STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Cecil
   Village or City: Cecilton
   Length of residence in city or town where death occurred: 17 yrs.

2. FULL NAME
   (a) Residence: No. Cecilton, Va.
   Personal and Statistical Particulars
   Sex: F
   4. Color or Race: White
   5. Single, Married, Widowed, or Divorced: Married
   If U.S. Veteran, specify WAR:
   Residence of: No use
   If nonresident give city or town and State:

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

4. COLOR OR RACE
   5b. FEMALE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
   6. DATE OF BIRTH (month, day, and year)

7. AGE
   Years: 92
   Months: 9
   Days: 11

8. Trade, profession, or occupation 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)

13. NAME
   Benjamin George

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

15. MAIDEN NAME
   Margaret S. Edwards

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

17. INFORMANT
   Address

18. BURIAL, CREMATION, OR REMOVAL
   PLACE
   Cecilton

19. UNDERTAKER
   Address

20. FILED
   Registration Dist. No.

21. DATE OF DEATH
   (Month) Nov
   (Day) 25

22. HEREBY CERTIFY. That I attended deceased from Sept. 15, 1937, to Sept. 21, 1937.

23. I last saw her alive on Oct. 24, 1937; death is said to have occurred on the date stated above, at 5:15 a.m.

24. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Antemortem:
   Postmortem:

25. Other Contributory Causes of Importance:
   Tuberculosis of lung and heart

26. Name of operation
   Antemortem: "J. L.
   Postmortem: July 1937

27. What test confirmed diagnosis?
   was there an autopsy?

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

29. Manner of Injury

30. Nature of Injury

31. If so, specify:
   skeletal injury
   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

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>Date of onset</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
  Date of onset: May 1, 1923

Example II

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

Other contributory causes of importance:

- Gastroenteritis
  Date of onset: 1 year

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

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

2. FULL NAME
   Stillborn Barron
   Residence: No.
   (Usually place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   4. COLOR OF RACE
   White

5a. If married, give name of spouse
   HUSBAND OF
   or WIFE OF

6. DATE OF BIRTH (month, day, and year)
   Nov-6-1937

7. AGE
   Years
   Months
   Days

9. OCCUPATION
   Stillborn

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

13. NAME
    Leonard Franklin Barron

15. MAIDEN NAME
    Edith Matilda Stackman

17. INFORMANT
    Address

18. BURIAL, CREMATION, OR REMOVAL
    Place

19. UNDERTAKER
    (Address)

20. FILED
    11-6-37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Nov-6-1937

22. HEREBY CERTIFY. That I attended deceased from
    Nov-6-1937, to Nov-6-1937; death is said
    to have occurred on the date stated above, at
    m.

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

Other Contributory Causes of Importance:

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

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

If more blanks are needed, address State Registrar, 2211 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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</tr>
<tr>
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<tr>
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<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

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

2. FULL NAME
(a) Residence:
PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH
(7) AGE

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE

13. NAME

14. BIRTHPLACE

15. MAIDEN NAME

16. BIRTHPLACE

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

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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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 any other important diseases or injuries. Examples:

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1928 |

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

<table>
<thead>
<tr>
<th>Attack of epilepsy</th>
<th>1 week ago</th>
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</thead>
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</tr>
<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
   Village or City
   No.
   Length of residence in city or town where death occurred
   yrs. mos. ds.
   Registration Dist. No.
   St. Ward
   If death occurred in a hospital or institution, give its NAME instead of street and number)
   How long in M. S. if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

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

<table>
<thead>
<tr>
<th>SEX</th>
<th>WHITE</th>
<th>SINGLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. DATE OF BIRTH (month, day, and year)
   April 3, 1874.

7. AGE
   Years
   Months
   Days
   If LESS than 1 day, hrs. or... min.
   63
   8
   7

8. TRADE, PROFESSION, or PARTICULAR
   kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   Lawyer

9. OCCUPATION
   Lawyer

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

11. Total time (years) spent in this occupation
    38

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

13. NAME
    John S. Band

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

15. MAIDEN NAME
    Helene More

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

17. INFORMANT
    Address
    Mrs. Lucy Band
    2126 Park Street, Baltimore, Ind.

18. BURIAL, CREMATION, OR REMOVAL
    Address
    Mrs. Lucy Band
    2126 Park Street, Baltimore, Ind.

19. UNDERTAKER
    Address
    Mrs. Lucy Band
    2126 Park Street, Baltimore, Ind.

20. FILED
    Nov. 4, 1937

M.D.
(Signature)
(Doctor of Medicine)
(Address)

21. DATE OF DEATH
   (Month)
   (Day)
   (Year)
   11 3 1937

22. MEDICAL CERTIFICATE OF DEATH
   I HEREBY CERTIFY
   That I attended deceased from
   not attended
   1st
   19
   I last saw h. alive on
   19
   19
   To have occurred on the date stated above, at 315 P. M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:

   Furniture

   Date of onset

   Other Contributory Causes of importance:

   Name of operation
   Date of

   What test confirmed diagnosis?
   Date of

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, country and State)
   Manner of injury
   Nature of injury
   Specifying 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

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

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<td>1915</td>
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<td>July 5, 1927</td>
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<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>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Cecil
   Village or City: Greenhurst

2. FULL NAME
   Margaret E. Boyd

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5a. If married, widowed, or divorced
   HUSBAND or WIFE OF
   Transville Boyd

6. DATE OF BIRTH
   Sept. 15, 1865

7. AGE
   72 years 1 day

OCCUPATION
   Housewife

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Rising Sun, MD

13. NAME
   David Bradley

14. BIRTHPLACE (city or town)
   Cecil County, MD

15. MAIDEN NAME
   Elizabeth Eden

16. BIRTHPLACE (city or town)
   Cecil County, MD

17. INFORMANT
   Mrs. Cecil Armour
   Greenhurst, MD

18. BURIAL, CREMATION, OR REMOVAL
   Place: Ebenezer Cemetery
   Date: Nov. 10, 1937

19. UNDERTAKER
   Ralph M. Reed
   Rising Sun, MD

20. FILED
   1937

21. DATE OF DEATH
   Nov. 7, 1937

MEDICAL CERTIFICATE OF DEATH

22. THEREBY CERTIFY that I attended deceased from
   Nov. 6, 1937 to Nov. 7, 1937, and I last saw him alive on Nov. 6, 1937, at Rising Sun, MD.
   Death is said to have occurred on the date stated above, at Rising Sun, MD.
   The principal cause of death and related causes of importance were as follows:

   Date of onset: Nov. 7, 1937

   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: Nov. 7, 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. Disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed)
   (Address)
   (MD.

Registrar

State Registrar, 2411 N. Charles Street, Baltimore, Requesting (U.S. No. 17)
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>
<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

[Blank space for additional statements by the physician]
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: The document contains information about the county, but the text is incomplete.
   Village or City: The text is cut off, but the name of the village or city is visible.
   Length of residence in city or town where death occurred: The text is incomplete.

2. FULL NAME
   (a) Residence: No. 1
   Usual place of abode: The text is cut off.
   (b) If U.S. Veteran, specify WAR: The text is incomplete.
   (c) If nonresident give city or town and State: The text is incomplete.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND OF (or WIFE OF): The text is cut off.
6. DATE OF BIRTH (month, day, and year): 6-14-1877
7. AGE: Years 58, Months 5, Days 3
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Twinehouse
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Silk Mill,
   Saw Mill, Bank, etc.
10. Date deceased last worked at this occupation (month and year): The text is incomplete.
11. Total time (years) spent in this occupation: The text is incomplete.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 11-17-1937

22. I HEREBY CERTIFY, That I attended deceased from... to... in... 19...
   I last saw... alive on... 19... death is said to have occurred on the date stated above, at... on...
   The principal cause of death and related causes of importance were as follows:
   Acute Carotid Dilatation
   Other Contributory Causes of Importance:
   Diagnosis made from history.
   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... 19...
   Where did injury occur?... (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   Manner of injury...
   Nature of Injury...

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

If more blanks are needed, address State Registrar, 2422 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, asthena, 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>Dec 9, 1927</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Dec 9, 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>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 street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Date of onset

| 1 week ago |
| 1 week ago |
| 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: Cecil
   Village or City: Veterans Administration Facility, Perry Point, Maryland
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: BROWN, Sidney
   (a) Residence: No. 1410 St. James Street, Richmond, Va.
   Ward: World
   If U.S. Veteran, specify WAR: World

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

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

7. AGE
   Years: Approx. 48 yrs.
   Months
   Days
   If LESS than 1 day, ___ hrs. or ___ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BODKEEPER, 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): Unknown

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

   (State or country)

13. NAME: Unknown

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

15. MAIDEN NAME: Unknown

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

17. INFORMANT: Hospital records
   (Address)

18. DUNKAL, CREMATION, OR REMOVAL
   Place: Richmond, Va.
   Date: 19

19. UNDERTAKER: Pennington & Son
   Address: Pye Street, Richmond, Va.

20. FILED: 11-21, 1937

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
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<tbody>
<tr>
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</tr>
<tr>
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></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></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: Cecil
Village or City: East Deposit
Length of residence in city or town where death occurred: 35 yrs. 2 mos.

2. FULL NAME
(a) Residence: No. 1 East Deposit
St., Ward.
(b) 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
6. DATE OF BIRTH (month, day, year): Sept. 14, 1872
7. AGE: 65 yrs. 2 mos. 7 days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: housework
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: own home
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: May 1937
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 40 yrs.
12. BIRTHPLACE (CITY OR TOWN): Fort Deposit
   (State or country)
13. NAME: James McCullough
14. BIRTHPLACE (CITY OR TOWN): Fort Deposit
   (State or country)
15. MAIDEN NAME: Elizabeth Kirk
16. BIRTHPLACE (CITY OR TOWN): Rising Sun
   (State or country)
17. INFORMANT: Jobn Sibley
   (Address)
18. BURIAL, CREMATION, OR REMOVAL:
   (Address)
19. UNDERTAKER: Lleroy Ballentine
   (Address)
20. FILED: Nov. 2, 1937
   (Address)

REGISTRATION DIST. NO. 94-2

DATE OF DEATH
Nov. 11, 1937

I HEREBY CERTIFY. That I attended deceased from Aug. 1932 to Nov. 19, 1937
I last saw her alive on Nov. 19, 1937. Death is said to have occurred on the date stated above, at 6:41 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Atherosclerosis

Other Contributory Causes of Importance:
Arteriosclerosis

Name of operation...
Date of...

With test... Was there an autopsy?

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

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

SIGNED...

(ADDRESS)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNIVERSAL STATE 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, sthenia, 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>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></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Elkton
   Registration Dist. No.: 92
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   (Unusual place of abode)
   St., Ward.
   Margaret Clemings
   If U.S. Veteran, specify WAR:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH
   (Month, day, and year)
   Dec 13, 1868
   Year: 1868

7. AGE
   Years: 68
   Months: 10
   Days: 20

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

9a. IF MARRIED, WIDOWED, OR DIVORCED
   HUSBAND OF
   John C. Clemings

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
    Date: Nov 5, 1927
    Year: 1927

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
   Elkton

13. NAME
   Timothy Harrington

14. BIRTHPLACE (CITY OR TOWN)
   Elkton

15. MAIDEN NAME
   Unknown

16. BIRTHPLACE (CITY OR TOWN)
   Elkton

17. INFORMANT
   John C. Clemings
   Address: Elkton

18. BURIAL, CREMATION, OR REMOVAL
   Place: Elkton Cemetery
   Date: Nov 5, 1927

19. UNDERTAKER
   Address: Elkton

20. FILED
   Date: Nov 5, 1927

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) Nov 3  (Day)  (Year) 1927

22. I HEREBY CERTIFY, That I attended deceased from
    Oct 21, 1927, to Nov 3, 1927

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

24. 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 HDME, OR IN PUBLIC PLACE.
    MANNER OF INJURY
    NATURE OF INJURY

25. WERE DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
    If so, specify

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

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

Other contributory causes of importance:

| Gallstones                                      | May 1, 1928  |

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other contributory causes of importance:</td>
<td>1 year</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td></td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Cecil
   - Village or City: North East, O.F.
   - Registration Dist. No.: 96

2. **FULL NAME**
   - (a) Residence: No. 1, North East

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

5a. If married, widowed, or divorced
   - Husband of: William T. H. Rubic

6. **DATE OF BIRTH**
   - June 19, 1881

7. **AGE**
   - Years: 56
   - Months: 14
   - Days: 16

8. **Trade, profession, or particular kind of work done**
   - Housework

9. **Industry or business in which work was done**
   - Own House

10. **DATE DECEASED LAST WORKED AT**
    - June 19, 1936

11. **Total time (years) spent in this occupation**
    - 3.3

12. **BIRTHPLACE**
    - (City or town): York Co.
    - (State or country): Pa.

13. **NAME**
    - Franklin B. Deaver

14. **BIRTHPLACE**
    - (City or town): Collinwood
    - (State or country): Pa.

15. **MAIDEN NAME**
    - Leah E. Fisher

16. **BIRTHPLACE**
    - (City or town): Lancaster Co.
    - (State or country): Pa.

17. **INFORMANT**
    - William Rubic
    - (Address): 5020 Pershing Rd., MD.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Harrington Cem.
    - Date: Nov. 8, 1937

19. **UNDERTAKER**
    - Lee C. Patterson
    - (Address): 402 S. Main St., Delmarva

21. **DATE OF DEATH**
    - November 8, 1937

22. **HEREBY CERTIFY**
    - That I attended deceased from May 1937 to November 1937.
    - I last saw deceased alive on November 8, 1937; death is said to have occurred on the date stated above, at 2 A.M.

23. **PRINCIPAL CAUSE OF DEATH**
    - Carcinoma of Lung

24. **Other Contributory Causes of Importance**
    - Name of operation: Biopsy
    - Date of: [Blank]
    - What test confirmed diagnosis: [Blank]
    - Was there an autopsy: [Blank]

26. **DATE OF INJURY**
    - [Blank]

30. **MANIFESTATION OF CAUSE**
    - Accident, suicide, or homicide: [Blank]

31. **NATURE OF INJURY**
    - Nature of injury: [Blank]

32. **RELATION TO OCCUPATION**
    - Whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE: [Blank]

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

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

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

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

## 1. PLACE OF DEATH

- **County**: Cecil  
- **Village or City**: Elkton  
- **Registration Dist. No.**: 92  
- **If death occurred in a hospital or institution, give its NAME instead of street and number**

## 2. FULL NAME

- **Name**: Anna Margaret Ewing
- **If U. S. Veteran, specify WAR**:  

## PERSONAL AND STATISTICAL PARTICULARS

- **Sex**: Female
- **Color or Race**: White
- **Single, Married, Widowed, or Divorced**: Widowed
- **Residence**: West 28th St.
- **Husband or Wife of**: Joseph B. Ewing
- **Date of Birth**: Oct 7, 1852
- **Age**: 85
- **Place of Birth**: Kinebille, Pa
- **Father**: Robert Montgomery
- **Mother**: Sarah M. Smith
- **Date deceased last worked at occupation**:  
- **Total time (years) spent in occupation**:  
- **OCCUPATION**: At Home

## MEDICAL CERTIFICATE OF DEATH

- **Date of Death**: Nov 27, 1937
- **Cause of Death**: Chronic Cardiac Dilation
- **Other Contributory Causes of Importance**:  

## 22. CERTIFICATION

- **Witness**:  

## 23. CERTIFICATE OF DEATH

- **In the City or Town of**: Elkton, Md
- **Undertaker**:  

## 24. FILED

- **Filed**: Dec 30, 1937

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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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- 11.—The number of years the deceased followed the occupation.

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Calvert
   Length of residence in city or town where death occurred: 16 yrs. mos. ds.

2. FULL NAME: Warren Harper Gibson
   Residence: Calvert, Ward.
   If U.S. Veteran, specify WAR

   PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: White
   S. MARRIED, WIDOWED, OR DIVORCED: Married
   If married, widowed, or divorced HUSBAND of: Anna Pearl Gibason
   (a) Residence: No. (usual place of abode) Calvert, Ward.

   3. AGE
   Years: 54
   Months: 6
   Days: 3
   Total time (years) spent in this occupation: June 1937

   4. OCCUPATION: Laborer

   6. DATE OF DEATH
   Month: March
   Day: 25
   Year: 1937

   7. DATE OF BIRTH
   Month: May
   Day: 22
   Year: 1883

   8. TRADE, PROFESSION OR PARTICULAR KIND OF WORK DONE:
   As SPINNER, SAWER, BOOKKEEPER, etc.

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

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

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

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

   13. NAME: William H. Gibason

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

   15. MAIDEN NAME: Mary Hamilton

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

   17. INFORMANT:
   Name: Anna Pearl Gibason
   Address: Calvert, Ward.

   18. BURIAL, CREMATION, OR REMOVAL:
   Place: Calvert, Ward.
   Date: Nov. 29, 1937

   19. UNDERTAKER:
   Name: Ephraim E. Coleman
   Address: Paterson, Ward.

   20. FILED:
   Date: Nov. 29, 1937

   21. DATE OF DEATH
   Month: March
   Day: 25
   Year: 1937

   22. HEREBY CERTIFY:
   That I attended deceased from April 1935 to March, 1937.
   I last saw him alive on March 25, 1937; death is said to have occurred on the date stated above, at 7:30 A.M.
   The principal cause of death and related causes of importance were as follows:
   Cerebral Fracture, primary in skin of face.
   A second fracture of a frontal sinus.

   Other Contributory Causes of importance:
   Other:

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

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

   25. REGISTRATION DISTRICT NO.: 98
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>Run over by street car</td>
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<tr>
<td>1921</td>
<td>1 week ago</td>
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<td>July 5, 1927</td>
<td>3 days ago</td>
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<tr>
<td>Gallstones</td>
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<tr>
<td>May 1, 1923</td>
<td>1 year</td>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Cecil
Village or City: Veterans Administration Facility, Perry Point, Md.
Length of residence in city or town where death occurred: 2 yrs. 2 mos. 15 ds.

2. FULL NAME: GOINES, Chester L.
(House number and street)
(Usual place of abode)

3. SEX

4. COLOR OR RACE

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

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

July 9, 1896

7. AGE

Years: 51
Months: 5
Days: 6

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

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

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

Unknown

11. Total time (years) spent in this occupation

Unknown

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

Charleston, S. C.

13. NAME

Unknown — dead

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

Unknown

15. MAIDEN NAME

Unknown — dead

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

Unknown

17. INFORMANT

Hospital records

18. DURATION OF REMOVAL

Place: Baltimore, Md.
Date: Nov. 16, 1937

19. UNOBTAINED NAME

Pennington & Son, Havre de Grace

20. FILED

11/15, 1937

21. DATE OF DEATH

November 15
(Month)
1937
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

August 30, 1937, to November 15, 1937.

I last saw him alive on November 15, 1937; death is said to have occurred on the date stated above, at 1:50 A.M.

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

General Paralysis of Insane
Unknown

Other Contributory Causes of Importance:

Name of operation: Clinical & laboratory reports

What test confirmed diagnosis: Yes

Was there an autopsy: Yes

Date of operation:

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

Accident, suicide, or homicide?

Date of injury:

19

Where did injury occur?

(Specify city or town, county and State)

Manner of injury:

Nature of injury:

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

No

If so, specify

(Signed)

M. D.

CLINICAL DIRECTOR

Address

Vet. Adm. Facility, Perry Point, 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

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Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | 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
   Village or City: New Windsor
   Length of residence in city or town where death occurred:

2. FULL NAME: Howard T. Lubenson
   Residence:
   If U. S. Veteran, specify WAR:

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF DECEDENT (month, day, year):
   Aug 24, 1937

7. AGE: 2 yrs.
   If less than 1 day, indicate in hours or minutes.

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

9. Industry or business in which work was done:

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

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

12. BIRTHPLACE (city or town):
   North East P. O.

13. NAME: Wilber T. Lubenson

14. BIRTHPLACE (city or town):
   North East P. O.

15. MAIDEN NAME:

16. BIRTHPLACE (city or town):
   Compton, Ind.

17. INFORMANT:
   Address:

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

19. UNDERTAKER:
   Address:

20. FILED:
   Date:

21. DATE OF DEATH
   November, 11, 1937

22. I HEREBY CERTIFY, that the deceased was:
   Age at death:

23. Principal cause of death and related causes of importance:
   Pneumonia

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

25. Signed:
   (Address)

If more blanks are needed, address State Registrar, 2423 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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Other contributory causes of importance:
- Gallstones
- May 1, 1923

Example II

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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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Other contributory causes of importance:
- Gastroenteritis
- 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County ____________________________
   Village or City ____________________________
   Registration Dist. No. ____________
   Ward ____________________________
   Length of residence in city or town where death occurred ____________ yrs. ____________ mos. ____________ ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number ____________________________.
   How long in U.S. If of foreign birth? yrs. ____________ mos. ____________ ds.

2. FULL NAME
   (a) Residence: No. ____________________________
   St. ____________________________
   Ward ____________________________
   If nonresident give city or town and State ____________________________.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX (M): ____________________________
4. COLOR OR RACE (White): ____________________________
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Married): ____________________________
6. If married, widowed, or divorced HUSBAND OF (or) WIFE OF ____________________________
7. DATE OF BIRTH (month, day, and year) ____________ / ____________ / ____________
8. AGE Years: ____________ Months: ____________ Days: ____________
9. TRADE, PROFESSION, OR BUSINESS (Merch.) ____________________________
10. OCCUPATION ____________
11. Total time (years) spent in this occupation ____________________________

12. BIRTHPLACE (city or town) ____________________________
    (State or county) ____________________________
13. NAME ____________________________
14. BIRTHPLACE (city or town) ____________________________
    (State or county) ____________________________
15. MAIDEN NAME ____________________________
16. BIRTHPLACE (city or town) ____________________________
    (State or county) ____________________________
17. INFORMANT ____________________________
    Address ____________________________
18. BURIAL, CREMATION, OR REMOVAL ____________________________
    Place ____________________________
    Date ____________________________
19. UNDERTAKER ____________________________
    Address ____________________________
20. FILED ____________________________

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH ____________ / ____________ / 1937

22. I HEREBY CERTIFY, That I attended deceased from ____________ / ____________ / 1937.
    I last saw him ____________________________ alive on ____________ / ____________ / 1937. death is said to have occurred on the date stated above at ____________ / ____________ / 1937.

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

    Fractured

    Other Contributory Causes of importance:

Name of operation ____________________________
Date of ____________________________
What was confirmed as cause? ____________________________
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 ____________________________
    Where did injury occur? ____________________________
    (Specify city or town, county and State) ____________________________
    Specify whether injury occurred in INJURY, in HOME, or in PUBLIC PLACE:
    Rented to Eton Manor Road ____________________________
    Manner of injury ____________________________
    Natura of injury ____________________________
    Fractured Arm ____________________________

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

If more blanks are needed, address State Registrar, 2448 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Attack of epilepsy</td>
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<tr>
<td>DEC 7 1937</td>
<td>1 week ago</td>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
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<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Veterans Administration Facility, Perry Point, Md.

2. FULL NAME: HARDING, Henry
   Residence: No. 6 Reservoir Road, Pikesville, Md.

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
6. HUSBAND OF: Mrs. Henry Harding, maiden name unknown
7. DATE OF BIRTH: April 9, 1876
8. OCCUPATION: Stone mason
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Same
10. DATE DECEDENT LAST WORKED AT THIS OCCUPATION: Unknown
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: Unknown
12. BIRTHPLACE: New York City, N.Y.
13. NAME: Unknown
14. BIRTHPLACE: Unknown
15. MAIDEN NAME: Unknown
16. BIRTHPLACE: Unknown
17. INFORMANT: Hospital Records
18. BURIAL, CREMATION, OR REMOVAL: Arlington Nat'l Cemetery 11/6/37
19. UNDERTAKER: PENNINGTON & SON, Havre de Grace
20. FILED: 11/5/1937

21. DATE OF DEATH: November 6, 1937
22. I HEREBY CERTIFY: That I attended deceased from November 3, 1937, to November 6, 1937. I last saw him alive on November 6, 1937; death is said to have occurred on the date stated above, at 11:00 P.M.
   THE PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Myocarditis, chronic
   Other Contributory Causes of Importance:
   Nephritis, chronic

23. IF DEATH DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
   ACCIDENT, SUICIDE, OR HOMICIDE: Accidental
   DATE OF INJURY: 19__
   WHERE DID INJURY OCCUR?: Same
   SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, HOME, OR IN PUBLIC PLACE: Same
   MANNER OF INJURY:
   NATURE OF INJURY:
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?: No
   IF SO, SPECIFY: Same

V.S. No. 1

If more blanks are needed, address State Registrar, 2312 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.

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<td>Chronic interstitial nephritis</td>
<td>1921</td>
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<td>Cerebral hemorrhage</td>
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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: West
   Village or City: Outside of Colonia
   Length of residence in city or town where death occurred:

2. FULL NAME: Sexie Huff
   (a) Residence: Outside of Colonia

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced, give NAME of: Wife of Claire Huff

6. DATE OF BIRTH (month, day, and year): Nov 28, 1903

7. AGE: 31
   Years 11
   Months 16
   Days
   If less than 1 year, state in days, months, or weeks.

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

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

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

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

12. BIRTHPLACE (city or town):
    Floyd Co., Va.
   State or country:

13. NAME:
    Monnie Huff

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

15. MAIDEN NAME:
    Addie Helen

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

17. INFORMANT:
    Sewell Huff, R.D.
   (Address):

18. BURIAL, CREMATION, OR REMOVAL
    Place: Roanoke, Va.
    Date: Nov 17, 1937

19. UNDERTAKER
    Address:

20. FILED
    Address:

MOTHER

21. DATE OF DEATH
    Month: May
    Day: 14
    Year: 1937

22. I HEREBY CERTIFY, That I attended deceased from:
    March 14, 1937, to Nov 14, 1937
    I last saw him alive on:
    Nov 14, 1937
    Death is said to have occurred on the date stated above, at 7 P.M.

    The principal cause of death and related causes of importance
    were as follows:
    Chronic alcoholism
    Date of onset: 1930

    Other contributory causes of importance:
    Intestinal obstruction
    Due to cancer but due to chronic alcoholism.

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

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

    Manner of injury:
    Nature of injury:

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

    If so, specify:
    (Sign)
    (Address): Washington, D.C.

registrars

If more space is needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting for 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>Date of onset 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset DEC 8 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset May 1, 1933</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:  ...  
   Village or City:  ...  
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME
   (a) Residence:  ...  
   (Usual place of abode)

   Personal and Statistical Particulars

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

   6. DATE OF BIRTH (month, day, and year): 9-24-1885
   7. AGE: 82 years, 1 month, 18 days

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

   Occupation: Housewife

   10. Date deceased last worked at this occupation: 1937

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


   13. NAME: Elizabeth Huntzinger

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

   15. MAIDEN NAME: Leila Strickler

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

   17. INFORMANT: P. W. Huntzinger

   18. BURIAL, CREMATION, OR REMOVAL: Swampoodle, Date: Nov. 15, 1937

   19. UNDERTAKER: N. M. Wellington

20. FILED: 11-11-1937

21. DATE OF DEATH: 11-11-1937

   22. I HEREBY CERTIFY, That I attended deceased from 1910 to 1919.

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

   24. Disease or injury in any way related to occupation of deceased. (If so, specify)

   Signature:  

   Address:  

   REGISTRAR:

If more blanks are needed, address State Registrar, 2414 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
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</table>

Other contributory causes of importance:

Gallstones May 1, 1923

Gastroenteritis 1 year

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

1. PLACE OF DEATH
County: North East A.D.
Registration Dist. No. 94
Village or City: North East A.D.
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: North East A.D.
(Usually place of abode)
If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) 3-18-13
7. AGE Years 24 Months 7 Days 16
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, etc.
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, etc.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

OCCUPATION Labor

12. BIRTHPLACE (city or town) St. Louis, Mo.
(State or country)
13. NAME Oscar Johnson
(State or country)
14. FATHER Penguin
15. MAIDEN NAME Katie Delay
(State or country)
16. BIRTHPLACE (city or town) North East Ind.
(State or country)
17. INFORMANT (Address) Katie Johnson
18. BURIAL, CREMATION, OR REMOVAL
PLACE North East, Ind. DATE Nov. 10, 1937
19. UNDERTAKER (Address) Joseph Grant
20. FILED 11-10-37, 19

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

Registrator.
## UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
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<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>8 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
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</table>

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**
1. PLACE OF DEATH
County: Cecil. Registration Dist. No. 9
Village or City: Elk Mill. No. St., Ward. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Edward E. Lake
(a) Residence: No. Elk Mill (R 7 0). St., Ward. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

6a. If married, widowed, or divorced: HUSBAND of
(Or) WIFE of: May Lake

6b. If married, widowed, or divorced: HUSBAND of
(Or) WIFE of: May Lake

7. DATE OF BIRTH (month, day, and year): Mar 17, 1864

8. AGE: 73 yrs. 7 mos. 24 days

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Laborer

10. OCCUPATION: Laborer

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 20

12. BIRTHPLACE (CITY OR TOWN): Conn.
   (State or country): Conn.

13. NAME: John Lake
14. BIRTHPLACE (CITY OR TOWN): Conn.
   (State or country): Conn.
15. MAIDEN NAME: Jane Smith
16. BIRTHPLACE (CITY OR TOWN): Conn.
   (State or country): Conn.

17. INFORMANT: Ernest Lake

18. BURIAL, CREMATION, OR REMOVAL: Cherry Hill, Date: Nov 12, 1937

19. UNDERTAKER: B. J. Decker
   (Address): B. J. Decker

20. FILED: Nov 19, 1937

21. DATE OF DEATH: Nov 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 9th, 1937, to Nov 10th, 1937, I last saw h. alive on Nov 9th, 1937; death is said to have occurred on the date stated above, at 26. m.

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

- Date of onset: Nov 9, 1937
- Arteriosclerosis

Other Contributory Causes of importance:

- None

Name of operation:

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide: Date of Injury: 19
   Where did injury occur?
   Specify 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): Harold J. Johnson M. D.

If more blanks are needed, address State Registrar, 2471 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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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

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

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

Other contributory causes of importance:

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease or Condition</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: ____________
   - Village or City: ____________
   - Length of residence in city or town where death occurred: ____________

2. FULL NAME
   - (a) Residence: No. 818 Adams St., St. John's, Del.
   - If U.S. Veteran, specify WAR: ____________

3. PERSONAL AND STATISTICAL PARTICULARS
   - SEX: ____________
   - COLOR OR RACE: ____________
   - MARRIED, WIDOWED, OR DIVORCED: ____________
   - Single, Married, Widowed, or Divorced (circle the term)
   - If married, widowed, or divorced, HUSBAND OR WIFE: ____________

4. DATE OF BIRTH
   - Month: ____________
   - Day: ____________
   - Year: ____________

5. AGE
   - Years: ____________
   - Months: ____________
   - Days: ____________

6. OCCUPATION
   - TRADE, PROFESSION, OR PARTICULAR KIND OF WORK Done, as Spinners, Sawyers, Bookkeeper:

7. BIRTHPLACE
   - City or town: ____________
   - State or country: ____________

8. MOTHER'S NAME
   - ____________

9. FATHER'S NAME
   - ____________

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE
   - CITY OR TOWN: ____________
   - STATE OR COUNTRY: ____________

13. MOTHER'S FATHER
   - ____________

14. BIRTHPLACE
   - CITY OR TOWN: ____________
   - STATE OR COUNTRY: ____________

15. MAIDEN NAME
   - ____________

16. INFORMANT
   - Name: ____________
   - Address: ____________

17. BURIAL
   - Place: ____________
   - Date: ____________

18. UNDERTAKER
   - Name: ____________
   - Address: ____________

19. FILED
   - Date: ____________
   - Registrar:

20. MEDICAL CERTIFICATE OF DEATH
   - I HEREBY CERTIFY that I attended deceased from ____________
   - Date of onset: ____________

21. CAUSE OF DEATH
   - PRINCIPAL CAUSE OF DEATH and related causes of importance as follows:
   - Other Contributory Causes of importance:

22. Where 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: ____________

23. 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 D, B, 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, asphonia, 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 | DEC 3 1937 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1925 |

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 |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Cecil
   Village or City: Ellicott
   Registration Dist. No. 92
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. (Usual place of abode)
   St., Ward. Ardmore, Pa.
   Made: Man
   If U.S. Veteran, specify War:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   June 18, 1878

7. AGE
   Years: 59
   Months: 4
   Days: 19

8. OCCUPATION
   Estate manager

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   John Lawrence Means

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

15. MAIDEN NAME
   No information

16. BIRTHPLACE (city or town)
   (State or country)
   No information

17. INFORMANT
   John Lawrence Means

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Phi. Pa.
   Date: Nov. 10, 1937

19. UNDERTAKER
   Hatt. & Curran
   Ellicott Mid.

20. FILED
   Nov. 8, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Nov. 7, 1937

   I last saw her alive on Nov. 7, 1937.; death is said
to have occurred on the date stated above, at 8:47 p.m.

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

   Hardened Stenil
   Cerebral hemorrhage

   Date of onset:

   Other Contributory Causes of importance:

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

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

   Accident, suicide, or homicide?
   Date of injury: Nov. 7, 1937
   Where did injury occur?
   Manner of injury: automobile accident
   Nature of injury:

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

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

   (Signed) E. D. (M.D.)
   Registrar:

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

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

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

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

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

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

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

<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</strong></td>
<td><strong>The principal cause of death and related causes</strong></td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td><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>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County
   Village or City: Ellicott City
   Registration Dist. No. 92
   Within Corporate Limits of
   St. Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Margaret M. Greggins (Means)
   If U.S. Veteran, specify War:
   Residence: No. Acme
   St., St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
   HUSBAND of: John L. Means

6. DATE OF BIRTH (month, day, and year): 3-27-87

7. AGE: 50
   Years Months Days
   If less than 1 day, how many hrs.
   or min.

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

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

   State or country

13. NAME: M. Demptner

15. MAIDEN NAME: Montefo

   State or country

17. INFIRMARY
   Name and Address: John L. Means, 46 & Walnut St., Philadelphia, Pa.

18. BURIAL, CREMATION, OR REMOVAL
   Date: 1-3-37

19. UNDERTAKER
   Name and Address: Jesseess, 1259 S. 12th St.

20. FILED
   Date: 1-8-37

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

22. I HEREBY CERTIFY, That I attended deceased from
   Nov. 2, 1936 to Nov. 7, 1937.

   I last saw her alive on
   Date of onset

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

   Tuberculosis

   Other Contributory Causes of Importance:

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

23. If death was due to external cause (VIOLENCE) fill in the following:
   Accident, suicide, or homicide?:
   Date of injury: Nov. 7, 1937
   Where did injury occur?:
   Specify city or town, county and state:
   Public or private:
   Manner of injury:
   Nature of injury:

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

   (Signed)

Regist. M.D.

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

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

To be complete, an occupation return must state:
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10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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

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

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

<table>
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<td>The principal cause of death and related causes of importance were as follows:</td>
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<tr>
<td>Arteriosclerosis</td>
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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>DEC. 7, 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Elkton
   Length of residence in city or town where death occurred: 13 yrs. mos. ds.

2. FULL NAME: Mary Florence Miller
   (a) Residence: No. Elkton, Heights

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Aug. 6th, 1881
7. AGE: 56 yrs. 3 mos. 11 days

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

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:

   (State or country):

13. NAME: Daniel Stoddart
   (State or country):

15. MAIDEN NAME: Unknown

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

17. INFORMANT: Mrs. Harold Perkins
   (Address):

18. BURIAL, CREMATION, OR REMOVAL
   Place: Wesley Chapel, Date: Nov. 23, 1937

21. DATE OF DEATH: November 19, 1937, 193
   (Month) (Day) (Year)

22. I HEREBY CERTIFY, that I attended deceased from
   Nov. 19, 1937, 19, to Nov. 19, 1937, 19
   I last saw deceased alive on Nov. 19, 1937, 19, death is said to have occurred on the date stated above, at 10:00 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Pulmonary Edema:
   Primary cause of the Pulmonary Edema:
   Physician nearest attended deceased before:
   Date of onset:

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

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

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

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<td></td>
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<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1928</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Perryville

2. FULL NAME
   (a) Residence: No.
   If U. S. Veteran, specify WAR
   Date of Birth (month, day, and year): Dec. 21, 1870

3. SEX
   Female

4. COLOR OR RACE
   White

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

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

7. AGE
   Years: 66
   Months: 10
   Days: 13

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

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 1, 1937

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

12. BIRTHPLACE (city or town): Frederick, Md.

13. NAME
   ARMY

14. BIRTHPLACE (city or town): Frederick, Md.

15. MAIDEN NAME
   Susan Miller

16. BIRTHPLACE (city or town): Frederick, Md.

17. INFORMANT
   2301 JESSICA
   Address: 2301 JESSICA
   Relationship: Daughter

18. BURIAL, CREMATION, OR REMOVAL
   Place: Washington, D.C.
   Date: Nov. 3, 1937

19. UNTERAINT (Address):

20. FILED
   11-3
   1937

21. DATE OF DEATH
   Month: 11
   Day: 3
   Year: 1937

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

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

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

25. SIGNATURE
   M.D.
   Address: Render Due

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxiation, 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>Date of onset: 1915</td>
<td>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>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Chesapeake City, P.O.

2. FULL NAME: Henry Rhodes
   If U.S. Veteran, specify WAR:
   (a) Residence: No. __________
   (Usual place of abode): ___
   St., Ward.

3. SEX: Male
   4. COLOR OR RACE: Colored
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   6a. Husband or Wife of: Henrietta Rhodes

5a. If married, widowed, or divorced: HUSBAND OF

7. DATE OF BIRTH (month, day, and year): Nov. 2, 1871
   8. AGE: 66 years 6 months 8 days

9. TRADE, PROFESSION,或 PARTICULAR kind of work done, as SPINNER, Sawyer, Bookkeeper, etc.
   Occupation: Farmer

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

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

12. BIRTHPLACE (city or town): Chesapeake City, P.O.
   (State or country): Maryland

13. NAME: Joseph Rhodes

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

15. MAIDEN NAME: Elizabeth Perkins

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

17. INFORMANT: Henrietta Rhodes
   Address: Chesapeake City, P.O.

18. BURIAL, CREMATION, OR REMOVAL:
   Place: Manor Gravel; Date: Nov. 13, 1937

19. UNDERTAKER: St. W. Tope;
   Address: Elkton, Md.

20. FILED: 11/3/37; M. D. Brown

21. DATE OF DEATH: November 10, 1937

22. I HEREBY CERTIFY that I attended deceased from January 1, 1937, to November 10, 1937, last saw him alive on November 10, 1937; death is said to have occurred on the date stated above, at 12:20 A.M.

   The principal cause of death and related causes of importance were as follows:
   
   Secondary Cause:
   
   Other Contributory Causes of importance:

   Myocardial disease

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

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

   If so, specify:

   Nature of injury:
   Manner of injury:
   Where did injury occur?
   Specify whether injury occurred in industry, in home, or in public place.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 5.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>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 6, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

**Other contributory causes of importance:**

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Cecil
   Village or City: Chesapeake City
   Length of residence in city or town: yrs. mos. ds.

2. FULL NAME: Annie Roy

21. DATE OF DEATH
   (Month) 13  (Day) 1937

22. I HEREBY CERTIFY, That I attended deceased from
    October 3, 1937, to November 13, 1937.
    Last saw her alive on November 12, 1937; death is said
    to have occurred on the date stated above, at 2:20 P.M.
    The principal cause of death and related causes of importance
    were as follows:

    Other Contributory Causes of importance:

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

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

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

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

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

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

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

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

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

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

**Example I**

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

**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance as follows:</th>
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</tr>
</thead>
<tbody>
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<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: Cecil
   Village or City: Cecilton
   Registration Dist. No. 90
   Registration St.  No. Ward

2. FULL NAME
   Martha C. Short
   If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX:
   Female

4. COLOR OR RACE:
   White
   If married, widowed, or divorced HUSBAND of:
   Enoch L. Short
   If unmarried, maiden name:
   Elizabeth Aaron

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

6. DATE OF BIRTH (month, day, and year):
   Mar. 30, 1857

7. AGE:
   Years: 82
   Months: 7
   Days: 9
   If less than 1 day, hours, or minutes:

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.:
   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):
    Delaware

13. NAME:
    Samuel Craig

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

15. MAIDEN NAME:
    Elizabeth Aaron

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

17. INFORMANT
    Carroll Short
    Address: Cecilton, Ind.
    Burial, CREMATION, OR REMOVAL
    BETHEL CEMETERY
    Date: Nov. 12, 1937

18. BURIAL, CREMATION, OR REMOVAL
    Address:
    Undertaker:
    John H. Cowser
    Address:

19. UNDERTAKER
    Address:
    Filed:
    Date: Nov. 1937
    Registrar:
    M.D.:

20. FILED
    W. Mark Cowser

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    November 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from
    Mar. 30, 1917, to Nov. 9, 1937
    I last saw him alive on
    Mar. 30, 1917, death is said to have occurred on the date stated above, at 2:15 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

    CHRONIC LUNG DISEASE
    Date of onset: 1910

    Other Contributory Causes of importance:
    TERMINAL CHRONIC LUNG DISEASE
    Date of onset: 1910

    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.
    (Address):

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, requesting "U.S. No. 1."
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<th>Example II</th>
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</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset: 1916</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County
Village or City
Petersburg

Registration Dist. No.
95

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

2. FULL NAME

Daniel Dock Spangler

(a) Residence:
Colonia  1st St., Ward.

If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX
M. Male

ED. Eldest

Color or Race
W. White

HUSBAND OF
Mary E. Spangler

DATE OF BIRTH (month, day, and year)
Oct 25, 1897

AGE
Years 70

Month and Day

M. Married

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

I HEREBY CERTIFY, That I attended deceased from 1928, 1929, 1930
I have not attended deceased from 1927, 1928, 1929, 1930

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
11 4 1937

I hereby certify, That I attended deceased from

To have occurred on the date stated above, at

The principal cause of death and related causes of importance

were as follows:

Other Contributory Causes of Importance:


Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsay?

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

Accident, suicide, or homicide

Date of Injury

Where did Injury occur?

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

Nature of Injury


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

If so, specify

(Signed) 

M. D.

Registrar

FILED 7-10-1937

STATE REGISTRAR

(address) 

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

**Example I**

<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>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Cause of Death</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: Cecil
   Village or City: Port Deposit
   No. 16 Center St.
   Registration Dist. No. 96

2. FULL NAME: Frances Tildon
   (a) Residence: No. 16 Center St.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5a. If married, widowed, or divorced: HUSBAND OF
    or WIFE OF Mr. Emery Tildon

6. DATE OF BIRTH (month, day, and year): the year 1877
7. AGE: 60
   Months
   Days

8. Trade, profession, or particular kind of work done: Housework
9. Industry or business in which work was done: SILK MILL
   SAW MILL, BANK, etc.
10. Data deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Port Deposit, Maryland
13. NAME: Unknown
14. BIRTHPLACE (city or town): Maryland
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town): Unknown
17. INFORMANT: Mrs. Maria Boedche
18. BURIAL, CREMATION, OR REMOVAL: Cockeysburg Cemetery
   Date: Nov. 7, 1937
19. UNDERTAKER: E. A. Bulluck
20. FILED: 11-6-37

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Month: November
    Day: 4
    Year: 1937

22. I HEREBY CERTIFY: That I attended deceased from
    Nov. 4, 1937, to Nov. 7, 1937.

23. Date of death: Nov. 7, 1937.

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

25. If so, specify:

   (Signed) McPherson, 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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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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<tbody>
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<td>Attack of epilepsy 1 week ago</td>
</tr>
<tr>
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<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>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1925</td>
<td>Gastroenteritis 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Deale
   Village or City: Port Deposit
   Length of residence in city or town where death occurred: yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Registration Dist. No.: 96
   No. St. Ward

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

   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>

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

6. DATE OF BIRTH (month, day, and year): July 20, 1860
7. AGE: 77 yrs. 3 mos. 20 days
   If LESS than 1 day, hrs. or min.

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

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

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

11. Total time (years) spent in this occupation: 57 yrs.

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

13. NAME: Edward Reed

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

15. MAIDEN NAME: Mary Jane Brown

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

17. INFORMANT (Address):
   Joseph Trimble

18. BURIAL, CREMATION, OR REMOVAL
   Place of Burial: Mt. Zion M.E. Church
   Date of Burial: Nov. 13, 1937

19. UNDERTAKER (Address):
   A. Lauffmann
   194 South Peach Bottom Rd.

20. FILED: 11-11-1937

21. DATE OF DEATH
   Nov. 10, 1937

22. I HEREBY CERTIFY That I attended deceased from... to Nov. 10, 1937...
   I last saw her... alive on Nov. 10, 1937; death is said to have occurred on the date stated above, at 3:14 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Chronic Myocarditis: 1925

Other Contributory Causes of importance:
   Arteriosclerosis: 1925

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

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

25. If more blanks are needed, address State Registrar, 241 S. 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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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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Other contributory causes of importance:

| Gallstones                                                                                       | May 1, 1923 |

Example II

<table>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
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<td>3 days ago</td>
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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: Cecil
   Village or City: Veterans Administration Facility, Perry Point, Maryland
   Length of residence in city or town where death occurred: 15 yrs. 15 mos.

2. FULL NAME
   WEININGER, John G.
   Residence: 3311 Ravenwood Ave., Baltimore, Md.

21. DATE OF DEATH
   November 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1937, to November 8, 1937. I last saw him alive on November 8, 1937; death is said to have occurred on the date stated above, etc. 11:25 A.M.

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) INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   Manner of Injury: Nature of Injury: NO

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

REGISTRATION DIST. NO. 93

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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Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
The image contains a state death certificate filled out with handwritten information. The certificate includes personal and statistical particulars such as name, age, occupation, and date of death. The medical certificate of death section also contains details about the cause of death and the attending physician's certification.
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<td>Dec 9 1927</td>
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<td>Peritonitis</td>
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Other contributory causes of importance:

Gallstones

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

1. PLACE OF DEATH
   County: Cecil
   Village or City: Blue Ball
   Registration Dist. No.: 93
   Ward:  

   Residence: No.

   (Usual place of abode)
   If U. S. Veteran, specify WAR:

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

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

6. DATE OF BIRTH (month, day, and year): Oct 15, 1902

7. AGE: 35
   YEARS: 
   MONTHS: 
   DAYS: 2

11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (city or town)
   North East R.D.
   Maryland

13. NAME: Harry L. Wilson Sr.
   State or country: Maryland

15. MAIDEN NAME: Susan Wilson

16. BIRTHPLACE (city or town)
   North East R.D.
   Maryland

17. INFORMANT:
   Henry L. Wilson Jr.
   North East Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Bethel Cemetery
   Date: Nov 19, 1937

19. Undertaker:  

20. FILED: 11-19-1937
   Registrar:  

21. DATE OF DEATH
   November 17
   (Month) 1937
   (Day)  

22. I HEREBY CERTIFY that I attended deceased from
   May 1937 to Nov 17, 1937
   I last saw him alive on Dec 16, 1937; death is said
to have occurred on the date stated above, at 12:15 A.M.

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

   Other Contributory Cause of importance
   Cardiac Failure
   1937

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

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 city or town, county and State)

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

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN