STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Stanford
   Village or City: Baltimore
   Length of residence in city or town where death occurred: 70 yrs. 0 mos. 0 days

2. FULL NAME
   William M. Anderson
   If U.S. Veteran, specify WAR:

   Residence: No. __________ (usual place of abode)
   St., Ward:

   If nonresident give city or town and State:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

   Annie Anderson

6. DATE OF BIRTH
   July 27, 1864

7. AGE
   72 years, 11 months, 19 days

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

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

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

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

12. BIRTHPLACE
   City or town: Hartford
   State or country: CT

13. NAME
   George W. Anderson

14. BIRTHPLACE
   City or town: Hartford
   State or country: CT

15. MAIDEN NAME
   Ann W. Singleton

16. BIRTHPLACE
   City or town: Hartford
   State or country: CT

17. INFORMANT
   Address:
   Mr. William Anderson

18. BURIAL, CREMATION, OR REMOVAL
   Place:
   Date: July 18, 1937

19. UNDERTAKER
   Address:
   Dr. L. Bailey
   July 17, 1937

20. FILED
   Date: July 17, 1937
   Registrar:
   W. S. No. 1

21. DATE OF DEATH
   July 16, 1937

22. HEREBY CERTIFY
   That I attended deceased from July 16, 1937, to July 16, 1937.
   I last saw him alive on July 16, 1937; death is said to have occurred on the date stated above, at 8 A.M.

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

   Date of death:
   July 16, 1937

   Other Contributory Causes of Importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Specified
   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:
   If no, specify:

   (Signed) M. D.
   Address:
   Dr. L. Bailey
   Hartford, CT

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

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

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

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

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

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

**Example I**

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

**Example II**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<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</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>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Edgewood
   Length of residence in city or town where death occurred: 62 yrs. 3 mos.

2. FULL NAME
   (a) Residence: No. 324, East Greene St., Ward. If U.S. Veteran, specify WAR...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   Color or Race: Colored

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

6. DATE OF BIRTH (month, day, and year)
   Sept. 10, 1875

7. AGE
   Years: 62
   Months: 3
   Days: 0

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Day 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)
    Apr. 1936

11. Total time (years) spent in this occupation: 40 yrs.

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

13. NAME
    Husband

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

15. MAIOEN NAME
    Susan Green

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

17. INFORMANT
    Mrs. Elizabeth Banks
    Address: Edgewood

18. BURIAL, CREMATION, OR REMOVAL
    Place: Edgewood County.
    Date: July 17, 1937

19. UNDERTAKER
    H. H. H. Steed
    Address: 324, East Greene St.

20. FILED
    July 16, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    July 15th, 1937

22. I HEREBY CERTIFY that I attended deceased from
    Dec. 1, 1936, to July 15, 1937, last saw him alive on July 16, 1937. Death is said to have occurred on the date stated above, at 6:00 A.M.

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

Cholalithiasis
Cholalithiasis

Other Contributory Causes of Importance:

12-6-36
Dec. 1936
Dec. 1936

Name of operation:

Date of:

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of Injury: 19

Where did injury occur?

Specify 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) Claude D. Cownay

Address: 324, East Greene St.

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 housekeeping, 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.

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td><strong>RECEIVED</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td><strong>AUG 4, 1937</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>BUREAU V. S.</strong></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><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

<table>
<thead>
<tr>
<th>County</th>
<th>St.</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harford</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Village or City: Nazareth Hospital

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. 1720, E. 21st St., Phila., Pa.

3. SEX

<table>
<thead>
<tr>
<th>Male</th>
<th>Negro</th>
<th>Married</th>
</tr>
</thead>
</table>

5a. If married, widowed, or divorced:
The wife of:

Mrs. Rosella Clark

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

April 8, 1910

7. AGE

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
<th>Days</th>
<th>If Less Than</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>3</td>
<td>22</td>
<td>1 day, 1 hr.</td>
</tr>
</tbody>
</table>

Tenure of occupation:

6. Labaron

9. Industry or business in which work was done:

Silk Mill, Saw Mill, Bank

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

July 15, 1937

11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Month: July, Day: 30, Year: 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to July 30, 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:


Other Contributory Causes of Importance:

Vascular

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

Accident, suicide, or homicide?

Accident: Date of Injury: July 15, 1937

Where did injury occur?

Near Andrews, Md.

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

Injury

Manner of injury: Caput Bettle, down fence

Nature of Injury: As above

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

If so, specify

(Signed) Dr. John J. Fleury M.D.

Register...
UNITED STATES STANDARD CERTIFICATE OF DEATH

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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>
</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><strong>RECEIVED</strong></td>
<td><strong>AUG 5 1937</strong></td>
</tr>
<tr>
<td><strong>BUREAU V.S.</strong></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>Gallstones</td>
<td>May 1, 1925</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

1. **PLACE OF DEATH**
   - County: HARFORD
   - Village or City: Edgewood Arsenal, Edgewood, Md.
   - Registration Dist. No.: 1/1
   - No. Station Hospital, U.S. Army: St. 
   - Ward: 19
   - Length of residence in city or town where death occurred: 0 yrs. 0 mos. 19 ds.
   - How long in U.S. if of foreign birth: -- yrs. -- mos. -- ds.

2. **FULL NAME**
   - FRED C. CONRAD (MIDDLE NAME UNKNOWN)
   - If U.S. Veteran, specify WAR: --
   - Residence: No. 271 W. Wingshocking St., St. 
   - Ward: Philadelphia, Pennsylvania

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: MALE
   - COLOR OR RACE: WHITE
   - SINGLE, MARRIED, WIDOWED, OR DIVORCED: SINGLE
   - Date of birth: Exact date unknown
   - Age: 18 years
   - Occupation: Training with Marine Corps Reserve
   - Birthplace: Unknown, Pennsylvania
   - Father: Unknown
   - Mother: Unknown
   - Maiden Name: Unknown
   - Official Army Records: Edgewood Arsenal, Md.
   - Undertaker: Howard K. McComas, Abingdon, Md.
   - Filed: July 22, 1937

4. **DATE OF DEATH**
   - JULY 21
   - July 23, 1937

5. **MEDICAL CERTIFICATE OF DEATH**
   - Date of onset: 7-3-37
   - Date of death: 7-21-37
   - Diagnosis: Appendicitis, acute, suppurative.
   - Other Contributory Causes of importance: Acute cardiac dilatation
   - Name of operating physician: Appendectomy
   - Date of operation: 7-4-37
   - Clinical was there an autopsy? NO
   - What test confirmed diagnosis? Clinical
   - Manner of death: Appendectomy
   - If so, specify: Appendectomy
   - (Signed) Henry F. Philips, Lt. Col. M.C. M.D.
   - Place: Philadelphia, Pa.
   - Date: July 23, 1937

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

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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</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>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>Date of onset</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Hortort
   Village or City: Sydenham
   St., Ward:
   Length of residence in city or town where death occurred yrs. mos. ds.
   How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   St., Ward. 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
   Single

6. DATE OF BIRTH (month, day, and year)
   Sept. 15, 1866

7. AGE
   Years: 72
   Months: 10
   Days: 2

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

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
    Family Name: Donehoo
    Given Name: Joseph

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

15. MAIDEN NAME
    Nancy McShane

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

17. INFORMANT
    Address:
    Wm. J. Donehoo

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

19. UNDERTAKER
    Address:
    Wm. J. Donehoo

20. FILED
    July 17, 1937
    Edw. T. Brown
    Registrar.

21. DATE OF DEATH
    July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937, to July 16, 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:
    Hemorrhage of Brain

23. Other Contributory Causes of importance:
    Organic Heart Disease

Name of operation:

What test confirmed diagnosis?

Date of:

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbids 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: Hartford
   Village or City: Pikesville

2. FULL NAME: Helene V. Dorsay
   Registration Dist. No. 141

   Residence: No. 1 Route 1 St., Ward.

   If U.S. Veteran, specify WAR

   (a) Residence: No. 1 Route 1 St., Ward.

   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year): Sept. 29, 1921

   7. AGE: 15 9 14

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

   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) (State or country): Aberdeen, Maryland

   13. NAME: Samuel Dorsay

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

   15. MAIDEN NAME: Carrie B. Brown

   16. BIRTHPLACE (city or town) (State or country): Bel Air, Harford County, Maryland

   17. INFORMANT (Address): Mrs Carrie F. Hanks, P.O. Box 9, Baltimore

   18. BURIAL, CREMATION, OR REMOVAL Place: Swan Creek, Date: July 4, 1937

   19. UNDERTAKER (Address): Bullock Funeral Home, 502 27th St., Muncie

   20. FILED: July 19, 1937

   Registrar

   21. DATE OF DEATH: July 4, 1937

   I HEREBY CERTIFY, that I attended deceased from


   I last saw her alive on July 2, 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: 12-25-36

   Other Contributory Causes of Importance:

   Tuberculosis of Lungs

   Date of onset: 12-9-36

   Name of operation: Date of:

   What test confirmed diagnosis? Spinal. Was there an autopsy?

   23. If death was due to external cause (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)

   (Address) 287 Revolution, Hiram Drive

   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.

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset:</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
</tr>
<tr>
<td>Bureau V. S.</td>
<td>Date of onset:</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: Baltimore
   Village or City: Ellicott City
   Length of residence in city or town where death occurred: 17 yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   Simon Duyerse
   If U. S. Veteran, specify WAR
   Residence: No. 838 Baltimore St.
   Ward.
   If nonresident give city or town and State

3. SEX
   Male
   5a. If married, widowed, or divorced
   HUSBAND OF
   Manda Duyerse

4. COLOR OR RACE
   Colored

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

6. DATE OF BIRTH (month, day, and year)
   March 14, 1865

7. AGE
   Years: 72
   Months: 4
   Days
   If less than 1 year, specify h. or m.

8. TRADE, PROFESSION, OR OTHER KIND OF WORK
   DAY LABOR
   Occupation

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   SAW MILL
   Occupation

10. DATE DECEASED LOST WORK AT THIS OCCUPATION (MONTH AND YEAR)
    July 28, 1937

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    52 yrs.

12. BIRTHPLACE (CITY OR TOWN)
    South Carolina

13. NAME
    Simon Duyerse

14. BIRTHPLACE (CITY OR TOWN)
    South Carolina

15. MAIDEN NAME
    Unknown

16. BIRTHPLACE (CITY OR TOWN)
    South Carolina

17. INFORMANT
    Mr. Young Duyerse

18. BURIAL, CREMATION, OR REMOVAL
    Place: Union M. Cemetery
    Date: July 29, 1937

19. UNDERTAKER
    Henry T. Schubert

20. FILED
    July 29, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    July 28, 1937

22. I HEREBY CERTIFY, that I attended deceased from
    July 22, 1937, to July 28, 1937,
    and have been present at the date stated above, at 1:15 P. M.
    The principal cause of death and related causes of importance
    were as follows:
    
    Chemical Myocarditis
    7-28-37
    Other Contributory Cause of Importance:
    Anemia
    2-3-37

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

    Accident, suicide, or homicide?
    Where did injury occur?
    Date of injury

    Specified 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:
    M. L. Cressey
    519 Railroad Avenue, Parkersburg

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:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong>: 1915</td>
<td><strong>Date of onset</strong>: 1 week ago</td>
</tr>
<tr>
<td><strong>Date of onset</strong>: 1923</td>
<td><strong>Date of onset</strong>: 1 week ago</td>
</tr>
<tr>
<td><strong>Date of onset</strong>: Aug 4, 1937</td>
<td><strong>Date of onset</strong>: 3 days ago</td>
</tr>
<tr>
<td><strong>Date of onset</strong>: Jul 5, 1927</td>
<td><strong>Date of onset</strong>: 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 Havre de Grace
   Registration Dist. No. 155
   No. 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 Baby Ann Fellenbaum
   (a) Residence No.
   (Usual place of abode)
   St.
   Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS:

3. SEX Female
4. COLOR OR RACE w.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
   Single

6. DATE OF BIRTH (month, day, and year) July 1, 1937
7. AGE Years 1
   Months
   Days
   If less than 1 day, + hrs. or, + min.

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

9. Industry or business in which work was done, e.g. 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) Havre de Grace
    (State or country)

13. NAME Edna Frankland Fellenbaum
14. BIRTHPLACE (city or town) Baltimore
    (State or country)

15. MAIDEN NAME Anna Elizabeth Freely
16. BIRTHPLACE (city or town) Havre de Grace
    (State or country)

17. INFORMANT Mrs. J. Fellenbaum
    (Address) Baltimore, Maryland
18. BURIAL, CREMATION, OR REMOVAL Place: Andrews AVE. Date: July 8, 1937

19. Undertaker Henry J. May, M.D.
    (Address)

20. FILED July 8, 1937, Under J. May, M.D.
    Registrar.

21. DATE OF DEATH July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to July 8, 1937.
    I last saw him alive on July 8, 1937; death is said to have occurred on the date stated above. Cause of death:
    Premature

MEDICAL CERTIFICATE OF DEATH

Date of onset
Other Contributory Causes of Importance:

Name of operation
Date of
What test 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

If so, specify
(Signed)
Address
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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- The month and year the deceased last worked at the occupation.
- The number of years the deceased followed the occupation.

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<table>
<thead>
<tr>
<th>The principal 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>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>The 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>
<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: Baltimore
   Village or City: Baltimore R.F.D.
   Length of residence in city or town where death occurred: 1 yrs. 12 mos. 0 days
   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? 3 yrs. 0 mos. 0 days

2. FULL NAME
   John F. Glassman
   If U.S. Veteran, specify WAR

   (a) Residence: No.
   (b) St.
   (c) Ward.

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

6. DATE OF BIRTH
   Month: 3rd
   Day: 18
   Year: 1884

7. AGE
   Years: 53
   Months: 0
   Days: 4
   If less than 1 day, ___ hrs. or ___ min.

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

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

10. Date deceased last worked at this occupation (month and year)
    Jan. 1916

11. Total time (years) spent in this occupation: 22 yrs.

12. BIRTHPLACE (city or town)
    Boston, Mass.

13. NAME
    John F. Glassman

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

15. MAIDEN NAME
    Unknown

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

17. INFORMANT
    Father, John F. Glassman

18. BURIAL, CREMATION, OR REMOVAL
    Place: Lutheran Church
    Date: July 24, 1937

19. UNDERTAKER
    Harry Tanenbaum

20. FILED
    July 25, 1937

21. DATE OF DEATH
    Month: 7
    Day: 1
    Year: 1937

22. I HEREBY CERTIFY

   That I attended deceased from July 24, 1936, to July 25, 1937.
   I last saw him alive on July 24, 1937; 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:
   Chorea Myocarditis + Cerebral Tuberculosis

   Date of onset: July 1936

   Other Contributory Causes of importance:

   Name of operation: None

   Date of:

   What test confirmed diagnosis:

   Clinical

   Was there an autopsy:

   Yes

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

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

   Date of:

   If so, specify:

   Signed:

   M.D.

   Address:

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Aug 4, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

## 1. PLACE OF DEATH
- **County**: [Name]
- **Village or City**: [Name]
- **Registration Dist. No.**: 182

## 2. FULL NAME
- **William M. Goldberg**
- **Residence No.**
- **St.**
- **Ward**

### PERSONAL AND STATISTICAL PARTICULARS
- **SEX**: Male
- **COLOR OR RACE**: White
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Single
- **HUSBAND or WIFE**
- **DATE OF BIRTH** (month, day, and year): Aug 6, 1890
- **AGE**
  - Years: 45
  - Months: 11
  - Days: 23
- **OCCUPATION**: [Name]
- **DATE DECEASED last worked at this occupation**
- **Total time (years, months, days)** spent in this occupation
- **BIRTHPLACE** (city or town) (State or country): [Name]
- **NAME**: [Name]
- **MOTHER NAME**: [Name]
- **DATE DECEASED last worked at this occupation**
- **Total time (years, months, days)** spent in this occupation

### MEDICAL CERTIFICATE OF DEATH
- **DATE OF DEATH**: July 13, 1937

## 21. CERTIFICATE
- **I HEREBY CERTIFY**
- **Name**
- **Date of birth**
- **Date of death**
- **Cause of death**

## MEDICAL CERTIFICATE OF DEATH

### OTHER CONTRIBUTORY CAUSES OF DEATH:
- **Name of operation**
- **Date of operation**
- **What test confirmed diagnosis?**
- **Was there an autopsy?**
- **DATE OF INJURY**: [Date]
- **WHERE DID INJURY OCCUR?**
- **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?**
- **SIGNATURE**: [Name] 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.

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>RECEIVED 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>AUG 4 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>
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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 | 1 year |

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   Length of residence in city or town where death occurred: Yrs. - Mos. - Days

2. FULL NAME
   (a) Residence: No. 51, Francisville St., Ward.

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

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

   6. DATE OF BIRTH (month, day, and year): April 10, 1879
   7. AGE: 58 years, 3 months, 10 days

   8. TRADE, PROFESSION, OR PARTICULAR kind of work done: Teacher
   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Other
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION AND YEAR:

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

   12. BIRTHPLACE (city or town): Oystertown
   13. NAME: Bernhard Gormann
   14. BIRTHPLACE (city or town, state or country): Ireland
   15. MAIDEN NAME: Catherine Gormann
   16. BIRTHPLACE (city or town, state or country): Ireland
   17. INFORMANT (name and relationship): St. Francis Villa
   18. BURIAL, CREMATION, OR REMOVAL: July 23, 1937
   19. UNDERTAKER: Charles J. Foley
   20. FILED: July 23, 1937

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: July 23, 1937
   22. I HEREBY CERTIFY, that I attended deceased from June 19, 1937, to July 23, 1937.

   The principal cause of death and related causes of importance:
   (Specify cause of death and related causes if applicable)

   Other Contributory Causes of Importance:

   Nave of operation:
   What was the confirmed diagnosis:
   Was there an autopsy:

   23. If death was due to external causes, (VIOLENT) 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:
   (Sign) M.D.

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

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

Other contributory causes of importance:

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

**Example II**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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<td>1 week ago</td>
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<tr>
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<td>3 days ago</td>
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</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
</tr>
<tr>
<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: New Forest Hill

2. FULL NAME
   (a) Residence: New Forest Hill, Md., St., Ward.

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Oct 31, 1860

7. AGE
   Years: 76
   Months: 8
   Days: 16

21. DATE OF DEATH
   July 17, 1937

22. HEREBY CERTIFY
   That I attended deceased from July 1 to July 17, 1937, at 9:30 a.m., the Principal Cause of Death was:

   Hypertensive Cardiovascular Disease 1937

   Other Contributory Causes of Importance:
   Arthropic Arthritis 1929

12. BIRTHPLACE (city or town)
   Bel Air, Md.

13. NAME
   Joseph G. Grafton

15. MAIDEN NAME
   Sarah J. Ward

17. INFORMANT
   Charles S. Grafton

18. BURIAL, CREMATION, OR REMOVAL
   Place: Deer Creek M. P.
   Date: July 17, 1937

19. UNDERTAKER
   Decency Jenkins

20. FILED
   July 19, 1937

Registrar: W. 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>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

Date of onset: 1915
Date of onset: 1 week ago
Date of onset: 1921
Date of onset: 1 week ago
Date of onset: July 5, 1921
Date of onset: 3 days ago
Date of onset: May 1, 1923

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

1. PLACE OF DEATH
County.............. Harford Co. .......... Registration Dist. No. 180
Village or City...... Magnolia .......... St., Ward.
Length of residence in city or town where death occurred ....... yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

SEX.............. M. 13. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

4. COLOR OR RACE

5a. If dead occurred in a hospital or institution, give its NAME instead of street and number

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

7. AGE Years Months Days

11. Total time (years) spent in this occupation

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

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

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

12. BIRTHPLACE (city or town)

13. NAME George S. Garrison

14. BIRTHPLACE (city or town)

15. MAIDEN NAME Daisy C. Garrison

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) (Day) (Year)

22. I HEREBY CERTIFY, that I attended deceased from

I last saw him alive on

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

Accident, suicide, or homicide? Date of injury.

Nature of injury.

Other Contributory Causes of importance:

Name of operation...

Name of physician...

Was there an autopsy?...

Other information that is essential:

Date of death...

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<th>Example II</th>
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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>
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<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset 1915</td>
<td>Date of onset 1 week ago</td>
</tr>
<tr>
<td>BUREAU V.S.</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization to change date of death, see back of cert.

8/17/27
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Rocks
   Registration Dist. No. 183
   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
   John A. Hill
   (Usually place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Aug. 10, 1938

7. AGE
   Years: 13
   Months: 0
   Days: 0

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

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

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

13. NAME
    John A. Hill

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

15. MAIDEN NAME
    Salome Vansant

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

17. INFORMANT
    Address: 123 Mill Rd.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Farm Cove
    Date: July 20, 1939

19. UNDERTAKER
    Address: 456 Undertaker St.

20. FILED
    July 20, 1939
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    July 17, 1939

22. I HEREBY CERTIFY that I attended deceased from
    Jan. 1, 1937, to July 17, 1939; death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance are as follows:
Kicked in cheek by guns

Other Contributory Causes of importance:

NAME OF OPERATION
None

DATE OF OPERATION

WENT TO CONFIRMED DIAGNOSIS
No

WHERE THERE AN EUTOPHY?
No

22. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Accident
   Date of injury: July 17, 1939
   WHERE DID INJURY OCCUR? on form of undertaker
   (Specify city or town, county, and State)
   MANNER OF INJURY
   Nature of injury
   recovery after injury

24. WERE DISEASES OR INJURIES IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   No

(SIGNED)

If so, specify

ADDRESS

If so, specify

ADDRESS

If so, specify

M.D.

If so, specify

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<tr>
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<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</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: Hartford Co.
   Village or City: Hartford, C'town
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 2836 Bel Air Rd.
   If U.S. Veteran, specify WAR
   St. & Ward: Freeport, Del.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): Unknown, 188?

7. AGE
   Years: 49
   Months: 
   Days: 
   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: Pennsylvania

13. NAME
   Last: Reigh

14. BIRTHPLACE (city or town)
   State or country: N.Y.

15. MAIDEN NAME
   Unknown

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

17. INFORMANT
   Name: Frank Hoblit
   Address: Abingdon, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Aign
   Date: July 22, 1931

19. UNDERTAKER
   Address: Bel Air, Md.

20. FILED
   Date: July 21, 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) (Day) (Year): July 20, 1932

22. HEREBY CERTIFY, That I attended deceased from
    July 14, 1931, to July 20, 1931.

23. NAME of operation
   Date of

24. What test confirmed diagnosis?
   Was there an autopsy?

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

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

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 5.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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</thead>
<tbody>
<tr>
<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: 1991</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><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></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: Harford
   Village or City: Abingdon
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 808 N. E. Chapel
   (b) Residence: No. St., Ward.

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widower

6. DATE OF DEATH (month, day, and year)
   July 9, 1937

7. AGE
   Years: 54
   Months: 1

8. OCCUPATION
   Laborer

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   SPINNER, SAWER, BOOKKEEPER, etc.

10. DATE DECEASED LOST WORKED AT THIS OCCUPATION
    1893

11. TOTAL TIME SPENT IN THIS OCCUPATION (MONTH END YEAR)
    1937

12. BIRTHPLACE (city or town)
    Baltimore

13. NAME
    Jesper Holub

14. BIRTHPLACE (city or town)
    South Carolina

15. MAIDEN NAME
    Mary Kratka

16. BIRTHPLACE (city or town)
    South Carolina

17. INFORMANT
    Mary Holub

18. BURIAL, CREMATION, OR REMOVAL
    Place: Holy Redeemer
    Date: July 12, 1937

19. UNDERTAKER
    Frank C. A. Doherty

20. FILED
    7/11, 1937

21. DATE OF DEATH
    July 9, 1937

22. MEDICAL CERTIFICATE OF DEATH
    I HEREBY CERTIFY, That I attended deceased from
    July 7-9, 1937, to July 9, 1937; death is said to have occurred on the date stated above, at 5:15 p.m.
    The principal cause of death was Coronary Occlusion

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
    Heat

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
    No

REGISTRATION DIST. NO. 44

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

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

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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 I**

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1924</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Harford
Village or City: Harford de Grace
Registration Dist. No.: 185

2. FULL NAME

(a) Resident: No.

PENALTY AND STATUTORY PARTICULARS

3. SEX

Male

5a. If married, widowed, or divorced

HUSBAND OF

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

Jan 18, 1893

7. AGE

46

8. Trade, profession, or particular kind of work done, e.g., SPINNER, SAWS, BOOKKEEPER, etc.

Farmer

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Darlington MD

13. NAME

Lewis C. Jones

14. BIRTHPLACE (city or town)

(Side of country)

15. MAIDEN NAME

Elizabeth Hughes

16. BIRTHPLACE (city or town)

(Side of country)

17. INFORMANT

Perforda Jones

18. BURIAL, CREMATION, OR REMOVAL

Place: Darlington, MD

Date: July 19, 1937

19. UNDERTAKER

J.R. Bailey

20. FILED

July 19, 1937

21. DATE OF DEATH

(Month) July

(Day) 7

22. HEREBY CERTIFY That I attended deceased from

JULY 6, 1937, to JULY 7, 1937;

I saw him alive on

JULY 6, 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:

Alcoholism

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?

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

(Signed)

Charles Toley, M.D.

(Address) Darlington, MD

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<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>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1925
Gastroenteritis | 1 year

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

**1. PLACE OF DEATH**

- **County:** Harford
- **Village or City:** Chase de Grace
- **No. St., Ward:**

**2. FULL NAME:** Anna L. Miller

- **Residence:** No. 518 Franklin St., Ward.
- **If U.S. Veteran, specify WAR:**

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>Female</th>
<th>4. COLOR OR RACE</th>
<th>Pale Skin, White Hair</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</td>
<td>Single</td>
<td>6. DATE OF BIRTH</td>
<td>May 8, 1872</td>
</tr>
<tr>
<td>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE</td>
<td>Housewife</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. BIRTHPLACE (CITY OR TOWN)</td>
<td>Chase de Grace, Maryland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. NAME</td>
<td>Anna L. Miller</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. MAIDEN NAME</td>
<td>Elizabeth Hornsby</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. INFORMANT</td>
<td>Eliza Miller</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. UNDERTAKER</td>
<td>Remington, 300 W. Grace St.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH:** July 4, 1937

**22. I HEREBY CERTIFY:** That I attended deceased from June 30, 1937, to July 4, 1937

- Death was due to external cause (violence) fill in also the following
  - Date of Injury: July 6, 1937
  - Nature of Injury: Type of Injury
  - Specify whether injury occurred in industry, in home, or in public place.

**23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:**

- Other Contributory Causes of Importance:

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

- If so, specify: [Signature: H. Miller, M. D., 300 W. Grace St.]
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.

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<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>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: July 6, 1927</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>Date of onset: May 1, 1923</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: Harford
   Village or City: Waterfall
   Length of residence in city or town where death occurred: 35 yrs.

2. FULL NAME: Conrad D. Rosenbrock
   (a) Residence: No. 1249 Waterfall Ave, Mt. Waterfall, Md.
   If U.S. Veteran, specify WAR: World War I

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: Oct 5, 1855

7. AGE: 84 yrs.

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

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

10. Date deceased last worked at this occupation: 1937

11. Total time spent in this occupation: 1 yr.

12. BIRTHPLACE: Hamburg, Germany

13. NAME: Unknown

14. FATHER: Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE: Hamburg, Germany

17. INFORMANT: Rev. William Klahold

18. BURIAL, CREMATION, OR REMOVAL: Place: York, Pa.; Date: July 14, 1937

19. UNDERTAKER: George Snider

20. FILED: July 19, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: July 12, 1937


23. The PRINCIPAL CAUSE OF DEATH: "Heart Disease"

24. Date of Onset: July 12, 1937

25. Name of operation: None

26. What test confirmed diagnosis? None

27. Was there an autopsy? No

28. Accident, suicide, or homicide? Suicide

29. Where did injury occur? Home

30. Specify whether injury occurred in industry, in home, or in public place. In Home

31. Manner of injury: Deposition

32. Nature of injury: Heart Disease

33. DATE OF INJURY: July 12, 1937

34. Signed: Chas. Richardson, 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.

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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>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>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones</td>
<td>May 1, 1923</td>
<td>Other contributory causes of importance: 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: Harford
   Province or City: Perryman
   Length of residence in city or town where death occurred: 25 yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. Perryman
   (b) Ward: West

   If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

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

6. DATE OF BIRTH (month, day, and year)
   March 11, 1887

7. AGE
   Years: 70
   Months: 4
   Days: 1
   If less than 1 day, hours: 0
   or: 0

8. OCCUPATION
   Day Laborer

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

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

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

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

13. NAME
    John J. Semion

14. BIRTHPLACE (city or town)
    Maryland

15. MAIDEN NAME
    Sarah Anderson

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

17. INFORMANT
    M. H. Semion

18. BURIAL, CREMATION, OR REMOVAL
    Place: Perryman
    Date: July 25, 1937

19. UNDERTAKER
    Henry Semion

20. FILED
    July 24, 1937

REGISTRAR

21. DATE OF DEATH
   (Month) July (Day) 1937

22. I HEREBY CERTIFY, That I attended deceased from
    6-15-37

   I last saw him alive on July 22, 1937, 7-28, 1937;

   Death is said to have occurred on the date stated above, as a result of:

   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

   NAME OF OPERATOR
   Date of
   What test confirmed diagnosis?
   Was there an autopsy?

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

   MANNER OF INJURY

   NATURE OF INJURY

   If so, specify

   PLACE OF DECEASED
   (Address)

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

   If so, specify

   (Address)

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   Length of residence in city or town where death occurred: 21 yrs. 4 mos. 6 ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: 602 1st St., Ward.
   William Smith
   (b) Sex: Male
   (c) Color or Race: col
   (d) Single, Married, Widowed, or Divorced: Single
   (e) If married, widowed, or divorced: Husband of
   (f) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   Feb 25, 1911

7. AGE
   Years: 26
   Months: 4
   Days: 6
   (If less than 1 day, specify hours and minutes)

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.
   Farm

10. Date deceased last worked at this occupation (month and year)
    Jul 31

11. Total time spent in this occupation
    1937

12. BIRTHPLACE
    City or town: Baltimore
    State or country: MD

13. NAME
    William Smith

14. BIRTHPLACE
    City or town: Baltimore
    State or country: MD

15. MAIDEN NAME
    Mary J Miller

16. BIRTHPLACE
    City or town: Baltimore
    State or country: MD

17. INFORMANT
    Name: John Smith
    Address: White Hall

18. BURIAL, CREMATION, OR REMOVAL
    Place: Pine Grove
    Date: Aug 3, 1937

19. UNOBTAINED
    Address: Havre de Grace

20. FILED
    Date: Aug 3, 1937
    Register: M. O.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Jul, 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from
    Jul 23, 1937, to
    Jul 31, 1937,
    and that death was due to the following cause:
    Ball’s wound penetrating lung

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Nature of injury: Ball’s
    Manner of injury: Wound
    Where did injury occur?: Home
    (Specify city or town, county and State)
    Specifying whether injury occurred in INDUSTRY, at HOME, or in PUBLIC PLACE:
    From Home, Havre de Grace, MD

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

If so, specify occupation

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.—At the 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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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, 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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The principal cause of death and related causes of importance were as follows:

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

| 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: Harford
   Village or City: Joppa
   (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: William H. Stevenson
   (a) Residence: No. New Phil Rd Joppa

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   5a. If married, widowed, or divorced: HUSBAND or WIFE

6. DATE OF BIRTH (month, day, and year): Jan 22, 1907
7. AGE: 36 Years Months Days
   7a. Less than 11
   7b. 11 or more: 5
   7c. Hrs, or min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Laborer
   8a. Industry or business in which work was done: Silk Mill, Saw Mill, Bank, etc.

9. DATE DACEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR):
10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION:

11. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   11a. Lues
   11b. Date of onset:

12. BIRTHPLACE (CITY OR TOWN): Harford Co, Md
   (State or country)

13. NAME: John Stevenson
14. BIRTHPLACE (CITY OR TOWN): Harford Co, Md
   (State or country)

15. MAIDEN NAME: Amanda Williams
16. BIRTHPLACE (CITY OR TOWN): Harford Co, Md
   (State or country)

17. INFORMANT: Amanda Williams
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   PLACE: A McClintock
   DATE: July 17, 1937

19. UNDERTAKER: A McClintock
   (Address)

20. FILE No: 716, 1937
   (Address)

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

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937, to...
   I certify that I have examined deceased and have reason to believe death occurred on the date stated above, at...
   The principal cause of death and related causes of importance are as follows:
   22a. Found dead in bed was in good health night before
   22b. Date of onset:

   Other contributory causes of importance:
   22c. Lues
   22d. Date of onset:

Name of operation:

What was confirmed diagnosis?

Was there an autopsy? No

23. IF death was due to external (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 injury in any way related to occupation of deceased? No
   If so, specify:
   (Address)

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

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

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<tr>
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<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Aug 5, 1937</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 5, 1927</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>Cause of death</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<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

Cau 3 of sudden death could not be determined—Case was investigated by Local Coroner. J. Peake. Mr. Landers of Van Buren.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Bel Air
   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: 22 yrs. 8 mos. 26 ds.

2. FULL NAME: Joseph Newton Umbarger
   (a) Residence: No. Bel Air, R. F. D. #1
      (Usual place of abode)
      If U. S. Veteran, specify WAR
      If nonresident give city or town and State

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: White
   MARRIED, WIDOWED, OR DIVORCED (Write the word): Married
   Husband of: Betty Young Umbarger
   If married, widowed, or divorced: HUSBAND OF

4. DATE OF BIRTH
   Years: 10
   Months: 8
   Days: 61
   If LESS than 1 year: 9
   If MORE than 1 year: 9

5. AGE
   Years: 75
   Months: 9
   Days: 2
   If less than 1 year: 2 hrs.
   If more than 1 year: 9 months

6. OCCUPATION
   Farmer
   Farm

7. Date deceased last worked at this occupation (month end year): 7 - 37

8. Total time spent in this occupation: 75

   (State or country)

10. Father: M. Lafayette Umbarger
    MAIDEN NAME: Paulina Scott
    BIRTHPLACE (city or town): Wythe Co., Va.
    (State or country)

11. Mother: Mrs. J. N. Umbarger
    INFORMANT: Bel Air, Md.
    Address:

12. INFORMANT:
    Date of death: July 10, 1937

13. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

14. NAME: M. Lafayette Umbarger

15. FATHER: M. Lafayette Umbarger
    Mother: Mrs. J. N. Umbarger
    Informant: Bel Air, Md.

    (State or country)

17. Date and Place of death: 7 - 13, 1937
    M. Lafayette Umbarger
    Bel Air, Md.

18. UNDERTAKER: John Tarrington
    Address:

19. BURIAL, CREMATION, OR REMOVAL:
    Place: Mt. Zion
    Date: 7 - 13, 1937

20. FILER: July 12, 1937
    Registrar:

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long Name</strong></td>
<td><strong>Long Name</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>Arteriosclerosis 1915 (Aug 4)</td>
<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>
<td>Peritonitis 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
- Gallstones May 1, 1923
- Gastroenteritis 1 year

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

1. **PLACE OF DEATH**
   - County: Harford Co.  
   - Village or City: Nurse De Grace Hospital

2. **FULL NAME**
   - Mrs. Rebecca Vickers

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - 3. SEX: Female
   - 4. COLOR OR RACE: White
   - 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed
   - 6. DATE OF BIRTH: Jan 25th, 1866
   - 7. AGE: 77 Years
   - 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housewife
   - 9. OCCUPATION: Housewife
   - 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Unknown
   - 11. TOTAL TIME SPENT IN THIS OCCUPATION: Unknown

4. **MEDICAL CERTIFICATE OF DEATH**
   - 21. DATE OF DEATH: July 9, 1937
   - 23. PRINCIPAL CAUSE OF DEATH: Diabetes Mellitus
   - 24. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Fungiemia

5. **BIRTHPLACE**
   - 12. BIRTHPLACE (city or town): Maryland

6. **FATHER**
   - 13. NAME: Unknown

7. **MOTHER**
   - 14. NAME: Unknown
   - 15. MAIDEN NAME: Martha Tate
   - 16. BIRTHPLACE (city or town): Maryland

8. **INFORMANT**
   - 17. NAME: Mrs. Elizabeth Baker
   - 18. BURIAL, CREMATION, OR REMOVAL: District Hill, July 11, 1937

9. **UNDERTAKER**
   - 19. NAME: H. S. Bailey

10. **FILED**
    - 20. FILED: July 10, 1937

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 housework, write housewife in answer to Question 8 on the certificate. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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:

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: Harford County. Registration Dist. No. 180
Village or City: Bel Air, Md. St. Ward

Length of residence in city or town where death occurred:

2. FULL NAME: Mrs. Mary R. Walsh.


PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): November 2

7. AGE 89 Years 8 Months 30 Days

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

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

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

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

12. BIRTHPLACE (city or town) and (State or country): Cincinnati, Ohio, Cook County.

13. NAME Clement Dietrich.

14. BIRTHPLACE (city or town) and (State or country): Alsace, France.

15. MAIDEN NAME Wallitzer.

16. BIRTHPLACE (city or town) and (State or country): Alsace, France.

17. INFORMANT (Address): William Walsh, Bel Air, Md. 2d R D


19. UNDERTAKER (Address): Howard McComas, Abingdon, Md.


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

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

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

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc.

Example I

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

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

Example II

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Bound Brook
   Registration Dist. No.: 186
   No.: 1695
   St.: W
   Ward: W
   (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. 115
      (Usual place of abode)
      changed
      Card
      Card
      Card

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

5a. If married, widowed, or divorced
   HUSBAND
   (or) WIFE
   of
   
6. DATE OF BIRTH (month, day, and year)
   May 10, 1899

7. AGE
   Years: 38
   Months: 7
   Days: 14
   If less than 1 day, hrs. or min.

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

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)
    July 19, 1937

11. Total time (years) spent in this occupation
    13

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

13. NAME
    Philip John

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

15. MAIDEN NAME
    Does not know

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

17. INFORMANT
    (Address)
    Harry Alden

18. BURIAL, CREMATION, OR REMOVAL
    Date: July 21, 1937

19. UNDERTAKER
    (Address)
    C. L. Cathey

20. FILED
    July 21, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937 to July 24, 1937, and I last saw him alive on July 23, 1937; death is said to have occurred on the date stated above, at 5:30 a.m.

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

   Tuberculosis

   Other Contributory Causes of importance:

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

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

   Manner of injury
   Nature of injury

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

If more blanks are needed, address State Registrar, 2413 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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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>AUG 5, 1927</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Mar 9, 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 | Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Harford New Home
   Length of residence in city or town where death occurred: 5 yrs., 6 mos., 7 ds.

2. FULL NAME
   Frank Watson
   Residence: Harford New Home
   If U. S. Veteran, specify WAR

3. PERSONAL AND STATISTICAL PARTICULARS
   Sex: Male
   Color or Race: Black
   Single, Married, Widowed, or Divorced: Married
   HUSBAND of (or) WIFE of
   Residence: Harford New Home

4. MEDICAL CERTIFICATE OF DEATH
   Date of Death: July 5, 1937
   Date of Birth: July 22, 1877
   Age: 60 yrs., 6 mos., 7 ds.
   Occupation: None
   Date deceased last worked at occupation: None
   Number of years spent in occupation: None

5. OTHER CONTRIBUTORY CAUSES OF DEATH
   Name of operation: None
   Date of operation: None
   What test confirmed diagnosis: None
   Was there an autopsy: None
   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: None
   (Specify city or town, county and State)
   Manner of injury: None
   Nature of injury: None
   If so, specify: None

6. If disease or injury in any way related to occupation of deceased?
   If so, specify: None

7. If nonresident give city or town and State: None

8. Date of onset: None

9. Certifying Physician:
   Signature: None
   Address: None

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.

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

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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>AUG 4, 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>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: Harford
   Village or City: Haven de Grace
   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: 20 yrs. mos. ds.
   No. St., Ward: If U. S. Veteran, specify WAR: (Underplace of abode)

2. FULL NAME
   (a) Residence: No. St., Ward:
   (b) 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

6. DATE OF BIRTH
   Month: 10
   Day: 1937
   Year: 16

7. AGE
   Years: 77
   Months: 9
   Days: 13

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

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

10. Date deceased last worked at this occupation (month and year)
   If less than
   1 day, hours, or
   min.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Birthplace: Port de Grace
   State or country: Maryland

13. NAME
   Father

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

15. MAIDEN NAME
   Unknown

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

17. INFORMANT
   Name: Miss Euphine Storl
   Address: Wainwright St.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Lawn Park
   Date: July 13, 1937

19. UNDERTAKER
   Address: Bessenyegy

20. FILED
   July 16, 1937

Registration Dist. No.: 185
If more blanks are needed, address State Registrar, 2441 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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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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

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

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

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<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>Jul 6, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Reisterstown
   St., Ward:
   Length of residence in city or town where death occurred: 19 yrs., mos., ds.
   How long in U.S. if of foreign birth?: yrs., mos., ds.

2. FULL NAME
   (a) Residence: No. 306 Pardee Road
   Ward:
   (Usual place of abode)

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)
   March 31st, 1862

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

8. Trade, profession, or particular kind of work done, e.g., SPINNER, SAUNER, BOOKKEEPER, etc.
   Housework

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

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

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

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

13. NAME
    Mary A. Williams

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

15. MAIDEN NAME
    Unknown

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

17. INFORMANT
    Mrs. Charles Hill
    Address:

18. BURIAL, CREMATION, OR REMOVAL
    Place: Reisterstown, Md. County Date: July 15th, 1937

19. UNDERTAKER
    Henry Zinnig & Sons
    Address:

20. FILED
    July 15, 1937

21. DATE OF DEATH
    (Month) July 15th, (Day) 1937, (Year)
    I HEREBY CERTIFY
    That I attended deceased from
    July 3, 1937 to July 15, 1937.
    I last saw him alive on
    July 12, 1937; death is said
    to have occurred on the date stated above, at 7:12 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Date of onset: July 15, 1937
    Cerebral Hemorrhage
    Other Contributory Causes of Importance:
    Arteriosclerosis

22. Cause of death:
    Date of onset:
    7-15-37
    Name of operation:
    Date of:
    What test confirmed diagnosis? —
    Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide? —
    Date of Injury: 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?
    If so, specify
    (Signed) Claude P. Cavan
    Address: 230 W. North Ave.

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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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>AUG 4 1937</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>BUREAU V. S.</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Other contributory causes of importance:

Gastroenteritis                 | 1 year       | 1 year       |

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Aberdeen
   No. St., Ward

2. FULL NAME
   Mrs. Carrie W. Wilson
   If U. S. Veteran, specify WAR
   (a) Residence: No. 120 2nd Ave
   (Usual place of abode)

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED

6. DATE OF BIRTH
   (Month, day, and year)
   July 3, 1873

7. AGE
   Years: 64
   Months: 0
   Days: 19

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

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

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

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

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

13. NAME
    James W. Hilly

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

15. MAIDEN NAME
    Sarah D. Wilson

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

17. INFORMANT
    Mrs. Emma J. Motto
    Address:

18. BURIAL, CREMATION, OR REMOVAL
    Place: Aberdeen City
    Date: July 2, 1937

19. UNOVERTAKER
    Henry J. Meyer & Co.
    Address:

20. FILED
    July 24, 1937
    A. C. Michael
    Registrar

21. DATE OF DEATH
    (Month, Day, Year)
    July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from
    1937 to July 24, 1937
    I last saw deceased alive on
    July 24, 1937: death is said
    to have occurred on the date stated above, at 2:10 p.m.

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

Other Contributory Causes of Importance:

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

If so, specify
(Signed)
ADDRESS: Aberdeen, Md.

If more blanks are needed, address State Registrar, 2422 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 housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN