STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
Sidney Brooks

3. SEX
Male

4. COLOR OR RACE
Colored

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED
Married

5a. If married, widowed, or divorced
HUSBAND of
Sarah Slaughter

6. DATE OF BIRTH (month, day, and year)
1864

7. AGE
70

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

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

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

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
Md

13. NAME
Harace Brooks

14. BIRTHPLACE (city or town)
Md

15. MAIDEN NAME
Matilda Runnels

16. BIRTHPLACE (city or town)
Md

17. INFORMANT
Lena Brooks

18. BURIAL, CREMATION, OR REMOVAL
Place: Near Easton, Date: Mar 13, 1934

19. UNDERTAKER
Marvin E. Neyman, Easton, Md

20. FILED
3/13/1934

21. DATE OF DEATH
March 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from
March 1, 1934, to March 10, 1934
I last saw him alive on March 9, 1934: death is said
to have occurred on the date stated above, at
9:30 am.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:
Chronic Myocarditis

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

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

If so, specify

Date of Royal

Date of Royal

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 merited conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example I

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

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

Other contributory causes of importance:

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

### Example II

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

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

Other contributory causes of importance:

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

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

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

2. FULL NAME
   Murray E. Brumwell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

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

6. DATE OF BIRTH (month, day, and year)
   Nov. 5, 1861

7. AGE
   Years: 72
   Months: 4
   Days: 19
   If LESS THAN 1 day, HRS. or MIN.

8. OCCUPATION
   Laborer

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

12. BIRTHPLACE (city or town)
    Talbot, Maryland

13. NAME
    Lloyd Brumwell

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

15. MAIDEN NAME
    Ella Nesbitt

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

17. INFORMANT
    Annie Brumwell

18. BURIAL, CREMATION, OR REMOVAL
    Place: Easton, R.D.
    Date: Mar. 29, 1934

19. UNDERTAKER
    (Address)

20. FILED
    (Address)

21. DATE OF DEATH
    Month: Feb.
    Day: 24
    Year: 1934

22. I HEREBY CERTIFY
    That I attended deceased from Nov. 5, 1934, to Nov. 24, 1934.
    I last saw him alive on Nov. 19, 1934, death is said to have occurred on the date stated above, at 11 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Gangrene of Left Foot
    Generalized Pneumonia

Other Contributory Causes of Importance:

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

   Accident, suicide, or homicide?
   Oste 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) Philip B. Shepp
   M.D.
   (Address)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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: Talbot
   Village or City: Easton

2. FULL NAME: Vidal Camper
   (a) Residence: No. 314 South St.
      (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
5e. If married, widowed, or divorced
   HUSBAND of: Fayett Camper
   (or) WIFE of

4. COLOR OR RACE: Colored
6. DATE OF BIRTH: May 31, 1904

7. AGE: 30 yrs., 6 mos., 28 ds.
8. Trade, profession, or particular
   kind of work done, as SPINNER,
   SAWYER, BOOKKEEPER, etc.
   Occupation: House wive.

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

t. Date deceased last worked at
   this occupation (month and
   year): 0

11. Total time (years)
    spent in this occupation

12. BIRTHPLACE: Baltimore, Ind.

13. NAME: Joseph Ward.
14. BIRTHPLACE: Baltimore, Ind.
15. MAIDEN NAME: Ella Howard.

16. BIRTHPLACE: Talbot Co

17. INFORMANT: Elizabeth Cook
   (Address): Easton, Ind.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Easton, Ind.
    Date: Max. 10, 1934

19. UNDERTAKER: James D. Spencer
    (Address): Easton, Ind.

20. FILED: 3/10, 1934

21. DATE OF DEATH: March 5, 1934

22. I HEREBY CERTIFY: That I attended deceased from
    Jan. 20, 1934, to March 5, 1934; death is said
    to have occurred on the date stated above, at 12:00 P.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Pulmonary Tuberculosis
   Date of onset: 1/20/1934

   Other Contributory Causes of importance:

   Neme 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? 19...
    Date of Injury...
    Where did injury occur? (Specify city, 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) Hayward J. Miffl
    (Address): Easton, Ind.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 5.
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.

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

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

---

**Example I**

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

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

Other contributory causes of importance:

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

**Example II**

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

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

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

1. PLACE OF DEATH
County: Talbot
Village or City: Easton
Length of residence in city or town where death occurred: yrs. 3 mos. 20 days

2. FULL NAME
Mrs. May Donovan
(a) Residence: No.
Centreville, Maryland
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
White

5a. If married, widowed, or divorced
Husband: Mr. Charles Donovan

6. DATE OF BIRTH
May 12, 1906

7. AGE
28

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE
Towson, Del.

13. NAME
Alfred Poore

14. BIRTHPLACE
Towson, Del.

15. MAIDEN NAME
Laura Claire

16. BIRTHPLACE
Towson, Del.

17. INFORMANT
Charles Donovan

18. BURIAL, CREMATION, OR REMOVAL
Towson, Deld.

19. UNDERTAKER
Bartley Bros., Centreville, Md.

20. FILED
3/17/34.

21. DATE OF DEATH
March 17, 1934

22. I HEREBY CERTIFY, that I attended deceased from November 24, 1933, to March 17, 1934.

I first saw her alive on March 17, 1934; death is said to have occurred on the stated date, at 6:22 a.m.
The principal cause of death and related causes of importance were as follows: Abortion and Abortion Regurgitation.

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: (Signed)

Reg. M. O.

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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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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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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<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 1915</td>
<td>Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis 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>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1923</td>
<td>Gastroenteritis 1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Talbot
   - Village or City: St. Michaels
   - Registration Dist. No.: 21

2. **FULL NAME**
   - (a) Residence: St. Michaels
   - (a) Residence: St. Michaels

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

5a. If married, widowed, or divorced: Husband of Minerva A. Farnsworth

6. **DATE OF BIRTH**
   - Month: Mar
   - Day: 19
   - Year: 1868

7. **AGE**
   - Years: 66
   - Months: 19
   - Days: 1

8. **OCCUPATION**
   - Waterman

9. **DATE DECEASED LAST WORKED**
   - Month: Dec
   - Day: 1933
   - Occupation: Waterman

10. **TOTAL TIME (YEARS)**
    - 50

11. **BIRTHPLACE**
    - City or town: St. Michaels
    - State or country:

12. **NAME**
    - Joshua Fairbanks

13. **BIRTHPLACE**
    - City or town: Talbot Co
    - State or country:

14. **FATHER**
    - Name: Joseph Fairbanks

15. **MAIDEN NAME**
    - Josephine Humphrey

16. **BIRTHPLACE**
    - City or town: Wicomico
    - State or country:

17. **INFORMANT**
    - Name: Milton G. Fairbanks
    - Address: St. Michaels

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: St. Michaels
    - Date: Mar 27

19. **UNDEUTERAKER**
    - Name: Newman & Harrison
    - Address: St. Michaels

20. **FILED**
    - Date: 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Month: Mar
    - Day: 25
    - Year: 1934

22. I HEREBY CERTIFY that I attended deceased from Mar 22, 1934, to Mar 25, 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:
   - Anterioritis sclerosis.

   Name of operation.

   Date of.

   What test confirmed diagnosis?

   Was there an autopsy?

23. If death was due to external causes (VIOLANCE) fill in also the following:
   - Accident, suicide, or homicide?
   - Date of Injury: 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.
   - (Signed) M. D.
   - Address: St. Michaels

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

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<thead>
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<th>The principal cause of death and related causes of importance were as follows:</th>
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<td>Arteriosclerosis</td>
<td>1915</td>
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<td>1921</td>
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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 |

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Easton
   Registration Dist. No: 290
   Length of residence in city or town where death occurred: yrs. 1 mos. 1 ds.

2. FULL NAME
   (a) Residence: No. 717 Easton St., Ward
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: 7
4. COLOR OR RACE: 13
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

6. DATE OF BIRTH (month, day, and year): Unknown 1865

7. AGE: Years 39
   Months
   Days
   If LESS than 1 day, ___ hrs. or ___ min.

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

9. Industry or business in which work was done: Housewife

10. Data deceased last worked at this occupation: 1934
   Total time (years) spent in this occupation: 1934

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

13. NAME: Hulda A. Finney

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

15. MAIDEN NAME: Finney

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

17. INFORMANT (Address): Annie Finney

18. BURIAL, CREMATION, OR REMOVAL
   Place: New Market
   Date: 3/18 1934

19. UNDERTAKER (Address): F. S. Miller

20. FILED: 3/17 1934

21. DATE OF DEATH
   (Month) May 5
   (Day) 1934

22. I HEREBY CERTIFY that I attended deceased from

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

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify: M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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</tr>
<tr>
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<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>APR 6 1924</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones
- May 1, 1925

Other contributory causes of importance:

- Gastroenteritis
- 1 year

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

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

2. FULL NAME...
   Raymond M. Forman...

3. SEX...
   Male...

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

6. DATE OF BIRTH...
   Feb. 18, 1934...

7. AGE...
   0 yrs. 1 mos. 14 days...

8. OCCUPATION...
   Infant...

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

12. BIRTHPLACE...
   Baltimore, Md...

13. NAME...
   Forman...

15. MAIDEN NAME...
   Frances Roberts...

17. INFORMANT...
   Albert Forman...

18. BURIAL, CREMATION, OR REMOVAL...
   Coppenwile...

21. DATE OF DEATH...
   March 22, 1934...

22. I HEREBY CERTIFY...
   March 22, 1934...

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

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

If more blanks are needed, address State Registrar, 24th 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.

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<td>1921</td>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

## 1. PLACE OF DEATH
County: Easton
Village or City: Easton
Emergency Hospital: 290 S. Ward
Length of residence in city or town where death occurred: 4 yrs. 4 mos.

## 2. FULL NAME
(a) Residence: No. Easton, Middletown
(Usual place of abode:)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5a. If married, widowed, or divorced HUSBAND of (or) WIFE OF Alberta Hampton

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 7
   (Day) 193
   (Year) 4

22. I HEREBY CERTIFY, That I attended deceased from March 3, 193, to March 7, 193. I last saw him alive on March 7, 193. Death is said to have occurred on the date stated above, at 12:05 P.M.

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

- Chronic Peritonitis
- Abscess
- Hypertension
- Kidney Failure

Other Contributory Causes of importance:
- Senility

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? No
   If so, specify

   (Address) M. D. Easton

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

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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>April 5, 1934</td>
</tr>
</tbody>
</table>

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

Example II

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<th>The principal cause of death and related causes of importance were as follows:</th>
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<tr>
<td>Attack of epilepsy</td>
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</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: Talbot
- Village or City: St. Michaels
  - No. St., Ward:
- Length of residence in city or town where death occurred: yrs. mos. ds.

**2. Full Name**
(a) Residence: St. Michaels
- Usual place of abode:

**Personal and Statistical Particulars**

<table>
<thead>
<tr>
<th>3. Sex</th>
<th>4. Color or Race</th>
<th>5. Single, Married, Widowed, or Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Colored</td>
<td>Married</td>
</tr>
</tbody>
</table>

**5a. If married, widowed, or divorced**
- Husband or wife of:
  - Ha. Last said he married a woman in North Carolina, but did not tell her name. She was unknown.

**6. Date of Birth**
- Month, day, and year: June 10th 1873

**7. Age**
- Years: 61
- Months: 0
- Days: 28
- If less than 1 day, hrs., or mins.:

**8. Trade, profession, or particular kind of work done**
- Spinners, Sawyers, Bookkeeper, etc.

**9. Industry or business in which work was done**
- Silk Mill, Saw Mill, Bank, etc.

**10. Date deceased last worked at this occupation**
- Month and year: Oct. 1839

**11. Total time (years) spent in this occupation**
- 30 yrs.

**12. Birthplace**
- City or town: Centreville, Maryland
  - State or country:

**13. Name**
- House Shelton Backer

**14. Birthplace**
- City or town: Talbot City
  - State or country: Maryland

**15. Maiden Name**
- Mahe Adams

**16. Birthplace**
- City or town: Talbot City
  - State or country: Maryland

**17. Informant**
- Martin, Fishard
  - Address:

**18. Burial, Cremation, or Removal**
- Place: St. Michaels
- Date: Mar. 12, 1934

**21. Date of Death**
- Month: March
- Day: 8
- Year: 1934

**22. I hereby certify**
- That I attended deceased from Aug. 15, 1933, to Mar. 8, 1934, died on Mar. 8, 1934, and death is said to have occurred on the date stated above, et.
- The principal cause of death and related causes of importance were as follows:
  - Bright's Disease

**23. Accident, suicide, or homicide?**
- Date of Injury: 19
- Where did injury occur? (Specify city or town, county, and State)

**24. Disease or injury in any way related to occupation of deceased?**
- Manner of Injury:
- Nature of injury:

**20. Filed**
- Date: Mar. 10, 1934
- John H. Erving, Local Register

If more blanks are needed, address State Registrar, 347 N. Charles Street, Baltimore, Requesting U.S. No. 1.
### UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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**Other contributory causes of importance:**

- Gallstones: May 1, 1923

### Example II

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**Other contributory causes of importance:**

- Gastroenteritis: 1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Talbot
   Village or City: Easton
   Registration Dist. No.: 296
   St., Ward:
   Length of residence in city or town where death occurred yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. S. M. W. or D. (write the word)
   5a. If married, widowed, or divorced
   HUSBAND (or) WIFE of: John Harris

6. DATE OF BIRTH: May 7, 1867
7. AGE: 66 Years, 0 Months, 10 Days
8. TRADE: Housewife
9. INDUSTRY or BUSINESS: N/A
10. Occupation last worked at: N/A
11. Total time (years) spent in this occupation: N/A

21. DATE OF DEATH: Mar 17, 1934
22. I HEREBY CERTIFY, that I attended deceased from March 10, 1934, to Mar 17, 1934, I last saw deceased alive on Mar 17, 1934; death is said to have occurred on the date stated above, at 10:00 A.M.

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

Other Contributory Causes of Importance:

Name of operation: Date of:
What test confirmed diagnosis?: Date of:

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

Manner of Injury:
Nature of Injury:

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

Reg. No.:
17. INFORMANT: Virginia Harris
18. BURIAL, CREMATION, OR REMOVAL: Chapel, date: May 20, 1934
19. UNDERTAKER: John W. Bellinger
20. FILED: 3/19, 1934

Registrar:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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</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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Talbot Co.,
   Village or City: Near Easton, Md.
   No. (If death occurred in a hospital or institution, give its NAME instead of street and number)...
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME: Stillman Harris
   (a) Residence: No. 11, Easton, Md.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): March 10, 1934

7. AGE: Years: 21
   Months: 0
   Days: 10

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

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

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

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

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

13. NAME: Wilbert Harris

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

15. MAIDEN NAME: Dorothy Mae Harris

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

17. INFORMANT (Address): Rose Harris, 107 N. 6th, Easton

18. BURIAL, CREMATION, OR REMOVAL
   Place: Chapel
   Date: 3/16, 1934

19. Undertaker (Address): James, Easton, Md.

20. FILED: 3/16, 1934
   Registrar: 2911 N. Charles Street, Baltimore, Requesting U.S. No. 1.

21. DATE OF DEATH
   (Month) March 10, 1934

22. I HEREBY CERTIFY. That I attended deceased from March 10, 1934, to March 16, 1934, I last saw him alive on March 10, 1934; death is said to have occurred on the date stated above, at 11:00 a.m.

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

   Stillman Harris

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: 1934

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, 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) Raymond D. Stahl, M.D.
   (Address) Easton, Md.

If more blanks are needed, address State Registrar, 2911 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
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<tr>
<td>July 3, 1927</td>
<td>3 days ago</td>
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</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: Talbot
   Village or City: Easton
   No. Emergency Hospital: St.
   Registration Dist. No.: 290
   Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds. How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME: Mr. James Ralph Harrison
   (a) Residence: No. St. Michaels, Maryland
   Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): August 8, 1889

7. AGE: Years 44 Months 7 Days 5

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

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): 1931

11. Total time (years) spent in this occupation: 20

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

13. NAME: James, Edward Harrison
   Father:
   Mother:

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

15. MAIDEN NAME: Sarah, Mathilda Farrow

16. BIRTHPLACE (city or town): St. Michaels, Maryland
   State or country:

17. INFORMANT (Address): Mrs. Mathilde Farrow, St. Michaels, Maryland

18. BURIAL, CREMATION, OR REMOVAL: St. Michaels, Maryland
   Place. Date: 3/16, 1934

19. UNDERTAKER: Mr. James Harrison
   (Address): St. Michaels

20. FILED: 3/15, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: March 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 6 , 1934 to March 13 , 1934. I last saw him alive on March 13, 1934. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

   Acute infectious paralysis
   Pneumonia

   Other Contributory Causes of importance:

   Name of operation: Date of:
   What test confirmed diagnosis?: Date of:
   Was there an autopsy?: No.

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

   Accident, suicide, or homicide?: Date of Injury: 19.
   Where did injury occur?: (Specify city or town, county and state):
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE:
   Manner of injury: Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?: No.
   If so, specify:
   (Signed): William F. Harrison M.D.
   (Address): St. Michaels, Maryland

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

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

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

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

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

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

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

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<td>Date of onset: May 1, 1923</td>
<td>Date: 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Talbot
Village or City: New Trappe
Registration Dist. No. 179
No. St. Ward
Length of residence in city or town where death occurred: 41 yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

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

6. DATE OF BIRTH (month, day, and year): April 11, 1864

7. AGE: 69 Years 11 Months 18 Days

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

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

10. Date deceased last worked at this occupation (month and year): March 10, 1934

11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (city or town): Easton, Md.

(State or country)

13. NAME: John Bummers

14. BIRTHPLACE (city or town): Maryland

(State or country)

15. MAIDEN NAME: Edith Trappe

16. BIRTHPLACE (city or town): Maryland

(State or country)

17. INFORMANT (Address): William E. Jenkins

18. BURIAL, CREMATION, OR REMOVAL

Place: Trappe, Md.

Date: Mar. 24, 1934

19. UNDERTAKER (Address): 

20. FILED: Mar. 24, 1934

J. Lett. O. B. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: March 28th, 1934

22. I HEREBY CERTIFY, That I attended deceased from January, 1930, to March, 1934; I last saw her alive on March 21, 1934; death is said to have occurred on the date stated above, at 10 a.m.

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

Chronic Rheumatism 1930

Other Contributory Causes of Importance:

Chronic Myocarditis 1932

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: 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:

Natura Injury:

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

If so, specify:

(Signed) William E. Jenkins M. D.

(Address)

Eaton, Md.

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

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

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

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

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

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

1. PLACE OF DEATH
   County: Talbot
   Village or City: Easton, Md.
   Hospital, St., Ward:
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Mrs. Della Lister
   Residence: No.
   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 (write the word)
   Married

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

6. DATE OF BIRTH
   Nov. 13, 1896

7. AGE
   Years: 39
   Months: 4
   Days: 2
   If LESS THAN 1 day, . . . hrs. . . . min.

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

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

10. Date deceased last worked at this occupation (month and year)
    March 4, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE
   Sexad, Dayton, Md.

13. NAME
   Benj. Greenway

14. BIRTHPLACE
   Sexad, Dayton, Md.

15. MAIDEN NAME
   Maggie Mitchell

16. BIRTHPLACE
   Sexad, Dayton, Md.

17. INFORMANT
   John Lister

18. BURIAL, CREMATION, OR REMOVAL
   Easton
   Date: 3/8/1934

19. UNDERTAKER
   J. W. L. Harris

20. FILED
   3/8/1934

21. DATE OF DEATH
   March 15, 1934

22. I HEREBY CERTIFY
   That I attended deceased from
   March 5, 1934, to March 15, 1934
   I last saw her alive on
   March 15, 1934,
   Date of onset

23. Other Contributory Causes of importance:

   1. Common Draft, Pulmonary
      Due to exposure
      Date of onset
      Diagnosis
      Was there an autopsy?

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

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

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

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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>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<td>1921</td>
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<td>Cerebral hemorrhage</td>
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</tbody>
</table>

Other contributory causes of importance:
- Gallstones

Example II

<table>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
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<td>Peritonitis</td>
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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: 
Village or City: Easton, Md. 

2. FULL NAME

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

21. DATE OF DEATH


22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1934, to Mar. 31, 1934. I last saw him alive on Mar. 31, 1934. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Pulmonary Tuberculosis, Acute.

10. Date of onset:

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

12. BIRTHPLACE (city or town): Md.

13. NAME: Charles Trackey

14. BIRTHPLACE (city or town): Md.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town): Md.

17. INFORMANT: H. Green, Easton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Easton, Md.
Date: Apr. 1, 1934.

19. UNDERTAKER: Samuel A. Benson, Easton, Md.

20. FILED: April 1, 1934.

Registrar:

(Signed): A. M. S. 

Address: Easton, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<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>Date of onset</td>
<td>1 week ago</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>

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

1. PLACE OF DEATH
   County: Talbot
   Village or City: Easton
   No. Emergency Hospital St.,: 
   Registration Dist. No.: 290
   Ward: 
   Length of residence in city or town where death occurred: yrs. mos. days.

2. FULL NAME: Ruth Virginia Morris
   (a) Residence: No. Ridgely, Maryland
   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: Single

6. DATE OF BIRTH (month, day, and year): Nov. 24, 1929

7. AGE: 4 yrs. 8 mos. 12 days

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

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

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

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

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

13. NAME: William Henry Morris

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

15. MAIDEN NAME: Anny Florence Swift

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

17. INFORMANT (Address): M. William Morris
   Ridgely, Maryland

18. BURIAL, CREMATION, OR REMOVAL
   Place: Havre de Grace
   Date: 3/14, 1934

19. UNDERTAKER
   (Address): James A. Anderson
   Easton, Md.

20. FILED
   3/18, 1934
   A. H. Neves
   Registrar.

21. DATE OF DEATH
   Month: March
   Day: 12
   Year: 1934

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1934, to March 12, 1934.
   I last saw her alive on March 12, 1934; death is said to have occurred on the date stated above, at 3 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Cerebral Abscess

   Other Contributory Causes of importance:
   White Bloods

   Name of operation: Nyping Stony Date of: 3/9/34


23. If death was due to external causes (VIOLENCE) fill in the following:
   Accident, suicide, or homicide?: N/A
   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.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

Other contributory causes of importance:
Gallstones May 1, 1923

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

Other contributory causes of importance:
Gastroenteritis 1 year

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

1. PLACE OF DEATH
   County: Talbot
   Village or City: Easton, MD.
   Registration Dist. No.: 290
   Emergency Hospital, St., Ward.
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Male: unnamed
   Female: Queen Alome, MD.
   St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of
   Infant

6. DATE OF BIRTH (month, day, and year): Mar. 23, 1934
7. AGE: Infant

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

12. BIRTHPLACE (city or town)
    (State or country): Easton, MD.
13. NAME: Bishop Julian Burns
14. BIRTHPLACE (city or town)
    (State or country): Maryland
15. MAIDEN NAME: Mrs. Nicholas
16. BIRTHPLACE (city or town)
    (State or country): Maryland
17. INFORMANT
    (Address): Mrs. Nicholas, Alome MD.
18. BURIAL, CREMATION, OR REMOVAL: Emergency Hospital, St., Ward.
19. UNDERTAKER
    (Address): Emergency Hospital, St., Ward.
20. FILED: 3/23/1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) Mar. 23
    (Day) 1934

22. I HEREBY CERTIFY that I attended deceased from Mar. 23, 1934 to May 30, 1934; death is said to have occurred on the date stated above, at 11:50 a.m.

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

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
   (Signed) M.D.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1915</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chronic interstitial nephritis</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1921</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cerebral hemorrhage</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>July 6, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

<table>
<thead>
<tr>
<th>Attack of epilepsy</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Run over by street car</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Peritonitis</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

#### 1. PLACE OF DEATH
- County: Talbot
- Village or City: Easton
- Registration Dist. No.: 290
- Emergency Hospital: St. Mary's
- No. Emergency Hospital St.: 150
- Ward: 6

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

#### 2. FULL NAME
- Unnamed Ruttle Stillborn
- (a) Residence: No. 127 Arch Street, Ward 6
- St., Ward 6
- (Usual place of abode)

#### PERSONAL AND STATISTICAL PARTICULARS

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

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

#### 6. DATE OF BIRTH
- (Month, day, and year): March 3, 1934

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

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

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

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

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

#### 12. BIRTHPLACE (city or town) (State or country)
- Easton, Maryland

#### 13. NAME
- Mr. Enos Huttle

#### 14. BIRTHPLACE (city or town) (State or country)
- Federalsburg, Maryland

#### 15. MAIDEN NAME
- Hilda Elizabeth Ellen

#### 16. BIRTHPLACE (city or town) (State or country)
- Landgraaf, Limburg, Netherlands

#### 17. INFORMANT
- Name: Mr. Enos Huttle
- Address: Federalsburg, Md

#### 18. BURIAL, CREMATION, OR REMOVAL
- Place: Federalsburg
- Date: 3/4, 1934

#### 19. UNDERTAKER
- Name: Mr. Enos Huttle, Federalsburg

#### 20. FILED
- Date: 3/3, 1934

#### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH
- (Month) 3
- (Day) 1934

#### 22. I HEREBY CERTIFY, That I attended deceased from
- (Date) March 3, 1934
- (Time) 2:30 PM
- At: 60 Washington Street, Baltimore, Md.
- Death occurred at 2:30 PM, March 3, 1934
- The DEATH of Mr. Enos Huttle, on or about March 3, 1934

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

#### Other Contributory Causes of Importance:

#### Name of operation: None

#### 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:

#### Menstruation of injury:

#### Nature of injury:

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

#### If so, specify:

#### (Signed):

#### If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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, 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

see birth certificate
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME: Laura Parker
(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DISSOLVED: Widowed

21. DATE OF DEATH
Year: 1934
Month: Dec
Day: 22

22. I HEREBY CERTIFY, that I attended deceased from Dec 22, 1933, to Dec 22, 1934; death is said to have occurred on the date stated above, at 12:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- Tuberculosis
- Bright's Disease

Other Contributory Causes of Importance:

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

13. NAME: Horace Smith
14. BIRTHPLACE (city or town): Talbot, Md.
15. MAIDEN NAME: Laura P. Jones
16. BIRTHPLACE (city or town): Talbot, Md.
17. INFORMANT: Horace Smith
18. BURIAL, CREMATION, OR REMOVAL: Royal Oak, Feb 2, 1934
19. UNDERTAKER: James A. Duane
20. FILED: 3/6/34

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 7.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1 PLACE OF DEATH
County          Talbot
Village or City Forestdale (No.)

2 FULL NAME
Peter Parker

PERSONAL AND STATISTICAL PARTICULARS
SEX 1 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED
Male  Black  Single

DATE OF BIRTH
March 4, 1927

AGE Stillborn

OCCUPATION
Stillborn

9 BIRTHPLACE
(State or country) Forestdale

10 NAME OF FATHER
William Parker

11 BIRTHPLACE OF FATHER
(State or country) Forestdale

12 MAIDEN NAME OF MOTHER
Elizabeth Parker

13 BIRTHPLACE OF MOTHER
(State or country) Forestdale

M EDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
March 4, 1927

17 I HEREBY CERTIFY, That I attended the deceased from
and that death occurred on the date stated above, et.
The CAUSE OF DEATH was as follows:

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. da. State, yrs. mos. da.
Where was disease contracted, if not at place of death?

19 PLACE OF BURIAL OR REMOVAL
(Warranted) March 4, 1927

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar.
Cerificate of Death

Revised United States Standard

Approved by U. S. Census and American Public

[Handwritten text on the page]
**State of Maryland**

**Certificate of Death**

**Registration Dist. No.** 294

**Place of Death**

County: [Blank]

Village or City: [Blank]

**Full Name**

F. Pretiz

**Personal and Statistical Particulars**

3. **Sex:** Male

4. **Color or Race:** White

5. **Single, Married, Widowed, Or Divorced:** Single

6. **Date of Birth:** March 13, 1886

7. **Age:** 74 yrs. ...

8. **Occupation:** [Blank]

9. **Birthplace:** ... Maryland

10. **Name of Father:** [Blank]

11. **Birthplace of Father:** [Blank]

12. **Maiden Name of Mother:** [Blank]

13. **Birthplace of Mother:** [Blank]

14. **The Above Is True to the Best of My Knowledge**

**Medical Certificate of Death**

16. **Date of Death:** March 13, 1924

17. **I Hereby Certify That I attended the deceased from**

[Signature]

[Address]

18. **Length of Residence**

At place: [Blank]

Where disease contracted: [Blank]

Former or usual residence: [Blank]

19. **Place of Burial or Removal**

Creedle [Blank]

**Date of Burial:** [Blank]

20. ** Undertaker:** [Blank]

**Address:** [Blank]
If the certificate is issued over a distance of more than 800 yards, or if the body is more than 30 days dead, the attending physician shall be notified immediately.

Place of Death: (Name of Deceased — Name of Father, if any)
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Talbot
   Village or City: Easton, MD
   Registration Dist. No.: 29
   Emergency Hospital: (If death occurred in a hospital or institution, give its NAME, instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. Church Hill, MD
   (b) Place of abode

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   April 3, 1882

7. AGE
   Years: 52
   Months: 11
   Days: 27
   If LESS than 1 day, _______ hrs. or _______ min.

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 SAW MILL, BANK, etc.
   Own Farm

10. Date deceased last worked at this occupation (month and year)
    December, 1933

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

12. BIRTHPLACE (city or town)
    Kent County

13. NAME
    Joseph Reed

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

15. MAIDEN NAME
    Isabelle Hegy

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

17. INFORMANT
    (Address)
    Mrs. Margaret Smith

18. BURIAL, CREMATION, OR REMOVAL
    Place: Newmarket
    Date: May 20, 1934

19. UNDERTAKER
    (Address)
    W. H. Good

20. FILED
    (Address)
    Talbot, MD

21. DATE OF DEATH
   March 27, 1934

22. I HEREBY CERTIFY that I attended decedent from March 24, 1934, to March 27, 1934; death R said to have occurred on the date stated above, at 6:30 PM.

   The principal cause of death and related causes of importance were as follows:
   Mitral Insufficiency
   Delirium, Delirious
   Date of onset: 30 days

   Other contributory cause of importance:

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

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

   (Address)
   3049
   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 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 in which the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
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<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>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Talbot
   Village or City: Oxford
   Length of residence in city or town where death occurred: 70 yrs. 5 mos.

2. FULL NAME

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

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

   6. DATE OF BIRTH (month, day, and year): Oct 1, 1862

   7. AGE
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at: July 20
   11. Total time (years) spent in this occupation: 50

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

   13. NAME
   14. BIRTHPLACE (city or town): Talbot Co Md
      (State or country)

   15. MAIDEN NAME
   16. BIRTHPLACE (city or town): Talbot Co Md
      (State or country)

   17. INFORMANT
   18. BURIAL, CREMATION, OR REMOVAL
   19. UNDERTAKER
   20. FILED: Jul 28, 1930

   21. DATE OF DEATH
   (Month) March
   (Day) 26
   (Year) 1934

   22. I HEREBY CERTIFY that I attended deceased from March 21, 1934, to March 26, 1934; death is said to have occurred on the date stated above, at 8 P.M.

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

   Lobar pneumonia

   Date of onset

   Other Contributory Causes of Importance:

   Name of operation
   Dato of
   What test confirmed diagnosis? Yes.
   Was there an autopsy? Yes.

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

   Manner of injury
   Nature of injury

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

   If so, specify
   (Signed) William D. Byam
   (Address) Oxford, 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.

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

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

Other contributory causes of importance:

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

Example II

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: Baltimore
   - Village or City: Matthews
   - Registration Dist. No.: 293

2. **FULL NAME**
   - Residence: No.
   - Last Name: Stevens
   - First Name: Lizzie
   - Maiden Name: Mathews

   **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: F
   - Color or Race: White
   - Single, Married, Widowed, Or Divorced: Married
   - Date of Birth: Mar 17, 1859
   - Age: 75
   - Date of Death: Mar 16, 1934

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

   **BIRTHPLACE**
   - City or town: New York, New York
   - State or country: New York

   **MOTHER MOTHER**
   - NAME: Jane
   - MOTHER'S NAME: Jane

   **MAIDEN NAME**
   - Name: Susan T. Lynch

   **BIRTHPLACE**
   - City or town: Pennsylvania
   - State or country: Pennsylvania

   **INFORMANT**
   - Name: Charles Stevens
   - Address: Easton

   **BURIAL, CREMATION, OR REMOVAL**
   - Place: Hillsborough

   **UNDERTAKER**
   - Name: James A. Spence
   - Address: Easton

   **FILED**
   - Date: 3/17/1934

   **MEDICAL CERTIFICATE OF DEATH**
   - Date of Death: Mar 16, 1934
   - Name of operation: None
   - Date of operation: None
   - What test confirmed diagnosis? None
   - Was there an autopsy? No
   - Accident, suicide, or homicide? None
   - Where did injury occur? None
   - Manner of injury: None
   - Nature of injury: None

23. If death was due to external causes (VIOLENCE) fill in also the following:
   - Date of injury: Mar 19, 1934

24. Was disease or injury in any way related to occupation of deceased?
   - If so, specify: None

**If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."**
United states standard certificate of death

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

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**Other contributory causes of importance:**

| Gallstones | May 1, 1925 |

**Example II**

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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

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1. PLACE OF DEATH
   County: Talbot
   Village or City: Easton
   Registration Dist. No.: 29.0
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

3. SEX
   Male
   5a. If married, widowed, or divorced
   HUSBAND of (or) WIFE of
   Name: Mary Tillman

4. COLOR OR RACE
   Black
   Widowed

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

6. DATE OF BIRTH (month, day, and year)
   March 17, 1852

7. AGE
   Years: 77
   Months: 6
   Days: 0
   IF LESS THAN 1 day, hrs. or min.

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

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)
   Md

13. NAME
   Perry Tillman

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

15. MAIDEN NAME
   Unknown

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

17. INFORMANT
   (Address)
   Joseph Tillman
   403 Church Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Church Hill
   Date: 3/20, 1924

19. UNDERTAKER
   (Address)
   W. H. Good
   Church Hill, Md.

20. FILED
   3/20, 1924
   Registrar

21. DATE OF DEATH
   Month: March
   Day: 17
   Year: 1924

22. I HEREBY CERTIFY, That I attended deceased from:
   March 10, 1924, to March 17, 1924.
   I last saw h. m. alive on: 3/16, 1924.
   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:
   
23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of injury: 3/17, 1924
   Where did injury occur?
   Specify city, town, county and State.
   Nature of injury:
   Manner of injury:
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.
   Nature of injury:

24. If so, specify:
   (Signed)
   M. D.
   Church Hill, 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 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>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
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</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | Gastroenteritis |
| May 1, 1928 | 1 year |

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

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

2. FULL NAME
   Matthis Wilson

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   March 3, 1901

7. AGE
   Years: 33
   Months: 0
   Days: 2

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Own home

10. DATE DECEASED LAST WORKED AT
    This occupation
    March and June 1931

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    1

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

13. NAME
    Alex Cooper

14. BIRTHPLACE (city or town)
    Maryland

15. MAIDEN NAME
    Hester Stanley

16. BIRTHPLACE (city or town)
    Maryland

17. INFORMANT
    Dorsey Wilson

18. BURIAL, CREMATION, OR REMOVAL
    Joseph Wilson
    Date: June 8, 1934

19. UNDERTAKER
    M. D. Nevin

20. FILED
    Mar. 31, 1934

REGISTRATION DIST. No. 290

M. D. Nevin
Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<table>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH

County: Baltimore
Village or City: New Spa

Length of residence in city or town where death occurred: 1 yr., 0 mos., 0 ds.

2. FULL NAME

(a) Residence: New Spa

3. SEX

4. COLOR OR RACE

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

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

7. AGE

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

9. OCCUPATION

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) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (STATE OR COUNTRY)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

21. DATE OF DEATH

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

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

24. IF SO, SPECIFY

25. FILED
**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 morbif conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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

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

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

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

2. FULL NAME
   Name: George Wright

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   Nov 20, 1919

7. AGE
   Years: 14
   Months: 4
   Days: 8

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

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

10. Date deceased last worked in this occupation (month and year)
    Dec 31

11. Total time spent in this occupation (years)
    8

12. BIRTHPLACE (city or town)
    Talbot

13. NAME
    Charles Wright

14. BIRTHPLACE (city or town)
    Talbot

15. MAIDEN NAME
    Emma Henry

16. BIRTHPLACE (city or town)
    Talbot

17. INFORMANT
    Charles Wright

18. BURIAL, CREMATION, OR REMOVAL
    Place: New Market
    Date: Mar 30, 1934

19. UNDERTAKER
    M. C. Huffman

20. FILED
    Feb 23, 1934

21. DATE OF DEATH
    March 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1933, to March 28, 1934, and death occurred at 12:30 p.m. on December 21, 1934.

23. ACCIDENT, Suicide, or Homicide?
   Suicide

24. Manner and means of death:
   Heart Cardiac Decomposition

25. Other Contributory Causes of importance:
   Pulmonary Emphysema, with affection

26. Date of onset:
   March 28, 1934

27. Place and date of birth:
   Talbot
   June 15, 1919

28. Name of mother:
    Emma Henry

29. Date of marriage:
   June 15, 1919

30. Address of widow or widower:
    417 Market St.

31. Date of death:
   March 28, 1934

32. Name of undertaker:
    M. C. Huffman

33. Place of burial:
    New Market

34. Date of burial:
   March 30, 1934

35. Image of death certificate: [Image]
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

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

Other contributory causes of importance:

| Gallstones May 1, 1923 | |

Example II

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

Other contributory causes of importance:

| Gastroenteritis 1 year | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN