STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Dorchester
Village or City: Woolford

2. FULL NAME

(a) Residence: No. 2nd St., Ward.

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

(Specify the word)

6. DATE OF BIRTH

Sep 26-1876

7. AGE

Years: 59
Months: 2
Days: 2

8. OCCUPATION

Blacksmith

9. DATE OF DEATH

Oct 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1934, to Oct 18, 1934. Last saw him alive on Oct 18, 1934. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Cardiac Decompensation

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

Accident, suicide, or homicide? Yes
Date of injury: Oct 18, 1934

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

Place of death: Woolford

Undertaker: Edward Richardson, Church Creek, Md.

Register:

10961

John Moore, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

1. PLACE OF DEATH

County... Dorchester
Village or City... Cambridge

Length of residence in city or town where death occurred... 6 yrs. mos. ds. How long in U. S. if of foreign birth?... 6 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 138 Washington St., Ward. (Within corporate limits of) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX... Male

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

6. DATE OF BIRTH (month, day, and year)... March 10, 1927

7. AGE... 8 yrs. 7 mos. 1 days

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

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

10. Oats deceased last worked at this occupation (month and year)... None

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

12. BIRTHPLACE (city or town)... New York

13. NAME... John Black

14. BIRTHPLACE (city or town)... New York

15. MAIDEN NAME... Sarah Williams

16. BIRTHPLACE (city or town)... New York

17. INFORMANT... Sarah Lee

18. BURIAL, CREMATION, OR REMOVAL

Place... Cambridge, Date... Oct. 14, 1935

19. UNDERTAKER... Edward Pascual


Registration Dist. No. 11.0

21. DATE OF DEATH

(Month) October 11

(Year) 1935

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

I last saw him/ her alive on... Oct. 11, 1935

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

Name of operation... None

What test confirmed diagnosis?... Clinical

22. If death was due to external causes (violence) fill in the following:

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.

23. Disease or injury in any way related to occupation of deceased?... No

24. If so, specify...

(Signed)... Carol M. McVey

M.D.

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

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</table>

Other contributory causes of importance:

Gallstones | Gastroenteritis
May 1, 1925 | 1 year

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Hurlock, Maryland
   Length of residence in city or town where death occurred: yrs., mos., ds.
   Registration Dist. No.: 11
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Ward:
   If not resident give city or town and State

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

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Oct. 28, 1909
7. AGE: 27 yrs. 6 mos. 10 days
8. TRADE, PROFESSION, OR OCCUPATION: Day Laborer
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Farm
10. Date deceased last worked in this occupation (month and year): March 1925
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town): Dorchester Co., Maryland
13. NAME: Adam Brown
14. BIRTHPLACE (city or town): Dorchester Co., Maryland
15. MAIDEN NAME: Annie Jones
16. BIRTHPLACE (city or town): Dorchester Co., Maryland
17. INFORMANT: Adam Brown
18. BURIAL, CREMATION, OR REMOVAL: Washington Cem., Date: Oct. 10, 1935
19. UNDERTAKER: J. J. Frampton & Son
20. FILED: Oct. 8, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 10-8-1935
22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1935, to Oct. 8, 1935, and to have occurred on the date stated above, at 12:30 a.m.
   The principal cause of death and related causes of importance were as follows:
   Date of onset:
   Other Contributory Causes of importance:
   Name of operation:
   Date of:
   What test confirmed diagnosis?
   Was there an autopsy?
   Date of injury:
   Accident, suicide, or homicide:
   Where did injury occur?
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Nature of injury:
   Nature of injury:
   Date of:
   disease or injury in any way related to occupation of deceased:
   If so, specify:
   (Signed):
   (Address):
   (Address):

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

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

To be complete, an occupation return must state:

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

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</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>Gastroenteritis</th>
</tr>
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</table>

Date of onset: Nov 6, 1925, July 5, 1927, May 1, 1923

Date of onset: 1 week ago, 1 week ago, 3 days ago

Date of onset: 1 year

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Near Galestown
   Length of residence in city or town where death occurred: 5 yrs. mos. ds.

2. FULL NAME
   John H. Calloway

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widower

6. DATE OF BIRTH
   (Month, day, and year): April 7th, 1848

7. AGE
   Years: 87
   Months: 6
   Days: 21
   If LESS than 1 day: hrs. or: min.

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

9. Industry or business in which work was done: 

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

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

12. BIRTHPLACE
   (city or town): Maryland

13. NAME
   Aaron Calloway

14. BIRTHPLACE (city or town): Md

15. MAIDEN NAME
   Grace Waller

16. BIRTHPLACE (city or town): Md.

17. INFORMANT
   248 South Carroll Blvd
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Highland Park, Pa., Mardela
   (Place, Date: Oct 30, 1935)

19. UNDERTAKER
   W.D. Gravenor & Bro., Sharptown, Md.

20. FILED
   Oct. 29, 1935

Registration Dist. No.: 11
St. No.: Ward:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td><strong>RECEIVED</strong></td>
<td><strong>NOV 6 1933</strong></td>
</tr>
<tr>
<td><strong>BUREAU V. S.</strong></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Gallstones</td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Example II</th>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td></td>
</tr>
<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>
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<td></td>
</tr>
<tr>
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<td>1 year</td>
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</table>

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

1. PLACE OF DEATH
   County:  
   Village or City: Cambridge
   Registration Dist. No. 111
   No. RFD #2 St. 
   (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 yrs. 6 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Julie Catherine Camper
   (a) Residence: No. Cambridge, MD RFD #2 Ward.
   (Usual place of birth)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   F

4. COLOR OR RACE
   Col

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

6. DATE OF BIRTH (month, day, and year)
   Jul 28, 1933

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

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

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)
   Cambridge, MD

13. NAME
   George Young

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

15. MAIDEN NAME
   Edith Camper

16. BIRTHPLACE (city or town)
   (State or country)
   Cambridge, MD

17. INFORMANT
   (Address)
   H. Young

18. BURIAL, CREMATION, OR REMOVAL
   Place: Drawbridge, Md. Oct. 29, 1935

19. UNDERTAKER
   Charles C. Taylor
   Vienna Rd.

20. FILED: 10-28-1935
   (Address)
   John Young

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Oct 27th, 1935

   I last saw him alive on Oct 24, 1935; death is said to have occurred on the date stated above, at 8 m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Tuberculosis, Tuberculosis, Tuberculosis.
   Date of onset

   Other Contributory Causes of Importance:

   Name of operation
   Date of
   What test confirmed diagnosis?
   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

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

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

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<td>Arteriosclerosis</td>
<td>Nov 6, 1935</td>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>Nov 21, 1921</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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Other contributory causes of importance:

- Gallstones
  - May 1, 1925

**Example II**

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

Other contributory causes of importance:

- Gastroenteritis
  - 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH

   County: Dorchester Co.
   Registration Dist. No.: 1.1.6
   Village or City: Cambridge, Md.
   No.: Cambridge St.
   Ward: 1

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

2. FULL NAME

   Clyde Clapper

3. SEX

   Male

4. COLOR OR RACE

   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

   Married

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

   Dorothy Brown

   (or) WIFE of

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

   4/9/1902

7. AGE

   Years: 33
   Months: 6
   Days: 2
   If LESS than 1 day, hrs. or min.

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

   Letter Writing

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

   Letter Writing

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

    10/14/35

11. Total time (years) spent in this occupation

    13

12. BIRTHPLACE (city or town)

    Textを使う

13. NAME

    Clyde Clapper

14. BIRTHPLACE (city or town)

    (State or country)

15. MAIDEN NAME

    Doe

16. BIRTHPLACE (city or town)

    (State or country)

17. INFORMANT

    Mg. Elsey Clapper

18. BURIAL, CREATION, OR REMOVAL

    place: Ashby
    date: 3/10/36

19. UNDERTAKER

    (Address)

20. FILED: 3/11/36

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, registering M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier 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>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>NOV 8 1925</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>BURBAU V. C.</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge

2. FULL NAME: Timothy Cornish
   (a) Residence: No. 79 Oak Lane

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
   4. COLOR OR RACE: Col
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
   6. If married, widowed, or divorced HUSBAND OF: (or) WIFE OF: 
   7. DATE OF BIRTH (month, day, and year): Aug 17, 1910
   8. AGE: 25 yrs., 7 mos., 0 days
   9. OCCUPATION: Dock Worker
   10. Date deceased last worked at this occupation (month and year): Jan 1935
   11. Total time (years) spent in this occupation: 1 year

12. BIRTHPLACE (city or town): Taylors Island
   (State or country): Md

13. NAME: James Cornish
14. BIRTHPLACE (city or town): Taylors Island
   (State or country): Md

15. MAIDEN NAME: Emma Evans
16. BIRTHPLACE (city or town): Taylors Island
   (State or country): Md

17. INFORMANT: Emma Evans
   Address: 79 Oak Lane

18. BURIAL, CREMATION, OR REMOVAL: December 10, 1935

19. UNDERTAKER: W. M. St. Clair
   Address: 308 Main St., Cambridge

20. FILED: Oct 21, 1935

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from February 11, 1933, to Oct 17, 1935
   I last saw him alive on Oct 17, 1935; death is said to have occurred on the date stated above, at 5:15 a.m.
   The principal cause of death and related causes of importance were as follows:
   Pulmonary Tuberculosis
   Date of onset: 3-31-27

Other Contributory Causes of Importance:

Name of operation: 
What was 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: 19
   Where did injury occur?: 
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: 
Nature of injury: 

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

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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 housedw.] in answer to Question 8 and own home in answer to Question 9. If 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.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH

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

**Example I**

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<thead>
<tr>
<th>Date of Onset</th>
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<tbody>
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<td>1915</td>
</tr>
<tr>
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<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>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County
          Dorchester
Village or City
          Cecilton

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

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

4. COLOR OR RACE
White

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

6. DATE OF BIRTH (month, day, and year)
10/2/1882

7. AGE
    Years: 52
    Months: 11
    Days: 15

8. OCCUPATION
    Trade, profession, or particular kind of work done, as SPINNER, SAW MILL, BANK, etc.
    Thomass White

9. OCCUPATION
    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): 9/1/13
    Total time spent in this occupation: 25

11. BIRTHPLACE (city or town)
    Cecilton, MD

12. MOTHER
    Name: 
    Birthplace: 

13. MOTHER'S NAME
    Clara V. Canavan
    Birthplace: 

14. FATHER
    Name: 
    Birthplace: 

15. FATHER'S NAME
    Jesse Jones
    Birthplace: 

16. BIRTHPLACE (city or town)
    Cecilton, MD

17. INFORMANT
    Name: Mrs. W. Dayton
    Address: Cecilton, MD

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cecilton, MD
    Date: 10/8, 1938

19. UNDERTAKER
    Name: J. W. Dayton
    Address: Cecilton, MD

20. FILED
    Date: Oct. 7, 1938

21. DATE OF DEATH
    Month: September
    Day: 7
    Year: 1938

22. HEREBY CERTIFY
    Date of onset

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

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

25. If death occurred in a hospital or institution, give its NAME instead of street and number

26. How long in U.S. If foreign birth?

27. Length of residence in city or town where death occurred

28. If nonresident give city or town and State

If more blanks are needed, address State Registrar, 2413 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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**Example I**

<table>
<thead>
<tr>
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<th>Date of onset</th>
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<td>Arteriosclerosis</td>
<td>1915</td>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 15, 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>
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</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...Schenectady
   Village or City...Cambridge Hospital Cambridge Ave
   Registration Dist No.
   St., Ward.
   Length of residence in city or town where death occurred...yrs.
   mos. ds. How Long in U.S. of foreign birth...yrs.
   mos. ds.

2. FULL NAME
   (a) Residence: No.
   (Unusual place or code)
   WITHIN CORPORATE LIMITS OF
   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 (print the word)
      MARRIED

   6. DATE OF BIRTH (month, day, and year)
      April 2, 1907
   7. AGE Years Months Days
      28 5 27
   8. TRADE, PROFESSION, or PARTICULAR KIND OF WORK DONE, AS SPINNER,
      SAWYER, BOOKKEEPER, ETC.
      Farmer
   9. INDUSTRY or BUSINESS in WHICH WORK WAS DONE, SUCH AS SILK MILL,
      SAW MILL, BANK, ETC.
      None
   10. DATE DECEASED FIRST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
      Apr 2, 1925
   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
      Life

   12. BIRTHPLACE (CITY OR TOWN)
      Near Williamsburg, Va.
      (State or country)

   13. NAME
     增量
   14. BIRTHPLACE (CITY OR TOWN)
      Near Williamsburg, Md.
      (State or country)

   15. MAIDEN NAME
      Betty E. Burbrage
   16. BIRTHPLACE (CITY OR TOWN)
      Powellville, Md.
      (State or country)

   17. INFORMANT
      Mrs. Betty E. Dennis
   18. BURIAL, CREMATION, OR REMOVAL
      Permit No.
      Place
      Permission to remove...Oct 8th, 1935

   19. UNDERTAKER
      Hiram B. Parson, H. H. Wells
   20. FILED...Oct 8, 1935

   21. DATE OF DEATH
      Oct 8, 1935

   22. I HEREBY CERTIFY, That I attended deceased from...Oct 5th, 1935.
      Mas off duty at 11 A.M. and from Oct 8th, 1935, I last saw him alive.
      Oct 5th, 1935. I have made every effort to have seen the death
      and death stated to have occurred as stated above, at 11 A.M. I
      certify that said deceased was exhausted by...thirsty
      sickness. Death certi...indirect

   23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
      Malnutrition

   24. Name of operation.
      None

   25. What was the cause of death?
      Death from...thirsty

   26. If death was due to external causes (VIOLENCE) state also the
      following:
      Accident, etc., in INDUSTRY, in HOME, or in PUBLIC PLACE.
      Cause:...thirsty

   27. WHERE INJURY OCCURRED:
      Specified city or town, county and state.

   28. Nature of injury
      Thirsty

   29. NAME OF INJURY
      Thirsty

   30. REGISTERED MEDICAL OFFICER
      M.D.

   31. If of foreign birth, if so, spe...
### UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
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</tr>
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</tr>
<tr>
<td>Date of onset</td>
</tr>
<tr>
<td>Nov 6 1935</td>
</tr>
<tr>
<td>1921</td>
</tr>
<tr>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

#### Example II

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

Other contributory causes of importance:

| Gallstones |
| May 1, 1928 |
| Gastroenteritis |
| 1 year |

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge
   Length of residence in city or town where death occurred: yrs. 2 mos. 11 ds.

2. FULL NAME
   Mary Christina Dickerson
   Residence: No. Central Ave., St., 4 Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Infant

6. DATE OF BIRTH (month, day, and year)
   8/12/35

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

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   \( x \)

10. DATA DECEASED LAST WORKED AT OCCUPATION
    (month end year)
    \( x \)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    \( x \)

12. BIRTHPLACE (city or town)
    Cambridge, Md.

13. NAME
    John T. Dickerson

14. BIRTHPLACE (city or town)
    Snow Hill, Md.

15. MAIDEN NAME
    Evelyn Parks

16. BIRTHPLACE (city or town)
    Cambridge, Md.

17. INFORMANT
    John T. Dickerson

18. BURIAL, CREMATION, OR REMOVAL
    Cambridge, Md. Data: 10/24/35

19. UNDERTAKER
    Granville S. LeCompte

20. FILED
    10-24-35

REGISTRAR

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<th>Example II</th>
</tr>
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<td><strong>Arteriosclerosis</strong></td>
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</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>1915</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td><strong>July 5, 1927</strong></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Dorchester  
   Village or City: Cambridge  
   Registration Dist. No.: 1.16  

2. FULL NAME
   Infant Earle
   Residence: No. 191 Washington St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

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

7. AGE
   Year: 5
   Month: 10
   Day: 2

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

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

10. Date deceased last worked at this occupation (month and year)
    None

11. Total time (years) spent in this occupation
    None

12. BIRTHPLACE (city or town)
    Cambridge, Md.

13. NAME
    James Wright

14. BIRTHPLACE (city or town)
    Richmond, Va.

15. MAIDEN NAME
    Hula Earle

16. BIRTHPLACE (city or town)
    Cambridge, Md.

17. INFORMANT
    Hula Earle

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cambridge, Md.  
    Date: 10-8-1935

19. UNDERTAKER
    Lewis H. Bagley

20. FILED
    10-8-1936

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

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

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

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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, asthemia, 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>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>NOV 6 1885</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>SHERAU V. S.</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
</tr>
</thead>
</table>

Example II

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

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

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Mission, Md.
   Registration Dist. No.: 116
   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: Mission, Md.
     (Culrual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Colored

5a. If married, widowed, or divorced
   (or) Wife of
   Don't know

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

7. AGE
   84 yrs

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

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   
10. Date deceased last worked at this occupation (month end)
   Oct 13, 1935

11. Total time (years) spent in this occupation
   60

12. BIRTHPLACE (city or town)
   Wheatleytown

13. NAME
   James Wheatley

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

15. MAIDEN NAME
   Susan Wheatley

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

17. INFORMANT
   Lillie Case

18. BURIAL, CREMATION, OR REMOVAL
   Place: Antwerp, Md.
   Date: 10-16-35

19. UNDERTAKER
   (Address)
   Leonard B. Sumner

20. FILED: 10-16-35

21. DATE OF DEATH
   (Month) (Day) (Year)
   October 13th, 1935

22. HEREBY CERTIFY, That I attended deceased from 1925, residing at 1637 E. 10th St., to have occurred on the date stated above.

   The principal cause of death and related causes of importance were as follows:
   Pneumonia
   Meningitis
   Other Contributory Cause of importance:
   Congestion
   Congestion

   Date of onset: 10-12-35

   Name of operation: Arterio-plasty
   Date of operation: 10-17-35

   Other Contributory Cause of importance:
   Congestion

   Name of operation: Arterio-plasty
   Date of operation: 10-17-35

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: Missed, embolism
   Date of injury: 10-13-35
   Where did injury occur?: Mission, Embolism

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify:
   None

If more blanks are needed, address State Registrar, 2417 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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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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**Example I**

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<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>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: Dorchester
Village or City: Cambridge
No. St. Ward

Length of residence in city or town where death occurred: 1 year, 9 months, 1 day. How long in U.S. if of foreign birth? 1 year, 1 month, 0 days.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male

4. COLOR OR RACE
White

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

6. DATE OF BIRTH (month, day, and year)
7/23/1897

7. AGE (years, months, days)
38 years, 6 months, 1 day

8. TRADE, PROFESSION, OR BUSINESS
Marble

9. OCCUPATION
Marble sculptor

10. DATE OF DEATH (month, day, and year)
Oct 30, 1935

11. TOTAL TIME SPENT IN THIS OCCUPATION
1923

12. BIRTHPLACE (city or town)
(Date and year)
South Carolina

13. NAME
Alma L. Scimitar

14. BIRTHPLACE (city or town)
(Date and year)
South Carolina

15. MAIDEN NAME
Carrie Johnson

16. BIRTHPLACE (city or town)
(Date and year)
South Carolina

17. INFORMANT
Celia M. Scimitar

18. BURIAL, CREMATION, OR REMOVAL
Place
Cambridge, Md. 11/11/35

19. UNDERTAKER
(Address)

20. FILED
Oct 31, 1935
Registrar

21. DATE OF DEATH
(Month) (Day) (Year)
Oct 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from

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

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

If so, specify

(Signature)

ADDRESS
Cambridge, Maryland

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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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11.—The number of years the deceased followed the occupation.

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<table>
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<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Nov 6 1935</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1931</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1928</th>
</tr>
</thead>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gastroenteritis</th>
<th>1 year</th>
</tr>
</thead>
</table>

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):
   HUSBAND or (or) WIFE of:

6. DATE OF BIRTH (month, day, and year): Oct. 16, 1935

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

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): Henshaw, Md.

13. NAME: Melburn Fletcher
   (State or country):

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

15. MAIDEN NAME:

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

17. INFORMANT:
   (Address): Melburn Fletcher

18. BURIAL, CREMATION, OR REMOVAL
   Place: Washington
   Date: Oct. 16, 1935.

19. UNDERTAKER (Address): Melburn Fletcher

20. FILED: Oct. 16, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH:
   (Month) Oct.
   (Day) 16.
   (Year) 1935

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

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

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

[Signature]

Other Contributory Causes of Importance:

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

   Manner of injury:

   Nature of injury:

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

   [Signature]
   (Address): Henshaw, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Peritonitis</td>
</tr>
<tr>
<td>NOV 6 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>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>Date of onset</td>
<td>1 year</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: Dorchester
   Village or City: Near Williamsburg, Md.
   Length of residence in city or town where death occurred: 49 yrs. mos. ds.

2. FULL NAME: Anna Christiane Goehringer
   (a) Residence: No. Hurlock, Md., R. F. D. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
   HUSBAND of (or) WIFE of: Gustave V. Goehringer

6. DATE OF BIRTH (month, day, and year): March 11, 1859

7. AGE
   Years: 76
   Months: 6
   Days: 25
   If LESS than 1 day, ___________ hrs. or ___________ min.

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

9. Industry or business in which work was done: Own home
   Industry: 8. House work

10. Date deceased last worked at this occupation (month and year): June 1935
   Total time (years) spent in this occupation: Life

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

13. NAME: John Adam Giessmann

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

15. MAIDEN NAME: Hanne Sophie Ebeling

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

17. INFORMANT
   (Address): Missa Velma Goehringer
   Hurlock, Md., R. F. D.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Linchester, Md.
   Date: Oct. 9, 1935

19. UNDERTAKER
   (Address): J. J. Frampton & Son
   Federalsburg, Maryland

20. FILED: Oct. 8, 1935

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

   Date death occurred: Oct. 8, 1935.
   The cause of death was: Neuritis.
   The principal causes of death were:
   Date of onset: 1934
   Other causes:

   Name of operation: No operation.
   Date of:
   What tests were made?: Physical findings.
   Was there an autopsy?: No.

23. If death was due to external causes (VIOLENCE), fill in also the following:
   Accident, suicide, or homicide?: No.
   Date of injury: 19.
   Where did injury occur?: No.
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury:
   Nature of injury:
   Date of:

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify: No.
   (Signed): M. D. Ebeling (Name)

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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<td>1915</td>
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</tr>
<tr>
<td></td>
<td>Run over by street car</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Dorchester  
Village or City: Cambridge  
Registration Dist. No.: 116

2. FULL NAME

(a) Residence: No. 70 Edgewood Ave  
Ward.

3. SEX

4. COLOR OR RACE

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

5a. If married, widowed, or divorced

HUSBAND of

WIFE of

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

Oct 4, 1935

7. AGE

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

Infant

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

None

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Cambridge, MD

13. NAME

Shelton Granby

14. BIRTHPLACE (city or town)

Eastford, CT

15. MAIDEN NAME

Betty Smith

16. BIRTHPLACE (city or town)

Cape Charles, VA

17. INFORMANT

Shelton Granby  
Address: 70 Edgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cambridge  
Date: Oct 27, 1935

19. UNDERTAKER

T. W. Shimer  
Address: Cambridge

20. FILED

10-30-35

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

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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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Example II

Other contributory causes of importance:

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

1. **PLACE OF DEATH**
   - County: Baltimore
   - Village or City: Cambridge
   - Registration Dist. No.: Eastern Shore State Hospital, Ward

2. **FULL NAME:**
   - Sex: Female
   - Race: White
   - Full Name: Eliza Griffith
   - Residence: No. St., Ward.

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. COLOR OR RACE: White</td>
<td></td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED:</td>
<td></td>
</tr>
<tr>
<td>6. DATE OF BIRTH: July 25, 1867</td>
<td>I HEREBY CERTIFY:</td>
</tr>
<tr>
<td>7. AGE: 68 Years 3 Months 2 Days</td>
<td>That I attended deceased from</td>
</tr>
<tr>
<td></td>
<td>Aug. 3, 1932 to Oct. 27th, 1935</td>
</tr>
<tr>
<td>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housework</td>
<td></td>
</tr>
<tr>
<td>9. OCCUPATION: OWN HOME</td>
<td>I last saw her alive on Oct. 27th, 1935; death is said to have occurred on the date stated above, at 7:30 a.m.</td>
</tr>
<tr>
<td>10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: 12/25/22</td>
<td></td>
</tr>
<tr>
<td>11. TOTAL TIME (YEARS, MONTHS, DAYS) SPENT IN THIS OCCUPATION: 1925</td>
<td></td>
</tr>
<tr>
<td>12. BIRTHPLACE: Cambridge, Maryland</td>
<td></td>
</tr>
<tr>
<td>13. NAME: Grace J. Jones</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>14. BIRTHPLACE: Cambridge, Maryland</td>
<td></td>
</tr>
<tr>
<td>15. MAIDEN NAME: Agnes J. Merrifield</td>
<td></td>
</tr>
<tr>
<td>16. BIRTHPLACE: Cambridge, Maryland</td>
<td></td>
</tr>
<tr>
<td>17. INFORMANT: Charles Griffith</td>
<td></td>
</tr>
<tr>
<td>18. BURIAL, CREMATION, OR REMOVAL:</td>
<td></td>
</tr>
<tr>
<td>19. UNDERTAKER: R. D. Pauline</td>
<td></td>
</tr>
<tr>
<td>20. FILED: 9-27-35, John Brown</td>
<td>Cerebral arteriosclerosis 1925</td>
</tr>
</tbody>
</table>

Other Contributory Causes of Importance:
- Name of operation...
- Date of...
- What test confirmed diagnosis...
- Date of...
- Was there an autopsy?
- Date of injury...
- Where did injury occur...
- Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
- Manner of injury...
- Nature of injury...

24. Disease or injury in any way related to occupation of deceased...

If so, specify:
- (Signed) Charles Griffith
- Address: Cambridge, Maryland

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

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

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<table>
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<th>Other contributory causes of importance:</th>
<th></th>
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<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
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</table>

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<table>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<tr>
<td>Attack of epilepsy</td>
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<td>Gastroenteritis</td>
<td>1 year</td>
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</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge

2. FULL NAME
   (a) Residence: No. 1539 Washington St., Cambridge
   (b) HUSBAND OF: Edward Barkett
   (c) AGE: 63 years, 19 days
   (d) MAIDEN NAME: Narrett
   (e) OCCUPATION:Farmer
   (f) INFORMANT: John Brown
   (g) BURIAL: Cambridge, Dorchester Co., Md.

3. DATE OF DEATH
   Date of Death: October 12, 1935

4. PLACE OF DEATH
   Length of residence: 20 yrs., 0 mos.

5. MANNER OF DEATH
   Cause of Death: Influenza

6. OTHER CONTRIBUTORY CAUSES OF DEATH
   None

7. MEDICAL CERTIFICATE OF DEATH
   I, the attending physician, hereby certify that I attended the deceased from June 19, 1935, to Oct. 12, 1935, and have attended to have occurred on the date stated above, at 11:45 a.m.

8. AUTOGRAPHED
   Signature of the attending physician: Edward Barkett
   Signature of the attending physician: John Brown

9. MEDICAL CERTIFICATE OF DEATH
   Date of death: October 12, 1935

10. MEDICAL CERTIFICATE OF DEATH
    Date of death: October 12, 1935

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20. MEDICAL CERTIFICATE OF DEATH
    Date of death: October 12, 1935

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.
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<tr>
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<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge
   No: Eastern Shore State Hospital
   Length of residence in city or town where death occurred: yrs. 10, mos. 23, ds.

2. FULL NAME: Goldsborough Hastings
   (a) Residence: No: Salisbury, Md.
   St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   June 6, 1869

7. AGE Years, Months, Days
   65, 3, 26

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

9. OCCUPATION
   Unknown

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

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

12. BIRTHPLACE (city or town)
    Dover, Delaware

13. NAME
    John Hastings

14. BIRTHPLACE (city or town)
    Unknown

15. MAIDEN NAME
    Esther Hastings

16. BIRTHPLACE (city or town)
    Dover, Delaware

17. INFORMANT
    E.S.S. Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
    Place: Hospital Cemetery
    Date: Oct. 31, 1935

19. UNDERTAKER
    Granville B. Kane

20. FILED DATE
    Oct. 31, 1935

21. DATE OF DEATH
    October 1, 1935

22. I HEREBY CERTIFY, that I attended deceased from
    November 2, 1934, to October 1, 1935
    I last saw him alive on
    October 1, 1935; death is said to have occurred on the date stated above, at noon.

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

   General paresis

   Other Contributory Causes of Importance:

   Name of operation
   Date of
   What last confirmed diagnosis?
   Was there an autopsy? No

23. If death was due to external cause (VIOLANCE) fill in also the following:
    Accidental, suicide, or homicide?
    Date of Injury 19
    Where did injury occur?
    (Specify city or town, county, and State)

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

   Manner of Injury
   Nature of Injury

   Signed
   Charles Labriere
   M.D.

Address: Cambridge, Md.

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**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | RECEIVED | 1915 |
| Chronic interstitial nephritis | Nov 6 1935 | 1921 |
| Cerebral hemorrhage | July 5 1927 | |

**Example II**

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Williamsburg

2. FULL NAME: Andrew Hill
   (a) Residence: Williamsburg

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: Unknown
   7. AGE: About 49

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Laborer
   9. OCCUPATION: Farm

10. Date deceased last worked at this occupation: Oct. 4, 1935
   11. Total time (years) spent in this occupation: 3

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

13. NAME: Unknown
    14. FATHER'S NAME: Unknown
    15. MAIDEN NAME: Unknown

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

17. INFORMANT: Mrs. Letha James
    Address: Williamsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Skinner's Run, Md.
    Date: Oct. 22, 1935

19. UNDERTAKER: J. J. Frampton & Son
    Address: Federalsburg, Maryland


MEDICAL CERTIFICATE OF DEATH


22. I HEREBY CERTIFY, That I attended deceased from
    10.12, 13, 19, to 10.21, 19, 3
    I last saw h. alive on 10.20, 13, 19, death is dated
    to have occurred on the date stated above, at 10 12.
    The principal cause of death and related causes of importance were as follows:
    20. Pneumonia

23. Other Contributory Causes of Importance:

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

24. If death was due to external causes (violation) fill in also the following:
    Accident, suicide, or homicide:
    Date of injury:
    Where did injury occur?
    Specify city or town, county and State
    Where did injury occur in industry, in home, or in public place
    Manner of Injury
    Nature of Injury
    Nature of Injury

25. Was disease or injury in any way related to occupation of deceased?
    If so, specify:
    (Signed) Dr. Roger Myer
    M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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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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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>Date of onset</th>
<th>Example II</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Nov 6, 1935</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
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<td>Run over by street car</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1923
Gastroenteritis | 1 year

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   F.

4. COLOR OR RACE
   C.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   [Signature]

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

7. AGE
   Years Months Days
   [Signature]

8. TRADE, PROFESSION, OR OTHER KIND OF WORK DONE
   [Signature]

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   (specify)

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    (month and year)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    [Signature]

12. BIRTHPLACE (city or town)
    [Signature]

13. NAME
    EVERETT HOPKINS

14. BIRTHPLACE (city or town)
    [Signature]

15. MAIDEN NAME
    [Signature]

16. BIRTHPLACE (city or town)
    [Signature]

17. INFORMANT
    EVERETT HOPKINS

18. BURIAL, CREMATION, OR REMOVAL
    [Signature]

19. UNOVERTAKER
    [Signature]

20. FILED
    [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    [Signature]

22. I HEREBY CERTIFY
    [Signature]

Other Contributory Causes of Importance:

Additional Information:

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

23. IF DEATH WAS DUE TO EXTERNAL CAUSES
    (violence)
    [Signature]

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

Etc.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No.
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</tr>
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<td>Other contributory causes of importance:</td>
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<tr>
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<td>Gastroenteritis</td>
</tr>
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<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Anne Arundel
   - Village or City: Cambridge
   - Registration Dist. No.:
   - Ward:

2. **FULL NAME:** Cassie Clark Freniere
   - (a) Residence: No. 5, Wright St., Cambridge
   - Ward:

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Female
   - COLOR OR RACE: White
   - SINGLE, MARRIED, WIDOWED, OR DIVORCED: MARRIED
   - If married, widowed, or divorced HUSBAND of: Sylvester Freniere
   - If married, widowed, or divorced WIFE of: Sylvester Freniere
   - DATE OF BIRTH: Nov. 10, 1860
   - AGE: 74 Years, 11 Months, 3 Days
   - If LESS than 1 year, ____________ yrs. ____________ mos. ____________ ds.
   - TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Factory Worker
   - OCCUPATION: Factory Worker
   - DATE DECEASED WORKED AT THIS OCCUPATION: 1933
   - TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 38

4. **DATE OF DEATH:** October 17, 1935
   - (Month) October
   - (Day) 17
   - (Year) 1935

5. **DATE OF DEATH:**
   - I HEREBY CERTIFY that I attended deceased from October 17, 1935, to October 22, 1935, and to have occurred on the date stated above, at 2:30 A.M.

6. **PRINCIPAL CAUSE OF DEATH:**
   - Tuberculosis
   - Bronchopneumonia

7. **OTHER CONTRIBUTORY CAUSE OF IMPORTANCE:**
   - Cancer of the colon

8. **DATE OF ONSET:**
   - Tuberculosis: Oct. 17, 1935
   - Bronchopneumonia: Oct. 19, 1935
   - Cancer of the colon: Oct. 19, 1935

9. **INFORMANT:** Edgar Freniere
   - Address: 5, Wright St.

10. **BIRTHPLACE:**
   - (City or town): Cambridge
   - (State or country): Maryland

11. **MOTHER:**
   - NAME: Julia Freniere
   - BIRTHPLACE: Cambridge
   - (State or country): Maryland

12. **FATHER:**
   - NAME: Unknown
   - BIRTHPLACE: Unknown
   - (State or country): Unknown

13. **UNION:**
   - NAME: Edgar Freniere
   - BIRTHPLACE: Cambridge
   - (State or country): Maryland

14. **INFORMANT DETAILS:**
   - Address: 5, Wright St.
   - SIGNATURE: Edgar Freniere

15. **BURIAL, CREMATION, OR REMOVAL:**
   - Place: Bethel Cemetery
   - Date: Oct. 28, 1935

16. **UNDERTAKER:**
   - Name: J. W. W. Ellis, Cambridge

17. **FILED:**
   - Date: Oct. 21, 1935

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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: Dorchester
   Village or City: Hurlock, Md.
   Registration Dist. No.: 11.0
   (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. 6 mos. 14 ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Rebecca Mae Hurlock
   If U.S. Veteran, specify WAR

   (a) Residence: No.
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      Male
      Female
      White
      Negro
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify the word)
      Single
      Married
      Widowed
      Divorced

   6. DATE OF BIRTH (month, day, and year)
      April 9, 1935

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

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

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

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

   11. Total time (years) spent in this occupation

   OCCUPATION

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

   13. NAME
      Rebecca Hurlock

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

   15. MAIDEN NAME
      Besie Fertman

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

   17. INFORMANT
      Harvey Hurlock

   18. BURIAL, CREMATION, OR REMOVAL
      Place: East End, Market
      Date: Oct. 3, 1955

   19. UNOBTAINED (Address)
      Hurlock

   20. FILED
      10/23, 1955

21. DATE OF DEATH
    10 27 1955

22. I HEREBY CERTIFY, That I attended deceased from
    10/19 1955 to 10/27 1955,
    I last saw her alive on
    10/27 1955,
    Death is said to have occurred on the date stated above, at
    The principal cause of death and related causes of importance were as follows:

   Other Contributory Cause of importance:

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

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

   Accident, suicide, or homicide?
   Date of injury
   Where did injury occur?
   ( Specify city or town, county and State)
   Specify whether injury occurred in industry, in home, or in public place

   Manner of injury
   Nature of injury

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

   (Signed)
   W. W. Hurlock
   Registrar

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Other contributory causes of importance:

| Gallstones | May 1, 1928 | Gastroenteritis | 1 year |

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Other contributory causes of importance:

| Gallstones | May 1, 1928 | Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   No.
   Registration Dist. No. 110
   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.
      (Usual place of abode)
      St., Ward.
      If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

5a. 11 married, widowed, or divorced
     HUSBAND of
     (or) WIFE of

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

7. AGES
   Years
   Months
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   11 LESS than 1 day, hrs. or min.

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

13. NAME

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    (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
    (Address)
    Registrar

21. DATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from
   ______ to ______, 19____;
   last saw h. living on ______, 19____;
   death is said to have occurred on the date stated above, at ______.

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

   Other Contributory Causes of importance:

   Name of operation...
   Date of...
   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...

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   (Signed)
   (Address)
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</tbody>
</table>

Other contributory causes of importance:

- Gallstones
  - Date: May 1, 1923

Example II

<table>
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<td></td>
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</table>

Other contributory causes of importance:

- Gastroenteritis
  - Date: 1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County...Dorchester
   Village or City...Cambridge,
   Length of residence in city or town where death occurred...6 yrs., mos., ds.

2. FULL NAME...Frederick Lapp
   (a) Residence: No. Boundry Ave...
   St., 4 Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

3a. If married, widowed, or divorced
   HUSBAND of...Was Delva Lapp/
   WIFE of...Was Delva Lapp/

6. DATE OF BIRTH...5/17/1854

7. AGE...81 yrs., 5 mos., 12 days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE...Gardener
   Industry or business in which work was done...Land Scape
   Date deceased last worked at this occupation...7/3/35
   Total time (years) spent in this occupation...60

12. BIRTHPLACE...Germany
   (State or country)

13. NAME...Not Known
   MOTHER FATHER

14. BIRTHPLACE...Not Known
   (State or country)

15. MAIDEN NAME...Not Known

17. INFORMANT...Mrs. Morris Robbins
   Address...Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place...Cambridge, Md.
   Date...10/30/35

19. UNDERTAKER...Granville S. LeCompte
   Address...Cambridge, Md.

20. FILED...10-30-1935

REGISTRATION DISTRICT...No. II 6

21. DATE OF DEATH...October 29th, 1935

22. I HEREBY CERTIFY, That I attended deceased from...
   Date of onset...
   Date of death...(Month) (Day) (Year)
   Date of injury...Date of injury...

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

   Other contributory causes of importance:

   Name of operation...
   Diagnosis...
   Date...

   Were there any other injuries...
   Where did injury occur?
   (Specify city or town, county and state)
   Nature of injury...
   Manner of injury...
   Date of injury...

   Did death result from external cause of violence...
   Where did death result from external cause of violence...
   Date of injury...
   Nature of injury...

   If so, specify...
   (Signed)...M. D.
   (Address)...Cambridge, Md.

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

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

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

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

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

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

Example I

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

BUREAU Y. S.

Other contributory causes of importance:

Gallstones          May 1, 1923

Example II

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

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: Dolly Parton
Village or City: Cambridge
Registration Dist. No.: 1-6
(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: 2 yrs. 8 mos. 9 ds.

2. FULL NAME

(a) Residence: No.
(b) If non-resident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. S. SINGLE, MARRIED, WIDOWED,

S. SINGLE, MARRIED, WIDOWED,

or Divorced (write the word)

6. DATE OF BIRTH

Oct. 16, 1863

7. AGE

7 yrs. 2 mos. 14 ds.

8. Trade, profession, or particular

Carpenter

kind of work done, as SPINNER

9. Industry or business in which

SAW MILL

work was done, as SILK MILL,

SAW MILL, BANK, etc.

10. Date deceased last worked at

1925

this occupation and year

11. Total time (years) spent in this

Occupation

12. BIRTHPLACE

Hampden County, Pa.

(State or country)

13. NAME

William McElroy

14. BIRTHPLACE

Hampden County, Pa.

(State or country)

15. MAIDEN NAME

Marcella Bowers

16. BIRTHPLACE

Hampden County, Pa.

(State or country)

17. INFORMANT

Mary McElroy

18. BURIAL, CREMATION, OR REMOVAL

Place: F.S.S. H. Cemetery

Date: Oct. 31, 1925

19. UNDERTAKER

J.F. McElroy

20. FILED

Oct. 31, 1925

M.D.

21. DATE OF DEATH

Mar. 30, 1925

22. OTHER CONTRIBUTORY CAUSE OF DEATH

Progressive Locomotor ataxia

23. NEAREST RELATION

John McElroy

24. IF DEATH DUE TO ACCIDENT, ILLNESS, OR INJURY, GIVE FOLLOWING:

Date of Injury: Oct. 31, 1925

Place of Injury: F.S.S. H. Cemetery

25. If so, specify

26. SIGNATURE OF REGISTER

J. Charles McElroy

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

### Example I

<table>
<thead>
<tr>
<th>Principal Cause of Death and Related Causes of Importance</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Nov 9, 1925</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones
  - Date of Onset: May 1, 1925

### Example II

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

Other contributory causes of importance:

- Gastroenteritis
  - Date of Onset: 1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Near Preston
   Length of residence in city or town where death occurred: 23 yrs.

2. FULL NAME: Alvera Meekins
   Residence: No. Preston, Maryland, R.F. Bk.
   Sex: Female
   Color or Race: Colored
   Marital Status: Married
   Husband of (or Wife of): Robert Meekins

3. PERSONAL AND STATISTICAL PARTICULARS
   DATE OF DEATH: October 31, 1935
   AGE: 23 yrs. 9 mos. 13 days
   OCCUPATION: House work
   PLACE OF DEATH: Preston, Md., R.F.D.

4. BIRTHPLACE: Caroline County, Maryland
   Father's NAME: John Jones
   Mother's NAME: Sadie Green
   Place of Burial: Thompstown, Md.

5. MEDICAL CERTIFICATE OF DEATH
   Doctor: Josephine Bone
   Cause of Death: Peritonitis, Perforating Peritonitis
   DATE OF ONSET: Oct. 27, 1935
   Date of Death: Oct. 31, 1935
   Autopsy: Yes

6. OTHER CONTRIBUTORY CAUSES OF DEATH:
   Primary: Perforating Peritonitis
   Other: Hospital, practically a year, 1934-1935.

7. DISEASE OR INJURY RELATED TO OCCUPATION:
   Nature of Injury: None
   Manner of Injury: None

8. If death was due to external causes (VIOLENCE) fill in also the following:
   Nature of Injury: None
   Manner of Injury: None
   Date of Injury: 1935

9. If death was due to disease or injury in any way related to occupation of deceased?
   Disease or Injury: None
   If so, specify: None

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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### Example I

<table>
<thead>
<tr>
<th>Disease/Condition</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 6, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

### Example II

<table>
<thead>
<tr>
<th>Disease/Condition</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

Other contributory causes of importance:

1 year

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

1. PLACE OF DEATH

County: Dorchester
Village or City: Cambridge, Md.
Hospital: X
Registration Dist. No.: X
No. St. Ward: X
Length of residence in city or town where death occurred: 9 yrs. 7 mos. 12 ds.
How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME: Wm. Leroy Miller.

(a) Residence: No. Castle Haven, Md. Dorchester
(Usual place of abode)
St. 4 Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH: 3/28/1926

7. AGE: 9 Years 6 Months 44 Days

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

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

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

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

12. BIRTHPLACE (city or town): Castle Haven, Md.

13. NAME: John Miller

14. BIRTHPLACE (city or town): Baltimore, Md.

15. MAIDEN NAME: Edith M. Dodson.

16. BIRTHPLACE (city or town): Cambridge, Md.

17. INFORMANT: John Miller.

18. BURIAL, CREMATION, OR REMOVAL: Dorchester Co. Md.

19. UNDERTAKER: Granville S. LeCompte

20. FILED: 10-22, 1935

21. DATE OF DEATH: October 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1935, to Dec. 20, 1935; death is said to have occurred on the date stated above, at 7:30 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Diseased Leukemia

Date of death: 1935

Other Contributory Causes of importance:

Name of operation: X

What test confirmed diagnosis: Clinical Evidence

Date of: X

was there an autopsyl: X

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

Accident, suicide, or homicide: No
Date of Injury: 19
Where did injury occur?: X
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury: X
Nature of injury: X

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

If so, specify (Sign)
(Sign)

Registrar:

Granville S. LeCompte
Cambridge, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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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>
</tr>
</thead>
<tbody>
<tr>
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<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Nov 6, 1925</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
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<th>Date of onset</th>
</tr>
</thead>
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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:**

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

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

1. PLACE OF DEATH

County: Montgomery
Village or City: Clarksburg

2. FULL NAME

(a) Residence: No. 216 West Vila.
(Usual place of abode)

3. SEX

M.

4. COLOR OR RACE

White

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

Married

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

10/1/1935

7. AGE

Years: 10
Months: 0
Days: 0
If LESS than 1 day, hrs. or min.

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

N/A

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

N/A

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

N/A

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

N/A

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

Baltimore, Md.

13. NAME

Mary Mill

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

Baltimore, Md.

15. MAIDEN NAME

N/A

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

N/A

17. INFORMANT (Address)

N/A

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER (Address)

N/A

20. FILED

10/10/1935

21. DATE OF DEATH

10/10/1935

22. I HEREBY CERTIFY, That I attended deceased from

10/10/1935 to 10/10/1935; death is said to have occurred on the date stated above.

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

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

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

Manner of injury

Nature of injury

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

If so, specify

(Signed)

Address

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 7.
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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>November 6, 1935</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></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, 1933</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>
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<td>1 week ago</td>
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<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: Dorchester
   - Village or City: Madison Md.
   - No. St.: X
   - Length of residence in city or town where death occurred: 78 yrs. 7 mos. 14 ds.

2. FULL NAME: Maranda Jane Mills.
   (a) Residence: No. Madison, Md.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   - HUSBAND of: Late Benj. F. Mills.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed
6. DATE OF BIRTH (month, day, and year): 3/5/1865
7. AGE: 68
   - If LESS than 1 day, hrs., or min.
8. TRADE, PROFESSION, OR PARTICULAR:
   - OCCUPATION: None
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE:
   - Address: Cambridge, Madison, Md.
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X
12. BIRTHPLACE (city or town): Madison
   (State or country): Md.
13. NAME: Wm. H. Tregoe
   - MOTHER NAME: Caroline Kane
14. BIRTHPLACE (city or town): Madison
   (State or country): Md.
15. MAIDEN NAME: Caroline Kane
16. BIRTHPLACE (city or town): Madison
   (State or country): Md.
17. INFORMANT: Ira D. Sanders
   - Address: Cambridge, Madison, Md.
18. BURIAL, CREMATION, OR REMOVAL:
   - Place of: Madison, Md.
   - Date: 10/1/35
19. UNDERTAKER: Granville S. LeCompte
   - Address: Cambridge, Md.
20. FILED: 10-21-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: October 19th, 1935
22. I HEREBY CERTIFY, That I attended deceased from 19th to 19th.
   - Reason: 19:30 P.M.; death is said to have occurred on the date stated above, or.
   - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
     - Central Hemorrhage
   - Date of onset: X
   - Other Contributory Causes of importance:
     - Name of operation: X
     - Date of: X
     - What test confirmed diagnosis: X
     - Was there an autopsy: X
23. If death was due to external causes (VIOLENCE) fill in also the following:
   - Accident, suicide, or homicide: X
   - Date of Injury: X
   - Where did injury occur: X
   - Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE: X
   - Nature of Injury: X
   - Nature of Injury: X
   - Was disease or injury in any way related to occupation of deceased: X
24. If so, specify: X
   - Signed: X
   - Address: Cambridge, Md.

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

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

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

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

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

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

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

Example I

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

Other contributory causes of importance:

Gallstones                                     | May 1, 1923  |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<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: Dorchester
   Village or City: Cambridge
   Registration Dist. No.: Eastern Shore State Hospital
   Length of residence in city or town where death occurred: yrs. 10 mos. 18 ds.

2. FULL NAME
   (a) Residence: No. 2802 Monticello 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 (write the word)
   Single

6. DATE OF BIRTH (month, day, and year)
   August 10, 1862

7. AGE
   Years: 74
   Months: 2
   Days: 2
   If less than 1 day, hours, or minutes:

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

9. OCCUPATION
   Farmhand

10. Date deceased last worked at this occupation (month end year)
    1932

11. Total time (years) spent in this occupation
    1932

12. BIRTHPLACE (city or town)
    Near Baltimore, Maryland

13. NAME
    Leonard J. Morris

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

15. MAIDEN NAME
    Elizabeth Morris

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

17. INFORMATION OR ADDRESS
    Eastern Shore State Hospital, Cambridge, Maryland

18. BURIAL, CREMATION OR REMOVAL
    Hospital Cemetery, Oct. 12, 1935

19. UNDERTAKER
    E. C. Wilson

20. FILED
    Oct. 12, 1935

REGISTRAR

If more blanks are needed, address State Registrar, 2441 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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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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<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>NOV 6 1935</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Dorchester
   - Village or City: Rhodesdale, R. D.
   - Length of residence in city or town where death occurred: yrs. 7 mos. ds.

2. **FULL NAME** Dorothy A. Payne
   - (a) Residence: No.
   - (Usual place of abode)

3. **SEX** female
   - If married, widowed, or divorced HUSBAND or (or) WIFE of

4. **COLOR OR RACE** white

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

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

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

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

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

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

11. **BIRTHPLACE (city or town)** Md.

12. **NAME** Dawson Payne

13. **MOTHER FATHER**
   - Name: Mildred Brown
   - (State or country)

14. **BIRTHPLACE (city or town)** Md

15. **MAIDEN NAME**

16. **BIRTHPLACE (city or town)** Del.

17. **INFORMAN** Dawson Payne

18. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Cokesbury
   - Date: Oct, 12935


20. **FILED** 10/21 1935

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH** Oct 10 1935

22. **I HEREBY CERTIFY** That I attended deceased from to have occurred on the date stated above, at a.m.

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

**Other Contributory Causes of importance:**

**Date of onset**

**Other information**

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

25. **If so, specify**

   **(Signed)**

   **(Address)**

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

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge
   Registration Dist. No.: 206
   St., Ward: No. 206
   No. 206 Academy
   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: 3 yrs. 9 mos. 7 ds.
   How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 206 Academy
   (Usual place of abode)
   Personal and statistical particulars
   SEX: Male
   COLOR OR RACE: W
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

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

   6. DATE OF BIRTH (month, day, and year): Oct 30, 1935
   7. AGE: 30 years
   8. Trade, profession, or particular kind of work done: None
   9. Industry or business in which work was done: None
   10. Date deceased last worked at this occupation (month end)
   11. Total time (years) spent in this occupation

   12. BIRTHPLACE (city or town): Milford
      (State or country): Maryland
   13. NAME: Henry John Pohl
   14. BIRTHPLACE (city or town): Maryland
      (State or country): Maryland
   15. MAIDEN NAME: Hattie Louise Burton
   16. BIRTHPLACE (city or town): Maryland
      (State or country): Maryland
   17. INFORMANT (Address):
   18. BURIAL, CREMATION, OR REMOVAL
      Place:.Dept'd.7,form Oct.30,1935
      Date: Oct.30, 1935
   19. UNDERTAKER (Address):
   20. FILED: 10-30-1935

   If more blanks are needed, address State Registrar, 2410 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

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

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>Date of onset</th>
<th>Nov 6, 1935</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td></td>
</tr>
</tbody>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</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:

Gallstones | May 1, 1923 |

Example II

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: Dorchester
Village or City: Cambridge
Registration Dist. No.: 116
No.: Cambridge Md Hospital
St. or Ward: St. 3
(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. 4 mos. 19 days
How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia May Rawls.
(a) Residence: No. Bridge Street.
(Usual place of abode)
St., 3 Ward. WITHIN CORPORATE LIMITS OF

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, year) 6/10/1935
7. AGE Years 4
   Months 19
   Days
If LESS than 1 year, write months, days.

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Cambridge, Md.
   (STATE OR COUNTRY)

13. NAME Charles C. Rawls.
   (CITY OR TOWN)
   (STATE OR COUNTRY)

14. BIRTHPLACE (CITY OR TOWN) Texas.
   (STATE OR COUNTRY)

15. MOTHER'S NAME Ethel Larrimore
   (STATE OR COUNTRY)

16. BIRTHPLACE (CITY OR TOWN) Delaware
   (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Charles C. Rawles
   Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL Place and Date
   Cambridge, Md. Oct. 10/30/35

19. Undertaker (Name) Granville S. LeCompte
   Cambridge, Md.

20. FILED: 10-30-35

21. DATE OF DEATH October 29th, 1935

22. IF HERE I CERTIFY, That I attended deceased from October 26, 1935, in October 29, 1935, and have occurred on the date stated above.
   Time: 12:05 A.M.
   The principal cause of death and related causes of importance were as follows:
   Bronchial Pneumonia 10-27-35
   Acute Gastric Ulcer 10-26-35

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
   Nature of injury

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? MO
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<td>NOV 6 1935</td>
</tr>
<tr>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1927 July</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Principal cause of death and related causes of importance were as follows:</th>
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<tbody>
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<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
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</tbody>
</table>

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

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Golden Hill
   No.: 404 Hughlette St., Cambridge, Md.
   St.: Ward:
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Roxie Virginia Reddish.
   Residence: No. 404 Hughlette St., Cambridge, Md.

PERSONAL AND STATISTICAL PARTICULARS

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

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

7. AGE: Years: 70
   Months: Unknown
   Days: Unknown
   If LESS than 1 year, give months and days.

8. TRADE, PROFESSION, OR OCCUPATION: None

9. Industry or business in which work was done: None

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

12. BIRTHPLACE (city or town): Wicomico Co., Md.
    State or country:

13. NAME: Alfred McAllister

15. MAIDEN NAME: Not Known

    State or country:

17. INFORMANT: Mrs. Flossie Willey Adams
    Address: Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cambridge, Md.
    Date: 10/21/35.

19. UNDERTAKER: Granville S. LeCompte
    Address: Cambridge, Md.

20. FILED: 12-21-1935

21. DATE OF DEATH
   October 19th, 1935

22. I HEREBY CERTIFY that I attended deceased from... 1911 to Oct. 1925.

23. OTHER CONTRIBUTORY CAUSES OF DEATH:
    Hypertension and cerebral arteriosclerosis 1925.

24. Date of Death: 1911

25. Name of operation: None

26. What test confirmed diagnosis? Chemical. Was there an autopsy?: Yes

27. Accident, suicide, or homicide?: Data of Injury: 1911

28. Where did injury occur?: Specifying city or town, county, and state:

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

30. Manner of injury:

31. Nature of injury:

32. Whether disease or injury in any way related to occupation of deceased?: No

33. If so, specify:

34. Signature: /s/ John H. M. D.

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

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset:</td>
<td>1 week ago</td>
</tr>
<tr>
<td>OCT. 23, 1925</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset:</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1928</td>
<td></td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Dorchester
   - Village or City: Cambridge
   - Registration Dist. No.: 209 Cedar St., Ward
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Infants Cedick
   - Residence: No. 209 Cedar St., Ward.

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - Colored

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

6. **DATE OF BIRTH (month, day, and year)**
   - Oct 6 1935

7. **AGE**
   - Years: 2
   - Months: 0
   - Days: 0

8. **Trade, profession, or particular kind of work done**
   - None

9. **Industry or business in which work was done**
   - None

10. **Date deceased last worked at this occupation**
    - Oct 6 1935

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

12. **BIRTHPLACE (city or town)**
    - Cambridge, Md

13. **NAME**
    - Wilson Hunter

14. **FATHER**
    - Norwalk, Wa

15. **MAIDEN NAME**
    - Mary Cedick

16. **BIRTHPLACE (city or town)**
    - Norwalk, Wa

17. **INFORMANT**
    - Mary Cedick

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Cambridge, Date: 10-8-35

19. **UNDEAKTER**
    - Lewis J. Bayburn

20. **FILED**
    - 10-8-35

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Oct 6 1935

22. **I HEREBY CERTIFY**
    - That I attended deceased from Oct 6 1935 to Oct 6 1935
    - I last saw him... alive on Oct 5 1935... death is said to have occurred on the date stated above, at 10 A.M.
    - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

    - Stilbon, Cause: Pulmonary Tuberculosis

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

    - Name of operation: 
    - Date of:
    - What test confirmed diagnosis: Exam Was there an auopsy: No

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

25. **If so, specify**
    - (Signed) John Murre 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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11.—The number of years the deceased followed the occupation.

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<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>Nov 6 1935</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       |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Dorchester
Village or City: Cambridge

No. Cambridge Md. Hospital, St., Ward,

Length of residence in city or town where death occurred: 16 yrs. mos. ds.

If death occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME: Ellen N. Reed.

(a) Residence: No. Cambridge, Md.

Personal and Statistical Particulars

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

5a. If married, widowed, or divorced

HUSBAND of (or WIFE of) Late Wm. B. Reed.

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

1862

7. AGE

73

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

None

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

X

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

X

11. Total time (years) spent in this occupation

X

12. BIRTHPLACE (city or town)

Wicomico Co. Md.

13. NAME

Albert Reed.

14. BIRTHPLACE (city or town)

Brookview, Md.

15. MAIDEN NAME

Margaret Lord

16. BIRTHPLACE (city or town)

Brookview, Md.

17. INFORMANT

Mrs. Lillian Hubbard

18. BURIAL, CREMATION, OR REMOVAL

Place: Cambridge, Md.

Date: 10.30.35

19. UNDERTAKER

Granville S. LeCompte

20. FILED

10.30.35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 28th, 1935

22. HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 10/27/1935, I certify that death has occurred on the date stated above, at

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

MAGNUS V. ETHER

Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide? CAUSING DATE OF INJURY: 10.27.1935

Where did injury occur? Specifying 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)

Granville S. LeCompte

Cambridge, Md.

If more blanks are needed, address State Registrar, 2415 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | Gastroenteritis |

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge
   No.: 22
   Registration Dist. No.: 116
   Date: Oct 3, 1935
   Length of residence in city or town where death occurred: 5 yrs, 1 mos, 17 ds
   How long in U.S. if of foreign birth?: yrs, mos, ds

2. FULL NAME: George Edward Reiley
   Residence: No. 1 Oakley St., 3 Ward
   Sex: Male
   Color or Race: Col.
   Single, Married, Widowed, or Divorced: Child
   Date of Birth: Mar 26, 1926
   Age: 9 yrs, 6 mos, 17 ds
   Date of Death: Oct 3, 1935
   Cause of Death: Typhoid Fever
   Date of Onset: Sep 7, 1935
   Other Contributory Causes of Importance: Endocarditis
   Date: Oct 14, 1935

3. OCCUPATION
   Trade, profession, or particular kind of work done: Child
   Industry or business in which work was done: None
   Date deceased last worked: None
   Total time (years) spent in this occupation: None

4. BIRTHPLACE
   City or town: Cambridge
   State or country: Maryland

5. NAME
   Parents: John Reiley, Matilda

6. MAIDEN NAME
   Arthur

7. INFORMANT
   Address: Oakley St., 3 Ward

8. BURIAL, CREMATION, OR REMOVAL
   Place: Cambridge
   Date: Oct 14, 1935

9. UNDERTAKER
   Address: 229 Cambridge St.

10. FILED
    Date: Oct 14, 1935

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

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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Nov 6, 1933</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

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

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

1. PLACE OF DEATH

   County
   Village or City: Cambridge
   No. of St., Ward
   Length of residence in city or town where death occurred
   yrs. mos. ds.
   How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

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

   PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

   10. Dates 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)

   NAME
   FATHER
   MAIDEN NAME
   MOTHER
   INFORMANT
   (Address)

   BURIAL, DEPOSITION, OR REMOVAL

   Place
   Date

   UNDERTAKER
   (Address)

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH

   22. I HEREBY CERTIFY that I attended deceased from

   (Month) (Day) (Year)

   I last saw h. on
   (Month) (Day) (Year)

   Death occurred at

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

   Other Contributory Causes of importance:

   Date of next

   Other Contributory Causes of importance:

   Name of operation
   What test confirmed diagnosis

   Date of Injury

   Where did injury occur?

   (Specify city or town, county and State)

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

   Manner of injury
   Nature of injury

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

   If so, specify

   (Address)

   (Signed)

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<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones                                                               
Date of onset: May 1, 1923

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

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

1. PLACE OF DEATH

County: Dorchester
Village or City: Cambridge, Md.

2. FULL NAME: Sarah Christinina Robinson.

(a) Residence: No. 201 Locust Street.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): 11/3/1854

7. AGE: 80

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: None

9. DATE DECEASED LAST WORKED AT THIS OCCUPATION: 11/3/1854

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

12. BIRTHPLACE (city or town): Lakesville, Md.

13. NAME: Wm. J. Montgomery

14. BIRTHPLACE (city or town): Unknown

15. MAIDEN NAME: A. Jane Abbott

16. BIRTHPLACE (city or town): Unknown

17. INFORMANT: Miss Bertha Robinson, Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL: Cambridge, Md., Place, Date, 10/16th, 1935

19. UNDERTAKER: Granville S. LeCompte, Cambridge, Md.

20. FILED: 10-12-1935

REGISTRATION DISTRICT No. 116

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic interstitial nephritis</td>
<td>NOV 6, 1935</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JUN 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

<table>
<thead>
<tr>
<th>Attack of epilepsy</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<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: Dorchester
   Village or City: Cambridge
   Length of residence in city or town where death occurred: yrs. 5 mos. 6 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME
   (a) Residence: No. 15 Elm St., Ward.
   If U.S. Veteran specify WAR.

   If nonresident give city or town and State.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

   If married, widowed, or divorced
   HUSBAND of
   (or) WIFE of

   If single

6. DATE OF BIRTH (month, day, and year)
   March 29, 1859

7. AGE
   Years: 76
   Months: 6
   Days: 16
   If less than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAINTER, BOOKKEEPER, etc.
   Laborer, Woolen Mill

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)
   Chester, Maryland

13. NAME
   Harriet Scott

14. BIRTHPLACE (city or town)
   Fair Hill, Maryland

15. MAIDEN NAME
   Deborah Hollander

16. BIRTHPLACE (city or town)
   Fair Hill, Pennsylvania

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Cambridge, Date: Oct. 13, 1933

19. UNDERTAKER (Address)

20. FILED: Oct. 13, 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   October 15th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to Aug. 15th, 1935. I last saw him alive on Aug. 19th, 1935; death is said to have occurred on the date stated above, at 7:35 AM. The principal cause of death and related causes of importance were as follows:

   Date of onset

   Other Contributory Causes of importance:

   Date of...

   Nume of operation...

   What test confirmed diagnosis?...

   Was there an autopsy?...

   Accident, suicide, or homicide?...

   Where did injury occur?...

   Nature of injury...

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

   Date of Injury...

   Industry, home, or public place...

   Menne of injury...

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

   If so, specify...

   (Signed)...

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

Charles Labriere, M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Dorchester
Village or City: Near Williamsburg, Md.

2. FULL NAME

(a) Residence No.: 

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

5a. If married, widowed, or divorced, state name of WIFE of

Velma A. Seitz

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

March 9, 1898

7. AGE

Years: 37
Months: 7
Days: 9

8. TRADE, PROFESSION, OR OCCUPATION

Laborer

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

Steel Mill

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

Oct. 1, 1935

11. Total time (years) spent in this occupation


12. BIRTHPLACE (city or town)

Cahot, Pa.

13. NAME

William Seitz

14. BIRTHPLACE (city or town)

(City and State)

15. MAIDEN NAME

Laura Scott

16. BIRTHPLACE (city or town)

(City and State)

17. INFORMANT

Mrs. Velma A. Seitz

Address: Pulaski, Pa., R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL

Place: Pulaski, Pa.

Date: Oct. 21, 1935

19. UNDERTAKER

J. J. Framptom & Son

Address: Federalsburg, Maryland

20. FILED

10/1/35, 1935

(W. J. Kryttel)

Registrar

21. DATE OF DEATH

October 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from

10/12, 1935, to 10/18, 1935

I last saw him/she alive on 10/17, 1935; death is said to have occurred on the date stated above, at 10 A.M.

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

[Signature: L. J. People]

[Date: 11/2/35]

Date of onset:

[Signature: Bilateral]

Date of onset:

[Signature: Bilateral]

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...

Data of injury...

Where did injury occur...

(Specify city or town, county and State)

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

Manner of injury...

Nature of injury...

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

If so, specify...

(Signed)

W. J. Kryttel

(Address: Federalburg, Md.)
United States Standard Certificate of Death

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

To be complete an occupation return must state:

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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.

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1937</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1933</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional space for further statements by physician.
# STATE OF MARYLAND—CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>1. PLACE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>County: Dorchester</td>
</tr>
<tr>
<td>Village or City: Cambridge Ml</td>
</tr>
<tr>
<td>No. St. Ward:</td>
</tr>
<tr>
<td>Length of residence in city or town where death occurred: 10 yrs. mos.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. FULL NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nora Stubbs</td>
</tr>
<tr>
<td>Residence: No. 20 Park Lane</td>
</tr>
<tr>
<td>Ward: 2nd</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. SEX</td>
</tr>
<tr>
<td>4. COLOR OR RACE</td>
</tr>
<tr>
<td>5. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED</td>
</tr>
<tr>
<td>5a. If married, widowed, or divorced (or WIFE of)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Month, day, and year): Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years: 86 yrs.</td>
</tr>
<tr>
<td>Months:</td>
</tr>
<tr>
<td>Days:</td>
</tr>
<tr>
<td>If LESS than 1 day, hrs., or min.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farming, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. KIND OF WORK DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farming, etc.</td>
</tr>
</tbody>
</table>

<p>| 9a. If in business, mercantile, or professional | |</p>
<table>
<thead>
<tr>
<th>10. PLACE WHERE WORK WAS DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farming, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. TOTAL TIME (IN YEARS) SPENT IN THIS OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov. 1934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. BIRTHPLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City or town: Farm Swamp</td>
</tr>
<tr>
<td>State or country: Md.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Cechos</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. BIRTHPLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City or town: Farm Swamp</td>
</tr>
<tr>
<td>State or country: Md.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. MAIDEN NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Coofer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. BIRTHPLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City or town: Farm Swamp</td>
</tr>
<tr>
<td>State or country: Md.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. INFORMANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edna Cechos (Brother)</td>
</tr>
<tr>
<td>Address: 308 Main St., Cambridge Ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place: Dough Cemetery</td>
</tr>
<tr>
<td>Date: Oct. 20, 1935</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. UNDERTAKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. St. Claus</td>
</tr>
<tr>
<td>Address: 308 Main St., Cambridge Ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. FILED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct. 20, 1935</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Month, Day, Year): 11/17/1935</td>
</tr>
</tbody>
</table>

| I last saw her alive on: Oct. 14, 1935; death is said to have occurred on the date stated above, at: 2 A.M. |
| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| Pneumonia, kidney disease |
| Date of onset: 1/1/35 |

| 23. If death was due to external causes (VIOLANCE) fill in also the following: |
| Accidental, suicidal, or homicidal? 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 |
| (Sign) O. J. Taureas, M.D. |
| Address: Cambridge, Md. |

If more blanks are needed, address State Registrar at 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**

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

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

**Example II**

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

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

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

1. PLACE OF DEATH

County ................. Pocomoke

Village or City .................. Cambridge, Maryland

2. FULL NAME

(a) Residence: No. .......... 

PERSONAL AND STATISTICAL PARTICULARS

3. SEX .......... Male

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

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

6. DATE OF BIRTH (month, day, and year) .......... April 16, 1935

7. AGE

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

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

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

11. Total time (years) spent in this occupation .......... 5

12. BIRTHPLACE (city or town) .......... Cambridge

13. NAME .......... Abraham R. Alimie

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

15. MAIDEN NAME .......... Agnes P. Alimie

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

17. INFORMANT (Address) .......... Abraham R. Alimie

18. BURIAL, CREMATION, OR REMOVAL

Place .......... East Lawn Cemetery

Date .......... Oct. 12, 1935

19. UNDERTAKER .......... Frank E.Abbey

20. FILED .......... 10-12-35

21. DATE OF DEATH

(Month) .......... 9

(Day) .......... 1935

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1935, to October 9, 1935. I last saw him alive on October 1, 1935; death is said to have occurred on the date stated above. The principal cause of death and related causes of importance were as follows: Pneumonia Enteritis

Date of onset .......... 13th October

23. Other Contributory Causes of importance: Pulmonary tuberculosis

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

Accident, suicide, or homicide? .......... Yes

Date of injury .......... 19

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

Manner of injury ..........

Nature of injury ..........

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

26. SIGNATURE .......... Abraham R. Alimie

REGISTRAR .......... 10-12-35

ADDRESS .......... Cambridge, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting T.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.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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

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

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Baltimore City
   Registration Dist. No.: 11

2. FULL NAME
   (a) Residence: Baltimore City
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
   No.

6. DATE OF BIRTH (month, day, and year) Apr. 15, 1908

7. AGE
   Years: 27
   Months: 6
   Days: 6

8. OCCUPATION
   Walker

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

10. Date deceased last worked at this occupation (month and year)
    May 19, 1934

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

12. BIRTHPLACE (city or town)
    Baltimore City, Md.

13. NAME OF MOTHER
    Elizabeth Greene

14. BIRTHPLACE (city or town)
    Baltimore City, Md.

15. MAIDEN NAME
    Sara Elizabeth Greene

16. BIRTHPLACE (city or town)
    Baltimore City, Md.

17. INFORMANT
    Willard Greene

18. BURIAL, CREMATION, OR REMOVAL
    Place: Baltimore City
    Date: Oct. 22, 1935

19. UNDERTAKER
    E. S. LeBlanc

20. FILED
    Oct. 22, 1935

21. DATE OF DEATH
    (Month)
    Oct.
    (Day)
    22
    (Year)
    1935

22. I HEREBY CERTIFY

   (Signed)
   James S. Greene, Local Registrar

   If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>1 week ago</td>
</tr>
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<td>July 5, 1927</td>
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**Place of Death**
- County: Worcester
- Village or City: Cambridge (R.T.O.)
- Length of residence in city or town where death occurred: 50 yrs. mos.

**Full Name**
- George Warfield

**Personal and Statistical Particulars**
- Sex: Male
- Color or Race: Colored
- Occupation: Barber
- Birthplace: Beckwith, Doz. Co. N.C.
- Father's Name: James N. Holland
- Mother's Name: Warfield

**Medical Certificate of Death**
- Date of Death: Oct 9th, 1935
- Cause of Death: Ender
- Other Contributory Causes of Importance: None

**Signature**
- John M. More, Registrar
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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

**1. PLACE OF DEATH**

- County: Dorchester
- Village or City: Cambridge - Maryland
- No. Hospital: St. Mary's
- 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**

- Thomas Henry Justley
- Residence: No. East 1st St., Cambridge

**PERSONAL AND STATISTICAL PARTICULARS**

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

**DATE OF BIRTH**

- October 2, 1935

**AGE**

- October 2, 1935

**DATE OF DEATH**

- October 2, 1935

**MEDICAL CERTIFICATE OF DEATH**

- I HEREBY CERTIFY, That I attended deceased from October 2, 1935, to October 2, 1935.
- I last saw him alive on...
- To have occurred on the date stated above, at...

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

- Stillborn, infanticide
- Principal cause of death: Swine, Hydrosomosis
- Other Contributory Causes of importance:

**22.**

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

**23.**

- Accident, suicide, or homicide?
- Date of Injury...
- Where did injury occur?
- Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

**24.**

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