STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Laurinburg
No. Registration Dist. No. 255
Village or City: Paulstown

2. FULL NAME
(Still Birth) Ashley

3. SEX
Male

4. COLOR OF RACE
Cal

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single

21. DATE OF DEATH
Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1937, to Jan 26, 1937, death is said to have occurred on the date stated above, at 8 a.m.

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

Other Contributory Causes of importance:

13. NAME
John H. Ashley

14. BIRTHPLACE (city or town)
Laurinburg

15. MAIDEN NAME
Mary Ann Crayton

16. BIRTHPLACE (city or town)
Laurinburg

17. INFORMANT
Joseph Ashley

18. BURIAL, CREMATION, OR REMOVAL
Place: Laurinburg
Date: Jan 27, 1937

19. UNDERTAKER
John Ashley

20. FILED
Jan 27, 1937, M. D. Staff

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

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

Other contributory causes of importance:

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

**Example II**

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

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

### 1. PLACE OF DEATH
- County: Queen Anne
- Village or City: Centreville

### 2. FULL NAME
- Elsie M. Bacon

### PERSONAL AND STATISTICAL PARTICULARS
- **SEX**: Female
- **COLOR OR RACE**: White
- **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Widowed
- **HUSBAND OR WIFE OF**: John Bacon

### 6. DATE OF BIRTH (month, day, and year)
- Sept 17, 1860

### 7. AGE
- Years: 73
- Months: 3
- Days: 24

### 21. DATE OF DEATH
- (Month) 1-9
- (Day) 19
- (Year) 1934

### MEDICAL CERTIFICATE OF DEATH
- I HEREBY CERTIFY that I attended deceased from
- May 1, 1933. to Jan 9, 1934.
- I last saw her alive on Jan 9, 1934.
- Death is said to have occurred on the date stated above, at 3 p.m.

### OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

### MANNER OF DEATH

### NATURE OF INJURY

### 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."
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<td>3 days ago</td>
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Other contributory causes of importance:

| Gallstones | May 1, 1925 | Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Queen Anne
   Village or City: Stevensville

2. FULL NAME
   Olvis Bordley

3. SEX
   Male

4. COLOR OR RACE
   Colored

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

6. DATE OF DEATH
   Jun. 6, 1934

7. AGE
   About 60

8. OCCUPATION
   Oysterman

9. MOTHER
   Caroline Bordley

10. BIRTHPLACE (city or town)
    New England, Md.

11. DATE OF BIRTH
    About 1874

12. BIRTHPLACE (city or town)
    New England, Md.

13. NAME
    Olvis Bordley

14. BIRTHPLACE (city or town)
    New England, Md.

15. MAIDEN NAME
    Caroline Bordley

16. BIRTHPLACE (city or town)
    New England, Md.

17. INFORMANT
    Olvis Bordley

18. BURIAL, CREMATION, OR REMOVAL
    Stevensville, Jan. 8, 1934

19. UNDERTAKER
    J. C. Thompson

20. FILED
    Jan. 9, 1934, Main Office, Registrar

21. MEDICAL CERTIFICATE OF DEATH
   I HEREBY CERTIFY, That I attended deceased from
   about 1915 to 1934; death is said to have occurred on the date stated above, at
   7:30 a.m.

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

   Date of onset: Jan. 6, 1934

   Name of operation: None

   What last confirmed diagnosis? Examination was there an autopsy? No

   Accident, suicide, or homicide? Accident
   Where did injury occur? Stevensville
   Specify whether injury occurred in Industry, in home, or in public place.
   Manner of Injury: P12 potted shot
   Nature of injury: Right arm

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

   Signed: Thero Nigel Stettin

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

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**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

**Example II**

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**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
County: Queen Anne
Village or City: Engleside
Registration Dist. No.: 25-1
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.

2. FULL NAME
(a) Residence: No. Engleside
(Usual place of abode)
St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
Male
4. COLOR OR RACE
White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Married

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

6. DATE OF BIRTH (month, day, and year)
May 2, 1850

7. AGE
Years: 125 Months: 5 Days: 8

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Carpenter

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Housebuilder

10. Date deceased last worked at this occupation (month and year): Jan 9, 1934
11. Total time (years) spent in this occupation: 34 yrs.

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

13. NAME: Henry Cronshaw

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

15. MAIDEN NAME: Alice Collier

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

17. INFORMANT: Flora Cronshaw
Address: Engleside, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Finksburg, Md.
Date: Jan 12, 1934

Address

20. FILED: Jan 11, 1934

REGISTRAR: M. D.

21. DATE OF DEATH
(Month) (Day) (Year)
Jan (9) 1934

22. I HEREBY CERTIFY: That I examined deceased from Jan 9, 1934, to Jan 19, 1934, I last saw him alive on Jan 9, 1934, death is said to have occurred on the date stated above, at 11:00 A.M.

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

Date of onset: Jan 19, 1934

Other contributing causes of importance:
Interuscities

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

a. Nature of injury
b. Manner of injury

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

If so, specify:

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

If so, specify:

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</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME:  
   (a) Residence: No.  
   (Usual place of abode)  

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male  
4. COLOR OR RACE: Colored  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married  
5a. If married, widowed, or divorced  
   HUSBAND of:  
   OR WIFE of: Mary E. Hooper  
6. DATE OF BIRTH (month, day, year): Dec. 26, 1841  
7. AGE: 92 yrs. 6 mos. 12 days  
   If LESS than 1 day, hrs. or min.  

OCCUPATION: Farm Laborer  

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

12. BIRTHPLACE (city or town): Queen Anne Co.  
   (State or country)  
13. NAME: John Keaton  
   (State or country)  
14. BIRTHPLACE (city or town): Queen Anne Co.  
   (State or country)  
15. MAIDEN NAME: do not know  
16. BIRTHPLACE (city or town):  
   (State or country)  

MOTHER FATHER

17. INFORMANT: Mary E. Keaton  
   (Address)  
18. BURIAL, CREMATION, OR REMOVAL  
   Place: Burcierville  
   Date: Jan. 5, 1894  
19. UNDERTAKER: B. J. Still  
   (Address)  
20. FILED: Jan. 5, 1894  
   (Address)  

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Jan. 5, 1894  
22. I HEREBY CERTIFY, That I attended deceased from  
   , to ,  
   to have occurred on the date stated above, at  
   The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  

   Date of onset  
   Other Contributory Causes of Importance:  

   Name of operation:  
   Date of:  
   What test confirmed diagnosis?:  
   Was there an autopsy?:  
23. If death was due to external causes (VIOLENCE) fill in also the following:  
   Accident, suicide, or homicide?:  
   Date of injury:  
   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)  
   (Address)  

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

1. PLACE OF DEATH
   County: Washington, D.C.
   Registration Dist. No: 252
   Village or City: Centreville
   Length of residence in city or town where death occurred: yrs. 1, mos. 0, ds. 0

2. FULL NAME: Lillian Francis Dennis
   (a) Residence: No. 125, Centreville
   St., Ward.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
5a. If married, widowed, or divorced: HUSBAND OF
   OR WIFE OF
6. DATE OF BIRTH (month, day, and year): 4/14/1865
7. AGE: Years 17, Months 8, Days 28
8. OCCUPATION: Domestic
9. Industry or business in which work was done: Silk Mill, Saw Mill, Bank, etc.
10. Date deceased last worked at this occupation (month and year): 9/9/1927
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town): Centreville
   (State or country): Maryland
13. NAME: Lillian Francis Dennis
14. BIRTHPLACE (city or town): Franklin, Oho
   (State or country): Ohio
15. MAIDEN NAME: Ella Pottman
16. BIRTHPLACE (city or town): Franklin, Oho
   (State or country): Ohio
17. INFORMANT (Address):
18. BURIAL, CREMATION, OR REMOVAL:
   Place: Centreville
   Date: 1-15-1937
19. UNDERTAKER: B. R. Fellows
   Still Pond, Md.
20. FILED: Jan. 13, 1937

MEDICAL CERTIFICATE OF DEATH
22. I HEREBY CERTIFY, That I attended deceased from
   January 1, 1937, to January 15, 1937
   I last saw deceased alive on January 1, 1937.
   Death is said to have occurred on the date stated above, at 6:00 a.m.
   The principal cause of death and related causes of importance
   were as follows:
   Pulmonary Tuberculosis

Other Contributory Causes of importance:

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

23. If death was due to external causes (violece) fill in also the following:
   Accident, suicide, or homicide:
   Did injury occur:
   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:
      (Signed) M. D.
      (Address) Centreville

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td><em>FEB 9 1934</em></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><em>JULY 6, 1927</em></td>
<td><em>3 days ago</em></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><em>MAY 1, 1925</em></td>
<td><em>1 year</em></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Other contributory causes of importance: |

| Gallstones |
| *MAY 1, 1925* |

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

Registration Dist. No. 250

PLACE OF DEATH
County: Prince George

Village or City: Elkridge (No., St., Ward)

FULL NAME: Joseph Pearson Bunning

PERSONAL AND STATISTICAL PARTICULARS
SEX: M

DATE OF BIRTH: Jan. 10, 1884

AGE: 8 yrs., 1 day

OCCUPATION: General nature of industry or establishment in which employed

BIRTHPLACE: Maryland

NAME OF FATHER: Archie Bunning

MOTHER NAME OF MOTHER: Laura Bunning

LENGTH OF RESIDENCE: 3 yrs., 1 day

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant: Laura Bunning

PLACE OF BURIAL OR REMOVAL: Holden Church

DATE OF BURIAL: Jan. 2, 1934

UNDERTAKER: J. W. Kreissel

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Baito. Requesting V. S. No. 1.
Statement of Occurrence

Place of Occurrence:

Date of Occurrence:

Name of Deceased:

Age:

Sex:

Race:

Marital Status:

Occupation:

Residence:

Previous Addresses:

Next of Kin:

Relationship:

Address:

Statement of Cause of Death:

Certified by:

Health Association

Revised United States Standard
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince George
   Village or City: Fort Lee
   No. St., Ward: 97 1267
   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)

2. FULL NAME
   (a) Residence: No.
   (Usual place of birth)
   (b) Ward: 97 1267
   (If nonresident give city or town and State)
   Person: Robert Alexander Gibbs

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

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

6. DATE OF BIRTH (month, day, and year)
   Dec 14 1933

7. AGE
   Years: 79
   Months: 11
   Days: 17

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

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

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)
   Queen Anne Co.

13. NAME
   Father: Robert Smith

14. BIRTHPLACE (city or town)
   (State or country)
   Queen Anne Co.

15. MAIDEN NAME
   (If married, widowed, or divorced, give the word)
   Wife of

16. BIRTHPLACE (city or town)
   (State or country)
   Queen Anne Co.

17. INFORMANT
   (Address)
   Ralph Smith

18. BURIAL, CREMATION, OR REMOVAL
   Place: Prince George
   Date: Jan 28, 1934

19. UNDERTAKER
   (Address)
   Church Deacon

20. FILED
   Jan 28, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) (Day) (Year)
   Jan 14 1934

22. HEREBY CERTIFY, That I attended deceased from...
   to...
   Date of onset
   Aug 23 1931 to Jan 14 1934
   Date of death
   Jan 14 1934
   Death is said to have occurred on the date stated above, at...
   Place: Prince George
   Manner of death:
   Cause of death:
   Other Contributory Cause of Importance:
   Congenital Cerebral

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

24. Was disease or injury in any way related to occupation of deceased? No.
   If so, specify.
   (Signed) M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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, asthnia, 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>
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<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones</td>
<td>Other contributory causes of importance: Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authentication of date of death see birth certificate.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Queen Anne
   Village or City: Queenstown
   Registration Dist. No.: 254
   Length of residence in city or town where death occurred: 20 yrs., mos., ds.

2. FULL NAME: Edward F. Eastburn Hammond
   Residence: No. 54, Queenstown

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Nov 25, 1846
7. AGE: 81 yrs.

MEDICAL CERTIFICATE OF DEATH

11. Date of death: Jan 25, 1934

21. DATE OF DEATH
   Month: January
   Day: 25
   Year: 1934

22. HEREBY CERTIFY, That I attended deceased from
    Jan 19 to Jan 25, 1934
    I last saw him alive on Jan 20, 1934, at 12:05 a.m.
    The principal cause of death was:
    Death of Natural Causes

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?
    Date of Injury: Jan 25, 1934
    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:
    Signature: W. Thomas Frasher, 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**

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Volume 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Berkeley Springs
   No.: St., Ward
   Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 40, or 456 High St., Ward.
   (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   March 10, 1909

7. AGE
   Years: 27
   Months: 10
   Days: 1
   If less than 1 day, indicate in hours and minutes.

8. OCCUPATION
   Formed
   Agriculture

9. Date deceased last worked at this occupation (month and year)
   January 7, 1937

10. Total time (years) spent in this occupation
    1906

11. MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY. That I attended deceased from
   1919 to 1936, to have occurred on the date stated above, at 12:30 p.m.
   The principal cause of death and related causes of importance
   were as follows:

   Other Contributory Causes of Importance:

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

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

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

25. (Address)

26. FILED
   Jan. 12, 1937

Registrar

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

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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>FEB 6, 1934</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1925</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Queen Anne
Village or City: McAlpine
Registration Dist. No: 252

2. FULL NAME: Alice Mackabee

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

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (Month, day, and year): March 9, 1876
7. AGE: 57 Years 10 Months 7 Days

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

9. OCCUPATION: Housewife

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): January 1934
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 57 years

12. BIRTHPLACE (CITY OR TOWN): Talbot Co., MD

13. NAME: Hugh Cole

14. BIRTHPLACE (CITY OR TOWN): Talbot Co., MD

15. MAIDEN NAME: Margaret Vincent

16. BIRTHPLACE (CITY OR TOWN): Talbot Co., MD

17. INFORMANT: J.G. Mackabee

18. BURIAL, CREMAZION, OR REMOVAL: Centreville, MD

19. UNDERTAKER: B. P. Fullard

20. FILED: Jan. 18, 1934

21. DATE OF DEATH: Jan. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 16, 1934, to Jan. 16, 1934

I last saw him/her alive on Jan. 16, 1934, death said

to have occurred on the date stated above, at A. P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows: Pneumonia

Date of onset:

Other Contributory Causes of importance:

Name of operation: None

What test confirmed diagnosis?: None

Was there an autopsy?: Yes

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) fill in also the following:

WHERE INJURY OCCURRED: (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: W. J. Fischer, M.D.

(Signed)

Address: Centreville, MD

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>RECEIVED</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>FEB 5 1934</strong></td>
<td><strong>July 5, 1927</strong></td>
</tr>
<tr>
<td><strong>BURBRO W. S.</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>May 1, 1923</strong></td>
<td><strong>1 year</strong></td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Queen Anne
Village or City: Centreville

2. FULL NAME

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

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

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

7. AGE: Years Months Days

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

9. OCCUPATION

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH END YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED: Jan. 6, 1934

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

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

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

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<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes</td>
<td>Arteriosclerosis 1915</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>of importance were as follows:</td>
<td>Chronic interstitial nephritis 1921</td>
<td>Run over by street car 1 week ago</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cerebral hemorrhage July 5, 1927</td>
<td>Peritonitis 3 days ago</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Gallstones May 1, 1928</td>
<td>Other contributory causes of importance:</td>
<td>Gastroenteritis 1 year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: St. Mary's
Village or City: Centreville

2. FULL NAME
(a) Residence: No.

3. SEX
Female

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single

6. DATE OF BIRTH
June 20, 1933

7. AGE
0

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

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

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town)
Centreville, Easton, MD

13. NAME
Wilton Sparkes

14. BIRTHPLACE (city or town)
Queen Anne Co., MD

15. MAIDEN NAME
Nettie M. Ketzer

16. BIRTHPLACE (city or town)
Queen Anne Co., MD

17. INFORMANT
Wilton Sparkes

18. BURIAL, CREMATION, OR REMOVAL
Place: Centreville
Date: Jan. 24, 1934

19. UNDERTAKER
B. R. Follans

20. FILED
Jan. 25, 1934

21. DATE OF DEATH
Jan. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from
I last saw h e r alive on Jan. 23, 1934; death is said
to have occurred on the date stated above, at 8:30 a.m.

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

Doctor's Signature

Other Contributory Causes of Importance:

Name of operation: None

What test confirmed diagnosis?: None

Was there an autopsy?: No

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

Accident, suicide, or homicide?: None

Date of Injury: None

Where did injury occur?: None

Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE:

Manner of injury: None

Nature of injury: None

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

If so, specify: None

(Signed) L. E. Follans M. D.

(Address)

If more blanks are needed, address State Registrar, 2410 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Signature]

For authorization of birth certificate.
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Queen Anne
   - Village or City: Chester
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Rosetta Thompson

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - CIV.

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

6. **DATE OF BIRTH**
   - Nov. 9, 1933

7. **AGE**
   - Years: 52
   - Months: 2
   - Days: 20

8. **OCCUPATION**
   - Hand spinner

9. **DATE OF DEATH**
   - Jan. 29, 1934

10. **CAUSE OF DEATH**
    - Lues Congulenta

11. **OTHER CONTRIBUTORY CAUSES OF IMPORTANT**
    - Syphilis

12. **BIRTHPLACE**
    - Chester, Md.

13. **NAME**
    - Rosetta Thompson

14. **BIRTHPLACE**
    - Cambridge, Md.

15. **MAIDEN NAME**
    - Josephine Brown

16. **MOTHER FATHER**
    - Chester, Md.

17. **INFORMANT**
    - Josephine Thompson

18. **BURIAL, CREMATION, OR REMOVAL**
    - Chester, Md.

19. **UNDERTAKER**
    - C. Howard

20. **FILED**
    - Jan. 30, 1934

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

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

1. PLACE OF DEATH
   County: Queen Anne
   Village or City: Barcley
   No. St. Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Mary Augusta Walls
   (a) Residence: No. St., Ward.
   (b) Place of death: Barcley

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If widowed, divorced, or deserted
   HUSBAND or WIFE of:
   George David Walls

6. DATE OF BIRTH (month, day, and year): Sept. 7, 1853
7. AGE: Years: 81
   Months: 4
   Days: 17
   If less than 1 day, hrs., or min.

8. TRADE, PROFESSION, OR OCCUPATION: Housewife

9. OTHER OCCUPATION: Home

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): Dec. 1933
11. TOTAL TIME SPENT IN THIS OCCUPATION: 57 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Queen Anne, Md.
13. NAME: Edward Frederick
   MOTHER FATHER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland
15. MAIDEN NAME: Sarah Ann Cochran
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland
17. INFORMANT: Edward Cochran
   Address: College Park, Md.
18. BURIAL, CREMATION, OR REMOVAL:
   Place: Reisterstown, Md.
   Date: Dec. 23, 1933
19. UNDERTAKER: Harry Nelson
   Address:
20. FILED: Jan. 24, 1924

REGISTRATION DIST. No. 250

REGISTRAR, State of Maryland

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

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