STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Henryton
   Registration Dist. No.: 74
   Md. Tuberculosis Sanatorium, (Colored Branch)

2. FULL NAME
   Elijah Sherwood Ambush
   Residence: No. 7 E. 6th St., Frederick, Md.
   If U. S. Veteran, specify WAR: None

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: Colored
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

4. DATE OF DEATH
   Sept. 6, 1936.
   Oct. 2, 1935 to Sept. 6, 1936

5. PLACE OF BIRTH
   Frederick, Maryland
   Date of Death: May 1935

6. OCCUPATION
   Laborer

7. Cause of Death
   Pulmonary Tuberculosis

8. Other Contributory Causes of Importance

9. INFORMANT
   John E. O'Neill, M.D.
   (Address)

10. BURIAL, CREMATION, OR REMOVAL
    Place: Jan. 19, 1936
    Date: Sept. 6, 1936
    Undertaker: Conrad Hurel Hone
    (Address)

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

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

To be complete, an occupation return must state:

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

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

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

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

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**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>OCT 3 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</th>
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</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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<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:

**Example I**

| Gallstones | May 1, 1923 |

**Example II**

| Gastroenteritis | 1 year |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

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This image contains the United States Standard Certificate of Death form along with instructions and examples for filling it out. It explains how to accurately record occupation, and provides examples of how to list causes of death and related conditions.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Sykesville
   Length of residence in city or town where death occurred: 17 yrs. 9 mos.

2. FULL NAME
   Annie L. Arnold
   Residence: Sykesville, Md.
   If U.S. Veteran, specify War:

3. PERSONAL AND STATISTICAL PARTICULARS
   Sex: F
   Color or Race: W
   Married, Widowed, or Divorced: Widowed
   If married, widowed, or divorced, name of (or) Wife of: Unknown Arnold
   Date of Birth: Dec. 26, 1874
   Age: 63 years, 8 months, 17 days

5. Trade, profession, or particular kind of work done, as Spinner, Sawyer, Bookkeeper, etc.

6. Occupation:

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

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

9. Date of onset of illness:

10. Cerebral Hemorrhage
    Date of Atestone:

11. Date of Atestone:

12. Birthplace (city or town):
    Baltimore, Maryland

13. Name:
    William J. Arne

14. Birthplace (city or town):
    Baltimore County, Maryland

15. Maiden Name:
    Martha Thiriet

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

17. Informant:
    John J. Rees

18. Burial, Cremation, or Removal:
    Date of Burial: Sept. 26, 1936

19. Undertaker:
    Schoenheit & Son

20. Filed:
    Sept. 26, 1936

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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11.—The number of years the deceased followed the occupation.

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
- County: Carroll
- Village or City: Westminster
- Length of residence: yrs. mos. ds.

2. FULL NAME
- Charles A. Ball
- Residence: Windsor Road, Sudbrook St., Baltimore, Maryland

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

6. DATE OF BIRTH
- Sept. 28, 1882
- Age: 53 yrs. 11 mos. 10 days

OCCUPATION
- Trade, profession, or particular kind of work done: Clerk
- Industry or business in which work was done: Silks Mill, Saw Mill, Bank, etc.
- Date deceased last worked at this occupation: Sept. 10, 1936
- Total time (years) spent in this occupation: 11 yrs.

21. DATE OF DEATH
- 9 - 7 - 36

22. I HEREBY CERTIFY that I attended deceased from Sept. 30, 1936, to Oct. 9, 1936, and that death occurred at 9:30 a.m., on Oct. 9, 1936. The principal cause of death and related causes of importance were as follows:

Other Contributory Causes of Importance:

Name of operation:

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (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. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed):

(Address):
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>OCT 6, 1926</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 6, 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td>May 1, 1928</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>May 1, 1928</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
   Maryland Tuberculosis Sanatorium
   County: Carroll
   Color: d Branch
   Registration Dist. No.: 74
   Village or City: Henryton, Md.
   No. --- St. --- Ward
   Length of residence in city or town where death occurred: 0 yrs 1 mos 6 ds
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   How long in U.S. If of foreign birth: --- yrs --- mos --- ds

2. FULL NAME
   Florence Elizabeth Bland
   (a) Residence: No. 722 N. Mount St., Baltimore, Md.
   Ward.
   If U.S. Veteran, specify WAR: None
   (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

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

6. DATE OF BIRTH (Month, day, and year)
   June 17, 1894

7. AGE Years Months Days
   42 1 25

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 and Year)
    Unknown

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

12. BIRTHPLACE (City or town)
    Simpsonville, Maryland

13. NAME
   George Handy

14. BIRTHPLACE (City or town)
    Easton, Md.

15. MAIDEN NAME
    Mary Kelly

16. BIRTHPLACE (State or country)
    Dayton, Maryland

17. INFORMANT
   John E. O'Neill, M.D.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Howard Co. End. Date: Sept 15, 1936

19. UNOETAKER
   (Address)

20. FILED
   9/11/36

21. DATE OF DEATH
   Sept. 11, 1936

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from
    Aug. 5, 1936 to Sept. 11, 1936
    I last saw him alive on Sept. 11, 1936
    Death is declared to have occurred on the date stated above, at 2:15 A.M.

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

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

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

25. (Address)

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<td>1921</td>
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<td>Cerebral hemorrhage</td>
<td>JULY 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
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Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Carroll  Registration Dist. No.: 74
   Village or City: Henryton, Maryland  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: 22 yrs. 0 mos. 22 ds.

2. FULL NAME: Frank Bond
   (a) Residence: No. 17 Dallas St., Baltimore, MD
   (Usual place of abode)
   If U. S. Veteran, specify WAR: None

   PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: Dec. 16, 1870
7. AGE: 65 yrs.
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Gardener
   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Unknown
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Unknown

11. OCCUPATION: Unknown

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

13. NAME: Elijah Bond
14. FATHER: Elijah Bond
15. MAIDEN NAME: Millie Gold
16. BIRTHPLACE (city or town): Fallston
    (State or country): Maryland

C. INFORMANT: John E. O'Neill, M.D.
   (Address): Henryton, MD

18. BURIAL, CREMATION, OR REMOVAL: Sept. 21, 1936
   19. UNDERTAKER: Mrs. P. E. Ellis & Daughters
   (Address): Henryton, Maryland

21. DATE OF DEATH: Sept. 17, 1936
   (Month, Day, Year)
   I last saw him/she alive on or about Sept. 17, 1936; death is said to have occurred on the date stated above, at 5:00 P.M.
   The principal cause of death and related causes of importance were follows:
   Pulmonary Tuberculosis
   July 1936

   Other Contributory Cause of Importance:

   Name of operation: Date of:
   What last confirmed diagnosis?: Date of:
   Was there an autopsy? No

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

24. Was disease or injury in any way related to occupation of deceased? No
   If so, specify: (Signed)
   (Address): Henryton, Maryland

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**Other contributory causes of importance:**

<table>
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<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1, 1933</td>
</tr>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County...Carroll
   Village or City...Henryton, Maryland
   Length of residence in city or town where death occurred...0 yrs., 6 mos., 8 ds.

2. FULL NAME...George Murrill Braxton
   a. Residence...2106 Oak St., Balto., Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX...Male
   4. COLOR OR RACE...Colored
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED...Married
   a. If married, widowed, or divorced HUSBAND OF...Sarah Braxton

6. DATE OF BIRTH...August 3, 1910
   7. AGE...26 yrs., 1 mos., 16 ds.

8. OCCUPATION...Laborer
   9. Industry or business in which work was done...Unknown
   10. Date deceased last worked at this occupation...Unknown
   11. Total time (years) spent in this occupation...Unknown

12. BIRTHPLACE...Richmond, Virginia
    a. Father...Charles Braxton, Virginia
    b. Mother...Mary Williams, Virginia

13. NAME...Charles Braxton
    14. BIRTHPLACE...Richmond, Virginia
    a. Birthplace...Richmond, Virginia

15. MAIDEN NAME...Mary Williams
    16. BIRTHPLACE...Richmond, Virginia
    a. Birthplace...Richmond, Virginia

17. INFORMANT...John E. O'Neill, M.D.
    a. Address...Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL...Mt. Pisgah
    a. Place...Newark, N.J.

19. UNDERTAKER...George N. Gibson...173 B. E. Street
    a. Address...Henryton, Maryland

20. FILED...9/19/36...Deputy Local Registrar...Henryton, Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH...Sept. 19, 1936
   a. Month...Sept.
   b. Day...19
   c. Year...1936

   a. Last saw him alive on Sept. 19, 1936; death is said to have occurred on the date stated above, at 4:45 P.M.
   b. The principal cause of death and related causes of importance were as follows:
      Pulmonary Tuberculosis
      Date of onset...April 1935.
      Other Contributory Causes of importance:

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

24. Was disease or injury in any way related to occupation of deceased?...No
    a. If so, specify...
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>Arteriosclerosis</td>
<td>1925</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 9, 1922</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 9, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Sykesville
   Length of residence in city or town where death occurred: 22 yrs. 11 mos. 26 ds.
   If death occurred in a hospital, give its NAME instead of street and number.

2. FULL NAME
   (a) Residence: No.
   (b) Registered: No.
   If U.S. Veteran, specify WAR:
   Residence:
   St.:
   Ward:
   If nonresident give city or town and State:

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: F.
   4. COLOR OR RACE:
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED:
   Husband of (or) Wife of:

6. DATE OF BIRTH (month, day, and year):
   Dec. 31, 1859

7. AGE:
   Years: 76
   Months: 8
   Days: 13

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

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) spanned in this occupation:

12. BIRTHPLACE (city or town):
   Frederick County, Maryland

13. NAME:
   George J. Brown

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

15. MAIDEN NAME:
   Mary S. Buggs

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

17. INFORMANT:
   Hospital Records
   Address:

18. BURIAL, CREMATION, OR REMOVAL:
   Place: Hagerstown, MD
   Date: 8/16, 1936

19. UNDERTAKER:
   Place: Hagerstown, MD

20. FILED:
   Date: 8/14, 1936
   (Address)
   Hagerstown, MD

REGISTRATION DIST. No. 7

I HEREBY CERTIFY that I attended deceased from
August 1, 1931, to Sept. 13, 1936
I last saw him alive on Sept. 13, 1936; death is said
to have occurred on the date stated above, at 11:30 a.m.

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

Cerebral hemorrhage

Other Contributory Causes of Importance:

Cerebral arteriosclerosis

Name of operation:

What test confirmed diagnosis:

Was there an autopsy:

Date of:

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

Accident, suicide, or homicide:

Where did injury occur:

Specify whether Injury occurred at INDUSTRY, in HOME, or in PUBLIC PLACE:

Manor of injury:

Nature of injury:

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

If so, specify:

(Signed)

Registrar:

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

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

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

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<td>Date of onset</td>
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<tr>
<td>Arteriosclerosis</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1 week ago</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td></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

Maryland Tuberculosis Sanatorium

Colored Branch (28) Registration Dist. No. 74

1. PLACE OF DEATH

County: Carroll
Village or City: Henryton, Maryland
No. of St. or Ward: 21
Length of residence in city or town where death occurred: 0 yrs 1 mos 21 ds

2. FULL NAME: Dorothy Rae Butler

(a) Residence: No. 940 W. Franklin St., Baltimore, Md.
(Usual place of abode)

3. SEX: Female

4. COLOR OR RACE: Colored

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

6. DATE OF BIRTH (month, day, and year): June 17, 1907

7. AGE

Years: 29
Months: 2
Days: 26

8. TRADES, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SHAPER, BOOKKEEPER, ETC.: Housewife

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

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

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

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY): Baltimore, Maryland

13. NAME OF MOTHER: George Robinson

14. BIRTHPLACE (STATE OR COUNTRY): Richmond, Virginia

15. MAIDEN NAME: Mattie Burrill

16. BIRTHPLACE (STATE OR COUNTRY): Gloucester, Virginia

17. INFORMANT

Name: John E. O'Neill, M.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: 914 Greene St., Date: 9/15, 1936

19. UNDERTAKER

Name: Charles F. Stover, St.
(Address)

20. FILED

Date: 9/12/36, 1936

21. DATE OF DEATH

MONTH: Sept.
DAY: 12
YEAR: 1936

22. HEREBY CERTIFY

That I attended deceased from July 22, 1936, to Sept. 2, 1936;
I last saw him/ her Sept. 2, 12, 1936;
Death is said to have occurred on the date stated above, at: 7:45 A.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation: ——
Date of: ——

What test confirmed diagnosis?: ——
Was there an autopsy?: No

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

Accident, suicide, or homicide?: ——
Date of injury: ——

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

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury: ——
Nature of injury: ——

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

If so, specify

(Signed) John E. O'Neill, M.D.
(Address)
Henryton, Md.

If more blanks are needed, address State Registrar, 2418 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1917</td>
<td>Gallstones May 1, 1923</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1927</td>
<td>Gastroenteritis 1 year</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 3, 1927</td>
<td></td>
</tr>
</tbody>
</table>

Example II

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

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Springfield State Hospital, Sykesville, Md.
   Length of residence in city or town where death occurred: 5 yrs. 9 mos. 15 ds
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME
   Thomas Carroll Carnan

   (a) Residence: No. 728 East 26th St., Baltimore, Md.
   (b) Work: Candy Factory
   (c) Industry or business in which work was done: No record
   (d) Trade, profession, or particular kind of work done: Candy Factory
   (e) Occupation: Candy Factory

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   No record

7. AGE
   Years: 46
   Months: 6
   Days: 15
   If less than 1 day, hours, or minutes:

8. OCCUPATION
   Candy Factory

9. Date deceased last worked at this occupation: 1916
   Total time (years) spent in this occupation: 10 yrs.

10. BIRTHPLACE
    (City or town): Baltimore, Maryland
    (State or country)

11. NAME
    Thomas J. Carnan

12. FATHER
    Baltimore, Maryland

13. MAIDEN NAME
    Henrietta Adley

14. MOTHER
    Baltimore, Maryland

15. INFORMANT
    Springfield Hospital Records, Sykesville, Md.

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

17. BURIAL, CREMATION, OR REMOVAL
    Place: Sykesville, Md.
    Date: Sept. 4, 1936

18. UNDERTAKER
    (Address)

19. DATE OF DEATH
    September 1, 1936

20. FILED
    Sept. 1, 1936

21. MEDICAL CERTIFICATE OF DEATH
    I hereby certify that I attended deceased from April 15, 1936, to Sept. 1, 1936.
    I last saw him alive on Sept. 1, 1936; death is said to have occurred on the date stated above, at 8:35 a.m.
    The principal cause of death and related causes of importance were as follows:
    Pulmonary Tuberculosis
    Prior to 2-1-36

22. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
    Name of operation: No
    Date of operation: No
    Clinical symptoms: No
    Date of X-ray: No
    Was there an autopsy? Yes

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

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

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

Harry F. Bean, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH  
County: Carroll  
Village or City: Springfield State Hospital  
Registration Dist. No.: 74  
(If death was in a hospital or institution, give its NAME instead of street and number)  
Length of residence in city or town where death occurred: 6 yrs. 7 mos.  
(Ward)  
How long in U.S. if of foreign birth?  

2. FULL NAME  
Albert E. Cline  
(a) Residence: No. 3813 Edmondson Ave.,  
(Baltimore, Md.)  
If U.S. Veteran, specify WAR  
(Usual place of abode)  
If nonresident give city or town and State  

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX  
Male  
4. COLOR OR RACE  
White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED:  
Widowed  
5a. If widowed, widower's name: Julia A. Jenkins  
(Wife of)  

MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH  
September 22, 1936  
22. I HEREBY CERTIFY, That I attended deceased from  
April 15, 1936, to Sept. 22, 1936  
I test saw him alive on Sept. 21  
1936; death is said to have occurred on the date stated above, at 1:50 A.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:  
Acute Lobar Pneumonia 9-20-36  

Other Contributory Causes of Importance:  
Chronic Capillary Bronchitis  
prior to 2-22-36  

Other Contributory Causes of Importance:  
Chronic Capillary Bronchitis  

23. Age at death: 74 years 9 months 9 days  
If less than 1 year, give age in days, hours, or minutes.  

24. OCCUPATION  
Boilermaker  

25. Date deceased last worked at this occupation (month and year): 1929  
11. Total time (years) spent in this occupation:  

26. BIRTHPLACE (city or town) (State or country):  
Baltimore, Maryland  

27. NAME  
Eli Cline  

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

29. MAIDEN NAME  
Georgia Anna Moore  

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

31. INFORMANT  
Springfield Hospital Records  
Syracuse, Md.  

32. BURIAL, CREMATION, OR REMOVAL  
Place:  
Date:  
Register  

33. UNDERTAKER  
James A. Lee  
Address:  

34. FILED  
July 19, 1936  
Registrar  

M.D.  

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<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
- **Carroll County**
- Springfield State Hospital
- Registration Dist. No. 7

## 2. FULL NAME
- **William J. Cosby**
- **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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>Marred</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5a. If married, widowed, or divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUSBAND of (or) WIFE of Susan Ann Cosby</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH</th>
<th>7. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 21, 1857</td>
<td>85 yrs 2 mos 26 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weigher Watcheman</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rail Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Data deceased last worked at this occupation (month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915 (?). Total time (years) spent in this occupation 50 (?)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Total time (years) spent in this occupation 50 (?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915 (?). Total time (years) spent in this occupation 50 (?)</td>
</tr>
</tbody>
</table>

## 21. DATE OF DEATH
- **September 26, 1936**

## 22. I HEREBY CERTIFY, That I attended deceased from
- **August 9, 1936, to September 26, 1936**
- I last saw him alive on September 26, 1936; death is said to have occurred on the date stated above, at 4:30 A.M.

### The principal cause of death and related causes of importance

- **Date of onset**
  - Chronic Nephrosis 1916?

### Other Contributory Causes of Importance
- **Diabetes**

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

## 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**

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

## 24. Was disease or injury in any way related to occupation of deceased?
- **If so, specify**
  - (Sign) J. W. Borton, M.D.

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

Example I

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

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

Example II

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

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Caroline
Registration Dist. No.: 79
Village or City: Newark
St., St. Ward.

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

2. FULL NAME

(a) Residence: No. (Usual place of abode)
(b) St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

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

6. DATE OF BIRTH (month, day, and year): Aug. 14, 1900
7. AGE Years: 36
Months: 6
Days: 20
If LESS than 1 day, hrs. or... min.

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

9. Industry or business in which work was done: Silk Mill

10. Date deceased last worked at this occupation: Aug. 14, 1936
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (city or town): Newark
(State or country): New Jersey

13. NAME

14. BIRTHPLACE (city or town): Newark
(State or country): New Jersey

15. MAIDEN NAME: Mary Louise Eyler

16. BIRTHPLACE (city or town): Newark
(State or country): New Jersey

17. INFORMANT (Address): Mary Louise Eyler

18. BURIAL, CREMATION, OR REMOVAL
Place: Church of God
Place: Newark, N. J.

19. UNDERTAKER: Hillside Cemetery

20. FILED: Sept. 21, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sater. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1936, to Sept. 20, 1936
I last saw him/ her alive on Sept. 20, 1936, at 10 a.m.
Death is said to have occurred on the date stated above, at 7:30 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance:
were as follows:

Flora Roderick

Date of onset: Sept. 20, 1936

Other Contributory Causes of Importance:

Address:

102

14th Street

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide?: Date of Injury.: Sept. 20, 1936
Where did injury occur?: (Specify city or town, county and state)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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

If so, specify

(M differed.

If more blanks are needed, address State Registrar, 2410 N. Charles Street, Baltimore, requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

### Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 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>
<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: Carroll
- Village or City: Sneytown
- Length of residence in city or town: 40 yrs., mos., days

## 2. FULL NAME
- MRS. Emma L. Fink
- Residence No.: Sneytown
- If nonresident give city or town and State:

## 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>W.</td>
<td></td>
<td>W.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5a. If married, widow, or divorced</th>
<th>Name of (or) Widower of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Charles L. Fink</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept. 12, 1879</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
<th>Years</th>
<th>Months</th>
<th>Days</th>
<th>If LESS than 1 day, hrs., or. min.</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>11</td>
<td>22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housework</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Date deceased last worked at this occupation (month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Total time (years) spent in this occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>13. NAME</th>
<th>(State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeremiah Zepp</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. BIRTHPLACE (city or town)</th>
<th>(State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. MAIDEN NAME</th>
<th>(State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan Hahn</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. BIRTHPLACE (city or town)</th>
<th>(State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. INFORMANT</th>
<th>(Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>W. Edgar Fink</td>
<td>Sneytown, MD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. UNDERTAKER</th>
<th>(Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>O. S. Fink</td>
<td>Sneytown, MD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. FILED</th>
<th>(Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept. 5, 1936</td>
<td>Mary C. () ()</td>
</tr>
</tbody>
</table>

## MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
<th>Sept. 8, 1936</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. I HEREBY CERTIFY. That I attended deceased on Sept. 8, 1936.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I last saw h. and attended him on Sept. 8, 1936; death is said to have occurred on the date stated above, at 2:30 p.m.</td>
</tr>
</tbody>
</table>

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

- Angina Pectoris

Other Contributory Causes of importance:

<table>
<thead>
<tr>
<th>Other Contributory Causes of importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of operation</td>
</tr>
<tr>
<td>Date of onset</td>
</tr>
<tr>
<td>What test confirmed diagnosis?</td>
</tr>
<tr>
<td>Was there an autopsy?</td>
</tr>
</tbody>
</table>

| 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. |

<table>
<thead>
<tr>
<th>Manner of Injury</th>
<th>Nature of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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| Example I |
| The principal cause of death and related causes of importance were as follows: |
| | Date of onset |
| Arteriosclerosis | OCT 3, 1936 |
| Chronic interstitial nephritis | Jan 1, 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: Carroll
- Village or City: Taneytown
- Length of residence in city or town where death occurred: 8 yrs, 8 mos, 0 days

2. FULL NAME
- Name: Anna M. Fisher
- Residence: Westminster
- Occupation: Housewife

3. SEX
- Male

4. COLOR OR RACE
- White

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

6. DATE OF DEATH
- Month: September
- Day: 8
- Year: 1936

7. DATE OF BIRTH
- Month: July
- Day: 20
- Year: 1853

8. AGE
- Years: 83
- Months: 1
- Days: 19

9. OCCUPATION
- Housewife

10. PLACE OF DEATH
- Carroll Co., Md.

11. PLACE OF BIRTH
- Carroll Co., Md.

12. NAME OF MOTHER
- Elizabeth Winton

13. NAME OF FATHER
- William Kelley

14. BIRTHPLACE
- Carroll Co., Md.

15. MAIDEN NAME
- Elizabeth Winton

16. INFORMANT
- Murray Fisher

17. BURIAL CEMETERY OR CREMATION
- Woodlawn

18. UNDERTAKER
- S. J. Zeller, M.D.

19. FILED
- Sept. 10, 1936

20. SIGNED
- Anna M. Fisher

21. MEDICAL CERTIFICATE OF DEATH
- Certificate issued by: Antonio Schmeltz

22. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
- None

23. MANNER OF DEATH
-自然死亡

24. NATURE OF INJURY
- None

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

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

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9. The industry or business in which the work was done.
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**Example I**

<table>
<thead>
<tr>
<th>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>OCT 3 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones

**Example II**

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance were as follows:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<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: Carroll County
Village or City: Sykesville, Md.
Registration Dist. No.: 7th
No. Springfield State Hospital St., Ward.
(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

Hermann Forstha
(a) Residence: Yes, at Springfield, Md.
St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male
4. COLOR OR RACE

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

Single

If U.S. Veteran, specify WAR

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

May 72 - 1890

7. AGE

Years: 46
Months: 4
Days: 7

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

None

9. OCUPATION

None

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 26, 1936, to September 29, 1936, I last saw him alive on September 29, 1936; death is said to have occurred on the date stated above, at 4:55 A.M.

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

Pneumonia, Pneumonia

Date of onset: 9.28.36

Other Contributory Causes of Importance:

Epistaxis

Rheumatic Induration

Diagnosis of Nephritis

4.30.36

NOME 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...

DECEASE...

WHERE DID INJURY OCCUR...

(SPECIFY CITY OR TOWN, COUNTY AND STATE)

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

MANNER OF INJURY...

NATURE OF INJURY...

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

IF SO, SPECIFY

(SIGNED) MARYTONA BRYER M.D.

ADDRESS... SYKESVILLE, MD.

FILED...

REGISTRAR...
UNITED STATES STANDARD CERTIFICATE OF DEATH

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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset Oct 3, 1936</td>
<td>Date of onset 1 week ago</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: Carroll
Village or City: Hampstead, MD
Registration Dist. No.: 77
No.: St.: Ward: 
Length of residence in city or town where death occurred: 6 yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS
SEX: Female
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

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

3. DATE OF BIRTH (month, day, and year)
Oct 16, 1930

4. AGE
Years: 6 Months: 14 Days: 2
If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
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

21. DATE OF DEATH
9, 18, 1936

22. I HEREBY CERTIFY. That I attended deceased from Sept. 18, 1936, to Sept. 18, 1936, death is said to have occurred on the date hereon stated.

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide
   Where did injury occur
   Specify whether injury occurred in INDUSTRY, at HOME, or in PUBLIC PLACE.
   Manner of injury
   Nature of injury
   Disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed)

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

20. FILED: 9-19, 1936
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

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<td></td>
</tr>
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<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1915</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of</td>
<td>Other contributory causes of</td>
</tr>
<tr>
<td>importance:</td>
<td>importance:</td>
</tr>
<tr>
<td>Gallstones</td>
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<tr>
<td></td>
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<tr>
<td></td>
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<td></td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

Maryland Tuberculosis Sanatorium
Colored Branch

Registration Dist. No. 74

Length of residence in city or town where death occurred
0 yrs. 4 mos. 29 ds.

2. FULL NAME Edna Haywood
(a) Residence: No. 1109 Druid Hill Ave., Balto., Md.

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

Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of
Henry Haywood

6. DATE OF BIRTH (month, day, and year) Aug., 19, 1916

7. AGE Years 20
Months 1
Days 2

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

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

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

11. Date commenced first worked at this occupation (month and year) Unknown

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

13. NAME Edward Forby
14. BIRTHPLACE (city or town) Chattanooga
(State or country) Tennessee

15. MAIDEN NAME Ida Matthews

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

17. INFORMANT John E. O'Neill, M. D.
(Address) Henryton, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place: Purchase, Date: 9/21, 1936

19. UNDERTAKER Francis O'Neill
(Address) 1109 Druid Hill Ave., Balto., Md.

20. FILED: 9/21/36, 19
Deputy Local Registrar

21. DATE OF DEATH Sept., 21, 1936
(Month) 93
(Year)


I last saw him alive on Sept., 21, 1936; death is said to have occurred on the date stated above, at 110 P.M.

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

Pulmonary Tuberculosis

Other Contributory Causes of importance:

Name of operation: ————

Date of:

What test confirmed diagnosis? ————

Was there an autopsy? No

23. If death was due to external causes (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.

Menner of injury: ————

Nature of injury: ————

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

If so, specify

(Signed)

(Address) 1109 Druid Hill Ave., Balto., Md.
Henryton, Maryland.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Date of onset</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Carroll
Village or City: Newton
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

Mary Husselbaugh

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

3. SEX

F

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

4. COLOR OR RACE

Y

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

6. DATE OF BIRTH

Apr. 18, 1868

7. AGE

70 5 11 yrs. mos. days

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
None

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)

Med.

13. NAME

John Strobin

14. BIRTHPLACE (city or town)

Germany

15. MAIDEN NAME

Hussum

16. BIRTHPLACE (city or town)

Germany

17. INFORMANT

Mollie Barnes

18. BURIAL, CREMATION, OR REMOVAL

Bryansville

19. UNDERTAKER

Frederick Halley

20. FILED

Sept. 29, 1936

21. DATE OF DEATH

September 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1936, to Sept. 29, 1936
I last saw h. a. alive on Sept. 27, 1936; death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Respiratory Pulmonary Asthma

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

Date of

(M.D.)

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If so, specify

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<tr>
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<td>July 5, 1927</td>
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Other contributory causes of importance:

Gallstones | May 1, 1928 |

Example II

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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... Carroll
Village or City... Sykesville

Length of residence in city or town where death occurred... 14 yrs. 6 mos. 19s.

2. FULL NAME... Virginia Jenkins

(a) Residence... No.

(Usual place of abode)

3. SEX... Female

4. COLOR OR RACE... White

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

5a. If married, widowed, or divorced

HUSBAND or (or) WIFE of

William Jenkins

6. DATE OF BIRTH... February 15, 1899

7. AGE... 38

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

Domestic

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

Servant

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

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

12. BIRTHPLACE (city or town)... West Virginia

(State or country)

13. NAME... Clay Teats

14. BIRTHPLACE (city or town)... West Virginia

(State or country)

15. MAIDEN NAME... Hannah Casteel

16. BIRTHPLACE (city or town)... West Virginia

(State or country)

17. INFORMANT... Hospital Records

18. BURIAL, CREMATION, OR REMOVAL... Springfield State Hosp. Date... Sept. 10, 1936

19. UNDERTAKER... Lysi Valley, Md.

20. FILED... Sept. 11, 1936

Registration Dist. No. 74

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH... September 10, 1936

I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to September 10, 1936.

I last saw her alive on September 9, 1936, and death is said to have occurred on the date stated above, at 1:00 a.m.

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

Epilepsy... since 1916

Cerebral Edema... since 9-2-36

Other Contributory Causes of Importance:

Name of operation... Clin. rec. autopsy

Date of... yes

What was confirmed diagnosis... Yes

Where was an autopsy performed?... yes

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

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

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

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

Manner of injury...

Nature of injury...

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

If so, specify...

(Signed) Charles Naylor

M.D.

Springfield State Hospital

If more blanks are needed, address State Registrar, 2413 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gastroenteritis

Example II

<table>
<thead>
<tr>
<th>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>3 days ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   Maryland Tuberculosis Sanatorium
   County: Carroll
   Village or City: Henryton, Md.
   Registration Dist. No.: 74

2. FULL NAME
   Anna Virginia Johnson
   Residence: 59 Blooms Ave., Hagerstown, Maryland
   If U. S. Veteran, specify WAR: None

3. SEX: Female
   Color or Race: Colored
   Single

4. DATE OF DEATH
   September 5, 1936
   Month: 9
   Day: 5
   Year: 1936

5. BIRTHPLACE
   Williamsport, Maryland

6. NAME
   Charles Johnson
   Father: Unknown

7. OCCUPATION
   Domestic

8. PLACE OF DEATH
   Hagerstown, Maryland

9. UNDERTAKER
   Fred M. Evans
   Address: 95/5 36

10. FILED
    9/5/36

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.

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

---

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>OCT 3, 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, 1923 |

---

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

---

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Carroll
   - Village or City: R.D. Woodbine, Md.
   - Length of residence in city or town where death occurred: 17 yrs.

2. **FULL NAME**
   - Rhoda C. Lewis
   - Residence: No. Day, Md.

3. **SEX**
   - Female
   - If married, widowed, or divorced: HUSBAND OF
   - TINELSTEN Lewis

4. **DATE OF DEATH**
   - Sept. 23, 1936

5. **DATE OF BIRTH**
   - Nov. 18, 1861

6. **AGE**
   - 74 yrs.

7. **OCCUPATION**
   - None

8. **PLACE DECEASED last worked at this occupation (month and year)**
   - Carroll Co.

9. **MOTHER FATHER**
   - John Fleming
   - Margaret Gosnell

10. **INFORMANT**
    - Mr. John Lewis
    - R.D. Woodbine, Md.

11. **BURIAL, CREMATION, OR REMOVAL**
    - Morgan Chapel, area. Sept. 25, 1936.

12. **UNDERTAKER**
    - N. M. Halter
    - Winfield, Md.

13. **FILED**
    - Sept. 25, 1936

**MEDICAL CERTIFICATE OF DEATH**

22. **DATE OF DEATH**
    - Sept. 23, 1936

23. **CAUSE OF DEATH**
    - Carcinoma of colon

24. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - None

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

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

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

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

Other contributory causes of importance:

Gallstones | Other contributory causes of importance:

May 1, 1923 | Gastroenteritis |

1 year | |

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Westminster
   Length of residence in city or town where death occurred: 6 yrs.
   Registration Dist. No.: 76
   Ward:
   No. St. Ward
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

3. SEX
   F

4. COLOR OR RACE
   W

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

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

6. DATE OF BIRTH (month, day, and year)
   Dec. 26 - 1892

7. AGE
   Years: 38
   Months: 8
   Days: 15
   If less than 1 day, __hrs. or __min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   George Tapples

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

15. MAIDEN NAME
   Margaret Easton

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

17. INFORMANT
   John T. Martin
   Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place of interment
   Burial ceremony Date: Sept 12, 1936

19. UNDERTAKER
   W. Bankhead
   Westminster, Md.

20. FILED
   9/11, 1976

21. DATE OF DEATH
   (Month) (Day) (Year)
   Sep. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from ___________ to ___________, 19_.

23. I last saw deceased alive on ___________, 19_, at _____________.

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

24. Other Contributory Causes of Importance:
   Death certificate

Name of operation ___________.

Date of:

What test confirmed diagnosis? ___________.

Was there a autopsy? ___________.

25. 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 ___________.

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

If so, specify ___________.

(Signed) ___________.

(Address) ___________.

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset: 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 1927</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: May 1928</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Carroll
   - Village or City: Westminster
   - Registration Dist. No.: 76
   - No. St., Ward
   - Length of residence in city or town where death occurred: 83 yrs. mos. ds.

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - W.

4. **COLOR OR RACE**
   - None

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

6. **DATE OF BIRTH**
   - Nov. 30, 1850

7. **AGE**
   - 83 yrs. mos. ds.

8. **OCCUPATION**
   - None

9. **DATE OF DEATH**
   - Day: 7
   - Month: 9
   - Year: 1936

10. **HEREBY CERTIFY**
    - That I attended deceased from June 30, 1932, to July 7, 1936
    - Death said to have occurred on the above date
    - The principal cause of death

11. **MEDICAL CERTIFICATE OF DEATH**
    - Date of Onset

12. **OTHER CONTRIBUTORY CAUSES**
    - Name of operation
    - Date of
    - What test confirmed diagnosis
    - Was there an autopsy

13. **DATE OF INJURY**
    - 1936

14. **NATURE OF INJURY**
    - Nature of injury

15. **PLACE OF BURIAL, CREMATION, OR REMOVAL**
    - Bachman's Gym, Westminster, MD.

16. **UNDERTAKER**
    - Bankhead & Son, Westminster, MD.

17. **FILED**
    - 9/7/1936

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

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Example I

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Oct 9, 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, 1923

Example II

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

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

Other contributory causes of importance:

- Gastroenteritis
- 1 year

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

1. PLACE OF DEATH
County: Carroll
Village or City: Manchester
(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: 70 yrs. 0 mos. 27 ds. How long in U.S. If of foreign birth: yrs. mos. ds.

2. FULL NAME: Amanda Myers
(a) Residence: No. (Unusual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow
6. DATE OF BIRTH (month, day, and year): Aug. 16, 1868
7. AGE: 78 yrs. 0 mos. 27 ds.
8. Trade, profession, or particular kind of work done: House Wife
9. Industry or business in which work was done: House Wife
10. Date deceased last worked at this occupation: Aug. 7, 1935
11. Total time (years) spent in this occupation: 78 yrs.
12. BIRTHPLACE (city or town): Farmersville
(State or country: Ind.)
13. NAME: William Panabaker
14. BIRTHPLACE (city or town): Unknown
(State or country: Ind.)
15. MAIDEN NAME: Mary Zeyer
16. BIRTHPLACE (city or town): Unknown
(State or country: Ind.)
17. INFORMANT (Address): Mrs. William Stephens
Manchester, Ind.
18. BURIAL, CREMATION, OR REMOVAL: Place: Manchester Ind.
Date: Sept. 16, 1936
19. UNDERTAKER: Jacob Yunker, Sr.
Manchester Ind.
20. FILED: Sept. 15, 1936
No. R: P: M: D: Register.
21. DATE OF DEATH: Sept. 15, 1936
22. I HEREBY CERTIFY: That I attended deceased from Sept. 13, 1935, to Sept. 15, 1936, death is said to have occurred on the date stated above, at 11:30 p.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Coronary Thrombosis: 9/15/35
Other Contributory Causes of importance:
Gallstones: 1934

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.

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

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

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**Example I**

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

**Other contributory causes of importance:**

- Gallstones
  - May 1, 1923

**Example II**

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

**Other contributory causes of importance:**

- Gastroenteritis
  - 1 year

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

1. PLACE OF DEATH

County: Carroll
Village or City: Westminster
Length of residence in city or town where death occurred

2. FULL NAME

Catalina Guinlan
Residence: 22 S. Curley

3. SEX

W

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

6. DATE OF BIRTH

July 4, 1857

7. AGE

Years: 79
Months: 6
Days: 2

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

Housewife

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

N/A

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

N/A

11. TOTAL TIME SPENT IN THIS OCCUPATION

N/A

12. BIRTHPLACE

Germany

13. NAME

Catalina Guinlan

14. BIRTHPLACE (CITY OR TOWN)

Germany

15. MAIDEN NAME

N/A

16. BIRTHPLACE (CITY OR TOWN)

Germany

17. INFORMANT

John Ulrich

18. BURIAL, CREMATION OR REMOVAL

Dundalk, Md. Oct. 1, 1936

19. UNDERTAKER

John Ulrich

20. FILED

9/27, 1936

21. DATE OF DEATH

Sept. 27, 1936

22. I HEREBY CERTIFY

That I attended deceased from...

Date of death: 9/27, 1936

23. OTHER CONTRIBUTORY CAUSE OF DEATH

Fracture of skull

24. MANNER OF DEATH

Accident

25. NATURE OF INJURY

Fracture of skull

26. DID DEATH OCCUR IN PUBLIC PLACE?

No

27. HOW LONG IN U.S. IF OF FOREIGN BIRTH

N/A

28. REGISTRATION DISTRICT

No. 26

29. UNDERTAKERS

John Ulrich

30. FILED

9/27, 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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<td><strong>Date of onset</strong></td>
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<td>Oct 5, 1936</td>
</tr>
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<td>Cerebral hemorrhage</td>
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</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Westminster
   Length of residence in city or town where death occurred: yrs. mos. ds.
   Registration Dist. No: 76
   Registration St. Ward
   If death occurred in a hospital or institution, give its NAME instead of street and number

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   (Write the word)
   HUSBAND or (or) WIFE of

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

6. DATE OF BIRTH (month, day, and year)
   9/4/36

7. AGE
   Years Months Days
   If LESS than 1 year, 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)
    Med.

13. NAME
    Hollis D. Racine

14. BIRTHPLACE (city or town)
    Med.

15. MAIDEN NAME
    Sarah Eliz. Law

16. BIRTHPLACE (city or town)
    Med.

17. INFORMANT
    Hollis Racine

18. BURIAL, CREMATION, OR REMOVAL
    Place
    "Trinity"

19. UNDERTAKER
    "Trinity"

20. FILED
    9/4/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) 9 (Day) 4 (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
    9/19/36 to 9/19/36
    I last saw h. alive on 9/19/36, death is said
    to have occurred on the date stated above, at m.

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

    Date of onset

    Other Contributory Causes of importance:

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

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

24. Was disease or Injury in any way related to occupation of deceased?
    If so, specify
    (Sign) S. C. Leventer
    M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: New Kent-Windsor
   No. St. Ward
   Length of residence in city or town where death occurred: 15 yrs.
   How long in U.S. if of foreign birth?: yrs. mos. ds.
   Registration Dist. No.: 7

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   W

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

6. DATE OF BIRTH (month, day, and year)
   May 31, 1866

7. AGE
   Years: 70
   Months: 3
   Days: 16
   IF LESS THAN 1 day, hrs. or... min.

8. Trade, profession, or particular occupation, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Cabinet maker

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

10. Date deceased last worked at this occupation: August 31, 1886

11. Total time (years) spent in this occupation: 53

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

13. NAME
   David Reightler
   (Father)

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

15. MAIDEN NAME
   Zabitha Steagle

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

17. INFORMANTS
   NAME AND ADDRESS
   Mrs. Rebecca E. Reightler
   New Kent-Windsor, MD

18. BURIAL, CREMATION, OR REMOVAL
   Location, City, Town, County, State
   Burial, Caroline, MD

19. UNDERTAKER
   (Address)
   J. W. Reightler, Baltimore

20. FILED
   Sept. 17, 1891

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   September 16, 1936

22. I HEREBY CERTIFY That I attended deceased from
    October 17, 1936, to September 16, 1936.
    I last saw him alive on September 16, 1936; he died on the same day.
    The principal cause of death and related causes of importance
    were as follows:
    Artistic Reightler
    Arthritis

23. Date of onset

Other Contributory Causes of importance:

24. If death was due to external causes (VIOLENCE), fill in also the following:
    Accident, suicide, or homicide: Date of injury: 1936.
    Where did injury occur?: (Specify city or town, county and State)
    Manner of injury
    Nature of injury

25. Disease or injury in any way related to occupation of deceased?: No.
    If so, specify
    (Signed) M. D.

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Other contributory causes of importance:

| Gallstones | May 1, 1925 |

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Hoochsville
   Registration Dist. No. 77
   (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: 30 yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   6. DATE OF BIRTH (month, day, and year)
   7. AGE
      Years
      Months
      Days
      If LESS than 1 day, . . . . . . hrs., or . . . . . . min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWSMITH, 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)
   Maryland
13. NAME
   (Forename) John H. Alger
14. BIRTHPLACE (city or town)
   (State or country)
   Maryland
15. MAIDEN NAME
   (Marrye or Zeppo)
16. BIRTHPLACE (city or town)
   (State or country)
   Maryland
17. INFORMANT
   (Address)
   Jack Hill
   Hanover, Md.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Wesley Cemetery
   Date: 9/19, 1936
19. UNDERTAKER
   (Address)
   Wesley Funeral
20. FILED
   (Date)
   2/13, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 9, (Day) 12, (Year) 1936

22. I HEREBY CERTIFY. That I attended deceased from May 14, 1936, to Sept. 12, 1936.
I last saw him alive on Sept. 12, 1936; death is said to have occurred on the data stated above, at 2 P.M.

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

   Nodes of Numerous Metastases

Other Contributory Causes of Importance:

   Metastases of Numerous Metastases

Name of operation.

What last confirmed diagnosis? Was there an autopsy?

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

Menner of Injury.

Nature of Injury.

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

   If so, specify: (Sign by) Edgar M. Bruck M.D.
   (Address)

If more blanks are needed, address: State Registrar, 2411 N. Charles Street, Baltimore, Requesting C. S. No. 1.
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<td></td>
<td></td>
</tr>
</tbody>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll  
   Village or City: Westminster  
   Registration Dist. No. 21  
   St., Ward:  
   Length of residence in city or town where death occurred: yrs. mos. ds.  

2. FULL NAME
   Mary Louise Robertson  
   Residence: No. (Usual place of abode)  
   If nonresident give city or town and State  

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

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

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

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

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

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

13. NAME  
    Ardil Robertson  

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

15. MAIDEN NAME  
    Mable Staines  

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

17. INFORMANT (Address):  

18. BURIAL, CREMATION, OR REMOVAL  
    Place:  
    Date: Sept. 17, 1936  

19. UNDERTAKER (Address):  

20. FILED Sept. 17, 1936  

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH  
    (Month) 9  
    (Day) 6  
    (Year) 1936  

22. I HEREBY CERTIFY, That I attended deceased from  
    9-6-1936, to 9-6-1936  
    I last saw h.  
    He was alive on 9-6-1936.  
    He died on 9-6-1936  
    Death is said to have occurred on the date stated above, at 9:00 a.m.  

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

Pneumonia  

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 the following:  
   Accident, suicide, or homicide?:  
   Date of Injury: 19  
   Where did injury occur?:  
   (Specify city or town, county and State):  
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE:  
   Manner of injury:  
   Nature of injury:  

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

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 7.
## UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by streetcar</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: Oct 6, 1936</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>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: Carroll
   Village or City: Sykesville
   Registration Dist. No: 7
   Springfield State Hospital St, Ward: 1
   (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: 8 yrs. 6 mos. 26 ds.

2. FULL NAME: Nicholas Schmlick
   (a) Residence: No. Austria

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year): Unknown
   7. AGE: Years 84

   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Unknown
   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Unknown
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Unknown
   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: Unknown

   12. BIRTHPLACE (city or town): Austria

   13. NAME: Unknown
   14. BIRTHPLACE (city or town): Unknown

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

   17. INFORMANT (Address): Hospital Records
   18. BURIAL, CREMATION, OR REMOVAL: Springfield State Home, Date: Sept. 13, 1936
   19. UNDERTAKER: Wise & Smouse, Address: Sykesville, MD

   20. FILED: Sept. 1, 1936, Harry Lee

   21. DATE OF DEATH: September 13, 1936

   22. I HEREBY CERTIFY, That attended deceased from August 1936, to Sept. 13 1936
   I last saw him alive on September 12, 1936
   death is said to have occurred on the date stated above, at 1:20 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Myocarditis (chronic)

   Other Contributory Causes of importance:
   General Arteriosclerosis

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

   Accident, suicide, or homicide: Date of injury: 19
   Where did injury occur: Specifying 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?

   (Signed): L. N. Martin, M.D.

   Registrar.

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Oct 3 1936</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
Galstones | May 1, 1933 |

**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: Carroll
   Village or City: Emmitsburg
   Registration Dist. No.: 70
   No., St., Ward:
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Fannie Milton Sex
   (a) Residence: No. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5a. If married, widowed, or divorced
   HUSBAND OF (or) WIFE OF
   Raymond Sex

6. DATE OF BIRTH (month, day, and year)
   Mar. 30, 1881

7. AGE
   Years: 64
   Months: 9
   Days: 13
   If LESS than 1 day, hrs.
   or. min.

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

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

10. Date deceased first worked at this occupation (month, and year)
    Feb. 36

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

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

13. NAME
    Fannie Sex

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

15. MAIDEN NAME
    Julia Stone

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

17. INFORMANT
    (Address)
    Fanny Church

18. BURIAL, CREMATION, OR REMOVAL
    Place: Buryage D冰雪, Date: Sept. 22, 1931

19. UNDERTAKER
    (Address)
    Powell & Albaugh

20. FILED
    Date: Sept. 20, 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Sept. 19, 1931

22. HEREBY CERTIFY
    That I attended deceased from
    March 30, 1931, to Sept. 19, 1931, and death is said to have occurred on the date stated above, at 11:40 a.m.

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

Name of operation

What test confirmed diagnosis?

Date of

If so, specify

Date of

If necessary

Manner of injury

Nature of injury

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

Where did injury occur?

Specify city or town, county and State

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

If necessary

Other Contributory Causes of importance:

Date of

If necessary

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

If so, specify

(Signed)

M. D. (Address)

If necessary

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

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

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

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<th>Example II</th>
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<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>OCT 3, 1925</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>May 1, 1923</strong></td>
<td><strong>1 year</strong></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Blank space for additional statements]
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Carroll
Village or City Henryton, Maryland

Maryland Tuberculosis Sanatorium
Colored Branch Registration Dist. No. 74

2. FULL NAME

Samuel Arthur Smoot
(a) Residence: No. Bel Alton, Charles Co., Md.
(Usual place of abode)

21. DATE OF DEATH

Sept., 28, 1936

I HEREBY CERTIFY that I attended deceased from
Apr., 27, 1936 to Sept., 28, 1936
I last saw him alive on Sept., 28, 1936; death is said
to have occurred on the date stated above, at 11.15 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Pulmonary Tuberculosis

Date of onset

Feb., 1936

Other Contributory Causes of Importance:

Name of operation

Date of operation

What test confirmed diagnosis?

Was there an autopsy?

No

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

Manner of injury

Nature of injury

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

If so, specify

(Signed)

(M.D.)

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>Cause of death</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll, Md
   Registration Dist. No.: 76
   Village or City: Westminster
   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. if of foreign birth?: yrs., mos., ds.

2. FULL NAME
   (a) Residence: Chamberburg Rd., St., Ward, Gettysburg, Pa.

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
      Male
   4. COLOR OR RACE
      W
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
      Divorced
   5a. If married, widowed, or divorced
      HUSBAND OF (or) WIFE OF
      Bertha Clend
   6. DATE OF BIRTH (month, day, and year)
      4-21-1867
   7. AGE
      Years: 69
      Months: 6
      Days: 10
      If LESS than 1 day, hrs., or. min.
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
      Lawyer
   9. OCCUPATION
      Lawyer
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
      1870
   11. TOTAL TIME (YEARS, MONTHS, DAYS) SPENT IN THIS OCCUPATION
      Life
   12. BIRTHPLACE (city or town)
      (State or country)
   13. NAME
      Henry F. Stahl
   14. BIRTHPLACE (city or town)
      (State or country)
   15. MAIDEN NAME
      Fannie Dale
   16. BIRTHPLACE (city or town)
      (State or country)
   17. INFORMANT
      Address
   18. DATE OF DEATH
      Sept. 29
   19. DISEASE OR INJURY REMOVAL
      Address
      Place
   20. FILED
      9/29/1936
   21. DATE OF DEATH
      Sept. 29, 1936
   22. I HEREBY CERTIFY
      That I attended decease from
      Sept. 29, 1936
      I last saw him on Sept. 29, 1936, and death is said to have occurred on the date stated above, at 8:30 p.m. The
      PRINCIPAL CAUSE OF DEATH and related causes of importance
      were as follows:
      Margarita Pictoris
      Date of onset
   23. OTHER CONTRIBUTORY CAUSE
      OF DEATH
      NAME OF OPERATION
      Date of
      What test confirmed diagnosis?
      Were there an autopsy?
      Date of
      When did injury occur?
      (Specify city or town, county, and State)
      Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
      Manner of injury
      Nature of injury
      Date of

   24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
      Yes
      No
      If yes, specify
      (Address)
      (Signed)

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.

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</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>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Henryton, Maryland
   Registration Dist. No.: 74
   Colored Branch
   Length of residence in city or town where death occurred: 0 yrs. 0 mos. 28 ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Ruth Elizabeth Stewart
   Residence: 3102 Barclay St., Balto., St. Md.
   If U.S. Veteran, specify WAR: None

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Female
   COLOR OR RACE: Colored
   SINGLED, MARRIED, WIDOWED, OR DIVORCED: Single
   If married, widowed, or divorced HUSBAND OR (WIFE OF):
   DATE OF BIRTH (month, day, and year): June 12, 1907
   AGE: 29 yrs. 6 mos. 11 days
   OCCUPATION: Maid
   OCCUPATION: Unknown
   DATE DECEASED LAST WORKED AT THIS OCCUPATION: Unknown
   TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: Unknown

4. BIRTHPLACE (city or town): Forest Hill
   (State or country): Maryland
   NAME: Elijah Stewart
   FATHER: Moncton
   MOTHER (or maiden name): Marietta Bond
   MAIDEN NAME: Maryland
   INFORMANT: John E. O'Neill, M.D.
   BURIAL, CREMATION, OR REMOVAL:
   Undertaker:
   Undertaker:
   DEPT. OF DEAT.
   9/26 96
   DEPUTY LOCAL
   DEPUTY LOCAL
   Filing, 9/25/36, 1936
   Filing, 9/25/36, 1936

5. MEDICAL CERTIFICATE OF DEATH
   DATE OF DEATH: Sept. 23, 1936
   DATE OF ONSET: Feb. 1936
   PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE:
   Pulmonary Tuberculosis
   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   Date of:
   Whom last confirmed diagnosis?:
   Was there an autopsy?:

6. ACCIDENTAL CAUSE OF DEATH
   ACCIDENTAL CAUSE OF DEATH:
   Date of Injury:
   Where did injury occur?:
   (Specify city or town, county and State):

7. MANNER OF INJURY
   NATURE OF INJURY

8. DISEASE OR INJURY RELATED TO OCCUPATION OF DECEASED
   If so, specify:
   SIGNATURE:
   ADDRESS:

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

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

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

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<th>The principal cause of death and related causes of importance as follows:</th>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
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<td>1 week ago</td>
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</tr>
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Other contributory causes of importance:

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</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*Charge of item 18—oral statement of resident—10/3/36*  
*Confirmed by letter 10/3/36, filed under TICKER.*
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Sykesville
   Registration Dist. No.: 74
   Length of residence in city or town where death occurred: 1 yrs. 6 mos. 20 ds.

2. FULL NAME: Benjamin F. Stoner
   (a) Residence: No. 3336 Belvedere Ave.
   Ward: 1

PERSONAL AND STATISTICAL PARTICULARS

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

   HUSBAND of
   Or WIFE of
   Mary M. Stoner

6. DATE OF BIRTH (month, day, and year)
   Sept. 15, 1862

7. AGE
   Years: 73
   Months: 11
   Days: 25
   Total years spent in this occupation: 19

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

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)

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

13. NAME
    John F. M. Stoner

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

15. MAIDEN NAME
    Lydiaraig

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

17. INFORMANT
    (Address)
    Hospital Record

18. BURIAL, CREMATON, OR REMOVAL
    Place: London Park
    Date: 9-13-1936

20. FILED
    (Address)
    St. Mary, P.A.
    Registration
    Filed: 1937

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from
    Aug. 19, 1936 to Sept. 15, 1936. I last saw him alive on Sept. 8, 1936, and his death is said to have occurred on the date stated above. He died of peritonitis.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Dehydration, entered the stomach, 1926

Other Contributory Causes of importance:
    Hypertension, 1928

Name of operation.

What test confirmed diagnosis?

Was there an autopsy?

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

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

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

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

   Manner of injury.
   Nature of injury.

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

If more blanks are needed, address State Registrar, 2421 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.

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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 3, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1933 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis      | 1 year       |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Charge of item 18—verbal statement of undertaking—10/2/36

Confirmed by letter 10/3/36, filed under TICKER.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Westminster
   Length of residence in city or town whero death occurred: 5 yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. 9 8th main
   Sex: M
   Race: White
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
   W, Wife of

6. DATE OF BIRTH (month, day, and year)
   Dec 23, 1833

7. AGE
   Years: 82
   Months: 10
   Days: 14

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

MARRIED TO

6a. If married, widowed, or divorced
   HUSBAND or WIFE of
   Agelast Study

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

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

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

13. NAME
    Nancy Madison

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

15. MAIDEN NAME
    Sarah Shangler

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

17. INFORMANT
    Name: David J. Daily
    Address: Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Westminster, Md.
    Date: Sept 10, 1936

19. UNDERTAKER
    Name: W. E. Bennett
    Address: Westminster, Md.

20. FILED
    9/9/36

REGISTRAR

VITAL STATISTICS—M.D.

3. SEX
   M

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
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   None

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11. Total time (years) spent in this occupation

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20. FILED
    9/9/36

REGISTRAR

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: <strong>July 5, 1927</strong></td>
<td>Date of onset: <strong>3 days ago</strong></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

Maryland Tuberculosis Sanatorium
Colored Branch (B)

County: Carroll
Village or City: Henryton, Maryland

(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. 0 yrs. 0 mos. 21 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME: Mary Elizabeth Thomas
(a) Residence: No. 600 Poplar Hill Ave., Salisbury, Wicomico Co., Md.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

If U.S. Veteran, specify WAR. No.

6. DATE OF BIRTH (month, day, and year): Oct. 15, 1887
7. AGE: 48
   Years
   11
   Months
   6
   Days
   If LESS than 1 year, state hrs. or min.

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

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Unknown
    Unknown

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

12. BIRTHPLACE (CITY OR TOWN): Eden, Maryland
    (STATE OR COUNTRY)

13. NAME: Henry Barclay
    (FATHER)

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

15. MAIDEN NAME: Emma Dutton

16. BIRTHPLACE (CITY OR TOWN): Polk Road, Maryland
    (STATE OR COUNTRY)

17. INFORMANT: John E. C. O'Neill, M.D.
    (Address: Henryton, Maryland)

18. BURIAL, CREMATION, OR REMOVAL:

19. UNDERTAKER:
    (Address)

20. FILED: 9/21/36, 1936
    (Address)

21. DATE OF DEATH:
    Sept. 21, 1936
    (Month)

22. I HEREBY CERTIFY that I attended deceased from Aug. 31, 1936, to Sept. 21, 1936.
    (Date)
    (Year)

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

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

M.D.

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<td></td>
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<td>May 1, 1925</td>
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</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization please place of residence see letter filed.

under Brande, 10/31/26.
# STATE OF MARYLAND - CERTIFICATE OF DEATH

1. **PLACE OF DEATH**
   - County: Carroll  
   - Village or City: Westminster

2. **FULL NAME**: Emanuel Jacob Wanty
   - Residence: No. 95 Liberty

3. **SEX**: Male
4. **COLOR OR RACE**: White
5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Widowed
6. **DATE OF BIRTH**: Sept. 29, 1857
7. **AGE**: 78 Years, 11 Months, 17 Days
8. **OCCUPATION**: Farmer

21. **DATE OF DEATH**: 9-16-36

22. **DATE OF ONSET**: July 17, 1936

23. **CAUSE OF DEATH**: Carcinoma stomach

Other Contributory Causes of Importance:

24. **UNDERTAKER**: H.B. Bankardson
   - Address: Westminster, Md.

25. **FILED**: 9/18/36

Registrar: [Signature]

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

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

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<table>
<thead>
<tr>
<th>Example I</th>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<tr>
<td>Arteriosclerosis</td>
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</tr>
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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Date of onset:</td>
<td>October 6, 1930</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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<tr>
<td></td>
<td>BUREAU Y. S.</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td></td>
</tr>
<tr>
<td>Date of onset:</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset:</td>
<td>1 year</td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
# STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH
- **County**: Carroll
- **Township/Village or City**: Sykesville
- **State Hospital/Apartment**: Springfield State Hosp. St.
- **Ward**: World War I
- **Length of residence in city or town where death occurred**: 21 yrs. 2 mos. 19 ds.

## 2. FULL NAME: **William F. Winn**
- **Residence**: Cold Spring Lane, Waverly, P. O., Ward 8, Baltimore, Maryland

### 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>
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<tr>
<td>Male</td>
<td>White</td>
<td>Single</td>
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5a. If married, widowed, or divorced
- **HUSBAND of**: [Name]
- **WIFE of**: [Name]

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH
- **Month**: September
- **Day**: 9
- **Year**: 1936

#### 22. I HEREBY CERTIFY, That I attended deceased from
- **June 1**: 1936 to **September 9**: 1936
- **I saw him alive on**: September 9, 1936
- **Death is stated to have occurred on the date stated above, at**: 11:10 a.m.

#### The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- **Epilepsy**: since 1894
- **Cerebral Thrombosis**: 5-28-36
- **Multiple Decubitus Ulcers**: 6-2-36

#### Name of operation:
- [Operation]

#### Date of operation:
- [Date]

#### Clinical course:
- [Course]

#### Laboratory No.:
- [Number]

#### Date of death:
- [Date]

#### Cause of death:
- [Cause]

#### Manner of death:
- [Manner]

#### Nature of injury:
- [Nature]

#### 24. Was disease or injury in any way related to occupation of deceased?
- [Yes/No]

If so, specify:
- [Specify]

#### Signed:
- [Signature]

#### M.D.:
- [Name]

**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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<tr>
<td></td>
<td>3 days ago</td>
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Other contributory causes of importance:

| Gallstones | Gastroenteritis | May 1, 1973 | 1 year |

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

1. PLACE OF DEATH
County: Harford
Village or City: Hampstead, Md.
Registration Dist. No.: 77

2. FULL NAME
M. Elenaora Wright

3. SEX
F

4. COLOR OR RACE
W

5a. If married, widowed, or divorced
HUSBAND of
Michael Wright

6. DATE OF BIRTH (month, day, and year)
Sept 3 1883

7. AGE Years
83

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

9. OCCUPATION

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
Mayland

13. NAME
Joshua L. Brown

14. BIRTHPLACE (city or town)
State or country

15. MAIDEN NAME
Rachel B Brown

16. BIRTHPLACE (city or town)
State or country

17. INFORMANT
O. W. Wright

18. BURIAL, CREMATION, OR REMOVAL
Place: Stone Chapel
Date: 9/18, 1936

19. UNDERTAKER
Address:

20. FILED
7/14, 1936

21. DATE OF DEATH
Sept 16

22. I HEREBY CERTIFY
That I attended deceased from April 35 to Sept 16, 1936

I last saw h. m. alive on Sept 4, 1036; death is said to have occurred on the date stated above, at 6:30 m.

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

Chronic Myocarditis
with Anosmia
and Congestive Heart Failure

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

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

25. If so, specify:

For more blanks needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 5.
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<td>Peritonitis</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>1 week ago</td>
</tr>
<tr>
<td>OCT 2 1928</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
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<td>BUREAU V. S.</td>
<td></td>
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Other contributory causes of importance:

| Gallstones | Gastroenteritis |
| May 1, 1928 | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN