STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Olney, Maryland
   Registration Dist. No.: 217
   Hospital: Montgomery County General Hospital

2. FULL NAME
   (a) Residence: No. 100, Rockville, Maryland
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      Female

   4. COLOR OR RACE
      Colored

   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
      Divorced

   6. DATE OF BIRTH
      Month: May
      Day: 18
      Year: 1885

   7. AGE
      Years: 51
      Months: 6
      Days: 1

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

   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
      Retired

10. DATE DECEASED LAST WORKED
    This occupation (month and year): May 18, 1885

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 51

12. BIRTHPLACE
    (City or town): Maryland
    (State or country): Maryland

13. NAME
    Father: Henry Oxford
    Male: Annie Depp

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

15. MOTHER'S NAME
    Annie Depp

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

17. INFORMANT
    Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
    Place: Olney, Maryland
    Date: Dec. 1, 1936

19. UNOFFICERED
    Name: W. H. Race
    Address:

20. FILED
    Date: 1936

21. DATE OF DEATH
    Month: November
    Day: 28
    Year: 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Nov. 23, 1936, to Nov. 28, 1936
    I last saw her alive on Nov. 28, 1936; death is said to
    have occurred on the date stated above, at 5:15 PM.

    The PRINCIPAL CAUSE OF DEATH, and related causes of importance
    were as follows:
    Chronic nephritis
    with Hypertension
    Unknown

    Other Contributory Causes of importance:
    Chronic Nephritis
    Unknown

    Name of operation: None
    Date of:
    What test confirmed diagnosis: Examination
    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
    (Address) Sandy Spring, Md.
    M.D.

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>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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</thead>
<tbody>
<tr>
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<tr>
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<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>DEC 4 1926</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallstones</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: Montgomery
Village or City: Takoma Park

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

2. FULL NAME

(a) Residence: No. 27 Chestnut Ave, Ward 7, New Jersey

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

MARRIED

6. DATE OF BIRTH

September 29, 1900

7. AGE

Years: 36
Months: 1
Days: 24

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

HOUSEKEEPER

9. OCCUPATION

OWN HOME

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

August 29, 1936

11. TOTAL TIME SPENT IN THIS OCCUPATION

17 years

12. BIRTHPLACE

City or town: Brooklyn, New York

13. NAME

Mrs. Jessie Donaldson

14. BIRTHPLACE

City or town: New York

15. MAIDEN NAME

Miss Mary Butts

16. BIRTHPLACE

City or town: Little Rock, AR

17. INFORMANT

Washington, D.C., Records

18. BURIAL, CREMATION, OR REMOVAL

Place of Burial: Mt. Herzl, Date: 11/23/1936

19. UNDERTAKER

Address: Washington, D.C.

20. FILED

No. 1, 1936

11557

21. DATE OF DEATH

November 23, 1936


I last saw him alive on Nov 23, 1936; death is said to have occurred on the date stated above, at 4:00 A.M.

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

DATE OF ONSET

DEATH INDUCTION EXAMINATION

Other Contributory Causes of Importance:

QUARTERLY EXAMINATION

EXAMINATION

Date of Operation

Date of Operation

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

Accident, suicide, or homicide?

Date of Injury

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

If so, specify

Manner of Injury

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

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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>
1. PLACE OF DEATH

County: Montgomery
Village or City: Johns Pk
Registration Dist. No.: 223
Ward: No. 31 Westmoreland St.

Length of residence in years, months, days: 21 yrs., 0 mos., 0 ds.
If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME

(a) Residence: No. 31 Westmoreland St., Ward
(Usual place of abode)
Mrs. Helena Eulalia Bellman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

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

7. AGE Years Months Days If LESSER than

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 in 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

(Addressee)

18. BURIAL, CREMATION, OR REMOVAL

Place: Washington, D.C.
Date: Nov. 18, 1936

19. UNDERTAKER

The S. L. Dymes Co.

20. FILED: Nov. 18, 1936 X. E. Rogers

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

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1936</td>
</tr>
</tbody>
</table>

Example II

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

<table>
<thead>
<tr>
<th>Cause</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>Cause</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
1. PLACE OF DEATH
- County: Montgomery
- Village or City: Takoma Park
- Registration Dist. No.: 2.29
- No. 571 Carroll Ave., St., Ward:

2. FULL NAME: Marion J. Burrows
- (a) Residence: No. Same
- St., Ward:

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Feb. 22, 1867

7. AGE: 69
- Years
- Months
- Days

8. Trade, profession, or particular kind of work done: Occupation: None

9. Industry or business in which work was done: None

10. Date deceased last worked at this occupation: None

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

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

13. NAME: Basil M. Burrows
14. BIRTHPLACE (city or town): District of Columbia
- (State or country)
15. MAIDEN NAME: Elizabeth Calhoun
16. BIRTHPLACE (city or town): District of Columbia
- (State or country)

17. INFORMANT (Address): W. E. Smith
18. BURIAL, CREMATION, OR REMOVAL: Place Washington, D.C., Date: Nov. 28, 1936

19. UNDERTAKER: Harry C. Storer
20. FILED: Nov. 27, 1936

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

<table>
<thead>
<tr>
<th>Arteriosclerosis</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>1916</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Run over by street car</td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peritonitis</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Moultrie
   No. St., Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. St., Ward.
   Personal and Statistical Particulars
   Sex: Male
   Color or Race: White
   Single, Married, Widowed, or Divorced: Single
   Husband or Wife of:

3. Date of Birth (month, day, and year): Nov. 20, 1936
4. Age: 36 yrs.
5. Date of Death (Month, Day, Year): Nov., 20, 1936

6. Date of Birth (month, day, and year): Nov. 20, 1936

7. Trade, profession, or particular kind of work done: Teacher

8. Date deceased last worked at this occupation: Nov. 20, 1936

9. Total time (years) spent at this occupation: 36 yrs.

10. Place of operation: Maryland

11. Date of birth: Nov. 20, 1936

12. Name: F. Addison Phillips

13. Father's Name: F. Addison Phillips

14. Birthplace (city or town, State or country): Maryland

15. Mother's Name: Mary May Butt

16. Birthplace (city or town, State or country): Maryland

17. Address: Mrs. F. C. Thompson

18. Informant: M. C. Thompson

19. Undertaker: Dr. P. H. Craft

20. Filed: Nov. 24, 1936

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

| The principal cause of death and related causes of importance were as follows: | Date of onset | Example II
| Arteriosclerosis | 1916 | The principal cause of death and related causes of importance were as follows: |
| Chronic interstitial nephritis | DEC 7 1920 | Attack of epilepsy | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Run over by street car | 1 week ago |

Other contributory causes of importance:

Gallstones | May 1, 1923 |

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

1. PLACE OF DEATH
County: Montgomery
Village or City: Olney
Registration Dist. No.: 217

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

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

4. OCCUPATION
Housekeeper

5. DATE OF DEATH
November 10, 1936

6. DATE OF BIRTH (month, day, and year)
July 18, 1876

7. AGE
61 Years 3 Months 23 Days

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

9. INSTRUMENT OR BUSINESS IN WHICH WORK WAS DONE
Housing

10. DATE DECEASED LAST WORKED AT OCCUPATION (MONTH END)
July 1936

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
30 Years

12. BIRTHPLACE (CITY OR TOWN)
Olney

13. NAME: Edward L. Henderson

14. BIRTHPLACE (STATE OR COUNTRY)
Maryland

15. MAIDEN NAME: Susanna Thompson

16. BIRTHPLACE (STATE OR COUNTRY)
Maryland

17. INFORMANT: Walter F. Cashell

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Mary's, Rockville
Date: Nov. 12, 1936

19. UNDERTAKER: Reuben Pumphrey

20. FILED
Nov. 12, 1936

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<td>Run over by street car</td>
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<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1915</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Rockville
   Registration Dist. No.: 2/3
   No. St., Ward:
   Length of residence in city or town where death occurred: 4 yrs., 0 mos., 0 ds.

2. FULL NAME
   If nonresident give city or town and State
   For Wives: Name of husband or wife

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

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

6. DATE OF BIRTH (month, day, and year)
   May 12, 1860

7. AGE Years: 76
   Months: 0
   Days: 14
   If less than 1 day, in hrs. or min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME Oliver H. Slack

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

15. MAIDEN NAME Gardiner Spoorick

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

17. INFORMANT
   Mr. Charles G. Slack
   Address: Rockville, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: St. John's Church
   Date: Nov. 29, 1936

19. Undertaker
   Mr. Reuben Tumblin
   Residence: Rockville

20. FEED
   11/28, 1936

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
   November 27, 1936
   (Month) November, (Day) 27, (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
   one year ago, 19, to, 19.
   I last saw him alive on, 11-25, 19, he died
   to have occurred on the date stated above, at 11:45 a.m.
   The principal cause of death and related causes of importance
   are as follows:
   Coronary Insufficiency

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

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

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<td>Arteriosclerosis</td>
<td>DEC 7 1938</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>
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<tr>
<td>Attack of epilepsy</td>
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</tr>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Chevy Chase, Maryland.
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: CHARLES D. CLUGSTON
   (a) Residence: No. 15 W. Woodbine St.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
5a. If married, widowed, or divorced
HUSBAND of
   Name: Alice M. Clugston

6. DATE OF BIRTH
   Years: 1885
   Months: 7
   Days: 6

7. AGE
   Years: 51
   Months: 3
   Days: 7
   If LESS than 1 day, ___ hrs. ___ 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.
   Industry or business: Hudson supply, Pink

10. Date deceased last worked at this occupation (month and year): 11-3-36
   Total time spent in this occupation: 25 yrs.

11. BIRTHPLACE (city or town)
   (State or country): Lansing, Michigan

12. MOTHER'S NAME: Isabel Bennett
   BIRTHPLACE (city or town)
   (State or country): Cincinnati, Ohio

13. NAME: Charles F. Clugston,
   BIRTHPLACE (city or town)
   (State or country): Unknown, Indiana

14. MAIDEN NAME: Isabel Bennett

15. INFORMANT (Name)
    Address: Mr. Dille.
    Place: Orlando, Fla.

16. SURVIVING RELATIVES
    CREMATION, OR REMOVAL
    Place: Orlando, Fla. Date: 11-3-36

17. INFORMANT (Address)
    Undertaker: Martin A. Paling, Ltd.
    Address: 1300 N St. NW.

18. SIGNED BY:
    Filed: 11-3-36

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>
<td>Date of onset: DEC 3 1936</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>1 week ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Takoma Park
   Length of residence in city or town where death occurred: yrs. mos. dys.

2. FULL NAME: Mr. Stephen Montgomery Cobb
   Residence: No. Maryland, Md
   If U.S. Veteran, specify WAR:

3. PERSONAL AND STATISTICAL PARTICULARS
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
   (a) Residence: No. Maryland, Md

4. OCCUPATION:
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Minister
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Seventh Day Adventist
   10. Date deceased last worked at this occupation (month and year): Oct 31, 1896
   11. Total time (years) spent in this occupation: 40 yrs.

5. MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: November 3, 1936
   22. I HEREBY CERTIFY that I attended deceased from Nov 2, 1936 to Nov 3, 1936

6. BIRTHPLACE (city or town): Russell, New York
   State or country:

7. NAME: Mr. John Cobb
   13. NAME: Mrs. Amanda C. Cobb
   14. BIRTHPLACE (city or town): J. S. A.
      (State or country):
   15. MAIDEN NAME: Miss Gertrude Paulson
   16. BIRTHPLACE (city or town): J. S. A.
      (State or country):
   17. INFORMANT: Washington Sanitarium, Washington, D.C.
   18. BURIAL, CREMATION, OR REMOVAL: Trowbridge, Md.
      Date: Nov 3, 1936
   19. UNDERTAKER: W. M. Chambers Co.
      Address:
   20. FILED: Nov 3, 1936

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1 Takoma Park M. D.
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>1 week ago</td>
</tr>
<tr>
<td>DEC 5 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>May 1, 1928</td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
Gallstones
Gastroenteritis

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

1. **PLACE OF DEATH**
   - County: Montgomery
   - Village or City: Conduit Road, M.D.
   - Registration Dist. No.: 216

2. **FULL NAME**
   - (a) Residence: No.
   - (b) Occupation: Watchman
   - If U.S. Veteran, specify WAR

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Male
   - COLOR OR RACE: White
   - MARRIED: Yes
   - Date: Sept 16, 1881
   - Age: 55 years
   - OCCUPATION: Rail Road Worker
   - PLACE OF BIRTH: Leonardtown

4. **DATE OF DEATH**
   - (Month) (Day) (Year): Nov. 1st, 1936

5. **MEDICAL CERTIFICATE OF DEATH**
   - Date of onset:
   - Date of death:
   - Cause of death:

6. **CONTRIBUTORY CAUSES OF DEATH**
   - Name of operator:
   - Date of operation:
   - Test confirmed diagnosis:
   - Was there an autopsy?

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

8. **NAME OF DECEASED**
   - W. Fillmore Combs

9. **MOTHER'S NAME**
   - Kathleen

10. **BIRTHPLACE**
    - (City or town): Leonardtown
    - (State or country): Maryland

11. **INFORMANT**
    - (Address): Yellie Combs

12. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Washington D.C.
    - Date: Nov 1, 1936

13. **UNTERTAKE**
    - Address: (Signature): Wheeler Duff, M.D.

14. **FILED**
    - By: Bethesda, Md.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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</tbody>
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Other contributory causes of importance:

- Gallstones | May 1, 1923 |

### Example II

Other contributory causes of importance:

- Gastroenteritis

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

Registration Dist. No. 216

Residence in Bethesda - 2 years
Veteran of War - World War II

Place of Death
County: Montgomery
Village or City: Bethesda (No. 4701)
Highland St.: Ward

Full Name: Walter Haddon Conley

Personal and Statistical Particulars
Sex: Male
Race: White
Marital Status: Married
Wife: Hilda C. Conley

Date of Birth: December 30, 1893
Age: 42 yrs. 10 mos. 4 days

Date of Death: November 3, 1936

Occupation: Architect

Birthplace (State or Country): Minnesota

Name of Father: Kerry Conley
Birthplace of Father (State or Country): Minnesota
Maiden Name of Mother: Sadie L. Dodge
Birthplace of Mother (State or Country): Minnesota

Parents

Informant: Mrs. Walter Conley
Address: 4701 Highland Ave.

Signature of Physician: Daniel B. Davis, M.D.
Address: 1901 Wyoming Ave., Washington, D.C.

Place of Burial or Removal: Rochester, Minnesota
Date of Burial: Nov 4, 1936

Filed: 11-4-36 B. O. Perry, M.D.
Undertaker: Wm. Reuben Rumph, Rochester

Contributory Secondary - Essential Hypertension

The Cause of Death was as follows:

 cerebro-vascular accident

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.
Permanent Resident Cautious appliance and must be obtained before the certificate is

If this certificate is lost, it must be reissued by the Commissioner of

[Signature]

[Date]

Certification of Occupation

(Revised United States Standard-Please state the occupation)

[Signature]

[Date]

[Health Association]

[Approved by U.S. Census and American Public]
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Brookeville, St.
   Length of residence in city or town where death occurred: 10 yrs. mos. ds.

2. FULL NAME
   Mr. Johannam M. Craver
   Residence: No. Chadereville, Md.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: Dec 2nd, 1853

21. DATE OF DEATH
   (Month) Nov (Day) 19 (Year) 1936

22. HEREBY CERTIFY, That I attended deceased from Oct 16th, 1936 to Nov 19th, 1936

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Chronic Myocarditis 1936

Other Contributory Causes of importance:
appendicitis 1936

N. B.—WRITE PLAINLY, WITH UNAFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. This is a permanent record. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

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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:

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</tr>
<tr>
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<td>DEC 4, 1926</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>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: Montgomery
Village or City: Takoma Park
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

Mrs. Anna C. Crowell
Residence: No. 3555 10th N.W.
(Usual place of abode)

3. SEX

Female

5a. If married, widowed, or divorced: Husband's name: Isaac Crowell

6. DATE OF BIRTH

October 7, 1866

7. AGE

70 1 ?

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

9. Industry or business in which work was done: Own Home

10. Date deceased last worked at this occupation: Oct. 1936

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

12. BIRTHPLACE

Zitomer, Russia

13. NAME

Jacob Weitzenfeld

14. BIRTHPLACE

Zitomer, Russia

15. MAIDEN NAME

Ethel Rotenberg

16. BIRTHPLACE

Zitomer, Russia

17. INFORMANT

Washington Sanitarium Records

18. BURIAL, CREMATION, OR REMOVAL

Place: Wash., D.C. Date: Nov. 8, 1936

19. UNDERTAKER

L. Harmsworth

20. FILED

Nov. 6, 1936

If U.S. Veteran, specify WAR:

If nonresident give city or town and State:

21. DATE OF DEATH

November 6, 1936

22. I HEREBY CERTIFY, that I attended deceased from October 25, 1936, to November 6, 1936. I last saw her alive on Nov. 6, 1936. Death is said to have occurred on the date stated above, et. 8:15 a.m. The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration 6 mos.

Chronic Interstitial Nephritis 8 yrs.

Other Contributory Causes of Importance:

Carditis 4 yrs.

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

Accident, suicide, or homicide?: Date of Injury: 19.

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

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

Manner of Injury:

Nature of Injury:

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

If so, specify:

(Signed) Edna T. Patterson M.D.

ADDRESS: Takoma Park, Md.

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

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

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

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

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

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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Montg. Co  
   Village or City: Gaithersburg, Md.  
   Registration Dist. No. 218

2. FULL NAME: John S. Crown
   (a) Residence: No. Gaithersburg, Md. City
   (b) St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND OF: Agnes S. Crown.

6. DATE OF BIRTH: June 15th, 1867
7. AGE: 69 years
   Months: 5
   Days: 10

8. OCCUPATION: Retired Farmer
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWSMITH, BOOKKEEPER, ETC.
   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): 1930

11. Total time (years) spent in this occupation: 1930

12. BIRTHPLACE: Maryland
    (City or town): Gaithersburg
    (State or country)

13. NAME: Ambrose Crown
14. BIRTHPLACE: Maryland
    (City or town): Gaithersburg
    (State or country)

15. MAIDEN NAME: Annie Gloyd
16. BIRTHPLACE: Maryland
    (City or town): Gaithersburg
    (State or country)

17. INFORMANT: Agnes Crown
    (Address): Gaithersburg

18. BURIAL, CREMATION, OR REMOVAL
    Place: Gaithersburg  
    Date: Nov. 27, 1956

19. UNDERTAKER: Ernest C. Gartner
    (Address): Gaithersburg

20. FILED: Nov. 26, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 11
    (Month) 25
    (Day) 1956

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, to have occurred on the date stated above, at 8 a.m.; death is said to have occurred on the date stated above.

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

Post mortem: Coronary occlusion

Date of onset

Other Contributory Causes of importance:

Adenocarcinoma.

Name of operation:

What test confirmed diagnosis:

Was there an autopsy:

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

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

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

Manner of injury: Nature of injury:

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

If so, specify

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

To be complete, an occupation return must state:

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

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

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

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

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

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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1923 |

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Chief Chart
   Registration Dist. No.: 216
   No. 108 W. Leland 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: Homer Bryan Davis
   (a) Residence: No. 108 W. Leland St., Ward.
   (Usual place of abode)
   II nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (marry the word)
   a. If married, widowed, or divorced
      HUSBAND OF: Helen Catherine Davis
   b. If single

6. DATE OF BIRTH (month, day, and year): April 10, 1890
7. AGE: Years 46, Months 7, Days 11
   If LESS THAN 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   May, Sr. Com.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   U.S. Navy
10. Date deceased last worked at this occupation (month and year): Nov. 11, 1936
11. Total time (years) spent in this occupation: 19

12. BIRTHPLACE (city or town): San Francisco, Calif.
    (State or country)
13. NAME: Homer Bryan Davis
    (State or country)
15. MOTHER NAME: Flora Bryan
    (State or country)
17. INFORMANT: Mrs. Helen Catherine Davis
   (Address)
18. BURIAL, CREMATION, OR REMOVAL
   Place of interment:
   Informant:
19. UNDERTAKER (Address):
20. FILED: Nov. 21, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 11-21-36
22. I HEREBY CERTIFY, That I attended deceased from
   11-21-36
   I last saw deceased alive on 11-21-36; death is said to have occurred on the date stated above, at 5:00 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   County Muncipal 11-21-36
   Other Contributory Causes of Importance:

23. If death was due to external causes (VIOLANCE) fill in also the following:
   Name of operation: 
   Date of:
   What test confirmed diagnosis?: None
   Was there an autopsy?: No
   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) M.D.

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

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

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

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

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

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

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | RECEIVED 1915 |
| Chronic interstitial nephritis | DEC 3 1900 |
| Cerebral hemorrhage | July 5, 1927 |

**Example II**

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

| Other contributory causes of importance: | 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: Montgomery
   Village or City: Silver Spring, Md.
   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: Mrs. Orvin L. Davies (Martha Jane)
   (a) Residence: No. 603 Maryland AVE. St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Feb. 26, 1872

7. AGE
   Years: 64
   Months: 8
   Days: 17

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   Davis Davies

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

15. MAIDEN NAME
   Mary Wilson

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

17. INFORMANT
   Orvin L. Davies
   603 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Chicago, IL
   Date: 11.11.1936

19. UNDERTAKER
   Wm. DRENING
   Lila Springs, Md.

20. FILED
   11/11/1936

21. DATE OF DEATH
   November 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1936, to Nov. 15, 1936
   I last saw him alive on Nov. 15, 1936; death is said to have occurred on the date stated above, at 3:20 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Carcinoma of left breast
   Metastasis involving the supra-
   Infra-Clavicular glands

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, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

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

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

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<td>Peritonitis</td>
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</tbody>
</table>

Other contributory causes of importance:

**Example I**

| Gallstones | May 1, 1923 |

**Example II**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

- County: Montgomery
- Village or City: Olney, Md.
- If death occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME

- Sophia Featherstone

3. SEX

- Female

4. COLOR OR RACE

- White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

- Single

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

- Sep. 13, 1863

7. AGE

- 72 years, 2 months, 11 days

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

- Private duty

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

- 

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

- Oct. 27, 1936

11. Total time (years) spent in this occupation

- 

12. BIRTHPLACE (city or town)

- Brooklyn, N.Y.

13. NAME

- Henry F. Featherstone

14. BIRTHPLACE (city or town)

- Cork, Ireland

15. MAIDEN NAME

- Sophia Louise Lack

16. BIRTHPLACE (city or town)

- England

17. INFORMANT

- Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

- Woodlawn Park, Monrovia, Date: Nov. 20, 1936

19. UNDERTAKER

- Wm. Reubin, Pumphrey

20. FILED

- Nov. 25, 1936

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

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

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

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | DEC 4, 1926 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | JUNE 8, 1927 |

**Example II**

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

**Other contributory causes of importance:**

| Gallstones | May 1, 1926 |
| Gastroenteritis | 1 year |
1. PLACE OF DEATH

   County: Montgomery  No.  St. Ward
   Village or City: Silver Spring (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: 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

   Lucas Green Fishbach If U.S. Veteran specify WAR NO.

   (a) Residence: No. 7 South Mansion Dr. St. Ward
   (Usual place of abode)

   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

   Male White Married

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

   V. If married, widowed, or divorced HUSBAND or (or) WIFE of
   Sarah Chipley

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

   Oct 21, 1929

7. AGE

   Years Months Days

   If LESS than 1 day, __ hrs. or __ min.

8. TRADE, PROFESSION, OR PARTICULAR

   Architectural Draftsman

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, day, and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

   Baltimore, MD

13. NAME

   David Fishbach

14. BIRTHPLACE (city or town)

   (State or country)

15. MAIDEN NAME

   Elizabeth R. Roemer

16. BIRTHPLACE (city or town)

   (State or country)

17. INFORMANT

   Sarah C. Fishbach

   (Address)

18. BURIAL, CREMATION, OR REMOVAL

   Greenbush Park Cem. Date: Nov 17, 1936
   Baltimore, MD

19. UNDERTAKER

   The S. H. Hines Co

   Washington, D.C.

20. FILED

   Nov 15, 1936

21. DATE OF DEATH

   November 14, 1936

   (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

   Aug 24, 1936 to Nov 14, 1936

   I last saw him alive on Nov 14, 1936; death is said
   to have occurred on the date stated above, at 11:30 A.M.

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

   Coronary Thrombosis

   Coronary Occlusion

   Other Contributory Causes of Importance:

   Coronary Sclerosis

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? No

   If so, specify

   Nature of injury

   Date of onset

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

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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<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: Montgomery
   Village or City: Olney, Md.
   Registration Dist. No. 217
   No. The montg. Co. Gen. Hospital 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. 1 mos. 5 ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.
   Known as:

2. FULL NAME: Fred Peyton - Leffler, S. Fluharty U.S. Veteran, specify WAR.
   (a) Residence: No. Formally Greensbch N.C. St., Ward.
   (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)
   SINGLE

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

6. DATE OF BIRTH (month, day, and year) Nov. 5, 1890

7. AGE Years 46
   Months 20
   Days
   If LESS than 1 day,... hrs.
   or,... min.

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

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)
    Sept. 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington, D.C.
    (State or country)

13. NAME W. J. Fluharty
    (State or country)

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

15. MAIDEN NAME Winona Barry
    (State or country)

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

17. INFORMANT Hospital records.
    (Address)

18. BURIAL, CREMATION, OR REMOVAL Place: Gräbenstock, Date: Nov. 26, 1926

19. UNDERTAKER Wm. Reuber, Sunbury.
    (Address)

20. FILED Nov. 25, 1936
    (Address)

21. DATE OF DEATH
   November 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    October... 19... to Nov. 19...
    I last saw him... alive on Nov. 25... 19...; death is said
    to have occurred on the date stated above, at 10:55 m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Chronic salittis

    Other Contributory Causes of Importance:
    Secondary anemis
    Chronic bronchitis

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

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

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

 Registrar.

If more blanks are needed, address State Registrar, 2413 N. Charles Street, Baltimore, Requesting U.S. No.
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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<th>The principal cause of death and related causes of importance were as follows:</th>
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</table>

**Other contributory causes of importance:**

**Example I**

| Gallstones | May 1, 1923 |

**Example II**

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: Montgomery
   - Village or City: Bethesda
   - Registration Dist. No.: 223
   - Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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

4. **DATE OF BIRTH**
   - (Month, day, and year): Nov. 25, 1936

5. **AGE BIRTH**
   - Years: 25
   - Months: 0
   - Days: 4

6. **DATE OF DEATH**
   - (Month, day, and year): Nov. 25, 1936

7. **OCCUPATION**
   - Occupation: Housewife

8. **DATE DECEASED LAST WORKED**
   - At this occupation: Nov. 25, 1936

9. **PLACE DECEASED**
   - (House number and street name):

10. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Capitol Heights
    - Date: Nov. 26, 1936

11. **INFORMANT**
    - Washington San Resoto

12. **MOTHER**
    - Name: Frances Foote

13. **FATHER**
    - Name: Charles Foote

14. **PLACE OF BIRTH**
    - City or town: Princeton, N. J.

15. **DATE OF DEATH**
    - (Month, day, and year): Nov. 25, 1936

16. **CAUSE OF DEATH**
    - Premature Separation of the Placenta

17. **OTHER CONTRIBUTARY CAUSES OF IMPORTANCE**
    - (If applicable)

18. **DATE OF ONSET**
    - (If applicable)

19. **MEDICAL CERTIFICATE OF DEATH**
    - Date:

20. **FILED**
    - Date: Nov. 26, 1936

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<td>Cerebral hemorrhage</td>
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<td>Peritonitis</td>
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</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
- County: Montgomery
- Village or City: Brookville R.D.
- Length of residence in city or town where death occurred: 74 yrs., 10 mos., 0 ds.

2. FULL NAME
- Virginia Smith Garrell
- Residence: No. 223, Brightwood Rd., St., Ward.

3. SEX
- Female

4. COLOR OR RACE
- White

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

6. DATE OF BIRTH (month, day, and year)
- Jan. 22, 1862

7. AGE
- Years: 74
- Months: 10
- Days: 0

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
- Own home

10. OCCUPATION
- Housekeeper

11. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH END YEAR)
- 1936

12. BIRTHPLACE (CITY OR TOWN)
- Montgomery Co., Md.

13. NAME OF MOTHER
- Franklin Groomes

14. BIRTHPLACE (CITY OR TOWN)
- Montgomery Co., Md.

15. MAIDEN NAME OF MOTHER
- Mary Ann Habbs

16. BIRTHPLACE (CITY OR TOWN)
- Montgomery Co., Md.

17. INFORMANT
- J. Broxton
- Address: Brookville R.D.

18. BURIAL, CREMATION, OR REMOVAL
- Place: Chevy Md.
- Date: Nov. 20, 1936

19. UNDERTAKER
- Name: J. P. Fisher
- Address: 2000 E. Baltimore St., Baltimore

20. FILED
- Date: Dec. 19, 1936

If no resident give city or town and State

21. DATE OF DEATH
- Nov. 28, 1936

22. I HEREBY CERTIFY that I attended deceased from Jan. 30, 1936, to Nov. 28, 1936, and... (Signature)

23. CAUSE OF DEATH
- Arteriosclerosis

24. CONTRIBUTORY CAUSES OF DEATH
- Coronary Occlusion
- Other Contributory Causes of Importance:
- None

25. NAME OF DOCTOR
- J. P. Fisher

26. PLACE OF DEATH
- Montco.

27. REGISTERED BY
- J. P. Fisher

28. LICENSE NO.
- 11576

29. LICENSE EXPIRES
- Dec. 31, 1937

30. REGISTRATION DISTRICT
- 2117

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>July 5, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>AUG 11, 1928</td>
</tr>
</tbody>
</table>

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

Example II

<table>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</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: Montgomery
   Village or City: Olney
   Length of residence in city or town where death occurred: 6 yrs. 0 mos. 0 days

2. FULL NAME
   Clarence L. Gilpin
   Residence: Olney, MD
   If U.S. Veteran, specify WAR:

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

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

7. AGE
   66 yrs. 2 mos. 23 days

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.
   Retired

10. Date deceased last worked at this occupation (month and year)
    1930

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

12. BIRTHPLACE (city or town)
    Montco MD

13. NAME
    Ado C. Gilpin

14. BIRTHPLACE (city or town)
    Balto MD

15. MAIDEN NAME
    Annie Least

16. BIRTHPLACE (city or town)
    Balto MD

17. INFORMANT
    Rose S. Gilpin

18. BURIAL, CREMATION, OR REMOVAL
    Ground, Bur. 16, 1936

19. UNDERTAKER
    Warner Thompson

20. FILED
    11-15-36

21. DATE OF DEATH
    Nov. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Nov. 14, 1936, to Nov. 14, 1936
    I last saw him alive on Nov. 14, 1936; death is said to have occurred on the date stated above, at 6 p.m.

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

24. Other Contributory Causes of importance:
    Cholecystitis

Name of operation

What was the final diagnosis? Asymmetry

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

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

27. Manner of injury
    Nature of injury

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

29. If so, specify

30. (Address)
    (Address)
    (Address)

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

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

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

1. PLACE OF DEATH
County: Montgomery
Village or City: Glen Echo

2. FULL NAME
(a) Residence: No. 10, Olesdon Ave, Glen Echo Ward 2nd

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Katherine Higgins
6. DATE OF BIRTH: July 24, 1874
7. AGE: Years 90, Months 3, Days 7
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.: Former
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Former
10. Date deceased last worked at this occupation (month and year): 1936
11. Total time (years) spent in this occupation: 42

34. WHERE BORN: Gaussburg, J.J. Red
35. NAME OF FATHER: Samuel Higgins
36. BIRTHPLACE (city or town): Nebraska
37. NAME OF MOTHER: Matilda (Sprunger) Higgins
38. BIRTHPLACE (city or town): Maryland
39. INFORMANT: Clara Higgins (Address: 10 Olesdon Ave, Glen Echo)
40. BURIAL, CREMATION, OR REMOVAL: Place: Frederick, Oto. 9/30/36
41. UNOVERTAKER: C. H. Fischer (Address: Frederick, Oto. 9/30/36)
42. FILED: Nov. 5, 1936, Alabama W. Pyatt, Registrar.

21. DATE OF DEATH: November 2nd, 1936
22. I HEREBY CERTIFY, That I attended deceased from October 23rd, 1936, to November 2nd, 1936, I last saw him alive on November 2nd, 1936, death is said to have occurred on the date stated above, at 7:30 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Other Contributory Causes of Importance:

Name of operation: 
What test confirmed diagnosis?: 
Was there an autopsy?: 
23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide?: Date of injury: 19
Where did injury occur?: (Specify city or town, county and State): 
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:
Manner of injury: 
Nature of injury:
24. Was disease or injury in any way related to occupation of deceased? If so, specify:

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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: WASHINGTON
   Village or City: Takoma Park
   Length of residence in city or town where death occurred:

2. FULL NAME: Norma Higgins
   (a) Residence: No. 602, Glenmary Ave, Ward: Takoma Park

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: Nov. 26, 1935
   7. AGE: 21 Years, 11 Months, 28 Days

8. Trade, profession, or particular kind of work done, as SPINNER, SAUNDER, 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): Takoma Park
    (State or country)

13. NAME: Cecile Higgins

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

15. MAIDEN NAME: Maime Keeney

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

17. INFORMANT (Address): W. S. M. Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL
    Place: Takoma Memorial Park
    Date: Nov. 25, 1936

19. UNDERTAKER: H. E. Nevin
    (Address)

20. FILED: Nov. 23, 1936

21. DATE OF DEATH
    (Month) / (Day) / (Year) 11 / 23 / 1936

22. I HEREBY CERTIFY, That I attended deceased from
    (Month) / (Day) / (Year) 11 / 1936 to 11 / 23 / 1936; death is said to have occurred on the date stated above, at 12:00 Noon.

   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 operation
   Name or operation: C. L. L. L. L.

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

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

   If so, specify:

   (Signed) H. E. Nevin
   (Address) 2000 Wisconsin Ave., Takoma Park, M. D.

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

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

1. **PLACE OF DEATH**
   - County: Maryland
   - Village or City: Rockville

2. **FULL NAME**
   - Name: Roberta Higgins

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: July
   - Year: 1862

7. **AGE**
   - Years: 74
   - Months: 3

8. **OCCUPATION**
   - Housewife

9. **DATE OF DEATH**
   - Month: November
   - Year: 1936

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

11. **MOTHER**
    - Name: Luella Fees

12. **FATHER**
    - Name: Luther Alonzo Barnes

13. **INFORMANT**
    - Name: Miss Bellee A. Higgins

14. **ADDRESS**
    - Rockville Union

15. **UNDEUTKER**
    - Mrs. Roberta Cummings

16. **BURED, CREMATION, OR REMOVAL**
    - Place: Rockville Union
    - Date: Nov. 7, 1936

17. **INTERMENT**
    - Place: Rockville Union
    - Date: Nov. 7, 1936

18. **FILED**
    - Date: Nov. 7, 1936

19. **REGISTRAR**
    - M.D. (Signature)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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</tr>
<tr>
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<td>3 days ago</td>
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| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | Gastroenteritis |
| Date of onset: May 1, 1925 | 1 year |

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

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

2. FULL NAME
   Emma Hyatt Hoggard
   (a) Residence: No. 207 S. Andrews St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: White
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND OF (or) WIFE OF: D. Avery Hoggard
6. DATE OF BIRTH (month, day, and year): March 10, 1882
7. AGE: 87 years
8. Trade, profession, or particular kind of work done: Housewife
9. Industry or business in which work was done: None
10. Date deceased last worked at this occupation: Jan. 1, 1936
11. Total time (years) spent in this occupation: 54 years

8. Trade, profession, or particular kind of work done: Housewife
9. Industry or business in which work was done: None
10. Date deceased last worked at this occupation: Jan. 1, 1936
11. Total time (years) spent in this occupation: 54 years

21. DATE OF DEATH
   November 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1936, to Nov. 17, 1936, and to have occurred on the date stated above, at 9:25 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Cerebrovascular disease
   1936
   Other Contributory Causes of importance:
   Heart disease
   11/3/36
   Name of operation:
   Date of:
   What test confirmed diagnosis? X-ray
   Was there an autopsy? Yes
   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide:
   Date of injury:
   Where did injury occur?:
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE:
   Manner of injury:
   Nature of injury:

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 7.
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County... Montgomery
Village or City... Rockville, Md.

2. FULL NAME

(a) Residence: No. 1105 Willow Ave., Washington D.C., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

5a. If married, widowed, or divorced

HUSBAND of

WIFE of

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

Aug. 19, 1917

7. AGE

19 Years

3 Months

10 Days

IF LESS than 1 year.

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

Carpenter

9. OCCUPATION

Roofing Co.

10. DATE DIED last worked at this occupation (Month and Year)

11. TOTAL TIME (years) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (city or town)

Alexandria, Va.

13. NAME

Elmer Groves Johnson

14. BIRTHPLACE (city or town)

State or country

15. MAIDEN NAME

Etta M. Posey

16. BIRTHPLACE (city or town)

State or country

17. INFORMANT

Mrs. Groves C. Johnson

Address

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Alexandria, Va.

19. UNDERTAKER

Address

20. FILED

Nov. 29, 1936

REGISTRAR

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting "U. S. No. 1." To obtain further information, contact the Registrar at 2412 N. Charles Street, Baltimore.
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Example I

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

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

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

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

Other contributory causes of importance:

- Gastroenteritis: 1 year

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Takoma Park
   No. 102 Sheridan Ave.
   Registration Dist. No. 223
   (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. 6 mos. 17 days
   Ward:

2. FULL NAME: Hilda Wilhelmine Lichmann
   Residence: No. 102 Sheridan Ave.
   St., Ward.

3. SEX: Female

4. COLOR OR RACE: W

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

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

7. DATE OF BIRTH (month, day, and year):
   Jan. 27, 1868

8. Age:
   Years: 73
   Months: 6
   Days: 17

9. Trade, profession, or particular kind of work done: Housework

10. Industry or business in which work was done: Home

11. Date deceased last worked at this occupation (month and year): 11-10-36

12. BIRTHPLACE (city or town): Posen, Germany

13. NAME: Riskey

14. BIRTHPLACE (city or town): Posen, Germany

15. MAIDEN NAME: Martha Winner

16. BIRTHPLACE (city or town): Posen, Germany

17. INFORMANT: Herbert W. Lichmann
   Address: 102 Sheridan Ave.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Washington, D.C.
   Date: 11-27-36

19. UNDERTAKER: Dr. J. E. Guy

20. FILED: Nov. 28, 1936

21. DATE OF DEATH
   Month: November
   Day: 27
   Year: 1936

22. I HEREBY CERTIFY. That I have attended deceased from August 15, 1936, to November 27, 1936, I last saw her alive on November 26, 1936. She is dead to have occurred on the date stated above, at 10:05 A.M.

   The principal cause of death and related causes of importance were as follows:
   Hypertensive Heart Disease
   Hypertension, Arterial
   Nephritis

   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:
   No

(Signed) J. W. Richardson, M.D.
(Address) 114 Carroll Ave., Takoma Park, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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<th>Example I</th>
<th>Example II</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<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>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Burnett Mills
   No. St., Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   If U.S. Veteran, specify WAR
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year) May 26 - 1878
7. AGE Years Months Days
   58 5 20

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 MILK, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Washington
    (STATE OR COUNTRY) D.C.

13. NAME Matthews Matthews

14. MAIDEN NAME Charlotte Howell

15. MOTHER FATHER

16. BIRTHPLACE (CITY OR TOWN) Washington
    (STATE OR COUNTRY) D.C.

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNERTAKER

20. FILED Dec. 16, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Page after Death

   Last saw him alive at
   Date of Death, 1936

   Death was said to have occurred on the date stated above, at 8:30 P.M.

   The PRINCIPAL CAUSE OF DEATH was as follows:
   Cerebral Hemorrhage
   Pulmonary Hemorrhage

   Other Contributory Causes of Importance:

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

   Manner of Injury Bullet Wounds

   Nature of Injury Perforated in Chest and Skull

   Where did injury occur in Public Place

   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE

   Date of Injury 11.21.1936

   If so, specify

   (Signed) W. E. Mathews M. D.

   Address Rockville, Md.

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

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

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<tr>
<td>Date of onset</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1933</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Rockville
   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. __
   How long in U.S. If of foreign birth? yrs. __ mos. __ ds. __

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ____________________

4. COLOR OR RACE White

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

6. DATE OF BIRTH (month, day, and year)
   Dec. 25, 1849

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

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.
   Ovce. Farm

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

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

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

13. NAME
    Conrad Wm. Naught
    Maryland

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

15. MAIDEN NAME
    Myra Wilson

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

17. INFIRMARY
    (Address)
    Rockville Union
    Rockville Union Date: ____________

18. BURIAL, CREMATION, OR REMOVAL
    Place of ____________ Date: ____________

19. UNDERTAKER
    (Address)
    M. Petruzy, Cummings

20. FILED. ____________ 
    M. D. ____________
    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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<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>1 week ago</td>
</tr>
<tr>
<td>DEC 7 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1928</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Montgomery Co.
Village or City: Chevy Chase, Md.
No. 4 Newland St., Ward.
Registration Dist. No. 216

2. FULL NAME.

(a) Residence: No. 4 Newland St., Ward.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female
4. COLOR OR RACE

White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

5a. If married, widow, or divorced

HUSBAND or (or) WIFE of

William J. McNally

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

July 28, 1884

7. AGE

52 Years
3 Months
14 Days

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

已填写

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

已填写

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

11-36

11. Total time (years) spent in this occupation

已填写

12. BIRTHPLACE (city or town)

New York

(State or country)

13. NAME

Unknown

(Mother's Name)

14. BIRTHPLACE (city or town)

Canada

(State or country)

15. MAIDEN NAME

Katharine Humphrey

16. BIRTHPLACE (city or town)

Unknown

(State or country)

17. INFORMANT

Robert J. McNally

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Washington, D.C., Date 11-14-1936

19. UNDERTAKER

James F. Lyon

(Address)

20. FILED

11-12-1936

THOMAS K. COWAN

Registrar.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from

May 22, 1936, to November 12, 1936

I last saw him alive on November 12, 1936; death is said to have occurred on the date stated above, at 5:00 A.M.

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

Hypertension

Heart Disease

Other Contributory Causes of importance:

Acute Left Ventricular Heart Failure

11/12/36

Name of operation

Date of

What test confirmed diagnosis? Physical Examination, 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)

MICHAEL J. McNally, M.D.

Address

3420....

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<tr>
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<th>Date of onset</th>
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<th>Date of onset</th>
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</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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</table>

Other contributory causes of importance:

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

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

1. **PLACE OF DEATH**
   - County: Montgomery
   - Village or City: Chevy Chase, Md.
   - Registration Dist. No.: 316
   - No. 104 W. Thomasville St., Ward.

2. **FULL NAME**
   - Virginia Pearl M. Thompson
   - Residence: No. 104 W. Thomasville St., Ward.

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF DEATH**
   - Feb 3, 1923

7. **AGE BIRTH**
   - Years: 13
   - Months: 8

8. **OCCUPATION**
   - Student

9. **DATE DECEASED LAST WORKED**
   - This occupation (month end year)

10. **BIRTHPLACE**
    - City or town: Washington, D.C.
    - State or country: Washington, D.C.

11. **FATHER**
    - Name: David W. M. Thompson

12. **MOTHER**
    - Maiden Name: Aletha Pearl Walker

13. **INFORMATION**
    - Address: 104 W. Thomasville St.

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

15. **BURIAL, CREMATION, OR REMOVAL**
    - Place of Burial, Removal: Cedar Hill
    - Date: Nov. 4, 1926

16. **UNDERTAKER**
    - Name: E. A. Merriam
    - Address: 1435 2nd St., N.E.

17. **FILED**
    - Date: 11-3-36
    - Register:

---

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Month: 6
    - Day: 1936


23. I last saw her alive on Nov. 1, 1936; death is said to have occurred on the date stated above, at 12:40 p.m.

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

- **Exhaustion**

Other Contributory Causes of importance:

- **Renal Failure**

Name of operation: **Nephrectomy**

Date of:

What test confirmed diagnosis? **Blood**

Were there an autopsy? **No**

24. Was cause death due to external causes (VIOLANCE) fill in also following:

Accident, suicide, or homicide? **No**

Where did injury occur? **No**

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

Menner of Injury: **No**

Nature of Injury: **No**

25. Disease or injury in any way related to occupation of deceased? **No**

If so, specify: **No**

(Signed) **E. A. Merriam**

M. D.

[Address] 1435 2nd St., N.E.

---

If more blanks are needed, address State Registrar, 2401 N. Charles Street, Baltimore, Requesting M. S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>DEC 3, 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

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

1. PLACE OF DEATH

County: Montgomery
Village or City: Germantown, MD.
Registration Dist. No.: 218

2. FULL NAME

(a) Residence: No. 1101 St., Germantown, MD.

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): Oct. 18, 1894

7. AGE: 42 years

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

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

10. Date deceased last worked at this occupation (month and year): 11/13/36

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

12. BIRTHPLACE (city or town): Charleston

13. NAME: Gerland M. Nicewarner

14. BIRTHPLACE (city or town) (State or country): West Virginia

15. MAIDEN NAME: Malinda Ott

16. BIRTHPLACE (city or town) (State or country): Jefferson Co., WV

17. INFORMANT (Address): Mrs. Gerland M. Nicewarner, 1101 St., Germantown

18. BURIAL, CREMATION, OR REMOVAL: Place: Charles St. Cemetery; Date: 11/17, 1936

19. UNDERTAKER (Address): Dr. J. H. Boesch, 1101 St., Germantown

20. FILED: Nov. 17, 1936, Atchison J. Neely

21. DATE OF DEATH: November 17, 1936

I HEREBY CERTIFY, That I attended deceased from [illegible]

I last saw h. alive on Nov. 17, 1936; death is said to have occurred on the date stated above, at 7:00 A.M. The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dehiscence

Date of onset: 11/17/36

Acute Alcoholism

Date of onset: 11/17/36

Name of operation: None

What test confirmed diagnosis: Stomach-less. Was there an autopsy? No

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

Accident, suicide, or homicide: 11/17, 1936

Date of Injury: 11/17, 1936

Where did Injury occur: Germantown

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE: Germantown

Manner of injury: None

NATURE OF INJURY: None

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

24. If so, specify: 

(Signed): J. Boesch

(Address): Germantown, MD

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
County: Montgomery Co
Village or City: Gaithersburg RFD
Registration Dist. No.: 228
Ward:

2. FULL NAME: Mary Ellen Peddicord
(a) Residence: No. Gaithersburg, Md: RFD Ward.
(Usual place of abode)

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

6. DATE OF BIRTH: Sept 3rd 1865

7. AGE: 71 Years
   Months: 2
   Days: 17
   If LESS then 1 day, hrs., or min.:

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

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

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

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

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

13. NAME: Samuel T Briggs
   Father:

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

15. MAIDEN NAME: Sarah O Clagett
   Mother:

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

17. INFORMANT: Samuel H Peddicord
   Gaithersburg Md
   Address:

18. BURIAL, CREMATION, OR REMOVAL
   Place: Gaithersburg
   Date: Nov 25, 1936

19. Undertaker: Ernest C. Gartner
   Gaithersburg Md
   Address:

20. FILED: Nov 21, 1936

21. DATE OF DEATH
   (Month) 11
   (Day) 20
   (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
   Nov. 19, 1936 to Nov 17, 1936
   I last saw h. m. live on Nov 17, 1936; death is said to have occurred on the date stated above, at 3:17 p.m.
   The principal cause of death and related causes of importance were as follows:

   Other Contributory Causes of importance:

   Name of operation:

   Date of:

   What test confirmed diagnosis?

   Date of:

   Was there an autopsy:

   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:

   Disease or injury in any way related to occupation of deceased:

   If so, specify:

   Address:

   (Signed) W. A. Anthon

   M.D.

   Address:

   Registrar.

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

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

**Example I**

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</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>
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<thead>
<tr>
<th>Cause of Death</th>
</tr>
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<tbody>
<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: Montgomery
   Village or City: Rockville
   No. St., Ward

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

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
   Feb. 22, 1868

7. AGE (Years, Months, Days)
   Years: 68
   Months: 8
   Days: 9

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

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

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

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

12. BIRTHPLACE (city or town)
    Rockville
    Md.

13. NAME
    George Peter

14. BIRTHPLACE (city or town)
    Darneetown
    Md.

15. MAIDEN NAME
    Mary E. Keesaway

16. BIRTHPLACE (city or town)
    Darneetown
    Md.

17. INFORMANT
    Robert Peter, Sr.
    (Address)
    Rockville, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place of Burial:
    Union Cemetery
    Date: Nov. 4, 1936

19. UNDERTAKER
    Lonner, E. Cumpson
    (Address)
    Rockville, Md.

20. FILED: Jan. 3, 1934

21. DATE OF DEATH
   (Month) Nov. 1
   (Day) 1936

22. I HEREBY CERTIFY, That I attended deceased from 1930, to 1936.
    I last saw him alive on Nov. 1, 1936; death is said to have occurred on the date stated above, at 3:30 p.m.
    The principal cause of death and related causes of importance were as follows:
    Acute myocardial occlusion
    Date of onset: Nov. 1936

Other Contributory Causes of Importance:
    Asthmatic bronchitis
    1930

Name of operation: None
What test confirmed diagnosis: Physician
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 Injuries
   Where did injury occur?
   Specify city or town, county and State
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
UNIVERSAL 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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<th>Example I</th>
<th>Example II</th>
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| The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis | The principal cause of death and related causes of importance were as follows:  
Attack of epilepsy  
Run over by street car  
Peritonitis  
1915  
1921  
July 5, 1927  
1 week ago  
1 week ago  
3 days ago |
| Chronic interstitial nephritis | Gallstones  
May 1, 1923  
1 year |
| Cerebral hemorrhage | Gastroenteritis |

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Montgomery
   Place: Bethesda, Maryland
   Ward: Washington
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Mrs. Anjta Phillips
   Residence: 1446 Spring Road

3. SEX: Female
   Color or Race: White
   Single, Married, Widowed, or Divorced: Married

5a. If married, widowed, or divorced
   Husband of: Mr. Samuel Phillips

6. DATE OF BIRTH (month, day, and year): Aug. 26, 1884

7. AGE: 52 yrs. 2 mos. 19 days

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

9. Industry or business in which work was done: Own Home

11. Total time (years) spent in this occupation: 33 yrs.

12. BIRTHPLACE (city or town): Washington, D.C.

13. NAME: Mrs. Lewis Behrnan

14. BIRTHPLACE (city or town): Washington, D.C.

15. MAIDEN NAME: Mary Reese

16. BIRTHPLACE (city or town): Washington, D.C.

17. INFORMANT: Washington Sanitarium

18. BURIAL, CREMATION, OR REMOVAL: Rock Creek Park


20. FILED: Nov. 15, 1936

21. DATE OF DEATH: November 15, 1936

22. I HEREBY CERTIFY: That I attended deceased from November 1, 1936, to November 15, 1936.

   Last saw him alive on Nov. 13, 1936; death is said to have occurred on the date stated above, at 1:45 a.m.

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

   Carcinoma of Cecum, date 1932

   Other Contributory Causes of Importance:

   Name of operation: Colectomy
   Date of operation: 1935
   What test confirmed diagnosis: Symptoms
   Was there an autopsy?: Yes

23. If death was due to external cause (violence) fill in also the following:
   Accident, suicide, or homicide: Date of injury: 1936
   Where did injury occur?: (Specify city or town, county, and state)
   Specify whether injury occurred in industry, in home, or in public place.
   Menner of injury:
   Nature of Injury:

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

   (Address) Woman Park Road

   If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Chronic interstitial nephritis</td>
<td>Run over by streetcar</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>DECEMBER 5, 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>1 year</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: 35 Hickory Ave., Montgomery Co.
   Village or City: Takoma Park, Md.
   Registration Dist. No. 2, 2, 3
   (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: 11 yrs. mos. ds.
   How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME: Mary Ellen Pierce
   (a) Residence: No. 35 Hickory Ave.
   (Usual place of abode)
   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 (with the word): Widowed

6. DATE OF BIRTH (month, day, and year): Sept 25, 1847

7. AGE: 89 yrs. 2 mos.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housewife
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: 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): Rosendale
    (State or country): Wisconsin

13. NAME: Frederick A. Jewett
14. BIRTHPLACE (city or town): Rosendale
    (State or country): Wisconsin
15. MAIDEN NAME: Sevier Ward
16. BIRTHPLACE (city or town): Rosendale
    (State or country): Wisconsin

17. INFORMANT: Mrs. M. E. Stern
    (Address): 35 Hickory Ave.
18. BURIAL, CREMATION, OR REMOVAL:
    Date: Dec. 1, 1937.
19. UNDERTAKER: H. B. Myers
    (Address): 27 Washington Ave.
20. FILED: Nov. 29, 1937, A. E. Rogers
    Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Nov. 29, 1936
    (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    (Sign here)
    I last saw her alive on Aug. 26, 1937; death is said
    to have occurred on the date stated above, at J. A. ...
    The principal cause of death and related causes of importance
    were as follows:

    Hypertension, Migraine

    Date of onset

    Other Contributory Causes of Importance:
    (Sign here)

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

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

    Menner of injury:
    Nature of injury:

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting Rx, S. No.
**United States Standard Certificate of Death**

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Cabin John
   Registration Dist. No.: 216
   No. 5016 Saratoga Ave.
   Ward: St.
   Length of residence in city or town where death occurred: yrs. mos. days How long in U.S. If of foreign birth? yrs. mos. days

2. FULL NAME
   (a) Residence: No. 5016 Saratoga Ave.
   Ward.
   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      Female

   4. COLOR OR RACE
      White

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

   6a. If married, widowed, or divorced
      HUSBAND or (or) WIFE of
      Will H. Pyle

   6. DATE OF BIRTH (month, day, and year)
      Feb 11, 1859

   7. AGE
      Years Months Days
      77 9 3

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

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

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

   11. Total time (years) spent in this occupation

   12. BIRTHPLACE (city or town)
      Washington, D.C.

   13. NAME
      Joseph T. Pyle

   14. BIRTHPLACE (city or town)
      Washington, D.C.

   15. MAIDEN NAME
      Lavinia King

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

   17. INFORMANT
      (Address)
      Will C. Pyle
      (Address)

   18. BURIAL, CREMATION, OR REMOVAL
      Graves Church, Nov. 17, 1936

   19. UNDERTAKER
      Wm. B. Perry

   20. FILED.
      11-15-36

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
      November 14, 1936

   22. I HEREBY CERTIFY, That I attended deceased from
      , 1936, to , 1936; I last saw him alive on Nov. 12, 1936; death is said to have occurred on the date stated above, at 12 noon.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Chronic Endocarditis. Date of onset: 1934

   Other Contributory Causes of importance:
   None

   Name of operation.

   What test confirmed diagnosis.
   Clinical

   Date of
   Was there an autops?
   No

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

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

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

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

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

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

--- Example I ---

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

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

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
</tr>
</thead>
</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**: Montgomery
- **Village or City**: Silver Spring

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

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

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

## 2. FULL NAME

- **Louis F. Randall**
- **Residence No.**: Silver Spring
- **St.**: Ward.

### (Usual place of abode)

**If nonresident give city or town and State**

## PERSONAL AND STATISTICAL PARTICULARS

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

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

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

### 5a. If married, widowed, or divorced

**HUSBAND**: Lilla S. Randall

## 6. DATE OF BIRTH

- **Month**: May
- **Day**: 31
- **Year**: 1876

## 7. AGE

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

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

**Retired**

### 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

## 12. BIRTHPLACE

- **City or town**: Math. Hyde
- **State or country**: UK

## 13. NAME

- **Father**: Bron F. Randall

## 14. BIRTHPLACE

- **City or town**: T.J.
- **State or country**: UK

## 15. MAIDEN NAME

- **M.P. Mizeur**

## 16. BIRTHPLACE

- **City or town**: Brand Canada
- **State or country**: Canada

## 17. INFORMANT

- **Ms. Lilla S. Randall**
- **Address**: Silver Spring

## 18. BURIAL, CREMATION, OR REMOVAL

- **Place**: Ridge Hill
- **Date**: 1926

## 19. UNDERTAKER

- **Address**: Silver Spring

## 20. FILED

- **Signs**: Geo. H. Saffron, M.D.
- **Address**: 1695 E. 18th St.

### If more blanks are needed, address State Registrar, 2413 N. Charles Street, Baltimore, Requesting U. S. No. 1.
STATEMENT OF OCCUPATION.

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

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

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

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

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

STATEMENT OF CAUSE OF DEATH.

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

**Example I**

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</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>
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</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Montgomery
   Village or city: Bethesda, Md.
   No.: Washington, D.C.
   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
   Martha Reedy
   Occupation: Housewife
   If U.S. Veteran, specify WAR

   (Residence: Rockville, Md.

   (Usual place of abode)

3. SEX
   M.

4. COLOR OR RACE
   W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH
   June 16, 1891

7. AGE
   45 yrs.

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

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

10. Occupation
    Own Home

11. Total time spent in this occupation
    Sept. 1936

12. PLACE OF BIRTH (city or town)
    Rockville, Md.

13. NAME
    Isaiah Gates

14. BIRTHPLACE (city or town)
    Prince Georges Co., Md.

15. MAIDEN NAME
    Anne Gates

16. BIRTHPLACE (city or town)
    Maryland

17. INFORMANT
    Sanitarium Records

18. BURIAL, CREMATION, OR REMOVAL
    Daybien, Md.
    Dec. 1, 1936

19. UNDERTAKER
    Rockville, Md.

20. FILED
    Nov. 30, 1936

21. DATE OF DEATH
    Nov. 29, 1936

22. MEDICAL CERTIFICATE OF DEATH
   I HEREBY CERTIFY, That I attended deceased from.
   Nov. 4, 1936, to Nov. 29, 1936
   I last saw her alive on Nov. 28, 1936; death is said to have occurred on the date stated above, at 6:30 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Date of onset
   Adeno-Carcinoma of lung 1933

   Other Contributory Causes of importance:
   General Carcinomatous Sept. 1936

   Name of operation: Radical Peptic Date of Operation 1933
   What test confirmed diagnosis?
   Path Report
   Was there an autopsy?

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

   Manner of Injury
   Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
   If so, specify
   (Signed) M. D.
   (Address) Washington, D.C.
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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11.—The number of years the deceased followed the occupation.

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

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

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

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<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 week ago</td>
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<tr>
<td>Date of onset</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1937</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | Gastroenteritis |
| May 1, 1933 | 1 year |
1. PLACE OF DEATH
   County: Montgomery
   Village or City: Silver Spring
   No. St. Ward
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME: William J. Reeves
   (a) Residence: No. 711 caston Ave. St. Ward.

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 DEATH
   Month: November
   Day: 10
   Year: 1936

7. DATE OF BIRTH (month, day, and year)
   Dec. 7, 1896

8. OCCUPATION: Auditor

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAUER, BOOKKEEPER, etc.
   Auditor

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: Va.

13. NAME: William J. Reeves

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

15. MAIDEN NAME: Mary S. Utter

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

17. INFORMANT: S. A. Stewart
   Address: 711 Houston St.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Alexandria, Va.
   Date: 11-13, 1936

19. UNDERTAKER: H. A. Stewart
   Address: Alexandria, Va.

20. FILED: May 11, 1936

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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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<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: JAN 8, 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Date of onset:</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<p>| Gallstones | Gastroenteritis |</p>
<table>
<thead>
<tr>
<th>May 1, 1923</th>
<th>1 year</th>
</tr>
</thead>
</table>

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Takoma Park
   No. 163 Lincoln Ave.
   Registration Dist. No. 223
   (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: 12 yrs. mos. ds.
   How long in U.S. of if foreign birth?: yrs. mos. ds.

2. FULL NAME: Sarah Elizabeth Paggelman
   (a) Residence: No.
   (Usual place of abode)
   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)
   April 26, 1855

7. AGE
   Years: 81
   Months: 7
   Days: 2

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

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

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

11. Total time spent in this occupation

12. BIRTHPLACE (city or town)
   Virginia

13. NAME OF FATHER
   Jesse Doughtes

14. NAME OF MOTHER
   Virginia

15. MAIDEN NAME
   Christina Kemble

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

17. INFORMANT (Address)
   Royston Paggelman, Daughter

18. BURIAL, CREMATION, OR REMOVAL
   Park Municipal Memorial
   Date: May 28, 1936

19. UNDERTAKER (Address)
   W. T. Rogers

20. FILED
   Nov. 29, 1936
   Washington, D.C.
   Registrar

21. DATE OF DEATH
   November 26, 1936

22. I HEREBY CERTIFY that I attended deceased from Nov. 18, 1936 to Nov. 20, 1936. I last saw deceased alive on Nov. 20, 1936; death is said to have occurred on the date stated above, at 8 P.M.

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

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (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, Maryland, 21201.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

Example I

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

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. Montg. Registration Dist. No. 218
   Village or City. Gaithersburg, Md. No. Methodis Home 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. How long in U.S. or foreign birth? yrs. mos. ds.

2. FULL NAME. Martha V Saunders
   (a) Residence: No. Gaithersburg, Md (City)
   (Usual place of abode)
   (b) If U.S. Veteran, specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) June 8th, 1856

7. AGE
   Years 1856
   Months 80
   Days 4
   If LESS than
   1 day, . . . . . hrs. or . . . . . . min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME. Philip Saunders

    (State or country)

15. MAIDEN NAME. Amanda Beals

    (State or country)

17. INFORMANT
    Address. Home of Aged, H.M. Wilson, Gaithersburg, Md

18. BURIAL, CREMATION, OR REMOVAL
    Date. Nov. 7th, 1936

19. UNDERTAKER
    Address. Ernest C. Gardner, Gaithersburg, Md.


21. DATE OF DEATH
    November 4th, 1936

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY that I attended deceased from Oct. 21, 1936, to Nov. 4, 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 1931

Other Contributory Causes of Importance:

Arteriosclerosis, Chronic nephritis

Name of operation.

Date of.

What test confirmed diagnosis.

Was there an autopsy?

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

Accident, suicide, or homicide.

Date of injury.

Where did injury occur?

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

Manner of injury.

Nature of injury.

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

If so, specify:

(Signed) M.D.

(Rockville, Md.)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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>Principal Cause</th>
<th>Date of Onset</th>
<th>Related Causes of Importance</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Blood pressure</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Urinary tract</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Shock</td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause</th>
<th>Onset Date</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>Principal Cause</th>
<th>Date of Onset</th>
<th>Related Causes of Importance</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
<td>Ruptured appendix</td>
<td></td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
<td>Peritonitis</td>
<td></td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
<td>Gastroenteritis</td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause</th>
<th>Onset Date</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: Montgomery
Village or City: Silver Spring, Md.
No. 713, Sliga Avenue
Length of residence in city or town where death occurred: yrs. 6 mos. ds.

2. FULL NAME

Ann Maguire Schrider
Residence: No. 713, Sliga Avenue
If U.S. Veteran, specify WAR:

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

6. DATE OF BIRTH

June 23, 1875

7. AGE

61 yrs. 5 mos. 3 days

8. OCCUPATION

Housewife

9. PLACE OF DEATH

Village or City: Silver Spring, Md.
No. 713, Sliga Avenue

10. DATE OF DEATH

Nov. 26, 1936

11. Date of onset

Myocarditis

12. BIRTHPLACE

Washington, D.C.

13. NAME

John Maguire

14. BIRTHPLACE

County: Harth, Ireland

15. MAIDEN NAME

Ann McQuillen

16. BIRTHPLACE

County: Harth, Ireland

17. INFORMANT

James E. Schrider

18. BURIAL

Place: Washington DC
Date: Nov. 28, 1936

19. UNDERTAKER

Frank Geier's Sons Co.

20. FILED

Nov. 27, 1936

If more blanks are needed, address State Registrar, 241 E. Charles Street, Baltimore, Requesting U.S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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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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<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>JAN 8, 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>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: Montgomery
   Village or City: Spencerville MD
   No. St., and number:
   Length of residence in city or town where death occurred, yrs. mos. ds.

2. FULL NAME
   Alice T. Stabler
   Residence No. Spencerville MD
   Ward: 

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   Oct. 24th 1876

7. AGE
   60 yrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
   Mill Worker

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)
    1896

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

12. BIRTHPLACE (city or town)
    Montgomery MD

13. NAME
    Alice T. Stabler

14. BIRTHPLACE (city or town)
    Montgomery MD

15. MAIDEN NAME
    Anna B. Taylor

16. BIRTHPLACE (city or town)
    Montgomery MD

17. INFORMANT (Address)
    Julia B. Stabler, 2136 Fillmore Ave., Baltimore

18. BURIAL, CREMATION, OR REMOVAL
    Sunday, Feb. 9, 1936

19. UNDERTAKER (Address)
    J. D. McCurdy, 2136 Fillmore Ave., Baltimore

20. FILED
    Mar. 7, 1936

21. DATE OF DEATH
    11-6-1936

22. I HEREBY CERTIFY
    That I attended deceased from
    and saw him alive on
    and death to have occurred on the date stated above, at 11:15 A.M.

   The principal cause of death and related causes of importance were as follows:
   The patient was... death was chronic
   Other contributory cause of importance:

   Cause of death:
   Coronary Disease

   Date of onset:

   Date of operation:

   Name of operation:

   What test confirmed diagnosis?

   Was there an autopsy?

   Accident, suicide, or homicide?

   Where did injury occur?

   Manner of Injury:

   Nature of Injury:

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

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

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td><strong>Jan 6, 1937</strong></td>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td><strong>July 5, 1927</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>May 1, 1928</strong></td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Signature]
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Takoma Park, Maryland
   Length of residence in city or town where death occurred: 6 yrs. 6 mos. 1 ds.

2. FULL NAME
   Name: Hannah L. Talley
   Residence: 617 Aspin St., Washington, D.C.
   Usual place of abode: Washington, D.C.
   If nonresident give city or town and State: No

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: Oct. 21, 1865
7. AGE: 71 yrs. 1 mos. 5 ds.
   If less than 1 day, hours, or minutes: 1

8. OCCUPATION: Housewife
   Housekeeper
   Industry or business in which work was done: Silk Mill, Saw Mill, Bank, etc.
   Date deceased last worked at this occupation: Nov. 22, 1936
   Total time (years) spent in this occupation: 10 yrs.

12. BIRTHPLACE (city or town): Wilmington, Del.
    (State or country)

13. NAME: Lewis Talley
14. BIRTHPLACE (city or town): Wilmington, Del.
    (State or country)
15. MAIDEN NAME: Rebecca Walton
16. BIRTHPLACE (city or town): Wilmington, Del.
    (State or country)

17. INFORMANT: Daniel Record
   Address: 521 E. Estates St.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Wilmington
   Date: Nov. 22, 1936

    Address: 526 W. E. Pirie

20. FILED: 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Nov. 22, 1936

22. I HEREBY CERTIFY that I attended deceased from Nov. 17, 1936, to Nov. 22, 1936.
I last saw him alive on Nov. 19, 1936. He died at 10:30 A.M. on Nov. 22, 1936.

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

Other Contributory Causes of Importance:

NAMA OF OPERATION: None.
Date of operation: Nov. 17, 1936.
Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE), fill in also the following:
   Accident, suicide, or homicide?: Manner of death: Homicide
   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: Homicide
   Nature of injury: Stab wound
   Date of injury: Nov. 22, 1936
   Whether or not treated in hospital: Yes
   Where treated: Wilmington
   Whether or not carried to hospital: Yes
   Date of death: Nov. 22, 1936
   Whether or not attended by doctor: Yes
   Date of death: Nov. 22, 1936
   Whether or not attended by doctor: Yes
   Date of death: Nov. 22, 1936

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

   Signed: J. H. Hines Co.
   Address: 526 W. E. Pirie

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

| The principal cause of death and related causes of importance were as follows: |
| Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

**Example II**

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

Other contributory causes of importance:

| Date of onset |
| 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: Mont Co.
   Village or City: Montebello
   Registration Dist. No.: 31
   Place of death: St.
   Ward:
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 12742 St.
   (b) Place of death: St.
   Ward:
   Veteran specify War.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   1. Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   4/10/36

7. AGE
   Years: 0
   Months: 7
   Days: 4
   If less than 1 day, ______ hrs. or ______ min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Montebello, MD

13. NAME
    Severson, Thomas

14. BIRTHPLACE (city or town)
    Montebello, MD

15. MAIDEN NAME
    Sarah Jones

16. BIRTHPLACE (city or town)
    Montebello, MD

17. INFORMANT
    Severson, Susan

18. BURIAL, CREMATION, OR REMOVAL
    Place: Montebello
    Date: Nov 16, 1936

19. UNDERTAKER
    Baranoble, M. D.

20. FILED
    Nov 15, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 14
   (Day) 1936

22. I HEREBY CERTIFY that the deceased from Nov 14, 1936, to Nov 15, 1936,
    to have occurred on the date stated above, at ______.

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

   Other Contributory Causes of Importance
   Pulmonary Edema

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

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

   Manner of Injury
   Nature of injury

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

   If so, specify

   (Signed)

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

To be complete, an occupation return must state:
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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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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 |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Silver Spring
   Registration Dist. No.: 214
   Ward: 9
   Length of residence in city or town where death occurred: 17 yrs.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME
   Agnes Virginia Ward
   (a) Residence: No. 5000 1/2 1/2 1 2nd Av., Ward.
   If U.S. Veteran, specify WAR:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH (month, day, and year)
   December 7, 1872

7. AGE
   64 yrs.
   18 mos.
   29 days

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Own Home

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    December 7, 1872

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    45 years

12. BIRTHPLACE (CITY OR TOWN)
    Montgomery County, Maryland

13. NAME OF FATHER
    Henry H. Ward

14. BIRTHPLACE (CITY OR TOWN)
    Montgomery County, Maryland

15. MAIDEN NAME
    Eliza E. F. Ward

16. BIRTHPLACE (CITY OR TOWN)
    Montgomery County, Maryland

17. INFORMANT
    Mary Armfield Perry

18. BURIAL, CREMATION, OR REMOVAL
    Rockville Cemetery

19. UNDERTAKER
    Rockville Undertakers

20. FILED
    May 6, 1937

21. DATE OF DEATH
    November 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    October 10, 1935, to November 5, 1936
    I last saw him alive on November 5, 1936; death is said
    to have occurred on the date stated above, at 11:30 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Carcinoma of the colon.
    Carcinoma of the breast.
    Metastatic Carcinoma of the lung.

23. OTHER CONTRIBUTORY CAUSES OF DEATH:

24. 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, AT HOME, or IN PUBLIC PLACE.

25. MENRR OR INJURY:
    Nature of injury

26. If so, specify:

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

<table>
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<th>Example I</th>
<th>Date of onset</th>
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<th>Date of onset</th>
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<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<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, 1928 |

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 --------------------- Montgomery
   Village or City --------------------- Chevy Chase
   No. 4910 Western Ave., St. -------------- Ward 8
   Length of residence in city or town where death occurred -- yrs, 0 mos., 0 ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. 4910 Western Ave., St. -------------- Ward
   (Usual place of abode)
   Alva Beatrice Reed

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   Date: May 14, 1898

7. AGE BIRTH
   Years: 38
   Months: 6
   Days: 27
   If LESS than 1 day, ________ hrs. or ________ min.

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

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

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

11. Total time (years)

12. BIRTHPLACE
   City or town: Hattiesburg
   State or county:

13. NAME
   Issac B. Weaver

14. BIRTHPLACE
   City or town: Miss.
   State or county:

15. MOTHER NAME
   Katherine Worsham

16. BIRTHPLACE
   City or town:
   State or county:

17. INFORMANT
   Name: W. F. Roby
   Address: 4910 Western Ave.

18. BURIAL, CREMATION, OR REMOVAL
   Date: Nov. 16, 1936

19. UNDERTAKER
   Address: 4217-9 W. 10th Ave.

20. FILED
   Date: 11-13, 1936
   Reg. No. 13. C. Perry M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Date: Nov. 13, 1936
   (Month) (Day) (Year)

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

   Cancer of Liver
   Lesion Certify

   Other Contributory Causes of importance:

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

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

   Manner of injury: __________
   Nature of injury: __________

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

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

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

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

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

1. PLACE OF DEATH
   County: Montgomery
   Village or City: Gaithersburg, Md.
   Ward: St.: 218
   Registration Dist. No.: 218

2. FULL NAME
   (a) Residence: No. 218, Gaithersburg, Md.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH
   (Month, day, and year)
   May 16, 1899

7. AGE
   Years: 87
   Months: 5
   Days: 5

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

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

10. Date deceased last worked at this occupation (month and year)
    July, 1932

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

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

13. NAME
    J. T. Wilkinson

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

15. MAIDEN NAME
    Pearl Burke

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

17. INFORMANT
    Mrs. Eileen Wilkinson
    Wife, Gaithersburg

18. BURIAL, CREMATION, OR REMOVAL
    Place: Gaithersburg
    Date: Nov. 23, 1936

19. UNDERTAKER
    W. G. Spencer, Maryland
    Undertaker

20. FILED
    Nov. 24, 1936
    Clerk
    (Address)
    Registrar

21. DATE OF DEATH
    (Month) 2
    (Day) 21
    (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Oct. 1936 to
    Nov. 21, 1936
    I last saw him alive on
    Nov. 20, 1936
    Death is hereunto attested
    The principal cause of death and related causes of importance
    were as follows:

    Pulmonary tuberculosis, 1924

    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:
    Accidental, suicide, or homicide
    Date of injury
    Where did the 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 the death or injury in any way related to occupation of deceased
    If so, specify
    (Signed)
    (Address)

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

1. **PLACE OF DEATH**
   - County: Montgomery
   - Village or City: Rockville
   - Length of residence in city or town where death occurred: 6 yrs. 6 mos. 6 ds.

2. **FULL NAME**
   - George A. Younkin
   - Residence: No. 1324 Newton St. N.W., Washington, D.C.
   - If nonresident give city or town and State of residence: _

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - May 9, 1916

7. **AGE**
   - 20 Years
   - 6 Months
   - 13 Days

8. **OCCUPATION**
   - Auditor

9. **BIRTHPLACE**
   - Washington, D.C.

10. **MOTHER OR FATHER NAME**
    - See H. Young

11. **MAIDEN NAME**
    - Florence E. Jordan

12. **INFORMANT**
    - Geo H. Young
    - 1324 Newton St. N.W.

13. **BURIAL, Cremation, or Removal**
    - Place: Washington, D.C.
    - Date: Nov. 25, 1936

14. **UNDEUTKER**
    - Wm. R. Sorenson

15. **FILED**
    - 11-25-36

**MEDICAL CERTIFICATE OF DEATH**

22. **DATE OF DEATH**
    - Nov. 22, 1936

23. **CAUSE OF DEATH**
    - Drowning—Body declined to reach shore from a boat, as is disclosed by the report of the death of George A. Youngkin.

24. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - Other causes of death: Nephritis, chlorosis, anemia.

25. **DATE OF DEATH**
    - Nov. 22, 1936
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 case. Under other contributory causes of importance, name other important diseases or injuries. Examples:

<table>
<thead>
<tr>
<th>Example 1</th>
<th>Example 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of Onset</strong>: 1915</td>
<td><strong>Date of onset</strong>: 1 week ago</td>
</tr>
<tr>
<td><strong>Date of Onset</strong>: 1921</td>
<td><strong>Date of onset</strong>: 1 week ago</td>
</tr>
<tr>
<td><strong>Date of Onset</strong>: July 5, 1927</td>
<td><strong>Date of Onset</strong>: 3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><strong>Date of Onset</strong>: May 1, 1923</td>
<td><strong>Date of Onset</strong>: 1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN