STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Baltimore
   Length of residence in city or town where death occurred: 23 yrs. 3 mos.

2. FULL NAME
   Sarah Annis
   Residence: 123 Main St., Baltimore

3. SEX
   Female

4. COLOR OR RACE
   Caucasian

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   May 4, 1867

7. AGE
   69 yrs. 3 mos. 11 days

8. OCCUPATION
   Housewife

9. Date deceased last worked at this occupation (month and year)
   Aug 1936

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

11. BIRTHPLACE (city or town)
    Baltimore

12. NAME
    Sarah Annis

13. BIRTHPLACE (city or town)
    Baltimore

14. Mother's Name
    Rosey Hope

15. Father's Name
    John Annis

16. Date of operation
    Aug 6, 1936

17. Informant
    John Annis

18. Burial, Cremation, or Removal
    Interment Date: Aug 9, 1936

19. Undertaker
    Lazarich & Sons

20. Filed
    1936

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

22. I HEREBY CERTIFY
   That I attended deceased from
   Aug 5, 1936, to Aug 6, 1936

   I last saw her alive on Aug 5, 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:
   Coronary Arteriosclerosis

   Other Contributory Causes of importance:

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

   23. If death was due to external causes (VIOLENCE) fill in also the following:
       Accident, suicide, or homicide:
       Date of injury:
       Where did injury occur:
       Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:
       Nature of injury:
       Menace 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, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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>
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<tbody>
<tr>
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<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
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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>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | Gastroenteritis |
| 3 days ago | 1 year |
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. 4 mos. ds.

2. FULL NAME: Levin Westley Beauchamp
   If U. S. Veteran, specify WAR
   (a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: July 9th, 1859
7. AGE: 77 yrs.

OCCUPATION: Farmer

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked of this occupation (month end year): March 1936
11. Total time (years) spent in this occupation: Life

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

13. NAME: Levin T. Beauchamp
14. BIRTHPLACE (city or town): Somerset County
   (State or country): Maryland

15. MAIDEN NAME: Margaret White
16. BIRTHPLACE (city or town): Somerset County
   (State or country): Maryland

17. INFORMANT: Mrs. Raymond C. Dryden
   Address: Pocomoke City, Maryland

18. BURIAL, CREMATION, OR REMOVAL:
   Place: Pocomoke City, Maryland
   Date: Aug. 3, 1936

19. UNDERTAKER: Alonzo P. Stevens
   Address: Pocomoke City, Maryland

20. FILED:
   Date: Aug. 3, 1936
   Register:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Aug. 2nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936, to Aug. 18th, 1936, and I declare death to have occurred on the date stated above, at 5:00 a.m.

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

Date of onset

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis?

Date of operation

Date of injury

Where did injury occur?

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

Nature of injury

Date of death

If so, specify

(Signed)

(Date)

(M.D.)

Address

D.O.B.

If more blanks are needed, address State Registrar, 2414 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:

<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>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Jul 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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: Worcester

Village or City: Poconoe City

No. 7th & Walnut St., E. Ward


**2. FULL NAME**: Samuel Jones Bowen

(a) Residence: No. Girdletree, MD

If U.S. Veteran, specify WAR:

---

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

---

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
<th>June 19th, 1929</th>
</tr>
</thead>
</table>

7. AGE

- Years: 7
- Months: 1
- Days: 14

If LESS than 1 day, hrs. or min.

---

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

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

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

11. Total time (years) spent in this occupation

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

- Girdletree, Maryland

13. NAME

- Samuel C. Bowen

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

- Girdletree, Maryland

15. MAIDEN NAME

- Ruth Jones

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

- Marcester County, Maryland

17. INFORMANT

- Samuel C. Bowen

18. BURIAL, CREMATION, OR REMOVAL

- Girdletree, MD

- Cemetery

- Date: Aug. 4th, 1936

19. UNDERTAKER

- S. F. Bly

20. FILED

- Aug. 3, 1936

---

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH**

- Poconoe City, Aug. 2nd, 1936

**22.**

I HEREBY CERTIFY, That I attended deceased from Aug. 2nd, 1936, to Aug. 9th, 1936.

I last saw him alive on Aug. 2nd, 1936; death is said to have occurred on the date stated above, Aug. 9th, 1936.

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

- Cancer

Other Contributory Causes of importance:

- See other side

Name of operation:

- Oste of

What test confirmed diagnosis?

- Was there an autopsy?

Other Contributory Causes of importance:

- See other side

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

- Accident, suicide, or homicide?
- Oste 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) A. M. O.

(Address) A. M. O. - Md.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>SEP 3, 1930</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

I saw this patient until called to attend him for a convolution of 2:50 on the day of his death. I was unable to relieve the seizures and he died at 3:30 pm, without ever regaining consciousness or way even relapsing from his convolutional paroxysms.

This is the 8th child in this family who had died in the area.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Worcester
Village or City: Pocomoke City
Length of residence in city or town where death occurred: Life

2. FULL NAME

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

3. SEX

Female

4. COLOR OR RACE

White

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Ira Brittingham

6. DATE OF BIRTH

(month, day, and year) August 23rd, 1868

7. AGE

Years 53
Months 11
Days 28

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

Housewife

9. OCCUPATION

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

Aug. 1936

11. Total time (years) spent in this occupation

Life

12. BIRTHPLACE

City or town: Pocomoke City
State or country: Maryland

13. NAME

John Mason

14. BIRTHPLACE

City or town: Pocomoke City
State or country: Maryland

15a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Ira Brittingham

15b. If U.S. Veteran, specify WAR

If nonresident give city or town and State

16. MAIDEN NAME

Triscilla Brittingham

17. OTHER NAME OF MOTHER

Mrs. Thelma B. Brittingham

18. BURIAL, CREMATION, OR REMOVAL

Place: Pocomoke City, Maryland
Date: Aug. 23rd, 1936

19. UNDERTAKER

Address: Pocomoke City, Maryland

20. FILED

Aug. 24, 1936

Registrar

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>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>SEP 1 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: 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: Worcester
   Village or City: St. John's Hall, P. I. D.
   Length of residence in city or town where death occurred: 7 yrs. mos.
   How long in U.S. if of foreign birth: yrs. mos.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED

6. DATE OF BIRTH (month, day, and year)
   May 10, 1870

7. AGE
   66

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Farm

10. DATE DECEASED LAST WORKED
    Aug. 1935

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    Aug. 1935

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

13. NAME
    Handy Brittingham

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

15. MAIDEN NAME
    Jane Evans

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

17. INFORMANT
    Ruth Brittingham

18. BURIAL, CREMATION, OR REMOVAL PLACE AND DATE
    Snow Hill, Oct. 1, 1936

19. UNDERTAKER
    Snow Hill

20. FILED
    Aug. 29, 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

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**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Sep 4, 1999</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>
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<td>3 days ago</td>
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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: Wicomico
Village or City:Newark

2. FULL NAME: Arabell Joan Brown
(a) Residence: Newark

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

6. DATE OF BIRTH (month, day, and year): Dec 30, 1935
7. AGE: 9 yrs. 21 days

8. Trade, profession, or particular kind of work done: Women's Work
9. Industry or business in which work was done: Silk Mill, Saw Mill, Bank, etc.
10. Date deceased last worked at this occupation: (month and year) —

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

12. BIRTHPLACE (city or town, State or country): Newark, PA

13. NAME: Arabell Joan Brown
14. BIRTHPLACE (city or town, State or country): Newark, PA
15. MAIDEN NAME: Arabell Joan Richardson
16. BIRTHPLACE (city or town, State or country): Newark, PA

17. INFORMANT: Harry Brown (Address) —
18. BURIAL, CREMATION, OR REMOVAL: Cedar Valley, Date: Aug. 23, 1936

19. UNDERTAKER: W.L. Brown (Address) —
20. FILED: Aug 23, 1936

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

3. PERSONAL AND STATISTICAL PARTICULARS
   Sex: Male
   Color or Race: White
   Single
   Age: 9 yrs. 8 mos.

4. OCCUPATION: Little Boy

5. DATE OF DEATH: August 26, 1936

6. DATE OF BIRTH: December 28, 1926

7. BIRTHPLACE: Bishopville

8. NAME: Harry C. Collins

9. MOTHER'S NAME: Myrta M. Heicklen

10. INFORMANT: Harry C. Collins

11. BURIAL, CREMATION, OR REMOVAL: Bishopville, Date: Aug 29, 1936

12. MEDICAL CERTIFICATE OF DEATH
   Date of onset: Aug 26, 1936

   Date: Aug 26, 1936

   Diagnosis: Unknown

   Date of Injury: 19

   Place of Injury: Bishopville

   Nature of Injury: Injuries

   Occupation: Little Boy
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH
   County: Prince George's
   Village or City: Glen Burnie
   Registration Dist. No.: 361
   No. St.: Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 
   (Usual place of abode)
   St., Ward.
   If U. S. Veteran, specify WAR: 71
   Annie Crockett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female
   Colored

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   (Month, day, and year)
   May 2, 1879

7. AGE
   Years 57
   Months 3
   Days 2
   If less than 1 day, hrs. or min.

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS MILL, MILL, BANK, ETC.
   None

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
    Jan. 1, 1936

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    Jan. 1, 1936

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

13. NAME
    Thomas Scott

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

15. MAIDEN NAME
    Sarah Blake

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

17. INFORMANT
    (Address)
    Anna Crockett

18. BURIAL, CREMATION, OR REMOVAL
    Place: Washington, D.C.
    Date: Aug. 12, 1936

19. UNDERTAKER
    (Address)
    Snow Hill

20. FILED
    (Address)
    1936

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

22. I HEREBY CERTIFY, That I attended deceased from
    July 25, 1936, to August 3, 1936

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   Arteriosclerosis

MEDICAL CERTIFICATE OF DEATH

24. MANNER OF DEATH
    Date of injury: 1936

25. NATURE OF INJURY

26. WERE DEATH 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:

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

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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Other contributory causes of importance:

- Gallstones
- May 1, 1923

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Other contributory causes of importance:

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

1. PLACE OF DEATH

County: Winchester
Village or City: Winchester

2. FULL NAME

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

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

6. DATE OF BIRTH

April 12, 1874

7. AGE

69 Years, 4 Months, 8 Days

8. OCCUPATION

Housewife

9. BIRTHPLACE

10. Total time (years and days) spent in this occupation

Maryland

11. Total time (years and days) spent in this occupation

12. BIRTHPLACE

13. NAME

Hannah Yancey

14. BIRTHPLACE

15. MAIDEN NAME

16. BIRTHPLACE

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNOERTAKER

20. FILED

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Ocean City

2. FULL NAME
   William H. Thundley
   Residence: 31 Clark's Summit, S.F. St.

3. SEX
   Male

4. COLOR OR RACE
   Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   June 10, 1896

7. AGE
   Years: 31
   Months: 0
   Days: 16

8. OCCUPATION
   Writer

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   As Spinner, Sawyer, Bookkeeper, etc.

10. DATE DECEASED LAST WORKED IN THIS OCCUPATION
    1936

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    10

12. BIRTHPLACE
    (City or Town)
    (State or Country)

13. NAME
    Henry Thundley

14. BIRTHPLACE
    (City or Town)
    (State or Country)

15. MAIDEN NAME
    Matilda Fatha

16. BIRTHPLACE
    (City or Town)
    (State or Country)

17. INFORMANT
    R. E. Hale
    Address: Clark's Summit, O.C.

18. BURIAL, CREMATION, OR REMOVAL
    Ocean City, Aug. 29, 1936

19. UNDERTAKER
    B. H. Bartley
    Address: 31 Main Street

20. FILED
    8/27/1936

21. DATE OF DEATH
    Aug. 26, 1936

22. I HEREBY CERTIFY that I attended deceased from
    Aug. 26, 1936, to Aug. 27, 1936, and that he died on
    Aug. 27, 1936, and that death occurred on or about
    Aug. 27, 1936, at O.C., Md.

23. PRINCIPAL CAUSE OF DEATH and related causes of importance
    as follows:
    Cancer of stomach

Other Contributory Causes of Importance:

24. WAS DEATH DUE TO EXTERNAL CAUSES (VIOLENCE)?
    No
    Examine body
    Autopsy

25. NATURE OF INJURY
    Nature of injury

26. MANNER OF DEATH
    Manner of death

27. SIGNED
    Aug. 27, 1936
    Ocean City, Md.

Registrar

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**Other contributory causes of importance:**

- Gallstones | May 1, 1928

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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: 
- Village or City: Whaleyville
- Length of residence in city or town where death occurred: yrs. mos. ds.

**2. Full Name**
- Residence No.: Whaleyville
- Ward.

**Personal and Statistical Particulars**

<table>
<thead>
<tr>
<th>3. Sex</th>
<th>4. Color or Race</th>
<th>5. Single, Married, Widowed, or Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>(Write the word)</td>
</tr>
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</table>

**6. Date of Birth**
- June 25, 1933

**7. Age**
- 3 yrs. 10 mos. 22 days

**21. Date of Death**
- Aug 17, 1933

**Medical Certificate of Death**

**22. I hereby certify, that I last saw the deceased on Aug 17, 1933, at 11:00 a.m.; death is said to have occurred on the date stated above, et al.

**The Principal Cause of Death**
- Acute Colitis

**Other Contributory Causes of Importance:**

**12. Birthplace (city or town)**
- MD.

**13. Name**
- William Jarman

**15. Maiden Name**
- Anna Brittingham

**17. Informant**
- William Jarman

**18. Burial, Cremation, or Removal**
- Place: Date: Aug 17, 1933

**19. Undertaker**
- J. V. Tucker

**22. Date of onset**

**23. If death was due to external causes (violence) fill in also the following:**
- Nature of Injury
- Manner 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 the occupation of deceased?**
- Signed: Charles B. Lane

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td></td>
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<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
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</table>

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Berlin, Md. 
   Length of residence in city or town where death occurred: 57 yrs., 26 mos., 28 ds. 

2. FULL NAME
   Emma Lewis
   Residence: No. Berlin, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Aug. 2, 1885

7. AGE
   Years: 57
   Months: 26
   Days: 28

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

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

10. Date deceased last worked at this occupation (month end year): Apr. 19, 1929

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

12. BIRTHPLACE (city or town)
   Maryland

13. NAME
   Robert Lewis

14. BIRTHPLACE (city or town)
   Maryland

15. MAIDEN NAME
   Caroline Friesley

16. BIRTHPLACE (city or town)
   Maryland

17. INFORMANT (Address)
   Elias Lewis

18. BURIAL, CREMAITON, OR REMOVAL
   Date: Aug. 31, 1936

19. UNDERTAKER (Address)

20. FILED
   Aug. 31, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Aug. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from
   I last saw her alive on.
   I last saw her alive on.
   
   1932
   1932

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

   Arthritis Deformans 1920

   Other Contributory Causes of importance:

   Name of operation: 
   Nature of injury: 

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

   Where did injury occur?
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

   Manner of injury:
   Nature of injury:

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

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<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
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</tr>
<tr>
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<td></td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Worcester
Village or City: Bishopville
Registration Dist. No.: 253
No. St. Ward
Length of residence in city or town where death occurred: 30 yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Bishopville)

(Real place of abode)

If nonresident give city or town and State

SEX

FEMALE

COLOR OR RACE

W

S. If married, widowed, or divorced
HUSBAND (or) WIFE OF

Thomas Mumford

DATE OF BIRTH (month, day, and year)

Mar. 8 1878

AGE

63 yrs. 5 mos. 14 days

OCCUPATION

HOSPITAL

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)

Md.

13. NAME

John Henry

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

Md.

15. MAIDEN NAME

Margaret E. Russell

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

Md.

17. INFORMANT (Address)

Thomas Mumford

18. BURIAL, CREMATION, OR REMOVAL

Place: Bishopville

Date: Aug. 20, 1936

19. UNDERTAKER (Address)

J.W. Burridge


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

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<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

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<tr>
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<tr>
<td>Attack of epilepsy</td>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
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: Berlin
   Registration Dist. No.: 210-2
   No.: St., Ward.

2. FULL NAME

   Reid W. Munni Khuyeen

3. PERSONAL AND STATISTICAL PARTICULARS

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

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

   6. DATE OF BIRTH (month, day, and year): Jan 16, 1910

   7. AGE
   Years: 26
   Months: 1
   Days: 8
   If LESS than 1 day, ______ hrs., ______ min.

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

   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): Aug. 1934

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

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

   13. NAME: Reid W. Munni Khuyeen

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

   15. MAIDEN NAME: Virginia Reid

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

   17. INFORMANT
   Name: Harry J. Reid
   Address: Baltimore, Md.

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Berlin, Md.
   Date: Aug. 21, 1936

   19. UNDERTAKER
   Name: J. W. Borchers
   Address: Berlin, Md.

21. DATE OF DEATH
   Aug 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from
   19_______ to _______ 19_______
   I last saw him alive on _______.
   Aug 18, 1936: death is said to have occurred on the date stated above.
   The PRINCIPAL CAUSE OF DEATH was:

   Shock
   Harshawle

   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?: Berlin, Md.
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of Injury: _____________
   Cause of Death: _____________
   Nature of Injury: _____________
   Date: _____________

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

   Name of employer: _____________
   Address: _____________

   Date: _____________

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Date of onset | Date of onset
1915 | 1 week ago
1921 | 1 week ago
July 5, 1927 | 3 days ago
May 1, 1923 | 1 year

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

### 1. PLACE OF DEATH
- **County:** Worcester
- **Village or City:** Poconoke City
- **Street:** No. 714 Fourth
- **Length of residence in city or town where death occurred:** yrs. 5 mos. 26 ds.
- **If death occurred in a hospital or institution, give its NAME instead of street and number:**
- **Ward:**
- **Registration Dist. No.:** 350

### 2. FULL NAME
- **Robert W. Cutten**
- **If U. S. Veteran, specify WAR:**
- **Residence:** No. 714 Fourth
- **Date of Birth:** February 18th, 1936
- **Sex:** Male
- **Race:** White
- **Occupation:** None
- **Place of abode:** Poconoke City, Maryland
- **Marital Status:** Single

### 21. DATE OF DEATH
- **August 13th, 1936**

### 22. I HEREBY CERTIFY
- **That I attended deceased from Aug. 13th, 1936, to Aug. 13th, 1936**
- ** last saw him alive on:** Aug. 13th, 1936
- **Death is said to have occurred on the date stated above at 7:54 a.m.**

### The PRINCIPAL CAUSE OF DEATH
- **Probable Eumenus**
- **Date of onset:**

### Other Contributory Causes of importance:
- **Name of operation:**
- **Date of:**
- **Was there an autopsy:**
- **Cause of death:**

### 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 whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:**

### Manner of injury:
- **Nature of injury:**

### 24. Disease or injury in any way related to occupation of deceased:
- **If so, specify:**
- **Address:**

### V.S. No.1

---

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<td>July 5, 1927</td>
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</tbody>
</table>

Other contributory causes of importance:

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

**Example II**

This patient gave a history of having been sick or two weeks ago. She has been called the hospital by a physician, but the condition was not serious. It was mentioned only that several tonsils to be removed. She had no symptoms of any serious sickness. 

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

1. **PLACE OF DEATH**
   - County: Worcester
   - Registration Dist. No.: 350
   - Village or City: Pocomoke City
   - No. St.: 26
   - Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number)
   - Length of residence in city or town where death occurred: 59 yrs. mos. 28 ds.

2. **FULL NAME**
   - (a) Residence: No. (Usual place of abode)
   - St., Ward.
   - If U.S. Veteran, specify WAR.
   - Caucasian Payne

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF DEATH** (Month) (Day) (Year)
   - Aug. 9, 1936

7. **AGE** Years Months Days
   - 59 10 28

8. **TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE**, e.g., SPINNER, SAWYER, BODKINNER, etc.
   - Farmer

9. **OCCUPATION**
   - (Indicate in which industry or business work was done, as SILK MILL, SAW MILL, BAKERY, etc.)
   - (Feb. 1934)

10. **DATE DECEASED LAST WORKED AT THIS OCCUPATION** (Month and Year)
    - (Jan. 1936)

11. **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**
    - (Life)

12. **BIRTHPLACE (City or Town)**
    - (State or Country)
    - Pocomoke City

13. **NAME**
    - Moses Payne

14. **FATHER'S NAME**
    - (State or Country)
    - Moody

15. **MAIDEN NAME**
    - (State or Country)
    - Ellen Magee

16. **BIRTHPLACE (City or Town)**
    - (State or Country)
    - Pocomoke City

17. **INFORMANT** (Address)
    - Mrs. C. H. Payne

18. **BURIAL, Cremation, or Removal**
    - (Place)
    - Aug. 11, 1936

19. **UNDERTAKER** (Address)
    - Donald A. Payne, Pocomoke City

20. **FILED** (Address)
    - Aug. 11, 1936

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Aug. 9, 1936

22. **I HEREBY CERTIFY**
    - That I attended deceased from Aug. 8, 1936, to Aug. 9, 1936.
    - I last saw him alive on Aug. 9, 1936.
    - 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:

    **Cerebral Hemorrhage**

    **Date of onset**

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

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

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

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

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 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 morbific 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>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>SEP. 3, 1936</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, 1928 | Gastroenteritis | 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Blank space for further statements by physician]
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Worcester
   Village or City: Snow Hill
   Registration Dist. No.: 25
   No. St. Ward:
   Length of residence in city or town where death occurred: yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   How long in U.S. or of foreign birth?: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   White
   If married, widowed, or divorced HUSBAND of (or) WIFE of:
   McLeod Prett

4. COLOR OR RACE
   African American

5a. If married, widowed, or divorced
   If married:
   Date of marriage:
   If widowed:
   Date of death of spouse:
   If divorced:
   Date of divorce:

6. DATE OF BIRTH (month, day, and year):
   Sept 20, 1905

7. AGE
   Years:
   Months:
   Days:
   From date of birth:
   If less than 1 day:
   If more than 30 days:
   If more than 1 year:

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

9. OCCUPATION
   Salesman
   Date deceased last worked at this occupation (month and year):
   June 1936

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

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

13. NAME
   George Prett
   If married:
   If widowed:
   If divorced:

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

15. MOTHER NAME
   Maggie Blaisdell

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

17. INFORMANT
   Address:
   Informant:
   Relationship:
   Date of birth of informant:

18. BURIAL CREMATION, OR REMOVAL
   Place:
   Date:

19. UNDERTAKER
   Address:
   Undertaker:
   Name of undertaker:

20. FILED
   Address:
   Date:

21. DATE OF DEATH
   Month: Aug
   Day: 20
   Year: 1936

22. I HEREBY CERTIFY, That I attended deceased from
   July 2, 1936, to Aug 20, 1936.
   I last saw him.... alive on Aug 21, 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
   were as follows:
   Pulmonary tuberculosis
   Other Contributory Causes of importance:
   Chronic Dullness

23. The 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:

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

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

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

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

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

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

Example I

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

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>1916</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic interstitial nephritis</td>
<td>SEP 4 1926</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

<table>
<thead>
<tr>
<th>Attack of epilepsy</th>
<th>1 week ago</th>
</tr>
</thead>
<tbody>
<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 Co. (Pomona, city, And. P..)

Registration Dist. No. 354

Village or City...Johnson's Neck

(STL. Ward)

Length of residence in city or town where death occurred...yrs. 6 mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME...Howard Walter Purnell

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

St., Ward.

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)

6. O.ATE OF BIRTH (month, day, and year)...Feb. 12, 1936

7. AGE Years Months 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 end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)...Johnson's Neck

(State or country)

13. NAME...Walter Purnell

14. BIRTHPLACE (city or town)...Johnson's Neck

(State or country)

15. MAIDEN NAME...Emma Eisch

16. BIRTHPLACE (city or town)...Johnson's Neck

(State or country)

17. INFORMANT...Emma O. Eisch

(Associated Address)

18. BURIAL, CREMATION OR REMOVAL

Place...Johnson's Neck Cemetery

Date...Aug. 21, 1936

19. UNDERTAKER...Frazee & Co.

(Associated Address)

20. FILED...Aug. 21, 1936

Registar.

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

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

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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 | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | 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: Howard
   Village or City: Snow Hill
   Length of residence in city or town where death occurred: 77 yrs. 9 mos. 17 ds.

2. FULL NAME: Oscar M. Pursell
   (a) Residence: No.
   (b) Ward.
   If U.S. Veteran, specify WAR No.

PERSONAL AND STATISTICAL PARTICULARS

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

7. AGE: 77 yrs. 9 mos. 17 ds.
8. OCCUPATION: Insurance Business, own office
9. Date deceased last worked at this occupation: July 1936
10. Time (years) spent in this occupation: 11 yrs.

11. BIRTHPLACE (city or town): Maryland
   (State or country)
12. MOTHER FATHER
   NAME: Mary J. Pursell
   BIRTHPLACE (city or town): Maryland
   (State or country)
13. MAIDEN NAME: Mary J. Pursell
14. INFORMANT (Address): Miss Orma M. Pursell
15. BURIAL, CREMATION, OR REMOVAL: Snow Hill
   Place: Snow Hill
   Date: Dec. 9, 1936
16. UNDERTAKER (Address): 
17. FILED: Dec. 9, 1936

21. DATE OF DEATH: August 7, 1936

22. I HEREBY CERTIFY that I attended deceased from
   June 15, to Aug. 7, 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:

   Other Contributory Causes of Importance:

   Nerve of operation:
   What test confirmed diagnosis? Date of:

   Accident, suicide, or homicide? Yes No
   Date of Injury: Feb. 20, 1935

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

   Specified whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

   Menstrual nature of injury: Struck by falling object
   Nature of injury: Broken Hip

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

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

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>
<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>September 4, 1926</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones | May 1, 1928

Example II

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

Other contributory causes of importance:

- Gastroenteritis | 1 year

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Berlin, R.F.D.
   Length of residence in city or town where death occurred: 16 yrs., 0 mos., 0 days.

2. FULL NAME
   (a) Residence: No. 816, Berlin, R.F.D.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, married to
      (or) HUSBAND of
      (or) WIFE of
      Amanda E. Jemison

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

7. AGE
   Years: About 88
   Months: 11
   Days: 0

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 STEAM MILL, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): 1848

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 60 yrs.

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

13. NAME
   Father: Captain Levi Jemison

14. BIRTHPLACE (City or town) (State or country): MD

15. MAIDEN NAME: Hettie Richardson

16. BIRTHPLACE (City or town) (State or country): MD

17. INFORMANT
   Name: E. T. Taylor
   Address: Berlin, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Evergreens
   Date: Aug 16, 1936

19. UNDERTAKER
   Address: J. W. Burdick

20. FILED
   Date: Aug 15, 1936
   Registrar: W. H. Young

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 14
   (Year) 1936

22. I HEREBY CERTIFY that I attended decedent from
   (Month) 19
   (Day) ,
   and that I last saw him alive on
   (Month) 19
   (Day) ,
   and that he died at
   (Day) 6
   (Time) A.M.

23. The principal cause of death and related causes of importance were as follows:
   (Signature) Central
   (Address) Newcomb, Md.

24. Other Contributory Causes of importance:

   (Signature) Date of...
   (Address) What test confirmed diagnosis? Was there an autopsy?

25. If death was due to external causes (violence) fill in 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

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

If more blanks are needed, address State Registrar, 24th 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>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Example II**

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

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: F
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
6a. If married, widowed, or divorced
HUSBAND OF (or) WIFE OF
Howard Quinum
6. DATE OF BIRTH (month, day, and year):
July 27, 1874
7. AGE
Years: 44
Months: 7
Days: 13

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.

OCCUPATION
10. Date deceased last worked at this occupation (month and year): July 27, 1874
11. Total time (years) spent in this occupation: 1

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

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

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

17. INFORMANT
(Address)
Harriet P. Quinum
18. BURIAL CREMATION OR REMOVAL
Placed
Reg. Date: Aug. 11, 1926
19. UNDERTAKER
(Address)
20. FILED
Reg. Date: Aug. 10, 1926

21. DATE OF DEATH
(Month) (Day) (Year)
Aug. 9, 1926

22. I HEREBY CERTIFY
That I attended deceased from Aug. 3, 1926, to Aug. 9, 1926; death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Other Contributory Causes of importance:

Name of operation
What test confirmed diagnosis?

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) E. C. Carter, M.D.
(Address)

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

To be complete, an occupation return must state:

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

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

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

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

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

### Example I

<table>
<thead>
<tr>
<th>Principal cause of death</th>
<th>Date of onset</th>
<th>Related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones               | May 1, 1923   |

### Example II

<table>
<thead>
<tr>
<th>Principal cause of death</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>5 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: Worcester
   Village or City: Girdletree
   Registration Dist. No.: 354
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (marry the word)
   Married
   5a. If married, widowed, or divorced
   HUSBAND or (or) WIFE of
   Edith Richardson
   6. DATE OF BIRTH (month, day, and year) Not known
   7. AGE
   Years: 62
   Months: **
   Days: **
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.
   Oysterman
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

21. DATE OF DEATH
   (Month) August
   (Day) 14
   (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1936, to Aug. 11, 1936
I last saw him alive on Aug. 11, 1936; death is said to have occurred on the date stated above, at 5:00 a.m.

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

Central Hemorrhage

About 2 Days

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? No
   If so, specify
   (Signed) John L. Dickerson
   M.D.
   (Address) Stockton, Md.
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 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 and related causes of importance</th>
<th>Date of onset</th>
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<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>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gastroenteritis 1 year

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

1. PLACE OF DEATH
County: Worcester
Village or City: Ocean City

2. FULL NAME
(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
Male
4. COLOR OR RACE
White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word)
Widowed

6. DATE OF BIRTH (month, day, and year)
Nov. 13, 1869
7. AGE
66 Years
8. MONTHS
8 Months
9. DAYS
24 Days

8a. If married, widowed, or divorced (or) WIFE of
Katie Pickords

9a. 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)
Aug. 2, 1931
11. Total time (years) spent in this occupation
20 yr.

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

13. NAME
Isaac Pickords

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

15. MAIDEN NAME
Virginia Nickerson

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

17. INFORMANT
Katie Pickords

18. BURIAL, CREMATION, OR REMOVAL
Place: Bishopville, Md.
Date: Aug. 9, 1931

19. UNDERTAKER
M. Wash. Watson

20. FILED
8/8/31

21. DATE OF DEATH
Aug. 7, 1931

22. I HEREBY CERTIFY that I attended deceased from Aug. 7, 1931, to Aug. 9, 1931.

23. Other Contributory Causes of importance

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

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

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

If so, specify

(Signed)

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

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

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

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

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

Example I

<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>Sep 3, 1920</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 6, 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>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: [Redacted]
   Village or City: Snow Hill R.P.
   Registration Dist. No.: [Redacted]
   If death occurred in a hospital or institution, give its NAME instead of street and number
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME: Preston T. Ruark
   If U.S. Veteran, specify WAR: [Redacted]
   (a) Residence: No. (Usual place of abode)
   St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND of: [Redacted]
   WIFE of: [Redacted]
   6. DATE OF BIRTH (month, day, and year): Dec. 15 - 1905
   7. AGE: 30 yrs.
   8. OCCUPATION: [Redacted]
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month and year): April 1936
   11. Total time (years) spent in this occupation: 4 yrs.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from: [Redacted]
   Last saw him alive on: Aug. 5th, 1936
   Date of death is said to have occurred on the date stated above, at: 12:30 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Right Hemiplegia
   Operation (neurotomy) was performed for removal of tuberculose kidney.
   Other Contributory Causes of Importance:
   Pulmonary Tuberculosis
   Mitral Valve Regurgitation
   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?: [Redacted]
   Date of injury: [Redacted]
   Where did injury occur?: [Redacted]
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE:
   24. Disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed): H. A. Waechter
   (Address): [Redacted]

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

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

Other contributory causes of importance:

| Gallstones                                      | Gastroenteritis                               |
| Date of onset: May 1, 1923                      | 1 year                                        |

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

1. PLACE OF DEATH
   County: Hopkins
   Village or City: Whaleyville
   No. St., Ward:

2. FULL NAME
   Helen E. Showell
   If U.S. Veteran, specify WAR:

(a) Residence: No. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Colored

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)
   Feb. 10, 1915

7. AGE
   Years 21
   Months
   Days 11
   If LESS than 1 day, hrs., or min.

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

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

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

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

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

13. NAME
    William E. Showell

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

15. MAIDEN NAME
    Phyllis C. Fassett

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

17. INFORMANT
    Phyllis Showell

18. BURIAL, CREMATION, OR REMOVAL
    Place: Whaleyville, Md.
    Date: Aug. 22, 1936

19. UNDERTAKER
    Mrs. Charles Johnson

20. FILED
    S. 22, 1936

REGISTRATION DIST. NO. 355

INTERN M. D.

M.D. SHOWELL

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>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</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: Worcester
   - Village or City: Showell
   - Registration Dist. No.: 353

2. **FULL NAME**: Stillborn Smith
   - (a) Residence: No. 59

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**: not det.
4. **COLOR OR RACE**: B.
5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED** (marry the word):

6. **DATE OF BIRTH** (month, day, and year): Aug. 6, 1936

7. **AGE**:
   - Years: 
   - Months: 
   - Days: 
   - If LESS than 1 year, add days, 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): Showell, Wor. County
13. **NAME**: Norman Mumford
14. **BIRTHPLACE** (city or town): Bishopville, Md.
15. **MAIDEN NAME**: Margaret Smith
16. **BIRTHPLACE** (city or town): Showell, Md.

17. **INFIRMARY**:
   - Name: Martha Maples
   - Address: Showell, Md.
18. **BURIAL, CREMATION, OR REMOVAL**:
   - Place: Showell, Date: Aug. 6, 1936

19. **UNDERTAKER** (Address):
20. **FILED**: Aug. 6, 1936 James L. Ryan

**MEDICAL CERTIFICATE OF DEATH**

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

22. **I HEREBY CERTIFY**: That I attended deceased from ______ to ______, 19, 1936, as follows:

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

23. Other Contributory Causes of importance:

24. Name of operation
   - Date of
   - 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?
   - Where did injury occur?
   - Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

26. Manner of injury
   - Nature of injury

27. If so, specify
   - (Signed) James L. Ryan
   - Loc. Reg.

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

| Example I |
|-----------------|-----------------
| **The principal cause of death and related causes of importance were as follows:** | **Date of onset** |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| Other contributory causes of importance: |  |
| Gallstones | May 1, 1923 |

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

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

### 1. PLACE OF DEATH
- County: Worcester
- Village or City: Girdle Tree

### 2. FULL NAME
- Ellen Scarborough Sooy

### 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>Widowed</td>
</tr>
</tbody>
</table>

#### 6. DATE OF BIRTH
- March 30, 1845

#### 7. AGE
- Years: 91
- Months: 4
- Days: 23

### OCCUPATION
- Housewife

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
- Aug. 23, 1936

22. **DATE OF ONSET**
- Cerebral Hemorrhage, 2 days

### 15. MAIDEN NAME
- Mary Johnson

### 16. BIRTHPLACE
- South Point, Berrien

### 13. NAME
- Peter Scarborough

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

### 17. INFORMANT
- A. H. Oliver
- (Address): Queenston, Ind.

### 18. BURIAL, CREMATION, OR REMOVAL
- Place: [Information missing]
- Date: Aug. 26, 1936

### 19. UNDERTAKER
- [Information missing]

### 20. FILED
- Aug. 24, 1936

### REGISTRATION DISTRICT NO.
- 351

### MEDICAL EXAMINER
- John M. Richardson, M.D.
- (Address): St. Paul's, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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<tr>
<th>Example I</th>
<th>Example II</th>
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<tbody>
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<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
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<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
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<tr>
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<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>SEP 4 1900</td>
<td></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days 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: Queen
   Village or City: Ocean City
   No. of Street: 124
   Ward: 9
   Length of residence in city or town where death occurred: 6 mos.

2. FULL NAME
   (a) Residence: No. 117 Main St., York, MD
   If U. S. Veteran, specify WAR: none

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Aug. 13, 1851
7. AGE: 81
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: None

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: None
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Dec. 13, 1936
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 61

12. BIRTHPLACE (city or town): Virginia
13. NAME: William Aylett
14. BIRTHPLACE (city or town): Virginia
15. MAIDEN NAME: Ellen Marshall

16. BIRTHPLACE (city or town): Virginia
17. INFORMANT: Lloyd M. Edgell
18. BURIAL, CREMATION, OR REMOVAL: burial
19. UNDERTAKER: W. N. Johnson & Co.

20. FILED: 8/7/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Aug. 13, 1936

22. I HEREBY CERTIFY: That I attended deceased from July 30, 1936, to Aug. 13, 1936, at the hospital.

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

Organic Heart Disease
Diet

Other Contributory Causes of Importance:

Date of onset:

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:

Address:

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

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</tr>
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<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<tr>
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</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>
<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:** Worcester
- **Village or City:** Pocomoke City
- **Registration Dist. No.:**
- **Ward:**
- **Length of residence in city or town where death occurred:** yrs. mos. ds.

**2. Full Name:** Louise Williams

- **Residence:** No. _______________________
- **Sex:** Female
- **Color or Race:** Colored
- **Single, Married, Widowed, or Divorced:** Married

**5a. If married, widowed, or divorced**
- **Husband or Wife of:** Curley Williams

**6. Date of Birth (month, day, and year):** Nov. 9th, 1898

**7. Age:**
- **Years:** 37
- **Months:** 9
- **Days:** 16
- **If Less Than 1 Year, Specified:** hrs. or min.

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

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

**10. Date deceased last worked at this occupation:** Aug. 30th, 1936

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

**12. Birthplace (city or town):** Pocomoke City, Maryland

**13. Name:** John Fisher

**14. Birthplace (city or town):** Stockton, Maryland

**15. Maiden Name:** Margaret Aydelotte

**16. Birthplace (city or town):** Worcester County, Maryland

**17. Informant:** Margaret Aydelotte

**18. Burial, Cremation, or Removal:** Pocomoke City, Maryland

**19. Undertaker:** Pleasant Hill Cemetery

**20. Filed:** Aug. 30th, 1936

**21. Date of Death:** Pocomoke City, August 27th, 1936

**22. I hereby certify:** That I attended deceased from 19__ to 19__.

**23. Date of onset:**

- **Date of death:** Aug. 30th, 1936

**24. Date of injury:**

**Other Contributory Causes of Importance:**

**25. Name of operation:**

**26. Date of operation:**

**27. What test confirmed diagnosis?**

**28. Was there an autopsy?**

**29. If death was due to external causes (violence) fill in also the following:**

- **Accident, suicide, or homicide?**
- **Data of injury:** 19__
- **Where did injury occur?**
- **Specify city or town, county, and state:**

**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 (specify):**

**35. Local Registrar:**

**Signed:**

**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

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<td>1915</td>
</tr>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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</tbody>
</table>

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

Example II

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<tr>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
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<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
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</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

From information I get from Dr. F.W. Wilson this woman was in the Johns Hopkins Hospital in Baltimore and hospital in Salisbury Md. Signed John T. Riley, local Registrar.
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   (a) Residence No. St., Ward.
   If U.S. Veteran, specify War.
   (Normal place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED
   Male  White  Married
   5a. It married, widowed or divorced
   HUSBAND of or WIFE of
   
6. DATE OF BIRTH (month, day, and year) 1874
   6a. Year of birth

7. AGE
   Years: 62
   Months:  
   Days:  
   It less than 1 day, hrs. or, min.

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

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)
   1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)
   Pocono City  PA

13. NAME
   James T. Young

14. BIRTHPLACE (city or town) (State or country)
   Pocoma City, Maryland

15. MAIDEN NAME
   Angenia Bevans

16. BIRTHPLACE (city or town) (State or country)
   Pocono City, PA

17. INFORMANT
   (Address)
   
18. BURIAL, CREMATION, OR REMOVAL
   Dec. 17, 1936

19. Undertaker
   (Address)

20. FILED
   1936

21. DATE OF DEATH
   Aug. 16
   (Month) 1936
   (Day)  

22. I HEREBY CERTIFY that I attended deceased from Aug. 15 to Aug. 16, 1936
   Last saw deceased Aug. 15, 1936
   Death certified at Aug. 16, 1936
   State of death is said to have occurred on the date stated above.
   The principal cause of death and all other causes of importance
   were as follows:
   
23. Other Contributory Causes of Importance:
   
24. Was disease or injury in any way related to occupation of deceased?
   
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.
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<tr>
<td>July 1927</td>
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<tr>
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<tr>
<td>Date of onset</td>
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</tr>
<tr>
<td>May 1923</td>
<td>1 year</td>
</tr>
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</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN