sup>Month</sup> *Sept* <sup>Day</sup> *29* <sup>Year</sup> *79* Age <sup>Months</sup> *0* <sup>Days</sup> *0*

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

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

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

Father's Name *unk* Father's Birthplace *unk*

Mother's Maiden Name *unk* Mother's Birthplace *unk*

Name of person giving Information *—* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Obstructive Disease* How long *14 yr*

Immediate *Acute Dyspnea* How long *2 days*

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

Signature of Physician *J Perry Wade*

Address *Leatonville, Md*

Accident or Suicide *No —*



NAME  
in Full

Ethel A. Hardesty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Highlandtown <sup>County</sup> Balto. MARYLAND

DATE of death 19 10 <sup>Month</sup> Sept <sup>Day</sup> 8 <sup>AGE</sup> <sup>Years</sup> — <sup>Months</sup> 6 <sup>Days</sup> 14

Sex <sup>F.</sup> Color or Race <sup>W.</sup> Birthplace <sup>Balto. Co.</sup>

Occupation: — Where Residing if not at place of death <sup>Highlandtown</sup>

Married, Single or Widowed <sup>—</sup> Name of Wife or Husband <sup>—</sup>

Father's Name <sup>Thos. L. Hardesty</sup> Father's Birthplace <sup>Md.</sup>

Mother's Maiden Name <sup>Marg. Power</sup> Mother's Birthplace <sup>Pa.</sup>

Name of person giving Information <sup>Thos. L. Hardesty</sup> How related to decedent <sup>Father</sup>

## CAUSES OF DEATH

Primary <sup>Summer diarrhea</sup> How long <sup>4-5 weeks</sup>

Immediate <sup>Pertussis</sup> How long <sup>about 2 weeks</sup>

Are the name, age, sex, color, date and place correctly given above? <sup>Yes</sup> Signature of Physician <sup>Wade J. Wilson</sup>

Address <sup>2509 6<sup>th</sup> St. Baltimore, Md.</sup>

Accident or Suicide? <sup>No</sup>

PHYSICIAN  
OR CORNER

Wendell Lippel & Son  
330 S. Bond St.

Holy Redeemer Cem.

Sept. 9<sup>th</sup> 1910

Name  
in Full

Myrtle Fair Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Arlington</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup>		MARYLAND	
Date of death	19 <u>90</u> <sup>Month</sup>	<u>Sept</u> <sup>Day</sup>	<u>1st</u> <sup>Age</sup>	<u>1</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth place	<u>Balto Md</u>
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed	—		<u>Widow</u> <sup>Wife or Husband</sup>	<u>Anna V Harris</u>	
Father's Name	<u>J W. Harris</u>		Father's Birthplace	<u>Carroll Md</u>	
Mother's Maiden Name	<u>Anna V Troyer</u>		Mother's Birthplace	<u>Balto Md</u>	
Name of person giving Information	<u>Anna V Harris</u>		How related to deceased	<u>mother</u>	

## CAUSES OF DEATH

Primary	<u>Enteric Colitis</u>	How long	<u>2 1/2 months</u>
Immediate	<u>Exhaustion caused by hemorrhage from bowel</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>M. F. Fair</u>
Accident or Suicide		Address	<u>12 E 75<sup>th</sup> St Balto Md</u>

PHYSICIAN  
OR CORONER

Sept 4/1910

Maple Grove Bldg Co

W. E. Edmunds & Son

Amoral University

3617 Chaumont Ave

Maple Grove Bldg Co



Name in Full *Henry Hausman*

CERTIFICATE OF DEATH

Died at *Womble & 30<sup>th</sup> St. Canton* <sup>Town</sup> *Balto* <sup>County</sup> MARYLAND

Date of death *1990* <sup>Month</sup> *Sept* <sup>Day</sup> *26<sup>th</sup>* <sup>Years</sup> *71* <sup>Months</sup> *0* <sup>Days</sup> *0*

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

Occupation *Farmer* Where Residing if not at place of death *-*

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

Father's Name *Don't know* Father's Birthplace *Germany*

Mother's Maiden Name *Don't know* Mother's Birthplace *Germany*

Name of person giving Information *Fred's Seiling* How related to deceased *Son in Law*

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary *Valvular Disease Heart* How long *1 year -*

Immediate *Broken Compensation* How long

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

Signature of Physician *C. V. They*

Address 

PHYSICIAN OR CORONER

Accident or Suicide

Schwartz kem.

J. Hennigson

- 9/28/10

Name  
is  
Full

Percus Mildred Hedrick

CERTIFICATE OF DEATH

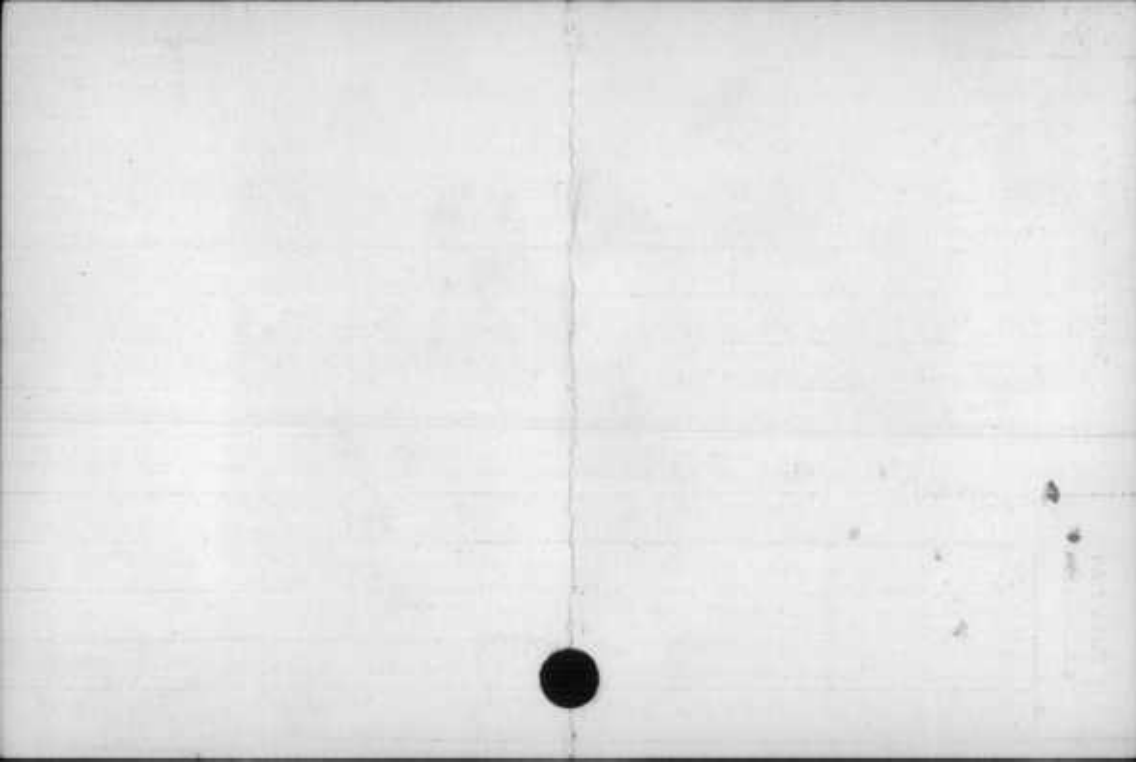
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Warren</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1910</i>	Month	<i>Sept</i>	Day	<i>13</i>
Age		Years	<i>20</i>	Months	<i>8</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Warren Md</i>	
Occupation <i>Help. in House</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>William Henry Hedrick Jr</i>			Father's Birthplace <i>Warren Md</i>		
Mother's Maiden Name <i>Emma Virginia Corbin</i>			Mother's Birthplace <i>Washington Md</i>		
Name of person giving information <i>Emma R Hedrick</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Inflammatory Rheumatism</i>	How long	<i>5 months</i>
Immediate	<i>Endocarditis</i>	How long	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. B. B. Benson</i>	
		Address <i>Cachayville Md</i>	
Accident or Suicide? <input type="checkbox"/>			



Name  
is  
Full

Mary B. Hoelzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Baldwin* <sup>County</sup> *Balto.*

MARYLAND

Date of death 19 *19* <sup>Month</sup> *Sept.* <sup>Day</sup> *15* Age <sup>Years</sup> *82* <sup>Months</sup> *—* <sup>Days</sup> *—*

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

Occupation *House keeper* Where Residing If not at place of death

~~Married~~ ~~Single~~ or Widowed Name of Wife or Husband *Leonard Hoelzer*

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving information *Fred Fisher* How related to deceased *Son*

CAUSES OF DEATH

*154*

PHYSICIAN  
OR CORONER

Primary *General Severe Debility* How long *2 Years -*

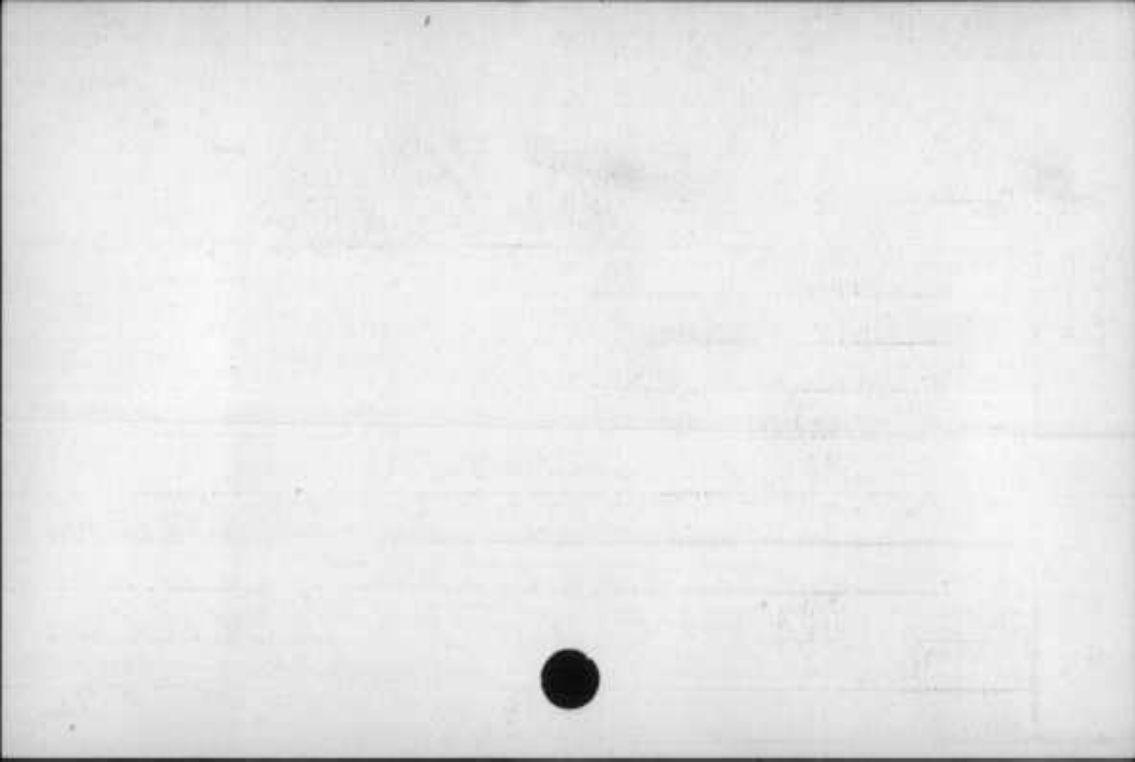
Immediate *Mesenteric tuberculosis* How long *2 months*

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

Signature of Physician *J. F. H. Gorsuch*

Address *Folk Md -*

Accident or Suicide?



Name  
In  
Full

Anna E. Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Arlington</i> <sup>County</sup> <i>Deanna Co. Balto</i>		MARYLAND	
Date of death	19 <i>10</i> <sup>Month</sup> <i>Sept</i> <sup>Day</sup> <i>8</i> <sup>Years</sup> <i>22</i>	Months <i>2</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balt Co</i>	
Occupation <i>Housekeeper</i>	Where residing if not at place of death <i>Arlington</i>		
Married, Single or Widowed <i>Single</i>	Name of <sup>Wife</sup> <sup>Husband</sup>		
Father's Name <i>Robt. L. Holland</i>	Father's Birthplace <i>Balt Co</i>		
Mother's Maiden Name <i>Williamson</i>	Mother's Birthplace <i>Balt Co</i>		
Name of person giving information <i>Mrs. Holland</i>	How related to deceased <i>mother</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 Months</i>	
	Immediate <i>Ephoriant to Herk Taylor</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>Wm D Wells</i>	
		Address <i>Arlington Md</i>	
Accident or Suicide? <input type="checkbox"/>			

David Ridgē

Sept 10 1918

A. S. Marshall

3539 Fall Road



Name  
in  
Full

Elba Emma

~~Holmes~~ Holmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Fullerton <sup>Town</sup> Balto <sup>County</sup> MARYLAND

Date of death 1900 <sup>Month</sup> Sept <sup>Day</sup> 19 <sup>Years</sup> — <sup>Months</sup> 15 <sup>Days</sup> 1/2

Sex Female Color or Race white Birth-place Fullerton

Occupation — Where Residing if not at place of death —

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

Father's Name Wm. A. Holmes Father's Birthplace nearby (Balto Co.)

Mother's Maiden Name Lester Mother's Birthplace Frank Balto Co.

Name of person giving information father How related to deceased B

CAUSES OF DEATH

Primary Scarlet-Finial Meningitis How long about 10 days

Immediate Exhaustion How long several hours

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

To best of my knowledge

Signature of Physician

Address

Lingar [Signature]  
Fullerton, Md.

Accident or Suicide —

PHYSICIAN  
OR CORONER

Enfermeat St. Johns  
Cant

Geo W. Brown  
undertaker

Name  
is  
Full

CERTIFICATE OF DEATH

Mrs Rebecca Holyland

Town

County

Died at St. Agnes Hospital Baltimore

MARYLAND

Date

of death 1910

Month

Sept

Day

4th

Years

Age 69.

Months

Days

Sex

Female

Color or  
Race

W

Birth-  
place

Occupation

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

Single

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
informationHow related  
to decedentTO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary

Fracture of Femur

How long

Immediate

Folliculitis from Cystitis

How long

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

Address

J. D. Proctor  
St Agnes Hospital

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

George Albert Hossbach

MARYLAND

Died at

Annea Batts

Date

1910 Sept 24 Age 52

Months

10

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Batts, Md.

Occupation

Telegraph operator

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

Married

Name of Wife or  
Husband

Maguire Hossbach

Father's  
Name

Phillip Hossbach

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Elizabeth Hossbach

Mother's  
Birthplace

Germany

Name of person giving  
information

Maguire Hossbach

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Epilepsy

How long

10 hrs

Immediate

Cardiac Failure

How long

Immediate

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

Yes

Signature of  
Physician

W. H. Hossbach, M.D.

Address

1228 S. Charles St.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

John W Bell  
Under Taker  
1808 W. Watering as

London's Park Cemetery  
J.

Name  
in  
Full

Martha G. Howard

CERTIFICATE OF DEATH

Died at Roland Park Baltimore County

MARYLAND

Date of death 9/10 Sept 26 Age 79 Years 1 Months 5 Days

Sex Female Color or Race White Birth-place New York

Occupation None Where Reading if not at place of death at place of death.

Married, Single or Widowed Widow Name of Wife or Husband Stanley R. Howard.

Father's Name Joseph Campbell Father's Birthplace N.Y.

Mother's Maiden Name Do not know Mother's Birthplace Do not know

Name of person giving information Geo. S. Howard How related to deceased Son.

## CAUSES OF DEATH

Primary Brights disease How long Do not know

Immediate Uremic Dyspnoea How long 2 hours

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

Signature of Physician M. J. Pate Address Roland Park Md

Accident or Suicide? No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

A. S. Marshall  
3839 Fall Road  
Sept. 27 - 1910

Monticello Iowa.

Sept. 26, 1910



Name  
In Full

Maud C. Isaac.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

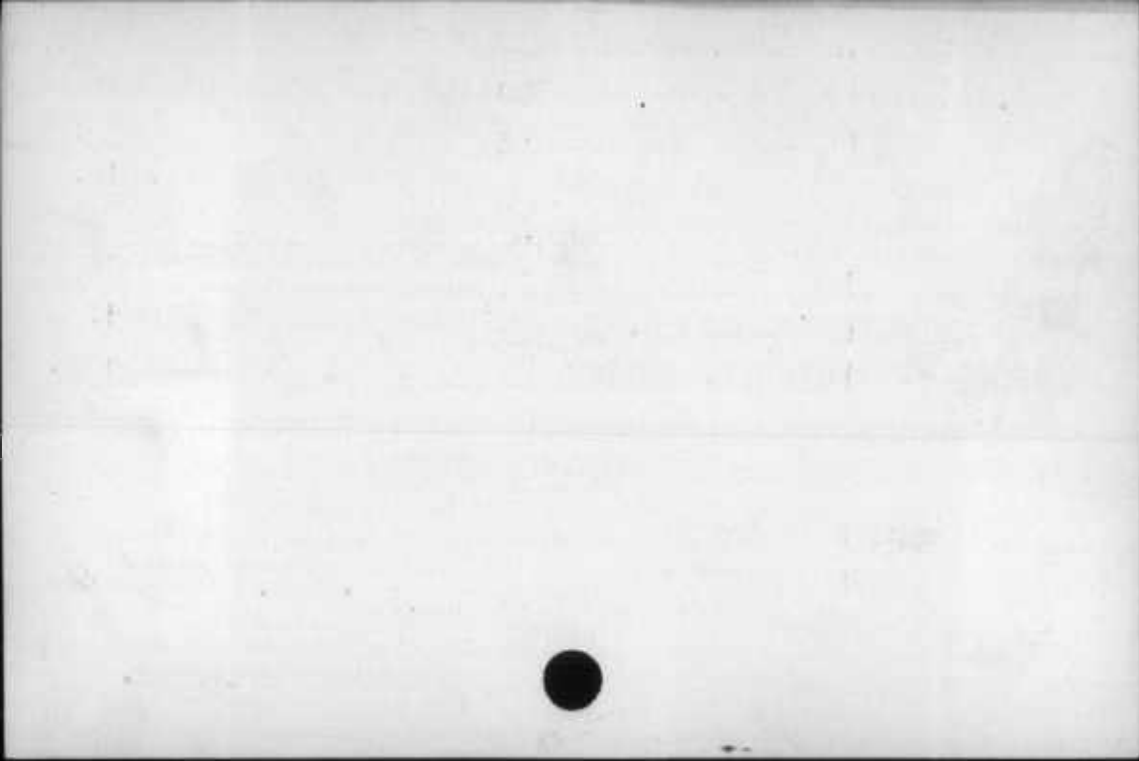
Died at <u>Park Height Ave.</u>		Town		County <u>Balto Co.</u>		State <u>MARYLAND</u>	
Date of death	<u>1910</u>	Month	<u>Sep.</u>	Day	<u>19</u>	Age	<u>27</u>
				Years	<u>4</u>	Months	<u>17</u>
Sex	<u>Female</u>		Color or Race	<u>White</u>		Birth-place	<u>Balto. Co.</u>
Occupation	***** <u>Teacher</u> *****		Where Residing if not at place of death				
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband *****				
Father's Name	<u>Julian T. Isaac.</u>		Father's Birthplace		<u>Maryland.</u>		
Mother's Maiden Name	<u>Margaret R. Bailey</u>		Mother's Birthplace		<u>Maryland.</u>		
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary	<u>Typhoid Fever</u>	How long	<u>21 days</u>
Immediate	<u>Pneumonia</u>	How long	<u>2 "</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. M. Sander</u>	
		Address <u>Restertown, Md.</u>	
Accident or Suicide? <u>N</u>			



Name  
in  
Full

Lawrence Leo Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>2017 Building</sup> ~~Home~~ Baltimore Co. Highlandtown County MARYLAND

Date of death 1960 Month 9 Day 27 Age 11 months Days -

Sex M. Color or Race W. Birthplace Baltimore

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Lawrence Herman Jacobs Father's Birthplace Baltimore

Mother's Maiden Name Amelia Virginia Shomek Mother's Birthplace Baltimore

Name of person giving Information Father How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

Primary I. Marasmus How long 3 mo.

Immediate II. Colitis How long 2 wks

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

Signature of Physician F. W. Hermon

Address 3115 E. Baltimore St

Accident or Suicide \_\_\_\_\_

PHYSICIAN  
OR CORONER

Holy Redeemer

Grant Brackson

Sept 29/10

Name  
Full

Still born infant Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sparrows Point</i> <sup>Town</sup> <i>Baltimore</i> <sup>County</sup>		MARYLAND			
Date of death	1910	Month	Sept	Day	20
Age	Years		Months		Days
Sex	male		Color or Race	col	
Occupation	none		Birth place	Sparrows Point	
Where Residing if not at place of death			Sparrows Point		
Married, Single or <del>Married</del>		Name of Wife or Husband			
none		none			
Father's Name		Squire Johnson		Father's Birthplace	
none		none		Pa	
Mother's Maiden Name		Martha Coleman		Mother's Birthplace	
none		none		Pa	
Name of person giving information		Martha Johnson		How related deceased	
none		none		mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Syphilis</i>	How long	
Immediate	<i>Premature birth (6 mos)</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>G. L. McCormick MD</i>
Accident or Suicide?	<i>no</i>	Address	<i>Sparrows Point Md.</i>



Name  
In Full

CERTIFICATE OF DEATH

Alice Jones.

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>town</sup> <i>Lawville.</i>		County <i>Jones</i>		MARYLAND	
Date of death	1910	Month <i>Sep</i>	Day <i>13</i>	Age	Years <i>6</i> Months <i>6</i> Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Balti Co</i>		Where Reading if not at place of death <i>Grindor in</i>	
Occupation	Name of Wife or Husband <i>Walter M. Jones</i>		Father's Name <i>Walter M. Jones</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Walter M. Jones</i>		Father's Birthplace <i>Balti Md.</i>		
Father's Name <i>Walter M. Jones</i>	Name of Wife or Husband <i>Walter M. Jones</i>		Mother's Birthplace <i>Balti Md.</i>		
Mother's Maiden Name <i>Mattie B. Jones</i>	Name of person giving information <i>Walter M. Jones</i>		How related to deceased <i>Father</i>		

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Acute Gastro-intestinal intoxication</i>	How long <i>7 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. LeRoy Wright</i>
	Address <i>Lawville Md</i>
Accident or Suicide?	

Sut at M. Mary. Coey

Stampelen

Mr. Cook  
103 E. 5th St.



Name  
in  
Full

Stafford James Kane

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u> <sup>Town</sup> <u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death 19 <u>10</u> <sup>Month</sup> <u>Sept</u> <sup>Day</sup> <u>15</u> <sup>Years</sup> <u>—</u>	Age <u>—</u>	<sup>Months</sup> <u>3</u>	<sup>Days</sup> <u>15</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Place of Birth <u>Highlandtown Md</u>	
Occupation <u>None</u>	Where Reading if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Thomas James Kane</u>	Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Estelle Emma Morlock</u>	Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Thomas Kane</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Acute Bronchitis</u>	How long <u>14 days</u>
Immediate <u>"</u>	How long <u>54 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>N. L. Peckard</u>
	Address <u>2643 Eastern Ave</u>
Accident or Suicide? <u>no</u>	

Balto. Cemetery

Sept. 17<sup>th</sup> 1810

Lilly & Geiler

Undertakers

Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Highlandtown		County		MARYLAND	
Date of death		1910	Sept	9	Age	42	
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		James	
Married, Single or Widowed		Married		Name of Wife or Husband		Unknown	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		J. Wesley James		How related to deceased		None	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cardiac syncope	How long	(79)
Immediate		How long	Evening
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?	3345 E. Beltsville		

Christian Miller.  
N. W. Co. Jefferson St. and  
Montford Ave.

Name  
in  
Full

Julia L. Kenble

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lanraville</i> <small>Town</small>		<i>Balto</i> <small>County</small>		<b>MARYLAND</b>	
Date of death	<i>1900</i> <small>Year</small>	<i>Sept</i> <small>Month</small>	<i>11</i> <small>Day</small>	Age <i>39</i> <small>Years</small>	<i>9</i> <small>Months</small> <i>e</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Balto</i>
Occupation	<i>House wife</i>		Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>William Kenble</i>		
Father's Name	<i>Robert Henkil</i>		Father's Birthplace	<i>Balto</i>	
Mother's Maiden Name	<i>Ida Myers</i>		Mother's Birthplace	<i>Balto</i>	
Name of person giving information	<i>William Kenble</i>		How related to deceased	<i>husband</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>1 yr.</i>
Immediate	<i>Pulmonary Tuberculosis</i>	How long	<i>1 yr.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Geary A. Long M.D.</i>
		Address	<i>Hamilton</i>
Accident or Suicide?	<i>n</i>		<i>M.D.</i>

Baltimore Cemetery  
to Messrs. Miller

Name  
In  
Full

Phillip Kerler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>O'Donnell St Extant</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death <i>1900</i>	Month <i>Sept</i>	Day <i>27</i>	Age <i>67</i>	Years	Months	Days <i>27</i>	
Sex <i>male</i>	Color or Race <i>White</i>	Birthplace <i>Germany</i>					
Occupation <i>Glennworker</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sara Kerler</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving Information <i>Sara Kerler (wife)</i>	How related to deceased <i>wife</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Hepatitis Cirrhosis imp. Acute</i>	How long <i>2 years.</i>
Immediate	<i>Exp. heart failure</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician <i>Fredrick G. Stoner, M.D.</i>
		Address <i>117 S. Broadway.</i>
Accident or Suicide		

Burial. — — — Sept. 29 - 1910 -  
Zouder Oord Cemetery. —

---

Undertaker. —

Josiah Syfer - 16 00 U.  
North Ave. —

---



Name  
in  
Full

Arthur Perwin Kerwin

CERTIFICATE OF DEATH

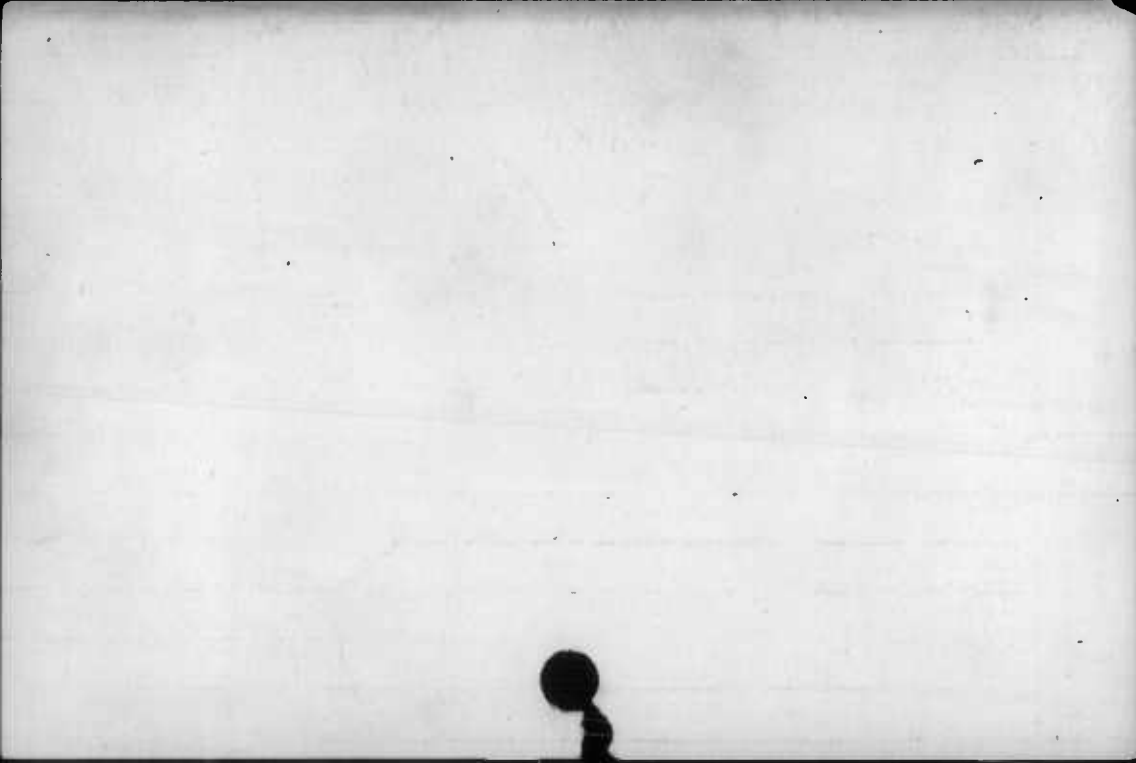
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Rumsville	County Balls	MARYLAND	
Date of death	19	Month Sept	Day 23	Age	Years 50
Sex	Male	Color or Race	white	Birth-place	Philadelphia
Occupation	Merchant		Where Residing if not at place of death	Balls City	
Married, Single or Widowed	Married	Name of Wife or Husband	Mary L. Kerwin		
Father's Name	Wm Kerwin			Father's Birthplace	Ireland
Mother's Maiden Name	Est Kerwin			Mother's Birthplace	Ireland
Name of person giving information	Mrs Daily			How related to deceased	Bro in Law

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis	How long	2 yrs
Immediate	Heart failure	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. F. G. Goshen
		Address	Fork Md
Accident or Suicide?			



Name  
in  
Full

John Klaus.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cantonsville</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1940</u>	Month <u>Sept.</u>	Day <u>9</u>	Age <u>85</u>	Months <u>11</u>	Days <u>11</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>Cabinet maker</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Not known</u>	Father's Birthplace <u>Not known</u>				
Mother's Maiden Name <u>Not known</u>	Mother's Birthplace <u>Not known</u>				
Name of person giving Information <u>Mrs. Struven</u>	How related to deceased <u>Widow</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Fracture of Neck of L Femur</u>	How long <u>185</u>	<u>73 days</u>
Immediate <u>Old age</u>	How long <u>—</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>D. Mem. MacBain</u>	<u>Not</u>
	Address <u>1102 Madison Ave</u>	<u>Baltimore Md</u>
Accident or Suicide <u>Accident</u>		

London Bank & Currency  
Sept. 11<sup>th</sup> 1910.

H. Sander Sons,

Name in Full

none known

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Disc. 4 Town Gardenville County Dulles MARYLAND

Date of death 1940 Month Sept Day 3 Age 3 Months 3 Days

Sex female Color or Race white Birth-place Gardenville

Occupation none Where Residing if not at place of death Gardenville

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

Father's Name not known Father's Birthplace Germany

Mother's Maiden Name Atth, Shouel Mother's Birthplace Germany

Name of person giving Information not known How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORNER

Primary Premature birth How long None

Immediate convulsions How long few

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

Signature of Physician Wm S Rose MD Address Gardenville Md.

Accident or Suicide

Dr Payne

Name  
in  
Full

Chas. Knight

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Harrow's Point		County Baltimore		MARYLAND	
Date of death	1910	Month	Sept.	Day	17	Years	Age 24
Sex	Male	Color or Race	W/RO	Birth place	Va.		
Occupation	Laborer		Where Residing if not at place of death		Harrow's Point.		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Thos. Knight		Father's Birthplace		Va.		
Mother's Maiden Name	Sarah Watson		Mother's Birthplace		Va.		
Name of person giving information	Oscar Knight-		How related to deceased		Uncle		

## CAUSES OF DEATH

181

PHYSICIAN  
OR CORONER

Primary	Accident-	How long
Immediate	Electrocuted	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	J. P. Blair J. P. Harrow's Point. Md.
	Address	
Accident or Suicide?		





Name in Full

Harry Albert Kroedel

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Cedar Heights</i> <sup>Town</sup>		<i>Bolton</i> <sup>County</sup>		MARYLAND	
Date of death 19 <i>40</i>	<i>9</i> <sup>Month</sup>	<i>5</i> <sup>Day</sup>	Age <i>1</i> <sup>Years</sup>	<i>6</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Cedar Heights</i>		
Occupation <i>none</i>	Where Residing if not at place of death				
<u>Married</u> , Single or <u>Widowed</u>	Name of Wife or Husband				
Father's Name <i>Harry Kroedel</i>	Father's Birthplace <i>Bolton</i>				
Mother's Maiden Name <i>Beatrice M. Fennessey</i>	Mother's Birthplace <i>Bolton</i>				
Name of person giving information <i>Harry Kroedel</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

(151)  
How long *2 mo*

PHYSICIAN OR CORONER

Primary <i>Marasmus</i>	How long <i>2 mo</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>Z. B. Hall</i>
	Address <i>127 Winous</i>
<u>Accident or Suicide?</u>	

Jamies Kligman & Son  
Western Cemetery.

Name  
in  
Full

Thomas H. Leary

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Catonsville</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death 19 <i>40</i>	<sup>Month</sup> <i>Sept.</i>	<sup>Day</sup> <i>20</i>	Age <sup>Years</sup> <i>64</i>	<sup>Months</sup> _____	<sup>Days</sup> <i>10</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Catonsville Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Cornelius L. Leary</i>	Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Jane Phillips</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving Information <i>W. L. Davis, Jr.</i>	How related to deceased <i>Nephew</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral Regurgitation</i>	How long <i>2 yrs.</i>
Immediate <i>General Asthenia</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Marshall B. West.</i>
	Address <i>Catonsville Md.</i>
Accident or Suicide <input type="checkbox"/>	

Henry W. Jenkins <sup>and</sup> done to

Lorraine Cemetery

Name  
In Full

CERTIFICATE OF DEATH

Still Born (see)

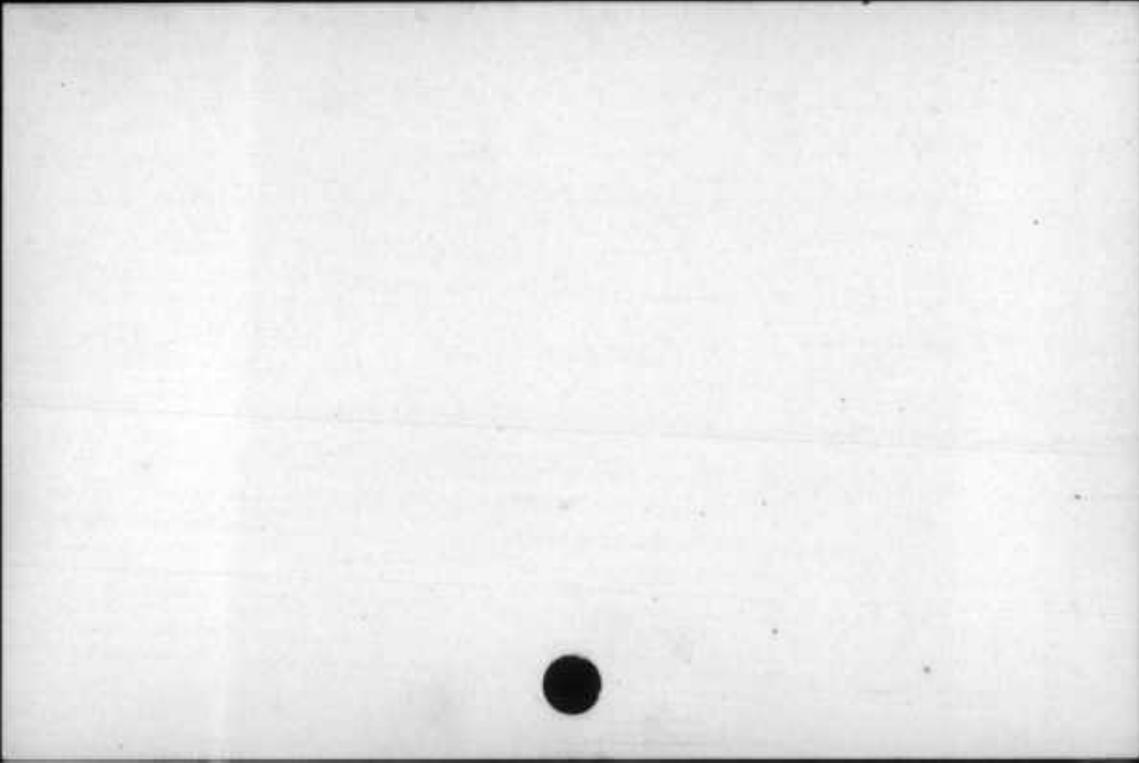
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Grants</u> <sup>Town</sup>		<u>Salts</u> <sup>County</sup>		MARYLAND	
Date of death	19 <u>90</u>	Month	<u>Sept</u>	Day	<u>24</u>
Age	—		Years	Months	Days
Sex	<u>male</u>	Color or Race	<u>Black</u>	Birth place	<u>Grants</u>
Occupation	—		Where Reading if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Daniel Lee</u>		Father's Birthplace	<u>Va</u>	
Mother's Maiden Name	<u>Annie Page</u>		Mother's Birthplace	<u>Va</u>	
Name of person giving information	<u>Daniel Lee</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Premature Delivery</u>	How long	—
Immediate	<u>Detached Placenta</u>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>H. J. Stephens</u>
		Address	<u>Grants 2</u>
Accident or Suicide?	<u>no</u>		<u>and</u>



Name  
in  
Full

Helena R. Lewis

CERTIFICATE OF DEATH

Died at Sherwood Town Balto. County

MARYLAND

Date of death 1960 Month Sept Day 20 Age — Years Months 6 Days —Sex Female Color or Race white Birth place ind.Occupation none Where Residing if not at place of death SherwoodMarried, Single or Widowed Single Name of Wife or Husband noneFather's Name Wm. F. Lewis Father's Birthplace ind.Mother's Maiden Name Mary S. Reinicke Mother's Birthplace ind.Name of person giving Information Wm. F. Lewis How related to deceased Father

## CAUSES OF DEATH

Primary Congenital debility How long 6 monthsImmediate Renal insufficiency How long 3 monthsAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician J. P. [unclear]  
Address [unclear] ind.Accident or suicideTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

John Brown Jones  
Towns

Invention  
St. Mary's  
Towns



Name  
in Full

Martha C Lober

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bellevue Town Balto County MARYLAND

Date of death 1900 Sept 18 Age 51 Months - Days -

Sex Female Color or Race White Birth-place Balto

Occupation - Where Residing if not at place of death Bellevue

Married, Single  Widowed Name of Wife or Husband Conroy Lober

Father's Name Ernest Schulberg Father's birthplace -

Mother's Maiden Name unknown Mother's Birthplace -

Name of person giving Information " How related to deceased (42)

## CAUSES OF DEATH

Primary Carcinoma of Uterus

Immediate "

How long

How long

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

Yes

Signature of Physician

Address

A. R. Clewell, M.D.  
1741 Hanford Ave. Balto, Md.

Accident or Suicide

NoPHYSICIAN  
OR CORONER

Robert J. Turner.

1442. N. Broadway.

Mt. Olivet Cemetery.

Sept. 21<sup>st</sup> 1910.

NAME  
in  
Full

CERTIFICATE OF DEATH

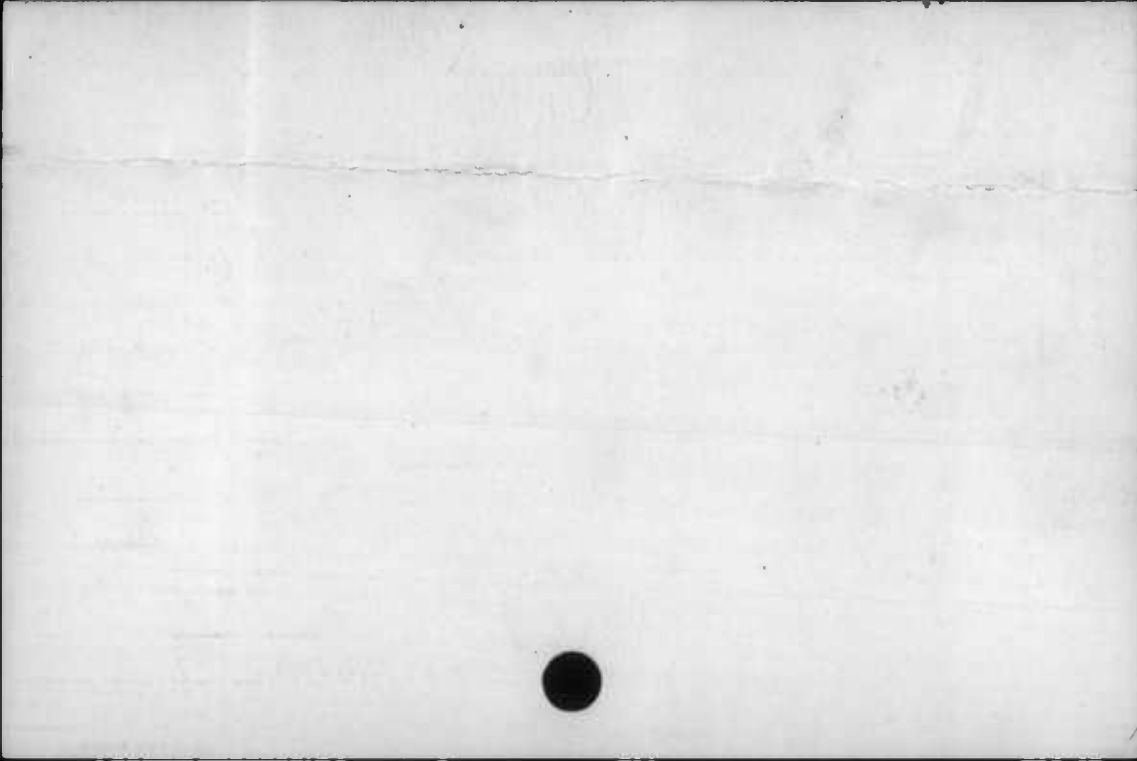
Died at *St. Agnes Hospital* *Baltimore* *MARYLAND*DATE of death 191*8* *Sept.* *2* AGE *23*Sex *Male* Color or Race *White* Birth-place *Baltimore*Occupation *Sevensmith* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Joseph C. Lutz* Father's Birthplace *Germany*Mother's Maiden Name *Rosa M. Lutz* Mother's Birthplace *Germany*Name of person giving Information *Mrs. Harry J. Handy* How related to deceased *Sister*

## CAUSES OF DEATH

Primary *myocarditis* *initial & acute decompensation* How long *19*Immediate *Ac. dilatation of st. heart* How long *1/2 hour.*

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

Signature of Physician *Thomas King Melick*Address *St. Agnes Hospital*Accident or Suicide? *No.*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In Full

CERTIFICATE OF DEATH

Name in Full <i>Mr J Mc Ginnis</i>		Town <i>Trout</i>		County <i>Baltimore</i>		State <b>MARYLAND</b>	
Date of death <i>1901 Sept 10</i>		Month <i>Sept</i>	Day <i>10</i>	Age <i>53 yrs</i>	Years <i>53</i>	Months <i>4</i>	Days <i>10</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ireland</i>				
Occupation <i>laborer</i>		Where Residing if not at place of death <i>Trout</i>					
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Catherine Mc Ginnis</i>						
Father's Name <i>Mr Mc Ginnis</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Anderson</i>		Mother's Birthplace <i>Wales</i>					
Name of person giving Information <i>Mary A. Mc Ginnis</i>		How related to deceased <i>Daughter</i>					

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary <i>Heart Disease + Atherosclerosis</i>	How long <i>about one year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. F. Bennett</i>
	Address <i>Trout Md</i>
Accident or Suicide*	

PHYSICIAN  
OR CORONER

Journal of Dr. J. H. ...

Sept 13 - 1910

Name  
in Full

Margaret M. Intire

CERTIFICATE OF DEATH

Town Baltimore

County

MARYLAND

Died at 4900 Park Heights Dr

Date of death 1910 Month Sept Day 21 Age 68 Years Months 4 Days 1

Sex F. Color or Race W. Birth-place Baltimore

Single Occupation None

Name of Wife or Husband

Father's Name James M. Intire, Father's Birth-place Scotland

Mother's Maiden Name Eliza Summ, Mother's Birth-place "

Name of person giving information Joseph T. Smith, How related to deceased Not related

## CAUSES OF DEATH

154

Primary Diarrhoea, - Old Age, How long 2 days

Immediate Diarrhoea, How long 1 d

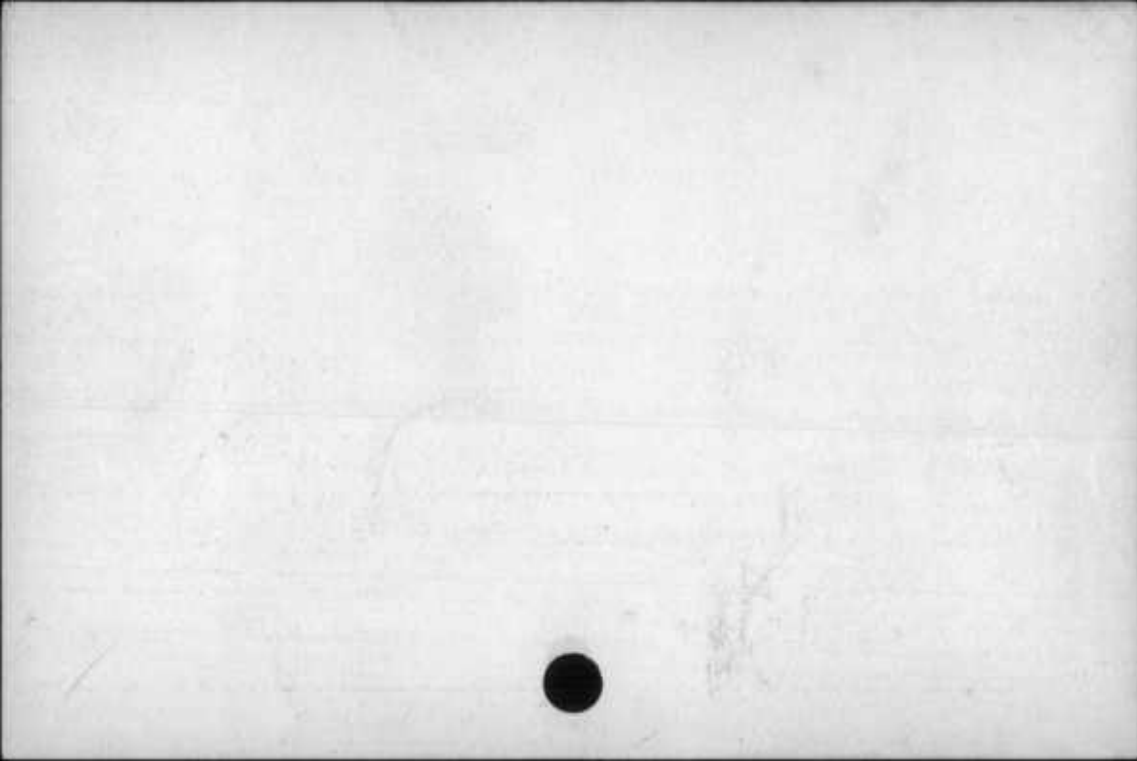
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Joseph T. Smith M.D.

Address The Green

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name in Full

CERTIFICATE OF DEATH

Mutha & Madary

TO BE ANSWERED BY NEAREST FRIEND

Died at *Mt. Washington* <sup>Town</sup> *Balto* <sup>County</sup> **MARYLAND**

Date of death 1900 *Sept* <sup>Month</sup> *6* <sup>Day</sup> Age *?* <sup>Years</sup> Months *4* Days *2*

Sex *Female* Color or Race *White* Birth-place *Balto Co*

Occupation *House Wife* Where Residing if not at place of death *Mt Washington*

Married, Single or Widowed *Married* Name of ~~Wife~~ <sup>Husband</sup> *Emanuel J. Madary*

Father's Name *John Leach* Father's Birthplace *Balto Co*

Mother's Maiden Name *Rutledge* Mother's Birthplace *" "*

Name of person giving information *Emanuel J. Madary* How related to deceased *Husband*

CAUSES OF DEATH

(105)

PHYSICIAN OR CORONER

Primary *Enter - Colitis* How long *3 weeks -*

Immediate *Cardiac Asthenia* How long *2 days*

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

Signature of Physician *Dr. Josiah S. Brown*

Address *Mt. Washington Md.*

Accident or Suicide?

A. S. Marshall  
3539 Fall Road

To. Mt. Zion Cemetery at  
Freeland  
Baltimore

Sept 8-1918

Wm

Name  
in  
Full

Paul A Martini

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Bolgate* <sup>County</sup> *Balto* **MARYLAND**Date of death 19*90* <sup>Month</sup> *Sept* <sup>Day</sup> *14* <sup>Years</sup> *—* <sup>Months</sup> *5* <sup>Days</sup> *—*Sex *Male* Color or Race *White* Birth-place *Balto Co*Occupation *None* Where Residing if not at place of death *Bolgate*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Aug Martini* Father's Birthplace *Balto City*Mother's Maiden Name *Harriett Bowen* Mother's Birthplace *do*Name of person giving Information *Aug Martini* How related to deceased *Father*

## CAUSES OF DEATH

(104)

PHYSICIAN  
OR CORONERPrimary *Cholera Infantum* How long *2 weeks*Immediate *Scorbutus* How long *5 weeks*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. F. A. Glantz*Address *3244 Eastern Ave*

Accident or Suicide

1820 Canton Ave

Of insects + fern

Sept 15<sup>th</sup> 1910

Oak Lawn

Name  
in  
Full

Rosa Masernoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Ruhl Town Baltimore County MARYLAND

Date of death 1940 Month Sep Day 9 Age 30 Years Months 5 Days 17

Sex Female Color or Race White Birth-place Pa

Occupation House-wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mrs. H.G. Masernoff

Father's Name Samuel B. Fisher Father's Birthplace Pa

Mother's Maiden Name Arvada Fisher Mother's Birthplace Pa

Name of person giving Information Mrs. H.G. Masernoff How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis How long 3 years

Immediate Heart Failure How long 3 weeks

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

Address Glen Rock, Pa.

Accident or Suicide No. R. D. 1.

F. Marklin & Son

Name  
In  
Full

Emory Eugene Mays

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Wheatford <sup>County</sup> Balto. **MARYLAND**

Date of death 1930 <sup>Month</sup> 9 <sup>Day</sup> 26 <sup>Age</sup> 3 <sup>Years</sup> 3 <sup>Months</sup> 2 <sup>Days</sup> 3

Sex male Color or Race white Birth-place Baltimore

Occupation \_\_\_\_\_ Where Reading if not at place of death \_\_\_\_\_

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

Father's Name Emory H. Mays Father's Birthplace Balto. Co.

Mother's Maiden Name Mable H.razier Mother's Birthplace Baltimore

Name of person giving information Emory H. Mays How related to decedent Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cerebro Spinal Meningitis How long 7 days

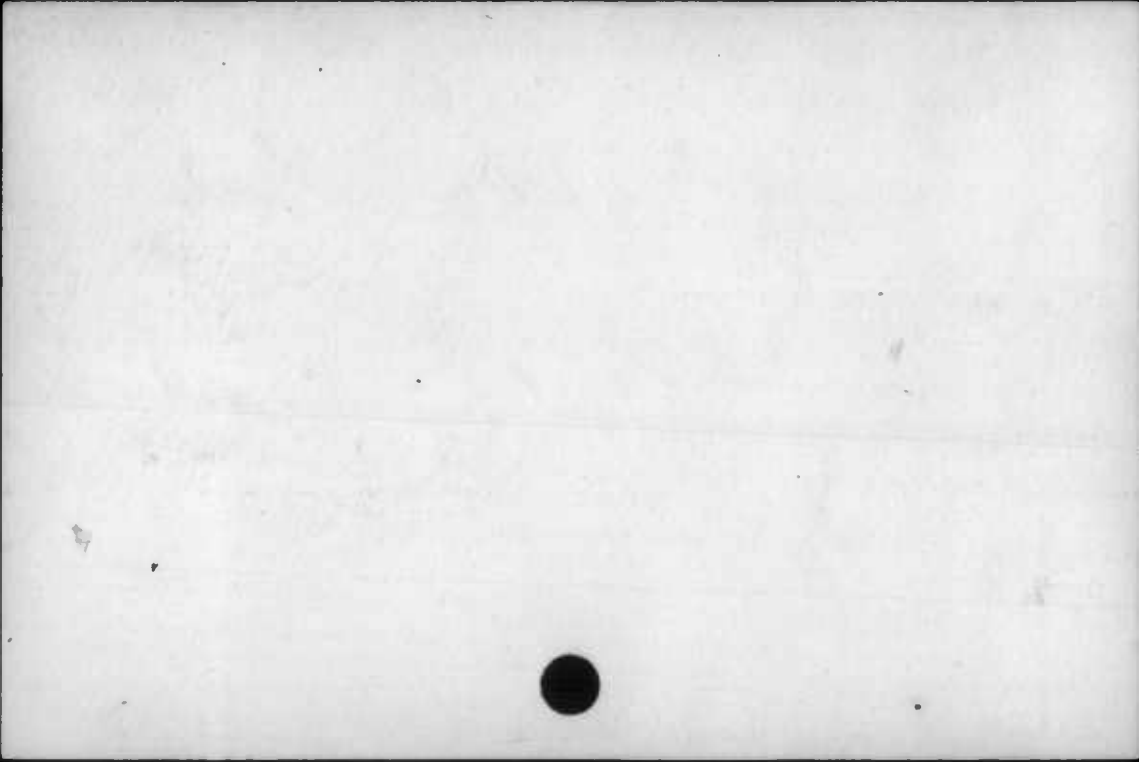
Immediate convulsions How long 3 days

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

Signature of Physician B. W. Sherman

Address Glencoe Ind.

Accident or Suicide? \_\_\_\_\_





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Clara L. Meskill*

Died at *Highlandtown* *Baltimore* **MARYLAND**

Date of death *1960* *Sept.* *6* Age *1* *2*

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 *Patrick Meskill* Father's Birthplace *Ireland*

Mother's Maiden Name *Margaret Ritger* Mother's Birthplace *Ind.*

Name of person giving Information *Mrs. Margaret Meskill* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Transition* How long *151*

Immediate \_\_\_\_\_ How long \_\_\_\_\_

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

Signature of Physician *A. S. Sudler M.D.* *Coroner*

Address *3323 E. Baltimore St*

Accident or Suicide

Undertaker: —

Joseph J. Kerr. —

1914 E. Hayette St. —

---

Burial: —

Sacred Heart Cemetery. —

Sept. 7-1910. —

---

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Catonville		County Bullo		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1990		sep	17	73			
Sex	Color or Race	Birth- place					
m	white	Baltimore					
Occupation		Where Reading if not at place of death					
Merchant		Bullo					
Married, <u>Single</u> or <u>Widowed</u>		Name of Wife or Husband					
		Sophia S Miller					
Father's Name		Father's Birthplace					
Henry Miller		Germany					
Mother's Maiden Name		Mother's Birthplace					
Eva Eggers		"					
Name of person giving information		How related to deceased					
Miss Eva A. Mitchell		Niece					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Senile Dementia	How long	3 yrs
	Immediate	Dehydration & ill effects	How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Yes		Address Charles F. Gandy, M.D. Catonville	
Accident or Suicide?		No		

London Park

Sept. 19/10

G. J. Sanders & Co.

4

Name  
in  
Full

Charles E. Nickles

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Gorans		County Balto		MARYLAND	
Date of death		1910	Month Sept	Day 11	Age Years	Months 2	Days 7
Sex		Male		Color or Race White		Birth-place Gorans	
Occupation		—		Where Residing if not at place of death		Gorans	
Married, Single or Widowed		—		Name of Wife or Husband		—	
Father's Name		Joseph A. Nickles		Father's Birthplace		Del	
Mother's Maiden Name		Agnes May Harper		Mother's Birthplace		Va	
Name of person giving information		J. O. A. Nickles		How related to deceased		Father.	

## CAUSES OF DEATH

Primary	Gastro Enteritis	How long	2 M.
Immediate	Cardiac Failure	How long	1 D.

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

Signature of Physician

E. D. Ellis, M.D.

Address

915 Light St.

Accident or Suicide?

Director  
MTF. Direct 1 of 1910  
Dept. of Commerce

86.8

Name  
in  
Full

Benjamin Thomas Hofferberger.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Cockeysville <sup>Town</sup> Balto <sup>County</sup>

Date of death 1960 <sup>Month</sup> Sept <sup>Day</sup> 1<sup>st</sup> <sup>Age</sup> — <sup>Months</sup> 8 <sup>Days</sup> 30

Sex male Color or Race white Birth place Cockeysville

Occupation — Where Residing if not at place of death Cockeysville

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

Father's Name Charles B Hofferberger Father's Birthplace Cockeysville

Mother's Maiden Name Catherine Brogan Mother's Birthplace Texas

Name of person giving Information Catherine B Hofferberger How related to deceased Mother

CAUSES OF DEATH

(8)

PHYSICIAN  
OR CORONER

Primary Whooping-Cough How long 3 weeks

Immediate Gastro-Enteritis How long 1 week

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician B. R. Benson Jr. M. D.

Address Cockeysville Md

Accident or Suicide —

7 Misses or  
7 Misses cemetery - Sept 8 - 1912



Name in Full

CERTIFICATE OF DEATH

John Oleskiy Ostrowski

Town		County		STATE	
Canton		Baltimore		MARYLAND	
Date of death	1910	Month	Sept	Day	29
Age	32		Months	Days	
Sex	Male	Color of Race	White	Birth-place	Poland
Occupation	Laborer		Where Residing if not at place of death	Baltimore	
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown		
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving information	Mrs C. H. Appleington			How related to deceased	None

TO BE ANSWERED BY NEAREST FRIEND

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	31/ Fractured Skull due to being struck by bucket	How long	(850)
	Immediate	being struck by bucket	How long	Coroner
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		W. S. [Signature]
		Address		337 1/2 E. Baltimore
	Accident or Suicide?			

William. Frackowski  
Holy Rosary. Cms.

October. 1-1910

Name  
in  
Full

CERTIFICATE OF DEATH

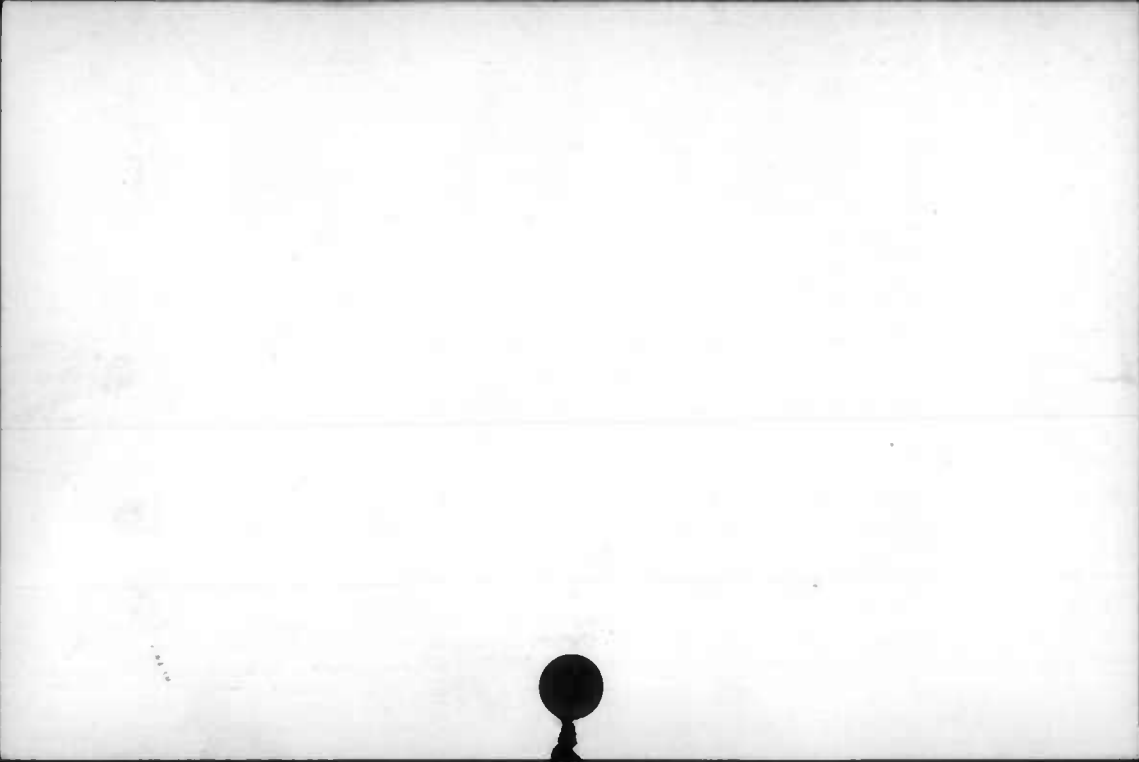
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Beckleyville</i>		County <i>Balto</i>		MARYLAND	
Date of death	19 <i>40</i>	Month	<i>Sept</i>	Day	<i>15</i>	Age	<i>80</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Annex		Birthplace	<i>Balto Md</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		<i>Beckleyville</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband		<i>Susaw Bauble</i>			
Father's Name	<i>Petter Patterson</i>			Father's Birthplace	<i>Southwood</i>		
Mother's Maiden Name	<i>Mary Rokey</i>			Mother's Birthplace	<i>u y</i>		
Name of person giving Information	<i>Wm E Amavosh</i>			How related to deceased	<i>son in law</i>		

## CAUSES OF DEATH

Primary	<i>Dysentery</i>	How long	<i>5 days</i>
Immediate	<i>Parolacis</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>John Preston M.D.</i>
Accident or Suicide		Address	<i>Staupstead Md</i>

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ethel Constance Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hamilton <sup>County</sup> Balto MARYLAND

Date of death 1940 <sup>Month</sup> Sept <sup>Day</sup> 29 Age <sup>Years</sup> 18 <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race White Birth-place Balto

Occupation None Where residing if not at place of death Hamilton

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Gilbert H Perry Father's Birthplace Mass

Mother's Maiden Name Roberta Owens Mother's Birthplace Balto

Name of person giving information Gilbert H Perry How related to deceased Father

CAUSES OF DEATH

(28)

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis How long 4 yrs

Immediate Pulmonary Tuberculosis How long 4 yrs

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

Signature of Physician George Longford

Address Hamilton Md

Accident or Suicide? No

Western Cur

Aug 2, 1910

William Cook

502 & North Ave

Name  
in Full

Bessie E. Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lanton</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1960</i>	Month	<i>Sept.</i>	Day	<i>18</i>
Age		<i>16</i>	Years	<i>6</i>	Months
Sex		<i>Female</i>	Color or Race	<i>White</i>	Birth-place
Occupation		<i>none</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>William Phillips</i>		Father's Birthplace	
Mother's Maiden Name		<i>Elizabeth Ludwig</i>		Mother's Birthplace	
Name of person giving Information		<i>William Phillips</i>		How related to deceased	
				<i>3413 Elliott St.</i>	
				<i>Baltimore</i>	
				<i>"</i>	
				<i>Father.</i>	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Paucitymatous Nephritis</i>	How long	<i>7 Mos.</i>
	Immediate	<i>Uremia</i>	How long	<i>3 weeks</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Accident or Suicide		Address		

*120*

*M. J. McAvey MD*

*839 S. Ellwood Ave*

W. Sander T. S. S.  
W. Sander T. S. S.  
Sept 27<sup>th</sup> 1910

---



Name  
In Full

James A. Price

CERTIFICATE OF DEATH

Died at		Town Carlton		County Baltimore		MARYLAND		
Date of death		19	Month Sept	Day 26	Age	Years 65	Months —	Days —
Sex		Male		Color or Race White		Birth-place Baltimore Md		
Occupation		Gen Store Keeper		Where Residing if not at place of death		372 Franklin Terrace		
Married, Single or Widowed		Married		Name of Wife or Husband		Mary V. Price		
Father's Name		Benj Price		Father's Birthplace		Va.		
Mother's Maiden Name		Henson		Mother's Birthplace		Md		
Name of person giving information		Robert P. Price		How related to deceased		Son		

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

185

PHYSICIAN OR CORONER	Primary	Fractured Skull due to being struck on RR train	How long	(185)
	Immediate	struck on RR train	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. S. Sudler M.D. <i>Coroner</i>
			Address	352 E Baltimore St
Accident or Suicide? <i>Accident</i>				

---

Christian Miller  
2335 Jefferson st  
Sept. 26 / 1910

---

Name  
in  
Full

*Colbert Randolph*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Buckysville* Town *Balti. Co* County **MARYLAND**

Date of death 19*60* *Sept* *20* Day *1* Age *6* Months *0* Days

Sex *Male* Color or Race *Black* Birth-place *Balti Co Md*

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

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

Father's Name *William Randolph* Father's Birthplace *Ohio*

Mother's Maiden Name *Grovia Payne* Mother's Birthplace *Balti Co Md*

Name of person giving Information *W. Randolph* How related to deceased *Father*

*(91)*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *10 days*

Immediate *Meningitis* How long *3 days*

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

Signature of Physician *Dwight Benson* Address *Buckysville Md*

Accident or Suicide *no*

Friday

Name  
in  
Full

Still born child of, *Chas. C. Riley*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Alberton</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>10</i> <sup>Month</sup>	<i>Sept.</i>	<i>12</i> <sup>Day</sup>	Age	<i>—</i> <sup>Months</sup> <i>1</i> <sup>Days</sup> <i>hour</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>none</i>		Birth-place	<i>Maryland</i>	
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>none</i>		
Father's Name	<i>Charles C. Riley</i>			Father's Birthplace	<i>Virginia</i>
Mother's Maiden Name	<i>Pearl Thompson</i>			Mother's Birthplace	<i>Virginia</i>
Name of person giving information	<i>Bernard Thompson</i>			How related to deceased	<i>Uncle</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Birth</i>	How long	<i>one hour</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>Frank L. Miller</i>		
Address	<i>Ellicott City, Md</i>		
Accident or Suicide?	<i>—</i>		

Laurel Methodist Cemetery  
Prince George's County

Name  
in  
Full

Ruggold, Charles Frederick.

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Catonsville <sup>County</sup> Baltimore MARYLANDDate of death 1900 <sup>Month</sup> Sept. <sup>Day</sup> 5<sup>th</sup> <sup>Age</sup> 72 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex Male <sup>Color or Race</sup> white <sup>Birth-place</sup> MarylandOccupation Clerk <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Sarah V. Mikes.Father's Name Meggie Ruggold <sup>Father's Birthplace</sup> MarylandMother's Maiden Name May Lee <sup>Mother's Birthplace</sup> MarylandName of person giving Information Mrs J. J. Ruggold <sup>How related to deceased</sup> niece

## CAUSES OF DEATH

Primary Chronic Bright's Disease <sup>How long</sup> 1 yrImmediate uraemic coma <sup>How long</sup> 6 days.Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> J. Percy Nash<sup>Address</sup> Catonsville, MdAccident or Suicide NoTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1 sheet.

W. C. Wedgfeld

914 Greenmount Ave.

Interment in St Mary's  
Cemetery Towson Md.  
on Thursday Sept 5<sup>th</sup> 1910



Name in Full

William McLaughlin Ristow

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died <sup>Town</sup> *Towson* <sup>County</sup> *Baltimore* **MARYLAND**

Date of death 19*80* <sup>Month</sup> *Sept* <sup>Day</sup> *4* Age <sup>Years</sup> *24* <sup>Months</sup> *10* <sup>Days</sup> *4*

Sex *male* Color or Race *White* Birth-place *Maryland*

Occupation *Atty at Law* Where Residing if not at place of death *Towson*

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

Father's Name *Wm M. Ristow* Father's Birthplace *Maryland*

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

Name of person giving Information *Mary E. Amos* How related to deceased *mother*

CAUSES OF DEATH

*159*

Primary *Drowning* How long *at once*

Immediate *Asphyxiation* How long *30 minutes*

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

Signature of Physician *R. B. Massenburg*

Address *Towson*

PHYSICIAN OR CORONER

Accident ~~or Suicide~~

*Joseph M. Shanklin acting Coroner*

John James Esq.

Tacoma

Walter's Memorial  
Cemetery

Harford Co

Maryland

16022



Name  
in  
Full

Ernie Ritter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Hilhdale* <sup>County</sup> *Balto* **MARYLAND**

Date of death <sup>Month</sup> *Sept* <sup>Day</sup> *13<sup>th</sup>* <sup>Years</sup> *5* <sup>Months</sup> *28* <sup>Days</sup>

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

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Ernest Ritter* Father's Birthplace *Md*

Mother's Maiden Name *Bessie Bowers* Mother's Birthplace *Md*

Name of person giving Information *Ernest Ritter* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Acute Dis Colitis* How long *1 week*

Immediate *Cardiac Arrest* How long *Immediate*

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

*yes*

Signature of Physician

Address

*A. C. Smith**Mr. Faust Park**Md*

Accident or Suicide \_\_\_\_\_

PHYSICIAN  
OR CORONER



Name  
in  
Full

William A Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Westport		County		Baltimore		MARYLAND		
Date of death	1940	Month	9	Day	12	Age	52	Years	Months	Days
Sex	Male		Color or Race	White		Birth-place	Washington D.C.			
Occupation	Engineer		Where Residing if not at place of death		224 Patapsco St					
Married, Single or Widowed	Married		Name of Wife or Husband		Sarah Robinson					
Father's Name	William Robinson				Father's Birthplace	Md				
Mother's Maiden Name	Sarah Mauls				Mother's Birthplace	Md				
Name of person giving information	Hunter Robinson				How related to deceased	Son				

CAUSES OF DEATH

175

PHYSICIAN  
OR CORNER

Primary	Crack of Ice falling on Head		How long	3 Minutes		
Immediate	Neck Broken in		How long	3 Minutes		
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature	August W. Miller (Coroner)		
			Address	Mt Winans		
Accident or Suicide?	Accident		Baltimore Md			

J. J. Fields

New Cathedral

Name  
in Full

Kate Roche

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Arvans</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>1940</u> Year	<u>Sep</u> Month	<u>13</u> Day	Age <u>57</u> Years	Months Days
Sex	<u>Female</u>	Color or Race	<u>American</u>	Birth-place	<u>Ida</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>Wm Roche</u>			Father's Birthplace	<u>Ireland</u>
Mother's Maiden Name	<u>Ann McAndrew's</u>			Mother's Birthplace	<u>Ireland</u>
Name of person giving information	<u>John Farrell</u>			How related to deceased	<u>Brother in law</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Sarcoma</u>	How long	<u>189</u> <u>6 months</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Lora Belle Brewster</u>
as far as I know		Address	<u>1027 Madison Ave Ballt.</u>
Accident or Suicide?	<u>No</u>		

MARTIN FAHEY & SONS,  
Funeral Directors & Embalmers.

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

*St. Mary's Cemetery  
Gorham*



Name  
in  
Full

Anton Rolfe

CERTIFICATE OF DEATH

Died at <sup>Town</sup> <i>Highlandtown</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death	19 <i>60</i>	Month	<i>9</i>	Day	<i>14</i>
Age	<i>47</i>	Years		Months	<i>2</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Balti. City</i>
Occupation	<i>Store Molder</i>		Where Residing if not at place of death <i>773 S. Highland Ave</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Catharine Rolfe</i>		
Father's Name	<i>Herman Rolfe</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Caroline Jarvis</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Catharine Rolfe</i>		How related to deceased	<i>Wife.</i>	

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary	<i>Angina pectoris of the lungs</i>	How long	<i>120</i> <i>120</i>
Immediate	<i>Myocardial Infarction</i>	How long	<i>a few days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. L. [Signature]</i>
		Address	<i>6 N. Broadway</i>
Accident or Suicide			

PHYSICIAN  
OR CORONER

Silly, Geo Zeiler

403 S. Wolfe St.

Holy Redeemer cemetery

Sept. 17<sup>th</sup> - 1910

Name in Full

Regina Roman

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Highlandtown <sup>Town</sup> Balto <sup>County</sup> MARYLAND

Date of death 1918 <sup>Month</sup> Sept. <sup>Day</sup> 9 Age — <sup>Years</sup> — <sup>Months</sup> 11 <sup>Days</sup> —

Sex Female Color or Race White Birth-place Baltimore

Occupation Infant Where Residing if not at place of death 35 S. East. Col.

Married, Single or Widowed Single Name of Wife or Husband Infant.

Father's Name Adam Roman Father's Birthplace Poland.

Mother's Maiden Name Stephanie Maseckla Mother's Birthplace Balto. Md.

Name of person giving Information Adam Roman How related to deceased Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Burn on body Sealed How long 24 hrs

Immediate Exhaustion + uraemia How long 12 hrs

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

Signature of Physician Dr. L. J. ...

Address 3 + 1/2 ... Highlandtown - Md.

Accident or Suicide no

W<sup>m</sup> Fialkowski

Holy Rosary. Crow

Sept. 5 - 1910

Name  
in  
Full

Batharine Sauerwein

CERTIFICATE OF DEATH

Town <sup>over</sup> Edmondson Walnut County Baltimore

MARYLAND

Died at Edmondson Walnut Baltimore

Date of death 1910 Sept 12 Age 37

Sex Female Color or Race white Birthplace Maryland

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single

Father's Name Edwin A Sauerwein Father's Birthplace Maryland

Mother's Maiden Name Annie P Taylor Mother's Birthplace Md

Name of person giving information Callaud Sauerwein Jr How related to deceased brother

CAUSES OF DEATH

(78)

Primary Tuberculosis of Lungs How long 6 mos.

Immediate General Exhaustion How long

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

Signature of Physician E. H. Holbrook, M.D.

Address 728 N. Carey St.

Signature of Coroner

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Herbert W. Brown Co.  
General Director.  
215 Park Av.

For Indentment in  
Brown Mount Country  
on Sept 13<sup>th</sup>/10.

Name  
in  
Full

Richard Osborne Scheckells

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at: <sup>Town</sup> <i>Arlington</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND		
Date of death	<sup>Month</sup> <i>Sept.</i>	<sup>Day</sup> <i>28</i>	Age	<sup>Years</sup> <i>75</i>	<sup>Months</sup> <i>11</i> <sup>Days</sup> <i>26</i>	
Sex	<i>Male</i>	Color or Race	<i>White</i>		Birth-place	<i>Baltimore city</i>
Occupation	<i>Retired Paint Merchant</i>		Where Residing if not at place of death		<i>Belview Ave. Baltimore city</i>	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Virginia Scheckells</i>			
Father's Name	<i>William Scheckells</i>		Father's Birthplace	<i>Baltimore city.</i>		
Mother's Maiden Name	<i>Rebecca Osborne</i>		Mother's Birthplace	<i>Talbot Co.</i>		
Name of person giving information	<i>Mary R. Hawkins</i>		How related to deceased	<i>daughter.</i>		

## CAUSES OF DEATH

Primary	<i>Having been struck by locomotive</i>	How long	<i>Suddenly</i>
Immediate	<i>Fractures</i>	How long	<i>instantly.</i>

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

*yes.*

Signature of

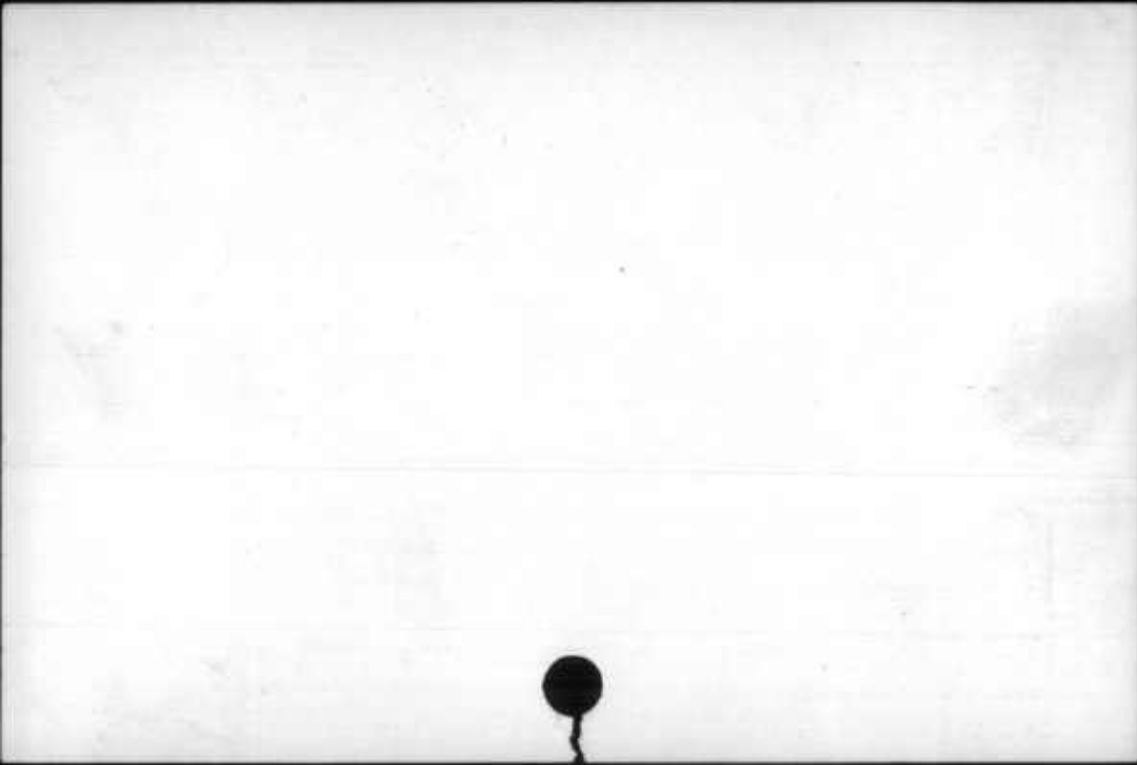
*H. Holliday Emick*

Address

*Arlington, Md.*

Accident or Suicide

*Accident*





Name  
in  
Full

Lora Edna Schick

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Highlandtown <sup>Town</sup> Balto. <sup>County</sup> MARYLAND

Date of death 1940 <sup>Month</sup> Sept <sup>Day</sup> 26 Age 1 <sup>Years</sup> - <sup>Months</sup> - <sup>Days</sup> 7

Sex Female Color or Race White Birth-place md

Occupation none Where Residing if not at place of death 219 S. Eighth St

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

Father's Name John Schick Father's Birthplace md

Mother's Maiden Name Anna Nellert Mother's Birthplace md

Name of person giving Information Anna Schick How related to deceased Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Gastro - Enteritis How long 2 weeks

Immediate Inanition How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. F. A. Glantz

Address 3244 Eastern Ave.

Accident or Suicide

J. D. Schuck's Son

Date of Arrival

Sept 27. 1910

Trinity Cemetery

Name  
in  
Full

Henry Wilmer Schneider

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Laneshville Town Balto, County MARYLAND

Date of death 1960 Month 9 Day 11 Age 17 Months 8 Days —

Sex Male Color or Race White Birth-place Maryland

Occupation Clerk Where Residing if not at place of death Laneshville

~~Married~~ Single Single Name of Wife or Husband —

Father's Name Henry Schneider Father's Birthplace Germany

Mother's Maiden Name Theresa Mavers Mother's Birthplace Maryland

Name of person giving Information Henry Wm. Schneider How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis How long Three years

Immediate Yes How long

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

Address Laurens

Accident or Suicide .

Quikler & Quikler

1739 E. Eager st

Trinity Cemetery,

Sept. 14, 1910.

Name is Full

*Evelyn E Schroder*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Govanstown</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1910</i>	Month <i>Sep</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Months <i>3</i>	Days <i>—</i>
Occupation <i>—</i>		Birth-place <i>Balto Co</i>			
Where Residing if not at place of death <i>Govanstown</i>					
Married, Single <i>Single</i>	Name of Wife or Husband <i>Hattie E Schroder</i>				
Father's Name <i>Louis W. Schroder</i>	Father's Birthplace <i>Balto Md.</i>				
Mother's Maiden Name <i>Heddie E Crise</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Louis W Schroder</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Congenital Debility</i>	How long <i>(15)</i>
Immediate		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Evans MD</i>	
	Address <i>501 Franklin Terrace</i>	
Accident or Suicide?		

Saturday Sep. 3<sup>rd</sup> 1910

William Cook.

302 Edwards

Greenmount Cen

Name  
in  
Full

Elizabeth Scott.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown Baltimore</u> County		MARYLAND	
Date of death 19 <u>30</u>	Month <u>Sept.</u>	Day <u>8</u>	Age <u>    </u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>3211 O'Donnell St. Md.</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>John A. Scott.</u>	Father's Birthplace <u>Balt. Ind.</u>		
Mother's Maiden Name <u>Mary Barr.</u>	Mother's Birthplace <u>Balt. Co.</u>		
Name of person giving Information <u>John A. Scott.</u>	How related to deceased <u>Father.</u>		

## CAUSES OF DEATH

Primary <u>Premature birth</u>	How long <u>    </u>
Immediate <u>Improper fetal circulation</u>	How long <u>    </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. J. Clavabour, D.</u>
	Address <u># 619 S. Clinton St. Md.</u>
Accident or Suicide	

PHYSICIAN  
OR CORONER

Undertaker.

Gilly and Ziehl.

Burial.

Sacred Heart Cem.

Sept. 8-1910.



Name  
In  
Full

Alfred Selig

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Grange		County Balto		MARYLAND	
Date of death		Month 10	Day 9	Age	Years 64	Months 1	Days -
Sex		Male		Color or Race White		Birth-place Germany	
Occupation Farmer				Where Residing if not at place of death Grange Balto Co			
Married, Single or Widowed		Married		Name of Wife or Husband Frances Selig			
Father's Name Unknown				Father's Birthplace Germany			
Mother's Maiden Name Unknown				Mother's Birthplace Germany			
Name of person giving information Frances Selig				How related to deceased Wife			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Micro Stomach - Hemorrhage		How long	
Immediate		Peritonitis		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician C. W. Pthey	
				Address 1904 Eastern Ave	
Accident or Suicide?					

Oak Lawn  
Herrington  
9/6/10

Name  
in  
Full

*Georgia E Shipley*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Helena</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1940</i>	Month	<i>9</i>	Day	<i>16</i>
Age	<i>63</i>	Years		Months	<i>11</i>
				Days	<i>7</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Ellipott City Md</i>
Occupation	<i>none</i>	Where Residing if not at place of death <i>St Helena Md</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Artemus Shipley</i>		
Father's Name	<i>Thomas L Young</i>		Father's Birthplace	<i>Ellipott City Md</i>	
Mother's Maiden Name	<i>Susanna Jackson</i>		Mother's Birthplace	<i>Colla Md</i>	
Name of person giving information	<i>Artemus Shipley</i>		How related to decedent	<i>Husband</i>	

CAUSES OF DEATH

*(120)*

PHYSICIAN  
OR CORONER

Primary	<i>Asphyxiation</i>	How long	<i>2 1/2 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>		
Signature of Physician	<i>W. Mark</i>		
Address	<i>735 Stollen St</i>		
Accident or Suicide	<input type="checkbox"/>		

Joseph B. Clark  
1003 74 Balth St  
London Park Conn  
Sept 19 1910

Name  
in  
Full

Thomas B. Simpson  
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at R. Gundry Home

Date of death 1910 Sept. 27th Age 79  
Month Day Years Months Days

Sex Male Color Race White Birth-place Maryland

Occupation Retired Merchant Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Don't Know

Father's Name Don't Know, Father's Birthplace Don't Know

Mother's Maiden Name Don't Know, Mother's Birthplace Don't Know

Name of person giving Information Miss Mary O. Simpson How related to decedent Daughter

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary Heart Trouble How Don't Know.

Immediate Senile Dementia How July 6, 1910.

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician John H. Harty MD

Address Catonsville, Md

Accident or Suicide No.

PHYSICIAN  
OR CORONER

Physiology  
of the  
Human Body



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Slater</i>		Town <i>Highlandtown</i>		County <i>Balt. County</i>		STATE <i>MARYLAND</i>	
Died at <i>Highlandtown</i>		Date of death 191 <i>0</i>		Age <i>24</i>		Where Residing if not at place of death <i>337 S. Bondain St</i>	
Date of death Month <i>Sept.</i>		Day <i>24</i>		Years <i>—</i>		Months <i>—</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Balt. Co.</i>			
Occupation <i>not any</i>		Where Residing if not at place of death <i>337 S. Bondain St</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles E. Slater</i>		Mother's Maiden Name <i>Agnes E. Evers</i>		Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Md.</i>	
Name of person giving information <i>father</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cause <i>Congenital Alectasis</i>		How long <i>5 minutes</i>	
Immediate Cause <i>Congenital Alectasis</i>		How long <i>5 minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chedok R. Komradij, M.D.</i>	
		Address <i>2221 E. Balt. St.</i>	
Accident or Suicide? <i>—</i>			





Name  
in  
Full

Annice M Slugg

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Delight		County Baltimore		MARYLAND	
Date of death	1960	Month Sept	Day 30	Age 69	Year
Sex	Female	Color or Race	White	Birthplace	Perma.
Occupation	none		Where Residing if not at place of death 702 1/2 Abington Ave		
Married, Single or Widowed	Married	Name of Wife or Husband	John Slugg		
Father's Name	J. Thomas Maddock		Father's Birthplace	Perma	
Mother's Maiden Name	Mary Schellensberg		Mother's Birthplace	Perma	
Name of person giving information	John Slugg		How related to deceased	Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Myocardial Infarction	How long	50
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	M. W. Shovel M. D.		
Address	806 N. Fulton Ave Baltimore, Md. 4		
Accident or Suicide			

Jos B Cook  
1003 W Baltimore Baltimore Md.

---

Shipped to Hatboro

Montgomery Co  
Pa.

Name  
in  
Full

Baby. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Catonsville		County Balto		MARYLAND	
Date of death	1910	Month Sept.	Day 18	Age	Years —	Months —	Days 4
Sex	male		Color or Race	white		Birth- place	Catonsville Md
Occupation	none		Where Reading if not at place of death		Catonsville. Md		
Married, Single or Widowed	Single		Name of Wife or Husband	X			
Father's Name	Sezior Smith				Father's Birthplace	Catonsville	
Mother's Maiden Name	Lilly Koof.				Mother's Birthplace	Balto	
Name of person giving in formation	Lilly Smith				How related to deceased	mother.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchites	How long	(89) 24 hours
Immediate	Convulsions	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Marshall B. West.
		Address	Catonsville Md.
Accidental or Suicidal?	—		

Mechan

Name  
in  
Full

Smith, Thomas A

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Leatonville <sup>County</sup> Beth **MARYLAND**

Date of death 1920 <sup>Month</sup> Sept <sup>Day</sup> 11 Age <sup>Years</sup> 62 <sup>Months</sup>  <sup>Days</sup>

Sex Male Color or Race White Birth-place Maryland

Occupation clerk Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Thos B Smith Father's Birthplace MD

Mother's Maiden Name Mary Elizabeth Williams Mother's Birthplace MD

Name of person giving Information John Smith How related to deceased 718 N. Main St. Betho MD

## CAUSES OF DEATH

Primary Chronic Bright's Disease How long 1 yr

Immediate Acute Gastritis How long 24 hours

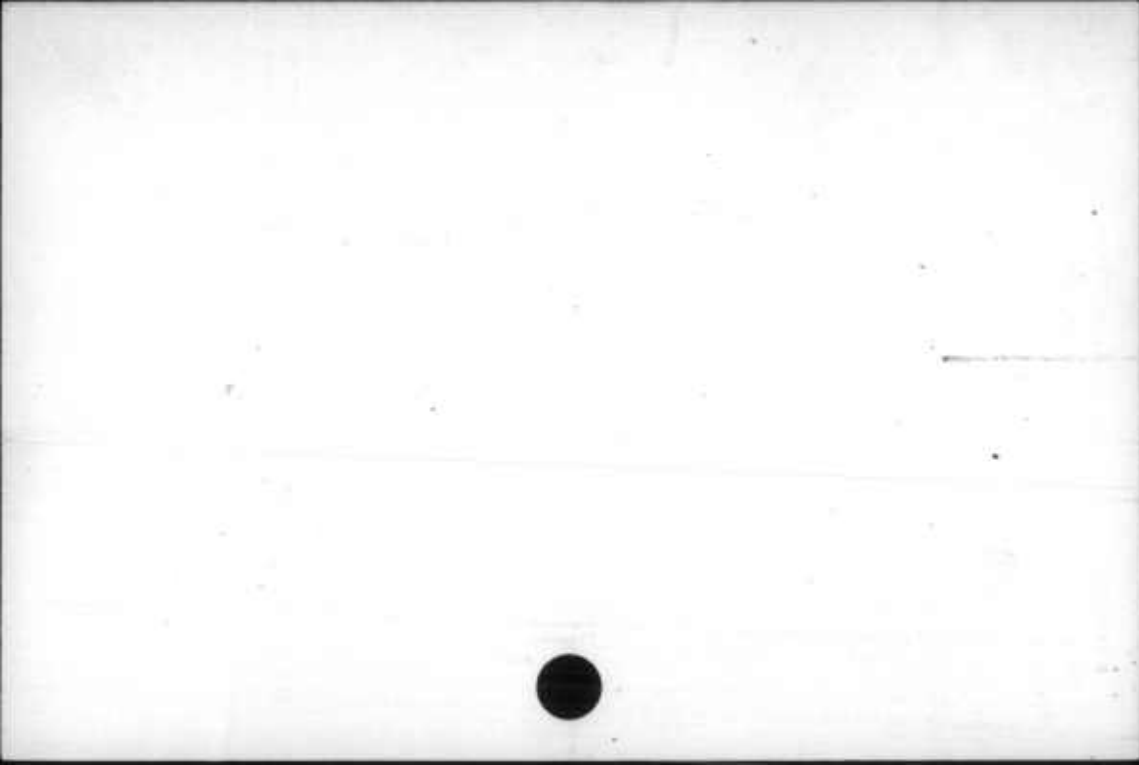
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. Perry Wade

Address Leatonville, Md

Accident or Suicide No

PHYSICIAN  
OR CORONER



Severla Jannings Stansbury

CERTIFICATE OF DEATH

Died at Butter <sup>Town</sup> Baltimore <sup>County</sup> MARYLAND

Date of death 1900 <sup>Month</sup> 9 <sup>Day</sup> 4 Age — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 25

Sex male Color or Race Black Birth-place Butter Md

Occupation \_\_\_\_\_ Where Reading if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name James Stansbury Father's Birth-place Montrose Md

Mother's Maiden Name May Jane Morris Mother's Birth-place Philadelph Md

Name of person giving information James Stansbury How related to deceased Father

CAUSES OF DEATH

104

Primary Enteric Colitis How long One week

Immediate Exhaustion How long 2-3

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

Signature of Physician J. A. Drach

Address Lockeysville Md

Accident or Suicide? \_\_\_\_\_

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Petersen, Ed - Stennis Chapel

Sep 6<sup>th</sup> 1910 -



Name  
in  
Full

Irene Steffan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Lausdowne* <sup>County</sup> *Baltimore* **MARYLAND**

Date of death 19*40* <sup>Month</sup> *Sept* <sup>Day</sup> *27* Age <sup>Years</sup> *38* <sup>Months</sup> *3* <sup>Days</sup> *9*

Sex *female* Color or Race *White* Birthplace *Hungary*

Occupation *house wife* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Husband *Joseph Steffan*

Father's Name *Andreas Rucsaik* Father's Birthplace *Hungary*

Mother's Maiden Name *Anna Feodorcsok* Mother's Birthplace *Hungary*

Name of person giving information *Joseph Steffan* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Hepatic Calculi* How long *3 yrs*

Immediate *Peritonitis & Exhaustion* How long *4 days*

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

Signature of Physician *Frank H. Reibel*

Address *Lausdowne Balto Md*

~~Accident or Suicide~~

Wm Cook

Name  
In Full

Lorene E. Stephenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Tulopolis P.O.</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	1980	Month	9	Day	8
Age		Years		Months	2
				Days	11
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation			Birth-place	<u>Cockeysville Md.</u>	
Married, Single or Widowed:			Where Reading if not at place of death		
Name of Wife or Husband					
Father's Name	<u>Harry C. Stephenson</u>		Father's Birthplace	<u>Cockeysville Md.</u>	
Mother's Maiden Name	<u>Minnie F. Evers</u>		Mother's Birthplace	<u>Burton Md.</u>	
Name of person giving information	<u>Minnie F. Stephenson</u>		How related to decedent	<u>Mother</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Whooping Cough</u>	How long	<u>3 weeks</u>
Immediate	<u>Convulsions - Exhaustion</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. H. Trach</u>
		Address	<u>Cockeysville Md.</u>
Accident or Suicide?			

Funeral at Purley  
Kentucky

W. L. Ruck

Name  
in  
Full

*Colman M Stewart*

CERTIFICATE OF DEATH

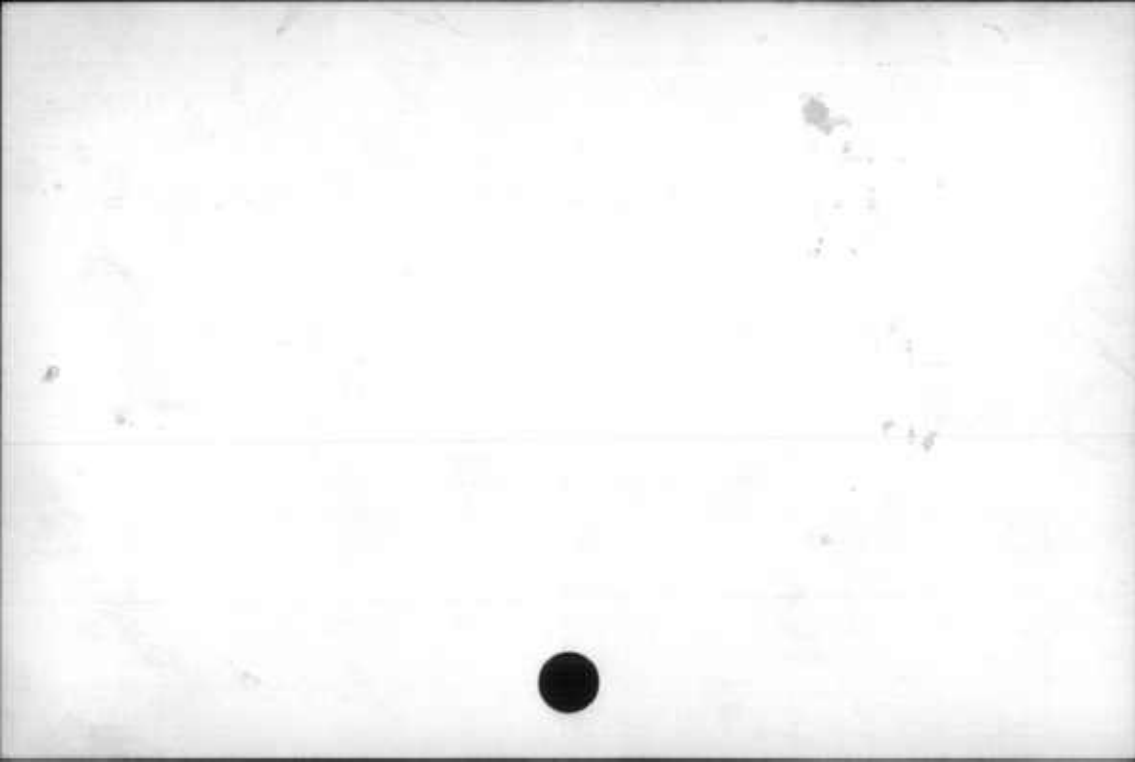
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Spencer Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>0</i>	Month <i>Sept.</i>	Day <i>15</i>	Age	Years	Months
Sex <i>Male</i>	Color or Race <i>Blue</i>		Birth place <i>Spencer Point</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Robert L. Stewart</i>	Father's Birthplace <i>Pa.</i>				
Mother's Maiden Name <i>Bessie Wilson</i>	Mother's Birthplace <i>Pa.</i>				
Name of person giving Information <i>Robert L. Stewart</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Liver Failure</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>F. C. Good</i>
		Address <i>Spencer Point</i>
Accident or Suicide		<i>15</i>



Name in Full

Mary Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Mt Hope Retreat <sup>County</sup> Baltimore

Date of death 1961 <sup>Month</sup> Sept <sup>Day</sup> 4 <sup>Year</sup> 61 Age 41 <sup>Months</sup> Not Known <sup>Days</sup> Not Known

Sex Female Color or Race White Birth place Ontario - Canada

Occupation Religious Where Residing if not at place of death Wheeling W. Va

Married, Single or Widowed Single Name of Wife or Husband

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

Mother's Maiden Name " " Mother's Birthplace " "

Name of person giving Information Recds Mt Hope Retreat How related to deceased Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Mania Acute How long approx 3 wks

Immediate Ex. Cerebral Congest & Meningitis How long abt 1 wk -

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

Address Mt Hope Retreat

Accident or Suicidal? no





Name  
in Full

CERTIFICATE OF DEATH

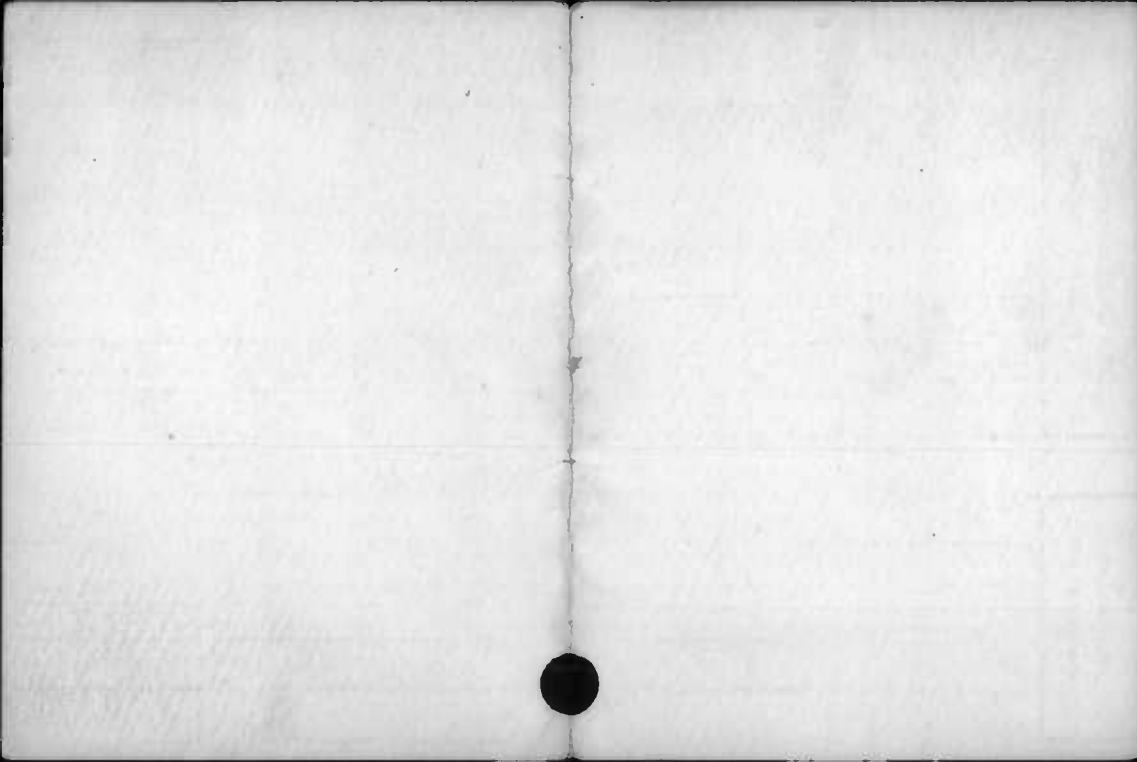
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cockeysville</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1900</i>	Month	<i>Sept</i>	Day	<i>15</i>
Age		<i>still born</i>		Years	
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Cockeysville Md</i>
Occupation	<i>Infant still born</i>		Where Residing if not at place of death		
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	<i>Horace Galbraith</i>			Father's Birthplace	<i>Middletown Md</i>
Mother's Maiden Name	<i>Rebecca Ann Nailor</i>			Mother's Birthplace	<i>Bulter Md</i>
Name of person giving information	<i>Horace Galbraith</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

Primary	<i>Dying to mother</i>	How long	—
Immediate	<i>Non viable</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>D. M. J. Bussan</i>
<i>Yes</i>		Address	<i>Cockeysville Md</i>
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Henry Clay Tall

CERTIFICATE OF DEATH

Town *Forest Park* & *Alabama Ave.* County *Baltimore* MARYLAND

Died at *Forest Park*

Date of death *1960* Month *9* Day *27* Age *38* Years Months *10* Days *22*

Sex *Male* Color or Race *White* Birth-place *Dorchester Co., Md.*

Occupation *Bookkeeper* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Wife or Husband *Emma Rusker*

Father's Name *Washington Tall* Father's Birthplace *Dorchester Co., Md.*

Mother's Maiden Name *Sarah E. Humphreys* Mother's Birthplace *Bulto, Md.*

Name of person giving Information *Mrs. Emma R. Tall* How related to decedent *Wife.*

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *4 years.*

Immediate *Pulmonary Edema* How long *2 days*

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

Signature of Physician *John R. Abucumbie*

Address *827 N. Eutaw St*

Accident or Suicide \_\_\_\_\_

PHYSICIAN  
OR CORONER

Place of burial, Loudon Park Cemetery, Baltimore.

Undertakers, Henry W. Mears & Son, Baltimore.

Name  
in  
Full

Frank Vrablitz Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Sparrows Point <sup>County</sup> Balto		MARYLAND	
Date of death	1910	Month	Sept
		Day	17
Age	1	Years	
		Months	3
		Days	
Sex	Male	Color or Race	White
Occupation	none	Birth-place	Sparrows Point
		Where Residing if not at place of death	Sparrows Point
<del>Married</del> Single	Name of Wife or Husband	none	
Father's Name	Frank Vrablitz Sr	Father's Birthplace	Hungary
Mother's Maiden Name	Mary Francis Oswald	Mother's Birthplace	Hungary
Name of person giving information	Frank Vrablitz	How related to deceased	Father

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Enteritis Colitis	How long	1 month
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. McComick M.D.
		Address	Sparrows Point Md
Accident or Suicide?	no.		



Name  
In  
Full

*Fredericka Walpert*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

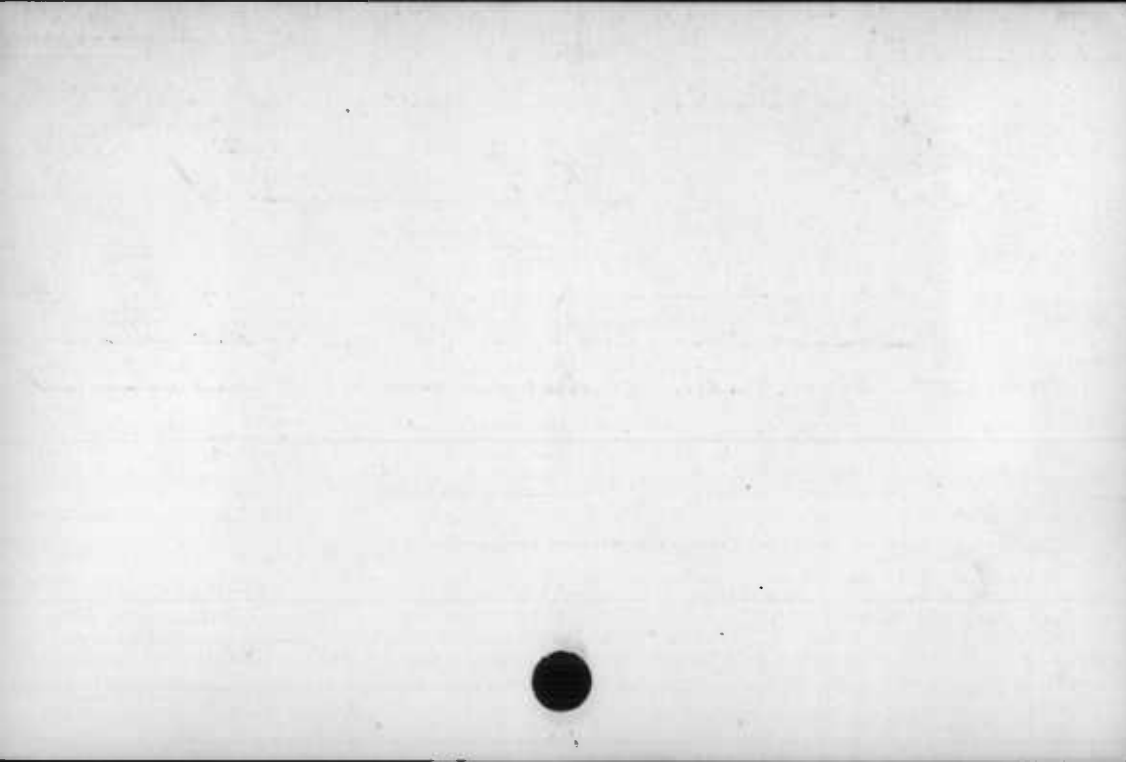
Died at <i>Rivertown</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month <i>Sept</i>	Day <i>21</i>	Age <i>74</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cape Fear, N. Carolina</i>		
Occupation <i>None</i>	Where residing if not at place of death <i>Strong, Ga.</i>				
Married; Single or Widowed <i>widow</i>	Name of <del>husband</del> <i>Frederick Walpert</i>				
Father's Name <i>Adolphus Heinrich</i>	Father's Birthplace <i>Saxony, Germany</i>				
Mother's Maiden Name <i>Elizabeth Pfeffer</i>	Mother's Birthplace <i>Saxony, Germany</i>				
Name of person giving information <i>Elizabeth Harden</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

*(81)*

PHYSICIAN  
OR CORONER

Primary <i>Arterial Sclerosis</i>	How long <i>several yrs</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. W. Seader</i>
	Address <i>Rivertown Md</i>
Accident or Suicide?	





Name  
in  
Full

Still Birth Wilkinson

CERTIFICATE OF DEATH

Died at Highlandtown Baltimore <sup>City</sup> MARYLAND  
Date of death 1910 Month 10 Day 10 Years 0 Months 0 Days

Sex female Color or Race white Birth-place 341 S. East ave  
Occupation none Where Residing if not at place of death

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Chas. W. Wilkinson Father's Birthplace W. I. A

Mother's Maiden Name Mrs. Margaret C. Wilkinson Mother's Birthplace W. I. A

Name of person giving Information father How related to deceased parents

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary unknown How long \_\_\_\_\_  
Immediate \_\_\_\_\_ How long \_\_\_\_\_

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

Shirley A. Conradi, M.D.  
341 E. Balt. St.  
Baltimore, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

Wanderer Series  
1st Example - Ben  
Sept. 5 - 1910

Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Edgewood* <sup>Town</sup> *Pratt* <sup>County</sup>

Date of death 19*40* <sup>Month</sup> *Sept* <sup>Day</sup> *27* Age <sup>Years</sup> *29* <sup>Months</sup> *11* <sup>Days</sup> *1*

Sex *M* Color or Race *W.* Birth-place *Berlin.*

Occupation *Electrician & painter* Where Residing if not at place of death *# 1933 W. Myrtle*

Married, Single or Widower  Name of Wife or Husband *Carrie Myring*

Father's Name *Otto Myring* Father's Birthplace *Germany*

Mother's Maiden Name *Pauline Pedersen* Mother's Birthplace *Dach. D. C.*

Name of person giving Information *Chas. H. Myring* How related to deceased *bro.*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *10 months.*

Immediate *asthenia* How long *4 months.*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *F. H. [unclear]*

Address *Edgewood San.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Robt J Turner

1442 3 Broadway

London Park Cem