STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Caroline
   Village or City: Ridgely
   Registration Dist. No.: 66
   Length of residence in city or town where death occurred: 15 yrs. mos. ds.

2. FULL NAME: Cora Allen
   Residence: No. Ridgely Md
   St. Ward.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

6. DATE OF BIRTH (month, day, and year): Sep 14, 1868

7. AGE: 66 yrs. 3 mos. 2 ds.

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

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

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

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

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

13. NAME: John H. Allen

14. BIRTHPLACE (city or town): New York
   (State or country): New York

15. MAIDEN NAME: Margaret Coleman

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

17. INFORMANT: Fred Allen
   (Address): E. D. Lemley 208 5

18. BURIAL, CREMATION, OR REMOVAL:
   Place:
   Method: None
   Date: Dec. 26, 1934

19. Undertaker: Public Record
   Address:

20. FILED: Dec. 26, 1934
   Registrar:

21. DATE OF DEATH: Dec. 17, 1934
   (Month) 17 (Day) 1934

22. I HEREBY CERTIFY that I attended deceased from

   I last saw him alive on Dec. 3, 1929, to Dec. 17, 1934; death is said
   to have occurred on the date stated above, et. 6:30 am.

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

   Coronary arteriosclerosis
   1928

   Other contributory causes of importance:

   Name of operation: None
   Date of: None
   What test confirmed diagnosis?: None
   Date of: None
   Was there an autopsy?: None
   Date of: None

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

   Accident, suicide, or homicide: None
   Date of Injury: 19
   Where did injury occur?: None
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of injury: None
   Nature of injury: None

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

   If so, specify:
   (Signed):
   (Address):
   M.D.
   Median 5th
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

<table>
<thead>
<tr>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

BUREAU V. S.

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

1. PLACE OF DEATH
   County: Caroline
   Village or City: Maryland
   Registration Dist. No.: 60
   Length of residence in city or town where death occurred: yrs. 6 mos. 6 ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: married
   If married, widowed, or divorced HUSBAND or WIFE of:
   (or) WIFE of: Benya

6. DATE OF BIRTH (month, day, and year): 1866
7. AGE: 48 years
   Months: 11
   Days: 0
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: laborer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:
10. Date deceased last worked at this occupation (month and year): Dec. 13
   Total time (years) spent in this occupation: 11

12. BIRTHPLACE (city or town): Austria
    (State or country): Hungary
13. NAME: unknown
14. BIRTHPLACE (city or town): Austria
    (State or country): Hungary
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town): Austria
    (State or country): Hungary
17. INFORMANT: John Seiler
    (Address): Maryland
18. BURIAL, CREMATION, OR REMOVAL:
    Place: Baltimore
    Date: Dec. 20, 1930
19. UNDERTAKER: Robert Rawlings
    (Address): 1024 A. O. Smith
20. FILE: 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Dec. 16, 1934
22. I HEREBY CERTIFY, That I attended deceased from:
    I last saw h. to:
    Date of death:
    Date:
    Death is said to have occurred on the date stated above, at H. P.M.

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

Suicide, Gun Shot
Wound, Head

Date of onset:

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: Suicide
   Date of injury: Dec. 16, 1934
   Where did injury occur?: Baltimore
   (Specify city or town, county and state)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:
   in home

Manner of injury:
Gun Shot
Nature of injury:
Head

24. Was disease or injury in any way related to occupation of deceased?: No
   If so, specify:
   (Signed): H. B. Rawlings
   (Address): 1024 A. O. Smith

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 62

Place of Death
County: Caroline

Village or City: Denton

Full Name: Charles Blackston

Personal and Statistical Particulars
SEX: M
COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

Date of Birth: Feb 3rd, 1856

AGE: 78 yrs. 10 mos. 7 ds.

Occupation: Retired Merchant

Birthplace: Kent Co., Maryland

Name of Father: Henry Blackston

Birthplace of Father: Maryland

Maiden Name of Mother: Sarah C. Shaw

Birthplace of Mother: Maryland

The Cause of Death: Malignant Peritonitis; Duration: not stated

Contributory Cause:

Name and Address of Physician: William A. Mims, M.D.

Date of Death: Dec. 9, 1920

Date of Birth: Dec. 13, 1920

Place of Burial: Chelsea, Md.

Undertaker: John W. Jones

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.

(As proposed by U. S. Census and American Public Health Association)

REVISED UNITED STATES STANDARD

APPROVED BY U. S. CENSUS AND AMERICAN PUBLIC HEALTH ASSOCIATION

HEALTH OFFICER

RECEIVED
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Caroline County
   Village or City: Maryland
   No. St., Ward

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

5a. If married, widowed, or divorced
   HUSBAND of:
   Mary C. Boxley

6. DATE OF BIRTH (month, day, and year)
   Oct 18, 1889

7. AGE
   Years: 45
   Months: 4
   Days: 2
   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)

11. Total time (years) spent in this occupation

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

13. NAME
    Stevensbury Boxley

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

15. MAIDEN NAME
    Marguerite Ash

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

17. INFORMANT
    Mary C. Boxley

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Mount Zion, MD
    Date
    Dec 27, 1934

19. Undertaker
    William G. Brown

20. FILED
    12/27/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   12/24/1934

22. I HEREBY CERTIFY that I attended, deceased from
   Insanity, three years ago, 1930
   I last saw him alive on
   1930
   Insanity. No known primary cause.
   No attending physicians.

23. Accident, suicide, or homicide?
   Suicide

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

25. If so, specify
   No

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

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

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**Example I**

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Runover 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
PLACE OF DEATH
County: Caroline
Village or City: Hellboro (No.)

2 FULL NAME: Charles Boyles

PERSONAL AND STATISTICAL PARTICULARS
3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
6 DATE OF BIRTH: Jan 3rd, 1879
7 AGE: 55 yrs., 11 mos., 25 days or min.

OCCUPATION
(a) Trade, profession or particular kind of work: Day Labor
(b) General nature of industry, business, or establishment in which employed or (employer):

9 BIRTHPLACE (State or country): Hillsboro, Ind.

10 NAME OF FATHER: John Boyles

11 BIRTHPLACE OF FATHER (State or country): Millington, Ind.

12 MAIDEN NAME OF MOTHER: Rebecca Barker

13 BIRTHPLACE OF MOTHER (State or country): Millington, Ind.

 MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH: December 8, 1934
17 I HEREBY CERTIFY, That I attended the deceased from Dec 6 to Dec 7, 1934, and that death occurred on the date stated above, at 1:30 pm.
The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage

Contributory
Secondary

(Signed) P. C. Newman, M.D.
Dec 8, 1934 (Address) Hillsboro, Ind.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death: yrs., mos., ds.
Where was disease contracted, if not at place of death?

FORMER OR USUAL RESIDENCE

19 PLACE OF BURIAL OR REMOVAL

Denton Cemetery

DATE OF BURIAL Dec 10, 1934

20 UNDERTAKER

(If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.)
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced, give wife's or husband's name:
   Ida Firthland Cheffin

6. DATE OF BIRTH
   Month, day, and year: April 14, 1864

7. AGE
   Years: 72
   Months: 8
   Days: 4
   If less than 1 year, give day, month, and year:

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

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation:
    (month and year) 12/15/1934
    Total time (years) spent in this occupation: 14

11. BIRTHPLACE (city or town)
    Williston, Maryland

12. NAME
    Wm. Cheffin

13. NAME OF FATHER

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

15. MAIDEN NAME
    Alexis Bechel

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

17. INFORMANT
    Mr. John E. Cheffin

18. BURIAL, CREMATION, OR REMOVAL
    Place: Deale
    Date: Dec. 2, 1934

19. UNDERTAKER
    J. Virgil Wood

20. FILED
    11-21-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Month, day, and year: Dec. 20, 1934

22. HEREBY CERTIFY
    That I attended deceased from Dec. 3, 1934, to Dec. 20, 1934
    I last saw him alive on Dec. 16, 1934.
    Death is said to have occurred on the date stated above, at
    12:15 P.M.

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

Cerebral Hemorrhage

Other Contributory Causes of Importance:

Athero- and Hypertension

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:

If so, specify:

(Signed) Anderson, George
M.D.

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

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

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<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
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<td>1 week ago</td>
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<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County: Caroline
Village or City: Federalsburg
Length of residence in city or town where death occurred: 53 yrs. 0 mos. 0 ds.

2. FULL NAME: Olivia Todd Davis
(a) Residence: No. Federalsburg, Md.
(Usual place of abode)

3. SEX

Female

5a. If married, widowed, or divorced
HUSBAND OF
William J. Davis, Dec'd.

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

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

June 22nd, 1860

7. AGE

Years: 74 Months: 5 Days: 26 If LESS than 1 day, ... hrs. or ... min.

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

House-work

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)

June 17th, 1934

11. TOTAL TIME SPENT IN THIS OCCUPATION (in years)

Life

12. BIRTHPLACE (city or town)

Cambridge, Md.

13. NAME

Rev. Robert W. Todd
Caroline Co.

14. BIRTHPLACE (city or town)

Caroline Co.

15. MAIDEN NAME

Margaretta Carter
Caroline Co.

16. BIRTHPLACE (city or town)

Caroline Co.

17. INFORMANT (Address)

Mrs Laura Jefferson
Federalsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Federalsburg, Md. Date: Dec. 21st, 1934

19. UNDERTAKER (Address)

J.T. Frampton & Son.
Federalsburg, Md.

20. FILED

Dec. 18th, 1934

J.J. Frampton

21. DATE OF DEATH

December 18th, 1934

22. I HEREBY CERTIFY. That I attended deceased from ________ to ________ on ________; death is said to have occurred on the date stated above, at ________.

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

Other Contributory Causes of importance:

Date of onset:

Date of:

Name of operation:

What test confirmed diagnosis?:

Was there an autopsy?:

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

Accident, suicide, or homicide?:

Date of injury?:

Where did injury occur?:

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

Manner of injury:

Nature of injury:

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

If so, specify:

(Signed)

If more blanks are needed, address State Registrar, 2418 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:**

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

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

1. PLACE OF DEATH
   County: Caroline, Registration Dist. No.: 64
   Village or City: Federalsburg, (Outside) (Out-side) No. R.F.D.
   Length of residence in city or town where death occurred...

2. FULL NAME: Anite Irene Dean
   (a) Residence: No. Federalsburg, Md. R.F.D. St. Ward.
   (Usual place of abode)

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. SEX</td>
</tr>
<tr>
<td>Female</td>
</tr>
</tbody>
</table>

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

6. DATE OF BIRTH (month, day, and year) Aug. 10th, 1933

7. AGE Years | Months | Days
   1 | 3 | 24

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME: Orrie Dean,

14. BIRTHPLACE (city or town): Caroline Co.
   (State or country)

15. MAIDEN NAME: Lillian Klieber,
   (Federalsburg, Md.

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

17. INFORMANT: Orrie Dean
   (Address): Federalsburg, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Federalsburg, Md. Date: Dec. 5th, 1934

19. UNDERTAKER: J.T. Framptom & Son
   (Address): Federalsburg, Md.

20. FILED: Dec. 4th, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Dec. 4th, 1934

I HEREBY CERTIFY, that I attended deceased from... Dec. 4, 1934

I last saw him alive on... 1934; death is said
to have occurred on the date stated above, at 6:10 A.M.

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

Laber Pneumonia

Date of onset:

Other Contributory Causes of importance:

Name of operation:

What last confirmed diagnosis?:

Was there an autopsy?:

23. If death was due to external causes (VIOLANCE) fill in also the following:
   Accident, suicide, or homicide?: Date of Injury:
   Where did injury occur?: 19
   (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. O.
   (Address): Federalsburg, Md.

If more blanks are needed, address State Registrar, 2415 N. Charles Street, Baltimore, Requesting U.S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes</strong></td>
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<td><strong>of importance were as follows:</strong></td>
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</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>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: Caroline
   Village or City: Greensboro
   No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
      Widowed
   5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Mrs. Kate Troup
   6. DATE OF BIRTH (month, day, and year): April 12, 1854
   7. AGE: Years: 80  Months: 5  Days: 8
      If less than 1 day, ___ hrs. or ___ min.
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, etc.: Retired
   9. OCCUPATION: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): 1933
   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Dec. 20, 1934
   (Month) (Day) (Year)

22. I HEREBY CERTIFY: That I attended deceased from Jan. 1934 to Dec. 1934
   I last saw him alive on Dec. 1934, death is said to have occurred on the date stated above, at __: __
   The PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE ARE AS FOLLOWS:
   Date of Onset: 1933
   Other Contributory Causes of Importance:
   Name of operation: 
   Date of:
   What test confirmed diagnosis: 
   Cause: 
   Date of:

23. If death was due to external causes (VIOLENCE) fill in also the following:
   ACCIDENT, SUICIDE, OR HOMICIDE?: 
   WHERE DID INJURY OCCUR?: 
   (Specify city or town, county and State)
   SPANISH INFLUENZA: 
   INDUSTRY, IN HOME, OR IN PUBLIC PLACE:
   MEAN OF INJURY:
   NATURE OF INJURY:
   IF SO, SPECIFY (SIGN):

24. WERE DISEASES OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   SIGNATURE: 

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make 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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<th>Example I</th>
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<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset: 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset: 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset: July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: Caroline
Village or City: Queen's Bros.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White

5. If married, widowed, or divorced
HUSBAND of:

WIFE of:

6. DATE OF BIRTH (month, day, and year) Dec. 25, 1878

7. AGE Years 57
Months 11
Days 22

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

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

10. Date deceased last worked at this occupation (month and year) Dec. 13

11. Total time (years) spent in this occupation 49

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

13. NAME George W. Holmes

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

15. MAIDEN NAME Varina M. Logan

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

17. INFORMANT
Mr. George Holmes
110 S. 8th St. G. B. A. B.

18. BURIAL, CREMATION, OR REMOVAL
Place: Queen's Bros. Date: Dec. 19, 1934

19. UNDERTAKER
R. B. Rawlings

20. FILED Dec. 19, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1934, to Dec. 19, 1934, death is said to have occurred on the date stated above, at 2 p.m.

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

Other Contributory Causes of importance:

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

Manner of injury
Nature of injury

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

If so, specify
(Signed)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 5.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></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: Caroline
   Village or City: Goldsboro
   Life: yrs. mos. ds.
   No. St., Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

   PERSONAL AND STATISTICAL PARTICULARS

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

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

   6. DATE OF BIRTH (month, day, and year): Jan. 25, 1886

   7. AGE: Years 48
      Months 11
      Days 25
      If LESS than 1 day, ________ hrs. or ________ min.

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

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

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

   11. Total time (years) spent in this occupation

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

   13. NAME: Jacob Melvin

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

   15. MAIDEN NAME: Susian Reed

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

   17. INFORMANT (Address): Hugh Hudson
      Henderson, Md.

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Greensboro, Md.
      Date: Dec. 31, 1934

   19. UNDERTAKER: R. R. Rawlings
      (Address): Greensboro, Md.

   20. FILED: 12/10/1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Dec. 8, 1934

22. I HEREBY CERTIFY: That I attended deceased from
   Dec. 7, 1934, to Dec. 8, 1934.
   I last saw him alive on Dec. 7, 1934, at 9 P.M.; death is said
   to have occurred on the date stated above, at 9 P.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Primary Cause: Rheumatic cardiovascular disease
   with mitral insufficiency.

   Other Contributory Causes of Importance:

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

   Manner of injury
   Nature of injury

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

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

| Gallstones                                      | May 1, 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>
</thead>
<tbody>
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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
Registration Dist. No. 67

Place of Death
County: Caroline

Village or City: Denlow

Full Name: William Walter Erwood

Personal and Statistical Particulars

SEX: Male
COLOR OR RACE: Black
Married

Date of Birth: Sept. 1st, 1869
Age: 65 yrs. 3 mos. 7 days

Occupation: Blacksmith

Birthplace: Harmony, Ind.

Parents:

Name of Father: Israel Erwood
Birthplace of Father: East Mercersburg, Pa.

Name of Mother: Mary Ann Jouning
Birthplace of Mother: East Mercersburg, Pa.

The Cause of Death was as follows:

Contributory Cause:

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homideal.

Length of Residence:

Place of Burial or Removal:

Date of Burial:

Filed: 12-11, 1934

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Caroline
Village or City: Denton, Md.
Registration Dist. No.: 67
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)

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

5a. If married, widowed, or divorced
Husband or Wife of

6. DATE OF BIRTH (month, day, and year)
Age: 96

7. AGE
Years: 96
Months: 11
Days: 2
If LESS than 1 day, __________ hrs. or __________ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, Bookkeeper, etc.
Housemaid

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

21. DATE OF DEATH
Dec. 11, 1934

22. I HEREBY CERTIFY

That I attended deceased from
Dec. 5, 1934, to Dec. 22, 1934, death is said to have occurred on the date stated above, at 7:12 a.m.
The principal cause of death and related causes of importance were as follows:

Obituary:
Date of onset: 1930

Other Contributory Causes of importance:

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

Accident, suicide, or homicide?
Where did injury occur?
Specify whether injury occurred in industry, in home, or in public place.

Menner of injury:
Nature of injury:

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

If so, specify:

If nonresident give city or town and state

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

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

To be complete, an occupation return must state:

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

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

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Example I

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Caroline
   Village or City: Preston
   Registration Dist. No.: 67
   Ward: St. Extended
   Length of residence in city or town where death occurred: 4 yrs. 2 mos. 1 ds.

2. FULL NAME
   Elizabeth Gertrude Robertson
   Residence: No. 73 Main St. Preston, Md.
   Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   6. If married, widowed, or divorced, SURNAME of HUSBAND or WIFE of: not

7. DATE OF BIRTH (month, day, and year): Jan. 3, 1930
   7. AGE: Years 4, Months 11, Days 19

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

10. Date deceased last worked at this occupation (month and year): none
   11. Total time (years, months, days) spent in this occupation: none

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

13. NAME: John E. Robertson

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

15. MOTHER'S NAME: Dorothy Schultheiss

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

17. INFORMANT: John E. Robertson
   Location: Preston, Md.

18. BURIAL, CREMATION, OR REMOVAL: Federalsburg, Md.
    Date: Dec. 21st, 1934

19. UNDERTAKER: A. F. and Sons
    Address: Federalsburg, Md.

20. FILED: Dec. 24, 1934
    Registrar: Elmer B. Thompson
    M. D.

21. DATE OF DEATH
    (Month) Dec. 22
    (Year) 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16th, 1934, to Dec. 22nd, 1934.
    I last saw her alive on Dec. 22nd, 1934. Death is said to have occurred on the date stated above, at 12:40 P.M.
    The principal cause of death and related causes of importance were as follows:
    Broncho-pneumonia, Dec. 30th,
    preceded by an ordinary pneumonia, which in two days became broncho-pneumonia.

Other Contributory Causes of importance:
   Inability of the flesh to cough up the mucus or phlegm

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?: X, Date of injury: Dec. 22, 1934
   Where did injury occur?: None
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of Injury: X
   Nature of Injury: X

24. Was disease or injury in any way related to occupation of deceased? X
   If so, specify:
   (Signed) E. R. Warden
   Address: Preston, Md.

If more blanks are needed, address State Registrar, 2413 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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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, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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<th>Cause</th>
<th>Date of onset</th>
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</thead>
<tbody>
<tr>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

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

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

1. PLACE OF DEATH
   County: Caroline
   Village or City: Federalsburg, Md. (Outside)
   Length of residence in city or town where death occurred: 69 yrs.

2. FULL NAME: Caleb Ross
   (a) Residence: No. Federalsburg, Md. R.F.D.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: 1865

7. AGE: 69 yrs.

8. OCCUPATION: Farm laborer.

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

10. DATA DECEASED LAST WORKED AT THIS OCCUPATION: Jan. 1933
    TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: Life

11. NAME: Charles Ross

12. BIRTHPLACE (city or town): Sussex Co., Del.

13. FATHER: Charles Ross


15. MAIDEN NAME: Mary (Unknown)

16. BIRTHPLACE (city or town): Unknown

17. INFORMANT: Helen Ross Johnson

18. BURIAL, CREMATION, OR REMOVAL
   Place: Bethel, Md.
   Date: Dec. 6th, 1934

19. UNDERTAKER: J.T. Frampton & Son

20. FILED: Dec. 5th, 1934

REGISTRATION DIST. NO. 64

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
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Other contributory causes of importance: Gastroenteritis

Date: May 1, 1923

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

1. PLACE OF DEATH

County Caroline. No. Registration Dist. No. 64
Village or City Federalsburg. St., Ward

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred N. Russell
(a) Residence: No. Federalsburg, Md. R.F.D. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male, White, Widowed,

4. COLOR OR RACE

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

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara L. Russell, dec'd.

6. DATE OF BIRTH (month, day, and year) October 5th, 1842

7. AGE Years Months Days

8. TRADE, PROFESSION, OR OTHER KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 1825.

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster, Penna.

13. NAME George Russell,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.

15. MAIDEN NAME Clara Leticia Fieckthorn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reading, Pa.

17. INFORMANT Mrs. J. Frank Todd, Federalsburg, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hurlock, Md. Date Dec. 20th 1934

19. UNDERTAKER J. T. Frampton & Son, Federalsburg, Md.

20. FILED Dec. 18th 1934 J. J. Frampton.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 17th, 1934

22. I HEREBY CERTIFY That I attended deceased from 12/31/34 to 12/31/34

I last saw deceased alive on 12/31/34; death is said to have occurred on the date stated above, at 3 p.m.

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

Date of onset

Name of operation

What test confirmed diagnosis?

Date of ...

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

Where did injury occur?

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

Manner of injury

Nature of injury

Was there an autopsy? [ ]

If so, specify

[ ]

[Signature]

[Address] Federalsburg, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "D. S. No. 1."
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<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
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<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: ___________  Registration Dist. No. 62

Village or City: ___________  No. ___________

Length of residence in city or town where death occurred yrs. ___________  St.,  ___________

Ward: ___________  No. ___________

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? yrs. ___________  mos. ___________  ds. ___________

2. FULL NAME

Harriett Sheppard

(a) Residence: No. ___________

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX  f

4. COLOR OR RACE  Blk

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

5a. If married, widowed, or divorced  WIDOW

HUSBAND OR (or) WIFE of  George Sheppard

6. DATE OF BIRTH (month, day, and year)  Oct. 25, 1860

7. AGE  years ___________  months  2  days  20

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  Earnest, Mo.

(State or country)

13. NAME  Harriett Sheppard

14. BIRTHPLACE (city or town)  Earnest, Mo.

(State or country)

15. MAIDEN NAME  not known

16. BIRTHPLACE (city or town)  Earnest, Mo.

(State or country)

17. INFORMANT (Address)  Thomas Willis, 100 E. 2nd St.,  St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Place of burial:  Springfield, Ill.  Date of burial:  Dec. 24, 1919

19. UNDERTAKER (Address)  W. J. Groce, 401 W. 4th St.,  St. Louis, Mo.

20. FILED  12-24-1924  Registrar  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:

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

1. PLACE OF DEATH

County: Caroline
Village or City: Denton

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

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5a. If married, widowed, or divorced

HUSBAND or WIFE of:

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

7. AGE

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

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

10. Date deceased last worked at this occupation

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

Registration Dist. No. 67
St., Ward

If nonresident give city or town and State

MARGINAL RESERVATION FOR BINDING

N. B.—WRITE PLAINLY, WITH UNREADABLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGES should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REGISTRATION DISTRICT No. 67

L. A. STANLEY

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

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

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

**Registration Dist. No.**

**Place of Death**  
County: Caroline  
Village or City:  

**Full Name:** David Wooters

**Personal and Statistical Particulars**

<table>
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<tr>
<th>3 SEX</th>
<th>4 COLOR OR RACE</th>
<th>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td></td>
<td>W</td>
</tr>
</tbody>
</table>

**Date of Birth**  
(Month) 15  (Day) 1858  (Year)

**Age**  
76 yrs. - mos. 29 ds.

**Occupation**  
(b) General nature of industry business, or establishment in which employed or (employer).

**Birthplace**  
State or Country: Maryland

**Name of Father**  
David Wooters

**Name of Mother**  
Mary Wilson

**Parents**

**Medical Certificate of Death**

**Date of Death**  
Dec. 13 1934

**Hereby Certify, That I attended the deceased from**

Dec. 1 1934 to Dec. 1 1934

that I last saw him alive on Dec. 1 1934

and that death occurred on the date stated above, at 11 A.M.

**Cause of Death**

Chronic Bright's Disease

**Contributory**

Secondary

**Signed**

(Duration) 6 yrs. 0 mos. 0 ds.

**Address**

12-16 1934

**City**

Annapolis

**Province**

**State**

Maryland

**Length of Residence** (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

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

Former or usual residence

**Place of Burial or Removal**

**Date of Burial**

**Undertaker**

**Address**

Registrar

File 12-16 1934

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
(b) Includes all members of the American Medical Association, Section of the American Medical Association on the Committee on Dissemination of Information on the Cause of Death.

Preliminary Statement

The statement of occupation, as given on the face of the certificate, is not to be considered as conclusive evidence of the cause of death. However, the statement of occupation shall not be considered as conclusive evidence of the cause of death unless it is specifically stated that the death was due to illness or accident.

Statement of Cause of Death

The statement of cause of death shall be made by the physician or his representative, and shall be signed by the person making the statement.

Statement of Occupation

The statement of occupation shall be made by the person making the statement, and shall be signed by the person making the statement.

Statement of Occupation—Revised United States Standard

(Revised by U.S. Census and American Public Health Association)

(Approved by U.S. Census and American Public Health Association)

(Revised United States Standard)

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