STATE OF MARYLAND—CERTIFICATE OF DEATH

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Aberdeen
   - Registration Dist. No.: 181

2. **FULL NAME**
   - Claude Alfred

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Male
   - **COLOR OR RACE**: White
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Single
   - HUSBAND of: (or) WIFE of:

4. **DATE OF DEATH**
   - April 6, 1934

5. **DATE OF BIRTH**
   - April 4, 1934

6. **AGE**
   - 2 years

8. **Trade, profession, or particular kind of work done**: Spinner, Sawyer, 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 and Year

11. **Total Time (years) spent in this occupation**

12. **BIRTHPLACE**
    - Maryland (State or country)

13. **NAME**
    - Leon Alfred

14. **BIRTHPLACE**
    - State or country

15. **MAIDEN NAME**
    - Hazel Winchoco

16. **BIRTHPLACE**
    - Maryland (State or country)

17. **INFORMANT**
    - Address

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Crooked Creek, Date: Mar. 7, 1953

19. **UNDERTAKER**
    - Name: Henry L. Johnson

20. **FILED**
    - Date: Mar. 7, 1953

21. **PRINCIPAL CAUSE OF DEATH**
    - Malaria, 1 mos., Child

22. **DATE OF ONSET**
    - Date

23. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - Operation

24. **DATE OF DEATH**
    - April 6, 1934

25. **PLACE OF DEATH**
    - Harford

26. **MEDICAL CERTIFICATE OF DEATH**
    - I hereby certify that I attended deceased from April 4, 1934, to April 6, 1934, in M., deceased, and that death is said to have occurred on the date stated above, at 7 p.m.

27. **DATE AND SIGNATURE OF MD.**
    - Date: Mar. 7, 1953
    - Signature: 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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9.—The industry or business in which the work was done.
10.—The mouth 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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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
# STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH
- County: Harford
- Village or City: Van Bibber, Md.
- Length of residence in city or town where death occurred: 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME: Emma C. Burgers
- (a) Residence: Edgewood, Maryland.
- If nonresident give city or town and State: St., Ward.

### PERSONAL AND STATISTICAL PARTICULARS
- 3. SEX: Female
- 4. COLOR OR RACE: White
- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curse this word): Married

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

### 12. BIRTHPLACE (city or town) (State or country):
- Charlestown, Indiana

### 13. NAME: Unknown

### 14. BIRTHPLACE (city or town) (State or country): Unknown

### 15. MAIDEN NAME: Unknown

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

### 17. INFORMANT:
- Mr. Harry S. Burgers, Edgewood, Maryland.

### 18. BURIAL, CREMATION, OR REMOVAL:
- Place: Edgewood, Maryland. Place: 21st St. North. Date: Apr. 1, 1934.

### 19. UNDERTAKER:

### 20. FILED:

### 21. DATE OF DEATH
- April 2nd, 1934.

### MEDICAL CERTIFICATE OF DEATH
- 22. I HEREBY CERTIFY, that I attended deceased from April 2, 1934, to April 2, 1934. I last saw deceased on April 2, 1934. Death was on April 2, 1934, at 3 p.m.

### 23. Cause of Death:
- PRINCIPAL CAUSE OF DEATH and related causes of importance:
  - Fractured 3rd and 4th Cervical Vertebra.
  - Other Contributory Cause of Importance:
    - Compound comminuted fracture junction middle and lower third left leg. Shock and hemorrhage, moderate.

### 24. Manner of Injury:
- Public highway.

### 25. Nature of Injury:
- Automobile Accident.

### 26. If so, specify:
- No.

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If more blanks are needed, address State Registrar, 24th N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Horns, P.O.
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   ENGAGE S. CLAYTON
   Residence: No. 703 Park St.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   April 19, 1866

7. AGE
   Years: 47
   Months: 11
   Days: 27

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Engineer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Engineer

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    April 15

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

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

13. NAME
    ENNIE CLAYTON

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

15. MAIDEN NAME
    EMMA BOWE

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

17. INFORMANT
    ROSIE LOWERY
    Address: 703 Park St.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Horns, P.O.
    Date: April 19, 1934

19. UNDERTAKER
    H. S. Cummer
    Address: Horns, P.O.

20. FILED
    4/17, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19, 19, to 19, 19.
    The principal cause of death and related causes of importance were:
    Sudden death
    Other contributory causes of importance:

23. If death was due to external causes (violence) fill in below:
    Accident, suicide, or homicide?
    Accident
    Date of injury: April 16, 1934
    Where did injury occur? Harford, P.O.
    Specify whether injury occurred in industry, in home, or in public place.
    Manner of injury
    Nature of injury
    Specifying of death

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

Signed: H. S. Cummer
Address: Horns, P.O.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Other contributory causes of importance:

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

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

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Belair, P.D.
   - Length of residence in city or town where death occurred: 5 yrs.
   - If death occurred in a hospital or institution, give name instead of street and number:
   - St., Ward.

2. **FULL NAME**
   - (a) Residence: No.
   - (Usual place of abode)
   - Personal and statistical particulars
   - SEX: F
   - COLOR OR RACE: White
   - 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married
   - If married, widowed, or divorced, husband of:
   - HUSBAND OF: Daniel Cochran
   - WIFE OF:
   - OCCUPATION: Housewife
   - Date deceased last worked at this occupation: Sept. 24, 1848
   - Total time (years) spent in this occupation: 6

3. **DATE OF DEATH**
   - (Month) April
   - (Day) 30
   - (Year) 1924

4. **MEDICAL CERTIFICATE OF DEATH**
   - I HEREBY CERTIFY, That I attended deceased from
   - Date of onset
   - 1924.
   - To: Apr. 29, 1924.
   - I last saw deceased alive on:
   - Apr. 29, 1924.
   - 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:
   - Other Contributory Causes of Importance:
   - Name of operation:
   - Date of:
   - What test confirmed diagnosis? Was there an autopsy?
   - 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 HIDE, or in PUBLIC PLACE:
   - Manner of Injury:
   - Nature of Injury:
   - Was disability or injury in any way related to occupation of deceased?
   - If so, specify:

5. **OTHER**
   - **FILED:** May 1, 1924
   - **Registrar:** Virginia Chambers
   - **ADDRESS:**
   - **SIGNATURE:** M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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Date of onset: 1915  1921  1927  1923  1 week ago  1 week ago  3 days ago  1 year

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

1. PLACE OF DEATH
   County: Hartford
   Village or City: St. Anne de Grace
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 1706 Madison St., New York
   (Usual place of abode)
   Males: Walter
   Married
   HUSBAND OF
   Wife of
   Unknown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

7. AGE
   Years: 65
   Months: —
   Days: —
   If LESS THAN
   1 day, hrs.
   or min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Spinner, Sawyer, Bookkeeper, etc.

9. OCCUPATION

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

14. BIRTHPLACE (CITY OR TOWN)
   (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
   (STATE OR COUNTRY)

17. INFORMANT
   (ADDRESS)
   Anthony J. Franke

18. BURIAL, CREMATION, OR REMOVAL
   Place: New York
   Date: Apr. 21, 1934

19. UNDERTAKER
   (ADDRESS)
   Reinhart & Sons

20. FILED
   April 17, 1934
   Charles J. Foley, M.D.

21. DATE OF DEATH
   Month: April
   Day: 19
   Year: 1934

22. I HEREBY CERTIFY, That I attended deceased from
   —
   to
   date died

   I last saw him... alive on
   —
   at
   and
   it is said to have occurred on the date stated above, at
   —
   death is said to have occurred, and was to have been
   —
   The principal cause of death was as follows:
   Heart Failure

   Other contributory causes of importance:

   Other causes, if any, are not available to give any more information.

   Name of operation:
   Date of:
   What was 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 city or town, county and State)
   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:

   Nature of injury:
   Manner of injury:

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<tr>
<td>1915</td>
<td>1 week ago</td>
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<tr>
<td>1921</td>
<td>1 week ago</td>
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<td>May 1, 1923</td>
<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Aberdeen P.P. No. 1
   - Registration Dist. No.: 151

2. **FULL NAME**
   - Alice Taylor

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - March 4th 1859

7. **AGE**
   - Years: 75
   - Months: 1
   - Days: 3

8. **OCCUPATION**
   - At home

9. **DATE OF DEATH**
   - April 7, 1937

10. **CAUSE OF MORTALITY**
    - Coronary Heart Disease

11. **MOTHER FATHER**
    - Mother: Thomas Albee
    - Father: Unknown

12. **INFORMANT**
    - William E. Callum

13. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Aberdeen,Date: April 9, 1937

14. **UNDERTAKER**
    - Henry Tarragon

15. **FILED**
    - April 9, 1937

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting C.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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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
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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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<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>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: |
| May 1, 1923 | Gastroenteritis |

1 year | 1 year |

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Hardey Grac (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. (Usual place of abode)
   Full Name: Harry Lee Denlow

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)
   March 16, 1917

7. AGE
   18

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.
   Student School

10. Date deceased last worked at this occupation (month and year)
    
11. Total time (years) spent in this occupation
    
12. BIRTHPLACE (city or town)
    Aberdeen

13. NAME
    Harry Lee Denlow

14. BIRTHPLACE (city or town)
    Aberdeen, Md. (State or country)

15. MAIDEN NAME
    Nettie Boyd

16. BIRTHPLACE (city or town)
    Aberdeen, Md. (State or country)

17. INFORMANT
    Mrs. Nettie Boyd

18. BURIAL, CREMATION, OR REMOVAL
    Place: Harford County. Date: April 15, 1934.

19. UNDERTAKER
    Henry J. Clark

20. FILED
    April 17, 1934. Charles J. Ivey, M.D.

21. DATE OF DEATH
    April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from...
    
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.../....
    Manner of injury.../....
    Nature of injury.../....

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

Reg. M.D.

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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</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>May 5, 1924</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>May 1, 1925</td>
</tr>
<tr>
<td>Gallstones</td>
<td></td>
</tr>
</tbody>
</table>

**Example II**

<table>
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<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>
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Other contributory causes of importance:

<table>
<thead>
<tr>
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<th></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:** Harford
- **Village or City:** Bel Air
- **Registration Dist. No.:** 25
- **St., Ward:**
- **Length of residence in city or town where death occurred:** 17 yrs...7 mos...ds.
- **How long in U.S. if of foreign birth:** yrs...mos...ds.

## 2. FULL NAME

(a) **Residence:** No.
(b) **St., Ward:**

**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>Female</td>
<td>Colored</td>
<td>Single</td>
</tr>
</tbody>
</table>

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

- **6. DATE OF BIRTH (month, day, and year):** Aug. 20, 1916
- **7. AGE: Years** 77
- **If LESS then 1 day, hrs., or min.:**

<table>
<thead>
<tr>
<th>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housewife</td>
</tr>
</tbody>
</table>

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): Mar. 1933

11. Total time (years) spent in this occupation: 1 yr.

12. **BIRTHPLACE (city or town):** Perryman
    - **State or country:** Md.

13. **NAME:** Robert A. Dennison

14. **BIRTHPLACE (city or town):** Perryman
    - **State or country:** Md.

15. **MAIDEN NAME:** Ennis M. Cannon

16. **BIRTHPLACE (city or town):** Perryman
    - **State or country:** Md.

17. **INFORMANT:** Fred. Robert A. Dennison
    - **Address:**

18. **BURIAL, CREMATION, OR REMOVAL:**
    - Place: Union M. E. Cemetery
    - Date: Apr. 17, 1934

19. **UNDERTAKER:** Henry T. Long
    - Address:

20. **FILED:** Apr. 17, 1934
    - Registrar:

## 21. DATE OF DEATH

- **Month:** Apr.
- **Day:** 21
- **Year:** 1934

**MEDICAL CERTIFICATE OF DEATH**

22. **I HEREBY CERTIFY:** That I attended deceased from Apr. 5, 1934, to Apr. 21, 1934.

I last saw him alive on Apr. 20, 1934.

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

- Tubercular Peritonitis
  - Date of onset: Feb. 1934

Other Contributory Causes of Importance:

- Hyperaemic Pneumonia
  - 4-20-34

Name of operation...

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 HOME, or IN PUBLIC PLACE...

- Nature of injury...

Manner of injury...

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

If so, specify...

(Signed) Charles E. Lucas M. D.

(Address) 352 8th St. St. Thomas, G. A.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
<th>April 21, 1934</th>
</tr>
</thead>
</table>

## PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. COLOR OR RACE</td>
<td>White</td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</td>
<td>Single</td>
</tr>
</tbody>
</table>

## MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19.

23. I last saw him alive on 19, 19; death is said to have occurred on the date stated above, at 9:37 a.m.

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

Name of operation: 

What test confirmed diagnosis?: 

Was there an autopsy?: 

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 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) 

(Address) 

Registrar 

Filed: April 22, 1934 

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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</tr>
</thead>
<tbody>
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<td>Gastroenteritis</td>
</tr>
</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Rocker
   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.
   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 (write the word)
   HUSBAND OF
   OR WIFE OF
   6. DATE OF BIRTH (month, day, and year)
   April 14, 1934
   7. AGE
   Years: 3
   Months: 0
   Days: 0
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   9. Industry or business in which work was done, as SILK MILL, SAWSHILL, BANK, etc.
   10. Date deceased last worked at this occupation (month end year)
   11. Total time (years) spent in this occupation

3. BIRTHPLACE (city or town)
   Rocker, Md.
   (State or country)

12. NAME
   Henry Edwards

13. NAME OF FATHER
   Henry Edwards

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

15. MAIDEN NAME
   Blanche Dear

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

17. INFORMANT
   Henry Edwards
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Name: Henry Edwards
   Place: Baptist Church
   Date: April 15, 1934

19. UNDERTAKER
   (Address)

20. FILED
   April 15, 1934
   Thomas R. Brown
   Registrar

21. DATE OF DEATH
   (Month) April
   (Day) 14
   (Year) 1934

22. I HEREBY CERTIFY, That I attended deceased
    on this date: April 14, 1934
    to have occurred on the date stated above, at 2 p.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Date of onset
    Other Contributory Causes of importance:

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?
   If so, specify
   Signed
   M.D.
   (Address)

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<th>Date of onset</th>
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<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>Principal cause of death and related causes</th>
<th>Date of onset</th>
</tr>
</thead>
<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 |

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   No. Hospital: St., 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)

2. FULL NAME
   Daniel Elliott
   (a) Residence: No. Street, Md.
   (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)
   5a. If married, widowed, or divorced
   HUSBAND OF: 
   WIFE OF: 

6. DATE OF BIRTH (month, day, and year): about 1879

7. AGE
   Years
   Months
   Days
   IF LESS than 1 day, . . . hrs., . . . min.

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

   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):
    New York, State

13. NAME: Charles Elliott

14. BIRTHPLACE (city or town), (State or country):
    Unknown

15. MAIDEN NAME: Unknown

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

17. INFORMANT
    (Address):
    Dr. Charles Elliott

18. BURIAL, CREMATION, OR REMOVAL
    Place:
    County:
    Date:

19. UNDERTAKER
    (Address):
    Howard & Son

20. FILED: April 12, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Mar. 22 to Apr. 6, 1934
    I last saw deceased alive:
    April 6, 1934
    Death is said to have occurred on the date stated above, at 9:30 a.m.

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

    Date of onset

    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
    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
    Nature of injury

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

    (Address)

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, 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:

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: Harford
   Village or City: Owings Mills
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence No.: 13
   (Usual place of abode)
   John C. Emms (Alice John Cook)

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   HUSBAND/MARRIED TO
   Estella Cook

4. COLOR OR RACE
   Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED

6. DATE OF BIRTH (month, day, and year)
   Jan 9 - 1880

7. AGE
   Years: 54
   Months: 3
   Days: 4
   If LESS than 1 day, . . . . hrs.
   or . . . . min.

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

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)
   Frederickburg, Va.

13. NAME
   John C. Emms

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

15. MAIDEN NAME
   Martha Emms

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

17. INFORMANT
   Henry Emms
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Frederickburg, Va.
   Date: April 17, 1934

19. UNDERTAKER
   C. E. Arthur
   (Address)

20. FILED
   April 16, 1934, Virginia E. Chambers
   Registrar

   MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 13, 1934

22. I HEREBY CERTIFY That I attended deceased from March 5, 1934, to March 13, 1934.
   I Last saw him alive on March 13, 1934, at 8 P.M.
   Death is said to have occurred on the date stated above, at 8 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   DIABETES MELLITUS
   ARTERIOSCLEROSIS
   Other Contributory Causes of importance:
   THYROID ENLARGEMENT

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 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)
   Clifford J. Hudson, M.D.
   (Address)

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:

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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>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 25, 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</td>
<td>1 year</td>
</tr>
<tr>
<td>May 21, 1923</td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
# State of Maryland—Certificate of Death

## 1. Place of Death
- **County:** Hartford
- **Village or City:** Anne de Grace

## 2. Full Name
- **Henry Gordon**

## Personal and Statistical Particulars

<table>
<thead>
<tr>
<th>3. Sex</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Date deceased last worked at this occupation (month and year)</td>
<td></td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation</td>
<td></td>
</tr>
</tbody>
</table>

## Medical Certificate of Death

### 21. Date of Death
- **April 15, 1934**

### 22. I hereby certify that I attended deceased from
- **19**
- **10**
- **19**
- **19**
- **19**

I last saw deceased alive on **19**

Death is said to have occurred on the date stated above, at **19**

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

- **Struck by an Automobile**

### 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:**
- **Official report:**
- **Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:**

### Manner of Injury
- **Struck in head**

### Nature of Injury
- **Struck in head**

### 24. Disease or injury in any way related to occupation of deceased?

If so, specify

### Signed
- **Joseph Haskell Carroll, M.D.**

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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, 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:

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Blank space for further statements by physician)
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Van Buren
   Length of residence in city or town where death occurred: 45 yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

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

4a. If married, widowed, or divorced:
   Husband or Wife of:
   James Green

6. DATE OF BIRTH (month, day, and year):
   May 14, 1869

7. AGE
   Years: 64
   Months: 11
   Days: If less than 1 day, hours, or minutes.

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

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

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

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

12. BIRTHPLACEx (city or town)
   (State or country): Edgewood

13. NAME
   Father:
   Mother:

14. BIRTHPLACEx (city or town)
   (State or country): Harford Co, Md

15. MAIDEN NAME
   Maggie Lynch

16. BIRTHPLACEx (city or town)
   (State or country): Edgewood

17. INFORMANT (Address)
   Thomas Green

18. BURIAL, CREMATION, OR REMOVAL
   Place: St. Frances Cem.
   Date: April 17, 1934

19. UNDERTAKER
   Address: Howard K. McComas, Abingdon, Md.

20. FILED
   Date: Apr. 16, 1934
   Local Registrar: Fred. Model

21. DATE OF DEATH
   Month: April
   Day: 19
   Year: 1934

22. I HEREBY CERTIFY that I attended deceased from
   3-12, 1934, to 4-14, 1934
   I last saw deceased alive on 4-14, 1934
   Death is said to have occurred on the date stated above, at 3:50 A.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Pulmonary Pneumonia
   Bronchitis
   Arterial Sclerotic Heart Disease
   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:
   Where did injury occur?
   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:

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

26. Date of onset:
   Death of:
   Year:

If more blanks are needed, address State Registrar, 2417 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: Principal causes of death and related causes of importance were as follows:

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</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, 1923</td>
</tr>
</tbody>
</table>

Example II

Table: Principal causes of death and related causes of importance were as follows:

<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:

<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: Harford
   - Village or City: Havre de Grace
   - No. Hospital
   - St., Ward

2. **FULL NAME**
   - Edward Halle

   (a) Residence: No. Havre de Grace

   (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**
   - Married

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

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

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

12. **BIRTHPLACE (city or town)**
   - Smith County

13. **NAME**
   - Maston Hale

15. **MAIDEN NAME**
   - Ruth Hayner

16. **BIRTHPLACE (city or town)**
   - Virginia

17. **INFORMANT (Address)**
   - Maston Hale

18. **BURIAL, CREMATION, OR REMOVAL**
   - Place: West Bottoms
   - Date: April 6, 1934

19. **UNOERTAKER (Address)**
   - A. L. Black

20. **FILED (Address)**
   - April 6, 1934

21. **DATE OF DEATH**
   - April 6, 1934

22. **I HEREBY CERTIFY, That I attended deceased from April 6, 1934, to April 6, 1934.
   - I last saw him alive on April 6, 1934, death is said to have occurred on the date stated above, at 9:30 A.M.
   - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   - Other Contributory Causes of importance:

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

   - Date of Injury
   - Where did injury occur?
   - (Specify city or town, county and State)

   - Manner of injury
   - Nature of injury

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</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>
<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>
<tr>
<td>Gallstones</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: Harford
   Village or City: Mountaire
   No. St., Ward: 60
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND or WIFE of: Bertie Hardy

6. DATE OF BIRTH (month, day, and year): Nov. 3, 1894

7. AGE: Years: 39
   Months: 5
   Days: 17
   If less than 1 day, hrs. or min.

8. TRADE, PROFESSION, OR PARTICULAR kind of work done: Housewife

9. OCCUPATION: Housewife

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

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

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

13. NAME: William H. Rice

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

15. MAIDEN NAME: Hester Joynes

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

17. INFORMANT (Address): Bertie Hardy

18. BURIAL, CREMATION, OR REMOVAL: Place: August Hill
   Date: April 12, 1937

19. UNDERTAKER (Address): Remington

20. FILED: April 12, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 12, 1937

22. I HEREBY CERTIFY that I attended deceased from December 8th, 1936, to April 12th, 1937, and that death is said to have occurred on the date stated above, at 11:30 a.m.

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

   General Carcinoma

   Beginning in Right Breast

   Other Contributory Causes of Importance:

   Cardiac Colic

   Hypertension

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) Dr. James E. B. E. 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:

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></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</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>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Garland
   Length of residence in city or town where death occurred: 15 yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. St., Ward.
   (b) usual place of abode: St., Ward.
   Name: Mary V. Hettick
   If nonresident give city or town and State:

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, give name of spouse:
   J. J. Hettick
6. DATE OF BIRTH (month, day, and year)
   Aug. 13, 1864
7. AGE
   Years: 69
   Months: 8
   Days: 10
   If LESS than 1 day, hrs. or min.

8. OCCUPATION
   Housework
9. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Housework
10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
    Housework
11. Date deceased last worked at this occupation (month and year)
    April, 1934
12. BIRTHPLACE (city or town)
    Hobeche, MD
13. NAME
    C. D. Hettick
14. BIRTHPLACE (city or town)
    Hobeche, MD
15. MAIDEN NAME
    Cornelia Coale
16. BIRTHPLACE (city or town)
    Churchville, MD
17. INFORMANT
    J. J. Hettick
18. BURIAL, CREMATION, OR REMOVAL
    Place of interment: Harford Co., April 26, 1934
19. UNDERTAKER
    H. H. Bailey
20. FILE
    April 21, 1934

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
   April 23rd, 1934
22. I HEREBY CERTIFY that I attended deceased from April 21st, 1934, to April 23rd, 1934.
    I last saw him alive on April 23rd, 1934; death is said to have occurred on the date stated above, at 3:30 p.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance as follows:
    Benj. Legis. Lifting 
    Other Contributory Causes of importance:
    Arthritis, Arthritis
23. What test confirmed diagnosis? 
    Date of:
    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
    Date of Injury
    19
    24. Was disease or injury in any way related to occupation of deceased? 
    If so, specify:
    (Signed)

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.

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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:

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<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><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1935</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</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: Harford
   Village or City: Near Castleton
   Registration Dist. No.: 184
   St., Ward:

2. FULL NAME: Robert Carroll Jones
   (a) Residence: No.
   (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)
   Single

6. DATE OF BIRTH (month, day, and year)
   March 7, 1934

7. AGE
   Years: 50
   Months: 1
   Days: 13
   If LESS than 1 day, . . . . hrs. or . . . . min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   None

10. Date deceased last worked at this occupation (month and year)
    No

11. Total time (years) spent in this occupation
    No

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

13. NAME: Gordon Moore
    (Father)

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

15. MAIDEN NAME
    Ella Agnes

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

17. INFORMANT
    Ella Jones
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Darlington, Md.
    Date: April 17, 1934

19. UNDERTAKER
    A. J. Bailey
    (Address)

20. FILED
    April 16, 1934
    (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) (Day) (Year)
    April 15, 1934

22. I HEREBY CERTIFY that I attended deceased from
    April 1, 1934, to April 15, 1934.
    I last saw him alive on April 15, 1934, at 9:00 A.M.; death is said
    to have occurred on the date stated above, at 9:00 A.M.

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

[Signature]
Date of onset

Other Contributory Causes of Importance:

[Signature]
Date of onset

Name of operation

Data 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
    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.)
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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<th>Example I</th>
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</tr>
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<tr>
<td>Arteriosclerosis</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<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>
<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: Harford
   Village or City: Havre de Grace
   No. Hospital: 
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. Havre de Grace
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: White
   MARRIED, WIDOWED, OR DIVORCED: Married
   IF LESS than 1 day, give number of hours or minutes.

3. AGE
   Years: 38
   Months: 11
   Days: 4

4. OCCUPATION
   Signalmann

5. DATE OF DEATH
   (Month) Apr. 5
   (Day) 1934
   (Year) 1934

6. DATE OF BIRTH
   (Month) May
   (Day) 1895
   (Year) 1895

7. PLACE OF BIRTH
   (City or town) Penn
   (State or county) Penn

8. NAME
   (First) John O.
   (Middle) Lucas
   (Last) Lucas

9. MAIDEN NAME
   (First) Alice
   (Middle) Crowder
   (Last) Lucas

10. BIRTHPLACE
    (City or town) Penn
    (State or county) Penn

11. OCCUPATION
    (Address)

12. MOTHER'S NAME
    (First) Mary Hazel Lucas
    (Middle) Lucas
    (Last) Lucas

13. MOTHER'S PLACE OF BIRTH
    (City or town) Penn
    (State or county) Penn

14. FATHER'S NAME
    (First) John O.
    (Middle) Lucas
    (Last) Lucas

15. FATHER'S PLACE OF BIRTH
    (City or town) Penn
    (State or county) Penn

16. INFIRMARY
    (First) Mary Hazel Lucas
    (Middle) Lucas
    (Last) Lucas

17. BURIAL CREMATION OR REMOVAL
    (Address)

18. UNDERTAKER
    (Name) Havre de Grace

19. FILED
    (Date) Apr. 5, 1934

20. REGISTRAR
    (Name) Havre de Grace

21. MEDICAL CERTIFICATE OF DEATH
    HEREBY CERTIFY that I attended deceas[ed] from
    Apr. 14, 1934, to Apr. 5, 1934.
    I last saw him alive on Apr. 15, 1934.
    The principal cause of death was as follows:
    CONGESTIVE HEART FAILURE
    Probably due to injury
    Date of onset: Oct. 24, 1934
    Other contributory causes of importance:
    Kind of operation:
    Date of:
    What was the confirmed diagnosis:
    Date of:
    Was there an autopsy:
    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.
    Manner of injury:
    Nature of injury:
    Date of:
    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.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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**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:**

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

**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:**

<table>
<thead>
<tr>
<th>Cause of death</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: Harford
   Village or City: Cambridge
   Registration Dist. No. 185
   No. St., 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)
   Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   White
   Single

4. COLOR OR RACE

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

6. DATE OF BIRTH (month, day, and year)
   March 8, 1902

7. AGE
   Years: 31
   Months: 11
   Days: 0
   If LESS than 1 day, hours or minutes:

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

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)
    T11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    New Jersey

13. NAME
    Richard McAlaney

14. BIRTHPLACE (city or town)
    New Jersey

15. MAIDEN NAME
    Unknown

16. BIRTHPLACE (city or town)
    New Jersey

17. INFORMANT
    Miss Bennett

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Airy
    Date: April 17, 1934

19. UNDERTAKER
    Marvinton Bennett

20. FILED
    April 27, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from...
    To...
    I last saw...
    Alive on...
    Died...

23. The principal cause of death and related causes of importance were as follows:
    Acute Alcoholism

24. Other Contributory Causes of importance:

Name of operation...
Date of...

Whet test confirmed diagnosis?
Date of...

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

Men of injury...
Nature of injury...

If so, specify...

(Signed) Joseph B. Haag, M.D.

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

Registration Dist. No. 185

Mar. Airy

Mt. Airy

Marvinton Bennett

April 27, 1934

Richard J. Foley, 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 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></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Darlington
   - Registration Dist. No.: 184

2. **FULL NAME**
   - R. Calvin McMurt

   **PERSONAL AND STATISTICAL PARTICULARS**
   - 3. **SEX**: Male
   - 4. **COLOR OR RACE**: White
   - 5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**: Married
   - 6. **DATE OF BIRTH**: May 20, 1861
   - 7. **AGE**:
     - Years: 72
     - Months: 10
     - Days: 22
   - 8. **Trade, profession, or particular kind of work done**: Farmer
   - 9. **Industry or business in which work was done**: Dairy
   - 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**: April 12, 1935

22. **I HEREBY CERTIFY** that I attended deceased from April 5, 1935, to April 12, 1935, last saw him alive on April 12, 1935; death is said to have occurred on the date stated above, at 12:15 p.m.

   The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:
   - Bronchial Pneumonia
   - Ruptured Intestinal Adhesions

   **Other Contributory Causes of importance:**
   - Natural

   **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**: 
   - **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)**: 
   - **Address**: 

**FILED** 
- April 12, 1935
- M.D. Kirk

Registar.
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:

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>1916</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1981</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones
  - Date: 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
  - Date: 1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Bel Air

2. FULL NAME
   Matthew W. Norman
   Residence: Bel Air, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5a. If married, widowed, or divorced
   HUSBAND of Marjorie J. Norman
   (or) WIFE of

6. DATE OF BIRTH (month, day, and year)
   Jul 19, 1861

7. AGE
   Years: 8
   Months: 15
   Days: 0

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   FARMER

9. OCCUPATION
   FARMER

12. BIRTHPLACE (city or town)
   North Carolina

13. NAME
   Meredith J. Norman

14. BIRTHPLACE (city or town)
   North Carolina

15. MAIDEN NAME
   Thompson

16. BIRTHPLACE (city or town)
   North Carolina

17. INFORMANT
   Joseph J. Norman
   Address: Bel Air, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mount Zion Cemetery, Date: April 4, 1934

19. UNDERTAKER
   Howard K. McComas, Abingdon, Md.

20. FILED
   April 4, 1934, Virginia E. Chambers

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 2, 1934

22. I HEREBY CERTIFY
   That I attended deceased from
   Dec 19, 1930, to Apr 2, 1934

   Last saw him alive on Apr 2, 1934, death is said
   to have occurred on the date stated above, at 6 pm.

   The PRINCIPAL CAUSE OF DEATH was as follows:
   
   Other Contributory Causes of Importance:

   Name of operation: None

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLANCE) FILL IN ALSO THE FOLLOWING:
   Accident, suicide, or homicide?
   Where did injury occur?
   (Specify city, town, county and State)
   Manner of injury
   Nature of injury

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   Yes

(Signed) M. D.
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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<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 1915</td>
<td>Date of onset 1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>Date of onset 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, 1933</td>
<td>Date of onset 1 year</td>
</tr>
</tbody>
</table>

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

County: Harford
Village or City: Seat Pleasant
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: Ecco Edou Pugh (Pugh)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5a. If married, widowed, or divorced
HUSBAND OR WIFE OF:
Mary Pugh

6. DATE OF BIRTH (month, day, and year): about 1880
7. AGE: Years, Months, Days
If LESS than 1 day, hrs. or mins.

6. TRADE, PROFESSION, OR PARTICULAR
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Laborer

9. OCCUPATION: LABORER

10. Date deceased last worked at this occupation (month and year)
Feb., 1934
11. Total time (years) spent in this occupation

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

13. NAME: Henry Pugh
14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Julia Spencer
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Elizabeth Spencer
18. BURIAL, CREMATION, OR REMOVAL
Place: Amoswood, County: Howard, Date: April 5, 1934

19. UNDERTAKER (Address): Homan, T. Brown

20. FILED: Apr. 7, 1934

If more blanks are needed, address State Registrar, 2411 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:
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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.

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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, 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

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

| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

| 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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Napier de Grace
   No. Hospital: St. Clair
   Registration Dist. No.: 185

2. FULL NAME: Elizabeth Singleton (St Clair)
   (a) Residence: No. 5 East St., Md - St., Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
<td>Married</td>
</tr>
<tr>
<td>5a. If married, widowed, or divorced</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUSBAND of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thomas St. Clair</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. DATE OF BIRTH (month, day, and year): Feb 11, 1886
7. AGE: 48 Years 2 Months 3 Days
   If LESS than 1 year, . . . . hours. or . . . . min.

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. Data 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):
    Maryland

13. NAME: William Griffith
14. BIRTHPLACE (city or town) (State or country): Maryland
15. MAIDEN NAME: Pinnie Singleton
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address)
   Mrs. Raymond Singleton

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Olivet
   Date: April 14, 1934

19. UNDERTAKER (Address)
   H. L. Bailey

20. FILED (Address)
   April 14, 1934

M.D.

21. DATE OF DEATH
   April 14, 1934

22. I HEREBY CERTIFY. That I attended deceased from April 9, 1934, to April 14, 1934, I last saw her alive on April 13, 1934, and death is said to have occurred on the data stated above, at 7:30 a.m.

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

Other Contributory Causes of importance:

23. If death was due to external causes (VIOLANCE) fill in also the following:
   Accident, suicide, or homicide?
   Data 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.
   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, 2441 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, 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:

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>1916</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: Harford
   Village or City: Taylor

2. FULL NAME
   (a) Residence: No. Taylor MD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, end year)
   Sept. 14, 1933

7. AGE
   Years: 6
   Months: 17
   Days: If LESS than 1 day, . . . . . hrs. or . . . . . min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   None

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Harford Co. MD

13. NAME
    Elva Segraves

14. BIRTHPLACE (city or town)
    N.C.

15. MAIDEN NAME
    Lena Blewina

16. BIRTHPLACE (city or town)
    N.C.

17. INFORMANT (Address)
    Ward Segraves

18. BURIAL, CREMATION, OR REMOVAL
    Place: cockpit MD
    Date: April 8, 1934

19. UNDERTAKER (Address)
    W. G. Grayson, Logan

20. FILED (Address)
    Apri 8, 1934

21. DATE OF DEATH
    (Month) April (Day) 6 (Year) 1934

22. I HEREBY CERTIFY that I attended decedent from April 8, 1934, to April 8, 1934, and 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:

   Acute Eviscolitis

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

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

25. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

   Name of operation
   Date of operation
   Was there an autopsy?

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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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.

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<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td></td>
</tr>
<tr>
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<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1933</td>
<td></td>
</tr>
</tbody>
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<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>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>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</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: Howard
   Village or City: Taylors
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. [usual place of abode]
   Evelyn Segraaves
   St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Sept 19, 1933

7. AGE
   Years: 6
   Months: 18
   Days: 18

8. OCCUPATION
   [Blank]

9. Date deceased last worked in this occupation (month and year)
   [Blank]

10. Total time (years) spent in this occupation
   [Blank]

11. Other Contributory Causes of Importance:
   [Blank]

12. BIRTHPLACE (city or town)
    [Blank]

13. NAME
    Ward Segraaves

14. BIRTHPLACE (city or town)
    [Blank]

15. MAIDEN NAME
    Laura Blevins

16. BIRTHPLACE (city or town)
    [Blank]

17. INFORMANT
    Ward Segraaves

18. BURIAL, CREMATION, OR REMOVAL
    Place: Baptist Church, Date: April 8, 1934

19. UNDERTAKER
    Garrettson, [Address]

20. FILED
    Date: April 8, 1934

REGISTRATION DIST. No. 193

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

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</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>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>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></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**
1. PLACE OF DEATH
- County: Dorchester
- Village or City: Byrnesville
- Registration Dist. No.: 183

2. FULL NAME
- Name: Melvin H. Sitz
- Residence: No.
- St., Ward: 
- If nonresident give city or town and State:

3. PERSONAL AND STATISTICAL PARTICULARS
   - Sex: Male
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Married
     - Husband of: Lucille Wombles Sitz
   - Date of Birth: April 18, 1888
   - Age: Years: 46, Months: 8, Days: 0
   - Occupation: Farmer
   - Date Deceased Last Worked: 
   - Total Time (Years) Spent in This Occupation: 

4. MEDICAL CERTIFICATE OF DEATH
   - Date of Death: April 9, 1934
   - Cause of Death: Myocarditis
   - Date of Onset: Aug. 1933
   - Other Contributory Causes of importance:
     - 
   - Date:
   - Name of Operation:
   - What test confirmed diagnosis:
   - Clinical Symptoms:
   - Was there an autopsy: Yes
   - If so, specify:

5. Date of Injury:
   - Manner of Injury:
   - Nature of Injury:

6. Undertakers:
   - Address:

7. Filed:
   - Date: Apr. 11, 1934
   - M.D.:
   - Address:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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Other contributory causes of importance:

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

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

1. PLACE OF DEATH
County: Harford
Village or City: Aberdeen

2. FULL NAME: William Silver
(a) Residence: No. 4 Aberdeen, Md.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

5a. If married, widowed, or divorced HUSBAND of
(or) WIFE OF
Edith Wistar (Stokes)

6. DATE OF BIRTH (month, day, and year):
June 16, 1870

7. AGE
Years: 63
Months: 10
Days: 6

8. TRADE, PROFESSION, OR PARTICULAR
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Retired Conner and Food Broker

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

10. DATE DECEASED LAST WORKED AT
or in this occupation (month and year)
July 1931

11. Total time (years) spent in this occupation
28

12. BIRTHPLACE (city or town)
Harford Co., Md.
(State or country)

13. NAME: John Archer Silver

14. BIRTHPLACE (city or town)
or Darlington
(State or country)
Harford Co., Md.

15. MAIDEN NAME: Hannah Kennard

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

17. INFORMANT
F. S. Silver
(Addres)
Aberdeen, Md.

18. BURIAL, CREMATION, OR REMOVAL
Darlington, Md. Date Apr. 24, 1934

19. UNDERTAKER
Henry Scanning Lewis
Aberdeen, Md.

20. FILED
Apr. 24, 1934
Registrar.

21. DATE OF DEATH
(Month and Day)
April 22nd
1934

22. I HEREBY CERTIFY, That I attended deceased from
(Month and Day)
Apr. 17th
1934

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? Specified by town, county or state

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

If so, specify
Name of operation

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

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

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

2. FULL NAME: Lizzie F. Snider
   Residence: No. 20
   (Usual place of abode)
   St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

6. DATE OF BIRTH (month, day, and year): July 27, 1858
7. AGE: 75 years 6 months 16 days
8. Trade, profession, or particular kind of work done: House Wife
   9. Industry or business in which work was done: None
   10. Date deceased last worked at this occupation (month and year):

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 13th, 1934
22. I HEREBY CERTIFY, That I attended deceased from 1930 to April 13th, 1934
   I last saw her alive on April 13th, 1934. She was last seen dead on this date.

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

    Arterio Sclerosis

Other Contributory Causes of importance:

    Cardio-Renal and Cerebral Softening

13. NAME: Geo. B. Sniderman
14. BIRTHPLACE (city or town): Germany
   (State or country): Germany
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town): Germany
   (State or country): Germany
18. INFORMANT: F. L. Sniderman
   Address: Fallston

19. UNOBTAINED: Horace Snider
   Address: Fallston

20. FILED: Apr. 17, 1934
    Registr.:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, requesting U. S. No. 5.
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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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<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: Harford
- Village or City: Laure de Grace
- Registration Dist. No.: 185
- Length of residence in city or town where death occurred: yrs. mos. ds.

**2. Full Name**
- (a) Residence: No. St., Ward.
- Name: Charles Ward
- (If death occurred in a hospital or institution, give its NAME instead of street and number)

### Personal and Statistical Particulars

<table>
<thead>
<tr>
<th>3. Sex</th>
<th>4. Color or Race</th>
<th>5. Single, Married, Widowed, or Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Colored</td>
<td>Married</td>
</tr>
</tbody>
</table>

- 5a. If married, widowed, or divorced
  - Husband or Wife: Maria Ward

<table>
<thead>
<tr>
<th>6. Date of Birth</th>
<th>7. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov. 10-1888</td>
<td>45</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Trade, profession, or occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Industry or business in which work was done, as Silk Mill, Saw Mill, Bank, etc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>10. Date deceased last worked at this occupation (month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Total time (years) spent in this occupation (month and year)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. Birthplace (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salient Co. Maryland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles Ward</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Birthplace (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salient Co. Maryland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Maiden Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Munroe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Birthplace (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saratoga, Ohio</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. Informant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agnes Ward</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Burial, Cremation, or Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place: St. Mary</td>
</tr>
<tr>
<td>Date: May 3, 1894</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. Undertaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whiting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. Filed</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 3, 1894</td>
</tr>
</tbody>
</table>

### Medical Certificate of Death

**21. Date of Death**
- Month: April
- Day: 30
- Year: 1894

**22. I hereby certify that I attended deceased from April 3rd, 1894, to April 30th, 1894.**

**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)
  - Manner of injury
  - Nature of injury
  - Date of death: May 3, 1894
  - Registrar: A. D. L. W.
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:

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 |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN