STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Washington

Village or City: Baltimore

Length of residence in city or town where death occurred: 26 yrs.

2. FULL NAME

John Ballard

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

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

Married

5a. If married, widow, or divorced

Husband of: Mary Ballard

Wife of: John Ballard

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

1852

7. AGE

Years: 49

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, SAWMILL, BANK, etc.

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Mother

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Mary Ballard

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

George W. Terhune

18. BURIAL, CREMATION, OR REMOVAL

Family Burial on 7/17, 1934

19. UNDERTAKER

George H. DeLany

20. FILED

7/17, 1934

21. DATE OF DEATH

July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1934, to July 14, 1934.

I last saw deceased alive on July 13, 1934; death is said to have occurred on the date stated above, at 11 a.m.

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

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

25. Other Contributory Causes of importance:

26. Date of onset

27. Name of operation

28. What test confirmed diagnosis?

29. Was there an autopsy?

REGISTRATION DIST. No. 270

ST. WARD

If nonresident give city or town and State

M.D.

For use of state only

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
United States Standard Certificate of Death

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

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

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

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

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

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

**Example I**

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

**Other contributory causes of importance:**

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

**Example II**

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

**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

Additional space for further statements by physician.

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*Additional notes or information can be added here.*
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Somersett
   Village or City: Manskin
   Registration Dist. No.: 76-124
   (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: 55 yrs, mos, ds
   How long in U.S. if of foreign birth: yrs, mos, ds

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

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): 1837
7. AGE: About 27
   Years Months Days
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Farmer
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: NO
10. Date deceased last worked at this occupation (month and year): April 1933
11. Total time (years) spent in this occupation: 55
   (State or country)
13. NAME: Salome Clippinger
   (State or country)
15. MAIDEN NAME: Bo, Zibit
   (State or country)
17. INFORMANT (Address): John R. Nach
   Wilmington, Del.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Camp Hill, Pa.
   Date: 7/1/1934
19. UNDERTAKER (Address): John A. Bregardon
20. FILED: 7/20, 1934

If more blanks are needed, address State Registrar, 2414 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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</tr>
<tr>
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1915</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 6, 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>

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

## 1. PLACE OF DEATH
- County: *Somerset*
- Village or City: *Cranfield, Md*
- Length of residence in city or town where death occurred: yrs. 5 mos. 24 ds.

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

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td>White</td>
<td>Married</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 July 1905</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE (years, months, days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housework</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Date deceased last worked at this occupation (month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Total time (years) spent in this occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

## 21. DATE OF DEATH
- (Month) 7
- (Day) 31
- (Year) 1934

## 22. I HEREBY CERTIFY, That I attended deceased from
- (Month) 7
- (Day) 31
- (Year) 1934

I last saw him/her alive on (Month) 7
- (Day) 31
- (Year) 1934

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- Acute myocardial failure
- Acute myocardial failure

Other Contributory Causes of Importance:
- Name of operation: Dewey Cox
- Date of: August 28
- What test confirmed diagnosis? Autopsy
- Was there an autopsy? Yes

## 23. If death was due to external causes (VIOLENCE) fill in also the following:
- Accident, suicide, or homicide: Data of injury: 19
- Where did injury occur? (Specify city or town, county and State):
- Nature of injury: Manner of injury:
- Nature of injury:

## 24. Was disease or injury in any way related to occupation of deceased?
- If so, specify:
- (Signed) Dewey Cox
- (Address) Cranfield, Md

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

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</tr>
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<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

### Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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

1. **PLACE OF DEATH**
   - County: Somerset
   - Village or City: Crisfield, R.D. #2
   - Registration Dist. No.: 270

2. **FULL NAME**: Stillborn Cox
   - Residence: No.
   - Personal and Statistical Particulars:

<table>
<thead>
<tr>
<th>SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</th>
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<tbody>
<tr>
<td>Unkn.</td>
<td>White</td>
<td>Single</td>
</tr>
</tbody>
</table>

   - If married, widowed, or divorced HUSBAND of
   | (or) WIFE of |

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

3. **DATE OF DEATH**
   - Month: July
   - Day: 28
   - Year: 1934

4. **DATE OF BIRTH**
   - Month: July
   - Day: 28
   - Year: 1934

5. **AGE**
   - Years: 0
   - Months: 0
   - Days: 0

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

7. **OTHER CONTRIBUTORY CAUSE OF DEATH**
   - Item 23: If death was due to external causes (VIOLENCE) fill in also the following:
     - Accident, suicide, or homicide? Date of injury: 19
     - Where did injury occur? (Specify city or town, county and State)
     - Manner of injury
     - Nature of injury

8. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Date: 19

9. **UNDERTAKER**
   - Address: 

10. **FILLED**
    - August 19, 1934

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Pyelitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 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: Cresfield, Dorchester
   Village or City: Cresfield
   Length of residence in city or town where death occurred: 91 yrs., mos.
   Registration Dist. No.: 265

2. FULL NAME
   (a) Residence: No.
   Name: Isaac H. Daugherty
   Date of Death: July 4, 1934
   Within Corporate Limits of
   St., Ward.
   Residence: No.
   Place of Abode: No.
   Residence: No.
   St., Ward.
   If nonresident give city or town and state
   Residence: No.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   HUSBAND OF
   Clara Daugherty
   (or) WIFE OF

6. DATE OF BIRTH
   Not known

7. AGE
   Years: 91
   Months: 0
   Days: 0

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.
   Retired

9. OCCUPATION
   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)
   Dorchester

13. NAME
   Jacob Daugherty

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

15. MAIDEN NAME
   Elizabeth

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

17. INFORMANT
   Mrs. Isaac Daugherty

18. BURIAL, CREMATION, OR REMOVAL
   Place: Cresfield
   Date: July 25, 1934

19. UNDERTAKER
   (Address)

20. FILED
   July 4, 1934
   Registrar
   (City, County, and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   July 4, 1934
   (Month) 4
   (Day) 1
   (Year) 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to July 4, 1934,
    I last saw him alive on July 25, 1934, at Cresfield. 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:
    Pulmonary Emphysema

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?
    Where did injury occur? (Specify city or town, county, and state)
    Manner of injury
    Nature of injury
    Date of injury
    Year
    How did injury occur?

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

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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>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>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:

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Prince George's
   Village or City: Largo
   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: 3 yrs., 4 mos., 3 ds.
   How long in U.S. if of foreign birth?: yrs., mos., ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
   4. COLOR OR RACE: Negro
   5. S. M. W. D. (Write the word)

5a. If married, widowed, or if no HUSBAND or (or) WIFE of

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 year)

11. Total time (years) spent in this occupation

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

13. NAME: John Gale
    FATHER: Sarah Boyer

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

15. MAIDEN NAME: Sarah Boyer
    MOTHER: Mae Gale

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Maumee
    Date: Aug. 1, 1934

20. FILED: 7/31/34

REGISTRATION DIST. NO.: 270

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
    July 10, 1934, to July 29, 1934.

23. The principal cause of death and related causes of importance were as follows:
    Name of operation.
    Date of.
    What test confirmed diagnosis?
    Was there an autopsy?

24. Accident, suicide, or homicide?
    Date of injury.
    Where the 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. Accident, suicide, or homicide?
    Date of injury.
    Where the 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.

26. Other Contributory Causes of importance
    Name of operation.
    Date of.
    What test confirmed diagnosis?
    Was there an autopsy?

27. Accident, suicide, or homicide?
    Date of injury.
    Where the 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.

28. Accident, suicide, or homicide?
    Date of injury.
    Where the 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.

29. Accident, suicide, or homicide?
    Date of injury.
    Where the 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.
UNIVERSAL STATE CERTIFICATE OF DEATH

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

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

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

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

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

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

Example I

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

Other contributory causes of importance:

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

Example II

Additional space for further statements by physician.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: [Name]
   Village or City: [Name]
   Registration Dist. No.: [Name]
   St., Ward: [Name]
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME
   (a) Residence: No. [Name]
   (b) Place of abode: [Name]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   July 25, 1902

7. AGE
   Years: 92
   Month: [Name]
   Days: [Name]
   If LESS than 1 day, hrs., or min.

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

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

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)
    [Name]

13. NAME
    Dr. A. Cullin

14. BIRTHPLACE (city or town)
    (State or country)
    [Name]

15. MAIDEN NAME
    Amy A. Holberg

16. BIRTHPLACE (city or town)
    (State or country)
    [Name]

17. INFORMANT
    (Address)
    [Name]

18. BURIAL, CREMATION, OR REMOVAL
    Place: [Name]
    Date: [Name]

19. UNDERTAKER
    (Address)
    [Name]

20. FILED
    (Address)
    [Name]

21. DATE OF DEATH
    (Month) July 25, 1934
    (Day) 1934

22. I HEREBY CERTIFY
    That I attended deceased from
    March 27, 1934, to July 25, 1934
    I last saw her alive on July 23, 1934; death is said
    to have occurred on the date stated above, at [Name]
    The principal cause of death and related causes of importance
    were as follows:
    Pulmonary Tuberculosis

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

(Signed)

If more blanks are needed, address State Registrar, 311 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:

<table>
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<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
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<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<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: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
</tbody>
</table>

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

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

1. PLACE OF DEATH
County: ..................
Village or City: Marcus Pt. Annex. and (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.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
July 26, 3x

7. AGE Years Month Days
If LESS than 1 year, write hrs. or hrs. and min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
Richard N. Howard

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

15. MAIDEN NAME

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

17. INFORMANT
Richard N. Howard

18. BURIAL, CREMATION, OR REMOVAL
Place: Oliver Church Date: July 27, 1928

19. UNDERTAKER

20. FILED
July 26, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
July 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from

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

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

Pneumonia, 1931

Other Contributory Causes of importance:

Name of operation Date of
What test confirmed diagnosis? Date of autopsy?

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

Manner of injury
Nature of injury

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

Address

If more blanks are needed, address State Registrars, 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.

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

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

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

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

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</tr>
<tr>
<td>of importance were as follows:</td>
<td>of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
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<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:

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

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

## 1. PLACE OF DEATH

- County: Somerset
- Village or City: Crisfield
- Hospital: McCready Memorial Hospital
- Registration Dist. No.: 270
- Ward: St., 1st Ward


## 2. FULL NAME

- Name: Mary Jones
- Residence: Broadway

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | F |
| 4. COLOR OR RACE | Col |
| 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) | Married |

- HUSBAND of George Jones
- WIFE of George Jones
- Exact date unknown

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

- (Month): 7
- (Day): 7
- (Year): 1934

### 22. I HEREBY CERTIFY, That I attended deceased from ___________ to ___________.

- (Final date of attendance)

I last saw him/her alive on ___________.  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:

- Cause of Death: ___________ (Write cause of death)
- Date of onset: ___________

Other Contributory Causes of Importance:

- ___________ (Write contributory cause)

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

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

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

- If so, specify ___________

- (Signed) ___________
- M.D.

If more blanks are needed, address State Registrar, 2415 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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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbidity 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: Somerset
   Village or City: Poehls Road
   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. __________________________
   (Usual place of abode)
   If nonresident give city or town and State
   Mary Elizabeth Featherberry
   St. __________________________ Ward

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
   July 9, 1934

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

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) spanned in this occupation

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

13. NAME
   Wilbert Featherberry

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

15. MOTHER NAME
   Mary Wester Dennis

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

17. INFORMANT
   (Address)
   Princess Ann Routa

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Vernon
   Date: July 1934

19. UNDERTAKER
   (Address)
   Mrs. Union

20. FILED __________________________
   July 9, 1934
   Stephen B. Enright
   Registrar.

21. DATE OF DEATH
   (Month) 9  (Day) 2  (Year) 1934
   I hereby certify that I attended deceased from July 9, 1934, to July 9, 1934, death is said to have occurred on the date stated above, and cause.
   The principal cause of death and related causes of importance were as follows:
   Premature Infant

22. Other Contributory Causes of importance:

   Name of operation __________________________ Date of __________________________
   What test confirmed diagnosis? __________________________ There was an autopsy?

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

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 7.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**Example II**

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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

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

1. **PLACE OF DEATH**
   - County: [Blank]
   - Village or City: [Blank]
   - Length of residence in city or town where death occurred: [Blank]

2. **FULL NAME**
   - Female: Stella Palavec
     - Residence: [Blank]

### PERSONAL AND STATISTICAL PARTICULARS

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - W.

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

6. **DATE OF BIRTH**
   - Month: July
   - Day: 27
   - Year: 1934

7. **AGE AT DEATH**
   - Years: 50
   - Months: [Blank]
   - Days: [Blank]

8. **OCCUPATION**
   - [Blank]

9. **DATE DECEASED LAST WORKED**
   - Month: [Blank]
   - Day: [Blank]
   - Year: [Blank]

10. **TOTAL TIME SPENT IN THIS OCCUPATION**
    - Years: [Blank]
    - Months: [Blank]
    - Days: [Blank]

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
    - Month: July
    - Day: 27
    - Year: 1934

22. **I HEREBY CERTIFY**
    - That I attended deceased from __________ to __________
    - I last saw deceased alive on __________, 19__
    - Death is said to have occurred on date stated above, et __________

23. **The Principal Cause of Death**
    - Pneumonia

24. **Other Contributory Causes of Importance**

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

26. **MANNER OF INJURY**
    - [Blank]

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

28. **DATE OF DECEASED LAST WORKED**
    - Month: [Blank]
    - Day: [Blank]
    - Year: [Blank]

29. **TOTAL TIME SPENT IN THIS OCCUPATION**
    - Years: [Blank]
    - Months: [Blank]
    - Days: [Blank]

### SIGNATURES

- **Registrar:** [Signature]
- **Undertaker:** [Signature]
- **Address:** [Address]
- **Filed:** 7/27/34

---

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

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

To be complete, an occupation return must state:

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

Other contributory causes of importance:

| Gallstones                                                   | May 1, 1923 | Gastroenteritis                                                                |

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

Other contributory causes of importance:

| Gastroenteritis                                              | 1 year       |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Somersett
   Village or City: Lawson exon, MD.

2. FULL NAME
   (a) Residence: No. 201 Lawson exon, MD.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widow

   Husband of or Wife of: John William Parker

6. DATE OF BIRTH (month, day, and year)
   May 20, 1861

7. AGE
   Years: 73
   Months: 1
   Days: 25

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

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

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

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

12. BIRTHPLACE (city or town)
    Prince Anne, MD.

13. NAME
    Fortune Howard

14. BIRTHPLACE (city or town)
    Prince Anne, MD.

15. MAIDEN NAME
    Bessie Turner

16. BIRTHPLACE (city or town)
    Prince Anne, MD.

17. INFORMANT
    Grace W. Parker

18. BURIAL, CREMATION, OR REMOVAL
    Place: Church of God
    Date: 1934

19. UNDERTAKER
    James E. Denne

20. FILED
    July 18, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Jan. 1924, to July 15, 1934.

23. The PRINCIPAL CAUSE OF DEATH and related causes of importance
    Were as follows:
    Pulmonary Insufficiency

24. Other Contributory Causes of Importance:
    Edema

25. Name of operation

26. Date of operation

27. Was test confirmed diagnosis?

28. Where did injury occur?

29. Date of injury

30. Nature of injury

31. Manner of injury

32. Where did injury occur?

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

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

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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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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, asphixia, 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>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: Somersett
   - Village or City: Ventor, Md.
   - Registration Dist. No.: 26-9
   - St., Ward: 
   - Length of residence in city or town where death occurred: yrs., mos., ds.

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

## PERSONAL AND STATISTICAL PARTICULARS

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

5g. If married, widowed, or divorced: 
HUSBAND of: 

6. **DATE OF BIRTH** (month, day, and year): July 20, 1934

7. **AGE** Years: 
   - If LESS then 1 day, 11 hrs., or ___ min.

8. **OCCUPATION**
   - Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   - 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) and (State or country):
   - Date: 
   - City or town: 
   - State or country: Maryland

13. **NAME**
   - Father: John Walter Parker
   - Mother: Gladys Elizabeth Parker

14. **BIRTHPLACE** (city or town) and (State or country): 
   - City or town: 
   - State or country: Maryland

15. **MAIDEN NAME**

17. **INFORMANT** (Address): 
   - Name:
   - Address:

18. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Ventor, Md.
   - Date: 7/21/34.

19. **UNDERTAKER** (Address): 
   - Name: Walter Parker, (Greather)

20. **FILED** (Address): 
   - Date: 7/24/34.

## MEDICAL CERTIFICATE OF DEATH

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

22. **I HEREBY CERTIFY**
   - That I attended deceased from July 20, 1934, to July 21, 1934.
   - The principal cause of death and related causes of importance were as follows:
   - Signature:

## Other Contributory Causes of Importance:

- No
- Injuries

## Name of operation:

## What test confirmed diagnosis?

## Were there an eutopysis?

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

23. Accident, suicide, or homicide?
   - Date of injury: 19

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

## Menner of injury:

## Nature of injury:

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

## If so, specify:

## (Signed): 

## (Address): 

**If more blanks are needed, address State Registrar, 3415 N. Charles Street, Baltimore, Requesting "U. S. No. 1.

**M.D.

**Ventor, Maryland**
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.

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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, asphyxia, 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>
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<tr>
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</tr>
</tbody>
</table>

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Crisfield

2. FULL NAME
   (a) Residence: Crisfield

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   negro

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

6. DATE OF DEATH (month, day, and year)
   July 26, 1934

7. AGE
   Years: 8
   Months: 0
   Days: 0
   If LESS then
   1 day: 0 hrs.
   or: 0 min.

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

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

10. Date deceased last worked at this occupation (month and year)
    July 18, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Crisfield

13. NAME
    (Surname) Young
    (Given Names) Williams

14. BIRTHPLACE (city or town)
    (State or country) Lancaster, MD

15. MAIDEN NAME
    (Surname) Curnell

16. BIRTHPLACE (city or town)
    (State or country) Lancaster, MD

17. INFORMANT
    Address

18. BURIAL, CREMATION, OR REMOVAL
    Place

19. UNDERTAKER
    Address

20. FILED
    Address

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    July 26, 1934

22. I HEREBY CERTIFY
    That I attended deceased from
    July 26, 1934, to...

23. I last saw him alive on... 1934,
    July 18, 1934, death is said
    to have occurred on the date stated above, at... 6 a.m.

24. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
    were as follows:
    Malnutrition

Other Contributory Causes of Importance:

Premature

Name of operation...

Date of...

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide...

Date of Injury...

Where did injury occur...

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

Manner of Injury...

Nature of Injury...

If so, specify

(Signed) O. C. (Address) M. D.

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<td>Cerebral hemorrhage</td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>1916</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>
<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><strong>Gastroenteritis</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: Somerset
   Village or City: Princess Anne
   Registration Dist. No.: 260
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Daisey May Pusey
   (a) Residence: No. (Usual place of abode)
   Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
5a. If married, widowed, or divorced: Husband of
   or WIFE of: H. James Pusey
6. DATE OF BIRTH (month, day, and year): Nov. 19, 1887
7. AGE: 46
8. Trade, profession, or particular kind of work done: Housewife
9. Industry or business in which work was done: HOME
10. Date deceased last worked at this occupation (month and year): June 19, 1933
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Somerset Co.
13. NAME: Robert M. Taylor
14. BIRTHPLACE (city or town) (State or country):
15. MAIDEN NAME: Sallie Jane Layfield
16. BIRTHPLACE (city or town) (State or country): Somerset Co.
17. INFORMANT: Mr. H. J. Pusey
   (Address)
18. BURIAL, CREMATION, OR REMOVAL
   Place: Princess Anne
   Date: July 21, 1934
19. UNDERTAKER (Address): M. F. Watts & Sons, Princess Anne, Md.
20. FILED: 7-22-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) July 21
   (Day) of 1934

I saw him alive on July 21, 1934, death is said to have occurred on the date stated above, at 12:31 pm.

The principal cause of death and related causes of importance were as follows:
Arterial disease, Encephalitis, Peritonitis, Tuberculosis, Pneumonia.

Other Contributory Causes of Importance: Carcollitis

Name of operation: None
Date of:
What test confirmed diagnosis? Lab.
Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide?: Date of Injury: 1934
   Where did Injury occur?:
   Specify 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) Dr. B. Walsh
   (Address): Princess Anne, 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, 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>1 week ago</td>
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<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
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</table>

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Gastroenteritis

1 year

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

1. PLACE OF DEATH

County: Howard
Village or City: Baltimore, Md.

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

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widow

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

Sept. 14th, 1869

7. AGE

Years: 78
Months: 10
Days: 15

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

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

10. Date deceased last worked at this occupation and time spent:

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Orlando, Maryland

13. NAME

John Willard Smith

14. BIRTHPLACE (city or town)

Orlando, Maryland

15. MAIDEN NAME

Nancy Wilson

16. BIRTHPLACE (city or town)

Orlando, Maryland

17. INFORMANT

John M. Smith

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore

Date: 193

19. UNDERTAKER

E. F. Bremner

20. FILED

Aug. 19, 193

M. D.

REGISTRAR

John M. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 3, 193

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 193, to July 3, 193, and... I have observed the death to have occurred on the date stated above, at 12 M.

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

Mycocarditis

Chronic Nephritis

Other Contributory Cause of Importance:

(Reprinted from original)

Other Contributory Cause of Importance:

(Reprinted from original)

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) M. D.

Register.

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—hufel, 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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<td>1921</td>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
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Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Elkins
   Village or City: Weverton

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

2. FULL NAME
   (a) Residence: No. 425, Elm St.

   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)
   July 7, 1882

7. AGE
   Years: 52
   Months: 0
   Days: 1
   If less than 1 day, ___________ hrs. or _______ min.

8. OCCUPATION
   Spinner

9. DATE deceased left worked at this occupation (month and year)
   July 7, 1934

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

11. BIRTHPLACE (city or town)
    (State or country)
    Weverton, West Virginia

12. NAME
    Levin Steinfeld

13. MOTHER (name, town, state)
    Fanny Alterman

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

15. MAIDEN NAME
    Haggis Morris

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

17. INFORMANT
    Emma Fields
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Vereen
    Date: July 7, 1934

19. UNDERTAKER
    Joseph G. Cohen
    (Address)

20. FILED
    July 5, 1934
    Stephen Weverton

21. DATE OF DEATH
    July 7, 1934

22. I HEREBY CERTIFY that I attended deceased from__________19__________to__________19__________
   The principal cause of death and related causes of importance
   were as follows:
   This man was found dead in home by his wife, cause of death due to heart failure, epilepsy, death probably due to heat, August
   Date of onset: ________

23. Other contributory cause of importance
   No further information. No evidence of foul play. Request not considered necessary

24. Manner of Injury
   Nature of Injury
   Disease or injury in any way related to occupation of deceased?
   Yes, disease
   If so, specify:
   Various forms of pneumonia

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

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

To be complete, an occupation return must state:

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

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

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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: Somerset
   Village or City: Grisfield
   Length of residence in city or town where death occurred: 17 yrs., mos., ds.

2. FULL NAME: Sadie Z Sterling
   Residence: Cove Street

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: S.
5. If married, widowed, or divorced: Robert Sterling
6. DATE OF BIRTH (month, day, and year): Jan 28, 1934
7. AGE: 50 yrs., 5 mos., 10 days
8. Trade, profession, or particular kind of work done: Housework
9. Industry or business in which work was done: July, 1934
10. Date deceased last worked at this occupation: July 1934
11. Total time (years) spent in this occupation: 10 yrs.
12. BIRTHPLACE (city or town): Marion, Md
13. NAME: Thomas Taylor
14. BIRTHPLACE (city or town): Marion, Md
15. MAIDEN NAME: Amanda Taylor
16. BIRTHPLACE (city or town): Wicomico County, Md
17. INFORMANT: Edward L Taylor
18. BURIAL, CREMATION, OR REMOVAL: St. Paul's Church, July 10, 1934
19. UNDERTAKER: John A Bradshaw
20. FILED: July 16, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 7/28/34
22. I HEREBY CERTIFY, that I attended deceased from 7/28/34 to 7/28/34
   I last saw deceased, alive on 7/28/34, 1934; death is said to have occurred on the date stated above, at 2:30 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Other Contributory Causes of Importance:

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

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

   Manner of injury:
   Nature of injury:

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

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

**Example I**

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

**Example II**

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

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Princess Anne (Dublin District)
   Length of residence in city or town where death occurred: All life

2. FULL NAME
   (a) Residence: No. (Princess Anne, Somerset County)
   (Usual place of abode)

   Sarah Louise Stevenson

   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Col

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

6. DATE OF BIRTH (month, day, and year)
   Nov. 13, 1932

7. AGE BIRTH
   Years: 50
   Months: 8
   Days: 18

   If LESS than 1 day, enter hours, or minutes.

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

   Decayed

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

   Decayed

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

   Decayed

11. Total time of years spent in this occupation

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

   Princess Anne, Somerset County

13. NAME
    Stevenson

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

   Princess Anne, Somerset County

15. MAIDEN NAME
    Adama

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

   Princess Anne, Somerset County

17. INFORMANT
    Address

   Florence Stevenson

18. BURIAL, CREMATION, OR REMOVAL
    Place

   Princess Anne
    Date

   July 31, 1934

19. UNDERTAKER
    Address

   Tony Stephens

20. FILED
    Date

   July 31, 1934

REGISTRAR

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones</td>
<td>Other contributory causes of importance: Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>Date of onset: 1 year</td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Howard
   Village or City: Wenona, MD

2. FULL NAME
   (a) Residence: No.
   (Usual place of abode)
   Full Name: Ethelma Taylor

   If nonresident give city and State

   Registration Dist. No. 268
   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

   21. DATE OF DEATH
   Date: Jul 21, 1934
   (Month) (Day) (Year)

   I HEREBY CERTIFY, That I attended deceased from
   Jul 2, 1934 to Jul 21, 1934, at 12 m.
   Death is said to have occurred on the date stated above, at 12 m.

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

   Other Contributory Causes of importance:

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

   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?...
   Date of Injury...
   Where did injury occur?...
   (Specify city, 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)...

   25. Place of Burial, Cremation, or Removal...
   Place: Wenona, MD
   Date...

   19. Undertaker...
   Place: Deale Island, MD
   Date...

   17. Informant...
   Address...

   15. Maiden Name...

   14. Birthplace...

   13. Name...

   12. Birthplace...

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

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

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

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

   7. Age,

   6. Date of Birth (month, day, and year)

   5. Single, Married, Widowed, or Divorced (write the word)

   4. Color or race...

   3. Sex...

   2. FULL NAME...

   1. PLACE OF DEATH...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

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

2. FULL NAME

(a) Residence: No. (b) Ward. (c) 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 (Specify the word)

Single

5a. If married, widowed, or divorced

HUSBAND OF

(Or) WIFE OF

5b. If widowed, specify cause of death: (Specify the word)

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

July 8, 1934.

7. AGE

Years: 0

Months: 0

Days: 0

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Crisfield, Md.

13. NAME

Harold S. Ward

14. BIRTHPLACE (city or town)

Crisfield, Md.

15. MAIDEN NAME

Minnie Tull Ward

16. BIRTHPLACE (city or town)

Crisfield, Md.

17. INFORMANT

Harold S. Ward

18. BURIAL, CREMATION, OR REMOVAL

Place: Crisfield, Md.

Disposition of body: Crisfield, Md.

19. UNDERTAKER

Address: Crisfield, Md.

20. FILED

July 9, 1934

C. E. Collins

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934, to July 8, 1934.

I last saw him alive on July 8, 1934.

I declare that the cause of death was

4 months fetus.

Other Contributory Causes of Importance:

Name of operation... Date of...

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

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

Accident, suicide, or homicide... Date of Injury... 19...

Where did injury occur... Specify 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. R. R. Brown

(Address) Crisfield, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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</tr>
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<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