STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County........................................
Village or City.......................

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

PERSONAL AND STATISTICAL PARTICULARS

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

4. COLOR OR RACE........................................

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

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

7. AGE
Years
Months
Days

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWNER, 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).

13. NAME........................................

14. BIRTHPLACE (city or town).

15. MAIDEN NAME........................................

16. BIRTHPLACE (city or town).

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL
PLACE, DATE, etc.

19. UNDERTAKER........................................

20. FILED........................................

21. DATE OF DEATH
(Month)........................................
(Day)........................................
(Year)........................................

22. I HEREBY CERTIFY, That I attended deceased from
July 20, 1934, to June 17, 1935,
last saw deceased alive on June 17, 1935,
dead at 1:17 P.M.

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

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

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

If so, specify

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
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</table>
| The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis 1915  
Chronic interstitial nephritis 1921  
Cerebral hemorrhage July 5, 1927  
| The principal cause of death and related causes of importance were as follows:  
Attack of epilepsy 1 week ago  
Run over by street car 1 week ago  
Peritonitis 3 days ago  
|
| Other contributory causes of importance:  
Golstiones 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: [Redacted]
- Village or City: [Redacted]
- Length of residence in city or town where death occurred: [Redacted]

**2. FULL NAME:** Mary Elizabeth Bowers

**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>M</td>
<td></td>
<td>MARRIED</td>
</tr>
</tbody>
</table>

**5a.** If married, widowed, or divorced HUSBAND or (or) WIFE of [Redacted]

**6. DATE OF BIRTH** (month, day, and year)
- May 29, 1836

**7. AGE**
- Years: 79
- Months: 10
- Days: [Blank]

**8. OCCUPATION**
- Housewife

**9. Date deceased last worked at this occupation (month and year)**
- June 1, 1936

**10. Total time (years) spent in this occupation**
- [Blank]

**12. BIRTHPLACE** (city or town)
- Chesterfield

**13. NAME**
- Elijah Bowers

**14. BIRTHPLACE** (city or town)
- Maryland

**15. MAIDEN NAME**
- Rebecca Dudley

**16. BIRTHPLACE** (city or town)
- Maryland

**17. INFORMANT**
- Joseph Bowers

**18. BURIAL, CREMATION, OR REMOVAL**
- Place: Still Pond
- Date: June 10, 1936

**19. UNDERTAKER**
- [Redacted]

**20. FILED**
- June 10, 1936

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH**
- June 8, 1936

**22.** I HEREBY CERTIFY, That I attended deceased from [Redacted]
- May 29, 1936, to June 8, 1936
- I last saw her alive on June 8, 1936
- Death is said to have occurred on the date stated above, at 3 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- Acute Heart Disease

Other Contributory Causes of importance:
- [Redacted]

**23.** If death was due to external causes (VIOLENCE) fill in also the following:
- Accident, suicide, or homicide?
- Date of Injury: [Redacted]
- Where did injury occur?: [Redacted]
- Specifying injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.
- Manner of Injury: [Redacted]
- Nature of Injury: [Redacted]

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

**25.** If so, specify
- [Redacted]

**Registrar:** [Redacted]

**Filed:** June 10, 1936

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

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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.

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

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<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
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<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M.

4. COLOR OR RACE
   C.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   WIDOWED

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

6. DATE OF BIRTH (month, day, and year)
   Jan. 20, 1865

7. AGE
   Years: 70
   Months: 0
   Days: 10
   If less than 1 day, __________ hrs. or __________ min.

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

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

10. Date deceased last worked at this occupation (month and year)
    1894

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

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

13. NAME
    __________

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

15. MAIDEN NAME
    __________

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

17. INFORMANT
    Name: Miss Brown
    Address: 200 Garretts Lane, Wilmington

18. BURIAL, CREMATION, OR REMOVAL
    Place: __________
    Date: __________

19. UNDERTAKER
    Name: Sarah Green
    Address: __________

20. FILED
    __________

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) Jan. 10
    (Day) 1935
    (Year)

22. I HEREBY CERTIFY that I attended deceased from __________ to __________.

23. I last saw him alive on __________, 1927, to __________, 1931; death is said to have occurred on the date stated above, at __________.

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

25. Other Contributory Causes of importance:

26. Name of operation
    __________

27. What test confirmed diagnosis?
    __________

28. Was there an autopsy?
    __________

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

30. If so, specify
    __________

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

32. If so, specify
    __________
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.

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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:

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<table>
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<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>
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<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: Kent
   Village or City: Worton
   Length of residence in city or town where death occurred: yrs. mos. ds.
   Registration Dist. No.: 20
   No.: St., Ward:
   If death occurred in a hospital or institution, give its NAME instead of street and number.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

   HUSBAND of:
   WIFE of:

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

6. DATE OF BIRTH (month, day, and year)
   Sept. 6, 1866

7. AGE
   Years: 65
   Months: 9
   Days: 3
   If LESS than 1 day, ... hrs. or... min.

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

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

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

11. Total time (years) spent in this occupation
    40

12. BIRTHPLACE (city or town)
    Delaware

13. NAME
    Ellen Burtis

14. BIRTHPLACE (city or town)
    Del.

15. MAIDEN NAME
    Mary Burtis

16. BIRTHPLACE (city or town)
    Del.

17. INFORMANT
    Harriet E. Burtis

18. BURIAL, CREMATION, OR REMOVAL
    Place: Hill Farm
    Date: June 11, 1933

19. UNDERTAKER
    W. T. Stoddard

20. FILED
    June 20, 1933

 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    June 9

22. I HEREBY CERTIFY. That I attended deceased from
    1-1-1923 to 6-9-1933; death is said to have occurred on the date stated above, at 1 P.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were:
   Congestive Heart Failure

   Other Contributory Causes of Importance:
   N.B.

   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 HDME, or in PUBLIC PLACE.

   Manner of Injury:

   Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
    If yes, specify
   (Signed) N. B. Cole
   M. D.

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

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</table>

| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | May 1, 1925 | Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Saint Mary's
Village or City: Cheviot

2. FULL NAME

Mary Virginia Elliott

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

HUSBAND OF: Thomas A. Elliott

6. DATE OF BIRTH (month, day, and year): Feb. 24, 1858

7. AGE: 77 Years 3 Months 13 Days

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

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

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

11. Total time (years) spent in this occupation: 7 years

12. BIRTHPLACE (city or town): New York City, N.Y.

13. NAME: William T. Parker

14. BIRTHPLACE (city or town): New York City, N.Y.

15. MAIDEN NAME: Shepa

16. BIRTHPLACE (city or town): New York City, N.Y.

17. INFORMANT: Mrs. Elliott (daughter)

18. BURIAL, CREMATION, OR REMOVAL

Place: Chestnut Cemetery
Date: June 10, 1935

19. UNDERTAKER: Ralph H. Elliott

20. FILED: June 16, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 5, 1935

22. I HEREBY CERTIFY That I attended deceased from July 17, 1934, to June 5, 1935, last saw him alive on June 21, 1935; death is said to have occurred on the date stated above, at 8:30 a.m.

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

Pulmonary Edema

Other Contributory Causes of Importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

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

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

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

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

Manner of Injury:

Nature of Injury:

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

If so, specify:

Name of injury/death:

(Signed):

Registrar:

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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>Gallstones</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County:  [illegible]
   Village or City: Georgetown
   Length of residence in city or town where death occurred: 50 yrs. 6 mos. 10 ds.
   Registration Dist. No: 21
   No. St., Ward

2. FULL NAME
   (a) Residence: No. Georgetown, Ind. (Usual place of residence)

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
   Male
   4. COLOR OR RACE
   White
   5a. If married, widowed, or divorced
   Single

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH
   (Month) 9 (Day) 1936 (Year)

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

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Date of onset: [illegible]
   Other Contributory Causes of importance:

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

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

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

   (Signed) M. D.

   (Address)

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

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

To be complete, an occupation return must state:

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

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

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

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

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

### Example I

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

**Other contributory causes of importance:**

- Gallstones  
  
  | Date of onset |  
  |---|---|
  | May 1, 1923 |  

**Example II**

### 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

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

1. PLACE OF DEATH
   County: Kent
   Village or City: Newton Frolics
   Registration Dist. No.
   No.: 947
   St., Ward.
   Length of residence in city or town where death occurred: yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   Residence: McKeesville New Jard.
   (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   Sept. 2, 1899

7. AGE
   Years: 56
   Months: 9
   Days: 29

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER,
   SAWYER, BOOKKEEPER, etc.
   Magazine Editor

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)
    Aug. 17

11. TOTAL TIME (YEARS)
    30

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

13. NAME
    Thomas Johnson

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

15. MAIDEN NAME
    Mathews

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

17. INFORMANT
    Mrs. Ena Hoge
    Address: Morton St.

18. BURIAL, CREMATION, OR REMOVAL
    Place: New York City
    Date: 7.1. 1935

19. UNDERTAKER
    Address: Radel & Scallion

20. FILED
    June 29, 1936
    W. W. ffiehler
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    June 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from
    Infantile Paralysis 19
    I last saw ______ alive on
    19___.___.___.
    Death is said to have occurred on the date stated above, at 7:30 A.M.

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
   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
   Nature of injury

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

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

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

To be complete, an occupation return must state:
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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>Date of onset</th>
<th></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>1915</td>
<td></td>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Artrosclerosis</td>
<td>1921</td>
<td></td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 6, 1927</td>
<td></td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
<td></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>
</tr>
</thead>
</table>

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

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

1. **PLACE OF DEATH**
   - County: [redacted]
   - Village or City: [redacted]

2. **FULL NAME**
   - Alexander Mann

3. **SEX**
   - M

4. **COLOR OR RACE**
   - [redacted]

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

6. **DATE OF BIRTH** (month, day, and year)
   - March 29, 1855

7. **AGE**
   - Years: 80
   - Months: 2
   - Days: 28

8. **Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.**
   - [redacted]

9. **Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.**
   - [redacted]

10. **DATE OF DEATH** (month, day, and year)
    - June 27, 1933

11. **Total time (years) spent in this occupation**
    - [redacted]

12. **BIRTHPLACE (city or town)**
    - [redacted]

13. **NAME**
    - [redacted]

14. **BIRTHPLACE (city or town)**
    - [redacted]

15. **MAIDEN NAME**
    - [redacted]

16. **BIRTHPLACE (city or town)**
    - [redacted]

17. **INFORMANT**
    - [redacted]

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: [redacted]
    - Date: Jan 30, 1933

19. **UNDERTAKER**
    - [redacted]

20. **FILED**
    - June 29, 1933

If more blanks are needed, address State Registrar, 2417 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<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>
</tbody>
</table>

| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | Date of onset | Gastroenteritis | 1 year |
| May 1, 1923 | 3 days ago | 1 year | 3 days ago |
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Kent
   - Village or City: Rock Hall
   - Registration Dist. No.: 263
   - No. East Ind. St., Ward: Rock Hall
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Julia R. Ringgold
   - Residence: No. Rock Hall

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

5a. **S. SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - Widowed

5b. If married, widowed, or divorced, name of husband or wife:
   - James C. Ringgold

6. **DATE OF BIRTH**
   - Nov 28, 1863

7. **AGE**
   - Years: 81
   - Months: 7
   - Days: 2

8. **OCCUPATION**
   - Housework

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

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

11. **NAME**
    - Richard B. Wilson

12. **BIRTHPLACE** (city or town)
    - Rock Hall, Ind

13. **MOTHER NAME**
    - Martha Ann Young

14. **BIRTHPLACE (city or town)**
    - Rock Hall, Ind

15. **MAIDEN NAME**
    - Martha Ann Young

16. **BIRTHPLACE** (city or town)
    - Washington, D.C.

17. **INFORMANT**
    - Mrs. G. Ringgold

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Rock Hall, Ind
    - Date: July 2, 1935

19. **UNDERTAKER**
    - Heslet

20. **FILED**
    - June 30, 1935

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - June 30th, 1935

22. **I HEREBY CERTIFY, That I attended deceased from June 30th, 1935, to June 30th, 1935, I last saw deceased alive on June 30th, 1935; death is said to have occurred on the date stated above, at 3:25 a.m.**

23. **Principal Cause of Death**
    - Arteriosclerosis

24. **Other Contributory Causes of Importance**
    - Hypertension

25. **Name of operation**
    - Date of operation

26. **Was there an autopsy?**
    - Yes

27. **Manner of injury**
    - Nature of injury

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

29. **Registation**
    - Rock Hall

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

To be complete, an occupation return must state:

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**Example I**

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

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

**Example II**

<table>
<thead>
<tr>
<th>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:
- Gastroenteritis
  - Date of onset: 1 year
# State of Maryland—Certificate of Death

## 1. Place of Death
- **County**: [Enter County]
- **Village or City**: Chesterfield
- **Registration Dist. No.**: [Enter Registration Dist. No.]
- **No. St. Ward**: [Enter Street and Ward]
- **Length of residence in city or town where death occurred**: [Enter Length]
- **If death occurred in a hospital or institution, give its Name instead of street and number**: [Enter Name]

## 2. Full Name
- **George Hauser, 1925**
- **(a) Residence**: [Enter Residence]
- **St., Ward**: [Enter Street and Ward]
- **If nonresident give city or town and State**: [Enter City or Town and State]

### Personal and Statistical Particulars

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>Single</td>
</tr>
</tbody>
</table>

### Medical Certificate of Death

<table>
<thead>
<tr>
<th>21. Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 9, 1935</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. I hereby certify, that I attended deceased from ______</th>
<th>19__</th>
</tr>
</thead>
<tbody>
<tr>
<td>I last saw him alive on ____ at ____ A.M.</td>
<td>Jan. 9, 1935</td>
</tr>
<tr>
<td>Death is stated to have occurred on the date stated above, at ____ M.</td>
<td>June 12, 1935</td>
</tr>
</tbody>
</table>

### Cause of Death

- **The principal cause of death and related causes of importance**: [Enter Causes]

<table>
<thead>
<tr>
<th>Name of operation</th>
<th>Date of Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Occupation

<table>
<thead>
<tr>
<th>4. Occupation</th>
<th>10. Date deceased last worked at this occupation (month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farming</td>
<td>May 8, 1935</td>
</tr>
</tbody>
</table>

### Birthplace

- **12. Birthplace (city or town)**: [Enter City or Town]
- **State or county**: [Enter State or County]

### Name

- **13. Name**: Hauser, George
- **14. Birthplace (city or town)**: [Enter City or Town]
- **State or county**: [Enter State or County]
- **15. Maiden Name**: [Enter Maiden Name]
- **16. Birthplace (city or town)**: [Enter City or Town]
- **State or county**: [Enter State or County]

### Informant

- **17. Informant (Address)**: [Enter Address]
- **18. Burial, Cremation, or Removal**
  - Place: [Enter Place]
  - Date: [Enter Date]

### Undertaker

- **19. Undertaker (Address)**: [Enter Address]

### Medical Certificate

- **20. Filed**: June 11, 1925
- **21. Registered By**: [Enter Registered By]

---

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
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<tr>
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<td>1 week ago</td>
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<td>1921</td>
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<td>1 week ago</td>
</tr>
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<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

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

1. PLACE OF DEATH
   County: Kent
   Village or City: Chalksville
   Length of residence in city or town where death occurred: 79 yrs.
   (If death occurred in a hospital or institution, give its NAME, instead of street and number)

2. FULL NAME: Peter Stevens
   (a) Residence: No. 186, Chalksville
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

   5a. If married, widowed, or divorced
   HUSBAND OF: Ella Stevens

   6. DATE OF BIRTH (month, day, and year): Oct 1-1853

   7. AGE: 79 yrs.

   8. Trade, profession, or particular kind of work done: Blacksmith
   9. Industry or business in which work was done: Blacksmith

   10. Date deceased last worked at this occupation (month and year): 1934
   11. Total time (years) spent in this occupation: 69


   13. NAME: Unknown

   14. BIRTHPLACE (city or town): Unknown

   15. MAIDEN NAME: Unknown

   16. BIRTHPLACE (city or town): Unknown

   17. INFORMANT (Address): William F. Stevens

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Chalksville
   Date: June 19, 1931

   19. UNDERTAKER (Address): Frank E. Ford

   20. FILED: 4/17, 1931
   Registrar: Marie D. Price

21. DATE OF DEATH
   (Month) 10
   (Day) 16
   (Year) 1931

22. I HEREBY CERTIFY that I attended deceased from April 4, 1929, to June 17, 1931.
   I last saw him alive on June 17, 1931; death is said to have occurred on the date stated above, at 2:10 A.M.

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

   Date of onset: 1931

   Other Contributory Causes of importance:
   (Specify)

   Name of operation:
   Date:

   What test confirmed diagnosis:
   Date of:

   Was there an autopsy:

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide:
   Date of injury:
   Where did injury occur:
   (Specify city, town, county and State)
   Specify whether injury occurred in INDUSTRY, at 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) Marie D. Price
   (Address) Wilmington, Del.

If more blanks are needed, address State Registrar, 2141 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

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

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

2. FULL NAME: Kellie B. Barry
   Residence No.: [illegible]
   If U.S. Veteran specify War:

   PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, year): April 14, 1900
7. AGE: 30 yrs. 2 mos.

8. OCCUPATION: Telephone Lineman

9. Date deceased worked at this occupation: January 1935
10. Date of death (month, day, year): January 29, 1935

11. Total time (years) spent in this occupation: 8 yrs.

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

13. NAME: James W. Barry
    Father:

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

15. MAIDEN NAME: Ella Green

16. BIRTHPLACE (city or town): Aulandsky
    (State or country): N.

17. INFORMANT: Gladys Barry
    (Address): Chesterfors

18. BURIAL, CREMATION, OR REMOVAL
    Place: Chesterfors
    Date: July 2, 1935

19. UNDERTAKER: Tom Weidgood
    (Address): [illegible]

20. FILED: July 2, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: January 29, 1935

22. I HEREBY CERTIFY, That I attended deceased on _______ to _______ 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:

Other Contributory Causes of importance:

Name of operation:

When last confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Yes
   Date of injury: January 29, 1935
   Where did injury occur?: Chesterfors
   Specify what injury occurred in INDUSTRIAL, IN HOME, or in PUBLIC PLACE.

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

   Signature: [illegible]
   M. D.

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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:

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<td>1915</td>
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</tr>
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<td>1921</td>
<td></td>
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<td>July 6, 1927</td>
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Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Kent
   Village or City: (May Arundel)

2. FULL NAME
   (a) Residence: No. 123, Sr., Ward.

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      M. (Male)
   4. COLOR OR RACE
      (Enter the word)
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
      (Enter the word)
   6. DATE OF BIRTH (month, day, and year)
      June 2, 1935
   7. AGE
      Years: 70
      Months: 6
      Days: 1
   8. TRADE, PROFESSION, OR PARTICULAR Kinds of work done, e.g., SPINNER, SAWER, BOOKKEEPER, etc.
      (Enter the word)
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
      (Enter the word)
   10. Date deceased last worked at this occupation (month and year)
      (Enter the word)
   11. Total time (years) spent in this occupation
      (Enter the word)

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

   13. NAME
      Trade: Galloway
      (Enter the word)

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

   15. MAIDEN NAME
      (Enter the word)

   16. BURIAL, CREMATION, OR REMOVAL
      Place: (Enter the word)
      Date: Jan. 14, 1934

   17. INFORMANT
      (Address)
      (Enter the word)

   18. BURIAL, CREMATION, OR REMOVAL
      Undertaker: (Enter the word)
      Address: (Enter the word)

   19. FILED
      (Address)
      (Enter the word)

20. FILING
      (Address)
      (Enter the word)

21. DATE OF DEATH
    (Month) June
    (Day) 13
    (Year) 1935

22. I HEREBY CERTIFY that I attended deceased from
    (Enter the word)
    Last seen alive on
    (Enter the word)
    Death is said to have occurred on the date stated above, at
    (Enter the word)

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

   Other Contributory Causes of importance:

   Name of operation: (Enter the word)
   Date of:
   Was test confirmed diagnosis?: (Enter the word)
   Date of:
   Where did injury occur?: (Enter the word)
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   (Enter the word)
   Nature of injury: (Enter the word)
   (Enter the word)
   (Enter the word)
   (Enter the word)
   (Enter the word)

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

   Accident, suicide, or homicide?: (Enter the word)
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   Mennder of Injury: (Enter the word)
   Nature of Injury: (Enter the word)
   (Enter the word)
   (Enter the word)

   24. Was disease or injury in any way related to occupation of deceased?: (Enter the word)
   If so, specify
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   (Address) (Enter the word)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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</tr>
<tr>
<td>Date of onset: 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones</td>
<td>Other contributory causes of importance: Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1925</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN