STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll Co.
   Village or City: Tyrone

2. FULL NAME
   Harvey Calhoun Barnes
   (a) Residence: No. 437, Tyrone

3. PERSONAL AND STATISTICAL PARTICULARS
   3a. Sex: Male
   3b. Color or Race: White
   3c. Single, Married, Widowed, or Divorced: Single

4. DATE OF DEATH
   (Month): April
   (Day): 1st
   (Year): 1937

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

6. DATE OF BIRTH
   (Month): April
   (Day): 29
   (Year): 1908

7. AGE
   Years: 29

8. Occupation
   Spinner

9. Industry or business in which work was done
   (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): Tyrone
    (State or country): Carroll Co., Md.

13. NAME
    Howard Lee Barnes

14. BIRTHPLACE
    (City or town): Westminster
    (State or country): Carroll Co., Md.

15. MAIDEN NAME
    Ethel E. Richter

16. BIRTHPLACE
    (City or town): Carroll Co.
    (State or country): Md.

17. INFORMANT
    (Address): Howard Lee Barnes, Tyrone, Md.

18. BURIAL, Cremation, or REMOVAL
    Place: Westminster, Md.
    Date: May 1, 1937

19. UNDERTAKER
    (Address): I. S. Myers, 306 W. Main St., Carroll Co., Md.

20. FILED
    (Address): April 29, 1937

Registrar

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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:

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

Example II

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Sykesville
   Length of residence in city or town where death occurred: yrs. 12 mos.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   MARRIED
   HUSBAND of: unknown

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

7. AGE
   Years: 50
   Months: 11
   Days: 20
   If LESS than 1 day, hours, or minutes

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE AS SPINNER, SAWER, BOOKKEEPER, ETC.
   None

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE AS SILK MILL, SAW MILL, BANK, ETC.
   None

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH END YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
   Russia

13. NAME
   Unknown

14. BIRTHPLACE (CITY OR TOWN)
   Russia

15. MAIDEN NAME
   Unknown

16. BIRTHPLACE (CITY OR TOWN)
   Russia

17. INFORMANT
   Address: L. Keene, Maryland

18. BURIAL, CREMATION, OR REMOVAL
   Place: Sykesville
   Date: Apr. 21, 1937

19. UNDERTAKER
   Address: L. Keene

20. FILED
   Date: Apr. 21, 1937

21. DATE OF DEATH
   Month: April
   Day: 21
   Year: 1937

22. I HEREBY CERTIFY that I attended deceased from March 9, 1936, to April 21, 1937.
   I last saw him alive on April 20, 1937, death is said to have occurred on the date stated above, at 7:15 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Tuberculosis of the Lung
   Date of onset: 1915

MEDICAL CERTIFICATE OF DEATH

Other Contributory Causes of Importance:

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

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

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

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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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<tr>
<th>The principal cause of death and related causes of importance</th>
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</tbody>
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<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Henryton, Maryland
   Maryland Tuberculosis Sanatorium
   Colored Branch 23
   Registration Dist. No.: 74

2. FULL NAME
   Martha Black
   (a) Residence: No. 164 W. Cross St., Balto., Md.
   (b) Occupation: Housewife
   Ward: 22

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

6. DATE OF BIRTH (month, day, and year): Feb. 13, 1894

7. AGE: 43 years, 2 months, 9 days

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Unknown

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Unknown

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

12. BIRTHPLACE (CITY OR TOWN): Ellaville, Georgia

13. NAME: Peter Terry

14. BIRTHPLACE (CITY OR TOWN): Putnam, Georgia

15. MAIDEN NAME: Eliza Neal

16. BIRTHPLACE (CITY OR TOWN): Putnam, Georgia

17. INFORMANT (ADDRESS): R. Hoffman, M.D., Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL: Ellaville, Maryland

19. UNDERTAKER (ADDRESS): Joseph A. Smith

20. FILED: 22/1/37, 19

21. DATE OF DEATH: April 22, 1937

22. I HEREBY CERTIFY that I attended deceased from March 11, 1936, to April 22, 1937.
   I last saw her alive on April 22, 1937; death is said to have occurred on the date stated above, at 4:30 P.M.

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

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary Tuberculosis</td>
<td>July 1935</td>
</tr>
</tbody>
</table>

Other Contributory Causes of Importance:

<table>
<thead>
<tr>
<th>Cause</th>
</tr>
</thead>
</table>

Name of operation: ---

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: 7/19
   Where did injury occur?: ---
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Nature of Injury: ---
   Menner of Injury: ---

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

   If so, specify: ---

   Signed: ---
   (Address): ---

Printed Name: ---

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Other contributory causes of importance:</td>
<td></td>
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<td>May 1, 1923</td>
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</table>

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Sykesville, MD
   Length of residence in city or town where death occurred: 21 yrs. 6 mos. 12 ds.

2. FULL NAME
   (a) Residence: No. 5207 Bernard St., Baltimore, MD
   If U. S. Veteran, specify WAR:

   PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: White
   SINGULAR, MARRIED, WIDOWED, OR DIVORCED: Single
   If married, widowed, or divorced HUSBAND OF (or WIFE OF):

3. DATE OF DEATH
   DATE: April 10, 1937
   I HEREBY CERTIFY, That I attended deceased from Sep. 28, 1936, to Apr. 10, 1937.
   I last saw him alive on Apr. 10, 1937; death is certain to have occurred on the date stated above, at 4:00 P.M.
   The PRINCIPAL CAUSE OF DEATH was as follows:

   MEDICAL CERTIFICATE OF DEATH

4. DATE OF BIRTH
   Jan. 10, 1865
   AGE: 72 yrs. 3 mos. 0 days

5. OCCUPATION
   Carpenter
   Industry or business in which work was done: Mason
   Trade, profession, or particular kind of work done: Mason

6. BIRTHPLACE
   Baltimore County, Maryland
   NAME: Benjamin Blattenger

7. MOTHER'S NAME
   Martha Collett

8. INFORMANT
   Rev. C. P. Boothe, M.D.

9. BURIAL, CREMATION, OR REMOVAL
   Springfield State Hospital, Apr. 11, 1937

10. UNDERTAKER
    Rev. John J. Dolan

11. FILED
    Sep. 11, 1937, Rev. C. P. Boothe, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>1915</td>
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<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>

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

1. PLACE OF DEATH
   County: Carroll
   Colored Branch 25
   Village or City: Henryton, Maryland
   Registration Dist. No. 74
   Length of residence in city or town where death occurred: 0 yrs. 1 mos. 4 ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Ward: (above)

2. FULL NAME
   Mary Estella Bony
   (a) Residence: No. 914 Central Ave., Balto., St. Md.
   (Usual place of abode)
   If U. S. Veteran, specify WAR: None
   If nonresident give city or town and State: 

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   5a. If married, widowed, or divorced
      HUSBAND OF (or WIFE OF) 

6. DATE OF BIRTH (month, day, and year): August 15, 1919
7. AGE: 17 yrs.
   Months: 7
   Days: 30
   If LESS than 1 day: 0 hrs. or 0 min.

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

12. BIRTHPLACE (city or town) (State or country): Wilson, North Carolina
13. NAME: Alida Newsome
14. BIRTHPLACE (city or town) (State or country): Fremont, North Carolina
15. MAIDEN NAME: Livingston Bony
16. BIRTHPLACE (city or town) (State or country): Goldsborough, North Carolina

17. INFORMANT (Address): Reuben Hoffman, M.D.
   Henryton, Maryland
18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Calvary Cemetery, April 18, 1937
   Undertaker: Robert E. Willingham
   Address: 1613 West 6th, Baltimore

19. UNDERTAKER (Address): Albert E. Swendsen
   Deputy Local Registrar, Henryton, Maryland

20. FILED: 4/14/37

21. DATE OF DEATH
   (Month): April
   (Day): 14
   (Year): 1937

22. I HEREBY CERTIFY, That I attended deceased from 
   March 10, 1937, to April 14, 1937. 
   I last saw her alive on: April 14, 1937; death is said 
   to have occurred on the date stated above, at: 8:20 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance 
   were as follows:
   Tuberculous Peritonitis
   Date of onset: July 1936

   Other Contributory Causes of importance:

   Name of operation: 
   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: 
   Where did injury occur?: 
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   
   Nature of Injury: 
   Nature of Injury: 

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

   Signature: Reuben Hoffman, M.D.
   Address: Henryton, Maryland

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<tr>
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<td>Date of onset</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1923</td>
</tr>
</tbody>
</table>

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

Maryland Tuberculosis Sanatorium

1. PLACE OF DEATH
County: Carroll
Colored Branch (25)
Registration Dist. No.: 74
Village or City: Henryton, Maryland
No. (above) St., Ward
Length of residence in city or town where death occurred: 0 yrs. 1 mos. 0 ds.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Theodore Govwin Booth
If U. S. Veteran, specify WAR: None
(a) Residence: No. 1815 E. Biddle St., Baltimore, Md., Ward.
(Ussual place of abode)
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a. If married, widow, or divorced WIFE of Marie Booth
HUSBAND of

6. DATE OF BIRTH (month, day, and year) Jan. 2, 1904

7. AGE Years 33
Months 3
Days 5
If LESS than
1 day, _______ hrs.
or _______ min.

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, etc.
Unknown

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) Unknown

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

12. BIRTHPLACE (CITY OR TOWN) Smithfield, Virginia
(State or country)

13. NAME Charles Booth

14. BIRTHPLACE (CITY OR TOWN) Smithfield, Virginia
(State or country)

15. MAIDEN NAME Margaret Govwin

16. BIRTHPLACE (CITY OR TOWN) Smithfield, Virginia
(State or country)

17. INFORMANT (Address) Reuben Hoffman, M.D.
Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place: Smithfield, Va.
Date: April 12, 1937

19. UNDERTAKER (Address) Albert Swain, Md.

20. FILED: 4/7/37, 19
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) April 7
(Year) 1937

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1937, to April 7, 1937. I last saw him in alive on April 7, 1937. Death is said to have occurred on the date stated above, at 2:10 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis

Date of onset: July 1936

Other Contributory Causes of Importance:

Name of operation: Date of: What test confirmed diagnosis?: Date of: Was there an autopsy?: No

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

If so, specify:

Manner of injury: Nature of injury:

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)
Ind. in HOME, or in PUBLIC PLACE.

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

If more blanks are needed, address State Registrar, 2622 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

1. PLACE OF DEATH
   Maryland Tuberculosis Sanatorium
   Carroll County
   Colored Branch
   Henryton, Maryland
   Registration Dist. No. 74
   (above) No. St. Ward
   Length of residence in city or town where death occurred: 0 yrs. 0 mos. 26 ds.

2. FULL NAME
   Harriett Ann Briscoe
   (a) Residence: 509 N. Bond St., Balto., Md. Ward.
   (Usual place of abode)

   If U.S. Veteran, specify WAR: None

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

   6. DATE OF BIRTH (month, day, and year): Oct. 1, 1910

   7. AGE: 27 yrs. 6 mos. 28 days

   8. OCCUPATION: Domestic

   9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.

   10. Date deceased last worked at this occupation: Unknown

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

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

   13. NAME: Charles Briscoe

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

   15. MAIDEN NAME: Annie Smoot

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

   17. INFORMANT (Address): R. Hoffman, M.D.

   18. BURIAL, CREMATION, OR REMOVAL: Mount Tabor, 1917

   19. UNDERTAKER (Address): Elmer Wiles

   20. FILED: 4/28/37

21. DATE OF DEATH
   (Month) April (Day) 28, (Year) 1937

   If nonresident give city or town and State

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1937, to April 28, 1937

   I last saw him alive on April 28, 1937, death is said

   to have occurred on the date stated above, at 10:30 A.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance

   were as follows:

   Pulmonary Tuberculosis

   Date of onset: Dec. 1935

   Other Contributory Causes of Importance:

   Name of operation:
   What last confirmed diagnosis:
   Was there an autopsy:
   No

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

   Accident, suicide, or homicide:
   Date of Injury:
   Where did injury occur:
   (Specify city or town, county and State)
   Spicy 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) Reuben Hoffman, M.D.

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, 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>
<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></td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: Carroll
Village or City: Sykesville

2. FULL NAME: Clarence E. Brown
(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: M
4. COLOR OR RACE: White
5. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

6. DATE OF BIRTH (month, day, and year): Jan. 4, 1860
7. AGE: 79 years, 3 months, 3 days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWSMITH, BOOKKEEPER, ETC.: Shoe Maker
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS MILK MILL, SAWMILL, BANK, ETC.:
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): Dec. 1936
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 50 years

12. BIRTHPLACE (CITY OR TOWN): Sykesville, Md.
13. NAME: Clarence E. Brown
14. BIRTHPLACE (STATE OR COUNTRY): Md.
15. MAIDEN NAME: Lydia A. Mealy
16. BIRTHPLACE (CITY OR TOWN): Sykesville, Md.
17. INFORMANT: Catherine Brown
18. BURIAL, CREMATION, OR REMOVAL: Springfield Cemetery
19. UNDERTAKER: Home of the Dead
20. FILED: Apr. 7, 1937

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 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**

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>May 7, 1937</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
</tr>
</thead>
</table>

Other contributory causes of importance:

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

County: Carroll
Village or City: Henryton, Maryland
Registration Dist. No.: 74

Place of Death: Maryland tuberculosis Sanatorium, Colored Branch (23)
No. (Above): (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred: 0 yrs. 3 mos. 10 ds.

2. FULL NAME: Mary Elizabeth Cavanaugh

If U.S. Veteran, specify WAR: None
If nonresident give city or town and State

3. SEX: Female
4. COLOR OR RACE: Colored
5a. If married, widowed, or divorced: Single

6. DATE OF BIRTH: May 3, 1919
7. AGE: 17 yrs.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK: Domestic
9. OCCUPATION: Unknown

10. Date deceased last worked at this occupation: Unknown
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE: Bethesda, Maryland
13. NAME: Howard Cavanaugh
14. BIRTHPLACE: Paramount, Virginia
15. MAIDEN NAME: Beatrice Wade
16. BIRTHPLACE: Germantown, Maryland

17. INFORMANT: Reuben Hoffman, M.D.
18. BURIAL, CREMATION, OR REMOVAL: Reuben Paul, Rockville, Date: April 18, 1937

19. UNDERTAKER: Reuben Hoffman, M.D.
20. FILED: 4/14/37, 19

21. DATE OF DEATH: April 14, 1937
22. I HEREBY CERTIFY, That I attended deceased from January 4, 1937, to April 14, 1937.
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)
   Manner of Injury:
   Nature of Injury:
   Was there an autopsy? No

Other Contributory Causes of importance:

Other Contributory Causes of importance:

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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Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>RECEIVED 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>MAY 7 1937</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 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: Springfield State Hospital
- Village or City: Springdale
- Registration Dist. No.: 74

## 2. FULL NAME
- Charles E. Davidson

## PERSONAL AND STATISTICAL PARTICULARS

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

## 6. DATE OF BIRTH (month, day, and year)
- ? 1858

## 7. AGE
- Years: 79
- Months: ?
- Days: ?
- If less than 1 day, ___ hrs. or ___ min.

## 8. TRADE, PROFESSION, OR OCCUPATION
- Potter

## 9. PLACE, DATE, AND TIME OF DEATH
- Place: Springfield State Hospital
- Date: April 24, 1957
- Time: 12:00 am

## 10. MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 24, 1957</td>
</tr>
</tbody>
</table>

## 22. I HEREBY CERTIFY

<table>
<thead>
<tr>
<th>22. I HEREBY CERTIFY, That I attended deceased from</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb. 2nd, 1954, to April 24, 1957</td>
</tr>
<tr>
<td>I last saw him alive on April 24, 1957; death is said to have occurred on the date stated above, at 12:00 am.</td>
</tr>
</tbody>
</table>

## 23. PRINCIPAL CAUSE OF DEATH
- Chronic Neuritis
- Generalized Arteriosclerosis
- Opacities
- Chronic Hepatitis

## 24. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
- Dementia

## 25. NAME OF OPERATION
- None

## 26. WHAT TEST CONFIRMED DIAGNOSIS
- None

## 27. WAS THERE AN AUTOPsy?
- No

## 28. MANNER OF DEATH
- Suicide

## 29. NATURE OF INJURY
- None

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

## 31. SIGNATURES
- Signed: M. B. Martin, M.D.

If more blanks are needed, address State Registrar, 2431 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
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<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>May 7, 1937</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1923</td>
<td>Gastroenteritis 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Sykesville
   No Springfield State Hospital, Ward
   Length of residence in city or town where death occurred: yrs. 3 mos. 12 ds.

2. FULL NAME: Biaggio DeFelice
   Residence: No. 905 Stiles Avenue, Baltimore, Md.

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

   6. DATE OF BIRTH: Feb., unknown, 1919
   7. AGE: 18 yrs. 25 days

   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Unknown
   9. OCCUPATION: Unknown

   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Unknown
   11. TOTAL TIME SPENT IN THIS OCCUPATION: Unknown

   12. BIRTHPLACE: Baltimore, Md.
      (City or town)
      (State or country)

   13. NAME: Dominic DeFelice
      (Father)

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

   15. MAIDEN NAME: Carmella Diawend
      (Mother)

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

   17. INFORMANT: Hospital Records
      (Address)

   18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer, Date: May 1st, 1937

   19. UNDERTAKER: Frank Steller, Date: 5-21-37
      (Address)

   20. FILED: Mar. 28, 1937

   21. DATE OF DEATH: April 28, 1937
      (Month) 193
      (Day) 28
      (Year)

   22. I HEREBY CERTIFY: That I attended deceased from
      Jan. 16, 1937, to April 28, 1937
      I last saw him alive on April 27, 1937; death is said
      to have occurred on the date stated above, at 2:15 p.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
      Pulmonary tuberculosis
      Date of onset: 17/3/37

   Other Contributory Causes of Importance:

   Name of operation: Unknown
   Date of: Unknown
   Was there an autopsy: Yes
   What test confirmed diagnosis: Phys. Exam. X-ray

   23. If death was due to external causes (VIOLENCE) fill in also the following:
      Accident, suicide, or homicide: Date of Injury: 1937
      Where did injury occur: Unknown
      (Specify city or town, county and State)
      Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Name of place: Unknown
   Nature of injury: Unknown
   Date of: Unknown

   24. Was disease or injury in any way related to occupation of deceased?
      If so, specify: Unknown
      (Sign)
      Registrar: M. Prentiss, M.D.
      (Address) Springfield State Hospital

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

**Example I**

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

**Example II**

<table>
<thead>
<tr>
<th>Cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by streetcar</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 of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Carroll
   - Village or City: Springfield State Hospital
   - No. Sykesville, Maryland
   - Length of residence: 24 yrs. 9 mos. 10 ds.

2. **FULL NAME**
   - MAGGIE DONALLEN (or) (Donlan)
   - Residence: No. 1500 W. 4th St. Baltimore
   - Residence: Ward

3. **SEX**
   - Female
   - Color or Race: White

4. **DATE OF DEATH**
   - Month: April
   - Day: 26
   - Year: 1937

5. **DATE OF BIRTH**
   - Month: Unknown
   - Day: Unknown
   - Year: Unknown

6. **AGE**
   - Years: 67
   - Months: 0
   - Days: 0

7. **OCCUPATION**
   - Domestic
     - Gen. Housework
   - Date deceased last worked at this occupation: Unknown
   - Total time (years) spent in this occupation: Unknown

8. **BIRTHPLACE**
   - City or town: Ireland
   - State or country: Ireland

9. **NAME**
   - Thomas Unknown Donlan

10. **FATHER**
    - Name: Unknown

11. **MOTHER**
    - Name: Hugh

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

13. **INFORMANT**
    - Name: Springfield Hospital Records
    - Address: Sykesville, Md.

14. **BURIAL, CREMATION, OR REMOVAL**
    - Place: St. Paul's Cathedral
    - Date: April 26, 1937

15. **UNTERTAKER**
    - Name: E. O. Cockrill
    - Address: 1712 E. 4th St.

16. **FILED**
    - Date: Aug. 26, 1937

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**MEDICAL CERTIFICATE OF DEATH**

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1937, to April 25, 1937. Last saw her alive on April 25, 1937; death is stated to have occurred on the day stated above, at 12:10 a.m. M.

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

**Acute Cardiac Decompensation**
- Date of onset: 1 day

Other Contributory Causes of Importance:
- Chronic Myocarditis

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

Other contributory causes of importance:

- Gallstones | May 1, 1928 |

### Example II

<table>
<thead>
<tr>
<th>Attack of epilepsy</th>
<th>Date of onset</th>
<th>1 week ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
<td></td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
<td></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: Carroll
   - Village or City: Sykesville
   - Length of residence in city or town where death occurred: yrs 2 mos 2 ds

2. **FULL NAME**
   - Surname: Buddinas
   - Given Names: Peter
   - If U.S. Veteran, specify WAR

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Male
   - COLOR OR RACE: White
   - SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   - Age: 67 yrs 1 mos 23 days
   - DATE OF BIRTH: March 26, 1870
   - OCCUPATION: Laborer
   - DATE DECEASED LAST WORKED: This occupation
   - Total time (years) spent in this occupation: 0 yrs 0 mos 0 days
   - BIRTHPLACE (city or town): Maryland
   - BIRTHPLACE (State or country): Maryland
   - NAME: Buddinas, Peter
   - MAIDEN NAME:视察
   - BIRTHPLACE (city or town): Maryland
   - BIRTHPLACE (State or country): Maryland
   - INFORMANT (Address): Bailey Buddinas, Sykesville
   - BURIAL, CREMATION; OR REMOVAL: Leningrad,
   - Undertaker (Address): William Buddinas, Sykesville
   - FILED: April 30, 1937

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**: April 29th, 1937

22. **I HEREBY CERTIFY**

   - That I attended deceased from March 26, 1937, to April 29, 1937
   - I last saw him alive on April 29, 1937
   - Death is said to have occurred on the date stated above, at 11:00 A.M.
   - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

23. **Other Contributory Cause of importance**
   - Cranial Hemorrhage

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

   [Signature: W. W. Flinton, M.D.]
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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<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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<td>Arteriosclerosis</td>
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<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

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

2. FULL NAME: Edwin N. Ely
   Residence: Mt. Airy, Md. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widow, or divorced, give NAME of:
   HUSBAND OR WIFE OF: Blanch W. Ely

6. DATE OF BIRTH (month, day, year): May 14, 1863
7. AGE (years, months, days): 73 11 2
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, ETC.:
   Machinist
   F. E. Elec. Co.

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, ETC.:
   Silk Mill, Saw Mill, Bank, etc.

10. Date deceased last worked at this occupation: 1932
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town): Baltimore, Md.
13. NAME: Edwin N. Ely
14. BIRTHPLACE (city or town): Baltimore, Md.
15. MAIDEN NAME: Ely
16. BIRTHPLACE (city or town): Baltimore, Md.

17. INFORMANT (name and address):
   Blanch W. Ely, Mrs. Ely

18. BURIAL, CREMATION, OR REMOVAL:
   Place: Woodlawn
   Date: April 16, 1937

20. FILED: April 16, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 16, 1937
22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937, to April 16, 1937, at 3:30 p.m.

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

Other Contributory Causes of Importance:

Name of operation: None
Date of:

What test confirmed diagnosis?: No autopsy?

23. If death was due to external causes (VIDENCE OF INJURY), fill in the following:

   Accident, suicide, or homicide?: Yes
   Date of Injury: 1937
   Where did Injury occur?: Baltimore, Md.
   Specify whether Injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

   Manner of Injury: No
   Nature of Injury: No

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

   If so, specify: C. M. H. P., M.D.
   (Address): Mt. Airy, 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.

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Carroll
   Village or City: Uniontown Dist. No. 1
   Length of residence in city or town where death occurred: 17 yrs. mos. ds.

2. FULL NAME: Harry Raymond Kommewalt
   (a) Residence: Westminster, Md. No. 1
   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: Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:

6. DATE OF BIRTH (month, day, and year): Feb. 20, 1884
7. AGE: 53 Years 27 Months
7a. If LESS than 1 day, hrs. or min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Farmer
8a. Industry or business in which work was done: Farm
9. OCCUPATION: Farmer
9a. Date deceased last worked at this occupation (month and year): July 1934
10. Date deceased last worked at this occupation: 1934
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town): Westminster
    (State or country): Maryland
13. NAME: Joseph Kommewalt
14. BIRTHPLACE (city or town): Maryland
    (State or country):
15. MAIDEN NAME: Emma Feiger
16. DATE OF DEATH: April 17, 1937
17. INFORMANT: Mrs. Sadie Kommewalt
   (Address): Westminster, Md. No. 1
18. BURIAL CREMATION, OR REMOVAL
   Place, Church, or Military:
   Date: April 19, 1937
19. UNDERTAKER: W. B. Little, P. W. Stutl
   Address: Westminster, Md.
20. FILED: Apr. 19, 1937

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: April 17, 1937
22. I HEREBY CERTIFY that I attended deceased from
    Feb. 20, 1937, to April 17, 1937
    I last saw him alive on April 11, 1937; 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:
    Carcinoma of Segment 1

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Name of operation: Carcinoma of Segment 1
What test confirmed diagnosis: X-ray
Was there an auopsy?: No

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide: Date of Injury: 1937
   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): Westminster, 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 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 1927</td>
</tr>
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</thead>
<tbody>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

### Example II

<table>
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<th>The principal cause of death and related causes of importance were as follows:</th>
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<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th></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: Carroll
No. ___________ St., ___________ Ward.
Village or City: Union Mills
(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: 68 yrs. ___________ mos. ___________ days.
How long in U.S. If of foreign birth? yrs. ___________ mos. ___________ days.

2. FULL NAME: Daniel Peter Tisek
(a) Residence: No. ___________ St., ___________ Ward.
(Usual place of abode)

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 OR (or) WIFE OF: Mary (Gueste) Tisek

6. DATE OF BIRTH (month, day, and year): Dec. 12-18-53
7. AGE Years: 68
   Months: 4
   Days: 15
    If LESS than 1 day, _______ hrs. or _______ min.

8. Trade, profession, or particular kind of work done: SAINT AND BOILER, etc.
   Occupation: Retired

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

10. Date deceased last worked at this occupation (month and year): 1927
11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Maryland
13. NAME: Peter Tisek
14. BIRTHPLACE (city or town) (State or country): Maryland
15. MAIDEN NAME: Elizabeth Barker
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Daniel Tisek
   Address: ___________
   Relationship: Son

18. BURIAL, CREMATION, OR REMOVAL
   Place: Union Mills
   Date: April 29, 1937

19. UNDERTAKER: Stettler & Co.
   Address: ___________

20. FILED: April 27th, 1937
   (Address): ___________
   (Name): ___________
   (Signature): ___________
   (M.D.): ___________

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: April 27, 1937
   (Month) ___________ (Day) 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from _______ to _______.
   I last saw h. _______ to _______.
   I certify that deceased died on _______.
   I certify that deceased died on _______.
   Death is said to have occurred on the date stated above, at _______.

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

   Other Contributory Causes of importance:
   ___________

   Name of operation: ___________
   Date of operation: ___________
   Where was operation performed: ___________
   Date of operation: ___________
   Where was operation performed: ___________

   Nature of injury:
   ___________

   Manner of injury:
   ___________

   Was there an autopsy? Yes
   Date of autopsy: ___________

   Accident, suicide, or homicide? Yes
   Date of injury: ___________
   Where did injury occur? ___________
   Specify where: ___________

   Where did injury occur? ___________
   Manner of injury:
   ___________
   Nature of injury:
   ___________

   If so, specify:
   ___________

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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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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, weave, 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:

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<td>MAY 5, 1937</td>
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<td>JULY 5, 1937</td>
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<tr>
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<td>Attack of epilepsy</td>
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<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: Carroll
   Village or City: Hampstead
   Registration Dist. No.: 27

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

7. AGE
   Years: 3
   Months: 8
   Days: If LESS than
   1 day, ________ hrs.
   or ________ min.

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

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

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

11. Total time (years)
    spent in this occupation

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

13. NAME
    Marian M. Gettles

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

15. MAIDEN NAME
    Marquise Burke

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

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Hampstead
    Date: Apr 16, 1937

19. UNDERTAKER
    (Address)

20. FILED
    Registration Date: 1937

21. DATE OF DEATH
    (Month) April
    (Day) 25
    (Year) 1937

22. I HEREBY CERTIFY, That I attended deceased from
    (month) April
    (year) 24, 1937 to (month) April
    (year) 25, 1937
    I last saw him alive on (month) April
    (day) 19, 1937; death is said
    to have occurred on the date stated above, at 3 A.M.
    The PRINCIPAL CAUSE OF DEATH was as follows:

    Congenital Meningitis
    and Hydrocephalus

    Other Contributory Causes of Importance:
    Brain and Intracranial
    Hypertension
    Pneumonia

    Neme 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?
    Where did injury occur?
    (Specify city or town, county, and state)
    Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.
    Nature of Injury
    Nature of Injury
    Nature of Injury

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

If so, specify
(Signed)

MARIUS M. GETTLES
M.D.

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

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</tr>
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</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: Carroll
   Village or City: Manchester
   Length of residence in city or town where death occurred: 37 yrs., mos. ds.

2. FULL NAME
   (a) Residence: No. Manchester
   (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)
   Married

5a. If married, widowed, or divorced, husband or wife of:
   Mrs. Nora Gilbert

6. DATE OF BIRTH (month, day, year)
   Nov. 27, 1870

7. AGE
   Years: 66
   Months: 4
   Days: 17
   If less than 1 day, ___ hrs., ___ min.

8. Trade, profession, or particular kind of work done, e.g., Spinner, Sawyer, Bookkeeper, etc.
   Farmer

9. Industry or business in which work was done, e.g., Silk Mill, Saw Mill, Bank, etc.
   (If employed by corporation, name of corporation)

10. Date deceased last worked at this occupation (month and year)
    April 1937

11. Total time (years) spent in this occupation
    (How many years)

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

13. NAME
    Samuel Gilbert

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

15. MAIDEN NAME
    Sarah Hyde

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

17. INFORMANT
    Mrs. Nora Gilbert
    Manchester

18. BURIAL, CREMATION, OR REMOVAL
    Meadow Branch White, 4-16, 1937

19. UNDERTAKER
    Jacob Weiner & Son
    Manchester

20. FILED
    Apr. 15, 1937
    M. T. Denner
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Apr. 13, 1937

22. I HEREBY CERTIFY that I attended deceased from
    Apr. 11, 1937 to Apr. 13, 1937
    I last saw him alive on Apr. 11, 1937; 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:
   
   Aug. Pecora

   Other Contributory Causes of Importance:
   
   Arteriosclerosis

   Name of operation: Date of...
   What test confirmed diagnosis? Was there an autopsy? 29

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, IN PUBLIC PLACE.

   Manner of injury: Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify: (Signed) W. T. Denner, M.D.
United States Standard Certificate of Death

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</tr>
</tbody>
</table>

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

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

2. FULL NAME
   (a) Residence: No. 16 Taneytown St. Ward.
   If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
   July 1, 1868

7. AGE 6 8 9
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 SILL MILL, SAW MILL, BANK, etc.

10. DATE deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

13. NAME Matilda Anderson
14. BIRTHPLACE (city or town)
   State or country: Tenn

15. MAIDEN NAME
   State or country:

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

17. INFORMANT (Address)
   Charles M. Glass

18. BURIAL, CREMATION, OR REMOVAL
   Place: New Taneytown
   Date: April 22, 1937

19. UNDERTAKER
   Address:

20. FILED
   Date: April 22, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Month: April
   Day: 20
   Year: 1937

22. I HEREBY CERTIFY That I attended deceased from
   April 22, 1937, to April 22, 1937; death is said to have occurred on the date stated above, at

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Pulmonary Tuberculosis
   Date of onset: April 22, 1937

   Other Contributory Cause of Importance: [Handwritten notes]

   Name of operation: [Handwritten notes]

   What test confirmed diagnosis? [Handwritten notes]

   Was there an autopsy? [Handwritten notes]

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Date of Injury: 19
   Where did Injury occur? Specifying city or town, county and State: [Handwritten notes]
   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) [Handwritten notes]
   (Address) [Handwritten notes]
**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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<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Carroll
Village or City: Frederick A. D. No.

2. FULL NAME

(a) Residence: No. Laurel Hill, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Give your Word)

Married

SA. If married, widowed, or divorced

HUSBAND (or) WIFE of Margaret Donovan

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

Dec. 19, 1852

7. AGE

Years: 84 Months: 3 Days: 13

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

Farmer

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


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

1921

11. Total time (years) spent in this occupation


12. BIRTHPLACE (city or town)

Baltimore, Md.

13. NAME

Henry Donovan

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

Baltimore, Md.

15. MAIDEN NAME

Mary Taylor

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

Donovan Co., Md.

17. INFORMANT

(wife) Margaret Donovan

18. BURIAL, CREMATION, OR REMOVAL

Place of Burial, County, Date: Pleasant Co., April 7, 1937

19. UNDERTAKER

W. F. Smith

20. FILED

Registrar

4020

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, 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: Carroll
- Village or City: Carrollton Station
- Registration Dist. No.: 76

**2. FULL NAME:** Lewis Greene

**21. DATE OF DEATH:**
- Month: April
- Day: 16
- Year: 1927

**3. SEX:** M

**4. COLOR OR RACE:** W

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

**6. DATE OF BIRTH:**
- Month: Sept.
- Day: 26
- Year: 1889

**7. AGE:**
- Years: 84
- Months: 6
- Days: 19

**8. Trade, profession, or particular kind of work done:** Farmer, Retired

**9. Occupation:**
- Industry or business in which work was done: Our Farm
- Date deceased last worked at this occupation: 1925
- Total time spent in this occupation: 18 years

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

**11. NAME:**
- Lewis Greene

**12. BREATHPLACE:**
- City or town: Md.
- State or country: Maryland

**13. NAME:**
- Nancy Miller

**14. DATE OF DEATH:**
- Month: April
- Day: 16
- Year: 1927

**15. INFORMANT:**
- Address: Carrollton, Md.
- Name: Martha Greene

**16. BURIAL, CREMATION, OR REMOVAL:**
- Place: Leisurston
- Date: April 17, 1927

**17. UNDERTAKER:**
- Address: Westminster, Md.
- Name: Bankardson

**18. MEDICAL CERTIFICATE OF DEATH:**
- Date of onset: 3/24/1927
- Primary cause: Cancer, Prostate
- Duration: 6 mos.
- Contribution: Cancer, Prostate

**19. OTHER CONTRIBUTORY CAUSES OF DEATH:**
- Name of operation: None
- Date of operation: None
- What test confirmed diagnosis?: None
- Was there an autopsy?: No

**20. FILED:**
- Date: 4/17/1927

**21. PLACE OF DEATH:**
- County: Carroll
- Village or City: Carrollton Station
- Registration Dist. No.: 76

If more blanks are needed, address State Registrar, 2432 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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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:

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Carroll
   Village or City: M. Westminster
   Length of residence in city or town where death occurred: yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME
   (a) Residence: No. Infant Girl
      (Usual place of abode) St., Ward. A.F. 54

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE

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

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

6. DATE OF BIRTH (Month, day, and year)
   4-28-87

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

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   Leonard White

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

15. MAIDEN NAME
   Annita Corliss

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

17. INFORMANT
   Lottie White
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Westminster
   Date: April 29, 1937

19. UNDERTAKER
   Restorations, Inc.
   (Address)

20. FILED
   4-29-37
   Registrar
   M. D.

21. DATE OF DEATH
   4-28-37
   (Month)
   (Day)
   (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    4-28-37 to 4-29-37; death is said to have occurred on the date stated above, at 12:15 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

    Date of onset

    Other Contributory Causes of importance:

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

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

If more blanks are needed, address State Registrar, 92-2s N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Backman's Valley

2. FULL NAME: Georgia Elm Harris
   (a) Residence: No. Backman's Valley, Md.

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

6. DATE OF BIRTH: Sept. 16, 1869
7. AGE: 67 Years, 6 Months, 16 Days

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

9. OCCUPATION: Housewife

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: (Month and Year)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE: (City or Town): Middletown
   (State or Country): Md.

13. NAME: Daniel Sellers
14. BIRTHPLACE: (City or Town): Middletown
   (State or Country): Md.

15. MAIDEN NAME: Caroline Hager

16. BIRTHPLACE: (City or Town): Middletown
   (State or Country): Md.

17. INFORMANT: E. O. Harris
   Address: Backman's Valley, Md.

18. BURIAL, CREMATION, OR REMOVAL: (Place, Date)
   Place: Backman's Valley, Md.
   Date: April 4, 1937

19. UNOBTAINED: (Address)

20. FILED: 4/22/37

21. DATE OF DEATH: April 22nd, 1937

22. I HEREBY CERTIFY: That I attended deceased from March 30 to April 14, 1937, I last saw him alive on March 25, 1937, death is said to have occurred on the date stated above, at 12:45 A.M.

   The Principal Cause of Death and related causes of Importance were as follows:
   [Signature]

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)
   Manner of injury: Nature of injury:
   Manner of injury: Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify:
   [Signature]
   [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 housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
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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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Sykesville, MD
   No. Springfield State Hospital, St., Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME
   Joseph Frank Herzent
   Residence: 241 S. Monastery St., Baltimore, Md.

   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): Single

   6. DATE OF BIRTH (month, day, and year): May 8, 1876
   7. AGE: Years 60, Months 11, Days 15

   8. Trade, profession, or particular kind of work done: Bookbinder
   9. Industry or business in which work was done: SAW MILL, BANK, etc.
   10. Date deceased list worked at this occupation (month and year): Nov. 1, 1937
   11. Total time (years) spent in this occupation: 32 yrs.

   12. BIRTHPLACE (city or town): Bavaria, Germany
   13. NAME: Joseph Frank Herzent
   14. BIRTHPLACE (city or town): St. Petersburg, Russia
   15. MAIDEN NAME: Theresa M. Schambarger

   16. BIRTHPLACE (city or town): unknown
   17. INFORMANT: Mary Herzent

   18. BURIAL, CREMATION, OR REMOVAL: Buried, Date: Nov. 29, 1937

   19. UNDERTAKER: J. F. Cooper
   20. FILED: June 30, 1937

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: April 26, 1937

   I HEREBY CERTIFY, That I attended deceased from April 21 to April 26, 1937.
   I last saw deceased alive on April 21, 1937; death is said to have occurred on the date stated above, at 5:20 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Pulmonary Tuberculosis

   Other Contributory Causes of importance:
   Chronic Myocarditis and Myocardial Degeneration

   Date of onset: Known
   Known: 4-23-37

   Nature of operation: None
   Date of:
   What test confirmed diagnosis? Yes
   Was there an autopsy? No.

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

   Manner of Injury
   Nature of Injury

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

   If so, specify

   (Signed) M. Virginia burner
   Address: Carlsruhe, Ind.

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

Example I

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

<table>
<thead>
<tr>
<th>Disease/Condition</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>Condition</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1933</td>
</tr>
</tbody>
</table>

Example II

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

<table>
<thead>
<tr>
<th>Disease/Condition</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>Condition</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastraelenteritis</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: Carroll
   Village or City: Emmitsdale
   Registration Dist. No. 76
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. If of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the full name of the husband or wife of the deceased)
   Ralph Storer
6. DATE OF BIRTH (month, day, and year): April 12, 1861
7. AGE: 76 yrs.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Retired Miller
   Flour Mill
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: SAW MILL, SAW MILL, BANK, ETC.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR):
11. TOTAL TIME SPENT IN THIS OCCUPATION

OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Carroll Co.
13. NAME: Abraham Messner
14. BIRTHPLACE (city or town) (State or country): Not Known
15. MAIDEN NAME: Mary Der
16. BIRTHPLACE (city or town) (State or country): Not Known
17. INFORMANT (Address): Frank K. Stone, Westminster, Md.
18. BURIAL, CREMATION, OR REMOVAL: Silver Sluice, Cat. April 17, 1939
19. UNDERTAKER (Address): Silvia Menard & Son
20. FILED...By...10

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

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

To be complete, an occupation return must state:

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

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

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<tr>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>May 8, 1937</strong></td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><strong>May 1, 1923</strong></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: **Garrett**
   - Village or City: **Philadelphia**
   - Length of residence in city or town where death occurred: **90 yrs. 0 mos. 0 ds.**

2. **FULL NAME**
   - **Anna Smith Hill**
   - Residence: **No. 163 W. Main**
   - If U. S. Veteran, specify WAR: **1937**

3. **SEX**
   - **F**

4. **COLOR OR RACE**
   - **W**

5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - **Married**
   - Husband or Wife: **Nicholas Smith**

6. **DATE OF BIRTH**
   - **Mar. 19, 1866**

7. **AGE**
   - **21 0**

8. ** OCCUPATION**
   - **None**

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - **1937**

10. **DATE OF DEATH**
    - **April 24, 1937**

11. **MEDICAL CERTIFICATE OF DEATH**
    - **I HEREBY CERTIFY**
    - **That I attended deceased from April 19, 1937, to April 24, 1937,**
    - **I last saw him/herself alive on April 23, 1937; 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:**
    - **Cerebral Hemorrhage**

12. **BIRTHPLACE**
    - **(City or town): Ind. (State or country)**

13. **NAME**
    - **Lewis H. Hendley**

14. **MOTHER'S NAME**
    - **Rebecca Stone**

15. **FATHER'S NAME**
    - **Rebecca Stone**

16. **MAIDEN NAME**
    - **Stone**

17. **INFORMANT**
    - **Miss Ethel Hendley**

18. **BURIAL, CREMATION, OR REMOVAL**
    - **Bank of New York**

19. **UNDERTAKER**
    - **Bank of New York**

20. **FILED**
    - **1937**

21. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - **Semi-paralytic**

22. **NAME OF OPERATION**
    - **Physicians Signatures**

23. **DATE OF INJURY**
    - **1937**

24. **WHERE INJURY OCCURRED**
    - **Specify city or town, county and state**

25. **MANNER OF INJURY**
    - **Nature of Injury**

26. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - **If so, specify**

27. **SIGNATURE**
    - **Physicians Signatures**

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

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

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<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>8 days ago</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<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: Carroll.
   Village or City: Marriottsville, Md.
   No. __________________________ St. _______ Ward _______.
   Length of residence in city or town where death occurred: yrs. __________ mos. _______ ds. How long in U.S. if of foreign birth? yrs. __________ mos. _______ ds.

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

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): May 12, 1937

7. AGE: Years __________ Months __________ Days __________ IF LESS THAN 1 DAY, _______ hrs., _______ min.

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, etc.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH END YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN): Marriottsville, Md.
   (STATE OR COUNTRY)

13. NAME: Arthur Hobbs

14. BIRTHPLACE (CITY OR TOWN): Dennisburg, Maryland.
   (STATE OR COUNTRY)

15. MAIDEN NAME: Lillie Mary Sellman

16. BIRTHPLACE (CITY OR TOWN): Dennisburg, Md.
   (STATE OR COUNTRY)

17. INFORMANT: Arthur Hobbs
   (ADDRESS): Marriottsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
   PLACE: Mt. View Cemetery, April 24, 1937

19. UNDERTAKER: Wied & Son, Inc.
   (ADDRESS): Sykesville, Md.

20. FILED: April 1, 1937
   Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 1, 1937

22. I HEREBY CERTIFY, that I attended deceased from _______ to _______.

I last saw _______ alive on _______, 19__; 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:

Measles

Other Contributory Causes of Importance:

1. Name of operation ____________________ Date of ____________
   What test confirmed diagnosis? ____________________ Was there an autopsy? ______

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

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

   Manner of injury ____________________ Nature of injury ____________________

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

If more blanks are needed, address State Registrar, 2441 N. Charles Street, Baltimore, Requesting U.S. No. __.
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<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**RECEIVED**
**MAY 7, 1937**

**BUREAU V.S.**

**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>
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</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Westminster
   No. M. P. Home of the Aged St., Ward
   Length of residence in city or town where death occurred: 10 yrs. - 18 mos. - 18 days

2. FULL NAME
   Amanda Stevens Hopper
   (a) Residence: No. 259 E. Main 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)
   July 17, 1850

7. AGE
   86 Years
   9 Months
   11 Days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Resident of Home for Aged

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   (M. P. Home Records, Westminster, Md.)

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

11. Total time spent in this occupation:

12. BIRTHPLACE (city or town)
   Centerville, Maryland

13. NAME
   William J. Hopper

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

15. MAIDEN NAME
   Sarah Stevens

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

17. INFORMANT
   M. P. Home Records, Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Westminster, Cem. Date: April 30, 19...

19. UNDERTAKER
   J. Francis Reese, Westminster, Md.

20. FILED
   [Signature]
   Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 28, 1937

22. I HEREBY CERTIFY that I attended, deceased from
   [Signature]
   Date of onset: [Signature]

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

24. Was disease or injury in any way related to occupation of deceased?
   [Signature] M. D.
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
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</table>

Other contributory causes of importance:

| Gallstones | Gastroenteritis |

Date of onset: 1921
Date of onset: 1 week ago
Date of onset: July 5, 1927
Date of onset: 3 days ago
Date of onset: May 1, 1928
Date of onset: 1 year

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Henryton, Maryland
   Registration Dist. No.: 74
   Maryland Tuberculosis Sanatorium
   Colored Branch
   No. (above) St., Ward
   Length of residence in city or town where death occurred: 0 yrs. 2 mos. 28 ds.
   How long in U.S. or foreign birth?: yrs. mos. ds.

2. FULL NAME
   Daisy Margielee Page Huey
   Residence: No. 615 Camel St., Baltimore, Md.
   Ward.
   If U.S. Veteran, specify WAR: None
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

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

   MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 3, 1937
   (Month) 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from
   January 6, 1937 to April 3, 1937
   I last saw her alive on April 3, 1937; death is said
   to have occurred on the date stated above, at 4:45 m. M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Pulmonary Tuberculosis

   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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

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

   SIGNATURE: Reuben Hoffman, M.D.
   Address: Henryton, Maryland

   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.

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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, 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>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... CARROLL Registration Dist. No... 174
Village or City Springfield State Hospital No. Sykesville, Md. St, Ward
Length of residence in city or town where death occurred... 21 yrs. 1 mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME... Mary E. Huff
(Usual place of abode)
If U. S. Veteran, specify WAR...

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) Sept. 7, 1891
7. AGE Years Months Days
45 7 28
IF LESS THAN 1 year, write the word... or... min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWS, BOOKKEEPER, etc.
Housework

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, etc.
Parents' home

10. DATE DECEASED LAST WORKED AT OCCUPATION (MONTH AND YEAR) 1916
11. TOTAL TIME SPENT IN THIS OCCUPATION (MONTH AND YEAR) Unk.

12. BIRTHPLACE (CITY OR TOWN) Carroll Co., Md.

13. NAME Edward E. Huff
14. BIRTHPLACE (CITY OR TOWN) Carroll Co., Md.

15. MAIDEN NAME Mary E. Attlesberger
16. BIRTHPLACE (CITY OR TOWN) Penna.

17. INFORMANT Springfield Hospital Records Sykesville, Md.
18. BURIAL CREATION, OR REMOVAL Place Littleton, Pa. Date May 1, 1937

20. FILED... Aug. 27, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1936 to April 29, 1937.
I last saw her alive on April 29, 1937; death is said to have occurred on the date stated above, at 1 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Embolism...

Other Contributory Causes of Importance:

Date of onset...

Name of operation...

What test confirmed diagnosis...

Clin. Symptom...

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.

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, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
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<td>1 week ago</td>
</tr>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

### 1. PLACE OF DEATH
- **County:** Carroll
- **Village or City:** Sykesville
- **Length of residence in city or town where death occurred:** yrs. 8 mos. 25 ds.
- **Registration Dist. No.:** 24

### 2. FULL NAME
- **Mary Lucille Lylehart**
- **Residence:** No. 2179 Ellicott St., Ward Baltimore, MD

### PERSONAL AND STATISTICAL PARTICULARS

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

| 5a. If married, widowed, or divorced HUSBAND of WIFE of Charles C. Lylehart |

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 23, 1869</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE (Years, Months, Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>68</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWN TANNAGE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Date deceased last worked at this occupation (month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Total time (years) spent in this occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 22, 1937</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. I HEREBY CERTIFY. That I attended deceased from</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov 2, 1936 to April 22, 1937</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>24. Was disease or injury in any way related to occupation of deceased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If so, specify</td>
</tr>
</tbody>
</table>

### Other Contributory Causes of importance:

- Chronic Endocarditis

### Date of onset: 1933

### Other-contributory causes of importance:

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

### 17. INFORMANT
- **Address:** Sykesville, Md.

### 18. BURIAL, CREMATION, OR REMOVAL
- **Place:** London Park. Date: April 22, 1937

### 19. UNDERTAKERS
- **Address:** Sykesville, Md.

### 20. FILED
- **Date:** Apr. 23, 1937

### Registrar
- **Name:** Harry Weir
- **Address:** Sykesville, Md.

---

If more blanks are needed, address State Registrar, 2452 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset 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><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>Date of onset 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: Carroll
   Village or City: La Plata
   No. St., Ward:__
   Length of residence in city or town where death occurred yrs. 6 mos. 24 ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME
   (a) Residence: No. 2311 Post Office St., Ward: F
   If U. S. Veteran, specify WAR

   PERSONAL AND STATISTICAL PARTICULARS

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

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

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

   7. AGE
      Years: 64
      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.

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

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

   11. Total time (years) spent in this occupation

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

   13. NAME

   14. MAIDEN NAME

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

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

   17. INFORMANT
       (Address)

   18. BURIAL, CREMATION, OR REMOVAL
       Place: Cumberland, Md.
       Date: Apr. 20, 1937

   19. UNDERTAKER
       (Address)

   20. FILED
       Apr. 17, 1937

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
       April 17, 1937

   22. I HEREBY CERTIFY, That I attended deceased from
       Sept. 27, 1936, to Apr. 17, 1937

   23. I last saw a live person on Apr. 17, 1937, death is said
       to have occurred on the date stated above, at ________ m.

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

   Date:________

   Other Contributory Causes of Importance:

   Date:________

   Name of operation:

   What test confirmed diagnosis:

   Date of:

   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)

   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.

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<td>MAY 9, 1937</td>
</tr>
<tr>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 5, 1927</td>
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</tbody>
</table>

**Example II**

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</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1925</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

**Maryland Tuberculosis Sanatorium**  
Colored Branch 28  
Registration Dist. No. 74

1. **PLACE OF DEATH**  
   County: Carroll  
   Village or City: Henryton, Maryland

2. **FULL NAME**  
   Mabel Annie Jones

   (a) Residence: 1701 McCulloh St., Balto., Md., Ward.

3. **SEX**  
   Female

4. **COLOR OR RACE**  
   Colored

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

6. **DATE OF BIRTH**  
   October 5, 1899

7. **AGE**  
   Years: 37  
   Months: 6  
   Days: 8

8. **OCCUPATION**  
   Domestic

9. **DATE OF DEATH**  
   April 13, 1937

10. **CAUSE OF DEATH**  
    Pelvic peritonitis

11. **DEATHEE**  
    Robert Jones

12. **BIRTHPLACE**  
    Franklin, Virginia

13. **FATHER**  
    William Sessions

14. **MOTHER**  
    Mandy Moore

15. **INFOMAN**  
    Reuben Hoffman

16. **BURIAL, CREMATION, OR REMOVAL**  
    Reuben Hoffman  
    Place: Mt. Airy Cemetery  
    Date: 4/16/1937

17. **UNDEAR**  
    Thomas A. Kelso

18. **FILED**  
    4/13/37

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<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
</tbody>
</table>

**Example II**

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

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

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Sykesville
   Registration Dist. No.: 92
   Length of residence in city or town where death occurred: 7 yrs. 4 mos.

2. FULL NAME: Büchelmann Krause
   If U. S. Veteran, specify WAR
   (a) Residence: No. 24 C. E. East Main St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
   Age: 72 yrs.
   Dates: Months, Days
   If LESS than 1 day, . . . . . . hrs. or . . . . . . min.

7. TRADE (kind of work done, as SPINNER, SAUCER, BOOKKEEPER, etc.): Housewife

8. OCCUPATION: Housewife

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

13. NAME: Büchelmann

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

15. MAIDEN NAME: Büchelmann

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

17. INFORMANT (Address)
    Wife, 24 C. E. East Main St.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Oak Hill Cemetery, Md.
    Date: April 13, 1938

19. UNDERTAKER (Address)
    G. T. Miller & Son, 24 C. E. East Main St.

20. FILED: Nov. 13, 1938

21. DATE OF DEATH
    April 13th, 1938

22. I HEREBY CERTIFY That I attended deceased from
    Dec. 4, 1929, to April 13, 1938.

23. OTHER CONTRIBUTORY CAUSES OF DEATH

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

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, 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>Disease</th>
<th>Date of Onset</th>
<th>Other Contributory Causes of Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>MAY 7, 1937</td>
<td>Gallstones</td>
</tr>
<tr>
<td></td>
<td>JUly 5, 1927</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
<th>Other Contributory Causes of Importance</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1 week ago</td>
<td></td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
<td></td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
<td></td>
</tr>
<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
   Village or City: Westminster
   Length of residence in city or town where death occurred: 15 yrs.
   Registration Dist. No. 1
   No. St. Ward

2. FULL NAME
   (a) Residence: No. Westminster
   If U.S. Veteran, specify WAR
   (Usual place of abode)
   Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>W</th>
</tr>
</thead>
</table>

5a. If married, widowed, or divorced
HUSBAND of: Maggie Myer Little

6. DATE OF BIRTH (month, day, and year): July 13 - 1846

7. AGE Years Months Days
   70 7 17

8. Trade, profession, or particular kind of work done: J. B. Little

9. Industry or business in which work was done: SPINNER

10. Date deceased last worked at this occupation: April 10 - 1937

11. Total time (years) spent in this occupation: 15

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

13. NAME: Alexander Little

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

15. MAIDEN NAME: Elizabeth Gottsman

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

17. INFORMANT: Maggie Little
   (Address: Westminster, Md.)

18. BURIAL, CREMATION, OR REMOVAL
   Place: In a cem. branch Date: May 3, 1937

19. UNDERTAKER: Bankard, Frank
   (Address)

20. FILED: May 13, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 30, 1937

22. I HEREBY CERTIFY: That I attended deceased from
   April 30, 1937, to April 30, 1937. I last saw him alive on April 30, 1937. Deed is said
to have occurred on the date stated above, at 10 p.m. The PRINCIPAL CAUSE OF DEATH
   and related causes of importance were as follows:
   Date of onset: 4-30-37
   Acute Pulmonary Edema
   Hypertension Cardiabm. V.D.

Other Contributory Causes of importance:

Nama of operation: Date of Operation:

What test confirmed diagnosis: Date of:

Was there en eutopysy:

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

Manner of injury: Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
   Yes, specify: M.D.
STATEMENT OF OCCUPATION.

The precise statement of occupation is very important, so that the 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 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, 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: Date of onset</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1931</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>MAY 6, 1937</td>
</tr>
<tr>
<td>BUREAU V.S.</td>
<td></td>
</tr>
</tbody>
</table>

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

**Example II**

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

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th></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: Carroll
   Village or City: Hagerstown
   Registration Dist. No.: 78
   St., Ward: 
   Length of residence in city or town where death occurred: yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   St., Ward: 
   Personal and Statistical Particulars
   (Usual place of abode)
   Medical Certificate of Death
   3. SEX: Undetermined
   4. COLOR OR RACE: 
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   6. DATE OF BIRTH: (month, day, and year)
   7. AGE: Years Months Days
   If LESS than 1 day, hrs. or. min.
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month and year)
   11. Total time (years) spent in this occupation
   12. BIRTHPLACE: (city or town)
      (State or country)
   13. NAME: Jacob Magin
      Mother: 
      Father: 
      14. BIRTHPLACE: (city or town)
      (State or country)
      15. MAIDEN NAME: 
      16. BIRTHPLACE: (city or town)
      (State or country)
      17. INFORMANT: 
      (Address)
      18. BURIAL, CREMATION, OR REMOVAL
      Place: Home Burial Ground
      Date: Apr. 9, 1937
      19. UNDERTAKER
      (Address)
      20. FILED: April 9, 1937
      Register:
      21. DATE OF DEATH: (Month) 9 (Day) 1937 (Year)
      I HEREBY CERTIFY, That I attended deceased from 19 to 19, 19 .
      I last saw h. alive on 19 .
      I have occurred on the date stated above, at .
      The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
      Stillbirth
      Other Contributory Causes of Importance:
      Name of operation.
      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 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, 2413 N. Charles Street, Baltimore. Requesting "U. S. No. 7."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<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: Carroll
   - Village or City: Westminster
   - No. 12 Bond St., Ward
   - Length of residence in city or town where death occurred: 91 yrs. 11 mos. 28 ds.

2. **FULL NAME**
   - Kate I. McCallum
   - Residence: No. 12 Bond Street

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: July
   - Day: 1st
   - Year: 1845

7. **AGE**
   - Years: 91
   - Months: 11
   - Days: 28

8. **OCCUPATION**
   - At Home

9. **DATE OF DEATH**
   - Month: April
   - Day: 29
   - Year: 1937

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

11. **MOTHER'S NAME**
    - Elizabeth Herring

12. **UNDERTAKER**
    - J. Francis Reese

13. **FILED**
    - 4037

14. **REGISTRATION DIST. NO.**
    - 96

15. **REGISTRAR**
    - W. Glenn Snyder, M.D.

16. **DATE OF DEATH**
    - April 29, 1937

17. **BURIAL, Cremation, or Removal**
    - Place: Loudon Park
    - Date: May 1st, 1937

18. **INFORMANT**
    - Mrs. Scott Roop

19. **Address**
    - Westminster, Md.

20. **FATHER'S NAME**
    - John M. McCallum

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

22. **NAME OF OPERATION**
    - Physique

23. **DATE OF INJURY**
    - May 1st, 1937

24. **WHERE INJURY OCCURRED**
    - Loudon Park

25. **NATURE OF INJURY**

26. **DATE OF DEATH**
    - April 29, 1937

27. **PLACE OF DEATH**
    - Westminster, Md.

28. **REGISTRAR**
    - W. Glenn Snyder, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>May 6, 1937</td>
</tr>
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</tr>
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</tbody>
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</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County

Village or City

Number

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

2. FULL NAME

(a) Residence: No.

(Usual place of domicile)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

W

5a. If married, widowed, or divorced

HUSBAND of

5b. If married, widowed, or divorced

WIFE of

4. COLOR OR RACE

W

5c. If married, widowed, or divorced

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

Feb 25-1875

7. AGE

62 yrs.

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

Wool

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

21. DATE OF DEATH

Apr 22, 1937

22. I HEREBY CERTIFY That I attended deceased from

Jan 1927 to Apr 22, 1937

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

25. Other Contributory Causes of importance:

Cardiac Deplanation

26. Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

27. BURIAL, CREMATION, OR REMOVAL

28. UNDERTAKER

29. FILED

Registrar

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

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

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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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

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</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Myers Dist
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME
   Name: Sarah Myers
   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
   If married, widowed, or divorced HUSBAND of or WIFE of
   Last name: W. Myers

6. DATE OF BIRTH (month, day, and year)
   Feb. 2, 1860

7. AGE
   Years: 77
   Months: 2
   Days: 3
   If LESS than 1 day, hrs., or min.

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

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

10. Date deceased last worked at this occupation (month and year)
    Mar. 1937

11. Total time (years) spent in this occupation
    52

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

13. NAME
    Christopher Ovner

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

15. MAIDEN NAME
    Mary Seeling

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

17. INFORMANT
    Theodore Myers
    Address: Westminster Rd., P.O. 83

18. BURIAL, CREMATION, OR REMAIN
    Place of Burial or Cremation: Pines Place, April 7, 1937

19. UNDERTAKER
    H. W. Little & Son
    Address: 309 N. Duke St., Baltimore

20. FILED
    April 5, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 5, 1937

22. I HEREBY CERTIFY
    That I attended deceased from
    Max. 21, 1936, to Apr. 4, 1937
    I last saw deceased alive on
    Apr. 4, 1937, in Baltimore City.
    Death is said to have occurred on the date stated above, at 4:30 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Coronary Thrombosis

23. Other Contributory Causes of importance:
    Pulmonary Edema

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

25. If so, specify
    Nature of injury:

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>3 days ago</td>
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</table>

Other contributory causes of importance:

Gastroenteritis | 1 year

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

1. PLACE OF DEATH
   County: Carroll  Colored Branch (2)  Registration Dist. No. 74
   Village or City: Henryton, Maryland
   (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: 0 yrs. 3 mos. 18 ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: Mary Elizabeth Norris
   (a) Residence: No. 16 E. Susquehanna Ave., Towson, Balto. Co., Md.
   If U.S. Veteran, specify WAR: None
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Mar. 31, 1922
7. AGE: 15 yrs., 0 mos., 29 days
8. Trade, profession, or occupation: Scholar
9. Industry or business in which work was done: Unknown
10. Date deceased last worked at this occupation: Unknown

11. OCCUPATION: Unknown
12. BIRTHPLACE (city or town): Towson, Maryland
13. NAME: Kermit Norris
14. BIRTHPLACE (city or town): Unknown
15. MAIDEN NAME: Queen Ester Fields
16. BIRTHPLACE (city or town): Virginia
17. INFORMANT: R. Hoffman, M.D.
18. BURIAL, CREMATION, OR REMOVAL
   Place: None
   Date: None
19. UNOERTAKER: None
20. FILED: 4/29/57

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 29, 1937
22. I HEREBY CERTIFY, That I attended deceased from January 11, 1937, to April 29, 1937
   I last saw him or her alive on April 29, 1937; death is said to have occurred on the date stated above, at 14:40 AM.

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

   Pulmonary Tuberculosis  June 1936

   Other Contributory Causes of Importance:

   Date of onset:

   Name of operation:
   Data of:
   What last confirm diagnosis?...
   Was there an autopsy? No
23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of Injury:
   Where did injury occur?
   Specify 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)  RUBEN HOFFMAN  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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11.—The number of years the deceased followed the occupation.

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

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

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

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

1. **PLACE OF DEATH**
   - County: Carroll
   - Village or City: Henryton, Maryland
   - Registration Dist. No.: 74

2. **FULL NAME**
   - Samuel Wallis Parker
   - Residence: No. 724 N. Wolfe St., Balto., Md.

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**: Male
4. **COLOR OR RACE**: Colored
5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Married
6. **HUSBAND OF** (or) **WIFE OF**: Ethel Parker
7. **DATE OF BIRTH** (month, day, and year): July 7, 1909
8. **AGE**: 27 years, 9 months, 12 days
9. **OCCUPATION**: Laborer
10. **DATE deceased last worked at this occupation**: Unknown
11. **TOTAL TIME (years) spent in this occupation**: Unknown
12. **BIRTHPLACE (city or town)**: Midland
    **(State or country)**: Virginia
13. **NAME**: Earnest Parker
14. **BIRTHPLACE (city or town)**: Midland
    **(State or country)**: Virginia
15. **MAIDEN NAME**: Mary Brown
16. **BIRTHPLACE (city or town)**: Midland
    **(State or country)**: Virginia
17. **INFORMANT**: Reuben Hoffman, M.D.
18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Midland, Va.
    - Date: Apr. 21, 1937
19. **UNTERTAKER**: [Address]
20. **FILED**: 4/19/57

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**: April 19, 1937
22. **I HEREBY CERTIFY**
    - That I attended deceased from April 15th, 1937, to April 19th, 1937.
    - I last saw him alive on April 19th, 1937, at 3:05 P.M.
    - Death is said to have occurred on the date stated above, at 3:05 P.M.
    - The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:
      - **Pulmonary tuberculosis**
      - **Date of onset**: Oct. 1936
      - **Other Contributory Causes of importance**: ——
23. **Names of operation**: ——
24. **What test confirmed diagnosis?**: ——
25. **Where was an autopsy?**: Yes
26. **MANNER OF DEATH**: ——
27. **Nature of Injury**: ——
28. **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**. ——
29. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**: No
30. **If so, specify**
    - **Signed**: Reuben Hoffman, M.D.
    - **Address**: Henryton, Maryland

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

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11.—The number of years the deceased followed the occupation.

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

Distinguish carefully the different kinds of workers 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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Other contributory causes of importance:

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

Other contributory causes of importance:

| Gastroenteritis | Date of onset | 1 year |

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

Maryland Tuberculosis Sanatorium
Colored Branch

1. PLACE OF DEATH

County: Carroll
Village or City: Henryton, Maryland

2. FULL NAME: Catherine Helen Perkins

(a) Residence: No. 1152 Woodyear St., Balto, Md.

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

6. DATE OF BIRTH (month, day, and year): March 7, 1918

7. AGE: 19 years 1 month 8 days

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Unknown

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Unknown

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

12. BIRTHPLACE (city or town) (state or country): Baltimore, Maryland

13. NAME: Harry Perkins

14. BIRTHPLACE (city or town) (state or country): King Queen, Virginia

15. MAIDEN NAME: Maggie Amby

16. BIRTHPLACE (city or town) (state or country): Annapolis, Maryland

17. INFORMANT (name and relation): Reuben Hoffman, M.D.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn

19. UNDERTAKER (name and address): Thomas K. Kellner

20. FILED: 4/15/37

21. DATE OF DEATH (month, day, year): April 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 30, 1936, to April 15, 1937

To have occurred on the date stated above, at 10:30 A.M.

The PRINCIPAL CAUSE OF DEATH was as follows:

PULMONARY TUBERCULOSIS

Date of onset: Sept. 1936

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

Accident, suicide, or homicide: Date of injury: Nature of Injury:

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

Manner of injury:

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

If so, specify:

(Signed) Reuben Hoffman, M.D.

(Address) Henryton, Maryland

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

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

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX M
4. COLOR OR RACE W
5a. If married, widowed, or divorced
HUSBAND of
5b. If married, widowed, or divorced
WIFE of

6. DATE OF BIRTH (month, day, and year) 7-4-1880
7. AGE Years Months Days
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH April 11, 1937
22. I HEREBY CERTIFY that I attended deceased from
decease

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

Other Contributory Causes of importance:

24. If death was due to disease or injury, in any way related to occupation of deceased:

If so, specify

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes</td>
<td>The principal cause of death and related causes</td>
</tr>
<tr>
<td>of importance were as follows:</td>
<td>of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 8, 1927</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>May 1, 1925</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Westminster
   Registration Dist. No. 76
   Length of residence in city or town where death occurred: yrs. 4 mos. ds.

2. FULL NAME
   (a) Residence: No. 1730 eagle, Westminster

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widow

6. DATE OF BIRTH (month, day, and year)
   Dec. 27, 1852

7. AGE
   Years: 84
   Months: 11
   Days: 26

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

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

10. Date deceased last worked at this occupation (month and year)
    12/30/36

11. Total time (years) spent in this occupation
    50

12. BIRTHPLACE (city or town)
    Burkely, Md.

13. NAME
    Hoffman Alexander

14. BIRTHPLACE (city or town)
    Md.

15. MAIDEN NAME
    Marie Selmer

16. BIRTHPLACE (city or town)
    Md.

17. INFORMANT
    Mrs. Goldie New

18. BURIAL CREMATION, OR REMOVAL
    4th Place, Newville, Md.

19. UNDERTAKER
    Grace Bros.

20. FILED
    1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 23, 1937

22. I HEREBY CERTIFY
    That I attended deceased from
    June 14, 1937, to April 23, 1937
    I last saw her alive on April 23, 1937; death is said to have occurred on the date stated above, at 1 P.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Tuberculosis

Other Contributory Cause 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 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)

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

Other contributory causes of importance:

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

Other contributory causes of importance:

| Gastroenteritis | Date of onset: 1 year |

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

Maryland Tuberculosis Sanatorium
Colored Branch

1. PLACE OF DEATH
County: Carroll
Village or City: Henryton, Maryland

2. FULL NAME: Louberta Reed
(a) Residence: No. 15 N. Castle St., Balto., St. Id. Ward.
If U.S. Veteran, specify WAR: None

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

6. DATE OF BIRTH (month, day, and year): June 16, 1901
7. AGE: 35 years, 9 months, 22 days

8. OCCUPATION: Domestic
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: SPINNER, SAWYER, BOOKKEEPER, etc.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Unknown
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: Unknown

12. BIRTHPLACE (city or town): Hanover, Virginia
13. NAME: Albert Shelton
14. BIRTHPLACE (city or town): Unknown, Virginia
15. MAIDEN NAME: Fanny Shelton
16. BIRTHPLACE (city or town): Richmond, Virginia
17. INFORMANT (Address): Reuben Hoffman, M.D., Henryton, Maryland
18. BURIAL, CREMATION, OR REMOVAL: Place of interment: April 10, 1932
19. UNDERTAKER (Address): Charles Sanders
20. FILED: 4/7/37, 1937

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

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: 0 years, 0 months, 5 days.
How long in U.S. if of foreign birth: 0 years, 0 months, 0 days.
If nonresident give city or town and State of last residence.

21. DATE OF DEATH: April 7, 1937

22. I HEREBY CERTIFY that I attended deceased from April 3, 1937, to April 7, 1937.
I last saw her alive on April 7, 1937. Death is stated to have occurred on the date stated above, at 2:10 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis

Other Contributory Causes of Importance:

Name of operation: 

Date of operation: 

What test confirmed diagnosis? 

Was there an autopsy? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

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) Reuben Hoffman, M.D.
(Address) Henryton, Maryland
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:

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<td>Chronic interstitial nephritis</td>
<td>May 7, 1937</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 9, 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: Carroll
   Village or City: Hampstead
   Length of residence in city or town where death occurred: 26 yrs. mos. ds.
   Registration Dist. No.: 77
   St., Ward: –

2. FULL NAME
   (a) Residence: No. 
   Hampstead
   (Usual place of abode)
   If nonresident give city or town and State
   W. R. James

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female
   married

4. COLOR OR RACE
   White

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

5a. If married, widowed, or divorced
   Husband’s or Wife of: Philip W. Reel

6. DATE OF BIRTH (month, day, and year)
   August 4, 1876

7. AGE
   Years: 60
   Months: 8
   Days: 7
   If less than 1 day, ___ hrs. or ___ min.

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 MILL, SAW MILL, BANK, etc.
   Been home

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

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

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

13. NAME
   Jolyns Reelbaugh

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

15. MAIDEN NAME
   Amanda Myers

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

17. INFORMANT (Address)
   Philip W. Reel
   Hampstead

18. BURIAL, CREMATION, OR REMOVAL
   Place: Wesley Semi
   Date: April 14, 1937

19. Undertaker (Address)
   Robert C. Taylor
   Hampstead

20. FILED
   4/17, 1937
   John S. Neale Jr.
   Register.

21. DATE OF DEATH
   4/11/1937

22. I HEREBY CERTIFY
   That I attended deceased from
   Oct. 28, 1936, to April 11, 1937
   I last saw him... alive on April 11, 1937; death was caused to have occurred on the date stated above, at 10 a.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Chronic Nephritis
   Chronic Kidney Tuberculosis

   Other Contributory Causes of importance:
   Chronic Nephritis
   Tuberculosis

   Name of operation...
   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...
   No
   If so, specify
   (Signed)
   Edgar M. Pardoe
   M. D.

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

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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>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>MAY 3 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>Other contributory causes of importance:</td>
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<tr>
<td>Gallstones</td>
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</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
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<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Taneytown
   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
   Mrs. Emma J. Reinhardt
   (a) Residence: No. St., Ward.
   If U.S. Veteran, specify WAR
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   F

4. COLOR OR RACE
   W

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

5a. If married, widow, or divorced
   Husband or (or) Wife of: Paul Reinhardt

6. DATE OF BIRTH (month, day, and year)
   Aug 14, 1873

7. AGE
   Years: 63
   Months: 7
   Days: 29
   If LESS than 1 day, hrs. or min.

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)
    (State or country) MD

13. NAME
    (Mrs. S. Ohle)

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

15. MAIDEN NAME
    (Helen H. Reinhardt)

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

17. INFORMANT
    (Address)
    Reinhardt

18. BURIAL, CREMATION, OR REMOVAL
    (Place) GC
    Date: April 16, 1927

19. UNDERTAKER
    (Address)
    George Reinhardt

20. FILED
    (Address)
    April 16, 1927

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from
    July 16, 1936 to April 13, 1937
    I last saw him alive on April 12, 1937; death is said to have occurred on the date stated above, at 9:00.

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

    Date of onset
    1936

    Other Contributory Causes of Importance:
    Arthritis, Arthritis

    Name of operation
    None
    Date of
    None
    Was there an autopsy?
    Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?
    None
    Date of injury
    None
    Where did injury occur?
    (Specify city or town, county and State)
    None
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
    None
    Nature of injury
    None
    Nature of injury
    None

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify
    None
    (Signed)
    Thomas A. Martin
    M.D.
    (Address)
    Taneytown

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<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>RECEIVED</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td><strong>MAY 4 1937</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>BUREAU V. S.</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>May 1, 1928</strong></td>
<td>1 year</td>
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</tbody>
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Other contributory causes of importance:

**Gallstones**

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: dc
   Length of residence in city or town where death occurred...

2. FULL NAME
   (a) Residence: No.
   Personal and statistical particulars
   SEX: M
   4. COLOR OR RACE: B
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: M
   6. DATE OF BIRTH (month, day, and year): June 11, 1887
   7. AGE (years, months, days): 52, 10, 5
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   9. Industrial or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month end year): Dec. 16, 1937
   11. Total time (years) spent in this occupation:
   12. BIRTHPLACE (city or town) (State or country):
   13. NAME:
   14. BIRTHPLACE (city or town) (State or country):
   15. MAIDEN NAME:
   16. BIRTHPLACE (city or town) (State or country):
   17. INFORMANT (Address), (Relation to deceased):
   18. BURIAL, CREMATION, OR REMOVAL
   Place: burial: April 20, 1937
   19. UNDERTAKER (Address):
   20. FILED: Apr. 20, 1937

21. DATE OF DEATH
   (Month) (Day) (Year):
   22. WHEREBY CERTIFY: that I attended deceased from...
   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? Yes

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

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

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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>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
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<td>Cerebral hemorrhage</td>
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**Example II**

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<tbody>
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<td>Run over by street car</td>
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</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</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
   Maryland Tuberculosis Sanatorium
   County: Carroll
   Village or City: Henryton, Md.
   Registration Dist. No.: 74
   Length of residence in city or town where death occurred: 0 yrs. 1 mos. 25 ds.

2. FULL NAME: Edna Elizabeth Berline Rogers
   Residence: No. 604 Poplar Hill Ave., Salisbury, Md.

3. SEX: FEMALE
4. COLOR OR RACE: COLORED
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of:
   WARDIE ROGERS
6. DATE OF BIRTH (month, day, and year): DEC. 11, 1903
7. AGE: 33 Years 4 Months 12 Days
8. Occupation: HOUSEWIFE
9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.: UNKNOWN
10. Date deceased last worked at this occupation (month and year): UNKNOWN
11. Total time (years) spent in this occupation: UNKNOWN
12. BIRTHPLACE (city or town) (State or country): PRINCESS ANNE MARYLAND
13. NAME: LEONARD THOMAS
14. BIRTHPLACE (city or town) (State or country): VENTON MARYLAND
15. MAIDEN NAME: MARY BARCLAY
16. BIRTHPLACE (city or town) (State or country): EDEN MARYLAND
17. INFORMANT: R. HOFFMAN, M.D.
   Address: HENRYTON, MD
18. BURIAL, CREMATION, OR REMOVAL: Place of death: HENRYTON, MD
   Date of death: Jan 28, 1937
19. UNDERTAKER: [Signature]
   Address: [Name]
20. FILED: 412537, 19

21. DATE OF DEATH
   (Month) (Day) (Year): APRIL 23, 1937

22. I HEREBY CERTIFY, that I attended deceased from March 1, 1937, to April 23, 1937.
   I last saw him alive on April 23, 1937; death is said to have occurred on the date stated above, at 10:30, A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Acute cardiac failure
   Other Contributory Causes of Importance: Pleural shock associated with artificial pneumothorax refill. Pulmonary tuberculosis

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?: No
   Where did injury occur?: [Specify city or town, county and State]
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   Men of Injury:
   Nature of Injury:

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

   [Address]
   [Signature]

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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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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<tr>
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<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
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</table>

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<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Carroll
   - Village or City: Sykesville, Maryland
   - Registration Dist. No.: 94
   - If death occurred in a hospital or institution, give its NAME instead of street and number:
   - Springfield State Hospital, St., Ward.
   - Length of residence in city or town where death occurred: yrs. 4, mos. 10, ds.
   - How long in U.S. if of foreign birth?: yrs. mos. ds.

2. **FULL NAME**
   - If U.S. Veteran, specify WAR:
   - (a) Residence: No. 2437, Annapolis Blvd., St., Ward.
   - (Usually place of abode)

**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)
   - October 2, 1913

7. **AGE**
   - Years: 23
   - Months: 6
   - Days: 20
   - If less than 1 day, hours, or minutes:

8. **Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.**
   - None

9. **Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.**
   - None

10. **Occupation**
   - None

11. **Total time spent in this occupation (month end year)**
   - None

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

13. **NAME**
   - George Schulteise

14. **FATHER**
   - Name: Henry Schulteise

15. **MOTHER**
   - Name: Mary Beal

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

17. **Informant**
   - Hospital Records: Sykesville, MD

18. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Western Cemetery, Date: May 3, 1931

19. **UNDERTAKER**
   - Name: E. N. Davis, Sr.

20. **FILED**
   - Date: May 1, 1931

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - (Month) April
   - (Day) 29
   - (Year) 1931

I HEREBY CERTIFY, That I attended deceased from December 19, 1934, to April 29, 1931; 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:

- Pulmonary Tuberculosis

Other Contributory Causes of Importance:

- None

Name of operation:

What test confirmed diagnosis?:

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. Virginia Beyer, M. D.

If more blanks are needed, address State Registrar, 2415 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.
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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:

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Other contributory causes of importance:

<table>
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</table>

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

1. PLACE OF DEATH
County: Caroll
Village or City: Sykesville
Length of residence in city or town where death occurred: yrs. 19 mos. 18 ds.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
(a) Residence: No. 219 S. 6th Street, Sykesville
(Uncle of abode)
(b) If U. S. Veteran, specify WAR
Ward:

3. SEX
4. COLOR OR RACE
W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
W M R D
Married

6. DATE OF BIRTH
July 21, 1873

7. AGE
69 Years
8 Months
18 Days

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS STEEL MILL, SAW MILL, BANK, Etc.
Coal Lance

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION AND TIME SPENT IN THIS OCCUPATION

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
Baltimore, Maryland

13. NAME
John D. Davidson

14. BIRTHPLACE (CITY OR TOWN)
Anniston, Alabama

15. MAIDEN NAME
Carrie Wilcoxon

16. BIRTHPLACE (CITY OR TOWN)
Anniston, Alabama

17. INFORMANT
Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cemetery Data: April 10, 1937

19. UNDERTAKER
Joseph A. Storer

20. FILED: April 11, 1937

21. DATE OF DEATH
April 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from
May 5, 1936, to April 10, 1937
I last saw him alive on April 8, 1937; 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:
Tuberculosis

23. OTHER CONTRIBUTORY CAUSE OF DEATH:
Institutional Malaria

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

SIGNED:
Mary M. Todd
M. D.

If more blanks are needed, address State Registrar, 2111 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
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Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Springdale State Hospital
   Registration Dist. No.: 74
   No. St.: 31
   (If deceased occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   Ellen Shirley
   If U.S. Veteran, specify WAR

PERSONAL AND STATUTORY PARTICULARS

3. SEX
   F M

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

6. DATE OF BIRTH
   Month: Apr
   Day: 1
   Year: 1937

7. AGE
   Years: 84
   Months: 11
   Days: 3

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Baltimore

13. NAME
    Thomas Bumblitt

14. BIRTHPLACE (city or town)
    Baltimore

15. MAIDEN NAME
    Catherine Dues

16. BIRTHPLACE (city or town)
    Baltimore

17. INFORMANT
    Name of informant: Thomas Bumblitt

18. BURIAL, CREMATION, OR REMOVAL
    Place: Springdale State Hospital
    Date: Apr 5, 1937

19. UNDERTAKER
    J. W. Crox

20. FILED
    Apr 7, 1937

21. DATE OF DEATH
   Apr 2

22. I HEREBY CERTIFY, That I attended deceased from
    Mar 24, 1937, to Apr 2, 1937
    I last saw
    to have occurred on the date stated above, at 12:00 P.M.

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

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

M.D.
(Signed) Virginia Beyer
(Address) Springdale, Md.
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<td>Run over by street car</td>
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<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: | Other contributory causes of importance: |
| Gallstones | Gastroenteritis |
| May 1, 1923 | 1 year |

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

1. PLACE OF DEATH

County: Carroll
Village or City: Delmar

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

2. FULL NAME

(a) Residence: No.

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

3a. If married, widowed, or divorced, name of (or) WIFE OF:

Date of birth (month, day, and year): Dec. 9, 1862

7. AGE

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, Cremation, or Removal

19. UNDERTAKER

20. FILED

21. DATE OF DEATH

22. I HEREBY CERTIFY that I attended deceased from

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

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

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

Manner of Injury:
Nature of injury:

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

If so, specify

(Signed)

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

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

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**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Gallstones May 1, 1923</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td></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: Carroll
Village or City: Taneytown
Registration Dist. No.: 70

2. FULL NAME: B. Hamilton Slick
(a) Residence: No.
(Usual place of abode)

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

6. DATE OF BIRTH (month, day, and year): Sept. 30, 1854
7. AGE: 82 Years 7 Months 7 Days

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

12. BIRTHPLACE (city or town): Md.
13. NAME: Philip Slick
14. BIRTHPLACE (city or town): Md.
15. MAIDEN NAME: Rebecca Crouse
16. BIRTHPLACE (city or town): Md.

17. INFORMANT: Arthur Slick
(Address): Taneytown, Md.
18. BURIAL, CREMATION, OR REMOVAL: Reformed Taneytown Apr. 8, 1937

19. UNDERTAKER: C. O. Fuss & Son
(Address): Taneytown, Md.
20. FILED: April 8, 1937

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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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
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<td>May 4, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

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<table>
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<tbody>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

| 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: Carroll
- Village or City: Sykesville
- Length of residence in city or town where death occurred: 3 yrs. 26 mos. 26 ds.

#### 2. FULL NAME: Andrew Smith
- Residence: 1139 E. Lombard St., Baltimore, Md.
- If U.S. Veteran, specify WAR: 
- If nonresident give city or town and State: 

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

#### 3. DATE OF BIRTH
- Aug. 20, 1874

#### 4. AGE
- Years: 62
- Months: 7
- Days: 28

#### 5. OCCUPATION
- Laborer

#### 6. DATE OF DEATH
- April 17, 1937

#### 7. MEDICAL CERTIFICATE OF DEATH
- Principal cause of death: Perforated gastric ulcer
- Other Contributory Causes of death:
  - Perforated gastric ulcer

#### 8. BIRTHPLACE
- New York City

#### 9. NAME OF FATHER
- Frank Smith

#### 10. MAIDEN NAME
- Mary Penn

#### 11. INFORMANT
- Hospital records

#### 12. BURIAL, CREMATION, OR REMOVAL
- Paperhill Hosp. Cem., Delue, April 27, 1937

#### 13. UNDERTAKER
- Lyceum St., Sykesville, Md.

#### 14. FILED
- Feb. 17, 1937

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If more blanks are needed, address State Registrar, 2671 N. Charles Street, Baltimore, Requesting V. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>MAY 7 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
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Other contributory causes of importance:

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</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</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: Carroll
   Village or City: Taneytown, Md.
   Length of residence in city or town where death occurred: yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.

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

   Jordan Travis Snider

   PERSONAL AND STATISTICAL PARTICULARS

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

   5a. If married, widowed, or divorced:
   HUSBAND OF (or) WIFE OF: Mrs. Emma A. Snider

   6. DATE OF BIRTH (month, day, and year):
   (Month) May 26, 1866
   (Day) 26
   (Year) 1866

   7. AGE Years: 70
   Months: 11
   Days: 6
   IF LESS THAN 1 day, ... hrs. or ... min.

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

   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):
   Date spent in this occupation:

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

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

   13. NAME: Samuel Snider

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

   15. MAIDEN NAME: Martha Snider

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

   17. INFORMANT (Address): Mrs. Emma A. Snider
   Taneytown, Md.

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Lutheran Cemetery
   Date: April 28, 1937

   19. UNDERTAKER (Address):
   O. L. Fussell & Son
   Taneytown, Md.

   20. FILED: April 30, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1937 at 2:30 p.m. until death on April 26, 1937. I last saw him alive on April 19, 1937; a death is said to have occurred on the date stated above, at 7 A.M.

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

Biliary cirrhosis 1936
Sclerosis of pancreas 1934
Stenosis of aorta 1932

Other Contributory Causes of Importance:

Other Contributory Causes of Importance:

Name of operation:

What last 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? No

If so, specify:

(Signed) [Signature]

(Address) 418

If more blanks are needed, address State Registrar, 2451 N. Charles Street, Baltimore, Requesting U. S. No. r.
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<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>MAY 4, 1937</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>Bureau V.S.</strong></td>
<td><strong>July 5, 1927</strong></td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

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

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

1. **PLACE OF DEATH**
   - County: **Carroll**
   - Village or City: **Lykensville**
   - Length of residence in city or town where death occurred: 30 yrs. 2 mos. 26 ds.

2. **FULL NAME** **Edgar P. States**
   - Residence: **Springfield State Hospital**
   - If U. S. Veteran, specify WAR: **
   - Registration Dist. No.: 24
   - Ward: **St.**
   - Age: 66 yrs.
   - Sex: Male
   - Sex of relation of deceased to person filing: **
   - Birthplace (city or town): **Maryland**
   - Birthplace (State or country): **Maryland**
   - Occupation: **Electrician**
   - Date of death: **April 24, 1937**

3. **DATE OF DEATH**
   - Month: April
   - Day: 24
   - Year: 1937

4. **PLACE OF DEATH**
   - Place of death: **Springfield State Hospital**

5. **INFORMANT**
   - Parents' names: **Mary and George States**
   - Date of marriage: April 20, 1937

6. **UNDERTAKER**
   - Date of burial: April 20, 1937

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

8. **DECEASED**
   - Date of death: **April 24, 1937**

9. **DIAGNOSIS**
   - Cause of death: **
   - Autopsy: No

10. **METHOD OF DEATH**
    - Nature of injury: **

11. **PLACE OF BURIAL**
    - City or town: **Springfield**
    - State or country: **Maryland**

12. **REMARKS**
    - **

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis 1921</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage July 5, 1927</td>
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</tr>
<tr>
<td>Gallstones May 1, 1923</td>
<td>Gastroenteritis 1 year</td>
</tr>
</tbody>
</table>

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

**1. PLACE OF DEATH**
- **County:** Carroll
- **Colored Branch**
- **Registration Dist. No.:** 74
- **Village or City:** Henryton, Maryland
- **No. (above):** St., Ward
- **Length of residence in city or town where death occurred:** 0 yrs. 5 mos. 14 ds.
- **(If death occurred in a hospital or institution, give its NAME instead of street and number)**

**2. FULL NAME**
- **Lewis Avon Thomas**
- **Residence: No. 229 Phebus Ave., Frederick, Maryland**
- **If U.S. Veteran, specify WAR:** None
- **If nonresident give city or town and State:**

## PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>male</td>
<td>Colored</td>
<td>Single</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5a. If married, widowed, or divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUSBAND of (or) WIFE of</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, end year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 5, 1912</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>3</td>
<td>22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Trade, profession, or particular kind of work done, e.g. SPINNER, SAWER, BOOKKEEPER, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto Mechanic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Industry or business in which work was done, e.g. SAWMILL, BANK, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Obit deceased last worked at this occupation (month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Total time (years) spent in this occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braddock Heights, Maryland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
<th>14. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Francis Thomas</td>
<td>Jefferson, Maryland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. MAIDEN NAME</th>
<th>16. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mamie Taylor</td>
<td>Baltimore, Maryland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. INFORMANT (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. Hoffman, M.D. Henryton, Maryland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, OR REMOVAL (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place: Frederick, Md. Dece. Yr. 27, 1937</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. UNOVERTAKER (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. R. Stuhler, J. &amp; Son, Frederick, Md.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. FILED (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 4/27/37 Albert R. Schwendler, Deputy Local Registrar</td>
</tr>
</tbody>
</table>

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 27, 1937</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1936, to April 27, 1937.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I last saw h. alive on April 27, 1937; death is said to have occurred on the date stated above, etc.</td>
</tr>
<tr>
<td>2:30 P.M.</td>
</tr>
</tbody>
</table>

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

- **Pulmonary tuberculosis**
  - Date of onset: Jan. 1934

- **Tuberculous enteritis**

| 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| Accident, suicide, or homicide? |
| Date of Injury: 1/19 |
| Where did injury occur? |
| Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |

<table>
<thead>
<tr>
<th>24. Was disease or injury in any way related to occupation of deceased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25. (Signed) (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Henry Hoffman, M.D. Henryton, Maryland</td>
</tr>
</tbody>
</table>

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:

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

**Example II**

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

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Westminster
   Length of residence in city or town, where death occurred: 9 yrs. 4 mos. 27 ds.
   U.S. or foreign birth: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 3518 - 35th St., W.
   PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: White
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   Occupation: Engineer
   DATE OF BIRTH: Sept. 18, 1887
   AGE: 50 yrs. 2 mos. 6 days
   DATE OF DEATH: April 24, 1937
   If U. S. Veteran, specify WAR: 
   HUSBAND of: May R. Mortimer
   DATE DECEASED LAST WORKED AT: 
   OCCUPATION: 
   DATE OF DEATH: 1937
   If nonresident give city or town and State: 
   MOTHER OF: 
   OPAID NAME: 
   MAIDEN NAME: 
   BIRTHPLACE (city or town): Washington, D.C.
   (State or country): 
   INFORMANT: Hospital Record
   BURIAL, CREMATION, OR REMOVAL: Washington, D.C.
   UNDERTAKER: 
   FILED: April 24, 1937

I HEREBY CERTIFY, that I attended the deceased from 
Mar. 26, 1927, to Apr. 24, 1937. I last saw him alive on Apr. 24, 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Other Contributory Cause of importance:

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

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

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><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>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>May 7, 1907</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>
</tbody>
</table>

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

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Bel Air
   Registration Dist. No.: 7
   Registration No.: 4061
   No. of St., Ward: 26
   Length of residence in city or town where death occurred: 2 yrs. 3 mos. 17 ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 3022 Parkside East
      (Usual place of abode)
      If nonresident give city or town and State
      S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   White
   Single

4. COLOR OR RACE

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

6. DATE OF BIRTH (month, day, and year)
   July 27, 1856

7. AGE
   Years: 40
   Months: 7
   Days: 20
   IF LESS THAN
   Date of birth: July 27, 1856
   Total time (years) spent in this occupation: 0

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWS, BOOKKEEPER, etc.
   Engineer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SAW MILL, BANK, etc.

10. DISEASES (diseases from which deceased was suffering)
   一件

11. DISEASES (diseases from which deceased died)
   一件

12. BIRTHPLACE (city or town)
    S. Carolina

13. NAME
    James D. Webster

14. BIRTHPLACE (city or town)
    Hot Springs, S. Carolina

15. MAIDEN NAME
    Mary W. Webster

16. BIRTHPLACE (city or town)
    Maryland

17. INFORMANT
    Address

18. BURIAL, CREMATION, OR REMOVAL
    Place: Parkwood Ave.
    Date: April 17, 1937

19. UNDERTAKER
    Address

20. FILED
    Address

21. DATE OF DEATH
    Month: June
    Day: 27
    Year: 1937

22. HEREBY CERTIFY, That I attended deceased from
    December 31, 1936, to June 17, 1937
    I last saw h. in fatal condition on June 17, 1937, death is sold
    to have occurred on the date stated above, at 3:45 a.m.

23. PRINCIPAL CAUSE OF DEATH AND RELATION OF CAUSES OF IMPORTANCE

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

If more blanks are needed, address State Registrar, 2412 W. 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.

To be complete, an occupation return must state:

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

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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

| 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 |

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Carroll
Village or City: Sykesville, Maryland
No. Springfield State 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: 15 yrs. 4 mos. 29 ds.

2. FULL NAME: Catherine B. Wiener

(a) Residence: No. Hancock, Maryland

PERSONAL AND STATISTICAL PARTICULARS

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

If U. S. Veteran, specify WAR: 

If nonresident give city or town and State: 

6. DATE OF BIRTH (month, day, and year): Unknown
7. AGE: 78

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: None

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: None

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): None

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: None

12. BIRTHPLACE (CITY OR TOWN): Unknown

13. NAME OF MOTHER: Thomas J. Wiener

14. BIRTHPLACE (STATE OR COUNTRY): Maryland

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (STATE OR COUNTRY): Ireland

17. INFORMANT: Hospital Records

18. BURIAL, CREMATION, OR REMOVAL: Sykesville, Maryland

19. UNDERTAKER: None

20. FILED: April 30, 1937

REGISTRATION DIST. NO.: 24

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1925, to April 30, 1937.

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: 

   (Address): Sykesville, Md

   (Signature): M. Virginia Beery, M. D.

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

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

Other contributory causes of importance:

Gallstones | May 1, 1923

Gastroenteritis | 1 year

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

1. PLACE OF DEATH
County: Carroll
Village or City: Henryton, Maryland

2. FULL NAME
(a) Residence: No. 619 N. Fremont Ave., Baltimore, Maryland

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

6. DATE OF BIRTH (month, day, and year): May 30, 1908
7. AGE: 28 Years, 10 Months, 2 Days

8. OCCUPATION: Barber

9. MARRIED TO: Hortense Wilmore

10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: Unknown

11. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Unknown

12. BIRTHPLACE (city or town): Queenstown, Maryland

13. NAME: Walter Worthington Wilmore

14. MOTHER: Reuben Hoffman

15. MAIDEN NAME: Bertie Hawkins

16. BIRTHPLACE (city or town): Queenstown, Maryland

17. INFORMANT: Reuben Hoffman

18. BURIAL, CREMATION, OR REMOVAL: Cheltenham City, Date: 4/4/1936

19. UNOVERTAKER: Albert R. Swan

20. FILED: 4/1/37, 19

21. DATE OF DEATH: April 1, 1937

22. MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1936, to April 1, 1937. I last saw him alive on April 1, 1937. 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:

Pulmonary Tuberculosis

Date of onset: Oct., 1936

Other Contributory Causes of importance:

Name of operation:

What test confirmed diagnosis:

Was there an autopsy? No

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

Accident, suicide, or homicide: Date of injury: 19

Where did injury occur:

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

Menier of injury:

Nature of injury:

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

If so, specify:

(Sign) Reuben Hoffman

Local Deputy Registrar.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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<th>Example I</th>
<th>Example II</th>
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<td>Other contributory causes of importance:</td>
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<td>Gallstones</td>
<td>Gastroenteritis</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Sykesville
   Other_address: Springfield State Hospital

2. FULL NAME
   William Joseph Wright

3. PERSONAL AND STATISTICAL PARTICULARS
   Sex: Male
   Color or race: White
   Single, married, widowed, or divorced: Married
   Place of abode: Baltimore, MD

4. MEDICAL CERTIFICATE OF DEATH
   Date of birth: July 27, 1880
   Date of death: April 5, 1937
   Date of marriage: Mar. 3, 1917
   Date of death certification: July 27, 1937
   Cause of death: Cardiovascular Disease

5. Occupation: Carpenter
   Father's name: George Wright
   Mother's name: Katherine Roundtree

6. Burial: New Cathedral, April 12, 1937
   Undertaker: M. J. Treacy & Son
   Filed: April 5, 1937

If more blanks are needed, address State Registrar, 2401 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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<td>Date of onset</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset</td>
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</tr>
<tr>
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Other contributory causes of importance:

| Gallstones | Gastroenteritis |
| May 1, 1926 | 1927 |

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

1. PLACE OF DEATH
County: Carroll Co.
Village or City: Mt. Airy, Md.

Length of residence in city or town where death occurred: 15 yrs., mos., ds.

2. FULL NAME
(a) Residence: No.
(b) Usual place of abode: P.O. & 4 Mt. Airy, Md.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Oct. 1854

7. AGE: Years 83

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

9. Industry or business in which work was done: [Blank]

10. Date deceased last worked at this occupation: [Blank]

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

12. BIRTHPLACE (city or town): Virginia

13. NAME: Calico Johnson

14. BIRTHPLACE (city or town): Virginia

15. MAIDEN NAME: Sally ??

16. BIRTHPLACE (city or town): Virginia

17. INFORMANT (Address): Armstead Young, P.O. & 4 Mt. Airy, Md.

18. DATE OF CREMATION, OR REMOVAL: Place: Mt. Airy, Date: April 12, 1937

19. UNDERTAKER (Address): L. M. Wright, B. D. Snyder

20. FILED: April 10, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 9, 1937

22. I HEREBY CERTIFY that I attended deceased from May 25, 1937, to Apr 9, 1937. I last saw him alive on May 25, 1937; death is said to have occurred on the date stated above and 11:30 a.m.

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

Other Contributory Causes of importance:
Rabies Admit??

Name of operation: [Blank]

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

Date of injury: 19

Nature of injury: [Blank]

Where did injury occur? [Specify city or town, county and State]

Manner of injury: [Blank]

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

If so, specify: No

Reg. M. Young, M.D.

If more blanks are needed, address State Registrar, 243 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | May 6, 1927 |

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

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:
Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN