**STATE OF MARYLAND—CERTIFICATE OF DEATH**

**1. PLACE OF DEATH**
- County: Worcester
- Village or City: Snow Hill
- Registration Dist. No.: 351
- St. No.: 4
- Ward: 2
- Length of residence in city or town where death occurred: Yr. mos. ds.

**2. FULL NAME**
- George L. Armstrong
- Residence: No.
- St.: St.
- Ward: Ward.

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>SEX</th>
<th>Color or Race</th>
<th>Single, Married, Widowed, Or Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Colored</td>
<td>Married</td>
</tr>
</tbody>
</table>

**DATE OF DEATH**
- Month: January
- Day: 31
- Year: 1934

**DATE OF BIRTH**
- Date: June 22, 1877

**OCCUPATION**
- Occupation: Farmer

**INFORMANT**
- Louie Armstrong

**BURIAL, CREMATION, OR REMOVAL**
- Place: Mt. Aetna
- Date: Feb. 4, 1934

**UNDERTAKER**
- Elbert R. Russell

**FILED**
- Date: 1934

**MEDICAL CERTIFICATE OF DEATH**

**22. HEREBY CERTIFY**
- That I attended deceased from
- Date of onset: 1934
- Date of death: Jan. 31, 1934
- Cause of death: Hyperension

**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 or town, county and State
- Manner of injury: Nature of injury:

**24. If so, specify disease or injury in any way related to occupation of deceased:**
- Disease or injury:

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

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

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

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

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

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

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

**Example I**

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

Other contributory causes of importance:

| Gallstones                                                   | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis                                              | 1 year       |

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Snow Hill
   Registration Dist. No.: 351
   No.: 00344
   Length of residence in city or town where death occurred: 47 yrs. 11 mos. 4 ds.
   Ward: 
   How long in U.S. if of foreign birth?: yrs. mos. 
   If death occurred in a hospital or institution, give its NAME instead of street and number:

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
6a. If married, widowed, or divorced
   HUSBAND or 
   OR WIFE of
   Wife of 

7. AGE
   Years: 47
   Months: 11
   Days: 4
   If LESS than 1 day, number of hrs. or min.

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

9. OCCUPATION
   Industry or business in which work was done, as SILK MILL, SAWMILL, BANK, ETC.
   
10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

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

13. NAME
   William Dorsey

14. BIRTHPLACE (CITY OR TOWN)
   State or country: Washington

15. MAIDEN NAME
   Amanda Collins

16. BIRTHPLACE (CITY OR TOWN)
   State or country: Stockton

17. INFORMANT
   Address: Snow Hill

18. BURIAL, CREMATION, OR REMOVAL
   Place: Snow Hill
   Date: 30, 1934

19. UNDERTAKER
   Address: Snow Hill

20. FILED
   Address: 1/26, 1934

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

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

To be complete, an occupation return must state:

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- 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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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 9 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1929</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: Worcester
   - Village or City: Disharville, M.D.
   - Length of residence: yrs. mos. ds.
   - How long in U.S. If of foreign birth: yrs. mos. ds.

2. **FULL NAME:** Virginia Lee Cathell
   - Residence: No. St., Ward.

3. **SEX:** female
4. **COLOR OR RACE:** White
5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED:** Single

6. **DATE OF BIRTH**
   - Month: Jan.
   - Day: 16
   - Year: 1934

7. **AGE**
   - Years: 70
   - Months: 3
   - Days: 0

8. **Trade, profession, or particular kind of work done:** None
9. **Industry or business in which work was done:** None

10. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
    - Month and year: Jan. 10, 1934

11. **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**
    - None

12. **BIRTHPLACE**
    - City or town: Maryland
    - State or country:

13. **NAME OF DECEASED:** Edward Cathell
    - Father: Hattie Savage

15. **MAIDEN NAME:** Hattie Savage

17. **INFORMANT:** Edward Cathell
    - Address: Disharville, M.D.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Disharville
    - Date: Jan. 12, 1934

19. **UNDERTAKER:** William Howard, M.D.
    - Address: Disharville

20. **FILED:** Jan. 11, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Month: Jan.
    - Day: 16
    - Year: 1934

22. **I HEREBY CERTIFY**
    - Date of onset: Jan. 10, 1934

23. **Other Contributory Causes of importance:**
    - Acute Congestion of Brain

24. **Name of operation:**
    - Date of:

25. **What test confirmed diagnosis:**
    - Date of:

26. **Was there an autopsy:**

27. **If death was due to external causes (VIOLENCE) fill in also the following:**
    - Accident, suicide, or homicide: Date of injury: Jan. 10, 1934
    - Where did injury occur? (Specify city or town, county and State)
    - Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

28. **Manner of injury:**
    - Nature of injury:

29. **Was disease or injury in any way related to occupation of deceased:**
    - If so, specify:

30. **(Signed)**
    - (Address): Disharville, M.D.
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<tr>
<td>1921</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>3 days ago</td>
</tr>
<tr>
<td>July 5, 1987</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>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: Worcester
Village or City: Bishopville, Md.
Length of residence in city or town where death occurred: yrs. mos. ds.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

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

August 1, 1853

7. AGE

Years: 80
Months: 5
Days: 11

8. TRADE, PROFESSION, OR OCCUPATION

Farming

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

None

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

Jan. 1, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Maryland

13. NAME

William Cropper

14. BIRTHPLACE (city or town)

Maryland

15. MAIDEN NAME

Comfort Halleck

16. BIRTHPLACE (city or town)

Maryland

17. INFORMANT

Mrs. Lewis Cropper

18. BURIAL, CREMATION, OR REMOVAL

Place: Bishopsville, Md.

19. UNDERTAKER

P. H. Walden & Son

20. FILED

Jan. 13, 1934

REGISTRATION DIST. NO. 353

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 12, 1934

22. I HEREBY CERTIFY that I attended deceased from Jan. 12, 1934, to Jan. 12, 1934.

I last saw him alive on Jan. 12, 1934, at 6:00 a.m.

Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Pneumonia

Date of onset: Jan. 13, 1934

Other Contributory Causes of importance:

Name of operation: L

What test confirmed diagnosis: L

Date of: L

Was there an autopsy: L

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

Accident, suicide, or homicide: L

Date of injury: L

Where did injury occur: L

Specify whether injury occurred in industry, in home, or in Public Place:

Mode of injury: L

Nature of injury: L

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

Yes

If so, specify:

M.D.

Address:

5604 Baltimore Ave.

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Worcester
   Village or City: Pocomoke City
   No. R.F.D. # 2. St. Ward
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: McCready, Grace Custis
   (a) Residence: No. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6a. If married, widowed, or divorced HUSBAND or WIFE of: James W. Custis

6. DATE OF BIRTH (month, day, and year): July 21st, 1873.

7. AGE: 60 6 2

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN): Accomac County, Virginia

13. NAME: Isiah W. Justis

14. BIRTHPLACE (CITY OR TOWN): Accomac County, Virginia

15. MAIDEN NAME: Margaret S. Taylor

16. BIRTHPLACE (CITY OR TOWN): Accomac County, Virginia

17. INFORMANT: Susie Custis
   (Address): Pocomoke City, Maryland

18. BURIAL, CREMATION, OR REMOVAL
   Place: Nelsons Cemetery
   Date: Jan. 25th, 1934

19. UNDERTAKER: Vernon P. Stevenson
   (Address): Pocomoke City, Maryland

20. FILED: Jan. 25, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: January 23rd, 1934
   (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from... to... ; death is said to have occurred on the date stated above, at... The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset:

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?...

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)...

(Address)...

Register.

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<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Feb 2, 1931</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<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: Warren, Md.
   Village or City: Dublin, Md.
   Length of residence in city or town where death occurred: 42 yrs. 6 mos. 12 ds.
   How long in U.S. if of foreign birth? 3 yrs. 6 mos. 12 ds.

2. FULL NAME
   Davis

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

   3. SEX
      Male
      If married, widowed, or divorced
      HUSBAND OF
      [Redacted]

   4. COLOR OR RACE
      [Redacted]

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

   6. DATE OF BIRTH (month, day, and year)
      Jan. 7, 1914

   7. AGE
      Years: 3
      Months: 6
      Days: 12
      If LESS than 1 day, ___ hrs. or ___ min.

   8. Trade, profession, or particular
      Industry or business in which
      work was done, as SPINNER,
      SAWyer, BOOKKEEPER, etc.
      [Redacted]

   9. Date deceased last worked at
      this occupation (month and
      year)
      [Redacted]

   10. Total time (years)
      spent in this occupation
      [Redacted]

   12. BIRTHPLACE (city or town)
      (State or country)
      [Redacted]

   13. NAME
      Ward Davis
      [Redacted]

   14. BIRTHPLACE (city or town)
      (State or country)
      [Redacted]

   15. MAIDEN NAME
      Annie [Redacted]

   16. BIRTHPLACE (city or town)
      (State or country)
      [Redacted]

   17. INFORMANT
      (Address)
      Ward Davis
      [Redacted]

   18. BURIAL, CREMATION, OR REMOVAL
      Place: [Redacted]
      Date: Jan. 6, 1936

   19. UNDERTAKER
      (Address)
      [Redacted]

   20. FILED
      (Address)
      [Redacted]

   21. DATE OF DEATH
      (Month, Day, Year)
      Jan. 5, 1936

   22. I HEREBY CERTIFY, That I attended deceased from
      19___ to 19___.
      I last saw h. ___ alive on 19___, 19___.
      Death is said
      to have occurred on the date stated above, at 9 A. M.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance
      were as follows:
      [Redacted]

      Other Contributory Causes of Importance:
      [Redacted]

      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)
      Chas. B. Saw
      (Address)
      [Redacted]

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

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

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

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

1. PLACE OF DEATH
   - County: Worcester
   - Village or City: Berlin, MD
   - Length of residence in city or town where death occurred:
   - Registration Dist. No.: 355

2. FULL NAME: Jennie L. Dennis
   - Residence: No. Ironshire
   - If nonresident give city or town and State of residence:

**PERSONAL AND STATISTICAL PARTICULARS**

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

6. DATE OF BIRTH: Apr. 4, 1859
7. AGE: 74 Years 9 Months 13 Days
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housewife
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: N/A
10. Date deceased last worked at this occupation (month and year): N/A
11. Total time (years) spent in this occupation: N/A

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH: Jan. 17, 1934
22. I HEREBY CERTIFY, That I attended deceased from 1910 to 1934. I last saw her alive on Jan. 17, 1934, at 3:30 P.M. The PRINCIPAL CAUSE OF DEATH and the related causes of importance were as follows:

   - Myocarditis

   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: 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

**Signature of Physician**

**Other Information**

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

**Register**

- Name of Register
- Address
- Signature

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting 'U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
</tbody>
</table>

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

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   6a. If married, widowed, or divorced
   6b. HUSBAND OF
   6c. (or) WIFE OF
   7. DATE OF BIRTH (month, day, and year)
   8. AGE (years, months, and days if less than 1 year, or in hours and minutes)
   9. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   10. Date deceased last worked at this occupation (month and year)
   11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   22. I HEREBY CERTIFY. That I attended deceased from
   23. I last saw him/her alive on
   24. Date of death is said to have occurred on the date stated above, at
   25. The principal cause of death and related causes of importance were as follows:
   26. Other Contributory Causes of Importance:

27. Name of operation Date of operation
28. What test confirmed diagnosis? Date of verification
29. Was there an autopsy? No
30. If death was due to external causes (violence) fill in also the following:
   Accidental, suicidal, 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
31. Was disease or injury in any way related to occupation of deceased? No
   If so, specify

32. Filed Jan. 15, 1934

Register

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting V. 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 16 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.
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<td>Peritonitis</td>
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</tr>
</tbody>
</table>

Other contributory causes of importance: Gallstones | May 1, 1928 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: Worcester
- Village or City: Snow Hill

## 2. FULL NAME
- John Leonard Ellis

## PERSONAL AND STATISTICAL PARTICULARS

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

### Date of Marriage
- Husband of: Sally Ellis

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH
- Jan 27, 1934

### 22. I HEREBY CERTIFY
- That I attended deceased from Jan 2, 1934, to Jan 27, 1934
- I last saw h. alive on Jan 2, 1934
- Death is said to have occurred on the date stated above, at 9:30 A.M.

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

### 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 whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

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

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

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

To be complete, an occupation return must state:
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</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: Worcester
   Village or City: Stockton

2. FULL NAME: Fettie Hart
   (a) Residence: No. ____________

PERSONAL AND STATISTICAL PARTICULARS

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

   Sr. HUSBAND or (or) WIFE of: Alex Hart

6. DATE OF BIRTH (month, day, and year): Jan. 4, 1905

5. AGE: Years 29
   Months 0
   Oeys 0
   If LESS than 1 year, state age in days

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

6. OCCUPATION:

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

11. Total time spent in this occupation (year): 6 years

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

13. NAME: Unknown

14. NAME OF MOTHER: 

15. MAIDEN NAME: Fettie Blayton

   (State or country):

17. INFORMANT: Maud Hart
   (Address): 5706 Wolfer Avenue

18. BURIAL, CREMATION, OR REMOVAL:
   Place: flourtown Methodist Church
   Date: Jan. 6, 1934

19. UNDERTAKER: H. C. Y. Smith
   (Address):

20. FILED: Jan. 15, 1934
   Registrar: John D. Dickinson
   (Address): Stockton, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Jan. 4, 1934
   (Month) ____________
   (Day) ____________
   (Year) ____________


   Last seen alive on Jan. 2, 1934; death is said to have occurred on the date stated above, at 8:15 a.m.

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

   Fever Pneumonia: 6 days

   Other Contributory Causes of Importance: 

   Name of operation: 
   Date of: 
   Was there an employment?: 

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?: No.
   If so, specify:
   (Signed) John D. Dickinson M.D.
   (Address): Stockton, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<td>1921</td>
</tr>
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</tbody>
</table>

Other contributory causes of importance:

Gallstones                     | May 1, 1928 |

Example II

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

Other contributory causes of importance:

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

1. PLACE OF DEATH

County: Worcester
Village or City: Snow Hill, Md.

Length of residence in city or town where death occurred: 3 yrs. 3 mos. 3 ds.

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

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

3a. If married, widowed, or divorced HUSBAND OF

5a. If married, widowed, or divorced WIFE OF

6. DATE OF BIRTH (month, day, and year): Jan. 12, 1934

7. AGE

Years: 0
Months: 0
Days: 3

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)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Baptist Cemetery

19. UNDERTAKER (Address)

20. FILED: 1/15/34

21. DATE OF DEATH: Jan. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him: alive on

to: dead on

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)

Specifying that injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury

Nature of Injury

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

If so, specify

(Signature)

Registrar.

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

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

To be complete, an occupation return must state:
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, asthemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<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: Wicomico
   Village or City: Berlin, Md.
   Length of residence in city or town where death occurred: yrs., mos., ds.

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

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
   (a) Male
   4. COLOR OR RACE
   (b) Col.
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   (Write the word)
      (b) Single

   6. DATE OF BIRTH (month, day, and year)
      Oct. 15, 1931

   7. AGE
      (a) Years: 8
      (b) Months: 3
      (c) Days: 15

   8. OCCUPATION
      (a) Trada, profession, or particular
      (b) Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
      (c) Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
      (d) Date deceased last worked at this occupation (month and year)

   9. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town)
    (a) Md.

11. MOTHER'S NAME
    (a) Jane Brittingham

12. FATHER'S NAME
    (a) William Hudson

13. NAME
    (a) Sarah J. Hudson

14. BIRTHPLACE (city or town)
    (a) Md.

15. MAIDEN NAME
    (a) Kate Brittingham

16. BIRTHPLACE (city or town)
    (a) Md.

17. INFORMANT
    (a) William Hudson

18. BURIAL, CREMATION, OR REMOVAL
    (a) Place: St. Paula
    (b) Date: Oct. 31, 1934

19. UNDERTAKER
    (a) J. W. Burbridge

20. FILED
    (a) Jan. 8, 1935

21. DATE OF DEATH
    (a) January
    (b) 19
    (c) 1934

22. I HEREBY CERTIFY, That I attended deceased from
    (a) 19
    (b) 19
    (c) 19

   I last saw him alive on
   (a) 19
   (b) 19
   (c) 19
   (d) 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:
   (a) Sarah J. Hudson was a housewife, living in her home, while her husband
   (b) Death first occurred at
   (c) Death was in a home.
   (d) Death was in a home.

   Other Contributory Causes of Importance:
   (a) Bish, house, brought from a store child, alone
   (b) Of house, brought to a hospital

   Name of operation
   (a) Date of operation

   What test confirmed diagnosis?
   (a) Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:
    (a) Accident, suicide, or homicide?
    (b) Date of Injury
    (c) Where did injury occur?
    (d) Specifying city or town, county and State

24. Was disease or injury in any way related to occupation of deceased?
    (a) No.
    (b) If so, specify
    (c) (Signed)
    (d) (Address)
    (e) (Registration Berlin, 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 engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

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<thead>
<tr>
<th>Example I</th>
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<tbody>
<tr>
<td>The principal cause of death and related causes</td>
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<tr>
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<tr>
<td>Arteriosclerosis</td>
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<td>1 year</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

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

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

2. FULL NAME
   (a) Residence: No.
   (b) Occupation:

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year)
      June 24, 1932
   7. AGE
      Years: 7
      Months: 0
      Days: 0

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

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

   12. BIRTHPLACE (city or town) (State or country)
      Snow Hill, Md.

   13. NAME
      Walter Jenkins
   14. BIRTHPLACE (city or town) (State or country)
      Snow Hill, Md.
   15. MAIDEN NAME
      Martha Bratton
   16. BIRTHPLACE (city or town) (State or country)

   17. INFORMANT (Address)
      Walter Jenkins

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Mt. Wesley
      Date: Jan 23, 1934

   19. UNDERTAKER
      Name: M. W. Harris
      Address:

   20. FILED
      Date: 1/27, 1934

   21. DATE OF DEATH
      Month: Jan
      Day: 26
      Year: 1934

   22. I HEREBY CERTIFY, That I attended deceased from
      Jan 20, 1934, to Jan 26, 1934.
      I last saw him alive on Jan 25, 1934.
      I certify that death was caused by:
      Tubar Pneumonia

   23. Other Contributory Causes of importance:
      Malnutrition

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

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

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

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

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

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

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

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<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Blank lines for additional statements]
1. PLACE OF DEATH

   County: Harford
   Village or City: Bishopville

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

   Personal and Statistical Particulars

3. SEX
   Male

4. COLOR OR RACE
   Colored

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

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

6. DATE OF BIRTH (month, day, and year)
   V 1889

7. AGE
   Years: 45
   Months: unknown
   Days: If LESS than 1 day, __ hrs. __ min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Portugal

   (State or country)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
   (Address)
   Byard Morris, Bishopville

18. BURIAL, CREMATION, OR REMOVAL
   Place: Bishopville
   Date: Jan. 11, 1933

19. UNDERTAKER
   (Address)
   J. P. Moore, Selbyville

20. FILED
   (Address)
   Jan. 11, 1934

21. DATE OF DEATH
   January 10, 1934

22. I HEREBY CERTIFY
   That I attended deceased from
   January 9, 1933 to Jan. 10, 1934
   I last saw him alive on Jan. 9, 1933.
   death is said to have occurred on the date stated above.
   The principal cause of death and related causes of importance were as follows:
   Pneumonia
   Followed by gangrene of

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

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

Delaware
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 record 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:

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<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</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>May 1, 1923</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   Ralph James Brown
   Residence: No. St., Ward.

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   June 19, 1909

7. AGE
   Years: 24
   Months: 6
   Days: 23
   If LESS than 1 day, ___________ hrs. or ___________ min.

8. TRADE, PROFESSION, OR PARTICULAR
   Painter and Paper Hanger

9. OCCUPATION
   Painter and Paper Hanger

10. Date deceased last worked at this occupation: Jan. 7, 1934

11. TOTAL TIME (years) spent in this occupation: 9 yrs.

12. BIRTHPLACE (city or town)
   Philadelphia

13. NAME
   Ralph James Brown

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

15. MAIDEN NAME
   Josephine Walters

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

17. INFORMANT
   (Address)

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

19. UNDERTAKER
   (Address)

20. FILED
   Jan. 14, 1934

21. DATE OF DEATH
   Jan. 17, 1934

22. I HEREBY CERTIFY
   That I attended deceased from
   Jan. 7, 1934, to Jan. 17, 1934,
   I last saw him alive on Jan. 7, 1934, death is said to have occurred on the date stated above, at 1:00 P.M.

23. PRINCIPAL CAUSE OF DEATH
   pneumonia

24. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
   Date of:

25. NAME OF OPERATION
   Date of:

26. WHAT TEST CONFIRMED DIAGNOSIS?
   Date of:

27. WAS THERE AN AUTOPSY?
   Date of:

28. MANNER OF INJURY
   Date of:

29. NATURE OF INJURY
   Date of:

30. IF SO, SPECIFY
   (Address)

Registrar

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

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

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**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Feb 2, 1934</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Stockton

2. FULL NAME
   Willie Sylvester Randolph

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   Feb. 14, 1932

7. AGE
   1

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   (e.g., SPINNER, SAWYER, BOOKKEEPER)

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   (e.g., SILK MILL, SAW MILL, BANK)

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Silver Lake, Ga.

13. NAME
    Willie Randolph

14. BIRTHPLACE (city or town)
    Columbus, Ga.

15. MAIDEN NAME
    Haddy E. Russell

16. BIRTHPLACE (city or town)
    Columbus, Ohio

17. INFORMANT
    Willie Russell

18. BURIAL, CREMATION, OR REMOVAL
   Place: Home, Personal Care Date: Jan. 11, 1934

19. UNDERTAKER
    J. M. appleton

20. FILED
   Jan. 11, 1934 by Mary M. appleton

21. DATE OF DEATH
   Jan. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from
   Jan. 9, 1934, to Jan. 10, 1934

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. If so, specify:

REGISTRATION DIST. No. 354
If nonresident give city or town and State

REGISTRAR

If more blanks are needed, address State Registrar, 2412 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 morbific conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

<table>
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<tr>
<th>Example I</th>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 week ago</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: Worcester
   Village or City: Newark, Ind.
   Registration Dist. No.: 357
   Length of residence in city or town where death occurred: yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME: Rose Selby
   (a) Residence: Newark, Ind.
      (Uniform place of abode)
      St., Ward.
      If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   Husband of: John P. Selby
6. DATE OF BIRTH: Jan. 30, 1865
7. AGE: Years: 68, Months: 11, Days: 21
   If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done: as SPINNER, SAWYER, BOOKKEEPER, etc.

OCCUPATION

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

10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town): md.
    (State or county)

13. NAME: Ephriam Brittingham
14. BIRTHPLACE (city or town): md.
    (State or county)

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Other Contributory Causes of importance:

Name of operation: 

Name of operation: "" 

What test confirmed diagnosis? Class: 

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: Jan. 22, 1934
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of injury: 
   Nature of injury: 

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

   If so, specify: 

   (Signed) 

   (Address) 

If more blanks are needed, address State Registrar, 2417 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.

To be complete, an occupation return must state:

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

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

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

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

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

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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>January 2, 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>May 1, 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Worcester
   Village or City: Snow Hill, Md.
   Length of residence in city or town where death occurred: yrs.

2. FULL NAME
   (a) Residences No.
   (Usual place of abode)
   If nonresident give city or town and State
   Joshua James Shrockley
   Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
   Oct. 6, 1863
7. AGE
   Years: 70
   Months: 3
   Days: 25

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Farmer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Data deceased last worked at this occupation (month and year)
    1934
11. Total time (years) spent in this occupation
    0
12. BIRTHPLACE (city or town)
    Maryland
13. NAME
    Joshua J. Shrockley
14. BIRTHPLACE (city or town)
    (State or country)
15. MAIDEN NAME
    Mary M. Clayville
16. BIRTHPLACE (city or town)
    (State or country)
17. INFORMANT
    Mrs. Maie Hamblin
    (Address)
18. BURIAL, CREMATION, OR REMOVAL
    Place of Burial: Snow Hill
    D. E. Cemetery Date: Oct. 2, 1934
19. UNDERTAKER
    J. W. Blaird
    (Address)
20. FILED
    1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   January 31, 1934
22. HEREBY CERTIFY: That I attended deceased from
    August 31, 1934, to date of death.
    I last saw him alive on
    May 19, 1934, at
    and death is said to have occurred on the date stated above.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Pneumonia meningica
    Other Contributory Causes of importance:

    Operation: None

    Date of Operation:
    What test confirmed diagnosis? Clinical
    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?
    No
    If so, specify
    (Signed)
    (Address)
    M.D.

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

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

Other contributory causes of importance:

Gallstones | Date of onset | Gastroenteritis | Date of onset |
| May 1, 1923 | 1 year |

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Stockton
   Registration Dist. No. 354
   No. St. Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. or of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): Nov. 12th, 1886.

7. AGE: 47
   Years Months Days

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

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: (Month end year)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN): Baltimore
    (STATE OR COUNTRY): Maryland

13. NAME: George Pollheim

14. BIRTHPLACE (CITY OR TOWN): Baltimore
    (STATE OR COUNTRY): Maryland

15. MOTHER NAME: Jane King

16. BIRTHPLACE (CITY OR TOWN): Baltimore
    (STATE OR COUNTRY): Maryland

17. INFORMANT: J. Warren Smith
    (Address): Stockton, Maryland

18. BURIAL, CREMATION, OR REMOVAL
    PLACE: Mt. Zion Cemetery
    Date: Jan 26th, 1934

19. Undertaker: Vernon P. Stevens
    (Address): Ocoomee City, Maryland

20. FILED: Jan 25, 1934

21. DATE OF DEATH: January 24th, 1934
    Stockton, Md.
    (Month) (Day) (Year)

    (Date of onset)
    I last saw him alive on Feb. 10, 1934; death is said to have occurred on the date stated above, at 7:00 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    <Cause: Avascular Disease of Heart>
    <Other Contributory Causes of Importance: Chronic Nephritis>

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

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

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

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

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

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 | | Example II |
|-----------|-------------------------------|
| The principal cause of death and related causes of importance were as follows: | The principal cause of death and related causes of importance were as follows: | Date of onset | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |

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: Worcester
   Village or City: Whaleyville, Md
   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: Baby Triut
   (a) Residence: No. Whaleyville, Md
      (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): Oct 29, 1933

7. AGE
   Years: 3
   Months: 0
   Days: 0

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

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

13. NAME: James Triut

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

15. MAIDEN NAME: Alice Teachman

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

17. INFORMANT
    Name: Mrs. James Triut
    Address: Whaleyville, Maryland

18. BURIAL CREMATION OR REMOVAL
    Place: New Hope, Date: Jan 30, 1934
    Undertaker: J.H. Albright, Son

19. MEDICAL CERTIFICATE OF DEATH
    21. DATE OF DEATH: Jan 29, 1934
    (Month) (Day) (Year)

22. I HEREBY CERTIFY, that I attended deceased from Jan 19, 1934 to Jan 22, 1934, death is said to have occurred on the date stated above, at 4 A.M.
    The principal cause of death and related causes of importance were as follows:
    Marasmus

    Other contributory causes of importance:

    Acute Enteritis

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 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: Nature of injury

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.

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</tr>
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<td>related causes of importance were</td>
<td>related causes of importance</td>
</tr>
<tr>
<td>as follows:</td>
<td>were as follows:</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
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<td></td>
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</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Worcester
   Village or City: Near Willards, Md.
   Length of residence in city or town where death occurred: 80 yrs. 0 mos. 0 ds.

2. FULL NAME
   Martha Ann Freitt
   Residence: Willards, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: MARRIED
6. HUSBAND or (or) WIFE OF: Wm. Harrison Freitt
7. DATE OF BIRTH (month, day, and year): May 1, 1862
8. AGES: 71 yrs. 8 mos. 9 days
9. OCCUPATION: Farmer's wife
10. Date deceased last worked at this occupation (month and year): Life
11. Total time (years) spent in this occupation: Life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: January 10th, 1934

22. I HEREBY CERTIFY, That I attended deceased, from December 15, 1933, to date of death, January 10, 1934. I last saw her alive on Jan. 1st, 1934. Death is said to have occurred on the date stated above, at 3:15 P.M.

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

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide?: No
   Date of injury: January 10, 1934
   Where did injury occur?: Willard, Md.
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE: Willard, Md.

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

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

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To be complete, an occupation return must state:
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
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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**

<table>
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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>
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<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
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<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Worcester Co.
   Village or City: Whaleyville
   Registration Dist. No.: 3.5.5
   No. of Registration:
   Ward:
   Length of residence in city or town where death occurred: yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. St., Ward.
   (b) Name: John Edward Vickus
   (c) Main place of abode:
   (d) 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)

6. DATE OF BIRTH (month, day, and year)
   July 12, 1933

7. AGE
   Years: 25
   Months: 0
   Days: 7
   If LESS than 1 day: hrs. or.

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 was last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Worcester Co.

13. NAME
    William Edward Vickus

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

15. MAIDEN NAME
    Margaret Honecker

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

17. INFORMANT
    Margaret Vickus
    Address: Whaleyville, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Whaleyville, Md.
    Date: Jan. 9, 1934

19. UNDERTAKER
    J.W. Burdage
    Address: Berlin, Md.

20. FILED
    9, 1934
    Helen F. Hayward
    Registrar

21. DATE OF DEATH
    Jan. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1934, to Jan. 9, 1934
    to have occurred on the date stated above, A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Acute Colitis

23. Other Contributory Causes of Importance:

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

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<tr>
<td>Arteriosclerosis 1915</td>
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</tr>
<tr>
<td>Chronic interstitial nephritis FEB 1 1924 1921</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage July 5, 1927</td>
<td>Peritonitis 3 days ago</td>
</tr>
<tr>
<td>Gallstones May 1, 1928</td>
<td>Gastroenteritis 1 year</td>
</tr>
</tbody>
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OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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

1. PLACE OF DEATH
   County...Worcester
   Village or City...Berlin, D.C., Oct.
   No. St., Ward.
   Length of residence in city or town where death occurred...yrs., mos., ds.
   How long in U.S. if of foreign birth...yrs., mos., ds.

2. FULL NAME...Mr. J. T. Williams
   (a) Residence: No. 1. Berlin, Md.
   (Usual place of abode)
   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)
   5a. If married, widowed, or divorced
   HUSBAND or (or) WIFE of...Mary T. Williams
6. DATE OF BIRTH (month, day, and year)...Oct. 9, 1866
7. AGE...Years 67 Months 7 Days 0
   II LESS THAN 1 day, hrs., or min.
8. Trade, profession, or particular kind of work done...Harvard
9. Industry or business in which work was done...as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation...Jan. 13, 1934
11. Total time (years) spent in this occupation...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH...June 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from...19...
   I last saw deceased alive on...Jan. 7, 1934...
   Death is said to have occurred on the date stated above, at...6 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Culinary lb.

Other Contributory Causes of importance:

12. BIRTHPLACE (city or town)...Md.
   (State or country)
13. NAME...Unkown
14. BIRTHPLACE (city or town)...Md.
   (State or country)
15. MAIDEN NAME...Elizabeth Williams
16. BIRTHPLACE (city or town)...Md.
   (State or country)
17. INFORMANT...Fred Williams
   (Address)
18. BURIAL, CREMATION, OR REMOVAL...Riverside
   Place...Jan. 13, 1934
19. UNDERTAKER...J. W. Blackshear
   (Address)
20. FILED...1-15-34
   Helen J. Hayward
   Registrar.
   (Address)

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<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
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</tbody>
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Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
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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: Worcester
   - Village or City: Berlin, Md (Dronshire)
   - If death occurred in a hospital or institution, give its NAME instead of street and number:

2. **FULL NAME:** Martha E. Wroten
   - (a) Residence: No.
   - (b) St., Ward.

3. **SEX:** Female
   - 4. **COLOR OR RACE:** Col
   - 5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):** Married

4. **HUSBAND OF (or) WIFE OF:** Lucian Wroten

5. **DATE OF BIRTH (month, day, and year):** Nov 24, 1867
6. **AGE:** 73 years, 1 month, 13 days
7. **OCCUPATION:** Housewife

8. **DATE DECEASED LAST WORKED AT:**
   - 10. Date deceased last worked at this occupation (month and year):

9. **BIRTHPLACE (city or town):** Md
   - (State or country):

10. **NAME:** John Nicholas
    - 14. BIRTHPLACE (city or town): Del.
     - (State or country):

11. **DATE OF DEATH:** June 24, 1934
    - 21. **MONTH:** June
    - 22. **DAY:** 24
    - 23. **YEAR:** 1934

12. **DATE OF DEATH:**

13. **MEDICAL CERTIFICATE OF DEATH**

   1. I HEREBY CERTIFY, That I attended deceased from ___________ to ___________ in the State of ___________.
   - 2. I last saw h. alive on ___________, 19__ to ___________, 19__.
   - 3. It is stated that death occurred on the date stated above at ___________.
   - 4. Death is said to have occurred on the date stated above, at ___________.
   - 5. The principal cause of death and related causes of importance were as follows:

   6. **Principle Cause of Death:** Acute Dilatation of Heart.

   7. **Other Contributory Causes of Importance:** Myocarditis.

8. **Name of operation:**
   - 20. Date of operation:
   - 21. What test confirmed diagnosis?
   - 22. Was there an autopsy?

9. **23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:**
   - 24. Accident, suicide, or homicide?
   - 25. Date of injury:
   - 26. Where did injury occur?
   - 27. Specify whether injury occurred in Industry, in Home, or in Public Place.

10. **Manner of injury:**
    - 28. Nature of injury:

11. **24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - 25. If so, specify:
      - 26. (Signed) Chas. P. F. Sen M. D.
      - (Address) Berlin, Md.

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Other contributory causes of importance:

| Gallstones                  | May 1, 1923 |

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Other contributory causes of importance:

| Gastroenteritis             | 1 year       |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN