**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>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: Queen Anne
   Village or City: Ne. Centreville
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Alice Katherine Benton
   Residence: No.
   HUSBAND of
   Nathan C. Benton
   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
   WIDOWED

5a. If married, widowed, or divorced HUSBAND of
   (or) WIFE of
   Nathan C. Benton

6. DATE OF BIRTH
   Month: JUN
   Day: 31
   Year: 1861

7. AGE
   Years: 72
   Months: 10
   Days: 23

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.
   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) (State or country)
   Queen Anne Co.
   Maryland

13. NAME
   Geo. W. Walls

14. BIRTHPLACE (city or town) (State or country)
   Queen Anne Co.
   Maryland

15. MAIDEN NAME
   Mary Heffell

16. BIRTHPLACE (city or town) (State or country)
   Queen Anne Co.
   Maryland

17. INFORMANT
   Address: Mrs. Wm. Glenn
   Centreville, MD

18. BURIAL, CREMATION, OR REMOVAL
   Place: Centreville
   Date: 4-8-1934

19. UNDERTAKER
   Address: B. P. Fellers, Still Conv., MD

20. FILED
   Apr. 6, 1934
   S. Bright
   Registrar

21. DATE OF DEATH
   Month: April
   Day: 5
   Year: 1934

22. I HEREBY CERTIFY that I attended deceased from
   Dec. 15, 1933, to Apr. 5, 1934
   I saw the deceased alive on Apr. 5, 1934.
   Deceased died at 3:30 P.M.
   Date on which death occurred: Apr. 5, 1934
   The principal cause of death and related causes of importance
   as follows:
   Pneumonia of the Lungs
   Other Contributory Causes of importance:

23. If death was due to external cause (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

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed) M. D.
   (Address)

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</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>1915</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>

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: Queen Anne
   Village or City: Queenstown
   No. St., Ward
   Length of residence in city or town where death occurred: yrs. 2 mos. 27 ds.

2. FULL NAME
   (a) Residence: No. Queenstown
   (Usual place of abode)
   If nonresident give city or town and State
   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M.

4. COLOR OR RACE
   C.

5. If married, widowed, or divorced
   HUSBAND OF (or) WIFE OF
   Sarah Johnson

6. DATE OF BIRTH (month, day, and year)
   1-27-1864

7. AGE
   Years: 64
   Months: 3
   Days: 22
   If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWDER, BOOKKEEPER, etc.
   Farm Hand

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)
    Didn't know

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

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

13. NAME
    Unknown

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

15. MAIDEN NAME
    Unknown

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

17. INFORMANT
    (Address)
    Rosemary H. Johnson

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

19. UNDERTAKER
    (Address)
    B. P. Keene

20. FILED
    Apr. 20, 1934
    Henry M. Aldridge

21. DATE OF DEATH
    April 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    March 19, 1934, to April 19, 1934
    I last saw him alive on April 19, 1934; death is said to have occurred on the date stated above, at 10:30 A.M.
    The principal cause of death and related causes of importance were as follows:
    Cancer of the lungs

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1925 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: 
   - Village or City: Howes Point

2. **FULL NAME**
   - Mary Cassard

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **HUSBAND OF (or WIFE OF)**
   - John Cassard

7. **DATE OF BIRTH**
   - Year: 1858

8. **OCCUPATION**
   - Housewife

9. **BIRTHPLACE**
   - Hancock, Md

10. **MOTHER'S NAME**
    - Do not Know

11. **BIRTHPLACE**
    - Hancock, Md

12. **DATE OF DEATH**
    - April 13, 1934

13. **CAUSE OF DEATH**
    - Carcinoma of Stomach

14. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - None

15. **INFORMANT**
    - J. M. Breen

16. **UNDERTAKER**
    - Burton Brody

17. **FILING DATE**
    - April 13, 1934

---

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, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 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, 1923</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
- County: Queen Anne
- Village or City: St. Marys
- No. St., Ward:
- Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
- Richard Flannery

### 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>Colored</td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Word)</td>
<td></td>
</tr>
<tr>
<td>5a. If married, was widowed, or divorced</td>
<td>(\text{HUSBAND of (or) WIFE of} ) Do not know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr. 22, 1924</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
<th>Years Months Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>75</td>
<td>- 17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8a. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laborer</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>
<tbody>
<tr>
<td>(\text{Do not know} )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Date deceased last worked at this occupation (month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\text{Do not know} )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Total time (years) spent in this occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\text{Do not know} )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\text{Do not know} )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\text{Do not know} )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. MAIOGEN NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\text{Do not know} )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\text{Do not know} )</td>
</tr>
</tbody>
</table>

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
- (Month) (Day) (Year)
- April 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from \(\text{Do not know} \) to \(\text{Do not know} \), 1924.

I last saw h. alive on \(\text{Do not know} \) to \(\text{Do not know} \), 1924; death is said to have occurred on the date stated above, at \(\text{Do not know} \), 1924.

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

- Chronic Nephritis and Heart Disease with Dropsy.

Other Contributory Cause of importance:

<table>
<thead>
<tr>
<th>Other Contributory Cause of importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\text{Do not know} )</td>
</tr>
</tbody>
</table>

Name of operation

<table>
<thead>
<tr>
<th>Name of operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\text{Do not know} )</td>
</tr>
</tbody>
</table>

What test confirmed diagnosis?

<table>
<thead>
<tr>
<th>What test confirmed diagnosis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\text{Do not know} )</td>
</tr>
</tbody>
</table>

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

- Accident, suicide, or homicide? [ ]
- Date of injury: 1924
- Where did injury occur? (Specify city or town, county and state): \(\text{Do not know} \)
- Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE: \(\text{Do not know} \)
- Manner of injury:
- Nature of injury:

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

<table>
<thead>
<tr>
<th>Was disease or injury in any way related to occupation of deceased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\text{Do not know} )</td>
</tr>
</tbody>
</table>

If so, specify

<table>
<thead>
<tr>
<th>If so, specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\text{Do not know} )</td>
</tr>
</tbody>
</table>

Register.

<table>
<thead>
<tr>
<th>Register</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\text{Do not know} )</td>
</tr>
</tbody>
</table>

If more blanks are needed, address State Registrar, 3411 W. Charles Street, Baltimore, Requesting U. S. No. 1. |
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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</td>
<td>The principal cause of death and related causes</td>
</tr>
<tr>
<td>of importance were as follows:</td>
<td>of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>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: Queen Anne
   - Village or City: Centreville
   - Registration Dist. No.: 252

2. **FULL NAME**: William M. Foster
   - Residence: No.
   - St., Ward.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Male
   - **COLOR OR RACE**: White
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Married
   - **DATE OF BIRTH**: Apr 30th, 1866
   - **AGE**: 67 Years 11 Months 4 Days
   - **OCCUPATION**: Farmer + Merchant
   - **DATE DECEASED LAST WORKED**: Present
   - **TOTAL TIME (YEARS)**: Spent in this occupation

4. **MEDICAL CERTIFICATE OF DEATH**
   - **DATE OF DEATH**: Apr 13, 1934
   - **I HEREBY CERTIFY**:
     - That I attended deceased from Mar 23, to Apr 13, 1934;
     - That he was alive on Apr 13, 1934; and death is said to have occurred on the date above, at 7 P.M.
   - **THE PRINCIPAL CAUSE OF DEATH** and related causes of importance
   - **OTHER CONTRIBUTORY CAUSES**

5. **OTHER INFORMATION**
   - **INFORMANT**: Wm. A. Foster
   - **BURIAL, CREMATION, OR REMOVAL**: Place: Centreville, MD; Date: Apr 6, 1934
   - **UNDOERTAKER**: Bay, T. B.
   - **FILED**: Apr 6, 1934

6. **REGISTRATION**
   - Signed: M. D.
   - Address: State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset 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>Date of onset 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...  Q. Co...
   Village or City...  Suddith...
   Registration Dist. No...
   Ward...
   Length of residence in city or town where death occurred...
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   yrs. mos. ds.

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

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
   Female  White
   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   6. DATE OF BIRTH (month, day, and year)...
   7. AGE
   Years  Months  Days
   IF LESS than 1 day, . hrs. or . min.
   8. Trade, profession, or particular kind of work done, as SPINNER, SAINTER, BOOKKEEPER, etc..
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month and year)
   11. Total time (years) spent in this occupation
   12. BIRTHPLACE (city or town)
   (State or country)
   13. NAME
   14. BIRTHPLACE (city or town)
   (State or country)
   15. MAIDEN NAME
   16. BIRTHPLACE (city or town)
   (State or country)
   17. INFORMANT...
   (Address)
   18. BURIAL, CREMATION, OR REMOVAL
   Place...
   Date...
   Other Contributory Causes of Importance...

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
   April 7, 1934
   (Month) (Day) (Year)
   22. I HEREBY CERTIFY, That I attended deceased from...
   June 1, 1934, to April 7, 1934.
   I last saw him alive on...
   April 7, 1934; death is said to have occurred on the date stated above, at...
   23. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   24. Date of onset...
   Other Contributory Causes of importance...

   Name of operation...
   Date of...
   Where did injury occur?...
   (Specify city or town, county and State)
   Other contributory causes of importance...
   Manner of injury...
   Nature of injury...
   Date of...
   What was confirmed diagnosis?...
   Was there an autopsy?...
   Accident, suicide, or homicide?...
   Where did injury occur?...
   (Specify city or town, county and State)
   Specifying whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.
   If so, specify...
   (Signet)...
   (Address)...

   If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting...
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| Other contributory causes of importance: | |
| Gallstones | May 1, 1923 |

**Example II**

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

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

1. PLACE OF DEATH
   County: Queen Anne
   Village or City: Barkley
   Length of residence in city or town where death occurred: yrs: mos: ds
   Registration Dist. No: 252

2. FULL NAME: William A. Hutchins
   (a) Residence: No.
   (b) St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
HUSBAND OF (or) WIFE OF
   Katie Hutchins

6. DATE OF BIRTH (month, day, and year):
   Feb. 8, 1871

7. AGE
   Years: 53
   Months: 6
   Days: 19
   If LESS than 1 day: hrs: min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: 1st Work

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Silk Mill

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

11. Total time (years) spent in this occupation: 40

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

13. NAME: William A. Hutchins
14. BIRTHPLACE (city or town)
   (State or country): MD

15. MAIDEN NAME: Katie Brooks
16. BIRTHPLACE (city or town)
   (State or country): MD

17. INFORMANT
   (Address): Barkley M. D. R. F. A.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Broadway Am. Date: Apr. 30, 1934

19. UNDERTAKER
   Address: (Address)

20. FILED
   (Address): Apr. 27, 1934

21. DATE OF DEATH
   (Month): Jan.
   (Day): 27
   (Year): 1934

22. I HEREBY CERTIFY, That I attended deceased from 1934, to 1934.
   I last saw deceased alive on Feb. 9, 1934.
   Death is said to have occurred on the date stated above, at 4:00 p.m.

23. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Malignant of Stomach
   Metastatic Liver

24. Other Contributory Causes of importance:
   Asthma

25. Name of operation:
26. What test confirmed diagnosis:
27. Was there an autopsy:

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

29. Manner of injury:
30. Nature of injury:

31. Was disease or injury in any way related to occupation of deceased:
   If so, specify:
   (Signed) Charles R. Hutchins, 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 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>
<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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Queen Anne

Village or City: Centreville

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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)

Widowed

6. If married, widowed, or divorced

HUSBAND or WIFE OF

Lillian M. Leagie

6e. If married, widowed, or divorced

HUSBAND or WIFE of

Lillian M. Leagie

Mar. 7, 1926

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

Apr. 25, 1914

7. AGE

Years

58

Months

1

Days

21

If LESS than 1 day, ... hrs.
or... min.

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

Retired Farmer

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

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

10a. Yr.

10b. Mon.

10c. Day

11. Total time (years) spent in this occupation

10 yr.

12. BIRTHPLACE (city or town)

Queen Anne Co.

(State or country)

13. NAME

James H. Jarrell

14. BIRTHPLACE (city or town)

Carroll Co.

(State or country)

15. MAIDEN NAME

Mary H. Balesstead

16. BIRTHPLACE (city or town)

Queen Anne Co.

(State or country)

17. INFIRMAT

Oliver Jarrell (Son)

18. BURIAL, CREMATION, OR REMOVAL

Place: Centreville

Date: 4-27-1934

19. UNDERTAKER (Address)

B. P. Fellows

Still Prok, Md.

20. FILED (Address)

Reg. Office

Apr. 27, 1934

If more blanks are needed, address State Registrar, 2171 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

**Example II**

<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></td>
<td></td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

---

RECEIVED
MAY 3, 1934

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

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


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

   PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

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

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

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

   11. Total time (years) spent in this occupation

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

   13. NAME
      (Mrs. Known)

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

   15. MAIDEN NAME
      (Mrs. Known)

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

   17. INFORMANT
      (Address)

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

   19. UNDERTAKER
      (Address)

   20. FILED
      ___

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH ___ ___ ___
      (Month) (Day) (Year)

   22. I HEREBY CERTIFY that I attended deceased from ___ ___ to ___ 193_

   I last saw him/her alive on ___ 193__ and death is said to have occurred on the date stated above, at ___ m.

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

   Date of onset

   Other Contributory Causes of importance:

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

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

   Accident, suicides, or homicides...
   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)
   (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, 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>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 week ago |

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

1. PLACE OF DEATH
   County: Queen Anne
   Village or City: Stevensville
   Length of residence in City or town where death occurred: yrs. mos. ds.
   Registration Dist. No.: 253
   St.: ____________________ Ward: ____________________

2. FULL NAME
   (a) Residence: No. ____________________

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year) Dec 15, 1881
7. AGE 52 yrs. 3 mos. 21 days
8. Trade, profession, or particular kind of work done: Weaver
9. Industry or business in which work was done: Silk Mill
10. Total time (years, months, and days) spent in this occupation: 25 yrs. 2 mo.
11. Total time (years, months, and days) spent in this occupation: 25 yrs. 2 mo.

12. BIRTHPLACE (city or town) Harmony, Caroline Co.
13. NAME William Towers
14. BIRTHPLACE (city or town) Caroline Co.
15. MAIDEN NAME Sama Cole
16. BIRTHPLACE (city or town) Caroline Co.

17. INFORMANT (Address) Mr. Josephine Naylor, Stevensville, MD.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Stevensville
   Date: April 11, 1934
19. UNDERTAKER Frank C. Thomas, M. D.
20. FILED: April 10, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) April 10th
   (Year) 1934

22. I HEREBY CERTIFY that I attended deceased from March 30, 1934, to April 10, 1934.

23. I last saw him alive on April 9, 1934, death occurred on the date stated above, at 10 a.m.

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

Progressive ocular ataxia

Other Contributory Causes of Importance:

Name of operation: ____________________
Date of: ____________________
Was there an autopsy?: ____________________

24. 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.
   Menner of injury: ____________________
   Nature of injury: ____________________

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, asthemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| 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 |

**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:

| Gallstones | May 1, 1925 |

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
PLACE OF DEATH
County: Greenbelt

Village or City: Harwood

FULL NAME: William Vanderwende

PERSONAL AND STATISTICAL PARTICULARS
3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED: MARRIED

DATE OF BIRTH: May 5, 1885

AGE: 50 yrs.

OCCUPATION: Farmer

BIRTHPLACE: Germany

NAME OF FATHER: William Vanderwende

BIRTHPLACE OF FATHER: Germany

MAIDEN NAME OF MOTHER: Elizabeth Greaves

BIRTHPLACE OF MOTHER: Germany

DATE OF DEATH: April 8, 1937

HEREBY CERTIFY, I attended the deceased from April 17, 1936, to April 19, 1937, that I last saw him alive on April 1, 1937, and that death occurred on the date stated above, at 12:15 a.m.

CAUSE OF DEATH: Central Nervous Disease

CONTRIBUTORY CAUSE: Arteriosclerosis

LENGTH OF RESIDENCE: In the State of Maryland...

PLACE OF BURIAL OR REMOVAL: Templeville, MD

DATE OF BURIAL: April 11, 1937

Filed: April 11, 1937, James S. Kaule, Registrar

UNDEARTAKER: J. J. Johnston
Statement of Occupation—Please state occupation or cause of death. If no occupation, state occupation or cause of death. If no occupation, state occupation or cause of death.

Health Association

CERTIFIED UNITED STATES STANDARD

(Revised by U.S. Census and American Public)

(Revised by U.S. Census and American Public)

Statement of Occupation—Please state occupation or cause of death. If no occupation, state occupation or cause of death. If no occupation, state occupation or cause of death.

Health Association

CERTIFIED UNITED STATES STANDARD

(Revised by U.S. Census and American Public)
STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 255

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

County - Queen Anne

City - Millington

Village or City - Millington

Near City - Millington

Place of Death - Millington, Md.

Full Name - Norman E. Walls

Personal and Statistical Particulars

Sex - Male

Color or Race - White

Single, Married, Widowed, or Divorced - Single

Date of Birth - July 31, 1933

Age - 8 yrs. 6 mos. 13 days

Occupation -

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed or (employer)

Birthplace - near Millington, Md.

Birthplace of Father - Delaware

Birthplace of Mother - Md.

Maiden Name of Mother - Martina Blackston

The above is true to the best of my knowledge

Informant - M. Elwood Walls

Address - Millington, Md.

Date of Birth - April 14, 1934

N. B. - Every item of information should be carefully supplied. ACES should be stated EXACTLY, PHYSICALLY.

Date of Death - April 14, 1934

Medical Certificate of Death

I HEREBY CERTIFY, That I attended the deceased from April 13, 1934, to April 14, 1934, that I last saw him alive on April 14, 1934, and that death occurred on the date stated above, at 4:30 P.M.

The Cause of Death was as follows:

Contributory

Secondary

(Duration) yrs. mos. da.

(Signed) J. R. Satterly M.D.

Connington, Md.

State the Disease Causing Death, or in deaths from violent causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal, or Homicidal.

Length of Residence (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. da.

In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

Place of Burial or Removal - Millington, Md.

Date of Burial - April 16, 1934

Undertaker - John A. Johnston

Address - Millington, Md.

Filed April 15, 1934

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., requesting V. S. No. 1.
Certificate of Death

Revised United States Standard

Health Association

Approved by U.S. Census and American Public
**STATE OF MARYLAND**

**CERTIFICATE OF DEATH**

Registration Dist. No. 250

<table>
<thead>
<tr>
<th>Place of Death</th>
<th>County</th>
<th>Queen Anne</th>
</tr>
</thead>
</table>

Village or City: Lumbertown  (No.)

**2 FULL NAME:** George W. Worsleyhand

### 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>M</td>
<td>27</td>
<td></td>
</tr>
</tbody>
</table>

6 DATE OF BIRTH:  [Month] 1 [Day], 1893

7 AGE: If less than 1 day, hrs., yrs., mos., ds., or min.

8 Occupation

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed or (employer)

9 Birthplace (State or country)

10 Name of Father

11 Birthplace of Father (State or country)

12 Maiden Name of Mother

13 Birthplace of Mother (State or Country)

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

Informant: Jeannette Worsleyhand

Address: Lumbertown, Md

15 Filed: 25th day of May, 1934, by James D. Shrute, Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

### MEDICAL CERTIFICATE OF DEATH

16 Date of Death: April 4, 1934

17 I HEREBY CERTIFY, That I attended the deceased from June 10, 1932, to April 4, 1934, that I last saw him alive on April 2, 1934, and that death occurred on the date stated above, at 1,052...m.

The CAUSE OF DEATH was as follows: Chronic Bright's kidney

Contribution or Secondary

Worsleyhand (Duration: 2 yrs.)

Address: Lumbertown, Md

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

At place of death: yrs., mos., ds.

Where was disease contracted, if not at place of death?

**19 PLACE OF BURIAL OR REMOVAL**

Date of Burial: April 6, 1934

20 Undertaker

Address: John H. and Wellington

04038
Statement of Occupation—Please state what occupation the deceased was engaged in while living. An occupation that shows the higher levels of education and training is more likely to be considered as a professional occupation.