# STATE OF MARYLAND—CERTIFICATE OF DEATH

**County:** Caroline

**Village or City:** Greensboro, Md.

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

**2. FULL NAME:** Ida E. Andrews

**3. SEX:** Female

**4. COLOR OR RACE:** White

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

**6. DATE OF BIRTH:** Nov, 19, 1869

**7. AGE:** 65 yrs. 9 mos. 7 days

**8. TRADE, PROFESSION, OR OCCUPATION:** Housework

**9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE:** X

**10. Date deceased last worked at this occupation (month and year):** Aug, 21, 1934

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

**12. BIRTHPLACE:** Pennsylvania

**13. NAME:** John Barnes

**14. BIRTHPLACE:** Pennsylvania

**15. MAIDEN NAME:** Margrett Fortune

**16. BIRTHPLACE:** Pennsylvania

**17. INFORMANT:** Veda Hubbard, 720 N. Delhi Street, Phila., Pa.

**18. BURIAL, CREMATION, OR REMOVAL:** Greensboro, Md., Aug 30, 1934

**19. UNDERTAKER:** R. B. Rawlings, Greensboro, Md.

**20. FILED:** Aug 30, 1934

**21. DATE OF DEATH:** August 28, 1934

**22. I HEREBY CERTIFY:** That I attended deceased from Aug 26, 1934, to Aug 28, 1934. I last saw him alive on Aug 28, 1934; death is said to have occurred on the date stated above, at 5 a.m.

**The Principal Cause of Death and Related Causes of Importance:**

**Date of Onset:**

**Other Contributory Causes of Importance:**

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

**Date of Injury:** 19

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

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

**Manner of Injury:**

**Nature of Injury:**

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

If so, specify

**Signed:** Chester H. Stoner, M.D.

**Address:** Greensboro, Maryland

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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<th>Example I</th>
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<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
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<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1925</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Caroline
   Village or City: Preston, Md.

2. FULL NAME: Edith Louis Butler
   (a) Residence: No. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   4. COLOR OR RACE: Negro
   5a. If married, widowed, or divorced
      HUSBAND of
      or WIFE of

6. DATE OF BIRTH (month, day, and year): Oct. 24th, 1931
7. AGE: Years 2, Months 10, Days 6
   If LESS than 1 year, give hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAUNTER, 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): Preston
    (State or country)

13. NAME: Thos. Hubbard
14. BIRTHPLACE (city or town): Preston, Md.
    (State or country)
15. MAIDEN NAME: Marie Butler
16. BIRTHPLACE (city or town): Preston, Md.
    (State or country)

17. INFORMANT (Name, Address, Relationship): Marie Butler, Preston, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Pleasant
    Data: 8/31/34, 19

20. FILED: 8/31/1934

21. DATE OF DEATH
    (Month) Aug.
    (Day) 30
    (Year) 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Aug. 20, 1934, to Aug. 30, 1934, death said
    to have occurred on the date stated above, at
    M. m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Cortic, reqirem - 8/31/34

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide? None
    Date of Injury: 19
    Where did injury occur? None
    Specify whether injury occurred in INDUSTRY, HOME, or in PUBLIC PLACE

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

MEDICAL CERTIFICATE OF DEATH

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

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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STATE OF MARYLAND—CERTIFICATE OF DEATH

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

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
4. COLOR OR RACE
White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
S\L\N\G\E

6. DATE OF DEATH (month, day, end year)
January 11, 1938

7. AGE
Years Months Days

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
John Cohall

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

15. MAIDEN NAME
Bessie Harrick

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

17. INFORMANT
Beziah Cohall (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Queens, Md. Date: Aug. 24, 1934

19. Undertaker
R. F. Raycraft (Address)

20. FILED
by 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 home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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<td>Date of onset May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis 1 year</td>
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<tr>
<td></td>
<td>1 week ago</td>
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</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
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</table>

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

1. PLACE OF DEATH
   County: Caroline
   Village or City: Jonestown
   Registration Dist. No.: 63
   No. St. Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME
   Female
   Last Name: Dixon
   First Name: Sarah Elizabeth
   Middle Name: 
   Nickname: 
   Residence: No.
   St. Ward
   (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widow'd, or divorced
   HUSBAND OF
   (or) WIFE OF
   John W. Dixon

6. DATE OF BIRTH (month, day, and year)
   March 28, 1934

7. AGE
   Years: 58
   Months: 4
   Days: 9
   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 TAIL MILL,
   SAW MILL, BANK, etc.

10. Date deceased last worked at
    this occupation (month and year)
    Sept., 1933
    36

11. Total time (years) spent in this
    occupation

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

13. NAME
    Stephen Cornish

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

15. MAIDEN NAME
    Henrietta Molock

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

17. INFORMANT
    Rev. S. Roscoe Miles
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Bucktown, Md.
    Date: Aug. 11, 1934

19. UNDERTAKER
    Lewis Paynum
    (Address)

20. FILED
    Aug. 10, 1934

21. DATE OF DEATH
    August 7
    (Month)
    (Day)
    1934
    (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    June 3, 1934, to Aug. 5, 1934.
    Last saw him alive on
    Aug. 5, 1934.
    Death is said
to have occurred on the date stated above, at 10, 15, 00.

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

   Date of onset: 7-28-34

   Other Contributory Causes of importance:

   Date of operation:
   What test confirmed diagnosis:
   (Signature)
   Was there an autopsy:
   Date of injury:
   Accident, suicide, or homicide:
   Where did injury occur:
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of injury:
   Nature of injury:
   Date of:

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

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxial, 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:

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<td>Cerebral hemorrhage</td>
<td>Date of onset: July 5, 1927</td>
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<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: May 1, 1923</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Caroline, Md.
Village or City: Federalsburg, Md.
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Lizzie Ann Fooks
(a) Residence: No. Federalsburg, Md.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored

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

5a. If married, widowed, or divorced
HUSBAND OR WIFE OF: James Fooks

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

7. AGE (years, months, days):

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

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

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

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

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

13. NAME: William Johnson

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

15. MAIDEN NAME: Georganna Banks

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

17. INFORMANT: Marguerite Douglass

18. BURIAL, CREMATION, OR REMOVAL
Place: Federalsburg, Md.
Date: Aug. 18th, 1934

19. UNDERTAKER: J.T. Frampton & Son

20. FILED: Aug. 16th, 1934

21. MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 15th, 1934

22. I HEREBY CERTIFY that I attended deceased from 8/17/34 to 8/15/34, 19.

I last saw him alive on 8/18/34, 19.

Death is said to have occurred on the date stated above, at 7:05 A.M.

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

- Broncho pneumonia
- Acute cardiac failure

Date of onset: 8/17/34

Other Contributory Causes of importance:

Name of operation:

What test confirmed diagnosis:

Date of:

Was there an autopsy: No

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

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

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

If so, specify:

(Signed) Howard Stackhouse Jr., M. D.
ADDRESS: Federalsburg, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>3 days ago</td>
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<td>May 1, 1923</td>
<td>Other contributory causes of importance: Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 07

PLACE OF DEATH
County: Caroline
Village or City: Leavitts
c (No. 
St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME: William Edward Fimes

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

DATE OF BIRTH: Sept. 24, 1878

DATE OF DEATH: Aug. 14, 1924

AGE: 46 yrs., 6 mos., 10 days

OCCUPATION: Day Laborer

BIRTHPLACE: Hillsboro, Maryland

NAME OF FATHER: Arthur Fimes

BIRTHPLACE OF FATHER: Maryland

MAIDEN NAME OF MOTHER: Louise Ritchell

BIRTHPLACE OF MOTHER: Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant: John Nichols
(Address) R.F.D., Leavitts

FILED: Aug. 17, 1924
Registrar:

PLACE OF BURIAL OR REMOVAL: Bell's Chapel
DATE OF BURIAL: Aug. 18, 1924

UNDOCKET:

Contributory Secondary

(Signed) A.C. Newman

M.D.

ADDRESS: Hillsboro, Md.

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

At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
F ormer or usual residence:

STATE: MARYLAND
COUNTY: CAROLINE
VILLAGE OR CITY: LEAVITT"
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Caroline
   Village or City: Zekiah
   Registration Dist. No. 62
   No. St. Ward
   Length of residence in city or town where death occurred yrs. mos. ds.

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

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

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

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

7. AGE Years Months Days IF LESS THAN 1 day, _______ hrs. or _______ min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE AS SPINNER, SAWYER, BODKEEPER, etc.

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE AS SILK MILL, SAW MILL, BANK, etc.

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

11. Total time (years) spent in this occupation

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Date

19. UNDERTAKER
    (Address)

20. FILED
    8-20-34

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

22. I HEREBY CERTIFY, That I attended deceased from
    ________ to ________ Date of onset
    ________

I last saw deceased 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:

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

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

   Accident, suicide, or homicide?
   Date of injury
   Where did injury occur?
   (Specify city or town, county and State)

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

   Manner of injury

   Nature of injury

   If so, specify
   (Signed)
   M. D.

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

If so, specify

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td></td>
</tr>
</tbody>
</table>

**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: Caroline
Village or City: Federalsburg
Registration Dist. No.: 198
No. St. Ward:
Length of residence in city or town where death occurred: 3 yrs. mos. ds.

2. FULL NAME
S. A. Kane
(a) Residence: No. Federalsburg, Md. St. Ward.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS
SEX
Male
COLOR OR RACE
White
S. If married, widowed, or divorced
HUSBAND or WIFE of
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Margaret E. Kane

3. DATE OF BIRTH
Nov. 15, 1868

4. AGE
65

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Married

6. OCCUPATION
Blacksmith

7. TRADE, PROFESSION, OR PARTICULAR INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
SILK MILL, SAW MILL, BANK, etc.

8. TRADE, PROFESSION, OR PARTICULAR INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
SILK MILL, SAW MILL, BANK, etc.

9. TRADE, PROFESSION, OR PARTICULAR INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)
Aug. 7, 1934

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

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

13. NAME
Charles Kane

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

15. MAIDEN NAME
Mary Wilson

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

17. INFORMANT
Mrs. Margaret E. Kane
(Federalsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Hillsboro, Md. Date: Aug. 14, 1934

19. UNDERTAKER
J. T. Exum & Son
Federalsburg, Md.

20. FILED
Aug. 12, 1934

21. DATE OF DEATH
August 11th, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY
That I attended deceased from
Aug. 9, 1934, to Aug. 11, 1934,
I last saw him alive on Aug. 10, 1934; death is said
to have occurred on the date stated above, at 6:00 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of entry: 8/17/34

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

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

Date of Injury

Where did injury occur?

(Specify city or town, county and State)

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

Manner of injury

Nature of injury

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

(Signed) Howard Stackhouse, M.D.
Federalsburg, Md.

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

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

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

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

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

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

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

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<td></td>
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<tr>
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</tr>
<tr>
<td></td>
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</tr>
<tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME: Mary E. LeGates
   a. Residence: No. Federalsburg, Md.

3. SEX: Female
   5a. If married, widowed, or divorced (husband of) William T. LeGates, dec'd

4. COLOR OR RACE: White
   3rd. St.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed
   3rd. Ward.

6. DATE OF BIRTH (month, day, and year): March 6th, 1850

7. AGE: 84 yrs. 4 mos. 27 days

8. OCCUPATION: House-work

9. How and by whom work was done: Silk Mill, Saw Mill, Bank, etc.

10. Date deceased last worked at this occupation (month and year): Aug. 2nd, 1934

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

12. BIRTHPLACE (city or town): Sussex Co.
   State or country: Delaware

13. NAME: Ager Andrews

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

15. MAIDEN NAME: Mary Jane Neal
   State or country: Sussex Co.

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

17. INFORMANT: Everett Nuttle
   Address: Federalsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Federalsburg, Md.
   Date: Aug. 5th, 1934

19. UNDERTAKER: J.T. Frampton & Son
   Address: Federalsburg, Md.

20. FILED: Aug. 11th, 1934

21. DATE OF DEATH: August, 3rd.
   (Month) 1934
   (Day)

22. I HEREBY CERTIFY, That I attended deceased from June 21st, 1934, to the day of death, and of his death said to have occurred on the date stated above. See medical certificate

   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:
   Where did injury occur?
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
   Manner of injury:
   Nature of injury:
   If so, specify:
   (Signed)
   M.D.

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

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

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

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

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

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<tr>
<td>July 5, 1927</td>
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<th><strong>Other contributory causes of importance:</strong></th>
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<td><strong>Gastroenteritis</strong></td>
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<td>May 1, 1923</td>
<td>1 year</td>
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

---

The text contains a table with examples of cause of death and related causes, as well as additional space for further statements by a physician. The table provides clear guidelines on how to fill out the certificate of death, emphasizing the importance of precise and detailed information for statistical and health purposes.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Westminster
   Length of residence in city or town where death occurred: yrs. mos. ds. (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

   PERSONAL AND STATISTICAL PARTICULARS

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

22. I HEREBY CERTIFY that I attended deceased from March 29, 1934, to Aug. 19, 1934. I last saw him alive on Aug. 19, 1934; death is said to have occurred on the date stated above.

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

<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
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<tbody>
<tr>
<td></td>
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Other Contributory Causes of importance:

13. NAME: Robert Pepper
14. BIRTHPLACE (city or town): Delaware
15. MAIDEN NAME: Kathrin Joseph H.
16. BIRTHPLACE (city or town): Delaware
17. INFORMANT (Address): Myrtle Pepper St. Mary's, Md.
18. BURIAL, CREMATION, OR REMOVAL: Graves Feb. 1934
19. UNDERTAKER (Address): R. R. Ramley & Son, Westminster
20. FILED: Aug. 27, 1934

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1928</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County... Caroline.
Village or City... Near Federalsburg. (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... George Howard Pinder,
(a) Residence... No. Federalsburg, Md. R.F.D. St.
(Usual place of abode)

3. PERSONAL AND STATISTICAL PARTICULARS

SEX... Male, Color... Colored, Marital Status... Widowed.
5e. If married, widowed, or divorced HUSBAND of [or WIFE of] Addie M. Pinder, dec'd.

6. DATE OF BIRTH (month, day, and year)... Feb. 28th, 1882.

7. AGE... Years 52, Months 5, Days 7.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE... Farmer.
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE... AS MILLS, SAW MILL, BANK, ETC.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION... Aug. 4th, 1934.
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION... Life.

12. BIRTHPLACE (city or town)... Dorchester Co., Md.

13. NAME... Stephen Pinder.

14. BIRTHPLACE (city or town)... Dorchester Co., Md.

15. MOTHER NAME... Mary Jolly.

16. BIRTHPLACE (city or town)... Dorchester Co., Md.

17. INFORMANT... Norma Marie Pinder.

18. BURIAL, CREMATION, OR REMOVAL... Federalsburg, Md. R.F.D.
19. UNDERTAKER... J.T. Framptom & Son.

20. FILED... Aug 7th, 1934.

21. DATE OF DEATH... August 5th, 1934.

22. I HEREBY CERTIFY... Stephen Pinder, dec'd. I attended deceased from 19, to 19, 19.
I last saw him alive on about 2-30 AM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: accidently killed by being hit by an automobile.

23. If death was due to external causes (VIOLENCE) fill in also the following:
ACCIDENT... Date of Injury... 8/5/34.
Where did injury occur... near Federalsburg, Md.
Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
Manner of injury... fractured skull by being hit by an automobile.
Nature of injury... fractured skull by being hit by an automobile.

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

Justice of the Peace acting Coroner... Robert Michael.

If more blanks are needed, address State Registrar... 2323 N. Charles Street, Baltimore, Brevettting D. S. No.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

<table>
<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>1916</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

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

**Example II**

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

**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

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

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

2. FULL NAME: Fred Taylor
   (a) Residence: Near entrevill
   Registration Dist. No. 66

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year): Not Known
   7. AGE: About 43 years

   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Common Laborer
   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Farm & Canery
   10. Date deceased last worked at this occupation (month and year): 8/24/34
   11. Total time (years) spent in this occupation: All life

   12. BIRTHPLACE (city or town): Not Known
      (State or country)

   13. NAME: Not Known

   14. BIRTHPLACE (city or town): Not Known
      (State or county)

   15. MAIDEN NAME: Not Known

   16. BIRTHPLACE (city or town): Not Known
      (State or country)

   17. INFORMANT: XX
   18. BURIAL, CREMATION, OR REMOVAL: Springfield, Date Aug. 25, 1934

   19. UNDERTAKER: J. Berger
      (Address)

   20. FILED: Aug. 25, 1934
      (Address)

21. DATE OF DEATH
   August 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, to Aug. 24, 1934, death is said to have occurred on the date stated above, at 2 p.m.

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

   Appeoxy

   Other Contributory Causes of Importance:

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

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

   Accident, suicide, or homicide.
   Date of Injury.
   Where did injury occur? (Specify 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) Lawrence Wilson
      (Address) Ridgely, Md.
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>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 6, 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>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This man dropped dead while loading Sugar Corn for Saulsbury, Bros, Inc. of Ridgely, Md.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Caroline,
   Village or City: Federalsburg,
   No. St., Ward: 64
   Length of residence in city or town where death occurred: 15 yrs., 1 mo., 8 days

2. FULL NAME: Annie E. Turner,
   (a) Residence: No. 8, Federalsburg, Md.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): Dec. 24th, 1876

7. AGE
   Years: 57
   Months: 7
   Days: 13
   If LESS than 1 day, how many hours or minutes

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

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

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

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

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

13. NAME: Stephen Cannon,
   14. BIRTHPLACE (city or town) (State or country): Caroline Co., Md.

15. MAIDEN NAME: Lucy Banks,
   16. BIRTHPLACE (city or town) (State or country): Dorchester Co., Md.

17. INFORMANT (Address): Ethel May McGee, Federalsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Federalsburg, Md., Aug. 9th, 1934

19. UNDERTAKER (Address): J.T. Rampton & Son, Federalsburg, Md.

20. FILED: Aug. 9th, 1934

21. DATE OF DEATH
   (Month) (Day) (Year)
   August, 6th, 1934

22. MEDICAL CERTIFICATE OF DEATH
   I HEREBY CERTIFY. That I attended deceased from July 24, 1934, to Aug. 5, 1934
   I last saw deceased alive on Aug. 5, 1934; death was said to have occurred on the date stated above, at 3 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Cardiac articular and disease.
   Date of onset: May, 1934

Other Contributory Causes of importance:

Name of operation.

What test confirmed diagnosis?

Was there an autopsy? No

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

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No
   If so, specify
   (Signed) H E. Stedman, M.D.
   (Address) E. Stedman, M.D.

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1915</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>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, 1928</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>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County Carolina.
   Village or City near Houston Branch.
   Length of residence in city or town where death occurred 30 yrs.

2. FULL NAME
   Joseph Thomas Turner,
   Residence: No. Federalsburg, Md. R.F.D.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH March 9th, 1873
7. AGE 61
8. TRADE Farmer.
9. INDUSTRY Tin Rooper.
10. OCCUPATION Farm Worker.
11. Date deceased last worked at this occupation Aug. 14th, 1934.
12. BIRTHPLACE Talbot Co., Md.
13. NAME Charles Turner.
15. MAIDEN NAME No date.
17. INFORMANT Mrs. Roxana Turner.
18. BURIAL PLACE Federalsburg, Md.
19. UNDERTAKER J.T. Framptom & Son.

MEDICAL CERTIFICATE OF DEATH


22. I HEREBY CERTIFY That I attended deceased from 19, 1934, to 19, 1934, death is said to have occurred on the date stated above, at 4-30 A.M.

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

Other Contributory Causes of importance:

23. If death was due to external causes (VIOLANCE) 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.

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify.
   Nature of injury.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
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<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Caroline
   Village or City: Maysboro
   Registration Dist. No: 61
   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: William Victory
   (a) Residence: No. (Usual place of abode)

   St., Ward
   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: Male
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curse the word): Married
   5a. If married, widowed, or divorced: HUSBAND of: Della Victory
   6. DATE OF BIRTH (month, day, and year): Jan. 26, 1898
   7. AGE: Years: 66 Months: 6 Days: 23

   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Farmer
   9. Industry or business in which work was done: as Farmer (or) WIFE of
   10. Date deceased last worked at occupation (month and year): Aug 14, 1934
   11. Total time (years) spent in this occupation: 1 year

   OCCUPATION

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

   13. NAME: Fannie Victory

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

   15. MAIDEN NAME: Victory

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

   17. INFORMANT: Fannie Victory
      (Address): 1238 Pine Lane, Detroit, Pa.

   18. BURIAL, CREMATION, OR REMOVAL: Maysboro, Ind.
      Place: Bloomington, Ind.
      Date: Aug. 26, 1934

   19. UNDERTAKER: E. B. Rawlings
      Address: Maysboro, Ind.

   20. FILED: Aug. 26, 1934
      Register: J. C. Pugh

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: Aug 19
      (Month)
      (Day)
      (Year)

   22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1934 to Aug 19, 1934. Died on Aug 19, 1934. Death is said to have occurred on the date stated above, at 11:00 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?:
   Date of:
   Was there an autopsy?:
   Date of:

   23. If death was due to external causes (VIOLENCE) fill in also the following:
      Accident, suicide, or homicide?:
      Date of injury:
      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. Were disease or injury in any way related to occupation of deceased? Yes
      If so, specify:
      (Signed):
      (Address):
      M. D.

   If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 4.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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<tr>
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</tr>
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<td>May 1, 1923</td>
</tr>
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</table>

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

1. PLACE OF DEATH
County: Caroline
Village or City: Federalsburg
Length of residence in city or town where death occurred: yrs. mos. ds.
Registration Dist. No.: 1920

2. FULL NAME: Thomas Whitehead
(a) Residence: No. Tarboro, N.C.
(Usual place of abode)

3. SEX: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: No data

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): No data
7. AGE: unknown—about 25 years
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: No data
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: No data
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: No data
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: No data

12. BIRTHPLACE (city or town): North Carolina
(State or country)

13. NAME: No data

14. BIRTHPLACE (city or town): No data
(State or country)

15. MAIDEN NAME: No data

16. BIRTHPLACE (city or town): No data
(State or country)

17. INFORMANT: James Mayo
(Address): Tarboro, N.C.

18. BURIAL, CREMATION, OR REMOVAL: Federalsburg, M.D.
Place: Aug. 15th, 1934
19. UNDERTAKER: J.T. Frampton & Son
(Address): Federalsburg, M.D.

20. FILED: Aug. 15th, 1934
Register.

21. DATE OF DEATH: August 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on ..., 19..., of ..., 19...
I certify that death occurred on the date stated above, at ..., 10..., P.M.
The principal cause of death and related causes of importance were as follows:
verdict of Coroner's Jury, crushed to death by jumping a moving freight train.

Other Contributory Causes of Importance:

23. If death was due to external cause (VIOLENCE) fill in also the following:
Accident, suicide, or homicide?: Accident
Date of injury: 8/14/34
Where did injury occur?: Federalsburg, M.D.
Specify whether injury occurred in industry, in home, or in public place.
at R.R. Station, Federalsburg, M.D.
Manner of injury: body severed into by car
Nature of injury: wheels passing over body

24. Was disease or injury in any way related to occupation of deceased?: No
If so, specify:
(Signed): Robert Whitehead
(Address): Federalsburg, M.D.
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, ashtenia, 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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**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

**Example II**

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**Other contributory causes of importance:**

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

1. PLACE OF DEATH
   County: Carolina
   Village or City: Wantage
   Registration Dist. No.: 62
   Length of residence in city or town where death occurred: y. m. d.
   How long in U.S. if of foreign birth? y. m. d.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. If married, widowed, or divorced HUSBAND OF: Ewing Wright
6. DATE OF BIRTH (month, day, year): Nov 25, 1878
7. AGE: 56
   Years: Months: Days: If less than 1 day, hours, or minutes.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Occupation: Harness
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): Wantage
    (State or country)
13. NAME: Robert Wright
14. BIRTHPLACE (city or town): Maryland
    (State or country)
15. MAIDEN NAME: Emily Lee
16. BIRTHPLACE (city or town): Wantage
    (State or country)
17. INFORMANT (Address): Ewing Wright
18. BURIAL, CREMATION, OR REMOVAL: Belle Chapel, Aug 1934
19. UNDERTAKER (Address):
20. FILED: Aug 29, 1934

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: Aug 28, 1934
22. I HEREBY CERTIFY: That I attended deceased from April 14, 1934, to Aug 28, 1934.
   I last saw him alive on Aug 24, 1934, death is said to have occurred on the date stated above, at.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Acute Myocarditis

Other Contributory Causes of importance:
Cardiac Dehiscence

Name of operation:
Date of:
Wet test confirmed diagnosis?
Wet was there an autops?

33. 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 INDUSTRIE, 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? M
   If so, specify:
   (Signed) Dr. Thompson  M. D.
   (Address):

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

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

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