**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Wicomico
   - Village or City: Mardela
   - No. St. Ward: 40

2. **FULL NAME**
   - Elizabeth A. Bacon

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

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

6. **DATE OF BIRTH**
   - August 29, 1854

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

8. **OCCUPATION**
   - Housewife

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

10. **MEDICAL CERTIFICATE OF DEATH**
    - **DATE OF DEATH**: Nov 22, 1935
    - (Month) (Day) (Year)
    - I HEREBY CERTIFY, That I attended deceased from Nov 19 to Nov 22, 1935
    - I last saw deceased alive on Nov 19, 1935; death is said to have occurred on the date stated above, at 12:45 a.m.
    - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
      - Heart Disease

11. **OTHER CONTRIBUTORY CAUSES OF DEATH**

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

13. **NAME**
    - Cnameth M. Wright

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

15. **MAIDEN NAME**
    - Elizabeth Wetherly

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

17. **INFORMANT**
    - Charles W. Bacon
    - Mardela, Md.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Mardela
    - Data: Nov 24, 1935

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

20. **FILED**
    - 11/23, 1935

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>
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<tr>
<td>Arteriosclerosis</td>
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</tr>
<tr>
<td>1915</td>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Wicomico
Village or City: Salisbury, Md.
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

Birchhead, Charles A.
(a) Residence: No.

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)
Nov 27, 1916

7. AGE
18

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

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

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

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

12. BIRTHPLACE (city or town)
Rock Island, Ill.
(State or country)

13. NAME
Weely J. Birchhead

14. BIRTHPLACE (city or town)
Rock Island, Ill.
(State or country)

15. MAIDEN NAME
Adie L. Myers

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

17. INFORMANT
Weely J. Birchhead

18. BURIAL, CREMATION, OR REMOVAL
Place: Rock Island, Ind.
Date: Nov 27, 1916

19. UNDERTAKER
Mr. B. P. Wessell, Hantsville, Ind.

20. FILED
Nov 18, 1916

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

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

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

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

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

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<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>DEC 7 1925</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones                                     | May 1, 1923    |

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Salisbury, Md.
   Registration Dist. No.: 333
   Ward: St. 13
   Length of residence in city or town where death occurred: 57 yrs. mos. ds.
   How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 13, W. St. 13
   Salisbury, Md.
   If U.S. Veteran, specify War.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   March 30, 1865

7. AGE
   Years: 57
   Months: 7
   Days: 22

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

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

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

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

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

13. NAME
    Joshua H. Slummer

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

15. MAIDEN NAME
    Ella Goodwin

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

17. INFORMANT
    Reg. B. Slummer
    Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Salisbury
    Date: Nov. 29, 1935

19. UNDERTAKER
    Hillsgrove, Md.

20. FILED
    Nov. 23, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Nov. 22nd, 1935

22. I HEREBY CERTIFY that I attended deceased from
    Aug. 19, 1933 to Nov. 22, 1935

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

24. 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 city or town, county and State)

25. Manner of injury
    Nature of injury

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

27. 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 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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3. The month and year the deceased last worked at the occupation.
4. The number of years the deceased followed the occupation.

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

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

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

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<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
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<td>Gallstones</td>
<td>May 1, 1926</td>
</tr>
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</table>

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

1. PLACE OF DEATH

County: Wicomico
Village or City: Salisbury

Length of residence in city or town where death occurred: 7 yrs. 7 mos.

2. FULL NAME

(a) Residence: No. 715-2nd St., Ward: 8, City: Salisbury, MD.
(b) If nonresident give city or town and State:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: AA

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie S. Costen

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

7. AGE: Years: About 69

8. OCCUPATION: Blacksmith, Machinist

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

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

11. Total time (years) spent in this occupation

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

13. NAME: Major J. Costen

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

15. MAIDEN NAME: Mary Tilghman

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

17. INFORMANT (Address): Mrs. Bessie Costen, Pocomoke, MD

18. BURIAL, CREMATION, OR REMOVAL

Place: Pocomoke, MD
Date: Nov. 9, 1935

19. UNDERTAKER (Address): James J. Stewart, 402 S. Church St., Salisbury, MD

20. FILED: Nov. 1, 1935

21. DATE OF DEATH: Nov. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to Nov. 9, 1935; death is said to have occurred on the date stated above, at 11:50 a.m.

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

Accident, suicide, or homicide? Date of injury: 19

Whare 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? No

Name of operation

Date of operation

What test confirmed diagnosis?

Date of initial examination

Other Contributory Causes of importance:
Pulmonary Oedema

Name of operation

Date of operation

What test confirmed diagnosis?

Date of initial examination

If so, specify

(Signed)

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

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

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<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>DEC 7 1939</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

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

**Other contributory causes of importance:**

| Gallstones | Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
County: Baltimore
Village or City: Allen

2. FULL NAME
(a) Residence: No. 102, Mid P.T.O., #2, St., 7, Ward.
(b) 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

6. DATE OF BIRTH (month, day, and year)
   Date: July 17, 1872

7. AGE
   Years: 63
   Months: 3
   Days: 1
   Ill LESS THAN 1 day, hrs. min.

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

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

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

11. Total time (years) spent in this occupation
    Time: 1935

12. BIRTHPLACE (city of town)
    (State or country)
    Allen, Md.

13. NAME
    Thomas Cox

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

15. MAIDEN NAME
    Ellen Taylor

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

17. INFORMANT
    (Address)
    Mrs. Mary Cox, P.O. #2

18. BURIAL, CREMATION, OR REMOVAL
    Place: Allen Ave.
    Date: Nov. 5, 1935

19. UNDERTAKER (Address)
    F. E. Frasch

20. FILED
    Nov. 5, 1935

Registration Dist. No. 333

21. DATE OF DEATH
    Month: Nov.
    Day: 2
    Year: 1935

22. I HEREBY CERTIFY
    That I attended deceased from
    Last saw him alive on Nov. 1, 1935; death is said
    to have occurred on the date stated above, at 8 a.m.

    Signature: M. T. D.

23. Manner of death
    Nature of injury:
    (Specify city or town, county and State)
    (Specify city or town, county and State)

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

The MEDICAL CERTIFICATE OF DEATH is hereby certified to be true.

If more blanks are needed, address State Registrar, 2417 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Dec 7 1935</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Gallstones</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes</td>
<td>Other contributory causes</td>
</tr>
<tr>
<td>of importance</td>
<td></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: Baltimore
   - Village or City: Parhamburg, outside
   - No. R.O. #1

2. **FULL NAME**
   - Name: Hannah W. Davis

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: July
   - Day: 28
   - Year: 1846

7. **AGE**
   - Years: 79
   - Months: 3
   - Days: 7

8. **Trade, profession, or particular kind of work done, as SPINNER, Sawyer, Bookkeeper, etc.**
   - At Home

9. **DATE DECEASED LAST WORKED**
   - Month and year: July

10. **OCCUPATION**
    - At Home

11. **MOTHER FATHER**
    - Name: John Parhamburg
    - Name: Anna Hamby

12. **MAIDEN NAME**
    - Emma Bethard

13. **BIRTHPLACE (city or town)**
    - Parhamburg, MD

14. **BIRTHPLACE (State or country)**
    - Parhamburg, MD

15. **INFORMANT (Address)**
    - May B. Hamby

16. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Parhamburg, MD
    - Date: Nov. 4, 1935

17. **UNDERTAKER**
    - Holley, Co.

18. **FILER**
    - M. D.

19. **DATE OF DEATH**
    - Month: Nov
    - Day: 5
    - Year: 1935

20. **REGISTRATION DISTRICT**
    - No. 3, Sec. 2

21. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - S. Phillips, Physician

22. **NAME OF DECEASED**
    - Hannah W. Davis

23. **DATE OF DEATH**
    - Nov. 5, 1935

24. **LOCATION OF DEATH**
    - Parhamburg, MD

25. **REGISTRAR**
    - M. D.

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

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

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

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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>Dec 6, 1925</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones                          | May 1, 1925 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>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:** Wicomico
- **Village or City:** Pittsville, Md.

### 2. FULL NAME
- **Mary Elizabeth Davis**

#### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH</th>
<th>7. AGE</th>
<th>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov 29 1858</td>
<td>77 0 9</td>
<td>Farm wife</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. DATE DECEASED LAST WORKED AT THIS OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1835</td>
</tr>
</tbody>
</table>

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

### 21. DATE OF DEATH
- **December 8, 1935**

### MEDICAL CERTIFICATE OF DEATH

22. **I HEREBY CERTIFY** that I attended deceased from August 1934 to date of death 1935. I last saw her alive on November 15, 1935. Death is said to have occurred on the date stated above, at 9:30 A.M. The principal cause of death and related causes of importance were as follows: **Chronic nephritis**

Other Contributory Causes of importance:

- **Hypertension**
- **Asthma/relief**

### 13. NAME
- Mary E. Patey

### 15. MAIDEN NAME
- Mary E. Patey

### 17. INFORMANT
- Min. Ethel Davis

### 19. UNDERTAKER
- Ethel B. Davis

### 20. FILED
- Nov. 9, 1935

---

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting D. S. No. 1.
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Example I

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

Arteriosclerosis 1916
Chronic interstitial nephritis 1921
Cerebral hemorrhage July 5, 1932

Other contributory causes of importance:

Gallstones May 1, 1923

Example II

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

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

Other contributory causes of importance:

Gastroenteritis 1 year

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

1. PLACE OF DEATH
   County: Washington
   Village or City: Salisbury
   Registration Dist. No.: 333

2. FULL NAME
   Patricia Anne Dennis
   Residence: No. 510 Taylor St., Salisbury, MD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   Nov 19, 1935

7. AGE
   Years: 0
   Months: 11
   Days: 1

8. TRADE, PROFESSION, OR OCCUPATION
   (Specify)

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

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

11. TOTAL TIME (YEARS, MONTHS, DAYS)

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

13. NAME
    Patricia Anne Dennis

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

15. MAIDEN NAME
    (Specify)

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

17. INFORMANT
    (Specify)

18. BURIAL, CREMATION, OR REMOVAL
    (Specify)

19. UNDERTAKER
    (Specify)

20. FILED
    Nov 19, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Nov 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from
    Nov 19, 1935, to Nov 19, 1935, and
    LAST SAW HER ALIVE ON Nov 19, 1935.
    DEATH OCCURRED ON THE DATE STATED ABOVE, AT
    7:30 AM.

23. THE PRINCIPAL CAUSE OF DEATH
    (Specify)

24. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
    (Specify)

25. NAME OF OPERATION
    (Specify)

26. DATE OF OPERATION
    (Specify)

27. WAS THERE AN AUTOPIST?
    (Specify)

28. WHETHER TEST CONFIRMED DIAGNOSIS?
    (Specify)

29. WHERE DID INJURY OCCUR?
    (Specify)

30. MENNE OF INJURY
    (Specify)

31. NATURE OF INJURY
    (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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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<tbody>
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<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>DEC 7 1935</td>
<td>1 week ago</td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td>Run over by street car</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Gallstones</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Date of onset</td>
<td></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN</td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Newcomb
   Village or City: Salisbury MD
   Length of residence in city or town where death occurred: 37 yrs. 0 mos. 0 ds
   Registration Dist. No.: 333
   No.: Delaware St.
   SL.: 9
   Ward.

2. FULL NAME: William Dorman
   (a) Residence: No. Delaware St., Salisbury
   (b) Ward.
   (c) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: A.A.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

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

6. DATE OF BIRTH (month, day, and year): 1898 obit

7. AGE:
   Years: 37
   Months: 0
   Days: 0
   If less than 1 day, hrs., or min.

8. TRADE, PROFESSION, OR PARTICULAR:
   Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

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

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years, months, and days) spent in this occupation: 25 yrs., 2 mos., 1934

12. BIRTHPLACE (city or town): Salisbury MD

13. NAME: John Dorman
14. BIRTHPLACE (city or town): Salisbury MD
   (State or country)
15. MAIDEN NAME: Minnie Harris
16. BIRTHPLACE (city or town): Salisbury MD
   (State or country)

17. INFORMANT:
   Address: Salisbury MD
18. BURIAL, CREMATION, OR REMOVAL
   Place: Salisbury MD
   Date: Nov. 1935
19. UNDERTAKER:
   Address: Salisbury MD
20. FILED: Nov. 1935

21. DATE OF DEATH:
   (Month) Nov.
   (Day) 17
   (Year) 1935

22. I HEREBY CERTIFY that I attended deceased from
   Last seen alive on Nov. 17, 1935
   to have occurred on the date stated above, et seq.
   The principal cause of death and related causes of importance
   were as follows:
   Pulmonary Hemorrhage Sudden

   Other Contributory Causes of Importance:

   Name of operation... Deseased during
   What test confirmed diagnosis... Autopsy?
   Date of...

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

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

Registration

Registrar

M. D.

S. Rumbly
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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<thead>
<tr>
<th>Example I</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
<td>Arteriosclerosis 1915 <strong>RECEIVED</strong></td>
<td>Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis DEC 7 1935</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage July 6, 1987</td>
<td>Peritonitis 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones May 1, 1923</td>
<td>Other contributory causes of importance: 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: Wicomico
   Village or City: Salisbury
   Registration Dist. No.: 333

2. FULL NAME: Ralph Duffy
   (a) Residence: No. City
   (b) St., 13 Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Oct. 19, 1913
7. AGE: 22

8. TRADE, PROFESSION, OR SPECIALLY: College Student

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: SAIL MILL, CANAL MILL, etc.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Sept. 17, 1935

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 1 year

12. BIRTHPLACE (city or town): Salzburg, Maryland
13. NAME: Ralph Duffy
14. BIRTHPLACE (city or town): Maryland
15. MAIDEN NAME: Nancy Jane Childs
16. BIRTHPLACE (city or town): Maryland

17. INFORMANT (Address): Ralph C. Duffy

20. FILED: Nov. 17, 1935, Mrs. May Tannier, Registrar.

21. DATE OF DEATH: Nov. 17, 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1935, to Nov. 17, 1935. I last saw him alive on Nov. 14, 1935. Death is said to have occurred on the date stated above, at 4 P.M.

Medical Certificate of Death

Date of Death: Nov. 17, 1935
Date of Onset: Nov. 8, 1935
Date of Death: Nov. 17, 1935

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?: Suicide
   Date of Injury: Nov. 17, 1935
   Where did injury occur? Salisbury, Md. STATE ROAD
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Nature of injury: CHEMICAL INJURY
   Manner of injury: Suicide
   Nature of injury: CHEMICAL INJURY
   Cause of death: CHEMICAL INJURY

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

If so, specify
(Signed) M. D.
(Address): 1112 Main St., Salisbury, Md.
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Pneumonia</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>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Wicomico
   Village or City: Salisbury
   No. Table: 7
   Registration Dist. No.: 333
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   Annie Gillis
   (a) Residence: No.
   St., 9 Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5a. If married, widowed, or divorced
   HUSBAND of William Ells

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

7. AGE
   Years Months Days
   If LESS than 1 day, fill in hrs.
   About 69

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   no

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

10. Date deceased last worked at occupation: about 11. Total time (years) spent in this occupation (month and year) 1935

12. BIRTHPLACE (city or town)
   Emmaus Hill

13. NAME
   William Ells

14. BIRTHPLACE (city or town)
   Emmaus Hill

15. MAIDEN NAME
   Annie Purnell

16. BIRTHPLACE (city or town)
   Palomar

17. INFORMANT
   Elizabeth Dorsey
   Address: Atlantic City

18. BURIAL, CREMATION, OR REMOVAL
   Family bury, Date: 20th, 1935

19. UNDERTAKER
   Joseph D. Stewart
   Address:

20. FILED
   Dec. 1, 1935—5 May Turner
   Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Nov. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1935, to Nov. 27, 1935, death is said to have occurred on the date stated above, at 2 P.M.

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

Other Contributory Causes of Importance:
   Hypertension

Name of operation...

What test confirmed diagnosis...

Was there an autopsy?

If so, specify...

If death was due to external causes (violence) all in also the following:

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

If so, specify...

(M.D.)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
United States Standard Certificate of Death

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

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

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

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

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

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

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<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td><strong>RECEIVED</strong></td>
<td><strong>1915</strong></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset</td>
</tr>
<tr>
<td><strong>DEC 7 1935</strong></td>
<td><strong>1921</strong></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset</td>
</tr>
<tr>
<td><strong>BUREAU V. S.</strong></td>
<td><strong>July 5, 1927</strong></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td><strong>May 1, 1923</strong></td>
<td></td>
</tr>
</tbody>
</table>

Additional space for further statements by physician

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County:
   Village or City: Hanticoe
   Registration Dist. No.: 331
   Ward: St.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Males
   Females
   Sex: Married
   Single, Married, Widowed, or Divorced: Married
   (Write the word)

5. If married, widowed, or divorced HUSBAND or (or) WIFE of
   Name: Albert Elye

6. DATE OF BIRTH (month, day, and year)
   April 11, 1892

7. AGE
   Years: 43
   Months: 7
   Days: 5
   If LESS THAN 1 day, hrs. or. min.

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

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

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

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

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

13. NAME
    Father: Leo Elye

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

15. MAIDEN NAME
    Name: Laura F. Hulsey

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

17. INFORMANT
    (Address)
    Luella Elye

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

19. UNDERTAKER
    (Address)
    Mrs. segments Jones

20. FILED
    (Address)
    Nov. 13, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from
    May 30, 1935, to Nov. 10, 1935
    I last saw her alive on Nov. 10, 1935; she is said to have occurred on the date stated above, at a.m.
    The principal cause of death and related causes of importance were as follows:
    Carcinoma of Stomach

23. Other Contributory Causes of importance:
    Metastases to lungs

24. 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:
    Date:

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

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

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</tr>
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<td>Run over by street car</td>
</tr>
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of onset</th>
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</tr>
</thead>
<tbody>
<tr>
<td>DEC 5, 1925</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>
</tbody>
</table>

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<thead>
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<th>Other contributory causes of importance:</th>
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| May 1, 1923 | 1 year |

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Baltimore
   Length of residence in city or town where death occurred 9 yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 567 E, St., 9 Ward.

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      Female

   4. COLOR OR RACE
      White

   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
      Married

   6. DATE OF BIRTH (month, day, and year)
      About 1864

   7. AGE
      Years: 76
      Months: 0
      Days: 0

   8. OCCUPATION
      Domestic

   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
      Domestic

   10. DATE DECEASED LAST WORKED
        March 7, 1935

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

   12. BIRTHPLACE (city or town)
        Princess Anne

   13. NAME
        Mary Hiller

   14. BIRTHPLACE (city or town)
        Princess Anne

   15. MAIDEN NAME
        Eligia Duffy

   16. BIRTHPLACE (city or town)
        Princess Anne

   17. INFORMANT
        Mrs. Louise Michael

   18. BURIAL, CREMATION, OR REMOVAL
        Place: Baltimore
        Friends: Cannot Be Determined
        Date: Dec. 3, 1935

   19. UNDERTAKER
        J. A. A. Streight

   20. FILED
        Dec. 3, 1935

   21. DATE OF DEATH
        Month: 3
        Day: 30
        Year: 1935

   22. MEDICAL CERTIFICATE OF DEATH
        I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1935, to Mar. 20, 1935, and death is said to have occurred on the date stated above, at 9 o'clock a.m.

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

        Other Contributory Causes of importance:

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

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

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

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

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

1. PLACE OF DEATH
   County: Sharpstown, Wicomico
   Village or City: Sharpstown
   Registration Dist. No. 35
   No. St. Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Martha L. Hitchens
   Residence: No.
   (Usual place of abode)

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

6. DATE OF BIRTH (month, day, year)
   August 24, 1885

7. AGE (years, months, days)
   Years: 50  Months: 2  Days: 24

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.
   Housewife

9. OCCUPATION
   Housewife

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)
   Delaware

13. NAME
   Joseph Dickerson

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

15. MAIDEN NAME
   Mary Cooper

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

17. INFORMANT
   Charles H. Hitchens
   Sharptown, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Sharptown
   Date: Nov. 28, 1885
   Undertaker: W.D. Gravehor & Bro., Sharptown, Md.

19. FILED
   Nov. 19, 1935
   Mary E. Mann
   Registrar

20. DIESSEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   Yes

21. DATE OF DEATH
   Nov. 17, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM
   15th to Nov. 17, 1935
   I last saw him/her alive on Nov. 17, 1935
   Death is said to have occurred on the date stated above, at 10 a.m.

23. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE
   Were as follows:

24. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

25. NAME OF OPERATION
   Date:
   Was there an autopsy?

26. ACCIDENT, SUICIDE, OR HOMICIDE?
   Date of injury:
   Where did injury occur?
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

27. MANNER OF INJURY
   Nature of injury

28. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   Yes

29. IF SO, SPECIFY
   (Signed) F. S. Ricks
   M.D.

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

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

1. PLACE OF DEATH

County: Harford
Village or City: Salisbury, Md.
Hospital: Peninsula General
Registration Dist. No: 333

2. FULL NAME

(a) Residence: No.
(b) Usual place of abode: St, Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

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

Jan 2, 1890

7. AGE

65 Years, 8 Months, 19 Days

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

At Home

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

Silk Mill

10. DATE DECEASED LAST WORKED AT

Occupation

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

Yrs.

12. BIRTHPLACE (CITY OR TOWN)

Stockton, Ind.

13. NAME

T. F. Taylor

14. BIRTHPLACE (CITY OR TOWN)

Stockton

15. MAIDEN NAME

Mary A. Busbey

16. BIRTHPLACE (CITY OR TOWN)

Maryland

17. INFORMANT

Margaret Anderson

18. BURIAL, CREMATION, OR REMOVAL

Del Mar, Md.

19. UNDERTAKER

Hill & Walsh

20. FILED

Nov 27, 1935

21. DATE OF DEATH

Nov 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Nov 12, 1935, to Nov 26, 1935

I last saw him alive on Nov 26, 1935, and death is said to have occurred on the date stated above, at

11 a.m.

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

Nebulization, 1935

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

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

Accident, suicide, or homicide?

Date of injury:

Where did injury occur?

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

Manner of Injury:

Nature of injury:

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?

If so, specify:

(Signed)

(ADDRESS)

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

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

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<tr>
<td>Date of onset</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1 week ago</td>
</tr>
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<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

### 1. PLACE OF DEATH
- County: Washington
- Village or City: Salisbury, Md.
- Registration Dist. No.: 333
- Hospital: St. John's Hospital
- Ward: 13

### 2. FULL NAME
- Name: Ella James
- Residence: 45 North Street, Tazlina, Md.

### PERSONAL AND STATISTICAL PARTICULARS
- Sex: Female
- Color or Race: White

### MEDICAL CERTIFICATE OF DEATH
- Date of Birth: 6/18/1917
- Date of Death: November 29, 1935
- Occupation: Housewife

### OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
- None specified.
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.

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<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>RECEIVED</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>
<td>DEC 7 1933</td>
<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>
<tr>
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<td><strong>Gastroenteritis</strong></td>
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<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Berkeley Springs
   No. Registration Dist. No.: 133

2. FULL NAME
   (a) Residence: No. 207 Hagi Road, Ward 1.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Nov 6, 1939
7. AGE: 90 years

8. TRADE, PROFESSION, OR OCCUPATION: Spinner, Sawyer, Bookkeeper
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Silk Mill, Saw Mill, Bank
10. DATE DECEASED LAST WORKED AT: this occupation death year
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION:

12. BIRTHPLACE (city or town): Md.

13. NAME: G. S. Bond
14. BIRTHPLACE (city or town): Md.

15. MAIDEN NAME:蘋果
16. BIRTHPLACE (city or town): Md.

17. INFORMANT (Address): S. E. Bond, Berkeley Springs Hospital
18. BURIAL, CREMATION, OR REMOVAL: Shade Hill, Date: Nov 7, 1939

19. UNDERTAKER (Address): Berkeley Springs Mortuary
20. FILED: Nov 1, 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Mar 10, 1939

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:

Name of operation...
What test confirmed Diagnosis?
Was there an autopsy?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide... Date of injury...
   Where did injury occur... (Specify city or town, county and state)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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.

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

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthena, 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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<th>Date of onset</th>
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<th>Date of onset</th>
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</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>DEC 7, 1935</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
- Gallstones | May 1, 1923 | 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: Montgomery
Village or City: Salisbury
No. Water St., Ward.

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

2. FULL NAME

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

James Howard Jones

3. SEX

male.

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

(Or) WIFE of

synthia Jones

6. DATE OF BIRTH (month, day, and year) 1877

7. AGE about

Years

Months

Days

If LESS than 1 day, how many hrs. or min.

8. OCCUPATION

Janitor for Home of age 48

9. Other Contributory Cause of importance:

Name of operation

10. BIRTHPLACE (city or town) Salisbury

11. Total time (years) spent in this occupation

1926

12. MOTHER'S NAME

Mary Jones

13. NAME George Jones

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

Caroline Hankford

16. BIRTHPLACE (city or town)

17. INFORMANT

Asaph G. Mason

18. BURIAL, CREMATION, OR REMOVAL

Place: Horsley Lawn

19. UNDERTAKER

J. A. Stewart

20. FILED Nov. 16, 1935 

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman 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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<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: RECENTED 1915</td>
<td>Date of onset:</td>
</tr>
<tr>
<td>Date of onset: DEC 7 1935</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: JULY 5 1935</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: Aug 1, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones Date of onset: May 1, 1923
Gastroenteritis Date of onset: 1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
(a) Residence: No. 8208 Blackwell Street, Ward. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
M.

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
WIFE

6. DATE OF BIRTH (month, day, and year)
Jan 9, 1882

7. AGE
Years: 65
Months: 0
Days: 0

8. TRADE, PROFESSION, OR PARTICULAR
Sawyer

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
Jan 9, 1932

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

12. BIRTHPLACE (CITY OR TOWN)
(Pa.)

13. NAME
John H. Huntz

14. BIRTHPLACE (CITY OR TOWN)
(Pa.)

15. MAIDEN NAME
Sarah H. Hulic

16. BIRTHPLACE (CITY OR TOWN)
(Pa.)

17. INFORMANT
Sarah Huntz

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED
Nov 9, 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
11-9-1932

22. I HEREBY CERTIFY, That I attended deceased from
11-4-1932, to 11-9-1932, and death is said to have occurred on the date stated above, at 4:45 A.M.

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

Syphilis

Date of onset

Other Contributory Causes of Importance:

Name of operation

What last confirmed diagnosis?

Was there an autopsy?

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

Nature of injury

Proact injury occurred in public place

When did injury occur?

Specify city, town, county, and state

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, 2412 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
### UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<tr>
<th>Causes of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>DEC 7 1935</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 3, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones | May 1, 1923

### Example II

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

Other contributory causes of importance:

- Gastroenteritis | 1 year

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

1. PLACE OF DEATH

County: [illegible] No. Registration Dist. No.: 337
Village or City: [illegible] St. St. St.
(Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No. St. Ward.
(S usual place of abode)
If nonresident give city or towns 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)

July 13, 1862
7. AGE

73 Yrs.
3 Mos.
21 Days
8. TRADE, PROFESSION, OR PARTICULAR

Merchant
KIND OF WORK DONE, E.G., SPINNER, SAWYER, BOOKKEEPER, etc.
9. INDUSTRY OR BUSINESS IN WHICH

[illegible]
WORK WAS DONE, E.G., SILK MILL, SAW MILL, BANK, etc.
10. DATE DECEASED LAST WORKED AT

[illegible]
THIS OCCUPATION (MONTH AND YEAR)
11. TOTAL TIME (YEARS) SPENT IN THIS

[illegible]
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)

Green Hill
13. NAME

John Lansford
14. BIRTHPLACE (CITY OR TOWN)

[illegible]
[illegible]
15. MAIDEN NAME

Arianna Hughes
16. BIRTHPLACE (CITY OR TOWN)

[illegible]
[illegible]
17. INFORMANT

Miss Ursula Lansford
ADDRESS
Glenside
18. BURIAL, CREMATION, OR REMOVAL

By burial in Lot No. one. Nov. 5, 1935
PLACE
19. UNDERTAKER

Mrs. Addington, Sons
ADDRESS
20. FILED

Nov. 7, 1935
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

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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis DEC 5 1935</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage RIO DE J 1927</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1928</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

   - **County:** Prince George's
   - **Village or City:** Salisbury
   - **No. 109, Union Ave., St. 9, Ward**
   - **Registration Dist. No.:** 333
   - **Length of residence in city or town where death occurred:** 75 yrs, mos., ds.
   - **How long in U.S. if of foreign birth:** yrs., mos., ds.

2. **FULL NAME**

   - **Mary Derrick, Laws**
   - **(a) Residence:** No. 109, Union Ave., St. 9, Ward.
   - **Personal and statistical particulars**

   | 3. **SEX** | Male | 4. **COLOR OR RACE** | White |
   | 5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED** | Widowed |
   | 5a. If married, widowed, or divorced | HUSBAND of | H. E., Laws |
   | 6. **DATE OF BIRTH** | Apr. 30, 1862 |
   | 7. **AGE** | 73 yrs, mos., ds.
   | 8. **Trade, profession, or particular kind of work done** | At Home |
   | 9. **Industry or business in which work was done** | Spinning, Sawing, Bookkeeper, etc. |
   | 10. **Date deceased last worked at this occupation** | V |
   | 11. **Total time (years)** | Spent in this occupation |

3. **MEDICAL CERTIFICATE OF DEATH**

   - **21. DATE OF DEATH** | Mar. 11, 1935 |
   - **22. I HEREBY CERTIFY**
     - That I attended deceased from |
     - 1934 to 1935, 19 |
     - to have occurred on the date stated above, at 6:30 P.M.
   - **The principal cause of death** and related causes of importance were as follows:
     - Heart Disease
   - **Date of ensay** |
   - **Other Contributory Causes of Importance**

   - **23. If death was due to external causes (violence) fill in also the following:**
     - **Accident, suicide, or homicide:** Date of Injury, 19 |
     - **Where did injury occur?** (Specify city or town, county and state)
     - **Specify whether injury occurred in industry, in home, or in public place**
     - **Manner of injury**
     - **Nature of injury**

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

To be complete, an occupation return must state:

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

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

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

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

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

### Example I

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

Other contributory causes of importance:

- Gallstones
- Date of onset: May 1, 1923

### Example II

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

Other contributory causes of importance:

- Gastroenteritis
- Date of onset: 1 year

---

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

1. PLACE OF DEATH
   County: Wicomico
   Village or City: Salisbury, MD
   Length of residence in city or town where death occurred: 7 yrs. 7 mos.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME
   (a) Residence: No. 2327 Long St., Ward. 2
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

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

6. DATE OF BIRTH (month, day, and year)
   1873

7. AGE
   62 yrs.
   Months
   Days

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

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

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

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

12. BIRTHPLACE (city or town)
    (State or country)
    Reed City, MI

13. NAME
    (Last name) Calvin T. Long
    (First name)

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

15. MAIDEN NAME
    Belle May Temple

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

17. INFORMANT
    (Address)
    William Temple

18. BURIAL, CREMATION, OR REMOVAL
    Place and Date
    Line Church, Dec. 111635

19. UNDERTAKER
    (Address)
    P. W. Watson

20. FILED
    (Date)
    Nov 16, 1933

21. DATE OF DEATH
    (Month) / (Day) / (Year)
    11 / 16 / 35

22. I HEREBY CERTIFY, That I attended deceased from
    11/17/35 to 11/19/35
    Last saw him alive on
    11/16/35
    Death is said to have occurred on the date stated above, at
    8 o'clock
    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:
    Accidental, 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

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>
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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>Dec. 7 1925</td>
</tr>
<tr>
<td>July 5, 1937</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>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: Charles Co.
   Village or City: Salisbury, Md.

2. FULL NAME
   (a) Residence: No. 308 E. Church St., Ward 5, Salisbury, Md.

   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): Feb. 22, 1874
   7. AGE: 64 yrs. 8 mos. 24 days
   8. TRADE, PROFESSION, OR BUSINESS: Teacher
   9. OCCUPATION: Teacher
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (Month, day, and year): Nov. 16, 1935
   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 25 yrs.
   12. BIRTHPLACE (city or town): Uncle, Md.
   13. NAME: David McDaniel
   14. BIRTHPLACE (State or country): Uncle, Md.
   15. MAIDEN NAME: Unknown
   16. BIRTHPLACE (State or country): Unknown
   17. INFORMANT (Address): Emma McDaniel, 308 E. Church St., Salisbury, Md.
   18. BURIAL, CREMATION, OR REMOVAL: Place: Church, Date: Nov. 17, 1935
   20. FILED: Nov. 17, 1935

21. DATE OF DEATH: Nov. 16, 1935

22. I HEREBY CERTIFY: That I attended deceased from
   Nov. 15, 1935, to Nov. 16, 1935, I last saw him alive on Nov. 15, 1935, and death is said to have occurred on the date stated above, at 12:00 noon.

The principal cause of death and related causes of importance were as follows:
- Central nervous system involvement

Other Contributory Causes of Importance:

- Name of operation
- Date of operation
- Was there an autopsy?
- Date of injury
- Date of injury
- Wounds

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

If so, specify

(Signed) J. H. M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Dec 7, 1935</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
</tr>
</tbody>
</table>

BUREAU V. S.

Other contributory causes of importance:

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

**Example II**

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

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

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

1. PLACE OF DEATH
County: Washington
Village or City: Martinske, Md.
No. St., Ward.

2. FULL NAME
(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
Male

4. COLOR OR RACE

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

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

6. DATE OF BIRTH (month, day, and year)
11-30-35

7. AGE
Still Born

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, months, and days) spent in this occupation

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

13. NAME
Robert Moore

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

15. MAIDEN NAME

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

17. INFORMANT
Address: Martinske, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Martinske, Md. Date: 11-30-35

19. UNDERTAKER
Address: Martinske, Md.

20. FILED
Date: 11-30-35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
11-30-35

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

I last saw deceased at __________ on __________ at _______.

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

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

Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis?

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 injury: 11-30-35

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

If not, sign

(Signed) __________________ M.D.

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

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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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</thead>
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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>DEC 5 1929</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: "Baltimore" Md.
   Village or City: "Baltimore" Md.
   Registration Dist. No.
   No. of Certified St. 13
   Ward.
   Length of residence in city or town where death occurred: yrs. mos. days.
   If death occurred in a hospital or institution give its NAME instead of street and number.

2. FULL NAME
   Laura Moirin
   (a) Residence: No. 15, 04 St. Col. Edm. Md.
   (Usual place of abode)

   If U. S. Veteran, specify WAR.

3. PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
      Female
   4. COLOR OR RACE
      White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Write in word)
      Married
   6. DATE OF BIRTH (month, day, and year)
      Aug. 2, 1882
   7. AGE
      Years: 53
      Months: 3
      Days: 19
      If less than 1 day, hrs. or min.

4. OCCUPATION
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
      Home wife
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
      At Home
   10. Date deceased last worked at this occupation (month and year)
      Mar. 30, 1935
   11. Total time (years) spent in this occupation

5. BIRTHPLACE (city or town)
   Hartford, Md.
   (State or country)

6. NAME OF MOTHER
   Ellen, Edm. Md.

7. MAIDEN NAME
   Ellen, Edm. Md.

8. OCCUPATION
   17. INFORMANT (Address)
      Marion Moirin
      No. 04 St. Col. Edm. Md.

9. BURIAL, CREMATION, OR EXCAVATION
   Place: Hartford, P. L.
   Place: Hartford, Conn. Nov. 24, 1935

10. UNDERTAKER
    Hackett & Co.
    (Address)

11. FILED
    Nov. 24, 1935
    M. D.
    Registrar

If more blanks are needed, address State Registrar, 2425 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>RECEIVED</td>
<td></td>
</tr>
<tr>
<td>DEC 7 1936</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones
- Gastroenteritis

May 1, 1923

1 year

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

1. PLACE OF DEATH

County

Village or City: Helmar, R.D. 3

No._________ St.,_________ Ward

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

If married, widowed, or divorced

HUSBAND of (or) WIFE of

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

JULY 26, 1845

7. AGE

90

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

FARMER

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

10. DATA DECEASED LAST WORKED AT

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

19. UNDERTAKER

20. FILED

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

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

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

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

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<table>
<thead>
<tr>
<th>Example I</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>1915</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>
<td>1921</td>
<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>

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


### Personal and Statistical Particulars

#### 3. Sex
- [ ] Male
- [x] Female

#### 4. Color or Race
- [x] White

#### 5. Single, Married, Widowed, or Divorced
- [ ] Single
- [ ] Married
- [ ] Widowed
- [ ] Divorced

#### 6. Date of Birth (Month, day, and year)
- Nov 20, 1935

#### 7. Age
- Years: 62
- Months: 8
- Days: 6

#### 8. Trade, profession, or particular kind of work done, as SPINNER, SAUVER, BOOKKEEPER, etc.
- [x] Worked as a SPINNER, SAUVER, BOOKKEEPER, etc.

#### 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
- [x] Worked in a SILK MILL, SAW MILL, BANK, etc.

#### 10. Date deceased last worked at this occupation (month and year)
- Nov 20, 1935

#### 11. Total time (years) spent in this occupation
- 6 years

#### 12. Birthplace (city or town)
- Salisbury, Md.

#### 13. Name
- W. W. H交通枢纽

#### 14. Birthplace (city or town)
- Salisbury, Md.

#### 15. Maiden Name
- Mary Howard Hopkins

#### 16. Birthplace (city or town)
- Salisbury, Md.

#### 17. Informant
- Salisbury Hospital

#### 18. Burial, Cremation, or Removal
- Salisbury Hospital, Nov 20, 1935

#### 19. Undertaker (Address)
- Salisbury, Md.

#### 20. Filing (Address)
- Salisbury, Md.

#### Medical Certificate of Death

#### 21. Date of Death
- Nov 20, 1935

#### 22. I hereby certify that I attended deceased from
- [ ] Malaria
- [ ] Typhoid
- [ ] Toga
- [ ] Other

#### Other Contributory Causes of Importance
- [ ] Other

#### Other Information
- Name of operation: 
- Date of Operation: 
- What test confirmed diagnosis: 
- Date of Death: 
- Place of Injury: 
- Date of Injury: 
- Nature of Injury: 
- Manner of Injury: 
- Where did injury occur? (Specify city, town, county, and state): 
- Specify whether injury occurred in industry, home, or in public place: 

---

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
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<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>RECEIVED DEC 7 1925</td>
<td>1 week 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: Baltimore
   - Village or City: New Salisbury
   - Length of residence in city or town where death occurred: 15 yrs.

2. **FULL NAME**
   - First Name: Celia
   - Last Name: Oliphant
   - (Oliphant)
   - Address: 1872 W. 38th St.

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: 11
   - Day: 17
   - Year: 1872

7. **AGE**
   - Years: 57
   - Months: 11
   - Days: 27

8. **OCCUPATION**
   - Housewife

9. **PLACE DECEASED**
   - Living at home

10. ** DATE OF DEATH**
    - Month: 12
    - Day: 25
    - Year: 1935

21. **DATE OF DEATH**
    - Month: 12
    - Day: 25
    - Year: 1935

22. **I HEREBY CERTIFY**
    - That I attended deceased from November 20, 1935, to December 25, 1935.
    - I last saw the deceased alive on January 19, 1936.
    - Death is said to have occurred on the date stated above, at 2 A.M.
    - The principal cause of death and related causes of importance were as follows:
      - Myocardial Infarction
      - Duration: 11 hours
      - (Sudden death)

23. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

24. **DATE OF NAME AT OPERATION**
    - Date of operation: 1935
    - Name of operation: Celia
    - Was there an autopsy? Yes

25. **ACCIDENT, SUICIDE, OR HOMICIDE**
    - Date of injury: 1935
    - Where did injury occur? (Specify city or town, county and State)
    - Specifying injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

26. **MANNER AND CAUSE OF DEATH**
    - Manner: Sudden death
    - Nature: Indeterminate

27. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - If so, specify:

28. **REGISTRAR**
    - Name: E. B. Godley
    - Address: 332 W. 58th St.

29. **REGISTERED**
    - Name: E. B. Godley
    - Address: 332 W. 58th St.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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<tr>
<th>Disease</th>
<th>Date of onset</th>
<th>Other contributory causes of importance</th>
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</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td></td>
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<td></td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
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**Example II**

<table>
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<tr>
<th>Disease</th>
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<td>3 days ago</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<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: Washington
Village or City: P.G. Hospital

2. FULL NAME
(a) Residence: No. 9, No. 2, Ward.

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

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

19. Undertaker

20. FILED

21. DATE OF DEATH

22. I HEREBY CERTIFY. That I attended deceased from

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

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis?

Date of...
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<tr>
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<td>1915</td>
</tr>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

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

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

1. PLACE OF DEATH
   - County: Wicomico
   - Village or City: Princess Anne
   - General Hospital
   - Salisbury
   - Registration Dist. No.: 1333
   - Length of residence in city or town where death occurred: yrs. mos. ds.
   - How long in U.S. if foreign birth: yrs. mos. ds.

2. FULL NAME: Elizabeth Burbage Brittingham Purkey
   - Residence: No. 203, Salisbur
   - Ward: 13

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: [ ] M [ ] F
   - M: Married, Widowed, or Divorced
   - F: Single, Married, Widowed, or Divorced

4. COLOR OR RACE

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

6. DATE OF BIRTH (month, day, and year): May 23, 1906

7. AGE
   - Years: 29
   - Months: 5
   - Days: 9

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

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

10. Oats deceased last worked at this occupation (month and year): [Handwritten]

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

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

13. NAME: John Brittingham

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

15. MOTHER NAME: Edna Burbage

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

17. INFORMANT:
   - Address: Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL:
   - Place: [Handwritten]
   - Date: [Handwritten]

19. UNOERTAKER:
   - Address: [Handwritten]

20. FILED:
   - Date: 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, Day, Year):
   - November 2, 1935

22. I HEREBY CERTIFY. That I attended deceased from 9-24, 1935, to 11-2, 1935; I last saw him alive on 11-2, 1935; death is said to have occurred on the date stated above, at 10:30 a.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   - [Handwritten]

   Other Contributory Causes of Importance:
   - [Handwritten]

   Name of operation: [Handwritten]
   - Date of: [Handwritten]
   - 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: [Handwritten]
   - Where did injury occur? [Handwritten]
   - 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:

25. If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | Dec 7, 1935 |
| Cerebral hemorrhage | July 5, 1927 |
| Bureau V.S. |

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

Example II

| The principal cause of death and related causes of importance were as follows: | 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: 
   - Village or City: Salisbury, Md.
   - Registration Dist. No.: 333
   - No. of st. 611, Naylor St., 5 Ward
   - Length of residence in city or town where death occurred: 8 yrs. mos. ds.
   - If death occurred in a hospital or institution, give its NAME instead of street and number

2. **FULL NAME**
   - Colonel C. Pasco
   - Residence: No. 611, Naylor St., 5 Ward, Salisbury, Md.
   - If U.S. Veteran, specify WAR

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<tr>
<td>HUSBAND OF</td>
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<td>6. <strong>DATE OF BIRTH</strong></td>
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<td>7. <strong>AGE</strong></td>
</tr>
<tr>
<td>8. <strong>OCCUPATION</strong></td>
</tr>
<tr>
<td>9. <strong>PLACE OF DEATH</strong></td>
</tr>
<tr>
<td>10. <strong>DATE DECEASED LAST WORKED</strong></td>
</tr>
<tr>
<td>11. <strong>TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION</strong></td>
</tr>
</tbody>
</table>

3. **BIRTHPLACE** (city or town) | Salisbury, Md. |

<table>
<thead>
<tr>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. <strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>22. <strong>PLACE OF DEATH</strong></td>
</tr>
<tr>
<td>23. <strong>CAUSE OF DEATH</strong></td>
</tr>
</tbody>
</table>
   - Thereby certify that I attended deceased from Oct. 27, 1935, to Nov. 24, 1935.
   - I last saw him alive on Oct. 27, 1935, and death is said to have occurred on the date stated above, at 5:30 A.M. |
| 24. **PRINCIPAL CAUSE OF DEATH** |
| Other Contributory Causes of Importance |

| 12. **NAME** | William J. Pasco |
| 13. **MOTHER** | Nancy J. Pasco |
| 14. **FATHER** | Robert Pasco |
| 15. **MARITAL NAME** | Nancy J. Pasco |
| 16. **BIRTHPLACE (city or town)** |
| 17. **INFANT NAME** |
| 18. **BURIAL, CREMATION, OR REMOVAL** |
| 19. **UNDEUTER** |
| 20. **FILED** | Dec. 27, 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 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 morbic conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage Dec 7 1925</td>
<td>Peritonitis</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: Baltimore, MD. No. 309, Elizabeth St., 5th Ward
   Village or City: Baltimore, MD.
   Length of residence in city or town where death occurred: 57 yrs., 11 mos., 12 ds.

2. FULL NAME
   (a) Residence: No. 309, Elizabeth St., 5th Ward, Baltimore, MD.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   (f) Married, widowed, or divorced

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Dec. 31, 1877

7. AGE
   Years: 57
   Months: 10
   Days: 12

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Symbol mill, sawmill, bank, etc.

10. DATE OF DEATH (month, day, and year)
    Nov. 12, 1935

11. OCCUPATION
    AT HOME

12. PLACE OF BIRTH (city or town)
    Fremont, MD.

13. NAME
    Benjamin Franklin White

14. BIRTHPLACE (city or town)
    Fremont, MD.

15. MAIDEN NAME
    Sallye Parfey

16. BIRTHPLACE (city or town)
    Fremont, MD.

17. INFORMANT
    Carrie M. Bohl, 309, Elizabeth St., Baltimore, MD.

18. BURIAL, CREMATION, OR REMOVAL
   Elks Home, Nov. 15, 1935

19. UNDERTAKER
    N. H. St. John

20. FILED
    Nov. 13, 367 & May Furness

REGISTRATION DIST. NO. 1

13406

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

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

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

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

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

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</tr>
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<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</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>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Baltimore 3rd
   No. 310 Water St., 9th Ward
   Length of residence in city or town where death occurred: 10 yrs. mos. ds.

2. FULL NAME
   a. Residence: No. 310 Water St., 9th Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   1836

7. AGE
   Years: 99
   Months: 8
   Days: 1
   Total time (years) spent in this occupation: 33

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

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

10. Date deceased last worked at this occupation (month and year)
    1834

11. Total time (years) spent in this occupation: 33

12. BIRTHPLACE (city or town)
    Baltimore

13. NAME
    Female

14. BIRTHPLACE (city or town)
    Baltimore

15. MAIDEN NAME
    Hemmertta Ayers

16. BIRTHPLACE (city or town)
    Baltimore

17. INFORMANT
    Mrs. Rosa Ayers

18. BURIAL, CREMATION, OR REMOVAL
    Public, December 27, 1934

19. UNDERTAKER
    James B. Sturgis

20. FILED
    Dec. 27, 1934, 4th Ward

MOTHER FATHER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    November 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    1871 to 1934;
    last saw him alive on January 20, 1930; 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:
    Chronic Disease of the Heart
    Duration, several years; Cushing

Other Contributory Causes of Importance:

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

   Manner of injury
   Nature of injury

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

   If so, specify

   (Signed)
   James B. Sturgis, M.D.
   (Address)
   Baltimore

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

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<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>[RECEIVED 1915]</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>DEC 7 1925</td>
<td>May 5, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>[BUFFALO N.Y.]</td>
</tr>
<tr>
<td>Gallstones</td>
<td>[Gastroenteritis]</td>
</tr>
<tr>
<td>[May 1, 1923]</td>
<td>[1 year]</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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: Frederick
   Village or City: Salisbury, Maryland
   No.: 2007 N. Division St.
   Registration Dist. No.: 333
   Ward.

2. FULL NAME: Theodora Rennings
   (a) Residence: No. 111 W. Maryland St., Salisbury, Maryland
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
   HUSBAND of: Charles Rennings
   WIFE of: Charles Rennings

6. DATE OF BIRTH (month, day, and year): April 27, 1858
7. AGE (Years, Months, and Days): 78 yrs, 6 mos, 23 days

8. Trade, profession, or particular kind of work done: Worked as SPINNER, SAWYER, BOOKKEEPER, etc.
   Occupation: Worked 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): June 1858

11. Total time (years) spent in this occupation: 78 yrs

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

13. NAME: John Rennings

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

15. MAIDEN NAME: Hettie Johnson

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

17. INFORMANT (Address): Mrs. J. D. Johnson, Salisbury, Maryland
18. BURIAL, CREMATION, OR REMOVAL: Place: Salisbury, Maryland
   Date: Oct. 14, 1935

19. UNDERTAKER: Will S. Rigdon, Salisbury, Maryland
20. FILED: Nov. 18, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Nov. 14, 1935
   (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1935, to Dec. 14, 1935; death is said to have occurred on the date stated above, at 10:30 a.m.

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

   Date of onset
   Cerebral Hemorrhage

   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 (VIOLANCE) fill in also the following:

   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): 
   (Address): Salisbury, Maryland

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td><strong>The principal cause of death and related causes</strong>&lt;br&gt;Attack of epilepsy&lt;br&gt;Run over by street car&lt;br&gt;Peritonitis</td>
</tr>
<tr>
<td><em>Date of onset</em>&lt;br&gt;RECEIVED&lt;br&gt;DEC 7 1925&lt;br&gt;July 5, 1927</td>
<td><em>Date of onset</em>&lt;br&gt;1 week ago&lt;br&gt;1 week ago&lt;br&gt;3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong>&lt;br&gt;Gallstones</td>
<td><strong>Other contributory causes of importance:</strong>&lt;br&gt;Gastroenteritis</td>
</tr>
<tr>
<td><em>Date of onset</em>&lt;br&gt;May 1, 1925</td>
<td><em>Date of onset</em>&lt;br&gt;1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**STATE OF MARYLAND**

**CERTIFICATE OF DEATH**

Registration Dist. No. 38

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

| Full Name | Amanda Roberts
|-----------|------------------|

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>3 SEX</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 COLOR OR RACE</td>
<td>col.</td>
</tr>
<tr>
<td>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

**DATE OF BIRTH**

<table>
<thead>
<tr>
<th>6 (Month)</th>
<th>Oct</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 (Day)</td>
<td>9</td>
</tr>
<tr>
<td>8 (Year)</td>
<td>1935</td>
</tr>
</tbody>
</table>

**AGE**

9 yrs. mos. ds. or hrs.

**OCCUPATION**

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed or (employer)

- Homemaker

**BIRTHPLACE**

(State or country)

10 NAME OF FATHER

Joseph Roberts

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

Sarah Dashell

13 BIRTHPLACE OF MOTHER (State or Country)

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

Informant: Sandy Watkins

(Address): Aquidneck Rd.

**PLACE OF DEATH**

(Village or City): Ocean City (No.

**DATE OF DEATH**

November 9, 1935

**MEDICAL CERTIFICATE OF DEATH**

17 HEREBY CERTIFY, That I attended the deceased from Oct 9, 1935, to Nov 8, 1935, that I last saw her alive on Nov 8, 1935, and that death occurred on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH was as follows:

Coronary Thrombosis

Contributory Secondary

(Signed): Dr. Allen Field

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Ocean City

20 UNDERTAKER

Moses C. French

ADDRESS

Bivalve, Md.

15 Filed

11-11-1935

- Mrs. J. M. Waller

Registrar

14-11-1935

- Mrs. J. M. Waller

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Certificate of Death

Revised United States Standard

Health Association

(Approved by U.S. Census and American Public)
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Wicomico
   Village or City: Salisbury
   Length of residence in city or town where death occurred: 4 yrs 4 mos 0 ds
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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

   6. DATE OF BIRTH (month, day, and year)
      Oct 23, 1888

   7. AGE Years: 57
      Months: 0
      Days: 0
      If LESS than 1 day, . . . hrs . . . min.

   8. OCCUPATION
      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)
       July 1935

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

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

   13. NAME
       W. E. Barnes Sturgis

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

   15. MAIDEN NAME
       Mary E. Linemaker

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

   17. INFORMANT (Address)
       Mary Linemaker

   18. BURIAL, CREMATION, OR REMOVAL
       Place: Undisclosed
       Date: Nov 29, 1893

   19. UNDERTAKER
       (Address)
       No

   20. FILED
       Nov 27, 1935

   21. DATE OF DEATH
       (Month) 11 (Day) 27 (Year) 1935

   22. I HEREBY CERTIFY That I attended deceased from Wm. 37, 1935, to Wm. 27, 1935.
       I last saw h. and alive on Wm. 8, 1935, to Wm. 27, 1935.
       Death is said to have occurred on the date stated above, at 3:15 p.m.
       The PRINCIPAL CAUSE OF DEATH and related causes of importance
       were as follows:
       Heart disease
       Other Contributory Cause of importance:
       Pulmonary tuberculosis
       Date of onset: 11/8/35

   23. If death was due to external causes (VIOLENCE) fill in also the following:
       Accident, suicide, or homicide? Yes
       Date of injury: 11/27/35
       Where did injury occur? (Specify city or town, county and State)
       Specifying whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
       Manner of injury
       Nature of injury

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

   Registrar:
   (Address)
   C. May Taylor

If more blanks are needed, address State Registrar, 2442 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1 week ago</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>3 days ago</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>May 1, 1923</td>
</tr>
<tr>
<td>1 year</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Mccomb
   - Village or City: Sabehy, Md.
   - Registration Dist. No.: 323
   - No. of P.S. Hospital: 12
   - 2. **FULL NAME**
     - Mrs. Mary Elizabeth Taylor
     - (a) Residence: No. 112
     - St., 5
     - Ward: 1

   **PERSONAL AND STATISTICAL PARTICULARS**

   2. **SEX**: Female
   3. **COLOR OR RACE**: White
   4. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**:
   - MARRIED
   - HUSBAND: Loner McBay

   **OCUPATION**
   - HUSBAND, WIFE AT HOME

   **DATE OF BIRTH**
   - Month: Oct.
   - Day: 25
   - Year: 1867

   **AGE**
   - Years: 68
   - Months: 0
   - Days: 17
   - If LESS than 1 day, __ ___ hrs. or __ ___ min.

   **DATE deceased last worked at this occupation**
   - Month: 9
   - Day: 1935
   - Year: 1935

   **DATE deceased death occurred**
   - Month: 8
   - Day: 30
   - Year: 1935

   **DATE OF DEATH**
   - Month: Jan.
   - Day: 12
   - Year: 1935

   **WHEN DECEASED DISAPPEARED**
   - Month: Aug.
   - Day: 1935
   - Year: 1935

   **SAW MILL, BANK, etc.**

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

   **USE OF WEAPONS**
   - None

   **DECEDENT LIVED**
   - In this State

   **WHERE DECEASED LIVED**
   - In this State

   **PLACE OF BURIAL**
   - Church
   - Date: 1935

   **Infant**

   **OTHER CONTRIBUTORS**

   **CAUSE OF DEATH**
   - Carcinoma of decayed colon

   **DATE OF ONSET**
   - 1935

   **OTHER CONTRIBUTORY CAUSES OF IMPORTANT**

   **NAME OF OPERATION**
   - Date of:

   **WHAT TEST confirmed diagnosis?**
   - Was there an autopsy?

   **ACCIDENT, SUICIDE, OR HOMICIDE**
   - Date of injury

   **WHERE 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**

   **ADDRESS**

   **FILED**
   - Nov. 19, 1935
   - Registrar

   **(Signed)**

   **ADDRESS**

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<tr>
<td>Arteriosclerosis</td>
<td>DEC 7 1935</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>BUREAU V. S.</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:  

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

1. PLACE OF DEATH

County... WICOMICO
Village or City... SALISBURY, M.D.
No. 22 3/4 Lake St., 9 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

CHARLES THOMAS
(a) Residence: No. 22 3/4 Lake St., 9 Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

A A

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

Don't know

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Don't know

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

about 1905

7. AGE

Years

About 30

Months

Days

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

LO J. Ellerbe, Salina Factory

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

10. Date deceased last worked at from...

11. Total time (years and month and day)

1935 10 27th

12. BIRTHPLACE (city or town)

Denton (State or county)

13. NAME

William Halbrook

14. BIRTHPLACE (city or town)

Denton (State or country)

15. MAIDEN NAME

Hannah White

16. BIRTHPLACE (city or town)

Denton Md. (State or country)

17. INFORMANT

Harry White

18. BURIAL, CREMATION, OR/removal

Denton

Place

Date

19. UNDERTAKER

James R. Halsey

20. FILED

Aug 30, 1935

Registrar

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<td>[RECEIVED]</td>
<td>1 week ago</td>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
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<tr>
<td>DEC 7 1935</td>
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</tr>
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</tr>
<tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Baltimore

Village or City: Baltimore, 53

Registration Dist. No.: 333

2. FULL NAME

(a) Residence: No. 8 John B. Reno, St. 9

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

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

Oct. 17, 1961

7. AGE

Years: 71

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

21. DATE OF DEATH

(Month) 1

(Day) 18

(Year) 1935

22. I HEREBY CERTIFY, That I attended deceased from

June 1, 1934 to July 1, 1935

Last saw h. r. alive on July 18, 1935; death is said to have occurred on the date stated above, at 4 p.m.

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

Cancer of Urinary Tract

Date of onset: 1934

Other Contributory Causes of importance:

Cancer of Urinary Tract

Date of onset: 1934

13. NAME

John A. Dunn

14. BIRTHPLACE (City or Town)

Maryland

15. MAIDEN NAME

Karinia E. Dunn

16. BIRTHPLACE (City or Town)

Maryland

17. INFORMANT (Name, Address)

Mat. Mrs. B. Pennington

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore, Md.

Date: Nov. 3, 1935

19. UNDERTAKER (Name, Address)

Mat. Mrs. B. Pennington

20. FILED

Nov. 13, 1935

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>DEC 7 1939</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
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<td><strong>Date of onset</strong></td>
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<tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Washington
   Village or City: Salisbury, Md.
   No. 301 Second St., Ward.
   Length of residence in city or town where death occurred: 25 yrs., mos., ds.

2. FULL NAME
   James Washington White
   Residence: No. 301 Second St.

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   July 7, 1866

7. AGE
   Years: 69
   Months: 3
   Days: 26

8. OCCUPATION
   Farm laborer

9. MARRIED NAME
   James Washington White

10. DATE OF DEATH
    Nov. 2, 1935

11. CONTRIBUTARY CAUSE OF DEATH
    Chronic Myocarditis

12. BIRTHPLACE
    Farming, Maryland

13. NAME
    George White

14. BIRTHPLACE
    Farming, Maryland

15. MAIDEN NAME
    Mary Tracy

16. BIRTHPLACE
    Farming, Maryland

17. INFORMANT
    Margery M. White

18. BURIAL, CREMATION, OR REMOVAL
    funeral home No. 8, D.C., Nov. 6, 1935

19. UNDERTAKER
    James H. Stewart

20. FILED
    Nov. 3, 1935, by M. D.

21. DATE OF DEATH
    Nov. 2, 1935

22. MEDICAL CERTIFICATE OF DEATH
    I hereby certify that I attended deceased from

23. ACCIDENT, SUICIDE, OR HOMICIDE
    No.

24. MANNER OF DEATH
    Natural

25. SOURCE OF INJURY
    No.

26. NATURE OF INJURY
    No.

27. RELATION TO OCCUPATION
    No.

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</tr>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

### Example II

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<tr>
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<th>Date of onset</th>
</tr>
</thead>
<tbody>
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<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. Wicomico
Village or City. Eden
No. 10
Registration Dist, No. 333

2. FULL NAME

(a) Residence: No. 10
St., 

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

White

5a. If married, widowed, or divorced

HUSBAND of

5b. If married, widowed, or divorced

WIFE of

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

7. AGE

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

Date

19. UNDERTAKER

20. FILED

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

22. I HEREBY CERTIFY That I attended deceased from

23. I HEREBY CERTIFY That I attended deceased from

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

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

26. Manner of injury

27. Nature of injury

28. 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 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 complications 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>
</tbody>
</table>

Other contributory causes of importance:

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