STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Somers
Village or City: Deale, Island Ward

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

2. FULL NAME

(a) Residence: No. 42, Deale St.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Dec. 31, 1897

7. AGE: 39

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

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

10. Date deceased last worked at this occupation: 1937

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town): Deale Island

13. NAME: John W. Abbott

14. BIRTHPLACE (city or town): Deale Island

15. MAIDEN NAME: Maggie Stas

16. BIRTHPLACE (city or town): Deale Island

17. INFORMANT (Address): John W. Abbott

18. BURIAL, CREMATION, OR REMOVAL: Dec. 13, 1937

19. UNDERTAKER: John Stas

20. FILED: Dec. 12, 1937

REGISTRATION DISTRICT NO. 26B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Dec. 11, 1937

22. I HEREBY CERTIFY that I attended deceased from Nov. 1937 to Dec. 11, 1937.
I last saw him alive on Dec. 11, 1937, and death is said to have occurred on the date stated above, at 7:30 p.m.

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

Other Contributory Causes of Importance:

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

Accident, suicide, or homicide?:
Where did injury occur?:
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

Manner of injury:
Nature of injury:

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

If so, specify:

Reg. 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 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

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

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

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Somerset
   Village or City: New Crisfield
   Registration Dist. No.: 270
   No. McCready Memorial Hospital: 560
   Ward: 2
   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. Marion St., Ward.
   (Usual place of abode)
   If U.S. Veteran, specify WAR
   Rev Edgar N C Andrews

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M
   W

4. COLOR OR RACE

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

6. DATE OF BIRTH (month, day, and year)
   July 25 1875

7. AGE
   Years: 62
   Months: 4
   Days: 8
   If LESS than 1 day, hrs. or... min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Minister
   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): 1837

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

12. BIRTHPLACE (city or town)
   Chapel Hill, North Carolina
   (State or country)

13. NAME
   W C Andrews

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

15. MAIDEN NAME
   Sarah Touchee
   Unknown

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

17. INFORMANT
   Mullins Andrew Marion Ed
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Rehoboth
   Date: Dec 5, 1937

19. UNDERTAKER
   Norris & Boyd
   (Address)

20. FILED
   12-27-1937

21. DATE OF DEATH
   Dec 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1937, to Dec 3, 1937,
   I last saw him alive on Dec 3, 1937; death is said to have occurred on the date stated above, at 3:30 p.m.
   The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows:

   Date of onset: Dec 1, 1937

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

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

25. If more blanks are needed, address State Registrar, 2401 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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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:

**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>1916</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>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:

| Gallstones | May 1, 1923 |

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: Somerset
   Village or City: Princess Anne
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME: Anneke Beaufchamp
   (a) Residence: No. ____________________________
   (b) St., ___________ Ward.
   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

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

6. DATE OF BIRTH (month, day, and year): 12/18/1889

7. AGE: 48 yrs., 2 mos., 0 days

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

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

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

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

12. BIRTHPLACE (city or town): Somerville, Md.
   (State or country):

13. NAME: S. Beaufchamp
   FATHER: Frank D. Beaufchamp

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

15. MAIDEN NAME: Mary White

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

17. INFORMANT (Address): Creston Beaufchamp, Princess Anne

18. BURIAL, CREMATION, OR REMOVAL
   Place: Princess Anne
   Date: Dec. 20, 1937

19. Undertaker (Address): ____________

20. FILED: 1819, 1937

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:

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<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>June 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
1. PLACE OF DEATH
   County: Somerset
   Village or City: Deal's Island.

2. FULL NAME
   (a) Residence: No:
   (Usual place of abode) St., Ward.
   Full Name: Baby Benton
   If U.S. Veteran, specify WAR:

3. SEX
   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   (Gender) Female
   (Race) White
   (Marital Status) Single

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

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

6. DATE OF BIRTH (month, day, and year)
   Dec 30, 1937

7. AGE
   Years: 1
   Months: 0
   Days: 0
   Stillborn

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

9. Date death occurred
   Dec 30, 1937

10. Total time (years) spent in this occupation

11. Occupation
   (Write occupation)

12. BIRTHPLACE (city or town)
    Deal's Island.

13. NAME
    Archie Benton

14. BIRTHPLACE (city or town)
    Deal's Island.

15. MAIDEN NAME
    Madeline Swigg

16. BIRTHPLACE (city or town)
    Deal's Island.

17. INFORMANT
    Archie Benton

18. BURIAL, CREMATION, OR REMOVAL
    Place: Deal's Island.
    Date: Dec 10, 1937

19. UNDERTAKER
    (Address) Charles Baschell

20. FILED
    Dec 30, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Dec 30, 1937

22. I HEREBY CERTIFY
   That I attended deceased from
   Dec 30, 1937, to Dec 30, 1937
   I last saw h... 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:

   Date of onset

   Other Contributory Causes of importance:

   Name of operation.

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.

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

   (Signed) M.D.

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

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8.—The trade, profession, or particular kind of work done.
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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.

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Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<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  | Gastroenteritis                                              | 1 year       |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
</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: Somerset
Village or City: Crisfield
Length of residence in city or town where death occurred: yrs. 4 mos. 0 ds.

2. FULL NAME
(a) Residence: No. S. Fourth St
(Usual place of abode)
(b) If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
M
4. COLOR OR RACE
Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single

6. DATE OF BIRTH (month, day, and year)
June 28, 1937

7. AGE
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

OCCUPATION
None

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

13. NAME
Charles W. Collins

14. BIRTHPLACE (city or town) (State or country)
Western Shore, Virginia

15. MOTHER NAME
Olga Collins

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

17. INFORMANT (Address)
Olga Collins

18. BURIAL, CREMATION, OR REMOVAL
Place: Dawson's, Date: Dec. 29, 1937

19. UNDERTAKER (Address)
John A. Broadbent

20. FILED (Address)
Crisfield, Md

21. DATE OF DEATH
(Month) 7 1937 (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 28, 1937 to Dec. 7, 1937.
I last saw him alive on Dec. 7, 1937; death is said to have occurred on the date stated above, at 5:15 a.m.

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

Pneumonia, Type C
Pneumonia due to Type C pneumonia

Other Contributory Causes of importance:

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

Manner of Injury
Nature of injury

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

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

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

1. PLACE OF DEATH

County. Somerset
Village or City. Quindocia
Registration Dist. No. 261
St. Ward
Length of residence in city or town where death occurred 22 yrs. mos. ds.

2. FULL NAME. Missouria Collins
(a) Residence: No. St., Ward.
(usual place of abode)
If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F W
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Married

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

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

7. AGE Years Months Days

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) Nov 1937

11. Total time (years) spent in this occupation 0

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

13. NAME Amos Broadwater

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) 44
(State or country)

17. INFORMANT (Address) William Collins
Quindocia Md

18. BURIAL, CREMATION, OR REMOVAL Place Sanford Va Date Dec. 24, 1937

19. UNDERTAKER (Address) John A. Bradshaw
Crisfield Md

20. FILED 12/14/1937 (Address)
Registrar

21. DATE OF DEATH (Month) (Day) 1997

22. I HEREBY CERTIFY, That I attended deceased from Nov 1937, to Dec 21, 1937.

I last saw him alive on Dec 21, 1937.

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

Dr. Addison M. Warren
Dec. 18

Other Contributory Causes of Importance:

Cancer of Stomach

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) George L. Coleman, M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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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.

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</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
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<td>Date of onset: 3 days ago</td>
</tr>
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</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Crisfield, Md.
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Lewis... (If U. S. Veteran, specify WAR)
   Residence: No. 199 S. 4th St., Ward... (Usual place of abode)

3. SEX Male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (specify the word) Widower

6. DATE OF BIRTH (month, day, and year) Dec 9, 1874

7. AGE 69 yrs.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, etc. House Work

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS MILL, MILL, BANK, etc. Hillman

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) Dec 27, 1937
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

13. NAME Lewis...
14. BIRTHPLACE (CITY OR TOWN) (State or country) Parkersburg, W. Va.
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (State or country)

17. INFORMANT Beulah Crumwell
18. BURIAL, CREMATION, OR REMOVAL
   Place: Barcroft, Date: Dec 27, 1937

19. UNDERTAKER... (Address)

20. FILED... (Address)

21. DATE OF DEATH Dec 27, 1937

22. I HEREBY CERTIFY that I attended deceased from Dec 27, 1937, to Dec 27, 1937, at... P.M.

23. Other Contributory Causes of Importance:

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

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

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

2. FULL NAME: Martha E. Daugherty
   Residence: No. ____________________ (Usual place of abode)
   If U.S. Veteran, specify WAR ____________________

   2a. Sex: Female
   2b. Race: White
   2c. Single, Married, Widowed, or Divorced: Widow

   3. Date of Birth: May 31, 1857
   4. Date of Death: Dec. 29, 1937

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

   6. Occupation: Homework

   7. Date deceased last worked at this occupation (month and year): 2 weeks

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

   9. Date deceased entered into hospital or institution, give its NAME instead of street and number:

   10. Date deceased entered into hospital or institution:

   11. Date deceased died:

   12. Place deceased died:

   13. Place deceased lived at death: Friendship

   14. Place deceased lived at death:

   15. Name of operation:

   16. Date of operation:

   17. Informant:

   18. Place of Burial, Cremation, or Removal:

   19. Undertaker:

   20. Filed: Dec. 31, 1937

   21. Date of Death: Dec. 29, 1937

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

   23. Date deceased was last seen alive on: 1937

   24. Cause of Death: Chorea generalisata

   Other Contributory Causes of Importance:

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

   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:

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

   If so, specify ____________________

   (Signad) ____________________

   (Address) ____________________

   If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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________________________________________________________________________
## State of Maryland—Certificate of Death

### 1. Place of Death
- County: Somerset
- Village or City: Crisfield
- No. Maple Ave. St., Ward
- Length of residence in city or town where death occurred: 80 yrs. 1 mos. 20 ds.

### 2. Full Name
- (a) Residence: No. Maple Ave., St., Ward
- If U. S. Veteran, specify War:
- Personal and Statistical Particulars
- 5a. Married, Widowed, or Divorced
- Wife of:
- Arintha Dize
- Date of Birth (month, day, end year): Sept 16, 1857

### 21. Date of Death
- Day: 6
- Year: 1937

### 22. I hereby certify
- That I attended deceased from Nov. 30, 1937, to Dec. 6, 1937.
- The principal cause of death and related causes of importance were as follows:
- Cardiovascular

### 23. Accident, suicide, or homicide?
- No

### 24. Manner of injury
- Natural

### 25. Nature of injury
- Physical

### 26. Was disease or injury in any way related to occupation of deceased?
- No

### 27. Name of operation
- Date of

### 28. What test confirmed diagnosis?
- Yes

### 29. Where did injury occur?
- [Specify city, town, county, and state]

### 30. Spacify whether injury occurred in "INDUSTRY, in HOME, or in PUBLIC PLACE.
- Industry

### 31. Date of injury
- [Specify date]

### 32. Date of injury
- [Specify date]

### 33. Date of injury
- [Specify date]

### 34. Date of injury
- [Specify date]

### 35. Date of injury
- [Specify date]

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- [Specify date]

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- [Specify date]

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- [Specify date]
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>JAN 4, 1938</td>
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</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
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Other contributory causes of importance:

**Example I**

| Gallstones | May 1, 1928 |

**Example II**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Baltimore
Village or City: Baltimore Avenue
Length of residence in city or town where death occurred: 5 yrs.

2. FULL NAME

Name: Edmund J. Elzey
Residence: Dennis Quarter

3. SEX

Male

4. COLOR OR RACE

Colored

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

Married

Sex:

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

July 27, 1877

7. AGE

Years: 60
Months: 4
Days: 26

8. TRADE, PROFESSION, OR PARTICULAR Kinds of WORK DONE, as Spinner, Sawyer, Bookkeeper, etc.

Waterman

9. OCCUPATION

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)

Maryland

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

State or country:

13. NAME

John W. Elzey

14. BIRTHPLACE (city or town)

State or country:

15. MAIDEN NAME

Not known

16. BIRTHPLACE (city or town)

State or country:

17. INFORMANT

Harry Elzey

18. BURIAL, CREMATION, OR REMOVAL

Place: Dennis Quarter

Date: Dec 5, 1937

19. UNDERTAKER

F. J. Kerley

20. FILED: Dec 25, 1937

If U.S. Veteran, specify WAR

21. DATE OF DEATH

Dec 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from

I test saw him alive on

and died on

death is said to have occurred on the date stated above, et

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

Broken Neck

Injury caused by

Other Contributory Causes of importance:

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

Accident, suicide, or homicide

Date of injury

Where did injury occur?

(Mention city, town, county, and state)

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

Public Place

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

If so, specify

Nature of injury

25. What test confirmed diagnosis?

Date of test

Was there an autopsy?

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset: 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset: 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset: July 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>Date of onset: May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>Date of onset:</td>
</tr>
<tr>
<td></td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td></td>
<td>Run over by street car</td>
</tr>
<tr>
<td></td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **Place of Death**
   - County: [Redacted]
   - Village or City: [Redacted]
   - Length of residence in city or town where death occurred: 57 yrs. 6 mos. 70 ds.
   - If death occurred in a hospital or institution, give its NAME instead of street and number.

2. **Full Name**
   - (a) Residence: No.
   - If U.S. Veteran, specify WAR
   - Personal and statistical particulars

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>S. SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

3. **Date of Death**
   - (Month) 12
   - (Day) 21
   - (Year) 1937

4. **Date of Birth**
   - (Month) April
   - (Day) 1
   - (Year) 1880

5. **Age**
   - Years: 57
   - Months: 8
   - Days: 20

6. **Place deceased last worked at this occupation (month and year)**
   - [Redacted]

7. **Principal Cause of Death** and related causes of importance
   - Name: [Redacted]
   - Date of onset: [Redacted]

8. **Other Contributory Causes of Importance**
   - Name: [Redacted]
   - Date of onset: [Redacted]

9. **Date of Injury**
   - Date of Injury: 19

10. **Place of Injury**
    - (Specify city or town, county and State)

11. **Manner of Injury**
    - [Redacted]

12. **Nature of Injury**
    - [Redacted]

13. **Was disease or injury in any way related to occupation of deceased?**
    - If so, specify: [Redacted]

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

Other contributory causes of importance:

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

Example II

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Fairmount
   Length of residence in city or town where death occurred: 63 yrs. 11 mos. 16 ds

2. FULL NAME
   Carrie W Ford
   Residence: Fairmount
   If U.S. Veteran, specify WAR

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: F
   COLOR OR RACE: W
   SINGE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND OR WIFE OF: William M Ford
   TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housewife
   INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: None
   DATE DECEASED LAST WorkED AT THIS OCCUPATION: Dec 1937
   TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 11

4. DATE OF BIRTH: Jan 11 1874

5. AGE: 63
   YEARS: 11
   MONTHS: 18

6. DATE OF DEATH: Dec 20 1937

7. OCCUPATION: Housewife

8. BIRTHPLACE (city or town): Fairmount
   (State or country): Maryland

9. NAME: James Hewitt
   BIRTHPLACE (city or town): Fairmount
   (State or country): Maryland

10. MAIDEN NAME: Sally Meredith
    BIRTHPLACE (city or town): Fairmount
    (State or country): Maryland

11. INFORMANT: Wm. M Ford
    BURIAL, CREMATION, OR REMOVAL: Place: Fairmount, Md
    DATE: Jan 23, 1937
    UNDERTAKER: John A Bradshaw
    FILED: Dec 81, 1937

12. MOTHER: Sally Meredith
    FATHER: David Hewitt

13. NAME: Carrie W Ford
    BIRTHPLACE (city or town): Fairmount
    (State or country): Maryland

14. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   WHERE DID INJURY OCCUR?
   Specifying city or town, county and State
   SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE
   MANNER OF INJURY
   NATURE OF INJURY

15. Other Contributory Causes of importance:

16. 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: 63 yrs. 11 mos. 16 ds
   If deceased was over 15 years of age, give YEARS OF SCHOOL ATTENDED

17. If U.S. Veteran, specify WAR

18. DATE OF DEATH: Dec 20 1937

19. MEDICAL CERTIFICATE OF DEATH
   CHRONIC DISEASES:
   Other Contributory Causes of importance:

20. SIGNATURES
   S. E. Dickinson, M.D.
   REGISTER: 13260

If more blanks are needed, address State Registrar, 4411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNIVERSAL 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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**Example I**

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones: May 1923

**Example II**

<table>
<thead>
<tr>
<th>Disease/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:

- Gastroenteritis: 1 year

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

1. PLACE OF DEATH
   County: Somerset, within corporate limits of Crisfield
   Village or City: Crisfield
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Benjamin F Howard
   Residence: Chesapeake Ave, St., Ward
   If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: M
4. COLOR OR RACE: White
5a. If married, widowed, or divorced, name of WIFE: Julia Howard
5b. If husband, name of HUSBAND: Benjamin F Howard
6. DATE OF BIRTH: July 18, 1871
7. AGE: 66 yrs. 3 mos. 19 days
8. OCCUPATION: Carpenter
9. TRADE, PROFESSION, OR Particular Kind of Work Done: Silversmith
10. DATE deceased last worked at this occupation, and for how long: Mar. 1857
11. Total time spent in this occupation: 2 yrs.
12. BIRTHPLACE: Marumsco, Maryland
13. NAME OF FATHER: James Howard
14. BIRTHPLACE: Marumsco, Maryland
15. MAIDEN NAME: Elizabeth Tull
16. BIRTHPLACE: Marumsco, Maryland
17. INFORMANT: Aldon Howard, Crisfield, Md
18. BURIAL, CREMATION, OR REMOVAL:
   Place: Crisfield, Date: Dec. 9, 1937
   Undertaker: John A Bradshaw, Crisfield, Md
19. FILED: Dec. 8, 1937

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: Dec. 7, 1937
22. I HEREBY CERTIFY that I attended deceased from: Dec. 7, 1937, to Dec. 7, 1937
   I last saw deceased alive on Dec. 7, 1937; death is said to have occurred on the above date:
   The principal cause of death and related causes of importance were as follows:
   Sudden Death
   Heart Disease
   Other Contributory Causes of importance:
   Heart Disease, Arteriosclerosis

Name of operation: Data of:
What test confirmed diagnosis: 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: Dec. 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. Was disease or injury in any way related to occupation of deceased: No
   If so, specify: (Signed): 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.

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<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
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</tbody>
</table>

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Carbondale
   Registration Dist. No. 1
   No. of Death: 13262
   (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME
   (a) Residence: No. 13 Park Street
      St., Ward: Carbondale, Ward
      If U.S. Veteran, specify WAR
      (Usual place of abode)

   Personal and statistical particulars

3. SEX
   M

4. COLOR OR RACE
   B

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

6. DATE OF BIRTH (month, day, and year)
   Oct 8, 1900

7. AGE
   Years: 39
   Months: 1
   Days: 29
   If LESS than 1 day.... hours... or... minutes.

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

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

10. Date deceased last worked at this occupation (month and year)
    Dec 24, 1937

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

12. BIRTHPLACE (city or town)
    Lupper Township

   (State or country)

13. NAME
    Robert Johnson

14. BIRTHPLACE (city or town)
    Lupper Township

   (State or country)

15. MAIDEN NAME
    Mary

16. BIRTHPLACE (city or town)
    Lupper Township

   (State or country)

17. INFORMANT
    Doris Johnson

   (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Carbondale, Date: Dec 8, 1937

19. UNDERTAKER
    Chas. W. Mc. Clure

   (Address)

20. FILED
    Dec 8, 1937 by

   Register

21. DATE OF DEATH
   Month: 7
   Day: 1937

   Year: 1937

   I HEREBY CERTIFY, That I attended deceased from
   etc. 4, 1937, to Dec 7, 1937

   I last saw him alive on Dec 6, 1937; death is said
   to have occurred on the date stated above, at 7:05 A.M.

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

   INFLUENZA, PNEUMONIA, Typhoid

   Other Contributory Causes of importance:

   Name of operation

   Date of

   What test confirmed diagnosis? Clinical
   Was there an autopsy? Yes

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

   Accident, suicide, or homicide?
   Date of injury
   Where did injury occur?
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of injury

   Nature of injury

   If so, specify

   (Signed)
   M. D.

   (Address)

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

**Other contributory causes of importance:**

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

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

1. PLACE OF DEATH

County.....................................................................................................................
Village or City..............................................................................................

2. FULL NAME

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

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

7. AGE

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. INFIRMARY (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place...........................................................................................................

19. UNDERTAKER (Name and Address)

20. FILED..............................

21. DATE OF DEATH

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? ... Date of Injury ...
   Where did injury occur? ...
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of Injury ...
   Nature of Injury ...

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

   If so, specify ...

   (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:

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

| Gallstones                                    | May 1, 1923   | 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: Somerset
   Village or City: Princess Anne
   Length of residence in city or town where death occurred: yrs., mos., ds.

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

3. SEX: M
   4. COLOR OR RACE: Col. 1
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Write the word) Widowed

6. DATE OF BIRTH (month, day, and year): Nov. 25, 1868

7. AGE: 68 Years
   11 LESS THAN 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done: Butler
   6. Industry or business in which work was done: Private family
   7. Data deceased last worked at this occupation (month and year): May 31, 1931
   11. Total time (years) spent in this occupation: 20 yrs.

9. BIRTHPLACE (city or town): Princess Anne
   10. NAME: Grace King
   12. MAIDEN NAME: Leah Pollard

13. NAME: Grace King
   14. BIRTHPLACE (city or town): Princess Anne
   15. MOTHER: Father
   16. BIRTHPLACE (city or town): Princess Anne
   17. INFORMANT (Address): Grace King
   18. BURIAL, CREMATION, OR REMOVAL Place: Princess Anne
   19. UNDERTAKER (Address): James O. Dennis
   20. FILED: 12/11/1937

21. DATE OF DEATH: Dec. 8, 1937

22. I HEREBY CERTIFY: That I attended deceased from Sept 12, 1937, to Dec. 8, 1937, and do hereby certify that I last saw him/her alive on Dec. 7, 1937, and death is said to have occurred on the date stated above, at 6:30 AM.

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

   Other Contributory Cause of importance:

   Bulbar Paralysis

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

   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: ____________

   (Address): ____________

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td></td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Somerset
   Village or City: Crisfield
   Registration Dist. No.: 270
   80-9-1

2. FULL NAME
   Drucilla Jane Moore
   If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   F

4. COLOR OR RACE
   W

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

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

6. DATE OF BIRTH (month, day, and year)
   May 13 1856

7. AGE
   Years: 80
   Months: 9
   Days: 1

8. TRADE, PROFESSION, OR PARTICULAR
   household work, es 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)
    1935

11. TOTAL TIME (years) spent in this occupation
    ?

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

13. NAME
    Littleton Sterling

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

15. MAIDEN NAME
    Rachel Sterling

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

17. INFORMANT (Address)
    Mrs. George Tilghman
    Crisfield, Md

18. BURIAL, CREMATION, OR REMOVAL
    Place: Asbury Cem.
    Date: Dec 6th, 1937

19. UNDERTAKER (Address)
    John A. Broadhead
    Crisfield

20. FILED
    Date: Dec 7, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) 6
    (Day) 1937

22. I HEREBY CERTIFY

Other Contributory Causes of Importance:

Name of operation: Date of:

Was there an autopsy?

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

Where did injury occur?

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

Manner of injury:

Nature of injury:

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

If so, specify

(Signed) M. D.

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Other contributory causes of importance:

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

Example II

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

1. **PLACE OF DEATH**
   - County: Somerset
   - Village or City: Crisfield R.F.D.
   - Registration Dist. No.: 270

2. **FULL NAME**
   - Name: Myrtle C. Nelson
   - If U.S. Veteran, specify WAR: 

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Female
   - Color or Race: White
   - Single, married, widowed, or divorced: 

4. **DATE OF BIRTH**
   - Month: June
   - Day: 7
   - Year: 1937

5. **AGE**
   - Years: 6
   - Months: 
   - Days: 

6. **DATE OF DEATH**
   - Month: Dec.
   - Day: 7
   - Year: 1937

7. **OCCUPATION**
   - Trade, profession, or particular kind of work done: 

8. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - Month and year: 

9. **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**

10. **BIRTHPLACE**
    - City or town: Crisfield, Md.
    - State or country: 

11. **NAME**
    - Father: 
    - Mother: Edna Mathew

12. **MOTHER'S NAME**
    - Maiden name: 

13. **INFORMANT**
    - Name: Allie Nelson
    - Address: Crisfield, Md.

14. **BURIAL, CREMATION, OR REMOVAL**
    - Place: 
    - Date: Dec. 9th, 1937

15. **UNDERTAKER**
    - Name: 
    - Address: 

16. **FILED**
    - Date: Dec. 9th, 1937
    - Register: 

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 5.
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**Other contributory causes of importance:**

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Damascus
   No. St. 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 of town and State
   (Usual place of abode)
   Personal and Statistical Particulars

   (b) Sex: M.
   4. COLOR OR RACE: W.
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD)
   5a. If married, widowed, or divorced
   HUSBAND of (or) WIFE of
   Ida BAKER SHORES

   6. DATE OF BIRTH (month, day, and year)
   7. AGE
   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)
   13. NAME
   14. BIRTHPLACE (city or town)
   15. MAIDEN NAME
   16. BIRTHPLACE (city or town)
   17. INFORMANT
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   19. UNDERTAKER
   20. FILED

   Medical Certificate of Death

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

   22. I HEREBY CERTIFY, that I attended deceased from
   No-attending
   I last saw him alive on.
   Death is said to have occurred on
   Date of enset
   Time
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Cause of death
   Date of enset
   Other Contributory Causes of importance:

   Name of operation
   Date of
   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)
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   Nature of Injury

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   (Address)
   M. D.

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Other contributory causes of importance:

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

**Example II**

---

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Somersett
Village or City: Westminster, Md.
Registration Dist. No. 261
Location of residence in city or town where death occurred: 16 yrs., 11 mos.
Ward: 12
St.: 11
If death occurred in a hospital or institution, give its NAME instead of street and number
Length of residence in city or town: How long in U.S. If of foreign birth: yrs., mos., ds.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
Ethel Shumway
(a) Residence: Westminster, Md.
(Usual place of abode)
If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX: F
COLOR OR RACE: Col
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

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

6. DATE OF BIRTH (month, day, and year): Jan 4, 1921
AGE: 16
7. If LESS than 1 yr. old, give day of birth

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, 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 spent in this occupation (years)

12. BIRTHPLACE (city or town): Somersett
(State or country)
13. NAME: Somersett Shumway
14. BIRTHPLACE (city or town): Maryland
(State or country)
15. MAIDEN NAME: Lenan Lebold
16. BIRTHPLACE (city or town): Westminster, Md.
(State or country)
17. INFIRMARY
Shumway Red F 1
18. BURIAL, CREMATION, OR REMOVAL
Place: Curtis Chapel
Date: Dec 19, 1937
19. UNDERTAKER
Chas H. Ward
20. FILED
1977, 1937, Pine Street, Westminster
Registrar

4.6604
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:
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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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

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

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

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

**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>JAN 3, 1926</td>
<td>1915</td>
<td>Attack of epilepsy</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>

**Example II**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

---

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

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

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

6. DATE OF BIRTH (month, day, and year): Sept. 22, 1871

7. AGE Years: 66
   Months: 3
   Days: 2
   If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as SPINNER, SAWRYER, BOOKKEEPER, etc.:
   Oyster shucker

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

10. Date deceased last worked at this occupation (month and year): 2 mo. before death

11. Total time (years) spent in this occupation: 2 yrs.

12. BIRTHPLACE (city or town) (State or country): Mt. Vernon

13. NAME: John Spencer

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

15. MAIDEN NAME: 

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

17. INFORMANT (Address): Nealy Smith

18. BURIAL, CREMATION OR REMOVAL
   Place: Mt. Vernon
   Date: Dec. 27, 1937
   Undertaker: J. Ashbell

19. UNDERTAKER (Address): 

20. FILED: Dec. 27, 1937

21. DATE OF DEATH (Month, Day, Year): Dec. 26, 1937

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1937, to Dec. 25, 1937, death is said to have occurred on the date stated above, at 9 a.m. The principal cause of death was as follows:

Myocarditis

Date of onset: 10/30/37

Other Contributory Causes of Importance:

Name of operation: 

What test confirmed diagnosis: 

Was there an autopsy: Y

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

   Manner of Injury: 
   Nature of Injury:

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, requesting "U. S. No. 7."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Crisfield
   Registration Dist. No.: 26J

2. FULL NAME
   (a) Residence: No. J. Mann
   (Usual place of abode)
   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)
   Widow
   If married, widowed, or divorced
   HUSBAND of (or) WIFE of
   Noah J. Sterling

6. DATE OF BIRTH (month, day, and year)
   July 19, 1844

7. AGE
   Years: 90
   Months: 4
   Days: 26

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   James Town, Md.

13. NAME
   James James

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

15. MAIDEN NAME
   Charlotte James

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

17. INFORMANT
   Miss Charlotte Sterling (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Anthony Cemetery
   Date: Dec. 17, 1937

19. UNDERTAKER
   (Address)
   C. S. Keaner

20. FILED
   Dec. 16, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, Day, Year)
   Dec. 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from
   Nov. 15, 1937, to Dec. 15, 1937,
   I last saw deceased alive on
   Date:

   The principal cause of death and related causes of importance were as follows:
   [Medical information]

   Name of operation:

   Date of:

   What test confirmed diagnosis?

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:
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Nature of injury:
   Manner of injury:
   Fell against stone

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

   [If so, specify]

   (Signed)

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>JUN 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JAN 4 1938</td>
</tr>
</tbody>
</table>

**Example II**

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

*Other contributory causes of importance:*

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

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

1. **PLACE OF DEATH**
   - County: Somerset
   - Village or City: Shelltown
   - Length of residence in city or town where death occurred: 19 yrs, 3 mos, 17 ds

2. **FULL NAME**
   - Name: James Thomas Steward
   - Residence: Shelltown
   - If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

- **SEX**: Male
- **COLOR OR RACE**: Colored
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Single

- **DATE OF DEATH**: Dec 4, 1937

3. **DATE OF BIRTH**: Sept 17, 1918

4. **AGE**: 19 Years, 3 Months, 17 Days

5. **OCCUPATION**: Farmer

6. **BIRTHPLACE**: Somerset, MD

7. **NAME**: Thomas Steward

8. **MOTHER NAME**: Mollie Adams

9. **INFORMANT**: Thomas Steward

10. **BURIAL, CREMATION, OR REMOVAL**: Place: Summers; Date: Dec 7, 1937

11. **UNDETERMINED**: Chas R. Ward

12. **FILED**: 1937, 10th Judicial Circuit

**MEDICAL CERTIFICATE OF DEATH**

- **I HEREBY CERTIFY** that I attended deceased from Jan 1937 to Dec 4, 1937

- **THE PRINCIPAL CAUSE OF DEATH** is as follows:

- **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

- **DATE OF DEATH**

- **DATE OF INJURY**

- **PLACE**: Summers

- **ADDRESS**: Shelltown

- **SIGNATURE**: [Signature]

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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<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<tr>
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<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>January 3, 1921</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

<table>
<thead>
<tr>
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<td></td>
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<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: Somerset
   - Village or City: Grisfield
   - Registration Dist. No.: 265
   - Length of residence in city or town where death occurred: 12 yrs., 6 mos., 0 ds.
   - If death occurred in a hospital or institution, give its NAME instead of street and number.

2. **FULL NAME**
   - Herman Sutton

   (a) Residence: No. Broad Street
   - St., Ward.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: M
   - **COLOR OR RACE**: Col
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Married
   - **DATE OF BIRTH**: about 1895
   - **AGE**: About 44 yrs.

4. **OCCUPATION**
   - Laborer

5. **DATE DECEASED LAST WORKED**
   - 1936

6. **DATE OF DEATH**
   - Dec. 14, 1937

7. **MEDICAL CERTIFICATE OF DEATH**
   
   **I HEREBY CERTIFY**, that I attended deceased from Dec. 2, 1937, to Dec. 14, 1937, I last saw him alive on Dec. 3, 1937; death is said to have occurred on the date stated above, at 11:30 a.m.
   
   The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:
   
   
   [Signature: M. D. Stenerson]
   Oct. 1937

   **Other Contributory Causes of Importance**

8. **BIRTHPLACE**
   - (State or country)
   - Goldsborough, North Carolina

9. **NAME**
   - John Sutton

10. **MOTHER: FATHER**
    - Julia Boom
    - John Sutton

11. **MAIDEN NAME**
    - Snow Hill
    - Julia Boom

12. **BIRTHPLACE**
    - (State or country)
    - North Carolina

13. **INFORMANT**
    - John Sutton

14. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Lawson's cem. Date: Dec. 9, 1937

15. **UNDEARTAKER**
    - John A. Broderick

16. **FILED**
    - Dec. 6, 1937

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

Other contributory causes of importance:

- Gallstones: May 1, 1923

### Example II

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
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<tr>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gastroenteritis: 1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   - County: Somerset
   - Village or City: Crisfield, Md.
   - Registration Dist. No.: 2-65

2. FULL NAME
   - Residence: No. 5, Somerset Ave

3. SEX
   - Male

4. COLOR OR RACE
   - White

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

6. DATE OF BIRTH (month, day, and year)
   - Nov. 30, 1844

7. AGE
   - Years: 90
   - Months: 13

8. OCCUPATION
   - Housekeeper

9. DATE deceased last worked at this occupation (month and year)
   - June 30, 1917

10. Total time (years) spent in this occupation
    - 40 years

11. HUSBAND of
    - Wm. Thomas

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

13. NAME
    - John Cox

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

15. MAIDEN NAME
    - Dallas Stevenson

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

17. INFORMANT
    - John Cox

18. BURIAL, CREMATION, OR REMOVAL
    - Arney Cemetery
    - Date: Dec. 5, 1917

19. UNDERTAKER
    - Wm. B. Arney

20. FILED: Dec. 4, 1917

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    - Dec. 3, 1917

22. I HEREBY CERTIFY, That I attended deceased from
    - Dec. 24, 1917, to Dec. 3, 1917
    - I last saw him alive on Dec. 2, 1917
    - I certify that death occurred on the date stated above, at 10:45 a.m.

23. If death was due to external causes (VIOLENCE) fill in else the following:
    - Accident, suicide, or homicide?
      - Date of injury: Dec. 3, 1917
    - Where did injury occur?
      - Specify city or town, county and State
    - Manner of Injury
    - Nature of Injury
    - 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.
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:

<table>
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<tr>
<th>Example I</th>
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<td>The principal cause of death and related causes of importance were as follows:</td>
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<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

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

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Poole's Road
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME: Sally Tuckor
   (a) Residence: No. 206 K St.
   (b) If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
   4. COLOR OR RACE: Col
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: MARRIED
   6. DATE OF BIRTH: 1875
   7. AGE: 67 years
   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): Oct 1, 1937
   11. Total time (years) spent in this occupation: 2 yrs.

OCCUPATION: Factory Worker

12. BIRTHPLACE (city or town): Florida
   (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: Mrs. G. Haqney
   (Address)
   18. BURIAL, CREMATION, OR REMOVAL
   Place: Princess Anne
   Date: 12/19/1937
   19. UNDERTAKER: William Jones
   (Address)
   20. FILED: Dec. 18, 1937
   J. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Dec 17 1937
   (Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from
   Oct 11 1937 to Dec 17 1937.
   I last saw him alive on Oct 11 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:

   Myocardial
   Date of onset: 1937

   Other Contributory Causes of importance:

   Name of operation.
   Date of:
   What last confirmed diagnosis?
   Was there an autopsy?
   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of injury
   Where did injury occur?
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of injury
   Nature of injury

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

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

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

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<td>Cerebral hemorrhage</td>
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**Example II**

<table>
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<tr>
<th>Other contributory causes of importance:</th>
<th>Date of onset</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
<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:** Somerset
   - **Village or City:** Crisfield
   - **Registration Dist. No.:** 2.65

2. **FULL NAME**
   - **John Thomas Whittington**
   - **Near Potomac St**

3. **SEX**
   - M

4. **COLOR OR RACE**
   - Col

5. **SINGLE, MARRIED, WIDOWED, OR WIDOWER (Write one word)**
   - Widowed

6. **DATE OF BIRTH**
   - **(Month, day, and year):** March 8, 1874

7. **AGE**
   - 63 years
   - 9 months
   - 2 days

8. **OCCUPATION**
   - Oyster Opener
   - Oyster House

9. **DATE OF DEATH**
   - November 26, 1937

10. **PLACE OF DEATH**
    - Near Marion Station, Maryland

11. **MEDICAL CERTIFICATE OF DEATH**
    - **I HEREBY CERTIFY.** That I attended deceased from:
      - November 19 to November 26, 1937.
    - I last saw him alive on December 24, 1937.
    - Death was said to have occurred on the date stated above, and that the principal cause of death and related causes of importance are as follows:
      - Lacerated scalp
      - Hemorrhage
      - Death certified death

12. **DATE OF ONSET**
    - December 19, 1937

13. **PRINCIPAL CAUSE OF DEATH**
    - Lacerated scalp

14. **MEDICAL OFFICER**
    - Daniel J. Hufnagel, M.D.

15. **REGISTRAR**
    - E. B. Collins

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

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

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<td>July 5, 1927</td>
<td>1 year</td>
</tr>
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<tr>
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<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Thomas Whittington was found dead on his porch at 4AM on December 26, 1937. There had been several persons visiting before. The body was placed on the bed in the house and the cause of death is attributed to heart failure. The body was exhumed on January 1st, 1938. The autopsy was held on February 12th, 1938.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Somerset
Village or City: Crisfield
Length of residence in city or town where death occurred: 45 yrs., 3 mos., 2 ds.

2. FULL NAME: Mary Whittington

If U.S. Veteran, specify WAR: 9th

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Col

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

6. DATE OF BIRTH (month, day, and year): ? ? 1874

7. AGE: 63

8. TRADE, PROFESSION, OR PARTICULAR kind of work done: Oyster opener

9. INDUSTRY OR BUSINESS in which work was done: Oyster opener

10. DEDUCTION OF LENGTH OF 时间 (in months): Oyster opener

11. DATE DECEASED (month, day, year): Dec 1937

12. BIRTHPLACE (city or town): Accomac, Virginia

13. NAME: R. Himman Whittington

14. BIRTHPLACE (city or town): Accomac, Virginia

15. MAIDEN NAME: Celia ??

16. BIRTHPLACE (city or town): Accomac, Virginia

17. INFORMANT (Address): Thomas Whittington, Crisfield, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Lawsonia, Dec 18, 1937

19. UNDERTAKER (Address): John A. Bradshaw

20. FILED: Dec 17, 1937

21. DATE OF DEATH: 12/14/1937

22. I HEREBY CERTIFY that I attended deceased from 12/14/1937 to 12/14/1937 and that death is said to have occurred on the date stated above at 9:00 A.M.

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

Other Contributory Causes of Importance:
Hypertension

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

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

ADVENT, 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.

MANOR OF INJURY:

NATURE OF INJURY:

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

If so, specify:

(Signature): L. Brinkley, M.D.

(Address):
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<table>
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</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Baltimore
   Village or City: RESESS
   Registration Dist. No. 260
   Ward No.
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME
   (a) Residence: Baltimore

   PERSONAL AND STATISTICAL PARTICULARS
   5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

   6. DATE OF BIRTH (month, day, and year)
      Not known

   7. AGE
      Years: 54
      Months: 0
      Days: 0
      If LESS than 1 day, ... hrs. or ... min.

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

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

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

   11. Total time (years) spent in this occupation

   12. BIRTHPLACE (city or town)

   13. NAME

   14. BIRTHPLACE (city or town)

   15. MAIDEN NAME

   16. BIRTHPLACE (city or town)

   17. INFORMANT
      Address

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Baltimore
      Date: 12-28-1937

   19. UNDERTAKER
      Address

   20. FILED: 10-08-1937

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH
      (Month) Dec
      (Day) 24
      (Year) 1937

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

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

      Other Contributory Causes of importance:

   23. If death was due to external causes (VIOLENT) fill in also the following:
      Accident, suicide, or homicide: 12-31-1937
      Date of injury: 12-28-1937
      Where did injury occur: Baltimore, MD.
      (Specify city or town, county and State)
      Speaks whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
      Manner of injury: Accident
      Nature of injury: Fractured Skene

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

   Signature: 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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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
</tr>
</tbody>
</table>

Example II

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN