STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Howard
Village or City: Savage

2. FULL NAME
(a) Residence: Savage, Md.

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)
Mar. 29, 1854

7. AGE
80 Years, 3 Months, 13 Days

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

9. OCCUPATION
Textile

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year)
1930

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
20

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

13. NAME
Thomas Blakeston

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

15. MAIDEN NAME
Mary Tawney

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

17. INFIRMIAN
Address: Savage, Md.

18. BURIAL, CREMATION, OR REMOVAL PLACED
Date: Jan. 14, 1935

19. UNDERTAKER
Address: Savage, Md.

20. FILED
Date: Jan. 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

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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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.

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 1**

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<th>The principal cause of death and related causes of importance were as follows:</th>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>5 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
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**Example 2**

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

1. PLACE OF DEATH
   County
   Village or City

2. FULL NAME
   (a) Residence: No. near – Street, Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
6a. If married, widowed, or divorced
   (or) WIFE of
6b. HUSBAND of
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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 DECEDENT LAST WorkED AT
    THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS)
    SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
    (STATE OR COUNTRY)

13. NAME
14. BIRTHPLACE (CITY OR TOWN)
    (STATE OR COUNTRY)

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN)
    (STATE OR COUNTRY)

17. INFORMANT
   (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
   METHOD
   PLACE
   DATE

19. UNDERTAKER
   (ADDRESS)

20. FILED
    (DATE)

21. DATE OF DEATH
    (MONTH) (DAY) (YEAR)

22. I HEREBY CERTIFY I attended deceased from
    (MONTH) (DAY) (YEAR)

23. ACCIDENT, SUICIDE, OR HOMICIDE
    WHERE DID INJURY OCCUR?
    (SPECIFY CITY OR TOWN, COUNTY AND STATE)

24. DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED
    (SIGNED)

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<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>
</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: Howard
- Village or City: Scaggsville
- Registration Dist. No.: 194
- (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: 15 yrs. mos. ds.

**2. FULL NAME**
- (a) Residence: No.
- (b) Ward: Scaggsville, Md.

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>SINGULAR, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>single, married, widowed, or divorced</td>
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</table>

**3. DATE OF BIRTH**
- Month: May
- Day: 12
- Year: 1913

**4. AGE**
- Years: 58
- Months: 10
- Days: 29

**5. OCCUPATION**
- Merchant

**6. BIRTHPLACE**
- City or town: Md.
- State or country: Wd.

**7. NAME**
- Father: Horace Harrison
- Mother: Julia H. Atley

**8. INFORMANT**
- Name: Mrs. Lattie & Randall
- Address: Laurel, Md.

**9. BURIAL, CREMATION, OR REMOVAL**
- Place: Laurel, Md.
- Date: 1933

**10. MEDICAL CERTIFICATE OF DEATH**
- Date of death: April 10, 1935
- Medical certification by: 

**11. OTHER CONTRIBUTORY CAUSES OF DEATH**

**12. IF THE DEATH WAS DUE TO ACCIDENT OR SUICIDE**
- Date of injury: 1933

**13. IF DEATH DUE TO INJURY**
- Place of injury: Wd.
- Nature of injury: Wd.

**14. IF DEATH DUE TO OTHER CAUSES**
- Place of death: Wd.

**15. IF DEATH DUE TO DISEASE**
- Place of disease: Wd.

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**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: Howard
   Village or City: Scaggsville

2. FULL NAME
   (a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. HUSBAND OR WIFE OF
   Carrie Hobbs

7. DATE OF BIRTH (month, day, and year)
   June 19, 1829

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

9. OCCUPATION
   none

10. DATE OF DEATH (month, day, and year)
    April 2, 1919

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    1935

12. BIRTHPLACE (CITY OR TOWN)
    Md.

13. NAME
    William D. Hobbs

14. MAIDEN NAME
    Mary E. Boyle

15. MOTHER'S NAME
    Mary E. Boyle

16. BIRTHPLACE (CITY OR TOWN)
    Md.

17. INFORMANT
    W.E. Hobbs

18. BURIAL, CREMATION, OR REMOVAL
    Scaggsville, Md., April 6, 1919

19. UNDERTAKER
    Lloyd L. Carlson

21. DATE OF DEATH
    April 2, 1919

22. I HEREBY CERTIFY
    That I attended deceased from

   Date: 1919
   Age: 90
   Sex: M
  race: W

   I last saw him alive on October 15, 1919; 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:

   Cancer of colon

   Other Contributory Causes of importance:

   None

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

   23. If death was due to external causes (VIOLENCE) fill in also the following:
       Accident, suicide, or homicide? Date of Injury
       Where did injury occur?
       Specify 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) William D. Hobbs
   (Address) Scaggsville, Md.

   If more blanki are needed, address State Registrar, 2111 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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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: Howard
   Village or City: Glenelg

2. FULL NAME: Bertram Howard
   (a) Residence: No.
   (Unusual 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: July 16, 1900
7. AGE: 34 years, 9 months, 10 days

8. OCCUPATION: Farmer
9. Industry or business in which work was done: Silkworm raising

10. Date deceased last worked at this occupation: May 27, 1935
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town): Maryland
13. NAME: George W. Howard
14. BIRTHPLACE (state or country): Md

15. MAIDEN NAME: Susie Johnson
16. BIRTHPLACE (city or town): Md
17. BIRTHPLACE (state or country): Md

18. INFORMANT: Mrs. Thomas Linthicum, Glenelg, Md
19. BURIAL, CREMATION, OR REMOVAL: Providence Cem., Date: May 1-13, 1929

20. FILED: May 1, 1929

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 29, 1935

22. I HEREBY CERTIFY: That I attended deceased from April 19, 1935, to April 29, 1935. Death is said to have occurred on the date stated above, at 3 P.M., death is said to be from Alcoholic Intoxication.

23. If death was due to external cause: AUTO ACCIDENT
   (Specify city or town, county, and state)
   Date of accident: May 1-13, 1929
   Manner of injury: Automobile
   Nature of injury: Death

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

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Other contributory causes of importance:

| Gallstones | May 1, 1925 | Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Howard
   Village or City: P.F.D., Woodbine
   No. St., Ward
   Length of residence in city or town where death occurred: 9 yrs. mos. ds. How long in U.S. if of foreign birth?

2. FULL NAME
   (a) Residence: No. P.F.D., Woodbine, 1st, 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
   Male  White  Married

5a. If married, widowed, or divorced
   HUSBAND OF: Leila E. Knill
   WIFE OF: Leila E. Knill

6. DATE OF BIRTH (month, day, and year) 1888 - 5 - 15

7. AGE
   Years: 66
   Months: 10
   Days: 17
   If LESS than 1 day,  hrs. or. min.

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

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

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 6

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

13. NAME
   William F. Knill

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

15. MAIDEN NAME
    Mary E. Holle

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

17. INFORMANT
    Mrs. Leila E. Knill
    P.F.D., Woodbine, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Frederick, Md.
    Date: April 5, 1932

19. UNDERTAKER
    Leona M. Hall
    Frederick, Md.

20. FILED
    x 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from
    Feb. 14, 1931, to April 5, 1932.
    I last saw him alive on Feb. 14, 1931; death is said
    to have occurred on the date stated above, and am.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    [Blank]
    [Blank]
    Other Contributory Causes of Importance:
    [Blank]

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.
    [Blank]
    Manner of injury
    Nature of injury

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
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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>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
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</tr>
<tr>
<td>1921</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset</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>Date of onset</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>
1. PLACE OF DEATH
County: Howard.
Village or City: Belvedere City.
Registration Dist. No.: 30.
No. Watchman Ave.: 30.
St.: Ward 1.
Length of residence in city or town where death occurred: 19 yrs. mos. ds.

2. FULL NAME
Martha E. Lafferty

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Widow

5a. If married, widowed, or divorced
HUSBAND OF
James Lafferty

6. DATE OF BIRTH
June 17, 1858

7. AGE
Years: 76
Months: 9
Days: 17

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

9. OCCUPATION
Wife

10. DATE DECEASED LAST WORKED AT
March 21, 1835

11. Total time (years) spent in this occupation (month and year)
5

12. BIRTHPLACE
Maryland

13. NAME
Richard Kelly

14. BIRTHPLACE
England

15. MOTHER'S NAME
Mary McBride

16. BIRTHPLACE
Ireland

17. INFORMANT
Robert H. Lafferty

18. BURIAL, CREMATION, OR REMOVAL
St. Joseph Cathedral, April 8, 1935

19. UNDERTAKER
Easton Sons

20. FILED
April 17, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
April 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Other contributory causes of importance:

Gallstones May 1, 1923

Other contributory causes of importance:

Gastroenteritis 1 year

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

1. PLACE OF DEATH

County: Howard
Village or City: Elwood, Md.
Registration Dist. No.: 194

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

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

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

April 18, 1935

7. AGE Years Months Days

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

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

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

11. Total time (years) spent in this occupation

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

Maryland

13. NAME Walter Cohy

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

Troy, Pa.

15. MAIDEN NAME Stagner Butler Lilly

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

Troy, Pa.

17. INFORMANT Walter Cohy

18. BURIAL, CREMATION, OR REMOVAL

Place, St. James Cemetery...Date...April 1935

19. UNDERTAKER J. C. Hendley, Jr.

20. FILED April 24, 1935

REGISTRAR M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 18, 1935

22. I HEREBY CERTIFY That I attended deceased from April 18, 1935, to April 24, 1935. I last saw him alive on April 24, 1935, death is said to have occurred on the date stated above, at 2 A.M.

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

Name of operation

What test confirmed diagnosis? Was there an autopsy?

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

Accident, suicide, or homicide? Date of injury

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

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) 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 house work, write house wife 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:

| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1928 |

Example II

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

| 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 |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Howard
Village or City: near Ridgeville, R.F.D. Mt. Airy
Registration Dist. No.: 193
St.: St.
Ward:

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

2. FULL NAME: Carlton R. Long,
(a) Residence: No.
near Ridgeville, Md. St.
Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): 1915-5-13

7. AGE: 19 years, 11 months, 2 days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Laborer (General)

9. OCCUPATION: Laborer (General)

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

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

12. BIRTHPLACE (CITY OR TOWN): Montgomery Co., Maryland

13. NAME: Lawrence Long,

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

15. MAIDEN NAME: Amanda Watkins,

16. BIRTHPLACE (CITY OR TOWN): Montgomery Co., Maryland

17. INFORMANT: Mr. Lawrence Long,

18. BURIAL, CREMATION, OR REMOVAL: Montgomery Chapel.

19. UNDERTAKER: Mr. Malt. Winfield, Md.

20. FILED: 1935-1-16

DATE OF DEATH

21. (Month) 15 (Day) 1935 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 8, 1935 to Apr. 15, 1935. I last saw him alive on Apr. 8, 1935; death is said to have occurred on the date stated above, at ___ a.m.

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

Accidental death

Automobile Accident

Date of onset: ___

Other Contributory Causes of Importance:

Name of operation: ___

What test confirmed diagnosis: ___

Was there an autopsy? ___

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

Accident, suicide, or homicide: ___ Date of injury: ___

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

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

Manner of injury: ___

Nature of injury: __________

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

No

If so, specify: ___

(Signed) ___ M.D.

(Address) ___

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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 | | Example II |
|---|---|
| The principal cause of death and related causes of importance were as follows: | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | Attack of epilepsy | | 1 week ago |
| Chronic interstitial nephritis | Run over by street car | | 1 week ago |
| Cerebral hemorrhage | Peritonitis | | 3 days ago |

Other contributory causes of importance:

| Gallstones | Gastroenteritis | 1 year |

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

## 1. PLACE OF DEATH
- County: Howard
- Village or City: Elkhridge
- Registration Dist. No.: Montgomery
- St., Ward: 1 I
- Length of residence in city or town where death occurred: 76 yrs. 4 mos. 14 ds.
- How long in U.S. if of foreign birth in yrs. mos. ds.

## 2. FULL NAME
- Daniel Maynard Murray
- (a) Residence: No. Montgomery Rd., St., Ward: 1 I

## PERSONAL AND STATISTICAL PARTICULARS

### 3. SEX
- Male
- Color: White

### 4. COLOR OR RACE
- Male
- Single, Married, Widowed, or Divorced (write the word)

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

### 6. DATE OF BIRTH
- Dec. 8, 1858

### 7. AGE
- 76 yrs. 4 mos. 14 ds

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH
- Apr 22, 1935

### 22. I HEREBY CERTIFY
- That I attended deceased from Apr 19, 1935, to Apr 22, 1935
- I last saw him alive on Apr 19, 1935; death is said to have occurred on the date stated above, at 8 10 a.m.
- The principal cause of death and related causes of importance were as follows:
- Myocardial Degeneration

### Other Contributory Causes of importance:
- Myocardial Degeneration
- Heart disease

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

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

### Manner of injury:
- Nature of injury:

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

### Occupation:
- Lawyer
- Private

## OCCUPATION

### 9. Trade, profession, or particular kind of work done, as SPINNER, SAWSMITH, BOOKKEEPER, etc.:
- Lawyer

### 10. Date deceased last worked at this occupation (month and year):
- Apr

### 11. Total time (years) spent in this occupation:
- 13 yrs.

## BIRTHPLACE

### 12. BIRTHPLACE (city or town):
- Washington, D.C.

### 13. NAME:
- Francis Key Murray

### 14. BIRTHPLACE (city or town):
- Elkhridge, Md.

### 15. MAIDEN NAME:
- Anna W. Morris

### 16. BIRTHPLACE (city or town):
- Philadelphia

## MOTHER FATHER

### 17. INFORMANT (Address):
- Daniel M. Murray

### 18. BURIAL, CREMATION, OR REMOVAL
- Place:
- Date:
- Undertaker (Address):
- Cemetery:

### 19. UNDERTAKER
- Address:

### 20. FILED
- Apr 24, 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.

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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, 1928 |

**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:** Howard
- **Village or City:** West Friendship
- **No.:** Frederick Road
- **St.:** St.
- **Ward:** Ward

Length of residence in city or town where death occurred: 5 yrs. mos. ds.

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

## 2. FULL NAME
- **Residence:** No. Frederick Road
- **St.:** St.
- **Ward:** Ward

**PERSONAL AND STATISTICAL PARTICULARS**

- **SEX:** Male
- **COLOR OR RACE:** White
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED:** Married
- **HUSBAND OF or WIFE OF:** Elizabeth J. Ridgely

**DATE AND PLACE OF BIRTH**

- **Date:** April 27, 1935
- **Age:** 79 years

**OCCUPATION**

- **Trade, profession, or particular kind of work done:** Farmer
- **Retired**
- **DATE DECEASED LAST WORKED AT THIS OCCUPATION:** 1930
- **TOTAL TIME (YEARS):** 20 years

**BIRTHPLACE**

- **City or town:** Lanham
- **State or country:** Maryland

**MOTHER:** Margaret Mcgraw
- **STATE OR COUNTRY:** Maryland

**FATHER:** Albert J. Ridgely
- **STATE OR COUNTRY:** Maryland

**INFORMATION**

- **Address:** West Friendship

**BURIAL, CREMATION, OR REMOVAL**

- **Place:** Mt. Olive Cemetery
- **Date:** April 27, 1935

**UNTERTAKE**

- **Name:** Eastern, John

**FILED**

- **Date:** May 30, 1935

**REGISTRAR**

- **Name:** W. C. Armstrong, M.D.
- **Address:** Easton, Md.

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

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

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<td>Cerebral hemorrhage</td>
<td></td>
</tr>
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<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: Harford,
Village or City: Owings City, Md.
No. Registration Dist. No.: 94-5
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. 13, Trust City, Md. (Author) Ward.
(b) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

wt

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Mary Smallwood

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

Nov. 14, 1869

7. AGE

Years 6

Months 6

Days 10

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

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

Farm

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

Farm

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Maryland

13. NAME

Eliza W. Smallwood

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Mary C. Harrison

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

Ernest Smallwood

18. BURIAL, CREMATION, OR REMOVAL

Place: Owings City, Date: 2/27, 1935

19. UNDERTAKER

(Author)

20. FILED

19. 31, 1935

21. DATE OF DEATH

(Month) Apr.

(Day) 24

(Year) 1935

I HEREBY CERTIFY that I attended deceased from April 24, 1935, to April 24, 1935.

I last saw him alive on April 24, 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:

Date of onset

Other Contributory Causes of importance:

Name of operation:

What test confirmed diagnosis?

Date of:

Was there an autopsy?

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

Accident, suicide, or homicide?

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)

Registrar.

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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: Howard
   Village or City: Glenelg

2. FULL NAME: Laura V. Williams
   (a) Residence: Glenelg, Md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed
   HUSBAND or (or) WIFE of: Wallace Williams

6. DATE OF BIRTH (month, day, and year): Mar. 24, 1864
7. AGE: 71 yrs, 0 mos, 15 days

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19—, to 19—.
    I last saw him alive on Inquiry—, 19—.
    I certify that death occurred on the date stated above, at 5:15 P.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

    Cerebral Hemorrhage 4-9-35

    Other Contributory Causes of importance:

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

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

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

   (Signed): Carlisle D. Roger, M.D.
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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