STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Caurant
   Village or City: Arvillo
   Length of residence in city or town where death occurred: 8.6 yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 112 Willow M. St.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR, OR RACE
   White

5. RELATIONSHIP OR OCCUPATION
   HUSBAND OF Woman of
   OCCUPATION: Housewife

6. DATE OF BIRTH (month, day, and year)
   Jan 16 1849

7. AGE
   Years: 86
   Months: 4
   Days: 3

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)
    May 1856

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

12. BIRTHPLACE (city or town) (State or country)
    W/0

13. NAME
    William Durst

14. BIRTHPLACE (city or town) (State or country)
    W/0

15. MAIDEN NAME
    Mahaley Broadwater

16. BIRTHPLACE (city or town) (State or country)
    W/0

17. INFORMANT (Address)
    Stephen P. Broadwater

18. BURIAL, CREMATION, OR REMOVAL
    Place: New Germany, Date: May 21, 1856

19. UNDERTAKER (Address)
    W. H. Stahler

20. FILED: May 26, 1935

21. DATE OF DEATH
    May 19, 1935

22. I HEREBY CERTIFY
    That I attended deceased from
    Jan 1, 1935 to May 19, 1935
    I last saw deceased alive on May 18, 1932
    Death is said to have occurred on the date stated above, at 11:00 a.m.
    The principal cause of death and related causes of importance were:
    (anemia, cardiac 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?: (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 V. 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>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, 1928 | Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County. Garrett
   Village or City. Oakland, Maryland.
   Registration Dist. No. 166
   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. Blaine Alvin Casteel
   (a) Residence: No. Oakland, Md. St., Ward.
   Minimum place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

5a. If married, widowed, or divorced
   Son of John & Ethel Casteel

6. DATE OF BIRTH (month, day, and year) Aug. 17, 1933

7. AGE
   Years 21
   Months 3
   Days 21
   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)

11. Total time (years) spent in this occupation

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

13. NAME
   John Alvin Casteel
   Garrett County Md.

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

15. MAIDEN NAME
   Ethel K. Welsh
   Garrett Co., Md.

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

17. INFORMANT
   Mabel L. Loewendorf
   Oakland, Md.
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place. Sang Run, Md.
   Date. May 10, 1935

19. UNDERTAKER
   E. Bolden
   Oakland, Md.
   (Address)

20. FILED
   May 9, 1935
   Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   May 8th, 1935
   (Month) 193 (Year)

22. I HEREBY CERTIFY. That I attended deceased from
   in April, 10, 1935
   I last saw him alive on April, 10, 1935
   death is said to have occurred on the date stated above, et. 11 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

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

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

   Manner of injury
   Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signature) M.C. Higdon M.D.
   (Address) Oakland, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of homemaking, 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, asphyxiation, 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>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<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>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: Carroll
Village or City: Friendsville
No. St., Ward
Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME: legs name Custer
(a) Residence: No.

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

6. DATE OF BIRTH (month, day, and year): May 9th, 1935
7. AGE: 55 yrs.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: None
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: None
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): None
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: None

12. BIRTHPLACE (CITY OR TOWN): Friendsville, MD
13. NAME: figure R. Custer
14. BIRTHPLACE (CITY OR TOWN): Maryland
15. MAIDEN NAME: Susan May Brumbaugh
16. BIRTHPLACE (CITY OR TOWN): Maryland
17. INFORMANT: figure R. Custer
18. BURIAL, CREMATION, OR REMOVAL: Friendsville, MD
19. UNDERTAKER: Frederick Flick
20. FILED: May 9, 1935

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: May 9th, 1935
22. I HEREBY CERTIFY: That I attended deceased from May 9th, 1935, to May 9th, 1935, and to have occurred on the date stated above, etc.
23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   Injury to a fall on cement
   Date of onset: May 9th, 1935
   Date of death: May 9th, 1935
   Name of operation: None
   Date of:
   What test confirmed diagnosis? None
   Was there an autopsy? None
   Accident, suicide, or homicide? None
   Date of injury: None
   Where did injury occur? None
   Where did injury occur? None
   Specify whether injury occurred in industry, in home, or in public place. None
   Manner of Injury: None
   Nature of Injury: None
   Disease or injury in any way related to occupation of deceased? None
   If so, specify: None

[Signature]: M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

<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: Garrett
   Village or City: Oakland, Maryland.
   Length of residence in city or town where death occurred: yrs. mos. ds.
   Registration Dist. No. 166

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

PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, ON MARRIAGE WRITE WORD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>W</td>
<td>Infant</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced
Son of WM. Fordyce

6. DATE OF BIRTH (month, day, and year): May 11, 1935

7. AGE
   Years: 15

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): Oakland, Maryland.
   (State or country)

13. NAME: Wm. Fordyce

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

15. MAIDEN NAME: Mildred Vansickle

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

17. INFORMANT: James Vansickle
   (Address: Oakland, Md.
   Place of Birth: Oakland, Md.
   Date of Birth: May 26, 1935

18. BURIAL, CREMATION, OR REMOVAL
   Place of Burial: Oakland, Md.
   Date of Burial: May 26, 1935

19. UNDERTAKER: H.C. Leighton
   (Address: Mt. Lake Park Md.
   Date: May 26, 1935

20. FILED: May 26, 1935
   Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May 26, 1935
   (Month) (Day) (Year)

I last saw him alive on May 24, 1935, death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:
Premature birth
Nondeveloped

Other Contributory Causes of importance:

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

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

Manner of injury
Nature of injury

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

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

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

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

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

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

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

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

**Example I**

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

**Example II**

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Garrett
   Village or City: Crellin, Maryland.
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Walter R. Friend
   (a) Residence: No. Crellin, Maryland.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced丈夫 of Mary L. Friend

6. DATE OF BIRTH (month, day, and year) Feb, 16, 1973

7. AGE
   Years: 62 Months: 3 Days: 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 end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Garrett Co.
    Maryland.

13. NAME
    Joseph Friend

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

15. NAME
    Florence Friend

16. BIRTHPLACE (city or town)
    Garrett Co. Md.

17. INFORMANT
    Mrs. Mary Friend
    Address: Crellin, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Underwood Cemetery
    Date: May 29, 1935

19. UNDERTAKER
    E. Bolden
    Address: Oakland, Md.

20. FILL IN
    May 28, 1935

21. DATE OF DEATH
    May, 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to May 27, 1935
    I last saw him alive on May 27, 1935.
    Death is said to have occurred on the date stated above, at 4:15 p.m.
    The principal cause of death and related causes of importance were as follows:
    Nephritis, Chronic Nephritis.

Other Contributory Causes of Importance:

Chronic Myocarditis

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
    Where did injury occur
    Manner of injury
    Nature of injury

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

Registration Dist. No.: 166

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:

### Example I

<table>
<thead>
<tr>
<th>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>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: Garrett
- Village or City: Bayard
- Registration Dist. No.: 187
- No. St.: Ward

### 2. FULL NAME
- Rosie Marie Harvey
- Residence: No.
- St., Ward.

### PERSONAL AND STATISTICAL PARTICULARS

- **SEX**: Female
- **COLOR OR RACE**: White
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Widowed
- **AGE**: 38 years, 11 months, 8 days

### MEDICAL CERTIFICATE OF DEATH

- **DATE OF DEATH**: May 26, 1935

### 21. DATE OF DEATH
- **Month**: May
- **Day**: 26
- **Year**: 1935

### 22. I HEREBY CERTIFY

- That I attended deceased from May 19, to May 26, 1935
- Death occurred on May 26, 1935
- Date of death: May 26, 1935
- Death occurred at 6 p.m.

### The PRINCIPAL CAUSE OF DEATH

- Fall of brick in my
- ribs. Thoracic injury.

### Other Contributory Causes of importance:

- Name of operation: None
- Date of:
- What test confirmed diagnosis: No
- Was there an autopsy: Yes

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

- Accident, suicide, or homicide: Fall of brick
- Date of injury: May 26, 1935
- Where did injury occur: t.
- Specify: Bayard

### Manner of injury

- Nature of injury

### 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 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 6, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

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

**1. PLACE OF DEATH**
- County: Gwynedd
- Village or City: Granvilleville

**2. FULL NAME**
- Walter Patnie Petrie

## PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Black</td>
<td>Married</td>
</tr>
</tbody>
</table>

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH**
- May 14, 1935

**22. HERE I CERTIFY**
- That I attended deceased from
- April 20, 1934, to May 14, 1935
- I last saw him alive on May 27, 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:
- Tuberculosis

## OCCUPATION
- Lack

## BIRTHPLACE
- (City or town): Philadelphia
- (State or country): Pennsylvania

## NAME AND ADDRESSES

<table>
<thead>
<tr>
<th>NAME</th>
<th>Father</th>
<th>Mother</th>
<th>Maiden Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walter Patnie Petrie</td>
<td>Russell S. Petrie</td>
<td>Elizabeth Sturt</td>
<td>Patricia Petrie</td>
</tr>
</tbody>
</table>

## INFORMANT
- Russell S. Petrie
- Address: Granvilleville

## BURIAL, CREMATION, OR REMOVAL
- Place: Granvilleville
- Date: May 6, 1935

## UNDERTAKER
- Name: Granvilleville

## FILED
- Date: May 5, 1935

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the cause of death, 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>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

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

### Example II

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

Other contributory causes of importance:
- Gastroenteritis | 1 year

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

1. PLACE OF DEATH
County: [Redacted]
Village or City: Bloomington

2. FULL NAME: George Mackley
(a) Residence: No. [Redacted]

3. SEX: Male
4. COLOR OR RACE: [Redacted]

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (underline the word)
   - [Redacted]

6. DATE OF BIRTH (month, day, and year): June 22, 1867
7. AGE: 67 Years 10 Months

8. Occupation: Coal miner

9. DATE DECEASED LOST WORKED AT THIS OCCUPATION (MONTH AND YEAR): [Redacted]

10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: [Redacted]

11. DATE OF DEATH (Month, Day, Year): May 6, 1935

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

13. NAME: George Mackley

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

15. MAIDEN NAME: Mary White Huntington

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

17. INFORMANT (Address): [Redacted]

18. BURIAL, CREMATION, OR REMOVAL: Place: Nicholasville; Date: May 15, 1935

19. UNDERTAKER (Address): [Redacted]

20. FILED: May 15, 1935

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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, 1928 |

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

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

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

1. PLACE OF DEATH
   County: Garrett
   Village or City: " (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Zachariah McEwen
   (a) Residence No.
   (Usual place of abode) 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):
   Mar 14, 1850

7. AGE: Years 85, Months 2, Days 5

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

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

10. Date deceased last worked at this occupation (month and year):
    1922

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

12. BIRTHPLACE (city or town) (State or country):
    Fred's " (Note: " is a placeholder for location details)

13. NAME: Zachariah McEwen

14. BIRTHPLACE (city or town) (State or country):
    " (Note: " is a placeholder for location details)

15. MAIDEN NAME: " (Note: " is a placeholder for name details)

16. BIRTHPLACE (city or town) (State or country):
    " (Note: " is a placeholder for location details)

17. INFORMANT (Address):
    Ms. Louisa L. McEwen

18. BURIAL, CREMATION, OR REMOVAL
    Place: " (Note: " is a placeholder for location details)
    Date: 6-20-1935

19. UNDERTAKER (Address):
    " (Note: " is a placeholder for address details)

20. FILED: May 29, 1935

21. DATE OF DEATH
    May 17, 1935

22. I HEREBY CERTIFY That I attended deceased from
    I last saw him alive on May 16, 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:

    Date of onset: May 12

    Other Contributory Causes of importance:

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

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

24. Was disease or Injury in any way related to occupation of deceased?
    If so, specify:
    (Address): 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, asphyxias, 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</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</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: Cambridge
   - Registration Dist. No.: 164
   - Village or City: Greensboro R.D.
   - St., Ward: No., 0 St., 0 Ward
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Pumpura, Przepola

   (a) Residence: No. St., Ward.

   (Usual place of abode)

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH** (month, day, and year)
   - May 27, 1835

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

8. **DATE DECEASED last worked at this occupation (month and year)**
   - Name

9. **OCCUPATION**
   - Trade, profession, or particular kind of work done, as SPINNER, SAYER, BOOKKEEPER, etc.

10. **DATE OF DEATH** (month, day, and year)
    - May 27, 1935

11. **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**
    - Name

12. **BIRTHPLACE (city or town)**
    - Greensboro, R.D.

13. **NAME OF MOTHER**
    - Ocola Maria Przepola

14. **BIRTHPLACE (city or town)**
    - Greensboro, R.D.

15. **MAIDEN NAME**
    - Ocola Maria Przepola

16. **BIRTHPLACE (city or town)**
    - Greensboro, R.D.

17. **INFORMANT**
    - John Balit

18. **BURIAL, CREMATION, OR REMOVAL**
    - Accident Date: May 27, 1935

19. **UNDOKE TAKER**
    - John Balit

20. **FILED**
    - May 28, 1935

21. **DATE OF DEATH**
    - May 27, 1935

22. **I HEREBY CERTIFY**
    - That I attended deceased from May 27, 1935, to May 27, 1935

23. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - Name of operation.
    - Date of
    - What test confirmed diagnosis?
    - Date of
    - Was there an autopsy?

24. **Was disease or injury in any way related to occupation of deceased?**
    - Manner of injury
    - Nature 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 who had no occupation whatever write none.

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

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

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

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

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

Example I

| 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 3, 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: Garrett  
Village or City: Oakland

2. FULL NAME

Infant Smith

(a) Residence: No. Akron, Ohio.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

SINGLE

6. DATE OF BIRTH

May 31, 1935

6a. If married, widowed, or divorced

HUSBAND of

Dorothy Smith

7. AGE

0 Years

0 Months

0 Days

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

None

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

None

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

May 31, 1935

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE

Oakland, Md.

(State or country)

13. NAME

Infant Smith

14. BIRTHPLACE

Oakland, Md.

(State or country)

15. MAIDEN NAME

None

16. BIRTHPLACE

Oakland, Md.

(State or country)

17. INFORMANT

Infant Smith

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Oakland, Md.

Date: May 31, 1935

19. UNDERTAKER

None

(Address)

20. FILLED

May 31, 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from

1935 to 1935, death is said to have occurred on the date stated above, at 12:00 noon.

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

Four month miscarriage probably due to fall sustained by mother

Date of onset

Other Contributory Causes of importance:

Name of operation

None

Date of

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 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)

Profession

M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

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

**Example II**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

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

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

2. FULL NAME
   Amanda Athelreda Spring

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH
   NOV. 8, 1866

7. AGE
   Years: 68
   Months: 6
   Days: 1

8. Trade, profession, or particular kind of work done, es Spinner, Sawyer, Bookkeeper, etc.
   Housewife

9. Industry or business in which work was done, as Silk Mill, Saw Mill, Bank, etc.

10. Date deceased last worked at this occupation (month and year)
    
11. Total time (years) spent in this occupation
    
12. BIRTHPLACE (city or town)
    St. Clair

13. NAME
    John W. Davis

14. BIRTHPLACE (city or town)
    St. Clair

15. MAIDEN NAME
    Lula Shaffer

16. BIRTHPLACE (city or town)
    St. Clair

17. INFORMANT
    Mrs. M. A. Springer

18. BURIAL, CREMATION, OR REMOVAL
    Date of Removal: May 11, 1935

19. UNDERTAKER
    Mrs. N. A. Sharpless

20. FILED
    May 10, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    May 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from..... to.....
    Date of onset: May 9, 1935

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Manner of death: 
    Nature 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?
    Other:
    If so, specify:

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

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

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, 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 | Other contributory causes of importance: |
| May 1, 1923 | Gastroenteritis |
| 1 year | |

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

**1. PLACE OF DEATH**

County: Garrett  
Village or City: Deer Park Maryland  
Registration Dist. No.: 166  
No. St. Ward  
Length of residence in city or town where death occurred: yrs. mos. ds.  
How long in U.S. if of foreign birth?: yrs. mos. ds.

**2. FULL NAME** Gracie Tasker

(a) Residence: No.  
(usual place of abode)  
St. Ward.  
If nonresident give city or town and State

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (month, day, and year): May, 25, 1890

7. AGE (years, months, and days)  
44 | 11 | 24

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

9. Industry or business in which work was done:  

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

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

12. BIRTHPLACE (city or town): West Virginia  
(State or country)

13. NAME Andrew Hanline

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

15. MAIDEN NAME Mary L. Merrette

16. BIRTHPLACE (city or town): Hampshire, Co.  
(W.V.A.)

17. INFORMANT  
Address: Geo. Tasker  
Village or City: Deer Park Maryland.

18. BURIAL, CREMATION, OR REMOVAL  
Place: Eagle Rock Md.  
Date: May 19, 1935

19. UNDERTAKER: Emory Holden  
Address: Oakland, Md.

20. FILED: May 17, 1935
  (Address)

21. DATE OF DEATH  
(Month, Day, Year): May, 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from  
19... to 19  
I last saw h... alive on  

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:  
(M. O.)

If more blanks are needed, address State Registrar, 2412 N. Charlestown 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 industry, 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</td>
<td>The principal cause of death and related causes of importance were as</td>
</tr>
<tr>
<td>follows:</td>
<td>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: Gallstones</td>
<td>Other contributory causes of importance: Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Handwritten note: In authority to change date of death]

[Signature: [illegible]]

[Stamp: [illegible]]

[Stamp: [illegible]]
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Garrett
   Village or City: Mt. Lake Park, Maryland
   No. St., Ward


2. FULL NAME: Donald Turney
   (a) Residence: Mt. Lake Park, Maryland, St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>SINGE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
</table>
| Male| White| Single

3. SEX

4. COLOR OR RACE

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

6. D ATE OF BIRTH (month, day, and year) April 29, 1935

7. AGE
   Years Months Days
   25

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

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 end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Lake Park, Maryland
   (State or country)

13. NAME: Isaac Ernest Turney
   Father:
   Friendsville, Md.
   (State or country)

14. NAME: Germaine E. Eichelberger
   Mother:
   Pierce, W. Va.
   (State or country)

15. INFORMANT: E. J. Turney
   (Address) Mt. Lake Park, Md.

16. BURIAL, CREMATION, OR REMOVAL
   Place: Oakland Cemetery, 5-23-1935

17. UNOFTAVER: H.C. Leighton
   (Address) Mt. Lake Park, Md.

18. FILED: 5-23-1935
   Signature: Registrar

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

22. I HEREBY CERTIFY that I attended deceased from April 29, 1935, to May 20, 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:

   Premature Birth

   Other Contributory Causes of Importance:

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

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

1. PLACE OF DEATH

   County: Garrett
   Village or City: Mt. Lake Park Maryland
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Ronald Turney

   (a) Residence: No. Mt. Lake Park Md.
   (b) Occupation: Infant

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

   Male  W  Single

5a. If married, widowed, or divorced

   HUSBAND OF: Isaac E. Turney
   SON OF: Isaac E. Turney

6. DATE OF BIRTH (month, day, and year): April 29, 1935

7. AGE

   Years: 25
   Months: 0
   Days: 25

8. Occupation: Infant

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

12. BIRTHPLACE (city or town) (State or country): Mt. Lake Park Md.

13. NAME OF FATHER: Isaac E. Turney

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


16. BIRTHPLACE (city or town) (State or country): Mt. Lake Park Md.

17. INFORMANT (Address): L.B. Turney
   Mt. Lake Park Md.

18. BURIAL, CREMATION, OR REMOVAL

   Place: Oakland, Md.
   Date: May 24, 1935

19. UNDERTAKER (Address): H.C. Leighton
   Mt. Lake Park Md.

20. FILED (Address): May 23, 1935

21. DATE OF DEATH

   (Month)  (Day)  (Year): May 23, 1935


   I last saw him alive on May 20, 1935, death is said to have occurred on the date stated above, et al.

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

   Premature Birth

   Other Contributory Causes of importance:

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

   Accident, suicide, or homicide: Date of injury: 19
   Where did injury occur? (Specify city or town, county and State)

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

   Manner of injury
   Nature of Injury

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

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

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

### 1. PLACE OF DEATH
- **County:** Garrett
- **Village or City:** Swanton
- **Registration Dist. No.:** 169
- **St., Ward:**

### 2. FULL NAME
- **Residence:** Swanton, Md.
- **If nonresident give city or town and State:**

### PERSONAL AND STATISTICAL PARTICULARS

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

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
<th>22. I HEREBY CERTIFY</th>
<th>23. Other Contributory Causes of importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 16, 1935</td>
<td>William Uphold</td>
<td>Carcinoma of Pancreas with metastasis in liver</td>
</tr>
</tbody>
</table>

### OCCUPATION
- Housewife

### BIRTHPLACE
- **City or town:** Accident
- **State or country:**

### NAME
- **FATHER:**
- **MOTHER:**
- **MAIDEN NAME:**

### BIRTHPLACE
- **City or town:**
- **State or country:**

### INFORMANT
- **Address:**

### BURIAL, CREMATION, OR REMOVAL
- **Place:** Swanton, Md.
- **Date:** May 19, 1935

### UNDERTAKER
- **Address:**

### FILED
- **Date:** May 17, 1935
- **Registrar:**

---

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

To be complete, an occupation return must state:

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

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

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

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

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

<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 |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN