**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. PLACE OF DEATH
   - County: Baltimore
   - Registration Dist. No.: 3

2. FULL NAME
   - (a) Residence: No. 7, Ward 1
   - LAST NAME: Antelook
   - If nonresident give city or town and State: Met.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male
4. COLOR OR RACE: White
5. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   - If married, widowed, or divorced: HUSBAND of
   - (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, and year): 1866
7. AGE
   - Years: 68
   - Months: 0
   - Days: 0

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Laborer
9. Industry or business in which work was done: unknown
10. Date deceased last worked at this occupation: unknown

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

12. BIRTHPLACE (city or town) (State or country): Ausbriur
13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country): unknown
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Alyce Home Reeser
18. BURIAL, CREMATION, OR REMOVAL: Baked in Bakes, April 28, 1934
19. UNDERTAKER (Address): William J. Reeser
20. FILED: April 29, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH
   - Month: April
   - Day: 30
   - Year: 1934

22. I HEREBY CERTIFY, That I attended deceased from
   - Aprie 9, 1934, to April 27, 1934
   - I last saw him alive on April 25, 1934. Death is said to have occurred on the date stated above, etc.
   - The principal cause of death and related causes of importance were as follows:

   **Signatures:**
   - M. D. Baker
   - [Signature]

23. If death was due to external causes (violence) fill in also the following:
   - Accident, suicide, or homicide: none
   - Date of injury: none
   - Where did injury occur? (Specify city or town, county, and state): None
   - Specify whether death occurred in industry, in home, or in public place: none
   - Manner of death: none
   - Nature of death: none

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal cause of death and related causes</td>
<td>Principal cause of death and related causes</td>
</tr>
<tr>
<td>of importance were as follows:</td>
<td>of importance were as follows:</td>
</tr>
<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>
<tr>
<td>RECEIVED</td>
<td></td>
</tr>
<tr>
<td>MAY 5, 1934</td>
<td></td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gallstones</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1921</td>
</tr>
<tr>
<td>1921</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>1 week ago</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1 week ago</td>
<td>3 days ago</td>
</tr>
<tr>
<td>3 days ago</td>
<td></td>
</tr>
<tr>
<td>systemic</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN</td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Towson
   No. W. Chesapeake Ave. St., Ward
   Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth yrs. mos. ds. Registration Dist. No. 35

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

3. SEX
   Female, White, Widowed

4. COLOR OR RACE
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   (Write the word)
   HUSBAND OF
   (or) WIFE OF
   James Bardsley

6. DATE OF BIRTH (month, day, and year)
   March 3, 1861

7. AGE
   Years
   Months
   Days
   IF LESS than I day, . . . . . hrs. of . . . . . min.

8. TRADE, PROFESSION, OR PARTICULAR
   kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Housekeeper

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

10. Date deceased last worked at this occupation (month and year)
    4/5/34

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

12. BIRTHPLACE (city or town)
    Pennsylvania

13. NAME
    James Murdock

14. BIRTHPLACE (city or town)
    Ireland

15. MAIDEN NAME
    Frances Hunter

16. BIRTHPLACE (city or town)
    Pennsylvania

17. INFORMANT
   (Address)
   Florence Wilson

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Date
    4/20

19. UNDERTAKER
   (Address)
   John D. Moran

20. FILED
    Apr. 25, 1934
    Registrar

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

21. DATE OF DEATH
    April 26

22. I HEREBY CERTIFY that I attended deceased from
    April 25, 1934, to April 26, 1934
    I last saw him or her alive on April 25, 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:
    Arteriosclerosis
    Other Contributory Causes of Importance:
    Hypertension

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

24. Manner of injury
    Nature of injury

If so, specify

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

<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: Baltimore
   Village or City: Catonsville
   No.: 131 Oak Drive
   Registration Dist. No.: 30
   Length of residence in city or town where death occurred: yrs. _ _ _
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   yrs. _ _ _
   ds. How long in U.S. if of foreign birth? yrs. _ _ _
   St., Ward._
   If nonresident give city or town and State._

2. FULL NAME
   (a) Residence: No. 1526 N. Bond
   (Usual place of abode)
   (b) 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
   Widowed

6. HUSBAND OR WIFE
   HUSBAND of (or) WIFE of
   Francis M. Barrett

7. DATE OF BIRTH (month, day, and year)
   Jan. 25, 1857

8. OCCUPATION
   Clerk at Home

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, etc.
   (Specify)

10. DATE DECEASED FIRST WORKED AT THIS OCCUPATION
    (Month and year)

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

12. BIRTHPLACE (city or town)
    Baltimore

13. NAME
    Patrick Connoly

14. BIRTHPLACE (city or town)
    Ireland

15. MAIDEN NAME
    Don't Know

16. BIRTHPLACE (city or town)
    Don't Know

17. INFORMANT (Address)
    Chas. C. Burnham

18. BURIAL, CREMATION, OR REMOVAL
    Cathedral Churchyard, May 2, 1934

19. UNDERTAKER (Address)
    Chas. F. Spade and Son

20. FILED (month, year)
    April 29, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 29, 1934

22. I HEREBY CERTIFY
    That I examined deceased from
    April 21, 1934, to April 29, 1934
    I last saw her alive on
    April 28, 1934
    Her death occurred on
    April 29, 1934
    Cause of death
    Cancer of Liver

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

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify
    (Signed) Marshall B. Wood
    (Address) Catonsville, Md.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

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

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

2. FULL NAME
   (a) Residence:
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Month
   Day
   Year

22. I HEREBY CERTIFY, that I attended deceased from
   April 1, 1934, to April 19, 1934
   I last saw h. m. alive on
   April 19, 1934, death is said
   to have occurred on the date stated above, at 3:30 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Asthma chronic
   Other Contributory Causes of Importance:

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

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

To be complete, an occupation return must state:

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

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

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

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

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

---

**Example I**

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

---

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

---

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Signature]

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

2. FULL NAME
   Sarah P. Browning
   Residence: Harrisonville

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

6. DATE OF BIRTH
   Dec. 5, 1880
7. AGE
   Years: 73
   Months: 4
   Days: 16

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

9. DATE DECEASED LAST WORKED AT
   Dec. 21, 1934

10. TOTAL TIME (YEARS) Spent in This Occupation

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

22. I HEREBY CERTIFY, That I attended deceased from
    Dec. 15, 1933, to Dec. 22, 1934, and I last saw her alive on Dec. 21, 1934,
    Death is said to have occurred on the date stated above, at

   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

   Gastroenteritis

   NAME OF PATIENT
   Daniel C. Gray

   MOTHER FATHER
   Annie E. Shaffer

   INFORMANT
   Mrs. Richardson

   BURIAL, CREMATION, OR REMOVAL
   Gravestones Charles Ave. Apr. 23, 1934

   UNDERTAKER
   E. H. Scott

   FILED
   Apr. 23, 1934

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

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

To be complete, an occupation return must state:
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, mechanic, etc.

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>(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>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 | Gastroenteritis |
| May 1, 1923 | 1 year |

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

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

2. FULL NAME
   Charles Clinton Caples
   Residence: No. Stevenson, Md.

3. SEX Male
   COLOR OR RACE White
   MARRIED

4. DATE OF DEATH
   Month: April
   Day: 23rd
   Year: 1934

5. DATE OF BIRTH
   Month: Dec.
   Day: 29th
   Year: 1867

6. OCCUPATION
   Farmer

7. OTHER CONTRIBUTORY CAUSES OF DEATH
   Gun shot wound in head

8. NATURE OF INJURY
   Suicide

9. PLACE OF BIRTH
   Maryland, U.S.

10. MOTHER FATHER
    Wm. H. Caples

11. MAIDEN NAME
    Ella Woolery

12. BIRTHPLACE (city or town)
    Maryland

13. INFORMANT
    Mrs. Charles Clinton Caples

14. BURIAL, CREMATION, OR REMOVAL
    Place: Sandy Mt.
    Date: April 25, 1934

15. UNDERTAKER
    J. E. Blease and Sons

16. FILING
    Filed: Aug. 30, 1934

17. MEDICAL CERTIFICATE OF DEATH
    I HEREBY CERTIFY, that attended deceased from
    Date of onset:
    Date of death:
    Place: Stevenson, Md.
    Nature of injury:
    Manner of injury:
    Accident, suicide, or homicide:
    Where did injury occur?:
    Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.
    To have occurred on the date stated above, at:
    Date of injury:
    Cause of death:
    Nature of Injury:
    Disease or injury in any way related to occupation of deceased:
    If so, specify:

Registrar:
S. G. B. Cone, M.D.

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

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

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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: |
| Arteriosclerosis | Date of onset | 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
1. PLACE OF DEATH

County: Baltimore
Village or City: Stevenson

2. FULL NAME: Ann Jane Cardwell
(a) Residence: No. Stevenson, Md.

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

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

6. DATE OF BIRTH (month, day, and year): Dec. 12, 1847
7. AGE (Years, Months, Days): 87, 3, 19

8. Trade, profession, or particular kind of work done, e.g., SPINNER, SAWER, BOOKKEEPER, etc.: Nothing
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): Ireland
13. NAME: Francis Dilworth
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Hannah M. McKeown
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. W. P. Beall
   (Address): Stevenson, Md.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Salem Cemetery, Upper Falls, Md.
   Date: Apr. 4, 1934
19. UNDERTAKER: Henry C. Lasham
   (Address): 7401 Belair Rd.
20. FILED: April 2, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Many years, 19, to April 1, 1934, I last saw her alive on April 1, 1934; death is said to have occurred on the date stated above, at 7:45 P.M.
   The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows:
   Arterio Sclerosis
   Senile Degeneration
   Date of onset: ?
   Other Contributory Causes of Importance:
   Name of operation: None
   Date of: Clinical
   Was there an autopsy? No

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: P. E. Mehl
   (Address): Pikesville, Md.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

1. PLACE OF DEATH
   County: Baltimore
   No. 316 E. Joppa Road St., Ward. 38
   Village or City: Towson
   Registration Dist. No. 03557
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: William A. Carroll
   (a) Residence: No. 316 E. Joppa Road St., Ward.
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

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

   5e. If married, widow, or divorced
   HUSBAND of (or) WIFE of
   Katharine Heinekamp

   6. DATE OF BIRTH (month, day, and year): Dec. 16, 1858
   7. AGE: Years 75 Months 3 Days 24

   8. TRADE, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc., Pilot
   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): 
   11. Total time (years) spent in this occupation:

   12. BIRTHPLACE (city or town): New York
   13. NAME: Joseph Carroll
   14. BIRTHPLACE (city or town): England
   15. MAIDEN NAME: Ellen Cook
   16. BIRTHPLACE (city or town): New York
   17. INFORMANT: Mrs. Katharine H. Carroll

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Cathedral Cemetery
   Date: 4/13/34

   19. UNDERTAKER: Mrs. Cathy H. Mears
   (Address): 805 E. Cathedral Rd.
   Date: 5/12/34

   20. FILED: 5/12/34
   (Address): Mrs. P. Outhwaite
   Registrar.

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: April 10, 1934

   22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1933, to April 10, 1934.
   I last saw him alive on April 10, 1934.
   The principal cause of death and related causes of importance were as follows:
   Gastric ulcer, Senility, Renal collapse.

   23. Date of onset: 2/10/34
   Other Contributory Causes of Importance:
   Peritoneal shock
   Necrosis

   24. Date of death: 4/10/34
   Name of operation: Cystectomy
   Date of: 12/5/34
   Where test confirmed diagnosis? Yes
   Was there an autopsy? Yes
   Accident, suicide, or homicide? No
   Date of injury: 19
   Where did injury occur? (Specify city, county, State, and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   25. If so, specify:

   Men of injury: No
   Nature of injury: No

   If so, specify:

   (Address): Clarence Howells
   (M.D.): Towson, Md.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1928

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: EUDWOOD SANATORIUM, TOWSON, MD.
   Registration Dist. No. 7
   St., Ward
   Length of residence in city or town where death occurred: 1 yrs. 2 mos. 19 ds.

2. FULL NAME
   (a) Residence: No. 162 WASHINGTON ST.
   (Usual place of abode)
   MEDICAL CERTIFICATE OF DEATH
   If nonresident give city or town and State

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

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

6. DATE OF BIRTH (month, day, and year)
   June 2, 1898

7. AGE
   Years: 35
   Months: 10
   Days: 11

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

9. OCCUPATION
   Hospital

10. DATE DECEASED—LAST WORKED AT THIS OCCUPATION (month, day, and year)
    January 1932

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

12. BIRTHPLACE (city or town)
    Delaware

13. NAME
    Thomas Cashoe

14. BIRTHPLACE (city or town)
    Delaware

15. MAIDEN NAME
    Ella Collins

16. BIRTHPLACE (city or town)
    Pennsylvania

Hospital Records—Personal History

EUDWOOD SANATORIUM, TOWSON, MD.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Headly Christian
   Date: April 6, 1934

19. UNDAKTER
   Address: New Park, Delaware

20. FILE
   Date: April 13, 1934

21. DATE OF DEATH
    (Month) April
    (Day) 13
    (Year) 1934

22. I HEREBY CERTIFY, That I attended decedent from January 26, 1933, to April 13, 1934.
    Last saw him alive on April 13, 1934, when death occurred.
    The principal cause of death and related causes of importance were as follows:
    Pulmonary Tuberculosis.
    Date of onset: 1930

23. Was death caused by external cause (VIOLENCE) fill in also the following:
    Manner of Injury
    Nature of Injury

24. Was death due to external cause (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.

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

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

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

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

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

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

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

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

Other contributory causes of importance:
Gallstones  May 1, 1923

Other contributory causes of importance:
Gastroenteritis  1 year

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

1. PLACE OF DEATH
   County: Balto  
   Village or City: Woodstock, Md.  
   Registration Dist. No. 32
   Length of residence in city or town where death occurred: 40 yrs., mos.
   Ward: No.  St., W.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No.  
   (Usual place of abode:)
   Ediza J. Clifton
   St., W.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   July 29, 1854

7. AGE
   Years: 79  
   Months: 8  
   Days: 22
   If LESS than 1 day, hrs., or. min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   John Parget

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

15. MAIDEN NAME
   Anne P. Griffith

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

17. INFORMANT
   Ediza J. Clifton  
   (Address: Woodstock, Md.)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Hebron  
   Date: April 25, 1934

19. UNDERTAKER
   J. F. Slade & Sons  
   (Address: Woodstock, Md.)

20. FILED
   April 27, 1934  
   Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 20, 1934

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

Other Contributory Causes of importance:

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

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td></td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County...Baltimore
   Village or City...Essex
   Length of residence in city or town where death occurred...2 yrs. 6 mos. 0 ds.
   No. 10 St., Ward.
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME...Jeanie Lorraine Cowan
   (a) Residence: No. Riverside Ave., Essex St., Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX...F
4. COLOR OR RACE...W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED...single
   (write the word)
   If married, widowed, or divorced
   HUSBAND of
   or WIFE of

6. DATE OF BIRTH (month, day, and year)...Oct. 17, 1931
7. AGE...4 yrs. 6 mos. 7 days
   If LESS than 1 day, 1 hr., or 24 hrs.
  or misc.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc...
   Date deceased last worked at this occupation (month and year)
   Total time (years) spent in this occupation

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

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

12. BIRTHPLACE (city or town)...Baltimore
   (State or country)
13. NAME...Jean Cowan
14. BIRTHPLACE (city or town)...Canada
   (State or country)
15. MAIDEN NAME...Margaret Holbert
16. BIRTHPLACE (city or town)...Baltimore Co.
   (State or country)

17. INFORMANT...Jean Cowan
    Name...
    Address...Riverside Ave., Essex
18. BURIAL, CREMATION, OR REMOVAL
    Place...Bryn Mawr Cemetery
    Date...4/12/1934
    Undertaker...John C. Connolly
19. FILLED...4/12/1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH...April 10th, 1934
   (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from...
    April 7, 1934, to April 9, 1934
    I last saw her...alive on...
    to have occurred on the date stated above, at...
    The PRINCIPAL CAUSE OF DEATH and related causes of importance...
    Other Contributory Causes of importance:

   Jeanie Cowan
   Date of onset...

   Secondary to influenzal pneumonia
   Date of death...

   Name of operation...
   Date...
   What test confirmed diagnosis...
   Date of...
   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...
   Date of...

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

If more blanks are needed, address State Registrar, 2416 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>MAY 7, 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

**Other contributory causes of importance:**

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

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**


STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Chestnut Ridge
   Registration Dist. No.: Registration Dist. No.
   St., Ward: 7
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Divorced

6. DATE OF BIRTH (month, day, end year)
   April 21, 1860

7. AGE
   Years: 15
   Months: 1
   Days: 0

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

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

10. Date deceased last worked at this occupation (month and year)
    March 1930

11. Total time (years) spent in this occupation
    60

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

13. NAME
    Jefferson Crue

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

15. MAIDEN NAME
    Mary Singleton

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

17. INFORMANT
    George S. Jones
    Address: 8670 Chestnut Ridge

18. BURIAL, CREMATION, OR REMOVAL
    Place: Campbells Chapel, Country.
    Date: April 21, 1930

19. UNDERTAKER
    John Swope, Sprow
    Address: 8670 Chestnut Ridge

20. FILED
    April 21, 1930
    Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) (Day) (Year)
   April 21, 1930

22. I HEREBY CERTIFY, That I attended deceased from
    April 21, 1930, to April 21, 1930.
    I last saw him alive on March 21, 1930; death is said to have occurred on the date stated above, at 11 p.m.
    The principal cause of death and related causes of importance were as follows:

    Cause of death: Tuberculosis of lungs.
    Date of onset: 1925.
    Other Contributory Causes of Importance:
    Pulmonary Emphysema (K. Rees, M.D.)

    Name of operation: none.
    Date of:
    What test confirmed diagnosis? Clinical.
    Was there an autopsy? no.

23. If death was due to external causes (VIOLANCE) fill in also the following:
    Accident, suicide, or homicide: none.
    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.

    Nature of injury: none.
    Nature of injury: none.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1933</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
# State of Maryland - Certificate of Death

**1. Place of Death**
- County: Baltimore
- Village or City: Mount Sanatorium, MD
- Registration Dist. No.: 33
- Length of residence in city or town where death occurred: 1 yrs. 3 mos. 16 ds.

**2. Full Name**
- Irving Dryer
- Residence: No. 1131 E Baltimore St, Balts, MD

## 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.** II married, widowed, or divorced
- HUSBAND of
- OR WIFE of

<table>
<thead>
<tr>
<th>6. Date of Birth (month, day, and year)</th>
<th>7. Age (Years)</th>
<th>8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc...</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 30, 1934</td>
<td>28</td>
<td>Secretary of T.S.</td>
</tr>
</tbody>
</table>

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

**10.** Date deceased last worked at this occupation (month and year)
- January 30, 1934

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

**12. Birthplace (city or town)**
- Baltimore, MD

**13. Name**
- Louis Dryer

**14. Birthplace (city or town)**
- Russia

**15. Maiden Name**
- Celia Hoffman

**16. Birthplace (city or town)**
- Russia

**17. Informant**
- Address

**18. Burial, Cremation, or Removal**
- Place: Southerne
- Date: 6/6/1934

**19. Undertaker**
- Address: 1107 E 1st St

**20. Filed**
- Date: 6/7/1934

**21. Date of Death**
- April 7, 1934

**22. I hereby certify**
- That I attended deceased from December 22, 1932, to April 7, 1934.
- I last saw him alive on April 17, 1934, at 4:30 A.M.
- Death occurred on the date stated above at 4:30 A.M.

**The Principal Cause of Death and related causes of importance were as follows:**
- Chronic Pulmonary Tuberculosis
- I. Tuberculosis of Larynx

**23. If death was due to external causes (violence) fill in also the following:**
- Accident, suicide, or homicide?: No
- Date of Injury: 19
- Where and how did injury occur?
- Manner of Injury
- Nature of Injury

**24. Was disease or injury in any way related to occupation of deceased?**
- No
- If so, specify

**Registrars**
- Registrars
- M.D.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 7.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<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>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
County: Baltimore
Village or City: Mt. Wilson

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

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

SA. If married, widowed, or divorced HUSBAND or (or) WIFE of
Julia Dunigan

6. DATE OF BIRTH (month, day, and year) August 11th, 1866
7. AGE Years: 67 Months: 8 Days: 4
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Carpenter

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) Un-
known

11. Total time (years) spent in this occupation 1932

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

13. NAME John T. Dunigan

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

15. MAIDEN NAME Bridget Hughes

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

17. INFORMANT (Address) Louis M. Schechertz

18. BURIAL, CREMATION, OR REMOVAL Place: Mt. Wilson, Md., Date: 8/18/1932

19. UNDERTAKER (Address) Edgerton Sons

20. FILED April 16, 1934

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH April 15th, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27th, 1934 to April 15th, 1934.
I last saw him alive on April 15th, 1934; death is said to have occurred on the date stated above, at 10:40 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Pulmonary tuberculosis

May 1932

Other Contributory Causes of Importance:
None

Name of operation No operation
Date of X-ray, and No
tubercle bacilli were found in sputum

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) John A. Smith
(Address) 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 house work, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</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: Baltimore Co.
   - Village or City: Catonsville, Md.
   - No. 36 Prospect Ave

2. **FULL NAME**
   - Elizabeth Jett Edwards

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Aug. 12, 1853

7. **AGE**
   - Years: 80
   - Months: 8
   - Days: 18

8. **OCCUPATION**
   - House work

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - 2

10. **BIRTHPLACE**
    - Reidville, Va.

11. **FATHER**
    - Rev. Jett

12. **MOTHER**
    - Frances B. Jett

13. **INFORMANT**
    - B. Grace Edwards

14. **BURIAL, CREMATION, OR REMOVAL**
    - Rosehill Grav. No. 2

15. **UNOBTAINABLE**

16. **UNOBTAINABLE**

17. **MEDICAL CERTIFICATE OF DEATH**
   - April 30, 1934
   - Chronic Myocardial Insufficiency
   - Bronchitis Hemorrhagic
   - Date of onset: April 17, 1934

18. **REGISTERED**
    - Geo. E. Wells, 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.

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>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>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
PLACE OF DEATH
County: Baltimore
Village or City: Hyde Park

FULL NAME: Annie England

PERSONAL AND STATISTICAL PARTICULARS
SEX: Female
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow
DATE OF BIRTH: Unknown, 1889
AGE: 67 yrs, 0 mos, 0 days, 0 hrs, 0 min
OCCUPATION: Farmwork
BIRTHPLACE: Unknown
NAME OF FATHER: Unknown
BIRTHPLACE OF FATHER: Unknown
MAIDEN NAME OF MOTHER: Unknown
BIRTHPLACE OF MOTHER: Unknown

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH: April 16, 1954
I HEREBY CERTIFY, That I attended the deceased from April 17, 1954, to April 16, 1954, that I last saw her alive on April 16, 1954, and that death occurred on the date stated above, at 3:47 a.m. The CAUSE OF DEATH was as follows:

CONTRIBUTORY

 подписала

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death... yrs... mos... da... In the State... yrs... mos... da...

PLACE OF BURIAL OR REMOVAL
Ashbury Cemetery
DATE OF BURIAL
April 18, 1954
UNDERTAKER
Matthew H. Bailey 1421 Jefferson

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., requesting V. S. No. 1.
STATEMENT OF OCCURRENCE

Revised United States Standard

Certificate of Death

Health Association

Approved by U.S. Census and American Public

Whatever your name, you're welcome.

Statement of Cause of Death—Name, Age, Sex

[Redacted for privacy]

[Redacted for privacy]

Healthy Association

Tightly woven together

[Redacted for privacy]
PLACE OF DEATH
County: Baltimore
Village or City: Elkridge, MD (No. 402 Greenwood Rd)

FULL NAME: Sophie Essey

PERSONAL AND STATISTICAL PARTICULARS
SEX: Female
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow
DATE OF BIRTH: Aug 23, 1859

AGE: 76 yrs 7 mos 6 days

OCCUPATION: None

BIRTHPLACE: Baltimore, MD

NAME OF FATHER: Echos Vallegen
BIRTHPLACE OF FATHER: Germany

MAIDEN NAME OF MOTHER: Lena Feaman
BIRTHPLACE OF MOTHER: Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant: Albert W. Essey
Address: 402 Greenwood Rd

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH: April 5, 1934

I HEREBY CERTIFY, That I attended deceased from
Nov 19, 1933, to April 5th, 1934,
that I last saw her alive on April 3rd, 1934,
and that death occurred on the date stated above, at 11 P.M.
The CAUSE OF DEATH was as follows:

Acute Myocardial Failure

Contributionary
(Duration) 1 yrs 6 mos 0 days

(Signed) James O. Miller, M.D.
Address: Elkridge, MD

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs mos ds State yrs mos ds

PLACE OF BURIAL OR REMOVAL
Buried: Elkridge, MD
Date of Burial: Apr 9, 1934

Undertaker: Harry W. Allen
Address: 1944

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
Statement of cause of death—Name first, the disease...
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Middle River

2. FULL NAME: Elizabeth Ernice
   Residence: Middle River

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5a. If married, widowed or divorced, HUSBAND or WIFE: Joseph J. Ernice
6. DATE OF BIRTH: March 25, 1866
7. AGE: 68 years
   Months: 0
   Days: 13

8. Trade, profession, or particular kind of work done: At Home
9. Industry or business in which work was done: SILK MILL, Saw Mill, Bank, etc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 8, 1934

22. I HEREBY CERTIFY, that I attended deceased from March 25th, 1866, to April 8th, 1934, to have occurred on the date stated above, at 12:00 M. M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Disease: Thrombosis

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "O. 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 1</th>
<th>Example 2</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>Date of onset</td>
<td>Date of onset</td>
</tr>
<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>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| | | | | |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Owings
   Length of residence in city or town where death occurred: 20 yrs., 6 mos., 30 days

2. FULL NAME
   George Evans
   Residence: Owings
   Usual place of abode: Owings

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced, HUSBAND or WIFE of:
   HUSBAND: George Evans
   WIFE: Margaret Hatfield Evans

6. DATE OF BIRTH (month, day, year): March 4, 1893
7. AGE Years: 41
   Months: 1
   Days: 26

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

9. Industry or business in which work was done: Silk Mill
   Saw Mill
   Bank

10. Date deceased last worked at occupation: April 30, 1934
11. Total time (years) spent in this occupation: 20 yrs.

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

13. NAME: George Evans
14. BIRTHPLACE (city or town): Owings
    State or country: Maryland

15. MAIDEN NAME: Margaret Hatfield
16. BIRTHPLACE (city or town): Owings
    State or country: Maryland

17. INFORMANT: Mrs. George Evans, Owings
18. BURIAL, CREMATION, OR REMOVAL
   Place: Woodland, Md.
   Date: May 2, 1934

19. UNOERTAKER: R. H. E. Erhahum, Owings
20. FILED: 27, 1934

REGISTRATION DISTRICT No. 30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 30
   (Day) 1934
   (Year)

22. I HEREBY CERTIFY, That I attended deceased from
   (Month) 19
   (Day) 19
   (Year)

   I last saw him alive on
   (Month) 19
   (Day) 19

   Death is said to have occurred on the date stated above, at 3:30 P.M.

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

   Date of onset
   Other Contributory Causes of importance:

   Name of operation
   Date of... 4/30/34
   Cause of death
   Cause of death

   Where did injury occur?
   Specifying city or town, county and state

   Manner of injury
   Nature of injury

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

   (Signature)
   (Address)

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

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

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

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc.

Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</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: Baltimore
Village or City: N/A

2. FULL NAME
(a) Residence: No. 5, Charlesvalley St., Baltimore, Ward, Md.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
Male
4. COLOR OR RACE
White
5. SINGLE, MARRIED, SPOUSAL, OR DIVORCED
SPOUSE'S NAME: Catherine Elizabeth Eyre

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
April 23, 1934

22. I HEREBY CERTIFY That I attended deceased from:

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

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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

Registration Dist. No.: 3

If nonresident give city or town and State

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

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

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

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

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

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

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

Example I

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

Other contributory causes of importance:

Gallstones | May 1, 1923

Example II

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

Other contributory causes of importance:

Gastroenteritis | 1 year

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Aug 13, 1888

7. AGE (Years, Months, Days) 85, 8, 6

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

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

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

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

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

13. NAME: Krigis Wurser

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

15. MAIDEN NAME: Virginia Bald

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

17. INFORMANT: Mrs. Beulah Gardner  
   (Address): Stronghold, Md

18. BURIAL, CREMATION, OR REMOVAL
   Place: Buckeysville, Md  
   Date: 4-20, 1934

19. UNDERTAKER: E. B. Gardner  
   (Address): Stronghold, Md

20. FILED: 4-20, 1934  
  Registr. no.: 3153

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, Day, Year): 4, 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from
   May 14, 1934, to April 18, 1934; death occurred on April 18, 1934.

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

   Bronchial Pneumonia 4/13/34

   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: Natur of injury:

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

   (Signed): D. M. Neal  
   (Address): Hancourt, Ind

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>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: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Catonsville
   Registration Dist. No. 30
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME.
   (a) Residence: No. 1224 Wade Ave
   (Usual place of abode)

 PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   Nov 17, 1867

7. AGE
   Years: 66
   Months: 4
   Days: 24

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

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

10. Date deceased last worked at this occupation (month and year)
    Apr 1934

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

12. BIRTHPLACE (city or town)
    Baltimore

13. NAME
    John W. Fick

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

15. MAIDEN NAME
    Catherine Kelly

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

17. INFORMANT
    Emma J. Fick

18. BURIAL, CREMATION, OR REMOVAL
    Place: Druid Ridge Cem.
    Date: April 10, 1934
    Date of onset

19. UNDERTAKER
    (Address)
    1003 W. Baltimore St.

20. FILED
    (Address)
    Catonsville Ind.

21. DATE OF DEATH
    April 7, 1934

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY that I attended deceased from
    Apr 5, 1934, to Apr 7, 1934

    (Month) (Day) (Year)

    I last saw him alive on... Apr 7, 1934.

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

    Other Contributory Causes of Importance:

    Arterio-Sclerosis

    Name of operation

    Date of

    Was there an autopsy

    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

    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 homemaker, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

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: Baltimore
   Village or City: Orange Grove
   Registration Dist. No.: 30
   No. All Saints Conv. St. 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: 16 yrs. 10 mos. 4 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. All Saints Conv. St. Ward.
   (b) Name: William Finch

PERSONAL AND STATISTICAL PARTICULARS

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

7. DATE OF BIRTH (month, day, and year)
   8. Occupation
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month and year)
   11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) (Day) (Year)
   22. I HEREBY CERTIFY, That I attended deceased from
   (Month) (Day) (Year)
   I last saw deceased alive on (Month) (Day) (Year); death is said to have occurred on the date stated above, at ___ of m.

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

   Other Contributory Causes of Importance:

   Name of operation
   What test confirmed diagnosis? CLINICAL
   Date of
   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
   Date of
   If so, specify

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

**1. PLACE OF DEATH**

- **County:** Baltimore
- **Village or City:** Lynch Point, Md.
- **Residence No.:** North Point Rd.

**2. FULL NAME:** James L. Forbes

**PERSONAL AND STATISTICAL PARTICULARS**

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

**OCCUPATION**

- **8. Trade, profession, or particular kind of work done:** spinner, sawyer, bookkeeper, etc.
- **9. Industry or business in which work was done:** silk mill, saw mill, bank, etc.

**MOTHER**

- **16. BIRTHPLACE (city or town):** Va.

**INFORMANT**

- **17. INFORMANT:** Thomas Forbes
- **Address:** North Point Rd.

**BURIAL, CREMATION, OR REMOVAL**

- **Place:** Oaklawn
- **Date:** April 23, 1934

**UNTERAKNER**

- **19. UNTERAKNER:** W. H. Williams
- **Address:** 414 Logan Ave.

**FILED**

- **20. FILED:** Apr. 22, 1934

**MEDICAL CERTIFICATE OF DEATH**

- **21. DATE OF DEATH:** April 21, 1934
- **22. I HEREBY CERTIFY:** That I attended the deceased from April 15, 1934, to April 21, 1934.
- **23. If death was due to external causes (VIOLENCE) fill in also the following:**
- **Other Contributory Causes of importance:**

**Other Contributory Causes of importance:**

- **Date:** April 15, 1934
- **Date of operation:**
- **What test confirmed diagnosis:**
- **Was there an autopsy:**

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>June 21, 1923</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
PLACE OF DEATH
County: Baltimore Co
Village or City: Glen Burnie (No. )

2 FULL NAME
Gertrude Ford

PERSONAL AND STATUTORY PARTICULARS
3 SEX
F
4 COLOR OR RACE
Blk
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single

6 DATE OF BIRTH
Apr 28, 1975

7 AGE
59 yrs. mos. ds.

8 OCCUPATION
Domestic

9 BIRTHPLACE
Va

10 NAME OF FATHER
Darrel Hues

11 BIRTHPLACE OF FATHER
(Va)

12 MAIDEN NAME OF MOTHER
Darrel Hues

13 BIRTHPLACE OF MOTHER
(Va)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant: Effie Ford
(Address) 1325 Riggs St, Wash.

15 FILED
Date:

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 33

16 DATE OF DEATH
Apr 28, 1924

17 I HEREBY CERTIFY, That I attended the deceased from
Mar 15, 1924 to Apr 28, 1924
that I last saw her alive on
Apr 27, 1924
and that death occurred on the date stated above, at 8 A.M.

The CAUSE OF DEATH was as follows:

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

19 PLACE OF BURIAL OR REMOVAL
Piney Grove

18 LENGTH OF RESIDENCE
For Hospitals, Institutions, Transients or Recent Residents

20 UNDERTAKER
Samuel H. Henley

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.
Statement of Occupation—Please state full name of occupation.

Health Association

CERTIFICATE OF DEATH

Revised United States Standard
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Catonsville
   Registration Dist. No.: 30
   Hospital: Spring Grove

2. FULL NAME
   (a) Residence: 1420 E. Bond Street, Baltimore, Md.

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)
   About 1864

7. AGE
   Years: 70
   Days: 0
   If LESS then a day, hrs. or min.: 0

8. OCCUPATION
   Unknown

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)
    Apr. 1914

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

12. BIRTHPLACE (city or town)
    Austria

13. NAME
    Unknown

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

15. MAIDEN NAME
    Austria

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

17. INFORMANT
    Name: Peter C. Garret
    Address: E. Bond Street

18. BURIAL CREMATION, OR REMOVAL
    Date: 30th, 1914

19. UNDERTAKER
    Name: Sprung, Bros.
    Address: E. Bond Street

20. FILED
    4/28, 1914

21. DATE OF DEATH
    April 18, 1914

22. I HEREBY CERTIFY
    That I attended deceased from
    July 6, 1914, to Apr. 18, 1914, death is said
    to have occurred on the date stated above, at 5 p.m.

23. Accidental or violence? Yes
   Nature of injury:

24. Accident, suicide, or homicide? No
   Date of injury:
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury:
   Nature of injury:

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<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>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Baltimore
   - Village: Baltimore
   - Registration Dist.: No. 30
   - No. Aurora Grove Hospital Ward
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Mary Goldberg

(a) Residence: No. 205 S. E. Fairmont St. Ave. Ward.

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.</td>
<td>D. WHITE, M.</td>
<td>She.</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced
   - HUSBAND OF or WIFE of: Daniel Goldberg

6. **DATE OF BIRTH** (month, day, and year)
   - Apr. 10, 1890

7. **AGE**
   - Years: 35
   - Months: 0
   - Days: 18

8. **OCCUPATION**
   - Housewife

9. **PLACE**
   - At home

10. **DATE DECEASED**
    - April 28, 1934

11. **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**
    - 10 yrs.

12. **BIRTHPLACE**
    - Russia

13. **FATHER**
    - Menchik

14. **MOTHER**
    - Reisser

15. **MAIDEN NAME**
    - Belle Glissa

16. **PLACE OF DEATH**
    - Baltimore

17. **INFORMANT**
    - Daniel Goldberg

18. **BURIAL, CREMATION, OR REMOVAL**
    - Date: Apr. 29, 1934

19. **UNDERTAKER**
    - F. US. S.

20. **FILED**
    - Date: Apr. 29, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - 28th Day of April, 1934

22. **I HEREBY CERTIFY**
    - That I attended deceased from April 21, 1934, to April 28, 1934, I last saw her alive on April 21, 1934, death is said to have occurred on the date stated above, at 8:00 p.m.

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

   - Cerebral Embolism 2 days

   **Other Contributory Causes of importance:**
   - Meningo-Depressive Paralysis

23. **MANNER OF DEATH**
    - Accidental

24. **CAUSE OF DEATH**
    - Paralysis

25. **DATE OF OPERATION**
    - None

26. **DATE OF BIRTH**
    - 1890

27. **DATE OF DEATH**
    - 1934

28. **DATE OF BURIAL**
    - April 29, 1934

29. **DATE OF CREMATION**
    - None

30. **DATE OF REMOVAL**
    - None

31. **MANNER OF DEATH**
    - Accidental

32. **CO-OPERATIVE LABORATORY**
    - None

33. **MOTHER OF DECEASED**
    - Menchik

34. **FATHER OF DECEASED**
    - Reisser

35. **ANNOUNCEMENT OF DEATH**
    - Reported

36. **REGISTRATION DISTRICT**
    - No. 30

37. **REGISTRAR**
    - J. M. D. Garrett

38. **REGISTRATION OFFICE**
    - Baltimore, M. D.

39. **REGISTRATION NUMBER**
    - 03576

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

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

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</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>
<tr>
<td>Other contributory causes of importance</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</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>
<tr>
<td>Other contributory causes of importance</td>
<td>1 year</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Baltimore
Village or City: Overlea

2. FULL NAME

William E. Goodwin

3. SEX

Male

4. COLOR OR RACE

White

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

Widowed

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

May 4, 1856

7. AGE

77 Years

8. TRADE, PROFESSION, OR PARTICULAR

Laborer

9. INDUSTRY OR BUSINESS IN WHICH

Work was done, as Silk Mill, Saw Mill, Bank, etc.

10. DATE DECEASED LAST WORKED AT

xxxx

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

xx

12. BIRTHPLACE (CITY OR TOWN)

Baltimore, Md.

13. NAME

James Goodwin

14. BIRTHPLACE (CITY OR TOWN)

Baltimore, Md.

15. MAIDEN NAME

not known

16. BIRTHPLACE (CITY OR TOWN)

not known

17. INFORMANT

Mrs. Cora Weil

18. BURIAL, CREMATION, OR REMOVAL

Int. BURN. Date: April 28, 1939

19. UNDERTAKER

George W. Gilmer

20. FILED

4/22/1934

21. DATE OF DEATH

April 26, 1939

22. I HEREBY CERTIFY

That I attended deceased from

1919, 10.

I last saw

1919., deceased died; death is said

to have occurred on the date stated above at

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

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

Accident, suicide, or homicide?

Date of Injury

Manner of Injury

Nature of Injury

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?

If so, specify

Date

Address

State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

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

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

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

2. FULL NAME
John Grason Jr.
(a) Residence No. 201 West Cheshere Ave St., Ward.

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)
Apr. 19

7. AGE (Years | Months | Days)
55

8. OCCUPATION
Clerk, Bookkeeper, etc.

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
Clerk, Office, etc.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
April 20

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
5 years

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

13. NAME
John Grason.

14. BIRTHPLACE (city or town)
Maryland.

15. MAIDEN NAME
Ida. M. Brown

16. BIRTHPLACE (city or town)
Maryland.

17. INFORMANT (Address)
Richard J. Grason
1419 Fulton Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Hill
Date: April 25, 1934

19. UNDERTAKER
John Bums Company
20. FILED
April 25, 1934

REGISTRATION DIST. No. 3
Ward.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
April 25

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

23. I last saw h. alive on
1934 to 1934.

24. DECEASED ALIVE
1934 to 1934.

25. DEATH SUSTAINED DIED
1934 to 1934.

26. OTHER CONTRIBUTORY CAUSES OF DEATH
Acute Dilatation of Heart

27. NAME OF OPERATOR

28. DATE OF OPERATOR

29. TEST CONFIRMED DIAGNOSIS?

30. WAS THERE AN AUTOPSY?

31. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOL ENCE) FILL IN ALSO THE FOLLOWING:

32. ACCIDENT, SUICIDE, OR HOMICIDE?

33. WHERE DID INJURY OCCUR?

34. SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

35. MANNER OF INJURY

36. NATURE OF INJURY

37. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?

38. IF SO, SPECIFY

39. (Signed)

40. (Address)

41. (Address)

If more blanks are needed, address State Registrar, 211 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
**UNITED STATES STANDARD CERTIFICATE OF DEATH**

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

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

Other contributory causes of importance:

Gallstones                                     | May 1, 1923  |

**Example II**

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: Lochearn

   No. ___________________________ St., ___________ Ward.

   Length of residence in city or town where death occurred ______ yds. ______ mos. ______ ds.

2. FULL NAME
   (a) Residence: No. ___________________________ St., ___________ Ward.

   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      Male

   4. COLOR OR RACE
      White

   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
      Married

   6. DATE OF BIRTH (month, day, and year)
      Feb. 22, 1863

   7. AGE
      Years: 70
      Months: 6
      Days: 13

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

   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).
       Spent in this occupation ______ years ______ months ______ days.

   11. Type of occupation
       ____________

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

   13. NAME
       Alexander Guthrie

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

   15. MAIDEN NAME
       Elizabeth Engle

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

   17. INFORMANT
       (Address)
       Martha J. Guthrie

   18. BURIAL, CREMATION, OR REMOVAL
       Place: ____________
       Date: ____________.

   19. UNDERTAKER
       (Address)

   20. FILED
       ____________

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

   22. I HEREBY CERTIFY That I attended deceased from ______ to ______

   (Last saw h. ______ alive on ______, ______, ______ death is said to have occurred on the date stated above, at ______.

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

   Other Contributory Causes of Importance:
       ____________

   Name of operation.

   Date of operation.

   What last confirmed diagnosis.

   Was there an autopsy.

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

   Accident, suicide, or homicide.

   Where did injury occur?

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

   Manner of injury.

   Nature of injury.

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

   If so, specify

   William P. Butler, coroner, M.D.

   (Address)

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

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

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

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

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

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

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

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

Other contributory causes of importance:

Gallstones |peritonitis |
May 1, 1925 | 1 year |

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

1. PLACE OF DEATH
   County...  
   Village or City  Paradise Park  St.,  Ward...  
   No. Wire av.  St.,  Ward...  
   Length of residence in city or town where death occurred... yrs. mos. ds... 

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

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX  
      4. COLOR OR RACE  
      5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word),  
      5a. If married, widowed, or divorced  
         HUSBAND of  
         (or) WIFE of  
   6. DATE OF BIRTH (month, day, and year)... April 10, 1934  
   7. AGE...  
   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)... Paradise Park...  
   13. NAME... James H. Haley...  
   14. BIRTHPLACE (city or town)... Chestertown...  
   15. MAIDEN NAME... Vivian L. Harr...  
   16. BIRTHPLACE (city or town)... Baltimore...  
   17. INFORMANT (Address)... Vivian L. Haley...  
   18. BURIAL, CREMATION, OR REMOVAL...  
      Place...  
      Undertaker...  
      (Address)...  
      Date...  
   19. UNDERTAKER (Address)...  
   20. FILED... April 11, 1934...  

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH... April 10, 1934...  
   22. I HEREBY CERTIFY, That I attended deceased from...  
      19...  
      I last saw...  
      alive on...  
      19...  
      death is said to have occurred on the date stated above, at...  
      The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  
      Stillborn, Premature birth...  
      Date of onset...  
      Other Contributory Causes of importance:  
      Name of operation...  
      Date of...  
      What test confirmed diagnosis?...  
      Was there an autopsy?...  
   23. If death was due to external causes (VIOLENCE) fill in also the following:  
      Accident, suicide, or homicide?...  
      Date of injury...  
      Where did Injury occur?...  
      (Specify city or town, county and State)...  
      Manner of injury...  
      Nature of injury...  
   24. Was disease or injury in any way related to occupation of deceased?...  
      If so, specify...  
      (Address)...  
   03580  
   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 housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. Color or Race</th>
<th>5. Single, Married, Widowed, or Divorced (write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced

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

7. AGE

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>86</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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

11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

4 - 22 - 34 to 4 - 28 - 34

I last saw her alive on 4 - 28 - 34, 1934 death took place on the date stated above.

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

- Cerebral
- Neonorrhage

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

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

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

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? If so, specify.

(Signed) M. D. (Address)
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 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
- Run over by street car
- Peritonitis

Other contributory causes of importance:
- Gastroenteritis

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

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

2. **FULL NAME**
   - (a) Residence: St., Ward.
   - Name: Herbert W. Hauser

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

5. **SINGLE, MARRIED, Widowed, or Divorced**
   - Married

6. **DATE OF BIRTH**
   - April 20, 1934

7. **AGE**
   - Years: 56
   - Months: 1
   - Days: 1

**OCCUPATION**

8. **Trade, profession, or particular kind of work done**
   - Printer

9. **Industry or business in which work was done**
   - Publishing

10. **Date deceased last worked at this occupation**

11. **Total time spent in this occupation**

12. **BIRTHPLACE**
   - City or town: Edgemere MD
   - State or country: Orange Co. Va

13. **NAME**
    - Father: William Hauser
    - Mother: Effie C. Lam

14. **MOTHER**
    - Name: Effie C. Hauser
    - Address: Edgemere

15. **INFORMATION**
    - Address: 232 W. Locust St.

16. **BURYAL, CREMATION, OR REMOVAL**
    - Location: Overlea, Baltimore

17. **UNDERTAKER**
    - Address: 330 W. Locust St.

18. **FILING**
    - Date: April 21, 1934
    - Registered: April 21, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Month: April
    - Day: 20
    - Year: 1934

22. **I HEREBY CERTIFY**
    - That I attended deceased from
    - Date: April 20, 1934
    - Place: Baltimore
    - To date of death: April 21, 1934
    - Cause of death: Pulmonary Fibrosis

**Other Contributory Causes of importance**

- Name of operation: Date of operation:
- What test confirmed diagnosis? Was there an autopsy?
- Accidental, 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:
- Was disease or injury in any way related to occupation of deceased?
- If so, specify:

---

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

---
UNITED STATES STANDARD CERTIFICATE OF DEATH

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>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, 1928</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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Baltimore

Village or City: Towson, Maryland

No. Sheppard and Enoch Pratt Hospital

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

Ward

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

2. FULL NAME: Mrs. Mae Teresa Burke Hare

(a) Residence: No. 3305 St. Ambrose Avenue - Baltimore, Maryland

(Use place of abode)

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

HUSBAND of (or WIFE of)

John Joseph Hare 1871 or

6. DATE OF BIRTH (month, day, and year): September 7, 1892

7. AGE: 42 or 43 Years

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE. SAW MILL

10. Date deceased last worked at this occupation (month and year). About Jan. 1934

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

12. BIRTHPLACE (city or town). Baltimore, Maryland

(State or country)

13. NAME: Michael Burke

14. BIRTHPLACE (city or town). Ireland

(State or country)

15. MAIDEN NAME: Margaret Hines (Burke)

16. BIRTHPLACE (city or town). Baltimore, Maryland

(State or country)

17. INFORMANT. Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place. New Cathedral

(Date) 1/4/34

19. UNDERTAKER. John J. Cowan & Son

(Address) 901 Hollins Street

20. FILED. apr 1, 1934

 Registrars

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

21. DATE OF DEATH: April sixth, 1934

22. I HEREBY CERTIFY. That I attended deceased from April 2nd, 1934, to April 6th, 1934.

I last saw her alive on April 6th, 1934; death is said to have occurred on the date stated above, at 3:10 PM.

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

Broncho-pneumonia

Other Contributory Causes of Importance:

Toxic Psychosis

Dehydration and malnutrition

Name of operation. None

What test confirmed diagnosis. None

Was there an autopsy. No

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

Accident, suicide, or homicide. No

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) Arthur W. Parker

(Address) Towson, Baltimore, Maryland

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.

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

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

**Example I**

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

**Example II**

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Paradise
   Registration Dist. No.: 30
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME
   (a) Residence: No. 2, Ward.
   (Unusual place of abode)
   Full Name: Margrenta Elizabeth Hawlin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

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

7. AGE
   Years: 1
   Months: 6
   Days: 0
   If less than 1 day, hrs., or min.

8. OCCUPATION
   Trade, profession, or particular kind of work done: Spinner, Sawyer, Bookkeeper, etc.

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

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

11. Total time (years) spent in this occupation

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

13. NAME
    Randolph Eliza Hawlin

14. BIRTHPLACE (city or town)
    Baltimore

15. MOTHER NAME
    Dena E. Hawlin

16. BIRTHPLACE (city or town)
    Catonsville

17. INFORMANT (Address)
    Mother, Laura Hawlin

18. BURIAL, CREMATION, OR REMOVAL
    Place: Paradise
    Date: April 9, 1934

19. UNDERTAKER
    Samuel Temple

20. FILE NO.
    4103

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 9, 1934

22. I HEREBY CERTIFY, that I attended deceased from April 9, 1934, to April 9, 1934.
    I last saw deceased alive on April 9, 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:

    Disease: Pneumonia

    Other Contributory Causes of importance:

    Date of onset: April 7, 1934

Other Contributory Causes of importance:

Name of operation: Date of

What test confirmed diagnosis? If so, specify

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

Manner of injury: Nature of injury: 1934

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

(Signed) M. D.

Registrar: 1934

If more than one copy, see the undersigned State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones</td>
<td>Other contributory causes of importance: Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1925</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Baltimore

2. FULL NAME

(a) Residence: No.
(B) Ward: Towson

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED

Los Angeles, CA

3. SEX

4. COLOR OR RACE

Blonde

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

MARRIED

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

March 4, 1902

7. AGE

Years: 33
Months: 1
Days: 1

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWS MILL, BANK, ETC...

Laborer

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

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

April 3, 1934

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

1934

12. BIRTHPLACE (CITY OR TOWN)

(password)

13. NAME

Mary Ellen Henry

14. BIRTHPLACE (CITY OR TOWN)

(password)

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

(password)

17. INFORMANT (ADDRESS)

Mary Ellen Henry

18. BURIAL, CREMATION, OR REMOVAL

McColway

19. UNDERTAKER

Rogers

20. FILED

April 19, 1934

REGISTRATION DIST. No.

38

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 7.
**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, stationery engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

### Example I

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

### Example II

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

Other contributory causes of importance:

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

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: **Baltimore**
   - Village or City: **Baltimore, Md.**
   - Length of residence in city or town where death occurred: 13 yrs. mos. ds.

2. **FULL NAME**
   - (a) Residence: **322 E. 22nd St., Baltimore, Md.**

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX:** M.
   - **COLOR OR RACE:** W.
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED:** WIDOWED
   - **HUSBAND OF:** Anna Barbara Couse
   - **WIFE OF:**

4. **DATE OF DEATH**
   - **MONTH:** April
   - **DAY:** 5
   - **YEAR:** 1934

5. **DATE OF BIRTH**
   - **MONTH:** 12
   - **DAY:** 25
   - **YEAR:** 1854

6. **AGE**
   - **YEARS:** 80
   - **MONTHS:** 1
   - **DAYS:** 10
   - **IF LESS THAN 1 YEAR:**

7. **OCCUPATION**
   - **UNEMPLOYED**

8. **BIRTHPLACE (city or town):** Baltimore City
   - **STATE:** Maryland

9. **FATHER:** Unknown
   - **BIRTHPLACE (city or town):** Baltimore
   - **STATE:** Maryland

10. **MOTHER:** Anna
    - **BIRTHPLACE (city or town):** Baltimore
    - **STATE:** Maryland

11. **INFORMANT**
    - **Address:** 1122 E. 22nd St., Baltimore, Md.

12. **DATE OF DECEDENT:** April 5, 1934
    - **INSCRIPTION OF OCCUPATION:** UNEMPLOYED

13. **DATE OF DEATH:**
    - **MONTH:** April
    - **DAY:** 5
    - **YEAR:** 1934

14. **DATE OF BIRTH:**
    - **MONTH:** December
    - **DAY:** 25
    - **YEAR:** 1854

15. **DATE OF DEATH:**
    - **MONTH:** April
    - **DAY:** 5
    - **YEAR:** 1934

16. **DATE OF BIRTH:**
    - **MONTH:** December
    - **DAY:** 25
    - **YEAR:** 1854

17. **INFORMANT:**
    - **Address:** 1122 E. 22nd St., Baltimore, Md.

18. **BURIAL, CREMATION, OR REMOVAL:**
    - **Place:** Baltimore
    - **Date:** April 7, 1934

19. **UNDERTAKER:**
    - **Address:** 1122 E. 22nd St., Baltimore, Md.

20. **FILED:**
    - **Date:** April 6, 1934

21. **CAUSE OF DEATH:**
    - **DATE:**
    - **MANNER:**
    - **NATURE:**

22. **NAME:**
    - **ADDRESS:**

23. **PLACE:**
    - **STATE:**

24. **SIGNATURE:**
    - **ADDRESS:**

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 6, 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: Baltimore
Village or City: Catonsville
No. Beechwood & Midvale Aves.
Ward: 30
Registration Dist. No.

2. FULL NAME

Fella W. Higby
If nonresident give city or town and State

3. SEX
4. COLOR OR RACE
5a. If married, widowed, or divorced

Female
white
HUSBAND of
Joseph H. Higby
WIFE of

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

Oct 30, 1861

7. AGE

72

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

at home

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)

Matthews, LO
(State or country)

13. NAME

John Edward Thomas

14. BIRTHPLACE (city or town)

(State or country)

Virginia

15. MAIDEN NAME

Mary Jane Biggs

16. BIRTHPLACE (city or town)

(State or country)

Virginia

17. INFORMANT

J. Kenneth Higby
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore City
Date: April 25, 1934

19. UNDERTAKER

Johnson & Black
(Address)

20. FILED

4/24/19

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

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

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

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

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

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

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

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Catonsville
   No.:
   Registration Dist. No.:
   St.: 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: 2 yrs. 6 mos. 28 ds.
   How long in U.S. if of foreign birth?: 2 yrs. 6 mos. 28 ds.
   If nonresident give city or town and State:

2. FULL NAME
   (a) Residence: No.
   (Usual place of abode)
   Edmondson Ave.
   Cat.:
   Ward:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Sept. 23, 1869

7. AGE
   Years: 28
   Months: 6
   Days: 28
   If LESS than 1 year, give in HOURS or MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, etc.
   Electrician

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   Corr. & E.V.P. Co.

10. Date deceased last worked at this occupation (month and year)
    Oct. 31

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

12. BIRTHPLACE (city or town)
    (State or country)
    N. Y. City

13. NAME
    Geo. Honey

14. BIRTHPLACE (city or town)
    (State or country)
    N. Y. City

15. MAIDEN NAME
    Elizabeth Primrose

16. BIRTHPLACE (city or town)
    (State or country)
    N. Y. City

17. INFORMANT
    (Address)
    Edith Honey, Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
    Place:
    Balto. Cem...
    Date: Apr. 23, 1934

19. UNDERTAKER
    (Address)
    W. J. Tricker, Inc.

20. FILED
    4/21/1934

REGISTRAR
   (Signed)
   (Address)
   610, Frederick Bank
   Catonsville

21. DATE OF DEATH
    April 21, 1934

22. I HEREBY CERTIFY
    That I attended deceased from
    August, 1933, to April 21, 1934.
    I last saw him alive on August 2, 1934.
    Death is said to have occurred on the date stated above, at
    5:30 a.m.

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

    Other Contributory Causes of importance:

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

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

    Manner of injury
    Nature of injury

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1928 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</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 streetcar</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: Relay
   Length of residence in city or town where death occurred: 45 yrs., 6 mos., 12 days
   Registration Dist. No.: 42

2. FULL NAME
   (a) Residence: No. St. Denis
   Householder
   (b) If deceased, give city or town and State
   (c) Occupation: Registrar

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Sept 29, 1888

7. AGE
   Years: 45
   Months: 6
   Days: 12
   If less than 1 day, hours, or minutes:

8. TRADE, PROFESSION, OR PARTICULAR
   Occupation: Registrar

9. INDUSTRY OR BUSINESS IN WHICH
   Work was done, as SILK MILL, SAW MILL, BANK, etc.
   Occupation: Registrar

10. Date deceased last worked at this occupation (month and year)
    April 6, 1934

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

12. BIRTHPLACE (city or town)
    St. Denis

13. NAME
    Gomez, householder
    Wife

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

15. MAIDEN NAME
    Georgina Gusby

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

17. INFORMANT
    Althea E. Gusby
    Relay nd.

18. BURIAL, CREMATION, OR REMOVAL
    Place: London Road
    Date: Apr. 12, 1934

19. UNDERTAKER
    Mrs. J. Trickner
    Northwood

20. FILED
    April 12, 1934
    W. A. Nicholls, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) Apr.
    (Day) 10
    (Year) 1934

22. I HEREBY CERTIFY that I attended deceased from
    Apr. 6, 1934, to Apr. 10, 1934.

23. I last saw him alive on Apr. 10, 1934, death is said
    to have occurred on the date stated above, at 4:30 A.M.

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

25. Other contributory causes of importance:
    Arterial Hypertension 1920
    Myocardial Infarction 1934

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

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

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

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

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

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

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

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>Apr 18, 1923</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jan 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: Baltimore
   - Village or City: Mt. Wilson, Md.
   - Registration Dist. No.: 32
   - Tuberculosis Sanatorium St.: Mt. Wilson Branch, Md.

2. **FULL NAME**
   - Thomas S. Iglehart
   - Residence: 22 Maryland Ave., Annapolis, Md.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Male
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Married
   - Husbands or Wives of: Sarah P. Iglehart

4. **DATE OF DEATH**
   - Month: April
   - Day: 4th
   - Year: 1934

5. **DATE OF BIRTH**
   - Month, Day, and Year: November 9th, 1871

6. **AGE**
   - Years: 62
   - Months: 4
   - Days: 26

7. **OCCUPATION**
   - Trade, profession, or particular kind of work done: Farmer
   - Industry or business in which work was done: Farm
   - Date deceased first worked at this occupation: Unknown
   - Total time (years, months, and days) spent in this occupation: Unknown

8. **BIRTHPLACE**
   - City or town: Davidonville
   - State or country: Maryland

9. **FATHER**
   - Name: Thomas S. Iglehart

10. **MOTHER**
    - Maiden Name: Ella Welsh

11. **INFIRMARY**
    - Name: Frank Spalding

12. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Mt. Wilson, Md.
    - Date: April 4th, 1934

13. **UNTERMOKER**
    - Name: Joseph F. Good

14. **FILED**
    - Date: April 4th, 1934

**MEDICAL CERTIFICATE OF DEATH**

- **Medical Certificate of Death**
  - **Fainting**
  - **Pulmonary Tuberculosis** (1914)
  - **Other Contributory Causes of Importance**
    - **Miliary Tuberculosis** (1916)

- **Cause of Death**
  - Pulmonary tuberculosis

- **Date of Onset**
  - April 4th, 1934

- **Date of Injury**
  - April 4th, 1934

- **Manner of Injury**
  - Suicide

- **Nature of Injury**
  - Suicide

- **Date of Death**
  - April 4th, 1934

If more blanks are needed, address State Registrar, 2141 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</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</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: Baltimore
   Village or City: Texas

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

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF
   (or) WIFE OF

7. DATE OF BIRTH (month, day, and year): Unknown 1850
8. AGE: Years 84
9. OCCUPATION: Farm

10. DATE DECEASED: Date unrecorded
11. OCCUPATION LAST WORKED AT: Farm

12. BIRTHPLACE (city or town): MD
   (State or country)
13. NAME: Unknown
14. MOTHER'S NAME: Unknown
15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town): Unknown
   (State or country)
17. INFORMANT: Abamey Record
   (Address)
18. BURIAL, CREMATION, OR REMOVAL
   Place: Baltimore
   Date: April 11, 1934

19. UNDERTAKER: William A. Brown
   (Address)

20. FILED: April 13, 1934—William John Carr
   (Signed)
   (Address)

21. DATE OF DEATH
   April 11, 1934
   (Month, Day, Year)
   I HEREBY CERTIFY, That I attended deceased from
   April 2, 1934, to April 11, 1934
   I certify that deceased was alive on
   April 11, 1934, at 8:30 a.m.
   The PRINCIPAL CAUSE OF DEATH and the related causes of importance
   were as follows:

   OTHER CONTRIBUeATORY CAUSES OF IMPORTANCE:

   NOME OF OPERATION: NO
   MANNER OF INJURY: NONE
   NATURE OF INJURY: 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.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>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: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones                                      | Other contributory causes of importance:

Gastroenteritis                                 | May 1, 1923

Gastroenteritis                                 | 1 year

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

1. PLACE OF DEATH
   County: Prestertown
   Village or City: Prestertown Rd
   Length of residence: yrs. mos. ds.

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

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: Male
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curry the word)
   6. DATE OF BIRTH (month, day, and year): Nov. 27, 1856
   7. AGE: Years: 78, Months: 7, Days: 4, IF LESS than 1 day, hrs. or min.
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK: Retired Potter
   9. OCCUPATION: Potter
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Month and year
   11. TOTAL TIME SPENT IN THIS OCCUPATION (YEARS): 
   12. BIRTHPLACE (CITY OR TOWN): Balt. Md.
   (STATE OR COUNTRY)
   13. NAME: John H. Keener
   (STATE OR COUNTRY)
   15. MAIDEN NAME: Susan Holzer
   (STATE OR COUNTRY)
   17. INFORMANT (ADDRESS): M. R. Keeker
   18. BURIAL, CREMATION, OR REMOVAL:
   19. UNDERTAKER (ADDRESS): 
   20. FILED: April 13, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 13, 1934

22. I HEREBY CERTIFY that I attended deceased from Feb 2, 1934, to Mar 29, 1934.
I last saw him alive on April 17, 1934; death is said to have occurred on the date stated above, at 3:00 p.m.
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

   Myocardia

   Other Contributory Causes of Importance:
   Hypertension

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

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

   Manner of injury: 
   Nature of injury: 

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

   (Signed) 
   (Address) 

If more blanks are needed, address State Registrar, 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, asthemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Other contributory causes of importance: |
| Gallstones | Gastroenteritis |
| May 1, 1928 | 1 year |

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Gallivance
   Registration Dist. No.: 3
   Ward: North Hill, Ridge and Race
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 4429 Race St., Ward.
   (b) If nonresident give city or town and State
   Personal and statistical particulars
   S. Single, married, widowed, or divorced (marriage word)
   6a. If married, widowed, or divorced
      Husband or Wife of
      __________, __________
      Concerning Date
      __________, __________
      7. Age (years, months, days)
      __________, __________, __________
      If less than 1 day, hrs. or min.

3. Sex
   Male

4. Color or Race
   White

5. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Mill Worker, Silk Mill

6. Date of Birth (month, day, and year)
   July 28, 1868

7. Date of Death (month, day, and year)
   April 6, 1934

8. Date deceased last worked at this occupation (month and year)
   11/20/1932

9. Total time (years) spent in this occupation
   45

10. Occupation
    Mill Worker

11. Occupation of Father
    Mill Worker

12. Birthplace (city or town)
    Frederick, Md.

13. Name
    Philip S. Kennard

14. Birthplace (city or town)
    Frederick, Md.

15. Maiden Name
    Lane, Mesh

16. Birthplace (city or town)
    Frederick, Md.

17. Informant
    M. O. R. Kennard

18. Burial, cremation, or removal
    Gallivance, Md.

19. Undertaker
    William Roedler

20. Filed
    4/14, 1934

21. Date of Death
    April 6, 1934

22. I HEREBY CERTIFY
    That I attended deceased from
    Nov. 3, 1933, to April 6, 1934
    I last saw him alive on March 18, 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:
    Aorta dilatation of heart
    Date of onset
    Dec. 31, 1932

23. If death was due to external causes (violence) fill in also the following:
    Nature of injury
    Date of injury
    Where did injury occur?
    (Specify city or town, county and State)
    Manner of injury
    Nature of injury
    If so, specify

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

Registrar
A. W. McRae

Filed 4/14/34
A. W. McRae

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

Example II

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

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

1. PLACE OF DEATH

County: Baltimore
Village or City: Randallstown
No. of St. or Ward: 
Length of residence in city or town where death occurred: yrs. 2 mos. 2 ds.

2. FULL NAME

(a) Residence: No. 822 Broadway, Baltimore, Baltimore, St. or Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widow

5a. If married, widowed, or divorced

HUSBAND OF

Theodore Gessell

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

Dec. 15, 1904

7. AGE

Years 29

Months 3

Days 23

If LESS than 1 day, ______ hrs.

or ______ min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE AS SPINNER, SWAYER, BOOKKEEPER, etc.

Machinist

9. OCCUPATION

Trade 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)

Baltimore, Md.

13. NAME

Nancy Reiger

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Letitia Haupold

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Address: 922 Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place: Westview Cemetery

Date: Apr. 10, 1937

19. UNDERTAKER

Address: 820 E. Oliver

20. FILED

Address: 922 Broadway

REGISTRATION DIST. NO.

03594

21. DATE OF DEATH

(Month) 7

(Day) 1937

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from April 2nd, 1934, to April 7th, 1934, last saw her alive on April 2nd, 1934; death is said to have occurred on the date stated above, at 8:00 a.m.

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

Cardio-vascular Disease

Other Contributory Causes of Importance:

Acute Cyclitis

Name of operation

Date 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 

1934

Where did injury occur? 

Specify city or town, county, and State

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

Manner of injury

Nature of injury

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

If so, specify

(Name) 

(Signed) 

Address: 922 Broadway

Reg. No.

03594

05930

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

1. PLACE OF DEATH

County: Baltimore
Village or City: Towson, Maryland
Length of residence in city or town where death occurred: 2 yrs. 7 mos. 4 ds.

2. FULL NAME

(a) Residence: N. 305 Walthoek Grove, Baltimore
(b) Ward: Baltimore

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
HUSBAND OR WIFE OF: Amelia Paige

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

7. AGE
Years: 78
Months: 7
Days: 16
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)

13. NAME
Andrew La Fleur

14. BIRTHPLACE (city or town)

15. MAIDEN NAME
Frances McKeight

16. BIRTHPLACE (city or town)

17. INFORMANT
Hospital records

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount
Date: May 24, 1934

19. UNDERTAKER

20. FILED: May 1, 1934

Registration Dist. No.: 38

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

22. I HEREBY CERTIFY: That I attended deceased from

23. The PRINCIPAL CAUSE OF DEATH and related causes of importance

Other Contributory Causes of importance:

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

Registrar, C. R. M.

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>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>Gallstones</th>
<th>May 1, 1923</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Convention
   No. Phila Rd., St., Ward
   Length of residence in city or town where death occurred yrs. mos. ds.

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

3. SEX
   Male

4. COLOR OR RACE
   Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   March 9, 1908

7. AGE
   Years 26 Months 1 Days 7
   (If less than 1 day, hrs., or yrs. mis.

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

9. Industry or business in which work was done, as SILK MILL, SEW 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)
    Roanoke

13. NAME
    David Smith

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

15. MAIDEN NAME
    Martha Linkford

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

17. INFORMANT
    Martha Linkford
    Address: 507 Roanoke St., Elkton

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Olivet
    Date: April 20, 1954

19. UNDERTAKER
    Address: John G. Connolly

20. FILED
    4.19.1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 16th, 1954

22. I HEREBY CERTIFY, That I attended deceased from
    19 to 19
    I last saw her alive on 19
    The principal cause of death and related causes of importance were as follows:
    Compound fracture of skull and multiple abrasions
    Other Contributory Causes of importance:

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

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

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

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

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

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

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

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

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

<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>
</tbody>
</table>
| **Arteriosclerosis** | **Date of onset**  
1915  
*Attack of epilepsy*  
1 week ago |
| **Chronic interstitial nephritis** | **Run over by street car**  
1921  
1 week ago |
| **Cerebral hemorrhage** | **Peritonitis**  
July 5, 1927  
3 days ago |
| **Gallstones** | **Gastroenteritis**  
May 1, 1933  
1 year |

**Other contributory causes of importance:**  
**Other contributory cause of importance:**

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Sparrows Point
   Registration Dist. No.: 93-a
   No. 219 ESt. St., Ward: 4
   Length of residence in city or town where death occurred: 25 yrs., mos. ds.
   How long in U.S. If of foreign birth: yrs., mos. ds.

2. FULL NAME: Jacob Leitner
   (a) Residence: No. 219 ESt. St., Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
   If husband's or wife's name: Lavinia A. Leitner

6. DATE OF BIRTH (month, day, and year): Nov 22, 1881

7. AGE
   Years: 52
   Months: 4
   Days: 24
   If less than 1 year, list date: 4/12/23

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

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

10. Date deceased last worked at this occupation (month and year): 4/12/23

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town): Parkton, Bethlehem Co.
   (State or country): Maryland

13. NAME: Jacob Leitner

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

15. MAIDEN NAME: Malvina Stefler

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

17. INFORMANT
   Name: Lavinia A. Leitner
   Address: 219 ESt.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Parkwood Cem.
   Date: April 18, 1934

19. Undertaker
   Name: John T. Dennis
   Address: 715 S. 25th St.

20. Registrar
   Name: James H. McGinley
   Address: 1912 S. 25th St.

21. DATE OF DEATH
   Month: April
   Day: 18
   Year: 1934

22. I HEREBY CERTIFY, that I attended deceased from
   Investigated and found
   to have occurred on the date stated above, et. 214-
   The principal cause of death and related causes of importance
   were as follows:

   Acute Myocarditis

   Other Contributory Causes of Importance:

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

23. If death was due to external causes (VIOLENCE) fill in as follows:
   Accident, suicide, or homicide?: Date of injury: 19
   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?
   If so, specify: (Signed) James H. McGinley
   Address: 1912 S. 25th St.

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:

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

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

### 1. PLACE OF DEATH
- County: Baltimore
- Village or City: Sparrow Point
- Length of residence in city or town where death occurred: 45 yrs., 2 mos., 1 ds.
- How long in U.S. if of foreign birth: yrs., mos., ds.

### 2. FULL NAME
- Name: James G. Loftus
  - Residence: No. 516 B

### PERSONAL AND STATISTICAL PARTICULARS

#### 3. SEX
- Male

#### 4. COLOR OR RACE
- White

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

#### 6. DATE OF BIRTH
- Dec 15, 1859

#### 7. AGE
- Years: 74, Months: 3, Days: 13

#### 8. OCCUPATION
- General Manager, Bethlehem Steel Co.

#### 9. DATE DECEASED LAST WORKED AT THIS OCCUPATION
- This column is not filled.

#### 10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
- This column is not filled.

#### 11. BIRTHPLACE
- City or town: Ashland, MD

#### 12. NAME
- Parents: Annie Catherine Loftus

#### 13. NAME
- Father: James Loftus

#### 14. BIRTHPLACE
- City or town: Ireland

#### 15. MAIDEN NAME
- Susan Lemberger

#### 16. BIRTHPLACE
- City or town: MO

#### 17. INFORMANT
- Elizabeth C. Loftus

#### 18. BURIAL, CREMATION, OR REMOVAL
- Place: churchyard cem., Date: April 10, 1934

#### 19. UNDERTAKER
- John F. Dennis

#### 20. FILING
- Date: Apr 8, 1934

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH
- April 7, 1934

#### 22. I HEREBY CERTIFY
- I attended deceased from May 30, 1934, to April 7, 1934.
- I last saw him alive on April 4, 1934; death is said to have occurred on the date stated above, at 3 P.M.
- The principal cause of death and related causes of importance were as follows:
  - Arteriosclerosis
  - Myocarditis

#### 23. Other Contributory Causes of Importance
- Date: 4-7-34

#### 24. If death was due to external causes (VIOLENCE) fill in also the following:
- Nature of injury
- Manner of injury
- 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.

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

### Signature
- (Signed) W. Frank C. Jutorek, M.D.

### Address
- (Address) Sparrow Point

If more blanks are needed, address State Registrar, 2417 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>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>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1925</th>
<th>Other contributory causes of importance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Shavano
   Length of residence in city or town where death occurred: 90 yrs...

2. FULL NAME
   Neeta Long
   (a) Residence: Cockeysville, N. C.
   Husband's Name: Henry Long

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Oct 27, 1845
7. AGE: 90 yrs...
   Years: 90
   Months: 5
   Days: 24
   If LESS than 1 day, hrs., or min.: 0 hrs.

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

9. Industry or business in which work was done: Silk Mill

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

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

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

13. NAME: William Long
14. BIRTHPLACE (city or town): Baltum Co.
   (State or country): Md.

15. MAIDEN NAME: Rebecca... (not known)

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

17. INFORMANT (Address):
   Albert Long, Cockeysville, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Church Ridge
   Date: Apr. 23, 1934

19. UNDERTAKER: Wm. C. Brandon
   Address: Easton, Md.

20. FILED: April 24, 1934, William J. Cleveland, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month): April
   (Day): 20th
   (Year): 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1934, to April 20, 1934.
   I last saw deceased alive on April 20, 1934; death is said to have occurred on the date stated above, at 7:30 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Date of onset: [Handwritten date]
   Other Contributory Causes of Importance:
   Hypertension
   Neme of operation...
   Date of...
   Was there an autopsy?

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset: 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: May 1, 1928</td>
</tr>
<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>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 38

PLACE OF DEATH
County: Baltimore

Village or City: Towson (No. 27 Burke Ave.)

FULL NAME: Sarah A. Mason

PERSONAL AND STATISTICAL PARTICULARS
SEX: Female
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

DATE OF BIRTH: Dec. 28th, 1860

AGE: 70 yrs. 3 mos. 14 ds.

OCCUPATION: House work

DATE OF DEATH: April 11th, 1934

MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY, That I attended the deceased from Feb. 1st, 1934, to Apr. 11th, 1934, that I last saw her alive on Apr. 11th, 1934, and that death occurred on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:

draedarepeip

Contributory
Secondary

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

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

PLACE OF BURIAL OR REMOVAL: Prospect Hill Cem.

DATE OF BURIAL: 4/14/34

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
American Medical Association (Approved by Committee on Revision of the Statement of Occupations on Certificates of Death)

In the case of death, the following should be filled in:

1. Name of deceased
2. Date and place of death
3. Occupation of deceased
4. Cause of death

If death occurred while engaged in some occupation not otherwise classifiable, the following should be filled in:

5. Occupation during the last week
6. Description of the accident
7. Date and place of accident

In cases of death due to infectious diseases, the following should be filled in:

8. Name and address of physician
9. Date and place of examination
10. Nature and severity of the disease

In cases of death due to poisoning, the following should be filled in:

11. Name and address of physician
12. Date and place of examination
13. Nature and severity of the poison

In cases of death due to injury, the following should be filled in:

14. Name and address of physician
15. Date and place of examination

In cases of death due to accident, the following should be filled in:

17. Name and address of physician
18. Date and place of examination
19. Nature and severity of the accident

In cases of death due to suicide, the following should be filled in:

20. Name and address of physician
21. Date and place of examination
22. Nature and severity of the suicide

In cases of death due to homicide, the following should be filled in:

23. Name and address of physician
24. Date and place of examination
25. Nature and severity of the homicide

In cases of death due to other causes, the following should be filled in:

26. Name and address of physician
27. Date and place of examination
28. Nature and severity of the other cause

The certificate must be signed by the physician and the registrar of the place where the death occurred.

Certificate of Death

Revised United States Standard

Approved by U.S. Census and American Public Health Association

MAY 7 1951

RECEIVED
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Baltimore
Village or City: Anneslie
No. 700 Murdock Road
Registration Dist. No.
Lifetime: 700 W. Murdock Rd.
St., Ward
Length of residence in city or town where death occurred: yrs. mos. ds.
How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: EDNA E. McLAUGHLIN
(a) Residence: No. 700 Murdock Road.
(Urban place of abode)
St., Ward.
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
(Husband or) Wife of:
John C. McLaughlin

6. DATE OF BIRTH (month, day, and year): March 7th, 1893
7. AGE: Years: 41
Months: 25

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: At Home
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE:...
10. Date deceased last worked at this occupation (month and year):...
11. Total time (years) spent in this occupation:...

8. OCCUPATION:...

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

13. NAME: Conrad Grobe
14. BIRTHPLACE (city or town): Baltimore, Md.
(State or country)
15. MAIDEN NAME: Ellen Dee
16. BIRTHPLACE (city or town): Baltimore, Md.
(State or country)

17. INFORMANT (Address): John C. McLaughlin
700 Murdock Road Anneslie

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cemetery
Place: April 4th, 1934

19. UNDERTAKER (Address):...

20. FILED: April 9, 1934

21. DATE OF DEATH: April 2nd, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1930 to April 1934
I last saw deceased alive on April 2, 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:

Chronic Pulmonary Tuberculosis

Date of onset

Other Contributory Causes of importance:

Name of operation:

What test confirmed diagnosis?: Clinical

Was there an autopsy? No

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

Accident, suicide, or homicide?:

Data of injury: 19...

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) R. H. Whinston M. D.
(Address) 1309 York St.

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

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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>1925</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1924</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

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

### Example II

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

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

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Catonsville
   Length of residence in city or town where death occurred: yrs. 2 mos. 12 ds.

2. FULL NAME
   (a) Residence: No. 2723 Ashland Ave., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Feb 28, 1904

7. AGE
   Years: 33
   Months: 2
   Days: 1
   If less than 1 day, . hrs. or . min.

8. OCCUPATION
   Housekeeper

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

10. Date deceased last worked at this occupation
    Feb 17, 1934

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

12. BIRTHPLACE (city or town)
    Baltimore

13. NAME
    Wm. Jones

14. BIRTHPLACE (city or town)
    (?)

15. MAIDEN NAME
    May Jones

16. BIRTHPLACE (city or town)
    (?)

17. INFORMANT
    Frank Miller

18. BURIAL, CREMATION, OR REMOVAL
    Place: Sacred Heart
    Date: Apr 20, 1934

19. UNDERTAKER
    Lilly Feiler, Inc.

20. FILED
    4-21, 1934

21. DATE OF DEATH
    Apr 20, 1934

22. I HEREBY CERTIFY
    That I attended deceased from Feb 8, 1934, to Apr 20, 1934.

23. Other Contributory Causes of Importance:
    Dementia Proctora

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

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

Example I

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

<table>
<thead>
<tr>
<th>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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Baltimore

Village or City: Baltimore

Reg. Dist. No.

2. FULL NAME

Name: Harry Monroe

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

6. DATE OF BIRTH

(Month, day, and year)

About 1876

7. AGE

Years: 58

Months: 11

Days: 2

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

Farmer

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Baltimore

13. NAME

Lawrence Monroe

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Grace DeBake

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Mrs. Mary Monroe

18. BURIAL, CREMATION, OR REMOVAL

Place: Interred

Date: 6/13/19

19. UNDERTAKER

J. T. LeMaire

20. FILED

APR 4, 1924

REGISTRAR

21. DATE OF DEATH

(Month) 

(Year)

Date of onset

22. I HEREBY CERTIFY

That I attended deceased from

May 13, 1924

I last saw him alive on

June 1, 1924

Death is said to have occurred on the date stated above, at

4:15 p.m.

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

Coronary Thrombosis

Other Contributory Causes of Importance:

Arteriosclerosis

Myocardial Changes

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

Specify city or town, county and State.

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) S. T. LeMaire

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</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>[Table entries: Arteriosclerosis, Chronic interstitial nephritis, Cerebral hemorrhage, Gallstones, Attack of epilepsy, Run over by street car, Peritonitis, Gastroenteritis]</td>
<td>[Table entries: May 1, 1923, July 5, 1927, 1915, 1921, 1 week ago, 1 week ago, 3 days ago, 1 year]</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Baltimore
Village or City: Catonsville
No: St., Grove Hospital
Length of residence in city or town where death occurred: yrs. 3, mos. 29, ds.

2. FULL NAME

(a) Residence: No. 1420 N. Broadway
Ward: Baltimore

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

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

Dec. 13, 1863

7. AGE

Years: 70
Months: 3
Days: 20

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

Housewife

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

At Home

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

Dec., 1933

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

40 yrs.

12. BIRTHPLACE (CITY OR TOWN)

Baltimore

13. NAME

John Robinson

14. BIRTHPLACE (CITY OR TOWN)

? (State or country)

15. MOTHER NAME

Annie Dwyer

16. BIRTHPLACE (CITY OR TOWN)

Baltimore

17. INFORMANT

Mrs. Goldie Jones

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore
Date: 4/5/34

19. Undertaker

(ADDRESS)

George D. Smith

20. FILED...

1/3/19

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

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

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Poolesville
   Length of residence in city or town where death occurred: 76 yrs.

2. FULL NAME
   Clarence P. Pungroy

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

5a. If married, widow, or divorced, give name: Grace Photoy Pungroy

6. DATE OF BIRTH (month, day, and year)
   Feb 13, 1883

7. AGE
   Years: 41
   Months: 7
   Days: 3

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

9. Industry or business in which work was done: Own farm

10. Date deceased last worked at this occupation: 4/15/1934

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

12. BIRTHPLACE (city or town)
   Maryland

13. NAME
   Elijah Pungroy

14. BIRTHPLACE (city or town)
   Maryland

15. MAIDEN NAME
   Emma J. Boone

16. BIRTHPLACE (city or town)
   Maryland

17. INFORMANT
   Mrs. Grace Pungroy

18. BURIAL, CREMATION, OR REMOVAL
   Place: Annapolis
   Date: 4-18-1934

19. UNDERTAKER
   Neighbors & M. D.

20. FILED
   4-17-1934
   Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   4-16-1934

22. I HEREBY CERTIFY, that I attended deceased from Apr. 7, 1934, to Apr. 16, 1934
   to have occurred on the date stated above, at 6 a.m.
   The principal cause of death was:
   Influenza

23. If death was due to external causes (VITALITY) fill in also the following:
   Accident, suicide, or homicide: Date of injury: 1934
   Where did injury occur: (Specify city or town, county and State)
   Manner of injury:
   Nature of injury:

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1925</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>Run over by street car</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Annapolis
   Registration Dist. No.: 38
   No. 506 Murdock Rd
   Ward: 5th

2. FULL NAME
   (a) Residence: No. 506 Murdock Rd
   (Usual place of abode)
   John Alfred Pryor

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Feb 12th 1870

7. AGE
   Years: 64
   Months: 1
   Days: 20

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

9. OCCUPATION
   Ruma R. R.

10. DATE DECEASED LAST WORKED AT
    Aug 1931

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    40

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

13. NAME
    J. Victor Pryor

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

15. MAIDEN NAME
    Annie Moore

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

17. INFORMANT
    Evelyn M. Kipp
    506 Murdock Rd
    Date: Apr 4, 1934

18. BURIAL, CREMATION, OR REMOVAL
    Thoroughfare
    Place: Thoroughfare
    Date: Apr 4, 1934

19. UNDERTAKER
    Wm. Cook

20. FILED
    Apr 3, 1934

21. DATE OF DEATH
    April 2nd, 1934

22. OTHER CONTRIBUTORY CAUSE OF DEATH
    Myocarditis

23. ACCIDENT, SUICIDE, OR HOMICIDE
    Date of Injury: 19

24. MANNER AND CAUSE OF DEATH
    Nature of Injury: 20

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------</td>
</tr>
<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>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: Baltimore
   - Village or City: White Hall
   - Length of residence in city or town where death occurred:

2. **FULL NAME**
   - Joseph L. Ritzmann

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - May 14

7. **AGE**
   - 60 Years 11 Months 10 Days

8. **OCCUPATION**
   - Laborer

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - 12/32

10. **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**
    - 3 yrs

11. **DATE OF DEATH**
    - April 11, 1934

12. **BIRTHPLACE (city or town)**
    - Germany

13. **NAME**
    - Frederick Ritzmann

14. **MOTHER NAME**
    - Dorothea

15. **BIRTHPLACE (city or town)**
    - Germany

16. **INFORMANT**
    - Catherine Ritzmann

17. **BURIAL, CREMATION OR REMOVAL**
    - May 14, 1934

18. **UNDERTAKER**
    - New Freedom, N. H.

19. **FILED**
    - Apr. 12, 1934
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 housewife, 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, ashenic, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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

Other contributory causes of importance:

Gallstones May 1, 1923

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Baltimore
   Village or City: Owings Mills
   Length of residence in city or town where death occurred: Yes

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
   M

4. COLOR OR RACE
   W

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

5a. If married, widowed, or divorced
   HUSBAND of or WIFE of
   Margaret H. Sayres

6. DATE OF BIRTH (month, day, and year)
   Aug 10-1886

7. AGE
   Years: 78
   Months: 6
   Days: 5

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

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

10. Date deceased last worked at this occupation (month and year)
    May 1938

11. Total time (years) spent in this occupation
    1938

12. BIRTHPLACE (city or town)
   (State or country)
   Owings Mills, Md

13. NAME
    William Sayres

14. BIRTHPLACE (city or town)
    (State or country)
    Owings Mills, Md

15. MAIDEN NAME
    Sarah E. Harwood

16. BIRTHPLACE (city or town)
    (State or country)
    Owings Mills, Md

17. INFORMANT
    Emma H. Sayres

18. BURIAL, CREMATION, OR REMOVAL
    Place: Owings Mills
    Date: 19

19. UNDERTAKER
    (Address)
    J.B. Weller

20. FILED
    April 15, 1934

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
    April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    April 10, 1934, to April 15, 1934
    I last saw him alive on April 15, 1934.
    I certify that death is said to have occurred on the date stated above, at 10:30 a.m.
    The principal cause of death and related causes of importance were as follows:

    Date of onset:

    Other Contributory Causes of importance:

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?
    Date of injury:
    Where did injury occur?
    Specify 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)
    J.W. Sayres
    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, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones May 1, 1923

**Example II**

<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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Lutherville
   No. Burton ave. St., Ward
   Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Baty DeWulf (Stithman)
   Residence: No. Burton ave., Lutherville St., Ward.
   (Usual place of abode)

3. SEX: M.
   5a. If married, widowed, or divorced
   HUSBAND of
   (or) WIFE of

4. COLOR OR RACE

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

6. DATE OF BIRTH (month, day, and year): April 18, 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): Lutherville
    (State or country)

13. NAME: Charles J. Schull
    (State or country)

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

15. MAIDEN NAME: Alice A. Sharkey
    (State or country)

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

17. INFORMANT: Charles J. Schull
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Lutherville
    Date: April 19, 1934

19. UNDERTAKER: Charles J. Schull (Funeral)
    Address

20. FILED: April 19, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) April
    (Day) 18
    (Year) 1934

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
    I last saw him alive on 19...
    I declared (or) he was dead on the date stated above, at...
    The principal cause of death and related causes of importance were as follows:

    Other Contributory Causes of Importance:

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

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

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

(Signed) M. D.
(Address)

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>May 7, 1928</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>1915</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Balt.
   Village or City: Big Gunspond
   Length of residence in city or town where death occurred:

2. FULL NAME
   Mary C. Schultz
   Residence: 1700 Forge Road

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Dec. 13, 1874

7. AGE
   Years: 59
   Months: 3
   Days: 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
   At home

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)
   Baltimore, Md.

13. NAME
   John C. Clower

14. BIRTHPLACE (city or town)
   Baltimore, Md.

15. MAIDEN NAME
   Cornelia Allender

16. BIRTHPLACE (city or town)
   Baltimore, Md.

17. INFORMANT
   Lewis Schultz
   Address: Big Gunspond

18. BURIAL, CREMATION, OR REMOVAL
   Place: Big Gunspond
   Date: April 12, 1934

19. UNDERTAKER
   George W. Zink
   (Address)

20. FILED
   6/13/34

REGISTRATION DIST. No. 40

DATE OF DEATH
   April 10, 1934

I HEREBY CERTIFY, That I attended deceased from...

I last saw...

The principal cause of death was:

ACUTE DIPHTHERIA

Other Contributory Causes of Importance:

Surgery with heart disease

Name of operation...

Date of...

What test confirmed diagnosis...

Date of...

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

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:

NATURE OF INJURY...

Men of injury...

Nature of injury...

If so, specify...

Address...

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

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

To be complete, an occupation return must state:

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

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

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

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

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

### Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Gallstones</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1931</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td></td>
</tr>
</tbody>
</table>

### Example II

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

Other contributory causes of importance:

Gastroenteritis | 1 year

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

1. PLACE OF DEATH
County: Baltimore County
Village or City: Dundalk

No. 7008 Belclary Road

Registration Dist. No.: 41
St., Ward: St., Ward.

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

2. FULL NAME: Michael J. Schultz
(a) Residence: No. 7008 Belclary Road
(Usually place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR OR RACE: White
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
HUSBAND: Frances Schultz

WIFE OF:

DATE OF BIRTH (month, day, and year): April 2, 1894

AGE: 40

MARRIED

OCCUPATION: Car Inspector

BIRTHPLACE (city or town): Baltimore
MOTHER BEORN IN: Maryland

FATHER: Peter Schultz

OTHER COUNTRY OF BIRTH:

OTHER COUNTRY OF BIRTH:

6. DATE OF DEATH (month, day, and year): April 2, 1894

7. AGE (years, months, days): 40

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Bethlehem Steel Co.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: April 2, 1894

11. TOTAL TIME (YEARS AND MONTHS) SPENT IN THIS OCCUPATION: 28

12. BIRTHPLACE (city or town): Baltimore

13. NAME: Peter Schultz

14. BIRTHPLACE (city or town): Baltimore

15. MAIDEN NAME: Martha Schwartz

16. BIRTHPLACE (city or town): Baltimore

17. INFORMANT: Mrs. Frances Schultz

18. BURIAL, CREMATION, OR REMOVAL PLACE: Oak Lawn

19. UNDERTAKER: H. Sander & Son, Inc.

20. FILED: May 3, 1934

21. DATE OF DEATH: April 20, 1934

22. I HEREBY CERTIFY that I attended deceased from March 1934 to April 20, 1934.

23. The principal cause of death and related causes of importance were:

24. Other contributory causes of importance:

25. MANNER OF DEATH:

26. NATURE OF INJURY:

27. WHERE INJURY OCCURRED (Specify city or town, county, and state):

28. SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE:

29. MANOR OF INJURY:

30. NATURE OF INJURY:

31. WHETHER DEATH IN ANY WAY RELATED TO OCCUPATION OF DECEASED:

32. If so, specify:

33. (Signed):

34. (Address):

35. (Address):

36. (Address):

37. (Address):

38. (Address):

39. (Address):

40. (Address):

41. (Address):

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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: Baltimore
   Village or City: Tuscar
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   (Usual place of abode)
   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      Male

   4. COLOR OR RACE
      White

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

   5b. If married, widowed, or divorced
      Husband or Wife of: Ella W Scott

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

   7. AGE
      Years: 74
      Months: 
      Days: 

21. DATE OF DEATH
   April 29, 1934

   22. I HEREBY CERTIFY, That I attended deceased from
       On March 17, 1934, to April 29, 1934
       I last saw him alive on April 18, 1934, at 6:00 p.m.

   The principal cause of death was as follows:

   Other Contributory Causes of Importance:

   Name of operation: None

   Nature of operation:

   Date of onset:

   What test confirmed diagnosis? None

   Date of injury: 19

   Where did injury occur? None

   Manner of injury: None

   Nature of injury:

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

   Accident, suicide, or homicide: None

   Date of injury: 19

   Where did injury occur? None

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

   Manner of injury: None

   Nature of injury: None

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

   If so, specify: None

   (Signed) Dr. B. R. Bennett

   Address: Crofton, Md.

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

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

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

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

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

Distinguish carefully the different kinds of engines 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>
<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>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - **County**: Baltimore
   - **Village or City**: Towson
   - **No. 301 Chesapeake Ave.**, St., Ward
   - **Length of residence in city or town where death occurred**: 20 yrs., 0 mos.
   - **(If death occurred in a hospital or institution, give its NAME instead of street and number)**
   - **How long in U.S. of if foreign birth**: yrs., mos., ds.

2. **FULL NAME**: Cora V. Seim
   - **Residence**: No. 301 Chesapeake Ave., St., Ward
   - **(Usual place of abode)**
   - **If nonresident give city or town and State**

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. <strong>SEX</strong></th>
<th>4. <strong>COLOR OR RACE</strong></th>
<th>5. <strong>SINGLE, MARRIED, WIDOWED, OR DIVORCED</strong> (write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>female</td>
<td>white</td>
<td>widowed</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced

**HUSBAND of (or)**

**Wife of William F. Seim**

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
   - **April 26**, 1934

22. **I HEREBY CERTIFY**, that I attended deceased from
   - **Jan. 17, 1933**, to **April 26, 1934**
   - I last saw h. a. alive on **April 26, 1934**; death is said to have occurred on the date stated above, at **2:30 P.M.**
   - The **PRINCIPAL CAUSE OF DEATH** and related causes of importance are as follows:

- **Astrocardiosclerosis**: 1924
- **Chronic interstitial nephritis**: 1930

23. **Other Contributory Causes of Importance**
   - **Myocarditis**: 60 yrs.

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

25. **What test confirmed diagnosis**
   - **Clinical**
   - **Was there an autopsy?**

26. **If death was due to external causes (VIOLANCE) fill in also the following**
   - **Accident, suicide, or homicide?**
   - **Date of injury**: 1934
   - **Where did injury occur?**
   - **Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.**
   - **Manner of injury**
   - **Nature of injury**

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

28. **FILED**
   - **April 26, 1934**

---

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: BALTO No: Registration Dist. No: 35
Village or City: Parkton (R.D.) St. St.

2. FULL NAME
(a) Residence: No. Parkton (R.D.)
(Ward.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Widowed

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

6. DATE OF BIRTH (month, day, and year)
June 17, 1856

7. AGE
Years: 77 Months: 10 Days: 6

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.
State Road

10. Date deceased last worked at this occupation (month and year)
March 1932

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

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

13. NAME
David Moscov

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

15. MAIDEN NAME

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

17. INFORMANT
(Address)
J. Sterling Shaffer

18. BURIAL, CREMATION, OR REMOVAL
Ravenna, Brookville Date: April 21, 1924

19. UNDERTAKER
(Addres)
Paul L. Hartley

20. FILED
Date: April 21, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
April 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from
Feb. 1933 to April 18, 1934
The principal cause of death and related causes of importance were as follows:
Mycardial Insufficiency

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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Dr. Albert P. Heres M.D.
Address: Maryland Tier Rd.
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**

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

**Example II**

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

2. FULL NAME: Jacob Skeberdis
   (a) Residence: No. 2699 Wilkens Avenue

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: March 26th, 1889

7. AGE: 45 Years, 0 Months, 30 Days
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Blacksmith
   Industry or Business in which work was done: Automobile Repair Shop.

9. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Nov., 1931
10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 12 yrs.

11. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. PLACE OF DEATH (CITY OR TOWN) (STATE OR COUNTRY): Western Cemetery, Mt. Wilson, Md.

13. NAME: Jacob Skeberdis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania
15. MAIDEN NAME: Dorothy Jaspar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

17. INFORMANT (Name, Address): Louis R. Skeberdis
18. BURIAL, CREMATION, OR REMOVAL: Place: Western Cemetery, Date: 4/28/34, 19

19. UNDERTAKER (Name, Address): Charles B. Kuchauskas
20. FILED: June 15, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 25th, 1934

22. I HEREBY CERTIFY, that I attended deceased from July 11th, 1933, to April 25th, 1934; death is said to have occurred on the date stated above, at 11:00 A.M.

PULMONARY TUBERCULOSIS 1924

OTHER CONTRIBUTORY CAUSES OF DEATH: TUBERCULOSIS OF THE LIVER, PERITONEUM, 1933

Tubercle bacilli were found in sputum.

NAME OF OPERATION: No operation
DATA OF: X-ray and

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE), ALL APPEAR AS FOLLOWS:
   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)...

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:

**Example I**

<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:

- Gallstones
  - Date of onset: May 1, 1923

**Example II**

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

Other contributory causes of importance:

- Gastroenteritis
  - Date of onset: 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**PLACE OF DEATH**

County: Baltimore

Village or City: Reedy

**FULL NAME**

Arthur Thomas Smith

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX: Male

4 COLOR OR RACE: White

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

**DATE OF BIRTH**

Jan. 17, 1895

**AGE**

39 yrs. 2 mos. 19 ds.

**OCCUPATION**

Bar Builder

**BIRTHPLACE**

Maryland

**NAME OF FATHER**

Albert J. Smith

**BIRTHPLACE OF FATHER**

Maryland

**MAIDEN NAME OF MOTHER**

Margaret Manning

**BIRTHPLACE OF MOTHER**

Maryland

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Clarence J. Smith

(Address) St. Louis, Mo.

**DATE OF DEATH**

April 6th, 1934

**MEDICAL CERTIFICATE OF DEATH**

I HEREBY CERTIFY, That I attended deceased from January 1910 to April 1934, that I last saw him alive on April 4th, 1934, and that death occurred on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Chronic Nephritis, Hypertension

**LENGTH OF RESIDENCE**

For Hospitals, Institutions, Transients, or Recent Residents

Where was disease contracted, if not at place of death?

Former or usual residence

**DATE OF BURIAL OR REMOVAL**

April 7, 1934

**UNDERTAKER**

Lloyd Kaiser

**ADDRESS**

Malden, Mo.
CERTIFICATE OF DEATH

STATE OF UNITED STATES

APPROVED BY U.S. CENSUS AND AMERICAN PUBLIC HEALTH ASSOCIATION
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Baltimore
   - Village or City: Edge, None
   - Length of residence in city or town where death occurred:

2. **FULL NAME**
   - Female Spencer
   - Residence No.
   - (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF DEATH**
   - April 30, 1934

7. **AGE OF BIRTH**
   - Month: 2
   - Day: 10
   - Year: 1864

8. **OCCUPATION**
   - House Wife

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - 11

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

11. **BIRTHPLACE**
   - City or town: Maryland
   - State or country: Baltimore

12. **NAME**
   - Edward E. Burns

13. **MOTHER FATHER MAIDEN NAME**
   - Margaret Stone

14. **BIRTHPLACE**
   - City or town: Maryland
   - State or country: Baltimore

15. **INFORMANT**
   - Edward E. Spencer

16. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Deer Park Cemetery
   - Date: May 3, 1934

17. **UNCHUTTER**
   - John Burns, Son

18. **FILED**
   - May 3, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - April 30, 1934

22. **I HEREBY CERTIFY**
   - That I attended deceased from April 20, 1934, to April 30, 1934.
   - I last saw the deceased alive on April 20, 1934.

23. **The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:**
   - Arteriosclerosis

24. **Other Contributory Causes of Importance:**
   - Malignant Tumor

25. **Name of operation:**

26. **What test confirmed diagnosis:**

27. **Was there an autopsy:**

28. **If so, specify:**

29. **Whether injury occurred in:**

30. **Manner of injury:**

31. **Nature of injury:**

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

33. **If so, specify:**

**Signature:**
- [Signatures]

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

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

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

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

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

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

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

**Example I**

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

Other contributory causes of importance:

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

**Example II**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
</table>

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

1. **PLACE OF DEATH**
   - County: Baltimore
   - Village or City: Pikesville
   - Length of residence: yrs. mos. ds.

2. **FULL NAME**
   - Elizabeth C. Stallo
   - Residence: No. 7 Church Lane

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Female
   - COLOR OR RACE: White
   - SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   - HUSBAND OF OR WIFE OF: F. H. Stallo
   - DATE OF BIRTH: April 11, 1856

4. **OCCUPATION**
   - Trade: Housework

5. **DATE OF DEATH**
   - Month: April
   - Day: 3rd
   - Year: 1934

6. **MEDICAL CERTIFICATE OF DEATH**
   - **21.** Date of Death: April 3, 1934
   - **22.** I hereby certify that I attended deceased from FEB. 28th, 1934, to April 3rd, 1934, and death is said to have occurred on the date stated above, et. 11:30 p.m.
   - **23.** The principal cause of death and related causes of importance were as follows:
     - Hypertension
     - Chronic Myocardial Failure

7. **BIRTHPLACE**
   - City or town: Baltimore
   - State or country: Maryland

8. **PARENTS**
   - Name: William Meyer
   - Father: N/A
   - Mother: Helen Vorster

9. **MARRIED NAME**
   - Helen Vorster
   - Maiden Name: Vorster

10. **INFORMANT**
    - Leo J. Stallo
    - Address: 7 Church Lane

11. **BURIAL**
    - Druid Ridge Cemetery
    - Date: April 6, 1934

12. **UNDERTAKER**
    - Frank Reever
    - Address: 1100 Reisterstown Rd.

13. **FILLED**
    - April 4, 1934

14. **REGISTRAR**
    - James A. Muller
    - Address: Baltimore, Md.

---

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<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>Gallstones</th>
<th>May 1, 1923</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<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: Baltimore
Village or City: Catonsville
Hospital: Grove Hospital
St., Ward:
Length of residence in city or town where death occurred: yrs. 10 mos. ds.

2. FULL NAME: David Standiford
(a) Residence: No. (St. Ward.)

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

6. DATE OF BIRTH (month, day, and year): Sept. 2, 1858
7. AGE: 75 yrs. 7 mos. 4 days

OCCUPATION: Salesman

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

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

10. DATA DAEIACED LAST WORKED AT THIS OCCUPATION: June 30, 1933

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 40 yrs.

12. BIRTHPLACE (city or town): Baltimore

13. NAME: Clement Standiford

14. BIRTHPLACE (city or town): Baltimore

15. MAIDEN NAME: Amelia Heming

16. BIRTHPLACE (city or town): Baltimore

17. INFORMANT (Address): Kate J. Standiford, 2420 N. Taffine Ave.

18. BURIAL, CREMATION, OR REMOVAL:

PLACE: Glenwood Park, Crem. Acre

19. UNDERTAKER (Address): Chenoweth & Son

20. FILED: 4/6/19

REGISTRAR: Pett. E. Garrett, M.D.

If more blanks are needed, strike through. File with 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, asthemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

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

Other contributory causes of importance:

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

**Example II**

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

No further statements by physician.
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   County: Baltimore
   Village or City: EUDOWOOD SANATORIUM, TOWSON, MD.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: 2 yrs. 7 mos.

2. **FULL NAME**
   Grace Stewart
   (a) Residence: 11 Woodington Road

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   Female

4. **COLOR OR RACE**
   White

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

6. **DATE OF BIRTH**
   February 7, 1884

7. **AGE**
   50 years 2 months 17 days

8. **OCCUPATION**
   Dressmaker

9. **DATE DECEASED LAST WORKED**
   September 1924

10. **Total time (years) spent in this occupation (month and year)**
    30 years

12. **BIRTHPLACE**
    Kent County, MD.

13. **NAME**
    James Stewart

14. **MOTHER'S NAME**
    Emily Ford

15. **MOther's Maiden Name**
    Ford

16. **HOSPITAL RECORDS**
    Personal History
    Eudowood Sanatorium, Towson, Md.

17. **INFORMANT**
    Personal History
    Eudowood Sanatorium, Towson, Md.

18. **BURIAL, CREMATION, OR REMOVAL**
    Place: Woodlawn
    Date: April 26, 1934

19. **UNDERTAKER**
    Joseph B. Barth

20. **FILED**
    April 27, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    April 24, 1934

22. **I HEREBY CERTIFY**
    That I attended deceased from March 28, 1934, to April 24, 1934.
    I last saw him alive on April 24, 1934; death is said to have occurred on the date stated above, at 11:20 A.M.

**OTHER CONTRIBUTORY CAUSES OF DEATH**

- Pulmonary Tuberculosis
- Date of onset: 1929
- Date of death: 1934

**Other Contributory Causes of Importance:**

- Name of operation: None
- What test confirmed diagnosis? X-ray
- 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.

- Men who injured
- Nature of injury
- Date of injury

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 hemorrage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td></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: Baltimore
   Village or City: Janesville
   No. St. Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Name: Mildred Naomi Sullivan
   (a) Residence: No.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single
   HUSBAND of
   (or) WIFE of

6. DATE OF BIRTH (month, day, and year)
   Feb 2, 1904

7. AGE
   Years: 30
   Months: 2
   Days: 25
   If LESS then 1 day, . . . . . hrs. . . . . . min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
    Mildred Naomi Sullivan

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

15. MAIDEN NAME
    Sally May Burdick

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

17. INFORMANT
    Name: J. L. Sullivan
    Address:

18. BURIAL, CREMATION, OR REMOVAL
    Place: Clarksdale
    Date: 4/29, 1934

19. UNDERTAKER
    Name: Frank H. Decker
    Address:

20. FILED
    Date: 6/28, 1934

REGISTRATION DIST. No. 37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) April
    (Day) 27
    (Year) 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Jan., 1931, to April 27, 1934.
    I last saw her alive on April 27, 1934.
    Death is said to have occurred on the date stated above, at 4 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Date of onset: 1904

Other Contributory Causes of Importance:

Name of operation:

What test confirmed diagnosis:

Yes

Date of:

Was there an autopsy:

No

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

Menner of Injury:
Nature of Injury:

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

(Signed)

(Address)

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Baltimore
   Village or City: Trenton
   Length of residence in city or town where death occurred: 0 yrs., 0 mos., 0 ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   June 19, 1852

7. AGE
   Years: 81
   Months: 9
   Days: 15
   If less than 1 year old, give months and days

8. OCCUPATION
   General Accountant

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

10. Total time (years) spent in this occupation

11. Date of death
   April 4, 1934

12. BIRTH PLACE (city or town)
    State or country: Maryland

13. NAME
    Unknown

14. BIRTH PLACE (city or town)
    State or country: Unknown

15. MAIDEN NAME
    Unknown

16. BIRTH PLACE (city or town)
    State or country: Unknown

17. INFORMANT
    Address: Unavailable

18. BURIAL, CREMATION, OR REMOVAL
    Place: Trenton, Md.; Date: April 6, 1934

19. UNOVERTAKEN
    Address: Unavailable

20. FILED
    1-2, 1934; E. E. South M.D.
    Local Registrar
    Registration Dist. No.: 36
    St., Ward:

21. DATE OF DEATH
    April 4, 1934

22. MEDICAL CERTIFICATE OF DEATH
    I HEREBY CERTIFY, That I attended deceased from
    Moh. 1934, to April 4, 1934
    I last saw him alive on April 3, 1934, at home. Death is said
    to have occurred on the date stated above, at 6:00 a.m.
    The principal cause of death and related causes of importance
    were as follows:

    Asthma, Chronic Lobar Pneumonia

    Other Contributory Causes of importance:

    Name of operation:
    Data of:
    What last confirmed diagnosis:
    Was there an autopsy:
    If death was due to external causes (violence) fill in also the following:
    Accident, suicide, or homicide:
    Date of Injury:
    Where did injury occur:
    (Specify city or town, county and state)
    Specify whether injury occurred in industry, in home, or in public place:
    Manner of injury:
    Nature of injury:
    Was disease or injury in any way related to occupation of deceased:
    If so, specify:
    (Signed) April 3, 1934, M.D.
    Address: Unavailable

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:

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</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</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</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: Baltimore

Registration Dist. No.: 37

Village or City: Texas

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: William J. Troppell

(a) Residence: No. Texas

(Usually place of abode)

St., Ward.

If nonresident give city or town and State

3. SEX

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

5b. Single

4. COLOR OR RACE

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

White

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

March 5, 1865

7. AGE

8. TRADE, PROFESSION, OR PARTICULAR

FARMER

9. INDUSTRY OR BUSINESS IN WHICH

work was done, as SILK MILL, SAW MILL, BANK, etc.

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

12. BIRTHPLACE (city or town)

Maryland

(State or country)

13. NAME

Philip J. Troppell

14. BIRTHPLACE (city or town)

State or country

15. MAIDEN NAME

Mary E. Russell

16. BIRTHPLACE (city or town)

State or country

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Transferred

Date: April 27, 1934

19. Undertaker

Address: Spahn & Spahn

20. FILED: April 27, 1934

Registrar.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 15, 1934, to April 27, 1934

I last saw him alive on April 27, 1934; death is said

to have occurred on the date stated above, et. 10:15 A.M.

The Principal cause of death and related causes of importance

were as follows:

Arthritis, Sclerema

Other Contributory Causes of Importance:

Date of onset

Date of operation

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Specify 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) B. B. Benson, M.D.

(Address)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ORIGINAL DATE: May 1, 1924
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Baltimore
Village or City: Woodlawn P.O.
No. ____________________________ St. ____________________________ Ward ________________
Length of residence in city or town where death occurred: 6 yrs. __ mos. __ ds. How long in U.S. if of foreign birth? __ yrs. __ mos. __ ds.

2. FULL NAME

(a) Residence: No. Woodlawn P.O.
St. ____________________________ Ward ____________________________ If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
6. If married, widowed, or divorced: HUSBAND OF
( or) WIFE OF ____________________________
7. DATE OF BIRTH (Month, day, and year): 1927-12-15
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAVER, BOOKKEEPER, etc.: None
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, etc.: None
10. Date deceased last worked at this occupation (month and year): ________________
11. Total time (years) spent in this occupation: ________________

12. BIRTHPLACE (City or town): Baltimore P.O.
   (State or country): Maryland
13. NAME: Freeman B. Tucker, Jr.
14. BIRTHPLACE (City or town): Carroll P.O.
   (State or country): Maryland
15. MAIDEN NAME: Mildred E. Zimmerman
16. BIRTHPLACE (City or town): Baltimore P.O.
   (State or country): Maryland
17. INFORMANT: Freeman B. Tucker, Jr.
   (Address): P.O. Box 79, Woodlawn, Md.
18. BURIAL, CREMATION, OR REMOVAL Place: Taylorsville, Ga. Date: 1937-06-01
20. FILED: April 18, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 17, 1937

22. I HEREBY CERTIFY that I attended deceased from March 31, 1937, to April 17, 1937, I last saw him alive on April 17, 1937. Death is said to have occurred on the date stated above, at ________________ m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Broncho Pneumonia

Other Contributory Causes of Importance: Measles

Name of operation: Measles
What test confirmed diagnosis? Clinical

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.

Menner of Injury
Nature of Injury

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

(Signed) Charles B. Clark, M.D.
(Address) 3214 Pennsylvania, D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. 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, asthmia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example I

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

### Example II

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

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Towson
   Registration Dist. No. 47
   St., Ward.
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 1804 S. Hanover Ave., St., Ward.
   If nonresident give city or town and State
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle this word)
   Widower

5a. If married, widowed, or divorced
   HUSBAND of
   (or) WIFE of
   "Late Arnie" Tyler

6. DATE OF BIRTH (month, day, and year)
   Oct. 14, 1888

7. AGE
   Years: 75
   Months: 5
   Days: 14

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   William Tyler

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

15. MAIDEN NAME
   ?

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

17. INFORMANT
   (Address)
   "Late" Tyler, Mrs. H. D., 1804 S. Hanover Ave.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Sacred Heart
   Date: April 11, 1934

19. UNDERTAKER
   (Address)
   "Late" Tyler, Mrs. H. D., 1804 S. Hanover Ave.

20. FILED
   4/1, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 3rd, 1934, to April 8th, 1934, last saw him alive on April 7th, 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:
   Date of onset

   Other Contributory Causes of importance:

   Date of operation
   What test confirmed diagnosis?

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) Adam Ford, M.D.
   (Address) 405 S. Eastern Ave.
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 housewife, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>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>1921</td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td></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>May 1, 1925</td>
<td></td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Baltimore
   - Village or City: Overlea
   - Registration Dist. No.: 43
   - No. St., 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**
   - Ernest C. Watkins
   - Residence: No. 4, Madeline
   - St., Ward: 
   - If nonresident give city or town and State

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR-OR RACE**
   - White

5. **SINGLE, MARRIED, WIDED, OR DIVORCED**
   - Married
   - HUSBAND of (or) WIFE of: Susanna Watkins

6. **DATE OF BIRTH**
   - April 17th, 1885

7. **AGE**
   - Years: 48
   - Months: 11
   - Days: 28
   - If LESS than 1 day, __________ hrs. or __________ min.

8. **Occupation**
   - Transportation

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

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

11. **BIRTHPLACE**
   - City or town: Montgomery Co.
   - State or country: Maryland

12. **MOTHER NAME**
   - Isabella Eylander

13. **FATHER NAME**
   - Montgomery Co.

14. **MAIDEN NAME**
   - Isabella Eylander

15. **BIRTHPLACE**
   - City or town: Montgomery Co.
   - State or country: Maryland

16. **INFORMANT NAME**
   - Susanna Watkins

17. **INFORMANT ADDRESS**
   - No. 4, Madeline Ave., Overlea

18. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Howard Hospital, Date: April 17, 1934

19. **UNDERTAKER**
   - Ira L. Lee, 73401 Belair Rd., Baltimore

20. **FILED**
   - 4/12, 1934, Registrar, M.D.

21. **DATE OF DEATH**
   - April 15, 1934

22. **DATE OF DEATH**
   - HEREBY CERTIFY, That I attended deceased from July 25, 1932, to April 15, 1934.
   - I last saw him alive on April 15, 1934; death is said to have occurred on the date stated above.
   - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   - Date of onset: July 25, 1932
   - Other Contributory Causes of importance:
     - Charcot-Siegle's disease resulting in death
     - Jan. 16
     - Charcot's disease

   - Name of operation: Charcot's disease
   - Date of operation: Jan. 16
   - What test confirmed diagnosis: Signs of pneumonia
   - Was there an autopsy?: No

23. **DATE OF DEATH**
   - If death was due to external causes (VIOLENCE) fill in also the following:
     - Accident, suicide, or homicide?: Date of injury: 12, 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. **DATE OF DEATH**
   - Was disease or injury in any way related to occupation of deceased?:
     - If so, specify: 
     - (Signed) Dr. J. H. Zenz
     - (Address) 73401 Belair Rd., Baltimore

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

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

To be complete, an occupation return must state:

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

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
</tr>
<tr>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
<tr>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
</tr>
<tr>
<td>May 1, 1923</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: Dorchester
   Village or City: Calais-Knott
   Length of residence in city or town where death occurred: 10 yrs.

2. FULL NAME.
   First Name: Fred
   Last Name: Weber
   Residence: No. 2964 W. North Ave.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
    Husband: Zettie
    Wife: Phebe
6. DATE OF BIRTH (month, day, and year): Aug. 12, 1879
7. AGE: 57 yrs.
8. Trade, profession, or particular kind of work done: Cook
9. Industry or business in which work was done: Restaurant
10. Date deceased last worked at this occupation: May 31
11. Total time (years) spent in this occupation: 1 yr.
12. BIRTHPLACE (city or town) (State or country): Wayland, NY
13. NAME: William Weber
14. BIRTHPLACE (city or town) (State or country): Wayland, NY
15. MAIDEN NAME: Frances Schmidt
16. BIRTHPLACE (city or town) (State or country): Wayland, NY
17. INFORMANT: Leopold Weber
18. BURIAL, CREMATION, OR REMOVAL
   Place: Calais
   Date: Aug. 16, 1934
19. UNDERTAKER: J. J. Scherer
20. FILED: Jan. 13, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 13, 1934
22. I HEREBY CERTIFY, that I attended deceased from April 4, 1934, to April 13, 1934. He was last seen alive on April 4, 1934, and death is said to have occurred on the date stated above, at 12:20 p.m.
   The principal cause of death and related causes of importance were as follows:
   Cause of death: Central nervous system
   Other contributory causes of importance: Appendicitis 15 days
   Name of operation: Date of:
   What test confirmed diagnosis? Wasserman
   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: 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) James L. Lander M.D.
(Address) Calais-Knott
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:                | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                                | 1915          | Attack of epilepsy                                                  | 1 week ago   |
| Chronic interstitial nephritis                                   | 1921          | Run over by street car                                               | 1 week ago   |
| Cerebral hemorrhage                                             | July 5, 1927  | Peritonitis                                                         | 3 days ago   |

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

Example II

| Other contributory causes of importance:                       |              |
| Gallstones                                                       | 1 year       |

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Dundalk

2. FULL NAME
   (a) Residence: No. 639, Register St., Ward: Baltimore

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLET, MARRIED, WIDOWED, OR DIVORCED (enter the word)
   Married

6. DATE OF BIRTH (month, day, year)
   Feb 28, 1861

7. AGE
   Years: 73
   Months: 1
   Days: 18
   If less than one year, enter in hours and minutes.

8. Trade, profession, or particular kind of work done, as Spinner, Sawyer, Bookkeeper, etc.
   None

9. Industry or business in which work was done, as Silk Mill, Saw Mill, Bank, etc.
   None

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Maryland

13. NAME
    William B. Wilson

14. BIRTHPLACE (city or town)
    Baltimore, Md.

15. MAIDEN NAME
    Mary Elliott

16. BIRTHPLACE (city or town)
    Baltimore, Md.

17. INFORMANT (Address)
    Charles J. Wilson

18. BURIAL, CREMATION, OR REMOVAL
    Place: Dundalk
    Date: April 18, 1934

19. UNDERTAKER
    William B. Wilson

20. FILED
    April 19, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    April 11, 1934, to April 18, 1934
    I last saw him alive on April 18, 1934
    Death is said to have occurred on the date stated above, at 2 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Heart disease of old age
    Arteriosclerosis

Other Contributory Causes of Importance:

V.S. No. 1

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>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: Baltimore
   Village or City: Rustertown
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   July 19, 1914

7. AGE
   Years: 19
   Months: 9
   Days: 26

8. TRADE, PROFESSION, OR OTHER
   Laborer

9. OCCUPATION
   Woodsman

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: July 19, 1914

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

12. BIRTHPLACE (city or town)
   (State or country)
   Orrington, Me.

13. NAME
   Earl Zeintz

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

15. MOTHER'S NAME
   Ethel Zeintz

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

17. INFORMANT
   (Address)
   Furtweng, Conn.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Baltimore
   Date: April 29, 1931

19. UNDERTAKER
   (Address)
   J. Francis Feldman

20. FILED
   (Address)
   Registrars Office
   Jan. 26, 1931

21. DATE OF DEATH
   (Month) 6
   (Day) 26
   (Year) 1931

22. MEDICAL CERTIFICATE OF DEATH
   I HEREBY CERTIFY, That I attended deceased from 19 to 19.
   I last saw him alive on 19; death is said to have occurred on the date stated above, at m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   (Respiratory Failure)

   Other Contributory Causes of Importance:

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

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

   Manner of injury
   Nature of injury

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

   (Signed)
   (Address)
   Robert R. Feldman, 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 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

<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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause</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