STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County:  
   Village or City:  
   Registration Dist. No.: 25-0

2. FULL NAME: Oda Virginia Courcy
   (a) Residence: No. ________________________________________
   (b) Place of abode: ________________________________________

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

6. DATE OF BIRTH (Month, day, and year): Aug. 17, 1864
7. AGE: 53
   Years 3 7 Days
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housewife

10. Date last worked at this occupation: Dec. 1933
11. Total time (years) spent in this occupation: 27

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

13. NAME: Henry Cherry Courcy
14. BIRTHPLACE (city or town): Baltimore
   State or country: Md.

15. MOTHER'S NAME: Alice Catherine Crotlin
16. BIRTHPLACE (city or town): Baltimore
   State or country: Md.

17. INFORMANT: Josephine K. Courcy
18. BURIAL, CREMATION OR REMOVAL
   Place: Bushwood, Date: Aug. 26, 1934

19. UNDERTAKER: J. W. Woods
20. FILED: Aug. 27, 1934

21. DATE OF DEATH: Aug. 23, 1934
   I last saw him alive on Aug. 23, 1934; death is said to have occurred on the date stated above, 7:13 A.M.

The principal cause of death and related causes of importance were as follows:
   Death, Carcinoma, Disease

Other Contributory Causes of importance: Other death, other disease.

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)  
   (Address)  

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

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

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

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a 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>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

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

Example II

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

Other contributory causes of importance:
- Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 250

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

PLACE OF DEATH
County

Village or City [Ravenna Millership, (No.)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX
4 COLOR OR RACE
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

M. W.

DATE OF BIRTH
Aug. 4, 1929

MONTH (Day) (Year)

AGE
If LESS than 1 day... hrs.
yrs. moa. ds. or min.

OCCUPATION
(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE
(State or country)

NAME OF FATHER

NAME OF MOTHER

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

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?
Former or usual residence...

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant

ADDRESS

Filed Aug. 6, 1934

UNDERTAKER

ADDRESS

If more blanks are needed, address Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Statement of Occupation — Please state occupation of deceased.

Health Association

Certificate of Death

Revised United States Standard
PLACE OF DEATH
County, Anne Arundel
Village or City, Hillsboro (No.

FULL NAME (Infant) Kendall #2

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>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>?</td>
<td>Single</td>
</tr>
</tbody>
</table>

DATE OF BIRTH
Aug. 4, 1924

AGE
0 yrs. 0 mos. 0 ds. or 0 min.

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

BIRTHPLACE
State or country

NAME OF FATHER
Wm. Kendall

BIRTHPLACE OF FATHER
State or country

MAIDEN NAME OF MOTHER
Anne G. Kendall

BIRTHPLACE OF MOTHER
State or country

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 250

DATE OF DEATH
Aug. 5, 1924

MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY, That I attended the deceased from Aug. 4, 1924, to Aug. 5, 1924, that I last saw him alive on Aug. 4, 1924, and that death occurred on the date stated above, at 3 a.m.

The CAUSE OF DEATH was as follows:
Premature Birth (30 wks)

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?

PLACE OF BURIAL OR REMOVAL
Date of Burial

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
PeritonealFigures.

healthy.

It is essential that the certificate be kept in a safe place.

American Medical Association

The certificate of death is looked over thoroughly and no

Statement of Occupation—Name first, the 1st-

whatsoever, with the name.

 whoever had the occupation.

Who never lived in this country, his name as last known in this country.

Statement of Death—Cause of death.

Revised United States Standard

Health Association.

(Approved by U.S. Census and American Public Health Association.)
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: [Redacted]
Village or City: [Redacted]
Registration Dist. No.: 252
St., Ward: [Redacted]

2. FULL NAME
(a) Residence: No. [Redacted]
(Usual Place of Abode) [Redacted]

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SITUATION: Single

5a. If married, widowed, or divorced
    HUSBAND OF [Redacted]
    WIFE OF [Redacted]

6. DATE OF BIRTH (month, day, year) Aug 15, 1934
7. AGE: 2

6. OCCUPATION: [Redacted]

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

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

10. DATA DECEASED LAST WORKED AT THIS OCCUPATION
    Aug 15, 1934

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

12. BIRTHPLACE (CITY OR TOWN)
    (State or country) [Redacted]

13. NAME: [Redacted]
14. FATHER'S NAME: [Redacted]
15. MAIDEN NAME: [Redacted]
16. BIRTHPLACE (CITY OR TOWN)
    (State or country) [Redacted]

17. INFORMANT (Address): [Redacted]
18. BURIAL, CREMATION, OR REMOVAL
    PLACE: [Redacted]
    DATE: Aug 18, 1934

19. UNDERTAKER (Address): [Redacted]
20. FILED: Aug 18, 1934

21. DATE OF DEATH
    (Month) Aug 10
    (Day) 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Aug 15, 1934, to Aug 17, 1934.

23. ACCIDENT, SUICIDE, OR HOMICIDE: [Redacted]
    WHERE DID INJURY OCCUR?
    (Specify city or town, county and State) [Redacted]

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
    IF SO, SPECIFY:
    (Signed) [Redacted]
    (Address) [Redacted]

Registrar: [Redacted]

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>July 5, 1937</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
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</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

County
Village or City
Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

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

7. AGE

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

STATE OF MARYLAND—CERTIFICATE OF DEATH

REGISTRATION DIST. No. 253

Full Name: Henry Clayland Legg

Sex: Male

Race: White

Single, Married, Widowed, or Divorced: Married

Husband's or Wife's Name: Mary Legg

Date of Birth: Sept 30, 1868

Age: 65 years

Place of Deceased's Last Worked: Stevensville

Place of Burial: Stevensville

Date of Death: Aug 21, 1934

Place of Residence: Stevensville

Manner of Injury: Suicide

Nature of Injury: Poison

Date of Onset: 1934

Cause of Death: Chronic Intestinitis

Date of Infant's Death: Aug 21, 1934

Place of Infant's Burial: Stevensville

Place of Infant's Residence: Stevensville

Date of Infant's Birth: Aug 21, 1934

Place of Infant's Birth: Stevensville

Reason for Infant's Death: Suicide

Name of Infant: Henry Clayland Legg

Manner of Infant's Injury: Poison

Nature of Infant's Injury: Suicide

Date of Infant's Onset: 1934

Other Contributory Causes of Infant's Death:

Date of Infant's Onset: 1934

Other Contributory Causes of Infant's Death:

Date of Infant's Onset: 1934

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
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</tr>
<tr>
<td>1915</td>
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<tr>
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<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, 1928</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Queen Anne
Registration Dist. No.: 252
Village or City: Centreville
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
(a) Residence: No.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE
Male
White

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

6. DATE OF BIRTH (month, day, and year)
Mar. 18, 1892

7. AGE
Years
41
Months
8

8. TRADE, PROFESSION, OR OCCUPATION
SpINNER

9. OCCUPATION
Rayon Mill

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (city or town)
Queen Anne Co., MD

13. NAME
J. S. Moore

14. BIRTHPLACE (city or town)
Queen Anne Co., MD

15. MAIDEN NAME
Georgia A. Clark

16. MOTHER FATHER

17. INFORMANT (Address)
H. B. Moore (Brother)

18. BURIAL, CREMATION, OR REMOVAL
Place: Centreville
Date: Sept. 1, 1934

19. UNDERTAKER (Address)
B. R. Holcomb

20. FILED (Date)
Sept. 1, 1934

21. DATE OF DEATH
(Month)
Aug.
(Day)
19
(Year)
1934

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

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

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

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:
19

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

If so, specify:

(Signed) W. D. House, M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Other contributory causes of importance:

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

Example II

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

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<tbody>
<tr>
<td>Gastroenteritis</td>
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</table>

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

1. **PLACE OF DEATH**
   - County: [Name]
   - Village or City: [Name]
   - Length of residence: yrs. mos. ds.

2. **FULL NAME**
   - (a) Residence: No. [Name]
   - (b) Residence: [Name]

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: [Male/Female]
   - COLOR OR RACE: [Color/Race]
   - S. SINGLE, MARRIED, WIDOWED, OR DIVORCED: [Status]

4. **DATE OF BIRTH**
   - Month, day, and year: May 12, 1854

5. **AGE**
   - Years: 80
   - Months: 3
   - Days: 2

6. **OCCUPATION**
   - Work: House work

7. **DATE OF DEATH**
   - Month, Day, Year: Aug. 16, 1934

8. **PLACE OF DEATH**
   - Place: [Name]

9. **MEDICAL CERTIFICATE OF DEATH**
   - I hereby certify that I attended deceased from Aug. 14, 1934, to Aug. 15, 1934.
   - Death is said to have occurred on the date stated above.

10. **PRINCIPAL CAUSE OF DEATH**
    - Date of onset: Aug. 12
    - Principal cause of death: [Cause]

11. **Other Contributory Causes of Importance**
    - [List]

12. **INFORMANT**
    - (Address): [Address]

13. **BIRTHPLACE**
    - (City or town): [Name]
    - (State or country): MD

14. **MOTHER**
    - (FATHER): [Name]
    - (State or country): MD

15. **MAIDEN NAME**
    - [Name]

16. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Ingleside
    - Date: Aug. 16, 1934

17. **UNDERTAKER**
    - (Address): [Address]

18. **FILED**
    - Date: Aug. 19, 1934

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 5.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<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, 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: Queen Anne's
   Village or City: Chester
   No. ___________ Regiment Dist. No. 253
   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
   Pauline Riley
   (a) 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
   Single

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

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

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

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Kent, Delaware

13. NAME
    Philip Riley

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

15. MAIDEN NAME
    Rebecca Ross

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

17. INFORMANT
    T. Roland Carroll
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Snow Hill
    Date: Aug. 6, 1934

19. UNDERTAKER
    Snow Hill
    (Address)

20. FILED
    Aug. 14, 1934
    F. L. Goodson
    Registrar.

21. DATE OF DEATH
    Aug. 15, 1934

22. HEREBY CERTIFY
    That I attended and attended deceased from Aug. 13, 1934, to Aug. 15, 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:

Pulmonary Tuberculosis

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis? Date of...

Was there an autopsy?

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

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

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 grocer store, soap factory, cotton mill, etc.

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

STATEMENT OF CAUSE OF DEATH.

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

**Example I**

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Queen Anne
   Village or City: Grasonville
   No. ___________________________ Registration Dist. No. 254
   St.  ___________________________ Ward: ___________________________

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male ___________________________ White ___________________________

4. COLOR OR RACE
   ___________________________

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

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

7. AGE
   Years:  ____________________________ Months:  ____________________________
   Days:  ____________________________ If LESS than 1 year: ____________________________

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.
   Infant ____________________________

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)
    Grasonville, MD ____________________________

13. NAME
    Lee Ray Smith ____________________________

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

15. MAIDEN NAME
    Caree. Reine James ____________________________

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

17. INFORMANT
    (Address)
    Lee Ray Smith ____________________________

18. BURIAL, CREMATION, or REMOVAL
    Place: Centreville ____________________________ Date: Aug. 7, 1934 ____________________________

19. UNDERTAKER
    (Address)
    Sarter & Bro. ____________________________

20. FILED
    (Address)
    Aug. 1, 1934 ____________________________
    Helen M. Aldridge ____________________________

21. DATE OF DEATH
    Aug. 1, 1934 ____________________________

22. HEREBY CERTIFY
    That I attended deceased from ____________________________
    July 26, 1934 ____________________________
    I last saw him alive on ____________________________
    Aug. 1, 1934 ____________________________
    Death said to have occurred on the date stated above, at ____________________________
    10 A.M. ____________________________
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Other Contributory Causes of importance:

Name of operation ____________________________ Date of ____________________________

What test confirmed diagnosis ____________________________ Date of ____________________________

Was there an autopsy? No ____________________________

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

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

Manner of injury ____________________________

Nature of injury ____________________________

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

If so, specify ____________________________

(Signed) ____________________________

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

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

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</table>

**Example II**

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<tr>
<th>Cause of death and related causes of importance</th>
<th>Date of onset</th>
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<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Prince Anne
Village or City: near Centreville
No. St., Ward.
Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year)
7. AGE Years Months Days If LESS than 1 day, hrs., or min.

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

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: Buravilla
    Date: Aug. 31, 1934

19. UNDERTAKER
    (Address)

20. FILED
    Aug. 31, 1934

21. DATE OF DEATH
    Aug. 30, 1934

22. I HEREBY CERTIFY: That I attended deceased from
    19 , to 19 .
    I last saw deceased alive on
    19 , to 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:

    Stillborn (Premature)

    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)

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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>
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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: Queen Anne
   - Village or City: W. S. Lawrenceville

2. **FULL NAME**
   - (a) Residence: No. W. S. Lawrenceville

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - Caucasian

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

6. **DATE OF BIRTH**
   - Dec. 25, 1889

7. **AGE**
   - Years: 44
   - Months: 7
   - Days: 17
   - If LESS than 1 day, hrs. or min.

8. **OCCUPATION**
   - House Work

9. **DATE DECEASED LAST WORKED**
   - July 1, 1934

10. **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**
    - 30 yrs.

11. **BIRTHPLACE (CITY OR TOWN)**
    - Baltimore

12. **NAME NOT KNOWN**

13. **MOTHER NAME**
    - Not Known

14. **MOTHER'S BIRTHPLACE (CITY OR TOWN)**
    - Not Known

15. **MAIDEN NAME**
    - Margaret A. Murphy

16. **MOTHER'S BIRTHPLACE (CITY OR TOWN)**
    - Not Known

17. **INFORMANT**
    - Mary E. Murphy
    - Address: Little Spring, W. S. Lawrenceville

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Lawrenceville
    - Date: Aug. 15, 1934

19. **UNDERTAKER**
    - W. H. Gardner
    - Address: F. & H. Hill

20. **FILED**
    - Aug. 15, 1934

21. **DATE OF DEATH**
    - Aug. 15, 1934

22. **HE WHO SIGNS**
    - W. J. Kern, M.D.
    - Address: Lawrenceville

23. **DATE OF ONSET**
    - Sept. 3, 1934

24. **DATE OF INJURY**
    - July 1, 1934

25. **WHERE INJURY OCCURRED**
    - Industry, in Home, or in Public Place

26. **MANNER OF INJURY**
    - Accident, suicide, or homicide

27. **NATURE OF INJURY**
    - Not Known

28. **DATE OF DEATH**
    - Sept. 3, 1934

29. **DATE OF INJURY**
    - July 1, 1934

30. **WHERE INJURY OCCURRED**
    - Industry, in Home, or in Public Place

31. **MANNER OF INJURY**
    - Accident, suicide, or homicide

32. **NATURE OF INJURY**
    - Not Known

33. **DATE OF DEATH**
    - Sept. 3, 1934

34. **DATE OF INJURY**
    - July 1, 1934

35. **WHERE INJURY OCCURRED**
    - Industry, in Home, or in Public Place

36. **MANNER OF INJURY**
    - Accident, suicide, or homicide

37. **NATURE OF INJURY**
    - Not Known

38. **DATE OF DEATH**
    - Sept. 3, 1934

39. **DATE OF INJURY**
    - July 1, 1934

40. **WHERE INJURY OCCURRED**
    - Industry, in Home, or in Public Place

41. **MANNER OF INJURY**
    - Accident, suicide, or homicide

42. **NATURE OF INJURY**
    - Not Known

43. **DATE OF DEATH**
    - Sept. 3, 1934

44. **DATE OF INJURY**
    - July 1, 1934

45. **WHERE INJURY OCCURRED**
    - Industry, in Home, or in Public Place

46. **MANNER OF INJURY**
    - Accident, suicide, or homicide

47. **NATURE OF INJURY**
    - Not Known

48. **DATE OF DEATH**
    - Sept. 3, 1934

49. **DATE OF INJURY**
    - July 1, 1934

50. **WHERE INJURY OCCURRED**
    - Industry, in Home, or in Public Place

51. **MANNER OF INJURY**
    - Accident, suicide, or homicide

52. **NATURE OF INJURY**
    - Not Known

53. **DATE OF DEATH**
    - Sept. 3, 1934

54. **DATE OF INJURY**
    - July 1, 1934

55. **WHERE INJURY OCCURRED**
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56. **MANNER OF INJURY**
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68. **DATE OF DEATH**
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    - Not Known

73. **DATE OF DEATH**
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74. **DATE OF INJURY**
    - July 1, 1934

75. **WHERE INJURY OCCURRED**
    - Industry, in Home, or in Public Place

76. **MANNER OF INJURY**
    - Accident, suicide, or homicide

77. **NATURE OF INJURY**
    - Not Known
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

Example I

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

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

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN