STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carolina
   Village or City: Ridgely, near
   Registration Dist. No.: 6
   Ward: St.

2. FULL NAME: Medford Charles Bailey
   (a) Residence: No. Ridgely, near
   St. Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

6. DATE OF BIRTH (month, day, and year): Aug 22, 1897

7. AGE: 36 Years, 9 Months, 8 Days

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

9. Industry or business in which work was done: Town

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation (month and year): Worker

12. BIRTHPLACE (city or town): Creston, Caroline Co., Md.

13. NAME: Charles Bailey

14. BIRTHPLACE (city or town): Creston, Caroline Co., Md.

15. MAIDEN NAME: Nethia

16. BIRTHPLACE (city or town): Creston, Caroline Co., Md.

17. INFORMANT: Martha Moody

18. BURIAL, CREMATION, OR REMOVAL: Springwood Cemetery, Creston, Md.

19. UNDERTAKER: J. J. Davis

20. FILED: April 11, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1934, to April 11, 1934.

23. If death was due to external causes (VIOLENCE) fill in the following:
   Accident, suicide, or homicide?: Date of Injury: 19
   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? unknown

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 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>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis 1915</td>
<td>Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis 1921</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage July 5, 1927</td>
<td>Peritonitis 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1923</td>
<td>Gastroenteritis 1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Caroline
   - Village or City: Greensboro
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Edgar Butler
   - Residence: No. (Unusual place of abode)

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - March 11, 1893

7. **AGE**
   - Years: 42
   - Months: 1
   - Days: 8

8. **Trade, profession, or particular kind of work done**
   - Farm Laborer

9. **Date deceased last worked at this occupation, month and year**
   - Jan 11, 1933

10. **Total time (years) spent in this occupation**
    - 9 yrs.

11. **OCCUPATION**
    - Milk Plant

12. **BIRTHPLACE (city or town)**
    - Delaware

13. **NAME**
    - John J. Butler

14. **MOTHER'S NAME**
    - Mary A. Butler

15. **BIRTHPLACE (city or town)**
    - Delaware

16. **MOTHER'S NAME**
    - Mary A. Butler

17. **INFORMANT**
    - Mother, Mary A. Butler

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Greensboro
    - Date: June 22, 1939

19. **UNDERTAKER**
    -Unsigned

20. **FILED**
    - Apr 21, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Year: 1934

22. **I HEREBY CERTIFY**
    - That I attended deceased from...
    - I last saw...
    - To...
    - Death is said to have occurred on the date stated above, at...
    - The principal cause of death and related causes of importance were as follows:
    - Pulmonary Tuberculosis 1932

23. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

24. **NAME OF OPERATION**
    - Date of...

25. **WARNING**
    - If death was due to external causes (VIOLENCE) fill in also the following:
    - Accident, suicide, or homicide? Date of Injury: 19...
    - Where did injury occur? (Specify city, town, county and State)
    - Manner of injury
    - Nature of injury

26. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - If so, specify

27. **REGISTRAR**
    - Unsigned

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 house work, 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>Date of onset</th>
<th>Example II</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>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Other contributory causes of importance:</td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gastroenteritis</td>
<td></td>
</tr>
</tbody>
</table>

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

## 1. PLACE OF DEATH
- County: Caroline
- Village or City: Federalsburg
- Registration Dist. No.: 14
- Length of residence in city or town where death occurred: 10 yrs., mos.
- How long in U.S. if of foreign birth: yrs., mos., ds.

## 2. FULL NAME
- Henry Miller Cade
- Residence: Federalsburg, Md.
- If nonresident give city or town and State of residence:)

## PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

| 5a. If married, widowed, or divorced |
| HUSBAND of (or) WIFE of |
| Georgie Park Cade, died |

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 25, 1854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>79 yrs.</td>
</tr>
</tbody>
</table>

| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. |
| Retired 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) |
| 1893 |

| 11. Total time (years) spent in this occupation |
| Life |

| 12. BIRTHPLACE (city or town) |
| Sussex Co. |

| 13. NAME |
| John Cade |

| 14. BIRTHPLACE (city or town) |
| Sussex Co. |

| 15. MAIDEN NAME |
| Elizabeth Farquhar |

| 16. BIRTHPLACE (city or town) |
| Sussex Co. |

| 17. INFORMANT |
| Mrs. Frank H. Williams, Federalsburg, Md. |

| 18. BURIAL, CREMATION, OR REMOVAL |
| Place: Denton, Md. Date: April 23, 1924 |

| 19. UNDERTAKER |
| S.T. Brampton & Son, Federalsburg |

| 20. FILED |
| Apr. 21, 1924 |
| Registr. |

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH
- Month: April
- Day: 21
- Year: 1924

### 22. I HEREBY CERTIFY, That I attended deceased from
- Aug. 19, 1930, to Oct. 19, 1934
- I last saw him alive on Oct. 19, 1934
- Death is said to have occurred on the date stated above, at 2:30 A.M.

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

<table>
<thead>
<tr>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Other Contributory Causes of Importance:

<table>
<thead>
<tr>
<th>Name of operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Contina.</td>
</tr>
</tbody>
</table>

| 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? |
| Date of Injury |
| Where did injury occur? |
| Specify whether Injury occurred In INDUSTRY, in HDME, 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 |
| (Signed) |
| M.D. |

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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<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>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>May 4, 1934</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>May 1, 1923</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: Caroline
   Village or City: Federalsburg
   No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. or of foreign birth: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. Federalsburg, Md., St., Ward.
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX: M
   4. COLOR OR RACE: Col.
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Rem. (Write the word)

   6. DATE OF BIRTH (month, day, and year)
   7. AGE: Years Months Days
   8. Trade, profession, or particular kind of work done as SPINNER, SAWSER, 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

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
   22. I HEREBY CERTIFY that I attended deceased from
   April 19, 1934, to
   I last saw her alive on April 17, 1934, and she was last seen at
   The principal cause of death and related causes of importance were as follows:
   Congenital Heart Disease

   Other Contributory Causes of Importance:

   13. NAME: Joseph Howard Jolly
   14. BIRTHPLACE (city or town)
   15. MAIDEN NAME: Frances Bliss
   16. BIRTHPLACE (city or town)
   17. INFORMANT
   18. BURIAL, CREMATION, OR REMOVAL
   19. UNDERTAKER
   20. FILED

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
 numeric INCLUDES ACROSS❏

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>May 3, 1914</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>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1943</td>
</tr>
</tbody>
</table>

Example II

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

<table>
<thead>
<tr>
<th>Cause</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>Cause</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: Caroline; Registration Dist. No.: 62
   Village or City: Denton; St.: Ward
   If death occurred in a hospital or institution, give its NAME instead of street and number
   Length of residence in city or town where death occurred: 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)
   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 (circle this word)
   Single

5a. If married, widowed, or divorced
   HUSBAND of
   WIFE of
   Jan. 13th, 1923

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

7. AGE
   Years: 11
   Months: 3
   Days: 1

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

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)
   Denton, Maryland

13. NAME
   John Cohen

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

15. MAIDEN NAME
   Annie Twatt

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

17. INFORMANT
   (Address)
   Rebecca Cohen

18. BURIAL, CREMATION, OR REMOVAL
   Place: Denton Town; Date: Apr. 17, 1910

19. UNDERTAKER
   (Address)
   Denton

20. FILED 16, 1934, 26, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 14, 1934

22. I HEREBY CERTIFY, that I attended deceased from April 1, 1934, to April 14, 1934.
   I last saw him alive on April 14, 1934, to April 14, 1934.

   The principal cause of death and related causes of importance were as follows:
   Compound fracture skull
   Date of onset: April 14, 1934

   Other Contributory Causes of importance:

   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?: Date of injury: April 14, 1934
   Where did injury occur: Denton, Caroline County, Maryland
   Specify whether injury occurred in INDUSTRY, INDUSTRY, PUBLIC PLACE
   at: insufficient

   Menstrual injury: *Carried riding on bicycle, not at sudden start
   Nature of injury: Compound fracture skull

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

   (Signed) Dr. Walter Smith M.D.
   (Address) Denton, Maryland

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, 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>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset:</td>
</tr>
<tr>
<td></td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td></td>
<td>1915</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
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<td>Date of onset:</td>
</tr>
<tr>
<td></td>
<td>1923</td>
</tr>
<tr>
<td></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: Caroline
   Village or City: near Friendship
   Registration Dist. No.: H
   St. No. Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.
   How long in U.S. or foreign birth? yrs. mos. ds.

2. FULL NAME
   Roger Paul Cook
   Residence: No. 63526
   Street: B.
   Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD): Single

6. DATE OF BIRTH (month, day, and year):
   April 2, 1914

7. AGE
   Years: 12
   Months: 0
   Days: 0
   If LESS THAN 1 day, hrs. or min.

8. TRADE OR OCCUPATION: Farmhand

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

10. OATO DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR):

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

12. BIRTHPLACE (city or town): Caroline Co., Ind
   State or country:

13. NAME: Raymond W. Cook
14. BIRTHPLACE (city or town): Caroline Co., Ind
   State or country:
15. MAIDEN NAME: Martha Carroll
16. BIRTHPLACE (city or town): Caroline Co., Ind
   State or country:

17. INFORMANT:
   Name: Raymond W. Cook
   Address: 63526, B.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Friendship, Ind
   Date: April, 1934

19. UNDERTAKER:
   Name: Friendship & Sons
   Address:

20. FILED:
   April 14th, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH:
   April 14th, 1934

22. I HEREBY CERTIFY, That I attended and treated deceased from
    April 2nd, 1934, to April 13th, 1934, and he was last seen alive on
    April 13th, 1934; death is said to have occurred on the date stated above, at 5:30 P.M.

23. The principal cause of death was:
    Spina Bifida
    With Hydrocephalus

24. Contributory Causes of Importance:

25. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

26. Name of operation:
27. Date of Operation:
28. What test confirmed diagnosis? N/A
29. Was there an autopsy? N/A
30. If yes, date of autopsy:

31. ACCIDENT, SUICIDE, OR HOMICIDE:
   Accident:
   Date of injury:
   Where did injury occur?

32. Manner of Injury:
   Nature of Injury:

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

34. If so, specify:
   (Signed) W. E. Farnsworth, Ind
   Address:

If more blanks are needed, address State Registrar, 2422 W. Charles Street, Baltimore, Requesting "U.S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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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, 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

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

**Other contributory causes of importance:**

| Gallstones | May 1, 1928 |

### Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Caroline
Village or City: Millistone

Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

(a) Residence: No. (usual place of abode)
St., Ward.

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

7. AGE

8. Trade, profession, or particular kind of work done: SPINNER, SAWER, BOOKKEEPER, etc.

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

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

11. Total time (years) spent in this occupation

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED

21. DATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from

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

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

**Example II**

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

**1. PLACE OF DEATH**

County: Caroline

Village or City: Ridgely

Length of residence in city or town where death occurred: yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

**2. FULL NAME**

Isabelle Ames

(a) Residence: No. Ridgely

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Colored</td>
<td>single</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced HUSBAND of (OR) WIFE of

**3. SEX**

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (Write the word)

- Single

**6. DATE OF BIRTH**

Month, day, and year: April 20, 1934

**7. AGE**

Years: 60

Months: 4

Days: If LESS than 1 day / 12 hrs. or 0 min.

**8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWSER, BOOKKEEPER, ETC.**

None

**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: April 20, 1934

**11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**

**12. BIRTHPLACE (CITY OR TOWN)**

Ridgely, Caroline Co., Md.

**13. NAME**

William Irving Seth

**14. BIRTHPLACE (CITY OR TOWN)**

Ridgely, Caroline Co., Md.

**15. MAIDEN NAME**

Jessie Isabelle Ames

**16. BIRTHPLACE (CITY OR TOWN)**

Ridgely, Caroline Co., Md.

**17. INFORMANT**

Wm. J. Seth (Father)

**18. BURIAL, CREMATION, OR REMOVAL**

Place: Undecided

Date: April 20, 1934

**19. UNDERTAKER**

Drugs & Seth (acting)

**20. FILED**

April 21, 1934

**21. DATE OF DEATH**

Month: April

Day: 20

Year: 1934

**22. HEREBY CERTIFY**

That I attended deceased from April 20, 1934, to April 20, 1934.

I saw h. alive on April 20, 1934; death is said to have occurred on the date stated above, at 6:00 p.m.

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

Sudden death

Other Contributory Causes of importance:

**23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING**

Accident, suicide, or homicide:

Date of injury: 19

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?**

If so, specify

(Signed)

Drugs & Seth, M.D.

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Date of onset: 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset: 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset: May 2, 1934</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>Date of onset: May 1, 1923</th>
</tr>
</thead>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gastroenteritis</th>
<th>Date of onset: 1 year</th>
</tr>
</thead>
</table>

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

1. PLACE OF DEATH
   County: Calvert
   Village or City: Prince Frederick
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   (b) Name: Obadiah L. King

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M. Female

5a. If married, widowed, or divorced
   HUSBAND of
   NAME: Mary King
   (or) WIFE of
   NAME:

6. DATE OF BIRTH
   Month: March
   Day: 20
   Year: 1877

7. AGE
   Years: 47
   Months: -
   Days: 25
   If LESS than 1 day, hrs.: or min.: 0

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEEPPER, etc.
   Occupation: Bookkeeper

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: Calvert Co.

13. NAME
   Father: Moses King
   Mother: Annie E. Johnson

14. BIRTHPLACE (city or town)
   State or country: Calvert Co.

15. MAIDEN NAME
   Annie E. Johnson

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

17. INFORMANT
   NAME: Jesse King
   Address: St. Paul's
   Relationship: Son

18. BURIAL, CREMATION, OR REMOVAL
   Place: St. Paul's
   Date: 4/15/1934

19. UNDERTAKER
   NAME: Arthur Hardman
   Address:

20. FILED
   Date: 4/15/1934

21. DATE OF DEATH
   Month: April
   Day: 14
   Year: 1934

22. I HEREBY CERTIFY
   That I attended deceased from April 14, 1934, and last saw him alive on April 14, 1934.

   The principal cause of death and related causes of importance were:
   Acute alcoholism—acute dilatation of heart

MEDICAL CERTIFICATE OF DEATH

Date of onset:

Other Contributory Causes of importance:

Name of operation:

Date of:

What test confirmed diagnosis?:

Date of:

Was there an autopsy?:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

Manner of injury:

Nature of injury:

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):

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify:
   (Signed):
   (Address):
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<tr>
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<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date: July 5, 1927</td>
<td>Date: 3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Galstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>Date: May 1, 1923</td>
<td>Date: 1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH

- County: Caroline
- Village or City: (Year) Tmeldoro
- Registration Dist. No.: 60

2. FULL NAME

- Enoch Knox

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, DIVORCED, OR DWELTERED, OR DWELTERED (write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.</td>
<td>W.</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

- 5a. If married, widowed, or divorced: HUSBAND OF (or) WIFE OF: Not Known

- 6. DATE OF BIRTH (month, day, and year): Aug. 8, 1852

- 7. AGE: 81, 8, 5

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

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Apr. 13, 1934

22. I HEREBY CERTIFY that I attended deceased from Aug. 13, 1934, to Apr. 13, 1934, at... death is said to have occurred on the date stated above... The PRINCIPAL CAUSE OF DEATH and other causes of importance were as follows: [Handwritten notes]

### SIGNATURES

- Signature: [Handwritten signature]

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.

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.

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**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
<table>
<thead>
<tr>
<th>Field</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PLACE OF DEATH</td>
<td>(a) Residence: No. 108, St. Mary's St., Baltimore, Maryland</td>
</tr>
<tr>
<td>2. FULL NAME</td>
<td>Emma, Marianna</td>
</tr>
<tr>
<td>3. SEX</td>
<td>2. Female</td>
</tr>
<tr>
<td>4. COLOR OR RACE</td>
<td>Isolated, Germanic, Catholic</td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</td>
<td>Widow of Philip Monecke</td>
</tr>
<tr>
<td>6. DATE OF BIRTH</td>
<td>June 18, 1857</td>
</tr>
<tr>
<td>7. AGE</td>
<td>67 yrs. 6 mos.</td>
</tr>
</tbody>
</table>
UNITED STATES STANDARD CERTIFICATE OF DEATH

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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>MAY 4, 1912</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>
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</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
1. PLACE OF DEATH

County: Caroline
Village or City: Dentsburg

(IF death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4169

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (mark the word)

Widow

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

Mar. 7, 1871

7. AGE

63 yrs. 1 mos. 25 days

8. Trade, profession, or particular kind of work done, as SPINNER, SAWS, 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT

18. BURIAL CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

STATE OF MARYLAND—CERTIFICATE OF DEATH

21. DATE OF DEATH

April 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from...

23. I last saw...

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

25. Other Contributory Causes of Importance:

26. Name of operation...

27. What test confirmed diagnosis?

42. Accident, suicide, of homicide?

28. Where did injury occur?

29. Manner of injury...

30. Nature of injury...

31. Was disease or injury in any way related to occupation of deceased?

32. If so, specify

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | Other contributory causes of importance:

Gastroenteritis | Date of onset |

May 1, 1923 | 1 year |

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

1. PLACE OF DEATH
   County: Caroline
   Village or City: Federalsburg
   No. St. Ward
   Length of residence in city or town where death occurred yrs. mos. ds.
   How long in U.S. if of foreign birth yrs. mos. ds.

2. FULL NAME
   William T. Parker
   Residence: Federalsburg, Md.
   If nonresident give city or town and State
   Residence No. State St. Ward
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH (month, day, and year)
   Oct 10 1854

7. AGE
   81 yrs.
   6 mos.
   6 days

8. TRADE, PROFESSION, OR PARICULAR
   Retired 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
    1910

11. TOTAL TIME (YEARS)
    11 LESS than 1 day, hrs., or min.

12. BIRTHPLACE (CITY OR TOWN)
    Federalsburg

13. NAME
    William Parker

14. BIRTHPLACE (CITY OR TOWN)
    (State or country)

15. MAIDEN NAME
    Julia Carey Crockett

16. BIRTHPLACE (CITY OR TOWN)
    (State or country)

17. INFORMANT
    Frederick Parker

18. BURIAL, CREMATION, OR REMOVAL
    Date of Burial

19. UNDERTAKER
    W. M. Addabber & Bros.

20. FILED
    Dec. 01, 1934

REGISTRATION DIST. No. 3

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Date of onset:</strong> 1915</td>
<td><strong>Date of onset:</strong> 1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>May 4, 1934</strong></td>
<td><strong>Date of onset:</strong> 1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td><strong>Date of onset:</strong> 3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

| Gallstones | **Other contributory causes of importance:** |
| May 1, 1923 | **Gastroenteritis** |

**Date of onset:** 1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Caroline
   Village or City: Near Preston

2. FULL NAME
   (a) Residence: No.
   Personal and Statistical Particulars:
   SEX: Female
   COLOR OR RACE: White
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow
   HUSBAND or (or) WIFE of: J. A. Parrott
   DATE OF BIRTH: Aug. 2, 1850
   AGE: 83 years, 8 months, 22 days
   Trade, profession, or particular kind of work done: House work
   Industry or business in which work was done: None
   DATE deceased last worked at this occupation: None
   Total time (years) spent in this occupation: None

3. BIRTHPLACE (city or town) (State or country):
   MOTHER:
   FATHER:

4. NAME: Wm. Henry Vallient
   BIRTHPLACE (city or town) (State or country):
   PRESTON, Md.
   MAIDEN NAME:

5. INFORMANT:
   Address:
   Place:
   Date:

6. BURIAL, CREMATION, OR REMOVAL:
   Place:
   Date:

7. UNDERTAKER:
   Address:

8. FILED:
   Address:
   Date:

21. DATE OF DEATH: April 24, 1934
   (Month) (Day) (Year)

22. I HEREBY CERTIFY that the deceased, Wm. Henry Vallient, was born in Maryland, and was a resident of Preston, Md., and that I attended deceased from April 17, 1934, to April 24, 1934, his date of birth was Aug. 2, 1850, and that death is said to have occurred on the date stated above, at 10 A.M.
   The principal cause of death and related causes of importance were:
   TUBAR PNEUMONIA
   Date of onset:
   Date of death:
   Other Contributory Causes of importance:
   Chronic Intestinal Ulcer:
   Neme of operation:
   What test confirmed diagnosis:
   Place of operation:
   Date of operation:
   Where did injury occur:
   Nature of Injury:
   NATURE OF INJURY:
   Menner of Injury:
   Menner of Injury:
   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide:
   Date of injury:
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.
   24. Was disease or injury in any way related to occupation of deceased:
   If so, specify:
   (Signed):
   (Address):
   (Address):

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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</tr>
</thead>
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<td>May 5, 1934</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>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>May 1, 1923</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td></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>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Caroline
   Village or City: Smithville
   No. St. Ward
   Length of residence in city or town where death occurred: 8 yrs., mos., ds.

2. FULL NAME
   Rev. W. Henry Fitz Randolph

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   Aug. 5th 1859

7. AGE
   Years: 79
   Months: 7
   Days: 0

8. OCCUPATION
   Formerly Minister

9. Industry or business in which work was done
   Formerly Farmer

10. Date deceased last worked at this occupation
    March 1934

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

12. BIRTHPLACE (city or town)
    West Virginia

13. NAME
    Mr. John Fitz Randolph

14. BIRTHPLACE (city or town)
    West Virginia

15. MAIDEN NAME
    No data

16. BIRTHPLACE (city or town)
    No data

17. INFORMANT
    Mrs. Ada T. Fitz Randolph

18. BURIAL, CREMATION, OR REMOVAL
    Place: Alfred, N.Y.; Date: Apr. 1st, 1934

19. UNDERTAKER
    C. W. Adams & Bros., Federalsburg, Md. R.F.D.

20. FILED
    Apr. 1st, 1934

21. DATE OF DEATH
    Apr. 1st 1934

22. I HEREBY CERTIFY that I attended deceased from
    Feb. 16th, 1934, to Apr. 1st, 1934
    I last saw him, alive on Apr. 1st, 1934; death has occurred
    to have occurred on the date stated above, at Alfred, N.Y.

   The PRINCIPAL CAUSE OF DEATH was as follows:
   Cardio-Vascular Disease

   Other Contributing Causes of Importance:
   Hypertrophy of Prostate with Atrophy of Kidney
   Interstitial Nephritis

   Name of operation: None
   Date of operation: None
   Was there any eutaxy? No

23. If death was due to external cause (VIOLANCE) fill in also the following:
   Accident, suicide, or homicide? No
   Date of Injury: None
   Where did injury occur? None
   Specify whether injury occurred in Industry, in Home, or in Public Place.

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

   Manner of Injury: None
   Nature of Injury: None

   (Signed) W. L. T. E. (Address) Federalsburg, Md.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting O. 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:

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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<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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<td>Run over by street car</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>MAY 4, 1924</td>
<td>1 week ago</td>
</tr>
<tr>
<td>JULY 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset May 1, 1923</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: Caroline
Village or City: Near Federalsburg, Md.
No. ____________________________ St. ____________ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred__ yrs. __ mos. __ ds. How long in U.S. if of foreign birth? __ yrs. __ mos. __ ds.

2. FULL NAME: Alice A. White
(a) Residence: No. ____________________________________________
(Usual place of abode)
St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

If nonresident give city or town and State

6. DATE OF BIRTH (month, day, and year) June 14th 1865
7. AGE: Years __ 68  Months __ 10  Days
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, etc.: Practical Nurse
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 end year) __ April 27th 1934
11. Total time (years) spent in this occupation __
12. BIRTHPLACE (city or town) Dorchester Co., Md.
(State or country)
13. NAME: SoSiah Russell
14. BIRTHPLACE (city or town) Dorchester Co., Md.
(State or country)
15. MAIDEN NAME: Sadie Ann Vickers
16. BIRTHPLACE (city or town) Dorchester Co., Md.
(State or country)
17. INFORMANT: Mrs. Alice H. Sear (Address) 25 Glen Ave., Phippsburg, N. Y.
18. BURIAL, CREMATION, OR REMOVAL Place: Philadelphia, Pa., Date: ____________ April 7th, 1934
19. UNDERTAKER: S. F. Farnam & Son.
(Address)
20. FILED: ____________ April 5th, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 7th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ________ to ________ these days, in 1934; deceased was alive on ________; deceased died on ________; death is said to have occurred on the date stated above at ____________ A.M. / P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance as follows:
C OR N ARY T HROM BOSIS

Other Contributory Causes of importance:
Cardiac Vascular Disease

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

23. If death was due to external causes (VIOLANCE) 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 HDME, 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 ________ (Signed) ________ M. D. / Federalsburg, Md.

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   | 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: Caroline
   - Village or City: Choptank, Maryland, Near Preston
   - Registration Dist. No.: 63

2. **FULL NAME**
   - Mary E. Williamson
   - Residence: No. (Usual place of abode)

---

### PERSONAL AND STATISTICAL PARTICULARS

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of
   - W. H. Williamson

6. **DATE OF BIRTH**
   - Month: November
   - Day: 29th
   - Year: 1853

7. **AGE**
   - Years: 80
   - Months: 4
   - Days: 3

---

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
   - Month: 1
   - Day: 14
   - Year: 1934

22. **I HEREBY CERTIFY** that I attended deceased from
   - 12/5/33, to
   - 4/1/34; death is said to have occurred on the date stated above, at
   - 6 a.m.

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

   - Chronic Nephritis
   - Pneumonia
   - Date of onset

   Other Contributory Causes of importance:

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

23. **IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE)** fill in also the following:
   - Accident, suicide, or homicide?
   - Date of injury: 19...

   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?**
   - If so, specify

   (Signed) M. D.

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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 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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**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Caroline
   Village or City: New Emanuels
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   (b) Place of abode: St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   If married, widowed, or divorced:
   HUSBAND OF: William C. Wilson
   WIFE OF: Lydia H. Wilson

6. DATE OF BIRTH (month, day, and year): Dec 28, 1859
7. AGE: 79 yrs. 3 mos. 18 days

8. Trade, profession, or occupation: Housework
10. Date deceased last worked in this occupation (month and year): 12-31-1934

12. BIRTHPLACE (city or town) (State or country): Delmarva
13. NAME: William J. Storlifer
14. BIRTHPLACE (city or town) (State or country): Delaware
15. MAIDEN NAME: Beatrice Swiger
16. BIRTHPLACE (city or town) (State or country): Delaware
17. INFORMANT (Address): Mrs. Robert Wagner, Georgetown
18. BURIAL, CREMATION, OR REMOVAL: Place: Queensboro; Date: 11/10/1934
19. UNDERTAKER (Address): R. B. Pannell
20. FILED: Apr. 20, 1934, by E. MacPhee

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 4th 8th 1934
22. HEREBY CERTIFY that I attended deceased from
    4/4 to 4/8, 1934, deceased, and
    Death is said to have occurred on the date stated above, at 49 yrs.
    The principal cause of death and related causes of importance
    were as follows:
    Cancer, Rupture
23. Date of death: 4/8/1934

Other Contributory Causes of importance: None

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

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify:
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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<td>Peritonitis</td>
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</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

RECEIVED

BURO

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Caroline County
Village or City: Goldsboro

2. FULL NAME
(a) Residence: Goldsboro
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
F
4. COLOR OR RACE
W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
S
6. If married, widowed, or divorced HUSBAND OF (or) WIFE OF

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

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

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)
Goldsboro
(State or country)

13. NAME
Noble Wooley hand

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

15. MAIDEN NAME
Jennie Holden

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

17. INFORMANT
Noble Wooley hand
(Goldsboro, Md.)

18. BURIAL, CREMATION, OR REMOVAL
Place
Hopkins Hill
Date
4-28-1934

19. UNDERTAKER
Drayton

20. FILED
4/29/34 Acknowledged

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
Month: April
Day: 27
Year: 1934

22. I HEREBY CERTIFY, That I attended deceased from
April 27, 1934, to April 27, 1934.
I also observed deceased to be alive on April 22, 1934.
Death is said to have occurred on the date stated above, et.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:
Pertussis infant
(8 mos.)

Other Contributory Causes of importance:

Name of operation: None
Date of:
What test confirmed diagnosis?: None
Was there an autopsy?: No.

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide?: None
Date of Injury: None
Where did injury occur?: None
(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)

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<td>Cerebral hemorrhage</td>
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</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones
  - May 1, 1923

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: Caroline
   Village or City: Deale
   Registration Dist. No.
   No. St., Ward
   Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   F
   M

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word)
   Single

21. DATE OF DEATH
   aps. 21st, 1934
   (Month) (Day) (Year)

22. HEREBY CERTIFY That I attended deceased from

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

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

MEDICAL CERTIFICATE OF DEATH

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
   
18. BURIAL, CREMATION, OR REMOVAL
   Place: Deale
   Date: 1934

19. UNDERTAKER
   (Address)

20. FILED 21-1934
   M. D.
   Registrar

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