STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Somersel
   Village or City: Westover R. T. D.
   Registration Dist. No.: 264

2. FULL NAME
   Frances May Armwood
   Residence: Westover R. T. D., St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: April 15, 1936
7. AGE: 6

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: None
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: None
10. DATE OF DEATH: April 21, 1936

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: None

12. BIRTHPLACE (CITY OR TOWN): Near Westover, Md.
13. NAME: Robert Darshields
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY): Near Westover, Md.
15. MAIDEN NAME: Irene Armwood
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY): Near Westover, Md.

17. INFORMANT (ADDRESS): Allie Maddox
18. BURIAL, CREMATION, OR REMOVAL: On a Farm, Near Westover

19. UNDERTAKER (ADDRESS): Joseph Miles Acting
20. FILED: Apr. 22, 1936

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>Disease</th>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones
- May 1, 1923

**Example II**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gastroenteritis
- May 1, 1923

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Mt Vernon
   Length of residence in city or town where death occurred: 70 yrs. at home (corrected)

2. FULL NAME
   Ella Elizabeth Austin
   Residence: No. 274, Mt. Vernon Ave., 2nd St., 2nd Ward
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5a. If married, widowed, or divorced: Widow
   HUSBAND of: William Austin

6. DATE OF BIRTH (month, day, and year): April 1, 1883
7. AGE: 51 yrs. 10 mos. 22 days
8. Trade, profession, or particular kind of work done: Housewife
9. Industry or business in which work was done: None
10. Date deceased last worked at this occupation: 18 yrs.
11. Total time (years) spent in this occupation: 15 yrs.
12. BIRTHPLACE (city or town): Damascus, Somerset Co.
   (State or country)
13. NAME: James Scott
14. BIRTHPLACE (city or town): Damascus, Somerset Co.
   (State or country)
15. MAIDEN NAME: Emily L. Kelly
16. BIRTHPLACE (city or town): Somerset Co.
   (State or country)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Apr 29, 1936

22. I HEREBY CERTIFY, that I attended deceased from

23. I last saw him/her alive on

24. to

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

26. The principal cause of death and related causes of importance were as follows:
   Chronic Angina

27. Other Contributory Causes of Importance:

28. Name of operation: Date:

29. Was death certified diagnosis? Was there an autopsy?:

30. 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:

31. Manner of injury:
32. Nature of injury:
33. Was disease or injury in any way related to occupation of deceased?
   If so, specify:
   (Signed):
   (Address):
   Date of:

If more blanks are needed, address State Registrar, 3412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Baltimore
Village or City: Pressto... (strikethrough)
Registration Dist. No.: 261

2. FULL NAME

(a) Residence: No.

2.1 PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

5a. If married, widowed, or divorced

HUSBAND " " (or) WIFE of " "

Married to Mabel Benson

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

Aug 25, 1853

7. AGE

Years: 82
Months: 7
Days: 9

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

Doctor

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

Physician

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

June 1935

11. Total time (years) spent in this occupation

1935

12. BIRTHPLACE (city or town)

Worcester, Co.

13. NAME

Thomas Benson

14. BIRTHPLACE (city or town)

State or Country

15. MAIDEN NAME

Amadora Benson

16. BIRTHPLACE (city or town)

Worcester, Co.

17. INFORMANT

Mrs. S. L. Howard

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILE 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 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.

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
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<td>1921</td>
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</tr>
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<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Crisfield
   Registration Dist. No.: 265
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

   Richard M. Bluford

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
   Male
   4. COLOR OR RACE
   White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single
   6. DATE OF BIRTH
   Feb. 8th, 1895
   7. AGE
   Years: 41
   Months: 1
   Days: 28

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWS, BOOKKEEPER, etc.
   9. Industry or business in which work was done, as 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: Md.
   13. NAME
      William Bluford
   14. BIRTHPLACE (city or town)
      State or country: Va.
   15. MAIDEN NAME
      Mary Wheatley
   16. BIRTHPLACE (city or town)
      State or country: Md.

   17. INFORMANT
      (Address)
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Crisfield
      Date: April 7, 1936
   19. UNDERTAKER
      (Address)
   20. FILED
      Apr. 6, 1936

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH
      April 5th, 1936
      (Month) (Day) (Year)
   22. I HEREBY CERTIFY, That I attended deceased from
      April 3rd, 1936, to April 5th, 1936; death is said
      to have occurred on the date stated above, at
      3:45 A.M.
      The principal cause of death and related causes of importance
      were as follows:
      Autemorse from
      Acute myelitis
      Other Contributory Causes of importance:

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

      Manner of injury
      Nature of injury

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>May 7, 1936</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: (No blank)
   Village or City: Allegany
   Length of residence in city or town where death occurred: About 12 yrs.

2. FULL NAME
   (a) Residence: No. 134, 1st St.

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

   6. DATE OF BIRTH (month, day, and year): Oct. 25, 1861
   7. AGE: About 75 yrs.

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

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

   MOTHER FATHER
   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:__ Date:__

19. Undertaker (Address):__

20. FILER (Address):__ Date:__

21. DATE OF DEATH
   Month:__ Day:__ Year:__

22. I HEREBY CERTIFY, That I attended deceased from__ to__ April 19, 1936
   I last saw him alive on__ April 19, 1936; death is said to have occurred on the date stated above, at__ __.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   ____________
   ____________
   ____________

   Other Contributory Causes of Importance:
   ____________
   ____________

   Name of operation:__
   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 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)__

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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><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>May 5, 1930</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>May 1, 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: Frederick
   Village or City: Mammad MD
   Registration Dist. No.: 31
   Length of residence in city or town where death occurred: 3 yrs. mos. ds.
   Ward: 4
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: Henry Brown
   Residence: No. 226 North Pl. MD
   If U.S. Veteran, specify WAR: 48th Infantry, World War II

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
   HUSBAND OF: Not married

6. DATE OF BIRTH (month, day, and year): April 25, 1906

7. AGE: About 60
   Years: About 60
   Months: 0
   Days: 0
   If LESS than 1 day: 1 hr.
   or min.

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

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

10. Date deceased last worked at this occupation (month and year): April 25

11. Total time (years) spent in this occupation: Not applicable

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

13. NAME: Henry Brown

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

15. MAIDEN NAME: Not applicable

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

17. INFORMANT: Adeline Outlaw
    (Address): 226 North Pl., Mammad MD

18. BURIAL, CREMATION, OR REMOVAL: Interred County Date: 4/25/1936

19. UNDERTAKER: Geo. W. Heilman & Son
    (Address): 226 North Pl., Mammad MD

20. FILED: 4/25/1936

21. DATE OF DEATH: April 25, 1936

22. I HEREBY CERTIFY, That I attended decedent from... to... in... and... in...; death is said to have occurred on the date stated above, at... Date of onset: 4/25/1936

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

Stroke of Cerebral Vessel

Other Contributory Causes of Importance:

Heart Disease

Name of operation: None

What test confirmed diagnosis? None

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Accident
   Date of injury: 4/25/1936
   Where did injury occur? 226 North Pl., Mammad MD
   (Specify city or town, county, and State)
   Specify whether injury occurred IN INDUSTRY, IN HOME, or IN PUBLIC PLACE.
   IN INDUSTRY
   Manner of injury: Struck by Cerebral Vessel
   Nature of injury: Heart Disease

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

If so, specify: None

Address: None

Registrar: M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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>
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</thead>
<tbody>
<tr>
<td>Date of onset</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Received</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>May 4, 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones</td>
<td>Other contributory causes of importance: 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: Somerset
   Village or City: Nor. Airfield

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
   Widow

6. DATE OF BIRTH
   Dec 1845

7. AGE
   82
   3
   29
   If LESS than 1 day, ... hrs. or ... min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Somerset, Md

13. NAME
   William E. Shelton

14. BIRTHPLACE (city or town)
   Md

15. MAIDEN NAME
   Maria J. Moore

16. BIRTHPLACE (city or town)
   Md

17. INFORMANT
   Mrs. A. J. Riggs

18. BURIAL, CREMATION, OR REMOVAL
   Place: Aberdeen
   Date: April 18, 1934

19. UNDERTAKER
   (Address)
   Cairns & Co., Aberdeen

20. FILED
   (Address) (Signed)
   Dr. A. L. Redman
   M. D.
   Apr 17, 1934

21. DATE OF DEATH
   April 16, 1936

22. I HEREBY CERTIFY that I attended deceased from April 12, 1936, to April 16, 1936, I last saw her alive on April 16, 1936, death is said to have occurred on the date stated above, at 4:15 P.M.

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

   Cardio-vascular
   Acute dilatation of heart

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

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<tr>
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<td>1915</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td>1921</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td>May 5, 1927</td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:**

**Gastroenteritis** | 1 year | **Gastroenteritis** | 1 year | **Gastroenteritis** | 1 year | **Gastroenteritis** | 1 year |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

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*Note: The image contains a handwritten note in the bottom right corner that is not part of the standard certificate.*
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Somersett
   Village or City: Curwll
   Length of residence in city or town where death occurred: 62 yrs. 90 days
   Registration Dist. No.: 966

2. FULL NAME
   Margaret Evans
   Residence: No. St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
   4. COLOR OR RACE English
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
      If married, widowed, or divorced:
      HUSBAND or WIFE of Major Evans

6. DATE OF BIRTH (month, day, year)
   Jan. 17, 1874

7. AGE
   Years: 62
   Months: 3
   Days: 1
   If less than 1 year: 0

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

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

10. Date deceased last worked at this occupation (month and year)
   May 15, 1874

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

12. BIRTHPLACE (city or town)
   Smith Island

13. NAME Stiven Tyler
    (State or country)

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

15. MAIDEN NAME Millie Diaz
    (State or country)

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

17. INFORMANT
   Major Evans
   Address: Curwll MD

18. BURIAL, CREMATION, OR REMOVAL
   Place: Curwll
   Date: April 20, 1936

19. UNDERTAKER
   Jospeh Broadhead
   Address: Curwll
   Date: April 20, 1936

20. FILED
   April 20, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 15, 1936

   I test saw her... alive on April 17, 1936; death is said
   to have occurred on the date stated above, at 11:30 a.m.
   The principal cause of death and related causes of importance
   were as follows:
   Intestinal nephritis

   Date of onset
   2 years

   Other Contributory Causes of Importance:
   Exhuma

   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)
   Nature of injury
   Manner of injury
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   If so, specify...

24. Was disease or injury in any way related to occupation of deceased? No
   (Signed)
   M. D.
   (Address)

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

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

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

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

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

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

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<td>July 5, 1927</td>
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<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Other contributory causes of importance may be:

<table>
<thead>
<tr>
<th>Father</th>
<th>6 months of similar trouble as well as a brother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>6 months of similar trouble as well as a brother</td>
</tr>
<tr>
<td>Sister</td>
<td>6 months of similar trouble as well as a brother</td>
</tr>
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<td>Sister</td>
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</table>

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Crisfield
   Registration Dist. No.: 261
   Within Corporate Limits of: Tyrtle Street
   Length of residence in city or town where death occurred: yrs. ______ mos. ______

2. FULL NAME
   Robert P. Evans
   Residence: Ewell, Md.
   If U.S. Veteran, specify WAR: Y
   (a) Residence: No. ______
   (b) Ward: ______
   (b) Place of abode: ______

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
   January 29, 1878

7. AGE
   Years 58 | Months 2 | Days 16

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, E.G., SPINNER, SAWYER, BOOKKEEPER, Etc.
   Waterman

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS MILL, MILLS, MILL, BANK, Etc.
   Boats

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

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

12. BIRTHPLACE (CITY OR TOWN)
    Ewell, Md

13. NAME
    Thomas Evans

14. BIRTHPLACE (CITY OR TOWN)
    Ewell, Md

15. MAIDEN NAME
    Mary Bradshaw

16. BIRTHPLACE (CITY OR TOWN)
    Ewell, Md

17. INFORMANT
    Mrs. Glenwood Evans

18. BURIAL, CREMATION, OR REMOVAL
    Place: Ewell, Con. Date: April 13, 1936

19. UNDERTAKER
    John A. Bradshaw

20. FILED
    Oct. 16, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 13, 1936

   I HEREBY CERTIFY, That I attended deceased from
   Dec. 14, 1935, to Apr. 16, 1936. I last saw him alive on Apr. 13, 1936. Death is said
   to have occurred on the date stated above, at 11:30 A.M.

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

   Coronary Thrombosis

22. Date of Onset: Feb. 1936

Other Contributory Causes of Importance:

Name of operation: ______

What test confirmed diagnosis: ______

Was there an autopsy: ______

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

   Accident, suicide, or homicide: ______
   Date of Injury: Apr. 16, 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: ______
   Nature of injury: ______

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

   if so, specify

   (Signed) ______

   Address: ______

If more blanks are needed, address State Registrar, 2421 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.
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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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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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

Date of onset | Date of onset
--- | ---
1915 | 1 week ago
1921 | 1 week ago
July 5, 1927 | 3 days ago

Other contributory causes of importance:

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

| | |
| | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

________________________

________________________

________________________

________________________

________________________

________________________
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Spencetown
   Village or City: Darlene Fields
   No. St. Ward
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widow, or divorced, husband or (or) wife of
   James Fields

6. DATE OF BIRTH (month, day, and year)
   May 26, 1866

7. AGE
   70 +

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.

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

11. Total time (years) spent in this occupation
   46

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

13. NAME
   George Walton

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

15. MAIDEN NAME
    Sarah

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

17. INFORMANT
    Hiram H. Fields
    Address

18. BURIAL, CREMATION, OR REMOVAL
    Place: Darlene
    Date: May 3, 1934

19. UNDERTAKER
    Fred T. Webster
    Address

20. FILED
    April 3, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 7 (Day) 3 (Year) 1934

22. I HEREBY CERTIFY. That I attended deceased from
    May 26, 1934, to June 2, 1934
    I last saw him alive on June 1, 1934; death said
to have occurred on the date stated above, at 12:40 a.m.
    The principal cause of death and related causes of importance
    were as follows:
    Bright Heart disease
    Congestive heart failure
    Other contributory causes of importance:

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?
    Data of injury: June 2, 1934
    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) E.P. Summerfield M.D.
    (Address)

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

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

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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:

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>May 5, 1936</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>May 1, 1928</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:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1926</th>
<th>Other contributory causes of importance:</th>
<th>1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</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: Somerset
   Village or City: Mt. Vernon
   Length of residence in city or town where death occurred: 59 yrs. 4 mos. 22 ds.

2. FULL NAME: Benjamin Hale Fortwell
   (a) Residence: 226 Anne St., Mt. Vernon, Md.

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: Male
   4. COLOR OR RACE: White
   5. SINGLED, MARRIED, WIDOWED, OR DIVORCED: Married
   6. DATE OF BIRTH (month, day, and year): Nov 10, 1874
   7. AGE: 59 yrs. 4 mos. 22 ds.
   8. OCCUPATION: Carpenter
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year): Nov 10, 1936

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: Nov 2, 1936
   22. I HEREBY CERTIFY, That I attended deceased from 1936 to 1936.
   The principal cause of death and related causes of importance were as follows:
   Cardiovascular Disease

   Other Contributory Causes of importance:
   Diabetes

   13. NAME: Vaughan Fortwell
   14. BIRTHPLACE (city or town, state or country): Mt. Vernon, Maryland
   15. MAIDEN NAME: unknown
   16. BIRTHPLACE (city or town, state or country): unknown
   17. INFORMANT: Murrell Fortwell
   18. BURIAL, CREMATION, OR REMOVAL: Mt. Vernon, April 13, 1936
   19. UNDERTAKER: Dole D. Darrell
   20. FILED: April 13, 1936
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 15, 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, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County... Somerset
   Village or City... Mt. Vernon
   Length of residence in city or town where death occurred... All life

2. FULL NAME
   (a) Residence: No. 4301
   (Usual place of abode)

PERSONAL AND STATUTORY PARTICULARS

3. SEX... Female
4. COLOR OR RACE... Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED... Widowed
   (or) WIFE of
   Hanson Pagey (Deceased)

6. DATE OF BIRTH... Undetermined 1886

7. AGE... Years 50
   Months —
   Days —
   If LESS than 1 day, hours, or minutes.

8. OCCUPATION... General laborer
   Farm, oyster house
   Indusy or business in which work was done, as SILK MILL,
   SAW MILL, BANK, etc.

9. DATE deceased last worked at this occupation... 6/24/1935
   (month and year)

10. Total time (years) spent in this occupation... 95 yrs.

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

13. NAME... Agnes Handy
    Mother...

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

15. MAIDEN NAME... Flora Etta Jones

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

17. INFORMANT...
    Address...
    Princess Anna Pagey

18. BURIAL, CREMATION, OR REMOVAL...
    Place...
    Date...
    April 16, 1936

19. UNDERTAKER...
    Address...
    Edwin Jones

20. FILED...
    Date...
    April 16, 1936
    Registrar...
    George S. Maysman

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY... That I attended deceased from
   April 14, 1936, to April 15, 1936.
   I last saw him or her alive on April 14, 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:
   - Septicemia...
   - Typhoid fever...
   Other Contributory Causes of Importance:
   - Typhoid fever...

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

24. Was disease or Injury in any way related to occupation of deceased?
   If so, specify...
   (Signed)... George S. Maysman
   (Address)... Princess Anna Pagey

If more blanks are needed, address State Registrar, 2412 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 home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>MAY 5, 1926</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1915</td>
<td></td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</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: Somerset
   Village or City: Mt. Vernon

2. FULL NAME: Roosevelt Pitch
   (a) Residence: No. 37, Ames, Mt. Vernon, St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF Death (month, day, and year): March 27, 1936

7. AGE: Years 3
   Months: 0
   Days: 16

8. Trade, profession, or occupation: Farmer

9. Industry or business in which work was done: Farm

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

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

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

13. NAME: Roosevelt Pitch
   Mother's Name: Matilda Pitch

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

15. MAIDEN NAME: Matilda Pitch

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

17. INFORMANT: Roy Pitch
   Address: Princess Anne, MD

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Vernon
   Date: March 30, 1936

19. UNDERTAKER: S. A. Pitch
   Address: (Blank)

20. FILED: March 30, 1936

21. DATE OF DEATH
   (Month) April
   (Day) 12
   (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
    March 27, 1936, to April 12, 1936.
    I last saw him alive on April 10, 1936; death is said to have occurred on the date stated above, at 3:00 a.m.
    The principal cause of death and related causes of importance were as follows:
    Pulmonary tuberculosis

23. Other Contributory Causes of Importance:

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

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

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

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

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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.

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

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</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>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

___

___
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Somerset
   Village or City: Crisfield
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. HUSBAND OR WIFE OF
   Thomas Holland

7. DATE OF BIRTH (month, day, and year)
   March 17, 1893

8. AGE
   Years: 43
   Months: 1
   Days: 0

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

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

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

12. BIRTHPLACE (city or town)
   Princess Anne, Md

13. NAME
    Edward Tankford

14. BIRTHPLACE (city or town)
    Somerset, County

15. MAIDEN NAME
    Georgeanna Tilghman

16. BIRTHPLACE (city or town)
    Somerset, County

17. INFORMANT
    Thomas Holland

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cottage Grove, April 20, 1936

19. UNDERTAKER
    John A. Bradshaw

20. FILED
    Apr. 18, 1936

21. DATE OF DEATH
    April 17, 1936

I last saw her alive on Apr. 17, 1936; death is said to have occurred on the date stated above, at 10:30 A.M.

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

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

25. Place of death
    Cottage Grove, Crisfield, Md.

If more blanks are needed, address State Registrar, 2421 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>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAY 7, 1936</td>
<td>Arteriosclerosis 1915, Chronic interstitial nephritis 1921, Cerebral hemorrhage</td>
</tr>
</tbody>
</table>

**Example II**

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

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

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

1. **PLACE OF DEATH**
   - County: Somerset
   - Village or City: St. Inverness
   - Length of residence: in city or town where death occurred: mos. ds.

2. **FULL NAME**
   - Residence: No. 32 Residence, N. 2 St., Ward.

   **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: M
   - Color or Race: Col
   - Single, Married, Widowed, or Divorced: Married
   - Date of Birth: Aug. 27, 1901
   - Age: 34 yrs. 7 mos. 23 days
   - Occupation: General Housework
   - Birthplace: St. Inverness, Maryland
   - Name: W. D. Jones
   - Birthplace of Father: Maryland
   - Birthplace of Mother: Maryland
   - Name of Father: John Doe
   - Name of Mother: Jane Doe
   - Date of Death: April 19, 1936

3. **MEDICAL CERTIFICATE OF DEATH**
   - Cause of Death: Pulmonary Tuberculosis
   - Date of Onset: 1936
   - Other Contributory Causes of Importance:

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

4. **OTHER DETAILS**
   - Place of Burial: St. Inverness
   - Undertaker: Edwin Jones

5. **SIGNATURES**
   - Registrar: [Signature]
   - State Registrar: [Signature]

If more blanks are needed, address State Registrar, 2422 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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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:

<table>
<thead>
<tr>
<th>Description</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>May 5, 1930</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones May 1, 1925

**Example II**

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

<table>
<thead>
<tr>
<th>Description</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: Caroline
   Village or City: Princess Anne
   Registration Dist. No.: 9
   St. Ward: 60
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   William Haird World War Veteran
   (a) Residence: No. Alice Haird
      (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, year)
   Jan 27, 1897

7. AGE
   39 yrs. 2 mos. 18 days

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

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
    June 30, 1936

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

12. BIRTHPLACE (city or town) (STATE OR COUNTRY)
    Erie, Pa. (U.S.A.)

13. NAME
    William Haird

14. BIRTHPLACE (city or town) (STATE OR COUNTRY)
    Erie, Pa. (U.S.A.)

15. MAIDEN NAME
    Maud

16. BIRTHPLACE (city or town) (STATE OR COUNTRY)
    Erie, Pa. (U.S.A.)

17. INFORMANT
   Alice Haird
   (Address) Princess Anne, Prince Anne

18. BURIAL, CREMATION, OR REMOVAL
   (Place) Deathbed
   (Date) April 19, 1936

19. UNDERTAKER
   (Address) Princess Anne, Prince Anne
   (Date) April 19, 1936

20. FILED
   (Date) April 18, 1936

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from April 15th, 1936, to April 15th, 1936; death was caused by Acute Myocardial Disease, and death was caused by acute myocardial disease.

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

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.

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<tbody>
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<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>RECEIVED 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>MAY 6 1926</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1925</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: [Redacted]  
   Village or City: Cresfield, Md.  
   Registration Dist. No.: [Redacted]  
   (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: 79 yrs. 3 mos. 1 ds. How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME
   (a) Residence: [Redacted]  
   (Usual place of abode) [Redacted]  
   If U.S. Veteran, specify WAR: [Redacted]

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: [Redacted]

6. DATE OF BIRTH (month, day, and year): Jan 21, 1874

7. AGE BIRTH  
   Years: 62  
   Months: 3  
   Days: 1  
   If LESS than 1 day, hrs. or min.

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

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

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

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

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

13. NAME  
   George T. Nelson

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

15. MAIDEN NAME: Aurelia Moore

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

17. INFORMANT  
   (Address): [Redacted]

18. BURIAL, CREMATION, OR REMOVAL  
   Place: Lustburg  
   Date: April 29, 1936

19. UNDERTAKER  
   (Address): [Redacted]

20. FILED  
   (Address): [Redacted]  
   (Signed): [Redacted]  
   M.D.: [Redacted]

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

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from [Redacted] to [Redacted], [Redacted]

I last saw h... alive on [Redacted]  
I certify that said h... to have occurred on the date stated above, at [Redacted].

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

1. Neuro-Muscular Failure

Other Contributory Causes of importance:

[Redacted]

NAME of operation... Date of...
What test confirmed diagnosis? Clinical. Was there an autopsy? 2/64

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

Accident, suicide, or homicide?: [Redacted]  
Date of Injury: 19...  
Where did injury occur?: [Redacted]

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?: [Redacted]

If so, specify

[Redacted]

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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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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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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>Nov 7, 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>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
</tr>
</tbody>
</table>

**Example II**

<table>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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<td>1 week ago</td>
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**Other contributory causes of importance:**

<table>
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<tr>
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</tr>
</tbody>
</table>

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

### 1. PLACE OF DEATH

- **County:** Somers
- **Village or City:** Marsfield
- **Registration Dist. No.:** 210
- **Ward:** 19X

Length of residence in city or town where death occurred: 5 yrs. mos. ds.

### 2. FULL NAME

- **Maidens:** May Lewis
- **Residence:** 22

If U. S. Veteran, specify WAR: 19X

### PERSONAL AND STATISTICAL PARTICULARS

- **Sex:** Female
- **Race:** White
- **Marital Status:** Married

If married, widowed, or divorced:

**HUSBAND OF:** John Lewis

### MEDICAL CERTIFICATE OF DEATH

- **DATE OF DEATH:** April 26, 1936

The **PRINCIPAL CAUSE OF DEATH** is: Acute Iritis

Other Contributory Causes of Importance:

- **Date of onset:** July 1, 1936
- **Name of patient:** Mary Lewis
- **Date of birth:** April 26, 1936

Other Contributory Causes of Importance:

- **Name of patient:** Mary Lewis
- **Date of birth:** April 26, 1936

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

- **Manner of death:** Disease
- **Nature of injury:** Disease

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

### 20. FILED

- **Date:** 4/27/36
- **Address:** 22 Marsfield

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

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8. The trade, profession, or particular kind of work done.
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11. The number of years the deceased followed the occupation.

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

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<td>Date of onset:</td>
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</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>May 7, 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></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: Comarck
Village or City: Archbald
No. St. Ward
Length of residence in city or town where death occurred: yr. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE

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

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

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

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town):

13. NAME

14. BIRTHPLACE (city or town):

15. MAIDEN NAME

16. BIRTHPLACE (city or town):

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

21. DATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from ______ to ______, ______.

I last saw the deceased alive on ______, ______; death is said to have occurred on the date stated above, at ______.

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

Other Contributory Causes of importance:

Name of operation.

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

Specify 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

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<td>Peritonitis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>MAY 4 1936</td>
</tr>
<tr>
<td></td>
<td>BUREAU V.S.</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

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

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Westover, Md. R. #2

2. FULL NAME
   LeRoy (Burnell) Miles
   (a) Residence: No. Westover, Md. R. #2
   (Usual place of abode)

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF DEATH
   April 18, 1936

7. AGE BIRTH
   Years: 14
   Months: 0
   Days: 0

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Shop, Industry, or Business

9. OCCUPATION
   No specific occupation mentioned

10. BIRTHPLACE (city or town)
    (State or country)
    Westover, Md.

11. NAME
    LeRoy (Burnell) Miles

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

13. FATHER
    Lit Miles

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

15. INFORMANT
    Lit Miles

16. BURIAL, CREMATION, OR REMOVAL
    Church of Christ, Church, Date: 4/18, 1936

17. UNDERTAKER
    Father

18. MEDICAL CERTIFICATE OF DEATH
   I HEREBY CERTIFY, That I attended deceased from
   19...to...
   19...

   I last saw...
   Alive on...
   19...
   ...death is said to have occurred on the date stated above, at...

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

   Name of operation...
   Date...

   What test confirmed diagnosis...
   Was there an autopsy...

   ACCIDENTAL DEATH
   Date of Injury...

   Where death occurred...
   (Specify city or town, county and State)

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

   If so, specify...
   (Address)

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

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

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

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

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

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

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 6 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, 1928 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
PLACED OF DEATH

County

Village or City

2 FULL NAME

EDWIN LEWIS REYNOLDS

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED

Married

DATE OF BIRTH

MARCH 5, 1882

AGE

If LESS than 1 year --- yrs. mo. da. or min.?

84 yrs. 0 mos. 0 da. or 0 min.

OCCUPATION

Retired Naval Officer, Branching

BIRTHPLACE

New Jersey

NAME OF FATHER

John Reynolds

10 NAME OF FATHER

BIRTHPLACE OF FATHER

New Jersey

11 NAME OF MOTHER

ELIZABETH TEMPLE

BIRTHPLACE OF MOTHER

New Jersey

12 MAIDEN NAME OF MOTHER

13 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

WALLACE REYNOLDS

INFORMANT

ADDRESS

139 E 66TH ST., NEW YORK CITY

14 PLACE OF BURIAL OR REMOVAL

CEDAR LEAVES, POTTSOM., MARYLAND

DATE OF BURIAL

APRIL 15, 1926

15 UNDERTAKER

DALE W. W玉EY

ADDRESS

PRINCESS ABBEY, NO.

16 PLACE OF DEATH

County

Village or City

DATE OF DEATH

APRIL 15, 1926

I HEREBY CERTIFY, That I attended the deceased from

MARCH 23, 1926, to APRIL 15, 1926,

that I last saw him alive on

APRIL 15, 1926,

and that death occurred on the date stated above, at 3:15 P.M.

The CAUSE OF DEATH was as follows:

MEDICAL CERTIFICATE OF DEATH

CONTRIBUTORY

SECONDARY

SIGNED

APRIL 15, 1926

ADDRESS

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 260

If more blanks are needed, address State Registrar, 10 W. Saratoga St., Balto., Requesting V. S. No. 1.
Statement of Cause of Death

Name of Deceased

Date of Birth

Place of Birth

Residence at Time of Death

Occupation

Cause of Death

Place of Occurrence

Certification

This certificate is also available in different languages. Please ask for the one you need.

Revised United States Standard

Certificate of Death

Approved by U.S. Census and Amended Public

Bureau
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: [Blank]
   Village or City: [Blank]
   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
   [Blank] If U.S. Veteran, specify WAR [Blank]
   (a) Residence: No. [Blank] (Place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male [ ]
   Female [ ]
   5a. If married, widowed, or divorced
       HUSBAND of [ ] or WIFE of [ ] [Infant]

4. COLOR OR RACE
   [Blank]

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   [Blank] (Specify the word)

6. DATE OF BIRTH (month, day, and year)
   March 31, 1936

7. AGE
   Years: 1
   Months: [Blank]
   Days: [Blank]
   If LESS than 1 year, hrs. or min.

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

9. Industry or business in which work was done: [Blank]

10. Date deceased last worked at this occupation: [Blank]

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

12. BIRTHPLACE (city or town)
   Marson [Blank]

13. NAME
   O. P. Robinson [Blank]

14. BIRTHPLACE (city or town)
   Marson [Blank]

15. MAIDEN NAME
   Della Powell [Blank]

16. BIRTHPLACE (city or town)
   [Blank] [Blank]

17. INFORMANT
   Name: [Blank]
   Address: [Blank]

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

19. UNDERTAKER
   Name: [Blank]
   Address: [Blank]

20. FILED
   Date: [Blank]

21. DATE OF DEATH
   Month: April
   Day: 2
   Year: 1936

22. I HEREBY CERTIFY that I attended deceased from [Blank]
    March 31, 1936, to April 2, 1936.

23. [Blank] 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: [Blank]
    Nature of Injury: [Blank]

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

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

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

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

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

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

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

Example I

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>May 4, 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>

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>Gallstones</td>
<td>May 1, 1923</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: Somerset
   Village or City: Crisfield No. 108 Locust St. 2 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: 9 yrs 2 mos 3 ds
   How long in U.S.: If of foreign birth: 1 yrs

2. FULL NAME: Alice Sybella Scarborough
   (a) Residence: No. 108 Locust St. 2 Ward
      (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
   HUSBAND of (or) WIFE of
   Ellis W Scarborough
   6. DATE OF BIRTH (month, day, and year)
   May 20 1875
   7. AGE 60 Years 10 Months 23 Days
   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 SILK MILL, SAW MILL, BANK, etc.
   
10. Date deceased last worked at this occupation (month and year)
    April 1936
   11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Harford County Md
   (State or country)

13. NAME: James W Iley
    14. BIRTHPLACE (city or town)
        Harford County Md
        (State or country)

15. MAIDEN NAME: Unknown
   16. BIRTHPLACE (city or town)
      (State or country)

17. INFORMANT
    E W Scarborough Crisfield Md
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Highland Cem
    Date: April 19 1936

19. UNDERTAKER
    John A. Brelston
    (Address)

20. FILED
    April 19, 1936
    (Address)
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 13 (Month) 1936 (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from
    April 13, 1936, to April 13, 1936
    I certify that deceased was alive on April 13, 1936, and death is said
    to have occurred on the date stated above, at 9:45 am.

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

    Other Contributory Causes of importance:
    Central Fever

    Name of operation
    Date of
    What test confirmed diagnosis?
    Was there an autopsy?
    24.

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?
    Yes
    No
    If so, specify
    (Address)

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

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

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</tr>
<tr>
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</tr>
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<td>July 5, 1927</td>
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</tbody>
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<td>3 days ago</td>
</tr>
</tbody>
</table>

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

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX. F
4. COLOR OR RACE. Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
   Married

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

6. DATE OF BIRTH (month, day, and year) July 4 1896

7. AGE Years Months Days
   60 9 26

8. Trade, profession, or particular kind of work done, as SPINNER, SAUER, BODKEEPER, etc.
   Domestic

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

10. Date deceased last worked at this occupation (month and year) March 7

11. Total time (years) spent in this occupation 22

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

13. NAME. Thomas Digfall

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

15. MAIDEN NAME Emily Stewart

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

17. INFORMANT (Address) Thomas Digfall

18. BURIAL, CREMATION, OR REMOVAL Place: Pamunkey Date: May 3, 1936

19. UNDERTAKER (Address) D. T. Dashiell

20. FILED (Address) W. A. Smith

21. DATE OF DEATH April 20, 1936

22. I HEREBY CERTIFY That I attended deceased from
   Feb. 1, 1936, to April 20, 1936.
   I last saw him alive on April 15, 1936, death is said to have occurred on the date stated above, at 7:30 p.m.

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

   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 (VIOL ENCE) 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) Edgar M. Manderson M.D.
   (Address) Prince George, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1
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<td>1915</td>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
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</table>

### Example II

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

### Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1928</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
Registration Dist. No. 245

Place of Death: Somerset County, Within Corporate Limits of
Village or City: Striefler, (No.) Patomoc, St.: 2 Ward

FULL NAME: Mary Elizabeth Somers

PERSONAL AND STATUTORY PARTICULARS

SEX: Female
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

DATE OF BIRTH: Feb 19, 1874

AGE: 62 yrs. 1 mos. 15-18 days

OCCUPATION: Homemaker

BIRTHPLACE: Norfolk, Va

NAME OF FATHER: Lewis Stritziel

BIRTHPLACE OF FATHER: Germany

MAIDEN NAME OF MOTHER: Mary Frenz

BIRTHPLACE OF MOTHER: Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant: Gordon Adams

ADDRESS: Croydon, Va

FILED: Apr 4, 1926

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Marion
   Length of residence in city or town where death occurred: 68 yrs, 8 mos, 2, 7 ds

2. FULL NAME
   Charity Francis Swift
   If U.S. Veteran, specify WAR:

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: F
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: WIDOWED

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

6. DATE OF BIRTH (month, day, and year): July 28, 1868

7. AGE: 68

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): 1935

11. Total time (years) spent in this occupation

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

13. NAME: Charity Francis Swift
14. FATHER: John Richardson
15. MAIDEN NAME: Susan Matthews
16. MOTHER: Susan Matthews

17. INFORMANT
   Informant: Mrs. Sophie Berrill
   Relationship: Marion

18. BURIAL, CREMATION, OR REMOVAL
   Place: Rehoboth Church
   Date: April 27, 1936

19. UNDERTAKER
   Undertaker: John Field

20. FILED: April 27, 1936

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: April 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936, to April 25, 1936, I last saw her alive on April 25, 1936, death is said to have occurred on the date stated above, at 4:30 p.m.

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

Other Contributory Causes of importance:

Name of operation:

Other Contributory Causes of importance:

What test confirmed diagnosis?

Was there an autopsy?

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

Manner of injury

Nature of Injury

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

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

---

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>MAY 4 1926</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: St. Mary's
   Village or City: Washington
   Registration Dist. No.: 26
   Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city of town where death occurred: 50 yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 200
   Personal and Statistical Particulars
   (Usual place of abode)

3. SEX
   Female

4. COLOR OR RACE
   Colored

5. SINGLED, MARRIED, WIDOWED, OR DIVORCED (Write the word)
   Married

5a. If married, widowed, or divorced
   Husband's or Wife's Name: Minnie Ragle

6. DATE OF BIRTH (Month, day, and year)
   Nov 10, 1886

7. AGE
   Years: 49
   Months: 5
   Days: 0
   If less than 1 day, hour, or minutes:
   11. Total time (years) spent in this occupation:

8. TRADE, PROFESSION, OR PARTICULAR
   Kind of work done: Housewife

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

10. DATE deceased last worked at this occupation (Month and Year)

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

13. NAME
   Father: Gideon Bestwick

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

15. MAIDEN NAME
   Julia Stull

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

17. INFORMANT
   Name: Minnie Ragle
   Address: 200 Washington

18. BURIAL, CREMATION, OR REMOVAL
   Place: Washington
   Date: Apr 14, 1896

19. UNDERTAKER
   Name: John M. Murry
   Address: 200 Washington

20. FILED
   Date: Apr 14, 1896
   Registrar: Justice of the Peace

21. DATE OF DEATH
   Month: April
   Day: 14
   Year: 1936

22. I HEREBY CERTIFY that I attended deceased from
   March 25, 1936, to April 14, 1936
   I last saw her alive on April 14, 1936; death said to have occurred on the date stated above, at 4:25 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Other Contributory Causes of importance:

   Cause: Interstitial Nephritis

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

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

   Manner of injury:
   Nature of injury:

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

   Signed: G. O. M. Hirstman M.D.
   (Address: Washington)

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

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

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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>MAY 5, 1926</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>BUREAUX V. S.</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Somerset Co. Registration Dist. No. 265
Village or City: Crisfield
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

Female White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

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

Mar. 24, 1924

7. AGE

Years: 13 Months: 6 Days: 23

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

11. TOTAL TIME (YRS., MONTHS, DAYS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (city or town)

Crisfield

13. NAME

Nomec, J. Travis

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Margaret Dewees

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Mrs. Kate Worthing

18. BURIAL, CREMATION, OR REMOVAL

Place:

Crisfield Church

Date: April 14, 1936

19. UNDERTAKER

J. A. Alexander

20. FILED

Mar. 15, 1936 / 68. B. L. Wallin

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>

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<td>Peritonitis</td>
<td>3 days ago</td>
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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: SOMERSET
Village or City: CRISFIELD

2. FULL NAME
John J. Tull

3. SEX
Male

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Married

6. DATE OF BIRTH
July 14, 1857

7. AGE
78 years 9 days

8. OCCUPATION
Seafood dealer

9. IF DECEASED WED, WIDOWED, OR DIVORCED
HUSBAND OF (or) WIFE OF
Mrs. Annie Tull

10. DATE OF DEATH
April 14, 1936

21. MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY that I attended deceased from February 9, 1936, to April 14, 1936. I last saw him alive on April 13, 1936; death is said to have occurred on the date stated above, at 9:30 a.m.

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

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?
If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<td>Chronic interstitial nephritis</td>
<td>MAY 7, 1936</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1933</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**State of Maryland—Certificate of Death**

1. **Place of Death**
   - County: Somerset
   - Village or City: Upper Hill
   - Registration Dist. No.: 264

2. **Full Name**
   - John J. Furgin

3. **Sex**
   - Male

4. **Color or Race**
   - Black

5. **Single, Married, Widowed, or Divorced**
   - Married

6. **Date of Birth**
   - Unknown

7. **Age**
   - Years: 64
   - Months: 0
   - Days: 0

8. **Trade, profession, or particular kind of work done**
   - Oyster shucker

9. **Occupation**
   - Oyster shucker

10. **Date deceased last worked at this occupation**
    - March

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

12. **Birthplace**
    - Maryland

13. **Name**
    - John Furgin

14. **Birthplace (city or town)**
    - Maryland

15. **Maiden Name**
    - Jane Furgin

16. **Birthplace (city or town)**
    - Maryland

17. **Informant**
    - Annie Furgin

18. **Burial, Cremation, or Removal**
    - Certified Lent:
    - Date: April 10, 1936

19. ** Undertaker**
    - Graham Waters

20. **Filed**
    - Apr. 10, 1936

**Medical Certificate of Death**

21. **Date of Death**
    - April 9, 1936

22. **I hereby certify**
    - That I attended deceased from 

23. **Cause of Death**
    - Chronic nephritis

24. **Other Contributory Causes of Importance**

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

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<td>Cerebral hemorrhage</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 5, 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1916</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>Gastroenteritis</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County...St. Mary's
Village or City...Deale Island
State and Zip No. 20731

2. FULL NAME
(a) Residence: No. 9240
(usual place of abode)

3. SEX
Female

4. COLOR OR RACE
White

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

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

7. AGE
Years 74
Months 2
Days 9

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

9. OCCUPATION
Husekeeper

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
1934

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
1934

12. BIRTHPLACE (CITY OR TOWN)
Deale Island

13. NAME
Jane A. Webster

14. FATHER
James A. Webster

15. MOTHER NAME
Blanche Webster

16. BIRTHPLACE (CITY OR TOWN)
Deale Island

17. INFORMANT
Miss Webster

18. BURIAL, CREMATION, OR REMOVAL
Deale Island

19. UNTERTAKER

20. FILED
April 25, 1936

S. W. No. 1

Registration Dist. No. 26.5

DATE OF DEATH
Apr 24, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED AND LOCKED FROM
April 24, 1936, TO April 24, 1936.

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

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

If so, specify

25. MEDICAL CERTIFICATE OF DEATH

26. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>May 5, 1926</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