No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 6

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} Julia Akerhurst

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

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

Occupation, House wife

Birthplace {State or County, and how long in the United States, if of foreign birth} Balt Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Mt Washington Balt.

Cause of Death, First (Primary) Fatty degeneration of Hea

Second (Immediate) Ascites

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 8 98

Undertaker, John H Brock

Place of Business, Balto & Stricker *Address,* 1918 Penna. Ave.

John A Evans M.D.,
Medical Attendant.

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

Section 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm J C. Dulany Co., City Printers and Stationers.

[OVER.]

R—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS — Cause, whether Diarrhœal 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.

MARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

Name in Full

Certificate of Death

Laura Amanda Bell

Died at Town: 1st Dist. Frederick Road County: Baltimore MARYLAND

Date 189 8 Month: July Day: 30 | Age Y. 11 M. 11 D. | Native of: Maryland | Occupation: —

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

Husband of Wife

Father's Name: John W. Bell

Mother's Name: Isabella Bell

Cause of Death — Primary: ? 39a

Immediate: Cerebral Meningitis

How long sick: 2 days

~~Accident, Suicide, Homicide~~

Reported by: John W. B. [illegible]

Address: Elkridge Md.

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

Health Dep[illegible] [illegible]more

[illegible]t No. A ..... Office o[illegible] [illegible]ital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur[illegible] filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible] deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7/30/98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Peter Blake

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 89 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

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

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 59 yrs

Place of Death, {Give Street and Number.} B.N. Asylum

Cause of Death, First (Primary), Senility

Second (Immediate), Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical purposes

Date of Burial, Aug 1-1898

Undertaker, T. W. Stevenson

Place of Business, Health Office *Address,* B.N. Asylum

Lee Cohen *M.D.,* Medical Attendant.

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

RISM—Mod[illegible]

.. SPINAL MENI[illegible]S—Vari[illegible]

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 AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Causc.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Causc and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Varicty.

[illegible] Cause.

[illegible]—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

No. A.

...l Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C...

Health Department, City of Baltimore

Permit No. A..... Office of Registrar of Vital Statistics. Ward....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the ... deceased, or sooner, if requested to do so, under penalty of law:

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 P.M. July 26. 1898

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} Sallie W. Brundige

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, White

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

Occupation, Lady

Birthplace, {State or County, and how long in the United States, if of foreign birth} Baltimore Md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} Winston Ave. Govanstown Md

Cause of Death, First (Primary), Intestinal disorder

Second (Immediate), Collapse

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 29th 1898

Undertaker, Stewart & Mowan

Place of Business, 217 Park ave

E. H. Duncan *M.D.,* Medical Attendant.

Address, Govanstown Md

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

SECTION 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 Cororner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Wm. J. C. Dulany Co., City Printers and Stationers.

Enumer

NEURISM—Mode of Death.

SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

OBIRTH — Circumstances producing Death.

ER—Variety and Seat.

ULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause, whether Diarrhœal 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.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Alferd Bujas

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 76 Years, Unknown Months, — Days.

Color, White

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

Occupation, Artist

Birthplace, {State or County, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give Street and Number.} St Agnes Hospital

Cause of Death, First (Primary), Dementia

Second (Immediate), Asthenia

Duration of Last Sickness, About 8 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 5th 98

Undertaker, Nelson Entwisle

Place of Business, Park Saratoga

E. Baynton M.D.,
Medical Attendant.

Address, St Agnes Hospital

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

Section 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Gertrude Louise Bunk

Town — County

Died at Catonsville Balto. MARYLAND

Date 189 8. Month July. Day 17 | Age Y. — M. 2 D. — | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name William Bunk

Mother's Name Elise Bunk

Cause of Death — Primary: Cholera Infantum. — How long sick: 1 week

Immediate: Exhaustion & Coma 82

~~Accident, Suicide, Homicide~~

Reported by M. C. L. Mallfeldt

Address Catonsville Md

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

[No. 1234.]

No. A

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certi.

Health Department, City of Baltimore,

Permit No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21 "98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Annie Byrne

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 62 *Years,* 11 *Months,* 18 *Days.*

Color, White

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

Occupation, Unknown

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate), Tubercular Diarrhoea

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, N Cathedral

Date of Burial, July 23 '98

Undertaker, Edward A Byrne

Place of Business, 302 N Gay

R. E. Garrett M.D.,
Medical Attendant.

Address, Bay View Asylum

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Following Additional Information is Requested in Relation to the Causes of 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 AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 16th 98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Edna E Carlson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... Years, ... 8 Months, ... Days.

Color, ...

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

Occupation, ...

Birthplace, {State or County, and how long in the United States, if of foreign birth.} ~~East~~ New York

Duration of Residence in the City of Baltimore, Bo. Co.

Place of Death, {Give Street and Number.} 220 Cold Spring Lane

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, July 17-98

Undertaker, H. S. Marshall Henry S. Cohen M.D., Medical Attendant.

Place of Business, 273 Falls Road. Address, Roland Park

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

Section 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Varicty and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal agc.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chicf Location and 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 recognizcd as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Paul William Carslens

Town: Windsor Heights County: Baltimore MARYLAND

Died at

Date 1898 Month 7 Day 2 | Age Y. 1 M. 11 D. 20 | Native of Maryland | Occupation

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

Husband / Wife of

Father's Name John

Mother's Name Margaret

Cause of Death: Primary Entero Colitis dysentery — How long sick 2 weeks

Immediate Asthenia — Accident, Suicide, Homicide

Reported by J Ullemmonner

Address Dickeyville Md —

82

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

Name in Full

Certificate of Death

Henry L. Costelley.

Town: Catonsville

County: Baltimore

Died at Catonsville Baltimore MARYLAND

Date 1898 Month: July Day: 13

Age Y. 57 M. D.

Native of: Balt Co

Occupation: Druggist

Male / ~~Female~~

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / Widower

Divorced

Number of children living 8

Husband / ~~Wife~~ of Elizabeth Sillen Costelley

Father's Name: Felix D. Costelley

Mother's Name:

Cause of Death — Primary: Pulmonary Tuberculosis

Immediate: Congestion of lung

How long sick: 4 months

Accident, Suicide, Homicide

Reported by: Geo. L. Murdyille

Address: Catonsville

D.D.a

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

CERTIFICATE OF DEATH.

Date of Death, July 7th. 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} George Coleman

Sex, Male or ~~Female~~ {Cross out the words not required in this line.}

Age, 40 Years, Months, Days.

Color, Colored

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

Occupation, Drayman

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary), Mitral regurgitation. lost compensation

Second (Immediate), pericardial effusion.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos. for Anatomical Purposes

Date of Burial, July 10-1898

Undertaker, E. M. Stevenson

Place of Business, Health office

Lee Cohen M.D.,
Medical Attendant.

Address,

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

CERTIFICATE OF DEATH.

Date of Death, July 8th. 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Edward Cook

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, Colored

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

Occupation, Drayman

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore Co. Maryland

Duration of Residence in the City of Baltimore, ~~do not know~~ 60 yrs.

Place of Death, {Give Street and Number.} Bay View asylum

Cause of Death, First (Primary), Mitral regurgitation (Atrio Sclerosis)
Second (Immediate), Cardiac Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 10th 1898

Undertaker, Geo. Handy

Place of Business, 411 S. Gilmor

Leo Cohen M.D.,
Medical Attendant.

Address, Bayview Asylum

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

No. A

tention of Physicians: R etfully Invited to the Remarks below, an. o List of Diseases on back of this C

alth Department, City of Baltimore

A ..... Office of Registrar of Vital Statistics. Ward .....

ian who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7-15-98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Johnson Cordroy (Conway)

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 84 *Years,* ..... *Months,* ..... *Days.*

Color, colored

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

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} B. V. Asylum

Cause of Death, First (Primary), Chron. Interstitial Nephritis; Second (Immediate), Cardiac Dilitation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical Purposes

Date of Burial, July 16th 1898

Undertaker, E. M. Stevenson

Place of Business, Health Office

Lee Cohen M.D., Medical Attendant.

Address, B. V. Asylum

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Following Additional Information is Requested in Relation to the Caus
Enumerated Below.

RISM—Mode of Death.

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 AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,
Commissioner of Health and Registrar.

REMARKS:

Name in Full Crawford (Nancy)

Certificate of Death

Died at Town: Catonsville County: Baltimore MARYLAND

Date 1898 Month: July Day: 21 | Age Y. 51 M. D. | Native of: Wash Va | Occupation: None

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Husband ~~Wife~~ of John H Crawford | Number of children living: Unknown

Father's Name: Unknown | Mother's Name: Unknown

Cause of Death:
- Primary: Supposed to be Brain Tumor | How long sick: about a year
- Immediate: Exhaustion from above or failure of respiration | Accident, Suicide, Homicide

Reported by: R F Gundry

Address: Catonsville

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

Physicians are Respectfully Invited to the Remarks below, and to List of Diseases on back of Form

Health Department, City of Baltimore,

Permit No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7-14-98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Frank Crooker

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days.*

Color, Black

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

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give Street and Number.} B.V. Asylum

Cause of Death, First (Primary), Phthisis Pulm.

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical purposes

Date of Burial, July 16th 1898

Undertaker, E. M. Stevenson. L. E. Cohen *M.D.,* Medical Attendant.

Place of Business, Health Office *Address,* B.V. Asylum

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Follo

Enumerated

RISM—Mode of Death.

R. 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 AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Joseph Delabays (Jesuit Priest) Certificate of Death

~~Town~~ County

Died at Woodstock College Baltimore MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1898 July 12 Age 79 Switzerland Minister of Gospel

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name not known Mother's Name not known

Cause of Death: Primary apoplexy

Immediate shock

How long sick about 2 hrs

~~Accident; Suicide, Homicide~~

Reported by Dr Benj. F. Shipley

Address alpha Md

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

Name in Full

Certificate of Death

Samuel Davis

Town County

Died at Alms House Balt. Co MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 189[illegible]	7	1	Age 77				

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Paralysis

Immediate

How long sick

Accident, Suicide, Homicide

Reported by L. C. Bussey

Address Texas Md

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

Name in Full

Certificate of Death

Kate Unsigad Detrick

Town | County

Died at ~~Baltimore~~ Catonsville - Balto. Co. MARYLAND

Date 189 8 | Month July | Day 8th | Age Y. 59. M. D. | Native of Prussia | Occupation —

~~Male~~ | White | Married | ~~Widow~~ | ~~Divorced~~

Female | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living 4

Husband / Wife of Louis F. Detrick

Father's Name | Mother's Name

Cause of Death: Primary Fibroid Tumor — How long sick 2 years

Immediate Abdominal Dropsy — Accident, Suicide, Homicide

Reported by Thomas Shearer M. D.

Address 345 N. Charles St. Baltimore Md.

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

Name in Full

No Name Dimondstein

Certificate of Death

Town: Windsor Height County: Balto

Died at Windsor Height Balto MARYLAND

Date 1898 Month July Day 10th Age Y. 13 hours. M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

~~Father's Name~~ Max Dimondstein Mother's Name Bessie Dimondstein

Cause of Death: Primary 13 hrs How long sick

Immediate Premature Birth as it was only a 7 month Baby, Accident, Suicide, Homicide

Reported by George Y. Everhart, M.D.

Address Dickeyville Balto Co Md.

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

is respectfully ... arks below, a.

...lth Department, City of Baltimor...

No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur...ed out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of s... deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7-19-98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Jane Downey

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 68(?) *Years,* ..... *Months,* ..... *Days.*

Color, White

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

Occupation, Domestic

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 64 years (?)

Place of Death, {Give Street and Number.} B.V. Asylum

Cause of Death, First (Primary), General Paresis –
Second (Immediate) Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

L. E. Cohen M.D.,
Medical Attendant.

Address, B.V. Asylum

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

ISM—Mode of Death.

. 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 AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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 De.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Health Department of Baltimore,

No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate. C[illegible]ed out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the de[illegible] deceased, or sooner, if requested to do so under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1898

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} Samuel G. Dorne

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, / *Years,* / *Months,* ..... *Days.*

Color, White

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

Occupation, —

Birthplace {State or County, and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Health Works Balto. Co. Md

Cause of Death, First (Primary) Enteritis - Exhaustion.
Second (Immediate) Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 29 1898

Undertaker, Henry Schaefer

Place of Business, 316 N. Freemont

R. B. Norwood M.D.,
Medical Attendant.

Address, 320 Falls Road

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, Epidemic or simply Inflammatory.

BIRTH—Circumstances producing Death.

ER—Variety and Seat.

LUS—Mode of Death.

ENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS — Cause, whether Diarrhœal 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.

ITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

Physicians is Respectfully Invited to the Remarks below, etc.

Health Department, City of Baltimore

Permit No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} John P. Druschel

Sex, Male ~~*or Female*~~, {Cross out the words not required in this line.}

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, White

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

Occupation, Packer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} Bear Creek Baltimore Co Md

Cause of Death, First (Primary), Accident

Second (Immediate), Drowning.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto. cemetery

Date of Burial, July 20th 1898

Undertaker, Geo Bentz

Place of Business, 554 N. Biddle

Frank D. Gemmer M.D.,

Coroner Central Dist

Medical Attendant

Address, 322 N Green St

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Enumerated Below.

... of Death.

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 and Gastro-Enteritis—Cause, whether Diarrhœal 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.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Adam Dunstan

Town

County

Died at Glenville Baltimore MARYLAND

Month Day Y. M. D.

Date 1898 July 21 Age 75

Native of Maryland Occupation None

Male ~~Female~~

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Epileptic Insanity

Immediate Status Epilepticus

How long sick 2 days.

Accident, Suicide, Homicide

Reported by Geo Wade

Address Glenville

46

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

Name in Full — Certificate of Death

John Franklin Ebbs

Died at — Town: Catonsville — County: Balto. — MARYLAND

Date 189 4 — Month: July — Day: 17 — Age: Y. — M. — D. 5 — Native of — — Occupation —

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

Husband / Wife of —

Father's Name: Saml. Ebbs — Mother's Name: Nancy Ebbs

Cause of Death — Primary: Nephritis 97 — How long sick: 2 days

Immediate: Convulsions — ~~Accident, Suicide, Homicide~~

Reported by: D. M. Stultz M.D.

Address: Catonsville Md.

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

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

CERTIFICATE OF DEATH.

Date of Death, July 3 - 98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Fannie Fields

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 88 *Years,* — *Months,* — *Days.*

Color, Black

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

Occupation, Domestic

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary), Senility and right Hemiplegia

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Johns Hopkins Hos~~ for Anatomical purposes

Date of Burial, July 6th 1898

Undertaker,

Place of Business, Health Office *Address,*

Lee Cohen *M.D.,*
Medical Attendant.

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

NCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6 th. 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Thomas Flaherty

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 69 yrs. Years, Months, Days.

Color, White

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

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Ireland In U. S. 39 yrs

Duration of Residence in the City of Baltimore, 39 yrs.

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary), phthisis pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 9 - 1898

Undertaker, Jno. J. Lowan

Place of Business, Eutaw & Pratt

Lee Cohen M.D.,
Medical Attendant.

Address,

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 7 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Edith E. Fletcher

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

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

Occupation,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Cor Eastern Av. & 1½ Shea

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cumberland Md

Date of Burial, July 9/98

Undertaker, J. Mettenius Jr

Place of Business, 208 Chas St.

E. G. P. Janney *M.D.,*
Medical Attendant.

Address, 304 Bank Ext

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

Section 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

CERTIFICATE OF DEATH.

Date of Death, ... th 1898 at 1:15 P.M.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Emma Sarah Emma Goodrich

Sex, Male or Female, {Cross out the words not required in this line.} ...

Age, ... *Years,* 3 *Months,* 2 8 *Days.*

Color, White

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

Occupation, ...

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 107 Cedar Ave Evergreen

Cause of Death, First (Primary), Bronchial affection

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary Cemy

Date of Burial, July 8 98

Undertaker, H. Marshall — Sherman R. Ward — *M.D.,* Medical Attendant.

Place of Business, 2/3 Fallsroad — *Address,* 214 Hickory Ave, Balto

---

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

D[illegible] HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

[illegible]y, if any.

PREM[illegible]. Fœtal age.

PRETERNA[illegible]H—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Henry Gottschalk

Town: St Denis — County: Baltimore — MARYLAND

Died at St Denis, Baltimore, MARYLAND

Date 1898 — Month: July — Day: 24

Age: Y. 68 — M. 5 — D. 5

Native of: Germany

Occupation: Tailor -

Male / ~~Female~~

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / ~~Widower~~

~~Divorced~~

Number of children living: 5

Husband / ~~Wife~~ of Caroline Henze Gottschalk

Father's Name: Wilhelm Gottschalk

Mother's Name: Marguerite Gottschalk

Cause of Death:

Primary: Scrofuloderma -

How long sick: 6 or 7 mos -

Immediate: Exhaustion - Pyaemic condition - Sudden increase of symptoms, probably bursting of Mediastinal abscess -

~~Accident Suicide Homicide~~

Reported by: M. R. Carrickson

Address: Elk Ridge, Md.

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

Health Department, City of Baltimore,

No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7-30-98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Robt. Griffin

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, C

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

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give Street and Number.} B.W. Asylum

Cause of Death, First (Primary), Purulent Infiltration of Lung.
Second (Immediate), Septic Intoxication.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 2 1898

Undertaker, Mrs William Dugan

Place of Business, 166 East St.

Ler Cohen M.D., Medical Attendant.

Address, B.W. Asylum

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

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 AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

deceased, or sooner, if requested to do so, [illegible]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16. 98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} James Morrison Harris

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 80 Years, 7 Months, 16 Days.

Color, White

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

Occupation, Lawyer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give Street and Number.} Ivy Hill, Balto. Co. Md.

Cause of Death, First (Primary), Senility

Second (Immediate), Heart Disease

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cem

Date of Burial, July 17 " 98

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga St. Address, 1214 Linden Ave

L. D. Gilbert M.D., Medical Attendant.

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

The Physi[illegible] person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or [illegible] person superintending the burial, within *twenty-four hours* after the death of said deceased, or so [illegible] if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jansant Hinde

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 29 *Days.*

Color, White

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

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U S

Duration of Residence in the City of Baltimore, Non Resident

Place of Death, {Give Street and Number.} Govanstown Balto Co.

Cause of Death, First (Primary), Entero Colitis Malaria

Second (Immediate), Anaemia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemy

Date of Burial, July 2/98 Purnell F. Sappington M.D.

Medical Attendant.

Undertaker, E M Mitchell

Place of Business, 1201 W Fayette St Baltimore Md.

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

SECTION 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 twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

BIRTH—Circumstances produ

CER—Variety and Seat.

ALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal 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.

OVARIAN TUMOR—M

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES A. STEUART, M. D.,

Commissioners of Health and Registrar.

REMARKS.

deceased, or sooner, if required to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Wm Hamilton Justice

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, White

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

Occupation, Merchant

Birthplace, {State or County, and how long in the United States, if of foreign birth.} North Carolina -

Duration of Residence in the City of Baltimore, 4 days at Mt Hope -

Place of Death, {Give Street and Number.} Mount Hope Retreat -

Cause of Death, First (Primary), Paresis -

Second (Immediate), Syncope from Heat - apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Frank J. Flannery M.D.,
Medical Attendant.

Address, Mt Hope Retreat -

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death July 7th 1898.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Henry G. Kissendaner

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 52 Years, — Months, — Days.

Color, White

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

Occupation, Florist

Birthplace, {State or County, and how long in the United States, if of foreign birth.} ~~Kansas~~, Md.

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give Street and Number.} Orangeville Balto Co.

Cause of Death, First (Primary), Fracture of Skull. (Accident)

Second (Immediate), Instant death

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus.

Date of Burial, July 10th 1898

Undertaker, G. France

Place of Business, Bank & Wolf

J. C. Schofield M.D.,
Medical Attendant.

Address, 432 Philo Road

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

Section 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Agnata Laumann

Certificate of Death

Town: Frazer

County: Balto Co

Died at Frazer Balto Co MARYLAND

Date 1898 Month July Day 9

Age Y. 9 M. month D. 8d

Native of United states

Occupation ——

~~Male~~ ~~White~~ yes Married Widow ~~Divorced~~

Female yes ~~Colored~~ ~~Single~~ Widower Number of children living one

Husband of
Wife

Father's Name Philip A Laumann

Mother's Name Minnie Laumann

Cause of Death — Primary: Colrainfantum 82

How long sick: 9 hours

Immediate

Accident, Suicide, Homicide

Reported by Milton J. C. Easton

Address Ellicott City

OVER

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

Attended by Dr. Hodges.

of

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full

Certificate of Death

Nicholas Link

Died at Town: Arbutus County: Baltimore MARYLAND

Date 1898 Month: July Day: 28

Age Y. 39 M. 11 D. 19

Native of: Maryland

Occupation: Truck farmer

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband ~~Wife~~ of Sarah A. Link

Father's Name: John Link

Mother's Name: Margaret Link -

Cause of Death: Primary: Laryngeal Tuberculosis — How long sick: 3 1/2 years

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: M. R. Earecksson D.D.S.

Address: Elk Ridge, Md.

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

CERTIFICATE OF DEATH.

Date of Death, July 6 - 98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Geo. alias Tilmon Lyons

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, White

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

Occupation, Cook.

Birthplace, {State or County, and how long in the United States, if of foreign birth.} New York.

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary), Chronic Enteritis

Second (Immediate), Exhaustion -

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical purposes

Date of Burial, July 6th 1898

Undertaker,

Place of Business, Health Office

Lee Cohen *M.D.,*
Medical Attendant.

Address,

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CHOLERA—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Lewis Manuel

Town — County

Died at Catonsville Baltimore. MARYLAND

Date 189 8 | Month July | Day 24 | Age Y. 27 M. D. | Native of Md | Occupation Laborer

Male | ~~White~~ | ~~Married~~ | Widow | Divorced

~~Female~~ | Colored | Single | Widower | Number of children living

Husband of Wife

Father's Name — Mother's Name

Cause of Death: Primary — Epileptic Insanity — How long sick 1 week.

Immediate — Cerebral Congestion — Accident, Suicide, Homicide

Reported by Mrs Wade

Address Catonsville.

46

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

Permit No. A ..... Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, when properly filled out to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Mrs Kate Martin -

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 5 5 (3) *Years,* —— *Months,* ..... *Days.*

Color, White

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

Occupation, ——

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, only 5 days here -

Place of Death, {Give Street and Number.} Mount Hope

Cause of Death, First (Primary), See Dementia - following Drug Habit -
Second (Immediate), Exhaustion -

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, July 1898

Undertaker, Stubbs & Morgan

Place of Business, 215 & 217 Park

Frank J. Flannery M.D.,
Medical Attendant

Address, Mt Hope Retreat -

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

—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 AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

Cause and Mode of De

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

No. A

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7-13-98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Wm. Mason

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color,

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

Occupation, Waiter

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} B.V. Asylum

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 15 98

Undertaker, Geo. A. Kelly

Place of Business, 410 Pitts St.

Lee Cohen M.D.,
Medical Attendant.

Address, B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital

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 AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

... back of this

ealth Department, City of Baltimor

A ..... Office of Registrar of Vital Statistics. Ward ...

Physician who attended any person in a last illness is responsible for the presentation of this Certifica the undertaker or other person superintending the burial, within *twenty-four hours* after the d sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7-28-98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Carrie Miller -

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days.*

Color, White

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

Occupation, — — —

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, — —

Place of Death, {Give Street and Number.} B. V. Asylum

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 1/2 months -

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 30th 1898

Undertaker, Wm Nicolaus & Son

Place of Business, 2060 Eastern Ave

Dr Cohen M.D.,
Medical Attendant.

Address, B. V. Asylum

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

SM—Mode of Death.

PINAL MENINGITIS—Variety, whether idemic or simply Inflammatory.

RTH—Circumstances producing Death.

—Variety and Seat.

-Mode of Death.

—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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 D

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Mary Emma Monroe

Town — County

Died at Windsor Heights Baltimore MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 8 7 20 Age 49 8, 20 Baltimore

White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband / Wife of James N. Monroe

Father's Name

Mother's Name

Cause of Death: Primary Gastric ulcer — How long sick 18 months

Immediate Coma — Accident, Suicide, Homicide

Reported by J C Ullmann

Address

80

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

deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Ellen W. Morris

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

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

Occupation,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Mechanic ave, Balto Co.

Cause of Death, First (Primary), Pertussis — Diarrhoea

Second (Immediate), Convulsions

Duration of Last Sickness, about one week.

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va.

Date of Burial, July 5 98

Undertaker, Geo P Paulus Co

Place of Business, 210 Park

Jno S Kelly M.D., Medical Attendant.

Residence Address, 714 Mechanic ave

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 16 98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Monie Moody

~~Sex, Male or Female,~~ {Cross out the words not required in this line.} F

Age, 80 Years, ... Months, ... Days.

Color, B.

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

Occupation, Servant

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 50 yr

Place of Death, {Give Street and Number.} 408 Roland ave, Roland Park

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17, 1898

Undertaker, Aldy & Emaly

Place of Business, 57 & W Biddle St

Henry L. Speed M.D., Medical Attendant

Address, Roland Park

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

Section 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9/98

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} Louisa Muller

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 1 Years, 7 Months, Days.

Color, White

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

Occupation,

Birthplace, {State or County, and how long in the United States, if of foreign birth} Balto. Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 303 O'Donnell st ext.

Cause of Death, First (Primary), Chron Pleuritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 11, 1898

Undertaker, R. Sandus Sons

Place of Business, 716 Carlton St

C N Athey M.D., Medical Attendant.

Address, 2. Dickson st Ext

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

SECTION 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 Cororner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm. J. C. Dulany Co., City Printers and Stationers.

Dentition—Mode of Death.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro Enteritis—Cause, whether Diarrhœal 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.

Premature Birth—Ca[illegible] Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

No. 1234.]

Baltimore Co.

No. A

...cial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Ce...

Health Department, City of Baltimore,

Permit No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Mary Emma Munroe

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 48 *Years,* 8 *Months,* 23 *Days.*

Color, W

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

Occupation, Housewife

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Windsor Heights Baltimore County

Cause of Death, First (Primary), Gastric ulcer

Second (Immediate), Coma

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 23 1898

Undertaker, Mrs Jos B. Cook J. C. Monmonier M.D., Medical Attendant.

Place of Business, No 3 W B St *Address,* Dickeyville Md

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

ollow ng Additional Information is Requested in Relation to the Causes of D
Enumerated Below.

NEURISM—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 AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

CERTIFICATE OF DEATH.

Date of Death, July 4 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Edward Myers

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 22 *Years,* *Months,* 17 *Days.*

Color, White

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

Occupation, —

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Dolphin Co. Pa

Duration of Residence in the City of Baltimore, two weeks

Place of Death, {Give Street and Number.} Sparrow's Point. Md

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

J. Woodward M.D.,
Medical Attendant.

Address, Sparrow's Point, Md.

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Lawrence Parrish (Parrish) Certificate of Death

Died at Dickeyville (Town) Balto Co (County) MARYLAND

Date 1898 Month July Day 20th Age Y. 14 yrs M. D. Native of Maryland Occupation Mill Hand

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

~~Husband~~ ~~Wife~~ of

Father's Name Nash Parrish Mother's Name Emma Parrish

Cause of Death: Primary Scarlet Fever — How long sick 3 days

Immediate " " Convulsions — ~~Accident~~, ~~Suicide~~, Homicide

Reported by George F. Everhart, M.D.

Address Dickeyville Balto Co Md.

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

Name in Full

Certificate of Death

Monohan Patrick

Town County

Died at Alms House Balto. Co MARYLAND

Date 189 8 Month 7 Day 3 | Age Y. 81 M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Possibly Starvation | How long sick

Immediate | Accident, Suicide, Homicide

Reported by J. C. Busser

Address Texas. Md

Died one hour after arriving at institution

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

Name in Full — Certificate of Death

Eleanor L. Plummer

Died at — Town: Catonsville — County: Baltimore — MARYLAND

Date 1898 — Month: July — Day: 4 — Age: Y. 58. M. D. — Native of: Maryland — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — Widow / ~~Widower~~ — Divorced — Number of children living: x

Husband / Wife of

Father's Name — Mother's Name

Cause of Death — Primary: Dementia 46 — How long sick: 6 months.

Immediate: Asthenia — Accident, Suicide, Homicide

Reported by: Mrs Wade

Address: Catonsville, [redacted]

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

No. A.

tention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Ce

Health Department, City of Baltimore,

Permit No. A Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requ d to do so under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27 98

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} Ada Poly

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, — *Years,* Four *Months,* — *Days.*

Color, Mule

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

Occupation,

Birthplace {State or County, and how long in the United States, if of foreign birth} Belmont Co.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Gittings Ave. Balto. Co.

Cause of Death, First (Primary) Cholera Infantum

Second (Immediate) Collapse

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, St Mary Cemetery

Date of Burial, JUL 29 1898

Undertaker, A. S. Marshall, Medical Attendant. R. B. Norment M.D.,

Place of Business, 271 Falls Road *Address,*

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Following Additional Information is Requested in Relation to the Causes of Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

—Variety and Seat.

LUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS — Cause, whether Diarrhœal 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.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

CERTIFICATE OF DEATH.

Date of Death, 7-15-98

Full name of Deceased, {Write legibly with ink and epell correctly. If an infant not named give namee of parents.} Laura A Prisco

Sex, ~~Male~~ or Female, {Cross out the worde not required in thie line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Colored.

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

Occupation, Domestic

Birthplace, {State or County, and how long in the United Statee, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} B.V. Asylum

Cause of Death, First (Primary), Phagedenic Chancroid

Second (Immediate), Septic Absorption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17 1898

Undertaker, Alex H Emsley

Place of Business, 578 W Biddle St

Lee Cohen *M.D.,*
Medical Attendant.

Address, B.V. Asylum.

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CYSTITIS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Mary J. Reed

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

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

Occupation, none

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Reisterstown Road, Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Reisterstown Road, Baltimore

Cause of Death, {First (Primary), La Grippe
Second (Immediate), Exhaustion}

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Arlington

Date of Burial, July 4th/98

Undertaker, G. F. Walker

Place of Business, 723 N. Lafayette Ave.

Edwin E. Jones *M.D.,*
Medical Attendant.

Address, Arlington

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

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 AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PARALYSIS—Variety and C[illegible]

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Department, City of Baltimore,

Office of Registrar of Vital Statistics. Ward .....

.....

sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate*
e undertaker or other person superintending the burial, within *twenty-four hours* after the death of said
eased, or oner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Ernestine Reiche

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} .....

Age, ... *Years,* 10 *Months,* 20 *Days.*

Color, white

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

Occupation, —

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 996 N. Clinton

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), ...

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenden Park

Date of Burial, Aug 1st 98

Undertaker, J. Henry & Son J. L. Werner M.D., Medical Attendant.

Place of Business, 200 Olive Address, 1120 Highland ave

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

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 AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

CERTIFICATE OF DEATH.

Date of Death, July 18th 98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Francis Reilly

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 67 Years, —— Months, ~~wb~~ Days.

Color, White

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

Occupation, Ship Carpenter

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} Mount Hope

Cause of Death, First (Primary), Mania Chronic -
Second (Immediate), Paralysis (Bulbar) -

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 20 1898.

Undertaker, James P. Byrne

Place of Business, 226 N. Front St.

Frank J. Flannery M.D.,
Medical Attendant.

Address, Mt Hope Retreat -

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Harriet E. Kurtz

Died at — Town: Catonsville — County: Balto — MARYLAND

Date 189[illegible] — Month: July — Day: 11 — Age: Y. 19 M. 9 D. 1 — Native of: Maryland — Occupation: —

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: 0

~~Husband~~ ~~Wife~~ of: Charles Kurtz

Father's Name: John Taylor — Mother's Name:

Cause of Death — Primary: Meningitis — Immediate: Exhaustion — How long sick: 4 days — ~~Accident, Suicide, Homicide~~

34c

Reported by: D. M. Stultz M.D.

Address: Catonsville Md

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

Name in Full

Certificate of Death

Miranda Robinson

Died at Town: Della County: Balt MARYLAND

Date 1898 Month: July Day: 30 | Age Y.: 82 M.: 9 D.: 7 | Native of: Della | Occupation: Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband / Wife of John Robinson

Father's Name Alexander Diffey Mother's Name Mary Ann Lowe

Cause of Death: Primary Age — How long sick several months

Immediate Senile Decay — Accident, Suicide, Homicide

Reported by William E. Hodges M.D. 141

Address Ellicott City Md.

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

CERTIFICATE OF DEATH.

Date of Death, Wednesday July 6 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Thomas Rogan

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 44 Years, Months, Days.

Color, White.

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

Occupation, Helper in Bloom Mill

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Ireland, no information as to how long

Duration of Residence in the ~~City of~~ Baltimore, County About 2 years

Place of Death, {Give Street and Number.} 14 Dover st Sparrows Point.

Cause of Death, {~~First (Primary)~~, Verdict of Jury of Inquest was
~~Second (Immediate)~~, By being knocked off bridge by Locomotive and drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, July 8th/98

Undertaker, Armstrong Dorsey Co.

Place of Business, 715 Light st

Charles Y. Owings ~~M.D.~~, Medical Attendant

Justice of the Peace Acting as Coroner

Address, Sparrows Pt. Md

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

ULUS—Mode of Death.

TITION—Mode of Death.

EASE OF HEART—Variety. Valves involved.

OPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

CERTIFICATE OF DEATH.

Death, July 9, 1898

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} Kate Rothmel

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 60 Years, Months, Days.

~~Color~~,

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

~~Occupation~~,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} Sinclair Lane

Cause of Death, First (Primary), Heart

Second (Immediate), Dysentery

Duration of Last Sickness, About one week.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, July 11/98

Undertaker, John Hennig

Place of Business, 2008 Orleans

Sam W. White, M.D., Medical Attendant.

Address, 1801 N Broadway

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

SECTION 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 Cororner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm. J. C. Dulany Co., City Printers and Stationers.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro Enteritis—Cause, whether Diarrhœal 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.

Puerperal [illegible]

Syphilis—Variety. Chief 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

CERTIFICATE OF DEATH.

Date of Death, July 23

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} Caroline V Schanze

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 27 *Years,* ..... *Months,* ..... *Days.*

Color, white

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

Occupation, None

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Bucks Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} Weatherwax Md

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cemetery

Date of Burial, July 26th 1898

Undertaker, JOHN E. HOUGH, Robert K Krear *M.D.,* Medical Attendant.

Place of Business, 1422 Pennsylvania Ave. *Address,* 1001 W Lanvale St

---

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

SECTION 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 Cororner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm. J. C. Dulany Co., City Printers and Stationers.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro Enteritis—Cause, whether Diarrhœal 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.

Preternatural Birth—Manner of.

Syphilis—Variety. Chi[illegible] Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature, Chief Location and Mode of Death.

Wounds—Cause, Va[illegible]y, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15. 98

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} Katie Schaum

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

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

Occupation,

Birthplace, {State or county, and how long in the United States, if of foreign birth.} Wagners Point Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Wagner's Pt. Md.

Cause of Death, First (Primary), Summer Diarrhoea

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, July 16

Undertaker, J E Evans

Place of Business, 1428 S Charles St

J. W. Cole, M.D.,
Medical Attendant.

Address, 1321 S Charles

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm. J. C. Dulany Co., City Printers and Stationers.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause, whether Diarrhœal 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.

PREMATURE BIRTH—Cause. [illegible]etal age.

PRETERNATURAL BIRTH—Ma[illegible]er of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

CERTIFICATE OF DEATH.

Date of Death, July 12 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Emanuel Scherr

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Years, 3 Months, 14 Days.

Color, white

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

Occupation, —

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Poulto Co. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Highfantom Balto Co.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Riga Lodge 83 O.N.A. Philadelphia Road

Date of Burial, July the 12th 98

Undertaker, Saul Bayne

Place of Business, 1505 E. Baltimore St

A. S. Warner M.D.,
Medical Attendant.

Address, 1120 Highland Ave

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CHOLERA—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full: Jno. Scherr

Certificate of Death

Died at Town: Highlandtown, County: Baltimore, MARYLAND

Date 189 8 Month July Day 10 | Age Y. 3 M. — D. | Native of Md | Occupation —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: W. Scherr

Mother's Name: R. Scherr

Cause of Death — Primary: Cholera Infantum — How long sick: 5 days

Cause of Death — Immediate:

Reported by: A. S. Warner

Address: 1120 Highland Ave

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

Attention of Physicians is ...

Health Department ... ore,

No. 9 ..... Office of Registrar of Vital Statistics ..... Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21, 1898

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} John Hollenwell Schroder

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, ...

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

Occupation, ...

Birthplace {State or County, and how long in the United States, if of foreign birth} Balt Co.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Ready Ave Balt Co.

Cause of Death, First (Primary) Cholera Infantum

Second (Immediate) .....

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 21/1898

Undertaker, J. Wm Cook

Place of Business, 1903 Greenmount ave

John H Evans M.D.,
Medical Attendant.

Address, 1918 Clement Ave

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm J C. Dulany Co., City Printers and Stationers.

[OVER.]

ANEURI[illegible]

CER. SPINAL [illegible] ariety, 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 AND GASTRO-ENTERITIS — Cause, whether Diarrhœal 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.

[illegible]S—Variety and Cause.

NECROSIS—Seat. Cause and Mode of De[illegible]

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

The [illegible] attended any person in a fatal illness, is responsible for the presentation of this Certificate, [illegible] *d out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Morris Ed May Shanks

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

Age, — *Years,* — *Months,* 5 *Days.*

Color, White

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

Occupation, none

Birth Place, {State or county, and how long in the United States if of foreign birth.} Mt Washington Balto Co

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Mt Washington Balto Co

Cause of Death, First (Primary), Constipation

Second (Immediate), Spasm

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Marys

Date of Burial, July 29th

~~Undertaker~~, Morris Shanks M. D.

Place of Business, Mt Washington

Morris Shanks M. D.
Medical Attendant.

Address, Mt Washington Balto Co Md

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

SECTION 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 twenty-four hours after death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Wm. J. C Dulany & Co, City Printers and Stationers.

—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DENTITION—Mode of Death.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Cause 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.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal Age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

GEORGE H. ROHÉ,

Commissioner of Health and Registrar.

REMARKS.

CERTIFICATE OF DEATH.

Date of Death, July 10 98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Catharine Shanke

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 78 Years, — Months, — Days.

Color, White

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

Occupation, Laundress.

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany. 30 yrs

Duration of Residence in the City of Baltimore, ~~30 yrs. U.S.~~ 30 yrs.

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary), Carcinoma of Stomach?
Second (Immediate), Inanition

Duration of Last Sickness, About 6 months?

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, July 12

Undertaker, J. E. Evans

Place of Business, 1428 S Charles St

Lee Cohen M.D., Medical Attendant.

Address, Bay View Asylum

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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—Loeation and Cause.

MALFORMATION—Variety.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direet eause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

CERTIFICATE OF DEATH.

Date of Death, July 14th, 1898

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} Mary A. Smith

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

Age, 54 Years, 10 Months, Days.

Color, Colored

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

Occupation, none, letterly

Birth Place, {State or county, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, nearly her life time

Place of Death, {Give Street and Number.} Near Pikesville Baltimore Co

Cause of Death, First (Primary), Cirrhosis of the liver

Second (Immediate), Ascites & anasarca

Duration of Last Sickness, her eldest son said all her life; under my care since Oct. 1883

All the above information should be furnished by the Physician.

Place of Burial, Spar Pl Cemetery

Date of Burial, July 16, 1898

Edwin C Price M. D.

Medical Attendant.

Undertaker, Alex H Ensley

Place of Business, 578 W Biddle St Address, 1012 Madison Ave

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm J C. Dulany Co., City Printers and Stationers.

DISEASE OF HEART—Variety. Valves involved.
DROPSY—Variety and Cause.
ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal 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.
PREMATURE BIRTH—Cause. Fœtal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M. D.,
Commissioner of Health and Registrar.

REMARKS.

Since about 1890 or 1891 She has been tapped 65 times 63 times by myself — once by my son during my absence; and once by Dr Lindley under my direction. She was a strictly temperate woman though she had cirrhosis of the liver.

Elias L Price

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} A Snodin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 2 *Days.*

Color, Colored

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

Occupation,

Birth Place, {State or county, and how long in the United States if of foreign birth.} Catonsville

Duration of Residence in the ~~*City of*~~ *Baltimore,* Co. Life

Place of Death, {Give Street and Number.} Catonsville

Cause of Death, First (Primary), Dysentery

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

J. Chas. Macgill M. D.
Medical Attendant.

Address, Catonsville

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

SECTION 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 twenty-four hours after death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Wm. J. C. Dulany & Co., City Printers and Stationers.

DISEASE OF HEART—Variety. Valves involved.

DENTITION—Mode of Death.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Cause 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.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal Age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

GEORGE H. ROHÉ,

Commissioner of Health and Registrar.

REMARKS.

Name in Full: Emanuel Spink

Certificate of Death

Died at Highlandtown (Town) Baltimore (County) MARYLAND

Date 1898 Month 7 Day 22 | Age Y. 80 M. 3 D. 25 | Native of Ga | Occupation —

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | Number of children living 2

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary — Old age

Immediate — Exhaustion

How long sick

Reported by

Address #1120 Highland Ave

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

Name in Full

Certificate of Death

Lewis Stewart

Town / County

Died at Catonsville Baltimore MARYLAND

Date 189[illegible] Month July Day 5th | Age Y. — M. 17 D. 10 | Native of Maryland | Occupation —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~ / ~~Number of children~~ living

Husband / ~~Wife~~ of

Father's Name Arthur Stewart

Mother's Name

Cause of Death — Primary: Hydrocephalus 22 C. — How long sick: 4 months

Immediate: Inanition

Accident, Suicide, Homicide

Reported by Geo J McNeill M.D.

Address Catonsville

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

...cial Attention of Physicians is respectfully ... of this Ce...

Health Department, City of Baltimore,

Permit No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Laura J. Stewart

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 58. *Years,* 5 *Months,* 19 *Days.*

Color, White

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

Occupation,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1127 Arcade

Cause of Death, First (Primary), Diabetes

Second (Immediate),

Duration of Last Sickness, Three years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 1

Undertaker, C. A. Blizzard

Place of Business, 1303 Pa. ave

J. S. Hinman M.D.,
Medical Attendant.

Address, 621 N. Carrollton Av

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

ANEURISM—Mode of D...

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 AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

...ITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Margaret Subrecht.

Certificate of Death

Died at Catonsville Town, Baltimore County, MARYLAND

Date 1898 Month July Day 27 | Age Y. 49 M. D. | Native of Germany | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living one.

Husband / Wife of John Subrecht,

Father's Name | Mother's Name

Cause of Death: Primary Nephritis — How long sick 1 month.

Immediate Sclerotic Atrophy — Accident, Suicide, Homicide

Reported by J. Wm. Wade M.D.

Address Catonsville

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

...s below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday, July 21st. 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} John Swoboda

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, Thirty ~~three~~ *Years,* ~~Three~~ Nine *Months,* ~~Twenty Six~~ *Days.*

Color, White

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

Occupation, Tailor

Birth Place, {State or county, and how long in the United States if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, Twenty Seven Years.

Place of Death, {Give Street and Number.} Second Hospital for the Insane

Cause of Death, First (Primary), Epilepsy

Second (Immediate), Pneumonia

Duration of Last Sickness, About One Week.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 23/98

Undertaker, Frank Creech

Place of Business, 1904 Ashland

John Norfolk Morris M. D.
Medical Attendant.
c/o Second Hospital for the Insane
Address, Sykesville, Md.

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

SECTION 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 twenty-four hours after death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm. J. C. Dulany & Co., City Printers and Stationers.

following Additional Information

Enumerated Below:

ISM—Mode of Death.

SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DENTITION—Mode of Death.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Cause 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. Fœtal Age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

GEORGE H. ROHÉ,

Commissioner of Health and Registrar.

REMARKS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29. 1898

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} Ellen Jane Thomas

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, White

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

Occupation, House Keeper

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Lake ave Govanstown Md

Cause of Death, First (Primary), Dysentery

Second (Immediate), Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

Ell Duncan M.D.,
Medical Attendant.

Address, Govanstown Md

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm. J. C. Dulany Co., City Printers and Stationers.

CANCER—Variety and Seat.
CALCULUS—Mode of Death.
DENTITION—Mode of Death.
DISEASE OF HEART—Variety. Valves involved.
DROPSY—Variety and Cause.
ENTERITIS AND GASTRO ENTERITIS—Cause, whether Diarrhœal 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.
PHLEBITIS—Cause.
PYAEMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Fœtal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,
Commissioner of Health and Registrar.

REMARKS.

Name in Full

Certificate of Death

Lula Marie Tilling

Died at Town: Thistle Factory County: Balt. MARYLAND

Date 1898 Month: July Day: 4 Age Y.: 6 M.: 12 D.: Native of: Balt Co Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single Widower Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name: Joseph V. Tilling

Mother's Name: Loula M Tilling

Cause of Death — Primary: Indigestion 82 How long sick: 48 hours

Immediate: Cholera Infantum

Accident, Suicide, Homicide

Reported by: William E. Hodges MD

Address: Ellicott City Maryland

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

deceased, or sooner, if required to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7-2-98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Henry C. Drott

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

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

Occupation, Blacksmith

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 72 yrs.

Place of Death, {Give Street and Number.} B.V. Asylum

Cause of Death, First (Primary), Mitral Regurgitation

Second (Immediate), Cardiac Dilitation

Duration of Last Sickness, — — — —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 4th 1898

Undertaker, Jno S Fry

Place of Business, 221 N. Broadway

Lee Cohen M.D.,
Medical Attendant.

Address, B.V. Asylum

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Health, City of Baltimore

No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} unknown

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the words not required in this line.}

Age, about 55 *Years,* ..... *Months,* ..... *Days.*

Color, White

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

Occupation, ...

Birthplace, {State or County, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} West Port Baltimore County

Cause of Death, First (Primary), Natural causes

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, July 26-1898

Undertaker, ...

Place of Business, Health Office

John P. James Coroner ~~M.D.~~,
Medical Attendant.

Address, Mt. Winans Balto. County

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

. 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 and Gastro-Enteritis—Cause, whether Diarrhœal 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.

Necro[illegible] and Mode of Dea[illegible]

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Health Department ... Baltimore

No. A ..... Office of Registrar ... Statistics. Ward ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certific... ...ed out to the undertaker or other person superintending the burial, within *twenty-four hours* after the ...eceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7-29-98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Mansfield D. Wa...

Sex, Male or Female, {Cross out the words not required in this line.} .....

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, white

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

Occupation, Canvasser

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Vermont

Duration of Residence in the City of Baltimore, 2 yrs -

Place of Death, {Give Street and Number.} B.C. Asylum

Cause of Death, First (Primary), Phthisis Pulmonalis; Second (Immediate), Asphyxia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical Purpose

Date of Burial, July 31-1898

Undertaker, E. M. Stevenson.

Place of Business, Head Office

L. Cohen M.D., Medical Attendant.

Address, B.C. Asylum

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

ISM—Mode of

SPINAL MENINGITIS—

idemic or simply Inflammatory.

RTH—Circumstances producing Death.

—Variety and Seat.

US—Mode of Death.

ION—Mode of Death.

OF HEART—Variety. Valves involved.

—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

N ..... F

...d to the Remarks below, and to List of Diseases on back of th...

...epartment, City of Baltimore,

Office of Registrar of Vital Statistics. Ward .....

...o attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ...dertaker or other person superintending the burial, within *twenty-four hours* after the death of said ...equested to do so under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~William Webb~~ July 27 1898

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} William Webb.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* ..... *Months,* ..... *Days.*

Color, White

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

Occupation, ...

Birthplace {State or County, and how long in the United States, if a foreign birth.} Balt City.

...idence in the City of Baltimore, ...

... Death, {Give Street and Number.} Greenwood Ave,

...of Death, { First (Primary) Cholera Infantum
Second (Immediate) Convulsion

...uration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 29

{ *Undertaker,* H. J. Wiedefeld } John A. Evans M.D., Medical Attendant.

{ *Place of Business,* 914 Gay St Ave } *Address,* 1918 Penna Ave

---

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

Section 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm J C Dulany Co., City Printers and Stationers.

[OVER.]

Following Additional Information is ..

Enumerated Be..

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 AND GASTRO-ENTERITIS — Cause, whether Diarrhœal 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 a..

NECROSIS—Seat. Cause ..

OVARIAN TUMOR—Mode of ..

PARALYSIS—Variety and Cause

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of I..

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 an..

Specify every Surgical Operation with .. sult.

Mention INTEMPERANCE whenever recogn.. having produced or complicated th.. cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

...on of Physicians is Respectfully Invited to the Remarks below, a...

Health Department, City of Baltimor

Permit No. A ..... Office of Registrar of Vital Statistics. W

The Physician who attended any person in a last illness is responsible for the presentation of this Cer *filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7-17-98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Lillie West

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days.*

Color, Black

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

Occupation, Servant

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.}

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, John Hopkins Hos for Anatomical purposes

Date of Burial, July 19-1898

Undertaker, Stevenson

Place of Business, Health Office

Lee Cohen *M.D.,* Medical Attendant.

Address, B.V. Asylum

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Relation to Cau

Enumerated Below.

SM—Mode of Death.

AL MENINGITIS—Variety, whether nic or simply Inflammatory.

—Circumstances producing Death.

riety and Seat.

LUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} William G. White

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 71 *Years,* Unknown *Months,* ..... *Days.*

Color, White

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

Occupation, Plasterer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland — Baltimore —

Duration of Residence in the City of Baltimore, 71 years

Place of Death, {Give Street and Number.} St Agnes Hospital, Conrad P.O.

Cause of Death, First (Primary), Locomotor Ataxia

Second (Immediate), Asthenia

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

E. Boynton M.D.,
Medical Attendant.

Address, St Agnes Hospital

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

CERTIFICATE OF DEATH.

Date of Death, July 11th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Ralph Williams

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

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, Colored

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

Occupation,

Birth Place, {State or county, and how long in the United States if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Catonsville

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Bates Ca Md

Date of Burial, July 13th 1898

Undertaker, Horatio Williams

Place of Business, Catonsville

J. Chas. Macgill M. D.
Medical Attendant.

Address, Catonsville

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

SECTION 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 twenty-four hours after death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm. J. C. Dulany & Co., City Printers and Stationers.

DISEASE OF HEART—Variety. Valves involved.

DENTITION—Mode of Death.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Cause 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.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal Age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

GEORGE H. ROHÉ,

Commissioner of Health and Registrar.

REMARKS.

CERTIFICATE OF DEATH.

Date of Death, 7-17-98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Joseph Workley

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

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

Occupation,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give Street and Number.} B.N. Asylum

Cause of Death, First (Primary), Chron. Intestinal Catarrh
Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, John Hopkins Hos for Anatomical purposes

Date of Burial, July 18th 1898

Undertaker, E. M. Stevenson

Place of Business, Health office

Lee Cohen *M.D.,*
Medical Attendant.

Address, B.N. Asylum

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

SECTION 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 twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CALCULUS—Mode of Death

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal 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.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and 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 recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS: