STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County
   Village or City: Post Deposit
   Length of residence in city or town where death occurred: 48 yrs., 6 mos.

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

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
   Male

   4. COLOR OR RACE
   White

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

   6. DATE OF BIRTH (month, day, and year)
   Feb-12-1865

   7. AGE
   Years: 70
   Months: 4
   Days: 3

   8. OCCUPATION
   Merchant

   9. Trea, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

   10. DATE deceased last worked at this occupation (month end year)
   1928

   11. TOTAL time (years) spent in this occupation
   32

   12. BIRTHPLACE (city or town)
   Alencon, France

   13. NAME
   Jacques L. Acker

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

   15. MAIDEN NAME
   Theresa Meyer

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

   17. INFORMANT
   Name: Mrs. J. S. Quinlan
   Address: [Redacted]

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Hebrew Benevolent, 6/17/1935

   19. UNDERTAKER
   Name: David Goodman, 1902
   Address: [Redacted]

   20. FILED
   Date: 6/15/1935

   21. DATE OF DEATH
   Month: June
   Day: 15
   Year: 1935

   22. I HEREBY CERTIFY That I attended deceased from June 10, 1935, to June 15, 1935

   23. Place and time of death:
   June 15, 1935, at 11:45 A.M.

   24. The principal cause of death and related causes of importance are as follows:
   Cerebral Hemorrhage, Paralysis, Right Side

   Other Contributory Causes of importance:

   Other Contributory Causes:

   Neme of operation
   Date of
   Was there an autopsy?

   Accident, suicide, or homicide?
   Date of injury

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

   Manner of injury
   Nature of injury

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

   If so, specify

   (Signed)
   M.D.

   Address: Post Deposit, 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, 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: <blank>
Village or City: <blank>
Registration Dist. No.: <blank>

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Married

6. DATE OF BIRTH (month, day, and year)
July 22, 23, 1935

7. AGE
Years: 6
Months: 1
Days: 23

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. Data deceased last worked at this occupation (month and year)
June 22, 23, 1935

11. Total time (years, months, days) spent in this occupation

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

13. NAME
Earle Nelson Armstrong

14. BIRTHPLACE (city or town)
Denny, IA
(State or country)

15. MAIDEN NAME
<blank>

16. BIRTHPLACE (city or town)
Denny, IA
(State or country)

17. INFORMANT
Earle Armstrong
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: <blank>
Date: <blank>

19. UNDERTAKER
<blank>
(Address)

20. FILED 6-23-35

21. DATE OF DEATH
June 23, 1935


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

   Accidental, suicide, or homicide?
   Date of injury: 19.
   Where did injury occur?
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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

Other Contributory Causes of importance:

Name of operation: <blank>
Data of: <blank>

What test confirmed diagnosis?
Was there an autopsy?

Certified: J. J. Magrane
M. D.

Registrar.

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

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

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

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

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

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

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

**Example I**

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

**Other contributory causes of importance:**

| Gallstones | May 1, 1925 |

**Example II**

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

**Other contributory causes of importance:**

| Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Cecil Co., Maryland
   Registration Dist. No.: 95
   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: 60 yrs., mos., ds.
   How long in U.S. or if foreign birth? yrs., mos., ds.

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

3. PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
      Male
   4. COLOR OR RACE
      White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
      Widower
   5a. If married, widowed, or divorced
      HUSBAND or WIFE of
      Hester A. Ackerman
   6. DATE OF BIRTH (month, day, and year)
      Oct. 14, 1896
   7. AGE
      Years: 84
      Months: 5
      Days: 10
      If LESS than 1 day, hrs., or min.
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
      Blacksmith
   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)
      Sept. 20, 1920
   11. Total time (years) spent in this occupation

4. OCCUPATION
   12. BIRTHPLACE (city or town)
      Cecil Co., Md.
   13. NAME
      Eliza Ackerman
   14. BIRTHPLACE (city or town)
      Cecil Co., Md.
   15. MAIDEN NAME
      Elizabeth Maloney
   16. BIRTHPLACE (city or town)
      Cecil Co., Md.
   17. INFORMANT
      Mrs. Seawor, Mary
      Address: Belton, Md.
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Park Bank
      Date: Jan. 17, 1936
   19. UNDERTAKER
      Address: E. Tyler
      Address: Baltimore, Md.
   20. FILING
      Date: May 15, 1936
      Registrar: M. D.

5. MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH
      June 14, 1936
   22. I HEREBY CERTIFY, That I attended deceased from
      June 4, 1935, to June 14, 1936.
      Last saw him alive on June 14, 1936; death is said to have occurred on the date stated above, at 6 o'clock p.m.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance
      were as follows:
      Asthma, 1929
      Chronic Tuberculosis
   23. Other Contributory Causes of importance:
      Name of operation
      Date of operation
      What test confirmed diagnosis?
      Date of test
      Was there an autopsy?
      Date of autopsy
      24. If death was due to external causes (VIOLENCE) fill in also the following:
      Accident, suicide, or homicide?
      Date of Injury
      Where did injury occur?
      Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.
      Manner of Injury
      Nature of injury
      25. Was disease or injury in any way related to occupation of deceased?
      If so, specify
      (Address)
      (Signed) 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><strong>The principal cause of death and related causes of importance were as follows:</strong>&lt;br&gt;Arteriosclerosis 1915</td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong>&lt;br&gt;Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis 1921</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage July 5, 1927</td>
<td>Peritonitis 3 days ago</td>
</tr>
</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: Cecil
   Village or City: Pleasant Valley
   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 Ralph Earnest Barrett
   (a) Residence: No. 415 E. 13th St., Ward.

   PERSONAL AND STATISTICAL PARTICULARS

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

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

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

10. Date deceased last worked at this occupation (month and year) June 18, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Niceville, Florida
    (State or country) Florida

13. NAME Clifford R. Barrett
    (MOTHER FATHER)

14. BIRTHPLACE (city or town) Near LeClaire
    (State or country) Iowa

15. MAIDEN NAME Kathleen Moore Ferguson

16. BIRTHPLACE (city or town) Fewtown, South Carolina
    (State or country) South Carolina

17. INFORMANT Clifford R. Barrett
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Brooklyn
    Date: June 21, 1935

19. UNDERTAKER Mr. James M. Taylor
    Address: 1548 Washington

20. FILED June 24, 1935
    Registrar

21. DATE OF DEATH June 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935, to June 18, 1935.

   Other Contributory Causes of Importance:

   Name of operation: No operation
   Date of operation:
   Was there an autopsy? No
   Was there an autopsy?

   If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Accident
   Date of injury: Jan. 19, 1935
   Where did injury occur? At home
   (Specify city or town, county and State)
   Specifying whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of injury: Struck by lightning
   Nature of injury: Struck by lightning

   Did disease or injury in any way related to occupation of deceased? No

   If so, specify

   (Signed) Ernest J. Crossfield M. D.
   (Address) 3117 E. 24th St.

   If more blanks are needed, contact 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 morbids 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>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 |
| May 1, 1922 | 1 year |

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

#### 1. Place of Death
- **County**: Cecil
- **Village or City**: Conowingo
- **No. St., Ward**:  (If death occurred in a hospital or institution, give its NAME instead of street and number)
- **Length of residence in city or town where death occurred**: yrs. mos. ds.
- **How long in U.S. if of foreign birth?**: yrs. mos. ds.

#### 2. Full Name
- **(a) Residence**: # Outside of Conowingo
- **(Usual place of abode)**
- **If nonresident give city or town and State**

#### Personal and Statistical Particulars
- **3. Sex**: Male
- **4. Color or Race**: Colored
- **5a. If married, widowed, or divorced**: HUSBAND of
- **5b. If married, widowed, or divorced**: WIFE of
- **6. Date of Birth (month, day, and year)**: Jan. 17, 1910
- **7. Age**: 20 yrs. 4 mos. 25 days
- **If less than 1 day, hours, or minutes**
- **8. Trade, profession, or particular kind of work done, as SPINNER, SAUER, BODKEMPER, 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)**: May 1935
- **11. Total time (years) spent in this occupation**

#### Occupation
- **7879**

#### 12. Birthplace (city or town)
- **(State or country)**

#### 13. Name
- **Ghuppy Henderson**

#### 14. Birthplace (city or town)
- **(State or country)**

#### 15. Maiden Name
- **Ozora Berry**

#### 16. Birthplace (city or town)
- **(State or country)**

#### 17. Informant
- **Ozora Berry**

#### 18. Burial, Cremation, or Removal
- **Place**: St. Genevieve Med. Date: June 16, 1935

#### 19. Undertaker
- **Address**:

#### 20. Filed
- **Address**:

#### Medical Certificate of Death
- **21. Date of Death**: 6-18-1935
- **22. I hereby certify, That I attended deceased from 19 to 19 last saw him alive on 6-6-1935; death is said to have occurred on the date stated above, at 4 P.M.
- **The principal cause of death and related causes of importance were as follows:**

**Drowning**

#### Other Contributory Causes of Importance:

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

#### 23. If death was due to external cause (violence) fill in also the following:
- **Accident, suicide, or homicide**: Stabbing
- **Date of injury**: 6-12-1935
- **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 or deceased?
- **If so, specify**
- **Signed**
- **Address**:

---

*Get more blocks are needed to complete form, Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

1. PLACE OF DEATH
County: Cecil
Village or City: Berlin
Length of residence in city or town where death occurred: yrs. 6 mos. 0 days

2. FULL NAME
(a) Residence: No. 290, Washington St., Highland Park, N.J.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OF EYE: Blue
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
6. DATE OF BIRTH: May 26, 1912
7. AGE: 33 yrs. 1 mo. 4 days
8. OCCUPATION: Unemployed
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Unemployed

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: June 30, 1935
22. I HEREBY CERTIFY That I attended deceased from 19... to 19...

I last saw deceased alive on 19..., 19..., death is said to have occurred on the date stated above, at 4:30 am.
The principal cause of death and related causes of importance were as follows:

Drumming

Other Contributory Causes of Importance:

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

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

Accident, suicide, or homicide:
Date of Injury:
Where did injury occur:
(Specify city or town, county and state)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

Manner of injury:
Nature of injury:

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

Registrar:
(Address)

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

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

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

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary 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><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></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: Decatur
Village or City: Rising Sun

Length of residence in city or town where death occurred: 30 yrs., 0 mos., 0 ds.

2. FULL NAME

(a) Residence: No. 4111 S. St., St. #110

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

MARRIED

HUSBAND of (or) WIFE of

Alfred Burkinos

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

March 1, 1865

7. AGE

70 yrs., 3 mos., 16 days

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

Housewife

9. OCCUPATION

Not applicable

10. OCCUPATION

Not applicable

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

50 years

12. BIRTHPLACE (city or town)

(Rosebud Township, Mifflin County, Pennsylvania)

13. NAME

William P. Shade

14. BIRTHPLACE (city or town)

Medina, Ohio

15. MAIDEN NAME

Mary Southard

16. BIRTHPLACE (city or town)

Medina, Ohio

17. INFORMANT

Alfred Burkinos

18. BURIAL, CREMATION, OR REMOVAL

St. John's Cemetery, Rising Sun, Md.

19. UNDERTAKER

P. J. Schofield

20. FILED

Date: June 29, 1935

21. DATE OF DEATH

6-17-1935

22. I HEREBY CERTIFY

That I attended deceased from

6-17-1935 to 6-17-1935

Lest saw her alive on

6-17-1935; death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death was:

Heart Disease

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

None

24. WAS DEATH DUE TO EXTERNAL CAUSES (VIOLENCE)?

No

25. ACCIDENT, SUICIDE, OR HOMICIDE?

No

26. WHERE DID INJURY OCCUR?

Not applicable

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

Not applicable

28. MANNER OF INJURY

Not applicable

29. NATURE OF INJURY

Not applicable

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

No

31. AUTOPSY

No

32. REGISTRATION DISTRICT

95

33. STATE

Maryland

34. COUNTY

Decatur

35. VILLAGE OR CITY

Rising Sun

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>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>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME. Michael Pardo
   (a) Residence: No. 
   Residence. 

PERSONAL AND STATISTICAL PARTICULARS

3. SEX. Male 
4. COLOR OR RACE. White 
5a. If married, widowed, or divorced HUSBAND of 
5b. If married, widowed, or divorced WIFE of Mary Pardo.
6. DATE OF BIRTH (month, day, and year). Sept. 19, 1858.
7. AGE. 76 yrs. 8 mos. 14 days.
8. Trade, profession, or particular kind of work done, e.g. 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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH. 
   (Month) June 
   (Day) 8 
   (Year) 1935.

22. I HEREBY CERTIFY. That I attended deceased from 1933 to 1935, I last saw him alive on July 1, 1935. I have no reason to doubt that the death occurred on the date stated above, et cetera.

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

Cancer of Stomach 1933.

Other Contributory Causes of importance:

Name of operation. Date of operation.

What test confirmed diagnosis? Date of test.

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).

DATE OF FILED. 6/5, 1935. 
MARKED FOR BINDING.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

Other contributory causes of importance:

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

1. **PLACE OF DEATH**
   - County: Cecil
   - Village or City: Elkton
   - Registration Dist. No.: 79

2. **FULL NAME**
   - Infant Cough

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - Black

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

6. **DATE OF BIRTH**
   - June 5, 1935

7. **AGE**
   - Years: 6

8. **OCCUPATION**
   - Elks

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - June 5, 1935

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

11. **BIRTHPLACE (CITY OR TOWN)**
    - Elkton, Maryland

12. **MOTHER**
    - Helen Cough
    - Address: Cedar Hill

13. **FATHER**
    - Ernest Slawe
    - Address: Elkton

14. **MAIDEN NAME**
    - Helen Cough

15. **BIRTHPLACE (CITY OR TOWN)**
    - Elkton, Maryland

16. **INFORMANT**
    - Helen Cough
    - Address: Elkton

17. **BURIAL, CREMATION, OR REMOVAL**
    - Cedar Hill

18. **UNDERTAKER**
    - none - parents

19. **FILED**
    - June 17, 1935

20. **REGISTRAR**
    - Thomas B., M.D.

21. **DATE OF DEATH**
    - June 6, 11, 1935

22. **MEDICAL CERTIFICATE OF DEATH**
    - Hereby certify, that I attended deceased from 5-6, 1935, at 5-11, 1935, death is said to have occurred on the date stated above, etc.
    - Signature: [Signature]

23. **CAUSE OF DEATH**
    - Poison

24. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - None

25. **DATE OF ONSET**
    - June 6, 1935

26. **NAME OF OPERATION**
    - None

27. **DATE OF OPERATION**
    - None

28. **WHAT TEST CONFIRMED DIAGNOSIS?**
    - None

29. **WAS THERE AN AUTOPSY?**
    - None

30. **MANAGER OF INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE**
    - None

31. **MANNER OF INJURY**
    - None

32. **NATURE OF INJURY**
    - None

33. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - None

34. **IF SO, SPECIFY**
    - None

35. **ADDRESS**
    - None

36. **SIGNATURE**
    - M.D.

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

1. PLACE OF DEATH
County
Village or City

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
Female
4. COLOR OR RACE
White
5. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single
6. DATE OF BIRTH
12/9/1905
7. AGE
29
8. Trade, profession, or particular kind of work done, as SPINNER, SAUNDER, 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
Townsend
13. NAME
Phoebe Daniels
14. BIRTHPLACE (city or town)
Townsend
15. MAIDEN NAME
Fenner
16. BIRTHPLACE (city or town)
Mount Pleasant
17. INFORMANT
Rachel Daniels
18. BURIAL, CREMATION, OR REMOVAL
Place
Townsend
19. UNDERTAKER
J. Leary Daniels
20. FILED
June 17, 1935

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
June 12
22. I HEREBY CERTIFY, That I attended deceased from
June 12, 1935, to June 12, 1935
I last saw him alive on
June 12, 1935
Death is said to have occurred on the date stated above, at
The principal cause of death and related causes of importance were as follows:

Other Contributory Causes of importance:

Name of operation

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

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

If so, specify

(\text{\textit{Note:}} \text{\textit{Address})

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>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, 1925 | Gastroenteritis | 1 year |
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 90
St.: Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
County: Cecil

near
Village or City: Cecilton (No.)

FULL NAME: William B. Davis

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

6. DATE OF BIRTH: Sept. 12, 1861

7. AGE: 73 yrs. 9 mos. 10 ds.

8. OCCUPATION: Farmer


10. NAME OF FATHER: John W. Davis

11. BIRTHPLACE OF FATHER: Cecil Co., Md.

12. MAIDEN NAME OF MOTHER: Mary E. Jones

13. BIRTHPLACE OF MOTHER: Cecil Co., Md.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Frances M. Davis

(Address) Cecilton, Md., P.O.

15. FILED: June 27, 1935

Registrar

16. DATE OF DEATH: June 22, 1935

17. I HEREBY CERTIFY, That I attended the deceased from

June 22, 1936, to June 22, 1935.

and that death occurred on the date stated above, at

2:35 P.M.

The CAUSE OF DEATH was as follows:

 Coronary Thrombosis

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

At place of death yrs. mos. ds.

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

FORMER OR USUAL RESIDENCE

19. PLACE OF BURIAL OR REMOVAL: Del.

DATE OF BURIAL: June 26, 1935

UNDAKTER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Statement of Occupation—Please state in full the occupation of the deceased.

Revised United States Standard

Health Association

Approved by U.S. Census and American Public
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Cecil
   Village or City: Elkton, Md.
   Registration Dist. No.: 92
   No. St. Ward
   Length of residence in city or town where death occurred: Life.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   yrs. mos. ds. How long in U.S. If of foreign birth?

2. FULL NAME
   Mary Catherine Dunbar.
   (a) Residence: No. Elkton, Md. St., Ward.

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      Female
   4. COLOR OR RACE
      White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
      Widowed
   5a. If married, widowed, or divorced
      HUSBAND of
      (or) WIFE of
      Jesteus C. Dunbar.
   6. DATE OF BIRTH
      April 16, 1866
   7. AGE
      Years: 69
      Months: 1
      Days: 21
      If LESS than 1 year, _hrs._ or _min._
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
      None
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
      None
   10. Date deceased last worked at this occupation (month and year): None
   11. Total time (years) spent in this occupation: None

   OCCUPATION

   12. BIRTHPLACE (city or town)
      Cecil County, Md.
   13. NAME
      James Thomas Sterling
   14. BIRTHPLACE (city or town)
      Washington, D.C.
   15. MAIDEN NAME
      Marjorie Gallagher
   16. BIRTHPLACE (city or town)
      Cecil Co., Md.
   17. INFORMANT
      Mrs. Harry Furbitt
      Elkton, Md.
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Elkton Cemetery
      Date: June 8, 1935
   19. UNDERTAKER
      (Address)
      Elkton, Md.
   20. FILED
      June 8, 1935
      Registrar:
      Elkton, Maryland.

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
      June 6th, 1935
      (Month) (Day) (Year)
   22. I HEREBY CERTIFY, That I attended deceased from
      January 1931, 19 to June 6th, 1935, 19
      I last saw her or live on June 6th, 1935, 19; death is said
      to have occurred on the date stated above, at 4:45 A.M.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance
      were as follows:
      Chronic Colon Infection
      of B ladder about 10 years

      Other Contributory Causes of Importance:

      Name of operation
      Date
      Was there an autopsy?
      What test confirmed diagnosis?
      Date of Injury
      Accident, suicide, or homicide?
      Where did injury occur?
      Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.
      Manner of injury
      Nature of injury
      Date
      Was disease or injury in any way related to occupation of deceased?
      If so, specify
      (Signed) T. H. McShane, M.D.
      (Address) Elkton, Maryland.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>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:**

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

**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:**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</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: Cecil
   Village or City: Elkton
   No. St. Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. (Usual place of abode)
   Thelma Blanche Dunlap
   St., Ward, Home, North East, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 3, 1914
7. AGE: 21 years, 9 months, 0 days

8. TRADE, PROFESSION, OR OFFICE: packer fire work plants

9. OCCUPATION: packer fire work plants

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

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

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

13. NAME: Samuel Dunlap
14. BIRTHPLACE (city or town): West Coast
   (State or country): Md.

15. MAIDEN NAME: Blanche Grant
16. BIRTHPLACE (city or town): North East
   (State or country): Md.

17. INFORMANT: Mrs. Holden Lang
   Address: North East, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: North East, Md.
   Date: June 14, 1935

19. UNDERTAKER: Joseph B. Hant
   Address: North East, Md.

20. FILED: June 14, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 17, 1935
22. I HEREBY CERTIFY, That I attended deceased from:
   
23. Date of onset:
   
24. Other Contributory Causes of importance:
   
25. Name of operation:
   
26. What last confirmed diagnosis?
   
27. Was there an autopsy?
   
28. Accident, suicide, or homicide:
   
29. Date of injury:
   
30. Where did injury occur?
   
31. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   
32. Manner of injury:
   
33. Nature of Injury:
   
34. Was disability or injury in any way related to occupation of deceased?
   
35. If so, specify:
   
36. Registered:
   
37. Signature:

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

Other contributory causes of importance:

Gallstones | May 1, 1923 |

<table>
<thead>
<tr>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</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: DeKalb
Village or City: Rising Sun

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Singe

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

June 16, 1930

7. AGE

Years: 0
Months: 0
Days: 0

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

None

9. If married, widowed, or divorced HUSBAND OF

WIFE OF

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Rising Sun

13. NAME

Baby Durrence

14. BIRTHPLACE (city or town)

(Rise or country)

Washington, Pa.

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(Rise or country)

17. INFORMANT

Mrs. Frank Durrence

18. BURIAL, CREMATION, OR REMOVAL

Place: Rising Sun, Md.

19. UNDERTAKER

20. FILED

RISING SUN and

21. DATE OF DEATH

June 16, 1930

22. I HEREBY CERTIFY. That I attended deceased from June 16, 1930, to June 16, 1930; death is said to have occurred on the date stated above, at 12 a.m.

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

Still 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

Manner of injury

Nature of injury

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

If so, specify

(Signed)

25. If more facts are needed, address Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar

Reg. No. 6-17-1930
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

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

**Example II**

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

Other contributory causes of importance:

**Example I**

| Gallstones | May 1, 1923 |

**Example II**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Cecil
Village or City: near Big Elk
Registration Dist. No. 93
St., Ward: 2
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

Mary Ann Egner
Residence No.: 10
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Married

6. DATE OF BIRTH

Nov 12, 1862

7. AGE

Years: 73
Months: 4

8. OCCUPATION

No occupation

9. DATE DIED

Nov 12, 1862

10. TOTAL TIME SPENT IN THIS OCCUPATION

11. TOTAL TIME SPENT IN THIS OCCUPATION

12. BIRTHPLACE


13. NAME

Thomas Mayo

14. MOTHER FATHER

Deborah Jones

15. MOTHER MOTHER

England

16. BIRTHPLACE

New Jersey

17. INFORMANT

Christopher Egner

18. BURIAL, CREMATION, OR REMOVAL

Rev. Mr. Christman, Waltz Del.

19. UNDERTAKER

J. B. Thayer

20. FILED

Jul 14, 1885

REGISTRATION DIST. NO. 93

If more blanks are needed, address State Registrar, 2442 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><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><strong>July 5, 1927</strong></td>
<td><strong>3 days ago</strong></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><strong>May 1, 1923</strong></td>
<td><strong>1 year</strong></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Signature]
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: CECIL
   Village or City: Elkton
   Registration Dist. No.: 92
   No. Horton Hospital
   St., Ward
   Length of residence in city or town where death occurred: 1880 yrs., mos., ds.
   How long in U.S. if of foreign birth?: 1880 yrs., mos., ds.

2. FULL NAME: William Henry Fletcher
   Residence: No. Millington, Maryland
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   If married, widow, or divorced
   HUSBAND of (or) WIFE of
   no information

6. DATE OF BIRTH (month, day, and year):
   Month: June, Day: 26, Year: 1935

7. AGE: About 55
   Years: 1880
   Months: No information
   Days: No information
   If LESS than 1 day: No information

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: SPINNER, SAWER, BOOKKEEPER, etc.
   INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: SILK MILL, SAW MILL, BANK, etc.

9. OSTEOPATHIC DOCTOR: No information
   OSTEOPATH: No information
   NURSE: No information

10. OAT: 1880
    Total time (years) spent in this occupation:

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

12. NAME: William Henry Fletcher
    MOTHER: Mother
    FATHER: Father
    MAIDEN NAME: No information

13. NAME: William Henry Fletcher
    BIRTHPLACE (city or town)
    (State or country)

14. INFORMANT: Union Hospital
    Address: Elkton

15. BURIAL, CREMATION, OR REMOVAL
    Place: Charles County Home
    Date: June 27, 1935

16. UNDERTAKER: H. W. Pipkin
    Address: Easton

17. UNDERTAKER: H. W. Pipkin
    Address: Easton

18. DETAINED IN JAIL: No information

19. MEDICAL CERTIFICATE OF DEATH
   DATE: June 26, 1935
   SIGNATURE: Henry Davis, M.D.
   CITY: Easton
   COUNTY: Charles

20. FILED: June 27, 1935

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

22. I HEREBY CERTIFY that I attended the deceased from
    June 26, 1935, to June 26, 1935,
    Last saw him alive on June 26, 1935,
    death is said to have occurred on the date stated above, at 8 p.m.

23. The principal cause of death and related causes of importance
    Intestinal obstructions
    Cause of intestinal obstruction: Unknown

24. Other Contributory Causes of importance:

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

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

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

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

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

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

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

**Example I**

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

Other contributory causes of importance:

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

Gastroenteritis                                              | 1 year       |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Cecil
Village or City: Cecil

2. FULL NAME

(a) Residence: No.

3. SEX

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

6. DATE OF BIRTH

July 4, 1875

7. AGE

69 years 5 months 13 days

8. OCCUPATION

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

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

10. Date of onset

11. Total time (years) spent in this occupation

12. BIRTHPLACE

Cecilton

13. NAME

Andrew Nelson

14. BIRTHPLACE

Cecilton

15. MAIDEN NAME

Josephine Nordam

16. BIRTHPLACE

Cecilton

17. INFORMANT

Mr. David Hansen, Plater

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

July 8, 1935

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Run over by street car</td>
</tr>
<tr>
<td></td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</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: **Cecil**
   - No.: **45**
   - Registration Dist. No.: **94**
   - Village or City: **North East**
   - No.: **St., Ward.**
   - Length of residence in city or town where death occurred: **yrs. mos. ds.**

2. **FULL NAME**
   - Joshua K. Hyland
   - Residence: **No.**
   - St., Ward. **North East, Md.**
   - (Usual place of abode)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|--------------------------------------|______________________________|
| 3. **SEX** | Male |
| 4. **COLOR OR RACE** | White |
| 5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED** | Widower |
| 6. **DATE OF BIRTH** (month, day, and year) | April 29, 1849 |
| 7. **AGE** | 76 Years, 1 Months, 21 Days |
| 8. **Trade, profession, or particular kind of work done** | Boiler, Iron Worker, Rolling Mill |
| 9. **Industry or business in which work was done** | As Spinner, Sawyer, Bookkeeper, etc. |
| 10. **Date deceased last worked at this occupation (month and year)** | About 20 yrs. spent in this occupation |
| 11. **Total time (years)** | 1913 |
| 12. **BIRTHPLACE** (city or town) | North East, Maryland |
| 13. **NAME** | Geo W. Hyland |
| 14. **BIRTHPLACE** (city or town) | Elk Neck, Maryland |
| 15. **MAIDEN NAME** | Sarah Thompson |
| 16. **MOTHER** | Sarah Thompson |
| 17. **INFORMANT** (Address) | Mrs. E. A. Davis, North East |
| 18. **BURIAL, CREMATION, OR REMOVAL** |
| 19. **UNERTAKER** (Address) | Joseph R. Shaw, North East |
| 20. **FILED** | 6-21-35, 19 |

**21. DATE OF DEATH**
- (Month) June
- (Day) 30
- (Year) 1933

**22. I HEREBY CERTIFY**
- That I attended deceased from June 1, 1932, to June 3, 1933
- Last saw deceased . alive on June 3, 1933.
- 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:
  - **Carcinoma**

**23. Other Contributory Causes of Importance:**

**24. If death was due to external causes (violence) fill in also the following:**
- Accident, suicide, or homicide?
- Where did injury occur?
- Specify whether injury occurred in industry, in home, or in public place.

**25. Manner of injury:**

**26. Nature of injury:**

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

**28. If so, specify**

**29. (Signed)**

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

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

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

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be 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, asphyxial, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

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

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 30, 1935</td>
<td>June 30, 1935</td>
</tr>
</tbody>
</table>

7. AGE
   Still Born

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)
   Conowingo

13. NAME: Martini E. Kelly

14. BIRTHPLACE (city or town)
   CAPE COD

15. MAIDEN NAME
   Lora Mae Methal

16. BIRTHPLACE (city or town)
   CAMDEN COUNTY, VIRGINIA

17. INFORMANT
   (Address)
   Martini E. Kelly

18. BURIAL, CREMATION, OR REMOVAL
   On Premises
   Place: Conowingo, Ind. Date: June 30, 1935

19. UNDERTAKER
   (Address)
   Martini E. Kelly

20. FILED
   (Date)
   JUN 27 1935

REGISTRAR

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

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

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

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

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

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

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

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

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

1. **PLACE OF DEATH**
   - County
   - Village or City
   - No. ___________ St., ___________ Ward
   - Length of residence in city or town where death occurred: yrs. __________ mos. __________ ds.

2. **FULL NAME**
   - (a) Residence: No. ___________ Ethelman
   - If nonresident give city or town and State

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - Other

5. **SINGLE, MARRIED, WIDOWER OR DIVORCED**
   - Widowed

6. **DATE OF BIRTH (month, day, and year)**
   - June 1879

7. **AGE**
   - Years __________
   - Months __________
   - Days __________

8. **OCCUPATION**
   - At Home

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)**
   - __________

10. **MAIDEN NAME**
    - Rebecca Cruickshark

11. **BIRTHPLACE (city or town)**
    - Charleston

12. **NAME**
    - Henry Brady

13. **MOTHER (name and relation)**
    - Rebecca Cruickshank

14. **FATHER (name and relation)**
    - Thomas Brady

15. **INFORMANT (Address)**
    - R. L. Criswell

16. **BURIAL, CREMATION, OR REMOVAL**
    - Bethel Cemetery, Date: June 3, 1935

17. **UNDERTAKER**
    - R. W. Hopkins

18. **FILED**
    - June 3, 1935

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - June 1, 1935

22. **I HEREBY CERTIFY**
    - That I attended deceased from May 31, 1935, to June 1, 1935.

23. **PRINCIPAL CAUSE OF DEATH**
    - Chronic interstitial nephritis

**Other Contributory Causes of Importance:**

- Acute nephritis

**Name of operation:**

**Date:**

**Was there an autopsy?**

**Accident, suicide, or homicide?**

**Date of injury:** 19

**Where did injury occur?**

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

**Manner of injury:**

**Nature of injury:**

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

Other contributory causes of importance:

| Gallstones | Gastroenteritis |
| May 1, 1923 | 1 year |
STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 92

Village or City: Elkton (No.): Union Hospital
St.: (St.) Ward
(if death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME: James Nelson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

DATE OF BIRTH: Aug 10, 1867

AGE: 68 yrs. 0 mos. 0 ds.

OCCUPATION:  Day Labor

BIRTHPLACE: Delaware City, Delaware

NAME OF FATHER: James Nelson

BIRTHPLACE OF FATHER: Ireland

MAIDEN NAME OF MOTHER: Margaret Cottingham

BIRTHPLACE OF MOTHER: Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant: Morris Nelson
Address: Elkton Rd, Elkton

DATE OF BURIAL: July 5, 1926

Underwriter: H. C. Bippin
Address: Elkton Rd

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

1. PLACE OF DEATH

   County: **Cecil**
   Village or City: **Rowlandsville**

2. FULL NAME

   **Mary Lewis Nesbitt**

   (a) Residence: **Colores**

   (Usual place of abode)

   St., **St.** Ward.

   If nonresident give city or town and State

3. SEX

   **Female**

4. COLOR OR RACE

   **White**

5a. If married, widowed, or divorced

   HUSBAND OF (or) WIFE OF: **William H. Nesbitt**

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

   **June 27, 1860**

7. AGE

   Years: **74**
   Months: **11**
   Days: **22**

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.

   **Housewife**

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

    **1 yr.**

11. Total time (years) spent in this occupation

    **45 yr.**

12. BIRTHPLACE (city or town)

    **Rowlandsville, Maryland**

13. NAME

    **William Nesbitt**

14. BIRTHPLACE (city or town)

    **Maryland**

15. MAIDEN NAME

    **Mary Lewis**

16. BIRTHPLACE (city or town)

    **Scottish**

17. INFORMANT (Address)

    **Bertie N. Logan**
    **Rowlandsville, Maryland**

18. BURIAL, CREMATION, OR REMOVAL

    **Place: Rowlandsville, Maryland**
    **Date: June 22, 1935**

19. UNDERTAKER (Address)

    **James R. Logan**
    **Rowlandsville, Maryland**

20. FILED: **1935**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH

   **June 18, 1935**

22. I HEREBY CERTIFY that I attended deceased from **March 15, 1935 to June 18, 1935**

   I last saw her alive on **June 18, 1935.**

   Death is said to have occurred on the date stated above, at **11:30 a.m.**

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

   **Chronic Paralysis**

   **Date of Death:** **June 18, 1935**

23. Other Contributory Causes of Importance

   **Arthritis and Rheumatism**

   **Date of Death:** **Feb. 22, 1935**

   **Nature of Injury:** **No injury**

   **Nature of Injury:** **No injury**

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

   If so, specify: **No**

   (Signed): **Mary Lewis Nesbitt**

   M. D.: **1935**

   (Address): **Rowlandsville, Maryland**

   **1935**

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: [illegible]
   Village or City: New Pleasant Hill

2. FULL NAME
   (a) Residence: No. Neva Pleasant Hill St., [illegible]
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH
   (month, day, and year): June 26, 1935

7. AGE
   Years: Infant
   Months: [illegible]
   Days: [illegible]

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

9. If less than 1 year old, give date of birth as month, day, and year.

OCCUPATION

10. Date deceased last worked at this occupation (month and year): [illegible]
   Total time spent in this occupation: [illegible]

11. BIRTHPLACE
   (city or town, State or country): New Pleasant Hill, MD

12. NAME
   Anthony O'Leary

13. BIRTHPLACE
   (city or town, State or country): New Haven, CT

14. MAIDEN NAME
   Violetta Smith

15. BIRTHPLACE
   (city or town, State or country): New Pleasant Hill, MD

16. INFORMANT
   Relationship: Father
   Address: [illegible]

17. BURIAL, CREMATION, OR REMOVAL
   Place: Calvert
   Date: June 26, 1935

18. UNDERNEATH
   Address: [illegible]

19. MURDERER
   Address: [illegible]

20. FILED
   Date: June 26, 1935

MEDICAL CERTIFICATE OF DEATH

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

   I last saw h. alive on June 26, 1935, at 19 h.; 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:
   [Handwritten notes]
   Other Contributory Causes of Importance:
   [Handwritten notes]

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Yes
   Date of injury: June 26, 1935
   Where did injury occur? New Pleasant Hill
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury: [illegible]
   Nature of injury: [illegible]

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

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

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

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

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

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

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

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

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

Other contributory causes of importance:
Gallstones | May 1, 1925 | Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Cecil
Village or City: near Eldon
No. St. Ward:
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
Mr. Elizabeth Atley
(a) Residence: No.
(Usual place of abode)
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
4m. If married, widowed, or divorced
HUSBAND of (or) WIFE of
5m. If single, married, widowed, or divorced

6. DATE OF BIRTH (month, day, and year)
July 26, 1823
7. AGE

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(Delaware)

13. NAME
Mr. Elizabeth Atley

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

15. MAIDEN NAME
Edith Robinson

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

17. INFORMANT
Mr. Elizabeth Atley

18. BURIAL, CREMATION, OR REMOVAL
Place: Mound Rd.
Date: June 17, 1935

19. UNDERTAKER
P. T. Johnson

20. FILED
June 15, 1935

21. DATE OF DEATH
June 14th, 1935

22. I HEREBY CERTIFY
That I attended deceased from
Sept. 17, 1934, to June 14, 1935.
I last saw deceased alive on June 4th, 1935; death is said to have occurred on the date stated above, 10:15 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Coronary embolism
Date of onset:
June 25

Other Contributory Causes of importance:
Acute Rheumatic fever
Acute glomerulonephritis
1934

Name of operation

What test confirmed diagnosis?

Date of injury: 19

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

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

Manner of injury

Nature of injury

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

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

25. FILED
June 15, 1935

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Cecil
   Village or City: Rising Sun
   Length of residence in city or town where death occurred: 11 yrs. 8 mos. 3 ds

2. FULL NAME
   Residence No.: Rising Sun, Md.
   Usual place of abode: Rising Sun, Md.

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   Nov 18, 1888

7. AGE
   Years: 57
   Months: 7
   Days: 1

8. OCCUPATION
   Housewife

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.
   Housewife

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

11. Date deceased last worked at this occupation (month and year):
    June, 1935

12. BIRTHPLACE (city or town)
    North East, Md.

13. NAME
    Eliza Reynolds

14. BIRTHPLACE (city or town)
    North East, Md.

15. MAIDEN NAME
    Margaret Reynolds

16. BIRTHPLACE (city or town)
    North East, Md.

17. INFORMANT
    Barclay R. Pierce

18. BURIAL, CREMATION, OR REMOVAL
    Place: Broad Street, Date: Jan 21, 1935

19. UNDERTAKER
    J. O., Tymore, Rising Sun

20. FILED
    12th day of January, 1935

21. DATE OF DEATH
    6-18-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to June 18, 1935
    I last saw him alive on June 18, 1935; death is said to have occurred on the date stated above, at 11 A.M.
    The principal cause of death and related causes of importance were as follows:
    Streptococcus, Endocarditis, Cardiac Luetinism

23. ACCIDENT, SUICIDE, OR HOMICIDE?
    Date of injury: 19
    Where did injury occur?
    Spacify whether injury occurred in Industry, in Home, or in Public Place.

24. MANNER OF INJURY
    Nature of injury

25. DISEASE OR INJURY
    Was disease or injury in any way related to occupation of deceased?
    If so, specify

26. DISEASE OR INJURY
    If so, specify

27. M.D.
    [Signature]

28. REGISTER
    [Signature]

If more blanks are needed, write on this certificate. Registration Dist. No. 95.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1916</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: Cecil
   Village or City: Principio
   Registration Dist. No.: 96
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   (b) Name: Thomas Reynolds
       (c) Personal Address: 26, 1935

   (Usual place of abode)
   Wife: Eunice Furbush
   (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: Widowed

6. DATE OF BIRTH (month, day, and year): July 10, 1861
7. AGE: 73 yrs. 11 mos. 12 days

8. OCCUPATION: Iron Worker
   9. Trade, profession, or particular kind of work done: Iron Worker
   10. Date deceased last worked at this occupation (month and year): July 3, 1891

11. Total time (years) spent in this occupation: 33 yrs.

12. BIRTHPLACE (city or town): Allagash, Maine
    (State or country)

13. NAME: Levi Reynolds
    14. BIRTHPLACE (city or town): Pennsylvania
    (State or country)

15. MAIDEN NAME: Margaret Reynolds
    16. BIRTHPLACE (city or town): Pennsylvania
    (State or country)

17. INFORMANT: Earl Reynolds
    (Address)

18. BURIAL, CREMATION, OR REMOVAL: St. Mary's Hospital, Date: June 25, 1935

19. UNDERTAKER: Joseph Banker
    (Address)

20. FILE No.: 24, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935, to June 22, 1935. I last saw him alive on June 18, 1935; death is said to have occurred on the date stated above, at 11:20 a.m.

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

   Pulmonary Tuberculosis
   Heart Disease
   Arteriosclerosis

   Other Contributory Causes of importance:

   General Atheromatosis

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

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

   Manner of injury:
   Nature of injury:

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

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

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

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

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

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

Example I

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

<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:

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

Example II

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

<table>
<thead>
<tr>
<th>Cause 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:

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

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

1. PLACE OF DEATH
   County:  
   Village or City: Chesapeake City
   Length of residence: In city or town where death occurred: 1 D yrs. mos. ds.
   Registration Dist. No. 96

2. FULL NAME
   (a) Residence: No.  
   Usual place of abode:  
   If resident give city or town and State: No War Service
   Personal and Statistical Particulars
   
   3. SEX: Male
   4. COLOR OR RACE: White
   5a. If married, widowed, or divorced HUSBAND or WIFE of:  
   Ellen Robbins

   6. DATE OF BIRTH (month, day, and year): Sept 19 1866
   7. AGE: 68 Years 9 Months 26 Days

   8. OCCUPATION: Analyst

   9. Date deceased last worked at this occupation (month and year): 1935

   10. Total time (years) spent in this occupation: 40

   11. Date of death: June 16th 1935

   12. BIRTHPLACE (city or town): Bear Branch

   13. NAME: David K Robbins

   14. BIRTHPLACE (city or town): Bear Branch

   15. MAIDEN NAME: Olive Weaver

   16. BIRTHPLACE (city or town): Bear Branch

   17. INFORMANT: Roland Robbins

   18. BURIAL, CREMATION, OR REMOVAL: Bottle County, Date: June 17, 1935

   19. UNDERTAKER: J.W. Lockin


   Medical Certificate of Death:

   21. DATE OF DEATH: June 16th, 1935

   22. I HEREBY CERTIFY that I attended deceased from June 16th, 1935, to June 17, 1935; death is said to have occurred on the date stated above, at 3:30 p.m.

   The Principal Cause of Death and related causes of importance were as follows:

   Influenza of Ears

   Other Contributory Causes of importance:

   Name of operation:

   What was the confirmed diagnosis?

   Was there an autopsy?

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

   Accident, suicide, or homicide? Date of Injury:

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

   Specify whether injury occurred in industry, in home, or in public place.

   Manner of injury:

   Nature of injury:

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

   If so, specify:

   (Signature) M.D.

   (Address)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

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

1. PLACE OF DEATH
County: Cecil
Village or City: Veterans Administration Facility, Perry Point, Md.
Length of residence in city or town where death occurred: 2 yrs. 8 mos. 8 ds.

2. FULL NAME: Rouooss, Set. C-279 780
(a) Residence: No. 209 First St., N.E. Washington, D.C.

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
6. DATE OF BIRTH: February 1899
7. AGE: 46 yrs. 4 mos. 0 ds.

9. OCCUPATION: Shoemaker

10. DATE OF DEATH: June 21, 1935

21. MEDICAL CERTIFICATE OF DEATH
Husband or Wife of: Virginia Cacami


23. Cause of death: Hypostatic Pneumonia

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

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1915</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1921</td>
</tr>
<tr>
<td>Date of onset</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County __Cecil___ No. ___St. Ward___
   Village or City ___Elkton___ Registration Dist. No. ___92___
   (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. Patricia Ann (Holland) Russell
   (a) Residence: No. __202 East___ 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)

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

6. DATE OF BIRTH (month, day, and year) ___May 30, 1935___
7. AGE
   Years __7__ Months __0__ Days __0__ If LESS than 1 day, ___hrs. ___or___ min.

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

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

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

11. Occupation ___

12. BIRTHPLACE (city or town) ___Elkton___ (State or country) ___Md.____

13. NAME ___Charles Holland___

14. BIRTHPLACE (city or town) ___East Baltimore___ (State or country) ___Md.____

15. MAIDEN NAME ___Isabella Russell___

16. BIRTHPLACE (city or town) ___North East___ (State or country) ___Md.____

17. INFORMANT ___E. Charles Holland___ Elkton, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place ___St. Charles Cemetery___ Date ___June 6, 1935___

19. UNDERTAKER ___H. W. Patrick___ Elkston, Maryland

20. FILED ___June 6, 1935___ Registrar ___

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) ___June___ (Day) ___6___ (Year) ___1935___

22. I HEREBY CERTIFY. That I attended deceased from ___
   May 30, 1935, to ___June 6, 1935___; death is said to have occurred on the date stated above, at ___10 a.m.____
   The principal cause of death and related causes of importance were as follows:

   Prematurity

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. If so, specify ___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 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</th>
<th>Date of onset</th>
<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>
<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>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

<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: Cecil
   - Village or City: North East
   - Registration Dist. No.: 94
   - (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. **FULL NAME**
   - (a) Residence: North East, MD

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Female
   - **COLOR OR RACE**: Colored
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Widowed
   - **DATE OF BIRTH**: April 6, 1871
   - **AGE**: 64 Years, 2 Months, 18 Days

4. **OCCUPATION**: Housewife

5. **DATE DECEASED LOST WORKED AT THIS OCCUPATION (MONTH AND YEAR)**

6. **BIRTHPLACE**: Elk Neck, MD

7. **NAME**: L. H. Hammard

8. **MOTHER NAME**: Louisa Thompson

9. **INFORMANT**: Ethel Robinson

10. **BURIAL, CREMATION, OR REMOVAL**: St. Mark's Church, Date: June 22, 1935


**MEDICAL CERTIFICATE OF DEATH**

- **DATE OF DEATH**: June 26, 1935
- **I HEREBY CERTIFY**: That I attended deceased from February 1935 to June 1935.
- **PRINCIPAL CAUSE OF DEATH**: Meningitis
- **OTHER CONTRIBUTORY CAUSES OF DEATH**: Nephritis, Asthma insufficiency, Atenio Telaenosis

- **Name of operation**: 
- **Date of operation**: 
- **What test confirmed diagnosis**: 
- **Was there an autopsy**: No

22. **DATE OF ONSET**: 6/22/35

23. **DATE OF INJURY**: 19

24. **MANNER OF DEATH**: 

25. **NATURE OF INJURY**: 

26. **WAS INJURY OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED**: No

27. **SIGNATURE**: James L. Johnson, 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>Rec. BUREAU V. S.</td>
<td>Rec. 1 week ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1923</td>
<td>Gastroenteritis 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Cecil
Village or City: Perry Point, Maryland
Length of residence in city or town where death occurred: 9 yrs. 11 mos. 15 ds.

2. FULL NAME: Samuel Sawchuck

(a) Residence: No. Veterans' Administration Facility, Perry Point, Md.

21. DATE OF DEATH

June 2 (Month) 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1925 to June 2, 1935.

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

Accident, suicide, or homicide?: Date of injury:
Where did injury occur?: (Specify city or town, county and state)
Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

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

If so, specify:

(Signed): C. F. Davis, M.D., Clinical Director

MD.

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

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

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

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

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

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

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

Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: 
   - Village or City: 
   - Registration Dist. No.: 
   - 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)

2. **FULL NAME**
   - George W. Shively
   - (Shively)
   - (Residence: No.)

   **PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word)**
   - Widowed
   - (If married, widowed, or divorced)
   - HUSBAND of
   - WIFE of

6. **DATE OF BIRTH (month, day, and year)**
   - Sept. 18, 1863

7. **AGE**
   - Years: 71
   - Months: 9
   - Days: 2

8. **DATE DECEASED LAST WORKED AT THIS OCCUPATION (month end year)**
   - 6/1935

9. **TOTAL TIME (years) SPENT IN THIS OCCUPATION**
   - 2

10. **OCCUPATION**
    - Labor State Road

11. **BIRTHPLACE (city or town)**
    - New England

12. **NAME**
    - George Shively

13. **MOTHER (name)**
    - Mary Ellen Campbell

14. **MAIDEN NAME**
    - Shively

15. **FATHER (name)**
    - Campbell

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

17. **INFORMANT**
    - Elizabeth Shively
    - (Address)

18. **BURIAL, CREMATION, OR REMOVAL**
    - Cherry Hill
    - Date: Jan. 24, 1935

19. **UNDEUTNER**
    - M. W. Rogerson
    - (Address)

20. **FILED**
    - June 23, 1935
    - J. F. Tupper
    - Registrar

21. **DATE OF DEATH**
    - June 10, 1935

22. **I HEREBY CERTIFY, That I attended deceased from______ to______ , and that the above-stated date to have occurred on the date stated above, at______.

23. **THE PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:**
    - Date of onset:
      - Sept. 18, 1863

24. **OTHER CONTRIBUATORY CAUSE OF DEATH**
    - Duration: not stated

25. **NAME OF OPERATION**
    - Date of:

26. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
    - 6/1935

27. **TOTAL TIME (years) SPENT IN THIS OCCUPATION**
    - 2

28. **OCCUPATION**
    - Labor State Road

29. **BIRTHPLACE (city or town)**
    - New England

30. **NAME**
    - George Shively

31. **MOTHER (name)**
    - Mary Ellen Campbell

32. **MAIDEN NAME**
    - Shively

33. **FATHER (name)**
    - Campbell

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

35. **INFORMANT**
    - Elizabeth Shively
    - (Address)

36. **BURIAL, CREMATION, OR REMOVAL**
    - Cherry Hill
    - Date: Jan. 24, 1935

37. **UNDEUTNER**
    - M. W. Rogerson
    - (Address)

38. **FILED**
    - June 23, 1935
    - J. F. Tupper
    - Registrar

If more blanks are needed, address State Registrar, 2413 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>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Eckton
   Registration Dist. No.: 9
   No. St., Ward
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME: Marcella Shively
   Residence: No. 119, Lawrence Lane
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Aug. 7th, 1871

7. AGE: Years: 63
   Months: 10
   Days: 20
   If LESS than 1 day, ______ hrs. or ______ min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housekeeper
   INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Over Home
   Date deceased last worked at this occupation (month and year): 
   Total time spent in this occupation (years and month): 20

9. BIRTHPLACE (city or town): Pleasant Hill Md.
   (State or country): MD

10. NAME: Hugh Ferguson
    FATHER: 
    MOTHER: Mary Jane Touchstone

11. DATE OF DEATH (month, day, year): June 27th, 1935

    I last saw him alive on June 27, 1935, death is said to have occurred on the date stated above, at 2:55 p.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   1. Carcinoma of Lung 1934

   Other Contributory Causes of Importance:
   1. Carcinoma of Medastinum 1935

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

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

   Manner of injury: __________
   Nature of injury: __________

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

   Signed: __________
   (Address): __________

   FILED: June 27, 1935
   Registrar: __________

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

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

Other contributory causes of importance:

Gallstones

Example II

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

Other contributory causes of importance:

Gastroenteritis

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

1. PLACE OF DEATH

County... Cecil
Village or City... Veterans Administration Facility, Perry Point, Md.
Length of residence in city or town where death occurred... 3 yrs. 7 mos. 25ds

2. FULL NAME... SPITHALER, Martin L. C-1892 906

(a) Residence: No. 169 W. Main St., Evans City, Pa.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX... Male
4. COLOR OR RACE... White
5a. If married, widowed, or divorced... Married
5b. If spouse's name given in 5a... Florence Bloom Spithaler

6. DATE OF BIRTH (month, day, and year)... January 2, 1892

7. AGE... 43
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc... Farmer and mill worker
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc... Railroad near Perryville, Md.

10. Date deceased last worked at this occupation (month and year)... July, 1920

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

12. BIRTHPLACE (city or town)... Butler Co., Pa.

13. NAME... Charles Spithaler
14. BIRTHPLACE (city or town)... Unknown
15. MAIDEN NAME... Sophia (?)

16. BIRTHPLACE (city or town)... Unknown

17. INFORMANT... Hospital Records, Perry Point, Md.
18. BURIAL, CREMATION, OR REMOVAL... Evans City, Pa.

19. UNDERTAKER... Pennington & Son, Havre de Grace, Md.

20. FILED... June 15, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH... June 14, 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... 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) Stanley D. Jeffers, Coroner.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>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 4, 1925</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Cecil
Village or City: Elkton

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

2. FULL NAME: Stewart Cooper Strickland

(a) Residence: No. W. Main Street

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): Nov. 16th, 1894

7. AGE: Years 41 Months 6 Days 20

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

9. OCCUPATION: Industry or business in which work was done: Spinners, sawyers, bookkeepers, etc.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: 1923

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 14 yrs.

12. BIRTHPLACE (CITY OR TOWN): Elkton, Md.


14. BIRTHPLACE (CITY OR TOWN): Cecil County, Md.

15. MAIDEN NAME: Amy Elizabeth Batters

16. BIRTHPLACE (CITY OR TOWN): Unknown

17. INFORMANT: Mrs. S. C. Strickland

18. BURIAL, CREMATION, OR REMOVAL: Elkton Cemetery, Date: June 9, 1935

19. UNDERTAKER: W. W. Whitford

20. FILED: June 8, 1935

21. DATE OF DEATH: June 6th, 1935

22. I HEREBY CERTIFY, That I attended deceased from about June 19th to June 16th, 1935.

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

- Paralysis Agitans & Epidemic Encephalitis
- About, 1923

24. DID DECEASED CONCEIVE ANY DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?

   Yes ☐ No ☐

   If so, specify: (Signed) Dr. W. H. Knight

   (Address) Elkton, Md.

If more blanks are needed, address State Registrar, 2415 N. Charles Street, Baltimore, Requesting "U.S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

| 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: Cecil
   Village or City: Ektont
   Registration Dist. No.: 92
   No. Location: Hospital
   Ward: Ektont
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. If of foreign birth: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   June 24, 1935

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

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)
   Ektont
   (State or country) Maryland

13. NAME
   See Jackson Sweetman

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

15. MAIDEN NAME
   (or) Powell

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

17. INFORMANT
   (Address) Ektont, Maryland

18. BURIAL, CREMATION, OR REMOVAL
   Place: Ektont
   Date: Jan. 27, 1935

19. UNDERTAKER
   (Address) Ektont, Maryland

20. FILED
   (Address) Ektont, Maryland

21. DATE OF DEATH
   (Month) June 24
   (Day) 1935
   (Year)

22. I HEREBY CERTIFY That I attended deceased from June 23, 1935, to June 26, 1935; death is said to have occurred on the date stated above, at: m.

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

Malnutrition: due to immaturity in mother.

Other Contributory Causes of Importance:

Infection, not due to prematurity, not attributed to immaturity in mother.

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, 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
   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>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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Cecil
   Village or City: Veterans' Administration Facility No. Perry Point, Md.
   Length of residence in city or town where death occurred: 3 yrs. 10 mos. 9 ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: TRAVERS, John W. C-480 181
   (a) Residence: No. Terra Cotta Lane, Alexandria, Va.
   (Usual place of abode)
   Ward.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. If married, widowed, or divorced: Single
   OR WIFE of: Single
   (write the word)

6. DATE OF BIRTH: November 13, 1890
7. AGE: 44 Years 6 Months 27 Days
   If LESS than 1 day, ____________ hrs. or ____________ min.

9. Date deceased last worked at: 1924.
11. Total time (years) spent in this occupation: 1924.
13. NAME: Augustus William Travers
15. MAIDEN NAME: Anna Marcher
16. BIRTHPLACE: Unknown
17. INFORMANT: Hospital Records, Perry Point, Md.
18. BURIAL, CREMATION, OR REMOVAL: Alexandria, Va., Date: June 10, 1935
19. UNDERTAKER: Pennington & Son, Havre de Grace, Md.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: June 10, 1935
   (Month) (Day) (Year)
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

22. I HEREBY CERTIFY, That I attended deceased from
   September 1, 1931, to June 10, 1935.
   I last saw him/her alive on June 10, 1935.
   Death occurred at 3:45 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows: General Paralysis of the Insane, July 1931.
   Date of onset:
   Other Contributory Causes of importance: None
   Name of operation: None
   Date of: Clinical & Laboratory
   What test confirmed diagnosis?: No
   Was there an autopsy?: No
   Accident, suicide, or homicide?: No
   Date of Injury: 19
   Where did injury occur?: (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE:
   Manner of injury: =
   Nature of injury: =
   If so, specify: C. F. DAVID, M.D., Acting Manager
   (Address) Perry Point, Md.

If more blanks are needed, address State Registrar, 2413 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, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example I

<table>
<thead>
<tr>
<th>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:

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

### 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:

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</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: (handwritten)
   Village or City: Bay View
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: William E. Trimble
   Residence: No. Bay View, St., Ward.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND OF: Mary Jane Boothwell
6. DATE OF BIRTH (month, day, and year): June 13, 1849
7. AGE: 85 Years
8. OCCUPATION: Farmer
9. DATE deceased last worked at this occupation: 
10. Total time (years) spent in this occupation: 

12. BIRTHPLACE (city or town): Glen Ridge, P.A.
13. NAME: Robert Trimble
14. BIRTHPLACE (city or town): Ireland
15. MAIDEN NAME: Mary Murray
16. BIRTHPLACE (city or town): Ireland

17. INFORMANT: Mrs. Hannah Trimble
   Address: Bay View, Md.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Burton Presbyterian
   Date: June 6, 1935
19. UNDERTAKER: Joseph R. Griffith
   Address: American Undertakers
20. FILED: 6-6-35

MARGINAL MENTIONED: WRITING INK, THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state cause of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 5.
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></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>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: Cecil
   Village or City: Perryville

2. FULL NAME
   Unknown Man

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   Unknown

7. AGE
   About 30 Years

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

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

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

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

12. BIRTHPLACE
    Unknown

13. NAME
    Unknown

14. BIRTHPLACE
    Unknown

15. MAIDEN NAME
    Unknown

16. BIRTHPLACE
    Unknown

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    (Address)
    Date: June 7, 1935

19. UNDERTAKER
    (Address)

20. FILED
    6/7/35

21. DATE OF DEATH
    (Month) (Day) (Year)
    6/7/35

22. I HEREBY CERTIFY
    That I attended deceased from 1919 to 1919

23. I last saw him alive or dead on 6/7/1935; death is said to have occurred on the date stated above, at
    The PRINCIPAL CAUSE OF DEATH was Drowned—Cause
    Date of onset
    June 7, 1935

24. Other Contributory Causes of importance:

M.D.

Registrar.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

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

Registration Dist. No. 92

Village or City: Elkton (No.)
Union Hospital

Place of Death
County: Cecil

2. FULL NAME: Mrs. Ethel L. Williams

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH: Sept. 21, 1866

7. AGE: 68 yrs. 9 mos. 20 days

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

9. BIRTHPLACE: New York

10. NAME OF FATHER: John B. Smith

11. BIRTHPLACE OF FATHER: Gloversville, NY

12. MAIDEN NAME OF MOTHER: Barbara Sooker

13. BIRTHPLACE OF MOTHER: Gloversville, NY

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

   (Informant)eth W. Williams
   (Address) Elkton, Md.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 1, 1925

17. I HEREBY CERTIFY, That I attended the deceased from
   Apr. 26, 1925 to June 1, 1925
   that I last saw him alive on June 1, 1925
   and that death occurred on the date stated above, at 11:15 a.m.

   The CAUSE OF DEATH was as follows:
   Heart disease, vascular system disease

   Contributory
   Secondary
   Thrombosis propagated by

   (Duration) 5 yrs. 6 mos. 9 days

   (Signed) Melville K. Atwood, M.D.
   (Address) Elkton, Md.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
   At place of death yrs. mos. ds. In the State yrs. mos. ds.
   Where was disease contracted, if not at place of death?
   Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

20. UNDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Health Association (American)

Revised United States Standard

Certificate of Death

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

[Handwritten text]
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Ellicott City
   Registration Dist. No.: 3

2. FULL NAME
   Emma Cecilia Wilson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   F

5a. If married, widowed, or divorced
   HUSBAND of: Howard J. McNabb

6. DATE OF BIRTH
   (month, day, and year): April 18, 1905

7. AGE
   Years: 30
   Months: 1
   Days: 15
   If LESS than 1 day, hrs., or min.

9. OCCUPATION
   Employer: Sparkler Plant

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

12. BIRTHPLACE
   (city or town): Wilson
   (State or country): South Carolina

13. NAME
   Alfred C. Wilson

14. BIRTHPLACE
   (city or town): St. Louis, MO
   (State or country): Missouri

15. MAIDEN NAME
   Annie F. Butte

16. BIRTHPLACE
   (city or town): Kansas City, MO
   (State or country): Missouri

17. INFORMANT
   Mary Francis Wilson
   (Address): Ellicott City

18. BURIAL, CREMATION, OR REMOVAL
   Place: St. James Church
   Date: June 17, 1935

19. UNDERTAKER
   M. E. J. Jones
   (Address)

20. FILED
   Date: July 1, 1935
   Registrar: C. W. Sisterman

21. DATE OF DEATH
   (Month, Day, Year): June 4, 1935

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY. That I attended deceased from
   June 4 to June 12, 1935, to June 12, 1935.
   Last saw him alive on June 12, 1935.
  _death is said to have occurred on the date stated above, at 3:45 P.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Third degree burns, localized
   body, Result of firework explosion
   Date of onset: June 12, 1935
   Time of death: 3:45 P.M.

   Other Contributory Causes of importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: Accident.
   Date of injury: June 12, 1935
   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?
   Yes

If so, specify:

(Signed)
M. D.

If more blanks are needed, address State Registrar, 24th 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**

<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>
<tr>
<td>Gallstones</td>
<td>May 1, 1922</td>
</tr>
</tbody>
</table>

**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>
<tr>
<td>Gallstones</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: Cecil Co.  St.
   Village or City: Jocassee  No. 70

2. FULL NAME
   (a) Residence: No. 17,  Jocassee, Ind.  St.,  Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
   Aug. 30, 1857

7. AGE
   Years: 80  Months: 9  Days: 10

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

9. OCCUPATION
   11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Kent Co.  Ond.

13. NAME
   Edward Hordall

14. BIRTHPLACE (city or town)
   Kent Co.  Ond.

15. MAIDEN NAME
   Ella Dater

16. BIRTHPLACE (city or town)
   Thrushfield

17. INFORMANT (Name and Address)
   Mrs. Ella N. Hordall  Jocassee

18. BURIAL, CREMATION, OR REMOVAL
   Place of burial: Jocassee  County: Cecil  Date: June 13, 1935

19. UNDERTAKER
   J. F. Chopp

20. FILED
   June 15, 1935

21. DATE OF DEATH
   June 9, 1935

22. I HEREBY CERTIFY
   That I attended deceased from...
   Last saw him alive on...
   Death occurred on the date stated above, at...
   The principal cause of death was as follows:
   Cause of death: Acute Dilatation Heart Failure

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide?
   Where did injury occur?
   Specify whether injury occurred in industry, in home, or in public place.

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

Registrar
   (Signed)  M. D.
   (Address)

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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</td>
<td>The principal cause of death and related causes</td>
</tr>
<tr>
<td>of importance were as follows:</td>
<td>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>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


