**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Nicasia
   - Village or City: Riviera
   - Length of residence in city or town where death occurred: Life
   - Registration Dist. No.: 337

2. **FULL NAME**
   - (a) Residence: No. 1133 Riviera M.
   - Personal and Statistical Particulars
     - SEX: M.
     - COLOR OR RACE: White
     - DATE OF BIRTH (month, day, and year): June 3, 1857
     - AGE: 74
     - OCCUPATION: Farming
     - BIRTHPLACE (city or town): Biscoe, Md.
     - MAIDEN NAME: Hannah Street
     - INFORMANT: Margaret Elliott, 5757 28th Ave.
     - BURIAL, CREMATION, OR REMOVAL: Burial, Date: 5-14-31
     - UNDERTAKER: Mr. C. F. Hugger, 8431 28th Ave.

3. **DATE OF DEATH**
   - (Month) 5
   - (Day) 12
   - (Year) 1931

4. **MEDICAL CERTIFICATE OF DEATH**
   - I HEREBY CERTIFY, That I attended deceased from May 5, 1931, to 5-12, 1931.
   - Last saw him alive on 5-12, 1931.
   - 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:
     - Pneumonia

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

6. **ACCIDENT, HOMICIDE, OR SUICIDE:**
   - Accident, suicide, or homicide? No
   - Where did injury occur? 
   - Date of injury: 
   - Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

7. **MANNER OF INJURY:**
   - Nature of Injury: 

8. **DISEASE RELATED TO OCCUPATION:**
   - If so, specify: 

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

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

**Other contributory causes of importance:**

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

### Example II

<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: Washington
   - Village or City: Washington
   - Length of residence in city or town where death occurred: 56 yrs, 11 mos, 23 ds

2. **FULL NAME**
   - First Name: Thora J.
   - Last Name: Baker
   - Residence No.: William Maryland

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: 6
   - Day: 8
   - Year: 1918

7. **AGE**
   - Years: 56
   - Months: 11
   - Days: 23

8. **OCCUPATION**
   - Farming

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - Month: March
   - Year: 1933

10. **PLACE OF DEATH**
    - Maryland

11. **DATE OF DEATH**
    - Month: May
    - Day: 16
    - Year: 1934

12. **Causes of Death**
    - Principal Cause: 

13. **MEDIA CERTIFICATE OF DEATH**
    - Date of Onset: 1933

14. **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)**
    - Accident, suicide, or homicide?
    - 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:

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

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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10.—The month and year the deceased last worked at the occupation.
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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:

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<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
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<tbody>
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<td>The principal cause of death and related causes of importance were as follows:</td>
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<td>Arteriosclerosis</td>
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<td>1921</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
Gallstones | May 1, 1929 | Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Bel Air, Maryland
   Registration Dist. No.: 333
   No.303 Unit
   St., 5
   Ward.
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 303 Unit 5, 5th Ward.
   If nonresident give city or town and State

   Personal and Statistical Particulars
   3. SEX
      Female
      White
      Single

   4. COLOR OR RACE
      White

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

   6. DATE OF BIRTH (month, day, and year)
      March 14, 1934

   7. AGE Years
      0
      Months
      1
      Days
      22
      If less than 1 day... hrs.
      or... min.

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

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

   11. Total time (years) spent in this occupation

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

   13. NAME
      William J. Batchelor

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

   15. MAIDEN NAME
      Marcella Williams

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

   17. INFORMANT
      Informant
      303 Unit 5, Salisbury
      Address

   18. BURIAL, CREMATION, OR REMOVAL
      Date
      Location

   19. UNDERTAKER
      Undertaker
      303 Unit 5, Salisbury
      Address

   20. FILED
      May 8, 1934

Medical Certificate of Death
   21. DATE OF DEATH
      May 6, 1934

   22. I HEREBY CERTIFY that I attended deceased from April 27, 1934 to May 6, 1934, and I last saw him alive on May 6, 1934; death is said to have occurred on the date stated above.

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

   23. Other Contributory Causes of importance:
      Whorly cough

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

   Date of onset

   If so, specify

   Signed
   Dr. Mann

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1929</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: Washington
   Village or City: Washington
   Length of residence in city or town where death occurred: 2 yrs. 2 mos.

2. FULL NAME
   James E. Beachhold
   Residence: No. 202 St. Paul St.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH (month, day, and year)
   30th May 1858

7. AGE
   Years: 76
   Months: 2
   Days: 1

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

9. OCCUPATION
   Carpenter

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
    May 17, 1934

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    2 yrs.

12. BIRTHPLACE (CITY OR TOWN)
    England
    (State or country)

13. NAME
    James Beachhold

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

15. MAIDEN NAME
    Ann T.

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

17. INFORMANT
    Mary Beachhold
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Date
    May 17, 1934

19. UNDERTAKER
    (Address)

20. FILED
    May 17, 1934
    T. May Beachhold
    Registrar
    (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    May 17, 1934

22. I HEREBY CERTIFY that I attended deceased from July 17, 1934, to July 17, 1934.
    I last saw him alive on July 17, 1934.
    Death is said to have occurred on the date stated above, at 12:45 P.M.
    The principal cause of death and related causes of importance were as follows:
    (Signatures)
    Antisooth, M.D.
    Antisooth, M.D.

Other Contributory Causes of Importance:

23. IF DEATH WAS DUE TO EXTERNAL CAUSE (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide:
    (Specify city or town, county and State)
    Specify whether the injury occurred in industry, in home, or in public place.
    Date of injury:
    Manner of injury:
    Nature of injury:

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
    Yes
    If so, specify:
    (Address)
    (Signed)
    M. D.

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<thead>
<tr>
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<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes</td>
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</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>Date of onset: 1915</td>
<td>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>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones                                                               
Date of onset: May 1, 1923                                           

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County
   Village or City
   Registration Dist. No.
   No.
   Registration Dist. No.
   Ward
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

3. SEX
   Male
   Col

4. COLOR OR RACE
   Col

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

6. DATE OF BIRTH (month, day, and year)
   May 16, 1934

7. AGE
   Years 0
   Months 0
   Days 0
   If LESS than 1 year, give in hours and minutes

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

9. Industry or business in which work was done, as SILK MILL, SAWSMILL, 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)

   Salisbury, Md.

13. NAME
   Changed Handy

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

   (State or country)

15. MAIOEN NAME
   (State or country)

   (State or country)

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

   (State or country)

17. INFORMANT (Address)

   (Address)

   (Address)

18. BURIAL, CREMATION, OR REMOVAL

   Place
   Date
   (Address)

19. UNDERTAKER

   (Address)

20. FILED

   (Address)

   Registrar

   May 17, 1934

   City

   May 17, 1934

   C. T. May

   Registrar

   511 N. Charles Street, Baltimore, Requesting "U. S. No. 1.

21. DATE OF DEATH
   May 16, 1934

   Year

   Date of onset

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934, to May 16, 1934, and death is said to have occurred on the above date at

   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 last confirmed diagnosis?

   Was there an autopsy?

   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

   Was disease or Injury in any way related to occupation of deceased?

   If so, specify

   (Signed)

   Registrar

   Salisbury, Md.

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**Example I**

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<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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<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: Monongahela
- Village or City: Elizabeth, PA

## 2. FULL NAME
- George W. Carmin
- (a) Residence: No.
- Date: May 18, 1931

### PERSONAL AND STATISTICAL PARTICULARS

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

### OCCUPATION
- Occupation: Farmer

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
<th>May 18, 1931</th>
</tr>
</thead>
</table>

I HEREBY CERTIFY that I attended deceased from January 1931, 1931, at 9:30 a.m. I last saw him alive on May 17, 1931, at 10:30 a.m.; 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:

- Cholangitis, Duodenal Ulcer, Perforated

### Other Contributory Causes of Importance:

#### Name of operation

#### Date of operation

#### What test confirmed diagnosis?

#### Was there an autopsy?

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

#### Accident, suicide, or homicide?

#### Date of injury

#### Where did injury occur?

#### (Specify city or town, county and State)

#### Specify whether injury occurred in INDUSTRY, IN 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, 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 homemaker, 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 1

<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>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

Example 2

<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>
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<td>1 week ago</td>
</tr>
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<td>3 days ago</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<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:             St.
   Village or City:   Jocassee
   No. St., Ward

   Length of residence in city or town where death occurred: 9 yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

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

   PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

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

   11. Total time (years) spent in this occupation

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

   13. NAME

   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:

   19. UNDERTAKER
      (Address)

   20. FILED
      (Address)

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

   22. I HEREBY CERTIFY, That I attended deceased from
   (Month) to (Month), 193_

   I last saw him alive on
   193_

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

   Date of onset

   Other Contributory Causes of Importance:
   Probably cerebral hemorrhage

   Name of operation
   Date 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 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)
   (M.D.)

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

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<th>The principal cause of death and related causes of importance were as follows:</th>
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</tr>
</thead>
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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:**

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
</tr>
</thead>
</table>

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th>Gastroenteritis</th>
<th>1 year</th>
</tr>
</thead>
</table>

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

1. PLACE OF DEATH

County: Allegany
Village or City: Mineral
(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: 20 yrs. mos. ds.

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M. A. A.

4. COLOR OR RACE

N.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

HUSBAND of
(Or) WIFE of

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

7. AGE (years, months, days)

8. OCCUPATION

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

21. DATE OF DEATH

22. I HEREBY CERTIFY

23. ACCIDENT, SUICIDE, OR HOMICIDE

24. DISEASE OR INJURY

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td><strong>Arteriosclerosis</strong></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td><strong>Chronic interstitial nephritis</strong></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td><strong>Cerebral hemorrhage</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td>1915</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td>1921</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td>July 3, 1927</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong></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

Village or City

No. St. Ward

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

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence:

(Usual place of abode)

If nonresident give city or town and State

3. SEX

male

4. COLOR OR RACE

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

widow

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

Rosanna Dashiell

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

July 22, 1848

7. AGE

85

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

Gardner

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)

1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(Fruitland)

13. NAME

Wm. M. Dashiell

14. BIRTHPLACE (city or town)

(Fruitland)

15. MAIDEN NAME

Alberta Knox

16. BIRTHPLACE (city or town)

(Fruitland)

17. INFORMANT

Jas. Roper

18. BURIAL, CREMATION, OR REMOVAL

Place

Fruitland, Md.

Date

May 12, 1934

19. UNDERTAKER

Mrs. Hannah J. Pope

20. FILED

May 8, 1934

Registrar

21. DATE OF DEATH

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 2, 1934, to July 2, 1934.

I last saw him alive on July 7, 1934. He died July 8, 1934, at 2:30 p.m.

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

Diphtheria

Anterior Cardiac Failure.

Duration: not stated.

Other Contributory Causes of Importance:

None.

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 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)

Oakley, M. D.

(Address)

Salisbury, Md.

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

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<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: Wicomico
   - Village or City: Hebron
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Stillborn Dashiell
   - (a) Residence: No.

3. **SEX**
   - Male
   - 5a. If married, widow, or divorced
     - HUSBAND of: [Blank]
     - WIFE of: [Blank]

4. **COLOR OR RACE**
   - Black

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

6. **DATE OF BIRTH**
   - May 20, 1934

7. **AGE**
   - Years: [Blank]
   - Months: [Blank]
   - Days: [Blank]
   - If LESS than 1 day, hrs. or ___ min.

8. **OCCUPATION**
   - Trade, profession, or particular kind of work done: [Blank]

9. **DATE deceased last worked at this occupation (month and year)**
   - [Blank]

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

11. **BIRTHPLACE**
    - Hebron, Md.

12. **NAME**
    - Otho Dashiell

13. **FATHER NAME**
    - [Blank]

14. **BIRTHPLACE**
    - Hebron, Md.

15. **MAIDEN NAME**
    - Maggie Brown

16. **MOTHER NAME**
    - [Blank]

17. **INFORMANT**
    - Otho Dashiell
    - Address: [Blank]

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Marcella
    - Date: May 22, 1934

19. **UNDERTAKER**
    - Otho Dashiell
    - Hebron

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

21. **DATE OF DEATH**
    - May 20, 1934
    - (Month) 20
    - (Day) 1934

22. **I HEREBY CERTIFY**
    - That I attended deceased from 19___ to 19___
    - I last saw deceased alive on 19___
    - Death is said to have occurred on the date stated above, at 9:30 am.
    - The principal cause of death and related causes of importance were as follows:
      - STILLBORN 5 mo.
      - Date of onset: [Blank]

23. **Other Contributory Causes of importance:**
    - [Blank]

24. **Name of operation:**
    - [Blank]
    - Date of: [Blank]
    - Was there an autopsy? [Blank]

25. **If death was due to external causes (VIOLANCE) fill in also the following:**
    - Accident, suicide, or homicide? [Blank]
    - 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: [Blank]
    - Nature of injury: [Blank]

26. **Was disease or injury in any way related to occupation of deceased?**
    - If so, specify
    - (Signed) Mrs. J.M. Wallace
    - (Address) Hebron, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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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 2</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>Attack of epilepsy: 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Run over by street car: 1 week ago</td>
</tr>
<tr>
<td></td>
<td>Peritonitis: 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | Date of onset: May 1, 1923 |
| Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Washington
   Village or City: Near Fort Meade
   No. R.D. St., 3 Ward
   Length of residence in city or town where death occurred: 5 yrs., 15 mos.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

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

   Systephen P. Dennis

   (b) Address: No. Salisbury Rd.
   St., 3 Ward.

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year): Feb. 22, 1869
   7. AGE: 65 Years, 3 Months, 8 Days

   8. TRADE, PROFESSION, OR PARTICULAR: Lumberman
   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): 10
   11. Total time (years) spent in this occupation: 20

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

   13. NAME: George H. Dennis
   14. BIRTHPLACE (city or town): Near Powellville
      (State or country): Maryland

   15. MAIDEN NAME: Laura M. Wilson
   16. BIRTHPLACE (city or town): Near Hango
      (State or country): Maryland

   17. INFORMANT: Mrs. Thrall, Elizabeth
      (Address): Salisbury Rd.

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Salisbury Cem., Date: June 1, 1934
      2 P.M.

      (Address): Baltimore

   20. FILED: June 2, 1934
      O. W. May Turner
      Registrar

   21. DATE OF DEATH
      (Month) May
      (Day) 20
      (Year) 1934

   22. I HEREBY CERTIFY that I attended deceased from to May 30, 1934.
      Last saw him alive on May 20, 1934; death is said 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:

      Official Registration
      Date: 1934
      Cause of death: 30/34

      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:
      Manner of injury:
      Nature of injury:

   24. Was disease or injury in any way related to occupation of deceased:
      If so, specify:
      (Signed) Charles N. Brown
      M. D.
      (Address): Salisbury Rd.
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 household, 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.
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10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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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>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</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 streetcar</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: Wicomico
Village or City: Salisbury, Md.
Registration Dist. No.: 333
No.: P.3, H141
St.: 18
Ward: 15

2. FULL NAME
(a) Residence: No.
(Marshal Springs, MD)
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
Aug. 2, 1890

7. AGE
Years: 43
Months: 8
Days: 18

8. TRADE, PROFESSION, OR OCCUPATION
Farmer

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

10. Date began to work at this occupation (month, day, and year)
May 1, 1939

11. TOAL TIME (years) SPENT IN THIS OCCUPATION
6 years

12. BIRTHPLACE (city or town)
(Marshal Springs, Maryland)

13. NAME
Thomas P. Green

14. BIRTHPLACE (city or town)
(Maryland)

15. MAIDEN NAME
Mary E. Finley

16. BIRTHPLACE (city or town)
(Maryland)

17. INFORMANT
(e)Address
Catherine Brown

18. BURIAL, CREMATION, OR REMOVAL
Place
Salisbury, Md.
Date
May 22, 1934

19. UNDERTAKER
(Logan's Undertakers, Salisbury, Md.)

20. FILED
May 22, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from
May 9, 1934, to May 20, 1934.
I last saw him alive on May 19, 1934, death is said

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

Date of onset
May 19, 1934

Other Contributory Causes of Importance:

Date of

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td></td>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<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: Washington
- Village or City: Salisbury
- Registration Dist. No.: 333
- No. Penn Sem Hospital: B
- Ward: 13
- Length of residence in city or town where death occurred: yrs. mos. ds. (If death occurred in a hospital or institution, give the NAME instead of street and number)
- Full Town

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

**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>Col.</td>
<td>Single</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5e. If married, widowed, or divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUSBAND of</td>
</tr>
<tr>
<td>(or) WIFE of</td>
</tr>
<tr>
<td>NOT MARRIED</td>
</tr>
</tbody>
</table>

**MEDICAL CERTIFICATE OF DEATH**

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 6</td>
</tr>
<tr>
<td>1934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. I HEREBY CERTIFY, That I attended deceased from</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 6, 1934 to May 6, 1934; death is said to have occurred on the date stated above at 4 P. M.</td>
</tr>
</tbody>
</table>

**The PRINCIPAL CAUSE OF DEATH**

- Still Born

**Other Contributory Causes of Importance:**

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

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

<table>
<thead>
<tr>
<th>What test confirmed diagnosis?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was there an autopsy?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23. If death was due to external causes (VIOLENCE) fill in also the following:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Accident, suicide, or homicide?</th>
<th>Date of injury</th>
<th>Where did injury occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Specify city or town, county and State)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Men of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24. Was disease or injury in any way related to occupation of deceased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

If more blanks are needed, address State Registrar, 2413 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:
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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>
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</tr>
<tr>
<td>Arteriosclerosis</td>
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</tr>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</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: Prince George's
   Village or City: Saltillo
   Registration Dist. No.: 333
   Ward: 120
   Length of residence in city or town where death occurred: 5 yrs.
   How long in U.S. if foreign born?: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 120 Prince George Rd., St. 13
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   COLOR OR RACE: White
   5a. If married, widowed, or divorced: HUSBAND OF
      Henry J. Bodkin

6. DATE OF BIRTH (month, day, end year)
   Sept. 20, 1876

7. AGE: 63 yrs. 8 mos. 6 ds.

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

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

10. Date deceased last worked at this occupation (month and year): May 25, 1934

11. Total time spent in this occupation:

12. BIRTHPLACE (city or town)
    (State or country): Montgomery, Md.

13. NAME: Willia A. Forrer

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

15. MAIDEN NAME: Griswold Byrden

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

17. INFORMANT (Address): Henry J. Bodkin

18. BURIAL, CREMATION, OR REMOVAL
    Place: Patuxent Ave.
    Date: May 28, 1934


20. FILED: May 28, 1934

21. DATE OF DEATH
    (Month) May 26
    (Day) 1934

22. I HEREBY CERTIFY, That I attended deceased from a last saw him alive on: 1934

   to have occurred on the date stated above, at 1:30 a.

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

   V.M. Anderson

   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

   Name of operation:
   What test confirmed diagnosis?: Date of:
   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: 1934
   Where did injury occur?: (Specify city or town, county and state)
   Specify whether injury occurred in industry, in home, or in public place:

   Manner of injury:
   Nature of injury:

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

   If so, specify

   (Signed)

   M.D.
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**Example I**

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

**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>
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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:**

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</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: Washington
   Village or City: Takoma, Md.
   Registration Dist. No. 337
   No. St. Ward

2. FULL NAME: Elmer F. Hearn
   (a) Residence: No., St., Ward.

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
6. DATE OF BIRTH: Aug. 18, 1872
7. AGE: 60 Years
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK: Farmer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: None
10. Date deceased last worked at this occupation: May 5, 1932
11. Total time spent in this occupation: 40 Years

12. BIRTHPLACE (city or town): Elora
13. NAME: Elmer F. Hearn
14. BIRTHPLACE (city or town): Elora
15. MAIDEN NAME: Alice J. Hearn
16. BIRTHPLACE (city or town): Elora
17. INFORMANT: M. F. Hearn
   (Address)
18. BURIAL, CREMATION, OR REMOVAL: May 20, 1934
   Place:
   Date:
   Time:
19. UNDERTAKER: (Address)
20. FILED: May 20, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May 10, 1934
22. I HEREBY CERTIFY: That I attended deceased from May 16, 1934, to May 18, 1934, alive on May 16, 1934; death occurred on the date stated above at 1 p.m.

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

23. ACCIDENT: None
24. NATURAL CAUSE: Heart Disease

Other Contributory Causes of Importance:

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

29. ACCIDENT: Suicide, murder, or homicide:
   Date of injury:
   Where did injury occur:
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE:

30. MANNER OF INJURY:
31. NATURE OF INJURY:

32. Disease or injury in any way related to occupation of deceased:

33. If so, specify:
   (Signed) D. Allen Smith
   M. D.

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

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.

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

**Example I**

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

**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, 1923 |
| Gastroenteritis | 1 year |

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

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

2. FULL NAME
   Jacob Gilling Jones
   Residence: Pittsville
   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
   Married

5a. If married, widowed, or divorced
   HUSBAND of
   (Usual place of abode)
   Name of husband or wife
   Town & Ellen Jones

6. DATE OF BIRTH (month, day, and year)
   Oct. 29, 1848

7. AGE (years, months, days)
   85 yrs., 6 mos., 4 days

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

9. Industry or business in which work was done
   Farm

10. Date deceased last worked at this occupation (month and year)
    1897, Nov. 15

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

12. BIRTHPLACE (city or town)
    State or country
    M. Powellville, Md.

13. NAME
    John T. Jones

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

15. MAIDEN NAME
    Nancy Brittingham

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

17. INFORMANT
    Mrs. Wm. Henry Brittingham
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Riverside, Md.
    Date: May 5, 1934

19. UNDERTAKER
    (Address)
    Wm. Bowden Steele
    Pittsville, Md.

20. FILED
    May 4, 1934
    Registrar
    Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    May 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1934, to May 3, 1934.

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

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

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<th>Example II</th>
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</thead>
<tbody>
<tr>
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<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 | Gastroenteritis | 1 year

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

1. **PLACE OF DEATH**
   - County: [McGregor]
   - Village or City: [St. George]
   - Hospital: [St. George Hospital]
   - Registration Dist. No.: [92a]
   - Registration Dist. No.: [12]
   - Ward: [333]

2. **FULL NAME**
   - (a) Residence: No. [Jefferson hammock, Viled St.]
   - (Unusual place of abode)

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - Colored

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

6. **DATE OF BIRTH**
   - (Month, day, and year): [1869]

7. **AGE**
   - Years: [11]
   - Months: [7]
   - Days: [1]

8. **OCCUPATION**
   - Industry or business in which work was done: [Sawmill, Bank, etc.]
   - Kind of work done: [Sawyer, Bookkeeper, etc.]

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - (Month and year): [1937]

10. **BIRTHPLACE**
    - (City or town): [Smyrna, C.}
    - (State or country): [Delaware]

11. **NAME**
    - [John Jones]

12. **BIRTHPLACE**
    - (City or town): [Maryland]
    - (State or country): [Maryland]

13. **MAIDEN NAME**
    - [Jefferson]

14. **BIRTHPLACE**
    - (City or town): [Maryland]
    - (State or country): [Maryland]

15. **INFORMANT**
    - Name: [P. C. Marion]
    - Address: [St. George, Viled St.]

16. **BURIAL, CREMATION, OR REMOVAL**
    - Place: [St. George, Viled St.]
    - Date: [May 28, 1937]
    - Undertaker: [P. C. Marion]

17. **DATE OF DEATH**
    - (Month): [May]
    - (Day): [27]
    - (Year): [1937]

18. **DEATH CERTIFICATE**
    - I HEREBY CERTIFY, That I attended deceased from [Jan. 31, 1937] to [May 27, 1937]; death is said to have occurred on the date stated above, at [A.M.]

19. **Cause of Death**
    - Pneumonia

20. **Filed**
    - Date: [May 27, 1937]

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

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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1920</td>
</tr>
<tr>
<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, 1925 | Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Wicomico
   Village or City: Salisbury
   Length of residence in city or town where death occurred: 70 yrs., mos., ds
   No. 122 Catherine St., 9 Ward

2. FULL NAME: Elizabeth Larkfield
   (a) Residence: No. 122 Salisbury, Wicomico, 122 St., 9 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>female</td>
<td>a. a.</td>
<td>Widow</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>about 20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
<th>8. TRADE, PROFESSION, OR PARTICULAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>V7</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spinner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 14, 1934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. TOTAL TIME SPENT IN THIS OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. BIRTHPLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snow Hill, Md.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elijah Larkfield</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. BIRTHPLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snow Hill, Md.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. MOTHER NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melinda Selby</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. BIRTHPLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snow Hill, Md.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. INFORMANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs. Mary Larson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place: Salisbury</td>
</tr>
<tr>
<td>Date: May 17, 1934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. UNDERTAKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>John W. Lewisfat</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. FILED</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 17, 1934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 14, 1934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. I HEREBY CERTIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>That I attended deceased from Oct. 1932 to May 14, 1934</td>
</tr>
</tbody>
</table>

The PRINCIPAL CAUSE OF DEATH was as follows:

<table>
<thead>
<tr>
<th>23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24. MANNER OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manner of injury</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25. PLACE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>26. SIGNATURE</th>
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<tr>
<td>A.D. Brown</td>
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<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>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</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>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Baltimore
   Registration Dist. No. 333
   Length of residence in city or town where death occurred: 30 yrs.

2. FULL NAME
   (a) Residence: No. 17 E. 5th St., 8th Ward.
   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
   HUSBAND or (or) WIFE of
   John S. Fayfull

6. DATE OF BIRTH
   (month, day, year)
   June 17, 1856

7. AGE
   Years: 77
   Months: 11
   Days: 10
   If less than 1 day, . hrs. or . min.

8. TRADE, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Home Work

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

10. Date deceased was worked at this occupation (month, day, year)
    Nov. 12-39

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

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

13. NAME
    William Brown

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

15. MAIDEN NAME
    Adela B. Saffold

17. INFORMANT
    (Address)
    Mary Saffold

18. BURIAL, CREMATION, OR REMOVAL
    Place: Baltimore
    Date: May 29, 1934

19. UNDERTAKER
    (Address)
    Saffold Bros.

20. FILED
    (Address)
    May 29, 1934

21. DATE OF DEATH
    (Month) (Day) (Year)
    May 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    May 20, 1934, to May 27, 1934, and that death is said
    to have occurred on the date stated above, et cetera.

23. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Date of onset
    1934

24. Other Contributory Causes of importance:
    Date of onset
    1933

V.S. No. 1

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.
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11.—The number of years the deceased followed 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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<td>Date of onset: 1915</td>
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<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>
</tbody>
</table>

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>Date of onset: May 1, 1925</th>
</tr>
</thead>
</table>

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th>Gastroenteritis</th>
<th>Date of onset: 1 year</th>
</tr>
</thead>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   Residence No.  
   (Usual place of abode)  
   Ward.

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)... October 1878  
7. AGE... 56  
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, 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... Benjamin Haddix  
14. BIRTHPLACE (city or town)...  
   State or country...  
15. MAIDEN NAME... Elizabeth Haddix  
16. BIRTHPLACE (city or town)...  
   State or country...  
17. INFORMANT (Address)...  
18. BURIAL, CREMATION, OR REMOVAL... Fairmount.  
   Place...  
   Date... May 21, 1939  
19. UNDERTAKER...  
20. FILED... May 19, 1934  

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH...  6-19-34  
22. I HEREBY CERTIFY. That I attended deceased from May 16, 1934 to May 19, 1934 I last saw him alive on  
   The principal cause of death and related causes of importance were as follows:  
   Other Contributory Causes of importance:  
   Name of operation...  
   What test confirmed diagnosis...  
   Date of...  
   Accident, suicide, or homicide...  
   Date of Injury...  
   Where did injury occur...  
   Manner of Injury...  
   Nature of Injury...  
   If so, specify...  
   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.

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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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<table>
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<th>Cause of Death</th>
<th>Date of Onset</th>
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<td>1921</td>
</tr>
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</tr>
</tbody>
</table>

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

Other contributory causes of importance:

Gallstones                              | May 1, 1923    |

Gastroenteritis                         | 1 year        |
STATE OF MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Worcester
City or Town: Salisbury, Md.
Length of residence in city or town where death occurred: 3 yrs. 6 mos. ds.

2. FULL NAME
(a) Residence: No. 526 S. Hill St., 7 Ward
(b) Usual place of abode: No. 526 S. Hill St., 7 Ward

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5a. If married, widowed, or divorced: Husband of
5b. Date of marriage: Jan. 19, 1887
5c. Date of death of spouse: Jan. 22, 1934
6. DATE OF BIRTH (month, day, and year): May 22, 1887
7. AGE: 13 yrs.
8. Trade, profession, or occupation: Instructor of School
9. Industry or business in which work was done: None
10. Date deceased was last employed: Jan. 19, 1934
11. Total time (in years) spent in this occupation: 13 yrs.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: May 22, 1934

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

Name of operation: None
What was your confirmed diagnosis? Pneumonia
Was there an autopsy: No

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide: None
Date of injury: Jan. 22, 1934
Where did injury occur: Salisbury
Specify whether injury occurred in Industry, in home, or in Public Place: No

Manner of injury: None, natural death
Nature of Injury: None

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

Date of death: May 22, 1934
Register: M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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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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>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
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</table>

**Other contributory causes of importance:**

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

**Example II**

**Additional space for further statements by physician**
1. PLACE OF DEATH
County: Wicomico
Village or City: near Parsonsburg, St.
3. SEX
Male
4. COLOR OR RACE
White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married
5a. If married, widowed, or divorced
HUSBAND of Mary Virginia Nace.
6. DATE OF BIRTH (month, day, and year)
Nov 05 1860
7. AGE
Years: 74
Months: 5
Days: 21
21. DATE OF DEATH
May 6 1934
22. I HEREBY CERTIFY that I attended deceased from Aug 1, 1933 to Aug 1, 1934, death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:
Cancer of the Lung, 1933.
Other Contributory Causes of importance:
13. NAME
Allen Nace.
14. BIRTHPLACE (city or town)
near Salisbury, Va.
15. MAIDEN NAME
Mary E. Nace.
16. BIRTHPLACE (city or town)
near Salisbury, Va.
17. INFORMANT
Sidney W. Nace
18. BURIAL, CREMATION, OR REMOVAL
Place: Parsonsburg
Date: May 6, 1934
Manner of injury
Nature of injury
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1934.
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. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>1021</td>
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<td>July5,1927</td>
</tr>
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</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

| Gallstones | May1,1923 |
| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Nicome
   Village or City: Quantico
   Length of residence in city or town where death occurred: 3 yrs. 3 mos. ds.
   Registration Dist. No.: 331

2. FULL NAME
   (a) Residence: Quantico, Md.
   St., Ward: P.D. #1
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLY, MARRIED, WIDOWED, OR DIVORCED (please choose the word)
   WIDOWED

6. DATE OF BIRTH (month, day, and year)
   Feb. 9, 1854

7. AGE
   Years: 80
   Months: 3
   Days: 19
   If LESS than 1 day, hrs. or min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Farm Laborer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   None

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
    1919

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
    Jean Sabin
    State or Country:

13. NAME
    William A. Fitzgerald

14. BIRTHPLACE (CITY OR TOWN)
    State or Country:

15. MAIDEN NAME
    Mina Sabin

16. BIRTHPLACE (CITY OR TOWN)
    State or Country:

17. INFORMANT
    Informant: Austin C. M., P.O. #1

18. BURIAL, CREMATION, OR REMOVAL
    Place: Nicome, Md.
    Date: Aug. 30, 1939

19. UNDERTAKER
    Undertaker: Hamlet C. M., Maryland

20. FILED
    Date: August 30, 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month): May
    (Day): 28
    (Year): 1934

I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1934 to May 28, 1934; 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:

CHRONIC MYOCARDIAL DISEASE

Date of onset: 1915

Other Contributory Causes of Importance:

Cystic Pylex

Date: 1929

Name of operation:

What test confirmed diagnosis:

Was there an autopsy:

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

(Signet):

(Address):

M. D.

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

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</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1933</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1933</td>
</tr>
</tbody>
</table>

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

**1. PLACE OF DEATH**
- County: Pocomoke
- Village or City: Salisbury
- Registration Dist. No.: 333
- Ward: 12

**2. FULL NAME**
- Male
- Date of Birth: May 17, 1934
- Date of Death: May 17, 1934
- Occupation: 

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

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH**
- Month: May
- Day: 17
- Year: 1934

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

I last saw the deceased alive on 19 to 19; death is said to have occurred on the date stated above.

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

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:**

<table>
<thead>
<tr>
<th>Name of operation</th>
<th>Date of operation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Nature of injury</th>
<th>Date of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

If so, specify

(Signed) M.D. Salisbury MD

Registrar

May 19, 1934
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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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: Montgomery
   Village or City: Salisbury, Md.
   No., B.S. Hospital: St. 13
   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
   a) Residence: No. 2073 Salisbury Rd., Salisbury, Md.
      usual place of abode: St., 5 Ward.
      If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: Male
   4. COLOR OF RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
   6. DATE OF BIRTH (month, day, and year): Oct. 8, 1907
   7. AGE (years, months, and days): 26 7 13
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Laborer
   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Saw mill
   10. DATE DECEASED AND WORKED AT THIS OCCUPATION: Feb. 21, 1934
   11. TOTAL TIME (YEARS AND MONTHS) SPENT IN THIS OCCUPATION: 26 7 13
   12. BIRTHPLACE (CITY OR TOWN): No. 2073 Salisbury, Md.
      (State or Country): Salisbury, Md.
   13. NAME: James M. Payton
   14. BIRTHPLACE (CITY OR TOWN): No. 2073 Salisbury, Md.
      (State or Country): Salisbury, Md.
   15. MAIDEN NAME: Delia Ridgway
   16. BIRTHPLACE (CITY OR TOWN): No. 2073 Salisbury, Md.
      (State or Country): Salisbury, Md.
   17. INFORMANT (ADDRESS): Mrs. Delia Payne
   18. BURIAL, CREMATION, OR REMOVAL: Salisbury, Md.
      (Address): Salisbury, Md.
   19. UNDERTAKER: William T. Miller
      (Address): Salisbury, Md.
   20. FILED: May 23, 1934
      Registrar: M. D.

21. DATE OF DEATH
   Date: May 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    May 21, 1934, to May 21, 1934;
    I last saw him/ her alive on May 21, 1934; death is said to have occurred on the data stated above, at 9:30 a.m.
    The principal cause of death and related causes of importance were as follows:
    Cause of death: Tuberculosis of the brain
    Contributory cause: Pulmonary tuberculosis

23. If death was due to external causes (violence) fill in also the following:
    Accident, suicide, or homicide? Accident
    Date of injury: May 21, 1934
    Where did injury occur? At home
    Specify whether injury occurred in industry, in home, or in public place.
    Manner of Injury: Other
    Nature of Injury: Other

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

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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.
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1916</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></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 |
STATE OF MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: 
Village or City: Salisbury 2nd.
Length of residence in city or town where death occurred: 35 yrs. mos.

2. FULL NAME
Sarah Ellen Parson
(a) Residence: No. 310 Vermont St., Salisbury 2nd.
(Usual place of abode)

3. SEX
Female

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (as of the last date of the year)
Widow

6. DATE OF BIRTH (month, day, and year)
Nov. 8, 1856

7. AGE
79 yrs. 6 mos. 18 days

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

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

10. Date deceased last worked at this occupation: Nov. 9, 1934

11. Total time (years) spent in this occupation: 18 yrs.

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

13. NAME
John Adams

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

15. MAIDEN NAME
Elizabeth Williams

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

17. INFORMANT
Lena a. Parson, 4710 Vermont St., Salisbury

18. BURIAL, CREMATION, OR REMOVAL
Place: Home. Date: May 28, 1934

19. UNDERTAKER
Hollingsworth Panelly

20. FILED
May 28, 1934

21. DATE OF DEATH
May 26, 1934

22. I HEREBY CERTIFY
I have attended deceased from May 19, 1934, to May 25, 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 were as follows:
Chronic nephritis

Other Contributory Causes of Importance:

Name of operation.

Date 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.

Manner of injury.

Nature of injury.

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

(Signed)

M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting 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.

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</thead>
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<tr>
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<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
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</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, 1925 |

Example II

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: Wyoming, MD
   Village or City: Powellville
   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: Infant Purnell
   (a) Residence: No. (Usual place of abode)
   St., Ward.

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, year): May 27, 1934

7. AGE:
   Years: Stillborn
   Months: Days:

8. Trade, profession, or particular kind of work done: None
9. Industry or business in which work was done: None
10. Date deceased last worked at this occupation (month and year): 
11. Total time (years) spent in this occupation:

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

13. NAME: Roscoe Purnell
14. BIRTHPLACE (city or town): Powellville
    (State or country)

15. MAIDEN NAME: Flora Turpin
16. BIRTHPLACE (city or town): Ocean City, Md.
    (State or country)

17. INFORMANT
    (Address): Roscoe Purnell
18. BURIAL, CREMATION, OR REMOVAL
    Place: Powellville
    Date: May 27, 1934

19. UNDERTAKER: Howard J. Jones
    (Address)

20. FILED: May 27, 1934
    Signed: C. H. Holland
    (Address)

If more blanks are needed, address State Registrar, 2424 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<td><strong>Attack of epilepsy</strong></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><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 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: Wednesd
- Village or City: Rockawalking
- Registration Dist. No.: 221
- 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:** Matzie W. Robertson
(a) Residence: No. Rockawalking
(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 (write this word)</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>
</tbody>
</table>
- HUSBAND of (or) WIFE of: Carlston Robertson |

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
<th>7. AGE</th>
<th>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 17, 1887</td>
<td>52</td>
<td>House Work</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></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)</th>
<th>11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (CITY OR TOWN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rockawalking</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
<th>14. BIRTHPLACE (CITY OR TOWN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charley Hughy</td>
<td>Glen Hill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. MAIDEN NAME</th>
<th>16. BIRTHPLACE (CITY OR TOWN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Fletcher</td>
<td>Quantico</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. INFORMANT (ADDRESS)</th>
<th>18. BURYAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carlston Robertson</td>
<td>Burial at St. Mary's</td>
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</tbody>
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<table>
<thead>
<tr>
<th>19. UNDERTAKER (ADDRESS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs. M. Wallace</td>
</tr>
</tbody>
</table>

**21. DATE OF DEATH**
- (Month) | (Day) | (Year) |
- May 10, 1934 |

**22. I HEREBY CERTIFY,** That I attended deceased from Oct. 10, 1934, to May 10, 1934. I last saw her alive on May 10, 1934; death is said to have occurred on the date stated above, at 4:00 PM.

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

- Date of injury: 1934
- 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:

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</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>Date of onset: 1921</td>
<td></td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | Gastroenteritis |
| May 1, 1923 | Date of onset: 1 year |

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

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred.

2. FULL NAME

(a) Residence:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

6a. If married, widowed, or divorced

HUSBAND OF

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

8. AGE

Years

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

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

11. Total time of occupation at this occupation (month and year)

12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMATION (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

20. FILED

DATE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

MAY 17th

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?

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

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

If so, specify

(Signed)

Date

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
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<tr>
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<tr>
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<tr>
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<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: Baltimore
   Village or City: Baltimore, MD
   Length of residence in city or town where death occurred: 11 yrs, 11 mos, 25 ds
   Registration Dist. No.: 333
   St., 5 Ward: 4

2. FULL NAME
   Sarah Ellen Burton Rinehart
   Residence: No. 420, Baltimore, MD
   Ward: 5

   PERSONAL AND STATISTICAL PARTICULARS
   SEX: Female
   COLOR OR RACE: White
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND OR WIFE OF: Harry A. Rinehart
   DATE OF BIRTH: May 3, 1910
   AGE: 22 yrs, 11 mos, 16 ds
   OCCUPATION: Home Work
   TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: House Work
   INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: None
   DATE DECEASED LAST WORKED AT THIS OCCUPATION: May 30, 1933
   TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 3 years

3. MEDICAL CERTIFICATE OF DEATH
   DATE OF DEATH: May 16, 1934
   I HEREBY CERTIFY: That I attended deceased from May 16, 1934, to May 16, 1934. He died on May 16, 1934. Death is said to have occurred on the date stated above, et al.
   PRINCIPAL CAUSE OF DEATH: Pulmonary Tuberculosis
   OTHER CONTRIBUTORY CAUSE OF DEATH: None

4. BIRTHPLACE (city or town) (State or country): Baltimore, MD
   FATHER: John A. Burton
   MOTHER: Annie B. Bennett
   MAIDEN NAME: Annie B. Bennett
   INFORMANT: Harry A. Rinehart
   BURIAL, CREMATION, OR REMOVAL: Interred in Church Acre & Date: May 18, 1934
   UNDERTAKER: Hollins & Co.
   FILED: May 18, 1934

If more blanks are needed, address State Registrar, 2422 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.
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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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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:

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<td>July 5, 1927</td>
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<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Calicomco
   Village or City: near Findeila
   Length of residence in city or town where death occurred: 58 yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Registration Dist. No. 330

2. FULL NAME: Laura A. Shockley
   (a) Residence: No. ________________________________
   (Usual place of abode) ________________________________
   St., Ward. ________________________________
   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: Widow
   (If married, widowed, or divorced, give the NAME of HUSBAND or WIFE)
   HUSBAND or WIFE of: J. Jackson Shockley
   6. DATE OF BIRTH: Sept. 9, 1953
   7. AGE: 80 yrs. 8 mos. 21 days
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: House work
   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: ________________________________

   OCCUPATION: House work

   12. BIRTHPLACE (CITY OR TOWN): Md.
      (STATE OR COUNTRY) ________________________________
   13. NAME: Columbus C. Bradley
   14. BIRTHPLACE (CITY OR TOWN): Md.
      (STATE OR COUNTRY) ________________________________
   15. MAIDEN NAME: Carlina Godard
   16. BIRTHPLACE (CITY OR TOWN): Md.
      (STATE OR COUNTRY) ________________________________
   17. INFORMANT: Florence Bacon
      (Address) Findeila, Md.
   18. BURIAL, CREMATION, OR REMOVAL: at home
      Place: ________________________________
      Date: ________________________________
   19. UNDERTAKER: M. D. Gravenor & Bro
      (Address) Sharptown, Md.
   20. FILED: May 31, 1954
      (Signed) ________________________________
      Registrar

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: May 27, 1954
      (MONTH) (DAY) (YEAR)
   22. I HEREBY CERTIFY: That I attended deceased from May 1, 1954, to May 27, 1954; 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:
   Cerebral Thrombosis
   ________________________________
   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.
   Manner of injury ________________________________
   Nature of injury ________________________________

   24. Was disease or injury in any way related to occupation of deceased?
   IF SO, SPECIFY ________________________________
   (SIGN) ________________________________
   (ADDRESS) ________________________________

   If more blanks are needed, address State Registrar, 2410 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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**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Wicomico
Village or City: Salisbury, Md.
Length of residence in city or town where death occurred: 40 yrs., 6 mos. at Salisbury, Md.

2. FULL NAME

(a) Residence: No. 1211 E. Railroad Ave., S. Ward, Salisbury, Md.
(Unclear 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 or wife of

John H. Smith

6. DATE OF BIRTH

March 22, 1864

7. AGE

70 yrs., 10 mos.

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

Janitor

9. OCCUPATION


10. PLACE OF DEATH

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Baltimore

13. NAME

Baltimore, Md.

14. BIRTHPLACE (city or town)

Baltimore, Md.

15. MAIDEN NAME

Baltimore, Md.

16. BIRTHPLACE (city or town)

Baltimore, Md.

17. INFORMANT

Informant: John H. Smith

18. BURIAL, CREMATION, OR REMOVAL

Place: Salisbury, Md.

19. UNDERTAKER

Hollingsworth & Co., Salisbury, Md.

20. FILED

May 4, 1934

REGISTRATION DIST. NO. 333

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

Other Contributory Causes of Importance:

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.

Manner of injury

Nature of injury

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

If so, specify

(Signed)

M.D.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<th>Other contributory causes of importance:</th>
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<td>Gallstones</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Wicomico Co.
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   Personal and Statistical Particulars

3. SEX
   Female

4. COLOR OR RACE
   Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED

6. DATE OF BIRTH (month, day, end year)
   May 14, 1931

7. AGE
   Years: 55
   Months: 10
   Days: 3

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

9. Industry or business in which work was done, as Silk Mill, Saw Mill, Bank, etc.
   Agriculture

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

11. Total time (years) spent in this occupation
    55

12. BIRTHPLACE (city or town)
    (State or country)
    Salisbury, Wic.

13. NAME
    James D. Savage

14. BIRTHPLACE (city or town)
    (State or country)
    Painter, Wic.

15. MAIDEN NAME
    Virginia M. Savage

16. BIRTHPLACE (city or town)
    (State or country)
    Salisbury, Wic.

17. INFORMANT
    Emma Thomas

18. BURIAL, CREMATION, OR REMOVAL
    Place: Allen Park
    Date: May 15, 1934

19. UNDERTAKER
    Essamor Talbott

20. FILED
    May 19, 1934

21. DATE OF DEATH
    May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1919 to 1919.
    Date of death stated above, at 5:15 a.m.
    Death is said to have occurred on the date stated above.
    The principal cause of death and related causes of importance were as follows:
    (Signature)

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis?

Date of...

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?
    Location of injury in industry, in home, or in public place.

Manner of injury:

Nature of injury:

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Other contributory causes of importance:

| Gallstones | May 1, 1923 | Gastric ulceritis | 1 year |

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

1. PLACE OF DEATH
   County: Washington, St.
   Village or City: Washington, Md.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Infanta Limmma
   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)
   May 11, 1934

7. AGE
   Years: 2
   Months: 0
   Days: 0

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   (State or country)
   Washington, St.

13. NAME
   Walters Limmma

14. BIRTHPLACE (city or town)
   (State or country)
   Washington, St.

15. MAIDEN NAME
   Harry Limmma

16. BIRTHPLACE (city or town)
   (State or country)
   Washington, St.

17. INFORMANT
   Name
   Address

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Date

19. UNDERTAKER
   Name
   Address

20. FILED
   Date

21. DATE OF DEATH
   May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from
   May 11, 1934, to May 11, 1934
   to have occurred on the date stated above, at 7 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Asphyxiation (Month and year)

Other Contributory Causes of importance:

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 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, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset: 1915</td>
</tr>
<tr>
<td>Chronie 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>
<tr>
<td></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: Washington
- Village or City: Salisbury
- Registration Dist. No.: 999
- If death occurred in a hospital or institution, give its NAME instead of street and number
- Length of residence in city or town where death occurred: yrs. mos. ds.
- How long in U.S. if of foreign birth: yrs. mos. ds.

## 2. FULL NAME
- (a) Residence: No. Ward
- (Unusual place of abode:)

## PERSONAL AND STATISTICAL PARTICULARS

### 3. SEX
- Male

### 4. COLOR OR RACE
- White

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

### 6. DATE OF BIRTH
- May 27, 1934

### 7. AGE
- Years: 0
- Months: 0
- Days: 0

### 8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
- [Blank]

### 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
- [Blank]

### 10. Date deceased last worked at this occupation (month and year)
- [Blank]

### 11. Total time (years) spent in this occupation
- [Blank]

### 12. BIRTHPLACE (city or town)
- [Blank]

### 13. NAME
- Charlotte Beatrice Tingler

### 14. BIRTHPLACE (city or town)
- [Blank]

### 15. MAIDEN NAME
- Mrs. James Merrifield

### 16. BIRTHPLACE (city or town)
- [Blank]

### 17. INFORMANT
- Elmer B. Tingler
- Main St., Salisbury

### 18. BURIAL, CREMATION, OR REMOVAL
- Place: [Blank]
- Person to Meet: [Blank]
- Date: May 29, 1934

### 19. UNDERTAKER
- Charlotte Tingler
- [Blank]

### 20. FILED
- May 29, 1934
- Registrar

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH
- Month: May
- Day: 27
- Year: 1934

### 22. I HEREBY CERTIFY, That I attended deceased from
- May 27, 1934
- I last saw her alive on May 27, 1934
- Death is said to have occurred on the date stated above, at 3:00 pm.

The PRINCIPAL CAUSE OF DEATH was as follows:
- [Blank]

Other Contributory Causes of Importance:
- [Blank]

Name of operation:
- [Blank]

What test confirmed diagnosis:
- [Blank]

Was there an autopsy:
- [Blank]

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 city or town, county and State
- Manner of Injury:
- Nature of Injury:
- If so, specify
  - (Signed)
  - Address
  - 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 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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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, 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:

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<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: [Cecil County]
   - Village or City: [Chambersburg]
   - Registration Dist. No.: [3,333]
   - (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: [25 yrs. mos. ds.]
   - How long in U.S. If of foreign birth? [yrs. mos. ds.]

2. **FULL NAME**
   - John R. Donnelly
   - Residence: No. 1213 E. Isabella St., Ward. [5]

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **IF MARRIED, Widowed, or Divorced**
   - HUSBAND OF [Kathryn M. Donnelly]

7. **DATE OF BIRTH**
   - June 26, 1866

8. **AGE**
   - 67 Years
   - 10 Months
   - 5 Days

9. **OCCUPATION**
   - Manufacturer

10. **DATE DECEASED**
    - June 26, 1934

11. **PLACE OF DEATH**
    - Near Lassel, Delaware

12. **BIRTHPLACE**
    - Near Lassel, Delaware

13. **NAME**
    - John R. Donnelly

14. **BIRTHPLACE**
    - Near Lassel, Delaware

15. **MAIDEN NAME**
    - Letitia Cannon

16. **DATE OF BIRTH**
    - June 26, 1866

17. **INFORMANT**
    - Mrs. Kathryn M. Donnelly
    - Address: 213 E. Isabella St., Salisbury

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: [Salisbury, Md.]
    - Date: May 7, 1934

19. **UNOBTAINED**
    - [Blank]

20. **FILED**
    - May 7, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - May 7, 1934

22. **I HEREBY CERTIFY**
    - That I attended deceased from April 26, 1934, to May 7, 1934
    - I last saw h. alive on May 7, 1934; death is said to have occurred on the date stated above, at 6:30 a.m.
    - The principal cause of death and related causes of importance are as follows:
      - Acute nephritis.
      - Nephritis.

23. **OTHER CONTRIBUTARY CAUSES OF DEATH**
    - Prostatic enlargement.

24. **NAME OF OPERATION**
    - [Blank]

25. **DATE OF OPERATION**
    - [Blank]

26. **WHAT TEST CONFIRMED DIAGNOSIS**
    - [Blank]

27. **WAS THERE A POSTMORTEM EXAMINATION?**
    - No

28. **MANNER OF DEATH**
    - Natural death

29. **NATURE OF INJURY**
    - [Blank]

30. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - [Blank]

31. **SIGNED**
    - [Signature]

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

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

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9.—The industry or business in which the work was done.
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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:

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<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>Date of onset: July 5, 1927</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</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: 1 year</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: [Name]
   Village or City: [Name]
   Registration Dist. No.: [Name]
   Ward: [Name]

2. FULL NAME
   (a) Residence: No. [Name] #1

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year) Feb. 11, 1859
7. AGE Years: 65, Months: 3, Days: 15

8. OCCUPATION [Name]
   at home

9. DATE DECEASED (month and year) May 26, 1859

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) MARYLAND

13. NAME [Name]
14. BIRTHPLACE (city or town) [Name]
15. MAIDEN NAME [Name]
16. BIRTHPLACE (city or town) [Name]

17. INFORMANT [Name]
18. BURIAL, CREMATION, OR REMOVAL
   Place: [Name]
   Date: May 27, 1859

19. UNDERTAKER [Name]
20. FILED May 27, 1859

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) May, (Day) 26, (Year) 1859

22. I HEREBY CERTIFY, That I attended deceased from
   (Month) May 26, (Year) 1859 to (Month) May 26, (Year) 1859

   I last saw h. alive on (Month) May 26, (Year) 1859

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

   [Signature]

   Other Contributory Cause of importance:

   [Signature]

   Name of operation
   Date

   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.

   Manner of injury
   Nature of injury

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

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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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**

<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:

| Date of onset |
| 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: Unnamed. No registration dist. no.: 337.
   Village or City: White Haven. St.: Ward.
   Length of residence in city or town where death occurred: 12 yrs., 8 mos., 8 ds.

2. FULL NAME
   (a) Residence: No. White Haven. St.: Ward.
   Full Name: John Andrew Wainwright. (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
   Alice P. Wainwright

6. DATE OF BIRTH (month, day, and year)
   June 29, 1849

7. AGE
   Years: 85
   Months: 11
   Days: 23

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.
   White Haven

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

11. Total time (years) spent in this occupation: 38

12. BIRTHPLACE (city or town)
   (State or country)
   Birthplace: White Haven

13. NAME
   Full Name: John Wainwright

14. BIRTHPLACE (city or town)
   (State or country)
   Birthplace: White Haven

15. MAIDEN NAME
   Full Name: Alice P. Wainwright

16. BIRTHPLACE (city or town)
   (State or country)
   Birthplace: White Haven

17. INFORMANT
   Name: Stephen Snell
   Address: White Haven

18. BURIAL, CREMATION, OR REMOVAL
   Place: Disposal by. Oath: May 26, 1934

19. UNDERTAKER
   Name: G. W. Woodard & Wale
   Address: White Haven

20. FILED
   Date: May 26, 1934
   Registrar: Woodard Wale

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) May 24
   (Day) 1934
   (Year)

22. HEREBY CERTIFY, That I attended deceased from
   Date of attendance: 1934
   to Date of death: 1934

   I last saw him alive on
   Date: May 8, 1934

   He died at
   Time: 11:10

   The principal cause of death and related causes of importance were as follows:
   Chronic nephritis, 1930

   Other Contributory Causes of importance:

   Name of operation.
   Date of operation.

   Disease caused by 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.

   Manner of injury.
   Nature of injury.

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

IF MORE BLANKS ARE NEEDED ADDRESS STATE REGISTRAR, 2411 N. CHARLES STREET, BALTIMORE, REQUESTING "U.S. NO. 2."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</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: Baltimore
   - Village or City: Baltimore, Md.
   - Length of residence in city or town where death occurred: yrs. 60 mos. 0 days
   - Ward: 13
   - How long in U.S.: yrs. 0 mos. 0 days
   - If death occurred in a hospital or institution, give its NAME instead of street and number: No. 10 St., 13th Ward, Baltimore, Md.

2. **FULL NAME**
   - (a) Residence: No. 10 St., 13th Ward, Baltimore, Md.
   - (Usual place of abode): Annie P. Wallace

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **If married, widowed, or divorced**
   - HUSBAND OF: Annie P. Wallace

7. **DATE OF BIRTH**
   - Month: May
   - Day: 5
   - Year: 1866

8. **AGE**
   - Years: 60
   - Months: 0
   - Days: 0

9. **OCCUPATION**
   - Sailor

10. **DATE OF DEATH**
    - Month: May
    - Day: 15
    - Year: 1934

11. **PLACE OF DEATH**
    - Baltimore, Md.

12. **BIRTHPLACE**
    - City or town: Baltimore
    - State or country: Maryland

13. **NAME**
    - Richard Wallace

14. **BIRTHPLACE**
    - City or town: Baltimore
    - State or country: Maryland

15. **MAIDEN NAME**
    - Lydia Wallace

16. **MOTHER'S NAME**
    - Emily Wallace

17. **INFORMANT**
    - Name: Mrs. Mary Wallace
    - Address: 10 St., Baltimore, Md.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Emerson Ave.
    - Date: May 17, 1934

19. **UNDEUTER**
    - Holzer & Co.

20. **FILED**
    - Date: May 17, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Month: May
    - Day: 15
    - Year: 1934

22. **CAUSE OF DEATH**
    - Disease

23. **OTHER CONTRIBUTORY CAUSES**
    - Heart failure

24. **CONDITION**
    - Disease or injury in any way related to occupation of deceased:
    - Yes

**SIGNATURES**

- Witness:
- Physician:

**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.
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Distinguish carefully the different kinds of workers 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: Wicomico
   Village or City: Salisbury
   Registration Dist. No. 333
   Ward: 137
   Length of residence: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 57, Princess Anne St., Salisbury
   (b) Ward:
   (c) If nonresident give city or town and State:
   (d) Residence: No. 57, Princess Anne St., Salisbury
   (e) Ward:

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

   6. DATE OF BIRTH (month, day, and year):
   7. AGE: 73 Years, 0 Months, 0 Days

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Occupation: 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): August 19, 1934

   11. Total time (years) spent in this occupation: 1934

   12. BIRTHPLACE (city or town): Princess Anne
   (State or country): Somerset Co., Md.

   13. NAME: Joseph Waters

   14. BIRTHPLACE (city or town): Princess Anne
   (State or country): Somerset Co., Md.

   15. MAIDEN NAME: Hannah Parkhill

   16. BIRTHPLACE (city or town): Princess Anne
   (State or country): Somerset Co., Md.

   17. INFORMANT: No. 57, Princess Anne St., Salisbury
   (Address): Princess Anne, Md.

   18. BURIAL, CREMATION, OR REMOVAL:
   Place of burial: Princess Anne
   Date: May 28, 1934

   19. UNDERTAKER: No. 57, Princess Anne St., Salisbury
   (Address): Princess Anne, Md.

   20. FILED: May 28, 1934
   (Address): Salisbury, Md.
   (Signed): ____________________
   (Address): ____________________
   M. D. ____________________

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH:
   (Month) 5
   (Day) 28
   (Year) 1934

   I HEREBY CERTIFY, That I attended deceased from May 6, 1934, to May 28, 1934, and last saw him alive on May 28, 1934, and he died on May 28, 1934, at 5:30 a.m.

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

   Cause: Pneumonia
   Date of onset: 1934

   Other contributory causes of importance:
   Asthma

   Name of operation: Transplantation of test
   Date of operation: 7/23/34

   What test confirmed diagnosis? Transplantation of test
   Was there an autopsy?: Yes

   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?: Date of injury: 1934

   Where did injury occur? (Specify city or town, county, and State): Somerset Co., Md.
   Specify whether injury occurred in industry, in home, or in public place:

   Manner of injury:
   Nature of injury:

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

   If so, specify:
   (Signed): ____________________
   (Address): Salisbury, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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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.

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</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>May 1, 1933</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td></td>
</tr>
</tbody>
</table>

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<th>Other contributory causes of importance:</th>
<th>1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td></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: Baltimore, MD
   Village or City: Baltimore, MD
   No. Medical Institution: P.S. Hospital, St., 13, Ward.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if foreign birth: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 1204 Prince George St., Ward. Somercrest County?
   (a) Residence: No. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   4. COLOR OF RACE
   White
   5. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with this word)
   Married
   5a. If married, widowed, or divorced
   Husband of
   Bevin Grau

6. DATE OF BIRTH (month, day, and year)
   July 23, 1875

7. AGE
   Years: 58
   Months: 9
   Days: 27
   If less than 1 day, hrs., or min.

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

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

10. Date deceased was born at this occupation (month end year)
    May 1, 1934

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

12. BIRTHPLACE (city or town)
    Steubenville, Ohio
    (State or country) Pennsylvania

13. NAME
    William E. Grau

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

15. MAIDEN NAME
    Meller Grau

16. BIRTHPLACE (city or town)
    (State or country) Steubenville, Ohio

17. INFORMANT
    Address: 214 Clinton Ave.
    Name: Miss. Hope Grau

18. BURIAL, CREMATION, OR REMOVAL
    Place: Reva, Hill MD
    Date: May 22, 1934

19. UNDERTAKER
    Address: 804 Main St.
    Name: M. J. Maudy

20. FILED
    May 22, 1934

21. DATE OF DEATH
    May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    May 11, 1934, to May 20, 1934
    I last saw him alive on May 20, 1934; death is said
    to have occurred on the date stated above.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Acute appendicitis

23. Other Contributory Cause of importance
    Pneumonia

24. Name of operation... Appendectomy
    Date: May 11, 1934
    What test confirmed diagnosis...
    operation...
    Where was there an autopsy...

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

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

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<thead>
<tr>
<th>1. PLACE OF DEATH</th>
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<tbody>
<tr>
<td>County: Tyaskin</td>
</tr>
<tr>
<td>Village or City: Tyaskin</td>
</tr>
<tr>
<td>Registration Dist. No.: 337</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. FULL NAME:</th>
<th>Earrest C. Willing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence: Tyaskin</td>
<td></td>
</tr>
<tr>
<td>St., Ward:</td>
<td></td>
</tr>
</tbody>
</table>

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX: | Male |
| 4. COLOR OR RACE: | White |

| 5a. If married, widowed, or divorced: |
| (Husband of) Wife of: Mary E. Willing |

| 6. DATE OF BIRTH (month, day, and year): | March 16, 1875 |
| 7. AGE | 64 Years, 2 Months, 0 Days |

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

| 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): | May 16, 1934 |
| 11. Total time (years) spent in this occupation: | 40 Years |

| 12. BIRTHPLACE (city or town): Tyaskin |
| (State or country) |

| 13. NAME: | Earrest C. Willing |
| 14. BIRTHPLACE (city or town): Tyaskin |
| (State or country) |

| 15. MAIDEN NAME: | Elizabeth Willing |
| 16. BIRTHPLACE (city or town): Tyaskin |
| (State or country) |

| 17. INFORMANT: | Howard Willing |
| (Address) |

| 18. BURIAL, CREMATION, OR REMOVAL: |
| Place: Tyaskin, Md. |
| Date: May 18, 1934 |

| 19. UNDERTAKER: | M. & H. Bollwass, Sons |
| (Address) |

| 20. FILED: | May 18, 1934 |
| (Address) |

**MEDICAL CERTIFICATE OF DEATH**

| 21. DATE OF DEATH: | May 16, 1934 |

| 22. I HEREBY CERTIFY: |
| That I attended deceased from May 5, 1934, to May 16, 1934; death is said to have occurred on the date stated above, at 9 P.M. |
| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Apoplexy |

| 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: | 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: | No |
| If so, specify: | |
| (Signed) | D. Allen Strick M.D. |
| (Address) | ManTech, Md. |

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</tr>
<tr>
<td>Arteriosclerosis</td>
<td><strong>Attack of epilepsy</strong> Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td><strong>Run over by street car</strong> Date of onset</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td><strong>Peritonitis</strong> Date of onset</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td><strong>Gastroenteritis</strong> Date of onset</td>
</tr>
</tbody>
</table>

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

**1. PLACE OF DEATH**
- County: Wicomico
- Village or City: Salisbury
- Registration Dist. No.: 3133
- No. P.B. Hospital: 18
- Ward: 18

**2. FULL NAME**
- (a) Residence: No. St., Ward: Lolo A. Wilson

<table>
<thead>
<tr>
<th>PERSONAL AND STATUTORY PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. SEX</strong></td>
<td><strong>21. DATE OF DEATH</strong></td>
</tr>
<tr>
<td>M</td>
<td>5- -26, 1937</td>
</tr>
<tr>
<td>4. COLOR OR RACE</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td></td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED; OR DIVORCED (write the word)</td>
<td><strong>22.</strong></td>
</tr>
<tr>
<td>M</td>
<td>I HEREBY CERTIFY, that I attended deceased from 6-7-33, 1934, to 5-26, 1937. I last saw h. alive on May 20, 1934; death is said to have occurred on the date stated above, at 3 P.M.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OCCUPATION</th>
<th><strong>23.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Housewife</td>
<td>If death was due to external causes (VIOLENCE) fill in also the following:</td>
</tr>
<tr>
<td></td>
<td>Accident, suicide, or homicide? Yes/No. Date of injury. 6-7-33, 1934. Where did injury occur?</td>
</tr>
<tr>
<td></td>
<td>(Specify city or town, county and state) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:</td>
</tr>
<tr>
<td></td>
<td>Home</td>
</tr>
<tr>
<td></td>
<td>Maner of injury</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 6. DATE OF BIRTH (month, day, and year) | **24.** |
| 4-16-1902 | Was there an autopsy? |
| | |
| | |
| 7. AGE | Name of operation. |
| 62 | Date of operation. |
| | What test confirmed diagnosis? |
| | Yes/No. |

| 9. If married, widowed, or divorced HUSBAND of | **25.** |
| (or) WIFE of | If so, specify |
| James Wilson | (Signed) |
| | |

| 10. AGE | **26.** |
| 23 | If death was due to external causes (VIOLENCE) fill in also the following: |
| | Accident, suicide, or homicide? Yes/No. Date of injury. 6-7-33, 1934. Where did injury occur? |
| | (Specify city or town, county and state) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE: |
| | Home |
| | Maner of injury | Nature of injury |
| | | |

| 11. Total time (years) spent in this occupation | **27.** |
| | 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>
<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 |

Example II

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</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

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