STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: St. Mary's
   Village or City: Pearstown
   Length of residence in city or town where death occurred: 2 yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   (Usual place of abode)
   Personal and statistical particulars

   3. SEX
      Male
   4. COLOR OR RACE
      Black
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
      Single
   6. DATE OF BIRTH (month, day, and year)
      Unknown
   7. AGE
      Years: 21
      Months: Unknown
      Days: If LESS then 1 day, . hrs. or. min.

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
      Laborer
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
      Farm
   10. Date deceased last worked at this occupation (month and year)
      May 1935
   11. Total time (years) spent in this occupation
      8
   12. BIRTHPLACE (city or town)
      (State or country)
      Pearson, Maryland
   13. NAME
      Joseph Barber
   14. BIRTHPLACE (city or town)
      (State or country)
      Great Windsor, Maryland
   15. MAIDEN NAME
      Maggie Gordon
   16. BIRTHPLACE (city or town)
      (State or country)
      Pearson, Maryland
   17. INFORMANT
      Address: Andrew Barber
   18. BURIAL, CREMATION, OR REMOVAL
      Place: St. Nicholas
      Date: May 7, 1935
   19. Undertaker
      Address: Amos Harris
   20. FILED
      Date: May 6, 1935

21. DATE OF DEATH
    (Month) May 6 (Day) 1935 (Year)

    I last saw him alive on May 5, 1935; death is said to have occurred on the date stated above, at 8:30 A.M.
    The principal cause of death and related causes of importance were:
    (Kicked by mule)

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide: Accident
    Date of injury: May 5, 1935
    Where did injury occur? St. Mary's, Maryland
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
    Industry (Farming)
    Manner of injury: Kicked by mule
    Nature of injury: Kicked in abdomen

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

Registration Dist. No. 281
St., Ward.

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

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

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

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

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

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

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: St. Mary
   Village or City: Scotland
   Registration Dist. No. 28
   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. if of foreign birth? yrs. mos. ds.

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

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: Male
   4. COLOR OR RACE: Black
   5a. If married, widowed, or divorced HUSBAND OF (or) WIFE OF: 
   5b. If single: 
   6. DATE OF BIRTH (month, day, and year): May 26, 1935
   7. AGE: Stillborn
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.: 
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: 
   10. Date deceased last worked at this occupation (month and year): 
   11. Total time (years) spent in this occupation:
   12. BIRTHPLACE (city or town): Scotland
      (State or country): MD
   13. NAME: Infant Barnes
   14. BIRTHPLACE (city or town): Scotland
      (State or country): MD
   15. MAIDEN NAME: Martha Green
   16. BIRTHPLACE (city or town): Belvedere Creek
      (State or country): MD
   17. INFORMANT: Martha H. Barnes
      (Address): Scotland MD
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Home, near Belvedere Creek
      Date: May 26, 1935
   19. UNDERTAKER: Infant Barnes
      (Address): Scotland MD
   20. FILED: May 26, 1935

MEDICAL CERTIFICATE OF DEATH

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

   I last saw him alive and in good health on May 26, 1935, death is said to have occurred on the date stated above, at 00:00 m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Premature Birth (Placenta previa)

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

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

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:

### Example I

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

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

### 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      |

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County... St. Mary's...
   Village or City... Ridge...
   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
   (a) Residence: No.
   (Usual place of abode)
   Edna Boren.
   Wife...

   PERSONAL AND STATISTICAL PARTICULARS

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

   5a. If married, widowed, or divorced
   HUSBAND of... Buren Boren.

   6. DATE OF BIRTH (month, day, and year)... Oct 2, 1855

7. AGE... Years 80
   Months 3
   Days 1
   11. Total time (years) spent in this occupation...

8. OCCUPATION... Ogstafian.

9. Trade, profession, or particular kind of work done, e.g. SPINNER, SAWYER, BOOKKEEPER, etc...

10. Industry or business in which work was done, e.g. SILK MILL, SAW MILL, BANK, etc...

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

13. NAME... Donn Know.

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

15. MAIDEN NAME... Donn Know.

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

17. INFORMANT... Helena Boren.
   (Address)... Ridge...

18. BURIAL, CREMATION, OR REMOVAL
   Place... Date... May 12, 1935.

19. UNDERTAKER... (Address)... Boren...

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

21. DATE OF DEATH... May 3, 1935
   (Month)...
   (Day)...
   (Year)...

22. I HEREBY CERTIFY that I attended deceased from...
   Date of... 1935...
   Time...

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...
   (Address)... Boren...

If more blanks are needed, address State Registrar, 2421 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   ST. MARY'S
   Village or City   Sercelne
   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
   (a) Residence: No.   Sercelne   St.,   Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   Male   Cane   Single
   If married, widowed, or divorced
   HUSBAND of
   [or] WIFE of

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

7. AGE
   Years   Months   Days   If LESS than
   12   unkn.   unk.
   1 day,   hrs.
   or   min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, etc.
   Keefer, a spinner

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)
   Sercelne, MD

13. NAME
   Malley Bone

14. BIRTHPLACE (CITY OR TOWN)
   (STATE OR COUNTRY)
   Sercelne, MD

15. MAIDEN NAME
   Cuilliam, Cuilliam

16. BIRTHPLACE (CITY OR TOWN)
   (STATE OR COUNTRY)
   Sercelne, MD

17. INFORMANT
   Charles Cuilliam, Sr.
   Address

18. BURIAL, CREMATION, OR REMOVAL
   Place   Sercelne, MD
   State   ST. MARY'S
   Date   May 5, 1935

19. UNDERTAKER
   E. L. Hines
   Address

20. FILED
   May 24, 1935
   Registrar

21. DATE OF DEATH
   (Month)   (Day)   (Year)
   Jan. 15, 1935

I HEREBY CERTIFY, That I attended deceased from
   I last saw deceased alive on
   Jan. 15, 1935; deceased is said to have occurred on the date stated above, at
   The principal cause of death and related causes of importance were as follows:
   Tuberculosis
   Date of onset

Other Contributory Causes of Importance:
   Name of operation
   Date of
   What test confirmed diagnosis
   Date of
   Was there an autopsy
   Date

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

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

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Example I

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

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

Example II

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

Other contributory causes of importance:
Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: St. Mary
   - Village or City: St. Hugos
   - Registration Dist. No.: 2 St.
   - No. Ward: 60
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Theodor Roosevelt Benedict
   - Residence: No. St. Helens St., Ward.
   - If nonresident give city or town and State.

### PERSONAL AND STATISTICAL PARTICULARS

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Nov. 23, 1934

7. **AGE**
   - Years: 27
   - Months: 0
   - Days: 0

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

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

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

11. **Total time (years)**

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
   - Month: Nov.
   - Day: 23
   - Year: 1934

22. **I HEREBY CERTIFY, that I attended deceased from**
   - 19...
   - to...
   - 19...
   - I last saw...
   - alive on...
   - death is said to have occurred on the date stated above, at...

23. **The principal cause of death and related causes of importance**
   - Cause of death: No specific cause.

24. **Other Contributory Causes of importance**

   Other contributory causes of importance:

25. **Name of operation**
   - None

26. **What test confirmed diagnosis?**
   - None

27. **Was there an autopsy?**
   - No

28. **If death was due to external causes (violence) fill in also the following:**
   - Accident, suicide, or homicide: Yes
   - Date of injury: 19...
   - Where did injury occur?

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

30. **Manner of injury**
   - None

31. **Nature of injury**
   - None

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

33. **If so, specify**

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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<tr>
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<th>Date of onset</th>
</tr>
</thead>
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<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>
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<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<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: St. Mary's
   Village or City: Bushwood
   Length of residence in city or town where death occurred: ... yrs. ... mos. ... ds.

2. FULL NAME
   Daniel Haley (-last name: Caulin)
   Residence No.: 139 Bushwood St., Ward: 6

3. SEX
   M

4. COLOR OR RACE
   Col.

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

6. DATE OF BIRTH (month, day, and year)
   4-18-1924

7. AGE
   Years: 60
   Months: 0
   Days: 22
   IF LESS THAN 1 year, days, or...min.

8. OCCUPATION
   School

9. Date deceased last worked at this occupation (month and year)
   5-31-1924

10. Total time (years) spent in this occupation
    0

11. BIRTHPLACE (city or town)
    Bushwood

12. NAME
    Daniel Haley Caulin

13. FATHER
    Henry Caulin

14. BIRTHPLACE (city or town)
    Bushwood

15. MAIDEN NAME
    Agnes Deacon

16. BIRTHPLACE (city or town)
    Bushwood

17. INFORMANT
    Agnes Caulin

18. BURIAL, CREMATION, OR REMOVAL
    Date: 5-9-1924

19. UNDERTAKER
    D. C. Scheid

20. FILED 2-21-1924
    Registrar

If more blanks are needed, address State Registrar, 201 S. 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:
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: St. Mary
Village or City: Finerspring

2. FULL NAME
(a) Residence: No. Finerspring, Md.
(b) Occupation: Farming

3. PERSONAL AND STATISTICAL PARTICULARS
3a. Sex: Male
3b. Color or Race: White
5. Single, married, widowed, or divorced: Married

4. DATE OF DEATH
May 11, 1935

5a. If married, widowed, or divorced
5b. HUSBAND OF: Annie Manue Chaudeline

6. DATE OF MARRIAGE
June 1874

6a. I HEREBY CERTIFY. That I attended deceased from April 1934 to May 1935
6b. I last saw him alive on May 11, 1935
6c. Death is said to have occurred on the date stated above,
at 10:37 a.m.
6d. The principal cause of death and related causes of importance were as follows:
6d1. Carcinoma of Stomach

7. AGE
60

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

10. Date deceased last worked at this occupation: June 1934

11. Total time spent in this occupation: 30 years

12. BIRTHPLACE (city or town): Maryland

13. NAME: Andrew Jackson Chaudeline

14. BIRTHPLACE (city or town): Maryland

15. MAIDEN NAME: Annie Manue Morgan

16. BIRTHPLACE (city or town): Maryland

17. INFORMANT (name): Sam Chaudeline

18. BURIAL, CREMATION, OR REMOVAL:
Place of Burial: Finerspring
Date: May 13, 1935

19. UNDERTAKER: A. C. Welch

20. FILED: May 13, 1935

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

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<td>3 days ago</td>
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Other contributory causes of importance:

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

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

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

2. FULL NAME
   (a) Residence: No.
   (b) Ward:
   St.
   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 or WIFE

6. DATE OF BIRTH (month, day, and year)
7. AGE Years Months Days
   IF LESS than 1 day, ___ hrs. or ___ min.

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

12. BIRTHPLACE (city or town)
   (State or country)
13. NAME
   Father
   Mother

14. BIRTHPLACE (city or town)
   (State or country)
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
   (State or country)

17. INFORMANT
   Address
18. BURIAL, CREMATION, OR REMOVAL
   Place, Date, Year
19. UNDERTAKER
   Address
20. FILED

21. DATE OF DEATH
   (Month) (Day) (Year)
22. I HEREBY CERTIFY, That I attended deceased from
   April 30, 1935, to May 1, 1935, I last saw him alive on April 30th, 1935; death is said
   to have occurred on the date stated above, at 6:30 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of Importance
   were as follows:

   Parent

   Other Contributory Causes of Importance:

   Name of operation
   Date of
   What last confirmed diagnosis
   Was there an autopsy

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

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

1. **PLACE OF DEATH**
   - County: St. Mary's
   - Village or City: Ridge
   - Length of residence in city or town where death occurred: yrs., mos., ds.

2. **FULL NAME**
   - Albert Bernard Clark

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: 07
   - Day: 30
   - Year: 1931

7. **DATE OF DEATH**
   - Month: 07
   - Day: 30
   - Year: 1931

8. **OCCUPATION**
   - Former

9. **DATE DECEASED LAST WORKED AT**
   - Date: 07-29-31

10. **BIRTHPLACE**
    - City or town: Ridge
    - State or country: Ohio

11. **OTHER CONTRIBUTORY CAUSE OF DEATH**
    - Cause: Heart Failure

12. **INFORMANT**
    - Address: James Clark

13. **BURIAL, CREMATION, OR REMOVAL**
    - Place: St. Mary's
    - Date: 08-01-31

14. **UNDERTAKER**
    - Address: E. L. Price

15. **FILED**
    - Date: 08-30-31

**If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.**
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Other contributory causes of importance:
- Gallstones | May 1, 1923 |
- Gastroenteritis | 1 year |

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

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

2. FULL NAME
   (a) Residence: No.
   (b) Name: Infant, Frank
   (c) Initials: 
   (d) Sex: Female
   (e) Race: White
   (f) If married, widowed, or divorced: HUSBAND of
   (g) Occupation: 
   (h) Date deceased last worked at this occupation: 
   (i) Total time (years) spent in this occupation: 

3. DATE OF DEATH
   (a) Date: May 9, 1936
   (b) Age: 0 yrs. 0 mos. 0 days
   (c) Cause of death: Pulmonary Atrophy

4. BIRTHPLACE (city or town)
   (a) City or town: Frederick
   (b) State or country: Maryland

5. NAME
   (a) Name: Francis Franklin
   (b) Father's Name: 
   (c) Mother's Name: Anna Frank
   (d) Maiden Name: 

6. BIRTHPLACE (city or town)
   (a) City or town: Frederick
   (b) State or country: Maryland

7. INFORMANT
   (a) Name: Anna Frank
   (b) Address: 

8. BURIAL, CREMATION, OR REMOVAL
   (a) Place: 
   (b) Date: May 9, 1936

9. UNDERTAKER
   (a) Name: M. & M. 
   (b) Address: 

10. FILED
    (a) Date: May 9, 1936
    (b) Registrar:

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Maronna
   No. St., Ward:
   Length of residence in city or town where death occurred: 20 yrs. mos. ds.
   How long in U.S. If of foreign birth?: yrs. mos. ds.

2. FULL NAME: Nancy Catherine Long
   (a) Residence: No. Maffen's Rd.
      (Unsuccessful of abode)
      St., Ward.
      If nonresident give city or town and State.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the third):
   Widow

6. DATE OF BIRTH (month, day, and year): March 16, 1868

7. AGE: Years 66
   Months 2
   Days 11
   If LESS than 1 day, ______ hrs. or ______ min.

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

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

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) (State or country):
   Maryland

13. NAME: Nancy Johnson

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

15. MAIDEN NAME: Marie Thompson

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


18. BURIAL, CREMATION, OR REMOVAL:
   Place: Harford
   Date: May 29, 1935


20. FILED: May 29, 1935

21. DATE OF DEATH:
   (Month) May 29
   (Day) 1935


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

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

   If so, specify:
   (Address): Maffen's Rd.
   (Signed): A. Johnson (M.D.)

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

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

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

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

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

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

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<td>The principal cause of death and related causes of importance were as follows:</td>
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<td>Run over by street car</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: St. Mary's
   Village or City: Hagerstown
   Length of residence in city or town where death occurred: 3 yrs. 6 mos. 3 ds.

2. FULL NAME
   (a) Residence: No. 504, St. Mary's St.
   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)
   May 8, 1935

7. AGE
   Years: 48
   Months: 5
   Days: 21

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Maryland, St. Mary's

13. NAME
    Alex. J. Hoffman

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

15. MAIDEN NAME
    Magdalen B. Cleere

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

17. INFORMANT
    Alex. J. Hoffman

18. BURIAL, CREMATION, OR REMOVAL
    Place: Chapel, Date: May 8, 1935

19. UNDERTAKER
    Joseph H. Thompson

20. FILED
    May 8, 1935 - D. B. Simms

21. DATE OF DEATH
    May 8, 1935

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

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

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

   Manner of injury:
   Nature of injury:

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

   Signed: D. B. Hoffman M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<td>Peritonitis</td>
</tr>
<tr>
<td>June 1927</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>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: St. Mary's
Village or City: Leonardtown

2. FULL NAME
(a) Residence: No. 1421 E. St., St. Mary's, Md.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
M

4. COLOR OR RACE
White

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

6. DATE OF BIRTH (month, day, and year)
Dec. 14, 1924

7. AGE

6 Years 8 Months 14 Days

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

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)

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

M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, requesting U. S. No. 1.

REGISTRATION DIST. No. 78

If resident give city or town and State
If nonresident give city or town and State

ACCIDENTAL DEATH:

Name of operation:

Date of:

Manner of injury:

Nature of injury:

Was there an autopsy?

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

Write date of injury:

Register.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<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>
<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... St. Mary
   Village or City... St. Inigoes
   Length of residence in city or town where death occurred.

2. FULL NAME
   Elizabeth Millmore
   Residence: St. Inigoes, St. Mary

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)
   May 5, 1935

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

8. OCCUPATION
   None

9. DATE deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

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

12. NAME
    Jessica Millmore

13. MOTHER
    Rose Sadmore

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

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

16. INFORMANT
    Jessica Millmore

17. BURIAL, CREMATION, OR REMOVAL
    Place
    Date

18. UNDERTAKER
    Address

19. FILED
    Date

20. REGISTER
    Signature

21. DATE OF DEATH
    May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from
    July 1, 1935
    July 1, 1935

23. If death was due to external cause (VIOLENCE) fill in also the following:
   Nature of injury
   Date of injury
   Place

24. If so, specify
   Disease or injury not related to occupation of deceased

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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**Example I**

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

Other contributory causes of importance:

| Gallstones                                                              | May 1, 1923 |

Other contributory causes of importance:

| Gastroenteritis                                                        | 1 year      |

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

## 1. PLACE OF DEATH
- County: [Name]
- Village or City: [Name]
- Registration Dist. No.: [Name]
- St., Ward: [Name]

## 2. FULL NAME
-(ac) Residence: No. [Name]
- St., Ward: [Name]

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Name]</td>
<td>[Name]</td>
<td>[Name]</td>
</tr>
</tbody>
</table>

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>DATE OF DEATH</th>
<th>[Name]</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH</td>
<td>DAY</td>
</tr>
<tr>
<td>May</td>
<td>13</td>
</tr>
<tr>
<td>1935</td>
<td></td>
</tr>
</tbody>
</table>

### OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

- Place of Death: [Name]
- Name of operation: [Name]
- Date of operation: [Name]
- Date of diagnosis: [Name]
- Date of injury: [Name]
- Nature of injury: [Name]
- Manner of injury: [Name]
- Where did injury occur? (Specify city or town, county, and state): [Name]
- Spontaneous: [Name]
- Wages: [Name]
- Age: [Name]
- Year: [Name]
- Week: [Name]
- Day: [Name]
- Month: [Name]
- Years: [Name]

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Maryland, using U.S. No. 1.
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<td>Peritonitis</td>
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<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 6, 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>
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<td>Gastroenteritis</td>
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<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>May 1, 1925</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: St. Mary's
   Village or City: Leonardtown
   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
   (a) Residence: No. Leonardtown
     (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   ON

4. COLOR OR RACE
   ON

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

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

6. DATE OF BIRTH (month, day, and year)
   JULY 4, 1901

7. AGE
   YEARS: 33
   MONTHS: 10
   DAYS: 23
   IF LESS THAN 1 DAY, HRS.
   or: MIN.

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   AS INSURANCE SALESMAN

10. DATE DECEASED LAST WORKED AT
    THIS OCCUPATION (MONTH AND YEAR)
    DEC. 31

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

12. BIRTHPLACE (CITY OR TOWN)
    MD.

13. NAME
    M. O. O'ROE

14. BIRTHPLACE (CITY OR TOWN)
    MD.

15. MAIDEN NAME
    ADRIANNE DOWNS

16. BIRTHPLACE (CITY OR TOWN)
    MD.

17. INFORMANT
    M. O. O'ROE

18. BURIAL, CREMATION, OR REMOVAL
    DATE: MAY 27, 1935

19. UNDERTAKER
    M. W. MANNING

20. FILED
    MAY 27, 1935

21. DATE OF DEATH
    MAY 27, 1935

22. I HEREBY CERTIFY
    That I attended deceased from
    MAY 15, 1934, to MAY 27, 1935.
    I last saw deceased alive on MARCH 22, 1935; death is said
    to have occurred on the date stated above, at 6:30 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    RHEUMATISM OF HEART

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 DEATH CAUSED IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
    IF SO, SPECIFY

25. NAME OF MOTHER

26. ADDRESS

27. SIGNATURE OF WRITER
   W. M. W. MANNING

28. ADDRESS
   M. W. MANNING

29. REGISTRAR
   M. W. MANNING

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

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

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

**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, asp,ainia, 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 |

### Example II

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</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 St. Mary
   Village or City Hollywood
   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
   Sophie Schneider
   Residence: No. St., Ward.
   (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   C.

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

6. DATE OF BIRTH (month, day, and year)
   65

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

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

9. Industry or business in which work was done, es 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. Mary

13. NAME
   Sophie Schneider

14. BIRTHPLACE (city or town)
   St. Mary

15. MAIDEN NAME
   Margaret Schneider

16. BIRTHPLACE (city or town)
   St. Mary

17. INFORMANT
   William Schneider

18. BURIAL, CREMATION, OR REMOVAL
   Place St. John's Cemetery Date May 25, 1931

19. UNDERTAKER
   M. J. Lott, M.D.

20. FILED
   May 23, 1931

REGISTRATION DIST. NO. 566

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 5
   (Day) 22
   (Year) 1931

22. I HEREBY CERTIFY, That I attended deceased from
    Apr. 1935, to May 25, 1935, death is said to have occurred on the date stated above, et
    2 p.m.

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

    Septiemia, Chorea

Date of onset

Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external 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) Dr. J. D. Schneider

Registrar

If more blanks are needed, address State Registrar, 2611 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.

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Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<td>Arteriosclerosis</td>
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>June 5, 1927</td>
<td>1 week 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. St. Mary
   Village or City. Park Hall
   Length of residence in city or town where death occurred yrs. 3 mos. 27 ds.

2. FULL NAME
   George E. Sommerville

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year) Jan 14, 1935

7. AGE Years 3
   Months 27
   Total time (years) spent in this occupation

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

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

13. NAME David Sommerville
14. BIRTHPLACE (city or town) Park Hall
    (State or country) Md.

15. MAIDEN NAME Daisy Fernick

MOTHER FATHER

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

17. INFORMANT David Sommerville
    (Address) Park Hall, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place. None
    Date. None

19. UNDERTAKER David Sommerville
    (Address) Park Hall, Md.

20. FILED May 7, 1935
    By. Sommerville

21. DATE OF DEATH
    May 7, 1935

22. I HEREBY CERTIFY That I attended deceased from
    Undecided
    19
    I last saw h. alive on
    19; death is said to have occurred on the date stated above, at 12:30 A.M.
    The principal cause of death and related causes of importance were as follows:
    Probably chronic pneumonia
    Date of onset 5/13/35
    Other contributory causes of importance:
    Name of operation
    Date of
    What test confirmed diagnosis?
    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.

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

(Signed) M.D. Gale Mills, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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>
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<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<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>8 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

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

**Example II**

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

1. PLACE OF DEATH
   County: H. Marbury, Portage
   Village or City: Swans
   Length of residence in city or town where death occurred: 3 yrs.
   No. SL. Ward
   (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
   (a) Residence: No. St., Ward.
      (Usual place of abode)
      If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year)
   OCT 23 1931

7. AGE
   Years: 3
   Months: 5
   Days: 6
   If LESS than 1 day hrs. or min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
    R. Norman Fernandez

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

15. MAIDEN NAME
    Anita Ray ches

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

17. INFORMANT
    Mrs. Anita Fernandez
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place:
    Date: 3/16/1935

19. UNDERTAKER
    (Address)

20. FILED
    3/16/1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   May 15
   (Month) 1935
   (Day)
   (Year)

22. I HEREBY CERTIFY
    That I attended deceased from
    I last saw deceased alive on
    May 15, 1936. (Death is said to have occurred on the date stated above, at 3 a.m.)
    The Principal CAUSE OF DEATH and related causes of importance
    were as follows:
    Accident, Draining
    Other Contributory Causes of importance:

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

23. If death was due to external causes (VIOLLENCE) 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, HOME, or in PUBLIC PLACE.

    Manner of injury
    Nature of injury

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

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

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

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

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

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

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

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</tr>
<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>
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</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
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<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: St. Mary's
   Village or City: Morgantown
   No. St., Ward

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   Aug. 19 - 1873

7. AGE
   Years: 61
   Months: 9
   Days: 10
   If LESS than 1 day, hrs. or min.

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

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

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

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

12. BIRTHPLACE (city or town)
    (State or country)
    St. Mary's

13. NAME
    (Last, First, Middle Initial)
    Rebecca Franklin Knight

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

15. MAIDEN NAME
    [Blank]

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

17. INFORMANT
    (Address)
    J. Haley Natheren

18. BURIAL, CREMATION, OR REMOVAL
    Place of Death
    Date: May 29, 1905

19. UNDERTAKER
    (Address)
    Eugene Hall

20. FILED
    (Address)
    St. Mary's

REGISTRAR

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

| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | May 1, 1923 | Gastroenteritis | 1 year |
1. **PLACE OF DEATH**

   County: St. Marys  
   Village or City: Leonardtown,   
   No: St. Marys Hospital  
   Ward: St.,  
   Length of residence in city or town where death occurred: yrs. mos. ds.  
   If death occurred in a hospital, give its name instead of street and number.

2. **FULL NAME: William Martin Welch**

3. **SEX:** Male

4. **COLOR OR RACE:** White

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

6. **DATE OF BIRTH:** March 16, 1868

7. **AGE:**
   - Years: 67
   - Months: 2
   - Days: 4
   - If less than 1 day, Hrs.: 0
   - Min.: 0

8. **OCCUPATION:** Farmer

9. **BIRTHPLACE:** Chaptico, Maryland

10. **FATHER:** Martin Welch

11. **BIRTHPLACE:** Ireland

12. **DEATH OCCURRED:** May 14, 1935

13. **DATE OF DEATH:**
   - Month: May
   - Day: 20
   - Year: 1935

14. **STATISTICAL PARTICULARS:**

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

15. **OTHER CONTRIBUTORY CAUSES OF DEATH:**

   - Sudden Infant Death
   - Chronic Myocarditis
   - Coronary Thrombosis

16. **BURIAL, CREMATION, OR REMOVAL:**
   - Place: St. Joseph Cem.
   - Date: May 22, 1935

17. **UNDERTAKER:** William G. Mattingly

18. **FILED:** February 1936

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

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

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

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

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

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

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

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

Other contributory causes of importance:

| Gallstones                                 | Gastroenteritis                             |
|                                           |                                             |
| Date of onset                              | Date of onset                               |
| May 1, 1925                                | 1 year                                      |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN