STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Coles
Village or City: Colesville
Registration Dist. No.: 1/61

2. FULL NAME

(a) Residence: No.

(Personal and statistical particulars)

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

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

6. DATE OF BIRTH

June 13, 1865

7. AGE

Years: 76
Months: 7
Days: 13

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

State or country: Md.

13. NAME

Joseph Samuell Beachy

14. BIRTHPLACE (city or town)

State or country: Pa

15. MAIDEN NAME

Rahmah Knepper

16. BIRTHPLACE (city or town)

State or country: Pa

17. INFORMANT

Ward Beachy

18. BURIAL, CREMATION, OR REMOVAL

Place: Addison, Pa.

19. UNDERTAKER

Wm. Wimbly

20. FILED

Nov. 31, 1936

11478

22. I HEREBY CERTIFY, that I attended deceased from

February 1936 to November 1936.

I last saw her alive on November 18, 1936, at 5 P.M.

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

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

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

If so, specify

(Signed)

Dr. E. Medlow
M. D.

Addison, Pa.

Date of death

November 1936

(Year)

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

(Usual place of abode)

St., Ward.

If necessary, give city or town and State

Ward Beachy

Address

Addison, Pa.

Date of death

Dec. 22, 1936

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

(Usual place of abode)

St., Ward.

If necessary, give city or town and State

Ward Beachy

Address

Addison, Pa.

Date of death

Dec. 22, 1936

22. I HEREBY CERTIFY, that I attended deceased from

February 1936 to November 1936.

I last saw her alive on November 18, 1936, at 5 P.M.

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

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M. D.

Addison, Pa.

Date of death

November 1936

(Year)

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

(Usual place of abode)

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If necessary, give city or town and State

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Address

Addison, Pa.

Date of death

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(Usual place of abode)

St., Ward.

If necessary, give city or town and State

Ward Beachy

Address

Addison, Pa.

Date of death

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If so, specify

(Signed)

Dr. E. Medlow
M. D.

Addison, Pa.

Date of death

November 1936

(Year)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

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

1. PLACE OF DEATH
   County: Garrett
   Village or City: Red House
   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 Elizabeth Bell
   (a) Residence: No. Red House
   (Usual place of abode)
   (II nonresident give city or town and State)
   St. Ward.

3. SEX: Female
   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)
      Perry M. Bell

6. DATE OF BIRTH (month, day, and year): Apr. 26, 1864

7. AGE
   Years: 72
   Months: 6
   Days: 9
   IF LESS than
   1 day, . hrs.
   or . min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME: Martin Swiers
   (State or country)

   (State or country)

15. MAIDEN NAME: Isabella Boles

   (State or country)

17. INFORMANT
   Mrs. May Cliem (Address)
   Red House Rd.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mayville, July 8, 1926

19. UNDERTAKER: L. J. Mott (Address)
    Davis, West Va.

20. FILED: Nov. 6, 1926

21. DATE OF DEATH
   Month: November
   Day: 5
   Year: 1926

22. I HEREBY CERTIFY
   That I attended deceased from
   June 1935 to Nov. 1926
   Last saw him alive on Oct. 1926.
   Death occurred on the date stated above, at .
   The principal cause of death and related causes of importance were as follows:
   Sarcena of left hip.

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

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

If more blanks are needed, address State Registrar, 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>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: Garrett
Village or City: Steeler

2. FULL NAME
(a) Residence: No.

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)
July 9, 1883

7. AGE
Years: 53
Months: 4
Days: 2

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

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

10. Date deceased last worked at this occupation (month and year)
1917

11. Total time (years) spent in this occupation
4

12. BIRTHPLACE (city or town)
Gargara, Austria

13. NAME
Mike Gitzen

14. BIRTHPLACE (city or town)
Gargara, Austria

15. MAIDEN NAME
Josephine

16. BIRTHPLACE (city or town)
Gargara, Austria

17. INFORMANT
Myra Gitzen

18. BURIAL, CREMATION, OR REMOVAL
Place: Megna Pond. Date: 1934.11.17, 1934.

19. UNDERTAKER
Joseph A. Bevans

20. FILED
Dec. 12, 1934. Virginia M. Harrell

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

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<td>Date of onset</td>
</tr>
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<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</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>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

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

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
      Male
      If married, widowed, or divorced
      HUSBAND OF ________
      (or) WIFE of ________
   4. COLOR OR RACE
      White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
      Single
   6. DATE OF BIRTH (month, day, and year)
      Sept 7, 1872
   7. AGE
      Years ________ Months ________ Days ________
      If less than
      1 day, ________ hrs. ________ min.
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.,
      Laborer
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.,
   10. Date deceased last worked at this occupation (month and year)
      1936
   11. Total time (years) spent in this occupation
   12. BIRTHPLACE (city or town)
      (State or country)
      Va
   13. NAME
      John B. Davis
   14. BIRTHPLACE (city or town) (State or country)
      (or) ________
   15. MAIDEN NAME
      ________
   16. BIRTHPLACE (city or town) (State or country)
      (or) ________
   17. INFORMANT
      Thomas Clatter
      (Address) ________
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Garrettville
      Date: Nov. 30, 1936
   19. UNDERTAKER
      ________
      (Address) ________
   20. FILED
      Nov. 30, 1936
      D. T. Hill
      Registrar.
   21. DATE OF DEATH
      Nov 25, 1936
      (Month) ________ (Day) ________ (Year) 1936
   22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1936, to Nov 25, 1936,
      I last saw him alive on Nov 23, 1936; death is said
to have occurred on the date stated above, at 6:00 p.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance are as follows:
   (Write on this line) Pneumonia of the
to 100
   Date of onset
   Other Contributory Causes of importance:
   Name of operation:
   Date of:
   What was confirmed diagnosis? ________
   Was there an autopsy? ________
   23. If death was due to external causes (VIOLENCE) fill in also the following:
      Accident, suicide, or homicide?
      Date of Injury ________
      Where did injury occur? (Specify city or town, county and State)
      Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
      Manner of injury:
      Nature of injury:
   24. Was disease or injury in any way related to occupation of deceased?
      If so, specify
      (Signed) ________
      (Address) ________

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

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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:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>DEC 4 1935</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>JUNE 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 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: Garrett
   - Village or City: Oakland
   - Registration Dist. No.: 116

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

   **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Female
   - Color or Race: White
   - Single, Married, Widowed, or Divorced:
   - Residence: No.
   - Date of Birth: June 15, 1870
   - Age: 66
   - Date of Death: Nov. 26, 1936
   - Occupation:
   - Date deceased last worked at this occupation:
   - Total time spent in this occupation:

3. **BIRTHPLACE**
   - Garrett County

4. **MOTHER**
   - Name: Unknown
   - Birthplace: Garrett County

5. **FATHER**
   - Name: Unknown
   - Birthplace: Garrett County

6. **INFORMANT**
   - Name: Elizabeth Outrich
   - Address: Oakland, Md.

7. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Oakland
   - Date: Nov. 28, 1936

8. **UNDERTAKER**
   - Name: Julius Rayser
   - Address: Oakland, Md.
   - Date: Nov. 28, 1936

9. **FILED**
   - Date: Nov. 28, 1936
   - Registrar: J. W. H. Dumas

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - Month: Nov.
   - Day: 26
   - Year: 1936

22. **PRINCIPAL CAUSE OF DEATH**
   - Arteriosclerosis

23. Other Contributory Causes of importance:

24. If death was due to external causes (VIOLENCE) fill in also the following:
   - Date of Injury: 19
   - Place: Oakland
   - Nature of Injury:
   - Mennon of Injury:
   - Cause of Injury:

25. If so, specify:
   - [Signature]
   - 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

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

1. PLACE OF DEATH
County: Garrett
Village or City: Crellin, Md.
Length of residence in city or town where death occurred: yrs. 2 mos. 1 ds.

2. FULL NAME Richard Kay Ellis
(a) Residence: No. 1, Crellin, Md.
(Usual place of abode)
St. Ward.

If U.S. Veteran, specify WAR

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

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

6. DATE OF BIRTH (month, day, and year) Sept. 29, 1936
7. AGE Years 2 Months 1 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 DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Crellin, Md.
(State or country)
13. NAME Clyde Ellis
14. BIRTHPLACE (CITY OR TOWN) Hoyes, Garrett Co., Md.
(State or country)
15. MAIDEN NAME Lena Dunire
(State or country)

17. INFORMANT Clyde Ellis
(Address) Crellin, Md.
18. BURIAL, CREMATION, OR REMOVAL
Place: Ashby Cemetery Date: Dec. 1, 1936
Garrett Co., Md.
19. UNDERTAKER Herbert C. Leight
(Address) Oakland, Md.

20. FILED Dec. 4, 1936
Register

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Cerebral hemorrhage</td>
<td><strong>3 days ago</strong></td>
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<td>July 5, 1927</td>
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<td>Gallstones</td>
<td><strong>May 1, 1923</strong></td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Garrett
   Village or City: Swanton, Md.
   Length of residence in city or town where death occurred: 25 yrs... mos... ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   How long in U.S. if of foreign birth? 75 yrs... mos... ds.

2. FULL NAME: Hepzibah Hannah Fitzwater
   (a) Residence: No. R. D. Swanton, Md.
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: Female
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed
   If married, widowed, or divorced HUSBAND of (or) WIFE of
   (Write the word)
   (or)
   HUSBAND of (or) WIFE of
   (Write the word)

   6. DATE OF BIRTH (month, day, and year): March 23, 1848

   7. AGE: 88 yrs... 7 mos... 29 ds.
   If LESS than 1 day... hrs... or... min.

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

   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   (Write the word)
   Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   (Write the word)

   10. Date deceased last worked at this occupation (month and year): 1930
   11. Total time (years) spent in this occupation: 50 yrs.

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

   13. NAME: William E. George
   (Write the word)

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

   15. MAIDEN NAME: Jane Elizabeth Sampson
   (Write the word)

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

   17. INFORMANT (Address): John L. Fitzwater
   (Write the word)

   18. BURIAL-CREMATION, OR REMOVAL
      Place: Mt. Lake Park, Md.
      Date: Nov. 22, 1936

   19. UNDERTAKER (Address): Herbert C. Leighton
      (Write the word)

   20. FILED: Dec. 1936

   21. DATE OF DEATH: November 20, 1936

   MEDICAL CERTIFICATE OF DEATH
   22. I HEREBY CERTIFY, That I attended deceased from
   the date last seen, alive on
   to
   It was on
   at

   I last saw deceased
   The principal cause of death and related causes of importance were as follows:
   (Write the word)

   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, IN PUBLIC PLACE,

      Manner of Injury
      Nature of Injury

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

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STATE OF MARYLAND—CERTIFICATE OF DEATH
1. PLACE OF DEATH
County: Garrett
Village or City: Accident

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

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

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

HUSBAND of (or WIFE of):
Conrod Fratz

6. DATE OF BIRTH (month, day, year): July, 25, 1855
7. AGE: 81 yrs. 4 mos. 5 days

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.: 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): Maryland
(State or country)

13. NAME: Baultic Leinsetter

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

15. MAIDEN NAME: Katherine Hagele

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

17. INFORMANT: Mary Margraff
(Address: Accident Md.)

18. BURIAL, CREMATION, OR REMOVAL
Place: Accident
Date: Dec. 2, 1936

19. UNDERTAKER: John M. Blumenthal
(Address: Grantsville)

20. FILED: 12/13/36
Registrar:

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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: Garrett
   Village or City: Deer Park, Md.
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Lawrence W. Hinebaugh,
   Residence: (Usual place of abode)
   Sex: Male
   Color or Race: White
   Single, Married, Widowed, or Divorced: Married
   HUSBAND of: Dora Hinebaugh
   If U.S. Veteran, specify War: 

3. PERSONAL AND STATISTICAL PARTICULARS
   Occupation: Store Clerk
   Date of Birth: March 14th, 1913
   Age: 23 yrs. 8 mos. 8 days
   Place of Birth: Deer Park, Md.
   Name: Daniel R. Hinebaugh
   Birthplace: Oakland, Md.
   Maiden Name: Lulu Marley
   Birthplace: Deer Park, Md.

4. OCCUPATION
   INFORMANT: Daniel R. Hinebaugh, Deer Park, Md.
   Burial, Cremation, or Removal: Deer Park, Md.
   Undertaker: Emroy D. Bolden, Oakland, Md.

5. MEDICAL CERTIFICATE OF DEATH
   Date of Death: July 21, 1936
   I HEREBY CERTIFY, That I attended deceased from July 21, 1936, to July 21, 1936.
   I last saw him alive on July 21, 1936; death is said to have occurred on the date stated above, at 8:20 A.M.
   The principal cause of death 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 (VIOLANCE) fill in also the following:
       Accident, suicide, or homicide: Date of injury: 19
       Where did injury occur? (Specify city or town, county and State)
       Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
       Manner of Injury:
       Nature of Injury:

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

V.S. No. 1

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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: Garrett
Village or City: Selby'sport
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
(a) Residence: No. (Usual place of abode)
Name: Roy W. Home
St., Ward.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX M
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

6. DATE OF BIRTH (month, day, and year)
Nov 21, 1870

7. AGE
Years: 65
Months: 11
Days: 15
If LESS than 1 day, . hrs., or . min.

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)
Garrett Co., Md.

13. NAME
Roy W. Home

14. BIRTHPLACE (city or town)
Garrett, Md.

15. MAIDEN NAME
Mary Nathan

16. BIRTHPLACE (city or town)
Garrett Co., Md.

17. INFORMANT
Mrs. Louise Home

18. BURIAL, CREMATION, OR REMOVAL
Place: Hogs Mill
Date: Nov 8, 1936

19. UNDERTAKER
H. H. Savage, Selby'sport, Md.

20. FILED
Nov 7, 1936
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
Dec 6th, 1936

22. I HEREBY CERTIFY, That I attended deceased from
Oct 26th, 1936, to Nov 6th, 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:

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

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

If so, specify.

(Signed) H. H. Savage
M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:
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 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:

<table>
<thead>
<tr>
<th>Example I</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: 
Village or City: 

2. FULL NAME

(a) Residence: 
(Residence of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

4. COLOR OR RACE

White

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

MARRIED

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

July 28, 1844

7. AGE

Years: 72
Months: 6
Days: 19

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

Drugist

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

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

11. Total time (years) spent in this occupation

OCCUPATION

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 15, 1936

22. I HEREBY CERTIFY, that I attended deceased from 

I last saw him alive on 

Iצב. 15, 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:

Malaria

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Specify city or town, county and State)

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

Manner of injury

Nature of Injury

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

If so, specify

(Signed)

(Address)

20. FILED

Nov. 17, 1936

Registrar

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

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**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Dec 1, 1919</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Jan 1, 1920</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, 1928 |

**Example II**

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

**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
PLACE OF DEATH
County
Village or City

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS
SEX
COLOR OR RACE
MARRIAGE
DATE OF BIRTH
AGE
OCCUPATION
BIRTHPLACE
NAME OF FATHER
BIRTHPLACE OF FATHER
MAIDEN NAME OF MOTHER
BIRTHPLACE OF MOTHER
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
INFORMANT

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH
I HEREBY CERTIFY, That I attended the deceased from
that I last saw him alive on
and that death occurred on the date stated above, at

The CAUSE OF DEATH was as follows:

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

DATE OF BURIAL
UNDERTAKER
ADDRESS

If more blanks are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. no. 1.
Statement of Occupation—Place of residence.

Revised United States Standard

Certificate of Death

Approved by U.S. Census and American Public

Health Association

(No formal signature)
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Garrett
   Village or City: Bayard, W. Va.
   Registration Dist. No.:
   St., Ward:

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

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   4. COLOR OR RACE: White

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

6. DATE OF BIRTH (month, day, and year): March 25, 1910

7. AGE: 26 Years

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): House

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

   (State or country)

13. NAME: W. D. Rush
   MOTHER: FATHER:

   (State or country)

15. MAIDEN NAME: Agnes J. Stillingburg

   (State or country)

17. INFORMANT: Helen Rush
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Hairview
   Date: 16th, Jan., 1936

19. UNDERTAKER: J. E. Brock
   (Address)

20. FILED: Nov. 16, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: November 14th, 1936

22. I HEREBY CERTIFY that I attended deceased from November 11, 1936, to November 14th, 1936; death occurred on the date stated above, at 11:30 A.M.

   The Principal Cause of Death and related causes of importance were as follows:

   Paralysis of Bowels

   Other Contributory Causes of importance:
   Influenza

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of Injury:
   Where did injury occur?
   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) W. D. Drinkwater
   (Address) 405 Main, W. Va.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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<table>
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<tr>
<th>Example I</th>
<th>Example II</th>
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<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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<tr>
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<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1915</td>
</tr>
<tr>
<td></td>
<td>DEC 7 1936</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Garrett
   Village or City: Oakland, Md.
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   Married
   HUSBAND OF (or) WIFE OF: Elizabeth Lee

6. DATE OF BIRTH: Nov. 8, 1866
7. AGE: Years 88 Months 0 Days 6

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

9. Industry or business in which work was done, as 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): Garrett Co.
    (State or country)

13. NAME: James Lee
    MOTHER FATHER

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

15. MAIDEN NAME: Emily Penning

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

17. INFORMANT (Address): Myrl Mabel Lane, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: North Glade, Date: Nov. 19, 1936

19. UNDERTAKER: James D. Golden, Oakland, Md.


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

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<tr>
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<td>1915</td>
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</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County... Garrett
Village or City... Oak Grove

Length of residence in city or town where death occurred... yrs. 5 mos. ds.

2. FULL NAME... Samuel Clayton Foechel

(a) Residence:...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX... M
4. COLOR OR RACE... White
5a. If married, widowed, or divorced HUSBAND of...
   Wife of... Ellen Foechel

6. DATE OF BIRTH (month, day, and year)... Aug 4, 1850

7. AGE... Years 86 Months 3 Days 17

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

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)... Salisbury Pa
   (State or country)

13. NAME... Casper Foechel

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

15. MAIDEN NAME... Katherine Emoe
   (State or country)

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

17. INFORMANT...
   (Address)... Salisbury Pa

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

19. UNDERTAKER...
   (Address)... Salisbury

20. FILED... Nov. 41, 1936

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**Example I**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>DEC 4 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</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>
<td>Run over by street car</td>
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</table>

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

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Grantsville
   - Registration Dist. No.: 162

2. **FULL NAME**
   - Rachael Lorraine Wenz

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Sept 2, 1936

7. **AGE**
   - 2 years

8. **OCCUPATION**
   - None

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - This column is blank.

10. **DATE OF DEATH**
    - Nov 19, 1936

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

12. **MOTHER'S NAME**
    - Martha P. Wenz

13. **FATHER'S NAME**
    - Ralph Wenz

14. **BIRTHPLACE (city or town)**
    - Grantsville

15. **PLACE, CITY OR TOWN**
    - Munich, Germany

16. **PLACE OF DEATH**
    - Grantsville

17. **DECEASED**
    - Ralph Wenz

18. **UNDERTAKER**
    - Ralph Wenz

19. **FILED**
    - Dec 19, 1936

---

**MEDICAL CERTIFICATE OF DEATH**

- **I HEREBY CERTIFY**
- The principal cause of death and related causes of importance were: Disease

Other Contributory Causes of Importance:

- None

---

**Signature:** Ralph Wenz

---

*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.

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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>Example II</th>
</tr>
</thead>
<tbody>
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<td><strong>The principal cause of death and related causes of importance</strong> were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>DEC 4, 1936</td>
<td>(1 week ago)</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>1921</td>
<td>(1 week ago)</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Jul 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><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: Garrett
   Village or City: Friendsville MD
   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: Henry Savage
   (a) Residence: No.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Aug 23, 1846
7. AGE: Years: 92
   Months: 3
   Days: 18
   If LESS than 1 day, hours, or minutes:

8. Trade, profession, or particular kind of work done: Farmer
    (such as SPINNER, SAWER, BOOKKEEPER, etc.)
9. Industry or business in which work was done: Own Farm
10. Date deceased last worked at this occupation (month and year): July 1930
11. Total time (years) spent in this occupation: 60 yrs.

12. BIRTHPLACe (city or town): Maryland
    (State or country)
13. NAME: Robert Savage
14. BIRTHPLACe (city or town): Maryland
    (State or country)
15. MAIDEN NAME: Nancy Savage
16. BIRTHPLACe (city or town): Maryland
    (State or country)
17. INFORMANT:
    Name: Annie Thomas
    Address: Friendsville MD
18. BURIAL, CREMATION, OR REMOVAL:
    Place: Sand Springs
    Date: Nov 19, 1936
19. UNDERTAKER:
    Name: Mr. Schrage
    Address: Friendsville MD
20. FILED:
    Date: Nov 19, 1936
    Register:

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
    January 1st, 1934, and freed Nov 17th, 1936,
    last saw him alive on Nov 17th, 1936.
    Death is said to have occurred on the date stated above, at 11:40 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Asthmatic cough.
    Chronic congestion of bladder.
    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?
    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, 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.

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<td>1915</td>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>Dec 24, 1926</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<tr>
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<td>Peritonitis</td>
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Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Garrett
   Village or City: Friendville (R.D.) 2nd
   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
   (a) Residence: No. (Unspecified place of abode)
   If U.S. Veteran specify WAR.

   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): Mar. 21, 1861

7. AGE (years, months, days): 74 yrs. 8 mos. 9 days
   If LESS than 1 year, __________ yrs. __________ mos. __________ days.

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

9. OCCUPATION: (Specify trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.)

10. DATE DECEASED FIRST WORKED AT THIS OCCUPATION (MONTH AND YEAR): __________

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

12. BIRTHPLACE (CITY OR TOWN): Mangalore
   (State or country): __________

13. NAME: Jacob Hydrate Sine

14. BIRTHPLACE (CITY OR TOWN): __________
   (State or country): __________

15. MAIDEN NAME: Olive Markley

16. BIRTHPLACE (CITY OR TOWN): __________
   (State or country): __________

17. INFORMANT (ADDRESS): Mrs. Fanny Sine

18. BURIAL, CREMATION, OR REMOVAL
   Place: Friendville
   Date: Dec. 1936

19. UNDERTAKER (ADDRESS): George H. Eason

20. FILED: Dec. 1936

21. DATE OF DEATH (MONTH, DAY, YEAR): Nov. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1934, to Nov. 1936
   I last saw him alive on Nov. 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:
   Coronary Insufficiency

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   Arthritis
   Chronic Petechia

   Date of onset: __________

24. If death was due to external causes (VIOLANCE) 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: __________

25. If so, specify: __________
   (Signed): __________
   (Address): __________

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