# State of Maryland—Certificate of Death

## 1. Place of Death
- County: Kent
- Village or City: Rock Hall
- Length of residence in city or town where death occurred: 76 yrs. 9 mos. 0 ds
- Registration Dist. No.: 203

## 2. Full Name
- James Edward Aberley

## Personal and Statistical Particulars

<table>
<thead>
<tr>
<th>SEX</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLOR OR RACE</td>
<td>White</td>
</tr>
<tr>
<td>SINGLE, MARRIED, WIDOWED, OR DIVORCED</td>
<td>Married</td>
</tr>
<tr>
<td>Age</td>
<td>76 Years</td>
</tr>
<tr>
<td>Months</td>
<td>9</td>
</tr>
<tr>
<td>Days</td>
<td>0</td>
</tr>
<tr>
<td>IF LESS THAN 1 DAY, HRS., OR MIN.</td>
<td></td>
</tr>
<tr>
<td>TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE</td>
<td>Interne</td>
</tr>
<tr>
<td>INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE</td>
<td>Retired</td>
</tr>
<tr>
<td>Date deceased last worked at this occupation (month and year)</td>
<td>1920</td>
</tr>
<tr>
<td>TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION</td>
<td>60 yrs</td>
</tr>
<tr>
<td>BIRTHPLACE (city or town)</td>
<td>Trenton, N.J.</td>
</tr>
<tr>
<td>NAME</td>
<td>Joseph Aberley</td>
</tr>
<tr>
<td>BIRTHPLACE (city or town)</td>
<td>New York, N.Y.</td>
</tr>
<tr>
<td>MAIDEN NAME</td>
<td>Zulema</td>
</tr>
<tr>
<td>INFORMANT</td>
<td>Mrs. Aberley, Wife</td>
</tr>
<tr>
<td>BURIAL, CREMATION, OR REMOVAL</td>
<td>Wesley Chapel, Date: Oct 21, 1934</td>
</tr>
<tr>
<td>UNDERTAKER</td>
<td>A.J. McCready, Undertaker</td>
</tr>
<tr>
<td>FILED</td>
<td>Oct 20, 1934</td>
</tr>
</tbody>
</table>

## Medical Certificate of Death

- **Date of Death**: October 19, 1934
- **I HEREBY CERTIFY** that I attended deceased from April 1934 to Oct 14, 1934; death is said to have occurred on the date stated above, at 2:15 p.m.

### The Principal Cause of Death and Related Causes of Importance
- General cause: tuberculosis
- Other contributory causes of importance: Tuberculosis

### Other Information
- Name of operation: Date of...
- What test confirmed diagnosis? Was there an autopsy?...
- 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...
- Was disease or injury in any way related to occupation of deceased? If so, specify...

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "O. S. No. 7."
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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<td>1915</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
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<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
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<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**1. PLACE OF DEATH**

- County: Kent
- Village or City: Rock Hall

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

**2. FULL NAME**

- Full Name: Ada Virginia Biddle

**PERSONAL AND STATISTICAL PARTICULARS**

- Residence No. (Usual place of abode): 

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**

- (Month): Oct
- (Day): 25
- (Year): 1934

22. **DATE OF BIRTH**

- (Month): Oct
- (Day): 15
- (Year): 1861

23. **SEX**

- W

24. **COLOR OR RACE**

- W

25. **MARITAL STATUS**

- Widowed

26. **DATE OF DEATH**

27. **DATE OF BIRTH**

28. **AGE**

- Years: 73
- Months: 1
- Days: 10

29. **OCCUPATION**

- Housewife

30. **BIRTHPLACE (city or town)**

- Kent Co., Maryland

31. **NAME**

- E. J. Jacobs

32. **MAIDEN NAME**

- Sarah Hobson

33. **MOTHER NAME**

- Jane Hobson

34. **BIRTHPLACE (city or town)**

- Queen Anne Co., Maryland

35. **INFORMANT**

- Mrs. L. A. Elting

36. **DATE AND PLACE OF BURIAL, CREMATION, OR REMOVAL**

- Chester Cemetery, 10/28/1934

37. **UNDERTAKER**

- Mr. W. I. Elting

38. **FILED**

- 10/28/1934, Mrs. J. T. Eslick, Registrar
**UNITED STATES STANDARD CERTIFICATE OF DEATH**

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<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></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><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>May 1, 1922</td>
<td>1 year</td>
</tr>
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Kent
   - Village or City: Collmans
   - Registration Dist. No.: 201

2. **FULL NAME**
   - Name: Louise Brooke-Baby
   - Residence: Stone, Mary and John
   - Usual place of abode: If nonresident give city or town and State

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: C (Female)
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Single

4. **DATE OF DEATH**
   - Date: Oct 26, 1934

5. **DATE OF BIRTH**
   - Date: Oct 17, 1934

6. **AGE**
   - Years: 8

7. **OCCUPATION**
   - Trade, profession, or particular kind of work done: None
   - Industry or business in which work was done: None
   - Date deceased last worked at this occupation: N/A
   - Total time (years) spent in this occupation: N/A

8. **BIRTHPLACE**
   - City or town: Collmans
   - State or country: Maryland

9. **FATHER**
   - Name: Anthony Brooks

10. **MOTHER**
    - Maiden Name: Billie Wilson
    - Name: Anthony Brooks

11. **INFORMANT**
    - Name: Anthony Brooks

12. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Collmans
    - Date: Oct 26, 1934

13. **UNDERTAKER**
    - Name: Still Pond and Ind

14. **FILED**
    - Date: Oct 26, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - (Month) Oct
   - (Day) 26
   - (Year) 1934

22. **I HEREBY CERTIFY**
   - That I attended deceased from Oct 17, 1934, to Oct 26, 1934
   - I last saw her alive on Oct 26th, 1934, death is said to have occurred on the date stated above, at 10 A.M.

23. **Primary Cause of Death**
    - Heart Failure

24. **Other Contributory Causes of Importance**
    - Malnutrition

25. **Name of operation**
    - Date of operation

26. **What test confirmed diagnosis?**

27. **Was there an autopsy?**

28. **Date of Injury**

**Additional Information**

- Accident, suicide, or homicide? No
- Where did injury occur? N/A
- Specify whether injury occurred in INDUSTRY, HOME, or in PUBLIC PLACE.
- Manner of injury
- Nature of injury
- Disease or injury in any way related to occupation of deceased?

**Signature**

- (Signed) L. P. Chambers

**Address**

- M. D.

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<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>Date of onset May 1, 1923</td>
</tr>
</tbody>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Kent
   Village or City: Colemanstown
   Registration Dist. No.: 1
   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
   Cassie Butler
   Residence: No.
   (Usual place of abode)
   St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M
   Age: 36 yrs. 6 mos. 19 days

5a. If married, widowed, or divorced
   HUSBAND OF
   Henry Butler

6. DATE OF BIRTH (month, day, and year)
   Apr. 21, 1896

7. AGE
   Years: 36
   Months: 6
   Days: 19

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Housewife

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    Month: April
    Day: 21

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    Years: 36

12. BIRTHPLACE (City or town)
    Colemanstown

13. NAME
    Henry Butler

14. BIRTHPLACE (City or town)
    Kent Co.

15. MAIDEN NAME
    Sarah Godman

16. BIRTHPLACE (City or town)
    Maryland.

17. INFORMANT
    Henry Butler

18. BURIAL, CREMATION, OR REMOVAL
    Place: Colemanstown
    Date: Nov. 1, 1934

19. UNDERTAKER
    Stillman

20. FILED
    Dec. 1, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Month: Dec.
    Day: 29
    Year: 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Last saw deceased alive on
    Oct. 19, 1934
    Death is said to have occurred on the date stated above, at 4:30 p.m.
    The principal cause of death and related causes of importance were as follows:
    Cardiac Insufficiency

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?
    Date of Injury:
    Where did injury occur?
    Specify whether injury occurred in Industry, 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, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>May 1, 1923</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 31
St.: (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
County: Kent
Village or City: Millington (No.)

FULL NAME: Samuel Coneyza

PERSONAL AND STATISTICAL PARTICULARS
6 DATE OF BIRTH
Unknown, 1867

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
Oct. 3, 1934

17 I HEREBY CERTIFY, That I attended the deceased from
from Jan. 1, 1934, to Oct. 2, 1934,
and that death occurred on the date stated above, at 2:00 a.m.
The CAUSE OF DEATH was as follows:

Ch. holland

OCCUPATION
Farmer

18 PLACE OF BURIAL OR REMOVAL
Millington, Md.

19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant: Mrs. Annie Conegyza

Further information is on the back of this certificate.
Statement of Cause of Death

Name of Deceased

Place of Death

Age

Sex

Race

Color

Marital Status

Occupation

Religion

Married

Divorced

Widowed

Single

Died in

House of Parent

House of Friend

City or Village

State

Certificate of Death

Revised United States Standard

Approved by the U.S. Census and American Public Health Association

(December 6, 1938)
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County
Village or City

No. Registration Dist. 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. St., Ward. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single

6. DATE OF BIRTH (month, day, and year)
March 12, 1855

7. AGE
Years 79 Months 7 Days 1

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Home 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) span in this occupation

12. BIRTHPLACE (city or town)
(Final Co.)

13. NAME
Joshua Cooper

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

15. MAIDEN NAME

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

17. INFORMANT
Jesse Cooper

18. BURIAL, CREMATION, OR REMOVAL
Place: Chas. County Date: Oct. 15, 1934

19. UNDERTAKER
Harry Hilliary

20. FILED
Oct. 15, 1934

21. DATE OF DEATH
Oct. 13, 1934

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY that I attended deceased from
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:

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

Accident, suicide, or homicide Date of
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

Signature of M. D.

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

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**

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

Other contributory causes of importance:

| Gallstones | May 1, 1925 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Col.

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

6. DATE OF BIRTH (month, day, and year)
   Aug 25, 1875

7. AGE
   Years: 59
   Months: 1
   Days: 26
   If LESS than 1 day, hrs. or min.

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.

10. Date deceased last worked at this occupation (month and year)
    Aug 25, 1875

11. Total time (years) spent in this occupation

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

13. NAME
    Jacob Jeffrey

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

15. MAIDEN NAME
    Delia Nichols

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

17. INFORMANT
    Michael Cotton
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Chestertown
    Date: Oct. 24, 1934

19. UNDERTAKER
    (Address)

20. FILED
    Oct 22, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Oct 24

    I last saw him alive on Oct 20, 1934; death is said to have occurred on the date stated above, at 12:30, Oct 24.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

    (Anemia, Peritonitis)

    Other Contributory Causes of importance:

    None

    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:

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

    (Signed)
    (Address)
    M.D.

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

Other contributory causes of importance:

Gallstones May 1, 1923

Gastroenteritis 1 year

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

1. PLACE OF DEATH

County: Kent
Village or City: Galena

2. FULL NAME: Martie E. Givan

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.

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

6. DATE OF BIRTH (month, day, and year): Oct. 4, 1872

7. AGE: 62

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

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

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

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

12. BIRTHPLACE (city or town): Delaware

13. NAME: Casper Easton

14. BIRTHPLACE (city or town): Del.

15. MAIDEN NAME: Alapbare Duline

16. BIRTHPLACE (city or town): Del.

17. INFORMANT: D. J. Givan

18. BURIAL, CREMATION, OR REMOVAL
Place: Whites Chapel
Date: Oct. 7, 1934

19. UNDERTAKER: Wm. A. Berry

20. FILED: Oct. 4, 1934

21. DATE OF DEATH


I last saw him alive on Oct. 4, 1934; death is said to have occurred on the date stated above, at 2.30 P.M.

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

Date of onset:

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:

Manner of injury:

Nature of injury:

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

If so, specify:

(Signed):

Register.

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>1915</td>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
PLACE OF DEATH
County Kent

Village or City Selena (No.)

FULL NAME Walter J. Hadley

PERSONAL AND STATISTICAL PARTICULARS
SEX Male
COLOR OR RACE White
MARRIED, WIDOWED, OR DIVORCED Married

DATE OF BIRTH Oct. 27, 1876

DATE OF DEATH Oct. 5, 1934

AGE 57 yrs. 11 mos. 8 ds.

OCCUPATION Captain of Steamboats

BIRTHPLACE Delaware

NAME OF FATHER Frank Hadley

BIRTHPLACE OF FATHER Delaware

MAIDEN NAME OF MOTHER Annie Ellis

BIRTHPLACE OF MOTHER Delaware

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant Walter J. Hadley

DATE OF BURIAL Selena, Md. Oct. 8, 1934

Undertaker John A. Tobin, Millington
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Harford
Village or City: tuber
Registration Dist. No.: 204
No.: 2
St.: 
Ward: 2

(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, 80 yrs., 0 mos., 0 ds.
How long in U.S. if of foreign birth? yrs., 0 mos., 0 ds.

2. FULL NAME

(a) Residence: No.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

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

7. AGE

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: Colborne Church

Date: Oct. 17, 1934

19. UNDERTAKER

(Address)

20. FILED: Oct. 15, 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 17, 1934, to Oct. 17, 1934

Last saw deceased alive on Oct. 17, 1934; death is said to have occurred on the date stated above, at 601 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Sickness

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

No other causes of importance.

Name of operation

Date

What test confirmed diagnosis?

Date of autopsy

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

ACCIDENT, SUICIDE, OR HOMICIDE?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

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

MANNER OF INJURY

NATURE OF INJURY

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

If so, specify

(Signed)

M. D.

(Address)

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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>May 1, 1925</td>
<td>Gastroenteritis</td>
<td>1 year</td>
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</table>

Other contributory causes of importance:

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

1. **PLACE OF DEATH**
   - **County:** Kent
   - **Village or City:** Winmen Hills
   - **No. St., Ward:** Rock Hall

2. **FULL NAME:**
   - **Residence:** No. Winmen Hills
   - **St., Ward:** If nonresident give city or town and State
   - **Name:** James Henry Higgins

   **PERSONAL AND STATISTICAL PARTICULARS**

   **SEX:** Male
   **COLOR OR RACE:** White
   **SINGLE, MARRIED, WIDOWED, OR DIVORCED:** Widowed

   5a. **HUSBAND or (or) WIFE of:** Winnie Higgins

   **DATE OF BIRTH (month, day, and year):** Unknown 1856

   **AGE:** Years 78
   **Month:** Months
   **Day:** Days

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

   **DATE deceased last worked at this occupation:** 1934

   **Total time years spanned in this occupation:** 1934

   **BIRTHPLACE (city or town):** Winmen Hills

   **NAME:** James Henry Higgins

   **BIRTHPLACE (city or town):** Winmen Hills

   **MAIDEN NAME:** Harriet Boat Beck

   **INFORMANT:** Mrs. Ashley

   **BURIAL, CREMATION, OR REMOVAL:** Wesley Chapel

   **UNDEARTAKER:** Church Hill

   **FILED:** Oct. 27, 1934

   **REGISTRAR:** Mrs. J. D. Drusind

   **DATE: Oct. 26, 1934**

   **Year:** 1934

   **MOTHER FATHER:**

   **NAME:** Harriet Boat Beck

   **BIRTHPLACE (city or town):** Winmen Hills

   **Name of operation:**

   **What test confirmed diagnosis:**

   **Was there an autopsy:**

   **DATE OF DEATH:**

   **21. DATE OF DEATH:** Oct. 26, 1934

   **22. I HEREBY CERTIFY:**
   - I last saw him alive on Oct. 26, 1934.
   - Death is said to have occurred on the date stated above, at 8:40 A.M.
   - The principal cause of death and related causes of importance were as follows:
     - Chronic Inflammation
     - Chronic Bronchitis
     - Heart failure

   **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:**
   - Hypertensive Pneumonia

   **MANNER OF DEATH:**

   **NATURE OF INJURY:**

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

   **DATE:**

   **INJURY:**

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

   **If so, specify:**

   **ADDRESS:**

   **SIGNED:**

   **Registrar:** Mrs. J. D. Drusind

   **M. D.:**

   **ADDRESS:**

   **MARGIN RESERVED FOR BINDING**

---

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:

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

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

1. PLACE OF DEATH

County ____________
Village or City ____________

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

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

2. FULL NAME ____________

(a) Residence: No. ____________ Rock Hall

3. SEX

4. COLOR OR RACE

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

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

7. AGE

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. Data 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

Place ____________

19. UNDERTAKER ____________

20. FILED ____________

21. DATE OF DEATH

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

I last saw deceased alive on ____________ and deceased ____________ month, 19__, death is said to have occurred on the date stated above, at ____________ hour, ____________ minute.
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? ____________ Date of ____________

Was there an autopsy? ____________

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

Manner of Injury ____________

Nature of injury ____________

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

If so, specify ____________

(Signed) ____________ Date ____________

Registrar ____________

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

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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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<td>Run over by street car</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Rock Hall
   Village or City: St. Johns
   No. Rock Hall
   Registration Dist. No. 213
   Ward: 0

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

PERSONAL AND STATISTICAL PARTICULARS

SEX
Male

COLOR OR RACE
White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

HUSBAND of (or) WIFE of
Edith E. Jenkins

5a. If married, widowed, or divorced

DATE OF BIRTH (month, day, and year)
Dec. 10, 1881

AGE
53 yrs. 11 mos. 20 days

TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE (write the word)
Waterman

DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and date)
Aug. 30, 1934

OCCUPATION

DATE OF DEATH
October 14, 1934

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1934, to Oct. 14, 1934, I last saw him alive on Aug. 10, 1934, at 8.30 a.m.; death is said to have occurred on the date stated above, at 8.30 a.m. The principal cause of death and related causes of importance were as follows:

Other Contributory Causes of importance:

12. BIRTHPLACE (city or town)
   (State or country)
   New Castle, De

13. NAME
   Sidney D. Kelley

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

15. MAIDEN NAME
   Lida J. Scott

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

17. INFORMANT
   (Address)
   John Kelley

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Wesley Chapel
   Date
   Oct. 14, 1934

19. UNDERTAKER
   (Address)
   Church Hill

20. FILED
   Oct. 14, 1934

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

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

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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

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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</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. 23

St.: ________ Ward: ________

1. **PLACE OF DEATH**
   - County: ________
   - Village or City: We Goena (No.)

2. **FULL NAME**: Roland Leager

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>3. Sex</th>
<th>4. Color or Race</th>
<th>5. Single, Married, Widowed, or Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Date of Birth</th>
<th>7. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>May - 9, 1875</td>
<td>39 yrs., 5 mos., 1 da. or hrs.</td>
</tr>
</tbody>
</table>

8. **Occupation**
   - (a) Trade, profession or particular kind of work: Railroad
   - (b) General nature of industry, business, or establishment in which employed or (employer):

9. **Birthplace**
   - (State or country): Maryland

10. **Name of Father**
    - C. H. Leager

11. **Birthplace of Father**
    - (State or country): Maryland

12. **Maiden Name of Mother**
    - Sarah P. Bender

13. **Birthplace of Mother**
    - (State or country): Maryland

14. **The above is true to the best of my knowledge**
    - (Informant): Mrs. Emma L. Lane

**MEDICAL CERTIFICATE OF DEATH**

15. **Date of Death**: Oct. 10, 1934

17. I HEREBY CERTIFY, That I attended the deceased from Sept. 2, 1934, to Oct. 10, 1934, that I last saw him alive on Oct. 10, 1934, and that death occurred on the date stated above, at 6 p.m.

   The CAUSE OF DEATH was as follows: Pulmonary Tuberculosis

   Contributory
   - Secondary

   (Duration): Indefinite

   (Signed): [Signature]

18. **Length of Residence**
   - For Hospitals, Institutions, Transients or Recent Residents
   - At place of death: yrs., mos., da. in the State: yrs., mos., da.
   - Where was disease contracted, if not at place of death?
   - Former or usual residence:

19. **Place of Burial or Removal**
    - Sagamore Cem.

20. **Undertaker**
    - [NAME]

**Filed**: Oct. 11, 1934

If more blanks are needed, address State Registrar, 19 W. Saratoga St., Balto., Requesting V. S. No. 1.
Statement of Occupation

UNITED STATES STANDARDS

CERTIFICATE OF DEATH

APPROVED BY U.S. CENSUS AND AMERICAN PUBLIC HEALTH ASSOCIATION

(Revised United States Standard)

9-2-1934
# Place of Death
- County: Kent
- Near Village or City: Millington

# Full Name
- Horace C. Shahan

## Personal and Statistical Particulars

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

## Date of Death
- Oct. 12, 1934

## Date of Birth
- July 23, 1870

## Occupation
- Farmer

## Birthplace
- Maryland

## Name of Father
- Mr. Shahan

## Birthplace of Father
- Delaware

## Maiden Name of Mother
- Fannie Coppage

## Birthplace of Mother
- Maryland

## Length of Residence
- For Hospitals, Institutions, Inmates, or Recent Residents

## Place of Burial or Removal
- Millington, Md. P.O.
- Date of Burial: Oct. 16, 1934

## Medical Certificate of Death
- I hereby certify, that I attended the deceased from Oct. 9, 1934, to Oct. 12, 1934, that last saw him alive on Oct. 12, 1934, and that death occurred on the date stated above, at 11:00 P.M. The cause of death was as follows:

## Contributory Causes
- Pulmonary Tuberculosis

## Signed
- M. D.
- Dr. John A. Tobin

## State the Disease Causing Death or, in Deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal, or Homicidal.

## Address
- Millington, Md.
(Approved by U.S. Census and American Public Health Association)

Revised UNITED STATES STANDARD CERTIFICATE OF DEATH
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: New
Village or City: Downs Vale
Length of residence in city or town where death occurred: 82 yrs. 1 mos. 0 ds

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

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

6. DATE OF BIRTH (month, day, and year)
Sept. 2, 1857

7. AGE
Years: 82 Months: 6 Days: 0

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
New York, N.Y.
(State or country)

13. NAME
James Henry Thompson

14. BIRTHPLACE (city or town)
(Rust Co., Md
(State or country)

15. MAIDEN NAME
Martha Ann Ashley

16. BIRTHPLACE (city or town)
(Rust Co., Md
(State or country)

17. INFORMANT
Walter Thompson, Sr.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place of death

19. UNDERTAKER
John H. Smith
(Address)

20. FILED
10/8, 1934, Dr. C. J. Dusden
Registrar

21. DATE OF DEATH
October 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1934, to Oct. 6, 1934. I last saw him alive on Oct. 1, 1934, and that death is said to have occurred on the date stated above, at 11:30 A.M.

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

Other Contributory Causes of importance:

Name of operation
Date of

What test confirmed diagnosis?
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. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Note D. W. Smith, M. D.)
Address

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

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<td><strong>Date of onset</strong></td>
</tr>
<tr>
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<td>1916</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | **Date of onset** |
| May 1, 1923 | Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Kent
Village or City: Furnace

2. FULL NAME
(a) Residence: No. 58, St., Milton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
White

5a. If married, widowed, or divorced
HUSBAND of
(usual place of abode)

5b. If married, widowed, or divorced
WIFE of

SINGLE, MARRIED, WIDOWED, OR DIVORCED

6. DATE OF BIRTH
month, day, and year: Nov. 6, 1857

7. AGE
Years: 76
Month: 11

8. Trade, profession, or particular kind of work done
SILK MILL, MILL, BANK, etc.

9. Industry or business in which work was done

10. Date deceased last worked at this occupation
month and year: Nov. 6, 1857

11. Total time (years)
spent in this occupation: 1

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

13. NAME
William J. Hefin

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

15. MAIDEN NAME
Frances Webb

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

17. INFORMANT
A. W. Heflin
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Stillborn, Country: Date: 1/9/1934

19. UNDERTAKER
H. F. Kellis
(Address)

20. FILED: Oct. 8, 1934
Registrar: A. W. Urick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
October 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from
May 31, 1931, to Oct. 6, 1934

I last saw him alive on Oct. 6, 1934;
and death is said
to have occurred on the date stated above, at 11th, m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Edward Heflin
3-40

Other Contributory Causes of importance:

Name of operation:

Data of:

What last 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:

Address:

(Signed)

Registrar:
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN