

Indiana Abrams

Died at <sup>Town</sup> Bay View <sup>County</sup> Cecil MARYLAND

Date 189 <sup>Month</sup> June <sup>Day</sup> <sup>Y.</sup> 13 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Md <sup>Occupation</sup> Child  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of <sup>22a</sup>  
Wife

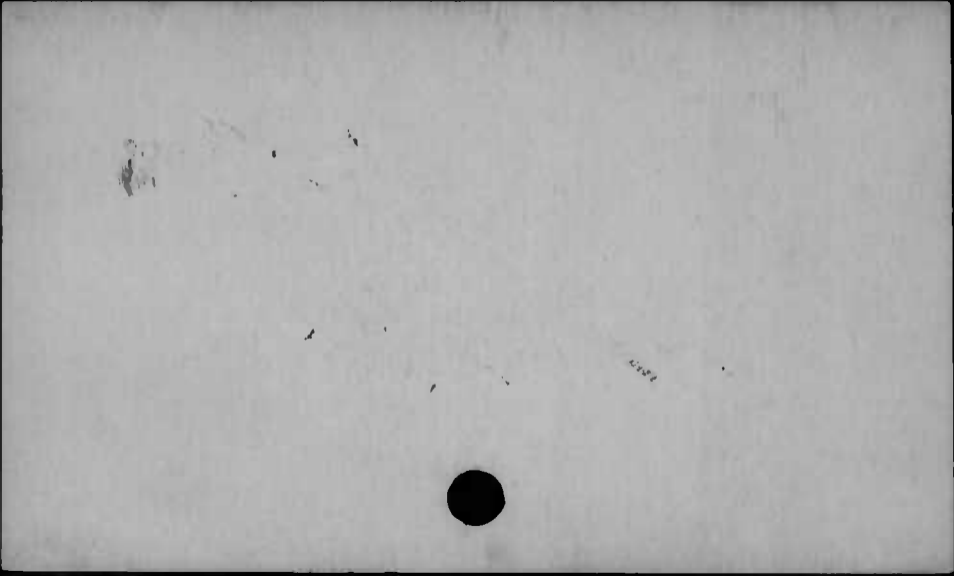
Father's Name William Abrams Mother's Name Talitha James

Cause of Death { Primary Tuberculosis, long sick  
Immediate Hemorrhage

Reported by <sup>Accident, Suicide, Homicide</sup>

Address 22a  
23rd Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



... is responsible for the presentation of the body to the burial, within twenty-four hours after the death.

under penalty of law.

A CERTIFICATE FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

April 6<sup>th</sup> 1877

and, { Writes legibly and spell correctly. If an Infant not named, give names of parents. }

Ernest Eldenburg

or Female, { Cross out the word not required in this line. }

Male

39 Years, Months, Days.

White

Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Place of Burial, *Ellis Point Hebrew Cemetery*

{ State or country (and how long in the United States, if of foreign birth.) }

German

of Residence in the City of Baltimore, 30 years

Death, { Give street and number. }

Ellis Point Hebrew Cemetery

Death, { First (Primary), Second (Immediate.) }

Tuberculous Phthisis

of Last Sickness, 2 months

above information should be furnished by the Physician.

Place of Burial, *Balt. Cemetery*

Date of Burial, *April 6-77*

Funeral, *Oppen Cilan*

Place of Business, *101 Gough St*

James C. Donnell M. D. Medical Attendant.

Address *299 E. Baltimore Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth the name, sex, age and condition (whether married or single) of the person deceased, and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

CERTIFICATE OF DEATH

The following additional information is requested in relation to the cause of death enumerated below.

- ANEURISM—Mode of Death.
- CER. SPINAL MENINGITIS—Variety, whether epidemic or simply Inflammatory.
- CHILDBIRTH—Circumstances producing Death.
- CANCER—Variety and Seat.
- CALCULUS—Mode of Death.
- DENTITION—Mode of Death.
- DISEASE OF HEART—Variety. Valves involved.
- DROPSY—Variety and cause.
- ENTERITIS & GASTRO ENTERITIS—Cause. Whether Diarrhoeal or not.
- ERYSIPELAS—Seat and Cause.
- FRACTURES—Cause and Mode of Death.
- GANGRENE—Seat and Cause.
- GASTRITIS—Cause.
- HERNIA—Variety and Mode of Death.
- INSANITY—Variety and Mode of Death.
- JAUNDICE—Cause and Mode of Death.
- MANIA, ACUTE—Cause and Mode of Death.
- MISCARRIAGE—Cause and Mode of Death.

- MALIGNANT PUSTULE—Location and Cause.
  - MALFORMATION—Variety.
  - METRITIS—Variety and Cause.
  - NECROSIS—Seat. Cause and Mode of Death.
  - OVARIAN TUMOR—Mode of Death.
  - PARALYSIS—Variety and Cause.
  - PERITONITIS—Cause.
  - PHLEBITIS—Cause.
  - PYÆMIA—Cause. Nature of Injury, if any.
  - PREMATURE BIRTH—Cause. Foetal age.
  - PRETERNATURAL BIRTH—Manner of.
  - SYPHILIS—Variety, Chief Location & Mode of Death.
  - TETANUS—Nature of Injury, if any.
  - ULCER—Nature, Chief Location and Mode of Death.
  - WOUNDS—Cause, Variety, Seat and Mode of Death.
  - ABSCESS—Cause, Location and Mode of Death.
- Specify every Surgical operation with fatal result.
- Mention **INTEMPERANCE** whenever it is ascertained to have been the cause of death, or as having produced or complicated the cause of Death.

JAMES A. STEUART, M.D.  
Commissioner of Health.

Name in Full

Tracy Allen  
Town

County

Hagerstown Washington

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 189

June 2

Age

76

~~Male~~

~~White~~

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Name

John Allen

Mother's

Name

Buck

Cause of

Primary

Heart trouble dropsy

How long sick

3 weeks

Death

Immediate

57

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

Attended by Dr. Chas Boyle  
of Hagerstown

Information contained in this certificate received from John Allen MD  
of Hagerstown MD  
interment Petersburg MD

Name in Full

CERTIFICATE OF DEATH

Charles Alsop

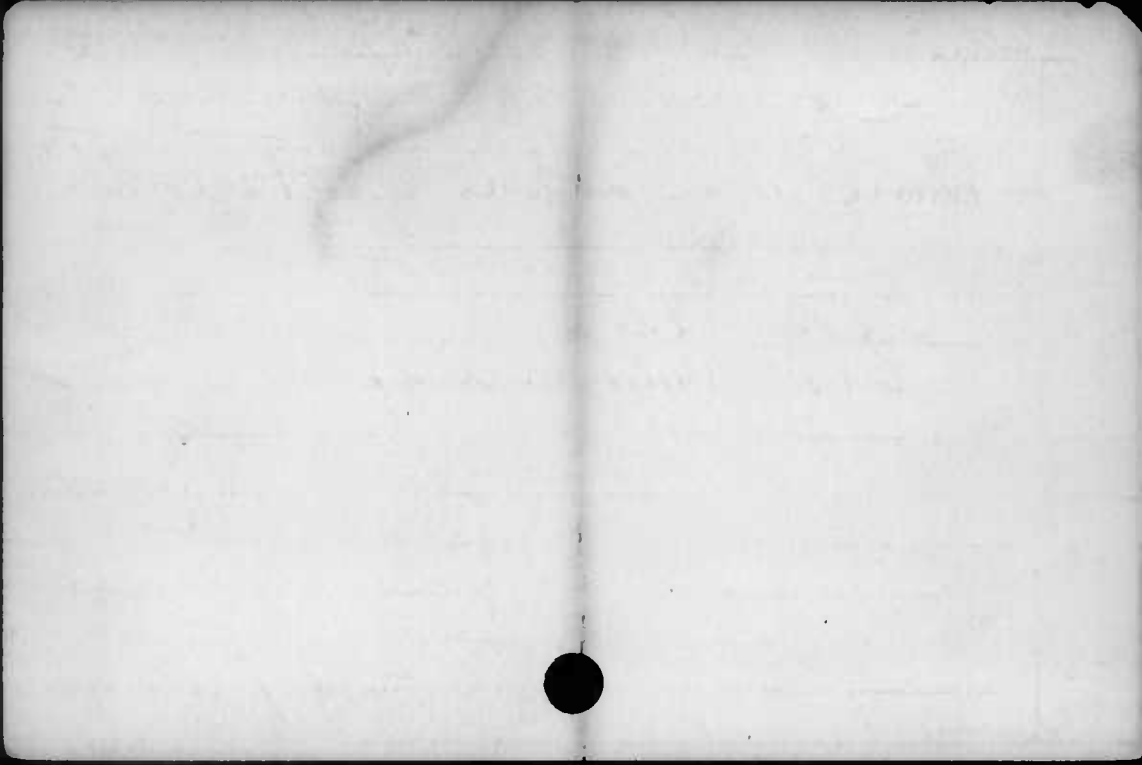
TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Poundsville</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1870</u> <sup>Year</sup>	<u>Oct.</u> <sup>Month</sup>	<u>   </u> <sup>Day</sup>	<u>5</u> <sup>Years</sup>	<u>   </u> <sup>Months</sup>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birthplace	<u>Poundsville</u>
Occupation	Where Residing if not at place of death		<u>   </u>		
Married, Single or Widowed	Name of Wife or Husband		<u>   </u>		
Father's Name	<u>Silas Alsop</u>		Father's Birthplace	<u>Ind.</u>	
Mother's Maiden Name	<u>Ann Magdalena Young</u>		Mother's Birthplace	<u>Ind.</u>	
Name of person giving information	<u>Mother</u>		How related to deceased	<u>   </u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	





Mrs. Leary ~~Alto~~ -Died at <sup>Town</sup> ~~West~~ <sup>County</sup> ~~Frederick~~ MARYLANDDate 189 <sup>9</sup> ~~January~~ <sup>7<sup>th</sup></sup> ~~7<sup>th</sup>~~ Age <sup>55</sup> ~~55~~

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living =

Husband of ~~Ambrose Alto~~ -

Father's Name Mother's Name

Cause of Death	Primary	<del>Ga</del> Grippe	How long sick	<del>Two</del> weeks
	Immediate	<del>Pneumonia</del>	Accident, Suicide, Homicide	

Reported by ~~John B. Brown~~Address ~~Summitberg~~ ~~ced~~

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs Sarah Ann Ambrose

Town

County

Died at

Oregon

Baltimore

MARYLAND

Date 189

Month

Day

Age

Y.

M.

D.

Native of

Md

Occupation

4

16

63

0

0

0

Howard, Co.

House-wife

House-wife

 Male White Married Widow Divorced Female Colored Single Widower

Number of children living

6

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Softening of the brain

General Paralysis

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

*John Anderson*  
Town

*Washington*  
County

MARYLAND

Died at *Augustine*  
Month

*Washington*  
Years

Months

Days

Date  
of death 190

Age

Sex *Male*  
Occupation

Color or  
Race *Colored*

Birth-  
place *Arkansas*

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name *Anderson*

Father's  
Birthplace *Arkansas*

Mother's  
Maiden Name *Anderson*

Mother's  
Birthplace *Arkansas*

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

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

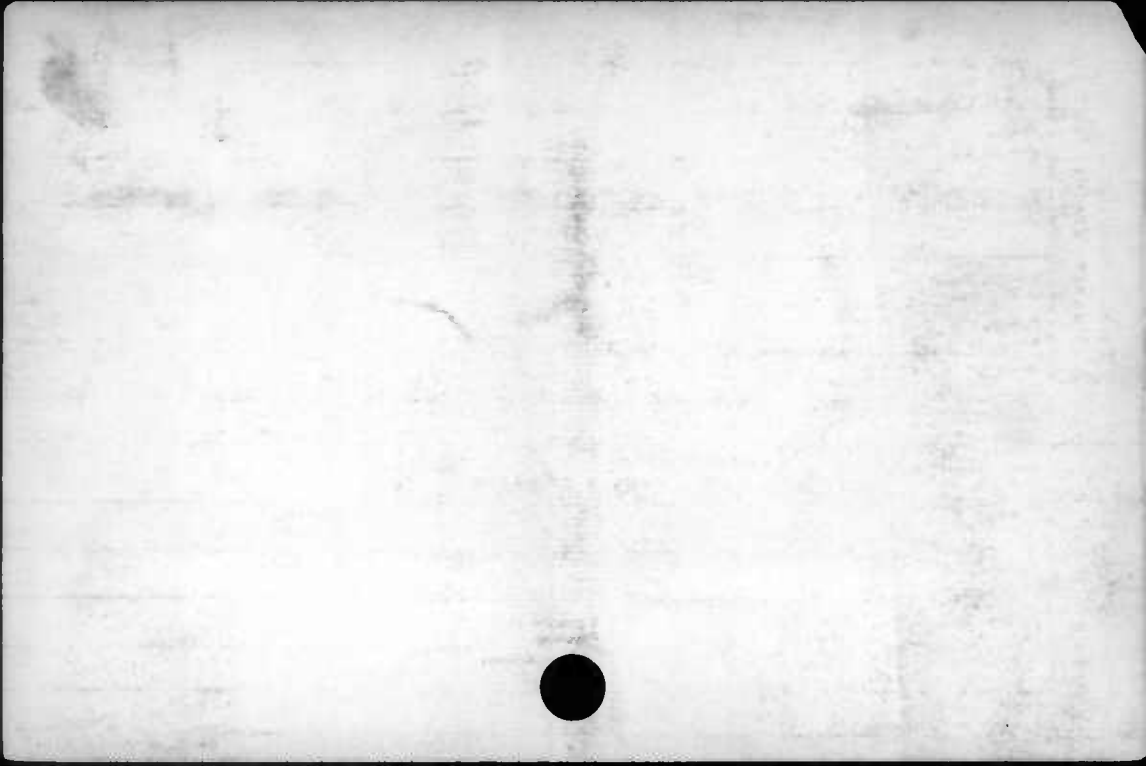
Signature of  
Physician

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Died at

*Bevise Anderson*  
Town

*Washington*  
County

MARYLAND

Date  
of death 190

*September*  
Month

Day

Age

Years

Months

Days

Sex  
Occupation

*Female*

Color or  
Race

*Colored*

Birth-  
place

*Dukuman*

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Dukuman*

Father's  
Birthplace

*Dukuman*

Mother's  
Maiden Name

*Dukuman*

Mother's  
Birthplace

*Dukuman*

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

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

Signature of  
Physician

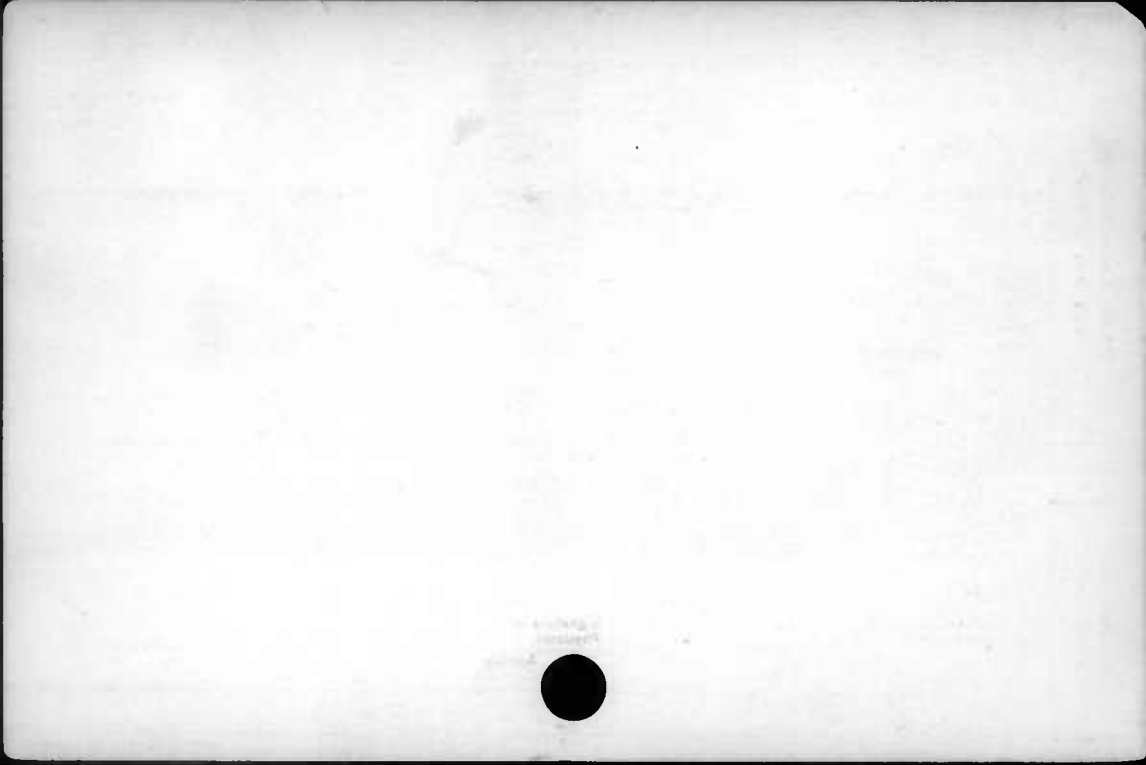
Address



Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





William F. Anderson

Town

County

Died at

Covington

District

MARYLAND

Date 189

Month Day

July 7

Age

Y. M. D.

12

Native of

Md

Occupation

Clerk

Male

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Wm Anderson

Mother's

Name

Jm Anderson

Cause of

Primary

Summer Complaint

How long sick

2 weeks

Death

Immediate

exhaustion - 82

Accident, Suicide, Homicide

Reported by

John W. Moore

Address

Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Shadrack Applegarth

Town

County

Died at

Cambridge

Dorchester

MARYLAND

Date 189

Month

Day

12 18

Y.

M.

D.

Native of

Occupation

Age

~~Male~~

White

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Thos. C. Bennett

Mother's

Name

Cause of

Primary

141

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dorchester Standard 12-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Elizabeth Anne Bringdale

Died at North East Cecil County

MARYLAND

Date 19 July 11 1944 Age 2 2 Native of Delaware  
 Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of  
Wife

Father's Name Jere F. Bringdale Mother's Name Eveline W. Brown  
 Maiden Name

Cause of Death { Primary Enteritis 105 How long sick 2 weeks  
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by Theo A. Worrall M.D.

Address North East Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

