STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Registration Dist. No. 132
   No. Frederick City Hospital
   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: Baby Girl Abrecht
   (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): Single

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

   6. DATE OF BIRTH (month, day, and year): April 27, 1935
   7. AGE (years, months, days): 0 0 1

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

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

   13. NAME: F. A. Abrecht
   14. BIRTHPLACE (city or town): Maryland
      (State or country)
   15. MAIDEN NAME: Eva E. Ingram
   16. BIRTHPLACE (city or town): Maryland
      (State or country)

   17. INFORMANT:
      (Address): Mr. F. A. Abrecht, J.
      Buckeystown, Md.

   18. BURIAL, CREMATION, OR REMOVAL:
      Place: Church of God,年末
      Date: April 27, 1935

   19. UNDERTAKER:
      (Address): M. B. Etchison & Son
      Frederick, Md.

   20. FILED:
      April 29, 1935

   21. DATE OF DEATH: April 29th, 1935
      (Month) (Day) (Year)

   22. I HEREBY CERTIFY that I attended deceased from...
      (Signature) Mrs. F. A. Abrecht
      Date of onset: April 29, 1935
      Date of death: April 29, 1935

   23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

   24. Was disease or injury in any way related to occupation of deceased?
      Date of operation: Date of injury: 19
      Where did injury occur? (Specify city or town, county and State)
      Nature of injury:
      Manner of injury:
      Where did injury occur? (Specify city or town, county and State)
      Nature of injury:
      Manner of injury:
      Date of operation: Date of injury: 19
      Where did injury occur? (Specify city or town, county and State)
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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

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

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

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

**2. FULL NAME**
- Given Name: Paul Bakker
- Surname: Bakker
- Residence: Middletown, Md.

**PERSONAL AND STATISTICAL PARTICULARS**
- Sex: Male
- Color or Race: White
- Single, Married, Widowed, or Divorced: Married

**MEDICAL CERTIFICATE OF DEATH**
- **21. DATE OF DEATH**
  - Month: April
  - Day: 28
  - Year: 1935
- **22. I HEREBY CERTIFY**
  - That I attended deceased from apr. 28, 1935, to apr. 28, 1935; death is said to have occurred on the date stated above, at 12:00 m.
  - The principal cause of death and related causes of importance were as follows:
    - Prematurity (Birth Defect)

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:**

**INFORMATION**
- Name of operation:
- Date of:
- What test confirmed diagnosis? Was there an autopsy?
- Accidental, 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:

**FILED**
- April 30, 1935

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>1921</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>
</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: Frederick
   - Village or City: State Sanatorium, Md
   - Registration Dist. No.: 139

2. **FULL NAME**
   - Henry J. Bauerleis
   - Residence: No. 1818 Chilton St., Baltimore, Md

<table>
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<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEX</strong></td>
<td>Male</td>
</tr>
<tr>
<td><strong>COLOR OR RACE</strong></td>
<td>White</td>
</tr>
<tr>
<td><strong>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</strong></td>
<td>Married</td>
</tr>
<tr>
<td><strong>6. DATE OF BIRTH</strong> (month, day, and year)</td>
<td>May 26, 1892</td>
</tr>
<tr>
<td><strong>7. AGE</strong></td>
<td>Years</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td><strong>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE</strong></td>
<td>Electrician</td>
</tr>
<tr>
<td><strong>9. INDUSTRY OR BUSINESS IN WHICH WORK WERE DONE</strong></td>
<td>As Silk Mill, Saw Mill, Bank, etc.</td>
</tr>
<tr>
<td><strong>10. DURATION OF OCCUPATION</strong></td>
<td>Sept. 1931 to Sept. 1935</td>
</tr>
<tr>
<td><strong>11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION</strong></td>
<td>20 yrs</td>
</tr>
</tbody>
</table>

| 21. **DATE OF DEATH** (Month, Day, Year) | April 28, 1935 |

22. I HEREBY CERTIFY. That I attended deceased from Dec. 12, 1931, to April 28, 1935. I last saw him alive on April 28, 1935. Death is said to have occurred on the date stated above, at 11:05 A.M. The principal cause of death and related causes of importance were as follows:

   **Cerebral Paralysis**
   - Date of onset: Dec. 1926
   - Other contributory causes of importance:

   - Name of operation: None
   - Date: Dec. 1926
   - What test confirmed diagnosis? X-ray, x-ray, etc.
   - Date of injury: 1935
   - Where did injury occur? (Specify city or town, county and State)
   - Nature of injury: laceration
   - Manner of injury: laceration
   - If so, specify occupation of deceased: No

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

   **Inquiry**
   - (Address) State Sanatorium, Md

   **Inquiry**
   - (Signed) Stewart M. S. Shaffer, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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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: Frederick
   - Village or City: Frederick City Hospital
   - Registration Dist. No.: 131

2. **FULL NAME**
   - Andrid Fastern Baumgardners
   - Residence: No. 200, Carroll
   - St., Ward.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: M
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Married
   - Date of Birth (month, day, year): Aug. 3, 1871

4. **AGE**
   - Years: 63
   - Months: 8
   - Days: 17

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

6. **DATE OF DEATH** (Month, Day, Year): April 21, 1935

7. **Certification**
   - Hereby certified that I attended deceased from April 16, 1935, to April 21, 1935, death is said to have occurred on the date stated above, at 7:30 a.m.

8. **Medical Certificate of Death**
   - Principal cause of death: Infantile paralysis
   - Date of onset: Apr. 16
   - Other contributory causes of importance: General blood stream infection following.

9. **Name of operation**
   - Date of operation
   - What test confirmed diagnosis? Light
   - Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
   - Accident, suicide, or homicide?
   - Date of injury
   - 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? No

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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.

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

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

1. PLACE OF DEATH
   County: Fredrick St.
   Village or City: Libertytown
   Registration Dist. No: 137

2. FULL NAME: Charles Henry Beall
   (a) Residence: No.
   Village or City: Libertytown
   St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
   4. COLOR OR RACE: White

5. If married, widowed, or divorced
   HUSBAND of
   (or) WIFE of
   Pearl M. Beall

6. DATE OF BIRTH (month, day, and year): Jan. 13, 1863

7. AGE
   Years: 72
   Months: 3
   Days: 14

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

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)
    Total time (years and months) spent in this occupation: 50

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

13. NAME: Washington E. Beall

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

15. MAIDEN NAME: Jane C. Lanterman

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

17. INFORMANT: Dr. M. Beall, M.D.
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Fairmount Ave.
    Date: Apr. 29, 1935

19. UNDERTAKER: E. M. Halley
    (Address)

20. FILED: Apr. 27, 1935
    (Address)

21. DATE OF DEATH
    (Month) 27
    (Year) 1935

22. I HEREBY CERTIFY that I attended deceased from Jan. 1932, to Apr. 26, 1935
    Last saw him alive on Apr. 26, 1935; death is said
    to have occurred on the date stated above, et al. 6:20 A.M. 
    The principal cause of death and related causes of importance
    were as follows:
    Chronic Endocarditis

    Other Contributory Causes of importance:
    Arthritis

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

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify
    (Signed) Dr. M. Beall
    (Address) M. D.
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<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1925</th>
</tr>
</thead>
</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: Frederick
   Village or City: Johnsville Dist
   Registration Dist. No.: 137
   No. St. Ward

2. FULL NAME
   (a) Residence: No.
   (Usual place of abode)
   Personal and Statistical Particulars
   3. SEX
      Female
   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (over the word)
      Widowed
   6. DATE OF BIRTH (month, day, and year)
      Jan 24th, 1866
   7. AGE
      Years: 69
      Months: 2
      Days: 13
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
      Housewife
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month and year)
   11. Total time (years) spent in this occupation

3. OCCUPATION
   Housewife

4. MOTHER
   15. MAIDEN NAME
      Mary Metz
   16. BIRTHPLACE (city or town)
      (State or country)
      Maryland

5. OTHER CONTRIBUTORY CAUSES OF DEATH:
   Name of operation...
   Date of...
   What test confirmed diagnosis?
   Date of...
   Was there an autopsy?
   Date of...

6. INFORMANT
   Name: John W. Black
   Address: 121 W. Main St.
   Place: Hopewell
   Date: April 28, 1935
   Undertaker: Powell & Allbaugh
   Address: Libertytown, Md.

7. BURIAL, CREMATION, OR REMOVAL
   Place: Beane & Drown
   Date: April 28, 1935

8. MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH
      (Month) 4 (Day) 7 (Year) 1935
   22. I HEREBY CERTIFY. That I attended deceased from
      12-19-34, to 4-7-35, 1935.
      I last saw deceased alive on
      4-7-1935
      Death is said to have occurred on the date stated above, at
      12:00 a.m.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance
      were as follows:
      Date of onset
      Other Contributory Causes of Importance:
      Name of operation...
      Date of...
      What test confirmed diagnosis?
      Date of...
      Was there an autopsy?
      Date of...

9. OTHER CONTRIBUTORY CAUSES OF DEATH:
   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...
   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Disease or injury In any way related to occupation of deceased?
   If so, specify
   (Signed) M. D.
   (Address)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
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<tbody>
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</tr>
<tr>
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</tr>
<tr>
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<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
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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, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: State Sanatorium

2. FULL NAME
   William J. Bolek
   Residence: 1815 Henneman Ave, Baltimore, MD

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   Jan. 13, 1909

7. AGE
   76 years, 3 months, 15 days

8. TRADE
   Chauffeur

9. OCCUPATION
   Chauffeur

10. DATE DECEASED LAST WORKED
    Feb. 1933

11. TOTAL TIME (YEARS)
    7 yrs

12. BIRTHPLACE
    Maryland

13. NAME
    Joseph Bolek

14. BIRTHPLACE
    Maryland

15. MAIDEN NAME
    Frances Uplike

16. BIRTHPLACE
    Maryland

17. INFORMANT
    W. J. Bolek

18. BURIAL, CREMATION, OR REMOVAL
    1815 E. Henneman Ave, Baltimore

19. UNDERTAKER
    Wm. J. Schneider

20. FILED
    4/18/39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 18, 1935

22. I HEREBY CERTIFY. That I attended deceased from...
    Feb. 7, 1935, to April 18, 1935

23. OTHER CONTRIBUTORY CAUSE OF DEATH
    Pulmonary Tuberculosis

24. WERE AUTOGRAPHY EXAMINATION MADE?
    No

25. MANNER OF DEATH
    Nature of injury

26. If so, specify
    No
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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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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<tr>
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Other contributory causes of importance:</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: Frederick
Village or City: Damascus
Length of residence in city or town where death occurred: 3 yrs., mos., ds.

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

3. SEX
Male

4. COLOR OR RACE
White

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

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

6. DATE OF BIRTH (month, day, and year)
April 1, 1932

7. AGE YEARS Months Days If less than
3 2 17 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.

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)
near Damascus

13. NAME
Charles W. Bollinger

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

15. MAIDEN NAME
Margarette Dugan

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

17. INFORMANT (Address)
Charles W. Bollinger

18. BURIAL, CREMATION, OR REMOVAL

19. UNOVERTAKER (Address)

20. FILED (Address)

21. DATE OF DEATH
April 18, 1935

22. I HEREBY CERTIFY that I attended deceased from April 16, 1935, to April 18, 1935. I last saw him alive on April 18, 1935, at 12:35 p.m. Death is said to have occurred on the date stated above at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis

Date of operation

Place of operation

Date and place of death

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

Accident, suicide, or homicide?

Where did injury occur?

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

Manner of injury

Nature of injury

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

If so, specify

(Signed)

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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<table>
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<tr>
<th>Example I</th>
<th>Example II</th>
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<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>
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<tr>
<td>Arteriosclerosis 1915</td>
<td>Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis 1921</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage July 5, 1927</td>
<td>Peritonitis 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1923</td>
<td>Gastroenteritis 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
- County: Frederick
- Village or City: near Woodstock
- Registration Dist. No.: 140

2. FULL NAME
- Millicent Daniel Bowers

3. SEX
- M

4. COLOR OR RACE
- W

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

6. DATE OF BIRTH
- June 30, 1862

7. AGE
- Years: 72
- Months: 9
- Days: 23

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
- Farmer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
- (Specify if any)

10. Date deceased last worked
- (Month and year)

11. Total time (years) spent in this occupation
- 1935

12. BIRTHPLACE (city or town)
- Maryland

13. NAME
- Allen T. Bowers

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

15. MAIDEN NAME
- (Specify if any)

16. BIRTHPLACE (city or town)
- Maryland

17. INFORMANT
- Emily T. Bowers

18. BURIAL, CREMATION, OR REMOVAL
- Place: Mt. Hope Cemetery
- Date: April 25, 1935

19. UNDERTAKER
- (Address)

20. FILED
- 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
- April 23, 1935

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

23. Cause of Death
- Acute dilatation
- Heart

24. Other Contributory Causes of importance:
- Chronic arteriosclerotic heart

25. Name of operation
- Date of operation

26. What test confirmed diagnosis?
- Was there an autopsy?

27. 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:

28. Manner of Injury:
- Nature of injury

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

30. (Address)
- (Signature)
- M. D.
- Department

If more blanks are needed, address State Registrar, 9411 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 homestead, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:
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 10.—The month and year the deceased last worked at the occupation.
 11.—The number of years the deceased followed the occupation.

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

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

**Example I**

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

Other contributory causes of importance:

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

**Example II**

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

Other contributory causes of importance:

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

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

## 1. PLACE OF DEATH
- County: Montgomery
- Hospital: Hospital
- Registration Dist. No.: 131
- Village or City: Frederick
- No.: Frederick
- Registration Dist.: 131
- Ward: Frederick
- Length of residence in city or town where death occurred: yrs. 15 mos. 15 ds.

## 2. FULL NAME
- Hattie Bowie
- Residence: No. 111 Market St., Ward.

## PERSONAL AND STATISTICAL PARTICULARS

### 3. SEX
- Female

### 4. COLOR OR RACE
- Colored

### 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
- Married

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

### 7. AGE
- Years: 62
- Months: 0
- Days: 0

### 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
- Domestic

### 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
- 1935

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH
- April 4, 1935

### 22. I HEREBY CERTIFY
- That I attended deceased from March 20, 1935, to April 4, 1935.
- I last saw her alive on March 20, 1935.
- Death is said to have occurred on the date stated above, at 3:00 a.m.

### The Principal Cause of Death
- Cancer of the pancreas.

### Date of onset
- 1933

### Other Contributory Causes of Importance
- None

### Name of operation
- None

### Date of operation
- None

### What was the last confirmed diagnosis?
- None

### Was there an autopsy?
- No

### 23. If death was due to external causes (VIOLENCE) fill in also the following:
- Accident, suicide, or homicide?: None
- Data of injury: April 4, 1935
- Where did injury occur?: None
- (Specify city or town, county and State): None
- Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE:

### Manner of Injury
- None

### Nature of injury
- None

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

### If so, specify
- None

### (Signed)
- [Signature]

### MD
- [Signature]

### Address
- [Address]

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

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**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 |

**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:

| Gallstones | May 1, 1923 |

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Frederick
Village or City: Frederick
Registration Dist. No.: Frederick City Hospital St., Ward
Length of residence in city or town where death occurred: yrs. 2 mos. ds

2. FULL NAME: Charles Raymond Bussard Jr.

(a) Residence: No. 228 South Carroll Street

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): February 21, 1935

7. AGE: 27 yrs.

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: None

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: None

12. BIRTHPLACE (CITY OR TOWN): Frederick, Maryland

13. NAME: Charles Raymond Bussard

14. BIRTHPLACE (CITY OR TOWN): Frederick, Maryland

15. MAIDEN NAME: Ruth Catherine Lampert

16. BIRTHPLACE (CITY OR TOWN): Frederick, Maryland

17. INFORMANT: Charles R. Bussard

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cem. Date: 4/30/35, 19

19. UNDERTAKER: M.R. Etchison & Son, Frederick, Maryland

20. FILED: 22-04-1935, By C.M. Credit

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 28, 1935

22. I HEREBY CERTIFY, That I attended-deceased from Acute Cardiovascular Disease.

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE), FILL IN ALSO THE FOLLOWING:
   Accident, suicide, or homicide? No
   Date of injury: 4/21/35

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   No
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

1. PLACE OF DEATH
County: Frederick
Village or City: between Knoville & Burkittsville
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
(a) Residence: No. 10, Knoville St., Ward.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male
4. COLOR OR RACE White
5. If married, widowed, or divorced HUSBAND of
or WIFE of

6. DATE OF BIRTH month, day, and year: Nov. 10, 1903

7. AGE Years: 31 Months: 5 Days: 5

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farm Laborer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): Apr. 15, 1935

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

12. BIRTHPLACE (city or town) Frankford, Co.
13. NAME John W. Castle
14. BIRTHPLACE (city or town) Md.
15. MAIDEN NAME Lola Miller
16. BIRTHPLACE (city or town) Md.

17. INFORMANT
Mrs. Lucella Kaufman

18. BURIAL, CREMATION, OR REMOVAL Place: Utica Cemetery

19. UNDERTAKER


MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH April 15, 1935

I HEREBY CERTIFY, That I attended deceased from
I last saw h. a. Alive on April 14, 1935. death is said
to have occurred on the data stated above, at 8:30 m.
The principal cause of death and related causes of importance are as follows:
Fractured skull
Auto accident

Other Contributory Causes of importance:

Name of operation:

What test confirmed diagnosis?:

Was there an autopsy?:

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide: Accident

Where did injury occur?: Boston, Mass., at Employment

Manner of injury:

Nature of injury:

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

If so, specify:

(Signed): William Kaufman

ADDRESS: William Kaufman M.D.
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:

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11.—The number of years the deceased followed the occupation.

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

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

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, 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:

**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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<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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**Other contributory causes of importance:**

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Registration Dist. No.: 121
   Length of residence in city or town where death occurred: yrs. 3 mos. 24 ds.
   How long in U.S. if of foreign birth?: yrs. 1 mos. 26 ds.
   Hospital: No Frederick Hospital

2. FULL NAME
   (a) Residence: No. Woodstock St., Ward.
   Sex: FEMALE
   Color or Race: WHITE
   Single, Married, Widowed, or Divorced: MARRIED
   Name of spouse: Ralph W. Castle
   Date of Birth: Aug. 1907
   Age: 18 yrs. 0 mos. 9 days
   Sex of deceased: FEMALE
   Occupation: Housewife
   Date last worked: Mar. 31, 1935
   Total time spent in this occupation: 10 yrs.
   Birthplace: Maryland
   Father's name: Emory Taylor
   Mother's maiden name: Addie Brandenburg
   Informant: Ralph Castle
   Burial, Cremation, or Removal: Woodstock MD.
   Undertaker: Walker and Smith

21. DATE OF DEATH
   Month: Apr.
   Day: 17
   Year: 1935

   I last saw her alive on Apr. 12, 1935. Death is stated to have occurred on the date stated above, at 8 A.M.
   The principal cause of death and related causes of importance were as follows:
   Sub-clotemia, embolism
   Other Contributory Causes of Importance:

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? No
   Date of injury: 1935
   Where did injury occur? Woodstock, MD.
   Nature of injury:
   Manner of injury:
   Specified whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

24. Was disasa or injury in any way related to occupation of deceased? No
   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 housewifery, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:

Gallstones | Other contributory causes of importance:

Gastroenteritis | May 1, 1925 | 1 year

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Walkersville
   Length of residence in city or town where death occurred: 50 yrs.

2. FULL NAME: Mrs. Alice Virginia Cecil
   (a) Residence: Walkersville, Md.

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

   6. DATE OF BIRTH (month, day, and year): December 12, 1869
   7. AGE: 65 years, 4 months, 16 days

   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housewife
   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Housewife

   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: April 1935
   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 45 years

   12. BIRTHPLACE (STATE OR COUNTRY): Frederick Co., Md.
   13. NAME: James Z. Reddick
   14. BIRTHPLACE (STATE OR COUNTRY): Md.
   15. MAIDEN NAME: Sarah E. Anders
   17. INFORMANT: Mr. George W. Cecil
   18. BURIAL, CREMATION, OR REMOVAL: Mt. Hepe/Cem.
   19. UNDERTAKER: M. R. Etchison & Son
   20. FILED: 1935

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: April 23, 1935
   22. I HEREBY CERTIFY that I attended deceased from __________, 19__ to ________, 19__.
   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: ________________

   Other Contributory Causes of importance:

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

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

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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Frederick
   - Length of residence in city or town where death occurred: 15 yrs.

2. **FULL NAME**
   - Mrs. Clara Blanche Cline
   - Residence: No. 220 E. Fifth

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Female
   - **4. COLOR OR RACE**: White
   - **5a. If married, widowed, or divorced**
     - HUSBAND OF: Roy A. Cline
   - **6. DATE OF BIRTH**: July 25, 1884
   - **7. AGE**: 50 yrs., 8 mos., 25 days
   - **8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.**: Housewife
   - **9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.**: At home
   - **10. Date deceased last worked at this occupation (month and year)**: 10/31
   - **11. Total time (years) spent in this occupation**: 25 yrs.

4. **BIRTHPLACE**
   - **12. BIRTHPLACE (city or town)**: Maryland
   - **13. NAME**: Henderson T. Castle
   - **14. BIRTHPLACE (city or town)**: Maryland
   - **15. MAIDEN NAME**: Elizabeth Young
   - **16. BIRTHPLACE (city or town)**: Maryland

5. **INFORMANT**
   - **17. INFORMANT**: Mr. Roy A. Cline
   - **Address**: Frederick, Md.
   - **18. BURIAL, CREMATION, OR REMOVAL**: Cemetery
   - **Place**: Middletown Lutheran
   - **Date**: April 22, 1935

6. **UNDETTAKER**
   - **19. UNDETTAKER**: M. R. Etchison & Son
   - **Address**: Frederick, Md.

7. **FILED**
   - **20. FILED**: April 22, 1935
   - **21. DATE OF DEATH**: April 20th, 1935

8. **MEDICAL CERTIFICATE OF DEATH**
   - **22. I HEREBY CERTIFY**: That I attended deceased from April 1935 to April 20, 1935.
   - **23. If death was due to external causes (VIOLENCE) fill in also the following**: Accident, suicide, or homicide? Yes, Date of Injury: 1935.
   - **24. Was disease or injury in any way related to occupation of deceased?** Yes, Nature of injury: M. D. Etchison & Son, Address: Frederick, Md.

9. **OTHER CONTRIBUTORY CAUSES**
   - **Other Contributory Causes if importance**:

10. **REGISTRATION**
    - **Registration Dist. No.**: 12
    - **Registration No.**: 220 E. Fifth St., Frederick Ward

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</table>

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

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

2. FULL NAME
   Alice Virginia Devilbiss

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced, HUSBAND OR WIFE of: Irving S. Devilbiss

6. DATE OF BIRTH (month, day, and year) Oct. 1, 1872

7. AGE Years Months Days
   62 6 9

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

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

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation

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

13. NAME
   Mother

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

15. MAIDEN NAME
   Rachel Smith

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

17. INFORMANT
   Mrs. Justin Fogler
   Woodburn, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Woodburn, Md.
   Date: Apr. 12, 1933

19. UNDERTAKER
   Russell & Ags, Woodburn, Md.

20. FILED
   Apr. 12, 1933

REGISTRATION DISTRICT NO. 140

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1935, to April 10, 1935, and to have occurred on the date stated above, at 8:45 p.m.

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

   Chronic Indurated Stomach
   1925

Other Contributory Causes of importance:

   Carcinoma Intestinalis
   1925

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

   Manner of injury
   Nature of injury

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

If so, specify

(Signed) M. O. W. Stultz

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</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: | Other contributory causes of importance: |
| Gallstones | Date of onset | Gastroenteritis | 1 year |
| May 1, 1923 | | |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Outside Thurmont
   St., Ward:
   No.:
   Length of residence in city or town where death occurred: 39 yrs. 2 mos. 10 ds.

2. FULL NAME: Edna Grace Devilbiss
   (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
5a. If married, widowed, or divorced: Maried
5b. OR WIFE of:
   Willis R. Devilbiss
6. DATE OF BIRTH (month, day, and year): Feb 13, 1896
7. AGE: 39 yrs. 2 mos. 10 ds.
   Years: 39
   Months: 2
   Days: 10
8. Trade, profession, or particular kind of work done: House work
9. Industry or business in which work was done: None
10. Date deceased last worked at this occupation: None
   Month and year:
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town): Maryland
   State or country:
13. NAME: John
ey
14. BIRTHPLACE (city or town): Md.
   State or country:
15. MAIDEN NAME: Minnie Shuford
16. BIRTHPLACE (city or town): Md.
   State or country:
17. INFORMANT: Willie R. Devilbiss
   Address: Thurmont, Md.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Thurmont
   Date: Apr 26, 1935
19. UNDERTAKER: Willie R. Greger
   Address: Thurmont, Md.
20. FILED: Apr 28, 1935
   Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 28, 1935
   (Month) 28
   (Day) 1935
   (Year)
22. I HEREBY CERTIFY, That I attended deceased from:
   Dec. 31, 1930, to: Apr. 19, 1935:
   I last saw her alive on: Apr. 19, 1935:
   Death is said to have occurred on the date stated above, at: 3:00 p.m.
   The principal cause of death and related causes of importance were as follows:
   Carcinoma of the cervix of the uterus
   Date of onset:
   Other contributory causes of importance:
   Autopsy:
   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):
   (M.D.):

If more blanks are needed, address State Registrar, 202 W. 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, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 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: Frederick
   Village or City: Frederick
   No. 24 East 3rd St., Ward
   Length of residence in city or town where death occurred: 10 yrs., mos., ds.
   How long in U.S. if of foreign birth?: yrs., mos., ds.

2. FULL NAME
   (a) Residence: No. 24 E. 3rd St.
   (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)
   Single

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

6. DATE OF BIRTH (month, day, and year)
   May 11, 1921

7. AGE
   Years: 13
   Months: 11
   Days: 10
   If less than
   1 day, hrs., or mins.

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)
    County: Frederick
    (State or country)

13. NAME
    Chas. D. Loddy

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

15. MAIDEN NAME
    Rosalie W. D. Loddy

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

17. INFORMANT
    Chas. D. Loddy

18. BURIAL, CREMATION, OR REMOVAL
    Pleasant Hill Cemetery, April 23, 1935

19. UNDERTAKER
    E. E. Peck & Son

20. FILED
    23 Apr., 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from
    January 16, 1935, to April 21, 1935; death is said
    to have occurred on the date stated above, at 10:30 a.m.
    The principal cause of death and related causes of importance
    were as follows:

    The brain tumor was benign. Its location:
    in the cerebellum.

    Other Contributory Causes of importance:
    None.

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

25.

If more blanks are needed, address State Registrar, 2441 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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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Park Mills
   Registration Dist. No.: 186
   St., Ward:
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: 
   (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): Apr 23 1854
   7. AGE: Years 80 Months 16 Days 25
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.: Housekeeper
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:
   10. Date deceased last worked at this occupation (month and year): 4-18 1935
   11. Total time (years) spent in this occupation:

OCCUPATION

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

13. NAME: Abraham Hamer
   14. BIRTHPLACE (city or town): (State or country): P.A.
   15. MAIDEN NAME:
   16. BIRTHPLACE (city or town): Unknown
   (State or country):
   17. INFORMANT: Elias Eckerson
   Address: Park Mills
   18. BURIAL, CREMATION, OR REMOVAL
   Place: Gettysburg
   Date: 4-23 1935
   19. UNDERTAKER: William H. Burdette
   Address: Gettysburg
   20. FILED: April 20, 1935
   Registrar: Samuel E. Hoke, M.D. 
   (Address): Adamsburg, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 18, 1935
   (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from October 1934 to April 1936
   I last saw deceased alive on April 17, 1935; 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:

Buchan, Pneumonia
Date of onset: 4-18 1935

Other Contributory Causes of importance: 

Lester's Disease
Date of onset: 1925

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

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

Manner of injury:
Nature of injury:

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

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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:

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

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

Example II

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

<table>
<thead>
<tr>
<th>Attack of epilepsy</th>
<th>1 week ago</th>
</tr>
</thead>
<tbody>
<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: Frederick
   - Village or City: near Mt. Airy
   - Length of residence in city or town where death occurred: yrs. 1 mos. 18 ds

2. **FULL NAME**
   - Etta Pearl Eworthy
   - Residence: near Mt. Airy, Md.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX:** Female
   - **COLOR OR RACE:** White
   - **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):** Single
   - **6. DATE OF BIRTH (month, day, and year):** 1935-3-1
   - **7. AGE:** 18
   - **8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: none**
   - **9. OCCUPATION:** none
   - **10. DATE DECEASED LAST WORKED AT THIS OCCUPATION:** none
   - **11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION:** none
   - **12. BIRTHPLACE (CITY OR TOWN):** Frederick Co., Maryland
   - **13. NAME:** William B. Eworthy
   - **14. BIRTHPLACE (CITY OR TOWN):** Frederick Co., Maryland
   - **15. MAIDEN NAME:** Helen E. Horton
   - **16. BIRTHPLACE (CITY OR TOWN):** Frederick Co., Maryland
   - **17. INFORMANT:** William B. Eworthy, R.F.D.-Mt. Airy, Md.
   - **18. BURIAL, CREMATION, OR REMOVAL:** Prospect Cem., Mt. Airy, Md.
   - **19. UNDERTAKER:** W. M. Halton, Winfield, Md.

**MEDICAL CERTIFICATE OF DEATH**

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

22. **I HEREBY CERTIFY:** That I attended deceased from Apr. 17, 1935, to Apr. 19, 1935, I last saw him alive on Apr. 18, 1935; death is said to have occurred on the day stated above, at 1:30 a.m.

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

   Whooping Cough

   Other Contributory Causes of importance:

23. **Name of operation:**

24. **Was death due to external causes (VIOLENCE)?**

25. **Manner of injury:**

26. **Nature of Injury:**

27. **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

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</table>

Other contributory causes of importance:

Gallstones | Other contributory causes of importance:

May 1, 1925 | Gastroenteritis

1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: State Sanatorium
   Registration Dist. No.: 139
   Ward: 13
   Length of residence in city or town where death occurred: yrs. 27 mos. 27 ds.
   If death occurred in a hospital or institution, give its NAME (instead of street and number)
   yrs. mos. ds. 27 0 27

2. FULL NAME
   (a) Residence: No. 2611 Shadfield Ave
   Ward: 13
   If nonresident give city or town and State
   (Usual place of abode)
   Name: Goldie Adelaide Ewald

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) Sept. 16, 1914
7. AGE Years 6 Months 0 Days
8. Occupation Pretzel Factory
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, day, and year) June 1933
11. Total time (years) spent in this occupation Unknown
12. BIRTHPLACE (city or town) Maryland
13. NAME Elnes Ewald
14. BIRTHPLACE (city or town) Maryland
15. MAIDEN NAME Goldie Lawson
16. BIRTHPLACE (city or town) Maryland
17. INFORMANT Goldie A. Ewald (on admission)
18. BURIAL, CREMATION, OR REMOVAL Place: BALTIMORE, MD.
19. UNDERTAKER T. W. C. J. Raymond
20. FILED: April 3, 1935

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH April 3, 1935
   (Month) (Day) (Year)
22. I HEREBY CERTIFY That I attended deceased from March 6, 1935 to April 3, 1935
   I last saw her alive on April 3, 1935; death is said to have occurred on the date stated above, at 11:20 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Pulmonary Tuberculosis
   Other Contributory Causes of importance:
   Tuberculous Laryngitis
   Name of operation: None
   Date of:
   What test confirmed diagnosis? None
   Was there an autopsy? No
   Accident, suicide, or homicide? Date of injury
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury
   Nature of injury:
   24. Was disease or injury in any way related to occupation of deceased? No
   If so, specify:
   Stewart E. Shaffer
   Name of Physician: M. D.
   Address: State Sanatorium, MD

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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 | Gastroenteritis | 1 year |

**Example II**

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County
   Village or City

   (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

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

3. SEX
   Male

4. COLOR OR RACE
   

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   Married
   5a. If married, widowed, or divorced
   HUSBAND of
   (or) WIFE of

6. DATE OF BIRTH
   Month, Day, and Year

7. AGE
   Years
   Months
   Days
   If LESS than
   1 day, . . . . . . . . . . . . . . . . . . 
   hrs., . . . . . . . . . . . . . . . . . . . 
   or . . . . . . . . . . . . . . . . . . . 

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

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)
   (State or country)
   Md.

13. NAME
   MILLARD E. EYLER
   $nd

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

15. MAIDEN NAME
   HILDA BOLLE
   $nd

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

17. INFORMANT
   MILLARD E. EYLER
   $nd

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Date

19. UNDERTAKER
   Powell & Albaugh
   $nd

20. FILED
   Date
   Registrar

REGISTRATION DISTRICT NO. 140

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

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

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

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

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

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

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

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Pearl
   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: Margaretha Elizabeth Fort
   (a) Residence: No. Pearl C, St., Ward.
   (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): Single

6. DATE OF BIRTH (month, day, and year): Feb. 13, 1843
7. AGE: Years 92 Months 2 Days 6
   If LESS than 1 day, hrs. or. min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: No Trade
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: No Trade
10. Date deceased fast worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

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

13. NAME: Margaretha Elizabeth Fort
14. BIRTHPLACE (city or town): Frederick, Maryland
    (State or country)

15. MAIDEN NAME: Mary Lillie
16. BIRTHPLACE (city or town): Frederick, Maryland
    (State or country)

17. INFORMANT: Mrs. Ella L. Fort, Husband
18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Olive, Date: 4/22/1935

19. UNDERTAKER: Henry E. Fort Co., Frederick, Md.
20. FILED: April 20, 1935

REGISTRAR

If more blanks are needed, address State Registrar, 2424 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:
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9.—The industry or business in which the work was 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.

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

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

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

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

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Registration Dist. No. 131
   No. 407 E. Patrick St., Ward
   Length of residence in city or town where death occurred: 76 yrs. 7 mos. 26 ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. 407 E. Patrick St., Ward.
   (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

5a. If married, widowed, or divorced
   HUSBAND or WIFE of
   Edna Matilda Freed

6. DATE OF BIRTH (month, day, and year)
   Aug 15, 1863

7. AGE
   Years: 71
   Months: 7
   Days: 26
   If LESS than 1 day, ___ hrs., or ___ min.

8. Trade, profession, or particular kind of work done as SPINNER
   Retired

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

10. Date deceased last worked at this occupation (month and year)
    Dec 1930

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

12. BIRTHPLACE (city or town)
    Frederick

13. NAME
    Henry Baker

14. BIRTHPLACE (city or town)
    Frederick Co.

15. MAIDEN NAME
    Edna Steele

16. BIRTHPLACE (city or town)
    Frederick Co.

17. INFORMANT
    Mrs. Chas. W. Blair
    Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Frederick, Md.
    Date: April 10, 1949

19. UNDERTAKER
    C. E. Blair, Cremation
    Frederick, Md.

20. FILED
    5th April, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 7th, 1935

22. I HEREBY CERTIFY, That I attended deceased from
    May 10, 1934, to May 15, 1935.
    I last saw her alive on May 15, 1935; death is said to have occurred on the date stated above, at 11 a.m.

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

   23. Date of onset: 1927

   Other Contributory Causes of Importance:
   Febrile Paralysis
   48 yrs.

   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...
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of injury...
   Nature of injury...

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

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

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

If more blanks are needed, address State Registrar, 2415 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.

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.

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH

County: Frederick
Village or City: Frederick
No. E. Church St Ext. 1 St., Ward
Length of residence in city or town where death occurred: 7 yrs. mos. ds.

2. FULL NAME: Howard Joseph French
(a) Residence: No. 47 E. Seventh

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male

4. COLOR OR RACE
White

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

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

6. DATE OF BIRTH (month, day, and year)
May 5, 1884

7. AGE Years Months Days If LESS than 1 day, hrs. or. min.
80 11 17

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

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

10. Date deceased last worked at this occupation
4/21/35

11. Total time (years) spent in this occupation
15

12. BIRTHPLACE (city or town)
Ardmore, Penna.

13. NAME
John C. French

14. BIRTHPLACE (city or town)
Ireland

15. MAIDEN NAME
Mary E. Rigney

16. BIRTHPLACE (city or town)
Phila.

17. MOTHER FATHER
Mrs. H. J. French.

18. INFORMANT
Frederick, Md.

19. BURIAL, CREMATION, OR REMOVAL
Philadelphia, Pa. Date: April 25, 1935

20. UNDERTAKER
M. R. Etchison & Son.

21. MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
April 22nd, 1935

22. I HEREBY CERTIFY, that I attended deceased from April 22, 1935, to April 22, 1935.
I last saw him alive on April 22, 1935; death is said to have occurred on the date stated above, at

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

Other Contributory Causes of Importance:

Name of operation

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

Accident, suicide, or homicide? Accident
Date: April 22, 1935

Manner of Injury: Engine of automobile
Nature of Injury: Poisoning

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

If so, specify

Address

Registration Dist. No. 131

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

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**Example I**

<table>
<thead>
<tr>
<th>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, 1923 |

**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: Frederick
Village or City: State Sanatorium
Registration Dist. No.: 139

2. FULL NAME
James J. French

3. SEX
Male

4. COLOR OR RACE
White

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

5a. If married, widowed, or divorced, HUSBAND OF
Ethel V. French

6. DATE OF BIRTH (month, day, and year)
Oct. 17, 1879

7. AGE
Years: 55
Months: 5
Days: 23

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
Track Foreman

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
July 1934

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
36 yr.

12. BIRTHPLACE (CITY OR TOWN)
(Please specify)
Maryland

13. NAME
Charles French

14. BIRTHPLACE (CITY OR TOWN)
(Please specify)
Md.

15. MAIDEN NAME
Virginia Haines

16. BIRTHPLACE (CITY OR TOWN)
(Please specify)
Md.

17. INFORMANT
James J. French

18. BURIAL, CREMATION, OR REMOVAL PLACE
Point of Rocks, Md.

19. UNDERTAKER
C. E. Clines

20. FILED
14/10/35

21. DATE OF DEATH
April 10, 1935

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM
March 4, 1935, TO April 10, 1935
I last saw him alive on April 10, 1935; death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation: None
What test confirmed diagnosis: Chest X-ray; X-ray of spine: No

Date of:

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) INDICATE IN THE FOLLOWING:
Accident, suicide, or homicide? Date of injury?
Where did injury occur? (Specify city or town, county, and state)
Indicate 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:

25. SIGNATURE OF REGISTER:

If more blanks are needed, address State Registrar, 2401 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<tr>
<td>Arteriosclerosis</td>
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<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>1 week ago</td>
</tr>
<tr>
<td>1915</td>
<td>1921</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

1 year

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

1. PLACE OF DEATH
County: Frederick
Village or City: New Urbana

2. FULL NAME: William Henry Funk
(a) Residence: No.
(Usually place of abode)

3. SEX: Male
4. COLOR OR RACE: White

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

5b. If married, widowed, or divorced

6. DATE OF BIRTH (month, day, and year): Jan 3, 1850

7. AGE: 85 Years 3 Months 27 Days

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): 1920

11. DATE OF DEATH (Month, Day, and Year): April 30, 1935

21. MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY, That I attended deceased from Apr 1933 to Apr 30, 1935.
I last saw h. alive on Apr 1935.
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:
Aortic Atherosclerosis 1930
Cerebral Hemorrhage 1935
Other Contributory Causes of Importance:

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

13. NAME: Wm. A. Funk

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

15. MOTHER'S NAME: Catherine Dingman

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

17. INFORMANT (Address):

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Airy Cem. Date: May 3, 1935

19. UNDERTAKER (Address):

20. FILED MAY 2, 1935. Registrar:

(Signed) M. D. Adams, Registrar

If more blanks are needed, address State Registrar, 2412 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 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.
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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<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 |

---

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

---

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

1. PLACE OF DEATH
   County: Frederick
   - Village or City near, Mt. Airy,
   Length of residence in city or town where death occurred: 2 yrs. 2 mos. 11 ds.

2. FULL NAME
   Dorothy Jean Gardner,
   near Mt. Airy, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   1933-2-6

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Frederick Co
    Maryland

13. NAME
    Frank A. Gardner

14. BIRTHPLACE (city or town)
    Frederick Co.
    Maryland

15. MOTHER NAME
    Alta Norris

16. BIRTHPLACE (city or town)
    Frederick Co.
    Maryland

17. INFORMANT
    R.F.D. — Mt. Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Prospect, City: April 19, 1935

19. UNDERTAKER
    Winfield, Md.

20. FILED:
    Apr 19, 1935

21. DATE OF DEATH
    April, 17, 1935

22. I HEREBY CERTIFY that I attended deceased from
    (Month) (Day) (Year)

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. If so, specify
   (Signed) C. M. Lee, M. D.
   (Address) Mt. Airy, Md.

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

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<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>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>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: Frederick
- Village or City: Emergency Hospital
- Registration Dist. No.: 121

**2. FULL NAME**
- Female
- Single

**PERSONAL AND STATISTICAL PARTICULARS**

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

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>April 6, 1935</th>
</tr>
</thead>
</table>

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH**
- (Month) April
- (Day) 6
- (Year) 1935

**22. I HEREBY CERTIFY**
- That I attended deceased from April 6, 1935, to April 6, 1935.
- I last saw deceased alive on April 6, 1935.
- Death is said to have occurred on the date stated above, at 5:30 p.m.

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

<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:30 p.m.</td>
</tr>
</tbody>
</table>

**Other Contributory Causes of importance:**

<table>
<thead>
<tr>
<th>Name of operation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What test confirmed diagnosis?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Accident, suicide, or homicide?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Injury: April 6, 1935</td>
</tr>
</tbody>
</table>

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

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

**Manner of injury**

**Nature of injury**

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

**If so, specify**

**REGISTRATION**
- (Signed) B. O. Thomas
- (Address) Frederick, Md.

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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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier 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:

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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</table>

Other contributory causes of importance:

| Gallstones                  | May 1, 1923 |

Example II

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Other contributory causes of importance:

| Gastroenteritis            | 1 year       |

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

1. PLACE OF DEATH

County: Frederick
Village or City: E. E. Smokey Hospital
Length of residence in city or town where death occurred: yrs.

2. FULL NAME

(a) Residence: No.

3. SEX

Male

4. COLOR OR RACE

Colored

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

MARRIED

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

Feb. 22, 1859

7. AGE

76

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

LIVERY

9. OCCUPATION

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

 MAR. 17, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

Place: Frederick, Md.
Date: April 17, 1935

19. UNDERTAKER

20. FILED

April 17, 1935

REGISTRATION DIST. NO. 131

I HEREBY CERTIFY, That I attended deceased from

April 8, 1935, to April 17, 1935

I last saw deceased alive on April 17, 1935; death is said to have occurred on the date stated above, at 12:50 P.M.

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

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) M. B. HAMMAN, M. D.

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<th>Principal cause of death</th>
<th>Date of onset</th>
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</tr>
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<td>3 days ago</td>
<td></td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
</tr>
</thead>
</table>

**Other contributory causes of importance:**

<table>
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<tr>
<th>Gastroenteritis</th>
<th>1 year</th>
</tr>
</thead>
</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: New Market, Md.
   Registration Dist. No.: 138

2. FULL NAME
   Enrica Brown Greenhaw

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Aug 22, 1863

7. AGE
   Years: 71
   Months: 8
   Days: 8

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   None

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    Aug 14, 1935

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

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

13. NAME
    David H. Borelli

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

15. MAIDEN NAME
    Florence Cote

16. BIRTHPLACE (city or town)
    (State or country)
    Worcester, Mass

17. INFORMANT
    James C. Greenhaw

18. BURIAL, CREMATION, OR REMOVAL
    Maryland, May 2, 1935

19. UNDERTAKER
    Address

20. FILED
    Apr 31, 1935

REGISTRAR

If more blanks are needed, address State Registrars, 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.

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<tr>
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<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Near Thurmont
   - Registration Dist. No.: 14
   - Length of residence in city or town where death occurred: 68 yrs. 10 mos. 27 ds.

2. **FULL NAME**
   - Personal and Statistical Particulars
     - Residence: No. 12, Thurmont St.
     - Sex: Male
     - Race: White
     - Single, Married, Widowed, or Divorced: Married
     - Husbands Name: Maggie Renner Grimes
     - Date of Birth (month, day, and year): May 24, 1866
     - Age: 68 yrs. 10 mos. 27 days
     - Occupation: Farmer
     - Date deceased last worked at this occupation: 1934

3. **MEDICAL CERTIFICATE OF DEATH**
   - Date of Death: April 21, 1935
   - Date onset: Nov 28, 1934
   - Principal Cause of Death: Tuberculosis of the Central Nervous System

4. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
   - Name of operation: None
   - Was there an autopsy?: No

5. **MANNER OF INJURY**
   - Nature of injury: None

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

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<td>1 week ago</td>
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</tr>
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<th>Date of Onset</th>
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</thead>
<tbody>
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<td>1 year</td>
</tr>
</tbody>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Registration Dist. No. 132 W. Church St., Ward.

2. FULL NAME: Nellie Annie Hahn
   (a) Residence: No. 132 W. Church 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 (write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
<td>Single</td>
</tr>
</tbody>
</table>

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

6. DATE OF BIRTH (month, day, and year): Dec. 29, 1929

7. AGE
   Years: 5
   Months: 6
   Days: 11 LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWS, BOOKKEEPER, etc.
   Trade: No Trade

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, day, and year): No work

11. Total time (years) spent in this occupation: No work

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

13. NAME: Stephen Hahn

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

15. MAIDEN NAME: Nellie Giesinger
    (State or country)

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

17. INFORMANT
    Name: Stephen Hahn
    Address: 132 W. Church St.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Olivet
    Date: 4/6/1935

19. UNDERTAKER
    Name: Harry E. Coats Co.

20. FILED: 6 April, 1935

21. DATE OF DEATH: April 4th, 1935

22. I HEREBY CERTIFY that I attended deceased from
    March 4th, 1935, to April 6th, 1935, and 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:

Endocarditis Acute Echocardiopathy (Multiple)
Date of onset: 1935

Other Contributory Causes of Importance:

23. If death was due to external causes (VIOLANCE) fill in also the following:
    Accident, suicide, or homicide: Date of injury: 19
    Where did injury occur: (Specify city or town, county and State)
    Specify whether injury occurred in INDUSTRY, in HDME, 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) Frank H. Hedges, M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
**United States Standard Certificate of Death**

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

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</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones | May 1, 1923 |

### Example II

- Gastroenteritis | 1 year |

---

**Additional space for further statements by physician**

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   No. Mineheart Alley bet. 3rd, 4th St. Ward
   Length of residence in city or town where death occurred: 12 yrs., 1 mo., 2 ds.
   Length of time in U.S. if of foreign birth: 12 yrs., 1 mo., 2 ds.

2. FULL NAME: George Adrian Hall
   (a) Residence: No. 190 West All Saints Street St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): September 12, 1913
7. AGE: 19 yrs., 7 mos., 2 ds.
   If LESS than 1 day, ___ hrs., or ___ min.
8. Occupation: At Home
9. Trade, profession, or particular kind of work done: Spinster
10. Date deceased last worked at this occupation (month and year): 4/35
11. Total time (years) spent in this occupation: 1 year

12. BIRTHPLACE (city or town): Frederick City, Md.
13. NAME: Adrian Hall
14. NAME OF MOTHER: Elmina Tedion
15. NAME OF FATHER: Adrian Hall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 14
   (Day) 1935

22. I HEREBY CERTIFY: That I attended deceased from 19... to 19... of the cause of death stated above, at 11:00 A.M. to have occurred on the date stated above, at 11:00 A.M.

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

   Autonomic Nervous System
   14 May 35

   Other Contributory Causes of importance:
   Seb. Flegel
   B. S. Work

Name of operation: 
What test confirmed diagnosis: 
What test confirmed diagnosis: 19.
Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Suicide or homicide: Suicide
   Date of injury: 11/11/25
   Where did injury occur: Home
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury: Shot
   Nature of injury: Bullet entered cranial bone on right side

24. Was disease or injury in any way related to occupation of deceased? No.
   If so, specify: 
   (Signed) W. J. Brown
   (Address) Frederick, Md.

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</tr>
<tr>
<td>Date of onset: 1921</td>
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<td>Peritonitis</td>
</tr>
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<td>Date of onset: July 5, 1927</td>
<td>Peritonitis</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Yellow Springs
   No. St., Ward
   Length of residence in city or town where death occurred: 8 yrs., 3 mos., 5 ds.
   No. St., Ward
   Registration Dist. No.: 121

2. FULL NAME
   Infant Daughter
   (Unequal of abode)
   Residence: Yellow Springs, Frederick
   Ward
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE

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

6. DATE OF BIRTH (month, day, and year)
   4-17-35

7. AGE
   Years: 0
   Months: 0
   Days: 0
   If less than 1 day, h. or . m.

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)
   Yellow Springs
   (State or country)

13. NAME
   Infant Daughter
   (State or country)

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

15. MAIDEN NAME
   Nancy

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

17. INFORMANT
   Samuel Stowe
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Yellow Springs
   Date: April 17, 1925

19. UNDERTAKER
   Mr. N. Embree
   (Address)

20. FILED
   4-17-25

dr.

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</tr>
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</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: Frederick
   Village or City: Woodboro
   Registration Dist. No.: 140
   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.

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
   M.

4. COLOR OR RACE
   [Blank]

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

5a. If married, widowed, or divorced
   WIFE of
   [Signature]
   [Name]

6. DATE OF BIRTH (month, day, and year)
   Oct. 1, 1904

7. AGE
   Years: 30
   Months: 6
   Days: 23
   If LESS than 1 day, hrs. or min.

8. OCCUPATION
   Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

9. Date deceased last worked at this occupation (month and year)
   [Blank]

10. Total time (years) spent in this occupation
   [Blank]

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

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

13. NAME
    [Name]

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

15. MAIDEN NAME
    [Name]

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

17. INFORMANT
    (Address)
    [Name]

18. BURIAL, CREMATION, OR REMOVAL
    Place
    [Blank]
    Date
    [Blank]

19. UNDERTAKER
    (Address)
    [Name]

20. FILED
    [Date]
    [Name]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Month: 2
    Day: 4
    Year: 1935

22. I HEREBY CERTIFY that I attended deceased from
    [Date]
    To
    [Date]
    I last saw h. alive on
    [Date]
    Death is said to have occurred on the date stated above, at
    [Time]
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    [Cause]
    [Date of onset]

Other Contributory Causes of importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide
    Date of injury
    Place
    Manner of injury
    Nature of injury
    [Blank]
    [Blank]
    [Blank]

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

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Graceham
   Length of residence in city or town where death occurred: 65 yrs. 7 mos. 7 ds.

2. FULL NAME
   (a) Residence: No. Graceham
   Personal and statistical particulars
   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   Housework
   Own home
   Date deceased last worked at: Feb. 35
   Total time (years) spent in this occupation: 35

3. SEX
   Female

4. COLOR OR RACE
   White

5a. If married, widowed, or divorced
   none

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

6. DATE OF BIRTH (month, day, and year)
   Sept. 1st 1869

7. AGE
   Years: 65
   Months: 7
   Days: 7
   If LESS than 1 day, ______ hrs. or ______ min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Housework
   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)
    Graceham
    (State or country)

13. NAME
    George Jacob Hessner
    (State or country)

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

15. MAIDEN NAME
    Eliza S. Newman
    (State or country)

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

17. INFORMANT
    Melvin W. Hessner
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Graceham
    Date: April 19, 1935

19. UNDERTAKER
    M. L. Gregor & Son
    (Address)

20. FILED
    April 9, 1935
    Anna M. Jones
    (Address)

21. DATE OF DEATH
    April 8th, 1935

22. I HEREBY CERTIFY that I attended deceased from April 6, 1935, to April 8, 1935. I last saw him alive on April 8, 1935; death is said to have occurred on the date stated above, at 4 A.M.

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.

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis

Was there an autopsy?

If so, specify

Manner of injury

Nature of injury

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

If so, specify

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

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

To be complete, an occupation return must state:

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

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

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

Example I

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

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

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

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</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: Frederick
   Village or City: Frederick
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Ella Carmelina Holdcraft
   Residence: No. 138 E. 3rd St., Ward.

3. SEX
   Female
   If married, widowed, or divorced: Married

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Nov. 4, 1863

7. AGE
   Years: 71
   Months: 5
   Days: 8
   If LESS than 1 day, hrs. or min.: 0

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

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   
10. Data deceased last worked at this occupation (month and year)
    May 1863

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

12. BIRTHPLACE (city or town)
    Frederick, Maryland

13. NAME
    John Casper Molling

14. BIRTHPLACE (city or town)
    Hermann, W.S.A.

15. MOTHER NAME
    Margueri Nicholas

16. BIRTHPLACE (city or town)
    Hermann, W.S.A.

17. INFORMANT
    John Henry Holdcraft

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Olivet
    Date: 4/15/1936

19. UNOBTAINED
   毫无

20. FILED
    13 Apr. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 17, 1936

22. I HEREBY CERTIFY
    That I attended deceased from April 3, 1935, to April 17, 1936, and to have occurred on the date stated above.

   The PRINCIPAL CAUSE OF DEATH was:
   
   Other Contributory Causes of importance:

   Name of operation...

   Where did injury occur?...

   Manner of injury...

   Nature of injury...

   If so, specify...

   Signed...

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

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<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td></td>
<td><strong>1 week ago</strong></td>
</tr>
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<td></td>
<td><strong>1 week ago</strong></td>
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<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>
<tr>
<td></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td></td>
<td><strong>1 year</strong></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick, Maryland
   Registration Dist. No.: 131
   No. Emergency Hospital: St., Ward: 1
   Length of residence in city or town where death occurred: yrs. 1 mos. ds
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Mrs. Annie Hunt
   (a) Residence: No. 202 S. Fourth St., Frederick, Md.
   (Usual place of abode)

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

5a. If married, widowed, or divorced
   (or WIFE of
   George Hunt

6. DATE OF BIRTH (month, day, and year): November 25, 1875

7. AGE: 80 yrs.
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc...
   Housewife

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

10. Date deceased last worked at this occupation (month and year): 1/35
   11. Total time (years) spent in this occupation: 30 yrs.

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

13. NAME: William Henry Plater

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

15. MAIDEN NAME: Mary Robinson

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

17. INFORMANT: George Hunt
   (Address) Frederick, Maryland

18. BURIAL, CREMATION, OR REMOVAL
   Place: Fairview Cem. Date: 4/7/35, 19

19. UNDERTAKER: M. R. Etchison & Son
   (Address) Frederick, Maryland

20. FILED: 5th April, 1935

21. DATE OF DEATH
   H: ford (Month) 3 (Day) 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from
   I last saw her alive on March 3, 1935; death is said to have occurred on the date stated above, at 9:00 A.M.
   The principal cause of death and related causes of importance were as follows:

23. Other Contributory Causes of Importance:

24. 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

25. Was disease or injury in any way related to occupation of deceased? No
   If so, specify
   (Signed) William S. Lewis, 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

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<td>Peritonitis 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1923</td>
<td>Gastroenteritis 1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Emergency Hospital of Montana
   - Length of residence in city or town where death occurred: 1 yr. 1 mos. ds.

2. **FULL NAME**
   - Residence: No. 25 Smith Ferry Road, Frederick, Md.
   - Usual place of abode: Frederick, Md.

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

4. **DATE OF DEATH**
   - April 3, 1935

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

6. **DATE OF BIRTH**
   - 1860

7. **AGE**
   - Years: 75
   - Months: 0
   - Days: 2
   - If LESS than 1 day: hrs. or min.

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

9. **Industry or business in which work was done, as SILK MILL, SAIl MILL, BANK, etc.**
   - Johnson

10. **Data deceased last worked at this occupation (month and year)**
    - April 1933

11. **Total time (years) spent in this occupation**
    - 1933

12. **BIRTHPLACE**
    - (City or town):
      - 25 Smith Ferry Road, Frederick, Md.

13. **NAME**
    - Alexander Johnson

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

15. **MAIDEN NAME**
    - Eliza Johnson

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

17. **INFORMANT**
    - Montserrat Webster
    - Address: Frederick, Md.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Frederick, Md.
    - Date: April 4, 1935

19. **UNDEARTAKER**
    - Frederick, Md.

20. **FILED**
    - April 5, 1935

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - April 3, 1935

22. **HEREBY CERTIFY**
    - I last saw deceased alive on April 2, 1935, at 9:30 a.m.
    - 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:
      - Uremia
      - Chronic parenchymatosus nephritis
      - Other Contributory Causes of importance:

23. **CAUSE OF DEATH**
    - Accident, Suicide, or Homicide?
        - Date of Injury: 1935
        - Place of Injury: Frederick, Md.
        - Date of Death: April 3, 1935
    - Manner of Injury:
    - Nature of Injury:

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

25. **Signature**
    - (Signed) Dr. Frederick, Md.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>May 6, 1925</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>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: Frederick
   Village or City: Frederick
   Hospital: Frederick City Hospital
   Registration Dist. No.: 132
   Ward: No. St., Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Oct. 6, 1904

7. AGE
   Years: 30
   Months: 6
   Days: 7
   If LESS than 1 day, hours, or minutes

8. OCCUPATION
   Carpenter

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Blank

10. DATA DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
    1925, March

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    10

12. BIRTHPLACE (CITY OR TOWN)
    Harmony, MD

13. NAME
    Elmer Kitts

14. BIRTHPLACE (CITY OR TOWN)
    Harmony, MD

15. MAIDEN NAME
    Annie Shepherd

16. BIRTHPLACE (CITY OR TOWN)
    Harmony, MD

17. INFORMANT: Elise Kitts
    Address: Middletown, MD

18. BURIAL, CREMATION, OR REMOVAL
    Place: Middletown
    Date: April 14, 1935

19. UNDERTAKER
    Address: Middletown, MD

20. FILED
    April 14, 1935

21. DATE OF DEATH
    Apr. 12, 1935

22. I HEREBY CERTIFY
    That I attended deceased from
    Apr. 9, 1935, to Apr. 12, 1935.
    I last saw him alive on Apr. 10, 1935. Death is said to have occurred on the date stated above, at 7:45 a.m.
    The principal cause of death and related causes of importance were as follows:

MEDICAL CERTIFICATE OF DEATH

Other Contributory Causes of Importance:

23. If death was due to external causes (VIOLANCE) fill in also the following:
    Accident, suicide, or homicide? Date of injury?

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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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the 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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<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>1915</td>
</tr>
<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 |

Example II

<table>
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<th>The principal cause of death and related causes of importance were as follows:</th>
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</thead>
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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: Fauquier
Registration Dist. No. 140
Village or City: Washington
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
(a) Residence: No. (Usual place of abode)
St., Ward. If nonresident give city or town and state

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year)
April 30, 1935
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, ETC.
9. INDUSTRY OR BUSINESS IN WHICH WORK WERE 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)
Trenton, NJ
(State or country)

13. NAME
Roy R. Kline

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

15. MAIDEN NAME
Quin E. Fogle
(State or country)

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

17. INFORMANT
Address

18. BURIAL, CREMATION, OR REMOVAL
Place

19. UNDERTAKER
Address

20. FILED
May 1, 1935—Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
(April 30) 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1935, to April 30, 1935, I last saw him alive on April 30, 1935; death is said to have occurred on the date stated above, at 5:30 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature

Other Contributory Causes of importance:

Name of operation...

What test confirmed diagnosis...

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) W. B. Greenfield, M.D.
(Address) Friends...
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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11.—The number of years the deceased followed the occupation.

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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>
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<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
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</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Length of residence in city or town where death occurred: 50 yrs. mos. ds.

2. FULL NAME: Thomas Ephriam Kling
   (a) Residence: No. 508 East Patrick Street

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF DEATH (month, day, and year): April 23, 1935
7. AGE (Years, Months, Days): 75 yrs. 1 mos. 11 ds.
8. Trade, profession, or particular kind of work done: Farmer
9. Industry or business in which work was done: Retired
10. Date deceased last worked at this occupation (month and year): 6/25
11. Total time (years) spent in this occupation: 40 yrs.
12. BIRTHPLACE (city or town): Maryland
13. NAME: John D. Kling
14. BIRTHPLACE (city or town): Maryland
15. MAIDEN NAME: Amelia Grimes
16. BIRTHPLACE (city or town): Maryland
17. INFORMANT: Mrs. Thomas Kling
   Address: 508 East Patrick Street
18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Olivet Cem. Date: 4/25/35
19. UNDERTAKER: M. R. Etchison & Son
   Address: Frederick, Maryland
20. FILED: April 25, 1935

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
   (Address) to
   (Address)
   I last saw him alive on
   (Address)
   (Address)
   Death is said to have occurred on the date stated above, at 3:06 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Other Contributory Causes of importance:

   Date of onset

   Name of operation...
   Date of...
   What was operation...
   Date of...
   Was there an eutatopy?

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.

If more blanks are needed, address State Register, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: "Int. St. Marys"
   Length of residence in city or town where death occurred: 87 yrs. 7 mos. 4 ds

2. FULL NAME
   (a) Residence: No.
   (b) Ward.
   If nonresident give city or town and State
   Personal and Statistical Particulars
   Sex: Male
   Color or Race: White
   Single, Married, Widowed, or Divorced: Widowed

3. Occupation
   Trade, profession, or particular kind of work done: Shoemaker
   Industry or business in which work was done: S. M. Mill, Shoe Mill, etc.
   Date deceased last worked at this occupation: 11/15/95
   Total time (years) spent in this occupation: 60

4. Birthplace (city or town)
   New Int. St. Marys
   State or country: New Int. St. Marys

5. Name
   John J. Kreitz
   Father: John J. Kreitz
   Mother: Maria James

6. Informant
   (Address)
   Albert J. Kreitz

7. Date of Death
   April 8, 1935
   Date of onset

8. Cause of Death
   Chronic Arterial Insufficiency

9. Contributory Causes of Importance
   Name of operation
   Physical cause
   Date of injury
   Accident, suicide, or homicide?
   Where did injury occur?
   Manner of injury
   Nature of injury

10. Place, method, or removal
    Int. St. Marys
    Date: Apr. 10, 1935
    Undertaker
    M. J. Steffen

11. File No.
    April 9, 1935

If more blanks are needed, address State Registrar, 2211 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<th>Date of onset</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1915</td>
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<td>July 5, 1927</td>
<td>3 days ago</td>
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<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: Frederick

2. FULL NAME

(a) Residence: No.

3. SEX

F.

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

5a. If married, widowed, or divorced

Name of spouse: Andrew Y. Spurce

6. DATE OF BIRTH

Sept. 18, 1891

7. AGE

Years: 43
Months: 6
Days: 13

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

House work

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

Mar. 19, 1936

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE

St. Mary's City, Md.

13. NAME

William Spurce

14. BIRTHPLACE

St. Mary's City, Md.

15. MAIDEN NAME

Fredelle

16. BIRTHPLACE

St. Mary's City, Md.

17. INFORMANT

Andrew Y. Spurce

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Hope Cem., Date: Apr. 4, 1936

19. UNDERTAKER

Powell & Albright

20. FILED

Apr. 4, 1936—L. O. Powell

REGISTRATION DISTRICT NO. 140

No. St., Ward

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

21. DATE OF DEATH

Apr. 1st, 1936

22. I HEREBY CERTIFY

That I attended, deceased from Dec. 10, 1935, to Apr. 1st, 1936,

I last saw her alive on Apr. 1st, 1936, death is said to have occurred on the date stated above, at 8 P.M.

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

Acute Myocarditis

Other Contributory Causes of Importance:

Gall Stones

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: L. O. Powell
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.

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

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

Other contributory causes of importance:

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

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

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Frederick Co. Emergency Hospital
   - Registration Dist. No.: 121
   - Village or City: Frederick, Md.
   - 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**
   - William Lewis
   - (a) Residence: No. Liberty, Md. St., Ward.
   - If nonresident give city or town and State.

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - Colored

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

6. **DATE OF BIRTH**
   - July 4th, 1882

7. **AGE**
   - Years: 53 yrs.
   - Months: 9
   - Days: 1
   - Total time (years) spent in this occupation: 11

8. **OCCUPATION**
   - Laborer.

9. **DATE OF DEATH**
   - 4-18-1935

22. **I HEREBY CERTIFY**
   - That I attended deceased from April 11, 1935, to April 18, 1935.
   - I last saw him alive on April 17, 1935; death is said to have occurred on the date stated above, at 2:30 P.M.
   - The principal cause of death and related causes of importance were 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: 19.
   - Where did Injury occur? Specify city or town, county and State.
   - Specifying whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   - Manner of injury:
   - Nature of injury:

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

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Bywoodville, Md.
   Village or City: Riggs Cottage Sanitarium
   (St., Ward: St., 1)

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

2. FULL NAME
   Lottie Jane Little
   Residence: No.
   Residence: Georgetown, Pa.
   St., 2

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   9-10-1888

7. AGE
   Years: 48
   Months: 6
   Days: 5
   IF LESS than 1 day, hrs., or min.

8. OCCUPATION
   Dressmaker

9. Trade, profession, or particular kind of work done: NOT SPECIFIED
   Industry or business in which work was done: NOT SPECIFIED
   Date deceased last worked at this occupation: NOT SPECIFIED
   Total time spent in this occupation: NOT SPECIFIED

10. BIRTHPLACE (city or town)
    Greenmount, Pa.

11. NAME
    Lottie Jane Little

12. MOTHER'S NAME
    Katherine M. McDonald

13. FATHER'S NAME
    Henry E. Little

14. BIRTHPLACE (city or town)
    Greenmount, Pa.

15. DATE OF DEATH
    4-15-1935

16. PLACE OF BURIAL, CREMATION, OR REMOVAL
    Bethel Cemetery

17. INFORMANT
    Mrs. R. A. Armstrong (mother)

18. DEATH REGISTER
    File No.: 4-15-1935

19. UNDERTAKER
    Herbert G. Little, Jr.

20. FILED
    April 16, 1935

REGISTRAR

If more blanks are needed, address State Registrar, 2441 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   (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: 32 yrs. mos. ds.
   How long in U.S. of foreign birth: 50 yrs. mos. ds.

2. FULL NAME: Samuel Marino
   (a) Residence: No. 401 S. Market St., St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

HUSBAND OF: Lucy Leone

6. DATE OF BIRTH (month, day, and year): Nov. 5, 1869
7. AGE: 65 Years 4 Months 25 Days

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.: Grocer
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): 4/1/35
11. Total time (years) spent in this occupation: 32

12. BIRTHPLACE (city or town) (State or country): Cefalu, Italy
13. NAME: Pagale Marino
14. BIRTHPLACE (city or town) (State or country): Cefalu, Italy
15. MAIDEN NAME: Rose Cullott
16. BIRTHPLACE (city or town) (State or country): Cefalu, Italy

17. INFORMANT (Name): Mrs. Samuel Marino
   (Address): Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: St. Johns Cem., Fred.
   Date: April 4, 1934

19. UNDERTAKER (Name): M. R. Etchison & Son
   (Address): Frederick, Md.

20. FILED: April 19, 1935

21. DATE OF DEATH
   (Month): April 2nd.
   (Day): 5
   (Year): 1934

22. I HEREBY CERTIFY That I attended deceased from April 1st, 1934 to April 2nd, 1934.

   I last saw him alive on April 2nd, 1934.

   Date of onset: 4/1/35

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

   Coronary Thrombosis

   Atherosclerosis

   Other Contributory Causes of Importance:

   (Sign)

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): Frederick, Md.

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</table>

Other contributory causes of importance: Other contributory causes of importance:

Gallstones | Gastroenteritis |

Date of onset | Date of onset |
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
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</tbody>
</table>

May 1, 1925

1 year

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Catoctin Furnace
   Length of residence in city or town where death occurred: 71 yrs, 11 mos, 19

2. FULL NAME
   David Thomas Martin
   (a) Residence: Catoctin Furnace

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): April 4th, 1863

7. AGE
   Years: 71
   Months: 11
   Days: 29

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

9. Industry or business in which work was done: Farm Laborer

10. Date deceased last worked: Sept. 24, 1935

11. Total time (years) spent in this occupation: 35 yrs

12. BIRTHPLACE (city or town) (State or country): Catoctin Furnace, MD

13. NAME
   Thomas Martin

14. BIRTHPLACE (city or town) (State or country): Catoctin Furnace, MD

15. MAIDEN NAME: Mary A. Wiley

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT
   Name: Harry Martin
   Address: Thurmont, MD

18. BURIAL, CREMATION, OR REMOVAL
   Place: Lewistown
   Date: Apr. 5th, 1935

19. UNDERTAKER: M. L. Creaser & Son
   Address: Thurmont, MD

20. FILED: April 4, 1935
    Register: Anna M. Jones

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

22. I HEREBY CERTIFY, That I attended deceased from
    [Signature]
    [Date: July 19, 1935]

23. The principal cause of death and related causes of importance were as follows:
   [Signature]
   [Date: July 19, 1935]

Other Contributory Causes of Importance:

24. If death was due to external causes (VIOLENCE) fill in also the following:
   Location: Lewistown
   Date of Injury: Apr. 5th, 1935
   Manner of injury: Nature of injury:
   Specifying whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE:
   [Signature]
   [Address: Thurmont, MD]
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
### STATE OF MARYLAND—CERTIFICATE OF DEATH

#### 1. PLACE OF DEATH
- County: Frederick
- Village or City: Frederick
- Registration Dist. No.: 130
- No. 358 Madison St., Ward.
- Length of residence in city or town where death occurred: yrs., mos., ds.
- If death occurred in a hospital or institution, give its NAME instead of street and number.

#### 2. FULL NAME
- Residence: No. 358 Madison St., Ward.
- Name: Roosevelt B. Martin Jr.

### PERSONAL AND STATISTICAL PARTICULARS

#### 3. SEX
- Male

#### 4. COLOR OR RACE
- White

#### 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
- Child

#### 6. DATE OF BIRTH
- Month: March
- Day: 17
- Year: 1915

#### 7. AGE
- Years: 19

#### 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
- (Write the word)

#### 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
- (Specify)

#### 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
- (Month and Year)

#### 11. TOTAL TIME SPENT IN THIS OCCUPATION (MONTHS AND YEARS)
- (Specify)

#### 12. BIRTHPLACE (CITY OR TOWN)
- Frederick, Md.

#### 13. NAME
- Roosevelt B. Martin

#### 14. BIRTHPLACE (CITY OR TOWN)
- Frederick, Md.

#### 15. MAIDEN NAME
- Vaness de Main

#### 16. BIRTHPLACE (CITY OR TOWN)
- Frederick, Md.

#### 17. INFORMANT (ADDRESS)
- Roosevelt B. Martin

#### 18. BURIAL, CREMATION, OR REMOVAL
- Place: Frederick, Md.
- Date: 7/5, 1935

#### 19. UNDERTAKER (ADDRESS)
- Frederick, Md.

#### 20. FILED (ADDRESS)
- Frederick, Md.

#### 21. DATE OF DEATH
- Month: April
- Day: 4
- Year: 1935

#### 22. MEDICAL CERTIFICATE OF DEATH
- I HEREBY CERTIFY that I attended deceased from April 1, 1935, to April 4, 1935.
- I last saw deceased alive on April 4, 1935, death is said to have occurred on the date stated above.
- The principal cause of death and related causes of importance were as follows:
  - Lobar pneumonia

#### 23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
- (Specify)

#### 24. MANNER OF INJURY
- Nature of Injury
- Accident, suicide, or homicide?
- Date of Injury
- Place of Occurrence
- (Specify city or town, county, and state)
- Manner of Injury
- Nature of Injury
- Accident, suicide, or homicide?
- Date of Injury
- Place of Occurrence
- (Specify city or town, county, and state)

#### 25. COMMENT
- (Sign)

If more blanks are needed, address State Registrar, 2417 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

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

**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:

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

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

1. PLACE OF DEATH
   County: Frederick City Hospital, Registration Dist. No. 13. No. Frederick City Hospital. Ward.
   Village or City: Frederick. Length of residence in city or town where death occurred yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. 20 E. Jaffee St., Ward. If nonresident give city or town and State
   (usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

If married, widowed, or divorced

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

7. AGE
   Birth Year: 1935

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

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)
   Maryland

13. NAME
   Max, C. Manley

14. BIRTHPLACE (city or town)
   Maryland

15. MAIDEN NAME
   Oliva Trake

16. BIRTHPLACE (city or town)
   Maryland

17. INFORMANT
   E. C. Manley

18. BURIAL, CREMATION, OR REMOVAL
   Place: Frederick. Date: April 7, 1935

19. UNDERTAKER
   W. B. Stetson & Son

20. FILED
   April 19, 1935. M. D., McCurdy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1935, to April 7, 1935. The last seen. The deceased was alive on April 7, 1935. Death was said to have occurred on the date stated above, at 2 P.M.

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

Premature Infants

Other Contributory Causes of importance:

Name of operation.

Date of operation.

Was test confirmed diagnosis?

Date of confirmation.

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) H. S. Manley

M. D.

If more blanks are needed, address State Registrar, 414 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 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, asthena, 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: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | Gastroenteritis |
| May 1, 1923 | Date of onset: 1 year |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: State Sanatorium, Md.
   Registration Dist. No.: 139
   Length of residence in city or town where death occurred: yrs. 18 mos. 18 ds.

2. FULL NAME: Hortense E. Matthews
   (a) Residence: No. 508 E. 27th St., Ward. Baltimore, Md.

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): May 25, 1912

7. AGE: 22 yrs. 10 mos. 13 days

8. OCCUPATION: Housewife

9. PLACE of OCCUPATION: 508 E. 27th St., Baltimore, Md.

10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 3 yrs.

21. DATE OF DEATH: April 8, 1935

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY: That I attended deceased from March 20, 1935, to April 8, 1935. I last saw her alive on April 8, 1935; death is said to have occurred on the date stated above, at 7:40 P.M., at 508 E. 27th St., Baltimore, Md.

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

   Pulmonary Abscesses

   Date of onset: Dec. 1934

   Other Contributory Causes of Importance:

   Liquefied Abscess of Heart

   Name of operation: None
   Date of:

   What last confirmed diagnosis?: Chest X-ray
   Was there an autopsy?: Yes

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

   Accident, suicide, or homicide?:
   Data of injury:
   Where did injury occur?:
   (Specify 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?: No

   If so, specify:
   Name of employer:
   Location of accident:
   Name of physician:
   Profession:

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.

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

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

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

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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1915</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1937</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></td>
<td>May 1, 1963</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County... Frederick
   Village or City... Frederick
   Length of residence in city or town where death occurred... 28 mos.

2. FULL NAME... Mrs. Barbara Helen McCordell
   Residence: No. 404 Rockwell Terrace

PERSONAL AND STATISTICAL PARTICULARS

3. SEX... Female
4. COLOR OR RACE... White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED... Widowed
6. If married, widowed, or divorced HUSBAND of... Earnest W. McCordell
7. DATE OF BIRTH... September 15, 1885
8. AGE... 49
9. TRADE, PROFESSION, OR PARTICULAR kind of work done... Housewife
   WORK... At Home
10. OCCUPATION... Housewife

11. DATE OF DEATH... April 3, 1935

12. BIRTHPLACE... Maryland
   State or country... Penna.
13. NAME... Henry E. Little
14. FATHER... Henry E. Little
15. MAIDEN NAME... Annie Fisher
16. MOTHER... Mary E. Little
17. INFORMANT... 404 Rockwell Terrace, Fred, Md.
18. BURIAL, CREMATION, OR REMOVAL... Mt. Olivet Cem.
   Place... Date... 4/5/35
19. UNDERTAKER... M.B. Ethridge & Son
20. FILED... April 19, 1935

REGISTRATION DIST. No. 12

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>1915</td>
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<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>Date of onset</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1 week ago</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>3 days ago</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: State Sanatorium
   - Registration Dist. No.: 139

2. **FULL NAME**
   - Millard A. McCoy

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - June 16, 1908

7. **AGE**
   - 26 years
   - 10 months
   - 1 day

8. **OCCUPATION**
   - Farmer

9. **DATE OF DEATH**
   - April 17, 1935

21. **DATE OF DEATH**
   - April 17, 1935

22. **HEREBY CERTIFY**
   - That I attended deceased from Oct. 8, 1934, to April 17, 1935
   - I last saw him alive on April 16, 1935.; death is said to have occurred on the date stated above, at 6:35 A.M.

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

- **Pulmonary Tuberculosis**
  - Date of onset: March 1934
  - Other Contributory Causes of importance:
    - Tuberculous Laryngitis

12. **BIRTHPLACE**
   - Sharpsburg, Md.

13. **NAME**
   - Alonzo McCoy

14. **BIRTHPLACE**
   - Sharpsburg, Md.

15. **MAIDEN NAME**
   - Rena Marshall

16. **BIRTHPLACE**
   - Sharpsburg, Md.

17. **INFORMANT**
   - Millard A. McCoy (on admittance)

18. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Sharpsburg, Md.
   - Date: unknown

19. **UNATTACHED**
   - C. L. Sumner

20. **FILED**
   - April 25, 1935

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?
   - Manner of injury
   - Nature of injury

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

If more blanks are needed, address State Registrar, 4111 N. Charles Street, Baltimore, Requesting U. S. No. 3.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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Example I

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

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

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Registration Dist. No.: 1
   No., Frederick County Hospital St., Ward
   Length of residence in city or town where death occurred: 18 yrs., 0 mos., 0 ds.

2. FULL NAME
   (a) Residence: No.
   (Usual place of abode)
   (b) Name: James M. Sawyer

   PERSONAL AND STATISTICAL PARTICULARS

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

<table>
<thead>
<tr>
<th>SEX</th>
<th>WHITE</th>
<th>WIDOWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   6. DATE OF BIRTH
   (Month, day, and year)
   [Sept. 15, 1895]

   7. AGE
   Years: 83
   Months: 9
   Days: 13

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

   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)

   11. Total time (years) spent in this occupation

   12. BIRTHPLACE
   (City or town)
   (State or country)
   [Med. (2)]

   13. NAME
   [John M. Sawyer]

   14. BIRTHPLACE
   (City or town)
   (State or country)
   [Med. (2)]

   15. MAIDEN NAME
   [Ellen Brady]

   16. BIRTHPLACE
   (City or town)
   (State or country)
   [Med. (2)]

   17. INFORMANT
   (Address)
   [Name, Address, Hospital]

   18. BURIAL, CREMATION, OR REMOVAL
   Place
   [Date]
   [Place, Date]

   19. UNDERTAKER
   (Address)
   [Name, Address]

   20. FILED
   30 April, 19[...]
   Registrar
   [Address]

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
   (Month) 28
   (Day) 1935
   (Year)

   22. I HEREBY CERTIFY. That I attended deceased from
   [April 25, 1935, to April 28, 1935]
   I last saw him alive on
   [April 28, 1935]
   Death is said to have occurred on the date stated above, at
   [2:30 p.m.]

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

   [Diagnosis]

   Other Contributory Causes of Importance:

   [Additional information]

   Name of operation...
   Date of...
   Test confirmed diagnosis?
   Date of...
   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 whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of injury
   Nature of injury

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

If more blanks are needed, address State Registrar, 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>Date of Onset</th>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
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</tr>
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</tr>
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<td>July 5, 1927</td>
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<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1923

Gastroenteritis | 1 year

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: State & Ananaw, No. 145
   Registration Dist. No. 139
   Length of residence in city or town where death occurred: 12 yrs., 9 mos. 12 ds.

2. FULL NAME
   (a) Residence: No. 3457 Reservoir Rd, Ward. 13, Balt. Md.
   (b) Place of abode: State & Ananaw, No. 145

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

5a. If married, widowed, or divorced
   HUSBAND or WIFE
   Josephine N. Merson

6. DATE OF BIRTH (month, day, year)
   June 7, 1891

7. AGE
   Years: 43
   Months: 9
   Days: 27

8. Trade, profession, or particular kind of work done
   Sheet Metal Worker

9. Industry or business in which work was done
   Unknown

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

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

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

13. NAME
    George Merson

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

15. MAIDEN NAME
    Annie Oden

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

17. INFORMANT
    Name: Harvey J. Merson (in admission)
    Address: 3457 Reservoir Rd, Balt, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Balt. Md.

19. UNDERTAKER
    M. L. Craig

20. FILED
    April 4, 1935

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1935, to April 4, 1935,
    Last saw him alive on April 3, 1935, death is said to have occurred on the date stated above, at 4:25 A.M.

23. Cause of death:
    Pulmonary Tuberculosis

Other Contributory Causes of importance:

24. Name of operation:
    None

25. What test confirmed diagnosis?
    X-ray, Pos. Tuberculosis

26. Was there an autopsy?
    Yes

27. 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:

28. Manner of injury:

29. Nature of injury:

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

(Signed) Stewart L. Shaffer
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 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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11.—The number of years the deceased followed the occupation.

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

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Example I

<table>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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<th>Date of onset</th>
</tr>
</thead>
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<td>1921</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>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Near Salisbury, Md.
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Ida Alice Miller
   Residence: Near Salisbury, Md.

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)
   May 17, 1867

7. AGE
   Years: 67
   Months: 10
   Days: 25

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

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)
    Marsh Dist, Warren County, Pa

13. NAME
    Frank T. Tractive

14. BIRTHPLACE (city or town, State or country)
    Franklinc, Penna

15. MAIDEN NAME
    Angeline Temple

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

17. INFORMANT
    Mrs. Dora Busley

18. BURIAL, CREMATION, OR REMOVAL
    Place: Green Hill Cemetery, Date: 4-17-1935

19. UNDERTAKER
    Walter G. Grove

20. FILED
    3-17, 1935, C. B. Shields

REGISTRATION DISTRICT NO. 139

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   4-15-1935

22. I HEREBY CERTIFY, That I attended deceased from
    3-13, 1935, to 4-15, 1935

   I last saw him alive on 4-14, 1935. Death is said to have occurred on the date stated above, at 3:45 A.M.

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

   Other Contributory Causes of Importance:
   Tuberculosis

   Name of operation: Date of
   Angein, Pulmonary Tuberculosis
   4-17, 1935

23. If death was due to external causes (violence) fill in also the following:
    Accident, Suicide, or Homicide?
    Where did injury occur?
    Date of Injury
    Nature of Injury
    Nature of Injury

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

(Signed)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 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 house wife, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Frederick
   - No.: Frederick City Hospital
   - Length of residence in city or town where death occurred: 9 yrs. mos.

2. **FULL NAME**
   - Robert Albert Miller
   - Residence: No. Francis Scott Key Hotel

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Male
   - **COLOR OR RACE**: White
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Widower
   - **DATE OF BIRTH**: December 14, 1890
   - **AGE**: 44 Years, 4 Months, 10 Days
   - **COLOR OR RACE**: White
   - **OCCUPATION**: Steward
   - **PLACE OF OCCUPATION**: Hotel
   - **DATE DECEASED LAST WORKED**: December 1934
   - **TOTAL TIME SPENT IN OCCUPATION**: 9 Years

4. **BIRTHPLACE**
   - **CITY OR TOWN**: Stuttgart
   - **STATE OR COUNTRY**: Germany

5. **NAME**
   - Gustav Miller
   - **FATHER**: Gustav Miller
   - **MOTHER**: Selma Miller

6. **MAIDEN NAME**
   - **COUNTRY**: Germany

7. **INFORMANT**
   - Name: Max Hedwig Miller
   - Address: Baltimore, MD

8. **BURIAL, CREMATION, OR REMOVAL**
   - **PLACE**: Mt. Olivet Cemetery
   - **DATE**: April 27, 1935

9. **UNDERTAKER**
   - M. R. Etchison & Son
   - Frederick, Md.

10. **FILED**
    - Date: April 26, 1935

11. **DATE OF DEATH**
    - **MONTH**: April
    - **DAY**: 24
    - **YEAR**: 1935

12. **DATE OF ONSET**
    - Date of onset: 1932

13. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - Terminal Pulmonary Disease

14. **NAME OF OPERATION**
    - Mitral Disease

15. **DATE OF OPERATION**
    - Date of operation: 1932

16. **WHAT TEST CONFIRMED DIAGNOSIS**
    - Date of operation: 1932

17. **WAS THERE AN AUTOPIsy?**
    - Yes

18. **WHERE DID INJURY OCCUR?**
    - Specified city or town, county and State

19. **MANNER OF INJURY**
    - Nature of Injury

20. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - No

21. **SIGNATURE**
    - Signed: Dr. Hedwig Miller
    - M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

## 1. PLACE OF DEATH
- County: Frederick
- Village or City: Thurmont (outside)

## 2. FULL NAME
- Name: Robert Lee Miller
  - Residence: No.
  - Usual place of abode: 

## PERSONAL AND STATISTICAL PARTICULARS

### 3. SEX
- Male

### 4. COLOR OR RACE
- White

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

### 6. DATE OF BIRTH
- Month: Oct
- Day: 11
- Year: 1934

### 7. AGE
- Years: 64
- Months: 17
- Days: 0

### 8. Trade, profession, or particular kind of work done
- (Leave blank)

### 9. Industry or business in which work was done
- (Leave blank)

### 10. Date deceased last worked at this occupation
- (Leave blank)

### 11. Total time (years) spent in this occupation
- (Leave blank)

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH
- Month: April
- Day: 28
- Year: 1935

### 22. I HEREBY CERTIFY, That I attended deceased from
- Oct 15, 1934, to April 22, 1935
- Last saw him alive on April 22, 1935
- Death is said to have occurred on the date stated above, at 3 a.m.

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

- [Handwritten]: Internal Hydrocephalus
- Date of onset: Dec 1, 1934

### Other Contributory Causes of Importance:
- None

### Name of operation:

### What test confirmed diagnosis?

### Date of:

### Was there an autopsy?

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

- Accident, suicide, or homicide: No
- Date of Injury: Apr 22, 1935
- Where did injury occur?
- (Specify city or town, county and State)
- Manner of injury:
- Nature of injury:

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

### If so, specify:

### Signed:

### Filed:
- June 29, 1935

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset: 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset: July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Monrovia
   Length of residence in city or town where death occurred: yrs. 4 mos. ds.

2. FULL NAME: John Elmer Myers
   (a) Residence: No. Monrovia, Md.

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

   5a. If married, widowed, or divorced
      HUSBAND of: Julia E. Myers

   6. DATE OF BIRTH (month, day, and year): 1879-9-25

   7. AGE: Years 55, Months 6, Days 12
      If LESS than 1 day, hrs. or min.

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

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

   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year): 12/34

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

   12. BIRTHPLACE (city or town): Frederick Co., Maryland

   13. NAME: Lewis Myers

   14. BIRTHPLACE (city or town): Howard Co., Maryland

   15. MAIDEN NAME: Julia E. Black

   16. BIRTHPLACE (city or town): Unknown

   17. INFORMANT: Mrs. Julia E. Myers
      Address: R.F.D. #4, Mt. Airy, Md.

   18. BURIAL, CREMATION, OR REMOVAL: Locust Grove Cem., April 9, 1935

   19. UNDERTAKER: L. M. Waddell
      Address: Winfield, Md.

   20. FILED: April 9, 1935

   21. DATE OF DEATH: April 7, 1935

      I last saw him alive on March 28, 1935; death is said to have occurred on the date stated above, April 7, 1935.
      The principal cause of death and related causes of importance were as follows:

   23. Cause of death: Acute nephritis
      Date of onset: March 28, 1935

   Other Contributory Causes of Importance:

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

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

      ACCIDENT: NONE
      Suicide: NONE
      Homicide: NONE
      Date of injury: 1935
      Where did injury occur: NONE
      Specify whether injury occurred in industry, in home, or in public place:
      MANNER OF INJURY: NONE
      NATURE OF INJURY: NONE

   If so, specify: NONE

   25. Was disease or injury in any way related to occupation of deceased?
      If so, specify: NONE

   (Signed) A. M. D. (M.D.)
   Address: M.D.

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

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

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

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

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

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

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

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<tr>
<th>Example I</th>
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<td>The principal cause of death and related causes of importance were as follows:</td>
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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: Frederick
   Village or City: Frederick
   Registration Dist. No. 131
   No. 142 East South St., Ward
   Length of residence in city or town where death occurred: yrs. 15, mos. 15, ds. 15. How long in U.S. if of foreign birth? yrs. 15, mos. 15.

2. FULL NAME
   (a) Residence: No. Woodstock, Md.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year)
   May 27, 1868

7. AGE
   Years: 66
   Months: 10
   Days: 12
   If less than 1 day, . . . hrs. or . . . min.

OCCUPATION

8. Trade, profession, or particular
   kind of work done, as SPINNER, SAWS, 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, day, and year)
    Dec. 1934

11. Total time (years)
    spent in this occupation: 40 yrs.

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

13. NAME
    Smallwood. Owen

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

15. MAIDEN NAME
    Emmie Smith

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

17. INFORMANT
    Mrs. Mary Smith
    Address: 142 E. South St., City

18. BURIAL, CREMATION, OR REMOVAL
    Place: Ovid Co., Mo.
    Date: Oct. 19, 1935

19. UNDERTAKER
    Mr. A. Shelden
    Address:

20. FILED
    7th April, 1935
    Registrar

21. DATE OF DEATH
    (Month) May
    (Day) 8
    1935 (Year)

22. I HEREBY CERTIFY, that I attended deceased from
    Apr. 7, 1935 to Apr. 8, 1935 as follows:
    In the above-named hospital and died thereon April 8, 1935, death is said
    to have occurred on the date stated above, at 7:15 A.M.

    Other Contributory Causes of importance:

    Name of operation: Date of:
    What test confirmed diagnosis? Was there on autopsy? No

    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:

    Was disease or injury in any way related to occupation of deceased? No
    If so, specify
    (Signed) J. W. Goodwin M. D.
    (Address)

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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 engine, 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>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Brunswick
   Length of residence in city or town where death occurred: 40 yrs.
   No. St., Ward: 
   If death occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME: Albert America Allison
   (a) Residence: No. 441 Maple Ave. St., and Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

   5a. If married, widowed, or divorced
   HUSBAND OR
   OR WIFE OF
   Clayton E. Allison

6. DATE OF BIRTH (month, day, and year): Apr 15, 1864
7. AGE
   Years: 70
   Months: 11
   Days: 26
   IF LESS than 1 day, ___ hrs.
   or min.

8. Trade, profession, or particular kind of work done: Housewife
   9. Industry or business in which work was done: as SILK MILL, SAW MILL, BANK, etc.

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

12. BIRTHPLACE (city or town)
   (State or country): Md.
13. NAME: Albert America Allison
14. BIRTHPLACE (city or town)
   (State or country): Md.
15. MAIDEN NAME: Mary A. Zimmerman
16. BIRTHPLACE (city or town)
   (State or country): Md.
17. INFORMANT
   (Address): Albert Allison
18. BURIAL, CREMATION, OR REMOVAL
   Place: charlestown
   Date: Feb. 13, 1930
19. UNDERTAKER
   (Address): Albert Allison
20. FILED
   Date: April 17, 1930
   M. S. Hedges, Registrar.

21. DATE OF DEATH
   (Month) 10
   (Day) 1935
   (Year)

22. I HEREBY CERTIFY that I attended deceased from April 4, 1935, to April 10, 1935, death is said to have occurred on the date stated above, at m.

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

   Date of onset: April 17, 1930

   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: 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.

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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<th>Arteriosclerosis</th>
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<tbody>
<tr>
<td>1915</td>
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<td>Peritonitis</td>
<td>3 days ago</td>
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</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County: Frederick City Hospital
No.: St., Ward
Village or City: Frederick, Maryland
Registration Dist. No.: 131
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2222 N. 1st. Baltimore, Md., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

5a. If married, widowed, or divorced

HUSBAND (or) WIFE of

Emma G. Black (living)

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

May 30, 1886

7. AGE

Years: 44

Months: 0

Days: 10

If less than 1 day, circle hrs. or min.

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

Clothing Cutter, Designer

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 25

11. Total time (years) spent in this occupation

25

12. BIRTHPLACE (city or town)

Baltimore City

13. NAME

Moody Black

14. BIRTHPLACE (city or town)

(Baltimore City)

15. MAIDEN NAME

Margaret Strange

16. BIRTHPLACE (city or town)

Hannah M.

17. INFORMANT

Mrs. Emma G. Black

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore, Md.

Date: April 29, 1920

19. UNDERTAKER

Geo. W. Little

20. FILED

26 April 1920

Registration

M.D.

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
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<th>The principal cause of death and related causes of importance were as follows:</th>
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Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Libertytown

2. **FULL NAME**
   - Annie Elizabeth Poole

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - 1853, Jan 9th

7. **AGE**
   - 82 Years
   - 3 Months
   - 9 Days

8. **OCCUPATION**
   - Housewife

9. **DATE OF DEATH**
   - April 19, 1935

22. **DATE OF DEATH**
   - April 19, 1935

23. **CAUSE OF DEATH**
   - Central from Scurvy

**MEDICAL CERTIFICATE OF DEATH**

Other Contributory Causes of Importance:

Nume of operation: 
What test confirmed diagnosis: 
Date of: 
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?
   - Where did injury occur?
   - Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury:
Nature of injury:

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</tr>
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<td>3 days ago</td>
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<tr>
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<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1928</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**: Frederick
- **Village or City**: State Sanatorium
- **Registration Dist. No.**: 139
- **Length of residence in city or town where death occurred**: 4 yrs. 2 mos. 13 ds.

## 2. FULL NAME
- **Adolf Potruszinski**
- **Residence**: No. 2365 Collingwood Ave, Ward. 13, Baltimore, MD

### PERSONAL AND STATISTICAL PARTICULARS
- **Sex**: Male
- **Color or Race**: White
- **Single, Married, Widowed, or Divorced**: Married
- **Date of Birth**: July 18, 1891
- **Age**: 43 yrs. 8 mos. 20 days
- **Trade, profession, or particular kind of work done**: Tailor
- **Place of Birth**: Poland
- **Father's Name**: Theodore Potruszinski
- **Mother's Name**: Margaret —

### MEDICAL CERTIFICATE OF DEATH
- **Date of Death**: April 8, 1935
- **Cause of Death**: Pulmonary Tuberculosis
- **Date of Onset**: 1930

### OTHER CONTRIBUTORY CAUSE OF DEATH
- **Fatal Pulmonary Hemorrhage
- **Operation**: None

---

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.

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</tr>
<tr>
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</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |
| Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Near Union Bridge
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

   PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year)
   Dec 19th 1866

7. AGE
   Years: 68  Months: 3  Days: 14
   If less than 1 day, enter hrs. or mins.

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

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

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

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

13. NAME
    uhali Repp

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

15. MOTHER NAME
    Susan

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

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Emmitsburg  Date: April 8, 1936

19. Undertaker
    (Address)

20. FILED
    April 8, 1936  O. C. Cupp

21. DATE OF DEATH
    (Month)  (Day)  (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    March 1935 to April 3, 1936, deceased was last seen alive on April 15, 1936,
    deceased was last seen alive on April 15, 1936.

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
    Manner of injury
    Nature of injury

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

REGISTRAR
(Signed)  M. O.

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:

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

Other contributory causes of importance:

Gallstones | May 1, 1923 | Gastroenteritis | 1 year

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

1. PLACE OF DEATH
   County: Frederick
   Village: City: Frederick
   Registration Dist. No.: 120 W. 44
   St.: Ward:
   Length of residence in city or town where death occurred: 40 yrs. mos. ds.

2. FULL NAME (a) Residence: No. 120 W. 44
   Mothle Jane Rhoderick
   (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):
   Single

6. DATE OF BIRTH (month, day, and year): Sept 12, 1861
7. AGE: 73 yrs. 7 mos. 17 days

8. OCCUPATION: Retired
   INDUSTRY or Business in which work was done: as Silk Mill, Saw Mill, Bank, etc.
   TO Date deceased last worked at this occupation (month and year): 1931
   Total time (years) spent in this occupation: 40 yrs.

9. BIRTHPLACE (city or town): Mt. Pleasant
   (State or country)

10. NAME: John Rhoderick
    MOTHER: Mary

11. MAIDEN NAME: Anna Catherine Fousilla
    MOTHER: Anna

12. BIRTHPLACE (city or town): Mt. Pleasant
    (State or country)

13. NAME: MOTHER: Anna

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

15. MAIDEN NAME: Anna Catherine Fousilla
    MOTHER: Anna

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

17. INFORMANT: H. C. Rhoderick
    (Address)

18. BURIAL, CREMATION, OR REMOVAL:
    Place: Mt. Olive Acres
    Date: May 1, 1935

19. UNDERTAKER: H. C. Olive & Son
    (Address)

20. FILED: May 1, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 29th, 1935
    (Month: Day: Year)

22. I HEREBY CERTIFY, that I attended deceased from
    April 1934 to April 1935, in Mt. Pleasant, Md., and the death is stated
    to have occurred on the date stated above, at 1:00 p.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Hydropathy, chronic.
    Duration: fifteen years. 

    Other Contributory Causes of importance:
    Cerebral apoplexy.

    Name of operation
    Date of...

    What test confirmed diagnosis.
    Was there an autopsy?...

    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

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

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

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

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

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

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

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

### Example I

<table>
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<tr>
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</tr>
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</table>

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Registration Dist. No. 131

Village or City

蒙哥马利 (Montgomery)

NO. 1 St., Ward

Length of residence in city or town where death occurred.

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)

Married

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

Dec. 16, 1880

7. AGE

Years Months Days

5 4 1

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

Domestic

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)

Frederick Co.

13. NAME

Henry Covert

14. BIRTHPLACE (city or town)

(State or country)

15. MOTHER NAME

Flora Still

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Housewife)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

Address

20. FILED

18 April, 1925

Registrar

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

| Gallstones | May 1, 1923 |

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: Frederick
   Village or City: Brunswick, Md.
   Registration Dist. No.: 141

2. FULL NAME
   (a) Residence: No.
      Brunswick, Md.
      If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
      Male
   4. COLOR OR RACE
      White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (mark the word)
      Single

   6. DATE OF BIRTH (month, day, and year)
      April 10, 1936
   7. AGE
      Years: 40
      Months: 5
      Days: 1
      Date of last birthday: April 10, 1935

   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)
      Brunswick, Md.
      (State or country)

   13. NAME
      Unknown

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

   15. MAIDEN NAME
      Ruth Hazel Rose

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

   17. INFORMANT
      Address: Brunswick, Md.

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Brunswick, Md.
      Date: April 10, 1936

   19. UNDERTAKER
      Address: Brunswick, Md.

   20. FILED
      April 10, 1936

   21. DATE OF DEATH
      April 10, 1936

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

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

   Date of onset
   Other Contributory Causes of importance:

   Date of:
   Wheet 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
      M.D.
      Registrar

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

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**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 |

**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:

Gallstones | May 1, 1923 |

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County  Frederick
   Village or City  Frederick

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

3. SEX
   M  Male
   W  Female

4. COLOR OR RACE
   W  White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   M  Married

6. DATE OF BIRTH
   (Month, day, and year)
   Sept. 14, 1862

7. AGE
   Years 72
   Months 6
   Days 27
   If LESS than 1 day, ___ hrs. or ___ min.

8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.
   Retired 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)
    1914

11. Total time (years) spent in this occupation
    32

12. BIRTHPLACE (city or town)
    Frederick County, Md.

13. NAME
    Jonathan Schaffer

14. BIRTHPLACE (city or town)
    Frederick Co., Md.

15. MAIDEN NAME
    Anna Rebecca Whitmore

16. BIRTHPLACE (city or town)
    Frederick Co., Md.

17. INFORMANT
    Mrs. Martha Schaffer

18. BURIAL, CREMATION, OR REMOVAL
    Place  Mt. Olivet Cemetery
    Date  April 12, 1935

19. UNDERTAKER
    C. B. O'Donnell

20. FILED 2-9-35

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

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

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

__________________________________________________________________________

__________________________________________________________________________
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: near Cover Corner
   Registration Dist. No.: 137
   Length of residence in city or town where death occurred: yrs. 4 mos. 12 ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Ward

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

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
   1934-12-18

7. AGE
   Years: 0
   Months: 4
   Days: 12
   If LESS than 1 day, hrs. or min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Frederick Co., Maryland

13. NAME
    Lloyd Wilhide

14. BIRTHPLACE (city or town)
    Unknown

15. MAIDEN NAME
    Carrie Scheller

16. BIRTHPLACE (city or town)
    Carroll Co., Maryland

17. INFORMANT
    Carrie Scheller

18. BURIAL, CREMATION, OR REMOVAL
    Taylorsville Cem, Date: May 2, 1936

19. UNDERTAKER
    (Address)

20. FILED
    Apr. 30, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April, 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    April 25th, 1936, to April 30th, 1936.
    I last saw him alive on April 19th, 1936; death is said
    to have occurred on the date stated above, at 11 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    
    Other Contributory Causes of importance:

    Name of operation:
    Date of:
    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.

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

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
- County: Frederick County
- Village or City: Montevue Hospital
- Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
- Lena Schlee
- Residence: No. Liberty, MD.

3. PERSONAL AND STATISTICAL PARTICULARS
   - SEX: Female
   - COLOR OR RACE: White
   - MARRIED, WIDOWED, OR DIVORCED: Widowed
   - DATE OF BIRTH (month, day, and year): Nov. 3, 1851
   - AGE: 82 yrs. 11 mos. 14 ds.

4. OCCUPATION
   - Trade, profession, or particular kind of work done: Domestic

5. DECEASED
   - Date deceased last worked at this occupation (month and year): April 2, 1935
   - Total time (years) spent in this occupation: 82 yrs. 11 mos. 14 ds.

6. BIRTHPLACE (city or town)
   - Frederick County

7. MOTHER FATHER
   - Nicholas Donbarr

8. BIRTHPLACE (city or town)
   - Maryland

9. MAIDEN NAME
   - Emily Weber

10. INFORMANT
    - Ruth Sapping Creek

11. BURIAL, CREMATION, OR REMOVAL
    - Place: Montevue Hospital
    - Date: April 3, 1935

12. MEDICAL CERTIFICATE OF DEATH
    - DATE OF DEATH
      - Month: April
      - Day: 2
      - Year: 1935

21. OTHER CONTRIBUTORY CAUSES OF DEATH
    - Name of operation
    - Date of operation
    - What test confirmed diagnosis
    - Was there an autopsy
    - Date of injury
    - Where did injury occur
    - Manner of injury
    - Nature of injury
    - If so, specify
    - Signed
    - Address

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1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Thurmont

2. **FULL NAME**
   - Effie J. Shaffer

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - Widowed
   - Husband’s or Wife’s Name: B. T. C. Shaffer

6. **DATE OF BIRTH**
   - Apr. 12, 1872

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

8. **OCCUPATION**
   - Housewife

9. **DATE OF DEATH**
   - Apr. 6, 1935

10. **DATE OF BIRTHPLACE**
    - Middletown, Md.

11. **NAME**
    - Rosemary C. Shaffer

12. **BIRTHPLACE**
    - Middletown, Md.

13. **MAIDEN NAME**
    - Catherine Mercer

14. **INFORMANT**
    - Martha Zentz

15. **BURIAL, CREMATION OR REMOVAL**
    - Location: Middletown
    - Date: Apr. 19, 1935

16. **UNDERTAKER**
    - Gladkill M. Jones

17. **FILED**
    - Apr. 6, 1935

**CAUSE OF DEATH**
- Carcinoma of Stomach

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

**MANNER OF INJURY**

**NATURE OF INJURY**

**DATE OF INJURY**

**PLACE OF INJURY**

**SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE**

**SIGNED**
- M. A. B. Shaffer, M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH
County: Frederick
Village or City: Frederick
Registration Dist. No.: 121

2. FULL NAME
Frank E. Sheffield
(a) Residence: No. 116 W. 5th

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male
4. COLOR OR RACE
White
5a. If married, widowed, or divorced HUSBAND or (or) WIFE OF
Andrew Sheffield
5b. If married, widowed, or divorced WIFE OF

6. DATE OF BIRTH (month, day, and year)
May 17, 1862
7. AGE
72 10 28

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

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

10. Date deceased last worked and this occupation (month and year)
April 1925
11. Total time (years) spent in this occupation
40

12. BIRTHPLACE (city or town)
Frederick, Md.
13. NAME
Andrew Sheffield
14. BIRTHPLACE (city or town)
Sapony, Germany
15. MAIDEN NAME
Chesuce Rodock
16. BIRTHPLACE (city or town)
Sapony, Germany

17. INFORMANT
B. N. Sheffield
18. BURIAL, CREMATION, OR REMOVAL
Place: Frederick, Md.
Date: 4/17, 1929

19. UNDERTAKER
O. E. Tolle
20. FILED
15 Apr., 1929

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
April 17, 1929

22. I HEREBY CERTIFY
That I attended deceased from

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide?

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

If so, specify

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Frederick
Village or City: State Sanatorium
State: Md
Registration Dist. No.: 139

2. FULL NAME

(a) Residence: No.
(Spiritual home)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

6. DATE OF BIRTH

7. AGE

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

13. NAME

14. BIRTHPLACE

15. MAIDEN NAME

16. BIRTHPLACE

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

21. DATE OF DEATH

22. I HEREBY CERTIFY

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) fill in also the following:

MEDICAL CERTIFICATE OF DEATH

21 DATE OF DEATH

22 I HEREBY CERTIFY That I attended deceased from

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) fill in also the following:

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Other Contributory Causes of Importance:

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If so, specify

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</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

Example 2

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
<th>Other contributory causes of importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
<td></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>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Registration Dist. No.: 131
   No. Frederick City Hospital St., Ward.
   Length of residence in city or town where death occurred: yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      Female
   4. COLOR OR RACE
      White
   5a. If married, widowed, or divorced
   HUSBAND or (or) WIFE of
      George M. Smith
   6. DATE OF BIRTH (month, day, year)
      March 18, 1861
   7. AGE
      Years: 74
      Months: 3
      Days: 0
      If LESS than 1 day, ____________ hrs., or ____________ min.
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
      Retired housewife
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month and year)
   11. Total time (years) spent in this occupation (month and year)

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
      April 19, 1935
   22. I HEREBY CERTIFY, That I attended deceased from
      April 19, 1935, to April 19, 1935
      I last saw her alive on April 19, 1935; death is said
      to have occurred on the date stated above, at 471 m.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance
      were as follows:
      Myocardial Insufficiency

      Other Contributory Causes of importance:

      Name of operation... Date of... What test confirmed diagnosis?
      Was there an autopsy? No.

   12. BIRTHPLACE (city or town)
      New York State
   13. NAME
      Louis Korn
   14. BIRTHPLACE (city or town)
      (State or country)
   15. MAIDEN NAME
      Mary M. Gallough
   16. BIRTHPLACE (city or town)
      Scotland
   17. INFORMANT
      (Address)
      Harry E. Smith
      Eldred Pa
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Eldred Pa
      Date: June 21, 1935
   19. UNDERTAKER
      (Address)
      L. E. Oline Toy
      Frederick, Md.
   20. FILED
      4th AVE., 1935
      M. E. McHale, Registrar.

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

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

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

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

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

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

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

Example I

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<th>The principal cause of death and related causes of importance were as follows:</th>
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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, 1925 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<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: Frederick
Village or City: Burkittsville
Registration Dist. No. 146
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

(a) Residence: No. St., Ward. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced

HUSBAND of... OR WIFE of

Mary E. Dawson

6. DATE OF BIRTH (month, day, and year) Oct. 12 1867
7. AGE Years Months Days If LESS than 1 day, hrs., or min.

67 6 17

8. Trade, profession, or particular kind of work done, as SPINNER, SAWS, BODKKEEPER, etc.

Farmer

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia

(State or country)

13. NAME Samuel Smoot

14. BIRTHPLACE (city or town) Virginia

(State or country)

15. MAIDEN NAME Ella Williams

(State or country)

16. BIRTHPLACE (city or town) Virginia

(State or country)

17. INFORMANT... Dawson, Sr.

18. BURIAL, CREMATION, OR REMOVAL

Place: Burkittsville End

Date: May 1, 1921

19. UNDERTAKER

20. FILED... M. S. Scholes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 29, 1935

22. I HEREBY CERTIFY that I attended deceased from 1915 to April 29, 1935.

I last saw him alive on April 29, 1935, death is said to have occurred on the date stated above, at 5:10 a.m.

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

Carcinoma of Stomach

Date of onset ?

Other Contributory Causes of importance:

Nama of operation...

What test confirmed diagnosis? May... Was there an autopsy?

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

Accident, suicide, or homicide?

Data 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. S. Scholes, M. D.

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

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

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

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

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

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Registration Dist. No.: 121
   No. 24 S. Market St., Ward:
   Length of residence in city or town where death occurred: 80 yrs.
2. FULL NAME:
   Residence: No. 24 S. Market St., Ward:
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

3. If married, widowed, or divorced HUSBAND of (or WIFE of) Name: Mrs. B. Storm

4. DATE OF BIRTH (month, day, and year): July 16, 1854

5. AGE: Years: 80 Months: 9 Days: 8

6. PLACE OF DEATH: Frederick, Md.

7. OCCUPATION: Retired Housewife

8. Date deceased last worked at this occupation (month and year): 1933

9. Length of time spent in this occupation: 46 yrs.

10. DATE OF DEATH: April 27, 1935

11. PRIMARY CAUSE OF DEATH: Arthritis

12. BIRTHPLACE: Frederick, Md.

13. NAME: Harriet Beatrice

14. BIRTHPLACE: Frederick, Md.

15. MAIDEN NAME: Matilda Elizabeth Carlson

16. BIRTHPLACE: Frederick, Md.

17. INFORMANT: Mrs. D. O. Griffin

18. BURIAL, CREMATION, OR REMOVAL: Frederick, Md.

19. UNDERTAKER: M. O. B. Griffin

20. FILED: April 27, 1935

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Run over by street car</td>
</tr>
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<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
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<td>July 5, 1927</td>
<td>3 days ago</td>
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<tr>
<td>Other contributory causes of importance:</td>
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<td>Gallstones</td>
<td>Gastroenteritis</td>
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<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: Frederick
   Within the Corporate limits: No, Frederick City
   No., St., Ward: 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.
   (Usualplace of abode):
   Still, Mrs. Elmer
   302 S. Thomas St., Ward:
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year) 1871-8-15

7. AGE
   Years: 63
   Months: 7
   Days: 16
   If LESS than 1 day... hrs. or... min.

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) 3/31

11. Total time (years) spent in this occupation 45 yrs

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

13. NAME
   Still, Mrs. Elmer

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

15. MAIDEN NAME
   Avis A. Courson

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

17. INFIRMAT
   (Address) P.O. Box 174, Mt. Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place of Burial: Mt. Airy, Md.
   Date: April 3, 1935

19. UNDERTAKER
   Address: Beall & Son

20. FILED
   (Address): April 1, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 1st, 1935

22. I HEREBY CERTIFY That I attended deceased from March 31, 1925, to April 1, 1935.
   I last saw him alive on April 1, 1935. Date of death is said to have occurred on the date stated above, at 4:30 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   (Write Full Name)

23. Other Contributory Causes of importance:

   Date of onset

   Name of operation

   Date of operation

   What test confirmed diagnosis?

24. 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

   If so, specify

   (Signed) A. Gudin, M.D.

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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of onset 1915</td>
<td>Date of onset 1 week ago</td>
</tr>
<tr>
<td>Date of onset July 5, 1927</td>
<td>Date of onset 1 week ago</td>
</tr>
<tr>
<td></td>
<td>Date of onset 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of onset May 1, 1923</td>
<td>Date of onset 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: 200 W. H.
   Registration Dist. No. 141
   No. St., Ward
   Length of residence in city or town where death occurred: 57 yrs., mos. ds.
   How long in U.S. if foreign birth? yrs., mos. ds.

2. FULL NAME: Jda. Louisa Paulson
   Residence: No. 200 W. H.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: W. H. Paulson
   HUSBAND or WIFE of
   Date of Marriage: Jan. 28, 1868

6. DATE OF BIRTH (month, day, year): Jan. 28, 1868
7. AGE: 66
   Years 2
   Months 9
   If less than 1 day . . hrs. or . . min.

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

12. BIRTHPLACE (city or town): Virginia
    (State or country)
13. NAME: James Fleming
14. BIRTHPLACE (city or town): Maryland
    (State or country)
15. MAIDEN NAME: Sarah L. Lucas
16. BIRTHPLACE (city or town): Virginia
    (State or country)

17. INFORMANT: Robert W. Paulson
    Address: 200 W. H.
18. BURIAL, CREMATION, OR REMOVAL
    Place: Smithfield
    Date: Apr. 23, 1935
19. UNDERTAKER: T. A. C. Redfield
    Address:
20. FILED: April 25, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 25, 1935

22. I HEREBY CERTIFY, that I attended deceased from Oct. 1, 1934, to April 1, 1935
    I last saw him alive on March 25, 1935; death is said
    to have occurred on the date stated above, at 11 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:

    Cholera

    Other Contributory Causes of Importance:

    None

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide: Date of: 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:

    (Address)
    (Signed) William Shandley, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier 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>
<th>Example I</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><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>Date of onset: 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: Frederick Co.
   Village or City: Frederick, Md.
   Registration Dist. No.: 1
   No. 51
   St. Peter's St., Frederick, Md.
   Length of residence in city or town where death occurred: yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME.
   (a) Residence: No. 51
   (Usual place of abode)
   If nonresident give city or town and State or country
   Mary Thomas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR BYWONED (survive the word)
   Widow

6. DATE OF BIRTH (month, day, and year)
   May 28, 1879

7. AGE Years Months Days
   If LESS than
   1 year, 12 mos., 0 days
   1 year, 11 mos., 12 days

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Md.

13. NAME
   Charles Taylor

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

15. MAIDEN NAME
   Janey Finkenos

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

17. INFORMANT
   Mrs. M. D. Alifer
   Address: Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Frederick, Md.
   Date: 4-22-1931

19. UNDERTAKER
   Conrad Brandt

20. FILED
   Apr. 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 19, 1935

22. I HEREBY CERTIFY that I attended deceased from Jan 11, 1935, to April 19, 1935, death is said to have occurred on the date stated above, at 1:15 A.M.

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

   Date of onset: 5-14-35

   Other Contributory Causes of importance:
   "Am. Arthritis: 7/11/35"

   Name of operation...
   Date of...
   What test confirmed diagnosis?
   Date of...
   Was there an autopsy? No.
   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) M. D.

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

To be complete, an occupation return must state:

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

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

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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:

**Example I**

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

**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>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: Frederick                   Registration Dist. No. 1
   Village or City: Near Point of Rocks  No. Mr. Point of Rocks
   (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. 6 mos. 27 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Richard Lee Toms
   (a) Residence: No. Nr Point of Rocks

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) October 2, 1934

7. AGE
   Years 0   Months 6   Days 27

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.
   At home

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

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

11. Total time (years) spent in this occupation

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

13. NAME: Alvie F. Toms

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

15. MAIDEN NAME: Mollie Harne

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

17. INFORMANT
   Mr. Alvie F. Toms,
   (Address) Point of Rocks, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Reference Date: May 11, 1935

19. UNDERTAKER: M. R. Etchison & Son,
   (Address) Frederick, Maryland

20. FILED: apr. 30, 1935

21. DATE OF DEATH
   (Month) April
   (Day) 29
   (Year) 1935

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1935, to April 29, 1935; death is said to have occurred on the date stated above, at 5:30 P.M.

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

   Diarrhea and Enteritis

   Date of onset April 22-35

   Other Contributory Causes of importance:

   Name of operation.
   Date of.
   What test confirmed diagnosis? None
   Was there an autops? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of injury. 19
   Where did injury occur?
   Specify 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) Samuel E. Hoke
   (Address) Adamstown, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

Other contributory causes of importance:

| Gallstones | Date of onset |
| May 1, 1923 | 1 year |

Other contributory causes of importance:

| Gastroenteritis |

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

1. PLACE OF DEATH

   County: Frederick  
   Village or City: Frederick  
   Registration Dist. No.: Frederick City  
   Length of residence in city or town where death occurred: yrs. 60 months 0 days

2. FULL NAME

   Mr. Harvey Troxell
   Residence:  
   Ward: Frederick

PERSONAL AND STATISTICAL PARTICULARS

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

   Male  White  Married

5a. If married, widow, or divorced

   HUSBAND OF (or) WIFE OF

   Emily Catherine Roush

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

   Sept. 16, 1864

7. AGE

   Years: 65  Months: 6  Days: 28

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

   Carpenter

9. Industry or business in which work was done

   Clerk, SAWMILL, BANK, etc.

10. Date deceased last worked at occupation

11. Total time spent in occupation

12. BIRTHPLACE (city or town)

   Maryland

13. NAME

   John Troxell

14. BIRTHPLACE (city or town)

   Maryland

15. MAIDEN NAME

   Susan Biever

16. BIRTHPLACE (city or town)

   Maryland

17. INFORMANT

   Mr. Harvey Troxell

18. BURIAL, CREMATION, OR EXhumATION

   Place: Frederick  
   Date: April 22, 1935

19. UNDERTAKER

   W. B. Wright, Frederick M. D.

20. FILED

   April 22, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

   April 4, 1935

22. I HEREBY CERTIFY that I attended deceased from March 26, 1935, to April 11, 1935.

I last saw him alive on April 4, 1935; 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:

   Carcinoma of bladder

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

   Accident, suicide, or homicide? Exploratory
   Date of: March 28

   What test confirmed diagnosis? Exploratory
   Was there an autopsy? No

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

   If so, specify
   (Signed)  
   (Address)  
   Frederick, Md.
STATEMENT OF OCCUPATION

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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 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>Principal 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, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>Principal 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

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---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County Frederick
   Village or City Wachtersville
   (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 50 yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 201 E. Main St., Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Circle this word)
   6. DATE OF BIRTH (month, day, and year)
   7. AGE
   8a. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BAKED KEEPER, etc.
   8b. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

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 alive on (Month) (Day) (Year)
   Death is said to have occurred on the date stated above, at (Time) (Place) (Year)
   The principal cause of death was:
   Date of onset
   Other contributory causes of importance:
   Name of operation
   What test confirmed diagnosis?
   Was there an autopsy?
   Accident, suicide, or homicide?
   Date of injury
   Where did injury occur?
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

   Manner of injury
   Nature of injury

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

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

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Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>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: Frederick
   Village or City: Hagerstown
   No. St. Ward
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. (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)
   5a. If married, widowed, or divorced
   HUSBAND or (or WIFE of
   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

21. DATE OF DEATH
   April 16, 1937

22. I HEREBY CERTIFY
   That I attended deceased from April 1 to April 16, 1937
   I last saw him alive on April 16, 1937; death is said to have occurred on the date stated above, at 6:45 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Date of onset
   Other Contributory Causes of Importance:

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
County: Frederick
Village or City: Emmitsburg
Length of residence in city or town: 81 yrs. 6 mos. 6 ds

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced: Clara Liners

6. DATE OF BIRTH (month, day, and year): April 2, 1854

7. AGE

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>81</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

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

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

10. Date deceased last worked at this occupation (month and year): 4/1/34

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town): Emmitsburg

13. NAME: Henry Warthen

14. BIRTHPLACE (city or town): Emmitsburg

15. MAIDEN NAME: Catherine Hinkston

17. INFORMANT (Address): Henry W. Warthen

18. BURIAL, CREMATION, OR REMOVAL: Emmitsburg, MD


20. FILED: April 21, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 10, 1935

22. I HEREBY CERTIFY that I attended deceased from Sept. 1926 to April 12, 1935; death is said to have occurred on the date stated above, at 1157 pm.

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

Other Contributory Causes of importance:

Name of operation: Autopsy, Postmortem of Heart

Date of operation: April 12, 1935

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

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

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

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

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

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

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<td>Arteriosclerosis</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
</tbody>
</table>

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

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

1. PLACE OF DEATH
   County Frederick
   Village or City State Sanatorium
   Registration Dist. No. 139
   No. Md
   Ward
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 845 Ducatel St., Ward Baltimore Md.
   (Usual place of abode)
   PERSONAL AND STATISTICAL PARTICULARS
   4. COLOR OR RACE
      White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
      Widowed

   6. DATE OF BIRTH (month, day, and year) May 28, 1898
   7. AGE Years Months Days
      36 10 19

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
      Housekeeper
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month and year)
       Oct. 1931

   11. Total time (years) spent in this occupation 16 yrs.

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

   13. NAME John W. Borman

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

   15. MAIDEN NAME Irene Kriese

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

   17. INFORMANT Violet S. Weaver, on admission
       845 Ducatel St. Baltimore Md.
       Place

   18. BURIAL, CREMATION, OR REMOVAL
       BAL 60. Md. Date unknown

   19. UNDERTAKER M.D. Creager
       (Address)

   20. FILED 9-13-19

   21. DATE OF DEATH April 17, 1935

   22. I HEREBY CERTIFY that I attended deceased from March 9, 1935, to April 17, 1935 

       Last saw her alive on April 16, 1935. Death is said to have occurred on the date above, at 2:15 A.M.

The Principal Cause of Death and related causes of importance were as follows:

   Pulmonary Tuberculosis 12/31

   Other Contributory Causes of importance:

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

   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? No

   If so, specify Stewart S. Shaffer M.D.

   Address

   STATE OF MARYLAND—CERTIFICATE OF DEATH
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

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

Other contributory causes of importance:

Gallstones                      | May 1, 1923   |

Example II

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

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

Other contributory causes of importance:

Gastroenteritis             | 1 year       |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Ward: Frederick
   Length of residence in city or town where death occurred: 7 yrs. 3 mos. 15 ds.

2. FULL NAME
   Mrs. Emily Weedon

3. SEX
   Female

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   Year: 1897
   Month: Unknown

7. AGE
   Years: 38
   Months: 0
   Days: 0
   If LESS than 1 year: 0 days, 0 hrs.

8. OCCUPATION
   Housewife

9. Place of death: At home

10. Data deceased last worked at this occupation: 11/35

11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE
   City or town: Frederick
   State or country: Maryland

13. NAME
   Father: Thomas Snowden
   Mother: Mary Tonnell

14. BIRTHPLACE
   City or town: Frederick
   State or country: Maryland

15. MAIDEN NAME
   Tonnell

16. BIRTHPLACE
   City or town: Frederick
   State or country: Maryland

17. INFORMANT
   Residence: 210 Broadway, Frederick

18. BURIAL, CREMATION, OR REMOVAL
   Place: Frederick
   Date: April 19, 1935

19. UNDERTAKER
   Residence: 150 Broadway, Frederick

20. FILED
   Date: April 20, 1935
   Registrar: M. D. Brincker

21. DATE OF DEATH
   Month: April
   Day: 19
   Year: 1935

22. I HEREBY CERTIFY
    That I attended deceased from April 22, 1935, to April 19, 1935. I last saw her alive on April 22, 1935, to April 19, 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:
   Pneumonia

   Other Contributory Causes of Importance:
   Acute nephritis

   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) 
   (Register) 

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.

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

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Emergency Hospital
   - Registration Dist. No.: 131

2. **FULL NAME**
   - Residence: No. Legore Rd.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Male
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Single
   - If married, widowed, or divorced: Husband of (or) Wife of

4. **DATE OF DEATH**
   - Month: April
   - Day: 10
   - Year: 1935

5. **DATE OF BIRTH**
   - Month: April
   - Day: 10
   - Year: 1905

6. **AGE**
   - Years: 30
   - Months: 0
   - Days: 5

7. **OCCUPATION**
   - Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   - Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

8. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - Month and Year: April, 1935

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

10. **NAME**
    - Charles W. Smith

11. **MAIDEN NAME**
    - Bessie Yung

12. **FATHER**
    - Name: Charles W. Smith

13. **MOTHER**
    - Name: Bessie Yung

14. **FATHER (city or town)**
    - State or country: Maryland

15. **MOTHER (city or town)**
    - State or country: Maryland

16. **INFORMANT**
    - Name: Charles W. Smith

17. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Mt. Auru, Md.
    - Date: 12 April 1935

18. **UNDERTAKER**
    - Address: Washington, Md.

19. **FILED**
    - Date: 11 April, 1935

20. **REGISTRAR**
    - Name: W. J. Kirkwood, M.D.

21. **Medical Certificate of Death**
    - I hereby certify that I attended deceased from April 10, 1935, to April 10, 1935, and last saw her alive on April 10, 1935; death is said to have occurred on the date stated above, at 11 a.m.
    - Principal Cause of Death: Stroke
    - Date of Onset: April 10

22. **Other Contributory Causes of Importance:**
    - Cause: Edema of Nervous System

23. **Accident, Suicide, or Homicide?**
    - Date of Injury: April 10, 1935
    - Where did injury occur? (Specify city, town, county, and State)
    - Men 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.
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<td></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
   Length of residence in city or town where death occurred

2. FULL NAME
   (a) Residence: No.
   Personal and Statistical Particulars
   3. SEX
   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

   Female
   White
   Single

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

   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)

   Occupation

   11. Total time (years)
   spent in this occupation

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

   13. NAME
   Dorothy Mae Wetzel

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

   15. MAIDEN NAME
   Rose Manning

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

   17. INFORMANT
   (Address)

   18. BURIAL, CREMATION, OR REMOVAL
   Place

   19. UNDERTAKER
   (Address)

   20. FILED
   ___________ 19__

   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>
<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, 1928</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: State Sanatorium
   Registration Dist. No.: 139

2. FULL NAME
   Eugenia May Whitehouse
   (a) Residence: No.
   (Usual place of abode)
   Landover, Prince Ward, Geo. Co. Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female
   White
   Married

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Feb. 20, 1907

7. AGE
   Years: 28
   Months: 2
   Days: 6

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Housewife

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    May 1934

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    2 years

12. BIRTHPLACE (city or town)
    Wash. D.C.

13. NAME
    Walter E. Newman
    M.D.

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

15. MAIDEN NAME
    Harriett T. McDonald

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

17. INFORMANT
    Eugenia M. Whitehouse (nephew)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Wash. D.C.
    Date: Unknow

19. UNDERTAKER

20. FILED
    1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 26, 1935

22. I HEREBY CERTIFY. That I attended deceased from
    June 25, 1934, to April 26, 1935
    I last saw him alive on April 26, 1935; death is said
    to have occurred on the date stated above, at 12:30 P.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:

    Pulmonary Tuberculosis

    Other Contributory Causes of Importance:

    Name of operation: none

    What test confirmed diagnosis? chest x-ray positive

    Date of operation: Unknow

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

    Manner of injury
    Nature of injury

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

    Accident, suicide, or homicide?
    Date of Injury: 19

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

    Manner of injury
    Nature of injury

    24. Was disease or injury in any way related to occupation of deceased?
    If so, specify: none

    (Signed) Stewart S. Straffin
    M.D.

    (Address) State Sanatorium, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

Example I

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

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

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Mountville
   No. R. F. D. 114 St., Ward
   Length of residence in city or town where death occurred: 30 yrs. - mos. - ds

2. FULL NAME: Mrs. Edith May Whiten
   (a) Residence: No. Mountville
      (Usual place of abode) (Culwell) Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widow, or divorced, husband of: Reasy S. Whiten

6. DATE OF BIRTH (month, day, and year): Unknown 1895

7. AGE: 40
   Years: Months: Days: IF LESS than 1 day, hours, or minutes.

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.: At Home

10. Date deceased last worked at this occupation (month and year): 7/31

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

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

13. NAME: William F. Thomas

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

15. MAIDEN NAME: Carrie Herbert

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

17. INFORMANT: Reasy S. Whiten
   (Address) Mountville, Md.

18. BURIAL, CREMATION, OR REMOVAL:
   Place: Sunnyside M.F. Cem. Date: 4/13/35

19. UNDERTAKER: M.R. Etchison & Son
   (Address) Frederick, Maryland

20. FILED: D. A. S., 1935

21. DATE OF DEATH
   (Month) April 10, 1935
   (Day) 10, 1935
   (Year)

22. MEDICAL CERTIFICATE OF DEATH
   I HEREBY CERTIFY that I attended deceased from
   Cardiac Failure
   On or about 7-Apr-35:

   Other Contributory Cause of Importance:

   Name of operation: Date of:
   What test confirmed diagnosis?:

   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:

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

   Was there an autopsy?:

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

   If so, specify
   (Signed) M.D.

If more blanks are needed, address State Registrar, 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.

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

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

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

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

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

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

1. PLACE OF DEATH

County Frederick
Village or City Middletown
Registration Dist. No. 132
St. St.
Ward 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

Female

4. COLOR OR RACE

White

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

Widowed

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

April 12, 1850

7. AGE Years Months Days

84 6 14

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

Housewife

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)

1935 March

11. Total time (years) spent in this occupation

60

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

Middletown, Md.

13. NAME

Peter Wiles

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

Middletown, Md.

15. MAIDEN NAME

Henrietta Strayer

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

Frederick, Md.

17. INFORMANT

Clara Wiles

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown Date 4-7-35

19. UNDERTAKER

Gladhill Co.

20. FILED April 14, 1935

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
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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, 1928 | Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   (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. 7, mos. 19, ds. How long in U.S. or of foreign birth? yrs. mos. ds.

2. FULL NAME: (a) Residence: No. 201 W. Main St., Frederick, Md. (Usual place of abode)

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): Sept. 28, 1936
7. AGE: Years 7, Months 19

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

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc., occupation: 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): Frederick
   (State or country): Maryland

13. NAME: Charles Wolfe
14. BIRTHPLACE (city or town): Myerstown
   (State or country): Pennsylvania

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

17. INFORMANT (Address): Marietta Wolfe

18. BURIAL, CREMATION, OR REMOVAL PLACE: Frederick, Md.

19. UNDERTAKER (Address): Frederick M. Herfurth, Frederick, Md.

20. FILED: 8th day of April, 1936

21. DATE OF DEATH:
   (Month) April
   (Day) 17
   (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1936, to April 17, 1936.

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

   Accident, suicide, or homicide? Yes
   Date of injury: April 17, 1936
   Where did injury occur? Frederick, Md.
   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? Yes

   If so, specify (Signed) M. D. Jacob Barlow, Frederick, Ind.

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

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**Example I**

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

<table>
<thead>
<tr>
<th>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>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, 1923</td>
</tr>
</tbody>
</table>

**Example II**

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Yearn St. unnamed
   Length of residence in city or town where death occurred: 25 yrs. mos.
   Registration Dist. No. 134

2. FULL NAME
   (a) Residence: No. (Usual place of abode)
   Personal and Statistical particulars
   Name: Wilhelmina Young
   Sex: Female
   Color or race: White
   Single, married, widowed, or divorced: Widowed
   Husband or wife: John Young
   Date of Birth: April 16, 1935
   Age: 75
   Date of Death: April 23, 1939
   Occupation: Housekeeper
   Where last worked: Retired
   Date deceased last worked at this occupation: 2/1/34
   Total time (years) spent in this occupation: 25
   Birthplace: Baltimore, Md.
   Father's name: John Schoelermann
   Mother's name: Lutessmann

3. Place of deceased
   Burial or cremation, or removal
   Place: Baltimore, Md.
   Date: 4/17/35
   Undertaker: M. B. Sills
   Filed: April 17, 1935
   Registrant: M. D. S.

4. Medical certificate of death
   Date of certifying: April 23, 1939
   Date of death: April 16, 1935
   Cause of death: Arteriosclerosis
   Contributory causes of importance: Heart disease
   Other contributory causes of importance: Hypertension
   Manner of injury: Suicide
   Nature of injury: None
   Date of injury: 4/16/35
   Place of injury: Home

5. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide: Yes
   Date of injury: 4/16/35
   Where did injury occur: Home
   Specify whether injury occurred in industry, in home, or in public place:
   Industry

6. If death occurred in a hospital or institution, give its name instead of street and number:
   Name of hospital or institution: None

7. The principal cause of death and related causes of importance were as follows:
   Arteriosclerosis, atherosclerotic
   Coronary occlusion, April 16, 1935

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>
<tr>
<td></td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Barre
   - No. St., Ward
   - Length of residence in city or town where death occurred: 24 yrs. 11 mos. ds.
   - How long in U. S. if of foreign birth: 3 yrs. 7 mos. ds.

2. **FULL NAME**
   - Beatrice L. Geiler
   - (a) Residence: No. St., Ward.
   - If nonresident give city or town and State

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. SEX</strong></td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>5e. If married, widowed, or divorced</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>6. DATE OF BIRTH</strong></th>
<th>1864</th>
</tr>
</thead>
<tbody>
<tr>
<td>(month, day, end year)</td>
<td>Dec 19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>7. AGE</strong></th>
<th>171</th>
<th>2</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years</td>
<td>Months</td>
<td>Days</td>
<td></td>
</tr>
<tr>
<td>If LESS than 1 day, ___ hrs. or ___ min.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

| **10. Date deceased last worked at this occupation (month and year)** | June 1934 |

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

<table>
<thead>
<tr>
<th><strong>12. BIRTHPLACE (city or town)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incl. Name</td>
</tr>
<tr>
<td>(State or country)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>13. NAME</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Beatrice L. Geiler</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>14. BIRTHPLACE (city or town)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incl. Name</td>
</tr>
<tr>
<td>(State or country)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>15. MAIDEN NAME</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wester</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>16. BIRTHPLACE (city or town)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incl. Name</td>
</tr>
<tr>
<td>(State or country)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>17. INFORMANT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home wife</td>
</tr>
<tr>
<td>(Address)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>18. BURIAL, CREMATION, OR REMOVAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Place</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>19. UNDERTAKER</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mechanics</td>
</tr>
<tr>
<td>(Address)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>20. FILED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr. 30, 1935</td>
</tr>
</tbody>
</table>

**MEDICAL CERTIFICATE OF DEATH**

<table>
<thead>
<tr>
<th><strong>21. DATE OF DEATH</strong></th>
<th>April 29, 1935</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Month)</td>
<td>(Day)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>22. I HEREBY CERTIFY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>That I attended deceased from</td>
</tr>
<tr>
<td>Date of onset</td>
</tr>
<tr>
<td>Date of death</td>
</tr>
<tr>
<td>Date of death</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>23. I last saw deceased on</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of admission</td>
</tr>
<tr>
<td>Date of death</td>
</tr>
<tr>
<td>Date of death</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>24. Other Contributory Causes of Importance:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>25. Manner of Injury</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>26. Nature of Injury</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>27. Was disease or injury in any way related to occupation of deceased?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
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<th>Date of Onset</th>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
</tbody>
</table>

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