**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Dorchester
   - Village or City: Somerfield

2. **FULL NAME**
   - Name: James Banks

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - Black

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

6. **DATE OF BIRTH** (month, day, and year)
   - 1894

7. **AGE**
   - Years: 40
   - Months: 7
   - Days: 0

8. **OCCUPATION**
   - Farm Laborer

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - 11. Total time (years) spent in this occupation

10. **BIRTHPLACE (city or town)**
    - Unknown

11. **MOTHER FATHER**
    - Name: Unknown

12. **MAIDEN NAME**
    - Unknown

13. **INFORMANT**
    - Address: Carter, W. D.

14. **UNTERTAKER**
    - Address: Carter, W. D.

15. **FILED**
    - Nov. 7, 1934

16. **DATE OF DEATH**
    - Nov. 3, 1934

**MEDICAL CERTIFICATE OF DEATH**

I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1934, to Nov. 3, 1934, I last saw him alive on Nov. 3, 1934, and death is said to have occurred on the date stated above, at 10:00 A.M.

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

- Shock

Other contributory causes of importance:
- Coma

For causes of death, date of onset:

- Date of onset

What was the confirmed diagnosis? Was there an autopsy?

- Date of autopsy

23. If death was due to external causes (VIOLENCE), fill in also the following:
   - Accident, suicide, or homicide? Suicide
   - Where did Injury occur? At home
   - Nature of Injury: Suicide

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

   - Signed: Carter, W. 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:
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</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</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: Dorchester
   Village or City: Cambridge R. F. D. (Airy's) No. 1
   Length of residence in city or town where death occurred: 3 yrs. 7 mos. 14 days
   Ward: x

2. FULL NAME: Florence M. Bell
   Residence: No. Airey's, Cambridge R. F. D. 1
   Ward: x

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

6. DATE OF BIRTH (month, day, and year): 4/15/1873

7. AGE: 61 Years, 7 Months, 14 Days
   If less than 1 day, _______ hrs. or _______ min.

8. OCCUPATION: House Work

9. Date deceased last worked at this occupation (month and year): 1933
10. Total time (years) spent in this occupation: 43

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

13. NAME: Joseph T. Vane

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

15. MAIDEN NAME: Annie V. Vincent

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

17. INFORMANT: Elwood Bell
    Address: Airey's, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cambridge, Md.
    Date: 12/2/34

19. UNDERTAKER: Granville S. LeCompte
    Address: Cambridge, Md.

20. FILED: Nov. 26, 1934

REGISTRATION DISTRICT No. 113

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: November 29th, 1934

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

I last saw her alive on Nov. 29, 1934; death is said to have occurred on the date stated above, at 5:55 P.M.

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

Central nervous system failure

Date of onset: Sept. 11, 1934

Other Contributory Causes of importance:

Name of operation: 
What last confirmed diagnosis: 
Was there an autopsy: 

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

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

   Manner of Injury: 
   Nature of Injury: 

24. In any way related to occupation of deceased: 
   If so, specify: 
   (Sign) 

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

Registrar: [Signature]
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.

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<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>June 1, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</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: Dorchester
   - Registration Dist. No.: 110
   - Village or City: Chestertown
   - (If death occurred in a hospital or institution, give its NAME instead of street and number)
   - Length of residence in city or town where death occurred: yrs. mos. ds.
   - How long in U.S. if of foreign birth: yrs. mos. ds.

2. **FULL NAME**
   - (a) Residence: No.
   - Race: White
   - Sex: Male
   - Single, Married, Widowed, or Divorced: Single
   - 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**: Single

6. **DATE OF DEATH (month, day, and year)**: May 20, 1934
7. **AGE BIRTH (month, day, and year)**
   - Years: 60
   - If less than 1 day, hrs. or min.: 

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

9. **DATE DECEASED LIVED AT THIS OCCUPATION (MONTH END YEAR)**
   - Month: 
   - Day: 
   - Year: 1934

10. **BIRTHPLACE (city or town)**
    - County: Denton
    - State or country: MD

11. **NAME**
    - Spouse: Divene Blockston Jr.

12. **MOTHER (Name of mother)**
    - Name: Nelma Jester

13. **FATHER (Name of father)**
    - Name: Divene Blockston

14. **MOTHER (Name of mother)**
    - Name: Nelma Jester

15. **FATHER (Name of father)**
    - Name: Divene Blockston

16. **INFORMANT**
    - Name: Divene Blockston Jr.

17. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Denton
    - Date: Spool

18. **UNDERTAKER**
    - Name: F. B. Millington

19. **DEATCHECED**
    - Address: Denton
    - Address: Denton

20. **FILED**
    - Date: 11/21/1934

21. **DATE OF DEATH**
    - (Month) 5
    - (Day) 20
    - (Year) 1934

22. **I HEREBY CERTIFY**
    - That I attended deceased from 
    - Last saw deceased alive on 
    - Death is said to have occurred on the date stated above, at 

23. **DATE OF DEATH**
    - Date of onset: 

24. **OTHER CONTRIBUTARY CAUSES OF DEATH**
    - Exposure to 

25. **MANNER OF DEATH**
    - Date of injury: 
    - Nature of injury: 

26. **MANNER OF DEATH**
    - Date of injury: 
    - Nature of injury: 

27. **MANNER OF DEATH**
    - Date of injury: 
    - Nature of injury: 

28. **MANNER OF DEATH**
    - Date of injury: 
    - Nature of injury: 

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    - Date of injury: 
    - Nature of injury: 

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    - Nature of injury: 

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    - Nature of injury: 

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    - Nature of injury: 

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    - Nature of injury: 

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    - Date of injury: 
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    - Nature of injury: 

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    - Date of injury: 
    - Nature of injury: 

49. **MANNER OF DEATH**
    - Date of injury: 
    - Nature of injury: 

50. **MANNER OF DEATH**
    - Date of injury: 
    - Nature of injury: 

If more blanks are needed, address State Registrar, 2432 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:
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Other contributory causes of importance:

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<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: Prince George's
Village or City: Cambridge, Md.

3. SEX

Sex: Male

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)

12. BIRTHPLACE (city or town)...

13. NAME

14. BIRTHPLACE (city or town)...

15. MAIDEN NAME

16. BIRTHPLACE (city or town)...

21. DATE OF DEATH

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

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

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

M.D.

PREPARED FOR BORROWING FROM

If more blanks are needed, address State Registrar, 2418 S. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones</td>
<td>Other contributory causes of importance: Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1925</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Washington
   Village or City: Cambridge
   No. 36 Park Lane, St., 2nd Ward.
   Length of residence in city or town where death occurred: 35 yrs. mos. days.

2. FULL NAME: John R. Cornish
   (a) Residence: No. 36 Park Lane, St., 2nd Ward.
   If nonresident give city or town and State of last permanent residence

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: "" Color
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
6. If married, widowed, or divorced: HUSBAND OF
   (or) WIFE OF
7. DATE OF BIRTH (month, day, and year): 1891—May 3rd
8. AGE: Years 43 Months 5 Days 29
9. OCCUPATION: Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
11. Date deceased last worked at this occupation (month end year): 12-31-1933
12. BIRTHPLACE (city or town): Church Creek
   (State or country)
13. NAME: John R. Cornish
14. BIRTHPLACE (city or town): Church Creek
   (State or country)
15. MAIDEN NAME: "" Lewis
   (State or country)
17. INFORMANT: Daisy M. Irwin
   (Address)
18. BURIAL, CREMATION, OR REMOVAL
   Place: Washington, D.C.
   Date: Nov. 4, 1934
19. UNDERTAKER: 227 High St., Cambridge
   (Address)
20. FILED: 11-3, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 11 (Day) 2 (Year) 1934

22. I HEREBY CERTIFY, that I attended deceased from 10-13, 1934, to 11-2, 1934.
   I last saw him alive on 10-25, 1934; death is said to have occurred on the date stated above, at 7:30 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Central Hemorrhage
   Date of onset: 10-23-34

23. Other Contributory Causes of Importance:

   Name of operation: Date of
   What test confirmed diagnosis? Date of
   Was there an autopsy? No

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 HOME, 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:

26. Signed: M.D.
   (Address) 222 High St., Cambridge, Md.

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

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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, 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><strong>Arteriosclerosis</strong></td>
<td>1915</td>
<td><strong>Attack of epilepsy</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td>1921</td>
<td><strong>Run over by street car</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td>July 5, 1927</td>
<td><strong>Peritonitis</strong></td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge,
   Length of residence in city or town where death occurred: 30 yrs.

2. FULL NAME: Frederick Crawford.
   Residence: 312 Locust St.
   If nonresident give city or town and State:

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. SEX</td>
<td>21. DATE OF DEATH</td>
</tr>
<tr>
<td>Male</td>
<td>November 24, 1918</td>
</tr>
<tr>
<td>4. COLOR OR RACE</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td></td>
</tr>
<tr>
<td>6. DATE OF BIRTH</td>
<td></td>
</tr>
<tr>
<td>10/2/1854</td>
<td></td>
</tr>
<tr>
<td>7. AGE</td>
<td></td>
</tr>
<tr>
<td>Years: 80</td>
<td></td>
</tr>
<tr>
<td>Months: 1</td>
<td></td>
</tr>
<tr>
<td>Days: 22</td>
<td></td>
</tr>
<tr>
<td>8. TRADE, PROFESSION, OR PARTICULAR</td>
<td></td>
</tr>
<tr>
<td>KIND OF WORK DONE, AS SPINNER,</td>
<td></td>
</tr>
<tr>
<td>SAWMILL, BOOKKEEPER, ETC.</td>
<td></td>
</tr>
<tr>
<td>Occupation: General Merchandise</td>
<td></td>
</tr>
<tr>
<td>9. INDUSTRY OR BUSINESS IN WHICH</td>
<td></td>
</tr>
<tr>
<td>WORK WAS DONE, AS SAWMILL,</td>
<td></td>
</tr>
<tr>
<td>SAWMILL, BANK, ETC.</td>
<td></td>
</tr>
<tr>
<td>Employment: Retired Merchant</td>
<td></td>
</tr>
<tr>
<td>10. DATE DECEASED LAST WORKED AT</td>
<td></td>
</tr>
<tr>
<td>THIS OCCUPATION (MONTH AND YEAR)</td>
<td></td>
</tr>
<tr>
<td>1918</td>
<td></td>
</tr>
<tr>
<td>11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
</tr>
<tr>
<td>12. BIRTHPLACE</td>
<td></td>
</tr>
<tr>
<td>City or town: Dorchester Co.</td>
<td></td>
</tr>
<tr>
<td>State or country: Md.</td>
<td></td>
</tr>
<tr>
<td>13. NAME</td>
<td></td>
</tr>
<tr>
<td>William Crawford</td>
<td></td>
</tr>
<tr>
<td>14. BIRTHPLACE</td>
<td></td>
</tr>
<tr>
<td>City or town: Dorchester Co.</td>
<td></td>
</tr>
<tr>
<td>State or country: Md.</td>
<td></td>
</tr>
<tr>
<td>15. MAIDEN NAME</td>
<td></td>
</tr>
<tr>
<td>Hester Richardson</td>
<td></td>
</tr>
<tr>
<td>16. BIRTHPLACE</td>
<td></td>
</tr>
<tr>
<td>City or town: Dorchester Co.</td>
<td></td>
</tr>
<tr>
<td>State or country: Md.</td>
<td></td>
</tr>
<tr>
<td>17. INFORMANT</td>
<td></td>
</tr>
<tr>
<td>Elizabeth Coverdale</td>
<td></td>
</tr>
<tr>
<td>Address: Cambridge, Md.</td>
<td></td>
</tr>
<tr>
<td>18. BURIAL, CREMATION, OR REMOVAL</td>
<td></td>
</tr>
<tr>
<td>Place: Church Creek, Md.</td>
<td></td>
</tr>
<tr>
<td>Date: 11/26/19</td>
<td></td>
</tr>
<tr>
<td>19. UNDERTAKER</td>
<td></td>
</tr>
<tr>
<td>Granville S. LoCompte</td>
<td></td>
</tr>
<tr>
<td>Address: Cambridge, Md.</td>
<td></td>
</tr>
<tr>
<td>20. FILED</td>
<td></td>
</tr>
<tr>
<td>11/26, 1918</td>
<td></td>
</tr>
<tr>
<td>Registar:</td>
<td></td>
</tr>
</tbody>
</table>

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:
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10. The month and year the deceased last worked at the occupation.
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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>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1925</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

## 1. PLACE OF DEATH
- County: Prince George's
- Village or City: Cambridge
- Registration Dist. No.: 116
- Length of residence in city or town where death occurred: 50 yrs.
- How long in U.S. if of foreign birth: 10 yrs.

## 2. FULL NAME
- Male: Martin Perry
- Residence: 206 Elm Street

## PERSONAL AND STATISTICAL PARTICULARS
- **SEX:** Male
- **COLOR OR RACE:** Other
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED:** Single

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH
- Month: November
- Day: 14
- Year: 1934

### 22. I HEREBY CERTIFY
- That I attended deceased from
  - Month: 12
  - Day: 21, 1934
- Saw deceased alive on
  - Month: 12
  - Day: 21, 1934
- Death occurred on the date stated above, at 5:00 A.M.

### The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- **11. Total time (years) spent in this occupation:** 23
- **10. Date deceased last worked at this occupation (month and year):**
- Occupation: Other

### Other Contributory Causes of importance:
- Name of operation: None
- Date of:
- What test confirmed diagnosis: Chemical
- Other:
- Date of:

### 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):
- Address:
- 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

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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 6, 1927 |

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge R.F.D. No. 2
   Length of residence in city or town where death occurred: 36 yrs. mos. ds.

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

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, year)
   Jun 20 1898

7. AGE
   36

8. Trade, profession, or particular kind of work done, e.g. SPINNER, SAWYER, BOOKKEEPER, etc.
   Sick nurse

9. Industry or business in which work was done, e.g. SILK MILL, SAW MILL, BANK, etc.
   Farm service

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Cambridge R.F.D. No. 2

13. NAME
    Cora Jette Elgin

14. BIRTHPLACE (city or town)
    Cambridge R.F.D. No. 2

15. MAIDEN NAME
    Ada A. Miller

16. BIRTHPLACE (city or town)
    Cambridge R.F.D. No. 2

17. INFORMANT
    Cora Jette Elgin
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cambridge R.F.D. No. 2
    Date: Dec 23, 1934

19. UNDERTAKER
    (Address)

20. FILED
    11-22-1934

21. DATE OF DEATH
   (Month) (Day) (Year)
   Jun 21 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Oct. 18, 1934; death is said to have occurred on the date stated above, at 7:00 a.m.

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

Bilateral Pulmonary

Other Contributory Causes of importance:

Name of operation... Date of...

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?... Date of Injury... 1934

Where did injury occur?... (Specify city or town, county and State)

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

Manner of injury...

Nature of injury...

24. Was disease or injury in any way related to occupation of deceased?... 1934
   If so, specify
   (Signed)

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

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<th>Example II</th>
</tr>
</thead>
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<tr>
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<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></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

## 1. PLACE OF DEATH
- County: Dorchester  
- Village or City: M' Hurlock  
- Registration Dist. No.: 110  
- Length of residence in city or town where death occurred:  
- (If death occurred in a hospital or institution, give its NAME instead of street and number)  
- How long in U.S. if of foreign birth?  

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

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Col.</td>
<td>(Write the word)</td>
</tr>
<tr>
<td>HUSBAND of (or) WIFE of</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
<th>11 (Month)</th>
<th>10 (Day), 1933 (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hereby certify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>That I attended deceased from Stillborn 19 to 19.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| I last saw alive on 19. Death is said to have occurred on the date stated above, at  
| The principal cause of death and related causes of importance were as follows: Stillborn  |

### OCCUPATION

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

### BIRTHPLACE
- (State or country) Hurlock
- Hurlock
- Church Creek (State or country)

### INFORMANT
- Milburn Fletcher (Address: Hurlock, Md.)
- Burial, Cremation, or Removal Place: Washington, D.C.  
- Date: 11/10/1934

### UNDERTAKER
- Milburn Fletcher (Address: Hurlock, Md.)

### FILED
- 11/10 1934 Chas W. Hastings, Registrar (Address: Hurlock)

If more blanks are needed, address State Registrar, 541 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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Example I

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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>DEC 22 1934</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</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

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

<table>
<thead>
<tr>
<th>Cause</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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   (a) Residence: No. Ill. James M. Gillis
   (Usual place of abode)
   Registration Dist. No. 123
   St., Ward.
   If nonresident give city or town and State...

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
   Female
   Male

4. COLOR OR RACE
   White
   Black

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

6. DATE OF BIRTH (month, day, and year)
   Mar. 25, 1874

7. AGE
   Years
   Months
   Days
   If LESS than 1 day, hrs. or. min.
   74 6 24

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.
   None

10. OCCUPATION
    Date deceased last worked at this occupation (month and year)
    None

11. Total time (years) spent in this occupation
    None

12. BIRTHPLACE (city or town)
    (State or country)
    Cambridge
    (None)

13. NAME
    Father...
    Mother...
    (None)

14. BIRTHPLACE (city or town)
    (State or country)
    Cambridge
    (None)

15. MAIDEN NAME
    (None)

16. BIRTHPLACE (city or town)
    (State or country)
    Cambridge
    (None)

17. INFORMANT
    (Address)
    James M. Gillis

18. BURIAL, CREMATION, OR REMOVAL
    Place...
    Cambridge
    Date...

19. UNDERTAKER
    (Address)
    Triumph E. Allender

20. FILED...
    Nov. 22, 1874

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
    Nov. 22, 1874

22. I HEREBY CERTIFY, That I attended deceased from
    Jan., 1934, to Nov. 22, 1934, as follows:
    Last saw him... alive on... Nov. 21, 1934; death is hereby
    the date of death stated above, at 12:20 a.m.

    The principal cause of death was as follows:
    Acute endocarditis, chronic

    Other Contributory Causes of importance:

    Name of operation...
    Date of operation...
    Was there an autopsy performed...

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)

    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, 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></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1925</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Dorchester, No. St. Ward
   - Village or City: Hurlock, (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. **FULL NAME**
   - Harry P. Griffith
   - If nonresident give city or town and State

   **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Male, White, Married
   - COLOR OR RACE: White, Married
   - SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   - HUSBAND of WIFE of: Mollie R. Griffith

3. **DATE OF BIRTH**
   - Jan. 4th, 1866

4. **AGE**
   - Years: 68
   - Months: 10
   - Days: 23

5. **DATE OF DEATH**
   - Nov. 27th, 1934

6. **OCCUPATION**
   - Formerly Barber, late years
   - Occupation: Carpenter
   - Date deceased last worked at this occupation: July, 1931
   - Total time (years) spent in this occupation: 25

7. **BIRTHPLACE**
   - Dorchester Co., Md.

8. **NAME**
   - Henry Griffith

9. **FATHER**
   - Henry Griffith

10. **MOTHER**
    - Charlotte Stack

11. **INFORMANT**
    - Mrs. Mollie R. Griffith

12. **BURIAL, CREMATION, OR REMOVAL**
    - Place: St. Paul's, Md.
    - Date: Nov. 30th, 1934

13. **UNDERTAKER**
    - J. T. Frampton & Son

14. **FILED**
    - Nov. 29, 1934

**MEDICAL CERTIFICATE OF DEATH**

22. **I HEREBY CERTIFY**
   - That I attended deceased from Nov. 20th, 1934, to Nov. 27th, 1934
   - I last saw him alive on Nov. 27th, 1934
   - Death is said to have occurred on the date stated above, at 11:00 a.m.
   - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Regina Pester

23. Other Contributory Causes of Importance:

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

   **Signature**

**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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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.

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<td>1921</td>
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<td></td>
<td>July 5, 1927</td>
</tr>
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<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Gambrills
   Hospital: Gambrills Hospital
   Registration Dist. No.: 11

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

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

6. DATE OF BIRTH
   (Month, day, and year) 11/11/1934

7. AGE
   Years: 50
   Months: 11
   Days: 0

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)
    Gambrills
    (State or country)

13. NAME
    Raymond D. Harris

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

15. MAIDEN NAME
    Raymond D. Harris

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

17. INFORMANT
    Raymond D. Harris
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Gambrills
    Date: Nov. 12, 1934

19. UNDERTAKER
    Raymond D. Harris
    (Address)

20. FILED
    11-1-35

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>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge, Md.
   No. X
   Registration Dist. No. 116
   Length of residence in city or town where death occurred: 50 yrs.

2. FULL NAME: George Harris.
   (a) Residence: No. 300 Washington St.
   (Usual place of abode)
   St., 4
   Ward.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the words): Married

5a. If married, widowed, or divorced
   HUSBAND OF (or) WIFE OF: Julia A. Todd.

6. DATE OF BIRTH (month, day, and year): 10/18/1841.

7. AGE: Years: 93
   Months: 20
   Days: 0
   If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.: Retired 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 end year): 1894.

11. Total time (years) spent in this occupation: 25

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

13. NAME: Not Known.

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

15. MAIDEN NAME: Not Known

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

17. INFORMANT: Mr. Allen Tyler.
   (Address): Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Cambridge, Md.
   Date: 11/10/11.

19. UNDERTAKER:
   (Address): Granville S. LeCompte.

20. FILED: 11-9, 19,
   (Address):

21. DATE OF DEATH
   November 8th, 1934

22. I HEREBY CERTIFY That I attended deceased from Nov. 1, 1934, to Nov. 8, 1934
   I last saw h. alive on Dec. 12, 1934, death is said to have occurred on the date stated above, at 12:15 P.M.
   The principal cause of death and related causes of importance were as follows:
   Securce of death:

   Other Contributory Cause of importance:

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

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

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

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

1. **PLACE OF DEATH**
   - County: ____________
   - Village or City: Cambridge
   - Street: ____________
   - Registration Dist. No.: 116

2. **FULL NAME**
   - (a) Residence: No. __________
   - Sex: Female
   - Race: Col.
   - Single

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Date of Birth: Nov. 13, 1934
   - Age: 1 year
   - Trade, profession, or particular kind of work done: SPINNER, SAWYER, BOOKKEEPER, etc.
   - Occupation: Infant
   - Birthplace: Cambridge, Md.

4. **MEDICAL CERTIFICATE OF DEATH**
   - Date of Death: Nov. 13, 1934
   - Cause of Death: Premature Infant
   - Date of Onset: Nov. 13, 1934
   - Other Contributory Causes of Importance: 

5. **INFORMANT**
   - Name: William Bassi
   - Address: Cambridge, Md.

6. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Cambridge, Md.
   - Undertaker: Lewis Baumberger
   - Address: Cambridge, Md.

7. **FILED**
   - Date: Nov. 15, 1934

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.*
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<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
1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge
   Length of residence in city or town where death occurred: 17 yrs. 14 mos. 14 ds.

2. FULL NAME
   Taylor Howard
   Residence: No.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   July 1948

7. AGE
   Years: 86
   Months: 4
   Days: 12

8. TRADE, profession, or particular kind of work done
   Occupation: None

9. Industry or business in which work was done
   Industry: None

10. Date deceased last worked at this occupation
    Month and year: 11-28-1939

11. Total time (years) spent in this occupation
    Years: 36

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

13. NAME
    Thoms Howard

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

15. MAIDEN NAME
    Annie Dole

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

17. INFORMANT (Address)
    Informant: Charles Lapham, M.D.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Elkton
    Date: Dec. 1939

19. UNDERTAKER (Address)
    Undertaker: P. M. Jones

20. FILED
    11-28, 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    November 1934

22. HEREBY CERTIFY. That I attended deceased from April 27, 1934, to Nov. 27, 1934.

23. The principal cause of death and related causes of importance were as follows:
    Cerebral arteriosclerosis
    Date of onset: 1937

Other Contributory Causes of Importance:

Name of operation
Data of:

What last confirmed diagnosis?
Was there an autopsy?

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

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

If so, specify
(Signed) Charles Lapham, M.D.
(Address)
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</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</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: Dorchester
- Village or City: Cambridge, Md
- No Cambridge Md Hospital St. 5, Ward
- Length of residence in city or town where death occurred: 60 yrs. 6 mos. 27 ds
- How long in U.S. if of foreign birth: yrs. mos. ds.

**2. FULL NAME**
- Manie Hughes
- Residence: Andrews, Md.
- (Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | Female |
| 4. COLOR OR RACE | White |
| 5. If married, widowed, or divorced | Married
| 5a. Husband of | Charles H. Hughes |

### MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH**
- November 12th, 1934

**22. I HEREBY CERTIFY**

- That I attended deceased from Nov. 11, 1934, to Nov. 12, 1934.
- I last saw her alive on Nov. 11, 1934; death is said to have occurred on the date stated above.
- 5 A.M.
- The principal cause of death and related causes of importance were as follows:

### Occupation
- House Work

### Date of onset
- 11/10/34

### Other Contributory Causes of importance

- Name of operation
- No
- Date of operation
- No

### 23. If death was due to external causes (violence) fill in also the following:
- Accident, suicide, or homicide?
- Date of injury
- Where did injury occur?
- Specify whether injury occurred in industry, in home, or in public place.

### Nature of injury
- Auto accident
- Date of occurrence
- Nature of injury
- Transport pelvic

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

### Date of birth
- 4/15/1874

### Age
- 60 yrs.

### Place of death
- Cambridge, Md.

### Place of burial, cremation, or removal
- Andrews, Md.

### Undertaker
- Granville S. LeCompte, Cambridge, Md.

### Filed
- Nov. 14, 1934

### Registrar
- John W. M.

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 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

| 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 |

**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:**

- **Gallstones**
  - Date of onset: May 1, 1925
- **Gastroenteritis**
  - Date of onset: 1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge
   Hospital: Cambridge Hospital
   Ward: 
   Length of residence in city or town where death occurred: 2 yrs, 1 mos, 1 ds.

2. FULL NAME
   (a) Residence: No. 245 S. Kirk St., Cambridge, St., Cambridge, Ward.

   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): 10/1/1885
   7. AGE YEARS: 23
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Librarian
   9. OCCUPATION: Librarian
   10. DATE OF DEATH: Nov 10, 1934
   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 13

3. NAME OF MOTHER: Simeon Jester
   MOTHER'S NAME: Mary Jester

4. BIRTHPLACE (CITY OR TOWN): Cambridge, St.
   (STATE OR COUNTRY): Maryland

5. INFORMANT (ADDRESS): 
   BURIAL, CREMATION, OR REMOVAL: Shrewsbury Del.
   Date: 11/14/34

6. UNDERTAKER (ADDRESS): 
   FILED: Nov 12, 1934

7. MEDICAL CERTIFICATE OF DEATH
   22. I HEREBY CERTIFY, That I attended deceased from 
      Not at all: 19, to: 19.
      Last saw: 19, alive on: Not applicable, 19.
      Death is said to have occurred on the date stated above, at: 11/10/34.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance 
      were as follows:
      Other Contributory Causes of Importance:
      Automobile accident occurred in the town of
      Church Creek, Dorchester County, Maryland.
      Name of operation: None
      Date of operation: 
      What test confirmed diagnosis?: None
      Was there an autopsy?:

23. If death was due to external causes (VIOLENCE) fill in the following:
   Accident, suicide, or homicide?: Accident
   Date of Injury: 11/10/34
   Where did injury occur?: Church Creek, Dorchester County, Maryland
   (Specify city or town, county and State)
   Manner of Injury: Automobile accident
   Nature of Injury: Fractured skull

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

8. ADDRESS: Simeon Jester
   Md.

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Dec 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Sep 1917</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 1927</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>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

**Example I**

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

**Example II**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<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: Baltimore
   Village or City: Cambridge
   No.: Cambridge Ind. Dist. 1st St.
   Registration Dist. No.: 1
   Length of residence in city or town where death occurred: yrs. 19 mos. 0 ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

   PERSONAL AND STATISTICAL PARTICULARS

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

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

   6. DATE OF BIRTH (month, day, and year): March 24, 1904
   7. AGE Years: 33
      Months: 7
      Days: 5
      IF LESS than 1 day,............hrs. or............min.

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

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

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

   11. Total time (years)
        spent in this occupation

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

   13. NAME
       J ohn Johnson

   14. BIRTHPLACE (city or town)
       (State or country)
       Otsego, A. M.

   15. MAIDEN NAME
       Annie H. Hackett

   16. BIRTHPLACE (city or town)
       (State or country)
       Otsego, A. M.

   17. INFORMANT
       (Address)

   18. BURIAL, CREMATION, OR REMOVAL
       Place: Church Creek
       Date: 1-24-35

   19. UNDERTAKER
       (Address)
       Strub, Strub, Cambridge

   20. FILED: 1-24-35
       S. E. McNamara
       Registrar

   21. DATE OF DEATH
       (Month) 7
       (Day) 9
       (Year) 1934

   I HEREBY CERTIFY, That I attended deceased from...
   (To be filled in)
   I last saw him alive on...
   (To be filled in)
   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:

   22. Cause of death:
       Malignant Abjection

   Other Contributory Causes of importance:

   23. If death was due to external causes (VIOLANCE) fill in also the following:
       Neme of operation:...
       (To be filled in)
       Date of...
       (To be filled in)
       What test confirmed diagnosis?...
       (To be filled in)
       Was there an autopsy?...

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

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

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<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>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Date of onset: 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: Dorchester
   Village or City: Bucktown, Md.
   Registration Dist. No.: 116
   St.: X
   Ward: X
   Length of residence in city or town where death occurred: 10 yrs. X mos. X ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: Irene Elizabeth Linthicum.
   (a) Residence: No.
      Bucktown, Md. Oystertown, 36 Ward.
      (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): 12/3/1862
7. AGE: 61
   Years: 12
   Months: 11
   Days: 22
   If LESS than 1 day, hrs. or. min.

8. OCCUPATION: None.
9. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
11. Date deceased last worked at this occupation (month and year): X
12. TOTAL TIME (years) spent in this occupation: X

13. BIRTHPLACE (city or town): Church Creek, Md.
14. NAME OF FATHER: George Richardson
15. MOTHER'S NAME: Amanda Mace

16. BIRTHPLACE (city or town): Church Creek, Md.
17. INFORMANT: Mrs. Harry Bramble
   Address: Bucktown, Md.
18. BURIAL, CREMATION, OR REMOVAL: Church Creek, Md.
   Place: Church Creek, Md.
   Date: II/27/34
   Address: Cambridge, Md.

20. FILED: Nov. 3, 19 34.

21. DATE OF DEATH: November 25th, 1934
   (Month) 1934
   (Day) 25

22. I HEREBY CERTIFY: That I attended deceased from Nov. 18, 1934 to Nov. 25, 1934.
    The principal cause of death and related causes of importance were as follows:
    Myocardial insufficiency
    Atherosclerotic hemiplegia
    Other contributory causes of importance:
    Chronic 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 city or town, county and State)
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
    Manner of injury:
    Nature of injury:
    Other:

24. Was disease or injury in any way related to occupation of deceased? No
    If so, specify:
    (Signed) Wylie M. Fass
    Address: Cambridge, Md.

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.

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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>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: Dorchester
   Village or City: Cambridge
   Registration Dist. No. 116
   Ward: 5
   Length of residence in city or town where death occurred: 35 yrs. 3 mos. 6 ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. .........
   (Usual place of abode)
   If nonresident give city or town and State
   [Name redacted]

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
   8/10/1876

7. AGE
   Years: 58
   Months: 3
   Days: 6

8. OCCUPATION
   Farmer

9. If married, widow, or divorced
   HUSBAND OR WIFE OF
   [Name redacted]

10. Date deceased last worked at this occupation (month and year): 10/1/1884

11. Total time (years and months) spent in this occupation: 38 yrs.

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

13. NAME
    [Name redacted]

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

15. MAIDEN NAME
    [Name redacted]

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

17. INFORMANT
    [Name redacted]

18. BURIAL, CREMATION, OR REMOVAL
    Place: Menlo Park, MD
    Date: 11/18/1934

19. UNDERTAKER
    [Name redacted]

20. FILED
    Nov. 18, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   November 16, 1934

22. I HEREBY CERTIFY, that I attended deceased from
   10-27-1934 to 10-28-1934
   I last saw him alive on 11/14/1934; death is said to have occurred on the date stated above, at 11:05 A.M.
   The principal cause of death and related cause of importance were as follows:
   [Cause of death redacted]

23. Name of operation
    [Operation redacted]

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

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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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
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<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
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</table>

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

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Westminster
   Length of residence in city or town where death occurred:

2. FULL NAME: William Jasper Phillips
   (a) Residence: No. Westminster

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: October 16, 1934
7. AGE: Years: 25

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Spinner, Sawyer, Bookkeeper, etc.
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Silk Mill, Saw Mill, Bank, etc.
10. Date deceased last worked at this occupation: [Month] [Day], 1934
11. Total time (years) spent in this occupation:

OCCUPATION

12. BIRTHPLACE (city or town): Washington, D.C.
13. NAME: Walton R. Phillips
14. BIRTHPLACE (city or town): Philadelphia
15. MAIDEN NAME: Mary Francis Thompson
16. BIRTHPLACE (city or town): [State or country]

MOTHER

17. INFORMANT: Walton R. Phillips (Father)
18. BURIAL, CREMATION, OR REMOVAL:
   Place: [Address]: Date: Oct. 11, 1934

19. UNDERTAKER: [Address]: [Name]: [Date]

20. FILED: [Month] [Day], 1934

21. DATE OF DEATH:
   (Month) [Day], 1934
   I HEREBY CERTIFY, That I attended deceased from [Date] to [Date], 1934.
   I last saw him... alive on... [Date], 1934; death is said to have occurred on the date stated above, at [Time].
   The principal cause of death and related causes of importance were:
   Premature death.

22. Other Contributory Causes of importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, Suicide, or Homicide?: Date of injury: [Month] [Day], [Year]
   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) [Name]: [Address]

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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, 1928 |

**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: Dorchester
   Village or City: Cambridge, MD

2. FULL NAME
   William Russian
   (Residence: 523 Archant Rd, Baltimore, MD)

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: Labor
   5a. If married, widowed, or divorced:
      HUSBAND of (or) WIFE of
      (usual place of abode)
   5b. Residence:
   6. DATE OF BIRTH (month, day, and year):
   7. AGE:
      Years: 65
      Months: 0
      Days: 0
      (If less than 1 day, indicate time)

4. OCCUPATION
   Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   Date deceased last worked at this occupation (month and year):
   Total time (years) spent in this occupation:

5. BIRTHPLACE
   (city or town):
   (State or country):

6. MOTHER
   NAME:
   (city or town):
   (State or country):

7. INFORMANT
   (Address):

8. BURIAL, CREMATION, OR REMOVAL
   Place:
   Date:

9. UNDERTAKER
   (Address):

10. MEDICAL CERTIFICATE OF DEATH
    21. DATE OF DEATH
        Month: Mar
        Day: 28
        Year: 1934

    22. CERTIFICATE
        That I attended deceased from
        Date: Mar 28, 1934
        Time: 10:00 a.m.
        The death is said to have occurred on the date stated above, at
        Time: 10:00 a.m.
        The principal cause of death and related causes of importance
        were as follows:
        Principal Cause: Chronic myocardial disease
        Duration: unknown

    Other Contributory Causes of Importance:

    Name of operation:
    Date of operation:
    Nature of injury:
    Date of injury:
    Where did injury occur:
    Nature of injury:
    Date of injury:

11. FILED:
    Date:
    Location:

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1926</td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: **Chester**
   - Village or city: **Church Creek**
   - Registration Dist. No.: **116**
   - Length of residence in city or town where death occurred: **3** yrs., **3** mos., **0** ds.
   - If death occurred in a hospital or institution, give its NAME instead of street and number:

2. **FULL NAME**
   - Name: **Wilford B. Saunders**
   - Residence: **Church Creek**

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. <strong>SEX</strong> 4. <strong>COLOR OR RACE</strong> 5. <strong>SINGLE, MARRIED, WIDOWED, OR DIVORCED</strong>&lt;br/&gt;Female White, Divorced&lt;br/&gt;<strong>HUSBAND OF</strong>&lt;br/&gt;Wilford B. Saunders</td>
<td>21. <strong>DATE OF DEATH</strong>&lt;br/&gt;<strong>M.</strong> 16, <strong>1934</strong></td>
</tr>
<tr>
<td>6. <strong>DATE OF BIRTH</strong>&lt;br/&gt;Oct 6, 1868</td>
<td>22. I HEREBY CERTIFY, That I attended deceased from&lt;br/&gt;Dec 19, 1934, to Jan 19, 1934. I last saw him alive on Dec 20, 1934; death is said to have occurred on the date stated above, at 10:00 A.M.</td>
</tr>
<tr>
<td>7. <strong>AGE</strong> 65</td>
<td>The <strong>PRINCIPAL CAUSE OF DEATH</strong> and related causes of importance were as follows:</td>
</tr>
<tr>
<td>8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.</td>
<td>Cancer - Breast Victim</td>
</tr>
<tr>
<td>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</td>
<td>Other Contributory Causes of importance:</td>
</tr>
<tr>
<td>10. Date deceased last worked at this occupation (month and year)</td>
<td></td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation</td>
<td>Date of onset</td>
</tr>
<tr>
<td>12. <strong>BIRTHPLACE</strong>&lt;br/&gt;(city or town)&lt;br/&gt;(State or country)</td>
<td>23. If death was due to external causes (VIOL ENCE) fill in also the following:</td>
</tr>
<tr>
<td>13. <strong>NAME</strong>&lt;br/&gt;Joan F. Fitchell</td>
<td>Accident, suicide, or homicide?</td>
</tr>
<tr>
<td>14. <strong>BIRTHPLACE</strong>&lt;br/&gt;(city or town)&lt;br/&gt;(State or country)</td>
<td>24. Where did injury occur? (Specify city or town, county and State)</td>
</tr>
<tr>
<td>15. <strong>MAIDEN NAME</strong>&lt;br/&gt;Emma Heene</td>
<td>Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.</td>
</tr>
<tr>
<td>16. <strong>BIRTHPLACE</strong>&lt;br/&gt;(city or town)&lt;br/&gt;(State or country)</td>
<td>25. Manner of injury</td>
</tr>
<tr>
<td>17. <strong>INFORMANT</strong>&lt;br/&gt;Address</td>
<td>Nature of injury</td>
</tr>
<tr>
<td>18. <strong>BURIAL, CREMATION, OR REMOVAL</strong>&lt;br/&gt;Place</td>
<td></td>
</tr>
<tr>
<td>19. <strong>UNDERTAKER</strong>&lt;br/&gt;Address</td>
<td>26. Was disease or Injury In any way related to occupation of deceased?</td>
</tr>
<tr>
<td>20. <strong>FILED</strong>&lt;br/&gt;Dec 20, 1934</td>
<td>If so, specify</td>
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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Chronic interstitial nephritis</td>
<td>1924</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

| Gallstones | May 1, 1928 |

### Example II

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

**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge, Md.
   Registration Dist. No.: II6
   Length of residence in city or town where death occurred: 25 yrs.
   If death occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME: James B. Stephens
   (a) Residence: Muir & Academy St.
   HUSBAND of: Dora R. Willey
   Married
   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: Married

6. DATE OF BIRTH: 8/13/1861
7. AGE: 73 yrs.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Merchant
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Saw Mill
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: 1930
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 29 yrs.

12. BIRTHPLACE: Dorchester Co., Maryland
13. NAME: Henry W. Stephens
14. BIRTHPLACE (STATE OR COUNTRY): Dorchester Co., Maryland
15. MAIDEN NAME: Isabelle Thomas
16. BIRTHPLACE: Dorchester Co., Maryland
17. INFORMANT: Mrs. Steele Cook
   Address: Cambridge, Md.
18. BURIAL, CREMATION, OR REMOVAL: East New Market, Md., 11/6/34
19. UNDERTAKER: Granville S. LeCompte
   Address: Cambridge, Md.
20. FILED: 11-6-1934

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: November 5th, 1934
22. I HEREBY CERTIFY, That I attended deceased from
   I last saw him on the date stated above, at
   The principal cause of death and related causes of importance

   Other Contributory Causes of importance:

   Date of onset: November 1, 1934
   Name of operation: None
   Date of operation: None
   What test confirmed diagnosis?: None
   Was there an autopsy?: None
   Accident, suicide, or homicide?: None
   Date of injury: None
   Where did injury occur?: None
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   Manner of injury: None
   Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify: None
   (Signed): None
   M.D.
   Address: None

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

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

*Other contributory causes of importance:*

| Gallstones | May 1, 1925 |

**Example II**

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

*Other contributory causes of importance:*

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
<table>
<thead>
<tr>
<th>FIELD</th>
<th>INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. PLACE OF DEATH</strong></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>Chester</td>
</tr>
<tr>
<td>Village or City</td>
<td>Brookland</td>
</tr>
<tr>
<td>Registration Dist. No.</td>
<td>1120</td>
</tr>
<tr>
<td><strong>2. FULL NAME</strong></td>
<td>Lillian Frances Taylor</td>
</tr>
<tr>
<td><strong>3. SEX</strong></td>
<td>Female</td>
</tr>
<tr>
<td><strong>4. COLOR OR RACE</strong></td>
<td>White</td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</td>
<td>Married</td>
</tr>
<tr>
<td>6. DATE OF BIRTH (month, day, and year)</td>
<td>April 15, 1894</td>
</tr>
<tr>
<td>7. AGE</td>
<td>40</td>
</tr>
<tr>
<td>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.</td>
<td>Housewife</td>
</tr>
<tr>
<td>9. OCCUPATION</td>
<td>Housewife</td>
</tr>
<tr>
<td>10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)</td>
<td></td>
</tr>
<tr>
<td>11. TOTAL TIME SPENT IN THIS OCCUPATION (YEARS, MONTHS, DAYS, HOURS, MINUTES)</td>
<td></td>
</tr>
<tr>
<td><strong>12. BIRTHPLACE</strong> (city or town) (State or country)</td>
<td>Maryland</td>
</tr>
<tr>
<td>13. NAME</td>
<td>L. L. Seabrook</td>
</tr>
<tr>
<td><strong>14. BIRTHPLACE</strong> (city or town) (State or country)</td>
<td>Maryland</td>
</tr>
<tr>
<td><strong>15. MAIDEN NAME</strong></td>
<td>n/a</td>
</tr>
<tr>
<td><strong>16. BIRTHPLACE</strong> (city or town) (State or country)</td>
<td></td>
</tr>
<tr>
<td><strong>17. INFORMANT</strong></td>
<td>R. L. Seabrook</td>
</tr>
<tr>
<td><strong>18. BURIAL, CREMATION, OR REMOVAL</strong></td>
<td>Nov 12, 1934</td>
</tr>
<tr>
<td><strong>19. UNDERTAKER</strong></td>
<td>J. B. Graver &amp; Bros.</td>
</tr>
<tr>
<td><strong>20. FILED</strong></td>
<td>Nov 13, 1934</td>
</tr>
<tr>
<td><strong>21. DATE OF DEATH</strong></td>
<td>Nov 10, 1934</td>
</tr>
<tr>
<td><strong>22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM</strong></td>
<td></td>
</tr>
<tr>
<td><strong>23. DIED</strong>*</td>
<td></td>
</tr>
<tr>
<td><strong>24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>25. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE</strong></td>
<td></td>
</tr>
</tbody>
</table>
UNITED STATES STANDARD CERTIFICATE OF DEATH

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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>1916</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1931</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        |
1. PLACE OF DEATH

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

2. FULL NAME

   (a) Residence: No. 15, Cambridge
   (Usual place of abode)
   St., Ward. If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX

   Male, Female

4. COLOR OR RACE

   White

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

   Married

5a. If married, widowed, or divorced

   HUSBAND of
   LORENA F. ROCHE
   (or) WIFE of

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

   Apr. 16, 1866

7. AGE

   Years
   Months
   Days
   If LESS than 1 day, how many hrs. or min.

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

   Spinner & Joiner

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 or year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

   (State or country)

13. NAME

   (Last Name, First Name, Maiden Name)

14. BIRTHPLACE (city or town)

   (State or country)

15. MAIDEN NAME

   Sarah Ann Donovan

16. BIRTHPLACE (city or town)

   (State or country)

17. INFORMANT

   (Address)

   Mother

18. BURIAL, CREMATION, OR REMOVAL

   Place: Madison, Md.
   Date: Nov. 4, 1934

19. UNDERTAKER

   (Address)

   Rockford E. Diamond

20. FILED

   Nov. 3, 1937
   W. W. Shaff
   Registrar

21. DATE OF DEATH

   (Month, Day, Year)

   Dec. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from

   Sept. 17, 1934, to Nov. 1, 1934,

   last saw him alive on Nov. 1, 1934,

   death is said to have occurred on the date stated above, at 6:45 A.M.

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

   Myocardial infarction

   Other Contributory Causes of Importance:

   Chronic nephritis

   Other Contributory Causes of Importance:

   Name of operation
   Date of...

   What test confirmed diagnosis
   Chronic

   Was there an autopsy
   Yes

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

   Accident, suicide, or homicide
   Date of injury
   19

   Where did injury occur
   (Specify city or town, county and State)

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

   Manner of Injury

   Nature of injury

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

   If so, specify

   (Signed) W. W. Shaff
   Address: Cambridge, Md.

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

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**Example I**

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

Other contributory causes of importance:

- Gallstones | May 1, 1923 |

**Example II**

- Other contributory causes of importance:
  - Gastroenteritis | 1 year |
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: 
   - Village or City: 
   - 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**
   - Mrs. Thresa M. Whaley
     - Residence: No. James Dr., 16, R.F.D. St., (usual place of abode or work)

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Unknown

7. **AGE**
   - Years: 52

8. **OCCUPATION**
   - Homemaker

9. **DATE OF DEATH**
   - Nov 27, 1937

21. **DATE OF DEATH**
   - Nov 27, 1937

22. **I HEREBY CERTIFY**
   - Thet I attended deceased from Nov 16, 1937, to Nov 27, 1937.
   - The principal cause of death was as follows:
     - Meningitis

23. **OTHER CONTRIBUTARY CAUSES OF IMPORTANCE**
   - Meningitis

24. **BIRTHPLACE**
   - City or town: 
   - State or country: 

25. **MOTHER**
   - Name: 
   - Maiden Name: 

26. **FATHER**
   - Name: 
   - Occupation: 

27. **INFORMANT**
   - Address: 

28. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Laurel Dr.
   - Date: Oct 29, 1937

29. **UNDERTAKER**
   - Address: 

30. **FILED**
   - Date: Nov 27, 1937

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

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<tr>
<th>Example I</th>
<th>Example II</th>
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</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<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: [Redacted]
   Village or City: [Redacted]
   Length of residence in city or town where death occurred: 24 yrs. 11 mos. 11 ds.
   Registration Dist. No.: [Redacted]

2. FULL NAME: [Redacted]
   Residence: No.
   (Usual place of abode)

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

6. DATE OF BIRTH: (month, day, and year) Nov. 7, 1934

7. AGE: Years 74
   Months 10
   Days 11
   If LESS than 1 day, hrs. or min.

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): Nov. 10, 1934

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

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

13. NAME: Joseph T. Wheatley

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

15. MAIDEN NAME: [Redacted]

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

17. INFORMANT: Mrs. Sybil Hackett
   (Address)

18. BURIAL, CREMATION, OR REMOVAL: East New Market
   Placa: [Redacted]
   Date: [Redacted]

19. UNDERTAKER: [Redacted]
   (Address)

20. FILED: Nov. 1934 - 7:15 by M. D.

21. DATE OF DEATH: Nov. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased on Nov. 7, 1934, to Nov. 10, 1934.

23. Accident, suicide, or homicide: Date of Injury: Nov. 10, 1934

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

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

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<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Additional space for further statements by physician

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   (a) Residence: No. 205 Denton (Outskirt)
   (b) Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

5a. If married, widow, or divorced
   HUSBAND OF (or) WIFE OF Charles Willis

6. DATE OF BIRTH (month, day, and year)
   Sept. 25th, 1865

7. AGE
   Years 69
   Months
   Days 2
   If LESS THAN 1 day,...........hrs.
   or. min.

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

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

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

11. Total time (years) spent in this occupation - Lifetime.

12. BIRTHPLACE (city or town) (State or country)
   Mohrstraten, Ohio

13. NAME
   Nathaniel B. Nichols

14. BIRTHPLACE (city or town) (State or country)
   Feuchtburg, Virginia

15. MAIDEN NAME
   Sarah Nagle

16. BIRTHPLACE (city or town) (State or country)
   Feuchtburg, Virginia

17. INFORMANT (Address)
   Catherine L. Wiest

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Calvert, Sept. 28th, 1934

19. UNDERTAKER
   J. C. Linn

20. FILED: 11-26-1934

21. DATE OF DEATH
   November 25th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1934, to Nov. 25th, 1934. I last saw her alive on Nov. 25th, 1934; death is said
   to have occurred on the date stated above, at 2:45 PM.

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

   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 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:

   Charles L. Beasmer
   Address

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</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, 1933  |

**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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge
   Registration Dist. No.: 116
   No Cambridge St.

2. FULL NAME
   (a) Residence: No.
   Address: Edgar St., Cambridge
   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
      Male
   4. COLOR OR RACE
      Col.
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
      Married
   6. DATE OF BIRTH (month, day, and year)
      Aug. 1899
   7. AGE
      Years: 35
      Months: 3
      Days: ?
   8. Trade, profession, or particular kind of work done, e.g., SPINNER, SAWS, BOOKKEEPER, etc.
      Turner
   9. Industry or business in which work was done, e.g., SILK MILL, SAW MILL, BANK, etc.
      Turner
   10. Date deceased last worked at this occupation (month end year)
      Oct. 1920
   11. Total time (years) spent in this occupation
      1920

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH
      Nov. 21, 1934
   22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1934, to Nov. 21, 1934
      I last saw him alive on Nov. 21, 1934; death is said to have occurred on the date stated above, at 4:30 p.m.
      The principal cause of death and related causes of importance were as follows:

      John Wilson
      Date of onset: 11/21/34

      Other Contributory Causes of Importance:

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

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

      Manner of injury: Turner
      Nature of injury: Turner
      If so, specify

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

      John Wilson
      Signature: M. D.

   If more blanks are needed, address State Registrar, 4211 N. Charles Street, Baltimore, Requesting U. S. No. 1.
**UNITED STATES STANDARD CERTIFICATE OF DEATH**

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
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<td></td>
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<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></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: Dorchester
   Village or City: Cambridge
   Registration Dist. No.: 116
   Length of residence in city or town where death occurred: 50 yrs.

2. FULL NAME
   (a) Residence: No. 105, Cambridge

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: William Wilson

6. DATE OF BIRTH (month, day, and year): 3 April 1864

7. AGE
   Years: 73
   Months: 9
   Days: 16

8. OCCUPATION
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Lyceum Almamater
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Lyceum Almamater
   10. Date deceased last worked at this occupation (month and year): June 1934
   11. Total time (years) spent in this occupation: 30

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

13. NAME
   William Wilson

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

15. MAIDEN NAME
   Mary Johnson

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

17. INFORMANT
   (Address): Lillian Wilson Gallager

18. BURIAL, CREMATION, OR REMOVAL
   Place: Wragg Cemetery
   Date: Dec. 24, 1934

19. UNDERTAKER
   (Address): 308 Pike St., Cambridge

20. FILED
   12-1-34, D. S. C. W.ichelor

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

22. I HEREBY CERTIFY that I attended deceased from November 14, 1934 to December 30, 1934; death is said to have occurred on the date stated above, at 1:40 A.M.
   The principal cause of death and related causes of importance were as follows:
   Tuberculosis

MEDICAL CERTIFICATE OF DEATH

DATE OF ONSET: 11-20-34

Other Contributory Causes of Importance:

Name of operation: None
What test confirmed diagnosis?: Chest x-ray
Was there an autopsy?: No

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide?: Date of Injury: 19
   Where did injury occur?: (Specify city or town, county, and state)
   Specify whether injury occurred in industry, in home, or in public place:

   Manner of Injury:
   Nature of injury:

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

Signature: (Signed) Townsend Williams
(Authority): 11-20-34

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<td>1915</td>
</tr>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

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

Other contributory causes of importance:
Gastroenteritis | 1 year |
# STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH
- County: Dorchester
- Village or City: Cambridge
- Registration Dist. No.: 16
- Ward: Cambridge Inst. Hospital

Length of residence in city or town where death occurred: 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME
- Baby Girl Wooten

(a) Residence: No. 203 Chestnut Avenue

## PERSONAL AND STATISTICAL PARTICULARS

### 3. SEX
- Female

### 4. COLOR OR RACE
- White

### 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
- Single

### 6. DATE OF BIRTH
- Nov. 7, 1934

### 7. AGE
- Years: 0
- Months: 0

### 8. Trade, profession, or particular kind of work done
- Newborn

### 9. Industry or business in which work was done
- Newborn

### 10. Date deceased last worked at this occupation
- Nov. 7, 1934

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

### 12. BIRTHPLACE
- Cambridge

### 13. NAME
- James Thomas Wooten

### 14. BIRTHPLACE (city or town)
- Camden

### 15. MAIDEN NAME
- Laura Elizabeth

### 16. BIRTHPLACE (city or town)
- Camden

### 17. INFORMANT
- Mrs. James Wooten

### 18. BURIAL, CREMATION, OR REMOVAL
- Place: Cambridge

### 19. UNDERTAKER
- Lavalle's

### 20. FILED
- Nov. 8, 1934

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH
- Nov. 8, 1934

#### 22. I HEREBY CERTIFY
- That I attended deceased from Nov. 7, 1934, to Nov. 7, 1934.

#### 23. Cause of death:
- Pulmonary Atelectasis

Other Contributory Causes of Importance:
- Prematurity, 36 weeks.

Name of operation: None

What was the last confirmed diagnosis? Clinical

Was there an autopsy?: No

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

If so, specify: None

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN