STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME: Alexander Bannas
   (a) Residence of: No. (Usual place of abode)
   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 (Write the word): Single

6. DATE OF BIRTH (month, day, and year): May 5, 1892
7. AGE: 42 yrs.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Farmer
   ORIGIN: PA
9. OCCUPATION: Farmer
10. Date deceased last worked at this occupation (month and year): Aug. 1934
11. Total time (years) spent in this occupation:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 11 - 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2 - 1, 1934, to 11 - 6, 1934, I last saw him alive on 11 - 6, 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:

Cardiac Failure

Other Contributory Causes of Importance:

Childbirth

Name of operation:

What test confirmed diagnosis? August

Was there an autopsy?

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

Accident, suicide, or homicide?: Date of Injury: 1934

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

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury:

Nature of injury:

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

If so, specify:

(Signed) William Strong M.D.

Registrar: Mrs. Jane State 1924

If more blanks are needed, address State Registrar, 2425 N. Charles Street, Baltimore, Requesting U.S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotels, 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, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

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

Other contributory causes of importance:

- Gallstones
  - Date: 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
  - Duration: 1 year

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

1. PLACE OF DEATH
   County: Garrett
   Village or City: Swanton
   Registration Dist. No. 160

2. FULL NAME: Archibald H. Beckman
   (a) Residence: No. Out Side

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

   FAMILY RELATIONSHIP
   6. DATE OF BIRTH (month, day, and year): April 28
   7. AGE: 65 Years 6 Months 28 Days
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE:

   OCCUPATION: Farmer

   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE:
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION:

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

   12. BIRTHPLACE (CITY OR TOWN): Swanton, Md.

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: Nov. 26
   (Month) 1934
   22. I HEREBY CERTIFY, That I attended deceased from
   April 24, 1934, to Nov. 26, 1934, at
   The principal cause of death and related causes of importance
   were as follows:

   23. If death was due to external causes (VIOLANCE) fill in also the following:
   Accident, suicide, or homicide? Date of injury: 19
   Where did injury occur? 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 the occupation of deceased?
   If so, specify

   REGISTRAR
   Filed: 11/27/1934. M.D.
   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.

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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<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

<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>
<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: Gaithersburg
   Village or City: Gaithersburg
   No. St., Ward:
   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

3. SEX
   4. COLOR OR RACE
   Female White

5a. If married, widowed, or divorced
   HUSBAND of
   EDWARD BILLINGER

5b. If married, widowed, or divorced
   WIFE OF
   (or) WIFE OF
   ELIZABETH BILLINGER

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

7. AGE
   Years: 82
   Months: 2
   Days: 2
   If LESS than 1 day , hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year)
    1832

11. Total time (years) spent in this occupation
    30

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

13. NAME
    JOSEPH BERN

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

15. MAIDEN NAME
    MARIE BERNHARDT

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

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place:
    Granville, Date: Nov. 29, 1934

19. UNDERTAKER
    (Address)

20. FILED
    (Address)

21. DATE OF DEATH
    Nov. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    1924 to 1934

23. Accident, suicide, or homicide?
    Date of injury: 1924

24. 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, 2415 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>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis 1915</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis 1921</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage July 5, 1927</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1923</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
### Personal and Statistical Particulars

<table>
<thead>
<tr>
<th>FIELD</th>
<th>VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEX</td>
<td>Female</td>
</tr>
<tr>
<td>COLOR OR RACE</td>
<td>White</td>
</tr>
<tr>
<td>SINGLE, MARRIED, WIDOWED, OR DIVORCED</td>
<td>Married</td>
</tr>
<tr>
<td>DATE OF BIRTH (month, day, and year)</td>
<td>April 18-1884</td>
</tr>
<tr>
<td>AGE</td>
<td>50 Years 6 Months 18 Days</td>
</tr>
<tr>
<td>TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE</td>
<td>House-Wife</td>
</tr>
<tr>
<td>DATE DECEASED LAST WORKED IN THIS OCCUPATION</td>
<td></td>
</tr>
<tr>
<td>BIRTHPLACE (city or town)</td>
<td>Garrett, Maryland</td>
</tr>
<tr>
<td>NAME</td>
<td>Ralph L. Ashley</td>
</tr>
<tr>
<td>BIRTHPLACE (city or town)</td>
<td>Garrett, Maryland</td>
</tr>
<tr>
<td>MAIDEN NAME</td>
<td>Rachel L. Shaper</td>
</tr>
<tr>
<td>BIRTHPLACE (city or town)</td>
<td>Garrett, Maryland</td>
</tr>
<tr>
<td>INFORMANT</td>
<td>Ralph L. Blake</td>
</tr>
<tr>
<td>BURIAL, CREMATION, OR REMOVAL PLACE</td>
<td>Oakland, MD</td>
</tr>
<tr>
<td>DATE</td>
<td>Nov 8, 1934</td>
</tr>
<tr>
<td>UNDERTAKER</td>
<td>E. R. Allen</td>
</tr>
<tr>
<td>FILED</td>
<td>11/17/1934</td>
</tr>
</tbody>
</table>

### Medical Certificate of Death

**DATE OF DEATH**

11/05/1934

**DATE OF ONSET**

27

**OTHER CONTRIBUTORY CAUSES OF DEATH**

- Name of operation...
- Date of...
- What test confirmed diagnosis?
- Date of...
- Was there an autopsy?
- 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...
- Disease or injury in any way related to occupation of deceased?
- 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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Other contributory causes of importance:

<table>
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<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
1. PLACE OF DEATH
County: Washington
Village or City: Grand Rapids
Registration Dist. No.: 162

2. FULL NAME: Harold Broadway
(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: Single
6. DATE OF BIRTH: Mar 2 1914
7. AGE: 80

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: Nov 21 1934
22. I HEREBY CERTIFY: That I attended decedent from Nov 20 1934, to Nov 21 1934. I last saw decedent alive on Nov 20 1934; death is said to have occurred on the date stated above, at 2:00 A.M.

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

Other Contributory Causes of Importance:

13. NAME: Howard Broadway
14. BIRTHPLACE: (city or town): Waitsfield
(State or country):
15. MAIDEN NAME: Trussa Broadway
16. BIRTHPLACE: (city or town): Waitsfield
(State or country):
17. INFORMANT: Howard Broadway
(Address): Grand Rapids
18. BURIAL, CREMATION, OR REMOVAL: Place: New York Date: Nov 22 1934
19. UNDERTAKER: Ralph Harker
(Address):
20. FILED: Nov 22 1934

If more blanks are needed, address State Registrar, 2401 N. Charles Street, Baltimore. Requesting U.S. No. 1.
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<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Garrett
   Village or City: Mt. Lake Park
   Registration Dist. No. 7 (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: 45 yrs.

2. FULL NAME
   John Edward Lincoln Callsi

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year):
   Jan. 25, 1865
7. AGE:
   Years: 69
   Months: 9
   Days: 15

8. Trade, profession, or particular kind of work done: Blacksmith
9. Industry or business in which work was done: Blacksmith Shop
10. Date deceased last worked at this occupation (month and year): Jan. 1933
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town):
   Hazleton, Pa.
13. NAME OF FATHER: Preston Callisi
14. BIRTHPLACE (city or town, state, or country):
   England, Yorkshire
15. MAIDEN NAME:
   Hannah Bullough
16. BIRTHPLACE (city or town, state, or country):
   Yorkshire, England

17. INFORMANT (Address, telephone number):
   John E. Callsi, Mt. Lake Park, Md.
18. BURIAL, CREMATION, OR REMOVAL:
   Burial: January 5th, 1934
19. UNDERTAKER (Address, telephone number):
   Heston & Leighton
20. FILED:
   1934
   Julia Cowan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH:
   Nov. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20th, 1934, to Nov. 5th, 1934.
   I last saw him alive on Oct. 31st, 1934, death is said to have occurred on the date stated above, at 2:30 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were:
   Endemic hepatitis acute, Infection from a chronic disease of the lower extremities.
   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: 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?
   If so, specify:
   (Signed) Henry W. M. Thomas, 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 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**

<table>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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<tbody>
<tr>
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<td>1915</td>
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<tr>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

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<tbody>
<tr>
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<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<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: Garrett
- Village or City: Mt. Lake Park, Md.

**2. Full Name**
- Female
- White
- Single

**Personal and Statistical Particulars**
- Sex: Female
- Color or Race: White
- Single, Married, Widowed, or Divorced: Single

**Date of Death**
- Nov. 29, 1934

**Date of Birth**
- May 12, 1893

**Age**
- Years: 41
- Months: 6
- Days: 17

**Date Deceased Last Worked**
- May 12, 1933

**Occupation**
- Spinner, Sawyer, Bookkeeper

**Birthplace**
- Delaware, Ohio

**Name of Father**
- Enos G. George

**Mother's Name**
- Lucie Virginia Kerns

**Informant**
- Luther Kerns

**Place of Burial**
- Female, Male Cemetery

**Undertaker**
- H. W. Balfour

**Filed**
- 11/28/1934

**Medical Certificate of Death**

- I hereby certify that I attended deceased from Nov. 19, 1934, to Nov. 29, 1934, and death is said to have occurred on the date stated above, at 6:30 p.m.

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

- Cause of Death: Pneumonia

- Date of Onset
- Other Contributory Causes of Importance:
- Name of Operation:
- Date of:
- What test confirmed diagnosis? Was there an autopsy?
- 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:
- Date of:

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

**Address**
- Registrar: M. J. Brightman
- Address: Oakland, 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:

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<td>July 5, 1927</td>
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</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</tr>
<tr>
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<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County Garrett
Village or City Silbyfast
Length of residence in city or town where death occurred... yrs. mos. ds.

2. FULL NAME

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

(b) St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE OF

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

May 30, 1887

7. AGE

Years

Months

Days

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

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

FARMES

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)

19.20

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

19.20

12. BIRTHPLACE (city or town)

Sta. or country

Maryland

13. NAME

14. BIRTHPLACE (city or town)

Sta. or country

Not Known

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (city or town)

Sta. or country

Not Known

17. INFORMANT

Mae Weekley

Newport News

18. BURIAL, CREMATION, OR REMOVAL

Place

Blooming Rose, Date Nov. 19, 1937

19. UNDERTAKER

Ed. Harned

Address

Brandowville, Ark.

20. FILED

Nov. 17, 1937

Registrar.

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

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

| Gallstones | May 1, 1923 |

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

Other contributory causes of importance:

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

1. PLACE OF DEATH

County: Garrett
Village or City: Accident
Registration Dist. No.: 149
No.: St., Ward.
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male
4. COLOR OR RACE

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

6a. If married, widow, or divorced
HUSBAND of
WIFE of

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

11-6-34

7. AGE

Years
Months
Days
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 first worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

MA

13. NAME

David Heim

14. BIRTHPLACE (city or town)

MA

15. MAIDEN NAME

Henderson

16. BIRTHPLACE (city or town)

MA

17. INFORMANT

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

Place. Accident

Dete. 11-6-34, 1934

19. UNDERTAKER

(ADDRESS)

20. FILED

Nov. 7, 1934

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Peritonitis</td>
</tr>
<tr>
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<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: GARRETT
   - Village or City: Mt. Lake Park, Maryland
   - Registration Dist. No.: 166

2. **FULL NAME**: Lewis Henry Killius
   - Residence: Mt. Lake Park, Maryland

---

### PERSONAL AND STATISTICAL PARTICULARS

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

- If married, widow, or divorced: HUSBAND of (or) WIFE of
  - Laura C. Slaubaugh

6. **DATE OF BIRTH**: November, 12, 1870

7. **AGE**:
   - Years: 63
   - Months: 11
   - Days: 20

8. **OCCUPATION**: Carpenter, working in CCC, Camp #

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**: Nov. 20, 1934

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

11. **DATE OF DEATH**: November, 2, 1934

---

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**: November, 2, 1934
   - Month: 11371
   - Day: 193
   - Year: 1934

22. **I HEREBY CERTIFY**: That I attended deceased from Nov. 2, 1934 to Nov. 2, 1934
   - Date of onset: Nov. 2, 1934
   - Date of death: Nov. 2, 1934

- Acute Coronary Occlusion

23. **THE PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

   **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

24. **NAME OF MOTHER**
   - Name: Wilhelmia Lish

25. **NAME OF FATHER**
   - Name: Henry L. Killius

26. **Maiden Name**
   - Name: Wilhelmia Lish

27. **BIRTHPLACE**: Pittsburgh, Penn (State or country)

28. **BIRTHPLACE**: Baden, Germany (State or country)

29. **INFORMANT**: Mrs. Lewis Killius
   - Address: Mt. Lake Park, Md.

30. **BURIAL, CREMATION, OR REMOVAL**: Oakland, Md.
   - Date: Nov. 2, 1934

31. **UNDERTAKER**: Mr. Emory Bolden
   - Address: Oakland, Md.

32. **FILED**: 11/3, 1934

---

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<td>3 days ago</td>
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**Other contributory causes of importance:**

<table>
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<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
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<tr>
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<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Garrett
   Village or City: Mt. Lake Park
   Registration Dist. No.: 166

2. FULL NAME
   Catherine C. Weiske

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   5-11-1873

7. AGE
   Years: 61
   Months: 5
   Days: 29

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   House Wife

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   (Silk Mill, Saw Mill, Bank, etc.)

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
   Germany

13. NAME
   Henry Weiske

14. BIRTHPLACE (CITY OR TOWN)
   Germany

15. MAIDEN NAME
   Christine K. Roller

16. BIRTHPLACE (CITY OR TOWN)
   Germany

17. INFORMANT
   Marie Weiske, Oakland, Md.

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

19. UNDERTAKER
   (Address)

20. FILED
   11/11/1934

21. DATE OF DEATH
   Month: 10
   Day: 1934

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM
   November 4, 1934, to November 4, 1934

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
   Pulmonary Tuberculosis

24. MANNER OF DEATH
   Natural

25. NATURE OF INJURY

26. SIGNATURE
   (Signed) Dr. John G. Shepherd

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

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

To be complete, an occupation return must state:

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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, 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>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Gallstones: May 1, 1923</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>
</tbody>
</table>

**Example II**

<table>
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<td>1 week ago</td>
</tr>
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<td>1 week ago</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</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
1. PLACE OF DEATH
County: Garrett Co.  No.  St.  Ward  
Village or City: Burton, Md.  (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: 44 yrs.  6 mos.  3 days.  How long in U.S., if of foreign birth?  yrs.  mos.  ds. 

2. FULL NAME: Elizabeth Broadus Michael

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>M</td>
<td></td>
<td>W.</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced 

HUSBAND OF: Peter Franklin Michael

6. DATE OF BIRTH (month, day, and year): Sept. 17, 1863

7. AGE

Years: 71  Months: 1  Days: 24  If LESS than 1 year, less than 1 day, less than 1 hr., or less than 1 min.

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

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

10. Date deceased last worked at this occupation: Nov. 31, 1934

11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (city or town): New Germany, Garrett Co., Md.  (State or country)

13. NAME: Jefferson Broadus

14. BIRTHPLACE (city or town): New Germany, Garrett Co., Md.  (State or country)

15. MAIDEN NAME: Elizabeth Custer

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

17. INFORMANT (Address): David J. Cole

18. BURIAL, CREMATION, OR REMOVAL: Interment

19. UNDERTAKER (Address): David J. Cole

20. FILED: Nov. 12, 1934

21. DATE OF DEATH

(Month) 11  (Day) 1934  (Year)

22. I HEREBY CERTIFY. That I attended deceased from Nov. 9, 1934, to Nov. 11, 1934, last saw him alive on Nov. 10, 1934, death is said to have occurred on the date stated above, at 2:30 a.m. The principal cause of death and related causes of importance were as follows:

- Myocarditis
- Hypertension
- Pneumonia

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<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></td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 1 year</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County............. Harrett
   Village or City... Mt. Lake Park
   Registration Dist. No....... 146

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

5a. If married, widowed, or divorced
   HUSBAND of...
   Eulalia Ellen Markland

6. DATE OF BIRTH (month, day, and year)
   Aug. 22, 1854

7. AGE
   Years... 81
   Months... 2
   Days... 13
   If LESS than
   1 day,........... hrs.
   or,............ min.

8. TRADE, PROFESSION, OR PARTICULAR kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Farmer

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

10. Date deceased last worked at this occupation (month and year)
    Sept. 18, 1934

11. Total time (years) spent in this occupation.... 30

12. BIRTHPLACE (city or town)
    Hampstead Co., Va.

13. NAME
    Henry Markland

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

15. MAIDEN NAME
    Jane McCloud

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

17. INFORMANT
    O. R. Markland

18. BURIAL, CREMATION, OR REMOVAL
    Place... Markland Cemetery
    Date... Nov. 6, 1934

19. UNDERTAKER
    (Address)

20. FILED............ 11/57, 1934
    Registrar...

21. DATE OF DEATH
    (Month)........... 11
    (Day)............. 1
    (Year)............. 1934

22. I HEREBY CERTIFY That I attended deceased from
    Sept. 18, 1934, to Oct. 4, 1934, No. 1, 1934
    I last saw him alive on Oct. 12, 1934, No. 1, 1934

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

Primary cause and form of death:

Other Contributory Causes of importance:

3. 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.

4. Manner of injury
   Nature of injury

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

   If so, specify (Address)

   (Signed).................. M. D.

   (Address)

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

**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

---

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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: Garrett
   Village or City: Deer Park, Maryland
   Length of residence: yrs. mos. ds.

2. FULL NAME: Carrie Ellen Nazelrod
   Residence: No. St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   COLOR OR RACE: White
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

4. DATE OF BIRTH: Oct, 20, 1934
   AGE: 8 yrs.

5. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK: Infant
   Industry or business in which work was done: Infant

6. OCCUPATION: Infant
   Date deceased last worked: Infant
   Total time spent in this occupation: Infant

7. BIRTHPLACE: Deer Park, Md.
   (State or country)

8. NAME: John Nazelrod
   (State or country)

   (State or country)

10. MAIDEN NAME: Ellen Self
    (State or country)

11. INFORMANT: John Nazelrod
    Address: Deer Park, Md.

12. BURIAL, CREMATION, OR REMOVAL
    Place: Deer Park, Md.
    Date: Nov, 30, 1934

13. UNDERTAKER: John H. Nazelrod
    Address: Deer Park, Md.

14. FILED: 11/28/1934

21. DATE OF DEATH: November 28, 1934
   I HEREBY CERTIFY that deceased died of:
   No history of any contagious disease.

22. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
    Infant
    Infant

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide? Date of injury: Infant
    Where did injury occur? (Specify city or town, county, and State)
    Specify whether injury occurred in INDUSTRY, IN HOME, or PUBLIC PLACE.

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
    If so, specify: Infant
    (Signed) M. C. Husketh, M. D.

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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<th>Principal cause of death</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: Harford
   Village or City: Havre de Grace
   Registration Dist. No.: 170
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if foreign birth? yrs. mos. ds.

2. FULL NAME: Edna Louise Robison
   (a) Residence: No. 238 2nd St., Havre de Grace

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): July 26, 1852
7. AGE: 81 yrs. 3 mos. 16 days

8. TRADE, PROFESSION, OR OCCUPATION: Housewife

9. OCCUPATION: Housewife

10. Date deceased last worked at this occupation (month and year): 1926
11. Total time (years) spent in this occupation: 36 yrs.

12. BIRTHPLACE (city or town): Manchester, MD.

13. NAME: John B. Robison
14. BIRTHPLACE (city or town): Manchester, MD.
15. MAIDEN NAME: Rachel Herbst

16. BIRTHPLACE (city or town): Manchester, MD.

17. INFORMANT: Jessie Robison

18. BURIAL, CREMATION, OR REMOVAL: FUNERAL HOME.

19. UNDERTAKER: C. E. B. Brown

20. FILED: Nov. 24, 1929.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Nov. 24, 1929

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

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

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

If so, specify:

Name of operation:

What test confirmed diagnosis?: Date of...

Was there an autopsy?:

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<td>July 5, 1927</td>
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<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
# State of Maryland — Certificate of Death

## 1. Place of Death
- County: <br>Harford<br>- Village or City: Eldersville<br>- Registration Dist. No.: 161

## 2. Full Name
- Charles (Carr) Sunderland Schroyer

### Personal and Statistical Particulars
- **Sex**: Female
- **Color or Race**: White
- **Single, Married, Widowed, or Divorced**: Single
- **Marital Status**:
  - If married, widowed, or divorced: <br>Husband of [ ] Wife of [ ]

### Medical Certificate of Death
- **Date of Death**: Nov 20, 1934
- **Place and Location**: Eldersville, MD
- **Occupation**: [ ]
- **Cause of Death**: Pneumonia
- **Other Contributory Causes of Importance**:
- **Date of Onset**: [ ]
- **Name of Operation**: [ ]
- **Date of Operation**: [ ]
- **What Test Confirmed Diagnosis?**: [ ]
- **Was There an Autopsy?**: [ ]
- **Accident, Suicide, or Homicide?**: [ ]
- **Date of Injury**: [ ]
- **Where Did Injury Occur?**: [ ]
- **Specify Whether Injury Occurred in Industry, in Home, or in Public Place**: [ ]
- **Manner of Injury**: [ ]
- **Nature of Injury**: [ ]
- **Was Disease or Injury in Any Way Related to Occupation of Deceased?**: [ ]
- **If So, Specify**: [ ]

## 20. Filed:
- Date: Nov 21, 1934
- 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 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.

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Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

For authorization—(Please date birth certificate)

For authorization to change surname of child see item under “Person”
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Westmoreland
Village or City: Neavitt, MD

2. FULL NAME

(a) Residence: Neavitt, MD

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

SINGLE

6. DATE OF BIRTH

(Month, day, and year) Sept 25, 1894

7. AGE

Years: 51 Months: 0 Days: 0

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BAKERY, 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)

Oakland, MD

13. NAME

James M. Tarr

14. BIRTHPLACE (city or town)

Oakland, MD

15. MAIDEN NAME

M. Tarr

16. BIRTHPLACE (city or town)

Oakland, MD

17. INFORMANT

James M. Tarr

18. BURIAL, CREMATION, OR REMOVAL

Oakland, MD, 11/15/1934

19. UNDERTAKER

James M. Tarr

20. FILED

11/14/1934

REGISTRATION DIST. NO. 166

21. DATE OF DEATH

(Month) 11 (Day) 14 (Year) 1934

22. HEREBY CERTIFY That I attended deceased from Nov. 1, 1934 to Nov. 14, 1934.

I last saw him alive on Nov. 10, 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:

Date of onset

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis? Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury

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. E. Harrington

If more blanks are needed, address State Registrar, 246 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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Other contributory causes of importance:

Gallstones

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Other contributory causes of importance:

Gastroenteritis

Gallstones

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Maryland
   Length of residence in city or town where death occurred: 1 yr., 6 mos.

2. FULL NAME: Samuel Gay Wilson
   Residence: No.
   If nonresident give city or town and State
   Occupation: Infant
   Birthplace: Baltimore, Md.
   Mother's name: Alice Bowies
   Father's name: Samuel Wilson
   Informant: Samuel Wilson
   Undertaker: Edward H. Padden
   Filed: 11/11/1934

3. SEX: Male
   Color or Race: White
   Single, Married, Widowed, or Divorced: Single
   If married, widowed or divorced, state Wife or Husband
   Date of birth: July 26, 1934
   Age: 3
   Trade, profession, or occupation: Infant
   Industry or business in which work was done: None
   Date deceased last worked at this occupation: July 26, 1934
   Total time spent in this occupation: 3 yrs.

4. DATE OF DEATH
   Month: Nov.
   Day: 9
   Year: 1934

5. I HEREBY CERTIFY, That I attended deceased from Nov. 5th, 1934, to Nov. 9th, 1934.
   Last seen alive on Nov. 7th, 1934.
   Cause of death: Capillary bronchitis, owing to a complication of whooping cough.
   Other Contributory Causes of Importance: None.
   Date of onset: Nov. 9, 1934

6. Medical Certificate of Death

7. Cause of Death: Capillary bronchitis, owing to a complication of whooping cough.

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