STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Rockville

2. FULL NAME
   Name: Calvin Andrus

3. SEX
   Male

4. COLOR OR RACE
   White

5a. If married, single, or divorced
   HUSBAND of
   (a) Residence: No. Anderson Ave.

6. DATE OF BIRTH
   Month: 12
   Day: 21
   Year: 1882

7. AGE
   Years: 52
   Months: 2
   Days: 13

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

9. Industry or business in which work was done
   (Specify)

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

11. Total time spent in this occupation
    (years and months)

12. BIRTHPLACE
    (city or town)

13. NAME
    Wife

14. BIRTHPLACE
    (State or country)

15. MAIDEN NAME
    Anna

16. BIRTHPLACE
    (State or country)

17. INFORMANT
    Address

18. BURIAL, CREMATION, OR REMOVAL
    Place

19. UNDERTAKER
    Address

20. FILED
    Date

21. DATE OF DEATH
    Month: 06
    Day: 21
    Year: 1934

22. I HEREBY CERTIFY, That I attended deceased from
    June 19, 1934, to June 21, 1934; death is said to have occurred on the date stated above, at 2:30 P.M.

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of Injury: 06-21-1934
   What was the injury?
   Place 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, 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.

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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.

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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<table>
<thead>
<tr>
<th>Example I</th>
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<tbody>
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<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | Gastroenteritis |
| May 1, 1925 | 1 year |

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Rockville
   Registration Dist No.: 2
   Ward: 4

2. FULL NAME: Elizabeth Baret
   (a) Residence: No. 2, 15th St., Ward.

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX: Female
   4. CDLLDR DR RACE: White
   5. SINGLE, MARRIED, WIDDLED, DIVORCED: Widowed
   6. DATE OF BIRTH (Month, day, and year): Feb 14, 1860
   7. AGE: 74 years
   8. OCCUPATION: Housewife
   9. industry or business in which work was done: Silk Mill
   10. Date deceased last worked in this occupation: Jan 1934
   11. Total time (years) spent in this occupation: 24 months
   12. BIRTHPLACE (city or town): Baltimore
      (State or country): Maryland

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: June 21, 1934
   22. I HEREBY CERTIFY that I attended deceased from April 17, 1934, to June 20, 1934, death is said to have occurred. The principal cause of death and related causes of importance were as follows:

   Pneumonia acute

   Other Contributory Causes of importance:

   Tumor

   Name of operation: 

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

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

   (Signed): 
   Address: 

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<tr>
<th>Cause of death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

### Example II

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<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: Montgomery
   Village or City: Bethesda, Maryland
   Registration Dist. No. 217
   Ward: Rockville, Md. R. 12
   Length of residence in city or town where death occurred: 12 yrs.

2. FULL NAME
   Mr. Forrest Beall
   Occupation: Housekeeper

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   August 21, 1894

7. AGE
   Years: 13
   Months: 0
   Days: 0

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

9. Industry or business in which work was done: Bethesda, Md.

10. Date deceased last worked at this occupation: February 21, 1934

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town): Baltimore, Maryland

13. NAME
   William S. Beall

14. BIRTHPLACE (city or town): Baltimore, Maryland

15. MAIDEN NAME: Georgina Sullivan

16. BIRTHPLACE (city or town): Baltimore, Maryland

17. INFORMANT
   Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
   Place: Bethesda, Maryland
   Date: June 14, 1934

19. UNDERTAKER
   Rockville Undertakers

20. FILED
   June 14, 1934

21. DATE OF DEATH
   June 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1934, to June 13, 1934. I last saw him alive on June 12, 1934; death is certified to have occurred on the date stated above, at 2:00 A.M.

The PRINCIPAL CAUSE OF DEATH was Acute Myocarditis.

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? None
   Date of Injury: None
   Where did injury occur? None
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.
   Manner of injury: None
   Nature of injury: None

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

If so, specify:

25. Signed
   M. D.
   Address:

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<tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Patient had an abdominal flare up and was delivered of twins. Patient was readmitted 5/15/34 with symptoms of intestinal obstruction. It was operated on obstruction relieved and an enterostomy done. Progress was satisfactory postoperatively until 6/1/34, when died this morning of cardiac failure.
## STATE OF MARYLAND—CERTIFICATE OF DEATH

### 1. PLACE OF DEATH
- County: Montgomery
- Village or City: Takoma Park
- Washington Sanitarium & Hospital
- Registration Dist. No.: 22
- Ward: 6

### 2. FULL NAME
- Mr. Grover C. Bean

#### PERSONAL AND STATISTICAL PARTICULARS
- **3. SEX:** Male
- **4. COLOR, OR RACE:** White
- **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED:** Married
- HUSBAND of (or) WIFE of: Willa B. Slater-Ben

#### MEDICAL CERTIFICATE OF DEATH
- **21. DATE OF DEATH:** June 16, 1934
- **22. I HEREBY CERTIFY:** That I attended deceased from May 31, 1934, to June 16, 1934.
  - Last saw him alive on June 16, 1934; death is said to have occurred on the date stated above, at 5:03 a.m.
  - The principal cause of death and related causes of importance were as follows:
    - Carcinoma of Stomach

#### OCCUPATION
- **12. BIRTHPLACE:** Rockville, Md.
- **13. NAME:** John Bean
- **15. MAIDEN NAME:** Lavinia Selby

#### MEDICAL CERTIFICATE OF DEATH
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#### BURIAL, CREMATION, OR REMOVAL
- **18. BURIAL, CREMATION, OR REMOVAL:** Washington Sanitarium & Hospital, Records, Takoma Park, Md.
- **19. UNDERTAKER:** E. E. James
- **20. FILED:** June 16, 1934

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<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
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<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
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</tr>
<tr>
<td>May 1, 1923</td>
<td>3 days ago</td>
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</table>

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

County: Montgomery
Village or City: Olney, Md.

2. FULL NAME
(a) Residence: Mt. Zion, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

6. DATE OF BIRTH (month, day, and year): 1903

7. AGE: 31

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: None

10. DATE DECESSUS LAST WORKED AT THIS OCCUPATION: Unknown

11. TOTAL TIME (YEARS) SpENT IN THIS OCCUPATION: Unknown

12. BIRTHPLACE (CITY OR TOWN): Montgomery County, Maryland

13. NAME: James Blanchard

14. BIRTHPLACE (CITY OR TOWN): New York City

15. MAIDEN NAME: Callie Webster

16. BIRTHPLACE (CITY OR TOWN): Maryland

17. INFORMANT: Hospital Board

18. BURIAL, CREMATION, OR REMOVAL: Cedarwood, Md. Date June 25, 1934

19. UNDERTAKER: George Snowdon

20. FILED: June 27, 1934

REGISTRATION DIST. NO.: 217

DATE OF DEATH: June 25, 1934

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH: 6/25/1934

22. I HEREBY CERTIFY, That I attended deceased from Dead on arrival, 1934.

Other Contributory Causes of Importance:

Broken neck

Dead on arrival

Name of operation: None

What test confirmed diagnosis: Examination

Was there an autopsy: No

Accident, suicide, or homicide: No

Date of injury: 6/25, 1934

Where did injury occur: Wheaton, Md.

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

Men of injury: Gute Accident

Nature of injury: Broken neck from Automobile

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

If so, specify: None

(Signed) MD.

(ADDRESS) Sandy Spring, Md.
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<td>1 week ago</td>
</tr>
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<td>July 5, 1927</td>
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<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

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

1. PLACE OF DEATH

County: Montgomery
Village or City: Silver Springs

2. FULL NAME

(a) Residence: No. 143, Mt. Lint, Maryland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

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

4. COLOR OR RACE

5b. If single, married, widowed, or divorced

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

October 27, 1905

7. AGE

Years: 29
Months: 7
Days: 28

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

9. Industry or business in which work was done

10. Date deceased last worked
June 24, 1934

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

12. BIRTHPLACE (city or town)

Maryland

13. NAME

James Booz

14. BIRTHPLACE (city or town)

Maryland

15. MAIDEN NAME

Sam Johnson

16. BIRTHPLACE (city or town)

Maryland

17. INFORMANT

James Booz

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Zion

Date: June 27, 1934

19. UNDERTAKER

G. B. Babcock

20. FILED

June 27, 1934

REGISTRAR

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.

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

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

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>Date of onset: 1915</td>
</tr>
<tr>
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<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>
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</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>
<tr>
<td></td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td>Run over by street car</td>
</tr>
<tr>
<td></td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Silver Spring
   Registration Dist. No.: 214

2. FULL NAME
   (a) Residence: N/A
   St., Ward:
   If nonresident give city or town and State:

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   (month, day, and year): Oct. 22, 1912

7. AGE
   Years: 29
   Months: 8
   Days: 2
   If LESS than 1 day, ___ hrs. ___ min.

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Silk Mill, Saw Mill, Bank, etc.

10. DATE DECEASED LAST WORKED AT OCCUPATION
    (month and year): June 22, 1934

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

12. BIRTHPLACE (CITY OR TOWN)
    Maryland

13. NAME
    Alex Event

14. BIRTHPLACE (CITY OR TOWN)
    Maryland

15. MAIDEN NAME
    Ida Williams

16. BIRTHPLACE (CITY OR TOWN)
    Maryland

17. INFORMANT
    Address

18. BURIAL, CREMATION, OR REMOVAL
    Place: Kobe, Japan
    Date: Jan. 27, 1934

19. UNDERTAKER
    Address

20. FILED: June 27, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month, Day, Year): June 25, 1934
   (Time): 3 A.M.

22. I HEREBY CERTIFY that I attended deceased from
    June 25, 1934, to June 25, 1934;
    I last saw him alive on June 24, 1934; he was dead on June 25, 1934;
    Death is certified to have occurred on the date stated above, at 2:30 A.M.
    The principal cause of death was: fracture of skull and multiple fractured ribs
    and multiple fractured bones of back.

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide:
    Date of injury: June 24, 1934
    Where did injury occur:
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:
    Manner of injury: Struck by railroad track
    Nature of injury: Skull fracture

24. If so, specify

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

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Example I

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

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

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

<table>
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<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: Montgomery
   - Village or City: Rockville
   - Registration Dist. No.: 213
   - No.: Chestnut Lodge Sanatorium
   - Ward: Washington, D.C.
   - Length of residence in city or town where death occurred: 1 yrs. 1 mos. 21 ds.
   - How long in U.S. if of foreign birth: yrs. mos. ds.

2. **FULL NAME**: Annie Elizabeth Burgess
   - Residence: 1409 Delafield Place, N.E., Washington, D.C.
   - Ward: Washington, D.C.

**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>

<table>
<thead>
<tr>
<th>5e. If married, widowed, or divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUSBAND of (or) WIFE of</td>
</tr>
</tbody>
</table>

6. **DATE OF BIRTH**: Jan 4, 1863

7. **AGE**: Years 71, Months 5, Days 20

8. **OCCUPATION**: Exempt

9. **DATE DECEASED**: June 24, 1934

10. **PLACE DECEASED**: Washington, D.C.

11. **BURIAL, CREMATION, OR REMOVAL**: Washington, D.C.
    Date: June 25, 1934

17. **INFORMANT**: Mr. Bruce Baernd
    Address: 1409 Kibaupe Place, Washington, D.C.

18. **UNDERTAKER**: L. F. Hume
    Address: 1407 F St., N.W.

20. **FILED**: 6-24-1934, M. J. Baer

22. **DATE OF DEATH**: June 24, 1934

23. **CAUSE OF DEATH**: Chronic myocarditis with progressive myocardial failure.

24. **OTHER CONTRIBUTORY CAUSES OF DEATH**:

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

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<td>July 5, 1927</td>
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Other contributory causes of importance:

Gallstones                                      Gastroenteritis

Date of onset

May 1, 1923

1 year

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Rockville
   Registration Dist. No. 213
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Marion O. Burrows
   Residence: No. Rockville
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   April 21, 1865

7. AGE
   69 yrs.

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WERE DONE
   Bzial business

10. Date deceased last worked at this occupation (month and year):
    About 1924

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

12. BIRTHPLACE
    (City or town):
    Washington D.C.
    (State or country): D.C.

13. NAME
    Samuel Burrows

14. BIRTHPLACE
    (City or town):
    Washington D.C.
    (State or country): D.C.

15. MOTHER NAME
    American Sherrill

16. BIRTHPLACE
    (City or town):
    Washington D.C.
    (State or country):

17. INFORMANT
    William Burrows

18. BURIAL, CREMATION, OR REMOVAL
    Place: Rockville Union
    Date: June 13, 1934

19. UNDERTAKER
    Wm. P. Rumbough

20. FILED
    June 17, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    June 12, 1934
    (Month) 12
    (Day) 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1932, to June 12, 1934.

23. Last seen in alive on June 12, 1934; death is said to have occurred on the date stated above, at 7:30 a.m.

24. The principal cause of death and related causes of importance were as follows:
    Coronary Thrombosis
    Embolism of left heart
    Acute congestive heart failure

25. Other Contributory Causes of Importance:
    Hypertension
    Portal enema

26. Name of operation:
    Osteo of

27. What test confirmed diagnosis?
    Was there an autopsy?

28. Was death 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

29. Manner of Injury
    Nature of Injury

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

   Registrar
   W.S. O'Donnell, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Gallstones</td>
<td>May 1, 1923</td>
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<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 213

PLACE OF DEATH
County: Montgomery
Village or City: Damascus, Md

FULL NAME
STEF BORN LEONNE ENFANT, ANNIE M. BURT

PERSONAL AND STATISTICAL PARTICULARS
3 SEX
Female
4 COLOR OR RACE
White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
—

DATE OF BIRTH
6th, 26th, 1934

AGE
0 yrs. 0 mos. 0 days or 0 min.

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

BIRTHPLACE
(State or country)
Damascus, Md

NAME OF FATHER
Herbert T. Burt

BIRTHPLACE OF FATHER
(M State or country)
Montgomery, Md

MAIDEN NAME OF MOTHER
Annie M. Walter

BIRTHPLACE OF MOTHER
(State or country)
Montgomery, Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant: Annie M. Burt
(Address) Rockville, Md

DATE OF DEATH
June 26, 1934

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended the deceased from (Month) 6th, to (Month) 6th, 1926, and that death occurred on the date stated above, at (Time) 7 a.m.
The CAUSE OF DEATH was as follows:
Unknown... Probable Mental Distress

(Mother: Mary L. Burt, the mother of the deceased's father) [Signature]

Contributory
Secondary

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death: yrs., mos., da.
Where was disease contracted, if not at place of death:
Former or usual residence:

PLACE OF BURIAL OR REMOVAL
Damascus, Md

FILED: 6-26-1934, H. S. THOMAS, Registrar

UNDERTAKER
R. C. Tumey
ADDRESS
Rockville, Md

If more blanks are needed, address the State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If the cause of death is accidental, the usual note is entered over the question "What was the direct cause of death? — Name first the direct cause as far as known."

An occupationally associated death is one where the death is clearly related to the work done. It must be an occupation that is associated with the industry, and there must be evidence that the work done was a contributing factor to the death. The death must be sudden and unexpected.

Occupationally associated deaths are often due to injuries, illnesses, or exposure to hazardous substances. They can occur in a variety of industries, including construction, manufacturing, agriculture, and transportation. The certification of an occupationally associated death is important for several reasons. It helps to identify hazards in the workplace and can lead to improvements in workplace safety. It also helps to determine eligibility for workers' compensation and other benefits.

Certificate of death: United States standard

(Revised by Utah County, Utah, Public Health Association)

Statement of occupation — Please state occupation of deceased.

Revised United States Standard

(C) 1999, United States Government, Public Health Service, Public Health Foundation, and Public Health Association

Health Association

Approved by Utah County, Utah, Public Health Association

(Certificate of Occupation)

(Certificate of Death)
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Montgomery No. Registration Dist. No. 274
Village or City: Forest Glen St. St.
(Ward: )

2. FULL NAME: Louise Cheaney

(a) Residence: No. Forest Glen, MD (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the words)
Married

6. DATE OF BIRTH (month, day, and year)
January 19, 1869

7. AGE
Years: 65
Month: 4
Day: 14

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

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 day)
Feb. 1934

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town)
Massachusetts

13. NAME
William Morton

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

15. MAIDEN NAME
Unknown

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

17. INFORMANT (Address)
Miss Margaret E. Cheaney, Forest Glen, MD

18. BURIAL, CREMATION, OR REMOVAL
Place: Rocky River, Ohio Date: June 5, 1934

19. UNOERTAKER (Address)
Edwin Spring

20. FILED: June 4, 1934

21. DATE OF DEATH
June 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1934, to June 2, 1934, I last saw h. m. alive on June 1, 1934; death is said to have occurred on the date stated above, at 8 a.m.

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

Accident, suicide, or homicide? No
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
If so, specify

Medical Certificate of Death

25. Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis? Urinalysis Was there an evisceration? No

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

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1916</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>
</tbody>
</table>

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

1 year                                           | 1 year                                           |

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Silver Spring
   Registration Dist. No: 214
   No. 106 South Avenue
   Ward: St.
   (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: 26 yrs. 0 mos. 0 days.
   How long in U.S. or foreign birth? 0 yrs. 0 mos. 0 days.

2. FULL NAME: Charles Alexander Clements
   (a) Residence: No. 106 South Avenue
      Ward.
      Place of abode.

   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): July 31, 1859
   7. AGE (years, months, days): 74, 11, 14

   8. Trade, profession, or particular kind of work done, as Spinner, Sawyer, Bookkeeper, etc.: Deputy Register, Office of Register of Deeds of Interior.
   9. Industry or business in which work was done, as Silk Mill, Saw Mill, Bank, etc.: Register of Deeds of Interior.
   10. Date deceased last worked at this occupation (month and year): May 3, 1929.
   11. Total time (years) spent in this occupation: 61 years.

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH (month, day, year): June 17, 1934

   22. I HEREBY CERTIFY, that I attended deceased from May 1, 1934, to June 17, 1934.
      I last saw him alive on June 10, 1934; death is said to have occurred on the date stated above, at 2:05 p.m.
      The principal cause of death and related causes of importance are as follows:
      Anterior cleft of the heart.
      Various causes of chronic disease.
      Other Contributory Causes of importance:

   23. Accident, suicide, or homicide? No.
      Date of injury: 1934.
      Where did injury occur? (Specify city or town, county and State): Home.
      Specify whether injury occurred in industry, in home, or in public place: Home.

   24. If death was due to external causes (violence) fill in also the following:
      Manner of injury: None.
      Nature of injury: None.
      Date of injury: None.
      Date of operation: None.
      What test confirmed diagnosis? None.
      Date of autopsy: None.
      Was there an autops? No.

   25. If death was due to occupation, give occupation and place of death:
      Occupation: Deputy Register, Office of Register of Deeds of Interior.
      Place of death: Silver Spring, Maryland.

   26. If disease or injury in any way related to occupation of deceased:
      If so, specify:
      (Signed) M. O. [Signature]
      (Address) 928 Elizavette Avenue, Silver Spring, Maryland.

   If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. 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>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
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<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
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<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

## 1. PLACE OF DEATH
- **County:** Montgomery
- **Village or City:** Potomac
- **Registration Dist. No.:** 213
- **No. St., Ward:**
- **Length of residence in city or town where death occurred:**
  - yrs.
  - mos.
  - ds.
- **How long in U.S. if of foreign birth:**
  - yrs.
  - mos.
  - ds.

## 2. FULL NAME
- **William Coleman**
  - **Residence:** No.
  - **St., Ward:**

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>M</th>
<th>4. COLOR OR RACE</th>
<th>W</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD)</th>
<th>MARRIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a. If married, widowed, or divorced</td>
<td>Husband of</td>
<td><strong>Bulah Coleman</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. DATE OF BIRTH (month, day, and year)</td>
<td>7-1849</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. AGE</td>
<td>85 Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.</td>
<td>none</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Data deceased last worked at this occupation (month and year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
<th>JUNE 2, 1934</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. I HEREBY CERTIFY, That I attended deceased from June 16, 1934, to June 24, 1934. On June 24, 1934, death is said to have occurred on the date stated above, at 8:10 p.m.</td>
<td></td>
</tr>
<tr>
<td>The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:</td>
<td></td>
</tr>
<tr>
<td><em>Pneumonia</em></td>
<td></td>
</tr>
</tbody>
</table>

### Other Contributory Causes of Importance:
- **Chronic Hepatitis**
- **Anemia**

| 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) | |

<table>
<thead>
<tr>
<th>24. Was disease or injury in any way related to occupation of deceased?</th>
<th>M</th>
</tr>
</thead>
</table>

If so, specify:
- **Nature of injury**

<table>
<thead>
<tr>
<th>25. Name of operation</th>
<th>Date of</th>
</tr>
</thead>
</table>

- **What test confirmed diagnosis?**
- **Was there an autopsy?**

### Other Information:
- **27. FILED:** 6/29, 1934
- **MRS. T. T. TRUSS**
- **28. REGISTRAR:**

If more blanks are needed, address State Registrar, 2413 N. Charles Street, Baltimore, Requesting U. S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<thead>
<tr>
<th>The principal cause of death and related causes</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>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 a tractor</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year        |

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

2. FULL NAME
(a) Residence: No. Bethesda
(Usual place of abode)

3. SEX
Male

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
MARRIED

6. DATE OF BIRTH (month, day, and year)
May 7, 1856

7. AGE
Years: 78
Months: 1
Days: 0

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

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

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)
Maryland

13. NAME
James Sloan

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

15. MAIDEN NAME
Jane Dabest

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

17. INFORMANT (Address)
Mrs. Edith A. Sloan, Bethesda

18. BURIAL, CREMATION, OR REMOVAL
Place: Bethesda
Date: January 9, 1934

19. UNDERTAKER (Address)

20. FILED
6-10, 1934
B. C. Perry, M.D.

REGISTRATION DIST. NO. 216

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
**UNIVERSITY OF CALIFORNIA**

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<td>1921</td>
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<tr>
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<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
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## STATE OF MARYLAND—CERTIFICATE OF DEATH

### 1. PLACE OF DEATH
- County: Monty
- Village or City: Baltimore
- Length of residence in city or town where death occurred: 25 yrs, 10 mos, 24 ds.

### 2. FULL NAME
- Name: Joe Dorsey

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>MARRIAGE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td></td>
<td>MARRIED</td>
</tr>
</tbody>
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| 5a. | If married, widowed, or divorced | Wife of Mary Dorsey |

### 6. DATE OF BIRTH
- Month and year: June 17, 1858

### 7. AGE
- Years: 84
- Months: 0
- Days: 0

### 8. TRADE, OCCUPATION
- Farm Labor

### 9. DATES DECEASED LAST WORKED
- Month and year: June 17, 1934

### 10. OCCUPATION
- Date deceased last worked at this occupation: 1858

### 11. TOTAL TIME (YEARS)
- Spent in this occupation: 60

### 12. BIRTHPLACE
- City or town: Baltimore

### 13. NAME OF MOTHER
- Father: Male

### 14. BIRTHPLACE (STATE OR COUNTRY)
- Father: Male

### 15. MAIDEN NAME
- Millie Hamilton

### 16. BIRTHPLACE (STATE OR COUNTRY)
- Father: Male

### 17. INFORMANT
- Address: Henry Davis

### 18. BURIAL, CREMATION, OR REMOVAL
- Place: Jerusalem, Oate: June 20, 1934

### 19. UNOETAKER
- Address: Henry Davis

### 20. FILED
- Date: Jun 19, 1934

### 21. DATE OF DEATH
- Month: June
- Day: 17
- Year: 1934

### 22. I HEREBY CERTIFY
- That I attended deceased from Jan 1934 to June 17, 1934
- I last saw him alive on June 16, 1934
- Date of death is June 17, 1934
- The principal cause of death and related causes of importance were as follows:
- Arteriosclerosis
- Date of onset: June 1934

### OTHER CONTRIBUTORY CAUSE OF DEATH

### NAME OPERATIONS

### WHAT WAS THE CONFIRMED DIAGNOSIS?
- Arteriosclerosis

### MANNER OF DEATH

### NATURE OF INJURY

### 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN AS FOLLOWS
- Accident, suicide, or homicide: No
- Date of injury: June 17, 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

### SIGNATURE
- Registrars: (Signature) [Signature]
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>1 week ago</td>
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<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Montgomery
   - Village or City: Olney
   - Ward: 1
   - Registration Dist. No.: 217

2. **FULL NAME**
   - Oden - Duggan
   - If nonresident, give city or town and State: Bowie - Prince Geo. Co.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Male
   - **COLOR OR RACE**: White
   - **S. SINGLE, MARRIED, WIDOWED, OR DIVORCED**:
     - Married
   - **LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED**
     - Yrs.:
     - Mos.:
     - Ds.: How long in U.S. if of foreign birth?
     - Yrs.: 1
     - Mos.: 0
     - Ds.: 0

4. **DATE OF DEATH**
   - June 17 - 1934

5. **DATE OF BIRTH**
   - Mar. 26, 1885

6. **AGE**
   - Years: 69
   - Months: 6
   - Days: 22

7. **OCCUPATION**
   - Retired Conductor

8. **BIRTHPLACE**
   - City or town: Waukegan
   - State or country: Ill.

9. **MOTHER**
   - Name: Gabriella Good
   - Maiden Name: Louisa Maria Kugan
   - City or town: Waukegan
   - State or country: Ill.

10. **INFORMANT**
    - Address: Louisa Kugan
    - City or town: Waukegan
    - State or country: Ill.

11. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Laurel Md.
    - Date: June 19, 1934

12. **UNDERTAKER**
    - Address: Oles, 1934

13. **FILED**
    - Date: June 19, 1934

14. **REGISTRAR**
    - Name: L. B. B. Simms
    - Date: M. D.
    - Address: Laurel Md.

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - June 17, 1934

22. **DATE OF ONSET**
    - Date of onset: June 8, 1934

23. **PRINCIPAL CAUSE OF DEATH**
    - Rheumatic Fever

24. **OTHER CONTRIBUTORY CAUSE OF DEATH**
    - Chronic Nephritis with Myocarditis
    - 1928

25. **NAME OF HOSPITAL**
    - None

26. **DATE OF INJURY**
    - 1920

27. **MANNER OF INJURY**
    - None

28. **NATURE OF INJURY**
    - None

29. **WAS DEATH DUE TO INJURY?**
    - No

30. **IF SO, SPECIFY**
    - None

31. **SIGNATURE**
    - L. B. B. Simms
    - M. D.
    - Laurel 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 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, asympotias, 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: Chevy Chase
   No. 1 - Finney St., Ward.
   Length of residence in city or town where death occurred: 41 yrs., 1 mos., 0 ds.

2. FULL NAME: Margaret Dunn
   (a) Residence: No. 1 - Finney St., Ward.
   If not resident give city or town and State.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

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

7. AGE
   Years: 80
   Months: 0
   Days: 0

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): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town):
    The Plains, Pa.

13. NAME: John Dunn

14. BIRTHPLACE (city or town): Ireland

15. MAIDEN NAME: Not Obtainable

16. BIRTHPLACE (city or town):

17. INFORMANT (Address):
    James J. Morgan

18. BURIAL, CREMATION, OR REMOVAL Place: Dr. Marshall Long Co.
    Date: Jan 5, 1934

19. UNDERTAKER (Address):

20. FILED: Jan 15, 1934

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
    June 1, 1934, to June 4, 1934.
    Death occurred at 6 a.m.
    Date of onset: Jan 3, 1934
    Other Contributory Causes of Importance:

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

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed):
   (Address): 1726 Wyckoff St.

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:

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause</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>Cause</th>
<th>Date of onset</th>
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<tbody>
<tr>
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Other contributory causes of importance:

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

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

1. **PLACE OF DEATH**
   - County: Montgomery
   - Village or City: Takoma Park
   - Registration Dist. No.: 2441223
   - Length of residence in city or town where death occurred: 30 yrs.

2. **FULL NAME**
   - Residence: No. 508 Takoma Ave
   - Ward.

### PERSONAL AND STATISTICAL PARTICULARS

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

- If married, widowed, or divorced: HUSBAND of - Wife of -

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH</th>
<th>May 6, 1861</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. AGE</td>
<td>93</td>
</tr>
</tbody>
</table>

- Trade, profession, or particular kind of work done: Retired

| 12. BIRTHPLACE (city or town) | Charleston, South Carolina |
| 13. NAME | Hannah J. Talbot |
| 14. BIRTHPLACE (city or town) | Charleston, South Carolina |
| 15. MAIDEN NAME | Mary J. Hilton |

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
   - July 15th, 1934

22. **I HEREBY CERTIFY**
   - That I attended deceased from Oct. 1, 1934, to Nov. 1, 1934.
   - I last saw him alive on Nov. 1, 1934.

- The principal cause of death and related causes of importance were:
  - Arteriosclerosis
  - Chronic Valvular Heart Disease
  - Cerebral Embolism
  - Cerebral Embolism

- Other Contributory Causes of importance:

- Name of operation: None
- 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?: None
   - Where did injury occur?: Location
   - 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

### REQUESTED INSTRUCTIONS AND SIGNATURES

- If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
- [Signature]
- [Address] 928 Eligo Ave, Silver Spring, MD
- [Address] 3542 4th Ave, Silver Spring, MD
- [Date] 1934
- [Signature]

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- [Date] 1934
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UNITED STATES STANDARD CERTIFICATE OF DEATH

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</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Silver Spring
   Registration Dist. No.: 217
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME
   (a) Residence: No.
   (b) 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?

   6. DATE OF BIRTH (month, day, and year): Feb 8, 1894
   7. AGE: Years 43, Months 0, Days 18
   8. OCCUPATION: House Laborer
   9. If less than 1 day, hrs. or min.
   10. Date deceased last worked at this occupation: May 16, 1934
   11. Total time (years) spent in this occupation: 35

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

   13. NAME: William
   14. BIRTHPLACE (city or town): Baltimore
      (State or country): Md.

   15. MAIDEN NAME: Sillah Washington

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

   17. INFORMANT: Hospital Record
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Brandywine Pk.
      Date: June 29, 1934

   19. UNDERTAKER: E. H. Haines
   20. FILED: June 27, 1934

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
      June (Month) 2 (Day) 1934 (Year)

   1. HEREBY CERTIFY
      That I attended deceased from June 21, 1934, to June 26, 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
   were as follows:

   Other Contributory Causes of importance:

   Name of operation: None
   Where did injury occur: Germantown

   Manner of injury: Fall from bench
   Nature of injury: Fractured neck

   Date of operation: None
   Was there an autopsy?: No

   Accident, suicide, or homicide?: No
   Date of injury: None

   Where did injury occur?: Germantown
   Specify whether injury occurred in INDUSTRY, HOME, or IN PUBLIC PLACE.

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

   If so, specify:

   (Signed) M. D.
   (Address) Sandford Spring, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Other contributory causes of importance:</td>
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</tr>
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<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: Montgomery
Village or City: North Bethesda
Registration Dist. No.: 214
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: No. Rensington, Md.
(U 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

Married

HUSBAND OF (or) WIFE OF

Lawrence Black

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

Dec. 22, 1859

7. AGE

Years: 74
Months: 6
Days: 13

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

Housewife

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

Housewife

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

Jun 5, 1934

11. Total time (years) spent in this occupation

55 years

12. BIRTHPLACE (city or town)

Rockville

(State or country)

13. NAME

Anthony Reinhardt

14. BIRTHPLACE (city or town)

Switzerland

(State or country)

15. MAIDEN NAME

Catherine Black

16. BIRTHPLACE (city or town)

Rockville

(State or country)

17. INFORMANT

Lawrence Black

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Bethel
Date: June 8, 1934

19. UNDERTAKER

W. Reilly—Emmitton

(Address)

20. FILED

June 7, 1934

Margaret C. Remmick

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from on June 5th, 1934, to

I last saw h alive on June 19; death is said to have occurred on the date stated above, at 4:00 p.m. The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset: June, 1934

Other contributing causes of importance:

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

Accident, suicide, or homicide? Date of injury: 19

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

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

Menner of injury

Nature of injury

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

If so, specify

(Signed)

M. D.

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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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<tr>
<td>July 5, 1927</td>
<td></td>
</tr>
<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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Gaithersburg, Md.
   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: Lester Stanley Grimm
   (a) Residence: No. 703 Montana Ave., Ward.
   (b) If nonresident give city or town of birth.

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) 6/11/1864

7. AGE: Years: 65
   Months: 7
   Days: 3
   If LESS than 1 day, hours or min.: 1

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

9. OCCUPATION: Salesman

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: 1924

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE: (city or town) Baltimore, Md.

13. NAME: David H. Grimm

14. BIRTHPLACE: (city or town) Baltimore, Md.

15. MAIDEN NAME: Mary R. Hancworth

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

17. INFORMANT: R. Alonzo Steele

18. BURIAL, CREMATION, OR REMOVAL: Aberdeen, Md., Date: June 12, 1934

19. UNDERTAKER: Martin W. Haring

20. FILED: June 10, 1934, Alfred W. Sunderland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: (Month) 6, (Day) 10, (Year) 1934


24. Manner of injury: Nature of injury:

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

   Accidental, 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:

   If so, specify: (Signed): M. D. (Address): Harold H. Van Pelt, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 6.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
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<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Montgom
   Vlilage or City: Eldersburg
   No: 227 St., Ward...
   Length of res... in city or town where death occurred.
   No: 227 St., Ward.
   Length of res... in city or town where death occurred.

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

   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   Single

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

6. DATE OF BIRTH (month, day, and year)
   July 22, 1922

7. AGE
   Years
   Months
   Days

8. Tres, 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 or this occupation
    (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Md

13. NAME
    Roy Sill

14. BIRTHPLACE (city or town)
    Md

15. MAIDEN NAME
    Anna Reid

16. BIRTHPLACE (city or town)
    Md

17. INFORMANT
    Anna Reid

18. BURIAL, CREMATION, OR REMOVAL
    Place: Rockville, Md.
    Date: July 1, 193

19. UNDERTAKER
    (Address)

20. FILED
    Jan. 30, 19...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "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>
<td>1915 Arteriosclerosis</td>
<td>1 week ago Attack of epilepsy</td>
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<tr>
<td>1921 Chronic interstitial nephritis</td>
<td>1 week ago Run over by street car</td>
</tr>
<tr>
<td>July5,1927 Cerebral hemorrhage</td>
<td>3 days ago Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May1,1925</th>
<th>Gastroenteritis</th>
</tr>
</thead>
</table>

Example II

<p>| The principal cause of death and related causes of importance were as follows: |</p>
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Other contributory causes of importance:

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

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

2. **FULL NAME**
   - First Name: Florence
   - Last Name: STEWART

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - July 28, 1865

7. **AGE**
   - Years: 68
   - Months: 10
   - Days: 15

8. **TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE**
   - Housewife

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - June 3, 1934

10. **BIRTHPLACE**
    - City or town: MARSHALLBURG

11. **MOTHER**
    - Name: Julia STEWART

12. **BIRTHPLACE OF MOTHER**
    - City or town: MARSHALLBURG

13. **INFORMANT**
    - Name: Ada STEWART
    - Address: 104 S. 10th St.

14. **BURIAL, CREMATION, OR REMOVAL**
    - Place: MARSHALLBURG
    - Date: June 3, 1934

15. **UNTERDAKER**
    - Name: Henry D. BURKE
    - Address: MARSHALLBURG

16. **DATE OF DEATH**
    - Month: June
    - Day: 3
    - Year: 1934

17. **CAUSE OF DEATH**
    - Cancer of breast

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

19. **MEDICAL CERTIFICATE OF DEATH**
    - I HEREBY CERTIFY that I attended deceased from April 1934 to May 13, 1934. I last saw deceased alive on May 12, 1934. Death is said to have occurred on the date stated above, etc.

20. **PLACE OF DEATH**
    - MARSHALLBURG

21. **REMARKS**
    - None

22. **REGISTRATION DISTRICT**
    - No. 212

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<td></td>
<td>May 1, 1928</td>
</tr>
<tr>
<td></td>
<td>1934</td>
</tr>
<tr>
<td></td>
<td>Under Dr. Nourse changing year of onset of cause of death.</td>
</tr>
</tbody>
</table>

Census form filed July 24, 1934 under Dr. Nourse changing year of onset of cause of death. - L
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Bethesda
   Length of residence in city or town where death occurred: 95 yrs., mos., ds.

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

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   April 6, 1862

7. AGE
   Years: 72
   Months: 1
   Days: 23

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
    Eldridge G. Hammond

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

15. MAIDEN NAME
    (State or country)

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

17. INFORMANT
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Frederick, Md.
   Date: July 7, 1934

19. UNDERTAKER
   (Address)

20. FILED
   July 2, 1934
   Mrs. C. C. Hilton
   Register.

21. DATE OF DEATH
    June 29, 1934

22. MEDICAL CERTIFICATE OF DEATH
    I HEREBY CERTIFY, That I attended deceased from
    June 1927 to June 29, 1934; last saw him alive on
    June 27, 1934; death is said to have occurred on the date stated above, at 11 p.m.

    The principal cause of death and related causes of importance were as follows:
    Date of onset: 1927
    Cause of death: Pulmonary Tuberculosis

    Other contributory causes of importance:
    Tuberculosis, Loss of appetite

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

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

    Manner of injury:
    Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
    If so, specify
    (Signed) Eldridge G. Hammond
    (Address)

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<td>3 days ago</td>
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</table>

Other contributory causes of importance:

Gallstones                                      | May 1, 1925  | Gastroenteritis                                | 1 year       |

Example II

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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: Montgomery
   Village or City: Rock Spring

2. FULL NAME
   Name: George (Tinslaw) Hart
   Residence: Rock Spring, St.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): July 30, 1934
7. AGE: Years 10, Months 0, Days 16

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): July 30, 1934
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 0

12. BIRTHPLACE (CITY OR TOWN): Rock Spring
   (State or country): Maryland

13. NAME: Raymond Kinslaw
14. BIRTHPLACE (CITY OR TOWN): Rock Spring
   (State or country): Maryland

15. MAIDEN NAME: May Hart
16. BIRTHPLACE (CITY OR TOWN): Rock Spring
   (State or country): Maryland

17. INFORMANT (NAME AND ADDRESS): Raymond Kinslaw, Rock Spring, Md.

18. DATE OF DEATH: June 16, 1934
19. UNDERTAKER (ADDRESS): A. E. Perry, Rock Spring, Md.

20. FILED: June 16, 1934

21. DATE OF DEATH: June 16, 1934
22. I HEREBY CERTIFY, That I attended deceased from
   June 15, 1934, to June 16, 1934,
   last saw him alive on June 15, 1934,
   and death is said to have occurred on the date stated above, at 6:15 a.m.

23. PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE:
   Acute Cardiac Failure
   Acute Bronchitis

24. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILLED IN ALSO THE FOLLOWING:
   ACCIDENT, SUICIDE, OR HOMICIDE? Date of injury: June 16, 1934
   WHERE DID INJURY OCCUR? Ind: Rock Spring, Md.
   SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   MANNER OF INJURY: Accident
   NATURE OF INJURY: Fall

25. IF DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   IF SO, SPECIFY (SIGNED): John Kinslaw, 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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8.—The trade, profession, or particular kind of work 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.

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:

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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
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<td></td>
<td></td>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Olney, Maryland
   The Monticello Hospital
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 9679, St. Paul St., Ward.
   If nonresident give city or town and State of residence.
   Mr. Edgar Jackson Hash
   (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):
      Married
   6. Date of Birth (month, day, and year): Nov. 15, 1888
   7. AGE: 45 years 7 months 2 days
      If less than 1 year, hrs. or min.

OCCUPATION
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Salesman
   9. Industry or business in which work was done, as SAW MILL, SAW MILL, BANK, etc.: Salesman
   10. Date deceased last worked at this occupation (month and year): June 15, 1934
      Total time (years and months) spent in this occupation: 20 yrs.

11. BIRTHPLACE (city or town): Independence
    (State or country): Va.

12. NAME: Mr. Alexander Hash
    MOTHER
    13. NAME: Unknown
    14. BIRTHPLACE (city or town): (State or country)
    15. MAIDEN NAME: Unknown

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

17. INFORMANT (Address): Mrs. H. L. Hash
   18. BURIAL, CREMATION, OR REMOVAL: Place: No record
      Date: June 25, 1934

19. UNDERTAKER (Address): Roy W. Barber

20. FILED: June 21, 1934

21. DATE OF DEATH
   (Month) June
   (Day) 21
   (Year) 1934

22. I HEREBY CERTIFY, That I attended deceased from
   June 15, 1934, to June 21, 1934
   Last saw him alive on June 20, 1934; death is said to have occurred on the date stated above, a.m.
   The principal cause of death and related causes of importance were as follows:

   Fracture of Skull with subdural hemorrhage
   Date of onset: 6/18/34
   Other Contributory Causes of importance:

   Fracture of Skull with
   Date of operation: 6/18/34
   Name of operation: Craniotomy
   Date of: 6/18/34
   What test confirmed diagnosis: X-ray
   Was there an autopsy: No.

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?: Homicide
   Date of injury: 6/17, 1934
   Where did injury occur?: At his home
   (Specify city or town, county and State)
   Specify whether injury occurred: In industry, in home, or in public place.
   Home
   Manner of injury: Blow on head
   Nature of injury: Laceration of fracture

24. Was disease or injury in any way related to occupation of deceased?: No.
   If so, specify
   (Signed) M. D. (Address) Sandy Spring, Md.

If more blanks are needed, address State Registrar, 2412 N. 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.

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<td>Chronic interstitial nephritis</td>
<td>1921</td>
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<th>The principal cause of death and related causes of importance were as follows:</th>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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Other contributory causes of importance:

**Example I**

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

**Example II**

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

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

**1. PLACE OF DEATH**
- County: Montgomery
- Village or City: Bethesda
- Registration Dist. No. 214
- Ward.

**2. FULL NAME**
- Christian Name: Winston Reves Haynes
- (a) Residence: No. 9119 Colesville Road, St., Ward.

**PERSONAL AND STATISTICAL PARTICULARS**

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

**5a.** If married, widowed, or divorced HUSBAND of (or) WIFE of
- Reves Haynes

**6. DATE OF BIRTH**
- (Month, day, and year): June 2, 1898

**7. AGE**
- Years: 6
- Months: 6
- Days: 0

**8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE**
- SPINNER

**9. OCCUPATION**
- Physician

**10. DIED AT THIS OCCUPATION**
- Spare Mill, Bank, etc.

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

**12. BIRTHPLACE**
- City or town: Germanna, Va.
- State or country: Va.

**13. NAME OF MOTHER**
- John Thomas Haynes

**14. BIRTHPLACE**
- City or town: Germanna, Va.
- State or country: Va.

**15. MAIDEN NAME**
- Reves

**16. BIRTHPLACE**
- City or town: Germanna, Va.
- State or country: Va.

**17. INFORMANT**
- Address: Reves

**18. BURIAL, CREMATION, OR REMOVAL**
- Place: Memorial Church, Jan 11, 30

**19. UNDERTAKER**
- Address: Rockville, Md.

**20. FILED**
- Address: 1809 Dulaney St., M. D.

**21. DATE OF DEATH**
- (Month, Day, Year): June 8, 1934

**22. MEDICAL CERTIFICATE OF DEATH**
- I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1932, to June 8, 1934.
- I last saw deceased alive on June 5, 1934; death is said to have occurred on the date stated above, at 12:45 A.M.
- The principal cause of death and related causes of importance were as follows:

  - Chronic myocarditis

**23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

**24. 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.

**25. MANNER OF INJURY**

**26. NATURE OF INJURY**

**27. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
- No

**28. IF SO, SPECIFY**

**29. REGISTRAR**
- Signed: Laverne Rod
- Address: 1809 Dulaney St., M. D.

If more blanks are needed, address State Registrar, 2431 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>May 1, 1928</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Rockville
   No.: Lincoln Park
   St., Ward:

2. FULL NAME
   (a) Residence: No. Lincoln Park
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
   4. COLOR OR RACE
   5a. If married, widowed, or divorced
   HUSBAND OF
   OR WIFE OF
   6. DATE OF BIRTH (month, day, and year)
   7. AGE Years Months Days
   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

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH
      June 7, 1934
      (Month) (Day) (Year)
   22. I HEREBY CERTIFY, That I attended deceased from
      6:30 A.M. to 6:45 A.M. on June 7, 1934.
      I last saw him alive on
      June 7, 1934; death is said
      to have occurred on the date stated above, at
      6:45 A.M.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance
      were as follows:
      Prematurity

      Date of onset: 6-7-34
      Other Contributory Causes of importance:

      Name of operation
      Date of operation
      What last confirmed diagnosis? Heart's disease.
      Was there an autopsy? No.

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

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

      Manner of injury
      Natura of injury

If more blanks are needed, address State Registrar, 2413 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Montgomery
   - Village or City: Olney
   - Registration Dist. No.: 217
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Stillborn Baby Ireland
   - Residence: No. St., Ward.

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Unknown
4. **COLOR OR RACE**
   - Colored
5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - Single

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - Stillborn 6/14/1934

22. **I HEREBY CERTIFY**

   - I last saw h. stillborn, 19, to, 19.

   - I certify that the death occurred on the date stated above, at .

23. **PRINCIPAL CAUSE OF DEATH**

   - Premature birth

24. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

   - Separation of placenta
   - Edema of face

25. **NAME OF OPERATION**
   - None

26. **DATE OF EXAMINATION**
   - None

27. **WAS THERE AN AUROPSY?**
   - No

28. **IF DEATH DUE TO VIOLENCE, FILL IN THE FOLLOWING**

   - Accident, suicide, or homicide?
   - Nature of injury?
   - Who did injury occur?
   - Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

29. **MANNER OF INJURY**
   - None

30. **NATURE OF INJURY**
   - None

31. **DATE OF OCCUPATION**

32. **PLACE OF OCCUPATION**

33. **DATE OF BIRTH**

34. **AGE**

35. **DATE DECEASED LAST WORKED AT OCCUPATION**

36. **TOTAL TIME SPENT IN OCCUPATION**

37. **BIRTHPLACE**

38. **NAME**

39. **FATHER**

40. **MOTHER**

41. **MAIDEN NAME**

42. **BIRTHPLACE**

43. **BIRTHPLACE**

44. **INFORMANT**

45. **PLACE OF CREMATION OR REMOVAL**

46. **UNDERTAKER**

47. **FILED**

48. **SKETCH**

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County: Montgomery
Village or City: Bethesda

2. FULL NAME

(a) Residence: No. 17 Oakdale, Maryland

3. SEX

Female

4. COLOR OR RACE

Colored

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

Single

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

Mar. 17, 1918

7. AGE

Years: 25
Months: 3
Days: 8

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

Homemaker

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)

Mar. 24, 1934

11. Total time (years) spent in this occupation

4 yr. 6 mo.

12. BIRTHPLACE (city or town)

Oakdale, Maryland

13. NAME

John Johnson

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

Oakdale, Maryland

15. MAIDEN NAME

Emma Pratt

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

None

17. INFORMANT

Victoria Johnson

18. BURIAL, CREMATION, OR REMOVAL

Place: Northwood, Md.
Date: June 27, 1934

19. UNDERTAKER

Geo. R. Snowing

20. FILED

6/26, 1934

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

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

### Example II

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

Other contributory causes of importance:

- 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: Maryland
   - Village or City: Olsom
   - Length of residence in city or town where death occurred: yrs... mos... ds.

2. **FULL NAME**
   - (a) Residence: No. 200 St., Ward.
   - If nonresident give city or town and State

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)**
   - Married

6. **DATE OF BIRTH (month, day, and year)**
   - 2/24/1850

7. **AGE**
   - Years: 64
   - Months: 3
   - Days: 30
   - If LESS than 1 day, ... hrs. or ... min.

8. **OCCUPATION**
   - Carpenter

9. **DATE deceased last worked at this occupation (month and year)**
   - 14/3

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

11. **DATE OF DEATH**
    - 6 - 26 - 1934

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

13. **NAME**
    - John Johnson

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

15. **MAIDEN NAME**
    - Sarah Smith

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

17. **INFORMANT**
    - Mrs. Elizabeth Johnson
    - Address: 200 St.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Gumwood Cemetery
    - Date: July 1, 1934

19. **UNDERTAKER**
    - Name: E. D. Darnell
    - Address: 200 St.

20. **FILED**
    - July 1, 1934
    - C. S. Barnaby

21. **DATE OF DEATH**
    - 6 - 26 - 1934

22. **I HEREBY CERTIFY**
    - That I attended deceased from...
    - 1934
    - I last saw deceased alive on...
    - 1934
    - Death is said to have occurred on the date stated above, at...
    - Pulmonary Sclerosis
    - Date of onset: 6/25/34

23. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - Acute Xanxous Appendicitis with Perforation
    - Name of operation: Appendectomy
    - Date of operation: 6/26/34

24. **MANNER OF DEATH**
    -自然

25. **NATURE OF INJURY**
    -自然

26. **WAS DISEASE OR INJURY RELATED TO OCCUPATION OF DECEASED?**
    - No

27. **SIGNATURE**
    - M.D.

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Other contributory causes of importance:

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

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

1. PLACE OF DEATH

- County: Montgomery  
- Village or City: Olney, Maryland  
- Hospital: North Montgomery Co. Gen. Hospital  
- Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

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

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)

- Stillborn 6/19/34

7. AGE (Years) (Months) (Days)

- If less than 1 year: hrs. or. min.

8. Occupation

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

9. Industry or business in which work was done, as SAWMILL, SAWMILL, BANK, etc.

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

11. Total time spent in this occupation

12. BIRTHPLACE (city or town)

- Olney, Maryland

13. NAME

- Bryan Johnson

14. BIRTHPLACE (city or town)

- Highland, Maryland

15. MAIDEN NAME

- Elizabeth O'Donnell

16. BIRTHPLACE (city or town)

- Snow Hill, Maryland

17. INFORMANT

- Hospital Records

18. DURATION, CREMATION, OR REMOVAL

- Place: Hospital  
- Date: June 19, 1934

19. UNDERTAKER

- Hospital Authority  
- Address:

20. FILED

- June 19, 1934

If more blanks are needed, address State Register, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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</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: Olney, Md.
Registration Dist. No. 217

2. FULL NAME

(a) Residence: No. 3321 Clarksville, Md.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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 end)

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 (Month) JUN 5

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934, to June 5, 1934, I last saw him alive on June 5, 1934; death is said to have occurred on the date stated above, at 1:20 p.m.

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

Rocky Mountain

Other Contributory Causes of importance:

Sangs

Name of operation: none

Date of: none

What test confirmed diagnosis? Examination. Was there an autopsy? no

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

Accident, suicide, or homicide? none

Date of injury: none

Where did injury occur? none

(Specify city or town, county and State)

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

Manner of injury: none

Nature of injury: none

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

If so, specify:

(Signed) none

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</tbody>
</table>

Other contributory causes of importance:

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

### Example II

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<tr>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>1 year</td>
</tr>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Silver Spring
   Registration Dist. No.: 214
   Length of residence in city or town where death occurred: YRS. 6 mos. 16 ds.

2. FULL NAME: Marguerite L. Leigean
   (a) Residence: No. 736 E. Bayou Ave., St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Feb. 16, 1855
7. AGE: 79 years
8. Trade, profession, or particular kind of work done: Retired
9. Industry or business in which work was done: Housewife
10. Date deceased last worked at this occupation (month and year):
11. Total time in years spent in this occupation:

12. BIRTHPLACE (city or town): Maryland
13. NAME: John DuBose
14. BIRTHPLACE (city or town): Maryland
15. MAIDEN NAME: Marguerite Leigean
16. BIRTHPLACE (city or town): Maryland
17. INFORMANT (Address):
18. BURIAL, CREMATION, OR REMOVAL: Church, Date: 6/12/1934
19. UNDERTAKER (Address): J. S. Stump, 1934
20. FILED: 6/11/1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 15th, 1934
22. I HEREBY CERTIFY, That I attended deceased from March 10, 1934, to June 10, 1934.
   I last saw deceased alive on June 9, 1934; death is said to have occurred on the date stated above, at 2:30 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   
   Antemortem
   Chronic Intestinal Ulcer, 1925
   Chronic Myocarditis, 1930
   Other Contributory Causes of Importance:

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

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

   (Signed): J. S. Stump, 1934

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<td>May 1, 1923</td>
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</tr>
</tbody>
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1. PLACE OF DEATH
County: Montgomery Co.
Village or City: Takoma Park

2. FULL NAME
Mr. Howard Pembroke Marshall

3. SEX
Male

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Married

5a. If married, widowed, or divorced,
HUSBAND of
Zenobie M. Mathieu

6. DATE OF BIRTH
Jan 9, 1854

7. AGE
80

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

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

10. Date deceased last worked at
this occupation (month and year)
May 1926

11. Total time (years) spent
in this occupation
49

12. BIRTHPLACE (city or town)
Blue mont., Va.

13. NAME
Robert Marshall

14. BIRTHPLACE (city or town)
Blue mont., Va.

15. MAIDEN NAME
Sarah A. Hesser

16. BIRTHPLACE (city or town)
Blue mont., Va.

17. INFORMANT
Washington Sanitarium Records
Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Blue mont., Va.
Date: June 14, 1934

19. UNOVERTAKER
J. Crafton Lang

20. FILED
June 13, 1934

21. DATE OF DEATH
June 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from
May 31, 1934, to June 13, 1934;
I last saw h. in life on June 13, 1934; death is said
to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of
importance were as follows:
Ate hrts. impd.
Frocofle.

23. Accident, suicide, or homicide?
Date of injury
Where did injury occur?
Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

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

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

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

To be complete, an occupation return must state:
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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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</tr>
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<tbody>
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</tr>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | Other contributory causes of importance: |
| May 1, 1923 | 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: Fairland
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Personal: Remus H. Miles
   - Residence: No. 140 T. F. St.

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. <strong>SEX</strong></td>
</tr>
<tr>
<td>4. <strong>COLOR OR RACE</strong></td>
</tr>
<tr>
<td>5. <strong>SINGLE, MARRIED, WIDOWED, OR DIVORCED</strong></td>
</tr>
<tr>
<td>6. <strong>DATE OF BIRTH</strong> (month, day, and year)</td>
</tr>
<tr>
<td>7. <strong>AGE</strong></td>
</tr>
<tr>
<td>8. <strong>OCCUPATION</strong></td>
</tr>
<tr>
<td>9. <strong>DATE OF DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)</strong></td>
</tr>
<tr>
<td>11. <strong>TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION</strong></td>
</tr>
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<tr>
<td>21. <strong>DATE OF DEATH</strong> (Month)</td>
</tr>
<tr>
<td>(Day)</td>
</tr>
<tr>
<td>(Year)</td>
</tr>
</tbody>
</table>

I hereby certify that I attended deceased from 1919 to 1919, I last saw him alive on 1919, 1919; death is said to have occurred on the date stated above, at _______ m. The principal cause of death and related causes of importance were as follows:

**Patient died from**

- Heart failure

Other Contributory Causes of importance:

- Date of set
- Name of operation
- Date of
- What test confirmed diagnosis?
- Date of
- Where did injury occur?
- (Specify city and 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 ____________________________________________
   - [Signature] Dr. John Randolph, M.D.

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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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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<td>1921</td>
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<td>1 week ago</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Silver Spring
   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: No. ________ 5111 20th St., N.W.
   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 (specify the word)
   MARRIED

6. DATE OF BIRTH (month, day, and year)
   March 6, 1888

7. AGE
   Years: 76
   Months: 2
   Days: 27
   IF LESS than 1 day, ________ hrs. or ________ min.

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

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

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

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

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

13. NAME
   Joshua Moses

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

15. MAIDEN NAME
   Josephine

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

17. INFORMANT (Address)
   Mary Moses, Silver Spring, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place of Burial: Union Cemetery, June 5, 1934

19. UNDERTAKER (Address)
   Silver Spring, Md.

20. FILED (Address)
   June 4, 1934

21. DATE OF DEATH
   June 2, 1934

22. I HEREBY CERTIFY. That I attended deceased from April 15, 1934, to June 2, 1934.

23. Other Contributory Causes of Importance:
   Date of onset

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

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

26. If so, specify
   (Signed) 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

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**Example I**

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

Other contributory causes of importance:

*Gallstones* | May 1, 1928

**Example II**

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

Other contributory causes of importance:

*Gastroenteritis* | 1 year

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

1. PLACE OF DEATH
County: Montgomery
Village or City: Takoma Park

No. 255 Maple Ave., St., Ward

Length of residence in city or town where death occurred: 11 yrs. 0 mos. 0 ds.

2. FULL NAME
Mary Frances Nelli
(a) Residence: No. 255 Maple Ave., St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Widowed

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

21. DATE OF DEATH
June 21, 1934

22. I HEREBY CERTIFY. That I attended deceased from June 20, 1934, to June 21, 1934. I last saw her alive on June 20, 1934; death is said 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:

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, 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)

20. FILED
June 22, 1934
Registrar (Address) 194.5 7th Ave., N.E., Washington, D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td></td>
</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>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

   County: Montgomery
   Village or City: Germantown
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

   Stil'l Born June 27, 1885
   (a) Residence: No. 2, W. 2d Street
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      Male
      4. COLOR OR RACE
      White
      5a. If married, widowed, or divorced
      HUSBAND of
      (or) WIFE of

   6. DATE OF BIRTH (month, day, and year)
      June 27th, 1885

   7. AGE
      Years
      Months
      Days

   8. Trade, profession, or particular kind of work done, as SPINNER, SAVER, 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)
      Maryland
      (State or country)

   13. NAME
      Herbert C. Bell
      (Father)

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

   15. MAIDEN NAME
      Mary Magdalene Pendleton
      (Mother)

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

   17. INFORMANT
      Name: Gertrude Bell
      Address: 127 Park Avenue

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Despatched by railroad 6/29, 1934

   19. UNDERTAKER
      (Address)

   20. FILED
      June 29, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Mon. (Month) 22 (Day), 1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    6/21/34
    I last saw h. alive on
    I, 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:

   Premature Birth
   Malignant Tumour of Mouth
   Caused in contact with snake which alighted in garden

Other Contributory Causes of importance:

   Date of onset

   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)
   (Address)
   (Registered)

[Signature]

If more blanks are needed, address State Registrar, 441 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Chronic interstitial nephritis
Cerebral hemorrhage

Date of onset
1915
1921
July 5, 1927
The principal cause of death and related causes of importance were as follows:
Attack of epilepsy
Run over by street car
Peritonitis

Date of onset
1 week ago
1 week ago
3 days ago

Other contributory causes of importance:
Gallstones

Date of onset
May 1, 1923

Example II

Gastroenteritis

Date of onset
1 year

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

1. **PLACE OF DEATH**
   - County: Montgomery
   - Village or City: Takoma Park
   - Registration Dist. No.: 223
   - No. Washington Sanst. Street: 1
   - Ward: 3

2. **FULL NAME**
   - Unnamed Male infant; stillborn Newcomb

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Male
   - **COLOR OR RACE**: White

4. **MEDICAL CERTIFICATE OF DEATH**
   - **DATE OF DEATH**: June 19, 1934
   - **DATE OF BIRTH**: June 19, 1934
   - **AGE**: 0 years
   - **OCCUPATION**: Worked at Silk Mill

5. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
   - Name of operation:
   - Date of:
   - Cause of death:

6. **CONTRIBUTORY CAUSES OF DEATH**
   - Accident, suicide, or homicide:
   - Date of injury:
   - Where did injury occur:
   - Nature of injury:

7. **BIRTHPLACE**
   - Father: Fort Atkinson, Wisconsin
   - Mother: Ellsworth, Wisconsin

8. **INFORMANT**
   - Washington Sanst. Records

9. **BURIAL/CREMATION/REMOVAL**
   - Place: Washington Sanst. Street
   - Date: June 20, 1934

10. **UNDERTAKER**
    - Floyd E. Newcomb

11. **FILING**
    - June 20, 1934

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Date of onset</td>
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<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td>1927</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
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</tr>
<tr>
<td>Attack of epilepsy</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Gastroenteritis</strong></td>
<td>1 year</td>
</tr>
</tbody>
</table>

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

---
**STATE OF MARYLAND**
**CERTIFICATE OF DEATH**

**Registration Dist. No. 216**

**PLACE OF DEATH**

County: Montgomery
Village or City: Bethesda (No. 7214 Bradley Blvd)

**FULL NAME:** Lena Barkdale Newton

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>white</td>
<td>Married</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>AGE</th>
<th>OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 8, 1867</td>
<td>68 yrs, 6 mos, 6 da.</td>
<td>Homemaker</td>
</tr>
</tbody>
</table>

**DATE OF DEATH:**

JUNE 15, 1934

**MEDICAL CERTIFICATE OF DEATH**

I HEREBY CERTIFY, That I attended the deceased from AUG. 1, 1922, to JUNE 15, 1934, that I last saw her alive on JUNE 7, 1934, and that death occurred on the date stated above, at 8:15 a.m.

The CAUSE OF DEATH was as follows:

CARCINOMA OF STOMACH

**CONTRIBUTORY CAUSES**

Contributory Secondary

(Signed)  
Fred C. Furlong  
M.D.  
June 15, 1934  
(Address) 1335 1st Ward, DC

**LENGTH OF RESIDENCE**

For Hospitals, Institutions, Transients or Recent Residents

At place of death yrs mos da.  In the State yrs mos da.

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

Former or usual residence

**PLACE OF BURIAL OR REMOVAL**

Clarendon, 1924  
June 15, 1934

**UNDEARTAKER**

C. J. Green  
Address: 20, Wilson Blvd, Clarendon, 1924
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Olney
   Registration Dist. No.: 212

2. FULL NAME
   Mrs. Elsie B. Poffenbarger
   Residence: No. Washington Grove, Md.

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED

6. DATE OF BIRTH
   April 4, 1876

7. AGE
   48 Years

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

9. OCCUPATION
   Home

10. BIRTHPLACE
    Washington County, Maryland

11. NAME
    John M. Stone

12. FATHER
    R. S. B. Poffenbarger

13. MOTHER
    Emma Jane Barkman

14. BIRTHPLACE
    Rohrsville, Maryland

15. BURIAL, CREMATION, OR REMOVAL
    Place: Washington Grove, Md.

16. DATE OF DEATH
    June 2, 1934

17. INFORMANT
    Jesse G. Poffenbarger

18. UNDERTAKER
    Wm. B. Davis, Jr.

19. FILED
    June 5, 1934

20. SIGNED
    F. T. Broschard

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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<td>1915</td>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

---

Example II

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<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<tbody>
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<td>1 year</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: Montgomery
   Village or City: Olney, Md.
   Registration Dist. No. 217
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME
   (a) Residence: No.
   Ward.
   (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)
   WIDOWED

6. DATE OF BIRTH (month, day, and year)
   Nov. 12, 1849

7. AGE
   Years 64
   Months
   Days 7
   If less than 1 day, hrs. or min.

8. TRADE, PROFESSION, OR PARTICULAR
   Occupation: Retired
   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)
    Bear Brauch
    (State or country)

13. NAME
    Unknown

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

15. MAIDEN NAME
    Unknown

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

17. INFORMANT
    Hospital Records
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    DECEASED AND DATE Jan. 23, 1937

19. UNDERTAKER
    Roy W. Barley
    (Address)

20. FILED
    June 21, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    June 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    July 23, 1937 to June 21, 1937

23. Date of onset
    6/1/37

Other Contributory Causes of Importance:

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

25. If so, specify
    (Address)

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

Other contributory causes of importance:

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

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

1. **PLACE OF DEATH**
   - County: Montgomery
   - Village or City: Treesdale
   - Registration Dist. No.: 213
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME:** Franklin Thomas Silk
   - Residence: No. (Usual place of abode)

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>SEX: Male</td>
</tr>
<tr>
<td>SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single</td>
</tr>
</tbody>
</table>

3. **DATE OF DEATH**
   - Month: June
   - Day: 20
   - Year: 1934

4. **BIRTHPLACE**
   - City or town: Montgomery Co., Md.

5. **AGE**
   - Years: 54
   - Months: 2
   - Days: 1

6. **OCCUPATION**
   - Industry or business in which work was done: Silk Mill, Sawmill, Bank, etc.

7. **DATE OF BIRTH**
   - Month: February
   - Day: 17
   - Year: 1884

8. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - Month: June
   - Day: 20
   - Year: 1934

9. **DATE OF DEATH**
   - Month: June
   - Day: 18
   - Year: 1934

10. **CAUSE OF DEATH**
    - Acute Gastritis
    - Other Contributory Cause of Importance: Appendicitis

11. **BIRTHPLACE**
    - City or town: Hartford, Co., West Virginia

12. **INFORMANT**
    - Name: Isaac Silk
    - Address: Rockville, Md.

13. **BURIAL, CREMATION, OR REMOVAL**
    - Place: River Hill, Montgomery Co.
    - Date: June 20, 1934

14. **UNDERTAKER**
    - Name: H. M. Snyder
    - Address: Mt. Airy Race

15. **FILED**
    - Date: June 20, 1934

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>Gallstones</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
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<td>3 days ago</td>
</tr>
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</table>

Other contributory causes of importance:

Gallstones | May 1, 1923 | Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery
   Village or City: North Grafton
   No. St. Ward
   Length of residence in city or town where death occurred: 10 yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME: Robert J. Stephens
   (a) Residence: No. 574 Purdown, Ind.

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: M.
   4. COLOR OR RACE: Y.
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
      WIDOWED
   5a. If married, widowed, or divorced
      HUSBAND (or) WIFE of
      Edward Stephens
      Apr. 5, 1857
   6. DATE OF BIRTH (month, day, and year)
      July 7, 1837
   7. AGE
      Years: 70
      Months: 7
      If LESS than 1 day, ______ hrs. or ______ min.
   8. Trade, profession, or particular
      KIND OF WORK done, as SPINNER, SAWYER, BOOKKEEPER, etc.
      Harmer
   9. Industry or business in which
      WORK was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at
      THIS OCCUPATION
      1932
      11. Total time (years)
      spent in this occupation (month and year)
      50 yrs.
   12. BIRTHPLACE (city or town)
      Waterford, London Co.
      (State or country)
   13. NAME: John H. Stephens
      (State or country)
   14. BIRTHPLACE (city or town)
      (State or country)
   15. MAIDEN NAME: Rosannah
      (State or country)
   16. BIRTHPLACE (city or town)
      (State or country)
   17. INFORMANT: Edgar Stephens
      (Address)
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Beallville Ind. Date June 14, 1934
   19. UNDERTAKER: Harmer, Penhale
      (Address)
   20. FILED: June 19, 1934, Stella W. Burdett
      Registrar.

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH
      (Month) (Day) (Year)
      June 11, 1934
   22. I HEREBY CERTIFY, That I attended deceased from
      June 7, 1934, to June 11, 1934, death is said
to have occurred on the date stated above, at 6 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   23. Chronic nephritis, advanced
   Other Contributory Causes of importance:
      Chronic endothoracic, 4 yrs.

   Name of operation
   Date of operation
   What test confirmed diagnosis? Was there an autopsy? No
   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)
      Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

   Manner of injury
   Nature of Injury
   25. Was disease or injury in any way related to occupation of deceased? No
   If so, specify
      (Signed) George M. Boyer
      M. D.
      (Address) Damascus Ind.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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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, 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 1</th>
<th>Example 2</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>
<td>Arteriosclerosis</td>
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</tr>
<tr>
<td>Date of onset</td>
<td>1915</td>
</tr>
<tr>
<td></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>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Montgomery
Village or City: Potomac
No. St. Ward

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

2. FULL NAME
(a) Residence: Potomac, Md.

3. SEX
Female

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single

6. DATE OF BIRTH
June 30, 1934

7. AGE
Years: 62
Months: 8
Days: 1
If LESS than
1 year, fia. 3 mos. or
1 day, 12 hrs.

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
Potomac, Md.

(State or country)

13. NAME
Robt. E. Swain

14. BIRTHPLACE (city or town)
Hagerstown, Md.

(State or country)

15. MAIDEN NAME
Virginia M. Stang

16. BIRTHPLACE (city or town)
Getmanburg, Md.

(State or country)

17. INFORMANT
Robt. E. Swain, 2nd.

(Address)

18. BURIAL, CREMATION, OR REMOVAL


19. UNDERTAKER


20. FILED
June 30, 1934

Registrar.

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.

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</thead>
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<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
   No. St., Ward
   Village or City: Martinsburg
   (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

2. FULL NAME: Charles W. Thompson
   (a) Residence: No. (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
   HUSBAND OF: Thomas Thompson
   6. DATE OF BIRTH (month, day, and year): 1859
   7. AGE: Years Months Days

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

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): Maryland
    (State or country)

13. NAME: Albert Thompson

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

15. MAIDEN NAME: Elizabeth Parker

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

17. INFORMANT (Address): Otto Thompson

18. BURIAL, CREMATION, OR REMOVAL
    Place: Martinsburg
    Date: 19

19. UNOERTAKER (Address): William T. Price

20. FILED: June 17, 1934, Ed White

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 18, 1934

22. I HEREBY CERTIFY That I attended deceased from May 10, 1934, to June 7, 1934; death is said to have occurred on the date stated above, at 12 noon.

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

MITRAL INSUFFICIENCY 1930

Other Contributory Causes of Importance:

Cardiac Hypertrophy of 1930

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

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

   Accident, suicide, or homicide? Date of injury
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

   Manner of Injury

   Nature of injury

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

   (Signed) M.D. [Signature]
   (Address) [Address]

If more blanks are needed, address State Registrar, 2441 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housewife, 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**

<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:**

Gallstones                     May 1, 1928

**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:**

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: near Chevy Chase
   Length of residence in city or town where death occurred: yrs. mos. ds.
   Registration Dist. No.: 216
   No.: St., Ward.

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

3. SEX
   Male
   Female

4. COLOR OR RACE
   White
   Other

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

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

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

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

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

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

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

12. BIRTHPLACE (city or town)
    Birthplace

13. NAME
    Name

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

15. MAIDEN NAME
    Maiden Name

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

17. INFORMANT
    Informant
    Address

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Date

19. UNDERTAKER
    Undertaker
    Address

20. FILED
    Date
    Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from
    (Month)
    (Day)
    (Year)

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

24. Other Contributory Causes of Importance:
    Cause

25. Name of operation:
    Operation

26. Date of operation:
    Date

27. What test confirmed diagnosis?
    Test

28. Was there an autopsy?
    Yes

29. If death was due to external causes (violence) fill in also the following:
    Location
    Date

30. Accident, suicide, or homicide?
    Suicide

31. Where did injury occur?
    Place

32. Specify whether injury occurred in industry, in home, or in public place.
    Industry

33. Manner of injury:
    Manner

34. Nature of injury:
    Nature

35. Disease or injury in any way related to occupation of deceased?
    Yes

36. If so, specify:
    Disease

37. (Signed)
    Signature
    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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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>Attack of epilepsy</td>
<td>1 week ago</td>
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<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
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<td>Peritonitis</td>
<td>3 days ago</td>
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</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Gaithersburg
   Length of residence in city or town where death occurred: 20 yrs.

2. FULL NAME: William Hilton Wade
   (a) Residence: Gaithersburg, R.F.D.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | Male |
| 4. COLOR OR RACE | White |
| 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED | Married |
| HUSBAND OF (or) WIFE OF | Helen W. Wade |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) June 5
   (Day) 1934
   (Year)

22. I HEREBY CERTIFY, That I attended deceased from
   Aug 1934, to June 5, 1934, I last saw him alive on June 2, 1934; death is said to have occurred on the date stated above, et al...
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Cerebral Hemorrhage
   Arterial Sclerosis
   Myocarditis (Rheumatic)

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
   Nature of injury
   Manner of injury

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

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<tr>
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<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
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</tr>
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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>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1925</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: Montgomery
Village or City: Forest Hill

2. FULL NAME
(a) Residence: No. 1 Forest Glen

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
Dessie Clay Wanner

6. DATE OF BIRTH (month, day, and year)
July 6, 1857

7. AGE
Years: 86
Months: 11

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

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

10. Date deceased last worked at this occupation (month and year)
April 26, 1934

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

12. BIRTHPLACE (city or town)
Kutztown, Pennsylvania

13. NAME
Peter D. Wanner

14. BIRTHPLACE (city or town)
Kutztown, Pennsylvania

15. MAIDEN NAME
Sarah Frey

16. BIRTHPLACE (city or town)
Kutztown, Pennsylvania

17. INFORMANT
Mr. Henry Wanner

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Cem., Date: June 8, 1934

19. UNDERTAKER
Mr. Austin Church, Rockville, Maryland

20. FILED
June 7, 1934, Margaret E. Tremaine

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
Month: June, Day: 6, Year: 1934

22. I HEREBY CERTIFY that I attended deceased from
July 6, 1857, to June 6, 1934.
Last saw him alive on
June 5, 1934; death is said
have occurred on the date stated above, at 7:45 am.
The Principal CAUSE OF DEATH and related causes of importance
were as follows:

Wanner

Other Contributory Causes of importance:
Chronic Valvular Heart disease
Chronic Myocarditis
Neural Encephalitis (Rickettsia)

Date: 5/1/34

Name of operation performed:

What last confirmed diagnosis?

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

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

If so, specify

(Signed) Dr. Marion Brownhead
Address: Kensington, Ind.

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.

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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, apoplexy, 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>

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

### Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</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: Montgomery
   Village or City: Silver Spring
   Registration Dist. No.: 13
   Length of residence in city or town where death occurred: 2 yrs.
   How long in U.S. if of foreign birth?: yrs. mos.

2. FULL NAME: Raymond O'Mara Wilmoth
   (a) Residence: No. 32, Woodside Park 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: December 25, 1886

7. AGE: Years 47, Months 5, Days 23

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

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

10. Date deceased last worked at this occupation: June 18, 1934

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE: City or town: Washington, D.C.
    State or country: District of Columbia

13. NAME: John Jay Wilmoth

14. BIRTHPLACE: City or town: VA.
    State or country: Virginia

15. MAIDEN NAME: Louise Williams

16. BIRTHPLACE: City or town: VA.
    State or country: Virginia

17. INFORMANT: Address: 5114 92d St., NW.

18. BURIAL, CREMATION, OR REMOVAL: Place: Arlington National Cemetery, June 21, 1934

19. UNDERTAKER: Address: 305 - 4th St., N.W., Washington, D.C.

20. FILED: 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1934, to June 18, 1934.
    I last saw him alive on June 17, 1934; death is said to have occurred on the date stated above, at 4:17 p.m.
    The principal cause of death and related causes of importance were as follows:
    Myocarditis

    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?...
    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) 1927

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>Attack of epilepsy</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: Gallstones</td>
<td>Other contributory causes of importance: Gastroenteritis</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery County
   Village or City: Takoma Park
   Hospital: Washington Sanitarium
   Length of residence: 17 yrs. 1 mos.
   Date of death: June 14, 1934

2. FULL NAME: Samuel Calvert Wolfe
   Residence: 105 Flower Ave.
   Street: St.
   Ward:

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SINGE, MARRIED, WIDOWED, OR DIVORCED: MARRIED
   HUSBAND OF: Clara Wolfe
6. DATE OF BIRTH: June 1, 1860
7. AGE: 74 yrs. 0 mos. 13 days
8. OCCUPATION: Carpenter
9. TRADE, PROFESSION, OR BUSINESS IN WHICH WORK WAS DONE: Woodwork shop
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: May 11, 1934
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 20 yrs.
12. BIRTHPLACE (CITY OR TOWN): Pennsylvania
13. NAME: Samuel Wolfe
14. FATHER: (State or Country)
15. MAIDEN NAME: Emma Leibeng
16. BIRTHPLACE (CITY OR TOWN): Pennsylvania
17. INFORMANT: Washington Sanitarium Records
18. BURIAL, CREMATION, OR REMOVAL: Place: Takoma Park
   Date: June 17, 1934
19. UNDERTAKER: H. W. Lumber
20. FILED: June 14, 1934

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: June 14, 1934
22. I HEREBY CERTIFY: That I attended deceased from May 14, 1934, to June 14, 1934
   I last saw him alive on June 14, 1934; death is said to have occurred on the date stated above, at 9:45 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Transplantation
   Date of onset: May 27, 1934

Other Contributory Causes of importance:

Name of operation: Transplantation
What test confirmed diagnosis?: Yes
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: 19
   Where did injury occur?: (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE:

Manner of injury
Nature of injury

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

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

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

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

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

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

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

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

Example I

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

Other contributory causes of importance:

| Gallstones | 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: Montgomery
   Village or City: Potomac
   Registration Dist. No: 213
   No. St. Ward
   Length of residence in city or town where death occurred: Yrs. Mos. Ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Aug. 31, 1934

7. AGE
   Years: 1
   Months: 9
   Days: 11
   If LESS than 1 day, hrs., or min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Was: Potomac
    (State or country)

13. NAME
    Robert S. Wright

14. BIRTHPLACE (city or town)
    Was: Bridget
    (State or country)

15. MARTH NAME
    Frances

16. BIRTHPLACE (city or town)
    Was: Exeter
    (State or country)

17. INFORMANT
    Robert S. Wright
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Monument Hill, Brandywine
    Date: June 14, 1934

19. UNDERTAKER
    M. H. F. Snell
    (Address)

20. FILED
    6-14, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    June 12, 1934

22. I HEREBY CERTIFY. That I attended deceased from
    Aug. 31, 1932, to June 12, 1934
    I last saw him alive on... June 10, 1934; death is said to have occurred on the date stated above, at... A.m.
    The principal cause of death and related causes of importance were as follows:
    Hydroacephalus (congenital) Syn: Infant

Other Contributory Causes of Importance:
    Terminal gastrointestinal Jaundice
    Infant

19.34

Name of operation...

Wit that confirmed diagnosis...

Was there an operation...

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...
    No...
    (If so, specify)

(W) M. L. Smith
    M.D.
    Rockville, Md.

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<th>Date of onset</th>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN