STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Talbot
Village or City: Pocomoke

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

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

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (marry the word): Infant

6. DATE OF BIRTH (month, day, and year): Dec/18/1935

7. AGE: 0

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

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

10. Days spent in this occupation: 0

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

OCCUPATION:

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

13. NAME: Infant Adams

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

15. MAIDEN NAME: Olivia McFay

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

17. INFORMANT (Address): Henry McFay

18. BURIAL, CREMATION, OR REMOVAL
Place: Pocomoke
Date: Dec 20, 1935


21. DATE OF DEATH
(Month) (Day) (Year)
Dec 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1935 to Dec 18, 1935.

23. Accident, suicide, or homicide? Date of Injury: Dec 18, 1935

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Boyman
   Length of residence in city or town where death occurred: 16 yrs. 9 mos. 14 ds.

2. FULL NAME: Clarence A. McLucy
   Residence: No. Boyman
   (Usual place of abode)

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

6. DATE OF BIRTH (month, day, and year): March 14, 1919

7. AGE: Years 16, Months 9, Days 14

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

9. Occupation or business in which work was done: Housewife

10. Date deceased last worked at this occupation (day and month): Dec 12

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

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

13. NAME: Clarence A. McLucy

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

15. MAIDEN NAME: Molly Stielke

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

17. INFORMANT (Address): Clarence McLucy, Boyman

18. BURIAL, CREMATION, OR REMOVAL
    Place: Boyman
    Date: Dec 24, 1935

19. UNDERTAKER (Address): Magee & Harrison, Baltimore, Md.

20. FILED: Dec 19, 1935

21. DATE OF DEATH: Dec 18, 1935

22. I HEREBY CERTIFY that I attended deceased from Oct 21 to Dec 18, 1935; death is said to have occurred on the date stated above, at 5:30 P.M.

   Other Contributory Causes of Importance:
   Malignancy

   Name of operation: None

   Date of:

   What test confirmed diagnosis? None
   Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: None
   Date of injury: None
   Where did injury occur? None
   (Specify city or town, county, and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of injury: None
   Nature of injury: None

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

   If so, specify:
   (Signed) Louis L. Leete
   (Address) T. W. Leete, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
<th>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>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>JAN 6 1936</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

| Gallstones | May 1, 1923  |

**Example II**

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
<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
   Village or City: Baltimore
   No. St. Ward

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

   (Usual place of abode)

   Residence: No. St. Sheet

   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored
   Single

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

6. DATE OF BIRTH (month, day, and year)
   1885, October

7. AGE
   Years
   Months
   Days

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

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

10. Date deceased last worked at this occupation (month and year)
    1933

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

12. BIRTHPLACE (city or town)
    Baltimore County

13. NAME
    Thomas H. Banning

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

15. MAIDEN NAME
   
16. BIRTHPLACE (city or town)
    (State or country)
   
17. INFORMANT
    (Address)
    Christiana Johnson
    Court of Maryland

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Date

19. UNDERTAKER
    (Address)
    A. M. Deway
    Easton

20. FILED
    1935

21. DATE OF DEATH
    (Month) (Day) (Year)
    December 2, 1935

22. I HEREBY CERTIFY that I attended deceased from
    11/28/35 to 12/2/35, and that death occurred on the date stated above, at 4 A.M.

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) M. D.
   (Address)

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

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

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

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

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

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

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

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

Other contributory causes of importance:

Gallstones | Other contributory causes of importance:

Gastroenteritis | Date of onset: May 1, 1923

Date of onset: Jan 6, 1923

Date of onset: July 5, 1927

Date of onset: 1 week ago

Date of onset: 1 week ago

Date of onset: 3 days ago

Date of onset: 1 year

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

1. PLACE OF DEATH
   County: Talbot
   Village or City: M. Daniel
   No. St., Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   (b) Usual place of abode:
   Name: Alex Blackmun

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

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

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

7. AGE
   Years: 70
   Month: 11
   Days: 18

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

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

10. Date deceased last worked at this occupation: December 7th, 1933

11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (city or town)
    Lunenburg, Va

13. NAME
    Alex Blackmun

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

15. MAIDEN NAME
    Millie Jenkins

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

17. INFORMANT
    Catherine McHeron
    Address: 119 W. Martin St., Baltimore

18. BURIAL, CREMATION, OR REMOVAL
    Place: M. Daniel
    Date: Dec 21, 1933

19. UNDERTAKER
    J. W. McManus
    Address: Homestead

20. FILED
    Dec 20, 1934
    John H. Walker
    Local Registrar

21. DATE OF DEATH
    Dec 19 1933

22. I HEREBY CERTIFY
    That I attended deceased from
    Oct 5 1933, to Dec 5 1933; death is said to have occurred on the date stated above, et. 11 A.M.
    The principal cause of death and related causes of importance were as follows:
    Initial insufficiency 17 yrs.

    Other Contributory Causes of Importance:
    General Chronica

    Date of onset

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

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

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

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

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

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance: Gallstones

May 1, 1923

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</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: Baltimore
- Village of City: Easton
- Length of residence in city or town where death occurred: 60 yrs.

## 2. FULL NAME
- Female, Good Marred
- Residence: No.
- If U.S. Veteran specify War: No.

## 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>Good Marred</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5a. If married, widowed, or divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUSBAND of</td>
</tr>
<tr>
<td>(or) WIFE of</td>
</tr>
<tr>
<td>A. Brown</td>
</tr>
</tbody>
</table>

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

## MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH (Month) (Day) (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 (N.) 1935</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. I HEREBY CERTIFY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>That I attended deceased from Dec. 15, 1935 to Dec. 15, 1935</td>
</tr>
</tbody>
</table>

| 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| Accident, suicide, or homicide? |
| Date of Injury: |
| 1929 |
| Where did injury occur? |
| (Specify city or town, county, and State)
| Specifying 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 |
| Philip Rhode, 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**

**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 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, stationery engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td><strong>RECEIVED</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td><strong>JAN 6 1936</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>JULY 6, 1936</strong></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><strong>MAY 1, 1923</strong></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: Talbot
   Village or City: Easton

2. FULL NAME
   Thomas Milton Cooper
   Residence: Bogsmar, Maryland

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   August 19, 1863

7. AGE
   Years: 72
   Months: 3
   Days: 15

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

9. OCCUPATION
   Merchant

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH END YEAR)
    Jan. 1, 1930

11. TOTAL TIME IN THIS OCCUPATION (YEARS)
    22 yrs

12. BIRTHPLACE (CITY OR TOWN)
    Bogsmar, Maryland

13. NAME
    John Thomas Cooper

15. MAIDEN NAME
    Mary Emily REDMAN

16. BIRTHPLACE (CITY OR TOWN)
    Bogsmar, Maryland

17. INFORMANT
    Mrs. Thomas Earl Cooper

18. BURIAL, CREMATION, OR REMOVAL
    Buried at St. Michaels, Md.

19. UNDERTAKER
    Reginan, Harrison

20. FILED
    10/18/35

21. DATE OF DEATH
    December 2, 1935

22. I HEREBY CERTIFY THAT I ATTENDED...
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 salesmen and not a clerk.

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

### 1. PLACE OF DEATH
- County: Talbot
- Village or City: Saint Mahan

### 2. FULL NAME
- Residence: No. 817 Mahan St., Ward 1
- Full Name: William Cummings

### PERSONAL AND STATISTICAL PARTICULARS

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

### 6. DATE OF BIRTH
- Month: April
- Day: 20
- Year: 1865

### 7. AGE
- Years: 70
- Months: 8
- Days: 2

### 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
- Occupation: Waterman

### 11. Total time (years) spent in this occupation
- Years: 55

### 16. BIRTHPLACE (city or town)
- City or town: Talbot Co.
- State or country: MD

### 17. INFORMANT
- Name: Hettie E. Cummings
- Address: 817 Mahan St.

### 18. BURIAL, CREMATION, OR REMOVAL
- Place: Saint Mahan
- Date: Dec. 24, 1925

### 21. DATE OF DEATH
- Month: December
- Day: 24
- Year: 1925

### 22. I HEREBY CERTIFY
- That I attended deceased from
- Date of last contact: Dec. 14, 1930
- Age: 65
- Sex: Male

The principal cause of death and related causes of importance were as follows:
- Date of onset: 1933

### OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

- Name of operation:
- Date of:
- What test confirmed diagnosis?
- Was there an autopsy?
- 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:
- Was disease or injury in any way related to occupation of deceased?
- If so, specify.

### REGISTRATION DIST. NO. 294
- Address: State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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

2. FULL NAME
   Mr. Ernest Benjamin Forrest
   (a) Residence: No. Oxford, Maryland

3. SEX
   Male

4. COLOR OR RACE
   White

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

6a. If married, widowed, or divorced
    HUSBAND OF
    Mrs. Anna Ellen Forrest

6b. DATE OF BIRTH (month, day, and year)
   Aug. 8, 1875

7. AGE
   60 4 2

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

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)
    11-30-1935

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

12. BIRTHPLACE (city or town)
    St. Mary's County

13. NAME
    Courney Forrest

14. BIRTHPLACE (city or town)
    St. Mary's County

15. MAIDEN NAME
    Hindsman

16. BIRTHPLACE (city or town)
    St. Mary's County

17. INFORMANT
    M. John Wesley Forrest

18. BURIAL, CREMATION, OR REMOVAL
    Place: Oxford
    Date: Dec. 12, 1935

19. UNDERTAKER
    John D. Williams

20. FILED
    12/11/1935

21. DATE OF DEATH
    December 10, 1935

22. I HEREBY CERTIFY
    That I attended deceased from Dec. 9, 1935, to Dec. 10, 1935;
    I last saw him alive on Dec. 9, 1935; and 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

    Other Contributory Causes of Importance:

    Neme of operation
    None

    What test confirmed diagnosis?
    None

    Were there an autopsy?
    Yes

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

    Manner of injury
    Nature of injury

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

1. PLACE OF DEATH
   County: Calvert
   Village or City: Boston
   Length of residence in county or town where death occurred: 10 yrs., 8 months, 8 days

2. FULL NAME
   Full Name: Ada Rebecca Giebst
   Residence: 300
   U.S. Veteran: No

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH
   Birth Date: Jan. 26, 1875

7. AGE
   Age: 80

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

9. Industry or Business in which work was done: Silk Mill

10. Date deceased last worked at occupation: Jan. 26, 1925

11. Total time (years) spent at occupation: 50 years

12. BIRTHPLACE
   Birthplace: Maryland

13. NAME OF MOTHER
   Name: Margaret Hoyman

14. BIRTHPLACE
   Birthplace: Maryland

15. PLACE OF DEATH
   Place: Chevy Chase

16. INFORMANT
   Informant: Mrs. Lawrence Griffin

17. BURIAL, CREMATION, OR REMOVAL
   Date of burial: Jan. 26, 1925

19. UNDERTAKER
   Undertaker: Samuel A. Graham

20. FILING
   Date: Jan. 26, 1925

21. DATE OF DEATH
   Date: Sept. 26, 1935

22. I HEREBY CERTIFY
   That I attended deceased from Sept. 26, 1935, to Dec. 12, 1935

23. The principal cause of death was: Chronic Intestinal Disease
   Date of onset: 1925


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, asthnia, 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>
<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>JAN 1, 1920</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Talbot
   Village or City: St. Michaels
   No. ____________________ St. ____________________ Ward ____________________
   Length of residence in city or town where death occurred yrs. __ mos. __ ds.
   How long in U.S. if of foreign birth yrs. __ mos. __ ds.

2. FULL NAME
   Last Name: Jackson
   (a) Residence: No. ____________________ St. ____________________ Ward ______
   (Usual place of abode)

   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

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

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

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

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

8. Trade, profession, or particular kind of work done, as SPINNER, 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 end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    St. Michaels, Maryland

13. NAME
    Andrew Wright

14. BIRTHPLACE (city or town)
    Oxford, Maryland

15. MAIDEN NAME
    Pearl Jackson

16. BIRTHPLACE (city or town)
    St. Michaels, Maryland

17. INFORMANT
    Andrew Wright
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: St. Michaels
    Date: Dec. 14, 1935

19. UNDERTAKER
    Andrew Wright, the Father
    (Address)

20. FILED

21. DATE OF DEATH
    Dec. 14 (Month) 1935 (Year)


I last saw deceased alive on Dec. 14, 1935, at 11:30 a.m.

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

Miscarriage

Other Contributory Causes of importance:

Name of operation ____________________
Date of operation ____________________

What test confirmed diagnosis? No
Was there an autopsy? No

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

   Accident, suicide, or homicide? ____________________
   Data of injury ____________________

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

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

Manner of injury ____________________

Nature of Injury ____________________

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

If so, specify ____________________
(Signed) ____________________
(Address) ____________________

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>1915</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jan 6, 1936</td>
<td>Peritonitis 1 week ago</td>
</tr>
<tr>
<td></td>
<td>Jul 5, 1927</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<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: Carroll
- Village or City: Oxford, Md.
- Registration Dist. No.: 297
- St., Ward: 
- Length of residence in city or town where death occurred: 48 yrs. 9 mos. 0 ds.
- If death occurred in a hospital or institution, give name: 
- How long in U.S. If of foreign birth?: yrs. mos. ds.

## 2. FULL NAME
- Clarence T. Miller
- If U.S. Veteran specify WAR: 
- Residence: Oxford, Md.
- St., Ward: 

## PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Colored</td>
<td>Married</td>
</tr>
</tbody>
</table>

| 5a. HUSBAND of | Maggie Campbell |

| 6. DATE OF BIRTH (month, day, and year) | Mar 27, 1887 |

| 7. AGE | 48 yrs. 9 mos. 0 ds. |

| 9. OCCUPATION | Gardener |

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

| 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION | 1931 |

| 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION | 34 yrs. 9 mos. 0 ds. |

| 12. BIRTHPLACE (city or town) | Oxford, Md. |

| 13. NAME | Clarence Miller |

| 14. BIRTHPLACE (city or town) | Oxford, Md. |

| 15. MAIDEN NAME | Mary E. Dowse |

| 16. BIRTHPLACE (city or town) | Oxford, Md. |

| 17. INFORMANT | Maggie Miller, Oxford, Md. |

| 18. BURIAL, CREMATION, OR REMOVAL | Buried, Oxford, Jun 2, 1936 |

| 19. UNDERTAKER | John H. Williams, Oxford, Md. |

| 20. FILED | Jan 7, 1936 |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH:
- Last seen alive: Dec 8, 1935
- Body found: Dec 22, 1935 at 9 am
- I HEREBY CERTIFY, That I attended deceased from 
- Date of onset: Dec 22, 1935
- Exposure (Influenza): Dec 22, 1935

| 22. OTHER CONTRIBUTORY CAUSES OF DEATH | 
|-----------------|-----------------|

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:
- Accident, suicide, homicide?: Date of Injury: 1935
- Where did injury occur?: (Specify city, county, and state): 
- Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE: 

Manner of Injury: 
Nature of Injury: 

24. Was disease or injury in any way related to occupation of deceased?: 
If so, specify:
- (Signed) Dr. J. B. P. (Registrar) 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**

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Oxford
   Length of residence in city or town where death occurred: 1 yr.

2. FULL NAME
   Personal and Statistical Particulars
   (a) Residence: No. (Unusual place of abode)
   Sex: Female
   Color or Race: White
   Single, Married, Widowed, or Divorced (write the word): Married
   Name: Emiey, Virginia, Morris
   If resident, give city or town and State: Easton
   HUSBAND or (or) WIFE of: John Stewart Morris
   Birthplace: Hagerstown, Md.
   Birthplace: Allegany Co., Md.
   Occupation: Housewife
   Date deceased last worked at this occupation (month and year): Nov. 30, 1885
   Total time (years) spent in this occupation: 50
   Other Contributory Causes of Importance:

   21. DATE OF DEATH
      (Month, Day, Year): Dec. 1st, 1935

   22. I HEREBY CERTIFY, That I attended deceased from:
      (Day from to): Apr. 25 to Dec. 1st, 1935
      Last saw deceased alive on: Nov. 25, 1935
      Death to have occurred on the date stated above, at 10:00 a.m.
      The Principal Cause of Death and related causes of importance:
      Date of onset: Cerumen of Ears, June 1934

   23. If death was due to external causes (violence) fill in also the following:
      Accident, suicide, or homicide: Coronary thrombosis, Dec. 3rd
      Place of injury: Oxford, Harford
      Where did injury occur?
      Manner of injury:
      Nature of injury:
      Date of injury:
      Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.
      If so, specify:
      If race, specify:
      If more blanks are needed, address State Registrar, 3411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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

Date of onset: 1915 | Date of onset: 1 week ago
Date of onset: 1921 | Date of onset: 1 week ago
Date of onset: July 5, 1927 | Date of onset: 3 days ago
Date of onset: May 1, 1923 | |

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

1. PLACE OF DEATH

County: Talbot
Village or City: Easton

2. FULL NAME: Ismay A. Nichols

3. SEX: male

4. COLOR OR RACE: white

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

6. DATE OF BIRTH: April 1862

7. AGE: 73 yrs.

8. TRADE, PROFESSION, OR BUSINESS: farmer

9. OCCUPATION: farmer

10. DATE DECEASED LAST WORKED: Feb. 1935

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 4 yrs.

12. BIRTHPLACE: Easton, Md.

13. NAME: Patrick Nichols

14. BIRTHPLACE: Ca. Mayo, Ireland

15. MAIDEN NAME: Mary Murtaugh

16. BIRTHPLACE: Ca. Mayo, Ireland

17. INFORMANT: Amanda M. Nichols

18. BURIAL, CREMATION, OR REMOVAL:

Place: Easton
Date: 12/4, 1935

19. UNDERTAKER: M. E. Newman

20. FILED: 12/13, 1935, M.D. Berman

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

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

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

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

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

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

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

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

Other contributory causes of importance: | Other contributory causes of importance:

Gallstones | Date of onset | Gastroenteritis | Date of onset |
| May 1, 1923 | 1 year |

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

1. PLACE OF DEATH
   County TALBOT
   Village or City EASTON MD.
   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 ELWOOD PAYNELL
   (a) Residence: No. EASTON MD.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

   6. DATE OF BIRTH (month, day, and year) MAY 30, 1882
   7. AGE Years 53
      Months 8
      Days
      If LESS than
      1 day, hrs.
      or min.

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

   9a. Date deceased last worked at this occupation (month and year)
   10. Total time (years) spent in this occupation

OCCUPATION

11. OTHER

   Other Contributory Causes of importance:

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

22. I HEREBY CERTIFY, That I attended deceased from
   DID NOT SEE HIM, 19
   I last saw him alive on
   Alive, 19
   Death is said to have occurred on the date stated above, at
   Date of onset

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

   Manner of injury:
   Nature of injury:

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

REGISTRAR

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

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

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merid 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>
<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>JAN 6 1933</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 5, 1927</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 1, 1923</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones

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: Talbot
- Village or City: Shurdwood
- No. (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: 63 yrs., mos. 21 ds.

### 2. FULL NAME
- a) Residence: No. Shurdwood
- (Usual place of abode)
- St., Ward.
- Full Name: John P. Pinney
- If nonresident give city or town and State: St. Louis

### PERSONAL AND STATISTICAL PARTICULARS
- Sex: Male
- Color or Race: Cane
- Single, Married, Widowed, or Divorced: Married

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

#### 6. DATE OF BIRTH
- (Month): Nov
- (Day): 19
- (Year): 1870

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH
- (Month): Dec
- (Day): 10
- (Year): 1930

#### 22. I HEREBY CERTIFY, That I attended deceased from
- Jan 25, 1930, to Jan 26, 1930, as follows:
- The principal cause of death and related causes of importance were as follows:
  - Onset of disease: 1930

### OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

#### 23. If death was due to external causes (VIOLENCE) fill in also the following:
- What test confirmed diagnosis?
- Date of:
- Was there an autopsy?
- Accident, suicide, or homicide: Date of Injury:
- Where did injury occur? (Specify city or town, county and State): 19
- 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 housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

### Example I

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

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

Other contributory causes of importance:

- Gallstones: May 1, 1923

### Example II

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

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

Other contributory causes of importance:

- Gastroenteritis: 1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

[Signature]

[Date]
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Talbot
Village or City: Royal Oak, Maryland

Length of residence in city or town where death occurred: 72 yrs. 3 mos. 23 ds.

2. FULL NAME: George Albert Seymour

(a) Residence: No. Royal Oak, Maryland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

HUSBAND OF 
(Or) WIFE OF
Lucy A. Seymour

6. DATE OF BIRTH (month, day, and year): August 19, 1863

7. AGE: 72 Years 3 Months 23 Days

8. OCCUPATION: Retired

9. TRADE, PROFESSION, OR PRIVATE AFFAIRS: Road Engineer

10. DATE OF DEATH: December 12, 1935

11. TOTAL TIME IN THIS OCCUPATION (MONTH AND YEAR): 1933 - 20 Yrs.

12. BIRTHPLACE (city or town): Royal Oak, Maryland

13. NAME: William Seymour

14. BIRTHPLACE (city or town): Royal Oak, Maryland

15. MAIDEN NAME: Catherine Maria Kilmon

16. BIRTHPLACE (city or town): Royal Oak, Maryland

17. INFORMANT: George A. Seymour

18. BURIAL, CREMATION, OR REMOVAL: Easton, Dec. 14, 1935

19. UNDERTAKER: J. A. Snyder


REGISTRATION DIST. NO.: 291

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</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... Talbot
   Name... Easton, Md.
   Wm. H. N. Reesing 49-a

2. FULL NAME
   (a) Residence: No.
   Name... Annie J. Ashbelley
   (Us place of abode)
   St., Ward.
   If U.S. Veteran specify WAR.

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   June 24, 1867

7. AGE
   Years 66
   Months 5
   Days 24

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.
   Own Home

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

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

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

13. NAME
    Wm. H. N. Reesing

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

15. MAIDEN NAME
    Sarah T. Angle

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

17. INFORMANT (Address)
    Moses Samuel Jewel

18. BURIAL, CREMATION, OR REMOVAL
    Place... Annapolis
    Date... 10/22, 1935

19. UNDERTAKER (Address)
    S. Virgil Morey

20. FILED 12/16, 1935
    M. H. N. Reesing
    Registrar.

21. DATE OF DEATH
    Dec. 19, 1935

22. I HEREBY CERTIFY that I attended deceased from Dec. 1, 1935, to Dec. 18, 1935. I last saw her alive on Dec. 18, 1935; death is said to have occurred on the date stated above, at 11 A.M.

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

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

25. If so, specify...

26. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   Tuberculosis...
   Date of onset...

27. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   Pneumonia...
   Date of onset...

28. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   Tuberculosis...
   Date of onset...

29. WHETHER THERE WAS AN AUTOPSY?:...

30. If so, specify...

If more blanks are needed, address State Registrar, 4411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>Cause 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>JAN 6, 1926</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

**Other contributory causes of importance:**

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

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

1. PLACE OF DEATH
   County. Emergency Hospital
   Village or City. Easton, Md.
   Registration Dist. No. 290
   No. St., Ward
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME
   Baby Shortall
   (a) Residence: No. Easton, Md.
   St., Ward
   If U.S. Veteran specify WAR...
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Dec. 26, 1935

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

8. Trade, profession, or particular kind of work done, as SPINNER, SWAVER, 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)
    Emergency Hospital, Easton, Md

13. NAME
    Mr. Henry Shortall

14. BIRTHPLACE (city or town)
    Easton, Md

15. MAIDEN NAME
    Margaret E. Clem

16. BIRTHPLACE (city or town)
    Wilmington, Del

17. INFORMANT
    Mrs. Henry Shortall
    Easton, Md

18. BURIAL, CREMATION, OR REMOVAL
    Place: Easton, Md
    Date: 12/14/1935

19. UNDERTAKER
    W. H. Neal

20. FILED
    12/14/1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Dec. 26, 1935

22. I HEREBY CERTIFY. That I attended deceased from

23. I last saw h. alive on Dec. 19, 1935.

24. 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:
   [handwritten notes]

   Other Contributory Causes of importance:

   Name of operation...
   Date of...

   What test confirmed diagnosis?
   Date of...

   Was there an eutropys?

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

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

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

   Manner of Injury
   Nature of Injury

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

   If so, specify
   [handwritten notes]

   (Signed) William H. Day
   M.D.
   (Address) Easton, Md

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerotic</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 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: Talbot
   - Village or City: Trappe, Md.
   - Registration Dist. No.: 34

2. FULL NAME: Helen Anna Skinney
   - Residence: No. (Unusual place of abode)
   - St., Ward

---

**PERSONAL AND STATISTICAL PARTICULARS**

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

---

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH: 12/18/1935
22. I HEREBY CERTIFY, that I attended deceased from 12/18/34, 1934, to 12/18/1935, 1935, 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:

- Chronic Myocarditis

24. Was disease or injury in any way related to occupation of deceased? No
   - 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 housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

   **County:** Talbot
   **Village or City:** Near Easton, Md
   **No.: Outside**
   **Registration Dist. No.: 290**
   **St., Ward:** (If death occurred in a hospital or institution, give its NAME instead of street and number)
   **Length of residence in city or town where death occurred:** yrs mos. ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. **FULL NAME:** Dr. Norman S. Mathews

   **U.S. Veteran specify WAR:** World

   **(a) Residence:** No.

   **(Usual place of abode):**

3. **PERSONAL AND STATISTICAL PARTICULARS**

   **3. SEX:** Male
   **4. COLOR OR RACE:** White
   **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word):** Married

   **5a. If married, widowed, or divorced:**

   **HUSBAND of (or) WIFE of:** Mary Mathews

   **6. DATE OF BIRTH (month, day, and year):** 1/20/93

   **7. AGE:**

   **Years:** 63
   **Months:** 4
   **Days:** 24

   **If LESS than 1 day, hours or minutes:**

   **7a. Trade, profession, or part of occupation:** Doctor

   **7b. Industry or business in which work was done, Silk Mill, Saw Mill, Bank, etc.:** Doctor

   **7c. Date deceased last worked at this occupation (month and year):** 12/31/44

   **11. Total time (years) spent in this occupation:** 30

4. **DATE OF DEATH**

   **21. **

   **(Month):** 12
   **(Day):** 1935
   **(Year):**

5. **MEDICAL CERTIFICATE OF DEATH**

   **22. I HEREBY CERTIFY.** That I attended deceased from Oct 26 to Dec 14, 1935

   **I last saw him alive on:** Dec 14, 1935

   **Death is said to have occurred on the date stated above:**

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

   **My啄食:**

   **Death Certificate**

   **1932**

   **Other Contributory Causes of importance:**

   **Date of onset:**

   **Name of operation:**

   **What test confirmed diagnosis:**

   **Was there an autopsy:**

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

   **Accident, suicide, or homicide:**

   **Date of Injury:**

   **Where did Injury occur:**

   **Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:**

   **Manner of Injury:**

   **Nature of Injury:**

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

   **If so, specify:**

   **Address:**

   **Registrar:**

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JAN 6 1916</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

Add additional space for further statements by physician.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County YALLOTT
Village or City EASTON MD.
Length of residence in city or town where death occurred: 67 yrs. 5 mos. 10 ds. How long in U.S. or foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: WIDOW
6. If married, widowed, or divorced, HUSBAND of (or) WIFE of:
   WIFE
7. DATE OF BIRTH (month, day, and year): Aug. 4, 1868
8. AGE: 67
   Years | Months | Days
   5-10
   If LESS than 1 day, hrs. or min.
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, etc.: House wife
10. OCCUPATION:
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION (MONTH AND YEAR):
12. BIRTHPLACE (CITY OR TOWN): EASTON MD.
   (STATE OR COUNTRY): TALLOTT
13. NAME: FREDERICK MASKE
14. BIRTHPLACE (CITY OR TOWN): GERMANY
   (STATE OR COUNTRY):
15. MAIDEN NAME:
16. MOTHER'S FATHER:
17. INFORMANT:
   Address:
   EASTON MD.
18. BURIAL, CREMATION, OR REMOVAL
   PLACE: EASTON MD.
   DATE: Jan. 16, 1936
19. UNDERTAKER:
   Address:
   EASTON MD.
20. FILED: 1-14-36
   M.D.:
   Registrar

21. DATE OF DEATH
   Dec. 14, 1935

22. I HEREBY CERTIFY
   That I attended deceased from Dec. 1st, 1935, to Dec. 14th, 1935, death is said to have occurred on the date stated above, at 9 a.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Other Contributory Causes of importance:
   Hypertension
   Date of onset: 12-12-35

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

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
   ACCIDENT, SUICIDE, OR HOMICIDE?
   DATE OF INJURY:
   WHERE DID INJURY OCCUR?
   SPECIFY 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.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 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: Talbot
Village or City: Fairbank

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

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

7. AGE

8. Trade or profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

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

11. Total time spent in this occupation

12. BIRTHPLACE (city or town)

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

MEDICAL CERTIFICATE OF DEATH

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:

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

Other contributory causes of importance:

Gallstones | May 1, 1922 | Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Talbot
Village or City: near Deal

Length of residence in city or town where death occurred: 2 yrs. mos. ds.

2. FULL NAME: Luther Valdell Towers
(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR OR RACE: White

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

6. DATE OF BIRTH (month, day, and year): July 19, 1871

7. AGE: 61 Years 4 Months 21 Days

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

12. BIRTHPLACE (city or town): Delmar, Del.

13. NAME: Edward Herkell Towers

15. MAIDEN NAME: Mary Kelley


22. I HEREBY CERTIFY that I attended deceased from

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

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Hemorrhage

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

Name of operation:

Other Contributory Cause of Importance:

Name of operation:

Place:

Date of Death:

20. UNDERTAKER: Maurice Silverman

20. FILED: Dec. 21, 1935

Registration Dist. No. 29
Ward

If U.S. Veteran specify WAR.

If nonresident give city or town and State

Registrar

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Gallstones 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: Talbot
   Village or City: Easton, Md
   No. St., Ward
   If death occurred in a hospital or institution, give its NAME instead of street and number
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if foreign birth? yrs. mos. ds.

2. FULL NAME
   Francis L. Webb
   (a) Residence No. Easton, Md
   St., Ward
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

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

5a. If married, widow, or divorced
   Husband or (or) wife of
   Single

6. DATE OF BIRTH (month, day, and year)
   Feb. 3, 1914

7. AGE
   Years: 21
   Months: 10
   Days: 5
   If less than 1 day, hours, or minutes

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

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

10. Date deceased last worked at this occupation (month and year)
    1-24, 1935

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

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

13. NAME
    Colman H. Webb

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

15. MAIDEN NAME
    Mary E. Martin

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

17. INFORMANT
    (Address)
    Colman H. Webb
    Easton, Md

18. BURIAL, CREMATION, OR REMOVAL
    Place: Easton, Md
    Date: Dec. 7, 1935

19. UNDERTAKER
    (Address)
    John D. Williams
    Easton, Md

20. FILED
    (Address)
    2-9-35
    N. H. Brown
    Registrar

Medical Certificate of Death

21. DATE OF DEATH
    (Month) Jan
    (Day) 5, 1935
    (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    I last saw him alive on Dec. 5, 1935; death is said to have occurred on the date stated above, at 12:30 p.m.
    The principal cause of death and related causes of importance were:
    tuberculosis, pulmonary, dec. 1934
    Date of onset

23. Other Contributory Causes of Importance

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 whether injury occurred in the industry, in the home, or in the public place.

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. Stevens
    (Address)
    Easton, Md

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

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

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

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

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

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

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

**Example I**

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

Other contributory causes of importance:

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

**Example II**

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

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Talbot
   Village or City: St. Michaels

2. FULL NAME
   (a) Residence: St. Michaels

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)
   Aug 21 1882

7. AGE
   Years: 53
   Months: 3
   Days: 0

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

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)
    May 20, 1935

11. Total time (years) spent in this occupation: 37 yrs.

12. BIRTHPLACE (city or town)
    St. Michaels

13. NAME
    John H. Willen

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

15. MAIDEN NAME
    Alice S. Bloodworth

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

17. INFORMANT
    Jesse H. Willen

18. BURIAL, CREMATION, OR REMOVAL
    Place: St. Michaels
    Date: Dec 29, 1935

19. UNDERTAKER
    Newman & Harrison

20. FILED
    Dec 29, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Dec. 21

22. I HEREBY CERTIFY, That I attended deceased from
    I last saw him alive on Dec 20, 1935; death is said to
    have occurred on the date stated above, at 20 m.
    The PRINCIPAL CAUSE OF DEATH and related causes of Importance
    were as follows:

    Acute Alcoholism

    Other Contributory Causes of Importance:

    Exposure

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide? Date of injury: Dec, 1935
    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

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

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

To be complete, an occupation return must state:

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

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

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

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>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Talbot
   Village or City: Frayser, outside
   No. (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. 19 ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   Female

4. COLOR OR RACE
   Col.

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

6. DATE OF BIRTH (month, day, and year)
   Jan. 13, 1875

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

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    State or county

13. NAME
    Malcolmy Ren Winston

14. BIRTHPLACE (city or town)
    State or country

15. MAIDEN NAME
    Hocene house

16. BIRTHPLACE (city or town)
    State or country

17. INFORMANT
    Address

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Date

19. UNDERTAKER
    Address

20. FILED... 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month)  Dec. 29
    (Day)  1931
    (Year)

22. I HEREBY CERTIFY that I attended deceased from Jan 13, 1930, to Dec 29, 1931,
    I last saw deceased alive on Mar. 24, 1930; death is said to have occurred on the date stated above, at 6 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Date of onset: Mar. 24, 1930
    Other Contributory Causes of importance:
    Hemorrhage

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?
    No
    If so, specify

(Signed) M. D.

(Address)

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

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

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

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>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: Talbot
- Village or City: Easton

### 2. FULL NAME
- Dorothy Wright Wood

### PERSONAL AND STATISTICAL PARTICULARS

#### 3. SEX
- Female

#### 4. COLOR OR RACE
- White

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

#### 6. DATE OF BIRTH
- Sept 14, 1903

#### 7. AGE
- Years: 32, Months: 2, Days: 26

#### 8. TRADE, OCCUPATION, OR PARTICULAR KIND OF WORK DONE
- Secretary

#### 10. DATE DECEASED LAST WORKED AT OCCUPATION MENTIONED
- Aug 1935

#### 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
- 1 yr.

#### 12. BIRTHPLACE
- city or town: Preston
- State or country: MD

#### 13. NAME OF MOTHER (or FATHER)
- Eleanor Stafford Wright

#### 15. MAIDEN NAME
- Flora Belle Allen

#### 17. INFORMANT
- Thomas M. Wood

#### 18. BURIAL, CREMATION, OR REMOVAL
- Easton, MD
  - Date: Dec. 13, 1935

#### 19. UNDERTAKER
- B. P. Brown

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH
- 12/10/1935

#### 22. I HEREBY CERTIFY, That I attended deceased from
- 8/1, 1935 to 12/10/1935

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

#### Other Contributory Causes of importance:

#### Name of operation
- Exploratory Lap.
  - Date of operation: 12/10/1935

#### What test confirmed diagnosis?
- Autopsy.

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

**Registrar:**
- [Signature]
- W. H. B. Keyser, M. D.
- Easton, MD

---

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>May 1, 1925</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**