STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Queen Anne's
   Village or City: Stevensville

2. FULL NAME
   (a) Residence: No.
   Personal and Statistical Particulars
   SEX: Male
   COLOR OR RACE: White
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   DATE OF BIRTH: Oct 25, 1914
   AGE: 21 yrs.
   DAYS: 3
   OCCUPATION: Waterman
   DATE OF DEATH: Nov 28, 1935

3. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, etc.

4. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, etc.

5. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, etc.

6. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, etc.

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55. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, etc.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

Example I

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>DEC 6 1935</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>BUREAU V. S.</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Example II

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County. [Handwritten: Frederick]
Village or City. [Handwritten: Frederick]
No. [Handwritten: 1026]
St. [Handwritten: W]
Ward. [Handwritten: 1]
Length of residence in city or town where death occurred. 33 yrs., 0 mos., 0 ds. How long in U.S. if of foreign birth? yrs., 0 mos., 0 ds.

2. FULL NAME

(a) Residence. No. [Handwritten: Hurdleville, Md.]
St. [Handwritten: ]
Ward. [Handwritten: ]
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

[Handwritten: White]

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD)

W

5a. If married, widowed, or divorced
HUSBAND OR [Handwritten: W. B. Bosher]
OR WIFE OF [Handwritten: W. B. Bosher]

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

June 9, 1771

7. AGE

Years [Handwritten: 64]
Months [Handwritten: 1]
Days [Handwritten: 26]
If less than 1 day, hrs. or min.

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

[Handwritten: No work]

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

[Handwritten: Own Home]

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

[Handwritten: Jan. 24, 1935]

11. Total time (years and months) spent in this occupation (if any)

[Handwritten: ]

12. BIRTHPLACE (city or town)

(State or country)

Pottstown, Pa.

13. NAME

Joseph W. Hwu

14. BIRTHPLACE (city or town)

(State or country)

Pottstown, Pa.

15. MAIDEN NAME

[Catharine West]

16. BIRTHPLACE (city or town)

(State or country)


17. INFORMANT

(Address)

H. W. Bosher

18. BURIAL, CREMATION, OR REMOVAL

Place. Hurdleville, Md.
Date. Nov. 7, 1935

19. UNDERTAKER

(Address)

J. F. Marshall

20. FILED

Nov. 7, 1935

Registration Dist. No. 256

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(Month) [Handwritten: 11]
(Day) [Handwritten: 5]
Year. [Handwritten: 1935]

22. I HEREBY CERTIFY. That I attended deceased from July 1, 1935, to Nov. 5, 1935; death is said to have occurred on the date stated above, at 06:50.

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

[Handwritten: Cancer of tymph]

Date of onset

Other Contributory Causes of Importance:

[Handwritten: Cancer of tymph]

Name of operation

[Handwritten: ]

What test confirmed diagnosis?

[Handwritten: ]

Was there an autopsy?

[Handwritten: ]

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

Accident, suicide, or homicide? [Handwritten: 20]
Date of injury. [Handwritten: ]
Where did injury occur? [Handwritten: ]
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

[Handwritten: ]

Nature of injury

[Handwritten: ]

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

If so, specify

[Handwritten: ]

(Signature)

[Handwritten: ]

(Address)

[Handwritten: ]

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

[Handwritten: ]
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>I. S.</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>1923</td>
</tr>
<tr>
<td>1 year</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: George
   Village or City: Hill Rd
   No. St., Ward
   Length of residence in city or town where death occurred: 25 yrs., mos.
   How long in U.S. if of foreign birth? yrs., mos., ds.

2. FULL NAME
   (a) Residence: No. St., Ward.
   If nonresident give city or town and State
   If resident give name of street and number
   (Usual place of abode)
   Leona O. Brown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED

5a. If married, widowed, or divorced
   HUSBAND of WIFE of
   Lydia Elizabeth Brooks

6. DATE OF BIRTH (month, day, and year)
   1883 June 10

7. AGE
   Years: 50
   Months: 5
   Days: 0
   If LESS than 1 day, hrs., min.

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

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)
    June 10

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

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

13. NAME
    Leoan G. Brown

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

15. MAIDEN NAME
    Eliza L. Brown

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

17. INFORMANT
    (Address)
    Fred C. Brown

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Church Hill, Date

19. UNDERTAKER
    (Address)
    F. A. Good

20. FILED
    Date

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from
    Nov. 10, 1935, to Nov. 10, 1935; death is said
    to have occurred on the date stated above, at
    m.

    Other Contributory Causes of death:
    Age

    Name of operation
    Date

    Nature of injury
    Place

    Manner of injury
   oot

    What test confirmed diagnosis
    Date

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

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

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:

    Nature of injury
    Manner of injury

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

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

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

To be complete, an occupation return must state:

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

Example II

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County:...
   Village or City: Ruxbury
   Registration Dist. No. 252
   Village or City: D.A. For Home
   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.
   Ward:...

2. FULL NAME
   (a) Residence: No. 661, Ruxbury, R.R.
   (Usual place of abode)

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

6. DATE OF BIRTH (month, day, and year)
   Age: 67 yrs.
   If less than 1 day, hrs. or min.

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

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

9. Total time (years) spent in this occupation

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

12. NAME
    Father:...
    Mother:...

13. MAIDEN NAME

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

15. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

16. Name of operation

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Date: 11-26-1935

19. UNDERTAKER
    (Address)

20. FILED
    (Address)

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

22. I HEREBY CERTIFY, That I attended deceased from...
    Last saw her alive on...
    Death occurred...
    Death is said to have occurred on the date stated above, at...

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?
    Specifying city or town, county and State
    Nature of Injury

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

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

### Example I

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

### Example II

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

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: Queen Anne
   Village or City: Ruthsburg
   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
   (a) Residence: No.
   (a) Residence: No.
   (a) Residence: No.
   (a) Residence: No.
   (a) Residence: No.
   (a) Residence: No.
   St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

5a. If married, widowed, or divorced
   WIFE OF: Wm. J. Padde

6. DATE OF BIRTH (month, day, and year): May 3, 1846

7. AGE
   Years: 91
   Months: 6
   Days: 7
   If less than 1 day, state hrs. or min.

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

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

10. Date deceased last worked at this occupation: 1918

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town):
   Birthplace: Baltimore

13. NAME:
   Name: William Henry Allen

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

15. MAIDEN NAME:
   Maiden Name: Susan E. Vincent

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

17. INFORMANT (Address):
   Informant: Wm. W. Wright

18. BURIAL, CREMATION, OR REMOVAL
   Place: Easton
   Date: Nov. 12, 1935

19. UNDERTAKER (Address):
   Undertaker: H. R. Behr

20. FILED: Dec. 12, 1935

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY
   That I attended deceased from
   (Month) (Day) (Year)
   Nov. 10, 1935

I last saw h. alive on
   (Month) (Day) (Year)
   Dec. 7, 1935

Death is said to have occurred on the date stated above, at

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

Date of onset

Other Contributory Causes of Importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy?

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

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

Manner of injury

Nature of injury

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

   If so, specify

   (Signed)

   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.

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

### Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>DEC 5 1935</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 3, 1927</td>
</tr>
</tbody>
</table>

**BUREAU V. S.**

**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: Queen Anne
   Village or City: Near Millington
   Registration Dist. No.: 92-050
   Queen Anne Co., St., Ward.
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Sarah H. Gordan
   (a) Residence: No.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, year): March 29, 1850
7. AGE: 50 Years
8. Trade, profession, or particular kind of work done: Retired
9. Industry or business in which work was done: Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town): Millington, Md.
13. NAME: Sarah Gordan
14. BIRTHPLACE (city or town): Delaware
15. MAIDEN NAME: Elizabeth Fowler
16. BIRTHPLACE (city or town): Millington, Md.
17. INFORMANT (Address): Sarah H. Gordan, Millington, Md.
18. BURIAL, CREMATION, OR REMOVAL: Place: Oklahoma
19. UNDERTAKER (Address): John B. Bobin, M.D., Millington, Md.
20. FILED: Nov. 27, 1935

MEDICAL CERTIFICATE OF DEATH

   I last saw her alive on Mar. 25th, 1935; death is said to have occurred on the date stated above, at 7 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Other Contributory Causes of importance:
   Arteriosclerosis

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

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

If more blanks are needed, address State Registrar, 2401 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Prince George's
   Village or City: Brooklyn Park
   No. St., Ward: 6
   Length of residence in city or town where death occurred: 6 yrs.
   How long in U.S.? yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

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

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

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

7. AGE
   Years: 60
   Months: 0
   Days: 0
   If LESS than 1 year, write the number of days.

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

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   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)
   (State or country)
   1935

13. NAME
   Roselle M. Shepperd

14. BIRTHPLACE (city or town)
   (State or country)
   None

15. MOTHER'S NAME
   Fleece Williams

16. BIRTHPLACE (city or town)
   (State or country)
   None

17. INFORMANT (Address)
   None

18. BURIAL, CREMATION, OR REMOVAL
   Church: Fleece Williams
   Date: Nov. 22, 1935

19. UNDERTAKER
   (Address)
   None

20. FILED
   Nov. 22, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Nov. 22, 1935

22. I HEREBY CERTIFY that I attended deceased from
   Nov. 22, 1935, to Nov. 22, 1935
   I last saw him alive on Nov. 22, 1935. Death is said to have occurred on the date stated above, et al.

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

   Pneumonia, Birth Date 1921

Other Contributory Causes of Importance:

   None

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

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

If more blanks are needed, address State Registrar, 2419 N. Charles Street, Baltimore, Requesting U. S. No. 1.
**UNITED STATES STANDARD CERTIFICATE OF DEATH**

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

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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

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

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</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>DEC 4 1935</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
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<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

1. PLACE OF DEATH

County: Queen Anne's
Village or City: Chesapeake
Registration Dist. No.: 21-K

2. FULL NAME

(a) Residence: No.

SEX
Female

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Married

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

6. DATE OF BIRTH (month, day, and year)
May 18, 1893

7. AGE
Years 25
Months
Days 26

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)
Queen Anne Co.
(State or country)

13. NAME
Richard Council

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

15. MAIDEN NAME
Emma Greenford

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

17. INFORMANT
Mrs. Bertha Jones
(Address) 2314 Sandetla and Ball

18. BURIAL, CREMATION, OR REMOVAL
Place: Ayeguville
Date: Nov. 14, 1935

19. UNDERTAKER
J. Thomas
(Address)

20. FILED: Nov. 13, 1935

21. DATE OF DEATH
Nov. 12, 1935

22. CERTIFY
I hereby certify, that I attended deceased from
19...to 19...

I first saw him alive on...

Death is said to have occurred on the date stated above, at...

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

Other Contributory Causes of Importance:

Name of operation...

What test confirmed diagnosis?...

Date of...

Was there an autopsy?...

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

Accident, suicide, or homicide?...

Date of injury...

Where did injury occur?...

Specify city or town, county and State...

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

Manner of Injury...

Nature of Injury...

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

If so, specify...

(Signed)...

M.D.

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

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

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

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

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

<table>
<thead>
<tr>
<th>1. PLACE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>County: Queen Anne</td>
</tr>
<tr>
<td>Village or City: Centreville</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. FULL NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Henry Hicks</td>
</tr>
</tbody>
</table>

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Col.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. COLOR OR RACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Col.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5a. If married, widowed, or divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband of</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 22, 1883</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>52 Years 9 Months 19 Days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laborer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farm Work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. DATE DECEASED LAST WORKED IN THIS OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar. 25, 1935</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. TOTAL TIME (YEARS, MONTHS, DAYS) SPENT IN THIS OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Years, 4 Months, 35 Days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town or State or Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centreville</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samuel Hicks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. BIRTHPLACE (city or town or State or Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centreville</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>16. BIRTHPLACE (city or town or State or Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centreville</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. INFORMANT (Name, Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry Hicks, his wife</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place: Centreville</td>
</tr>
<tr>
<td>Date: Nov. 12, 1935</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. UNDERTAKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barton Bros.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. FILED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec. 12, 1935</td>
</tr>
</tbody>
</table>

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov. 10, 1935</td>
</tr>
</tbody>
</table>

| 22. HEREBY CERTIFY that the above deceased on Nov. 10, 1935, was last seen alive on Nov. 9, 1935, and that death was said to have occurred on the date stated above, et al. |

<table>
<thead>
<tr>
<th>23. THE PRINCIPAL CAUSE OF DEATH and related causes of importance of the deceased are as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis Malignant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24. OTHER CONTRIBUTORY CAUSES OF IMPORTANTCAUSE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis Malignant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25. NAME OF SURGEON OR PHYSICIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>T. F. Stettler</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>26. DATE OF ONSET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1903</td>
</tr>
</tbody>
</table>

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

| 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 |

<table>
<thead>
<tr>
<th>Example II</th>
</tr>
</thead>
</table>

| Other contributory causes of importance: |
| Date of onset |

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
County: Prince George
Village or City: Stevensville
Registration Dist. No.: 25-3

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
F (Female)
4. COLOR OR RACE
White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Married
6. DATE OF BIRTH (month, day, and year)
Sept 20, 1866
7. AGE
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.

OCCUPATION
10. Date deceased last worked at this occupation (month and year)
1933
11. Total time (years) spent in this occupation

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

13. NAME
May Steuart
14. BIRTHPLACE (city or town)
Stevensville
(State or country)

15. MAIDEN NAME
Gray
16. BIRTHPLACE (city or town)
Stevensville
(State or country)

17. INFORMANT
Halley, D. Price
18. BURIAL, CREMATION, OR REMOVAL
Place: Burial, Stevensville
Date: Nov 5, 1935

19. UNDERTAKER
H. W. Steuart
20. FILED
Nov 6, 1935

If more blanks are needed, address State Registrar, 2415 N. Charles Street, Baltimore, Requesting "U. S. No. 1.

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

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

How long in U.S. if of foreign birth? yrs. mos. ds.

If nonresident give city or town and State

3. SEX
F (Female)
4. COLOR OR RACE
White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Married
6. DATE OF BIRTH (month, day, and year)
Sept 20, 1866
7. AGE
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.

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10. Date deceased last worked at this occupation (month and year)
1933
11. Total time (years) spent in this occupation

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

13. NAME
May Steuart
14. BIRTHPLACE (city or town)
Stevensville
(State or country)

15. MAIDEN NAME
Gray
16. BIRTHPLACE (city or town)
Stevensville
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UNITED STATES STANDARD CERTIFICATE OF DEATH

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10.—The month and year the deceased last worked at the occupation.
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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis  DEC 6, 1925  1915</td>
<td>Attack of epilepsy  1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis  1921</td>
<td>Run over by street car  1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage  Bureau V. S. July 5,1927</td>
<td>Peritonitis  3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones  May 1, 1923</td>
<td>Gastroenteritis  1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Sayegh Army
   Village or City: Army Point
   Length of residence in city or town where death occurred: yrs. 5 mos. 5 ds.

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

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
   Female

   4. COLOR OR RACE
   White

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

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

   7. AGE
   About 73

   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)
   Unknown

   13. NAME
   Unknown

   14. BIRTHPLACE (city or town)
   Unknown

   15. MAIDEN NAME
   Unknown

   16. BIRTHPLACE (city or town)
   Unknown

   17. INFORMANT (Name)
   West Thompson

   18. BURIAL, CREMATION, OR REMOVAL
   Place:

   19. UNDERTAKER
   P.C. Thompson

   20. FILE No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Nov. 1, 1935

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

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

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

   Other Contributory Causes of importance:

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: Suicide.
   Where did injury occur? (Specify city or town, county and State)
   Manner of injury
   Nature of injury

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

   (Signed) West Thompson, (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

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<td>Attack of epilepsy  1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis  1921</td>
<td>Run over by street car  1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage  JULY 5, 1927</td>
<td>Peritonitis  3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones  May 1, 1925</td>
<td>Gastroenteritis  1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Queen Anne
Village or City: Near Millington, MD
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

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

7. AGE Years

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)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

Place: Millington
Date: Dec. 2, 1935

19. UNDERTAKER

20. FILED

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

I last saw him alive on Feb. 29, 1935; death is said to have occurred on the date stated above, at 11:15 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

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

Accident, suicide, or homicide?
Where did injury occur?
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of one's 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 listed as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, ever, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever, write none.

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</tr>
<tr>
<td>1915</td>
<td>Run over by street car</td>
</tr>
<tr>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
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</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

### 1. PLACE OF DEATH
- County: Queen Anne
- Village or City: Queenstown
- Registration Dist. No.: 2524
- Ward: 108
- Length of residence in city or town where death occurred: 14 yrs. mos. ds.
- How long in U.S. if of foreign birth?: yrs. mos. ds.

### 2. FULL NAME
- William Lewis Sally
- Residence: Baltimore, MD

### PERSONAL AND STATISTICAL PARTICULARS
- **SEX**: Male
- **COLOR OR RACE**: Colored
- **MARRIED**: Married
- **SPOUSE**: Mattie Young Sally
- **DATE OF BIRTH**: Sept 13, 1870
- **AGE**: 65 yrs.
- **OCCUPATION**: Laborer
- **DATE DECEASED LAST WORKED**: Mar. 31, 1935

### MEDICAL CERTIFICATE OF DEATH
- **DATE OF DEATH**: Nov 1935
- **DATE OF ONSET**: 11-26
- **PRINCIPAL CAUSE OF DEATH**: Pneumonia
- **OTHER CONTRIBUTORS**:

### OTHER INFORMATION
- **FATHER**: Alexander Sally
- **MOTHER**: Jane Alejandro

---

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

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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>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>RECEIVED</td>
<td>1915</td>
<td>Attack of epilepsy</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>DEC 7 1935</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN