**STATE OF MARYLAND—CERTIFICATE OF DEATH**

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

2. **FULL NAME**
   - William Tilghman Chance
   - Occupation: Farmer

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. <strong>SEX</strong></td>
<td>21. <strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>m.</td>
<td>June 10, 1934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. <strong>COLOR OR RACE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>w.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. <strong>SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)</strong></th>
<th>22. I HEREBY CERTIFY, That I attended deceased from</th>
</tr>
</thead>
<tbody>
<tr>
<td>w.</td>
<td>April 27, 1934, to June 10, 1934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. <strong>DATE OF BIRTH</strong> (Month, day, and year)</th>
<th>23. If death was due to external causes (VIOLENCE) fill in also the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb. 1, 1863</td>
<td>Accident, suicide, or homicide?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. <strong>AGE</strong></th>
<th>24. Was disease or injury in any way related to occupation of deceased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>71 yrs. 5 mos. 9 days</td>
<td>y.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. <strong>Trade, profession, or particular kind of work done:</strong></th>
<th>25. Name of operation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farmer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. <strong>Industry or business in which work was done:</strong></th>
<th>26. Date of operation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farm</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. <strong>Date deceased last worked at this occupation (Month and year):</strong></th>
<th>27. What test confirmed diagnosis?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. <strong>Total time (years) spent in this occupation:</strong></th>
<th>28. Where did injury occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Specify city or town, county and State)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. <strong>BIRTHPLACE</strong> (city or town) (State or country):</th>
<th>29. Manner of Injury:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queen Anne Co.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. <strong>NAME</strong></th>
<th>30. Nature of Injury:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nathaniel Chance</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. <strong>BIRTHPLACE</strong> (city or town) (State or country):</th>
<th>31. Date of Injury:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queen Anne Co.</td>
<td>1934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. <strong>MAIDEN NAME</strong></th>
<th>32. Where did injury occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrews</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. <strong>BIRTHPLACE</strong> (city or town) (State or country):</th>
<th>33. Date of Injury:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland</td>
<td>1934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. <strong>INFORMANT</strong> (Name):</th>
<th>34. Where did injury occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss Thaliene De Forest</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. <strong>BURIAL, CREMATION, OR REMOVAL</strong></th>
<th>35. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place: Hillsboro</td>
<td></td>
</tr>
<tr>
<td>Date: June 13, 1934</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. <strong>UNDERTAKER</strong> (Address):</th>
<th>36. Manner of Injury:</th>
</tr>
</thead>
<tbody>
<tr>
<td>O. Virgil Brown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. <strong>FILED</strong> (Address):</th>
<th>37. Nature of Injury:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-12, 1934</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. <strong>DATE OF DEATH</strong> (Month, Day)</th>
<th>38. Date of operation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 10, 1934</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. I HEREBY CERTIFY, That I attended deceased from</th>
<th>39. What test confirmed diagnosis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 27, 1934, to June 10, 1934</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23. If death was due to external causes (VIOLENCE) fill in also the following:</th>
<th>40. Where did injury occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident, suicide, or homicide?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24. Was disease or injury in any way related to occupation of deceased?</th>
<th>41. Manner of Injury:</th>
</tr>
</thead>
<tbody>
<tr>
<td>y.</td>
<td></td>
</tr>
</tbody>
</table>

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 reported as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Caroline
   Village or City: Sylva
   No. St., Ward: 1208 St., 1
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)
   Aug. 8, 1875

7. AGE
   Years: 55
   Months: 10
   Days: 1

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

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)
   Williamsburg, Del.

13. NAME
   William Callison

14. BIRTHPLACE (city or town) (State or country)
   Sylva, NC

15. MAIDEN NAME
   Rachel Bollinger

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

17. INFORMANT
    (Address)
    Mrs. Louis Bollinger

18. BURIAL, CREMATION, OR REMOVAL
    Place: Sylva
    Date: Jan. 19, 1934

19. UNDERTAKER
    (Address)
    A. D. C. lounge

20. FILED: 6-19, 1934

21. DATE OF DEATH
    June 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Jan. 9, 1934, to June 2, 1934, and death is said
    to have occurred on the date stated above, at
    11 A.M.

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

   Chronic myocaritis
   1932

   Chronic arthritis
   1927

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:
    (Specify city or town, county and State)
    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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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
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<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>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
PLACE OF DEATH

County

City

FULL NAME

JOSEPH PAUL OYEN

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

White

SING., MARR., WID., OR DIVORCED

Date of Birth

6-15-1894

AGE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

6-15-1934

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

that I last saw him alive on...

and that death occurred on the date stated above, at...

The CAUSE OF DEATH was as follows:

CONTRIBUTORY CAUSE

REMARKS

PLACE OF BIRTH

WILMINGTON, DEL.

NAME OF FATHER

WILLIAM OYEN

NAME OF MOTHER

GRACIE WALLS

OCCUPATION

TRADE, PROFESSION OR PARTICULAR KIND OF WORK

BIRTHPLACE

(DATE OF)

(BIRTHPLACE OF)

(SHIFT OF)

LENGTH OF RESIDENCE

(ADDRESS)

(Address)

Filed

19234

Registrars

Registrar
# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   - County: [Blank]
   - Village or City: [Blank]
   - No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
   - Length of residence in city or town where death occurred: yrs. mos. ds.
   - How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME
   - (a) Residence: No. [Blank]
   - (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX: Male
   - 4. COLOR OR RACE: [Blank]
   - 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

   5a. If married, widowed, or divorced
   - HUSBAND OF: [Blank]
   - OR WIFE OF: [Blank]

   6. DATE OF BIRTH (month, day, and year):
   - 7. AGE: 71
   - Months: Unknown
   - Days: [Blank]

   8. Trade, profession, or particular kind of work done: Laborer
   - Industry or business in which work was done: [Blank]
   - Date deceased last worked at this occupation: [Blank]
   - Total time (years) spent in this occupation: [Blank]

   12. BIRTHPLACE (city or town)
   - State or country: Greensboro

   13. NAME: William Hudson
   - Father: [Blank]

   14. BIRTHPLACE (city or town)
   - State or country: Greensboro

   15. MAIDEN NAME: Katherine Henry
   - Mother: [Blank]

   16. BIRTHPLACE (city or town)
   - State or country: [Blank]

   17. INFORMANT
   - Name: [Blank]
   - Address: [Blank]

   18. BURIAL, CREMATION, OR REMOVAL
   - Place:洋某, Date: June 26, 1934

   19. UNDERWRITER
   - Name: [Blank]
   - Address: [Blank]

   20. FILED: 6-26-1934, By: [Blank]

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
   - Month: June
   - Day: 23
   - Year: 1934

   22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
   - Last saw deceased alive on 19...
   - 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:
   - Death certified: [Blank]
   - Date of onset: [Blank]

   Other Contributory Causes of importance:

   23. If death was due to external causes (VIOLENCE) fill in also the following:
   - Accident, suicide, or homicide: [Blank]
   - Date of injury: 19...
   - Where did injury occur?: [Blank]
   - Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE:
   - Manner of injury: [Blank]
   - Nature of injury: [Blank]

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

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance 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 6, 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: Caroline
   Village or City: Hillsboro
   Length of residence in city or town where death occurred: 45 yrs.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. 24522
      (Usual place of abode)
      St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female
4. COLOR OR RACE
   White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed
   Husband: George A. Grimes
   about 1847

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

7. AGE
   Years: 76
   Months: 11
   Days: 1
   If LESS than 1 year, ________ hrs. or ________ min.

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

9. INDUSTRY OR BUSINESS IN WHICH WORKED
   Farm, saw mill, bank, etc.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    Month and year: 1847

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    Date of onset: 1847

12. BIRTHPLACE (city or town)
    Caroline, MD

13. NAME
    Anna Grimes

14. BIRTHPLACE (city or town)
    Caroline, MD

15. MAIDEN NAME
    Annie Boston

16. BIRTHPLACE (city or town)
    Caroline, MD

17. INFORMANT
    Philip H. Hackard

18. BURIAL, CREMATION, OR REMOVAL
    Hillsboro, MD

19. UNDERTAKER
    H. M. Grimes

20. FILE
    Jun 13, 1936

21. DATE OF DEATH
    June 12, 1936

MEDICAL CERTIFICATE OF DEATH

22. HEREBY CERTIFY, That I attended deceased from
    March 11th, 1934, to June 12th, 1936.
    I last saw her alive on June 12th, 1936, death is said
    to have occurred on the date stated above, at 1 A.M.
    The principal cause of death and related causes of importance
    were as follows:

23. Other Contributory Causes of Importance
    Chronic Bronchitis

24. If death was due to external causes (violence) fill in also the following:
    Accident, suicide, or homicide?
    Date of injury:
    Where did injury occur?
    Specify whether injury occurred in Industry, in home, or in public place.

25. Manner of injury

26. Nature of injury

27. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed) Philip H. Hackard

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 clerk.

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

Example I

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

Other contributory causes of importance:

Gallstones | May 1, 1928 | Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Caroline
   Village or City: Lehigh, 21763
   Registration Dist. No. 164
   Ward: 3
   Length of residence in city or town where death occurred: 4 yrs., 9 mos., 22 days

2. FULL NAME
   Residence: No. (Usual place of abode)
   St., 1 Ward.
   If nonresident give city or town and State
   Lawrence Jennings Kinney

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   WIFE of

5a. If married, widowed, or divorced
   HUSBAND of

6. DATE OF BIRTH
   Month: 6
   Day: 16
   Year: 1834

7. AGE
   Years: 39
   Months: 0
   Days: 0

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   SPINNER, MILL WORKER, BANKER, ETC.

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    Month: 6
    Day: 16
    Year: 1834

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

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

13. NAME
    William E. Kinney
    Secretary

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

15. MAIDEN NAME
    Madeleine Baker

16. BIRTHPLACE (CITY OR TOWN)
    Laurel, Md.
    (State or country)

17. INFORMANT
    William E. Kinney
    Informant

18. BURIAL, CREMATION, OR REMOVAL
    Place: Baltimore
    Date: June 17, 1834

19. UNDERTAKER
    D. T. Exantum & Son
    Federalsburg, Md.

20. FILED
    June 16, 1834
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Month: 6
    Day: 16
    Year: 1834

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

   I last saw him at 19__, 19__; death is said
   to have occurred on the date stated above, at 19__ m.

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

   Date of onset
   Other Contributory Causes of Importance:

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

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?

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

Other contributory causes of importance:

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

**Example II**

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

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

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

1. PLACE OF DEATH
   County: Caroline
   Village or City: Streetsboro
   Registration Dist. No.: 60
   No. St. Ward
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME: Ellen Edge Meredith

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

5a. If married, widowed, or divorced, give NAME OF
   HUSBAND or (or) NAME OF WIFE of
   Alexander Meredith

6. DATE OF BIRTH (month, day, and year): Sep 16, 1877

7. AGE: 57 yrs. 8 mos. 19 days

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

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

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

11. Total time (years) spent in this occupation: 57 yrs.

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

13. NAME: John Pitcher

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

15. MAIDEN NAME: Mary Swann

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

17. INFORMANT: Mrs. M. A. Hendley
   (Address)

18. BURIAL, CREMATION, OR REMOVAL: December 9, 1934
   Place: Streetsboro, Md.
   Date: December 9, 1934

19. UNDERTAKER: R. B. Rawlings
   (Address)

20. FILED: 6-9-34
   Registrars

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

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1934, to June 9, 1934, in streetsboro, Md., death having occurred on the date stated above, at 11:00 a.m.

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

24. If death was due to external causes such as violence, fill in also the following:
   Accident, suicide, or homicide?
   Where did injury occur?
   Date of injury?
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

25. Manner of Injury:
   Nature of injury:

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

27. If so, specify:
   Signed:

28. Name of operation:
   Date of:
   What test confirmed diagnosis?
   Date of:
   Autopsy?

If more blanks are needed, address State Registrar, 2447 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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11.—The number of years the deceased followed the occupation.

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

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc.

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td><strong>Artherosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 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: May 1, 1929</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: [Name of County] 
Village or City: Max. Aslan
Registration Dist. No. 62
No. St., Ward

2. FULL NAME

(a) Residence: No. St., Ward.
NAME: [Name]

3. SEX

F

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

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

June 16, 1934

7. AGE

Years: 69

Month: June

Days: 1

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

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME

Daughters Amish

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

15. MAIDEN NAME

Pazul Harris

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

17. INFORMANT (Address)

Douglas Rich, Father

18. BURIAL CREMATION OR REMOVAL

Plan, Date: June 17, 1934

19. UNDERTAKER

Address

20. FILED

June 16, 1934

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

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

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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

Other contributory causes of importance:

Gastroenteritis                | 1 year       |

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

1. PLACE OF DEATH
   County: Caroline
   Village or City: Federalsburg, R.D. No. 3
   Length of residence in city or town where death occurred: 5 yrs. 6 mos. 28 ds.

2. FULL NAME
   Annie Rosser
   Residence: 4603, R.D. No. 3, Federalsburg, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

5a. If married, widowed, or divorced
   HUSBAND of: Benjamin Rosser (dead)

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

7. AGE
   About 86

8. Trade, profession, or particular kind of work done, as SPINNER, SEWER, BOOKKEEPER, etc.
   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)
    March 5, 1934

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

12. BIRTHPLACE (city or town)
    New York

13. NAME
    Annie Rosser

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

15. MAIDEN NAME
    No data

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

17. INFORMANT
    John Rosser
    Address: 4603, R.D. No. 3, Federalsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Date: June 19, 1934

19. UNDERTAKER
    H. T. Truitt
    Address: 4603, R.D. No. 3, Federalsburg, Md.

20. FILED
    June 18, 1934

21. DATE OF DEATH
    June 19, 1934

22. I HEREBY CERTIFY
    That I attended deceased from
    May 16, 1934 to June 19, 1934.

    I last saw her alive on June 16, 1934.

    Death is said to have occurred on the date stated above, at 8:10 a.m.

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

    
    Tuberculosis of Kidney

    Other Contributory Causes of importance:

    General Anaemia

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide
    Date of injury: June 19, 1934
    Where did injury occur?
    (Specify city or town, county and State)
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

    Manner of injury
    Nature of injury

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

   Name of operation
   Wine Bottle Finding
   Date of

   What test confirmed diagnosis
   Yes

   Was there an autopsy?
   No

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<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: Caroline
   Village or City: Burreville
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Maggie L. Smith
   Residence: High St., Affington

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5a. If married, widowed or divorced: MARRIED
   HUSBAND OF: Noah Smith
6. DATE OF BIRTH (month, day, and year): Sep. 3, 1874
7. AGE: 59 yrs. 9 mos. 24 days
   If LESS than 1 day: 0 hrs. 0 min.
8. Trade, profession, or particular kind of work done: Housewife
9. Industry or business in which work was done: None
10. Date deceased last worked at this occupation (month and year):
   11. Total time (years) spent in this occupation:

OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Delaware
13. NAME: Luther Spencer
14. BIRTHPLACE (city or town) (State or country): Delaware
15. MAIDEN NAME: Selma Adams
16. BIRTHPLACE (city or town) (State or country): Delaware
17. INFORMANT (Address): Noah Smith, S. 24
18. BURIAL, CREMATION, OR REMOVAL: Hamptom, Date: June 29, 1934
19. UNDERTAKER (Address):
20. FILED: 6-28, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 27, 1934
22. I HEREBY CERTIFY. That I attended deceased from
   June 15, 1934, to June 26, 1934; death is said to have occurred on the date stated above, et al. 6.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Date of onset: June 1, 1934
   Pericarditis
   Other Contributory Causes of importance:

   Name of operation:
   Date of:
   What test confirmed diagnosis?:
   Date of:
   Was there an autopsy?:
   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): [Signature]
   (Address): M. D.

If more blanks are needed, address State Registrar, 2412 W. Charles Street, Baltimore, Requesting 'U.S. No.'
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, asphyxian, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

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

Other contributory causes of importance:

Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

### 1. PLACE OF DEATH
- **County:** Caroline
- **Village or City:** Preston

### 2. FULL NAME: Core Abbie Wood
- **Sex:** Female
- **Race:** White
- **Marital Status:** Married

### PERSONAL AND STATISTICAL PARTICULARS
- **Date of Birth:** Aug. 22, 1861
- **Age:** 52 years, 9 months, 18 days

### MEDICAL CERTIFICATE OF DEATH
- **Date of Death:** June 7, 1934

**Cause of Death:** Heart disease

### Other Contributory Causes of Importance:
- None

### Certification
- **Signatures:**
  - **Registrar:** 
  - **Other:**

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If more blanks are needed, address State Registrar, 2441 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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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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<td>May 1, 1923</td>
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<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Signature]
[Aug 8 1934]

[Address]
8-31-34
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Frederick
   Registration Dist. No.: 67
   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:
   Susan DeEttha Young
   (Usual place of abode)
   Residence: No.
   Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
   HUSBAND of (or) WIFE of:
   6. DATE OF BIRTH (month, day, and year):
      Dec. 20, 1860
   7. AGE: Years 73 Months 5 Days 12
   If LESS than 1 day, ______ hours, ______ minutes.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   ________________ at ______
   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):
    Strasburg

13. NAME:
    Olive Slow

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

15. MAIDEN NAME:
    Rebecca Brich

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

17. INFORMANT:
    Clifford Kellers

18. BURIAL, EXMATION, OR REMOVAL:
    Strasburg: Jan. 5, 1934

19. UNDERTAKER:
    J. W. H. Steuer

20. FILED:
    6-4-1934

21. DATE OF DEATH:
   Month: 2
   Day: 4
   Year: 1934

22. I HEREBY CERTIFY, That I attended deceased from
   Jan. 1, 1934, to Jan. 2, 1934
   I last saw her alive on Jan. 2, 1934; 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:

   Malaria
   Anemia

Other Contributory Causes of importance:

   Chronic Myocarditis
   Arthritis

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, HOME, or in PUBLIC PLACE.

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

   (Signed):

   Address:

   M. D.

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