STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Aberdeen
   Registration Dist. No.: 187
   No. St., Ward:
   Length of residence in city or town where death occurred: 61 yrs., 4 mos., ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.

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

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: Sept. 8, 1873
7. AGE: 61 Years
   IF LESS than 1 day, hours, or minutes:

8. OCCUPATION: Contractor
9. Industry or business in which work was done: Hauling, Encourting

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: December 31, 1924
11. Total time (years) spent in this occupation: 37 years

12. BIRTHPLACE: Aberdeen, Maryland
   (State or country)

13. NAME: Ambrose Aronson
14. BIRTHPLACE: New Jersey
   (State or country)
15. MAIDEN NAME: Annie Flynn
16. BIRTHPLACE: Baltimore, Md.
   (State or country)

17. INFORMANT: Eliza Aronson
   (Address: Aberdeen, Maryland)
18. BURIAL, CREMATION, OR REMOVAL: Aberdeen Cemetery
   Place: Jan. 11, 1935
19. UNDERTAKER: Henry Thompson
   (Address: Aberdeen)

20. FILED: 1-11-1935
   Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: January 8, 1935
   (Month) (Day) (Year)

   I last saw him alive on Jan. 8th, 1935; death is said to have occurred on the date stated above, at 8:15 A.M.

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

   Other Contributory Causes of importance:

   Name of operation: Date of:

   What test confirmed diagnosis? Chemical. Was there an autopsy? No

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

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

(Signed): T.J. Thompson M.D.

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

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>Date of onset</th>
<th>Attack of epilepsy</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1915</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Peritonitis</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Other contributory causes of importance:</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Example II

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

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

1. PLACE OF DEATH
   County: 
   Village or City: 
   No. 
   St. 
   Ward: 
   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: George W. Banks
   (a) Residence: No. 567 W. Road 
   (Usual place of abode) 
   St. 
   Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND OF: Sallie Banks

6. DATE OF BIRTH (month, day, and year): Oct. 29, 1874

7. AGE: 61
   Years 
   Months 
   Days

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: 

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: 
    Month 
    Day 
    Year

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 40 yrs.

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

13. NAME: George W. Banks

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

15. MAIDEN NAME: 

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

17. INFORMANT: 
    Name: 
    Address: 

18. BURIAL, CREMATION, OR REMOVAL: 
    Place: 
    Date: Jan. 12, 1935

19. UNDERTAKER: 
    Name: 
    Address:

20. FILED: Jan. 19, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Jan. 16, 1935

    I last saw him alive on Jan. 16, 1935; death is said to have occurred on the date stated above, at 1:45 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Date of onset:
    Pneumonia: Broncho
    1/16/35

   Other Contributory Causes of Importance:

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</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>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   No. Hospital: St. John
   Registration Dist. No.: 185

2. PERSONAL AND STATISTICAL PARTICULARS
   io. Residence: No. Flanneryville Rd
   (Usual place of abode)

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   1897 Feb 7

7. AGE
   Years: 38
   Months: 0
   Days: 0

8. TRADE, PROFESSION, OR PARTICULAR
   Occupation: Housekeeper

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 day)

11. TOTAL TIME (YEARS)
    spent in this occupation

12. BIRTHPLACE (city or town)
    Virginia

13. NAME
    Charles Barnell

14. BIRTHPLACE (city or town)
    Virginia

15. MAIDEN NAME
    Susie Toast Child

16. BIRTHPLACE (city or town)
    Virginia

21. DATE OF DEATH
    Jan 3, 1935

22. I HEREBY CERTIFY, that I attended deceased from
    Nov 25, 1934, to Jan 3, 1935
    I last saw him alive on Jan 30, 1935; death is said
    to have occurred on the date stated above, at 10 P.M.
    The principal cause of death and related causes of
    importance were as follows:
    Fracture of Spinal Column
    Anemia, Heart Failure, Diabetes
    Other Contributory Causes of Importance:
    Tumor of Brain

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide
    Date of injury: 1/3, 1935
    Where did injury occur?: Flanneryville, Md
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
    Public Place

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

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

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

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

Other contributory causes of importance:

Gallstones                                      | Other contributory causes of importance:
|                                                | Gastroenteritis                                |
|                                                | 1 year                                          |

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Bel Air
   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 38 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. Benson St.
   Full Name: Charles Y. W. Cook
   St. Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
   Sep 7, 1874
7. AGE Years Months Days
   61 11 21
8. TRADE, profession, or particular kind of work done as SPINNER, NAILER, BOOKKEEPER, etc.
   Blacksmith
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   Blacksmith
10. Occupation

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to Jan. 1, 1934
   To have occurred on the date stated above, at 2:15 P.M.
   The Principal Cause of Death and related causes of importance were as follows:
   Cerebral Hemorrhage
   Acute Congestive Heart Failure
   Date of onset

Other Contributory Causes of importance:

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide? No
   Where did injury occur? M. D.
   Specify whether injury occurred in industry, in home, or in public place.
   Manner of injury
   Nature of injury

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

Registrar

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1925 |

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>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Magnolia
   No. St., Ward: 36, 1
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): Mar 49 - 1885

7. AGE
   Years: 76
   Months: 10
   Days: 10
   If LESS than 1 day, hours, or minutes

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

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

10. Date deceased last worked at this occupation: Jan 20, 1924

11. Total time (years) spent in this occupation: 50

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

13. NAME: Unknown

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

15. MAIDEN NAME: (State or country):

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

17. INFORMANT
    Address: Mrs. w. Robinson

18. BURIAL, CREMATION, OR REMOVAL
    Place: Abingdon
    Date: Jan 21, 1935

19. UNDERTAKER
    Address: (Specify city or town, county and State)

20. FILED
    Jan 21, 1935
    (Address): Fred. Hopkins, Register.

21. DATE OF DEATH: Jan 20, 1935

22. I HEREBY CERTIFY: That I attended deceased from Jan 12, 1935, to Jan 20, 1935, I last saw him alive on Jan 19, 1935. I certify that the death occurred on the date stated above as 11:15 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Asthms pulmonalis
   Broncho-pneumonia
   Jan 35

   Other Contributory Causes of Importance:

   Name of operation:
   Date of operation:
   What test confirmed diagnosis? Was there an autopsy?
   Accident, suicide, or homicide?: Date of injury:
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of Injury:
   Nature of injury:
   If so, specify:
   Signed:

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

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<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>Arteriosclerosis</td>
</tr>
<tr>
<td>1915</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>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1 week ago</td>
</tr>
</tbody>
</table>

| Other contributory causes of importance: |
| Gastroenteritis | Date of onset |
| 1 year |

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Faire de Grace
   Registration Dist. No.: 185
   No. Hospital: 1st St., Ward: 185
   (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: 76 yrs., 3 mos.

2. FULL NAME: Thomas Jefferson Brown
   (a) Residence: 407 So. Uplaton Ave., Ward: 185
   (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): Widowed
6. If married, widowed or divorced: HUSBAND of (or) WIFE of: Ida May Brown
7. DATE OF BIRTH (month, day, and year): Oct. 15, 1858
8. AGE: 76
   Years
   Months
   Days
9. If less than 1 day: ——— hrs.
10. If less than ——— min.
11. OCCUPATION: Resturanteur
12. Where deceased last worked at: ———
   (State or country)
14. NAME: Augustus Freeman Brown
   (Father's name)
15. BIRTHPLACE (city or town): Harford Co.
   (State or country)
16. MAIDEN NAME: Harriet Wheeler
17. INFORMANT: Mrs. Virginia J. Daniels
   (Address): 6108 Orleans Ave., Baltimore
18. BURIAL, CREMATION, OR REMOVAL
   Place: Graceland
   Date: Jan. 15, 1935
19. UNDERTAKER: M. D. Mitchell
   (Address): Faire de Grace, Md.
20. FILED: Jan. 16, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 1857
   (Day) 1935
   (Year)
22. I HEREFORTH CERTIFY, That I attended deceased from:
   Oct. 15, 1933, to Jan. 15, 1935; death 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:

   Signature: Sam. Moore

   Other Contributory Causes of importance:

   Signature: ———

   Name of operation: ———

   Opened Date: Nov. 18, 1934

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide? Data of Injury?
   Where did injury occur?
   Specify whether injury occurred in Industry, in Home, or in Public Place.

24. Was disease or injury in any way related to occupation of deceased? (Specify)
   Signed: ———
   (Address): ———

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

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

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:

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

Other contributory causes of importance:

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

**Example II**

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause</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: Harford
   Village or City: Safford de Grace
   Registration Dist. No.: 185
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   George Bulette
   Residence: No.
   Place: Whiteford, MD
   Ward: West

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

6. DATE OF BIRTH (month, day, and year): Unknown
7. AGE: 75 yrs. 0 mos. 0 ds.

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): Lancaster Co.
13. NAME: James Bulette
14. BIRTHPLACE (CITY OR TOWN): Maryland
15. MAIDEN NAME: Hanna Reese
16. BIRTHPLACE (CITY OR TOWN): Maryland

17. INFORMANT (ADDRESS): Westard P. F. Fudge, Delta PA
19. UNDERTAKER (ADDRESS): Westard P. Fudge, Delta

20. FILED: Jan 27, 1935

21. DATE OF DEATH: Jan 26, 1935
22. I HEREBY CERTIFY: That I attended deceased from Jan 17 to Jan 26, 1935
   I last saw him alive on Jan 17, 1935—death to have occurred on the date stated above, at 12 p.m.
   The principal cause of death and related causes of importance were as follows:
   Pneumonia + Pneumonia + Pneumonia + Pneumonia

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
   Accident, suicide, or homicide?: Yes
   Date of Injury: 19
   Where did injury occur?:
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   If so, specify:

If more blanks are needed, address State Registrars, 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, stationery engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

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

1. PLACE OF DEATH
   County:  
   Village or City: Near Wesleyan Chapel
   Length of residence in city or town where death occurred: 75 yrs 5 mos 27 ds
   If death occurred in a hospital or institution, give its NAME instead of street and number
   (St., Ward)

2. FULL NAME
   Mary Francisca Carroll
   Residence: Near de Grace St. P. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Aug. 24, 1859

7. AGE
   Years: 75
   Months: 5
   Days: 27
   If less than 1 day, ___ hours or ___ minutes

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

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

10. Date deceased last worked at this occupation: Jan. 1933

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

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

13. NAME
   George Anderson

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

15. MOTHER NAME
   Mary Elizabeth Heu

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

17. INFORMANT
   Address: Near de Grace
   Relationship: Wife

18. BURIAL, CREMATION, OR REMOVAL
   Wesleyan Chapel, Jan. 23, 1935

19. UNDERTAKER
   Name: M. L. Mitchell
   Address: North Ave.

20. FILED
   Date: Jan 2, 1935

REGISTRATION DIST. No.: 184

DATE OF DEATH

21. DATE OF DEATH
   Jan. 23, 1935
   (Month) (Day) (Year)

22. I HEREBY CERTIFY
   That I attended deceased from Jan. 17, 1935 to Jan. 23, 1935
   I last saw him alive on Jan. 20, 1935; death is said to have occurred on the date stated above, at 9 a.m.
   The principal cause of death and related causes of importance were as follows:
   Pneumonia

Other Contributory Causes of Importance:

23. If death was due to external causes (VIOLANCE) fill in also the following:
   Accident, suicide, or homicide? No.
   Date of Injury: 1935
   Where did injury occur? Near de Grace
   (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) James M. Bay
   M.D.
# UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>Run over by street car</td>
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<td>Peritonitis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></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>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Jarretsville

2. FULL NAME
   Ida May Clark

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Dec 23, 1894

7. AGE
   49 years

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

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   
10. Date deceased last worked at this occupation (month and year)
    
11. Total time (years) spent in this occupation
    
12. BIRTHPLACE (city or town)
    Jarretsville

13. NAME
    John F. Clark

14. BIRTHPLACE (city or town)
    Stanford, MD

15. MAIDEN NAME
    Elizabeth Farm

16. BIRTHPLACE (city or town)
    Stanford, MD

17. INFORMANT
    William F. Clark

18. BURIAL, CREMATION, OR REMOVAL
    Present place: Jarretsville
    Date: Jan 27, 1935

19. UNDERTAKER
    (Address)

20. FILED
    Jan 27, 1935, Thomas R. Brown

21. DATE OF DEATH
    Jan 29, 1935

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY

   That I attended deceased from 
   Aug 5, 1932 to Jan 29, 1935
   I last saw her alive on Jan 23, 1935; death is said to have occurred on the date stated above, at 9:32 p.m.

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

Other Contributory Causes of Importance:

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

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

   If so, specify
   (Signed) William F. Hudson
   Address: Forest Ave, MD

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

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**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<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>Date of onset</th>
<th>Other contributory causes of importance:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   - County: Harford
   - Village or City: New River Rock
   - Hospital: No.
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   - Residence: No. Aberdeen, Md.
   - Sex: Female
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Widow
   - If married, widowed, or divorced: Wife of John Collins
   - Date of Birth: March 24, 1857
   - Age: 47 yrs. 9 mos. 26 days
   - Occupation: Unspecified
   - Place of Birth: Fayetteville, North Carolina
   - Name of Father: Asahiah Elder
   - Name of Mother: Josephine Jackson
   - Date of Death: Jan. 10, 1935
   - Date of Birth: March 24, 1857
   - Date of Marriage: June
   - Time of Death: 11 A.M.
   - Disease or Injury: Malignant neoplasm of the stomach
   - Witness: Blanchie Nuttman

21. DATE OF DEATH
   - Month: Jan.
   - Day: 10
   - Year: 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1935, to Jan. 10, 1935. I last saw deceased alive on Jan. 10, 1935; death is said to have occurred on the date stated above. Deceased's last residence was at 1207 N. 2nd St., Baltimore, Md.

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:
   - Date of Injury: 1935
   - Where did injury occur? (Specify city or town, county, and State) Fayetteville, North Carolina
   - Nature of Injury: Malignant neoplasm of the stomach
   - Specified 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

If more blanks are needed, address State Registrar, 2415 N. Charles Street, Baltimore, Requesting U.S. No. 1.
# UNITED STATES STANDARD CERTIFICATE OF DEATH

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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, stationery 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, asthemia, 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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td>1915</td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td>1921</td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td>July 5, 1927</td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td>May 1, 1925</td>
<td><strong>Gastroenteritis</strong></td>
</tr>
</tbody>
</table>

### Example II

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>seabed</th>
<th>seabed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 week ago</td>
<td>Attack of epilepsy</td>
<td></td>
</tr>
<tr>
<td>3 days ago</td>
<td>Peritonitis</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Hartford
   Village or City: October

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   April 17, 1877

7. AGE
   57

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 SAW 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)
    Hartford Co. Md.

13. NAME
    James Cunningham

14. BIRTHPLACE (city or town)
    Ireland

15. MAIDEN NAME
    Elizabeth Taylor

16. BIRTHPLACE (city or town)

17. INFREQUENCY
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: State Factory
    Date: Jan 26, 1938

19. UNDERTAKER
    (Address)

20. FILED
    Jan 26, 1938 O. C. Michael

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    January 26, 1938

22. NEC
    (Month)
    (Day)
    (Year)

I HEREBY CERTIFY that I attended deceased from 1933 to Jan 26, 1938; death is said to have occurred on the date stated above, at 6 a.m.

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

Chronic Asthma
Myocarditis

Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

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

Manner of injury

Nature of injury

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

If so, specify

(Signed)

M.D.

If more blanks are needed, address State Registrar, 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 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>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Harford Co.
   Village or City: Bel Air, Md.
   Length of residence in city or town where death occurred: 1 yr. 6 mos.
   How long in U.S. if of foreign birth?: 5 yrs. 6 mos.

2. FULL NAME
   Mabel Joanna DeLose
   Residence: Bel Air, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   July 1, 1934

7. AGE
   Years: 6
   Months: 2
   Days: 7
   IF LESS than 1 day, hrs., or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   None

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Near Bel Air, Md.

13. NAME
   Alphonso J. DeLose

14. BIRTHPLACE (city or town)
   Anthony

15. MAIDEN NAME
   Alice I. Sherman

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

17. INFORMANT
   Alphonso J. DeLose

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Zion
   Date: Jan. 26, 1935

19. UNDERTAKER
   Dean J. Johns

20. FILED
   Jan. 28, 1935

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

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

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

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

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Harford Co.
   Village or City: Bel Air, Md.
   Length of residence in city or town where death occurred: 19 yrs. 6 mos.
   No. St., Ward
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   How long in U.S. if of foreign birth?

2. FULL NAME
   Florida F. Deckman
   (a) Residence: No. Bel Air, Md. St., Ward.
   (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Nov 9 1876

7. AGE
   Years 58
   Months 2
   Days 16

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

9. Industry or business in which work was done, as SALT 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)
   Camden
   (State or country) Harford Co. Md.

13. NAME
   Samuel D. James

14. BIRTHPLACE (city or town)
   Camden
   (State or country) Harford Co. Md.

15. MAIDEN NAME
   Sarah C. Forbush

16. BIRTHPLACE (city or town)
   Camden
   (State or country) Harford Co. Md.

17. INFORMANT
   Address
   Joseph F. Deckman

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Date

19. UNDERTAKER
   Address

20. FILED
   Date

21. DATE OF DEATH
   January 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 11 to January 25, 1935. Last saw him alive on January 26, 1935. Death is said to have occurred on the date stated above, at 9:30 a.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   [Medical Certificate of Death]

   [Signatures]

   Other Contributory Causes of importance:

   [Signatures]

   Name of operation.

   What test confirmed diagnosis?

   Date of

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

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

   [Signatures]

If more blanks are needed, address State Registrar, 2417 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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**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>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>
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</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

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

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Darlington

2. FULL NAME
   (a) Residence: No. 2140 N. Charles St., Ward.
   (Usual place of abode)

   Personal and Statistical Particulars

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

   6. DATE OF BIRTH (month, day, and year)
      May 3, 1882

   7. AGE
      Years: 82
      Months: 8
      Days: 23
      If less than 1 day, hours, or minutes

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

   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
      Housewife

   10. TOTAL TIME SPENT IN THIS OCCUPATION (MONTHS AND YEARS)
       12/24

   11. DATE OF DEATH
       Jan. 26, 1934

   12. BIRTHPLACE (city or town)
       Calhoun

   13. NAME
       J. Gill

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

   15. MAIDEN NAME
       Emily Comings

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

   17. INFORMANT
       John A. Mitchell
       Darlington, Md.

   18. Cremation, or otherwise
       D-rowton Park Ave.
       Date: Jan. 28, 1934

   19. UNDERTAKER
       H. C. Bailey
       Darlington, Md.

   20. FILED
       Jan. 27, 1936
       M. W. Kirk

   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 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>Cause of Death</th>
<th>Date of Onset</th>
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</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th>Cause</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: Harford
   No. St., Ward: 183
   Village or City: Parkville
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   (Last place of abode)
   St., Ward.
   If nonresident give city or town and State
   Name: Virginia Duncan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married
   HUSBAND of (or) WIFE of
   John I. Duncan

6. DATE OF BIRTH (month, day, and year)
   June 12, 1874

7. AGE BIRTH
   Years: 60
   Months: 2
   Days: 15
   If LESS than 1 day, hrs. or min.

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

9. OCCUPATION
   Textile Worker

10. Date deceased last worked at this occupation (month and year)
   Jan. 16, 1935

11. Total time (years) spent in this occupation

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

13. NAME
   Joshua Tracy

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

15. MAIDEN NAME
   Katherine Smith

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

17. INFORMANT
   Name: Mary D. Duncan
   Address: 123 Main St.

18. BURIAL, CREMATION, OR REMOVAL
   Place & Date: St. Paul's, Jan. 19, 1935

19. UNDERTAKER
   Name: Howard West
   Address: 456 Smith St.

20. FILED
   Jan. 19, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Jan. 16, 1935

   I last saw him alive on Jan. 8, 1935; death is said to have occurred on the date stated above, at 7:30 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   coronary thrombosis
   Date of onset: 1931
   Other Contributory Causes of importance:

   Name of operation:
   Date of:
   What test confirmed diagnosis?
   Clinical
   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)
   Manner of injury:
   Nature of injury:

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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### Example I

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<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>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
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</tr>
</tbody>
</table>

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

### Example II

<table>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>3 days ago</td>
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<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**STANDARD CERTIFICATE OF DEATH**

1 PLACE OF DEATH
- County: Harford
- State: Maryland
- Registered No.: 210-73
- Township: Aberdeen, Md.
- Village: or
- City: No.
- St., Ward

2 FULL NAME: Howard A. Ellinger

(a) Residence: No. Aberdeen Proving Ground, Md. St., Ward.

Length of residence in city or town where death occurred 1 yrs. 8 mos. — —

Length of time in the U.S. if of foreign birth: yrs. mos. days

**PERSONAL AND STATISTICAL PARTICULARS**

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

5a If married, widowed, or divorced

HUSBAND or (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 31, 1912

7 AGE: Years Months Days

If LESS than 1 year, ___ yrs. ___ mos. ___ days

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Soldier

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: U.S.

9 BIRTHPLACE (city or town): Valley View, Pa.

(State or country)

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town): Not known

(State or country)

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town): Not known

(State or country)

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year): Jan. 31st 1935

17 I HEREBY CERTIFY that I attended deceased from

19... to 19...

that I last saw him alive on 19...

and that death occurred, on the date stated above, at 19...

The CAUSE OF DEATH was as follows:

Death resulted from collision between truck, bus, and automobile of deceased.

18 Where was disease contracted?

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What was the confirmed diagnosis? (Signed)

19 Place of burial, cremation, or removal:

Aberdeen Proving Ground, Md.

Good Springs, Pa.

1935

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

Address

Local Registrar

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Glenville
   - Length of residence: 2 yrs. 7 mos. 23 ds.
   - Registration Dist. No.: 181

2. **FULL NAME**
   (a) Residence: 
   (b) St., Ward:
   (c) If nonresident give city or town and State:
   - Name: Clarence W. Elliott

---

**PERSONAL AND STATISTICAL PARTICULARS**

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<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
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<table>
<thead>
<tr>
<th>6. DATE OF BIRTH</th>
<th>7. AGE</th>
<th>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE</th>
<th>9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 7, 1931</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Date deceased last worked at this occupation</th>
<th>11. Total time (years) spent in this occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
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<th>12. BIRTHPLACE</th>
<th>13. NAME</th>
<th>14. BIRTHPLACE</th>
</tr>
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<td>City or town</td>
<td></td>
<td>State or country</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glenville</td>
<td></td>
<td>HARFORD Co.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. MAIDEN NAME</th>
<th>16. BIRTHPLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City or town</td>
</tr>
<tr>
<td>Georgia B. Mabur</td>
<td>State or country</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
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</table>

---

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - (Month) 1  
   - (Day) 29
   - (Year) 1935

22. **I HEREBY CERTIFY**
   - That I attended deceased from Jan 15, 1935, to Jan 29, 1935.
   - Last saw him alive on Jan 29, 1935.
   - Death is said to have occurred on the date stated above, at 11:10 a.m. 

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

   - Broncho pneumonia

   Date of onset: 1/17/35

   Other Contributory Causes of Importance:

   - Left arm and chest

   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: [ ]
   - Manner of injury: [ ]
   - Nature of injury: [ ]
   - Where did injury occur? (Specify city or town, county and State): Glenville
   - Specifying injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE: [ ]
   - Date of injury: 12/30/1934

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

   If so, specify [ ]
   (Signed) M.A. Carroll M.D.
   (Address) Darlington, Md.

---

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

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

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<td>Gallstones</td>
<td>May 1, 1923</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Hartford
   - Village or City: Churchville
   - Length of residence in city or town where death occurred: yrs. — mos. — ds.

2. **FULL NAME**
   - Fielder Stallom
   - Residence: No. ____________________
   - St., Ward. ____________________

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH (month, day, and year)**
   - Jan 10, 1935

7. **AGE**
   - Stillborn

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)**
    - Churchville, Maryland

13. **NAME**
    - Samuel B. Fielder

14. **BIRTHPLACE**
    - Spring Valley, Virginia

15. **MAIDEN NAME**
    - Edith C. Help

16. **BIRTHPLACE**
    - Elk Creek, Virginia

17. **INFORMANT (Address)**
    - Mrs. S. T. Fielder

18. **BURIAL, CREMATION, OR REMOVAL**
    - Retained for purposes

19. **UNDERTAKER (Address)**
    - Churchville, Md.

20. **FILED**
    - Jan 11, 1935

21. **DATE OF DEATH**
    - Jan 10, 1935

22. **I HEREBY CERTIFY**
    - That I attended deceased from birth of deceased. He was still-born.

23. **OTHER CONTRIBUTARY CAUSES OF DEATH**
    - Mother's influenza Jan, 1935

24. **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.

25. **MANNER OF DEATH**

26. **NATURE OF INJURY**

27. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**

28. **If so, specify**

29. **Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.**
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<tr>
<td><strong>1921</strong></td>
<td><strong>3 days ago</strong></td>
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<tr>
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<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td><strong>1 year</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
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<td><strong>May 1, 1923</strong></td>
<td><strong>1 year</strong></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Harford, No. St. Ward
Village or City: Five Points, St., Ward
Length of residence in city or town where death occurred

2. FULL NAME
(a) Residence: No. 611 North Senator St., St., Ward
(Usual place of abode)
If nonresident give city or town and State

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

5a. If married, widowed, or divorced
HUSBAND OF
Mary E. Gallion

6. DATE OF BIRTH (month, day, and year)
July 25, 1861

7. AGE
72

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, town, State or country)
Leeds, Harford County, Maryland

13. NAME
Frank E. Gallion

14. BIRTHPLACE (city, town, State or country)
Leeds, Harford County, Maryland

15. MAIDEN NAME
Anna Reynolds

16. BIRTHPLACE (city, town, State or country)
Dover, Kent County, Delaware

17. INFORMANT
Anna Reynolds

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenwood Cemetery, Date: Jan 8, 1933

19. UNDERTAKER
P. W. Yoder & Son

20. FILED
Jan 8, 1933

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
January 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1933...to January 5, 1933, I last saw him alive on January 3, 1933, death is said to have occurred on the date stated above, at 4:30 m.

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

Other Contributory Causes of Importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

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

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

If so, specify

(Signed)

Registrar

(address)
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<tr>
<td>1921</td>
<td>1 week ago</td>
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<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
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</table>

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

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Churchville
   Length of residence in city or town where death occurred: 79 yrs., mos., ds.
   Registration Dist. No. 180
   No. St., Ward

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

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Oct. 5, 1855

7. AGE: Years 79
   Months 3
   Days
   If LESS than 1 year, hrs.
   or min.

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

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

10. Date deceased last worked at this occupation: October 5, 1855

11. Total time (years) spent in this occupation: 79 yrs.

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

13. NAME: John Thomas

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

15. MAIDEN NAME: Elizabeth Allen

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

17. INFORMANT: Bertha M. Correll
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Baltimore
   Date: Jan. 26, 1895

19. UNDERTAKER: Abingdon, Md.

20. FILED: Jan. 25, 1895

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 24th
   (Day)
   (Year) 1935

22. I HEREBY CERTIFY, That I attended deceased from

   I last saw him alive on Jan. 21, 1935; death is said
to have occurred on the date stated above, at 4:15 P.M.

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

   Date of onset: 1925

   Other Contributory Causes of Importance:
   Asthenia

   Name of operation
   Date of operation

   What test confirmed diagnosis?
   Was there an autopsy?

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

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

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

   Manner of injury
   Nature of injury

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

   (Signed) Russell Jackson
   (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.

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

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**Example I**

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: [Name]
   - Village: [Name]
   - Length of residence in city or town where death occurred: [Duration]

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

   **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Male
   - **COLOR OR RACE**: White
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Single
   - **DATE OF BIRTH**: Sept. 20, 187[...]
   - **AGE**: 64 yrs.
   - **OCCUPATION**: Labor
   - **DATE DECEASED LAST WORKED AT THIS OCCUPATION**: —
   - **DATE IN THIS OCCUPATION**:

   **MEDICAL CERTIFICATE OF DEATH**
   - **DATE OF DEATH**: January 2, 1935
   - **HEART CONDITION**
     - Died suddenly on the street
     - Heart Lesion

   **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
     - [Blank]
     - [Blank]
     - [Blank]
     - [Blank]

3. **BIRTHPLACE**
   - (City or town): Wilmington
   - (State or country): Delaware

4. **NAME**
   - [Name]

5. **MOTHER**
   - **NAME**: [Name]
   - **BIRTHPLACE**: Scotland
   - **BIRTHPLACE**:

6. **FATHER**
   - **NAME**: [Name]
   - **BIRTHPLACE**: New York
   - **BIRTHPLACE**:

7. **INFORMANT**
   - **ADDRESS**: [Address]

8. **BURIAL, CREMATION, OR REMOVAL**
   - **PLACE**: [Place]
   - **DATE**: Jan. 5, 1935

9. **UNDERTAKER**
   - **ADDRESS**: [Address]

10. **FILED**
    - **DATE**: Jan. 4, 1935
    - **REGISTRAR**: [Name]

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: Hartford
   - Village or City: Mognoha
   - Length of residence in city or town where death occurred: 3 yrs. 3 mos. 18 days
   - How long in U.S., if of foreign birth? 8 yrs. 6 mos. 0 days

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

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: Jan.
   - Day: 23
   - Year: 1938

7. **AGE**
   - Years: 68
   - Months: 10
   - Days: 15

8. **OCCUPATION**
   - Housewife

10. **DATE DECEDED LAST WORKED AT THIS OCCUPATION**
    - Month and year: Jan. 1866

11. **BIRTHPLACE**
    - City or town: Maryland
    - State or country:

13. **NAME**
    - Jan E. Hill

14. **BIRTHPLACE**
    - City or town: Hartford
    - State or country:

15. **MAIDEN NAME**
    - Mary E. Allender

16. **MOTHER NAME**
    - Mary C. Allender

17. **INFORMANT**
    - Address: Baltimore

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Keeler Family Chapel
    - Date: Jan. 21, 1938

19. **UNDERTAKER**
    - Name: Madison Mitchell
    - Address: Bridge City, Mo.

20. **FILED**
    - Date: Jan. 26, 1938

21. **DATE OF DEATH**
    - Month: Jan.
    - Day: 23
    - Year: 1938

22. **I HEREBY CERTIFY**
    - That I attended deceased from Jan 13, 1895, to Jan 23, 1938
    - I last saw deceased alive on Jan 22, 1938

23. **PRINCIPAL CAUSE OF DEATH**
    - Chronic Bronchitis

24. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - Broncho-Pneumonia

25. **NAME OF OPERATION**
    - Date of operation:

26. **WAS DEATH DUE TO EXTERNAL CAUSES (VIOLENCE)**
    - Accident, suicide, or homicide:
    - Date of injury:
    - Where did injury occur:
    - Specify city or town, county, and state:
    - Specify whether injury occurred in INDUSTRY, HOME, or in PUBLIC PLACE:

27. **MANNER OF INJURY**
    - Nature of Injury:

28. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - If so, specify

29. **ADDRESS**
    - (Signed): Edgewood, Md.

30. **REGISTRAR**
    - (Address): State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Other contributory causes of importance:

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

Example II

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

1. PLACE OF DEATH

County. Harford ____________________________ Registration Dist. No. 184
Village _______________________________ No. 184 St., Ward. __________

Length of residence in city or town where death occurred: 72 yrs. 11 mos. 28 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME. Ellie M. Howlett

(a) Residence: No. ____________________ (b) Occupation: Housework

(Usual place of abode)

3. SEX: Female

4. COLOR OR RACE: White

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

Widow

Se. If married, widowed, or divorced, give NAME of spouse

W. M. S. Howlett

6. DATE OF BIRTH (month, day, and year): Jan. 17, 1862

7. AGE: 72 yrs.

8. Trade, profession, or particular kind of work done, as SPINNER, SEEWER, 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): Feb. 1, 1922

11. Total time (years) spent in this occupation: 1922

12. BIRTHPLACE (city or town): Scarborough

(State or country: Harford Co.)

13. NAME: John B. Scarborough

14. BIRTHPLACE (city or town): Scarborough

(State or country: Harford Co.)

15. MAIDEN NAME: Rodley M. Dewin

16. BIRTHPLACE (city or town): Harford Co.

(State or country: Harford Co.)

17. INFORMANT (Address): Benjamin R. Scarborough

4736 Park Heights Ave.

Baltimore, Md.

18. BURIAL, EXAMINATION, OR REMOVAL

Place: Emory Cem. ______________ Date: Jan. 17, 1930

19. UNDERTAKER (Address): H. J. Bailey

Burlington, Md.

20. FILED: Jan. 16, 1930 ____________________ Registrar.

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Rocks
   No. St., Ward:
   Length of residence in city or town where death occurred: 45 yrs. 0 mos. 0 ds.

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

   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   4. COLOR OR RACE
   Female
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. HUSBAND OF (or) WIFE OF
   E. Warner Gley

7. DATE OF BIRTH (month, day, and year)
   March 6, 1868

8. AGE
   Years: 71
   Months: 10
   Days: 17

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWMILL, BANK, ETC.
   Housewife

10. OCCUPATION

11. TOTAL TIME SPENT IN THIS OCCUPATION

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

13. NAME
    Hamilton Harris

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

15. MAIDEN NAME
    Mary C. Wyght

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

17. INFORMANT
    E. Warner Gley
    Rocks Ind.

18. BURIAL, CREMATION, OR REMOVAL
    Place of interment: Jordan
    Date: Jan. 25, 1935

19. UNDERTAKER
    H. W. Brown
    Taneytown Ind.

20. FILED
    Jan. 7, 1935

21. DATE OF DEATH
   (Month) 2
   (Day) 3
   (Year) 1935

22. I HEREBY CERTIFY. That I attended deceased from
   Dec. 11, 1934, to Dec. 23, 1934.
   I last saw him alive on Dec. 7, 1934.
   Death is stated to have occurred on the date stated above at 3:30 A.M.
   The principal cause of death and related causes of importance were as follows:
   Cerebral Hemorrhage

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

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

   (Signed)
   (Address)

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<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones</td>
<td>May 1, 1928</td>
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</table>

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Perryman S.T.O.
   Length of residence in city or town where death occurred: 24 yrs. 0 mos. 0 ds.

2. FULL NAME
   Gretchen Johnson
   Residence: No.
   If residence in city or town where death occurred: 24 yrs. 0 mos. 0 ds.
   If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female
   Single, Married, Widowed, or Divorced

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Mar. 25, 1864

7. AGE
   Years | Months | Days
   70 | 2 | 0

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   John Smith

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

15. MAIDEN NAME
   Frances Davis

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

17. INFORMANT (Address)
   Mrs. John M. Wilson

18. BURIAL, CREMATION, OR REMOVAL
   Place: Union M. Cem. Date: Jan. 30th, 1936

19. UNDERTAKER
   Henry Harrington
   Address:

20. FILED
   Jan. 20, 1936

21. DATE OF DEATH
   Jan. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from
   Feb. 1, 1935, to Jan., 1936
   I last saw deceased alive on Jan. 20, 1936; death is said to have occurred on the date stated above, at 12:00 m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Cancers of cancerous

MEDICAL CERTIFICATE OF DEATH

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

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

   Accident, suicide, or homicide?
   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) Dr. John M. Wilson M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 7.
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.
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In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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

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

<table>
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<tr>
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<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Gallstones</td>
<td>1923</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</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: Harford
   Village or City: Van Bibber, Md.
   Length of residence in city or town where death occurred: 40 yrs.

2. FULL NAME: Harry K. Kimble
   (a) Residence: No. ____________
   (Usual place of abode)
   (If nonresident give city or town and State)

3. SEX: male
   4. COLOR OR RACE: white
   5a. If married, widowed, or divorced: single

6. DATE OF BIRTH (month, day, and year): 1879, Feb. 3

7. AGE
   Years: 55
   Months: 11
   Days: 6
   If LESS than 1 year: ____________
   or: ____________

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

9. OCCUPATION: Farmer

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

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

12. BIRTHPLACE (CITY OR TOWN): Abingdon, Md.
   (STATE OR COUNTRY): Maryland

13. NAME: George A. Kimble

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

15. MAIDEN NAME: Phebe E. Baldwin

16. BIRTHPLACE (CITY OR TOWN): Maryland
   (STATE OR COUNTRY): Maryland

17. INFORMANT (ADDRESS): Hattie S. Sewell
   (ADDRESS): Abingdon, Md.

18. BURIAL, CREMATION, OR REDEMPTION
   PLACE: Calvary
   DATE: Jan. 13 1935

19. UNDERTAKER (ADDRESS): Howard K. McComas
   (ADDRESS): Abingdon, Md.

20. FILED: Jan. 12, 1935

21. DATE OF DEATH
   (MONTH): Jan
   (DAY): 12
   (YEAR): 1935

22. I HEREBY CERTIFY, that I attended deceased from
   DATE: ____________
   AGE: ____________
   DEATH: ____________

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

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting 'U. S. No. 1.
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<th>The principal cause of death and related causes of importance were as follows:</th>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones | May 1, 1923 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Havre Norrisville
   - Length of residence in city or town where death occurred: yrs, mos, ds

2. **FULL NAME**
   - Thomas B. McDonald

   (a) Residence: No.

   (b) (Usual place of abode)

   (c) If nonresident give city or town and State:

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

   (Husband of or Wife of)
   - Addie McDonald

6. **DATE OF BIRTH** (month, day, and year)
   - March 9, 1850

7. **AGE**
   - Years: 80
   - Months: 0
   - Days: 0

8. **OCCUPATION**
   - Sawyer

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)**
   - June 15, 1935

10. **DATE OF DEATH (Month, Day, Year)**
    - January 17, 1936

11. **CAUSE OF DEATH**
    - Carcinoma of the bladder

12. **BIRTHPLACE (city or town)**
    - Pa

13. **NAME**
    - Richard McDonald

14. **MOTHER'S Name**
    - May Williams

15. **INFORMANT**
    - Adelia McDonald

16. **UNION TAKEN (Address)**
    - Havre, Pa

17. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Havre, Pa
    - Date: Jan 18, 1936

18. **UNEARTHED TAKEN (Address)**
    - Farm Home, Pa

19. **FYLE**
    - Jan 18, 1936

20. **FILED**
    - Jan 18, 1936

21. **REGISTRATION DIST.**
    - 153

22. **MEDICAL CERTIFICATE OF DEATH**
    - I HEREBY CERTIFY, That I attended deceased from June 15, 1935, to Jan 17, 1936, and to have occurred on the date stated above, and to have been caused by:
    - Carcinoma of the bladder

23. **OTHER CONTRIBUTOR CAUSES OF IMPORTANCE**
    - Sciatica neuritis

24. **NATURE OF INJURY**
    - Date of Operation:
    - Nature of Injury:
    - Manner of Injury:

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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<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, 1929 |

Example II

<table>
<thead>
<tr>
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<tbody>
<tr>
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Other contributory causes of importance:

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Hartford Co.
   Village or City: Forest Hill
   Length of residence in city or town where death occurred: 5 yrs. 0 mos. 0 ds.
   How long in U.S. If of foreign birth?: 5 yrs. 0 mos. 0 ds.

2. FULL NAME
   JACOB ELMER MINNICK
   (a) Residence: No. Forest Hill (mae)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
   (write the word) single

6. DATE OF BIRTH (month, day, and year) January 15, 1867
7. AGE 68 Years 0 Months 0 Days
   If LESS than 1 day, ____ hrs. ____ min.

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

12. BIRTHPLACE (city or town) Forest Hill
    (State or country) Md.
13. NAME Jacob Minnicken
14. BIRTHPLACE (city or town) Md
    (State or country)
15. MAIDEN NAME Susan Harmon
16. BIRTHPLACE (city or town) Md
    (State or country)
17. INFORMANT Ray A. Minnicken
    (Address)
18. BURIAL, CREMATION, OR REMOVAL Place: Rock Spring
    Date: January 16, 1935
19. UNDERTAKER Decatur T. T. Belair
    (Address)
20. FILED January 16, 1935 Virginia Chambers

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 15, 1935
22. I HEREBY CERTIFY, That I attended deceased from to have occurred on the date stated above, at
   _____ M.
   The principal cause of death and related causes of importance were as follows:
   Acute Accelerated caused death

   Date of onset

   Other Contributory Causes of Importance:
   Shock, Heart disease, Diabetes, etc.
   Date of death

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

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

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

   (Signed) Dr. M. D. Register

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Harford
Village or City: Jarrettsville

2. FULL NAME

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

3. SEX

Female

4. COLOR OR RACE

White

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

SINGLE

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

Nov 3, 1844

7. AGE

90

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

Housekeeper

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

At home

21. DATE OF DEATH

Jan 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1936, to Jan 15, 1936.

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

Accident, suicide, or homicide?: No

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

Other Contributory Causes of Importance:

Old age and Myocarditis

Name of operation: None

What test confirmed diagnosis?: Clinical

Date of injury: No

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

Manner of injury:

Nature of Injury:

If so, specify:

(Address)

Registrat.

Jarrettsville, Md

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<tr>
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<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1891</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1897</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, 1890</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: Harford
   Village or City: Fords Run
   Registration Dist. No.: 52
   No. St., Ward

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

   PERSONAL AND STATISTICAL PARTICULARS

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

   If married, widowed, or divorced
   HUSBAND of (or) WIFE of

   6. DATE OF BIRTH (month, day, and year) April 28, 1860
   7. AGE Years 54 Months 8 Days 1

   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) Tufts
       (State or country)

   13. NAME Marion Quillin

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

   15. MAIDEN NAME Elizabeth Weller

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

   17. INFORMANT
       (Address)

   18. BURIAL, CREMATION, OR REMOVAL
       Place: Mt. Zion
       Date: Jan 31, 1935

   19. UNDERTAKER
       (Address)

   20. FILED
       Jan 31, 1935
       M. E. Richardson
       Registrar.

   If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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9.—The industry or business in which the work was done.
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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.

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

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

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Tugten
   Registration Dist. No.
   St., Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   A. A.

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

6. DATE OF BIRTH (month, day, and year)
   July 18, 1899

7. AGE
   Years: 70
   Months: 0
   Days: 0
   If LESS than 1 day, ___ hrs., ___, min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   State or county)
   Harford, Md.

13. NAME
   Josephine Scott

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

15. MAIDEN NAME
   Letta Peters

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

17. INFORMANT
   (Address)
   Letta Scott

18. BURIAL, CREMATION, OR REMOVAL
   Method of Death
   Place: Harford, Md., Date: Jan. 27, 1933

19. UNDERTAKER
   (Address)
   Harburg & Co.

20. FILED
   Jan. 27, 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Jan. 27, 1933

22. I HEREBY CERTIFY. That I attended deceased from
    , 1927, to , 1927.

   I last saw deceased alive on , 1927, to , 1927; death is said
   to have occurred on the date stated above, at: , 1927.

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

   Agility

   Other Contributory Causes of Importance:

   Name of operation
   Date of

   What test confirmed diagnosis? (Physician's signature)
   Date of

   Was there an autopsy? No

23. If death was due to external causes (VIDENCE) fill in 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? No

   If so, specify
   (Signed)
   (Address)
   M.D.

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

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<td>May 1, 1923</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   (a) Residence No.
   (b) St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED

6. DATE OF BIRTH (month, day, and year)
   Feb. 14, 1865

7. AGE
   Years
   Months
   Days

8. TRADE, PROFESSION, OR PARTICULAR
   FARMER

9. INDUSTRY OR BUSINESS IN WHICH
   WORK WAS DONE
   MILL, MILL, MILL, 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)
    Hartford, Conn.

13. NAME
    Isaac Sorell

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

15. MAIDEN NAME
    Elizabeth Taked

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

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Date

19. UNEARTHED
    (Address)

20. FILED
    Jan. 2, 1935

REGISTRATION DIST. NO. 182

DATE OF DEATH
JAN. 2, 1935

I HEREBY CERTIFY, That I attended deceased from
JUNE 1919 to JAN. 1935.

I last saw him alive on DEC. 31 1919; death is said
to have occurred on the date stated above, at 8:15 p.m.

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

CEREBRAL EMOLISM

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

ARTERIOSCLEROSIS, CARDIO-RENAL DISEASE

Name of operation.

What test confirmed diagnosis.

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury.

Where did injury occur?

(Specify city or town, county and State)

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

MANNER OF INJURY

NATURE OF INJURY

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

If so, specify

(Signed)

Registrar

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

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<th>Example II</th>
</tr>
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</tr>
<tr>
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</tr>
<tr>
<td>----------------</td>
<td>--------------</td>
</tr>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

59

261
# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Darlington
   - Registration Dist. No.: 184

2. **FULL NAME**
   - Standing: Stella B. Shure

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. SEX - Female</td>
<td>21. DATE OF DEATH: Jan 12, 1935</td>
</tr>
<tr>
<td>4. COLOR OR RACE - White</td>
<td></td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married</td>
<td></td>
</tr>
<tr>
<td>6a. If married, widowed, or divorced HUSBAND or (or) WIFE of: James B. Shure</td>
<td></td>
</tr>
<tr>
<td>6. DATE OF BIRTH (month, day, and year) - June 28, 1868</td>
<td></td>
</tr>
<tr>
<td>7. AGE: Years - 76, Months - 6, Days - 17</td>
<td></td>
</tr>
<tr>
<td>8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework</td>
<td></td>
</tr>
<tr>
<td>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: At Home</td>
<td></td>
</tr>
<tr>
<td>10. Date deceased last worked at this occupation (month and year): Jan 1, 1935</td>
<td></td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation: 47 yrs.</td>
<td></td>
</tr>
<tr>
<td>12. BIRTHPLACE (city or town) - Darlington, Md.</td>
<td></td>
</tr>
<tr>
<td>13. NAME - Patrick B. Shure</td>
<td></td>
</tr>
<tr>
<td>14. BIRTHPLACE (city or town) (State or country): Ireland</td>
<td></td>
</tr>
<tr>
<td>15. MAIDEN NAME - L. McCauley</td>
<td></td>
</tr>
<tr>
<td>16. BIRTHPLACE (city or town) (State or country): Ireland</td>
<td></td>
</tr>
<tr>
<td>17. INFORMANT (Address): Austin Bailey, Darlington, Md.</td>
<td></td>
</tr>
<tr>
<td>18. BURIAL, CREMATION, OR REMOVAL: Darlington Cem. Jan 14, 1936</td>
<td></td>
</tr>
<tr>
<td>19. UNDERTAKER: H. B. Bailey, Darlington</td>
<td></td>
</tr>
<tr>
<td>20. FILED: Jan 14, 1936, M. D. Bailey</td>
<td></td>
</tr>
</tbody>
</table>

22. I HEREBY CERTIFY: That I attended deceased from Jan 12, 1935, to Jan 12, 1935; last saw h. d., alive on Jan 12, 1935, at 4:30 p.m. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

- Tuberculosis

Other Contributory Causes of importance:

- Name of operation: 
- Date of:
- What test confirmed diagnosis?
- Was there an autopsy?
- Accident, suicide, or homicide?
- Date of injury: 19
- Where did injury occur?
- Specify 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. Bailey

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

Galstones

Example II

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Other contributory causes of importance:

Gastroenteritis

Gastroenteritis

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

## 1. Place of Death
- County: Harford
- Village or City: Basehe de Grace
- No. Home or From Hospital: [Redacted]
- St., Ward: [Redacted]
- Length of residence in city or town where death occurred: [Redacted]

## 2. Full Name
- Residence: [Redacted]
- (Usual place of abode): [Redacted]
- If nonresident give city or town and State: [Redacted]

### Personal and Statistical Particulars

| 3. Sex | Male |
| 4. Color or Race | White |
| 5. Single, Married, Widowed, or Divorced | Single |

### Medical Certificate of Death

#### 21. Date of Death
- Month: June
- Day: 17
- Year: 1935

#### 22. I Hereby Certify
- I last saw him alive on Jan. 17, 1935; death is said to have occurred on the date stated above, at 12 m.
- The Principal Cause of Death and related causes of importance were as follows:

**Causes of Death:**
- Pneumonia

**Other Contributory Causes of Importance:**
- [Redacted]

#### 23. Date of onset: [Redacted]

#### 24. If so, specify:
- Disease or Injury in any way related to occupation of deceased: [Redacted]
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Pertussis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>July 5, 1927</td>
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<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Date of onset</td>
<td>1923</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td></td>
</tr>
<tr>
<td>Date of onset</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: Howard
   - Village or City: Elwood
   - No.: 56
   - Registration Dist. No.: 161
   - Length of residence in city or town where death occurred: 12 yrs. 3 mos. 2 ds.

2. **FULL NAME**
   - Mary E. Singleton
   - Residence: 667 W. 7th St., Ward: 5

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH** (month, day, and year)
   - Oct. 21, 1861

7. **AGE**
   - Years: 73
   - Months: 3
   - Days: 1

8. **OCCUPATION**
   - Clerk

9. **DATE DECEASED LAST WORKED AT**
   - This occupation (month and year)

10. **BIRTHPLACE** (city or town) (State or country)
    - Howard Co., Maryland

11. **NAME**
    - Thomas Singleton

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

13. **MAIDEN NAME**
    - Unknown

14. **FATHER**
    - Abraham Singleton

15. **MOTHER**
    - Unknown

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

17. **INFORMANT**
    - Mrs. Richard J. Singleton

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Davis Cemetery
    - Date: Jan. 9, 1935

19. **UNDERTAKER**
    - Henry Haring, Sons

20. **FILED**
    - 29, 1935

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Jan. 26, 1935

22. **I HEREBY CERTIFY**
    - That I attended deceased from
    - Nov. 1, 1934, to Jan. 26, 1935
    - I last saw h. at... alive on... at... on... at... m.
    - Death is said to have occurred on the date stated above, at... m.
    - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

      - Rheumatic Endocarditis

23. **Other Contributory Causes of importance**

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

**Signature**

[Signatures]

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 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>

Other contributory causes of importance:

Gallstones

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gastroenteritis

1 year
1. PLACE OF DEATH
   County: Harford
   Village or City: Baltimore
   Registration Dist. No.: 184

2. FULL NAME: W. M. J. Thompson

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

6. DATE OF BIRTH: Mar. 20, 1859
7. AGE: 75 years, 11 months, 15 days
8. OCCUPATION: Farmer
9. Date deceased last worked at occupation: Dec. 28, 1934
10. Date deceased spent in this occupation: Life
11. Total time years spent in this occupation: 60 years

12. BIRTHPLACE: (State or country) Hartford, Md.
13. NAME: William J. Thompson
14. BIRTHPLACE: (State or country) Unknown
15. MAIDEN NAME: Margaret Russell
16. BIRTHPLACE: (State or country) Hartford, Md.
17. INFORMANT: Mr. W. M. J. Thompson
18. BURIAL, CREMATION, OR REMOVAL: Place: Baltimore, Dated: Jan. 2, 1936
19. UNDERTAKER: H. B. Bailey
20. FILED: Jan. 7, 1936, M. O. R. Kirke

21. DATE OF DEATH: Jan. 5, 1936
22. I HEREBY CERTIFY that I attended decedent from Dec. 28th, 1934, to Dec. 28th, 1934.
23. The principal cause of death and related causes of importance were:
   Right hemiplegia, immediate cause.
   Duration: 6 months.
   Physician: Only saw patient once.
   Other Contributory Causes of importance:
   Arterio sclerosis, primary cause.

24. If disease or injury in any way related to occupation of decedent:
   No.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
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</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Harford Co.
   Village or City: Bel Air, Md.
   Length of residence: 4 yrs. mos. days.
   Registration Dist. No.: 182

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

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      Male

   4. COLOR OR RACE
      Colored

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

   6. DATE OF BIRTH (month, day, and year)
      Oct., 1857

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

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

   9. OCCUPATION
      Trade, profession, or particular kind of work done, as SPINNER, SAWSER, BOOKKEEPER, 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
      Rammy Waddell

   14. BIRTHPLACE (CITY OR TOWN)
      (State or country)

   15. MAIDEN NAME
      Harriet Hall

   16. BIRTHPLACE (CITY OR TOWN)
      (State or country)

   17. INFORMANT
      Black "Harry" Perdue

   18. BURIAL, CREMATION, OR REMOVAL
      Place: County Home
      Date: Jan. 25, 1915

   19. UNDERTAKER
      W. J. "Describ" Bel Air

20. FILED
    Jan. 25, 1915

21. DATE OF DEATH
    (Month) Jan., (Day) 24, (Year) 1915

   22. I HEREBY CERTIFY that I attended deceased from Dec. 1, 1914, to Jan. 24, 1915, and death to have occurred on the date stated above, at 9 a.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   "Dr. Myocardia"

   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, 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?
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.
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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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<td>July 5, 1927</td>
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<tr>
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<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace, MD

2. FULL NAME
   (a) Residence: No.
   Personal and Statistical Particulars

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

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

   6. DATE OF BIRTH (month, day, and year)
      January 31, 1933

   7. AGE
      Years: 9
      Months: 0
      Days: 14

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

   9. Industry or business in which
      work was done, as SILK MILL, SAWMILL, BANK, etc.
      Not Applicable

   10. Data deceased last worked at
        this occupation (month and year)
        Not Applicable

   11. Total time (years)
        spent in this occupation
        Not Applicable

12. BIRTHPLACE (city or town)
    Havre de Grace, Maryland

13. NAME
    George P. Walker

14. BIRTHPLACE (city or town)
    Havre de Grace, Maryland

15. MAIDEN NAME
    Mildred J. Edmonds

16. BIRTHPLACE (city or town)
    Baltimore, Maryland

17. INFORMANT
    George P. Walker

18. BURIAL, CREMATION, OR REMOVAL
    Place: Angell, Date: Jan 16, 1935

19. UNDERTAKER
    Angell, Havre de Grace

20. FILED
    Jan 16, 1935

21. DATE OF DEATH
    Jan 14, 1935

22. I HEREBY CERTIFY
    That I attended deceased from
    Jan 9, 1935, to Jan 14, 1935
    Last saw him alive on Jan 14, 1935
    Death is said to have occurred on the date stated above, at 7 a.m.

    Cause of Death
    Tuberculosis

    Contributory Causes of Importance:
    Cardiac Failure

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
   Whara 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: Charles J. Foley

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

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<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

Registration Dist. No. 132

PLACE OF DEATH
County: Harford
Village or City: Pleasantville, Ind., (No., St., Ward)

FULL NAME: Annie M. Walters

PERSONAL AND STATISTICAL PARTICULARS
SEX: Female
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow
DATE OF BIRTH: May 22, 1854
AGE: 80 yrs. 7 mos. 16 days
OCCUPATION: At home
BIRTHPLACE: Maryland

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH: Jan. 7, 1935
I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934, to Dec. 17, 1935, and that I last saw her alive on Jan. 6, 1935, and that death occurred on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Contributory: Ch. Myoscardiosis

PLACE OF BURIAL OR REMOVAL: Friendship M.E. Cem., Jan. 15, 1935

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.
THE STATEMENT OF OCCUPATION—PREVIOUS OCCUPATION OF OCCUPIER

When one, for any reason, leaves the employment of a particular trade or occupation, the statement of the previous occupation should be included in the certificate of death. This statement should be brief and accurate, giving the name of the trade or occupation and the period during which the individual was engaged in it. It should be noted whether the occupation was full-time or part-time, and whether it was a paid or unpaid job.

Example: The deceased worked as a carpenter for 20 years. His previous occupation was carpenter.

When no previous occupation can be given, it should be stated that the deceased was unemployed or had no occupation.

Example: The deceased was unemployed at the time of death.

The statement of occupation should be legible and concise, avoiding unnecessary details or lengthy descriptions.

Example: The deceased was a retired teacher.

The statement of previous occupation is important for various reasons, including the calculation of age at death, the determination of eligibility for certain benefits, and the understanding of the deceased's lifestyle and interests.

Example: The deceased was a retired teacher, which indicates a probable education level and may affect the calculation of age at death for insurance purposes.
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Harford Co
   - Village or City: Forest Hill
   - Length of residence: 7 yrs., 6 mos., 14 ds.

2. **FULL NAME**
   - Elizabth. Ward
   - Residence No.: Forest Hill

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Female
4. **COLOR OR RACE**
   - White
5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - Widow

6. **DATE OF BIRTH**
   - March 25, 1853

7. **AGE**
   - 82 yrs., 10 mos., 14 ds.

8. **Trade, profession, or particular kind of work done, as SPINNER, SAW MILL, BANK, etc.**

9. **Occupation**
   - Silk Mill, Saw Mill, Bank, etc.

10. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
    - March 25, 1853

11. **Total time (years)**
    - 14 yrs.

12. **BIRTHPLACE (city or town)**
    - Abington

13. **NAME**
    - Joseph Robinson

14. **MAIDEN NAME**
    - Hannah Hughes

15. **FATHER**
    - Joseph Robinson

16. **BIRTHPLACE (city or town)**
    - Abington

17. **INFIRMAR**
    - James Hicks

18. **BURIAL, CREMATION, OR REMOVAL**
    - Deer Park

19. **UNDEARTAKER**
    - Edward B. E. Richardson

20. **FILED**
    - Jan 6, 1935

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Jan 6

22. **I HEREBY CERTIFY.**
    - That I attended deceased from Jan 6, 1935, to Jan 6
    - Last saw her alive on Jan 6, 1935; death is said to have occurred on the date stated above.
    - Chronic interstitial nephritis

23. **PRINCIPAL CAUSE OF DEATH**

24. **Other Contributory Causes of Importance**
    - Uremia coma, jaundice

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<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>Dated onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
County: Hartford
Village or City: Bel Air N.F.O.
No. County Home St., Ward:
If death occurred in a hospital or institution, give its NAME instead of street and number
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX  COLOR OR RACE  SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male  Colored  Widower

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

6. DATE OF BIRTH (month, day, and year)
Oct. 7, 1870

7. AGE
Years: 64
Months: 3
Days: 8
If LESS than 1 day, number of hrs. or min.

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

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)
July 1935

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

12. BIRTHPLACE (city or town)
(Hartford, Conn.

13. NAME
Charles Whitts

14. BIRTHPLACE (city or town)
(Maryland)

15. MAIDEN NAME
Anna Whitts

16. BIRTHPLACE (city or town)
(Maryland)

17. INFORMANT
Mrs. George V. Caldwell
Address: 1205 N. 12th St., Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Union Burying Ground
Date: Jan. 13, 1935

19. UNDERTAKER
Dr. George V. Caldwell
Address: 1205 N. 12th St., Baltimore, Md.

20. FILED
Jan. 18, 1935

Registration Dist. No. 18
If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting "U. S. No. 1.

If nonresidential give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
Jan. 13, 1935

22. I HEREBY CERTIFY, that I attended deceased from
Dec. 1, 1934, to Jan. 1, 1935; death is said to have occurred on the date stated above, at 11:30 A.M.

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

CH. Myocardiosis

Data of onset
1-26-35

Other Contributory Causes of importance:

Name of operation:

What test confirmed diagnosis?: None
Was there an autopsy?: Yes

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

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

Manner of injury:

Nature of injury:

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

(Signed)

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

To be complete, an occupation return must state:

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

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

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

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

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

---

**Example I**

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

<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
</tr>
</tbody>
</table>

---

**Example II**

<p>| The principal cause of death and related causes of importance were as follows: |</p>
<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

---

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Edenton
   Registration Dist. No.: 18
   (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: 59 yrs. 9 mos. - ds.

2. FULL NAME: Frank H. Williams
   (a) Residence: No. 614 Airline Ave.
   (b) Residence: No. 614 Airline Ave.
   (c) Residence: No. 614 Airline Ave.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced, HUSBAND of wife: Grass Cole Williams

6. DATE OF BIRTH (month, day, and year): April 29, 1875
7. AGE: 59 yrs. 9 mos. - ds.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.:
   Merchant
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:
   Merchants
10. Date deceased last worked at this occupation (month and year): April 19, 1874
11. Total time (years) spent in this occupation: 14 yrs.
12. BIRTHPLACE (city or town): Harford City
   (State or country): Maryland
13. NAME: Ancan Williams
14. BIRTHPLACE (city or town): Harford City
   (State or country): Maryland
15. MAIDEN NAME: Lillie Edith
16. BIRTHPLACE (city or town): Harford City
   (State or country): Maryland
17. INFORMANT: Mrs. Grass Cole Williams
   (Address): Chubacah Ind.
18. BURIAL, CREMATION OR REMOVAL
   Place: Baker's Creek, Date: Feb. 1, 1916
19. UNDERTAKER: Henry T. New
    (Address): Annapolis
20. FILED: 1-31, 19-31

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Jan. 30, 1931
   (Month) (Day) (Year)

22. HEREBY CERTIFY, That I attended deceased from
   Sept 10, 1931, to Jan 29, 1931
   and last saw him alive on Jan 29, 1931; death is said
   to have occurred on the date stated above, at 1:30 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   (a) Cancer of Lung

Other Contributory Causes of importance:

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

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

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

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

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

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>

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

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
County: Hartford
Village or City: Perring

2. FULL NAME: William F. Williams
(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: English
5a. If married, widowed, or divorced HUSBAND OF: Elizabeth B. Williams
5b. Residence: Perring

6. DATE OF BIRTH (month, day, and year): July 4, 1903
7. AGE: 31 years, 6 months, 5 days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Day laborer
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Silk Mill, Saw Mill, Bank, etc.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: 1927
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 1932

12. BIRTHPLACE (city or town): Hartford, Co., Maryland
13. NAME: Joshua E. Williams
14. BIRTHPLACE (city or town): Hartford, Co., Maryland
15. MOTHER'S NAME: Mary M. Chey
16. BIRTHPLACE (city or town): Hartford, Co., Maryland

17. INFORMANT: Mrs. Joshua E. Williams
18. BURIAL, CREMATION, OR REMOVAL: Place, Union Mi. Church, Date: Oct. 1, 1935

19. UNDERTAKER: Henry Jennings
20. FILED: 1-31-1935

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: January 29, 1935

22. HEREBY CERTIFY: That I attended deceased from
1-10, 1935, to 1-29, 1935; death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:
- Influenza: 1-10-35

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?

REGISTRAR:
(Signed) Claude L. Cowan, M.D.
(Address) 125-2 E. Baltimore, Chas.

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

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Blank lines]
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Harford
Village or City: Havre de Grace
St., Ward.
Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME
Stillborn Wright

3. SEX
Female

4. COLOR OR RACE
Infant

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF

7. AGE
Jan. 21, 1933

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).

12. BIRTHPLACE (city or town)
Harford Co., Md.

13. NAME
Bernice Wright

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

15. MAIDEN NAME
Elizabeth May Griffith

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

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

18. BURIAL, CREMATION, OR REMOVAL
Place
Date
19. UNDERTAKER

20. FILED
Jan. 21, 1935

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<table>
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<tr>
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<tbody>
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<td>1915</td>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1928 |

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>
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</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN