## STATE OF MARYLAND—CERTIFICATE OF DEATH

### 1. PLACE OF DEATH
- County: Wicomico
- Village or City: Salisbury
- Registration Dist. No.: 920
- St. or Ward: Delaware

### 2. FULL NAME
- Name: Ella C. Austin
  - Residence: Delaware
  - Usual place of abode: Salisbury
  - If U. S. Veteran, specify WAR: 

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>MARRIAGE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>A</td>
<td>Widow</td>
</tr>
</tbody>
</table>

| 3. AGE | 64 | 10 | 7 |

### OCCUPATION
- Trade, profession, or particular kind of work done: General Housework
- Industry or business in which work was done: 

<table>
<thead>
<tr>
<th>8. DATE OF BIRTH</th>
<th>Aug. 5, 1871</th>
</tr>
</thead>
</table>

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
<th>June 12, 1936</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>22. I HEREBY CERTIFY</th>
<th>That I attended deceased from May 30, 1936, to June 12, 1936, and to have died on the date stated above, et seq. The principal cause of death and related causes of importance were as follows:</th>
</tr>
</thead>
</table>

### Other Contributory Causes of Importance
- Name of operation: 
- Date of: 
- What test confirmed diagnosis: 
- Was there an autopsy: 

### 23. Other contributing causes of importance: 
- 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. Manner of injury: 
|------------------|----------------|
| Nature of injury: 

| 25. Was disease or injury in any way related to occupation of deceased: |

| 26. If so, specify: |

| 27. Address: 
|------------------|

| 28. Signature: 
|------------------|

### 29. FILED: June 17, 1936

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>RECEIVED</td>
<td></td>
</tr>
<tr>
<td>1915</td>
<td>3 days ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>JUL 7 1936</td>
<td></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</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: Wicomico
   Village or City: near Hillsdale, Md. Outside
   Registration Dist. No.: 332

2. FULL NAME
   (a) Residence: No. 1, St., Ward.}
   If U.S. Veteran, specify WAR No.
   (Unusual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   Year: 1858
   Month: Dec.
   Day: 29
   Age: 78 yrs. 5 mos. 11 ds.

7. OCCUPATION
   Housewife

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): Nov. 1936

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

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

13. NAME
    Robert Davis

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

15. MAIDEN NAME
    Betty Davis

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

17. INFORMANT
    Hammett Baker
    Address: Hillsdale, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Pleasant Cemetery
    Date: July 1, 1936

19. UNDERTAKER
    M. W. Howard
    Address: Hillsdale, Md.

20. FILED
    July 1, 1936
    Jilliane R. Davis
    Local Registrar

21. DATE OF DEATH
    Month: June
    Day: 29
    Year: 1936

22. HEREBY CERTIFY
    That I attended deceased from
    the last
    last saw him alive on
    July 29, 1936; death is said
    to have occurred on the date stated above, at 10:45 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Date of onset: 1937

    Other Contributory Causes of importance:
    Name of operation
    Date of
    What test confirmed diagnosis?
    Was there an autopsy?

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

    Manner of injury
    Nature of injury

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

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

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

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Wicomico
   Village or City: Salisbury
   Registration Dist. No.: 333
   Ward: 13

2. FULL NAME
   Mrs. Verona Lee Bounds
   Route #2, Princess Anne, Somerset Co.

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

5a. If married, widowed, or divorced
   Husband: Russell Bounds

6. DATE OF BIRTH
   (Month, day, and year): Feb. 13, 1909

7. AGE
   Years: 27
   Months: 3
   Days: 21

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

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

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

11. Total time (years) spent in this occupation: 48 years

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

13. NAME
   Joseph Willey

14. MAIDEN NAME
   Elizabeth Martin

15. MOTHER
   (State or country): Maryland

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

17. INFORMANT
   Deceased

18. BURIAL, CREMATION, OR REMOVAL
   Place: Allen Cem.
   Date: June 5, 1936

19. UNDERTAKER
   (Address):

20. FILED
   June 11, 1936

21. DATE OF DEATH
   (Month, Day): June 3
   (Year): 1936

22. MEDICAL CERTIFICATE OF DEATH
   Date of onset: Feb. 1935
   Pulmonary Tuberculosis

23. Contributory Causes of Importance:

   Other Contributory Causes of Importance:

   Name of operation:
   Date of:
   What test confirmed diagnosis?
   Date of:
   Was there an autopsy?
   Date of:
   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:
   Date of:
   If so, specify
   (Signed):
   M. O.
   (Address):

   If more blanks are needed, address State Registrar, 211 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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Example I

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

<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 7, 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:

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<th>Disease</th>
<th>Date of onset</th>
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<tr>
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<table>
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<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: Wicomico
   Village or City: near Tansburg, Md. (outside)
   Length of residence in city or town where death occurred: yrs. 1 mos. 28 ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX        4. COLOR OR RACE
   Male        White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year): April 20th, 1936

7. AGE
   Years: 1
   Months: 28
   Days: 1
   If less than 1 day, hrs. or min.: 0

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

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

10. Date deceased last worked at this occupation (month end year): 1936

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

12. BIRTHPLACE (city or town): Salisbury, Md.

13. NAME: William J. Bull

14. FATHER: Office

15. MOTHER: C. Arza Bull

16. BIRTHPLACE (city or town): Callaway, Md.

17. INFORMANT
   (Address): Hazel Bull

18. BURIAL, CREMATION, OR REMOVAL
   Place: Salisbury City Cemetery
   Date: June 17, 1936

19. Undertaker
   (Address): M. D. Howard, Halls

20. FILING
   (Address): June 18, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 18, 1936

22. HEREBY CERTIFY, That I attended deceased from June 13, 1936, to June 17, 1936, and saw him alive on June 12, 1936; death is said to have occurred on the date stated above, at 2:30 P.M.

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

   Single

Other Contributory Causes of importance:

   Single

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.

   Single

24. Was disease or injury in any way related to occupation of deceased? Single
   If so, specify
   (Address): June 18, 1936

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<td>Peritonitis</td>
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<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
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<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
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</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: Virginia
Village or City: Quantico

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
F. 

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Write the word)

6. DATE OF BIRTH
June 14, 1936

7. AGE
Years: 12

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)
Quantico, Md.

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
John Shuch

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER
Mrs. J. M. O'Keeffe, Bank St.

20. FILED
9/7/1936

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
June 26, 1936

22. I HEREBY CERTIFY that I attended deceased from
June 20, 1936 to June 26, 1936
I last saw h. d. alive on June 26, 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:

Insulitica Deve

Other contributory causes of importance:

Name of operation.

Date of:

What test confirmed diagnosis?
Was there an autopsy?

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

Manner of Injury

Nature of injury

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

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Jul 6, 1936</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<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... Wicomico
Village or City... Salisbury, MD.
Registration Dist. No... 333
(Ward... 13
(Lnaght 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... Dickerson, Mary
(a) Residence... No.
Nanton St., Ward.
(Usual place of abode)

Maryland.
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

5b. If married, widowed, or divorced... HUSBAND OR WIFE OF

6. DATE OF BIRTH (month, day, and year)... Oct. 21st, 1877
7. AGE... Years 58
Months 7
Days 23
If less than 1 day, hrs. or min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME... James T. Moroccan

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

15. MAIDEN NAME... Elizabeth German

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

17. INFORMANT (Address)... Rev. J. T. Dickerson

18. BURIAL, CREMATION, OR REMOVAL... Sassafras, Md., June 18, 1936

19. UNDERTAKER (Address)... J. Virgil deCoteau

20. FILED... Jesse W. May, 1936

DATE OF DEATH... June 14, 1936

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY... That I attended deceased from
June 6, 1936, to June 14, 1936.
I last saw her alive on June 13, 1936; death was said to have occurred on the date stated above, at 8 a.m.

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

Dr. Ivory Thomsen

Other Contributory Causes of importance:

Strychnoid of Utterly.

Name of operation... Hypodermic.

Date of... 6/1/36

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... 19...

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

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

Manner of injury...

Nature of injury...

24. Was disease or Injury in any way related to occupation of deceased?... 20.

If so, specify...

(Signed) Dr. Ivory Thomsen
(M.D.)

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting "U. S. No. 1"
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<tbody>
<tr>
<td>Gastroenteritis</td>
<td></td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: **Wicomico**
   - Village or City: **Salisbury, Maryland**
   - Registration Dist. No.: **333**
   - Ward: **23**

2. **FULL NAME**
   - (a) Residence: **パスンブリック, Md.**
     - St. **5**
   - If nonresident give city or town and State

**PERSONAL AND STATISTICAL PARTICULARS**

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

21. **DATE OF DEATH**
   - (Month) **June**
   - (Day) **25**
   - (Year) **1937**

22. **I HEREBY CERTIFY**
    - That I attended deceased from **June 22, 1936** to **June 25, 1936**.

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

- **Cause of death:** [Signature]
- **Date of onset:** [Signature]

**MEDICAL CERTIFICATE OF DEATH**

23. **DATE OF BIRTH**
   - (Month) **Sept.**
   - (Day) **27**
   - (Year) **1852**

24. **OCCUPATION**
   - [Signature]

25. **BIRTHPLACE (city or town)**
   - **Towers, Md.**

26. **MOTHER'S NAME**
   - [Signature]

27. **MOTHER'S OCCUPATION**
   - [Signature]

28. **FATHER'S NAME**
   - [Signature]

29. **FATHER'S OCCUPATION**
   - [Signature]

30. **BIRTHPLACE (city or town)**
   - **Anchorage, Md.**

31. **BIRTHPLACE (State or country)**

32. **Mother's Father's Name**
   - [Signature]

33. **Mother's Father's Occupation**
   - [Signature]

34. **Father's Mother's Name**
   - [Signature]

35. **Father's Mother's Occupation**
   - [Signature]

36. **INFORMANT**
   - **Rita Tucker**
   - **Address:** 1903 Fifth St. N.

37. **BURIAL, CREMATION, OR REMOVAL**
   - **Date and Place:** June 30, 1936

38. **UNTERTAKE**
   - **Address:** [Signature]

39. **FILED**
   - **Date:** June 30, 1936

If more blanks are needed, address State Registrar, 241 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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<tr>
<td>Arteriosclerosis</td>
<td>Jul 7, 1926</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<td>1921</td>
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<td>Cerebral hemorrhage</td>
<td>BUREAU V. S.</td>
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</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
<td></td>
<td></td>
</tr>
</tbody>
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Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: <br> <br> Village or City: Salisbury, Md. <br> Length of residence in city or town where death occurred: <br>

2. FULL NAME: Alice Mae Donn <br> (a) Residence: No. 904, Salisbury, Md. <br> <br> PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female <br> 4. COLOR OF HAIR: White <br> 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (specify the wife): Married <br>

5a. If married, widow or divorced: <br>
   <br> 6. DATE OF BIRTH (month, day, year): April 2, 1886 <br> 7. AGE Years: 50 <br> Months: 2 <br> Days: 25 <br> If less than 1 day, <br> 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: At Home <br>

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: At Home <br> 10. One deceased last worked at this occupation (month and year): May 11, 1946 <br> 11. Total time (years) spent in this occupation: <br> 12. BIRTHPLACE (city or town): Primmville, Md. <br> (State or country) <br>

13. NAME: John S. Donn <br> 14. BIRTHPLACE (city or town): Primmville, Md. <br> (State or country) <br>

15. MAIDEN NAME: Mary Jane Carey <br> 16. BIRTHPLACE (city or town): Primmville, Md. <br> (State or country) <br>

17. INFORMANT: Mary Donn <br> (Address): <br> 18. BURIAL, CREMATION, OR REMOVAL: <br> Place: <br> Date: <br>

19. UNOVERTAKER: <br> (Address): <br> 20. FILED: June 29, 1946 <br> (Address): <br>

21. DATE OF DEATH <br> (Month) <br> (Day) <br> (Year) <br>

22. HEREBY CERTIFY, That I attended deceased from <br> <br> The Principal Cause of Death and related causes of importance were as follows: <br> <br> Other Contributory Causes of Importance: <br> <br> Name of Operation: <br> Date of: <br>

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

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

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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>RECEIVED 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>JUL 7 1930</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>JULY 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td></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: McKeesport
   Village or City: Duquesne
   Length of residence in city or town where death occurred: 10 yrs. 6 mos. 0 ds.
   Ward: 16

2. FULL NAME
   (a) Residence: No. 3 Hilliard Rd., St. 16 Ward.
   (b) WIFE of: Anne Taylor Ennis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH (month, day, and year)
   Jan. 8, 1869

7. AGE
   Years: 63
   Months: 4
   Days: 24
   If LESS than 1 day, hrs. or min.

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

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
    Aug. 6, 1869

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

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

13. NAME
    Joseph Ennis

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

15. MAIDEN NAME
    Nettie Shudler

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

17. INFORMANT
    Mrs. Maria Clay

18. BURIAL, CREMATION, OR REMOVAL
    Place: MPLS, MN
    Date: 6/4/1936

19. UNDERTAKER
    The Hill & Hahn Co.

20. FILED
    June 4, 1936

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
    (Address)
    Date of service

23. I last saw deceased alive on
    (Address)
    Date of service

24. Death is said to have occurred on the date stated above, at
    (Address)
    Date of service

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

25. Date of death

Other Contributory Causes of Importance:

26. Date of death

Name of operation:

What last confirmed diagnosis?

Was there an autopsy?

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

28. Accident, suicide, or homicide?

29. Where did injury occur?

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

31. Manner of injury

32. Nature of injury

33. Disease or injury in any way related to occupation of deceased:

34. If so, specify

35. (Signed)

36. M. D.

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Other contributory causes of importance:

| Gallstones | BUREAU V. S. | May 1, 1923 |

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Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Parkville, MD
   Length of residence in city or town where death occurred: 6 yrs 3 mos
   How long in U.S. if of foreign birth?: yrs 3 mos 0 ds

2. FULL NAME
   (a) Residence: No. 1270 Parkville, MD
   U.S. Veteran, specify WAR: X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
   COLOR OR RACE: White

5a. If married, widowed, or divorced HUSBAND of (or... of): Mary J. Fitzpatrick
6. DATE OF BIRTH (month, day, and year): Dec. 25, 1870
7. AGE: 85 6 3

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

11. Totel time (years) spent in this occupation: 6 years

12. BIRTHPLACE (city or town) (State or country): New York City

13. NAME: Phillip J. Fitzpatrick
14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Catherine M. Moran

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

17. INFORMANT: Mary J. Fitzpatrick

18. BURIAL, CREMATION, OR REMOVAL: Buried in… July 1, 1936

19. UNDERTAKER: (Address): July 1, 1936

20. FILED: July 1, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to June 28, 1936.

23. I last saw deceased alive on June 20, 1936, at 15:30.

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

Other Contributory Causes of Importance:

Name of operation: Date of:

What last confirmed diagnosis? Was there an autopsy?

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

Accident, suicide, or homicide? Date of injury: 19...

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

Manner of injury

Nature of injury

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

If so, specify (Signed):

Registrar:

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

Other contributory causes of importance:

Gallstones | Other contributory causes of importance:

May 1, 1923 | Gastroenteritis |

1 year | 1 week ago |

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

1. PLACE OF DEATH
   County: Caroline
   Village or City: Salisbury, Md.
   Registration Dist. No.: 333
   No. 107 W.abella St., 9
   Ward: 3 Ward
   Length of residence in city or town where death occurred: 3 yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   How long in U.S., if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 107 W.abella St., 9
   (Usual place of abode)
   If U.S. Veteran, specify WAR.
   MD.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLED, MARRIED, WIDOWED, SPIRITUAL (write the word)
   MARRIED
   WIFE of William H. Hearn

6. DATE OF BIRTH (month, day, and year)
   Sept. 1, 1852

7. AGE
   Years: 83
   Months: 9
   Days: 24

   If LESS than 1 day, hours, or minutes.

8. Trade, profession, or occupation
   AT HOME

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

10. Date deceased last worked at this occupation (month and year)
    June 15, 1936

11. Total time spent in this occupation

12. BIRTHPLACE (city or town)
    Jean Salisbury, Md.

13. NAME OF FATHER
    William Hearn

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

15. MAIDEN NAME
    Caroline Gaylor

16. BIRTHPLACE (city or town)
    New Shiplwrights, Md.

17. INFORMANT
    Edward D. Hearn
    Address: 107 W.abella St., 9

18. BURIAL, CREMATION, OR REMOVAL
    Place: Jean Salisbury, Md.
    Date: June 25, 1936

19. UNDERTAKER
    Address: 107 W.abella St., 9

20. FILED
    June 28, 1936
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    June 25th, 1936

22. I HEREBY CERTIFY that I attended deceased from
    June 15, 1936, to June 25, 1936
    Test: S. M. alive on June 25, 1936, death is said
    to have occurred on the date stated above, etc.

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

    Pulmonary Emphysema

    Other Contributory Causes of Importance:

    Autopsy

    Name of operation:

    Date of:

    What test confirmed diagnosis? Medical
    Date of:

    Was there an autopsy? yes

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

    Accident, suicide, or homicide?
    Date of injury: 19
    Where did injury occur?
    (Specify city or town, county and State)
    Specify whether injury occurred in INDUSTRY, home, or in PUBLIC PLACE.

    Manner of injury:
    Nature of injury:

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

    If so, specify:

    (Signed) D. C. Hearn
    M. D.

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

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

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

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

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

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

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

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<tr>
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<th>Example II</th>
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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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

| May 1, 1923 | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Nicoríscos
   Village or City: Helson
   No. St. Ward
   Length of residence in city or town where death occurred

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

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX M. 4. COLOR OR RACE: WHITE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (marry the word) MARRIED
   5a. If married, widow, or divorced
   HUSBAND OF (or WIFE OF)
   Nannie C. Bennett
   6. DATE OF BIRTH (month, day, and year) June 22, 1870
   7. AGE
   Years: 65
   Month: 11
   Days: 15
   If LESS THAN 1 day, hrs.
or min.
   Trade, profession, or particular
   kind of work done, as SPINNER,
   SAWYER, BOOKKEEPER, etc.
   Blacksmith
   Industry or business in which
   work was done, as SILK MILL,
   SAW MILL, BANK, etc.
   Coin Shop
   Date deceased last worked at
   this occupation at
   6/12/36
   Total time (years)
   spent in this occupation.

11. OCCUPATION
   12. BIRTHPLACE (city or town).
   (State or country)
   13. NAME: Lucie T. Hughes
   14. FATHER
   15. MAIDEN NAME
   16. BIRTHPLACE (city or town).
   (State or country)

17. INFORMANT
   (Address)
   Mrs. Nannie Hughes
   18. BURIAL, CREMATION, OR REMOVAL
   Place: Helson, State: Md.
   Date: 6/12/36
   19. UNDERTAKER
   (Address)
   Mrs. G. M. Walker
   20. FILED 1936

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH
   (Month) (Day) (Year)
   June 7 1936
   22. I HEREBY CERTIFY, That I attended deceased from
   June 1 1936 to June 6 1936.
   I last saw h. alive on June 6, 1936; death is said to have occurred on the date stated above, at 4 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Arteriosclerosis
   Other Contributory Causes of Importance:
   Other Contributory Causes of Importance:
   Name of operation
   Date of operation
   Was there an autopsy?
   Date of onset
   What test confirmed diagnosis?
   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accidental, 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.
   Menner of injury
   Nature of injury
   24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed) M.D.
   (Address)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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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>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Jul 6, 1930</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

<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>
<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: **Wicomico**, MD  
   Village or City: **Salisbury**, MD  
   Registration Dist. No.: 333
   No. 135 Elm St., 5 Ward

2. **FULL NAME**
   (a) Residence: No. 135 Elm St., 5 Ward, Salisbury MD
   (b) If nonresident give city or town and State

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. <strong>SEX</strong></td>
<td>21. <strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>Male</td>
<td>June 4th, 1936</td>
</tr>
</tbody>
</table>

| 4. **COLOR OR RACE** | 22. **I HEREBY CERTIFY** |
| White | That I attended deceased from |

| 5. **SINGLE, MARRIED, WIDOWED, DIVORCED** | 23. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**: |
| Married | Other Contributory Causes of Importance: |

| 6. **DATE OF BIRTH** | 24. **Was disease or injury in any way related to occupation of deceased?** |
| July 11th 1880 | No |

| 7. **AGE** | 25. **MANNER OF INJURY** |
| 55 yrs, 10 mos | |

| 8. **OCCUPATION** | 26. **CAUSE OF DEATH** |
| Laborer | Asthma; Pneumonia; Heart Disease |

| 9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION** | 27. **NATURE OF INJURY** |
| July 23rd, 1936 | |

| 10. **PLACE OF DEATH** | 28. **PLACE OF BURIAL, CREMATION, OR REMOVAL** |
| Salisbury MD | On or near date of death |

| 11. **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION** | 29. **TENTATIVE REGISTRATION** |
| 1934 | 1935 |

| 12. **BIRTHPLACE** | 30. **IF SO, SPECIFY** |
| (City or town) | **CARLTON BROWN** |
| Salisbury MD | (Address) |

| 13. **NAME** | **NICHOLAS CAPRICE** |
| Edward R. Humphrey | (Address) |

| 14. **BIRTHPLACE** | **135 Elm St., 2nd Ward** |
| (City or town) | (State or country) |

| 15. **MAIDEN NAME** | **135 Elm St., 2nd Ward** |
| Oliva L. Lydon | (State or country) |

| 16. **BIRTHPLACE** | **135 Elm St., 2nd Ward** |
| (City or town) | (State or country) |

| 17. **INFORMANT** | **135 Elm St., 2nd Ward** |
| (Address) | (Address) |

| 18. **BURIAL, CREMATION, OR REMOVAL** | **135 Elm St., 2nd Ward** |
| Name and Date | (Address) |

| 19. **UNDERTAKER** | **135 Elm St., 2nd Ward** |
| (Address) | (Address) |

| 20. **FILED** | **135 Elm St., 2nd Ward** |
| June 7, 1936 | (Address) |

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of</td>
<td>1915</td>
<td>The principal cause of</td>
<td>1 week ago</td>
</tr>
<tr>
<td>death and related</td>
<td></td>
<td>death and related</td>
<td></td>
</tr>
<tr>
<td>causes of importance</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>were as follows:</td>
<td></td>
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<td>1 week ago</td>
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<tr>
<td>nephritis</td>
<td></td>
<td>Peritonitis</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JUL 7 1936</td>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td>BUREAU V. S.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory</td>
<td>May 1, 1925</td>
<td>Other contributory</td>
<td>1 year</td>
</tr>
<tr>
<td>causes of importance:</td>
<td></td>
<td>causes of importance:</td>
<td></td>
</tr>
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<td></td>
</tr>
</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County
   Village or City
   Salisbury, Md.

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

   PERSONAL AND STATISTICAL PARTICULARS

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

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

   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

   OCCUPATION

   12. BIRTHPLACE (city or town)
       (State or country)
   13. NAME
   14. BIRTHPLACE (city or town)
       (State or country)
   15. MAIDEN NAME
   16. BIRTHPLACE (city or town)
       (State or country)
   17. INFORMANT
       (Address)
   18. BURIAL, CREMATION, OR REMOVAL
       Place
       Date

   19. UNDERTAKER
       (Address)

   20. FILED

   21. DATE OF DEATH

   I HEREBY CERTIFY. That I attended deceased from
   (Month) (Day) (Year)

   I last saw him/her alive on

   July 10, 1864

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

   Other Contributory Causes of importance:

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

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

   If so, specify

   (Address)

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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 morbidity 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>July 6, 1936</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: ... Wicomico Co. ... No. Reg. Dist. No. 13 Ward...
   Village or City: Salisbury ...
   (If death occurred in a hospital or institution, give its NAME instead of street and number).
   Length of residence in city or town where death occurred: yrs. ... mos. ... ds.
   How long in U.S. if of foreign birth? yrs. ... mos. ... ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   July 4, 1917

7. AGE
   Years: 17
   Months: 6
   Days: 29

9. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   Occupation: House helper

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

12. BIRTHPLACE (city or town)
    Unspecified

13. NAME
    David Jones

14. BIRTHPLACE (city or town)
    Unspecified

15. MAIDEN NAME
    Unspecified

16. BIRTHPLACE (city or town)
    Unspecified

17. INFORMANT (Address)
    David Jones

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Vernon
    Date: 6-12-36

19. UNDERTAKER (Address)
    Dale Dashiell

20. FILED (Address)
    June 12, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) 6
    (Day) 10
    (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from...
    (Month) 1
    (Day) 22
    (Year) 1936 ...
    To have occurred on the date stated above, at 9:30 a.m.
    The principal cause of death was...
    Pneumonia...
    Other contributing causes of importance...
    Septis...

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...

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>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: Baltimore
   Village or City: Baltimore, Md.
   Registration Dist. No. 333
   No. 319 Ann., St., 5th Ward
   Length of residence in city or town where death occurred: 2 yrs., 1 mos.

2. FULL NAME
   (a) Residence: No. 319 Ann.
   (Usual place of abode)
   If U. S. Veteran, specify WAR:
   Residence: No. 319 Ann., St., 5th Ward, Baltimore, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   March 24, 1862

7. AGE
   Years: 72
   Months: 2
   Days: 24

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

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

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

11. Total time years spent in this occupation
    1933

12. BIRTHPLACE (city or town)
    (State or country)
    Tulane, La.

13. NAME
    John Justin

14. BIRTHPLACE (city or town)
    (State or country)
    Tulane, La.

15. MAIDEN NAME
    Malinda Tyler

16. BIRTHPLACE (city or town)
    (State or country)
    Tulane, La.

17. INFORMANT
    (Address)
    Merrill B. Eakins, 319 Ann., St., Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Buried
    Date
    June 19, 1936

19. UNOBTAINED
    (Address)
    Hillstone of Co.
    Hilling, Md.
    Date
    June 19, 1936

20. FILED
    Date
    1936

REGISTRAR

21. DATE OF DEATH
    June 19, 1936

22. I HEREBY CERTIFY
    That I attended deceased from
    June 16, 1936 to
    June 19, 1936
    I saw him alive on
    June 19, 1936
    Death is said to have occurred on the date stated above,
    June 19, 1936

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

Other Contributory Causes of Importance:

Name of operation

What last confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, 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

(Signature)

(Address)

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

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

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

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

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

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

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

**Example I**

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

**Example II**

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

**Other contributory causes of importance:**

**Gallstones** May 1, 1923

**Gastroenteritis** 1 year

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

1. PLACE OF DEATH
   County: Washington
   Village or City: Salisbury
   Registration Dist. No.: 333
   No.: 206 Washington St., 13 Ward
   Length of residence in city or town where death occurred: 10 yrs. mos. ds.
   How long in U.S. if of foreign birth?: yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME: George W. Hessey
   (a) Residence: No. 206 Washington St., 13 Ward Salisbury
   If U.S. Veteran, specify WAR: X
   If nonresident give city or town and State: 

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, DIVORCED: Married
   Status of marriage: Husband of Charlotte Hessey

6. DATE OF BIRTH (month, day, and year): Sept. 22, 1850
7. AGE: 85 yrs. 8 mos. 5 days

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:
10. Date deceased last worked at this occupation (month and year): April 1929
11. Total time (years) spent in this occupation:

OCCUPATION

12. BIRTHPLACE (city or town): Seaford, Del.
   (State or country):
13. NAME: David Hessey
14. BIRTHPLACE (city or town): (State or country):
15. MAIDEN NAME: 
16. BIRTHPLACE (city or town): (State or country):
17. INFORMANT (Address): George H. Hessey, 206 Washington St., Salisbury, Md.
18. BURIAL, CREMATION, OR REMOVAL: Fomem City, June 5, 1936
19. UNDERTAKER: (Address):
20. FILED (Address): June 5, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) 3 (Day) 1936

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

   Date of onset:

   Other Contributory Causes of importance:

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

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

If more blanks are needed, address State Registrar, 8411 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, asthemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

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

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>Date of onset</th>
<th>Attack of epilepsy</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 7, 1936</td>
<td>1915</td>
<td>1 week ago</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Washington
   Village or City: Marlton Springs, Ind.
   Length of residence in city or town where death occurred: 9 yrs.

2. FULL NAME
   (a) Residence: No.
   If U.S. Veteran, specify WAR: No. 29
   Place: Silver Creek, N.Y.
   Ward:

PERSONAL AND STATISTICAL PARTICULARS

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

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

5a. If married, widowed, or divorced
   (or) WIFE OF: Sophia Rosand

6. DATE OF BIRTH: July 9, 1864

7. AGE: 71 yrs.
   Fractions: 71 yrs. 11 mos. 14 days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Iron Moulder

9. OCCUPATION: Iron Foundry

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: 1932

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 40

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

13. NAME: John John

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

15. MAIDEN NAME: Caroline Rosand

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

17. INFORMANT: Helen Rosand
   Address: Silver Creek, Ind.

18. BURIAL, CREMATION, OR REMOVAL:
   Place: Silver Creek, Ind., Date: 6-28-36

19. Undertaker: Mrs. St. Germaine Audi

20. FILED: June 26, 1936
   FILED: N. J. Reddix

REGISTRATION DIST. No.: 330
REGISTRATION DIST. No. (ST.): Ward

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from
   June 18, 1936, to June 25, 1936
   I last saw him alive on June 24, 1936; death is said to have occurred on the date stated above, at 12 noon.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance are as follows:
   Septic Meningitis
   Other Contributory Causes of importance:

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gastroenteritis</td>
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</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County: Wicomico
 Village or City: Salisbury, Md.
 No. Glenn, St. 9, Ward
 Length of residence in city or town where death occurred: 35 yrs. mos. ds.

2. FULL NAME: Nettie C. Layfield
 (a) Residence: No. Glenn
 (Unusual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): Sept. 16, 1876

7. AGE: Years 59
   Months 9
   Days 0
   Then less than 1 day, hours, or minutes.

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

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

10. Date deceased last worked at this occupation (month and year): 1934

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

12. BIRTHPLACE (city or town): Deals Island
    (State or country): Md. Somerset

13. NAME OF FATHER: Gabriel Webster
14. BIRTHPLACE (city or town or State or country): Deals Island, Md. Somerset

15. MAIDEN NAME: Mary E. Hoffman
16. BIRTHPLACE (city or town or State or country): Deals Island, Md. Somerset

17. INFORMANT: John H. Layfield
   (Address): Glenn St., Salisbury, Md.
   Place: Parsons Cem.
   Date: June 18, 1936

18. UNDERTAKER: Holloway & Co.
   (Address): Salisbury Md.
   Date: June 18, 1936

19. FILED: June 18, 1936
   (Address): "Mary T."  Registrar

20. REGISTERED: June 18, 1936
   (Address): O. "Mary T."  Registrar

21. DATE OF DEATH
   Month: June
   Day: 16
   Year: 1936

22. I HEREBY CERTIFY, That I attended deceased from
   Date: Sept. 16, 1936
   to June 16, 1936
   I saw h. alive on: July 10, 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:

   Cirrhosis LIVER
   Date of onset: 1936

   Other Contributory Causes of Importance:

   Ascites
   Date: 8/10/36

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

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

   24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed):
   Address:
   Date:
   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 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>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Harford Co.
   Village or City: Salisbury, Md.
   No. R. E. Hoyt, St. 13
   Length of residence in city or town where death occurred: 3 yrs.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME
   (a) Residence: No. 710 S. 1st St., Salisbury, Ml.
   (b) Place of birth: Ml.
   If U. S. Veteran, specify WAR:
   If nonresident give city or town and State:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed (or) Wife of William H. Fitzgerald

6. DATE OF BIRTH (month, day, and year)
   Nov. 26, 1926

7. AGE
   Years: 15
   Months: 1
   Days: 2

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

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

10. Date deceased last worked at this occupation (month and year)
   Jun 28, 1936

11. Total time spanned in this occupation

12. BIRTHPLACE (city or town)

13. NAME
   Eudora Boyd

14. BIRTHPLACE (city or town)

15. MAIDEN NAME
   Mary Burke

16. BIRTHPLACE (city or town)

17. INFORMANT
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place and Date

19. Undertaker
   (Address)
   June 30, 1936

20. FILED
   June 30, 1936

21. DATE OF DEATH
   June 28, 1936

22. 1 HEREBY CERTIFY, That I attended deceased from

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.
   Nature of Injury:
   Menstr. of injury:
   Date of injury:

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

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

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbidity 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>
<td>Arteriosclerosis</td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>RECEIVED</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>JUL 7, 1930</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>BUREAU N.S</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td>Peritonitis</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>Gallstones</td>
</tr>
<tr>
<td>May 1, 1925</td>
<td>May 1, 1925</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>1 year</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: Wicomico
   - Village or City: Salisbury
   - Registration Dist. No.: 333
   - Ward: 5
   - Length of residence in city or town where death occurred: 45 yrs. mos. ds.
   - How long in U.S. if of foreign birth: yrs. mos. ds.

2. **FULL NAME**
   - George E. Mitchell
   - (Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

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

- If married, widowed, or divorced (Wife of) Maria B. Mitchell
- Date of Birth: Sep. 5, 1850
- Age: 83 yrs. 9 mos. 15 days
- If less than 1 day, hrs. or min.
- Occupation: Merchant
- Industry or business in which work was done: Silk Mill
- Date deceased last worked at this occupation (month and year): 1904
- Total time (years) spent in this occupation: 45 yrs.

12. **BIRTHPLACE**
   - Place: Salisbury
   - State or country: Maryland

13. **NAME**
    - George E. Mitchell

14. **BIRTHPLACE**
    - Place: Wicomico Co.
    - State or country: Maryland

15. **MAIDEN NAME**
    - Susan Reddish

16. **BIRTHPLACE**
    - Place: Wicomico Co.
    - State or country: Maryland

17. **INFORMANT**
    - Maria J. Mitchell
    - Address: 317 William Street

18. **BURIAL, CREMATION, OR REMOVAL**
    - Name: C. W. Johnson
    - Address: salon, Wicomico Co.
    - Date: June 23, 1936

20. **FILED**
    - Date: June 23, 1936

## MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
    - Month: June
    - Day: 20
    - Year: 1936

22. I HEREBY CERTIFY that I attended deceased from
    - Date of death: June 20, 1936
    - Last saw alive: June 19, 1936
    - Death is said to have occurred on the date stated above, at 800 a.m.
    - The principal cause of death and related causes of importance were as follows:
      - Chronic hypertensive disease

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

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

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

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

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

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

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<td>Gallstones</td>
<td>Gastroenteritis</td>
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Date of onset: 1915
Date of onset: 1 week ago
Date of onset: July 5, 1927
Date of onset: 3 days ago
Date of onset: May 1, 1928
Date of onset: 1 year

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

1. PLACE OF DEATH

County: Union
Village or City: Sharptown

Length of residence in city or town where death occurred: 35 yrs.

2. FULL NAME: Charles J. Mooney

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

5a. If married, widowed, or divorced
HUSBAND of: Charles Mooney
WIFE of: Areatie Mooney

6. DATE OF BIRTH: June 19, 1861

7. AGE: 74 yrs.

8. Trade, profession, or particular kind of work done: Merchant (Grocery)

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

10. Date deceased last worked at this occupation: Jan., 1936

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

12. BIRTHPLACE (city or town): Maryland

13. NAME: Charles Mooney

14. BIRTHPLACE (city or town): Maryland

15. MAIDEN NAME: Louise Tyler

16. BIRTHPLACE (city or town): Maryland

17. INFORMANT: Areatie Mooney

18. BURIAL, CREMATION, OR REMOVAL PLACE: Sharptown

19. UNDERTAKER: W. D. Gravenor & Bro

20. FILED: June 14, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to June 12, 1936. I last saw him alive on June 7, 1936. He died on June 12, 1936. The principal cause of death and related causes of importance were as follows:

23. Date of onset: 1934

Other Contributory Causes of Importance:

24. Date of injury:

If death was due to external causes, fill in also the following:

25. Name of operation:

26. Date of injury:

27. What test confirmed diagnosis:

28. Was there an autopsy:

29. Where did injury occur:

30. 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?

34. If so, specify:

(Signed): M. A. Upham, M.D.

(Address):

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

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<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Baltimore
   Village or City: S.Baltimore, md.
   Registration Dist. No.: 448
   St., 13 Ward.
   Length of residence in city or town where death occurred: 33 yrs.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. 448 Washington St., 13 Ward, Baltimore, MD.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF DEATH (month, day, and year)
   Sept. 23 1936

7. DATE OF BIRTH (month, day, and year)
   Sept. 23 1880

8. AGE Years Months Days
   76 8 17

10. Date deceased last worked at this occupation (month and year)
   Dec. 22, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), (State or country)
   Near Pasadena, md.

13. NAME
   Thomas H. Marlen

14. BIRTHPLACE (city or town), (State or country)
   Near Pasadena, md.

15. MAIDEN NAME
   Elizabetz Reed

16. BIRTHPLACE (city or town), (State or country)
   Near Pasadena, md.

17. INFORMANT (Address)
   Dr. H. C. Trumel, 448 Washington St., Baltimore

18. BURIAL, CREMATION, OR REMOVAL
   Place: Near Pasadena, md.
   Date: Dec. 22, 1934

19. UNDERTAKER (Address)
   H. B. Scott & Co., 448 Washington St., Baltimore

20. FILED (Address)
   June 1936
   O. Gray Turner
   Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   June 18th, 1936

22. I HEREBY CERTIFY
   That I attended deceased from
   April 1935 to June 1936
   I last saw him alive on June 1936
   Death is said to have occurred on the date stated above, at 11:30 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:

   Other Contributory Causes of importance:

23. If death was due to external causes (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.

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

(Signed) M. D.

If more blanks are needed, address State Registrar, 2012 N. Charles Street, Baltimore, Requesting U. S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

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

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915</td>
<td>1921</td>
</tr>
<tr>
<td>Jul 7, 1999</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

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

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

1. PLACE OF DEATH

County: Westmore
Village or City: Hantico
Registration Dist. No.: 327
St., Ward:
No. of yrs. mos. ds. Length of residence in city or town where death occurred.

2. FULL NAME: Alberta Hunter
(a) Residence: No. Hantico
(Usually place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: H
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widower
6. If married, widowed, or divorced HUSBAND OF: Ezzie Hunter
7. If U. S. Veteran, specify WAR: 
8. Residence No.: Hantico

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

6. DATE OF BIRTH (month, day, and year): April 7, 1888
7. AGE (years, months, days): 48 yrs. 2 mos. 4 days
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.: Home work
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Hantico
10. Date deceased last worked at this occupation (month and year): July 1925

21. DATE OF DEATH (Month, Day, Year): June 12, 1936

I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to June 12, 1936, and death is said to have occurred on the date stated above, at 12 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Coronary Embolism

MEDICAL CERTIFICATE OF DEATH

OCCUPATION: Hantico

12. BIRTHPLACE (city or town): Hantico
13. NAME: Jesse A. Hunter
14. BIRTHPLACE (city or town): Hantico
15. MAIDEN NAME: Rosetta Hardy
16. BIRTHPLACE (city or town): Hantico
17. INFORMANT: June Hunter
18. BURIAL, CREMATION, OR REMOVAL Place: Hantico
19. UNDERTAKER: Messrs. Sullivan & Deme
20. FILED: June 13, 1936

If more blanks are needed, address State Registrar, 241 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>
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</tr>
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>JUL 6 1935</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>BUREAU Y. S.</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
Gallstones
May 1, 1926

Other contributory causes of importance:
Gastroenteritis
1 year
**1. PLACE OF DEATH**

County: Haring
Village or City: Salisbury

**2. FULL NAME**

(a) Residence: No.

**PERSONAL AND STATISTICAL PARTICULARS**

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

6. DATE OF BIRTH (month, day, and year)
   - Dec. 11, 1865

7. AGE
   - Years: 70
   - Months: 6
   - Days: 0

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

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

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

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

12. BIRTHPLACE (city or town)
   - England

13. NAME
   - John Chapman

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

15. MAIDEN NAME
   - Susan Hudson

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

17. INFORMANT
   - Mrs. Leader, 91nd St., Baltimore

18. BURIAL, CREMATION, OR REMOVAL
    - Place: 
    - Date: 

19. UNDERTAKER

20. FILED
    - June 12, 1896

**21. DATE OF DEATH**

- Month: June
- Day: 11
- Year: 1936

**22. I HEREBY CERTIFY**

- That I attended deceased from __________ to __________.
- I last saw deceased alive on __________.
- Death is said to have occurred on the date stated above, at __________ A.M.
- The principal cause of death and related causes of importance were as follows:

**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
  - Address __________

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

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

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9.—The industry or business in which the work was done.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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

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<thead>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: unspecified
Village or City: Tyacken

2. FULL NAME
(a) Residence: #
(Usually place of abode)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5a. If married, widowed, or divorced
HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (month, day, and year) May 31, 1932

7. AGE Years Months Days IF LESS than
1 day,_______hrs.,_______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) Tyacken, Md.
(State or country)

13. NAME Mary Price

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

15. MAIDEN NAME Mary Price

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

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED June 17, 1936

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH June 16, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936, to June 16, 1936.
I last saw the above named person alive on June 10, 1936.
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:

Pneumonia
Birth
(Parents Lucile)

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, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

Manner of Injury
Nature of injury

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

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

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

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<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Died</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>JUL 9 1930</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>DIEGIO V. S.</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></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>Gallstones</td>
</tr>
<tr>
<td><strong>May 1, 1923</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td></td>
<td><strong>1 year</strong></td>
</tr>
</tbody>
</table>

Additional Space for Further Statements by Physician
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Pocomoke
Village or City Salisbury
Length of residence in city or town where death occurred 17 yrs, 0 mos, 0 ds. How long in U. S., if of foreign birth? 0 yrs, 0 mos, 0 ds.

2. FULL NAME

(a) Residence: No. 701 E. Church St, 5 Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 30, 1919

7. AGE 17 10 18

8. TRADE, PROFESSION, OCCUPATION Accidents Drawing

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE Accidents Drawing

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION June 18, 1936

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

12. BIRTHPLACE (city or town) Maryland

13. NAME John Lloyd Pullin Jr.

14. BIRTHPLACE (city or town) Maryland

15. MAIDEN NAME Ethel Hammond

16. BIRTHPLACE (city or town) Maryland

17. INFORMANT John Lloyd Pullin Jr.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED June 21, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 18, 1936

22. I HEREBY CERTIFY That I attended deceased from Davao July 19, 1936, the date of death having occurred on the date stated above, at 12 m.

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

Accidents Drawing

4. Municipal Pullin

5. J. S. Grindstaff

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

Accident, suicide, or homicide? Yes

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

If so, specify

25. SIGNATURE

M. D. 

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

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<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td><em>RECEIVED</em></td>
<td><em>1 week ago</em></td>
</tr>
<tr>
<td><em>JUL 7 1936</em></td>
<td><em>1 week ago</em></td>
</tr>
<tr>
<td><em>July 5, 1927</em></td>
<td><em>3 days ago</em></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><em>May 1, 1929</em></td>
<td><em>1 year</em></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH  
   County: Wicomico  
   Village or City: Salisbury  
   Registration Dist. No.: 333  
   No. St., 13 Ward  
   Length of residence in city or town where death occurred: yrs. mos. ds.  
   If death occurred in a hospital or institution, give its NAME instead of street and number:  
   How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME  
   (a) Residence: No. 1  
   (Usual place of abode) Berlin, Md.  
   St., Ward.  
   If U.S. Veteran, specify WAR:  
   2.3 X

PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>1. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td>Married</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced WIFE of  
   Eary Pursell

6. DATE OF BIRTH (month, day, and year):  
   Sept. 6, 1877

7. AGE (Years, Months, Days):  
   63, 8, 11

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

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

10. Data 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: Joanichas Pursell

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

15. MAIDEN NAME: Charlotte Penning

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

17. INFORMANT (Address): Eary Pursell  
   End.

18. BURIAL, CREMATION, OR REMOVAL  
   Place: Berlin, Md., Date: June 19, 1936

19. UNDERTAKER (Address):  
   J. Miller

20. FILED (Address): June 17, 1936

21. DATE OF DEATH (Month, Day, Year): June 17, 1936

22. I HEREBY CERTIFY That I attended deceased from  
    to 1936, 1926, 1936  
    I last saw him alive on  
    17, 1936; death is said to have occurred on the date stated above, at  
    17, 1936.

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

   Date of onset:  
   Scoliosis, Osteo-Arthritis

   Other Contributory Causes of Importance:  
   Allergy, Stomach Ulcer

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

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

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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, asthena, 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 |
| Date of onset | Example II |
| Principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | May 1, 1928 |
| | Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County:
Village or City:
Length of residence in city or town where death occurred:
No. 220 Main St., 9 Ward, Salisbury, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
(a) Residence: No. 220 Main St., 9 Ward, Salisbury, Md.
If U.S. Veteran, specify WAR:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OF RACE

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

6. DATE OF BIRTH (Month, day, and year)
Feb. 14, 1865

7. AGE

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAW MILL, SILK MILL, BOOKKEEPER, ETC.

9. OCCUPATION
Prop. Nat'l Bank

10. DATE DECEASED FIRST WORKED AT THIS OCCUPATION (Month and year)
Mar. 1, 1935

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

12. BIRTHPLACE (city or town)
Mt. Vernon, Md.

13. NAME
James Padon

14. BIRTHPLACE (city or town)
Mt. Vernon, Md.

15. MAIDEN NAME
Mary Padon

16. BIRTHPLACE (city or town)
Mt. Vernon, Md.

17. INFORMANT
Mrs. J. P. Padon

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILE No.

21. DATE OF DEATH
June 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from

23. OTHER CONTRIBUTORY CAUSE OF DEATH

24. SAID DECEASED TO HAVE OCCURRED ON THE DATE STATED ABOVE, THAT DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, ETC.

25. MANNER OF INJURY

26. NATURE OF INJURY

27. SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE

28. IF SO, SPECIFY

29. SIGNATURE (Address)

30. 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 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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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones
- Gastroenteritis

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

### 1. PLACE OF DEATH
- County: Wicomico
- Village or City: Salisbury, Md.
- Length of residence: 46 yrs. 0 mos.
- Registration Dist. No.: 333
- No.: 315 Barclay St., 5 Ward

### 2. FULL NAME
- Unice I. Ryall
- (a) Residence: No. 315. Barclay St., 5 Ward. Salisbury, Md.
- If U. S. Veteran, specify WAR: X

### PERSONAL AND STATISTICAL PARTICULARS

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

- If married, widowed, or divorced, name of (or) WIFE of: Henry Carroll Ryall
- Husband of: Henry Carroll Ryall
- Name of occupation: Operator
- Industry or business in which work was done: Shirt Factory
- Date deceased last worked at this occupation: April 25, 1890
- Total time (years) spent in this occupation: 3 yrs.

### 6. DATE OF BIRTH
- April 25, 1890
- Ages: 46 yrs. 0 mos. 20 days

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 15, 1936

22. I HEREBY CERTIFY: That I attended deceased from May 1, 1936 to June 15, 1936; death is said to have occurred on the date stated above, at 11:45 a.m.

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

- Diabetes Mellitus

23. If death was due to external causes (VIOLANCE) fill in also the following:
- Accident, suicide, or homicide: X
- Date of injury: June 15, 1936
- Where did injury occur: Salisbury, Md.
- Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
- Manner of injury: X
- Nature of injury: X

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

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>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>JUL 7 1936</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July5,1927</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>3 days ago</td>
<td>1 week ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Pittsville, MD (outside)
   - Length of residence in city or town where death occurred: 21 yrs.

2. **FULL NAME**
   - (a) Residence: No. (Pittsville, outside)
   - If nonresident give city or town and State: 

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH** (month, day, and year)
   - June 22, 1859

7. **AGE**
   - 75 Years

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

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**
    - Life

12. **BIRTHPLACE** (city or town)
    - Delaware

13. **NAME**
    - John W. Short

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

15. **MAIDEN NAME**
    - 

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

17. **INFORMANT**
    - Father

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Pittsville
    - Date: June 22, 1936

19. **UNDERTAKER**
    - John W. Burleigh

20. **FILED**
    - June 22, 1936

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - June 22, 1936

22. **I HEREBY CERTIFY, That I attended deceased from June 22, 1936, to June 22, 1936
    - I last saw him alive on June 22, 1936; death is said to have occurred on the date stated above.

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

- Date of onset:

Other Contributory Causes of Importance:
- Chronic, non-fatal, condition, existing one year.

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?
    - Data of injury: June 22, 1936
    - Where did injury occur?
      - (Specify city or town, county and State):
      - INDUSTRY, INDUSTRY

Manner of injury:

Nature of injury:

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

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

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

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</tr>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
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</tbody>
</table>

**Example II**

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<tbody>
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<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Wicomico
   Village or City: Fenwood
   Length of residence in city or town where death occurred: 3 yrs.

2. FULL NAME: Florence M. Simons
   Residence: No. 534 Main St., Annapolis, Md.
   Occupation: Housewife

3. SEX: F
   Color or Race: White
   Single, Married, Widowed, or Divorced: Widow

4. DATE OF BIRTH: Dec. 22, 1907
   Age: 28 yrs.

5. OCCUPATION: Housewife
   Industry or business in which work was done: None

6. PLACE OF DEATH: Fenwood, Wicomico
   Cause of death: Natural causes

7. MEDICAL CERTIFICATE OF DEATH:
   I hereby certify that I attended deceased from month 7, day 6, year 1936
   Last saw deceased alive on month 7, day 6, year 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:
   Name of operation: None
   Date of operation: None
   What test confirmed diagnosis: None
   Date of test: None
   Was there an autopsy: None
   Where did injury occur: None
   Specify city or town, county and State: None
   Manner of injury: None
   Nature of injury: None

8. UNIFORMED DOD
   Under the laws of Maryland, no uniformed forces, national or state, shall be exempt
   from the above certificate of death form.

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

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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 3, 1937</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: [Blank]
   - Village or City: Baltimore, Md.
   - Registration Dist. No.: 17 336
   - If death occurred in a hospital or institution, give its NAME instead of street and number.

2. **FULL NAME**
   - Given Names: Ethelbert
   - Surname: Singleton
   - Sex: Male
   - Occupation: Bookkeeper
   - Race: White
   - Date of Death: June 22, 1936
   - Date of Birth: May 18, 1865
   - Age: 71 years, 1 month, 4 days
   - Birthplace: London, England
   - Name of Father: [Blank]
   - Name of Mother: [Blank]
   - Maiden Name: [Blank]
   - Year of Birthplace: [Blank]
   - Year of Deathplace: [Blank]
   - Cause of Death: [Blank]
   - Place of Burial: [Blank]

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Total time spent in this occupation: [Blank]
   - Trade, profession, or particular kind of work done: [Blank]
   - Industry or business in which work was done: [Blank]
   - Date deceased last worked: [Blank]

4. **MEDICAL CERTIFICATE OF DEATH**
   - I hereby certify that I attended deceased from [Blank]
   - Last seen alive on: [Blank]
   - Death occurred on: [Blank]
   - Principal cause of death: Tuberculosis
   - Contributory causes of importance: [Blank]
   - Cause of death: [Blank]
   - Date of onset: [Blank]
   - Name of operation: [Blank]
   - Date of operation: [Blank]
   - What test confirmed diagnosis? [Blank]
   - Was there an autopsy? [Blank]
   - Manner of Injury: [Blank]
   - Nature of Injury: [Blank]
   - If so, specify: [Blank]

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>RESEARCH V. S.</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1921</td>
</tr>
<tr>
<td>JULY 6, 1936</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>May 1, 1923</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: Wicomico
   Village or City: Salisbury
   Registration Dist. No.: 333
   Hospital St. B
   Ward: 19
   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. yrs. mos. ds.

2. FULL NAME: Esther Victoria Smith
   (a) Residence: No.
   (b) St. Ward: Princess Anne, Md.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): January 17, 1905

7. AGE
   Years: 31
   Months: 4
   Days: 25
   If less than 1 day, hrs., or min.

8. Trade, profession, or particular kind of work done, as Spinner, Sawyer, Bookkeeper, etc.
   Occupation: Housewife

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

10. Date deceased last worked at this occupation (month and year): January 17, 1905

11. Total time (years) spent in this occupation: 31 years

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

13. NAME: Elizabeth White

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

15. MAIDEN NAME: Cora Adams

16. BIRTHPLACE (city or town): Fairmount, Maryland
   (State or country)

17. INFORMANT: Eldwood Smith
   (Address: Princess Anne, Md.)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Presbyterian, Date: June 19, 1936

19. UNDERTAKER: Dale D'Aglielli
   Address: Princess Anne, Md.

20. FILED: June 19, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) 11 (Day) 6 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936, to June 11, 1936.
   I last saw him alive on June 11, 1936, and death is said to have occurred on the date stated above, at
   11:00 a.m.
   The principal cause of death, and related causes of importance were as follows:

   Other Contributory Causes of importance:

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

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

   Manner of injury: 
   Nature of injury: 

24. Was disease or injury in any way related to occupation of deceased? 
   If so, specify
   (Signed) 
   (Address) 
   (Address)
   Registrar: 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, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This certificate was made at the University of Chicago hospital, 2513 South Lake Shore Drive.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Wisconsin
   Village or City: Salisbury
   Registration Dist. No.: 333
   No. Peninsula General Hospital Ward 13
   (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. days.
   How long in U. S. If of foreign birth: yrs. mos. days

2. FULL NAME
   (a) Residence: No. Shad Point, Md. St. Ward
   U. S. Veteran, specify WAR World War I

   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   June 13, 1895

7. AGE
   Years: 41 Months: 0 Days: 6

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

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

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

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

12. BIRTHPLACE (city or town)
   Shad Point

13. NAME
   Littetton M. Smith

14. BIRTHPLACE (city or town)
   Shad Point

15. MAIDEN NAME
   Sour or Shible

16. BIRTHPLACE (city or town)
   Shad Point

17. INFORMANT
   Sarah Smith, 2nd Informant
   Address: Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Shad Point
   Date: June 21, 1936

19. UNDERTAKER
   The Hill & Johnson Co.
   Address: Salisbury, Md.

20. FILED
   June 21, 1936
   Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   June 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936, to June 19, 1936,
   I last saw him alive on June 18, 1936, death is said to have occurred on the date stated above, at 12:00, P.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Pneumonia.
   Date of onset: June 10, 1936

   Other Contributory Causes of importance:
   Ate Stephens. 1926

   Name of operation
   Date of
   What test confirmed diagnosis? X-ray 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 19
   Where did injury occur? Specfied city or town, county and State
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Men of injury
   Nature of injury

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

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

### Example I

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

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

### Example II

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

**Other contributory causes of importance:**
- Gastroenteritis
- 1 year

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Salisbury, Md.
   No. H.P. #1, St., 8, Ward.
   Length of residence in city or town where death occurred: 7 yrs., mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number).
   How long in U. S. if of foreign birth? yrs., mos., ds.

2. FULL NAME
   Mary A. McMullen
   (Usual place of abode)
   Residence: No. RH. #1, Salisbury, Md.
   If U. S. Veteran, specify WAR: X
   Ward: 8
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   HUSBAND OR (or) WIFE OF CHARLES McMULLAN
6. DATE OF BIRTH (month, day, and year)
   Dec. 25, 1863
7. AGE
   Years: 72
   Months: 6
   Days: 2
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BONDKNIFE, 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, day, and year)
11. Total time (years) spent in this occupation
   1936

21. DATE OF DEATH
   (Month) June
   (Day) 27
   (Year) 1936

22. I HEREBY CERTIFY that I attended deceased from
   June 20, 1936 to June 27, 1936
   I last saw him alive on June 26, 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:

   Cause of death: Heart Failure
   Date of onset: June 27, 1936

   Other Contributory Causes of importance:
   Name of operation: 
   Date of: 
   What test confirmed diagnosis?: 
   Was there an autopsy?: 

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?: 
   Date of injury: June 27, 1936
   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) CHANCE M. McMullen, M. D.
   (Address) Salisbury, Md.
   (Address) Salisbury, Md.

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

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

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

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

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

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

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

| Example I                                                                 |
| Date of onset | The principal cause of death and related causes of importance were as follows: |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 1, 1927 |
| Other contributory causes of importance: |
| Gallstones | May 1, 1928 |

| Example II                                                                 |
| The principal cause of death and related causes of importance were as follows: |
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| Other contributory causes of importance: |
| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: [Illegible]

Village or City: FAYETTEVILLE, MD

6550

Registration Dist. No. 333

3. SEX

Female

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

6a. If married, widowed, or divorced

HUSBAND OF

(Or) WIFE OF

6b. Residence: No.

(Usual place of abode)

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

March 17, 1936

8. OCCUPATION

None

9. Industry or business in which work was done

No occupation

10. Date deceased last worked at this occupation

(month and year)

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town)

Fayetteville

13. NAME

MARY TOWNSEND

14. BIRTHPLACE (city or town)

STATE OR COUNTRY

15. MAIDEN NAME

DAVID BROWN

16. BIRTHPLACE (city or town)

STATE OR COUNTRY

17. INFORMANT

DAVID BROWN (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: [Illegible]

Date: [Illegible]

19. UNDERTAKER

DAVID BROWN

20. FILED

June 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.

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Example I

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
<th>Other Contributory Causes of Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
<td></td>
</tr>
</tbody>
</table>

Example II

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Signature]

[Birth cert.]

[11/24/36 B.]
# State of Maryland—Certificate of Death

## 1. Place of Death

<table>
<thead>
<tr>
<th>County</th>
<th>Washington</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village or City</td>
<td>Mandan St. RFD</td>
</tr>
<tr>
<td>No.</td>
<td>Registration Dist. No.</td>
</tr>
<tr>
<td>St.</td>
<td>Ward</td>
</tr>
<tr>
<td>Length of residence in city or town where death occurred</td>
<td>33 yrs. mos. ds.</td>
</tr>
</tbody>
</table>

## 2. Full Name

<table>
<thead>
<tr>
<th>(a) Residence</th>
<th>No.</th>
<th>Mandan St.</th>
<th>Ward.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Personal and Statistical Particulars

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

### Medical Certificate of Death

<table>
<thead>
<tr>
<th>21. Date of Death</th>
<th>June 20, 1936</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>22.</th>
<th>I hereby certify, that I attended deceased from</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Specify date and time)</td>
</tr>
<tr>
<td></td>
<td>(Month) (Day) (Year)</td>
</tr>
<tr>
<td></td>
<td>(Month) (Day) (Year)</td>
</tr>
</tbody>
</table>

### Occupation

<table>
<thead>
<tr>
<th>8. Trade, profession, or occupation</th>
<th>At Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Industry or business in which work was done</td>
<td></td>
</tr>
<tr>
<td>10. Date deceased last worked at this occupation (month and year)</td>
<td></td>
</tr>
</tbody>
</table>

### Birthplace

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

### Name

<table>
<thead>
<tr>
<th>13. Name</th>
<th>Anna J. yogurt</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Birthplace (city or town)</td>
<td>Brooklyn</td>
</tr>
<tr>
<td>(State or county)</td>
<td></td>
</tr>
</tbody>
</table>

### Father

<table>
<thead>
<tr>
<th>15. Maiden Name</th>
<th>Cuddly Santos</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Birthplace (city or town)</td>
<td>France</td>
</tr>
<tr>
<td>(State or country)</td>
<td></td>
</tr>
</tbody>
</table>

### Informant

<table>
<thead>
<tr>
<th>17. Informant</th>
<th>Henry Santos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

### Burial, Cremation, or Removal

<table>
<thead>
<tr>
<th>18. Burial, Cremation, or Removal</th>
<th>Interred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place and Date</td>
<td>22, 1936</td>
</tr>
</tbody>
</table>

### Undertaker

<table>
<thead>
<tr>
<th>19. Undertaker</th>
<th>Penn &amp; Son</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

### Filed

<table>
<thead>
<tr>
<th>20. Filed</th>
<th>June 21, 1936</th>
</tr>
</thead>
</table>

### Medical Certificate of Death (continued)

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

<table>
<thead>
<tr>
<th>Name of operation</th>
<th>Date of...</th>
</tr>
</thead>
<tbody>
<tr>
<td>What test confirmed diagnosis?</td>
<td>Was there an autops?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23. If death was due to external causes (VIOLENCE) fill in also the following</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident, suicide, or homicide?</td>
</tr>
<tr>
<td>Where did injury occur?</td>
</tr>
<tr>
<td>Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Menner of injury</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of injury</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24. Was disease or injury in any way related to occupation of deceased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If so, specify</td>
</tr>
<tr>
<td>(Signed)</td>
</tr>
<tr>
<td>M. D.</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes</strong></td>
<td><strong>The principal cause of death and related causes</strong></td>
</tr>
<tr>
<td><strong>of importance were as follows:</strong></td>
<td><strong>of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 7, 1936</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: Baltimore
- Village or City: Watersmeet
- Length of residence in city or town where death occurred: 6 yrs. 6 mos. 1 ds.

## 2. FULL NAME
- First Name: Mary Jane
- Last Name: Webster
- Occupation: House work

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

### MEDICAL CERTIFICATE OF DEATH
- Date of Death: June 8, 1936
- Cause of Death: Acute Delirium

### REGISTERED BY
- Name: S. Webster
- Address: 6558
- Date of Issue: June 11, 1936

---

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

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

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

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

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

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Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Jul 6, 1926</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
</tbody>
</table>

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>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
<tr>
<td><strong>STATE OF MARYLAND  CERTIFICATE OF DEATH</strong></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>1. PLACE OF DEATH</strong></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Village or City</td>
<td></td>
</tr>
<tr>
<td>Registration Dist. No.</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
</tr>
<tr>
<td>St., Ward</td>
<td></td>
</tr>
<tr>
<td>Length of residence in city or town where death occurred</td>
<td>yrs. mos. ds.</td>
</tr>
<tr>
<td>(If death occurred in a hospital or institution, give its NAME instead of street and number)</td>
<td></td>
</tr>
<tr>
<td><strong>2. FULL NAME</strong></td>
<td></td>
</tr>
<tr>
<td>George Whayland</td>
<td></td>
</tr>
<tr>
<td>Residence No.</td>
<td></td>
</tr>
<tr>
<td>Residence Street</td>
<td></td>
</tr>
<tr>
<td>U. S. Veteran, special WAR</td>
<td></td>
</tr>
<tr>
<td>If U. S. Veteran, special WAR</td>
<td></td>
</tr>
<tr>
<td>If nonresident give city or town and State</td>
<td></td>
</tr>
<tr>
<td><strong>PERSONAL AND STATISTICAL PARTICULARS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3. SEX</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td><strong>4. COLOR OR RACE</strong></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td><strong>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td></td>
</tr>
<tr>
<td><strong>6. DATE OF BIRTH</strong></td>
<td></td>
</tr>
<tr>
<td>Dec 13, 1863</td>
<td></td>
</tr>
<tr>
<td><strong>7. AGE</strong></td>
<td></td>
</tr>
<tr>
<td>70 yrs.</td>
<td></td>
</tr>
<tr>
<td>5 mos.</td>
<td></td>
</tr>
<tr>
<td>22 days</td>
<td></td>
</tr>
<tr>
<td><strong>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE</strong></td>
<td></td>
</tr>
<tr>
<td>Hammer and Forges</td>
<td></td>
</tr>
<tr>
<td><strong>9. OCCUPATION</strong></td>
<td></td>
</tr>
<tr>
<td>Day Labor</td>
<td></td>
</tr>
<tr>
<td><strong>10. DATE DECEASED LAST WORKED AT THIS OCCUPATION</strong></td>
<td></td>
</tr>
<tr>
<td>Dec 19, 1863</td>
<td></td>
</tr>
<tr>
<td><strong>11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION</strong></td>
<td></td>
</tr>
<tr>
<td><strong>12. BIRTHPLACE</strong></td>
<td></td>
</tr>
<tr>
<td>Alton, Maryland</td>
<td></td>
</tr>
<tr>
<td><strong>13. NAME</strong></td>
<td></td>
</tr>
<tr>
<td>Whayland</td>
<td></td>
</tr>
<tr>
<td><strong>14. BIRTHPLACE</strong></td>
<td></td>
</tr>
<tr>
<td>Whayland</td>
<td></td>
</tr>
<tr>
<td><strong>15. MAIDEN NAME</strong></td>
<td></td>
</tr>
<tr>
<td>Maria Whayland</td>
<td></td>
</tr>
<tr>
<td><strong>16. BIRTHPLACE</strong></td>
<td></td>
</tr>
<tr>
<td>(State or Country)</td>
<td></td>
</tr>
<tr>
<td><strong>17. INFORMANT</strong></td>
<td></td>
</tr>
<tr>
<td>Bruce Whayland</td>
<td></td>
</tr>
<tr>
<td><strong>18. BURIAL, CREMATION, OR REMOVAL</strong></td>
<td></td>
</tr>
<tr>
<td>Place</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td><strong>19. UNDERTAKER</strong></td>
<td></td>
</tr>
<tr>
<td>(Address)</td>
<td></td>
</tr>
<tr>
<td><strong>20. FILED</strong></td>
<td></td>
</tr>
<tr>
<td>June 19, 1936</td>
<td></td>
</tr>
<tr>
<td><strong>21. DATE OF DEATH</strong></td>
<td></td>
</tr>
<tr>
<td>June 5, 1936</td>
<td></td>
</tr>
<tr>
<td><strong>22. I HEREBY CERTIFY</strong></td>
<td></td>
</tr>
<tr>
<td>That I attended deceased from</td>
<td></td>
</tr>
<tr>
<td>May 31, 1936</td>
<td></td>
</tr>
<tr>
<td>I last saw him / her alive on</td>
<td></td>
</tr>
<tr>
<td>3:20 PM</td>
<td></td>
</tr>
<tr>
<td>Death is said to have occurred on the date stated above, at 3:20 P.M.</td>
<td></td>
</tr>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td></td>
</tr>
<tr>
<td>Apoplexy</td>
<td></td>
</tr>
<tr>
<td><strong>OTHER CONTRIBUTORY CAUSES OF IMPORTANCE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:</strong></td>
<td></td>
</tr>
<tr>
<td>Accident, suicide, or homicide?</td>
<td></td>
</tr>
<tr>
<td>Date of injury</td>
<td></td>
</tr>
<tr>
<td>Where did injury occur?</td>
<td></td>
</tr>
<tr>
<td>(Specify city or town, county and State)</td>
<td></td>
</tr>
<tr>
<td>Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.</td>
<td></td>
</tr>
<tr>
<td>Manner of injury</td>
<td></td>
</tr>
<tr>
<td>Nature of injury</td>
<td></td>
</tr>
<tr>
<td><strong>24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?</strong></td>
<td></td>
</tr>
<tr>
<td>If so, specify</td>
<td></td>
</tr>
<tr>
<td><strong>25. FILED</strong></td>
<td></td>
</tr>
<tr>
<td>June 19, 1936</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>JUL 7 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>JUL 7, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: [Redacted]
   - Village or City: [Redacted]
   - Length of residence in city or town where death occurred: [Redacted]

2. **FULL NAME**
   - Leo---- Wilkins
   - (a) Residence: [Redacted]

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Oct. 4, 1863

7. **AGE**
   - Years: 73
   - Months: 9
   - Days: 25

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

9. **Occupation**
   - Housewife

10. **DATE deceased last worked at this occupation (month and year)**
    - 6-1-36

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

12. **BIRTHPLACE (city or town)**
    - Wellards, Md.

13. **NAME**
    - Benjamin Hall

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

15. **MAIDEN NAME**
    - Priscilla Sayton

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

17. **INFORMANT**
    - John Wilkins

18. **BURIAL, CREMATION, OR REMOVAL**
    - New Hope Cemetery
    - Date: June 23, 1936

19. **UNDERTAKER**
    - [Redacted]

20. **FILED**
    - June 23, 1936

**MEDICAL CERTIFICATE OF DEATH**

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

22. **I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 21, 1936, death said to have occurred on the date stated above, at 84 yr.

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

   Other Contributory Causes of importance:
   - [Redacted]

23. **Name of operation**
    - [Redacted]

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td></td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: McEwen
   Length of residence in city or town where death occurred: yrs.

2. FULL NAME
   (a) Residence: No.
   (b) War: None
   If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

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

6. DATE OF BIRTH
   (Month, day, and year): June 3, 1870

7. AGE
   Years: 66
   Months: About

8. Occupation
   Farmer

9. Data deceased last worked at occupation (month and year)
   Sept. 35

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

11. BIRTHPLACE
   (city or town): Salisbury, Md.
   (State or country): Md.

12. NAME
   Unknown

13. Mother
   Name: Unknown
   Father: Unknown

15. MAIDEN NAME
   Unknown

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

17. INFORMANT
   (Name and Address): Mrs. Marvin B. Boyly
   (Address): Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: McEwen, Md.
   Date: June 3, 1936

19. UNDERTAKER
   (Name and Address): Mrs. C. Emanuel, Sr.
   (Address): Salisbury, Md.

20. FILED
   (Date and Register)
   6/5/1936

REGISTRAR

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.
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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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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>RECEIVED 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JUL 6 1922 July 6, 1927</td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td></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 |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Washington
   Village or City: Mandela
   Length of residence in city or town where death occurred: 3 yrs. mos. ds.

2. FULL NAME
   Annie B. [illegible] Willey
   Residence No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

5a. If married, widowed, or divorced, WIFE of
   Roy E. Willey

6. DATE OF BIRTH (month, day, and year)
   Mar. 8, 1911

7. AGE
   Years: 35
   Months: 2
   Days: 26
   If less than
   1 day, hrs. or. min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   Annie B. Willey

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

15. MAIDEN NAME
   Alda M. Horner

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

17. INFORMANT
   (Address)
   Roy E. Willey

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mandela
   Date: June 8, 1936

19. UNDERTAKER
   (Address)

20. FILED
   June 8, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) June
   (Day) 3rd
   (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
    [illegible] to June 8, 1936
    I last saw him alive on June 8, 1936.
    Death is said to have occurred on the date stated above, at 10 A.M.
    The principal cause of death and related causes of importance were as follows:

    [illegible]
    Date of onset 1932

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 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

   [illegible]
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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</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN