STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Charles
   Village or City: Indian Head
   No. St. Ward
   Length of residence in city or town where death occurred: 7 yrs. 7 mos. 7 ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

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

7. DATE OF BIRTH
   (Month, day, and year)
   Oct 23, 1936

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

9. OCCUPATION
   Infant

10. Total time (years) spent in this occupation
    
11. Date deceased last worked at this occupation (month and year)
    
12. BIRTHPLACE
    (city or town)
    Lonaconing, Allegany

13. NAME
    Sylvesta Thomas

14. FATHER
    Joe Cooper

15. MAIDEN NAME
    Baskalla Barber

16. BIRTHPLACE
    (city or town)
    Lonaconing

17. INFORMANT
    (Address)
    Sylvesta Thomas

18. BURIAL, CREMATION, OR REMOVAL
    Place: Lonaconing
    Date: Oct 30, 1936

19. UNDERTAKER
    (Address)
    
20. FILED
    Oct 30, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   October 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Oct 23 1936 to Oct 30 1936
    I last saw him alive on Oct 29 1936, death was 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:
    Prematurity

23. Other Contributory Causes of Importance:

24. Operation:
    None
    Date of:
    None
    Was there an abortion?
    No

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

26. Manner of injury:

27. Nature of Injury:

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

29. If so, specify
    (Sign)
    Name
    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.

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>
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<th>Example I</th>
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<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
</tbody>
</table>

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

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. ____________________________
St. ______ Ward ______ (If death occurred in a hospital or institution, give its name instead of street and number.)

PLACE OF DEATH
County _____________

Village or City Indian Head, Md.

FULL NAME Betty Jean Beamer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR OR RACE White

SINGLE

DATE OF BIRTH May 1, 1936

DATE OF DEATH Oct. 28, 1956

AGE If LESS than 1 day, hrs., yrs., mos., days, or minutes.

OCCUPATION At Home

BIRTHPLACE Indian Head, Md.

NAME OF FATHER Moody E. Beamer

11 BIRTHPLACE OF FATHER Virginia

State or country

MAIDEN NAME OF MOTHER Melvita Robinson

12 BIRTHPLACE OF MOTHER Virginia

State or country

13 BIRTHPLACE OF MOTHER Virginia

State or country

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant Beamer

ADDRESS Indian Head, Md.

FILED Oct. 28, 1956

If more blanks are needed, address State Registrar, 18 W. Saratoga St., Baltimore, Requesting V. S. No. 1.
Statement of Cause of Death—Name of Deceased Person, place of death

Required information includes the date of death and the place where the death occurred.

For the date of death, please provide the specific date in a clear and concise manner.

If the death occurred in a hospital or other medical facility, please indicate the name of the facility.

For the place of death, please provide a specific location, such as a city or town.

Important: The date and place of death are critical pieces of information that help in tracking the cause of death and in researching potential contributing factors.
## STATE OF MARYLAND—CERTIFICATE OF DEATH

### 1. PLACE OF DEATH
- County: [Blank]
- Village or City: Princess
- Registration Dist. No.: 101
- Length of residence in city or town where death occurred: 5 yrs. 5 mos. ds.

### 2. FULL NAME
- Residence Name: [Blank]
- Residence St., Ward: [Blank]
- If nonresident give city or town and State: [Blank]

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Colored</td>
<td>Single</td>
</tr>
</tbody>
</table>

- If married, widowed, or divorced: [Blank]
- Husband of: [Blank]
- Wife of: [Blank]

### 7. AGE
- Years: 5
- Months: 13
- Days: [Blank]
- If less than 1 day, hours, or minutes: [Blank]

### 8. OCCUPATION
- Trade, profession, or particular kind of work done: [Blank]
- Occupation: [Blank]

### 10. Date deceased last worked at this occupation
- Date of death: October 16, 1936

### 12. BIRTHPLACE (city or town)
- State or country: [Blank]

### 13. NAME
- Father: Eugene Chase

### 15. MAIDEN NAME
- Lucille Lottie

### 17. INFORMANT
- Address: [Blank]

### 18. BURIAL, CREMATION, OR REMOVAL
- Place: Princess
- Date: Oct. 18, 1936

### MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH
- Month: October
- Day: 16
- Year: 1936

### 22. I HEREBY CERTIFY, that I attended deceased from
- October 16, 1936, to October 16, 1936
- Date of onset: 6/3/36

### PRIMARY CAUSE OF DEATH
- Gastroenteritis, acute

### OTHER CONTRIBUTORY CAUSES
- Inadequate diet
- Malaria

### 23. IF DEATH 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:
- Manner of injury: [Blank]
- Nature of injury: [Blank]
- Disease or injury in any way related to occupation of deceased: [Blank]
- If so, specify:

### 20. FILED
- October 17, 1936
- Mary Annette
- Registrar

---

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

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

To be complete, an occupation return must state:

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

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

Other contributory causes of importance:

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

### Example II

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

## 1. PLACE OF DEATH

- **County:** Charles
- **Village or City:** Vaux
- **Length of residence in city or town where death occurred:** yrs. mos. ds.

## 2. FULL NAME

- **(a) Residence:** 315 S. Charles St., Ward.
- **(Usual place of abode):**

## PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
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<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 6. DATE OF BIRTH (month, day, year) | March 26, 1936 |
| 7. AGE | 69 yrs. 8 mos. 29 days |

## MEDICAL CERTIFICATE OF DEATH

- **21. DATE OF DEATH:** Oct. 23, 1936
- **I HEREBY CERTIFY:** That I attended deceased from Oct. 22, 1936, to Oct. 24, 1936, and that death is said to have occurred on the date stated above, at 3:00 a.m.

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

- **Date of onset:**

## Other Contributory Causes of importance:

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

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

- **Accident, suicide, or homicide:**
- **Date of injury:** 19.
- **Where did injury occur:**
- **Specify city or town, county and State:**

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

- **If so, specify:**
- **(Signed):**
- **M. D.:**

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

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<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>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: Charles
Village or City: Bel Alton

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

2. FULL NAME

(a) Residence: No. __ Bel Alton, Md. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

Male | Negro | Single

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

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

Aug. 20, 1936

7. AGE

Years: __ Months: __ Days: __

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 decedent last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

Bel Alton, Md.

13. NAME

Lawrence Thomas

FATHER

Lawrence Thomas

MOTHER

Eleanor Ford

MAIDEN NAME

Eleanor Ford

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

Wash., D.C.

15. MAIDEN NAME

Eleanor Ford

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

Bel Alton, Md.

17. INFORMANT

Rena Ford (grandmother)
Bel Alton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Bel Alton, Md.
Date: __________, 19__

19. UNDERTAKER

Lawrence Thomas & Co.
Bel Alton, Md.

20. FILED

Dec. 3, 1936

REGISTRATION DIST. No. 10,3
REGISTRATION DIST. No. 10,3

21. DATE OF DEATH

October 2nd, 1936

22. I HEREBY CERTIFY, That I attended decedent on Oct. 2nd, 1936, at ___ A.M.; death is said to have occurred on the date stated above, at 10:22 A.M.

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

Death from natural causes probably caused by feeding disturbance.

Other Contributory Causes of importance:

- General debility
- Arteriosclerosis
- Malignant neoplasm of stomach

Date of onset: __________

Name of operation: __________

What test confirmed diagnosis? __________

Was there an autopsy? No

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

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 decedent? No

If so, specify

(Signed) Lawrence Thomas, M.D. Bel Alton, Md.

Registrar.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: NOV 6, 1926</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>May 1, 1925</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**State of Maryland**

**Certificate of Death**

**Registration Dist. No. 601**

**St.: Ward** (If death occurred in a hospital or institution, give its name instead of street and number.)

---

**Place of Death**

County: **Charles**

Village or City: **Marion Terrency**

**Full Name:** John M. McDonald

---

**Personal and Statistical Particulars**

3 **Sex**: Male

4 **Color or Race**: White

5 **Single, Married, Widowed, or Divorced**: Married

6 **Date of Birth**: Sep. 21, 1869

7 **Age**: 67 yrs. 19 mos. 0 days, 0 hrs.

8 **Occupation**
   (a) Trade, profession or particular kind of work: Carpenter
   (b) General nature of industry, business, or establishment in which employed: 

9 **Birthplace (State or country)**: Glasgow, Scotland

---

10 **Name of Father**: Robert M. McDonald

11 **Birthplace of Father (State or country)**: Glasgow, Scotland

12 **Maiden Name of Mother**: Annie Banks

13 **Birthplace of Mother (State or country)**: Fife, Scotland

---

16 **Date of Death**: Oct. 10, 1936

17 **I HEREBY CERTIFY**

I attended the deceased from July 1935 to Oct. 9, 1936

and that death occurred on the date stated above, at 7:00 a.m.

The Cause of Death was as follows:

Gastric Carcinoma

---

18 **Length of Residence (For Hospitals, Institutions, Transients or Recent Residents)**

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence:

---

19 **Place of Burial or Removal**: Pomona, MD

**Date of Burial**: Oct. 18, 1936

---

20 **Undertaker**: Hunt B. Ryan

**Address**: Waldorf, MD

---

If more banks are needed, address State Registrar, 16 W. Saratoga St., Burts, Requesting V. S. No. 1.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH


2. FULL NAME

(a) Residence: No. St. 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 (write the word)

Married

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

July 31st, 1897.

7. AGE

Years: 59 Months: 2 Days: 27 If LESS than 1 day, hrs. or min.

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

Housewife

9. OCCUPATION

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

11. Total time (years) spent in this occupation

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

Washington, D.C.

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: Mt. Reed Cemetery. Date: Oct. 28th, 1936.

19. UNDERTAKER (Address)

20. FILED


MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 27, 1936.


I last saw h. live alive on Oct. 19, 1936; death is said to have occurred on the date stated above, at 10:00 a.m.

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

Chronic Myocarditis

Complete Heart Block

Cerebral Hemorrhage

Other Contributory Causes of Importance:

Date of onset

1936.

1934.

Name of operation

Data 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.

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>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Charles
   Village or City: Port Tobacco, Md.
   Registration Dist. No.: 122

2. FULL NAME
   (a) Residence: Port Tobacco, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Cale

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   INFANT

6. DATE OF DEATH
   (Month) 15 (Day) (Year) 1936

7. AGE
   Years: 60
   Months: 0

8. Trade, profession, or particular kind of work done, as SPINNER, SAWSMITH, 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)

11. Total time (years) spent in this occupation

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

13. NAME
   Raymond A. Proctor

14. BIRTHPLACE (city or town)
   Wash., D.C.
   (State or country)

15. MAIDEN NAME
   Pearl Thompson

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

17. INFORMANT
   Address
   John A. Proctor
   Port Tobacco, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place of interment
   St. Thomas Cemetery, 16th St.
   Date: Oct. 16, 1936

19. UNDERTAKER
   Address
   John A. Proctor
   Port Tobacco, Md.

20. FILED
   Date: Oct. 16, 1936

21. DATE OF DEATH
   (Month) 15 (Day) 1936

22. I HEREBY CERTIFY, That I attended deceased from
   June 19, 1936, to
   June 19, 1936, to
   death is said
   to have occurred on the date stated above, at

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

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

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

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

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

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

<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><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset: <strong>Nov 5 1936</strong></td>
<td>1915</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset: <strong>1921</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: <strong>May 5, 1927</strong></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><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>Date of onset: <strong>May 1, 1928</strong></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: Charles
   Village or City: Newburg
   No. St., Ward: (If death occurred in a hospital or institution, give its name instead of street and number.)
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. Newburg, Md.
   (b) Place (of abode) if nonresident give city or town and State.

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year): March 7, 1909

   7. AGE
      Years: 27
      Months: 8
      Days: 17

   8. OCCUPATION
      Former occupation: Farmer
      Current occupation: Gen'l Farm

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

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

   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 7

   12. BIRTHPLACE (city or town): Upper Marlboro, Md.
       (State or Country)

   13. NAME: Thomas H. Proctor

   14. BIRTHPLACE (city or town): Pr. Sea Co., Md.
       (State or country)

   15. MAIDEN NAME: Christiana Robertson

   16. BIRTHPLACE (city or town): Pr. Sea Co., Md.
       (State or Country)

   17. INFORMANT
       Name: Mary Nora Proctor
       Address: Newburg, Md.

   18. BURIAL, CREMATION, OR REMOVAL
       Place: St. Thomas
       Date: Oct. 24, 1936

   19. UNDERTAKER
       Name: P. Smith
       Address: Newburg, Md.

   20. FILED
       Date: Oct. 24, 1936

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
       (Month): October
       (Day): 24
       (Year): 1936

   22. I HEREBY CERTIFY, That I attended deceased—
       on Oct. 24, 1936, and that death occurred on Oct. 24, 1936. The principal cause of death and related causes of importance
       were as follows:

       Pulmonary Tuberculosis, June, 1936
       Generalized Tuberculosis, 10-17-36

       Other Contributory Causes of importance:

       Name of operation: Dying at Hospital
       Date of: 
       Was there an autopsy? No

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

       Manner of injury: 
       Nature of injury: 

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

       (Signed) James L. Mackenzie, M.D.
       (Address) 26 Maple Place, Baltimore, Maryland
UNITED STATES STANDARD CERTIFICATE OF DEATH

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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>
<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
Registration Dist. No. 10286

Place of Death:
County: Charles

Village or City: Graysen

Full Name: Grace Riley

Personal and Statistical Particulars:
SEX: Female
COLOR OR RACE: Old
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

Date of Birth:
Month: Oct
Day: 1
Year: 1936

Age: 80 yrs. 7 mos. 17 days

Occupation:
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed or (employer)

Birthplace:
(State or country): Riverside, Md.

Name of Father:
Patrick Turner

Birthplace of Father:
(State or country): King George, Va.

Maiden Name of Mother:
Kate Robertson

Birthplace of Mother:
(State or country): Charles, Md.

The above is true to the best of my knowledge.

Informant:
Kate Turner

Address: Nanjing, Md.

Date of Death:
(Month): Oct
(Day): 1
(Year): 1936

I hereby certify, that I attended the deceased from Oct 20, 1936, to Oct 21, 1936, and that I last saw her alive on Oct 20, 1936.

The cause of death was as follows:
Cardio-vascular renal disease

Contributory Secondary

(Duration): yrs.
(mos.):
(weeks, days, hours):

Address: Marbury, Md.

Signed:
(George C. Richmell)

(Signed): Oct 21, 1936

Place of Burial or Removal:
(Riverside, Md.)

Date of Burial:
(Oct 21, 1936)

Undertaker:
(Stanley Finney)

Address: Bangkok, Md.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baltimore, Requesting V. S. No. 1.
Statement of Occupation—Please state occupation of deceased.

Revised United States Standard

Certificate of Death

(Original by the United States Government, Public Health Service, Bureau of the Census and American Public Health Association.)

Dr. [Name], M.D.

Summarized on the following page is a concise statement of the cause of death described in the narrative of the death certificate. The statement of cause of death should be stated in a manner that will be of assistance to the medical examiner, coroner, or other public health authority. It should be short, clear, and precise, and should be based on the facts and circumstances of the case as presented in the death certificate.

Date of Death: [Date]

Place of Death: [Place]

Certificate of Death

(Revised United States Standard)

Dr. [Name], M.D.

Summarized on the following page is a concise statement of the cause of death described in the narrative of the death certificate. The statement of cause of death should be stated in a manner that will be of assistance to the medical examiner, coroner, or other public health authority. It should be short, clear, and precise, and should be based on the facts and circumstances of the case as presented in the death certificate.

Date of Death: [Date]

Place of Death: [Place]

Certificate of Death

(Revised United States Standard)

Dr. [Name], M.D.

Summarized on the following page is a concise statement of the cause of death described in the narrative of the death certificate. The statement of cause of death should be stated in a manner that will be of assistance to the medical examiner, coroner, or other public health authority. It should be short, clear, and precise, and should be based on the facts and circumstances of the case as presented in the death certificate.

Date of Death: [Date]

Place of Death: [Place]

Certificate of Death

(Revised United States Standard)

Dr. [Name], M.D.

Summarized on the following page is a concise statement of the cause of death described in the narrative of the death certificate. The statement of cause of death should be stated in a manner that will be of assistance to the medical examiner, coroner, or other public health authority. It should be short, clear, and precise, and should be based on the facts and circumstances of the case as presented in the death certificate.

Date of Death: [Date]

Place of Death: [Place]

Certificate of Death

(Revised United States Standard)

Dr. [Name], M.D.

Summarized on the following page is a concise statement of the cause of death described in the narrative of the death certificate. The statement of cause of death should be stated in a manner that will be of assistance to the medical examiner, coroner, or other public health authority. It should be short, clear, and precise, and should be based on the facts and circumstances of the case as presented in the death certificate.

Date of Death: [Date]

Place of Death: [Place]
**Place of Death**
County: Charles

**Personal and Statistical Particulars**

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Old</td>
<td>Single</td>
</tr>
</tbody>
</table>

**Date of Birth**
June 13, 1936

**Address**

**Medical Certificate of Death**

<table>
<thead>
<tr>
<th>DATE OF DEATH</th>
<th>Oct. 17, 1936</th>
</tr>
</thead>
</table>

**Occupation**
At home

**Birthplace**
Granjon, Md.

**Parents**

<table>
<thead>
<tr>
<th>NAME OF FATHER</th>
<th>BIRTHPLACE OF FATHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elise Savoy</td>
<td>Granjon, Md.</td>
</tr>
</tbody>
</table>

**Maiden Name of Mother**
Jennie Mansur

**Birthplace of Mother**
Granjon, Md.

**Cause of Death**
Congenital Heart Disease

**contributory**
Secondary

**Length of Residence**

**Place of Burial or Removal**

<table>
<thead>
<tr>
<th>PLACE OF BURIAL OR REMOVAL</th>
<th>Oct. 17, 1936</th>
</tr>
</thead>
</table>

**Registrar**
Mary Sutherland

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. F. No. 1.
REVISED UNITED STATES STANDARD
CERTIFICATE OF DEATH
(Approved by U.S. Census and American Public
Health Association.)

Statement of Occupation—Precise statement of occu-
pation is very important, so that the relative health-
fullness of various pursuits can be known. The ques-
tion applies to each and every person, irrespective of
age. For many occupations a single word or term on
the first line will be sufficient, e.g., Farmer or Planter,
Physician, Compositor, Architect, Locomotive engineer,
Civil engineer, Stationary fireman, etc. But in many
cases, especially in industrial employments, it is neces-
sary to know (a) the kind of work and also (b) the
nature of the business or industry, and therefore an
additional line is provided for the latter statement; it
should be used only when needed. As examples: (a)
Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;
(a) Foreman, (b) Automobile factory. The material
worked on may form part of the second statement.
Never return 'Laborer,' 'Foreman,' 'Manager,' 'Dealer,
' etc., without more precise specification as Day
laborer, Farm laborer, Laborer—Coal mine, etc. Women
at home, who are engaged in the duties of the
household only (not paid Housekeepers who receive a
definite salary), may be entered as Housewife, House-
work, or At Home, and children, not gainfully em-
ployed, as At school, or At home. Care should be taken
to report specifically the occupations of persons en-
gaged in domestic service for wages, as Servant, Cook,
Housemaid, etc. If the occupation has been changed
or given up on account of the DISEASE CAUSING DEATH,
state occupation at beginning of illness. If retired from
business, that fact may be indicated thus; Farmer (re-
tired 6 yrs). For persons who have no occupation
whatever, write None.

Statement of Cause of Death—Name, first, the DIS-
EASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accept-
ted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebro-
spinal meningitis"); Diphtheria (avoid use of "Group");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,
unqualified, is indefinite); Tuberculosis of lungs, men-
inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of
........ (name origin; "Cancer" is less definite; avoid
use of "Tumor" for malignant neoplasms); Measles;
Whooping cough; Chronic valvular heart disease;
Chronic interstitial nephritis, etc. The contributory
(secondary or intercurrent) affection need not be
stated unless important. Example: Measles (disease
causing death), 29 ds.; Bronchopneumonia (secondary),
10 ds. Never report mere symptoms or terminal condi-
tions, such as "Asthenia," "Anaemia" (merely symptom-
"Debility" ("Congenital," "Senile," etc.), "Dropsy,
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,
"Uraemia," "Weakness," etc., when a definite disease
can be ascertained as the cause. Always qualify all
diseases resulting from childbirth or miscarriage as
"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc.
State cause for which surgical operation was under-
taken. For VIOLENT DEATHS state MEANS OF INJURY
and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL,
or as probably such, if impossible to determine definitely.
Examples: Accidental drowning; Struck by railway train—
accident; Revolver wound of head—homicide; Poisoned by
carbolic acid—probably suicide. The nature of the injury,
as fracture of skull, and consequences (e.g., sepsis,
tetanus) may be stated under the head of "contributory."
(Recommendations on statement of cause of death
approved by Committee on Nomenclature of the
American Medical Association.)

If this certificate is looked over thoroughly and all questions
answered in detail, it will prevent further correspondence. All the
data is essential and must be obtained before the certificate is
permanently filed.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Charles
Registration Dist. No.: 104
Village or City: Longview
No. St., Ward
Length of residence in city or town where death occurred: yrs. mos. ds.
How long in U.S. if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

8. Trade, profession, or particular kind of work done, as SPINNER, 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)
(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

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from
I last saw him/her alive on
Date of onset

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

Other Contributory Causes of importance:

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

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

Accident, suicide, or homicide?
Date of injury
Where did injury occur?
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury
Nature of injury

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

Registrar

10288
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 word "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 morbidity conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>NOV 6, 1930</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 1, 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: Charles
Village or City: West Park, Tobacco

2. FULL NAME

(a) Residence: No. Welcome P.O. Post Office

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M 4. COLOR OR RACE

Male 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (If the name is)

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

May 6, 1936

7. AGE

Years: 5 Months: 10 Days: 0

8. OCCUPATION

Infant

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1936, to Oct. 13, 1936; death is said to have occurred on the date stated above, at 2:00 p.m.

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

Gastroenteritis
With diarrhea

Date of onset: Oct. 10, 1936

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 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) James E. Roley M. D.

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

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

To be complete, an occupation return must state:

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

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

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

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

<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>1916 Nov 5, 1926</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>
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<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 | Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN