STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: ...Marly...
   Village or City: Brits, Md.
   Premise or Street: No. St.
   Location of residence: No. St.
   Length of residence in city or town: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   Nov 31, 1934

7. AGE
   Years: 4
   Months: 0
   Days: 0
   If LESS than 1 day, ____________ hrs. or ____________ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BODKEEPER, etc.
   None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   None

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

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

12. BIRTHPLACE (city or town)
    Brits, Md.

13. NAME
    Albert Brooks

14. BIRTHPLACE (city or town)
    Brits, Md.

15. MAIDEN NAME
    Rosa Schoolfield

16. BIRTHPLACE (city or town)
    Brits, Md.

17. INFORMANT
    Rosa Schoolfield

18. BURIAL, CREMATION, OR REMOVAL
    Place: At home
    Date: Nov 31, 1934

19. UNDERTAKER
    Leonard Heft

20. FILED
    Dec 5, 1934

21. DATE OF DEATH
    Nov 31, 1934

22. I HEREBY CERTIFY that I attended deceased on Nov 31, 1934.
    Date of onset
    The principal cause of death was Probable Infection.

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

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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, asthnia, 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>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

   County: St. Mar's No. Registration Dist. No: 230
   Village or City: Bealeton No. St.: Ward: 82-0
   Length of residence in city or town where death occurred: yrs. mes. ds.

2. FULL NAME

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

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year)
   7. AGE Years Months Days
   8. Trade, profession, or particular kind of work done, as SPINNERS, 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
       (Father)
   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: St. Peter Cem. Date: Mar. 15, 1934
   19. UNDERTAKER (Address)
   20. FILED Dec. 12, 1934
   21. DATE OF DEATH (Month) (Day) (Year)

   OTHER CONTRIBUTORY CAUSES OF DEATH

   22. I HEREBY CERTIFY, That I attended deceased from
   (Specify disease or injury), and that I FELT FREE FROM
   OTHER CAUSE OF DEATH. The principal cause of death and related causes of importance
   were as follows:

   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Date of injury? Where did injury occur? (Specify city or town, county and State)
   Spacify 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, 2432 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 enginee, 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>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>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:
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: St. Mary's
   Village or City: Park Hall

2. FULL NAME
   Infant Finovich

3. SEX
   Female

4. COLOR OR RACE
   Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF DEATH
   Nov 9, 1934

7. AGE BIRTH
   Years: 1

8. TRADE, PROFESSION, OR PARTICULAR
   Kind of work done: None

9. INDUSTRY OR BUSINESS IN WHICH
   Work was done: Silk Mill

10. DATE DECEASED LAST WORKED AT
    This occupation (month and year):

11. TOTAL TIME (YEARS)
    Spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN)
    Park Hall

13. NAME
    Thomas Finovich

14. BIRTHPLACE (CITY OR TOWN)
    Park Hall

15. MAIDEN NAME
    Viola Armstrong

16. BIRTHPLACE (CITY OR TOWN)
    Park Hall

17. INFORMANT
    Thomas Finovich

18. BURIAL, CREMATION, OR REMOVAL
    Place: St. James Cemetery
    Date: Nov 9, 1934

19. UNDERTAKER
    Ronald Finovich

20. FILED
    Nov 9, 1934

REGISTRATION DISTRICT NO. 287

Registered by
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

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

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

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

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

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

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

**Example I**

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

**Example II**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: St. Mary's
   - Village or City: Ridge
   - Registration Dist. No.: 280

2. **FULL NAME**
   - Stillborn Janizer

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - Colored

5. **S. SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - HUSBAND OF
   - WIFE OF

6. **DATE OF BIRTH**
   - November 12, 1934

7. **AGE**
   - Years: 5
   - Months: 6
   - Days: 1

8. **OCCUPATION**
   - None

9. **DATE OF DEATH**
   - November 12, 1934

**MEDICAL CERTIFICATE OF DEATH**

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

23. The PRINCIPAL CAUSE OF DEATH was as follows:
   - Stillborn

24. Other Contributory Causes of Importance:
   - None

25. If death was due to external causes (VIOLENCE) fill in also the following:
   - Accident, suicide, or homicide?
   - Date of injury...
   - Manner of injury...
   - Nature of injury...

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

27.Filed...
   - 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.

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 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>

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

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

1. PLACE OF DEATH
County: _____ Marys
Village or City: _____ Morgantown

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 (a) Male
(b) Female

4. COLOR OR RACE (a) White
(b) Black

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

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

7. AGE

8. TRADE, PROFESSION, OR PARTICULAR

9. OCCUPATION

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

11. TOTAL TIME (years) spent in this occupation

12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

21. DATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>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:

**Gallstones**

<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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County. St. Mary's

Village or City. Pearson

Reg. Dist. No. 287

2. FULL NAME, Charles Elmer Price, Jr.

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

St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

black

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

single

6. DATE OF BIRTH (month, day, and year) Nov. 14, 1934

7. AGE

Years Months Days

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

none

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pearson, Md.

(Stae or county)

13. NAME C. Elmer Price

14. BIRTHPLACE (city or town) California, Md.

(Stae or country)

15. MAIDEN NAME Bernice C. Sommerville

16. BIRTHPLACE (city or town) Md.

(Stae or country)

17. INFORMANT Bernice C. Price

(Address) Pearson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Nicholas Cem. Date: Nov. 15, 1934

19. UNDERTAKER Elmer Price

(Address) Pearson Md.

20. FILED Nov. 14, 1934 P. J. Bean, Registrar

M. D.

21. DATE OF DEATH

Nov. 14, 1934

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

I last saw him alive on Nov. 14, 1934; death is said 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:

Premature birth (6 mos)

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 19

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?

If so, specify

(Signed) Dr. Brown, M.D.

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

**Example I**

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 284
St.: _________________________ Ward: _________________________
If death occurred in a hospital or institution, give its NAME instead of street and number.

1 PLACE OF DEATH
County: St. Mary's
Village or City: Mechanicsville

2 FULL NAME: Joseph Franklin Robnack

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH
Feb. 26, 1877
(Month) (Day) (Year)

7 AGE:
87 yrs. 6 mos. 21 ds.

8 OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed or (employer):

9 BIRTHPLACE
(State or country): St. Mary's Co., Md.

10 NAME OF FATHER: John Henry Robnack
11 BIRTHPLACE OF FATHER (State or country): Maryland
12 MAIDEN NAME OF MOTHER: Sarah Ann Threlkeld
13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant: Mrs. Anna Frey
(Address) Mechanicsville

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

17 I HEREBY CERTIFY, That I attended the deceased from Nov. 6th, 1934, to Nov. 16th, 1934, that I last saw him alive on Nov. 16th, 1934, and that death occurred on the date stated above, at 7:00 A.M. The CAUSE OF DEATH was as follows:
Central Nervous System

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where disease contracted, if not at place of death? At his home
Former or usual residence:

19 PLACE OF BURIAL OR REMOVAL
St. Ignatius Cemetery
DATE OF BURIAL
Nov. 19, 1934

20 UNDERTAKER:
E. B. Johnson
ADDRESS: Mechanicsville

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.


**Certificate of Death**

**Statement of Occupation**—Please state occupation of deceased.

(Revised United States Standard)

Approved by U.S. Census and American Public Health Association, 1930.

**Schedule for Males:**

Age...

Township...

County...

State...

**Date of Death:**

**Race:**

**Sex:**

**Marital Status:**

**Place of Birth:**

**Place of Residence:**

**Place of Burial:**

**Nature of Disease:**

**Immediate Cause:**

**Contributory Cause:**

**Cause of Death:**

**Place of Death:**

**Additional Remarks:**

**Witness:**

---

**Certificate of Death**

**Statement of Occupation**—Please state occupation of deceased.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: St. Mary's
   Village or City: Montgomery
   Registration Dist. No. 283
   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: 25 yrs. mos. ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

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

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)
   July 10 - 1952

7. AGE
   Years: 82
   Months: 4
   Days: 1
   If LESS than 1 day, hours, or minutes

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.

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)
   St. Louis

13. NAME
    (Mother)
    Franke Thommen

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

15. MAIDEN NAME
    Busby Thompson

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

17. INFORMANT
    (Address)
    J. L. Johnson

18. BURIAL, CREMATION, OR REMOVAL
    Place: St. Louis
    Date: Nov. 15, 1934

19. UNDERTAKER
    (Address)
    J. L. Johnson

20. FILED
    (Address)
    J. L. Johnson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) Nov. 13, 1934
   (Day) 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Nov. 12, 1934 to Nov. 13, 1934
    I last saw h. alive on Nov. 13, 1934; death is said
    to have occurred on the data stated above, at 11 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    CYCLOPOEMESIS

    Other Contributory Causes of importance:
    Mental Cachectics

    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)
    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.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arterioclerosis</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>July 5, 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County... St. Marys
   Village or City... Nellysford
   No. Registration Dist. No... 282
   (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... Josephine Douglas Heares
   (a) Residence: No... Henry Street
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX... M
4. COLOR OR RACE... BLK
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   Sa. If married, widowed, or divorced
   HUSBAND of... (or) WIFE of...

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

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 last worked at this occupation (month and year)

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

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

13. NAME... Josephine
14. BIRTHPLACE (city or town)... New York
   (State or country)

15. MAIDEN NAME... Dorothea Remick

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

17. INFORMANT... J. Heares
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place... Mt. Olivet
   Date... Nov. 11, 1934

19. UNDERTAKER... J. Heares
   (Address)

20. FILED... Nov. 11, 1934
    Registrar...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH... Oct. 6, 1934
   (Month)... (Day)... (Year)... 1934

22. I HEREBY CERTIFY... That I attended deceased from...
   Oct. 6, 1934, to... Nov. 11, 1934
   I last saw him alive on... Oct. 6, 1934.
   Cause of death is as follows:
   Acute Enteritis.

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

Other Contributory Causes of Importance:

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

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

If more blanks are needed, address State Registrar, 2011 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

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

**Example II**

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

1. PLACE OF DEATH
County: St. Mary's
Village or City: Leonardtown, Md.

2. FULL NAME: David E. Van Wart
(a) Residence: No. Maddox, Md.

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

6. DATE OF BIRTH: January 31, 1900
7. AGE: 34 years, 9 months, 15 days

8. OCCUPATION: Farmer
9. Father's Farm

10. DATE OF DEATH: November 15, 1934

11. CAUSE OF DEATH: Adynamia,emia

12. BIRTHPLACE: Maryland
13. NAME: Joseph E. Van Wart
14. BIRTHPLACE: Maryland
15. MAIDEN NAME: Lena Kurtz

16. BIRTHPLACE: Maryland
17. INFORMANT: Henry Van Wart
18. BURIAL, CREMATION, OR REMOVAL: St. Joseph's Cemetery, Date: Nov. 12, 1934
19. UNDERTAKER: A.C. Welsh
20. FILED: Nov. 16, 1934

REGISTRATION DISTRICT No. 283
WARD

11561
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:

<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>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></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: St. Mary's
   Village or City: St. Mary's
   No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   Name: Mard Aquinas Wood
   (a) Residence: No. 4
   St., Ward.
   (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): July 19, 1934
   7. AGE: 3 yrs. 14 mos.

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.: NO
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: NO

   10. Date deceased last worked at this occupation (month and year): NOV 1934
   11. Total time (years) spent in this occupation: NOV 1934

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

   13. NAME: Devere Wood
   14. BIRTHPLACE (city or town): Maryland
   (State or country)

   15. MAIDEN NAME: Thelma Marie Wire
   16. BIRTHPLACE (city or town): Maryland
   (State or country)

   17. INFORMANT (Address): Devere Wood
   18. BURIAL, CREMATION, OR REMOVAL

   Place: St. Joseph
   Date: 11/4, 1934

   19. UNDERTAKER: Devere Wood
   (Address)

   20. FILED: 11/3, 1934
   (Address)

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

22. I HEREBY CERTIFY, that I attended deceased from Oct. 31, 1934, to Nov. 2, 1934, to have occurred on the date stated above, at 7 p.m., death is said to have occurred on the date stated above, at 7 p.m.

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

   Date of onset: 10/1/1934

   Other contributory cause of importance:

   Date of operation: M.D.

   What test confirmed diagnosis?: NO

   Date of operation: M.D.

   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:

   Menaces of injury:

   Nature of injury:

24. Was 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 home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

Example I

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

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

For authorizing physician, see birth cert. 12/11/34