UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<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: Carroll
Village or City: Millersville
Registration Dist. No.: 9

2. FULL NAME

(a) Residence: No. 2122 Main St., Ward. Halltown, Ross

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

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

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

June 23, 1900

7. AGE

Years: 35
Months: 7
Days: 7

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

Truck Driver

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)

1/50/36

11. Total time (years) spent in this occupation

1 yr.

12. BIRTHPLACE (city or town)

State or Country: Carroll

13. NAME

Edward Bacon

14. BIRTHPLACE (city or town)

State or Country: Carroll

15. MAIDEN NAME

Delia Darmour

16. BIRTHPLACE (city or town)

State or Country: Carroll

17. INFORMANT

Della R. Bacon

18. BURIAL, CREMATION, OR REMOVAL

Place: Pleasant Hill, Date: Feb 5, 1936

19. UNDERTAKER

Piper & Sons

20. FILED

Feb 4, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

1 - 30 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

19__ to ___, 19__

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

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

Pneumonia, Cat. G. Fever

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Date of

Was there an autopsy?

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

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

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<tr>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
</tbody>
</table>

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

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

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

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

1. **PLACE OF DEATH**
   - County: [Cecil]
   - Registration Dist. No.: 94
   - Village or City: [North East, R.D.]
   - 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**
   - Charles A. Bell
   - Residence: No. [North East, R.D.]

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - M
4. **COLOR OR RACE**
   - Colored
5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - Marriage

6. **DATE OF BIRTH**
   - (Month, day, and year): 1882

7. **AGE**
   - Years: 54
   - Months: 0
   - Days: 0
   - IF LESS than 1 day, hours, or minutes: unknown

8. **OCCUPATION**
   - Woodchopper

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - [ ].
10. **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**
    - [ ].

11. **BIRTHPLACE**
    - City or town: [ ].
    - State or country: [ ].

12. **NAME OF FATHER**
13. **NAME OF MOTHER**
14. **MAIDEN NAME**
15. **BIRTHPLACE**
    - City or town: [ ].
    - State or country: [ ].

16. **INFORMANT**
    - Address: [ ].

17. **BURIAL, CREMATION, OR REMOVAL**
    - Place: [ ].
    - Date: Jan. 8, 1936

18. **UNION**
    - Address: [ ].

19. **FILED**
    - By: [ ].
    - Date: Jan. 8, 1936

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH**
    - (Month) 1936
    - (Day) 6
    - (Year) 1936

21. **I HEREBY CERTIFY**
    - That I attended deceased from [ ], 19, to [ ], 19.
    - I last saw him alive on [ ], 19.
    - Death is said to have occurred on the date stated above, at [ ], 19.
    - The principal cause of death and related causes of importance were as follows:
      - [ ].

22. **OTHER CONTRIBUTORY CAUSES OF IMPORTANT**
    - [ ].

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.

24. **MANOR OF INJURY**
    - [ ].
    - NATURE OF INJURY:
    - [ ].

25. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - [ ].

Registrator: [ ].

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Elkton
   Registration Dist. No. 9
   No. within Corporate Limits of: St., Ward.
   Length of residence in city or town where death occurred: yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.
   Length of time in U.S. if of foreign birth: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF DEATH (month, day, and year)
   July 12, 1935

7. AGE BIRTH (months, days, years)
   Years: 60
   Months: 14
   Days
   If LESS than 1 day, hours, or minutes.

8. Trade, profession, or occupation
   Occupations:
   SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done
   Sawmill, 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)
   Maryland

13. NAME
   Joseph C. Blansfield

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

15. MAIDEN NAME
   Emily Scarboro

16. BIRTHPLACE (city or town)
   Pleasant Hill, Maryland

17. INFORMANT (Address)
    Joseph C. Blansfield

18. BURIAL, CREMATION, OR REMOVAL
    Place: Elkton
    Date: Jan. 28, 1936

19. UNDERTAKER (Address)
    P. J. Smith

20. FILED
    Jan. 28, 1936

21. DATE OF DEATH
    January 24, 1936

22. I HEREBY CERTIFY
    That I attended deceased from January 14, 1936, to January 26, 1936.
    Last saw him alive on Jan. 26, 1936; death is said to have occurred on the date stated above at 1:45 p.m.
    The principal causes of death and related causes of importance were as follows:

Medical Certificate of Death

Other Contributory Causes of importance:

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide? Date of Injury
   Where did injury occur? (Specify 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: D. H. M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

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

<table>
<thead>
<tr>
<th>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>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Feb 6, 1926</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Elkton
   Registration Dist. No. 92
   No. Union Hospital
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Anness Bond
   Residence: No. Park Road

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: B.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: WIDOWED
   HUSBAND OF: John Bond

6. DATE OF BIRTH: Jan. 23, 1870

7. AGE: 61 yrs. 6 mos. 0 days

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

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

10. Date deceased last worked at this occupation (month and year): Jan. 19, 1936

11. Total time spent in this occupation: 61 yrs. 6 mos. 0 days

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

13. NAME: No Information

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

15. MAIDEN NAME: Harriet Dagmene

16. BIRTHPLACE (city or town): No Information
   State or country: "

17. INFORMANT: Elizabeth Bailey
   (Address): 10 Arlington Rd., Baltimore, MD.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Greenwod
   Date: Jan. 31, 1936

19. UNDERTAKER: John Bailey
   (Address): 10 Arlington Rd.

20. FILED: Jan. 30, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Jan. 29, 1936

22. I HEREBY CERTIFY, the deceased, John Bond, age 61 yrs., was admitted to my hospital on Jan. 23, 1936, and died there of pneumonia on Jan. 29, 1936.

Other Contributory Causes of Importance:

Name of operation: "

23. Accident, suicide, or homicide: No.

24. Date of injury: Jan. 19, 1936

Where did injury occur? In Home

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

Manner of Injury: "

Nature of Injury: "

If so, specify:

(Signed): D. L. Coulter
   (Address): 100 East street, Baltimore, MD.

Registrar.

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<td>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: Carroll
   Village or City: N. Easton
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 223, Baltimore, MD
   (b) Occupation: Veteran of Civil War

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
   January 19, 1845

7. AGE
   Years: 90
   Months: 11
   Days: 14
   If less than 1 day, enter hrs., or. min.

8. Trade, profession, or particular kind of work done, e.g., Spinner, Sawyer, Bookkeeper, etc.

9. Industry or business in which work was done, e.g., Silk Mill, Saw Mill, Bank, etc.

10. Date deceased last worked at this occupation (month and year)
    January 19, 1936

11. Total time (years) spent in this occupation
    75

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

13. NAME
    Edward H. Brown

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

15. MAIDEN NAME
    Brown

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

17. INFORMANT
    Martin Ellis, Proctor
    1876 Broad St. Baltimore, MD

18. BURIAL, CREMATION, OR REMOVAL
    Place: Rosedale, MD
    Date: January 19, 1936

19. UNDERTAKER
    (Address)
    James Brady

20. FILED
    Jan. 17, 1936
    Registrar: Harrison Johnson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    January 14, 1936

22. I HEREBY CERTIFY that I attended deceased from Jan. 10, 1936 to Jan. 14, 1936
    I last saw him alive on Jan. 14, 1936; death is said to have occurred on the date stated above, et. 6:00 am.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

    Cerebral hemorrhage
    Date of onset: 1-10-36

    Other Contributory Causes of importance:
    Acute pernicious anemia
    Date of onset: 1-17-36

    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:
    Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? None
    If so, specify:
    (Signed) Harrison Johnson, M.D.
    (Address)

If more blanks are needed, address State Registrar, 2411 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 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:

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

Example II

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>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: Cecil
   Village or City: North East
   Registration Dist. No.: 94
   No. St., Ward:
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. North East
   (Usual place of abode)
   If nonresident give city or town and State
   If married, widowed, or divorced HUSBAND of (or) WIFE of

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   Colored

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

6. DATE OF BIRTH (month, day, and year)
   April 7, 1928

7. AGE
   Years: 7
   Months: 9
   Days: 7
   If LESS than 1 day, hrs., min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town).

13. NAME
   Ronald C. Crouch

14. BIRTHPLACE (city or town).
   Maryland

15. MAIDEN NAME
   Mary Winn

16. BIRTHPLACE (city or town).
   Maryland

17. INFORMANT
   Address

18. BURIAL, CREMATION, OR REMOVAL
   Place: North East, Md.
   Date Jan 16, 1936

19. UNDERTAKER
   Address

20. FILED:

21. DATE OF DEATH
   JAN 14, 1936

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19.
   I last saw him alive on 19.
   I certify that death occurred on the date stated above, at 11.15 P.M.
   The principal cause of death and related causes of importance were as follows:

   Date of onset

   Other Contributory Causes of Importance:

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

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

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones                                                   | May 1, 1923   |

Example II

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

Other contributory causes of importance:

| Gastroenteritis                                                 | 1 year        |

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

1. PLACE OF DEATH

County: Cecil
Registration Dist. No.: 92
No. Village or City: Elk Neck, Maryland
Union Hosp. St., Ward.
Length of residence in city or town where death occurred: 61 yrs. 4 mos. 4 ds.
How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: Elk Neck, MD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

MARRIED

5a. If married, widowed, or divorced

HUSBAND OF

Lydia Cox Crouch

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

DEPT 8, 1874

7. AGE

Years: 60
Months: 5
Days: 4

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

FARMER

9. OCCUPATION

8. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

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)

Elk Neck

13. NAME

THOMAS R. CROUCH

Maryland

14. BIRTHPLACE (CITY OR TOWN)

Elk Neck

15. MAIDEN NAME

Sarah Jane Gainor

16. BIRTHPLACE (CITY OR TOWN)

Elk Neck

17. INFORMANT

Lydia Cox Crouch

18. BURIAL, CREMATION, OR REMOVAL

Place: Elk Neck, MD
Date: Jan. 5, 1936

19. UNDERTAKER

Joseph B. Grant

20. FILED

Jan. 15, 1936

REGISTRAR

21. DATE OF DEATH

Jan. 12, 1936

22. I HEREBY CERTIFY

That I attended deceased from

Aug. 4, 1935, to Jan. 12, 1936

I last saw him alive on

Jan. 11, 1936

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

9:45 A.M.

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

Myocarditis

Other Contributory Causes of Importance:

Date of onset:

Aug. 1935

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 the disease or injury in any way related to occupation of deceased?

If so, specify

O.B. COX

Address

N. EAST, MD.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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>
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>BUREAU V. S.</strong></td>
<td><strong>1931</strong></td>
</tr>
<tr>
<td><strong>FEB 6 1929</strong></td>
<td><strong>July 5, 1927</strong></td>
</tr>
<tr>
<td><strong>1915</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>1921</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

1 year

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

1. PLACE OF DEATH
   - County: Cecil
   - Village or City: Elkton
   - Registration Dist. No.: 9

2. FULL NAME
   - Ralph J. Denney

   (a) Residence: No.

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX: Male
   - 4. COLOR OR RACE: White
   - 5. SINGLE, MARRIRED, WIDOWED, OR DIVORCED: Married
     - HUSBAND of (or) WIFE of: Edith J. Denney

   6. DATE OF BIRTH (month, day, and year): Oct. 14, 1868

   7. AGE
     - Years: 67
     - Months: 3
     - Days: 1

   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Carpenter
     - STATP RTOM CMDNISRTT

   9. INDUSTRY OR BUSINESS: No information

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

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

   12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bath, New York

   13. NAME: Scott Denney

   14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

   15. MAIDEN NAME: No information

   16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

   17. INFORMANT: Edith Denney

   18. BURIAL, CREMATION, OR REMOVAL
     - PLACE: North East County
     - DATE: Jan 18, 1936

   19. UNDERTAKER: Edith Denney

20. FILED: Jan 17, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   - Month: January
   - Day: 15
   - Year: 1936

   22. I HEREBY CERTIFY that I attended deceased from July 1974 to January 10, 1975. I last saw him alive on January 10, 1975. He died Jan. 15, 1975, at 5:30 a.m. The principal cause of death and related causes of importance were as follows:

   Carcinoma of Prostate

   Date of onset:

   Other Contributory Causes of importance:

   Name of operation:

   What test confirmed diagnosis? Clinical

   Date of death:

   Was 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)

   (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.

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

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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>FEB 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>BURBANK V. S.</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, 1928</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: Cecil
   Village or City: Elkton
   Registration Dist. No.: 92
   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. 2 mos. 7 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 7 ds.

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

   Personal and Statistical Particulars

   3. SEX: Male
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   6. If married, widowed, or divorced
      HUSBAND OF (or) WIFE OF: Florence Fowler

   7. DATE OF BIRTH (month, day, and year): Sept 11, 1861
   8. AGE: 67 Years 4 Months 12 Days
   9. OCCUPATION: Farmer
   10. Date deceased last worked at this occupation (month and year): June 1, 1936
   11. Total time (years) spent in this occupation: 35

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

   13. NAME: James Fowler
   14. BIRTHPLACE (city or town): Chestertown
      (State or country): Maryland

   15. MAIDEN NAME: Sarah Boyer
   16. BIRTHPLACE (city or town): Chestertown
      (State or country): Maryland

   17. INFORMANT (Address): Mrs. Florence Fowler Eaktown MD
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Chestertown MD
      Date: Jan 26, 1936

   19. UNDERTAKER (Address): Eaktown MD

   20. FILED: Jan 26, 1936

   21. DATE OF DEATH
      (Month) (Day) (Year): Jan 23, 1936

   22. I HEREBY CERTIFY. Thet I attended deceased from Jan 3, 1936, to Jan 23, 1936, to have occurred on the date stated above, at 10 A.M.
      I last saw him alive on Jan 3, 1936; death is said to have occurred on the date stated above, at 10 A.M.

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

   Other Contributory Causes of importance:

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

   23. If death was due to external causes (VIOLENCE) fill in also the following:
      Accident, suicide, or homicide?: Date of injury: 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) Herbert Bates 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 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>Data of onset</th>
<th>Example II</th>
<th>Data of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td>1915</td>
<td><strong>Attack of epilepsy</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td>1921</td>
<td><strong>Run over by street car</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td>July 5, 1927</td>
<td><strong>Peritonitis</strong></td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

|                                  | 1 year       |

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

1. **PLACE OF DEATH**
   - County: Cecil
   - Village or City: Chesapeake City
   - Registration Dist. No.: 91
   - Length of residence in city or town where death occurred: yrs. 2 mo. 13 ds.

2. **FULL NAME**
   - Sarah Elizabeth Hines
   - Residence: No. St., Ward.
   - If nonresident give city or town and State

**PERSONAL AND STATISTICAL PARTICULARS**

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

5a. If married, widowed, or divorced
   - Husband of (or) Wife of: Thomas Hines

6. **DATE OF BIRTH**
   - Nov 9 1873

7. **AGE**
   - Years: 62
   - Months: 2
   - Days: 13
   - If less than 1 year old: 1 day, 0 hrs. 0 min.

8. **OCCUPATION**
   - At Home

9. **DATE deceased last worked at this occupation (month and year)**
   - Date: Jan 25, 1936

10. **DATE OF DEATH**
    - January 25, 1936

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - January 25, 1936

22. **I HEREBY CERTIFY**
    - That I attended deceased from
    - Jan 5 to Jan 25, 1936
    - I last saw deceased alive on Jan 24, 1936
    - Death is said to have occurred on the date stated above at 10 a.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   - Carcinoma of Cervix
   - Other Contributory Causes of importance:
     - Chronic nephritis

23. **If death was due to external causes (VIOLANCE) fill in also the following:**
    - Accident, suicide, or homicide?
    - Date of injury: Jan 24, 1936
    - 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

   **Undertaker**
   - Address: Wesley Chapel
   - Date: Jan 25, 1936

   **Filed**
   - 12-3, 1936 B. Howard Brown
   - Registrar

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

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>
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<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
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<td>Run over by street car</td>
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<tr>
<td>1921</td>
<td>1 week ago</td>
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</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: Cecil
   Village or City: Near Eastville, Md.
   Registration Dist. No.: 90
   St. Ward.

2. FULL NAME
   (a) Residence: St., Ward.
   (Usual place of abode)
   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
      Married

   6. DATE OF BIRTH (month, day, and year)
      April 26, 1873

   7. AGE
      Years 8
      Months 14
      Days

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

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

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

   11. Total time (years) spent in this occupation

   12. BIRTHPLACE (city or town)
      Cecil Co. Ind.

   13. NAME
      James P. Bolton

   14. BIRTHPLACE (city or town)
      Cecil Co. Ind.

   15. MAIDEN NAME
      Harriett Taylor

   16. BIRTHPLACE (city or town)
      Cecil Co. Ind.

   17. INFORMANT
      John H. Hufnagel
      (Address)

   18. BURIAL, CREMATION, OR REMOVAL
      Date 1936.

   19. UNDERTAKER
      John H. Hufnagel
      (Address)

   20. FILED
      Jan. 10, 1936

   21. DATE OF DEATH
      January 9, 1936

   22. I HEREBY CERTIFY. That I attended deceased from
      Dec. 27, 1935, to Jan. 9, 1936
      Last saw him alive on Jan. 8, 1936; death is said
      to have occurred on the date stated above, at 5 P.M.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance
      were as follows:
      Cancer of the
      testicles
      Date of onset
      12.2.35

   Other Contributory Causes of importance:

   Name of operation

   Date of

   What test confirmed diagnosis?
   Was there an autopsy?

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

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

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

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: |
| Arteriosclerosis | Feb 4, 1929 | Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |

Other contributory causes of importance:

Gallstones | May 1, 1923 | Gastroenteritis | 1 year

Example II

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Cherry Hill
   Length of residence in city or town where death occurred: 16 yrs.

2. FULL NAME
   Margaret Anna Janney

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Dec 14, 1866

7. AGE
   Years: 72
   Months: 2
   Days: 21

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Maryland

13. NAME
   James T McBanley

14. BIRTHPLACE (city or town)
   Pennsylvania

15. MAIDEN NAME
   Sarah E Biddle

16. BIRTHPLACE (city or town)
   Maryland

17. INFORMANT
   Mrs. Helen James
   Address: Cherry Hill
   Date: Jan 8, 1936

18. BURIAL, CREMATION, OR REMOVAL
   Place: Cherry Hill
   Date: Jan 8, 1936

19. UNDERTAKER
   Intercontinental
   Address: Cherry Hill

20. FILED
   Jan 8, 1936

REGISTRATION DIST. NO. 92

21. DATE OF DEATH
   Month: January
   Day: 5
   Year: 1936

22. MEDICAL CERTIFICATE OF DEATH
   I HEREBY CERTIFY, That I attended deceased from December 5, 1926 to January 5, 1927.
   I last saw him alive on January 5, 1927; death is said to have occurred on the date stated above, etc.
   The principal cause of death and related causes of importance were as follows:
   Carcinoma of Stomach, Intestinal obstruction
   Date of onset:

   Other Contributory Causes of Importance:

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

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

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1937</td>
</tr>
<tr>
<td>Date of onset</td>
<td></td>
</tr>
<tr>
<td>Feb 6, 1936</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1923</td>
</tr>
<tr>
<td>Date of onset</td>
<td></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
<tr>
<td>ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN</td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Cecil
   Village or City: Elkton
   Registration Dist. No.: 92
   St., Ward:
   Length of residence in city or town where death occurred: 68 yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. 1
      Residence St., Ward.
      If nonresident give city or town and State
      (Usually place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   SINGLE

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

6. DATE OF BIRTH (month, day, and year)
   Oct 2, 1867

7. AGE
   Years: 68
   Months: 3
   Days: 25
   If LESS than 1 day, ______ hrs. or ______ min.

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

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)
    Jan 15, 1936

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

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

13. NAME
    Daniel William Johnson

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

15. MAIDEN NAME
    Olevia Walsh

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

17. INFORMANT
    Miss Elizabeth Johnson
    (Address) Elkton

18. BURIAL, CREMATION, OR REMOVAL
    Place: Elkton Cemetery
    Date: Jan 29, 1936

19. UNDERTAKER
    (Address) W. P. Bissinger

20. FILED
    Jan 28, 1936
    Register.

21. DATE OF DEATH
    January 27, 1936

22. HEREBY CERTIFY, That I attended deceased from
    November 7, 1935, to January 27, 1936; death is said
    to have occurred on the date stated above, at _________m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    [Signature]
    [Name]
    [Address]

Other Contributory Causes of Importance:

Name of operation.

Date of:

What test confirmed diagnosis?

Was there an autopsy?

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

   Accident, suicide, or homicide?

   Date of injury. 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.

   [Signature] Dr. [Name]
   M. D.

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Example I

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

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

Example II

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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County
Village or City

Cecil
Elkton

Registration Dist. No.
St.
Ward
No Union Hospital
9
St.

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

2. FULL NAME

(a) Residence: No.

Ruth Doris Johnson
St.

If nonresident give city or town and State
Ward.

(b) Place of birth

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

SINGLE

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

May 7, 1934

7. AGE

Years
1
Months
6
Days
16

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 MILK, BANK, etc.

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

11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 24, 1936

22.

I HEREBY CERTIFY, That I attended deceased from

1935 1 24

I last saw h. alive on

1936 1 24

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:

Total Pneumonia

Date of onset

1/22/36

Other Contributory Causes of Importance:

Elkhart

Date of...

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

What test confirmed diagnosis?

Was there an autopsuy?

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

If so, specify

Address

Register.

Filed

Jan. 24, 1936

Registrar.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Galstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>BUREAU V.S.</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: [Osceola]
   Village or City: St. Augustine
   Length of residence in city or town where death occurred: yrs. [ ] mos. [ ] ds.

2. FULL NAME
   Baby Koagh, Sr.
   Residence: St. Augustine

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   (month, day, and year) Jan. 24, 1930

7. AGE
   Years [ ] Months [ ] Days [ ]

8. OCCUPATION
   [ ]

9. DATE DECEASED LAST WORKED AT THIS OCCUPATION
   (month and year) [ ]

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

11. BIRTHPLACE (city or town)
    St. Augustine,

12. NAME
    Charles J. Sparks

13. MOTHER OR FATHER
    [ ]

14. BIRTHPLACE (city or town)
    West, Virginia

15. MAIDEN NAME
    Harriet Koagh

16. BIRTHPLACE (city or town)
    St. Augustine

17. INFORMANT
    Father, J.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Elton
    Date: 1/29, 1930

19. UNDERTAKER
    [ ]

20. FILED
    Jan. 29, 1930

21. DATE OF DEATH
    January 25, 1936

22. I HEREBY CERTIFY
    That I attended deceased from January 24, 1930, to January 25, 1936.

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

   Lobar Pneumonia

   Date of onset: [ ]

   Other Contributory Causes of Importance:

   Name of operation: [ ]

   Date of [ ]

   What test confirmed diagnosis? [ ]

   Date of [ ]

   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: [ ]

   (Signed) [ ]

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

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

Example II

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

Other contributory causes of importance:

Gallstones | May 1, 1923
Gastroenteritis | 1 year

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Veterans' Administration Facility, Perry Point, MD.

2. FULL NAME: LINGERFELT, Harper B. C-17 109 World War Veteran
   (a) Residence: No. Rt. #2, Bessemer City, N. C.

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

5a. If married, widowed, or divorced
   HUSBAND OF (or) WIFE OF: Mrs. Myrtle Neill Lingerfelt

6. DATE OF BIRTH (month, day, and year): July 12, 1894

7. AGE
   Years: 41
   Months: 5
   Days: 23
   If LESS than 1 day, ______ hrs.
   or ______ min.

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

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

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

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

12. BIRTHPLACE (city or town): Gaston County, N. C.

13. NAME: John F. Lingerfelt

14. BIRTHPLACE (city or town): N. C.

15. MAIDEN NAME: Barbara Hufstetter

16. BIRTHPLACE (city or town): N. C.

17. INFORMANT: Hospital Records
   (Address): Perry Point, Md.

18. DATE OF OCCUPATION OR REMOVAL
   Place: Bessemer City, N. C.
   Date: Jan. 6, 1936

19. UNDERTAKER
   (Address): J. Madison Mitchell
   Havre de Grace, Md.

20. FILED: Jan. 6, 1936
   By: Charles W. Morrison

21. DATE OF DEATH
   January 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1929, to January 4, 1936.

   I last saw him alive on January 4, 1936, death is stated to have occurred on the date stated above, at 12:45 P.M.

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

   Mastoiditis, left, acute, suppurative (streptococcus) operated

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 whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   No injury

   Manner of injury
   Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   (Address): C. F. DAVIS, Clinical Director.
   Perry Point, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

Other contributory causes of importance:

Gallstones | May 1, 1925

Example II

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

Other contributory causes of importance:

Gastroenteritis | 1 year

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

7. AGE
   Years
   Months
   Days

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

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

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
    (STATE OR COUNTRY)

13. NAME
    John J. Machtlin

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

15. MAIDEN NAME
    unknown

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

17. INFORMANT
    (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
    (ADDRESS)

19. UNOBTAINED
    (ADDRESS)

20. FILED
    (ADDRESS)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Jan. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Jan. 29, 1936, to Jan. 30, 1936

23. ACCIDENT, SUICIDE, OR HOMICIDE?
    (Specify city or town, county and state)

24. DISEASE OR INJURY RELATED TO OCCUPATION OF DECEASED?
    (If so, specify)

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

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

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Example I

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

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

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

| Gastroenteritis | Date of onset | 1 year |

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

## 1. PLACE OF DEATH
- **County**: Cecil
- **Village or City**: Perryville
- **Registration Dist. No.**: 96
- **St. Ward**: Ward

## 2. FULL NAME
- **Katherine Whiteley Magraw**

### PERSONAL AND STATISTICAL PARTICULARS

#### 3. SEX
- **Female**

#### 4. COLOR OR RACE
- **White**

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

#### 6. DATE OF BIRTH
- **Aug 6, 1876**

#### 7. AGE
- **89 yrs. 5 mos. 7 days**

#### 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.
- **None**

#### 10. Date deceased last worked at this occupation (month and year)
- **Jan 13, 1936**

## 21. DATE OF DEATH
- **January 13, 1936**

## 22. I HEREBY CERTIFY
- **That I attended deceased from**
- **Jan 6, 1936, to Jan 13, 1936; death is said to have occurred on the date stated above, at 5:40 A.M.**

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

- **Lobar Pneumonia**

### Other Contributory Causes of importance:

#### 13. NAME
- **John Magraw**

#### 14. BIRTHPLACE (city or town)
- **Perryville, Md**

#### 15. MAIDEN NAME
- **Mary Glenn's Footler**

#### 16. BIRTHPLACE (city or town)
- **Perryville, Md**

#### 17. INFORMANT
- **J. F. Magraw**

#### 18. BURIAL, CREMATION, OR REMOVAL
- **Buried in Cemetery**
- **Jan 16, 1936**

#### 19. UNDERTAKER
- **J. F. Magraw**

#### 20. FILED
- **Jan 17, 1936**

*Registrar.*

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>FEB 4 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephratitis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>1 week ago</td>
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<td>Cerebral hemorrhage</td>
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<tr>
<td>1915</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1925</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: Cecil
   - Village or City: North East (Elk Neck)

2. **FULL NAME**
   - Emma J. McDowell
   - Residence: No. 3

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Female
   - Color or Race: White
   - Widowed
   - Date of Death: January 19, 1936
   - Date of Birth: Sept. 24, 1851
   - Age: 84 Years, 3 Months, 24 Days
   - Husband or Wife of: John S. McDowell
   - Occupation: Housewife
   - Birthplace: Georgetown, Maryland

4. **MEDICAL CERTIFICATE OF DEATH**
   - Date of Deceased: Jan. 12, 1936
   - Last Saw: Jan. 12, 1936
   - Date of Death: Jan. 19, 1936
   - Principal Cause of Death: Cancer of Pelvis
   - Contributory Causes of Importance: None

5. **Other Contributory Causes of Importance**
   - Name of Operation: None
   - Date of Operation: None
   - Was there an autopsy?: Yes

6. **Occupation Related to Death**
   - Industry or Business: None
   - Occupation: None

7. **INFORMATION**
   - Informant: Arthur McDowell
   - Address: Elkton, Md.
   - Undertaker: Joseph F. Collins
   - Address: Elkton, Md.
   - Filed: Feb. 20, 1936
   - Registrar: Mr. M. O. Morrison, M.D.
STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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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 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

### Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County... Licking County
Village or City... Chillicothe, Ohio

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

2. FULL NAME

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

3. SEX

Female

4. COLOR OR RACE

White

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

Married

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

January 17, 1936

7. AGE BIRTH (month, day, and year)

January 17, 1936

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

None

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

None

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

None

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town)

Union Hospital, Ohio

13. MAIDEN NAME

Mary Elizabeth Pierce

14. BIRTHPLACE (city or town)

Maryland, Maryland

15. MOTHER'S NAME

Mary R. Quinlan

16. BIRTHPLACE (city or town)

Maryland, Maryland

17. INFORMANT (Name and Address)

Mary R. Quinlan, 512 E. Main St., Chillicothe, Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place... Sharp Street Cemetery... Jan. 18, 1936

19. UNDERTAKER

E. W. Morgan

20. FILED

Jan. 18, 1936

REGISTRATION DISTRICT No. 1

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 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><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Near Denim
   No. St., Ward.
   Length of residence in city or town where death occurred: 19 yrs.

2. FULL NAME: Herman Jozef Iskilew
   (a) Residence: No.
   Gender: Male
   Color or Race: White
   Single

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

   6. DATE OF BIRTH (month, day, and year): April 21, 1884
   7. AGE: 54 yrs. 8 mos. 17 days
   8. Trade, profession, or particular kind of work, as SPINNER, SAWYER, BOOKKEEPER, etc.
      Farmer
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month and year): Jan. 1936
   11. Total time spent in this occupation (years and months): 30 yrs.
   12. BIRTHPLACE: Minnesota
   13. NAME: Frederick John Skiller
   14.OfBirth Place: Germany
   15. MAIDEN NAME: Mary Igelstron
   16. Birth Place: Germany
   17. INFORMANT: Gilliam Miller
   Address: Elbars Park
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Denim Longing, Date: Jan. 10, 1936
   19. UNDERTAKER: Florence E. Abberly
      Address: Elbars Park
   20. FILED: Jan. 9, 1936
      Registrar.

21. DATE OF DEATH
   Jan. 7, 1936

22. I HEREBY CERTIFY, that I attended deceased from Jan. 5, 1936, to Jan. 7, 1936, death is said to have occurred on the date stated above, at 10:00 a.m.

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

   Other Contributory Causes of importance:

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: Date of injury: 19
   Where did injury occur?
   Specify 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

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Other contributory causes of importance:

| Gallstones | May 1, 1925 |

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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: Cecil
   Village or City: Near Taneytown
   Length of residence in city or town where death occurred: 19 yrs.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: WIDOWED
   (If married, widowed, or divorced, give name of spouse, and date of death)
   HUSBAND: Frederick John Willis

6. DATE OF BIRTH (month, day, and year): Oct. 16, 1869
7. AGE: Years: 73, Months: 2, Days: 16
   If less than 1 day, hours or minutes

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

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

12. BIRTHPLACE (city or town): Germany
   (Stat or country)

13. NAME: John Jakob
14. BIRTHPLACE (city or town): Germany
   (State or country)

15. MAIDEN NAME: Augusta Marie Schult
16. BIRTHPLACE (city or town): Germany
   (State or country)

17. INFORMANT (Address): Miss William Willis
18. BURIAL, CREMATION, OR REMOVAL
   Place: William C. Knapp
   Date: Jan. 14, 1936

19. UNDERTAKER: John J. Henry

20. FILED: Jan. 13, 1936

21. DATE OF DEATH: Jan 11, 1936

22. I HEREBY CERTIFY. That I attended deceased from Jan 7, 1936 to Jan 11, 1936
   I last saw him alive on Jan 7, 1936, to Jan 11, 1936: death is said to have occurred on the date stated above, at 1130 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Chronic industrial nephritis
   Chronic myocarditis

MEDICAL CERTIFICATE OF DEATH

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

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

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**Example I**

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

**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

**Example II**

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

**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Cecil
Village or City: Veterans Administration Facility, Perry Point, Md.

Length of residence in city or town: 11 yrs. 11 mos. 4 days

2. FULL NAME: MITCHELL, James T.
(a) Residence: No. 605 Hopkins Apt. 31st & St. Paul St.

3. SEX: Male

4. COLOR OR RACE: White

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

6. DATE OF BIRTH: Sept. 9, 1848

7. AGE: 87 yrs.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Letter Carrier

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Silk Mill

10. DATE DECEASED LAST WORKED: Unknown

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

12. BIRTHPLACE: Baltimore, Md.

13. NAME: Unknown

14. BIRTHPLACE: Baltimore, Md.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE: Baltimore, Md.

17. INFORMANT: Hospital Records

18. BURIAL OR CREMATION: None

19. UNDERTAKER: Wm. J. Ticknor & Son

20. FILED: Jan. 7, 1936

21. DATE OF DEATH: January 6

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 2, 1935 to January 6, 1936

I last saw him alive on January 6, 1936, at 3:50 P.M.,

The principal cause of death was:

Broncho-pneumonia

23. ACCIDENT, SUICIDE, OR HOMICIDE: No

24. MANNER OF INJURY: Patient fell

25. NATURE OF INJURY: Fracture right femur

26. WITNESS: C. F. Davis

If more blanks are needed, address State Registrar, 2401 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<th>Date of Onset</th>
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<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones                              | May 1, 1923   |

**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:

- Gastroperitis                           | 1 year
## State of Maryland - Certificate of Death

### 1. Place of Death
- County: Cecil
- Village or City: New Cherry Hill
- Registration Dist. No.: 92
- St., Ward: 
- Length of residence in city or town where death occurred: 40 yrs.

### 2. Full Name
- Personal and Statistical Particulars:
  - (a) Residence: No.  
  - (Usual place of abode) St., Ward.

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. Sex</th>
<th>4. Color or Race</th>
<th>5. Single, Married, Widowed, or Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
<td>Married</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6a. If married, widowed, or divorced HUSBAND of (or) WIFE of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas L. Moffitt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Date of Birth (month, day, and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 23, 1898</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Age</th>
<th>8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>73 yrs. 6 mos. 27 days</td>
<td>Homemaker</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Date deceased last worked at this occupation (month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Total time (years) spent in this occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. Birthplace (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Name</th>
<th>14. Birthplace (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Neal</td>
<td>Petersburg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Maiden name</th>
<th>16. Birthplace (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sophia E. Bordland</td>
<td>Maryland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. Informant (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas L. Moffitt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Burial, Cremation, or Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place: Cherry Hill Cemetery Date: Jan. 21, 1936</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. Undertaker (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>George E. Fickelman</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. Filed (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 21, 1936</td>
</tr>
</tbody>
</table>

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. Date of Deceased (Month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>23. Accident, suicide, or homicide? Date of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Injury: 1936</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24. Disease or injury in any way related to occupation of deceased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If so, specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25. Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 1936</td>
</tr>
</tbody>
</table>

### Other Contributory Causes of importance:

<table>
<thead>
<tr>
<th>27. Name of operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical advice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>28. Date of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 21, 1936</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>29. Manner of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of injury</td>
</tr>
</tbody>
</table>

### Date of Investigation

<table>
<thead>
<tr>
<th>30. Name of Medical Examiner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilford H. Speicher M.D.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>31. Address (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore, Md.</td>
</tr>
</tbody>
</table>

If more blanks are needed, address State Registrar, 2441 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, askenia, 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>June 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Feb 6, 1936</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1928 |

Example II

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

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Union Hospital, Elkton, Ind.
   Registration Dist. No.: 92
   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
   (a) Residence: No. Ocilla, Ind.
   If nonresident give city or town and State
   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

5a. If single, give spouse's name: Mary E. Pearson

6. DATE OF BIRTH (month, day, and year)
   January 4, 1936

7. AGE
   Years: 79
   Months: 0
   Days: 0
   Date of last birthday: January 4, 1936

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

32. MARRIED

11. Total time (years) spent in this occupation

12. OCCUPATION
   Retired

12. BIRTHPLACE (city or town)
   Cecil Co. Ind.

13. NAME
   Thomas Pearson

14. BIRTHPLACE (city or town)
   Cecil Co. Ind.

15. MAIDEN NAME
   Augusta Margarett

16. BIRTHPLACE (city or town)
   Cecil Co. Ind.

17. INFORMANT
   Robert Pearson

18. BURIAL, CREMATION, OR REMOVAL
   Place: Cecil
   Date: Jan. 4, 1936

19. UNDERTAKER
   Robert Pearson

20. FILED
   Jan. 6, 1936

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance: S.</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: Cecil
   Village or City: near Cecilville
   Registration Dist. No.: 90
   (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: 6 yrs.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   4. COLOR OR RACE
   White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed
   5a. If married, widowed, or divorced
   HUSBAND of (or) WIFE of
   Anna Price

6. DATE OF BIRTH (month, day, and year)
   Aug. 19, 1882

7. AGE
   Years: 80
   Months: 4
   Days: 1
   If LESS than 1 day...hrs., or...min.

8. Trade, profession, or particular kind of work done, e.g., SPINNER, SAWYER, BOOKKEEPER, etc.
   Carpenter

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

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

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

12. BIRTHPLACE (city or town)
    Cecil Co., Md.

13. NAME
    Egbert J. Price

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

15. MAIDEN NAME
    (State or country)

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

17. INFORMANT
    John Price
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place:

19. UNDERTAKER
    John G. O'Keefe
    (Address)

20. FILED
    Jan. 4, 1936

21. DATE OF DEATH
    Jan. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Dec. 28, 1935, to Jan. 1, 1936, and to have occurred on the date stated above, at 11:30 A.M.

23. THE PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    (Signature)

24. Other Contributory Causes of Importance:

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

26. 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

27. Manner of injury
    Nature of injury

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

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

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

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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>Feb 4, 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County. Cecil
Village or City Elkton
No. 320 W Main St
Registration Dist. No. 92
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 Sarah Anne Richardson
(a) Residence: No. 320 W Main St
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
Se. If married, widowed, or divorced HUSBAND or (or) WIFE of
W john Richardson
6. DATE OF BIRTH month, day, year Oct 2, 1855
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
80 3 15
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Tennwife
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)
Jan. 17, 1856
11. Total time (years) spent in this occupation 6.0

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

13. NAME Joseph Richardson
14. BIRTHPLACE (city or town) Elkton
(State or country)
15. MAIDEN NAME Annie Reed
16. BIRTHPLACE (city or town) Elkton
(State or country)
17. INFORMANT Clifford Richardson
(Relative whom you know)
18. BURIAL, CREMATION, OR REMOVAL Place West Bolton, Md
Date Jan. 21, 1856
19. UNDERTAKER J. E. Tierney
(Address)
20. FILED Jan. 17, 1856

21. DATE OF DEATH

January 17
(Month)
1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1936, to January 17, 1936, and he was last seen alive on Jan. 17, 1936; death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were, as follows:

Other Contributory Causes of Importance:

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

Accident, suicide, or homicide?
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

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

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

| The principal cause of death and related causes of importance were as follows: |
| Date of onset |
| Arteriosclerosis | RECEIVED 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | FEB 6 1930 |
| MURPHY V.S. | July 5, 1927 |

Other contributory causes of importance:
Gallstones | May 1, 1933 |

Example II

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

Other contributory causes of importance:
Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County ____________________________
   Village or City _______________________
   Registration Dist. No. ________________
   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 7 yrs. 8 mos. ds.
   How long in U. S. if of foreign birth? yrs. __________ mos. __________ ds.

2. FULL NAME
   Susan Maria Robbins
   If U. S. Veteran, specify WAR __________________________
   (a) Residence: No. 50 Castle St., Ward __________ Ward ____________
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1847

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.
   Weaver

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

10. Date deceased last worked at this occupation (month and year)
    May 19, 1928

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

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

13. NAME
    Eliah
    Address

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

15. MAIDEN NAME
    Susan Brezett Martha

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

17. INFORMANT
    Frederick Robbins
    Address

18. BURIAL, CREMATION, OR REMOVAL
    Place Boston, Mass.
    Date Jan. 12, 1936

19. UNDERTAKER
    J. G. Flett, Inc.
    Address

20. FILED 1/14, 1936

21. DATE OF DEATH
    Jan. 12, 1936
    (Month) ____________ (Day) ____________ (Year) __________

22. I HEREBY CERTIFY, That I attended deceased from
    June 8, 1916, to Jan. 12, 1936
    I last saw h. ______ alive on __________ 1936; death is said
    to have occurred on the date stated above, at __________ m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:

23. Other Contributory Causes of Importance:

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

25. Signature
    Date

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

Example II

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

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Rising Sun R.D.
   Length of residence in city or town where death occurred: yrs. 7 mos. 2 ds.

2. FULL NAME: JOAN E. ROBINSON
   Residence: No. 1, Outside Rising Sun

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

6. DATE OF BIRTH (month, day, and year): 9-27-35
7. AGE: 4 yrs.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

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

13. NAME: JOAN E. ROBINSON
   (State or country):

15. MAIDEN NAME: CLAUDIA BOTTLE
16. BIRTHPLACE (city or town): RISING SUN, MD.
   (State or country):

17. INFORMANT (Address): Stanley Jeffers

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Zion
   Date: 1-31-36

19. UNDERTAKER (Address): Ralph M. Reed

20. Certification: Date: 1-17-36

21. DATE OF DEATH: 1-29-36

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19.
   I last saw him alive on 12-30-35; death is said to have occurred on the date stated above, at 7:30 A.M.
   The principal cause of death and related causes of importance were as follows:
   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   Name of operation: Date of:
   What test confirmed diagnosis? Was there an autopsy?

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

If more space is needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
STATEMENT OF OCCUPATION

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

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:

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

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

| Other contributory causes of importance: |
| Gallstones  |
| Date of onset: May 1, 1933 |

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

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Pleasant Hill, Md.

2. FULL NAME
   (a) Residence: No.

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)
   November 1914

7. AGE
   Years: 21
   Months: 1
   Days: 23

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Pleasant Hill, Maryland

13. NAME
   Walter B. Scarborough

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

15. MAIDEN NAME
   Bertha Moore

16. BIRTHPLACE (city or town)
   Cherry Hill, Maryland

17. INFORMANT
   Mr. Walter Scarborough
   (Address)

18. BURIAL, Cremation, OR REMOVAL
   Place: Pleasant Hill, Md.
   Date: Jan. 15, 1936

19. UNDERTAKER
   Joseph H. Grant
   (Address)

20. FILED
   Jan. 15, 1936
   E. S. Brink
   (Address)

21. DATE OF DEATH
   Jan. 17, 1936
   1936

22. I HEREBY CERTIFY, That I attended deceased from
    Nov. 19, 1935, to Jan. 15, 1936; death is said
    to have occurred on the date stated above, at 5:10 p.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Diabetes Mellitus

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide? Yes
    Date of Injury: Jan. 1936
    Where did injury occur?
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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

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

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

To be complete, an occupation return must state:

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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:

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<td>Peritonitis</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... Cecil
Village or City... Ray Appleton
No....
Registration Dist. No. 9793
St....
Ward...

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

2. FULL NAME... Martha Elizabeth Scott

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX... Female

4. COLOR OR RACE... White

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

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

6. DATE OF BIRTH... Feb 8, 1847

7. AGE... Years 10, Months 2, Days 25, If LESS than 1 day... hrs., or min...

8. Trade, profession, or particular kind of work done... Spinster, Bookkeeper, etc.

9. Industry or business in which work was done... Silk Mill, Saw Mill, Bank, etc.

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

11. Total time (years) spent in this occupation

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

(State or country)

13. NAME... George Scott

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

(State or country)

15. MAIDEN NAME... Hanna Allon

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

(State or country)

17. INFORMANT... Mrs. Hanna Scott

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place... Head of Christmas
date... January 7, 1926

19. Undertaker... Thomas E. Alexander

(Address)

20. FILED... Jan 4, 1926

Registrar...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH... 1-3-1926

(Month) (Day) (Year)

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

12-30-1935 to 1-3-1936...
I last saw her... alive on...

12-26-1935; death is said to have occurred on the date stated above, at...

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

Date of onset...

Other Contributory Causes of importance:

Date of...

Name of operation...

Was there an autopsy?

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

Date of injury...

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

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

If so, specify...

Address...

(Signed)...

M.D....

If more blanks are needed, address State Registrar, 2414 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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<tr>
<td>Arteriosclerosis [RECEIVED]</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis [FEB 6, 1920]</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage [JULY 5, 1927]</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones [MAY 1, 1928]</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:
Village or City:
No. St., Ward:
Length of residence in city or town where death occurred: yrs. mos. ds.
How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME

(a) Residence:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male
4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

SALE

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

7. AGE

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

Registration Dist. No.
If U.S. Veteran specify WAR.

M.D.

If nonresident give city or town and State

PERIOD OF DISABILITY

21. DATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from

11/17/35, to

12/20/35.

I last saw him alive on

12/20/35.

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

6 p.m.

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


Other Contributory Causes of Importance:

Name of operation...

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (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

(Signed) M.D.

If more blank lines needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting C. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<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: Cecil
   Village or City: Elkton
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. Sassafras, Kent C., Md.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year)
   May 10, 1861

7. AGE
   65 yrs. 3 mos. 25 Days

8. OCCUPATION
   Labor

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)
   Md.

13. NAME
   John Thompson

14. BIRTHPLACE (city or town)
   Md.

15. MAIDEN NAME
   Staten Rosemary

16. BIRTHPLACE (city or town)
   Md.

17. INFORMANT
   Mary Ruggles
   (Address) Sassafras, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Sassafras
   Date: Jan 5, 1936

19. UNDERTAKER
   Sarah Moore
   (Address) Middle Town, Md.

20. FILED
   Jan 5, 1936

REGISTRATION DIST. No. 9

21. DATE OF DEATH
   Jan 5, 1936

I HEREBY CERTIFY, That I attended deceased from Jan 9, 1936, to Jan 14, 1936, I last saw him alive on Jan 14, 1936, death is said to have occurred on the date stated above, at 3:30 a.m.

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

Tuberculosis

Other Contributory Causes of importance:

No information

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy?

If so, specify

(Signed) A. P. Thompson

M. D.

ADDRESS Elkton, 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.

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<table>
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<tr>
<th>Example I</th>
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</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</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 | Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: CECIL
Village or City: CELTIL
Registration Dist. No.: 9

2. FULL NAME
(a) Residence: No. 123 Main St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male

4. COLOR OR RACE

5a. If married, widowed, or divorced:
HUSBAND of
or WIFE of
No information

5b. If single, married, widowed, or divorced:

6. DATE OF BIRTH (month, day, and year)
May 2, 1871

7. AGE
63

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

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

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
State or country

13. NAME
William Thompson

14. BIRTHPLACE (city or town)
State or country

15. MAIDEN NAME
Julia Cameron

16. BIRTHPLACE (city or town)
State or country

17. INFORMANT
Hospital Record

18. BURIAL, CREMATION, OR REMOVAL
Place:
Date: Jan. 15, 1936

19. UNDERTAKER
No. 123 Main St., Ward.

20. FILED
Jan. 14, 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
Month: Jan.
Day: 11
Year: 1936

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him/

I have had no opportunity to examine him on the date stated above, and am unable to state

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date 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

(Signed)

M. D.

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

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

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

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

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

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

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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Cecil
Village or City: Veterans' Administration Facility
No. Perry Point, St. Ward
Length of residence in city or town where death occurred: 7 yrs. 7 mos. 18 ds.

2. FULL NAME: VENEASKY, Joseph C. I 365. 3155

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

6. DATE OF BIRTH (month, day, and year): Sept. 5, 1899
7. AGE: 36 yrs. 4 mos. 26 days

8. TRADE, PROFESSION, OR BUSINESS IN WHICH WORK WAS DONE: Miner

9. OCCUPATION: Drove a motor in mine.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: May 1923
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: Unknown


13. NAME: William Veneasky
14. BIRTHPLACE (city or town): Germany
15. MAIDEN NAME: Marie (last name unknown)
16. BIRTHPLACE (city or town): Germany

17. INFORMANT: Hospital Records
18. BIRTH CERTIFICATE: Perry Point, Md.
19. UNDERTAKER: R. Madison Mitchell

20. FILED: July 31, 1936

If more blanks are needed, address State Registrar, 247's N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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**Example I**

<table>
<thead>
<tr>
<th>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>Feb 4, 1930</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance: Gallstones May 1, 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: ___
   Village or City: Reisterstown, Maryland
   Registration Dist. No.: 9
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

3. SEX
   Male [ ]
   Female [ ]

4. COLOR OR RACE
   Black [ ]
   White [ ]

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

6. DATE OF BIRTH (month, day, and year)
   January 8, 1936

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

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

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

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

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

12. BIRTHPLACE (city or town)
    Reisterstown, Maryland

13. NAME
    Curtis Calvin Ford

14. BIRTHPLACE (city or town)
    Reisterstown, Maryland

15. MAIDEN NAME
    Norvelle Waring Warrington

16. BIRTHPLACE (city or town)
    Reisterstown, Maryland

17. INFORMANT
    Norvelle Warrington

18. BURIAL, CREMATION, OR REMOVAL
    Place: Reisterstown
    Date: Jan. 9, 1936

19. UNDERTAKER
    [ ]

20. FILED
    Jan. 9, 1936

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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The principal cause of death and related causes of importance were as follows:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
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</tr>
<tr>
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</tr>
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Other contributory causes of importance:

- Gallstones
  
Example II

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Other contributory causes of importance:

- Gastroenteritis
  
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Cecil
Village or City: Elkton

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
White

5. SINGLE, MARRIED, Widowed, or Divorced
Married

5a. If married, widowed, or divorced
Husband of (or) Wife of C. Wilburn Witworth

6. DATE OF BIRTH (Month, day, and year)
Dec 16, 1860

7. AGE
Years: 75
Months: 16
Days: 0

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

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)
Elkton, MD

13. NAME
Alma E. Peterson

14. BIRTHPLACE (City or town)
Elkton, MD

15. MAIDEN NAME
Matilda Wilburn

16. BIRTHPLACE (City or town)
Elkton, MD

17. INFORMANT
Mrs. Helen Witworth

18. BURIAL, CREMATION, OR REMOVAL
Place: Elkton Cemetery
Date: Jan 4, 1936

19. UNDERTAKER
M. W. Kirkman

20. FILED
Jan 4, 1936

REGISTRATION DIST. NO. 92

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

Date of death: Jan 1, 1936

Lobar Pneumonia:

Other Contributory Causes of importance:

Name of operation:

What was the confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?
Date of injury:
Where did injury occur?
Specify whether injury occurred in Industry, in Home, or in Public Place.

Manner of injury:

Nature of injury:

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

If so, specify

(Signed)

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<td>1915</td>
</tr>
<tr>
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<td>JAN 6, 1926</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones | May 1, 1928 |

Example II

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Other contributory causes of importance:

- Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN