STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Cecil
   Village or City: Jion, near North East
   Length of residence in city or town where death occurred: 7 yrs. 3 mos.

2. FULL NAME
   Rachel Adeline Astle
   Residence: Jion
   Sex: Female
   Color or Race: White
   Single

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

6. DATE OF BIRTH: May 1847

7. AGE: 87 yrs. 9 mos. 9 days

8. Trade, profession, or particular kind of work done: Spinner, Sawyer, Bookkeeper

9. Industry or business in which work was done: Silk Mill, Saw Mill, Bank

10. Date deceased last worked at this occupation: 1930

11. Total time spent in this occupation: 1930

12. BIRTHPLACE: New Jersey

13. NAME: John Wesley Astle

14. BIRTHPLACE: England

15. MAIDEN NAME: Mary Briggs

16. BIRTHPLACE: England

17. INFORMANT: Esther Tyson

18. BURIAL, CREMATION, OR REMOVAL: Place: Coldwater, Dec. 18, 1930

19. UNDERTAKER: J. E. Tyson

20. FILED: Nov. 10, 1930

REGISTRATION DIST. NO. 95

DATE OF DEATH: May 14, 1934

MEDICAL CERTIFICATE OF DEATH

I hereby certify that I attended deceased from Jan. 1, 1934, to May 14, 1934, and to have occurred on the date stated above, at 9:30 a.m.

Principal cause of death was: Coronary Aneurism

Date of onset: 1932

Other contributory cause 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: 1934

Where did injury occur?

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

Manner of injury:

Nature of injury:

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

If so, specify:

(Signed): M. D.

Registrar:

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

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

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

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

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

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

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

Example I

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

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

Other contributory causes of importance:

Gallstones               | May 1, 1923  |

Example II

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

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

Other contributory causes of importance:

Gastroenteritis          | 1 year        |

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

1. PLACE OF DEATH
County: Cecil
Village or City: Outside of Conowingo

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

3. SEX
Male

4. COLOR OR RACE
Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Widow

5a. If married, widowed, or divorced
HUSBAND of: Caroline A. Berry
WIFE of: 

6. DATE OF BIRTH (month, day, and year)
April 15, 1847

7. AGE
87

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

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) 1929

11. Total time (years) spent in this occupation 50

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

13. NAME
John M. Berry

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

15. MAIDEN NAME
Adeline Berry

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

17. INFORMANT
L. E. Berry
(Address) Conowingo, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place

19. UNDERTAKER
J. E. T. Canny
(Address)

20. FILED
1934

21. DATE OF DEATH
November 17, 1934

22. I HEREBY CERTIFY That I attended deceased from October 15, 1934, to November 17, 1934, last saw him alive on December 15, 1934; death is said to have occurred on the date stated above, at 11:00 A.M.

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

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

Name of operation...

What test confirmed diagnosis...

Date of...

Was there an autopsy?

Date of injury...

Where did injury occur?

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

Manner of injury...

Nature of injury...

If so, specify...

(Signed) Claude L. Cavenay
(M.D.)

25. If more blanks are needed, add a State Registrar, 300 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, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong>: 1915</td>
<td><strong>Date of onset</strong>: 1 week ago</td>
</tr>
<tr>
<td><strong>Date of onset</strong>: 1921</td>
<td><strong>Date of onset</strong>: 1 week ago</td>
</tr>
<tr>
<td><strong>Date of onset</strong>: July 5, 1927</td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Gastroenteritis</strong></td>
<td><strong>Date of onset</strong>: 1 year</td>
</tr>
<tr>
<td><strong>Date of onset</strong>: May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: BETHESDA
Village or City: BETHESDA

2. FULL NAME
(a) Residence: No.
(b) If nonresident, give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

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

7. AGE
Years: 11
Months: 0
Days: 0

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.
None

9. OCCUPATION
Immediate: None
Former: None

10. DATE DECEASED LOST WORK AT THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
BETHESDA, WASH.

13. NAME
Luther B. Campbell

14. BIRTHPLACE (CITY OR TOWN)
BETHESDA, WASH.

15. MAIDEN NAME
Catherine E. Spiegel

16. BIRTHPLACE (CITY OR TOWN)
BETHESDA, WASH.

17. INFORMANT
Catherine S. Spiegel

18. BURIAL, CREMATION, OR REMOVAL
Place: JEFFERSON CEM. Date: Nov. 3, 1934

19. UNDERTAKER
Carruthers, WASH.

20. FILED
11-3-1934

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from
Oct. 31, 1934, to Nov. 2, 1934, and 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:
Congenital Hemolytic Anemia.

Other Contributory Causes of Importance:

Name of doctor...

Date of...

What test confirmed diagnosis? Yes/No

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE), fill in also the following:
Accident, suicide, or homicide? No
Date of injury...

Where did injury occur? BETHESDA, WASH.

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

Manner of injury...

Nature of injury...

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

(Signed)...

(Address)...

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:

**Example I**

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

**Example II**

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

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

County: Chesapeake City
Village or City: No. St., Ward:
Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME

Charles Edmund Clifton
(a) Residence: No. P.O.D.
(Usual place of abode)
St., Ward.

3. SEX

M

4. COLOR OR RACE

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

MARRIED

5a. If married, widowed, or divorced
HUSBAND OF
Mary L. Clifton
WIFE OF

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

June 18, 1884

7. AGE

Years: 50
Months: 2
Days: 16
If LESS than 1 day,___hrs.____min.

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

Farm Labor

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)

Cheesapeake City, Md.

13. NAME

George W. Clifton

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Adelaide Plummer

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Mrs. Adelaide Clifton

18. BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal
Bethel Cemetery

19. UNDERTAKER

J. W. Pippin

20. FILED

4/16/1934

Registration Dist. No.

21. DATE OF DEATH

November 3, 1934

I HEREBY CERTIFY, That I attended deceased from

19... to...

and death is said to have occurred on the date stated above, at 11:15 p.m.

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

Compounded fracture of skull,instantaneous death.

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Accident

Date of injury

11/13/1934

Where did injury occur?

near Chesapeake City, Md.

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

Stat. highway

Manner of injury

Standing by automobile while

Nature of injury

Walking on highway

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

If so, specify

(Signed)

24. 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

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

Other contributory causes of importance:

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

Example II

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: [redacted]  
   Village or City: Rising Sun  
   No. St. Ward: [redacted]  

2. FULL NAME: Samuel J. Boyle

   (a) Residence: No.  
   (Usual place of abode) St. Ward: [redacted]

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced: Husband of [redacted], Wife of [redacted]

6. DATE OF BIRTH (month, day, and year): Nov. 25, 1861

7. AGE: 72 Years  
   Months: 11  
   Days: 22  
   If LESS than 1 day, ______hrs. or ______ min.

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

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

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

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

12. BIRTHPLACE (city or town): Roselandville, Md.  
   (State or country): [redacted]

13. NAME: William Boyle

14. BIRTHPLACE (city or town): Roselandville, Md.  
   (State or country): [redacted]

15. MAIDEN NAME: Hannah Boyle

16. BIRTHPLACE (city or town): Roselandville, Md.  
   (State or country): [redacted]

17. INFORMANT: Henry Little  
   (Address): Rising Sun, Md.

18. BURIAL, CREMATION, OR REMOVAL: Place: [redacted]  
   Date: Nov. 25, 1934

19. UNDERTAKER: [redacted]  
   (Address): [redacted]

20. FILED: Dec. 22, 1934  
   Registrar: [redacted].

21. DATE OF DEATH: 11-17-1934

22. I HEREBY CERTIFY, That I attended deceased from [redacted] to [redacted]; I last saw him alive on [redacted]; death is said to have occurred on the date stated above, at [redacted].

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

   Cause of Death: [redacted]

   Other Contributory Causes of importance:

   Date of onset: [redacted]

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

   Accident, suicide, or homicide?: No  
   Date of injury: [redacted]

   Where did injury occur?: [redacted]

   Specify whether injury occurred: [redacted]

   Manner of injury: [redacted]

   Nature of injury: [redacted]

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

   If so, specify: [redacted]

   (Signed): [redacted]  
   (Address): [redacted]

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

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

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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**

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

**Example II**

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

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

### 1. PLACE OF DEATH
- County: Cecil
- Village or City: Perry Point, Maryland, No. Veterans Administration Facility
- Registration Dist. No.: 96
- Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number)
- Length of residence in city or town where death occurred: 7 yrs. 5 mos. 7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

### 2. FULL NAME
- Simmona DAVIS
  - (a) Residence: No. Martinsville, Virginia St., Ward.

#### PERSONAL AND STATISTICAL PARTICULARS
- 3. SEX: male
- 4. COLOR OR RACE: white
- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

#### MEDICAL CERTIFICATE OF DEATH
- 21. DATE OF DEATH
  - November 29, 1934.

- 22. I HEREBY CERTIFY, That I attended deceased from June 21, 1934, to Nov. 29, 1934.
  - I last saw him alive on Nov. 29, 1934, at 11:05 AM. Death is said to have occurred on the date stated above, at 11:05 AM.

#### OCCUPATION
- Clerk
- Railway

#### BIRTHPLACE
- 12. BIRTHPLACE (city or town): Virginia

#### NAME
- 13. NAME: J. T. Davis

#### MOTHER FATHER
- 15. MAIDEN NAME: Madinda (Davis)

#### INFORMANT
- 17. INFORMANT: Hospital records
- Hospital records

#### BURIAL CREMATION REBOL

#### UNDERTAKER

#### FILED
- 20. FILED: Nov. 30, 1934, 1:30 PM, Registrar.

### Other Contributory Causes of Importance:
- Encephalitis lethargica, pro.

### Date of onset

### Name of operation

### Laborator Report

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

### Manner of injury

### Nature of Injury

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

### Signed
- L E TREAT, M.D., Clinical Director

### Address
- Veterans Administration Facility Perry Point, Md.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own house 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 engine-er, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County... Cecil
Village or City... Elkton, Md. (Outside)
Length of residence in city or town where death occurred... yrs. mos. ds.

2. FULL NAME

Michael J. Everett

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

SINGLE

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

Aug. 13, 1934

7. AGE

Years... 2

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

13. NAME

Michael Everett

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

Madeline Langford

16. BIRTHPLACE (city or town)

17. INFORMANT

Address

18. BURIAL, CREMATION, OR REMOVAL

Place...

Date...

19. UNDERTAKER

Address

20. FILED

Nov. 10, 1934

21. DATE OF DEATH

Nov. 9th, 1934

22. I HEREBY CERTIFY. That I attended deceased from...

Oct. 1st, 1934, to Nov. 9th, 1934

I last saw him... alive on...

Mar., 1934, death is said to have occurred on the date stated above, at...

3:15 p.m.

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

Malaria

Defective Calcium Metabolism

Name of operation...

Date of...

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of Injury...

Where did injury occur?

Specify city or town, county and State.

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

Manner of Injury...

Nature of Injury...

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

If so, specify

(Signed)...

(Address)...

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.

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

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

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: Carroll
- Village or City: Finksburg
- Registration Dist. No.: 96

### 2. FULL NAME
(a) Residence: No. 7, 1st St.
(b) Occupation: Housewife
(c) Date of Birth: Unknown
- SEX: Female
- COLOR OR RACE: Colored
- SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

### PERSONAL AND STATISTICAL PARTICULARS
- 8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.: Housewife
- 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Housewife
- 10. Date deceased last worked at this occupation (month and year): 1769
- 11. Total time (years, months, days) spent in this occupation: 60

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH
- Month: November
- Day: 31
- Year: 1934

#### 22. I HEREBY CERTIFY
- That I attended deceased from Nov. 30, 1934
- To Nov. 30, 1934
- Death occurred on the date stated above, at 5 A.M.
- The principal cause of death and related causes of importance were as follows:
  - Myocarditis
  - Chronic Endocarditis

#### Other Contributory Causes of Importance:
- Date of onset: 1934

### BIRTHPLACE
- City or town: Alexandria
- State or country: Virginia

### FATHER
- Name: James Hunsperger
- Mother: Unknown

### MAIDEN NAME
- Unknown

### INFORMANT
- Name: James E. Jones
- Address: 209 East Lexington, Frederick, MD

### BURIAL, CREMATION, OR REMOVAL
- Place: Colleghurst
- Place of removal: Frederick, MD
- Date: Nov. 24, 1934

### UNDERTAKER
- Name: A. Hamilton
- Address: Frederick, MD

### FILED
- Date: 11-3-34
- Registrar: Registrars

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 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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**Example I**

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

**Example II**

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

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

1. PLACE OF DEATH
   County: Reed
   Village or City: Elton, Maryland
   No. Union Hospital
   Registration Dist. No. 92
   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.
   (Usual place of abode)
   St., Ward.
   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year)
   November 25, 1934

   7. AGE
   Years: 7, Months: 1, Days: 0
   If less than 1 day, hrs. or min.: 12

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   None
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

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

   11. Total time (years) spent in this occupation

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

   13. NAME
   John Fletcher Herlow
   (Father)

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

   15. MAIDEN NAME
   Mary Jane Herlow
   (Mother)

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

   17. INFORMANT
   Fletcher Herlow
   Address: Elton, Maryland

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

   19. UNDERTAKER
   (Address)
   Tel. 14, 36 J. Davis Fraser

   20. FILED
   1936 J. Davis Fraser
   Registrar.

   If more than 4 columns are needed, address State Registrar, 24th S. Charles Street, Baltimore, requesting "U. S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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</tr>
<tr>
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</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. **PLACE OF DEATH**
   - County: Cecil
   - Village or City: Ellison
   - Registration Dist. No.: 92

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

<table>
<thead>
<tr>
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<td>3. <strong>SEX</strong></td>
</tr>
<tr>
<td>4. <strong>COLOR OR RACE</strong></td>
</tr>
<tr>
<td>5a. If married, widowed, or divorced</td>
</tr>
<tr>
<td>6. <strong>DATE OF BIRTH</strong> (month, day, year)</td>
</tr>
<tr>
<td>7. <strong>AGE</strong> Years</td>
</tr>
<tr>
<td>Months</td>
</tr>
<tr>
<td>Days</td>
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</tr>
<tr>
<td>10. Date deceased last worked at this occupation (month and year)</td>
</tr>
<tr>
<td>11. Total time (years) spanned in this occupation</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. <strong>DATE OF DEATH</strong> (Month) (Day) (Year)</td>
</tr>
</tbody>
</table>

22. **I HEREBY CERTIFY,** that I attended deceased from
   - Nov. 14, 1935,
   - To: Nov. 20, 1935,
   - I last saw her alive on: Nov. 20, 1935,
   - Death is said to have occurred on the date stated above, at: 5:45 a.m.

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

- Scrofula Fever

Date of onset

Other Contributory Causes of importance:

Name of operation

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

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

   Manner of injury

   Nature of injury

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

Registrar

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

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

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<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>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</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: Cecil
   Village or City: Near Elkton
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Everett O. Hudson
   Residence: No. (usual place of abode)
   St., Ward: Elkton, Maryland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND OF: Ethel Living

6. DATE OF BIRTH (month, day, year): May 5, 1876
7. AGE: Years 58, Months 6, Days 23

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Meat dealer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:
10. Date deceased last worked at this occupation (month and year): April 1933
11. Total time (years) spent in this occupation: 1969

12. BIRTHPLACE (city or town): Black River, Nova Scotia, Canada
13. NAME: James Hudson
14. BIRTHPLACE (city or town): Nova Scotia, Canada
15. MAIDEN NAME: Matilda Eaton
16. BIRTHPLACE (city or town): Nova Scotia, Canada
17. INFORMANT (Address): Mrs. Ethel Hudson, Spr. 90
18. BURIAL, CREMATION, OR REMOVAL: Place: Elkton, Md. Date: Dec., 1934

19. UNDERTAKER (Address): Joseph A. Frank
20. FILED: Jan. 30, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Nov. 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov., 1933, to Nov. 28, 1934; death said to have occurred on the date stated above, at 4:30 a.m.
   The principal cause of death and related causes of importance were as follows:
   Chronic myocarditis
   Chronic interstitial nephritis

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

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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<table>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</thead>
<tbody>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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<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: Cecil
   Village or City: North East
   No. St., Ward.
   Registration Dist. No. 94

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   male

4. COLOR OR RACE
   white

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

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

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

7. AGE
   Years: 0
   Months: 0
   Days: 0
   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)
   North East, Md.

13. NAME
   Phillips Kline

14. BIRTHPLACE (city or town)
   (State or country)
   North East, Md.

15. MAIDEN NAME
   Frances Laird

16. BIRTHPLACE (city or town)
   (State or country)
   North East, Md.

17. INFORMANT
   Frances Kline
   (Address)
   North East, Md.

18. BURIAL, CREMATION, OR REMOVAL M. & C.
   Place: North East, Md.
   Date: 11-26-34

19. UNDERTAKER
   Joseph R. Shaw
   (Address)
   North East, Md.

20. FILED: 11-30-34

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

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

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

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<tr>
<td>Arteriosclerosis 1915</td>
<td>Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis 1921</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage July 5, 1927</td>
<td>Peritonitis 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1925</td>
<td>Gastroenteritis 1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: [Name]
   - Village or City: Perry Point
   - Length of residence: 3 yrs.

2. **FULL NAME**
   - Wilbur T. Libbey

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Male
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Single
   - Date of Birth: April 10, 1885
   - Age: 49
   - Occupation: Head waiter
   - Birthplace: Pittsburgh, Pa.

4. **MEDICAL CERTIFICATE OF DEATH**
   - Date of Death: November 11, 1934
   - Cause of Death: Heart disease
   - Place of Death: Pathological Examination
   - Place of Burial: Oak Lawn Cemetery
   - Undertaker: Rowland & Ptacek

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting "O. S. No. 2."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

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

Other contributory causes of importance:

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

Example II

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

Other contributory causes of importance:

| Date of onset |
| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Charlestown

2. FULL NAME
   William Richardson Logan
   Residence: No.
   St., Ward.

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Aug 24 1881

7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min.
   53 | 2 | 8 |

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

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

11. Total time (years) spent in this occupation
   4

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

13. NAME
   John W Logan

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

15. MAIDEN NAME
   Ella Richardson

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

17. INFORMANT
   Mrs. William R Logan
   Address: Charlestown Rd

18. BURIAL, CREMATION, OR REMOVAL
   Place:
   Date: Nov 4, 1934

19. UNDERTAKER
   H. W. Price
   Address: Elston Rd

20. FILED
   Dec 6, 1934

21. DATE OF DEATH
   Nov 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1934 to Nov 1, 1934
   I last saw him alive on Nov 1, 1934, Death is said to have occurred on the date stated above, at 11p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Coronary Embolism

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

Registrar:

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

Example II

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
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<tr>
<td>Attack of epilepsy</td>
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<tbody>
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<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: Cecil
   Village or City: Elkton, Md.
   No. 217 West Main St., Ward
   Length of residence in city or town where death occurred: 53 yrs., mos., ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME: William B. Merry
   (a) Residence: No. 217 West Main St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: WH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

6. If married, widowed, or divorced HUSBAND OF (or) WIFE OF: Anna S. Merry

7. DATE OF BIRTH (month, day, and year): Mar. 25 (Month), 1870 (Day), 1934 (Year)

8. AGE (Years, Months, Days): 63, 5, 10

9. OCCUPATION: Merchant

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

11. Total time (years) spent in this occupation: 40

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

13. NAME: William B. Merry

14. BIRTHPLACE (city or town, State or country): Elkton, Md.

15. MAIDEN NAME: Sarah J. Butler

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

17. INFORMANT (Address): Charles J. Murray, Elkton, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Elkton Cemetery
   Date: Dec. 12, 1934


20. FILED: Dec. 14, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: November 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1931, to November 11, 1934.

23. I last saw him alive on November 11, 1934, death is said to have occurred on the date stated above, at 5:30 p.m.

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

   Diabetes Mellitus: 1929

Other Contributory Causes of Importance:

   Coronary Thrombus (Acute): 11-10-34

Name of operation: None

What test confirmed diagnosis?:

Was there an autopsy?:

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

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

   Where did injury occur?:
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury:

Nature of injury:

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

If so, specify:
   (Signed) H. E. Johnson
   M.D.
   (Address) New York, N. Y.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>1921</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1937</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

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

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

## 1. PLACE OF DEATH
- County: __________
- Village or City: __________
- 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. __________
- (Usual place of abode)
- St. __________ Ward __________
- If nonresident give city or town and State

### PERSONAL AND STATISTICAL PARTICULARS
- **SEX**
- **COLOR OR RACE**
- **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED**
- **6. DATE OF BIRTH**
- **7. AGE**
- **8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE**
- **9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE**
- **10. DATE DECEASED LAST WORKED**
- **11. TOTAL TIME SPENT IN THIS OCCUPATION**
- **12. BIRTHPLACE**
- **STATE or COUNTRY**
- **13. NAME**
- **14. BIRTHPLACE**
- **15. MAIDEN NAME**
- **16. BIRTHPLACE**
- **17. INFORMANT**
- **ADDRESS**
- **18. BURIAL, CREMATION, OR REMOVAL**
- **PLACE**
- **DATE**
- **19. UNDERTAKER**
- **ADDRESS**
- **20. FILED**

### MEDICAL CERTIFICATE OF DEATH
- **21. DATE OF DEATH** __________
- **22. I HEREBY CERTIFY**
- **23. ACCIDENT, SUICIDE, OR HOMICIDE?**
- **DATE OF INJURY**
- **WHERE DID INJURY OCCUR?**
- **SPECIFY CITY OR TOWN, COUNTY AND STATE**
- **MANNER OF INJURY**
- **NATURE OF INJURY**
- **24. WAS DISABILITY OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
- **SIGN**

If more blanks are needed, address State Registrar, 2401 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

Example I

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

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

Example II

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

Other contributory causes of importance:
- Gastroenteritis | 1 year

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

1. **PLACE OF DEATH**
   - County: [Redacted]
   - Registration Dist. No.: 95
   - Village or City: [Redacted]
   - Length of residence in city or town where death occurred: 10 yrs. mos. ds.
   - How long in U.S./if of foreign birth?: yrs. mos. ds.

2. **FULL NAME**
   - Harry P. Reagan
   - Residence: [Redacted] (Usual place of abode)
   - St., Ward.

### PERSONAL AND STATISTICAL PARTICULARS

3. **SEX**
   - Male
4. **COLOR OR RACE**
   - White
5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**
   - Widowed

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

6. **DATE OF BIRTH (month, day, and year)**
   - Aug 9, 1877

7. **AGE**
   - Years: 57
   - Months: 2
   - Days: 28
   - If LESS than 1 year, state in days, hours, or minutes.

8. **OCCUPATION**
   - Laborer

9. **DATES DECEASED LAST WORKED IN THIS OCCUPATION (month and year)**
   - 1930

10. **TOTAL TIME SPENT IN THIS OCCUPATION**
    - 1930

11. **BIRTHPLACE (city or town)**
    - New Orlean, LA

12. **BIRTHPLACE (State or country)**
    - LA

13. **NAME**
    - John W. Reagan

14. **FATHER NAME**
    - [Redacted]

15. **MAIDEN NAME**
    - Hannah Green

16. **MOTHER NAME**
    - [Redacted]

17. **INFORMANT**
    - Russell Reagan, Coroner, Md.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place of funeral: [Redacted]
    - Date: Dec 13, 1934

19. **UNDERTAKER**
    - [Redacted]

20. **FILED**
    - [Redacted]

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
    - 11 6, 1934

22. **I HEREBY CERTIFY**
    - I attended deceased from 10-1, 1934 to 11-6, 1934.
    - I last saw him alive on 11-26, 1934; death is said to have occurred on the date stated above, et al.
    - The principal cause of death and related causes of importance were as follows:
    - Pulmonary Tuberculosis

    **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)**
    - Date of injury: 19
    - Where did injury occur?
    - Specified 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. **If so, specify**
    - Disease or injury in any way related to occupation of deceased:
    - [Redacted]

### SIGNATURES

- **Registrar:** [Redacted]
- **Witness:** [Redacted]
- **M.D.:** [Redacted]
STATE CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make a statement 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 engine, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</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: Baltimore
   Village or City: aboard U.S. S. Cushing, Hannover Flat
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME
   (a) Residence: No. 124 East 7th St., St., Ward.

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)
   Oct 11, 1874

7. AGE
   Years: 60
   Months: 1
   Days: 13
   If LESS than 1 day, hours, or minutes.

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

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

10. Date deceased last worked in this occupation (month and year)
   Nov 19, 1934

11. Total time (years) spent in this occupation
   3

12. BIRTHPLACE (city or town)
   North East, Md.

13. NAME
   Benjamin Franklin Reynolds

14. BIRTHPLACE (city or town)

15. MAIDEN NAME
   Elizabeth Slagle

16. BIRTHPLACE (city or town)

17. INFORMANT
   American Reynolds

18. BURIAL, CREMATION, OR REMOVAL
   Place: North East, Md., Date: Nov 27, 1934

19. UNDERTAKER
   Joseph A. Grover

20. FILED
   11-27-34

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from
   1919 to 1934.

23. Death occurred on the date stated above, at 11:15 a.m.

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

   (Cause of death to be certified by licensed physician)

25. Other Contributory Cause of Importance:

   (Specify city or town, county and State)

26. Manner of injury

27. Nature of injury

28. Date of operation

29. Place of operation

30. Name of operator

31. What test confirmed diagnosis?

32. Was there an autopsy?

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

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

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.
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Example I

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<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</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<th>Date of onset</th>
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</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: [Redacted]  Registration Dist. No. 92
   Village or City: Elkton, Maryland  St. [Redacted]
   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.  (Usual place of abode)
   St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

4. If married, widowed, or divorced
   HUSBAND OF
   — [Redacted]
   WIFE OF
   — [Redacted]

5. DATE OF BIRTH (month, day, and year)
   — November 17, 1934

6. AGE
   Years: [Redacted]  Months: [Redacted]  Days: [Redacted]
   If LESS than 1 day, hrs., or min.

7. OCCUPATION
   — Done

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

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

10. Date deceased last worked at this occupation (month and year)
    — [Redacted]

11. Total time (years) spent in this occupation
    — [Redacted]

12. BIRTHPLACE (city or town)
    — [Redacted]  (State or country)

13. NAME
    — [Redacted]

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

15. MAIDEN NAME
    — [Redacted]

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

17. INFORMANT
    — Grace Richardson, 3rd

18. BURIAL, CREMATION, OR REMOVAL
    — [Redacted]  Place: [Redacted]  Date: Nov 17, 1934

19. UNDERTAKER
    — [Redacted]

20. FILED
    — Nov 17, 1934  J. Francis Grady  Registrar
    — [Redacted]

DR. [Redacted]
M. D.

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset 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>Date of onset May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>Gallstones</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
<tr>
<td></td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Cecil
Village or City: Elkton Union Hospital
Registration Dist. No. 97
St., Ward.

2. FULL NAME
(a) Residence: No.
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
Widow

6. DATE OF BIRTH (month, day, and year)
Nov 20 1851

7. AGE
Years 82
Months
Days
If LESS than 1 day, . hrs.
or.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
Maryland

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT
Hospital record

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
November 1 1934

22. I HEREBY CERTIFY. Thet I attended deceased from
Oct 14 1934 to Nov 1 1934. I last saw deceased alive on

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

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

If so, specify

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<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
</tr>
<tr>
<td>Date of onset</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: Cecil
Village or City: Elkton Union Hospital

2. FULL NAME
Isaac Solomon

3. SEX
Male

4. COLOR OR RACE
Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Catherine

6. DATE OF BIRTH (month, day, and year)
July 10, 1855

7. AGE
70

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

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)
Dec 24, 1934

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

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

13. NAME
Isaac Solomon

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

15. MAIDEN NAME
Catherine

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

17. INFORMANT
Elkton Union Hospital

18. BURIAL, CREMATION, OR REMOVAL
Elkton Union Hospital

19. UNDERTAKER
Elkton Union Hospital

20. FILED
Nov 7, 1934

REGISTRATION DIST. No. 72
Ward

21. DATE OF DEATH
Oct 10, 1934

22. I HEREBY CERTIFY... to Jan 4, 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:

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of Onset</th>
<th>Example II</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</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: Cecil
Village or City: Elkton
Registration Dist. No.: 2

2. FULL NAME

Mary Thomas
(Residence: No. 206 North St., Elkton)

21. DATE OF DEATH

Nov. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1934, to Nov. 11, 1934. I last saw him alive on Nov. 11, 1934; death is said to have occurred on the date stated above, at 4 p.m.

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

Chronic Bronchitis

Other Contributory Causes of Importance:

[Signature]

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.

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

[Signature] M.D.

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

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

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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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<td><strong>Attack of epilepsy</strong></td>
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</tr>
<tr>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH:
   County: Cheek
   Village or City: Eckton, Maryland
   No., Union Hospital
   Registration Dist. No. 9
   Length of residence in city or town where death occurred (yrs. mos. ds.): How long in U.S. If foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   November 16, 1934

7. AGE
   Years: 70
   Months: 0
   Days: 0
   If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   None

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   (State or country)
   Augusta, Georgia

13. NAME
   Calvin Walbeck

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

15. MAIDEN NAME
   Helen Steele Callahan

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

17. INFORMANT
   (Address)
   Helen Walbeck
   Chequers City, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: North East
   Date: Nov. 16, 1934

19. UNDERTAKER
   (Address)

20. FILED
   (Address)
   Nov. 17, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) (Day) (Year)
   November 16, 1934

22. I HEREBY CERTIFY that I attended deceased from Nov. 16, 1934, to Nov. 16, 1934.
   I last saw her alive on Dec. 24, 1934; death is said to have occurred on the date stated above, at 10 P.M.
   The principal cause of death and related causes of importance were as follows:
   Stillborn
   9 months preemie

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.

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Cecil
   Village or City: Rear Colfax St.
   No. St., Ward.
   Length of residence in city or town where death occurred: 14 yrs. 11 mos. ds.
   How long in U.S. if foreign birth? yrs. mos. ds.

2. FULL NAME
   Henry Wharton
   Residence: No.
   St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

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

6. DATE OF BIRTH
   NOV 25, 1869

7. AGE
   69 Years 11 Months 14 Days

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

9. Industry or business in which work was done
   Farm laborer

10. Date deceased last worked at this occupation
    May 1, 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town)
    Greensburg, Pa.

13. NAME
    Thomas Wharton

14. BIRTHPLACE (city or town)
    Greensburg, Pa.

15. MAIDEN NAME
    Sadowski

16. BIRTHPLACE (city or town)
    Unknown

17. INFIRMARY
    Frances Wharton

18. BURIAL, CREMATION, OR REMOVAL
    Rehoboth, Md

19. UNDERTAKER
    Washington

20. FILED
    1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Nov. 9

22. I HEREBY CERTIFY
    That I attended deceased from 1924 to 1934.
    I last saw deceased el iva on Nov. 9, 1934; death is said to have occurred on the date stated above, et. 9 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Chronic myocardiitis duration 10 years.

    Date of onset

    Other Contributory Causes of Importance:

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

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

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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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1915</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Cecil
   Village or City: Childs
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred:

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

3. SEX
   5e. If married, widowed, or divorced
   HUSBAND OF
   (or) WIFE OF

4. COLOR OR RACE
   black

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

6. DATE OF BIRTH (month, day, and year)
   August 16, 1857

7. AGE
   Years: 77
   Months: 3
   Days: 4
   If LESS then 1 day, ... hrs., or ... min.

8. TRADE, PROFESSION, OR PARTICULAR
   kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   Laborer

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

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
   Cecil County, Md.
   (State or country)

13. NAME
   James Williams
   (State or country)

14. BIRTHPLACE (CITY OR TOWN)
   Unknown
   (State or country)

15. MAIDEN NAME
   Unknown

16. BIRTHPLACE (CITY OR TOWN)
   (State or country)

17. INFORMANT
   V. H. McKnight
   (Address)
   Elkton, Md.
   (Date of death)
   Cedar Hill Cem., Nov. 24, 1934

18. BURIAL, CREMATION, OR REMOVAL
   Undertaker
   H. W. Pippin
   Elkton, Md.

19. UNDERTAKER
   Elkton, Md.

20. FILED
   Nov. 24, 1934
   C. S. Grant
   Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   November 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from
   October 28, 1934, to November 21, 1934.
   I last saw h. alive on November 10, 1934; death is said
   to have occurred on the date stated above, at 2:45 P.M.
   The principal cause of death and related causes of importance
   were as follows:
   Senility; Impossibility to name cause
   Of disease causing death,Arg
   About 4 yrs.

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

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

   (Signed)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requiring 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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**Example I**

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<tr>
<th>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by 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