STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Prince George
Village or City: Cottage City

2. FULL NAME

Alice M. Baum

3. SEX

F.

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

6. DATE OF BIRTH

Oct 24, 1884

7. AGE

51 Years 10 Months 29 Days

21. DATE OF DEATH

September 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1936, to Sept 28, 1936, I last saw her alive on Sept 22, 1936; death is said to have occurred on the date stated above, et. 9:30 A.M.

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

Central Nervous System

Diabetes 1933

13. NAME

John H. Wendeig

14. BIRTHPLACE

Wash. D.C.

15. MAIDEN NAME

Susan Thomas

16. BIRTHPLACE

Wash. D.C.

17. INFORMANT

August R. Baum

18. BURIAL, CREMATION, OR REMOVAL

Place: Washington D.C.
Date: Oct 1, 1936

19. UNDERTAKER

W. W. Deal

20. FILED

Sept 30, 1936

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

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8.—The trade, profession, or particular kind of work done.
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<th>Example II</th>
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<tbody>
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<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>Attack of epilepsy</td>
</tr>
<tr>
<td>OCT 7, 1938</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 2, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince George
   Village or City: Clinton, Md.
   Length of residence in city or town where death occurred: yrs. 19 mos. 0 ds.

2. FULL NAME
   Della Theodore Brooks
   (a) Residence: Clinton, Md.

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, and year)
   Jan 27, 1935

7. AGE
   1

8. OCCUPATION
   Infant

9. DATE DECEASED LAST WORKED AT THIS OCCUPATION
   Jan 27, 1935

10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    1

11. OCCUPATION WHERE DECEASED LAST WORKED AT THIS OCCUPATION
    Infant

12. BIRTHPLACE (city or town)
    Prince George Co., Md.

13. NAME OF PARENT
    Coral Brooks

14. BIRTHPLACE (city or town)
    St. Mary's, Md.

15. MAIDEN NAME
    Roscia Williams

16. BIRTHPLACE (city or town)
    St. Mary's, Md.

17. INFORMANT
    Coral Brooks

18. BURIAL OR REMOVAL
    Clinton, Md.

19. UNDERTAKER
    Pool & Hutt

20. FILED
    1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Sept 7, 1936

22. I HEREBY CERTIFY. That I attended deceased from
    Infant
    and certify to having occurred on the data stated above, at about 5:30 A.M.

     Date of exam 9/6/36

Other Contributory Cause of Death:

Friedn, Poisson

Chief Death under 17.

Other Contributory Cause of Death:

Medical report 17/9/36.

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Date of Injury
    19

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

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

Other contributory causes of importance:

Gallstones                                                | May 1, 1927   |

Example II

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<th>Principal cause of death and related causes of importance</th>
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</tr>
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<tbody>
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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: Prince George
   Village or City: Capital Heights
   Registration Dist. No.: [blank]
   Length of residence in city or town where death occurred: 0 yrs. 0 mos. 0 ds.

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

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   Month: Sept
   Day: 23
   Year: 1936

7. AGE
   Years: 0
   Months: 0
   Days: 0
   Age: 0 yrs. 0 mos. 0 ds.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   [blank]

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   [blank]

10. Dated deceased last worked at this occupation
    Month: [blank]
    Year: [blank]

11. Total time in this occupation
    Years: [blank]
    Months: [blank]
    Days: [blank]
    Hours: [blank]
    Minutes: [blank]

12. BIRTHPLACE
    City or town: Capital Heights
    State or country: [blank]

13. NAME
    Father: [blank]
    Mother: [blank]

14. BIRTHPLACE
    City or town: [blank]
    State or country: [blank]

15. MAIDEN NAME
    [blank]

16. BIRTHPLACE
    City or town: [blank]
    State or country: [blank]

17. INFORMANT
    Name: [blank]
    Address: [blank]

18. BURIAL, CREMATION, OR REMOVAL
    Place: [blank]
    Date: [blank]

19. UNOVERTAKER
    Name: [blank]
    Address: [blank]

20. FILED
    Date: Sept 27, 1936
    Registrar: [blank]

21. DATE OF DEATH
    Month: [blank]
    Day: [blank]
    Year: [blank]

22. I HEREBY CERTIFY
    That I attended deceased from
    Month: [blank]
    Day: [blank]
    Year: [blank]
    to
    Month: [blank]
    Day: [blank]
    Year: [blank]
    Death is said to have occurred on the date stated above, at
    M. of A.
    The principal cause of death and related causes of importance
    were as follows:
    [blank]

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

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

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<td>1915</td>
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<td>Cerebral hemorrhage</td>
<td>October 8, 1920</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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<tr>
<td>Gallstones</td>
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</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
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<td></td>
<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Prince Geo. ........................................ Registration Dist. No. 232
Village or City: Melwood ..................................

2. FULL NAME
(a) Residence: No. ........................................ (Usual place of abode)
(b) [Illegible]

3. SEX
Maid white married

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED [write the word]

6. DATE OF BIRTH (month, day, and year)
May 17, 1859

7. AGE
99 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)
Greene End

13. NAME
James F. Coffeen

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

15. MOTHER'S NAME
Elizabeth Stock

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

17. INFORMANT (ADDRESS)
[Illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place: [Illegible] Date: Dec. 14, 1936

19. UNDERTAKER (ADDRESS)
[Illegible]

20. FILED [Illegible] M. O.

21. DATE OF DEATH

22. I HEREBY CERTIFY. That I attended deceased from ...

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
Accident, suicide, or homicide? Yes
Date of Injury: 1936

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

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION...
Date of...

MANNER OF INJURY
Nature of injury

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<td>July 5, 1927</td>
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<td>Other contributory causes of importance:</td>
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<tr>
<td>Gallstones</td>
<td>May 1, 1933</td>
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### STATE OF MARYLAND—CERTIFICATE OF DEATH

1. **PLACE OF DEATH**
   - County: Prince George
   - Village or City: Hyattsville
   - Registration Dist. No.: 245

2. **FULL NAME**
   - Name: William P. Conroy
   - Residence: Berlin, Md

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Male
   - **COLOR OR RACE**: White
   - **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Widower

4. **DATE OF DEATH**
   - **Month**: Sept
   - **Day**: 6
   - **Year**: 1936

5. **DATE OF BIRTH**
   - **Month**: Oct
   - **Day**: 12
   - **Year**: 1884

6. **AGE**
   - **Years**: 52
   - **Months**: 10
   - **Days**: 24

7. **OCCUPATION**: Electrician

8. **CAUSE OF DEATH**
   - **Acute Cardiac Dilatation**

9. **Other Contributory Causes of Importance**
   - Tuberculosis

10. **INFORMANT**: Frank J. Conroy

11. **BURIAL, CREMATION, OR REMOVAL**
    - Place: New Haven Cemetery
    - Date: Sept 17, 1936

12. **UNDERTAKER**
    - Name: D. Jacobs, Ltd.

13. **FILED**
    - Date: Sept 6, 1936

---

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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 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
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<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1923</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Camp Springs
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   John Warren Darney
   Residence: Camp Springs
   If U.S. Veteran, specify WAR

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED

6. HUSBAND'S NAME
   Mabel Darney

7. DATE OF BIRTH (month, day, and year)
   Dec 8, 1898

8. AGE
   Years: 37
   Months: 9
   Days: 4
   If less than 1 day, hrs. or mins.

9. OCCUPATION
   Farmer

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year)
    August 1, 1936

11. TOTAL TIME (years) SPENT IN this occupation
    10

12. BIRTHPLACE (city or town)
    Maryland

13. NAME
    John Warren Darney

14. FATHER
    Warren Darney

15. MAIDEN NAME
    Louise F. Hemley

16. MOTHER
    Mabel Darney

17. INFORMANT
    Ellery J. Darney

18. BURIAL, CREMATION, OR REMOVAL
    Place: Bells, Md.
    Date: 9/13/1936

19. UNDERTAKER
    Thomas F. Murphy, F. D. Updated

20. FILED
    9/12/1936

REGISTRATION DIST. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Sept 1936

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

23. Fecha

24. OTHER CONTRIBUTORY CAUSES OF DEATH

25. NAME OF OPERATOR

26. DATE OF... WOUND IN

27. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

28. MANNER OF DEATH

29. NATURE OF INJURY

30. Cause of death

REGISTRAR

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

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

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

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

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

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

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

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

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Hillsides
   Registration Dist. No.: 235
   Registration No.: 472
   St.: Ward
   Length of residence in city or town where death occurred: 19 yrs. 10 mos.
   How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   (Usual place of abode)
   If U.S. Veteran, specify WAR:
   SEX:
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   6. DATE OF BIRTH (month, day, and year)
   7. AGE: Years: 79 Months: 10 Days: 20
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, etc.
   9. NAME OF OCCUPATION:
   10. Data deceased last worked at this occupation (month and year)
   11. Total time (years) spent in this occupation
   12. BIRTHPLACE (city or town, State or country)
   13. NAME
   14. BIRTHPLACE (city or town, State or country)
   15. MAIDEN NAME
   16. BIRTHPLACE (city or town, State or country)
   17. INFORMANT (Address)
   18. BURIAL, CREMATION, OR REMOVAL
   Place: Date:
   19. UNDERTAKER (Address)
   20. FILED: Date

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from
   July 18, 1936 to Sept. 21, 1936
   I last saw him alive on
   Sept. 21, 1936 ; death is said to have occurred on the date stated above, at 2 P.M.
   The principal cause of death and related causes of importance were as follows:
   Carcinoma of the lung
   1935

Other Contributory Causes of importance:
   Generalized arteriosclerosis
   Chronic myocarditis

Name of operation: None
What test confirmed diagnosis?:
Was there an autops?: No
23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?:
   Date of injury:
   Where did injury occur?:
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE:
   Manner of injury:
   Nature of injury:
   24. Was disease or injury in any way related to occupation of deceased?:
   No

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

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

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>Date of onset</th>
<th>Chronic interstitial nephritis</th>
<th>Date of onset</th>
<th>Cerebral hemorrhage</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<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>
<th>Gastroenteritis</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Example II

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

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Prince George
   - Village or City: West Hyattsville
   - Registration Dist. No.: 2415
   - St.: Ward:
   - Length of residence in city or town where death occurred: 6 yrs. mos. ds.
   - If death occurred in a hospital or institution, give its NAME instead of street and number

2. **FULL NAME**
   - Mrs. Lydia Dye
   - Residence: No. Hidden Heart Home
   - St., Ward:

### PERSONAL AND STATISTICAL PARTICULARS

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - July 1837

7. **AGE**
   - Years: 99
   - Months: 0
   - Days: 0

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

9. **Industry or business in which work was done**
   - Housewife

10. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**

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

12. **BIRTHPLACE**
   - Maine

13. **NAME**
   - Joseph Redder

14. **BIRTHPLACE** (State or country)
   - Maine

15. **MAIDEN NAME**
   - Jane (unknown last name)

16. **BIRTHPLACE** (State or country)
   - Maine

17. **INFORMANT**
   - Mrs. Eliza Taylor
   - Address: Clift, Va.

18. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Washington
   - Date: Sept. 24, 1936

19. **UNOERTAKER**
   - Francis Collins
   - Address: 314-1448, 92nd Street, D.C.

20. **FILED**
   - Sept. 24, 1936

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
   - Sept. 24
   - (Month) (Day) 1936

22. **I HEREBY CERTIFY**
   - That I attended deceased from Dec. 1930 to Sept. 24, 1936
   - I last saw her alive on Sept. 24, 1936, death is said to have occurred on the date stated above, at 12:00 m.
   - The principal cause of death and related causes of importance were as follows:
   - Generalized arteriosclerosis

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.

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

25. **FILED**
   - Sept. 24, 1936
   - (Signed) Mrs. Lydia Dye
   - (Address) Washington, D.C.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
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Example I

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

Other contributory causes of importance:

| Gallstones                                      | May 1, 1923 |

Example II

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

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: PRINCE GEORGE
   Village or City: MARYLAND PARK
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. MARYLAND PARK
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): SEPT. 11-1923

7. AGE Years Months Days If LESS than 1 day, hrs. min.
   13 19

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME: HARRY EDELIN

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

15. MAIDEN NAME: NAOMI MATHIN

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

17. INFORMANT (Address): HARRY EDELIN MARYLAND PARK

18. BURIAL CREMATION, OR REMOVAL
   ESTATE IN MARYLAND PARK, Date: Oct. 7, 1936

19. UNDERTAKER (Address): Scroggins, Shepherd, etc.

20. FILED: Oct. 17, 1936, by Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) SEPT. (Day) 26 (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from SEPT. 17, 1936, to SEPT. 26, 1936
   I last saw him alive on SEPT. 17, 1936, death is said to have occurred on the date stated above, at 11:30 a.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   ENSIBLENESS CONVULSIONS, CARDIAC FLUTTER

   Other Contributory Causes of Importance:
   ENSIBLENESS, INSOMNIA

   Name of operation:
   Date of:

   What test confirmed diagnosis?
   Was there an autopsy? Yes

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

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

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<td>1915</td>
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<tr>
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<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Prince Geo
   Village or City: Laurel
   Registration Dist. No.: 259
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   W
   M

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   March 10, 1880

7. AGE
   Years: 59
   Months: 0
   Days: 1

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

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

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

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

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

13. NAME
   Henry T. Ellis
   (Father)

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

15. MAIDEN NAME
   Luth Bell

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

17. INFORMANT
   Henry Ellis
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Laurel
   Date: Sept. 12, 1936

19. UNDERTAKER
   Name: Floyd Kaiser
   (Address)

20. FILED
   Sept. 7, 1936
   M. Regis
   Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1936, to Sept. 7, 1936, last saw him alive on Sept. 9, 1936; death is said to have occurred on the date stated above, at 11:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Pneumonia, malnutrition, diabetes

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

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

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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Oct 8, 1936</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Other contributory causes of importance: Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: C. Ferndale, MD
   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)

2. FULL NAME
   (a) Residence: No. C. Ferndale, MD
   If U.S. Veteran specify WAR.

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX: F
   4. COLOR OR RACE: W
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
      Married
      5a. If married, widowed, or divorced
         HUSBAND of (or) WIFE of
         Chas F. Fencwick
   6. DATE OF BIRTH (month, day, end year)
      Dec 8, 1878
   7. AGE (Years) (Months) (Days) If LESS than 1 day, hrs. or min.
      58 0 5
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
      Housewife
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
      At home
   10. Date deceased last worked at this occupation (month and year)
   11. Total time (years) spent in this occupation

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
      Sep 13 (Month) 1936 (Day)

   22. I HEREBY CERTIFY that I attended deceased from
      Aug 19, 1936, to Sep 13, 1936.
      I last saw him alive on Aug 22, 1936; death is said
to have occurred on the date stated above, at 10:30 a.m.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance
      were as follows:
      Cancer of stomach
      Date of onset: 1935
      Other Contributory Causes of importance:
      Cancerous intestines and appendix
      Date of:
      Name of operation
      Time
      What test confirmed diagnosis? W
      Was there an autopsy?
      23. If death was due to external causes (VIOLENCE) fill in also the following:
         Accident, suicide, or homicide?
         Date of injury: 19
         Where did injury occur?
         Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
         Manner of injury
         Nature of Injury
         Was disease or injury in any way related to occupation of deceased?
         If so, specify

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</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>OCT 5 1936</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: Prince Georges
   Village or City: "Brown"

2. FULL NAME
   Shirley Delores Jeffery
   Residence: No. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   (write the word)
   HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH
   Nov 7, 1935

7. AGE
   10 22

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)
   Browndale

13. NAME
   Charlie Jeffery

14. BIRTHPLACE (city or town)
   State of country

15. MAIDEN NAME
   Core Arape

16. BIRTHPLACE (city or town)
   State of country

17. INFORMANT
   Core Arape

18. BURIAL, CREMATION, OR REMOVAL
   Place of interment or burial: "Brown"
   Date: Oct 30, 1936

19. UNDERTAKER
   "Brown"

20. FILED
   Jul 30, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Sep 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from

   I last saw h... alive on... Sep 29, 1936; death is said to have occurred on the date stated above, at...

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

   Other Contributory Causes of importance:
   Pneumonia

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

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

Registrar:

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

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

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

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

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

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

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

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

Other contributory causes of importance:
| Gallstones | Gastroenteritis | Date of onset | 1 year |

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

1. PLACE OF DEATH
   County: Prince George
   Registration Dist. No: 235
   Village or City: Forestville
   No. St. Ward:  
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Everett Samuel Goodrich
   Veteran, specify WAR:  
   (a) Residence: No. St., Ward. 
   (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year):
   Birth: Sept 27, 1898
   Age: 37
   Years  Months  Days
   IF LESS THAN 1 day, hours, or minutes:

7. OCCUPATION: Farmer

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

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

10. Date deceased last worked at this occupation: Sept 1, 1936

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

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

13. NAME: Edward Tisdale Goodrich

14. BIRTHPLACE (city or town) (State or country):
   District of Columbia

15. MAIDEN NAME: May Elta Flowers

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

17. INFORMANT (Address): Mary C. Tisdale, Forestville

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


20. FILED: Sept 5, 1936
   Registrar:  

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from__ to__
   I last saw him/her alive on__
   19, 19, I believe
   death to have occurred on the date stated above, at__

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

   Other Contributory Causes of Importance:
   Heart Disease

   Name of operation:
   Date of:

   What test confirmed diagnosis?:
   was there an autopsy:

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

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

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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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8. The trade, profession, or particular kind of work done.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>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>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 15, 1927</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>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:

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: Prince George
- Village or City: Edenton
- St. 1 Ward
- No. 17 River Road

## 2. FULL NAME
- Eugene Strickson

(a) Residence: No. 17

Village or place of abode: St. 1 Ward

## PERSONAL AND STATISTICAL PARTICULARS

### 3. SEX
- Male

### 4. COLOR OR RACE
- White

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

### 6. DATE OF BIRTH (month, day, and year)
- Nov 25, 1868

### 7. AGE
- Years: 67
- Months: 11
- Days: 12

### 8. OCCUPATION
- Assistant Clerk
- Industry or business in which work was done: Silk Mill
- Date deceased last worked: July 1936
- Total time (years): 1936

### 9. MOTHER'S NAME
- Mary Bayman

### 10. FATHER'S NAME
- Walter Roth

### 11. INFORMANT
- Blanch Mosley

### 12. BURIAL, CREMATION, OR REMOVAL
- Place: Washington M.C.
- Date: Sept. 27, 1936

### 13. MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH
- (Month) 11
- (Day) 25
- (Year) 1936

#### 22. I HEREBY CERTIFY, That I attended deceased from... (Signature)

#### 23. Other Contributory Causes of Importance:
- Died without medical aid

## MEDICAL CERTIFICATE OF DEATH

### 20. FILED
- Sept. 27, 1936

### 21. REGISTRAR
- M.D. (Address)

---

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

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier 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>Oct 5, 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

### Example II

<table>
<thead>
<tr>
<th>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:

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

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Glenn Dale
   Registration Dist. No.: 247
   No. of rooms: 35
   St., Ward: 5
   Length of residence in city or town where death occurred: yrs. 18 mos. 18 days.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME
   (a) Residence: No. 1251 46th St., S.E. Washington, D.C.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
   Female
4. COLOR OR RACE
   Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   Single
6. DATE OF BIRTH (month, day, and year)
   April 15, 1934
7. AGE
   Years: 2
   Months: 4
   Days: 24
   If LESS than 1 day, write hrs. or min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   No occupation
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   No industry
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town)
   Washington, D.C.
13. NAME
   John Harley
14. BIRTHPLACE (city or town)
   Washington, D.C.
15. MAIDEN NAME
   Irene Hall
16. BIRTHPLACE (city or town)
   Maryland
17. INFORMANT
   (Address)
18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Olivet
   Date: Sept. 9, 1936
19. UNDERTAKER
   (Address)
20. FILED
   Date: 1936

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
   (Month) September 8
   (Day) 1936
   (Year)
22. I HEREBY CERTIFY, That I attended deceased from August 21, 1936, to September 8, 1936.
   I last saw him alive on September 7, 1936; death is said to have occurred on the date stated above, at 12:00 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Tuberculosis of the lungs
   Date of onset: 8/7/1936
   Other Contributory Causes of importance: Tuberculosis of the meninges
   9/3/1936
   Name of operation:
   What test confirmed diagnosis?: X-ray, laboratory
   Date of:
   Was there an autopsy?: Yes
23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?:
   Date of injury:
   Where did injury occur?:
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:
   Manner of injury:
   Nature of injury:
24. Was disease or injury in any way related to occupation of deceased?: No
   If so, specify:

(Signed) Daniel Leo. Spring
(Address) 314 15th St. SE
(Children's Names) John, Alphonse, Alice, Dolores
(Filed) 1936

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

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

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Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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<tbody>
<tr>
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<td>1921</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gastroenteritis</td>
<td>1 year</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></td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Prince's Georges
Village or City: Bladensburg Md
Length of residence in city or town where death occurred: 8 yrs. 8 mos. 6 ds.

2. FULL NAME
(a) Residence: No. Bladensburg Maryland.

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

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sarah E. Hartley
(b) Occupation: Retired
OCCUPATION: Retired

6. DATE OF BIRTH (month, day, and year): Dec 26, 1853

7. AGE: 82 years

9a. If employed, name of employer: Evergreen Mill

10. Date deceased last worked at this occupation: 11/26/1853

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

13. NAME: George E. Hartley

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

15. MAIDEN NAME: Sarah Brady

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

17. INFORMANT (Address): May McFarland
Hyattsville Md

18. BURIAL, CREMATION, OR REMOVAL: Evergreen Cemetery 9/27/36

19. UNDERTAKER (Address): Francis Gasch's Sons
Hyattsville Maryland

20. FILED: Sept 27, 1936 Helen Short
LOCAL REGISTRAR

21. DATE OF DEATH: September 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936, to Sept 17, 1936.
I last saw him alive on Sept 15, 1936; death is said to have occurred on the date stated above, at 9 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Columbia Lossman

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

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Yelm, St. James
   Length of residence in city or town where death occurred: 3 yrs., 3 mos., 0 ds.

2. FULL NAME
   Stringfellow, James
   Residence: 1420 6th St., NW, Washington, D.C.

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

6. DATE OF BIRTH: September 27, 1936
7. AGE: 29 years, 8 months, 16 days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Spinner, Sawyer, Bookkeeper, etc.
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Silk Mill, Saw Mill, Bank, etc.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: January 11, 1936
11. TOTAL TIME (YEARS) spent in this occupation: 0 years

12. BIRTHPLACE: North Carolina
13. NAME: Arthur Stringfellow
14. BIRTHPLACE: S.C.
15. MAIDEN NAME: Melvold Chisholm
16. BIRTHPLACE: S.C.

17. INFORMANT: Wash. D.C., Sept. 27, 1936
18. BURIAL, CREMATION, OR REMOVAL: Place: Washington, D.C., Date: Sept. 27, 1936

19. UNDERTAKER: John T. B. Stewart
20. FILED: Oct. 3, 1936, in the County of Prince George

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: September 27, 1936
22. I HEREBY CERTIFY, That I attended deceased from September 24, 1936, to September 27, 1936.
   I last saw him alive on September 26, 1936; death is said to have occurred on the date stated above, at 2:30 A.M.
   The principal cause of death and related causes of importance were as follows:
   Tuberculosis of the Lungs

   Other Contributory Causes of Importance:

   Name of operation:
   What test confirmed diagnosis? X-ray. Spurium. Was there an eulpsy? Yes

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

   Manner of injury:
   Nature of injury:

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

(Signed) Daniel Lee Timm, M.D.

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

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

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

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

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

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

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<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
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<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

LETTER 10/19/36 under ARTHUR STRINGFELLOW furnishes age as 9 yrs 8 mos 16 fl. Correction of year made and birthdate changed correspondingly.—L.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County
   Village or City: Balton
   Registration Dist. No. 240.

2. FULL NAME
   (a) Residence: No.
   PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   4. COLOR OR RACE: Colored
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

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

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

7. AGE: Years 8
   Months 4
   Days
   If LESS than 1 day, hours, or minutes

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

11. Total time (years) spent in this occupation

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

13. NAME: James Marvin Keys

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

15. MAIDEN NAME: Margaret Holliday

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

17. INFORMANT
   (Name and Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Lynches Mt...
   Date: Sept 25, 19...

19. UNDERTAKER
   (Address)

20. FILER
   (Address)
   Date: Sept 25, 19...
   Wm. J. H. Smith

21. DATE OF DEATH
   (Month) Sept 24
   (Day) 1936

22. I HEREBY CERTIFY, That I attended deceased from
   Sept 17, 1936, to Sept 19, 1936; death is said to have occurred on the date stated above, at 11 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Date of onset: Sept 12
   Diagnosis: Gastroenteritis
   Others Contributory Causes of importance:
   This child was brought to doctors, offices, in a dying condition. For further information.
   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, town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury...
   Nature of injury...

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

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

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

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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   - County: Bassett George
   - Registration Dist. No.: 235
   - Village or City: Upper Marlboro
   - Length of residence in city or town where death occurred: 13 yrs. mos. ds.

2. FULL NAME
   - Madelina Lawrence
   - Residence: No. 3414 Meade Ave., Ward.
   - If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year):
   - April 19, 1867

7. AGE: 75 yrs.

8. Trade, occupation, or particular kind of work done: Housework

21. DATE OF DEATH
   - Sept. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from
   - Aug. 15, 1936, to Sept. 17, 1936
   - I last saw her alive on Sept. 15, 1936, at 6 a.m.
   - Death is said to have occurred on the date stated above, at 2 a.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   - General arteriosclerosis
   - B features with cerebral softening
   - Chronic nephritis
   - Acute myocardial failure

Other Contributory Causes of Importance:
   - Chronic interstitial nephritis
   - Malignant hypertrophy

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

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

   If so, specify:

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

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Example I

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

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

Other contributory causes of importance:

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

Example II

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

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

## 1. PLACE OF DEATH
- **County:** Prince George
- **Village or City:** Churchville
- **Within Corporate Limits:** Yes
- **Registration Dist. No.:** 2.14
- **Ward:**
- **Length of residence in city or town where death occurred:**
  - **yrs.:**
  - **mos.:**
  - **ds.:**
- **How long in U.S. if of foreign birth:**
  - **yrs.:**
  - **mos.:**
  - **ds.:**

## 2. FULL NAME
- **Name:** Charles C. Martin
- **Residence:** Edmonston
  - **(Usual place of abode):**
- **If U.S. Veteran, specify WAR:**
  - **World War I
    - **Ward:**

### PERSONAL AND STATISTICAL PARTICULARS

#### 3. SEX
- **Male**

#### 4. COLOR OR RACE
- **White**

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

#### 5a. If married, widowed, or divorced
- **HUSBAND OF (or) WIFE OF:** Mary Elizabeth Martin

#### 6. DATE OF BIRTH
- **Month:** Sept
- **Day:** 8
- **Year:** 1893

#### 7. AGE
- **Years:** 48
- **Months:** 1
- **Days:** 1

#### 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
- **Clothing designer**

#### 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
- **See above**

#### 10. Date deceased last worked at this occupation (month and year)
- **Month:**
- **Year:** 1935

#### 11. Total time (years) spent in this occupation
- **Years:**
- **Months:**
- **Days:**

## 12. BIRTHPLACE (city or town)
- **State or Country:** Va:

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH
- **Month:** Sept
- **Day:** 8
- **Year:** 1936

#### 22. I HEREBY CERTIFY that
- **I last saw him alive on:** Sept 7
- **1936:**
- **Death occurred on:** Sept 8
- **1936:**
- **Date of Death:** Sept 8
- **Date of Injuy:**
- **Place of Death:**
- **Cause of Death:** Acute Alcoholism

### Other Contributory Causes of Importance

#### Other Contributory Causes of Importance:
- **Date of Onset:**

### Name of Operation
- **Date of:**
- **What test confirmed diagnosis:**
- **Was there an autopsy:** Yes

#### 23. If death was due to external causes (VIOLENCE) fill in also the following:
- **Accident, suicide, or homicide:**
- **Date of injury:**
- **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 a contributing cause to occupation of deceased?
- **Yes:**
- **Nature of Injury:**
- **If so, specify:**

### Name of Undertaker
- **Address:**

### Place of Burial: Cemetery
- **City:** Washington D.C.
- **State:**
- **Date:** Sept 11, 1936

### Burial, Cremation, or Removal
- **Place:**
- **Date:**

### Informant
- **Address:**

### Mother
- **Name:**
- **Maiden Name:**
- **Father:**
- **Address:**

### Father
- **Name:**
- **Address:**

### Other
- **Address:**
- **Declaration:**

---

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

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To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxiation, 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 complications of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

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

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Prince Geo.
   - Village or City: Laurel MD
   - Length of residence in this city or town where death occurred: 2 yrs. 6 mos.

2. **FULL NAME**
   - Name: Drucilla McCullough
   - Residence: Laurel MD
   - If U.S. Veteran, specify WAR: 

   **PERSONAL AND STATISTICAL PARTICULARS**

   3. **SEX**
      - Female
   4. **COLOR OR RACE**
      - White
   5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
      - Wife of

   6. **DATE OF BIRTH**
      - Month: Oct
      - Day: 31
      - Year: 1865

   7. **AGE**
      - Years: 71
      - Months: 10
      - Days: 14
      - If less than 1 day, hours, or minutes:

   8. **OCCUPATION**
      - Housewife

   9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
      - Date: 

10. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

11. **DATE OF ONSET**
    - Date: 

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

13. **NAME OF FATHER**
    - First Name: Andrew
    - Last Name: 

14. **BIRTHPLACE**
    - City or town: 
    - State or country: 

15. **MAIDEN NAME**
    - Name: Julia Birdle

16. **INFORMANT**
    - Address: 

17. **BURIAL, CREMATION, OR REMOVAL**
    - Date: Sept. 16, 1930
    - Place: friend

18. **REGISTRATION DIST. No.**
    - 259

19. **FILED**
    - Date: Sept 16, 1930
    - Name of Registrar: M D

20. **HEREBY CERTIFY**
    - That I attended the deceased from
    - Date: July 28, 1930
    - To: Aug 14, 1930
    - Last saw deceased alive on: July 24, 1930
    - Death is said to have occurred on the date stated above, at
    - Date of Onset: 

21. **PRINCIPAL CAUSE OF DEATH**
    - Name of operation: 
    - Date of: 
    - What test confirmed diagnosis: 
    - Was there an autopsy: 

22. **ACCIDENT, SUICIDE, OR HOMICIDE**
    - Date of injury: 
    - Where did injury occur: 
    - Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

23. **MANAGER OF INJURY**
    - Nature of injury: 

24. **WAS DISEASE OR INJURY ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - If so, specify (Signed): 

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

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

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

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

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

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Oct 6, 1926</td>
<td>1921</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: George Co
   Village or City: Daniel McD
   Length of residence in city or town where death occurred: 16, yrs., mos., ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME
   James Wilmer Merson
   (Usual place of abode)
   Residence: No. 614 Montgomery St.
   If nonresident give city or town and State

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   June 2, 1920

7. AGE
   Years: 16
   Months: 2
   Days: 11

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

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)
   Daniel McD

13. NAME
   James Wilmer Merson

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

15. MAIDEN NAME
   John Merson

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

17. INFORMANT
   James Wilmer Merson
   (Address)

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

19. UNDERTAKER
   (Address)

20. FILED
   Sept. 5, 1936, M. Braden
   Registrar

21. DATE OF DEATH
   (Month) September
   (Day) 18
   (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
    May 12, 1936, to Sept. 18, 1936
    I last saw him alive on September 15, 1936; death is said to have occurred on the date stated above, at 10 a.m.
    The principal cause of death and related causes of importance were as follows:
    Chronic myocarditis

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

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

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

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

To be complete, an occupation return must state:

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

**Example I**

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

**Example II**

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Prince George’s
   Village or City: Glenn Dale, Md.
   Registration Dist. No.: 2243
   Length of residence in city or town where death occurred: yrs., mos., ds.
   Ward: Washington
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME
   (a) Residence: No. 1224 New Jersey Ave., N.E., Washington, D.C.
   Ward: Washington
   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      Female
   4. COLOR OR RACE
      Colored
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
      Single

   6. DATE OF BIRTH (month, day, and year)
      June 4, 1920
   7. AGE
      Years: 10
      Months: 3
      Days: 14

   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) Washington, D.C.
      (State or country)

   13. NAME
      George Newman
   14. BIRTHPLACE (city or town)
      (State or country)
      Unknown
   15. MAIDEN NAME
      Jessie Washington
   16. BIRTHPLACE (city or town)
      (State or country)
      Unknown

   17. INFORMANT
      Jessie Washington
      (Address)

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Washington
      Name: D. Eisele
      Date: Aug. 21, 1936

   19. UNOVERTAKER
      Address: 30 27th St., N.W.
      Sept. 18, 1936

   20. FILED
      Register.
      Sept. 18, 1936

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
      September 18th, 1936
      Date of onset

   22. I HEREBY CERTIFY, that I attended deceased from
      July 31, 1936, to Sept. 18, 1936
       I last saw him alive on
      Date of death: Sept. 18, 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:
       Pulmonary Tuberculosis

   Other Contributory Causes of importance:
       Cardiac Failure

   Name of operation
   Date of
   What test confirmed diagnosis?
   Was there an autopsy?
   Date of injury
   Nature of injury
   Where did injury occur?
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of injury

   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

   (Address)
   Signed: D. Eisele Linnehan, 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.

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<table>
<thead>
<tr>
<th>Example I</th>
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</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1931</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gastroenteritis

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Forestville
   Length of residence in city or town where death occurred: yrs., mos., ds.
   Ward:

2. FULL NAME
   (a) Residence: No. 7, Forestville
   (Usual place of abode) St., Ward.
   If U.S. Veteran specify WAR:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male or Female

4. COLOR OR RACE
   White or Colored

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

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

7. DATE OF BIRTH (month, day, and year)
   Day: 5, Month: Aug., Year: 1936

8. AGE
   Years: 7, Months: 5, Days: 0

9. Occupation
   (Trade, profession, or particular kind of work done, as SPINNER, YARNER, BOOKKEEPER, 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)
   Washington, D.C.

13. NAME
   Sidney Thomas Parker

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

15. MAIDEN NAME
   Harriett Howard

16. BIRTHPLACE (city or town)
   District of Columbia

17. INFORMANT
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Forestville
   Date: 9/10, 1936

19. UNDERTAKER
   (Address)

20. FILED
   Date: 7/10, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from...

23. Other Contributory Cause of Importance:
   Mononucleosis

24. If death was due to external causes (VIOLENCE) fill in also the following:
   Nature of injury:
   Manner of injury:
   Where did injury occur?
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   If so, specify

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

26. If yes, specify
   Nature of injury:

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

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**Example I**

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

---

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

---

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

1. **PLACE OF DEATH**
   - County: Prince George's
   - Village or City: Cedarville
   - Registration Dist. No: 240
   - No. St., Ward

2. **FULL NAME**
   - Joseph Louis Proctor
   - (Residence No: Cedarville St., Ward)
   - (Usual place of abode: Proctor)

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEX (M or F)</td>
<td>Date of Death (Month, Day, Year)</td>
</tr>
<tr>
<td>COLOR OR RACE (Col or Blk)</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>SINGLED, MARRIED, WIDOWED, OR DIVORCED</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>IF LESS than 1 day, hrs. or min.</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>Trade, profession, or particular kind of work done, etc.</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>Industry or business in which work was done, etc.</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>Date deceased last worked at this occupation (Month and year)</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>Total time (years) spent in this occupation</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>BIRTHPLACE (city or town)</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>(State or country)</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>NAME</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>Harry M Proctor</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>BIRTHPLACE (city or town)</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>(State or country)</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>MAIDEN NAME</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>Mary L Proctor</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>INFORMANT</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>Harry M Proctor</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>BURIAL, CREMATION, OR REMOVAL</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>Place and Date</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>UNDERTAKER</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>Harry M Proctor</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>FILED</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
<tr>
<td>Sept. 20, 1952</td>
<td>Date of death (Month, Day, Year)</td>
</tr>
</tbody>
</table>

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. Registrar.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td></td>
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<tr>
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<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, 1925</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Authorization & Change, place birth, see card filed under

Proctor—Nov. 21, 1935.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince George, Co. Maryland
   Village or City: Mt. Pine
   Registration Dist. No.: 3120
   Length of residence in city or town where death occurred: 29 yrs. mos. ds.
   Ward: Beall

2. FULL NAME: Ruth Elizabeth Jayd
   (a) Residence: No. 3120, Beall St.
   If U.S. Veteran, specify WAR
   (b) Classification: Residence

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female
   Race: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   WIDOWED

5a. If married, widowed, or divorced
   HUSBAND OF (or WIFE of) Z. T. Beall

6. DATE OF BIRTH (month, day, and year): June 26, 1856

7. AGE
   80 yrs. 2 mos. 12 days

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Boalsville, Montgomery Co., Md.

13. NAME: Robert E. Goodey

14. BIRTHPLACE (city or town)
    Boalsville, Montgomery Co., Md.

15. MAIDEN NAME
    Mary Ann Selby

16. BIRTHPLACE (city or town)
    Newville, A. Md.

17. INFORMANT
    Belle J. Williams

18. BURIAL, CREMATION, OR REMOVAL
    Boalsville, Md., 9/9/1936

19. UNDERTAKER
    Z. Addis, Sons

20. FILED
    1936

21. DATE OF DEATH
    (Month) 7 (Day) 1936 (Year)

22. I HEREBY CERTIFY

   That I attended deceased from
   Sept. 7, 1936, to Sept. 7, 1936

   I attest that I was alive on Sept. 7, 1936; death is said
   to have occurred on the date stated above, at 2:45 a.m.

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

   Other Contributory Causes of importance:
   Nephro-renal Disease

   Name of operation
   Date of...

   What test confirmed diagnosis?
   Date of...

   Was there an autopsy?
   Date of...

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of injury...
   Where did injury occur?
   (Specify 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) W. H. Norton
   (Address) Mt. Vernon, N.Y.
**UNITED STATES STANDARD CERTIFICATE OF DEATH**

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Prince Geo Co
   Village or City: Largo
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 911 Benning St., N.W., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

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

7. AGE
   Years: 1
   Months: 0
   Days: 0

8. Trade, profession, or particular kind of work done, as Spinner, Sawyer, Bookkeeper, etc.
   None

9. Industry or business in which work was done, as Silk Mill, Saw Mill, Bank, etc.
   None

10. Date deceased last worked at this occupation (month and year)
    None

11. Total time (years) spent in this occupation
    None

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

13. NAME
    Roland Beale Rohrer

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

15. MAIDEN NAME
    Maryland

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

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Forresthill
    Date: 9-28-36

19. UNDERTAKER
    (Address)

20. FILED
    9/25/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Sept. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Sept. 23, 1936, to Sept. 24, 1936;
    I last saw deceased alive on Sept. 23, 1936.
    Death is said to have occurred on the date stated above at 8:00 P.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

    Prematurity

    Date of onset: Sept. 23, 1936

    Other Contributory Causes of importance:

    None

    Date of:

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

    Accident, suicide, or homicide?
    Date of injury:
    Where did injury occur?
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

    Manner of injury:
    Nature of injury:

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

    If so, specify:
    (Address)
    (Signed)
    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:

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

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

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

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

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<th>Example I</th>
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<td>The principal cause of death and related causes of importance were as follows:</td>
<td></td>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>OCT 7, 1920</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones                                    | May 1, 1923  | Other contributory causes of importance:       |               |
|                                               |              | Gastroenteritis                                | 1 year        |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County  Prince George's
   Village or City  Cream MD
   Length of residence in city or town where death occurred  yrs.  mos.  ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME  Mary Ann Savoy
   (Usual place of abode)

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

   6. DATE OF BIRTH  May 9, 1909
   7. AGE  Years 27  Months 3  Days 24
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Housewife
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month and year) 6/10
   11. Total time (years) spent in this occupation

   12. BIRTHPLACE (city or town)  Cream MD
      (State or country)
   13. NAME  J. O. F. Savoy
   14. BIRTHPLACE (city or town)  Cream MD
      (State or country)
   15. MOTHER NAME  Lucy Stuart
   16. BIRTHPLACE (city or town)  Cream MD
      (State or country)
   17. INFORMANT  Thomas Savoy
      (Address)
   18. BURIAL, CREMATION, OR REMOVAL  Cream MD  Date Sept 3, 1936
   19. UNOBTAINER  Ritchie Bros.
      (Address)
   20. FILED  Sept 3, 1936  Registrar

MEDICAL CERTIFICATE OF DEATH

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

   22. I HEREBY CERTIFY, That I attended deceased from
      Aug 20, 1936, to Aug 31, 1936; death is said
      to have occurred on the date stated above, at
      6 a.m.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance
      were as follows:
      Pulmonary tuberculosis

   Other Contributory Causes of importance:

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

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

   Manner of Injury.
   Nature of Injury.

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

   (Signed)  W. M. G. Savoy  M. D.
   (Address)

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

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

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

**Example II**

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

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

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

1. PLACE OF DEATH

County:
Princ George

Village or City:
Mitchellville

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs mos ds

2. FULL NAME:
Leon Deal Shorter

(a) Residence:

(b) HUSBAND OF (or) WIFE OF

3. SEX

M

4. COLOR OR RACE

col

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

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

Sept. 7, 1936

7. AGE

Years

Months

Days

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Md

(State or country)

13. NAME

Eugene Deal

14. BIRTHPLACE (city or town)

Md

(State or country)

15. MAIDEN NAME

Irene Shorter

16. BIRTHPLACE (city or town)

Md

(State or country)

17. INFORMANT

Irene Shorter

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Seton Belt Farm

Date: Sept. 8, 1936

19. UNDERTAKER

Member of family

Upper Marlboro

(Address)

20. FILED

9/8, 1936

Harry F. Phipps

Registrar

21. DATE OF DEATH

September 7th, 1936


I last saw him in a hospital on Sept. 7, 1936; death is said to have occurred on the date stated above, at 7:00 am.

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

Stillborn

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? 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) Henry F. Phipps

M.D.

(Address) Mitchellville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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11.—The number of years the deceased followed the occupation.

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

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

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

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

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Upper Marlboro
   Registration Dist. No.: 252
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 120 Main St., Ward.
   If U. S. Veteran, specify WAR.
   If nonresident give city or town and State.

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF DEATH
   (Month) 15
   (Day) 1935
   (Year)

   7. AGE
   Years 50
   Months 0
   Days 0
   If LESS than 1 day, . . . . . hrs. or . . . . . min.

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

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

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

   11. Total time (years)
      spent in this occupation

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

   13. NAME

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

   15. MAIDEN NAME

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

   17. INFORMANT
      (Address)

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Germantown, Date: 1936

   19. UNDERTAKER
      (Address)

   20. FILED
      April 15, 1970

   If more blanks are needed, address State Registrar, 2441 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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The principal cause of death and related causes of importance were as follows:

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

Other contributory causes of importance:

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

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
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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:

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

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

1. PLACE OF DEATH
   County: Poolesville, Washington
   Village or City: Prize, Laurel

2. FULL NAME
   (a) Residence: No. Laurel, 3rd St.

3. SEX
   Female

4. COLOR OR RACE
   Caucasian

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
  widower

6. DATE OF BIRTH
   Aug 10, 1878

7. AGE
   Years: 63
   Months: 9
   Days: 0

8. Occupation
   Housewife

9. Place of death
   Died at home

10. Cause of death
    Cardiac Arrest

11. Date of onset
    1936

12. Relation to deceased
    Daughter

13. Name
    Bernice Edison

14. BIRTHPLACE
    Maryland, Annapolis

15. Maiden name
    Unknown

16. Birthplace
    Unknown

17. Informant
    Carroll, Thomas

18. Burial, Cremation, or Removal
    Place: Bacon's Chapel
    Date: Sept 27, 1936

19. Undertaker
    Henderson, Bubley

20. Filed
    Filed: Sept 31, 1936

REGISTRATION DIST. NO. 239

STATE OF MARYLAND—CERTIFICATE OF DEATH

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 housewifery, 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></td>
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</tr>
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</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Prince George
   Village or City: Fairmount
   No. 602 Chapel Rd., St.
   Length of residence in city or town where death occurred: 28 yrs., mos., ds.
   Registration Dist. No. 91
   Ward: 18

2. FULL NAME
   (a) Residence: No. 602 Chapel Rd., St.
   If nonresident give city or town and State
   (Usual place of abode)
   Walter Cheek, Fannie Mae Thompson

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND or WIFE of: Cheek, Frank

6. DATE OF BIRTH (month, day, and year): May 17, 1867
7. AGE: 68 yrs., 3 mos., 27 days
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Laborer
   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: W. S. Government
   10. DATE DECEASED LAST WORKED AT OCCUPATION: Jun 19, 1934

11. DATE OF DEATH: Sep 14, 1936
12. BIRTHPLACE (city or town): Alexandria, Virginia
13. NAME: Harris Jenkins
14. BIRTHPLACE (city or town): Virginia
15. MAIDEN NAME: Johnson, Mary
16. BIRTHPLACE (city or town): Virginia
17. INFORMANT (Address): Frank Cheek

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

19. UNDERTAKER: ______

20. FILED: Sept 14, 1936

21. MEDICAL CERTIFICATE OF DEATH
   22. I HEREBY CERTIFY: That I attended deceased from July 15, 1936, to Aug 12, 1936
   last saw him alive on Aug 12, 1936; death is said
   to have occurred on the date stated above, at 11:40 AM.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   1. Congestive Heart Failure
   2. Arteriosclerosis

   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 (VIOLANCE) fill in also the following:
   Accident, suicide, or homicide:
   Date of injury:
   Where did injury occur:
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of injury:
   Nature of injury:

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

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

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

**Example II**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
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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:

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Cal. Co.
   Village or City: Seat Pleasant
   Length of residence in city or town where death occurred: 8 yrs.

2. FULL NAME
   Gertrude Emma Wood
   Residence: No. 1111 Benning St. NW, Ward.

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Female
   COLOR OR RACE: White
   MARRIED, WIDOWED, OR DIVORCED: Married

4. DATED OF BIRTH
   May 13, 1882

5. AGE
   Years: 54
   Months: 4
   Days: 9
   Total time spent in this occupation: 33

6. OCCUPATION
   Housewife

7. BIRTHPLACE
   Town: Four Mile Run
   State or country: Virginia

8. MOTHER'S NAME
   Mary Andrew Schulte

9. MOTHER'S BIRTHPLACE
   Town: Maryland
   State or country: Maryland

10. FATHER'S NAME
    John Andrew Schulte

11. FATHER'S BIRTHPLACE
    Town: Maryland
    State or country: Maryland

12. INFORMANT
    Mrs. Helen Wagner
    Address: Seat Pleasant, MD

13. BURIAL, CREMATION, OR REMOVAL
    Place: Seat Pleasant, MD
    Date: Sept 25, 1936

14. UNDERTAKER
    A. E. Jones
    Address: 2222 1st St. NW

15. MEDICAL CERTIFICATE OF DEATH
    I HEREBY CERTIFY, That I attended deceased from Jan 17, 1936 to Sept 21, 1936
    I last saw her alive on Sept 21, 1936; death is said to have occurred on the date stated above at 9:15 a.m.
    The principal cause of death and related causes of importance were as follows:
    \[ \text{Cerebral Hemorrhage} \]
    Date of onset: Sept 22, 1936

    Other Contributory Causes of Importance:
    \[ \text{Aneurismal Dissection, Myocarditis, Nyctemeral R.} \]
    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? None
    Date of injury: 19
    Where did injury occur? Other
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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

   If so, specify
   (Signed) W. E. E. Ritchie
   M. D.
   (Address) 101 Benning St. NW, D.C.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</tr>
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</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: Anne Arundel
Village or City: Upper Marlboro
Registration Dist. No.: 27

2. FULL NAME

(a) Residence: Upper Marlboro, Md.
If U. S. Veteran, specify WAR: 

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

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

Dec. 29, 1863

7. AGE

Years: 92
Months: 8
Days: 17

8. OCCUPATION

Contractor

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

March, 1936

11. Total time (years) spent in this occupation


21. DATE OF DEATH

Month: Sept.
Day: 16
Year: 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1934, to Sept. 16, 1936,
I last saw him alive on Sept. 16, 1936, death is said to have occurred on the date stated above, at 0 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic rheumatism
Acute enteritis

Other Contributory Causes of importance:

Angina Pectoris

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

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

If so, specify
(Signed) 

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, 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>Causes of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>OCT 5 1936</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1923

### Example II

<table>
<thead>
<tr>
<th>Causes of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</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: [Signature]
   Village or City: [Signature]
   Length of residence in city or town where death occurred: yrs. __ mos. __

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

6. DATE OF BIRTH (month, day, and year)
   Feb. 16, 1893

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

11. Total time (years) spent in this occupation
    45

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

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

22. I HEREBY CERTIFY, That I attended deceased from
   F.M. [Signature] M.D.
   I last saw him alive on Aug. 30, 1936; death is said to have occurred on the date stated above, at 10:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Asthma, cardiac; primary, in lower third of left forearm, duration two months.
   Other Contributory Causes of importance:
   [Blank]

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

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

To be complete, an occupation return must state:

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

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

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

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<th>Example II</th>
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<td>Peritonitis</td>
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<tr>
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**