STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
- County: Cecil
- Village or City: Elkton
- Length of residence in city or town where death occurred: 2 yrs. 1 mos. 0 ds.

2. FULL NAME
- James Cassey Bailey
- Residence: 24 W. Main St., Elkton, Ward.

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 28, 1933
- 7. AGE: 1 Years 3 Months 4 Days
- 8. Trade, profession, or particular kind of work done: Spinner, Sawyer, Bookkeeper, etc.
- 9. Industry or business in which work was done: Silk Mill, Saw Mill, Bank, etc.
- 10. Date deceased last worked at this occupation: Elkton
- 11. Total time (years) spent in this occupation: 1

3. BIRTHPLACE (city or town): Elkton
- State or country: Maryland

4. NAME: James Bailey
- 5. MAIDEN NAME: Lillian Poore
- 6. BIRTHPLACE (city or town): Elkton
- State or country: Delaware

5. INFORMANT (Address): James Bailey
- 12. UNDERTAKER (Address): Elkton
- 13. INFORMANT (Address): Elkton
- 14. BIRTHPLACE (city or town): Elkton
- State or country: Maryland
- 15. INFORMANT (Address): Elkton
- 16. BIRTHPLACE (city or town): Elkton
- State or country: Delaware
- 17. INFORMANT (Address): Elkton
- 18. BURIAL, CREMATION, OR REMOVAL: Cecil
- Place: Cecil, Date: Feb 3, 1935

MEDICAL CERTIFICATE OF DEATH
- 21. DATE OF DEATH: February 1, 1935
- Last saw h. in alive on January 31, 1935.
- Death is said to have occurred on the date stated above, at 8:30 a.m.
- The principal cause of death and related causes of importance were as follows:
- Laryngeal Neoplasm
- Other Contributory Causes of Importance:
- Broncho-pneumonia
- Name of operation: Debreathing
- Date of operation: Jan 14
- What test confirmed diagnosis?: Laboratory
- Was there an autopsy?: 40
- Where did injury occur?: Elkton
- Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE:
- Manner of injury:
- Nature of injury:
- Was disease or injury in any way related to occupation of deceased?:
- If so, specify:
- (Signed) I. W. S. No. 1
- (Address): Elkton
- 20. FILED: Feb 27, 1935

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 4.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**STATE OF MARYLAND**  
**CERTIFICATE OF DEATH**  
**Registration Dist. No. 26**

**Place of Death**  
County: Cecil  
Village or City: Rowlandville

**Full Name:** Jennie S. Benedict

**Personal and Statistical Particulars**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Color or Race</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
<td>Married</td>
</tr>
</tbody>
</table>

**Date of Birth:**  
Oct. 1, 1871

**Age:** 63 yrs. 4 mos. 20 days or hrs.

**Occupation:** Housewife

**Birthplace:** Oxford, Queen Anne's County, Maryland

**Name of Father:** James Black

**Birthplace of Father:** Ireland

**Maiden Name of Mother:** Rodgere

**Birthplace of Mother:** La

**The Cause of Death:**

Signed: (Signature)

**Contributory Secondary**

**Length of Residence:**

At place of death: yrs., mos., ds.  
In the State: yrs., mos., ds.

**Place of Burial or Removal:**  
Chester Creek, Cecil County

**Date of Burial:** Feb. 24, 1935

**Underwriter:**

**Registrar:**

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baltimore, Requesting V. S. No. 1.
Certificate of Death

Name, Age, Sex: Patient

Place of Death: Location

Date of Death: Month, Day, Year

Cause of Death: Description

Certified: Signature

Health Authority

Revised United States Standard
STATE OF MARYLAND—CERTIFICATE OF DEATH
01651

1. PLACE OF DEATH
County: Cecil
Village or City: Near Fair Hill
Length of residence in city or town where death occurred: 24 yrs.

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
(Make this word)
Married

6. DATE OF BIRTH (month, day, and year)
July 10, 1875

7. AGE
Years 71

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
Papier Maker

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
Renmore Iron Mill

10. DATE DECEASED LAST WORKED AT OCCUPATION
Nov. 16, 1934

11. TOTAL TIME SPENT IN THIS OCCUPATION
23 yrs.

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

13. NAME
John Sylvester Bordley

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

15. MAIDEN NAME
Elizabeth Atlee

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

17. INFORMANT
Mary Bordley

18. BURIAL, CREMATION, OR REMOVAL
Place: John's Manor
Date: Sept. 8, 1934

19. UNDERTAKER
Herrmann & Attemberger

20. FILED
Feb. 7, 1935

REGISTRATION DIST. NO. 92
WARD 93

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
Feb 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1935, to July 5, 1935;
I last saw him give on July 5, 1935; death is said to have occurred on the date stated above, at 11:24 A.M.
The principal cause of death and related causes of importance were as follows:

Cardiac

Other Contributory Causes of Importance:
Chronic appendicitis

Name of operation...

What test confirmed diagnosis?...

Was there an autopsy?...

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) fill in also the following:
Accident, suicide, or homicide?...

Date of injury...

Where did injury occur?...

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

Manner of injury...

Nature of injury...

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

(Signed)...

ADDRESS...

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

<table>
<thead>
<tr>
<th>Example I</th>
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<tr>
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<td>1921</td>
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<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1925</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: Capi
   Village or City: Poolesville
   Registration Dist. No.: 93
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
   5a. If married, widowed, or divorced:
      HUSBAND OF: Mary E. Smith
      WIFE of:

   6. DATE OF BIRTH (month, day, and year): Apr. 17, 1857

   7. AGE: Years: 75
      Months: 11
      Days: 5
      If less than 1 day, ___ hrs. or ___ min.

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

   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:
      Paper 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) (State or country):
      Calver Md.

   13. NAME:
      Thomas Brown

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

   15. MAIDEN NAME:
      Rachel Cumbler

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

   17. INFORMANT:
      Mrs. Mary E. Brown
      8, E. 19th St., Baltimore

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Calver, Md.
      Date: Feb. 25, 1936

   19. UNDERTAKER:
      South-Eastern Undertaking Co.

   20. FILED:
      Aug. 24, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Feb. 20-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from:
   Feb. 20, 1936, to Feb. 22, 1936; 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:

   Coronary sclerosis

   Other Contributory Causes of importance:

   Angina Pectoris

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

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

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

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<th>Example II</th>
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<td></td>
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<td>1916</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>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. **PLACE OF DEATH**
   - County: Cecil
   - Village or City: Elkton
   - Registration Dist. No.
   - Hospital: Union Hospital
   - Ward: 9
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - James Carter
   - Residence: Yes
   - St., Ward.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Male
   - Race: Negro
   - Married, Widowed, or Divorced: Single

4. **DATE OF DEATH**
   - Date: Jan 11, 1935

5. **DATE OF BIRTH**
   - Month: Sep
   - Day: 15
   - Year: 1899

6. **AGE**
   - Years: 35
   - Months: 4
   - Days: 27

7. **OCCUPATION**
   - Labour

8. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - 1934

9. **BIRTHPLACE**
   - City or Town: Not Known
   - State or Country: Texas

10. **MOTHER FATHER**
    - No Information

11. **BIRTHPLACE (city or town)**
    - State or Country

12. **INFORMANT**
    - Hospital record

13. **BURIAL, CREMATION, OR REMOVAL**
    - Place: County, City, Town, Date: July 16, 1935

14. **UNDEAKERT**
    - Address: Elkton, Val

15. **FILED**
    - Date: July 16, 1935

**MEDICAL CERTIFICATE OF DEATH**

- I hereby certify that I attended deceased from Jan 11, 1935 to death
  - Date of death: Jan 11, 1935
  - Cause of death: Carcinoma of lung

**Other Contributory Causes of Importance**

- Name of operation
- Date of:
- What test confirmed diagnosis? None
- 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)

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

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

### Example II

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

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

**Registration Dist. No.** 7.95

**1. PLACE OF DEATH**
- County: Cecil Co.
- Village or City: Port Deposit
- Ward: No.
- Length of residence in city or town where death occurred: 6 yrs. 9 mos. ds.

**2. FULL NAME**
- **Sofia Cianelli**

**PERSONAL AND STATISTICAL PARTICULARS**
- **SEX**: Female
- **COLOR OR RACE**: White
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Married
- **DATE OF BIRTH**: Sept 30, 1886
- **AGE**: 49 Years 7 Months 21 Days
- **OCCUPATION**: Housewife

**3. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE**: SALESWOMAN, BOOKKEEPER

**6. DATE OF BIRTH**: Sept 30, 1886

**7. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**: 25

**12. BIRTHPLACE (CITY OR TOWN)**: Guardiagrele, Chieti (State or country)

**13. NAME**: Nicola Cianelli

**14. BIRTHPLACE (CITY OR TOWN)**: Guardiagrele, Chieti (State or country)

**15. MAIDEN NAME**: Maria Palermo

**16. BIRTHPLACE (CITY OR TOWN)**: Guardiagrele, Chieti (State or country)

**17. INFORMANT**: Nicola Cianelli

**18. BURIAL, CREMATION, OR REMOVAL**: (Address)

**19. UNDERTAKER**: (Address)

**20. FILED**: (Address)

**21. DATE OF DEATH**: Feb 19, 1935

**22. I HEREBY CERTIFY THAT I ATTENDED DISEASED FROM**
- Aug 15, 1934 to Feb 17, 1935

**23. Date of Onset**: 1932

**24. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
- *Cause of death*: Masticarditis, Pericarditis
- *Cause of death*: Cholecystitis

**25. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
- Name of operation: 
- Date of: 

**26. IF DEATH DUE TO VIOLENCE FILL IN THE FOLLOWING**
- Accident, suicide, or homicide: 
- Date of injury: 
- Where did injury occur? (Specify): 
- Nature of injury: 
- Manner of injury: 

**27. IF SO, SPECIFY**
- Signed: 
- Address: 

---

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

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

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<td>The principal cause of death and related causes of importance were as follows:</td>
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<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

NOTE: MOTHER'S MAIDEN NAME; see second certificate filed 5/24/35 under Dr. Benson.—L. Bureau of Vital Statistics, State Department of Health, Baltimore, Md.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County. Cecil
   Village or City. North East

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. Mary C. Clark
   Residence: No. (Usual place of abode)

3. SEX. Female
   Color or Race. White

5a. If married, widowed, or divorced
   HUSBAND OF (or) WIFE OF: Emory J. Clark

6. DATE OF BIRTH (month, day, and year). Sept. 6, 1898

7. AGE. Years 36 Months 5 Days 7

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

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

   (State or country)

14. BIRTHPLACE (city or town). Windsor, England
   (State or country)

15. MAIDEN NAME. Margaret Snyder

   (State or country)

17. INFORMANT. Emory E. Clark
   Address. North East

18. BURIAL, CREMATION, OR REMOVAL PLACE. North East. Date. Feb. 16, 1935

19. UNDERTAKER. Joseph J. Grant
   Address. North East

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH. Feb. 15, 1935

   I last saw deceased alive on Feb. 5, 1935; death is said to have occurred on the date stated above, at a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Pulmonary Tuberculosis

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

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

   (Signed) M. Ford M. Boylan
   Address. North East

Register.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting "U. S. No. 2."
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>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**Example II**

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Seneca

2. FULL NAME: Vera L. Dickerson

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

6. DATE OF BIRTH: Apr 7, 1887
7. AGE: 47 Years, 10 Months, 14 Days

8. OCCUPATION: Housewife

9. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): N/A

10. BIRTHPLACE: City or town: Laurel, State or country: Delaware
11. MOTHER'S NAME: Malvina Files
12. FATHER'S NAME: Orlando F. Colliers

13. DATE OF DEATH: Jul 21, 1935
14. MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from
    (Month, Day, Year) to (Month, Day, Year); death is said
    to have occurred on the above date at (Time). The
    PRINCIPAL CAUSE OF DEATH and related causes of
    importance were as follows:

    Other Contributory Causes of Importance:

15. place of residence: E. Delawon
16. BURIAL, CREMATION, OR REMOVAL: Mt. Pleasant Cemetery, Date: July 23, 1935
17. INFORMANT: C. W. Dickinson

18. Undertaker: J. W. Bostwick
19. Registrar: L. F. Stewart

20. FILE: 276-22, 1936

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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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
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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>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1915</td>
</tr>
<tr>
<td>Date of onset</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>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>May 1, 1926</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Cecil
   Village or City: Elkton
   Length of residence in city or town where death occurred: 40 yrs.
   Registration Dist. No. 92
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Sarah Horace
   (a) Residence: No. 41 North St.
   (Unusual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   4. COLOR OR RACE: White
   5a. If married, widowed, or divorced
   HUSBAND of: 
   WIFE of: 
   6. DATE OF BIRTH (month, day, and year): Nov 10, 1876
   7. AGE: Years: 58
      Months: 3
      Days: 12
   8. Trade, profession, or particular kind of work done: Housewife
   9. Industry or business in which work was done: Silk Mill,
      Saw Mill, Bank, etc.
   10. Date deceased last worked at this occupation (month and year):

OCCUPATION

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

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

13. NAME: James Short

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

15. MAIDEN NAME: Margaret Dixon

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

17. INFORMANT: James Moore
   (Address): Elkton Pt.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Elkton Cemetery
   Date: July 23, 1938

19. UNDERTAKER: Wm. R. Evins
   (Address): Elkton, Md.

20. FILED: July 28, 1938

21. DATE OF DEATH: Dec 27, 1938
   (Month) Dec 27, 1938
   (Day) 1938

22. I HEREBY CERTIFY, That I attended deceased from
   Dec. 21, 1938, to Dec. 27, 1938,
   I last saw her alive on Dec. 21, 1938, and death is said
   to have occurred on the date above, at 40 yd.

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

   Carcinoma of Stomach

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Date of injury: 1938
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Menorrhagia
   Nature of injury

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

   (Signed): Dr. W. H. Thompson
   (Address): Elkton, Md.

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Cecil
   Village or City: Belton
   Registration Dist. No.: 92
   Length of residence in city or town where death occurred: yrs., mos., ds. 10 yrs. 0 mo. 0 ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME
   (a) Residence: No. (Unusual place of abode)
   St., Ward. North East 4th St., Ward. North East 4th
   If nonresident give city and town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   1843

7. AGE
   Years: 82
   Months: 0
   Days: 0
   If LESS than 1 year: 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, SAWMILL, 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)
    Philadelphia

13. NAME
    Borges

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

15. MAIDEN NAME
    -

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

17. INFORMANT
    Fred Goodnow

18. BURIAL, CREMATION, OR REMOVAL
    Place: 23rd East M.E. Date: Feb 13, 1935

19. UNDERTAKER
    Joseph P. Grant

20. FILED
    July 13, 1935

21. DATE OF DEATH
   (Month) 1
   (Day) 9
   (Year) 1935

22. I HEREBY CERTIFY that I attended deceased from Jan 1935 to Feb 1935, 1935; death is said to have occurred on the date stated above, at 10.35 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   (Signed)
   Dr. C. W. Kiefer

   Date of onset: 1/1/1935

   Other Contributory Causes of Importance:
   Rheumatism
   Influenza

   Name of operation: Nephrectomy—Excision of kidney 11/1/1935.

   What test confirmed diagnosis? -
   Was there an X-ray? -

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

   Manner of Injury
   Nature of Injury

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

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### Example I

<table>
<thead>
<tr>
<th>Cause of Death</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, 1928

### Example II

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

Other contributory causes of importance:

- Gastroenteritis: 1 year

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

## 1. PLACE OF DEATH
- County: Cecil
- Village or City: Near Pleasant Hill
- Length of residence in city or town where death occurred: yrs. mos. ds.

## 2. FULL NAME
- Thomas William Hammond

### 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>Colored</td>
<td>Single</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, year)</th>
<th>12/28/1934</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. AGE (years, months, days)</td>
<td></td>
</tr>
<tr>
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| 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. |

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<th>10. Date deceased last worked at this occupation (month and year)</th>
<th>11. Total time (years) spent in this occupation</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town)</th>
<th>Maryland</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. NAME</td>
<td>Evan J. Hammond</td>
</tr>
<tr>
<td>14. BIRTHPLACE (city or town)</td>
<td>Maryland</td>
</tr>
<tr>
<td>15. MAIDEN NAME</td>
<td>Alice Alexander</td>
</tr>
</tbody>
</table>

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
<th>February 28, 1934</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. I HEREBY CERTIFY</td>
<td>That I attended deceased from February 26, 1934, to February 28, 1934, I last saw him alive on February 20, 1934. At 6:30 a.m. death is said to have occurred on the date stated above, at 6:30 a.m. The principal cause of death and related causes of importance were as follows: Severe Nutritional Disease; Feb. 22</td>
</tr>
</tbody>
</table>

### Other Contributory Causes of importance:

- Bacterial pneumonia

| 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 |

| 24. Was disease or injury in any way related to occupation of deceased? If so, specify: |
| (Signed) | Nature of injury |
| (Address) | M. O. |
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

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

1. PLACE OF DEATH
County: Cecil
Village or City: Rising Sun
Length of residence in city or town where death occurred: yrs., mos., ds.

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

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

S. If married, widow, or divorced
HUDBIR: Jane Bonnager

22. I HEREBY CERTIFY that I attended deceased from
I last saw him alive on Feb. 19, 1935; death is said
to have occurred on the date stated above, at 11:45 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Carbunculosis

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

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

If so, specify

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Month) Feb. 19 (Day) 19 (Year) 1936

11. Total time (years) spent in this occupation: 20

10. Occupation:
Carpenter, Railroad

12. BIRTHPLACE (city or town)
Peters Bridge, (State or country)

13. NAME
Samuel A. Hindman

14. BIRTHPLACE (city or town)
Peters Bridge, (State or country)

15. MAIDEN NAME
Prudence Woodson

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

17. INFORMANT
David Reed

18. BURIAL, CREMATION, OR REMOVAL
Peters Bridge, County, Feb. 23, 1935

19. UNDERTAKER
Ralph M. Reed

20. FILED

21. REGISTRATION DIST. No. 95

22. If nonresident give city or town and State

23. Date of onset

24. Other Contributory Causes of importance:

25. Name of operation:

26. Other Contributory Causes of importance:

27. Date of:

28. What test confirmed diagnosis?

29. Was there an autops?

30. Accident, suicide, or homicide?

31. Where did injury occur?

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

33. Manner of injury:

34. Nature of injury:

35. If so, specify

36. (Signature)

37. (Address)

38. (Address)

39. If more blanks are needed, address State Registrar, 2111 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, 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:

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</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, 1928</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: [Redacted]
   Village or City: Fort McPherson
   Registration Dist. No. 96

2. FULL NAME
   (a) Residence: No.
   (b) (Usual place of abode)
   Name: Grace Ann Hodge

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Col. -

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

6. DATE OF BIRTH (month, day, and year)
   April 14, 1936

7. AGE
   Years: 9
   Months: 2
   Days: 4
   If LESS than 1 day, ________ hrs. ________ 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)
    [Redacted]

11. Total time (years) spent in this occupation
    [Redacted]

12. BIRTHPLACE (city or town)
    (State or country)
    Contractor. 8th

13. NAME
    (Surn. or Spouse) John Hodge

14. BIRTHPLACE (city or town)
    (State or country)
    [Redacted]

15. MAIDEN NAME
    [Redacted]

16. BIRTHPLACE (city or town)
    (State or country)
    [Redacted]

17. INFORMANT
    (Address)
    [Redacted]

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cold Spring, Date: Feb 10, 1935

19. UNDOCKET
    (Address)
    [Redacted]

20. FILED
    2/9, 1935
    Registrar

21. DATE OF DEATH
    (Month) (Day) (Year)
    Feb. 7, 1935

22. I HEREBY CERTIFY that I attended deceased from Jan. 31, 1935, to Feb. 7, 1935, death is said to have occurred on the date stated above, at [Redacted].

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

   [Redacted]

   Other Contributory Causes of Importance:

   [Redacted]

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 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
   [Redacted]

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related 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>Disease</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
1. PLACE OF DEATH  
County: Ceby  
Village or City: Minstof Furnace  
Length of residence in city or town where death occurred: yrs. mos. days  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
Nos. St., Ward:  

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

3. SEX  
Female  
4. COLOR OR RACE  
White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (correct the word)  
Widowed  
6. DATE OF BIRTH (month, day, and year)  
Jan 1, 1860  
7. AGE  
Years: 74  
Months: 18  
Days: 22  
If less than 1 day, hours, or minutes.  
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.  
House work at Home  
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.  
10. Date deceased last worked at this occupation (month and year)  
Mar. 1935  
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION  
50  
12. BIRTHPLACE (city or town)  
(City or country)  
Cumberland, MD  
13. NAME  
Eliza Whitebock  
14. BIRTHPLACE (city or town)  
(City or country)  
15. MAIDEN NAME  
Sarah Shannon  
16. BIRTHPLACE (city or town)  
(City or country)  
17. INFORMANT  
(Driver or name of)  
Eliza Whitebock  
18. BURIAL, CREMATION, OR REMOVAL  
Place: Minstof Furnace  
Date: Feb. 27, 1935  
19. UNDERTAKER  
Address:  
20. FILED  
Date: 1935  
21. DATE OF DEATH  
Month: Feb.  
Day: 2  
Year: 1935  
22. I HEREBY CERTIFY That I attended deceased from  
I last saw him alive on Feb. 7th, 1935  
Date of death is said to have occurred on the date stated above, at _.  
The principal cause of death and related causes of importance were as follows:  
23. Other Contributory Causes of importance:  
Central Eryphy  
Name of operation:  
Date of:  
What test confirmed diagnosis?  
Was there an autopsy?  
24. If death was due to external causes (VIOLENCE) fill in also the following:  
Accident, suicide, or homicide?  
Date of injury:  
Manner of Injury  
Nature of Injury  
If so, specify  
(Signed):  
M.D.  
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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<tr>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1928</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Cecil
   Village or City: Joppa
   No. St., Ward
   Length of residence in city or town where death occurred: 2 yrs.

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

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Give the word)
   Married
   HUSBAND of
   (or WIFE of)

6. DATE OF BIRTH (month, day, and year)
   Feb 23, 1935

7. AGE
   Years: 23
   Months: 0
   Days: 0

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, 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)
    (STATE OR COUNTRY)
    Joppa, Md.

13. NAME
    John Jackson

14. BIRTHPLACE (CITY OR TOWN)
    (STATE OR COUNTRY)
    Joppa, Md.

15. MAIDEN NAME
    Revis McEgin

16. BIRTHPLACE (CITY OR TOWN)
    (STATE OR COUNTRY)
    Joppa, Md.

17. INFORMANT
    (Address)
    Inez L. Jackson

18. BURIAL, CREMATION, OR REMOVAL
    (PLACE)
    Corpse
    Date
    Feb 25, 1935

19. UNDERTAKER
    (Address)
    J. H. Anderson

20. FILED
    2-23-35

21. DATE OF DEATH
    (Month) 2 (Day) 23 (Year) 1935

22. I HEREBY CERTIFY
    That I attended deceased from
    Feb 23, 1935
    I last saw him alive on
    Still Born
    death is said to have occurred on the date stated above, at
    Still Born
    The principal cause of death and related causes of importance were as follows:
    Date of onset

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)
    Nature of injury
    Manner of injury

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

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

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STATEMENT OF CAUSE OF DEATH

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

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

1. PLACE OF DEATH

County: Cecil
Village or City: Elkton R.D.
Registration Dist. No.: 92
St., Ward:

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

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

5e. If married, widowed, or divorced

HUSBAND of: Robert H. Jagquette
WIFE of:

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

July 15, 1873

7. AGE

Years: 66
Months: 6
Days: 24
If LESS than 1 year: 1 day, hrs., or min.

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

Name:

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

Name:

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Delaware
(State or country)

13. NAME

James O. Kozy

14. BIRTHPLACE (city or town)

Delaware
(State or country)

15. MAIDEN NAME

Rebecca McDaniel

16. BIRTHPLACE (city or town)

Delaware
(State or country)

17. INFORMANT

Robert Jagquette Jr.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Cherry Hill, County: Cecil
Date: July 12, 1935

19. UNDERTAKER

[Signature]
(Address)

20. FILED

Feb. 11, 19

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Cecil
   Village or City: Elkton
   Place of death: Denmark Hospital
   Length of residence: 2 yrs. 6 mos. 13 ds.

2. FULL NAME
   (a) Residence: No. 2 Collings Ave St., Ward.
   Full name: Clarence M. Johnston
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Black

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

6. DATE OF BIRTH (month, day, and year)
   Sept. 1902

7. AGE
   Years: 32
   Months: 5
   Days: 1

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

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

10. Date deceased last worked at occupation: Sept. 19

11. Total time spent in this occupation: 1 year

12. BIRTHPLACE (city or town)
   Elk Neck

13. NAME
   William Johnson

14. BIRTHPLACE (city or town)
   Elk Neck

15. MAIDEN NAME
   Eillie Strickland

16. BIRTHPLACE (city or town)
   Maryland

17. INFORMANT
   Julia M. Johnson

18. BURIAL, CREMATION, OR REMOVAL
   Place: Elk Neck, Md.
   Date: May 24, 1911

19. UNDERTAKER
   Joseph R. Grant

20. FILED
   May 9, 1911

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   July 22, 1911

22. I HEREBY CERTIFY, That I attended deceased from
    July 16, 1911, to July 22, 1911.
    I last saw him alive on July 22, 1911; death is said
    to have occurred on the date stated above, at 3:30 a.m.
    The principal cause of death and related causes of importance
    were as follows:
    Chorea

Other Contributory Causes of importance:

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

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

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

On announcement of change in date of death

as found letter filial under Jenevawd 4/01/35
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Cecil Co.
   - Village or City: Coddington
   - Registration Dist. No.: 95
   - Length of residence in city or town where death occurred: 9 yrs. 3 mos. 13 ds.

2. **FULL NAME: Phyliss Jones**
   - (a) Residence: No.
   - St., Ward.

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEX</strong></td>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>Female</td>
<td>26 (Month) 1936 (Year)</td>
</tr>
<tr>
<td><strong>COLOR OR RACE</strong></td>
<td><strong>DIED FROM</strong></td>
</tr>
<tr>
<td>Colored</td>
<td>Intestinal Lymphangitis</td>
</tr>
<tr>
<td><strong>SINGLE, MARRIED, WIDOWED, OR DIVORCED</strong></td>
<td><strong>DATE OF BIRTH (month, day, year)</strong></td>
</tr>
<tr>
<td>Widowed</td>
<td>Mar 11, 1886</td>
</tr>
<tr>
<td><strong>HUSBAND OF</strong></td>
<td><strong>DATE OF BIRTH (month, day, year)</strong></td>
</tr>
<tr>
<td>George Jones</td>
<td>Mar 11, 1856</td>
</tr>
<tr>
<td><strong>DATE OF BIRTH (month, day, year)</strong></td>
<td><strong>DATE OF BIRTH (month, day, year)</strong></td>
</tr>
<tr>
<td>79, 78, 11</td>
<td>79, 78, 11</td>
</tr>
<tr>
<td><strong>AGE</strong></td>
<td><strong>GENDER</strong></td>
</tr>
<tr>
<td>11 months</td>
<td>Female</td>
</tr>
<tr>
<td><strong>OCCUPATION</strong></td>
<td><strong>GENDER</strong></td>
</tr>
<tr>
<td>General House Work</td>
<td>Female</td>
</tr>
<tr>
<td><strong>DATE DECEASED Last Worked at this occupation (month and year)</strong></td>
<td><strong>DATE DECEASED Last Worked at this occupation (month and year)</strong></td>
</tr>
<tr>
<td>Sept 1905</td>
<td>Sept 1905</td>
</tr>
<tr>
<td><strong>Total time (years) spent in this occupation</strong></td>
<td><strong>Total time (years) spent in this occupation</strong></td>
</tr>
<tr>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

3. **BIRTHPLACE (city or town)**
   - Cecil Co. Md
   - (State or country)

4. **NAME**
   - George Jones
   - (State or country)

5. **MAIDEN NAME**
   - Catherine Neason
   - (State or country)

6. **BIRTHPLACE (city or town)**
   - Cecil Co. Md
   - (State or country)

7. **INFORMANT**
   - Benj. E. Brown
   - (Address)
   - Coddington, Md

8. **BURIAL, CREMATION, OR REMOVAL**
   - Place of Burial: Mt. Airy, Md. Date of Burial: Mar 1, 1935

9. **UNDERTAKER**
   - J. E. Fenn, Dr. John, Md

20. **FILED**
    - Registrar

11. **CONTRIBUTORY CAUSES OF DEATH**
   - Carcinoma of Rectum

22. **Date of Onset**

23. **Other Contributory Causes of Importance**
   - None

24. **MANNER OF DEATH**
   - Natural

25. **NATURE OF INJURY**
   - None

26. **Who did Injury occur to?**
   - None

27. **Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.**
   - None

28. **MANNER OF INJURY**
   - Natural

29. **NATURE OF INJURY**
   - Natural

30. **WHO DIED of INJURY in any way related to occupation of deceased?**
   - None

31. **If so, specify**
   - None

32. **SIGNED**
   - J. E. Fenn
   - (Address) John, Md
   - M.D.
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<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**

   County: Cecil  
   Village or City: Veterans' Administration Facility, Perry Point, Md.  
   (If death occurred in a hospital or institution, write the name of the hospital or institution instead of street and number)  
   Length of residence in city or town where death occurred: 3 yrs. 7 mos. 19 days. How long in U.S. or if of foreign birth? yrs. mos. ds.

2. **FULL NAME**

   **KEMP, Aloysius C-1 365 555**
   (a) Residence: No. 7157 Idlewild St., Homewood, Pittsburgh, Pa.
   (Usual place of abode)

3. **SEX**

   Male

4. **COLOR OR RACE**

   W.

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

   Widower.

6. **DATE OF BIRTH**

   (Month, day, and year) March 11, 1900

7. **AGE**

   Years: 34  
   Months: 11  
   Days: 11  
   If LESS than 1 year, give day, month, and year of birth.

8. **OCCUPATION**

   Laborer, glass factory, Union Sheet mill, core maker  
   (Kind of work done, name of firm, city, state, etc.)

9. **DATE DECEASED LAST WORKED AT**

   Sheet mill, as core maker and millwright  
   (Date and occupation)

10. **BIRTHPLACE**

    (City or town) Pittsburgh, Pa.  
    (State or country)

11. **NAME**

    Leo Kempf

12. **MOTHER'S NAME**

    Rose Kempf Domino

13. **MOTHER'S PLACE OF BIRTH**

    France

14. **FATHER'S NAME**

    None

15. **FATHER'S PLACE OF BIRTH**

    None

16. **DATE OF CERTIFICATION**

    February 22, 1935

17. **DATE OF DEATH**

    February 22, 1935

18. **OCCUPATION**

    Neurological Examination

19. **CAUSE OF DEATH**

    Multiple Sclerosis  
    (State of onset)

20. **INFORMANT**

    Hospital Records  
    (Address)

21. **BURIAL, CREMATION, OR REMOVAL**

    Perry Point, Md.  
    (Place of interment, town, city, etc.)

22. **DATE OF BIRTH**

    July 3, 1900

23. **DATE OF DEATH**

    February 22, 1935

24. **MANNER OF DEATH**

    Accident, suicide, or homicide? No  
    Date of injury: 1935

25. **NATURE OF INJURY**

    None

26. **DATE OF INJURY**

    None

27. **SIGNATURE**

    D. D. Campell, M.D. Manager  
    (Address)

28. **FILED**

    Jan. 25, 1935  
    (Date)

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

### Example II

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Cecil
   Village or City: North East

2. FULL NAME
   (a) Residence: No. 
   Personal and Statistical Particulars
   SEX: Male
   COLOR OR RACE: White
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

3. 5a. HUSBAND OF
   Wife: Sarah C. Culke

4. DATE OF BIRTH (month, day, and year): Nov 4, 1841
   AGE: 93

5. OCCUPATION: Accountant

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

15. MAIDEN NAME: Elizabeth Garrett

19. INFORMANT (Address):
   Charles E. New
   North East, MD

20. BURIAL, CREMATION, OR REMOVAL
   Place: North East, MD
   Date: Feb 14, 1935

21. DATE OF DEATH
   (Month) (Day) (Year): Feb 14 (1935)

22. I HEREBY CERTIFY. That I attended deceased from
   Feb 1, 1935, to Feb 14, 1935.
   I last saw him alive on Feb 14, 1935; death is said
   to have occurred on the date stated above, at 11:30 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   
   General Illness
   Other Contributory Causes of importance: 

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

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:
   Manner of injury:
   Nature of injury:

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

Example I

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

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

Village or City

Registration Dist. No.

No. St. Ward

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

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

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

2. FULL NAME
Margaret Amanda Lewis

(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
White

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

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

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

7. AGE
Years 6

Months 11

Days 28

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

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

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

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

11. Total time (years) spent in this occupation

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

Jerry Court

13. OTHER FATHER

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

Edgar Lewis

15. MAIDEN NAME

Margaret Lewis

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

17. INFORMANT

Clara Lewis

18. BURIAL, CREMATION, OR REMOVAL

Place

Death Date

19. UNDERTAKER

20. FILE No.

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

21. DATE OF DEATH
(Month) Feb

(Day) 18

(Year) 1935

22. I HEREBY CERTIFY

I last saw person alive on Feb 18, 1935; death is said to have occurred on the date stated above, at 8:17 p.m.

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

Pneumonia

Other Contributory Causes of importance:

Walls

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

Accident, suicide, or homicide? Chute

Nature 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.

Date of injury ____, 19

Manner of injury

Nature of injury

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

If so, specify

(Address)

(Signed) M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

<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>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<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: Cecil
   Village or City: Elkton
   Registration Dist. No.: 92
   No. Union Hospital
   St., Ward:
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Anna Longest
   (a) Residence: No. 115 Ninth St
   (Unusual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): March 5, 1919
7. AGE
   Years: 23
   Months: 11
   Days: 19

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME: Walter Longest
14. BIRTHPLACE (city or town)
    (State or country): Hungary

15. MAIDEN NAME: Rachel Brown
16. BIRTHPLACE (city or town)
    (State or country): Elkton, Maryland

17. INFORMANT
    (Address): Laura Gilliard

18. BURIAL, CREMATION, OR REMOVAL
    County: Cecil
    County: Elkton
    County: Elkton
    County: Elkton
    County: Elkton
    County: Elkton

19. UNDERTAKER
    (Address)

20. FILED
    Date: Feb 16, 1935
    Register:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month)
    (Day)
    (Year): Feb 14, 1935

22. I HEREBY CERTIFY, that I attended deceased from Feb 12, 1935 to Feb 14, 1935
    I last saw h. alive on Feb 14, 1935. Death is said to have occurred on the date stated above, at 12:30 p.m.
    The PRINCIPAL CAUSE OF DEATH was as follows:

    Other Contributory Causes of importance:

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

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

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

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

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

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

Example II

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

<table>
<thead>
<tr>
<th>Disease / Condition</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>
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</tr>
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<td>Peritonitis</td>
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Other contributory causes of importance:

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

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

1. **PLACE OF DEATH**
   - County: [Blank]
   - Village or City: Elkton
   - Hospital: [Blank]
   - Registration Dist. No.: 92
   - St., Ward: [Blank]

2. **FULL NAME**
   -氏名: Raphael M. Mahan
   - Residence: [Blank]
   - St., Ward: [Blank]

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

5b. **If married, widowed, or divorced**
   - HUSBAND of: [Blank]

6. **DATE OF BIRTH (month, day, and year)**
   - Aug 1, 1880

7. **AGE**
   - Years: 54
   - Months: 6
   - Days: 19

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

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

10. **Data deceased last worked at this occupation (month and year)**
    - [Blank]

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

12. **BIRTHPLACE (city or town)**
    - New York City

13. **NAME**
    - [Blank]

14. **BIRTHPLACE (city or town)**
    - [Blank]

15. **MAIDEN NAME**
    - Maria Cardelli

16. **BIRTHPLACE (city or town)**
    - [Blank]

17. **INFORMANT**
    - Wm. Mahan

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

19. **UNERTAKER**
    - J. W. Pittman

20. **FILED**
    - [Blank]

21. **DATE OF DEATH**
    - Jul 20, 1935

22. **I HEREBY CERTIFY, That I attended deceased from...**
    - [Blank]

23. **Other Contributory Causes of importance**
    - Chronic Intestinal Ulcers

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

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

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

27. **Date of injury**
    - [Blank]

28. **Nature of injury**
    - [Blank]

29. **If so, specify**
    - [Blank]

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

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**Example I**

| The principal cause of death and related causes of importance were as follows: | 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: Cecil
   Village or City: Elkton
   Registration Dist. No.: Union
   St.: 9
   Ward.
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND or WIFE of: Hanson Mahoney
6. DATE OF BIRTH (month, day, and year): May 10, 1913
7. AGE: Years: 21
   Months: 11
   Days: 2
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BEDKEEPER, 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: May 10, 1913
11. Total time (years) spent in this occupation: None
12. BIRTHPLACE (city or town): Childs
   (State or country): Maryland
13. NAME: J. Roy Miller
14. BIRTHPLACE (city or town): Union
   (State or country): Pennsylvania
15. MAIDEN NAME: Margaret Crooks
16. BIRTHPLACE (city or town): Near Poughkeepsie, N.Y.
   (State or country): New York
17. INFIRMAT (Address): J. Roy Miller, Childs
18. BURIAL, CREMATION, OR REMOVAL
   Place: Union, M. C. County
   Date: Feb. 15, 1935
19. UNDERTAKER (Address): Joseph A. Schaefer

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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date: July 5, 1927</td>
<td>Date: 1 week ago</td>
</tr>
</tbody>
</table>

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Addition to cause of death: letter filed 3/11/35 under Dr. Kane.—L.
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Cecil
   - Village or City: Elkton, St. Mary's, Md.
   - Registration Dist. No.: 6

2. **FULL NAME**
   - Uri Mayberry

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: March
   - Day: 17
   - Year: 1861

7. **AGE**
   - Years: 73
   - Months: 11
   - Days: 5

8. **OCCUPATION**
   - Merchant

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - Jan. 31, 1936

10. **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**
    - 35

11. **BIRTHPLACE (city or town)**
    - Farmington, Maryland

12. **NAME**
    - Hiram Mayberry

13. **FAATHER**
    - (State or country)

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

15. **MAIDEN NAME**
    - Sarah Mayberry

16. **BIRTHPLACE (city or town)**
    - Cecil, Md.

17. **INFORMANT**
    - (Address)

18. **BURIAL, CREMATION, OR REMOVAL**
    -place, Chincoteague, Md.
    - Date: Feb. 22, 1936

19. **UNDERTAKER**
    - (Address)

20. **FILER**
    - (Address)
    - Date of Registration: Feb. 21, 1936

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Month: 2
    - Day: 20
    - Year: 1936

22. **I HEREBY CERTIFY, That I attended deceased from 2-3, 1936, to 2-20, 1936; death is said to have occurred on the date stated above, at 2 a.m.**

23. **The PRINCIPAL CAUSE OF DEATH**
    - Pneumonia

24. **Other Contributory Causes of Importance**

25. **Date of onset**

26. **Name of operation**

27. **Date of**

28. **What last confirmed diagnosis**

29. **Was there an autopsy?**

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

31. **Accident, suicide, or homicide**

32. **Date of Injury**

33. **Where did Injury occur**

34. **Specify whether injury occurred in Industry, in Home, or in Public Place**

35. **Manner of Injury**

36. **Nature of Injury**

37. **If so, specify**

38. **(Signed)**

39. **Date**

40. **Register**

41. **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.
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In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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### Example I

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

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

1. PLACE OF DEATH
   - County: Beek
   - Village or City: 511 E. side of Rising Sun
   - Registration Dist. No.: 26
   - Length of residence in city or town where death occurred: 74 yrs. 1 mos. 8 ds.

2. FULL NAME
   - Martha J. McIvorrell
   - Residence: 511 W. side of Rising Sun St.,

3. SEX
   - Female

4. COLOR OR RACE
   - White

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

6. DATE OF BIRTH (month, day, and year)
   - 12/22/1848

7. AGE (years, months, and days)
   - 74 Years 1 Months 8 Days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE (SPECIFY)
   - Retired

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   - (Specify city or town, county, State)

10. Date deceased last worked at this occupation (month and year)
    - 12/15/1848

11. Total time (years) spent in this occupation
    - 74

12. BIRTHPLACE
    - City or town: Rising Sun
    - State or country: Maryland

13. NAME OF MOTHER
    - Elizabeth McIvorrell

14. BIRTHPLACE
    - City or town: England
    - State or country: England

15. MAIDEN NAME
    - Susan Walton

16. BIRTHPLACE
    - City or town: New Jersey
    - State or country: New Jersey

17. INFORMANT
    - Name: David J. McIvorrell
    - Relationship: Father
    - Address: Nottingham, PA R.D. 1

18. BURIAL, CREMATION, OR REMOVAL
    - Place: Rosebank, Md., Date: Feb. 7, 1936

19. UNDERTAKER
    - Name: J. E. Johnson
    - Address: Rising Sun, Md.

20. FILED
    - Date: 9/15/1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    - (Month) 2
    - (Day) 4
    - (Year) 1935

22. I HEREBY CERTIFY that I attended deceased from
    - 2-1 to 2-4, 1935

23. The principal cause of death and related causes of importance were as follows:
    - (Specify cause of death)

24. Other Contributory Causes of Importance:
    - (Specify contributory cause)

25. Cause of death:
    - (Specify cause)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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</tr>
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<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Date of onset</th>
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<tbody>
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<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
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</table>

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Elkton
   Length of residence in city or town where death occurred: 30 yrs., mos., ds.

2. FULL NAME
   (a) Residence: No. 1077
   Residence: Elkton
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   W

5. Single, married, widowed, or divorced
   Widowed

6. DATE OF BIRTH (month, day, and year)
   April 12, 1856

7. AGE
   Years: 78
   Months: 9
   Days: 27

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

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)
    February 12

11. Total time (years) spent in this occupation
    76

12. BIRTHPLACE (city or town)

13. NAME
    Winchester McDowell

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

15. MAIDEN NAME
    Catherine Hall

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

17. INFORMANT
    Charles E. McDowell

18. BURIAL, CREMATION, OR REMOVAL
    Place: Church Hill
    Date: Feb. 12, 1935

19. UNDERTAKER
    Koten E. Albornathy
    Address: Elkton, Md.

20. FILED
    Feb. 10, 1935

21. DATE OF DEATH
    February 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from
    19, to 19, 1935, and, 19

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

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

MEDICAL CERTIFICATE OF DEATH

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

- Cerebral hemorrhage

Date of onset: 2/1/35

Other Contributory Cause(s) of importance:

- Chronic myocarditis
- Asthma bronchiale

Name of operation:

What test confirmed diagnosis?

Was there an autopsy?

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>
<td>1 year</td>
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</table>

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

1. PLACE OF DEATH
County: 
Village or City: Pleasant Hill

2. FULL NAME: Anna M. Moore
(a) Residence: Pleasant Hill

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

6. DATE OF BIRTH (month, day, and year): June 6, 1865
7. AGE: 69 Years, 8 Months, 21 Days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: None
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: None

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): None
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: None

12. BIRTHPLACE (CITY OR TOWN): Boyce, (State or Country)
13. NAME: Samuel M. Robertson
14. BIRTHPLACE (CITY OR TOWN): Boyce, (State or Country)
15. MAIDEN NAME: Mary Davidson
16. BIRTHPLACE (CITY OR TOWN): Boyce, (State or Country)

17. INFORMANT (ADDRESS): T. W. Moore, Childs Rd, MD
18. BURIAL, CREMATION, OR REMOVAL PLACE: Calumet, Date: Mar 3, 1925
19. UNDERTAKER (ADDRESS): Joseph A. Moore
20. FILED (SIGNATURE): Mary A. Moore, Registrar

21. DATE OF DEATH: Feb 27, 1925

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1925, to Feb 27, 1925, death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart

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

ADDRESS (SIGNATURE): T. W. Moore, MD

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
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</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: Cecil
Village or City: Elkton
Length of residence in city or town where death occurred: yrs. mos. ds.
No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Frank Gardner Pratt

(a) Residence: Elkton, Maryland.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Jan. 30th 1864

7. AGE

8. OCCUPATION: Telegrapher, Railroad

21. DATE OF DEATH

February 16th, 1935

22. I HEREBY CERTIFY, That I attended deceased from
July 22, 1929, to Feb. 16, 1935, im alive on Feb. 16, 1935, death is said to have occurred on the date stated above, at 12:00 Noon.

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

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

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</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Near Cherry Hill
   Length of residence in city or town where death occurred: 47 yrs.

2. FULL NAME: Elizabeth Russey
   Residence: No. 14, E. 5th St., Elkton

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: February 3, 1866
7. AGE: 69 yrs.
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): England
   (State or country):

13. NAME: Washington
14. BIRTHPLACE (city or town): England
   (State or country):
15. MAIDEN NAME: 
16. BIRTHPLACE (city or town): England
   (State or country):

17. INFORMANT: William Russey
   (Address):
18. BURIAL, CREMATION, OR REMOVAL
   Place: Elkton Catholic
   Date: July 6, 1934
19. UNDERTAKER: Wm. E. Russey
   (Address):
20. FILED: July 6, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: February 3, 1934
22. I HEREBY CERTIFY, That I attended deceased from
   Jan. 28, 1934, to Feb. 3, 1934,
   The principal cause of death and related causes of importance
   were as follows:
   (Name of Disease)

   Other Contributory Causes of importance:
   (Name of Disease)

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

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

24. Was disease or injury in any way related to occupation of deceased:
   If so, specify:
   (Signed):
   M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

Other contributory causes of importance:

Gallstones | May 1, 1928 |

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:             No.             Registration Dist. No. 91
   Village or City:     Childs         St.,  Ward:  
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred... yrs. mos. ds.  How long in U. S. if of foreign birth?... yrs. mos. ds.

2. FULL NAME

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

   Single

   6. DATE OF BIRTH (month, day, and year): Jan 19, 1935

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

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

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

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

   11. Total time (years) spent in this occupation

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

   Childs, Ind

   13. NAME

   Wiley Reeves

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

   Washington, Va

   15. MAIDEN NAME

   Victoria Hart

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

   Washington, Va

   17. INFORMANT

   Wiley Reeves

   18. BURIAL, CREMATION, OR REMOVAL

   Cherry Hill Cem. Date: July 25, 1935

   19. UNDERTAKER

   Florence E. Anderson

   20. FILED

   Feb 21, 1935

21. DATE OF DEATH

   (Month)  Feb  (Day)  21  (Year)  1935

   I HEREBY CERTIFY, That I attended deceased from... 19... to... 19...

   I last saw h... alive on... 19...; death is said to have occurred on the date stated above, at... 6 a.m.

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

   Accidental suffocation

   Other Contributory Causes of Importance:

   Name of operation

   Date of

   What test confirmed diagnosis?

   Was there an autopsy? No

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

   Accident, suicide, or homicide? Accidental.

   Date of injury: July 25, 1935

   Where did injury occur? Childs, Ind.

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

   Manner of injury: In bed with 2 year old child

   Nature of injury: Lying across of head

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

   If so, specify

   (Signed)  J. Rodney Jones, Jr.

   (Address)  Childs, Ind

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.
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<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones          | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Near Freeland, Harford County
   Length of residence in city or town where death occurred: 40 yrs. mos. ds.

2. FULL NAME
   Annie May Reynolds
   (a) Residence: No. St., Ward.
   (b) Occupation: Housewife

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Aug. 31, 1871
7. AGE: 63 yrs. 6 mos. 21 days

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: None
10. Date deceased last worked at this occupation (month and year): 63 yrs. 6 mos. 21 days
11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (city or town or State or country): Maryland
13. NAME: Joseph C. Reynolds
14. BIRTHPLACE (city or town or State or country): Maryland
15. MAIDEN NAME: Anna Eliza Kelly
16. BIRTHPLACE (city or town or State or country): Maryland
17. INFORMANT: Helen S. Reynolds
18. BURIAL, CREMATION, OR REMOVAL
   Place: Brooklyn
   Date: Feb. 27, 1936
19. UNDERTAKER: E. Tye
20. FILE: 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Jul 24, 1936
22. I HEREBY CERTIFY That I attended deceased from Jan. 19, 1936, to Feb. 27, 1936. I have examined the body and declare it to be the body of the deceased, a female, age 63 years, 6 months, 21 days, of natural causes. The principal cause of death and related causes of importance were as follows:

Other Contributory Causes of Importance:

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

If so, specify:

(Signed) M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 1915</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
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<tr>
<td></td>
<td>Date of onset: 1 year</td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: ...Cecil...
   Village or City: ...Near Pleasant Hill...
   Length of residence in city or town where death occurred: 10 yrs.
   Registration Dist. No: 92

2. FULL NAME: Enoch Thomas Richardson
   (a) Residence: No. Geder Hill
      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 Mary Richardson

6. DATE OF BIRTH (month, day, and year): Feb 14 1853

7. AGE: 82 Years
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Laborer
8a. If work was done, as SILK MILL, SAW MILL, BANK, etc.
8b. If work was done, as: 11 Total time (years) spent in this occupation

9. DATE DECEASED LAST WORKED AT THIS OCCUPATION: N/A

10. BIRTHPLACE (city or town): Maryland
11. NAME: Stephen Richardson
12. BIRTHPLACE (city or town): Maryland
13. NAME: Sarah Pennock
14. BIRTHPLACE (city or town): Maryland
15. MAIDEN NAME: Sarah Pennock
16. BIRTHPLACE (city or town): Maryland
17. INFORMANT: Gertrude Wesley
18. BURIAL, CREMATION, OR REMOVAL: Cedar Hill Cemetery...Date: Mar 1, 1935
19. UNDERTAKER: Florence E. Chasemuth
20. FILED: Mar 1, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: February 25th, 1935
22. I HEREBY CERTIFY: That I attended deceased from
   February 23rd, 1935, to February 25th, 1935, death is said to have occurred on the date stated above, at 9:00 a.m.
   The principal cause of death is: Acute appendicitis, chronic nephritis

OTHER CONTRIBUTORY CAUSES OF DEATH:
   Appendicitis, chronic

NAME OF OPERATION: N/A

DATE OF:

WHAT TEST CONFIRMED DIAGNOSIS?: N/A

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
   Accident, suicide, or homicide?: N/A
   Where did injury occur?: N/A
   SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   MANNER OF INJURY: N/A
   NATURE OF INJURY: N/A

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?: No
   IF SO, SPECIFY:

If more blanks are needed, address state Registrar, 2412 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 |

**Example II**

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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: Annapolis
   - Village or City: Chesapeake City
   - Length of residence in city or town where death occurred: 20 yrs.

2. **FULL NAME**
   - Name: Vernon Paul Ross

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Male
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Married
   - If married, widowed, or divorced: Husband of Anna Ross
   - Date of Birth: Oct 23 1906
   - Age: 28 yrs. 3 mos. 9 days
   - Occupation: Electrician
   - Birthplace: Wilmington, Delaware
   - Mother's Name: Mary A. Murphy
   - Father's Name: Charles W. Ross

4. **DATE OF DEATH**
   - February 1, 1935

5. **MEDICAL CERTIFICATE OF DEATH**
   - Date of onset: Pulmonary tuberculosis (May 9)
   - Name of operation: None
   - Other Contributory Causes of Importance:
   - Cause of death: Pulmonary tuberculosis
   - Date of death: February 1, 1935

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**NOTE:**
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<td>Gastroenteritis</td>
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<tr>
<td><strong>Date of onset:</strong> May 1, 1925</td>
<td><strong>Date of onset:</strong> 1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County... Cecil
Village or City... Veterans' Administration Facility, Perry Point, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred... 5 yrs. 4 mos. 13 ds

2. FULL NAME... STERN, Charles... C-364 182
(a) Residence... No. 892 Union Ave., Scranton, Pa.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX... Male
4. COLOR OR RACE... White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED... Married
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of
Mrs. Charles Stern
6. DATE OF BIRTH (month, day, and year)... February 19, 1894
7. AGE... Years 40 | Months 11 | Days 10

OCCUPATION... Brewer, Chauffeur

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)... April 8, 1926

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

12. BIRTHPLACE (city or town)... Scranton, Pa.

13. NAME... Victor Stern

14. BIRTHPLACE (city or town)... Germany

15. MAIDEN NAME... Marie Caroline

16. BIRTHPLACE (city or town)... Germany

17. INFORMANT... Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place... Scranton, Pa. Data... Feb. 23, 1935

19. UNDERTAKER... Pennington & Son

20. FILED... 1935

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH... February 1935

22. I HEREBY CERTIFY, That I attended deceased from September 16, 1927, to February 1, 1935.
I last saw him alive on February 1, 1935; death is said to have occurred on the date stated above, at 6:50 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
General Paralysis, of the Insane, cerebral type.

Date of onset... 8-25-25

Other Contributory Causes of importance...

Nama of operation... None

What test confirmed diagnosis... Clinical & laboratory

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?... No injury
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)... D. D. Campbell, 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.
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, 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**

| 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

**County:** Cecil  
**Village or City:** Veterans' Administration Facility - Perry Point, MD.  
**Registration Dist. No.:** 96  
**St.:**  
**Ward:**  
**Length of residence in city or town where death occurred:** yrs. 10 mos. ds.  
**If death occurred in a hospital or institution, give its NAME instead of street and number:**  

## 2. FULL NAME

**Swope, Samuel T.**  
**C-1 358 49Q**  
**Residence:** No. 2519 W. Fairmount Ave., Baltimore, MD. Ward.  

## PERSONAL AND STATISTICAL PARTICULARS

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

**5a. If married, widowed, or divorced:**  
**HUSBAND or (or) WIFE of:** Mrs. Hattie C. Swope,  

**6. DATE OF BIRTH (month, day, and year):** Nov. 23, 1868  

**7. AGE:**  
**Years:** 66  
**Months:** 3  
**Days:** 5  

**If LESS than 1 day, hours or minutes:**  

**8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE:** Laborer  
**INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE:** State Roads Commission  
**Number of years spent in this occupation:** 25 yrs.  

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

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

**12. BIRTHPLACE (city or town):** Leitersburg, MD.  
**State or country:**  

**13. NAME:** Unknown  
**14. BIRTHPLACE (city or town):** Unknown  
**State or country:**  

**15. MAIDEN NAME:** Unknown  
**16. BIRTHPLACE (city or town):** Unknown  
**State or country:**  

**17. INFORMANT:** Hospital Records  
**Address:**  

**18. BURIAL, CREMATION, OR REMOVAL:** Perry Point, MD.  
**Place:**  

**19. UNDERNEAR:**  
**Address:**  

**20. FILED:** May 1, 1935  
**Registrar:**  

## MEDICAL CERTIFICATE OF DEATH

**DATE OF DEATH:** February 28, 1936  
**Year:**  

**22. I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year):**  
**April 28, 1935, to February 28, 1936**  
**I last saw him alive on:** February 28, 1935  
**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:**  
**Cerebral hemorrhage**  

**Other Contributory Causes of Importance:**  
**Generalized Arteriosclerosis - 1930 or longer**  

**Name of operation:** None  
**Date of operation:**  

**Clinical Symptoms and Laboratory Findings:**  
**Blood pressure and laboratory findings:**  

**23. If death was due to external causes (VIOLENCE) fill in also the following:**  
**Accident, suicide, or homicide:** No  
**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?** No  
**If so, specify:**  
**(Signed):** D. D. Campbell, M.D.  
**Address:** Perry Point, MD.  

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

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

To be complete, an occupation return must state:
8.—The trade, profession, or particular kind of work done.
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11.—The number of years the deceased followed the occupation.

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

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<td><strong>Attack of epilepsy</strong></td>
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<tr>
<td>Date of onset</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1915</td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1925</td>
<td></td>
</tr>
</tbody>
</table>

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

**1. PLACE OF DEATH**
- County: Cecil
- Village or City: Elkton
- Registration Dist. No.: 72

**2. FULL NAME**
- **William Howard Warmkessel**
  - (a) Residence: No. 221 W. High St., Ward.

**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>
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<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

**5a. If married, widowed, or divorced**
- **HUSBAND OF**
- **Mary Warmkessel**

**6. DATE OF BIRTH**
- **Dec 16, 1862**

**7. AGE**
- **Years:** 72
- **Months:** 2
- **Days:** 12

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

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

**10. Date deceased last worked at this occupation (month and day, year))**
- Dec 16, 1862

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

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

**13. NAME**
- **David Warmkessel**

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

**15. MAIDEN NAME**
- **Sarah Hoffman**

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

**17. INFORMANT**
- **Mary Warmkessel**

**18. BURIAL, CREMATION, OR REMOVAL**
- Place: Elkton Cemetery
- Date: March 3, 1925

**19. UNDERTAKER**
- **E. W. Rogow**

**20. FILED**
- Mar 7, 1925

**21. DATE OF DEATH**
- **Feb 28, 1935**

**22. I HEREBY CERTIFY, That I attended deceased from June, 1924 to Feb 27, 1935**
- Last saw him alive on Feb 27, 1935
- Death is said to have occurred on the date stated above, at 10:31 a.m.
- The **principal cause of death** and related causes of importance were:
  - **Cerebral Apoplexy**

**23. If death was due to external causes (violence) fill in also the following:**
- Accident, suicide, or homicide? Date of injury: Feb 27, 1935
- 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

If more blanks are needed, address State Registrar, 2412 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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<td>Peritonitis</td>
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<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

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

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

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: 
   4. COLOR OR RACE: 
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   6. DATE OF BIRTH (month, day, and year): 
   7. AGE: Years, Months, Days, If LESS than 1 day, hrs., or min.
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month and year).
   11. Total time (years) spent in this occupation.
   12. BIRTHPLACE (city or town): 
   (State or country)
   13. NAME: 
   14. BIRTHPLACE (city or town): 
   (State or country)
   15. MAIDEN NAME: 
   16. BIRTHPLACE (city or town): 
   (State or country)
   17. INFORMANT: 
   (Address) 
   18. BURIAL, CREMATION, OR REMOVAL
   Place: 
   Date: 
   19. Undertaker: 
   (Address) 
   20. FILED: 
   Date: 

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: 
   (Month) 
   (Day) 
   (Year)
22. I HEREBY CERTIFY, That I attended deceased from 
   (Month) 
   (Day) 
   (Year) 
   I last saw him/her alive on 
   (Month) 
   (Day) 
   (Year) 
   The principal cause of death and related causes of importance were as follows:
   Date of onset: 
   Other contributory causes of importance:
   Name of operation: 
   Date of:
   What test confirmed diagnosis? 
   Was there an autopsy? 
   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? 
   Date of injury: 
   Where did injury occur? 
   (Specify city or town, county and State) 
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury: 
   Nature of injury: 
   24. Was disease or injury in any way related to occupation of deceased? 
   If so, specify 
   (Signed) 
   (Address) 

Registrar:

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

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

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

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

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

1. PLACE OF DEATH
   County: Local
   Village or City: near Theodore
   Registration Dist. No.: 14
   No. St., Ward.
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Edward Thomas Williams
   (a) Residence: No. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: married
   HUSBAND of: Lillie A. Williams
6. DATE OF BIRTH (month, day, year): Feb 28, 1866
7. AGE: 68 yrs.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Feb 28, 1935
22. I HEREBY CERTIFY, That I attended deceased from __________
   to __________, 19__

OCCUPATION

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

9. Industry or business in which work was done: SALT MILL, BANK, etc.

10. Date deceased last worked at this occupation: Feb 25

II. Total time (years) spent in this occupation: __________

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

13. NAME: Thomas Williams

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

15. MAIDEN NAME: Catherine Thompson

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

17. INFORMANT: Thomas Williams
   Address: R.F.D. north east, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: West Nottingham
   Date: Feb 28, 1935

19. UNDERTAKER: Joseph R. Shaw
   Address: North east, Md.

20. FILED: 2-26-35, 19

Registrar: __________

If more blanks are needed, address State Registrar, 201 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones
- Gastroenteritis

Date of onset: May 1, 1923

1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Ceol Co. No. Registration Dist. No. 190
   Village or City: Elgin Hospital.
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Female E. W. Woodrow
   (Usual place of abode)
   Residence: No. Color: Single

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. If married, widowed, or divorced
   HUSBAND of
   or WIFE of

7. DATE OF BIRTH (month, day, and year) Feb. 12, 1861

8. TRADE, PROFESSION, OR PARTICULAR kind of work done, as SPINNER,
   SAWER, BOOKKEEPER, etc. Housework

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) Rising Sun, Md.
   (State or country)

13. NAME Josie H. Woodrow
14. BIRTHPLACE (city or town) Rising Sun, Md.
   (State or country)

15. MAIDEN NAME Mary M. Clayton
16. BIRTHPLACE (city or town) Rising Sun, Md.
   (State or country)

17. INFORMANT (Address) Mary Emley, 200 Pleasant, Rising Sun, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Pleasant, Md. Date: Feb. 26, 1935

19. UNOETAKER (Address) J. E. Taylor, Rising Sun, Md.

20. ELIGIBILITY 10 M. D. Registrar.

21. DATE OF DEATH 2 - 12 - 35 (Month) 1935 (Year)

22. I HEREBY CERTIFY That I attended deceased from
   2 - 7 - 35 to 2 - 19 - 35, 1935, and I last saw him alive on 2 - 17 - 35, 1935, death is said
   to have occurred on the date stated above, at 12:30
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   (Sign) Horse Senes

MEDICAL CERTIFICATE OF DEATH

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Date of Injury... 1935, 1935.
   Where did injury occur? (Specify city or town, county and State)
   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) Dr. Rising Sun, Md.

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</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>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gastroenteritis

1 year
1. PLACE OF DEATH
   County: Cecil
   Village or City: Elkin
   No: Union Hospital
   Registration Dist. No: 92

2. FULL NAME: Ethel Virginia Wright
   Residence: No.

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): Dec 20, 1934

7. AGE: Years: 10
   Months: 2
   Days: 10

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Spinner, Sawyer, Bookkeeper, etc.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): 2-7-35

12. BIRTHPLACE (city or town) (State or country): Earlville, Indiana

13. NAME: Herbert Wright
   FATHER NAME: Frankland

15. MAIDEN NAME: Ethel Biddle

16. BIRTHPLACE (city or town) (State or country): Earlville, Indiana

17. INFORMANT: Herbert Wright
   Address: Earlville

18. BURIAL, CREMATION, OR REMOVAL
   Place: Union Cemetery
   Date: July 27, 1935

19. UNDERTAKER: (Name)
   Address: (Address)

20. FILED: (Date)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 2-24-1935
   (Month) (Day) (Year)


23. PRINCIPAL CAUSE OF DEATH and related causes of importance:
   Date of onset: 2-7-35
   Primary Cause of the malnutrition:

24. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

25. NAME OF PERSON(S) MOURNING: Herbert Wright
   Address: Earlville

26. MANNER OF DEATH:
   Nature of injury:

27. MANNER OF DEATH:
   Nature of injury:

28. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   IF SO, SPECIFY: (Address)
   SIGNATURE: (Sign)
   M.D.: F. Doctorn
   (Address): Pening Line MD.
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<table>
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<th>Gallstones</th>
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<td>Gastroenteritis</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County...... Cecil
   Village or City.... Veterans' Administration Facility No. Perry Point, Md.
   Length of residence in city or town where death occurred 9 yrs 7 mos. 9 ds.

2. FULL NAME.... YOUNKIN, Frank L., C-230 764.
   (a) Residence: No. Grantsville, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX.... Male
4. COLOR OR RACE.... White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).... Single
   if married, widowed, or divorced HUSBAND or (or) WIFE of.... None

6. DATE OF BIRTH (month, day, and year).... July 9, 1895
7. AGE..... Years 39 Months 6 Days 25
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, 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).... 1918
11. Total time (years) spent in this occupation....

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

13. NAME.... Richard Younkin
14. BIRTHPLACE (city or town).... Grantsville, Md.

15. MAIDEN NAME.... Barbara Yommer
16. BIRTHPLACE (city or town).... Grantsville, Md.

17. INFORMANT.... Hospital Records
18. BURIAL, CREMATION, OR REMOVAL
   Place..... Grantsville, Md.
   Date.... Feb. 7, 1935

19. UNDERTAKER.... Pennington & Son
   Address..... Havre de Grace, Md.

20. FILED..... Feb. 7, 1935
   Registration Dist. No. 96

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH.... February 6, 1935
   (Month) 6 (Day) 1935 (Year)
22. I HEREBY CERTIFY, That I attended deceased from June 26, 1925 to February 6, 1935.
   I last saw him alive on February 6, 1935 at 9:00 P.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Lobar Pneumonia 2-1-35

   Other Contributory Causes of importance:
   Tuberculosis, pulmonary, chronic, active 11-17-35

   Name of operation.... None
   Date of...
   Where test confirmed diagnosis? Clinical & Laboratory
   Was there an autopsy? No

23. If death was due to external causes (violence) include also the following:
   Accident, suicide, or homicide?.... Date of Injury.... 19
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   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....
   (Address).... Death Place.

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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