STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Garrett
Village or City: Crullaw, Md.

2. FULL NAME
(a) Residence: No. Crullaw, Md.

3. SEX
M

4. COLOR OR RACE
W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Married

6. DATE OF BIRTH
Nov. 12, 1880

7. AGE
55 Years, 5 Months, 7 Days

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

11. TOTAL TIME (YEARS)

12. BIRTHPLACE
Battinger, Md.

13. NAME
Samuel Battinger

14. BIRTHPLACE
Battinger, Md.

15. MAIDEN NAME
Barbara Engle

16. BIRTHPLACE
Battinger, Md.

17. INFORMANT
Jennie Battinger

18. BURIAL, CREMATION, OR REMOVAL
Place: Jorja, Md.

19. UNDERTAKER
A. J. G. F. D. C. Reider

20. FILED
4/20/36

21. DATE OF DEATH
18, 1936

22. I HEREBY CERTIFY
Aug. 19, 1935, to... Apr. 16, 1936

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
Cardiac Failure

24. DISABILITY OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>May 8, 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones

Example II

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

Other contributory causes of importance:

Gastroenteritis

1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Yarcor
Village or City: Accident

2. FULL NAME: Walter Eugene Bowes

3. SEX: Male
4. COLOR OR RACE: White

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

6. DATE OF BIRTH (month, day, and year): Oct 17, 1905
7. AGE: 60

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Spinner
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Textile Mill

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: April 29, 1936
11. TOTAL TIME SPENT IN THIS OCCUPATION: 10 years

12. BIRTHPLACE (city or town): MD
13. NAME: Luther Bowers
14. BIRTHPLACE (city or town): MD
15. MAIDEN NAME: Kilbourn

16. BIRTHPLACE (city or town): MD
17. INFORMANT: Walter E. Bowes
18. BURIAL, CREMATION, OR REMOVAL: Accident, MD
19. UNDERTAKER: M. W. Winter, MD

20. FILED: April 29, 1936

21. DATE OF DEATH: April 27, 1936

22. MEDICAL CERTIFICATE OF DEATH:

HEREBY CERTIFY, That I attended deceased from April 23, 1936, to April 29, 1936, 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:

Pneumonia and Tuberculosis

23. ACCIDENTAL DEATH:

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

If so, specify

(Signed) M. W. Winter, MD

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

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<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
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<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1923</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: Havre
   Length of residence in city or town: 30 yrs., 0 mos., 0 days
   Registration Dist. No.: 161

2. FULL NAME: Sarah Christina Brunner
   (a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced, HUSBAND of:
   (Signature): Benjamin Brunner
   WIFE of:
   (Signature): Elizabeth Brunner

6. DATE OF BIRTH (month, day, and year): Sept. 6, 1905

7. AGE: 60 yrs., 7 mos., 19 days

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

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

10. Date deceased last worked at this occupation (month and year): Sept. 6, 1905

11. Total time (years) spanned in this occupation: 60 yrs., 7 mos., 19 days

12. BIRTHPLACE (city or town): Pennsville, New Jersey

13. NAME: James Yonavitch
14. BIRTHPLACE (city or town): Union County, New Jersey

15. MAIDEN NAME: Malvina Fisher
16. BIRTHPLACE (city or town): Pennsylvania

17. INFORMANT: Sarah Christina Brunner
   (Address): Havre, Maryland

18. BURIAL, CREMATION, OR REMOVAL: Buried
   Place: Havre
   Date: 4/27/36

19. UNDERTAKER (Address): A. H. Ackerman (Address): Havre, Maryland

20. FILED: April 27, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 27, 1936

22. I HEREBY CERTIFY: That I attended deceased from April 19, 1936, to April 27, 1936, and death is said to have occurred on the date stated above, at 8:00 p.m.

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

[Signature: R. T. Brown]

Other Contributory Causes of importance:

Name of operation: None

Date of operation: None

What last confirmed diagnosis? None

Was there an autopsy? None

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? None
   Date of injury: 4/27/36
   Where did injury occur? None
   Specify whether injury occurred in INDUSTRY, at 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: None
   (Signed): R. T. Brown
   (Address): Havre, Maryland

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**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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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: Garrett
   Village or City: Mt. Lake Park, Md.
   Post Office: 
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: William David Clary
   (a) Residence: No. Loch Lynn Heights St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. S. SINGLE, MARRIED, WIDowed, OR DIVORCED: Single

6. DATE OF BIRTH: April 2, 1936
7. AGE: Years: Months: Days: 2 yrs. hrs. or min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: 
   (e.g., SPINNER, MASON, BOOKKEEPER, etc.)

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: 
   (e.g., TEXTILE MILL, WOOD 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): Loch Lynn Heights
    (STATE OR COUNTRY): Garrett Co., Md.

13. NAME: Nelson Franklin Clary
14. FATHER: Nelson Franklin Clary
15. MOTHER: Edith Victoria King
17. INFORMANT: Nelson Franklin Clary
18. BURIAL, CREMATION, OR REMOVAL: Deer Park, Md.
19. UNDERTAKER: Herbert G. Leighton
20. FILED: April 7, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 4, 1936
22. I HEREBY CERTIFY That I attended deceased from 
   April 2, 1936, to Apr. 4, 1936, death occurred on the date stated above, at 2:40 P.M.
   The principal cause of death and related causes of importance were as follows:
   Cerebral hemorrhage resulting from birth injury.

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

If more blanks are needed, address State Registrar, 3411 N. Charles Street, Baltimore, Requesting “U.S. No. 1.”
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</tr>
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<td>July 5, 1927</td>
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</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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<table>
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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: Emmorton
   (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
   Name: Ralph Eats
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED

6. DATE OF BIRTH
   (month, day, and year): April 26th, 1936

7. AGE
   Years: 56
   Months: 6
   Days: 26
   If LESS than 1 day, hrs. or mins.

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   SILK MILL

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE
    (city or town, state or country): Emmorton, Harford

13. NAME
    FATHER: Benjamin and Thelma

14. BIRTHPLACE
    (city or town, state or country): Emmorton

15. MAIDEN NAME
    HALL

16. BIRTHPLACE
    (city or town, state or country): Pennsylvania

17. INFORMANT
    NAME: Benjamin and Thelma
    ADDRESS: Emma and Thelma

18. BURIAL, CREMATION, OR REMOVAL
    Place: Emmorton, Md.
    Date: April 26, 1936

19. UNDERTAKER
    NAME: Benjamin and Thelma
    ADDRESS: Emma and Thelma

20. FILED
    Date: April 26, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Month: April
    Day: 26
    Year: 1936

22. CERTIFY
    That I attended deceased from April 26th, 1936, to April 26th, 1936
    Last saw deceased alive on July 1936, 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:
    Pneumonia due to influenza of mother
    Date of death: April 26th, 1936

Other Contributory Causes of Importance:

Name of operation: Osteotomy of...
What test confirmed diagnosis? X-ray was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in the following:
   Accident, suicide, or homicide? Yes 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.
   Nature of injury: Pneumonia due to influenza

24. Was disease or injury in any way related to occupation of deceased? Yes
   If so, specify
   Occupation: SPINNER
   (Address): Emma and Thelma

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

1. PLACE OF DEATH
   County: Garrett
   Village or City: Friendsville, Md. (Blooming Rose)
   Length of residence in city or town where death occurred: 40 yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME: Flaura Frazee
   (a) Residence: No. Friendsville, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
   HUSBAND of: Albert Frazee

6. DATE OF BIRTH (month, day, and year): April 30, 1868
7. AGE: Years: 68 Months: 11 Days: 17
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housewife
9. OCCUPATION: Housewife
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR):
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION:

12. BIRTHPLACE (CITY OR TOWN): Addison, Pa.
13. NAME OF FATHER: Hiram Hileman
15. MAIDEN NAME: Cinthia Hinebaugh
17. INFIRMARY: Albert Frazee
   Friendsville, Md.
18. BURIAL, CREMATION, OR REMOVAL: Blooming Rose Md.
   Place: Date: April 19, 1936
19. UNDERTAKER: A.F. Collins
   (Address): Terra Alta W.Va.
20. FILED: April 17, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1936, to April 17, 1936.
    I saw him alive on April 17, 1936; death is said to have occurred on the date stated above, at 7 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Cancer and other malalignments of the digestive tract and peritonitis
    Other Contributory Causes of Importance: 

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

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

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

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

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

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

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

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

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

1. PLACE OF DEATH

County: Garrett
Village or City: 6th St., West
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

(a) Residence: North 6th St.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Mar 20, 1896

7. AGE: Years 77 Months 14 Days 0

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

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

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town): New Augusta
   State or country: Ind.

13. NAME: Earl H. Harvey
14. BIRTHPLACE (city or town): New Augusta
   State or country: Ind.

15. MAIDEN NAME: Lena L. Peterson

16. BIRTHPLACE (city or town): New Augusta
   State or country: Ind.

17. INFORMANT (Address): Earl H. Harvey

18. BURIAL, CREMATION, OR REMOVAL PLACE: Margaretta, Date: April 8, 1926

19. UNDERTAKER: Emery Ballon
   Address: 3rd St.

20. FILE No.: 1936, 1936

21. DATE OF DEATH (Month, Day, Year): Apr 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1929 to Apr 4, 1936, that death occurred on the date stated above, at 8:30 a.m.

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

   Signature: Dr. J. H.

   Other Contributory Causes of importance:

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

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

   Accident, suicide, or homicide?
   Data 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): Dr. M. H. Hines
   M. D.

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

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

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

1. PLACE OF DEATH
   County: Somersett
   Village or City: Confluence
   Registration Dist. No.: 161
   Length of residence in city or town where death occurred: yrs. mos. ds.
   Ward: __________

2. FULL NAME
   Walter Ford Sipple
   Residence: No.
   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
   Single

6. DATE OF BIRTH (month, day, and year)
   April 21, 1935

7. AGE
   Years: 11
   Months: 2
   Days: 8
   If less than 1 day, . . . . hrs. or . . . . min.

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

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

10. Date deceased last worked at this occupation: ________
    Month and year: ________

11. Total time spent in this occupation: ________

12. BIRTHPLACE (city or town)
    Confluence

13. NAME
    Walter Ford Sipple

14. BIRTHPLACE (city or town)
    Confluence

15. MAIDEN NAME
    Hilda A. Sipple

16. BIRTHPLACE (city or town)
    Confluence

17. INFORMANT
    Albert Sipple
    Address: __________

18. BURIAL, CREMATION, OR REMOVAL
    Place: FRIENDSWELL, Md.
    Date: April 21st, 1936

19. Undertaker
    Albert Sipple
    Address: __________

20. FILED
    April 20, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 21, 1936

22. I HEREBY CERTIFY that I attended deceased from April 19, 1936, to April 19, 1936, death is said to have occurred on the date stated above.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Double Bronchial Pneumonia, The bronchi-pneumonic was primary.

   Other Contributory Causes of importance:
   __________

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

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

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

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**Example I**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
<th>Other Contributory Causes of Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 8, 1927</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

**Example II**

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

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

1. **PLACE OF DEATH**
   - County: Garrett
   - Village or City: Meadow Mt.
   - No. St., Ward
   - Length of residence in city or town where death occurred: yrs., mos., ds.
   - How long in U.S. if of foreign birth: yrs., mos., ds.

2. **FULL NAME**
   - J. W. Pitts
   - If U. S. Veteran, specify WAR

<table>
<thead>
<tr>
<th><strong>PERSONAL AND STATISTICAL PARTICULARS</strong></th>
<th><strong>MEDICAL CERTIFICATE OF DEATH</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>SEX: Female</td>
<td>21. DATE OF DEATH: 4-12-1936</td>
</tr>
<tr>
<td>COLOR OR RACE: White</td>
<td>(Month) (Day) (Year)</td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow</td>
<td></td>
</tr>
<tr>
<td>6. DATE OF BIRTH: Aug. 15, 1852</td>
<td></td>
</tr>
<tr>
<td>7. AGE: 82 yrs. 7 mos. 27 days</td>
<td></td>
</tr>
<tr>
<td>8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework</td>
<td></td>
</tr>
<tr>
<td>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:</td>
<td></td>
</tr>
<tr>
<td>10. Date deceased last worked at this occupation (month and year): 4-12-1936</td>
<td></td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation: 4 yrs.</td>
<td></td>
</tr>
<tr>
<td>12. BIRTHPLACE (city or town): Cumberland</td>
<td></td>
</tr>
<tr>
<td>13. NAME: John Pyle</td>
<td></td>
</tr>
<tr>
<td>14. BIRTHPLACE (city or town):</td>
<td></td>
</tr>
<tr>
<td>15. MAIDEN NAME: Unknown</td>
<td></td>
</tr>
<tr>
<td>16. BIRTHPLACE (city or town):</td>
<td></td>
</tr>
<tr>
<td>17. INFORMANT: Lizzie Beckman</td>
<td></td>
</tr>
<tr>
<td>18. BURIAL CREMATION OR REMOVAL: Place: Evergreen; Date: April 15, 1936</td>
<td></td>
</tr>
<tr>
<td>19. UNDERTAKER: Charles Sharpless</td>
<td></td>
</tr>
</tbody>
</table>

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

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

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

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County
   Garrett
   Village or City
   Oakland, Maryland.
   Registration Dist. No. 4097
   No. St., Ward
   Length of residence in city or town where death occurred yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
4. COLOR OR RACE
   White
5. SINGLE, MARRIED, WIDOWED, WIDOWERED (write the word)
   Single

8a. If married, widowed, or divorced
   WIDOWERED
   (or) WIFE OF
   Wife of & Sarah Raley

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Farmer

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

11. Total time (years) spent in this occupation

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

13. NAME
    W. Raley

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

15. MAIDEN NAME
    Sarah Hoover

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

17. INFORMANT (Address)
    C. L. Raley
    McHenry, Md.

18. BURIAL, CREMATION, OR REMOVAL PLACE
    Mayerville, Md. 5-3-1936
    Date

19. UNDERTAKER (Address)
    Emory Bolden
    Oakland, Md.
    Date

20. FILED
    5-2-36
    Local.

21. DATE OF DEATH
    April, 30, 1936
    (Month)
    (Day)
    (Year)

22. At intervals for more than 2 years
    Cardiac Neuralgia.
    Agina Pectoris.

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

24. Cause of death: Cardiac Neuralgia.

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

To be complete, an occupation return must state:

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

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

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

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

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

**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 |

**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:**

| 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: Garrett
Village or City: R. D., Oakland, Md.
(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. 1 mos. 14 days. How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME: Charles William Riley
(a) Residence: No., R. D., Oakland, Md.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): March 6, 1936
7. AGE: Years 1 Months 14

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

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

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

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


13. NAME: Jasper White Riley

15. MAIDEN NAME: Nina Olive O'Brien

17. INFORMANT: Jasper W. Riley
18. BURIAL, CREMATION, OR REMOVAL: White Church M, Date: April 21, 1936

19. UNDERTAKER: Herbert G. Leighton
20. FILED: 4/21/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 20, 1936

I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM

April 15, 1936, to April 20, 1936.

I last saw him alive on April 14, 1936; death is said to have occurred on the date stated above, et al., etc.

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

Defect of the diaphragm, congenital

Accompanied by cardiac deformations

Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of Injury:

Where did injury occur?

(Specify city or town, county and State)

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

Manner of injury

Nature of injury

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

If so, specify

(Signed)

Register.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

Example I

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

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |
1. PLACE OF DEATH
   County: Garrett
   Village or City: R. D. Deer Park, Md.
   Length of residence in city or town where death occurred: 75 yrs, 5 mos, 21 ds.
   If death occurred in a hospital or institution, give the NAME instead of street and number.
   Registration Dist. No.: 1
   Ward:

2. FULL NAME: William Goheen Riley
   (a) Residence: R. D. Deer Park, Md.
   (Unusual place of abode)
   If U. S. Veteran, specify WAR:

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

   6. DATE OF BIRTH (month, day, and year): Nov. 2, 1860
   7. AGE: 75 yrs, 5 mos, 21 ds

   8. OCCUPATION: Farmer
   9. Occupation last worked at: Farm
   10. Date deceased last worked at this occupation (month and year): April 23, 1936
   11. Total time (years) spent in this occupation: 65 yr

   13. NAME: John G. C. Riley
   15. MAIDEN NAME: Ellen Biggs

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: April 23, 1936

   22. I HEREBY CERTIFY, That I attended deceased from March 30, 1936, to April 23, 1936, I last saw him alive on March 30, 1936, death said to have occurred on the date stated above, at 1:00 A.M.
   The principal cause of death and related cause of importance are as follows:
   Chronic nephritis

   Other Contributory Causes of Importance:
   Operation: Prostatic enlargement. Cure duration: three years.

   Name of operation:
   Diagnosis: Prostatic enlargement.

   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, suicides, 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.
   Nature of injury:
   Manner of injury:

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

   Signed:

   (Address): W. G. Dinkins, M.D.

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

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

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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

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

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

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

Other contributory causes of importance:

Gallstones Date of onset: May 1, 1923

Other contributory causes of importance:

Gastroenteritis 1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County...
   Village or City: Osceola, Ind.
   (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. or of foreign birth: yrs. mos. ds.

2. FULL NAME...
   (a) Residence: No.
   (Usual place of abode)
   If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

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

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Apr. 5, 1936

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

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Osceola, Ind.

13. NAME
    Michael St. Gregory Rogero

14. BIRTHPLACE (city or town)
    Osceola, Ind.

15. MAIDEN NAME
    Maria L. Fonger

16. BIRTHPLACE (city or town)
    Osceola, Ind.

17. INFORMANT
    (Address)
    Robert L. Fonger

18. BURIAL, CREMATION, OR REMOVAL
    Place: Underwood, Ind.
    Date: April 5, 1936

19. UNDERTAKER
    (Address)
    E. B. Beller

20. FILED
    (Address)
    July 5, 1936

REGISTRATION DIST. No. 133

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Apr. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Apr. 5, 1936, to Apr. 5, 1936;
    death is stated to have occurred on the date stated above, et. m.

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

   Ante-Burz

   (Cause of death, time)

Other Contributory Causes of importance:

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

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

   Manner of injury...
   Nature of injury...

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

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

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

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<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>May 8 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance: |

Gallstones | Gastroenteritis | 1 year

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

**1. PLACE OF DEATH**
- **County:** Garrett
- **Village or City:** Oakland, Md.
- **Length of residence in city or town where death occurred:** yrs., mos., ds.

**2. FULL NAME:** Carroll Cody Skipper
- **Residence No.:**
- **If U.S. Veteran, specify WAR:**

#### PERSONAL AND STATISTICAL PARTICULARS

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

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

**6. DATE OF BIRTH** (month, day, year)
- **Jan. 27th, 1928**

**7. AGE**
- **Years:** 8
- **Months:** 2
- **Days:** 22

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

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

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

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

**12. BIRTHPLACE (city or town):**
- **Oakland, Garrett, Co.**

**13. NAME:** Carroll Cody Skipper

**14. BIRTHPLACE (city or town):**
- **Oakland, Md.**

**15. MAIDEN NAME:** Nora Daffodil Friend

**16. BIRTHPLACE (city or town):**
- **Oakland, Md.**

**17. INFORMANT:** Carroll Cody Skipper

**18. BURIAL, CREMATION, OR REMOVAL:**
- **Marshall Friend, S. D.**

**19. UNDERTAKER:** Emroy D. Bolden

**20. FILED:** 4/20/36

**21. DATE OF DEATH**
- **April 19th, 1936**

**22. I HEREBY CERTIFY**
- **That I attended deceased from April 19th, 1936, to April 19th, 1936.**

**23. The principal cause of death and related causes of importance were as follows:**
- **Date of onset:**
- **Other Contributory Cause of importance:**

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

**25. Manner of Injury:**

**26. 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

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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>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: New Park
   Registration Dist. No.: 1
   Ward: 7
   No. Line 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: Rosaleen Louise Jackler
   If U.S. Veteran, specify WAR:
   (a) Residence: No. St., Ward.
   (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: Single

6. DATE OF BIRTH (month, day, and year): April 15, 1936

7. AGE: If less than 1 day, hours, or min.

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

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

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

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

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

13. NAME: Russell Jackler

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

15. MAIDEN NAME: Hilda Cooper

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

17. INFORMANT: Mike Jackler
   (Address): New Park

18. BURIAL, CREMATION, OR REMOVAL
   Place: New Park
   Date: April 15, 1936

19. UNDERTAKER: Neither
   (Address):

20. FILED: 4/16, 1936
   Registrar:

21. DATE OF DEATH
   (Month) (Day) (Year): April 15, 1936

22. I HEREBY CERTIFY, that I attended deceased from
   Age 15 1936, to Age 16, 1936
   I last saw deceased alive on Dec. 21, 1935; death is said to have occurred on the date stated above, at 11:30 A.M.

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

   Probable death injury: April 15, 1936

Other Contributory Causes of importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: Date of Injury: 1936
   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? No
   If so, specify:
   (Signed) M.D.
   (Address): 216 E. Oakland St.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</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: Garrett
Village or City: Neen Wilson

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.
COLOR OR RACE: V.
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

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

Mary Truban

DATE OF DEATH

April 23, 1936

DATE OF BIRTH

Dec. 27, 1892

AGE

43 3 26

OCCUPATION

MINER, MOTOR MAN

DATE WORKED LAST

June 3, 1936

TOTAL TIME SPENT

20 YRS.

BIRTHPLACE

ITALY

FATHER

DAVID TRUBAN

MOTHER

MISS DIMARCO

MAIDEN NAME

MISS DIMARCO

BURIAL, CREMATION, OR REMOVAL

FAYMORE CEM. Date: June 3, 1936

UNDEAKTER

E. H. STEWART

FILED

April 26, 1936, Virginia M. Harvey, Registrar.

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

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<table>
<thead>
<tr>
<th>Disease</th>
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</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephrosis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 8, 1936</td>
</tr>
</tbody>
</table>

BUREAU V. S.

Other contributory causes of importance:

Galstones
May 1, 1928

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>
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</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gastroenteritis
1 year

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

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

2. FULL NAME:
   John Whas.
   If U.S. Veteran, specify WAR:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Write the word)

6. DATE OF BIRTH (month, day, and year):
   About 1876

7. AGE: 60 Years
   8. Trade, profession, or particular kind of work done: [Handwritten and not readable]
   9. Industry or business in which work was done: [Handwritten and not readable]
   10. Data deceased last worked at this occupation (month and year):

11. Total years spent in this occupation:

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

13. NAME:

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

15. MAIDEN NAME:

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

17. INFORMANT (Address):

18. BURIAL, CREMATION OR REMOVAL Place: Oakland
    Data: April 9, 1936

19. UNDERTAKER (Address):

20. FILED: 4/8/36

21. DATE OF DEATH
   (Month) 4
   (Day) 19
   (Year) 1936

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from
    Date of onset: 

I last saw h. . . . alive on: 8/09/19.

Death is said to have occurred on the date stated above, at 8:00 P.M.

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

[Signature]

Other Contributory Causes of importance:

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Date of injury: 19
   Where did injury occur? [Specify city or town, county and State]
   Spacify 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:

[Signature] M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<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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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
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</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: Harriett
Village or City: Accident, R. F.

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
Widowed

6. DATE OF BIRTH (month, day, and year)
Feb 25, 1847

7. AGE
Age: 84

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(Mother or country)

13. NAME
Andrew Jechtle

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Mrs. Laura Savage

18. BURIAL, CREMATION, OR REMOVAL

Place: Hoyle, M.D., Date: 24-25, 1936

19. UNDERTAKER

Albo Abend

20. FILED

April 28, 1936

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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Example I

| The principal cause of death and related causes of importance were as follows: |
| Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 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 |
1. **Place of Death**
   - County: Harford
   - Village or City: Oakland, Md.
   - Registration Dist. No.: 16

2. **Full Name**
   - Samuel Weiner
   - If U.S. Veteran, specify War:

**Personal and Statistical Particulars**

3. **Sex**: Male
4. **Color or Race**: White
5. **Single, Married, Widowed, or Divorced**: Single
6. **Date of Birth**: March 21, 1915
7. **Age**: 14
8. **Place of Abode**
   - Residence No.
   - St., Ward.

**Medical Certificate of Death**

21. **Date of Death**: 10, 1936
22. **Cause of Death**
   - Chronic Myocarditis, Duration: Two years
   - Name of operation:
   - Date of:
   - What test confirmed diagnosis?
   - Was there an autopsy?
   - If death was due to external causes (VIOLENCE) fill in also the following:
     - Accident, suicide, or homicide?
     - Date of Injury:
     - Where did Injury occur?
     - (Specify city or town, county and state)
     - Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
     - Manner of Injury
     - Nature of Injury

23. **Burial, Cremation, or Removal**
   - Place: Kings Hwy
   - Date: 17, 1936

24. **Undertaker**
   - Address:

25. **Filed**
   - Date: 4/17/36

**Additional Information**

If more blanks are needed, address State Registrar, 2411 N. Charles St., Baltimore, Requesting U.S. No. 1.
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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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<table>
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</tr>
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</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
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Name: James White
   - Residence: No. St., Ward.

3. **SEX**
   - M

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - December 22, 1856

7. **AGE**
   - Years: 79
   - Months: 3
   - Days: 15

8. **OCCUPATION**
   - Housewife

9. **DATE OF DEATH**
   - April 15, 1926

10. **CAUSE OF DEATH**
    - Cirrhosis of Liver

11. **BIRTHPLACE**
    - City or town: Susquehanna
    - State or country: WVa.

12. **MOTHER**
    - Maiden Name: Mary H. Hull
    - Mother: WVa.

13. **FATHER**
    - Name: James Lquires
    - Father: WVa.

14. **BIRTHPLACE**
    - City or town: Susquehanna
    - State or country: WVa.

15. **INFORMANT**
    - Address: Havre de Grace

16. **UNEMPLOYMENT**
    - Address: Havre de Grace

17. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Havre de Grace
    - Date: April 17, 1926

18. **UNDERTAKER**
    - Name: F. Sharpless

19. **FILED**
    - No. 4107
    - Date: 1926

20. **REGISTRATION DISTRICT**
    - No. 1

21. **REGISTRAR**
    - Wm. D. Simms, M.D.

22. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - Name of operation: None
    - Date of operation: None
    - What test confirmed diagnosis? X
    - Was there an autopsy? Yes

23. **DATE OF INJURY**
    - April 17, 1926

24. **MANNER OF INJURY**
    - Nature of injury: None

25. **DISEASE OR INJURY RELATED TO OCCUPATION**
    - If so, specify: None
    - Signed: Wm. D. Simms, M.D.
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<tbody>
<tr>
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<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>May 4, 1936</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>
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The principal cause of death and related causes of importance were as follows:

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<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN