

Name
in
Full

Barbara Ellen Baughman

CERTIFICATE OF DEATH

Died at Silver Run ^{Town} Carroll ^{County} MARYLAND

Date of death 1990 Sept. 23 Age 49 Months 4 Days 5

Sex Female Color or Race White Birth place Silver Run, Md.

Occupation Housewife Where Reading if not at place of death At Home

Married, Single or Widowed Married Name of Wife or Husband George H. Baughman

Father's Name Ezra Bemiller Father's Birthplace Carroll County, Md.

Mother's Maiden Name Eva Bemiller Mother's Birthplace Germany

Name of person giving information Geo. H. Baughman How related to deceased Husband

CAUSES OF DEATH

Primary Complication of Diseases How long 1 yr

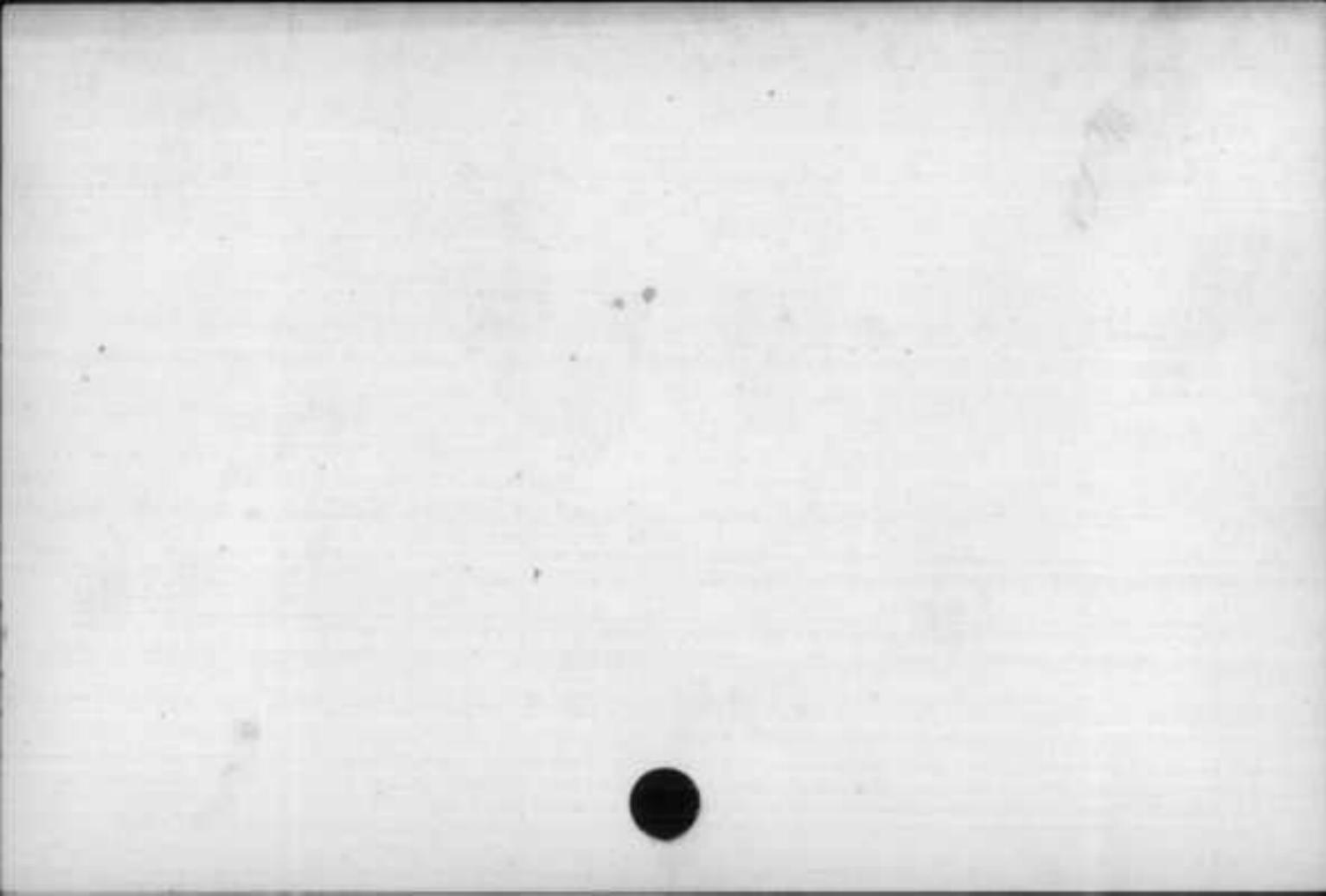
Immediate Heart Failure How long 7 hrs

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

Address Union Mills

Accident or Suicide? Maryland

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Frank Blackiston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Springville Hosp ^{County} Carroll MARYLAND

Date of death 1940 ^{Month} Sept ^{Day} 20th ^{Age} 11 years ^{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 Single ^{Name of Wife or Husband}

Father's Name Unknown ^{Father's Birthplace} Unknown

Mother's Maiden Name Unknown ^{Mother's Birthplace} Unknown

Name of person giving Information Hospital record ^{How related to deceased} none

CAUSES OF DEATH

Primary Cerebral Diplegia ^{How long} Unknown

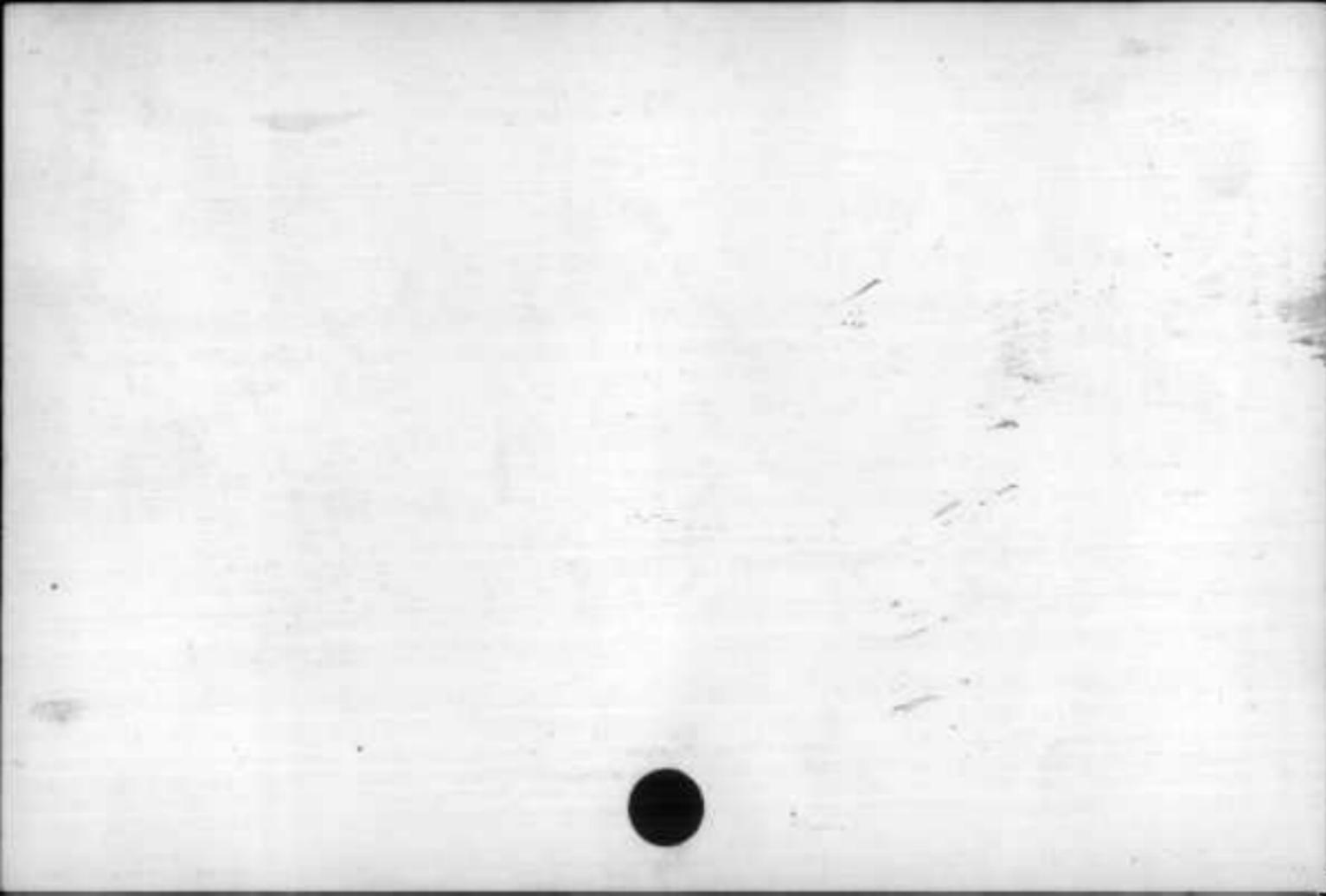
Immediate General debility ^{How long} progressive

Are the name, age, sex, color, date and place correctly given above? To best of my knowledge ^{Signature of Physician} Chas. J. Cawey

of my knowledge ^{Address} Sykesville Md.

Accident or Suicide No

PHYSICIAN
OR CORONER



Name
in
Full

Henry Moore Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Windsor</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1910</i>	Month	<i>Sept</i>	Day	<i>30</i>
Age	<i>6</i>	Years	<i>6</i>	Months	<i>24</i>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>md</i>
Occupation	_____		Where Reading if not at place of death	<i>New Windsor</i>	
Married, Single or Widowed	_____		Name of Wife or Husband	_____	
Father's Name	<i>Harry Brown</i>		Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Rachel Belle</i>		Mother's Birthplace	<i>md</i>	
Name of person giving in formation	<i>Harry Brown</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary	<i>Schub Pneumonia</i>	How long	<i>11 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Johning Beatty</i>
Accident or Suicide?		Address	<i>New Windsor md.</i>



!

Irvine Leon Bruce

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month <i>Sept</i>	Day <i>22</i>	Age Years	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Alfred Bruce</i>	Father's Birthplace <i>Maryland</i>			Mother's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Ida Smith</i>	How related to deceased <i>Mother</i>				
Name of person giving information <i>Mrs Ida Bruce</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro enteritis</i>	How long <i>2 days</i>
Immediate <i>exhaustion?</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Henry W. Fiftenthal</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	

Ellen's to Cecily
Dover.

Name
in
Full

Arnie Margaret Burn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Cokesville County Carroll **MARYLAND**

Died at Cokesville

Date of death 1980 Month Sept. Day 16 Age 62 Years Months Days

Sex Female Color or Race White Birth-place Baths, Md.

Occupation Housewife Where Residing if not at place of death

Married, Single or ~~Widowed~~ Married Name of Husband George W. Burn

Father's Name (Unknown) Lear Father's Birthplace Germany

Mother's Maiden Name Katherine (Unknown) Mother's Birthplace Germany

Name of person giving Information George W. Burn How related to deceased Husband

CAUSES OF DEATH

Primary Terminal Dementia How long over 15 years

Immediate Cardiac Syncope from Organic Heart Disease How long over 3 years

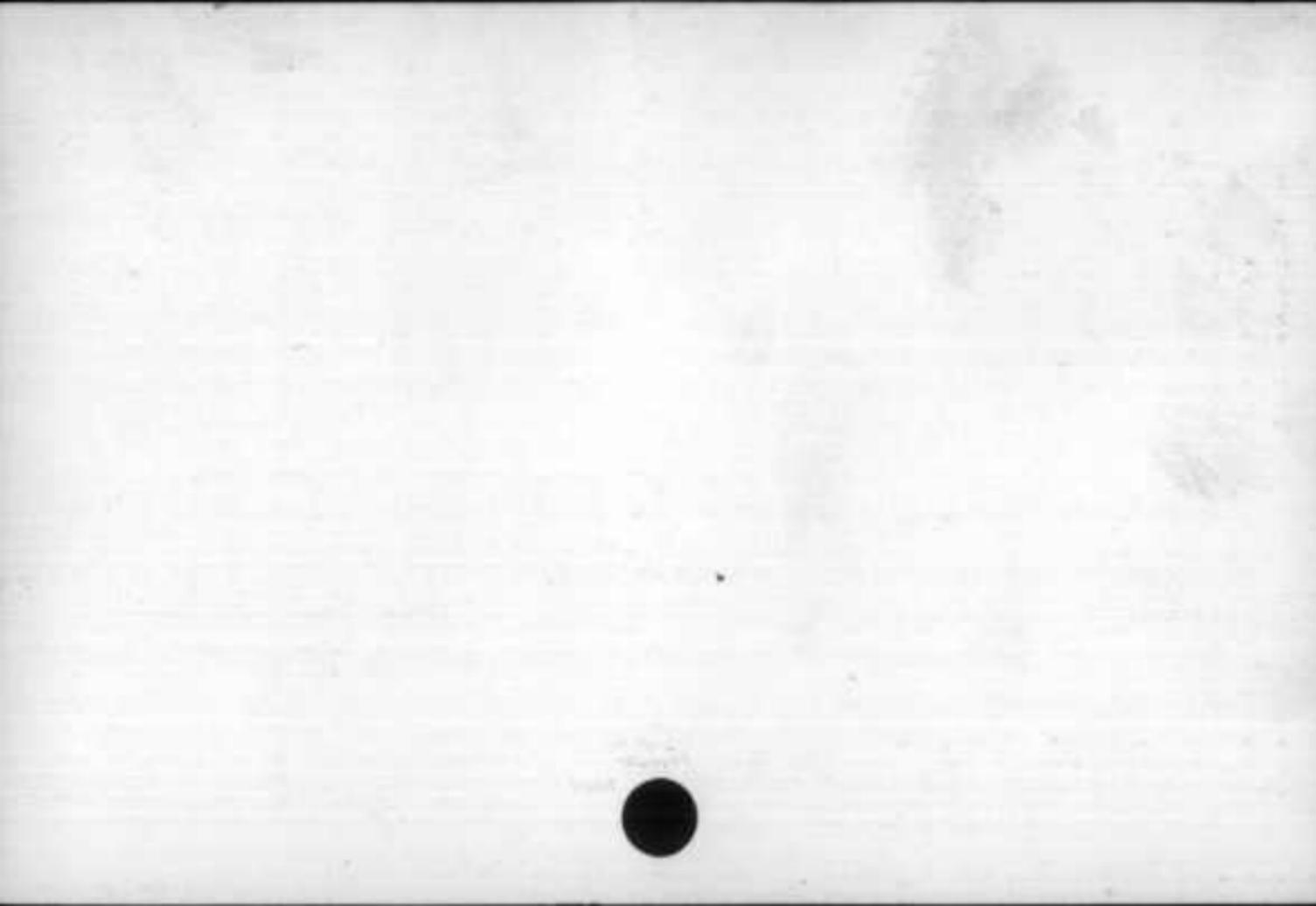
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John Norfolk Morris, M.D. Address Springfield Hospital

Cokesville, Md.

Accident or Suicide -

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Julian Byers

Died at *Springfield State Hospital
Sykesville, Md.* County *Carroll Co.* MARYLAND

Date of death *1940* Month *Sept.* Day *9* Age *76* Months *—* Days *—*

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

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

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

Father's Name *Fred Byers* Father's Birthplace *Pa.*

Mother's Maiden Name *Mrs. Bowlow* Mother's Birthplace *Md.*

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary *Senile Dementia* How long *15-21* *3 yrs.*

Immediate *Exhaustion* How long

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

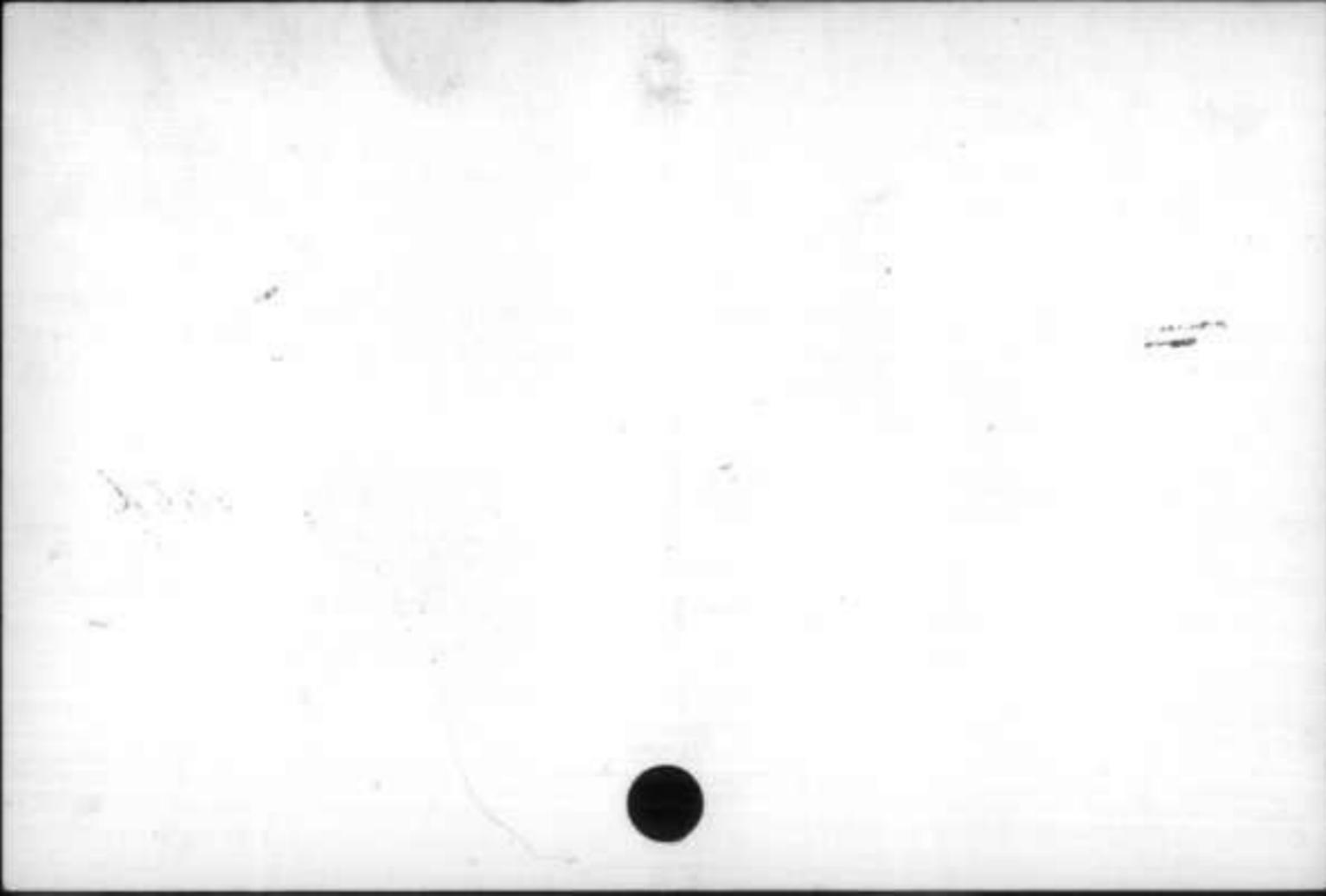
Signature of Physician



J. A. Pfeiffer M.D.
Springfield State Hospital
Sykesville, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Mrs Bessie Bartzendorn

CERTIFICATE OF DEATH

Died at Bark Hill Carroll County

MARYLAND

Date of death 1900 Sep 21 Age 78

Sex Female Color or Race White Birth-place Ind

Occupation Home Wife Where Residing if not at place of death Ind

Married, Single or Widowed Widowed Name of Wife or Husband Mrs Bartzendorn

Father's Name Mr Blayton Father's Birth-place Ind

Mother's Maiden Name Unknown Mother's Birth-place Unknown

Name of person giving information Mrs Bartzendorn How related to deceased Son

CAUSES OF DEATH

Primary Apoplexy How long 12 hrs

Immediate Cardiac Asthenia How long

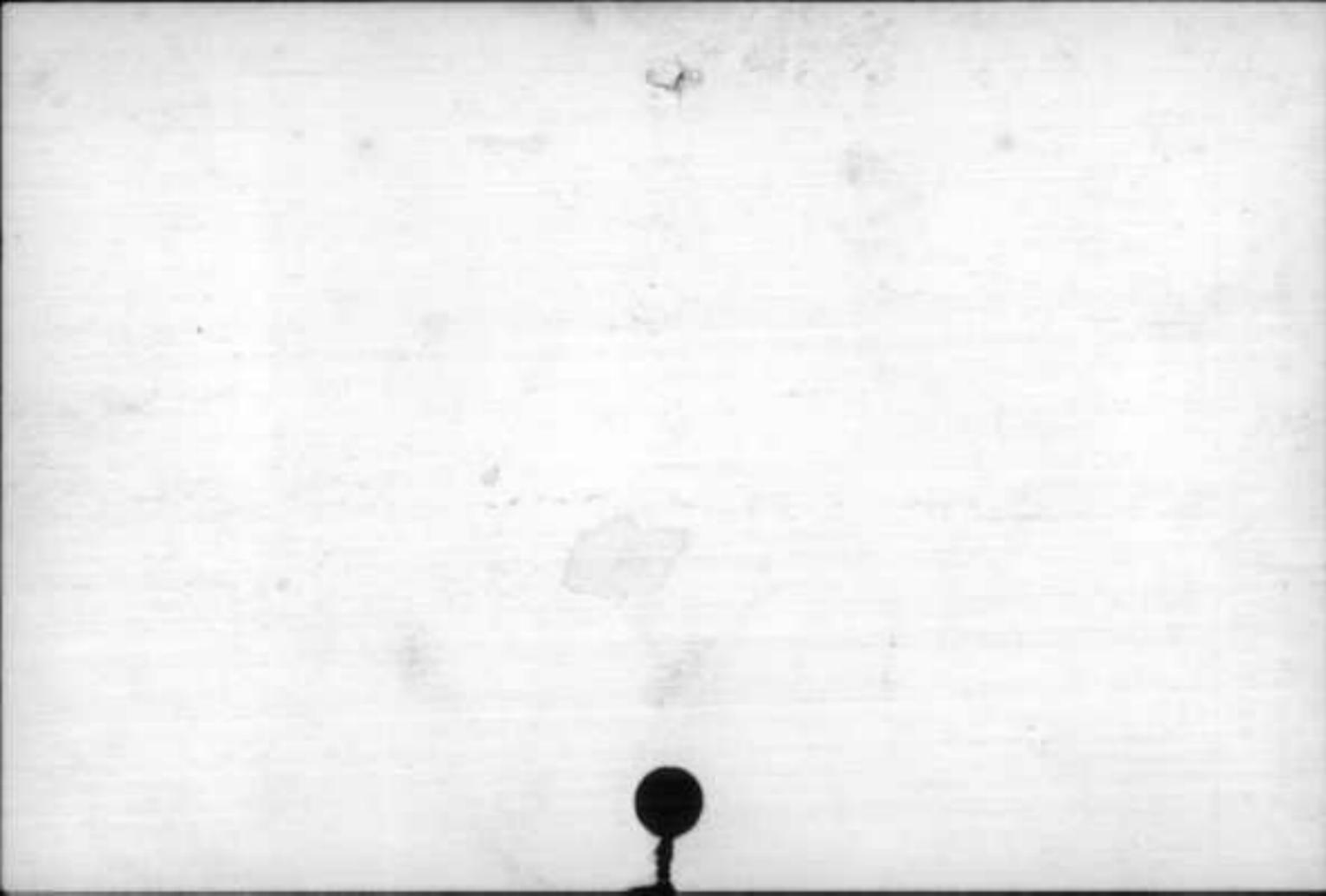
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. T. A. Legg

Address Union Bridge, Md.

Accident or Suicide No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Peter A Deardorff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Inyers</i> ^{Town} <i>District</i> ^{County} <i>Carroll</i>		MARYLAND	
Date of death <i>1900</i> ^{Month} <i>Sept</i> ^{Day} <i>9</i> ^{Years} <i>Age 72</i>	<i>9</i> ^{Months}	<i>16</i> ^{Days}	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Penn</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Inyers District</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Hannah Deardorff</i>		
Father's Name <i>Anthony Deardorff</i>	Father's Birthplace <i>Penn</i>		
Mother's Maiden Name <i>Lizd Dolabough</i>	Mother's Birthplace <i>Penn</i>		
Name of person giving information <i>Hannah Deardorff</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>shown</i>
Immediate <i>Same</i>	How long <i>Same</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H.S. Cross</i>
	Address <i>Littleton Pa</i>
Accident or Suicide?	



Name
in
Full

Andrew L. Dugler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Springfield State Hosp.* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death 19*80* ^{Month} *Sept* ^{Day} *5-24* ^{Years} *20* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Ind.*

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

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

Father's Name *Sigmund Dugler* Father's Birthplace *Ind.*

Mother's Maiden Name *Catherine Hergel* Mother's Birthplace *Ind.*

Name of person giving Information *Hospital records* How related to deceased

CAUSES OF DEATH

Primary *Typhoid Fever* How long *26 days*

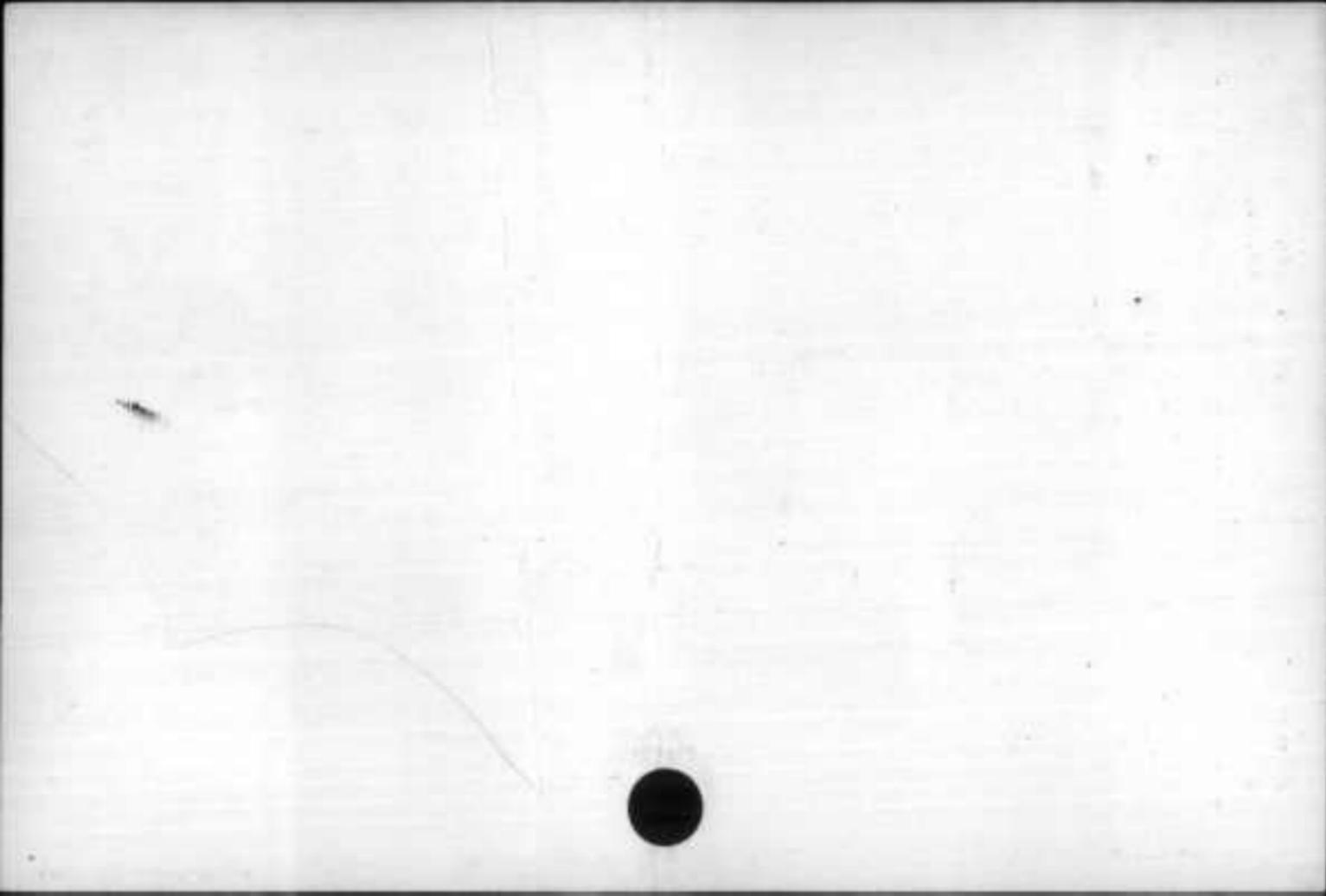
Immediate *Folar Pneumonia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *S. H. Snavely*

Address *Springfield State Hosp. Sykesville, Md.*

Accident or Suicide *No.*

PHYSICIAN
OR CORONER



Elizabeth H. DeVries

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eldersburg</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	<u>1940</u>	Month	<u>Sept.</u>	Day	<u>1</u>
Age	<u>73</u>	Years	<u>2</u>	Months	<u>3</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>none</u>	Where Residing if not at place of death		<u>same</u>	
Married, Single or Widowed	<u>Married</u>	Name of Wife Husband	<u>Wm. T. DeVries</u>		
Father's Name	<u>Nicholas Shipley</u>		Father's Birthplace	<u>md.</u>	
Mother's Maiden Name	<u>Sarah Elson</u>		Mother's Birthplace	<u>md.</u>	
Name of person giving information	<u>Wm. T. DeVries</u>		How related to deceased	<u>husband</u>	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<u>Sarcoma of Stomach</u>	How long	<u>2 yrs.</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>MD Horner</u>
		Address	<u>Eldersburg</u>
Accident or Suicide?	<u>-</u>		



Name
in
Full

William T. DeVries

CERTIFICATE OF DEATH

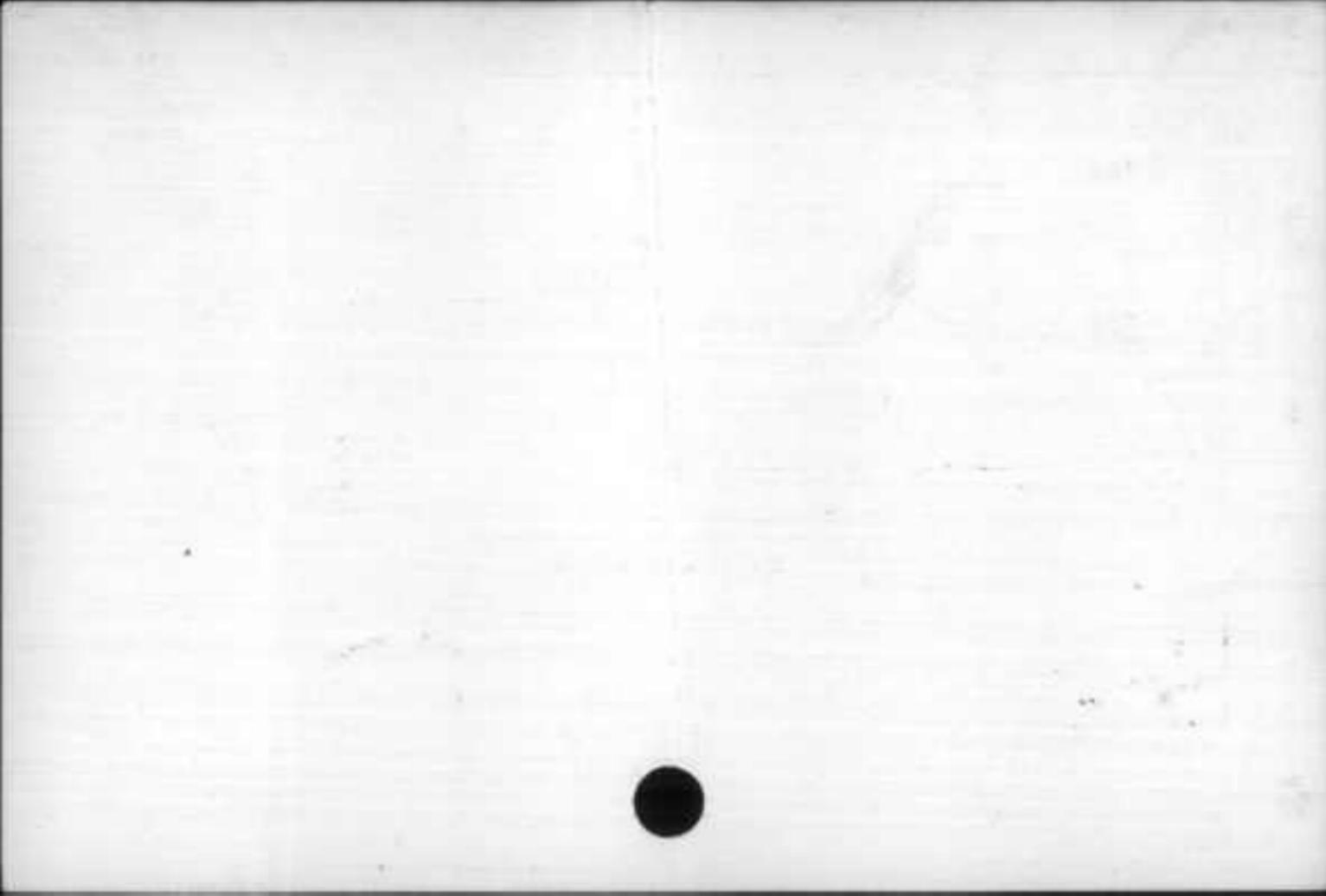
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Eldersburg</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death	19 <i>90</i>	Month	<i>Sept.</i>	Day	<i>15</i>
Age	<i>77</i>	Years		Months	<i>11</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Ind.</i>
Occupation	<i>Retired Farmer</i>		Where Residing if not at place of death	<i>same</i>	
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Elizabeth R.</i>		
Father's Name	<i>Suib DeVries</i>		Father's Birthplace	<i>Ind.</i>	
Mother's Maiden Name	<i>Sarah Elder</i>		Mother's Birthplace	<i>Ind.</i>	
Name of person giving Information	<i>H. H. DeVries</i>		How related to deceased	<i>son</i>	

CAUSES OF DEATH

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>9</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>M. D. Morris, M.D.</i>
		Address	<i>Eldersburg.</i>
Accident or Suicide	<i>no.</i>		

PHYSICIAN
OR CORONER



Name
in
Full

Henry Dietrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Springfield State Hosp. Carroll County

MARYLAND

Date of death 1940 Sept 24th Age 47

Months — Days —

Sex Male Color or Race White Birth-place Ind.

Occupation Shoe-maker Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Adam Dietrich

Father's Birthplace Germany

Mother's Maiden Name Annie Strass

Mother's Birthplace Germany

Name of person giving Information Hospital records

How related to decedent

CAUSES OF DEATH

Primary Lobar Pneumonia

How long 5 days

Immediate Ephraetion

How long Progressive

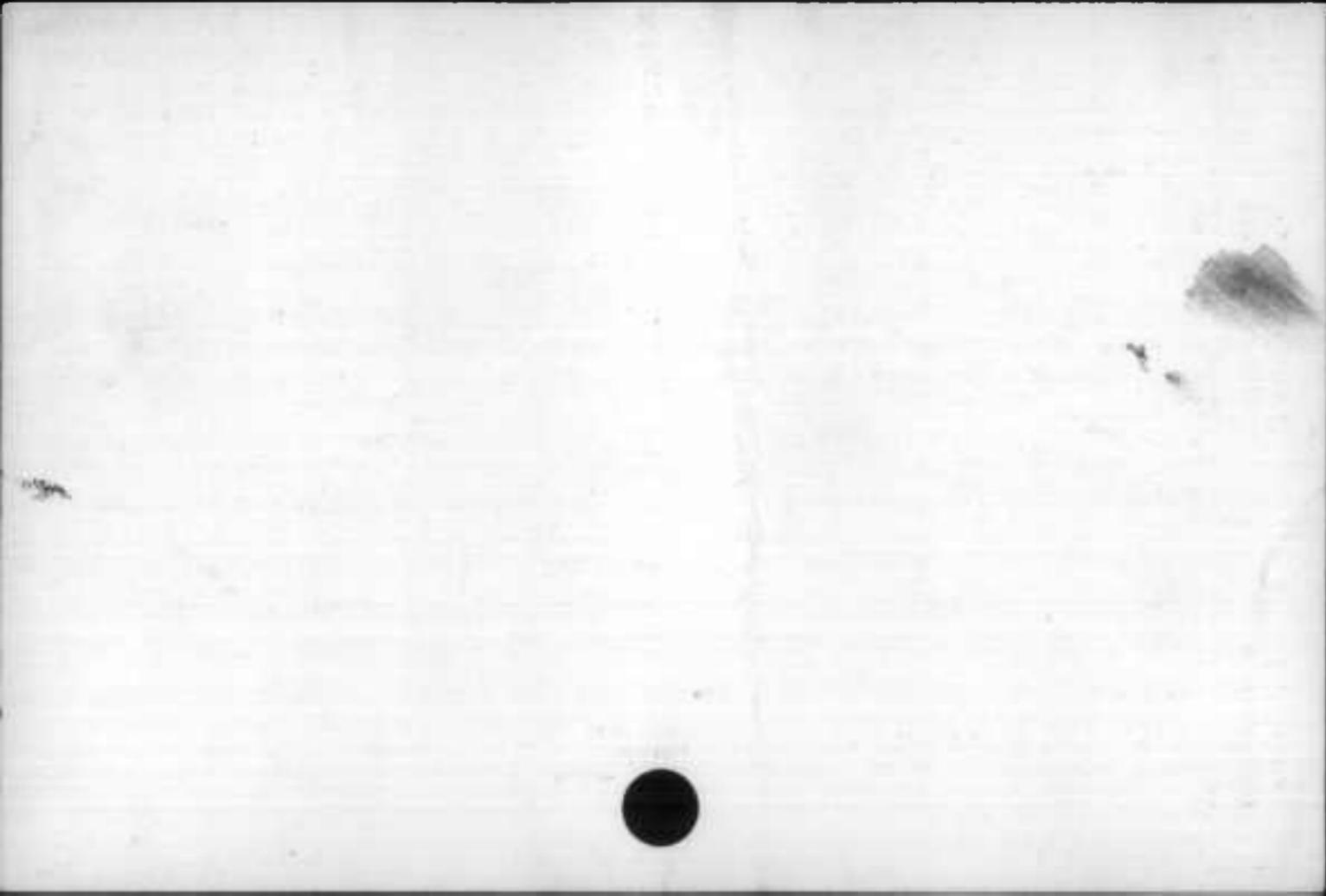
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. H. Snively

Address Springfield
Ind.

PHYSICIAN
OR CORONER

Accident or Suicides No



Name in Full

Willie Drabik

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Union Bridge Carroll MARYLAND

Date of death 1960 Sept. 24 Age 1 Months 8 Days -

Sex male Color or Race white foreign Birth-place Pa. State

Occupation none Where Residing if not at place of death same

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

Father's Name George Drabik Father's Birthplace Austria

Mother's Maiden Name Could not get Mother's Birthplace Austria

Name of person giving Information Father How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Diphtheria How long Known 24 hrs.

Immediate Laryngeal obstruction How long 12 hrs.

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

Signature of Physician Dr. J. H. Legg

Address Union Bridge

Accident or Suicide no

Atkins & Blodgett

Name
In
Full

CERTIFICATE OF DEATH

Rachel S. Drach

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} New Windsor ^{County} Carroll

MARYLAND

Date of death 1910 ^{Month} Sept ^{Day} 16 ^{Age} 86 ^{Years} ^{Months} 8 ^{Days} 5Sex Female ^{Color or Race} White ^{Birth-place} MdOccupation _____ ^{Where Residing if not at place of death} New WindsorMarried, Single or Widowed Widowed ^{Name of Wife or Husband} Henry DrachFather's Name John Lambert ^{Father's Birthplace} _____Mother's Maiden Name Flecter Winters ^{Mother's Birthplace} _____Name of person giving information M. S. Drach ^{How related to deceased} son

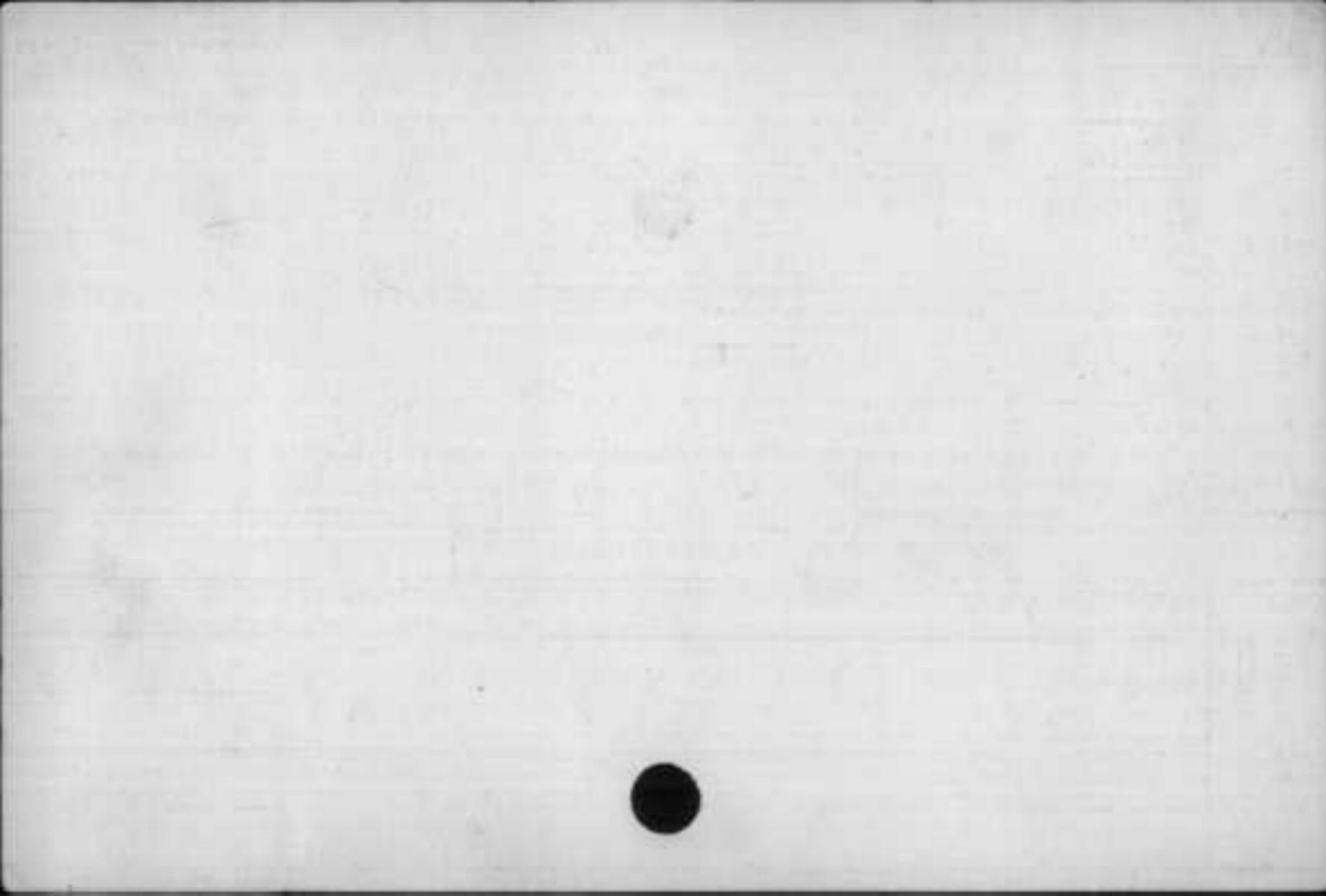
CAUSES OF DEATH

1856

PHYSICIAN
OR CORONERPrimary Fracture femur ^{How long} _____Immediate Exhaustion ^{How long} Six WeeksAre the name, age, sex, color, date and place correctly given above? ^{Signature of Physician} M. S. Drach

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

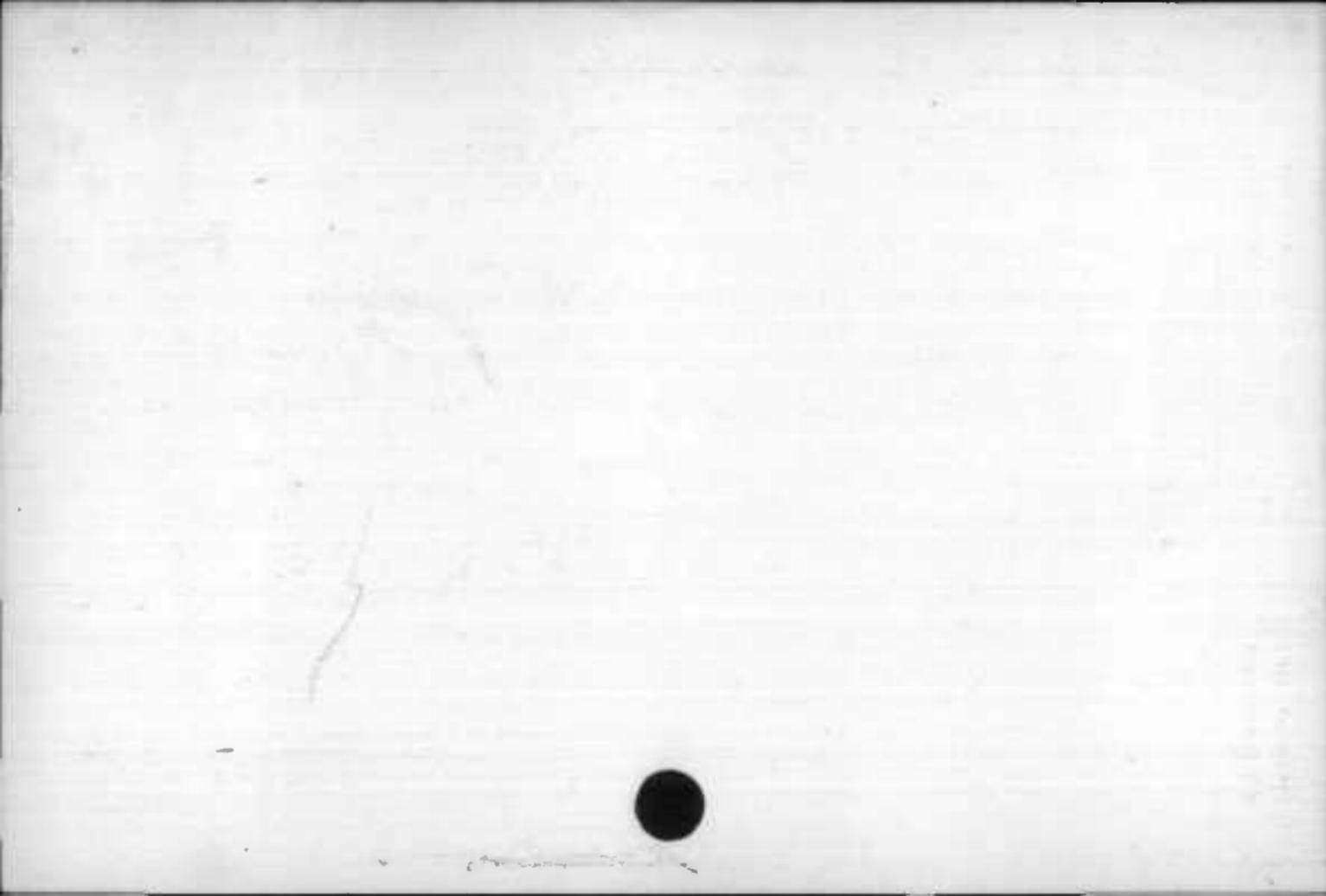
MARYLAND

Died at <i>Union Mills</i> ^{Town} <i>Carroll</i> ^{County}			
Date of death 19 <i>60</i>	<i>Sept</i> ^{Month} <i>10</i> ^{Day}	Age <i>75</i> ^{Years}	<i>11</i> ^{Months} <i>27</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Carroll Co. Ind.</i>	
Occupation <i>Housewife</i>	Where residing if not at place of death <i>at home</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel H. Erb</i>		
Father's Name <i>Peter Brown</i>	Father's Birthplace <i>Carroll Co. Ind.</i>		
Mother's Maiden Name <i>Margaret Hofnagle</i>	Mother's Birthplace <i>Carroll Co. Ind.</i>		
Name of person giving Information <i>Florence Alspinger</i>	How related to decedent <i>Grand daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>24 hours</i>
Immediate <i>Heart Failure</i>	How long <i>30 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Lewis Wetzel</i>
	Address <i>Union Mills Maryland</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

Hugh Ellingsworth
Town County

MARYLAND

Died at *Springfield Hospital Carroll*

Date of death 19*00* *Sept* *10* Age *64* Month *Unknown* Day *Unknown*

Sex *Male* Color of Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Judy Ellingsworth*

Father's Name *Martin Ellingsworth* Father's Birthplace *Ind*

Mother's Maiden Name *Maria Bowering* Mother's Birthplace *Ind*

Name of person giving Information *Judy Ellingsworth* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Senile Dementia* How long *5 yrs*

Immediate *Apoplexy* How long *48 hrs*

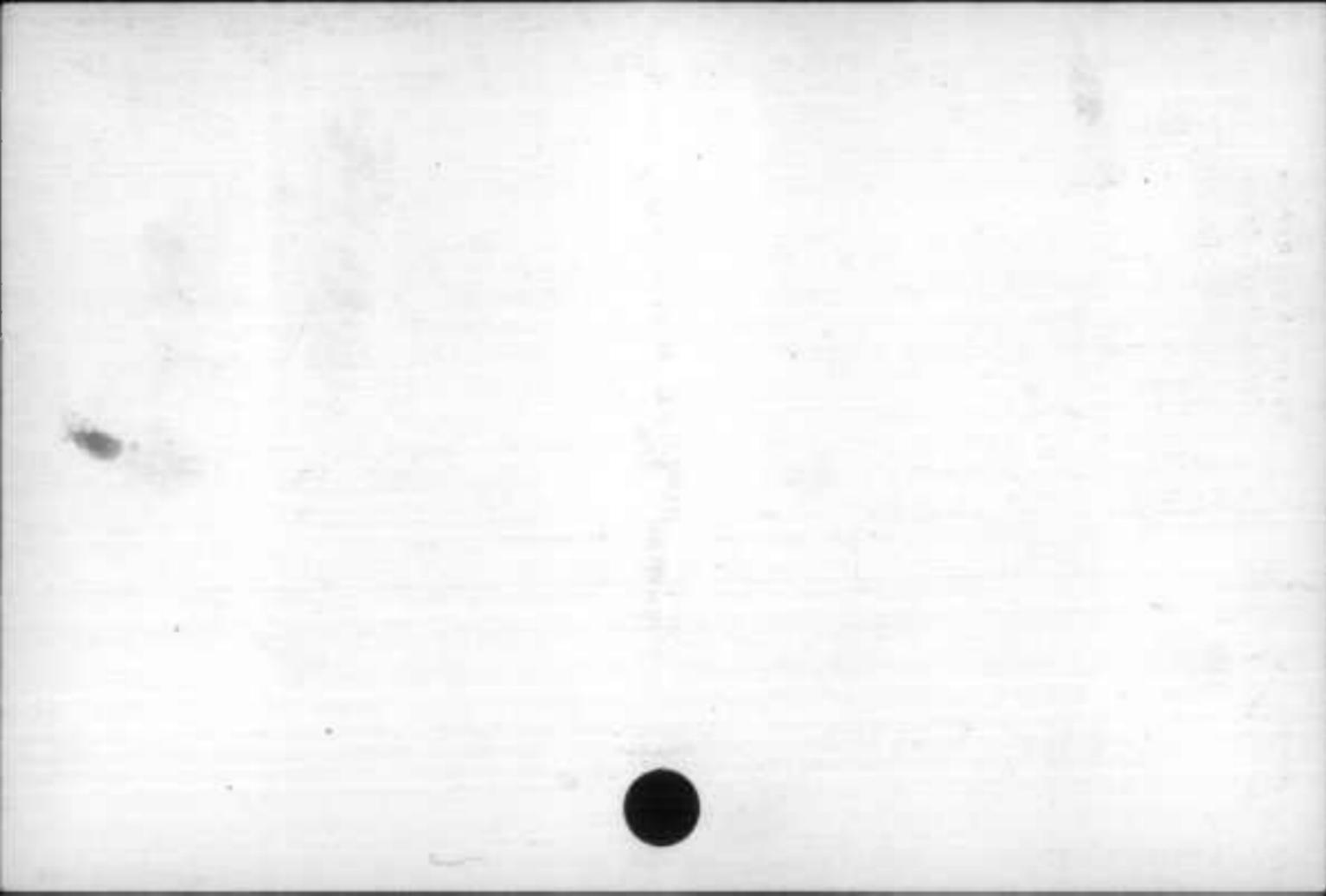
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. H. [unclear]*
Address *Springfield Hospital
Sykesville Ind*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

William Joseph Fink

CERTIFICATE OF DEATH

Died at ^{Town} Taneytown

County

Carroll

MARYLAND

Date of death 1910 Sept 30 Age 83 Months 11 Days 2

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

Occupation Machinist Where Reading if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Margaret Smith

Father's Name Henry Fink Father's Birthplace Pa

Mother's Maiden Name Hannah Parr Mother's Birthplace Pa

Name of person giving information J.S. Fink How related to deceased Son

CAUSES OF DEATH

Primary Locomotor Ataxia How long 6 years

Immediate Senile Debility w/ cerebral anemia How long 4 weeks

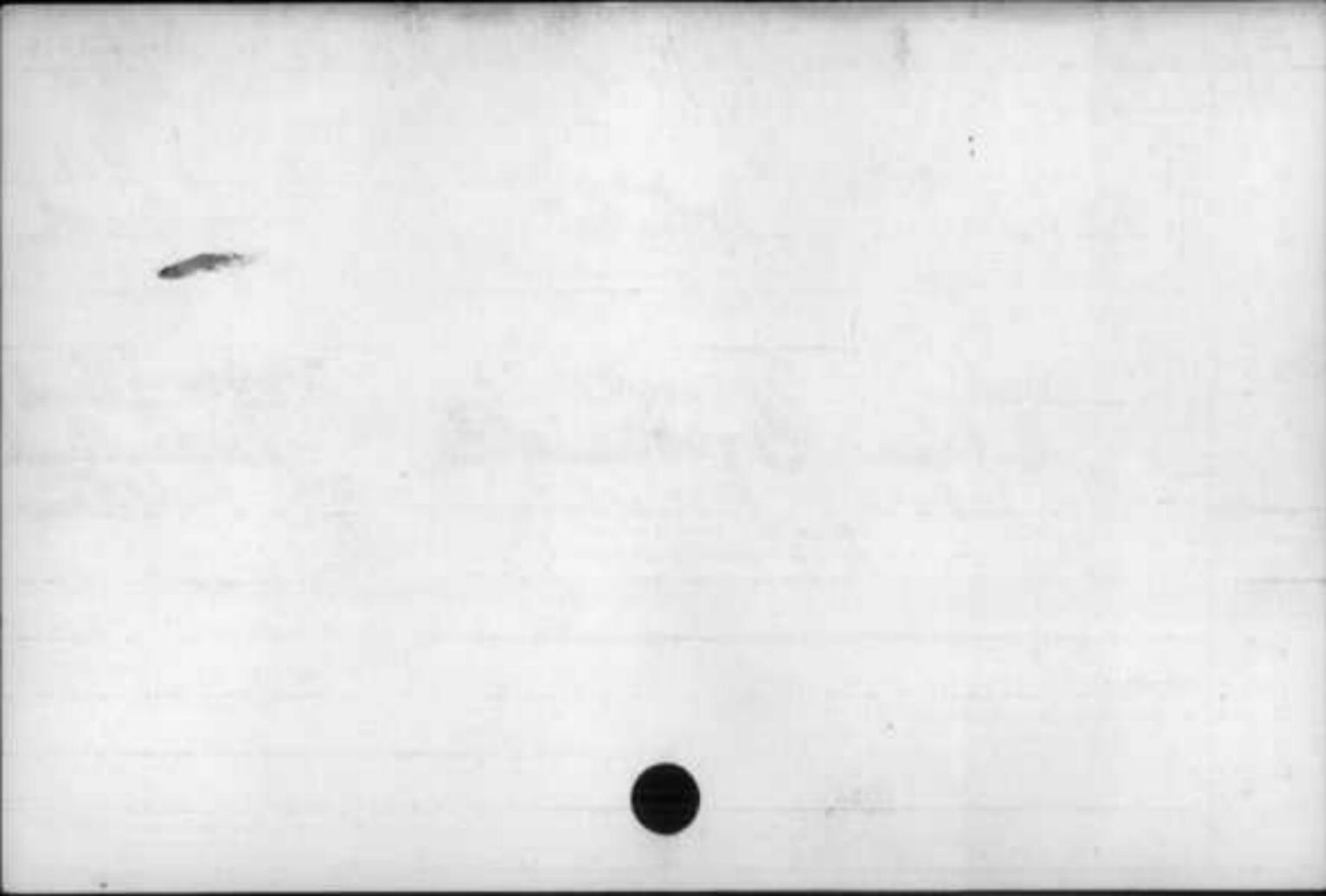
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C. M. Berner M.D.

Address Taneytown Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Claude Wilmer-Franklin

No 630

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	1910	Month	Sept	Day	11
Age	2	Years		Months	3
				Days	10
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	—		Birth-place	<i>Maryland</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>Harry Franklin</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Edna Grossnickle</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Harry Franklin</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Ileo-colitis</i>	How long	<i>9 days</i>
Immediate	<i>Heart Failure</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. J. Coonan</i>
		Address	<i>Westminster</i>
Accident or Suicide?			

James Smith & Co
New York

Name
In
Full

Eliza Jane Gore

No 636
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near East View		County		CARROLL		MARYLAND	
Date of death	1910	Month	Sept	Day	28	Age	73
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	House Wife		Where Residing if not at place of death		Reisterstown Md		
Married, Single or Widowed	Widow	Name of Wife or Husband		Hillean Gore			
Father's Name	Zachariah Conroy		Father's Birthplace	Maryland			
Mother's Maiden Name	Rachel Conroy		Mother's Birthplace	do			
Name of person giving information	Mrs Howard Jeffr		How related to deceased	daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	66	36 Hours
Immediate	convulsion	How long		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		R. H. Kelle	
	Address		Gambon	
Accident or Suicide?				

Mr. Pearson, Care
Sharon

Name
in Full

Gassway G. Gosnell

CERTIFICATE OF DEATH

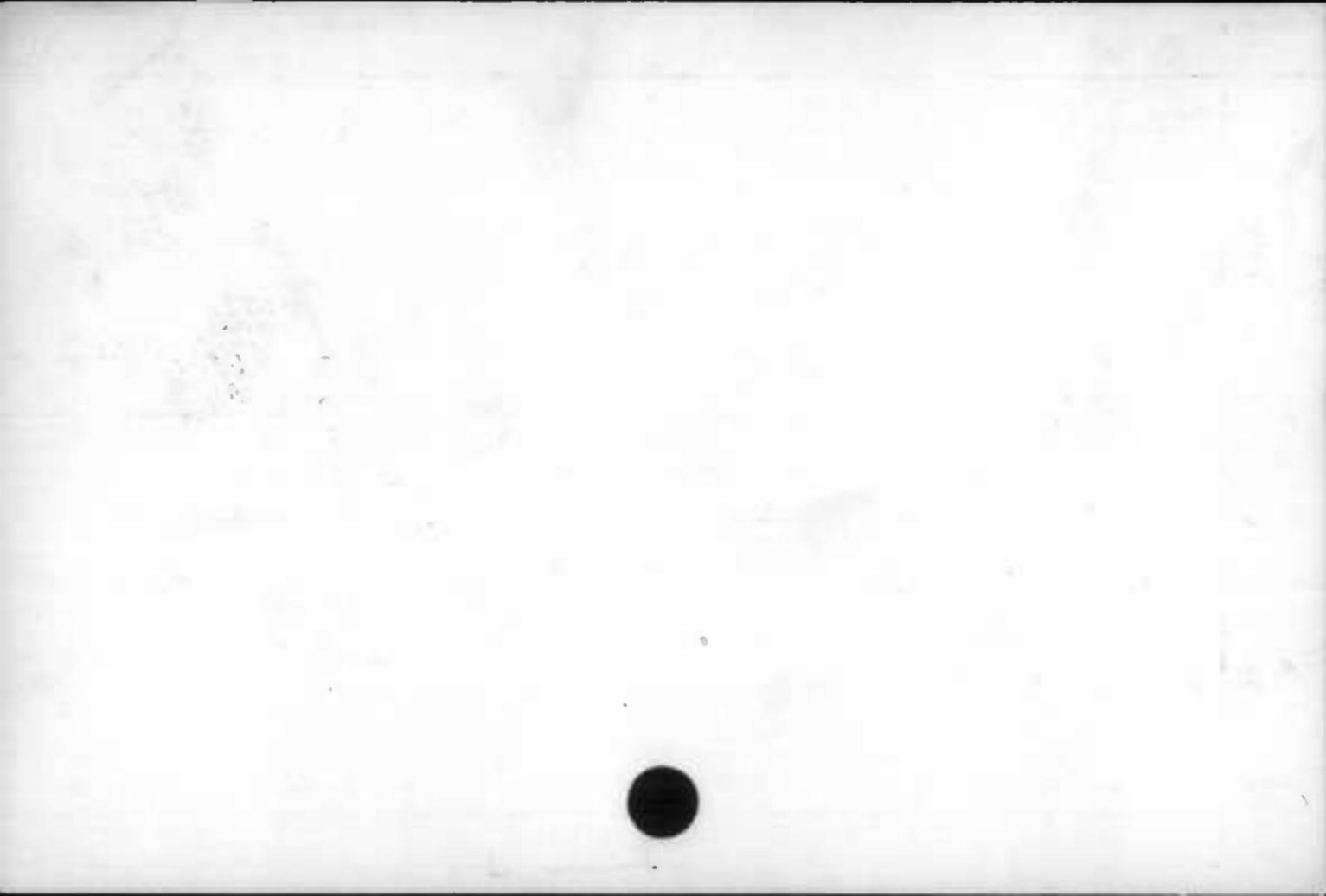
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leaves Creek</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	19 <i>60</i>	Month <i>9</i>	Day <i>29</i>	Age <i>72</i>	Years <i>72</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband _____				
Father's Name <i>Carroll Gosnell (deceased)</i>	Father's Birthplace <i>Carroll Co., Md.</i>				
Mother's Maiden Name <i>Anna Leatherwood</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Alberta Gosnell</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>3 yrs</i>
Immediate <i>Cardiac exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. D. Brink</i>
	Address <i>Winfield Carroll Co.</i>
Accident or Suicide	



Name
in
Full

Iva A. Grabill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Lykesville* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death 19*40* ^{Month} *Sept.* ^{Day} *30* Age ^{Years} *33* ^{Months} *—* ^{Days} *—*

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

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

Married, Single or Widowed *Married* Name of ~~Wife~~ Husband *W. O. Grabill*

Father's Name *G. A. Valentine* Father's Birthplace *Maryland*

Mother's Maiden Name *Alice Eyles* Mother's Birthplace *Maryland*

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary *Delirium Acutum*How long *10 das.*Immediate *Exhaustion*How long *1 da.*Are the name, age, sex, color, date and place correctly given above? *yes*

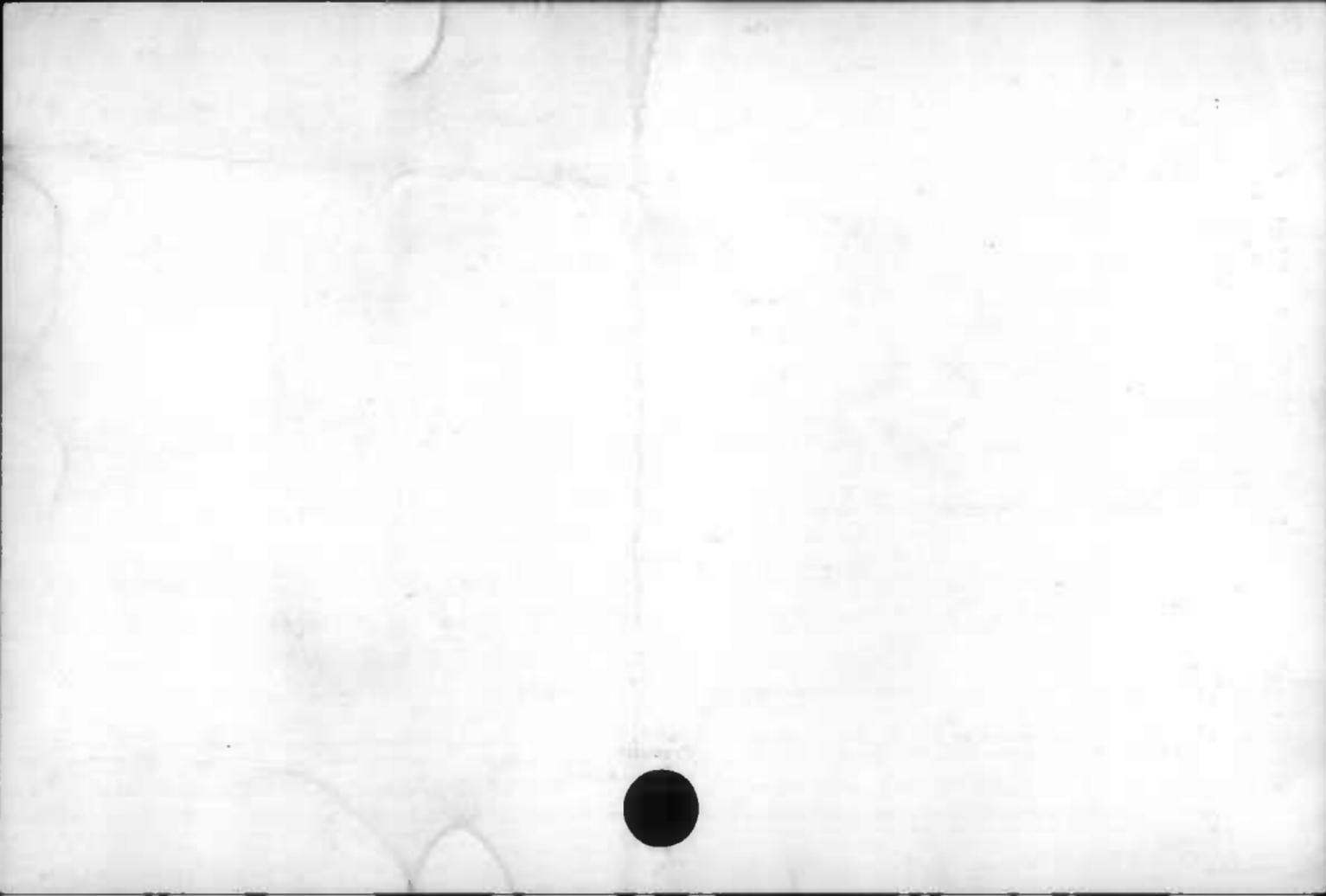
Signature of Physician

Address

J. F. Efferen M.D.
Springfield State Hospital
Lykesville, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Valentine Harman

CERTIFICATE OF DEATH

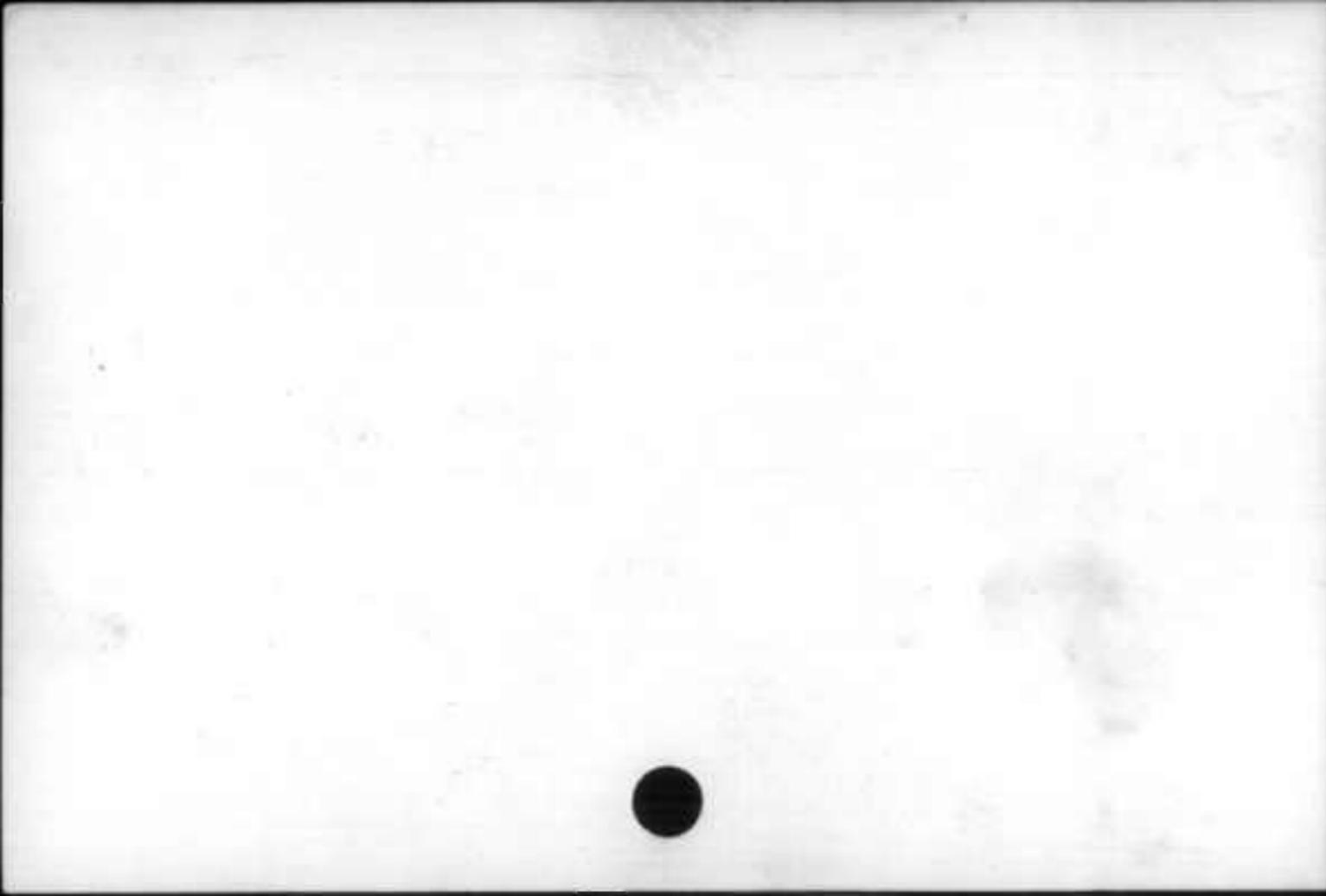
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Zaneytown,</u>		County <u>Carroll</u>		MARYLAND	
Date of death	19 <u>40</u>	Month <u>Sept</u>	Day <u>11</u>	Age <u>77</u>	Years <u>1</u> Months <u>2</u> Days <u>2</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Farmer</u>		Birth place	<u>Carroll Co Md</u>	
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Eleanor Miller</u>	
Father's Name	<u>John Harman</u>		Father's Birthplace	<u>Carroll Co Md</u>	
Mother's Maiden Name	<u>Margaret Bell</u>		Mother's Birthplace	<u>" " "</u>	
Name of person giving information	<u>Eleanor Harman</u>		How related to deceased	<u>Wife</u>	

CAUSES OF DEATH

Primary	<u>Mitral insufficiency</u>	How long	<u>15 years</u>
Immediate	<u>Acute indigestion</u>	How long	<u>18 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>William M. R</u>
		Address	<u>Zaneytown</u>
Accident or Suicide			<u>med</u>

PHYSICIAN
OR CORNER



Name
is
Full

unnamed

Harrich

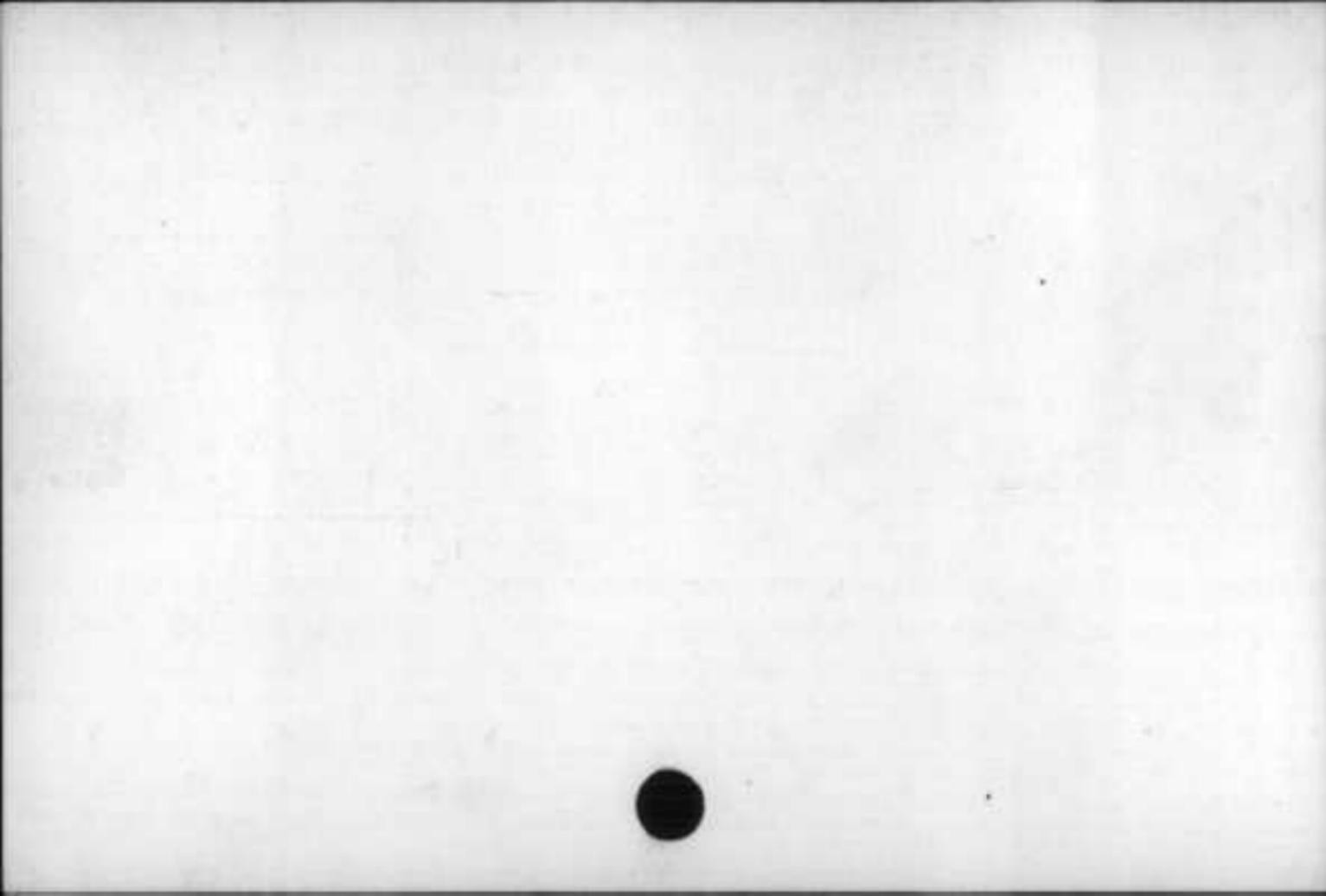
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		6 th dist ^{Town}		Carroll ^{County}		MARYLAND	
Date of death	1960	Month	9	Day	4	Age	00
						Years	00
						Months	0
						Days	0
Sex	male		Color or Race	white		Birth-place	Maryland
Occupation	none			Where Reading if not at place of death		none	
Married, Single or Widowed	no		Name of Wife or Husband	none			
Father's Name	Chas. C. Harrich				Father's Birthplace	Maryland	
Mother's Maiden Name	Bertie Elizabeth Halter				Mother's Birthplace	Maryland	
Name of person giving information	Chas. C. Harrich				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Stillborn	How long	_____
	Immediate	_____	How long	_____
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Ziegler
	Address	Westminster		Md
Accident or Suicide?	no			



Name
in Full

Henry Emanuel Hains

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lisiboro		County Corroll		MARYLAND	
Date of death	1900	Month	Sept.	Day	8	Age	Years 2 Months 2 Days 2
Sex	male		Color or Race	white		Birth-place	Lisiboro Md.
Occupation	_____			Where Reading if not at place of death			11
Married, Single or Widowed	_____		Name of Wife or Husband				
Father's Name	William Hains.					Father's Birthplace	Alesia Md
Mother's Maiden Name	Lizzie Newcomer.					Mother's Birthplace	Lisiboro Md
Name of person giving information	Wm. Newcomer.					How related to deceased	Grandfather.

CAUSES OF DEATH

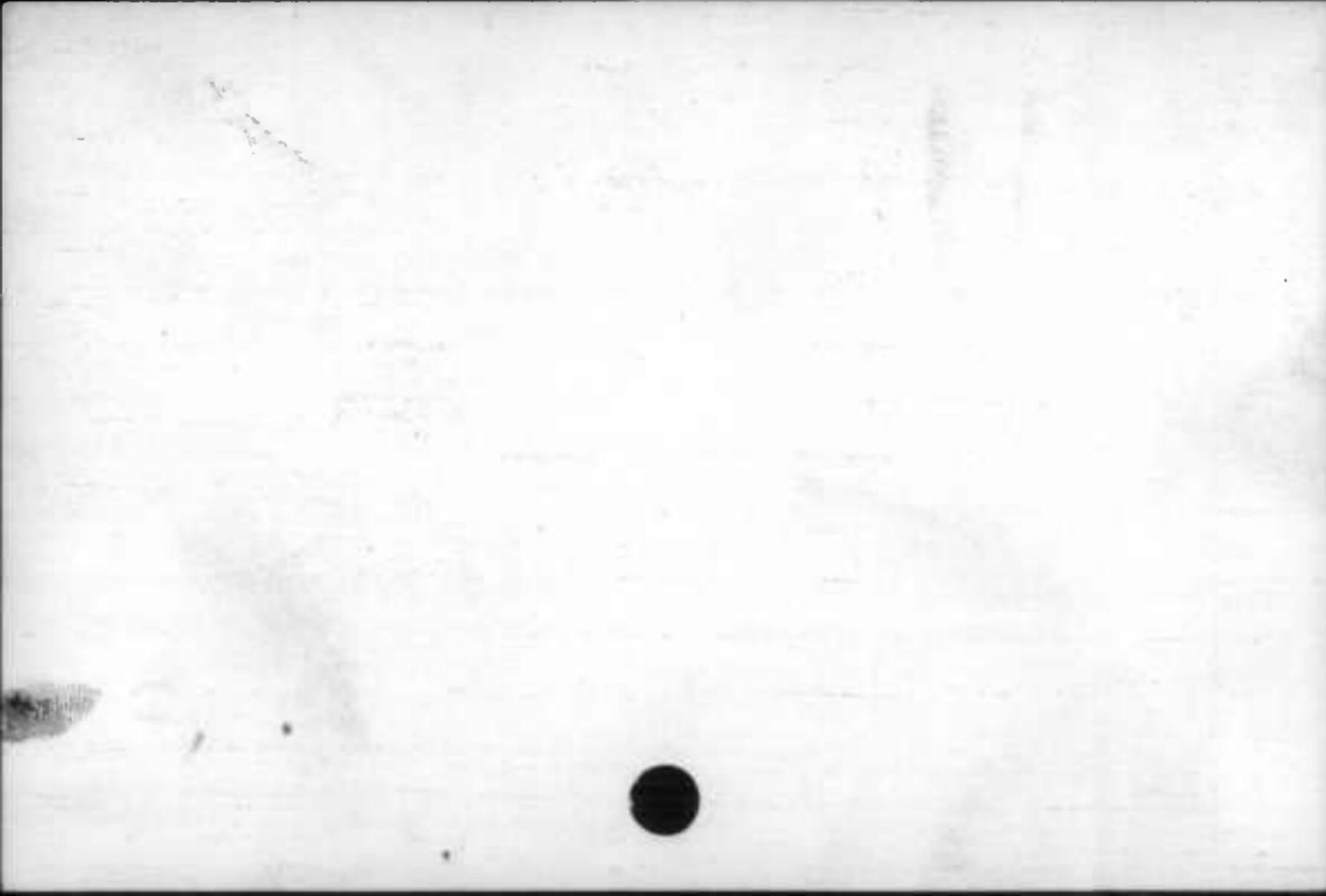
1021

How long two weeks

How long two hours.

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	
Immediate	Comulsions	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician T. Howard Every.
		Address Hanner Pa.
Accident or Suicide?		



Name
in
Full

Stephen Alexander Hassett

10/632
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month	<i>Sept</i>	Day	<i>16</i>
Age	<i>4</i>	Years	<i>4</i>	Months	<i>5</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>—</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>Michael W Hassett</i>		Father's Birthplace	<i>Pennsylvania</i>	
Mother's Maiden Name	<i>Marie Playes</i>		Mother's Birthplace	<i>France</i>	
Name of person giving information	<i>Michael W Hassett</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Diabetes Mellitus</i>	How long	<i>Can't say</i>	
	Immediate	<i>Diabetic Coma</i>	How long	<i>24 hrs</i>	
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Eugene M Sullivan</i>	
	Address	<i>Westminster, Md</i>			
Accident or Suicide?					

St Johns Castles

St Johns

Name
in
Full

CERTIFICATE OF DEATH

Nathan Hess

Town

County

MARYLAND

Died at

Springfield Hosp. Carroll

Date

of death 1940

Month

Day

Age

Years

Months

Days

Sept 15 26

Unknown Unknown

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

None

Where Residing if not
at place of death

Place of death

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Baron Hess

Father's
Birthplace

Germany

Mother's
Maiden Name

Dina Lornstein

Mother's
Birthplace

Germany

Name of person giving
Information

Louis Hess

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Venereality

How long

life

Immediate

Cerebral Congestion

How long

4 hrs

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

Yes

Signature of
Physician

Address

J. H. ...
Springfield Hospital
Sykesville Ind

Accident or Suicide

OFFICE SUPPLY CO. 1364

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Katherine Virginia Hull

No 633
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster		^{County} Carroll		MARYLAND	
Date of death	1910	Month	Sept	Day	19
Age	1	Years	1	Months	1
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband		
Father's Name	Frederick W Hull		Father's Birthplace	Maryland	
Mother's Maiden Name	Bessie M. Herr		Mother's Birthplace	Maryland	
Name of person giving information	Mrs Fredk. W. Hull		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	4 weeks
Immediate	Pneumonia + Complications	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. R. Foutz
		Address	Westminster Md.
Accident or Suicide?	no		

Erays Cemetery
Admission

Name
in
Full

William Kumpst

CERTIFICATE OF DEATH

Died at <i>M. Mayberry</i>		Town		<i>Carroll</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>Sept.</i>		Day <i>5</i>		Age <i>79</i>		Years <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months		Days <i>7</i>	
Occupation <i>Carpenter</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Eva Hart</i>							
Father's Name <i>John Kumpst</i>		Father's Birthplace <i>Germany</i>							
Mother's Maiden Name <i>Susanna Frock</i>		Mother's Birthplace <i>Unknown</i>							
Name of person giving Information <i>Chas. Kumpst</i>		How related to deceased <i>Son</i>							

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Nervous Heart Trouble</i>	How long <i>3 years</i>
Immediate <i>Probably Apoplexy</i>	How long <i>Immediately</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Luther Kemp</i>
	Address <i>Murilton, Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

Baugh & Lunt

Name
in
Full

CERTIFICATE OF DEATH

William A Johnson
Town County

Died at Springfield Hosp. Carroll

MARYLAND

Date of death 1990 Sept 23 Age 69 Months Unknown Days Unknown

Sex Male Color or Race White Birth-place Ind

Occupation Laborer Where Residing if not at place of death

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

Father's Name William Father's Birthplace Ind

Mother's Maiden Name Bernice Duncan Mother's Birthplace Ind

Name of person giving Information Mrs R. H. Lee How related to decedent Daughter

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Organic Dementia How long 4 yrs

Immediate With Bronchitis How long 5 days

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

Address Springfield Hosp. Ashsville Ind

PHYSICIAN
OR CORNER



Name in Full *Infant of Irvin & Emma Kelly*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *Laneytown* Town *Carroll* County **MARYLAND**

Date of death 19*80* Year *Feb* Month *5* Day Age *no* Years *no* Months *10* Days *hours*

Sex *Male* Color or Race *White* Birthplace *Laneytown Md*

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

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

Father's Name *Irvin C Kelly* Father's Birthplace *Carroll Co Md*

Mother's Maiden Name *Emma L Phillips* Mother's Birthplace *" "*

Name of person giving information *Irvin C Kelly* How related to deceased *Father*

CAUSES OF DEATH

Primary *no disease* *as to questions* *yes* How long *187* *no weeks*

Immediate *yes* How long _____

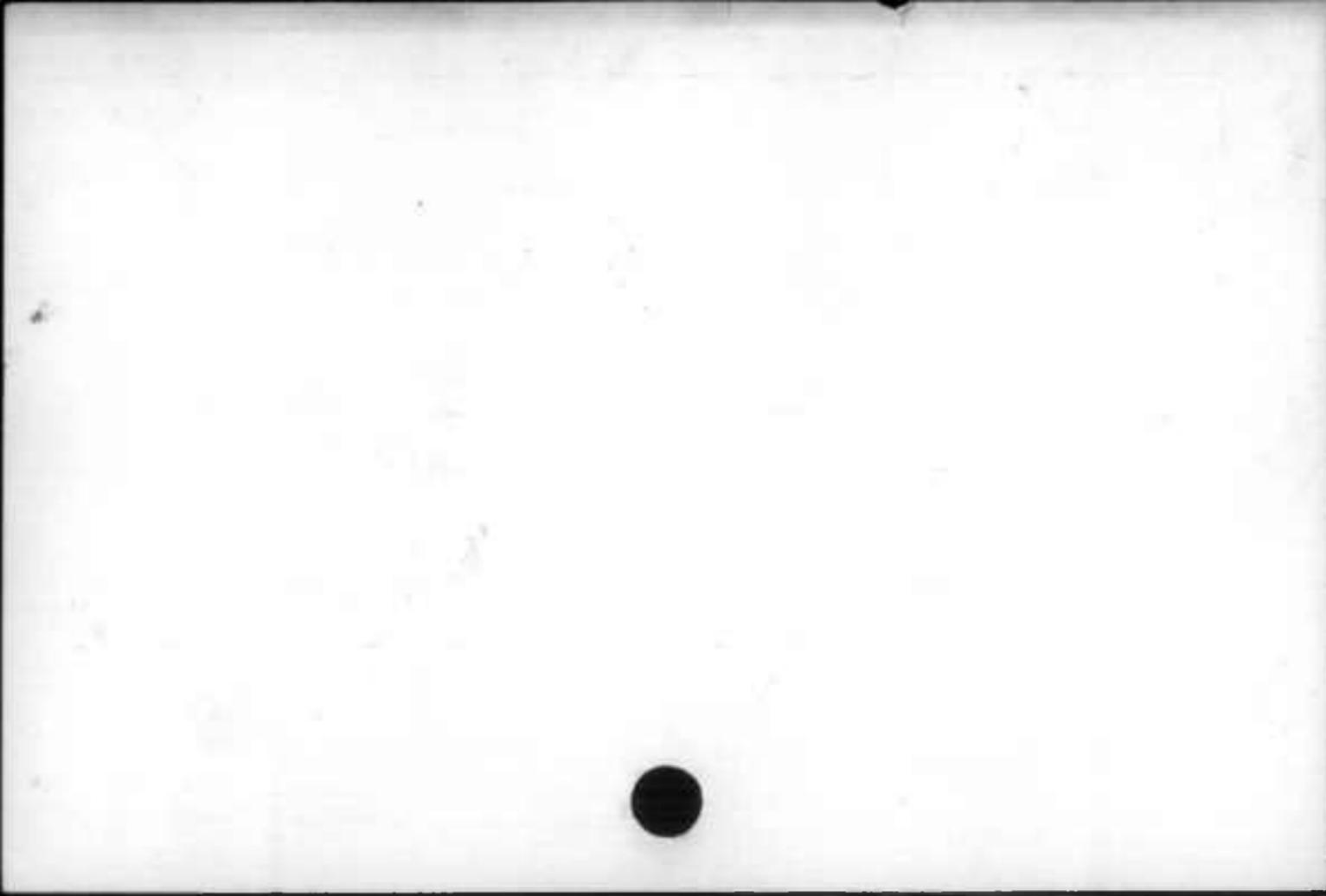
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. James H. Jones*

Address *Laneytown*

Accident or Suicide _____

PHYSICIAN OR CORONER



Name
is
Full

CERTIFICATE OF DEATH

George Kerchner

Town

County

Died at Springville Hospital Carroll

MARYLAND

Date of death 1940 Sept 22 Age 62

Months Days

Sex M Color or Race White

Birth-place Pa.

Occupation Carpenter Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Henry Kerchner

Father's Birthplace Germany

Mother's Maiden Name Annie Light

Mother's Birthplace Germany

Name of person giving information Hospital record

How related to deceased

CAUSES OF DEATH

Primary Organic dementia

How long About 4 years

Immediate Broncho pneumonia

How long 3 days

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

Signature of Physician

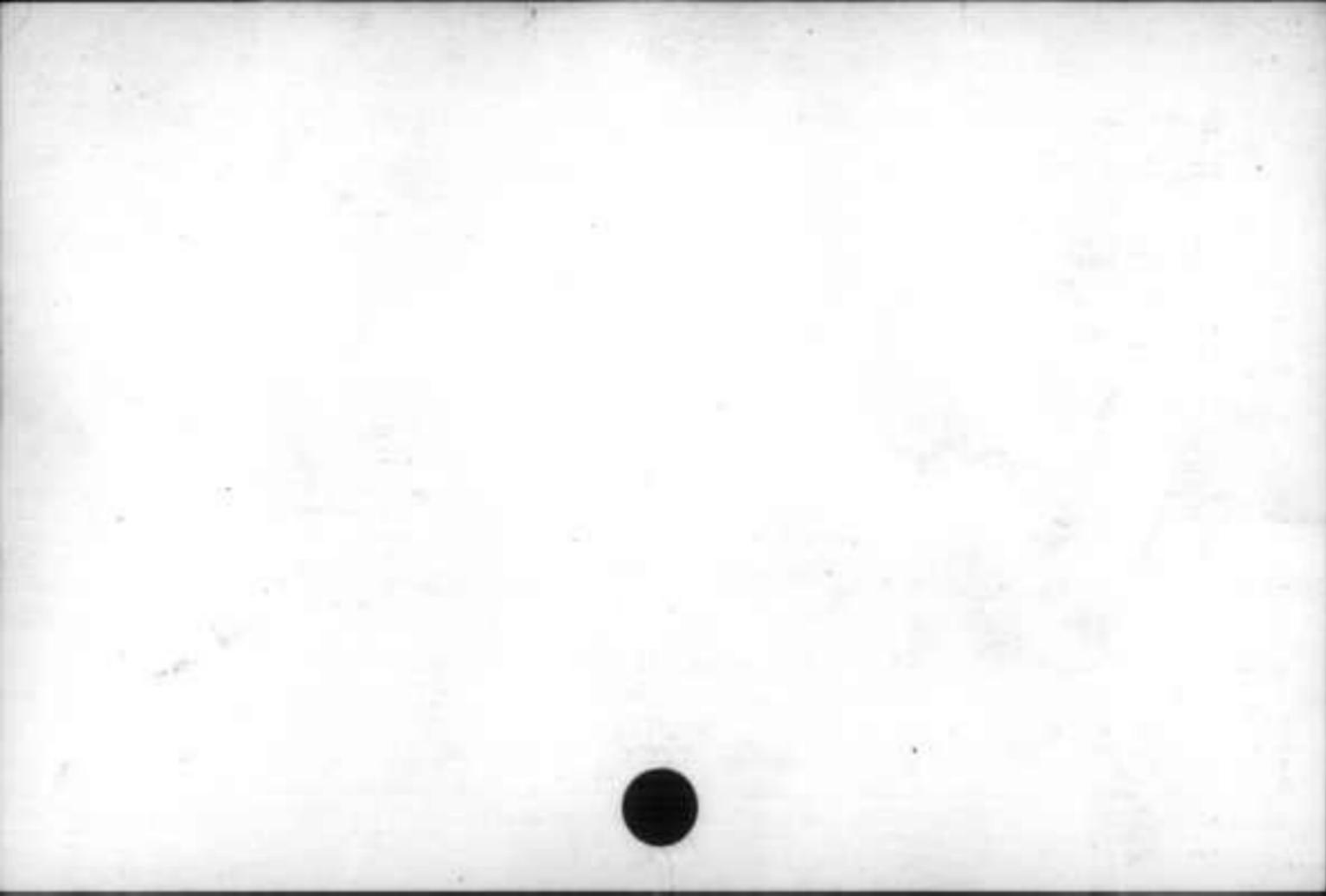
Chas. J. Carney
Sykesville Md.

Address

Accident or Suicide No.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Rudolph. H. Merceron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near Sylversville Town Barroll County MARYLAND

Date of death 1901 9 Month 26 Day 46 Age 2 Months 23 Days

Sex Male Color or Race White Birth-place Ind.

Occupation Farmer Where Residing if not at place of death -

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

Father's Name Edman. A. Merceron Father's Birthplace Ind.

Mother's Maiden Name Bathemie. B. Dook Mother's Birthplace Ind.

Name of person giving Information Frank. G. Merceron How related to deceased Son.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cardiac Paralysis How long ="

Immediate Kick of horse How long ="

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

Signature of Physician W. Frank Lucas, M.D. Address Sylversville Ind.

Accident or Suicide -



Name in Full

Emma Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Sykesville ^{County} Carroll Co. MARYLAND

Date of death 1900 ^{Month} Sept. ^{Day} 13 Age ^{Years} 52 ^{Months} ^{Days}

Sex Female Color or Race white Birth-place Md.

Occupation Housework Where Residing if not at place of death Unknown

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

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information J. F. Pfeiffer How related to Deceased Not related

CAUSES OF DEATH

154

PHYSICIAN OR CORONER

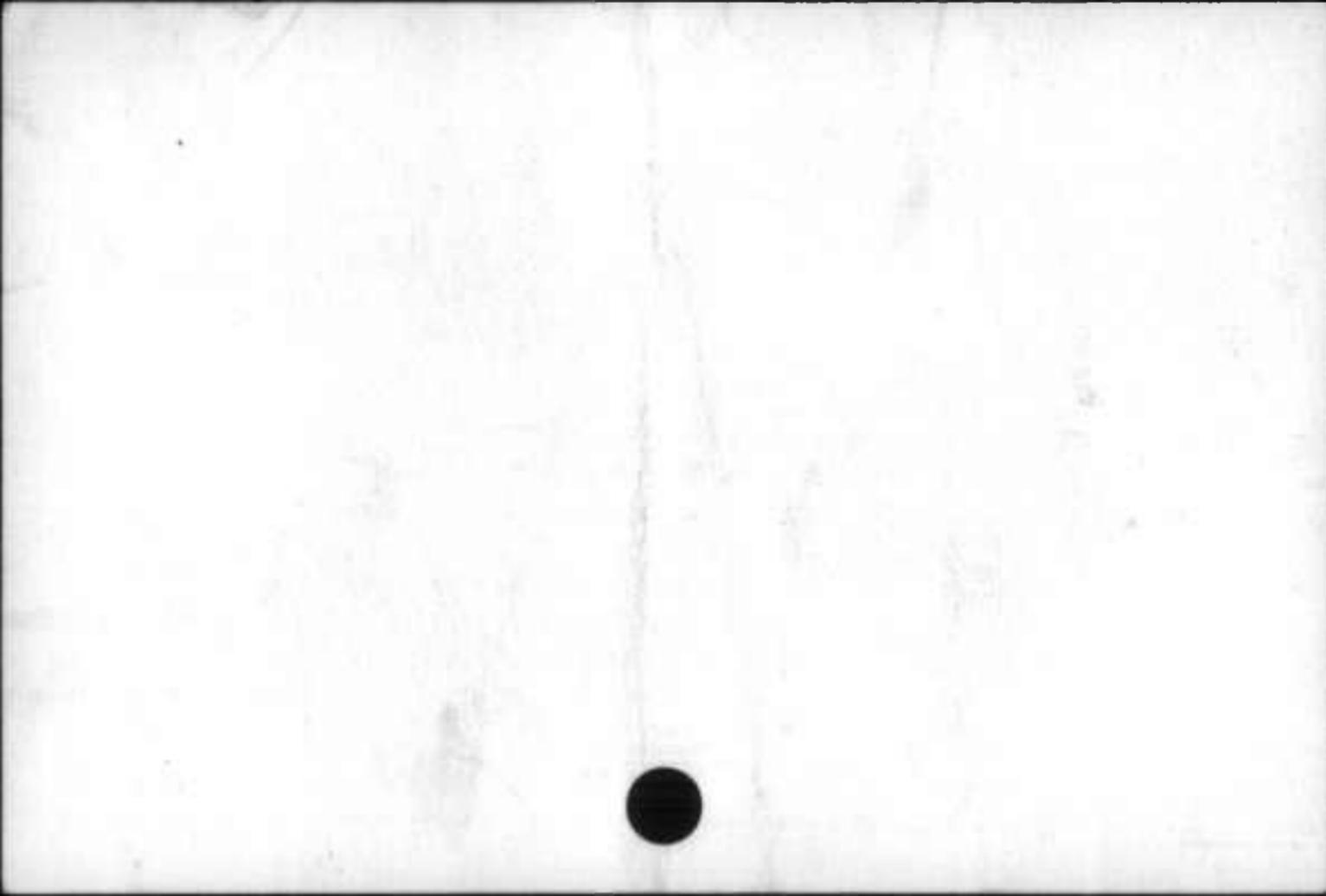
Primary ^{of} Terminal Dementia How long

Immediate Exhaustion How long

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

Address Springfield State Hospital

Accident or Suicide Sykesville, Md.



Name
is
Full10635
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster ^{Town} 4 ^{County} Carroll MARYLAND
 Date of death 1910 ^{Month} Sept ^{Day} 27 ^{Year} 1910 ^{Months} — ^{Days} —
 Sex Male ^{Color or Race} White ^{Birth-Place} Id.
 Occupation — ^{Where residing if not at place of death} —
 Married, Single or Widowed + ^{Name of Wife or Husband} —
 Father's Name Mr. A. Pleasants ^{Father's Birthplace} Id.
 Mother's Maiden Name May Joe Mathis ^{Mother's Birthplace} Id.
 Name of person giving information Mr. Mathis Sen ^{How related to deceased} Grandmother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Due to Coma. ^{How long} 18 hours
 Immediate Strangulation ^{How long} 10 hours
 Are the name, age, sex, color, date and place correctly given above?
 Signature of Physician Dr. S. Mathis
 Address Westminster Md.
 Accident or Suicide?

St John East
Cemetery
Shannon

Name
in
FullNo 631
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Union Mills Carroll*Date of death *1990 Sept 15* Age *32* Months *10* Days *13*Sex *Female* Color or Race *White* Birth-place *Carroll Co. Md.*Occupation *Housewife* Where Residing if not at place of death *At Home*Married, Single or Widowed *Married* Name of Wife or Husband *Nathan G. Poole*Father's Name *John G. Phillips* Father's Birthplace *Carroll Co. Md.*Mother's Maiden Name *Emma Friedrichs* Mother's Birthplace *Carroll Co. Md.*Name of person giving Information *Nathan G. Poole* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *20 days*Immediate *Perforation* How long *12 hours*Are the name, age, sex, color, date and place correctly given above? *Yes!* Signature Physician *L. Lewis Wetzel, M.D.*Address *Union Mills Maryland.*Accident or Suicide

Providence Cemetery
Stamford

Name
In
Full

Mary Edna Sauble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at New Windsor Carroll County MARYLAND

Date of death 19 10 Sept 21 Age 12 Months 4 Days 7

Sex Female Color or Race White Birth-place MD

Occupation _____ Where residing if not at place of death New Windsor

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

Father's Name Wesley Sauble Father's Birthplace MD

Mother's Maiden Name Lizzie I. Koontz Mother's Birthplace MD

Name of person giving information Wesley Sauble How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dysentery 9 How long 2 weeks

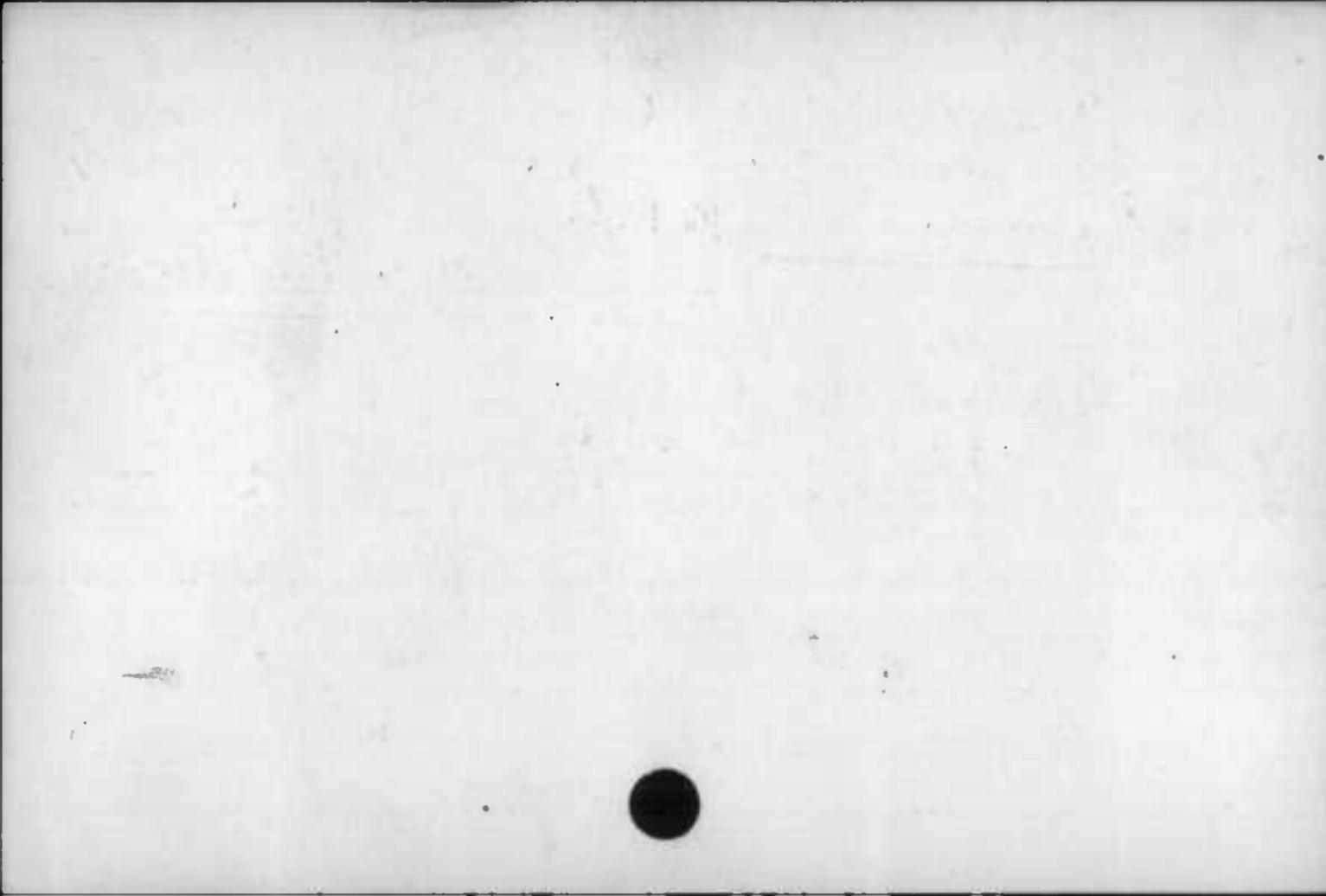
Immediate Cardiac Weakness How long 3 days

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

Signature of Physician W.A. Brown

Address New Windsor

Accident or Suicide? _____



Name
in
Full

Angelica S. Swiss.

CERTIFICATE OF DEATH

Died at ^{Town} Taneyton ^{County} Carroll MARYLANDDate of death 1940 ^{Month} 9 ^{Day} 19 ^{Age} 87 ^{Years} ^{Months} 11 ^{Days} 4Sex Female ^{Color or} ^{Rate} White ^{Birth-} ^{place} Md. Co. Md.Occupation Retired ^{Where Residing if no} ^{at place of death} Place of deathMarried, Single or Widowed married ^{Name of Wife or} ^{Husband} Raymond S. SwissFather's Name Jacob Germand ^{Father's} ^{Birthplace} Md.Mother's Maiden Name Cudora Becker ^{Mother's} ^{Birthplace} Md.Name of person giving Information Franklin H. Swiss ^{How related} ^{to deceased} SonTO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary cerebral hemorrhage, softening of Brain ^{How long} 6 yearsImmediate Failure of respiration & ^{How long} 24 hours

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

Yes

Signature of Physician

F. H. Swiss.

Address

Taneyton, Md.

Accident or suicide? No

PHYSICIAN
OR CORONER



Name
in Full

Harry C. Shaffer

CERTIFICATE OF DEATH

Died at ^{Town} Hampstead ^{County} Carroll MARYLANDDate of death 1960 ^{Month} 19 ^{Day} 20 Age ^{Years} 32 ^{Months} 5 ^{Days} 9

Sex male Color or Race white Birth-place Carroll Co

Occupation Laborer Where Residing if not at place of death

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

Father's Name Andrew Shaffer Father's Birthplace Maryland

Mother's Maiden Name Rebecca Snyder Mother's Birthplace Maryland

Name of person giving Information Elizabeth Shaffer How related to Deceased Wife

CAUSES OF DEATH

Primary Typhoid fever. How long 4 weeks

Immediate Heart Failure How long

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

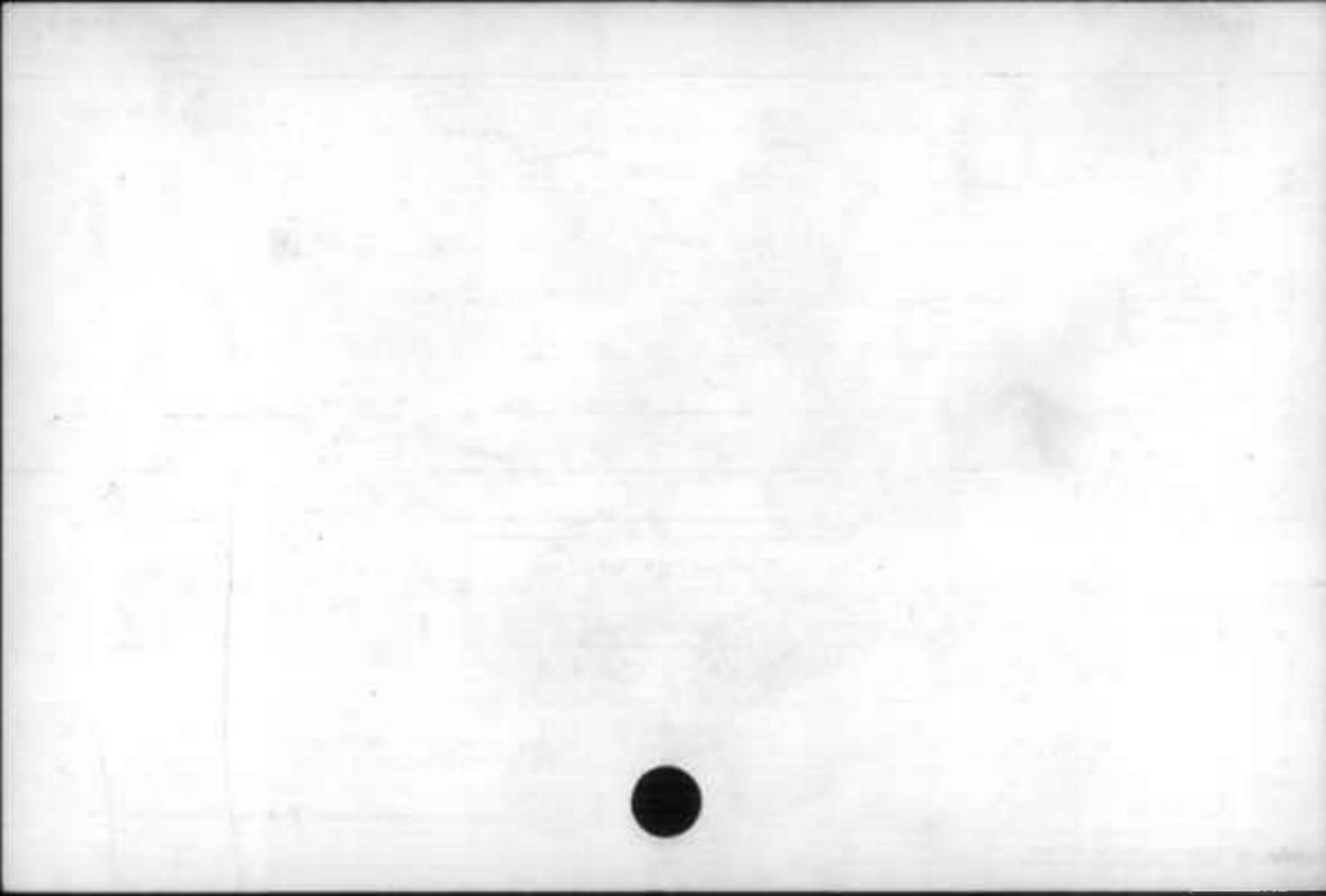
Signature of Physician

Address

R. C. Wells
Hampstead
Maryland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullJacob Sharer
TownNo 628
CERTIFICATE OF DEATHDied at Brunnel County Carroll MARYLANDDate of death 1940 Month Sept Day 8 Age 83 Months 7 Days 5Sex Male Color or Race White Birth-place MarylandOccupation Farmer Where Residing if not at place of deathMarried, Single or Widowed Widower Name of Wife or Husband Christiana LeisterFather's Name Joseph Sharer Father's Birthplace MarylandMother's Maiden Name Elizabeth Trune Mother's Birthplace IdName of person giving information Leard H. Sharer How related to deceased Son

CAUSES OF DEATH

Primary Chronic Nephritis How long 10 yearsImmediate Intestinal Indigestion How long 2 daysAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician Chas. R. FoutzAddress Westminster MdAccident or Suicide noTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

14 Jan
London

Shannon

Name
in
Full

Mary Shilka

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Shilka

Town

County

Carroll

MARYLAND

Date
of death

1900

Month

Sept

Day

16

Age

Years

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Hampstead

Occupation

Housekeeper

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

Henry Shilka

Father's
Birthplace

Germany

Mother's
Maiden NameMother's
BirthplaceName of person giving
Information

Augustus Shilka

How related
to deceased

Bro.

CAUSES OF DEATH

Primary

Cald

How long

4 days

Immediate

Senescent

How long

10 minutes

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

yes

Signature of
Physician

Address

H. Preston M.D.
Hampstead
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death 1980

Month

Sept

Day

16

Age

50

Month

Unknown

Day

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

Farmer

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

Single

Name of Wife or
HusbandFather's
Name

John S. Twilley

Father's
Birthplace

Ind

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Sleigha S. Twilley

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Chronic Alcoholism

How long

10 yrs

Immediate

General Debility

How long

6 mo

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

Yes

Signature of
Physician

Address

J. W. Twilley, MD
Shingfield Hospital
Lynchville Ind

Accident or Suicide

OFFICE SUPPLY CO. 2324

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Trovel

Town

County

MARYLAND

Died at

Keams 10

Leannell

Date

of death 1980

September 12

Day

Age

87

Years

Months

10

Days

16

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of death

Married, ~~Single~~
or ~~Widowed~~

Name of Wife or
~~husband~~

Laura Trovell

Father's
Name

Not Known

Father's
Birthplace

Not Known

Mother's
Maiden Name

Not Known

Mother's
Birthplace

Name of person giving
Information

Laura Trovell

How related
to deceased

wife

CAUSES OF DEATH

Primary

Organic Heart Lesion
Dropsy

How long

One year

Immediate

Just

How long

6 Months

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

Signature of
Physician

John J. Stewart

Address

Westminster Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in Full

Willard C Ward

No 637
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at

Louisville

Town

Carroll

County

MARYLAND

Date

1900 Sept 28

Age

10 Months 24 Days

Sex

Male

Color or Race

White

Birth-place

Louisville

Occupation

None

Where Residing if not at place of death

+

Married, Single or Widowed

+

Name of Wife or Husband

+

Father's Name

Lieut. H. Ward.

Father's Birthplace

Bridgell

Mother's Maiden Name

Elsie M. James

Mother's Birthplace

How related to deceased

Father

Name of person giving information

Lieut. H. Ward

CAUSES OF DEATH

Primary

Acute Indigestion

How long

30 minutes

Immediate

Convulsion

How long

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

yes

Signature of Physician

R. H. Wells

Address

Gambey Md

Accident or Suicide

PHYSICIAN
OR CORNER

Bonjour
Luce

Name
in
Full

Harriet Wilcox

CERTIFICATE OF DEATH

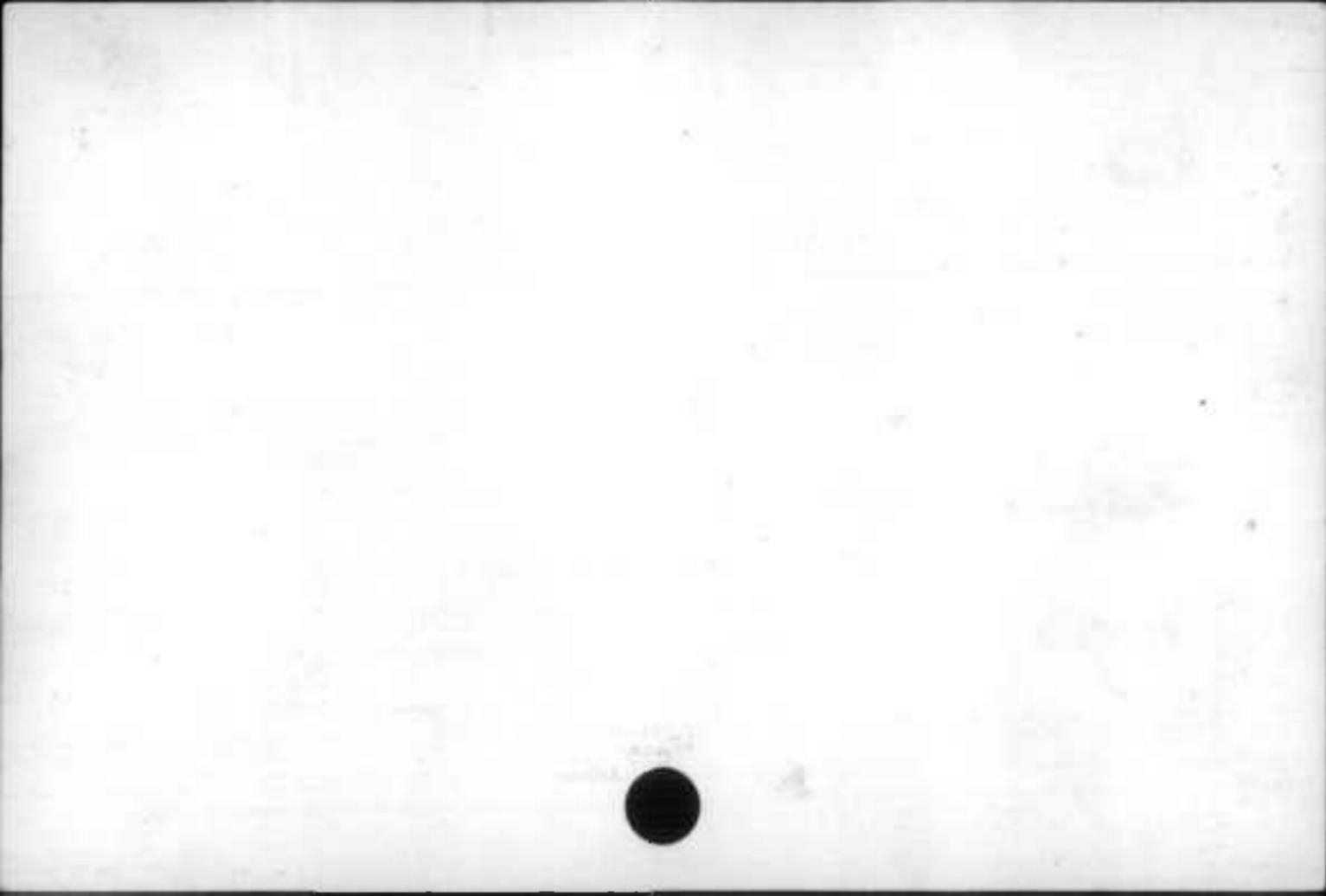
Died at <u>Sykesville</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death <u>1960</u>	Month <u>Sept.</u>	Day <u>17th</u>	Age <u>79</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ma.</u>			
Occupation <u>None</u>	Where Residing <input type="checkbox"/> not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife ^{in name} Husband <u>(Unknown) Wilcox</u>				
Father's Name <u>Isaac Brown</u>	Father's Birthplace <u>Ma.</u>				
Mother's Maiden Name <u>Ann (Unknown)</u>	Mother's Birthplace <u>Ma.</u>				
Name of person giving Information <u>Mrs John B. Keplinger (Ball Ma)</u>	How related to deceased <u>Daughter.</u>				

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <u>Senile Dementia</u>	How long <u>15 1/2</u>	<u>3 years.</u>
Immediate <u>Cerebral Apoplexy + Exhaustion</u>	How long	<u>3 weeks.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>John Norfolk Morris</u>	
	Address <u>Springfield Hosp.</u>	
Accident or Suicide <u>-</u>	<u>Sykesville, Carroll Co Ma</u>	

PHYSICIAN
OR CORONER



Name in Full *Mabel Ruth Wilson* CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at *near Eldersburg* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death *1960* ^{Year} *Sept.* ^{Month} *16* ^{Day} Age *8* ^{Years} *8* ^{Months} *-* ^{Days}

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

Occupation *-* Where residing if not at place of death *same*

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

Father's Name *Elias S. Wilson* Father's Birthplace *md*

Mother's Maiden Name *Nora M. Kusselbaugh* Mother's Birthplace *Ill.*

Name of person giving Information *E. S. Wilson* How related to decedent *Father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary *Acute Indigestion* How long *2* days

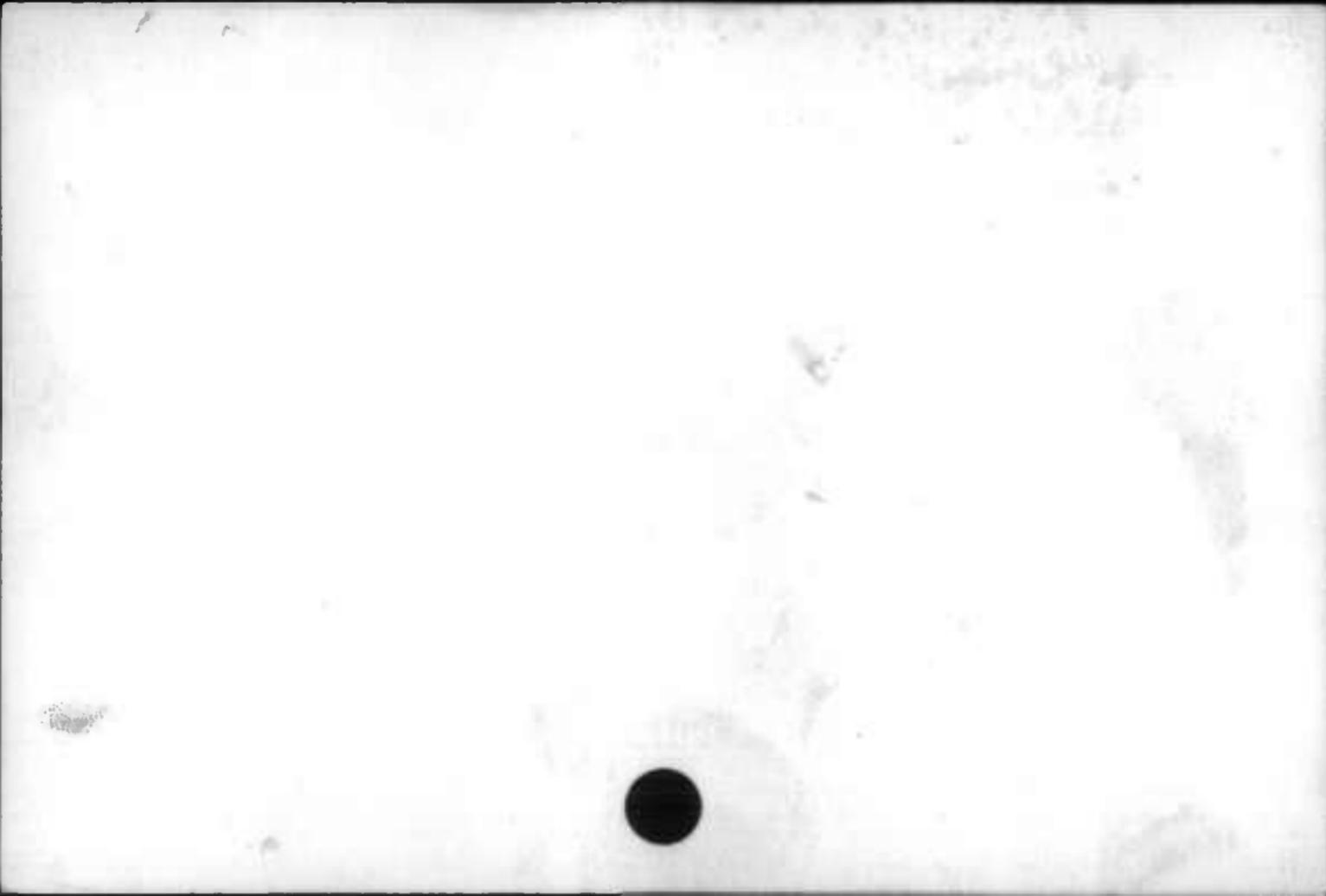
Immediate *-* How long *-*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *D. F. Shipley, M.D.*

Address *Westminster, Md.*

Accident or Suicide *-*

103



Name
in
Full

Noah Yungling

No 629
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at: <i>Westminster</i> ^{Town} <i>Carroll</i> County		MARYLAND	
Date of death 1910	Month <i>Sept</i>	Day <i>7</i>	Age Years <i>80</i> Months <i>7</i> Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Maryland</i>	
Occupation <i>Retired</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Dead</i>		
Father's Name <i>Adam</i>	<i>Yungling</i>	Father's Birthplace <i>Not Known</i>	
Mother's Maiden Name <i>Went</i>	<i>Keow</i>	Mother's Birthplace <i>Not Known</i>	
Name of person giving information <i>Elmer Yungling</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

*105*PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Supplementary Diseases</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Blair Stewart</i>
	Address <i>Westminster</i>
Accident or Suicide?	<i>Med</i>

Westminster Cemetery
Stones