STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Worcester
   Village or City: Girdletree

2. FULL NAME: Gordon W. Adkins
   Residence: Girdletree

3. PERSONAL AND STATISTICAL PARTICULARS
   Sex: Male
   Color or Race: White
   Single, Married, Widowed, or Divorced: Married
   Residence: Girdletree

4. MEDICAL CERTIFICATE OF DEATH
   Date of Death: September 13th, 1935

5. Date of Birth: October 1st, 1877
   Age: 57 years, 11 months, 17 days

6. Occupation: Farmer

7. Birthplace: Worcester County, Maryland

8. Parents:
   Father: Handy Adkins
   Mother: Laura G. Adkins

9. Date of Death: September 13th, 1935

10. Date of Birth: October 1st, 1877

11. Place of Death: Worcester City, Maryland

12. Place of Burial: Girdletree, Maryland

13. Undertaker: Norman C. Stevenson


Registration Dist. No. 314

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

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9.—The industry or business in which the work was done.
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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 morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death</strong></td>
<td><strong>The principal cause of death</strong></td>
</tr>
<tr>
<td>and related causes of importance were as follows:</td>
<td>and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Oct. 9, 1935</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Oct. 9, 1935</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 9, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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: Worcester
Village or City: Ocean City, Md.

2. FULL NAME: Benjamin T. Biggs
(a) Residence: No. 125, Middletown Del.

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

6. DATE OF BIRTH (month, day, and year): Dec 10, 1888
7. AGE: 46 years, 8 months, 23 days

8. OCCUPATION: Lawyer

9. DATE DECEASED LAST WORKED ON THIS OCCUPATION: May 1, 1937
10. TOTAL TIME (YEARS, MONTHS) SPENT IN THIS OCCUPATION: 37 years

11. BIRTHPLACE (city or town): Middletown
(State or county): Delaware
12. NAME: William J. Biggs
13. MOTHER'S NAME: Helen Handlin
14. BIRTHPLACE (city or town): Middletown
(State or county): Delaware
15. MAIDEN NAME: Helen Handlin
16. BIRTHPLACE (city or town): Middletown
(State or county): Delaware
17. INFORMANT: J. H. W. Biggs
18. BURIAL, CREMATION, OR REMOVAL: buried in Middletown, Dec 10, 1937
19. UNDERTAKER: J. P. H. Biggs
20. FILED: 1937

21. DATE OF DEATH: Sept. 3rd, 1935

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

Other Contributory Causes of importance:

23. IF DEATH WAS DUE TO EXTERNAL CAUSE (VIOLENCE) fill in the following:
ACCIDENT: Date of injury: Sept. 2, 1935
24. WAS DISEASE OR INJURY ANYWAY RELATED TO OCCUPATION OF DECEASED?
If so, specify:

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

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

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

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<table>
<thead>
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<th>Example I</th>
<th>Example II</th>
</tr>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</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>RECEIVED</td>
<td>Date of onset</td>
</tr>
<tr>
<td>OCT 3, 1925</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County
   Village or city
   No. St.
   Length of residence in city or town where death occurred... yrs. 3 mos. ds.
   Ward
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female
4. COLOR OR RACE
   Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
   Single
6. DATE OF BIRTH (month, day, and year)
   Nov 28, 1916
7. AGE
   Years 16
   Months 9
   Days 3
   If less than 1 day, . hrs. or . min.

8. OCCUPATION
   Cannery Worker
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Cannery Worker
10. Date deceased last worked at this occupation (month and year)
    Aug 15
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    (State or country)
   North Carolina
13. NAME
    Reselle Davis
14. BIRTHPLACE (city or town)
    (State or country)
   North Carolina
15. MAIDEN NAME
    Annie Vaggoard
16. BIRTHPLACE (city or town)
    (State or country)
   North Carolina
17. INFORMANT
    Annie Davis
    (Address)
    Snav Hill, Md.
18. BURIAL, CREMATION, OR REMOVAL
    Place
    Snav Hill
    Date
    Sept 5, 1935
19. UNDERTAKER
    (Address)
    Snav Hill, Md.
20. FILED
    9/14/1935
    Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
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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>
<tr>
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<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: New Castle
   Village or City: near Lewes City
   Registration Dist. No.: 352
   (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: 1 1/2 yrs., mos., ds.
   How long in U.S. if of foreign birth?: yrs., mos., ds.

2. FULL NAME: George F. Dryden
   (a) Residence: No. 11, Herring Creek
   (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: Married

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

6. DATE OF BIRTH (month, day, and year): 1840

7. AGE: 65 yrs., mos., or hrs., min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWSMITH, BOOKKEEPER, ETC.: Retired

9. OCCUPATION WHERE WORK WAS DONE, AS SILK MILL, SAWMILL, BANK, ETC.: Farming

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kent County, Del.

13. NAME: Ella F. Dryden

14. BIRTHPLACE (city or town) (State or country): No.

15. MAIDEN NAME: O'Neal, Ella Dryden

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

17. INFORMANT (Address): Ely A. McAlister

18. BURIAL, CREMATION, OR REMOVAL PLACE: Milford, Del., Date: 9/18/19

19. UNDERTAKER (Address): Horsley, Shields

20. FILED: 9/19/19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: July 19, 1919
   Month: July
   Day: 19
   Year: 1919

22. I HEREBY CERTIFY that I attended deceased from July 19, 1919, to July 19, 1919, to have occurred on the date stated above, at
   death is said to have occurred on the date stated above, at

   Other Contributory Causes of Importance:

   Cause of Death: Paralysis agitans, Duration: five years

   Date of onset: 10 yrs.

   Name of operation...

   Date of...

   What test confirmed diagnosis?

   Was there an autopsy?

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

   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 occupations of deceased?
   If so, specify...
   (Signed) Townsend
   M. D.
   (Address)

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<td>The principal cause of death and related causes of importance were as follows:&lt;br&gt;Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis Oct 3 1935</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>
<tr>
<td>Gallstones May 1, 1923</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gastroenteritis 1 year</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Pocomoke City, No. 204 Sixth St., Ward No. 204 Sixth
   Length of residence in city or town where death occurred: 6 yrs., 11 mos.

2. FULL NAME: Martha Lavenia Duncan
   Residence: No. 204 Sixth St., Ward

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): October 10th, 1865
7. AGE: 69 yrs., 11 mos., 17 days

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

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

10. Date deceased last worked at this occupation (month and year): Sept. 1885.
11. Total time (years, months, days, or hours) spent in this occupation: Life

12. BIRTHPLACE (city or town): Bloxom, Virginia
13. NAME: John Y. Fitchett
14. BIRTHPLACE (city or town): Accomac County, Virginia
15. MAIDEN NAME: Mary Taylor
16. BIRTHPLACE (city or town): Accomac County, Virginia

17. INFORMANT (Address): John Duncan, Pocomoke City, Maryland

18. BURIAL, CREMATION, OR REMOVAL: Mt. Holly Cemetery, Pocomoke City, Maryland, Sept. 29th, 1935

19. UNDERTAKER (Address): Jesse P. Stephens, Pocomoke City, Maryland

20. FILED: Sept. 29, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Pocomoke City, September 27th, 1935

22. HEREBY CERTIFY, that I attended deceased on Sept. 26th, 1935, to Sept. 27th, 1935, and was last seen alive on Sept. 15th, 1935; death occurred on the date stated above, at 15, 15th A.M.

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

Other Contributory Causes of Importance:

Name of operation: Date of:

What test confirmed diagnosis?: 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) M.D.:

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<th>Cause of death</th>
<th>Date of onset</th>
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<tbody>
<tr>
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<td>1915</td>
</tr>
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<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:

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<thead>
<tr>
<th>Cause</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
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<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>
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<tbody>
<tr>
<td>Gastroenteritis</td>
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH
- **County:** Worcester
- **Village or City:** Berlin, Md
- **Reg. Dist. No.:** 955

## 2. FULL NAME
- **Spouse:** Sippie O. Ennis
- **Wife of:** Riley Ennis

### PERSONAL AND STATISTICAL PARTICULARS
- **Sex:** Female
- **Color or Race:** White
- **Marital Status:** Widowed
- **Age at Death:** 84 yrs, 3 mos, 1 day
- **Place of Birth:** Berlin, Md
- **Place of Death:** Berlin, Md
- **Place of Death:** Berlin, Md
- **Date of Death:** Sept. 8, 1935
- **Cause of Death:** Acute Myocarditis

### OCCUPATION
- **Occupation:** Retired

### BIRTHPLACE
- **State or Country:** Md

### FATHER
- **Name:** William H. Marshall

### MOTHER
- **Name:** Mary A. Pinders

### INFORMANT
- **Name:** Miss Dora Wise

### BURIAL, CREMATION, OR REMOVAL
- **Place:** Evergreen
- **Date:** Sept. 10, 1935

### UNDERTAKER
- **Name:** J. Reuther, Mid.

### FILED
- **Date:** Sept. 9, 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

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</tr>
</thead>
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<td>1921</td>
</tr>
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<td>Cerebral hemorrhage</td>
<td>1927</td>
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<td>3 days ago</td>
</tr>
</tbody>
</table>

### Other contributory causes of importance:

<table>
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<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
</tr>
</thead>
</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: Worcester
- Town: Snow Hill

**2. Full Name**
- James Anderson Ewell

#### 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>Black</td>
<td>Single</td>
</tr>
</tbody>
</table>

**DATE OF DEATH**
- Sept. 18, 1935

**Place of Residence at Time of Death**
- 107 Ewell St., Snow Hill, Md.

**Length of Residence in City or Town Where Death Occurred**
- 20 years

**If Death occurred in a hospital or institution, give its name instead of street and number**
- St. Luke's Hospital, Snow Hill, Md.

**If nonresident give city or town and State**
- St., Ward.

**Medical Certificate of Death**

**21. Date of Death**
- Sept. 18, 1935

**I hereby certify**

**Place deceased last worked at this occupation**
- Snow Hill, Md.

**The principal cause of death**
- Broncho pneumonitis

**Other Contributory Causes of Importance**

**Name of operation**
- Climbed

**Date of operation**
- 9/17/35

**Was there an autopsy?**
- No

**23. If death was due to external causes (violence) fill in also the following:**
- Date of injury: 9/17/35
- Where did injury occur?: Snow Hill, Md.
- Specify whether injury occurred in industry, in home, or in public place.

**Manner of injury**
- Nature of injury

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

**If so, specify**
- (Address)

**Registrar**
- 9/19/35

__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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<tr>
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<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
- County: Worcester
- Village or City: Pocomoke City
- Registration Dist. No.: 3
- No.: 2nd & Walnut
- St.: 2nd & Walnut
- Ward: 2nd & Walnut
- Length of residence in city or town where death occurred: 60 yrs. mos. ds.
- How long in U.S. If of foreign birth: yrs. mos. ds.

2. FULL NAME: Edgar Fontaine
(a) Residence: No. 2nd & Walnut

PERSONAL AND STATISTICAL PARTICULARS
- 3. SEX: Male
- 4. COLOR OR RACE: White
- 5. SINGLE, MARRIED, Widowed, OR DIVORCED: Widower

MEDICAL CERTIFICATE OF DEATH
- 21. DATE OF DEATH: September 27th, 1935
- I last saw him alive on 9/27/35; death is said to have occurred on the date stated above, at 12:00 P.M.
- The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
  - Chronic Myocarditis
  - Other Contributory Cause of importance:
    - Anemia
    - Chronic Nephritis, both over a period of years.

3. OCCUPATION: Insurance Agent
4. Date deceased last worked at this occupation: Feb 1934
5. Total time (years) spent in this occupation: 45

6. BIRTHPLACE (city or town): Somerset County, Maryland
7. NAME: Charles Fontaine
8. NAME OF FATHER: Charles Fontaine
9. NAME OF MOTHER: Susan Fontaine
10. BIRTHPLACE (city or town): Somerset County, Maryland
11. BIRTHPLACE (State or country): Somerset County, Maryland
12. INFORMANT: E. Clarke Fontaine
13. INFORMANT (Address): Chestertown, Maryland
15. UNDERTAKER: Poormoke City, Maryland
16. FILING DATE: Sept 29, 1935
17. REGISTRAR: Poormoke City, Maryland

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

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Example I

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

| Arteriosclerosis | Date of onset: 1915 |
| Chronic interstitial nephritis | Date of onset: 1921 |
| Cerebral hemorrhage | Date of onset: July 5, 1927 |

Other contributory causes of importance:

| Gallstones | Date of onset: May 1, 1933 |

Example II

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

| Attack of epilepsy | Date of onset: 1 week ago |
| Run over by street car | Date of onset: 1 week ago |
| Peritonitis | Date of onset: 3 days ago |

Other contributory causes of importance:

| Gastroenteritis | Date of onset: 1 year |

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Ironshire
   Length of residence in city or town where death occurred: 50 yrs.

2. FULL NAME
   (a) Residence No. 10
      Place: Ironshire
      If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5a. If married, widowed, or divorced
   (a) Residence No. 10
   (b) HUSBAND of
   (c) WIFE of

6. DATE OF BIRTH
   Dec. 29, 1850

7. AGE
   Years: 64
   Months: 8
   Days: 29
   If LESS than 1 day, hours, or minutes.

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   1850

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    1920

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    1920

12. BIRTHPLACE (CITY OR TOWN)
    (State or country)

13. NAME
    Goldsmith Godfrey

14. BIRTHPLACE (CITY OR TOWN)
    (State or country)

15. MAIDEN NAME
    Sophie Godfrey

16. BIRTHPLACE (CITY OR TOWN)
    (State or country)

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Strugis
    Date: Sept. 30, 1920

19. UNDERTAKER
    (Address)

20. FILED
    Sept. 30, 1920

REGISTRATION DIST. No. 352

REGISTRAR

If more blanks are needed, address State Registrar, 2415 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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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: Worcester
   - Village or City: Stockton
   - Length of residence in city or town where death occurred: 73 yrs, 28 mos, 28 ds.

2. **FULL NAME:** Ida A. Gootee
   - Residence: No. Stockton

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX:** Female
   - **COLOR OR RACE:** White
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED:** Married

5a. If married, widowed, or divorced
   - **WIFE OF:** William Edward Gootee

6. **DATE OF BIRTH** (month, day, and year): August 25th, 1862.

7. **AGE**
   - Years: 73
   - Months: **28**

8. **OCCUPATION:** Housewife

10. **Date deceased last worked at this occupation** (month and year):
   - Sept. 1931

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

12. **BIRTHPLACE** (city or town): Worcester County, Maryland.

13. **NAME:** George Jones

15. **MAIDEN NAME:** Margaret Onley

16. **BIRTHPLACE** (city or town): Worcester County, Maryland.

17. **INFORMANT:** William Edward Gootee

18. **BURIAL CREMATION, OR REMOVAL**
   - Place: Presbyterian Cemetery
   - Date: Sept. 24th, 1935

19. **UNDERTAKER**
   - Address: Stockton, Md.
   - Name:含まれไม่ใช่เรื่อง

20. **FILED**
    - Date: Sept. 22, 1935
    - Register: Mary M. Taylor

21. **DATE OF DEATH**
    - Month: September
    - Day: 22nd
    - Year: 1935

22. **I HEREBY CERTIFY**
    - Date of onset: Sept. 16th, 1935, to Sept. 20th, 1935
    - I last saw him alive on Sept. 20th, 1935, death is said to have occurred on the date stated above, at B 300 A.

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

   - Malignant Hemorrhage

24. **Other Contributory Causes of importance**

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

25. **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: 

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

   - If so, specify: 

   - (Signed): John D. Dickinson, M.D.

If more blanks are added, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   (a) Residence: No. (Usual place of abode)
   (b) Name: Charles Albert Green
   (c) If U.S. Veteran specify WAR...

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: White
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   If married, widowed, or divorced: HUSBAND of
   (or) WIFE of
   Date of marriage: 9/12/1963

4. DATE OF BIRTH (month, day, and year): Dec. 12, 1863
   AGE: Years 71
   Months 9
   Days 1
   IF LESS than 1 day, hrs. or min.

5. TRADE, PROFESSION, OR PARTICULAR kind of work done: Carpenter

6. Date deceased last worked at: Sept. 12, 1935
   Total time (years) spent in this occupation: 50 yrs.

7. BIRTHPLACE (city or town): Wisconsin
   State or country:

8. NAME: Ruffin G. Green

9. MOTHER'S NAME: Don't Know

10. BIRTHPLACE (city or town): Wisconsin
    State or country:

11. INFORMANT: Martha A. Green
    Address: Snow Hill

12. BURIAL, CREMATION, OR REMOVAL
    Place: Snow Hill, Sept. 15, 1935

13. UNDERTAKER: John E. Green
    Address:

14. FILED: 9/14/1935
    Registrar:

21. DATE OF DEATH
   Month: September
   Day: 13
   Year: 1935

22. I HEREBY CERTIFY, that I attended deceased from Sept. 13, 1935, to Sept. 13, 1935, at...m.
    I last saw him alive on...m., 19...; death I said to have occurred on the date stated above, at...m.
    The principal cause of death and related causes of importance were as follows:
    Pulmonary Tuberculosis
    Dead for arrival

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:
    Nature of injury:
    Manner of injury:

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of household, 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: Worcester. No.:
   Village or City: Berlin, Md. St.:
   Length of residence in city or town where death occurred: 50 yrs. Ward:
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: George Washington Hadden.
   (Usual place of abode)

3. PERSONAL AND STATISTICAL PARTICULARS
   5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
   6. DATE OF BIRTH (Month, day, and year) 1877
   7. AGE Years Months Days
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month and year)
   11. Total time (years) spent in this occupation

4. MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH Sept 21, 1935
   22. I HEREBY CERTIFY, That I attended deceased from
   1919 ...
   I last saw him alive on Sept 11, 1935; death is said to have occurred on the date stated above, etc. m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   date of onset
   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.
   24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed)
   Address
   Berlin, Ind.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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8.—The trade, profession, or particular kind of work done.
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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:

Example I

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
<th>Other contributory causes of importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Oct 3 1935</td>
<td>Gallstones</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

Example II

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

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Bushong
   Length of residence in city or town where death occurred: 1 month

2. FULL NAME: Margaret C. Hodlings
   (a) Residence: No. 6802 Bushong Rd., St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5a. If married, widowed, or divorced: Wife of Jesse Hodlings
6. DATE OF BIRTH: November 12, 1905
7. AGE: 29 Years 10 Months 3 Days
8. OCCUPATION: Housewife
9. Date deceased last worked at this occupation: (Month) (Day) (Year)
10. Total time spent in this occupation: (Month) (Year)
12. BIRTHPLACE: Maryland
13. NAME: Sylvanus Campbell
14. BIRTHPLACE: Campbellsburg, Md.
15. MAIDEN NAME: Jennie Croes
17. INFORMANT: Jesse Hodlings, Wife
18. BURIAL, CREMATION, OR REMOVAL: Bishopville, Md.
19. UNDERTAKER: J. B. Bushong
20. FILED: Sept 15, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: September 15, 1935
22. I HEREBY CERTIFY: That I attended deceased from Aug 5th, 1935, to date of death Aug 14th, 1935; death is said to have occurred on the date stated above, at 1:30 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Pulmonary tuberculosis, 9/15/35
   Other Contributory Causes of importance:

   Name of operation: Date of: [Blank]
   What test confirmed diagnosis? X-ray: Was there an autopsy? [Blank]
   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Date of injury: 9/19/35
   Where did injury occur? [Blank]
   Specify whether injury occurred in Industry, in Home, or in Public Place: [Blank]
   Manner of injury: [Blank]
   Nature of injury: [Blank]
   24. Was disease or injury in any way related to occupation of deceased? [Blank]
      If so, specify: [Blank]

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

(Signed) [Blank]
(Address) [Blank]

Registrar: [Blank]
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>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                                                               Other contributory causes of importance:

Date of onset: May 1, 1923                                               Gastroenteritis

1 year

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

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

2. FULL NAME
   (a) Residence: No. 527.
   (Usual place of above)
   If nonresident give city or town and State

   MARY E. HENRY

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   July 17, 1890

7. AGE
   Years: 45
   Months: 1
   Days: 24

   If LESS than 1 day, __________ hrs.
   or __________ min.

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)
    1935

11. Total time (years) spent in this occupation
    20

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

13. NAME
    Peter Henry

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

15. MAIDEN NAME
    Emma Clayhill

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

17. INFORMANT
    Isaac Henry
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Olive
    Date: Sept. 17, 1935

19. UNDERTAKER
    (Address)

20. FILED
    Sept. 13, 1935
    (Register)

21. DATE OF DEATH
    Sept. 11, 1935
    (Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from July 17, 1935, to Sept. 11, 1935.

   Date of onset
   1935

   I last saw deceased alive on Sept. 11, 1935; death is said to have occurred on the date stated above, at 8 a.m.

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

   Other Contributory Causes of Importance:

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

   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?
   Yes

   If so, specify
   (Signed)
   (Address)

If more blanks are needed, address State Registrar, 2401 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.

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

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

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

Example I

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Oct 3, 1935</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Example II

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Southbridge
   Length of residence in city or town where death occurred: 15 yrs. 10 mos. 16 days

2. FULL NAME
   (a) Residence: No. 48
   (Usual place of abode) St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. If married, widowed, or divorced
   HUSBAND of (or) WIFE of
   W. Jones

7. DATE OF BIRTH
   (Month, day, and year)
   Nov. 9, 1851
7. AGE
   Years: 83
   Months: 10
   Days: 7

8. TRADE, PROFESSION, OR PARTICULAR kind of work done, as SPINNER, SAWS, BOOKKEEPER, etc.
   Shoemaker
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   Tailor
10. Date deceased last worked at this occupation (month and year)
    April 1935
11. Total time (years) spent in this occupation
    30 yrs.

12. BIRTHPLACE (city or town)
    (State or country)
    State of Maryland
13. NAME
    Jess Jones

14. BIRTHPLACE (city or town)
    (State or country)
    State of Maryland
15. MAIDEN NAME
    Catherine Rosary

16. BIRTHPLACE (city or town)
    (State or country)
    State of Maryland
17. INFORMANT
    Name: Catherine Rosary Jones
    Address: 48 Main St., Southbridge
18. BURIAL, CREMATION, OR REMOVAL
    Place: Springfield Burial Park
    Date: Sept. 16, 1936
19. UNDERTAKER
    Name: John A. Dickerson
    Address: 48 Main St., Southbridge
20. FILED
    Date: 9/17/1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) (Day) (Year)
    September 16, 1936

22. I HEREBY CERTIFY That I attended deceased from
    May 1935 to Sept. 16, 1936.
    I last saw him alive on Sept. 16, 1936; 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:
    Date of onset
    Date of death
    Other Contributory Causes of importance:
    Name of operation
    Date 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

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

SIGNED

Registrator

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

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

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Example I

<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>October 4, 1925</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1925 |

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 | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Worcester
   Village or City: Pocomoke City
   Length of residence in city or town where death occurred: 3 yrs. 4 mos. 24 ds.

2. FULL NAME: Horace T. Jones
   (a) Residence: No. (b) Ward
   If U.S. Veteran, specify WAR

   MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   September 4th, 1935

22. I HEREBY CERTIFY That I attended deceased from

23. Other Contributory Causes of Importance:

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

If more blanks are needed, address State Registrar, 2401 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:

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

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Snow Hill
   Length of residence in city or town where death occurred: 17 yrs.

2. FULL NAME
   Yellie Marshall
   If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR OR RACE: Colored
MARRIAGE: Married
HUSBAND or WIFE of: Moses C. Marshall

DATE OF BIRTH: June 25, 1881
AGE: 54 yrs.

OCCUPATION: Housewife

6. DATE OF DEATH: July 30, 1935

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY. That I attended deceased from
    June 25, 1935, at 9 1/2 am.
    Date of onset: 

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

    Other Contributory Causes of Importance:
    Unimportant

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

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

    24. Was disease or injury in any way related to occupation of deceased? No
    If so, specify ________________________
    (Address) ___________________________

    20. FILED: 9/30, 1935
    Registrars: _________________________

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

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

To be complete, an occupation return must state:
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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.

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.

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Example I

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>OCT 4 1925</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 1, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

Example II

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County...Worcester
Village or City...Pocomoke City

2. FULL NAME:

Lemuel P. Merrill
(a) Residence: No. R.F.D. # 2
(Usual place of abode)

3. SEX

Male

4. COLOR OR RACE

White

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

Married

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

July 5th, 1872

7. AGE

63 yrs., 2 mos., 22 ds.

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

Farmer

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)

July 1935

11. Total time (years) spent in this occupation

Life

12. BIRTHPLACE (city or town)

Worcester County

Maryland

13. NAME:

Thomas Merrill

14. BIRTHPLACE (city or town)

Worcester County

Maryland

15. MAIDEN NAME

Elizabeth Burton

16. BIRTHPLACE (city or town)

 Accomac County

Virginia

17. INFORMANT

Miss Pearl Merrill

Pocomoke City, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Pocomoke City, Sept. 30th, 1935

19. UNDERTAKER

Vernon Stevenson

Pocomoke City, Maryland

20. FILED

21. DATE OF DEATH

Pocomoke City, September 26th, 1935

22. I HEREBY CERTIFY, That I attended deceased from

July 27, 1935, to Sept. 26th, 1935, and he died on Sept. 27th, 1935; death is said to have occurred on the date stated above, at 100 a.m.

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

Sphenome

Other Contributory Causes of importance:

Pulmonary Tuberculosis

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

Name of operation...

What test confirmed diagnosis?...

Was there an autopsy?...

Date of injury...

Date of injury...

Where did injury occur?...

Specify city or town, county and State...

Manner of injury...

Nature of injury...

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

If so, specify...

(Signed)...

Registrar...

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.

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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 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

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>
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<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>

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Rehoboth
   Registration Dist. No.: 350

2. FULL NAME
   (a) Residence: No.
   U. S. Veteran, specify WAR
   St., Ward.
   If nonresident give city or town and State

3. PERSONAL AND STATISTICAL PARTICULARS
   (Usual place of abode)
   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
      (write the word)

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

7. AGE
   Years: 85
   Months: 4
   Days: 25

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   State or country

13. NAME
   Deceased's Name

14. BIRTHPLACE (city or town)
   State or country

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
   State or country

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Date

19. UNDERTAKER
    (Address)

20. FILED
   Date: 27.9.35

21. DATE OF DEATH
   (Month) 7
   (Day) 27
   (Year) 1935

22. I HEREBY CERTIFY, That I attended deceased from
   19... to...
   I last saw h. alive on...
   I declared death to have occurred on the date stated above, at...
   Cause of death was from old age, no doctor in attendance.

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

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

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

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<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>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | Gastroenteritis |
| May 1, 1933 | 1 year |

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

1. PLACE OF DEATH
   County: Worcester
   No.:
   Registration Dist. No.: 862
   (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: 39 yrs. mos. ds.
   How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME: William A. Pruit
   (a) Residence: No. 15 Berlins Rd.
      St., Ward.
      If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
5a. If married, widowed, or divorced 
   HUSBAND of: William A. Pruit
   OR WIFE of: 

6. DATE OF BIRTH: Sept. 22, 1895

7. AGE:
   Years: 39
   Months: 11
   Days: 9
   If less than 1 year, state date of birth.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK: Housekeeper

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: 

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: 
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 

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

13. NAME: Cyrus Bradley
    Father
14. BIRTHPLACE: (city or town) And
    (State or country) And

15. MAIDEN NAME: Addie Hastings
16. BIRTHPLACE: (city or town) And
    (State or country) And

17. INFORMANT: William A. Pruit
18. BURIAL, CREMATION, OR REMOVAL:
    Place: 
    Date: Sept. 3, 1935

19. UNDERTAKER: 

20. FILED: Oct. 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Sept. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 

23. I last saw him/her alive on 
   Aug. 10, 1935.
   Deceased died at 10:30 A.M.
   Death is said to have occurred on the date stated above.
   The PRINCIPAL CAUSE OF DEATH was:
   Culinary TB.

Other Contributory Causes of importance:

Name of operation:

Data of:

What test confirmed diagnosis? 

Was there an autopsy?

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

If so, specify:

(Signed) 

M.D. 

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

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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, 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>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

**State of Maryland**

**Certificate of Death**

1. **Place of Death**: (Specify place of death)
2. **Name of Deceased**: (Specify name of deceased)
3. **Sex**: (Specify sex of deceased)
4. **Race**: (Specify race of deceased)
5. **Color**: (Specify color of deceased)
6. **Age**: (Specify age of deceased)
7. **Occupation**: (Specify occupation of deceased)
8. **Date of Birth**: (Specify date of birth)
9. **Place of Birth**: (Specify place of birth)
10. **Place of Burial**: (Specify place of burial)
11. **Date of Death**: (Specify date of death)
12. **Place of Death**: (Specify place of death)
13. **Place of Burial**: (Specify place of burial)
14. **Manner of Death**: (Specify manner of death)
15. **Cause of Death**: (Specify cause of death)
16. **Other Causes of Death**: (Specify other causes of death)
17. **Medical Certificate of Death**: (Specify medical certificate of death)
18. **Veteran Status**: (Specify veteran status)

**Certificate of Deceased**

1. **Certificate of Deceased**: (Specify certificate of deceased)
2. **Certificate of Deceased**: (Specify certificate of deceased)
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4. **Certificate of Deceased**: (Specify certificate of deceased)
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Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | Oct 4, 1935 |

Other contributory causes of importance:

Gallstones | May 1, 1935 |

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
Count... Worcester
Village or City... near Snow Hill
No. St. Ward
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
If married, widowed, or divorced, name of husband or wife of
Charles A. Pearson

6. DATE OF BIRTH (month, day, and year) Aug. 12 1876
7. AGE Years 39 Months 0 Days 6

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

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. 18 1935

11. Total time (years) spent in this occupation 10 yrs.

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 (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place... Cemetery
Date... Oct. 20 1935

19. UNDERTAKER (Address)

20. FILED... 9/20/1935

21. DATE OF DEATH

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

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

Other Contributory Causes of importance:

22. Date of onset

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?

Where did injury occur?

(Specify city or town, county and State)

Manner of injury...

Nature of injury...

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

If so, specify

Wounded... Acting

Registrar.

If more blanks are needed, address State Registrar, 2414 N. Charles Street, Baltimore, Requesting "U.S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<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>

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Salisbury
   Registration Dist. No.: 351
   No.: St., Ward.

2. FULL NAME: Matilda B. Bailey
   If U.S. Veteran specify WAR.
   Residence: No. (Usual place of abode)
   St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

Sa. If married, widowed, or divorced
   HUSBAND OF (or) WIFE OF:

6. DATE OF BIRTH (month, day, and year): Dec. 9th, 1873

7. AGE: Years: 61 Months: 9 Days: 19

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWS, BOOKKEEPER, etc.: Home

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, etc.: Home

10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 13 Yrs.

11. OCCUPATION: [Sign]

12. BIRTHPLACE (CITY OR TOWN): Dillingham
   (STATE OR COUNTRY): Q.A.

13. NAME: Edward B. Bailey
   MOTHER FATHER

14. BIRTHPLACE (CITY OR TOWN): Q.A.
   (STATE OR COUNTRY):

15. MAIDEN NAME: Elizabeth Wills

16. BIRTHPLACE (CITY OR TOWN): Q.A.
   (STATE OR COUNTRY):

17. INFORMANT: Eliza Bailey
   (ADDRESS): 4th Street

18. BURIAL, CREMATION, OR REMOVAL
   PLACE: [Sign]
   DATE: Dec. 9th, 1935
   TOMBSTONE:

19. UNDERTAKER: [Sign]
   (ADDRESS): [Sign]

20. FILED: 9.19, 19.35

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

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</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Oct 4, 1935</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1928</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: Worcester
   - Village or City: Pocomoke City
   - R.F.D. #: 2
   - Registration Dist. No.: 350

2. **FULL NAME**
   - Residence: No.
   - Personal and Statistical Particulars:
     - Sex: M
     - Color or Race: C
     - Single, Married, Widowed, or Divorced (Write the word): Single
     - Date of Birth (month, day, and year): Feb 1935
     - Age: 66 yrs 11 mos 0 ds
     - Trade, profession, or particular kind of work done: Farmer
     - Date deceased last worked at this occupation (month and year): 1935
     - Birthplace (city or town) (State or country): 
     - Name: Roberta Sick
     - Birthplace (city or town) (State or country): 
     - Maiden Name: Carolina Harris
     - Informant (Address): Mary C. Coger
     - Burial, cremation, or removal place: 
     - Undertaker (Address): 
     - License No.:
     - Date of Death: 1935
     - Date of Disposal: Sept 23, 1935

3. **MEDICAL CERTIFICATE OF DEATH**
   - Date of Last O.C.E. and Cause of Death: 
   - Occupation: 
   - City or town of residence: 
   - Date of Birth: 
   - Age: 
   - Sex: 
   - Color or Race: 
   - Spouse: 
   - Date of Marriage:
   - Date of Death:
   - Date of Burial:
   - Cause of death:
   - Contributory cause of death:

4. **Other Contributory Causes of Importance**
   - Name of operation:
   - What test confirmed diagnosis?: 
   - Were there any autopsies?: 
   - Manner of injury:
   - Nature of injury:

5. **LEGAL INFORMATION**
   - If more blanks are needed, address State Registrar, 1515 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td></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></td>
<td>Date of onset: May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 1 year</td>
</tr>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Worcester   No. Registration Dist. No.: 9.55
   Village or City: Newark    MD
   Length of residence in city or town where death occurred: 25 yrs.

2. FULL NAME
   (a) Residence: No. Newark.  St.,  Ward.
   (b) Wife of Bruce Spencer.
   (c) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
   Female
4. COLOR OR RACE
   Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married
   (or wife of)

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
   Sept. 26, 1935
   I hereby certify that I attended deceased from 19 to
   (date of death)

22. I last saw deceased alive on
   19. I certify that death occurred on the date above, at
   The principal cause of death was as follows:
   Pulmonary TB

 Other Contributory Causes of importance:

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

13. NAME
   George Sturgis

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

15. MAIDEN NAME
   Caroline Hudson

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

17. INFORMANT
   Bruce Spencer

18. BURIAL CREMATION, OR REMOVAL
   Buried in Chapel, Sept. 29, 1935

19. UNDERTAKER
   J. W. Burbridge

20. FILED
   1935

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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1925</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Worcester Co.
   Village or City: Berlin Hill

2. FULL NAME
   (a) Residence: No.
   (b) Full Name: Baby Simmons

3. SEX
   Male

4. COLOR OR RACE
   Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

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

7. AGE
   Years: 0
   Months: 0
   Days: 0
   If less than 1 year: 0 hrs., or 0 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): 0

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

12. BIRTHPLACE (city or town)
   (State or country): New York, New York

13. NAME
   (First, Middle, Last): Baby Simmons

14. BIRTHPLACE (city or town)
   (State or country): New York, New York

15. MAIDEN NAME
   (If any, give full name and maiden name)

16. BIRTHPLACE (city or town)
   (State or country): New York, New York

17. INFORMANT
   (Address): Father, Baby Simmons

18. BURIAL, CREMATION, OR REMOVAL
   Place: Baptiste Cemetery
   Date: Sept. 29, 1935

19. UNOETAKER
   (Address): Father, Baby Simmons

20. FILED: 9/29/1935

REGISTRATION DIST. No. 351

21. DATE OF DEATH
   Month: Sept.
   Day: 29
   Year: 1935

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

   I last saw the above named deceased... alive on
   19... ; death is said to have occurred on the date stated above, at
   19... m.

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

   Date of death: Sept. 29, 1935

   Disease of heart

   Other Contributory Causes of Importance:

   Name of operation...
   Date of...
   What condition known to have been present...
   Date of...
   Was there an autopsy...

   Date of...
   Date of...
   Where...
   Where...
   Whom...

   (Sign)

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

   If so, specify
   (Address): Father, Baby Simmons

   If not, specify
   (Address): Father, Baby Simmons

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, and 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:

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<td></td>
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<td>Gastroenteritis</td>
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<td>May 1, 1923</td>
<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Monmouth.
Village or City: Near Newark.
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Oscar Webb.
(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: Single
6. If married, widowed, or divorced HUSBAND or WIFE of:
7. DATE OF BIRTH (month, day, and year): March 3, 1919
8. AGE Years: 66
7. Months: 6
8. DAYS: 13
9. If less than 1 year old, days, months, years:

OCCUPATION

10. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Spinster, Sawyer, Bookkeeper, etc.
11. If in business, give name of business: Silk Mill, Saw Mill, Bank, etc.
12. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR):
13. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION:

14. BIRTHPLACE (city or town): Maryland
(State or country)
15. NAME: Frank Webb.
16. BIRTHPLACE (city or town): MD
(State or country)
17. INFORMANT:
Mrs. Frank Webb.
18. BURIAL, CREMATION, OR REMOVAL:
Place: Farewell, Date: Sept. 16, 1935
19. UNDERTAKER:
J. B. Burk.
20. FILED:
Sept. 16, 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

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

1. **PLACE OF DEATH**
   - County: Worcester
   - Village or City: Bishop
   - Registration Dist. No.: 353

2. **FULL NAME**: STILLBORN YEOMEN
   - (a) Residence: No.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Female
   - **COLOR OR RACE**: Colored
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: (Write the word)

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


7. **AGE**
   - Years: 
   - Months: 
   - Days: 
   - If less than 1 day, hours: 
   - or minutes:

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

9. **LOCATION**
   - Industry or business in which work was done, such as SAW MILL, SAW MILL, BANK, etc.

10. **DATE DECEASED LAST WORKED**
   - at this occupation (month and year):

11. **TOTAL TIME SPENT IN THIS OCCUPATION**

12. **BIRTHPLACE**
   - (city or town): Bishop, Md.
   - (State or country): 

13. **NAME**
   - STARLZEN YEOMEN

14. **FATHER NAME**
   - GEORGIA

15. **MOTHER NAME**
   - RETTA C. PITTS

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

17. **INFORMANT**
   - RETTA PITTS
   - (Address): Bishop, Md.

18. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Mission
   - Date: 9/19, 1935

19. **UNOBTAINED**
   - (Address): Eliza Pitts
   - Bishop, Md.

20. **FILED**
    - 9/19, 1935

21. **DATE OF DEATH**
    - (Month): Sept. 19
    - (Day): 19
    - (Year): 1935

22. I HEREBY CERTIFY, That I attended deceased from

23. I last saw h. er dead: 9/19, 1935; death is said to have occurred on the date stated above, at 10 A.M.

   **PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE**

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

   **Other Contributory Causes of Importance**

   Date of onset:

   Name of operation:
   
   Test confirmed diagnosis: **none**
   
   Was there an autopsy? **no**

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

   Accident, suicide, or homicide: **none**
   
   Date of injury: 19
   
   Where did injury occur? (Specify city or town, county and state)
   
   Manner of injury:
   
   Nature of injury:

   Was disease or injury in any way related to occupation of deceased? **no**

   If so, specify:

   (Address): Bishop, Md.
   
   (Signed): James L. Ryan
   
   M. D.

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