STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Talbot
Village or city: Easton, Md.

2. FULL NAME
Frank T. Bailey

3. SEX
Male

4. COLOR OR RACE
Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Married

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

7. AGE
About 71

8. OCCUPATION
Labor

9. If employed, give name of employer

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
Talbot, Md.

13. NAME
Unknown

14. BIRTHPLACE (city or town)
Unknown

15. MAIDEN NAME
Unknown

16. BIRTHPLACE (city or town)
Unknown

17. INFORMANT
Mary E. Bailey

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

19. UNDERTAKER
James C. Spencer

20. FILED
[Blank]

21. DATE OF DEATH
Jan. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from
[Blank]
[Blank]
I have seen him alive on
Jan. 10, 1934
Death is said to have occurred on the date stated above, at 11:45 A.M.
The principal cause of death and related causes of importance
were as follows:
Chronic Myocarditis

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

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

25. If so, specify

[Signature]
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:

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

<table>
<thead>
<tr>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Galveston
   Village or City: Oakwood
   Length of residence in city or town where death occurred: yrs. mos. ds.
   Registration Dist. No.: 09
   St.: 23
   Ward: 1

2. FULL NAME
   (a) Residence: No.
   Full Name: Pearl Anna Bailey
   St., Ward.

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      M

   4. COLOR OR RACE
      Cw

   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
      Single

   6. DATE OF BIRTH (month, day, and year)
      Dec. 24, 1902

   7. AGE
      Years: 19
      Months: 9
      Days: If LESS than 1 day, __ hrs. or __ min.

   8. TRADE, PROFESSION, OR PARTICULAR Kinds 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)
        Oswego, Delilah Co.
        (State or Country)

   13. NAME
        Milton Walker Bailey

   14. BIRTHPLACE (city or town)
        Delilah Co.
        (State or Country)

   15. MAIDEN NAME
        Beatrice Eliza Fenn

   16. BIRTHPLACE (city or town)
        Delilah Co.
        (State or Country)

   17. INFORMANT
        Milton A. Bailey
        Address

   18. BURIAL, CREMATION, OR REMOVAL
        Near the Place
        Date: Jan. 22, 1903

   19. UNDERTAKER
        Milton A. Bailey
        Address

   20. FILED
        Jan. 22, 1903
        Registrant

   If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 2.

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
       (Month) Jan 22 (Day) 1903 (Year)

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

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

   Influenza
   Date of onset: Dec 27, 1902

   Other contributory causes of importance:

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

   23. IF DEATH DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

   Accident, suicide, or homicide
   Date of injury: 19 __
   Where did injury occur
   Specify city or town, county or 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)
   (Address)

   M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

1. PLACE OF DEATH
   County: Talbot
   Village or City: Easton
   No. Emergency Hospital: 190
   Registration Dist. No.: 290
   (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: 12 yrs. 12 mos. 0 ds.
   How long in U.S. if of foreign birth?: 12 yrs. 12 mos. 0 ds.

2. FULL NAME
   (a) Residence No. 1
   Family Name: Lynch
   First Name: Charles
   Formal Name: Belt
   Ward.
   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)
   Single

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

7. AGE
   Years: 65
   Months: 0
   Days: 0
   If less than 1 year, put months or minutes

8. OCCUPATION
   Hay Laborer

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

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

11. Total time (years)
    Unknown

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

13. NAME
    Unknown

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

15. MAIDEN NAME
    Unknown

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

17. INFORMANT
    Address: Unknown

18. BURIAL, CREMATION, OR REMOVAL
    Place: Skilled Craft, Md., Date: Jan. 31, 1934

19. UNDERTAKER
    Address: George T. Fellows

20. FILED
    Date: 1/29, 1934

21. DATE OF DEATH
    January 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Jan. 29, 1934, to Jan. 28, 1934; death is said to have occurred on the date stated above, at 12:00 a.m.

23. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Broncho pneumonia
    Exposed to cold

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

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<table>
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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>
<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>Date of onset: 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Oxford
   Length of residence in city or town where death occurred: 6 yrs.
   No. ____________________________ Registration Dist. No. 27
   St. ____________________________ Ward ____________________________
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. SEX</td>
<td>4. COLOR OR RACE</td>
</tr>
<tr>
<td>Male</td>
<td>White</td>
</tr>
<tr>
<td>5a. If married, widowed, or divorced: WIFE OF Katherine A. Miller</td>
<td></td>
</tr>
<tr>
<td>6. DATE OF BIRTH (month, day, and year):</td>
<td>Feb 27th, 1887</td>
</tr>
<tr>
<td>7. AGE</td>
<td>18</td>
</tr>
<tr>
<td>8. Trade, profession, or particular kind of work done as SPINNER, SAWER, BOOKKEEPER, etc.</td>
<td>Merchant</td>
</tr>
<tr>
<td>9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc.</td>
<td></td>
</tr>
<tr>
<td>10. Date deceased last worked at this occupation (month and year):</td>
<td>Jan 34</td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation:</td>
<td>49</td>
</tr>
<tr>
<td>12. BIRTHPLACE (city or town), (State or country): Prewen, Germany</td>
<td></td>
</tr>
<tr>
<td>13. NAME</td>
<td>Bringmans</td>
</tr>
<tr>
<td>14. BIRTHPLACE (city or town), (State or country): Germany</td>
<td></td>
</tr>
<tr>
<td>15. MAIDEN NAME</td>
<td>Bringmans</td>
</tr>
<tr>
<td>16. BIRTHPLACE (city or town), (State or country): Germany</td>
<td></td>
</tr>
<tr>
<td>17. INFORMANT (Address): John H. Bringmans</td>
<td></td>
</tr>
<tr>
<td>18. BURIAL, CREMATION, OR REMOVAL</td>
<td>Place: Oxford Cemetery</td>
</tr>
<tr>
<td>Date: Jan 31st, 1934</td>
<td></td>
</tr>
<tr>
<td>19. UNDERTAKER (Address): Maurice &amp; Herman Fox</td>
<td></td>
</tr>
<tr>
<td>20. FILED: Jan 29th, 1934</td>
<td></td>
</tr>
</tbody>
</table>

22. I HEREBY CERTIFY. That I attended deceased from ______ , 19 , to ______ , 19 .
   I last saw deceased alive on ______ , 19 ; death is said to have occurred on the date stated above, at ______ a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Coronary Thrombosis, Jan 25th, 1934

Other Contributory Causes of importance:
   Arteriosclerosis, 1931

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Date of injury, 19 .
   Where did injury occur? (Specify city or town, 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?
   Yes

If so, specify (Signed) Joseph A. Brown, M. D.
   (Address)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Example I**

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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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<tbody>
<tr>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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</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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<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: Fallot
- Village or City: New Hope
- Length of residence: 1 yrs. 10 mos. 15 ds.
- How long in U.S.: If of foreign birth?

**2. FULL NAME**
- Name: Sarah Cooper

**PERSONAL AND STATISTICAL PARTICULARS**
- SEX: Female
- COLOR OR RACE: Colored
- MARRIED, WIDOWED, OR DIVORCED: Widowed

**MEDICAL CERTIFICATE OF DEATH**
- DATE OF DEATH: January 26, 1934
- I HEREBY CERTIFY that I attended deceased from December 1932, 1934, to January 26, 1934.
- Last saw him alive on January 14, 1934, at 9:00 a.m.; death is said to have occurred on the date stated above, at 12:00 a.m.

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

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Other Contributory Causes of Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 10, 1934</td>
<td></td>
</tr>
</tbody>
</table>

**OCCUPATION**
- 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. 1932

**BIRTHPLACE**
- Location: Maryland

**FAMILY INFORMATION**
- NAME: Sarah Cooper
- BIRTHPLACE: Maryland
- MAIDEN NAME: Elizabeth Purcell
- MOTHER: Elizabeth Purcell

**INFORMANT**
- Name: Wm. Purcell
- Address: New Hope, Maryland

**BURIAL, CREMATION, OR REMOVAL**
- Place: New Hope
- Date: Jan. 27, 1934

**UNDEUTERAKER**
- Name: Wm. Purcell
- Address: New Hope

**FILED**
- Date: Jan. 27, 1934
- Registrar: J. E. Ferguson

---

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

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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

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

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>Date of onset</th>
<th>Related cause of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</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>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

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

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>Date of onset</th>
<th>Related cause of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</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>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones

May 1, 1923

Additional space for further statements by physician

---

Gastroenteritis

1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Talbot County

Registration Dist. No. 293

Village or City: St. Mary's

No. St., Ward

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

2. FULL NAME

John Cooper

(a) Residence: No. St., Ward.

(Usual place of abode)

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

5a. If married, widowed, or divorced

HUSBAND of

(Or) WIFE of

Susie Cooper

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

5/6/61

7. AGE

72 Years

8 months

8 days

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

Farmer

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

Laborer

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

10/13/33

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

50 years

12. BIRTHPLACE (CITY OR TOWN)

Talbot, Co.

13. NAME

James W. Cooper

14. BIRTHPLACE (CITY OR TOWN)

(TA 11/27/64)

15. MAIDEN NAME

Henrietta Bolden

16. BIRTHPLACE (CITY OR TOWN)

(TA 11/27/64)

17. INFORMANT

Ann P. Cooper

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Mary's

Date: Jan. 17, 1934

19. UNDERTAKER

C. A. Frye & Co.

20. FILED

11/27/34

J. L. Gardiner

Registrar

21. DATE OF DEATH

(Month) 1

(Day) 14

(Year) 1934

I HEREBY CERTIFY, That I attended deceased from Jan. 6th, 1934, to Jan. 14th, 1934, and last saw him alive on Jan. 13th, 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Pneumonia of stomach with miasmata to lungs

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: 1934. Where did injury occur? (Specify city, town, or 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)

Chas. B. Taylor

(Address)

Centreville, Md.

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

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>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>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>RECEIVED 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>FEB 2 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Talbot
   Village or City: Easton

2. FULL NAME
   Ida B. Goldsborough

3. SEX
   Female

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   July 14, 1939

7. AGE
   52

8. TRADE, PROFESSION, OR OCCUPATION
   Bookkeeper

9. OCCUPATION
   Bookkeeper

10. Date deceased last worked at this occupation (month and year)
    June 1939

11. Total number of years spent in this occupation
    5

12. BIRTHPLACE (city or town)
    Easton, MD

13. NAME
    Ida B. Goldsborough

14. FATHER
    Geo Goldsborough

15. MAIDEN NAME
    Ida Kaymuder

16. BIRTHPLACE (city or town)
    Poetsville, MD

17. INFORMANT
    Geo Goldsborough

18. BURIAL, CREMATION, OR REMOVAL
    Easton, MD

19. UNDERTAKER
    John D. Williams

20. FILED
    Jan 19, 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Jan 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939, to Jan 8, 1939. Last saw h. m. alive on Jan 8, 1939. Death is said to have occurred at 5:00 A.M. on Jan 8, 1939. The principal cause of death and related causes of importance were as follows:

   Conclusions:

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

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

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

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

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

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

1. PLACE OF DEATH
   County: Talbot
   Village or City: Easton
   Registration Dist. No.: 290
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth?: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: B.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (specify the word): Single

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

6. DATE OF BIRTH (month, day, and year): 1-6-34

7. AGE
   Years: 8
   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.
   Occupation: Infant

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): Easton, Md.
    (State or country):

13. NAME: Golden Peterson
14. BIRTHPLACE (city or town): Easton, Caroline Co.
    (State or country):

15. MOTHER NAME: Margaret Griffin
    (State or country):

17. INFORMANT (Address):

18. BURIAL, CREMATION, OR REMOVAL
   Place: Nantucket, Mass.
   Date: Jan. 15, 1934

19. UNDERTAKER (Address):

20. FILED: 1-5-34, W.H. Neurens

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Month: 1
   Day: 14
   Year: 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-11-34 to 1-11-1934
   1st saw him alive on 1-11-34; death is said to have occurred on the date stated above, at 4:36 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Cardiac Decompensation
   Date deceased: 11/1/34

Other Contributory Causes of importance:
   Acute Cardiac Gastritis 1/34
   Name of operation: None
   Date of:
   What test confirmed diagnosis? Clinical
   Was there an autopsy?: No

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

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

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

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**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</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, 1928 |

**Example II**

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

Saw this child of I have only once on 1-11-34.

No known illness. History from extended family is undetermined origin. Other education normal.

Doctor states done to confirm this thought.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Talbot County, Md.
   Village or City: Cambridge, Md.
   Registration Dist. No.: 290

2. FULL NAME
   a) Residence: No.
   (Usual place of abode)
   Mr. James H. Groves
   (Appearance of name as written)

2a. Residence No.:
   Sunnyville, Md., St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

5a. If married, widowed, or divorced, name of Spouse
   Sarah D. Groves

6. DATE OF BIRTH (day, month, and year)
   Oct. 27, 1860

7. AGE
   Years: 73
   Months: 3
   Days: 23
   If LESS than 1 day, hrs., or min.

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

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)
   Kent Co.

13. NAME
   John A. Groves

14. BIRTHPLACE (city or town)
   Kent Co.

15. MAIDEN NAME
   Sarah Chestier

16. BIRTHPLACE (city or town)
   Kent Co.

17. INFORMANT
   Richard B. Groves

18. BURIAL, CREMATION, OR REMOVAL
   Chestertown Cemetery
   Date: 1/22, 1934

19. UNDERTAKER
   Charles P. Hulings

20. FILED
   1/20, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   January 20, 1934

22. I HEREBY CERTIFY that I attended deceased from

   Jan. 2, 1934, to
   Jan. 20, 1934, death is said
   to have occurred on the date stated above, at 9:05 a.m.

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

   Pulmonary Embolism
   Death Cert. No.
   15973

Other Contributory Causes of Importance:

   Name of operation
   Postmortem
   Date of
   1/22, 1934
   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

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

   If so, specify
   (Signed)

   M. D.
   (Address)

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<th>Date of onset</th>
<th>Example II</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</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: Talbot
   Village or City: Royal Oak
   Length of residence in city or town where death occurred: 79 yrs. 10 mos. 3 ds.

2. FULL NAME: Edward Francis Hammond
   Sex: Male
   Color or Race: White
   Single, Married, Widowed, or Divorced: Single

3. DATE OF DEATH: Jan 7th, 1934
   Age: 79 yrs.

4. OCCUPATION: Spinner

5. DATE OF BIRTH: Mar 14, 1854

6. BIRTHPLACE: Royal Oak, MD

7. MOTHER: Mary M. Cooke
   Birthplace: Baltimore, MD

8. FATHER: Ammon Hammond
   Birthplace: Frederick, MD

9. INFORMANT: Anna M. Hammond
   Address: 106 Royal Oak

10. BURIAL, CREMATION, OR REMOVAL: Royal Oak
    Date: Jan 9th, 1934

11. MEDICAL CERTIFICATE OF DEATH
    Date of Onset: Chronic cystitis
    Date of Death: Jan 7, 1934
    Other Contributory Causes of Importance: Complete

12. INFECTION: Chronic cystitis
    Date of Onset: 1934

13. SIGNATURES:
    (Signed) S. S. Hammond, M.D.
    (Address) 106 Royal Oak, MD

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
United States Standard Certificate of Death

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

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>Date of onset</th>
<th>Chronic interstitial nephritis</th>
<th>Date of onset</th>
<th>Cerebral hemorrhage</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915</td>
<td></td>
<td>1921</td>
<td></td>
<td>July 5, 1927</td>
<td></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>Gallstones</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Talbot
   Village or City: Oxford, Md.
   Registration Dist. No. 29
   Length of residence in city or town where death occurred: 13 yrs. - mos. - ds.

2. FULL NAME: Annie L. Longfield
   (a) Residence: No. 22 Maria St.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed
   His/Her: Husband of
   WIFE OF: John Longfield
6. DATE OF BIRTH (month, day, and year): May 8th, 1904
7. AGE: 73 Years 10 Months 2 Days
   If LESS than 1 day, ___ hrs. __ min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK: Homemaker
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: None
10. Date deceased last worked at this occupation (month and year): Dec 31, 1933
11. Total time (years) spent in this occupation: 50 yrs.

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

13. NAME: William H. Parrott
14. BIRTHPLACE (city or town): Talbot, Md.
   (State or country)
15. MAIDEN NAME: Sarah E. Harris
16. BIRTHPLACE (city or town): Talbot, Md.
   (State or country)
17. INFORMANT: Hilda A. Longfield
   Address: Oxford, Md.
18. BURIAL, CREMATION, OR REMOVAL: Before Burial or Cremation: Jan 4, 1934

19. UNDERTAKER: James R. Prior
   Address: Oxford, Md.
20. FILED: Jan. 6, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: January 5th, 1934
   (Month) (Day) (Year)

22. I HEREBY CERTIFY: That I attended deceased from Jan 1929, to Jan 1934.
    I last saw him alive on Jan 5th, 1934.
    Death is said to have occurred on the date stated above, et. 1030 A.M.
    The principal cause of death and related causes of importance
    were as follows:
    Malaria, Pneumonia
    Date of onset: Jan 4, 1934

Other Contributory Causes of importance:
    Arthritis, Sclerosis with Hypertension
    Jan 1927

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:
    Accident, suicide, or homicide: Date of injury: 1929.
    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)
    [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**

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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<th>Example II</th>
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<td>1921</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 | May 1, 1928 | Gastroenteritis | 1 year |

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

### 1. PLACE OF DEATH
- County: Talbot
- Village or City: Easton P.
- Registration Dist. No.: 29.0

### 2. FULL NAME
- (STILLMAN) McDaniel

### PERSONAL AND STATISTICAL PARTICULARS
- **SEX**: M
- **COLOR OR RACE**: C
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: MARRIED

### 3. DATE OF BIRTH
- Jan 25, 1934

### 4. AGE
- **MONTHS**: 60
- **DAYS**: 1

### 5. OCCUPATION
- Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
- Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
- Date deceased last worked at this occupation (month and year)
- Total time (years) spent in this occupation

### 6. BIRTHPLACE (city or town)
- Easton P.

### 7. MOTHER NAME
- Victor McDaniel

### 8. FATHER NAME
- Ella Dobson

### MEDICAL CERTIFICATE OF DEATH
- **DATE OF DEATH**: Jan 25, 1934
- **ATTENDED**
- **LAST SAW**
- **I HEREBY CERTIFY**
  - That I attended deceased from 19...
  - I last saw deceased alive on...
  - To...
  - Death is said to have occurred on the date stated above, at...

### OTHER CONTRIBUTORY CAUSE OF DEATH
- The principal cause of death and related causes of importance were as follows:

### OTHER CONTRIBUTORY CAUSE OF IMPORTANCE
- Name of operation
- Date of...
- What tests confirmed diagnosis?
- Date of...
- Was there an autopsy?
- 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

### 23. If death was due to external causes (VIOLENCE) fill in also the following:
- Date of injury
- (Specify city or town, county and State)

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

### 25. If nonresident give city or town and State
UNITED STATES STANDARD CERTIFICATE OF DEATH

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</thead>
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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
<td></td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Gallstones

Additional space for further statements by physician
# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH**

- County: Talbot
- Village or City: Easton
- No. Emergency Hospital St.: (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: yds. mos. ds.
- How long in U.S. If of foreign birth: yrs. mos. ds.

**2. FULL NAME**

- Mrs. Anna Morgan Minner
- Residence: Greensboro, Maryland
- Ward: Caroline

## PERSONAL AND STATISTICAL PARTICULARS

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

- If married, widowed, or divorced by (or) wife of : Mr. George Minner

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>(month, day, and year)</td>
<td>Jan</td>
<td>21</td>
<td>1934</td>
</tr>
</tbody>
</table>

- Occupation: Housekeeper

<table>
<thead>
<tr>
<th>AGE</th>
<th>YEARS</th>
<th>MONTHS</th>
<th>DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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

- Date deceased last worked at this occupation (month and year): Jan 1934

- Total time (years) spent in this occupation: 35

<table>
<thead>
<tr>
<th>BIRTHPLACE</th>
<th>CITY OR TOWN</th>
<th>STATE OR COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blakes</td>
<td>Delaware</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>MOTHER FATHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas Morgan</td>
<td>Augusta Ella Morris</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BIRTHPLACE</th>
<th>CITY OR TOWN</th>
<th>STATE OR COUNTRY</th>
</tr>
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<tbody>
<tr>
<td>Blakes</td>
<td>Delaware</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INFORMANT</th>
<th>NAME</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs. Augusta E. Kirby</td>
<td>1719 W. Thursday St, Wilmington</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BURIAL, Cremation, or Removal</th>
<th>PLACE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buried In</td>
<td>Seaford</td>
<td>Jan 23, 1934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNDERTAKER</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. B. Rawlings</td>
<td>109 W. Market St</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FILED</th>
<th>ADDRESS</th>
<th>M. D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/22, 1934</td>
<td>7 N. Main St</td>
<td>E. D. Lawreet</td>
</tr>
</tbody>
</table>

**MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH**

- JANUARY 21, 1934

**I HEREBY CERTIFY**

- That I attended deceased from Jan 9, 1934 to Jan 21, 1934.
- That I last saw deceased alive on Jan 21, 1934, at 10:35 P.M.
- Death is delayed to have occurred on the date stated above, at 10:35 P.M.

**The PRINCIPAL CAUSE OF DEATH**

- 50 (Specify the name of the disease or cause of death)

**Other Contributory Causes of Importance**

<table>
<thead>
<tr>
<th>SPECIFIC CAUSE</th>
<th>DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>1932</td>
</tr>
</tbody>
</table>

**Name of operation**

- 72

**What test confirmed diagnosis?**

- 72

**Was there an autopsy?**

- 72

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

- Accident, suicide, or homicide?: Date of injury: 19
- Where did injury occur?: Specify city or town, county and State
- Specify whether injury occurred in Industry, in Home, or in Public Place

**Manner of Injury**

- Nature of injury

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

- If so, specify

<table>
<thead>
<tr>
<th>(Address)</th>
<th>M. D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Signed)</td>
<td>E. D. Lawreet</td>
</tr>
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Other contributory causes of importance:

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<tr>
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</thead>
<tbody>
<tr>
<td>May 1, 1923</td>
<td></td>
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<th>The principal cause of death and related causes of importance were as follows:</th>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
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<td>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>Gastroenteritis</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Talbot
   Village or City: New Chapel
   Length of residence in city or town where death occurred:
   yrs. __ mos. __ days.
   How long in U.S. if foreign birth:
   yrs. __ mos. __

2. FULL NAME: Charlie Parker
   Residence: New Chapel, Md.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widow, or divorced
   HUSBAND of (or) WIFE of
   Lizzie Parker

6. DATE OF BIRTH: Month, Dec.; Day, 1877

7. AGE: Years, 67;
   Months, 0;
   Days, 0

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Silk Mill

10. Date deceased last worked at this occupation: Month, Jan.; Year, 1934

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

12. BIRTHPLACE: City, Md.; State or country, Md.

13. NAME: James Parker

14. BIRTHPLACE: City, Md.; State or country, Md.

15. MAIDEN NAME: Mary Jane Money

16. BIRTHPLACE: City, Md.; State or country, Md.

17. INFORMANT: James Parker, Jr.
   Address: New Chapel

18. BURIAL, CREMATION, OR REMOVAL
   Place: Chapel Church
   Date: January 27, 1934

19. UNDERTAKER: James G. Jr.
   Address: New Chapel

20. FILED: Dec. 1934

21. DATE OF DEATH: Month, Jan.; Day, 27; Year, 1934

22. I HEREBY CERTIFY that I attended deceased from
   Last saw him alive on Jan. 22, 1934.
   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:
   Cerebral hemorrhage, Dec. 1933

MEDICAL CERTIFICATE OF DEATH

Other Contributory Causes of Importance:

Name of operation: ____________________________ Date of ____________

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

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

Manner of injury: ____________________________
   Nature of Injury: ____________________________

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

(Signed): ____________________________
   M.D.: ____________________________
   (Address): ____________________________

If more blanks are needed, address State Registrar, 2611 N. Charles Street, Baltimore, Requesting U.S. No.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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: |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

| The principal cause of death and related causes of importance were as follows: |
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
County: Talbot
Village or City: Easton

2. FULL NAME
(a) Residence: No.
(Usual place of abode)
PERSONAL AND STATISTICAL PARTICULARS
SEX: Male
COLOR OR RACE: W
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

3. Date of Birth (month, day, and year):
Stillbirth 11/34

4. Age
Years: 0
Months: 0
Days: 0

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

6. DATE OF BIRTH (month, day, and year):
Stillbirth 11/34

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

8. Trade, profession, or particular kind of work done, as SPINNER, SAUVER, 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)
Easton, Maryland

13. NAME
Floyd Edward Patrick

14. BIRTHPLACE (city or town)
Caroline County, Maryland

15. MAIDEN NAME: Helen Frances Perry

16. BIRTHPLACE (city or town)
Caroline County, Maryland

17. INFORMANT
Floyd Edward Patrick

18. BURIAL, CREMATION, OR REMOVAL
Place: Easton

19. UNDERTAKER

20. FILED
11/34

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

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**Example I**

<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>

**Example II**

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
PLACE OF DEATH
County
Village or City

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX
COLOR OR RACE
SINGLE, MARRIED, WIDOWED, OR DIVORCED
WRITE THE WORD

DATE OF BIRTH

AGE

If LESS than 1 day... hrs...
yrs...
mos...
da.
or min.? 2

OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry business, or establishment in which employed or (employer)

BIRTHPLACE
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

INFORMANT

ADDRESS

FILED

Registrar

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 294

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

I HEREBY CERTIFY, That I attended the deceased from _192_ to _192_... that I last saw him alive on _192_...
and that death occurred on the date stated above, at...

The CAUSE OF DEATH was as follows:

CONTRIBUTORY
SECONDARY

SIGNED:

M.D.

Address

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE
(For Hospitals, Institutions, Transients, or Recent Residents)

At place of death... in the State...
Where was disease contracted, if not at place of death?

FORMER OR USUAL RESIDENCE

PLACE OF BURIAL OR REMOVAL
DATE OF BURIAL

UNTERTAKE

ADDRESS

(If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt. Requesting V. S. No. 1.)
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Talbot
   Village or City: Easton

2. FULL NAME
   Decency Franklin Rhodes

3. SEX: Male
4. COLOR OR RACE: White
5a. If married, widowed, or divorced: Widow of
   HUSBAND OF:
   (Name)

6. DATE OF BIRTH (month, day, and year): Aug. 11th, 1854
7. AGE: 82 yrs., 4 mos., 19 days

8. Occupation: Retired Farmer

9. Date deceased last worked at this occupation: This occupation
   spent in this occupation: 1934

10. BIRTHPLACE (city or town, State or country): Talbot Co., Md.

11. Cause of death: Arteriosclerosis and infirmity of old age

12. NAME: John Rhodes
   Father: 
   Mother: Mary

13. INFORMANT (Address): Mrs. Bernard Curley

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

15. DATE OF DEATH (Month, Day, Year): Jan. 1, 1934

16. BURIAL, CREMATION, OR REMOVAL: Easton, Md., Jan. 3, 1934

17. UNDERTAKER: J. E. Gardner

18. FILED: Jan. 1, 1934

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td><strong>CEIVED</strong></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>
<tr>
<td><strong>3 days ago</strong></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones</td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   Stillborn Salmon
   Sex:
   White

PERSONAL AND STATISTICAL PARTICULARS

SEX
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
6. D.O.B.
7. AGE

OCCUPATION
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)

MOTHER FATHER
17. INFORMANT
18. BURIAL, CREMATION, OR REMOVAL
19. UNDERTAKER
20. FILED

21. DATE OF DEATH
   January 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from
   Jann 30th, 1934, to Jann 28th, 1934, and
   death is said to have occurred on the date stated above, at 70 m.

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

   Other Contributory Causes of Importance:

   Name of operation.

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

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

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

   Manner of injury?
   Nature of injury?

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

   If so, specify:

   (Signed)

If more blanks are needed, address State Registrars, 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 house 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>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
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</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 |

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

1. PLACE OF DEATH
   County: Salter
   Village or City: New Oxford
   Registration Dist. No.: 71
   No. St.: Ward
   Length of residence in city or town where death occurred: 60 yrs. mos. ds.
   How long in U.S. or of foreign birth?: yrs. mos. ds.

2. FULL NAME: Minnie (Martin) Sherwood
   Residence: No.
   St., Ward.

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:
   John Sherwood

6. DATE OF BIRTH (month, day, and year):
   About 1862

7. AGE:
   Years: About 72
   Months:
   Days:
   If less than 1 year:
   hrs.
   or.

8. OCCUPATION:
   Trade, profession, or particular:
   Homemaker.
   Industry or business in which work was done:
   Sawyer, bookkeeper, etc.

9. Date deceased last worked at:
   This occupation (month and year):
   Nov. 1927

10. Total time (years) spent in this occupation:
    50

11. BIRTHPLACE (city or town):
    Caroline Co.
    (State or country)

12. NAME:
    Minnie Sherwood

13. BIRTHPLACE (city or town):
    Caroline Co.
    (State or country)

14. MAIDEN NAME:
    Eliza Martin

15. MOTHER'S NAME:
    Caroline Co.

16. BURIAL, CREMATION, OR SEMELE:
    Place:
    Date:
    Jan. 1927

17. INFORMANT:
    Name:
    Address:
    John Sherwood

18. UNDERTAKER:
    Name:
    Address:
    Mauwne & Ehrlich

19. FILED:
    Date:
    Jan. 17, 1930

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

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Example I

| The principal cause of death and related causes of importance were as follows: |
| Date of onset | The principal cause of death and related causes of importance were as follows: |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| Gallstones | May 1, 1928 |

Example II

| Date of onset | Other contributory causes of importance: |
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Gastroenteritis 1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: [illegible]
   Village or City: Easton
   Length of residence in city or town where death occurred: yrs. [illegible] mos. [illegible]

2. FULL NAME
   (a) Residence: No. [illegible]
   (b) Address: [illegible]
   (c) Place of abode: [illegible]

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   [illegible]

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   W Single

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

6. DATE OF BIRTH
   Birthplace: Greensboro
   Parents: [illegible]

7. AGE
   Years: 76
   Months: 1
   Days: 23
   It is less than 1 day, or [illegible] minutes.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Greenwood

13. NAME
   [illegible]

14. BIRTHPLACE (city or town)
   Greensboro

15. MAIDEN NAME
   [illegible]

16. BIRTHPLACE (city or town)
   Greensboro

17. INFORMANT
   [illegible]

18. BURIAL, CREMATION, OR REMOVAL
   [illegible]

19. UNDERTAKER
   [illegible]

20. FILED
   [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 9
   (Day) 3
   (Year) 1934

   I HEREBY CERTIFY that I attended deceased from June 7, 1934, to June 7, 1934.
   I saw him alive on June 7, 1934, and death is said to have occurred on the date stated above, at 12:00 m.

   The principal cause of death and related causes of importance were as follows:
   [illegible]
   Date of onset: 1-9-34

   Other Contributory Causes of importance:
   [illegible]
   Date: 1-9-34

   Name of operation: None
   Date of operation: [illegible]
   What test confirmed diagnosis? [illegible]
   Was there an autopsy? [illegible]

22. If death was due to external causes (violence) fill in also the following:
   Accidental, suicide, or homicide
   Date of injury: 1-9-34
   Nature of injury: [illegible]
   Place of injury: [illegible]

23. Manner of injury: [illegible]

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<tr>
<td>Arteriosclerosis</td>
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<td>1 week ago</td>
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<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

| Gallstones | May 1, 1928 |

**Example II**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</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: Baltimore
   Village or City: Royal Oak
   Length of residence in city or town where death occurred: 23 yrs. 6 mos. 15 ds.

2. FULL NAME
   Female, 55 yrs. 6 mos. 15 ds.
   Race: Colored
   If married, widowed, or divorced: Married
   Husband: Horace Smith
   Wife: (if any)

3. DATE OF DEATH
   January 7, 1934

4. OCCUPATION
   Housework
   Industry or business in which work was done: None

5. TOTAL TIME (years) spent in this occupation: 1 year ago

6. BIRTHPLACE
   (City or town): Philadelphia
   (State or country): PA

7. NAME
   Unknown

8. BIRTHPLACE
   (City or town): Unknown
   (State or country): Unknown

9. MAIDEN NAME
   Unknown

10. INFORMANT
    Horace Smith
    Royal Oak, MD

11. BURIAL, CREMATION, OR REMOVAL
    Place: Royal Oak
    Date: Jan 8, 1934

12. UNDERTAKER
    Newman & Trueman
    At Royal Oak, MD

13. INFORMANT
    Horace Smith
    Royal Oak, MD

14. BURIAL, CREMATION, OR REMOVAL
    Place: Royal Oak
    Date: Jan 8, 1934

15. UNDERTAKER
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    At Royal Oak, MD

16. INFORMANT
    Horace Smith
    Royal Oak, MD

17. BURIAL, CREMATION, OR REMOVAL
    Place: Royal Oak
    Date: Jan 8, 1934

18. UNDERTAKER
    Newman & Trueman
    At Royal Oak, MD

19. FILED
    Jan 9, 1934

20. AMENDED
    Jan 9, 1934

If more blanks are needed, address State Registrar, 2415 S. Charles Street, Baltimore, Requesting U. S. No. 2.
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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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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<td>1921</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

**Example II**

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<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>3 days ago</td>
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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: Talbot
   Village or City: Easton
   Registration Dist. No.: 290
   No. Emergency Hospital: Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Mansfield Smith
   (a) Residence: No. Saltmarsh, Maryland St.

   PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: Black
   4. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   5a. If married, widowed, or divorced
   HUSBAND OF: Allo Smith
   6. DATE OF BIRTH (month, day, and year): 1878
   7. AGE: Years Months Days
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc...
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...
   10. Date deceased last worked at this occupation (month and year): 1947
   11. Total time (years) spent in this occupation: 1947
   12. BIRTHPLACE (city or town): Kiptopeke Va.
   13. NAME: Chas. Warnes
   15. MAIDEN NAME: Clara Lewis
   17. INFORMANT (Address): Ella Coaper
   18. BURIAL, CREMATION, OR REMOVAL Place: Kiptopeke Date: Jan 1, 1947
   19. UNDERTAKER (Address): S. Marshall
   20. FILED: 1/2, 1937

21. DATE OF DEATH: January 1, 1937
22. I HEREBY CERTIFY That I attended deceased from Dec. 31, 1933, to Jan 1, 1934
   I last saw him alive on Jan 1, 1934; death is said to have occurred on the date stated above, at 11:15 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Fractured Skull

   Other Contributory Causes of Importance:
   Name of operation: none
   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?: Accident
   Date of Injury: 1/1, 1947
   Where did injury occur?: Talbot County
   (Specify city or town, county and state)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury: Public Place
   Nature of injury: Fractured Skull
   24. Was disease or injury in any way related to occupation of deceased? No
   If so, specify
   (Signed) M. O. Palmer
   (Address) Easton, Md.

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

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

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<td>July 5, 1927</td>
</tr>
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Other contributory causes of importance:
Gallstones | May 1, 1929

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: Calvert
   Village or City: Oxford

2. FULL NAME: Aleine Stewart

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

5a. If married, widowed, or divorced
   HUSBAND OF (or) WIFE OF: Charles S. Stewart

6. DATE OF BIRTH (month, day, and year): Nov. 11, 1846

7. AGE: 87 years 0 months 0 days

8. Trade, profession, or particular kind of work done: Homemaker (Retired)

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

10. Date deceased last worked at this occupation (month and year): Jan. 1933

11. Total time (years) spent in this occupation: 70 yrs.

12. BIRTHPLACE (city or town): Galveston, Galveston Co.

13. NAME: Samuel Sparkman

14. BIRTHPLACE (city or town): Galveston, Galveston Co.

15. MAIDEN NAME: Catherine Austin

16. BIRTHPLACE (city or town): Galveston, Galveston Co.

17. INFORMANT (Address): Mrs. John Leonard

18. BURIAL, CREMATION, OR REMOVAL
   Place: Oxford Cemetery
   Date: Jan. 14, 1934

19. UNDERTAKER (Address): Maurice Sheridan

20. FILED: Jan. 13, 1934

If no, specify: M. D.

21. DATE OF DEATH: Jan. 11, 1934

22. I HEREBY CERTIFY that I attended deceased from
   Dec. 5th, 1933, to Jan. 11, 1934, and last saw him or her alive on
   Dec. 18th, 1933; death is said to have occurred on the date above,
   at 9:00 a.m.

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

   Specialty (PATHOLOGIC AND ANATOMICAL)

   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: 19
   Where did injury occur: 
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

   Manner of injury: 
   Nature of injury: 

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

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<td>July 5, 1927</td>
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<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**

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Talbot
Village or City: near Easton

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

3. SEX
Male

4. COLOR OR RACE
White

5a. If married, widowed, or divorced
HUSBAND OF
Amada Ellen Farbittton

5b. Name of spouse

6. DATE OF BIRTH (month, day, and year)
Oct. 15, 1848

7. AGE
Years: 85
Months: 3
Days: 10

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

13. NAME
Edward Farbittton

14. BIRTHPLACE (city or town)
Talbot Co., Md.

15. MAIDEN NAME
Sallie Ann Crump

16. BIRTHPLACE (city or town)

17. INFORMANT
W. E. Farbittton

18. BURIAL, CREMATION, OR REMOVAL
Place: Jan. 27, 1939

19. UNDERTAKER
J. W. Hicks

20. FILED
1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
Jan. 25th, 1939

I HEREBY CERTIFY

22. NAME OF PATIENT
Edward Farbittton

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

24. Was disease or injury in any way related to occupation of deceased? No
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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Other contributory causes of importance:

Gallstones

May 1, 1923

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Other contributory causes of importance:

Gastroenteritis

May 1, 1923

1 year

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

1. **PLACE OF DEATH**
   - County: Talbot
   - Village or City: St. Michaels
   - Registration Dist. No.: 2,91

2. **FULL NAME**
   - George W. Thomas

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - April 11, 1862

7. **AGE**
   - 71 Years
   - 8 Months
   - 23 Days

8. **OCCUPATION**
   - Waterman

9. **DATE OF DEATH**
   - January 3, 1934

10. **DATE OF BURIAL**
    - January 6, 1934

11. **CAUSE OF DEATH**
    - Pneumonia

12. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

13. **INFORMANT**
    - Mrs. Mollie Thomas

14. **UNION TAKER**
    - Nunneman & Harrison

15. **FILED**
    - January 4, 1934

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>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>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 Talbot
   Village or City Puxton R.D. 2

2. FULL NAME
   John Bourneau Thompson
   (a) Residence: Puxton MD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   Jan 28, 1850

7. AGE YEARS MONTHS DAYS
   82

8. OCCUPATION
   Retired

9. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, Bookkeeper, etc.

10. Industry or business in which work was done, as SILK MILL, Saw Mill, Bank, etc.

11. Total time (years) spent in this occupation (month and year)

12. BIRTHPLACE (city or town)
   Washington, D.C.

13. NAME
   John Bourneau Thompson

14. BIRTHPLACE (city or town)
   Washington, D.C.

15. MAIDEN NAME
   Margaret A. Bourneau

16. BIRTHPLACE (city or town)
   Washington, D.C.

17. INFORMANT
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Spring Hill Cemetery 1-10-1934

19. UNDERTAKER
   (Address)

20. FILED
   (Address)

21. DATE OF DEATH
   (Month) (Day) 1934

22. HEREBY CERTIFY That I attended deceased from Oct 14, 1933, to Jan 14, 1934; death is said to have occurred on the date stated above, et al.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Other Contributory Causes of importance:

   Name of operation
   Date of operation
   Test confirmed diagnosis
   Was there an autopsy?

   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

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

   Signed

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>Disease or Condition</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Received</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Feb 6, 1924</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

#### Example II

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
County: Talbot
Village or City: Sherwood, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
Female

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single

6. DATE OF BIRTH (month, day, and year)
Jan. 27, 1860

7. AGE
Years: 74
Month: 2
Days: 15

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

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

11. Total time (years) spent in this occupation

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

13. NAME
Thomas Valliant

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

15. MAIDEN NAME
Ms. Hannah

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

17. INFORMANT
(Address)

18. BURIAL CREATION OR REMOVAL
Place
Date

19. UNDERTAKER
(Address)

20. FILED
Reg. Jan. 30, 1934

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
Jan. 29, 1934

22. I HEREBY CERTIFY. That I attended deceased from June 16, 1934, to June 29, 1934.
I last saw him alive on Nov. 19, 1934; death is said to have occurred on the date stated above, at A.M. (Specified time).
The principal cause of death and related causes of importance were as follows:

Name of doctor

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide

Date of injury

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

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

If so, specify

(Signed)

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | FEB 7, 1934 |
| Cerebral hemorrhage | JULY 5, 1927 |

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

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:
Gastroenteritis | 1 year |

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

**1. PLACE OF DEATH**
- County: Talbot
- Village or City: Easton
- Registration Dist. No.: 290
- Emergency Hospital: St., Ward:

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

**2. FULL NAME** Mrs. Rebecca All Williams
- Residence: No. Easton, Maryland, St., Ward:

**PERSONAL AND STATISTICAL PARTICULARS**

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

**21. DATE OF DEATH** January 25, 1934

**22. I HEREBY CERTIFY** That I attended deceased from Jan 12, 1934, to Jan 25, 1934

I first saw him alive on Jan 25th, 1934; death is said to have occurred on the date stated above, at 5:30 A.M.

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

**Fracture of left arm**

**Date of onset:** 1-12-34

**Other Contributory Causes of importance:**

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town)</th>
<th>Queen Anne Co. Maryland</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. NAME</td>
<td>Mrs. Ellen Williams</td>
</tr>
<tr>
<td>14. BIRTHPLACE (city or town)</td>
<td>Queen Anne Co. Maryland</td>
</tr>
<tr>
<td>15. MAIDEN NAME</td>
<td>Sarah All Williams</td>
</tr>
<tr>
<td>16. BIRTHPLACE (city or town)</td>
<td>Queen Anne Co. Maryland</td>
</tr>
<tr>
<td>17. INFORMANT (Address)</td>
<td>John J. Williams</td>
</tr>
<tr>
<td>18. BURIAL, CREMATION, OR REMOVAL</td>
<td>Washington, M.D.</td>
</tr>
<tr>
<td>19. UNDERTAKER (Address)</td>
<td>H. H. Holliens &amp; Sons, M.D.</td>
</tr>
<tr>
<td>20. FILED</td>
<td>1/26, 1934. H. W. Myers</td>
</tr>
</tbody>
</table>

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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</strong> and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td><strong>Gastroenteritis</strong></td>
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<tr>
<td></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN