STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Calvert
   Village or City: Ches-nee-Is-and

2. FULL NAME
   (a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   January 22/1878

7. AGE
   Years: 59
   Months: 3
   Days: 20
   If LESS than 1 day, .hrs. or .min.

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

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

10. Date deceased last worked at this occupation (month and year)
    1932

11. Total time (years) spent in this occupation
    1937

12. BIRTHPLACE (city or town)
    Solomon's Island
    State or county: MD

13. NAME
    John F. Elliott

14. BIRTHPLACE (city or town)
    Baltimore, MD
    State or county: MD

15. MAIDEN NAME
    Sarah A. Owen

16. BIRTHPLACE (city or town)
    Baltimore, MD
    State or county: MD

17. INFORMANT
    Miss M. D. Baer
    Address: 2122 Overland Avenue

18. BURIAL, CREMATION, OR REMOVAL
    Place: Ches-nee-Is-and
    Date: May 13, 1937

19. UNDERTAKER
    D. L. Maybee & Son
    Address: 212 Overland Avenue

20. FILED
    5/13/37, 19
    Registrar: M. D.

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

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

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

**Example II**

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<td></td>
</tr>
<tr>
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<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

Village or City

Registration Dist. No.

No.

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

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

2. FULL NAME

(a) Residence: No. (Usual place of abode)

St. Ward.

If U.S. Veteran, specify WAR

(b) If nonresident give city or town and State

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)

February 15, 1878

7. AGE

Years Months Days

59 1 23

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)

Farmed

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Cabaret County

(State or country)

13. NAME

Edward Stauert

14. BIRTHPLACE (city or town)

State or country

Maryland

15. MAIDEN NAME

Anne Chaw

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT ...

Edward Stauert

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

All Saints

Date May 10, 1937

19. UNDERTAKER

A. B. Harkness & Co.

ADDRESS

20. FILED

Reg. No. 5244

1937

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<th>Example II</th>
</tr>
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</tr>
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<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>BUREAU V.S.</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1. PLACE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>County: Chestertown</td>
</tr>
<tr>
<td>Village or City: Dowell</td>
</tr>
<tr>
<td>Registration Dist. No. 51</td>
</tr>
<tr>
<td>St., Ward:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. FULL NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emily Garsen</td>
</tr>
<tr>
<td>Residence: Dowell</td>
</tr>
<tr>
<td>If U.S. Veteran, specify WAR:</td>
</tr>
</tbody>
</table>

**PERSONAL AND STATISTICAL PARTICULARS**

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

<table>
<thead>
<tr>
<th>4. COLOR OR RACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light complexion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5a. If married, widowed, or divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband of Wife of James H. Garsen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 21, 1857</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housekeeper</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silk Mill, Saw Mill, Bank, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. DATE DECEASED LAST WORKED AT THIS OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 21, 1857</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>

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town, State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knows</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. BIRTHPLACE (city or town, State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. MAIDEN NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. BIRTHPLACE (city or town, State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. INFORMANT (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>James H. Garsen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place: Mt. Moriah</td>
</tr>
<tr>
<td>Date: Oct 21, 1857</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. UNDERTAKER (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilson Weare</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. FILED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 21, 1857</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. DATE OF DEATH (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 21, 1937</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. I HEREBY CERTIFY THAT I ATTENDED DECEDENT FROM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 10, 1937 to May 21, 1937</td>
</tr>
<tr>
<td>Last saw deceased alive on May 16, 1937</td>
</tr>
<tr>
<td>Death is said to have occurred on the date stated above, at 5 P.M.</td>
</tr>
<tr>
<td>The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Consequence of Stomach</td>
</tr>
<tr>
<td>Date of death: 1937</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthmatics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEDENT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If so, specify:</td>
</tr>
</tbody>
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<td>Attack of epilepsy</td>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
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</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: Calvert
   Village or City: Husky
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, year): June 3, 1905
7. AGE: Years: 3, Months: 11, Days: 19

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.: Farmer.
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): Life
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town): Calvert Co., Md.
13. NAME: Louis Gross
14. BIRTHPLACE (city or town): Calvert Co., Md.
15. MAIDEN NAME: Jenny Johnson
16. BIRTHPLACE (city or town): Calvert Co., Md.
17. INFORMANT: Jenny Grossman
   (Address): Litly, Calvert Co., Md.
18. BURIAL, CREMATION, OR REMOVAL
   Place: St. John's, Date: 7-14, 1917
19. UNDERTAKER: Hendley Marxon
   (Address): Hendley Marxon

21. DATE OF DEATH
   MONTH: May, DAY: 12, YEAR: 1937

22. I HEREBY CERTIFY, That I attended deceased from
   first to last
   The principal cause of death and related causes of importance were as follows:
   Culinary Infections

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:
   Nature of injury:
   Nature of injury:

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

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<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>[Revealed on Image]</td>
<td>[Revealed on Image]</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
County: Calvert
Village or City: Huntingtown

2. FULL NAME
(a) Residence: Calvert
(Usual place of abode)
(b) If U.S. Veteran, specify WAR

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

4. COLOR OR RACE
Blond

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

6. DATE OF BIRTH (month, day, and year)
August 18, 1863

7. AGE
Years: 78
Months: 9
Days: 9

8. OCCUPATION
Farmer

9. DEATH (month, day, and year)
August 18, 1863

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

11. Total time (years) spent in this occupation

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

13. NAME
Almira A. Hicks

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

15. MAIDEN NAME
Hester Lee

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

17. INFORMANT
Elizab. Hicks

18. BURIAL, CREMATION, OR REMOVAL
Place: George, MD
Date: 8/29, 1937

19. UNDERTAKER
Pinkerton Mason

20. FILED: 8/29, 1937

21. DATE OF DEATH
May 85, 1937

22. I HEREBY CERTIFY, That I attended deceased from
May 10, 1937, to May 18, 1937, ; I last saw him alive on May 14, 1937; death occurred on the date stated above, at 14:30, Am. The principal cause of death and related causes of importance were as follows:

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

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

If more blanks are needed, address State Registrar, 2415 N. Charles Street, Baltimore, Requesting U.S. No. 5.
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>Jun 8, 1927</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, 1926 |

**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: Calvert
   - Village or City: Owings
   - Length of residence in city or town where death occurred: yrs. mos. ds.

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

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>Co.</td>
<td>(write the word)</td>
</tr>
</tbody>
</table>

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

6. **DATE OF BIRTH**
   - Month, day, and year: May 24, 1937

7. **AGE**
   - Years: 0
   - Months: 0
   - Days: 0
   - If LESS THAN 1 day, hrs., or min.: 

**OCCUPATION**

8. Trade, profession, or particular kind of work done: 
   - SPINNER, SAWER, BOOKKEEPER, etc.
9. Industry or business in which work was done: 
   - SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation: 
    - Month end year

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

12. **BIRTHPLACE** (city or town): Owings, Md.
    - (State or country)

13. **NAME**
    - John Wesley Jacobs
14. **BIRTHPLACE** (city or town): Owings, Md.
    - (State or country)
15. **MAIDEN NAME**
    - Harriet Jester
16. **BIRTHPLACE** (city or town): Owings, Md.
    - (State or country)

17. **INFORMANT**
    - Animation Jacobs: 
    - Address: 

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Own Body
    - Date: May 24, 1937

19. **UNDERTAKER**
    - Rachel Coates
    - Address: 

20. **FILED**
    - July 17, 1937
    - M. B. Ort, Reg. M. D.

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Month: May
    - Day: 24
    - Year: 1937

22. **I HEREBY CERTIFY**
    - That I attended deceased from: 19...
    - Elive on: to... 19...
    - 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:

    - Stillborn

Other Contributory Causes of importance:

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

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. B. Ort, Reg. M. D.

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

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:
1. The trade, profession, or particular kind of work done.
2. The industry or business in which the work was done.
3. The month and year the deceased last worked at the occupation.
4. 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, stationery engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

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<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1928</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Calvert
   Village or City: Calvert Co Hospital
   Registration Dist. No.: 51
   Ward: 20th
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   Female

4. COLOR OR RACE
   White
   Other

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single
   Married
   Widowed
   Divorced

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

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

7. AGE
   Years
   Months
   Days
   IF LESS THAN 1 day, hrs. or min.

8. OCCUPATION
   Farmer
   Other

9. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   [Signature]

10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
    [Signature]

11. Total time (years) spent in this occupation
    [Signature]

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

13. NAME
    [Signature]

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

15. MAIDEN NAME
    [Signature]

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

17. INFORMANT
    (Address)
    [Signature]

18. BURIAL, CREMATION, OR REMOVAL
    Place
    [Signature]
    Date

19. UNDERTAKER
    (Address)
    [Signature]

20. FILED
    [Signature]
    [Address]

21. DATE OF DEATH (Month, Day, Year)
    [Signature]

22. I HEREBY CERTIFY, That I attended deceased from
    [Signature]
    Date
    I last saw him alive on
    Date
    His death was caused by
    [Signature]

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 HDME, or in PUBLIC PLACE.
    Manner of injury
    Nature of injury

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
United States Standard Certificate of Death

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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>RECEIVED JUN 8 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Additional Space for Further Statements by Physician
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Calvert
   Village or City: Lemon Marcella
   Registration Dist. No.: 52
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Virginia MacKall
   Residence: Nankin, Marcella St., Ward.
   If a veteran, specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Colored

5. Status
   Married

6. DATE OF BIRTH (month, day, and year)
   Aug 7, 1936

7. AGE
   Years: 7
   Months: 1
   Days: 3

8. TRADE, PROFESSION, OR OCCUPATION
   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, months, days) spent in this occupation
    None

12. BIRTHPLACE (city or town)
    Castle

13. NAME
    Virginia MacKall

14. BIRTHPLACE (city or town)
    Castle

15. MAIDEN NAME
    None

16. BIRTHPLACE (city or town)
    None

17. INFORMANT
    Joseph MacKall

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mount St. John
    Date: May 16, 1941

19. UNDERTAKER
    Joseph MacKall

20. FILED
    May 15, 1937

REGISTRAR

V.S. No. 1

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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<th>Example II</th>
</tr>
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<tbody>
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<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset 1915</td>
<td>Date of onset 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 1914</td>
<td>Date of onset 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>Date of onset 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of onset May 1, 1923</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: Calvert
   Village or City: Sunderland

2. FULL NAME
   John William Marquez

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   March 16, 1912

7. AGE
   Years: 55
   Months: 1
   Days: 14

8. OCCUPATION
   Butcher
   Retired

9. DATE OF DEATH (month, day, and year)
   May 30, 1937

10. MOTHER'S NAME
    Mollie Bigelow

11. MOTHER'S BIRTHPLACE
    (State or country)

12. FATHER'S NAME
    Edward Marquez

13. FATHER'S BIRTHPLACE
    (State or country)

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

15. MAIDEN NAME
    Bigelow

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

17. INFORMANT
    (Name and address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Harmony
    Date: June 1, 1937

19. UNDERTAKER
    W.H. Harder
    (Name and address)

20. FILED
    (Name and address)

If more blanks are needed, address State Registrar, 2415 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<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>JUL 7 1937</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>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:

Gastroenteritis 1 year

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

1. PLACE OF DEATH
   County: Calvert
   Village or City: Dunkirk
   Registration Dist. No. 18
   No. St., Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   7

4. COLOR OR RACE
   C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   (a) Residence: No. (Usual place of abode)
   St., Ward. If nonresident give city or town and State
   If U.S. Veteran, specify WAR:

6. DATE OF BIRTH (month, day, and year) 5/9/07

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

11. Total time (years) spent in this occupation

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

13. NAME
   Enraya W. Washington

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

15. MAIDEN NAME
   Evangeline

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

17. INFORMANT
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Dunkirk
   Data: May 10, 1937

19. UNDERTAKER
   (Address)

20. FILED: May 10, 1937 H. M. Hardie, Registar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 5 9 1937 (Month) (Day) (Year)

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

   I last saw deceased on , 19; death is said to have occurred on the date stated above, or

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

   [Signature]

   Other Contributory Causes of importance:

   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 whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury
   Nature of injury

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

If more blanks are needed, address State Registrar, 2211 N. Charles Street, Baltimore, Requesting U. S. No. 6.
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, asthemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

<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>JUN 5, 1937</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, 1925 |

Example 2

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Calvert
   Village or City: Burtonsville
   Registration Dist. No.: 52
   No. Calvert St., 0 St., 0 Ward
   (If death occurred in a hospital or institution, give in 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. _____

2. FULL NAME
   (a) Residence: No. 0
   (Usual place of abode)
   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)

   5a. If married, widowed, or divorced, HUSBAND or (or) WIFE of:
   [Name]

   6. DATE OF BIRTH (month, day, and year): Mar 20, 1889

   7. AGE: Years 52
   Months 2
   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):
       New Rochelle, NY

   13. NAME:
       Moritz Hergelmann

   14. BIRTHPLACE (city or town), (State or country):
       New Rochelle, NY

   15. MAIDEN NAME:
       Mary Hergelmann

   16. BIRTHPLACE (city or town), (State or country):
       New Rochelle, NY

   17. INFIRMARY:
       [Address]

   18. BURIAL, CREMATION, OR REMOVAL
       Place: New Rochelle, NY
       Date: May 20, 1937

   19. UNDERTAKER:
       [Address]

   20. FILED:
       June 1, 1937

   21. DATE OF DEATH
       (Month) 5
       (Day) 30
       (Year) 1937

   MEDICAL CERTIFICATE OF DEATH

   I HEREBY CERTIFY, That I attended deceased from
   [Address]
   [Address]
   to have occurred on the date stated above, at [Time]
   The principal cause of death and related causes of importance were as follows:
   [Cause]
   Other contributory causes of importance:
   [Cause]

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

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

       Manner of injury:
       Nature of injury:

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

       If so, specify:
       [Signed]: __________
       (Address): __________

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting S. No. 3.
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>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Jul 7, 1927</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
<td>Peritonitis</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>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
1. **PLACE OF DEATH**

   County: Calvert
   Village or City: Wallaceville

2. **FULL NAME**

   Rachel Rawlings
   If U.S. Veteran, specify WAR.

3. **PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Colored</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

4. **DATE OF DEATH**

   (Month) May
   (Day) 5
   (Year) 1937

5. **DATE OF BIRTH**

   (Month, day, and year) February 17, 1853

6. **AGE**

   Years 64
   Months 2
   Days 5
   If less than 1 day, hours, or minutes.

7. **OCCUPATION**

   Housekeeper

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

   (Month and year)

9. **BIRTHPLACE**

   Island Creek, Calvert County, MD

10. **NAME OF FATHER**

    Thomas Brown

11. **NAME OF MOTHER**

    Sarah Reed

12. **INFORMANT**

    William Johnson

13. **BURIAL, CREMATION, OR REMOVAL**

    Place: Wallaceville
    Date: 1937

14. **UNDEUTKTER**

    E. H. Penner

15. **FILED**

    5-7-37

16. **MANNER OF DEATH**

    Cerebral Hemorrhage
    Cardiac Decompensation

17. **OTHER CONTRIBUTORY CAUSES OF DEATH**

    Date of death: 5-2-37

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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<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>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 1, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: May 1, 1923</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Note: The text appears to be a form for recording the death details, including occupation and cause of death, with examples provided.