**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Aberdeen

2. **FULL NAME**
   - Mr. James D. Atkins

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF DEATH**
   - April 15, 1936

7. **AGE**
   - Years: 53
   - Months: 11
   - Days: 11

8. **DATE OF BIRTH**
   - April 5, 1883

9. **OCCUPATION**
   - Fireman

10. **DATE DIED**
    - March 2, 1936, to April 15, 1936

11. **PLACE OF DEATH**
    - Woodbridge, Md.

12. **BIRTHPLACE**
    - Rand, Va.

13. **NAME**

14. **BIRTHPLACE**
    - (State or country)

15. **MAIDEN NAME**

16. **BIRTHPLACE**
    - (State or country)

17. **INFORMANT**
    - Henry Atkins, St.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Woodridge, Md.

19. **UNONTAKER**
    - Michael Atkins

20. **FILED**
    - March 19, 1936

21. **DATE OF DEATH**
    - May 15, 1936

22. **I HEREBY CERTIFY**
    - That I attended deceased from...
    - Date of onset: May 2, 1936
    - To: May 15, 1936

23. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - Cause of death: Pneumonia
    - Date: April 15, 1936

24. **MANNER OF DEATH**
    - Suicide

25. **NATURE OF INJURY**
    - Self-inflicted

26. **SIGNATURE**
    - Charles J. Scott, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

Other contributory causes of importance:
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: Harford
   Village or City: Magnolia
   Registration Dist. No.: 188
   No. St., Ward: 927
   Length of residence in city or town where death occurred: 10 yrs. mos. ds.

2. FULL NAME
   Mary Jane Amos
   Residence: No. (Usual place of abode)
   St., Ward: X

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-M (or) WIFE of
   John Amos

6. DATE OF BIRTH
   Month: September
   Year: 1881

7. AGE
   Years: 55
   Months: 6
   Days: 4
   If LESS than 1 day, hrs. or. min.

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 SAW MILL, SAW MILL, BANK, etc.

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

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

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

13. NAME
    Thomas J. Amos

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

15. MAIDEN NAME
    Margaret Burton

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

17. INFIRMARY
    Mrs. Hope Bellamy
    Address: Magnolia

18. BURIAL, CREMATION, OR REMOVAL
    Place: Abingdon
    Date: Mar. 11, 1936

19. UNDERTAKER
    H. F. McComas
    Address: Abingdon, Md.

20. FILED
    March 8, 1936
    Emily M. Shipley
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Month: March
   Day: 1
   Year: 1936

22. I HEREBY CERTIFY
   That I attended deceased from
   Feb. 3, 1936, to March 1, 1936
   Death occurred on
   Mar. 1, 1936
   The principal cause of death and related causes of importance
   are as follows:
   Struck by a sled
   Sub-dural hemorrhage
   Date of onset: Jan. 21, 1936

Other Contributory Causes of Importance:
   Asthma, Pneumonia

Name of operation

What test confirmed diagnosis

Date of
Wanted on

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: Jan. 11, 1936
   Where did injury occur
   Magnolia
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
   Horse sledding in snow
   Manner of injury: snow
   Nature of injury: 11, 1936

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

(Signed): Fred O. Hodges

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

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>APR 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:

- Gallstones | May 1, 1923

Example II

<table>
<thead>
<tr>
<th>Date of Onset</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: Harford
   Village or City: Towson
   No. Hospital: 20
   Registration Dist. No.: 185
   Length of residence in city or town where death occurred: yrs. mos. days
   How long in U.S. if of foreign birth? yrs. mos. days

2. FULL NAME: John Billian
   (a) Residence: No. 2704 Bowman Ave.
   (b) Ward: Baltimore City
   If U.S. veteran specify WAR: 
   If nonresident give city or town and State:

   PERSONAL AND STATISTICAL PARTICULARS

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

   Sa. If married, widowed, or divorced
   HUSBAND or WIFE OF:
   Phineas Billian

   6. DATE OF BIRTH (month, day, year): July 17, 1886
   7. AGE: 50 yrs. 7 mos. 20 days

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

   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): Baltimore, Maryland

   13. NAME: Maurice J. Billian
   14. BIRTHPLACE (city or town), (State or country): Sweden
   15. MAIDEN NAME: Dora Cape (Smith)
   16. BIRTHPLACE (city or town), (State or country): England

   17. INFORMANT: John Billian
   (Address): P.O. 181

   18. BURIAL, CREMATION, OR REMOVAL
   Place: St. Ignatius
   Date: March 20, 1936

   19. UNDERTAKER: Dean & Foster
   (Address): Baltimore

   20. FILED: March 18, 1936
   Registrar:

   21. DATE OF DEATH
   (Month): March
   (Day): 8
   (Year): 1936

   22. I HEREBY CERTIFY, That I attended deceased from March 8 to March 19, 1936.
   I last saw him... alive on March 8, 1936.
   Death is said to have occurred on the date stated above, at 2:15 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Date of onset:

   Cause: Pulmonary Emphysema
   Other Contributory Causes of Importance:
   Partial Cystic Changes in the Lungs

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

   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of Injury: March 19, 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:
   (Address):
   (Signed): M. D.

   If more blanks are needed, address State Registrar, 2413 N. Charles Street, Baltimore, Requesting U. S. Dept.
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

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Whitford

2. **FULL NAME**
   - Wm. W. Catron

(a) Residence: No.

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - July 8, 1860

7. **AGE**
   - 75 Years

8. **OCCUPATION**
   - Farmer

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - March 1936

10. **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**
    - 1936

11. **DATE OF DEATH**
    - March 18, 1936

12. **BIRTHPLACE**
    - (State or country)

13. **NAME OF MOTHER**
    - Jacob Catron

14. **BIRTHPLACE**
    - (State or county)

15. **MAIDEN NAME**
    - Mary Hubbard

16. **BIRTHPLACE**
    - (State or country)

17. **INFIRMARY**
    - Whitford, Md.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: High Point; Date: March 21, 1936

19. **UNDEARTAKER**
    - H. S. Bailey

20. **FILED**
    - March 2, 1936

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - March 18, 1936

22. **I HEREBY CERTIFY**
    - That I attended deceased from
    - Date of onset, March 1936

23. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - Date of:
    - Name of operation:
    - What test confirmed diagnosis?

24. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - Signed:
    - (Address) Cardiff, Md.

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

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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>
</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>
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<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
PLACE OF DEATH
County: Harford
Village or City: Bel Air (No.)

FULL NAME: Infant Cheek

PERSONAL AND STATISTICAL PARTICULARS
SEX: M
COLOR OR RACE: WH
SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Write the word) Infant
DATE OF BIRTH: Mar 14, 1936
AGE: Five hours

OCCUPATION
Trade, profession or particular kind of work:
General nature of industry, business, or establishment in which employed or (employer):

BIRTHPLACE
(State or country):

NAME OF FATHER
May 00, 1930

BIRTHPLACE OF FATHER
(State or country): N.C.

MAIDEN NAME OF MOTHER
Ruth Louise

BIRTHPLACE OF MOTHER
(State or country): Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant: Emmett
(Address):

UNION DEPARTMENT

PLACE OF BURIAL OR REMOVAL
Ementon

DATE OF BURIAL: Mar 15, 1936

STATEMENT OF DEATH
Registration Dist. No.: 182
St: Ward

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH: Mar 14, 1936

I HEREBY CERTIFY, That I attended the deceased from Mar 14, 1936, to Mar 14, 1936, that I last saw him alive on Mar 14, 1936, and that death occurred on the date stated above, at 11 p.m.
The CAUSE OF DEATH was as follows:
Congenital Heart Disease

Contributory
Secondary

(Signed): Willard B. Huddleston, M.D.
(Address): W. Huddleston

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death: yrs. mos. ds. In the State: yrs. mos. ds.
Where disease contracted, if not at place of death:

PLACES OF BURIAL OR REMOVAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION—Please state occupation of deceased.

Health Association (Revised by U.S. Census and American Public)

(3)

United States Standard
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: N. Ocean City
   Registration Dist. No.: 181
   Length of residence in city or town where death occurred: 75 yrs., 9 mos., 6 ds.

2. FULL NAME
   (a) Residence: Phila. Road, South St.
   Personal and Statistical particulars
   SEX: Female
   COLOR OR RACE: White
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed
   DATE OF BIRTH (month, day, and year): June 16, 1860
   AGE: 75 yrs., 9 mos., 6 ds.
   Trade, profession, or particular kind of work done: At home
   Industry or business in which work was done: None
   Date deceased last worked at this occupation: May 16, 1916
   Total time (years) spent in this occupation: 6 yrs.

3. OCCUPATION

4. BIRTHPLACE (city or town)
   Hartford, Conn.
   State or country: Connecticut

5. NAME
   John W. Whitcomb

6. BIRTHPLACE (city or town)
   Baltimore, Md.
   State or country: Maryland

7. MAIDEN NAME
   Henrietta Jones

8. INFORMANT
   Mrs. Catherine Morris, Atlantic City, N.J.

9. BURIAL, CREMATION, OR REMOVAL
   Place: Calvary M. C. Cemetery
   Date: March 19, 1921

10. UNDERTAKER
    Henry, Lanning, Sons
    Address: 1918 36th St., N.W.
    Filled: March 19, 1921

11. MEDICAL CERTIFICATE OF DEATH
    DATE OF DEATH: March 16, 1916
    I last saw him alive on March 15, 1916.
    Death is said to have occurred on the date stated above, at 10 o'clock, a.m.
    The principal cause of death and related causes of importance were as follows:
    Chronic Tuberculosis of the Lung.
    Other Contributory Causes of Importance:

12. MOTHER's NAME
    Catherine Morris

13. FATHER's NAME
    John Whitcomb

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

15. BIRTHPLACE (city or town)
    Baltimore, Md.
    State or country: Maryland

16. UNDERTAKER
    Henry, Lanning, Sons
    Address: 1918 36th St., N.W.
    Filed: March 19, 1921

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset July 5, 1927</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset May 1, 1925</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date of onset 1 week ago</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td></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: Harford Co.
   Village or City: Thomas Run
   Registration Dist. No.: 182

2. FULL NAME
   (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 (write the word)
      Wife of Shadrack Dosey
   6. DATE OF BIRTH (month, day, and year): Aug 12, 1871
   7. AGE: 64 Years 6 Months 28 Days
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.
      Homemaker
   9. Industry or business in which work was done, as SALT 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)
      Harford Co.
   13. NAME: Ber Wells
   14. BIRTHPLACE (city or town) (State or country)
      Harford Co.
   15. MAIDEN NAME: Amanda Prevo
   16. BIRTHPLACE (city or town) (State or country)
      Baltimore Co.
   17. INFORMANT: Eliza C. Dosey
      Address: Belfort, Md.
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Ashbury
      Date: May 13, 1936
   19. UNDERTAKER: George W. Hooper
      Address: Belfort, Md.
   20. FILED: Mar 12, 1936
      Registrar.

   21. DATE OF DEATH
      (Month), (Day), 1936
      I last saw her alive on Mar 7, 1936; death is said to have occurred on the date stated above, at 11:57 a.m.
      The principal cause of death and related causes of importance were as follows:
      Cerebral Hemorrhage
      Date of onset: 1936
      Other Contributory Causes of Importance:
      Name of operation.
      Date of operation.
      What last confirmed diagnosis?
      Was there an autopsy? 2a
      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 the industry, in the home, or in public place.
         Nature of injury.
         Nature of injury.
   24. Was disease or injury in any way related to occupation of deceased?
      If so, specify
      (Sign) William P. Richardson
      Address: 1010 Main St.
## 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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<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>April 6, 1936</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

- Gallstones
- May 1, 1923

### Example II

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</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**: Harford
- **City**: Aby
- **State**: MD
- **Status**: Resident
- **Length of residence in city or town where death occurred**: 2 yrs. 8 mos. 6 ds.

### 2. FULL NAME
- **Name**: Roland M. Drexler
- **Residence**: No.
- **Usual place of abode**: 
- **Address**: 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 (if none, specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>Single</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5a. If married, widowed, or divorced</th>
<th>HUSBAND of (or) WIFE of</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec. 9, 1935</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 yrs. 8 mos. 6 ds.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</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>No</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>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Total time (years) spent in this occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harford Co.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. M. Drexler</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grayson Co.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>16. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington Co.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. INFORMANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. M. Drexler</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place: Sabbattus Ave. Lent, Date: March 7, 1936</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. UNDERTAKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. G. Bailey</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. FILED</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 19, 1936, M. G. Kirk</td>
</tr>
</tbody>
</table>

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Month) Dec.</td>
</tr>
<tr>
<td>(Day) 5</td>
</tr>
<tr>
<td>(Year) 1936</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. I HEREBY CERTIFY, That I</th>
</tr>
</thead>
<tbody>
<tr>
<td>died on Dec. 9, 1936, at 1:30 A.M.</td>
</tr>
<tr>
<td>I last saw him alive on Dec. 8, 19</td>
</tr>
<tr>
<td>death is said to have occurred on the date stated above, at 1:30 A.M.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchial Pneumonia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Contributory Causes of Importance:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of operation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What test confirmed diagnosis?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Was there an autopsy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23. If death was due to external causes (VIOLENCE) fill in also the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident, suicide, or homicide?</td>
</tr>
<tr>
<td>Date of injury:</td>
</tr>
<tr>
<td>Where did injury occur? (Specify city or town, county and State):</td>
</tr>
<tr>
<td>Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE:</td>
</tr>
<tr>
<td>Manner of injury:</td>
</tr>
<tr>
<td>Nature of injury:</td>
</tr>
<tr>
<td>24. Was disease or injury in any way related to occupation of deceased?</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>If so, specify</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Signed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. G. Kirk, M. D.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiff, MD</td>
</tr>
</tbody>
</table>

---

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting 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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11.—The number of years the deceased followed the occupation.

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<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>Date of onset: 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>June 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
<tr>
<td></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: Harford
   Village or City: Yorktown
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Barbara Dulceck
   Residence: No.
   St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widow

6. DATE OF BIRTH (month, day, end year)
   June 19, 1853

7. AGE
   Years: 83
   Months: 9
   Days: 1

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   Franka Dulceck

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

15. MAIDEN NAME
   Unknown

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

17. INFORMANT
   John Dulceck
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Holy Redeemer Church
   Date: July 20, 1936

19. UNDERTAKER
   Greenberg
   (Address)

20. FILED
   May 21, 1936

21. DATE OF DEATH
   May 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from
   Jan. 1, 1936, to Mar. 1, 1936
   Last saw him alive on Mar. 14, 1936; death is said to have occurred on the date stated above, at 11:00 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Cerebral hemorrhage
   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.

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

   (Signed)
   W. D.
   (Address)

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</tr>
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<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

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

2. FULL NAME
   Mr. Henry W. Elsener
   (a) Residence: No. 2848, E. Franklin St., Ward. 12X -

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 or (or if WIFE of)
   Mrs. Augusta C. Elsener

6. DATE OF BIRTH (month, day, and year): July 19, 1872

7. AGE: 63 years, 7 months, 13 days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, EX SPINNER, SAWSMITH, BANKER, ETC: Farming & Canning

10. Date deceased last worked at this occupation (month and year): Apr. 19, 1934
11. Total time (years) spent in this occupation: 46.9 years

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

13. NAME: John Elsener

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

15. MAIDEN NAME: Christina Heilbrunner

17. INFORMANT
   Name: Mrs. Augusta C. Elsener
   Address: 2848, E. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Babbs Cemetery
   Date: March 4, 1936

19. UNDERTAKER
   Name: Henry Henry, Sons

20. FILED
  曲折: Charles J. Story
   Registrar.

21. DATE OF DEATH
   (Month) March
   (Day) 1
   (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
   Jan. 10, 1936, to March 4, 1936; death said to have occurred on the date stated above, at
   (Specify cause of death: Pneumonia, Lung Cancer, Etc.)

   Other Contributory Causes of Importance: Heart Disease, Diabetes, Malignant Hypertension

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

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

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

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

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

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

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

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

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

Other contributory causes of importance:

Gallstones | Gastroenteritis | 1 year
1. PLACE OF DEATH
   County: Harford
   Village or City: Magnolia
   No.
   Registration Dist. No.
   Ward
   Length of residence in city or town where death occurred: 13 yrs.

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

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED; WIDOWED, OR DIVORCED
   Married

   HUSBAND of
   (or) WIFE of

6. DATE OF BIRTH (month, day, and year)
   Apr. 1, 1877

7. AGE
   Years: 69
   Months: 11
   Days: 18

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL,
   SAW MILL, BANK, etc.

10. DATE DECEASED LAST WORKED AT
    THIS OCCUPATION (MONTH AND YEAR)
    Dec. 35

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    50

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

13. NAME
    Unknown

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
    Place: Arling
    Date: March 22, 1936

19. UNDERTAKER
    (Address)

20. FILED
    Mar. 21, 1936

21. DATE OF DEATH
    (Month)  War 18
    (Day) 1936

22. I HEREBY CERTIFY
    That I attended deceased from
    Mar. 15, 1936, to Mar. 18, 1936
    I last saw him alive on Mar. 17, 1936; death is said to have occurred on the date stated above, at 7:00 A.M.

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

    Cerebral Hemorrhage

    Date of Onset

    Other Contributory Causes of Importance:

    Name of operation
    Date of
    What test confirmed diagnosis?
    Date of

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

    Accident, suicide, or homicide?
    Date of Injury
    Where did injury occur?
    (Specify city or town, county and State)
    Manner of Injury
    Nature of injury

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

    If so, specify
    (Signed)

    M. D.
    (Address)

If more blanks are needed, address State Registrar, 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:

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

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

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

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

**Example I**

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</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: Harford
   Village or City: Harford Grace
   No. 847 Otagee
   Registration Dist. No. 18
   Length of residence in city or town where death occurred: 60 yrs.
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME
   (a) Residence: No. 847 Otagee
   (Usual) place of abode: St., Ward.
   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

   13. NAME Doris Margaret Forsythe
   14. BIRTHPLACE (city or town)
      (State or country)

   15. MAIDEN NAME Sarah Jane Brown

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

   17. INFORMANT
      (Address) 847 Otagee St.
      City

   18. BURIAL, CREMATION, OR REMOVAL
      Place Angel Hill Date Mar. 13, 19
      Placed by

   19. UNDERTAKER
      (Address) Havre de Grace, Md.
      Name

   20. FILED
      Date Mar. 17, 19

   21. DATE OF DEATH
      (Month) March
      (Day) 27
      (Year) 1927

   22. I HEREBY CERTIFY, That I attended deceased from
      1927 to 1926
      I saw her alive on Mar. 10, 1927; death is said
      to have occurred on the date stated above, et
      The principal cause of death end related causes of importance
      were as follows:

      Paramnesia of Persons & Places

      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 cause (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

      Menstrual injury
      Nature of Injury

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

      If so, specify
      (Signed)
      Address
      (Address)
      (Address)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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><strong>Peritonitis</strong></td>
</tr>
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<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
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</table>

Other contributory causes of importance:

<table>
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<tr>
<th>Date of onset</th>
<th>1915</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 week ago</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   - County: Harford
   - Village or City: Darfords de Grace
   - Registration Dist. No.: 20
   - Hospital: No. Hospital
   - Ward: St.
   - Length of residence in city or town where death occurred: yrs. mos. ds.
   - If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME
   - (a) Residence: No. 416 Lawrence St., HavredeGrace, Md. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   - Female

4. COLOR OR RACE
   - Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   - Separated

6. DATE OF BIRTH (Month, day, year)
   - Aug. 31-1884

7. AGE
   - Years: 51
   - Months: 6
   - Days: 0

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

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

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

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

12. BIRTHPLACE (city or town)
   - (State or country): Harford, Co.

13. NAME
   - George Garrett

14. BIRTHPLACE (city or town)
   - (State or country): Harford, Co.

15. MAIDEN NAME
   - Mary Garrett

16. BIRTHPLACE (city or town)
   - (State or country): Harford, Co.

17. INFORMANT
   - Name: Emma Howard
   - Address: Harme de Grace, Md.

18. BURIAL, CREMATION, OR REMOVAL
   - Place: Greenville
   - Date: May 4, 1936

19. UNDERTAKER
   - Name: Harford, Co.

20. FILED
   - Date: Mar. 20, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   - Month: March
   - Day: 1
   - Year: 1936

22. I HEREBY CERTIFY that I attended deceased from March 1, 1936 to March 1, 1936. I last saw him alive on March 1, 1936; death is said to have occurred on the date stated above, at 11:00 a.m.

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

- Cerebral Hemorrhage

Other Contributory Causes of importance:

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

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

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

- Manner of injury.
- Nature of injury.

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

- If so, specify:
  - (Signed):
  - M. D.
  - (Address):
  - Harford, Co.
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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</tbody>
</table>

Other contributory causes of importance:
- Gallstones | May 1, 1928 |

### Example II

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<tr>
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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: Harford
Village or City: Forest Hill

2. FULL NAME
(a) Residence: No.

3. SEX
Female

4. COLOR OR RACE
White

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

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

6. DATE OF BIRTH
Month: April
Day: 1
Year: 1876

7. AGE
65 Years
11 Months
27 Days

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
Frank E. Kell

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

15. MAIDEN NAME
Dorcas Ann Johnson

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

17. INFORMANT
Frank Kell
Address:

18. BURIAL, CREMATION, OR REMOVAL
Place: Greens cemetery
Date: March 27, 1936

19. UNDERTAKER
E. J. Kell
Address:

20. FILED
May 19, 1936
Thos. Brown

21. DATE OF DEATH
Month: March
Day: 27
Year: 1936

22. I HEREBY CERTIFY, That I attended deceased from

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

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

25. OTHER Contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

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

2. FULL NAME: Margaret Hall
   (a) Residence: No. St. City, Ward.
   Usual place of abode: Outside

PERSONAL AND STATUTORY PARTICULARS

3. SEX: Female
   4. COLOR OR RACE: Caucasian
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Write the word)
      5a. If married, widowed, or divorced (or) WIFE OF: Richard Hall

6. DATE OF BIRTH (month, day, year): Feb. 15, 1867

7. AGE: 69 yrs. 1 mos. 7 days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: At Home

9. OCCUPATION: Housewife

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: 1936

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

12. BIRTHPLACE (city or town): Harford Co., Maryland

13. NAME: House B crazy

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

15. MAIDEN NAME: Unknown

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

17. INFORMANT: Mrs. Rose Parker
   (Address)

18. BURIAL, CREMATION, OR REMOVAL: Place: Aberdeen
   (Specify city or town, county and State)

19. UNDERTAKER: Dr. J. O. C. Green
   (Address)

20. FILED: March 4, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: March 22, 1936
   (Month) 22 (Day) 1936 (Year)

22. I HEREBY CERTIFY: That I attended deceased from

23. I last saw him alive on March 22, 1936; death is said to have occurred on the date stated above, at 5:30 P.M.

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

   Tuberculosis

   Other Contributory Causes of importance:

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

24. 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:

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

   (Signed) Claudia L. Coover
   (Address) 501 N. W. 1st St., Aberdeen, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></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: Harford
   Village or City: Perryman
   Length of residence: In city or town where death occurred: 86 yrs. 9 mos. 19 ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

5a. If married, widowed, or divorced
   HUSBAND or (or) WIFE of: Winfield B. Harris

6. DATE OF BIRTH (month, day, and year)
   June 11, 1849

7. AGE
   Years: 86
   Months: 9
   Days: 19

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

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

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

11. Total time (years)
    spent in this occupation

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

13. NAME
    Laura Virginia Harris

14. BIRTHPLACE (city or town)
    Harford Co., Md.

15. MAIDEN NAME
    Matilda Milchuck

16. BIRTHPLACE (city or town)
    Harford Co., Md.

17. INFORMANT
    R.P. Milchuck
    Address: Aberdeen, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Travel Cemetery
    Date: March 4, 1926

19. UNDERTAKER
    Dr. H. J. Dorcey
    Address: 

20. FILED
    Feb. 7, 1926

21. DATE OF DEATH
    Month: March
    Day: 1
    Year: 1936

22. I HEREBY CERTIFY
    That I attended deceased from
    Grey, 1935 to March 1, 1936, death was said
    to have occurred on the date stated above, at 10:47 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Pernicious Anemia
    Date of onset:

    Other Contributory Causes of Importance:

    Neme 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?
    No
    If so, specify
    (Signed) Dr. H. J. Dorcey
    M.D.
    (Address)

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

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

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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 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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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: Mar 5, 1930</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>Date of onset: 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | 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: Harford
   Village or City: Glenville
   Length of residence in city or town where death occurred: 27 yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   Full Name: Mollie Heckman

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)
   Feb. 23, 1929

7. AGE
   Years: 63
   Months: 1
   Days: 29

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

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

10. Date deceased last worked at this occupation (month and year)
    June 1936

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

12. BIRTHPLACE (city or town)
    Franklin Co.

13. NAME
    Mollie J. Pinckerd

14. BIRTHPLACE (city or town)
    Franklin Co.

15. MAIDEN NAME
    Elizabeth Beckner

16. BIRTHPLACE (city or town)
    Franklin Co.

17. INFORMANT
    Orest Heckman
    Address: Darlington, Md.

18. BURIAL, CREATION, OR REMOVAL
    Place: Harmony Camp
    Date: April 3, 1936

19. UNDERTAKER
    Address: Darlington, Md.

20. FILED
    Address: Darlington, Md.
    Date: April 1, 1936
    Registrar: C. L. Palmer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Month: Mar.
    Day: 31
    Year: 1936

22. I HEREBY CERTIFY that I attended deceased from
    Mar. 20, 1936, to Mar. 31, 1936; death is said to have occurred on the date stated above, at 12 p.m.

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

Other Contributory Causes of Importance:

Name of operation: None
Date of: 0
What test confirmed diagnosis?: None
Was there an autopsy?: None

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?: No
If so, specify:
(Signed): W. C. Gallion
(Address): Darlington, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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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>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>

**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:

| Gallstones | May 1, 1925 |
| Gastroenteritis | 1 year |

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

**1. PLACE OF DEATH**
- County: Hartford
- Village or City: Ashland
- Registration Dist. No. 161
- Length of residence in city or town where death occurred: 57 yrs., 5 mos., 0 days
- How long in U.S. or if of foreign birth: 0 yrs., 0 mos., 0 days

**2. FULL NAME**
- Mrs. John Adams Hughes
- Ward: Ashland

**PERSONAL AND STATISTICAL PARTICULARS**

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

**6. DATE OF BIRTH**
- Nov. 14, 1878

**7. AGE**
- Years: 57
- Months: 5
- Days: 0
- If less than 1 day, hours: 0
- or: minutes: 0

**10. Date deceased last worked at this occupation (month and year):**
- Mar. 1936

**11. Total time (years):**
- 26 yrs.

**12. BIRTHPLACE**
- Hartford, Maryland

**13. NAME**
- William Oliver Hughes

**14. BIRTHPLACE**
- Hartford, Maryland

**15. MAIDEN NAME**
- Estelle M. Hughes

**17. INFORMANT**
- Mrs. A. Luke Hughes

**18. BURIAL, CREMATION, OR REMOVAL**
- Place: Olive Cemetery
- Date: Mar. 27, 1936

**22. I HEREBY CERTIFY**
- That I attended deceased from: 19...
- to: 19...
- Last saw: alive on: 19...
- Death is said to have occurred on the date stated above, at: 19...
- Date of onset: Mar. 27, 1936

**23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE)**
- Place of injury: Olive Cemetery
- Date of injury: Mar. 27, 1936
- Manner of injury: Poisoning
- Nature of injury: Inflamed lungs

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

**3003**

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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**Example I**

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1925</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>April 3, 1936</td>
<td>Run over by street car</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1923 | Gastroenteritis | 1 year

**Example II**

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

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

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Joppa & E.D.
   - Length of residence in city or town where death occurred: 12 yrs. mos. ds.

2. **FULL NAME**
   - Mrs. Alice J. Janes
   - Residence: No. Joppa
   - (Usual place of abode)

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF DEATH**
   - March 25, 1936

7. **DATE OF BIRTH**
   - Dec. 20, 1865

8. **AGE**
   - 60 yrs. 8 mos. 22 days

9. **OCCUPATION**
   - Typist

10. **DATE DECEASED LAST WORKED AT OCCUPATION**
    - 1927

11. **BIRTHPLACE (city or town)**
    - London, England

12. **NAME OF MOTHER**
    - John George Deacon

13. **MOTHER'S FATHER**
    - Unknown

14. **BIRTHPLACE (city or town)**
    - Unknown

15. **MAIDEN NAME**
    - Unknown

16. **BIRTHPLACE (city or town)**
    - Unknown

17. **INFORMANT**
    - William M. Janes
    - Address: 100 Joppa, Maryland

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: St. Johns
    - Date: Mar. 27, 1936

19. **UNDERTAKER**
    - Hayward W. McClean
    - Address: Abingdon, Md.

20. **FILED**
    - March 28, 1936
    - Emily M. Shipley
    - Local Registrar

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

22. **MEDICAL CERTIFICATE OF DEATH**
    - I hereby certify that I attended deceased from March 19, 1936, to March 25, 1936.
    - I last saw her alive on March 15, 1936; death is said to have occurred on the date stated above, at 5:00 p.m.
    - The principal cause of death and related causes of importance were as follows:
      - Labor, Pneumonia
      - Emphysema
      - Senility
      - Other contributory causes of importance:
        - Pregnancy, 4 months (aborted 3-19-36)
        - Date of onset:
        - Date of death:

23. **ACCIDENT, SUICIDE, OR HOMICIDE**
    - Date of injury:
    - Manner of injury:
    - Nature of injury:

24. **WAS THE DECEASED UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR POISON?**
    - No

**If more blanks are needed, address State Registrar, 2413 N. Charles Street, Baltimore, requesting the U. S. No. 1.**
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Run over by street car</td>
</tr>
<tr>
<td><strong>RECEIVED</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>V.S.</strong></td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>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: Harford
   Village or City: Haare de Grae and Rd.
   Registration Dist. No. 180
   (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. Haare de Grae and Rd.
   St., Ward.
   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
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   March 5, 1874

7. AGE
   Years: 62
   Months: 20
   Days: 0
   If LESS than 1 day, hrs. or min.

OCCUPATION

Farmer

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS MILL, MILL, MILL, BANK, ETC.

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
    Charlesville
    (State or country) Harford Co., Md.

13. NAME
    Nathaniel Johnson

14. BIRTHPLACE (CITY OR TOWN)
    Charlesville
    (State or country) Harford Co., Md.

15. MAIDEN NAME
    Eliza Chambers

16. BIRTHPLACE (CITY OR TOWN)
    Charlesville
    (State or country) Harford Co., Md.

17. INFORMANT
    Franklin D. Sorensen
    (Address) Haare de Grae and Rd.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Date: March 27, 1936

19. UNDERTAKER
    Hareford & Son
    (Address) Haare de Grae and Rd.

20. FILED
    March 28, 1936

21. DATE OF DEATH
    (Month) 25
    (Day) 1936
    (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    March 12, 1936, to March 25, 1936.

    I last saw him alive on March 14, 1936; death is said to have occurred on the date stated above, at 5 a.m.

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

    Chronic rheumatism
    Date of onset: Jan. 1936

    Other Contributory Causes of Importance:

    Chronic nephritis
    Date of onset: Jan. 1936

23. If death was due to external cause (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) Charles L. Sorensen
    M. D.
    (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 3.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Cardiff
   Length of residence in city or town where death occurred: 3 yrs., 10 mos., 23 days

2. FULL NAME: Annie A. Jones
   Residence: No. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   6. DATE OF BIRTH (month, day, and year): April, 1862

4. COLOR OR RACE: White
   7. AGE: 73 yrs., 10 mos., 23 days

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housework

6. DATE OF DEATH (Month, Day, Year): March, 14th, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: March, 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from
   March 1st, 1936, to March 14th, 1936.
   I last saw deceased alive on March 14th, 1936; death occurred
   on the date stated above, at 2:30 p.m.

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

   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: 1936
       Where did injury occur? (Specify city or town, county, and State)
       Manner of injury:
       Nature of injury:

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 11.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

Example I

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

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

Example II

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

Other contributory causes of importance:
Gastroenteritis | 1 year |

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

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

2. FULL NAME
   John Haviland Kahoe
   Residence: No. Jane
   (Usual place of abode)
   St., Ward.

3. SEX
   M

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, year)
   Jan 15, 1865

7. AGE
   Years: 71
   Months: 2
   Days: 4

8. OCCUPATION
   Farmer

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
    Jan 1936

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

12. BIRTHPLACE (CITY OR TOWN)
    Harford Co., Md.

13. NAME
    Michael Kahoe

14. MOTHER
    Mary Callahan
    (State or Country)

15. FATHER
    Michael Kahoe
    (State or Country)

16. BIRTHPLACE (CITY OR TOWN)
    Ireland

17. INFORMANT
    Mary Callahan
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: St. Augustine
    Date: March 24, 1936

19. UNDERTAKER
    Howard H. McCune
    (Address)

20. FILED
    Mar. 24, 1936

21. DATE OF DEATH
    March 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Feb. 1, 1936, to Mar. 19, 1936
    I last saw him alive on Mar. 18, 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
    Date of onset

23. IF DEATH DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
    Date of Injury: 1936
    Accident, suicide, or homicide?: Yes
    Manner of Injury: Yes
    Nature of Injury: Yes

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
    No

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

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>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>APR 6, 1900</td>
</tr>
<tr>
<td>Gallstones</td>
<td>MAY 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance 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                Harford
   Village or City      Havre de Grace
   No. Hospital
   Registration Dist. No. 185
   Length of residence in city or town where death occurred: yrs. __ mos. __

2. FULL NAME
   (a) Residence: No.        St.        Ward.          Bel Air, Md.
   (b) U.S. Veteran, specify WAR. 12X
   Ward.
   Personal and Statistical Particulars

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

6. DATE OF BIRTH (month, day, and year) Mar. 8, 1874

7. AGE Years 62 Months 0 Days
   If less than 1 year, __.__ hrs. __.__ min.

8. TRADE, PROFESSION, OR PARTICULAR OCCUPATION: Laborer

9. If employed in business or industry, specify: SILK MILL, SAW MILL, BANK, etc.

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

11. Total time (years) spent in this occupation

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

13. NAME         George F. Keen
    MOTHER FATHER

14. BIRTHPLACE (city or town) (State or county)
    Havre de Grace

15. MAIDEN NAME Mary Gregorowich

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

17. INFORMANT Melva Keen
    Address

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Airy, Bel Air
    Date: Mar. 12, 1936

19. UNDERTAKER
    Address

20. FILED: Mar. 10, 1936

21. DATE OF DEATH March 8, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov. 30, 1935, to March 8, 1936
    I last saw him alive on March 8, 1936.
    I certify that death is said to have occurred on the date stated above, and was due to...
    The principal cause of death and related causes of importance were as follows:
    Other Contributory Causes of importance:

    Name of operation: Date of...
    What last confirmed diagnosis: Cause
    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)

If more blanks are needed, address State Registrar, 2401 N. Charles Street, Baltimore, Requesting D. 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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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
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<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: APR 4 1926</td>
<td>Date of onset: 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>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: Harford
   Village or City: Joppa
   No. St., Ward:
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): March 19, 1936

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

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

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

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

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

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

13. NAME: Bernice Keithley

14. BIRTHPLACE (city or town): Bel Air, Md.
   (State or country)

15. MAIDEN NAME: Alene Hopkins

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

17. INFORMANT
   (Address): Kennedy Keithley

18. BURIAL, CREMATION, OR REMOVAL
   Place: Joppa
   Date: March 20, 1936

19. Undertaker
   (Address): Alfred H. Lamore, Horse Show Rd.

20. FILED
   March 19, 1936
   (Local Registrar for signature)

21. DATE OF DEATH
   (Month): March
   (Day): 19
   (Year): 1936

22. I HEREBY CERTIFY that I attended deceased from
   March 19, 1936, to March 19, 1936.

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

   (Signed): Fred O. Hodous
   M.D.
   (Address): Edgewood, 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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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.

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<td>Peritonitis</td>
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<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: APR 4 1926</td>
<td>Date of onset: 1 week ago</td>
</tr>
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<td>Date of onset: 3 days ago</td>
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<tr>
<td>Date of onset: May 1, 1928</td>
<td>Date of onset: 1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Hartford
Village or City: Fallston
No. St. Ward
Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No. Fallston
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widow

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

Thos. J. Kelly

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

May 8, 1858

7. AGE

Years 17
Months

Days 17

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

Housewife

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE

Ireland

(State or country)

13. NAME

Elizabeth C. Kelly

(State or country)

14. BIRTHPLACE

Ireland

15. MAIDEN NAME

Elizabeth

16. BIRTHPLACE

Ireland

(State or country)

17. INFORMANT

Thos. J. Kelly, MD

18. BURIAL, CREMATION, OR REMOVAL

D. Johnson, Date: Mar. 8th, 1936

19. UNDERTAKER

Hoskenberger, Date: Mar. 26, 1936

20. FILED

Richardson, Date: Mar. 26, 1936

REGISTRAR

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

| The principal cause of death and related causes of importance were as follows: |
|-----------------------------|-----------------------------|
| Arteriosclerosis | RECEIVED 1915 |
| Chronic interstitial nephritis | APR 6 1916 |
| Cerebral hemorrhage | JULY 15, 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: |
|-----------------------------|-----------------------------|
| 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: Harford
Village or City: Thomas Run
No. St. Ward:  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No. Street, Ward.

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

Late James M. O'Leary

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

June 20, 1869

7. AGE

66 yrs. 9 mos. 0 ds.

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

Textile

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

Textile

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

11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 30, 1936


I last saw deceased alive on March 30, 1936; death is said to have occurred on the date stated above, at 23rd P.m.

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

Arteriosclerosis 1930

Cerebral Hemorrhage 1930

Other Contributory Causes of importance:

12. BIRTHPLACE (city or town)

(Hartford)

(State or country)

13. NAME

James Kelly

14. BIRTHPLACE (city or town)

State or country)

Ireland

15. MAIDEN NAME

Ellen Kelly

16. BIRTHPLACE (city or town)

(State or country)

Ireland

17. INFORMANT

(Miller Kelly

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Joseph's

Date: April 2, 1936

19. UNDERTAKER

(Dean Jobst

20. FILED

Apr. 2, 1936, J. E. Richardson

Registrar

(Address)

S. A. W. D. (Signed)

M. D.

Registration Dist. No. 182

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

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

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

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

In stating the kind of store, etc., 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 complicating cause of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Aberdeen

2. FULL NAME: Joan Anne Feldinger
   (a) Residence: No. 3 Bel Air Ave., Aberdeen

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Oct. 29, 1934

7. AGE: Years 1, Months 4, Days 26

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: None

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: None

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: N/A

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

12. BIRTHPLACE (CITY OR TOWN): Aberdeen, Maryland

13. NAME: Matthew J. Feldinger
   MOTHER’S NAME: Olga K. Riede

   MOTHER’S BIRTHPLACE: Tennessee, Square

15. MAIDEN NAME: Olga K. Riede
   MOTHER’S MAIDEN NAME: Mrs. Matthew J. Feldinger

   MOTHER’S BIRTHPLACE: Tennessee, Square

17. INFORMANT: Mr. Matthew J. Feldinger

18. BURIAL, CREMATION, OR REMOVAL: Cremated

19. UNDERTAKER: Michael J. Michael

20. FILED: Mar 26, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: March 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1936, to March 25, 1936.
   I last saw her alive on March 25, 1936; death is said to have occurred on the date stated above, at 1:45 p.m.

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

Other Contributory Causes of Importance:

Name of operation: None
What test confirmed diagnosis? Physical
Was there an autopsy? No

23. IF death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Date of injury
   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: None
Nature of injury: None

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

   Signature: Frank A. Michael, M.D.
   Address: Baltimore, Md.

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.

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

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

1. PLACE OF DEATH

County: Harford
Village or City: Aberdeen
No. of Registration Dist. No. 151
St. Ward

Length of residence in city or town where death occurred: 21 yrs. mos. ds
How long in U.S. If of foreign birth? 58 yrs. mos. ds

2. FULL NAME


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, give name of HUSBAND or WIFE:

5b. If single, give full name:

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

Sept 10, 1861

7. AGE

69 Years 6 Months 20 Days

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

Farmer

Industry or business in which work was done:

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

Mar 1936

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

51

12. BIRTHPLACE (city or town)

Ulm, Wurttemberg, Germany

(State or country)

13. NAME

Karl William Liece

14. BIRTHPLACE (city or town)

Ulm, Wurttemberg, Germany

(State or country)

15. MAIDEN NAME

Willemina Johnson

16. BIRTHPLACE (city or town)

Ulm, Wurttemberg, Germany

(State or country)

17. INFORMANT

Raymond Liece

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Aberdeen

Date: Dec 26, 1956

19. UNDERTAKER

Henry Fleming & Co.

(Address)

20. FILED

Mar 30, 1956

Registrar

If more blanks are needed, address State Registrar, 3411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

1. **PLACE OF DEATH**
   - County: [Text]
   - Village or City: Fallston
   - How long in U.S. if of foreign birth? [Text]

2. **FULL NAME**
   - Henry B. McCoy
   - Residence: No. [Text]
   - If U.S. Veteran specify War...

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Nov. 5, 1886

7. **AGE**
   - Years: 64
   - Months: 15
   - Days: [Text]

8. **OCCUPATION**
   - Carpenter

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - [Text]

10. **BIRTHPLACE**
    - (city or town): [Text]

11. **MOTHER FATHER**
    - Name: [Text]

12. **OTHER FATHER**
    - Name: [Text]

13. **BIRTHPLACE**
    - (city or town): [Text]

14. **MAIDEN NAME**
    - (Maiden Name): [Text]

15. **BIRTHPLACE**
    - (city or town): [Text]

16. **INFORMATION**
    - (Address): [Text]

17. **BURIAL, CREMATION, OR REMOVAL**
    - Place: [Text]
    - Date: [Text]

18. **UNDOCKETED**
    - Undertaker: [Text]

19. **FINANCED**
    - Date: [Text]

20. **FILED**
    - Date: [Text]

21. **DATE OF DEATH**
    - (Month): [Text]
    - (Day): [Text]
    - 1936

22. **I HEREBY CERTIFY**
    - That I attended deceased from [Text]
    - Alive on [Text]
    - Death is said to have occurred on the date stated above at [Text]

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

- Chronic [Text]
- Other Contributory Causes of Importance:

   - [Text]

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

25. Signed [Text]

Registrar [Text]

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, asthemia, 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>APR 6, 1936</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

Gastroenteritis                  | 1 year

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Clarksburg
   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: 70 yrs. mos. ds.
   How long in U.S. If of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   Nov. 16, 1862

7. AGE
   Years: 73
   Months: 4
   Days: 11
   If LESS than 1 day, hrs. or min.

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 MILK 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)
   Manchester, England

13. NAME
   John M. Laughlin

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

15. MAIDEN NAME
   Ellen Reel

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

17. INFORMANT
   (Address)
   Mrs. Mary Laughlin

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Mt. Hope Cemetery, Melv., 3/19, 36
   Date

19. UNDERTAKER
   (Address)
   Benjamin T. Exley

20. FILED
   Mar. 31, 1936

REGISTRATION DIST. NO. 185

DATE OF DEATH
   (Month) 27
   (Day) 1936

I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1935 to Mar. 27, 1936
I last saw him alive on Mar. 27, 1936; death is said
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Chronic nephritis

Organic failure

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

Date of injury

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

Date of onset

If so, specify

(Signed)

Nature of injury

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

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<th>Additional Space for Further Statements by Physician</th>
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<td>Date of onset</td>
</tr>
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<td>1915</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</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>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 week ago</td>
</tr>
<tr>
<td>3 days ago</td>
</tr>
<tr>
<td>1 year</td>
</tr>
</tbody>
</table>
# STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH
- **County**: Harford
- **Village or City**: Havre de Grace
- **Registration Dist. No.**: 195
- **Length of residence in city or town where death occurred**: 1 yrs., 3 mos., 3 ds.
- **How long in U.S. if of foreign birth**: 1 yrs., 3 mos., 3 ds.

## 2. FULL NAME
- **John Miller**

## PERSONAL AND STATISTICAL PARTICULARS
- **Sex**: Male
- **Race**: White
- **Marital Status**: Single

## 3. DATE OF DEATH
- **Month**: March
- **Day**: 16
- **Year**: 1936

## MEDICAL CERTIFICATE OF DEATH

**I HEREBY CERTIFY**

That I attended deceased from February 16, 1936, to March 16, 1936.

I last saw him alive on March 16, 1936; death is said to have occurred on the date stated above, at 10:10 A.M.

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

- **Other Contributory Causes of Importance**:
  - Myocardial Infarction

## OCCUPATION
- **Occupation**: Laborer
- **Trade, profession, or particular kind of work done**: SPINNER, SAWYER, BOOKKEEPER, etc.
- **Industry or business in which work was done**: SILK MILL, SAWMILL, BANK, etc.
- **Date deceased last worked at this occupation**: September
- **Total time (years) spent in this occupation**: 1

## 12. BIRTHPLACE
- **City or town**: Scotland
- **State or country**: Scotland

## 13. NAME
- **Alexander Miller**

## 14. BIRTHPLACE
- **City or town**: Scotland
- **State or country**: Scotland

## 15. MAIDEN NAME
- **Ellen Block**

## 16. BIRTHPLACE
- **City or town**: Scotland
- **State or country**: Scotland

## 17. INFORMANT
- **Address**: Aberdeen

## 18. BURIAL, CREMATION, OR REMOVAL
- **Place**: Aberdeen Cemetery
- **Date and year**: March 18, 1936

## 19. UNDERTAKER
- **Address**: Harford

## 20. FILED
- **Date**: March 18, 1936

If more blanks are needed, address State Registrars, 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:
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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, 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/Condition</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>APR 4, 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>MAY 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease/Condition</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/Condition</th>
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<td>Attack of epilepsy</td>
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</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
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</table>

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   Registration Dist. No.: 185
   No. 567 Green
   St., Ward: St., Ward
   Length of residence in city or town where death occurred: 80 yrs. 1 mos. 28 ds. How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME
   Kate Virginia Miller
   If U.S. Veteran, specify WAR
   (a) Residence: No. 567 Green
   (Usual place of abode)
   (b) 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
   If married, widowed, or divorced, give name of (or) wife of
   George A. Miller

6. DATE OF BIRTH
   Feb. 2, 1856

7. AGE
   Years: 80
   Months: 1
   Days: 28

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

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

10. Date deceased last worked at this occupation (month and year)
    June 1, 1932

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

12. BIRTHPLACE
    Havre de Grace, Md.

13. NAME
    Kate Virginia Miller

14. FATHER
    Benedict Charner

15. MOTHER
    Katherine Coke

16. BIRTHPLACE
    Havre de Grace, Md.

17. INFORMANT
    Mr. Walter C. Burne
    Address: Havre de Grace, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Hillside
    Date: Apr. 2, 1936

19. UNOBTAINED
    Medicine Mitchell
    Address: Havre de Grace, Md.

20. FILED
    April 19, 1936
    Charles J. Foley, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5th, 1936, to March 30, 1936, and that I last saw him alive on March 30, 1936; death is said to have occurred on the date stated above, at 2 p.m.

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

Infarction of heart

Other Contributory Causes of Importance:

Myocarditis chronic

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

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

Manner of injury

Nature of injury

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

If so, specify

(Signed)

Registrar

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

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</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: Harford Co.
   - Village or City: Richard Vd.

2. FULL NAME
   - Female
   - White
   - Widowed
   - (a) Residence: No.
   - (Usual place of abode)
   - Jane
   - St., Ward.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   - Female

4. COLOR OR RACE
   - White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   - WIDOWED
   - HUSBAND OF
   - (or) WIFE OF
   - Other

6. DATE OF BIRTH (month, day, and year)
   - Jan 15 - 1873

7. AGE
   - Years: 63
   - Months: 1
   - Days: 15
   - If less than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year)
   - No occupation

11. Total time (years) spent in this occupation
   - No occupation

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

13. NAME
   - John T. Singleton

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

15. MAIDEN NAME
   - Unknown

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

17. INFORMANT
   - Name: Davey Cuffley
   - Address: 3rd St.

18. BURIAL, CREMATION, OR REMOVAL
   - Place: Rock Run Church
   - Date: Mar 4, 1936

19. UNDERTAKER
   - Name: C. T. Blitt
   - Address: 3rd Street

20. FILED
   - Date: Mar 3, 1936
   - Virginia Chamber

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   - (Month) Jan
   - (Day) 1
   - (Year) 1936

22. HEREWITH CERTIFY, That I attended deceased from Feb 24, 1936, to March 1, 1936
   - I last saw him alive on Mar 1, 1936; death is said to have occurred on the date stated above, at 12:00 m.

## Cause of Death:
- Cardiomegaly of Stomach

23. If death was due to external causes (VIOLENCE) fill in also the following:
   - Accident, suicide, or homicide?
   - Date of Injury: Mar 1, 1936
   - 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?
   - No
   - If so, specify

25. Signatures
   - Clifford T. Hudson
   - W. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<tr>
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<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
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<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
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<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Darlington
   No. St., Ward: 
   Length of residence in city or town where death occurred: 66 yrs, 0 mos, 0 ds

2. FULL NAME
   Sarah Jane Parker
   Residence: No. (Usual place of abode)
   St., Ward: 

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widow
   (or) WIFE OF James T. Parker

6. DATE OF BIRTH
   Jun 19, 1867

7. AGE
   68 yrs, 0 mos, 0 days

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

9. OCCUPATION
   At Home

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    March 11, 1936

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

12. BIRTHPLACE (CITY OR TOWN)
    Hartford Co., Md.

13. NAME
    Helen Jane Parker

14. BIRTHPLACE (CITY OR TOWN)
    Hartford Co., Md.

15. MAIDEN NAME
    Frances Brown

16. BIRTHPLACE (CITY OR TOWN)
    Hartford Co., Md.

17. INFORMANT
    Rebecca Shorter
    Darlington, Md.

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

19. UNDERTAKER
    T. J. Bailey
    Darlington, Md.

20. FILED
    March 14, 1936, M. D. Print

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    March 11, 1936

22. I HEREBY CERTIFY
    That I attended deceased from March 10, 1936, to March 11, 1936
    I last saw him alive on March 11, 1936, death is said
    to have occurred on the date stated above, at 5:30 P.M.
    The principal cause of death and related causes of importance
    were as follows:

    Congestive Heart Failure

    Date of Onset: 3-10-36

    Other Contributory Causes of Importance:

    Leukemia (Lymphoma)
    Date: 3-7-36

    Name of operation:

    What test confirmed diagnosis?:

    Was there an autopsy?:

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

    Accident, suicide, or homicide:

    Date of injury:

    Where did injury occur?
    (Specify city or town, county and state)
    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) Claude L. Young
   M.D.
   (Address) 569 Revelation Rd., Parkersburg, W. Va.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

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

**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:

**Example I**

| Gallstones | May 1, 1923 |

**Example II**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Calverton R. I. F.
   Registration Dist. No.: 161
   Length of residence in city or town where death occurred: 45 yrs., mos., ds.

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

   Residence of abode:
   (Unsure of abode)

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

   6. DATE OF BIRTH (month, day, and year)
   Nov. 26, 1859

   7. AGE
   Years: 76
   Months: 3
   Days: 10
   (Less than 1 day, or... min.

   8. OCCUPATION
   Farmer

   9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, ETC.
   Farmer

   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
   June 1936

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

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

   13. NAME
   Benjamin Pursglove

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

   15. MAIDEN NAME
   Unknown

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

   17. INFORMANT
   Gertrude W. Pursglove
   Address: Calverton R. I. F.

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Calverton
   Date: March 26, 1936

   19. UNDERTAKER
   Henry Jennings
   Address: Calverton

   20. FILED
   Mar. 19, 1936

   21. DATE OF DEATH
   Month: March
   Day: 17
   Year: 1936

   22. I HEREBY CERTIFY, That I attended deceased from
   March 3, 1936, to March 17, 1936.
   The principal cause of death and related causes of importance
   were as follows:

   Chronic myocarditis

   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:
   529 Baltimore, N. A. Z. D.

If more blanks are needed, address State Registrar, 2412 W. 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 engine, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

### Example I

<table>
<thead>
<tr>
<th>Principal cause of death</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

### Example II

<table>
<thead>
<tr>
<th>Principal 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:**

- Gastroenteritis

---

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**
1. PLACE OF DEATH
- County: Harford
- Village or City: Haute de Grace
- No. Hospital: St., Ward.
- Length of residence in city or town where death occurred: 32 yrs., mos. ds.
- If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME
- Katherine M. Phair
- If U. S. Veteran, specify WAR
- Personal and statistical particulars
  - SEX: Female
  - COLOR OR RACE: White
  - MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
- 5a. If married, widowed, or divorced: HUSBAND OF (or) WIFE OF
- 6. DATE OF BIRTH: (month, day, and year)
- 7. AGE: Years, Months, Days
- 8. TRADE, PROFESSION, OR OCCUPATION: Housework
- 9. Industry or business in which work was done: As SILK 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: John Margler
- FATHER: (State or country)
- 14. BIRTHPLACE: (city or town)
- (State or country)
- 15. MAIDEN NAME: Henri Vinkle
- MOTHER NAME: (State or country)
- 16. BIRTHPLACE: (city or town)
- Nephite
- 17. INFORMANT: Louis M. Margler
- 18. BURIAL, CREMATION, OR REMOVAL
- Place: New Cathedral, MARY. 28, 1893
- Date: 1893
- Undertaker: Remington Dow
- 19. UNDERWRITER: Haute de Grace, Md.
- 20. FILED: May 17, 1936
- Registrar:

21. DATE OF DEATH
- Month: March
- Day: 25
- Year: 1936

- I last saw deceased alive on March 25, 1936, at 7:15 p.m.
- The principal cause of death and related causes of importance were as follows:
- Date of onset: [Signature]
- Other Contributory Causes of importance:
  - Name of operation:
  - Date of:
  - G6 of:
  - What least 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
- (Address)

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>APR 4 1936</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Example II**

<table>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</tr>
</thead>
<tbody>
<tr>
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<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: Harford County
   Village or City: Bel Air
   Registration Dist. No.: 180

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND OF: Alice Ringgold

6. DATE OF BIRTH (month, day, and year): May 20, 1872
7. AGE: 63 Years, 10 Months, 7 Days

8. OCCUPATION: Laborer
9. Industry or business in which work was done: Silk mill, saw mill, bank, etc.
10. Data deceased last worked at this occupation (month and year): 1934
11. Total time (years) spent in this occupation: 5 yr.

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

13. NAME: John Ringgold
14. BIRTHPLACE (city or town): Unknown
    (State or country)
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town): Unknown
    (State or country)
17. INFORMANT: Alice Ringgold
   Address:
18. BURIAL, CREMATION, OR REMOVAL: Date: Mar. 16, 1936
19. UNDERTAKER: Howard K. McLean
    Address:
20. FILED: 3/14, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1935, to March 13, 1936. I last saw him alive on Feb. 25, 1936; death is said to have occurred on the date stated above, at 6:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- Cancer of prostate with metastases to areas, lungs, etc.

Date of onset: Sept. 1934?

Other Contributory Causes of Importance:

Name of operation: None
What test confirmed diagnosis? None
Was there an epidemic? No

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

   Manner of injury
   Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
   If so, specify
   (Signed) Fred O'Fords
   (Address) Edgewood, Md.

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<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>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>E. L. E. V. E.</td>
<td>1 week ago</td>
</tr>
<tr>
<td>ADD 4 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
</tbody>
</table>

Gallstones

Gastroenteritis

1 year

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

1. **PLACE OF DEATH**
   - County: **Harford**
   - Village or City: **Carborough**
   - Registration Dist. No.: **184**

2. **FULL NAME**
   - **M. Freeman Carborough**
   - Residence: **No.** (Usual place of abode)
   - St., Ward: **Il nonresident give city or town and State**

**PERSONAL AND STATISTICAL PARTICULARS**

2. **SEX**
   - Male

3. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Aug. 16, 1932

7. **AGE**
   - Years: 3
   - Months: 7
   - Days: 11

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)**
    - **Mr.**

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

12. **BIRTHPLACE**
   - City or town: **Carborough**
   - State or country: **Harford Co.

13. **NAME**
    - **Marshall Freeman Carborough**

14. **BIRTHPLACE**
    - City or town: **Carborough**
    - State or country: **Harford Co.

15. **MAIDEN NAME**
    - **Lena V. Hughes**

16. **BIRTHPLACE**
    - City or town: **York Co.**
    - State or country: **Penna.

17. **INFORMANT**
    - Name: **Marshall Freeman Carborough**
    - Address: **Carborough St., Mt. R. 200**

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: **Ascension Cem.**
    - Date: **March 28, 1936**

19. **UNOERTAKER**
    - Name: **H. F. Bailey**
    - Address: **Dartington, Md.**

20. **FILED**
    - Date: **March 27, 1936**
    - Registrar: **M. O. Kirk**

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Month: **March**
    - Day: **26**
    - Year: **1936**

22. **I HEREBY CERTIFY**
    - I attended deceased from **Oct. 1, 1935,** to **March 26, 1936**
    - I last saw him alive on **March 23, 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:
      - **Congenital Hydrocephalus**
      - **Epileptic Seizures**
      - **Acute Renal Failure**
      - **Septicemia**

23. **Other Contributory Causes of Importance:**
    - of congenital origin

24. **Name of operation:**
    - Date of:
    - What test confirmed diagnosis? **Autopsy**
    - Was there an autopsy? **Yes**

25. **If death was due to external causes (VIOLENCE), fill in also the following:**
    - Accident, suicide, or homicide? **No**
    - Date of injury: **19**
    - Where did injury occur? **Total time spent in this occupation**
    - Specify whether injury occurred in **INDUSTRY, in HOME, or in PUBLIC PLACE.**
    - Manner of injury:
    - Nature of injury:

26. **Was disease or injury in any way related to occupation of deceased?**
    - **No**
    - If so, specify (Signed) **M. O. DeLellis**
    - **Dartington**

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**Example II**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Snarede Gate
   - Registration Dist. No.: 105
   - No. 558 St. Clair, St., Ward.
   - Length of residence in city or town where death occurred: 24 yrs. 6 mos. 7 ds.
   - If death occurred in a hospital or institution, give its NAME instead of street and number.

2. **FULL NAME**
   - Foremost Virginia Stansbury
   - S. Veteran, specify WAR: 
   - Residence: No. 558 St. Clair, St., Ward.

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - Black

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

6. **DATE OF DEATH**
   - (Month) March, (Day) 21, (Year) 1936

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - March 21, 1936

22. **I HEREBY CERTIFY.**
   - That I attended deceased from
   - Last saw h. alive on
   - To have occurred on the date stated above, at
   - The principal cause of death and related causes of importance

   **Heart attack**

   **Date of onset:** 6/21/36

   **Other Contributory Causes of Importance:**

   Name of operation
   Date of...
   What test confirmed diagnosis?
   Was there an autopsy? NO

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

   **Manner of injury:** none
   **Nature of injury:**

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

   (Signed) J. C. Daughters
   (Address) 1103 E. 12th St., Hagerstown, Md.

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 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>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: Harford
   Village or City: Havre de Grace
   Hospital: No. 1 Hospital St.
   Registration Dist. No. 185
   Ward: St. Ward

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

2. FULL NAME
   Mrs. Mary Stevens
   (a) Residence: Aberdeen, Md.

   (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   W.

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

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

6. DATE OF BIRTH (month, day, year)
   March 9, 1877

7. AGE
   Years: 59
   Months: 
   Days: 

   If LESS than 1 day, hrs. or min.

8. OCCUPATION
   Housewife

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

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

11. Total time (years) spent in this occupation

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

13. NAME
    Christina H. Stevens

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

15. MAIDEN NAME
    Alice Jones

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

17. INFORMANT
    Address
    Aberdeen, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Aberdeen, Md.
    Date: March 11, 1936

19. UNDERTAKER
    Address
    Aberdeen, Md.

20. FILED
    March 11, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 9
   (Day) 1936
   (Year)

22. HEREBY CERTIFY that I attended deceased from
   Mar. 2, 1936, to Mar. 9, 1936
   Last saw h. alive on Mar. 9, 1936; death 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:

   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 (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)
   (M.D.)

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

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

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

2. FULL NAME
   Father's Name: Infant S. Sturgill

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
   4. COLOR OR RACE W
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
   6. If married, widowed, or divorced HUSBAND of
      (or) WIFE of

7. DATE OF BIRTH (month, day, and year) March 4, 1936

8. TRADE, PROFESSION, OR OTHER 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) Maryland

13. NAME Infant S. Sturgill

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

15. MAIDEN NAME Jennifer J. Little

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

17. INFORMANT A.D. Sturgill
    (Address) Baldwin, Md.
    Date of Communication:

18. BURIAL, CREMATION, OR REMOVAL
    Place: Easton, Md.
    Date: Mar. 6, 1936

19. UNDERTAKER C. M. Ailey
    (Address) Easton, Md.

20. FILED, 19...  Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 4, 1936

22. I HEREBY CERTIFY that I attended deceased from March 4, 1936, to March 4, 1936.

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Other Contributory Causes of Importance:

Name of operation...

Date of...

Was there an autopsy?

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

If so, specify...

Address...

Registrar...
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Other contributory causes of importance:

Gallstones

Example II

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<tr>
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</table>

Other contributory causes of importance:

Gastroenteritis

1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Hartford
Village or City: Bethpage

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
White

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

6. DATE OF BIRTH (month, day, year)
Feb. 13, 1912

7. AGE
24 - 20

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
North Carolina
(State or country)

13. NAME
Tou Little

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

15. MAIDEN NAME
Hettie Dillon

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

17. INFORMANT
Dew Sturgill
(Address)
Fallowton, Ind. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cornwells, N. Carolina
Date: June 6, 1936

19. UNDERTAKER
Clarence E. Atkin
(Address)

20. FILER
Clifford M. Hudson
(Address)
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936, to March 4, 1936, to... 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:
Sudden death
(
General death)

Date of onset: Mar. 4, 1936

Other Contributory Causes of Importance:

Name of operation... Date of...

What test confirmed diagnosis?... Was there an eurytopsy? No.

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) Clifford M. Hudson

M. D.
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</tbody>
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Other contributory causes of importance:

| Gallstones                                                                                      | May 1, 1923  |

Example II

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<td>Peritonitis</td>
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</tbody>
</table>

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Bel Air
   Length of residence in city or town where death occurred: 50 yrs.

2. FULL NAME
   Name: Theodore Turner
   Residence: 
   Address: Need a More Complete Address

3. SEX
   Sex: Male

4. COLOR OR RACE
   Color or Race: White

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

6. DATE OF BIRTH
   Date: March 15, 1936

7. AGE
   Years: 50
   Months: 0
   Days: 0

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Trade: None

9. OCCUPATION
   Occupation: None

10. BIRTHPLACE
    City or town: Harford Co. Md.
    State or country: Maryland

11. NAME OF MOTHER
    Name: Harriet Turner

12. INFORMANT
    Name: Annie Turner
    Address: Forest Hill Md.

13. MEDICAL CERTIFICATE OF DEATH
    Date of Death: March 15, 1936
    Medical Certificate:
    I hereby certify, That I attended deceased from Feb. 15, 1936, to Mar. 15, 1936, and last saw him alive on Mar. 1, 1936, and death was said to have occurred on the date stated above, at 7 A.M. The principal cause of death and related causes of importance were as follows:
    Diabetes

14. Date of Onset: 1936

15. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
    None

16. MANNER OF INJURY
    None

17. NATURE OF INJURY
    None

18. DATE OF INJURY
    None

19. Date of Accident
    None

20. WHERE INJURY OCCURRED
    None

21. CAUSE OF DEATH
    None

22. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
    None

23. date of operation:
    None

24. WAS INJURY OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
    None

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

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

To be complete, an occupation return must state:

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

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

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

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

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

### Example I

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

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

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

1. PLACE OF DEATH

County:
Village or City:
Registration Dist. No.: 184
Ward:
No.: 3029
St., Ward.

2. FULL NAME: Marion J. Whiteford
(a) Residence: No.
(Obsolete place of abode)
Whiteford, Maryland
St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Pale blue
5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of
Scott Whiteford

6. DATE OF BIRTH (month, day, and year): Aug 25, 1850
7. AGE: 82 Years 7 Months 0 Days
8. Trade, profession, or particular kind of work done: Housewife
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

OCCUPATION

PEACH BOTTOM YACHT CO., PA
PEACH BOTTOM YACHT CO., PA

12. BIRTHPLACE (city or town) (State or country): Peach Bottom,
York Co., PA
13. NAME: Henry J. Fuller McCauley
14. BIRTHPLACE (city or town) (State or country): Peach Bottom, York Co., PA
15. MAIDEN NAME: Olena Wilson
16. BIRTHPLACE (city or town) (State or country): Sylmar, CA

17. INFORMANT: Jocasta McCauley Whiteford
(Address): Whiteford, MD
18. BURIAL, CREMATION, OR REMOVAL:
Pleasant Dale Cemetery Date: March 17, 1936
19. UNOVERTAKER: "Rosa"
(Address): "Rosa"

21. DATE OF DEATH: Mar 16, 1936
(Month) (Day) (Year)

I last saw h. e. alive on July 16, 1936; death is said to have occurred on the date stated above, at 9:25 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis, duration six months, causing death.
Other Contributory Causes of importance: None.

23. If death was due to external causes (VIOLANCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury: 1926.
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: None.
Nature of injury: None.

24. (Signed) William S. Wilhelm, M.D.
(Address): "Rosa"

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

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN