STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 287

1. PLACE OF DEATH
County St. Mary
Village or City Valley Lee

2. FULL NAME
Mary Isabelle Bisceo

3. SEX
Female

4. COLOR OR RACE
Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single

6. DATE OF BIRTH
About Nov. 5, 1888

7. AGE
If LESS than 1 day.... hrs.
... yrs. ... mos. ... ds.

8. OCCUPATION
None

9. BIRTHPLACE
State or country

10. NAME OF FATHER
William L. Bisceo

11. BIRTHPLACE OF FATHER
State or country

12. MAIDEN NAME OF MOTHER
Mary A. Penneick

13. BIRTHPLACE OF MOTHER
State or country

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
William L. Bisceo

15. MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH
1904

16. DATE OF DEATH
Year 1904
Month Nov.
Day 21

17. I HEREBY CERTIFY, That I attended deceased from
Oct. 15, 1904, to Oct. 21, 1904
that I last saw her alive on Oct. 20, 1904
and that death occurred on the date stated above, at 5 a.m.
The CAUSE OF DEATH was as follows:
Bronchial Pneumonia

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. ... mos. ... ds. State yrs. ... mos. ... ds.

19. PLACE OF BURIAL OR REMOVAL

20. UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
1. PLACE OF DEATH
   County: St. Mary's
   Village or City: Balchiston

2. FULL NAME
   St. Illy G. Blackiston
   Residence: No. (Usual place of abode) St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   W.

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year) 2 - 9 - 34

7. AGE
   Years: 0
   Months: 0
   Days: 0
   If less than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   State or country

13. NAME
   Repinned Blackiston

14. BIRTHPLACE (city or town)
   State or country

15. MAIDEN NAME
   Clarissa

16. BIRTHPLACE (city or town)
   State or country

17. INFORMANT
   Address

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Date

19. UNDERTAKER
   Address

20. FILED
   Date
   1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 2 (Day) 8 (Year) 1934

22. I HEREBY CERTIFY, That I attended deceased from...
   Date of onset
   1 - 28 - 34

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide?
   Date of Injury
   Where did injury occur?
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury
   Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, aspexia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: St. Marys
   Village or City: Hagerstown
   Registration Dist. No.: 267
   Ward: St., Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   PERSONAL AND STATISTICAL PARTICULARS
   (Usual place of abode)
   St., Ward.
   If nonresident give city or town and State
   MEDICAL CERTIFICATE OF DEATH

   3. SEX
   4. COLOR OR RACE
   Female
   White

   5a. If married, widowed, or divorced
   HUSBAND OF
   or WIFE OF

   6. DATE OF BIRTH (month, day, and year)
   Unknown 1869

   7. AGE
   Years Months Days
   Unknown

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWS, BOOKKEEPER, etc.
   Housekeeper

   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   Own home

   10. Date deceased last worked at this occupation (month and year)
   Feb. 1939

   11. Total time (years) spent in this occupation
   60

   12. BIRTHPLACE (city or town)
   Clements

   13. NAME
   Henry Blackstone

   14. BIRTHPLACE (city or town)
   (State or country)

   15. MAIDEN NAME
   Louise Hayden

   16. BIRTHPLACE (city or town)
   (State or country)
   Maryland

   17. INFORMANT
   (Address)
   Colonel Blackstone
   Kinman Valley Rd.

   18. BURIAL, CREMATION, OR REMOVAL
   Place
   St. Ambrose Cem., Feb. 13, 1934

   19. UNDERTAKER
   (Address)

   20. FILED
   (Date)
   Feb. 12, 1934
   Printer

   21. DATE OF DEATH
   (Month) (Day) (Year)
   Feb. 12, 1934

   22. I HEREBY CERTIFY. That I attended deceased from sudden death, unattended.
   I last saw h. alive on 19... death is said
   to have occurred on the date stated above, at 3 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Cardiac Insufficiency
   Date of onset: 1931.

   Other Contributory Causes of Importance:
   Cerebral Softening
   Date of onset: 1922.

   Name of operation
   Date of
   What test confirmed diagnosis?
   Was there an autopsy?

   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Where did injury occur?
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

   Manner of injury
   Nature of injury

   24. Was disease or injury in any way related to occupation of deceased?
   No
   If so, specify
   (Signed)
   M. D.

   If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not merely the cause of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
</tr>
</tbody>
</table>

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: St. Marys
Village or City: Patuxent

2. FULL NAME
John Smith
(a) Residence: No. 123 Elm St., Ward. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
6. If married, widowed, or divorced
HUSBAND OF (or) WIFE OF
Mary Jones
7. DATE OF BIRTH (month, day, and year): 12/11/1860
8. AGE: 49
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Teacher
10. OCCUPATION: Teacher
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 15

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: 12/18/1934
22. I HEREBY CERTIFY, That I attended deceased from
June 18, 1934, to December 18, 1934.
I certify, further, that deceased was alive on
June 15, 1934; death is said to have occurred on the date stated above, at
4:00 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:
Cerebral hemorrhage
23. Other Contributory Causes of importance:

MOTHER:
15. MAIDEN NAME: Mary Jones

FATHER:
14. BIRTHPLACE (city or town) (State or country):

13. NAME: John Smith

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (ADDRESS):

18. BURIAL, CREMATION, OR REMOVAL
Place: Patuxent, Date: 1/20/1935

19. UNDERTAKER:

20. FILED:

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example I

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones          | May 1, 1925

### Example II

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gastroenteritis | 1 year

Add additional space for further statements by physician

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: St. Mary's
   Village or City: Landstuhl
   Registration Dist. No.: 292
   St., Ward:

2. FULL NAME: Albert Bloom
   (Last or predominant name)
   Residence: No. 16
   Place (Last or predominant name)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: blank
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (specify the word): Married
   HUSBAND OF [NAME]: Mullie Shad
   WIFE OF [NAME]: blank

6. DATE OF BIRTH (month, day, and year): Aug. 12, 1906

7. AGE: About 47
   Years: 43
   Months: 9
   Days: 14
   If LESS than 1 day, _______ hrs.
   or _______ min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Laborer
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: blank
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year):
11. TOTAL TIME (years) SPENT IN THIS OCCUPATION: 20

12. BIRTHPLACE (city or town): St. Mary's Cr., Md
   (State or country):

13. NAME: Nelson Bloom
14. BIRTHPLACE (city or town): MD
   (State or country):

15. MAIDEN NAME: blank
16. BIRTHPLACE (city or town): blank
   (State or country):

17. INFORMANT (Address): Mary Bloom, 9327, 9A
18. BURIAL, CREMATION, OR REMOVAL: Armed Forces
   Place: Armed Forces, 910, 9A
   Date: 1934

19. UNDERTAKER (Address): A. Walsh
20. FILED: 9/9, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Feb. 9, 1934
   (Month) 193 (Year)

22. I HEREBY CERTIFY: That I attended deceased from
   [LOCATION] Dec. 5, 1934, to Feb. 9, 1934
   I last saw him alive on [LOCATION] Dec. 5, 1934
   Death is said to have occurred on the date stated above, at
   [LOCATION] 10 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:

   Name of operation: blank
   Date of onset: blank
   Name of person who performed operation: blank
   What test confirmed diagnosis? blank
   Was there an autopsy? blank

23. If death was due to external causes (VIOLENCE) fill in also the following:
   ACCIDENT, SUICIDE, OR HOMICIDE: blank
   DATE (month, day, and year): 9/9, 1934
   WHERE DID INJURY OCCUR: Armed Forces
   (Specify city or town, county and state): blank
   SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   INJURY TYPE: blank
   MANNER OF INJURY: blank
   NATURE OF INJURY: blank

24. Was disease or injury in any way related to occupation of deceased? No
   If so, specify: blank

(Signed) blank
   Address: blank

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, astheningia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

The principal cause of death and related causes of importance were as follows:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: St. Mary's
   Village or City: Callaway
   No. St., Ward:
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME
   Sex: Male
   Residence: No. 42 Callaway, P.O. St., Ward.

   (Usual place of above)

   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   Feb. 9, 1904

7. AGE
   Years 51
   Months 7
   Days
   If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done: SPINNER, more

9. Industry or business in which work was done: as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation: none

11. Total time (years) spent in this occupation: 51

12. BIRTHPLACE (city or town)
    State or country: Maryland

13. NAME
    Alfred G. Clement

14. BIRTHPLACE (city or town)
    State or country: Maryland

15. MAIDEN NAME
    Mary W. Clement

16. BIRTHPLACE (city or town)
    State or country: Maryland

17. INFORMANT
    Alfred G. Clement
    Address: Callaway, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Home
    Date: Feb. 9, 1934

19. UNDERTAKER
    Alfred G. Clement
    Address: Callaway, Md.

20. FILED
    Feb. 2, 1934
    M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) Feb.
    (Day) 9
    (Year) 1934

22. I HEREBY CERTIFY that I attended deceased from
    Feb. 5, 1934, to Feb. 9, 1934; death is said
to have occurred on the date stated above, etc.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

A foreign body was found in the

 Other Contributory Causes of importance:

Name of operation:

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

   Accident, suicide, or homicide?
   Date of injury:
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

   Nature of injury

   Men of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

<p>| The principal cause of death and related causes of importance were as follows: |</p>
<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<p>| The principal cause of death and related causes of importance were as follows: |</p>
<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: St. Mary's
Village or City: Jarrettsville
Registration Dist. No.: 287
(Ward: No. St. Ward
Length of residence in city or town where death occurred: 12 yrs. mos. ds. How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME

(a) Residence: No. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Widowed

6. DATE OF BIRTH
(Month, day, and year) March 1878

7. AGE
8 yrs. 9 mos. 1 day

8. Trade, profession, or particular kind of work done: Housewife

9. Industry or business in which work was done: None

10. Date deceased last worked at this occupation (month and year): July 33

11. Total time (years) spent in this occupation: 35 yrs.

12. BIRTHPLACE (city or town): Maryland

(State or country)

13. NAME
Robert Hogan

14. BIRTHPLACE (city or town): Maryland

(State or country)

15. MAIDEN NAME
Patsey Hogan

16. BIRTHPLACE (city or town): Maryland

(State or country)

17. INFORMANT
George Allen

18. BURIAL, CREMATION, OR REMOVAL
St. Nicholas. Date: Feb. 11, 1934

19. UNDERTAKER
Thomas Hareng

(Address)

20. FILED
Feb. 10, 1934

Registration Dist. No.: 287

If more blanks are needed, address State Registrar, 5411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 | Gastroenteritis | 1 year |

Example II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: St. Mary's
Village or City: Braddock C.P.
Registration Dist. No.: 282
No.: St. Ward
Length of residence in city or town where death occurred: 46 yrs., 6 mos., 0 ds.
How long in U.S. if of foreign birth: 0 yrs., 0 mos., 0 ds.

2. FULL NAME
(a) Residence: No. St., Ward.
Charles A. Greenwell
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male
4. COLOR OR RACE
White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widower

6. DATE OF BIRTH (month, day, and year)
May 10, 1867

7. AGE
Years: 66
Months: 8
Days: 1
If LESS than 1 day, ______ hrs. ______ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
New Germany
(State or country)

13. NAME
James A. Greenwell

14. BIRTHPLACE (city or town)
St. Mary's Sch.
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT
Charles A. Greenwell
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place died and interred: Braddock C.P., July 21, 1934

19. UNDERTAKER
J. A. Matherly
(Address)

20. FILED: July 21, 1934
Registrar

MEICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
(Full) 10
(Year) 1934

22.
HEREBY CERTIFY that I attended deceased from Mar. 14, 1933, to July 10, 1934,
I last saw him alive on July 7, 1934, death is said to have occurred on the date stated above, at Braddock C.P.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Rheumatism
Other Contributory Causes of importance:

23. If death was due to external causes (VIOLANCE) fill in also the following:
Accident, suicide, or homicide: Date of Injury: 1934
Where did injury occur?
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:
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10.—The month and year the deceased last worked at the occupation.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>RECEIVED 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>MAR. 3, 1934</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | MAY 1, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<tbody>
<tr>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: [State Name]
   - Village or City: [City Name]
   - Length of residence in city or town where death occurred: 1 yrs. 4 mos. 28 ds.

2. **FULL NAME**
   - Residence: No. 17 months
   - If nonresident give city or town and State

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - Infant

6. **DATE OF BIRTH**
   - Sept 25 - 1932

7. **AGE**
   - Years: 1
   - Months: 4
   - Days: 28

8. **OCCUPATION**
   - None

9. **DATE OF DEATH**
   - Feb 13, 1994

10. **CAUSE OF DEATH**
    - Pneumonia

11. **BIRTHPLACE**
    - Maryland

12. **NAME**
    - George Eugene

13. **FATHER'S NAME**
    - [Father's Name]

14. **MOTHER'S NAME**
    - Anna E. [Mother's Name]

15. **INFORMANT**
    - [Informant's Name]

16. **BURIAL, CREMATION, OR REMOVAL**
    - Place: [Place]
    - Date: 2/4/1931

17. **UNDERTAKER**
    - [Undertaker's Name]

18. **FILED**
    - Feb 24, 1931

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td>MAR 6—1934</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</thead>
<tbody>
<tr>
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<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 3

PLACE OF DEATH
County St. Marys
Village or City Mechanicsville

FULL NAME
Infant, Eleanor Adora Lyles

PERSONAL AND STATISTICAL PARTICULARS
3 SEX M
4 COLOR OR RACE Am
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Am
6 DATE OF BIRTH Feb. 8th, 1924
7 AGE
8 OCCUPATION (a) Trade, profession or particular kind of work Home
(b) General nature of industry business, or establishment in which employed or (employer)
9 BIRTHPLACE (State or country) St. Marys, Md
10 NAME OF FATHER Eleanor Lyles
11 BIRTHPLACE OF FATHER (State or country) Md
12 MAIDEN NAME OF MOTHER Rosa DeSh
13 BIRTHPLACE OF MOTHER (State or country) Md
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Margaret Johnson

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Feb. 8th, 1924
17 I HEREBY CERTIFY, That I attended the deceased from Feb. 8th, 1924, to Feb. 8th, 1924, that I last saw her alive on Feb. 7th, 1924, and that death occurred on the date stated above, at 11 P.M.
The CAUSE OF DEATH was as follows:

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL CONDITION should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact birthplace, age, and occupation of the deceased are important. See instructions on back of certificate.

CONTRIBUTORY CAUSE OF DEATH

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL Feb. 10, 1924

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.
II. Cause of Death—Name first the dis-

wherever within the toes. Read the 6th digit for persons who have no

American Medical Association

1. Unusual and unexpected causes of death. (Recurrence of

APPROVED BY U.S. CENSUS AND AMERICAN PUBLIC

STATEMENT OF OCCUPATION—Please state occupation of oc-

CERTIFICATE OF DEATH

REvised UNITED STATES STANDARD
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: St. Mary

2. FULL NAME
   Mary Elizabeth Milner

3. SEX
   Female

4. COLOR OR RACE
   Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH
   March 24, 1866

7. AGE
   Years: 68
   Months: 8
   Days: 0

8. TRADE, PROFESSION, OR PARTICULAR kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Housewife

9. INDUSTRY OR BUSINESS in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. DATE DECEASED LAST WORKED AT this occupation (month and year)

11. TOTAL TIME (years) spent in this occupation

12. BIRTHPLACE
   St. Mary's City

13. NAME
   John Ernest Milner

14. BIRTHPLACE
   St. Mary's City

15. MAIDEN NAME
   Ann L. Kelly

16. BIRTHPLACE
   St. Mary's City

17. INFORMANT
   Address

18. BURIAL, CREMATION, OR REMOVAL
   Place: St. Mary's Cemetery
   Date: Nov. 7, 1934

19. UNDERTAKER
   Address

20. FILED
   1934

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<table>
<thead>
<tr>
<th>Cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

**Gallstones**

<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. **PLACE OF DEATH**
   - County: St. Mary's
   - Village or City: Park Hall

2. **FULL NAME**
   - Dominick Reid

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - Colored

5. **SINGLE, MARRIED, WIDOWER, OR DIVORCED**
   - Single

6. **DATE OF DEATH**
   - Oct. 8, 1903

7. **DATE OF BIRTH**
   - 1856

8. **AGE**
   - 78

9. **OCCUPATION**
   - Farm Laborer

10. **BIRTHPLACE**
    - Park Hall

11. **NAME**
    - Don't Know

12. **BIRTHPLACE (city or town)**
    - Don't Know

13. **MOTHER NAME**
    - Don't Know

14. **MOTHER BIRTHPLACE (city or town)**
    - Don't Know

15. **FATHER NAME**
    - Don't Know

16. **FATHER BIRTHPLACE (city or town)**
    - Don't Know

17. **INFORMANT**
    - Mr. A. T. Moore, Father, Park Hall

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: St. John's Cemetery
    - Date: Feb. 3, 1904

19. **UNDERTAKER**
    - E. S. Robinson

20. **FILED**
    - Feb. 3, 1904

**Notes:**
- Registration Dist. No.: 287
- Length of residence in city or town where death occurred: 1 year
- If nonresident give city or town and State:
- If of foreign birth: Yes
- If married, widowed, or divorced: Single
- Reason: Don't Know
- Occupation: Farm Laborer
- Date of death: Oct. 8, 1903
- Age: 78 years
- Date of birth: 1856
- Cause of death: Found frozen to death in his hovel.

**Medical Certificate of Death:**
- I hereby certify that I attended the deceased from Oct. 19, 1903, to Oct. 20, 1903; death is said to have occurred on the date stated above, at 3:00 a.m.
- The principal cause of death and related causes of importance were as follows:
  - Found frozen to death in his hovel.

**Other Contributory Causes of Importance:**
- Name of operation:
- Date of:
- What test confirmed diagnosis? Was there an autopsy?
- Date of:

23. **If death due to external causes (violence) fill in also the following:**
   - Accident, suicide, or homicide: Date of injury: 1903
   - Where did injury occur? (Specify city or town, county and state)
   - Specify whether injury occurred in industry, in home, or in public place.
   - Manner of injury:
   - Nature of injury:
   - Was disease or injury in any way related to occupation of deceased? (If so, specify)
   - (Signed) Edwin T. Reed, M.D., Registrar.
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<tr>
<td>Arteriosclerosis</td>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset July 5, 1927</td>
</tr>
</tbody>
</table>

| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | Date of onset May 1, 1923 |
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | Date of onset 1 week ago |
| Peritonitis | Date of onset 3 days ago |
| Gastroenteritis | Date of onset 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: St. Mary's
   Village or City: Leonardtown
   Length of residence in city or town where death occurred: 5 yrs.

2. FULL NAME: William Russell
   (a) Residence: No. Leonardtown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

6. DATE OF BIRTH (month, day, and year): June 19, 1831

7. AGE: Years 52, Months 5, Days 7

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Carpenter

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Carpenter

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION MARCH 1, 1854

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 10

12. BIRTHPLACE (CITY OR TOWN): Md.

13. NAME: Patrick Russell

14. BIRTHPLACE (CITY OR TOWN): Md.

15. MAIDEN NAME: Gay

16. BIRTHPLACE (CITY OR TOWN): Md.

17. INFORMANT: Edward Russell

18. BURIAL, CREMATION, OR REMOVAL: No

19. UNDERTAKER: Leonardtown

20. FILED: 7/19/1834

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Jul 18, 1934

22. I HEREBY CERTIFY That I attended decedent from Jan 3, 1834, to Jul 18, 1934; death said to have occurred on the date stated above, at 8:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

23. Other Contributory Causes of importance:
   Rheumatic Arthritis

24. Was disease or injury in any way related to occupation of deceased? Yes
   If so, specify: Rheumatic Arthritis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 | Gastroenteritis | 1 year |

**Example II**

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN