STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Worcester
Village or City: Poconos City
No. 508 Second Street St. Ward
Length of residence in city or town where death occurred yrs. mos. ds.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) July 13th, 1897
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
78 11 19

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

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

10. Date deceased last worked at this occupation (month and year) Jan. 1927
11. Total time (years) spent in this occupation Life

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

13. NAME Levin W. Beanchamp
14. FATHER Levin W. Beanchamp
15. MOTHER Sallie Holland
16. BIRTHPLACE (city or town) Worcester County Maryland
(State or country)

17. INFORMANT Mrs. J. B. Moore
(Address) Delmar, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place of Burial: Poconos City
Date of Burial: July 5th, 1926

19. UNDERTAKER
Avernoss Steveson

20. FILED July 5, 1926
Registar

21. DATE OF DEATH
Poconos City, July 2nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from
1934 to July 2, 1936
I last saw him alive on July 1, 1936, 19.; death is said to have occurred on the date stated above, at 2:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Artic Regurgitation (Compensated, but weak)
Chronic Nephritis (The dates these started I could not get.)

Other Contributory Causes of Importance:

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>Principal cause of death and related causes</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>Aug 3, 1920</td>
</tr>
</tbody>
</table>

**Example II**

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

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</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: 
   Village or City: Melbourne
   Registration Dist. No. 350
   Length of residence in city or town where death occurred: 20 yrs.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

   1915 - 12 - 30

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) Dec. 30, 1915

7. AGE
   Years
   Months
   Days
   If LESS than 1 day, ______ hours ______ minutes
   20 - 1915 = 20 6 8

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

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) 11/1930

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

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

13. NAME
   Father: 

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

15. MAIDEN NAME
   Flowerer

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

17. INFORMANT
   (Address)
   Wardtown Baptist Church
   Wardtown, Accomac Co., Va.
   July 10, 1936

18. BURIAL, CREMATION, OR REMOVAL
   Undertaker: N. A. Shields
   (Address)
   New Church, Virginia
   July 9, 1936

19. MEDICAL CERTIFICATE OF DEATH
   Date of death: 7 + 1936
   I HEREBY CERTIFY, That I attended deceased from 3/30, 1916, to 7/6, 1926.
   I last saw him alive on 7/6, 1926; death is said to have occurred on the date stated above, at 10:00 a.m.
   The principal cause of death and related causes of importance were as follows:

   Signature: Ernser
   Date of signature: 12/7/36

Contributory Causes of importance:
   Signature: Ernser
   Date of signature: 12/7/36

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 the injury 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.

Registrar: 

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, apoplexy, 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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</tr>
<tr>
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<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Wicomico
   Village or City: Snow Hill
   Length of residence in city or town where death occurred: 40 yrs.

2. FULL NAME: Mary Boss
   (a) Residence: No.
   (b) Occupation: Housewife
   (c) Birthplace: Maryland
   (d) Father: Don't Know
   (e) Mother: Johnson

3. SEX: Female
   Color or Race: Col
   Single

4. DATE OF DEATH: July 27, 1936

5. OCCUPATION: Housewife

6. DATE OF BIRTH: January 20, 1893

7. AGE: 43 yrs.

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

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

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

11. Total time (years) spent in this occupation: 4 yrs.

12. BIRTHPLACE: Maryland

13. NAME: Mary Boss

14. BIRTHPLACE: Maryland

15. MAIDEN NAME: Don't Know

16. INFORMANT: Mother

17. INFORMANT: A. L. Johnson

18. BURIAL, CREMATION, OR REMOVAL: Snow Hill

19. UNDERTAKER: Snow Hill

20. FILED: July 28, 1936

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

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

To be complete, an occupation return must state:

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

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

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

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

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</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Snow Hill
   Length of residence in city or town where death occurred: 10 yrs.

2. FULL NAME
   (a) Residence: No.
   Personal and Statistical Particulars:
   Sex: Female
   Color or Race: White
   Single, Married, Widowed, or Divorced: Widowed
   Residence: No.
   Full Name: Elizabeth Conner

3. SEX
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD)
   Married

4. COLOR OR RACE
   6. DATE OF BIRTH (month, day, and year)
   Oct. 17, 1847

7. AGE
   Years: 58
   Months: 8
   Days: 17

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

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

10. Date deceased last worked at this occupation (month and year): Dec. 1924

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

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

13. NAME
   Mother's Name: Brearley Jones

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

15. MOTHER'S NAME
   Mother's Name: Brearley Jones

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

17. INFORMANT
   Address: Snow Hill, Worcester County

18. BURIAL, CREMATION, OR REMOVAL
   Place of burial: Snow Hill, Worcester County
   Date: July 6, 1926

19. UNDERTAKER
   Address: Snow Hill, Worcester County

20. FILED
   Date: July 6, 1926

Medical Certificate of Death

21. DATE OF DEATH
   Month: July
   Day: 4
   Year: 1936

22. I HEREBY CERTIFY
   That I attended deceased from July 4, 1936, to July 7, 1936
   Last saw him/her alive on July 3, 1936
   Death is said to have occurred on the date stated above, at 7:30 p.m.

23. The principal cause of death and related causes of importance were as follows:
   Date of onset: July 7, 1936
   Other Contributory Causes of Importance:

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

   24. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide?: Date of injury: 18
   Where did injury occur?: Specify city or town
   Specify whether injury occurred in industry, in home, or in public place:
   Manner of injury:
   Nature of injury:

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

   Address: Snow Hill, Worcester County
   (Signed): M. D.
UNIVERSAL STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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</tr>
<tr>
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<td>1 week ago</td>
</tr>
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<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1923 |

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County
Village or City

Worcester
Pocomoke City

Within Corporate Limits Of

No. 436, Bank

Registration Dist. No.

St., Ward

No. 436, Bank

(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.

If U.S. Veteran, specify War

2. FULL NAME: Maggie E. Cropper

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

HUSBAND OF

WIFE OF

John Cropper

3. SEX

Female

4. COLOR OR RACE

Colored

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

WIDOW

3a. If married, widowed, or divorced

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

Dec. 25th, 1885.

7. AGE Years Months Days If LESS than 1 year, hrs. or min.

50 6 29

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

Housewife

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

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

July 1936.

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION (MONTH AND YEAR)

Life

12. BIRTHPLACE (CITY OR TOWN)

Staunton, Virginia.

(State or Country)

Maryland.

13. NAME

Edward Gattingham

14. BIRTHPLACE (CITY OR TOWN)

Worcester County

(State or Country)

Maryland.

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)

Worcester County

(State or Country)

Maryland.

17. INFORMANT

Stella Cropper

(Pocomeke City, Maryland)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Halls Hill Cemetery

PLACE

Date: July 27th, 1936

19. UNDERTAKER

Deverman, Sr. Stevens

(Pocomeke City, Maryland)

(Address)

20. FILED

July 27, 1936

Worcester Register

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

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</tr>
<tr>
<td>Gallstones</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>May 1, 1923</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: Worcester
   Village or City: New Ash
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: 
   (Usual place of abode: 
   If U.S. Veteran, specify WAR:
   (b) If nonresident give city or town and State of residence:

   PERSONAL AND STATISTICAL PARTICULARS

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

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

3. PLACE OF DEATH
   Registration Dist. No. 

4. FULL NAME
   (a) Residence:
   (Usual place of abode:
   If U.S. Veteran, specify WAR:

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

6. DATE OF BIRTH (month, day, and year)
   Jan 23, 1936

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

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   New Ash, MD

13. NAME
   Samuel Holland

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

15. MAIDEN NAME
   Lydia Simons

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

17. INFORMANT
   Lydia Holland
   New Ash, Maryland

18. BURIAL, CREMATION, OR REMOVAL
   Place:
   Glasgow, Oct. 27, 1936

19. UNDERTAKER
   (Address):
   Snowflake, MD

20. FILED
   7/14, 1936
   Registrar:
   (Address)
   Frederick Smith

21. DATE OF DEATH
   July 17, 1936

22. I HEREBY CERTIFY
   That I attended deceased from
   July 10, 1936
   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:

   Acute otitis media

   Date of onset:
   7/17/36

   Other Contributory Causes of Importance:
   Fever

   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)
   Economist
   Frederick Smith

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>
<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>Aug 5, 1936</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>Jul 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Example II

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

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Bethesda
   No.: R. H. P. St., Ward
   Length of residence in city or town where death occurred: 77 yrs., 4 mos., ds.

2. FULL NAME
   (a) Residence: Elizabeth Alice Lester
   (b) U. S. Veteran: War, No.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: March 10, 1859
7. AGE: 77 yrs., 4 mos.,
8. OCCUPATION: Wife

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: July 16, 1936
22. I HEREBY CERTIFY, that I attended deceased from July 9, 1936, to July 19, 1936.
   The principal cause of death and related causes of importance were as follows:
   Rheumatic Endocarditis

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   Chronic Lung疾
   Chronic Endocarditis

V.S. No. 1

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, asphyxiation, 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><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><strong>RECEIVED</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td><strong>AUG 5 1936</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | Other contributory causes of importance: |
| May 1, 1925 | **Gastroenteritis** |
| 1 year | |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Wicomico
   Village or City: Princess Anne, Md.
   Registration Dist. No. 247
   St., Ward.

2. FULL NAME
   Walter Theodore Johnson
   Residence: No. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

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

6. DATE OF BIRTH (month, day, end year)
   July 24, 1936

7. AGE
   Years: 3
   Months: 0
   Days: 0
   If LESS than 1 day, write hrs. or min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Donaldson, Md.

13. NAME
   Theodore Johnson

14. BIRTHPLACE (city or town)
   Donaldson, Md.

15. MAIDEN NAME
   Wilder Myer

16. BIRTHPLACE (city or town)
   Washington, D.C.

17. INFORMANT
   Name: Theodore Johnson

18. BURIAL, CREMATION, OR REMOVAL
   Place: Princess Anne, Md.
   Date: July 24, 1936

19. UNDERTAKER
   Name: J. B. Douglas

20. FILED
   July 24, 1936
   Mary M. Towers, Local Registrar

21. DATE OF DEATH
   July 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from
   19 to 19 ; death is said to have occurred on the date stated above, at 5:30 P.M.

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

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

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

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>Principal Cause of Death</th>
<th>Date of Onset</th>
<th>Related 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>Other contributory causes</td>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Principal Cause of Death</th>
<th>Date of Onset</th>
<th>Related 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>Other contributory causes</td>
<td>1 year</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Pocomoke City
   Registration Dist. No.: 350
   Length of residence in city or town where death occurred: yrs. ___ mos. ___

2. FULL NAME
   (a) Residence: No. [Usual place of abode]
   Name: Mary E. SANDERSON
   If U. S. Veteran, specify WAR: ______

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   If married, widowed, or divorced: HUSBAND OF
   Name: Geo. SANDERSON

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   (Give the word)
   Single
   If marriage or divorce: Husband of
   If divorced, date of divorce: 1926

6. DATE OF BIRTH (month, day, and year)
   Dec 27, 1847

7. AGE
   Years: 89
   Months: 7
   Days: 7
   If LESS then 1 day, ___ hrs. or ___ min.

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

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

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

11. Total time (years) spent in this occupation: 1935

12. BIRTHPLACE (city or town)
    Accomac, Accomac County, Virginia

13. NAME
    Mother: Margaret HODGE

14. BIRTHPLACE (city or town)
    Mother: Accomac, Accomac County, Virginia

15. MAIDEN NAME
    Mother: Margaret HUDSON

16. BIRTHPLACE (city or town)
    Mother: Accomac, Accomac County, Virginia

17. INFORMANT
    Name: Mrs. Elizabeth REES
    Address: Accomac, Accomac County, Virginia

18. BURIAL, CREMATION, OR REMOVAL
    Place: Accomac, Accomac County, Virginia
    Date: July 29, 1935

19. UNDERTAKER
    Name: J. W. MASON
    Address: Accomac, Accomac County, Virginia

20. FILED
    Date: July 30, 1936
    Registrar: Annie REES

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Month: July
    Day: 28
    Year: 1936

22. HEREBY CERTIFY THAT I attended deceased from July 15, 1926, to July 28, 1936, and that the cause of death was sudden death.

23. Other Contributory Causes of importance:
    Name of operation: None
    Date of operation: None
    Name of disease: None
    Date of disease: None

24. Disease or injury in any way related to occupation of deceased?
    If so, specify: None

If more blanks are needed, address State Registrar, 3415 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.

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxial, 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>AUG 3 1930</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 5, 1927</td>
</tr>
<tr>
<td></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 |

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

1. PLACE OF DEATH
County: Worcester
Near: Pocomoke City
Registration Dist. No.: 350
St., Ward:
No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
______ _______ Lewis
(a) Residence: No. (Unusual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) July 16, 1936.
7. AGE Still born

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 Pocomoke City, Md.

12. BIRTHPLACE (city or town) (State or country)
John W. Lewis
13. NAME
Pocomoke City, Md.
14. BIRTHPLACE (city or town) (State or country)
Maryland
15. MAIDEN NAME
Pansy Elizabeth Baylis
16. BIRTHPLACE (city or town) (State or country)
Virginia

17. INFORMANT
John W. Lewis
18. BURIAL, CREMATION, OR REMOVAL Outten Cemetery
Worcester Co. Md.
19. UNOVERTAKER (Father) John W. Lewis
19. UNOVERTAKER (Address) Pocomoke City, R.F.D.
20. FILED Date: July 16, 1936

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
               19 to
               19
I last saw him/her alive on
               19, 19

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.

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

Still born.

Other Contributory Causes of importance:

Name of operation
What test confirmed diagnosis?
Was death due to violence, suicide, or homicide?
Date of injury
Where did injury occur? (Specify city or town, county and state)
Specify whether injury occurred in INDUSTRY, in HDME, 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) Pocomoke City, 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.

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<table>
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<tr>
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<tbody>
<tr>
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<tr>
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</tr>
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<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td>Art 9, 1928</td>
<td>July 6, 1927</td>
</tr>
<tr>
<td>REX V. S</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td></td>
</tr>
<tr>
<td>Date of onset</td>
<td></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Worcester
   - Village or City: Bishopville, M.D.
   - Registration Dist. No.: 353
   - No. of years, mos., ds., How long in U.S., if of foreign birth?: yrs., mos., ds.

2. **FULL NAME**
   - William M. Massey
   - Residence: Bishopville, M.D.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Male
   - Color or Race: Colored
   - Single, Married, Widowed, or Divorced: Married
   - Date of Birth: March 16, 1860
   - Age: 76 years, 3 months, 24 days
   - Occupation: Farmer

4. **DATE OF DEATH**
   - July 10, 1936

5. **MEDICAL CERTIFICATE OF DEATH**
   - I hereby certify that I attended deceased from June 27, 1936, to June 29, 1936. I last saw him alive on June 27, 1936. I certify that he died of cerebral hemorrhage.

**Other Contributory Causes of Importance:**

- Name of operation: None
- Date of operation: None
- Was there an autopsy?: Yes
- Date of autopsy: July 13, 1936
- Accident, suicide, or homicide?: None
- Date of injury: None
- Where did injury occur?: None
- Manner of injury: None
- Nature of injury: None
- Specified whether injury occurred in industry, in home, or in public place: None

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

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

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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<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: Worcester
   Village or City: Beaver Dam

2. FULL NAME: Arthur H. Northam
   Residence: (Usual place of abode)

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

5a. If married, widowed, or divorced
   HUSBAND OF: Olevia T. Northam

6. DATE OF BIRTH: September 8th, 1862
   7. AGE: 73 yrs., 10 mos., 15 days

9. OCCUPATION: Retired Farmer

10. Date deceased last worked at this occupation: July 1920
   11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE: Accomac County, Virginia

13. NAME: James Northam

14. BIRTHPLACE: Accomac County, Virginia
15. MOTHER NAME: Sarah Landing
16. BIRTHPLACE: Accomac County, Virginia

17. INFORMANT: Harvey Northam
   Address: Accomac City, Maryland

18. BURIAL, CREMATION, OR REMOVAL
   Place: Accomac Cemetery
   Date: July 27th, 1936

19. UNDERTAKER: Jesse P. Strouss
   Address: Accomac City, Maryland

20. FILED: July 27, 1936

21. DATE OF DEATH: July 25th, 1936

22. I HEREBY CERTIFY: That I attended deceased from 1934 to July 25, 1936. I last saw him alive on July 25, 1936. Death is stated 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:

   Diphtheria

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.

   Nature of injury
   Nature of injury

24. Was disease of 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.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County

Village or City

Near Whaleyville

No.

St., Ward

Registation Dist. No.

2. FULL NAME

Mary Parker

(a) Residence: No. Whaleyville

St., Ward

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widow

5a. If married, widowed, or divorced

HUSBAND of or WIFE of

John Parker

6. DATE OF BIRTH

December 6, 1862

7. AGE

73 Years

27 Months

29 Days

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

Sawyer, Bookkeeper, etc.

9. OCCUPATION

Rented Home

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

June 20-36

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE

Near Whaleyville

13. NAME

Mary Parker

14. BIRTHPLACE

Near Whaleyville

15. MAIDEN NAME

Mary Lewis

16. BIRTHPLACE

Maryland

17. INFORMANT

Frank Parker

18. BURIAL, CREMATION, OR REMOVAL

Yes

19. UNDERTAKER

John Parker

20. FILED

July 6, 1936

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Aug 4, 1926</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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</tr>
<tr>
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<td>3 days ago</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: 
   Village or City: 
   No. St. Ward: 
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

   PERSONAL AND STATISTICAL PARTICULARS

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

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

   7. AGE

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

   9. Industry or business in which work was done:

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

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

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

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

   15. MAIDEN NAME:

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

   17. INFORMANT: 

   18. BURIAL, CREMATION, OR REMOVAL

   19. UNDERTAKER:

   20. FILED:

   21. DATE OF DEATH

   22. I HEREBY CERTIFY: That I attended deceased from

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

   24. If so, specify:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>AUG 5 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
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<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 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Worcester
Village or City: Pocomoke City
No. 206 Bank St., Ward
Length of residence in city or town where death occurred: Life mos. days

2. FULL NAME

Charles Edward Spence
(a) Residence: No. 206 Bank St., Ward.
If U. S. Veteran, specify WAR
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a. If married, widowed, or divorced HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 13th 1908.
7. AGE Years Months Days If LESS than
28 2 23 1 day, hrs.
or.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc...
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...
10. Date deceased last worked at this occupation (month end year) June 1934
11. Total time (years) spent in this occupation

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

13. NAME Walter Spence
14. BIRTHPLACE (city or town) Somerset County Maryland
(State or country)

15. MAIDEN NAME Sallie Gunby
16. BIRTHPLACE (city or town) Worcester County Maryland
(State or country)

17. INFORMANT Daisy Gunby
Address: Pocomoke City, Maryland

18. BURIAL CREMATION OR REMOVAL
Place: Halls Mill Cemetery, Pocomoke City, Maryland Date: July 9, 1936

19. UNDERTAKER
Address: Pocomoke City, Maryland

20. FILED July 9, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Pocomoke City, July 6th 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from
June 26th, 1936, to July 4th, 1936
The primary cause of death and related causes of importance were as follows:

ACUTE NEPHRITIS 6/25/36
UREMIC COMA 6/26/36
CONVULSIONS

Other Contributory Causes of Importance:


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

Manner of Injury
Nature of Injury

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

R. Lee Hall, M.D.

If more blanks are needed, address State Registrar, 2432 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<th>Date of onset</th>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<td>1921</td>
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Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>Date of onset</th>
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</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
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The principal cause of death and related causes of importance were as follows:

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

Other contributory causes of importance:

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

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

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

2. FULL NAME: John Berlie Tarr
   (If U.S. Veteran, specify WAR)
   Residence: No.
   (Usual place of abode)
   St., Ward.
   If nonresident give city or town and State

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. SEX</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>6. DATE OF BIRTH (month, day, and year)</td>
</tr>
<tr>
<td>7. AGE</td>
</tr>
<tr>
<td>47</td>
</tr>
<tr>
<td>9. OCCUPATION</td>
</tr>
<tr>
<td>10. Date deceased first worked at this occupation (month and year)</td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. DATE OF DEATH</td>
</tr>
<tr>
<td>Month</td>
</tr>
<tr>
<td>July</td>
</tr>
</tbody>
</table>

22. I HEREBY CERTIFY that I attended deceased from to.

I last saw deceased on July 14, 1938. At 7 A.M.

The principal cause of death was Suicide.

Other Contributory Causes of Importance:

see remarks on back of this certificate.

Date of onset:

Name of operation:

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide: Suicide

Date of injury: 7/14/38

Where did injury occur?

Specify whether injury occurred in Industry, in home, or in public place.

Type of injury: Gun shot wound in head

Manner of injury:

Nature of injury:

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

No

If so, specify:

Justice of the Peace, acting as Coroner:

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 owner 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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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:

- Arteriosclerosis 1916
- Chronic interstitial nephritis 1921
- Cerebral hemorrhage July 5, 1927

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

Example II

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

- 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

[Handwritten notes: Mass killed himself by putting one shot in his head and throwing his body on the floor.]
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<tr>
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<td>1 week ago</td>
</tr>
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<td>1921</td>
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<td>July 5, 1927</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
</tbody>
</table>

### Example II

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>1 year</th>
</tr>
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### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Worcester
   - Village or City: Ocean City
   - Length of residence in city or town where death occurred: 1 yr. 10 mos. 5 ds.

2. **FULL NAME**
   - Female: Julia S. Williams
   - Residence No.: Ocean City
   - U.S. Veteran: No

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Female
   - Color or Race: White
   - Marital Status: Widow
   - Date of Birth: July 11, 1884
   - Age: 52 yrs. 5 mos. 15 ds.
   - Trade: Housewife
   - Industry or Business: None
   - Occupation: None
   - Date deceased last worked: June 4, 1936

4. **MEDICAL CERTIFICATE OF DEATH**
   - Date of Death: July 26, 1936
   - Cause of Death: Arteriosclerotic Embolism
   - Other Contributory Cause of Importance: Cardiac Insufficiency

5. **OCCUPATION**
   - Occupation: Housewife

6. **OTHER**
   - Name of Operation: Cardiac Surgery
   - Date of Operation: July 29, 1936
   - Manner of Injury: Natural
   - Nature of Injury: Cardiac Insufficiency

7. **FILING**
   - Filed: July 29, 1936
   - Registrant: R. W. Wood

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Other contributory causes of importance:

Gallstones                                                  | May 1, 1923  | Gastroenteritis                                              | 1 year       |
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN