**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Ellicott City, Md.
   - Registration Dist. No.: 86
   - Length of residence in city or town where death occurred: 6 yrs. 4 mos. 16 ds.

2. **FULL NAME**
   - Elsie M. Anderson

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - Colored

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

6. **DATE OF BIRTH**
   - April 28, 1910

7. **AGE**
   - Years: 6
   - Months: 4
   - Days: 16

8. **OCCUPATION**
   - None

9. **DATE DECEASED LAST WORKED**
   - At occupation: None

10. **DATE DECEASED**
    - September 13, 1936

11. **PLACE OF DEATH**
    - Ellicott City, Md.

12. **BIRTHPLACE**
    - Ellicott City, Md.

13. **NAME**
    - Elsie M. Anderson

14. **FATHER**
    - Caster

15. **MOTHER**
    - Evelyn Anderson

16. **MAIDEN NAME**
    - Evelyn Anderson

17. **INFORMANT**
    - Evelyn Anderson

18. **BURIAL, CREMATION, OR REMOVAL**
    - St. James Church, Sept. 16, 1936

19. **UNDERTAKER**
    - James W. Reid

20. **FILED**
    - Sept. 14, 1936

21. **MEDICAL CERTIFICATE OF DEATH**
    - Date: September 13, 1936
    - Cause of Death: Pneumonia

22. **Date of Onset**
    - 9-2-36

23. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - Pertussis

24. **Name of Operation**
    - Date of Operation

25. **Accident, Suicide, or Homicide?**
    - Date of Injury

26. **Nature of Injury**

27. **Manner of Injury**

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

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

If more blanks are needed, address State Registrar, 241 S. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

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

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

1. PLACE OF DEATH
   - County: Hartford
   - Village or City: Rocklin
   - Registration Dist. No.: 183

2. FULL NAME: Reba D. Arnold
   - Residence: No. 1419
   - St., Ward.

   PERSONAL AND STATISTICAL PARTICULARS
   - SEX: Male
   - Color or Race: White
   - Single

3. DATE OF DEATH
   - Month: 7
   - Day: 4
   - Year: 1936

4. OCCUPATION
   - Farm Laborer

5. BIRTHPLACE (city or town)
   - State or country: W. Va.

6. DATE OF BIRTH (month, day, and year)
   - Unknown 1907

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

8. Date deceased first worked at this occupation (month and year)
   - 1934

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

10. DATE OF DEATH
    - Date of onset

11. Other Contributory Cause of Importance:
    - Suicide

12. Name of operation
    - Date of:

13. What test confirmed diagnosis?
    - Date of autopsy:

14. Manner of injury
    - Nature of injury

15. Specifying whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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

17. (Address)

18. Burial, Cremation, or Removal
    - Place: Weaver Ford
    - Date: Sept. 6, 1936

19. Undertaker
    - Address: Jarrellsville, Md.

20. FILED: Sept. 8, 1936

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 | The principal cause of death and related causes of importance were as follows: |
| Arteriosclerosis | 1915 | Attack of epilepsy |
| Chronic interstitial nephritis | 1921 | Run over by street car |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis |
| Gallstones | May 1, 1928 |
| Other contributory causes of importance: | 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: Harford
   Village or City: Havre de Grace
   Registration Dist. No.: 156
   St., Ward: No. 130 Green St., Ward
   (If death occurred in a hospital or institution, give its NAME instead of Street and number)
   Length of residence in City or town where death occurred: 73 yrs. 11 mos. 3 ds.
   How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 130 Green
   (Usual place of abode)
   If U. S. Veteran, specify WAR
   Elizabeth Bauer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. If married, widowed, or divorced
   HUSBAND OF (or) WIFE OF J. W. Bauer

6. DATE OF BIRTH (month, day, and year)
   Oct. 4, 1863

7. AGE
   Years: 73
   Months: 11
   Days: 3
   If LESS than 1 day, ___ hrs. ___ min.

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

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)
    Oct. 1935

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

12. BIRTHPLACE (city or town)
    Havre de Grace
    (State or country)

13. NAME
    James Peters
    (Father)

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

15. MAIDEN NAME
    Phinea Peters
    (Maiden)

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

17. INFORMANT
    Name: Mrs. Florence H. Richardson
    Relationship: Daughter

18. BURIAL, CREMATION, OR REMOVAL
    Place: Angel Hill
    Date: Oct. 9, 1936

19. UNDERTAKER
    Name: MADSEN
    Address: 130 Green St., Havre de Grace

20. FILED
    Date: Sept. 19, 1936
    Registrar

21. DATE OF DEATH
    Month: Sept
    Day: 9
    Year: 1936

22. I HEREBY CERTIFY, that I examined deceased from
    Oct. 2, 1936, to Oct. 7, 1936,
    last saw him alive on July 15, 1936, to Oct. 9, 1936, death is said to have occurred on the dates stated above.

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

Other Contributory Causes of importance:

ARTIFICIAL RESPIRATION

Other causes of importance:

Name of operation

Date of

What was the confirmed diagnosis?

Was there an autopsy?

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

   Accident, suicide, or homicide?
   (Specify city or town, county and State)

   Where did injury occur?

   Whose 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)
   James 28. Bay M. D.
   (Address)

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

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

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10. The month and year the deceased last worked at the occupation.
11. The number of years the deceased followed the occupation.

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Example I

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

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<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>Gallstones</th>
<th>Date of onset</th>
</tr>
</thead>
</table>

Example II

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gastroenteritis</th>
<th>Date of onset</th>
</tr>
</thead>
</table>

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

## 1. PLACE OF DEATH
- **County:** Harford
- **Village or City:** Aberdeen
- **No.**
- **St.**
- **Ward:**

**Length of residence in city or town where death occurred:** 18 yrs., mos., ds.

**How long in U.S. if of foreign birth:** yrs., mos., ds.

## 2. FULL NAME
- **Robert Daniel Bowzer, Jr.**
- **(a) Residence:** No. Growning Ground Road St., Ward.

## PERSONAL AND STATISTICAL PARTICULARS

### 3. SEX
- Male

### 4. COLOR OR RACE
- Colored

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

### 6. DATE OF BIRTH
- Dec. 22, 1912

### 7. AGE
- **Years:** 23
- **Months:** 9
- **Days:**
- **If LESS than 1 day,** hrs. or min.

### 8. OCCUPATION
- Day Laborer

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

### 10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
- Silk Mill, Saw Mill, Bank, etc.

### 11. DATE DECEASED LAST WORKED AT THIS OCCUPATION
- Sept. 1936

### 12. BIRTHPLACE
- Perryman, MD

### 13. NAME OF MOTHER
- Caroline Monk

### 14. BIRTHPLACE (STATE OR COUNTRY)
- Perryman, MD

### 15. NAME OF FATHER
- Robert D. Bowzer, Sr.

### 16. BIRTHPLACE (STATE OR COUNTRY)
- Perryman, MD

### 17. INFORMANT
- Robert D. Bowzer, Sr.

### 18. BURIAL, CREMATION, OR REMOVAL
- Charles M. Gunter
- Date: Sept. 17, 1936

### 19. UNDERTAKER
- Henry Turrentine & Sons
- Date: Sept. 14, 1936

### 20. FILED
- Sept. 19, 1936

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH
- Sept. 15, 1936

### 22. I HEREBY CERTIFY
- That I attended deceased from...to...

### 23. WHETHER DEATH OCCURRED AT HOME OR IN HOSPITAL
- On the premises of Dr. Brown.

### 24. DATE OF ONSET
- Sept. 12, 1936

### 25. PRINCIPAL CAUSE OF DEATH
- Pulmonary congestion from all causes.

### 26. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
- Pulmonary congestion from all causes.

### 27. Name of operation

### 28. Date of operation

### 29. What test confirmed diagnosis?
- Blood test.

### 30. Was there an autopsy?
- Yes.

### 31. ACCIDENT, SUICIDE, OR HOMICIDE?
- Accident.

### 32. DATE OF INJURY
- Sept. 12, 1936

### 33. WHERE DID INJURY OCCUR?
- Aberdeen, Harford County, MD

### 34. INDUSTRY, IN HOME, OR IN PUBLIC PLACE?
- Industry.

### 35. MANOR OF INJURY
- Accidentally struck by a train.

### 36. NATURE OF INJURY
- Pulmonary congestion from all causes.

### 37. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
- No.

### 38. IF SO, SPECIFY
- Signed: Frank A. Monke, M.D.

### 39. ADDRESS
- Aberdeen, MD

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of Onset</th>
<th>Example II</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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<td>Cerebral hemorrhage</td>
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<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>1928</th>
<th>Other contributory causes of importance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Bel Air, MD
   Registration Dist. No.: 182
   St.: 
   Ward: 
   Length of residence in city or town where death occurred: 20 yrs.
   mos. 
   ds.

2. FULL NAME: Sarah Adeline Wilson Butterfield
   Residence: Bel Air, MD
   St.: Ward:
   (Usual place of abode)
   For nonresident give city or town and State

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

6. DATE OF BIRTH (month, day, and year): July 26, 1864
7. AGE: 72
   Years
   Months
   Days
   If less than 1 day, hrs.
   or.
   min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: House Wife
9. OCCUPATION: House Wife
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: 

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

   State or country: 

13. NAME: Wilson
14. BIRTHPLACE (city or town): Unknown
   State or country: 
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town): Unknown
   State or country: 
17. INFORMANT: John Butterfield ID
   Bel Air, MD
18. BURIAL, CREMATION, OR REMOVAL: Rock Springs
   Address: Bel Air, MD
   Date: Sept. 25, 1936
19. UNDERTAKER: Dean Watley
   Bel Air, MD
20. ISSUER: Sept. 27, 1936

21. DATE OF DEATH: September 25th, 1936
   (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 
    1932 to 1935
    I last saw her alive on September 25, 1936: death is said 
    to have occurred on the date stated above, at 11:30 AM
    The PRINCIPAL CAUSE OF DEATH and related causes of importance 
    were as follows:
    Date of onset: 

    Other Contributory Causes of Importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide: Date of injury: 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. Disease or injury in any way related to occupation of deceased: 

If so, specify: 

(Signed) 

Address: Bel Air, Maryland

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<tr>
<th>Example I</th>
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<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<tr>
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<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:
- Gastroenteritis | Date of onset: 1 year

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

1. PLACE OF DEATH
   - County: Harford
   - Village or City: Aberdeen R. F. D.
   - Registration Dist. No.: 181

2. FULL NAME
   - First Name: Ray E.
   - Last Name: Cohen
   - Residence: No. J 18, Aberdeen
   - St., Ward:

   PERSONAL AND STATISTICAL PARTICULARS

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

21. DATE OF DEATH
   - Month: 12
   - Day: 30
   - Year: 1936

22. I HEREBY CERTIFY, That I attended deceased from
    - Month: Sept 11
    - Day: 19
    - Year: 1936

23. If death was due to external cause (VIOLENCE) fill in also the following:
    - Accident, suicide, or homicide: Date of Injury: 1936
    - Where did injury occur?
    - Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

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

Other Contributory Causes of Importance:

Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy?

Registrar

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

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

To be complete, an occupation return must state:

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

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

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<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones</td>
<td>May 1, 1923</td>
<td>Other contributory causes of importance: Gastroenteritis</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: Stanford
Village or City: Aberdeen P. D.

2. FULL NAME

Mary F. Davis

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

6. DATE OF DEATH

Sep 16, 1926

7. AGE

58

8. OCCUPATION

None

9. DATE DACCASED LAST WORKED AT THIS OCCUPATION

Sep 16, 1926

10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

1

11. BIRTHPLACE (CITY OR TOWN)

Aberdeen, Md.

12. NAME

Isaac Davis

13. FATHER NAME

Isaac Davis

14. BIRTHPLACE (CITY OR TOWN)

Maryland

15. MAIDEN NAME

Elizabeth Brown

16. BIRTHPLACE (CITY OR TOWN)

Virginia

17. INFORMANT

Mary Davis

18. BURIAL, CREMATION, OR REMOVAL

Place: Aberdeen
Date: Sep 19, 1926

19. UNDERTAKER

William Johnson

20. FILED

Sep 19, 1926

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

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Example I

| The principal cause of death and related causes of importance were as follows: |
| Date of onset | The principal cause of death and related causes of importance were as follows: |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |

Other contributory causes of importance:

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

Example II

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915</td>
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<td>Peritonitis</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: New York
   Village or City: New York City
   Length of residence in city or town where death occurred: 15 yrs, 0 mos, 15 days
   How long in U.S. if of foreign birth: 15 yrs, 0 mos, 15 days

2. FULL NAME
   Edward F. Smith
   If U.S. Veteran, specify WAR: No
   If nonresident give city or town and State: New Orleans, La

   Residence: No
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

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

   5a. If married, widowed, or divorced
   HUSBAND OF: Anna Smith

   6. DATE OF BIRTH (month, day, and year): April 1, 1902
   7. AGE: 34 yrs, 0 months, 20 days
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Horse-rider
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: (month and year)
   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

   12. BIRTHPLACE (city or town): New Orleans, La
   13. NAME: Edward F. Smith
   14. BIRTHPLACE (city or town): New Orleans, La
   15. MAIDEN NAME: Noyes Parker
   16. BIRTHPLACE (city or town): New Orleans, La
   17. INFORMANT (NAME): Clara Lawsby
   18. BURIAL, CREMATION, OR REMOVAL: Place: New Orleans, La; Date: Oct. 1, 1936
   19. UNDERTAKER: Samuel J. White
   20. FILED: Sept. 28, 1936

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: Sept. 27, 1936
   22. I HEREBY CERTIFY That I attended deceased from Sept. 15, 1936, to Sept. 27, 1936, I last saw him alive on Sept. 25, 1936; death is said to have occurred on the date stated above, at 12, a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Date of onset: 9/25/36
   Pneumonia Pneumonia

   Other Contributory Causes of Importance:
   Name of operation:
   Date of:
   What test confirmed diagnosis? Was there an autopsy? And
   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) Claude L. Law
   (Address) 359 New Orleans, La

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

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

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

1. PLACE OF DEATH

County: Harford
Village or City: Rocks

2. FULL NAME

Nicholas J. Fletcher

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

6. DATE OF BIRTH

Aug 10, 1881

7. AGE

75 yrs.

8. OCCUPATION

Farmer

9. DATE DECEASED LAST WORKED AT THIS OCCUPATION

This occupation (month and year)

10. Total time (years) spent in this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Rockdale

13. NAME

Nicholas J. Fletcher

14. BIRTHPLACE (city or town)

Rockdale

15. MAIDEN NAME

Belinda Rutledge

16. BIRTHPLACE (city or town)

Rockdale

17. INFORMANT

Frank Fletcher

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Paul's Cemetery
Date: Sep 9, 1936

19. UNDERTAKER

Brown & Son, Rockdale

20. FILED

Sep 9, 1936

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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</tr>
<tr>
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<td>1 week ago</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Harford
Village or City: Havre de Grace
Registration Dist. No.: 18
No.: Harford Memorial Hosp.

2. FULL NAME

(a) Residence: No. Hatfieldville, Md.
(Usual place of abode)

If U. S. Veteran, specify WAR:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept. 9th (Month) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 9/9/36

Name of operation:

Other Contributory Causes of importance:

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

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

(Signed) J. C. Branch, Coroner

(Addres)

Havre de Grace, Md.
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</tr>
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<td>Cerebral hemorrhage</td>
<td>BUREAU V.S.</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

### Example II

- Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Harde Grace
   NO. 518 Bourlon
   Length of residence in city or town where death occurred: 67 yrs. 5 mos. 25 ds.

2. FULL NAME
   Arthur Herbert Gilbert
   If U.S. Veteran, specify WAR:

   PERSONAL AND STATISTICAL PARTICULARS
   (a) Residence: No. 190 S. St., Union Ave., Harde Grace
   (Usual place of abode)

   3. SEX
   Male

   4. COLOR OR RACE
   White

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

   6. DATE OF BIRTH (month, day, and year)
   Mar. 16, 1859

   7. AGE
   Years: 67
   Months: 5
   Days: 25

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

   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   
   10. Date deceased last worked at this occupation (month end year)
   May 15

   11. Total time (years) spent in this occupation: 1970

   12. BIRTHPLACE (city or town)
   Harde Grace

   13. NAME
   Michael B. Gilbert

   14. BIRTHPLACE (state or country)
   Md.

   15. MAIDEN NAME
   Catharine Willis

   16. BIRTHPLACE (city or town)
   Md.

   17. INFORMANT
   M. Margaret W. Gilbert
   Address: Harde Grace Md.

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Bakewell Cem.
   Date: Sept. 15, 1936

   19. UNDERTAKER
   John W. Mitchell
   Address: Harde Grace Md.

   20. FILED
   Sept. 19

   Registration Dist. No.: 115

   If nonresident give city or town and State

   MEDICAL CERTIFICATE OF DEATH
   DATE OF DEATH
   Sept. 10, 1936

   I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1936, to Sept. 10, 1936.
   Last saw him alive on Aug. 20, 1936, death is said to have occurred on the date stated above, at 10:29 a.m.

   Other Contributory Causes of Importance:
   Carbonaceous Fungus

   Date of onset: [Blank]

   Other Contributory Causes of Importance:
   Carbonaceous Fungus

   N. B.—WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state age of patient and cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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

To be complete, an occupation return must state:
3. The trade, profession, or particular kind of work done.
4. The industry or business in which the work was done.
5. The month and year the deceased last worked at the occupation.
6. 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>
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</tr>
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<td>Chronic interstitial nephritis</td>
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<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</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
   County: Harford County
   Village or City: Harford Memorial Hospital
   Registration Dist. No.: 16
   Length of residence in city or town where death occurred: yrs. 6 mos. 6 ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME
   (a) Residence: No.
   Last place of abode: Maryland
   Ward.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
HUSBAND of (or) WIFE of: Bennett Gilbert
6. DATE OF BIRTH (month, day, and year): Dec. 1, 1862
7. AGE: 73 yrs. 9 mos. 9 days
   If LESS than 1 day, . hrs. or . min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.: House-work
9. Industry or business in which work was done, as SALT MILL, SAW MILL, BANK, etc.:
   Date deceased last worked at this occupation (month and year):
10. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country):
    Maryland
13. NAME: Anjelion
14. BIRTHPLACE (city or town) (State or country): France
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country):
17. INFORMANT (Address):
   Informant: Emma Gilbert
18. BURIAL, CREMATION, OR REMOVAL:
   Place: Bodin, Caroline
   Date: Sept. 13, 1936
19. UNDERTAKER (Address):
20. FILED (Address): Sept. 23, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Oct. 18, 1936
   (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from: Mary A. B. to Sept. 10, 1936
   I last saw her alive on: April 1926
   To have occurred on the date stated above, at: 11:00 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Other Contributory Causes of importance:

   Name of operation: None
   Date of:
   What test confirmed diagnosis? None
   Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?: No
   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? Yes
   If so, specify:
   (Signed): T. D. Arden, M.D.

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

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

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

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

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, 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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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>October 5, 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>October 5, 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 6, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1925</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

**1. PLACE OF DEATH**
- **County**: Harford
- **Village or City**: Davie de Grace
- **Hospital**: No
- **Registration Dist. No.**: 185

**2. FULL NAME**
- **Surnamé**: Giles
- **Given Name**: Samuel

**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>Colored</td>
<td>Married</td>
</tr>
</tbody>
</table>

**6. DATE OF BIRTH**
- **Aug 6, 1861**

**7. AGE**
- **Years**: 57
- **Months**: 12
- **Days**: 8

**9. Trade, profession, or particular kind of work done**: Farm Helper

**10. Date deceased last worked at this occupation**:
- **Month and year**:

**11. Total time (years) spent in this occupation**:
- **1936**

**12. BIRTHPLACE**
- **City or town**: Maryland
- **State or country**: Maryland

**13. NAME**
- **Father**: Viola Giles

**15. MAIDEN NAME**
- **Faunice Cuffel**

**16. BIRTHPLACE**
- **City or town**: Maryland
- **State or country**: Maryland

**17. INFORMANT**
- **Name**: Florence Giles
- **Address**: West Raytown, Md.

**18. BURIAL, CREMATION, OR REMOVAL**
- **Place**: Union B./C. Cemetery
- **Date**: Sept 15, 1936

**20. FILED**
- **Date**: Sept. 12, 1936

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

**22. MEDICAL CERTIFICATE OF DEATH**
- **I HEREBY CERTIFY**
- **I attended deceased from**: June 17, 1936 to Sept 9, 1936
- **I last saw him alive on**: Sept 7, 1936
- **Cause of death**: Septicemia
- **Other Contributory Causes of Importance**:
  - Caries

**23. If death was due to external causes (VIOLENCE) fill in also the following**
- **Accident, suicide, or homicide**: Date of injury: Sept 9, 1936
- **Where did injury occur**: (Specify city or town, county and State)
- **Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE**
- **Manner of injury**
- **Nature of injury**
- **Was there an autopsy?**

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

**Register**
- **Signature**: Charles C. Foley, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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### Example I

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
<th>Other Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

### Example II

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
<th>Other Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Run over by street car</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peritonitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: Harford
Village or City: Aberdeen

2. FULL NAME
(a) Residence: Aberdeen
(b) Occupation: Student

3. SEX
Male

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single

6. DATE OF BIRTH (month, day, and year)
March 27, 1903

7. AGE
Years: 13
Months: 5

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

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

10. Date deceased last worked at: Dec 1931

11. Total time (years) spent in this occupation: 1931

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

13. NAME
William Earl Buescher, Jr.

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

15. MAIDEN NAME: Irene M. Gabelman

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

17. INFORMANT
Mr. William Earl Buescher, Jr.

18. BURIAL, CREMATION, OR REMOVAL
Place: Aberdeen, Date: Sept 19, 1931

19. UNDERTAKER
Amer. Cremation Corp.

20. FILED
Sept 19, 1931

21. DATE OF DEATH (Month, Day, Year)
Sept 16, 1931

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

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

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

If so, specify:

(Signed)

Register
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<tr>
<td>Arteriosclerosis</td>
<td>OCT 6, 1925</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
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<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JUN 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | MAY 1, 1925 |

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: Harford
   Village or City: Saure de Grace
   No. Hospital: 
   Registration Dist. No. 185
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   C.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   Sept 30, 1936

7. AGE BIRTH
   Years: 
   Months: 
   Days: 

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

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)
    Here de Grace
    Md.

13. NAME
    Ned Boud

14. BIRTHPLACE (city or town)
    (State or country)
    
15. MAIDEN NAME
    Florence Grey

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

17. INFORMANT
    (Address)
    Here de Grace, Md.

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

19. UNDERTAKER
    (Address)
    
20. FILED
    Oct. 1, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Sept 30, 1936

22. I HEREBY CERTIFY
    That I attended deceased from
    Sept 30, 1936, to Sept 30, 1936.
    Death is said to have occurred on the date stated above, et m.

    The principal cause of death and related causes of importance were as follows:
    Other Contributory Causes of Importance:

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

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

    Manner of injury.
    Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify
    Signed
    (Address)
    
If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
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<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Oct 5, 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Year</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Naugatuck
   Registration Dist. No.: 1/5
   No.: 224 N. 6th St.
   Length of residence in city or town where death occurred: 87 yrs. 2 mos. 27 ds.
   Ward.

2. FULL NAME
   Male
   If U. S. Veteran, specify WAR.
   Residence: No. 224 N. 6th St.
   St., Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

4a. If married, widowed, or divorced HUSBAND or WIFE of
   William James Hand

6. DATE OF BIRTH (Month, day, and year)
   June 4, 1849

7. AGE
   Years: 87
   Months: 2
   Days: 27

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

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)
    192?

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

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

13. NAME
    William James Hand

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

15. MAIDEN NAME
    Lydia Hand

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

17. INFORMANT
    Name and Address
    Mrs. March, Emma Hinkle

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Angel Hill
    Date: Sept. 3, 1930

19. UNDERTAKER
    Name and Address
    A. H. Mitchell

20. FILED
    Sept. 3, 1930

21. DATE OF DEATH
    (Month)
    (Day)
    (Year)
    Sept. 3
    1930

22. I HEREBY CERTIFY
    That I attended deceased from
    Aug. 29, 1929, to Aug. 31, 1930
    I certify that deceased was alive on
    Aug. 31, 1929
    and that deceased died on
    Sept. 3, 1930
    Cause of Death: PULMONARY EMBOLISM

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

24. Other Contributory Causes of importance:

25. Name of operation

26. What test confirmed diagnosis?

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

28. Date of Injury

29. Where did injury occur?

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

31. Manner of Injury

32. Nature of Injury

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

34. If so, specify

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>RECEIVED 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>OCT 5 1936</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</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>
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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>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Garland
   - Registration Dist. No.: 181

2. **FULL NAME**
   - Charles H. Hawkins
   - If U. S. Veteran, specify WAR: 

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Male
   - COLOR OR RACE: White
   - SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   - Name of HUSBAND or WIFE: Ida E. Hawkins
   - DATE OF BIRTH: May 30, 1876
   - AGE: 60 Years, 3 Months, 19 Days
   - TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Merchant
   - OCCUPATION: Merchant
   - DATE DECEASED LAST WORKED AT THIS OCCUPATION: Sept. 19, 1936
   - TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 34 Years

4. **MEDICAL CERTIFICATE OF DEATH**
   - DATE OF DEATH: Sept. 19, 1936
   - Date of onset: 
   - OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
     - Name of operation: 
     - Date of: 
     - What test confirmed diagnosis? 
     - Was there an autopsy? 

5. **BIRTHPLACE (city or town)**
   - Hartford, C.

6. **FATHER**
   - Name: Robert Hawkins

7. **MOTHER**
   - Name: Rebecca Clark

8. **INFORMANT**
   - Name: Mrs. Ida E. Hawkins
   - Address: Home 26, Graceland

9. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Dec. 26, 1936, Rock Run Cemetery

10. **UNDERTAKER**
    - A. Bailey, Sr., Jr., D. Bailey

11. **FILED**
    - Sept. 21, 1936

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

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

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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

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

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<tr>
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<td>1 week ago</td>
</tr>
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<td>Run over by street car</td>
</tr>
<tr>
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<td>1 week ago</td>
</tr>
<tr>
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<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones</td>
<td>Other contributory causes of importance: Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Harford
   Village or City: Bel Air P.M.D.
   Length of residence in city or town where death occurred: 2 yrs. 10 mos.

2. FULL NAME: William M. Tickle
   (a) Residence: No. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   5a. If married, widowed, or divorced
      HUSBAND of (or) WIFE of
   6. DATE OF BIRTH (month, day, and year): Oct 15, 1926
   7. AGE: 12 years 10 months

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: Sept 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1934 to Sept 9, 1936
    I last saw him alive on Aug 8, 1936; death is said to have occurred on the date stated above, at 1:45 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Emphysema, 18 mo. duration.

23. Other Contributory Causes of importance:

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

25. Manner of Injury

26. Nature of injury

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

If more blanks are needed, address State Registrar, 2211 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones
- Gastroenteritis

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

**1. PLACE OF DEATH**
- **County:** Hartford
- **Village or City:** Kalmia
- **Registration Dist. No.:** 162
- **No. St. Ward:**
  - Length of residence in city or town where death occurred: 50 yrs.
  - If death occurred in a hospital or institution, give its NAME instead of street and number.
  - How long in U.S. if of foreign birth?: yrs.
  - mos.
  - ds.

**2. FULL NAME:** Mary Wilson Kerr
- **If U.S. Veteran, specify WAR:**
- **Residence:** No. Kalmia
- **St. Ward:**
- **(Usual place of abode):** Kalmia
- 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 (Write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

- **5a. If married, widowed, or divorced:** HUSBAND OF (or WIFE OF)
  - **James M. Kerr**

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

### MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH:** Sept 30, 1936
- **Month:** September
- **Day:** 30
- **Year:** 1936

**22. I HEREBY CERTIFY:** That I attended deceased from May 1936 to Sept 30, 1936.

I test saw her alive on Sept 29, 1936; death is said to have occurred on the date stated above at 8 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- **Carcinoma of Breast + Generalized Tuberculosis**

**Date of onset:** 29, 1936

**Other Contributory Causes of importance:**

**Name of operation:**
- **X-Ray**
- **Date of:**


**23. 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:

**Address:**
- **(Signed):**
- **(M.D.):**

**20. FILED:** Oct 14, 1936
- **Registrar:**

If more blanks are needed, address State Registrar, 2315 N. Charles Street, Baltimore, requesting U.S. No. 1.
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<td>Cerebral hemorrhage</td>
<td>OCT 7 1926</td>
</tr>
<tr>
<td>.........BUREAU V.S....</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
| Gallstones | May 1, 1925 |

Example II

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

Other contributory causes of importance:
| Gastroenteritis | 1 year |

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

### 1. PLACE OF DEATH
- County: Harford
- Village or City: Forest Hill
- Registration Dist. No.: 182
- Length of residence in city or town where death occurred: 4 yrs.
- How long in U.S. if of foreign birth: 6 yrs.

### 2. FULL NAME
- Margaret Lee Martin
- Residence: No. (Usual place of abode)
- If U.S. Veteran, specify WAR

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

### 6. DATE OF BIRTH (month, day, and year)
- Jan 5, 1932

### 7. AGE
- Years: 4
- Months: 0
- Days: 0

### 21. DATE OF DEATH
- (Month) Sept.
- (Day) 23
- (Year) 1936

### Medical Certificate of Death

#### 22. I HEREBY CERTIFY
- That I attended deceased from Sept. 20, 1936, to Sept. 23, 1936
- I last saw and alive on Sept. 26, 1936; 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:

- Septic sore throat probably with Rheumatism, as a complication, was present

Other Contributory Causes of importance:

#### Name of operation:

#### What test confirmed diagnosis:

#### Was there an autopsy:

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

- Accident, suicide, or homicide:
- Date of injury:

#### Where did injury occur:
- Specify city or town, county and State

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

#### Manner of injury:

#### Nature of injury:

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

- If so, specify

#### (Signed)

#### (Address)

If more blanks are needed, address State Registrar, 2418 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  | RECEIVED  | 1915 |
| Chronic interstitial nephritis  | OCT 7 1936  | 1921 |
| Cerebral hemorrhage  | JULY 5, 1927  | 1925 |

Other contributory causes of importance:

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

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:

| Date of onset |
| Gastroenteritis  | 1 year |

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

1. PLACE OF DEATH
   County: St. Mary
   Village or City: Darlington
   Registration Dist. No.: 184
   No., St., Ward: 20, 35, 04
   Length of residence in city or town where death occurred: 6 yrs., 0 mos., 0 days
   How long in U.S. if of foreign birth?: 0 yrs., 0 mos., 0 days

2. FULL NAME
   Sidney H. Miller
   If U.S. Veteran, specify WAR
   Residence: No.
   St., Ward: 02, 00
   If nonresident give city or town and State of residence:

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, year)
   Nov. 5, 1840

7. AGE
   Years: 85
   Months: 0
   Days: 24
   If less than 1 day, state hours and minutes:

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

9. Industry or business in which work was done, as MILL, BANK, Etc.
   Draper

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

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

12. BIRTHPLACE (city or town)
    (State or country)
    Petersburg, Va.

13. NAME
    Richard Miller

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

15. MAIDEN NAME
    Precilla Allen

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

17. INFORMANT
    Harriett Wilson
    Address: Darlington
    Relationship: Daughter

18. BURIAL, CREMATION, OR REMOVAL
    Place: Darlington
    Date: Oct. 1, 1936

19. UNDERTAKER
    W. S. Bailey
    Address: Darlington
    Date: Oct. 1, 1936

20. FILE
    Dated: Oct. 30, 1936
    N. C. Hallion, M. D.
    Address: Darlington
    Signed:

21. DATE OF DEATH
    Left: 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Nov. 5, 1934, to Left: 29, 1936
    I last saw him alive on Left: 27, 1936, and death is said
to have occurred on the date stated above, at 1 a.m.

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

   Chronic endocarditis
   Date of onset: 1934

   Other Contributory Causes of importance:

   Name of patients:
   Date of:
   What test confirmed diagnosis?
   Were there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in the following:
    Accident, suicide, or homicide:
    Date of injury: 1936
    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?
    Yes

If so, specify:

   Signed:
   (Address)
   (Address)

If more blanks are needed, address State Registrar, 3413 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
UNIVERSAL STATE 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>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Oct 6, 1921</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 1, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</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 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:

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

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

1. PLACE OF DEATH

- County: Harford
- Village or City: Northwood St. 
- Length of residence in city or town where death occurred: 19 yrs., 9 mos., 6 days.

2. FULL NAME: Benjamin Burnham

- Residence: Northwood, St.
- Date of death: Sept. 19, 1936

PERSONAL AND STATISTICAL PARTICULARS

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

- If married, widowed, or divorced: Husband of
- DATE OF BIRTH: Unknown
- AGE: 68 yrs.

OCCUPATION

- Trade, profession, or particular kind of work done: Day Laborer
- Industry or business in which work was done: Silk Mill, Saw Mill, Bank, etc.
- Date deceased last worked at this occupation: Sept. 19, 1936
- Total time spent in this occupation: Unknown

- BIRTHPLACE (city or town): Towson, State or country: Maryland

MOTHER

- NAME: Unknown
- BIRTHPLACE (city or town): Towson, State or country: Maryland

INFORMANT

- Name of informant: Charles H. Antis
- Address: Towson, Md.

BURIAL, CREMATION, OR REMOVAL

- Place: Greenlawn Cemetery
- Date: Sept. 23, 1936

UNDEARTAKER

- Name: Henry H. Harmon
- Address: Towson, Md.

FILED

- Date: Sept. 23, 1936

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

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

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

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

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

<table>
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<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>OCT 6 1935</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1915</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>Gastroenteritis</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 May 1, 1923</td>
<td>Gastroenteritis 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: Harford
   - Village or City: Claire de Grace

2. FULL NAME
   - Elizabeth J. Reasin

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

4. MEDICAL CERTIFICATE OF DEATH
   - Date of Death: September 17, 1936

5. AGE
   - Years: 59
   - Months: 2
   - Days: 14

6. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   - Housework

7. OCCUPATION
   - Housework

8. DATE DECEASED LAST WORKED
   - September 17, 1936

9. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
   - Heart Disease

10. BIRTHPLACE (city or town)
    - Claire de Grace, Maryland

11. NAME
    - Elizabeth J. Reasin

12. MOTHER
    - Margaret J. Reasin

13. FATHER
    - William J. Reasin

14. BIRTHPLACE (city or town)
    - Claire de Grace, Maryland

15. MAIDEN NAME
    - Reasin

16. BIRTHPLACE (city or town)
    - Claire de Grace, Maryland

17. INFORMANT
    - James G. Boy

18. BURIAL, CREMATION, OR REMOVAL
    - Cathedral, July 21, 1936

19. UNTERTAKER
    - Wm. F. Bean

20. FILED
    - September 19, 1936

21. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
    - Heart Disease

22. SIGNED
    - James H. Boy, M.D.

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, county, and state)
    - Manner of injury
    - Nature of injury

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

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

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

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

## 1. Place of Death
- County: Harford
- Village or City: Nafre de Grace
- Hospital: (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
- Emmon Reed
- Residence: No. 6, Fairfield, Md.
- (Usual place of abode)

## Personal and Statistical Particulars
- **3. Sex:** Male
- **4. Color or Race:** White
- **5. Single, Married, Widowed, or Divorced (Write the word):** Widowed

## Medical Certificate of Death
- **21. Date of Death:** Sept. 9, 1936
- **22. I hereby certify:** That I attended deceased from March 26th, 1936, to Sept. 9th, 1936. I last saw him alive on Sept. 1st, 1936; death is said to have occurred on the date stated above, at 8:30 a.m.
- The principal cause of death and related causes of importance were as follows:

## Other Contributory Causes of Importance
- [Signature]

## Date of Onset
- [Signature]

## Name of operation
- [Signature]

## Date of death
- [Signature]

## What test confirmed diagnosis?
- [Signature]

## Was there an autopsy?
- [Signature]

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

## Manner of injury
- [Signature]

## Nature of injury
- [Signature]

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

## Registration Dist. No.: 135
- If nonresident give city, town and State: [Signature]

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

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

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<td>Chronic interstitial nephritis</td>
<td>1991</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>OCT 5 1930</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones                | May 1, 1925 |

Example II

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

Other contributory causes of importance:

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

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

**2. FULL NAME**
- (a) Residence: No. (usual place of abode)
- St., Ward.
- 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>Male</td>
<td>White</td>
<td>Married</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced
- HUSBAND of (or) WIFE of
- Mary J. Richardson

6. DATE OF BIRTH (month, day, and year)
- Oct 13, 1885

7. AGE
- Years: 50
- Months: 11
- Days: 3

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
- Harford, Md.

13. NAME
- James Richardson

14. BIRTHPLACE (city or town)
- Harford, Md.

15. MAIDEN NAME
- Mary A. Richardson

16. BIRTHPLACE (city or town)
- Harford, Md.

17. INFORMANT
- Mary J. Richardson
- Address: 1401 2nd St.

18. BURIAL, CREMATION, OR REMOval
- Place: Slate Ridge
- Date: Oct 20, 1936

19. UNDERTAKER
- Name: Frank R. D. Brown
- Address: [Address]

20. FILED
- Sept 27, 1936

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH
- Sep 26, 1936

22. I HEREBY CERTIFY. That I attended deceased from (month and year) to (month and year) and last saw him/her alive on (month and year) and (month and year), and death is said to have occurred on the date stated above, at (time and place).

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

Other Contributory Causes of Importance:

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

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

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<td>1921</td>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   Registration Dist. No.: 167
   No. Harford Memorial Hospital: Outside
   Length of residence in the city or town where death occurred: yrs. mos. ds.

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

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
      Female
   4. COLOR OR RACE
      White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
      Child

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

   6. DATE OF BIRTH (month, day, year)
      Feb. 17, 1934

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

   8. Trade, profession, or other kind of work done, as SPINNER, SHOE MAKER, 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)
      Forest Hill, Maryland

   13. NAME
      Jacob Richardson

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

   15. MAIDEN NAME
      Hazel Phillips

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

   17. INFORMANT
      Cecil Richardson
      (Address)

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Old City Belfry, Sept. 15, 1956
      Date:

   19. UNDERTAKER
      (Address)

   20. FILED: Dec. 3, 1956

MEDICAL CERTIFICATE OF DEATH

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

   I HEREBY CERTIFY, That I attended deceased from
      Aug. 28, 1936, to Sept. 12, 1936
      I test saw deceased alive on Sept. 17, 1936; death is said
      to have occurred on the date stated above, at 12:20 A.M.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance
      were as follows:
      
      Other Contributory Causes of Importance:

   Date of onset

   Name of operation
      Date of

   What was confirmed diagnosis? Was there an autopsy?

   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, 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) Dr. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting C. 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:

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<td>Attack of epilepsy</td>
</tr>
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Oct. 5, 1935</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

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

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

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

2. FULL NAME: Baby Robinson
   If U. S. Veteran, specify War:

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, year): Sept 5, 1936
7. AGE: 60 Years
   If LESS than 1 day, hrs.
   or... min.

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

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

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

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

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

13. NAME: Henry Robinson
14. BIRTHPLACE (city or town): Harford, Md.
   (State or country):

15. MAIDEN NAME: Lee Bradford
16. BIRTHPLACE (city or town): Harford, Md.
   (State or country):

17. INFORMANT: Henry Robinson
   (Address):

18. BURIAL, CREMATION, OR REMOVAL
   Place: Fairview
   Date: Sept 5, 1936

19. UNDERTAKER
   (Address):

20. FILED: Sept 5, 1936
   Regist.:

21. DATE OF DEATH: Sept 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from...
   Sept 5, 1936, to Sept 5, 1936...
   I last saw him... alive on...
   He died on... at... in...

MEDICAL CERTIFICATE OF DEATH

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

1. Heart in... (S. M. O.)

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:

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify...
   (Signed) Willard C. Hudson, M. D.
   (Address):...
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Other contributory causes of importance:

Gallstones | May 1, 1928

Example II

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

Other contributory causes of importance:

Gastroenteritis | 1 year

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

### 1. PLACE OF DEATH
- **County:** Harford
- **Village or City:** Kalmia
- **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
- **Gladys Rumsey**
- **Residence:** Kalmia, Harford Co.

### PERSONAL AND STATISTICAL PARTICULARS
- **SEX:** F.
- **COLOR OR RACE:** Blk.
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED:** child.
- **5a. If married, widowed, or divorced:** HUSBAND OF (or) WIFE OF
- **6. DATE OF BIRTH (month, day, and year):** March 22, 1936
- **7. AGE (Years):** 6
- **8. Trade, profession, or particular kind of work done:** None
- **9. Industry or business in which work was done:** None
- **10. Date deceased last worked at this occupation (month and year):**
- **11. Total time (years) spent in this occupation:**

### 12. BIRTHPLACE
- **(City or town):** Kalmia, Harford Co.

### 13. NAME
- **Willard Rumsey**

### 14. BIRTHPLACE (City or town)
- **Harford Co.**

### 15. MAIDEN NAME
- **Dora Miles**

### 16. BIRTHPLACE (City or town)
- **Chase, Md.**

### 17. INFORMANT
- **Willard Rumsey**
- **Address:** Kalmia, Md.
  - **Place:** Clark's Chapel
  - **Date:** Sept. 26, 1936

### 18. BURIAL, CREMATION, OR REMOVAL
- **Place:** Clark's Chapel
- **Date:** Sept. 26, 1936

### 19. UNOERTAKER
- **Father of child**
- **Address:** Kalmia, Md.
- **Date of file:** 9/26, 1936

### 20. FILED
- **Date:** September 26, 1936
- **Registrar:** Virginia Chambers
- **Deputy Registrar:** Baltimore

---

Other Contributory Causes of importance:

- **Cause of Death:** Cholera Infantum
- **Date of onset:**
- **From Parents:**
- **Other Contributory Causes of importance:**

### MEDICAL CERTIFICATE OF DEATH
- **DATE OF DEATH:** Sept. 25, 1936
- **Month:** 9
- **Day:** 25
- **Year:** 1936
- **I HEREBY CERTIFY:**
- **Date of file:**
- **Was there an autopsy?:** No
- **Date of file:**
- **What test confirmed diagnosis?:**
- **Date of file:**
- **Where did injury occur?:**
- **Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.**
- **Men of injury:**
- **Nature of injury:**
- **Date of file:**
- **Was disease or injury in any way related to occupation of deceased?:**
- **If so, specify:**

---

If more blanks are needed, address State Registrar, 2417 N. Charles Street, Baltimore, Requesting U. S. No. 1.
# UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
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</tr>
<tr>
<td>of importance:</td>
<td>importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
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</table>

Date of onset: 1915
Date of onset: 1 week ago
Date of onset: July 5, 1927
Date of onset: 1 week ago
Date of onset: Oct 7, 1933
Date of onset: 3 days ago
Date of onset: June 1, 1928
Date of onset: 1 year

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

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

2. FULL NAME
   Mrs. Annie Singleton
   Residence: No. Street, Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. HUSBAND OF
   John Singleton

7. DATE OF BIRTH (month, day, and year)
   Oct 31st 1865

8. OCCUPATION
   Housewife

9. OTHER OCCUPATION
   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)
    Cockeaville, MD.
    (State or country)

13. NAME
    Benjamin Hopkins

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

15. MAIDEN NAME
    Rachel Ritchie

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

17. INFORMANT
    Havel de Greer Boyd, Jr.

18. BURIAL, CREMATION, OR REMOVAL
    Place: skull, Lodge, June. Date: Sept. 18, 1936

19. UNDERTAKER
    A. H. Holst

20. FILED
    Sept. 15, 1936

M.D.

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<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1922</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   - County: Harford
   - Village or City: Havre de Grace
   - Registration Dist. No.: 1875

2. FULL NAME
   - George L. Thompson
   - Residence: Principio Furnace, Md.
   - Sex: Male
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Married
   - Length of residence in city or town where death occurred: yrs. mos. ds.

3. PERSONAL AND STATISTICAL PARTICULARS
   - Date of Birth: Jan. 11, 1871
   - Age: 64 yrs.
   - Trade or profession: Garage Man
   - Occupation: Garage Man
   - Occupation: Garage Man
   - Total time spent in this occupation: 5 yrs.

4. MEDICAL CERTIFICATE OF DEATH
   - Date of death: Sept. 30th, 1936
   - Cause of death: Heart Failure

5. Other Contributory Causes of importance:
   - Cardiac Insufficiency

6. Place and date of death:
   - Ebenezer M.E. Cem., October 3, 1936

7. Undertaker:
   - Joseph R. Grant

8. Filed:
   - Oct. 1936

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<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
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<td><strong>Other contributory causes of importance:</strong></td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</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: Harford
   Village or City: Havre de Grace, Md.
   St. No. Ward
   Length of residence in city or town where death occurred
   yrs. mos. ds. How long in U.S. if of foreign birth?

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   5a. If married, widow, or divorced
      HUSBAND of
      (or) WIFE of

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Aug. 20, 1856

7. AGE
   Years 80
   Months 24
   Days
   If less than 1 year, note hrs. or min.

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

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)
    Ballston, Va.

13. NAME
    Michael E. Wever

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

15. MAIDEN NAME
    Eliza L. Singleton

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

17. INFORMANT
    (Address)
    Mike Wever, Port Deposit, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Dublin Lane
    Date: Sept. 16, 1933

19. UNDERTAKER
    (Address)
    Haverford, Md.

20. FILED
    (Address)
    Sept. 16, 1933

21. DATE OF DEATH
    Sept. 14th (Month) 1933 (Year)

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

23. I last saw him/her alive on
    19, 19

24. 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:

Natural Causes
   Found Dead in outside toilet

Cause of Death:
   Coronary thrombosis—s. a few minutes

Other Contributory Causes of Importance:

Name of operation:
What was 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, 19
   Where did injury occur?
   (Specify city or town, county and State)
   Specified whether injury occurred in INDUSTRY, HOME, or in PUBLIC PLACE.

Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed)
   [Signature]
   (Address) Havre de Grace, Md.

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.

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

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

### Example I

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1931</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1937</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones                                             May 1, 1923

### Example II

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

Other contributory causes of importance:

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

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Laurel
   - Registration Dist. No.: 642 7th St., Ward
   - Length of residence in city or town where death occurred: 81 yrs. 0 mos. 12 ds.
   - How long in U.S. if of foreign birth?: yrs. mos. ds.

2. **FULL NAME**
   - Margaret Anna White
   - Residence: 647 7th St., Ward
   - If U.S. Veteran, specify War:

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - Married, Widowed, or Divorced (specify which)

6. **DATE OF BIRTH**
   - Sept. 9, 1836

7. **AGE**
   - 81

8. **OCCUPATION**
   - Farm Duties

9. **Total time (years) spent in this occupation**
   - 36

10. **BIRTHPLACE**
    - City or town: Maryland

11. **NAME**
    - Ann Taylor

12. **BIRTHPLACE**
    - City or town: Maryland

13. **FATHER'S NAME**
    - Thomas White

14. **MOTHER'S NAME**
    - Margaret Denley

15. **DATE OF DEATH**
    - Sept. 31, 1936

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Sept. 31, 1936

22. **I HEREBY CERTIFY**
    - That I attended deceased from
    - Aug. 21, 1936, to Sept. 31, 1936

23. **I witnessed**
    - Sept. 31, 1936
    - Deed is said to have occurred on the date stated above, at 10 p.m.

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

25. **Other Contributory Causes of importance:**

26. **NEMO of operation:**

27. **Witnes:**

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.

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:

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<th>Example I</th>
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<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   Length of residence in city or town where death occurred: yrs. 8 mos. 8 ds.

2. FULL NAME: Sam Whitehead
   (a) Residence: Havre de Grace Race Track, St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Unknown
7. AGE: About 86

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

12. BIRTHPLACE (city or town): Georgia
13. NAME: Unknown
14. BIRTHPLACE (city or town): Georgia
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town): Georgia

17. INFORMANT: Norval Bond
   (Address): Havre de Grace, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Havre de Grace
   Date: 10/1, 1936

19. UNDERTAKER: J. T. Pennington
   (Address): Havre de Grace

20. FILED: Oct. 1, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from...
   ...to...
   ...19...
   ...19...
   I last saw...
   ...on...
   ...19...
   death is said to have occurred on the date stated above, at...
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Stabed to Death

   Other Contributory Causes of importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide:
   Homicide
   Date of injury: 9/28, 1936
   Where did injury occur?
   Havre de Grace Race Track
   Public Place
   Nature of injury: Fight
   Slash on face & jugular vein

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify:
   Signed: J. C. Dorsey
   Coroner: M. D.
   Address: Havre de Grace, Md.
**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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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**