STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick County
   Village or City: Frederick City Hospital
   Registration Dist. No.: 13
   No: Frederick City Hospital St., Ward: 11209
   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
   Baby Son Altloepi
   (a) Residence: No.
   St., Ward: Outside
   Ladiesbug, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

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

7. AGE
   Years: 0
   Months: 0
   Days: 0
   If less than 1 year, add months or days.

8. TRADE, PROFESSION, or PARTICULAR kind of work done, as SPINNER, SAUER, BOOKKEEPER, etc.

9. INDUSTRY or BUSINESS in which work was done, as SILK MILL, SAW MILL, BANK, etc.

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Frederick City Hospital
   (State or country)

13. NAME
   Luther Andrew Altloepi

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

15. MAIDEN NAME
   Roddy, Louise

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

17. INFORMANT
   Father, Andrew Altloepi
   Address: Ladiesbug, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place, Date: 8 Nov., 1934

19. UNDERTAKER
   (Address)

20. FILED
   8 Nov., 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Nov., 7, 1934

22. I HEREBY CERTIFY that I attended deceased from
   Nov., 1934 to Nov., 1934, and that death is said to have occurred on the date stated above, at 3 PM.

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

PREMATURITY

Other Contributory Causes of Importance

Name of operation...

What test confirmed diagnosis?

Was there an autopsy? No.

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

   Manner of injury
   Nature of injury

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

   Signed...
   M.D.

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

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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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, 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:

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

Other contributory causes of importance:

| Gallstones | Date of onset | Gastroenteritis | Date of onset |
| May 1, 1933 | 1 year |
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

### 1. PLACE OF DEATH

- County: Frederick
- Village or City: Utica

### 2. FULL NAME

- Harry Mills Albaugh

#### PERSONAL AND STATISTICAL PARTICULARS

- **SEX**: Male
- **Color or Race**: White
- **Single, Married, Widowed, or Divorced**: Married

#### MEDICAL CERTIFICATE OF DEATH

- **DATE OF DEATH**: November 25, 1933
- **DATE OF BIRTH**: August 16, 1873
- **AGE**: 61 years, 3 months, 9 days
- **Trade, profession, or particular kind of work done**: Farmer
- **Occupation**: Nov. 34, 111 years, 30 days
- **Place of Birth**: Lewistown, MD
- **Name of Operation**: Angina pectoris
- **Maiden Name**: Moranda Clem
- **Birthplace**: Lewistown, MD
- **Mother's Name**: Mrs. Paul Buhrman
- **Informant**: Mrs. Paul Buhrman
- **Burial, Cremation, or Removal**: Utica
- **Undertaker**: M. L. Creager & Son
- **Filed**: Nov. 26, 1934

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

Example II

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

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

Other contributory causes of importance:

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

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Brunswick
   - Registration Dist. No.: 1
   - Length of residence in city or town where death occurred: 21 yrs. mos. ds.
   - How long in U.S. if of foreign birth: 45 yrs. mos. ds.

2. **FULL NAME**
   - Salvatore P. Cencicolla
   - Residence: No. 26 W. Potomac Ave.
   - Ward:

### PERSONAL AND STATISTICAL PARTICULARS

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

5a. If married, widowed, or divorced, the name of the present or former husband or wife:
   - Anne M. Palmiero

6. **DATE OF BIRTH**
   - July 13, 1887

7. **AGE**
   - Years: 47
   - Months: 3
   - Days: 19

8. **TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE**
   - Merchant

9. **OCCUPATION**
   - Fruit Stove

10. **DATE DECEASED LAST WORKED**
    - 1926

11. **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**
    - 21

12. **BIRTHPLACE**
    - Italy

13. **NAME**
    - Anthony Cencicolla

14. **FATHER**
    - Italy

15. **MAIDEN NAME**
    - Archangela Moniga

16. **MOTHER**
    - Archangela

17. **INFORMANT**
    - Mrs. Anna M. Cencicolla

18. **BURIAL, CREMATION, OR REMOVAL**
    - New Cathedral Cemetery, Nov. 5, 1934

19. **UNOVERTAKER**
    - Jesse D. Bailey

20. **FILED**
    - Dec. 3, 1934

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
    - Nov. 1, 1934

22. **I HEREBY CERTIFY**
    - That I attended deceased from July 13, 1887, to Nov. 1, 1934
    - Last saw him alive on Nov. 1, 1934
    - Death is said to have occurred on the date stated above, at 41 42's pm.

### THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE

- Principal Cause of Death: Heart Insufficiency
- Other Contributory Causes of Importance: Rheumatic Myocarditis

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

23. **IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE)**
    - Place of injury: Brunswick
    - Nature of injury: None
    - Manner of death: None
    - Place of death: Brunswick
    - Date of death: Nov. 1, 1934

24. **IF SO, SPECIFY**
    - None

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Other contributory causes of importance:

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

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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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: Frederick
   Village or City: Backyard Ridge
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

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

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
   F.
   M.
   S.

   4. COLOR OR RACE

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

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

   6. DATE OF BIRTH (month, day, and year)
   Nov. 27th, 1860

   7. AGE
   Years: 83
   Months: 11
   Days: 8
   IF LESS than 1 day, . . . . . . hrs.
   or . . . . . . min.

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

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

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

   11. Total time (years) spent in this occupation

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

   13. NAME
   William L. Baker

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

   15. MAIDEN NAME
   Margaret Fox

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

   17. INFORMANT
   (Address)

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Hope Cemetery
   Date: Nov. 7, 1934

   19. Undertaker
   (Address)

   20. FILED
   Nov. 6, 1934

   Registration Dist. No.: 44
   If death occurred in a hospital or institution, give its NAME instead of street and number

   21. DATE OF DEATH
   Nov. 5, 1934

   I HEREBY CERTIFY
   That I attended deceased from Oct. 11, 1934, to Nov. 5, 1934, death is said to have occurred on the date stated above, at . . . . a.m.

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

   Fracture of Femur
   Date of onset: Dec. 11, 1934

   Other Contributory Causes of importance:
   Cardiac Asthma
   Date: Dec. 11, 1934

   Name of operation.
   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?
   Murder?
   Where did injury occur?
   Specifying city or town, county and State, and injuring the injured, if any, 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) Dr. Lawrence M. Miller, M. D.
   Address: 2042 9th St., N.W., Washington, D.C.
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Other contributory causes of importance:
Gallstones: May 1, 1925
Gastroenteritis: 1 year

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

1. PLACE OF DEATH
- County: Frederick
- Village or City: Frederick
- Registration Dist. No.: 181
- Hospital: Frederick City Hospital
- Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number)
- Length of residence in city or town where death occurred: yrs. mos. ds.
- How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME
(a) Residence: No. Mt. Carmel (near Frederick, Md.)
(Usual place of abode)
- Name: Adams Theodore Blentlinger

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
- Male

4. COLOR OR RACE
- White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
- Widowed

6. DATE OF BIRTH (month, day, and year)
- Aug. 20, 1849

7. AGE
- Years: 85
- Months: 3
- Days: 4

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, 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 and year)
- 1904

11. Total time (years) spent in this occupation
- 1904

12. BIRTHPLACE (city or town)
- Maryland

13. NAME
- Frederick Blentlinger

14. BIRTHPLACE (city or town)
- Washington, D.C.

15. MAIDEN NAME
- Amanda Spenseller

16. BIRTHPLACE (city or town)
- Frederick, Maryland

17. INFORMANT
- W. Shadwell Blentlinger, Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL
- Place: Mt. Carmel
- Date: Nov. 27, 1934

19. UNDERTAKER
- Harry E. Cott, Co., Frederick, Md.

20. FILED
- 26 Nov. 1934, Dr. W. J. McCurdy, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
- November 24, 1934

22. I HEREBY CERTIFY that I attended deceased from Nov. 22, 1934, to Nov. 24, 1934.

23. I last saw deceased on Nov. 24, 1934.

24. The principal cause of death and related causes of importance were as follows:
- Hypostatic congestion
- Chronic Myocarditis

25. Name of operation: 
- Date of: 

26. Was there an autopsy? NO

27. Other Contributory Causes of Importance:
- Chronic Myocarditis

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

29. Menstruation
- Nature of injury

30. Was disease or injury in any way related to occupation of deceased? NO

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<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>

### 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:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

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Note: The certificate is a standard form used for reporting deaths in the United States, and the text explains the importance of providing accurate and detailed information about the occupation and cause of death.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County. **Frederick**
   Village or City. **Dickerson**
   Length of residence in city or town where death occurred. **10 yrs.**

2. FULL NAME
   Catherine Elizabeth Bowman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   **Female**

4. COLOR OR RACE
   **White**

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

6. DATE OF BIRTH
   **March 28, 1894**

7. AGES
   Years **90**
   Months **7**
   Days **16**

8. Trade, profession, or particular kind of work done.
   **Housewife**

9. Industry or business in which work was done.
   **SILK MILL**

10. Date deceased last worked at this occupation.
    **March 28, 1894**

11. Total time (years) spent in this occupation.
    **1934**

12. BIRTHPLACE
   **Charles Town, Maryland**

13. NAME
    **Edwin H. Bowman**

14. BIRTHPLACE
    **Maryland**

15. MAIDEN NAME
    **Dana Hallman**

16. BIRTHPLACE
    **Maryland**

17. INFORMANT
    **McHaddie, Nettie**

18. BURIAL, CREMATION, OR REMOVAL
    Place. **Bedford**
    Date. **11/16/34**

19. UNDERTAKER
    **Hammond, W.**

20. FILED
    **Nov. 14, 1934**

21. DATE OF DEATH
    **Nov. 14, 1934**

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1934, to Nov. 14, 1934.
    I last saw deceased alive on Nov. 11, 1934; death is said to have occurred on the date stated above, at 9:30 a.m.
    The principal cause of death and related causes of importance were as follows:
    **Acute myocarditis**
    **Arteriosclerosis**
    **Emphysema**

23. Manner of death.
    **Home**

24. If death was due to external causes (VIOLENCE) fill in the following:
    Accident, suicide, or homicide? **Yes**
    Date of injury. **11/14/34**
    Where did injury occur? **Bedford**
    Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.
    **Yes**

25. Other Contributory Causes of Importance:
    **Arteriosclerosis**

If more blanks are needed, address State Registrar, 2414 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 housewife, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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 |

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: State Sanatorium
   Registration Dist. No.: 139
   Length of residence in city or town where death occurred:

2. FULL NAME
   (a) Residence: No. 714, Shriver Ave, St., Ward, Cumberland, MD.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Jan. 4, 1896

7. AGE
   Years: 38
   Months: 11
   Days: 1

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

9. OCCUPATION

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    Jan. 1934
11. Total time (years) spent in this occupation
    2.4

12. BIRTHPLACE (city or town)
   Maryland

13. NAME
   Joseph J. Brooks

14. BIRTHPLACE (city or town)
   Maryland

15. MAIDEN NAME
   Catherine Lavin

16. BIRTHPLACE (city or town)
   Chesapeake, Va.

17. INFORMANT
   Raymond J. Brooks (Adm.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Cumberland, MD.

19. UNOBTAINER
   M. L. Crenshaw

20. FILED
   11/7/19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Nov. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Jan. 29, 1934, to Nov. 5, 1934.
    I last saw h. in life on Nov. 5, 1934; death is said to have occurred on the date stated above, at 10:30 A.M.

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

- Pulmonary Tuberculosis

Other Contributory Causes of importance:

- Spontaneous Pneumonia

Name of operation: None

What test confirmed diagnosis? chest x-ray

Date of death: 11/5/1934

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? No

If so, specify

(Signed) Stewart Shafter

(Address) State Sanatorium, MD.
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>
</thead>
<tbody>
<tr>
<td>The principal cause of death</td>
<td>Atherosclerosis</td>
<td>The principal cause of death</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>and related causes of</td>
<td>1915</td>
<td>and related causes of importance</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>importance were as follows:</td>
<td></td>
<td>were as follows:</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td></td>
<td>Cerebral hemorrhage</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td></td>
<td>Cerebral hemorrhage</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of</td>
<td></td>
<td>Other contributory causes of</td>
<td></td>
</tr>
<tr>
<td>importance:</td>
<td></td>
<td>importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
<td>Gallstones</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Frederick  
   Village or City: Near Foxville  
   Registration Dist. No.: 139

2. FULL NAME
   (a) Residence: Outside—Foxville
   (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year)
   Oct. 12th. 1863

7. AGE
   Years 71  Months 1  Days 10
   If LESS than 1 day, ___ hrs. or ___ min.

8. Occupation
   Farmer
   Own Farm.

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

10. Date deceased last worked at this occupation (month and year)
    Oct. 34

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

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

13. NAME
    Martin L. Brown
    (State or country) MD.

14. MOTHER FATHER
    Mary E. Buhrman
    Foxville.

15. MAIDEN NAME
    Cascade

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

17. INFORMANT
    Victor J. Brown
    (Address) Lantz, MD.

18. BURIAL, CREMATION, OR REMOVAL
    Place  Fryeb's Cemetery  Date Nov. 24th. 34

19. UNDERTAKER
    M. L. Creager & Son.
    (Address) Thurmont, MD.

20. FILED
    Nov. 23, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Nov. 1932

22. I HEREBY CERTIFY that I attended deceased from
    Nov. 11, 1932, to Nov. 22, 1932, in Foxville.
    I last saw and was alive on Nov. 22, 1932, in Foxville. Death is said
    to have occurred on the date stated above, at 10 A.M.
    The principal cause of death and related causes of importance
    were as follows:
    Chronic Arterial Sclerosis 1920
    Pneumonia 1928
    Other Contributory Causes of importance:

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

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td><strong>Date of onset</strong>&lt;br&gt;1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td><strong>Date of onset</strong>&lt;br&gt;1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td><strong>Date of onset</strong>&lt;br&gt;July 5, 1927</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><strong>Date of onset</strong>&lt;br&gt;May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Registration Dist. No.: 131
   No. Frederick
   City: Hope St.
   Ward: 3
   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
   John F. Brown
   (a) Residence: No. 1
   St.
   Ward.
   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)
   Single

6. DATE OF BIRTH (month, day, and year)
   Oct 27, 1914

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

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

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

10. Date deceased last worked at this occupation (month and year)
    1934 Nov 27

11. Total time (years) spent in this occupation
    12

12. BIRTHPLACE (city or town)
    Maryland

13. NAME
    William E. Brown

14. BIRTHPLACE (city or town)
    Maryland

15. MAIDEN NAME
    Berrie Jenkins

16. BIRTHPLACE (city or town)
    Maryland

17. INFORMANT
    William E. Brown
    Address: Flaherty, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Rocky Hill
    Date: Nov 22, 1934

19. UNDERTAKER
    R. J. Barker
    Address: Flaherty, Md.

20. FILED
    Nov 28, 1934
    Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Nov 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Nov 27, 1934, to Nov 27, 1934
    I last saw him on Nov 27, 1934; death is said to have occurred on the date stated above, at 8:30 a.m.
    The principal cause of death and related causes of importance were as follows:
    Bullet wound thorax chest
    Penetrating Heart

Other Contributory Causes of Importance:

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

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

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

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

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

Example I

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

Other contributory causes of importance:

Example II

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

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

1. PLACE OF DEATH
County: Frederick
Village or City: Montrose Hospital
No. (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. 126 West Fifth St.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
Feb. 21, 1903

7. AGE
Years: 31
Months: 8
Days: 11

8. OCCUPATION
Brush maker

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

10. Date deceased last worked at this occupation (month and year)
Oct. 31, 1933

11. Total time (years) spent in this occupation
18 yrs.

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

13. NAME
Charles Adam Brucho

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

15. MAIDEN NAME
Josephine Cannoget

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

17. INFORMANT
Mr. Chas. A. Brucho
Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Frederick, Md.
Date: Nov. 3, 1934

19. UNDERTAKER
E. E. Klein and Sons
Frederick, Md.

20. FILED
5 Apr. 34
Office of Registrar

21. DATE OF DEATH
Mar. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1933, to Nov. 1, 1934
I last saw him alive on Nov. 3, 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:

CHRONIC INFLAMMATION
Other Contributory Causes of importance:
ACUTE ENTEROCRHEMONITIS

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

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

Manner of injury
Nature of injury

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

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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11.—The number of years the deceased followed the occupation.

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 137

PLACE OF DEATH,
County: Frederick

Village or City: Johnsville

2 FULL NAME: William Edgar Burrall

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

6 DATE OF BIRTH: June 30, 1886

7 AGE: If LESS than 1 day... hrs.

8 OCCUPATION: Retired Farmer

9 BIRTHPLACE: Maryland

10 NAME OF FATHER: William Burrall

11 BIRTHPLACE OF FATHER: Maryland

12 Maiden name of Mother: Elizabeth Chream

13 BIRTHPLACE OF MOTHER: Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant: Mrs. Chas. Streglo

ADDRESS: Pleasantville, MD

Filed: May 27, 1924

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 137

DATE OF DEATH: Nov 25, 1924

17 I HEREBY CERTIFY, That I attended the deceased from

11 - 25 - 1924, to 11 - 25 - 1924,

that I last saw him alive on 11 - 24 - 1924,

and that death occurred on the date stated above, at 10:00 a.m.

The CAUSE OF DEATH was as follows:

Contributory
Secondary

(Signed) E. H. Linn M.D.

ADDRESS: Union Bridge

18 LENGTH OF RESIDENCE: (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death... yrs... mos... da... in the State... yrs... mos... da...

Where was disease contracted, if not at place of death?

Former or usual residence:

PLACE OF BURIAL OR REMOVAL: State of Burial

Undertaker: Johnsville

ADDRESS: Powell Township

16 W. Saratoga St., Baltimore, Requesting V. S. No. 1.
CERTIFICATE OF DEATH

(Revised United States Standard)

STATEMENT OF OCCURRENCE—Please state on or before the date of burial the cause of death, name, first the place, and occupation where death occurred.

Health Association

APPROVED BY U.S. CENSUS AND AGRICULTURAL PUBLIC

DEPARTMENT OF HEALTH

(Receive)
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore
Village or City Reservoir

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

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

Dec 7, 1860

7. AGE

73 

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov. 12, 1934

22. I HEREBY CERTIFY That I attended deceased from

Nov. 10, 1934, to Nov. 12, 1934; death is said to have occurred on the date stated above, at m.

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

Olive Bruce Henderson

Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy?

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

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

Accident, suicide, or homicide?

Date of injury

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

If so, specify

Address

Registrar

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

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

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**Other contributory causes of importance:**

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

**Example II**

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

1. PLACE OF DEATH

County: Frederick
Village or City: Ocean City

2. FULL NAME

(a) Residence: No.
(Upper place of abode)
St., Ward.

3. SEX

Female

4. COLOR OR RACE

White

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

Married

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

Mar 19, 1858

7. AGE

Years: 76
Months: 8
Days: 8

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

Housework

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

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)

(State or country)

13. NAME

Rachael Virginia Cooper

14. BIRTHPLACE (CITY OR TOWN)

(State or country)

15. MAIDEN NAME

Zelika Cooper

16. BIRTHPLACE (CITY OR TOWN)

(State or country)

17. INFORMANT

Mrs. Martha Grover

18. BURIAL, CREMATION, OR REMOVAL

Place: Ocean City, Md.
Date: Nov. 29, 1934

19. UNDERTAKER

O. A. Cooper

20. FILED:

Dec. 29, 1934

21. DATE OF DEATH

(Month) Jan
(Day) 24
(Years) 1934

22. HEREBY CERTIFY, That I attended decedent from

Jan 22, 1934, to

Jan 22, 1934; death occurred on the date stated above.

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

Pacel, Jan 1934

(Doctor's Signature)

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

Date of injury: 19

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) Dr. Isaac M. D.

If more blanks are needed, address State Registrar, 2415 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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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County__________________________________________________________
   Village or City Brunswick__________________________No.__________St.________Ward________
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred yrs.__________mos.______ds.________
   How long in U.S. if of foreign birth? yrs.__________mos.______ds.________

2. FULL NAME: Agnes May Cooper
   (a) Residence: No.________________________ (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
   4. COLOR OR RACE White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
   Se. If married, widowed, or divorced
   HUSBAND of ____________________________ (or) WIFE of __________

6. DATE OF BIRTH (month, day, and year) Feb 25, 1869

7. AGE
   Years______Months______Days______
   If less than 1 day, hours______min.

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 DIES (month, day, and year)

11. TOTAL TIME (YEARS AND MONTHS) SPENT IN THIS OCCUPATION

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

13. NAME
   Mother

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

15. MAIDEN NAME
   Sarah Munday

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

17. INFORMANT
   (Address)
   Mrs. E. C. Killen
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place__________________________Date__________

19. UNDERTAKER
   (Address)
   C. H. M. McNair
   (Address)

20. FILED
   (Address)
   NO. 13, 1934

21. DATE OF DEATH
   1st Day of December, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1934, until Nov. 1st, 1934.

23. I certify that the principal cause of death was as follows:
   (Date of onset)
   Cornelius Hamrick

24. Other Contributory Causes of importance:
   (Date of onset)
   Antonia Selcic

25. NAME OF MEDICAL EXAMINER
   (Name of hospital)
   Date of death

26. WHAT TEST CONFIRMED DIAGNOSIS? __________ Was there an autopsy? __________

27. 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)
   INDUSTRY, IN HOME, OR IN PUBLIC PLACE?

28. MANNER OF INJURY
   Nature of injury

29. IF DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OR OCCUPATION?
   (If so, specify)

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

   County: Frederick
   Village or City: Frederick
   Registration Dist. No.: 131
   No. 2 Centre St., Ward
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: 71 yrs. 11 mos. 25 ds.
   How long in U.S. if of foreign birth?: yrs. mos. ds.

2. **FULL NAME**

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

   **PERSONAL AND STATISTICAL PARTICULARS**

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

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

   | 6. DATE OF BIRTH (month, day, and year) | Nov. 28, 1865 |
   | 7. AGE | 71 yrs. 11 mos. 25 days |
   | IF LESS than 1 day, hrs. of min. |

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

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

   10. Date deceased last worked at this occupation (month and year)
   | Date | Nov. 1933 |

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

   12. BIRTHPLACE (city or town)
   | City or town | Frederick MD |

   13. NAME
   | First | Ethel A. Cranes |
   | Last | |

   14. BIRTHPLACE (city or town)
   | City or town | Frederick Co. |

   15. MAIDEN NAME
   | Name | Susan R. Stein |

   16. BIRTHPLACE (city or town)
   | State or country | Frederick Co. |

   17. INFORMANT
   | Name | Chap Cranes |

   18. BURIAL, CREMATION, OR REMOVAL
   | Place | Mt. Olivet Cem. |
   | Date | Nov. 27, 1934 |

   19. UNDERTAKER
   | Name | B. E. Olive Koon |

   20. FILED
   | Date | Nov. 23, 1934 |

---

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH**

   (Month) Nov. 22nd, 1934
   (Day) 4
   (Year) 1934

**22. I HEREBY CERTIFY**

   That I attended deceased from
   [April 6, 1934] to [December 19, 1934]

   I last saw him / her alive on
   [April 7, 1934] | [December 20, 1934]

   Death is said to have occurred on the date stated above, at
   [December 25, 1934]

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

   Acute Cardiac dilatation

   Date of onset | Nov. 27, 1934

   Other Contributory Causes of importance:

   Acute Pericarditis

   Date of operation | 1934

   Name of operation | Cardiac Myocarditis

   Date of operation | 1934

   What last confirmed diagnosis? | Acute Cardiac dilatation

   Was there an autopsy? | No

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

   Accident, suicide, or homicide? Date of injury | 1934

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

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

   Manner of Injury

   Nature of injury

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

   If so, specify

   [Signed] M. D.
   (Address) Frederick MD

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

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</tr>
<tr>
<td>Gallstones</td>
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</tr>
<tr>
<td>May 1, 1925</td>
<td>1 year</td>
</tr>
</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Frederick
Village or City Jefferson
Length of residence in city or town where death occurred 74 yrs...

2. FULL NAME. Mrs. Emma Frances Culler
(a) Residence: No. 3119 St., Jefferson

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female
4. COLOR OR RACE White

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

6. DATE OF BIRTH (month, day, and year) Nov. 13, 1860

7. AGE Years 74 Months 0 Days 13

8. TRADE, PROFESSION, OR OCCUPATION Housewife

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE At Home

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION Nov. 31

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 50

12. BIRTHPLACE (city or town) Maryland

13. NAME Daniel Zimmerman

14. BIRTHPLACE (city or town) Maryland

15. MAIDEN NAME Charlotte Snyder

16. BIRTHPLACE (city or town) Maryland

17. INFORMANT Mr. S. M. Culler

18. BURIAL, CREMATION, OR REMOVAL Jefferson Reformed, Nov. 28, 1934

19. UNDERTAKER M. R. Etchison & Son

20. FILED Nov. 27, 1934. D. Ann Dr. Andy

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: Nov. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1934, until the last seen Nov. 25, 1934. Death is said to have occurred on the date stated above, at 1:05 A.M.

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

Encephalitis, Central Nervous System, Central Nervous System

Other Contributory Causes of importance:
Sequelae of Meningitis Hemorrhagic, Hemorrhagic

Diencephalic Chromostoma

Name of operation... Cerebrospinal

What test confirmed diagnosis? Cleared

Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following:
Accident, suicide, or homicide? O. E. of injury, 19

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

Manner of injury
Nature of injury

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

If so, specify
(Signed) A. Sabott, M.D.

ADDRESS Jefferson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registrar, 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 housewife, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Frederick
   - Registration Dist. No.: 31
   - Hospital: Frederick City Hospital
   - Ward: [Blank]

2. **FULL NAME**
   - (a) Residence: No. [Blank]
     - Ward: [Blank]
     - (Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: July
   - Day: 22
   - Year: 1834

7. **AGE**
   - Years: 60
   - Months: 4
   - Days: 3

8. **Trade, profession, or particular kind of work done**
   - Spinster

9. **Industry or business in which work was done**
   - Silk Mill

10. **Date deceased last worked at this occupation**
    - Month and year: July 22, 1834

11. **Total time (years) spent in this occupation**
    - [Blank]

12. **BIRTHPLACE**
    - City or town: 5th Ave.
    - State or country: [Blank]

13. **NAME**
    - Last Name: Cummings

14. **BIRTHPLACE**
    - City or town: 5th Ave.
    - State or country: [Blank]

15. **MAIDEN NAME**
    - Last Name: [Blank]

16. **BIRTHPLACE**
    - City or town: [Blank]
    - State or country: [Blank]

17. **INFORMANT**
    - Address: [Blank]

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: [Blank]
    - Date: [Blank]

19. **UNDERTAKER**
    - Address: [Blank]

20. **FILED**
    - Date: Nov. 19, 1834

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
    - Month: [Blank]
    - Day: 1
    - Year: 193[Blank]

22. **I HEREBY CERTIFY**
    - That I attended deceased from 193[Blank] to 193[Blank]
    - I last saw him on 193[Blank]
    - He was in good health and free from any disease or injury
    - Death occurred on the date stated above
    - The principal cause of death and related causes of importance were as follows:
    - [Blank]

23. **Other Contributory Causes of Importance**
    - [Blank]

24. **Name of operation**
    - [Blank]

25. **Date of death**
    - [Blank]

26. **What test confirmed diagnosis?**
    - [Blank]

27. **Was there an autopsy?**
    - Yes

28. **If death was due to external causes (VIOLENCE) fill in also the following**
    - Accident, suicide, or homicide?
    - Date of injury: 193[Blank]
    - Where did injury occur? [Blank]
    - Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

29. **Manner of Injury**
    - [Blank]

30. **Nature of Injury**
    - [Blank]

31. **Was disease or injury in any way related to occupation of deceased?**
    - Yes

32. **If so, specify**

33. **(Signed)**
    - P. W. Bowd
    - M. D.

---

If more blanks are needed, address State Registrar, 5411 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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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Frederick, Md.
   - No. 228A South Carroll St., Ward
   - Length of residence in city or town where death occurred: yrs. 1 mos. ds. How long in U.S. if of foreign birth?: yrs. mos. ds.

2. **FULL NAME**: Douglas Arthur Elsroad
   - Residence: No. 228A Carroll St., Ward.

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEX</strong> Male</td>
<td><strong>DATE OF DEATH</strong> November 28, 1934</td>
</tr>
<tr>
<td><strong>COLOR OR RACE</strong> White</td>
<td><strong>22.</strong> I HEREBY CERTIFY, that the deceased from Oct. 18, 1934, I last saw him alive on Nov. 20, 1934, death is said to have occurred on the date stated above, at 11:40 a.m.</td>
</tr>
</tbody>
</table>
| **5a.** If married, widowed, or divorced HUSBAND of (or) WIFE of | The principal cause of death and related causes of importance were as follows: Embolism of lung, Bleeding of heart, Slight of bronchitis.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc. | Other Contributory Causes of Importance: Black Palsy.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Date of onset: 1934

10. Date deceased last worked at this occupation (month and year) | Name of operation: Cuta Perforation Lege
11. Total time (years and months) spent in this occupation | Date of operation: 1934

12. BIRTHPLACE (city or town) Frederick, Md. | What last confirmed diagnosis? Was there an autopsy? Yes.
13. **NAME** Ernest W. Elsroad (State or country) | Accident, suicide, or homicide? Date of injury: 1934
14. **FATHER** | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.
15. **MAIDEN NAME** Frances M. Ford | Manner of injury: Nature of injury:
16. **BIRTHPLACE** (city or town) (State or country) Frederick, Md. | 24. Was disease or injury in any way related to occupation of deceased? Yes.
17. **INFORMANT** (Address) Ernest W. Elsroad Frederick, Md. | If so, specify (Signed) (Address) M. D.
18. **BURIAL, CREMATION, OR REMOVAL** Mt. Olivet Cem Frederick, Md. Date Nov. 30, 1934
19. **UNDERTAKER** M. R. Etchison & Sons Frederick, Md. |
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Other contributory causes of importance:
- Gallstones | May 1, 1928 |

Example II

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<th>The principal cause of death and related causes of importance were as follows:</th>
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<td>Attack of epilepsy</td>
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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: Frederick
   Village or City: Urbana
   Length of residence in city or town where death occurred: 12 yrs.
   Registration Dist. No.: 131

2. FULL NAME: Janie Brown Evans
   (a) Residence: Urbana
   (Usual place of abode)
   If nonresident give city or town and State:

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX: Female
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   5a. If married, widowed, or divorced
   HUSBAND of (or WIFE of)
   6. DATE OF BIRTH (month, day, and year): Feb. 28, 1854
   7. AGE: 77
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month and year)
   11. Total time (years) spent in this occupation

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: 11/29/34

   22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1934, to Nov. 29, 1934, the death is said to have occurred on the date stated above, at 8 p.m.

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

   Other Contributory Causes of Importance:

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

   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of Injury
   Where did injury occur?
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.
   No

   Menor of injury
   Nature of injury

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

   FILED:
   Registrars

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | Gastroenteritis |
| May 1, 1923 | 1 year |

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

1. PLACE OF DEATH

County: Frederick
Village or City: State Sanatorium
Registration Dist. No.: 139

2. FULL NAME

(a) Residence: No. 628 S. Monroe St., Ward, 1 Baltimore, Md.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year) Nov. 15, 1893
7. AGE 40 Years 11 Months 22 Days
8. TRADE, PROFESSION, OR PARTICULAR OCCUPATION Chauffeur

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

10. DATE DECEASED LAST WORKED AT UNKNOWN

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

12. BIRTHPLACE (CITY OR TOWN) Baltimore, Md.
13. NAME Andrew Famback
14. BIRTHPLACE (CITY OR TOWN) Maryland
15. MAIDEN NAME Mary Hettinger
16. BIRTHPLACE (CITY OR TOWN) Maryland
17. INFORMANT Andrew Famback
18. BURIAL, CREMATION, OR REMOVAL Place: Baltimore, Md. Date: Unknown

19. UNDERTAKER S. E. Cragg
20. FILED 11/7/1934

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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

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

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

2. FULL NAME
- (a) Residence: No.
- Sex: Female
- Color or Race: White

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
- M D. 1, 1934

7. AGE
- Years: 19
- Months: 10
- Days: 1
- If less than 1 day, hours, or minutes

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.
- None

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

11. Total time (years) spent in this occupation

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

13. NAME
- WALTZ, LORETTA

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

15. MOTHER
- NAME
- MARYLAND

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

17. INFORMANT (Address)
- Address

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

19. UNDERTAKER
- Address

20. FILED
- Date

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

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

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11.—The number of years the deceased followed the occupation.

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

- [Add more text about occupation and cause of death examples.]
- [Include Table for additional statements by the physician.]
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Brunswick

2. FULL NAME
   Annie FLYALSTED OATES
   (a) Residence: No. 717 Polk Street

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)
   AUG 1, 1863

7. AGE
   71 years, 3 months, 16 days

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

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

13. NAME
    Thomas E. Neuhaus

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

15. MAIDEN NAME
    Catherine Fitzgerald

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

17. INFORMANT
    Josephine REYNOLDS
    (Address) 814 E. 2nd St, Brunswick

18. BURIAL, CREMATION, OR REMOVAL
    Place: Monroe County
    Date: Sept 17, 1934

19. UNDERTAKER
    Wm. Rice & Sons
    (Address) Brunswick, MD

20. FILED
    Dec. 15, 1934

21. DATE OF DEATH
    (Month) 11
    (Day) 17
    (Year) 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934, to Nov 17, 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:
   
   Septicemia

   Other Contributory Causes of importance:
   
   Infection of Ears

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

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

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

   Manner of injury
   Nature of injury

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

   (Signed) William SCHWARTZ MD
   (Address) 814 E. 2nd St, Brunswick

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. 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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11.—The number of years the deceased followed the occupation.

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

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<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>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<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

<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: Frederick
   Village or City: Middletown
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Melanathon Gaver
   Residence: No. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed
6. DATE OF BIRTH: Sept. 30, 1851
7. AGE: 83 Years, 1 Months, 3 Days
8. Trade, profession, or particular kind of work done: Retired
9. Industry or business in which work was done: Merchant
10. Date deceased last worked at this occupation: 1928
11. Total time (years) spent in this occupation: 60
12. BIRTHPLACE: Middletown
13. NAME: Joseph Gaver
14. BIRTHPLACE: Middletown
15. MAIDEN NAME: Catharine Pernsburg
16. BIRTHPLACE: Middletown
17. INFORMANT: Melvin Gaver
18. BURIAL, CREMATION, OR REMOVAL: Middletown, Md. Date: Nov. 6, 1934
19. UNDERTAKER: J. H. Gaver
20. FILED: Nov. 8, 1934

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: Nov. 3, 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct. 1930 to Nov. 3, 1934, and last saw him alive on Nov. 3, 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:
   Arteriosclerosis
   Other contributory causes of importance:
   Name of operation: Date of:
   What test confirmed diagnosis? Was there an autopsy?
   Accident, suicide, or homicide? Date of injury: 19
   Where did injury occur? (Specify city or town, county and State)
   Specified whether injury occurred in industry, in home, or in public place.
   Manner of injury: Nature of injury:
   23. If death was due to external causes (violence) fill in also the following:
   24. Was disease or injury in any way related to occupation of deceased?
   If so, specify

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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<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 15, 1927</td>
<td>3 days ago</td>
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<tr>
<td>Other contributory causes of importance:</td>
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<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
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</table>
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Near Myersonville
   - Registration Dist. No.: 145

2. **FULL NAME**
   - (a) Residence: No.
   - (usual place of abode): Myersonville Park Ward.

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Oct 17, 1872

7. **AGE**
   - Years: 63
   - Months: 0
   - Days: 23

8. **OCCUPATION**
   - Housekeeper

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - Nov. 19, 1934

10. **DATE OF DEATH**
    - Nov. 10, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - (Month): November
    - (Day): 10
    - (Year): 1934

22. **I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1934, to Nov. 29, 1934, death is said to have occurred on the date stated above, at 6:30 AM.

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

   **Cerebral Apoplexy**

   **Coronary Thrombosis**

   Other Contributory Causes of importance:

   **Arterio Sclerostosis**

   Name of operation:

   Date of:

   What test confirmed diagnosis?:

   Was there an autopsy?:

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

   Accident, suicide, or homicide?:

   Date of injury:

   Where did injury occur?:

   (Specify city or town, county and State)

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

   Manner of Injury:

   Nature of Injury:

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

   If so, specify:

   (Signed):

   Address:

   If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting of J. No. 1.
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<td>May 1, 1925</td>
<td>1 year</td>
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</table>

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

1. PLACE OF DEATH

   County: Frederick
   Village or City: Brunswick
   No. St., Ward:
   Length of residence in city or town where death occurred:
   yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: Martin Greenfield

   (a) Residence: No. 47
   St., Ward: (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): Nov. 21, 1870
   7. AGE: 64

   OCCUPATION

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

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

   13. NAME: John Greenfield

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

   15. MAIDEN NAME: Sarah

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

   17. INFORMANT: Mrs. Martin Greenfield

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

   19. UNDERTAKER: H. L. Fechtman

   20. FILED: Nov. 24, 1934

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH:

   22. I HEREBY CERTIFY, That I attended deceased from
   (Month) (Day) (Year):
   and attended him until
   (Month) (Day) (Year):
   I last saw him alive on
   (Month) (Day) (Year):
   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:

   Date of onset:

   Other Contributory Causes of Importance:

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

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

   Manner of injury:

   Nature of injury:

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

   If so, specify:

   (Signed):
   (Address):

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

1. PLACE OF DEATH

County: Frederick
Village or City: State Sanatorium
Length of residence in city or town where death occurred: yrs. 9 mos. 27 ds.

2. FULL NAME

(a) Residence: No. 1124 Poplar Exterior, Ward Baltimore, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Sa. If married, widowed, or divorced

HUSBAND OF

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

7. AGE

Years

Months

Days

If LESS than 1 day, . . . . hrs.
or . . . . min.

8. Trade, profession, or particular

kind of work done, as SPINNER, Dyer, BOOKKEEPER, etc.

9. Industry or business in which

work was done, as SILK MILL, SAW MILL, BANK, etc.

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

If more blanks are needed, address State Registrar, 2422 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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</tr>
<tr>
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<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Hospital: Montevue Hospital
   Street: Warden Street
   Registration Dist. No.: 131
   Length of residence in city or town where death occurred: yrs. 9 mos. ds.

2. FULL NAME: Emma Hahn
   (a) Residence: Mrs. Jennie and A. Stevens Hills, (Outaube)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: Jan. 19, 1920
   Years: 14
   Months: 10
   Days: 2

7. OCCUPATION: Housewife

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

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

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

13. NAME: Raymond Hahn

14. MOTHER: Eva Gehr
   Birthplace: Buxton
   (State or country)

15. MAIDEN NAME: Eva Gehr

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

17. INFORMANT: Mrs. Lavinia Hahn
   Address: Browning and
   Brownsville

18. BURIAL, CREMATION, OR REMOVAL: Washington, D.C.
   Place: Browning and, Date: Nov. 23, 1934

19. UNDERTAKER: E. H. FULTON & SON
   Address: Brownsville

20. FILED: Nov. 21, 1934

21. DATE OF DEATH: November 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1934, to Dec. 21, 1934.

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.

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

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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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11.—The number of years the deceased followed the occupation.

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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>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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</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: Frederick
   Village or City: St. James Bridge
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME: Evelyn Frances Darmata Hahn
   Residence: No. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Write the word)
   HUSBAND OF: 
   WIFE OF: 

6. DATE OF BIRTH: Nov 2, 1934
7. AGE: 8 yrs., mos., ds.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Spinners, Sawyer, Bookkeeper, etc.
9. OCCUPATION: 
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Nov 2, 1934
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 

12. BIRTHPLACE: (City or town)
   (State or country): Md.
13. NAME: Eulynia Hahn
14. BIRTHPLACE: (City or town)
   (State or country): Md.
15. MAIDEN NAME: Blanche Haynes
16. BIRTHPLACE: (City or town)
   (State or country): Md.

17. INFORMANT: R. V. Haynes
18. BURIAL, CREMATION, OR REMOVAL
   Place: Rockville, Md.
   Date: Nov 10, 1934

19. UNDERTAKER: 
20. FILED: Nov 18, 1934

REGISTRAR: 

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Nov 10, 1934
22. I HEREBY CERTIFY: That I attended deceased from Nov 3, 1934, to Nov 9, 1934,
   I last saw him/her alive on Nov 9, 1934; death is said to have occurred on the date stated above, at p.m.
   The principal cause of death and related causes of importance were as follows:

   Name: Eulynia Hahn
   Date of onset: 
   Other Contributory Causes of Importance:

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

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
   ACCIDENT, SUICIDE, OR HOMICIDE?: 
   DATE OF INJURY: 19
   WHERE DID INJURY OCCUR?: (Specify city or town, county and state)
   SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE:

   MANNER OF INJURY: 
   NATURE OF INJURY: 

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

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<td>May 1, 1923</td>
<td>1 year</td>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Brunswick
   No. 115-5th Ave., Ward 2 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Emma Virginia Harper
   Residence: No. 115-5th Ave., St., 2nd Ward.

   PERSONAL AND STATISTICAL PARTICULARS

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

   5a. If married, widowed, or divorced
      HUSBAND or (WIFE) of: Lloyd M. Harper

   6. DATE OF BIRTH: Aug. 5, 1850

   7. AGE: 84 yrs., 3 mos., 7 ds.

   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housekeeper

   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Housekeeper

   10. DATE DECEASED LAST WORKED AT OCCUPATION: (Month and year)

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


   13. NAME: George W. Toney


   15. MAIDEN NAME: Margaret Anderson


   17. INFORMANT: Edward Harper

   18. BURIAL, CREMATION, OR REMOVAL:

   19. UNDERTAKER: Conner & Bailey

   20. FILED: Nov. 11, 1934

   21. DATE OF DEATH: Nov. 9, 1934

   22. I HEREBY CERTIFY, that I attended deceased from Nov. 7, 1934, to Nov. 9, 1934; death is said to have occurred on the date stated above, at 8 a.m.

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

   23. Diphtheria

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

   25. If so, specify:

   (Signed) M.D.
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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<td>1 week ago</td>
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<td><strong>Peritonitis</strong></td>
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<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick Co. Registration Dist. No.: 131
   Village or City: New Jefferson
   No. SL: __________ Ward
   Length of residence in city or town where death occurred: 45 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. Outside of Jefferson St. (Unusual place of death)

   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)
   Sept. 25, 1862

   7. AGE
   Years 19
   Months
   Days

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

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

   10. Date deceased last worked at this occupation (month and year)
   Nov. 13, 1934

   11. Total time in this occupation (years)
   52

   12. BIRTHPLACE (city or town)
   Frederick, Md

   13. NAME
   John J. Honchagle

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

   15. MAIDEN NAME
   Mary Theresia Failing

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

   17. INFORMANT
   Clayton R. Hensh
   Jefferson, Md

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Jefferson, Md
   Date: Nov. 16, 1934

   19. UNDERTAKER
   A. I. Tollefson
   Frederick, Md

   20. FILED
   Nov., 1934

   21. DATE OF DEATH
   Nov. 14, 1934

   22. I HEREBY CERTIFY, That I attended deceased from
   Nov. 7, 1934, to Nov. 14, 1934
   I last saw him alive on Nov. 13, 1934; death is said to have occurred on the date stated above, at 12:11 AM.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Cerebral hemorrhage
   Name of operation
   Date of operation
   What test confirmed diagnosis?
   Was there an autopsy?

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

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

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.
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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.

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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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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: Frederick Co.
   - Village or City: Mt. Pleasant
   - Length of residence in city or town where death occurred: 2 yrs., 8 mos., 3 days

2. **FULL NAME**
   - Name: Louisa C. Herbst
     - (a) Residence: Mt. Pleasant St., Ward. Mt. Pleasant, Md.

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

5a. **WIFE OF**
   - Barry Herbst

6. **DATE OF BIRTH**
   - Mar. 2, 1856

7. **AGE**
   - Years: 78
   - Months: 3
   - Days: 3

8. **Trade, profession, or particular kind of work done**
   - Retired

9. **Industry or business in which work was done**
   - None

10. **Date deceased last worked at occupation**
    - This column is not filled.

11. **Total time (years) spent in this occupation**
    - This column is not filled.

**OCCUPATION**

12. **BIRTHPLACE**
    - City or town: Pa.

13. **NAME**
    - Barry Herbst

14. **BIRTHPLACE**
    - City or town: Pa.

15. **MAIDEN NAME**
    - Louisa Strayer

16. **BIRTHPLACE**
    - City or town: Pa.

17. **INFORMANT**
    - James Herbst
      - Address: Mt. Pleasant Rd.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Location: Mt. Pleasant cem.
    - Place: Mt. Pleasant St.
    - Date: Nov. 8, 1934

19. **UNDERTAKER**
    - S. W. Wright
      - Address: Walthersville Rd.

20. **FILED**
    - Nov. 1, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Nov. 5, 1934

22. **HEREBY CERTIFY**
    - I attended deceased from Oct. 31, 1934, to Nov. 5, 1934, I last saw him alive on Oct. 31, 1934, and death is said to have occurred on the date stated above, at 12 m.
    - The principal cause of death and related causes of importance were as follows:
      - Barrenness of uterus
      - Date of onset: [Blank]

**Other Contributory Causes of Importance**

- Name of operation: [Blank]
- Date of operation: [Blank]
- What was confirmed diagnosis? Was there an autopsy? [M]
- Accident, suicide, or homicide? [W]
- Date of injury: [Blank]
- Where did injury occur? [Blank]
- Specify whether injury occurred in industry, in home, or in public place: [Blank]
- Manner of injury: [Blank]
- Nature of injury: [Blank]
- Disease or injury in any way related to occupation? [M]
- If so, specify: [Blank]

**Registrars**

- (Signed) M. D. [Blank]
- (Address) Frederick, Md.

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<td></td>
</tr>
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<tr>
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<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: Frederick
   - Village or City: Frederick City Hospital
   - Registration Dist. No.: 131

2. **FULL NAME**
   - Infant Herley
   - Residence: Near Foxville

**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>Female</td>
<td>White</td>
<td>Single</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH</th>
<th>7. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct. 27th, 34</td>
<td>00</td>
</tr>
</tbody>
</table>

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - (Month) 11
   - (Day) 23
   - (Year) 1934

22. **I HEREBY CERTIFY**
   - That I attended deceased from
   - Nov. 22, 1934, to Dec. 3, 1934

   I last saw him on Dec. 22, 1934; death is sold to have occurred on the date stated above, at 9 A.M.

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

**OCCUPATION**

<table>
<thead>
<tr>
<th>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
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**BIRTHPLACE**

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Near Foxville</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
<th>14. BIRTHPLACE (city or town)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merle Herley</td>
<td>Thurmont</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. MAIDEN NAME</th>
<th>16. BIRTHPLACE (city or town)</th>
</tr>
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<tbody>
<tr>
<td>Irene Kindel</td>
<td>Smithsburg</td>
</tr>
</tbody>
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<tr>
<th>17. INFORMANT</th>
<th>18. BURIAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merle Herley</td>
<td>Bethel, Md., Nov. 24, 1934</td>
</tr>
</tbody>
</table>

23. **Other Contributory Causes of Importance**
   - Pneumonia

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

<table>
<thead>
<tr>
<th>Manner of Injury</th>
<th>Nature of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

26. If so, specify
   - (Signed) M.D.

**FILED**

- FILED Nov. 24, 1934
- D. Dan J. Dwyer (Address)

Reg. M. D.
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Jefferson
   Length of residence in city or town where death occurred: 50 yrs.
   No. St. Ward
   (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? yrs. mos. ds.

2. FULL NAME: Elizabeth Scott Hersberger
   (a) Residence: No. Jefferson, Md.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): November 4, 1860
7. AGE: 74 years 0 months 25 days
   (If LESS than 1 day, ... hrs. or ... min.)

8. Trade, profession, or particular kind of work done: Milliner

9. Industry or business in which work was done: At Home

10. Date deceased last worked at this occupation (month and year): Sept., 1924

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

12. BIRTHPLACE (city or town): Near Jefferson
    (State or country): Md.

13. NAME: William S Hersberger

14. BIRTHPLACE (city or town): Broad Run
    (State or country): Md.

15. MAIDEN NAME: Annie Biser

16. BIRTHPLACE (city or town): Near Broad Run
    (State or country): Md.

17. INFORMANT: Miss Margaret Barle.
    (Address): Middletown, Md.

18. BURIAL, CREMATION, OR REMOVAL: Reformed Cemetery
    Place: Jefferson, Md.
    Date: Dec. 2, 1934

19. UNDERTAKER: M. R. Echisom & Son.
    (Address): Frederick, Md.

20. FILED: 1- Dec. 1934

21. DATE OF DEATH
    (Month): 11
    (Day): 29
    (Year): 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Nov. 28, 1934; death is said to have occurred on the date stated above, et al. 12:15 P.M.

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

- Coronary Sclerosis
  - Myocardial Infarction
  - Arteriosclerosis
  - Chronic Peptic Ulcer

Other Contributory Causes of importance:

- Arteriosclerosis
  - Chronic Peptic Ulcer

Name of operation: Date of

What test confirmed diagnosis? Chemical Date of

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

- Accident, suicide, or homicide?
- Date of injury
- Where did injury occur?

Specify 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) Dr. J. M. Curry
(Address): Jefferson, Md.
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick, MD
   Village or City: Frederick
   No. Of Hospital: St. Ward

2. FULL NAME
   Andrew Hess
   Residence: 28, Ohio St., Ward.

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   Month: Dec 24
   Day: 1886

7. OCCUPATION
   Engineer

8. DATE deceased last worked at this occupation (month and year)
   Mar 1934

9. TOTAL time (years) spent in this occupation
   0

10. BIRTHPLACE (city or town)
    Do not know

11. NAME
    Do not know

12. Mother's maiden name
    Do not know

13. Father's name
    Do not know

14. Burial, cremation, or removal
    Bellona Ohio, Date: Dec 1, 1934

15. Informant
    M. E. McEwan

16. Undertaker
    G. E. Holmes

17. Burial, cremation, or removal
    Bellona Ohio, Date: Dec 1, 1934

18. Fireman, embalmer, or witness
    24, Nov. 1934, Dr. J. W. Curby

    12

20. FILED
    24, Nov. 1934

21. DATE OF DEATH
    November 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Nov 28, 1934, to Nov 28, 1934

23. OTHER Contributory Causes of importance
    Fracture base of skull
    Fracture temporal parietal

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

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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

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

Other contributory causes of importance:

Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Walkersville
   Length of residence in city or town where death occurred: 16 yrs. mos.
   Registration Dist. No.: 153
   Ward: 
   (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? yrs. mos. ds.

2. FULL NAME
   Julia, Elizabeth Hummer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGE, MARRIED, WIDOWED, DIVORCED
   Widowed

5a. If married, widowed, or divorced
   HUSBAND OF
   Wife of
   Joseph H. Hummer

6. DATE OF BIRTH (month, day, and year)
   March 7th. 1858

7. AGE
   Years: 76
   Months: 8
   Days: 15
   If LESS than 1 day, hrs., or min.

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

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

10. Date deceased last worked at this occupation
   Oct. 28

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

12. BIRTHPLACE (city or town)
   Hansonville

13. NAME
   John Wm. Miller

14. BIRTHPLACE (city or town)
   Hansonville

15. MAIDEN NAME
   Julia, Schaum

16. BIRTHPLACE (city or town)
   Hansonville

17. INFORMANT
   mrs Denda Renner

18. BURIAL, CREMATION, OR REMOVAL
   Woodsboro, Mt. Hope Nov. 26, 1934

19. UNDERTAKER
   M. L. Greager & Son

20. FILED
   Nov. 24, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   November 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from
   Aug. 26, 1934 to Nov. 22, 1934

   I last saw her alive on Nov. 22, 1934

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

   Arteriosclerosis
   Cerebral hemorrhage

   Date of onset
   1928

   Nov. 17, 1934

   Other Contributory Cause of importance:

   Name of operation.

   What test confirmed diagnosis.

   Was there an autopsy?

   If so, specify

   Nature of injury.

   Manner of injury.

   Where did injury occur?

   Accident, suicide, or homicide?

   Date of injury.

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

   PLACE.

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

   If so, specify

   Physical condition.

   Address.

   (Signed)

   Joseph H. Long

   M. D.
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</tr>
<tr>
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<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td>1915</td>
<td></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
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</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td>1921</td>
<td></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>1 year</strong></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Woodlawn (Outside)
   - Registration Dist. No.: 140
   - Length of residence in city or town where death occurred: 22 yrs., mos., ds.

2. **FULL NAME**
   - Woodrow Wilson Feeney
   - Sex: M
   - Age: 76
   - Birthplace: near Woodlawn, Md.
   - Father's Name: Theodore A. Feeney
   - Mother's Name: Mary Catherine Smith
   - Informant: Theodore A. Feeney
   - Undertaker: Powell, Albough

3. **DATE OF DEATH**
   - Nov. 13, 1934

4. **CAUSE OF DEATH**
   - Tuberculosis of Lungs

5. **OTHER CONTRIBUTORY CAUSES**
   - None

If more blanks are needed, address State Registrar, 5410 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

1. **PLACE OF DEATH**
   - County: [illegible]
   - Village or City: Severn Ridge, Annapolis
   - Registration Dist. No.: 141
   - Length of residence in city or town where death occurred: [illegible]

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

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

5a. If married, widowed, or divorced
   - HUSBAND or (or) WIFE of
   - [illegible]

6. **DATE OF BIRTH**
   - (month, day, and year): 02-25-1869

7. **AGE**
   - Years: 65
   - Months: 8
   - Days: 14
   - If less than 1 day, hours, or minutes:

8. **OCCUPATION**
   - [illegible]
   - [illegible]

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - [illegible]

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

11. **BIRTHPLACE**
    - City or town: [illegible]
     - State or country: [illegible]

12. **NAME**
    - Father: [illegible]

13. **MAIDEN NAME**
    - [illegible]

14. **BIRTHPLACE**
    - City or town: [illegible]
     - State or country: [illegible]

15. **INFORMANT**
    - Mrs. Elizabeth J. Kelley
    - Address: [illegible]

16. **BUREAU, CREMATION, OR REMOVAL**
    - Place: [illegible]
    - Date: Nov. 13, 1934

17. **UNDERTAKER**
    - [illegible]
    - Address: [illegible]

18. **FILED**
    - By: M. J. Biddle
    - Address: [illegible]

19. **DATE OF DEATH**
    - (Month, Day, Year): Nov. 11, 1934

20. **MEDICAL CERTIFICATE OF DEATH**

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

   22. **HEREBY CERTIFY**
       - That I attended deceased from Nov. 1, 1934, to Nov. 11, 1934.
       - I last saw h. m. alive on Nov. 11, 1934.

   23. **THE PRINCIPAL CAUSE OF DEATH**
       - Coronary Myocarditis
       - Angina Pectoris

   24. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
       - Arteriosclerosis
       - Articular Hypertension

   25. **DATE OF ONSET**
       - [illegible]

   26. **NAME OF OPERATOR**
       - [illegible]

   27. **DATE OF MORTUARY EXAMINATION**
       - [illegible]

   28. **MANNER OF DEATH**
       - [illegible]

   29. **NATURE OF INJURY**
       - [illegible]

   30. **DISABILITY OR INJURY ANY WAY RELATED TO OCCUPATION OF DECEASED**
       - [illegible]

   31. **SIGNATURE**
       - [illegible]

   32. **REGISTER**
       - [illegible]
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Chronic interstitial nephritis</td>
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<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
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</table>

**Example II**

<table>
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<tr>
<th>The principal cause of death and related causes of importance</th>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
    County: Frederick
    Village or City: Recker Homer
    Length of residence in city or town where death occurred: 7 yrs. 3 mos.

2. FULL NAME: Alberta Jane Kenley
    (a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

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

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   (or) WIFE of: Samuel W. Kenley

6. DATE OF BIRTH (month, day, and year): Jan. 16, 1855
7. AGE: 79 yrs. 3 mos. 24 days

8. Trade, profession, or particular kind of work done: Housework
   (or) Sausage work

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

10. Date deceased last worked at this occupation (month and year): Jan. 16, 1855
11. Total time (years) spent in this occupation: 79 yrs.

12. BIRTHPLACE (city or town): O'ra
    (State or country): Va.

13. NAME: Wuntenwoman
14. BIRTHPLACE (city or town): O'ra
    (State or country): Va.

15. MAIDEN NAME: Un
16. BIRTHPLACE (city or town): O'ra
    (State or country): Va.

17. INFORMANT (Address): Peter & Susan E.
    (Address): Yardtown, Md.

18. BURIAL, CREMATION, OR REMOVAL: Place: Hillard's Cem. Date: Nov. 18, 1934

19. UNDERTAKER: O. E. Thompson
    (Address): Yardtown

20. FILED: Nov. 10, 1934

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

22. I HEREBY CERTIFY, That deceased died of:
    Broncho-pneumonia.
    Date of onset: Nov. 3, 1934

    Other Contributory Causes of Importance:
    Arthritis (at age 40)

    Name of operation: None
    Date of:

    What test confirmed diagnosis: Autopsy

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?
    Date of injury: 19
    Where did injury occur?
    (Specify city or town, county and State)
    Nature of injury:
    Manner of injury:
    Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
    (Yes) 18

    If so, specify:
    (Address):

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<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></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>
</tbody>
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Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>Gastroenteritis</th>
</tr>
</thead>
<tbody>
<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: feudal
   Village or City: Brunswick
   Length of residence in city or town where death occurred: 18 yrs, mos, ds
   No. St., Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   WIDOWED

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

6. DATE OF BIRTH (month, day, and year)
   July 24, 1852

7. AGE
   Years: 82
   Months: 4
   Days: 12
   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.

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)
   India

13. NAME
    Alice Willis

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

15. MAIDEN NAME
    Warrow

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

17. INFORMANT
    (Address)
   A. L. Kirk

18. BURIAL, CREMATION, OR REMOVAL
    Place: Brunswick
    Date: Oct. 8, 1934

19. UNDERTAKER
    (Address)
   Brunswick

20. FILED
    (Address)
   1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) 6
    (Day) 1934

22. I HEREBY CERTIFY, That I attended deceased from
    June 19, 1934... to Jan. 6, 1934, death is said
    to have occurred on the date stated above, at 2 A.M.

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

    Pulmonary Emphysema

    Other Contributory Causes of importance:

    Pulmonary Rupture

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

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

    Manner of Injury...
    Nature of injury...

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify
    (Signature) M. D.
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 mechanics 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, asphyxiation, anemia, 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 |
| Arterosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

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

2. FULL NAME
(a) Residence: No. 438 M. 37

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

5a. If married, widowed, or divorced
HUSBAND of
Mary Kease
5b. If married, widowed, or divorced
WIFE of

6. DATE OF BIRTH (month, day, and year) May 3, 1853

7. AGE
81 6 0

8. TRADE, PROFESSION, OR PARTICULAR
Brush Maker

9. INDUSTRY OR BUSINESS IN WHICH
work was done, as SILK MILL,
SAW MILL, BANK, etc.

10. DATA DECEASED LAST WORKED
1924

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
3670

12. BIRTHPLACE (CITY OR TOWN)
Frederick, Md.

13. NAME
Harry Kease

14. BIRTHPLACE (CITY OR TOWN)
Frederick, Md.

15. MAIDEN NAME
Catherine Halley

16. BIRTHPLACE (CITY OR TOWN)
Frederick, Md.

17. INFORMANT
Mrs. Mary Kease

18. BURIAL, CREMATION, OR REMOVAL
Place: Frederick, Md.
Date: Nov. 18, 1924

19. UNDERTAKER
E. E. Tolentino

20. FILED
Dec. 14, 1924

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
(m) Dec. 17, 1924
(Year)

22. I HEREBY CERTIFY, that I attended deceased from
Dec. 10, 1924, to Dec. 17, 1924
I last saw him alive on Nov. 17, 1924; death is said
to have occurred on the date stated above, at 12:15 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:
Myocardial Infarction

23. If death was due to external causes (VIOLENCE) fill in also the following:
ACCIDENT, SUICIDE, OR HOMICIDE

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

If so, specify

(Signed)

A. Angell, M. D.

If more blanks are needed, address State Registrar, 8411 N. Charles Street, Baltimore, Requesting "U. S. No. 2."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<th>Example II</th>
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<tbody>
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<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>Date of onset</th>
<th>Gastroenteritis</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>May 1, 1925</td>
<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: Frederick
   Village or City: State Sanatorium
   Registration Dist. No.: 139
   St., Ward: St., Ward
   Length of residence in city or town where death occurred: yrs. 6 mos. 14 ds.
   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?: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 400 Rossetter Ave.
   Ward: Baltimore, Md.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   (Write the word)
   HUSBAND OF: Edna Leonard

6. DATE OF BIRTH: (month, day, and year) April 2, 1891

7. AGE: 43
   Years
   Months
   Days
   IF LESS than
   1 day
   or...
   hrs.
   or...
   min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: REceiving Mgr.

9. OCCUPATION: RECEIVING MGR.

10. DOTE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): April 1934
   TOTAL TIME (YEARS): 14 yrs.

11. BIRTHPLACE (CITY OR TOWN): Middletown, N.Y.
   (STATE OR COUNTRY)

12. NAME: Henry J. Leonard
   (MOTHER'S NAME)

13. FATHER: Cornelia M. Burt
   (MOTHER'S NAME)

14. BIRTHPLACE (CITY OR TOWN): Conn.
   (STATE OR COUNTRY)

15. MAIDEN NAME: Cornelia M. Burt

16. BIRTHPLACE (CITY OR TOWN): N.Y.
   (STATE OR COUNTRY)

17. INFORMANT: Edwin T. Leonard (on admission)
   Address: 400 Rossetter Ave., Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
   PLACE: Middletown, N.Y.
   Date: Unknown

19. UNDERTAKER: M. L. Creager
   Address: eyebrow

20. FILED: 11/13/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: (Month) Nov. 13
   (Day) 1934
   (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1934, to Nov. 13, 1934.
   I last saw him alive on Nov. 13, 1934; death is said to have occurred on the date stated above, at 8:40 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Pulmonary Tuberculosis

   Other Contributory Causes of Importance:
   Tuberculosis Laryngitis

   Name of operation: Home
   Date of:
   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?
   IF SO, SPECIFY:
   (Signed): Stewart T. Shaffer
   (Address): State Sanatorium, Md.
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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10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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

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

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**Example II**

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

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

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

2. FULL NAME
   (a) Residence: Brunswick
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Nov 9, 1934

7. AGE
   Years: 20
   Months: 0
   Days: 9

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   O. W. Main Jr.

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

15. MAIDEN NAME
   Dorothy Cannon

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

17. INFORMANT
   (Address)
   Brunswick, Md

18. BURIAL, CREMATION, OR REMOVAL
   Place of Death: Brunswick, Md
   Date of Death: Nov 27, 1934

19. UNDERTAKER
   (Address)
   (Signature)

20. FILED
   Date: Nov 27, 1934

If more blanks are needed, address State Registrar 251 N. Charles Street, Baltimore, Requesting "U.S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>1921</td>
</tr>
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<td>July 5, 1927</td>
</tr>
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</table>
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Frederick, MD
   - Registration Dist. No.: 131

2. **FULL NAME**
   - Charles Franklin Main

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Aug 16, 1877

7. **AGE**
   - 57 yrs. 3 mos.

8. **OCCUPATION**
   - Former spinner

9. **DATE DECEASED LAST WORKED AT**
   - Nov 24

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

11. **BIRTHPLACE**
    - Mt. Pleasant, Md.

12. **NAME**
    - Carlton H. Main

13. **FATHER**
    - Name of Father: Charles Main

14. **BIRTHPLACE**
    - Mt. Pleasant, Md.

15. **MAIDEN NAME**
    - Charlotte R. Jacobs

16. **BIRTHPLACE**
    - Mt. Pleasant, Md.

17. **INFORMANT**
    - Name: Mrs. Charles Main

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Frederick, Md.

19. **UNOERTAKER**
    - Name: E. O. Holman & Son

20. **FILED**
    - Date: Nov 28, 1937

**MEDICAL CERTIFICATE OF DEATH**

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

22. **I HEREBY CERTIFY**

    I was last seen alive on: Nov 26, 1937.
    Death is said to have occurred on the date stated above, at 8:00 a.m.

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

    **Cause of death:**
    - Coronary thrombosis

    **Other contributory causes of importance:**
    - 1937

23. **If death was due to external causes (VIOLENCE) fill in also the following:**
    - Date of Injury: Nov 24, 1937
    - Place of Injury: Frederick, Md.
    - Nature of Injury: Manner of injury: suicide

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

**Registrar:**
- Name: registrar
- Address: resent request to U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   No. City: Hospital
   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: Mr. William Mc. Call
   Residence: No. 100 W. 14 St., Ward: Washington, D.C.
   If not resident give city or town and state

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: M
   4. COLOR OR RACE: W
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: WIDOWED

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

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

   7. AGE
      Years: 64
      Months: 1
      Days: 26

   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
       Mar. 28

   11. Total time (years) spent in this occupation

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

   13. NAME: Charles Lawrenceville Call

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

   15. MAIDEN NAME: Isabella Mc. Gregor

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

   17. INFORMANT
      Name: Mrs. Helen Davsett
      Address: Upper Main Ave., Md.

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Yorkville Ave.
      Date: Dec. 1, 1934

   19. UNDERTAKER
      Name: E. C. Mexican
      Address: Frederick St.

   20. FILED
       Date: Nov. 28, 1934

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

   22. I HEREBY CERTIFY that I attended deceased from
       Nov. 28, 1934, to Nov. 28, 1934.

   I last saw him alive on November 28, 1934; death is said to have occurred on the date stated above, et al.

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

   Spinal Cord Fracture
   Fracture, Fracture, Fracture
   Fracture, Fracture, Fracture

   Date of onset: 27 Nov.

   Other Contributory Causes of Importance:

   Shock

   Date:

   Name of operation:

   What test confirmed diagnosis: Clinical

   Was there an autopsy?: Yes

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

   Accident, suicide, or homicide: Accident
   Date of injury: Nov. 28, 1934

   Where did injury occur?: Frederick

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

   State:

   Manner of Injury:

   Nature of Injury: Spinal Cord Injury

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

   If so, specify:

   (Signed)

   M. D.

   Address: Frederick, Md.

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.

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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, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME: Franklin McDonald

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, year)
   May 12, 1933

7. AGE
   1 year 5 months 27 days

8. Trade, profession, or particular kind of work done as Spinner, Sawyer, Bookkeeper, etc.
   At Home

9. Industry or business in which work was done, as Silk Mill, Saw Mill, Bank, etc.
   (Specify)

10. Residence on last day of life
    (Specify)

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

12. BIRTHPLACE (city or town)
    Maryland

13. NAME
    Raymond J. McDonald

14. BIRTHPLACE (city or town)
    Maryland

15. MAIDEN NAME
    Daisy O. Haines

16. BIRTHPLACE (city or town)
    Maryland

17. INFORMANT
    Mr. R. J. McDonald

18. BURIAL, CREMATION, OR REMOVAL
    Place: Hyattstown, Md.
    Date: Nov. 11, 1934

19. Undertaker
    M. R. Etchison & Son

20. FILED: Nov. 19, 1934

21. DATE OF DEATH
    November 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Nov. 8, 1934, to Nov. 9, 1934, the death is said
    to have occurred on the date stated above, at 6:15 A.M.
    The principal cause of death and related causes of importance
    were as follows:

    Bacillary Dysentery

MEDICAL CERTIFICATE OF DEATH

Other Contributory Causes of Importance:

Name of operation:

What test confirmed diagnosis:

Was there an autopsy:

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

Manner of injury:

Nature of injury:

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

If so, specify:

(Signed):

Registrar:

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 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>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</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>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Mount Airy

2. FULL NAME
   Name: Mary Allen McQuill

3. SEX
   Sex: Female
   If married, widowed, or divorced: Wife of

4. COLOR OR RACE
   Color or Race: White
   Single, Married, Widowed, OR Divorced: Single

5. DATE OF BIRTH (month, day, and year)
   Birthdate: June 27, 1854

6. AGE
   Years: 80
   Months: 6
   Days: 18

7. OCCUPATION
   Occupation: Housewife

8. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   Cause of Death: Cerebral Hemorrhage

9. BIRTHPLACE (city or town)
   Birthplace: Ireland

10. MOTHER
    Mother: Julia McQuill

11. FATHER
    Father: Robert M. McQuill

12. DATE OF DEATH
    Date: November 16, 1934

13. MEDICAL CERTIFICATE OF DEATH
    I hereby certify that I attended the deceased from July 10, 1934 to November 16, 1934.
    I last saw him alive on December 13, 1934; his death is caused to have occurred on the date stated above, at 3 A.M.
    The principal cause of death and related causes of importance were as follows:
    Cerebral Hemorrhage

14. BURIAL, CREMATION, OR REMOVAL
    Place: Mount Airy
    Date: November 18, 1934

15. UNDERTAKER
    Undertaker: F. F. Allen

16. FILED
    Filed: December 17, 1934

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

**Example II**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>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: Frederick
   Village or City: Frederick
   Registration Dist. No.: 131
   No. City Hospital: St. Joseph's Emmitsburg
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 611 St. Joseph's Emmitsburg D. St.
   (Usual place of abode: West St. Joseph's Emmitsburg)
   HUSBAND of
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
      (Write the word)
      MARRIED

6. DATE OF BIRTH (month, day, and year): Sept. 7, 1906

7. AGE
   Years: 28
   Months: 3
   Days: 1

8. OCCUPATION
   Laborer

12. BIRTHPLACE (city or town)
   Emmitsburg

13. NAME
   William Straw

15. MAIDEN NAME
   Margie Brown

17. INFORMANT
   William Straw

18. BURIAL, CREMATION, OR REMOVAL
   Place: Emmitsburg
   Date: 11/10/1934

19. UNDERTAKER
   Address:

20. FILED
   Date: 3/1/1934

REGISTRAR

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1925 |

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
1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Frederick
   - Registration Dist. No.: 131

2. **FULL NAME**
   - Mrs. Mary Alma Miller
   - Residence: 1023 N. Market

### PERSONAL AND STATISTICAL PARTICULARS

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

3. **DATE OF BIRTH**
   - Nov. 27, 1891

4. **AGE**
   - Years: 42
   - Months: 11
   - Days: 22

5. **OCCUPATION**
   - Housewife

6. **DATE OF DEATH**
   - November 19th, 1931

7. **DATE OF DEATH (continued)**
   - Month: Nov.
   - Day: 19
   - Year: 1931

### MEDICAL CERTIFICATE OF DEATH

22. **I HEREBY CERTIFY**
   - That I attended deceased from 1927 to Nov. 19, 1931.
   - I last saw her alive on Nov. 16, 1931.
   - Death is said to have occurred on the date stated above, at 10:30 A.M.

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

- Pneumonia Tuberculosis
  - Date of onset: 1931

### OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

23. **If death was due to external causes (VIOLENCE) fill in also the following:**
   - Accident, suicide, or homicide?
   - Date of Injury: Nov. 19, 1931
   - Where did injury occur?
   - Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. **Was disease or injury in any way related to occupation of deceased?**
   - No
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

**Other contributory causes of importance:**

**Example I**

| Gallstones | May 1, 1923 |

**Example II**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Location: Within the Corporate Limits
   Registration Dist. No.: 181
   No. 240 N. Market St.

2. FULL NAME: William Williamson Mines
   (a) Residence: No. 240 N. Market St.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower
   (or-Wife of: Eleanor W. Van Dornfort)

6. DATE OF BIRTH (month, day, and year): Jan. 7, 1858
7. AGE: 75 Years
   9. TRADE, PROFESSION, OR PARTICULAR OCCUPATION:
      Retired Farmer
   10. Industry or business in which work was done, as Silk Mill, Saw Mill, Bank, etc.
      General Farming
   11. Date deceased last worked at this occupation (month and year): 1919
   12. TOTAL TIME SPENT IN THIS OCCUPATION: 40 years

8. OCCUPATION:
   13. BIRTHPLACE (city or town): Maryland
      (State or country)
   14. NAME: John Mines
      (State or country)
   15. MOTHER: Martha Williamson
      (State or country)
   16. BIRTHPLACE (city or town): Maryland
      (State or country)
   17. INFORMANT (Address): Miss. Louisa Johnson
      Frederick, Md.
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Mt. Olivet Cem. Fred
      Date: Nov. 14, 1934
      M. R. Etchison & Son
      Frederick, Md.
   19. UNDERTAKER
      (Address)
   20. FILED
      12 Nov., 1934

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from
   January 7, 1858, to November 11, 1934, death is said
   to have occurred on the date stated above, at 12:45 P.M.
   The principal cause of death and related causes of importance
   were as follows:
   Coronary Occlusion
   Date of onset: 11/14/34
   Other Contributory Causes of Importance:
   Cirrhosis of Liver
   Date: 11/14/34
   Name of operation:
   What test confirmed diagnosis?
   Was there an autopsy?

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

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. 2."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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</tr>
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<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: Frederick
Village or City: Thurmont

2. FULL NAME

(a) Residence: No. Thurmont
St., Ward.

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

21. DATE OF DEATH

Nov. 13

22. I HEREBY CERTIFY, That I attended deceased from
Oct. 24, 1934, to Nov. 12, 1934. I last saw him alive on Nov. 12, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

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

If so, specify: 

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

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

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<td>1 week ago</td>
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<tr>
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<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td></td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Gastroenteritis</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: Frederick
  Village or City: Frederick
  No. 116 E. South St., Frederick

2. FULL NAME
   Charles Lee Mull

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

   HUSBAND OF/ WIFE OF: Gertrude Mull

6. DATE OF BIRTH
   Jan. 2, 1862

7. AGE
   Years: 72
   Months: 9
   Days: 29

8. OCCUPATION
   Retired Farmer

9. Date deceased last worked at this occupation (month and year)
   Nov. 1st, 1923

10. Total time (years) spent in this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Frederick City, Md.

13. NAME
   Jerome Mull

14. BIRTHPLACE (city or town)
   Frederick City, Md.

15. MAIDEN NAME
   Elizabeth Taylor

16. BIRTHPLACE (city or town)
   Penna.

17. INFORMANT
   Mrs. E. L. Mull

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Olivet Cemetery
   Date: Nov. 3, 1934

19. UNDERTAKER
   C. E. Palmer

20. FILED
   Dec. 24, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Nov. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1923, to Nov. 3rd, 1934, and death is said to have occurred on the above date at 1:30 A.M.

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

   Chronic Valvular Heart Disease

   Lesion

Other Contributory Causes of importance:

Name of operation

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

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

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

Manner of Injury

Nature of Injury

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

If so, specify

(Signed)

M.D.

If more blanks are needed, address State Registrar, 2402 N. Charles Street, Baltimore, Requesting U.S. No. 1.1.
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.

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1925 |
| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Johnsville
   No.Registration Dist. No.: St., Ward.

2. FULL NAME: Winfield Scott Peters
   Residence: No. (IIf nonresident give city or town and State)
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
6. If married, widowed, or divorced: HUSBAND OF
   (or) WIFE OF

7. DATE OF BIRTH: Aug. 2nd 1861
8. AGE: 73 yrs., 3 mos., 13 days
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Farmer
10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: SAW MILL, BANK, Etc.
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 1930
12. BIRTHPLACE: (city or town) (State or country) MD
13. NAME: Lewis Peters
14. BIRTHPLACE: (city or town) (State or country) Pennsylvania
15. MAIDEN NAME: Mary Ellis Blessing
16. BIRTHPLACE: (city or town) (State or country) and
17. INFORMANT: George J. Peters (Address) Milton Bridge Md.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Date: Nov. 19th, 1934
19. UNDERTAKER: Powell & Allbaugh (Address) Libertytown and
20. FILED: Nov. 26, 1934 (Address)

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: Nov. 16, 1934
22. I HEREBY CERTIFY, That I attended deceased from November 14, 1934, to November 16, 1934, and was present at the death which occurred on November 16, 1934, at 10:30 P.M. The principal cause of death and related cause of importance were:
   Pneumonia
   Hypertension: Cardiovascular renal disease: Duration: Five Years
   Other Contributory Causes of Importance:
   Claustraphobia, with mental reaction: Duration: 10 years.
   Asthma, tuberculosis: Duration: 5 years.

23. If death was due to external causes (Violence) Fill in also the following:
   Name of operation: Date of:
   What test confirmed diagnosis? Clinical: Was there an autopsy? Yes
   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:
   Disease or injury in any way related to occupation of deceased? No
   If so, specify

24. (Signed) (Address)

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

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

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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>10-15</td>
<td>1 week ago</td>
</tr>
<tr>
<td>DEC 4, 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 15, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   No. 126 N. South St., Ward.
   Registration Dist. No. 131
   Length of residence in city or town where death occurred: 8 3 yrs. 6 mos. 14 ds.
   How long in U.S. if of foreign birth: 8 yrs. 6 mos. 14 ds.

2. FULL NAME: Victoria Alivia Poole
   (a) Residence: No. 126 N. South St., Ward.
      (Usual place of abode)
      If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   WIDOWED
5e. If married, widowed, or divorced
   HUSBAND of (or) WIFE of
   Henry A. Poole

6. DATE OF BIRTH (month, day, and year): May 13, 1851
7. AGE: 83 yrs. 6 mos. 14 ds.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, etc.: Housewife
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, etc.:
10. Date deceased last worked at this occupation (month and year): Nov. 13, 1934
11. Total time (years) spent in this occupation: 66 yrs.

OCCUPATION

12. BIRTHPLACE (city or town, (State or country): Frederick, Md.
13. NAME: Thomas M. Poole
14. BIRTHPLACE (city or town, (State or country): Frederick, Md.
15. MAIDEN NAME: Doris Leonard
16. BIRTHPLACE (city or town, (State or country): Frederick, Md.
17. INFORMANT (Address): Mrs. Kellie Graham, Frederick, Md.
18. BURIAL, Cremation, or Disposal: Mt. Olivet, Dec. 2, 1934
19. UNDERTAKER (Address): R. E. Colvin & Son, Frederick, Md.
20. FILED: Dec. 19, 1934, Frederick, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Nov. 13, 1934
22. I HEREBY CERTIFY, that I attended deceased from
    I last saw her alive on 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934
    to have occurred on the date stated above, at 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934
    The principal cause of death and related causes of importance were as follows:
    Date of onset
    Other Contributory Causes of Importance:

Winters Selectors
1923

NOME OF OPERATION
Date of
What last confirmed diagnosis?
Was there an autopsy?

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

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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Other contributory causes of importance:

| Gallstones                                                  | May 1, 1923 |

Example II

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</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
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</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: Frederick
- Village or City: Hagerstown
- Length of residence in city or town where death occurred: 3 yrs. 6 mos. 5 ds.

## 2. FULL NAME
- Name: Horace E. Portner
- Residence: Thurmont, Ward.

## PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. COLOR OR RACE</td>
<td>White</td>
</tr>
<tr>
<td>5a. If married, widowed, or divorced</td>
<td>HUSBAND of</td>
</tr>
<tr>
<td>6. DATE OF BIRTH (month, day, and year)</td>
<td>Oct. 21, 1928</td>
</tr>
<tr>
<td>7. AGE</td>
<td>2 yrs. 7 mos. 5 ds.</td>
</tr>
<tr>
<td>8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.</td>
<td>Woman</td>
</tr>
<tr>
<td>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARN, etc.</td>
<td></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 and months) spent in this occupation</td>
<td></td>
</tr>
</tbody>
</table>

## 12. BIRTHPLACE (city or town)
- Mr. Landy, Texal Co., Md.

## 13. NAME
- John W. Portner

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

## 15. MAIDEN NAME
- Russie M. Dunell

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

## 17. INFORMANT
- John W. Portner, Hagerstown, Md.

## 18. BURIAL, CREATION, OR REMOVAL
- Place: Lacrosse
- Date: Nov. 28, 1934

## 19. UNDERTAKER
- W. H. Wilkins & Co., Thurmont, Md.

## 20. FILED
- Nov. 28, 1934
- Anna M. Jones, Registrar

## MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
<th>Wed., Nov. 26, 1934</th>
</tr>
</thead>
</table>

1. I hereby certify, That I attended deceased from Nov. 11 to Nov. 26, 1934.
2. I last saw him alive on Nov. 11, 1934; death is said to have occurred on the date stated above, at 7:30 P.M.
3. The principal cause of death and related causes of importance were as follows:
   - Date of onset: Oct. 1931

Other Contributory Causes of Importance:
- Date of:

Name of operation:
- Date of:

What was the confirmed diagnosis?
- Was there an autopsy?

If death was due to external causes (violence) fill in also the following:
- Date of injury:

Where did injury occur? (Specify city, town, county, and state)
- Manner of injury:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
- Nature of injury:

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

If so, specify:

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Monrovia

2. **FULL NAME**
   - Doris Elizabeth Ramsburg

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Sept 26, 1934

7. **AGE**
   - 2 Years, 10 Months, 0 Days

8. **OCCUPATION**
   - None

9. **DATE OF DEATH**
   - Nov 20, 1934

10. **PLACE OF DEATH**
    - Middletown

11. **BIRTHPLACE**
    - Maryland

12. **Mother's Name**
    - Goldie Simmers

13. **Father's Name**
    - Oscar Simmers

14. **BIRTHPLACE OF FATHER**
    - Maryland

15. **BIRTHPLACE OF MOTHER**
    - Maryland

16. **INFORMANT**
    - Oscar Simmers

17. **UNION MATERIAL**
    - 1934.12.23

18. **UNDERTAKER**
    - W. E. Falcomer

19. **FILENAME**
    - 11-30, 1934. Lucian K. Falcomer

20. **REGISTRATION DIST.**
    - 38

21. **MEDICAL CERTIFICATE OF DEATH**
    - Date of onset: 1934.11.20

22. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - Unknown

23. **DATE OF DEATH**
    - Nov 20, 1934

24. **DATE OF FILING**
    - 11-30, 1934

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>DEC 5 1922</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 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>
</tr>
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<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:

**Example I**

- Gallstones  
  Date of onset: May 1, 1923

**Example II**

- Gastroenteritis  
  Date of onset: 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Length of residence in city or town where death occurred: 50 yrs.
   No. 308 Rockwell St.
   Ward
   Registration Dist. No.: 131
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   No.: 308 Rockwell St.
   Ward

2. FULL NAME
   Eliaz Ocean Ramsburg
   (a) Residence: No. 308 Rockwell St.
   (Usual place of abode)

   If nonresident give city or town and State

   Personal and Statistical Particulars

   3. SEX
      Male

   4. COLOR OR RACE
      White

   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
      Married

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

   6. DATE OF BIRTH (month, day, year)
      Nov. 24, 1861

   7. AGE
      Years: 72
      Months: 11
      Days: 25
      IF LESS than 1 day, hrs., or min.

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

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

   10. Date deceased last worked at this occupation (month and year)
      May 33

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

   12. BIRTHPLACE (city or town)
      Near New Market
      (State or country)

   13. NAME
      John J. Ramsburg

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

   15. MAIDEN NAME
      Ursella Beeson

   16. BIRTHPLACE (city or town)
      Uniontown, Pa.
      (State or country)

   17. INFORMANT
      Address
      Mrs. J.B. Ramsburg
      Frederick, Md.

   18. BURIAL, CREMATION, OR REMOVAL
      Place
      Frederick, Md.
      Date
      Nov. 20, 1934

   19. UNDERTAKER
      Address
      Frederick, Md.

   20. FILED
      Nov. 20, 1934
      Registrar
      J. McCurry

   21. DATE OF DEATH
      Nov. 18, 1934

   22. I HEREBY CERTIFY
      That I attended deceased from
      May 1, 1934, to Nov. 18, 1934
      I last saw him alive on
      Nov. 10, 1934, at 8:30 p.m.
      He deceased at 9:30 p.m.
      Death is said to have occurred on the date stated above, at
      11:30 p.m.
      The principal cause of death and related causes of importance were as follows.
      Examination of the Postmortem
      Date
      4:30 p.m.

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

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

   Other Contributory Causes of Importance
      Dr. Hite Matthews
      10:30 p.m.

   Name of operation
   Date of
   Was there an autopsy
   No.

   Other Contributory Causes of Importance

   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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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.

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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</tr>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| 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>
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<tr>
<td>Attack of epilepsy</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:

| Gastroenteritis | 1 year |

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

County: Frederick
Village or City: Frederick
Registration Dist. No:

Length of residence in city or town where death occurred: 10 yrs.

2. FULL NAME

William Howard Reich

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

5a. If married, widowed, or divorced

HUSBAND of or WIFE of

Bessie F. Reich

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

Apr 19-1866

7. AGE

Years: 68
Months: 6
Days: 20

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

Housewife

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Frederick Co

13. NAME

Raymond C. Reich

14. BIRTHPLACE (city or town)

Frederick Co

15. MAIDEN NAME

Theba de Bashmacher

16. BIRTHPLACE (city or town)

Frederick Co

17. INFORMANT

Miss Belle Reich

18. BURIAL, CREMAIION, OR REMOVAL

Place: Washington, D.C.
Date: Nov. 9, 1934

19. UNDERTAKER

T. E. Elisey & Son

20. FILED

19-19

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

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

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

1. PLACE OF DEATH
   - County: Frederick
   - Village or City: Frederick
   - Registration Dist. No.: 131

2. FULL NAME
   - (a) Residence: No. 2248
   - Washington, Md.

3. PERSONAL AND STATISTICAL PARTICULARS
   - SEX: Male
   - COLOR OR RACE: White
   - SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   - DATE OF BIRTH (month, day, and year): Dec. 13-34
   - AGE: 52 Yrs.
   - OCCUPATION: Housewife
   - BIRTHPLACE: Washington, Md.

4. MEDICAL CERTIFICATE OF DEATH
   - DATE OF DEATH: Jan. 13, 1935
   - I HEREBY CERTIFY, that I attended deceased from Nov. 13, 1934, to Dec. 13, 1934.
   - I last saw deceased alive on Dec. 13, 1934; death was said to have occurred on the date stated above, at 5:30 a.m.
   - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

5. Other Contributory Causes of Importance:
   - Name of operation:
   - What was confirmed diagnosis?
   - Was there an autopsy?

6. 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:

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

8. FILED:
   - Nov. 14, 1935
   - Dr. Frank McCurdy
   - Registrar, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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**Example I**

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

**Example II**

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

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
</tr>
</thead>
</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: Frederick.
   Village or City: Near Frederick.
   Length of residence in city or town where death occurred: 0 yrs. 0 mos. 0 ds.
   Registration Dist. No.: 13

2. FULL NAME
   Malee May Rice.
   (a) Residence: Lewistown, Outside.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   June 21st. 1894

7. AGE
   Years: 40
   Months: 5
   Days: 8
   If LESS than 1 day, hrs. or min.: N/A

8. OCCUPATION
   Housewife

9. Industry or business in which work was done
   Owner, Home

10. Date deceased last worked in this occupation
    Nov. 34

11. Total time (years) spent in this occupation
    20

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

13. NAME
   Chas. T. Marshall

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

15. MAIDEN NAME
   Sarah May

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

17. INFORMANT
   Oscar H. Rice
   (Address): Thumont, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Lewistown.
    Date: Dec. 2, 1934

19. UNDERTAKER
    M. L. Creager & Son
    (Address): Thumont, MD

20. FILED
    Dec. 31, 1934
    (Signed): J. Lawrence Fabius
    (Address): Frederick, MD

21. DATE OF DEATH
    November 26th, 1934

22. I HEREBY CERTIFY
    That I attended deceased from
    Nov. 21, 1934, to Nov. 29, 1934
    I last saw him on Nov. 21, 1934; death is said to have occurred on the date stated above, at 7:30 a.m.

   The PRINCIPAL CAUSE OF DEATH was as follows:

   Heart Failure

   Other Contributory Causes of importance:

   Heart Failure

   Neme 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?:
   Data of injury: 11-24, 1934
   Where did Injury occur?:
   (Specify city or town, county and State)
   Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Neman of Injury: Electric Shock
   Nature of Injury: Electrocution

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

   (Signed): J. Lawrence Fabius
   (Address): Frederick, MD
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onsets</th>
<th>Example II</th>
<th>Date of onsets</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>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: Frederick
Village or City: Woodsboro

2. FULL NAME: Sarah Catharine Schiltz
(a) Residence: No. — Near Woodsboro
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced: HUSBAND or (or) WIFE of
Samuel D. Schiltz

6. DATE OF BIRTH (month, day, and year): April 2, 1852

7. AGE: 82 years 7 months 22 days

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.: None

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): Sept. 1928

11. TOTAL TIME SPENT IN THIS OCCUPATION: 82 years

12. BIRTHPLACE (CITY OR TOWN, STATE, OR COUNTRY): Emmitsburg, Maryland

13. NAME: William Brightman Schiltz

14. BIRTHPLACE (CITY OR TOWN, STATE, OR COUNTRY): Emmitsburg, Maryland

15. MAIDEN NAME: Catharine Winder Jacksoon

16. BIRTHPLACE (CITY OR TOWN, STATE, OR COUNTRY): Emmitsburg, Maryland

17. INFORMANT (NAME, ADDRESS): Mr. Henry J. Anderson, 303 Main St., Oakton, Md.

18. BURIAL, CREMATION, OR REMOVAL: Place: Woodsboro. Date: Nov. 29, 1928

19. UNDERTAKER: Mr. J. G. Harmon, 303 Main St., Oakton, Md.


MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Nov. 27, 1934

22. I HEREBY CERTIFY: That I attended deceased from
Jan. 10, 1929, to Nov. 27, 1934
I last saw her alive on: Nov. 26, 1934. Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows: Arteriosclerosis

Date of onset: about 1925

Other Contributory Causes of Importance:

Name of operation: Date of:

What test confirmed diagnosis?: Date of:

Was there an autopsy?: Date of:

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

Accident, suicide, or homicide?: Gate of Injury: 19
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): C. W. Still, M.D.

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework or writing, 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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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>Gastroenteritis</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: Frederick
   Village or City: State Sanatorium
   State: MD
   Registration Dist. No.: 139
   Length of residence in city or town where death occurred: 3 yrs. 4 mos. 25 ds.
   If death occurred in a hospital or institution, give its NAME in place of street and number.

2. FULL NAME
   (a) Residence: No. 1406 Darley Ave, Ward. Baltimore, MD
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   Sept. 7, 1915

7. AGE
   Years: 19
   Months: 2
   Days: 10

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   School boy

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   None

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    None

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    None

12. BIRTHPLACE (city or town)
    Baltimore, MD.

13. NAME
    John Wm. Schneider

14. BIRTHPLACE (city or town)
    Maryland

15. MAIDEN NAME
    Elizabeth Schuler

16. BIRTHPLACE (city or town)
    Maryland

17. INFORMANT
    Gerard B. Schneider

18. BURIAL, CREMATION, OR REMOVAL
    Place: Baltimore, MD

19. UNDERTAKER
    M. C. Creager

20. FILED
    11/7/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Nov. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934, to Nov. 17, 1934,
    I last saw him alive on Nov. 16, 1934; death is said
    to have occurred on the date stated above, at 12:25 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:

    Pulmonary Tuberculosis

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
    Accident, suicide, or homicide?
    Date of injury
    Where did injury occur?
    Specify whether injury occurred in Industry, in Home, or in Public Place.
    Manner of Injury
    Nature of Injury

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
    If so, specify
    (Signed)
    (Address)
    Registrar
    State Sanatorium, MD

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.
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10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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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</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: State Sanatorium
   Registration Dist. No.: 139

2. FULL NAME
   (a) Residence: Marriotsville, St. Howard, Co. MD.

   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED

6. DATE OF BIRTH
   Month and year: April 1, 1888

7. AGE
   Years: 46
   Months: 7
   Days: 6
   Total age: 46 years, 7 months, 6 days

8. OCCUPATION
   Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at: March 1933

11. Date deceased first worked at: Unknown

12. BIRTHPLACE
   City or town: Maryland
   State or country: MD.

13. NAME
   Father: Augustus Selby
   Mother: Mary C. Ridgely

14. BIRTHPLACE
   City or town: Maryland
   State or country: MD.

15. MAIDEN NAME
   Mary C. Ridgely

16. BIRTHPLACE
   City or town: Marriotsville
   State or country: MD.

17. INFORMANT
   Name: Alonza Selby

18. BURIAL, CREMATION, OR REMOVAL
   Place: Marriotsville, MD.
   Date: Unknown

19. UNDERTAKER
   Name: M. L. Crager

20. FILED
   Date: 11/7/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Month and day: Nov. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934, to Nov. 7, 1934.
   Last saw deceased on Nov. 7, 1934; death is said to have occurred on the date stated above, at 3:30 P.M.

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

   Pulmonary Tuberculosis

   Fatal Pulmonary Hemorrhage

   Other Contributory Causes of Importance:

   Date of operation: Nov

   Date of death: 11/7/34

   Date of injury: 19

   Manner of injury: Unknown

   Nature of injury: Unknown

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

   Accident, suicide, or homicide?: Unknown

   Where did injury occur?: Unknown

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

   Date of injury: 19

   Date of death: 11/7/34

   M.D.

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

Other contributory causes of importance:

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

1 year

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Frederick
   - Registration Dist. No.: 131

2. **FULL NAME**
   - Smith, Mrs. Keller

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - 3. SEX: Female
   - 4. COLOR OR RACE: White
   - 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

4. **MEDICAL CERTIFICATE OF DEATH**
   - 21. DATE OF DEATH: Nov. 25, 1934

5. **OCCUPATION**
   - 8. Trade, profession, or particular kind of work done: Housewife

6. **DATE OF BIRTH**
   - March 3, 1909

7. **AGE**
   - Years: 55
   - Months: 8
   - Days: 0

8. **BIRTHPLACE**
   - City or town: Walkersville, Md.

9. **NAME**
   - Joseph Savoye

10. **BIRTHPLACE**
    - City or town: Walkersville, Md.

11. **INFORMANT**
    - H. Keller Smith, Walkersville, Md.

12. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Walkersville, Md.
    - Date: Oct. 1, 1934

13. **UNDERTAKER**
    - C. P. Glass, Middleburg, Md.

14. **FILED**
    - Nov. 20, 1934

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

Example II

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</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: Frederick
Village or City: State Sanatorium
Registration Dist. No.: 139
No. St. Ward

Length of residence in city or town where death occurred: yrs. 10 mos. ds.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Louise M. John
(a) Residence: No. 3500 Bank St., Ward: Baltimore, MD
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

SINGLE

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

May 6, 1914

7. AGE

Years: 20
Months: 6
Days: 13

11. Total time (years) spent in this occupation: none

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

None

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

None

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

None

12. BIRTHPLACE (city or town)

Maryland

13. NAME

John M. John

14. BIRTHPLACE (city or town)

Maryland

15. MAIDEN NAME

Birleen Walters

16. BIRTHPLACE (city or town)

Maryland

17. INFORMANT (Address)

Louise M. John (on admission) 3500 Bank St., Baltimore, MD.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore, MD. Date: Unknown

19. UNDERTAKER

Mathew Staley

20. FILED

May 19, 1934

REGISTRAR

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:

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related</td>
<td>The principal cause of death and</td>
</tr>
<tr>
<td>causes of importance were as follows:</td>
<td>related causes of importance were</td>
</tr>
<tr>
<td></td>
<td>as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
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<td>Run over by street car</td>
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<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones
  - May 1, 1923

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: Frederick
Village or City: Frederick
No. 403 Magnolia Ave.
Reg. Dist. No. 185
Ward

2. FULL NAME
(a) Residence: No. 403 Magnolia Ave., Ward.

3. SEX
Female

4. COLOR OR RACE
White

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

5a. If married, widowed, or divorced
HUSBAND of
James E. Folek
(Wife of)

6. DATE OF BIRTH (month, day, and year)
July 29, 1873

7. AGE
Years: 61
Months: 4
Days: 1

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.
Housewife

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

10. DATE DECEASED LAST WORKED AND THIS OCCUPATION (MONTH AND YEAR)
Oct. 4, 1934

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
42 years

12. BIRTHPLACE (CITY OR TOWN)
Frederick, Md.
(State or Country)

13. NAME
Jesse Holler

14. BIRTHPLACE (CITY OR TOWN)
Frederick, Md.
(State or Country)

15. MAIDEN NAME
Mary Balez

16. BIRTHPLACE (CITY OR TOWN)
Frederick, Md.
(State or Country)

17. INFORMANT
James E. Folek
(Father of)
Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL
M. D.

19. UNDERTAKER
J. E. Morey
Frederick, Md.

20. FILED
2-Dec., 1934

21. DATE OF DEATH
November 30, 1934

22. I HEREBY CERTIFY that I attended deceased from January 1, 1932, to Nov. 30, 1934; last saw her alive on Nov. 30, 1934; death is said to have occurred on the date stated above, at 12:30 p.m.

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

Em. Stryocarditis

Date of onset: 1934

Other Contributory Causes of importance:

Name of operation...

Date of...

What test confirmed diagnosis?

Was there an autopsy?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) Fill in also the following:

ACCIDENT, SUICIDE, OR HOMICIDE...

DATE OF INJURY...

WHERE DID INJURY OCCUR?

(Specify city or town, county and state)

MANNER OF INJURY...

NATURE OF INJURY...

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

If so, specify...

(Signed) M. D.

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

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

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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

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

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<th>Example II</th>
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

Date of onset | Date of onset |
----------------|----------------|
1915 | 1 week ago |
1921 | 1 week ago |
July 8, 1927 | 3 days ago |
May 1, 1923 | 1 year |

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

1. PLACE OF DEATH

County: Frederick  
Village or City: Frederick  
No. Frederick City Hospital  
(Ward: No Ward)  
 регистрации Dist. No: 131

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

Miss. Emma Virginia Staley

(a) Residence: No. Linden Hills, Frederick, Md.  
(usual place of abode)  
(Linden Hills, Md. (Frederick)  
R.D.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX  
Female

4. COLOR OR RACE  
White

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

6. DATE OF BIRTH (month, day, and year)  
Jan. 25, 1873

7. AGE

Years: 60
Months: 9
Days: 21

If less than 1 year, write days, or hours, or minutes.

8. TRADE, PROFESSION, OR OCCUPATION  
Housework

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE:  
At Home

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)  
Oct. 31

11. TOTAL TIME SPENT IN THIS OCCUPATION  
40

12. BIRTHPLACE (CITY OR TOWN)  
Maryland

13. NAME  
Lewis H. Staley

14. BIRTHPLACE (CITY OR TOWN)  
Frederick, Md.

15. MAIDEN NAME  
Mary Frances Whipp

16. BIRTHPLACE (CITY OR TOWN)  
Maryland

17. INFORMANT  
C. Keefer Staley

18. BURIAL, CREMATION, OR REMOVAL  
Mt. Olivet Cem. Fred. Date: Nov. 19, 1934

19. UNDERTAKER  
M. R. Ethson & Son

20. FILED  
19-Nov. 1934  
Dr. Thomas McCuskey

REGISTRAR

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

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

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

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**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</th>
<th>Date of onset</th>
<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>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>DEC 5 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:**

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
</tr>
</thead>
</table>

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</th>
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</tr>
</thead>
<tbody>
<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: Frederick
Village or City: Frederick
(Written by Corporation House)
Registration Dist. No.: 131
No: 490 W. South St., Ward 1
Length of residence in city or town where death occurred: 0 yrs. 0 mos. 0 ds.
How long in U.S. if of foreign birth?:

2. FULL NAME
Still Bank, Infant Thompson
(a) Residence: No. 490 W. South St., Ward.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
6. If married, widowed, or divorced
HUSBAND OF
(Or) WIFE OF
6a. DATE OF BIRTH (month, day, and year) Nov. 7, 1934
7. AGE Years
Months
Days
If LESS then
1 day, ________ hrs.
or __________ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Oohe deceased last worked in this occupation (month and year)
10. Total time (years) spent in this occupation (month and year)
11. Occupation

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
Nov. 7, 1934
22. I HEREBY CERTIFY. That I attended deceased from N.v. 7, 1934 to N.v. 7, 1934
I last saw h. alive on N.v. 7, 1934; death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:

23. Other Contributory Causes of importance:

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

25. Nature of injury

26. Disease or Injury in any way related to occupation of deceased? 
If so, specify

27. Mode of death

28. Signed
(Written by Corporation House)

29.Filed
1934
(Indicate number of State Registrar, date of issue of certificate)

If more blanks are needed, address State Registrar, 3411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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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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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

### Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
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</tr>
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<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: Frederick
   Village or City: Middletown
   (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
   John W. Fonesil Jr.
   (a) Residence: 140 W. Saint St., Ward.
   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

6. If married, widowed, or divorced
   HUSBAND of: none
   WIFE of: 28 June, 1934

7. DATE OF BIRTH: May 29, 1934
8. AGE: 8 Yrs. 5 Mos. 15 Days
   If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   none

10. OCCUPATION: none

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

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

13. NAME: John W. Fonesil
14. BIRTHPLACE (city or town): Maryland
    (State or country): Maryland

15. MAIDEN NAME: Helen Armstrong
16. BIRTHPLACE (city or town): Maryland
    (State or country): Maryland

17. INFORMANT: Helen Fonesil
    (Address): 140 W. Saint St., Middletown

18. BURIAL, CREMATION, OR REMOVAL
    Place: Fairview Cemetery
    Date: Nov 5, 1934

19. UNDERTAKER: Albert F. Driver
    (Address): Frederick, Maryland

20. FILED: Nov 5, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Nov 14, 1934

22. I HEREBY CERTIFY that I attended deceased from Nov 9 to Nov 14, 1934

   I last saw him alive on Nov 9, 1934; death is said to have occurred on the date stated above, at 3:30 a.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Himmel Besung
   Date of onset: 11-11-34

   Other Contributory Causes of importance:

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

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

   Manner of injury:
   Nature of injury:

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

   If so, specify:

   (Signed): William S. Snell
   (Address): 5 W. Saint St.
# 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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<tr>
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<td>The principal cause of death and related causes of importance were as follows:</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>
</tbody>
</table>

Date of onset | Date of onset |
2015 | 1 week ago |
1921 | 1 week ago |
July 6, 1927 | 3 days ago |

Other contributory causes of importance:

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

1. PLACE OF DEATH
County: Frederick
Village or City: State Hospital
Registration Dist. No.: 139

2. FULL NAME
(a) Residence: No. 1915 E. Lombard St., Baltimore, Md

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): March 28, 1903
7. AGE: 31 years, 7 months, 25 days

8. OCCUPATION: Housework

9. DATE deceased last worked at this occupation (month and year): Jan. 1933
10. TOTAL time (years) spent in this occupation: 10 yrs.

12. BIRTHPLACE (city or town): Milwaukee, Wis.
13. NAME: August Gillgash
14. BIRTHPLACE (city or town): Wisc.

15. MAIDEN NAME: Katherine Trevalmer
16. BIRTHPLACE (city or town): Wisc.

17. INFORMANT: Louise K. Twin (as above)
18. BURIAL, CREMATION, OR REMOVAL:

19. UNDERTAKER: M. L. Creager

21. DATE OF DEATH: Nov. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1933, to Nov. 23, 1934. I last saw her alive on Nov. 22, 1934; death is said to have occurred on the date stated above, at 2:10 A.M.

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

Pulmonary Tuberculosis

Other Contributory Causes of importance:

Tuberculous Laryngitis

Name of operation: None

What test confirmed diagnosis? X-ray: Yes

Was there an autopsy?: No

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

Accident, suicide, or homicide?: Date of injury

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

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

Manner of injury:

Nature of injury:

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

If so, specify: 

(Address): 

(Signed): 

Register:

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>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: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones
Date of onset: May 1, 1923

Gastroenteritis
Date of onset: 1 year

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Frederick
   - Registration Dist. No.: 131
   - Length of residence in city or town where death occurred: yrs. 1 mos. 8 ds.

2. **FULL NAME**
   - Henry B. Valentine
   - Residence: No. 1743 Frederick St., Ward.

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: March
   - Day: 28
   - Year: 1871

7. **AGE**
   - Years: 63
   - Months: 8
   - Days: 2

8. **OCCUPATION**
   - Handling merchandise

9. **BIRTHPLACE**
   - City or town: Maryland

10. **DATE OF DEATH**
    - Month: Nov
    - Day: 20
    - Year: 1934

11. **CAUSE OF DEATH**
    - Drugger

12. **OTHER CONTRIBUTORY CAUSE OF DEATH**
    - Pneumonia

13. **MOTHER**
    - NAME: Mary Berlinger
    - MAIDEN NAME: Berlinger

14. **INFORMANT**
    - Name: Michael Lathan
    - Address: 4503 Springdale, Cat. 6

15. **BURIAL, CREMATION, OR REMOVAL**
    - Place: St. Andrew's
    - Date: Nov. 22, 1934

16. **UNDEDOKER**
    - Name: Frank S. Black
    - Address: 742 W. Huron St., Baltimore

17. **FILED**
    - Date: Dec. 1, 1934

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting O. 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 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 néphritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

- Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
County: Frederick
Village or City: Frederick City
Registration Dist No.: 131
City Hospital: Frederick City
Length of residence in city or town where death occurred: yrs. mos. ds

2. FULL NAME
(a) Residence: No. 265, 10th St.
(Urban/place of abode)
(b) If nonresident give city or town and State

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

6. DATE OF BIRTH (month, day, and year)
Nov. 27, 1934
7. AGE
Years: 0
Months: 0
Days: 0
If less than 1 year, hours or minutes

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
Clarence W. Wiles
MOTHER
14. BIRTHPLACE (city or town)
Middletown
(State or country)
15. MAIDEN NAME
Dorothy Cline
16. BIRTHPLACE (city or town)
Myersville
(State or country)

17. INFORMANT
Clarence W. Wiles
Middletown, Md.
18. BURIAL, CREMATION, OR REMOVAL
Place of interment: Middletown, Md.
Date: Nov. 28, 1934
19. UNDERTAKER
C. H. Gladhill
Middletown, Md.
20. FILED
Dec. 24, 1934

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
Nov. 27, 1934
22. I HEREBY CERTIFY
That I attended deceased from Nov. 27, 1934, to Nov. 27, 1934.
I last saw him alive on the above date.
Where death occurred: at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

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

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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed)
[Signature]
M. D.

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

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

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

| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | Gastroenteritis |
| May 1, 1925 | 1 year |

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

1. PLACE OF DEATH

County: Frederick Co.
Village or City: New Frederick
Registration Dist. No. 13

2. FULL NAME

(a) Residence: No. 101, St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR OF RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

DATE OF BIRTH: Nov. 29, 1934
AGE: Infant

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 30, 1934

I HEREBY CERTIFY that attended deceased from
Nov. 29, 1934, to Nov. 30, 1934.

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

Other Contributory Causes of importance:

Name of operation...
What test confirmed diagnosis?

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

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

If so, specify...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Maryland. U.S.A.
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:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1925</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1932</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

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

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

## 1. PLACE OF DEATH
- County: Frederick
- Village or City: Frederick
- Length of residence in city or town where death occurred: 72 yrs.

## 2. FULL NAME: Edward J. Zimmerman Jr.
- Residence: No. 4th and Wilson Ave.

### PERSONAL AND STATISTICAL PARTICULARS

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

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
<th>7. AGE (years, months, days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 20, 1858</td>
<td>76 yrs., 8 mos.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired Farmer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Date deceased last worked at this occupation (month and year)</th>
<th>11. Total time (years) spent in this occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept. 1924</td>
<td>45 yrs.</td>
</tr>
</tbody>
</table>

## 21. DATE OF DEATH
- Month: November
- Day: 28
- Year: 1934

## MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from _______ to _______ 19__, and that death is said to have occurred on the date stated above, at _______ M. P. M. on _______. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

1. _______ 19__
2. _______ 19__
3. _______ 19__

Other Contributory Causes of importance:

<table>
<thead>
<tr>
<th>22. Name of operation</th>
<th>Date of</th>
<th>Where did injury occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Specify city or town, county and State)</td>
</tr>
</tbody>
</table>

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, 2411 N. Charles Street, Baltimore, Requesting C.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

1. PLACE OF DEATH
   County  Frederick City  Registration Dist. No.  153
   Village or City  Walkersville  No.  St.  Ward
   —— (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred 49 yrs.  mos.  ds.
   How long in U.S. if of foreign birth?  yrs.  mos.  ds.

2. FULL NAME  Mrs. Lee Ella Zimmerman
   (a) Residence: No.  St.  Ward.
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX  Female
4. COLOR OR RACE  White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED  Widowed
   (write the word)
   5a. If married, widowed, or divorced
      HUSBAND of (or) WIFE of  Geo. Willis Zimmerman

6. DATE OF BIRTH (month, day, and year)  Nov. 5, 1863

7. AGE
   Years  Months  Days  If LESS than
   71  9  26  1 day, hrs.
       or. min.

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

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)  July 26, 1934

11. Total time (years) spent in this occupation  49

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

13. NAME  Joseph J. Rodenick
14. BIRTHPLACE (city or town)  Maryland
    (State or country)

15. MAIDEN NAME  Anna Zimmerman
16. BIRTHPLACE (city or town)  Maryland
    (State or country)

17. INFORMANT  Mrs. Willis Zimmerman
    (Address)  Walkersville, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place  Shade Creek  Date  July 28, 1934

19. UNDERTAKER  W. W. Wright
    (Address)  Walkersville, Md.

20. FILED  Nov. 27, 1934  Hardy Stackeher

   MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH  Nov. 5, 1934
    (Month)  (Day)  (Year)

22. I HEREBY CERTIFY. That I attended deceased from
    Dec.  1933, to Nov. 5, 1934.

   I last saw him  alive on Nov. 26, 1934. Death is said
   to have occurred on the date stated above, at 9 A.M.

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

   Heart Disease  Date of onset  1932
   Apoplectic Strokes  Date of onset  1934

   Other Contributory Causes of Importance:

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

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

   Accident, suicide, or homicide?  Date of injury  19
   Where did injury occur?  (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

   Manner of injury
   Nature of injury

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

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

To be complete, an occupation return must state:

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

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

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as 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, anemia, 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>Principal cause of death</th>
<th>Date of onset</th>
<th>Related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
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**Example II**

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OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

- Gastroenteritis                                | 1 year       |                                               |