STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: WORCESTER
   Village or City: ST. MARTINS MD
   Length of residence in city or town where death occurred: 46 yrs. 6 mos. 0 ds.

2. FULL NAME: Leola C. Aydelotte
   (a) Residence: No. 607, St. Martins St., ST. MARTINS MD, Ward.

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

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

6. DATE OF BIRTH (month, day, year): Aug 1, 1872

7. AGE: 63 years
   Years: 63
   Months: 2
   Days: 15

8. Trade, profession, or peculiar kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.: Homemaker

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

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

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

12. BIRTHPLACE (city or town): ST. MARTINS
   (State or country): MD

13. NAME: Leola C. Aydelotte
   FATHER: William Aydelotte

14. BIRTHPLACE (city or town): ST. MARTINS
   (State or country): MD

15. MAIDEN NAME: Ellen B. Richards

16. BIRTHPLACE (city or town): ST. MARTINS
   (State or country): MD

17. INFORMANT: Edward Aydelotte
   (Address): 607, St. Martins St., ST. MARTINS MD

18. BURIAL, CREMATION, OR REMOVAL:
   DEPOT: Greenlawn, Date: Oct. 16, 1935

19. Undertaker:
   (Address): J. H. Tussey
   Date of Undertaking: Oct. 16, 1935

20. FILED: 1935
   (Address): Registrar

REGISTRAR

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

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Nov 4, 1925</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 5, 1927</td>
</tr>
</tbody>
</table>

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

Other contributory causes of importance:

Gallstones  | May 1, 1923

Example II

<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>

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

Other contributory causes of importance:

Gastroenteritis  | 1 year

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

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

2. FULL NAME
  lettie Ballard

3. SEX
   Female

4. COLOR OR RACE
   Colored

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

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

7. AGE
   Years: 78
   Months: 0
   Days: 0
   If LESS than 1 day, _______ hrs. _______ min.

8. Occupation
   Housewife

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

10. Date deceased last worked at this occupation (month and year)
    Aug 1935

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

12. BIRTHPLACE (city or town)
    Unknown

13. NAME
    George Teagle

14. BIRTHPLACE (city or town)
    Worcester

15. MAIDEN NAME
    Martha Taylor

16. BIRTHPLACE (city or town)
    Worcester

17. INFORMANT
    ettie Ballard

18. BURIAL, CREMATION, OR REMOVAL
    Place: Holderness
    Date: Oct 12, 1935

19. UNDERTAKER
    McComas & Shields

20. DATE OF DEATH
    Oct 11, 1935

21. MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from
    June 20, 1935, to Oct 3, 1935, I last saw h. e. alive on Oct 3, 1935; death is said
    to have occurred on the date stated above, at 11:00 a.m.
    The principal cause of death and related causes of importance were as follows:
    Congestive Cirrhosis of Liver
    Heart and Chronic Nephritis

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) _______ M. D. _______ Address __________
    (Register) _______ Stockton, Md.

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

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

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

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

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

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

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

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

Date of onset: RECEIVED NOV 6 1933 |

Date of onset: 1 week ago |

Date of onset: 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: Worcester
Town or City: Snow Hill

**2. FULL NAME**
John Edward Blake
If U.S. Veteran specify WAR:

**PERSONAL AND STATISTICAL PARTICULARS**

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

**6. DATE OF BIRTH**
4/10/35

**7. AGE**
5 years 2 months

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

**12. BIRTHPLACE**
Near Snow Hill, Md.

**13. NAME**
John Blake

**14. BIRTHPLACE**
Near Snow Hill, Md.

**15. MAIDEN NAME**
Hermona Waters

**16. BIRTHPLACE**
Near Snow Hill, Md.

**17. INFORMANT**
John Blake, Snow Hill, Md.

**18. BURIAL, CREMATION, OR REMOVAL**
Mont Wesley, Date 10/8/23

**19. UNDERTAKER**
John Holland, Snow Hill, Md.

**20. FILED**
10/3, 1935, Library, Smith

**21. DATE OF DEATH**
10/2/1935

I last saw him alive on 9/10/35, 19; death is said to have occurred on the date stated above, at 2:47 a.m.
**

**23. If death was due to external causes (VIOLENCE) fill in also the following:**
Accident, suicide, or homicide? No
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Nov 4, 1925</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: W a r e c t e r
   - Village or City: I r o n c h i r e , M d.

2. **FULL NAME**
   - Surname: I r i s o m
   - Given Name(s): L e o p o l d

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - 3a. Surname: I r i s o m
   - 3b. Given Name(s): L e o p o l d
   - Date of Death: Oct. 4, 1938

4. **SEX**
   - Male

5. **COLOR OR RACE**
   - White

6. **DATE OF BIRTH**
   - Birth Month: March
   - Birth Day: 12
   - Birth Year: 1866

7. **AGE**
   - 68 Years, 6 Months, 22 Days

8. **TREDa, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.**
   - Farm Manager

9. **OCCUPATION**
   - Farm Manager

10. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
    - 1931

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

12. **BIRTHPLACE**
   - City or Town: A l b e r t a
   - State or Country: M d.

13. **FATHER**
    - Name: W i l l i a m I r i s o m

14. **MOTHER**
    - Name: E l i z a b e t h I r i s o m

15. **NAME OF SPOUSE**
    - Surname: I r i s o m
    - Given Name(s): L e o p o l d

16. **DATE OF MARRIAGE**
    - Month: Nov
    - Day: 6
    - Year: 1883

17. **INFORMANT**
    - Name: C h a r l e s I r i s o m
    - Address: F a r m i n g t o n
    - Relationship: Son

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: O n e g r e e n
    - Date: Oct. 6, 1938

19. **UNDERTAKER**
    - Name: M i l l e r
    - Address: S a l l i n g

20. **FILED**
    - Date: Oct. 6, 1938
    - Register: C h a r l e s R. S a w
    - Address: B a l t i m o r e, M d.

21. **MEDICAL CERTIFICATE OF DEATH**
    - I HEREBY CERTIFY that I attended deceased from __________ to __________, 19__, that deceased died on __________, 19__, and that death is said to have occurred on the date stated above, to __________, 19__.

22. **CAUSE OF DEATH**
    - Disease or injury in any way related to occupation of deceased
    - If so, specify
    - (Signed) C h a r l e s R. S a w
    - Address: B a l t i m o r e, M d.

23. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>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>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>JULY 5, 1927</td>
<td>3 days ago</td>
</tr>
<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: Worcester
   Village or City: Stockton
   Ward: 3
   Registration Dist. No.: 314
   Village of Death: Stockton

2. FULL NAME
   (a) Residence: No. 243, St. Mary's Rd.
   (Usual place of abode)

3. PERSONAL AND STATISTICAL PARTICULARS

4. SEX: M
   5. COLOR OR RACE: C
   6. SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

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

6. DATE OF BIRTH (month, day, and year): Nov. 23, 1935

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

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): near Stockton, Md.

13. NAME: Anderson, Mary

14. MOTHER FATHER
   BIRTHPLACE (city or town) (State or country): near West Virginia

15. MAIDEN NAME: Nancy Selly Brown

16. BIRTHPLACE (city or town) (State or country): near West Virginia

17. INFORMANT (Address): "Selly Grounds, near Stockton, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: near Stockton, Md.
   Date: Oct. 29, 1935

19. UNDERTAKER (Address): "M. D. Santorius, near Stockton, Md.

20. FILED: Oct. 29, 1935

21. DATE OF DEATH
   (Month) (Day) (Year): Oct. 29, 1935

22. I HEREBY CERTIFY That I attended deceased from Dec. 25, 1935, to Oct. 29, 1935. I last saw him alive on Oct. 24, 1935; death is said to have occurred on the date stated above, at 4:45 pm.

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

   Other Contributory Causes of Importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?: Date of injury: 1935
   Where did injury occur?: Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

   Manner of injury
   Nature of injury

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

   (Signed) (Address): "M. D. Santorius, near Stockton, 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 home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | RECIPIED 1915 |
| Chronic interstitial nephritis | NOV 6 1923 |
| Cerebral hemorrhage | JULY 5, 1927 |

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

Example II

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Certification of mother's name at birth

[Signature of physician]
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County................. Worcester

Village or City........ Snow Hill

No. St., Ward...........

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

2. FULL NAME........ William Corbin

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

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

4. COLOR OR RACE.... Colored

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

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

20

6. DATE OF BIRTH (month, day, and year)........ April 27, 1866

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........ None

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

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

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

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

(State or country)...........

13. NAME........ Noah Till Hill

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

(State or country)...........

15. MAIDEN NAME........ Ruth Colby

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

(State or country)...........

17. INFORMANT........ Robert T. Colby

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

18. BURIAL, CREMATION, OR REMOVAL........Near Chapel Date........... Oct. 4, 1936

Place...........

19. UNDERTAKER............ John J. Holloway

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

20. FILED........... Oct. 3, 1936

Registar.

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

Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Col

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

6. DATE OF BIRTH (month, day, and year)
   Oct 13 1935

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

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc...
   Occupation: 0

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

10. Date deceased last worked at this occupation (month and year)
    0

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

12. BIRTHPLACE (city or town)
    Near Swindell, Mo.

13. NAME
    Lee Cousin

14. BIRTHPLACE (city or town)
    Mankato, So.

15. MAIDEN NAME
    Mamie Floyd

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

17. INFORMANT (Address)
    Floy Cousin

18. BURIAL, CREMATION, OR REMOVAL
    Place: Laying down Oct. 13, 1935

19. UNDERTAKER (Address)

20. FILED
    10-13-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (month) Oct 13
   (Day) 1935
   (Year)

22. I HEREBY CERTIFY. That I attended deceased from
    (month) 19
    (day) 19
    (year) 19
    I last saw deceased
    (time of death) alive on
    (time of death) dead to live
    (time of death) 19
    19
    Death is said to have occurred on the date stated above, at
    19
    19
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Stillborn, as says
    Midwife

Other Contributory Causes of importance:

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

Manner of injury
Nature of injury

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

(Signed) 
(Address) 
Register

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

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

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

2. FULL NAME
   (a) Residence: Berlin, Md.
   (Usual place of above)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   HUSBAND of
   WIFE
   (or) WIFE of
   Sept. 30

6. DATE OF BIRTH (month, day, and year)
   Oct. 1, 1933

7. AGE
   Years: 3
   Months: 0
   Days: 0
   If LESS than 1 year, hrs.: 0
   or: 0

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

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

10. Date deceased last worked at this occupation: Oct. 1, 1933

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

12. BIRTHPLACE (city or town)
   Md.

13. NAME
   Frank Weiskirch

14. BIRTHPLACE (city or town)
   Md.

15. MAIDEN NAME
   Jennie Smack

16. BIRTHPLACE (city or town)
   Md.

17. INFORMANT
   Frank Weiskirch

18. BURIAL, CREMATION, OR REMOVAL
   Place: St. Paul's
   Date: Oct. 4, 1933

19. UNDERTAKER
   J. W. Humphrey

20. FILED
   Oct. 14, 1933

REGISTRAR

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.
United States Standard Certificate of Death

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

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

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

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

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

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

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

**Additional space for further statements by physician**

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County. Worcester
Village or City. Berlin

Length of residence in city or town where death occurred: 74 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Berlin
(Urban place of abode)

3. SEX

f

4. COLOR OR RACE

A.A.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widow

6. DATE OF BIRTH

(month, day, and year)

7. AGE

Years: 74

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)

Berlin

13. NAME

James Taylor

14. BIRTHPLACE (CITY OR TOWN)

Berlin

15. MAIDEN NAME

Margaret

16. BIRTHPLACE (CITY OR TOWN)

Berlin

17. INFORMANT

Beautiful Taylor

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Paul's Church
Date: Oct. 31, 1953

19. UNDERTAKER

James T. Stewart

20. FILED

10-30-1955

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>BUREAU V. S. July 25, 1927</td>
</tr>
</tbody>
</table>

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

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

1. **PLACE OF DEATH**
   - County: Worcester
   - Village or City: Burton Rd
   - Length of residence: yrs. 2 mos. ds

2. **FULL NAME**
   - Emma J. (Henry) Fassett
   - Residence: No. 13602 7th St, Ward.

### PERSONAL AND STATISTICAL PARTICULARS

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

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

6. **DATE OF BIRTH** (month, day, and year)
   - July 5, 1928

7. **AGE**
   - Years: 29
   - Months:
   - Days: If LESS then 1 day, _______ hrs. or _______ min.

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
   - Oct. 3, 1938

22. I HEREBY CERTIFY that I attended deceased from
    - Sept. 26, 1938, to Oct. 3, 1938,

I last saw her alive on

Death was caused by:
Tuberculosis meningitis. Duration: one year.

Other Contributory Causes of Importance:

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

   - Accident, suicide, or homicide? 
   - Data of Injury: 1938
   - Where did injury occur? (Specify city or town, county and State)
   - Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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

---

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

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

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

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

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

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

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | NOV 5,1935 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | JULY 5,1927 |

Other contributory causes of importance:

| Gallstones | May 1,1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

In name of child see birth certificate.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Worcester
   Village or City: Brunswick
   Length of residence in city or town where death occurred: 50 yrs. 0 mos. 0 ds.

2. FULL NAME
   (a) Residence: No. 124 N. Main St.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Jul. 15, 1855

7. AGE: 80 Years 1 Months 8 Days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Spinner, Sawyer, Bookkeeper, etc.

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Silk Mill, Saw Mill, Bank, etc.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Not applicable

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 80 Years

12. BIRTHPLACE (CITY OR TOWN): Maryland

13. NAME: Charles F. Fisher

14. BIRTHPLACE (CITY OR TOWN): Maryland

15. MAIDEN NAME: Jane Davis

16. BIRTHPLACE (CITY OR TOWN): Maryland

17. INFORMANT:
   Name: Mrs. Edward Dennis
   Relationship: Wife
   Address: Edward Dennis, Brunswick, Md.

18. BURIAL, CREMATION, OR REMOVAL:
   Place: Evergreen
   Date: Oct. 25, 1935

19. UNDERTAKER:
   Name: R. Burbage
   Address: Brunswick, Md.

20. FILED:
   Date: Oct. 25, 1935
   Name: Helen T. Hayward

21. DATE OF DEATH:
   (Month) Dec. 23
   (Day) 1935

22. MEDICAL CERTIFICATE OF DEATH

   THEREBY CERTIFY, That I attended deceased from Dec. 20 to Dec. 23, 1935

   I last saw him alive on Dec. 20, 1935; death is said to have occurred on the date stated above, at 6 a.m.

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

   Date of onset: [Signatures]

   Other Contributory Causes of Importance:
   [Signatures]

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Date of Injury: Dec. 23, 1935
   Where did injury occur? [Specify city or town, county and state]
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Date of onset:</strong> 1915</td>
<td><strong>Date of onset:</strong> 1 week ago</td>
</tr>
<tr>
<td><strong>NURSELY V. S.</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>May 1, 1925</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

| **Gallstones** | **Other contributory causes of importance:** |
| **Date of onset:** May 1, 1925 | **Gastroenteritis** |

**Date of onset:** 1 year

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

### 1. PLACE OF DEATH
- **County:** Worcester<br>- **Village or City:** Snow Hill<br>- **Registration Dist. No.:** 551<br>- **No. St., Ward:**
- **Length of residence in city or town where death occurred:** yrs. mos. ds.
- **How long in U.S. If of foreign birth:** yrs. mos. ds.

### 2. FULL NAME
- **Residence No.:**
- **(Usual place of abode):**
- **If U.S. Veteran, specify WAR:**
- **Sex:** Male
- **Color or Race:** Colored
- **Single, Married, Widowed, or Divorced:** Single

### PERSONAL AND STATISTICAL PARTICULARS
- **Sex:** Male
- **Age:** About 40
- **Birthplace:** Snow Hill
- **Name:** James Horsey
- **Father's Name:**
- **Maiden Name:**
- **Birthplace:**

### MEDICAL CERTIFICATE OF DEATH
- **Date of Death:** October 21, 1935
- **Cause of Death:** Coronary Thrombotic Infarction

### OCCUPATION
- **Trade, profession, or particular kind of work done:** Farmer

### BURIAL, CREMATION, OR REMOVAL
- **Place:**
- **Date:** October 25, 1935
- **Undertaker:**
- **Address:**

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>1915</th>
<th>NOV 4 1925</th>
<th>July 5, 1927</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of onset</td>
<td>1 week ago</td>
<td>1 week ago</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Pocomoke City
   No. 618 Clarke Ave., St., Ward
   Length of residence in city or town where death occurred: Life yrs., mos., ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME J. Herbert Hayman
   (a) Residence: No. 618 Clarke Ave.
      (Usual place of abode)
      If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a. If married, widowed, or divorced
   HUSBAND of (or) WIFE of Bessie Hayman
   June 9th, 1877.
6. DATE OF BIRTH (month, day, and year) June 9th, 1877.
7. AGE Years 58
   Months 4
   Days 22
   If LESS than 1 day, hrs. or min.

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

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH Pocomoke City, October 31st, 1935.
   (Month) (Day) (Year)
   I last saw him alive on Oct. 30th, 1935; death is said to have occurred on the date stated above, at 3:45 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Date of onset
   Arthur Faheley
   1935
   Other Contributory Causes of importance:
   Fred Faheley
   1935

12. BIRTHPLACE (city or town) Pocomoke City, Maryland.
    (State or country)
13. NAME J. Hargis Hayman
14. BIRTHPLACE (city or town) Wicomico County, Maryland.
15. MAIDEN NAME Henrietta Tull
16. BIRTHPLACE (city or town) Somerset County, Maryland.
17. INFORMANT Mrs. Bessie Hayman
    (Address)
18. BURIAL CREMATION, OR REMOVAL Place: Pocomoke City, Maryland.
19. UNDERTAKER Jesse B. Stevenson
    (Address)
20. FILED Oct. 31, 1935

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

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Nov 4, 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, 1928 |

Example II

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

Other contributory causes of importance:
- Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: W.chester
   Village or City: 1st, Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 1st, Ward
   (b) Name: Basil Henry Jr.
   (c) Age: 4 yrs.
   (d) Sex: Male
   (e) Color or Race: White

3. OCCUPATION
   HUSBAND OF
   (a) NAME: Basil Henry Jr.
   (b) BIRTHPLACE: MD.
   (c) MAIDEN NAME: Elizabeth Robbins

4. DATE OF DEATH
   Oct. 4, 1936

5. BIRTHPLACE: MD.

6. OCCUPATION
   SAW MILL, BANK, etc.

7. SPINNER, SAWYER, BOOKKEEPER, etc.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SILK MILL,
   SAW MILL, BANK, etc.

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE.

10. DATES OF DEATH OCCURRED AT THIS OCCUPATION:

11. TOTAL TIME SPENT IN THIS OCCUPATION:

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


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

15. MAIDEN NAME: Elizabeth Robbins

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

17. INFORMANT
   (Address): Basil Henry Jr.

18. BURIAL, CREMATION, OR REMOVAL
   Place: St. Paul
   Date: Oct. 4, 1936

19. UNOERTAKER
   (Address): Basil Henry Jr.

20. FILED
   (Address): Basil Henry Jr.

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

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

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

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

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

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

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

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

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

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

Other contributory causes of importance: Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Washington
   Village or City: Buffalo, Md
   Length of residence in city or town where death occurred: 50 yrs.

2. FULL NAME: Hannah E. Henry
   (a) Residence: No. 680, Buffalo, Md

PERSONAL AND STATISTICAL PARTICULARS

21. DATE OF DEATH
   Date: Oct 16, 1935

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from 1933 to 1935.
   I last saw him alive on Jan 1935.
   death is said to have occurred on the date stated above, at 11:00 a.m.

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

12. BIRTHPLACE (city or town) (State or country): Washington, D.C.
    MOTHER NAME: Mary E. Burton
    13. NAME: Hannah E. Henry
    14. BIRTHPLACE (city or town) (State or country): Washington, D.C.
    15. MAIDEN NAME: Mary E. Burton
    16. BIRTHPLACE (city or town) (State or country): Washington, D.C.

17. INFORMANT: Geo. E. Henry, 680, Buffalo, Md

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

19. UNDERTAKER: J. A. Beizar, 680, Buffalo, Md

20. FILED: Oct 16, 1935, Helen F. Hayward, Registrar

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

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

Other contributory causes of importance:

| Gallstones | May 1, 1925 |
| 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: Wicomico
   Village or City: Pocomoke City

2. FULL NAME
   (a) Residence: No. 115 W. Second St., Pocomoke City, Maryland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Black

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

6. DATE OF BIRTH (month, day, and year)
   10-23-35

7. AGE
   70 Years

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)
    Pocomoke City, Maryland

13. NAME
    Helen Holden

14. BIRTHPLACE (city or town)
    Pocomoke City, Maryland

15. MAIDEN NAME
    Frances Lea

16. BIRTHPLACE (city or town)
    Pocomoke City, Maryland

17. INFORMANT
    Edna Holden, Address: Pocomoke City

18. BURIAL, CREMATION, OR REMOVAL
    Pocomoke City, Date: Oct 13, 1925

19. UNDERTAKER
    Pocomoke City

20. FILED
    Oct 23, 1925

21. DATE OF DEATH
    10-23-1935

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from
    1925 to 1925

23. If death was due to external cause (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide
    Date of injury: 1925
    Where did injury occur?

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

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 5.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find 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>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1937</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>Cancer</td>
<td>May 1, 1933</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>July 8, 1909</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>Nov 4, 1909</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>Nov 4, 1909</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: Worcester
   Village or City: Snow Hill
   Length of residence in city or town where death occurred: 3 yrs. 1 mos. 25 days

2. FULL NAME
   William Jackson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

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

6. DATE OF BIRTH (month, day, and year)
   June 16, 1890

7. AGE
   Years: 45
   Months: 4
   Days: 6

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

9. OCCUPATION
   Woodchopper

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
    April 10, 1935

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    21 years

12. BIRTHPLACE (CITY OR TOWN)
    (State or Country)
    Maryland

13. NAME
    John Jackson

14. MOTHER'S NAME
    Mary Jackson

15. BIRTHPLACE (CITY OR TOWN)
    (State or Country)
    Maryland

16. WIFE'S NAME
    Mary Jackson

17. INFORMANT
    Annie Jackson

18. BURIAL, CEMETARY, OR REMOVAL
    Snow Hill

19. UNDERTAKER
    Williams S. Williams

20. FILED
    Oct. 21, 1935

21. DATE OF DEATH
    October 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from
    I last saw him alive on Oct. 22, 1935
    Death is said to have occurred on the date stated above, at 3 A.M.

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

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

24. WAS DEATH 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.

25. MANNER OF INJURY:

26. NATURE OF INJURY:

27. DID DEATH RESULT FROM INJURY TO OCCUPATION OF DECEASED?
    No

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 7.
**UNITED STATES STANDARD CERTIFICATE OF DEATH**

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Nov 4, 1935</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td></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: |               |
| 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**
1. **PLACE OF DEATH**
   - County: Worcester
   - Village or City: Whaleyville, Md.
   - Registration Dist. No.: 355

2. **FULL NAME**
   - Peter W. Jarmann
   - (a) Residence: Whaleyville, Md., St., Ward.

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - July 8, 1883

7. **AGE**
   - Years: 52
   - Months: 0
   - Days: 0

8. **OCCUPATION**
   - Farmer

9. **DATE deceased last worked at this occupation (month and year)**
   - 1934

10. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - None

11. **DATE OF DEATH**
    - Oct. 8, 1934

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

13. **NAME**
    - Peter W. Jarmann

14. **MOTHER**
    - maiden name: Mary E. Mittelteil
    - Birthplace: Whaleyville, Md.

15. **INFORMANT**
    - Rosa M. Jarmann
    - Address: Whaleyville, Md.

16. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Jarmann Cemetery
    - Date: Oct. 11, 1934

17. **UNOBTAINED**
    - Date: Oct. 11, 1934

18. **FILED**
    - Oct. 11, 1935

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</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 6, 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:
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Worcester St., Ward
Village or City: Bishopville, MD

2. FULL NAME

(a) Residence: No...
Jane J. Burnell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male
4. COLOR OR RACE

Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

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

Jan. 18, 1843

7. AGE

92 yrs. 6 mos.

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)

1915

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town)

(Birthplace or country)

William Burnell

13. NAME

William Burnell

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Mary Hammond

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFIRMARY

Address

William Burnell

18. BURIAL, CREMATION, OR REMOVAL

Place

Mound City, MD

19. UNDERTAKER

Address

J. W. Barbage

20. FILED

Address

Oct. 25, 1936—J. W. Barbage

If more blanks are needed, address State Registrar, 24th N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset</td>
<td>1915</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset</td>
<td>1921</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset</td>
<td>July 16, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>Date of onset</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Worcester
   Village or City: Berlin, Md.
   Length of residence in city or town where death occurred: 10 yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Maggie Purnell
   (a) Residence: No. 33, Berlin, Md.

PERSONAL AND STATISTICAL PARTICULARS

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

5e. If married, widowed, or divorced WIFE OF:
   William Purnell

6. DATE OF BIRTH: Mar. 18, 1866
7. AGE: 60 yrs.
   Years: 60
   Months: 0
   Days: 20
   If LESS THEN 1 day, 0 hrs. or 0 min.

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

10. Date deceased last worked at this occupation: Mar. 18, 1866
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Berlin, Md.
13. NAME: Maggie Purnell
14. BIRTHPLACE (State or country): Maryland
15. MAIDEN NAME: Not known
16. BIRTHPLACE (State or country): Maryland

17. INFORMANT: William Purnell
   Address: Berlin, Md.

18. BURIAL, CEMETARY, OR REMOVAL
   Place: St. Paul's Church
   Date: Oct. 10, 1935

19. UNDERTAKER: J. W. Buschbach
   Address: Berlin, Md.


MEDICAL CERTIFICATE OF DEATH


   I last saw her alive on Oct. 5, 1935, death is said to have occurred on the date stated above, at 3:30 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Cervical Carcinoma

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

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>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><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>NOV 5, 1935</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></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: Howard
   Village or City: Berrien
   Length of residence in city or town where death occurred: 70 yrs.

2. FULL NAME
   (a) Residence: No. 43 Marion St., Berrien

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

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

   6. DATE OF BIRTH: Month, day, and year: Sept. 14, 1865

   7. AGE: Years: 70
      Months: 1
      Days: 11

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

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

   10. Date deceased last worked at this occupation: month and year: 1930

   11. Total time (years) spent in this occupation: 1

   OCCUPATION: Retired

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

   13. NAME: Jesse Taylor

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

   15. MAIDEN NAME: Hannah Coffin

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

   17. INFORMANT: Mrs. Jesse B. Taylor
      Address: Berrien, Md.

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Buckingham
      Date: Oct. 25, 1935

   19. UNDERTAKER: J. W. Burbage
      Address: Berrien, Md.

   20. FILED: Oct. 25, 1935

   MEDICAL CERTIFICATE OF DEATH

   22. I HEREBY CERTIFY, That I attended deceased from
      to, 1935.0
      I last saw deceased alive on, 1935.0
      (Death is said to have occurred on the date stated above, at, 8 P.M.
      The PRINCIPAL CAUSE OF DEATH was as follows:
      Chronic Myocarditis
      Other Contributory Causes of Importance: Cholecystitis

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

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

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

   Signature: Chas. R. Lom
   Address: Berlin, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

Example I

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

Other contributory causes of importance:

Gallstones May 1, 1928 1 year

Example II

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

Gastroenteritis 1 year

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

1. PLACE OF DEATH

County: Worces. St., Ward
Village or City: Camp Hillburn, near Berlin
Length of residence in city or town where death occurred: 91 yrs., 9 mos., 25 days
(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: 91 yrs., 9 mos., 25 days
How long in U.S. if of foreign birth? yrs., mos., ds.

2. FULL NAME

(a) Residence: No. 161 Camp Hillburn, 2nd St., Ward.
(b) 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)

6. If married, widowed, or divorced

HUSBAND or (or) WIFE of

7. DATE OF BIRTH

(month, day, and year)

8. Age

9. Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Address: Wilmington, Del.

18. BURIAL, CREMATION, OR REMOVAL

Place, Date: Bucking Valley, Del., Oct. 27, 1935

19. UNDERTAKER

Address: 

20. FILED

Oct. 27, 1935

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(Month) Nov. (Day) 23, (Year) 1935

I HEREBY CERTIFY: That I attended deceased from Nov. 16, 1935, to Nov. 23, 1935.

I last saw deceased alive on Nov. 16, 1935, at 2:30 a.m.

Deceased had been dead for 7 days at time of death.

Other Contributory Causes of Importance:

Name of operating physician...

Date of...

What was confirmed diagnosis...

Was there an autopsy...

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

Accident, suicide, or homicide...

Date of injury...

Where did injury occur...

Specify 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)...

Registrar

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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: | The principal cause of death and related causes of importance were as follows: |
| Date of onset | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | May 1, 1923 |
| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County
Village or City: Whaleyville, MD
No. St., Ward

2. FULL NAME

Mary Elizabeth Warren

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

White

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

Married

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

Isaac Warren

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

Nov 5th, 1856

7. AGE

82

Days

11

21

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

Housewife

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Jonathan T. Noble

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

Delilah

15. MAIDEN NAME

Elyea Ward

16. BIRTHPLACE (city or town)

(State or country)

Delilah

17. INFORMANT

W. F. Hayward, Del

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Delmar, Del

Date: 10-17-1935

19. UNDERTAKER

W. F. Hatfield & Sons

(Address)

20. FILED

10-14-1935

Helen F. Hayward

(Address)

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

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:

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

Other contributory causes of importance:

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