STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince George
   Village or City: Fairfax
   Length of residence in city or town where death occurred: 35 yrs., 0 mos., 0 days

2. FULL NAME
   (a) Residence: No. 720, Residence St., Ward.
   PERSONAL AND STATISTICAL PARTICULARS
   SEX: F
   COLOR OR RACE: C
   SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word): MARRIED
   If married, widowed, or divorced: HUSBAND OF
   ST. GEORGE
   DATE OF BIRTH (month, day, and year): April 15, 1850
   AGE: 75 years, 0 months, 0 days
   OCCUPATION: House Work
   10. Date deceased last worked at this occupation (month, day, and year): April 15, 1850
   11. Total time (years) spent in this occupation: 7 years

3. BIRTHPLACE (city or town)
   State or country: Texas

4. NAME
   John T. S. Banker

5. MAIDEN NAME
   Nellie Smith

6. BIRTHPLACE (city or town)
   State or country: Texas

7. INFORMANT
   Address: 720, Residence St., Ward.

8. BURIAL
   Place: Indian Church, April 25, 1850

9. UNDERTAKER
   Address: St. George's, Indale.

10. FILED
    Date: 4-23-1950

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</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          |
### Personal and Statistical Particulars

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

#### Date of Birth
- **Month:** unknown
- **Day:** 1895

#### Age
- **Years:** 40
- **Months:**
- **Days:**

#### Occupation
- **Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.:** Unknown

#### Date deceased last worked at this occupation (month and year)
- **Month:**
- **Day:**

#### Date of Death
- **Month:** April
- **Day:** 27
- **Year:** 1925

#### Medical Certificate of Death

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

I last saw him... alive on... 19...; death is said to have occurred on the date stated above. 

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

- **Railroad accident:**
- **Lift by means of elevator:**
- **Injury of being struck by railroad train:**

**Other Contributory Causes of importance:**

Other causes were:

This man was a... and it is impossible to get his address, birth, & Parent names.

#### Father
- **Name:** Unknown

#### Mother
- **Name:** Unknown

#### Informant
- **Address:**

#### Burial, Cremation, or Removal
- **Place:** Bladensburg
- **Date:** April 30, 1925

#### Undertaker
- **Address:**

#### Filed
- **Date:** 19...
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.

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:

<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>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 | Other contributory causes of importance:

Gastroenteritis | 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Prunier Yeager
   Village or City: Berwyn, Md.
   Length of residence in city or town where death occurred: 24 yrs.

2. FULL NAME
   (a) Residence No.: 9da. Ambrosia Bayless
   (b) Place of abode: Berwyn, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   H: Female

4. COLOR OR RACE
   W: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED

5a. If married, widowed, or divorced
   HUSBAND OF: Benj. S. Bayless
   (or) WIFE OF: 

6. DATE OF BIRTH (month, day, and year): December 8, 1874

7. AGE
   Years: 60
   Months: 4
   Days: 7
   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: 

10. Date deceased last worked: April 10, 1935
   Occupation: 

11. Total time (years) spent in this occupation: 34

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

13. NAME
   Reences B. Cutcher

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

15. MAIDEN NAME
   Caterina Cane

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

17. INFORMANT
   Address: Berwyn, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: London Park, Balt. 
   Date: April 17, 1935

19. UNDERTAKER
   Address: F. Hatcher Stone

20. FILE
   Date: April 16, 1935
   Registrars: W. Oliver Griffiths, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 13 (Month) 1935 (Year)

22. I HEREBY CERTIFY
   That I attended deceased from January 1926, to April 15, 1935.
   I last saw him alive on April 14, 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:
   
   Other Contributory Causes of Importance:
   
   Name of operation
   Date of:
   What test confirmed diagnosis?
   Date of:
   Was there an autopsy?
   
23. If death was due to external causes (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 HOME, or in PUBLIC PLACE:
   Manner of injury:
   Nature of injury:

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

If 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 may 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:

**Example I**

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

**Example II**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1929</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: Prince Georges
   Village or City: Hyattsville
   No. 130 Carroll Ave. St., 4th Ward
   Length of residence in city or town where death occurred: yrs. 1 / mos. 1 / days 15
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   Mrs. Mary Margaret Biggs
   (a) Residence: No. 130 Carroll Ave., St., 4th 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)
   Married

6. HUSBAND OR WIFE
   Alfred Louis J. Biggs
   Date of Marriage: Aug. 20, 1909

7. DATE OF BIRTH (month, day, and year)
   Aug. 20, 1909

8. AGE
   Years: 25
   Months: 7
   Days: 7

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

10. BIRTHPLACE (city or town)
    Washington, D.C.

11. NAME
    John Conway

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

13. NAME
    Lillian belle Reamy

14. BIRTHPLACE (city or town)
    Washington, D.C.

15. BIRTHPLACE (city or town)
    Hyattsville, Md.

16. DECEASED WIFE OR HUSBAND (State or country)

17. INFORMANT
    Louis J. Biggs
    Address: No. 130 Carroll Ave., Hyattsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Hyattsville Cemetery
    Washington D.C.
    Date: 4/19/35

19. UNDERTAKER
    Francis Gasch’s Sons
    Address: Hyattsville, Maryland

20. FILED
    April 18, 1935

21. DATE OF DEATH
    April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1934, to April 16, 1935. I last saw her alive on April 16, 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:

Pulmonary tuberculosis

Other Contributory Causes of Importance:

Tuberculosis perforata

Name of operation:

What test confirmed diagnosis:

Sputum

Was there an autopsy:

Manner of injury:

Nature of injury:

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.

If so, specify:

(Signed)

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 housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>Gastroenteritis</th>
</tr>
</thead>
<tbody>
<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: Prince George
Village or City: West Orange
Registration Dist. No.: 239

2. FULL NAME
Grace Wagner John

3. SEX
Female

4. COLOR OR RACE
White

5a. If married, widowed, or divorced
HUSBAND of
James A. John

6. DATE OF BIRTH
Jan 21, 1912

7. AGE
23 yrs 3 mos 0 ds

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: Jan 21, 1912

11. Total time (years) spent in this occupation: 23 yrs

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

13. NAME
Grace Wagner

14. BIRTHPLACE (city or town): Blenheim, S. Africa
(State or country)

15. MAIDEN NAME
Dorothea A. Cothran

16. BIRTHPLACE (city or town): Blenheim, S. Africa
(State or country)

17. INFORMANT
Mrs. Lucy Jane H. Howard

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Hermon, Md.
Date: April 21, 1935

19. UNDERTAKER
Robert D. Brown

20. FILED
Oct 23, 1935

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY: That I attended deceased from
2/16, 1935 to 4/21, 1935
I last saw him alive on 4/21, 1935 and 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:
Pulmonary Disease

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?: Spec:
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:

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

**Other contributory causes of importance:**

**Other contributory causes of importance:**

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

### 1. PLACE OF DEATH
County: Prince Georges  
Village or City: BETHESDA  
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.  

(Exact place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (marry this word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</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)
April 18, 1935

### 7. AGE

#### Years

#### Months

#### Days

#### IF LESS than 1 day, 3 hrs. or 15 min.

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

### OCCUPATION

Child

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

### 12. BIRTHPLACE (city or town) (State or country)
Near BETHESDA, Md.

### 13. NAME
Harriett Best

### 15. MAIDEN NAME
Witte Way Scott

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

### 17. INFORMANT (Address)

Miss Cynthia Best

### 18. BURIAL, CREMATION, OR REMOVAL

Place: Bladensburg  
Date: April 1935

### 19. UNDERTAKER (Address)

F. Harder Son

### 20. FILED (Address)

April 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
April 18, 1935

22. HEREBY CERTIFY: That I attended deceased from  
April 18, 1935, to  
I last saw him alive on April 18, 1935.  

I have seen the deceased dead at  
April 18, 1935.  

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

Prevalent Death (6/27/72)

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: April 18, 1935
- Where did injury occur?
- Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE
- Manner of injury
- Nature of injury
- If so, specify  

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

If so, specify  

### 25. Name of operation  

### 26. What test confirmed diagnosis?  

### 27. Was there an autopsy?

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>May 8, 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

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
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Prince George
   - Village or City: Shadyside, Md
   - Registration Dist. No. 285

2. **FULL NAME**
   - William P. Brooks

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Male
   - COLOR OR RACE: White
   - SINGLED, MARRIED, WIDOWED, OR DIVORCED: WIDOWED
   - HUSBAND OF: Mary E. Brooks
   - DATE OF BIRTH: Dec. 24, 1854
   - AGE: 80 years, 4 months, 22 days
   - OCCUPATION: Retired
   - BIRTHPLACE: Maryland
   - MOTHER: Elizabeth, Mrs. Moore

4. **MEDICAL CERTIFICATE OF DEATH**
   - DATE OF DEATH: April 30, 1935
   - CAUSE OF DEATH: Chronic nephritis
   - Other Contributory Causes of Importance: Arsenic Poisoning

5. **INFORMATION**
   - INFORMANT: Wm. M. Brooks
   - UNDERTAKER: O. M. M."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

<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: Prince George's
   Village or City: Laurel Heights
   No.: William Street
   Ward: 2
   Registration Dist. No.: 2-11-2
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

   Personal and Statistical Particulars
   3. SEX
   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

   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, specify in hours
      or minutes.

   8. Trade, profession, or particular
      kind of work done, as SPINNER,
      CLOTHIER, 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 and months)
      spent in this occupation

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

   13. NAME
      (Given Name)

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

   15. MAIDEN NAME

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

   17. INFORMANT
      (Address)

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Alms House
      Date: Apr. 28, 1915

   19. UNDERTAKER
      (Address)

   20. FILED
      April 27, 1915
      Francis C. Roe
      Registrar.

21. DATE OF DEATH
   May 27, 1915

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

   I last saw him alive on
    Date
    and
    Date

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

   Suffocation

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?
    Date of injury
    Location
    (Specify city or town and county)

   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)
   (Signature)
   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.

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**

<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 |

**ADDENDUM SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**
PLACE OF DEATH

County

Village or City

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

Col

SINGLE, MARRIED, WIDOWED, OR DIVORCED

(Write the word)

DATE OF BIRTH

March 21, 1930

AGE

60 yrs.

OCCUPATION

a) Trade, profession or particular kind of work

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

BIRTHPLACE

(State or country)

NAME OF FATHER

Wash. Edward

NAME OF MOTHER

Or. Thompson

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

State or country

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

FORMER OR USUAL RESIDENCE

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

OTHER

UNDERTAKER

ADDRESS

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 25

St.: Ward

If death occurred in a hospital or institution, give its name instead of street and number.

DATE OF DEATH

April 19, 1935

MEDICAL CERTIFICATE OF DEATH

Hereby certify, that I attended the deceased from April 19, 1935, to April 19, 1935, and that death occurred on the date stated above, at a.m.

The CAUSE OF DEATH was as follows:

Throat.

(Duration) yrs. mos. ds.

Contributory
Secondary

(Signed) Dr. C. L. H. Bishop

M. D.

Address

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

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

State or country

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

FORMER OR USUAL RESIDENCE

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

OTHER

UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Statement of Cause of Death—Please state the cause of death. If there is none, write "No cause stated.

In an effort to prevent the transmission of information that may be used to identify an individual, the name of the deceased is not included on this form. All information provided is confidential and will be used solely for statistical purposes.

Certificate of Death

Revised United States Standard

[Signature]
Health Association
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince George's  
   Village or City: Brandywine, Md.  
   Length of residence in city or town where death occurred: 35 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.  
   (b) Place of abode: Brandywine, Md.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. Name of husband or wife of deceased: Laura J. Burroughs

6. DATE OF BIRTH: Dec. 9, 1868

7. AGE: 66 yrs. 4 mos. 10 days

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

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

10. Date deceased last worked at this occupation: Dec. 17, 1934

11. Total time spent in this occupation: Life

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

13. NAME: Leonard Burroughs
    (Father)

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

15. MAIDEN NAME: Elizabeth Stithom Locke

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

17. INFORMANT: Laura J. Burroughs
    (Address): Mechameastle, Md.

18. BURIAL, CREMATION, OR REMOVAL:
    Place: Matfieldtown, Md.
    Date: April 22, 1930

19. UNDERTAKER: Ritchie Brothers
    (Address): Upper Marlboro, Maryland

20. FILED: Apr. 19, 1935
    By: J. N. Shockey

MEDICAL CERTIFICATE OF DEATH


23. I last saw him or her alive on Aug. 18, 1935; death is said to have occurred on the date stated above, at 5 p.m.

24. The principal cause of death and related causes of importance were as follows:
   1. Coronary Thrombosis
   2. Chronic Myocarditis

   Other Contributory Causes of importance:
   1. Arteriosclerosis

Name of operation:  
What test confirmed diagnosis: 
Date of:

Date of:

Manner of injury:
Nature of injury:

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

If more blanks are needed, address State Registrar, 2418 N. Charles Street, Baltimore, Requesting U. & N. 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:

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

Other contributory causes of importance:

**Gallstones**

Date of onset: **May 1, 1923**

**Gastroenteritis**

Date of onset: **1 year**

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

1. PLACE OF DEATH
   County
   Prince George
   Village or City
   Riverdale
   No.
   Registration Dist. No.
   245
   No.
   St.
   Ward
   No.
   Registration Dist. No.
   245
   No.
   St.
   Ward
   Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

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

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year)
      About 1910

   7. AGE
      About 25

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

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

   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)
      Unknown

   13. NAME

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

   15. MAIDEN NAME

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

   17. INFORMANT
      (Address)
      John A. Carpenter

   18. BURIAL, CREMATION, OR REMOVAL
      Place
      Garden City, Md.
      Date

   19. UNDERTAKER
      (Address)
      J. W. Raiders, Sr.
      April 31, 1935

   20. FILED
      April 31, 1935

   21. DATE OF DEATH
      April 16, 1935

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

      I last saw...
      (Address)
      About...

      to have occurred on the date stated above, at...m.

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

      Mutilation
      Shock

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

      Accident, suicide, or homicide
      Date
      Place

      Where did injury occur?
      (City, 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)

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 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: Gallstones</td>
<td>Other contributory causes of importance: 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: Prince George's
   Village or City: Brandywine
   Registration Dist. No. 240
   No. St., Ward
   Length of residence in city or town where death occurred yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   How long in U.S. or foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

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

6. DATE OF BIRTH (month, day, and year)
   Jan. 20, 1914

7. AGE
   Years 21
   Months 4
   Days 6

8. Trade, profession, or particular occupation
   Housewife

9. Industry or business in which work was done
   None

10. Date deceased last worked at this occupation (month and year)
    1934

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

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

13. NAME
    James P. Carroll

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

15. MAIDEN NAME
    Anne M. Brooks

16. BIRTHPLACE (city or town)
    P. B. IL
    (State or country)

17. INFORMANT
    James P. Carroll
    Brandywine, MD

18. BURIAL CREMATION, OR REMOVAL
    Suburban Cemetery
    Date: Jan 29, 1925

19. UNDERTAKER
    Lyman P. Ryan
    M. D.

20. FILED
    Jan. 29, 1925

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 26, 1935

22. I HEREBY CERTIFY that I attended deceased from
    March 1935 to April 26, 1935
    I last saw her alive on April 26, 1935; death is said to have occurred on the date stated above, at 4:45 p.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    [Handwritten note: Intercostal]

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: 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
   [Handwritten note: 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.

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1925</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1923</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Other contributory causes of importance: | | Other contributory causes of importance: |
|----------------------------------------| |----------------------------------------|
|                                        | |                                        |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Allegany Co.  
Village or City: Hedgesville

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

2. FULL NAME

(a) Residence: No. Upper Marlboro, MD

3. SEX

Female  White

4. COLOR OR RACE

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

Widowed

5a. If married, widowed, or divorced, NAME of spouse or WIFE of:

John Chaney

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

March 6, 1883

7. AGE

Years: 52

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)

1933

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

32

12. BIRTHPLACE (CITY OR TOWN)

Maryland

13. NAME

Walter B. Parkman

14. BIRTHPLACE (CITY OR TOWN)

Maryland

15. MAIDEN NAME

Martha Parker

16. BIRTHPLACE (CITY OR TOWN)

Maryland

17. INFORMANT

(City or town)

18. BURIAL, CREMATION, OR REMOVAL

Names of undertaker and address

H. E. Moore

19. UNDERTAKER

Register

20. FILED

Registrar.

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

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

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

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

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

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

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

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

Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
PLACE OF DEATH
County
Village or City

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS
SEX | COLOR OR RACE | SINGLE, MARRIED, WIDOWED, OR DIVORCED
--- | --- | ---
Female | Color or race

DATE OF BIRTH
Month | Day | Year
--- | --- | ---
March 9, 1935

AGE
less than 1 year

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

BIRTHPLACE
State or country

NAME OF FATHER
James Shifman

BIRTHPLACE OF FATHER
State or country

MAIDEN NAME OF MOTHER
Julia Warren

BIRTHPLACE OF MOTHER
State or country

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

INFORMANT
James Shifman

ADDRESS
Baltimore St., Alfred

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No.

DATE OF DEATH
April 8, 1935

HEREBY CERTIFY, That I attended the deceased from
April 6, 1935, to April 8, 1935,
that I last saw her alive on April 8, 1935,
and that death occurred on the date stated above, at
5 A.M.
The CAUSE OF DEATH was as follows:
Chronic valvular heart disease (congenital)

CONTRIBUTORY CAUSE
Primary

Secondary

LENGTH OF RESIDENCE
State or country

PLACE OF BURIAL OR REMOVAL
State or County

DATE OF BURIAL
April 10, 1935

UNDERTAKER
Ritchie Brothers

ADDRESS
Upper Marlboro, Maryland

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

1. PLACE OF DEATH

County: Prince George
Village or City: Mt. Nebo
Length of residence in city or town where death occurred: yrs. 3 mos. ds.

2. FULL NAME

(a) Residence: No. Sacred Heart Home
(Usual place of abode)

Catherine Corkery

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

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

March 1861

7. AGE

about 74

7a. If male, age at last birthday Ord. or.

min.

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

Clark

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

Fed. Govt.

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

1917

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


12. BIRTHPLACE (city or town)

(State or country)

Virginia

13. NAME

Dennis Corkery

14. BIRTHPLACE (city or town)

(State or country)

Ireland

15. MAIDEN NAME

Ellen Sullivan

16. BIRTHPLACE (city or town)

(State or country)

Ireland

17. INFORMANT

Mary Lanahan

18. BURIAL, CREMATION, OR REMOVAL

Place: Washington D.C. Date: April 15, 1935

19. UNDERTAKER

T.F. Costello

20. FILED

April 15, 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 housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset: 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset: 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset: July 5, 1927</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: May 1, 1923</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gastroenteritis</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: Prince George's
   Village or City: Suitland

2. FULL NAME: Walter Horace Crossier
   (a) Residence: No. 60, Suitland, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
6. HUSBAND OF: Mal Harper
7. DATE OF BIRTH (month, day, and year): Aug. 2, 1874
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Farmer
9. OCCUPATION: Farmer
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): Aug. 2, 1874
11. TOTAL TIME (YEARS, MONTHS, DAYS) SPENT IN THIS OCCUPATION:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 1, 1935
22. I HEREBY CERTIFY, That I attended deceased from March 30, 1935, to April 1, 1935. I last saw him alive on March 30, 1935, and death is said to have occurred on the date stated above, at 6:00 a.m.
23. The principal cause of death and related causes of importance were as follows:
   - Acute Pancreatitis
   - Acute Cholecystitis
   - Chronic Myocarditis
   - Other Contributory Causes of importance: Cardiac Failure

Other Contributory Causes of importance:

24. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: No
   Manner of injury: Natural
   Nature of injury:

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>date</strong> 1915</td>
<td><strong>date 1 week ago</strong></td>
</tr>
<tr>
<td><strong>date</strong> 1921</td>
<td><strong>date 1 week ago</strong></td>
</tr>
<tr>
<td><strong>date</strong> July 5, 1927</td>
<td><strong>date 3 days ago</strong></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><strong>date</strong> May 1, 1923</td>
<td><strong>date 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: Prince George
   Village or City: Bowie

2. FULL NAME: Virginia Hall Sulver

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

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

5a. If married, widowed, or divorced: Wife of Charles Sulver

6. DATE OF BIRTH (month, day, and year): Feb. 14, 1856

7. AGE: 79 Years 2 Months 12 Days

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

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

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

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

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

13. NAME: John Went

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

15. MAIDEN NAME: not known

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

17. INFORMANT: Margaret Went
   (Address): Not specified

18. BURIAL, CREMATION, OR REMOVAL
   Place: Parkham Cemetery
   Date: April 26, 1935

19. UNDERTAKER: Clarence Foreman
   Address: Not specified

20. FILED: April 21, 1936
   Registrar: Not specified

21. DATE OF DEATH: April 26, 1935

22. I HEREBY CERTIFY. That I attended deceased from May 7, 1933, 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 2:37 p.m.

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

Other Contributory Causes of importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?: None
   Date of injury: None
   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

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify: None
   (Signed): None
   (Address): None

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

___

___

___

___
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Prince Georges Co., Md.
Village or City: College Park, Md.
No. St., Ward: St., Ward.
Length of residence in city or town where death occurred: 60 yrs., mos.

2. FULL NAME: Clara Ellen Daniels
(a) Residence: No.
(City or town and ward)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Female
4. COLOR OR RACE: White
5a. If married, widowed, or divorced: WIFE OF
HUSBAND OF: Edward F. Daniels
5b. If married, widowed, or divorced: (or) WIFE of

6. DATE OF BIRTH (month, day, and year): February 14, 1873
7. AGE: Years 90
   Months 2
   Days 4

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife (retired)
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): 12/33
11. Total time (years) spent in this occupation: 94

12. BIRTHPLACE (city or town): Prince George Co., Md.
   (State or country)
13. NAME: Adolph Leuker
   (Full name)
14. BIRTHPLACE (city or town): France
   (State or country)
15. MAIDEN NAME: Mary Ellen Hay
16. BIRTHPLACE (city or town): (State or country)

17. INFORMANT (Address): Silver Spring, Md.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Beltsville, Md.
   Date: April 20, 1935

19. UNDERTAKER (Address): St. Isidore's Sons
20. FILED: April 30, 1935
   Registrar: W. Ella Cuffe, M.D.
   (Signed)

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY: That I attended deceased from
   1925 to April 18, 1935, last saw her alive on April 18, 1935; death is said
to have occurred on the date stated above, at 10:00 A.M.

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

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:

If more blanks are needed, address State Registrar, 1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

Example I

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

Other contributory causes of importance:

| Gallstones                                                   | May 1, 1928 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<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       |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince George
   Village or City: Mt. Rainier
   Registration Dist. No.: 246
   No., 3761 - 33rd St., Ward: 33rd 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. 3761 - 33rd St.
   Laura Donatta Dayhoff
   St. or Ward: 33rd 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

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

6. DATE OF BIRTH
   April 16, 1857

7. AGE
   Years: 77
   Months: 11
   Days: 4
   If less than 1 day, . . . hrs. or . . . min.

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

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

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

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

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

13. NAME
   Henry T. Wiles

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

15. MAIDEN NAME
   Eliza Nelson

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

17. INFORMANT
   (Address): John W. Dayhoff

18. BURIAL, CREMATION, OR REMOVAL
   Place: Fort Lincoln
   Date: Apr. 5, 1935

19. UNDERTAKER
   (Address): A. Bassel's Sons

20. FILED
   19, 35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 193
   (Day) 2
   (Year) 1935

22. I HEREBY CERTIFY, That I attended deceased from
   [Redacted]

   I last saw him . . . alive on . . ., 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:

Cardio-Respiratory

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: 1935
   Where did injury occur?: 
   (Specify city and 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. N. Morton
   Address: Irwin

Registrar: W. N. Morton

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 1</th>
<th>Example 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1915</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1921</td>
</tr>
<tr>
<td>Date of onset</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Walbrook
   Length of residence in city or town where death occurred: 1 Yrs., 11 Mos., 28 Days
   Registration Dist. No.: 235

2. FULL NAME
   Name: John B. Hayood
   Residence: 1232 Pearl St., Ward 7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

5a. If married, widowed, or divorced
   Husband of or Wife of: Sarah E. Hayood

6. DATE OF BIRTH
   (Month, day, and year): 10/03/1873

7. AGE
   Years: 73
   Months: 11
   Days: 28
   If less than 1 day, hours: 0
   or minutes: 0

OCCUPATION

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

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

10. Date deceased last worked at this occupation: April 23, 1935

11. Total time (years) spent in this occupation: 0

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

13. NAME
   Father: John Hayood
   Mother: Sarah E. Hayood

14. BIRTHPLACE
   (City or town): Baltimore
   (State or country): Maryland

15. MAIDEN NAME
   Sarah E. Hayood

16. INFIRMARY
   (Address): 123 Pearl St., Baltimore

17. BURIAL, CREMATION, OR REMOVAL
   Place: Havre de Grace
   Date: April 26, 1935

18. UNDERTAKER
   (Address): Lovett & Co., 123 Pearl St., Baltimore

19. FILED
   (Address): 123 Pearl St., Baltimore

20. MEDICAL CERTIFICATE OF DEATH
   Date: April 23, 1935

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

22. I HEREBY CERTIFY
   That I attended deceased from
   Max 5, 1931, to April 23, 1935
   Last saw him alive on April 9, 1935
   Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Other Contributory Causes of Importance:

Name of operation: None

What test confirmed diagnosis: None

Was there an autopsy: No

23. If death was due to external causes (VIOLANCE) fill in also the following:
   Accident, suicide, or homicide: None
   Date of injury: None
   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

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

(Signed) James D. Boyd
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 home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

### 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>ChronicInterstitialnephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

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

### Other contributory causes of importance:

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

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

1. **Place of Death**
   - County: Prince George
   - Village or City: Fairmount AVE
   - Registration Dist. No.: 24, 2
   - No. 908 Fairmount Ave., Ward
   - Length of residence in city or town where death occurred: yrs. 7 mos. ds.

2. **Full Name**
   - Moseley Julia Frances
   - Residence: No. 908 Fairmount Ave., Ward.

**Personal and Statistical particulars**

3. **Sex**
   - Female

4. **Color or Race**
   - Negro

5. **Single, Married, Widowed, or Divorced**
   - Single

6. **Date of Birth**
   - Month: July
   - Day: 17
   - Year: 1934

7. **Age**
   - Years: 0
   - Months: 9
   - Days: 0

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

9. **Place of Birth**
   - Washington, D.C.

10. **Father**
    - Moseley Howard

11. **Mother**
    - Jackson Mary

12. **Burial, Cremation, or Removal**
    - Place: Washington, D.C.
    - Date: 4/15/35

13. **Undertaker**
    - John J. Stewart

14. **Medical Certificate of Death**
    - Date of Death: April 17, 1935

15. **Cause of Death**
    - Broncho Pneumonia, 4-8-35

16. **Other Contributory Causes of Importance**
    - Common cold, 3-25-35

17. **Name of operation**
    - Physical

18. **Date of Operation**
    - No

19. **Place of operation**
    - Physical

20. **Name of attending physician**
    - Theodore Brecken, M.D.

21. **Address**
    - 817-44 ST. N.E., D.C.

22. **Registrar**
    - Lee Halley

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

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

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

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

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

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

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

Example I

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

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**
   - Prince Geo. County: Edmonston, Md
   - Village or City: 321 Walker Ave
   - Length of residence: yrs. mos. ds.

2. **FULL NAME**
   - Beatie, Srast
   - (a) Residence: No. 321 Walker Ave
     - St., Ward.

3. **SEX**
   - M

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - (month, day, and year) 65 years, 0 months, 0 days

7. **AGE**
   - 65 yrs., 0 mos., 0 days

8. **OCCUPATION**
   - Retired

9. **DATE deceased last worked at this occupation (month and year)**
   - Total time (years) spent in this occupation

10. **BIRTHPLACE**
    - (city or town) Russia

11. **MOTHER FATHER**
    - (State or country)

12. **NAME**
    - Israel Farber

13. **BIRTHPLACE**
    - (city or town)

14. **MOTHER NAME**
    - Russia

15. **BIRTHPLACE**
    - (city or town)

16. **INFORMANT**
    - Address: 3806 Kansas Ave, W. Wash, D.C.

17. **FILING DATE**
    - April 23, 1935

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Washington, D.C.

19. **UNION OF ARTIST**
    - Address: 3576-14th St.

20. **FILED**
    - April 23, 1935

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

22. **I HEREBY CERTIFY.**
    - That I attended deceased from April 21, 1935 to April 23, 1935.
    - I last saw her alive on April 20, 1935; death is said to have occurred on the date stated above, at 11:00 A.M.

23. **CAUSE OF DEATH**
    - Chronic bronchitis with hyperplasia, with angina pectoris

24. **Contributory Causes of importance**

25. **Name of operation**

26. **What test confirmed diagnosis**

27. **Was there an autopsy?**

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

29. **Accident, suicide, or homicide?**

30. **Date of injury?**

31. **Where did injury occur?**

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

33. **Manner of injury**

34. **Nature of injury**

35. **If so, specify**

36. **Address**

37. **REGISTRAR**

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<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><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Other contributory causes of importance:

May 1, 1925

May 1, 1925

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Edmondston
   Registration Dist. No.: 245
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. New York, N.Y., St., Ward.
   (b) Place of oldest residence: New York, N.Y.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (cross the word)
   a. If married, widowed, or divorced
      HUSBAND OF (or) WIFE OF
      Deceased B. Gallagher
   b. If married, date of marriage
      Mar. 25, 1887
6. DATE OF BIRTH (month, day, and year)
   Years: 48
   Days: 7
   If LESS than 1 day, hrs. or. min.
   Occupation: Newspaperwoman

7. AGE
   If less than 1 day, hrs. or. min.

8. OCCUPATION
   Newspaperwoman

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Professional or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   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)
    Dahlmuth, N.Y.

13. NAME
    John Francis Gallagher

14. BIRTHPLACE (CITY OR TOWN)
    (State or Country)
    Holmsford, N.Y.

15. MAIDEN NAME
    Josephine Gallagher

16. BIRTHPLACE (CITY OR TOWN)
    (State or Country)
    Gallagher City, N.Y.

17. INFORMANT
    Edward T. Gallagher
    Address: 203 Little George St.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Boston, Mass.
    Date: Apr. 3, 1935

19. UNDERTAKER
    (Address)
    (Signed)

20. FILED
    April 3, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 1, 1935

22. I HEREBY CERTIFY
    That I attended deceased from
    April 19, 1934 to April 1, 1935
    I last saw h. alive on
    April 19, 1935; death is said to have occurred on the date stated above, at 4:45 a.m.
    The principal cause of death and related causes of importance were as follows:
    Aneurysm

    Other Contributory Causes of Importance:
    Hypertension

    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 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)
    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 housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones</td>
<td>Other contributory causes of importance: Gastroenteritis</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: Prince George
   Village or City: Princess Anne
   No. ____________________________
   Registration Dist. No. 240
   St. ____________________________
   Ward: ____________________________
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   Rebecca Gallaher
   No. ____________________________
   St. ____________________________
   Ward: ____________________________
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   F

4. COLOR OR RACE
   N

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)
   March 7, 1881

7. AGE
   Years: 54
   Months: 1
   Days: 8
   If LESS than 1 day, _________ hrs., _________ min.

8. Trade, profession, or particular kind of work done, e.g. SPINNER, SAWYER, BAKED KEEPER, etc.
   Housekeeper

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
   March 15, 1931

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

13. NAME
   William M. Gallaher

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

15. MAIDEN NAME
   Jane Clubb

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

17. INFORMANT
   Sallie Gallaher

18. BURIAL, CREMATION, OR REMOVAL
   Place: Piscataway
   Date: Apr. 17, 1933

19. UNDERTAKER
   Matthew J. Reid

20. FILED
   Apr. 16, 1933

21. DATE OF DEATH
   (Month) Apr. 15
   (Day) 1933
   (Year) 1933

22. I HEREBY CERTIFY. That I attended deceased from
   March 1, 1933, to Apr. 15, 1933
   I last saw him alive on Apr. 14, 1933; 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:
   Septicemia Chronic nephritis
   Date of onset 1931

Other Contributory Causes of importance:

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Yes
   Date of injury: Apr. 15, 1933
   Where did injury occur? Piscataway, Md.
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury: No
   Nature of Injury: No

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, 2411 N. Charles Street, Baltimore, Requesting Form 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:

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 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/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: Prince George
   Village or City: Pinder's Island
   Registration Dist. No.: 2
   No. St., Ward: 11
   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
   Pinder O'Quin
   Residence: No.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Aug. 1, 1908
7. AGE: 26
8. TRADE, PROFESSION OR PARTICULAR KIND OF WORK DONE: LABORER

9. OCCUPATION: LABORER
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR):
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 8

12. BIRTHPLACE (CITY OR TOWN): Pinder's Island
13. NAME: Pinder O'Quin
14. BIRTHPLACE (STATE OR COUNTRY): NC
15. MOTHER'S NAME: Anna Brown
16. BIRTHPLACE (CITY OR TOWN): Pinder's Island
17. MOTHER'S OCCUPATION: LABORER
18. INFORMANT (ADDRESS): ANNA BROWN
19. BURIAL, CREMATION, OR REMOVAL: 1935
20. UNDERTAKER (ADDRESS): Alpha Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 25, 1935
22. I HEREBY CERTIFY: That I attended deceased from 19, to 19.
23. I LAST SAW HIM/HER ALIVE: 19
24. DEATH OCCURRED: At
25. PLACE: Pinder's Island
26. CAUSE OF DEATH: Valvular Heart Disease
27. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Cardiac Asthma
28. MANNER OF DEATH: Natural
29. NATURE OF INJURY: 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 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:
1. The trade, profession, or particular kind of work done.
2. The industry or business in which the work was done.
3. The month and year the deceased last worked at the occupation.
4. The number of years the deceased followed the occupation.

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

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

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

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

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

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

1. PLACE OF DEATH
   County: PRINCE GEORGE'S
   Village or City: LANDOVER
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   (b) St. WARD
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   COL

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   SINGLE

6. DATE OF BIRTH (month, day, and year)
   MARCH 6, 1910

7. AGE
   Years: 25
   Months: 1
   Days: 19
   If LESS than 1 day, ___ hrs. or ___ min.

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   SAW MILL, BANK, etc.

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

11. TOTAL TIME SPENT IN THIS OCCUPATION (YEARS)

12. BIRTHPLACE (CITY OR TOWN)
   D.C.

13. NAME
   EMMA M. HERBERT

14. BIRTHPLACE (CITY OR TOWN)
   D.C.

15. MAIDEN NAME
   ELLA FLETCHER

16. BIRTHPLACE (CITY OR TOWN)
   MBI

17. INFORMANT
   WM. E. HERBERT

18. BURIAL, CREMATION, OR REMOVAL PLACE
   MATH. DECE. 27.30

19. UNDERTAKER
   R. A. B. HERBERT

20. FILED
   APRIL 25, 1932—GRAVE дол

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   APRIL 25, 1932

22. I HEREBY CERTIFY
   That I attended deceased from
   ___ to ___
   I last saw ___ alive on ___
   DEATH IS SAID TO HAVE OCCURRED ON ___ AT ___ M.
   THE PRINCIPAL CAUSE OF DEATH
   COL. MONARY
   GUT OR COLITIS
   1928

23. IF DEATH WAS DUE TO EXTERNAL CAUSES
   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 THE CAUSE OF DEATH
   IF SO, SPECIFY
   IMMUNE DISEASE
   (SIGNED) OSCAR T. COOKE
   (ADDRESS)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting Order 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>The principal cause of death and related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Example II</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>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>
</tbody>
</table>

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

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

1. PLACE OF DEATH

County: Prince George
Village or City: Hyattsville

Registration Dist. No. 245
No. 21 Nine lane
St., Ward

Length of residence in city or town where death occurred: 25 yrs. mos. ds
How long in U.S. if of foreign birth: yrs. mos. ds

2. FULL NAME

Name: Agnes A. Leake
Residence: No. 21 Nine Ave

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

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

Oct. 21, 1844

7. AGE

90 yrs. 0 mos. 13 days

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

None

9. Industry or business in which work was done

None

10. Date deceased last worked

None

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town)

Alturo

13. NAME

Angus Brown

14. BIRTHPLACE (city or town)

Scotland

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

Unknown

17. INFORMANT

George A. Leake

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Pleasant, Baltimore
Date: Jan. 20, 1935

19. UNDERTAKER

T. J. Seavey

20. FILED

1935

Registration

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, 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: | 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: [Redacted]
   Registration Dist. No.: 239
   No., St., Ward:
   Village or City: [Redacted]
   Length of residence in city or town where death occurred: 36 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., St., Ward. If nonresident give city or town and State
   (Usual place of abode):
   Wm. P. McLenny

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   4. COLOR OR RACE
   Male
   White

5a. If married, widowed, or divorced
   HUSBAND or WIFE of: [Redacted]

6. DATE OF BIRTH (month, day, and year): July 19, 1879

7. AGE
   Years: 55
   Months: 8
   Days: 14
   If LESS than 1 day, hrs., or___ min.

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

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):
    March 1939

11. Total time (years) spent in this occupation:
    28

12. BIRTHPLACE (city or town):
    Ireland
    Mat.

13. NAME
    Elgin P. McLenny

14. BIRTHPLACE (city or town):
    Dublin
    Co. Maryland

15. MAIDEN NAME
    Eliza O. Bowes

16. BIRTHPLACE (city or town):
    Prince Georges Co.
    Maryland

17. INFORMANT
    [Redacted]

18. BURIAL, CREMATION, OR REMOVAL
    Place: Woodlawn
    Date: June 9, 1939

19. UNDERTAKER
    [Redacted]

20. FILED: No., 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from:
    3/1, 1939, to 6/12, 1939.

I last saw him alive on 4/1, 1939, at 2 p.m. death is said to have occurred on the date stated above, at 5 a.m.

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

Coronary Thrombosis

Chronic Hypertrophy

Other Contributory Causes of importance:

Acute Cardiac Stimulation

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?

   If so, specify
   Nature of injury
   Manner of injury

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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 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>Pneumonitis</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: P. Co. No. 03.
   Village or City: Gatchu. Registration Dist. No. 235.
   Length of residence in city or town where death occurred: 1 yrs. 5 mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME
   Thomas McNamara
   (a) Residence: No. Brentwood Rd. (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
   Male  White  Single

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

6. DATE OF BIRTH (month, day, and year): Apr. 3, 1864

7. AGE
   Years: 71  Months: 6  Days: 0
   If LESS than 1 day, ______ hrs. or ______ min.

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

9. OCCUPATION
   Sheet metal Worker

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

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

12. BIRTHPLACE (city or town)
    (State or country): Wash. D.C.

13. NAME
    Mitchell McNamara

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

15. MAIDEN NAME
    Josephine Donohue

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

17. INFORMANT
    (Address): Declared

18. BURIAL, CREMATION, OR REMOVAL
    Place: All Soul's R.C. Church, Date: 4-10-35

19. UNOVERTAKER
    (Address): H. P. Groce

20. FILED: 4-9-1935

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

22. I HEREBY CERTIFY
    That I attended deceased from
    Apr. 9, 1935 to Apr. 9, 1935
    I last saw him alive on
    Apr. 9, 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:
    HYPERTROPHIC INFLAMMATION
    Name: Joseph McNamara
    Date of onset: Nov. 1922

    Other Contributory Causes of Importance:
    Cerebral hemorrhage
    Name: Joseph McNamara
    Date of onset: Apr. 9, 1935

    Name of operation: None
    What test 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?:
    Date of Injury:
    Where did injury occur?
    (Specify city or town, county and State)
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury:
Nature of Injury:

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

Registrar:

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Prince George's
   Village or City:

2. FULL NAME
   Lloyd Newton Moxley
   (a) Residence: No. 4220 Hill St., 2nd Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
4. COLOR OR RACE
   White
5a. If married, widowed, or divorced
   HUSBAND of
   (or) WIFE of
   (Signature)

6. DATE OF BIRTH (month, day, and year)
   Jan. 19, 1895

7. AGE
   Years: 57
   Months: 3
   Days: 9

8. OCCUPATION
   Trainman

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

10. Date deceased last worked at this occupation (month and year)
    4/21/19

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

12. BIRTHPLACE (city or town)
    Nash, W. C.
13. NAME
    Lloyd D. Moxley
14. BIRTHPLACE (city or town)
    Nash, W. C.
15. MAIDEN NAME
    Unknown
16. BIRTHPLACE (city or town)
    Nash, W. C.
17. INFORMANT
    (Address)
18. BURIAL, CREMATION, OR REMOVAL
    Funeral Home
    Date: April 30, 1935

19. UNDERTAKER
    (Address)
20. FILED
    4/27/19

21. DATE OF DEATH
    April 28, 1935

22. I HEREBY CERTIFY
    That I attended deceased from
    April 25, 1935, to April 28, 1935.
    I last saw him alive on April 26, 1935; death is said
    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:
    - Acute Cardiac Dilatation
    - Bronchial Pneumonia
    - Influenza

    Other Contributory Causes of Importance:
    - Asthma

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

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

Registration Dist. No.: 746
Ward:
If nonresident give city or town and State: 4th Ward.
If nonresident give city or town and State: 4th Ward.

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

Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

| The principal cause of death and related causes of importance were as follows: |
| 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: P. Co.
   Village or City: Bowie 2nd

2. FULL NAME
   (a) Residence: No. Bowie 2nd St., Ward.
   Name: Charles Martin Mulliken

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 Carl Mulliken

6. DATE OF BIRTH (month, day, and year) Jan. 27, 1908

7. AGE
   Years: 27
   Months: 2
   Days: 19

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

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

10. Date deceased last worked at this occupation (month and year) Nov. 25, 1934

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

12. BIRTHPLACE (city or town) Bowie, Maryland

13. NAME John Mulliken

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

15. MAIDEN NAME Kate Mary Mulliken

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

17. INFORMANT (Address) A. C. Mulliken

18. BURIAL, CREMATION, OR REMOVAL
   Place: Church
   Date: Dec. 17, 1935

19. UNDERTAKER (Address) Messing, Inc.

20. FILED Date: Oct. 16, 1935

21. DATE OF DEATH April 15, 1935

22. MEDICAL CERTIFICATE OF DEATH
   THEREBY CERTIFY, That I attended deceased from April 16, 1935, to April 19, 1935, I last saw him alive on April 15, 1935, death is said to have occurred on the date stated above, about 2:30 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Pernicious Anemia

Other Contributory Causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

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

Manner of injury: Nature of Injury:

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

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

Registrar.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<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>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<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, 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: Baltimore
   Village or City: Mitchellville
   Length of residence in city or town where death occurred: 7 yrs., 0 mos.

2. FULL NAME: Mary M. Newman

   (a) Residence: No.  

PERSONAL AND STATISTICAL PARTICULARS

1. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

5a. If married, widowed, or divorced, HUSBAND of or WIFE of: John A. Newman

6. DATE OF BIRTH (month, day, and year): Feb. 15, 1892

7. AGE: Years: 43, Months: 2, Days: 11
   If LESS THAN 1 year, state in hours and minutes.

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: 4/14

11. Total time (years) spent in this occupation (month and year): 4/14

12. BIRTHPLACE (city or town): Petersburg, VA
   (State or country): VA

13. NAME: George H. Butler

14. BIRTHPLACE (city or town): Petersburg, VA
   (State or country): VA

15. Maiden Name: Eliza Butler

16. BIRTHPLACE (city or town): Petersburg, VA
   (State or country): VA

17. INFORMANT: Sarah Loretta
   (Address): 926-45, Pk. Rd.

18. BURIAL, CREMATION, OR REMOVAL: White Marsh
   Place of Burial: 29, 1933

19. UNDERTAKER: Clarence Foreman
   (Address): Woodlawn

20. FILED: 1/27, 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933, to April 26, 1933.
I last saw him alive on April 26, 1933; 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:

Cerebral Hemorrhage, Date of onset: 4/14

Other Contributory Causes of Importance:

Exhaustion

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: 4/26, 1933
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) James H. Truitt
M.D.
(Address): 826 E. 45th St.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

[Signature]

[Date]
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Ga. Geor.  
   Village or City: Chillum  
   Length of residence in city or town where death occurred: Yes.  

2. FULL NAME
   (a) Residence: No.  

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year): March 21, 1935  
   7. AGE: 12  
   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): Leesburg, Va.  
   13. NAME: Walter Posey  
   14. BIRTHPLACE (city or town):  
   15. MAIDEN NAME: Julia Robinson  
   16. BIRTHPLACE (city or town):  
   17. INFORMANT: Walter Posey  
   18. BURIAL, CREMATION, OR REMOVAL: Chillum, Md.  
   19. UNDERTAKER:  
   20. FILED: April 15, 1935  

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: March 13, 1935  
   22. I HEREBY CERTIFY, That I attended deceased from  

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

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>
# STATE OF MARYLAND—CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>1. PLACE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>County: Propr.</td>
</tr>
<tr>
<td>Village or City: Colmar Manor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. FULL NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank E. Pierce</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5a. If married, widowed, or divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUSBAND of (or) WIFE of Lela Pierce</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. ODATE OF BIRTH (month, day, and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct. 17, 1869</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 Years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mill Worker</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Date deceased last worked at this occupation (month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ind.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Pierce</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. BIRTHPLACE (city or town)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ind.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. MAIDEN NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place: Wash.</td>
</tr>
<tr>
<td>Date: Apr. 28, 1935</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 28, 1935</td>
</tr>
</tbody>
</table>

| 22. I HEREBY CERTIFY, that I attended deceased from April 23, 1935, to April 28, 1935, I last saw him alive on April 23, 1935; death is said to have occurred on the date stated above, at 4:30 p.m. |

| 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? |
| No |

| 25. If so, specify |
| (Signed): |

<table>
<thead>
<tr>
<th>26. FILED</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 28, 1935</td>
</tr>
</tbody>
</table>

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, asthenia, etc. As principal cause name the disease or injury causing death. If 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>Date of onset 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by streetcar</td>
</tr>
<tr>
<td>Date of onset 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

Registration Dist. No. 242

<table>
<thead>
<tr>
<th>1</th>
<th>PLACE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>Prince George</td>
</tr>
<tr>
<td>Village or City</td>
<td>Capital Heights</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>FULL NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edmond E. Polglase, Jr.</td>
<td></td>
</tr>
</tbody>
</table>

**PERSONAL AND STATISTICAL PARTICULARS**

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

<table>
<thead>
<tr>
<th>6</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 15, 1965</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>69 yrs. 9 mos. 0 da. or 0 min.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8</th>
<th>OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carpenter</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>BIRTHPLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash., D.C.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10</th>
<th>NAME OF FATHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benjamin Polglase</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11</th>
<th>BIRTHPLACE OF FATHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12</th>
<th>MAIDEN NAME OF MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martha Crown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13</th>
<th>BIRTHPLACE OF MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash., D.C.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th>THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Informant)</td>
<td>Edmond Polglase, Jr.</td>
</tr>
<tr>
<td>(Address)</td>
<td>Capital Heights, Md.</td>
</tr>
</tbody>
</table>

**MEDICAL CERTIFICATE OF DEATH**

<table>
<thead>
<tr>
<th>16</th>
<th>DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 15, 1935</td>
<td></td>
</tr>
</tbody>
</table>

| 17 | I HEREBY CERTIFY, That I attended the deceased from April 13, 1925, to April 16, 1935, that I last saw him alive on April 13, 1925, and that death occurred on the date stated above, at m. The CAUSE OF DEATH was as follows: **Cerebral Thrombosis** |

<table>
<thead>
<tr>
<th>18</th>
<th>LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At place</td>
<td>yrs. mos. ds.</td>
</tr>
<tr>
<td>In the State</td>
<td>yrs. mos. ds.</td>
</tr>
<tr>
<td>Where was disease contracted?</td>
<td></td>
</tr>
<tr>
<td>Former or usual residence</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19</th>
<th>PLACE OF BURIAL OR REMOVAL</th>
<th>DATE OF BURIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore, Md.</td>
<td>April 18, 1935</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20</th>
<th>UNDERTAKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.M. H. Sardo</td>
<td></td>
</tr>
</tbody>
</table>

**Contributory Secondary**

<table>
<thead>
<tr>
<th>21</th>
<th>(Duration) yrs. mos. ds.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Signed)</td>
<td>Edmond Polglase, Jr.</td>
</tr>
<tr>
<td>(Address)</td>
<td>Capital Heights, Md.</td>
</tr>
</tbody>
</table>

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Deed is certified and must be obtained before the certificate is filled out. If this certificate is lost or destroyed, it will be necessary to obtain a new one from the Registrar of Births, Marriages, and Deaths. If the certificate is lost or destroyed, it will be necessary to obtain a new one from the Registrar of Births, Marriages, and Deaths.

Statement of Cause of Death—Name, first, the disease.

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

CERTIFICATE OF DEATH

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

1. **PLACE OF DEATH**
   - County: Prince Geor Co.
   - Village or City: Mt. Rainier
   - Registration Dist. No.: 231
   - No.: 3518
   - St.: 24th
   - Ward: Mt. Rainier
   - (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: 25 yrs., mos., ds.
   - How long in U.S. or of foreign birth: 30 yrs., mos., ds.

2. **FULL NAME**
   - Anna Rachel Pollock
   - (a) Residence: No. 3518 - 24th St., Ward. Mt. Rainier, MD. (autographed)
   - (Usual place of abode)

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEX</strong></td>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>Female</td>
<td>April 2, 1935</td>
</tr>
<tr>
<td><strong>COLOR OR RACE</strong></td>
<td><strong>MONTH</strong></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td><strong>SINGLE, MARRIED, WIDOWED, OR DIVORCED</strong></td>
<td><strong>DAY</strong></td>
</tr>
<tr>
<td>Married</td>
<td>2</td>
</tr>
<tr>
<td><strong>HUSBAND OR WIFE OF</strong></td>
<td><strong>YEAR</strong></td>
</tr>
<tr>
<td>Simon Pollock</td>
<td>1935</td>
</tr>
<tr>
<td><strong>DATE OF BIRTH</strong></td>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>Sept. 1865</td>
<td></td>
</tr>
<tr>
<td><strong>AGE</strong></td>
<td><strong>PLACE OF DEATH</strong></td>
</tr>
<tr>
<td>69 yrs. 7 mos.</td>
<td></td>
</tr>
<tr>
<td><strong>OCCUPATION</strong></td>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>Housewife</td>
<td>April 2, 1935</td>
</tr>
<tr>
<td><strong>BIRTHPLACE</strong></td>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>Kossovo, Poland</td>
<td>April 2, 1935</td>
</tr>
<tr>
<td><strong>NAME</strong></td>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>Nathan Fine</td>
<td>April 2, 1935</td>
</tr>
<tr>
<td><strong>FATHER</strong></td>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td></td>
<td>April 2, 1935</td>
</tr>
<tr>
<td><strong>BIRTHPLACE</strong></td>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>Slonim, Poland</td>
<td>April 2, 1935</td>
</tr>
<tr>
<td><strong>MAIDEN NAME</strong></td>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>Sarah</td>
<td>April 2, 1935</td>
</tr>
<tr>
<td><strong>MOTHER</strong></td>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td></td>
<td>April 2, 1935</td>
</tr>
<tr>
<td><strong>BIRTHPLACE</strong></td>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>Grodno, Poland</td>
<td>April 2, 1935</td>
</tr>
<tr>
<td><strong>INFORMANT</strong></td>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>&amp; Mrs. Rainier</td>
<td>April 2, 1935</td>
</tr>
<tr>
<td><strong>BURIAL, CREMATION, OR REMOVAL</strong></td>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>Washington, D.C.</td>
<td>April 2, 1935</td>
</tr>
<tr>
<td><strong>UNDERTAKER</strong></td>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>&amp; Sons</td>
<td>April 2, 1935</td>
</tr>
<tr>
<td><strong>FILED</strong></td>
<td><strong>SIGNATURE</strong></td>
</tr>
<tr>
<td>March 9, 1936</td>
<td>Oscar Levis, M.D.</td>
</tr>
</tbody>
</table>

Other Contributory Causes of importance:
- Acute myocardial failure
- Chronic myocardiitis

Date of death: April 2, 1935

Name of operation: None

What test confirmed diagnosis?: None

Was there an autopsy?: Yes

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

Manner of injury: None

Nature of injury: None

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

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 1</th>
<th>Example 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County  Prince Georges
   Village or City  Hyattsville Md
   No. 14 Aven. Ave
   Registration Dist. No. 245
   (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: 42 yrs, mos.

2. FULL NAME
   Mary Elizabeth Porter
   (a) Residence: No. 14 Aven. Ave
      (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 BIRTH  Jan. 11, 1866
   Years  69
   Months  3
   Days  19

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

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

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

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

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

12. BIRTHPLACE (city or town)  Washington City, D.C.
   (State or country)

13. NAME  John C. Torbert

14. BIRTHPLACE (city or town)  Washington, D.C.
   (State or country)

15. MAIDEN NAME  Elizabeth C. Bryant

16. BIRTHPLACE (city or town)  Washington, D.C.
   (State or country)

17. INFORMANT  W. D. Porter
   (Address)  Hyattsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place  Washington, D.C.
    Date  May 2, 1935

19. UNDERTAKER  W. Caswell Jones
   (Address)

20. FILED  May 1, 1935 Ma. Jaa. Revere
   (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Apr. 30, 1935
   (Month)  30
   (Day)  1935

22. I HEREBY CERTIFY, That I attended deceased from
    Apr. 1, 1935, to Apr. 30, 1935
    I last saw deceased alive on  Apr. 29, 1935
    Death is said to have occurred on the date stated above, at 11.38 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Carcinoma of Womb

Other Contributory Causes of importance:

Name of operation

What test 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? No
   Date of Injury
   Where did injury occur?
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 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>Date of onset: 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>Date of onset: 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>Date of onset: May 1, 1928</th>
</tr>
</thead>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gastroenteritis</th>
<th>Date of onset: 1 year</th>
</tr>
</thead>
</table>

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Oakland
   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
   Henry Pygmont
   Residence: No. 107, Oakland
   St., Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married (or) Widowed
   HUSBAND OF
   Minnie F. Pygmont

6. DATE OF BIRTH (month, day, and year)
   July 10, 1871

7. AGE
   Years: 83
   Months: 9
   Days: 1
   IF LESS THAN 1 year, state in days, hours, and minutes.

8. OCCUPATION
   Bookkeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   Gov't Printing Office

10. Date deceased last worked at this occupation (month and year)
    Nov. 1934

11. Total time (years) spent in this occupation
    60

12. BIRTHPLACE (city or town)
    Pacific, Columbia
    (State or country)

13. NAME
    John Pygmont

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

15. MAIDEN NAME
    Unknown

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

17. INFORMANT
    Minnie F. Pygmont
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Maryland Heights
    Date: April 19, 1935
    Undertaker: W. W. F. Robin

21. DATE OF DEATH
    April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1935, to April 16, 1935.
    I last saw him alive on April 12, 1935; death is said
    to have occurred on the date stated above, at 7:40 p.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Diabetes Renal and Nephritic Insufficiency

   Other Contributory Causes of importance:
   
   Name of operation

   What test confirmed diagnosis?
   No

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?
    No
    Date of injury: 19
    Where did injury occur?
    (Specify 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)
    James F. Bond
    M. D.
    (Address)

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

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

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 232

PLACE OF DEATH
County
Village or City

FULL NAME

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

6 DATE OF BIRTH
Unknown

7 AGE
If LESS than 1 day, hrs, or __ min?

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

9 BIRTHPLACE
(State or country)

10 NAME OF FATHER
Unknown

11 BIRTHPLACE OF FATHER
(State or country)

12 MAIDEN NAME OF MOTHER
Unknown

13 BIRTHPLACE OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

INFORMANT

ADDRESS

DATE OF DEATH
April 29th, 1935

FILING DATE
April 29, 1935

FILED
Registrar

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Statement of Occupation—Please state your occupation or professional position at the time of death.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County. Co., Ga., Co. No. 507, Ga., No. 1.

2. FULL NAME.
   (a) Residence: No. 504 Center Ave, Capitol Hill, Ga., St., Ward.
   (b) If nonresident give city, 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)
   Sept. 19, 1888

7. AGE
   Years 46
   Months 7
   Days 10
   If LESS than 1 day, hrs., or min.

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

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

10. Date deceased last worked at this occupation (month and year)
    April 1925

11. Total time (years) spent in this occupation
    4

12. BIRTHPLACE (city or town)
    Virginia

13. NAME
    John P. Pecora

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

15. MAIDEN NAME
    Florence Anna King

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

17. INFORMANT
    (Address)

18. BURIAL, CREMATION OR REMOVAL
    Place and Date: Fort Lincoln, April 21, 1935

19. UNDERTAKER
    (Address)

20. FILED
    April 27, 1935

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
    April 15, 1935, to April 29, 1935.
    I have carefully examined the body and report that deceased died on April 29, 1935.

23. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Acute Cardiac Decompensation
   Date of onset: April 1935

24. Other Contributory Causes of Importance:
   Acute Cardiac Decompensation
   Date of onset: April 1935

Name of operation: None
Date of:

What test confirmed diagnosis? None
Was there an autopsy? No

25. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: None
   Data of injury: None
   Where did injury occur? None
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury:

Nature of injury:

If so, specify:

(Signed) Dr. John Chambers, M.D.
(Address) 311 Main St., Inc.
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, ashenis, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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

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

1. PLACE OF DEATH

County: Prince George
Village or City: Fairleigh

2. FULL NAME

(a) Residence: No

3. SEX

M (Male)

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

MARRIED

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

1875

7. AGE BIRTH (Age is not included in years, months, and days)

60

8. OCCUPATION

Farm

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)

Baltimore

13. NAME

James Rollins

14. BIRTHPLACE (city or town)

Baltimore

15. MAIDEN NAME


16. BIRTHPLACE (city or town)


17. INFORMANT


18. BURIAL, CREMATION, OR REMOVAL

Place: Alms House

Date: Apr 13, 1935

19. UNDERTAKER

Ritchie Bros

20. FILED

Apr 15, 1935

21. DATE OF DEATH

April 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1935 to April 8, 1935

I last saw him alive on April 1, 1935; death is said to have occurred on the date stated above, at 4:15 am.

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

Coronary thrombosis

Date of onset

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis

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 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)

James Rollins

M.D.

Address

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

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

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

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

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

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

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

**Example I**

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

---

---

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince George
   Village or City: Berwyn
   No. On Wash-Balto, Blvd., St., Ward: 236
   (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. or foreign birth: yrs. mos. ds.

2. FULL NAME: Van Elton Rouse
   (a) Residence: No. Washington, D. C. Burlington Hotel
      St., Ward.
      (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

5a. It married, widowed, or divorced
   HUSBAND OF: Helen C. Rouse

6. DATE OF BIRTH (month, day, and year): March 27, 1892

7. AGE
   Years: 43
   Months: 23
   Days: If LESS than 1 day, hrs. or min.

8. TRADE, PROFESSION, OR PARTICULAR
   Building Supplies
   (Manufacturers Agt.)

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): 4/18/35
   Total time (years) spent in this occupation: 16

11. BIRTHPLACE (city or town) (State or country): Colorado Springs, Col.

12. NAME: V. E. Rouse

13. FATHER: Missouri Denver,
    (State or country)

14. BIRTHPLACE (city or town) (State or country): Denver, Col.

15. MAIDEN NAME: Edith Corbin

16. BIRTHPLACE: Chicago, Ill.
    (State or country)

17. INFORMANT: Thos. R. Tate 6018 Utah Ave.
    Wash. D. C.

18. BURIAL LOCATION OR REMOVAL
    Place: Wash. D. C.
    Date: April 12, 1935

19. UNDERTAKER: Francis Gasch's Sons
    Hyattsville, Md.

20. FILED: April 22, 1935
    Registr.:
    (Address) Berwyn, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) April 19
   (Day) 1935
   (Year) 1935

22. I HEREBY CERTIFY. That I attended deceased from April 19, 1935, to April 19, 1935.
   I last saw h. alive on April 19, 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:
   Broken neck.
   Automobile collision.

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident Year Location:
   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.
   On Boulevard
   Manner of Injury: Automobile accident
   Nature of Injury: Collision

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

   Signature of Coroners Phys. M. D.
   (Address) Berwyn, Md.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

Other contributory causes of importance:

| Gallstones | 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: Prince George
   Village or City: West Pleasant
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: George F. Seis
   (b) Occupation: Retired
   St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): May 16, 1866

7. AGE: 69 yrs. 0 mos. 16 days

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

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

10. Date deceased last worked at this occupation: April 5, 1935

11. Total time (years) spent in this occupation: 1 yr. 0 mos. 0 days

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

13. NAME: George F. Seis
14. BIRTHPLACE (city or town): Germany
   (State or country)
15. MAIDEN NAME: Elizabeth Klondyke
16. BIRTHPLACE (city or town): Germany
   (State or country)

17. INFORMANT: Mrs. Hester T. Seis, West Pleasant, Ind.
18. BURIAL, CREMATION, OR REMOVAL:
   Place: Cedar Hill, Md...
   Date: April 5, 1935
19. UNDERTAKER: W. W. Chambers Co
20. FILED: 4/2/35, 19

REGISTRATION DIST. NO. 235

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1935, to April 17, 1935, I last saw him alive on April 7, 1935, and death is said to have occurred on the date stated above, at 4 p.m.

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

Cardiovascular Disease

Other Contributory Causes of importance:

Coronary Thrombosis

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, 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>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>
<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: Prince George
   Village or City: Glenn Dale
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME: George Sizer
   (a) Residence: No. 1718 9th St. N.W., Washington, D.C.
      St., Ward: Washington, D.C.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widow, or divorced
   HUSBAND OF: [Blank]
   OR WIFE OF: [Blank]

6. DATE OF BIRTH (month, day, and year): 5-28-1917

7. AGE: Years 17, Months 10, Days 19

8. Trade, profession, or particular kind of work done: None
   SPINNER, SAWER, BOOKKEEPER, etc.

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

10. Data deceased last worked at this occupation (month and year): None
    Total time (years) spent in this occupation: [Blank]

11. BIRTHPLACE (city or town): Virginia
    (State or country): [Blank]

12. NAME: George T. Sizer

13. NAME: Virginia T. Sizer

14. BIRTHPLACE (city or town): Virginia
    (State or country): [Blank]

15. MAIDEN NAME: Virginia Taylor

16. BIRTHPLACE (city or town): Virginia
    (State or country): [Blank]

17. INFORMANT: [Blank]
    (Address): [Blank]

18. BURIAL, CREMATION, OR REMOVAL: [Blank]
    Place: [Blank]
    Date: [Blank]
    19. UNDERTAKER: W. W. Davis
        (Address): [Blank]
        Date: [Blank]

20. FILED: [Blank]
    Date: [Blank]
    Registrar: [Blank]

21. DATE OF DEATH
    Month: April, Day: 16, Year: 1935

22. I HEREBY CERTIFY. That I attended deceased from October 31, 1934, to April 15, 1935.
    I last saw him alive on April 15, 1935.
    Death is said to have occurred on the date stated above, at 12:45 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Tuberculosis of lungs: 1931
    Chronic interstitial nephritis: 4 mos. ago.
    Other Contributory Causes of importance:
    Chronic myocarditis: 3 mos. ago.
    Date of death: [Blank]
    Name of operation: [Blank]
    Date of: [Blank]
    What test confirmed diagnosis? X-Ray
    Was there an autopsy? No

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

24. Manner of injury: [Blank]
    Nature of injury: [Blank]

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:
1. The trade, profession, or particular kind of work done.
2. The industry or business in which the work was done.
3. The month and year the deceased last worked at the occupation.
4. The number of years the deceased followed the occupation.

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

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

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)

3. SEX

4. COLOR OR RACE

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) March 30, 1935

7. AGE Years Months 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, BARK, 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) Collington

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place


19. UNDERTAKER (Address)

20. FILED April 9, 1935

21. DATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from Date of onset

23. 1. LAST SAW HIM/HER ALIVE ON DATE

24. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

25. MANNER OF INJURY

26. NATURE OF INJURY

27. SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE

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

If so, specify

29. DATE OF INJURY

30. DATE OF DEATH

31. ADDRESS

32. SIGNATURE

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, 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><strong>The principal cause of death</strong></td>
<td><strong>The principal cause of death</strong></td>
</tr>
<tr>
<td><strong>and related causes</strong></td>
<td><strong>and related causes</strong></td>
</tr>
<tr>
<td>of importance were as follows:</td>
<td>of importance were as follows:</td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>May 1, 1923</strong></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... Prince Georges
   Village or City... Admore
   Length of residence in city or town where death occurred... yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 422 St. Moritz St., St. Louis, Missouri
   (Usual place of abode) Michigan

3. SEX
   Male
   White
   Widowed

4. COLOR OR RACE
   Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   1866 - Nov. 19

7. AGE
   59 years
   2 months
   27 days

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

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)
    May 15, 1916

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

12. BIRTHPLACE (city or town)
    Strongville

13. NAME
    Daniel Strong

14. BIRTHPLACE (city or town)
    Ohio

15. MAIDEN NAME
    Mary E. Lockwood

16. BIRTHPLACE (city or town)
    Ohio

17. INFORMANT
    Ada Strong

18. BURIAL, CREMATION, OR REMOVAL
    Place... Michigan
    Day... April 19, 1935

19. UNDERTAKER
    Alfred M. Monett

20. FILED... 5-20-1935

If more blanks are needed, address State Registrar, 2117 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

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

1. **PLACE OF DEATH**
   - County: Prince George
   - Village or City: Branchville
   - Length of residence in city or town where death occurred: 5 yrs.

2. **FULL NAME**
   - Clara Lizzie Sherman

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6a. **If married, widowed, or divorced**
   - Husband or Wife of: James Luther Sherman

6b. **DATE OF BIRTH**
   - Month: 9
   - Day: 7
   - Year: 1856

7. **AGE**
   - Years: 79
   - Months: 1
   - Days: 14

8. **OCCUPATION**
   - Housewife

9. **Other Contributory Causes of Importance**
   - Chronic Lumbosacral

21. **DATE OF DEATH**
   - Month: April
   - Day: 13
   - Year: 1935

22. **MANNER OF DEATH**
   - Cause of death: Hemiplegia

23. **UNDERTAKER**
   - Francis Lashin, Long

24. **FILED**
   - April 13, 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 homemaker, 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</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

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

Gastroenteritis, 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

 County: Prince George
 Village or City: Forestville
 Length of residence in city or town where death occurred: yrs, mos, ds.

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

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

Male | White | Single

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

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

April 16, 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)

Forestville

13. NAME

James Tippett

14. BIRTHPLACE (city or town)

Maryland

15. MAIDEN NAME

Ruth Colth

16. BIRTHPLACE (city or town)

Maryland

17. INFORMANT

James Tippett

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Carmel
Date: 4-18-1935

19. UNDERTAKER

James Tippett

20. FILED

4-18-1935

REGISTRAR

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

1. PLACE OF DEATH

County: Prince George
Village or City: Cedar Heights
Registration Dist. No. 0417
No. 647 Cheval Blvd.
Ward

2. FULL NAME

(a) Residence: No. 647 Cheval Blvd.
(usual place of abode)
(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.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE

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

WIFE of

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

7. AGE Years Months Days

5b. If served in U.S. military, give branch of service

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

occupation (month and year)

11. Total time (years)
spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

I HEREBY CERTIFY, that I attended deceased from


I last saw deceased on


The principal cause of death and related causes of importance

were as follows:

12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

22. Date

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 decedent?

Manner of injury

Nature of injury

Other Contributory Causes of Importance:

Cellulitis of vulva and left leg.

Name of operation...

Date of operation...

Did test confirmed diagnosis?

How was death determined?

Was there an autopsy?
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

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

**Example II**

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

Other contributory causes of importance:

| 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: Prince Georges
   Village or City: Mentzer
   Length of residence in city or town where death occurred: 9 yrs. mos. ds.

2. FULL NAME
   Marie Stellarini Ward
   Residence: No. 3825, 16th St., Ward 12
   If nonresident give city or town and State

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: F.
   COLOR OR RACE: W.
   SINGLED, MARRIED, WIDOWED, OR DIVORCED: WIFE OF John T. Ward
   DATE OF BIRTH: June 13, 1876
   AGE: 58 yrs. 4 mos. 29 days

4. OCCUPATION
   Date deceased last worked at this occupation: June 13, 1925
   Total time (years) spent in this occupation: 40 yrs.

5. BIRTHPLACE
   AUGUST BAUMANN
   State or country: Germany

6. MOTHER
   MAIDEN NAME: Anna Mergen
   State or country: Germany

7. INFORMANT
   JOHN T. Ward
   Address: 3825 16th St., Ward 12

8. BURIAL, CREMATION, OR REMOVAL
   Place: Washington
   Date: April 12, 1925

9. UNDERTAKER
   W. W. Chambers
   Address: 1215 16th St., Ward 12

10. FILED
    Date: April 12, 1925

11. MEDICAL CERTIFICATE OF DEATH
    DATE OF DEATH: April 12, 1925
    I HEREBY CERTIFY that I attended deceased from March 11, 1925, to April 12, 1925.
    I last saw him alive on April 10, 1925, death is said to have occurred on the date stated above, at 5:00 p.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Other Contributory Causes of importance:
    Name of operation... Date of...
    Test confirmed diagnosis... Was there an autopsy?
    Accidental, suicide, or homicide... Date of injury...
    Where injured occurred... Specify city or town, county and State
    Manner of injury...
    Nature of injury...
    Disease or injury in any way related to occupation of deceased?

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

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

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

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

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

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

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

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

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

## 1. PLACE OF DEATH
- County: [Name]
- Village or City: [Name]
- Registration Dist. No.: [Number]
- St.: [Number]
- Ward: [Number]

## 2. FULL NAME
(a) Residence: [Name]
(b) Occupation: [Garage Manager]

## 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. 01, 1888

### 7. AGE
- Years: 52
- Months: 10
- Days: 1

### 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.
- Garage Manager

### 9. OCCUPATION IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.
- [Garage Manager]

### 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
- Apr. 1, 1936

### 11. TOTAL TIME IN THIS OCCUPATION (MONTH AND YEAR)
- 8 yrs.

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

### 13. NAME
- William Virginian Ward

### 14. BIRTHPLACE (CITY OR TOWN)
- [State or country]

### 15. MAIDEN NAME
- [Maiden Name]

### 16. BIRTHPLACE (CITY OR TOWN)
- [State or country]

### 17. INFORMANT
- [Name]

### 18. BURIAL, CREMATION, OR REMOVAL
- Place: [Name]
- Date: Apr. 22, 1936

### 19. UNDERTAKER
- William Langdale

### 20. FILED
- Apr. 24, 1935

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH
- April 22, 1936

### 22. HEREBY CERTIFY, That I attended deceased from 4/1/22, 1935, to 4/22/22, 1936, last saw him alive on 4/22/22, 1936. I am of the opinion that death was caused by 1. Meningo-Encephalitis 2. Occlusion.

### 23. OTHER CONTRIBUTORY CAUSES OF DEATH AND RELATED CAUSES OF IMPORTANCE
- Name of operation: [Name]
- Date of: [Date]
- What test confirmed diagnosis?: [Test]
- Date of: [Date]
- 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: [Manner]
- Nature of injury: [Nature]
- Was there an autopsy?: [Yes/No]

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 or housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

**Example I**

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

**Example II**

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

Other contributory causes of importance:

| 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: PRINCE GEORGE
Village or City: OXEN HILL

2. FULL NAME: MARY ELLEN WILLET
(a) Residence No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
FEMALE

4. COLOR OR RACE
WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
WIDOWED

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

6. DATE OF BIRTH
June 15 1855

7. AGE
79 9 28

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWER, BOOKKEEPER, etc.
NONE

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

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

11. Total time (years)
spent in this occupation

12. BIRTHPLACE (city or town)
CHARLES COUNTY
MD.

13. NAME: KALE PICKERELL

14. BIRTHPLACE (city or town)
CHARLES COUNTY
MD.

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
CHARLES COUNTY
MD.

17. INFORMANT
MRS. FKA VIOLA WILLET
(Address) OXEN HILL, MD.

18. BURIAL, CREMATION, OR REMOVAL
Place: BOARD CREEK CEMETERY
Date: APRIL 15, 1935

19. UNDERTAKER
W. W. Chambers

20. FILED
APRIL 19, 1935
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
(Month) 13 (Day) 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from
Feb. 1935 to __________, 1935.
I last saw her alive on __________, 1935, and she
had occurred on the date stated above, at __________.
The principal cause of death and related causes of importance
were as follows:
RENAL DEBILITY

Other Contributory Causes of importance:

Name of operation
Date of

What test confirmed diagnosis?
Was there an autopsy?

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

Manner of injury
Nature of Injury

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

If so, specify
(Signed)

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 ascertained. 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 streetcar</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**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>1923</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1924</td>
</tr>
</tbody>
</table>

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

---

---