STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Kent
   Village or City: Ferris, Christiana
   Registration Dist. No.: 24

2. FULL NAME: Caroline Lydia Bramble
   Residence: No. 2324, St.
   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: March 4, 1891
   7. AGE: 57

8. OCCUPATION: Housewife

9. DATE deceased last worked at this occupation: Mar. 4, 1931
   10. Total time (years) spent in this occupation: 57

11. MAIDEN NAME: Susan M. Strong

12. BIRTHPLACE: Ferris, Christiana

13. NAME: Benjamin B. Addison

14. BIRTHPLACE: Ferris, Christiana

15. INFORMANT: J. W. Bramble

16. UNOERTAKER: 

17. BURIAL, CREMATION, OR REMOVAL: White Chapel

18. DATE: Nov. 12, 1931

19. FILED: Dec. 12, 1931

20. REGISTRAR: J. W. Scudder

21. DATE OF DEATH: November 10, 1931

22. HEREBY CERTIFY: That I attended deceased from April 19, 1926, to Nov. 10, 1931.

23. Cause of death: Carcinoma of Breast
   Date of onset: 1926

24. Other Contributory Causes of Importance:

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. If the deceased was gainfully employed, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever, write none.

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
</tbody>
</table>

| Other contributory causes of importance: |
| Gallstones | May 1, 1925 |

<table>
<thead>
<tr>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</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: Kent
   Village or City: Betterton

2. FULL NAME: Katherine B. Bruce
   Residence: No. 1 Betterton 2nd St., Ward.

3. SEX: Female

4. COLOR OR RACE: White

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

5a. If married, widowed, or divorced:
   HUSBAND OF: Charles T. Bruce
   (or) WIFE OF: Katherine B. Bruce

6. DATE OF BIRTH (month, day, and year): May 6th, 1871

7. AGE: 66 Years, 6 Months, 20 Days

8. Occupation: Housewife

9. Industry or business in which work was done: None

10. Date deceased last worked at this occupation: May 6th, 1871

11. Total time (years) spent in this occupation: 66 years

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

13. NAME: Wm H. Kelley

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

15. MAIDEN NAME: HARRIETT CROSS

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

17. INFORMANT (Address): Charles T. Bruce

18. BURIAL, CREMATION, OR REMOVAL:
   Place: St. Mary's Church
   Date: May 6th, 1871

19. UNDERTAKER: Ernesto Busch

20. FILED: Nov. 1937

21. DATE OF DEATH:
   (Month) December
   (Day) 23rd
   (Year) 1937

22. I HEREBY CERTIFY that I attended deceased from July 1, 1927, to July 5, 1937; death is said to have occurred on the date stated above, at 11:00 p.m.

23. Contributory causes of importance:

24. Manner of injury:

25. Nature of injury:

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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11.—The number of years the deceased followed the occupation.

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<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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<th>Gallstones</th>
<th>May 1, 1923</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
<td></td>
</tr>
</tbody>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: ____________
   Village or City: (Near) Millington
   ND. ____________ ST. ____________ Ward ____________
   Length of residence in city or town where death occurred ____________ yrs. ____________ mos. ____________ ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M. ____________ C. ____________

4. COLOR OR RACE
   ____________

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

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

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

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

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

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

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

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

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

13. NAME
    ____________

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

15. MAIDEN NAME
    ____________

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

17. INFORMANT
    ____________

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

19. UNDERTAKER
    ____________

20. FILED ____________

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ____________ State ____________
    I last saw him alive on ____________ ____________ 19__
    ____________ had to have occurred on the date stated above, at ____________ am.
    The principal cause of death and related causes of importance were as follows:
    ____________ (Cause of death)
    ____________ (Other contributory causes of importance)

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

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

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<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, 1933
- Gastroenteritis | 1 year

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

1. PLACE OF DEATH
   County: Kent
   Village or City: Near Millington
   Length of residence in city or town where death occurred: 4 yrs. 7 mos. 7 ds.

2. FULL NAME
   (a) Residence: No. 467, Millington, Md., R.F.D., Ward.

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   August 26, 1862

7. AGE
   Years: 75
   Months: 3
   Days: 7

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

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

10. Date deceased last worked at this occupation (month and year)
    1923

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

12. BIRTHPLACE (city or town), (State or country)
    Bucks County, Pa.

13. NAME
    John Howard

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

15. MAIDEN NAME
    Sarah Bear

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

17. INFORMANT (Address)
    Mrs. John Howard

18. BURIAL, CREMATION, OR REMOVAL
    Place: Frederickburg, Md.
    Date: Nov. 29, 1937

19. UNDERTAKER (Address)
    J. H. Sisson & Son, Frederickburg, Maryland

20. FILED: 11/27/1937

21. DATE OF DEATH
    Month: November
    Day: 27
    Year: 1937

22. I HEREBY CERTIFY, That I attended deceased from
    That saw him alive on Jun. 27, 1937; death is said
    to have occurred on the date stated above, at 2:30 a.m.
    The principal cause of death and related causes of importance
    were as follows:

    Other Contributory Causes of Importance:

    Name of operation.
    Date of.
    If yes, specify.
    (Address)
    (Address)

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.
    Menneur of Injury.
    Nature of Injury.

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

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<tr>
<th>The principal cause of death and related causes of importance</th>
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<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1928 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
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<td>1 week ago</td>
</tr>
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<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

**1. PLACE OF DEATH**

- County: Kent
- Village or City: Rock Hall
- Length of residence in City or town where death occurred: 11 yrs. mos.

**2. FULL NAME**

- Last Name: Joyner
- First Name: Geneva
- Middle Name:
- If U.S. Veteran, specify WAR:

**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>Single</td>
</tr>
</tbody>
</table>

**5a. If married, widowed, or divorced HUSBAND of:**

- Name: George A. L. Joyner

**6. DATE OF BIRTH**

- Month: Feb.
- Day: 4
- Year: 1863

**7. AGE**

- Years: 74
- Months: 11
- Days: 15

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

- Occupation: Housework

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

- Industry: 

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

- April 1926

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

- [Space for entry]

**12. BIRTHPLACE (city or town of birth):**

- Perfect, Va.

**13. NAME:**

- Joyner, Geneva

**14. BIRTHPLACE (city or town):**

- Perfect, Va.

**15. MAIDEN NAME:**

- Bennett

**16. BIRTHPLACE (city or town):**

- Perfect, Va.

**17. INFORMANT:**

- Name: George Joyner
- Address: Rock Hall

**18. BURIAL, CREMATION, OR REMOVAL**

- Place: St. John's Cemetery, Date: Nov. 22, 1937

**19. UNDERTAKER**

- Name: Marvin, Williams
- Address: 

**20. FILED**

- Date: Nov. 19, 1937

**REGISTRATION DISTRICT**

- No. 2019

**21. DATE OF DEATH**

- Month: November
- Day: 19
- Year: 1937

**22. I HEREBY CERTIFY, That I attended deceased from May 1924 to Nov. 18, 1937. I last saw him alive on Nov. 18, 1937; death is said to have occurred on the date stated above, at 6:46 a.m.**

**23. THE PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:**

- Chrome, Malignant Pneumonia
- Date of onset: 1934

**24. Other Contributory Causes of importance:**

- Secondary: Anemia
- Date: 1937

**25. Name of operation:**

- [Space for entry]

**26. Date of operation:**

- [Space for entry]

**27. What test confirmed diagnosis? Was there an autopsy?**

- [Space for entry]

**28. 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

**29. Manner of injury:**

- [Space for entry]

**30. Nature of injury:**

- [Space for entry]

**31. If so, specify**

- [Space for entry]

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

- If so, specify

**33. REGISTRATION DISTRICT**

- No. 2019

**34. Address:**

- Chopta, Ind.

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<td>Peritonitis</td>
</tr>
<tr>
<td>[RECEIVED]</td>
<td>Date of onset</td>
</tr>
<tr>
<td>[DEC 2 1921]</td>
<td>1915</td>
</tr>
<tr>
<td>[JULY 5, 1927]</td>
<td>1921</td>
</tr>
<tr>
<td>[JULY 5, 1927]</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1,000 days ago</td>
</tr>
<tr>
<td>3 days ago</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1,000 days ago</td>
<td>1 week ago</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: [Name of County]
   - Village or City: [Name of City]
   - Registration Dist. No.: [Registration District Number]
   - St., Ward:
   - Length of residence in city or town where death occurred: yrs. mos. ds.
   - How long in U.S. if of foreign birth?: yrs. mos. ds.

2. **FULL NAME**
   - (a) Residence: No. [Residence Number]
   - (b) Full Name: [Full Name]

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - 1. Sex: Male
   - 4. Color or Race: White
   - 5. Single, Married, Widowed, or Divorced: Single

4. **MEDICAL CERTIFICATE OF DEATH**
   - 21. **DATE OF DEATH**
     - (Month) [Month]
     - (Day) [Day]
     - (Year) 1937

5. **BIRTHPLACE**
   - (City or Town): [City or Town]
   - (State or Country): [State or Country]

6. **NAME**
   - Father: [Father's Name]
   - Mother: [Mother's Name]

7. **OCCUPATION**
   - [Occupation]

8. **BIRTHPLACE**
   - (City or Town): [City or Town]
   - (State or Country): [State or Country]

9. **INFORMED ME**
   - [Address]

10. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Church Hill
    - Date: Nov. 1, 1937

11. **UNDERTAKER**
    - [Address]

12. **FILED**
    - [Date: Nov. 12, 1937]

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>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: Kent
   Village or City: Kent Green and B Hospital
   Registration Dist. No.: 202
   Ward: Chestertown
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   Name: Millie M Miller
   St., Ward:
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   WIDOWED

6. DATE OF DEATH
   (Month) Nov
   (Day) 12
   (Year) 1937

7. DATE OF BIRTH
   Month: Nov
   Day: 12
   Year: 1887

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

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

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

11. Total time spent in this occupation (years)

12. BIRTHPLACE
   City or town: Chestertown
   State or country:

13. NAME
   Primary: Millie M Miller
   Mother: Mary Reynolds

14. BIRTHPLACE
   City or town: Chestertown
   State or country:

15. MAIDEN NAME
   Plumley

16. BIRTHPLACE
   City or town: Chestertown
   State or country:

17. INFORMANT
   Sister
   Address: Chestertown

18. BURIAL, CREMATION, OR REMOVAL
   Place: Chestertown
   Date: Nov 12, 1937

19. UNDERTAKER
   Address: Chestertown

20. FILED
   Date: Nov 12, 1937

MEDICAL CERTIFICATE OF DEATH

21. I HEREBY CERTIFY, That I attended deceased from

   I last saw h. alive on...
   Death was declared...

   The principal cause of death was...

   Other contributory causes of importance:

   Hydrocephalus
   Other

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

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

23. Manner of injury...
   Nature of injury...

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

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

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

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

 ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Kent
   Village or City: Chester
   Registration Dist. No.: 902
   No.: St., Ward.

2. FULL NAME
   Virginia Walker Moody
   (Residence: Chester, Ward.)

3. SEX: F.
4. COLOR OR RACE: W.
5a. I, widowed, or WIFE of James Thomas Moody
5b. OR, WIFE of
6. DATE OF BIRTH (month, day, and year): Oct. 22, 1846
7. AGE (Years, Months, Days): 91, 0, 20
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year): Now
11. Total time (years) spent in this occupation: Now
12. BIRTHPLACE (city or town): Kent Co., Maryland
   (State or country)
13. NAME: Thomas W. Moody
14. FATHER: James Thomas Moody
15. MAIDEN NAME: Mary S. Walker
16. MOTHER: Jane S. Walker
17. INFORMANT (Address): Mrs. Thomas W. Moody
18. BURIAL, CREMATION, OR REMOVAL: Chester Cemetery
   Place: Chester
   Date: 11/13/1937
19. UNDERTAKER: Ralph H. Kistler
20. FILED: 1937

21. DATE OF DEATH (Month, Day, Year): Nov. 11, 1937
22. I HEREBY CERTIFY that I attended deceased from
   Nov. 7, 1937, to Nov. 10, 1937;
   I last saw him alive on Nov. 10, 1937.
   The principal cause of death and related causes of importance
   were as follows:
   Pneumonia
   Other contributory causes of importance:
   Heart disease
   Diabetes
   Name of operation: none
   Date of operation: none
   Date of last illness: none
   Date of death: Nov. 11, 1937
   Date of burial: Nov. 13, 1937
   Cause of death: Pneumonia
   Nature of injury: none
   Place of death: Chester Cemetery
   Date of death: 11/13/1937
   Cause of death: Pneumonia
   Date of operation: none
   Name of operation: none
   Date of last illness: none
   Name of operation: none
   Date of death: Nov. 11, 1937
   Cause of death: Pneumonia
   Nature of injury: none
   Place of death: Chester Cemetery
   Date of death: 11/13/1937

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

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

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<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
<tr>
<td>1 year</td>
<td></td>
</tr>
</tbody>
</table>

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

## 1. PLACE OF DEATH

- County: New
- Village or City: Chestertown
- Registration Dist. No.: 207
- Length of residence in city or town where death occurred: yrs. mos. days

## 2. FULL NAME

- Mary Annauza Sparks
  - If U.S. Veteran specify WAR:  
  - Residence: No. 1, Wellington

## 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 WIFE of: Samuel Sparks

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

- May 23, 1876

## 7. AGE

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>60</td>
<td>7</td>
</tr>
</tbody>
</table>

If less then 1 day, hrs. or min.

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

- Homemaker

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

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

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (city or town)

- Double Creek, Maryland

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

- November 20, 1937

22. I HEREBY CERTIFY, that I attended deceased from November 11, 1917, to November 20, 1937.

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

- Intestinal obstruction
- Cancer of colon (complaining of symptoms dating longer ago)

## Other Contributory Causes of Importance:

- Name of operation: Appendectomy
- Date of operation: November 20, 1937
- What was confirmed diagnosis? Appendicitis
- Was there an autopsy? No

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

- Accident, suicide, or homicide? No
- Data of injury: 1937
- Where did injury occur? St. Paul, Minn.
- Specify whether injury occurred in industry, in home, or in public place.

- Manner of injury
- Nature of injury

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

If so, specify

<table>
<thead>
<tr>
<th>Signed</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | RECEIVED 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | DEC 2, 1927 |
| 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 |
| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Kent
Village or City: Chestertown
No. 11 St., Ward: Chestertown
Of 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 74 yr. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth Wheeler
(a) Residence: No. 11 Chestertown St., Ward: Chestertown
(Usual place of abode)
If U.S. Veteran, specify WAR
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female
4. COLOR OR RACE

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

Widowed

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

7. AGE

74 yr.

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

Dyed, made cloth

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

Dyed

OCCUPATION

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

May 19, 1937

11. Total time (years) spent in this occupation

Life

12. BIRTHPLACE (city or town)

(Day of birth)

City of birth

13. NAME

Elizabeth Wheeler

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

(Ret. Co. Md.

(State or country)

15. MAIDEN NAME

Unknown

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

unknown

(State on country)

17. INFORMANT

(Sign)

18. BURIAL, CREMATION, OR REMOVAL

Place and Date

19. UNOERTAKER

Address

20. FILED

Nov 5, 1937

21. DATE OF DEATH

(Month) 10th

22. HEREFORE CERTIFY. That I attended deceased from

No Medical Attending

I last saw him alive on: , 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:

Sudden death in bed, July 4, 1937, 5 p.m.

Date of onset:

23. Other Contributory Causes of importance:

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

If so, specify

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

Date of injury

Where did injury occur?

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

Menner of Injury

Natura of Injury

Date of death

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

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

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

### Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones | May 1, 1923 |

### Example II

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

Other contributory causes of importance:

- Gastroenteritis | 1 year |

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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