STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Queen Anne
Village or City: Chester

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

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR OR RACE: White

5a. If married, widowed, or divorced HUSBAND OF: Rebecca Anderson
WIFE OF: unknown

7. AGE BIRTH (month, day, and year):

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

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

10. Date deceased last worked at this occupation (month end year): About 16

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

12. BIRTHPLACE (city or town):

13. NAME: unknown

14. BIRTHPLACE (city or town): unknown

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town): unknown

17. INFORMANT: Mary Summer

18. BURIAL, CREMATION OR REWIND:

19. UNDERTAKER:

20. FILED: Aug. 27, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Aug. 27, 1937

22. I HEREBY CERTIFY That I attended deceased from

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

24. Was disease or injury in any way related to occupation of deceased?
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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In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>SEP 7 1927</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

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

**Example II**

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

**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

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

**1. PLACE OF DEATH**
- County: Queen Anne
- Village or City: N/A

**2. FULL NAME**
- Name: Lucretia Mueller Andrie
- U. S. Veteran, specify WAR: N/A

**PERSONAL AND STATISTICAL PARTICULARS**

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

**Medical Certificate of Death**

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 6, 1937</td>
</tr>
</tbody>
</table>

**22. I HEREBY CERTIFY**

| 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 |

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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<td>1921</td>
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<table>
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</thead>
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<td>May 1, 1923</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male [Redacted]
   Female [Redacted]

4. COLOR OR RACE
   [Redacted]

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   Single [Redacted]
   Married [Redacted]
   Widowed [Redacted]
   Divorced [Redacted]

6. If married, widowed, or divorced name of (or) WIFE OF [Redacted]

7. DATE OF BIRTH
   Month, day, and year: [Redacted]

8. AGE
   Years: [Redacted]
   Months: [Redacted]
   Days: [Redacted]

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

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

11. Date deceased last worked at this occupation (month and year): [Redacted]

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

13. NAME
   [Redacted]

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

15. MAIDEN NAME
   [Redacted]

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

17. INFORMANT
   (Address): [Redacted]

18. BURIAL, CREMATION, OR REMOVAL
   Place: [Redacted]
   Date: [Redacted]

19. UNDERTAKER
   (Address): [Redacted]

20. FILED
   (Address): [Redacted]
   (M. D.): [Redacted]

21. DATE OF DEATH
   Month and Day: (J.-23) 1937

22. OTHER CONTRIBUTORY CAUSES OF DEATH
   Name of operation: [Redacted]
   What test confirmed diagnosis?: [Redacted]
   Was there an autopsy?: [Redacted]

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

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

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</tr>
<tr>
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<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
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<td>1 week ago</td>
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<td>3 days ago</td>
</tr>
</tbody>
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Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Frederick
Village or City: Centreville
Registration Dist. No.: 252
Length of residence in city or town where death occurred: 70 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No.
(b) Name: Effie May Clark
If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Sa. If married, widowed, or divorced, HUSBAND of (or WIFE of)
Robert H. Clark

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

July 27, 1887

7. AGE

Years: 50
Months: 0
Days: 17

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

Housekeeper

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

10. Date deceased last worked at this occupation

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Queenstown, Md.

13. NAME

George Marvin

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

Queenstown, Md.

15. MAIDEN NAME

Ida C. Roe

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

Queenstown, Md.

17. INFORMANT

Rufus H. Clark

18. BURIAL, CREMATION, OR REMOVAL

Place: Centreville
Date: Aug. 15, 1937

19. UNDERTAKER

Perry Bear, Centreville

20. FILED

Aug. 14, 1937

21. DATE OF DEATH

Aug. 13, 1937

22. I HEREBY CERTIFY. That I attended deceased from


Date of onset of disease

Disease of Death: Pulmonary Tuberculosis

Other Contributory Causes of Importance:

Date:

Nurse of operation:

What test confirmed diagnosis? (Specify city or town, county and State)

Was there an autopsy?

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

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

Date of Death

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injurty occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

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

(Signed)

n
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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<td>Attack of epilepsy</td>
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<tr>
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</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>SEP 4 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>BUREAU V.S.</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>Gallstones</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Queen Anne's
   Village or City: Stevensville
   Registration Dist. No.: 255

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

   PERSONAL AND STATISTICAL PARTICULARS

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

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

   6. DATE OF BIRTH (month, day, and year)
      July 25, 1901

   7. AGE
      Years: 2
      Months: 0
      Days: 2
      If LESS than 1 year, enter age in months, days, or hours.

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

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

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

   11. Total time (years) spent in this occupation

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

   13. NAME
       Saltz

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

   15. MAIDEN NAME
       Clark

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

   17. INFORMANT
       (Address)

   18. BURIAL, CREMATION, OR REMOVAL
       Place: Stevensville
       Date: Aug. 27, 1937

   19. UNDERTAKER
       (Address)

   20. FILED
       Aug. 27, 1937
       Registrar

   21. DATE OF DEATH
       Aug. 27
       (Month)
       1937
       (Year)

   22. I HEREBY CERTIFY
       That I attended deceased from
       (Month)
       to
       Aug. 27, 1937

       I last saw him/her alive on
       Aug. 27, 1937

       Death is said
       to have occurred on the date stated above, at
       8:30 a.m.

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

       Whooping Cough
       Aug. 17, 1937

       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

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

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<td>Chronic interstitial nephritis</td>
<td>SEP 7 1937</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones                  | May 1, 1928 |

Example II

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

Other contributory causes of importance:

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

1. **PLACE OF DEATH**
   - County: Princess Anne
   - Village or City: Chesterfield
   - Registration Dist. No.: 253

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

   (Usual place of abode)

   (Residence No. as above)
   - St.: ____________________
   - Ward: ____________________

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF DEATH**
   - Aug. 31, 1937

7. **DATE OF BIRTH**
   - May 23, 1868

8. **AGE**
   - Years: 69
   - Months: 5
   - Days: 8
   - Total time (years) spent in this occupation: 11

9. **OCCUPATION**
   - Waterman

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

11. **NAME**
    - James W. Coleman

12. **MOTHER**
    - Sarah Hippley

13. **MOTHER’S NAME**
    - Sarah Hippley

14. **BIRTHPLACE**
    - City or town: Kent Co.
    - State or country: Maryland

15. **UNION**
    - Adelaide Coleman

16. **UNION ADDRESS**
    - Chesapeake, Md.

17. **INFORMANT**
    - Adelaide Coleman

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Stevensville
    - Date: Dec. 27, 1937

19. **UNDERTAKER**
    - J. Thomas

20. **FILED**
    - Sept. 17, 1937

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Aug. 31, 1937

22. **I HEREBY CERTIFY**
    - That I attended deceased from
    - Last saw h. alive on, 19, to, 19, death is said to have occurred on the date stated above, at, ___________________.

23. **THE PRINCIPAL CAUSE OF DEATH**
    - Accidental drowning

24. **Other Contributory Causes of Importance**
    - A boat was involved. He fell out of a boat, he was using, for anchoring. Aug. 37.

25. **TEST CONFIRMED DIAGNOSIS**
    - __________________________
    - Date of death: __________________________

26. **WHERE INJURY OCCURRED**
    - Stevensville, Kent Co.

27. **MANNER OF INJURY**
    - Accidental drowning

28. **NATURE OF INJURY**
    - __________________________

29. **SIGNATURE**
    - Signature: __________________________
    - Address: ________________

30. **REGISTRAR**
    - Signature: __________________________
    - Address: __________________________

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

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

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

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

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

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

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

**Example I**

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Sep 7 1937</td>
</tr>
<tr>
<td></td>
<td>Jul 5, 1927</td>
</tr>
<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>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

- Gallstones
- Gastroenteritis

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

1. PLACE OF DEATH

County _____
Village or City ________
Registration Dist. No. 250
No. No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

W

4. COLOR OR RACE

W

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

Single

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

JULY 13, 1937

7. AGE

50

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

FUR MANUFACTURE

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

FLAT BARN

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

11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Month Day Year

22. I HEREBY CERTIFY that I attended deceased from 19 to 19.

I last saw h. alive on the date stated above at ______ m.

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

SIF BARN

Other Contributory Causes of Importance:

Name of operation ____________________________ Date of ________

What test confirmed diagnosis? ____________________________ Was there an autopsy? ______

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

Accident, suicide, or homicide? ____________________________ Date of injury ______

Where did injury occur? (Specify city or town, county and State) ____________________________

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

Manner of injury ____________________________ Nature of injury ____________________________

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

If so, specify ____________________________ (Signed) ____________________________

M.D. ____________________________

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>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>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: Queen Anne
Village or City: New Millington
Length of residence in city or town where death occurred: 40 yrs. 3 mos. 26 days

2. FULL NAME

(a) Residence: No. 502 Millington Rd., St. Mary's, Ward.

3. SEX

Female

4. COLOR OR RACE

White

5a. If married, widowed, or divorced

Wife of Walter Everett

6. DATE OF BIRTH

Month: January, Day: 20, Year: 1878

7. AGE

Years: 59, Months: 6, Days: 26

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

Domestic

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

11. Total time (years) spent in this occupation

Life

12. BIRTHPLACE

Town: Delaware, State or country: Delaware

13. NAME

James Hollett

14. BIRTHPLACE

City or town: Kent Co., State or country: Delaware

15. MAIDEN NAME

Emma Robinson

16. BIRTHPLACE

City or town: Kent Co., State or country: Delaware

17. INFORMANT

Name: James Everett, Address: 502 Millington Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Gravemound, Md., Date: Aug 18, 1927

19. UNDERTAKER

Name: J. Wells, Address: 502 Millington Rd.

20. FILED

Date: Jan 15, 1927

21. DATE OF DEATH

Month: Aug, Day: 15, Year: 1927

22. I HEREBY CERTIFY

That I attended deceased from July 15, 1907, to Aug 7, 1927, death is said to have occurred on the date stated above, at 11 a.m.

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

Constitutional Pericarditis

Primary cause of death of diabetes, duration, etc.

Other Contributory Causes of importance:

Paethosia

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

Date of injury: Oct 15, 1927

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

Manner of injury

Nature of injury

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

If so, specify

25. If so, specify

(Signed) M. D.

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

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

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

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

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

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

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

Example I

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

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>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
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<tr>
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<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Queen Anne
   Village or City: Chestertown
   Registration Dist. No.: 251
   No.: 162
   St.:
   Ward:
   Length of residence in city or town where death occurred:

2. FULL NAME: Susan Virginia Merchant
   (a) Residence: No. Chestertown (Outside) St., Chestertown
   Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
   HUSBAND OF
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Occupation of husband:

6. DATE OF BIRTH (month, day, and year): Jan 14, 1867
7. AGE: 70 Years
   6 Months
   2 Days
   If less than 1 day, ___ hours, ___ minutes

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

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

10. DATE deceased last worked at this occupation (month and year): 12-31-1937
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Queen Anne Co., Md.

13. NAME: Henry Lang
14. BIRTHPLACE (city or town) (State or country): Queen Anne Co., Md.

15. MAIDEN NAME: Mary Jane Rippith
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Jennie May Carter
   Address: Chestertown, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Church Hill
   Date: Aug 11, 1937

19. UNDERTAKER: John G. Good
   Address: Church Hill, Md.

20. FILED: Aug 9, 1937

21. DATE OF DEATH (Month, Day, Year): 8-1-1937

22. I HEREBY CERTIFY that I attended deceased from
    8-1-1937, to 8-8-1937; death occurred on the date stated above, at 11:30 a.m.
    The principal cause of death and related causes of importance were as follows:
    Old age
    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.

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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<tr>
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</tr>
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<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</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: St. Marys
Village or City: Crumpfpton
Length of residence in city or town where death occurred: 22 yrs.

2. FULL NAME: Pap Seas, Louis

(a) Residence: No. 1 Crumpfpton, Outside

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: W

4. COLOR OR RACE: White

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

6. DATE OF BIRTH (month, day, and year): Aug 17, 1860

7. AGE: 77 yrs. 3 mos. 3 days

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

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

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

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

12. BIRTHPLACE (city or town): St. Marys

13. NAME: James Lee

14. BIRTHPLACE (city or town): St. Marys

15. MAIDEN NAME: Lee

16. DATE OF DEATH (Month, Day, Year): Aug 23, 1937

17. INFORMANT: Mary H. Lee

18. BURIAL, CREMATION, OR REMOVAL PLACE: Crumpfpton, Date: Aug 23, 1937

19. UNDERTAKER: W. H. Goad

20. FILED: Aug 23, 1937

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
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<tr>
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</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>1 year</strong></td>
</tr>
<tr>
<td>May 1, 1925</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE
5a. If married, widowed, or divorced
5b. HUSBAND of
    OR (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 29
   (Day) 1937

22. I HEREBY CERTIFY, That I attended deceased from
   [Signature]
   I last saw deceased alive on __________, 19__
   Death is said to have occurred on the date stated above at __________ the state of.
   The principal cause of death and related causes of importance were as follows:
   [Signature]
   Other Contributory Causes of Importance:
   [Signature]

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

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Maryland. 3. No. 7.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1937</td>
</tr>
<tr>
<td>Gallstones</td>
<td>1923</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Queen Anne
   - Village or City: Crumpton

2. **FULL NAME**
   - Martha George Waddell
   - Residence: Turrenton

3. **SEX**
   - F.

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

5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - Widowed
   - Husband or Wife of: Charles Waddell

6. **DATE OF BIRTH** (month, day, and year)
   - 1857

7. **AGE**
   - Years: 80
   - Months: unknown

8. **OCCUPATION**
   - Housewife

9. **DATE deceased last worked at this occupation (month and year)**
   - July 37

10. **Total time (years) spent in this occupation**
    - 60 yrs.

11. **DATE OF DEATH** (Month, Day, Year)
    - Aug. 11, 1937

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

13. **MAIDEN NAME**
    - Not Known

14. **BIRTHPLACE**
    - City or town: Not Known
    - State or country: Not Known

15. **FATHER**
    - Name: Not Known

16. **MOTHER**
    - Name: Not Known

17. **INFORMANT**
    - Address: 1624 S. 27th St., Wilmington, Del.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Crumpton
    - Date: Aug. 14, 1937

19. **UNDERTAKER**
    - Address: Turrenton

20. **FILED**
    - Date: Aug. 14, 1937
    - Registrar: J. H. Stahl

21. **MEDICAL CERTIFICATE OF DEATH**
    - I HEREBY CERTIFY that I attended and deceased from Aug. 11, 1937, to Aug. 11, 1937; death is said to have occurred on the date stated above at 4:10 A.M.
    - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    - Cancer of Stomach

22. **Other Contributory Causes of Importance**
    - Meningitis

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

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**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

**Example II**

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<tr>
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